



West Allis-West Milwaukee
**Community Health
Improvement Plan
2011-2015**



Public Health
Prevent. Promote. Protect.

West Allis Health Department

Introduction

This document marks the third comprehensive Community Health Improvement Plan (CHIP) for the West Allis and West Milwaukee communities providing a blueprint for community action through the year 2015. The process framework used for the development of the West Allis-West Milwaukee Community Health Improvement Plan 2015 was MAPP (Mobilizing Action through Planning and Partnerships), available through NACCHO (National Association of County and City Health Officials). MAPP is a community driven strategic planning process designed to improve community health. This interactive process, facilitated by public health leaders, helped the community prioritize public health issues and identify resources to address them. For more information regarding the MAPP process, see the MAPP website:

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

The West Allis-West Milwaukee Community Health Assessment was completed in 2010. This document was a thorough report of community health, assets, challenges, barriers, and resources. Each of the four assessments: Local Public Health System Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and Community Health Status Assessment gathered data to thoroughly analyze the community's health.

A Community Health Improvement Planning Team was convened in 2011 to provide oversight for the development of the 2015 West Allis-West Milwaukee Community Health Improvement Plan. Team members consisted of:

- Terry Brandenburg, MPH, CPH – West Allis Health Department
- Melissa Hanson, RN – West Allis Health Department
- Shawne Johnson, RN, MPH – West Allis Health Department
- Sally Nusslock, RN – West Allis Health Department
- Mary Sue Oppermann, RN, MPH – West Allis Health Department
- Geyla Savic – West Allis Health Department

The process of developing the West Allis-West Milwaukee Community Health Improvement Plan 2015 began with the formation of a Steering Committee consisting of a broad array of community stakeholders. This committee met to review and analyze the findings of the Community Health Assessment 2010, review the accomplishments of the Community Health Improvement Plan 2010, receive an overview of the Public Health Preparedness Program for the Milwaukee/Waukesha County Consortium, design the structure of CHIP 2015, develop a list of top health priorities for the community, and set in motion a process for workgroups to create achievable, measurable objectives for the community to complete by the year 2015.

The Steering Committee recommended nine health priorities critical to improving the community's health:

- Access to Care
- Alcohol and Other Drug Use
- Emotional Well Being
- Health Communications
- Healthy Homes
- Healthy Lifestyle
- Obesity
- Safety and Injury
- Unhealthy Aggressive Behaviors

Workgroups were formed around each of the nine priorities determined by the Steering Committee. Facilitators guided each workgroup to develop SMART (specific, measurable, achievable, relevant, and time-framed) objectives and determine appropriate agencies willing to take responsibility for measuring progress and achieving completion. In addition, each workgroup was provided with current state and/or federal objectives related to their assigned priority. The workgroups were asked to consider these and incorporate them when formulating new objectives for the community. The Steering Committee subsequently finalized and approved the 2015 West Allis-West Milwaukee Community Health Improvement Plan.

Acknowledgements

Steering Committee

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Jeannette Bell..... President, West Allis Rotary Club
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Kurt Wachholtz Superintendent, West Allis-West Milwaukee School District
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Access to Care

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Alcohol and Other Drug Use

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Emotional Well Being

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Health Communications

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Healthy Homes and Neighborhoods

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Obesity

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Safety and Injury

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Unhealthy Aggressive Behaviors

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* Denotes facilitator

Table of Contents

	PAGE NUMBER
Access to Care.....	1
Alcohol and Other Drug Use.....	4
Emotional Well Being.....	9
Health Communications.....	14
Healthy Homes and Neighborhoods.....	16
Healthy Lifestyles.....	25
Obesity	32
Safety and Injury.....	39
Unhealthy Aggressive Behaviors	43

Access to Care

Background

Access to health services means the timely use of personal health services to achieve the best health outcomes. This requires three distinct steps:

- Gaining entry into the health care system
- Accessing a health care location where needed services are provided
- Finding a health care provider with whom the patient can communicate and trust¹

Currently, access to health care services in the United States is regarded as unreliable; many people do not receive the appropriate and timely care they need. Furthermore, it is anticipated there will be an added burden placed on the already strained U.S. health care system when a projected influx of patients in 2014, will lead to approximately 32 million Americans having health insurance for the first time.¹

Access to health care services can be better understood when broken down into four components: Coverage, Services, Timeliness and Workforce.

1. **Coverage** – Adequate coverage helps people to get the health care they need and avoid the burden of large medical bills.
2. **Services** – Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs
3. **Timeliness** – Timeliness is the health care system's ability to provide health care quickly after a need is recognized. Actual and perceived difficulties or delays in getting care when patients are ill or injured reflect significant barriers to care.
4. **Workforce** – The number of practicing primary care physicians can dramatically affect the general public's health status.²

In order to access cost effective, quality health care in a timely manner from the appropriate medical provider, it is extremely important for health care consumers to learn to advocate for their own health care needs.¹ One primary way for a health care consumer to get high-quality health care is to be an engaged, responsible member of his own health care team and to find, use, and share information wisely on decisions made regarding his health care.² A person's ability to access adequate and safe healthcare services impacts his overall physical, social and mental health status, his quality of life and life expectancy.

Resources

- 1) Access to Health Services. Healthy People 2020. U.S. Department of health and Human Services. <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>

- 2) Agency for Healthcare Research and Quality. Quick Tips When Talking with Your Doctor. U.S. Department of Health and Human Services.
<http://www.ahrq.gov/consumer/quicktips/doctalk.htm>

Assessment Data and Objectives

Objective 1: By December 31, 2012, build a network of community partners to designate a frontline information and referral source for medical, dental and mental health needs in order to provide up-to-date, appropriate options for accessing health care services.

Baseline: No network in place

Goal: Network in place

This objective will be tracked by the creation of a network of community partners brought together to develop culturally competent media outreach strategies to increase consumer awareness of a frontline information and referral source for access to health care services options.

Strategies/Activities	Responsibility	How is progress evaluated?
Participate in a collaborative process to identify a frontline information and referral source	Access Workgroup, Area hospital/clinic(s)	Meeting notes
Develop protocol among participating community partners to redirect consumers to this community resource	Access Workgroup, Area hospital / clinic(s)	Protocol, meeting notes
Establish a “no wrong door” policy among participating community partners	Access Workgroup, Area hospital/clinic(s)	“No wrong door” policy, meeting notes
Utilize culturally competent media outreach strategies to increase consumer awareness regarding a frontline information and referral source. Example strategies would include fact sheets, display boards, and a link on City of West Allis website providing regularly updated health care services information	Access to Health Care Workgroup	Documentation of media outreach strategies or tools utilized, educational materials

Objective 2: By December 31, 2012, survey 75% of the large medical clinics and dental clinics in West Allis and West Milwaukee to identify clinic policies regarding reduced fees and payment plans for self pay patients.

Baseline: No survey completed

Goal: 75% of large medical clinics and 75% of dental clinics will be surveyed

This objective will be tracked by a log of the clinics surveyed.

Strategies/Activities	Responsibility	How is progress evaluated?
Survey clinics regarding their existing policies	WAHD	Percent of clinics surveyed
Develop a spreadsheet to record the payment options for each clinic	WAHD	Spreadsheet
Review and distribute payment options spreadsheet to the Access to Health Care Workgroup	WAHD	Meeting notes documenting review and distribution

Objective 3: By December 31, 2014, launch a community education campaign on how to become a responsible health care consumer.

Baseline: No community health care consumer education campaign currently in place

Goal: Community health care consumer education campaign in place

This objective will be tracked through the implementation of a community education campaign on how to become a responsible health care consumer.

