



Public Health
Prevent. Promote. Protect.

West Allis Health Department

**West Allis-West Milwaukee
Community
Health
Improvement
Plan
2016 - 2020**



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Introduction



This document is the fourth comprehensive West Allis-West Milwaukee (WAWM) Community Health Improvement Plan (CHIP) formalizing an action plan designed to drive community health efforts through 2020. The successful completion of this document required the collective investment and collaboration of a significant number of community leaders and stakeholders. Many of the participants share years of dedicated service to the West Allis and West Milwaukee communities, enriching their perspective and insight on the strengths, concerns, and challenges specific to these communities. Their commitment to the health and well-being of the residents and to moving the West Allis and West Milwaukee communities forward, culminated in the development of the CHIP document. This document will be the community’s working “blueprint for action” for those focus areas selected as health priorities. The health priorities selected are: Healthy Lifestyles, Mental Health, and Substance Abuse and Addiction.

WAHD CHIP Planning and Support Team leading the Process

A core planning and support team of West Allis Health Department (WAHD) staff was assembled in 2015 to guide and facilitate the development of the West Allis-West Milwaukee Community Health Assessment 2015. A similar core team continued with the oversight of the community health improvement planning process. Team members included:

Sally Nusslock, RN – West Allis Health Commissioner
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Pangnha Cha, RN – Public Health Nurse
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Geyla Savic – Administrative Assistant
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This interactive process, facilitated by the West Allis Health Department, guided local stakeholders through the tasks of prioritizing the top public health issues currently impacting the community, and then mobilizing community partners to develop goals, objectives, indicators, and determining which evidence-based or best practice strategies to implement. The overarching aim of the CHIP process is to ultimately improve the health of those who live, work, and play in the West Allis and West Milwaukee communities.



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Community Health Improvement Plan (CHIP) Methodology

Mobilizing Action through Planning and Partnerships (MAPP) is a community driven method developed by the National Association of County and City Health Officials (NACCHO) to analyze a community's health status, determine the priority health issues, and design an action plan to address these issues. The MAPP Framework consists of six phases. Each phase moves a community forward through the steps of the community health planning and improvement process. The completion of the first three phases of the MAPP Framework: Organizing for Success and Partnership Development, Visioning, and Conducting MAPP Assessments resulted in the development of the West Allis-West Milwaukee Community Health Assessment 2015 (CHA). This comprehensive document provides data trends and information that help identify the health needs, concerns, and strengths specific to our communities. The CHA is used to inform decision-making and guide community planning and action through development of the Community Health Improvement Plan (CHIP). (1)



With the completion of the Community Health Assessment, the community continued with the MAPP Framework to facilitate the development of the Community Health Improvement Plan. The final three phases of the MAPP Framework: Identification (and Prioritization) of Strategic Issues, Formulate Goals and Objectives, and the Action Cycle (Plan, Implement, and Evaluate) complete the process.

Identification (and Prioritization) of Strategic Issues

This phase began the process of developing the West Allis-West Milwaukee Community Health Improvement Plan 2016-2020.

The purpose of this phase was to determine the top health issues for the community and set in motion a process of creating achievable objectives for the community to meet by the year 2020. It began by reconvening many of the same key leaders and stakeholders who had been called upon earlier to assist with the community health assessment process. For the CHIP process, this Steering Committee, designated as the Community Health Assessment Advisory Team (CHAAT), was asked to participate in an interactive forum.



Community Engagement

Review Community Health Assessment Data

Prioritize the Issues

Set Goals, Objectives and Strategies

The Action Cycle



Prior to the CHAAT meeting, each member was provided with a copy of the West Allis-West Milwaukee Community Health Assessment 2015 and a copy of the West Allis-West Milwaukee Community Health Improvement Plan 2011-2015 Progress Report. They were asked to review the materials and then complete a pre-planning survey before attending a morning long meeting to discuss the current community data and trends. The survey presented a brief list of criteria for the participants to consider as each was asked to independently rank what they felt were the top two or three most important health priorities for the community to address.

The criteria questions to consider were:

- ✓ Can the issue be meaningfully impacted by community-level action?
- ✓ What is important enough to the community to inspire and sustain action?
- ✓ What issue(s) pose a significant threat to the community (seriousness, number of persons affected, trends, etc.)?
- ✓ What are the community-level costs of doing little or nothing compared to the benefit of improvement of the issue?
- ✓ Would addressing the issue be a wise use of limited resources?
- ✓ Will acting on the issue support a healthy living and working community?

The survey was designed to help the participants focus in on the most critical issues and to jumpstart the meeting discussion and the prioritization task. An experienced group facilitator guided the participants through an interactive process of large and small group discussion and following the discussion the team selected the top three health priorities:

- Healthy Lifestyles
- Substance Abuse and Addiction
- Mental Health



While these top three health priorities will be areas of increased community focus, other key issues impacting the community were identified at the CHAAT meeting that will require continued community attention and effort. These issues include: infant mortality and prenatal care, safety concerns, violence, family instability, and access to health care services and providers. (Appendix A and B)

Formulation of Goals and Strategies

The next phase of the CHIP process required forming smaller action teams of community partners to develop goals, objectives, indicators, and strategies for each of the health priorities. The teams consisted of six to ten community partners with a designated facilitator and co-facilitator to guide the team members through the process. The action teams each met between two to four times to further examine the issues regarding the health priority. Action team members were recruited based on their interest level, previous experience, or expertise with the health priority.

To ensure the issues were thoroughly assessed, and in order to develop goals, objectives, and strategies that are realistic, meaningful, and appropriate for the West Allis and West Milwaukee communities, the team members were given specific directives to consider throughout their discussions. Considerations included:

- ✓ What gaps and/or barriers exist regarding the health priority?
- ✓ What community resources are available?
- ✓ Are there residents or groups unequally affected by health disparities or barriers leading to inequities in services or health care available to them?
- ✓ Are there initiatives or workgroups currently addressing the health priority?
- ✓ Evidence-based or best practice strategies and policy development.

Throughout the CHIP process, the West Allis Health Department (WAHD) core planning and support team offered oversight and guidance to each of the action teams. Each action team was encouraged to conduct a root cause analysis exercise to further assess causal factors. WAHD staff supported the workgroup efforts by providing documents and tools to further facilitate the team's discussion and work process. These materials included Community Health Assessment data, recommendations from CHAAT regarding the priority, and a listing of websites for evidence-based strategies (Appendix C).

The action team facilitators were coached on how to guide their teams through successful completion of the CHIP Priority Framework. The teams were tasked with:

- Conducting a root cause analysis of the health priority area to better understand the causes in order to select appropriate, effective interventions.
- Deciding on the root causes or aspects to be targeted for intervention.
- Exploring best practice strategies and policy development for implementation.



- Considering the strategies suggested in the state and federal health plans.
- Considering the Socio-ecological Model for Learning and Strategizing (Appendix D).
- Considering the aspects of this priority that may affect health equity (Appendix E).

After multiple meetings to discuss the issues, each action team formulated the CHIP Priority Framework, an outline designed to guide the actions on these issues. The CHIP Priority Framework includes the following components:

Overall Goal (result): *broad statement about the long-term expectation or ideal result of community efforts (2)*

Indicators: *measurement of progress:*

- *The indicator needs to be a realistic and feasible way to measure for progress*
- *There should be at least one indicator per goal/result (3)*

Objectives: *specific measureable statement that describes the end results to be achieved, what is going to be done, and the timeframe in which it will be done (what we are going to do) (2)*

Strategy: *plan or method for achieving a particular goal (4)*

Intervention: *become involved in something in order to have an influence on what happens (5)*

Next, the action teams collaborated with the Healthy Lifestyles Coalition, the WAWM Community Coalition, the WAWM Heroin/Opiate Taskforce, and the newly formed Mental Health and Substance Abuse Taskforce, to garner their input on the proposed goals, objectives, indicators, and strategies. The action team leaders, in collaboration with these community groups, worked to develop a detailed workplan that outlined more specific activities, timelines, and assigned responsibilities for each objective included in the CHIP Priority Framework. Efforts were made to coordinate with existing initiatives and programs to capitalize on available resources, avoid redundancy, and strengthen the approach.

The Action Cycle

The Action Cycle links planning, implementation, and evaluation in an interactive, continuous manner. The ongoing task for the community will be to implement the interventions selected to address the priority goals and objectives. In order to monitor this, each of the action teams will meet two or more times a year as needed to review progress made on the CHIP strategies, assess current trends, address emerging or changing health equity concerns, and consider opportunities or a change of approach to address them, and revise the action plan as indicated. The action teams will provide an annual progress report that will be shared with CHAAT for their review. The approved CHIP progress report will be available for review on the City of West Allis website. (The timeline overview of CHIP events and activities can be found in Appendix F.)



 ***Moving Forward***

The Community Health Improvement Plan provides a blueprint for community action. It is meant to be a dynamic working document to be used by stakeholders to leverage resources in the support of grant funding, and to direct collaboration among community partners. It can also be used to advance policy or guide program development.

While it was important to garner community engagement to develop the plan, it will be equally critical for the success of the CHIP to sustain the community partners' commitment and enthusiasm. Continued community partner investment throughout the process to implement the strategies, review progress, and make necessary revisions, will move the community towards a healthier norm by 2020.



Alignment with State and Federal Health Improvement Plans

The action team members for each of the health priorities were referred to the state and federal health plans for further direction and alignment when setting objectives, determining indicators, and selecting evidence-based strategies.

Healthiest Wisconsin 2020 (6), the Wisconsin state health plan, has several health focus areas including:

- Adequate, appropriate, and safe food and nutrition
- Alcohol and other drug use
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Injury and violence
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure



The West Allis-West Milwaukee priorities also correlate to the Healthy People 2020 Objectives. (7) The community will implement strategies that will support the following federal objectives:



- Nutrition and Weight Status (NWS)-8: Increase the proportion of adults who are at a healthy weight
- Nutrition and Weight Status (NWS)-14: Increase the contribution of fruits to the diets of the population aged 2 years and older
- Nutrition and Weight Status (NWS)-15: Increase the variety and contribution of total vegetables to the diet of the population aged 2 years and older
- Physical Activity (PA)-2: Increase the proportion of adults who meet current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
- Physical Activity (PA)-13: Increase the proportion of trips made by walking
- Physical Activity (PA)-14: Increase the proportion of trips made by bicycling
- Mental Health and Mental Disorders (MHMD)-1: Reduce the suicide rate
- Mental Health and Mental Disorders (MHMD)-2: Reduce suicide attempts by adolescents
- Substance Abuse (SA)-3: Increase the proportion of adolescents who disapprove of substance abuse



- Substance Abuse (SA)-14: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages
- Substance Abuse (SA)-19: Reduce the past-year nonmedical use of prescription drugs

The West Allis-West Milwaukee Community Health Improvement Plan 2016-2020 health priorities align closely with the state and federal priorities as seen in the table below:

Relationship Between West Allis-West Milwaukee CHIP, and the State of Wisconsin and Federal Health Improvement Plans and Priorities				
		West Allis-West Milwaukee CHIP (Local)	Healthiest Wisconsin 2020 (State)	Healthy People 2020 (Federal)
Health Priorities	Healthy Lifestyles	✓	✓	✓
	Mental Health	✓	✓	✓
	Substance Abuse and Addiction	✓	✓	✓



Healthy Lifestyles

Why is Healthy Lifestyles a priority for West Allis-West Milwaukee?

