



**West Allis-West Milwaukee
Community
Health
Assessment
2015**



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Introduction

The comprehensive 2015 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 and mandated by the State of Wisconsin, this report is a repeat of the efforts undertaken in 1995, 2002, and 2010 to determine the current health status of the West Allis and West Milwaukee communities.

The objectives of the assessment are to:

- 1) Gather specific baseline data on behavioral and life style 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 previous community health assessment data
- 3) View health trends for the West Allis-West Milwaukee community
- 4) Use the data to monitor the objectives of the West Allis-West Milwaukee Community Health Improvement Plan 2011-2015
- 5) Use the assessment as a basis for developing the West Allis-West Milwaukee Community Health Improvement Plan 2016-2020

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's health through strategic planning. Facilitated by the West Allis Health Department, MAPP applies strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. Containing four assessments, MAPP is a community-driven strategic planning process for improving community health.

(1)



Diagram of a MAPP Model (1)

The four assessments include:

- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Community Health Status Assessment
- Local Public Health System Assessment



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 or by county and therefore includes a geographic area larger than the two communities examined. 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. A West Allis-West Milwaukee Community Health Survey was commissioned by Aurora Health Care, Children's Hospital of Wisconsin, Columbia St. Mary's Health System, Froedtert Health, and Wheaton Franciscan Healthcare in partnership with the West Allis Health Department and the Center for Urban Population Health. This survey consisted of randomly selected telephone interviews, including cell phones as well as landlines, conducted throughout the West Allis and West Milwaukee communities. Four hundred telephone interviews were completed between March 16, 2015 and May 14, 2015 (300 by landline, 100 by cell phone). 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 is larger since fewer respondents are in that category. Post-stratification was conducted by gender and age using the 2013 U.S. Census Bureau population estimate. JKV Research, LLC, analyzed the survey responses and the results were incorporated into this report. (2)

In addition, results of the 2014-2015 West Allis-West Milwaukee School District Youth Risk Behavior Survey (YRBS), administered to selected high school students, were included in this report. This survey provides a snapshot of youth risk and protective factors. Although most 9th-10th grade students were surveyed, only Shared Journeys and The Learning Center surveyed 11th-12th grade students. Since these results do not constitute a representative sample of all 11th-12th grade students, only 9th-10th grade student data was utilized in this report. Likewise, comparisons were only made to Wisconsin and/or United States 9th-10th grade students. Comparison data was used only for those questions that are an exact match with the Wisconsin YRBS questions.

Acknowledgements

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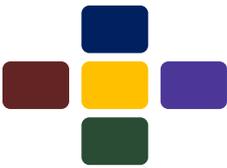
Antigua Restaurant
Apostle Presbyterian Church, West Allis
Aurora West Allis Medical Center
City of West Allis
Core/El Centro
Gateway Medical Clinic
Greater Milwaukee Free Clinic
MATC – West Allis Campus
Rogers InHealth
St. John's Lutheran Church, West Milwaukee
Village of West Milwaukee
West Allis Board of Health
West Allis Department of Development
West Allis Fire Department
West Allis Health Department
West Allis Health Department WIC
West Allis Police Department
West Allis Promotoras
West Allis Senior Center
West Allis-West Milwaukee Community Coalition
West Allis-West Milwaukee Chamber of Commerce
West Allis-West Milwaukee School District
Wisconsin Department of Health Services

 **Resources**

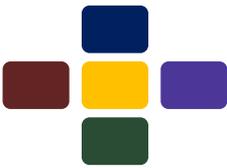
1. **National Association of County & City Health Officials.** *Mobilizing for Action through Planning and Partnerships (MAPP)*. [Online] 2016. [Cited: January 22, 2016.] <http://www.naccho.org/topics/infrastructure/mapp/>.
2. **JKV Research, LLC.** *West Allis/West Milwaukee Community Health Survey Report* . 2015.







Community Health Status Assessment



PURPOSE: The purpose of the Community Health Status Assessment is to understand the community's health status and ensure that the community's priorities include specific health status issues.

This assessment answers the questions:

- How healthy are our residents?
- What does the health status of our community look like?
- What are the strengths and risks in our community that contribute to health?

METHOD: Data for this assessment came from a variety of primary and secondary sources including the West Allis-West Milwaukee Community Health Survey, a survey of the community completed every three years. Additional data sources include, but are not limited to:

- U.S. Census
- West Allis Fire Department
- West Allis Police Department
- West Allis-West Milwaukee School District
- Wisconsin Department of Health Services

OVERALL FINDINGS: Survey respondents picked three top health issues for the community:

- Alcohol and drug use
 - 691 drug arrests in 2015; 19 deaths from heroin overdose 2013-2015; 18.2% of 10th grade students reported taking painkillers without a prescription
- Chronic diseases
 - 74% reported being overweight and obese; 12% have asthma
- Mental health and depression
 - 16% reported a mental health condition; 10% sad, blue, or depressed; 37 suicide deaths from 2010-2014 for ages 1-64 years





Community Health Status Assessment



Overview

The Community Health Status Assessment answers the following questions:

- How healthy are our residents?
- What does the health status of our community look like?
- What are the strengths and risks in our community that contribute to health? (1)

Health issues are identified by gathering data from a variety of sources and assessing changes over time, differences among population subgroups, or differences with peer, state, or national data.

Primary data was collected using the West Allis-West Milwaukee Community Health Survey. This survey is conducted every three years and is commissioned by Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health, and Wheaton Franciscan Healthcare in partnership with the West Allis-West Milwaukee Health Department and the Center for Urban Population Health. The purpose of which is to gather information on the health practices and health-related behavioral risks of residents. Primary data regarding health indicators such as types of communicable disease and childhood lead poisoning are also collected by the West Allis Health Department.

Secondary data was collected from a variety of sources including the U.S. Census, West Allis Fire Department, West Allis Police Department, West Allis-West Milwaukee School District, Wisconsin Department of Health Services, and Wisconsin Department of Public Instruction.

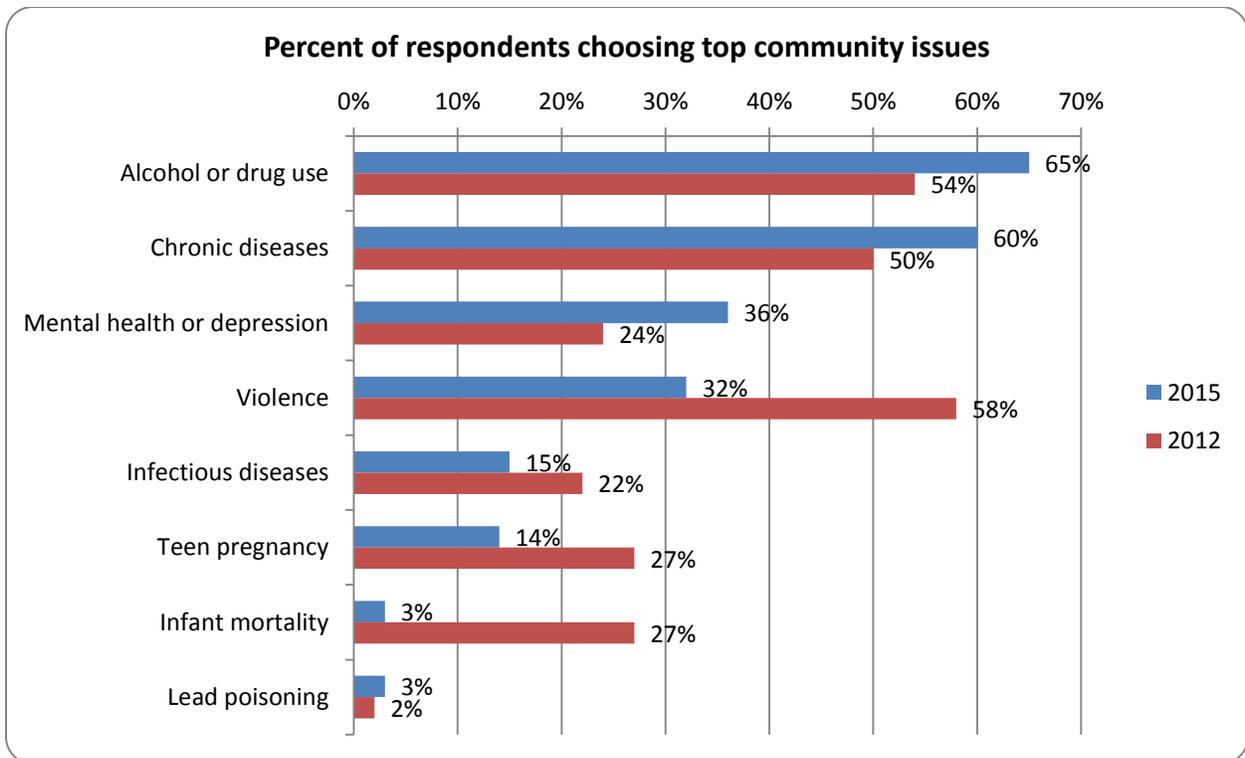
For purposes of this assessment, the data collected will help determine:

- Who we are and what we bring to the table
- The strengths and risks in our community that contribute to health
- Our community health status

Community Health Issues

In the 2015 West Allis-West Milwaukee Community Health Survey, respondents were asked to pick the top three health issues in West Allis and West Milwaukee out of a list of eight issues. Those most often cited were alcohol and drug use, chronic diseases, mental health or depression, and violence. The chart on the following page shows the comparison of the percent of respondents choosing each health issue as one of their top three health issue in 2012 and 2015.





Source: 2015 West Allis-West Milwaukee Community Health Survey

Resources

1. **National Association of County & City Health Officials.** *Mobilizing for Action through Planning and Partnerships (MAPP).* [Online] 2016. [Cited: January 22, 2016.] <http://www.naccho.org/topics/infrastructure/mapp/>.



Demographics

Population Totals

Population by Age and Gender

Population by Race and Ethnicity

Population by Household Income

Population by Employment

Population by Education

Population by Poverty Level

Homelessness

Population by Home Occupancy and Home Ownership



Demographics



Demographics include important characteristics of the community's population such as total population trends and the percent of the total population by age group, gender, race, and ethnicity. It also includes economic and social conditions that may directly or indirectly influence the health of people and communities such as the education, employment, housing status, and household income.

The American Community Survey (ACS), from the U.S. Census Bureau, is a nationwide continuous survey that provides data every year giving communities reliable and timely demographic, housing, social, and economic data. The ACS covers a broad range of topics about social, economic, demographic, and housing characteristics of the U.S. population. The 5-year estimates from the ACS are "period" estimates that represent data collected over a period of time. The primary advantage of using multiyear estimates is the increased statistical reliability of the data for small population subgroups. (1)

Demographics at a Glance

Key Findings

- ❖ The total population of West Allis and West Milwaukee has remained relatively stable.
- ❖ 14.5% of the population in West Allis is 65 years and older compared to 9.8% in West Milwaukee and 14.4% in Wisconsin.
- ❖ Roughly 10.5% of the West Allis population is of Hispanic ethnicity, up from 1.5% in 1990 and 3.5% in 2000. This compares to 29.3% in West Milwaukee, up from 4.0% in 1990 and 12.0% in 2000.
- ❖ 11.1% of the students in the West Allis-West Milwaukee School District (WAWM) are black, 23.5% Hispanic, and 56.1% white.
- ❖ The median household yearly income for West Allis is \$44,475, and for West Milwaukee it is \$34,702. This compares to \$52,738 in Wisconsin.
- ❖ 91.3% of students in the WAWM 2014 graduation cohort completed high school in four years compared to 88.6% in Wisconsin.
- ❖ For the 2014-2015 school year, 60.9% of WAWM students were eligible for free and reduced price meals up from 48.4% in the 2009-2010 school year – a 12.5% increase.
- ❖ 2.2% of WAWM students were identified as homeless in the 2014-2015 school year.




Population of West Allis, West Milwaukee, and Wisconsin

Population of West Allis, West Milwaukee, and Wisconsin 2000-2014									
	West Allis			West Milwaukee			Wisconsin		
	2000	2010	2014	2000	2010	2014	2000	2010	2014
Population	61,254	60,411	60,595	4,201	4,206	4,214	5,363,675	5,686,986	5,724,692

Source: U.S. Census, American Fact Finder, 5-year estimate 2010-2014 (2)


Population by Age and Gender

The following table details the populations of West Allis and Wisconsin by age according to the American Community Survey (ACS) 5-year estimate 2010-2014.

Population characteristics of West Allis, West Milwaukee, and Wisconsin by Age						
	West Allis		West Milwaukee village, Wisconsin		Wisconsin	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total population	60,595		4,214		5,724,692	
Male	29,615	48.9%	2,132	50.6%	2,842,050	49.6%
Female	30,980	51.1%	2,082	49.4%	2,882,642	50.4%
Under 5 years	3,714	6.1%	387	9.2%	347,284	6.1%
5 to 9 years	3,477	5.7%	183	4.3%	365,842	6.4%
10 to 14 years	3,461	5.7%	227	5.4%	375,173	6.6%
15 to 19 years	2,887	4.8%	238	5.6%	391,968	6.8%
20 to 24 years	3,636	6.0%	358	8.5%	393,430	6.9%
25 to 34 years	10,986	18.1%	747	17.7%	727,998	12.7%
35 to 44 years	7,069	11.7%	522	12.4%	703,763	12.3%
45 to 54 years	8,818	14.6%	603	14.3%	847,881	14.8%
55 to 59 years	4,488	7.4%	233	5.5%	404,117	7.1%
60 to 64 years	3,264	5.4%	303	7.2%	343,237	6.0%
65 to 74 years	3,978	6.6%	194	4.6%	439,787	7.7%
75 to 84 years	3,044	5.0%	162	3.8%	261,421	4.6%
85 years and over	1,773	2.9%	57	1.4%	122,791	2.1%
Median age	37.9		34.7		38.8	

Source: U.S. Census, American Fact Finder, 5-year estimate 2010-2014 (2)

Across the United States, the population aged 65 and over continues to grow more rapidly than the population under age 65, and hence its proportion of the total population is also increasing. The following table details the population of West Allis, West Milwaukee, and Wisconsin by age groupings.



Population characteristics of West Allis, West Milwaukee, and Wisconsin by age groupings						
	West Allis		West Milwaukee		Wisconsin	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
By age groups:						
Less than 18 years	12,547	20.7%	945	22.4%	1,316,661	23.0%
18 years and over	48,048	79.3%	3,269	77.6%	4,408,031	77.0%
21 years and over	46,387	76.6%	3,124	74.1%	4,159,538	72.7%
62 years and over	10,788	17.8%	568	13.5%	1,022,367	17.9%
65 years and over	8,795	14.5%	413	9.8%	823,999	14.4%
18 years and over						
18 years and over	48,048		3,269		4,408,031	
Male	23,051	48.0%	1,680	51.4%	2,168,367	49.2%
Female	24,997	52.0%	1,589	48.6%	2,239,664	50.8%
65 years and over						
65 years and over	8,795		413		823,999	
Male	3,372	38.3%	163	39.5%	363,337	44.1%
Female	5,423	61.7%	250	60.5%	460,662	55.9%

Source: U.S. Census, American Fact Finder, 5-year estimate 2010-2014 (2)

Number and percent of households in West Allis with own children under 18 years with single male householder and single female householder				
Number of households	Male householder	Percent	Female householder	Percent
6,243	594	9.5%	1,809	29.0%

Source: U.S. Census, American Fact Finder, 5-year estimate 2010-2014

 **Population by Race/Ethnicity**

Diversity in race and ethnicity can be empowering to a community as it brings new perspectives, values, and interest. At the same time, a change in demographics may affect the prevalence of health concerns, require increased resources, and increase the urgency of reducing barriers to communication and access to healthcare.

Racial makeup of West Allis, West Milwaukee, and Wisconsin 2000, 2010						
	West Allis		West Milwaukee		Wisconsin	
	2000	2010	2000	2010	2000	2010
White	94.0%	86.7%	83.6%	69.4%	88.9%	86.2%
Black or African American	1.3%	3.6%	3.5%	10.2%	5.7%	6.3%
American Indian and Alaska Native	0.7%	1.1%	1.5%	0.8%	0.9%	1.0%
Asian	1.3%	2.0%	2.5%	3.2%	1.7%	2.3%
Other race	1.2%	3.6%	6.0%	12.1%	1.6%	2.4%
Two or more races	1.4%	2.9%	2.9%	4.3%	1.2%	1.8%

Source: U.S. Census Data 2000, 2010 (2)



According to the 2014 estimate of the American Community Survey, the Hispanic population in West Allis has increased from 1.5% in 1990 to an estimated 10.5% in 2014. Likewise, the Hispanic population in West Milwaukee has grown from 4.0% in 1990 to an estimated 29.3% in 2014. (2) The following table details changes in the Hispanic population.

Percent of the population of Hispanic origin 1990, 2000, 2010, 2014				
	1990	2000	2010	2014 Estimate
West Allis	1.5%	3.5%	9.6%	10.5%
West Milwaukee	4.0%	12.0%	25.4%	29.3%
Wisconsin	1.9%	3.6%	5.9%	6.2%

Source: U.S. Census, American Fact Finder, 5-year estimate 2010-2014 (2)

West Allis-West Milwaukee School District enrollment by percent of racial and ethnic makeup for the 2010-2011 and 2014-2015 school years

	2010-2011		2014-2015	
	Count	%	Count	%
American Indian	129	1.4%	118	1.2%
Asian	278	3.1%	267	2.7%
Black	834	9.3%	1100	11.1%
Hispanic	1638	18.2%	2329	23.5%
Pacific Islander	4	0.0%	14	0.1%
White	5897	65.7%	5544	56.1%
Two or more races	196	2.2%	518	5.2%

Source: Wisconsin Department of Public Instruction (3)

The Wisconsin Department of Public Instruction reports total students enrollment data, for each school year, by different demographic variables. (3) The table to the left shows the racial and ethnic makeup of the school body for the 2014-2015 school year per the September 2014 enrollment count.

Population by Household Income

Comparison of median and mean household income for West Allis, West Milwaukee, and Wisconsin from 2010 to 2014

	2010	2014	% change
Wisconsin			
Median income	\$51,598	\$52,738	2.2%
Mean income	\$65,273	\$68,319	4.7%
West Allis			
Median income	\$44,136	\$44,475	0.8%
Mean income	\$52,173	\$53,922	3.4%
West Milwaukee			
Median income	\$37,398	\$34,709	-7.2%
Mean income	\$40,768	\$43,013	5.5%

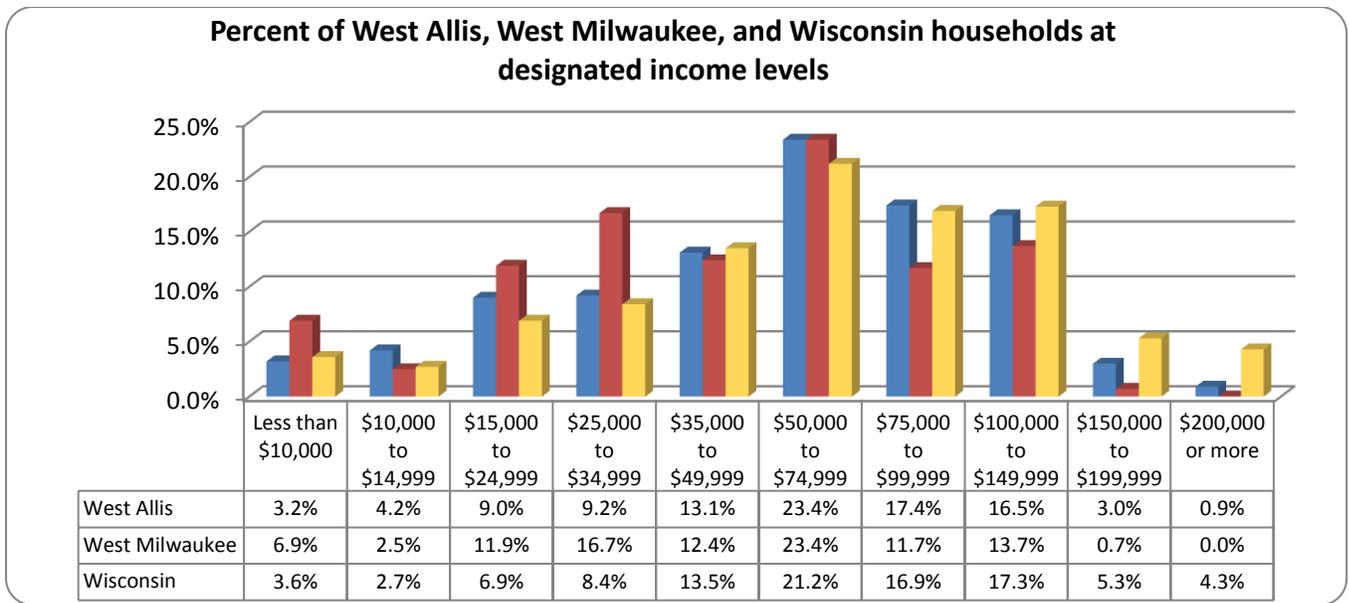
Source: American Community Survey 5-year estimate 2010-2014 (2)

As defined by the U.S. Census Bureau for statistical purposes, a household consists of all persons who occupy a housing unit whether or not they are related to each other.

Based on the American Community Survey 2010-2014, the total number of households in West Allis is estimated to be 27,294 while the number in West Milwaukee is estimated to be 2,014. (2)

The following graph details the 2014 estimates for the household income for West Allis, West Milwaukee and Wisconsin residents.





Source: American Community Survey 5-year estimate 2010-2014 (2)

Population by Employment

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. (4) This program measures the health of nearly all counties in the nation. This data is useful when local city and village data is not available. Two important indicators of the health of the community include the percentage of the population unemployed but seeking work and the count of individuals enrolled in W-2. Although this data is not available locally, it is available by county.

According to the County Health Rankings and Roadmaps, in Milwaukee County, 12,143 individuals were enrolled in W-2 as of December 2013. In addition, 8.3% of the population 16 years and older are unemployed and seeking work. (4)

Population by Education

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by socially disadvantaged populations. Many health disparities are related to inequities in education. Overall, individuals with less education are more likely to experience a number of health risks, such as obesity, substance abuse, and intentional and unintentional injury, compared with individuals with more education. Higher levels of education are associated with a longer life and an increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions. Likewise, good health is associated with academic success. Health risks such as teenage pregnancy, poor dietary choices, inadequate physical activity, physical and emotional abuse, substance abuse, and gang involvement have a significant impact on how well students perform in school. (5)



Percent of population in West Allis, West Milwaukee, and Wisconsin achieving high school graduation or higher

	West Allis	West Milwaukee	Wisconsin
Percent high school graduate or higher	90.0%	78.5%	90.8%
Percent bachelor's degree or higher	22.4%	17.8%	27.4%

Source: American Community Survey 5-year estimate 2010-2014 (2)

Percent of population 25 years and over in West Allis, West Milwaukee, and Wisconsin attaining education

	West Allis	West Milwaukee	Wisconsin
Less than 9 th grade	3.1%	5.2%	3.2%
9 th -12 th grade, no diploma	6.9%	16.3%	6.0%
High school graduate	35.1%	28.4%	32.4%
Some college, no degree	22.6%	20.7%	21.1%
Associate's degree	9.9%	11.7%	9.9%
Bachelor's degree	17.3%	12.5%	18.1%
Graduate or professional degree	5.1%	5.2%	9.3%

Source: American Community Survey 5-year estimate 2010-2014 (2)

Percent of students completing high school in four years by graduation cohort

Graduate Cohort	WAWM Schools	Wisconsin
2010	89.3%	85.7%
2011	86.8%	87.0%
2012	91.1%	87.5%
2013	90.5%	88.0%
2014	91.3%	88.6%

Source: Wisconsin Department of Public Instruction (3)

A key goal of K-12 education is to ensure every child completes high school ready for further education or the workplace.

Percent of students completing high school in four years in 2014 by race/ethnicity

	WAWM Schools	Wisconsin
Hispanic	89.0%	78.1%
Black	86.3%	65.0%
Asian	100.0%	89.9%
White	93.7%	92.9%
Two or more races	93.3%	85.3%

Source: Wisconsin Department of Public Instruction (3)

Ethnic and racial disparities in education persist through K-12 education and are reflected in measures such as reading achievement assessments and graduation rates.

According to the Wisconsin Department of Public Instruction, for the 2013-2014 school year, 36.5% of 4th grade Wisconsin students were proficient or advanced in reading. This compares to 36.3% of West Allis-West Milwaukee fourth grade students. (3) Delineating these fourth grade students by race shows academic differences. Of white 4th grade students, 41.2% were proficient or advance in reading compared to 31.2% Hispanic, 13.8% black, and 38.9% Asian.



 **Population by Poverty Level**

Poverty remains one of the major causes of health disparities. 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-sourced 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 socio-emotional problems, physical health problems, and developmental delays. (6)

Older individuals of lower socioeconomic status have been shown to have increased mortality rates, higher stroke incidence, higher incidence of progressive chronic kidney disease, lower health-related quality of life, smaller social networks, and lower quality of social relations. (7)

Percent of population below poverty level in West Allis, West Milwaukee, and Wisconsin			
	West Allis	West Milwaukee	Wisconsin
Total	13.9%	21.2%	13.3%
By age group:			
Under 18 years	18.9%	24.6%	18.5%
18 to 64 years	13.1%	21.5%	12.6%
65 years and over	10.2%	11.5%	7.7%

Source: American Community Survey 5-year estimate 2010-2014 (2)

In Milwaukee County, 35.9% of older adults 65 years or over live alone. This compares to 29.7% statewide. (4)

Percent and number of West Allis-West Milwaukee students determined to be economically disadvantaged and therefore eligible for free and reduced price meals		
School Year	Percent	Student count
2014-2015	60.9%	6020
2013-2014	56.6%	5504
2012-2013	57.6%	5408
2011-2012	49.5%	4598
2010-2011	51.9%	4656
2009-2010	48.4%	4239

Source: Wisconsin Department of Public Instruction (3)

The National School Lunch Program (NSLP) is a federally assisted meal program operating in more than 94,000 public and nonprofit private schools and residential child care institutions. Established under the National School Lunch Act in 1946, it provides nutritionally

balanced, low-cost or free school meals to more than 32 million income eligible children each school day. (8) The percent of West Allis-West Milwaukee students determined to be economically disadvantaged and therefore eligible for free and reduced price meals increased from 48.4% of students in the 2009-2010 school year to 60.9% of students in the 2014-2015 school year.



Homelessness

In Wisconsin, the total homeless population as estimated for 2015 was 6,057, or 105 per 100,000 population. Persons in families experiencing homelessness accounted for 3,065 of the 6,057 or 51% of the total. Veterans experiencing homelessness account for 534 of the 6,057 or almost 9% of the homeless population. (9)

In the West Allis-West Milwaukee (WAWM) School District, a program titled *Students in Housing Transition* provides support to identified homeless families. The School District employs two part-time homeless coordinators to identify families in need and assist them to receive programs and services. One coordinator serves families with high school students and any younger siblings. The other coordinator serves families with students in K4 - 8th grade. (10) In the 2014-2015 school year, 218 students or 2.2% of the student population were identified as homeless.

Number of students identified as homeless in the West Allis-West Milwaukee School District	
Academic Year	Number of Students
2014-2015	218
2013-2014	212
2012-2013	190
2011-2012	115
2010-2011	95

Source: Jessica Lovely, West Allis-West Milwaukee School Data

The position of homeless coordinator at the WAWM School District was increased from one half-time position to two half-time positions in 2012-2013. During this time, the number of students served also increased. A portion of the increase in the number of identified students is likely due to increased awareness among district personnel as well as easier access to the homeless liaison.

Population by Home Ownership and Occupancy

The median value of a home in West Allis is \$145,500, compared to a median value of \$131,000 in West Milwaukee. In West Allis, 41.1% of households put 30% or more of their household income toward monthly housing costs. This compares to 41.2% in West Milwaukee and 32.1% in Wisconsin. (2)

Housing occupancy in West Allis, West Milwaukee and Wisconsin						
	West Allis		West Milwaukee		Wisconsin	
	Number	Percent	Number	Percent	Number	Percent
Occupancy Status						
Total housing units	29,256		2,159		2,635,602	
Occupied housing units	27,294	93.3%	2,014	93.3%	2,293,250	87.0%
Vacant housing units	1,962	6.7%	145	6.7%	342,352	13.0%
Tenure						
Occupied housing units	27,294		2,014		2,293,250	
Owner occupied	15,043	55.1%	616	30.6%	1,551,769	67.7%
Renter occupied	12,251	44.9%	1,398	69.4%	741,481	32.3%

Source: American Community Survey 5-year estimate 2010-2014 (2)



 Resources

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Access to Healthcare

Healthcare Coverage
Health Services Availability
Health Services Utilization



Access to Healthcare

Regular and reliable access to health services is critical to prevent the onset or progression of disease, detect and treat health conditions earlier and increase quality of life. (1) Currently, access to health services in the United States is still regarded as unreliable because many people do not receive the appropriate and timely care they need. (2) Obvious barriers include insufficient health care coverage and lack of medical services; however other determinants—such as age, race, ethnicity, socioeconomic status and origin of birth— can compound these barriers and impact a person’s ability to access care. (3) Access, and its many determinants, may be better understood by addressing health insurance coverage, service availability, and utilization of services.

Access to Healthcare at a Glance

Key Findings

- ❖ 70% of respondents reported they were covered by private insurance.
- ❖ 13% of respondents reported someone in their household was not covered at least part of the time in the past 12 months.
- ❖ 3% of respondents reported they were not currently covered by health care insurance.
- ❖ 20% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months.
- ❖ 12% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months.
- ❖ 11% of respondents reported there was a time in the past 12 months they did not receive the medical care needed.
- ❖ 18% of respondents reported there was a time in the past 12 months they did not receive the dental care needed.
- ❖ 85% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick.
- ❖ 97% reported their child visited their personal doctor or nurse for preventive care during the past 12 months.
- ❖ 3% each reported their child did not receive the medical care needed.



Health Insurance Coverage

People without health insurance are more likely to lack a usual source of medical care and skip routine and preventive medical care due to cost concerns. This increases their risk for serious and disabling health conditions and could even endanger the health of society at large with the spread of untreated infectious diseases. Other issues with health coverage may include unaffordable high deductibles, premiums and copays (the out-of-pocket costs required by their plan) or inadequate insurance due to exclusions for preexisting conditions and caps on health benefits. (1) (4) (5)

In response to this national concern, the Patient Protection and Affordable Care Act (ACA), was signed into law on March 23, 2010 and fully activated on Jan. 1, 2014. This created an online Marketplace with expanded options for buying insurance to cover essential benefits for those individuals and families who lack affordable coverage through an employer or through public programs such as Medicare, Medicaid and the Children’s Health Insurance Program. (6) (7) The ACA made health insurance a legal requirement for U.S. citizens and imposed tax fines on those who failed to enroll. (8) Already the ACA has expanded insurance coverage to some 16.4 million previously uninsured Americans. (6)

In March 2010, prior to this act, the Centers for Disease Control and Prevention (CDC) estimated that about 50 million Americans aged 18-64, including middle-income Americans, were uninsured for at least some of the previous 12 months. It projected that by 2019, the ACA will have extended health insurance to about 94% of people under 65 years old. (9)

Wisconsin, too, has made positive strides in decreasing its percentage of uninsured since the Marketplace opened in January 2014. In the first half of 2015, the percent of Wisconsin residents without health insurance fell to 5.6% — an improvement from 11.7% in 2013. (10) In addition, 82% of those residents who enrolled in ACA plans in 2014 renewed their coverage in 2015. (11)

Closer to home, the following table shows the estimated changes in the percent of uninsured residents in the three main zip codes for West Allis and West Milwaukee (all are shared zip codes with other jurisdictions) (11).

Key changes under the Affordable Care Act

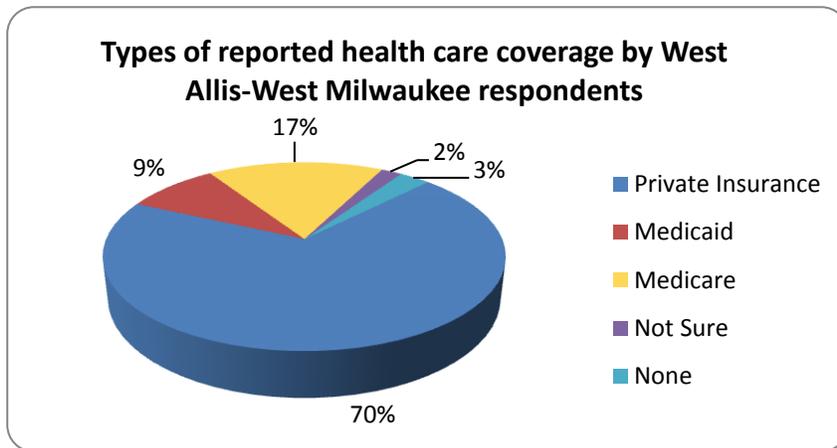
- Tax credits
- Cost sharing and income based subsidies for premium payments
- New extended coverage for young adults
- Removal of annual and lifetime coverage limits on health benefits
- Protection against exclusions for preexisting conditions
- Full coverage for in-network preventive services (6) (7)



Change in the percent of uninsured in select West Allis and West Milwaukee zip codes from October 2013 through July 2015			
	53214	53227	53219
Percent decrease in the uninsured in this zip code	24%	23%	29%
Number of people living in this zip code that enrolled in the Marketplace and paid the plan premium.	1,244	681	1,028
<small>Source: University of Wisconsin Population Health Institute ** These are approximations compiled and based on calculations from several reputable sources</small>			

Health insurance status is an important determinant of an individual’s ability to access quality medical care because the uninsured receive less preventive care, dental care, chronic disease management, and behavioral health counseling. (12)

The graph below provides a highlight of health care coverage reported by 2015 West Allis-West Milwaukee Community Health Survey respondents.



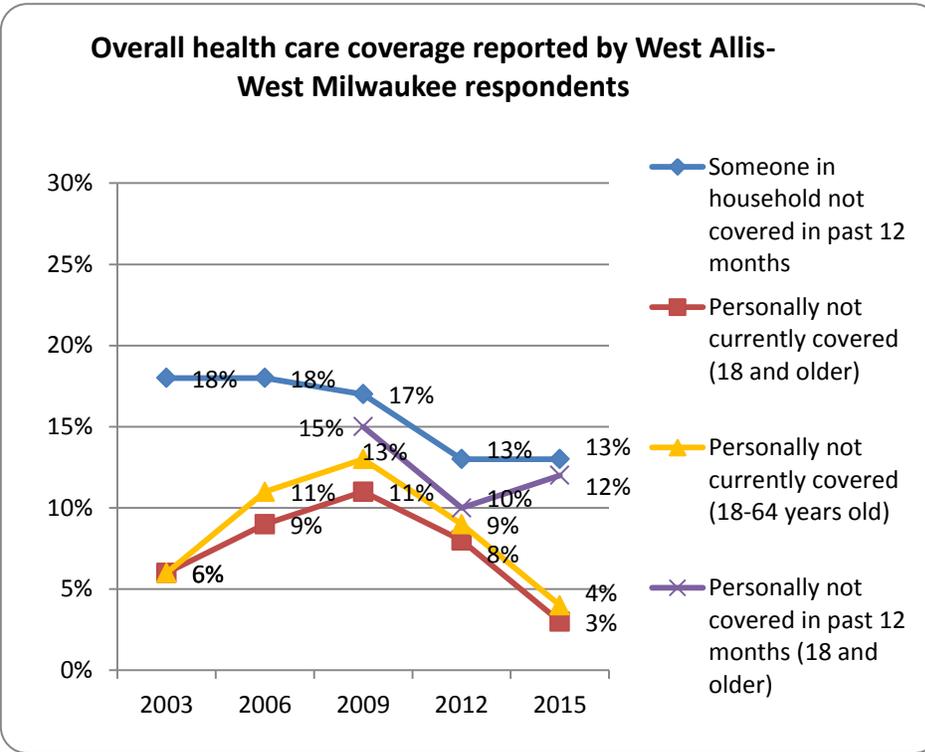
➤ The majority of survey respondents (70%) reported they were covered by Private insurance.

Source: 2015 West Allis-West Milwaukee Community Health Survey

Current Health Care Coverage and Health Care Coverage in the Past 12 Month

- While only 3% of respondents reported they were not currently covered by any health insurance plan, 12% reported they personally did not have health care coverage at least part of the time in the past 12 months.
- Regarding others in the home, 13% of respondents reported that someone in their household was not covered at least part of the time in the past 12 months.
- 12% reported that in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs.





- From 2003 to 2015, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.
- Respondents 18 to 34 years old or with some post high school education were more likely to report not being personally covered by insurance in the past 12 months.

Source: 2015 West Allis-West Milwaukee Community Health Survey

Access to Medical, Dental and Mental Health Care

Health insurance provides an important entry into the health care system by covering a portion of the cost of basic care. The 2015 West Allis-West Milwaukee Community Health Survey confirmed lack of health care coverage, along with several other issues, as a leading barrier to receiving needed medical, dental and/ or mental health care.

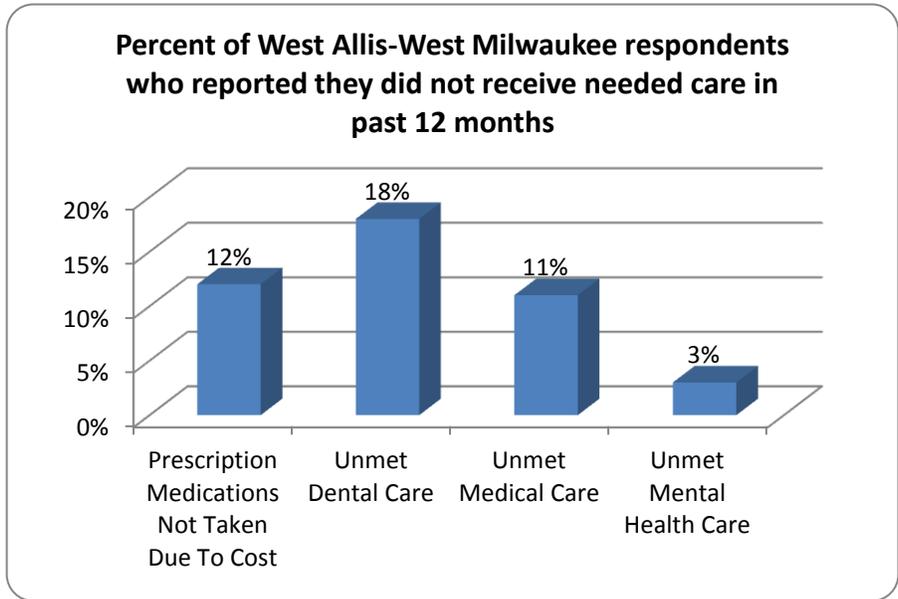


Studies show that poor oral health may be linked to heart disease, stroke, diabetes, pre-term childbirth and oral cancer. Thousands of Wisconsin children and adults suffer from untreated dental problems, and there's a wide disparity between those with commercial insurance coverage and those who have either Medicaid or are uninsured. (13) The West Allis area currently has only four dental offices that take Medicare HMO insurance and are accepting children as patients, therefore the wait for appointments may take months. The West Allis Health Department employs a Dental Hygienist to provide oral screenings, dental referrals, fluoride varnishing, and other resources to elementary students during the school day.

The ACA has substantially improved mental health and substance abuse coverage by requiring most individual and employer health plans to provide for these services, and to include preventive screenings and behavioral assessments for children. (14)



- 11% of respondents reported not receiving medical care they felt was needed during the past 12 months due to the high cost of care or lack of insurance.
- The leading reasons for not receiving needed medical or dental care were inability to afford care, being uninsured, or that insurance didn't cover the care.
- When asked, 18% of survey respondents reported not receiving needed dental care in the past 12 months.
- Only 3% of respondents reported there was a time in the past 12 months they did not receive the mental health care needed. Leading reasons for not receiving mental health care needed was being uninsured, insurance did not cover it or that they did not know where to go for care.



Children and Medical and Dental Care

- When respondents with children under the age of 18 years were surveyed regarding children in the home receiving health care in the last 12 months, 3% felt there was a time that their child did not receive needed medical care.
- 3% reported their child did not receive needed care from a specialist.
- 6% reported their child did not receive needed dental care.
- Leading reasons cited for their child not receiving the medical, specialty or dental care that was needed included being uninsured, poor medical care or insurance did not cover it.



Health Services Availability

Although health insurance is critical to access because it helps with affordability of health care, sufficient access to care is also dependent upon having a wide range of conveniently located services available as well as an adequate, qualified workforce to meet the demand and deliver the services. (15)

However, factors that may negatively impact access to the services that are geographically available include narrow in-network restrictions, inconvenient prolonged referral processes,



inflexible limited hours of service, and long wait times and delays before seeing a provider or receiving care.

To deliver quality services that are perceived as available to all WAWM residents it is critical that care be provided in a culturally sensitive manner respectful of differences in cultural beliefs or health practices while also offering good support to those with physical, cognitive, literacy or language limitations. (2) (15)

 **Health Care Resources/Services Availability**

The West Allis and West Milwaukee communities offer a wide array of services and providers. However, if a resident is unable to find a desired service within city boundaries, a well-integrated public transit system offers easy access to many additional health care choices throughout Milwaukee. This greatly extends the residents’ range of access to available services.

The chart below depicts the ratio of the number of health care providers per resident in Milwaukee County at the most recent year available. (16)

Ratio of health care providers to residents in Milwaukee County			
Year	Type of health care provider	Number of providers	Ratio
2012	Primary Care Providers	715	1:1,366
2013	Dentists	657	1:1,455
2014	Mental Health Providers	2,221	1:430

Source: County Health Rankings and Roadmaps

In the above table the ratio of primary care providers does not include nurse practitioners, physicians’ assistants or other practitioners available for primary care services.

Following is a highlight of several major health service organizations located in West Allis and West Milwaukee in 2015. This is not an all-inclusive listing of the health services available in the area.

- Over 50 dentists that are either in independent or group practice including several larger dental clinics.
- 14 medical clinic sites representing several major Health systems, medical groups, a Worksite Wellness clinic or several independent practitioners.
- 2 walk-in clinics.
- Aurora West Allis Medical Center (AWAMC).
- Rogers Memorial Hospital.
- The Greater Milwaukee Free Clinic (GMFC).
- West Allis Health Department (WAHD).
- Aurora at Home and several other home health agencies
- IMPACT 211: Information Resource Services.