Strategies/Activities	Responsibility	How is progress evaluated?
Develop a culturally competent teaching tool for health care providers to use to educate the public on their responsibilities as health care consumers	Access Workgroup	Development of a teaching tool on "How to become a responsible health care consumer"
Identify underserved or at-risk populations to offer this teaching tool	Access Workgroup	List of target populations
Provide training to WAHD, Aurora West Allis Medical Center and Greater Milwaukee Free Clinic staff on how to coach clients or patients on their health care responsibilities	Access Workgroup	Record of trainings (include date and number of participants), training materials
Explore meeting with WAWM high school health teachers to discuss the benefit of adding a component on becoming a responsible health care consumer into their curriculum	Subgroup of Access Workgroup	Meeting notes

Alcohol and Other Drug Use

Background

Alcohol and other drug abuse is defined as any use of a substance that results in negative consequences. This abuse refers to a set of related conditions associated with the consumption of mind and behavior altering substances that have a negative behavioral and health outcome including, but is not limited to, alcohol, prescription substances, and illegal mood-altering substances.¹ Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse a very complex public health issue. Studies have shown that substance abuse is a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.² Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems such as teenage pregnancy, domestic violence, motor vehicle accidents, physical fights, crime, homicide, and suicide.²

Alcohol

Alcohol-related deaths are the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke. Although Wisconsin's drinking culture is not intentionally harmful, rather, most residents drink responsibly, safely, and legally, this culture is, in many ways, tolerant of excessive, dangerous, unhealthy, and illegal drinking. Alcohol-related societal problems include homelessness, child abuse, crime, unemployment, injury, health problems, hospitalization, suicide, fetal abnormalities, and even early death.¹ Youth who drink alcohol are at a greater risk to experience difficulties in school, social problems, legal repercussions, physical problems, and alcohol related unintentional injuries. Youth may also place themselves in high-risk social situations leading to unplanned and unprotected sexual activity, physical and sexual assault, homicide, suicide, abuse of other drugs, and/or death from alcohol poisoning due to their altered judgment related to drinking.³

Marijuana

Youth marijuana use is associated with a number of risky behaviors. Teens, 12-17 years of age, who smoke marijuana are more than twice as likely to cut class, steal, fight, and destroy property than those who do not smoke marijuana. Marijuana use can also lead to decreased lung functions and impaired memory.⁴

Prescription Drug Abuse

An emerging area of concern is adolescent abuse of prescription drugs. Prescription drug abuse means taking a prescription medication that is not prescribed for you, or taking it for reasons or in dosages other than as prescribed. This abuse has continued to rise over the past five years in the United States. One factor leading to this increase in abuse is the availability of prescription

drugs from many sources including the family medicine cabinet, the Internet, and doctors. In addition, many adolescents believe that prescription drugs are safer to take than street drugs.²

Resources:

- 1) Alcohol and Other Drug Use. Wisconsin State Health Plan: Healthiest Wisconsin 2020. Wisconsin Department of Health Services.
<http://www.dhs.wisconsin.gov/hw2020/pdf/alcohol.pdf>
- 2) Substance Abuse. Healthy People 2020. U.S. Department of Health and Human Services.
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=40>
- 3) Underage Drinking. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>
- 4) Other Drug Consumption. (2008). Wisconsin Epidemiological profile on Alcohol and Other Drug Abuse. <http://www.dhs.wisconsin.gov/stats/pdf/otherdrug2008/pdf>

Assessment Data and Objectives

Objective 1: By April 31, 2012, launch a community education campaign for Alcohol Awareness Month

Baseline: No community education campaign for Alcohol Awareness Month currently in place.

Goal: Community education campaign for Alcohol Awareness Month in place

This objective will be tracked through the development of a community education campaign.

Strategies/Activities	Responsibility	How is progress evaluated?
Distribute an alcohol screening and education tool from IMPACT through a variety of venues – Wellness programs, Chamber of Commerce, etc.	IMPACT, WAHD, Community Coalition, City of West Allis, Chamber of Commerce, WAWM Schools	Availability of alcohol screening and education tool
Facilitate Mayoral proclamation for Alcohol Awareness Month	WAHD, Community Coalition	Mayoral proclamation
Develop a display board for display in public settings during Alcohol Awareness Month	WAHD, Community Coalition	Display board
Promote the use of the domino strategy to educate the community on drinking responsibly	WAHD, Community Coalition	Educational materials include domino strategy

Objective 2: By September 30, 2012, maintain or increase current levels of compliance with, and enforcement of, ordinances and laws related to youth substance abuse as measured by WAPD and WMPD reports in West Allis and West Milwaukee.

Baseline: In West Allis, from 10-1-09 through 9-30-10, there were 47 tobacco compliance checks and 139 alcohol compliance checks. In West Milwaukee, from 10-1-09 through 9-30-10, there were no tobacco or alcohol compliance checks.

In West Allis, from 10-1-09 through 9-30-10, there were 78 tobacco citations issued and 16 alcohol citations issued. In West Milwaukee, from 10-1-09 through 9-30-10, there were no tobacco citations issued and 16 alcohol citations issued.

Goal: Maintain or increase compliance

This objective will be tracked using alcohol and tobacco compliance checks conducted by the WAPD and WMPD.

Strategies/Activities	Responsibility	How is progress evaluated?
Enforce compliance of ordinances and laws related to youth substance abuse	WAPD, WMPD	Number of compliance checks completed, number of citations issued
Review reports of compliance with, and enforcement of, ordinances and laws related to youth substance abuse	Community Coalition	Review of enforcement reports

Objective 3: By December 31, 2013, there will be a 3% reduction in age of onset of using alcohol prior to age 13 years.

Baseline: 26% in 2009

Goal: 23% in 2013

Objective 4: By December 31, 2013 there will be a 3% reduction of use of alcohol in the past 30 days.

Baseline: 44% in 2009

Goal: 41% in 2013

Objective 5: By December 31, 2013, there will be a 3% increase in students' perception of risk or harm from using alcohol.

Baseline: 26% in 2009

Goal: 29% in 2013

Objective 6: By December 31, 2013, there will be a 3% increase in students' perception of parents' disapproval of students' use of alcohol.

Baseline: 41% in 2009

Goal: 44% in 2013

Objective 7: By December 31, 2013, there will be a 3% reduction in age of onset in using prescription drugs and non prescription pain killers prior to age 13 years.

Baseline: 5% in 2009

Goal: 2% in 2013

Objective 8: By December 31, 2013, there will be a 3% reduction of use of marijuana in the past 30 days.

Baseline: 5% in 2009

Goal: 2% in 2013

These objectives will be tracked using the Youth Risk Behavior Survey (YRBS) to survey 8th-12th grade WAWM students.

Strategies/Activities	Responsibility	How is progress evaluated?
Administer the YRBS to 8 th -12 th grade students every two years in the WAWM School District	WAHD	Administration of survey
Provide information and enhance skills of youth grades 6-12 via delivery of comprehensive K-12 ATODA prevention program	Community Coalition, WAWM Schools	Report of program delivery
Provide support for youth to make healthy choices through alcohol and drug free events	Community Coalition, Community Alliance Against Drugs (CAAD)	Offering of alcohol and drug free events
Provide information to parents, community members and youth about underage alcohol, marijuana, and prescription drug and non prescription pain killers abuse	Community Coalition, CAAD	Educational materials

Objective 9: By December 31, 2013, survey and provide education to 100% of the large medical clinics in West Allis and West Milwaukee regarding prescription drug use and abuse.

Baseline: No survey has been administered

Goal: Survey completed

Objective 10: By December 31, 2013, survey and provide education to 75% of area dental clinics in West Allis and West Milwaukee regarding prescription drug use and abuse.

Baseline: No survey has been administered

Goal: Survey completed

These objectives will be tracked through the administration and analysis of the survey and the provision of educational materials.

Strategies/Activities	Responsibility	How is progress evaluated?
Survey and provide education to large medical clinics regarding prescription drug use and abuse	Rogers Hospital, WAHD, Community Coalition	Distribution of survey, percent of clinics surveyed, educational materials
Survey and provide education to area dental clinics regarding prescription drug use and abuse	Rogers Hospital, WAHD, Community Coalition	Distribution of survey, percent of clinics surveyed, educational materials

Objective 11: By December 31, 2015, annually assess and update alcohol and drug abuse resources available in West Allis and West Milwaukee listed through IMPACT.

Baseline: Resources not updated regularly

Goal: Updated alcohol and drug abuse resources listed through IMPACT

This objective will be tracked through an annual review and update of area alcohol and drug abuse resources from IMPACT.

