Introduction

The comprehensive 2010 West Allis-West Milwaukee (WAWM) Community Health Assessment was prepared for the City of West Allis and the Village of West Milwaukee. Commissioned by the West Allis Board of Health, this report is a repeat of the efforts undertaken in 1995 and 2002 to determine the current health status of the community. This project is again the result of a West Allis Health Department/Aurora Health Care partnership.

The purpose of the 2010 WAWM Community Health Assessment is to provide the City of West Allis and the Village of West Milwaukee with information regarding the health status of its residents.

The objectives of the assessment are to:

1) Gather specific baseline data on behavioral and lifestyle habits, prevalence of risk factors, and disease conditions existing within the population.

2) Compare, when appropriate, health data of residents to state and national measurements, and to the 2002 Community Health Assessment.


4) Use data to monitor progress toward achieving the objectives of the West Allis-West Milwaukee Community Health Improvement Plan 2010.

5) Use the assessment as a basis for developing a five-year Community Health Improvement Plan.

Methodology

Mobilizing Action through Planning and Partnerships (MAPP) was developed by the National Association of County and City Health Officials (NACCHO) to provide a method of analyzing a community through strategic planning. Containing four sections, MAPP is designed to guide a health department through a series of assessments concluding in a thorough report of a community’s health, assets, challenges, barriers, and resources that can then be used to develop a Community Health Improvement Plan. Each of the four sections: Local Public Health System Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and Community Health Status Assessment were completed by the West Allis Health Department. For more information, resources, and publications regarding the MAPP process, please see the MAPP website:

The data used in the preparation of this report comes from a variety of sources. Existing databases from the West Allis Health Department, the West Allis Police Department, the West Allis Fire Department, and the Wisconsin Department of Health and Family Services were accessed for health data specific to West Allis and West Milwaukee residents. In some cases, data was only available by zip code (e.g. hospital utilization) and, therefore, includes a geographic area larger than the two communities examined. Some state databases (e.g. causes of death) do not provide information specific to West Milwaukee. In all cases, every attempt was made to compare data for West Allis and West Milwaukee to data on health risk behaviors from the previous community health assessments.

Existing databases at the state or community level, alone, cannot accurately provide a complete picture of health in a community. It is often necessary to gather additional information on health practices and health-related behavioral risks of residents. To complete the picture, randomly selected telephone interviews, including cell phones as well as landlines, were conducted throughout the West Allis and West Milwaukee communities. Four hundred telephone interviews were conducted between September 20, 2009 and January 7, 2010 (350 landlines, 50 cell phone users). With this sample size, we can be 95% sure that the sample percentage reported did not vary by more than +/-5% from what would have been obtained by interviewing everyone 18 years old and older living in the two communities. The margin of error for smaller subgroups was larger. Combined post-stratification was conducted by gender and age to reflect the 2000 census proportion of these characteristics in the area. JKV Research, LLC, analyzed the survey responses and the results were incorporated into this report.
Additionally, results from the Older Adult Community Survey 2007 and the 2009 West Allis West Milwaukee Youth Risk Behavior Survey were incorporated into the report. The Older Adult Community Survey 2007 was conducted as follows: a twelve page health status questionnaire was developed and mailed to 2,000 randomly selected households in West Allis and West Milwaukee with the probability of having an adult 55 years and older. A total of 1,142 surveys were completed and returned with 34 questionnaires returned as inapplicable since there were no adults 55 years and older present. Therefore, the adjusted sample size was 1,966, resulting in a response rate of 58%. With a sample size of 1,143 we can be 95% sure that the sample percentage reported did not vary by more than +/-3%. The margin of error for smaller subgroups was larger. Post-stratification was done by age to reflect the 2000 census proportion. The results of the Older Adult Community Survey 2007 can be generalized to the adult population who are 55 years and older.

The 2009 West Allis-West Milwaukee Youth Risk Behavior Survey was administered in January 2009 to all West Allis-West Milwaukee School District students in 8th-12th grade. All students were asked to participate in the anonymous and confidential survey and were provided adequate time and location to complete the survey. Students whose parents opted them out of the study were not given a survey. JKV Research analyzed a total of 3,072 surveys. With this sample size, we can be 95% sure that the sample percentage reported did not vary by more than +/-2% from what would have been obtained by interviewing all persons in 8th through 12th grade. The margin of error for smaller subgroups was larger. Two sets of surveys were administered, one to 8th grade students and one to 9th-12th grade students. The survey presented to the 8th grade population excluded certain survey questions.

Acknowledgements

A Community Health Assessment Team was convened in 2009 to provide the oversight for the development of the 2010 West Allis-West Milwaukee Community Health Assessment report. Team members consisted of:

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Local Public Health System Assessment
Local Public Health System Assessment

The goal of the local public health system is to promote the health of the population through organized community efforts to achieve healthy people in a healthy community. The challenge of preventing illness and improving community health is ongoing and multifaceted. The ability to meet this challenge rests on the capacity and performance of the local public health system, which comprises all of the entities that contribute to the delivery of public health services within the community. This system includes all public, private, and voluntary agencies, as well as individuals and informal associations. The following figure is a depiction of public health partners.¹

The goal of the Local Public Health System Assessment is to identify how organizations and institutions contribute to the delivery of public health services, to assess the public health infrastructure, and to identify potential gaps or challenges by answering the questions:

- “What are the activities and capacities of our public health system?”
- “How well are we providing essential public health services in our jurisdiction?”²

National Public Health Performance Standards Program

One way to assess the local public health system is by using the Local Public Health System Performance Assessment Instrument from the National Public Health Performance Standards
Program (NPHPSP). The NPHPSP is a partnership initiative established to improve the practice of public health, the performance of public health systems, and the infrastructure supporting public health actions. To accomplish this mission, performance standards for public health systems have been developed to guide local jurisdictions in evaluating their current performance. These standards represent an optimal level of performance that needs to exist to deliver essential public health services within a public health system, with a focus on the overall public health system, rather than a single organization. The figure below depicts the goal of an integrated system of partnerships.³

The Local Public Health System Performance Assessment Instrument was designed to assess the local public health system. It was constructed using the Ten Essential Public Health Services as a framework. These ten essential services serve as the foundation of public health practice and describe the full range of public health responsibilities.⁴

**The 10 Essential Public Health Services**

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems
The West Allis Health Department utilized the Local Public Health System Performance Assessment Instrument to assess the West Allis-West Milwaukee public health system. Through this assessment, the West Allis Health Department and its partners considered the activities of all public health system partners that contribute to public health within the community.

Key stakeholders from the public health system met Friday, September 29, 2006 for a one-day retreat to complete the Local Public Health System Assessment. Prior to the retreat, participants were given opportunities to become oriented to the 10 Essential Public Health Services through pre-retreat meetings. The list of participants included the mayor, aldermen, police chief, fire chief, local pastor, health commissioner, Senior Center director, and representatives from business, West Allis-West Milwaukee school district, Wisconsin Division of Public Health, Aurora Health Care, Aurora West Allis Medical Center, and Rogers Memorial Hospital. Using the Local Instrument, responses to performance questions were collated and sent to the Centers for Disease Control and Prevention (CDC).

The CDC then constructed summary measures of performance (composite scores) for each of the 10 Essential Public Health Services. The composite scores can be interpreted as the overall degree to which the public health system meets the performance standards defined for each essential service. Composite scores range from 0% (no activities were performed pursuant to the standards) to a maximum value of 100% (all activities were performed at optimal levels). A value of greater than 50% but no more than 75% was considered High Partial Activity. A value of greater than 75% or more was considered Optimal Activity. The table to the left details the composite performance scores for West Allis-West Milwaukee. All scores showed either High Partial or Optimal activity. Essential services #2 and #6 received the highest scores, while essential services #3, #4, and #7 received the lowest scores.

There are limitations to this type of assessment. The data represents the combined performance of all participants; therefore, the scores cannot be interpreted to reflect the capacity or performance of any single organization. A high composite score may not reflect a low performance score for individual assessment questions within that essential public health model standard, nor does a low composite score reflect a high individual performance. Additionally, the assessment method was not yet fully standardized and differences in administration may introduce measurement error. Lastly, the responses to the questions within the assessment were based upon processes that utilize input from diverse system participants with differing knowledge, experiences, and perspectives, incorporating an element of subjectivity.
The assessment provided an opportunity for public health system partners to spend the day together renewing partnerships, assessing the capacity of the public health system, and renewing ways to effectively and efficiently provide essential public health services to the community with limited resources. Through continuous quality improvement, this assessment can be used as a guide for the development of a strong public health system capable of improving the health of our population.

West Allis Health Department Self-Assessment

The West Allis Health Department is a major component of the West Allis-West Milwaukee public health system. The department completed a self-assessment based on the Operational Definition of a Functional Health Department in 2007. This self-assessment was once again based on the Ten Essential Services of Public Health. Although it can be difficult to self-critique past performance, it was agreed that it was important to take an unbiased look at the capacity and operation of the health department.

Through this assessment, areas of strengths and areas of concern were identified. In 2007, the health department lacked formalized plans for communication, evaluation, and quality improvement. The health department also lacked a comprehensive strategic plan. These plans are now all in progress. Engaging in conducting research and in policy advocacy for health improvement are also areas where the health department can do more to reach an optimal level of performance.

Enforcement of laws and regulations, surveillance of health problems and health hazards, community health assessment, and community health improvement planning were seen as the strengths of the health department, along with a strong history of commitment to mobilizing community partners. The West Allis-West Milwaukee Mental Health Workgroup, WISH (Women Initiating Self-healing and Hope), Community Asthma Coalition, and the Breastfeeding Coalition of West Allis and West Milwaukee are just a few of the many coalitions and partnerships in which the West Allis Health Department is engaged. Over the last ten years the health department has also focused on increasing the competency of the internal workforce through education and training.

Resources

Community Themes and Strengths Assessment
Community Themes and Strengths

The Community Themes and Strengths Assessment answers the following questions:

- “What is important to our community?”
- “How is quality of life perceived in our community?”
- “What assets do we have that can be used to improve community health?”

Several methods were utilized in order to identify our community’s strengths and assets, as well as to elicit the opinions and perspectives of the residents regarding key issues that can affect our community’s quality of life and health. Recognizing and utilizing the multiple strengths, assets, and resources of West Allis and West Milwaukee will assist community leaders and residents to work together toward a more productive, healthier community.

Overview

A person’s identity and sense of belonging are strongly tied to the place they work, play, and live. Many West Allis residents can boast of a long, multigenerational family history of life in this community which seems to further enrich this community’s sense of belonging, depth, and tradition. In 2010, Business Week magazine’s fourth annual survey of the “Best Places to Raise Your Kids” ranked West Allis as the best place to raise kids in the Milwaukee area. “Things like our park system, our high-quality schools, and amenities like our Farmer’s Market allow our residents to enjoy a high quality life,” West Allis Mayor Dan Devine said. “Our location lets us have every benefit of a major city, yet we can keep our small-town feel.”

The City of West Allis is located immediately west of the City of Milwaukee, approximately five miles west of Lake Michigan, and is a part of the Milwaukee metropolitan region. West Allis shares boundaries with municipalities in both Milwaukee and Waukesha Counties. The city borders Interstate 94, a main transportation conduit bridging Madison, Milwaukee and Chicago. Interstate 894 runs north-south through the western segment of the city and multiple smaller, main transportation arteries traverse and connect West Allis to the life and commerce of neighboring communities.

The Village of West Milwaukee is a small, close knit suburban community located in the middle of Milwaukee County. The City of Milwaukee, the City of West Allis and the Zablocki Veteran’s Administration Medical Center border West Milwaukee. The Village is a blend of residential areas, retail, commercial, and industry. While West Milwaukee is in close proximity to several cultural and athletic ventures, the Miller Park Baseball Complex, home of the Milwaukee Brewers, is within walking distance.

Because these communities lie on the western edge of a metropolitan area, there are both positive and negative factors and influences that significantly impact the lives of residents. The challenge is to effectively shift with the changing times and circumstances in order to secure and enhance the quality, safety and health advantages of suburban living in West Allis and West Milwaukee.
**Communication Survey**

With the rapid advancements in modern day technologies it became necessary to measure the various methods of communication residents use to receive emergency alerts. The 2008 Communication Survey was designed to assist the City of West Allis in identifying the most accessible, accepted, and effective methods to improve communication of vital information and critical public messages to residents during emergency as well as non-emergency situations.

**Purpose**

During an emergency it is necessary to provide accurate and time sensitive information in a rapid manner to the residents of the city. This survey identified the extent of telephone and computer use in West Allis and measured the interest of the residents in using these forms of communication to receive emergency alerts. The results can be used to guide the use of these forms of communication during emergencies. This survey data can also be used to examine options for more effective routine non-emergency contact with residents.

**Methodology**

The West Allis Department of Information Technology provided a random sample of 2,113 addresses in the City of West Allis. Surveys were mailed to “resident” at these randomly selected addresses. The West Allis Health Department conducted the survey, analyzed the data, and prepared the report.

A three-step approach to the survey was utilized.

1. A pre-notification letter was sent on July 9, 2008, from West Allis Mayor Dan Devine announcing the upcoming survey.
2. A questionnaire packet was mailed a week later and included a cover letter, the 12 – page survey, and postage-paid envelope. Respondents who were 18 years and older, with the next birthday in the household were asked to complete the survey (one survey per household).
3. A reminder postcard was mailed a week after that date.

A total of 958 surveys were completed through October 30, 2008. The adjusted sample size was 2,057 resulting in a return response rate of 46.5%. With a return of 958 responses we can be 95% sure that the response rate reported did not vary by more than +/-5%.

**Survey Results**

One interesting survey finding was the various types of communication that city residents wished to receive via email:

1. Emergency alerts (example: evacuation, chemical spill) 30.2%
2. Crime alerts 38.4%
3. City newsletter (currently mailed to households) 30.9%
4. General city information 33.4%
5. Not interested in receiving information from the City of West Allis via email 16.9%
Of the 958 respondents to the Communications Survey, 672 or 70.1% reported having Internet access either at home or at work or both. Of those respondents with Internet access, 64.8% indicated they had access to the Internet at home, while 28.2% had access at work.

Asset Mapping

Asset mapping is the process of cataloging the resources of a community rather than its deficits. Focusing on the internal assets and talents of a community can improve community morale, inspire more creative, cost effective problem solving, and generate new initiatives for change. Ideally, recognizing the strengths, skills, and resources available to the community should optimize a more appropriate, effective response to the important needs and concerns, both large and small, that impact the well being and health of the community.

Purpose

One principal purpose for identifying community assets is to use them towards the overall improvement of the community. Community assets may also serve to provide the groundwork for strategic planning and implementation; as a catalyst for community partnerships; act to solidify key regional systems and linkages; and to empower and mobilize residents to become active participants in efforts to improve community life.

Process

While there are different approaches to identifying community assets, we chose to look at the assets of groups – that is, associations, organizations and institutions, rather than individual people. Sources of information included:

- Windshield survey (observations of data by driving through the area)
- Community Resource Guide
- Yellow Pages
- Internet Sources
- The SAFE Book
- West Allis Health Department personnel
- Chamber of Commerce

An inventory of community groups was compiled in spreadsheet format and is under review. The value of asset mapping lies with what is done with the asset information once it has been collected. A primary objective would be to increase public awareness and access to these assets in order to improve community life. Publishing the assets identified, or creating a public visual display through computer-generated mapping, would be two effective methods to increase general knowledge and use of the assets. The asset mapping process will be used to assist in the development of the next Community Health Improvement Plan.
Hispanic Focus Group

A review of recent demographics reveals that West Allis and West Milwaukee are transforming into more culturally diverse communities. This means addressing community needs will require a heightened sensitivity to the many cultural and familial complexities while also developing ways to draw out the many unique strengths to be found in these various cultures and diverse lifestyles. In order to ensure equitable representation from our growing Hispanic population on issues pertinent to community life a focus group was conducted for Hispanic residents.

Background

The Hispanic population in West Allis and West Milwaukee has grown rapidly due to families moving from the traditional south side of Milwaukee to southwestern suburbs in Milwaukee County. According to 2010 Wisconsin Department of Public Instruction statistics, the percentage of Hispanic children attending West Allis and West Milwaukee schools increased from 4.7% during the 2000-2001 school year to 16.4% during the 2009-2010 school year. This increase in the Hispanic population prompted the West Allis Health Department to assess the health needs of Hispanic families living in West Allis and West Milwaukee, in order to identify and prioritize health programs that would benefit these families.

The following report summarizes dialogue that took place in a Hispanic focus group held at the West Allis Health Department on May 25, 2010. The focus group discussion was conducted in Spanish. A Hispanic woman with experience in group facilitation and health issues facilitated the group. Two native Spanish-speakers, with an interest in health care issues, took detailed notes during the focus group process. Group responses were recorded on poster-size paper displayed for immediate group review and validation of the responses. The facilitator guided the group through a series of ten questions. Prior to the meeting, the note takers were instructed not to participate in the focus group discussion. A total of 15 native, Spanish-speaking participants attended the focus group, ten women and five men. Participant ages ranged from 18 to 59 years of age, with a mean age of 33 years.

The purpose of the focus group was to better understand the viewpoint of the Hispanic community living in West Allis and West Milwaukee regarding health issues. The following research questions were proposed for the focus group:

- “What are the main health concerns for the Hispanic population living in West Allis and West Milwaukee?”
- “What do Hispanic community members perceive or identify as community assets and barriers?”
- “What are some possible strategies to enhance the quality of life of the Hispanic population living in West Allis and West Milwaukee?”

Methods

Spanish-speaking clients and their spouses were invited to attend the focus group. The clients were contacted by phone or in person. Additionally, some of the participants invited Spanish-speaking friends, family members, or neighbors living in West Allis or West Milwaukee to
attend the focus group. A brief explanation of the group’s purpose was provided at the time of the contact. A $20 food card incentive was provided to each participant.

The focus group responses were recorded as major themes by the note takers during the meeting. After each focus group question, one of the note takers validated the accuracy of the recorded responses with the focus group participants. The recorded themes were typed in both English and Spanish languages by Health Department staff, following the meeting.

The statements listed below were recorded verbatim from participant responses.

**Results and Discussion**

Questions:

1. **What do you view as strengths of your community?**
   - WIC support: very informative, quality services
   - Health Department helps with resources; Flexibility with services provided in the home
   - Public services are very good (library, garbage pick up, and lighting, etc.)
   - The police: area is safe
   - Helpful services; Helping to find the best options
   - Listening to the Hispanic population

2. **What are some of the things you see as lacking in your community?**
   - More lighting in some areas
   - To be responsible with cleaning the city
   - More cleanliness in some areas of the community (less litter)
   - More publicity of health services

3. **What are the top three health concerns of your family or your friends’ families?**
   - Chronic disease that prevents one from working
   - Diabetes (2 check marks)
   - Dental – quality of services, cost, accessibility, difficult to find providers (11 check marks)
   - Health priority and not the immigration status
   - Stress (3 check marks)
   - Vision
   - Depression
   - Alcoholism
   - Obesity
   - Nutrition (2 check marks)
   - Muscle pain
   - Tuberculosis
   - Skin problems
   - Parenting education
   - Domestic violence
   - Arthritis
   - Cost of emergency services
   - General health (2 check marks)
   - Migraines
   - Older adult services
   - Financial help
   - Head Start program needs better services
4. Do you feel that you have the ability to become involved in some of the solutions to these problems? How?
   • Exercise
   • Eat well
   • Think positive
   • Be informed: Internet, library, etc.
   • To be proactive
   • To unite and form a community group of Hispanic residents
   • To volunteer
   • To be part of the solution

5. What groups or organizations are working to improve these problems?
   • Health promoters in West Allis
   • Vliet Street-government is helping families with few resources receive food stamps
   • 16th St. Clinic
   • Aurora Clinic in West Allis
   • Greater Milwaukee Free Clinic
   • West Allis Recreation Department
   • 16th St. Clinic
   • Family Practice
   • St. Mary’s Clinic
   • Aurora Clinic West Allis

6. Where do you go for health care?
   • 16th St. Clinic (5 check marks)
   • 20th St. Clinic
   • Waukesha Family Practice
   • Family Practice
   • St. Mary’s Clinic
   • Aurora Clinic West Allis

7. Where do you get information about staying healthy or treating illness?
   • In the community (person to person)
   • Radio
   • Television
   • Internet
   • Newspaper
   • Health Department
   • Health clinics

8. What makes it hard for you to get the health services you need?
   • Cost
   • Language barrier
   • Health insurance (lack of)
   • Access (services are far)
   • Need more resources
   • Accessing free clinics

9. What would make it easy for you to get the health services you need?
   • More communication with the community
   • Help with transportation
   • More advertising of services
   • Social well-being
   • More flexibility with the requirements
   • Finding resources
   • More interpreters
10. What else do you think would be important for us to know related to the health of our Hispanic community that we haven’t talked about

- Immigration
- Discrimination
- Segregation in the city
- Jobs – more information and better access
- Fighting for your rights
- Knowing your rights

- Legal services
- Immigration groups, information on immigration
- Financial education, financial planning
- No barriers for migration to the state

**Strengths of the Focus Group**

- The note taker wrote participant responses on large wall posters to have the group verify that the responses correctly represented the individual/group thoughts.
- Responses were kept confidential outside the group.
- The group’s three facilitators were Hispanic, native Spanish-speakers.
- Validity – two group participants reviewed the focus group results and reported that ideas/themes were correctly translated and represented the group’s responses.
- Many participants expressed an interest in participating in future discussion groups, and volunteering at Hispanic health events in West Allis and West Milwaukee.
- Free, childcare was provided.

**Limitations of the Focus Group**

- Small sample size.
- There may have been social desirability bias, as a health department staff member initially contacted the group and the focus group took place at the health department.

**Summary of the Focus Group**

- There is a need for interpreters at hospitals and clinics.
- Written materials should be provided in Spanish.
- Health services need to be advertised or communicated in Spanish.
- Promotoras should be utilized to increase community knowledge of health resources.
- Increase the number of dental providers in the community that accept Medicaid insurance.
- Provide educational programs in Spanish on health topics listed in the section on priority issues.

**Built Environment**

The term “built environment” refers to human-made surroundings that provide the setting for human activity including all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). The built environment can have a significant impact on a person’s health. For example, the built environment may present both
opportunities for and barriers to participation in physical activity, thereby influencing whether or not a resident exercises. The planners for the City of West Allis have adopted a positive and proactive approach to support and enhance a built environment that promotes a sense of individual and community health and well-being.

The City’s attractive green spaces, historic landmarks and other distinct cultural features enhance its overall appeal and highlight the virtues of suburban life. The City of West Allis Comprehensive Plan 2030 lists guiding principles that serve to preserve, protect, and support these special assets:

- Maintain and upgrade a system of parks, recreational lots, communal gardens and open spaces that are safe, functional and designed for optimal utilization.
- Integrate public space and environmental features into developments and rights-of-way that increase the quality of life within the city.
- Increase awareness of the benefits of sustainability to the city’s residents and the business community.
- Preserve and invest in culturally significant landmarks and places that contribute to the unique character of West Allis.
- Neighborhoods should be compact, pedestrian friendly and mixed use.
- Many activities of daily living should occur within walking distance, allowing independence to those who do not drive, including the elderly, as well as youth.
- Interconnected networks of streets should be designed to encourage walking, reduce the number and length of automobile trips, and conserve energy.
- Appropriate building densities and land uses should be within walking distance of transit stops, permitting public transit to become a viable alternative to the automobile.

Ideally these efforts would serve to further inspire a sense of pride and ownership for the residents of West Allis toward their community, as well as create and sustain an appealing community environment conducive to healthier lifestyles.

**Resources**

2. City of West Allis website. [http://www.ci.west-allis.wi.us/](http://www.ci.west-allis.wi.us/)
4. The Community Tool Box. [http://ctb.ku.edu](http://ctb.ku.edu)
5. Demographic Data. (2010). Wisconsin Department of Public Instruction. [http://data.dpi.state.wi.us](http://data.dpi.state.wi.us)
Forces of Change Assessment
Forces of Change Assessment

The Forces of Change Assessment focuses on identifying trends, factors and events such as legislation, technology, and other impending changes that will affect the public health system within the next five years. On June 9, 2010, 12 leaders from the City of West Allis and the Village of West Milwaukee in local government, healthcare, and business were invited to a brainstorming session aimed at identifying these forces of change in West Allis and West Milwaukee. The group was asked to consider social, economic, political, technological, environmental, scientific, and legal influences or forces in order to predict pivotal trends, factors and events for the next five years.