The lifestyle choices we make individually, and the environments we create as a community, have a major impact on our physical, social, and mental well-being. As highlighted in Healthiest Wisconsin 2020, adequate and appropriate nutrition and regular physical activity are cornerstones to the prevention of certain chronic diseases including type 2 diabetes, obesity, cancer, heart disease, and stroke. (6) In 2015, 74% of West Allis and West Milwaukee residents were considered overweight or obese. Obesity is associated with poorer mental health as well as many of the leading causes of death in the United States such as diabetes, heart disease, and some cancers. (8)



We cannot control certain factors that affect our health such as age or genetic makeup. However, as individuals, we can greatly improve our quality of life while reducing our risk for many serious diseases by making wise lifestyle choices. As a community, we can promote policy, strategies, and social and physical conditions that ensure healthy lifestyles are affordable and accessible to all.

West Allis leadership recognizes that a healthy lifestyle is integral to overall health and wellness. Their commitment to healthier living is evidenced by a strong focus to create a built environment conducive to healthy lifestyle choices that can positively impact a person's wellbeing. A 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). (9) This includes making changes to the city infrastructure to preserve and extend green space, creating community gardens, expanding a network of bike and walk paths, and redesigning land use to be more pedestrian friendly. In addition, the Mayor has actively championed physical activity through his strong personal endorsement of the annual Move 30 a Day Mayor's Activity Challenge extended to all West Allis and West Milwaukee residents. Promoting this challenge is one of the premier initiatives of the active West Allis-West Milwaukee Healthy Lifestyles Coalition. These efforts show a clear investment to move the community towards a healthier place to live, work, and play.



The Healthy Lifestyles priority aligns with the Healthiest Wisconsin 2020 goal of increasing access to fruits and vegetables and promoting a community environment that fosters safe, affordable options to increase one's physical activity. It also supports the Healthy People 2020 goal of improving health through daily physical activity and maintenance of a healthy body weight.



West Allis-West Milwaukee will work to increase access to fruits and vegetables by implementing a variety of strategies to include supporting the electronic benefits transfer (EBT) method of payment for low income residents at the West Allis Farmers Market and promotion and support of breastfeeding as the earliest initiative to reduce obesity risk.

Furthermore, West Allis-West Milwaukee will promote enhancements made to the physical environment, such as the walk/ bike paths, the installment of the BUBLR bike stations, and change in community design by transitioning to Complete Streets (interconnected network of streets designed to encourage safe, convenient travel and access throughout the city for people of all ages and abilities. Complete Streets supports varied modes of safe transportation that includes pedestrians, bicyclists, motorists and transit users). (10) In addition, the City will continue to facilitate the Move 30 a Day Mayor's Activity Challenge to foster increased physical activity.

 **Important Facts about Healthy Lifestyles in West Allis-West Milwaukee (11)**

- ❖ Heart disease is the leading cause of death for West Allis residents and accounted for 33% of the top ten leading causes of death in the years 2010-2014, cancer was second
- ❖ 9% of respondents reported having heart disease
- ❖ 25% of respondents reported having high blood pressure
- ❖ 9% of respondents reported having diabetes
- ❖ 22% of respondents reported having high blood cholesterol
- ❖ 74% of respondents are overweight or obese
- ❖ 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
- ❖ 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



Goal 1: West Allis-West Milwaukee (WAWM) residents will demonstrate behaviors that support a healthy lifestyle.

How will we know if we are making a difference?		
Long Term Indicators	Baseline	Source
% of WAWM residents reporting overweight or obesity	74% (2015)	Community Health Survey
% of WAWM residents meeting the minimum recommended minutes of physical activity	47% (2015)	Community Health Survey
% of WAWM residents eating 2 or more servings of fruit	66% (2015)	Community Health Survey
% of WAWM residents eating 3 or more servings of vegetables	29% (2015)	Community Health Survey
% of WAWM infants that are breastfed upon hospital discharge	75% (2014)	Wisconsin Interactive Statistics on Health

Objective 1: By December 31, 2018, implement or enhance two programs that will facilitate residents to meet the minimum recommended minutes for daily physical activity.

Target Population: West Allis and West Milwaukee residents

Data Source: West Allis-West Milwaukee Healthy Lifestyles Coalition meeting minutes

Strategies:

- Places for Physical Activity – shared use of school equipment (What Works for Health Wisconsin)
- Mayor’s Challenge (Community Guide)
- USDA SNAP education – Fit Families Program

Lead Agency: West Allis-West Milwaukee Healthy Lifestyles Coalition

Objective 2: By December 31, 2020, expand or implement three new initiatives or policies related to the built environment to promote physical activity and healthy habits.

Target Population: West Allis residents

Data Source: City of West Allis Planning and Zoning Division progress report



Strategies:

- Enhance built environment – Expand bike paths, improve National Avenue crosswalks, install BUBLR bicycle stations (Community Guide)
- Educate the public on the new bike roadway signage to encourage biking and promote bike safety for both cyclists and motorists

Lead Agency: City of West Allis Planning and Zoning Division

Objective 3: By December 31, 2020, 20 West Allis-West Milwaukee businesses will utilize their worksite setting to support health promotion offerings to impact health behaviors.

Target Population: West Allis and West Milwaukee businesses

Data Source: Roster of businesses participating in Well City programming

Strategies:

- Worksite obesity prevention (What Works for Health Wisconsin)
- Advocate for businesses to participate in Wellness programming – Well City designation

Lead Agencies: City of West Allis, WAWM School District, Aurora West Allis Medical Center, WAWM Chamber of Commerce

Objective 4: By December 31, 2018, implement three new initiatives that will increase access to fruits and vegetables.

Target Population: West Allis and West Milwaukee residents

Data Source: West Allis-West Milwaukee Healthy Lifestyles Coalition meeting minutes

Strategies:

- Community Gardens (What Works for Health Wisconsin)
- School gardens (What Works for Health Wisconsin)
- EBT at the West Allis Farmers Market (What Works for Health Wisconsin)

Lead Agency: West Allis-West Milwaukee Healthy Lifestyles Coalition





Objective 5: By December 31, 2020, the West Allis-West Milwaukee Breastfeeding Coalition will conduct two community-based activities to support breastfeeding as the infant feeding norm.

Target Population: West Allis and West Milwaukee women of child bearing age and infants

Data Source: West Allis-West Milwaukee Breastfeeding Coalition meeting minutes

Strategies:

- Reestablish the West Allis-West Milwaukee Breastfeeding Coalition (What Works for Health Wisconsin)
- Facilitate businesses with their efforts on compliance with worksite breastfeeding legislation

Lead Agency: City of West Allis Health Department

 **Community Stakeholders**

The West Allis-West Milwaukee Healthy Lifestyles Coalition has been in existence since 2011.

Community partner representation on this coalition includes:

- West Allis Women, Infant and Children Program
- West Allis Health Department: Public Health Nursing
- West Allis Health Department: Environmental Services
- Business Improvement District
- West Allis-West Milwaukee School District
- West Allis Technology Department
- West Allis Community Garden Committee
- West Allis Recreational Department
- Thera-dynamics Physical Therapy
- Aurora West Allis Medical Center (AWAMC)
- Wisconsin Athletic Club
- City of West Allis Division of Planning and Zoning
- Residents

 **Healthy Lifestyles Workplan**

See Appendix G for the Healthy Lifestyles Workplan



Mental Health

Why is Mental Health a priority for West Allis-West Milwaukee?



Good mental health is a foundation for overall well-being and allows people to realize their full potential and contribute to society. (12) In contrast, mental illness is a leading cause of disability and can be devastating to families and communities. It is also associated with an increase in physical illness. (13) According to Healthiest Wisconsin 2020, mental health disorders are closely linked to chronic health problems and risk factors such as smoking, inactivity, obesity, and substance abuse. (6) In 2015, 16% of West Allis and West Milwaukee residents reported having a mental health condition and 4% reported feeling so overwhelmed in the past year that they considered suicide. (11)

Despite its prevalence and the availability of highly effective treatments, mental illness continues to be stigmatized and services can be difficult to access. In 2012-2013, 53.6% of adults and 68.9% of youth in Wisconsin with any mental illness did not receive treatment. (14) Coordinated efforts from a variety of public and private partners including health, government, education, and social services are necessary to appropriately respond to these treatable and often preventable health conditions.

The West Allis Mental Health and Substance Abuse Taskforce was created in 2015 in response to the growing concerns related to the numerous complicated issues that affect and are affected by mental health and substance abuse. Mental health and substance abuse often exist in tandem and can have a cumulative negative effect on the individual, their family, and the community at large. This multidisciplinary taskforce of community leaders and stakeholders are committed to gaining and sharing awareness of the issues and then building support for the individuals and families impacted by mental health or substance abuse.



The choice of mental health as a primary health priority for the community aligns with the Healthiest Wisconsin 2020 plan to reduce disparities in suicide and mental health disorders for disproportionately affected populations. It is also in line with the overarching goal of Healthy People 2020 of improving mental health through prevention and by ensuring access to appropriate, quality mental health services.

Question-Persuade-Refer (QPR) education (15) will be provided to community partners who have regular contact with potentially vulnerable populations at risk for suicide to help refer them to appropriate care. This will include offering QPR education to those working with the senior age group as well as to the West Allis Promotoras (Latino community health workers).



 **Important Facts about Mental Health in West Allis-West Milwaukee (11)**

- ❖ 16% of respondents reported having a mental health condition
- ❖ 10% of respondents reported always or nearly always feeling sad, blue, or depressed
- ❖ 5% of respondents reported their 8-17 year old child always or nearly always felt unhappy, sad, or depressed in the past six months
- ❖ 6% of respondents reported seldom or never find meaning and purpose in life
- ❖ 30.5% of WAWM 9th grade students and 34.0% of 10th grade students reported feeling 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
- ❖ 13.5% of WAWM 9th grade students and 12.1% of 10th grade students reported attempting suicide at least once in the past 12 months
- ❖ 4% of respondents considered suicide in the past year (represents 4,590 residents).
- ❖ In 2014, in Milwaukee County, the average length of stay for all causes of self-inflicted injury hospitalization was 4.1 days with an average hospital charge of \$23,188
- ❖ 36% of respondents selected mental health or depression as one of their top three community issues compared to 24% in 2012
- ❖ In 2014, for the zip codes 53214, 53219, and 53227, mental disorders comprised 10.08% of hospitalizations
- ❖ Suicide was one of the top ten leading causes of death for West Allis residents from 2010-2014 for the following age groups:
 - 1-14 years – 1 death
 - 15-24 years – 4 deaths
 - 25-34 years – 7 deaths
 - 35-44 years – 6 deaths
 - 45-54 years – 10 deaths
 - 55-64 years – 9 deaths



Goal 1: Reduce stigma regarding mental illness in West Allis and West Milwaukee.

How will we know if we are making a difference?		
Long Term Indicators	Baseline	Sources for Data
% of WAWM residents who report feeling sad, blue, or depressed in past 30 days	10% (2015)	Community Health Survey
% of WAWM residents who felt they did not receive the mental health care they needed	3% (2015)	Community Health Survey
% of 9 th and 10 th grade students who report they have at least one teacher or other adult at school that they can talk to if they have a problem	9 th grade – 57% 10 th grade – 61% (2014)	Youth Risk Behavior Survey

Objective 1: By December 31, 2020, implement two community based initiatives to reduce stigma related to mental illness.

Target Population: Key members of the community workforce, West Allis residents

Data Source: Training log, list of media venues utilized

Strategies:

- Anti-stigma trainings for key community leaders and partners such as Mental Health First Aid and trainings through National Alliance on Mental Illness or NAMI (Substance Abuse and Mental Health Services Administration – SAMHSA)
- Explore policy for mandatory education regarding mental illness for new City and Village employees – may include Question, Persuade, and Refer – QPR and/or anti-stigma education (SAMHSA)
- Social media mental illness local awareness campaign



Lead Agency: West Allis Mental Health and Substance Abuse Taskforce



Goal 2: Build support capacity in West Allis and West Milwaukee to assist individuals and families dealing with mental health concerns.