Strategies/Activities	Responsibility	How is progress evaluated?
Request listing of area alcohol and drug abuse resources from IMPACT	WAHD, Community Coalition, IMPACT	Annual list of resources
Review and update listing of area alcohol and drug abuse resources from IMPACT	WAHD, Community Coalition, IMPACT	Memo detailing review and updates if any

Emotional Well Being

Background

Emotional well-being is not the absence of emotions, but rather, it is the ability to understand the value of emotions and use them to move forward in life in a positive direction. Everyday emotional well-being also involves identifying, building upon, and operating from strengths rather than focusing on fixing problems or weaknesses. The better one is able to master emotions, the greater the capacity to enjoy life, cope with stress, and focus on important personal priorities.¹

The emotionally well person maintains satisfying relationships with others, feels positive and enthusiastic about oneself and life, manages one's feelings and related behaviors, realistically assesses one's limitations, develops autonomy, and has the ability to cope effectively with stress.¹

Parenting

Improving parenting skills is one way to improve emotional wellbeing. Family functioning and positive parenting can have positive outcomes on the mental health of children. Parents play a critical role in their child's development. Providing a safe and loving home and spending time together – playing, singing, reading, and even just talking – can make a big difference in the life of a child by providing the foundation for emotional wellbeing.²

Infant mental health

Infant mental health (IMH) is synonymous with social and emotional development in young children. Social and emotional development involves skills such as self-confidence, curiosity, motivation, persistence, self-control, and trust – all of which affect future learning, growth, and success. The development of these traits begins in infancy and within the context of relationships. Emotional and social milestones include a child's ability to experience, regulate and express emotions, and form close and secure interpersonal relationships. A child's capacities to identify their own feelings, experience empathy for another and constructively manage strong emotions are skills that begin in early childhood and support later learning.³

Mental health screenings

Mental health is fundamental to overall health and productivity. Mental health disorders are real and disabling conditions. Left untreated, mental illness can result in disability and despair for families, schools, communities and the workplace. Teenage depression is a common cause of reduced academic achievements, poor attendance, tense or non-existent social relationships, and substance abuse. Early recognition and treatment, if needed, can help prevent mental illness from worsening and improve an individual's chances for recovery.⁴

Screening is a safe, effective way of detecting the earliest stages of mental illnesses. The U.S. Preventive Service Task Force recommends routine screenings for all adults as well as adolescents between the ages 12-18 years and recommends having systems in place for follow-up. Asking two simple questions about mood, "Over the past 2 weeks, have you felt down, depressed, or hopeless?" and "Over the past 2 weeks, have you felt little interest or pleasure in doing things?" may be as effective as using more formal instruments.⁵

Trauma exposure

Research shows that trauma can undermine children's ability to learn, form relationships, and function appropriately in the classroom. When there is family violence, home is not the safe haven it is for most children. Adults who should be relied upon for nurturance may actually be a source of terror, or they may be victims themselves and unable to provide protection. When the perpetrator of violence is a caregiver – the person in whom a child has placed great trust, and upon who the child's very life depends – the betrayal a child experiences can be devastating. These adverse childhood experiences (ACE) such as physical abuse and neglect, exposure to domestic violence, parental substance abuse, mental illness, and parental incarceration, may lead to future injury, violence, substance abuse, and even chronic disease.⁶

The Wisconsin Department of Public Instruction recommends schools become more sensitive to the needs of children who have been traumatized by directly, or vicariously, experiencing violence, homelessness, or loss (or fear of loss) of loved ones.⁷ Given that law enforcement is often the first and primary system involved in intervening at these events, it is uniquely positioned to collaborate with schools to develop innovative approaches to reduce the impacts of adverse childhood experiences on children's short and long term health and well being. Rapid intervention with students and families may prevent the development of stress related symptoms which can interfere with optimal functioning.⁶

Resource:

- 1) The Six Dimensions of Wellness Model. National Wellness Institute, Inc. www.nationalwellness.org
- 2) Learn Some Positive Parenting Tips. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/Features/Parenting/>
- 3) Early Relationships Matter. Wisconsin Alliance for Infant Mental Health. www.wiimh.org
- 4) Mental Health. Wisconsin State Health Plan: Healthiest Wisconsin 2020. Wisconsin Department of Health Services. <http://www.dhs.wisconsin.gov/hw2020/pdf/mentalhealth.pdf>
- 5) Mental Health and Mental Disorders. Healthy People 2020. U.S. Department of Health and Human Services. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>
- 6) The Effects of Childhood Stress on Health Across the Lifespan. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf

- 7) Creating Trauma-Sensitive Schools to Improve Learning: A Response to Intervention Model. Mental Health. Wisconsin Department of Public Instruction.
<http://www.dpi.wi.gov/sspw/mhtrauma.html>

Assessment Data and Objectives

Objective 1: By December 31, 2012, create a network of community maternal child health (MCH) providers offering parenting support and education, identify populations experiencing barriers to parenting support and education, and promote strategies to improve access.

Baseline: No network of community MCH providers currently in place

Goal: Network of community MCH providers in place

This objective will be tracked by the creation of a network of community providers offering parenting support and education.

Strategies/Activities	Responsibility	How is progress evaluated?
Convene a group of community MCH providers to participate in a collaborative process to assess the availability, cost, location, and time commitment of parenting support and parenting education	WAHD	Meeting notes
Identify underserved and at-risk parents who need parenting education and/or other supportive services	Network of community MCH providers	Meeting notes
Survey underserved and at-risk parents to determine what barriers exist that prevent them from accessing parenting education and other supportive services	Network of community MCH providers	Survey
Develop strategies to promote access to parenting education and other supportive services	Network of community MCH providers	Meeting notes

Objective 2: By December 31, 2013, launch a community infant mental health education campaign.

Baseline: No community infant mental health education campaign currently in place

Goal: Community infant mental health education campaign in place

This objective will be tracked through the implementation of a community mental health campaign.

Strategies/Activities	Responsibility	How is progress evaluated?
Send a minimum of two public health providers to trainings at the Infant Mental Health Institute in Madison, WI	WAHD	Training materials
Trained public health providers will train child care providers, SAPP staff and early education staff on the topic of infant mental health	WAHD	List of trainings including date, number of participants, and target audience

Objective 3: By December 31, 2012, develop and implement mental health screenings for K-12 students in the West Allis-West Milwaukee School District.

Baseline: Document any tools currently available and/or in use

Goal: Review and pilot chosen screening tools selected for use

This objective will be tracked through the use of mental health screenings in the West Allis-West Milwaukee School District.

Strategies/Activities	Responsibility	How is progress evaluated?
Review mental health and substance abuse screening tools in use in the WAWM Schools	WAWM Schools	Email or memo listing tools in use
Research mental health and substance abuse screening tools appropriate for school-age children and adolescents	WAWM Schools, Mental Health Workgroup	Mental Health Workgroup notes
Pilot a new mental health screening tool in one elementary, intermediate and high school in the WAWM School District	WAWM Schools	Copy of screening tool

Objective 4: By December 31, 2015, a shared data system to monitor student attendance, grades and behavior of students exposed to adverse childhood events to mitigate the harmful effects of such events will be developed and piloted.

Baseline: No formal shared data system in place

Goal: Formal shared data system in place

This objective will be tracked through a shared data system between the WAPD and the WAWM School District.

Strategies/Activities	Responsibility	How is progress evaluated?
Develop data-sharing policies and procedures for students exposed to trauma	WAWM Schools (Mental Health Specialist), WAPD	Policies and procedures
Develop child and adolescent intervention protocols for students exposed to trauma	WAWM Schools (Mental Health Specialist)	Protocols

Develop parent and family intervention protocols, considering both diversion and restorative practices	WAWM Schools (Mental Health Specialist)	Protocols
Educate local civic, educational, and parent organizations about adverse childhood events and garner support for the initiative	WAWM Schools (Mental Health Specialist)	Promotional materials
Review and refine the Trauma Card that is currently distributed on all police calls responding to family violence	WAWM Schools (Mental Health Specialist), WAPD	Revised Trauma Card

Health Communications

Background

Health communications is the study and use of communication strategies to inform and influence individual and community decisions that affect health. It links the fields of communication and health and is recognized as having a vital impact on personal and public health.¹

With the increasing complexity of health information and health care settings, most people need additional information, skills, and supportive relationships to meet their health needs. Disparities in access to health information, services, and technology can result in lower usage rates of preventive services, less knowledge of chronic disease management, higher rates of hospitalization, and poorer reported health status.²

Health literacy refers to the capacity of individuals to obtain, process, understand and share basic health information and the services that are necessary to make appropriate decisions about one's health. Research shows that increasing health literacy can have a positive impact on an individual's overall health.³ Improved health literacy is a shared responsibility between consumers, families, providers and organizations, with increasing responsibility on the health care system to present health information in formats that are conducive to optimal learning and that promote better consumer understanding and participation in their health care and health decisions.³

Both public and private institutions are increasingly using the Internet and other technologies to streamline the delivery of health information and services. However, for non-Web users, other communication venues, besides Internet access, are critical to ensure that all health care consumers are able to access and understand pertinent health information in a timely manner. These methods include printed materials, media campaigns, community outreach, and interpersonal communication.² Understandably, it is helpful to develop and employ a myriad of communication tactics in order to better accommodate the general public's varying capabilities, preferences, and styles of learning.

Resources

- 1) Health Communication. U.S. Department of Health and Human Services.
<http://www.health.gov/communication/resources/Default.asp#overview>
- 2) Health Communication and Health Information Technology. Healthy People 2020. U.S. Department of Health and Human Services.
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx ?topicid=18>
- 3) Health Literacy. Wisconsin State Health Plan: Healthiest Wisconsin 2010. Wisconsin Department of Health Services.
<http://www.dhs.wisconsin.gov/hw2020/pdf/healthliteracy.pdf>

Assessment Data and Objectives

Objective 1: By December 31, 2013 form a community health communications network to strategize the timely, accurate, and appropriate dissemination of health information to health professionals, policy makers, and the general public throughout the community.