The question posed to the leadership team was:

- “What trends, factors or events do you perceive may occur in the next five years that will affect the community’s health?”

They were then asked to identify specific threats and/or opportunities associated with these forces that could guide the local public health system in future assessment and planning.

The first half of the three-hour meeting consisted of a small group brainstorming exercise in which participants shared what they perceived to be forces of change for West Allis and West Milwaukee. The group was divided into three small groups of 3-5 members for this small group exercise.

In the second half of the meeting, all three groups convened to participate in a large group discussion facilitated by a representative from the Southeast Wisconsin’s Emergency Preparedness Consortium. The purpose of this session was to devise a collective list of trends, factors and events based on the discussion in the small group sessions. A list of 23 forces of change was identified during this large group exercise.

Each participant then ranked the items identified in the large group session. The items were ranked depending on the likeliness of occurrence as well as the level of impact using a 2x2 matrix (see below).

<table>
<thead>
<tr>
<th>Greater impact</th>
<th>Most Likely to Occur</th>
<th>Least Likely to Occur</th>
</tr>
</thead>
</table>

| Lesser impact | Most Likely to Occur | Least Likely to Occur |
In the category most likely to occur/greater impact, 50% of participants agreed on the following priorities:

- Changing economy (decreased services, funding)
- Increase in drug & alcohol use
- Healthcare reform law
- Increasing diversity
- Increase in domestic violence
- Decreasing access to mental health services

In the category most likely to occur/lesser impact, 50% of participants agreed on the following priorities:

- Change in workforce leadership
- Workforce shortages (medical personnel)
- Healthcare facilities and services
- Decreasing community cohesiveness

The following table highlights the threats and opportunities facing these top priorities.

<table>
<thead>
<tr>
<th>Trends/Factors/Events</th>
<th>Threat/Challenge</th>
<th>Opportunity/Asset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing economy</td>
<td>• Decrease in funding levels</td>
<td>• Need for increase in collaboration with other agencies</td>
</tr>
<tr>
<td></td>
<td>• Budget stress</td>
<td>• Forces city to become more efficient</td>
</tr>
<tr>
<td></td>
<td>• Reduction in city services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• More unfunded mandates</td>
<td></td>
</tr>
<tr>
<td>Increase in drug/alcohol use</td>
<td>• Increase in crime</td>
<td>• New opportunity for counseling services and community support</td>
</tr>
<tr>
<td></td>
<td>• Threat to job security</td>
<td></td>
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<tr>
<td></td>
<td>• Increase in number of injuries</td>
<td></td>
</tr>
<tr>
<td>Healthcare reform law</td>
<td>• Funding mandates</td>
<td>• Access to care increases</td>
</tr>
<tr>
<td></td>
<td>• Infrastructure of healthcare system</td>
<td>• Availability of preventative care increases</td>
</tr>
<tr>
<td></td>
<td>• Decreased funding for community projects</td>
<td>• Community based care increases</td>
</tr>
<tr>
<td></td>
<td>• Providers offering care decreases</td>
<td></td>
</tr>
<tr>
<td>Increasing diversity</td>
<td>• Cultural differences</td>
<td>• Cultural diversity and awareness</td>
</tr>
<tr>
<td></td>
<td>• Language barrier</td>
<td>• New opportunity for businesses</td>
</tr>
<tr>
<td></td>
<td>• Fear of change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How to best provide services</td>
<td></td>
</tr>
<tr>
<td>Increase in domestic violence</td>
<td>• #2 in Milwaukee County</td>
<td>• Solidify community partnerships</td>
</tr>
<tr>
<td></td>
<td>• More resources are needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Stress on families</td>
<td></td>
</tr>
<tr>
<td>Decreasing access to mental</td>
<td>• Untreated mental health needs in community</td>
<td></td>
</tr>
<tr>
<td>health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trends/Factors/Events</td>
<td>Threat/Challenge</td>
<td>Opportunity/Asset</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Change in workforce leadership        | • 50% of workforce retiring in 5 years                                           | • Opportunity to groom new leadership  
• Succession planning               |
| Workforce shortage (medical personnel)| • Average age of RN in Aurora is 48  
• Number of qualified healthcare workers is decreasing |                                                                                   |
| Healthcare facilities and services    | • Projected increase in healthcare demand will strain existing services         | • Local hospital and comprehensive services available  
• Strong public health system       |
| Decreasing community cohesiveness is  | • Fear  
• Lack of communication  
• Weak community                     |                                                                                   |

It is clear from our community leaders’ perspectives that national issues such as the economy and healthcare reform will have significant impact on the community. In addition, major local issues such as changing demographics, increases in both drug and alcohol use and domestic violence, and access to quality mental health services will also pose challenges to community health improvement.

Completing the Forces of Change Assessment was an important step in the process of developing a picture of the environment in West Allis and West Milwaukee and identifying the challenges and opportunities in our community. Knowledge of these overarching issues will help guide the planning process in developing measurable, achievable goals to improve the health of residents in the community.

Resources

   http://www.naccho.org/topics/infrastructure/MAPP/index.cfm
Demographics

Population by Age
Population by Household Income
Population by Poverty Level
Population by Race/Ethnicity
Demographics

According to the U.S. Census, the population estimates for the State of Wisconsin increased 6% from 2000 to 2009. During that same time period, the population estimates for West Allis decreased 1%, while the population of West Milwaukee decreased 4%. ¹

These estimates come from the American Community Survey (ACS), a nationwide survey that is an important element in the Census Bureau’s decennial census program. The ACS collects and produces population and housing information every year instead of every ten years. ² West Allis is included in the ACS, but West Milwaukee is not because of population size.

### Population of West Allis, West Milwaukee, and Wisconsin 2000 to 2010

<table>
<thead>
<tr>
<th></th>
<th>West Allis</th>
<th>West Milwaukee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>61,254</td>
<td>60,411</td>
</tr>
</tbody>
</table>

Source: U.S. Census Data 2000, 2010; Wisconsin Department of Administration

### Population by Age

#### Percent of population by age in West Allis 2008

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>22%</td>
</tr>
<tr>
<td>18-24</td>
<td>27%</td>
</tr>
<tr>
<td>25-44</td>
<td>28%</td>
</tr>
<tr>
<td>45-64</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: 2006-2008 American Community Survey 3-Year Estimates
The following table details the populations of West Allis and Wisconsin by age as estimated in 2008 and West Milwaukee according to the 2000 Census.¹, ²

| Population characteristics of West Allis, West Milwaukee, and Wisconsin by age |
|-------------------------------------------------|-----------------|-----------------|
|                         | West Allis      | West Milwaukee  | Wisconsin        |
| Total Population        | 61,156          | 4,201           | 5,598,453        |
| Male                    | 29,602          | 2,139           | 2,782,669        |
| Female                  | 31,554          | 2,062           | 2,815,784        |
| < 5 years               | 4,031           | 249             | 355,018          |
| 5-9 years               | 3,621           | 229             | 351,185          |
| 10-14 years             | 3,699           | 249             | 370,802          |
| 15-19 years             | 3,221           | 253             | 400,651          |
| 20-24 years             | 3,528           | 326             | 392,861          |
| 25-34 years             | 7,453           | 716             | 706,589          |
| 35-44 years             | 9,218           | 746             | 792,138          |
| 45-54 years             | 10,614          | 538             | 867,532          |
| 55-59 years             | 3,648           | 166             | 357,097          |
| 60-64 years             | 3,076           | 145             | 267,837          |
| 65-74 years             | 3,771           | 267             | 366,566          |
| 75-84 years             | 3,634           | 250             | 261,283          |
| ≥85 years               | 1,642           | 67              | 108,894          |
| Median Age              | 40.9            | 36.1            | 37.9             |


Population by Household Income

As defined by the Bureau of the Census for statistical purposes, a household consists of all the persons who occupy a housing unit whether or not they are related to each other. The total number of households in West Allis is approximately 27,300.²

The following table details 2008 estimates for the household income for West Allis residents.
Quick Facts

- The average household income for the City of West Allis is estimated to be $51,935 in 2008 as compared to $42,475 in West Milwaukee and $52,094 in Wisconsin.\(^3\)
- 77% of households receive employment earnings.
- 29% of households received Social Security – the average annual income from Social Security was $14,444.
- 19% of households receive retirement income other than Social Security.
- Households can receive more than one type of the above types of income.\(^2\)

Population by Poverty Level

Poverty is linked with negative conditions such as substandard housing, homelessness, inadequate nutrition and food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods, and under resourced schools. All of these conditions may adversely impact our nation’s children. Poorer children and teens are also at greater risk for poor academic achievement, school dropout, abuse and neglect, behavioral and socioemotional problems, physical health problems, and developmental delays.\(^4\)

| Percent of population in West Allis, West Milwaukee, and Wisconsin below poverty level 2008 |
|---------------------------------|-----------------|-----------------|-----------------|
|                                 | West Allis      | West Milwaukee  | Wisconsin       |
| All residents                   | 10.8%           | 11.6%           | 8.7%            |

Source: 2008 Estimate: American Community Survey, West Milwaukee City Data
Population of West Allis by Race

The 2010 U.S. Census data shows a change in the racial makeup of both West Allis and West Milwaukee over the past 10 years. In both communities the “white” population has decreased while the “black or African American” population has increased. The percent of people claiming their race as “other” or as “two or more races” has also increased in both communities.

<table>
<thead>
<tr>
<th>Racial makeup of West Allis and West Milwaukee 2000, 2010</th>
<th>West Allis</th>
<th>West Milwaukee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000</td>
<td>2010</td>
</tr>
<tr>
<td>White</td>
<td>94.0%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1.3%</td>
<td>3.6%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.3%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other race</td>
<td>2.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>NA</td>
<td>2.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.3%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Data 2000, 2010
Demographics

Population of West Allis-West Milwaukee by Ethnicity

The 2010 U.S. Census data shows significant increases in both communities in the percent of the population that is of Hispanic origin, with the most marked increase noted in West Milwaukee.²

<table>
<thead>
<tr>
<th>Percent of the population of Hispanic origin 1990, 2000, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
</tr>
<tr>
<td>West Allis</td>
</tr>
<tr>
<td>West Milwaukee</td>
</tr>
</tbody>
</table>

Source: U.S. Census Data 1990, 2000, 2010

Population of the West Allis-West Milwaukee School District by Race/Ethnicity

The Wisconsin Department of Public Instruction reports total student enrollment data, for each school year, by different demographic variables. The table below compares the West Allis-West Milwaukee school district student body, pre-kindergarten through 12th grade, for the 2000-2001 and 2009-2010 school years by race/ethnicity. The notable shift in racial makeup is reflective of the overall racial changes seen in the West Allis-West Milwaukee communities.⁶

<table>
<thead>
<tr>
<th>The West Allis School District student enrollment by percent of racial makeup for 2000-2001 and 2009-2010 school years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>2000-2001</td>
</tr>
<tr>
<td>White Non-Hispanic</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>American Indian</td>
</tr>
</tbody>
</table>

Resources

Access to Healthcare

Healthcare Coverage
Access to Oral Healthcare
Access to Healthcare

One of the largest barriers to accessing high quality healthcare is whether residents have health insurance available to them. For many residents, being underinsured or uninsured makes it difficult to find a consistent source of care. Economic and social factors continue to emphasize the healthcare access problems residents face.

In Wisconsin, 10% of the population reported being uninsured for 2008, while 15% were uninsured on the national level. Even with Medicaid, residents find themselves unable to get an appointment for primary healthcare. Healthcare providers may not take Medicaid patients either because of the low Medicaid reimbursement rates. Some providers also recognize their own inability to provide culturally competent, linguistically appropriate care. In addition to disparities with health insurance, ethnicity and poverty significantly impact the ability to access quality healthcare. ¹

Health Insurance Coverage

In the 2009 WAWM Community Health Survey, the majority of respondents (53%) reported they were covered by employer insurance plans, while 11% reported they were not currently covered by any health insurance plan. The breakdown of the types of health care coverage for West Allis-West Milwaukee is shown below:

Key Survey Results

- From 2002 to 2009, there was an increase of overall respondents reporting a lack of health insurance coverage (9% to 11%).
- In 2009, 20% of respondents in the 18-34 age group reported a lack of health coverage.

Source: 2009 WAWM Community Health Survey
The following table details those respondents less likely to be covered by health insurance.

<table>
<thead>
<tr>
<th>Respondents less likely to be covered by health insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34 years old</td>
</tr>
<tr>
<td>Household income – bottom 40% bracket</td>
</tr>
<tr>
<td>Not married</td>
</tr>
<tr>
<td>High school education or less</td>
</tr>
<tr>
<td>Males</td>
</tr>
</tbody>
</table>

2009 WAWM Community Health Survey

Respondents in the bottom 40% household income bracket were more likely to report no healthcare coverage compared to other income brackets. The relationship between income and insurance coverage is detailed by the table to the right.

<table>
<thead>
<tr>
<th>Percent of respondents not covered by health insurance by income bracket</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottom 40% bracket</td>
</tr>
<tr>
<td>Middle 20% bracket</td>
</tr>
<tr>
<td>Top 40% bracket</td>
</tr>
</tbody>
</table>

2009 WAWM Community Health Survey

Fifteen percent of respondents reported they were not covered by health insurance at least part of the time in the past 12 months. Seventeen percent of respondents reported someone in their household was not covered by insurance at least part of the time in the past 12 months.

Key Survey Results
- 81% of respondents reported they go to a doctor or nurse practitioner when they are sick or need health advice, 9% reported urgent care center, while 1% reported emergency room.

Source: 2009 WAWM Community Health Survey

Access to Oral Healthcare

Wisconsin ranks 26th in the U.S. in the number of dental providers that will accept Medicaid patients. There is a wide disparity between those with commercial insurance coverage and those who either have Medicaid or are without health insurance.

In West Allis-West Milwaukee, there are only two dental offices who take Medicaid HMO insurance and they are not currently accepting children as patients. In the Milwaukee area, and in fact, the entire Southeast Region of Wisconsin, the wait for an appointment by those with Medicaid may be several months. This is a chief concern of all residents, as well as the Hispanic community, and is a barrier to accessing oral healthcare.
To assist with access to oral healthcare in the West Allis-West Milwaukee community, the West Allis Health Department employs a Dental Hygienist. Services include dental sealants, fluoride varnishing, oral screenings, dental referrals, and the provision of resources. Dental sealants are provided at no charge to students in first and second grades who qualify and participate in two elementary school-based sealant programs. Fluoride varnishing is available to all income-eligible public elementary school students during the school day.

References

3. Hispanic Focus Group, 2010. West Allis Health Department.
Preventive Healthcare

Preventing Chronic Disease
Rating Overall Health
Routine Checkups
Dental Health
Visual Health
Alternative / Complementary Medicine
Preventive Healthcare

A core set of recommended preventive services are critical in preventing disease or detecting disease early, when treatment is more effective. Among these services are screening for breast, cervical, and colorectal cancers, and vaccinations against influenza and pneumococcal disease. In addition, regular physical exams, dental exams, and vision exams can also screen for possible problems.

Despite the effectiveness of these potentially life-saving preventive services, only 25% of adults 50 to 64 years old in the United States, and fewer than 40% of adults aged 65 years and older are up to date on these services. This is true despite the fact that these services are paid for by nearly all insurance plans, including Medicare and Medicaid.

Promoting the broader use of preventive services by adults 50 years and older is a key public health strategy.¹

Summary of Preventive Healthcare Trends in West Allis-West Milwaukee

**Positive trends**
- From 2002 to 2009, there was a noted increase in the percent of respondents reporting a dental checkup in the past year (61% to 72%).
- From 2002 to 2009, there was a noted increase in the percent of 18-34 years old reporting a flu vaccination (15% to 40%).

**Areas needing improvement**
- From 2002 to 2009, there was a noted decrease in number of respondents reporting a routine check-up in the past two years (87% to 80%).
- From 2003 to 2009, there was a noted decrease in the overall percent of female respondents 40 years and older reporting having a mammogram within the past two years (84% to 72%).

*Sources: 2009 WAWM Community Health Survey, West Allis Health Department Statistics*
Preventing Chronic Disease

Chronic diseases such as heart disease, cancer, and diabetes are leading causes of disability and death in the United States.

- Heart disease, cancer, and stroke account for more than 50% of all deaths each year.
- In 2004, 133 million Americans – almost one out of every two adults – had at least one chronic illness.
- About one-fourth of people with chronic conditions have one or more daily activity limitations.
- Obesity has become a major health concern. One in every three adults is obese and almost one in five youth between the ages of 6 and 19 years is obese (BMI ≥ 95th percentile of the CDC growth chart).
- Arthritis is the most common cause of disability, with nearly 19 million Americans reporting activity limitations.
- Diabetes continues to be the leading cause of kidney failure, nontraumatic lower-extremity amputations, and blindness among adults 20-74 years.2

By identifying and reducing risk factors, individuals and subsequently, communities can reduce premature death. The chart below depicts the relationship between several important risk factors and disease conditions.

<table>
<thead>
<tr>
<th>Prevention by Risk Reduction</th>
<th>Cancer</th>
<th>Heart Disease</th>
<th>Stroke</th>
<th>Diabetes</th>
<th>Arthritis</th>
<th>High Blood Pressure</th>
<th>Lung Disease</th>
<th>Reproductive Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Alcohol</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Lack of Regular Exercise</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Poor Nutrition</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Cholesterol</td>
<td></td>
<td></td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Glucose</td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colonoscopy/ Sigmoidoscopy</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Occult Blood Screening</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap Smear</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Exam</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Exams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

Source: The Burden of Chronic Diseases and Their Risk Factors, 2004
Rating Overall Health

In 2009, 54% of respondents reported their health as excellent or very good. Sixteen percent reported their health as fair or poor. For the City of West Allis and Village of West Milwaukee, this translates into approximately 10,300 residents. Respondents who were female, 55 years and older, in the bottom 40% household income bracket, unmarried, inactive, or smokers were more likely to report fair or poor conditions.³

Overall Health – Older Adults

According to the 2007 Older Adult Survey, 40% of older adult respondents rated their health as excellent or very good, 38% reported good health, while 22% reported fair or poor health. As age increases, the percentage of respondents who report their health as excellent or very good decreases. Preventive health care can help older adults improve their quality of life.⁴

Overall Health and Household Income

In Wisconsin, 11.8% of residents, reported being in fair or poor health in 2008, while 16% of West Allis-West Milwaukee respondents reported this.⁵ Poor health was more likely to be reported among lower income respondents (26%) than among those with higher incomes (4%).
Routine Check-Ups

Routine check-ups are an important part of health promotion efforts. Many preventive screenings have been recognized as cost-effective measures to identify and treat potential health problems before they develop or worsen.

Key Survey Results

- From 2002 to 2009, there was a decrease in the overall percent of respondents who reported a routine checkup in the past two years (87% to 80%).
- From 2002 to 2009, there was a noted decrease in the percent of respondents reporting having a routine check-up among females (93% to 81%) and among the 65 years and older age group (97% to 91%).

Source: 2009 WAWM Community Health Survey

Cholesterol Screening

High cholesterol increases the risk of heart disease. A simple blood test (lipoprotein profile) is used to measure cholesterol levels. For healthy adults, it is recommended to maintain a total cholesterol level of less than 200 mg/dL.

People at any age can take steps to keep cholesterol levels normal. Lifestyle changes can be just as important as taking medicines for lowering cholesterol. These steps include eating a healthy diet, maintaining a healthy weight, exercising regularly, not smoking, and treating high cholesterol. In 2007, 77% of Wisconsin residents and 75% of U.S. residents reported having their cholesterol checked within the past four years, while respondents in West Allis-West Milwaukee were slightly higher with a 78% rate.

Source: 2009 WAWM Community Health Survey
Colorectal Cancer Screening

Of cancers that affect both men and women, colorectal cancer (cancer of the colon or rectum) is the second leading cause of cancer-related deaths in the United States. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at 50 years of age and continuing until 75 years. Findings from CDC’s 2000 National Health Interview Survey indicate that many people who are at risk for colorectal cancer are not being screened.\(^7\)

Sigmoidoscopy/Colonoscopy

Quick Facts

- Recommended colorectal cancer screening intervals for ages 50-75 years include:
  - High-sensitivity fecal occult blood testing every year
  - Sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years
  - Screening colonoscopy at intervals of 10 years \(^8\)

In 2008, 67% of Wisconsin residents reported a sigmoidoscopy or colonoscopy in their lifetime. In 2009, 66% of West Allis-West Milwaukee respondents reported having at least one test in their lifetime. This is an increase from 57% in 2003. There were no significant differences based on any of the demographic variables reported.

Mammography

There are differing recommendations regarding mammography screening. The U.S. Preventive Services Task Force (USPSTF) recommends routine mammography screening for breast cancer every two years only for women 50-74 years of age. The USPSTF concludes there is insufficient evidence to assess the additional benefits and harms of routine screening.
mammography in women 40-49 years of age and 75 years or older. However, the American Cancer Society recommends yearly screening mammograms for all women 40 years and older for as long as the woman is in good health.

Key Survey Results
- From 2003 to 2009, there was a statistical decrease in the overall percent of women, 40 years and older, who reported having a mammogram within the past two years (84% to 72%).

Source: 2009 WAWM Community Health Survey

Bone Density Scan

A bone mineral density (BMD) test is the best way to determine bone health. BMD tests can identify osteoporosis, determine risk for fractures, and measure response to osteoporosis treatment. Recommendations for optimizing bone health include a comprehensive program that consists of a well-balanced diet rich in calcium and vitamin D, physical activity, and a healthy lifestyle.

Key Survey Results
- In 2009, 79% of female respondents 65 years and older reported having a bone density scan in their lifetime, which is similar to the 2006 survey findings.

Source: 2009 WAWM Community Health Survey

Pap Smear

Cervical cancer is a highly preventable female cancer with regular screening tests and follow-up. The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately. It is recommended that Pap tests begin with the onset of sexual activity or at age 21 years and should be repeated every three years.

According to the American Cancer Society, screening for cervical cancer should be done every year with the regular Pap test or every two years using the newer liquid-based Pap test. Women 70 years of age or older who have had three or more normal Pap tests in a row and no abnormal Pap test results in the past 10 years may choose to stop having Pap tests.

Key Survey Results
- There was a noted decrease in the percent of respondents 18-65 years old who reported having a pap smear within the past three years from 2002 to 2009 (84% to 78%).
- In 2008, in Wisconsin and the U.S., the percent of women 18 years and older reporting having a pap smear within the last three years was 83%.

Source: 2009 WAWM Community Health Survey
Prostate Cancer Screening

Prostate cancer is the most commonly diagnosed form of cancer and is most common in men 65 years of age and older. Prostate-specific antigen (PSA) blood test and a digital rectal examination (DRE) are commonly used as screening procedures for prostate cancer.

Age 40 is a reasonable time to start screening for those at highest risk (genetic predisposition or strong family history of prostate cancer at a young age). For otherwise healthy men at high risk (positive family history or African American), starting at the age of 40–45 years is reasonable. Guidelines differ for men at average risk. Some recommend an initial PSA and DRE at age 40 years, and others recommend starting at age 50 years.13

Key Survey Results

- 33% of males 40 years and older reported having a digital rectal exam in the past year, while 22% reported never having a digital rectal exam.
- 51% of males 40 years and older reported having a PSA blood test within the past two years.
- 28% of male respondents reported never having a PSA test.

Source: 2009 WAWM Community Health Survey

Dental Health Screening

The Surgeon General has declared that oral health is essential to the general health and well being of all Americans. There are important associations between poor oral health status and other systemic diseases.14 Regular check-ups, flossing, and brushing are all important to maintain good oral health.

Although dental visits in the past year have seen a noted increase in some age groups, respondents 65 years of age and older reported a decrease in dental visits (58%) as compared to 72% overall.