In 2015, within the surrounding Milwaukee County area, there are:

- 16 major medical hospitals or facilities in the Milwaukee county area representing five health care systems, with one of these being Children’s Medical Center.
- Over 30 walk-in and urgent care clinics located in neighboring vicinities of West Allis- West Milwaukee.
- 5 Federally Qualified Health Centers (FQHC) with several satellite clinics throughout Milwaukee. (17)



 **Services Available for the Uninsured**

While the ACA has made positive strides by expanding coverage to millions of those previously uninsured, there still remains a notable segment of the population, including undocumented immigrants, who don’t have access to insurance through a job and are ineligible for Medicaid or Marketplace coverage. The health care options available for this population, although limited, include receiving services at the GMFC or one of the local FQHC clinics, working with local hospital and clinic’s financial aid department to arrange a sliding scale fee schedule, exploring hospital based charity care, or opting for self-pay when feasible. There is Badger Care+ for pregnant women and Badger Care+ for Emergency services intended for more acute, crisis issues and available only for short term use. (18)

Greater Milwaukee Free Clinic: Total Patient Visits from 2013 -2015	
Year	Total Patient Visits (visits with a physician)
2013	2,438
2014	1,463
2015	953

Source: Greater Milwaukee Free Clinic Statistics

Since the Greater Milwaukee Free Clinic does not accept patients with insurance, the notable decrease from 2013 to 2015 may be indicative that more people have gained access to health coverage through the Affordable Care Act.

 **Utilization of Health Services**

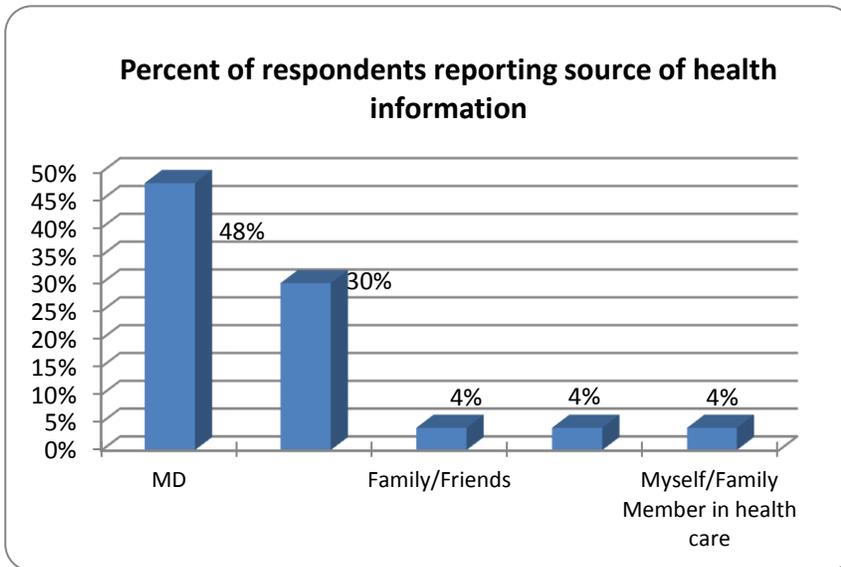
Services utilized are a direct reflection of access. The timing and types of health services used will have a significant impact on cost, quality, and timeliness of care received as well as on disease control and health outcomes. (2) (19)

From major societal events and trends to individual health decisions, both public and personal forces determine service utilization. Some forces encourage more utilization; others discourage it. For example, antibiotics may reduce need for hospitalization for some infectious disease. Other trends, such as the upsurge of aging baby boomers in need of chronic care management and the influx of new enrollees into the health care system looking care contributes to an increase in overall utilization. (20)



Likewise, advances in medical technology expand treatment options to a larger, older segment of the population and can now extend the choice of treatment location to outpatient or clinic settings for some procedures that previously required hospitalization. All of this broadens the range of access. Conversely, closures or mergers of large health care systems or clinics may streamline or reduce the local health care options available. (19)

- 30% of respondents reported the internet as the source for where they get their health information, up from 23% in 2012.



The graph to the left depicts the survey responses regarding sources for health information.

- From 2012 to 2015, there was a statistical increase in the overall percent of respondents that reported the internet as their source for getting most of their health information.
- For comparison in 2012, 23% reported the internet as their preferred choice.

Source: 2015 West Allis-West Milwaukee Community Health Survey

The individual also plays a pivotal role in overall utilization. Health decisions are often shaped by personal preferences, beliefs, or perceptions. Denial of symptoms, value placed on one’s health, trust in health providers, and cultural beliefs or social mores can all influence health practices and determine when an individual seeks care. Moreover, utilization of services is further driven by a person’s comfort level with navigating complex healthcare systems, finding a provider and scheduling an appointment.

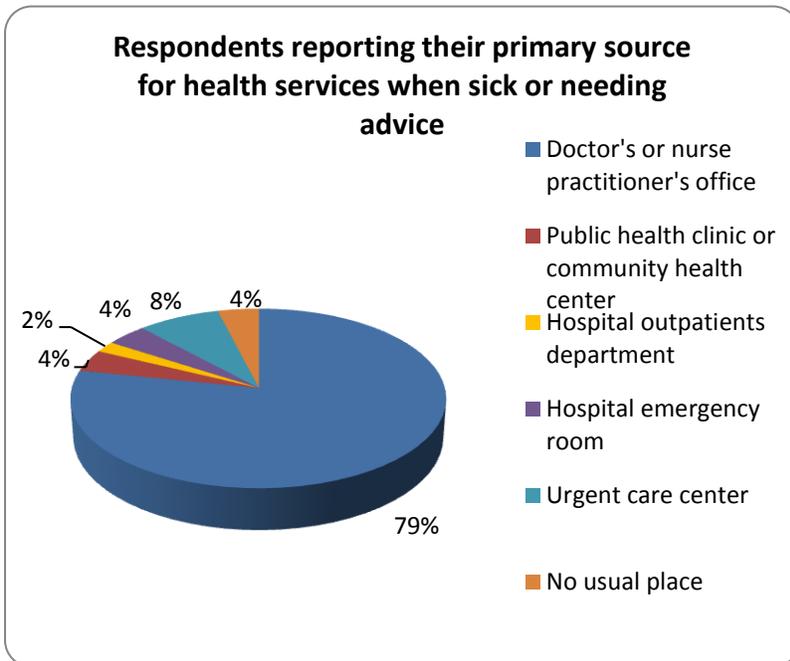
Obstacles with transportation, language barriers, or past experiences with long wait times, treatment delays or feelings of discrimination can deter an individual from seeking care or negatively influence when and where they seek it. For instance, if the person feels there are too many barriers they may defer care altogether or default to use of the Emergency Department at a later stage of their illness. (2) (15) (19)



Primary Care Provider / Usual Source of Care

Choosing the most appropriate source for nonemergency care is a critical determinant of access and the quality of care that will be received.

Establishing a primary care provider (PCP) or a health center where one regularly receives care is especially important because people with a usual source of care, also referred to as a medical home, are more likely to receive preventive health services and experience better health outcomes. (2) (4) The PCP performs an essential role as the care manager for the patient. In this capacity, the PCP can more effectively coordinate all treatments and preventive screenings, facilitate access to a variety of health services, and initiate referrals to specialists in order to provide comprehensive attention which leads to more personalized and appropriate care. (4) (21)



- 85% of respondents reported they have a primary care doctor, nurse practitioner, physician assistant or clinic they regularly go to for checkups and when they are sick.
- Female respondents were more likely to report a primary care physician (92%) compared to male respondents (76%).
- 99% of respondents 65 and older reported a primary care physician.

Source: 2015 West Allis-West Milwaukee Community Health Survey

Children and Primary Care Provider

- 97% of respondents with children under the age of 18 years in their home reported that their child had one or more persons they think of as their child's personal doctor or nurse who knows their child well and is familiar with their child's health history.
- 97% of respondents with children under the age of 18 years reported their child visited their personal doctor or nurse for preventive care during the past 12 months.



Emergency Department Use

An individual received health care from many different places, including the emergency department (ED). While establishing with a primary care provider (PCP) at a usual source of care is considered the most effective approach for addressing noncritical health concerns, review of hospital records reveal that many individuals, including some who have health coverage, but have not selected a PCP, opt to utilize the ED for treatment of more minor illnesses or injuries. Others come to the ED at a late stage of illness or injury limiting treatment options. Chronic use of the ED for primary care purposes leads to longer wait times, less personalized -more fragmented care, higher hospital costs and potentially poorer health outcomes. Yet, there are numerous more appropriate, cost effective options to address noncritical health issues such as a doctor's office, urgent care, retail or walk-in clinics for after hours. (4) (21) (22)

In 2014, at Aurora West Allis Medical Center, out of the 14,230 non-emergent visits to the ED, 25% (3,570) of these patients were insured but had no primary care provider. (23)

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Preventive Healthcare

Overall Health
Routine or Annual Checks
Preventive Health Screenings
Children and Vaccines
Adolescents and Vaccines
Adults and Vaccines



Preventive Healthcare

Each year, chronic diseases such as heart disease, cancers, and diabetes are responsible for millions of premature deaths among Americans. Investing in evidence-based preventive services could potentially prevent many of these diseases and save both lives and money. (1) In fact, the Centers for Disease Control and Prevention (CDC) projects that over 100,000 lives could be saved each year in the U.S. if everyone received the recommended clinical preventive care. (2) Encouraging preventive health screenings will help prevent chronic disease, control escalating health costs, and ultimately create a healthier nation. (1)

Preventive Health at a Glance

Key Findings

- ❖ 50% of respondents reported their health as excellent or very good.
- ❖ 21% of respondents reported their health as fair or poor (up from 12% in 2003).
- ❖ 11% of respondents reported never having their cholesterol tested.
- ❖ 59% of respondents reported a dental visit in the past year. An additional 22% had a visit in the past one to two years.
- ❖ 76% of female respondents 50 years and older reported a mammogram within the past two years. This is a decrease from 2003 when 87% of respondents reported a mammogram within the past two years.
- ❖ From 2003 to 2015, there was a decrease in the overall percent of respondents who reported a blood stool test within the past year (from 31% to 16%).
- ❖ 68% of respondents meet the current colorectal cancer screening recommendations.
- ❖ 47% of the survey respondents reported they had a flu shot or flu vaccine that was sprayed in their nose in the past 12 months. In all study years, respondents 65 and older were more likely to report a flu vaccination.
- ❖ 79% of respondents 65 years and older reported they received a pneumonia vaccination in their lifetime.



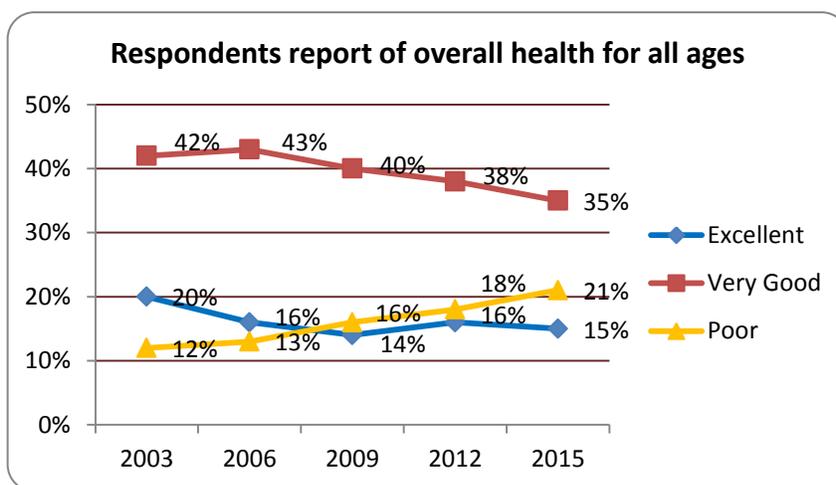
Prevention

While chronic diseases are among the most common and costly of health problems, they are also among the most preventable. (1) Following are some facts that emphasize why it is critical to invest in preventive health practices.

- Each year treating people with potentially preventable chronic diseases accounts for 86% of our nation's health care costs. (3)
- Increases in chronic diseases are predicted to cost the U.S. health care system an estimated \$4.2 trillion annually by 2023. (4)
- The CDC estimates that vaccinations will prevent more than 21 million hospitalizations and 732,000 deaths among children born in the last 20 years. (5)
- The World Cancer Research Fund estimated that up to one-third of the cancer cases that occur in economically developed countries like the U.S. are related to overweight or obesity, physical inactivity and/or poor nutrition, and therefore could be prevented. (6)

Despite the proven benefits of preventive care, Americans are utilizing preventive services at about half the recommended rate, especially individuals experiencing social, economic, or environmental disadvantages. (1) The Patient Protection and Affordable Care Act (ACA), enacted a landmark change that requires private health plans to offer a range of preventive services, without any imposed cost-sharing such as co-payments, co-insurance or deductibles on the services that are conducted in-network. This has helped to remove a primary financial barrier, making most preventive services more accessible. Approximately 1,539,000 Wisconsinites have managed to gain coverage for these preventive services with no cost-sharing. (7) A public health challenge remains persuading the health care consumer to incorporate prevention into their routine health practice. Effective preventive health has life-altering potential to preserve better overall health and to add not only years but quality to a person's life. It has been said that "real health reform begins with prevention." (4)

Rating Overall Health



Source: 2015 West Allis-West Milwaukee Community Health Survey

Having a sense of one's own health may be the first step to responsible preventive health.

➤ From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.



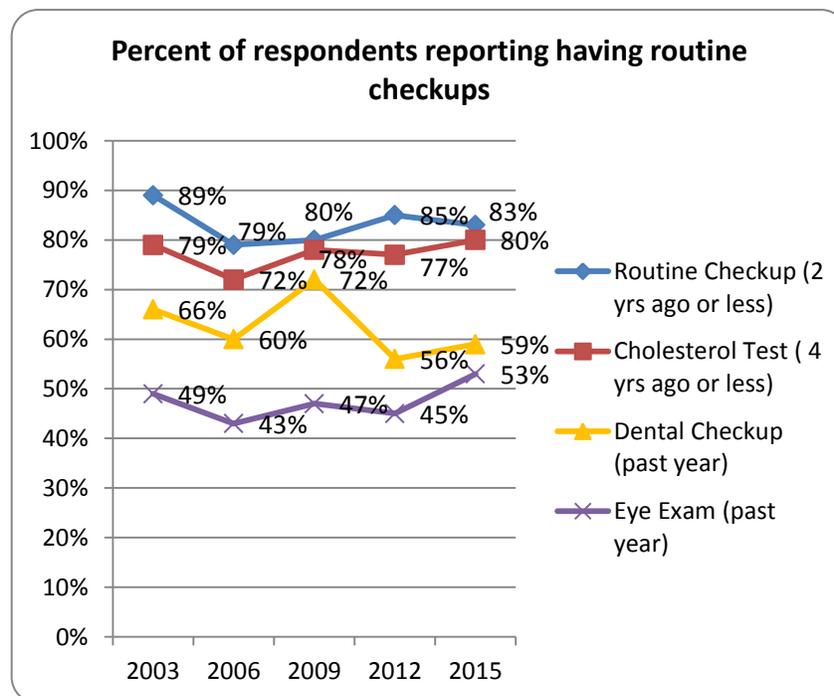
- When surveyed in 2015, 50% of West Allis-West Milwaukee respondents reported their health as excellent or very good while 21% reported fair or poor. In comparison, in 2013, 54% of Wisconsin respondents reported their health as excellent or very good while 15% reported fair or poor.
- Respondents who were 55 and older, in the bottom 40 percent household income bracket or inactive were more likely to report fair or poor conditions.

Routine or Annual Checks

The most effective use of preventive services is to work in partnership with a primary care provider (PCP) before there is a health concern to make smart decisions about preventive services and to coordinate the ideal timing of care. (8) While a person’s genetic health profile cannot be altered, there are certain lifestyle behaviors that are closely linked to preventable chronic disease and cancers that can be modified. By making healthy choices regarding physical activity, nutrition, tobacco use, and alcohol consumption a person can reduce health risks and possibly avert the onset or progression of preventable disease. (9)

In addition to making healthy lifestyle choices, getting recommended preventive care includes such routine services as scheduled immunizations, annual physical, dental and vision exams, a cholesterol check, and counseling services as needed to maintain optimal health, identify health threats, and deter future disabling conditions. (1) (8)

The trend chart below depicts the percent of respondents who reported having routine checkups over time.



- From 2003 to 2015, there was a statistical decrease in the overall percent of respondents either reporting a routine checkup two years ago or less or a dental checkup in the past year.
- From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting a cholesterol test four years ago or less or an eye exam in the past year.

Source: 2015 West Allis-West Milwaukee Community Health Survey



- *In 2015, 83% of West Allis-West Milwaukee respondents reported a routine medical checkup two years ago or less as compared to 2013, 82% of Wisconsin respondents reported they had a routine checkup in the past two years.*
- *From 2003 to 2015, there was a noted decrease in the percent of respondents with a college education reporting a routine checkup two years ago or less.*

Cholesterol Test

- *When West Allis-West Milwaukee respondents were asked about cholesterol screening, 80% reported they had their cholesterol checked four years ago or less, while 11% reported never having their cholesterol tested.*
- *In comparison, in 2013, 77% of Wisconsin respondents reported having their cholesterol checked within the past five years.*

Dental Health Checkup

Good oral health is critical to good overall health. Barriers such as limited access to oral health care, lack of knowledge about the importance of dental care, and a lack of fluoridated water in communities can lead to poor oral health. Poor oral health can negatively impact speech, nutrition, and social development. Growing evidence links oral diseases to health conditions such as diabetes, heart and lung disease, and potential pregnancy complications. (10) The Wisconsin Department of Health Services 2012-2013 survey revealed that 53% of third graders had dental caries and almost 1 in 5 had at least one tooth with untreated dental decay. (11)



- *When surveyed in 2015 regarding dental care, 59% of West Allis-West Milwaukee respondents reported a dental visit in the past year.*

Visual Health

Many common eye diseases such as glaucoma, diabetic eye disease and age-related macular degeneration often have no warning signs. (12) The U.S. Preventive Services Task Force recommends vision screening for all children aged 3 to 5 years to find conditions such as amblyopia, or lazy eye, and the American Academy of Ophthalmology recommends that adults get a baseline eye screening at age 40 – when visual problems or disease often starts. (13) (14)

- *When asked, 53% of West Allis-West Milwaukee respondents stated they had an eye exam in the past year while 23% reported one to two years ago.*
- *Respondents 65 and older, with some post high school education, in the top 40 percent household income bracket, or married were more likely to report an eye exam in the past year.*



Preventive Health Screenings

Another primary component of prevention are evidence-based routine screenings designed to monitor for early warning signs of heart disease, cancer, or other chronic or infectious conditions. Used regularly, these screenings can detect warning signs or symptoms of disease and can prevent or delay the onset of a health problem or at least identify it at an earlier, more treatable stage. (1) These include tests for breast, cervical and colorectal cancers, and bone density and cholesterol checks.

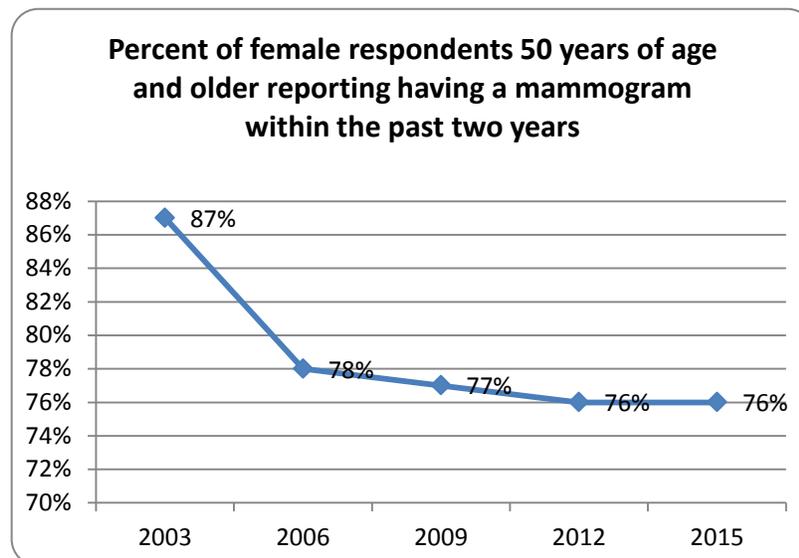
Mammography

A mammogram, an x-ray of the breast that screens for breast cancer, is the best way to find breast cancer early, before it is large enough to feel or cause symptoms and when it is easier to treat. In the U.S., breast cancer, after certain types of skin cancer, is the most common cancer in women no matter race or ethnicity. Although rare, it also occurs in men. (15)

Breast Cancer Screening Recommendations:

- Women 40 to 49 years old: Confer with doctor to determine when to start and how often to get a screening mammogram.
- Women 50 to 74 years old: Receive a screening mammogram every two years.
- More frequent screening, as recommended by the health care provider based on the individual's personal risk profile. (13)

Research shows that for women aged 40 to 74 years, screening with mammography has been associated with a 15% to 20% relative reduction in mortality from breast cancer (16) The chart below displays the change over time in mammography screening.



- 76% of female respondents 50 and older reported a mammogram within the past two years.
- In comparison, in 2012, 82% of Wisconsin women 50 and older reported a mammogram within the past two years.
- From 2003 to 2015, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years.

Source: 2015 West Allis-West Milwaukee Community Health Survey



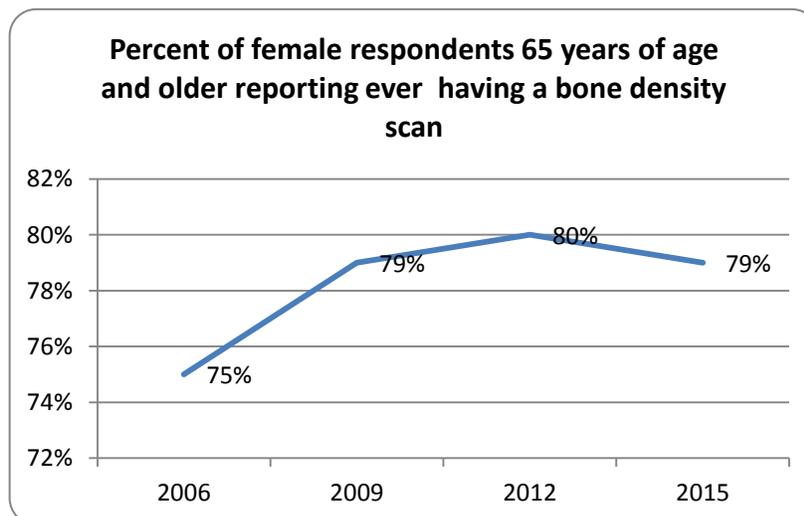
Bone Density Scan

A bone mineral density test is the best way to check your bone health and is the only test that can diagnose osteoporosis, a disease in which the bones become weak and are more likely to break. People with osteoporosis most often break bones in the hip, spine, and wrist. Osteoporosis can occur in both men and women of all races and at any age. (18)

Bone Density Screening Recommendations:

Screening for osteoporosis is recommended for women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year old white women who has no additional risk factors. (17)

A bone density test can diagnose osteoporosis, assess risk for fractures, and evaluate response to osteoporosis treatment. Preventive lifestyle recommendations to protect against osteoporosis include eating a wholesome diet rich in calcium and Vitamin D, maintaining a healthy weight, exercising regularly, and avoiding drinking in excess or smoking. (18)



Source: 2015 West Allis-West Milwaukee Community Health Survey

- *Of female respondents 65 and older who were asked about bone density screening, 79% reported that they had a bone density scan to determine if they are at risk for fractures or are in the early stages of osteoporosis.*
- *From 2006 to 2015, there was no statistical change in the overall percent of respondents who reported having a bone density scan.*

Pap Test and HPV Test

Although all women are at risk for cervical cancer, it most often occurs in women over age 30 and is caused by the human papillomavirus (HPV), a common virus that can be passed from one person to another during sex. (19) The CDC estimates that with the recommended use of two screening tests and a vaccine to protect against the HPV infections, up to 93% of cervical cancer could be prevented. (20)

The regular screening tests for cervical cancer are:

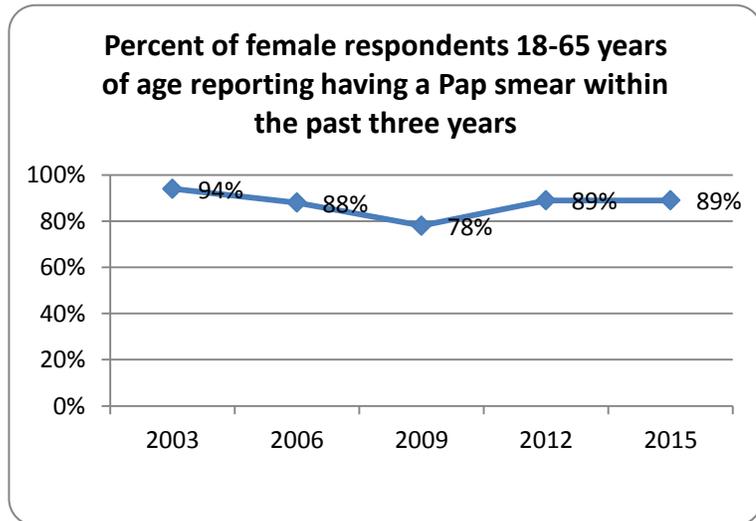
- The Pap test or Pap smear screens for abnormal or precancerous cell changes on the cervix before it develops into cancer or finds cancer cells earlier when treatment is more effective.



- The HPV test looks for the type of HPV virus that can cause these cervical cell changes in order to provide appropriate treatment. (19)

Cervical Cancer Screening Recommendations:
For women beginning at age 21 to 29: Pap test every 3 years.
For women age 30 to 65: Pap test: every 3 years or both a Pap test and an HPV test: every 5 years.
For women age 65 or older with a normal Pap test results for several years: Testing is usually not recommended. You can ask your doctor if cervical cancer screening would still be recommended for you. (13)

- 89% of female respondents 18 to 65 years old reported having a Pap smear within the past three years
- 66% of respondents 18 to 65 years old reported an HPV test within the past five years, while 91% reported they received a cervical cancer test in the recommended timeframe.
- Respondents with a college education, in the top 40 percent household income bracket, or married were more likely to meet the recommendation.
- From 2003 to 2015, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a Pap smear within the past three years.



Source: 2015 West Allis-West Milwaukee Community Health Survey

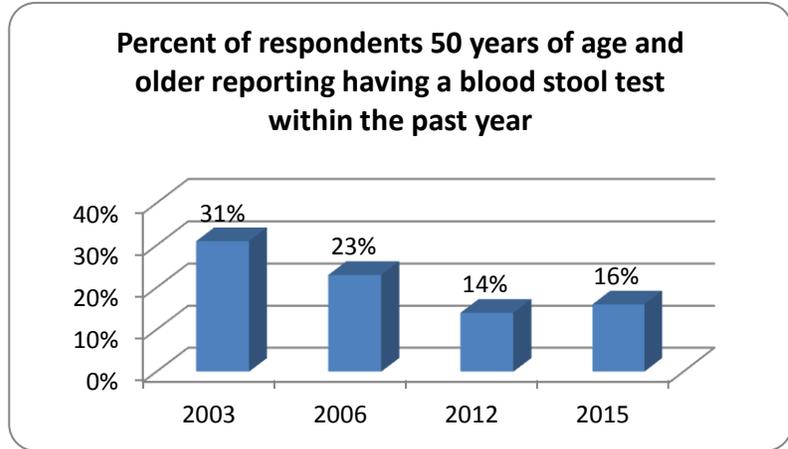
Colorectal Cancer (CRC) Screening Tests

Blood stool test, sigmoidoscopy and colonoscopy are tests that screen for colorectal cancer. Colorectal cancer usually develops slowly over a period of 10 to 15 years. It is the third most common cancer in men and women, aged 50 and older, and is the second leading cause of cancer death in the United States. In 2015, about 133,000 people will be diagnosed with colorectal cancer and about 50,000 will die from it. (21) Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find precancerous polyps, so they can be removed before they turn into cancer. (22)

- In 2015, 16% of respondents 50 and older reported a blood stool test within the past year. 13% of the respondents reported having a sigmoidoscopy within the past five years.



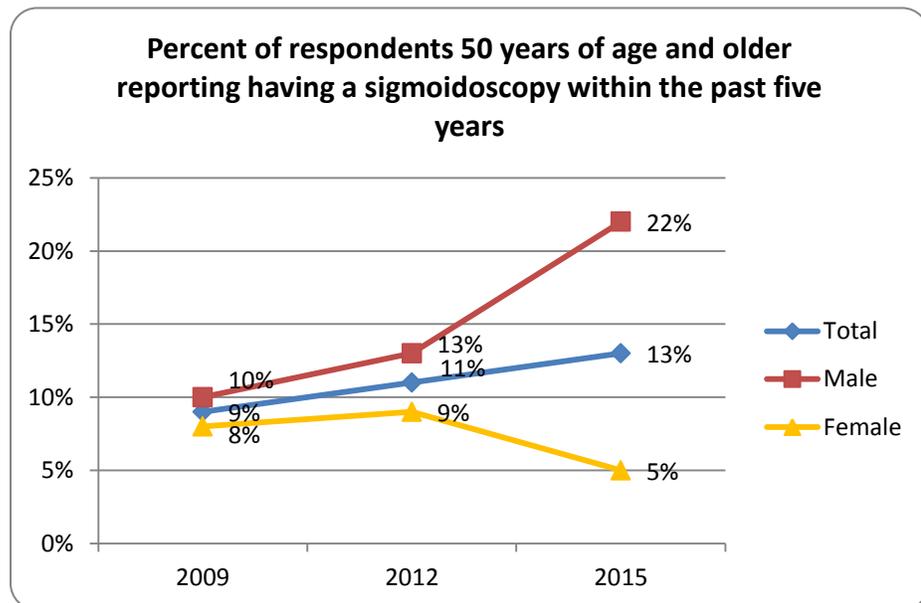
- 65% reported a colonoscopy within the past ten years.
- This translates to 68% of respondents meeting the current colorectal cancer screening recommendations.
- From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year.



Source: 2015 West Allis-West Milwaukee Community Health Survey

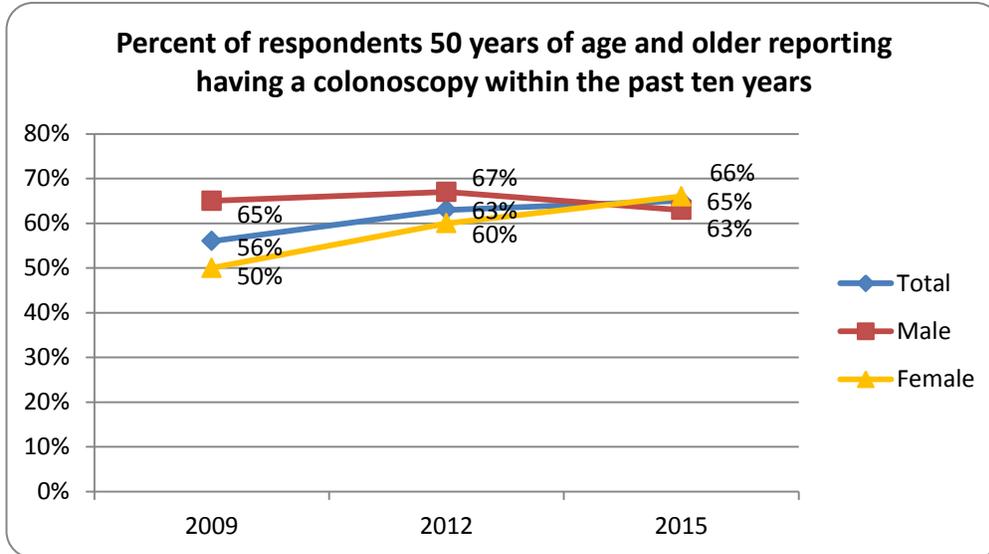
Colorectal Cancer (CRC) Screening Recommendations:
Screening for colorectal cancer is recommended for men and women beginning at age 50.
Recommended routine screening test intervals are:
<ul style="list-style-type: none"> • High-Sensitivity Fecal Occult Blood Test, also known as a stool test once a year • Flexible Sigmoidoscopy every 5 years, with high-sensitivity fecal occult blood testing every 3 years. • Colonoscopy once every 10 years (21)

- Male respondents were more likely to report a sigmoidoscopy within the past five years (22%) compared to female respondents (5%).



Source: 2015 West Allis-West Milwaukee Community Health Survey





➤ From 2009 to 2015 there was a noted increase in the percent of female respondents reporting a colonoscopy within the past ten years.

Source: 2015 West Allis-West Milwaukee Community Health Survey

 **Children and Vaccines**

Recommended vaccine and immunization schedule for children ages from birth through 35 months				
Vaccine	Disease	Doses Needed	Age to Start	Age to Complete
Varicella	Chickenpox	2 doses	12 -15 months	4-6 years
DTaP	Diphtheria Pertussis	5 doses	2 months	4-6 years
Hib	Haemophilus Influenza	3-4 doses	2 months	12-15 months
Hepatitis	Hepatitis A	2 doses	1 year	6-18 months
Hepatitis	Hepatitis B	3-4	Birth	6-18 months
Flu	Influenza	Annually	6 months	for a lifetime
MMR	Measles Mumps Rubella	2 doses	12-15 months	4-6 years
IPV	Polio	4 doses	2 months	4-6 years
PCV	Pneumococcus	4 dose	2 months	12-15 months
RV	Rotavirus	2-3 doses	2 months	4 months (6 months if 3 doses given)

Source: Immunization Action Coalition (23)

Serious and potentially life threatening global diseases that used to be common can now be prevented by vaccinating children and adolescents on a recommended immunization schedule.

To the left is a list of the recommended childhood vaccines and the recommended immunization schedule.



The following table highlights the immunization status of WAHD clients, age 24 to 35 months old from 2012 to 2015.

Immunization status of West Allis Health Department (WAHD) and City of West Allis clients at 24-35 months of age from 2007 to 2014 by year				
Year	Up-to-date		Late up-to-date	
	(on or before 24 months)		(not on or before 24 months)	
	Clients of WAHD	Clients in City of West Allis	Clients of WAHD	Clients in City of West Allis
2011	68%	66%	84%	74%
2012	71%	67%	85%	74%
2013	72%	72%	79%	79%
2014	70%	70%	77%	76%
2015	64%	73%	78%	79%

Source: West Allis Health Department Statistics

Adolescents and Vaccines

Recommended vaccine and immunization schedule for preteens and teens age 11-18 years			
Vaccine	Disease	Total Doses Needed	Timing for Vaccine
Tdap	Diphtheria Pertussis Tetanus	1 dose and a Td (tetanus + diphtheria) booster every 10 years	Starting at age 11 for all preteens and teens
Flu	Influenza	Annually	Starting at 6 months old receive each year in fall or winter
MCV4	Meningococcal disease	2 doses	Starting at age 11 for all preteens and teens
HPV	Human Pappillomavirus	3 doses	Starting at age 11 for all preteens and teens

Source: Immunization Action Coalition (23)

Preteens and teens are also at risk for diseases and need the protection of vaccines to keep them healthy. As they get older, protection from some childhood vaccines begins to wane so booster shots are necessary. The risk for certain diseases like meningitis, septicemia, and HPV-related cancers increases as one gets older and some vaccines such as HPV work better when given during preteen years. (24)



Additional vaccines may be recommended based on the teen’s health conditions, risk for certain diseases, or if the teen missed a dose or doses as a child and needs to “catch up” for full protection.

 **Adults and Vaccines**



“Booster” immunizations can protect all adults from getting and spreading diseases. Vaccines are especially important for those with chronic conditions, who are more likely to develop complications from certain vaccine-preventable diseases. People may also be at risk for vaccine-preventable diseases due to their age, job, travel, or health conditions. (25) The chart below highlights the recommended adult vaccines and schedule.

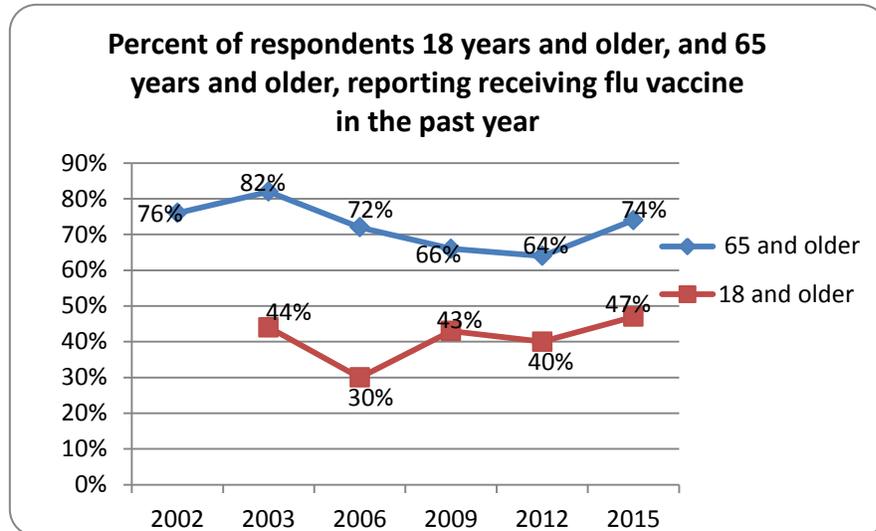
Recommended vaccines and immunizations schedule for adults			
Vaccine	Disease	Total doses needed	Timing for vaccine
Tdap	Diphtheria Pertussis Tetanus	1 dose and a Td (tetanus diphtheria) booster every 10 years	Need 1 dose as an adolescent or adult **All women need to get a dose during each pregnancy (Third trimester)
Flu	Influenza	Annually	Starting at 6 months old receive each year in fall or winter
PCV13 PPSV23	Pneumococcus (Pneumonia)	1 dose of PCV13 1-2 doses of PPSV23 (based on health provider recommendation)	Starting at age 65 years (younger under certain health conditions) receive PCV13 and then 6-12 months later receive PPSV23

Source: Immunization Action Coalition (26)

Other vaccines may be recommended based on a person’s health conditions, risks for certain diseases, or if they have missed receiving certain vaccines in the past.

- *In 2015, 47% of the survey respondents reported they had a flu shot or flu vaccine that was sprayed in their nose in the past 12 months.*
- *Of respondents who are 65 years and older, 74% reported receiving a flu vaccination.*
- *Respondents who were female, 65 and older, or in the bottom 40 percent household income bracket were more likely to report receiving a flu vaccination.*

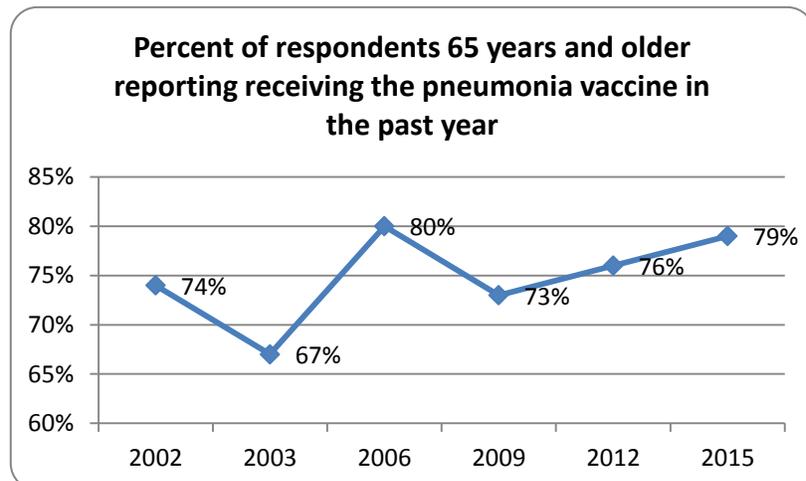




- In all study years, respondents 65 and older were more likely to report a flu vaccination than other age groups.
- 79% of respondents 65 years and older reported they received a pneumonia vaccination in their lifetime.

Source: 2015 West Allis-West Milwaukee Community Health Survey

- From 2003 to 2015, there was no statistical change in the overall percent of respondents who had a pneumonia vaccination in their lifetime.



Source: 2015 West Allis-West Milwaukee Community Health Survey

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Maternal and Infant Health

Key Birth Indicators

Smoking

Alcohol and Other Drug Use

Body Mass Index

Gestational Diabetes

Perinatal Depression

Birth Outcomes

Infant Mortality

Health Disparities

Breastfeeding



Maternal and Infant Health

Maternal health refers to the health of a woman during pregnancy, childbirth, and the postpartum period, but begins even before a woman conceives. Indicators of safe motherhood include a healthy diet, regular physical activity, and taking part in positive health behaviors to reduce negative birth outcomes for the woman and infant during her childbearing years. It then continues with early and adequate prenatal care, prevention of complications when possible, and early and effective treatment of complications during the pregnancy.

The health data collected on mothers, infants and children are strong predicting factors of our next generation's health and may be used to predict future public health challenges and priorities for families, communities, and the medical care system.

Maternal and Infant Health at a Glance

Key Findings

- ❖ The infant mortality rate (deaths per 1,000 live births) in 2014 for West Allis-West Milwaukee was 9.3 compared to 5.7 for Wisconsin.
- ❖ 4.6% of West Allis-West Milwaukee births were to teens (under 20 years) in 2014.
- ❖ 78% of pregnant women in West Allis-West Milwaukee started prenatal care in their first trimester in 2014 compared to 85% in 2010.
- ❖ 8% of West Allis-West Milwaukee births in 2014 were premature – 6.4% white, 13.0% Hispanic, 13.3% black.
- ❖ 6.3% of West Allis-West Milwaukee births in 2014 were low birth weight – 5.2% white, 8.9% Hispanic, 11.3% black.
- ❖ 11% of pregnant women in West Allis-West Milwaukee reported smoking in 2014 compared to 15% in 2013.
- ❖ 26% of pregnancy women reported gaining more than 41 pounds during their pregnancy in 2014.
- ❖ 75% of West Allis-West Milwaukee infants in 2014 were breastfed upon hospital discharge.
- ❖ From 2010 to 2014 there were 7 infant deaths related to SIDS in West Allis.



 **Live Births**

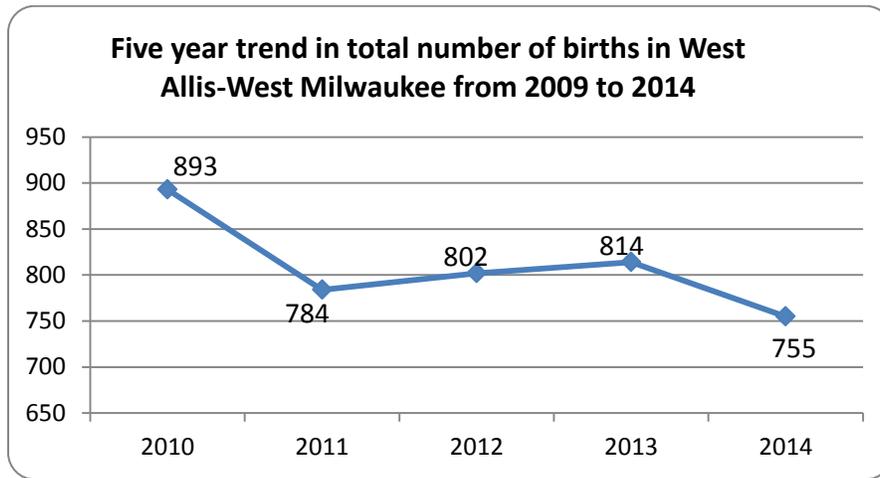
In 2014, there were a total of 67,119 births in Wisconsin and of those births, 755 babies were born to West Allis and West Milwaukee residents.