Baseline: No community health communications network currently in place

Goal: Community health communications network in place

This objective will be tracked through the development of a health communications network.

Strategies/Activities	Responsibility	How is progress evaluated?
Invite select community partners, both traditional and non-traditional, to form a health communications network (HCN)	WAHD	Attendance log, meeting notes
Research evidenced-based health communications interventions that have been associated with positive health outcomes	Health Communications Network (HCN)	Notes re: research findings
Identify the populations at greater risk of low literacy in order to customize health literacy interventions	HCN	Meeting notes
Develop/locate and distribute a fact sheet that highlights the association between low health literacy and poor health outcomes to members of the local public health system to expand awareness of the impact of health literacy on health outcomes	HCN	Fact sheet, distribution list
Design a health communications plan that recommends specific communication methods, technologies and social marketing and media strategies for use with specific target groups.	HCN	Completed plan
Distribute the health communications plan to community partners for community-wide use	HCN	Distribution list

Healthy Homes and Neighborhoods

Background

Healthy neighborhoods begin with a healthy home. A healthy home is designed, built, and maintained to promote health by providing a clean, safe, supportive environment for residents of all ages. Neighborhoods are the places where the everyday practice of life occurs.

Essentially, neighborhoods create and form communities. Residents share the same experiences. They suffer or revel in the availability and quality of local housing, schools, jobs, businesses, health care, and human services. They experience the effects of crime that occurs within neighborhood boundaries. Neighborhoods create the background for people's life stories. They leave lasting impressions on residents about what life is like and what social problems do or do not exist in the community.¹

Carbon Monoxide Detectors

Carbon monoxide (CO) is an odorless, colorless gas that can cause sudden illness and death. Carbon monoxide detectors trigger an alarm based on an accumulation of carbon monoxide over time. The most common symptoms of CO poisoning are headache, dizziness, chest pain, and confusion.² A new Wisconsin law went into effect in February 2011 requiring carbon monoxide detectors to be installed in one-story and two-story homes in addition to multi-family dwellings and any public building that is used for sleeping or lodging purposes.³

Childhood Lead Poisoning

Elevated lead levels can have serious health effects, especially for children under six years old. The main source of childhood lead poisoning is lead based paint chips and dust from deteriorated paint that is found in older housing units. Although lead based paint was taken off the market for residential use in 1978, any house built prior to 1978 may still have lead paint. However, it is the deterioration of paint that causes a problem. Other sources of lead exposure may include water pipes, toys, imported candies, pottery, and even traditional folk remedies.

Lead poisoning is entirely preventable. The key is stopping children from coming into contact with lead and treating children who have been poisoned by lead. Eliminating the source of lead exposure, and therefore preventing lead exposure to children before they are harmed, significantly lowers the number of lead poisoned children. Lead hazards in a child's environment must be identified and controlled or removed safely.⁴

Asthma

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath.⁵

Asthma is the most common chronic disorder in childhood. It is the third leading cause of hospitalization among children under 15 years of age and the leading cause of school absenteeism attributed to chronic conditions.⁶

Exhaust fumes contain significant levels of small particles, known as fine particulate matter. These fine particles pose a significant health risk because they can pass through the nose and throat and lodge themselves in the lungs causing lung damage and premature death. They can also aggravate conditions such as asthma and bronchitis and are responsible for thousands of premature deaths every year.

People with existing heart or lung disease, asthma or other respiratory problems are most sensitive to the health effects of fine particles. Children are more susceptible to this type of air pollution than healthy adults because their respiratory systems are still developing and they breathe faster than adults, inhaling more air per pound of body weight. Reducing the exhaust emissions of buses and cars around areas where children congregate is an important step in reducing respiratory threats to health.⁷

Emergency Preparedness

Emergency preparedness is a social responsibility. It is important for individuals and families to be knowledgeable and ready in order to create a culture of preparedness and be able to respond efficiently to emergency situations. The more ready individuals and families are, the better their community will respond and recover.

Households should have an emergency kit with enough supplies (food, water, pet supplies, and medicines as well as at least one battery-operated radio) to last three days following a natural disaster, health or man-made emergency, and an emergency plan that has been discussed with family, friends, and neighbors. Families should be sure vaccinations are up-to-date, including vaccinations against pneumonia for older family members. Neighbors should be aware of other neighbors, friends, or relatives who may need help during an emergency and know whom to notify to assist them.⁸

Built Environment

The built environment encompasses all buildings, spaces and products that are created, or modified, by people. It includes homes, schools, workplaces, parks and recreation areas, greenways, business areas and transportation systems. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites, and across communities in the form of roads and highways. The built environment also includes land-use planning and policies that impact the community in which we live.⁹

Well-planned neighborhoods can encourage people to engage in physical activities that are healthful. For example, bike paths make it safer for children to bike to school, communities that are walkable encourage community members to walk rather than drive which not only increases physical activity but reduces transportation-related pollution. Developing an infrastructure that increases opportunities for physical activity, healthy eating, and breathing

clean air, goes a long way in reducing the rates of chronic disease such as obesity, diabetes, and asthma. To this end, public health and planning strategies focusing on environmental and policy changes (e.g., active community environment initiatives, urban planning, safety enforcement, trails and sidewalks) are needed to reach large sections of the community.¹⁰

Neighborhoods

Based on the core concept of neighbors helping neighbors, the Neighborhood Watch Program brings together law enforcement, city officials and residents and ask them to work together to provide protection for their homes and communities. It utilizes citizen involvement by tapping in their awareness and familiarity with their own neighborhoods. Residents not only take care of their own homes and businesses, but also those of their neighbors. By taking an active role in the protection of their families and possessions, residents are better able to discourage criminal activity and keep their neighborhoods safe. As a result, they are able to assist police officers with the protection of their neighborhood by calling the station at the first sign of suspicious activity.

Community Gardens

With more awareness of the benefits of local foods and organic foods, urban gardens have become more popular in many cities across the nation. Numerous cities have established programs to promote urban gardens and have taken steps to establish urban gardens in communities through community gardens, garden mentors, providing funds and resources, as well as other methods.

Community gardens are collaborative projects on shared open spaces where participants share in the maintenance and products of the garden, including healthful and affordable fresh fruits and vegetables.

Gardens may improve quality of life for people, offering physical and mental health benefits by providing opportunities to:

- Stimulate social interaction and improve social well-being through strengthening social connections
- Foster opportunities for intergenerational and cross-cultural connections
- Eat healthy fresh fruits and vegetables.
- Engage in physical activity and skill building
- Beautify vacant lots, public parks, schools and neighborhoods
- Serve as a catalyst for neighborhood and community development
- Preserve green space
- Decrease violence and crime¹²

Resources

- 1) Geography and Public Safety. U.S. Department of Justice. <http://www.nij.gov/maps/gps-bulletin-v2i2.pdf>
- 2) CDC Injury Fact Book. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. www.cdc.gov/injury/publications/factbook

- 3) Journal Sentinel Online. Law requiring carbon monoxide detectors goes into effect February 1. <http://www.jsonline.com/news/wisconsin/114912554.html>
- 4) Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. Lead Prevention Tips. <http://www.cdc.gov/nceh/lead/tips.htm>
- 5) Respiratory Disease. Healthy People 2020. U.S. Department of Health and Human Services.
<http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=36>
- 6) Asthma & Children Fact Sheet. American Lung Association. www.lungusa.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html
- 7) National Idle-Reduction Campaign. U.S. Environmental Protection Agency.
<http://epa.gov/cleanschoolbus/antiidling.htm>
- 8) Emergency Preparedness, Response, and Recovery. Wisconsin State Health Plan: Healthiest Wisconsin 2020. Wisconsin Department of Health Services.
<http://www.dhs.wisconsin.gov/hw2020/pdf/emergency.pdf>
- 9) NACCHO Exchange. Promoting Effective Local Public Health Practice. Volume 10, Issue 2. Spring 2011. Preventing Chronic Disease.
<http://www.naccho.org/toolbox/tool.cfm?id=2481>
- 10) Physical Activity. Wisconsin State Health Plan: Healthiest Wisconsin 2010. Wisconsin Department of Health Services.
<http://www.dhs.wisconsin.gov/hw2020/pdf/physicalactivity.pdf>
- 11) Neighborhood Watch. City of West Allis Police Department. http://www.ci.west-allis.wi.us/police/police_crime_prevention/neighborhood_watch.htm
- 12) Community Gardens. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services.
www.cdc.gov/healthyplaces/healthtopics/healthyfood/community.htm

Assessment Data and Objectives

Objective 1: By December 31, 2015, launch a community education campaign regarding the new state law requiring carbon monoxide detectors.