Source: 2009 WAWM Community Health Survey
Dental Issues – Older Adults

Oral diseases and conditions are common among Americans 65 years of age and older who grew up without the benefit of community water fluoridation and other fluoride products. Older Americans with the poorest oral health are those who are economically disadvantaged, lack insurance, and are members of racial and ethnic minorities. Being disabled, homebound, or institutionalized also increases the risk of poor oral health.¹⁵

Many older Americans do not have dental insurance. Often these benefits are lost with retirement. The situation may be worse for older women, who generally have lower incomes and may never have had dental insurance. Medicaid, the jointly-funded Federal-State health insurance program for certain low-income and needy people, funds dental care for low income and disabled elderly in some states, but reimbursements for this care are low. Medicare, which provides health insurance for people 65 years of age and older, was not designed to provide routine dental care.¹⁵

Missing teeth can affect nutrition, since people without teeth often prefer soft, easily chewed foods. Because dentures are not as efficient for chewing food as natural teeth, denture wearers also may choose soft foods and avoid fresh fruits and vegetables. Gum disease and tooth decay (cavities) are the most frequent causes of tooth loss. In the U.S., approximately 25% of adults 60 years of age and older no longer have any natural teeth. Prescription and over-the-counter drugs may cause oral health problems, especially dry mouth. A decrease in saliva increases the risk for oral disease, since saliva helps rebuild tooth enamel attacked by decay-causing bacteria. Painful conditions that affect the facial nerves can affect mood, sleep, and oral-motor functions such as chewing and swallowing. Neurological diseases associated with age, such as Parkinson’s disease, Alzheimer’s disease, Huntington’s disease, and stroke also affect sensory and motor functions of the mouth.¹⁵

Visual Health

Respondents reporting eye exams in the past year has dropped slightly. In 2003, 49% reported having an eye exam in the past year as compared with 47% in 2009. There was a noted decrease in the percent of unmarried respondents who reported having an eye exam less than a year ago.

Quick Facts

- Recommended visual screening
  - All children should have their vision tested by five years of age.
  - Adults with no risk factors should get a baseline eye disease screening at 40 years of age – the time when early signs of disease and changes in vision may start to occur – and have follow-up screenings at regular intervals.¹⁶
Alternative and Complementary Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) defines Complementary and Alternative Medicine (CAM) as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. Complementary medicine refers to use of CAM together with conventional medicine, such as using acupuncture. Most use of CAM by Americans is complementary. Alternative medicine refers to use of CAM in place of conventional medicine.¹⁷

Key Survey Results
- From 2002 to 2009, there was a statistical increase in the use of aroma therapy (1% to 4%).
- In 2009, the age group of 55-64 years was more likely to report chiropractic care (23%).
- In 2009, more females than males reported using chiropractic care, massage therapy and/or aroma therapy.

References:
3. 2009 Community Health Survey. West Allis Health Department.
4. 2007 Older Adult Survey. West Allis Health Department.
   http://www.cdc.gov/nccdphp/dnpao/hwi/resources/preventative_screening.htm
   http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm
   http://www.ahrq.gov/clinic/uspsftf08/colocancer/colors.htm
   http://www.ahrq.gov/clinic/uspsftf/uspsbrca.htm
    http://www.niams.nih.gov/Health_Info/Bone/Osteoporosis/diagnosis.asp
    http://www.cdc.gov/cancer/cervical/basic_info/screening.htm
    http://www.pcf.org/site/c.leJRIROrEpH/b.5802037/k.6B8C/Early_Detection__Screening.htm
    http://www.cdc.gov/oralhealth/publications/factsheets/adult_older.htm
    http://www.geteyesmart.org/eyesmart/correction/index.cfm
    http://nccam.nih.gov/health/whatiscam/
Health Behaviors

- Nutrition
- Physical Activity
- Body Weight
- Sexual Health
- Tobacco Use
- Alcohol Use and Abuse
- Drug Abuse
Health Behaviors

Health behavior choices play a part in disease, injury, and premature illness and death. Behaviors and risk factors affecting disease and injury include but are not limited to nutrition, physical activity, obesity, alcohol and drug use, tobacco use, and sexual health.

Many behavioral health risks such as poor nutritional choices, physical inactivity, and obesity are associated with reduced health-related quality of life. Well-balanced eating provides energy and endurance to carry out daily activities while reducing the risk for certain health problems. Regular physical activity improves overall health and fitness, and reduces the risk for many chronic diseases while behaviors such as smoking, alcohol, and drug abuse adversely affect the quality of life.

Summary of Health Behavior Trends in West Allis-West Milwaukee

Positive trends

- From 2003 to 2009, there was a decrease in the percent of respondents reporting being a passenger with someone who had too much to drink (3% to less than 1%).
- From 2003 to 2009, there was an increase in the percent of respondents reporting moderate physical activity five times per week (23% to 30%).
- From 2002 to 2009, there was an increase in the percent of respondents reporting eating three or more servings of vegetables on an average day (10% to 23%).
- From 2002 to 2009, there was an increase in the percent of respondents reporting eating two or more servings of fruit on an average day (44% to 54%).

Areas needing improvement

- 38% of respondents reported exercising the recommended amount of physical activity.
- 37% of 8th-12th grade respondents reported watching three or more hours of TV on an average school day.
- 30% of respondents were classified as obese (>=30 BMI).
- 68% of respondents were classified as overweight (>=25 BMI).
- 28% of respondents reported currently smoking cigarettes.
- 17% of respondents 16-18 years old reported they drove at least once in the past 30 days after drinking alcohol.
- From 2002 to 2009, there was a noted increase in the percent of respondents 65 years of age and older who reported binge drinking (3% to 12%).

Source: 2009 WAWM Community Health Survey, 2009 WAWM Youth Risk Behavior Survey, WAWM Older Adult Survey 2007, 2009 West Allis Police Department Statistics
Several of these risk factors are listed below with comparisons made from the West Allis-West Milwaukee survey data to Wisconsin and National Behavioral Risk Factor Survey data.¹

<table>
<thead>
<tr>
<th>Percent of behavioral risk factor prevalence among adults in West Allis, Wisconsin, and the U.S.</th>
<th>West Allis</th>
<th>Wisconsin</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating less than five fruits and vegetables on an average day</td>
<td>77%</td>
<td>76.6%</td>
<td>77.3%</td>
</tr>
<tr>
<td>Exercising less than the recommended amount of physical activity in a typical week</td>
<td>62%</td>
<td>52.8%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Classified as obese (&gt;=30 BMI)</td>
<td>30%</td>
<td>29.2%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Classified as overweight (&gt;=25 BMI)</td>
<td>68%</td>
<td>65.7%</td>
<td>64.0%</td>
</tr>
<tr>
<td>In the last month drinking four or more drinks (females) or five or more drinks (males) on an occasion</td>
<td>24%</td>
<td>23.9%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Currently smoking cigarettes</td>
<td>28%</td>
<td>18.8%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

Source: 2009 WAWM Community Health Survey, 2009 Chronic Disease Indicators for Wisconsin and U.S.

Nutrition

Nutrition affects all aspects of health and is important for healthy growth and development of all ages. High calorie foods have become more readily available at an inexpensive cost leading to changing nutritional behaviors among the American population.² Although Americans are slowly adopting healthier diets, a large gap remains between recommended dietary patterns and what Americans actually eat.³ Changes in nutrition begin at home with many habits established at an early age.

Quick Facts

- In the United States, four out of the ten leading causes of death are associated with dietary factors.⁴
- Nearly one-third of adults are obese and 16% of children and teens are overweight.⁵
- Less than one-fourth of U.S. adults report eating the recommended amounts of fruits and vegetables daily.⁶
In the United States, poor nutrition habits contribute to a number of preventable diseases that can lead to premature deaths. A healthy and well balanced diet can reduce the risk of obesity, sustain weight loss, and improve overall health. Good nutrition has also been associated with lowering the risk for many chronic diseases including coronary heart disease, stroke, diabetes, osteoporosis, and some types of cancer.  

The Food Guide Pyramid was developed by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services to provide information on a healthy and well balanced diet along with the recommended serving size for each group.

**Meat & Beans:** 5 ½ oz every day
Choose from a variety of lean and low fat meat and poultry, also include fish, beans, nuts, seeds, and eggs.
1 oz is equal to 1 egg, 1 tablespoon peanut butter, ½ cup of nuts or seeds

**Milk:** 3 cups every day (ages 2-6 should have 2 cups every day)
Choose from low-fat or fat-free dairy products such as milk, yogurt, and cheese
1 cup is equal to 1.5 oz of low fat/fat free cheese, 1 cup of milk, or 1 cup of yogurt

**Grains:** 6 oz every day
Make half of your grains whole: whole grain cereals, breads, crackers, rice or pasta
1 oz of grains is equal to about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal, or pasta

**Vegetables:** 2 ½ cups every day
Vary the types of veggies you eat everyday: dark leafy greens, broccoli, carrots, sweet potatoes
1 cup is equal to 1 large ear of corn, 6 baby carrots, or a large sweet potato

**Fruits:** 2 cups every day
Choose from a variety of fresh, frozen, canned, or dried fruit
1 cup is equal to 1 small apple, 1 small banana, or 1 large orange

**What to Limit:** Solid fat and high sugar beverages
**Vegetables**

As part of a healthy diet, vegetables provide a wide variety of vitamins that contribute to the health and well-being for people of all ages. For example, dark leafy greens are a source of Vitamin A and broccoli is a source of Vitamin C; both are needed to maintain health. Additionally, vegetables are also naturally low in fat and an excellent source of fiber.\(^5\)

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**Fruits**

Along with vegetables, fruits are also excellent sources of vitamins and other important nutrients that contribute to good nutrition. For example, most fruits and fruit juices are sources of vitamins A and C, potassium, and other vitamins and minerals. Additionally, fruits also supply fiber and are low in fat.\(^5\)

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**Key Survey Results**

- From 2002 to 2009, there was an increase in the percent of respondents reporting consuming three or more servings of vegetables a day (10% to 23%).
- In 2009, females (27%) were more likely to indicate that they had eaten three or more servings of vegetables per day compared to males (19%). This was a consistent trend from 2002 to 2009.
- From 2002 to 2009, there was a noted increase in the percent of respondents 18 to 34 years old reporting three or more servings of vegetables a day (8% to 29%).

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*Source: 2009 WAWM Community Health Survey*
Key Survey Results

- From 2002 to 2009, there was a noted increase in the percent of respondents reporting eating two or more servings of fruit per day (44% to 54%).
- Females (63%) were more likely than males (45%) to indicate eating two or more servings of fruit per day.

Source: 2009 WAWM Community Health Survey

Nutrition – Older Adults

Good nutrition promotes healthy aging; however, a number of factors can affect the healthy nutrition an older adult receives. A number of barriers can limit healthy nutrition including: financial resources, restricted transportation, reduced appetite, dental problems, or social isolation leading to a lack of interest in cooking or eating alone.

In the West Allis-West Milwaukee Older Adult Community Survey 2007, 44% of respondents indicated that they generally eat meals alone. Those residents who were unmarried were more likely to report eating alone. Seven percent of participants reported that they went without a meal at least once in the last month, with 79% indicating that it was due to a lack of appetite.

Reasons given by older adult respondents who reported going without a meal at least once in the past month

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had no appetite</td>
<td>79%</td>
</tr>
<tr>
<td>I had no money for food</td>
<td>13%</td>
</tr>
<tr>
<td>I couldn’t prepare a meal</td>
<td>13%</td>
</tr>
<tr>
<td>I couldn’t get to a store</td>
<td>10%</td>
</tr>
<tr>
<td>I couldn’t get to a food pantry</td>
<td>4%</td>
</tr>
<tr>
<td>My home meal was not delivered</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: WAWM Older Adult Survey 2007

Nutrition – Adolescents

Poor eating habits are often established during childhood and carry on into adulthood. Healthy eating can help young people improve their overall thinking abilities and school performance, prevent nutritional deficiencies, and may also help prevent health problems later in life.

Key Survey Results

- In 2009, 21% of 8th-12th grade students reported that they had fruit two times per day in the past seven days, a decrease from 40% in 2007.
- Only 6% of students reported eating vegetables three times per day.
- 79% of respondents indicated having one or less non-diet sodas in the past seven days, while 11% reported drinking three or more non-diet sodas.

Source: 2009 WAWM Youth Risk Behavior Survey
Physical Activity – Adults

The U.S. Department of Health and Human Services issued the Physical Activity Guidelines for Americans in 2008. Research findings behind the report show regular physical activity reduces the risk of many adverse health outcomes and that some physical activity is better than none. Both aerobic (endurance) and muscle-strengthening (resistance) physical activities are beneficial.\(^8\)

Moderate intensity aerobic exercise may include such activities as brisk walking, vacuuming, gardening, or other activity that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate. Most health benefits occur with at least 150 minutes a week of moderate intensity physical activity or 75 minutes a week of vigorous intensity aerobic physical activity.\(^8\)

Additional benefits occur as the amount of physical activity increases through higher intensity, greater frequency, and/or longer duration. For more extensive health benefits, adults should increase their aerobic physical activity to 300 minutes (5 hours) a week of moderate activity or 150 minutes of vigorous aerobic physical activity.\(^8\)

Key Survey Results

- 30% of all respondents were classified as doing moderate physical activity five times a week for 30 minutes in a typical week, while 16% were inactive.
- From 2003 to 2009, there was an increase in the overall percent of respondents who did the recommended amount of moderate physical activity in a week (23% to 30%).
- 15% of all respondents reported they did vigorous physical activity at least three times a week for 20 minutes or more.
- Respondents in the top 40% household income bracket were more likely to meet the recommended amount of vigorous physical activity.
- 38% of all respondents reported meeting the recommended amount of either moderate or vigorous physical activity.

Source: 2009 WAWM Community Health Survey

Any physical activity is better than no activity. Most experts agree that physical activity does not need to be strenuous to achieve health benefits. Health benefits associated with regular physical activity are listed on the following page.\(^8\)
• Lower risk of death
• Lower risk of coronary heart disease, stroke, high blood pressure
• Lower risk of Type 2 diabetes
• Lower risk of colon, breast, lung, and endometrial cancer
• Prevention of weight gain
• Weight loss when combined with reduced calorie intake
• Improved cardiorespiratory and muscular fitness
• Prevention of falls
• Reduced depression
• Improved cognitive function (for older adults)
• Lower risk of hip fracture
• Increased bone density
• Improved sleep quality

Percent of respondents meeting the recommended amount of physical activity

Source: 2009 WAWM Community Health Survey

Physical Activity – Youth

The Physical Activity Guidelines for Americans recommends children and adolescents do 60 minutes or more of physical activity daily. This recommendation includes three different types of activity: aerobic (skipping, jumping rope, swimming, dancing), muscle-strengthening (climbing trees, playing on playground equipment, lifting weights), and bone-strengthening (running, hopscotch, tennis, basketball).  

Regular physical activity in children and adolescents has many health benefits for youth including:
• Improved cardiorespiratory fitness
• Improved muscle fitness
• Strong bones
• Reduced symptoms of depression and anxiety
Key Survey Results

- 53% of 8th-12th grade respondents reported having participated in physical activity for at least 20 minutes on three or more days in the past week that made them sweat and breathe hard.
- 22% of 8th-12th grade respondents reported having participated in a physical activity that increased their heart rate and made them breathe hard some of the time for at least 60 minutes on five or more days in the past week.
- 75% of high school respondents reported they took a physical education class.

Source: 2009 WAWM Youth Risk Behavior Survey

Body Weight – Adults

The definition of overweight status developed by the Centers for Disease Control and Prevention (CDC) is used when a person’s body mass index (BMI) is greater or equal to 25. A BMI of 30 or more is considered obese. Although BMI correlates with the amount of body fat, BMI does not directly measure body fat. Rather, it is calculated using weight and height. BMI ranges are based on the relationship between body weight, disease, and death. Quick Facts

- At the same BMI, women tend to have more body fat than men.
- At the same BMI, older people tend to have more body fat than younger adults.
- Athletes may have a higher BMI because of increased musculature rather than increased body fat.

Weight management is all about balance – balancing the number of calories consumed with the number of calories your body uses or burns off. To remain in balance and maintain your body weight, the calories consumed from foods needs to be balanced by the calories used through daily activities, exercise, and body functions. In addition, genetics, metabolism, behavior, environment, culture, and socioeconomic factors all play a role in a person’s body weight.
Overweight and obese persons are at increased risk for many diseases and health conditions including:

- High blood pressure
- High LDL cholesterol, low HDL cholesterol, high levels of triglycerides
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis
- Sleep apnea and respiratory problems
- Endometrial, breast, and colon cancers

Source: 2009 WAWM Community Health Survey

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- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis
- Sleep apnea and respiratory problems
- Endometrial, breast, and colon cancers

Key Survey Results

- 68% of respondents were overweight.
- Male respondents (76%) were more likely to be overweight than female respondents (59%). This is a consistent trend from 2002 to 2009.
- 79% of respondents 55-64 years old and 77% of respondents 35-44 years old were overweight compared to 58% of respondents 18-34 years old.

Source: 2009 WAWM Community Health Survey

In the seventh annual *F as in Fat: How Obesity Threatens America's Future 2010* report from the Trust for America's Health and the Robert Wood Johnson Foundation, Wisconsin was named the 24th most obese state in the country. The state's adult obesity rate is 29.2%. In Wisconsin, men are more obese than women at 28.6%. More than two-thirds of states (38) have adult obesity rates above 25%.
Body Weight – Youth

In the past 20 years, the prevalence of overweight adolescents, 12-19 years of age, has more than tripled. Overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if one or both parent(s) are overweight or obese.\textsuperscript{11}

Key Survey Results

- 35% of 8\textsuperscript{th}-12\textsuperscript{th} grade respondents were classified as overweight (85\textsuperscript{th} percentile or higher BMI).
- 19% were classified as obese (95\textsuperscript{th} percentile or higher BMI).
- 45% of high school respondents reported they were trying to lose weight.
- From 2004 to 2009, there was an increase in the total overall percent of respondents classified as overweight with a BMI in the 85\textsuperscript{th} percentile or higher (26% to 35%).

Source: 2009 WAWM Youth Risk Behavior Survey

Percent of respondents classified as overweight

Source: 2009 WAWM Youth Risk Behavior Survey

Sexual Health – Youth

Defined by the World Health Organization, sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; not merely the absence of disease, dysfunction, or illness. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having safe sexual experiences, free of coercion, discrimination, and violence.\textsuperscript{13}
The sexual and reproductive health of America's youth remains an important public health concern: a substantial number of youth are affected, disparities continue to exist, and earlier progress appears to be slowing and perhaps reversing. These patterns exist nationally and locally for a range of health outcomes (i.e., sexual risk behavior, pregnancy and births, STDs, HIV/AIDS, and sexual violence), highlighting the extent of the threat to a young person’s sexual and reproductive health.

Early sexual behavior is associated with unwanted pregnancy, sexually transmitted diseases, and negative effects on social and psychological development. Early pregnancy significantly affects the education and future opportunities of young parents. In addition, children of adolescent mothers are more likely to suffer from premature birth, low birth weight, physical abuse, and poor performance in school.¹⁴

### Key Survey Results

- 32% of 8th-12th grade students reported it was important to delay having sexual intercourse until they were married, engaged, or in an adult committed relationship.
- 43% of 8th-12th grade students reported ever having had sexual intercourse in their lifetime.
- 13% of 8th-12th grade students reported having had their first sexual intercourse experience at 13 years or younger.
- Of those who have had sexual intercourse, 29% reported seldom or never using birth control.
- Of those who had sexual intercourse, 25% reported they drank alcohol or used drugs before the last time they had sexual intercourse.

Source: 2009 WAWM Youth Risk Behavior Survey

### Tobacco Use

According to the CDC, tobacco use is the cause of five million deaths a year worldwide (430,000 deaths a year in the United States) with a projected trend of eight million deaths a year by 2030.¹⁵ While the percentage of current smokers has declined in the United States since 1998, 20.6% of the population was still identified as current smokers in 2008. Males are more likely to be smokers compared to females.¹⁶

Tobacco use is associated with a number of health problems: heart disease, chronic lung disease, and a number of different cancers including lung, esophagus, pancreas, kidney, and mouth. Tobacco use during pregnancy also leads to low birth weight, sudden infant death syndrome, and spontaneous abortions.¹⁷
The United States spends $193 billion annually on lost productivity and health expenditures associated with cigarette smoking and $10 billion annually on health expenditures related to second-hand smoking.  

Quick Facts
- The use of tobacco is the leading preventable cause of death in Wisconsin.
- In 2004, more than 8,000 Wisconsin residents died from smoking related illnesses.
- The direct health care cost of smoking is estimated at $2.2 billion annually in Wisconsin with an additional cost of $1.6 billion in lost productivity.

Key Survey Results
- 28% of respondents were current smokers (22% everyday, 6% some days).
- From 2002 to 2009, the overall percent of current smokers increased from 23% to 28%.
- Females (31%) were more likely to be current smokers compared to males (26%).
- Only 14% of respondents 65 years and older were current smokers compared to 36% of 35-44 year olds and 35% of 45-54 year olds.
- Current smokers were more likely to be in the bottom 40% household income bracket (36%) compared to those in the top 40% (22%) or middle 20% household income bracket (21%).

Source: 2009 WAWM Community Health Survey
Tobacco – Youth

The decision to smoke is nearly always made in the teen years, with many teen users addicted by the time they are 20 years old. According to the CDC, each day 3,900 adolescents (12-17 years old) smoke their first cigarette in the United States with an estimated 1,000 becoming daily smokers. While teen smoking rates declined between 1997 and 2003, current rates are holding steady. In 2007, 20% of high school students in the United States were current cigarette smokers, 18.7% were females and 21.3% were males.21

Tobacco usage by teens can lead to immediate and long-term health effects. Smoking at an early age increases the chance of respiratory effects, addiction to nicotine, and the associated risk of other drug and alcohol use as well as the increased risk of lung cancer, heart disease, and stroke.22 Teens who use tobacco are also at an increased risk for high-risk sexual behaviors.21

Key Survey Results
- From 2004 to 2009, there was an increase in the number of 8th-12th grade respondents who never smoked a whole cigarette (56% to 66%).
- Those who had adults in the household that smoked were more likely to indicate having tried a whole cigarette (40%).
- 50% of all respondents indicated having at least one adult in the household who was a current smoker.
- 21% of 8th-12th grade respondents indicated that they had smoked at least one cigarette in the past 30 days.
- 19% of 8th-12th grade respondents were 13 years or older when they smoked their first whole cigarette, 15% were 12 years or younger.
- From 2004 to 2009, there was an increase in the overall percent of respondents who reported using chewing tobacco, snuff or dip in the past 30 days (4% to 8%).

Source: 2009 WAWM Community Health Survey
Policy changes aimed at making it difficult for teens to obtain tobacco products have included the following: higher sales taxes for cigarettes, the prohibition of all tobacco products on school grounds, and the prohibition of all tobacco products to persons under the age of 18 years. Education programs aimed at teens have also been effective prevention programs.\(^{21}\)

**Second-Hand Smoke Exposure**

Second-hand smoke exposure can lead to serious health consequences. More than 4,000 chemicals have been found in tobacco smoke, 43 of which are associated with cancer.\(^{17}\) Exposure to second hand smoke has been linked to 49,000 deaths a year in the United States.\(^ {15}\) An estimated 3,000 nonsmokers die each year from lung cancer due to second-hand smoke exposure.\(^ {17}\)

Inside the home and in public places are two of the most common sites of second-hand smoke exposure. Seventy-seven percent of residents in Wisconsin do not allow smoking anywhere inside their home compared to 68% in West Allis-West Milwaukee.
Key Survey Results

- Nonsmokers, 45-54 years old, were more likely to report having exposure to second-hand smoke in the past seven days (19%) compared to other age brackets.
- 72% of nonsmokers reported zero exposure to second-hand smoke in the past seven days.
- Those who indicated smoking was not allowed in the home were more likely to be in the top 40% income bracket (75%) or middle 20% income bracket (74%) compared to those in the bottom 40% income bracket (61%).

Source: 2009 WAWM Community Health Survey

Smoking Policies

Currently smoking cessation efforts in the U.S. have shifted from focusing on the individual to focusing on developing and implementing population-based interventions. Policy changes have proven to be one of the more effective interventions. On July 5, 2010, the Smoke-free Air Law went into effect throughout the State of Wisconsin. Indoor public places are required to be smoke-free including restaurants, bars, hotels, and sports arenas. Local authorities have the ability to further regulate public outdoor spaces if they choose. Restaurants and bars may have an outdoor space designated for smoking under the new law.

Smoking Cessation

According to the CDC, in 2007, 70% of all current adult smokers in the U.S. want to quit smoking. In fact, there were an estimated 47 million former adult smokers in the U.S. in 2007. In Wisconsin, 59% of current smokers have stopped smoking for one day or longer. Quitting smoking can be difficult and the advice of professionals can be useful to those trying to quit. However, in Wisconsin, doctors and health care professionals only recommended that current smokers stop smoking (based on family medical history) 65% of the time.