Below is a graph of the birth rate trend in West Allis-West

Milwaukee from 2010 through 2014. Over the last five years, there has been a downward trend in the number of births in West Allis and West Milwaukee.

Number of births in 2014 to West Allis-West Milwaukee, Milwaukee County, and Wisconsin residents	
West Allis and West Milwaukee	755
Milwaukee County	13,929
Wisconsin	67,119

Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)



Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)

 **Key Birth Indicators**

The table below details birth indicators for West Allis-West Milwaukee and Wisconsin in 2014.

2014 Key Birth indicators in West Allis–West Milwaukee and Wisconsin				
Indicator	West Allis-West Milwaukee		Wisconsin	
	Number	Percentage	Number	Percentage
Teen Births	35	4.6%	3413	5.1%
Prenatal care started in 1 st Trimester	591	78%	50,626	75%
Low Birth Weight	48	6.3%	4,925	7.3%
Premature Births	61	8%	6,133	9%
Total Births	755		67,119	

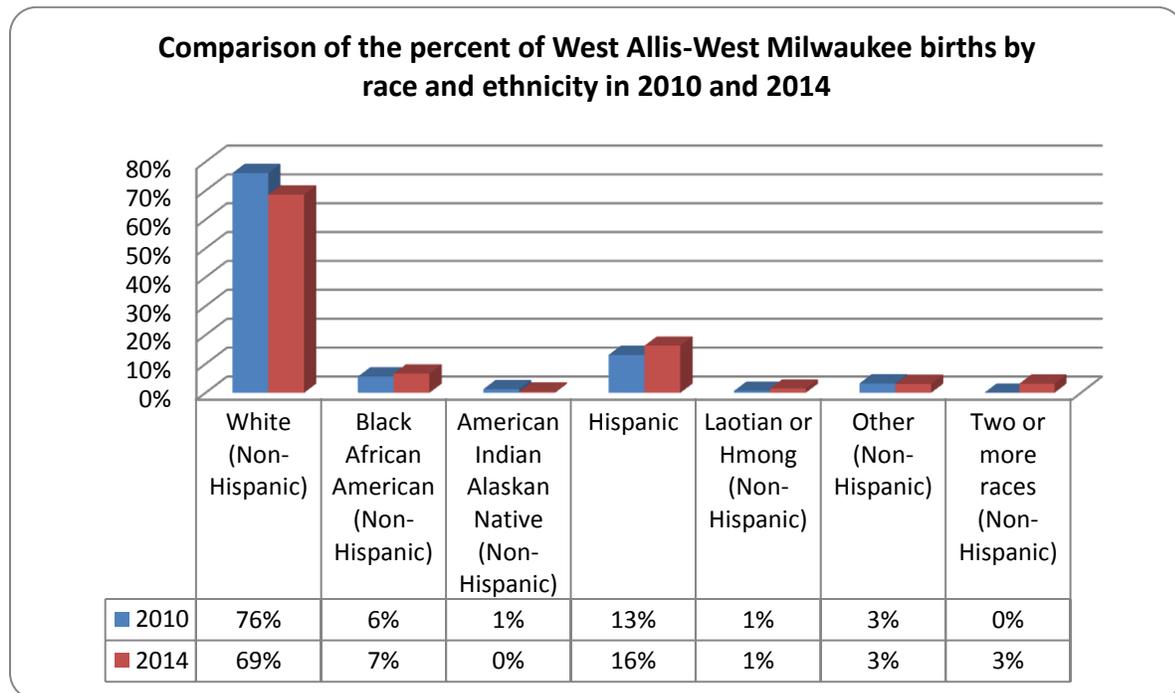
Source: Wisconsin Interactive Statistics on Health (WISH), Birth Counts Module (1)



Comparison of infant mortality rates per 1,000 live births for West Allis-West Milwaukee and Wisconsin in 2014			
West Allis-West Milwaukee		Wisconsin	
Number of deaths	Rate	Number of deaths	Rate
7	9.3	380	5.7

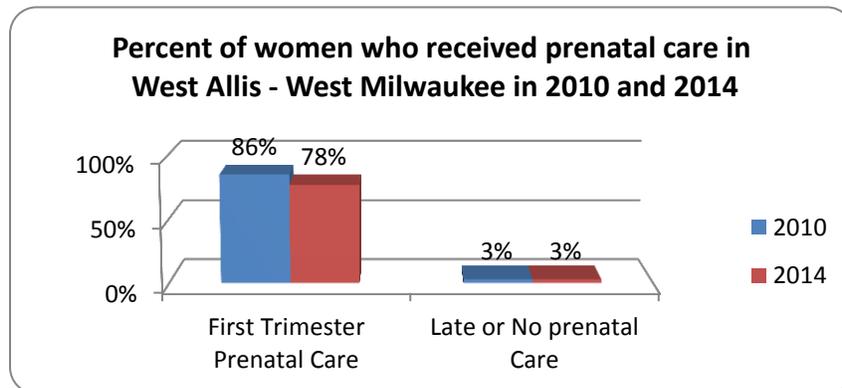
Source: Wisconsin Interactive Statistics on Health (WISH), Birth Counts Module (1)

The following graph illustrates the percentage of births by race and ethnicity in 2010 and 2014 respectively. Overall, the majority of births are white (non-Hispanic) births, but over the last 5 years, Hispanic, black or African American (non-Hispanic), and mixed race births have all increased in the West Allis-West Milwaukee community.



Source: Wisconsin Interactive Statistics on Health (WISH), Birth Counts Module (1)

Prenatal Care



Source: Wisconsin Interactive Statistics on Health (WISH), Birth Counts Module (1)

Prenatal care, or the health care a woman receives when she is pregnant, is important as health care providers can assess the client’s medical and family history, and detect, monitor, or treat any health conditions that may arise as well as provide health information.



Early and regular prenatal care is recommended for all pregnant women. Women in West Allis and West Milwaukee generally receive prenatal care in their first or second trimester. Only about 3% of women reported late or no prenatal care.

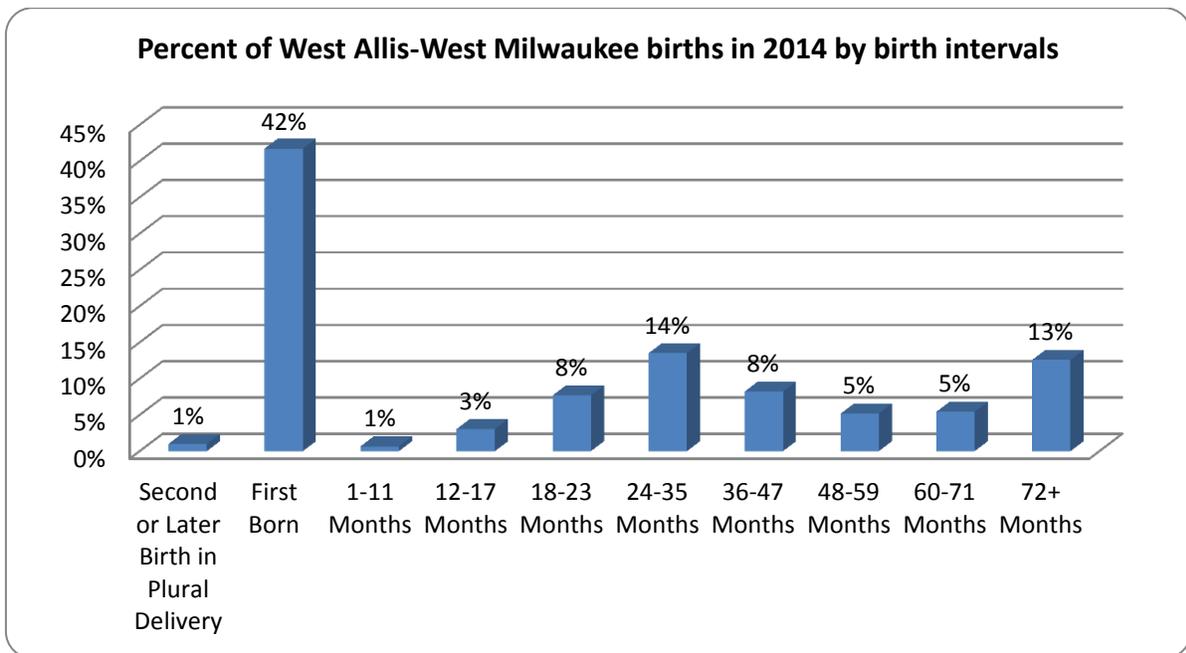
Clients enrolled in Wisconsin’s Medicaid program, BadgerCare Plus, are eligible for a program called Prenatal Care Coordination (PNCC) that will help the client coordinate services related to the pregnancy. The goals of this program are to connect the pregnant client to a medical provider, help coordinate with other needed services during the pregnancy, and provide health education that will in turn lead to positive birth outcomes.

 **Interconception Care**

The spacing between pregnancies is known as interpregnancy intervals or the interconception period. In order to reduce the risk of adverse birth and maternal outcomes, there should be adequate timing between one pregnancy and the next.

Short interpregnancy intervals can contribute to preterm births, low birth weights, and maternal and infant mortality and morbidity. Although, waiting too long, more than 60 months, may be associated with preeclampsia and labor dystocia. An adequate interpregnancy interval of at least 18 to 24 months between pregnancies provides time for a woman’s body to heal and adjust to life with a newborn. (2) (3)

The graph below illustrates birth intervals, or the amount of time from one birth to another.



Source: Wisconsin Interactive Statistics on Health (WISH), Birth Counts Module (1)

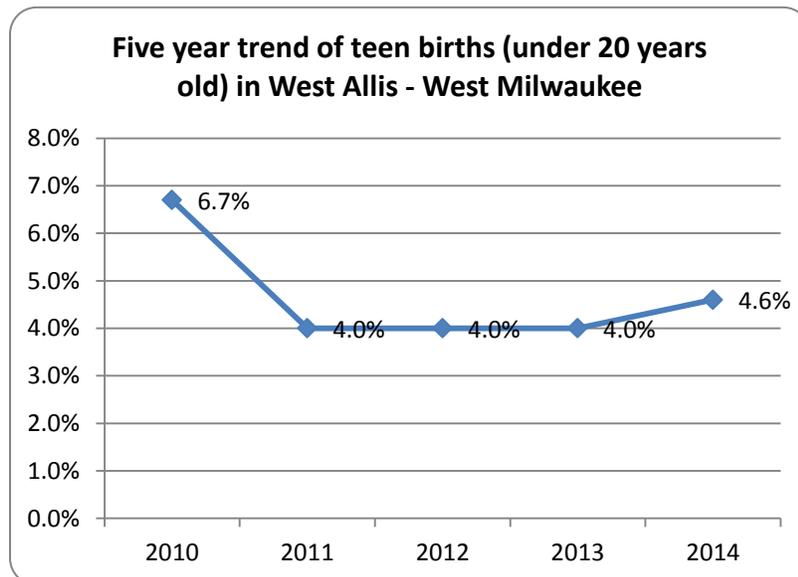


Of the 755 births in West Allis and West Milwaukee in 2014:

- 43% of West Allis and West Milwaukee births were first births, or the second or later in a plural birth
- 4% of women were pregnant within 0-17 months of a previous pregnancy – a short interpregnancy interval
- 35% of women were pregnant within 18-59 months of a previous pregnancy – a recommended interpregnancy interval
- 18% of women became pregnant at 60 months or longer after a previous pregnancy– a long interpregnancy interval (1)

 **Teen Births**

Most teens don't plan to get pregnant, but some do. Becoming a teen mother not only affects the mother's health but also whether or not she finishes high school, attends college, and finds a career that will sustain her and her family. Without support during a teen's pregnancy, and compared to older women, teen mothers-to-be are more likely to miss early prenatal care, drop out of high school, experience complications during pregnancy, or have negative birth outcomes such as premature births. Also, children born to teen parents are more likely to become teen parents themselves. (4) (5)



Source: Wisconsin Interactive Statistics on Health (WISH), Teen Births Module (6)

Shared Journeys, a charter school in the West Allis-West Milwaukee School District, is an option for expecting and school age parents to complete high school as well as learn parenting skills, infant and child development, and explore post-secondary education opportunities.

In West Allis and West Milwaukee, teen births (under 20 years old) accounted for 4.6% of births in 2014. (6)

The teen pregnancy rate for West Allis-West Milwaukee is lower than both Milwaukee County and the overall state percentage in 2014.

Number of teen births in 2014 in West Allis-West Milwaukee, Milwaukee County, and Wisconsin	
West Allis – West Milwaukee	4.6%
Milwaukee County	7.7%
Wisconsin	5.1%

Source: Wisconsin Interactive Statistics on Health (WISH), Teen Births Module (6)



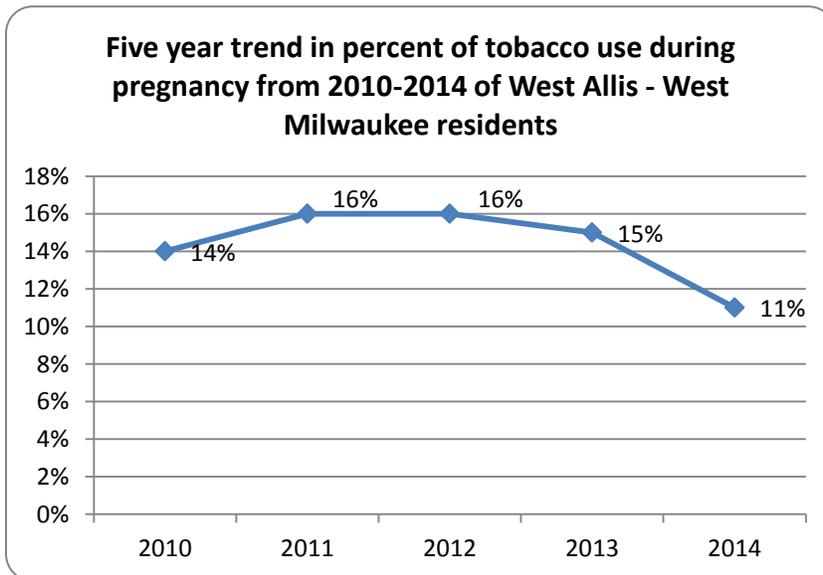
 **Smoking during Pregnancy**

Smoking cigarettes affects every organ in your body and can cause serious health conditions. Smoking during pregnancy increases the risk of complications such as preterm birth, low birth weight, placental complications, stillbirths, and sudden infant death syndrome. (7) (8).

The First Breath program is a smoking cessation program designed to help pregnant women quit or cut down on smoking during pregnancy. This program is made available through the Wisconsin Women’s Health Foundation and focuses on motivational interviewing techniques to help clients create and reach their goals on smoking cessation. In 2014, the West Allis Health Department enrolled 55 clients into First Breath. Since 2011, the West Allis Health Department has enrolled a total of 253 clients to help them cut back or quit smoking during their pregnancy.

Maternal smoking status in 2014 of West Allis–West Milwaukee pregnant women		
	Number	Percent
Didn't smoke or quit prior to pregnancy	668	89%
Quit first trimester	15	2%
Quit second trimester	7	<1%
Smoked entire pregnancy	56	7%
Smoked intermittently throughout pregnancy	3	<1%
Missing data	6	<1%
Total Births	755	100%

Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)



The percent of women who reported smoking during their pregnancy decreased from 15% in 2013 to 11% in 2014. The majority of women who were pregnant in 2014 either did not smoke or quit before they found out they were pregnant. (1)

Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)



WIC, the Women, Infants, and Children Supplemental Food Program, provides supplemental foods, health care referrals, and nutrition education to low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and to infants up to age five found to be at nutritional risk. (9) There has been a large drop in the number of women in the West Allis Health Department’s WIC program who reported smoking during their pregnancy, as seen in the table below. (10) Some of the decrease may be attributed to implementation of the First Breath program with pregnant women receiving WIC.

Percent of West Allis Health Department WIC population who smoked during pregnancy					
	2011	2012	2013	2014	2015
Percent of WAHD WIC population who smoke during pregnancy	27.0%	18.8%	14.6%	16.1%	15.2%
<i>Source: Wisconsin WIC Program, ROSIE (10)</i>					

Alcohol and Other Drug Use during Pregnancy

Similar to smoking during pregnancy, drinking while pregnant also can cause serious medical health conditions for a woman’s unborn baby. The alcohol a woman consumes during her pregnancy passes quickly to the fetus through the placenta and umbilical cord (11). Unfortunately, the fetus is not able to breakdown the alcohol as readily as the mother can which may lead to Fetal Alcohol Spectrum Disorders (FASD), a range of disorders that can affect a baby’s growth and development (11).

Women who use or abuse substances such as cocaine, ecstasy, methamphetamines, heroin, marijuana, or prescription drugs such as opioids, stimulants, or central nervous system depressants during pregnancy are more likely to have preterm births, low birth weight babies, and infants with reduced head circumference. Their infants are also at an increased risk for having birth defects, heart defects, infections such as hepatitis C or HIV, and Neonatal Abstinence Syndrome (NAS). NAS occurs when an infant suffers withdrawal from the opiate drug(s) used by the mother while pregnant (12).

Percent of Milwaukee County women reporting any alcohol use during the last 3 months of pregnancy	
Year	Percent Responded “Yes”
2009	12.1%
2010	6.8%
2011	10.6%
2012	7.5%
<i>Source: Wisconsin PRAMS Survey (13)</i>	

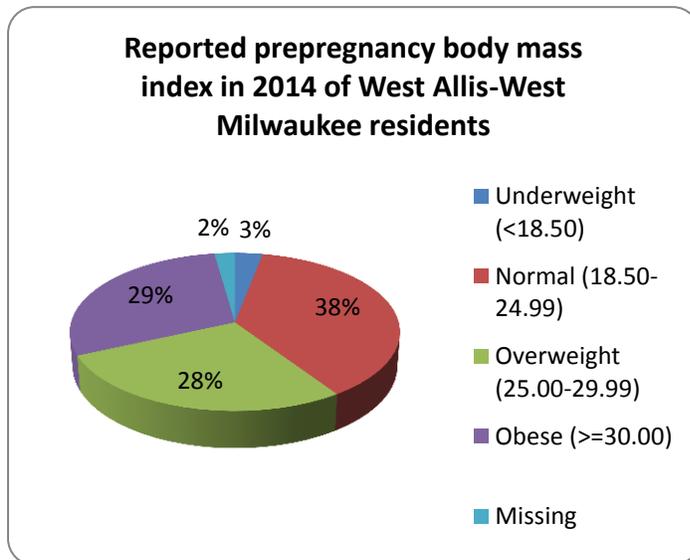
Mothers who use alcohol and drugs during their pregnancy are also at risk for other poor health behaviors. They may be on multiple drugs, smoke cigarettes, or engage in risky behaviors like IV drug use or have multiple sex partners. They also may be unaware of the pregnancy and therefore may not get early or adequate prenatal care. All of these factors affect a woman’s pregnancy and infant.



Data on this topic is difficult to obtain and may be underreported as clients or pregnant women may fear legal ramifications of substance abuse. From the Wisconsin PRAMS (Pregnancy Risk Assessment Monitoring System) Survey, Milwaukee County data was collected on alcohol use during pregnancy.(13) (14)

Body Mass Index (BMI)

With the increasing rates of obesity in the United States, weight gain during a woman’s pregnancy can have implications before and after delivery. There is evidence that high gestational weight gain can lead to postpartum weight retention and increased birth weight, but also that inadequate weight gain can lead to lower birth weights in infants. (15) To address this issue, the Institute of Medicine has weight gain recommendations that are based on a woman’s prepregnancy body mass index (BMI). (16)



Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)

The graph to the left illustrates the reported prepregnancy BMIs in West Allis and West Milwaukee women who delivered babies in 2014.

Reported weight gain during pregnancy in West Allis-West Milwaukee residents in 2014	
Lost weight	2%
Gained zero pounds	2%
Gained 1-10 pounds	6%
Gained 11-20 pounds	12%
Gained 21-30 pounds	24%
Gained 31-40 pounds	25%
Gained 41-50 pounds	15%
Gained 51-60 pounds	7%
Gained 61-99 pounds	4%
Missing data	3%

Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)

Prepregnancy BMI	Classification	Recommended weight gain in pounds
<18.5	Underweight	28-40
18.5-24.9	Normal weight	25-35
25.0-29.9	Overweight	15-25
>30	Obese	11-20

Source: Institute of Medicine (16)

- 8% of women gained 0-10 pounds.
- 61% gained 11-40 pounds.
- 26% gained 41 pounds or more during their pregnancy.



Gestational Diabetes

Gestational diabetes or gestational diabetes mellitus (GDM) is a type of diabetes that occurs during pregnancy. When a person has diabetes, they cannot produce enough insulin or use the insulin well, leaving a person with too much blood sugar which can cause complications such as heart disease, kidney failure, and many more serious health conditions (17) (18).

If a pregnant woman with GDM is not treated or if the condition is poorly controlled, she is also at a higher risk for preeclampsia, preterm birth, and depression (17). When a mother has high blood sugar, her infant also has high blood sugar. When this sugar is not used, it turns into fat, which can lead to a condition called fetal macrosomia – a larger than average newborn. (19) This condition can make it difficult for woman to delivery vaginally and therefore increase the risk of cesarean delivery. Newborns may also experience respiratory distress, hypoglycemia, and/or jaundice following delivery. Stillbirths are another fatal complication of GDM (17) (18). GDM usually goes away after the birth of the baby, but the woman is at higher risk for developing diabetes mellitus later in life (17).

Perinatal Depression

Perinatal depression is a common medical complication that can happen during pregnancy and up to one year postpartum. (20) Often times, depression can coexist with another health or mental health condition such as chronic pain or anxiety. Depression can have devastating effects on a woman, her infant and her family.

Percent of Milwaukee County women who reported they were told they had depression before they were pregnant by a doctor, nurse or other health care worker

Year	Percent
2009	10.9%
2010	12.6%
2011	14.1%
2012	9.5%

Source: Wisconsin PRAMS Survey (13)

The negative consequences of perinatal depression can include a decreased ability for a woman to care for herself, poor nutrition, substance use, relational problems, and less social support.

Postpartum depression can affect how a mother bonds with her infant after delivery, which in turn can lead to developmental delays in the affected child (21). Furthermore, maternal suicide was found to exceed

hemorrhage and hypertensive disorders as a cause of maternal morbidity (22). In the Wisconsin PRAMS survey from 2012, about 17% of Milwaukee County respondents reported either “Always” or “Often” feeling down, depressed, or hopeless after the baby was born and/or had little interest or little pleasure in doing things after the baby was born. (14) According to the Centers for Disease Control and Prevention, if a woman answers “Always” or “Often” to either question she should get evaluated for postpartum depression (23).

Postpartum depression is a mood disorder that can cause symptoms of extreme sadness, anxiety, and exhaustion in women after child birth (24). Postpartum depression is a result of a

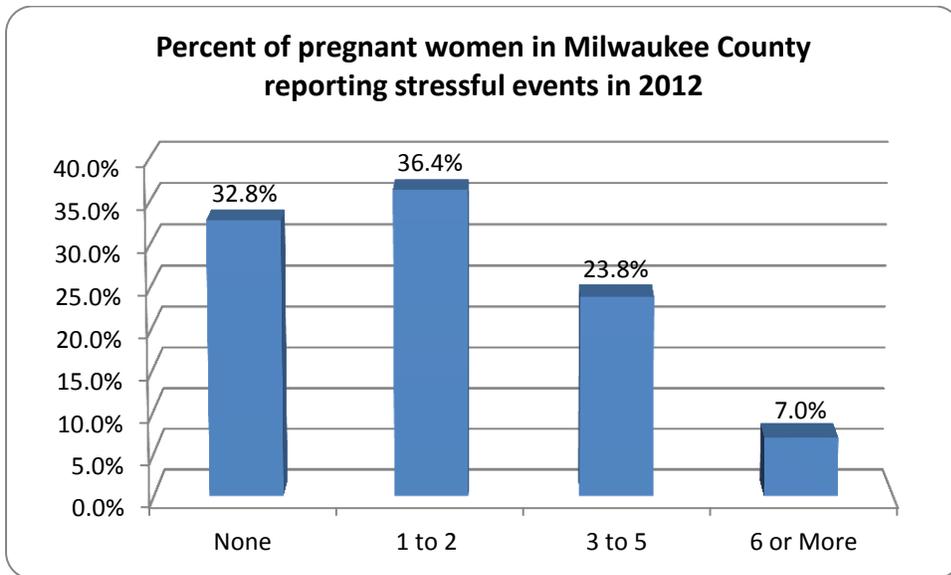


combination of social, emotional, and physical factors. Women with a previous history or family history of depression, a stressful life event such as a death of a loved one following delivery, medical complications during childbirth (premature labor or emergency C-section), or lack of support from a partner or other support people may be more at risk for developing postpartum depression. Unfortunately, postpartum depression can also affect women with a healthy pregnancy and birth and does not discriminate against age, race, ethnicity, or socioeconomic status. (24) (23)

The birth of a baby can bring various stressors to a woman and her family, such as sleep deprivation, financial strain, and physical or emotional stress. It is when a woman is concerned about the way she is feeling or her depressive symptoms are interfering with her daily activities that she should consult a healthcare professional about her symptoms.

The following graph highlights the percent of women in Milwaukee County who experienced stressful events during pregnancy in 2012. In the Wisconsin PRAMS Survey, stressful events included, but were not limited to:

- I got separated or divorced.
- I moved to a new address.
- I was homeless or had to sleep in a car or stay in a shelter.
- My husband or partner or I had a cut in work hours or pay.
- My husband or partner or I lost employment.
- Someone close to me died.



Source: Wisconsin PRAMS Survey (13)

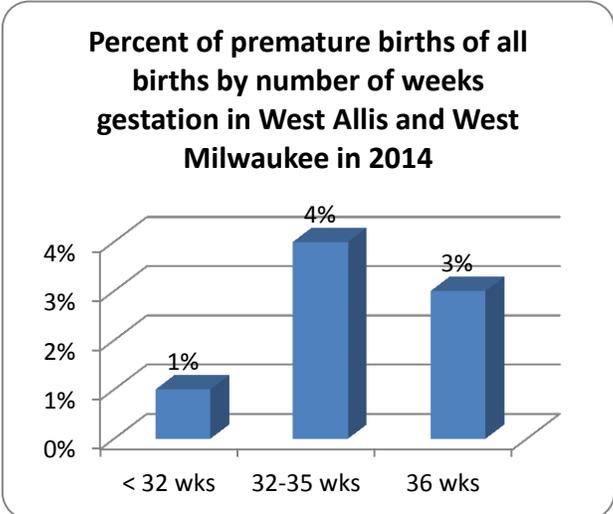


Birth Outcomes: Low Birth Weight, Premature Births

Low birth weight infants born to West Allis and West Milwaukee mothers 2010-2014			
Year of Birth	under 1,000 grams	1,000-1,499 grams	1,500-2,499 grams
2010	5	5	54
2011	5	5	43
2012	5	2	66
2013	7	9	56
2014	4	5	39

Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)

Infants born weighing less than 2,500 grams or 5.5 pounds are considered low birth weight babies. Low birth weight babies are often at an increased risk for serious health problems that may put them in the Neonatal Intensive Care Unit (NICU) and can potentially leave them with long-term disabilities or other problems later on in life.



Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)

A normal gestational period is 40 weeks. A premature birth is defined as delivering a baby before 37 weeks. Similar to low birth weight babies, premature babies may experience health problems that term babies may not, therefore increasing their chance of longer hospital stays and admission to the NICU. In West Allis and West Milwaukee, there were a total of 61 premature babies born in 2014. Of these 61 premature births, 16% were born at less than 32 weeks, over 50% were born between 32 and 35 weeks gestation, and about 31% of babies were born at 36 weeks.

Infant Mortality and SUID/SIDS

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. Maternal characteristics that may affect infant mortality include age, education, smoking status, and timing of prenatal care.

- The West Allis and West Milwaukee infant mortality rate for 2014 per 1,000 live births is 9.3, compared to Wisconsin’s infant mortality rate of 5.7 for the same year.



- As another comparison, West Allis and West Milwaukee's infant mortality rate in 2010 was 9.0. (1)

The sudden and unexpected death of an infant, whether explained or unexplained, is referred to as Sudden Unexpected Infant Death (SUID). SUID includes Sudden Infant Death Syndrome (SIDS), but the two are not interchangeable. (25)

- From 2010 to 2014, there were 7 infant deaths, under the age of 1 year, related to SIDS in West Allis. (26)

Types of SUIDs:

- SIDS: sudden infant death in infants (<1 years old) that cannot be explained after thorough investigation which includes an autopsy, an examination of death scene, and review of clinical history.
- Accidental suffocation and strangulation in bed which can happen by means of soft bedding, overlay, wedging or entrapment, or strangulation.
- Unknown reasons because an investigation was not done and death was undetermined. (25)

An infant death is a devastating outcome for families. Though there may be no certain way to prevent SIDS, there are ways to reduce the risk of SIDS and infant deaths related to sleeping practices. Cribs, Pack 'n Plays and bassinets are all safe options for an infant to sleep. Bassinets can be used up to 3-4 months of age, and no longer than 6 months as infants are usually able to roll by that age. The West Allis Health Department provides Pack 'N Plays to program-eligible residents through the Cribs for Kids program to promote safe sleep in the community.

- *According to the 2015 West Allis-West Milwaukee Community Health Assessment Survey, 100% of respondents reported when their child was a baby, the infant usually slept in a crib or bassinette. The children of the respondents at the time of the survey were two or younger.*

Health Disparities

Pregnancy-related health consequences are influenced by a woman's health condition as well as by other factors such as race, ethnicity, age, and income. Differences in health status, risks, and outcomes related to these and other social determinants still persist and can significantly affect access to health care which may impact birth outcomes. There is a disparity when a health outcome is seen to a greater or lesser extent between certain populations as defined by race or socioeconomic levels. The following chart shows racial disparities at birth in the West Allis and West Milwaukee communities in 2014.

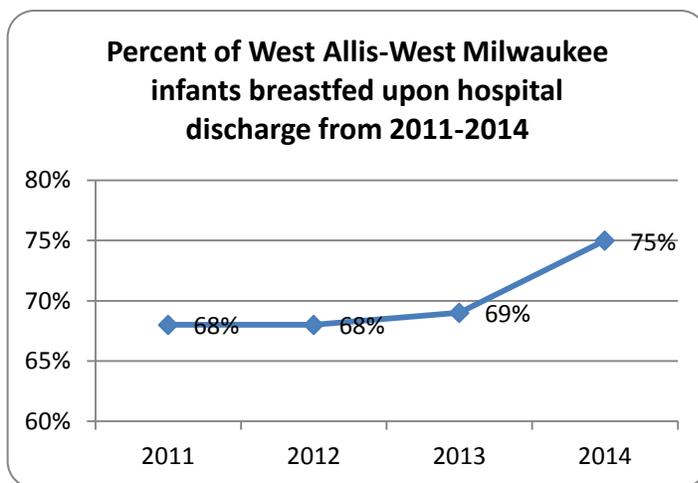


Infant mortality rate and percent of low birth weight and premature births by mother's race and ethnicity in West Allis and West Milwaukee in 2014			
	Infant Mortality Rate	Low Birth Weight	Premature Birth
White (Non-Hispanic)	7.7	5.2%	6.4%
Hispanic	24.4	8.9%	13.0%
Black	x	11.3%	13.2%
American Indian	x	x	33.0%

Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)

 **Breastfeeding**

Breast milk is the ideal source of nutrition for most infants as it provides the right blend of calories, proteins, and even antibodies to help fight off infection. Breastfeeding also provides health benefits for mothers as well. It reduces risks of breast and ovarian cancer, type II

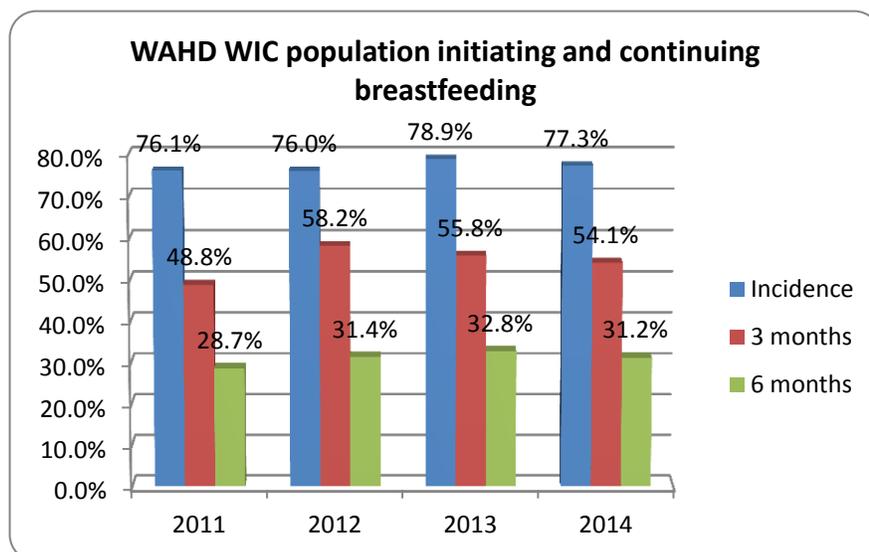


diabetes, and postpartum depression. (27) Breastfeeding also is economical as it does not cost much to breastfeed. Unless medically contraindicated, it is recommended to breastfeed exclusively until 6 months and then to 12 months with the introduction of solid foods at around month 6.

In the West Allis and West Milwaukee communities, there has been an increase in infants who were breastfed upon hospital discharge.

Source: Wisconsin Interactive Statistics on Health, Birth Counts Module (1)

The West Allis Health Department WIC program encourages pregnant women to breastfeed whenever possible. The majority of women in this population generally initiated breastfeeding at birth but in 2014 only 31.2% of those women continued breastfeeding their infant at 6 months.



Source: Wisconsin WIC Program, ROSIE (10)



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Communicable Disease

Sexually Transmitted Diseases
Vaccine Preventable Communicable Diseases
Tuberculosis
Hepatitis
Emerging Diseases



Communicable Disease

Communicable diseases, also known as infectious or transmissible diseases, are illnesses due to a specific infectious agent or its toxic products that arise through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host. This transmission may occur either directly or indirectly through an intermediate plant or animal host, vector or the inanimate environment. Infections may range in severity from asymptomatic (meaning without symptoms) to severe and even fatal. (1)

Disease-causing biologic agents include viruses, bacteria, fungi, protozoa, multicellular parasites, and abnormal proteins known as prions. Transmission of these biologic agents can occur in a variety of ways, including:

- Direct physical contact with an infectious person.
- Consuming contaminated foods or beverages.
- Contact with contaminated body fluids.
- Contact with contaminated inanimate objects (doorknobs, table top, etc.)
- Airborne (inhalation).
- Being bitten by an infected animal, insect, or tick.

Some disease agents can be transmitted from animals to humans, and some of these agents can be transmitted in more than one way. (2)

Communicable Disease at a Glance

Key Findings

- ❖ 220 cases of Chlamydia were reported to the West Allis Health Department in 2015 making it the most reported disease in West Allis and West Milwaukee.
- ❖ The number of Hepatitis C cases in West Allis-West Milwaukee increased from 35 in 2012 to 60 in 2015 and has steadily increased for 20-39 and 60-69 year olds from 2010 to 2015.
- ❖ 52 cases of Gonorrhea were reported in 2015.
- ❖ Influenza-associated hospitalizations cases decreased in 2015 to 31 from a high of 68 in 2014.
- ❖ New infectious diseases continue to emerge and public health needs to remain vigilant in efforts to contain and control these diseases.
- ❖ 4 active Tuberculosis cases were reported in 2015.



Top Ten Reportable Communicable Diseases

The Wisconsin Electronic Disease Surveillance System or WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. (3) Requirements for the timing of reporting, once the disease or condition is recognized or suspected, vary by disease. All individual communicable disease reports to the West Allis Health Department are followed up by a public health nurse to ensure the case meets the communicable disease category of confirmed, suspect, probable, or not a case. The public health nurse will investigate to try to find the source of the infection as well as provide specific education as needed. A list of reportable communicable diseases and the time frame for reporting can be found at <https://www.dhs.wisconsin.gov/disease/diseasereporting.htm>.

Below is a list of the top ten most reported diseases occurring in West Allis and West Milwaukee (WAWM) in 2015 and a comparison of each disease by the rate per 100,000 population in WAWM and Wisconsin (WI).

Top ten most reported diseases occurring in West Allis and West Milwaukee (WAWM) in 2015 and a comparison of the rates for listed diseases per 100,000 in WAWM and Wisconsin (WI)			
	Number of cases in WAWM	Rate per 100,000 population in WAWM	Rate per 100,000 population in WI
Chlamydia	220	339.46	428.06
Hepatitis C (acute and chronic)	60	92.58	63.92
Gonorrhea	52	80.24	93.60
Pertussis (whooping cough)	35	54.00	12.51
Influenza-Associated Hospitalization	31	47.83	40.97
Mycobacterial Disease (non-tuberculous)	19	29.32	18.06
Salmonellosis	9	13.89	16.78
Campylobacteriosis	8	12.34	24.77
Streptococcal Disease, Invasive, Group B	7	10.80	9.03
Streptococcus Pneumoniae, Invasive Disease	6	9.26	7.56

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2015

Sexually Transmitted Infections (STIs)

Sexually transmitted infections (also known as STIs, or STDs for sexually transmitted diseases, or VD for venereal diseases) are infections that have a high probability of being spread from person to person through sexual contact. The term STI is broader and more encompassing because some infections are curable and may not cause any symptoms. If the infection results in altering the typical function of the body, it is then called a disease. (4)



- **Chlamydia** is caused by a bacterium called *Chlamydia trachomatis*. It is the most commonly reported STD in Wisconsin. (5)
- **Gonorrhea** is caused by a bacterium called *Neisseria gonorrhoeae*. It is the second most commonly reported STD in the state. (6)
- **Syphilis** is caused by the corkscrew-shaped bacterium called *Treponema pallidum*. The number of syphilis cases in Wisconsin has been decreasing, yet syphilis prevention remains important because of the serious consequences of untreated or inadequately treated syphilis and its role as a potential risk factor for HIV infection and transmission. (7)

The total number of chlamydia and gonorrhea cases in West Allis and West Milwaukee from 2011 to 2015 is listed in the chart below.

Total Chlamydia, Gonorrhea, and Syphilis confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Chlamydia	207	217	201	206	220
Gonorrhea	36	42	30	31	52
Syphilis	0	4	6	1	3

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015

Vaccine Preventable Communicable Diseases

Vaccine-preventable disease levels are at or near record lows. Although most infants and toddlers have received all recommended vaccines by age 2, there remains a significant portion of under-immunized children, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing the opportunity to protect themselves against diseases such as Hepatitis B, influenza, and pneumococcal disease. (8)

Below is a partial list of the most common vaccine preventable communicable diseases in our area along with available statistics from the West Allis Health Department regarding the incidence of disease.

- **Pertussis**, otherwise known as whooping cough, is a highly contagious respiratory tract infection. Although it initially resembles an ordinary cold, whooping cough may eventually turn more serious, particularly in infants. The childhood vaccine is called DTaP. The whooping cough booster vaccine for adolescents and adults is called Tdap. (9)

Total Pertussis confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Pertussis	2	105	11	17	35

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015



- **Parapertussis** is similar to pertussis, but is less severe. The pertussis vaccine does not protect against parapertussis. (10)

Total Parapertussis confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Parapertussis	1	2	0	3	0
<i>Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015</i>					

- **Measles** is highly contagious and is the most deadly of all childhood rash/fever illnesses. It occurs most often in the late winter and spring. It begins with a fever that lasts for a couple days, followed by a cough, runny nose, conjunctivitis (red eyes), and a rash. To prevent measles, children should be vaccinated with the measles, mumps, and rubella (MMR) vaccine. (11)

Total Measles confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Measles	0	0	0	0	0
<i>Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015</i>					

- **Mumps** is best known for the puffy cheeks and swollen jaw it causes as a result of swollen salivary glands. Other symptoms include fever, headache, muscle aches, tiredness, and loss of appetite. The mumps disease can be prevented by the MMR vaccine. (12)

Total Mumps confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Mumps	0	0	0	0	0
<i>Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015</i>					

- **Varicella**, also known as Chickenpox, is a highly contagious disease caused by the varicella-zoster virus, a member of the herpes virus family. It causes a blister-like rash, itching, tiredness, and fever. Chickenpox can be serious and even life-threatening, especially in babies, adults, and people with weakened immune systems. Children, adolescents, and adults should receive the varicella vaccine unless they have a documented history of chickenpox. (13) People who have had chicken pox may have it reappear later in life as shingles. Shingles, also known as zoster or herpes zoster, is a painful skin rash. The risk of getting this disease increases with age.



Total Varicella confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Varicella	0	2	2	6	1

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015

- Pneumococcal disease** is caused by a bacterium known as *Streptococcus pneumoniae*, or pneumococcus. Pneumococcal infections can range from ear and sinus infections to meningitis, pneumonia, and bloodstream infections. Children younger than 2 years old and adults 65 years and older are among those most at risk for disease. (14)

Total Streptococcus Pneumoniae, Invasive Disease , confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Streptococcus Pneumoniae, Invasive Disease	10	6	4	7	6

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015

- Influenza (flu)** is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older adults, young children, and people with certain health conditions are at high risk for serious flu complications.

Total Influenza-Associated Hospitalization cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Influenza-Associated Hospitalizations	20	21	26	68	31

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015

Tuberculosis

- Tuberculosis (TB)** is a disease caused by a bacterium called *Mycobacterium tuberculosis*. TB bacteria usually attack the lungs, but can attack any part of the body such as the kidney, spine, and brain. General symptoms of TB disease include unexplained weight loss, loss of appetite, night sweats, fever, fatigue, chills, coughing for more than three weeks, and hemoptysis (coughing up blood). TB is spread through the air from one person to another. If not treated properly, TB disease can be fatal. (15)
- Not everyone infected with TB bacteria becomes sick. Persons with **latent TB infection (LTBI)** do not feel sick and do not have any symptoms. They are infected with *Mycobacterium tuberculosis* but do not have TB disease. Persons with latent TB infection are not infectious and cannot spread TB infection to others. Without treatment, 5-10% of infected persons will develop TB disease. (16)



- **Non-tuberculosis mycobacterial (NTM) lung infections** are due to non-tuberculosis mycobacteria, naturally occurring organisms found in the water and soil. Lung infection occurs when a person inhales the organism from their environment. Most people do not become ill but if susceptible, a slowly progressive and destructive respiratory disease can occur. Treatment requires antibiotics for 1-2 years. NTM can affect any age group however, it occurs more often in older adults. (17)

The total number of Tuberculosis, latent Tuberculosis, and non-tuberculosis mycobacterial disease cases in West Allis and West Milwaukee from 2011 to 2015 is listed in the following table.