Baseline: No community education campaign in place

Goal: Community education campaign in place

This objective will be tracked through the development of a community education campaign.

Strategies/Activities	Responsibility	How is progress evaluated?
Utilize social marketing tools (i.e. video, cable, website, Facebook, water bill) to increase awareness of the new state law requiring carbon monoxide detectors	WAFD, WAHD	Educational materials
Use CDBG block grant funds to purchase carbon monoxide detectors for low income community members	WAFD, WAHD	Number of detectors

Develop an educational board to display in public settings to promote the use of carbon monoxide detectors	WAFD,WAHD	Display
Explore partnering with community businesses for access to low cost detectors	WAFD,WAHD	List of businesses and responses

Objective 2: By December 31, 2015, increase by 5% the number of children under six years old in West Allis and West Milwaukee who have had their blood lead level tested.

Baseline: 1,673 children under five tested in 2010

Goal: 1,778 children under five years tested in 2015

Objective 3: By December 31, 2015, reduce to less than 1% (from 1.7%) the percent of children under six years old in West Allis and West Milwaukee having elevated blood lead levels.

Baseline: 1.7% of children under age five years have elevated blood lead levels

Goal: Less than 1% of children under age five years will have elevated blood lead levels

These objectives will be tracked through the Stellar database.

Strategies/Activities	Responsibility	How is progress evaluated?
Outreach to parents using social marketing tools to promote lead screening	WAHD	Log of marketing strategies used
Outreach to health care providers regarding the importance of lead screening	WAHD	Log of outreach to providers
Expand the use of the XRF machine for home lead screening	WAHD	Number of screenings

Objective 4: By December 31, 2015, strengthen asthma education, prevention, management, control and access to services using American Lung Association of WI (ALA/W) trainings.

Baseline: No plan in place for annual trainings

Goal: Three ALA/W training programs per year offered to school personnel, daycare staff, and coaches/recreation department staff in West Allis-West Milwaukee through the Community Asthma Network

This objective will be tracked by the number of trainings completed annually.

Strategies/Activities	Responsibility	How is progress evaluated?
Host three Asthma 101 programs per year utilizing trained ALA facilitators to educate school, daycare, and coaches/recreation dept. staff regarding asthma education, prevention, control, and safety	Community Asthma Network (CAN)	CAN statistics/pre and post-tests at each program

Educate the community on resources regarding access to affordable treatment/medications i.e. prescription assistance programs, asthma equipment assistance programs	CAN	Educational materials
Provide community programs/information on asthma awareness, education and prevention i.e. The quarterly newsletter "Asthma News Connection", Green Cleaning / Pesticide / Gardening Programs, Night-Out, Two for the Show, Three to Get Ready	CAN	CAN statistics, educational materials, quarterly newsletters

Objective 5: By December 31, 2015, decrease the exposure of children and school staff to exhaust fumes by eliminating the idling of buses and other vehicles around two schools in West Allis and/or West Milwaukee.

Baseline: No "No Idling" policy in place

Goal: "No Idling" policy in place for at least 2 schools

This objective will be tracked through the creation of a policy.

Strategies/Activities	Responsibility	How is progress evaluated?
Educate the WAWM School District on the health effects on children and staff from buses and cars idling outside schools	CAN	Educational materials
Research and present policies successful in other communities regarding this issue	CAN	Memo detailing research, log of presentations
Create a draft "No Idling" policy for consideration in the West Allis-West Milwaukee School District.	CAN	Policy draft
Post "No Idling Zone" signs at designated school as part of the idling policy	CAN	Placement of "No Idling Zone" signs

Objective 6: By December 31, 2015, launch a community education campaign to strengthen emergency preparedness, response, and recovery through individual and community empowerment and outreach to all sectors, including high-risk populations.

Baseline: No community emergency preparedness education campaign in place

Goal: Community education emergency preparedness campaign in place

This objective will be tracked through the development of a community emergency preparedness education campaign.

Strategies/Activities	Responsibility	How is progress evaluated?
Educate the community regarding the www.ready.gov resource for emergency preparedness	WAHD	Educational materials
When system is in place, educate the public regarding a reverse 911 system	City/Village Government	Educational materials
Develop a board for display in public settings to promote emergency preparedness in the home	WAHD, WAFD	Display board
Explore partnering with community businesses for community discounts on emergency supplies	WAHD, WAFD	List of businesses and responses
Utilize social marketing tools (i.e. video, cable, website, Facebook) to increase awareness of the importance of emergency preparedness in the home	WAHD, WAFD	Log of marketing strategies used

Objective 7: By December 31, 2015, launch a community “Know Your Neighbor” education promotion.

Baseline: No community “Know Your Neighbor” promotion currently in place

Goal: Community “Know Your Neighbor” promotion in place

This objective will be tracked through the implementation of a “know your neighbor” campaign.

Strategies/Activities	Responsibility	How is progress evaluated?
Increase recruitment efforts for neighborhood watch groups	WAPD	Recruitment efforts
Explore formation of a city-wide and/or village-wide Neighborhood Cohesiveness Task Force	WAPD, WAHD City/Village government,	Task force meeting notes
Assist community in planning neighborhood/community social events i.e. autumn chili-fest event, February winter-fest event, neighborhood gardens	WAPD, WAHD Neighborhood watch groups, City/Village government	Planned events

Objective 8: By December 31, 2011, adopt the draft for a West Allis bicycle/pedestrian plan.

Baseline: No bicycle/pedestrian plan adopted

Goal: Bicycle/pedestrian plan adopted

Objective 9: By December 31, 2015, 50% of bike lanes, bike routes and off-street paths in the bicycle/pedestrian plan will be implemented.

Baseline: No bicycle/pedestrian plan adopted

Goal: 50% of bike lanes, bike routes and off-street paths will be implemented (Plan calls for 24 miles of bike lanes and 16 miles of bike routes)

This objective will be tracked through adoption and implementation of the West Allis bicycle/pedestrian plan.

Strategies/Activities	Responsibility	How is progress evaluated?
Present the bicycle/pedestrian plan to the Common Council for adoption	Development	Common Council meeting minutes
Implement plan through acknowledgement of bike/pedestrian projects in road budgets as projects are being designed, and by seeking funding from other funding sources (grants), and/or allocating money within the city budget specific to bike/pedestrian projects	Development	Report of implementation progress

Objective 10: By December 31, 2013, strengthen the traditional, mixed-use neighborhoods in West Allis through enhanced green space, living areas, sidewalk dining, walkable services, stores, and employment, as well as protecting existing assets such as neighborhood schools and recreation.

Baseline: Existing guidelines in place detailing the principles of Smart Growth and Traditional Neighborhoods Development (TND) in West Allis

Goal: Updated guidelines for neighborhoods undergoing redevelopment infill, or renovation that detail the principles of Smart Growth and TND

This objective will be tracked by presentation of the updated guidelines.

Strategies/Activities	Responsibility	How is progress evaluated?
Presentation of the updated guidelines to the Common Council	Development	Common Council meeting minutes
Educate government officials/community on the importance of updating the guidelines to promote the principles of Smart Growth and TND	Development	Educational materials

Objective 11: By December 31, 2015, adopt a policy for West Allis toward the concept of “Complete Streets” (i.e. streets and infrastructure that is designed to be multi-modal to include transit, pedestrian, bicycle, and auto uses). www.completestreets.org

Baseline: No “Complete Streets” policy in place

Goal: “Complete Streets” policy in place

This objective will be tracked through adoption of “Complete Streets” policy.

Strategies/Activities	Responsibility	How is progress evaluated?
Develop "Complete Streets" policy	Development	Plan
Educate government officials, community on the importance of a "Complete Streets" policy	Development	Educational materials
Present "Complete Streets" policy to Common Council	Development	Common Council meeting minutes
Work with engineering to draft a plan for implementation	Development, Engineering	Plan draft

Objective 12: By December 31, 2012, one community/neighborhood and one school garden will be created in West Allis-West Milwaukee.

Baseline: No community or school gardens in place

Goal: One community and one school garden in place

Objective 13: By December 31, 2015, two community/neighborhood gardens and two school gardens will be created in West Allis-West Milwaukee.

Baseline: No community or school gardens in place

Goal: Two community gardens and two school gardens in place

These objectives will be tracked by counting the number of community and school gardens.