How will we know if we are making a difference?		
Long Term Indicators	Baseline	Sources
# of adult suicides	12 (2015)	DHS
# of youth suicides	0 (2015)	DHS
% of WAWM residents reporting feeling so overwhelmed in the past year that they considered suicide	4% (2015)	Community Health Survey
% of WAWM residents reporting feeling sad, blue, or depressed in the past 30 days	10% (2015)	Community Health Survey
% of 9 th and 10 th grade students who report they 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	9 th grade – 30.5% 10 th grade –34.0% (2014)	Youth Risk Behavior Survey
% of 9 th and 10 th grade students who seriously considered attempting suicide in the past 12 months	9 th grade – 19.6% 10 th grade –19.4% (2014)	Youth Risk Behavior Survey
% of 9 th and 10 th grade students who attempted suicide at least once in the past 12 months	9 th grade – 13.5% 10 th grade –12.1% (2014)	Youth Risk Behavior Survey

Objective 1: By December 31, 2020, develop or expand two mental health support networks among community partners and local clergy to address issues and strengthen collaboration and support for those dealing with mental health concerns in West Allis and West Milwaukee.

Target Population: Community partners, mental health workers, and local clergy

Data Source: West Allis Mental Health and Substance Abuse Taskforce meeting minutes

Strategies:

- Enhance and expand West Allis Mental Health and Substance Abuse Taskforce partnerships by recruiting community partners with expertise in the area to review and support evidence based initiatives as indicated
- Develop a community based Clergy Mental Health Support Network
- Faith-based mental health support training for local clergy i.e. Miracles through NAMI (SAMHSA)

Lead Agencies: West Allis Mental Health and Substance Abuse Taskforce, key local clergy



Objective 2: By December 31, 2020, facilitate training and collaboration among community partners to expand capacity for crisis response and stabilization for those dealing with mental health concerns in West Allis and West Milwaukee.

Target Population: Key members of the community workforce, mental health crisis intervention, and referral community partners

Data Source: West Allis Mental Health and Substance Abuse Taskforce meeting minutes

Strategies:

- Facilitate QPR education for key members of the community workforce (SAMHSA)
- Biannual update and problem resolution meetings with mental health crisis intervention and referral community partners
- Develop a resource list of crisis hotline numbers
- Explore the creation of a separate mental health triage line perhaps through 211 IMPACT

Lead Agency: West Allis Mental Health and Substance Abuse Taskforce

Objective 3: By December 31, 2020, implement training and curriculum to build resilience and expand mental health support for youth in the West Allis-West Milwaukee School District.

Target Population: WAWM School District personnel, youth in the WAWM School District

Data Source: Training log, curriculum

Strategies:

- Foster community partnerships to strengthen mental health support for youth in the community through School District participation on the West Allis Mental Health and Substance Abuse Taskforce
- Continue Mindfulness self-regulation training for staff and students at all levels through the School District (SAMHSA)
- QPR education or Mental Health First Aid for key WAWM School District staff dealing with students with mental health concerns. (SAMHSA)
- Train student services staff using the template for developing an action plan to provide interventions for students identified at high risk for suicide
- Presentation of NAMI VOICES or other mental illness stigma awareness videos for select grades

Lead Agency: West Allis-West Milwaukee School District



 **Community Stakeholders**

The West Allis Mental Health and Substance Abuse Taskforce has been in existence since 2015. Community partner representation on this Taskforce includes:

- Aurora West Allis Medical Center
- West Allis-West Milwaukee School District
- West Allis Fire Department
- West Allis Police Department
- Tri-City Bank
- Aurora West Allis Medical Center Board Members
- Rogers Memorial Hospital
- Aurora Behavioral Health
- West Allis Health Department
- Milwaukee Area Technical College- West Allis Campus
- West Allis-West Milwaukee Community Coalition
- West Allis Presbyterian Church
- IMPACT 211
- Greater Milwaukee Free Clinic
- Milwaukee County Department of Aging

 **Mental Health Workplan**

See Appendix H for the Mental Health Workplan



Substance Abuse and Addiction

Why is Substance Abuse and Addiction a priority for West Allis-West Milwaukee?

Rates of alcohol misuse and alcohol-impaired driving continue to be unacceptably high (16) and the misuse and addiction to legal and illegal drugs such as prescription painkillers and heroin continues to increase. (17) This is contributing to alarming rates of deaths and hospitalizations due to accidental overdose. In fact, in 2013 more Wisconsin residents died from drug overdose than motor vehicle accidents, suicide, or firearms. (18)

Substance abuse and addiction are complex issues that can impact any family and impose a huge burden on the individual, family, and community at large. (6) While there is no simple solution, community understanding, collaboration, and commitment to prevention and support of those affected can help us halt or slow these concerning trends.



Because substance abuse and addiction are growing community concerns in West Allis and West Milwaukee, and cut across most age groups and sectors of society, there has been a renewed commitment to address the various aspects of these complicated issues.

The West Allis-West Milwaukee Community Coalition, the West Allis-West Milwaukee Heroin/Opiate Taskforce, and the West Allis Mental Health and Substance Abuse Taskforce are community workgroups of stakeholders and residents already established and dedicated to working on the problem. The scope and complexity of the problem demands a multi-faceted approach and therefore can benefit from the focused attention of each of these community groups.

However, to ensure the best use of resources and funding, and to support and build on one another's successes, it is imperative that there is clear and open communication and strong collaboration among these related, yet separate community groups.

In support of Healthiest Wisconsin 2020's focus on substance abuse, West Allis-West Milwaukee plans to conduct or expand several awareness campaigns related to alcohol and prescription drug use and abuse and heroin use. The campaigns will focus on increasing knowledge and shifting attitudes to promote prevention or early intervention.





Important Facts about Substance Abuse and Addiction in West Allis-West Milwaukee

(11)

- ❖ 65% of respondents selected alcohol or drug use as one of their top three community issues compared to 54% in 2012
- ❖ 2% of respondents reported someone in their household experienced some kind of problem with cocaine, heroin, or other street drugs in the past year
- ❖ 14.7% of WAWM 9th grade students and 18.2% of WAWM 10th grade students took painkillers without a prescription compared to 10.0% and 12.4% of Wisconsin 9th and 10th grade students respectively
- ❖ 15.4% of WAWM 9th grade students and 13.5% of WAWM 10th grade students believe there is no risk in taking a prescription drug without a doctor's prescription
- ❖ 7.5% of 9th grade students and 9.6% of 10th grade students reported attending school under the influence of alcohol
- ❖ 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 WAWM 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
- ❖ In 2015, the West Allis Fire Department administered NARCAN for 106 patients (60.4% male, 39.6% female) having an average age of 39.9 years, of these 91.5% were white
- ❖ The West Allis Police Department reported 691 drug arrests in 2015
- ❖ In 2015, there were 29 drug-related deaths of West Allis-West Milwaukee residents. Of these:
 - 13 females, ranging in age from 25 to 63 years (average age of 44.6 years)
 - 16 males, ranging in age from 29 to 72 years (average age of 43.5 years)



Goal 1: Prevent and reduce alcohol use and abuse among youth and adults in the West Allis and West Milwaukee communities.

How will we know if we are making a difference?		
Long Term Indicators	Baseline	Source
# of citations for underage alcohol possession/consumption in West Allis (ages 17-20)	33 (2015)	West Allis Police Department (WAPD)
# of Operating While Intoxicated (OWI) arrests (21 and over)	497 (2015)	WAPD
% of 9 th and 10 th grade students reporting at least one drink of alcohol on one or more of the past 30 days	9 th grade -19.3% 10 th grade -25.7% (2014)	Youth Risk Behavior Survey (YRBS)
% of 9 th and 10 th grade students reporting binge drinking	9 th grade -8% 10 th grade -11.3% (2014)	YRBS
% of adult respondents reporting binge drinking in the past month	32% (2015)	Community Health Survey
% of adult respondents reporting that someone in the household experienced some kind of problem in connection with drinking alcohol	4% (2015)	Community Health Survey

Objective 1: By December 31, 2020, conduct at least three programs at each of the grade levels in the WAWM School District to raise awareness of the dangers of alcohol use and abuse in West Allis and West Milwaukee.

Target Population: Elementary, intermediate, and high school level students in the West Allis West Milwaukee School District

Data Source: Record of programs and screenings conducted

Strategies:

- School curriculum (What Works for Health Wisconsin)
- Screening Brief Intervention and Referral to Treatment (What Works for Health Wisconsin)
- Youth led prevention programs – social norming (What Works for Health Wisconsin)

Lead Agencies: West Allis-West Milwaukee School District, West Allis-West Milwaukee Community Coalition, West Allis Police Department



Objective 2: By December 31, 2020, implement at least five initiatives directed at adults to raise awareness of alcohol serving sizes and binge drinking.

Target Population: West Allis and West Milwaukee adults

Data Source: Record of programs/initiatives/events conducted

Strategies

- Media outlets including video and paper format (Strategic Prevention Framework and What Works for Health Wisconsin)
- Public Service Announcements (Strategic Prevention Framework and What Works for Health Wisconsin)
- Social media (Strategic Prevention Framework and What Works for Health Wisconsin)
- April Alcohol Awareness Month
- Health Fairs and other community events (Strategic Prevention Framework and What Works for Health Wisconsin)



Lead Agency: West Allis-West Milwaukee Community Coalition

Goal 2: Reduce prescription drug misuse and abuse among youth and adults in the West Allis and West Milwaukee communities.

How will we know if we are making a difference?		
Long Term Indicators	Baseline	Source
Policy developed for WAFD to dispose of medications they find at a call	No policy	WAFD
% of adult respondents reporting that someone in the household experienced some kind of problem in connection with the misuse of prescription drugs/over the counter drugs	< 1% (2015)	Community Health Survey
% of 9 th and 10 th grade students reporting they took painkillers without a prescription in their lifetime	9 th grade – 14.7% 10 th grade -18.2% (2014)	YRBS
% of 9 th and 10 th grade students reporting they took prescription drugs without a prescription in their lifetime	9 th grade – 10.4% 10 th grade -13.2% (2014)	YRBS
% of 9 th and 10 th grade students reporting they took prescription drugs during the past 30 days without a prescription	9 th grade – 8.2% 10 th grade -9.3% (2014)	YRBS



Objective 1: By December 31, 2020, conduct at least 12 community education sessions for three varied populations and maintain school-based curriculum to raise awareness of prescription drug misuse and abuse and methods to limit exposure in West Allis and West Milwaukee.

Target Population: Intermediate and high school students, West Allis-West Milwaukee residents, senior citizens, and prescribers

Data Source: Record of programs and school based screenings conducted, policy established
Strategies:

- Screening Brief Intervention and Referral to Treatment (What Works for Health Wisconsin)
- Youth led prevention programs – social norming (What Works for Health Wisconsin)
- Proper drug disposal programs (What Works for Health Wisconsin)
- Community and prescriber education (Strategic Prevention Framework)
- Policy in place for WAFD to dispose of medications



Lead Agencies: WAWM School District, West Allis-West Milwaukee Community Coalition, Aurora West Allis Medical Center (AWAMC), West Allis Fire Department, and the Medical College of Wisconsin

Goal 3: Prevent and reduce heroin use among youth and adults in the West Allis and West Milwaukee communities.

How will we know if we are making a difference?		
Long Term Indicators	Baseline	Source
Number of heroin overdoses in West Allis reported by the WAPD	45 (2015)	WAPD
% of WAWM residents reporting that someone in the household experienced some kind of problem in connection with cocaine, heroin or other street drugs	2% (2015)	Community Health Survey

Objective 1: By December 31, 2020, conduct at least one heroin education event at the high schools each year and maintain or expand AODA curriculum and screening in the WAWM School District to raise awareness of the dangers of heroin use in West Allis and West Milwaukee.