Total Tuberculosis, Latent Tuberculosis Infection (LTBI), and Non-tuberculosis Mycobacterial Disease confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Tuberculosis	1	1	1	1	4
Latent Tuberculosis Infection	5	2	4	2	4
Non-tuberculosis Mycobacterial Disease (NTM)	24	24	23	21	19

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015

Hepatitis

Hepatitis means inflammation of the liver and also refers to a group of viral infections that affect the liver. The most common types are Hepatitis A, Hepatitis B, and Hepatitis C. Viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation. An estimated 4.4 million Americans are living with chronic hepatitis; most do not know they are infected. About 80,000 new infections occur each year. (18)

Each type of hepatitis is caused by a different virus and spread in different ways. Hepatitis A does not cause a long-term infection, although it can make people very sick. Hepatitis B and Hepatitis C can become chronic, life-long infections and lead to serious health problems. Chronic hepatitis is a leading cause of liver cancer. Chronic hepatitis can cause serious damage to the liver, including liver damage, cirrhosis, and even liver cancer. (19)

- **Hepatitis A (HAV)** is a liver disease caused by the Hepatitis A virus. The Hepatitis A virus enters through the mouth, multiplies in the body, and is passed in the stool, which becomes highly infectious. If careful hand washing with soap is not done, the virus can then be carried on an infected person's hands. The virus can then spread to others by direct contact or by consuming food or drink that has been handled by that infected individual. Because the virus is passed in the stool, children with Hepatitis A who are not toilet trained can also be a source of infection. A vaccine is available for long-term prevention in persons one year and older. (19)



- **Hepatitis B (HBV)** is a viral illness that can be acute or chronic. It is generally spread through sexual contact with an infected person or by sharing needles, syringes, or other drug-injection equipment. Hepatitis B can also be passed from an infected mother to her baby at birth and pose a serious risk to the infant. (20)
- **Perinatal Hepatitis B** transmission from mother to baby can be prevented by identifying HBV-infected pregnant women and providing hepatitis B immune globulin and hepatitis B vaccine to their infants within 12 hours of birth. (21)
- **Hepatitis C (HCV)** is spread primarily by exposure to human blood from an infected person including through the use of needles. It can also be spread sexually or from an infected mother to her infant. There is no current vaccine for Hepatitis C. (22)

Total Hepatitis A, B, C confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Hepatitis A	0	0	0	0	0
Hepatitis B (acute, chronic, or unspecified)	5	1	1	4	5
Perinatal Hepatitis B	0	0	0	0	0
Hepatitis C (acute and chronic)	40	35	40	51	60

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015

Number of Hepatitis C confirmed and probable cases (acute and chronic) by age group						
	2010	2011	2012	2013	2014	2015
< 10 year	0	1	0	0	0	1
10-19 years	0	0	0	0	1	0
20-29 years	5	8	9	13	14	17
30-39 years	2	6	7	8	7	12
40-49 years	9	4	5	2	4	7
50-59 years	12	14	8	9	20	10
60-69 years	2	5	4	6	3	12
70-79 years	0	1	2	2	2	0
80-89 years	0	1	0	0	0	1
Total	30	40	35	40	51	60

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015

Lyme Disease

Lyme disease is caused by a bacterium, *Borrelia burgdorferi*, transmitted to humans by a tick commonly called the blacklegged or deer tick. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash. If left untreated, the infection can spread to joints, the



heart, and the nervous system. Diagnosis of Lyme disease is based on symptoms, physical findings (e.g., rash), and the possibility of exposure to infected ticks. (23)

Total number of Lyme Disease confirmed, probable, or suspect cases in West Allis and West Milwaukee residents from 2011 to 2015					
	2011	2012	2013	2014	2015
Lyme Disease	8	2	4	3	2

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015

 **Emerging Diseases**

Infectious diseases are a continuing danger. Some have been effectively controlled, yet new diseases are constantly appearing. Below are a few of the emerging diseases impacting the United States.

- **Middle East Respiratory Syndrome (MERS)** is a viral respiratory illness new to humans. It was first reported in Saudi Arabia in 2012 and is caused by a virus called Middle East Respiratory Syndrome Coronavirus (MERS-CoV). MERS affects the respiratory system. Most people affected with MERS develop severe acute respiratory illness, including fever, cough, and shortness of breath. About 3-4 of every 10 patients have died. (24)
- **Ebola** was first discovered in 1976 in Africa. It is a rare and deadly disease caused by infection with one of the Ebola virus species. There are five identified Ebola virus species; four of which are known to cause disease in humans. Symptoms include fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal pain, and unexplained hemorrhage which may appear anywhere from 2-21 days after exposure to Ebola. People can contract Ebola through direct contact with: blood or body fluids of a person sick with or has died from Ebola; objects contaminated with body fluids from a person sick with Ebola or the body of a person who has died from Ebola; infected fruit bats or primates; and possibly from contact with semen from a man who has recovered from Ebola (25)
- **Avian Influenza** refers to the disease caused by infection with avian (bird) influenza (flu) Type A viruses. These viruses occur naturally among wild aquatic birds worldwide and can infect domestic poultry and other bird and animal species. Avian flu viruses do not usually infect humans; however, sporadic human infections with avian flu viruses have occurred. Most human infections with avian influenza A viruses have occurred following direct or close contact with infected poultry. Illness in humans has ranged from mild to severe with symptoms ranging from conjunctivitis to influenza-like illness to severe respiratory illness with multi-organ disease, sometimes accompanied by nausea, abdominal pain, diarrhea, vomiting, and sometimes even neurologic changes. (26)



- **Zika virus** is spread to people mainly through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain, and conjunctivitis. The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. The outbreak in Brazil led to reports of Guillain-Barré syndrome and pregnant women giving birth to babies with birth defects and poor pregnancy outcomes. (27)
- **Elizabethkingia** is a bacteria preferentially causing illness among immune compromised individuals or patients with underlying medical conditions such as cancer, diabetes, chronic renal disease, alcohol dependence, alcoholic cirrhosis, and is associated with high mortality. The signs and symptoms of illness that can result from exposure to the bacteria can include fever, shortness of breath, chills or cellulitis. Confirmation of the illness requires a laboratory test. Early detection and treatment with an effective antibiotic regimen is important to increase the probability of good outcomes. (28)

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Environmental Health

Food Safety
Food Allergens
Lead
Mold
Radon
Rodents
Rabies

Smoke Detectors and Carbon Monoxide Detectors
Air Pollution



Environmental Health

Environmental health is the branch of public health that is concerned with all aspects of the natural and built environment that may affect human health. Environmental health addresses all health-related aspects of the natural environment and the built environment. This includes: air quality, animal control/rabies, disaster preparedness and response, food safety, hazardous materials management, housing, childhood lead poisoning prevention, noise pollution control, occupational health and industrial hygiene, recreational water illness prevention, safe drinking water, solid waste management, toxic chemical exposure, and vector control.

Environmental Health at a Glance

Key Findings

- ❖ Poor personal hygiene accounted for more than 50% of the critical violations recorded at food establishments in West Allis in 2015.
- ❖ Almost 6% of West Allis-West Milwaukee students have some type of food allergy.
- ❖ 95.2% of residential parcels in West Allis were built prior to lead paint being banned in 1978.
- ❖ 38.8% of homes in the 53227 zip code area tested at or above the recommended radon limit of 4.0pCi/L.
- ❖ 90 rat complaints were received by the West Allis Health Department in 2015.
- ❖ In 2015, 64 dog bites were reported to the West Allis Health Department.
- ❖ The West Allis Fire Department received calls for 539 residential falls for residents 65 years of age and older .
- ❖ In 2015, 351 smoke alarms and 20 CO alarms were provided to residents as part of a two day, door-to-door campaign conducted by the West Allis Fire Department.
- ❖ In Milwaukee County, the average daily density of fine particulate matter in the air is 12.3 $\mu\text{g}/\text{m}^3$ compared to 11.5 average in Wisconsin.

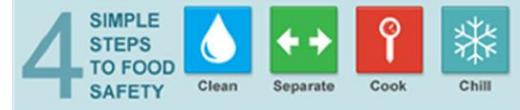


Food Safety

Whether eating out or dining at home, food safety is an important part of environmental and public health. Foodborne illness can be defined as consuming contaminated food or drink. The Centers for Disease Control and Prevention estimates that each year roughly 1 in 6 Americans, or 48 million people get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. (1)

Challenges to food safety include:

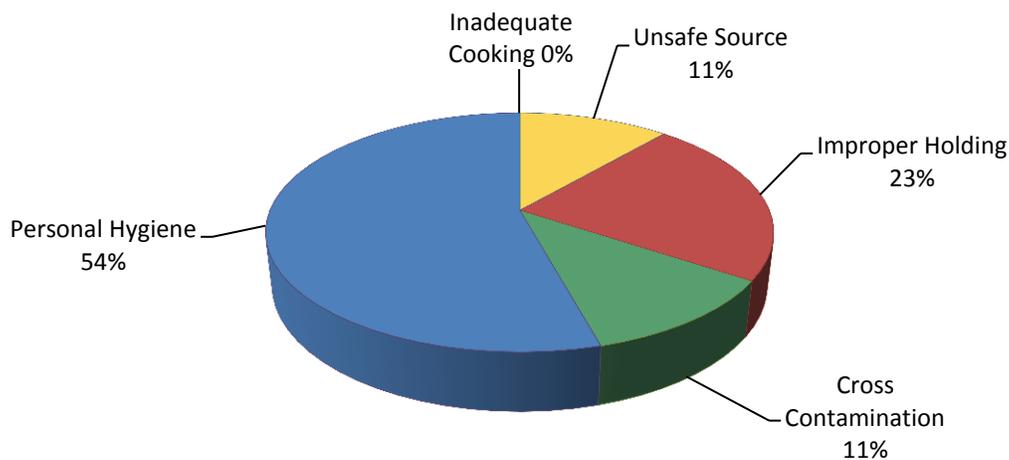
- Changes in our food production and supply, including more imported foods (longer time between food harvest to fork).
- Changes in the environment like flooding and freezing leading to food contamination.
- Rising number of multistate outbreaks.
- New and emerging bacteria, toxins, and antibiotic resistance.
- New and different contaminated foods, such as organic sprouted chia powder and prepackaged caramel apples, causing illnesses. (2)



1. **Clean:** wash your hands, prepping surfaces, and utensils correctly and often
2. **Separate:** keep foods separated, raw foods like meat and chicken can spread disease
3. **Cook:** Keep cold foods cold (below 41°F) and hot foods hot (above 135°F); fully cook food to appropriate temperature; use a thermometer
4. **Chill:** Thaw foods in refrigerator or under running water; do not thaw at room temperature; limit foods out at room temperature to less than 2 hours

The Centers for Disease Control and Prevention (CDC) has identified risk factors associated with foodborne illness. Below is a graph of the CDC risk factors found during inspections in food establishments in West Allis.

Percent of CDC foodborne illness risk factors found in West Allis food establishments in 2015



Source: West Allis Health Department Statistics



Violations classified under poor personal hygiene include improper or no hand washing, no soap and paper towels at the hand washing sink, and eating/drinking/smoking in food preparation areas. Poor personal hygiene accounts for more than 50% of the CDC risk factor violations recorded at food establishments in West Allis in 2015.

 **Foodborne Illness**

The West Allis Health Department is tasked with tracking infectious disease. For certain diseases such as those listed below, a high-risk assessment is needed to determine if the patient or member of a patient’s household is employed in food handling, daycare, or healthcare. Investigation by the local health department is also needed to determine the source of the disease. (3)

- **Campylobacteriosis** – Most people who become ill get diarrhea, cramping, abdominal pain and fever within 2-5 days after exposure to the organism. Diarrhea may be bloody and can be accompanied by nausea and vomiting. The illness typically lasts about one week. (4)
- **E.Coli, Shiga Toxin-Producing (STEC)** – *E. coli* can be transmitted through contaminated water or food, or through contact with animals or persons. Shiga toxin-producing *E. coli* (STEC) is the one most commonly heard about in the news in association with foodborne outbreaks. The symptoms of STEC infections vary for each person, but often include severe stomach cramps, diarrhea (often bloody), and vomiting. If there is fever, it usually is not very high (less than 101°F/less than 38.5°C). Most people get better within 5-7 days. Some infections are very mild, but others are severe or even life-threatening. (5)
- **Salmonellosis** – Estimated to cause one million foodborne illnesses in the United States each year. Most infected persons develop diarrhea, fever, and abdominal cramps 12-72 hours after infection with illnesses usually lasting 4-7 days. (6)
- **Shigellosis** – Shigellosis is an infectious disease caused by a group of bacteria called *Shigella* (shih-GEHL-uh). Most persons who are infected with *Shigella* develop diarrhea, fever, and stomach cramps starting a day or two after they are exposed to the bacteria. Shigellosis usually resolves in 5 to 7 days. Some people who are infected may have no symptoms at all, but may still pass the *Shigella* bacteria to others. (7)

Number of specific foodborne-related illnesses of West Allis (WA) and West Milwaukee (WM) residents from 2011 to 2015 requiring follow-up by the West Allis Health Department

	2011	2012	2013	2014	2015
Campylobacteriosis	2	3	8	7	8
E.Coli, Shiga Toxin-Producing (STEC)	1	4	1	3	2
Salmonellosis	2	6	10	5	10
Shigellosis	0	1	1	3	1

Source: Wisconsin Electronic Disease Surveillance System (WEDSS) 2011-2015



Outbreaks of gastroenteritis in long-term care facilities (LTCFs) are not uncommon, and can become epidemic during the winter and early spring. Noroviruses cause most of these outbreaks, and they are almost always transmitted from person-to-person, Contamination of the environment plays a key role in transmission. Only occasionally is an outbreak in a LTCF caused by contaminated food.

- Noroviruses** are a group of viruses that cause acute gastroenteritis in humans, often referred to as “stomach flu”. The norovirus enters through the mouth, multiplies in the body, and is passed in the highly infectious stool or vomit of an infected person. If careful hand washing with soap is not done, the virus can be carried on an infected person’s hands. If the infected person then handles food or drink that someone else consumes, the virus can be transmitted to others. Food associated outbreaks have been linked to cold prepared, ready-to-eat foods (e.g., salads, coleslaw, sandwiches or desserts) and shellfish harvested in contaminated waters. Outbreaks have also been associated with drinking water and recreational water (e.g., swimming ponds and beaches) where persons may have ingested water contaminated with fecal matter from an infected person. Thorough hand washing following toilet use and before handling food is the best way to prevent the spread of these viruses. (8)

Number of long term care facility norovirus outbreaks and gastrointestinal illness (GI) in West Allis (WA) and West Milwaukee (WM) 2011 to 2015					
	2011	2012	2013	2014	2015
Norovirus outbreaks	3	5	2	4	5
GI Illness (negative norovirus)	2	1	5	1	2

Source: West Allis Health Department Statistics

The table to the left details the number of long term care facility norovirus outbreaks that occurred in West Allis and West Milwaukee from 2011-2015.

 **Food Allergens**



Each year, millions of Americans have allergic reactions to food. Although most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe reactions and may even be life-threatening. The major food allergens, known as the “Big 8” (see picture to the left), account for 30,000 emergency room visits, 2,000 hospitalizations, and 150 deaths annually in the United States. Symptoms often include difficulty breathing (constricted airways), closing of the throat, and severe decrease in blood pressure, which can result in anaphylactic shock. (9)



In 2004, Congress passed the Food Allergen Labeling and Consumer Protection Act (FALCPA). This act put into place very strict requirements for labeling of food and food products. Typically one can see the list of ingredients in the “contains” statement, for example: “contains milk and soy”.

Although questions regarding food allergens were not asked in the Community Health Survey, data from the West Allis Fire Department and the West Allis-West Milwaukee School District show this is a concern.

- From 2011 to 2015, the West Allis Fire Department had approximately 43 calls related to allergic reactions with food or food products.
- According to the annual West Allis-West Milwaukee School District health questionnaire, in the 2015-2016 school year, 537 of 9,531 or 5.6% of students reported having some type of a food allergy.

Healthy Homes

A healthy homes approach is a coordinated, comprehensive, and holistic approach to preventing diseases and injuries that result from housing-related hazards and deficiencies. It encompasses many aspects of home health and safety including, but not limited to, lead, mold, radon, pests, smoke/carbon monoxide detectors, and air pollution. (10).

According to the Department of Housing and Urban Development the Seven Healthy Homes Principles below can help make a home a healthier place in which to live. (10)

1. Keep your home **Dry**: Damp houses provide a nurturing environment for mites, roaches, rodents, and molds, all of which are associated with asthma.
2. Keep your home **Clean**: Clean homes help reduce pest infestations and exposure to contaminants.
3. Keep your home **Pest-Free**: Recent studies show a causal relationship between exposure to mice and cockroaches and asthma episodes in children. Inappropriate chemical treatment for pest infestations can exacerbate health problems, since pesticide residues in homes pose risks for neurological damage and cancer.
4. Keep your home **Safe**: The majority of injuries among children occur in the home. Falls are the most frequent cause of residential injuries to children, followed by injuries from objects in the home, burns, and poisonings.
5. Keep your home **Contaminant-Free**: Home environmental exposures include lead, radon, pesticides, volatile organic compounds, and tobacco smoke. Exposures to asbestos particles, radon gas, carbon monoxide, and second-hand tobacco smoke are far higher indoors than outside.
6. Keep your home **Ventilated**: Studies show that increasing the fresh air supply in a home improves respiratory health.
7. Keep your home **Maintained**: Poorly-maintained homes are at risk for moisture and pest problems. Deteriorated lead-based paint in older housing is the primary cause of lead poisoning, which affects some 240,000 U.S. children.



 **Lead**

Lead can be found in all parts of our environment. Much of it comes from human activities including burning fossil fuels, mining, and manufacturing. Because of health concerns, lead from gasoline, paints and ceramic products, caulking, and pipe solder has been dramatically reduced or eliminated in recent years (11).

The major cause of lead poisoning in children is lead-based paint in housing, especially housing built before 1950, when lead paint was commonly used. The major source of lead poisoning in the U.S. is ingestion of lead dust from lead paint. In the early 1950s, the paint industry began reducing lead content, although many paints still contained harmful amounts of lead. Federal regulations limited lead content in 1972 and effectively banned lead in residential paints in 1978. It is likely all houses built before 1978 contain some lead-based paint.



The presence of lead-based paint is not a hazard – 40% of all U.S. housing contains some leaded paint. However, most children with elevated lead levels are poisoned in their own homes because of peeling lead-based paint and the lead dust it generates. Young children usually are poisoned through normal hand-to-mouth activity, as lead dust settles on their toys and the floor. Children may also be seriously poisoned by eating lead-based paint chips, but this is relatively rare. The number one way lead dust is created is through friction, such as the sliding up and down of lead painted windows. (12)

Percent of residential homes built prior to 1950 and 1978 in West Allis and West Milwaukee		
	Built prior to 1950	Built prior to 1978
West Allis	58.1%	95.2%
West Milwaukee	59.5%	88.0%

Source: City of West Allis Assessor Office; U.S. Census

Wisconsin Statute 254.11 defines lead poisoning or lead exposure as a level of lead in the blood of 10 or more micrograms per 100 milliliters of blood. (13) New CDC guidelines use 5 micrograms per deciliter (µg/dL) to identify children with increased blood lead levels. No safe blood lead level in children has been identified. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. (14)



Prevalence of elevated blood lead levels among children less than 6 years of age in West Allis-West Milwaukee					
Year	Number of lead tests	Number of elevated results (≥ 10 micrograms/dcl)	Percent of total	Number of elevated results (≥ 5 and < 10 micrograms/dcl)	Percent of total
2011	2,038	38	1.9%	89	4.4%
2012	1,955	31	1.6%	69	3.5%
2013	1,834	42	2.3%	72	3.9%
2014	1,785	27	1.5%	69	3.9%
2015	1,515	10	0.7%	41	2.7%

Source: Wisconsin Department of Health Services Childhood Lead Poisoning Prevention Program

 **Mold**

Molds are fungi that can be found both indoors and outdoors. The key to mold is moisture control. Molds grow best in warm, damp, and humid conditions, and spread and reproduce by making spores. Molds can cause symptoms such as nasal stuffiness, eye irritation, wheezing, or skin irritation. Some people, such as those with serious allergies to molds, may have more severe reactions. Severe reactions may include fever and shortness of breath. Some people with chronic lung illnesses, such as obstructive lung disease, may develop mold infections in their lungs.

- In 2015, West Allis Health Department received 43 phone calls regarding mold concerns.

 **Radon**

Radon is a naturally occurring, odorless, radioactive gas. Five to ten percent of homes in Wisconsin have been found to have radon levels above the U.S. Environmental Protection Agency (EPA) guideline of 4 pCi/L (picoCurie per liter). Radon is the number one cause of lung cancer among non-smokers, according to EPA estimates. Overall, radon is the second leading cause of lung cancer. Radon is responsible for about 21,000 lung cancer deaths every year. About 2,900 of these deaths occur among people who have never smoked (15). Radon can be controlled in any house, and the only way to know the radon level in a house is to measure it yourself or hire a contractor to test for it (16).

- In 2015, the West Allis provided 6 radon kits to residents concerned about radon in their home.

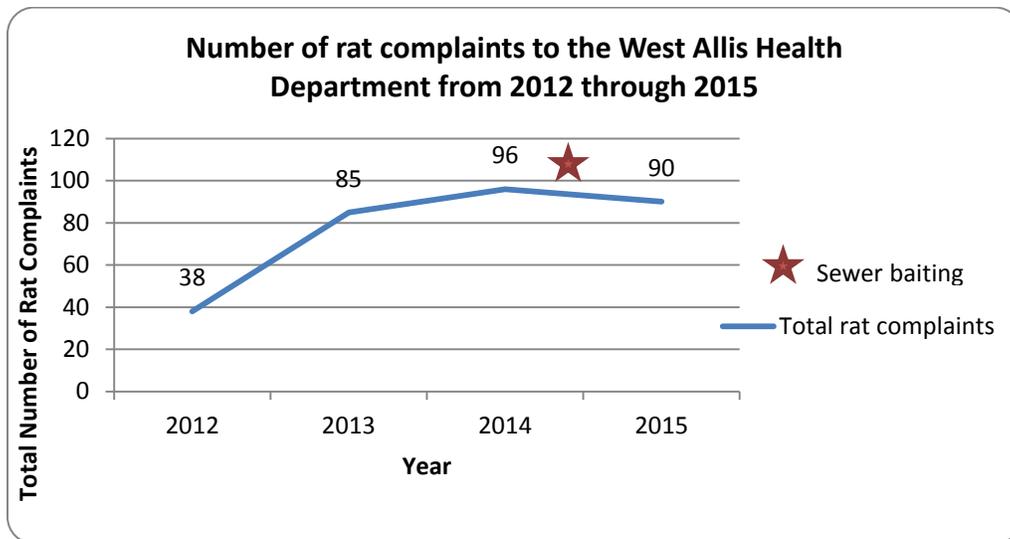


Radon levels in homes tested in West Allis and West Milwaukee zip codes of 53214, 53219, and 53227			
	53214	53219	53227
Average radon level (pCi/L)	3.1	3.11	4.33
Maximum recorded radon level	78.34	23.43	28.8
Number of homes tested	546	445	454
Percent of homes tested at or above 4.0pCi/L	24.5%	24.9%	38.8%

Source: Wisconsin Department of Health Services (17)

 **Rodents**

Worldwide, rats and mice spread over 35 diseases. These diseases can be spread to humans directly, through handling of rodents, through contact with rodent feces, urine, or saliva, or through rodent bites. Diseases carried by rodents can also be spread to humans indirectly, through ticks, mites, or fleas that have fed on an infected rodent. Some of the illnesses associated with rats include rat bite fever (bacteria), salmonellosis, and hantavirus. (18)



The West Allis Health Department rodent baiting program began in June 2014 with the baiting of municipal sewers due to an increase in the number of rat complaints in the community. Approximately 40 sewers and other areas of concern have been baited in the city.

 **Rabies**

Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal. The vast majority of rabies cases reported to the Centers for Disease Control and Prevention (CDC) each year occur in wild animals like raccoons, skunks, bats, and foxes. Dogs, cats and other animals can also get and spread rabies. Due to mandated pet vaccination and



increased education for response to animal bites, the majority of human cases of rabies in the United States are from exposure to bats.

There have been only four documented cases of human rabies in Wisconsin since 1959. Although human rabies cases and deaths are rare, the estimated public health costs associated with disease detection, prevention, and control have risen, exceeding \$300 million annually. These costs include the vaccination of companion animals, animal control programs, maintenance of rabies laboratories, and medical costs, such as those incurred for rabies post exposure prophylaxis (PEP). Although the cost varies, a course of rabies immune globulin and four doses of vaccine given over a two-week period typically exceeds \$3,000. (19)



The West Allis Health Department receives reports of all animal bites or other possible exposures and provides rabies control response. Below is the data of reports received by the West Allis Health Department for 2012 through 2015.

Number of animal bites and exposures (to humans and other animals) in West Allis (WA) and West Milwaukee (WM) reported to the West Allis Health Department 2012-2015						
Year	WA Dog	WM Dog	WA Cat	WM Cat	Bat Testing	Other
2012	37	3	12	2	4	0
2013	49	3	11	1	7*	1 (rat)
2014	59	3	13	0	4	5 (coyote, raccoon)
2015	64	3	9	0	3	5 (raccoon, squirrel)

*1 rabies positive bat

Source: West Allis Health Department Statistics

Smoke Detectors and Carbon Monoxide Detectors

As of February 1, 2011 Wisconsin law requires both smoke alarms and carbon monoxide detectors in almost all one and two family dwellings, regardless of the building's age (State Statute 101.145 Smoke Detectors (20), 101.149 Carbon Monoxide Detectors (21)).

Smoke alarms are the easiest, most cost-efficient way to alert people of a developing fire. According to the National Fire Protection Association, 74% of reported home fire deaths result from fires in homes with no smoke detectors or no working smoke detectors. Each year in the United States, there are over 3,000 fire deaths, 13,000 fire injuries, and \$6.7 billion dollars in property damage. Smoke alarms save lives, reduce injury, and reduce property loss. (22)

Carbon monoxide (CO) gas is the leading cause of accidental poisoning deaths in the United States. Carbon monoxide, an odorless, colorless gas, is produced by common household fuel-



burning appliances. When not properly vented, poison gas from these appliances can build up in a room or building. About 50% of all CO poisonings occur in the home. In homes, carbon monoxide can quickly build up from a poorly vented or malfunctioning heater, furnace, range or any fuel-powered appliance, or even from a car left idling in a garage.

Comparison of emergency room (ER) visits related to carbon monoxide (CO) poisoning in Milwaukee County and Wisconsin 2009-2013	
	Rate of ER visits related to CO poisoning per 100,000
Milwaukee County	8.9
Wisconsin	8.2

Source: 2015 Environmental Health Profile Milwaukee County (23)

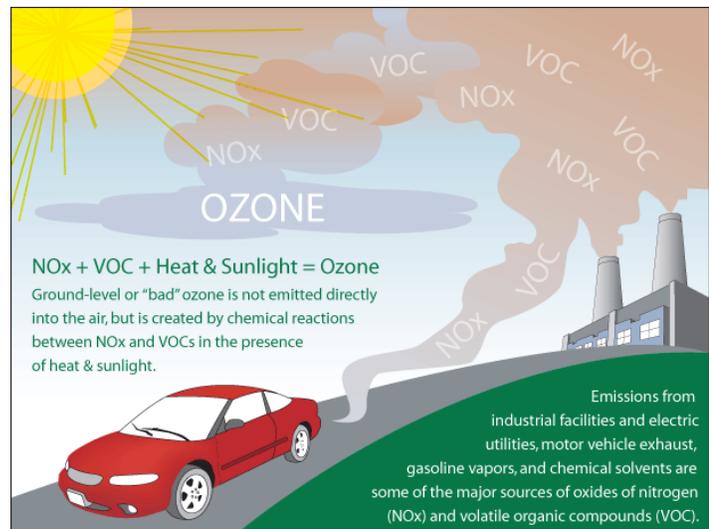
The 2015 Environmental Health Profile of Milwaukee County details the rate of emergency room visits related to carbon monoxide poisoning for Milwaukee County and Wisconsin. The latest rate from a 2009-2013 average are shown in the table to the left.

Carbon monoxide poisoning prevents oxygen from getting to the body. Exposure to low levels of this odorless gas can produce a throbbing headache, dizziness, fatigue, mental confusion, and shortness of breath. Higher exposures result in severe headache, weakness, dizziness, nausea, irregular heartbeat, and unconsciousness. Occasionally, these symptoms can be mistaken for symptoms of the flu. Exposure to very high levels of carbon monoxide can cause seizures, coma, respiratory failure, and death. Exposure during pregnancy is associated with birth defects and fetal death. In addition to the toxic effects of CO, this gas is very flammable and high concentrations may be explosive. (24)

Through a collaborative effort between the West Allis Fire Department and the West Allis Health Department, 441 smoke alarms, 54 carbon monoxide detectors, and 40 smoke alarm batteries were provided to residents in 2015.

Air Quality

Fine particulate matter and ozone are two important pollutants to consider for the health of a community. Particulate matter (PM) describes microscopic particles that settle in our lungs after being inhaled. The “2.5” in PM_{2.5} refers to the size of the particles, smaller than the width of a human hair. Ozone is created as a result of emissions from vehicles and industrial facilities. Particulate matter and ozone can trigger health problems. (23)



The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse



pulmonary effects. Ozone is more the focus in the summer months, while particulate pollution can exist year round in the air.

The 2015 Environmental Health Profile of Milwaukee County details air quality measures for Milwaukee County and Wisconsin. The latest measurements from 2011 are shown in the following table.

Comparison of air quality measures in Milwaukee County and Wisconsin			
	Particulate Matter 2.5 Annual Days Above Standard	Particulate Matter 2.5 Annual Average	Ozone Annual Days Above Standard
Milwaukee County	1.1	11.0	2.0
Wisconsin	0.1	9.4	0.7

Source: 2015 Environmental Health Profile Milwaukee County (23)

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Nutrition and Physical Activity

Fruits and Vegetables
Reading Food Labels
Eating at a Restaurant
Access to Healthy Foods
Physical Activity – Adults
Physical Activity – Children



Nutrition and Physical Activity

Over the past century, deficiencies of essential nutrients have dramatically decreased, many infectious diseases have been conquered, and the majority of the U.S. population can now anticipate a long and productive life. At the same time, the rate of chronic disease – many of which are related to a poor quality diet and physical inactivity – has increased. (1)

Nutrition and Physical Activity at a Glance

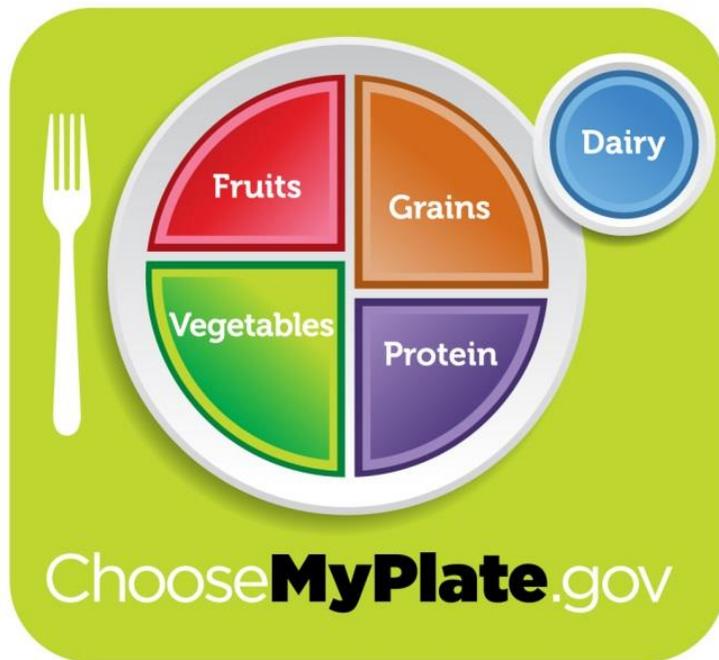
Key Findings

- ❖ 29% of respondents reported three or more servings of vegetables on an average day.
- ❖ 66% of respondents reported at least two servings of fruit on an average day.
- ❖ 80% of children 5 to 17 years old consumed two or more servings of fruit per day.
- ❖ 20% of children 5 to 17 years old consumed three or more servings of vegetables on an average day.
- ❖ 54% of respondents reported when they buy a product for the first time, they often read the nutrition facts label.
- ❖ More females (59%) than males (48%) report they often read the nutrition facts label of a new product.
- ❖ 85% of respondents with children in the household reported two or fewer restaurant meals compared to 75% of respondents without children.
- ❖ West Allis and West Milwaukee do not contain any geographic areas meeting the definition of a food desert.
- ❖ From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported moderate physical activity for at least 30 minutes five times a week.
- ❖ From 2006 to 2015, there was a statistical increase in overall percent of respondents who reported vigorous physical activity for at least 20 minutes three times a week.



Nutrition - Overview

Half of all American adults have one or more preventable, diet-related diseases, including cardiovascular disease, type 2 diabetes, and overweight and obesity. In fact, one-quarter of American adults eat vegetables less than once a day and just over one-third eat fruit less than once a day. (1)



In 2011, the United States Department of Agriculture (USDA) introduced MyPlate incorporating food patterns for the 2010 Dietary Guidelines for Americans. The shape is designed to remind consumers about overall healthy eating concepts. The plate is divided into four unequal sections to represent different food groups. Vegetables make up the largest section, followed by grains. Fruits and vegetables fill half the plate while proteins and grains fill the other half. Dairy is represented by a small circle. (2)

More detail and personalization can be obtained by using the robust

ChooseMyPlate.gov website. On the website, users can create a personalized plan generated for individual needs, or use resources such as the food tracker, food planner, sample menus, and food comparisons. (3)

In January 2016, the ChooseMyPlate.gov website added MyPlate, MyWins: Healthy Eating Solutions for Everyday Life to help consumers meet the 2015-2020 Dietary Guidelines for Americans. (4)



MyPlate, MyWins
Healthy Eating Solutions for Everyday Life
ChooseMyPlate.gov/MyWins

The 2015-2020 Dietary Guidelines are:

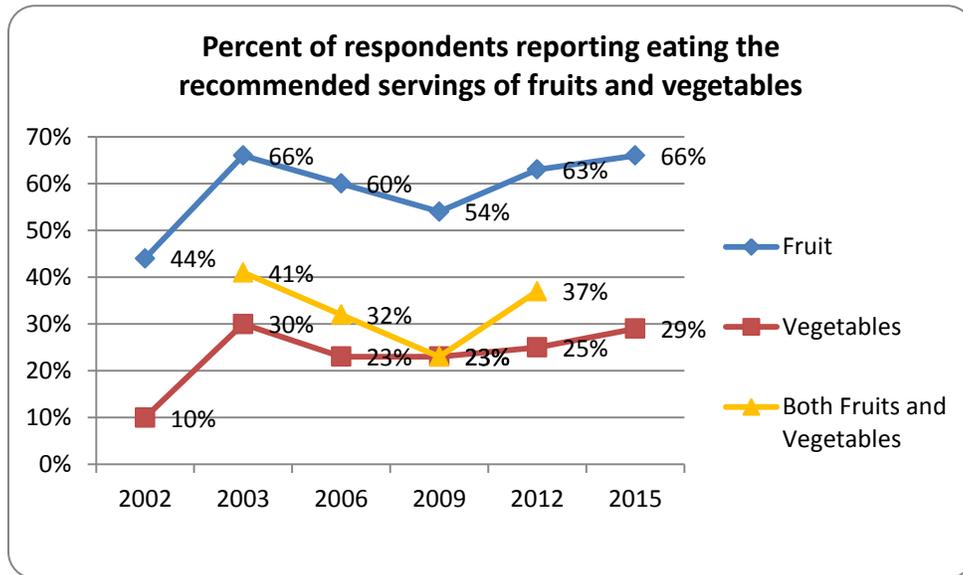
1. Follow a healthy eating pattern across the lifespan.
2. Focus on variety, nutrient density, and amount.
3. Limit calories from added sugars and saturated fats and reduce sodium intake.
4. Shift to healthier food and beverage choices.
5. Support healthy eating patterns for all. (1)



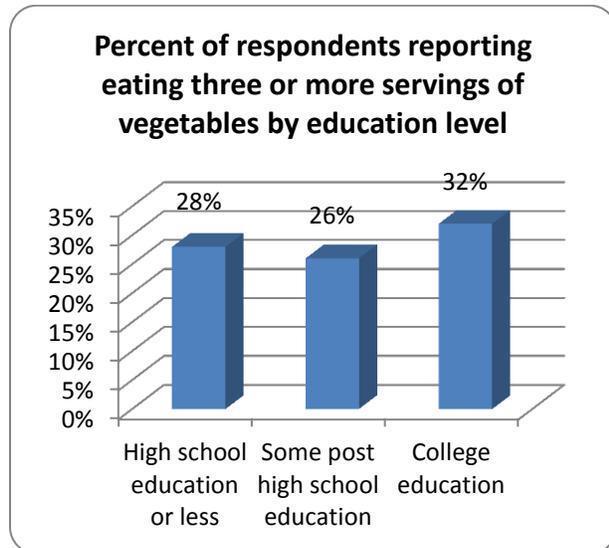
Fruit and Vegetables

The importance of fruits and vegetables in the diet is emphasized both in MyPlate and Dietary Guidelines for Americans. Fruits and vegetables contain vital nutrients for the human body. Consumption of these nutrients lowers the risk for many chronic diseases and can also help with weight management.

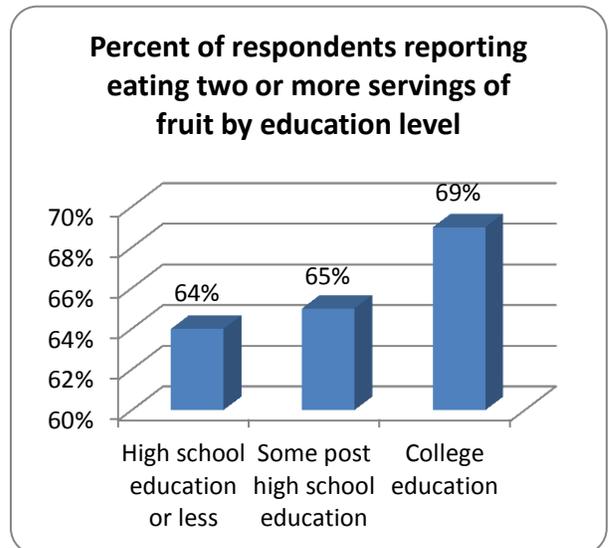
Based on the USDA dietary guidelines, at a minimum, adults should have two and a half to three servings of vegetables each day and two servings of fruit each day. Age, gender, and activity level may change the recommended number of servings. (1)



Source: 2015 West Allis-West Milwaukee Community Health Survey

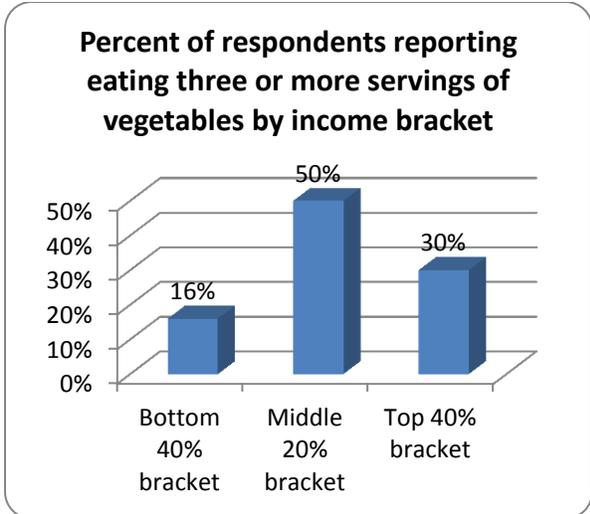


Source: 2015 West Allis-West Milwaukee Community Health Survey

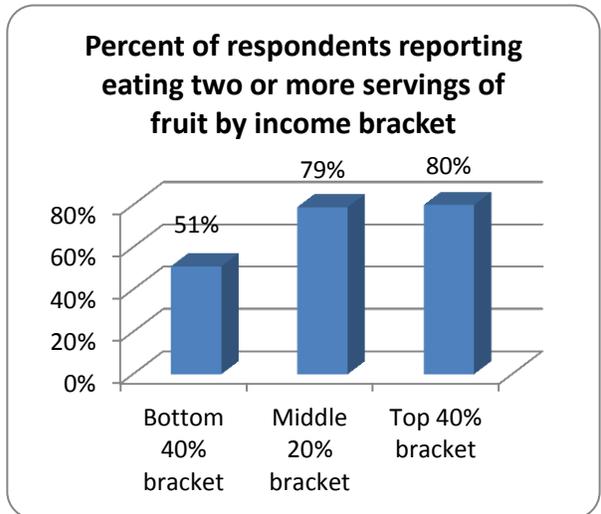


Source: 2015 West Allis-West Milwaukee Community Health Survey





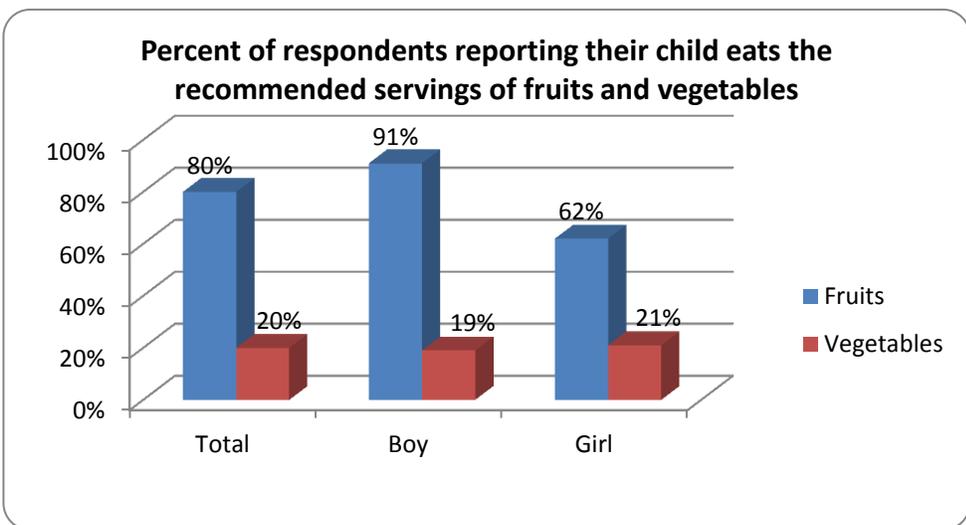
Source: 2015 West Allis-West Milwaukee Community Health Survey



Source: 2015 West Allis-West Milwaukee Community Health Survey

- From 2006 to 2015, there was a noted decrease in the percent of respondents in the bottom 40% household income bracket reporting at least three servings of vegetables per day.
- From 2003 to 2015, there was a noted decrease in the percent of respondents in the bottom 40 percent household income bracket reporting two or more servings of fruit per day.