Key Survey Results

- In 2009, 47% of smokers reported they quit smoking for one day or longer in the past year because they were trying to quit.
- From 2006 to 2009, there was only a slight change in the percent of current smokers whose health professional advised them to quit smoking (61% to 65%).

Source: 2009 WAWM Community Health Survey
Alcohol Use and Abuse

Alcohol affects every organ in the body. It is a central nervous system depressant that is rapidly absorbed into the bloodstream. Alcohol is metabolized in the liver; however, the liver only metabolizes a small amount of alcohol at a time, leaving the excess alcohol to circulate throughout the body. The intensity of the alcohol effect on the body is directly related to the amount consumed.\(^{25}\)

According to the CDC, there are approximately 79,000 deaths annually attributable to excessive alcohol use. In fact, excessive alcohol use is the 3\(^{rd}\) leading lifestyle-related cause of death for people in the United States each year. Furthermore in the single year 2005, there were more than 1.6 million hospitalizations and more than four million emergency room visits for alcohol-related conditions.\(^{26}\)

According to the \textit{Dietary Guidelines for Americans}, drinking in moderation is defined as no more than one drink per day for women and no more than two drinks per day for men.\(^{26}\) Excessive alcohol use has immediate effects that increase the risk of many adverse health conditions. These immediate effects are most often the result of binge drinking and may include unintentional injuries, violence (intimate partner violence and/or child maltreatment), risky sexual behaviors that can result in unintended pregnancy or sexually transmitted diseases, miscarriage and stillbirth among pregnant women, physical and mental birth defects among children, or alcohol poisoning. Over time, long term excessive alcohol use can also contribute or lead to serious health consequences that are of a chronic nature such as liver disease and certain cancers, as well as neurological impairments and social problems like unemployment, family issues, anxiety, and depression.

Overall Alcohol Consumption

According to the 2008 Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, Wisconsin's prevalence of current alcohol use and misuse is among the highest in the nation; this includes alcohol consumption, binge drinking and heavy drinking.\(^{27}\) With this high degree of alcohol consumption, Wisconsin is confronted with the serious negative consequences associated with alcohol use — that is, various types of mortality, morbidity and crime. In 2006, at
least 1,678 people died, 5,654 were injured, and 88,000 were arrested as a direct result of alcohol use and misuse. This clearly reflects the heavy economic, health and social burden alcohol misuse exerts on communities in Wisconsin, including West Allis and West Milwaukee.\textsuperscript{27}

**Key Survey Results**

- In 2009, 69% of respondents had a drink in the past 30 days.
- In 2009, 8% of respondents were classified as heavy drinkers in the past month.
- From 2002 to 2009, there was no change in the overall percent of respondents reporting heavy drinking in the past month (8%).
- In 2009, 24% of all respondents binged in the past month, with males (34%) more likely to do so than females (15%).
- In all study years, male respondents were more likely to have binged than female respondents.
- From 2002 to 2009, there was a noted increase in the percent of respondents 65 years and older reporting binging in the past month (3% to 12%).
- In 2003, “4 or more drinks on an occasion” for females and “5 or more drinks on an occasion” for males was used to define binge drinking; in all other years, “5 or more drinks on an occasion” was used for both males and females.

*Source: 2009 WAWM Community Health Survey*

The following two graphs compare the number of days and the number of drinks respondents consumed in the past 30 days.

*Source: 2009 WAWM Community Health Survey*
**Binge Drinking**

Binge drinking is a common pattern of excessive alcohol use in the United States. The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as bringing a person’s blood alcohol concentration (BAC) to .08 grams percent or above. Men generally reach this level after five or more drinks in a couple of hours and women reach this after four drinks. Most people who binge drink are not alcohol dependent. The following table presents those respondents to the survey who were most likely to have reported binge drinking in the past month.

<table>
<thead>
<tr>
<th>Respondents more likely to report binge drinking in the past month</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>34%</td>
</tr>
<tr>
<td>35-44 years old</td>
<td>38%</td>
</tr>
<tr>
<td>High school education or less</td>
<td>30%</td>
</tr>
<tr>
<td>Household income in top 40% bracket</td>
<td>41%</td>
</tr>
<tr>
<td>Married</td>
<td>31%</td>
</tr>
</tbody>
</table>

Source: 2009 WAWM Community Health Survey

**Alcohol – Youth**

Alcohol use by persons under age 21 years of age is a major public health problem. Alcohol is the most commonly used and abused drug among youth in the U.S., more than tobacco and illicit drugs. Although drinking by persons under the age of 21 years is illegal, people aged 12 to 20 years drink 11% of all alcohol consumed in the U.S. More than 90% of this alcohol is consumed in the form of binge drinks. On average, underage drinkers consume more drinks per drinking occasion than adult drinkers.

**Quick Facts**

- Age at onset of drinking strongly predicts development of alcohol dependence over the course of the lifespan.
- Youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking on or after age 21 years.
- Persons with a family history of alcoholism have a higher prevalence of lifetime dependence than those without such a history.
Youth who drink alcohol are at greater risk to experience difficulties in school, social problems (e.g. fighting), legal repercussions (driving while intoxicated), physical problems and alcohol related unintentional injuries. Youth may also place themselves in high-risk social predicaments due to altered judgment related to drinking. These may include unplanned and unprotected sexual activity, physical and sexual assault, homicide, suicide, abuse of other drugs and death from alcohol poisoning. Youth who binge drink are at greater risk of experiencing these problems then those who do not binge drink.  

**Key Survey Results**

- From 2004 to 2009, there was a decrease in the overall percent of 8th-12th grade respondents who reported having a drink in their lifetime (71% to 66%).
- From 2004 to 2009, there was a decrease in the overall percent of 8th-12th grade respondents who reported having a drink in the past 30 days (48% to 44%).
- In 2009, 26% of 8th-12th grade respondents reported having their first drink before age 13 years while 40% reported age 13 years or older.
- 66% of 8th-12th grade respondents reported they had a drink of alcohol, other than a few sips, at least once in their life, while only 17% of high school seniors reported they had never consumed alcohol.
- 25% of 8th-12th grade respondents reported binge drinking (five or more drinks in a row) in the past 30 days.
- 26% of 8th-12th grade respondents reported there was a great risk associated with drinking one or two drinks nearly every day.

*Source: 2009 WAWM Youth Risk Behavior Survey*
A look at the results of the 2009 U.S. Youth Risk Behavior Survey, which was administered to 9th-12th grade high school students and excluded 8th graders, reveals that nationally a large percentage of high school students reported drinking alcohol. The percentage of students reporting binge drinking (five or more drinks of alcohol in a row) in Wisconsin is higher than most states. Twenty-five percent of Wisconsin high school students and 24% of U.S. high school students reported binge drinking in the past 30 days. In West Allis-West Milwaukee, the percent of high school students who reported binge drinking in the past 30 days was 28%.

The graph below details how 8th-12th grade respondents reported obtaining alcohol.

Reducing underage drinking will require a multi-faceted approach on the national, state, and local levels, such as stricter enforcement of minimum legal drinking age laws, increasing alcohol excise taxes, reducing youth exposure to alcohol advertisements and comprehensive community-based prevention programs.29

**Alcohol – Older Adults**

The National Institute on Alcohol Abuse and Alcoholism recommends that people who are healthy and over the age of 65 years should have no more than seven drinks a week and no more than three drinks on any one day. However, alcohol may act differently in older people than in younger people and how the body handles alcohol can change with age.33 The effects of alcohol may be increased in elderly persons because of physiological changes associated with aging.34 Therefore, some older persons who drink may be more prone to have accidents, including falls, fractures and car crashes.33
Anyone at any age can have a drinking problem. Sometimes trouble with alcohol in older people is mistaken for other conditions related to aging. Also, interactions between alcohol and drugs may be more serious in elderly persons. Many medicines including prescription, over-the-counter, or herbal remedies can be dangerous or even deadly when mixed with alcohol. Many older people take medications every day, making this a special concern.

Prescription Drug Abuse

Prescription drug abuse means taking a prescription medication that is not prescribed for you, or taking it for reasons or in dosages other than as prescribed. Abuse of prescription drugs can produce serious health effects, including addiction. Commonly abused classes of prescription medications include opioids (for pain), central nervous system depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy).

Long-term use of opioids or central nervous system depressants can lead to physical dependence and addiction. Central nervous system depressants slow down brain function; if combined with other medications that cause drowsiness or if taken with alcohol, they can dangerously slow down heart rate or respirations. Taken repeatedly or in high doses, stimulants can cause anxiety, paranoia, dangerously high body temperatures, irregular heartbeat, or seizures.

Quick Facts
- During 2005-2006, 5% of Wisconsin residents 12 years of age and older reported using pain relievers for non-medicinal purposes. This percentage has not changed since 2003-2004, and is the same prevalence reported nationally. The prevalence of use was highest among young adults 18 to 25 years (12%).
- Pain relievers (opioids) and central nervous system depressants were the most commonly reported drugs consumed for non-medical reasons. During 2002-2004, 18% of Wisconsin residents 12 years of age and older reported non-medical use of central nervous system depressants and 12% reported non-medical use of pain relievers at some point in their lifetime.

Key Survey Results
- 55% of older adult respondents reported in an average week they do not drink any alcoholic beverages, 31% reported one to four, while 15% reported five or more drinks.
- As educational level, employment status, household income, or household size increased, respondents more often reported drinking five or more alcoholic beverages in an average week.

Source: WAWM Older Adult Survey 2007
Prescription Drug Abuse – Older Adults

Persons 65 years of age and older comprise only 13% of the population, yet account for approximately one-third of all medications prescribed in the U.S. Older patients are more likely to be prescribed long-term and multiple prescriptions, which could lead to unintentional misuse.  

As people age, their bodies begin to react differently to medications than they did at a younger age. Many older people take several different medications, which may not mix well with each other or with alcoholic drinks. If older adults do not adjust for these changes in their bodies and do not use medications safely, they may experience problems with substance misuse without even knowing it. Drinking too much, incorrect use of medications, or mixing medications and alcohol unsafely may actually cause some physical and mental problems that people think are just a normal part of aging or the result of an illness.  

Prescription Drug Abuse – Youth

In 2009, the Wisconsin Youth Risk Behavior Survey found that 20.5% of Wisconsin high school students had used prescription pain relievers without a doctor’s prescription one or more times during their life, and 11.6% had taken over-the-counter drugs to get high one or more times during their life.

The breakdown of males to females in prescription drug abuse is fairly even in Wisconsin as seen in the table below.
Key Survey Results

- From 2007 to 2009, there was no change in the overall percent of respondents who took prescription drugs for the first time or in their lifetime.
- From 2007 to 2009, there was a decrease in the overall percent of respondents who reported taking prescription painkillers at 13 years or older (19% to 16%) and who reported taking prescription painkillers in their lifetime (23% to 20%).

Source: 2009 WAWM Youth Risk Behavior Survey

Nationally, among 12th-graders, 8 of the 13 most commonly abused drugs were prescription or over-the-counter medications, over half of which were given to them or were purchased from a friend or relative.39

According to the U.S. 2009 Monitoring the Future (MTF) survey, past-year nonmedical use of Vicodin and OxyContin increased during the last five years among 10th graders; and remained unchanged among 8th and 12th graders. Nearly 1 in 10 high school seniors reported past-year nonmedical use of Vicodin, and 1 in 20 abused OxyContin. The National Survey on Drug Use and Health (NSDUH) showed that in 2008, the number of individuals 12 years old or older who abused prescription pain relievers for the first time (2.2 million) was roughly even with that of marijuana.40

Illicit Drug Abuse

The use of marijuana and other drugs has a significant impact on a community’s health. Although initial illicit drug abuse might be voluntary, these drugs have been shown to alter gene expression and brain circuitry, which in turn affect human behavior and lead to addiction. Once addiction develops, these brain changes interfere with an individual’s ability to make voluntary decisions, leading to compulsive drug craving, seeking and use.39

The impact of addiction can be far reaching. Cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease can all be affected by drug abuse. Some of these effects occur when drugs are used at high doses or after prolonged use, however, some may occur after just one use.41
Illicit Drug Abuse – Older Adults

High rates of lifetime drug use among the baby boom generation (persons born between 1946 and 1964), combined with the large size of that age group, suggest that the number of older adults using drugs will increase in the next two decades. It has been predicted that by the year 2020, the number of persons needing treatment for a substance use disorder will double among persons 50 years or older as the baby boom generation moves into older adulthood. An estimated 4.3 million adults 50 years or older, or 4.7% of adults in that age range, had used an illicit drug in the past year, based on data from 2006 to 2008. Illicit drug use is associated with numerous health and social problems, and age-related physiological, psychological, and social changes make older adults more vulnerable to the detrimental effects of illicit drug use.42

Marijuana Trends – Youth

Youth marijuana use is associated with a number of risky behaviors. Teens, 12 to 17 years of age, who smoke marijuana, are more than twice as likely to cut class, steal, fight, and destroy property than those who do not smoke marijuana. Marijuana arrests accounted for 66.5% of all drug arrests in Wisconsin in 2006. Marijuana use can lead to decreased lung function, and impaired memory among youth.37

The 2009 West Allis-West Milwaukee Youth Risk Behavior Survey showed an increase in the number of teens that have never tried marijuana (56% to 64%).
Health Behaviors

Cocaine and Heroin Trends

Cocaine users face the possibilities of arrest, dependence, injury, and even death. Compared with non-users, cocaine users are more likely to experience a hemorrhagic stroke (sudden bleeding in the brain) at a significantly earlier age and experience poorer outcomes after treatment. 40

Key Survey Results

- From 2004 to 2009, there was no change in the overall percent of respondents who reported trying cocaine in their lifetime (9%), while there was an increase in the overall percent of respondents who reported trying cocaine in the past 30 days (5% to 7%).
- There was no change in the overall percent of respondents who reported trying heroin (7%).

Source: 2009 WAWM Youth Risk Behavior Survey

One of the most significant risks a heroin user faces is dependence on the drug. Users who inject heroin also risk contracting HIV, hepatitis C, and other infectious diseases. Most new hepatitis C infections in the United States each year are among injection drug users. 40

Methamphetamines, Inhalants, and Ecstasy Trends

Methamphetamines are highly addictive stimulants. Methamphetamine increases wakefulness and physical activity, produces rapid heart rate, irregular heartbeat, and increased blood pressure and body temperature. Long-term use can lead to mood disturbances, violent behavior, anxiety, confusion, insomnia, and severe dental problems. All users, but particularly those who inject the drug, risk infectious diseases such as HIV/AIDS and hepatitis. 41

Inhalants are substances that are sniffed or huffed to give the user an immediate rush or high resembling alcohol intoxication. They include household products like glues, paint thinners, dry cleaning fluids, gasoline, felt-tip marker fluid, correction fluid, hair spray, aerosol deodorants, and spray paint. Inhalants are breathed in directly from the original container (sniffing or snorting), from a plastic bag (bagging), or by holding an inhalant-soaked rag in the mouth (huffing). Teens who use inhalants can become psychologically dependent on them to feel good, deal with life, or handle stress. Chronic exposure to inhalants can produce significant, sometimes irreversible, damage to the heart, lungs, liver, and kidneys. Inhalants are the most likely of abused substances to cause severe toxic reaction and death from heart failure or suffocation. 41

Ecstasy combines a hallucinogenic with a stimulant effect, making all emotions, both negative and positive, more intense. Short-term effects include feelings of mental stimulation, emotional warmth, enhanced sensory perception, and increased physical energy. Ecstasy can cause dry
mouth, cramps, blurred vision, chills, sweating, nausea, teeth clenching, muscle cramping, and blurred vision. Although the physical addictiveness of ecstasy is unknown, there is concern that these effects on the brain and emotions can become permanent with chronic use.41

<table>
<thead>
<tr>
<th>Percent of high school respondents report of the use, and the age first used, of methamphetamines, inhalants, or ecstasy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever</td>
</tr>
<tr>
<td>Methamphetamines</td>
</tr>
<tr>
<td>Inhalants</td>
</tr>
<tr>
<td>Ecstasy</td>
</tr>
</tbody>
</table>

Source: 2009 WAWM Youth Risk Behavior Survey

Resources

   http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm
   http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html
   http://www.who.int/topics/sexual_health/en/
   http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm
   http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
   http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5844a2.htm
   http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
   http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/cessation/quitting/index.htm
   http://www.cdc.gov/alcohol/faqs.htm
   http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm
Chronic Disease

Select Health Conditions
Advance Directives for Health Care
Hospitalization Data
Chronic Disease

During the 20th century, Americans gained almost 30 years in life expectancy. Much of this increase can be attributed to the development of antibiotics and advances in public health such as clean water and immunizations. With these changes came the end of large numbers of deaths due to tuberculosis, other respiratory and enteric illnesses, diphtheria, typhoid, polio, and measles. By the close of the 20th century, chronic diseases had replaced infectious diseases as the leading causes of death.

However, while Americans are living longer, they may not be living healthy. Chronic conditions may result in a diminished quality of life brought about by disability, dependence on medication, and the high cost of medical care.  

Summary of Chronic Disease Trends in West Allis-West Milwaukee

Positive trends
✓ From 2002 to 2009, there was a decrease in the percent of respondents reporting having asthma currently (9% to 4%).
✓ 62% of respondents reported they have made legal arrangements naming someone to make health care decisions on their behalf if they are unable to do so.

Areas needing improvement
✓ 26% of respondents reported high blood cholesterol in the past three years.
✓ 33% of overweight respondents reported having high blood cholesterol.
✓ 31% of respondents reported high blood pressure in the past three years.
✓ 16% of respondents 55 years of age and older reported they have made arrangements for long-term care such as in-home help, assisted living, or nursing home.
✓ In 2009, considering all preventable hospitalizations for the zip codes 53214, 53219, and 53227, there were 1,635 admissions/discharges with an average charge of $22,676 or $610 per capita.

Sources: 2009 WAWM Community Health Survey, WAWM Older Adult Community Survey 2007, Wisconsin Department of Health Services
Quick Facts

- Cancer, heart disease, and stroke are the leading causes of mortality in the United States, accounting for almost half of all deaths.
- Cancer, heart disease, and stroke are also the leading causes of death for people 45 years of age and older.
- While Americans are living longer with chronic conditions, the associated disability, medical costs, and dependence on medication may decrease quality of life.
- The choice of healthy behaviors may prevent or reduce the impact of many chronic conditions.
- Screening tests can provide early detection and treatment for some types of chronic diseases.¹

Prevalence of Select Health Conditions

Respondents to the 2009 WAWM Community Health Survey were asked a series of questions regarding whether they had been diagnosed with a stroke, cancer, asthma, diabetes, heart disease, high blood cholesterol, or high blood pressure in the past three years. The chart to the left lists the percent of respondents reporting these conditions. High blood pressure was the health condition reported most often.

Key Survey Results

- Respondents were more likely to report high blood pressure (31%) and high blood cholesterol (26%) than any other health condition over the past three years.
High Blood Pressure

About one of every three adults in the United States has high blood pressure. High blood pressure increases the risk for heart disease and stroke, the first and third leading causes of death in the United States. Additionally, it is a major risk factor for congestive heart failure and kidney disease. High blood pressure often has no warning signs or symptoms. In fact, more than one in five people with high blood pressure don’t even know they have it.²

Key Survey Results

- 31% of respondents reported high blood pressure in the past three years.
- 38% of overweight respondents reported high blood pressure in the past three years compared to 19% of respondents who were not overweight.
- In all years, respondents 65 years of age and older were more likely to report high blood pressure.

Source: 2009 WAWM Community Health Survey

High Blood Cholesterol

Cholesterol is a waxy, fat-like substance that your body needs. However, too much cholesterol in your blood can cause it to build up on the walls of your arteries leading to heart disease and stroke.³ High blood cholesterol puts you at risk for heart disease, the leading cause of death in the United States. About one of every six adult Americans has high blood cholesterol.
Heart disease is the leading cause of death for both men and women. In the U.S., women accounted for half of the deaths due to heart disease in 2006. For people without heart disease, lowering cholesterol and blood pressure levels can reduce the risk for developing heart disease.

For people with heart disease, studies have shown that lowering cholesterol and blood pressure levels can reduce the risk of:

- Dying from heart disease
- Having a nonfatal heart attack
- Needing heart bypass surgery or angioplasty

**Key Survey Results**

- 10% of respondents reported having heart disease or a heart condition in the past three years.
- Unmarried respondents (15%) were more likely to report heart disease or a heart condition compared to married respondents (6%).
- From 2002 to 2009, there was no statistical change in the overall percent of respondents who reported heart disease or a heart condition.

*Source: 2009 WAWM Community Health Survey*
Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. Cancer may be caused by both external factors (tobacco, infectious organisms, chemicals, and radiation) and internal factors (inherited mutations, hormones, immune conditions, and mutations that occur from metabolism). These underlying factors may act together, or in sequence, to initiate or promote carcinogenesis, the process by which normal cells are transformed into cancer cells. The risk of being diagnosed with cancer increases as individuals age – half of all men and one-third of all women in the U.S. will develop cancer during their lifetime.

Key Survey Results
- 3% of respondents reported they had cancer in the past three years.

Source: 2009 WAWM Community Health Survey
Stroke

Stroke is a disease that affects the arteries leading to and within the brain. It is the third leading cause of death in the United States, behind heart disease and cancer.

Key Survey Results:
- 2% of respondents reported they had had a stroke in the past three years.

Source: 2009 WAWM Community Health Survey

Stoke can be caused either by a clot obstructing the flow of blood to the brain (ischemic stroke) or by a blood vessel rupturing and preventing blood flow to the brain (hemorrhagic stroke). When that happens, part of the brain cannot get the blood and oxygen it needs. The brain is an extremely complex organ that controls various body functions. If a stroke occurs and blood flow can't reach the region that controls a particular body function, that part of the body won't work as it should.

Asthma – Adults

A leading chronic lung disease, asthma is classified as a person having episodes (or asthma attacks) where they cannot breathe properly due to inflamed and narrowed airways. Common symptoms include: wheezing, shortness of breath, coughing, and tightness of the chest. Episodes can be triggered by a number of factors such as different allergens, infections, cold air, or irritants such as air pollution or smoke. Asthma cannot be cured and its cause is unknown; however, with appropriate medical care, asthma can be controlled and managed. More than 30 million Americans are diagnosed with asthma in their lifetime. In 2005, there were 4,000 asthma related deaths in the United States. Wisconsin spends over $60 million a year on asthma related hospitalizations and emergency department visits.
Asthma – Youth

Asthma is the most common chronic disorder in childhood. It is the third leading cause of hospitalization among children under 15 years of age and the leading cause of school absenteeism attributed to chronic conditions.\(^\text{11}\)

Key Survey Results

- From 2002 to 2009, there was a decrease in the percent of adult respondents who reported currently having asthma (9% to 4%).
- 47% of adult respondents with asthma reported they experienced the following asthma related symptoms more than two times a week during a period of 30 days when they didn’t have a cold or respiratory infection: wheezing, shortness of breath, chest tightness, and phlegm production.
- 20% indicated that they had the above symptoms once or twice a week.
- 13% with current asthma reported being unable to work or perform their usual activities at least once a month in the past year, while 38% indicated less than once a month.
- Of the respondents who reported currently having asthma, 44% had a written asthma action plan.

Source: 2009 WAWM Community Health Survey

### Asthma in lifetime

<table>
<thead>
<tr>
<th>Year</th>
<th>Asthma in lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>20%</td>
</tr>
<tr>
<td>2005</td>
<td>22%</td>
</tr>
<tr>
<td>2007</td>
<td>24%</td>
</tr>
<tr>
<td>2009</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Current asthma

<table>
<thead>
<tr>
<th>Year</th>
<th>Current asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>16%</td>
</tr>
<tr>
<td>2005</td>
<td>17%</td>
</tr>
</tbody>
</table>

### With asthma, taking medication or treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>With asthma, taking medication or treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>20%</td>
</tr>
<tr>
<td>2005</td>
<td>22%</td>
</tr>
<tr>
<td>2007</td>
<td>24%</td>
</tr>
<tr>
<td>2009</td>
<td>25%</td>
</tr>
</tbody>
</table>

Source: 2009 WAWM Youth Risk Behavior Survey
Advance Directives for Healthcare

Major advances in public health and medicine during the past century have shifted the leading cause of death from infectious disease to chronic disease, resulting in a longer lifespan. As a result, most adults alive today are likely to die at an advanced age following a period of chronic illness. At the same time, with innovations in medical technology and treatment, quality of living, and quality of dying have become increasingly important societal concerns. It is important for all age groups, especially older adults, to make long-term care, healthcare, and financial arrangements.¹²

Key Survey Results

- 16% of respondents 55 years of age and older reported they have made arrangements for long-term care such as in-home help, assisted living, or nursing home
- 62% of respondents reported they have made legal arrangements naming someone to make healthcare decisions on their behalf if they are unable to do so
- 59% reported they have made legal arrangements naming someone to make financial decisions on their behalf if they are unable to do so
- Generally, the older the respondent, the more likely they were to have made any of these arrangements.