Strategies/Activities	Responsibility	How is progress evaluated?
Convene workgroup for the creation of community and school gardens	WAHD	Meeting notes in place
Create a plan for the implementation of community and school gardens	West Allis-West Milwaukee Community Garden Committee	Completed plan

Healthy Lifestyles

Background

Health is not simply defined as just the absence of disease, but rather, according to the World Health Organization (WHO), health is a state of complete physical, mental, and social well-being. Healthy living is the steps, actions and strategies one puts into place to achieve optimum health while taking responsibility and making smart health choices for today and for the future. Eating right, getting physically fit, emotional wellness, spiritual wellness, and prevention are all a part of creating a healthy lifestyle.¹

One's health and ability to live a healthy lifestyle is greatly influenced and shaped by the mix of experiences and exposures through the lifetime. In other words, from infancy to end of life, a person's health is significantly affected by the cumulative exposure to risk factors and protective factors, as well as the experiences that occur during critical or sensitive periods. Furthermore, the broader community environment within which the person exists, impacts how a person will process each experience and exposure.²

While some factors that affect health are not able to be controlled, such as genetic makeup or age, a healthy lifestyle does involve many choices. By taking steps toward healthy living, the risk of heart disease, cancer, stroke, and other serious diseases can be reduced.

- See your doctor for regular screenings, not just when you are sick
- Maintain a healthy weight
- Eat a variety of healthy foods, and limit calories and saturated fat
- Be physically active
- Control your blood pressure and cholesterol
- Quit smoking
- Protect yourself from too much sun³

The list above represents some of the behaviors implicit to healthy living; however, a person's perceptions, stress level, attitude, and overall sense of well-being also strongly influences one's ability to live a healthy lifestyle. It is the balance a person strikes between the complex interplay of biological, behavioral, psychological, and social risk factors throughout one's life span, the health choices made, and the behaviors adopted, that ultimately determine to what extent one is able to live a healthy lifestyle.⁴

In other words, at every stage throughout the lifecycle there are choices people make and activities they engage in or refrain from that can make a positive difference towards living a healthy lifestyle. Examples of these choices include: avoiding smoking especially during pregnancy, participation in business sponsored wellness programs or organized walks and runs, compliance with smoking ordinances, and adherence to immunization and preventive screening recommendations.

Teen Pregnancy

Teen pregnancy and childbearing impose substantial social and economic costs through immediate and long-term impacts on teen parents and their children. Pregnancy and birth are significant contributors to high school drop out rates among girls. Only about 50% of teen mothers receive a high school diploma by age 22, versus nearly 90% of women who had not given birth during adolescence. Children of teenage mothers are more likely to have lower school achievement and drop out of high school, have health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.⁵

In the U.S. nearly two-thirds of births to women younger than age 18 and more than half of those among 18–19 year olds are unintended.⁵ Unplanned pregnancy, and in particular unwanted pregnancy, has a wide range of serious consequences that include a delay in the initiation of prenatal care and a higher risk of both preterm delivery and low birthweight⁶

Workplace Wellness Programs

For many Americans, unhealthy behaviors and lifestyle choices such as a poor diet, lack of physical activity, and tobacco use are risk factors for many chronic conditions and diseases. Encouraging individuals to adopt healthy habits and practices may reduce the burden of chronic disease in communities throughout the United States.

Recently, public and private efforts and programs are increasingly designed to promote healthy behaviors. Employers are becoming more aware that overweight and obesity, lack of physical activity, and tobacco use are adversely affecting the health and productivity of their employees and ultimately, the businesses' bottom line. Increasingly, employers are providing their employees with a variety of work-site health promotion and disease prevention programs. These programs have been shown to improve employee health, increase productivity, and yield a significant return on investment for the employer.⁷

Immunizations

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, mainly due to immunization.⁸ Vaccines protect children by helping prepare their bodies to fight often serious, and potentially, deadly diseases, are among the most cost-effective clinical preventive services, and are a core component of any preventive services package.⁹ Childhood immunization programs provide a very high return on investment.

Smoking and Pregnancy

Smoking during pregnancy increases the risk of pregnancy complications and poor infant health outcomes, which include preterm birth, low birth weight, stillbirths, and sudden infant death syndrome (SIDS).¹⁰

Smoke-Free Wisconsin

Smoking cessation efforts in the U.S. have shifted from focusing on the individual to focusing on developing and implementing population-based interventions.¹¹ Policy changes have proven to be one of the more effective interventions. On July 5, 2010, the Smoke-Free Air Law went into effect throughout the State of Wisconsin. Indoor public places are required to be smoke-free including restaurants, bars, hotels, and sports arenas. Local authorities have the ability to further regulate public outdoor spaces if they choose. Restaurants and bars may have an outdoor space designated for smoking under the new law.¹²

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability.¹² Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults.¹³ Research findings from the U.S. Department of Health and Human Services shows that regular physical activity reduces the risk of many adverse health outcomes and that some physical activity is better than none. Both aerobic (endurance) and muscle-strengthening (resistance) physical activities are beneficial.¹⁴ Moderate intensity aerobic exercise may include such activities as brisk walking, vacuuming, gardening, or other activity that causes small increases in breathing or heart rate.¹⁴

Preventive Screenings

Preventive screenings are an important part of health promotion efforts. Many preventive screenings have been recognized as a cost-effective way to identify and treat potential health problems before they develop or worsen. However, it can be challenging to keep up with the latest scientific thinking regarding screenings. Age- and gender-specific preventive screening recommendations exist for dozens of health concerns, but the recommendations may vary from organization to organization, and are frequently changed as new information becomes available.¹⁵

Resources

- 1) Healthy Holistic Living, for Your Mind, Body and Soul. <http://www.healthy-holistic-living.com/Definition-of-Healthy-Living.html#ixzz1O89zBswJ>
- 2) The Life Course Framework for the Early Childhood Systems Initiative. A New Approach to MCH. Wisconsin Department of Health Services. <http://www.dhs.wisconsin.gov/health/mch/PDF/LifeCourseHandout.pdf>
- 3) Medline Plus, Healthy Living. A service of the US National Library of Medicine. National Institutes of Health <http://www.nlm.nih.gov/medlineplus/healthyliving.html>
- 4) A New Approach to MCH. Life Course Model Fact Sheet. Wisconsin Department of Health Services. <http://www.dhs.wisconsin.gov/health/mch/PDF/LifeCourseModelFactSheetCA.pdf>
- 5) Teen Pregnancy. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm>
- 6) The National Campaign. Unplanned Pregnancy. <http://www.thenationalcampaign.org/resources/pdf/FactSheet-Consequences.pdf>

- 7) Prevention Makes Common “Cents”. Assistant Secretary for Planning and Evaluation. U.S. Department of Health and Human Services. <http://aspe.hhs.gov/health/prevention/>
- 8) Immunization and Infectious Disease. Healthy People 2020. U.S. Department of Health and Human Services. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23>
- 9) Vaccines & Immunizations “How Vaccines Prevent Disease” Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/vaccines/vac-gen/howvdpd.htm>
- 10) Smoking and Pregnancy Highlights: Impact on Unborn Babies, Infants, Children, and Adolescents. (2004). Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. http://www.cdc.gov/tobacco/data_statistics/sgr/2004/highlights/children/index.htm
- 11) Tobacco Use. (2010). Healthy People 2010. Centers for Disease Control and Prevention. II.27 <http://www.healthypeople.gov/Document/HTML/Volume2/27Tobacco.htm>
- 12) Smoke-Free Wisconsin. (2010). <http://smokefreewi.org/resources/legislation/index.html>
- 13) Physical Activity. Healthy People 2020. U.S. Department of Health and Human Services. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=33>
- 14) Physical Activity Guidelines for Americans. U.S. Department of Health and Human Services. <http://www.health.gov/paguidelines/>
- 15) Healthier Worksite Initiative, Selected Preventative Screening Recommendations. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. http://www.cdc.gov/nccdphp/dnpao/hwi/resources/preventative_screening.htm

Assessment Data and Objectives

Objective 1: By December 31, 2015, increase by a total of 10, or 20%, (whichever is greater), the number of West Allis and West Milwaukee businesses that add or expand their employee wellness programs.

Baseline: No baseline

Goal: A total of 10, or 20%, (which ever is greater), of businesses will add to, or expand, employee wellness programs

This objective will be tracked through surveys of businesses.

Strategies/Activities	Responsibility	How is progress evaluated?
Survey area businesses to gather baseline data on whether Wellness Programs are in place and, if so, what components are offered	WA Chamber of Commerce	Survey results
Provide education and resources to businesses on ways to initiate a Wellness Program	WA Chamber of Commerce	Educational materials, resources

Resurvey businesses to check for an increase in or expansion of Wellness Programs	WA Chamber of Commerce	Survey results
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Objective 2: By December 31, 2015, increase the percent of adults who engage in at least 30 minutes of moderate physical activity at least 5 days per week from 30% to 35%.