Nutrition for children is based on the same needs as adults. Dietary guidelines for children two years of age and older include eating more fruits and vegetables to add important nutrients that are underconsumed. These nutrients can reduce the risk of heart disease, stroke, and some cancers, and help manage weight. Additionally, childhood dietary patterns are associated with food patterns later in life. The Centers for Disease Control and Prevention (CDC) reports from 2007-2010, 60% of children, aged 1-18 years, did not meet USDA fruit intake recommendations, and 93% did not meet vegetable recommendations.



Source: 2015 West Allis-West Milwaukee Community Health Survey

- 80% of respondents reported their 5-17 year old child ate two or more servings of fruit on an average day.
- 20% reported their child ate three or more servings of vegetables.



Reading Food Labels

The United States Food and Drug Administration developed the Nutrition Facts Label as an easy tool for making quick, informed food choices that contribute to a healthy diet. Labels are required on all packaged foods, are voluntary for raw foods, and soon may be required for restaurants, retail food establishments, and vending machines. (5)

- *54% of respondents reported when they buy a product for the first time, they often read the food label information, 27% reported sometimes reading the food label, while 19% reported rarely or never.*
- *Female respondents (59%) were more likely to report often reading the nutrition facts label of a new product compared to male respondents (48%).*

Eating at a Restaurant

Most Americans eat too few fruits, vegetables and whole grains, but also consume too much saturated fat, sodium, and added sugar. Americans spend a large share of their food budget (42%) on food away from home, which has been found to be less nutritious than food prepared at home. (6)

Food away from home as a share of household food expenditures has risen steadily since 1970. In 1970, 25.9% of all food spending was on food away from home; by 2012 that share rose to 43.1%. Various nutrition-related issues arise from foods eaten away from home:

- Eating one meal away from home each week translates to roughly two extra pounds of weight gain per year.
- Away-from-home food was also higher in nutrients that Americans over-consume (such as fat and saturated fat) and lower in nutrients that Americans under-consume (calcium, fiber, and iron).
- Meals eaten away from home are shown to have a significant decrease in fruit and vegetable intake along with decreased whole grain and dairy per 1,000 calories. (6)

Access to Healthy Foods

In 2014, the United States Department of Agriculture Economic Research Service found that 14% of households in the United States were food insecure. A food insecure household is defined as a household lacking access, at all times, to enough food to sustain an active, healthy life for all household members. (7)

Limited access to healthy foods is an estimate of the percentage of the population



who are low income and do not live close to a grocery store. Often described as a food desert, “living close to a grocery store” is defined in an urban area as living within one mile of a grocery store. Low income is defined as having an annual family income of less than or equal to 200% of the federal poverty threshold for the family size. There is strong evidence that residing in a food desert is correlated with a high prevalence of overweight, obesity, and premature death.

- County Health Rankings indicate 3% of the total population in Milwaukee County has limited access to healthy foods.
- Currently West Allis and West Milwaukee do not contain any geographic areas meeting the definition of food desert. (8)

County Health Rankings also identifies the percent of the population deemed food insecure – or those who do not have access to a reliable source of food during the past year. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. This measure also addresses the ability of individuals and families to provide balanced meals including the consumption of fruits and vegetables.

- 18% of Milwaukee County Residents are considered food insecure. (8)

Physical Activity - Overview

A large body of evidence now shows that healthy eating patterns combined with regular physical activity can help people achieve and maintain good health and reduce the risk of chronic disease throughout the stages of the lifespan. (1) According to the 2008 Physical Activity Guidelines for Americans, all Americans should be regularly physically active to improve overall health and fitness and to prevent many adverse health outcomes. (9)

Among adults and older adults, physical activity can lower the risk of:

- Early death
- Coronary heart disease
- Stroke
- High blood pressure
- Type 2 diabetes
- Breast and colon cancer
- Falls
- Depression

Among children, physical activity can:

- Improve bone health
- Improve cardiorespiratory and muscular fitness
- Decrease levels of fat
- Reduce symptoms of depression



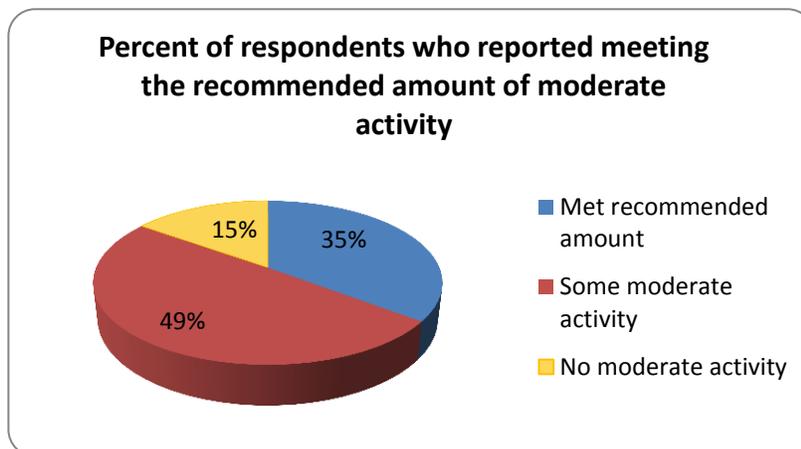
Physical Activity – Adults

Physical activity is anything that gets the body moving. According to the 2008 Physical Activity Guidelines for Americans, there are two types of physical activity a person should do to improve health – aerobic and muscle-strengthening. (9)

For important health benefits, it is recommended that adults engage in:

- 2 hours and 30 minutes of moderate-intensity aerobic activity (brisk walking) every week and muscle-strengthening activities on two or more days a week that work all major muscle groups OR
- 1 hour and 15 minutes of vigorous-intensity aerobic activity (i.e., jogging or running) and muscle-strengthening activities on two or more days a week that work all major muscle groups.

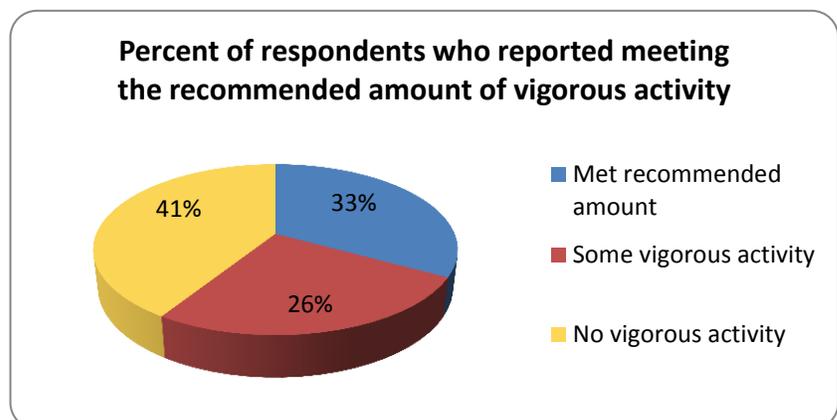
Activity can be spread out during the week and it can be done in small increments of time during the day. For maximum benefit, moderate or vigorous activity should be done for at least 10 minutes at a time. (10)



- 35% of all respondents reported doing moderate physical activity at least five times a week for 30 minutes or more.
- 15% of respondents reported doing no moderate physical activity.

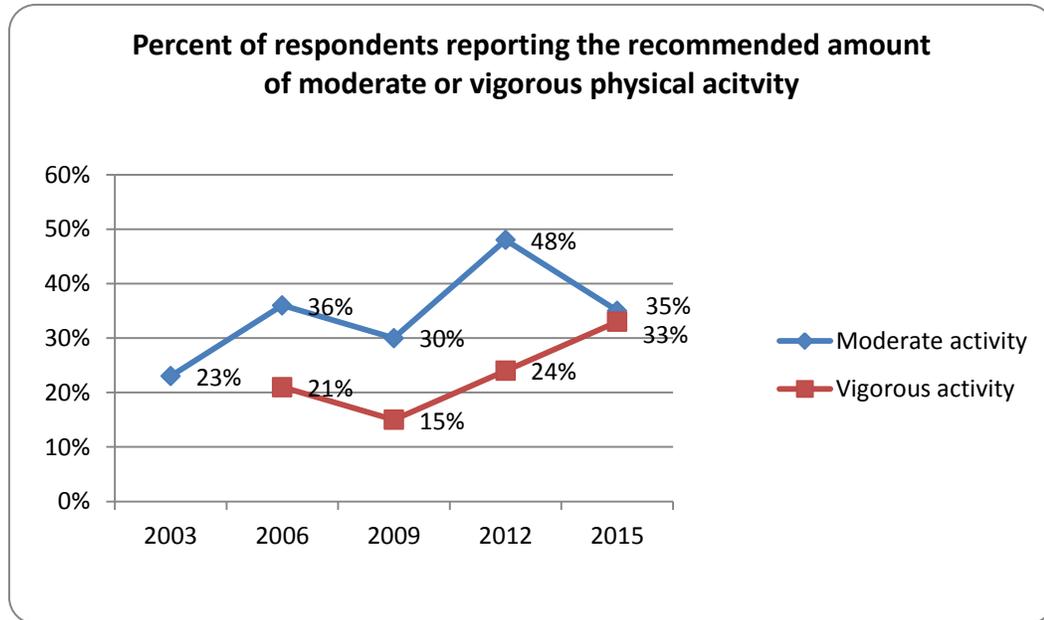
Source: 2015 West Allis-West Milwaukee Community Health Survey

- 33% of respondents reported doing vigorous physical activity at least three times a week for 20 minutes or more.
- 41% of respondents reported doing no vigorous physical activity.



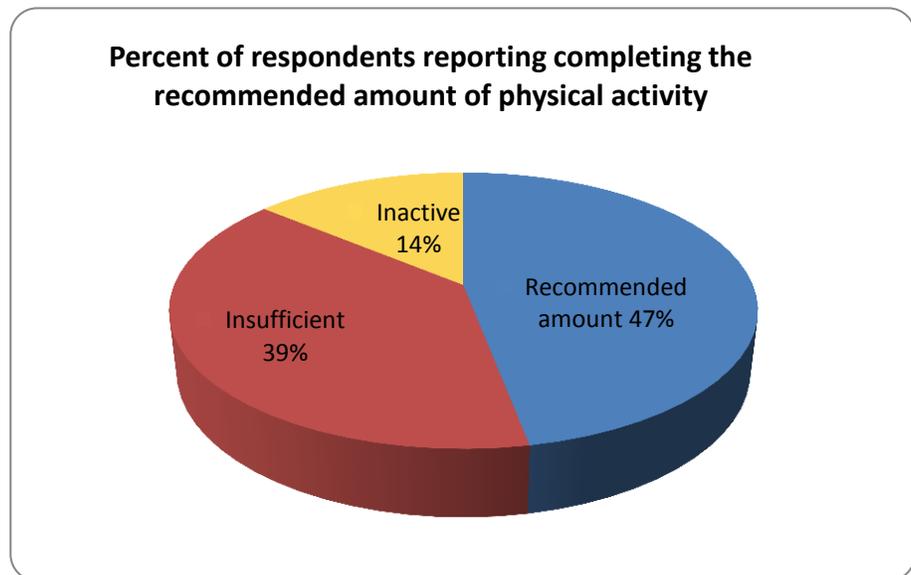
Source: 2015 West Allis-West Milwaukee Community Health Survey





Source: 2015 West Allis-West Milwaukee Community Health Survey

- 47% of respondents met the recommended amount of physical activity in a typical week (moderate activity 5 times per week for 30 minutes or vigorous activity 3 times per week for 20 minutes.)
- 14% reported doing no physical activity in a typical week.



Source: 2015 West Allis-West Milwaukee Community Health Survey

Physical Activity – Children

Children and adolescents should do 60 minutes (1 hour) or more of physical activity daily. It is important to encourage young people to participate in physical activities that are appropriate for their age, are enjoyable, and offer variety. (9)

- 68% of respondents reported their 5 to 17 year old child was physically active five times a week for at least 60 minutes each day.



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Injury and Safety

Motor Vehicle Accidents

Slips, Trips, and Falls

Personal Safety

School Safety

Domestic Violence

Sexual Abuse

Crime

Sex Trafficking



Injury and Safety

Injuries and violence affect everyone, regardless of age, race, or economic status. In the first half of life, more Americans die from violence and injuries — such as motor vehicle crashes, falls, or homicides — than from any other cause, including cancer, HIV, or the flu. Injury is the leading cause of death among persons 1-44. In the United States, one person dies from an injury every three minutes. In addition, each year millions of people are injured and survive, yet are faced with life-long mental, physical, and financial difficulties. In 2013, the total cost of injuries and violence in the United States was \$671 billion – fatal injuries accounted for \$214 billion while nonfatal injuries accounted for over \$457 billion. (1)

Injury and Safety at a Glance

Key Findings

- ❖ 20% of respondents reported driving while distracted by technology.
- ❖ 22% of respondents reported driving while distracted by eating or unruly children.
- ❖ Of the 2,140 motor vehicle accidents occurring in West Allis in 2014, 83 involved alcohol and 18 involved drugs.
- ❖ 18.3% of WAWM ninth grade students reported they didn't go to school at least once in the past 30 days because they felt unsafe at school or on their way to and from school.
- ❖ 22.7% of WAWM tenth grade students reported someone tried to hurt them by hitting, punching or kicking them while on school property in the past 12 months.
- ❖ 5% of respondents reported someone made them afraid for their personal safety.
- ❖ 44% of respondents reported their 8-17 year old child experienced some form of bullying in the past year.
- ❖ 597 domestic violence reports in West Allis in 2014.
- ❖ 11 sexual abuse arrests in 2014.
- ❖ 5 sex trafficking arrests in 2014.
- ❖ From 2014 to 2015 the incidence of burglary and theft crimes in West Allis decreased.
- ❖ From 2014 to 2015 motor vehicle theft crimes in West Allis increased in number from 139 to 214.
- ❖ Falls and poisonings are the #1 and #2 causes of injury hospitalization.



Injury Death Rate, Hospitalizations, and Emergency Department Visits

Using the Wisconsin Interactive Statistics on Health (WISH) database available through the Wisconsin Department of Health Services, it is possible to compare injury-related mortality, emergency department visits, and injury hospitalizations for Milwaukee County and the State of Wisconsin. Below are several tables with comparison statistics. (2) (3) (4)

Injury death rate per 100,000 population for Milwaukee County and Wisconsin 2010-2014					
Year	2010	2011	2012	2013	2014
Milwaukee County	75.1	73.6	80.7	83.0	89.3
Wisconsin	62.1	62.5	66.1	70.0	68.0

Source: Wisconsin Interactive Statistics on Health, Injury Mortality Module (2)

Number of age-adjusted rate of emergency department visits per 100,000 for injuries in Milwaukee County in 2014 by ranked cause (age-adjusted rates are rates that would have existed if the population under study had the same age distribution as the "standard" population)

Cause of emergency department (ED) visit	Number of injury ED visits	Age-adjusted rate of injury ED visits
Falls	23,777	2,492.40
Struck by or against object or person	12,694	1,328.80
Motor vehicle traffic crash - occupant	9,708	1,008.30
Unspecified cause of injury	7,840	820.3
Cutting or piercing objects	6,121	639.4
Overexertion	5,969	628.3
Natural or environmental factors	4,129	438.2
Other specified classifiable cause of injury	4,148	434.3
Other specified cause of injury, not elsewhere classifiable	3,675	380.4
Poisoning	3,279	342
Fire, heat, chemical burns	1,166	123.2
Non-traffic pedal cyclist	869	94.1
Motor vehicle traffic crash - pedestrian	597	62.7
Firearms	551	54.6
Motor vehicle traffic crash - other, unspecified	461	47.8
Machinery	330	34.7
Motor vehicle traffic crash - motorcyclist	310	32.8
Non-traffic transportation	263	27.7
Motor vehicle traffic crash - pedal cyclist	146	15.2
Suffocation	129	13.3
MVT - Self-inflicted/Assault/Undetermined	46	4.8
Non-traffic pedestrian	46	4.8
Drowning	15	1.6

Source: Wisconsin Interactive Statistics on Health, Injury Related Emergency Department Visits Module (4)



Number and age-adjusted rate of injury hospitalizations per 100,000 in Milwaukee County in 2014 by ranked cause (age-adjusted rates are rates that would have existed if the population under study had the same age distribution as the "standard" population)		
Cause of injury hospitalization	Number of injury hospitalizations	Age-adjusted rate of injury hospitalizations
Falls	4,742	483.8
Poisoning	1,620	169.7
Unspecified cause of injury	1,088	111.5
Other specified classifiable cause of injury	635	66.1
Cutting or piercing objects	429	45.5
Other specified classifiable cause of injury, not elsewhere classifiable	433	44.6
Struck by or against object or person	419	43.2
Motor vehicle traffic crash - occupant	346	35.7
Natural or environmental factors	266	28.2
Firearms	225	22.6
Fire, heat, chemical burns	136	13.6
Overexertion	127	13.4
Suffocation	106	10.6
Motor vehicle traffic crash - pedestrian	101	10.6
Motor vehicle traffic crash - motorcyclist	80	8.5
Non-traffic pedal cyclist	47	5
Motor vehicle crash – other, unspecified	40	4.2
Non-traffic transportation	39	4.1
Machinery	22	2.4
Motor vehicle traffic crash - pedal cyclist	16	1.8
Drowning	7	0.7
Motor vehicle traffic crash - Self-inflicted/Assault/Undetermined	5	0.5
Non-traffic pedestrian	4	0.4

Source: Wisconsin Interactive Statistics on Health, Injury Hospitalizations Module (3)

 **Motor Vehicle Accidents**

Motor vehicle crashes are a leading cause of death in the U.S. More than 2.5 million drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2012. The economic impact is also notable: in a one-year period, the cost of medical care and productivity losses associated with injuries from motor vehicle crashes exceeded \$80 billion. (5)



The table below details the motor vehicle accident reports in West Allis from 2011 to 2015 as reported by the West Allis Police Department.

Motor vehicle accidents in West Allis from 2011-2015 as reported by the West Allis Police Department					
Year	Total number	Alcohol involved	Drugs involved	Alcohol and drugs involved	Pedestrians involved
2011	2156	92	15	5	35
2012	2031	86	18	5	33
2013	2170	95	31	5	43
2014	2140	83	18	6	48
2015	2292	119	19	6	52

Source: 2011-2015 West Allis Police Department Statistics

By wearing seat belts and properly buckling children into age and size-appropriate car seats and booster seats, people can reduce the risk of serious injury and death in a crash by half. (6) Adolescents are particularly at risk of death in motor vehicle crashes. Six teenagers, ages 16-19, die every day from motor vehicle injuries in the U.S. Per mile driven, teen drivers are nearly three times more likely than drivers aged 20 years and older to be in a fatal crash. Compared with other age groups, teens have the lowest rate of seat belt use. (7)

According to the 2013 Wisconsin Youth Risk Behavior Survey:

- 8.3% of Wisconsin high school students report never or rarely wearing a seat belt when riding in a car driven by someone else.
- 20.6% of Wisconsin high school students rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol. (8)

Percent of respondents reporting being a driver/passenger when the driver perhaps had too much to drink				
2003	2006	2009	2012	2015
3%	2%	<1%	1%	<1%

Source: 2015 West Allis-West Milwaukee Community Health Survey

Every day, almost 30 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This amounts to one death every 51 minutes. The annual cost of alcohol-related crashes totals more than \$59 billion. (9)

Distracted driving is driving while doing another activity that takes your attention away from driving. Distracted driving can increase the chance of a motor vehicle crash. There are three main types of distraction:

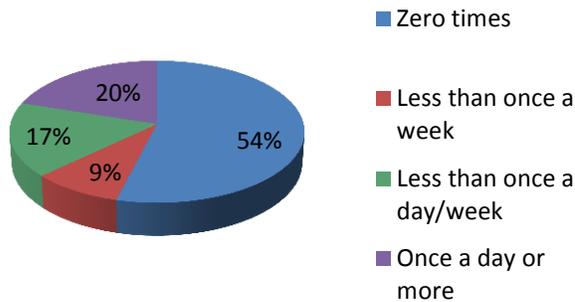
- Visual: taking your eyes off the road.
- Manual: taking your hands off the wheel.
- Cognitive: taking your mind off of driving. (10)

Distracted driving includes activities such as using a cell phone, texting, and eating. Using in-vehicle technologies (such as navigation systems) can also be sources of distraction. While any



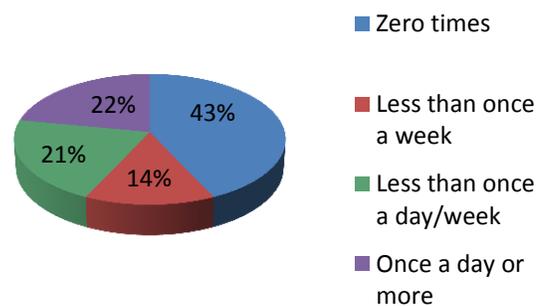
of these distractions can endanger the driver and others, texting while driving is especially dangerous because it combines all three types of distraction. (10)

Percent of respondents reporting technology distractions while driving



Source: 2015 West Allis-West Milwaukee Community Health Survey

Percent of respondents reporting non-technology distractions while driving



Source: 2015 West Allis-West Milwaukee Community Health Survey

Slips, Trips, and Falls

Slip, trips, and falls are the leading cause of unintentional home injury and cause 43% of home injury deaths in the United States. Often times they are caused by situations that are 100% preventable, such as slipping on a loose rug or tripping over clutter, broken flooring, or an extension cord. There are numerous causes of slips, trips and falls in the home. Some of the more prevalent causes are:

- Wet or slippery surfaces.
- Environmental conditions such as ice in the winter or wet steps after a rain.
- Insufficient lighting.
- Changes in elevation.
- Housekeeping issues such as items left on the floor or stairs. (11)

One out of five falls causes a serious injury such as broken bones or a head injury. In fact, over 700,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture. Falls are the most common cause of traumatic brain injuries. All people are at risk of falls, but they are more common in children (who are just learning to walk and are still developing their sense of balance) and the elderly.

The elderly are particularly susceptible to falls, and the stress of the injury can have extreme effects upon their health. Each year, at least 250,000 older adults are hospitalized for hip fractures alone. According to a recent study, women aged 65 and older who fracture a hip are more than two times as likely to die in the year following injury. (11)

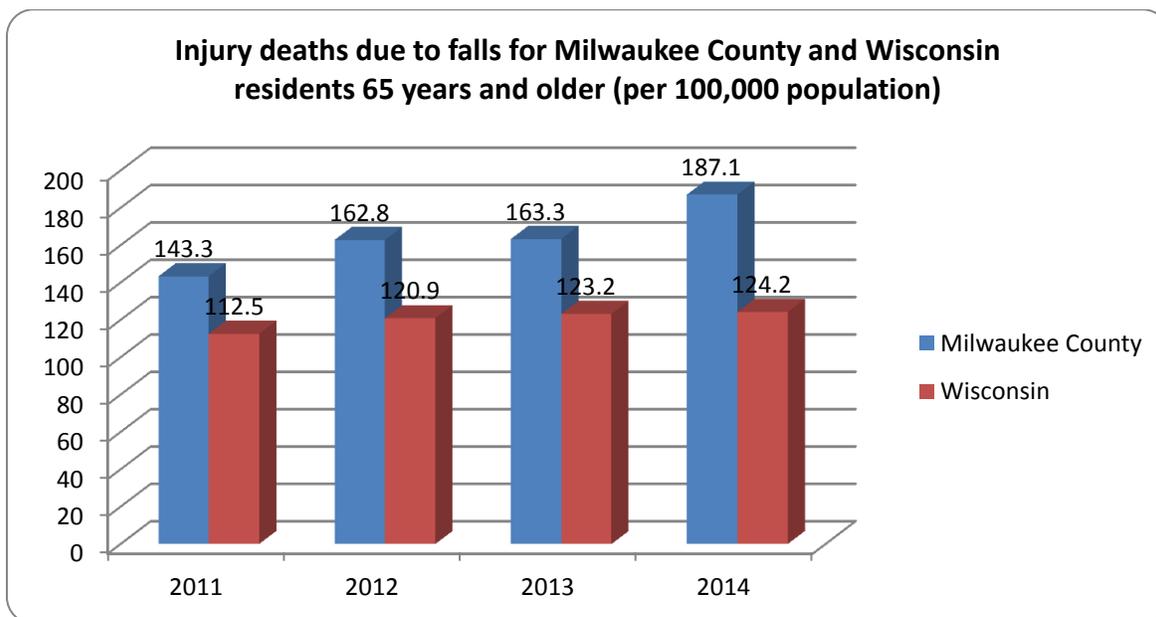


The West Allis Fire Department provides two types of Emergency Medical Services: Advanced Life Support (ALS, Paramedic Unit) and Basic Life Support (Fire Rescue Units). The ALS and BLS Units serve as fire companies and are part of a routine response to fires and service calls in addition to responding to requests for emergency medical services. The following table shows the number of calls and services for residential falls for residents 65 years of age and older by service provided by the West Allis Fire Department. (12)

Number of calls and services for residential falls for residents 65 years of age and older by the West Allis Fire Department from 2011-2015					
Year	Falls	Total EMS Transports	Advanced Life Support	Basic Life Support	Transferred (Transported)
2011	370	303	47	252	4
2012	438	350	66	279	5
2013	453	357	94	256	5
2014	485	386	143	235	7
2015	539	420	169	251	4

Source: West Allis Fire Department Statistics

The graph below compares injury deaths due to falls for Milwaukee County and Wisconsin residents aged 65 years and older for 2011-2014.



Source: Wisconsin Interactive Statistics on Health, Injury Mortality Module (8)

School Safety

While schools are expected to be, and usually are, safe havens for learning, unintentional injuries and even violence can occur, disrupting the educational process and negatively affecting the school and surrounding community. (13) The table below compares the safety



risks of West Allis-West Milwaukee 9th-10th grade students with Wisconsin 9th-10th grade students.

Percent of West Allis-West Milwaukee and Wisconsin 9 th and 10 th grade students reporting safety risks on school property				
	WAWM	WI	WAWM	WI
Grade	9	9	10	10
Someone tried to hurt them by hitting, punching, or kicking them while on school property in the past 12 months	22.9%	21.4%	22.7%	14.5%
Did not go to school because they felt unsafe at school or on their way to and from school in the past 30 days	18.3%	7.0%	16.6%	4.2%
Carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days	3.9%	2.4%	4.7%	2.3%
Were threatened or injured with a weapon such as a gun, knife, or club while on school property in the past 12 months	5.6%	5.6%	7.5%	4.1%
Were in a physical fight on school property one or more times in the past 12 months	14.0%	10.4%	13.3%	5.6%

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey, 2013 Wisconsin Youth Risk Behavior Survey (8)

Bullying is a form of youth violence. The Centers for Disease Control and Prevention defines bullying as any unwanted aggressive behaviors by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. (14)



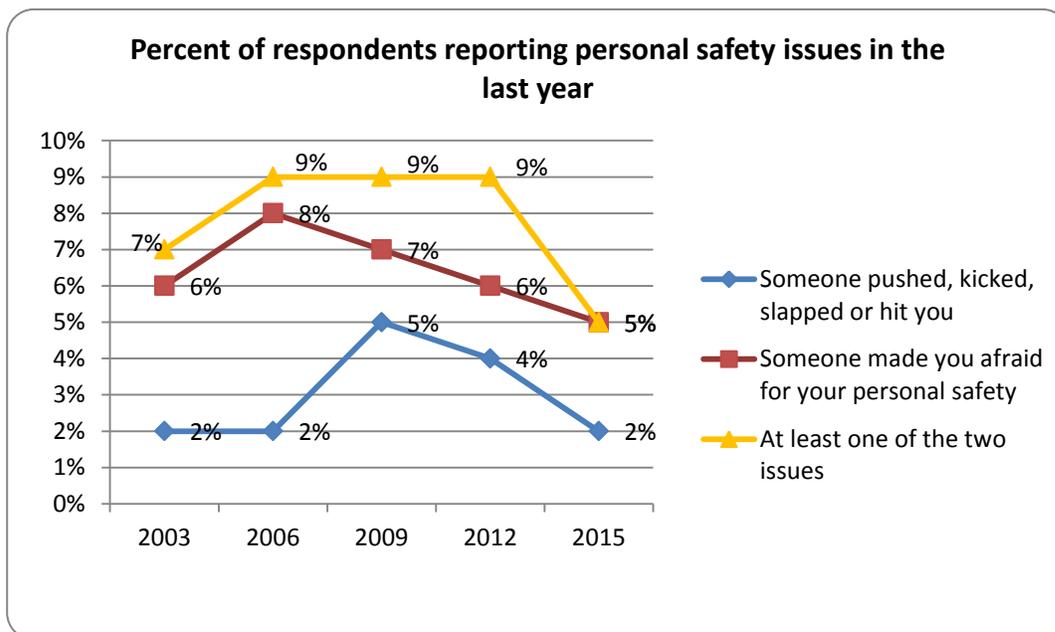
Bullying can include aggression that is physical, verbal, or relational/social. Bullying through the use of technology (email, chat rooms, website, text messaging, etc.) is called cyber-bullying. Bullying can result in physical injury, social and emotional distress, and even death. Victimized youth are at increased risk for depression, anxiety, sleep difficulties, and poor school adjustment. Youth who bully others are at increased risk for substance abuse, academic problems, and violence later in adolescence and adulthood. (14)

Percent of West Allis-West Milwaukee and Wisconsin 9 th and 10 th grade students reporting bullying/harassment at school				
	WAWM	WI	WAWM	WI
Grade	9	9	10	10
Were bullied on school property in the past 12 months	29.5%	31.9%	23.8%	20.8%
Were electronically bullied in the past 12 months	18.7%	20.0%	19.2%	15.3%
Bullied someone at school in the past 12 months	13.1%		14.2%	
Were harassed on school property in the past 12 months	23.6%		22.0%	

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey, 2013 Wisconsin Youth Risk Behavior Survey (8)



 **Personal Safety**



Source: 2015 West Allis-West Milwaukee Community Health Survey

When surveyed, 86% of respondents reported they have children under the age of 18 years in their households. Of the respondents with a child 8-17 years old:

- 44% of respondents reported their 8-17 year old child experienced some form of bullying in the past year.
- 40% reported their child was verbally bullied (for example, mean rumors were spread or child was kept out of a group).
- 5% reported their child was cyber or electronically bullied (for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods).
- 2% reported their child was physically bullied (for example, hit or kicked).

 **Domestic Violence**

The National Coalition Against Domestic Violence defines domestic violence as the willful intimidation, physical assault, and/or abusive behavior perpetrated by an intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse. (15) The table below details the number of domestic violence reports in West Allis from 2011 to 2015 as reported by the West Allis Police Department. The table also breaks down the number of reports that involve alcohol, drugs, or both alcohol and drugs.



Number of domestic violence reports in West Allis from 2011-2015 as reported by the West Allis Police Department				
Year	Total reports	Alcohol involved	Drugs involved	Alcohol and drugs involved
2011	591	184	16	5
2012	616	159	21	1
2013	622	144	25	1
2014	597	167	43	8
2015	614	152	43	6

Source: 2011-2015 West Allis Police Department Statistics

Abuse is cyclical. There are periods of time where things may be calmer, but those times are followed by a build-up of tension and abuse, which usually results in the abuser peaking with

Number of repeat domestic violence reports in West Allis from 2011-2015 as reported by the West Allis Police Department		
Year	Offenders	Victims
2011	81	83
2012	71	77
2013	70	63
2014	84	90
2015	127	134

Source: 2011-2015 West Allis Police Department Statistics

intensified abuse. The cycle then often starts to repeat, commonly becoming more and more intense as time goes on. (15)

The table to the left details the number of repeat domestic violence reports in West Allis from 2011 to 2015 as reported by the West Allis Police Department for both offenders and victims.

Sexual Abuse

According to the American Psychological Association, sexual abuse is defined as unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent. Most victims and perpetrators know each other. (16) Accurate information about the extent of sexual assault and rape is difficult to obtain because most of these crimes go unreported to police. In fact, a study by the National Research Council found that up to 80% of sexual assaults go unreported to law enforcement. (17)

Number of arrests for sexual abuse in West Allis from 2011-2015 as reported by the West Allis Police Department	
Sex Abuse	Arrest Total
2011	6
2012	3
2013	8
2014	11
2015	18

Source: 2011-2015 West Allis Police Department Statistics

According to the 2013 Wisconsin Youth Risk Behavior Survey:

- 7.5% of Wisconsin high school students reported they had ever been forced, either verbally or physically, to take part in a sexual activity.
- Among students who dated or went out with someone during the past 12 months, 9.6% reported they had been forced by someone they were dating, or going out with, to do sexual things that they did not want to one or more times during the past 12 months.



 **Sex Trafficking**

Sex trafficking is defined as the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. Severe forms involve force, fraud, or coercion, and cases involving young people under the age of 18 years. Victims can come from all backgrounds and become trapped in different locations and situations. The majority of victims are women and girls, though men and boys are also impacted. Victims are trapped and controlled through assault, threats, false promises, perceived sense of protection, isolation, shaming, and debt. Perpetrators of sex trafficking often target and manipulate people who are poor, vulnerable, living in an unsafe situation, and/or searching for a better life. (18)

Number of arrests for sex trafficking in West Allis from 2011-2015 as reported by the West Allis Police Department

Sex Trafficking	Arrests	Victims	Total Cases
2011	2	2	1
2012	6	3	3
2013	13	5	5
2014	11	6	5
2015	3	1	1

Source: 2011-2015 West Allis Police Department Statistics

Eighty percent of child sex trafficking victims in Milwaukee County were born in Wisconsin. (19)

 **Crime Arrests**

Studies have shown a strong association between crime and health status. Fear of crime may lead to restrictions in outdoor activities. Less physical exercise 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. (20)

The following table details the number of major crimes in West Allis from 2011-2015 as reported by the West Allis Police Department.

Number of crimes in West Allis from 2011-2015 as reported by the West Allis Police Department

	2011	2012	2013	2014	2015
Murder	2	1	4	1	1
Rape	8	10	15	14	18
Robbery	114	98	99	107	123
Aggravated assault	76	82	72	89	90
Burglary	571	556	631	500	389
Theft	2,376	2,233	2,126	2,074	1,796
Motor vehicle theft	227	132	92	139	214
Arson	27	18	16	13	21
Total	3,401	3,130	3,055	2,937	2,652

Source: 2011-2015 West Allis Police Department Statistics



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Tobacco, Alcohol, and Drugs

Tobacco and Nicotine Use

Smoking Cessation

Secondhand Smoke

Alcohol and Youth

Binge Drinking

Over-the-counter and Prescription Drug Abuse

Prescription Medication Drop-Off Box

Illegal Drug Use

Street Drugs



Tobacco, Alcohol, and Drugs

Tobacco use is the leading cause of preventable illness and death in the United States. It is the cause of many different types of cancers, chronic lung diseases such as emphysema and bronchitis, heart disease, pregnancy-related problems, and many other serious health problems. (1)

Excessive alcohol use, including underage drinking and binge drinking can lead to increased risk of health problems such as injuries, violence, liver diseases, and cancer. One in ten deaths among working-age adults (20-64 years) is due to excessive alcohol use. (2)

Injection drug use is a well-known route of transmission of blood borne infections, particularly HIV and hepatitis B and C. The use of illicit drugs is associated with increased rates of TB and STDs. (3)

Tobacco, Alcohol, and Drugs at a Glance

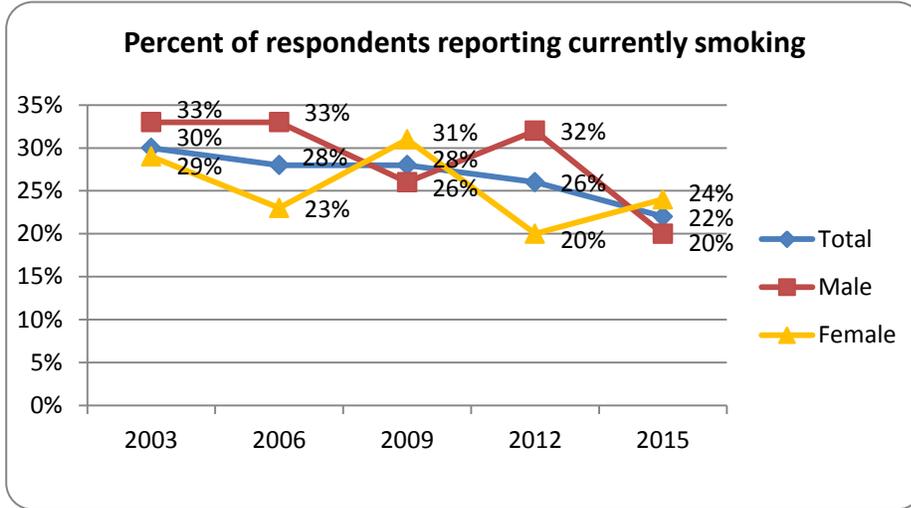
Key Findings

- ❖ 22% of respondents were current smokers in 2015.
- ❖ Women were more likely to report smoking than men in 2015 (24% vs. 20%).
- ❖ 37% of current smokers quit smoking for one day or longer in the last 12 months because they were trying to quit.
- ❖ Unmarried respondents were more likely to be current smokers compared to married respondents (27% vs. 13%).
- ❖ Male respondents were more likely to report second hand smoke exposure than female respondents (27% vs. 10%).
- ❖ 4% of respondents reported using electronic cigarettes in the past month.
- ❖ 32% of respondents reported binge drinking in the past month.
- ❖ 65% of respondents selected alcohol or drug use as one of their top three community issues.
- ❖ 18.2% of 10th grade students took painkillers without a prescription.
- ❖ 1,328.3 pounds of prescription drugs were dropped off at the West Allis Police Department prescription medication drop-off box in 2014.
- ❖ 32.7% of 10th grade students have tried marijuana at least once in their lifetime.
- ❖ In 2015, there were 45 arrests and 4 deaths from heroin overdose in West Allis.



Current Smokers

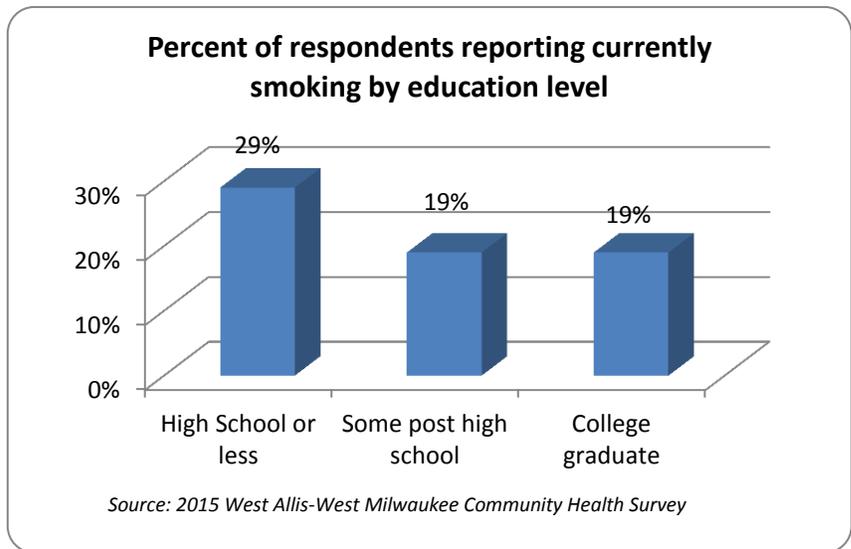
Tobacco use is the single most preventable cause of death and disease in the United States. Nearly 18 of every 100 U.S. adults aged 18 years or older (17.8%) currently smoke cigarettes (2013). This has declined from 20.9% in 2005. (4) The Healthy People 2020 goal for adult smoking is 12%. (5)



➤ In West Allis-West Milwaukee, from 2003 to 2015, there has been a statistical decrease in the overall percent of respondents who were current cigarette smokers from 30% to 22%.

Source: 2015 West Allis-West Milwaukee Community Health Survey

- Similar to national statistics, current smokers in West Allis-West Milwaukee were more likely to report having less than a high school education.
- 29% of respondents having a high school education or less reported being current smokers.

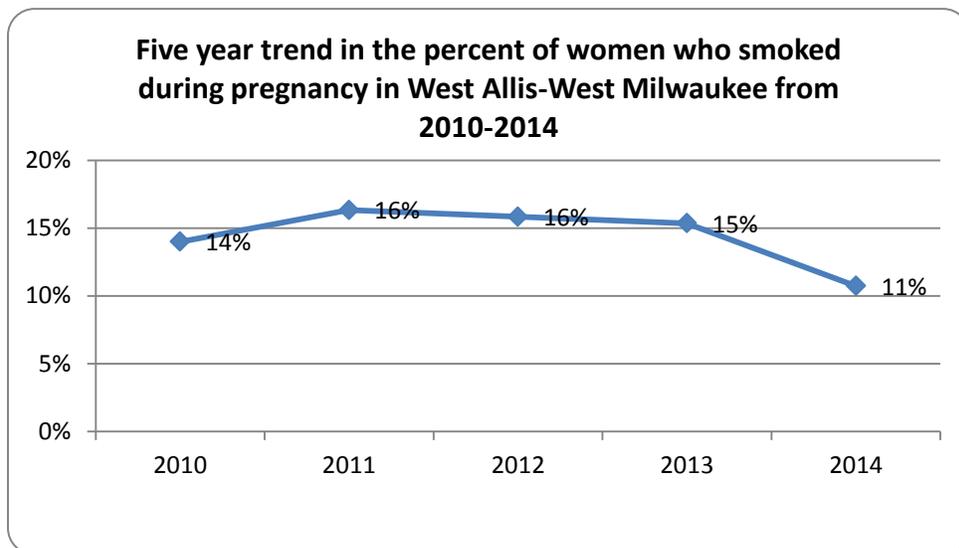


Source: 2015 West Allis-West Milwaukee Community Health Survey

Smoking and Pregnancy

In the last 50 years, over 100,000 babies have died from Sudden Infant Death Syndrome (SIDS), complications from prematurity, complications from low birth weight, and other pregnancy problems resulting from parental smoking (6) Nicotine exposure has also been found to impair fetal brain and lung development.