Target Population: Elementary, intermediate, and high school students in the West Allis-West Milwaukee School District

Data Source: Record of programs, events, and screenings conducted



Strategies:

- Heroin awareness programs (Strategic Prevention Framework)
- School Curriculum (What Works for Health Wisconsin)
- Screening Brief Intervention and Referral to Treatment (What Works for Health Wisconsin)
- Youth led prevention programs – social norming (What Works for Health Wisconsin)

Lead Agencies: West Allis-West Milwaukee Heroin/Opiate Taskforce, WAWM School District, West Allis-West Milwaukee Community Coalition

Objective 2: By December 31, 2020, conduct three community education or training initiatives directed at adults, to raise awareness of the dangers of heroin use in West Allis and West Milwaukee.

Target Population: West Allis-West Milwaukee residents and senior citizens

Data Source: Record of events or trainings

Strategies:

- Heroin awareness programs (Strategic Prevention Framework)
- Community education (Strategic Prevention Framework)
- NARCAN–opiate antidote–training (What Works for Health Wisconsin)

Lead Agencies: West Allis-West Milwaukee Heroin/ Opiate Task Force, West Allis West Milwaukee Community Coalition, AIDS Resource Center

 **Community Stakeholders**

The West Allis Mental Health and Substance Abuse Taskforce has been in existence since 2015. Community partner representation on this taskforce includes:

- Aurora West Allis Medical Center (AWAMC)
- West Allis West Milwaukee School District
- West Allis Fire Department
- West Allis Police Department
- Tri-City Bank
- Aurora West Allis Medical Center Board Members
- Rogers Memorial Hospital
- Aurora Behavioral Health
- West Allis Health Department
- Milwaukee Area Technical College- West Allis Campus
- West Allis-West Milwaukee Community Coalition
- West Allis Presbyterian Church
- IMPACT 211
- Greater Milwaukee Free Clinic
- Milwaukee County Department of Aging



The WAWM Heroin/Opiate Task Force was newly formed in 2016. Community partner representation on this taskforce includes:

- West Allis-West Milwaukee Family Resource Center
- West Allis Police Department
- CAAD
- West Allis Fire Department
- West Allis-West Milwaukee School District
- Shared Journeys
- West Allis West Milwaukee Coalition
- West Allis-West Milwaukee School Board
- City of West Allis Mayor
- City of West Allis Common Council
- West Allis Health Department
- West Milwaukee Trustee
- West Allis Police Department
- Froedtert/Medical College
- West Allis West Milwaukee Chamber of Commerce
- Religious Organizations
- Woman's Club
- Residents

The West Allis-West Milwaukee Community Coalition has representatives from several areas of the community:

- Antigua Mexican and Latin Restaurant
- Culver's of West Allis
- Ellington
- West Allis Rotary Club
- West Allis Women's Club
- West Allis Health Department
- Aurora West Allis Medical Center
- West Allis Police Department
- West Milwaukee Police Department
- West Allis City newsletter
- West Milwaukee Village newsletter
- West Allis City Channel
- WAWM School District channel
- Neighborhood Watch newsletter
- IMPACT
- Rogers Memorial Hospital
- PTA
- Apostle Presbyterian Church
- West Allis-West Milwaukee School District



- SCAODA (State Council on Alcohol and Other Drug Abuse)
- Mayor of West Allis
- Village President of West Milwaukee
- Trustees of West Milwaukee
- West Allis Central High School – SADD Chapter (Students Against Destructive Decisions)
- Nathan Hale High School – Peers with Purpose
- WA Learning Center
- Shared Journeys
- CAAD (Community Alliance Against Drugs)
- West Allis Recreational Department
- West Allis Fire Department

 ***Substance Abuse and Addiction Workplan***

See Appendix I for the Substance Abuse and Addiction Workplan



Important Health Issues

In addition to the three focus areas designated as the top health priorities, CHAAT identified other key issues that will require continued community attention and effort (Appendix A and B). These include: infant mortality and prenatal care, safety concerns, violence and family instability, and access to health care services and providers. In fact, several of these issues, namely safety concerns and violence, family instability, and access to health care services and providers, have been linked to two of the newly selected CHIP priorities – mental health and substance abuse and addiction.

With issues not selected as one of the top three health priorities, it is important that as a community we do not lose momentum on any progress that has been made to advance community partnerships or collaborate on corrective activities and prevention efforts regarding these key focus areas. It is critical that community partners continue to pursue opportunities to address these issues at the individual, community and systems level in order to improve the health of the residents of West Allis and West Milwaukee.

Infant Mortality and Prenatal Care

In 2014, infant mortality, or the death of a baby before his or her first birthday, was 9.3 per 1,000 live births in West Allis-West Milwaukee, compared to Wisconsin's infant mortality rate of 5.7 for the same year. (11) Causes of infant death may include birth defects, preterm birth, maternal complications, SIDS or SUIDS, and/or injuries. Preconception health and early and adequate prenatal care can influence a woman's pregnancy outcome. Therefore, efforts in the West Allis and West Milwaukee communities to encourage and promote healthy lifestyle choices and medical care during pregnancy, especially in high risk women, are still necessary to improve our infant mortality rate and overall maternal child health population.

Safety Concerns, Violence and Family Instability

Studies have shown a strong correlation between crime and health status. Fear of crime may lead to restriction of outdoor physical activity and exercise, and increased stress and depression. (19) Safety and violence issues include school safety concerns such as physical fights, intimidation, and bullying as well as incidents of domestic violence, sexual abuse and trafficking, murder, robbery, aggravated assault, and cases of burglary and theft. Recent community statistics for West Allis revealed that in 2015 there were 614 domestic violence reports, 18 sexual abuse arrests, 1,796 theft crimes, and 214 motor vehicle thefts. (11) Furthermore, violence and family instability have been linked to mental illness and substance abuse and addiction. These tend to be cyclical problems that, if present, compound or exacerbate one another. Because of the complexity and interrelated nature of these issues it is critical for community partners to take a comprehensive, collaborative approach to addressing them.



Access to Health Care Services and Providers

When the Affordable Care Act expanded health insurance coverage to millions of those previously uninsured, it created an increased demand for health services and health care providers. Accommodating and keeping up with this demand has proven a challenge for the health care system and has led to prolonged wait times, delays before seeing a provider or receiving care as well as overuse of emergency department services. Improving access to health care services and providers is an issue that cuts across most health care focus areas and is difficult to resolve solely at the community level. It will require creative strategizing that includes leadership engagement and broad-based changes at the hospital system and national level in order to make headway with this universal dilemma.



Appendix A

CHAAT Pre-meeting Survey Results



Participant	Most Important Health Priority	Second Most Important Health Priority	Another Health Priority
1	Heroin and drug use	General Wellness	Reducing intake of processed foods
2	Safety	Obesity and lack of physical activity	High school dropout /Attendance rates
3	Drug and alcohol use and addiction	Mental Health issues	
4	Family instability	Mental Health	Homelessness
5	Overweight and obesity	Alcohol and drug use	The portion of our population living in poverty especially in West Milwaukee
6	Harmful aggressive behaviors	Healthy lifestyles	Responsible use of drugs (over the counter and prescription)
7	Healthy lifestyles choices	Mental Health and addiction (drug, tobacco and alcohol) prevention	Access to Care
8	Access to care	Alcohol and substance abuse	Pregnancy and prenatal care
9	Drug abuse -heroin	Mental Health concerns	chronic disease
10	Obesity and nutrition	Alcohol and drug use	Chronic Conditions
11	Alcohol and drug use	Chronic disease reduction/prevention	Infant mortality
12	Alcohol and drug use	Obesity /Nutrition	
13	Access to care	Alcohol and other drug use	Emotional Well being
14	Heroin and opiate abuse	Mental Health	
15	Obesity	Alcohol and other drug use	Emotional Well Being
16	What issue(s) pose a significant threat to the community?	Would addressing the issue be a wise use of limited resources?	What are the community-level costs of doing little or nothing compared to the benefit of improvement of the issue?
17	Obesity	Mental Health	Health disparities, changing demographics



Priority Health Issues	Most Important Health Priority	Second Most Important Health Priority	Another Health Priority	Total for Priority
Drugs and Alcohol:	6	6	1	13
• Heroin and drug use	3			
• Alcohol and drug use	3	4		
• Alcohol and substance abuse		1		
• Mental health and addiction <i>(see below in mental health)</i>		1		
• Responsible use of drugs (OTC, prescription)			1	
Obesity:	4	2	0	6
• Obesity	2			
• Overweight and obesity	1			
• Obesity/nutrition	1	1		
• Obesity/lack of physical activity		1		
Access to Care	2	0	1	3
Safety	2	0	0	2
Safety	1			
Harmful aggressive behaviors	1			
Family Instability	1	0	0	1
Healthy Lifestyle Choices	1	2	0	3
General wellness		1		
Healthy lifestyles		1		
Mental Health	0	6	2	8
Mental health issues		5		
Mental health and addiction (AODA) prevention		1		
Emotional wellbeing			2	
Chronic Disease	0	1	2	3
Chronic disease reduction/prevention		1		
Chronic disease			1	
Chronic conditions			1	



Appendix B: CHAAT Meeting Summary Notes

West Allis-West Milwaukee Community Health Improvement Plan 2016-2020 Community Health Assessment Advisory Team (CHAAT) Meeting

West Allis-West Milwaukee School District Administration Building
1205 S. 70th Street, West Allis, WI. Room 710

May 18, 2016 8:00 AM to 11:30 AM

Attending: Please see the attached participant attendance and contact information list.

1. **Welcome and Introductions** – Sally Nusslock welcomed the advisors and provided some context for the planning session.
2. Nancy Young, Facilitator, reviewed the **agenda and proposed meeting guidelines**.
3. The group then **reviewed themes from Questions 1, 3 and 5 of the pre-planning survey**. There were no corrections or additions to the themes highlighted. * Denotes multiple mention of theme.
 - a. Survey Question 1...*Most important health priority...*
 - i. Alcohol, drug abuse, addiction****
 - ii. Safety
 - iii. Family instability
 - iv. Obesity/ nutrition***
 - v. Aggressive behaviors
 - vi. Healthy lifestyle choices
 - vii. Access to care*
 - b. Survey Question 3...*Second most important health priority...*
 - i. General wellness
 - ii. Obesity & lack of activity*
 - iii. Mental health*****
 - iv. Alcohol & drug use****
 - v. Healthy lifestyles
 - vi. Addiction prevention (alcohol and tobacco)
 - vii. Decreasing chronic disease through prevention
 - c. Survey Question 5...*Is there another critical priority?...*
 - i. Intake of processed foods should decrease
 - ii. High school attendance/dropout rates



- iii. Homelessness
- iv. Percent of population living in poverty
- v. Use of over the counter and prescription drugs
- vi. Access to care (including health literacy/understanding of benefits)
- vii. Pregnancy/prenatal care
- viii. Chronic disease*
- ix. Emotional well-being
- x. Infant mortality
- xi. Disparities and changing demographics

4. Four small groups were then asked to recommend two top health priorities and present rationale supporting the recommendation.

- a. **Group 1:** Tammy Molter, Orvin T. Fillman, Rick Keller, Yvonne Duemke, Denise Koenig, Diane Brandt

Recommendations

- i. **Substance abuse** – Because it impacts entire community, leads to violence, family instability, mental, health, and chronic disease mortality. There is a significant access to care issue associated with it as well as community costs.
- ii. **Healthy Lifestyle Choices** – Improving lifestyle choices, especially related to nutrition and exercise, can lead to improved emotional well-being, increase in social interactions and reductions in self-medicating.