Baseline: 30% in 2009

Goal: 35% in 2015

This objective will be tracked using the Aurora Community Health Survey for the percent of adults engaging in at least 30 minutes of moderate physical activity at least 5 days per week.

Strategies/Activities	Responsibility	How is progress evaluated?
Compile a list of run/walk events in West Allis and West Milwaukee	Aurora West Allis Medical Center (AWAMC)	List of events using Badger Land Strider Race book as a resource
Community wide marketing of run/walk events	AWAMC, Chamber of Commerce, City of West Allis,	Marketing materials
Increase the number of participants in known West Allis and West Milwaukee Run/Walks	AWAMC	Number of Run/Walk participants annually
Develop and promote walkable routes in the community. Post routes on the city website	Obesity Workgroup	City of West Allis website
Investigate the possibility of resurrecting the Walk On West Allis Program	Obesity Workgroup	Meeting notes, program materials

Objective 3: By December 31, 2015, maintain or increase current levels of compliance with, and enforcement of Smoke-Free Wisconsin in West Allis and West Milwaukee as measured by WAPD and WMPD reports in West Allis and West Milwaukee.

Baseline: Baseline of number of compliance checks in 2011

Goal: Number of compliance checks in 2015

This objective will be tracked using compliance checks conducted by the WAPD and WMPD.

Strategies/Activities	Responsibility	How is progress evaluated?
Enforce compliance of laws related to smoking in West Allis and West Milwaukee	WAPD, WMPD	Number of compliance checks
Review reports of compliance with, and enforcement of, Smoke-Free Wisconsin	WAPD, WMPD	Review of enforcement reports

Objective 4: By December 31, 2015, decrease by 3% the percent of pregnant women in West Allis and West Milwaukee who smoke during pregnancy.

Baseline: 16% in 2008

Goal: 13% in 2015

This objective will be tracked through the Wisconsin Interactive Statistics on Health.

Strategies/Activities	Responsibility	How is progress evaluated?
Enroll pregnant women who smoke into the First Breath Program	WAHD	Number of pregnant women enrolled in First Breath at the West Allis Health Department
Increase awareness in the community of the First Breath program for pregnant women who smoke as a resource and referral source for quitting or reducing smoking	WAHD AWAMC	Educational materials, resources
Create a display providing education around the dangers of smoking during pregnancy including the dangers of second and third hand smoke	AWAMC	Display
Educate health care professionals at an AWAMC OB-GYN section meeting regarding the referral process into the First Breath Program	WAHD AWAMC	Educational materials

Objective 5: By December 31, 2015, increase awareness of preventive health screenings in the West Allis-West Milwaukee community through a community campaign.

Baseline: No community preventive health screening education campaign in place

Goal: Community preventive health screening education campaign in place

This objective will be tracked through the development of a community education campaign.

Strategies/Activities	Responsibility	How is progress evaluated?
Establish standard or common resources to utilize in the community for recommendations on preventive screenings	AWAMC, WAHD	List of resources
Distribute preventive health screening recommendations at community events i.e. blood pressure screenings	AWAMC, WAHD	Number of events
Compile a resource directory for free or low cost preventative screenings	AWAMC	Directory developed

Objective 6: By December 31, 2015, maintain or decrease the percent of younger teen (<18 years) pregnancies.

Baseline: 19 of 886 West Allis-West Milwaukee births (2.1%) were to younger teens

Goal: No increase or a decrease in the percent of births to younger teens

This objective will be tracked through the Wisconsin Interactive Statistics on Health.

Strategies/Activities	Responsibility	How is progress evaluated?
Add to or reinforce teen pregnancy prevention education efforts in the community	Sisterhood of West Allis-West Milwaukee	Educational materials
Identify classes currently being offered in the community regarding sexuality for teens	WAHD	List of classes
Offer prenatal care coordination services to all pregnant younger teens	WAHD	Number of teens served

Objective 7: By December 31, 2015, increase to 65% the percent of children in West Allis and West Milwaukee, ages 19-35 months, who have received all of the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal vaccines.

Baseline: 54.9% in 2009

Goal: 65% (90% is the federal goal)

This objective will be tracked through/by records in the Wisconsin Immunization Registry (WIR).

Strategies/Activities	Responsibility	How is progress evaluated?
Educate parents regarding the importance of childhood vaccinations	WAHD	Percent of children vaccinated
Educate providers regarding the importance of childhood vaccinations	WAHD	Percent of children vaccinated

Obesity

Background

Weight management, dietary choices, and physical activity are three behavior patterns which, if modified, in a positive manner, can and will have a positive impact on our health. These are not short-term changes but rather, need to be incorporated into a healthy lifestyle; one that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.

Obesity

Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. A person is considered obese when his or her weight is 20% or more above normal weight. The most common measure of obesity is the body mass index or BMI.¹

For adults, overweight and obesity BMI ranges are calculated using weight and height.

- An adult who has a BMI between 25 and 29.9 is considered overweight.
- An adult who has a BMI of 30 or higher is considered obese.

For children and teens, BMI is plotted on the Centers for Disease Control BMI-for-age growth charts to obtain a percentile ranking.

- Children and teens with a BMI in the 85th to less than the 95th percentile are considered overweight.
- Children and teens with a BMI equal or greater than the 95th percentile are considered obese.

Obesity has also been shown to increase the likelihood of certain diseases such as heart disease, high blood pressure, type 2 diabetes, reproductive complications, stroke, certain types of cancer and depression. Efforts to change diet and weight need to not only address individual behaviors, but also policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.²

Healthy Weight

Genetics, metabolism, behavior, environment, culture, and socioeconomic factors all play a role in a person's body weight. Maintaining a healthy weight is all about balance – balancing the number of calories consumed with the number of calories your body uses or burns off. To remain in balance and maintain body weight, the calories consumed from goods need to be balanced by the calories used through daily activities, exercise, and body functions.

Fruits and Vegetables

Healthy diets are important to the growth and development of children. Good nutrition also helps adults reduce their risks of many health conditions including, overweight and obesity,

malnutrition, iron-deficiency anemia, health disease, high blood pressure, Type 2 diabetes, osteoporosis, oral disease, constipation, diverticular disease, and some cancers.²

Healthy diets are rich in fruits and vegetables. Fruits and vegetables provide essential vitamins and minerals, fiber, and other substances important for good health, are naturally low in fat, low in calories, and are filling.³ In fact, the U.S. Department of Agriculture recently announced their new MyPlate food guide replacing the Food Pyramid, which depicts fruits and vegetables as filling half the plate.⁴

MyPlate recommendations include:

- Balancing calories
 - Enjoy your food, but eat less
 - Avoid oversized portions
- Foods to increase
 - Make half your plate fruits and vegetables
 - Make at least half your grains whole grains
 - Switch to fat-free or low-fat (1%) milk
- Food to reduce
 - Compare sodium in foods like soup, bread, and frozen meals – and choose food with lower numbers
 - Drink water instead of sugary drinks

Moderate physical activity

Physical activity means any activity that enhances or maintains physical fitness and overall health. Lifestyle changes over the years such as a reliance on cars, a decrease in walking and biking to school, busy lifestyles, and an increase in time spent with computer and video gaming have all worked to remove physical activity from our daily routine. Physical activity is a preventive factor for chronic diseases such as coronary heart disease, stroke, some cancers, type 2 diabetes, osteoporosis, and depression.

For adults, recommendations for physical activity include:

- 150 minutes (30 minutes 5 days a week) per week of moderate activity or 75 minutes of vigorous activity or an equivalent combination of both
- Doubling the above time will cause additional health benefits including improved cardiovascular endurance, muscular fitness and weight loss
- Muscle strengthening activity two days per week

For children and teens, recommendations for physical activity include:

- One hour or more of moderate physical activity every day
- Vigorous activity at least three days per week
- Muscle strengthening or bone strengthening at least three days per week

For people to engage in physical activity, they need safe, accessible, and affordable opportunities regardless of their location, race, ethnicity, or socioeconomic status. Public health

strategies need to focus on environmental and policy changes that reach large sections of the population to promote and support people being active.⁵

Resources

- 1) Defining Overweight and Obesity. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/obesity/defining.html>
- 2) Nutrition and Weight Status. Healthy People 2020. U.S. Department of Health and Human Services. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29>
- 3) Fruits and Vegetables. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/nutrition/everyone/fruitsvegetables/>
- 4) MyPlate.gov. U.S. Department of Agriculture. <http://www.choosemyplate.gov/>
- 5) Physical Activity. Wisconsin State Health Plan: Healthiest Wisconsin 2020. Wisconsin Department of Health Services. <http://www.dhs.wisconsin.gov/hw2020/pdf/physicalactivity.pdf>

Assessment Data and Objectives

Objective 1: By December 31, 2015, reduce the percent of adults classified as obese from 30% to 25%.