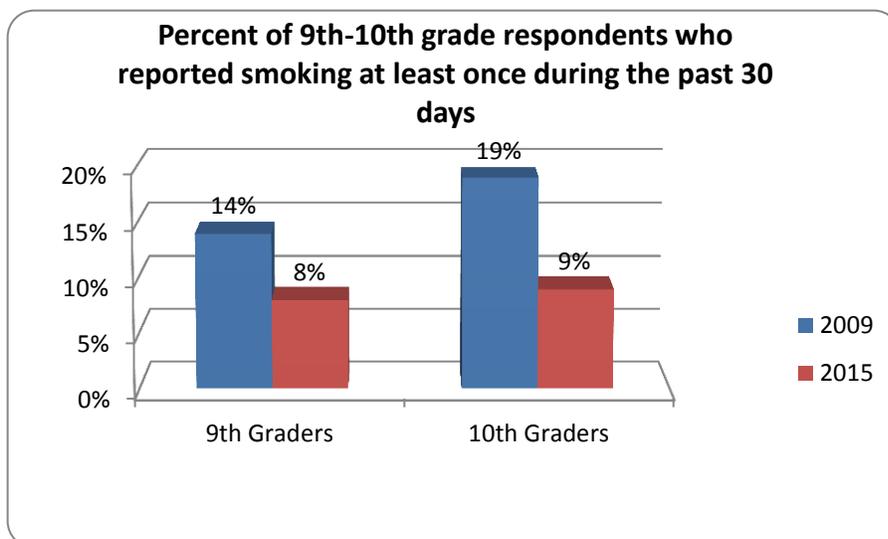


➤ In 2014, there was a decrease in the number of pregnant women who reported smoking during pregnancy in West Allis and West Milwaukee. (7)

Source: Wisconsin Interactive Statistics on Health, Birth Counts Module

Smoking and Youth

Nicotine exposure during adolescence can lead to the disruption of brain circuits that control attention, learning, and susceptibility to addiction. National trends show that cigarette smoking rates are declining among youth, but there is a rapid rise in youth use of electronic nicotine delivery systems (ENDS) such as e-cigarettes. Past 30-day use of e-cigarettes increased from 1.5% to 13.4% for high school students in the United States from 2011 to 2014. This coincides with an increase of 256% in youth exposure to electronic cigarette television advertising from 2011-2013. (8)



➤ The percent of West Allis-West Milwaukee 9th-10th grade respondents who reported smoking at least once during the past 30 days decreased from 2009 to 2015.

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey



 **Tobacco Sales to Minors**

The Wisconsin Wins (WI Wins) campaign is a science-based, state-level initiative designed to decrease youth access to tobacco products. The Wisconsin Department of Health Services contracts with local partners to conduct investigations to establish retailer compliance with the law.

- In 2015, 560 inspections occurred in Milwaukee County resulting in 124 sales or a 22.1% non-compliance rate. Of these, 39 inspections occurred in West Allis with seven sales for a 17.9% non-compliance rate.
- Five inspections occurred in West Milwaukee resulting in three sales for a 60% non-compliance rate. (9)

West Allis Police Department tobacco retailer compliance checks			
Years	# Checks	# Checks passed	Non-compliance rate
2011	75	73	2.7%
2012	55	54	1.8%
2013	62	60	3.2%
2014	57	55	3.5%
2015	52	44	15.4%
<i>Source: West Allis Police Department Statistics</i>			

The West Allis Police Department also conducts their own compliance checks. Their data is shown to the left.

 **E-cigarettes and Other Tobacco Use - Adults**

E-cigarettes are battery-powered products that typically deliver nicotine in the form of an aerosol. These devices are part of a growing number of electronic nicotine delivery systems (ENDS). E-cigarettes are marketed as both a smoking cessation tool and as an alternative to conventional cigarettes. Because the nicotine is derived from tobacco, the Food and Drug Administration has proposed regulation of e-cigarettes as tobacco products. As of now, however, electronic cigarettes remain unregulated. (10)

Smokeless tobacco is associated with many health problems such as nicotine addiction, cancer of the mouth, esophagus, and pancreas, and may increase the risk for death from heart disease and stroke.

Percent of respondents reporting use of other tobacco products in the past month	
Electronic cigarettes	4%
Cigars, cigarillos, or little cigars	4%
Smokeless tobacco	2%
<i>Source: 2015 West Allis-West Milwaukee Community Health Survey</i>	

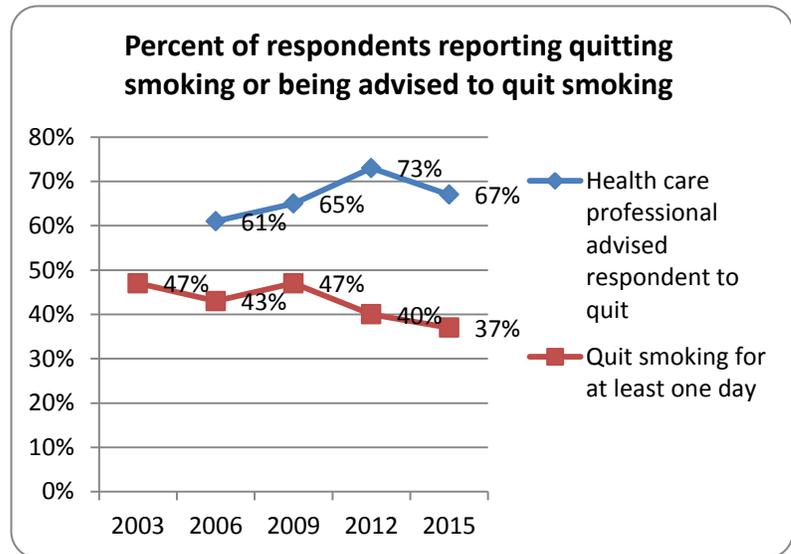


Smoking Cessation

People who quit smoking greatly reduce their risk of disease and early death. According to 2010 data from the CDC, nearly 7 out of 10 current smokers in the United States reported that they wanted to quit completely. The Healthy People 2020 goal for current smokers to have tried quitting for at least one day is 80%. (5)

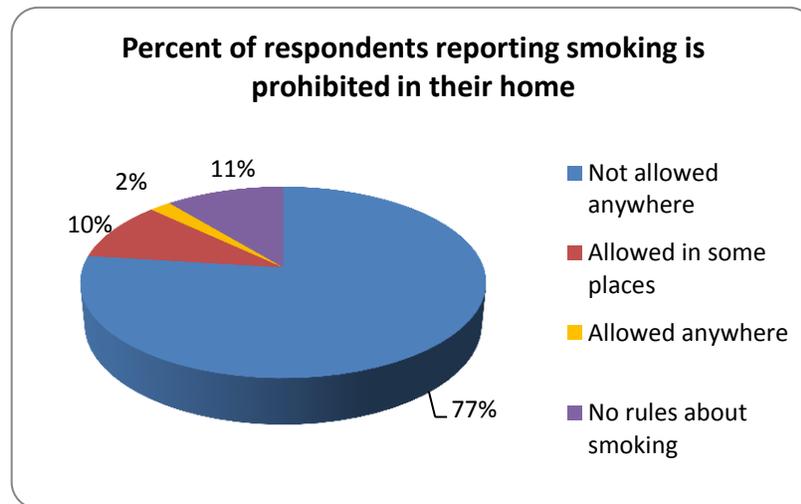
In fiscal year 2015, states will collect \$25.6 billion from tobacco taxes and legal settlements but will only spend \$490.4 million—less than 2%—on prevention and cessation programs. (11)

- *In West Allis-West Milwaukee, 37% of current smokers reported they quit smoking for one day or longer in the past year because they were trying to quit.*
- *Of current smokers who have seen a health professional in the past 12 months, 67% reported their health professional advised them to quit smoking.*



Source: 2015 West Allis-West Milwaukee Community Health Survey

Smoking in the Home



Source: 2015 West Allis-West Milwaukee Community Health Survey

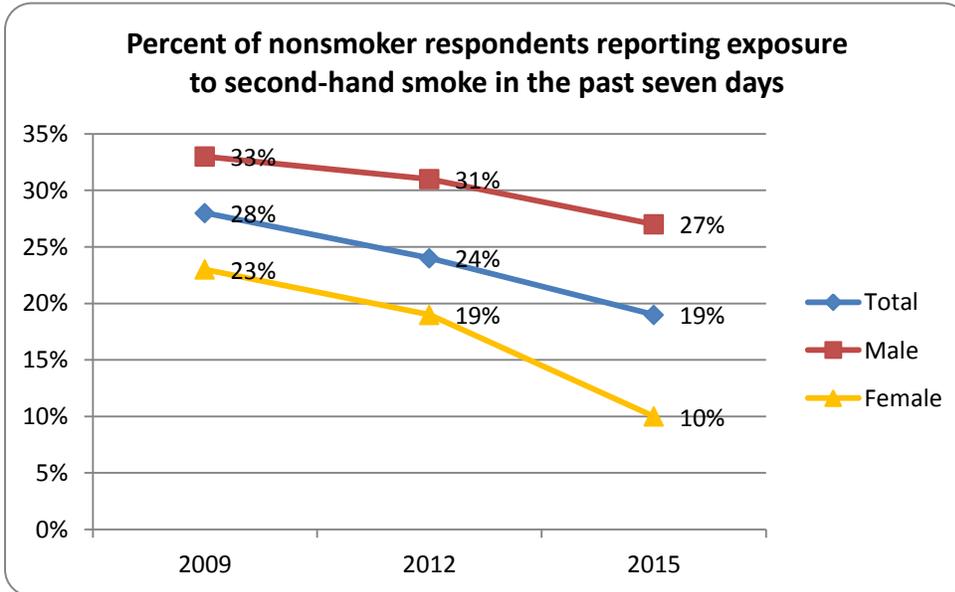
- *77% of respondents report that smoking is not allowed anywhere in the home.*

Separating smokers from nonsmokers, opening windows, or using air filters does not prevent people from breathing secondhand smoke. Only by making a home smokefree, can nonsmokers be protected from secondhand smoke. (12)



Secondhand Smoke

Secondhand smoke is smoke from burning tobacco products, such as cigarettes, cigars, or pipes. Secondhand smoke also is smoke that has been exhaled, or breathed out, by the person smoking. More than 480,000 deaths (one of every five) each year are attributed to cigarettes.



Of these deaths, 42,000 result from second hand smoke exposure. (11)

➤ *Male respondents were more likely to report secondhand smoke exposure in the last 7 days (27%) compared to females (10%).*

Source: 2015 West Allis-West Milwaukee Community Health Survey

Alcohol Use and Abuse

Alcohol is one of the most widely used drugs worldwide. Moderate alcohol use, defined as up to one drink per day for women or two for men, may protect certain healthy adults from heart disease and stroke. (13) However, excessive alcohol use increases the risk of unintentional injuries, violence, risky sexual behavior, birth defects, suicide, and homicide. It also increases the chance of developing over 200 diseases such as liver and cardiovascular disease, breast cancer and poor control of diabetes. According to the CDC, nearly 88,000 people (approximately 62,000 men and 26,000 women) die from alcohol-related causes annually, making it the third leading preventable cause of death in the United States. (14)

Alcohol and Youth

Alcohol is the most commonly used and abused drug among American youth. Youth who drink alcohol are more likely to experience school, social, and legal problems; unwanted, unplanned, and unprotected sexual activity; physical and sexual assault; disruption of normal growth and development; homicide and suicide; injuries; changes in brain development with lifelong consequences; and abuse of other drugs. (15)



Percent of West Allis-West Milwaukee and Wisconsin 9 th and 10 th grade students reporting alcohol consumption				
	WAWM	WI	WAWM	WI
Grade	9	9	10	10
Had at least one drink of alcohol on one or more days during their life	32.9%	53.7%	43.8%	59.3%
Had at least one drink of alcohol on one or more of the past 30 days	19.3%	22%	25.7%	25.5%

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey, 2013 Wisconsin Youth Risk Behavior Survey (16)

Percent of West Allis-West Milwaukee 9 th and 10 th grade students reporting ways for obtaining alcohol		
Grade	9	10
Bought the alcohol from a store	1.2%	1.4%
Took it from a store or family member	3.0%	4.2%
Gave someone else money to buy it	0.7%	2.9%
Someone gave them alcohol	7.5%	7.7%

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey

Percent of West Allis-West Milwaukee 9 th -10 th grade students whose parents would think it was wrong for them to drink		
Grade	9	10
Very wrong	60.1%	51.9%
Wrong	22.9%	28.8%
A little bit wrong	10.9%	12.8%
Not at all wrong	4.2%	4.2%
Declined	1.9%	2.3%

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey

Parenting styles may influence whether children follow parent’s advice regarding alcohol use. A permissive attitude towards adolescent alcohol use increases the risk that an adolescent will use or abuse alcohol. (17)



Peers play a big role in an adolescent’s likelihood to use or abuse alcohol as peer pressure may be a factor in a young person drinking alcohol.

Percent of West Allis-West Milwaukee 9 th -10 th grade students whose friends would think it was wrong for them to drink		
Grade	9	10
Very wrong	39.9%	32.4%
Wrong	31.4%	31.4%
A little bit wrong	19.1%	20.9%
Not at all wrong	7.1%	12.9%
Declined	2.6%	2.3%

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey

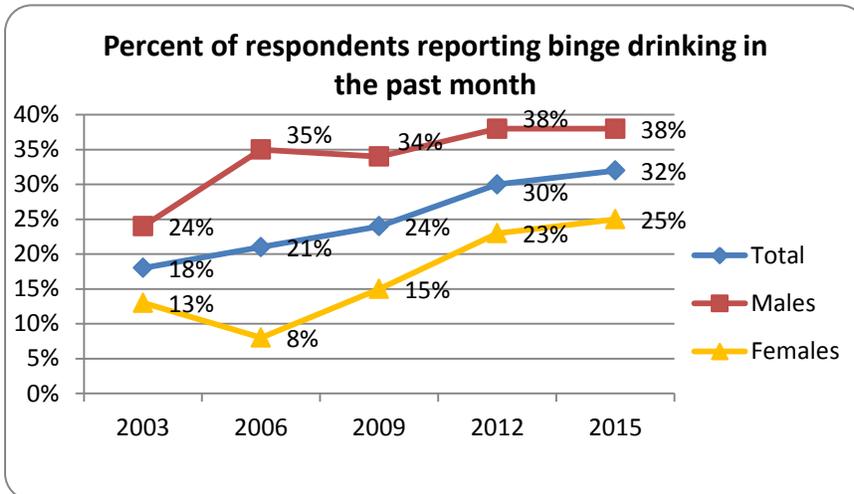


Binge Drinking

Binge drinking is defined by The National Institute on Alcohol Abuse and Alcoholism as a pattern of drinking that results in a blood alcohol level (BAC) of 0.08 grams percent or above. For most women this occurs after consuming four or more drinks and for men after consuming five or more drinks. Binge drinking is the most common form of excessive alcohol use and according to new estimates from the CDC; it is a bigger problem than previously thought. More than one of every six US adults binge drink, about four times a month, and on average, the largest number of drinks per binge is eight. (19) Wisconsin continues to have the highest rate of adult binge drinking in the United States. (20)

Percent of West Allis-West Milwaukee and Wisconsin 9 th and 10 th grade students reporting binge drinking (five or more drinks of alcohol in a row, within a couple of hours)				
	WAWM	WI	WAWM	WI
Grade	9	9	10	10
Had five or more drinks of alcohol in a row, within a couple of hours, on one or more of the past 30 days	8.0%	9.7%	11.3%	14.8%

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey, 2013 Wisconsin Youth Risk Behavior Survey (16)



- 32% of respondents reported binge drinking in the past month.
- 38% of males and 25% of females reported binge drinking in the past month.
- Consistent with national data, 43% of respondents in the top 40% income bracket reported binge drinking.

Source: 2015 West Allis-West Milwaukee Community Health Survey

Research also shows that a parent who binge drinks is much more likely to have a child who binge drinks. (18)

Problems with Drinking Alcohol

In 2012, the rate of alcohol-related hospitalizations per 1,000 population in Milwaukee County is 2.2, compared to 2.0 in Wisconsin. (21)

The 2015 Community Health Survey asked if anyone in the household had experienced legal, social, personal, or physical problems in connection with drinking alcohol in the past year.



- 4% of respondents reported someone in their household experienced some kind of problem with alcohol in the past year.

Over-the-Counter and Prescription Drug Abuse

Prescription drug abuse is when someone takes a medication that was prescribed for someone else or takes their own prescription in a way not intended by a doctor or for a different reason. For teens, the health issue of abusing prescription pain medications is a growing problem. In fact, after marijuana and alcohol, prescription drugs are the most commonly abused substances by Americans age 14 and older. The three kinds of prescription drugs most commonly abused include opioids (painkillers like Vicodin, Oxycontin, or codeine), depressants (like those used to relieve anxiety or help a person sleep such as Valium or Xanax) and stimulants (like those used for treating attention deficit hyperactivity disorder or ADHD, such as Adderall or Ritalin). (22)



In the West Allis-West Milwaukee School District, the 2014-15 Youth Risk Behavior Survey (YRBS) asked students about prescription drug use. The table below compares the answers of 9th-10th grade students with those of 9th-10th grade Wisconsin students.

Percent of West Allis-West Milwaukee and Wisconsin 9 th and 10 th grade students reporting prescription drug abuse				
	WAWM	WI	WAWM	WI
Grade	9	9	10	10
Took painkillers without a prescription in their lifetime	14.7%	10.0%	18.2%	12.4%
Took prescription drugs (Ritalin, Adderall) without a prescription in lifetime	10.4%		13.2%	
Took a prescription drug during the past 30 days without a prescription	8.2%	4.2%	9.3%	8.3%
Believe there is no risk in taking a prescription drug without a doctor's prescription	15.4%		13.5%	
Believe parents would think it was wrong or very wrong for them to take a prescription drug without a doctor's prescription	79.8%		79.5%	
Believe friends would think it was wrong or very wrong for them to take a prescription drug without a doctor's prescription	72.9%		70.7%	
Took over-the-counter drugs to get high one or more times during their life	4.7%	5.1%	4.8%	7.4%

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey, 2013 Wisconsin Youth Risk Behavior Survey (16)



The 2015 Community Health Survey asked if anyone in the household had experienced problems related to the misuse of prescription drugs or over-the-counter drugs in the past year.

- *Less than 1% of respondents reported a household problem in connection with the misuse of prescription drugs/over-the-counter drugs.*

Prescription Medication Drop-off Box

Pounds of drugs dropped off at the West Allis Police Department prescription medication drop off box	
Year	# of pounds of drugs
2011	311.7
2012	774.0
2013	1,541.4
2014	1,477.9
2015	1,328.3

Source: 2011-2014 West Allis Police Department Statistics

The majority of people who abuse prescription medications get them from family or friends, often from the home medicine cabinet. Four in five heroin users started by abusing prescription drugs. (23)

The West Allis Police Department has a 24/7 prescription medication drop off box in the front lobby of the police department, 11301 W. Lincoln Avenue, West Allis. This drop off box is funded by the West Allis-West Milwaukee Community

Coalition. This program is completely anonymous and helps the environment, prevents accidental poisoning, prevents identity theft, and helps reduce substance abuse and drug distribution.

Illegal Drug Use on School Property

Percent of West Allis-West Milwaukee and Wisconsin 9 th and 10 th grade students reporting being offered, sold or given an illegal drug on school property or being under the influence of illegal drugs while at school in the past 12 months				
	WAWM	WI	WAWM	WI
Grade	9	9	10	10
Were offered, sold or given an illegal drug on school property in the past 12 months	11.7%	18.7%	12.9%	21.5%
Attended school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine, in the past 12 months	7.5%	8.1%	9.6%	12.5%

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey, 2013 Wisconsin Youth Risk Behavior Survey (16)

Marijuana Trends

The effects of marijuana on the brain and body can have a serious impact on a person’s life. Students who smoke marijuana tend to get lower grades and are more likely to drop out of high school than their peers who do not use. The effects of marijuana on attention, memory, and learning can last for days or weeks and may have a negative impact on learning and motivation. Skills required for safe driving are also affected by marijuana – alertness, concentration, coordination, and reaction time. In fact, marijuana is the most common illegal drug involved in



auto fatalities. Teens who use marijuana, alcohol or tobacco during their adolescent years are more likely to use other illegal drugs. (24)

Percent of West Allis-West Milwaukee and Wisconsin 9 th and 10 th grade students reporting marijuana use				
	WAWM	WI	WAWM	WI
Grade	9	9	10	10
Tried marijuana at least once in lifetime	19.3%	21.4%	31.4%	27.8%
Used marijuana one or more times in the past 30 days	13.7%	11.0%	18.7%	15.2%
Believe there is a risk to smoking marijuana once or twice a week	67.9%		66.8%	
Believe parents would think it was wrong or very wrong for them to smoke marijuana	87.0%		81.7%	
Believe their friends would think it was wrong or very wrong for them to smoke marijuana	62.9%		52.5%	

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey, 2013 Wisconsin Youth Risk Behavior Survey (16)

The 2015 Community Health Survey asked if anyone in the household had experienced problems related to marijuana.

- 2% of respondents reported someone in their household experienced some kind of problem with marijuana in the past year.

Street Drugs

Cocaine is an addictive stimulant drug made from the leaves of the coca plant native to South America. It produces short-term euphoria, energy, and talkativeness in addition to raising heart rate and blood pressure. Cocaine constricts blood vessels, dilates pupils, and increase body temperature, heart rate, and blood pressure. Cocaine-related deaths are often the result of cardiac arrest followed by an arrest of breathing. (25)

Heroin is an opioid drug synthesized from morphine. In the U.S., 4.2 million Americans aged 12 or older have used heroin at least once in their lives. It is estimated that approximately 23% of individuals who use heroin become dependent on it. Heroin abuse is associated with a number of serious health conditions, including fatal overdose, spontaneous abortion, and infectious disease like hepatitis and HIV. (26)

The 2015 Community Health Survey asked if anyone in the household had experienced problems related to cocaine, heroin, or other street drugs.

- 2% of respondents reported someone in their household experienced some kind of problem with cocaine, heroin, or other street drugs in the past year.

According to the death certificates of West Allis and West Milwaukee residents, there were 29 drug-related deaths in 2015. Of these, 13 were females ranging in age from 25 years to 63 years with an average age of 44.6 years. Sixteen of these deaths were males ranging in age from 29 to



72 years with an average age of 43.5 years. Four of these deaths were to West Milwaukee residents, while 25 were to West Allis residents.

In 2013, more than 16,000 deaths in the United States involved prescription opioids, and more than 8,000 others were related to heroin. Naloxone (also called Narcan) is a prescription drug that can reverse the effects of prescription opioid and heroin overdose, and can be life-saving if administered in time. During an overdose breathing and heart rate can slow to a dangerous rate or even stop. Narcan works to reverse this depression of the central nervous system and the respiratory system. (27) According to the Centers for Disease Control and Prevention, increased availability, lower price, and the high purity of heroin drive increased use and related deaths. (23)

Narcan use by the West Allis Fire Department EMS by age and gender 2010-2015						
Year	Patients	Average Age	Male	Male (Percent)	Female	Female (Percent)
2010	78	46.8	52	66.7%	26	33.3%
2011	102	47.8	63	61.8%	39	38.2%
2012	129	47.9	72	55.8%	57	44.2%
2013	163	44.1	93	57.1%	70	42.9%
2014	107	42.8	63	58.9%	44	41.1%
2015	106	39.9	64	60.4%	42	39.6%

Source: 2010-2015 West Allis Fire Department Statistics

The West Allis Fire Department (WAFD) has the ability to administer Narcan when called to an incident where someone is experiencing an accidental, life-threatening, or fatal opioid overdose from the misuse of prescription painkillers, heroin, or other opioids. Narcan-administered incidents have been responded to by the WAFD over the past six years.

Narcan use by the West Allis Fire Department EMS by race and ethnicity 2010-2015									
Year	Patients	White		African American		American Indian	Asian	Other	Hispanic
2010	78	70	89.7%	5	6.4%	1	1	1	4
2011	102	86	84.3%	9	8.8%	0	0	7	8
2012	129	110	85.3%	13	10.1%	0	0	6	10
2013	163	150	92.0%	11	6.7%	0	0	2	12
2014	107	95	88.8%	5	4.7%	0	0	7	15
2015	106	97	91.5%	7	6.6%	0	0	2	6

Source: 2010-2015 West Allis Fire Department Statistics

The West Allis Police Department tracks calls related to drug arrests and heroin overdose and death. These calls are detailed in the following tables.



Heroin overdose in West Allis from 2013-2015 as reported by the West Allis Police Department

Year	Heroin overdose
2013	35 (4 deaths)
2014	47 (11 deaths)
2015	45 (4 deaths)

Source: 2013-2015 West Allis Police Department Statistics

Drug arrests in West Allis from 2011-2015 as reported by the West Allis Police Department

Year	Total Arrests
2011	545
2012	707
2013	771
2014	821
2015	691

Source: 2011-2015 West Allis Police Department Statistics

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Chronic Conditions

Cardiovascular
Diabetes
Cancer
Overweight and Obesity
Asthma
Mental Health
Advance Directives for Healthcare
Hospitalizations



Chronic Conditions

Chronic diseases and conditions—such as heart disease, stroke, cancer, diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems. In the United States, chronic diseases are responsible for seven of ten deaths each year. Treating people with chronic diseases account for 86% of our nation’s health care costs.

Many chronic diseases and conditions can be prevented by reducing risk. Health risk behaviors are unhealthy behaviors that can be changed. Four of these health risk behaviors—lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol—cause much of the illness, suffering, and early death related to chronic diseases and conditions. (1)

Chronic Conditions at a Glance

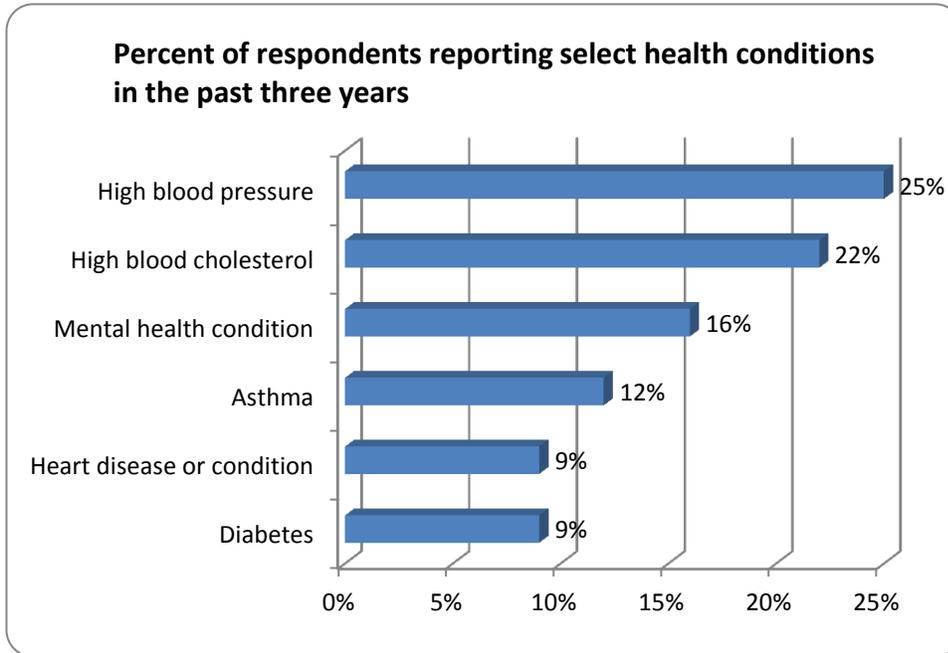
Key Findings

- ❖ 9% of respondents reported having heart disease – 68% say their disease is controlled through medications, therapy, or lifestyle.
- ❖ 25% of respondents reported having high blood pressure – 99% say their disease is controlled through medications, therapy, or lifestyle.
- ❖ 9% of respondents reported having diabetes – 97% say their disease is controlled through medications, therapy, or lifestyle.
- ❖ 22% of respondents reported having high blood cholesterol – 92% say their disease is controlled through medications, therapy, or lifestyle.
- ❖ 74% of respondents are overweight or obese.
- ❖ 12% of respondents have asthma.
- ❖ 37% have an Advanced Care Directive in place.
- ❖ 10% of respondents reported always or nearly always feeling sad, blue, or depressed.
- ❖ 6% of respondents seldom or never find meaning and purpose in life.
- ❖ 4% of respondents considered suicide in the past year.



 **Prevalence of Select Health Conditions**

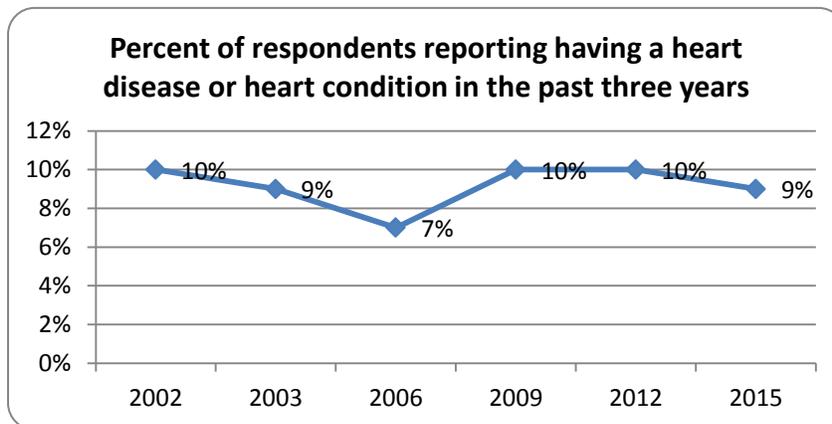
Respondents to the 2015 West Allis-West Milwaukee Community Health Survey were asked a series of questions regarding whether they had been diagnosed with high blood pressures, high blood cholesterol, mental health condition, asthma, diabetes, or heart disease.



➤ Respondents were more likely to report high blood pressure (25%), high blood cholesterol (22%), or a mental health condition (16%) in the past three years out of six health conditions listed.

Source: 2015 West Allis-West Milwaukee Community Health Survey

 **Cardiovascular**



Heart disease is the leading cause of death for both men and women causing approximately one in every four deaths. High blood pressure, high cholesterol, and smoking are key risk factors for heart disease. About half of all Americans have at least one of these risk factors. (2)

Source: 2015 West Allis-West Milwaukee Community Health Survey

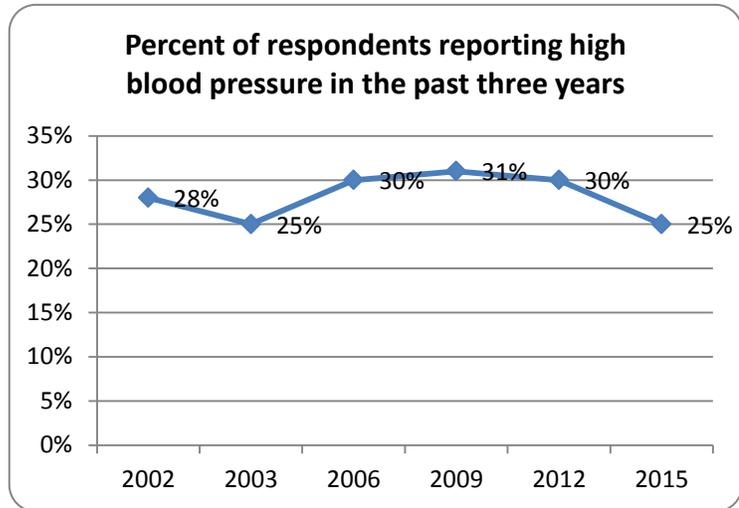
➤ Of the respondents reporting heart disease or heart condition, 68% reported having it under control through medication, exercise or lifestyle changes.



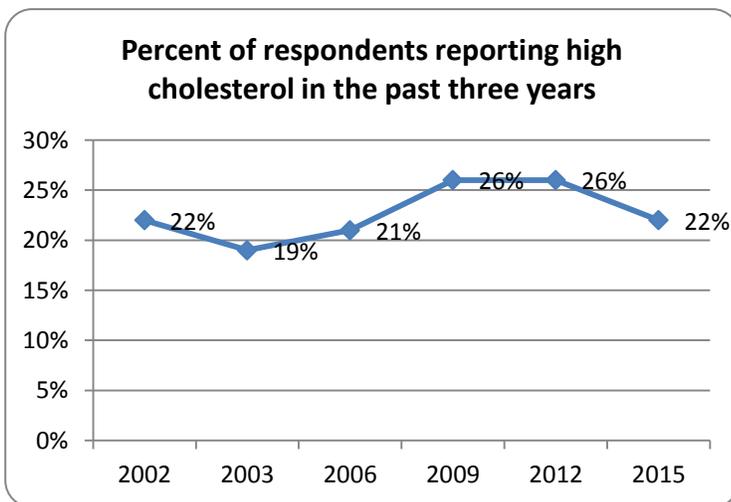
High blood pressure is a common and dangerous condition affecting approximately one of every three adults in the United States. High blood pressure contributes to over 1,000 deaths per day. Sixty-nine percent of people who have a first heart attack, 77% of people who have a first stroke, and 74% of people with chronic heart failure have high blood pressure.

The Healthy People 2020 goal for adults aged 18 years and older with high blood pressure is 26.9%. Reducing the average population systolic blood pressure by 12-13 mmHg could reduce 37% of strokes, 21% of coronary heart disease, 25% of deaths from cardiovascular disease, and 13% of deaths from all causes. (3)

- *Of the respondents reporting high blood pressure, 99% reported having it under control through medication, exercise or lifestyle changes.*



Source: 2015 West Allis-West Milwaukee Community Health



Source: 2015 West Allis-West Milwaukee Community Health Survey

High blood cholesterol is also a risk for heart disease. People with high cholesterol have about twice the risk of heart disease as people with lower levels. When the body has too much cholesterol, it can build up on the walls of blood vessels. These deposits are called plaque. As blood vessels build up plaque deposits over time, the inside of the vessels narrow. This plaque buildup may eventually totally block a coronary artery carrying blood to the heart causing a heart attack and other types of heart disease. (4)

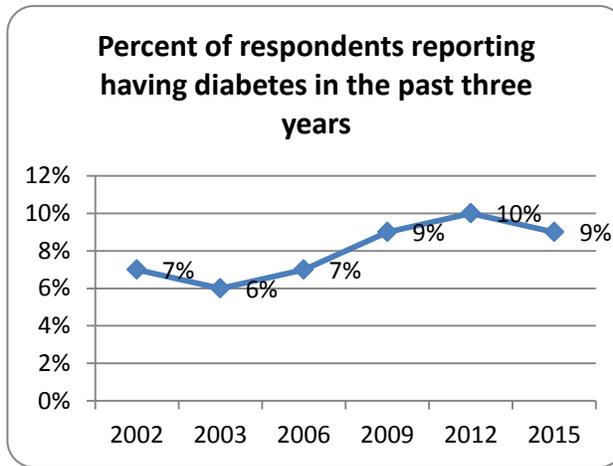
- *Of the respondents reporting high blood cholesterol, 92% reported having it under control through medication, exercise or lifestyle changes.*

Diabetes

Diabetes is a disease in which blood glucose (sugar) levels are above normal. Over time, diabetes can lead to serious problems with blood vessels, heart, nerves, kidneys, mouth, eyes,



and feet. The most serious problem caused by diabetes is heart disease. Persons with diabetes are more than twice as likely as people without diabetes to have heart disease or stroke. (5)



➤ *Of the respondents reporting diabetes, 97% reported having it under control through medication, exercise or lifestyle changes.*

In Wisconsin, 9% of adults age 20 and above have diagnosed diabetes. This compares to 10% of Milwaukee County residents. The HbA1c test is an important blood test showing how well diabetes is being controlled. Ninety percent of diabetic Medicare enrollees in Wisconsin received HbA1c screenings in the past year as compared to 88% in Milwaukee County. (6)

Source: 2015 West Allis-West Milwaukee Community Health Survey

 **Cancer**

2008-2012 Age-adjusted cancer incidence rate (incidence per 100,000 population) for Wisconsin and Milwaukee County

	Milwaukee County	Wisconsin
Total	503.4	469.5
Male	577.0	524.5
Female	455.7	430.7

Source: Wisconsin Department of Health Services, Cancer Module

No questions regarding cancer were asked in the 2015 Community Health Survey. However, Wisconsin Interactive Statistics on Health (WISH) provides information on health indicators for Wisconsin residents. According to WISH, the rate of cancer incidence per 100,000 population across Wisconsin remains consistently higher in males than females. (7)

 **Overweight and Obesity**

Overweight and obesity contribute to many health problems including poor mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide such as diabetes, heart disease, stroke, and some types of cancer. (8)

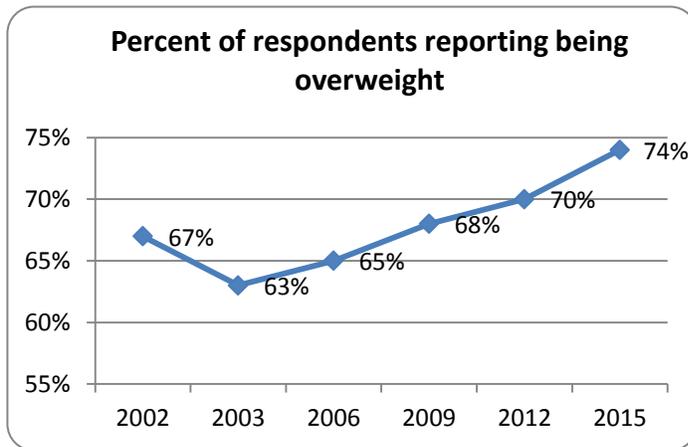
Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Body mass index, or BMI, is used as a screening tool for overweight or obesity. Body mass index (BMI) does not directly measure body fat but rather is calculated using weight and height. BMI ranges are based on the relationship between body weight, disease, and death.

- If BMI is less than 18.5, it falls within the underweight range.
- If BMI is 18.5 to 24.9, it falls within the normal or healthy weight range.
- If BMI is 25.0 to 29.9, it falls within the overweight range.
- If BMI is 30.0 or higher, it falls within the obese range. (8)



Percent of respondents classified as overweight			
	West Allis-West Milwaukee	Wisconsin	United States
Total overweight	74%	67%	64%
Overweight	36%	37%	35%
Obese	38%	30%	29%

Source: 2015 West Allis-West Milwaukee Community Health Survey



Source: 2015 West Allis-West Milwaukee Community Health Survey

The Healthy People 2020 goal is for 34% of adults to be at a healthy weight or conversely, 66% at an unhealthy weight. The Healthy People 2020 goal for obesity is 31%.

➤ Male respondents (84%) were more likely to be overweight than female respondents (65%).

Asthma

Asthma is a disease that affects a person’s breathing and may restrict the ability to get oxygen to the lungs. For people with asthma, the inside of the airways can swell or become irritated and inflamed. Inflammation of the airways can result in wheezing and coughing. Asthma cannot be cured, but it can be controlled. (9)

Common symptoms include:

- Intermittent cough
- Wheezing
- Shortness of breath
- Chest tightness
- Severity and frequency differ



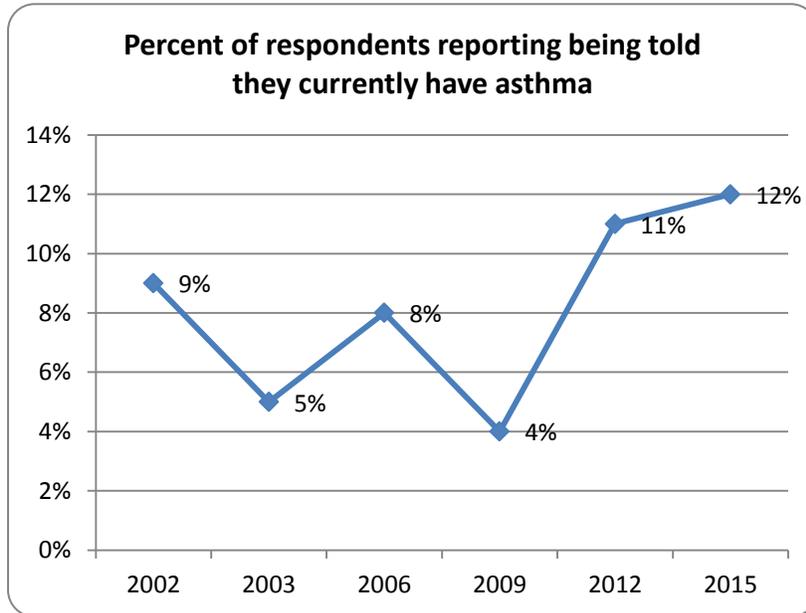
Episodes can be triggered by a number of factors. Removing or eliminating triggers can drastically reduce asthma symptoms and severity. These triggers include:

- Exercise (may be the only cause for some people)
- Viral infections
- Tobacco smoke
- Strong odors
- Extreme temperature changes
- Air pollution
- Emotions (crying, laughing, stress)
- Animal dander (skin, hair, feathers)
- Cockroaches
- Dust mites
- Mold
- Pollen



In Wisconsin, one in every ten adults and one in every thirteen children report having asthma. According to the 2013 Wisconsin Youth Risk Behavior Survey

- 21.1% of students (19.4% male, 23.0% female) in 9th-12th grades reported ever being told by a doctor or nurse that they had asthma. (10)



- 12% of West Allis-West Milwaukee respondents reported having asthma.
- Of the respondents reporting asthma, 98% reported having it under control through medication, therapy or lifestyle changes.
- Of the respondents with a child, 11% of respondents reported their child currently had asthma.

Source: 2015 West Allis-West Milwaukee Community Health Survey

Mental Health

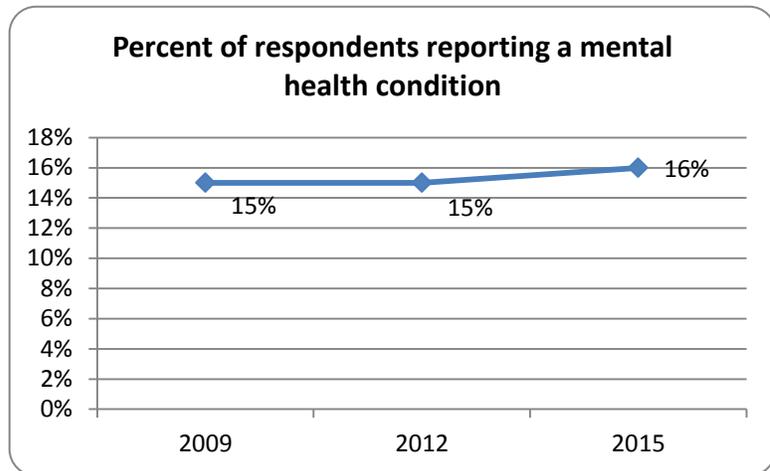
There is emerging evidence that positive mental health is associated with improved health outcomes. Evidence has shown that mental disorders, especially depressive disorders, are strongly related to many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity as well as risk behaviors for chronic disease such as, physical inactivity, smoking, excessive drinking, and insufficient sleep. (11)

Mental health/illness is a complicated and important public health issue:

- Rates of mental illness among people who are homeless in the United States are twice the rate found in the general population. Studies have shown that 47% of homeless women meet the criteria for a diagnosis of major depressive disorder – twice the rate of women in general. (12)
- People with a mental health issues are more likely to experience an alcohol or substance use disorder than those not affected by a mental illness. (13)
- Many veterans face issues such as trauma, suicide, homelessness, and/or involvement with the criminal justice system. Approximately 18.5% of service members returning from Iraq or Afghanistan have post-traumatic stress disorder (PTSD) or depression, and 19.5% report experiencing a traumatic brain injury (TBI) during deployment. Mental and substance abuse disorders caused more hospitalizations among U.S. troops in 2009 than any other cause. (14)



- Of the respondents reporting a mental health condition, 78% reported having it under control through medication, therapy, or lifestyle changes.