Source: WAWM Older Adult Survey 2007

Causes of Hospitalization

Hospitalization data is available by zip code. For purposes of this report, all hospitalization data is for the residents of zip codes 53214, 53219, and 53227. These are the zip codes for the cities of West Allis and West Milwaukee, shared with the surrounding cities of Milwaukee, Greenfield, and Wauwatosa. The majority of residents in these zip codes are West Allis and West Milwaukee residents and should be reflective of the total population of these two cities.

Quick Facts

- In 2009, the total cost of all hospitalizations for the zip codes 53214, 53219, and 53227 was $390,259,612

Source: Wisconsin Department of Health Services
The table below shows the top ten categories of hospitalizations by number and percent of hospital visits/discharges. The data is also graphically depicted.

### Top ten leading causes of hospitalization for zip codes 53214, 53219, and 53227 in 2009 by number and percent of hospital visits/discharges

<table>
<thead>
<tr>
<th>Rank</th>
<th>Causes of hospitalization</th>
<th>Number of hospital visits/discharges</th>
<th>Percent of total hospital visits/discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Normal childbirth</td>
<td>1,737</td>
<td>12.7%</td>
</tr>
<tr>
<td>2</td>
<td>Mental disorders</td>
<td>1,375</td>
<td>10.1%</td>
</tr>
<tr>
<td>3</td>
<td>Heart disease</td>
<td>1,287</td>
<td>9.4%</td>
</tr>
<tr>
<td>4</td>
<td>Digestive tract diseases and disorders</td>
<td>1,157</td>
<td>8.5%</td>
</tr>
<tr>
<td>5</td>
<td>Injury and poisoning</td>
<td>1,072</td>
<td>7.8%</td>
</tr>
<tr>
<td>6</td>
<td>Respiratory diseases and disorders</td>
<td>1,060</td>
<td>7.8%</td>
</tr>
<tr>
<td>7</td>
<td>Complications of pregnancy, childbirth, and the puerperium (six weeks postpartum)</td>
<td>982</td>
<td>7.2%</td>
</tr>
<tr>
<td>8</td>
<td>Orthopedic conditions</td>
<td>794</td>
<td>5.8%</td>
</tr>
<tr>
<td>9</td>
<td>Kidney and urinary tract disease</td>
<td>583</td>
<td>4.3%</td>
</tr>
<tr>
<td>10</td>
<td>Circulatory system diseases</td>
<td>557</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health Services

### Top ten leading causes of hospitalization for the zip codes 53214, 53219, and 53227 by percent of total visits/discharges

![Pie chart showing the percentage of hospital visits/discharges for each cause](chart.png)

Source: Wisconsin Department of Health Services
The following table shows the top ten categories of charges from hospital admissions by hospital charges and percent of total charges. These totals include only hospital admission charges. They do not include physician fees and charges for office visits, emergency room visits, or outpatient visits. This data is also displayed in a graph.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Causes of hospitalization</th>
<th>Charges</th>
<th>Percent of total hospitalization charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart disease</td>
<td>$60,179,937</td>
<td>15.4%</td>
</tr>
<tr>
<td>2</td>
<td>Injury and poisoning</td>
<td>$42,117,180</td>
<td>10.8%</td>
</tr>
<tr>
<td>3</td>
<td>Orthopedic</td>
<td>$38,040,959</td>
<td>9.7%</td>
</tr>
<tr>
<td>4</td>
<td>Digestive tract diseases and disorders</td>
<td>$35,257,130</td>
<td>9.0%</td>
</tr>
<tr>
<td>5</td>
<td>Respiratory diseases and disorders</td>
<td>$30,148,120</td>
<td>7.7%</td>
</tr>
<tr>
<td>6</td>
<td>Neoplasms</td>
<td>$26,901,514</td>
<td>6.9%</td>
</tr>
<tr>
<td>7</td>
<td>Circulatory system diseases</td>
<td>$21,061,073</td>
<td>5.4%</td>
</tr>
<tr>
<td>8</td>
<td>Infectious diseases</td>
<td>$20,774,662</td>
<td>5.3%</td>
</tr>
<tr>
<td>9</td>
<td>Mental disorders</td>
<td>$18,807,742</td>
<td>4.8%</td>
</tr>
<tr>
<td>10</td>
<td>Kidney and urinary tract diseases</td>
<td>$14,532,440</td>
<td>3.7%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>$82,438,855</td>
<td>21.3%</td>
</tr>
<tr>
<td></td>
<td><strong>Total Charges</strong></td>
<td><strong>$390,259,612</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health Services
Preventable Hospitalizations

Preventable hospitalizations are defined as “hospitalization for conditions where timely and effective ambulatory care can reduce the likelihood of hospitalization.” Since hospitalizations can be the most expensive portion of health care treatment, avoidance of unnecessary hospital visits is a priority strategy for health care cost containment. Provision of timely and appropriate preventive and primary care can decrease hospitalizations by preventing the onset of the condition, controlling an acute episodic illness or condition, or managing the condition. Public health prevention strategies aimed at reducing exposure to disease and reducing risk factors are an essential component of cost containment measures. For example, some hospitalizations for pneumococcal infections may be prevented if patients receive vaccinations for influenza and pneumonia.

If considering all preventable hospitalizations for West Allis-West Milwaukee zip codes in 2009, there were 1,635 visits/discharges with an average charge of $22,676 or $610 per capita. Fifty-nine percent of these preventable hospitalizations were for those 65 years of age and older.

<table>
<thead>
<tr>
<th>Disease/age group</th>
<th>Number</th>
<th>Average stay (days)</th>
<th>Average charge</th>
<th>Charge per capita</th>
<th>Estimated total charge per grouping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,635</td>
<td>4.3</td>
<td>$22,676</td>
<td>$610</td>
<td>$37,075,260</td>
</tr>
<tr>
<td>&lt;18 years</td>
<td>102</td>
<td>2.5</td>
<td>$11,147</td>
<td>$84</td>
<td>$1,136,994</td>
</tr>
<tr>
<td>18-44 years</td>
<td>170</td>
<td>3.4</td>
<td>$20,815</td>
<td>$168</td>
<td>$3,538,550</td>
</tr>
<tr>
<td>45-64 years</td>
<td>401</td>
<td>4.4</td>
<td>$25,093</td>
<td>$583</td>
<td>$10,062,293</td>
</tr>
<tr>
<td>65 years and older</td>
<td>962</td>
<td>4.6</td>
<td>$23,220</td>
<td>$2,484</td>
<td>$22,337,640</td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health Services

Resources

   http://www.strokeassociation.org/presenter.jhtml?identifier=3030066
   http://www.cdc.gov/asthma/pdfs/breathing_easier_brochure.pdf
    http://www.dhs.wisconsin.gov/localdata/pdf/08pubhlth/wisconsin08.pdf
Communicable Disease

Sexually Transmitted Diseases
Lyme Disease
Tuberculosis
Foodborne Illnesses
Seasonal Influenza
H1N1
Pneumonia
Immunization Coverage
Communicable Disease

Communicable diseases, sometimes called infectious diseases, are illnesses caused by organisms such as bacteria, viruses, fungi, and parasites. Sometimes the illness is not due to the organism itself, but rather a toxin that the organism produces after it has been introduced into a human host. Communicable diseases may be transmitted in several ways, and some communicable diseases may be spread in more than one way, including:

- One infected human to another
- An animal to a human
- Some inanimate object (doorknobs, table tops, etc.) to a human

The West Allis Health Department plays an important role in detecting, preventing, and controlling communicable diseases in the community. Roles of the public health staff include:

- Investigation and follow-up on all reportable communicable diseases and disease outbreaks in West Allis and West Milwaukee
- Educating and notifying the public about disease outbreaks
- Assuring treatment
- Monitoring disease rates and trends
- Guiding public and private strategies to prevent infections and spread of disease

Summary of Communicable Disease Trends in West Allis-West Milwaukee

Positive trends
- 73% of respondents 65 years and older reported they received a pneumonia vaccination.
- 86% of West Allis Health Department clients were up-to-date on immunizations at 24-35 months of age.

Areas needing improvement
- 130 chlamydia cases were reported in West Allis and West Milwaukee in 2009.
- 40 gonorrhea cases were reported in West Allis and West Milwaukee in 2009.
- 54.9% of West Allis-West Milwaukee residents were up-to-date on immunizations at 24-35 months of age.

Sources: 2009 WAWM Community Health Survey, West Allis Health Department Statistics
Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are a serious health problem across the United States. STDs are diseases that are spread primarily through sexual contact with persons who engage in unprotected sexual intercourse. These diseases are extremely widespread and without treatment can result in severe and sometimes deadly consequences. Untreated STDs can lead to other health issues such as pelvic inflammatory disease, infertility, and complications during pregnancy.²

Nationally, the Centers for Disease Control and Prevention estimates that 19 million new infections occur each year, almost half of them among young people ages 15 to 24, costing the health care system almost 16 billion dollars annually. In Wisconsin, there are more bacterial STDs reported than all other reportable communicable diseases combined.³ However, according to the Wisconsin STD Program, reporting of STDs is incomplete as most people with STDs are either not aware of their infections and do not seek testing, or are already being treated for their symptoms and testing was not done.² Currently, there are five reportable STDs in Wisconsin: chlamydia, gonorrhea, syphilis, chancroid, and pelvic inflammatory disease.

The surest method to avoid transmitting an STD is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested or is known to be uninfected. Avoiding unprotected sex will also reduce the chances of transmitting or becoming infected with an STD.

Chlamydia and Gonorrhea

Chlamydia and gonorrhea are the two most frequently seen STDs and the most important preventable causes of infertility. Left untreated, up to 40% of women with chlamydia or gonorrhea will develop pelvic inflammatory disease (PID), a serious complication of some STDs. PID may lead to infertility and potentially fatal tubal pregnancy.⁴

Chlamydia is a curable STD caused by the bacterium *Chlamydia trachomatis*. It is the most frequently reported bacterial sexually transmitted infection in the United States as well as in Wisconsin. However, chlamydia is often under-reported because most infected persons with chlamydia are not aware of their infections and do not seek testing. Although it can be easily tested and cured with antibiotics, it is known as the silent disease because the majority of infected people have no symptoms.⁴
Gonorrhea is a very common infectious disease that infects the genital tract, the mouth, and the rectum; and, if left untreated, can cause serious and permanent health problems in both women and men. Gonorrhea can also be spread from mother to baby during delivery. Most women who are infected have no symptoms. Men with gonorrhea may have very mild symptoms or no symptoms at all. Gonorrhea is caused by the bacterium *Neisseria gonorrhoeae* and can be successfully treated with antibiotics.\(^5\)

**Human Papillomavirus (HPV)**

Genital human papillomavirus (HPV) is the most common sexually transmitted virus in the US. About 20 million Americans are currently infected and about 6 million more get infected each year. Most HPV infections do not cause any symptoms and go away on their own. However, HPV can cause cervical cancer in women. In the United States, about 10,000 women get cervical cancer every year and about 4,000 are expected to die from it. HPV is also associated with several less common cancers, such as vaginal and vulvar cancers in women and other types of cancer in both men and women. It can also cause genital warts and warts in the throat. There is no cure for HPV infection, but some of the problems it causes can be treated.\(^6\)

The HPV vaccine can prevent most cases of cervical, vaginal, and vulvar cancers in females, and genital warts, in both males and females, if it is given before a person is exposed to the virus. The HPV vaccine is given as a three-dose series and can be given at the same time as other vaccines. The vaccine is now licensed for both females and males, 9-26 years of age.\(^6\)

**Lyme Disease**

Lyme disease is an illness caused by the bacteria *Borrelia burgdorferi*. It is transmitted by a bite of what is commonly called a deer tick. For the bacterium to be transmitted to a human the tick must be attached to a person’s skin for approximately 24 hours. The majority of Lyme disease cases occur when the weather is warm enough for ticks to be active, usually from May through August.\(^7\)
The illness usually begins as a circular, reddish rash around or near the site of the tick bite; however, not all persons with the disease develop the initial skin rash. Fever, headache, fatigue, stiff neck, and muscle and/or joint pain may also be present and may last for several weeks. Lyme disease may cause complications affecting the skin, nervous system, heart, and/or joints of an infected individual. Over 9,800 cases of the disease have been reported in Wisconsin since 1980. The chart below details the number of confirmed cases of Lyme disease in West Allis-West Milwaukee from 2006 to 2009.

### Number of confirmed cases of Lyme disease in West Allis-West Milwaukee

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>2</td>
</tr>
<tr>
<td>2007</td>
<td>1</td>
</tr>
<tr>
<td>2008</td>
<td>2</td>
</tr>
<tr>
<td>2009</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: 2006-2009 Wisconsin Electronic Disease Surveillance System

To protect oneself from tick bites:
- Avoid areas that could have ticks, such as wooded areas with tall grass and leaf litter.
- Use repellants per label instructions.
- Wear protective clothing (long pants and sleeves) and tuck pants into socks or boots so ticks can’t crawl under clothing.
- Check for ticks on self, children, and pets after being outdoors.
- See or call a health care provider if there is a concern about incomplete tick removal.

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**Tuberculosis**

Tuberculosis, or TB, is a disease caused by the bacteria *Mycobacterium tuberculosis*. The bacteria can attack any part of the body, but commonly attack the lungs. TB is spread through the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected. In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria. The bacteria then become inactive, but remain alive in the body and can become active later.

A TB infection is different than TB disease. People with TB infection have no symptoms, don’t feel sick, can’t spread TB to others, usually have a positive skin test reaction, and may develop TB disease later in life if they do not receive medication. People who have TB infection, but are not yet sick, can take medicine so that they will never develop TB disease. People with TB disease can be treated and cured with medication. 

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**Quick Facts**

- One-third of the world’s population is infected with TB.
- Each year over 9 million people around the world become sick with TB.
- TB disease rates in the US are the lowest they have been since 1953.
- Wisconsin had 71 cases of active TB disease during the time period from 2000 to 2009.
The West Allis Health Department works to identify, treat, and prevent the spread of tuberculosis disease, and control its threat to the public’s health. The program works to ensure the identification and treatment of all persons with active tuberculosis disease as well as to identify persons with TB infection and ensure they receive preventive treatment. The chart below details the number of confirmed cases of active tuberculosis disease in West Allis-West Milwaukee from 2006 to 2009.

| Number of confirmed cases of tuberculosis disease in West Allis-West Milwaukee |
|---|---|---|---|
| 2006 | 2007 | 2008 | 2009 |
| 1 | 1 | 0 | 1 |

Source: 2006-2009 Wisconsin Electronic Disease Surveillance System

Foodborne Illnesses

Foodborne illness is caused by consuming contaminated foods or beverages. There are a variety of food-related reportable communicable diseases including Amebiasis, Campylobacteriosis enterosis, Giardiasis, Hepatitis A, Salmonellosis, and Shigelllosis. These different diseases have many different symptoms, so there is no one symptom that defines foodborne illness. However, if the microbe or toxin enters the body through the gastrointestinal tract, it often causes nausea, vomiting, abdominal cramps, and diarrhea.¹¹

An outbreak of foodborne illness occurs when a group of people consumes the same contaminated food and two or more of them come down with the same illness. It may be a group that ate a meal together, or it may be a group of people who do not know each other, but who all happened to buy and eat the same contaminated item from a grocery store or restaurant.¹¹

Quick Facts

- 76 million cases of foodborne illness occur each year in the U.S., resulting in 325,000 hospitalizations and 5,000 deaths.
- From 1998 to 2007, Wisconsin reported 260 foodborne illness outbreaks.⁸
There are precautions that can be taken to reduce the risk of foodborne illness:

- Cook meat, poultry, and eggs thoroughly and refrigerate leftovers promptly.
- Keep high-risk foods like raw meat away from other food, especially if those foods will not be cooked further.
- Rinse fresh fruits and vegetables in running tap water to remove visible dirt and grime.
- Wash all utensils (knives, cutting boards) that have been in contact with high-risk foods with soap and hot water.
- Keep counters, dishcloths, and towels clean.
- Wash hands with soap and warm water before and after handling foods. Washing hands is the best way to avoid food poisoning.
- Most importantly, do not prepare food for others if ill with diarrhea, vomiting, or another illness that can be spread via food.11

Seasonal Influenza

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It is spread mainly person-to-person through coughing and sneezing and can cause mild to severe illness and sometimes even result in death. Older adults, young children, and people with certain health conditions are at high risk for serious flu complications. The best way to prevent seasonal flu is by getting a seasonal flu vaccination each year.12

Each year in the United States on average:

- 5% to 20% of the population gets the flu.
- More than 200,000 people are hospitalized from flu-related complications per year.
- About 36,000 people die from flu-related cause per year.12

Key Survey Results

- 43% of all adult respondents reported having a flu shot, or a flu vaccine that was sprayed in their nose, in the past 12 months.
- Female respondents (48%) were more likely to report receiving a flu vaccination compared to male respondents (38%).

Source: 2009 WAWM Community Health Survey
H1N1

In 2009, a new and very different flu virus (called 2009 H1N1) spread worldwide causing the first flu pandemic in more than 40 years. The virus was originally referred to as “swine flu” because laboratory testing showed that many of the genes in the virus were very similar to influenza viruses that normally occur in pigs in North America. But further study has shown that the 2009 H1N1 was very different from what normally circulates in North American pigs. Because the virus was new, people had limited immunity to it.\(^{13,14}\)

Illness with the H1N1 virus ranged from mild to severe with symptoms including fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. While most people who were sick with the H1N1 virus recovered without needing medical treatment, hospitalizations and deaths from infection with the H1N1 virus occurred.\(^{13,14}\)

A free vaccine to protect against the H1N1 virus became available in limited quantities in Wisconsin in October 2009. Due to a shortage of H1N1 vaccine in early fall, groups at highest risk of health complications from the virus were vaccinated first. These groups included pregnant women, persons living with or caring for infants less than six months of age, children aged six months through four years, health care and emergency medical services personnel who had direct contact with patients or infectious material, and adults, 5-18 years of age, who had medical conditions that put them at higher risk for influenza-related complications. Once vaccine supplies were adequate, free vaccine was offered through mass community clinics to all individuals.\(^{13,14}\)

The CDC reports it is likely that the 2009 H1N1 virus will continue to spread along with seasonal viruses in the U.S. during the 2010-2011 flu season. Therefore, the 2010-2011 flu vaccine is designed to protect against the three main flu viruses that research indicates will cause the most illness during the flu season: an H3N2 virus, an influenza B virus, and the H1N1 virus.\(^{12}\)
Pneumonia

Pneumonia is an infection of the lungs that is usually caused by bacteria or viruses. Globally, pneumonia causes more deaths than any other infectious disease such as AIDS, malaria, or tuberculosis. However, it can often be prevented with vaccines and can usually be treated with antibiotics or antiviral drugs.\textsuperscript{15}

Good hygiene practices such as washing hands regularly, cleaning hard surfaces that are touched often (like doorknobs and countertops), and coughing or sneezing into a tissue or elbow or sleeve can also help prevent respiratory infections. The risk of pneumonia can also be reduced by limiting exposure to cigarette smoke and by preventing and treating conditions like diabetes and HIV/AIDS.\textsuperscript{15}

Key Survey Results

- 73\% of respondents 65 years and older reported they received a pneumonia vaccination.

Source: 2009 WAWM Community Health Survey

Immunization Coverage

Immunization can slow down or stop disease outbreaks. Immunizing individual children also helps to protect the health of our community, especially those people who cannot be immunized. People who cannot be immunized include those who are too young to be vaccinated, those who cannot be vaccinated for medical reasons, and those who cannot make an adequate response to vaccination. In addition, people with compromised immune systems will be protected as more members of the community are immunized.\textsuperscript{16}
The West Allis Health Department uses the Wisconsin Immunization Registry (WIR) to look at current data for the immunization rates of two year olds. This data helps to guide the department in targeting families in need of immunizations. The following table categorizes data obtained from WIR from 2007 to 201. Up-to-date means a child received all of the required immunizations on or before 24 months of age. Late up-to-date immunizations means a child received all of the required immunizations, but not on or before 24 months of age.

<table>
<thead>
<tr>
<th>Year</th>
<th>Up-to-date</th>
<th>Late up-to-date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clients of WAHD</td>
<td>Clients in City of West Allis</td>
</tr>
<tr>
<td>2007</td>
<td>69.8%</td>
<td>53.9%</td>
</tr>
<tr>
<td>2008</td>
<td>72.2%</td>
<td>52.3%</td>
</tr>
<tr>
<td>2009</td>
<td>77.0%</td>
<td>42.8%</td>
</tr>
</tbody>
</table>

Quick Facts
- In 2009, there was a national shortage of the vaccine Prevnar that helps protect children from certain pneumococcal bacteria causing meningitis and bacteremia.
- This shortage, along with resources being diverted to the H1N1 outbreak, reduced the number of children with up-to-date immunizations.
- The routine schedule for Prevnar is 2, 4, 6, and 12-15 months of age.¹⁶

Resources


Environmental Health

Childhood Lead Poisoning
Air Quality
Radon
Mold
Environmental Health

Environmental factors such as air and water pollution, lead exposure in homes, or aspects of urban design influence the health of a community. Individual contaminants found in air, water, and residential dwellings are all attributes of the physical environment that lead to population exposures with negative health outcomes. Environmental health addresses all factors, both natural and human-made, that directly affect human health or the ecological balance necessary for long-term human health.¹

Summary of Environmental Health Trends in West Allis-West Milwaukee

Positive trends

✓ From 2000 to 2009, there was a decrease in the percent of children with elevated blood lead levels (7% to 0.8%).
✓ From 2000 to 2009, there was an increase in the number of children being tested for lead poisoning each year (656 to 1,799).

Areas needing improvement

✓ From 2008 to 2010, there was an increase in the number of calls received by the West Allis Health Department from residents with inquiries related to mold problems.

Source: West Allis Health Department Statistics
Childhood Lead Poisoning

According to Wisconsin State Statute, lead poisoning or lead exposure means a level of lead in the blood of 10 or more micrograms per deciliter. Approximately 250,000 U.S. children aged 1-5 years have blood lead levels greater than 10 micrograms of lead per deciliter of blood, the level at which CDC recommends public health actions be initiated. Lead poisoning can affect nearly every system in the body. Children are particularly susceptible to lead’s toxic effects and lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and even death. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. The vast majority of cases, therefore, go undiagnosed and untreated. Lead poisoning is widespread. It is not solely a problem of inner city or minority children. No socioeconomic group, geographic area, or racial or ethnic population is spared.

Elevated lead levels can have serious health effects for children under age six years and can place an enormous health burden on the affected children, their families and the community. The main source of childhood lead poisoning is lead based paint chips and dust from deteriorated paint that is found in older housing units. Although lead based paint was taken off the market for residential use in 1978, any house built prior to 1978 may still have lead paint. Eliminating the source of exposure should significantly lower the number of lead poisoned children. It will also eliminate prolonged “low-level” exposure that has been shown to have serious long-term effects on children.

Quick Facts

- It has been estimated that there is a health savings of $40,000-$50,000 for each child under age six years who is protected from lead poisoning.
- A child’s blood lead level tends to be highest between 18 to 36 months of age. This is attributed to frequent hand-to-mouth behavior and the increase in mobility during the 2nd and 3rd years, which makes dust-containing lead more accessible to the child.