- b. **Group 2:** Cheryl Davies, Steve Schaer, Rosalie Reinke, Rebecca Grill, Cathy Manthei, Kathy Schneider

Recommendations

- i. **Mental health and accompanying issues** such as substance abuse, violence – Because it permeates so many other issues
- ii. **Healthy Lifestyles** (eating, physical activity, stress management, food choices) – Because we have high rates of obesity

- c. **Group 3:** Citlali Mendieta-Ramos, Dan Devine, Kurt Zellmann, Phil LaSpisa, Terese Beauchamp, Marla Blom

Recommendations

- i. **Substance abuse** – Because we have had an increase in drug related fatalities and there is a ripple effect on quality of life issues – family stress, crime.
- ii. **Healthy Lifestyles** – Here we can emphasize prevention and it impacts a large number of people and a large number of health issues.

- d. **Group 4:** Pres Hoffman, Sally Nusslock, Mary Cay Freiberg, Al Pinckney, Jennifer Vaclav, Debra Tieg



Recommendations

- i. **Lifestyle Choices** – Because the impact of bad choices here affects the lifespan. For example, fast food intake leads to high blood pressure and people dying younger. Another example is elders being placed in nursing homes when in past they may have lived with their families.
 - ii. Also **addiction** fits in here – there are increased prevention activities and support services needed for mental health issues that lead to or stem from family instability.
 - iii. **Safety** – There needs to be an increased sense of safety in sharing concerns, a sense of there being a *safe space*.
 - iv. Issues like racism, failure to graduate, opiate and other addictions. This applies to campus and community.
5. The large group then discussed the small group recommendations and selected the top three priorities for West Allis-West Milwaukee to address in the next five years. It is important to note that these will be areas of increased focus, but that activities in other health areas (for example, prenatal care or smoking reduction) will not stop. The top three priorities are listed here (not in rank order):
- a. **Healthy Lifestyles**
 - b. **Substance Abuse/Addiction**
 - c. **Mental Health (including the concept of safety as above)**
6. The same small groups reconvened to **draft one or two desired results and one or two indicators per result for each priority** as time allowed. The definitions for results and indicators were taken from the Results Based Accountability framework and are as follows:
- Result = A condition of well-being for children, adults, families, or communities*
For example: “Youth graduate on time” or “Economically stable families”
- Indicator = a measure that helps quantify the achievement of a result*
For example: “Graduation rates” or “Median income” or “Unemployment rate” or “Number of students on free or reduced lunch”

The small group result and indicator *draft* suggestions are nested under each priority below. Again, these are *first draft result and indicator ideas* that can and should be further refined during the planning process.

Healthy Lifestyles

Group 1

Result – Decrease in people with a BMI greater than or equal to 30

Indicator – BMI rate greater than or equal to 30

Result – Increase in physical activity

Indicator – % increase of self-reported activity

Result – Increase in social connectivity

Indicator – Perhaps something related to social media use?



Group 2

Result – Increased number of people in community with healthy weight

Indicator – Rates of overweight and obesity at or below state average

Group 3

Result – Achieve Well City West Allis-West Milwaukee designation

Indicator – stabilize or reduce % of citizens who are overweight/obese

Group 4

Result – Population that eats balanced diet, exercises regularly and sleeps adequate number of hours

Indicator – Greater number of persons will have a healthy BMI

Substance Abuse/Addiction

Group 1

Result – Reduction in substance abuse

Indicator – Decrease in overdose calls, decrease in ER admissions, increased sobriety rates, survey results of YRBS show improvements, decrease in DUI tickets

Group 2

Result – Reduced impact of substance abuse in the community

Indicator – Decrease in police calls for crimes related to abuse, fewer tobacco retailers, reduced use of Narcan by paramedics

Group 3

Result – Not Specified

Indicator – Reduction in number of overdoses

Group 4

Result – We will have an environment with support systems that are proactive rather than reactive

Indicator – Better use of prescription meds, decrease in drug related deaths and crimes, adequate resources for treatment

Mental Health

Group 1

Result – Reduction in stigma and increased awareness

Indicator – Number of people accessing mental health services

Group 3

Result – Not Specified

Indicator – Citizens able to identify early warning signs of mental illness and able to identify available community resources

Group 4

Result – Our people report that they feel good, and feel empowered to manage life

Indicator – Decreased number of mental health hospital admissions; increased number of life management resources; evidence of community as safe place to discuss and engage around difficult issues.



7. The large group then **discussed the small group recommendations and the overall approach that should be taken as the next steps in the health improvement planning process.**
 - a. **It was the consensus of the group that the planning should be underpinned by a focus on community assets and that those successes and assets should be spotlighted as often as possible. This will result in increased community engagement and a more positive understanding of the community.** One example is the nationally accredited West Allis Health Department, and there are many more.
8. The large group then discussed the question, **“Who needs to be at the planning table for each priority going forward?”** Again, this is an initial list:

Healthy Lifestyles

Existing initiatives:

- Well City West Allis-West Milwaukee Steering Committee
- Healthy Lifestyles Coalition

Consider additional perspectives from:

- Faith-based organizations
- Development
- Corporations
- Marketing/Communications/Media
- Nutritionists
- Grass roots, community organizers
- Neighborhood organizations
- School clubs, PTAs etc.
- Assure that a health disparities “lens” is used as we address this priority

Substance Abuse/Addiction

Existing initiatives:

- Mental Health/Substance Abuse Task Force
- West Allis West Milwaukee Community Coalition
- Community Alliance Against Drugs
- Community Health Improvement Workgroup
- Alcoholics Anonymous
- Heroin Task Force

Consider additional perspectives from:

- Youth
- Nutritionists
- Pharmacists
- Prescribers
- Business – Retail and other



Mental Health (including the concept of safety as above)

Existing initiatives:

- Mental Health/Substance Abuse Task Force
- Paramedic Program Mobile Integrated Health Group identifying and working with “frequent flyers”
- School district student support services
- Milwaukee County Department on Aging
- In Health Wisconsin (anti stigma advocacy)

Consider additional perspectives from:

- Police (may want to look at police, RN, SW teams like Milwaukee is using)
- Clergy
- Families and persons with experience (for example, NAMI groups)
- Impact Referral Network (211)
- Agencies that contract with county to provide transitional housing/care
- Prevention strategists

9. The large group then discussed **next steps for the community health improvement planning process:**

- Nancy Young will provide summary notes for the group’s review in one week.
- The Steering Committee will provide feedback on the summary notes by June 15, 2016
- The Health Department will then share the results of these deliberations with existing groups such as a taskforce, coalition or workgroup.
- The Community Health Improvement Plan (CHIP) will be drafted by November 1, 2016.
- CHAAT meets and provide final feedback on the CHIP by December 31, 2016.

10. **Evaluation of the CHAAT meeting process** using a plus delta approach - Pluses included advance materials and pre-planning survey, facilitation, small group deliberations, location, well-defined agenda, management of the three hour timeframe. No changes in the process were suggested.

11. The meeting adjourned at 11:25 A.M.



Appendix C: Websites of Evidence-based/Best Practice Interventions

1. **The Guide to Community Preventive Services:**
<http://www.thecommunityguide.org/index.html>
Reviewed interventions divided by topic
2. **The Community Tool Box:**
http://ctb.ku.edu/en/promisingapproach/Databases_Best_Practices.aspx
Topic-specific intervention sites
3. **What Works for Health—‘Policies and Programs to Improve Wisconsin’s Health’:**
<http://whatworksforhealth.wisc.edu/>
Suggested programs are Wisconsin specific
Organized by type of policy/program, evidence rating and who the decision maker is for the specific program
4. **SAMHSA’s National Registry of Evidence-based Programs and Practices:**
<http://www.nrepp.samhsa.gov/Index.aspx>
<http://www.samhsa.gov/ebp-web-guide>
Available ‘compare option’, which allows multiple reviews to be organized side by side based on outcomes, ages, race/ethnicities, and settings.
5. **Centers for Disease Control and Prevention:**
http://apps.nccd.cdc.gov/dach_chaps/Default/index.aspx
6. **National Prevention Strategy:**
<http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>
Information on Nutrition, Physical Activity and Obesity
7. **Promising Practices Network:**
<http://www.promisingpractices.net/>
Looks mainly at youth and family relationships
Ranking: (1) proven programs, (2) promising programs & (3) other reviewed programs.
8. **Find Youth Info:**
<http://www.findyouthinfo.gov/>
Good site for youth-based intervention/program opportunities

Links to: The State and Federal Health Plans

1. **Healthiest Wisconsin 2020**
<https://www.dhs.wisconsin.gov/publications/p00187-5.pdf>
<https://www.dhs.wisconsin.gov/hw2020/profiles.htm>
2. **Healthiest People 2020**
<https://www.healthypeople.gov/2020/topics-objectives>



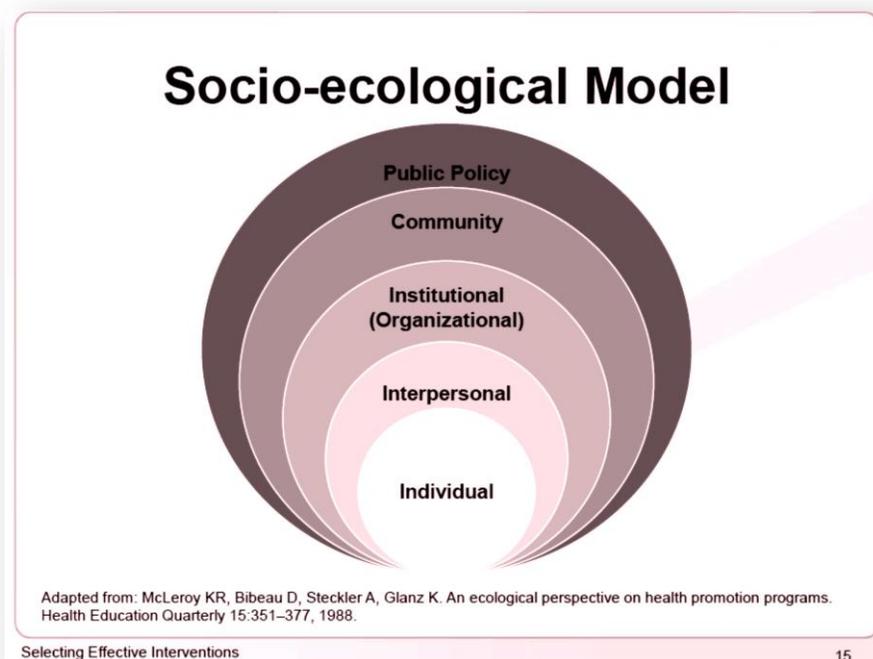
Appendix D: Socio-ecological Model for Learning and Strategizing

The Socio-ecological Model is a theory-based framework for understanding the multifaceted interplay of personal and environmental factors that determine behaviors and illustrates the various levels at which to intervene in order to influence both learning and behavior. (20) Because the three health priorities incorporate complex issues that require a multifaceted approach to impact learning, behavior and meaningful change, each of the action team facilitators were provided information on this model to guide the team and offer insight for selecting appropriate health behavior and health promotion interventions to implement.

People learn in different ways, are motivated by different factors, and will modify their behavior after different degrees of intervention. Hence it is helpful to use more than one approach and persuade and impact positive change on various levels. Layering the types of health messages and interventions employed to target not only at the

individual level but also at the interpersonal, community, or systems level should motivate more people to progress through the awareness stage, gain increased knowledge, and move towards or into actual behavior change.

Implementing evidence based strategies at these various levels, along with building system and policy development, will extend the reach and permanence of change through the community. Strategies that enhance the environment and policies that support making the healthier choice the easier choice can promote healthier habits overall and shift the community towards a healthier cultural norm.