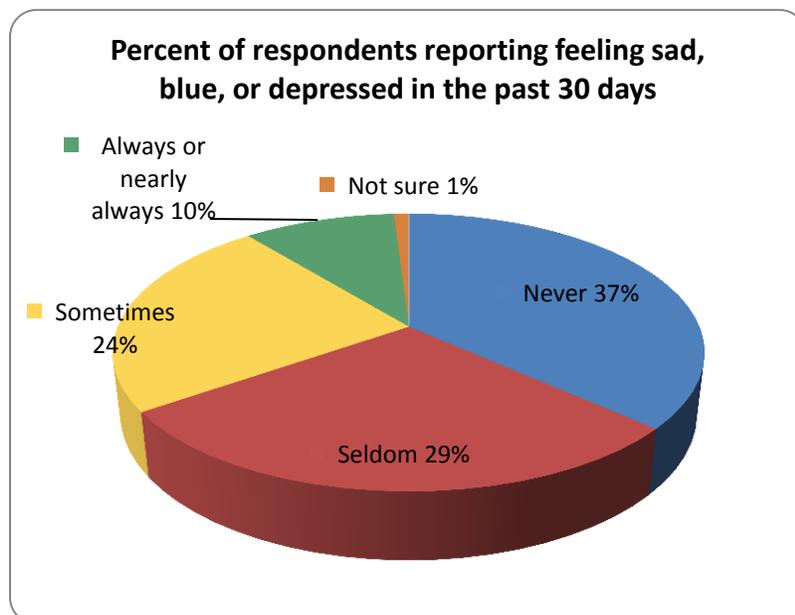


Source: 2015 West Allis-West Milwaukee Community Health Survey



Depression is characterized by a depressed or sad mood, decreased interest in activities which used to be pleasurable, weight gain or loss, fatigue, inappropriate guilt, difficulty concentrating and/or recurrent thoughts of death. The burden of depression is increased due to the association with behaviors linked to other chronic diseases:

- Depression is an established risk factor for smoking and may even impede smoking cessation efforts.
- Early onset of drinking has been reported to be associated with depressive symptoms. Physical activity and obesity are modifiable risk factors for depression.
- Depression is associated with poor sleep throughout the lifespan. (15)

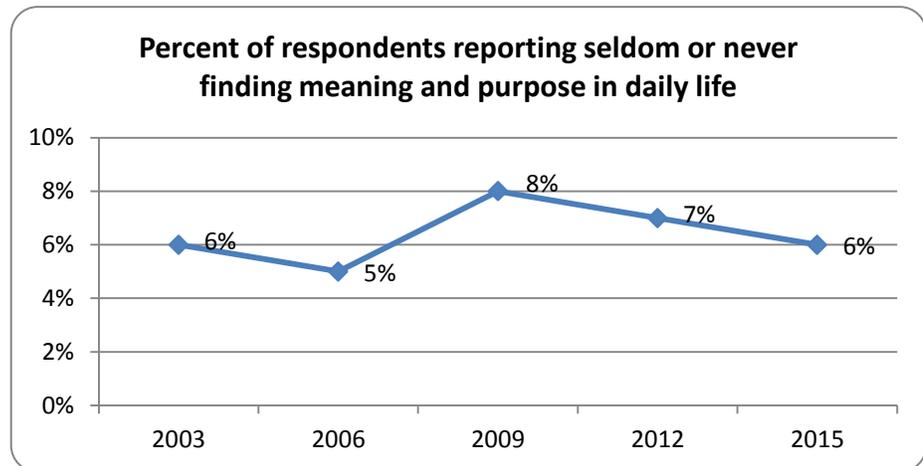


- 10% of respondents (representing 7,650 residents) reported they always or nearly always felt sad, blue, or depressed in the past 30 days.
- 5% of respondents reported their 8-17 year old child always or nearly always felt unhappy, sad, or depressed in the past six months.
- 36% of respondents selected mental health or depression as a top three issue for the community.

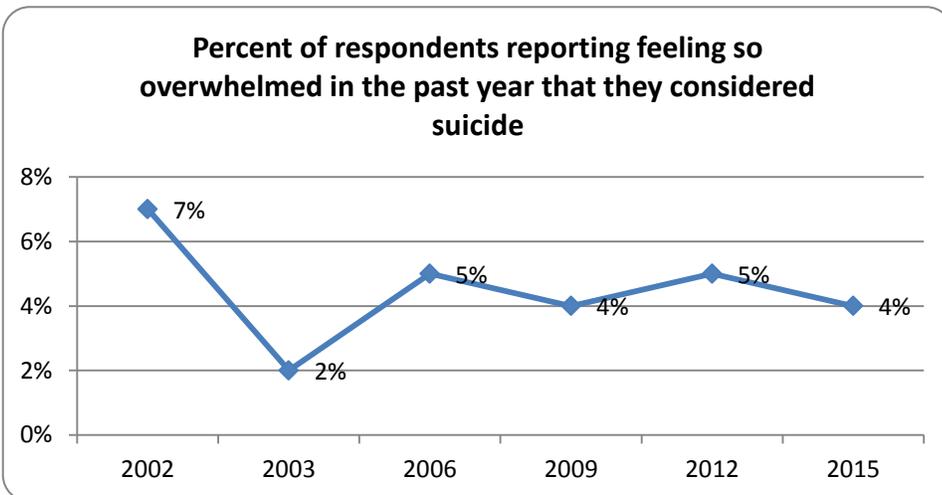
Source: 2015 West Allis-West Milwaukee Community Health Survey



- 6% of respondents reported seldom or never finding meaning and purpose in daily life.
- 41% reported always finding meaning and purpose in life while 33% reported nearly always.



Source: 2015 West Allis-West Milwaukee Community Health Survey



Source: 2015 West Allis-West Milwaukee Community Health Survey

- 4% of respondents (representing 4,590 residents) reported they felt so overwhelmed in the past year that they considered suicide.

According to the Wisconsin Interactive Statistics on Health (WISH) from the Wisconsin Department of Health Services, in 2012 (the latest date statistics are available), there were a total of 104 suicides in Milwaukee County. The table below shows this by age grouping. (16)

Number of suicides in Milwaukee County in 2012 by age group								
Age group (years)	0-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
# Suicides	4	16	19	8	17	21	10	9

Source: Wisconsin Interactive Statistics on Health, Injury Mortality Module (16)

Statistics also show, in 2014, in Milwaukee County, the average length of stay for all causes of self-inflicted injury hospitalization was 4.1 days with the average hospital charge of \$23,188. The following table details the length of stay and charges for individual causes of self-inflicted injury. (17)



Self-inflicted injury hospitalizations in Milwaukee County in 2014					
	Total Number of Injury Hospitalizations	Total Number of Days	Average Length of Stay (days)	Total Charges	Average Charges
All causes selected	988	4,016	4.1	\$22,840,666	\$23,118
MVT (Motor vehicle traffic crash) - Self-inflicted /Assault/Undetermined	X	11	X	\$53,164	\$26,582
Firearms	6	44	7.3	\$269,249	\$44,875
Poisoning	643	1,970	3.1	\$13,994,619	\$21,765
Falls	6	49	8.2	\$608,410	\$101,402
Suffocation	14	115	8.2	\$922,585	\$65,899
Fire, heat, chemical burns	6	41	6.8	\$121,968	\$20,328
Cutting or piercing objects	242	1,287	5.3	\$4,407,147	\$18,211
Other specified classifiable cause of injury	X	26	X	\$155,960	\$38,990
Other specified cause of injury, not elsewhere classifiable	59	372	6.3	\$1,862,852	\$31,574
Unspecified cause of injury	6	101	16.8	\$444,712	\$74,119

X - WISH suppresses small numbers (when cell size is less than 5) to comply with Wisconsin vital records data privacy guidelines
 Source: Wisconsin Interactive Statistics on Health, Injury-Related Hospitalization Module (17)

Important mental health skills, including healthy coping mechanisms, resilience, and good judgment, help adolescents to achieve overall well-being and set the stage for positive mental health in adulthood. In the U.S., approximately one in five adolescents have a diagnosed mental health disorder, such as depression and/or anxiety disorders, while nearly one-third show symptoms of depression. (18) The table below shows the mental health risks of West Allis-West Milwaukee 9th-10th grade students with that of Wisconsin 9th-10th grade students.

Percent of West Allis-West Milwaukee and Wisconsin 9 th and 10 th grade students reporting mental health risk				
	WAWM	WI	WAWM	WI
Grade	9	9	10	10
Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months	30.5%	23.1%	34.0%	26.8%
Seriously considered attempting suicide in the past 12 months	19.6%	14.3%	19.4%	15.2%
Made a plan about how they would attempt suicide in the past 12 months	15.1%	12.4%	15.6%	13.2%
Attempted suicide at least once in the past 12 months	13.5%	6.1%	12.1%	7.6%
Have at least one teacher or other adult at school that they can talk to if they have a problem	57.0%	64.2%	61.0%	71.1%

Source: 2014 West Allis-West Milwaukee Youth Risk Behavior Survey, 2013 Wisconsin Youth Risk Behavior Survey (10)

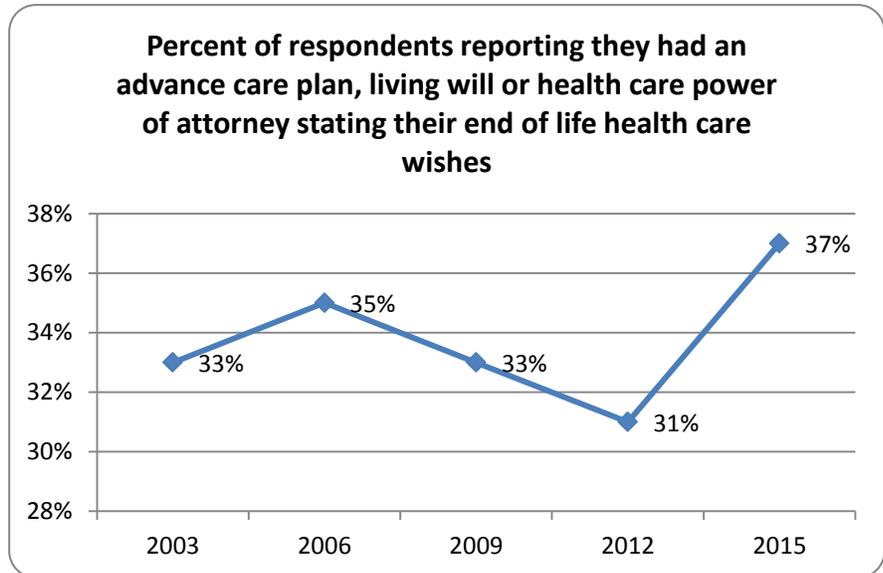


 **Advance Care Plan**



An advance care plan, also known as living will, personal directive, advance directive, or advance decision, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. (19) Advance care plans are a way to communicate your end-of-life wishes to family, friends, and health care professionals.

- 73% of respondents 65 and older reported they had an advance care plan



Source: 2015 West Allis-West Milwaukee Community Health Survey

 **Causes of Hospitalization**

Hospitalization data is available by zip code. The communities of West Allis and West Milwaukee do not have their own zip code. They share zip codes with the surrounding communities of Milwaukee, Greenfield, and Wauwatosa. For example, zip code 53214 is about 18% City of Milwaukee residents, 53219 is about 50% City of Milwaukee and 3% City of Greenfield, and 53227 is about 16% City of Milwaukee. Because the vast majority of residents in these zip codes are from West Allis and West Milwaukee, the data should be reflective of the total populations of these two communities.

Specific disease and population hospitalization rates for zip codes 53214, 53219, and 53227		
	2009	2014
Coronary heart disease hospitalization rate per 1,000 population	4.7	3.6
Cerebrovascular disease hospitalization rate per 1,000 Medicare beneficiaries (age 65 and over)	24.9	23.5

Source: Wisconsin Department of Health Services, Hospital Inpatient Data System, Richard Miller, DHS/DPH/OHI



The table below details the causes of hospitalizations in 2014 for zip codes 53214, 53219, and 53227. It shows the causes of hospitalizations in order of frequency, the percent of hospitalizations for each cause, and finally the percent of the total hospitalization charges for each cause.

Causes of hospitalizations for zip codes 53214, 53219, and 53227 in 2014 by number of hospitalizations, percent of hospitalizations, and percent of hospital charges			
	Frequency of hospitalizations	Percent of hospitalizations	Percent of hospitalization charges
Normal Childbirth	1565	11.91%	3.37%
Mental disorders	1325	10.08%	4.94%
Injury and poisoning	1126	8.57%	12.02%
Heart disease	1115	8.48%	13.22%
Digestive system diseases	1070	8.14%	9.60%
Respiratory system diseases	1040	7.91%	7.56%
Complications of pregnancy, childbirth, and the puerperium	887	6.75%	2.57%
Orthopedic conditions	846	6.44%	10.25%
Infectious and parasitic diseases	746	5.68%	7.38%
Other circulatory system diseases	535	4.07%	5.42%
Genitourinary diseases	486	3.70%	3.33%
Endocrine, nutritional, and metabolic diseases, and immunity disorders	384	2.92%	2.30%
Neoplasms (cancer)	383	2.91%	5.64%
Nervous system and sense organs diseases	310	2.36%	2.37%
Skin and subcutaneous tissues diseases	299	2.27%	1.58%
Diseases of the blood and blood-forming organs	135	1.03%	0.84%
All other	892	6.79%	7.60%
Total	13,144	100%	100%

Source: Wisconsin Department of Health Services, Hospital Inpatient Data System, Richard Miller, DHS/DPH/OHI
Note: Charges are the hospitals' retail charges. They do not reflect set fee schedules for Medicare and Medicaid patients, nor any negotiated plan discounts. They do not include independent fees for physicians, outpatient services, and other expenses.

Preventable hospitalizations are hospitalizations for conditions where timely and effective ambulatory care can reduce the likelihood of hospitalization. Avoidance of unnecessary hospital visits is a priority strategy for containing health care costs. The following two tables detail by age group the number of preventable hospitalizations, average length of stay, average charge per stay, and the reported total hospital charges – the first contains data from 2009, and the



second from 2014. This data shows an increase in the number of days per average hospital stay, an increase in the average charge per stay, and an increase in the reported total hospital charges from 2009 to 2014.

Number of preventable hospitalizations and average stay per hospitalization for zip codes 53214, 53219, and 53227 in 2009				
Age group	Number	Average stay (days)	Average charge	Reported total hospital charges
<18 years	86	2.4	\$10,335	\$888,837
18-44 years	169	4.0	\$21,772	\$3,679,419
45-64 years	446	5.5	\$31,553	\$14,072,657
65 years and older	1,033	5.2	\$26,709	\$27,590,250
Total	1,734	5.0	\$26,662	\$46,231,163

Source: Wisconsin Department of Health Services, Hospital Inpatient Data System, Richard Miller, DHS/DPH/OHI
Note: Charges are the hospitals' retail charges. They do not reflect set fee schedules for Medicare and Medicaid patients, nor any negotiated plan discounts. They do not include independent fees for physicians, outpatient services, and other expenses.

Number of preventable hospitalizations and average stay per hospitalization for zip codes 53214, 53219, and 53227 in 2014				
Age group	Number	Average stay (days)	Average charge	Reported total hospital charges
<18 years	106	3.1	\$20,750	\$2,199,462
18-44 years	256	4.0	\$28,592	\$7,319,581
45-64 years	512	7.0	\$46,326	\$23,719,065
65 years and older	1,010	6.1	\$38,420	\$38,804,854
Total	1,884	5.9	\$38,239	\$72,042,962

Source: Wisconsin Department of Health Services, Hospital Inpatient Data System, Richard Miller, DHS/DPH/OHI
Note: Charges are the hospitals' retail charges. They do not reflect set fee schedules for Medicare and Medicaid patients, nor any negotiated plan discounts. They do not include independent fees for physicians, outpatient services, and other expenses.

Resources

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19. **Wikipedia The Free Encyclopedia.** Advance Healthcare Directive. [Online] December 21, 2015. [Cited: January 15, 2016.] https://en.wikipedia.org/wiki/Advance_healthcare_directive.



Causes of Death

Leading Causes of Death by Age

Details on Infant Mortality: Less than 1 year of Age

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

Details on Adult Mortality: 25-44 Years of Age

Details on Adult Mortality: 45-64 Years of Age

Details on Adult Mortality: 65 Years of Age and Older



Causes of Death

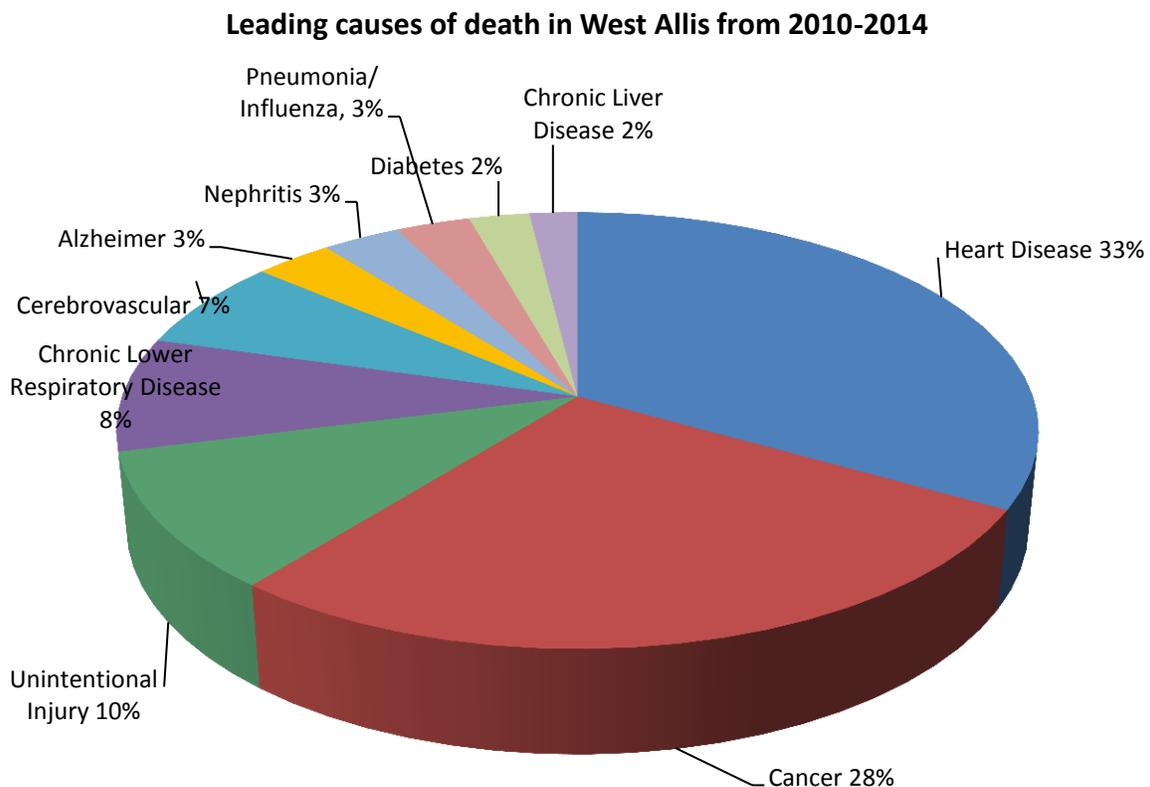
Mortality rates differ among the age groups due to changes in the patterns of high-risk behaviors, long-term exposure to various agents, genetic makeup, changes in biological processes, lifestyle, and a number of other factors. For example, risk taking behaviors that are seen in the adolescent group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

Number of deaths per year in West Allis from 2010-2014	
Year	Number of Deaths
2010	693
2011	647
2012	687
2013	712
2014	674

Source: Wisconsin Department of Health Services (1)

Causes of Death at a Glance

The ten leading causes of death for all ages for West Allis from 2010-2014 according to the Wisconsin Department of Health Services is reflected in the chart below. (1)



Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services (1)




Leading Causes of Death by Age

Below are the leading causes of death for West Allis residents by age from 2010-2014. The top ten leading causes of death remain the same as from 2004-2008 with only a slight change in position for nephritis (8 to 7), pneumonia/influenza (9 to 8), and diabetes (7 to 9). The colored blocks correspond to the top ten leading causes of death for West Allis residents.

Leading causes of death for West Allis residents by age from 2010-2014									
	All Ages	<1 Year	1-14 Years	15-24 Years	25-34 Years	35-44 years	45-54 Years	55-64 Years	65 Years +
1	Heart Disease 832	SIDS 7	Homicide 3	Unintentional Injury 14	Unintentional Injury 22	Unintentional Injury 27	Cancer 66	Heart Disease 121	Heart Disease 647
2	Cancer 692	Short Gestation Low Birth Weight 3	Cancer 1	Homicide 5	Suicide 7	Heart Disease 15	Heart Disease 45	Cancer 101	Cancer 505
3	Unintentional Injury 256	Congenital Malformation 3	Unintentional Injury 1	Suicide 4	Cancer 5	Cancer 13	Unintentional Injury 34	Unintentional Injury 28	Chronic Respiratory Disease 181
4	Chronic Respiratory Disease 211	Placenta/ Cord/ Membrane 3	Heart Disease 1	Cancer 1	Homicide 2	Suicide 6	Chronic Liver Disease 25	Chronic Respiratory Disease 21	Stroke 142
5	Stroke 169	Maternal Pregnancy Complications 2	Suicide 1	Stroke 1	Heart Disease 2	Stroke 4	Suicide 10	Stroke 13	Unintentional Injury 129
6	Alzheimer's Disease 80	Necrotizing Enterocolitis 2	Chronic Respiratory Disease 1	Congenital 1	Chronic Liver Disease 2	Chronic Liver Disease 3	Stroke 9	Diabetes 9	Alzheimer's Disease 80
7	Nephritis 80	Musculo-Dystrophia 1	Congenital 1		Congenital 1	Congenital 3	Chronic Respiratory Disease 8	Chronic Liver Disease 9	Nephritis 71
8	Pneumonia / Influenza 76	Circulatory 1			Diabetes 1	In Situ Neoplasm 1	Pneumonia / Influenza 4	Suicide 9	Pneumonia / Influenza 67
9	Diabetes 62	Labor Complications 1			Aortic Aneurysm 1	Diabetes 1	Diabetes 3	Nephritis 7	Diabetes 48
10	Chronic Liver Disease 49	Diarrhea/ GE 1				Aortic Aneurysm 1	Nephritis 2	Pneumonia / Influenza 5	Septicemia 36

Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services (1)

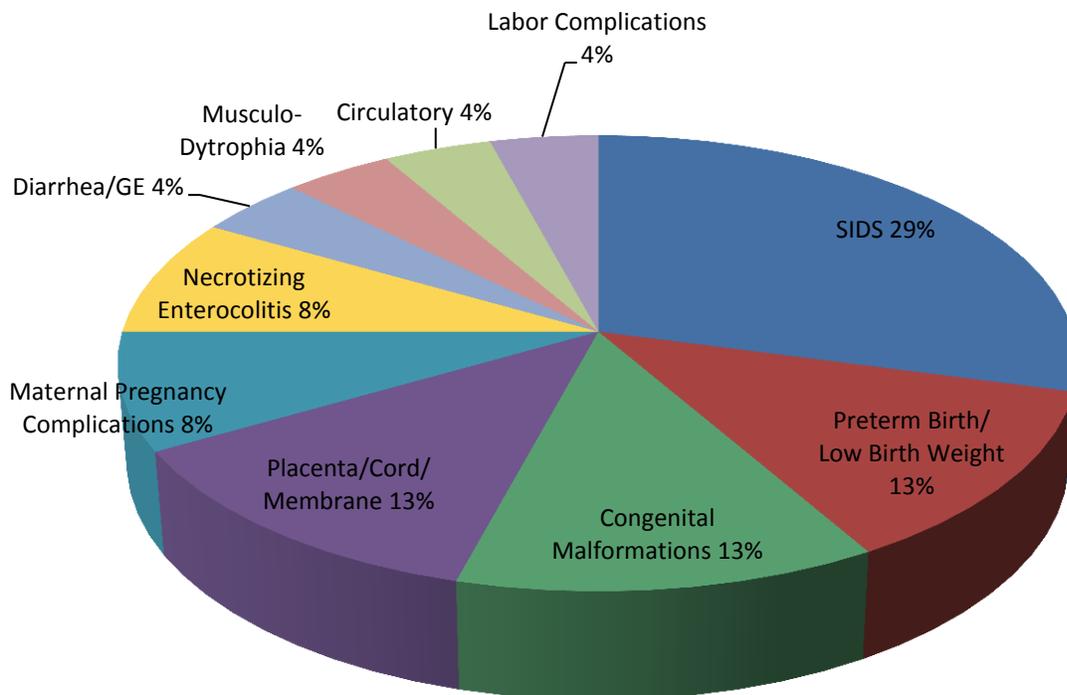


Details on Infant Mortality: Less Than 1 Year of Age

The death of a baby before his or her first birthday is called infant mortality. It is one of the most important indicators of the health of a community or nation. Infant mortality is associated with a variety of factors such as maternal health, quality and access to medical care, preventive health practices, and socioeconomic conditions. (2)

Most newborns grow and thrive. However, in the United States for every 1,000 babies that are born, six die during their first year. Most babies die as a result of birth defects, preterm birth, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy, or injuries. (2) In West Allis, the top three leading causes of infant mortality (SIDS, preterm birth, congenital malformations or birth defects) together account for about 55% of all infant deaths in a five year period. (1)

Leading causes of death among infants less than 1 year of age in West Allis from 2010-2014



Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services (1)

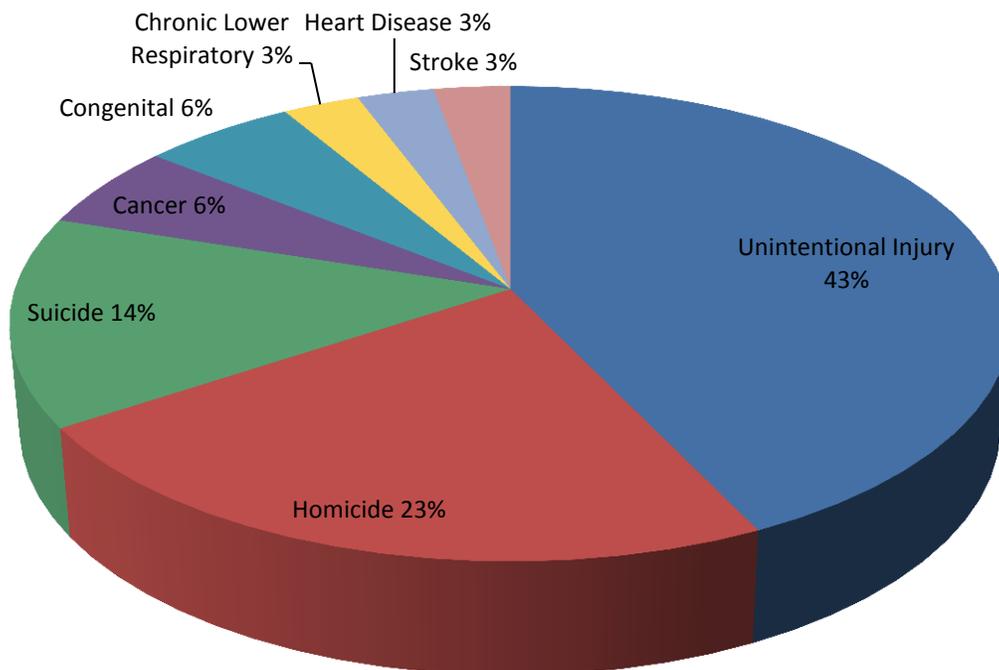


Details on Child and Young Adult Mortality: 1-24 Years of Age

In the United States, the leading causes of death for 1-4 year olds are accidents, congenital malformations, and homicide. For 5-14 years olds, the leading causes of death are unintentional injuries, cancer, and suicide. For 15-19 year olds, the leading causes of death are unintentional injuries, homicide, and suicide. This is a large change from the 1950s when two of the leading causes of death were influenza/pneumonia and tuberculosis for children and young adults age 1-24 years of age. (3)

The leading causes of death for the age groups 1-4 years, 5-14 years, and 15-24 years has been combined in the graph below. In West Allis, for ages 1-24 years, unintentional injuries, homicide, and suicide accounted for 80% of the total deaths. (1) These are all considered preventable injuries. Cancer is the leading non-injury related cause of death for children and adolescents ages 1-24 years of age.

Leading causes of death among persons 1-24 years of age in West Allis from 2010-2014



Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services (1)

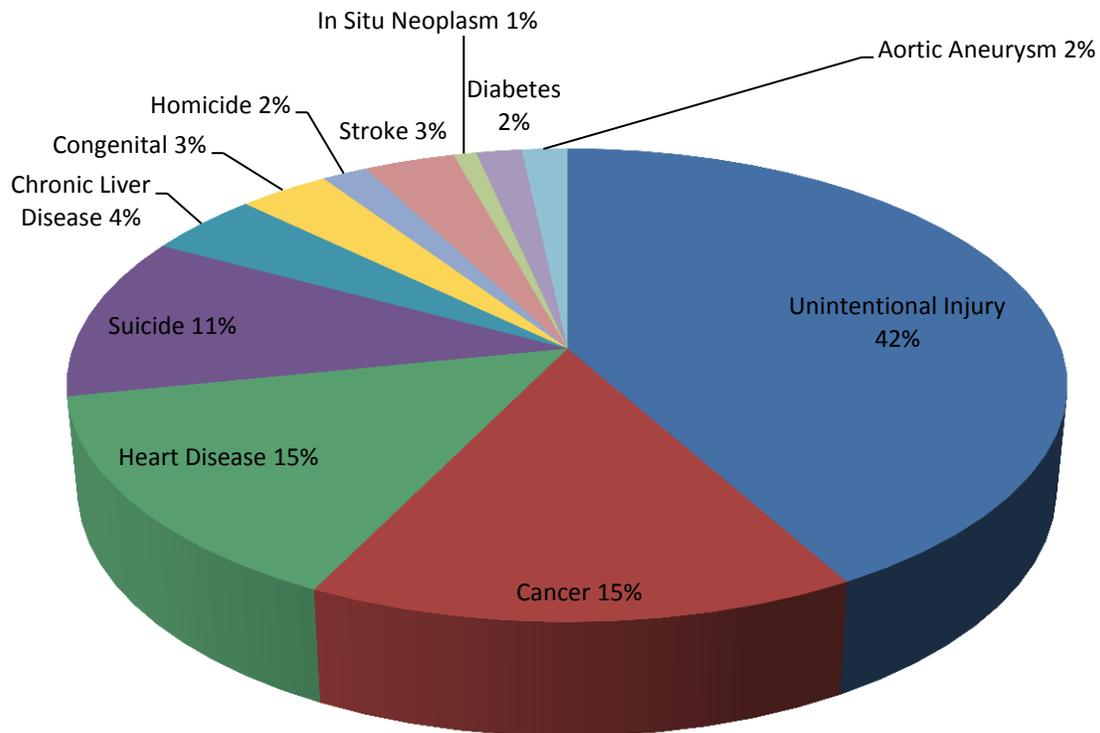


Details on Adult Mortality: 25-44 Years of Age

In West Allis, for persons 25-34 years of age, unintentional injuries account for 51% of the total deaths. For the 35-44 age group, unintentional injuries account for 36% of the total deaths. (1) For persons 25-34 years of age, suicide accounted for 16% of deaths. For the 35-44 age group, suicide accounted for 8% of the total deaths. The top causes of death for the combined age group of 25-44 years of age were unintentional injury, cancer, and heart disease. This corresponds to the leading causes of death in Wisconsin as well. (4) As previously noted, compared to younger ages, more chronic diseases begin to appear on this list. These illnesses are due, in part, to lifestyle factors such as diet, exercise, and stress. (5)

The ten leading causes of death for the age groups 25-34 years and 35-44 years have been combined in the graph below.

Leading causes of death among persons 25-44 years of age in West Allis from 2010-2014



Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services (1)

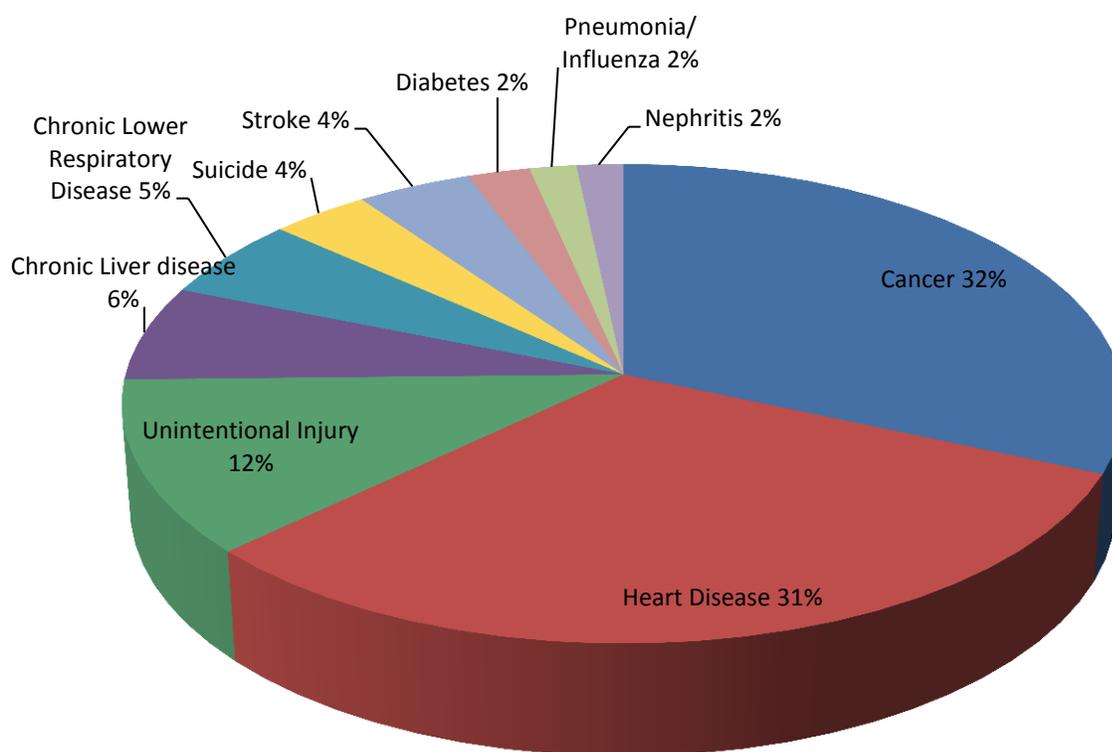


Details on Adult Mortality: 45-64 Years of Age

More than one-fourth of all Americans and two out of every three older Americans have multiple chronic conditions. (6)

In West Allis, cancer and heart disease are the leading causes of death for this age group accounting for 63% of the top ten leading causes of death. Unintentional injury is the third leading cause of death at 12%.

Leading causes of death among persons 45-64 years of age in West Allis from 2010-2014



Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services (1)



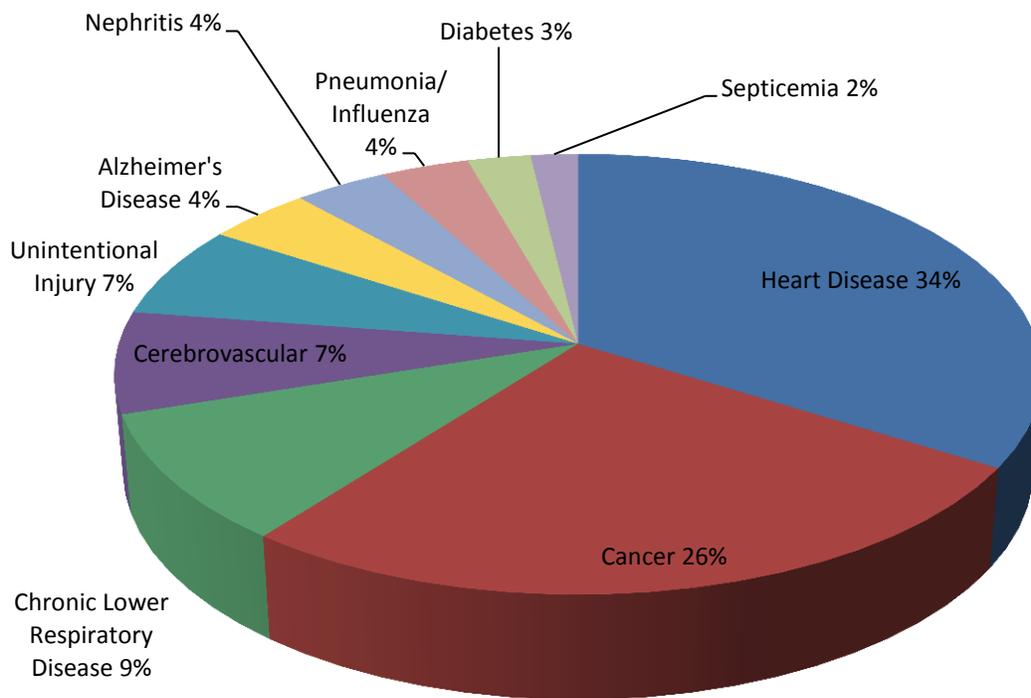
Details on Adult Mortality: 65 Years of Age and Older

The life expectancy of a person who reaches 65 years of age is 19.3 years. Men have a 17.9 year life expectancy while women at 65 years have 20.5 years. (7) Across the United States, heart disease and cancer have been the two leading causes of death for persons 65 years of age and older for the past two decades. Heart disease accounts for nearly one-third of all deaths among older persons while cancer accounts for about one-fifth of all deaths in the age group. (8)

In West Allis, the leading causes of death for person 65 years and over are heart disease, cancer, and chronic lower respiratory disease. The majority of all deaths are caused by chronic conditions such a heart disease, cancer, stroke, diabetes, and Alzheimer’s disease.

During 1989-1991, life expectancy at birth in Wisconsin was 77.4 years. By 2010-2012, life expectancy at birth increased to 80.3 years.

Leading causes of death among persons 65 years of age and older in West Allis from 2010-2014



Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services (1)

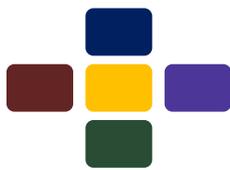



Resources

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6. **Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.** The State of Aging & Health in America 2013. [Online] n.d. [Cited: February 2, 2016.] http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf.
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8. —. Trends in Causes of Death among Older Persons in the United States. *National Center for Health Statistics*. [Online] n.d. [Cited: February 2, 2016.] <http://www.cdc.gov/nchs/data/ahcd/agingtrends/06olderpersons.pdf>.







Community Themes and Strengths Assessment



PURPOSE: The purpose of the Community Themes and Strengths Assessment is to gather community thoughts, opinions and concerns that provide insight into the issues of greatest importance to the community and how the community perceives the quality of life in West Allis and West Milwaukee.

This assessment answers the 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?

METHOD: The methods for obtaining information varied widely from analysis of documents to the conduction of diverse focus groups. The Community Themes and Strengths Assessment includes:

- City of West Allis Strategic Plan
- Windshield Survey
- Hispanic Focus Group
- AODA Focus Group
- Weight of the Nation Screening and Focus Groups
- Built Environment Review

KEY FINDINGS: Responses were compiled and analyzed for common themes. Review of the data shows the following health issues to be of top concern:

- Alcohol and drug use – especially with youth
- Obesity and nutrition
- Public safety
- Access to healthcare
- Chronic disease





Community Themes and Strengths Assessment



Overview

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? (1)

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.

City of West Allis Strategic Plan

The City of West Allis Strategic Plan was conceived as an opportunity to obtain a pulse and a vision for the community, and to understand the steps necessary to make that vision a reality. A call for volunteers in February of 2015 generated a committee of 29 active participants of varying ages and interests. Over the course of nine meetings, this committee worked together to identify the community’s strengths, weaknesses, opportunities, and threats; identify the values of the community; and identify a specific set of goals, objectives, and prioritized operational strategies, that could be used to strengthen the community, empower its citizens, and move the City of West Allis forward. (2)

Strengths	Weaknesses
<ul style="list-style-type: none"> • Location • Parks and Trails • Community Events • Shopping Opportunities • Education Opportunities • Recreation Department • Emergency Services • Community Groups • Leadership • Redevelopment • Other Amenities – Library, Health Department, Senior Center, Religious Institutions, Aurora West Allis Medical Center 	<ul style="list-style-type: none"> • Image and Reputation • Communication, Public Relations, & Marketing • Neighborhoods and Housing • Apathy/Complacency • Business Environment • City Services and Regulations • Economics • Perception of Crime • Diversity and Demographics • Arts Environment • Education • Other – Rat Infestation, Landlocked City



Opportunities	Threats
<ul style="list-style-type: none"> • Marketing • Neighborhoods • Schools • Green Community • Activities • Business 	<ul style="list-style-type: none"> • Image and Reputation • Neighborhoods • Demographics • Business • Economics • Other – Open School Enrollment, Complacency

Community values were also identified by the committee. The following is the list of identified values of the West Allis community in no particular order:

Family	Cleanliness	Integrity	Service
Community	Responsibility	Stability	Collaboration/Cooperation
Knowledge/Education	Community Pride	Neighborly Feel	Accountability
Security	Affordability	Diversity	Accessibility
Safety	Fiscal Value	Convenience	Mobility
Communication	Morality/Ethics	Opportunity	Recreation
Economic Stability	Respect	Heritage	Social Awareness

Finally, the City of West Allis Strategic Planning Committee identified six goals, with related objectives and strategies, to move West Allis forward.

1. Promote open communication and cooperation between stakeholders within the City of West Allis, foster the sharing of information pertaining to community happenings, and market West Allis as a destination.
2. Foster strong, safe, secure, and stable neighborhoods that celebrate the history and vision of the people living in those neighborhoods.
3. Encourage a robust and diverse business environment that respects cultural heritage and responsible land use and meets community needs and desires.
4. Promote the cultural arts within West Allis.
5. Engage the citizens of West Allis by providing a myriad of activities and opportunities for involvement.
6. Embrace and encourage the use of sustainable “green” technologies.

Windshield Survey

A windshield survey is a type of community assessment that provides basic information about the community and its people during a given time of year. This type of survey provides a visual snapshot of a community, supplying information on topics such as housing options, green space, and transportation, and at the same time, identifying potential gaps in the community.