Quick Facts

- In the U.S. approximately 24 million housing units have deteriorated lead paint and elevated levels of lead-contaminated house dust. More than 4 million of these dwellings are homes to one or more young children.
- The American Academy of Pediatrics recommends that to prevent lead poisoning, lead screening should begin at 9 to 12 months of age and be considered again at approximately 24 months of age when blood lead levels peak.
According to the City of West Allis Assessor’s office, approximately 96% of the homes in West Allis were built prior to 1980. Repairing deteriorated paint and replacing old windows should continue to be a focus for owners of older homes in West Allis. The following table summarizes the data from 2000 to 2009 for children living in West Allis-West Milwaukee who have had blood lead levels greater than 10 micrograms (µg) of lead per deciliter (dL) of blood, the level at which CDC recommends public health actions be initiated.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of lead tests</th>
<th>Number of elevated results</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>656</td>
<td>47</td>
<td>7.2%</td>
</tr>
<tr>
<td>2001</td>
<td>1,095</td>
<td>60</td>
<td>5.5%</td>
</tr>
<tr>
<td>2002</td>
<td>1,135</td>
<td>54</td>
<td>4.8%</td>
</tr>
<tr>
<td>2003</td>
<td>1,193</td>
<td>50</td>
<td>4.2%</td>
</tr>
<tr>
<td>2004</td>
<td>1,139</td>
<td>26</td>
<td>2.3%</td>
</tr>
<tr>
<td>2005</td>
<td>1,162</td>
<td>33</td>
<td>2.8%</td>
</tr>
<tr>
<td>2006</td>
<td>1,182</td>
<td>25</td>
<td>2.1%</td>
</tr>
<tr>
<td>2007</td>
<td>1,546</td>
<td>11</td>
<td>0.7%</td>
</tr>
<tr>
<td>2008</td>
<td>1,831</td>
<td>20</td>
<td>1.1%</td>
</tr>
<tr>
<td>2009</td>
<td>1,799</td>
<td>14</td>
<td>0.8%</td>
</tr>
<tr>
<td>Total</td>
<td>12,738</td>
<td>340</td>
<td></td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health and Human Services Wisconsin Childhood Lead Poisoning Prevention Program, West Allis Health Department Statistics

In 1996, a formalized system for tracking lead screening results was established and has shown an overall decrease in the percent of elevated blood lead levels in children. This is most likely due to increased public health education, prevention, and intervention efforts. A snapshot of this downward trend is highlighted in the next graph.

Ten year trend of elevated lead tests for West Allis-West Milwaukee from 2000 to 2009

Source: Wisconsin Department of Health and Human Services Wisconsin Childhood Lead Poisoning Prevention Program, West Allis Health Department Statistics
The following table displays the lead results from January 1, 2009 through December 31, 2009 by child’s age and blood lead level. The table illustrates that in 2009 there were 1,799 lead tests performed on children between the ages of ≤ 36 months and 72 months. Of these tests, 99% fell within acceptable range at or below a level of < 10 µg/dL. This translates into 1,785 lead level results being considered within normal range and 14 out of the 1,799 tests conducted being elevated. In terms of age range the vast majority of lead tests performed were on children three years of age or under (1,303 lead results).

### West Allis-West Milwaukee lead results for 2009 by age and blood level

<table>
<thead>
<tr>
<th>Lead level in µg/dL</th>
<th>&lt;10 (normal range)</th>
<th>10 -14</th>
<th>15-19</th>
<th>20-44</th>
<th>45-69</th>
<th>&gt; 70</th>
<th>Total number lead results per age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 36 months</td>
<td>1,289</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1,303</td>
</tr>
<tr>
<td>37-72 months</td>
<td>415</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>415</td>
</tr>
<tr>
<td>&gt; 72 months</td>
<td>81</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>81</td>
</tr>
<tr>
<td>Total number of lead tests</td>
<td>1,785</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1,799</td>
</tr>
<tr>
<td>Total elevated lead tests</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

Source: Wisconsin Department of Health and Human Services Wisconsin Childhood Lead Poisoning Prevention Program, West Allis Health Department Statistics

### Air Quality

Air quality affects human health in a number of different ways. Breathing air containing high levels of particles or unhealthy chemicals can lead to respiratory discomfort, an increase in asthma episodes and causing or exacerbating heart and lung disease. On days when pollutant levels are elevated, people with sensitive lungs and cardiac disease may experience overall respiratory discomfort, difficulty breathing and tightness in their chests. When pollution levels are high, people with otherwise healthy lungs and hearts may also experience these symptoms.⁸

There are many sources of air pollution; factories, power plants, and large industries are the main sources, however the public could be harming their lungs in their own backyards. The open burning of trash or yard materials, charcoal grills, snow blowers, lawn mowers, and vehicles also are sources of air pollution.⁸

Many substances affect the quality of air inside homes, schools, workplaces, and other buildings. Some of these contaminants come from indoor air and building materials; others are produced by indoor activities such as cooking, smoking, and using cleaning materials. Natural substances, such as mold, can also affect indoor air quality.⁹
As urban municipalities, West Allis and West Milwaukee are subject to decreased air quality due to industrial pollutants, vehicle exhaust and residential contamination. There are federal and state standards for a small group of common air contaminants. These standards are called National Ambient Air Quality Standards and include limits for the following six “criteria” pollutants:

- Carbon monoxide (CO)
- Sulfur dioxide (SO$_2$)
- Nitrogen dioxide (NO$_2$)
- Particulate matter
- Ozone (O$_3$)
- Lead (Pb)

The Wisconsin Department of Natural Resources monitors the air for these contaminants and will take enforcement action on parties found to be exceeding emission standards. When unsafe limits are detected that may harm the public’s health or cause discomfort, public warnings are issued.  

Different air pollutants can affect human health and not all pollutants have the same effect on everyone. Ozone is more the focus in the summer months while particle pollution can exist year round in the air. Both of these pollutants can irritate lungs, while particle pollution has been associated with cardiac disease.  

**Ozone**

Ozone is found when pollutants from vehicle exhaust, industrial solvents, and incomplete combustion combine with sunlight. Typically this occurs in summer when sunlight and hot weather provide optimal conditions for the production of ozone.

Elevated ozone levels may cause respiratory distress or asthma attacks in susceptible populations. The DNR uses weather forecasts and data from monitoring sites to determine air quality. Residents are notified when pollutants may be reaching unhealthy levels. Advisories known as “ozone action days” are issued when at least one air monitor has exceeded the standard for ozone and conditions are right for increased ozone in nearby areas.

**Particle Pollution**

Particle pollution (also called particulate matter) is simply solid particles or liquid droplets suspended in the air. Exposure to these suspended particles and droplets can cause serious health problems in humans, especially those with respiratory conditions such as asthma and cardiac disease.
Air Quality Index

The air quality index (AQI) is a color-coded scale designed to help you understand what local air quality means to your health. To make it easier to understand, the AQI is divided into six categories. The Environmental Protection Agency (EPA) has assigned a specific color to each AQI category to make it easier for people to understand quickly whether air pollution is reaching unhealthy levels in their communities.

The AQI runs from 0 to 500. The higher the AQI value, the greater the level of air pollution and the greater the health concerns. For example, an AQI value of 50 represents good air quality with little potential to affect public health, while an AQI value over 300 represents hazardous air quality. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered to be unhealthy, at first for certain sensitive groups of people, and then for everyone, as AQI values get higher. Below is a template of the Air Quality Index.\textsuperscript{14}

<table>
<thead>
<tr>
<th>Air Quality Index (AQI) Values</th>
<th>Levels of Health Concern</th>
<th>Colors</th>
</tr>
</thead>
<tbody>
<tr>
<td>\textit{When the AQI is in this range:}</td>
<td>\textit{...air quality conditions are:}</td>
<td>\textit{...as symbolized by this color:}</td>
</tr>
<tr>
<td>0-50</td>
<td>Good</td>
<td>Green</td>
</tr>
<tr>
<td>51-100</td>
<td>Moderate</td>
<td>Yellow</td>
</tr>
<tr>
<td>101-150</td>
<td>Unhealthy for Sensitive Groups</td>
<td>Orange</td>
</tr>
<tr>
<td>151 to 200</td>
<td>Unhealthy</td>
<td>Red</td>
</tr>
<tr>
<td>201 to 300</td>
<td>Very Unhealthy</td>
<td>Purple</td>
</tr>
<tr>
<td>301 to 500</td>
<td>Hazardous</td>
<td>Maroon</td>
</tr>
</tbody>
</table>

Source: AIRNOW.gov

Since 1992, data, including that available in 2005, shows that the air quality has been good on 70-80\% of the days monitored and there have been fewer days when the Air Quality Index (AQI) is unhealthy. When we look at the historic annual maximums, we see a steady decline in the highest AQI. For the more inland locations between April and October the air quality has varied from year to year but was good through roughly 90\% of the monitoring season.\textsuperscript{15}
Milwaukee metro area monitoring trends

![Milwaukee-Waukesha MSA - % Days in AQI Category Ozone](image)

Source: Wisconsin Department of Natural Resources

Radon

Radon is an odorless, tasteless, and invisible radioactive gas released from the normal decay of uranium in rocks and soil. Radon is present in nearly all air. Everyone breathes radon in every day, usually at very low levels. When inhaled, these radioactive particles can damage the cells that line the lung; therefore people who inhale high levels of radon or have long-term exposure to radon are at an increased risk for developing lung cancer. According to the Environmental Protection Agency (EPA) radon is a proven carcinogen and exposure to radon gas can cause lung cancer in nonsmokers and smokers alike.

Quick Facts

- It is estimated that radon is responsible for over 20,000 lung cancer deaths every year.
- About 2,900 of these deaths occur among people who have never smoked.
- Most radon related lung cancers occur from low and medium dose exposures in people’s homes.
The EPA and Surgeon General have warned that radon is the second leading cause of lung cancer in the United States today. Radon is the number one cause of lung cancer among non-smokers. It has been estimated that over 20,000 Americans die of radon related lung cancer each year. Some scientific studies of radon exposure have suggested that children may be more sensitive to radon. This may be due to their higher respiration rate and their rapidly dividing cells, which may be more vulnerable to radiation damage.

The presence of radon is gauged by looking for the radiation given off when radon decays. The unit of measure for radon levels is in picocuries (pCi) per liter (L) of air or pCi/L. The average radon concentration in most American homes is about 1.3 pCi/L. Even though the EPA's action limit for radon is set at 4 pCi/L, because there is no known safe level of radon, the EPA recommends Americans take action to reduce radon in their homes when the radon level is at or above 2 pCi/L. The table below presents radon test results from West Allis-West Milwaukee homes for 2009.

<table>
<thead>
<tr>
<th>Radon test results for West Allis-West Milwaukee homes for 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 4.0 pCi/L</td>
</tr>
<tr>
<td>Test Results</td>
</tr>
<tr>
<td>Percent</td>
</tr>
</tbody>
</table>

The U.S. Environmental Protection Agency has clearly cautioned that any radon exposure has some risk of causing lung cancer. The lower the radon levels in your home, the lower your family's risk of lung cancer.

**Mold**

Molds are fungi that grow best in warm, damp, and humid conditions both indoors and outdoors where they play a key role in the breakdown of leaves, wood, and other plant and animal debris. Despite this positive role, the growth of molds in West Allis-West Milwaukee homes and businesses continue to be a significant public health concern due to the potential adverse human health effects of continued exposure to mold spores. Sensitive individuals can suffer from allergic and/or asthmatic reactions. Flooding, experienced in West Allis-West Milwaukee during the summers of 2008, 2009, and 2010, has contributed to the increase of mold growth in homes and businesses throughout the impacted areas. The Environmental Health staff at the West Allis Health Department has reported an increase in the number of housing complaints and calls received pertaining to mold related problems.

Sources of moisture leading to mold growth include roof leaks, flooding due to plumbing failure or heavy rains, uncontrolled humidity, and areas of high condensation. Common sites of growth include bathroom tiles, basement walls, and areas in close proximity to windows and leaky plumbing. The West Allis Health Department provides guidance, inspections and referral to additional resources relating to mold issues. The goal is to reduce exposure to mold toxins by removal of mold and by reducing moisture problems.
Resources

19. In What Units are Radon Levels Measured? (n.d.) [http://wiki.answers.com/Q/In_what_units_are_radon_levels_measured](http://wiki.answers.com/Q/In_what_units_are_radon_levels_measured)
Injury and Safety

Injury Prevention Behaviors
Safety – Home, School, Personal
Domestic Violence
Crime
Injury and Safety

Injuries, both intentional and unintentional, remain a leading cause of death for Americans regardless of age, gender, race, or economic status and take a toll on the health of the individual and the community in which they live. Injuries may cause only momentary pain or difficulty, or may lead to disability, chronic pain, and a profound change in lifestyle. The toll is great, not only in terms of morbidity and mortality rates, but also in the economic, social, and psychological impact on both the individual and the community in which they live.

However, many injuries are not inevitable. Healthy choices – seatbelts, helmets, child safety seats, not driving while or with someone impaired, secured firearms, nonslip surfaces – go a long way toward the prevention of injuries.

### Summary of Injury and Safety Trends in West Allis-West Milwaukee

**Positive trends**

- From 2002 to 2009, there was an increase in the percent of respondents reporting wearing seat belts (78% to 92%).
- From 2002 to 2009, there was an increase in the percent of respondents reporting working carbon monoxide detectors in household (32% to 52%).
- From 2002 to 2009, there was an increase in the percent of respondents reporting working smoke detectors in household (96% to 98%).
- From 2008 to 2009, there was a 6.8% decrease in violent crime in the City of West Allis.

**Areas needing improvement**

- Of those respondents who rode a bike, used in-line skates, or rode a scooter, 25% reported wearing bike helmets.
- 8% of 8th-12th grade respondents reported wearing bike helmets.
- 31% of 8th-12th grade respondents reported being a passenger at least once in the past 30 days when the driver had been drinking alcohol.
- 17% of respondents in high school, 16 years old and older, reported they drove at least once in the past 30 days after drinking alcohol.
- 14% of adults aged 55 years and older reported falling at home and sustaining an injury in the past 12 months.

Sources: 2009 WAWM Community Health Survey, 2009 WAWM Youth Risk Behavior Survey, WAWM Older Adult Survey 2007, 2009 West Allis Police Department Statistics
Injury Prevention Behaviors

Seat Belt Usage

Seat belt use has been shown to be a highly effective strategy in preventing death and injury in motor vehicle accidents. It is the single most effective way to protect people from being ejected from a vehicle or being thrown around violently inside it during a crash. A CDC study published in 2009 reported seat belt use was higher in states with a primary enforcement law in effect (86%) compared to those with secondary enforcement laws (76%).

Quick Facts
- On June 30, 2009, Wisconsin passed a primary enforcement seat belt law that allows police to stop and ticket a driver for not wearing a seat belt.

Helmet Usage

Each year more than 500,000 people in the U.S. are treated in emergency departments and more than 700 people die as a result of bicycle-related injuries. Children are at particularly high risk. If every bicycle rider wore a helmet, that action alone would prevent an estimated 150 deaths and another 100,000 nonfatal head injuries each year. Bicycle helmets reduce the risk of serious head injury by as much as 85% and the risk of brain injury by as much as 88%.

Key Survey Results
- In 2009, 18% of 8th-12th grade respondents reported they rarely or never wore seat belts.
- In 2009, 92% of adults 18 years and over reported they always or nearly always wore seat belts.
- Married respondents (96%) were more likely to report always wearing seat belts than unmarried respondents (88%).
- Household income was not a significant variable in any study year.
Presence of Firearms

It is important to assume firearms are capable of being discharged at any time. The handler should take precautions to prevent an unintentional discharge and avoid damage or injury if an unintentional discharge does occur. Owners of firearms should store guns so that they are inaccessible to children or other unauthorized persons. Hiding a gun in a closet, drawer, or similar location is not safe storage. Unloaded firearms should be stored in a locked cabinet, safe, gun vault or storage case. Additionally, locked storage cases should be placed in a location inaccessible to children.7

Key Survey Results

- In 2009, 26% of households in West Allis and West Milwaukee reported having at least one firearm.
- 50% of respondents in the top 40% household income bracket reported having a firearm compared to 27% in the middle 20% income bracket or 16% of respondents in the bottom 40% household income bracket.

Source: 2009 WAWM Community Health Survey

Key Survey Results

- In 2009, 45% of adult respondents rode a bike, used in-line skates or rode a scooter. Of these respondents, 25% reported they always or nearly always wore a helmet.
- Female respondents were more likely to report always or nearly always wearing a helmet (36%) compared to male respondents (18%).
- In 2009, 92% of 8th-12th grade respondents reported they never or rarely wore a helmet when riding a bicycle in the past 12 months.

Source: 2009 WAWM Community Health Survey, 2009 WAWM Youth Risk Behavior Survey
Unloaded firearms can also be secured with a gunlock that renders the firearm inoperable. A gunlock should be used as an additional safety precaution and not as a substitute for locked storage. For this survey, unlocked was defined as not needing a key or combination to retrieve or fire the gun. A safety is not counted as a lock.

**Smoke Detectors and Carbon Monoxide Detectors**

In the U.S., fire and burn deaths are the leading cause of unintentional home injury deaths among children one to four years of age and the second leading cause for children younger than one year of age.8

A working smoke alarm is the first key step towards surviving a fire. A fire can happen in anyone’s home and does not discriminate against age, race, or education. Since the majority of fatal fires happen when families are asleep, occupants may be unaware of the fire until the fire is out of control and there is not adequate time to escape.9

There has been a 50% reduction in fire fatalities since the introduction of smoke alarms in the home in the late 1960’s.10

Carbon monoxide, or CO, is an odorless, colorless gas that can cause sudden illness and death. Carbon monoxide detectors trigger an alarm based on an accumulation of carbon monoxide over time.

The most common symptoms of CO poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain, and confusion. Each year, more than 400 Americans die from unintentional CO poisoning, more than 20,000 visit the emergency room, and more than 4,000 are hospitalized due to CO poisoning.11

**Key Survey Results**

- From 2002 to 2009, there was a noted increase in the overall percent of respondents who reported both a working smoke detector and carbon monoxide detector (31% to 51%).
- Married respondents (65%) were more likely to report both detectors compared to unmarried respondents (36%).

Source: 2009 WAWM Community Health Survey
Home Safety – Falls

Falls among older adults are associated with significant mortality and are the leading cause of injury deaths. Approximately 20% of older adults who are injured in a fall are admitted to a hospital and one in every hundred die as a result. Falls not only have significant physical consequences, but psychological and social consequences as well. Many older people, whether or not they have fallen, develop a fear of falling. This fear may cause them to limit their activities, which in turn leads to reduced mobility and physical fitness, and subsequently, to an increased risk of falls.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>255</td>
</tr>
<tr>
<td>2006</td>
<td>262</td>
</tr>
<tr>
<td>2007</td>
<td>250</td>
</tr>
<tr>
<td>2008</td>
<td>254</td>
</tr>
<tr>
<td>2009</td>
<td>205</td>
</tr>
</tbody>
</table>

Collecting data on the number of in-home falls is difficult. Persons injured in a fall may call an ambulance, go to the emergency room, seek care from their personal physician, not seek care immediately, or not seek care at all. In 2007, the West Allis Health Department partnered with Interfaith Older Adult Programs through Connecting Caring Communities to administer the West Allis-West Milwaukee Older Adult Survey. The survey found 14% of these older adults reported they had fallen and sustained an injury at home in the past 12 months. Of the respondents who reported falling, 40% did not seek care at all, while 26% sought care in an emergency room, 15% did not seek care immediately, 13% saw their own physician, 3% went to urgent care, and 3% received treatment at home by paramedics.

Quick Facts

- One in every three adults, 65 years of age and older, fall each year in the United States.
- Falls among adults 65 years of age and older are a leading cause of injury deaths and non-fatal injuries and are second only to motor vehicle crashes as major causes of injury and death in Wisconsin.
- Most fractures among older adults are caused by falls.
- Men are more likely to die from a fall while rates of fall-related fractures among older adults are more than twice as high for women as for men.
- One of the best predictors for a fall in an older adult is a previous fall. An older adult with a previous fall is two to three times more likely to fall within the next year as an older adult who has not previously fallen.
Motor vehicle accidents lead to property damage, injuries, and death. In fact, in the United States, motor vehicle-related injuries are the leading cause of death for people 1 to 34 years of age, and nearly five million people sustain injuries that require an emergency department visit.\(^\text{14}\)

Auto accidents impact nearly everyone in the United States each year. They are the leading cause of death for U.S. teens and account for more than one in three deaths in this age group.\(^\text{15}\) Drivers 65 years of age and older have higher crash death rates per mile driven than all age groups but teen drivers. Rates for motor vehicle-related injury are twice as high for older men as for older women.\(^\text{1}\)

In the United States, every day 32 people die in motor vehicle crashes that involve an alcohol-impaired driver, accounting for nearly one-third of all traffic-related deaths. At all levels of blood alcohol concentration, the risk of being involved in a crash is greater for young people than for older people. However, between 16 and 64 years of age, alcohol figures into over 20% of all fatal accidents, and between 21 and 44 years of age almost 50% of all fatalities.\(^\text{14}\) The table below details motor vehicle accidents reports in West Allis from 2002 to 2009 as reported by the West Allis Police Department.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number</th>
<th>Alcohol involved</th>
<th>Drugs involved</th>
<th>Alcohol and drugs involved</th>
<th>Pedestrians involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>2,698</td>
<td>19</td>
<td>NA</td>
<td>NA</td>
<td>34</td>
</tr>
<tr>
<td>2003</td>
<td>2,622</td>
<td>14</td>
<td>NA</td>
<td>NA</td>
<td>40</td>
</tr>
<tr>
<td>2004</td>
<td>2,618</td>
<td>31</td>
<td>NA</td>
<td>NA</td>
<td>34</td>
</tr>
<tr>
<td>2005</td>
<td>2,565</td>
<td>44</td>
<td>NA</td>
<td>NA</td>
<td>30</td>
</tr>
<tr>
<td>2006*</td>
<td>2,234</td>
<td>116</td>
<td>7</td>
<td>2</td>
<td>43</td>
</tr>
<tr>
<td>2007</td>
<td>2,465</td>
<td>120</td>
<td>11</td>
<td>10</td>
<td>56</td>
</tr>
<tr>
<td>2008</td>
<td>2,496</td>
<td>119</td>
<td>16</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td>2009</td>
<td>2,037</td>
<td>118</td>
<td>4</td>
<td>4</td>
<td>47</td>
</tr>
</tbody>
</table>

NA – Statistics not available for these years.
*In 2006, it became mandatory to note in police reports if alcohol was a causal factor for a motor vehicle accident.

Source: 2002-2009 West Allis Police Department Statistics
**Personal Safety**

In 2009, 7% of West Allis-West Milwaukee respondents reported someone made them afraid for their personal safety in the past year. Five percent of respondents reported they were pushed, kicked, slapped or hit in the past year. A total of 9% of all respondents reported at least one of these two issues.

**Domestic Violence**

Domestic violence is about one person in a relationship using a pattern of behaviors to control the other person. Domestic violence can be defined as the willful intimidation, physical assault, and/or abusive behavior perpetrated by an intimate partner against another. It can happen to people who are married or not married, gay or lesbian, living together, separated or dating, regardless of age, economic status, race, religion, nationality, or educational background. 

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**Key Survey Results**

- In 2009, 31% of WAWM 8th-12th grade students reported being a passenger at least once in the past 30 days when the driver had been drinking.
- In 2009, 17% of WAWM students 16 years and older reported they drove at least once in the past 30 days after they drank alcohol.

*Source: 2009 WAWM Youth Risk Behavior Survey*
Quick Facts

- One in every four women will experience domestic violence in her lifetime.
- Females who are 20-24 years of age are at the greatest risk of nonfatal intimate partner violence.
- In 2009, there were at least 46 domestic violence incidents resulting in 59 deaths in Wisconsin.
- Witnessing violence between one’s parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next.\(^\text{16}\)

Domestic violence tends to be a pattern of violence instead of a one-time occurrence. One in five women victimized by their spouses or ex-spouses report they have been victimized over and over again by the same person.\(^\text{16}\)

In 2008, a subgroup of the West Allis-West Milwaukee Mental Health Workgroup was formed to develop and implement a Domestic Violence Support Group called WISH (Women Initiate Self-Healing and Hope) in West Allis beginning in February 2009. This is a joint effort between the West Allis Health Department, West Allis Police Department, Sojourner Family Peace Center, the Woman’s Club of West Allis, and the faith-based community.

### Teen Dating Violence

Unhealthy relationships can start early and last a lifetime. Dating violence may start with teasing and name calling and quickly escalate to more serious violence such as physical assault.