Appendix E: Health Equity

More than just the absence of disease or infirmity, health is a state of complete physical, mental and social well-being, according to the World Health Organization. (21) Many factors contribute to an individual’s or a community’s overall health and health outcomes — from genetics, lifestyle choices, and behaviors to social, economic, and environmental living conditions. Health disparities, as defined by Healthy People 2020, exist when there is a notable difference in health outcomes that is closely linked with social, economic, and/or environmental disadvantage seen among groups of people. A wide variety of disparities, in age, race, income, sexual orientation, gender, culture, language, and religion, can all present barriers to health equity and access to needed services and providers. (22) Our ability and determination to assess these issues and disparities will profoundly impact our ability to level the health equity playing field and improve health throughout our community.

The Affordable Care Act (ACA) has laid the foundation for greater equity of care by recently expanding coverage to millions of previously uninsured. However, health coverage alone does not ensure access to those providers or services that fit an individual’s special needs or limitations.

The current state and federal health plans have clearly identified health disparities and problems with access as overarching issues within each health focus area. This is reflected in the goals and objectives outlined in their respective health plans. Action teams were strongly encouraged to take these concerns under consideration as they determined appropriate goals, objectives, and strategies for each priority.

In West Allis and West Milwaukee, as elsewhere across the nation, gaps exist not only in access and delivery of health care and services, but also in the opportunities made available to assist an individual in making healthier life choices. The following table is one example taken from the West Allis-West Milwaukee Community Health Assessment 2015 that highlights health disparities according to the mother’s race and ethnicity:

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%
<i>Source: Wisconsin Interactive Statistics on Health, Birth Counts Module Invalid source specified.</i>			



Although disturbing, the previous example clearly reveals to the community where corrective action is required to make inroads toward greater health equity for all our residents. Through this Community Health Improvement Plan, we have an opportunity to address some of these issues that affect health equity and access to services.

The CHIP action teams were asked to examine the root causes, or what social, economic, personal, or environmental determinants led to existing problems or disparities within the specific health priority. The teams were encouraged to explore not only the more obvious barriers such as financial and language, but to also consider less apparent obstacles like isolation and transportation issues experienced by the elderly, or the challenges unique to residents with cognitive, mental or physical disabilities. The teams were reminded, whenever possible, to build in or consider an approach to address the identified health disparities, remove barriers, and correct for avoidable inequities to services and access to them. Periodically, the teams will review progress made, assess current trends, and address any emerging or changing health equity concerns.

In the end, not everyone's opportunities to achieve their optimal level of health are created equal. And while it may be impossible to remove or reverse *all* of life's disparities, community partners working together can focus attention on identifying gaps and barriers that impede a resident's ability to maintain or enhance his or her health status. Creative strategizing should then move the community toward greater health equity, which is the attainment of the highest level of health for all people, and lead to better health outcomes for West Allis and West Milwaukee — one measure, one resident, at a time. (23)



Appendix F: CHIP Timeline

Timeline Overview of Community Health Improvement Plan (CHIP) Events and Activities	
April	<ul style="list-style-type: none"> ❖ Key community leaders and stake holders were invited to a CHIP steering committee meeting (CHAAT) to review assessment findings and discuss current trends in order to select the top health priorities for focused community attention. ❖ Members were sent a pre-meeting survey to complete in order to begin to narrow the scope of the top health priorities and jumpstart the meeting discussion.
May May 18 th	<p>Community Event</p> <ul style="list-style-type: none"> ❖ 24 community partners were in attendance (CHAAT) at a 3.5 hour meeting. ❖ An experienced group facilitator guided the participants through an interactive process of large and small group discussion regarding current issues impacting the community. ❖ The committee selected three top health priorities: Healthy Lifestyles, Mental Health, Substance Abuse and Addiction ❖ CHAAT was informed that smaller teams of community partners would be convened to develop goals, objectives, progress indicators and best practice strategies for each of the three priority areas. ❖ CHAAT offered several recommendations re: aspects on which to focus for the three priorities and progress indicators to use.
June - August	<p>Action Teams Convened</p> <ul style="list-style-type: none"> ❖ Three action teams (small workgroups) were formed around each of the health priorities selected. ❖ 6-10 people on each action team ❖ Each action team conducted a Root Cause Analysis exercise to further explore the issues and causes. ❖ They considered key criteria such as: the existing gaps or barriers, any groups in the community that may be experiencing social or health disparities or access to care issues, the community resources and existing initiatives to build on, potential evidenced based strategies or policies for implementation. ❖ Action teams met 2-3 times throughout the summer. ❖ Developed goals, objectives, measurable indicators, and proposed strategies related to their designated health priority. ❖ Recorded the above on the CHIP Priority Framework (outline to guide actions on these issues)
September	<ul style="list-style-type: none"> ❖ Provided a draft of the CHIP Priority Framework for their designated health Priority to the WAHD core planning and support team for review and feedback.
September	<ul style="list-style-type: none"> ❖ Each action team conferred with the community workgroups already established and committed to working on the health priority for their input and consensus. ❖ Collaborated to develop a workplan that outlines specific action steps, timelines, and parties assuming responsibility to accomplish the objectives.
November	<ul style="list-style-type: none"> ❖ Provided a draft of the completed West Allis-West Milwaukee Community Health Improvement Plan 2016-2020 to CHAAT for their recommendations and approval.
December	<ul style="list-style-type: none"> ❖ Plan approved.
2017-2020	<ul style="list-style-type: none"> ❖ Action teams will plan to meet 2-4 times a year to review progress on the CHIP plan, and revise as needed to keep the plan active, dynamic and current with significant changes occurring in the community.



Appendix G: Healthy Lifestyles Work Plan

WAWM CHIP Healthy Lifestyles Priority Work Plan

Goal: West Allis-West Milwaukee residents will demonstrate behaviors that support a healthy lifestyle.

Objective 1: By December 31, 2018, implement or enhance 2 programs that will facilitate residents to meet the minimum recommended minutes for daily physical activity.

Strategy Background:

Source: What Works for Health Wisconsin
Community Guide
USDA

Evidence Base: Places for physical activity, shared use of school equipment, community challenge, SNAP education data.

Policy Change: Y/N

Action Plan:

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Investigate shared physical activity equipment use agreements with the WAWM School District.	December 2018	Shared Agreement Templates Time of School District Personnel	Healthy Lifestyles Coalition	Meeting minutes, formal agreements, increased access to physical activity equipment for residents of all income groups.
Intensify the West Allis Moves 30 a Day Community Campaign outreach by offering program materials in multiple languages, promotion at senior center and resources for residents with physical limitations.	December 2020	Translation Services, coalition member's time and commitment, senior center staff.	Healthy Lifestyles Coalition	Materials available, documentation of promotion.
Promote the West Allis Moves 30 a Day Community Campaign to include: Expanding social media presence and increasing use of point of decision prompts.	December 2018	IT support, city supported social media sites, community support of POD signage placement	Healthy Lifestyles Coalition	Visible presence on social media and signage





<p>Expand the West Allis Moves 30 a Day Mayor’s Challenge aspect of the Community Campaign to include: Increasing number of challenge participants, enhancing on line tracking, engage city of West Allis Wellness Committee and working to add partners.</p>	<p>December 2020</p>	<p>IT support, community partner resources</p>	<p>Healthy Lifestyles Coalition</p>	<p>Increased number of persons registering and completing challenge. Additional resources for challenge. Increased community partner participation. Modified online tracking</p>
<p>Continue to participate in the USDA SNAP Education Fit Families Program.</p>	<p>December 2020</p>	<p>WIC program staff, Program materials, SNAP education funding</p>	<p>West Allis WIC Program</p>	<p>Families complete Fit Family Program. Completed tracking forms</p>

WAWM CHIP Healthy Lifestyles Priority Work Plan

Goal: West Allis-West Milwaukee residents will demonstrate behaviors that support a healthy lifestyle.

Objective 2: By December 31, 2020 expand or implement 3 new elements or policies related to built environments to promote physical activity and healthy habits.

Strategy Background:

Source: Community Guide

Evidence Base: Built environments, expand bike paths, improve National Avenue cross walks, install BUBLR bicycle stations. Educate the public on the new bike roadway signage to encourage biking and promote bike safety for both cyclists and motorists.

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Promote the Built Environment activities initiated by the City of West Allis Development Department via the West Allis Moves 30 a Day Community Campaign. Activities include: expansion of bike paths, improve National Avenue crosswalks and add BUBLR bike locations,	December 2020	Development Staff, promotional materials	Healthy Lifestyle Coalition	Bike Maps, Walking Booklets, BUBLR promotion materials. Planning Division progress report
Explore collaboration with the WI Bike Federation to conduct educational programming on the new bike roadway signage and bike safety for cyclists and motorists.	December 2020	Contact at WI Bike Federation IT Support	Healthy Lifestyle Coalition	Training events and online modules.





WAWM CHIP Healthy Lifestyles Priority Work Plan

Goal: West Allis-West Milwaukee residents will demonstrate behaviors that support a healthy lifestyle.

Objective 3: By December 31, 2020 – 20 local businesses will utilize their worksite setting to support health promotion offerings to impact health behaviors.

Strategy Background:

Source: What Works for Health Wisconsin

Evidence Base: Advocate for businesses to participate in Wellness programming.

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Advocate improving, expanding and strengthening WAWM school wellness activities.	December 2020	WAWM school wellness staff, coalition members	WAWM School Wellness Coordinator	Robust Wellness policy to meet Well City Designation
Advocate for business to participate in the WELCOA Well City Program	December 2018	Well City Co chairs time, area businesses' commitment	Well City Co Chairs WAWM Chamber of Commerce	City of West Allis Well City Designation
Extend promotion of the Mayor's physical activity challenge to area businesses	December 2020	Promotional materials	Healthy Lifestyles Coalition	Increased awareness and participation in challenge event.
Cross promotion of healthy lifestyle activities between Well City designated area businesses and the Healthy Lifestyle Coalition	December 2020	Promotional materials	Healthy Lifestyles Coalition and Well City Co Chairs	Record of projects with coordinated efforts.

WAWM CHIP Healthy Lifestyles Priority Work Plan

Goal: West Allis-West Milwaukee residents will demonstrate behaviors that support a healthy lifestyle.

Objective 4: By December 31, 2020 Implement three new initiatives that will increase access to fruits and vegetables.

Strategy Background:

Source: What Works for Health Wisconsin

Evidence Base: Community Gardens, school fruit and vegetables gardens, establish electronic benefits transfer (EBT) at Farmer’s Market

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Assist and support additional development of electronic benefits transfer (EBT) at the West Allis Farmer’s Market.	December 2020	EBT equipment, City support, Farmer’s Market staff and Farmers	Market Master	Increased redemption of EBT benefits at the Farmer’s Market
Support adding community gardens (senior center), school based gardens and individual home victory gardens (provided to income eligible participants).	December 2020	CDBG block grant funds, school personnel, community garden committee, senior center staff, WIC staff	Health Lifestyle Coalition West Allis Health Department	Additional gardens throughout the community
Enhance the educational offerings at the Rainbow Community Garden Site.	December 2018	Gardening Experts, materials	Community Garden Committee	Documentation of attendance at events
Work with community partners to develop a healthy food donation list for food pantries, school back pack program, community meals and food drive.	December 2020	Mt Mary Healthy Shelves materials, school district staff, Food pantry staff time.	Healthy Lifestyles Coalition	Increased fruits and vegetables available to residents.





Collaborate with community partners to provide nutrition education to those operating food pantries and community supported meals.	December 2020	Mt Mary Healthy Shelves materials, school district staff, Food pantry staff time, training staff	Healthy Lifestyles Coalition	Improved knowledge of nutritional value of fruits and vegetables by pantry and meal program staff.
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WAWM CHIP Healthy Lifestyles Priority Work Plan

Goal: West Allis-West Milwaukee residents will demonstrate behaviors that support a healthy lifestyle.