For the purposes of this survey, completed April 29, 2015, a loop was created starting on 55th and National and going west to 124th street, east down Oklahoma Avenue to Beloit, then 60th Street to Greenfield Avenue, and then National Avenue west to the Health Department. Also included are observations from Hwy 100, Greenfield Avenue, Lincoln Avenue, and 84th Street. For the 2015 Community Health Assessment, the survey was conducted from a moving vehicle by three observers (one driver, two recorders).

Areas addressed include:

- **Boundaries:**
 - The City of West Allis boundaries are roughly Schlinger Avenue/Interstate I-94 to the north, Oklahoma Avenue to the south, 55th Street to the east, and 124th street to the west
- **Housing and zoning:**
 - West of 84th Street – homes primarily built in the 1960s-1980s, most housing is made of brick, housing is single family with the exception of very large multi-unit apartment complexes around Hwy 100 and four mobile home parks
 - East of 84th Street – homes primarily built in the 1960s and earlier, most homes have aluminum and/or wood siding, lots are small, housing is typically bungalow style and duplexes
 - Senior living and assisted living places are abundant throughout the city
- **Signs of decay:**
 - Most housing and businesses are well maintained
 - A few unoccupied industrial buildings were noted
 - Overall city seemed clean; litter noted by the freeway but not throughout city
- **Parks and recreation:**
 - Quite a bit of green space noted throughout the city
 - Large parks – Greenfield, LaFollette, West Allis Sports Complex, McCarty
 - Small parks – Root River Parkway, Rainbow Park Community Gardens, West Allis Skate Park, Washington/Liberty Heights, Rogers, Veterans
 - Bike trails – Hank Aaron Trail
 - Active West Allis West-Milwaukee Recreation Department
- **Common areas:**
 - Wisconsin State Fair Park, West Allis Farmers Market, West Allis Library, West Allis Senior Center, West Allis City Hall
 - Many bars and restaurants
- **Stores:**
 - Large number of convenience stores, gas stations, and bars
 - Pet grooming, thrift stores, family owned restaurants, food chain establishments, large grocery stores, Sam’s Club, Walgreens, home improvement stores, banks, credit unions, tattoo parlors, check cashing establishments
- **Transportation:**
 - Significant amount of road construction throughout the city
 - Most residents drive, however significant number use bus transportation
 - Busses visible throughout the city



- **Communication:**
 - Bilingual communication/signage
 - Quite a few “Slow down West Allis” and “Those who host lose the most” signage
- **Service centers:**
 - City has a wide variety of services, especially those available to low income persons, disabled persons, and veterans
 - Notable: Hearing/Deafness Center, Armed Forces Career Center, Veterans Quest, LaCausa, Fr. Gene’s Help Center, Salvation Army, Greater Milwaukee Free Clinic. Aurora West Allis Medical Center
 - The West Allis-West Milwaukee School District:
 - Central High School, Nathan Hale High School, WAWM Learning Center, Shared Journeys
 - Four intermediate schools
 - Eleven elementary schools
- **People in the community:**
 - Appear to be low to middle income
 - A few people noted to be pushing shopping carts
- **Industries:**
 - West of 84th Street – retail stores, restaurants, light industrial businesses toward I-94, many auto dealers and auto repair stores, significant number of banks
 - East of I-94 – bars, auto dealers and auto repair stores, cell phone retailers, food establishments of all types, heavy industrial businesses, business district
- **Protective services:**
 - Streets are well lit and there were no observed street light outages
 - Main police station and court house are west of 84th Street
 - A police satellite station is located on the east side of the city
 - One patrol officer observed driving during the survey
 - There are three fire stations – one on the west side and two on the east side
 - Overall, the protective services seemed well distributed
- **Ethnicity:**
 - East of 84th Street: Some businesses with Hispanic names which would support the assumption that there is a higher concentration of Spanish speaking individuals on the east side
 - Ethnic groups observed included Caucasian, Hispanic, and African American. On the west side of the city there is a strip mall with several Vietnamese/Asian establishments
- **Religion:**
 - Overall there are many churches – Catholic, Lutheran, Presbyterian, Methodist, etc. in relationship to the population and size of the city
 - Almost all the churches had a school or daycare attached to them
 - Quite a few places for worship compared to the size of the city



- **Health and Morbidity:**
 - A large number of alcohol establishments were noted
 - Several people were noticeably overweight
 - Several individuals were smoking
- **Politics:**
 - No political activity was observed

Hispanic Focus Group

Addressing community needs requires a heightened sensitivity to the many cultural and familial complexities of the West Allis and West Milwaukee communities, while also developing ways to draw out the unique strengths found in these various cultures and diverse lifestyles.

Background

The most recent U. S. Census confirms that there has been a steady increase in the Hispanic population of West Allis and West Milwaukee in the last several decades. The Hispanic population in West Allis rose from 1.5% in 1990 to 9.6% in 2010. In that same time period, the Hispanic population in West Milwaukee increased from 4.0% to 25.4%. According to the Wisconsin Department of Public Instruction, this increase was also reflected in the Hispanic population for the West Allis West Milwaukee School District. During the 2000-2001 school year, 4.7% of the students were Hispanic; while in the 2012-2013 school year, Hispanic students comprised 21% of the student population. Because of this steady increase, the West Allis Health Department facilitated the assembly of a Hispanic focus group to share, in their native language, opinions regarding the health concerns and needs of Hispanic families living in West Allis and West Milwaukee. This will help identify and prioritize future services to benefit these families.

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 focus group questions were based on the following research questions:

- 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?

Group Process Methods

Spanish-speaking clients of the West Allis Health Department and members of their families aged 18 and older were invited to attend the focus group at the West Allis Health Department on April 25, 2015. The clients were contacted by phone or in person. Furthermore, two of the West Allis Promotoras (Hispanic community health workers) 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/retail gift card incentive was provided to each participant and free childcare was offered. A reminder letter, written in Spanish, was mailed to each of the participants to remind them of the date, time, and location of the focus group and reminder phone calls were made several days before the event.

The group was comprised of 15 native Spanish speaking West Allis or West Milwaukee residents. There were nine women and six men. The ages ranged from 22 to 57 years old. The discussion was facilitated in Spanish by an experienced group moderator. Two native Spanish-speakers with an interest in health care issues recorded the participants' responses. One note taker recorded group responses on poster-size paper displayed for immediate group review and validation of their comments for accuracy. The other note taker recorded group comments on a laptop computer. The note takers were instructed prior to the event not to actively engage in the group discussion. Following the discussion, the participant's responses were typed in both English and Spanish languages by the note taker.

Results and Discussion

Questions: (The number behind each response signifies the number of participants that agreed)

1. What do you view as strengths of your community?
 - The education system is outstanding/good/supportive of special education – 10
 - The police department: effective, a sense of security, strict – 7
 - The recreational department is very complete/well structured, offering programs for children – 2
 - Fire Department – 2
 - More bilingual services being offered in government offices – 1
 - Access to small neighborhood libraries (i.e. mini libraries) – 1
 - Access to bilingual education for individuals to learn English: MATC/ESL – 1
2. What are some of the things you see as lacking in your community?
 - Community clinics for individuals without health insurance – 11
 - Sufficient number of bilingual programs in the school system – 11
 - More art activities/liberal arts, for example music, art, etc. – 11
 - West Allis programs in Spanish such as health, education, etc. – 10
 - Greater support of bilingual personnel in general – 10
 - Family oriented physical activities: zumba, exercise classes, nutrition, healthy foods – 9
3. What are the top three health concerns of your family?
 - Lack of accessible health insurance – 14
 - Prevention of chronic illnesses such as diabetes, cancer, etc. – 14
 - Dental assistance – 14
 - Lack of direct support between parents, teachers, and professionals – 13
 - Attention deficit in children with ADD/ADHD and hyperactivity – 8
 - Ongoing services and programs that focus on obesity issues – 1



4. Do you feel that you have the ability to become involved in some of the solutions to these problems? How?
 - By taking initiative – 14
 - Get involved and volunteer in school and community activities – 14
 - Create and offer support programs for acculturation, American culture adaptation – 12
5. What groups or organizations are working to improve these problems?
 - The West Allis Health Department and WIC – 14
 - Schools – 11
 - Casa Esperanza located in Waukesha – 1
6. Where do you go for health care?
 - 16th Street Clinic – 10
 - The West Allis Health Department – 6
 - Waukesha family medical center – 2
7. Where do you get information about staying healthy or treating illness?
 - Health fairs – 13
 - Hospitals – 11
 - Media – 10
 - WIC Clinic – 9
 - Family doctor – 8
 - Family – 2
8. What makes it hard for you to get the health services you need?
 - Cost/money – 13
 - Language – 12
 - Social security/legal status – 12
 - Lack of information – 12
 - Lack of community services (medical) – 12
 - Politics (government decisions) – 12
 - Transportation – 3
9. What would make it easy for you to get the health services you need?
 - Accessible health center for people with scarce resources – 13
 - Developing health programs focusing on prevention in an emergency such as first aid – 8
 - Having/developing accessible health insurance – 12
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?
 - Greater promotion of drug and alcohol prevention in the schools and homes – 13
 - Work on the clash of cultures (i.e. drugs, school vs. home education, marijuana) – 12



- Promote information in Spanish about chronic diseases where the Hispanic community is most vulnerable – 12
- To have information available in Spanish regarding all types of illnesses/display information in public areas, schools, etc. – 11
- Provide education on how to eat healthy within our culture – 11

Strengths of the Focus Group Process

- The West Allis Promotoras were available and instrumental in the recruitment of participants from a relatively broad reach of the West Allis-West Milwaukee communities
- Holding the Hispanic Focus group exclusively in the Spanish language helped to eliminate any potential misinterpretation of the participant's comments and concerns due to cultural nuances or language barrier
- The focus group's credibility was strengthened by the note takers writing participant responses on large wall posters and having the group verify that the responses correctly represented the individual and group thoughts
- The West Allis Health Department partnered with Core El Centro, a grass roots organization that was able to provide a native Spanish speaking bilingual facilitator to lead the focus group
- The group's two note takers were Hispanic, native Spanish-speakers
- Free, childcare was provided
- The age of participants ranged from 22 to 57 years old, making it more representative of the whole community
- Equal number of male and female participants; equal gender perspective
- Flexibility with offering the event on a Saturday, easier for working family members to attend focus group
- Many of the participants expressed an interest in participating in future discussion groups and volunteering at Hispanic health events in West Allis and West Milwaukee

Limitations of the Focus Group Process

- Small group size of 15
- Participants stated that they would have liked more time for discussion
- No representation from someone 65 years old or older

Group Recommendations:

- There is still a need for more interpreters in the West Allis and West Milwaukee community
- Provide further educational opportunities on how to eat healthy within the Hispanic culture
- Continue to provide written materials in Spanish
- Utilize Promotoras to increase community knowledge of health resources
- Conduct monthly meetings with community members and discuss certain health topics or issues



- Provide educational programs in Spanish on health topics listed in the section on priority issues
- Open a clinic here in West Allis, like the 16th Street Clinic, which provides health and medical services for people with scarce resources
- Increase the number of dental providers in the community that accept Medicaid insurance and/or individuals without medical insurance
- Partner with neighborhood schools and provide them with Spanish-language materials that can be given to parents and families
- Additional community outreach is needed to involve the Hispanic community
- Create a “Hispanic Parents Social of West Allis” in which parents could help each other, exchange ideas, skills or simply get to know each other as neighbors

Comparisons between the Two Focus Groups

The Hispanic Focus Group held in April 2015 was the second Hispanic discussion group of its kind held at the West Allis Health Department. The first focus group was held in May 2010. In order to attempt comparison between these two focus group’s responses, the methodology and questions were kept the same. Furthermore the two focus groups happened to have comparable demographics in terms of gender and age.

Identifying the similarities in the responses between the two focus groups helps to highlight significant trends or issues that may not have been addressed or need further attention and that are of great importance to the Hispanic community. The differences in responses help to clarify where there has been a shift in ideas or priorities among members of the Hispanic community.

In comparing the responses gathered from the two focus groups similarities and differences were noted. Most notably, both focus groups have agreed that the “language barrier” between clients and health workers makes it difficult to not only receive services, but also to participate in local health fairs and events. Many of the focus group participants expressed an interest in having more Spanish oriented health programs and services. Other important points brought up by both focus groups include: having greater access to affordable and quality health care insurance, more dental assistance, more resources/information in Spanish, more interpreters, a need for greater social support, help with transportation, and additional promotion of health services.

In terms of differences, in 2010 a greater emphasis was given to the issue of immigration and how that impacts receiving health services. At this year’s discussion, more emphasis was given to the topic of education and how it can be included within the Hispanic culture. Other topics that were discussed this year that differed from the 2010 Hispanic Focus Group include:

- Greater focus on the structure and development of school systems
- More attention to children with ADD/ADHD and hyperactivity
- Need for education on healthy nutrition within the Hispanic culture
- How to address the “clash” of cultures.



AODA Focus Group

On September 6, 2013, ten Hispanic women who either live in or have children attending WAWM schools were asked to participate in a focus group regarding alcohol and other drugs. This focus group was supported by the West Allis-West Milwaukee Community Coalition. Three of the women were West Allis Promotoras (Hispanic community health workers). One woman owns a small business in West Allis. All of the women were mothers. The focus group was held entirely in Spanish and notes were translated into English by the Spanish speaking facilitator.

Questions asked included:

1. Please describe efforts you are aware of in your community to address the issue of substance abuse among youth.
2. What are the strengths and weaknesses of these efforts, in your opinion?
3. Would there be any segments of the community for which these efforts/services may appear inaccessible?
4. Is there a need to expand these efforts/services? If not, why not?
5. Are the leaders of your community involved in these efforts? If no, what would get them interested/involved?
6. What are the primary obstacles to efforts addressing this issue in your community? Are there any circumstances in which members of your community might think that this issue should be tolerated?
7. In addition, participants were asked, "On a scale of 1 – 5, how much of a concern are the following substances? Alcohol? Tobacco? Marijuana? Prescription drugs?"

In general, the findings showed the participants felt the community:

- Makes it easy for underage youth to obtain alcohol
- Has a problem with parents giving alcohol to their underage children in homes and bars
- Is most concerned about marijuana and alcohol use by youth
- Has not been successful in communicating with the Hispanic community regarding the dangers of alcohol and drug use

Weight of the Nation Screening and Focus Groups

In October of 2013, the West Allis-West Milwaukee Community Health Improvement Plan Obesity Workgroup set up a screening of the documentary *Weight of the Nation*. The goal of the event was to raise awareness of the consequences of obesity, present specific data about our community, and provide a call to action for policy change. In attendance were approximately 30 community members from West Allis-West Milwaukee schools, Aurora West Allis Medical Center, religious organizations, City of West Allis, Village of West Milwaukee, area medical clinics, and other organizations. Following the screening, there was an opportunity for small group focused discussion on specific topics such as physical activity, worksite wellness, family food environment, and food in schools and in communities.



From these small focus groups, several themes and strategies emerged:

Foods in Schools

- Need to educate parents
- Peer pressure can be positive
- Rewards for good choices

Physical Activity in Children/Schools

- Embrace video games that are active instead of fighting their use
- Encourage family activities – need to be convenient
- Create inclusive culture/educate parents of opportunities

Walking and Active Communities

- Support plan for Complete Streets (streets designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities)
- Promote the great resources already available in the city, state, community

Family Food Environment

- Promote community gardens/gardens at home
- Get family included in meal preparation
- Try a new food a month
- Teach families how to use and prepare foods
- Advertise farmers markets more
- Have a family meal once per week

Foods in Communities

- Support “Farm to Table” restaurants
- Start a mobile farmers market
- Challenge restaurants to create 500 calorie meals
- Challenge schools to come up with walk to school/wellness activities (eating and fitness)
- “Iron Chef” contest (create favorite “healthy” recipe)
- West Allis Farmers Market – invite guest food preparer to make healthy food item
- West Allis Farmers Market – encourage vendors to use Electronic Benefit Transfer (EBT), develop system for reimbursing vendors and distributing tokens

Worksite Wellness

- Solicit leadership support of worksite wellness programs in order to secure financial backing, promote programs and encourage employee participation

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 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
- Plan compact, pedestrian friendly, and mixed use neighborhoods
- Enable many activities of daily living to occur within walking distance, allowing independence to those who do not drive i.e. the elderly and youth
- Design interconnected networks of streets to encourage walking, reduce the number and length of automobile trips, and conserve energy
- Plan appropriate building densities and land uses within walking distance of transit stops, permitting public transit to become a viable alternative to the automobile (3)

Updates on the City of West Allis Comprehensive Plan 2030

As of 2015 there have been many achievements made towards fulfilling the 2030 Comprehensive Plan. Following are a few of the highlights:

- Phase One of the Cross-Town Connector has been completed. (This is a 1 mile paved segment between S. 124 St to S. 108 St. The West Allis Trail crosses the Milwaukee County Oak Leaf Trail and connects to the New Berlin Recreational Trail system.)
- Sixteen miles of bike routes have been established with signage on major streets that lead to a trail or bike lane. Sharrows (share the lane markings) were included on S. 76 Street north of W. Greenfield Ave., on S. 60 Street and on W. Greenfield Ave between S. 60th Street and S.70th Street and S. 76th Street to 84th Street.
- Bike Lanes were added within segments of the following streets: S. 116th Street, W. Cleveland Ave., W. Greenfield Ave., W. National Ave., and W. Oklahoma Ave.
- Radtke Skate Park was opened in November 2014.



- The City received a grant to design and construct a bicycle share system with Midwest Bicycle Share/Bublr Bikes (9 stations designated for West Allis). The City is collaborating with Wauwatosa and Shorewood to develop and link the respective systems to the Milwaukee Bublr.

For more information and updates on City Development (including future plan for identified brownfields, sites previously used for industrial use) refer to:

- City Update to the Comprehensive Outdoor Recreational Plan:
<http://www.westalliswi.gov/index.aspx?nid=1005>
- City Study on developing the National Ave. Corridor Plan:
<http://www.westalliswi.gov/index.aspx?nid=954>

Community Gardens



Rainbow Park Garden, the first community garden in West Allis, opened in 2014, a result of a six-years combined effort and partnership of community stakeholders. These stakeholders included the Milwaukee County Parks, UW Extension, City of West Allis, Home Depot, West Allis Community Improvement Foundation, and the West Allis Community Garden Committee. Rainbow Park Garden holds 45 plots, all of which were rented during the first two planting seasons. The site also includes an educational gardening kiosk and a

sharing library for school children and residents alike. Two of the plots were used to grow produce for a local food pantry that services veterans and low income residents and/or the homeless. These two plots yielded over 85 pounds of produce.

Other gardening activated include:

- Four area elementary schools have started gardens and built “green” curriculum around their gardens
- There is a plan to create two more school gardens in the 2015-2016 school year
- Two West Allis senior living facilities have developed vegetable gardens for resident use.
- Two more community gardens may be developed in 2016 at LaFollette and McCarty Parks.

West Allis Farmers Market

The West Allis Farmers Market, the largest open-air market in the Metropolitan Milwaukee area, is located at 6501 W. National Avenue in West Allis and has been in operation since 1919. As the oldest market in the area, it was designated as a city landmark in 1986 and continues to thrive today. The Market is open from May through November each year. The present structure was dedicated on May 9, 1931 and contains 154 stalls. All produce sold at the market is grown by vendors. Currently there are 40 active vendors.



Built Environment Summary

These recent developments and notable city resources mark a commitment to preserve, restore and, where possible, to create more “green space” in West Allis and West Milwaukee. Ideally these city assets will continue to inspire a sense of pride and ownership for the residents of West Allis and West Milwaukee toward their community, as well as create and sustain an appealing community environment conducive to healthier lifestyles.

Summary

Several common themes emerged from the various methods used to collect community thoughts, opinions, and concerns. Safe neighborhoods, quality education, and green spaces are all highly valued by the community. In addition, community members place a high value on city services, access to quality healthcare, the receipt of health information, and the reduction of language barriers.

The City of West Allis and the Village of West Milwaukee have seen many changes over the past several years. Changing economics, an increase in diversity, and a trend toward less owner-occupied housing has brought about some uncertainty. However, there remains a steadfast pride in the community, particularly from long-term residents. Depending on the perspective, this is a community with potential or with struggles. There is a widespread desire to continuously improve the community.

West Allis and West Milwaukee have many assets available that can be used to improve the communities’ health. There are accessible opportunities for both indoor and outdoor recreation, a strong public infrastructure that includes city services and schools, and accessible health services including a local hospital (Aurora West Allis Medical Center), a full service health department, a fire department, and a variety of medical clinics. There are key stakeholders who, through the development of collaborations and partnerships, are willing to invest in the community and take ownership of issues. In addition, many residents are active in the community and demonstrate their concern for the health of the community by participating in focus groups, strategic planning for the city, etc. The increasing diversity of the communities is also seen as an asset offering new perspectives and opportunities.

Acknowledgements

Community Partners:

City of West Allis Comprehensive Plan 2030 (Steve Schaer)
City of West Allis Strategic Planning Committee (Chair – Eric Torkelson)
Core/El Centro (Maria Miramontes)
Cynthia Esparza
West Allis Community Garden Workgroup
West Allis Promotoras
West Allis-West Milwaukee Community Coalition (Tammy Molter)
West Allis-West Milwaukee Healthy Lifestyles Coalition
(Co-chairs – Jennifer Vaclav and Cheryl Davies)



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Forces of Change Assessment



PURPOSE: The purpose of the Forces of Change Assessment is to analyze the positive and negative external forces that impact the promotion and protection of the public's health.

This assessment answers the questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?
- How can we measure these threats and opportunities?

METHOD: Twenty-four community leaders from the City of West Allis and the Village of West Milwaukee representing local government, healthcare, schools, faith-based organizations, and businesses attended 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/or events for the next five years.

KEY FINDINGS: Responses were compiled and analyzed for common themes. A review of the data showed the following health issues to be of top concern:

- Street drug usage
- Mental health
- Family instability
- Lack of exercise and inadequate / inappropriate nutrition
- Homelessness
- Misuse of healthcare system resources
- Changes in healthcare coverage
- Decreased compliance with immunizations





Forces of Change Assessment



Overview

The Forces of Change Assessment provides an analysis of the positive and negative external forces that impact the promotion and protection of the public's health. The results should answer the questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?
- How can we measure these threats and opportunities? (1)

The Forces of Change Assessment focuses on identifying trends (patterns over time), factors (discrete elements), and events (one-time occurrences) that may affect the public health system within the next five years. Specific threats and/or opportunities associated with these forces of change will guide the local public health system in future assessments and planning.

Process

On February 26, 2015, twenty-four community leaders from the City of West Allis and the Village of West Milwaukee representing local government, healthcare, schools, faith-based organizations, and businesses attended a brainstorming session aimed at identifying pivotal trends, factors, and/or events, or forces of change, in West Allis and West Milwaukee. Prior to the event, attendees were asked to contemplate the following questions considering social, economic, political, technological, environmental, scientific, and legal influences or forces:

- What trends, factors, and/or events do you perceive may occur in the next five years that will affect the community's health?
- What trends are unfolding at the local, state, or national level that could impact West Allis and West Milwaukee?
- What characteristics of our community or state provide either an opportunity or threat?
- What might occur in the future that may impose barriers to achieving our vision for a healthier West Allis and West Milwaukee?
- How can we measure the health of our community?

Following a welcome by Mayor Dan Devine and introductions by City of West Allis Health Commissioner Sally Nusslock, these leaders were pre-assigned to five different small groups to discuss their answers to the questions above. A lively discussion of the trends, factors, and/or events affecting the health of our community, the opportunities created, and the threats posed ensued. Each group then shared their lists with the larger group. The small groups reconvened to prioritize the complete list of trends, factors, and/or events, discuss the likelihood of occurrence, and the potential impact on the health of the community.



Following the small group discussion, the large group reassembled for one last discussion. Community leaders were asked to quantify the issues by answering the questions:

- How can these trends, factors, and/or events be measured? (How can we quantify the data? What are the indicators?)
- Who can be contacted to obtain data from your organization? (Where can we find the information needed to assess the issues?)

 **Results**

The following table highlights the threats and opportunities created by these top priorities:

Social Forces		
Trend, Factor and/or Event	Opportunity	Threat
Increased street drug usage	Early childhood education Compassion training for providers EMS refer individuals to rehab EMS identify near-deaths and align with treatment Social/emotional supports for those in recovery Skill development for providers Destigmatization Community education Increased access to Narcan	Use of support groups to access drugs Heroin epidemic Increased crime Feeding and growth concerns for drug-dependent babies Loss of life Overloaded system Decreased treatment options Lack of hope Difficulty reaching out to those in need
Changing demographics	New values New perspectives Educational opportunities Increased community diversity Cultural competencies The city is a more creative and interesting place to live	Isolation Communication difficulties Barriers to access services Socio-economic challenges Changing prevalence of health concerns Inadequate/insufficient resources
Increased mental health concerns	Outreach to community – VA Increased crisis intervention training Referrals to community resources Telemedicine Increased support to responders, providers, supporters, teachers	Decreased budgets Decreased number of trained psychiatrists Lack of entry into resources and treatment Lack of treatment/services/resources Lack of senior services for mental health - Medicare doesn't cover Impact of trauma on children Increased risk of suicide Lack of follow-up after services sought
Community Apathy	Marketing of West Allis Increased enforcement of City ordinances Incentive programs Neighborhood associations Creation of more green space Neighborhood safety Increased home ownership - less vacancies	Increased crime Rodents Rundown properties Perceived decrease in quality of schools Decrease in the number of owner occupied properties Number of vacant, abandoned and/or rundown properties



Social Forces (continued)		
Trend, Factor and/or Event	Opportunity	Threat
Family instability	Parenting skill education Positive programs for teens Educational opportunities Evidence-based programs for: Budgeting Mentorship Workforce development Empowerment Self-respect Programs to improve life circumstances and life span	Negative impact on long-term health Engrained patterns develop Education issues Learning issues Children in unsafe environments Lack of resources Unstable housing Cycle of poverty Increased strain on taxpayers Increased infant mortality Teen pregnancy
Lack of exercise and inadequate / inappropriate nutrition	Outreach/education Build community cohesiveness through physical activity PEP grant through school district City of West Allis Comprehensive Plan Bike trails Improved quality of food beyond calorie count Options for more organized/fun sports Community gardens Increased organic foods Decreased processed foods Increased fruit and vegetable intake Free and reduced lunch Maintenance of high rates of breastfed babies Playground renovations	Shortened lifespan Increase in poverty - more students qualifying for free and reduce lunches Rise in obesity and other related chronic diseases including diabetes People unhealthier at an earlier age Promotion of sedentary lifestyle at an earlier age Highly/over processed foods Fast foods Difficulty exercise opportunities available to the people in need Lack of access to quality foods Increasing health care costs
Homelessness	Public awareness Mental health and treatment options Linkage with partners such as Jessica Lovely from the WAWM School District	Safety concerns Resistance from individuals Lack of mental health resources for intervention
Aging workforce	Succession planning and training Tuition programs for younger workforce Shared services agreements to reduce costs, inefficiencies, and service duplication	Loss of knowledge and skills Decreased number of qualified workers Reduction in programs

Economic Forces		
Trend, Factor and/or Event	Opportunity	Threat
Misuse of healthcare system resources	Mobile/integrated healthcare Education on utilization of healthcare Collaboration with other Healthcare systems for more efficient and effective use of services	Overloaded EMS services Overuse of 911 Overutilization of healthcare services Decreased access to care for appropriate use



Legal/Political Forces		
Trend, Factor and/or Event	Opportunity	Threat
Changes in health care coverage	Improved access to health insurance Prevention focus Increased number of people with insurance Education on utilization of health care Provider accountability	Subsidy uncertainty Loss of Free Clinic Changes in health insurance Less people eligible for BadgerCare Can't afford exchanges Private companies dropping coverage High deductibles (may be unwilling to seek medical advice) High cost of medications Financial penalties imposed on hospitals and providers Not enough dentists and providers accepting Medicaid or new insurance plans Fear of incurring debt due to high deductibles or no insurance
Decreasing compliance with immunizations	Increased visibility of public health Increased awareness of issue Improvement in vaccine production Opportunity for community-wide education	Increased occurrence of communicable diseases More frequent and larger outbreaks and negative long-term consequences of communicable disease

Environmental Forces		
Trend, Factor and/or Event	Opportunity	Threat
Roadway reconstruction	Increased use of public transportation Education on alternatives to using automobiles Increased walkability Assessment of best practices for transportation - other modes of transportation, improved infrastructure, complete streets	Lack of access to City High cost Disruptions, congestion

Technology Forces		
Trend, Factor and/or Event	Opportunity	Threat
Increased utilization of social media / technology	More access to information for patients/clients Cost savings Creation of health apps Policy development Reliable education materials provided by health providers/institutions/local health department	Access to inaccurate information Self-diagnosis/treatment Confidentiality/security Decrease social connectedness Cyber bullying

Other trends, events and/or factors noted and perhaps having a lesser impact on the health of the community at this time included:

- Well City USA designation through the Chamber of Commerce Wellness Committee
- Landlocked as a city and village



- Changing community safety (actual or perceived)
- Rise of e-cigarettes
- Changing licensing and credentialing requirements for health care professionals
- Potential push for state-wide marijuana legalization

The group listed a variety of indicators for each of the trends, factors, and/or events and what they would like to see in the future. For example, under the trend of increased street drug usage, the group would like to see data and subsequent improvement on the number of drug arrests (decrease), the number of overdoses (decrease), and treatment availability (increase). Information on increased street drug usage may be obtained from WAWM Coalition, the Veteran's Administration, West Allis and West Milwaukee Police Departments, West Allis Fire Department, and the Milwaukee County Medical Examiner. The other trends, factors, and/or events were similarly discussed. The information obtained from this group discussion will be used by the West Allis Health Department as well as other members of the Community Health Assessment Advisory Team (CHAAT) to direct the local public health system in continued assessment and planning.

Summary

From the perspective of the community leaders assembled, national trends such as changes in health care coverage, mental health concerns, the lack of exercise and proper nutrition for all age levels, and decreasing compliance with immunizations have a great impact on the health of our community. Locally, trends such as changing demographics, community apathy, and the misuse of healthcare system resources also were perceived to have a great impact on our community's health.

The trends, events and/or factors identified are also categorized as social, economic, political, technological, environmental, scientific, and legal influences:

- Social forces – aging workforce, the use of street drugs, health workforce development, community safety, family instability, community apathy, homelessness, mental health services, the rise of e-cigarettes, changing demographics, and lack of exercise and inadequate/inappropriate nutrition.
- Economic – misuse of healthcare system resources.
- Legal/Political forces – changes in health care coverage, compliance with immunization requirements, and the push for legalization of marijuana.
- Environmental forces – road reconstruction affecting the built environment of our community and being a landlocked community.
- Technological forces – utilization of social media.
- Scientific – no scientific trends, events, and/or factors were identified.

While some of these trends, factors, and/or events may impact the community's health in a more positive or negative way, the community leaders found that most posed opportunities as well as threats. Built environment growth and infrastructure development (including parks,



trails, walkable communities, bike lanes, urban gardens and the use of sustainable resources) make our community a better place to live, but require continued investment stretching already thin budgets. Road reconstruction particularly may cause congestion, disruptions to commute, and stress. However, the opportunity exists to improve walkability, educate the public on the use of public transportation, and improve our quality of life. An increase in diversity due to demographic changes (cultural, socio-economic, aging, etc.) is seen as an asset to the community's cultural wealth bringing new values, perspectives, creativity and interest. However, the new demographic reality may require increased resources, increased workforce training, and the elimination of barriers to communication and access to services.

Acknowledgements

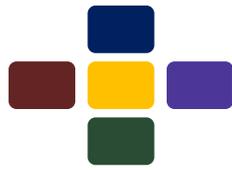
Community Health Assessment Advisory Team (CHAAT):

Dave Bandomir – Captain, West Allis Fire Department
Steve Bane – Chief, West Allis Fire Department
Terese Beauchamp – Aurora West Allis Medical Center
Marla Blom – West Allis-West Milwaukee School District
Diane Brandt – West Allis West Milwaukee Chamber of Commerce
Dan Devine – Mayor, City of West Allis
Robert Fletcher – Deputy Chief of Police, West Allis Police Department
Mary Cay Freiberg – West Allis Board of Health
Jennifer Freiheit – Bay View Advanced Management
Karen Fuerstenau-Zigman – Community Coalition
Rebecca Grill – Administrator, City of West Allis
Ronald Hayward – President, Village of West Milwaukee
Pres Hoffman – Pastor, St. John's Lutheran Church
Denise Koenig – Director, West Allis Senior Center
Cathy Manthei – Pastor, Apostle Presbyterian Church
Citlali Mendieta-Ramos – Antigua Restaurant
Paul Murphy – Judge, Municipal Court
Al Pinckney – Vice-President, MATC-West Allis Campus
Rosalie Reinke – Alderperson, City of West Allis
Steve Schaer – Manager, Planning Zoning, City of West Allis
Kathy Schnieder – Greater Milwaukee Free Clinic
John Stibal – Director of Development, City of West Allis
Suzette Urbashich – Rogers InHealth

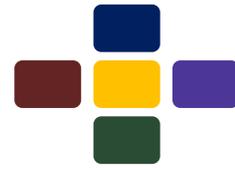
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Local Public Health System – Governance Assessment



PURPOSE: The Local Public Health System Assessment focuses on the local public health system. For purposes of this assessment, the focus was on the Public Health Governing Entity utilizing the Public Health Governing Entity Performance Assessment.

This assessment answers the questions:

- How well are we ensuring that the essential public health services are being provided in our system?
- How can we, as a governing body, better ensure that we are contributing as much as possible to the essential public health services being met in our jurisdiction?

METHOD: For this section of the West Allis-West Milwaukee Community Health Assessment 2015, a modified MAPP process was utilized. Rather than utilize the Local Public Health System Performance Assessment Instrument which focuses on all entities that contribute to the delivery of public health services within a community, the Public Health Governing Entity Performance Assessment Instrument (Governance Instrument) was utilized. This instrument focuses on the governing entity ultimately accountable for the public health department's performance. In the case of the West Allis Health Department, the governing entity is the West Allis Board of Health.

OVERALL FINDINGS: Responses were compiled and analyzed for common themes. Review of the data shows the following issues to be of top concern:

- Establishing policies designed to ensure public health job classification requirements are based on core competencies for public health professionals (Essential Service #8)
- Advocating for appropriate resources to support quality improvement activities (Essential Service #9)





Local Public Health System – Governance Assessment

Overview

For this section of the West Allis-West Milwaukee Community Health Assessment 2015, a modified MAPP process was utilized. (1) Rather than utilize the Local Public Health System Performance Assessment Instrument which focuses on the local public health system or all entities that contribute to the delivery of public health services within a community, the Public Health Governing Entity Performance Assessment Instrument was utilized. (2)(3) This instrument focuses on the governing entity ultimately accountable for the public health department's performance. In the case of the West Allis Health Department, the governing entity is the West Allis Board of Health.

The Public Health Governing Entity Performance Assessment answers the questions:

- How well are we ensuring that the essential public health services are being provided in our system?
- How can we, as a governing body, better ensure that we are contributing as much as possible to the essential public health services being met in our jurisdiction?

Governance Instrument

For the 2015 West Allis-West Milwaukee Community Health Assessment, the Public Health Governing Entity Performance Assessment was completed through a series of regularly scheduled West Allis Board of Health meetings beginning in January 2015 and ending in November 2015.

The Governance Instrument used for this assessment is framed around the:

- Three Core Functions of Public Health
- Ten Essential Public Health Services
- Functions of Public Health Governance (4)

Three Core Functions of Public Health and the Ten Essential Services

Assessment

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

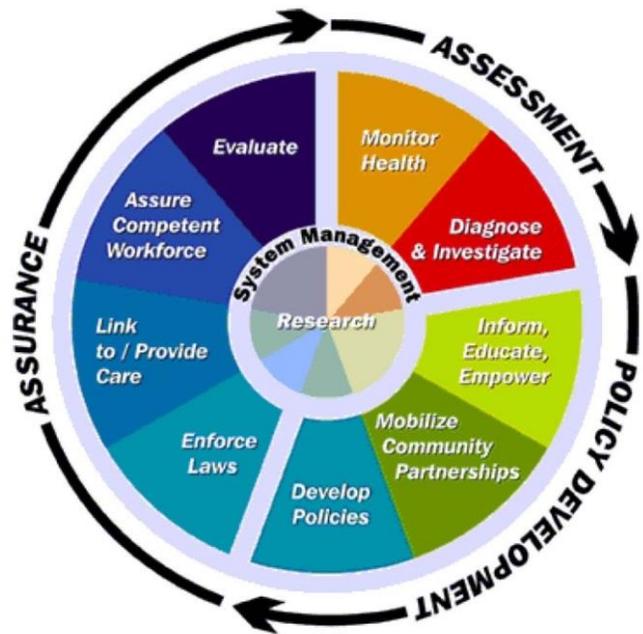
Policy Development

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.



Assurance

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 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. (5)



The Six Functions of Public Health Governance

Not all governing entities are responsible for all functions to the same extent. However, all governing entities are responsible for some aspects of each function. No one function is more important than another.

- **Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject
- **Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services
- **Legal authority:** Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff
- **Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health
- **Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities
- **Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes (4)

The results of this assessment will help identify strengths and weaknesses within the governing body and ways public health services can be more effectively coordinated. In addition, the results from this assessment provide a better understanding of the governing body's



performance in key areas. This information will also help decision makers make more effective policy, program, and resource decisions to improve the public’s health.

 **Assessment Results**

Each public health governing entity model standard has three to eight assessment questions associated with it. West Allis Board of Health members developed a consensus response to each question. Members discussed each question and collectively determined the response that best described the current level of activity within the governing body. The chart below displays the spectrum of activity associated with each response option.

No Activity (0%)	The governing entity does not participate in this activity at all, but does have the legal authority to do so.
Minimal Activity (1-25%)	The governing entity participates in this activity in a limited way, and there is opportunity for substantial improvement.
Moderate Activity (26-50%)	The governing entity participates in this activity, and there is opportunity for improvement.
Significant Activity (51-75%)	The governing entity participates a great deal in this activity, and there is opportunity for minor improvement.
Optimal Activity (76-100%)	The governing entity is doing absolutely everything possible for this activity under its legal authority, and there is no room for improvement at this time.
Not Applicable	The activity is not legally part of this governing entity’s responsibilities; it is outside the public health governing entity’s mandate to participate in this activity.

Each Essential Service score can be interpreted as, “the overall degree to which the governing entity optimally meets the model standard for each Essential Service.” Scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels). Questions answered “Not Applicable” are not included in the score calculations. (4)

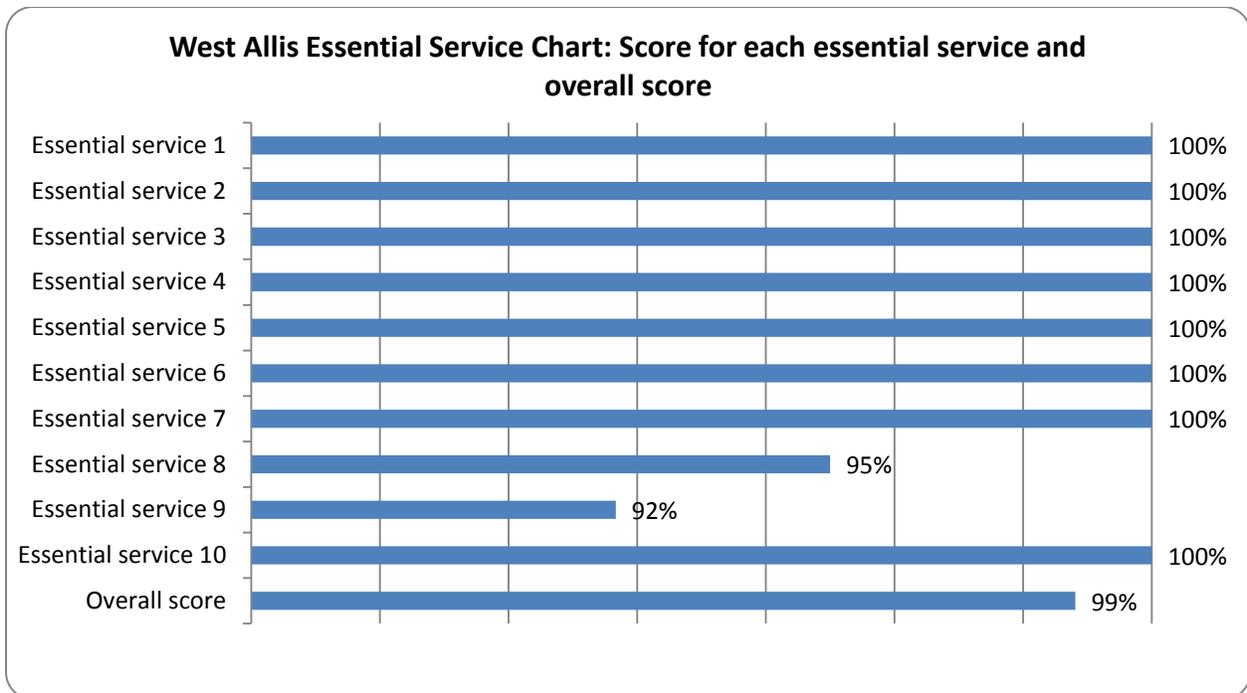
Score Breakdown	Number of Measures
No activity	0
Minimal activity	0
Moderate activity	0
Significant activity	2
Optimal activity	40
Not applicable	3

The Score Breakdown chart to the left shows the number of times each scoring option was used during the assessment by the West Allis Board of Health.

The West Allis Health Department Essential Service Chart on the following page shows the average score given by

the West Allis Board of Health for each Essential Service.





 **Summary**

The Public Health Governing Entity Performance Assessment showed the West Allis Board of Health is confident in the West Allis Health Department’s ability to ensure the essential public health services are being provided in our community. This governing body identified two areas of greatest concern within two of the Ten Essential Services.

- Essential Service #8 - Assure competent public and personal health care workforce
 - These is a need to establish policies designed to ensure public health job classification requirements based on core competencies for public health professionals
- Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services
 - In order to continue to improve as a public health agency, there is a need to advocate for appropriate resources to support quality improvement activities

The results represent the collective performance of the West Allis Board of Health and its oversight of public health service delivery. They will be used to guide the overall public health infrastructure development and implementation of performance improvement activities over the next several years.



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Frank Bialek
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Linda Grulke
Barbara Janusiak
Trustee John Ragonese (West Milwaukee)
Dr. Mark Roberts (Medical Advisor)

Resources

1. **National Association of County & City Health Officials.** *Mobilizing for Action through Planning and Partnerships (MAPP)*. [Online] 2016. [Cited: January 22, 2016.] <http://www.naccho.org/topics/infrastructure/mapp/index.cfm>.
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