---

<table>
<thead>
<tr>
<th>Year</th>
<th>Total reports</th>
<th>Alcohol involved</th>
<th>Drug involved</th>
<th>Alcohol &amp; drugs involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004*</td>
<td>624</td>
<td>202</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>2005*</td>
<td>657</td>
<td>232</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>2006</td>
<td>631</td>
<td>194</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>2007</td>
<td>628</td>
<td>195</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>2008</td>
<td>670</td>
<td>211</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>2009</td>
<td>606</td>
<td>204</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>2010</td>
<td>615</td>
<td>187</td>
<td>19</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: 2006-2010 West Allis Police Department Statistics; *2004-2005 Holli Stephens, Victim Advocate, WAPD Department

<table>
<thead>
<tr>
<th>Year</th>
<th>Offenders</th>
<th>Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>55</td>
<td>63</td>
</tr>
<tr>
<td>2007</td>
<td>59</td>
<td>62</td>
</tr>
<tr>
<td>2008</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>2009</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>2010</td>
<td>64</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: 2006-2010 West Allis Police Department Statistics
and rape. Many teens do not report dating violence because they are afraid to tell friends and family. Even with under reporting, nationally one in four adolescents report verbal, physical, emotional, or sexual abuse from a dating partner each year.\(^\text{17}\) Dating violence can have negative effects on health throughout life. Victims are more likely to do poorly in school and engage in unhealthy behaviors like drug and alcohol use. Additionally, dating violence may lead to eating disorders and depression. Physically abused teens are also three times more likely than non-abused peers to experience violence during college.\(^\text{17}\)

### Key Survey Results
- In 2009, 13% of high school respondents reported they were hit, slapped, or physically hurt by a boyfriend or girlfriend in the past 12 months.
- In 2009, 11% of high school respondents reported they were forced verbally or physically to take part in a sexual activity at least once in their life.

*Source: 2009 WAWM Youth Risk Behavior Survey*

### School Safety

School violence refers to harmful behaviors such as bullying, slapping, punching, and weapon use that occur in school, during the school day. Victims can suffer serious injury and significant social and emotional damage. Young people can be a victim, an offender, or a witness to the violence.\(^\text{18}\) Because safe schools are essential to young people’s ability to learn and develop healthy relationships, it is imperative to implement prevention efforts at the individual, family, community, and societal levels.

### Quick Facts
- Almost 30% of youth in the U.S. are estimated to be involved in bullying as either a bully, a target of bullying, or both.
- Female youth are more likely than males to report being the targets of rumors and sexual comments.
- Male youth are more likely to report being hit, slapped, or pushed.\(^\text{19}\)

### Key Survey Results
- 17% of 8\(^{\text{th}}\)-12\(^{\text{th}}\) grade respondents reported they were harassed, picked on, or bullied so much that they felt unsafe at school or that it was hard for them to do their best at school in the past 12 months.
- 44% of respondents agreed or strongly agreed harassment and bullying was a problem at their school.
- 16% of 8\(^{\text{th}}\)-12\(^{\text{th}}\) grade respondents reported they never or rarely felt safe from physical harm at school, while 36% reported they always felt safe.

*Source: 2009 WAWM Youth Risk Behavior Survey*
Crime Arrests

Studies have shown a strong association between crime and health status. Fear of crime may lead to restrictions in outdoor activities, including walking and cycling. Less physical activity may lead to decreased physical and mental functioning. Fear of crime may also increase avoidance of social activities, mistrust of others, and increased stress and depression. It is important to note that fear of crime may be a barrier to participation in health-promoting physical and social activities.\(^\text{20}\)

<table>
<thead>
<tr>
<th>Type of Crime</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Rape</td>
<td>2</td>
<td>9</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Robbery</td>
<td>93</td>
<td>91</td>
<td>108</td>
<td>98</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>115</td>
<td>110</td>
<td>104</td>
<td>99</td>
</tr>
<tr>
<td>Burglary</td>
<td>384</td>
<td>582</td>
<td>569</td>
<td>536</td>
</tr>
<tr>
<td>Theft</td>
<td>1,653</td>
<td>2,283</td>
<td>2,382</td>
<td>2,361</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
<td>182</td>
<td>181</td>
<td>202</td>
<td>189</td>
</tr>
<tr>
<td>Arson</td>
<td>25</td>
<td>20</td>
<td>28</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,454</td>
<td>3,278</td>
<td>3,401</td>
<td>3,309</td>
</tr>
</tbody>
</table>

Source: 2006-2009 West Allis Police Department Statistics

Resources

    http://www.cdc.gov/co/faqs.htm
    http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html
    http://www.cdc.gov/motorvehiclesafety/index.html
    http://www.cdc.gov/motorvehiclesafety/teen_drivers/teendrivers_factsheet.html
    http://www.cdc.gov/violenceprevention/datingmatters.html
Maternal Health

Birth Rate
Teen Births
Prenatal Care
Infant Mortality
Safe Sleep
Breastfeeding
Maternal Health

Safe motherhood begins before conception with proper nutrition and a healthy lifestyle. It continues with appropriate prenatal care, the prevention of complications when possible, and the early and effective treatment of any complications. The ideal results are pregnancy at term without unnecessary interventions, the delivery of a healthy infant, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the woman, infant, and family.¹

Ensuring safe motherhood means addressing urgent issues such as depression, violence, premature labor and delivery, teenage pregnancy, reproductive health, and psycho-social issues.² Attention to these issues may not only affect one’s start in life but may also have long range impact on growth and development, learning, and future life potential.

Summary of Maternal Health Trends in West Allis-West Milwaukee

Positive trends
✓ From 2004 to 2008, there was a decrease in the percent of women 40 years old and older who smoked during pregnancy (21% to 11%).
✓ From 2004 to 2008, there was a decrease in the rate of infant mortality (11 to 6.8).

Areas needing improvement
✓ From 2004 to 2008, of all teen births, there was an increase in the percent of births to teens younger than 18 years old (27% to 34%).
✓ From 2004 to 2008, there was an increase in the percent of total low birth weight births (<2,500 grams) (6.6% to 8.4%).
✓ From 2004 to 2008, of all low birth weight births, there was an increase in the percent of mothers who smoked during pregnancy (10.4% to 25.7%).
✓ From 2004 to 2008, there was an increase in the percent of premature births (<37 weeks gestation) (9.8% to 11.7%).
✓ From 2004 to 2008, there was a decrease in the percent of women who initiated prenatal care in the first trimester (90% to 83%).

Sources: Wisconsin Interactive Statistics on Health

All West Allis-West Milwaukee statistics contained in this section are from the Wisconsin Interactive Statistics on Health (WISH) data bank unless otherwise noted.³
In 2008, there were 72,002 births in Wisconsin, 886 of those births were to residents of West Allis-West Milwaukee. Almost all births (99%) occurred in hospitals. Crude birth rate is defined as the number of live births per 1,000 total population. In Wisconsin, the 2008 crude birth rate was 12.7 per 1,000 total population. In comparison, the 2008 crude birth rate for West Allis-West Milwaukee was 14.7 per 1,000. 

**Quick Facts**

- The preliminary number of 2008 U.S. births was 4,251,095, down nearly 2% from the 2007 peak.
- The 2006 U.S. crude birth rate was 14.2 per 1,000 population.
- The 2008 Wisconsin general fertility rate (also called the overall birth rate) of 64.2 births per 1,000 females aged 15-44 years of age was lower than the 2006 U.S. general fertility rate of 68.5 births per 1,000 for the same age group.

Below is a graph depicting a five year trend from 2004 to 2008 (most current data available) in the total number of births for West Allis-West Milwaukee. It shows a general increase in the number of total births.
The table below presents key birth indicators for West Allis-West Milwaukee and Wisconsin for 2008.

<table>
<thead>
<tr>
<th>Key birth indicators in West Allis-West Milwaukee and Wisconsin in 2008</th>
<th>West Allis-West Milwaukee</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Percent of all births</td>
<td>Number</td>
</tr>
<tr>
<td>Total births</td>
<td>886</td>
<td>72,002</td>
</tr>
<tr>
<td>Teen births:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 18 years old</td>
<td>56</td>
<td>6.3%</td>
</tr>
<tr>
<td>18-19 years old</td>
<td>19</td>
<td>2.1%</td>
</tr>
<tr>
<td>Started first trimester prenatal care</td>
<td>739</td>
<td>83%</td>
</tr>
<tr>
<td>Low birth weight (&lt; 2,500 grams or 5.5 lbs.)</td>
<td>74</td>
<td>8.4%</td>
</tr>
<tr>
<td>Premature births</td>
<td>104</td>
<td>11.7%</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births)</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Wisconsin Interactive Statistics on Health

A notable birth trend over the past decade has been the increase in the Hispanic population in the West Allis-West Milwaukee area. This is reflected by an increase in the percent of births to women of Hispanic origin from 6% in 2000 to 15% in 2008. During that same time period there was a decrease in the non-Hispanic white population from 88% in 2000 to 75% in 2008. This change is shown in the graphs below.

Source: Wisconsin Interactive Statistics on Health
Teen Births

Teenage mothers and their children are more likely to be disadvantaged and have a generally less favorable health status than older new mothers and their children. Low birth weight is a major correlate of infant illness and mortality. Low birth weight, infant mortality, and smoking remain troubling concerns for all childbearing women including the pregnant teen population. In Wisconsin, in 2008, teen births represented 8% of all Wisconsin births. In West Allis-West Milwaukee, in 2008, teen births accounted for 6% of the 886 total births.

The table below depicts key birth indicators for teen births in West Allis-West Milwaukee for 2008.

<table>
<thead>
<tr>
<th>Birth indicator</th>
<th>Number of teens</th>
<th>Percent of all teen births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total teen births</td>
<td>56</td>
<td>100%</td>
</tr>
<tr>
<td>Prenatal care started in first trimester</td>
<td>36</td>
<td>64%</td>
</tr>
<tr>
<td>Ethnicity: Non-Hispanic white</td>
<td>31</td>
<td>55%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18</td>
<td>32%</td>
</tr>
<tr>
<td>Smoked during pregnancy</td>
<td>15</td>
<td>27%</td>
</tr>
<tr>
<td>Low birth weight births</td>
<td>6</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: Wisconsin Interactive Statistics on Health
In 2008, the majority of births to teens were to older teens, 18 to 19 years old. This birth pattern was consistent with the Wisconsin statewide trend for teen births as well. The following graph compares overall teen births in West Allis-West Milwaukee to teen births in Wisconsin.

**Five year trend in percent of births to teens younger than 20 years old in West Allis-West Milwaukee and Wisconsin from 2004 to 2008**

![Graph showing the trend in percent of births to teens younger than 20 years old.]

*Source: Wisconsin Interactive Statistics on Health*

This graph highlights the fluctuations in the number of births to older and younger teens in West Allis-West Milwaukee over the five year period from 2004 to 2008.

**Five year trend in number of births to older and younger teens in West Allis-West Milwaukee from 2004 to 2008**

![Graph showing the trend in number of births to older and younger teens.]

*Source: Wisconsin Interactive Statistics on Health*

**Percent of West Allis-West Milwaukee total teen births in 2004 and 2008 by age**

![Graph showing the percent of West Allis-West Milwaukee total teen births by age.]

*Source: Wisconsin Interactive Statistics on Health*

In recent years there has been a notable increase in the percent of births to younger teens, as highlighted in the graph to the left.

Although none of the six infant deaths in 2008 were to teen mothers, in general, babies born to teens are more likely to die in infancy.6
Health Disparities and Health Behaviors

Pregnancy related health consequences are influenced by women’s health conditions as well as other factors such as race, ethnicity, age, and income. Differences in health status, risks, and outcomes related to these and other demographic factors still persist and can significantly affect access to care and may delay early initiation of prenatal care services. This can ultimately have a dramatic negative effect on birth outcomes.

Lifestyle choices and health behaviors such as smoking, drinking or use of drugs, as well as proper nutrition, weight gain, and consistent prenatal care are factors that can also have a significant impact on the course of the pregnancy and, in turn, the final birth outcome.

Low Birth Weight (LBW)

Low birth weight (LBW) has been established as a weight of less than 2,500 grams or 5.5 pounds. Low birth weight babies are at increased risk for serious health problems as newborns, including long-term developmental disabilities and even death. In 2008, 7% of all births in Wisconsin were LBW. In comparison, 8.4%, or 74, of all West Allis-West Milwaukee births were LBW, an increase from 6.6% in 2004. The table below highlights low birth weight and preterm births for 2008, by select demographic and health behavior indicators.

<table>
<thead>
<tr>
<th>Key birth indicators for West Allis-West Milwaukee low birth weight and premature births in 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth indicators</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Total births</td>
</tr>
<tr>
<td>Age &lt;20 years old</td>
</tr>
<tr>
<td>Late or no prenatal care</td>
</tr>
<tr>
<td>Ethnicity:</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Smoked during pregnancy</td>
</tr>
</tbody>
</table>

Source: Wisconsin Interactive Statistics on Health
Quick Facts
For Wisconsin, in 2008
- 42% of premature infants were low birth weight.
- 66% of low birth weight infants were premature.
- 16% of infants born to mothers less than 18 years old were premature.
- 10% of infants born to mothers less than 18 years old were low birth weight babies.²

The graph below compares the percent of low birth weight births in West Allis-West Milwaukee and Wisconsin from 2004 to 2008.

Five year trend in percent of low birth weights in West Allis-West Milwaukee and Wisconsin from 2004 to 2008

Quick Facts
In Wisconsin, in 2008, higher percentages of low birth weight babies were born to:
- Mothers who received no prenatal care
- Non-Hispanic black/African American women
- Women who smoked during pregnancy
- Girls who were less than 15 years old
- Women who were unmarried
- Women with less than a high school education.²

In 2008, 19 out of the 74 low birth weight births were to women who smoked during pregnancy. That is 25.7% of all the low birth weight births for that year, up from 10.4% in 2004. Of all age groups in 2008, teens younger than 20 years old (14%) and women over 40 years old (11%) had the highest percent of low birth weight births. Furthermore for all LBW births for 2008, non-Hispanic white women and Hispanic women comprised the largest percent at 73% and 16% respectively. A look at the growing Hispanic population shows that from 2004 to 2008, there was an overall upward shift in the percent of LBW births to Hispanic women (7.5% to 9.3%).

Source: Wisconsin Interactive Statistics on Health
Prematurity

The normal gestational period is 40 weeks. Premature births (gestation of less than 37 weeks) in West Allis-West Milwaukee increased from 9.8% of all births in 2004 to 11.7% of all births in 2008.

Comparison in percent of low birth weight and premature births in West Allis-West Milwaukee in 2004 and 2008

Source: Wisconsin Interactive Statistics on Health

Smoking

Smoking during pregnancy increases the risk of pregnancy complications and poor infant health outcomes, which include preterm birth, low birth weight, stillbirths, and sudden infant death syndrome (SIDS). In 2008, in West Allis-West Milwaukee, 141 of the 886 births (16%) were to women who reported smoking during pregnancy. From 2004 to 2008, there was a decrease in the percent of women 40 years old and older who smoked during pregnancy (21% to 11%). While the total percent of women who smoked during pregnancy has decreased slightly from 2007 to 2008 (17% to 16%), the graph on the following page illustrates an overall increased trend in the percent of births to women who smoked during pregnancy from 2004 to 2008.

Quick Facts

Babies born to women who smoke during pregnancy
- Are more likely to be born with low birth weight.
- Have about 30% higher odds of being born prematurely.
- Are 1.4 to 3.0 times more likely to die of SIDS.
- Weigh an average of 200 grams less than infants born to women who don’t smoke.

Quick Facts

For West Allis-West Milwaukee, in 2008,
- 31%, (13 of 42) of births that were both premature and low birth weight, were to mothers who smoked during pregnancy.
Prenatal Care

Prenatal care includes three major components: risk assessment, treatment for medical conditions or risk reduction, and education. Each component can contribute to reductions in perinatal illness, disability, and death by identifying and mitigating potential risks and helping women to address behavioral factors, such as smoking and alcohol use that contribute to poor outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy.\textsuperscript{11}

In 2008, West Allis-West Milwaukee women initiated prenatal care in the first trimester for 739 of the 886 births (83\%) for that year. This is down from 90\% in 2004. There was a corresponding increase in the percent of women who either received care late (in the third trimester) or received no prenatal care at all.

From 2004 to 2008, there was a notable decrease in the percent of women who initiated early prenatal care within the two largest ethnic groups representing West Allis-West Milwaukee, non-Hispanic whites (91\% to 86\%) and Hispanics (87\% to 78\%). Likewise, during this same time period, there was a decrease across each maternal age group for the percent of women who initiated first trimester prenatal care. In fact, only 36 of the 56 teen mothers (64\%) in 2008 started prenatal care in the first trimester. The following graph depicts a downward shift away from early prenatal care from 2004 to 2008.

Quick Facts
- The percent of Wisconsin women who received first trimester prenatal care in 2008 (82\%) was lower than the 2006 national figure (83\%).\textsuperscript{2}
- The percent of teens that received first trimester prenatal care was 66\% in 2008, a slight drop from 67\% in 2007.\textsuperscript{6}
The following table displays the number and percent of women for West Allis-West Milwaukee and Wisconsin, who began prenatal care by the trimester in which care began. It also includes information on those women who received late, unknown or no prenatal care.

<table>
<thead>
<tr>
<th></th>
<th>West Allis-West Milwaukee</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total births</td>
<td>886</td>
<td>72,002</td>
</tr>
<tr>
<td>First trimester</td>
<td>739</td>
<td>59,217</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Second trimester</td>
<td>99</td>
<td>11.2%</td>
</tr>
<tr>
<td>Third trimester</td>
<td>23</td>
<td>2.6%</td>
</tr>
<tr>
<td>No prenatal care</td>
<td>17</td>
<td>1.9%</td>
</tr>
<tr>
<td>Missing</td>
<td>8</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Source: Wisconsin Interactive Statistics on Health

**Infant Mortality**

Infant mortality rate is defined as the number of deaths during the first year of life per 1,000 live births in a population group. Infant mortality reflects broader social and economic conditions that affect maternal and infant health, including factors such as access to appropriate health care for infants and pregnant women, education, poverty, and racism. Maternal characteristics that affect infant mortality may include age, education, the trimester that prenatal care is initiated, and smoking status. Critical risk factors for an infant death include low birth weight (less than 2,500 grams, or about 5.5 pounds) and preterm birth (birth before 37 weeks of gestation). 

Page 135
Infant mortality rate is made up of two components: neonatal mortality (death in the first 28 days of life) and postneonatal mortality (death after the 28th day but within the first year). The leading causes of neonatal death include birth defects, disorders related to short gestation, and low birth weight (LBW), and pregnancy complications. Postneonatal death reflects events experienced in infancy, including SIDS, birth defects, injuries, and homicide. Birth defects account for approximately 17% of postneonatal deaths; the remainder is likely to stem from preventable causes.

In West Allis-West Milwaukee, in 2008, there were six infant deaths (deaths of infants less than one year). The 2008 infant mortality rate per 1,000 live births in West Allis-West Milwaukee was 6.8. This is a decrease from the 2004 infant mortality rate of 11. Five of these six infant deaths were to non-Hispanic white women and all of the infant deaths were to mothers between the ages of 20 to 34 years old. The causes of the six infant deaths in 2008 included maternal complications of pregnancy, other conditions originating in the perinatal period, accidents (unintentional injuries) and assault (homicide).

**Sudden Infant Death Syndrome**

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of a baby under one year of age. Because many SIDS babies are found in their cribs, sometimes SIDS is called “crib death.” One of the best ways to lower the risk of SIDS is to put a baby on his or her back to sleep, even for naps. Back sleeping is the safest position for babies and provides the best protection against SIDS.

**Quick Facts**

- SIDS is the leading cause of death among infants aged 1–12 months.
- SIDS is the third leading cause overall of infant mortality in the United States.
- Although the overall rate of SIDS in the United States has declined by more than 50% since 1990, rates have declined less among non-Hispanic black and American Indian/Alaska Native infants.
- Preventing SIDS remains an important public health priority.
Safe Sleep

The term “co-sleeping” can be confusing, as it is used both to refer to sharing a bed and sharing a room. To clarify the distinction, many pediatric experts now refer to “bed-sharing” (an infant who is sleeping in the same bed, couch, or other surface where parents or others are sleeping), and “room-sharing” (an infant who is sleeping in the parents’ room, but in their own crib or bassinet).\

Experts recommend that babies sleep in the same room as their parents, perhaps in a crib or bassinet adjacent to the bed to facilitate breastfeeding. However, babies should have a separate sleep surface with a firm mattress and be placed on their backs with no blankets, pillows, stuffed animals or other objects that could suffocate them.\

The American Academy of Pediatrics Task Force has found that rates of bed-sharing are increasing, especially as breastfeeding is increasing. However, the conclusion of the task force is that bed-sharing, as practiced in the U.S. and other Western countries, is more hazardous than the infant sleeping on a separate sleep surface. Infants may be brought into bed for nursing or comforting, but should be returned to their own safe space to sleep when the parent is ready to return to sleep.

Breastfeeding

Human milk is the ideal food for most infants. Breastfeeding is widely accepted as the most complete form of nutrition for a baby’s first year of life, with benefits for the infants’ health, growth, immunity, and development. Breastfeeding provides many health, nutritional, economical, and emotional benefits to mother and baby. Breastfed infants receive antibodies from breast milk, which protect against infection in the early postpartum period, and breastfeeding is less expensive than formula feeding.

A major goal of the Women, Infant, and Children (WIC) Program is to improve the nutritional status of infants so WIC mothers are encouraged to breastfeed their infants. WIC has historically promoted breastfeeding to all pregnant women as the optimal infant feeding choice, unless medically contraindicated. Efforts to promote the benefits of breastfeeding as

Quick Facts

Safe Sleep Guidelines

- Put babies to sleep on their back. Babies who sleep on their backs are safer.
- Provide a separate but nearby sleeping environment, meaning, babies should share a room with their parents, but not a bed.
- Make sure that the only item in the crib is a mattress covered by a tight fitting sheet. No bumper pads, blankets or toys.
- Never lay a baby down on or next to a pillow. Pillows are extremely dangerous for infants as they can cause suffocation.
- Dress the baby in a one-piece sleeper to keep them warm in the winter.
- Keep the room at a temperature that is comfortable for the whole family. The house should not be too warm.
- Never smoke in a house where an infant or child lives.
well as to offer support to childbearing women include the development and continued work of the Breastfeeding Coalition of West Allis-West Milwaukee to normalize breastfeeding, the addition of two peer counselors to the West Allis WIC program, and policy changes in WIC including those offering certification appointments within days of delivery.

There are socio-demographic differences in breastfeeding rates. In general, in the U.S., Mexican American and non-Hispanic white children are significantly more likely to have been breastfed compared with non-Hispanic black children. Breastfeeding rates are generally lower for infants in low-income families and for infants whose mothers are younger. The following graph depicts the percent of the West Allis WIC population breastfeeding initiation and continuation rates for the past four years. This can be compared to 2004 West Allis WIC data which showed the initiation rate and the six-month rate for breastfeeding to be 63% and 22% respectively.

The following graph depicts the percent of the West Allis WIC population initiating and continuing breastfeeding.

Percent of West Allis WIC population initiating and continuing breastfeeding

![Breastfeeding initiation and six-month breastfeeding continuation](image)

The year shown refers to the fiscal year from July 1 in the preceding year through June 30 of the year shown. The decrease in the six-month continuation rate from 2008 to 2009 reflects a change in the way the number is calculated to improve accuracy.

Source: West Allis WIC Statistics

Resources

Mental Health

Treating Mental Illness
Stigma
Depression
Anxiety Disorders
Suicide
Access to Mental Health Services
Mental Health Initiatives
Mental Health

Mental health refers to the comprehensive way people meet the demands of life by participating in productive activities, maintaining fulfilling relationships, and coping with or adapting to diverse situations. Mental disorders are health conditions that are characterized by alterations in thinking, mood or behavior, or a combination, which are often associated with distress and impaired functioning. The term mental illness is used to collectively refer to all diagnosable disorders.¹

The U.S. Surgeon General uses the term mental health problems for signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder. In other words, almost everyone has experienced mental health problems in which the distress they feel matches signs and symptoms of mental disorders, but they do not have a mental disorder.²

Summary of Mental Health Trends in West Allis-West Milwaukee

**Positive trends**
- From 2002 to 2009, there was a noted decrease in the overall percent of respondents reporting they considered suicide (7% to 4%).
- From 2002 to 2009, there has been a noted decrease in the percent of male respondents reporting they considered suicide in the last year (10% to 2%).