Objective 5: By December 31, 2020, the West Allis-West Milwaukee Breastfeeding Coalition will conduct 2 community-based activities to support breastfeeding as the infant feeding norm.

Strategy Background:

Source: What Works for Health Wisconsin

Evidence Base: Breastfeeding reduces obesity rates.

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Recruit community members with expertise in breastfeeding to participate in the WAWM BF coalition.	December 2017	WAWM Coalition Chairperson	Healthy Lifestyles Coalition	Membership list
Convene and establish how the coalition will operate. (Mission, periodicity of meetings, activities).	June 2018	Coalition members	Healthy Lifestyles Coalition	Meeting minutes, coalition plan
Offer resources of the coalition to area businesses to support their efforts to be in compliance with worksite breastfeeding legislation.	December 2020	Business wellness coordinators, BF Coalition members, BF materials	WAWM BF Coalition	Enhanced areas for pumping in worksites.



Appendix H: Mental Health Work Plan



WAWM CHIP Mental Health Priority Work Plan

Goal 1: Reduce stigma re: Mental Illness in West Allis and West Milwaukee.

Objective 1: By December 31, 2020 implement two community based initiatives to reduce stigma related to mental illness.

Strategy Background

Source: Substance Abuse and Mental Health Services Administration (SAMHSA): National Registry of Evidence- based Programs and Practices

<p>Evidence Base: Mental Health First Aid NAMI sponsored training Social media awareness initiative</p>	<p>Policy Change: Y/N</p>
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Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
<p>Training Initiative: Select or customize a stigma reduction training initiative that will cover:</p> <ul style="list-style-type: none"> ○ Sensitivity training ○ Recognition of early warning signs or red flags of mental illness, when and how to intervene, what to do for early intervention and how to defuse a crisis. ○ Self- care for the caregiver/family ○ Components on dementia, crisis assessment, and mindfulness and stress reduction techniques. ○ Explore creating a policy for mandatory training re: mental illness (anti stigma) for all new city workers. 	12/31/20	<p>Mental Health First Aid evidence based program NAMI training</p>	<p>WA Mental Health and Substance Abuse Taskforce, AWAMC, WAHD</p>	<p>Stigma Reduction and Mental Illness Awareness Training Plan outline in place</p>



<ul style="list-style-type: none"> ○ The importance of being sensitive to those struggling with mental illness ○ Testimonial of an individual or family member dealing with mental illness ○ Early warning signs and how to respond to a mental illness episode. ○ Emergency resources for an individual or family member when at an accelerated or crisis point: 211 IMPACT, Rogers hotline/assessment triage, clergy, or 911 ○ Self-care strategies for the caregiver/family member. 			<p>AWAMC, WAHD</p>	
<p>Conduct a social media campaign</p> <ul style="list-style-type: none"> ○ Collaborate with local newspaper for human interest article on awareness of mental illness and early warning signs. ○ Utilize City Facebook and /or City website ○ Explore Video development <ul style="list-style-type: none"> ▪ Include info on responding to a mental illness episode and emergency resources. ▪ Provide the information to designated frontline staff at the West Allis Senior Center, Interfaith, West Allis Health Department, local banks, local Clergy, Emergency Dept. intake workers/ staff. <p>Websites offer a link to celebrities promoting mental health awareness (i.e. Demi Lovato, Glenn Close)</p>	<p>12/31/20</p>	<p>Area newspaper and West Allis city based social media contacts and tools</p>	<p>WA Mental Health and Substance Abuse Taskforce, AWAMC, WAHD</p>	<p>Social media campaign conducted</p>

WAWM CHIP Mental Health Priority Work Plan

Goal 2: Build support capacity in West Allis and West Milwaukee to assist individuals and families dealing with mental health concerns.

Objective 1: By December 31, 2020 develop or expand two mental health support networks to address issues, and strengthen collaboration and support for those dealing with mental health concerns in West Allis and West Milwaukee.

Strategy Background

Source: What Works for Health and SAMSHA

Evidence Base: Question, Persuade and Refer (QPR) suicide prevention education
A Voice at the Table: NAMI and Community Partnerships
NAMI sponsored Faith Net Bridges of Hope program, Miracles program

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
<p>Expand the WA Mental Health and Substance Abuse Taskforce: Recruit key community partners with mental health expertise to join the existing Mental Health and Substance Abuse Taskforce. This could include a representative from NAMI, to help further direct avenues of focus and training.</p>	12/31/2020	Community partner commitment and time	WA Mental Health and Substance Abuse Taskforce	Expanded Taskforce Membership attendance documentation





<p>Taskforce will conduct regularly scheduled meetings to:</p> <ul style="list-style-type: none"> ○ Discuss current mental health issues affecting the community and troubleshoot for solutions ○ Support and advance strategies that increase understanding and awareness of mental health issues, expand early identification and intervention and support individuals with mental illness and their caregivers. ○ Receive trainings to enhance their awareness and skill building to facilitate mental health support in the community. (QPR, anti- stigma) ○ Collaborate on activities that have outcomes of mutual interest ○ Annually review need to add and recruit new members. ○ Annually review working action plan for progress on the strategies ○ Explore opportunities to collaborate with neighboring mental health teams on shared messages and other support initiatives. 	<p>12/31/2020</p>	<p>Community partner commitment and time</p>	<p>WA Mental Health and Substance Abuse Taskforce</p>	<p>Meeting minutes and work plan</p>
<p>Taskforce will promote and facilitate QPR education and other promising practices or training opportunities to support key members of the community workforce who address mental health issues.</p>	<p>12/31/2020</p>	<p>Community partner commitment and time</p>	<p>WA Mental Health and Substance Abuse Taskforce</p>	<p>Documentation of training completed</p>

Explore funding options to support future community based strategies that address issues re: mental illness.	12/31/2020	Community partner commitment and time	WA Mental Health and Substance Abuse Taskforce	Meeting minutes and work plan
Build a support network among local clergy Recruit local clergy to join clergy mental health support network (CMHSN).	12/31/2020	Interested clergy	Local Clergy AWAMC WAHD	Meeting minutes
Clergy support network will conduct regularly scheduled meetings to: <ul style="list-style-type: none"> ○ Provide education and training opportunities for clergy ○ Share support resources ○ Offer peer support among clergy ○ Discuss mental health issues affecting their parishioners and troubleshoot for solutions ○ Conduct survey with individual parishioners and/or family members affected by mental illness to assess the status of mental health services and support in the community and identify barriers to receiving these services. 	12/31/2020	Clergy's commitment and time	Local Clergy AWAMC WAHD	Record of survey results
Share aggregate survey results with Taskforce, local first responders, local mental health organizations to improve mental health support and services.	12/31/2020	Survey results	WA Mental Health and Substance Abuse Taskforce, Clergy	Discussion on survey results





WAWM CHIP Mental Health Priority Work Plan

Goal 2: Build support capacity in West Allis and West Milwaukee to assist individuals and families dealing with mental health concerns.

Objective 2: By December 31, 2020, facilitate training and collaboration among community partners to expand capacity for crisis response and stabilization for those dealing with mental health concerns in West Allis and West Milwaukee.

Strategy Background

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

Evidence Base: Question, Persuade, Refer (QPR) education

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Conduct meetings twice yearly to receive updates and troubleshoot with emergency mental health response agencies to resolve access and /or response time issues. <ul style="list-style-type: none"> ○ Explore the creation of a separate mental health triage line 	12/31/2020	Community partner and emergency mental health response agencies (Rogers Hospital, 211 IMPACT) commitment and time	WA Mental Health and Substance Abuse Taskforce	Meeting documentation
Taskforce will promote and facilitate QPR education and other promising practice training opportunities to support key members of the community workforce who address mental health issues.	12/31/2020	Certified QPR trainer Community partner commitment and time	WA Mental Health and Substance Abuse Taskforce	Documentation of training completed
Develop and disseminate a resource list of mental health crisis hotline numbers.	12/31/2020	Community partner commitment and time	WA Mental Health and Substance Abuse Taskforce	Guide developed
Explore the development of a peer support program or peer navigator program	12/31/2020	Community partner commitment and time	WA Mental Health and Substance Abuse Taskforce	Discussion minutes. Program initiated

WAWM CHIP Mental Health Priority Work Plan

Goal 2: Build support capacity in West Allis and West Milwaukee to assist individuals and families dealing with mental health concerns.

Objective 3: By December 31, 2020 implement training and curriculum to build resilience and expand mental health support for youth in West Allis and West Milwaukee School District.

Strategy Background

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), What Works for Health

Evidence Base: QPR education, Mindfulness Training
School Based Programs- School Climate Transformation Project Curriculum, SEL Curriculum
NAMI mental illness awareness video

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Conduct QPR education, Mental Health First Aid or other training for staff working with students with mental health concerns.	12/31/2020	Certified QPR trainer WAWM School District staff's commitment and time	WA Mental Health and Substance Abuse Taskforce WAWM School District	Record of date and number(#) of trainings
Train student services staff using the template for developing an action plan and providing interventions for students identified as at high risk for suicide	12/31/2020	Matrix to follow	WAWM School District	Record of trainings
Mindfulness self-regulation training for staff and students at all levels.	12/31/2020	Select curriculum to follow	WAWM School District	Documentation of curriculum training or classes completed
Presentation of NAMI VOICES or other mental illness stigma awareness video for appropriate grades	12/31/2020	WAWM School District commitment and time	WAWM School District	Video presentation conducted





Appendix I: Substance Abuse and Addiction Work Plan

WAWM CHIP Substance Abuse and Addiction Work Plan

Goal 1: Prevent and reduce alcohol use and abuse among youth and adults in the West Allis and West Milwaukee communities.

Objective 1: By December 31, 2020, conduct at least 3 programs at each of the grade levels in the WAWM School District to raise awareness of the dangers of alcohol use and abuse in West Allis and West Milwaukee.

Strategy Background

Source: What Works for Health Wisconsin

Evidence Base: Curriculum
SBIRT

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Maintain current AODA curriculum Elementary 5 th -THINK – best practice – Office of Justice Intermediate 7 th - Peers with Purpose – best practice universal prevention strategies - OJP	2016 annually	Curriculum	WAWM School District (WAWM SD)	Record of number(#) of programs and students
Trained HS students		West Allis Police Department (WAPD)	Record of # of programs and students	
Curriculum		WAWM Community Coalition(WAWMCC) &WAWM SD	Pre and post test results	
6 th -8 th AODA curriculum – best practice OJP Secondary Targeted - Teen Intervene – evidence based Students who have AODA related school violation		Curriculum	WAWMCC youth members	Record of # of programs and students
High School Select students – Peers with Purpose training – best practice		Curriculum	WAWM SD	Record of # of programs and students
		Training materials	WAWMCC & SD	Record of # of programs and students
			WAWMCC youth members	Pre and post test results

Explore adding AODA curriculum Elementary and Intermediate 4 th -8 th UR Choice curriculum (Children’s Hospital)	2018	Review curriculum	WAWM SD	Record of additional curriculum
High School All - Social norming curriculum	2018	Collaboration with health teachers	WAWM SD WAWMCC	Record of additional curriculum using YRBS data – social norming component
Conduct Screening Brief Intervention and Referral to Treatment (SBIRT) to targeted 9th graders in district.	2017	WAWM SD staff	WAWM SD WAWMCC	Record of SBIRT results Record # of positive reinforcement given to majority of students screened
Explore conducting SBIRT to all 9 th graders	2018	Funding	WAWM SD WAWMCC	Decrease in # of students referred to treatment annually
Youth led programs in high schools to include: Red Ribbon Day Ghost Day Other initiatives developed by youth groups	2016 annually	Ideas generated by youth groups at each high school	WAWM SD staff WAWMCC WAMMCC youth members WAPD	Record of # of programs Increase awareness of alcohol use and abuse through peer led initiatives
Research and pilot additional youth led programs Elementary Prevention activity where high school students read a book about AODA and discuss with students Intermediate Start a SADD chapter and pilot program during April for Alcohol Awareness Month End of year program for 8 th graders as introduction and stress relief for starting high school : address the increase in 30 day past alcohol use among 9 th graders	2018	Book to read Training for high school students Training for high school students as mentors Working with school staff Training for high school students as presenters	WAWM SD staff WAWMCC WAWMCC youth members WAWM SD staff WAWMCC WAWMCC youth members WAWM SD staff WAWMCC WAWMCC youth members	Record of # of programs Additional prevention program in elementary schools – addressing issue at younger ages SADD chapters established in intermediate schools Record of additional youth led AODA prevention activities at intermediate schools





WAWM CHIP Substance Abuse and Addiction Work Plan P

Goal 1: Prevent and reduce alcohol use and abuse among youth and adults in the West Allis and West Milwaukee communities.

Objective 2: By December 31, 2020, implement at least 5 initiatives directed at adults to raise awareness of alcohol serving sizes and binge drinking.

Strategy Background

Source: Strategic Prevention Framework (SPF)
What Works for Health Wisconsin

Evidence Base: Community campaign

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Promote April as alcohol awareness month: Proclamation - mayor of West Allis Proclamation - village president of WM	April 2017	Approval by WA mayor, WM village president	WAWMCC	Record of awareness activities
Message from clergy about alcohol use and abuse and its consequences		Approval from clergy	Religious organizations	Specific message delivered by clergy
Newsletters: WA and WM newsletter articles Article in Neighborhood Watch Article in religious organizations bulletins Information to PTA Council Prezi on city channel Prezi on school district channel Postings on Facebook and Twitter		Approval by various outlets	WA City newsletter WM newsletter WA City Channel WAWM SD channel WAWMCC	Record of program airings Record of social media venues utilized

<p>Alcohol graphics on TV screen in WAPD lobby Alcohol graphics on health dept. website</p> <p>Graphics and prezi on Aurora TV</p> <p>Display in lobby of library – April 1 – April 30</p> <p>Information on Chamber Wellness page – April Alcohol Awareness Month. Link to website for resources and other info</p>		<p>Approval from WAPD</p> <p>Approval from WAHD</p> <p>Approval from Aurora West Allis Medical Center (AWAMC)</p> <p>Approval from WAWM Chamber of Commerce</p>	<p>WAPD WAWMCC West Allis Health Department (WAHD) Aurora West Allis Medical Center (AWAMC)</p> <p>Shared Journeys</p> <p>WAWMCC WAWM Chamber of Commerce</p>	<p>Information about drink sizes and binge drinking shared with community</p>
<p>Promote message during the holidays when alcohol use increases: Prezi on city channel Prezi on school district channel</p> <p>Alcohol graphics on TV screen in WAPD Alcohol graphics on health dept. website Graphics and prezi on Aurora TV</p>	<p>November 2017</p>	<p>Approval from WAPD Approval from WAHD Approval from AWAMC</p>	<p>WAWMCC WA City Channel WAWM School District WAPD WAHD AWAMC</p>	<p>Record of program airings Record of social media venues utilized Information about drink sizes and binge drinking shared with community</p>
<p>Have information available at community events such as Latino Health Fair, National Night Out and other health and resource fairs</p>	<p>2016 annually</p>	<p>Current WAWMCC resources</p>	<p>WAWMCC WAHD Community organizations</p>	<p>Record of events Information about drink sizes and binge drinking shared with community</p>





WAWM CHIP Substance Abuse and Addiction Work Plan

Goal 2: Reduce prescription drug misuse and abuse among youth and adults in the West Allis and West Milwaukee communities.

Objective 1: By December 31, 2020, conduct at least 12 community education sessions for 3 varied populations and maintain school-based curriculum to raise awareness of prescription drug misuse and abuse and methods to limit exposure in West Allis and West Milwaukee.

Strategy Background

Source: What Works for Health Wisconsin

Evidence Base: Curriculum
SBIRT

Policy Change: Y/N
WAFD and WAPD disposal
collaboration

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Maintain current AODA curriculum Elementary	2016 annually	Curriculum	WAWM SD WAPD	Record of # of programs and students
5 th - THINK – best practice – Office of Justice (OJP)		Trained HS students	WAWMCC & SD WAWMCC youth members	Record of # of programs and students Pre and post test results
Intermediate 7 th - Peers with Purpose – best practice universal prevention strategies - OJP		Curriculum	WAWAM SD	Record of # of programs and students
6-8 grade AODA curriculum – best practice – OJP		Curriculum	WAWM SD	Record of # of programs and students
Secondary Targeted- Teen Intervene – evidence based. Students with AODA related school violation		Curriculum	WAWM SD	Record of # of programs and students
High School All - Peers with Purpose training	Training materials	WAWMCC & SD	Record of # of programs and students Pre and post test results	

Conduct Screening Brief Intervention and Referral to Treatment (SBIRT) to targeted 9th graders in district.	2017	WAWM SD staff	WAWM SD WAWMCC	Record of SBIRT results Record # of positive reinforcement given to majority of students screened Decrease in # of students referred to treatment annually
Explore conducting SBIRT to all 9 th graders in district.	2018	Funding	WAWM SD WAWMCC	
Conduct Senior Safety Talks to senior living centers to include distribution of drug drop-off materials and collection of medications	2016 annually	Approval of senior living centers	WAWMCC WAPD Senior living centers	Record of senior safety talks conducted and number attendees Increase awareness of prescription drug abuse and misuse and proper disposal and storage methods
Research and pilot additional Senior Safety Talks to religious organizations	2018	Approval and recommendations from religious organizations	WAWMCC WAPD Religious organizations	Record of additional senior safety talks conducted and number attendees Increase awareness of prescription drug abuse and misuse and proper disposal and storage methods
Develop poster to inform public about how and where to properly dispose of medications	2017	Design of poster Approval of information from WAPD and WMPD	WAWMCC WAPD WMPD	Poster developed Increase awareness of prescription drug abuse and misuse and proper disposal
Promote proper disposal of medications through social media and information in newsletters and community bulletins	2016 annually	Current Resources: WAWMCC med log and magnets	WA City newsletter WM newsletter Religious organizations WAWM Chamber of Commerce AWAMC	List of social media and other venues used Increase awareness of prescription drug abuse and misuse and proper disposal and storage methods
Support prescriber education sessions in community	2017	Doctor to conduct sessions	WAWMCC Medical College of WI AWAMC	Record of educational sessions held Increase awareness among prescribers of medication abuse and other alternatives to opioid prescribing





Support and promote community education by prescribers in community	2017	Doctor to conduct sessions Program developed	WAWMCC Medical College of WI AWAMC	Record of educational sessions held Increase awareness among patients of medication abuse and other alternatives to opioid prescribing
Develop policy for WA Fire Department to dispose of medications collected from calls	2018	Policy needed	WAFD WAPD	Policy on file WA fire Department can dispose of medications

WAWM CHIP Substance Abuse and Addiction Work Plan

Goal 3: Prevent and reduce heroin use among youth and adults in the West Allis and West Milwaukee communities.

Objective 1: By December 31, 2020 conduct a heroin education event at the high schools each year and maintain or expand AODA curriculum and screening in the WAWM School District to raise awareness of the dangers of heroin use in West Allis and West Milwaukee.

Strategy Background

Source: What Works for Health Wisconsin

Evidence Base: Curriculum
SBIRT

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Conduct two heroin awareness programs annually at the high schools	2016 annually	Awareness programs or speakers	WAWM Heroin/Opiate Task Force WAWM SD	Record of awareness programs held
Explore addition of one heroin program developed with help from WAPD for the intermediate grade level and one for the high schools	2018	WAWM Heroin Task Force WAWM SD WAPD	WAWM Heroin/Opiate Task Force WAPD	Record of any additional programs initiated





Maintain current AODA curriculum Elementary 5 th - THINK – best practice – Office of Justice (OJP) Intermediate 7 th - Peers with Purpose – best practice universal prevention strategies - OJP 6-8 grade AODA curriculum – best practice OJP Secondary Targeted- Teen Intervene – evidence based. Students who have AODA related school violation High School All - Peers with Purpose training	2016 annually	Curriculum	WAWM SD WAPD	Record of # of programs and students
		Trained HS students	WAWMCC & SD WAWMCC youth members	Record of # of programs and students Pre and post test results
		Curriculum	WAWAM SD	Record of # of programs and students
		Curriculum	WAWM SD	Record of # of programs and students
		Training materials	WAWMCC & SD	Record of # of programs and students Pre and post test results
Explore adding AODA curriculum Elementary and Intermediate 4 th – 8 th UR Choice curriculum (Children’s Hospital) High School All - Social norming curriculum	2018	Review curriculum	WAWM SD	Record of any additional curriculum
	2018	Collaboration with health teachers	WAWM SD WAWMCC	Additional curriculum using YRBS data with social norming component
Conduct Screening Brief Intervention and Referral to Treatment (SBIRT) to targeted 9th graders in district.	2017	WAWM SD staff	WAWM SD WAWMCC	Record of SBIRT results Record # of positive reinforcement given to majority of students screened Decrease in # of students referred to treatment annually
Explore conducting SBIRT to all 9 th graders in district.	2018	Funding	WAWM SD WAWMCC	

WAWM CHIP Substance Abuse and Addiction Work Plan

Goal 3: Prevent and reduce heroin use among youth and adults in the West Allis and West Milwaukee communities.

Objective 2: By December 31, 2020, conduct 3 community education or training initiatives directed at adults, to raise awareness of the dangers of heroin use in West Allis and West Milwaukee.

Strategy Background

Source: What Works for Health Wisconsin

Evidence Base:

Policy Change: Y/N

Action Plan

Activity	Target Date	Resources Required	Lead Agency(ies)	Anticipated Product or Result
Conduct two heroin awareness programs annually in the community at the high schools	2017	Awareness programs or speakers	WAWM Heroin/Opiate Task Force	Record of events
Develop and distribute resource guide for community	2017	Resources	WAWM Heroin/Opiate Task Force	Resource Guide on file Awareness of available resources
Conduct Senior Safety Talks to senior living centers to include distribution of drug drop-off materials and collection of medications	2016 annually	Approval of senior living centers	WAWMCC WAPD Senior living centers	Record of senior safety talks conducted and number(#) of attendees Increase awareness of prescription drug abuse and misuse and proper disposal and storage methods
Research and pilot additional Senior Safety Talks to religious organizations	2018	Approval and recommendations from religious organizations	WAWMCC WAPD Religious organizations	Record of additional senior safety talks conducted and # of attendees Increase awareness of prescription drug abuse and misuse and proper disposal and storage methods





<p>Conduct NARCAN trainings in the community</p>	<p>2016</p>	<p>Trainers from AIDS Resource Center</p>	<p>WAWM Heroin/Opiate Task Force AIDS Resource Center</p>	<p>Record of NARCAN trainings conducted and # of attendees Increase awareness of NARCAN</p>
<p>Conduct NARCAN trainings in Spanish for Promotoras</p>	<p>2016</p>	<p>Trainers from AIDS Resource Center</p>	<p>WAWM Heroin/Opiate Task Force WAHD WAWMCC Aids Resource Center</p>	<p>Record of NARCAN trainings conducted and # of attendees Increase awareness of NARCAN</p>
<p>Explore possibility of conducting NARCAN trainings in Spanish for Latino communities in WAWM</p>	<p>2017</p>	<p>Trainers from AIDS Resource Center</p>	<p>WAWM Heroin/Opiate Task Force WA Health Department WAWMCC Aids Resource Center</p>	<p>Record of NARCAN trainings conducted and # of attendees Increase awareness of NARCAN</p>

Appendix J: Resources

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