**Areas needing improvement**
- From 2002 to 2009, there was a noted increase in the percent of female respondents reporting they always or nearly always felt sad, blue or depressed (8% to 11%).
- From 2003 to 2009, there was a noted increase in the percent of respondents 18 to 34 years old reporting they seldom/never find meaning and purpose in daily life (0% to 9%).
- From 2003 to 2009, there was a noted increase in the number of respondents with a high school education or less reporting they seldom/never find meaning and purpose in daily life (5% to 12%).
- In 2009, those respondents in the lower 40% household income bracket were more likely to report that they felt sad or depressed in the last 30 days (9%) and/or that they had considered suicide in the past year (8%).

*Source: 2009 WAWM Community Health Survey*
Treating Mental Illness

Mental health is fundamental to overall health and productivity. The mind and body are inseparable. Mental health disorders are real and disabling conditions. Left untreated, mental illness can result in disability and despair for families, schools, communities, and the workplace.²

Mental illness crosses all ethnic and racial groups. It is also noted in both genders and spans all educational and socioeconomic levels.³ Mental health disorders are common in the United States and internationally. An estimated 26.2% of Americans 18 years and older – about one in four adults – suffer from a diagnosable mental health disorder in a given year and many people suffer from more than one condition at any given time. In addition, mental health disorders are the leading cause of disability in the U.S. and Canada for 15-44 year olds.⁴

Mental illnesses are treatable, especially with early detection and treatment. With effective treatment, 70-90% of individuals with mental health conditions will have significant reduction of symptoms and improved quality of life.⁵ Early recognition and treatment, if needed, can help prevent mental illness from worsening and improve an individual’s chances for recovery.⁴

Mental Health Stigma

Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness. Self-stigma may also occur when those with mental illness apply these same negative beliefs to themselves. Stigmas of both types negatively affect self-esteem and complicate the process of recovery.⁴ Fear of rejection may even make a person with mental illness ashamed or afraid and more apt to hide his or her condition, making it more difficult to find treatment and support. The stigma associated with mental illness can make it much more difficult for families and friends to cope due to feelings of shame and isolation. They may discriminate against or act in fear of a person with mental illness. Documented mental illness may make achieving an education, obtaining a job, or securing housing difficult to achieve.¹

Studies have shown that mental health conditions are the second leading cause of absenteeism. It is estimated that untreated and mistreated mental illness costs the U.S. $150 billion per year in lost productivity. This stigma may also make it difficult for a person with mental illness to find employment, remain employed, or avoid discrimination by employers and/or coworkers.¹

Quick Facts

- In 2009, 90% of respondents reported they believe that mental illness can be managed with treatment such as counseling and medications.
- Respondents 45-54 years of age and those 65 years of age and older were less likely to report this (83%).
- From 2006 to 2009, there was no statistical change in the percent of respondents reporting this.

Source: 2009 WAWM Community Health Survey
Studies have shown the term “mental illness”, although widely accepted by the medical community, comes across as frightening to the general public, even connoting the potential for violence. This public reaction shows the need for stigma reduction activities. It is recommended that educational materials use the phrase “mental health problems” rather than “mental illness” to help move the public from rejection to acceptance.

### Depression

Everyone occasionally feels blue or sad, but these feelings are usually fleeting and pass within a couple of days. Depression is different for everyone, including its severity and duration. It is a serious illness that affects the body, mood, and thoughts and can affect the way a person lives and the way he or she feels about himself, other people, life, and his environment. The ability to treat depression depends on early screening (identification) and an accurate diagnosis. Finally, depression is a disease that needs treatment. Without treatment, depression may affect a person for weeks, months, or years.

Types of depression include major depression, bipolar disorder, seasonal affective disorder, and perinatal (postpartum) depression. Major depression is characterized by a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once pleasurable activities. Major depression is disabling and prevents a person from functioning normally. An episode of major depression may occur only once in a person's lifetime, but more often, it recurs throughout a person's life. While major depression can develop at any age, the median age at onset is 32 years and is more prevalent in women than in men.

Bipolar disorder (sometimes called manic depression) is characterized by severe mood swings and behavioral changes. This disorder affects approximately 1% of the population, affecting males and females equally. Untreated a manic episode can last as long as three months. Approximately 6-70% of manic episodes occur immediately before or after a depressive episode.

Seasonal affective disorder (SAD) is related to the season of the year and the duration of daylight, most commonly beginning in late fall and winter. Symptoms include social withdrawal, increased sleep, and lack of energy. Treatment options may include psychotherapy, medications, and possibly light therapy.

Perinatal (postpartum) depression occurs during the perinatal period (22 weeks through one year postpartum). This type of depression may be chronic and therefore have long-term affects on infants and young children. Postpartum depression occurs in 10-15% of all women and in twice as many women living in poverty. Approximately 50% of women with postpartum depression may go untreated.
In the 2009 Community Health Survey, residents were asked, “During the past 30 days about how often would you say you felt sad, blue, or depressed?” Eight percent of the respondents answered always or nearly always. This adds up to approximately 6,700 residents. Survey responses from 2003 to 2009 revealed a consistent trend showing those respondents who were female, unmarried and in the bottom 40% household income bracket were more likely to report they felt sad, blue or depressed in the last 30 days.

### Key Survey Results
- 8% of respondents were more likely to report that they always or nearly always felt sad, blue or depressed in the past 30 days.
- Female respondents (11%) were more likely to report they always or nearly always felt sad, blue or depressed in the past 30 days compared to male respondents (4%).
- Respondents in the bottom 40% household income bracket were more likely to report they always or nearly always felt sad, blue or depressed in the past 30 days (12%).

Source: 2009 WAWM Community Health Survey

In 2009, as noted in the graph to the left, there was an increase in the percent of respondents who were college graduates, or who were 55 to 64 years old, who reported they always or nearly always felt sad, blue or depressed in the last 30 days.

### Anxiety Disorders

Anxiety disorders are the most common mental illness in the U.S. affecting more than 40 million people each year. It is common for an anxiety disorder to accompany another disorder or illness, such as substance abuse. Anxiety disorders respond well to treatment.\(^4\)

Anxiety is one of the most readily recognizable and easily understood of the major symptoms of mental disorders. Common signs of acute anxiety include feelings of fear or dread; trembling, restlessness, and muscle tension; rapid heart rate, lightheadedness or dizziness; perspiration; cold hands and/or feet; and shortness of breath.\(^2\)
Anxiety disorders fall into five categories:

- **Phobias** – affect 5.3 million Americans each year. Phobias are irrational, deep-seated fears that are disruptive to a person’s life, often accompanied by depression and alcoholism.
- **Post-traumatic stress disorder (PTSD)** – affects about 5.2 million Americans each year and follows a terrifying event. Symptoms include reliving the trauma in the form of nightmare, sleep problems, feeling detached or numb, being easily startled, or avoiding situations or places that might bring back memories.
- **Generalized anxiety disorder (GAD)** – affects about 6.8 million Americans each year and is a chronic, exaggerated worry and tension.
- **Obsessive-compulsive disorder (OCD)** – affects about 2.2 million Americans and is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions) such as hand washing, counting, checking, or cleaning.
- **Panic disorder** – affects about 6 million Americans and causes feelings of terror that strike suddenly and repeatedly without warning. Symptoms include a pounding heart, tingling or numbness in the hands, increased perspiration, weakness, dizziness and flushing, and may even be mistaken for symptoms of a heart attack or stroke.

Suicide

Suicide is a major, preventable public health problem. In 2007, it was the tenth leading cause of death in the U.S., accounting for 34,598 deaths. The overall rate was 11.3 suicide deaths per 100,000 people. An estimated 11 attempted suicides occur per every suicide death.

Suicidal behavior is complex. Risk factors include a personal history of mental illness or suicidal behavior, drug and alcohol use, race/ethnicity, interpersonal circumstances, life stressors and veteran status. Some risk factors vary with age and gender and may occur in combination or change over time.

In 2009, when West Allis-West Milwaukee residents were asked if they had ever felt so overwhelmed that they considered suicide in the past year, 4% reported that they had. That computes to about 4,680 residents that have considered suicide in the past year. The survey did not ask how seriously, how often, or how recently suicide was considered.
Key Survey Results

- Female respondents (6%) were more likely to report they considered suicide in the past year compared to male respondents (2%).
- In 2009, survey results indicated that education, marital status, or age were not significant variables regarding who considered suicide in the past year.
- 8% of respondents in the bottom 40% household income bracket reported they considered suicide in the past year compared to 1% in the other income brackets.

Source: 2009 WAWM Community Health Survey

The following table details the number of actual suicides in West Allis and West Milwaukee from 2004 to 2008.

### Number of suicide deaths in West Allis-West Milwaukee from 2004 to 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>7</td>
</tr>
<tr>
<td>2005</td>
<td>5</td>
</tr>
<tr>
<td>2006</td>
<td>7</td>
</tr>
<tr>
<td>2007</td>
<td>6</td>
</tr>
<tr>
<td>2008</td>
<td>14</td>
</tr>
</tbody>
</table>


Quick Facts

- Mental health advocates prefer the term “completed” suicide rather than “committed” suicide.
- Terms like “successful” or “failed” used to distinguish suicide deaths from nonfatal attempts are also discouraged.

The graph below shows the total suicide deaths by age and gender in West Allis and West Milwaukee from 2004 to 2008.

### Number of suicide deaths by age in years and gender in West Allis-West Milwaukee from 2004 to 2008

<table>
<thead>
<tr>
<th>Gender and age</th>
<th>Female</th>
<th></th>
<th></th>
<th></th>
<th>Male</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15-24</td>
<td>25-44</td>
<td>45-64</td>
<td>65+</td>
<td>15-24</td>
<td>25-44</td>
<td>45-64</td>
<td>65+</td>
<td>Total</td>
</tr>
<tr>
<td>2004</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2005</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td>1</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>2007</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

**Quick Facts**

In Wisconsin:
- From 2001 to 2006, an average of 650 people completed suicide each year.
- Firearms are the most common method of suicide (46-50%) followed by hanging/suffocation (25%) and poisoning (20-23%).
- Men account for 80% of completed suicides.
- Suicide rates are highest among persons 35-54 years of age accounting for half of all suicide deaths.
- Suicide attempts are highest among persons 15-24 years of age.
- The cost of inpatient hospitalizations and emergency department visits due to self-inflicted injuries was over $64 million in 2006.1

**Meaning and Purpose in Daily Life**

In 2009, 8% of respondents reported they seldom or never find meaning and purpose in daily life. This was a slight increase from what was reported in the 2003 and 2006 surveys as seen in the graph below.

**Key Survey Results**

- In 2009, respondents with a high school education or less were more likely to report they seldom or never find meaning or purpose in daily life (12%).
- In 2009, survey results revealed marital status, gender, or household income were not significant variables.

Source: 2009 WAWM Community Health Survey

*Percent of respondents who seldom or never find meaning and purpose in daily life*

Source: 2009 WAWM Community Health Survey
Mental Health – Older Adults

For some older people, the development of a disabling illness, loss of a loved one, retirement, leaving a home of many years, or some other stressful event may bring about the onset of depression. Depression can also be a side effect of medications commonly prescribed to older persons, such as medications to treat hypertension. Many people think that depression is a normal part of aging and a natural reaction to chronic illness, loss, and social transition, therefore depression in the older population often goes untreated.  

Quick Facts
- Older adults are disproportionately likely to die by suicide.
- Nationally, for people ages 65 and older, 14.3 per 100,000 died by suicide in 2007. This figure is higher than the national average for the general population of 11.3 suicides per 100,000 suicides.
- Non-Hispanic white men age 85 or older had an even higher rate, with 47 suicide deaths per 100,000.

Key Survey Results
- Adults 60-64 years old (13%) or 75 years and older (15%), most often reported everything was an effort on at least four days in the past seven days.
- Respondents who were caregivers more often reported they did not enjoy life on at least four of the past seven days (41%) than did non-caregivers (31%).
- Respondents who were caregivers were more likely to report they felt sad/lonely (10%) on at least four of the past seven days than did non-caregivers (4%).

Source: WAWM Older Adult Community Survey 2007

Mental Health – Youth

Mental health problems often strike individuals during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable. In 2007, suicide was the third leading cause of death among young people in Wisconsin 15 to 24 years old. Nearly five times as many males as females ages 15 to 19 years old died by suicide.

The results of the 2009 West Allis-West Milwaukee Youth Risk Behavior Survey showed in all categories surveyed, respondents with lower academic grades were more likely to report a mental health issue compared to respondents with mostly A’s or B’s. Of those who attempted suicide, respondents who were male or those with lower academic grades were more likely to have had an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
Key Survey Results

- 22% of 8th-12th grade respondents reported they have a long-term emotional or mental health problem like depression, anxiety, ADD, ADHD, an eating disorder, or cutting (a form of self-mutilation).

- 32% of female respondents more often reported they felt sad or hopeless compared to 18% of male respondents.

- 17% of 8th-12th grade respondents reported they seriously considered attempting suicide in the past 12 months.

- 8% of 8th-12th grade respondents reported at least one suicide attempt in the past 12 months.

- 37% of those who attempted suicide reported the attempt resulted in an injury that had to be treated by a doctor or nurse.

Source: 2009 WAWM Youth Risk Behavior Survey

Access to Mental Health Services

The term “access to mental health services” refers generally to the ability to obtain treatment with appropriate professionals for mental disorders. Health insurance, whether funded through private or public sources, is one of the most important factors influencing access to healthcare and mental health services. Other factors influencing access to mental health services include the severity of illness, sociocultural factors affecting desire for care, knowledge of mental health services and treatments, and insurance copayments and deductibles. Likewise the ability to obtain adequate time off from work and personal responsibilities to obtain treatment, the location of providers in the community, and the availability of transportation and child care may affect access to services. In addition, because the stigma associated with mental health problems is still a barrier to seeking care, the availability of services organized in ways that reduce stigma – such as employee assistance programs – can provide important avenues for further treatment when necessary.²

Reasons given for not receiving mental health treatment

- Uninsured: 50%
- Unhelpful provider or poor medical care: 30%
- Not enough time: 20%

Source: 2009 WAWM Community Health Survey
West Allis-West Milwaukee Mental Health Initiatives

In 2006, the West Allis-West Milwaukee Mental Health Workgroup was formed to achieve the objectives of the West Allis-West Milwaukee Community Health Improvement Plan 2010. These objectives are to increase mental health screenings, improve access to mental health services, and decrease the stigma of mental health. Participating organizations include the West Allis Health Department, West Allis-West Milwaukee School District, Rogers Memorial Hospital, Aurora Behavioral Health, InHealth Wisconsin, West Allis Police Department, West Allis Fire Department, Milwaukee Latino Health Coalition Mental Health Action Team, West Allis-West Milwaukee Family Resource Center, Mental Health America, National Alliance of Mental Illness, and many others.

Resources

Causes of Death
Causes of Death

Mortality rates differ among the age groups due to changes in the patterns of high-risk behaviors, long-term exposure to various agents, genetic makeup, changes in biological processes, lifestyle, and a number of other factors. For example, risk taking behaviors that are seen in the adolescent group are usually less common among older adults, so the mortality rates related to risky behavior would be higher for adolescents. The three highest causes of death for ages 1-44 years are unintentional injury, suicide, and cancer.

Conversely, it may take many years for behaviors such as smoking, drinking, or eating a high fat diet to impact health outcomes leading to higher mortality rates in the older age groups. The three highest causes of death for ages 45-75 years and older are heart disease, cancer, and chronic lower respiratory disease.

The ten highest causes of death for all ages for West Allis-West Milwaukee is reflected in the chart below:

Leading causes of death in West Allis-West Milwaukee from 2004 to 2008

State of Wisconsin Mortality Data, 2004-2008
Leading Causes of Death by Age

For the West Allis and West Milwaukee, the top three causes of death for the years 2004 to 2008 were heart disease, cancer, and unintentional injuries.

### Quick Facts
- Unintentional injuries jumped from the 5<sup>th</sup> highest cause of death in the years 1996 to 2000 to the 3<sup>rd</sup> highest in years 2004 to 2008.<sup>1</sup>

#### Leading causes of death for West Allis residents by age from 2004 to 2008

<table>
<thead>
<tr>
<th>RANK</th>
<th>ALL AGES</th>
<th>&lt;1 YEAR</th>
<th>1 – 14 YEARS</th>
<th>15 – 24 YEARS</th>
<th>25 – 44 YEARS</th>
<th>45 – 64 YEARS</th>
<th>65 – 74 YEARS</th>
<th>75 YEARS +</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>Congenital Anomalies</td>
<td>8</td>
<td>Unintentional Injuries</td>
<td>4</td>
<td>Unintentional Injuries</td>
<td>10</td>
<td>Unintentional Injuries</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>Complications - Newborn</td>
<td>5</td>
<td>Congenital Anomalies</td>
<td>3</td>
<td>Homicide</td>
<td>4</td>
<td>Cancer</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Injuries</td>
<td>Prematurity Respiratory Distress</td>
<td>3</td>
<td>Meningitis Infection</td>
<td>1</td>
<td>Suicide</td>
<td>3</td>
<td>Suicide</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Unintentional Injury</td>
<td>2</td>
<td>Homicide</td>
<td>1</td>
<td>Congenital Anomalies</td>
<td>1</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>5</td>
<td>Stroke</td>
<td>Neonatal Hemorrhage</td>
<td>2</td>
<td>Cancer</td>
<td>1</td>
<td>Chronic Liver Disease</td>
<td>9</td>
<td>Suicide</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td>Homicide</td>
<td>2</td>
<td>Septicemia</td>
<td>1</td>
<td>Homicide</td>
<td>4</td>
<td>Stroke</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
<td>Sudden Infant Death Syndrome</td>
<td>1</td>
<td>Aortic Aneurism</td>
<td>1</td>
<td>Stroke</td>
<td>4</td>
<td>Diabetes</td>
</tr>
<tr>
<td>8</td>
<td>Nephritis</td>
<td>Influenza &amp; Pneumonia</td>
<td>1</td>
<td>Congenital Anomalies</td>
<td>2</td>
<td>Chronic Lower Respiratory Disease</td>
<td>11</td>
<td>Septicemia</td>
</tr>
<tr>
<td>9</td>
<td>Influenza &amp; Pneumonia</td>
<td>Complications of Surgery</td>
<td>1</td>
<td>Influenza &amp; Pneumonia</td>
<td>2</td>
<td>Viral Hepatitis</td>
<td>6</td>
<td>Aortic Aneurism</td>
</tr>
<tr>
<td>10</td>
<td>Chronic Liver Disease</td>
<td>Infantile Spinal Muscular Atrophy</td>
<td>1</td>
<td>Nephritis</td>
<td>2</td>
<td>Septicemia</td>
<td>4</td>
<td>Nephritis</td>
</tr>
</tbody>
</table>

Details on Infant Mortality: Less Than 1 Year of Age

Infant mortality is one of the most important indicators of the health of a community or nation. It is associated with a variety of factors such as maternal health, quality and access to medical care, preventive health practices, and socioeconomic conditions. The U.S. infant mortality rate declined throughout the 20th century, but the rate has not declined significantly since 2000. Results from an analysis of preterm-related causes of death show that nationally, 37% of infant deaths in 2005 were due to preterm-related causes.\(^2\)

In West Allis and West Milwaukee, the three top causes of death for infants less than one year of age are congenital anomalies, newborn complications, and prematurity/respiratory distress. These top three causes make up 54% of deaths in infants less than one year of age.\(^1\)

Quick Facts

- In West Allis-West Milwaukee preterm births have increased from 9.8% in 2000 to 11.71% in 2008.\(^3\)
- Nationally, infant mortality rates have not continued to decline significantly due, in part, to an increase in preterm births.\(^2\)

Leading causes of death among infants less than 1 year of age in West Allis-West Milwaukee from 2004 to 2008

Details on Child and Young Adult Mortality: 1-24 Years of Age

During the past 50 years, mortality among children and young adults (1-24 years of age) has declined by more than one-half. In 1999, nationwide, the leading causes of death for this group were related to either preventable injury or chronic disease. In contrast, in 1950, two of the leading causes of death were infectious diseases: influenza/pneumonia and tuberculosis.¹

Unintentional injuries (vehicle crashes, drownings, poisonings, burn, etc), homicide, and suicide accounted for 71% of the total deaths in this age group that would be considered preventable.¹

Quick Facts
- Males accounted for 45% and females accounted for 19% of the deaths due to unintentional injury, homicide, and suicide in this age group.¹

Leading causes of death among persons 1-24 years of age in West Allis-West Milwaukee from 2004 to 2008

Details on Adult Mortality: 25-44 Years of Age

Homicide, suicide, and unintentional injuries account for more than half of all deaths (55%) in this group. During the time period from 1996 to 2000, unintentional injury was the leading cause of death followed by cancer and heart disease. In the period 2004 to 2008, the top three causes of death for this age group were unintentional injury, cancer, and suicide which accounted for 67% of all deaths.

Quick Facts

- Males accounted for 66% of deaths for this age group. The leading cause of death for males was unintentional injury (54%) with cancer at 11% and heart disease at 10%.
- The leading cause of death for females in this age group was unintentional injury (36%).
- Heart disease and cancer were tied for the second leading cause of death for females (16% each).

Leading causes of death among persons 25-44 years of age in West Allis-West Milwaukee from 2004 to 2008

Details on Adult Mortality: 45-64 Years of Age

During the period from 1996 to 2000, the leading causes of death for this age groups were cancer, heart disease, and stroke.\(^5\) The onset of chronic diseases start to emerge in this age group as the chief causes of death that can be preventable.

From 2004 to 2008, the leading causes of death were cancer, heart disease, and unintentional injury which make up 67% of all deaths in this age group.\(^1\)

Quick Facts
- 66% percent of deaths in this age group were males.
- Cancer was the highest cause of death for males (30%).
- Heart disease was the second highest cause of death for males (27%) at a rate of more than four times that of females.
- The percent of cancer-related deaths is higher for females (47%) than males (30%).
- Heart disease (12%) and unintentional injury (10%) were the second and third highest causes of death for females.\(^1\)

Leading causes of death among person age 45-64 years of age in West Allis-West Milwaukee from 2004 to 2008

Quick Facts

- 52% percent of deaths in this age group were males.
- Cancer was the highest cause of death for males (35%). Heart disease was similar at (30%).
- Deaths related to heart disease in males is slightly less than two times that of females.
- The percent of cancer-related deaths was fairly equal for females (36%) and males (35%).
- Heart disease (19%) and respiratory disease (12%) were the second and third highest causes of death for females.¹

During the period from 1996 to 2000, the leading causes of death for this age groups were cancer, heart disease and stroke.⁵ The number of deaths for males (52%) and females (48%) is more equalized at this age than at previous ages.

From 2004 to 2008, the leading causes of death were cancer, heart disease, and chronic lower respiratory disease which make up 69% of all deaths in this age group.¹

Leading causes of death among persons 65-74 years of age in West Allis-West Milwaukee from 2004 to 2008

- Cancer 35%
- Heart Disease 25%
- Lower Respiratory Disease 9%
- Stroke 3%
- Diabetes 3%
- Septicemia 1%
- Unintentional Accidents 3%
- Liver Disease 2%

Details on Adult Mortality: 75 Years of Age and Older

During the period from 2004 to 2008, the leading causes of death for this age group were heart disease, cancer and stroke. These leading causes of death accounted for 56% of all deaths in this age group.1

The percent of deaths for males (40%) has declined and the percent of deaths for females (60%) has increased due to longer life expectancies of females. In Wisconsin, from 2006 to 2008, life expectancies for males was 77.2 years and 81.9 years for females.6

Quick Facts
- 60% percent of deaths in this age group were females.
- Heart disease was the leading cause of death for both females (31%) and males (31%).
- Cancer was second leading cause of death for both females (15%) and males (21%).
- Stroke was the third leading cause of death for both females (8%) and males (6%).
- Alzheimers was also a leading cause of death in this age group. The percent of deaths from Alzheimers for females (4%) was twice that of males (2%).1

Leading causes of death among person 75 years of age and older in West Allis-West Milwaukee from 2004 to 2008

Resources

   http://www.cdc.gov/nchs/data/hus/hus09.pdf
5. West Allis-West Milwaukee Community Health Assessment, 2002. West Allis Health Department.