Baseline: 30% obese in 2009

Goal: 25% obese in 2015

Objective 2: By December 31, 2015, reduce the percent of 8th-12th grade students classified as obese from 19% to 14%.

Baseline: 19% obese in 2009

Goal: 14% obese in 2015

These objectives will be tracked using the Youth Risk Behavior Survey for the percent of 8th-12th grade students classified as obese and through the Aurora Community Health Survey for the percent of adults classified as obese.

Strategies/Activities	Responsibility	How is progress evaluated?
Compile a community resource list of weight loss and exercise programs available to residents	WAHD	List of weight loss and exercise programs
Form a community partnership (Obesity Workgroup) between programs to bridge gaps in availability (For example: West Allis Medical Center “Living Well Weight Management” and West Allis West Milwaukee Recreation Department Walking Program)	WAHD, WAWM School District, SODEXO, Aurora West Allis Medical Center (AWAMC)	Meeting notes

Partner with the West Allis Chamber of Commerce Wellness Programs and the City of West Allis Wellness Program to promote activities surrounding weight loss and investigate potential reimbursement from employer health insurance providers	Obesity Workgroup, WA Chamber of Commerce Wellness Program, City of WA Wellness Program	Meeting notes
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Objective 3: By December 31, 2015, increase the percent of adults classified as a healthy weight (BMI 18.5-24.9) from 32% to 37%.

Baseline: 32% at healthy weight in 2009

Goal: 37% at healthy weight in 2015

Objective 4: By December 31, 2015, increase the percent of youth classified as a healthy weight (BMI less the 85th percentile) from 65% to 70%.

Baseline: 65% healthy weight in 2009

Goal: 70% healthy weight in 2015

These objectives will be tracked using the Youth Risk Behavior Survey for the percent of 8th-12th grade students classified as at a healthy weight and through the Aurora Community Health Survey for the percent of adults classified as at a healthy weight.

Strategies/Activities	Responsibility	How is progress evaluated?
Continue to promote breastfeeding as the cultural norm for infant feeding with the ongoing work of the West Allis West Milwaukee Breastfeeding Coalition	Breastfeeding Coalition of WAWM	Meeting notes of the Breastfeeding Coalition of West Allis-West Milwaukee
Empower area physicians to address BMI with adults and pediatric populations and provide them with a resource list of programming available to address weight management and physical activity	Obesity Workgroup	Log of outreach to physicians
Empower community members to know their weight and calculate their BMI by having scales available in key locations throughout the community. For example pharmacies, city buildings, schools	Obesity Workgroup	List of scale locations
Partner with the WAWM School District "Preparing for School Success" program to empower parents to provide healthy meals suggestions, nutrient dense snacks and healthy beverages	Obesity Workgroup	Log of programs

Partner with SODEXO food service to promote healthy meal and snack choices for school age children	Obesity Workgroup	Educational materials, menus
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Objective 5: By December 31, 2015, increase the percent of adults eating at least 5 servings of fruits and vegetables every day from 23% to 28%.

Baseline: 23% in 2009

Goal: 28% in 2015

Objective 6: By December 31, 2015, increase the percent of youth 8th-12th grade eating fruit at least 2 times per day from 21% to 26%.

Baseline: 21% in 2009

Goal: 26% in 2015

Objective 7: By December 31, 2015, increase the percent of youth 8th-12th grade eating vegetables at least 3 times per day from 6% to 11%.

Baseline: 6% in 2009

Goal: 11% in 2015

This objective will be tracked using the Youth Risk Behavior Survey for the percent of 8th-12th grade students reporting eating fruits and vegetables and through the Aurora Community Health Surveys for the percent of adults reporting eating fruits and vegetables.

Strategies/Activities	Responsibility	How is progress evaluated?
Begin a citywide campaign encouraging the “make half your plate” fruits and vegetables message in grocery stores, restaurants, and libraries	Obesity Workgroup	Campaign materials
Promote use of the resources of www.MyPlate.gov by placing a link on the health department web site	Obesity Workgroup	WAHD website
Encourage the intake of locally grown fruits and vegetables by promoting the City of West Allis Farmer’s Market and investigate possible product demonstration and recipe distribution	Obesity Workgroup, WA Farmer’s Market	Promotion materials
Facilitate and participate in City of West Allis Community Garden Project	Obesity Workgroup, WAWM Community Garden Committee	Meeting notes

Encourage adult and child cooking programs through West Allis West Milwaukee Recreation program to include preparation of fruits and vegetables	Obesity Workgroup, WAWM Recreation Dept	WAWM Recreation program offerings
Explore methods for school and recreation department to encourage the intake of fruits and vegetables. For example having a dip available with fresh vegetables or cutting fruit in slices/"finger food" sizes	Obesity Workgroup	Educational materials

Objective 8: By December 31, 2015, increase the percent of adults who engage in at least 30 minutes of moderate physical activity at least 5 days per week from 30% to 35%.

Baseline: 30% in 2009

Goal: 35% in 2015

This objective will be tracked using the Aurora Community Health Survey for the percent of adults engaging in at least 30 minutes moderate physical activity at least 5 days per week.

Strategies/Activities	Responsibility	How is progress evaluated?
Partner with the West Allis Chamber of Commerce Wellness Program and City of West Allis Wellness Program to promote activities surrounding physical activity and investigate potential reimbursement from employer health insurance providers	Obesity Workgroup, West Allis Chamber of Commerce, City of West Allis, Wellness Program	Meeting notes of the Obesity Workgroup
Develop and promote walkable routes in the community and post routes on city web site	Obesity Workgroup	City of West Allis website
Investigate resurrecting the Walk On West Allis Program and partnering with Aurora West Allis Medical Center community event for promotion	Obesity Workgroup	Program materials

Objective 9: By December 31, 2015, increase the percent of youth (8th-12th grade students) who engage in at least 60 minutes of moderate physical activity at least 5 days per week from 22% to 25%.

Baseline: 22% in 2009

Goal: 25% in 2015

This objective will be tracked using the Youth Risk Behavior Survey for the percent of 8th-12th grade students engaging in at least 60 minutes of moderate physical activity 5 days per week.

Strategies/Activities	Responsibility	How is progress evaluated?
Support the West Allis-West Milwaukee School District policy to have physical education classes taught by certified physical education teachers	Obesity Workgroup	Policy in place
Encourage classroom activities that require physical moving. For example, push ups/ sit ups/ jumping jacks while waiting in line	WAWM School District	Meeting notes
Promote and support the ability of the West Allis-West Milwaukee Recreation Dept to provide programs regardless of ability to pay	WAWM School District	Low-cost or no cost programming in place

Safety and Injury

Background

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race, ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately one in ten sustains a nonfatal injury serious enough to be treated in a hospital emergency department. However, most events resulting in injury, disability, or death are predictable and preventable.¹ Numerous determinants can affect the risk of unintentional injury these factors would include:

- Social Environment – individual social experiences and social relationships such as parental monitoring and supervision of youth sleeping habits has a notable influence on the risk for injury.
- Individual choices – the choices people make about individual behaviors, such as the use of bike helmets can impact one’s risk of injury.
- Physical environment – the physical environment, both in the home and community, can affect the rate of injuries such as those related to in-home falls.

Interventions that address these social and physical factors have the potential to prevent unintentional injuries and thereby extend and enhance the quality of life.¹

Safe Sleeping

The American Academy of Pediatrics Task Force has found that the rate of bed-sharing (an infant who is sleeping in the same bed, couch, or other surface where parents or others are sleeping) is increasing, especially as breastfeeding is increasing. However, the conclusion of the task force is that bed-sharing, as practiced in the U.S. and other Western countries, is more hazardous than the infant sleeping on a separate sleep surface. Infants may be brought into bed for nursing or comforting, but should be returned to their own safe space to sleep when the parent is ready to return to sleep. Experts recommend that babies sleep in the same room as their parents, perhaps in a crib or bassinet adjacent to the bed to facilitate breastfeeding. However, babies should have a separate sleep surface with a firm mattress and be placed on their backs with no blankets, pillows, stuffed animals or other objects that could suffocate them.²

Bike Helmets

Each year more than 500,000 people in the U.S. are treated in emergency departments and more than 700 people die as a result of bicycle-related injuries.³ Children are at particularly high risk. If every bicycle rider wore a helmet, that action alone would prevent an estimated 150 deaths and another 100,000 nonfatal head injuries each year. Bicycle helmets reduce the risk of serious head injury by as much as 85% and the risk of brain injury by as much as 88%.⁴

In-Home Falls

Falls among older adults are associated with significant mortality and are the leading cause of injury deaths. Approximately 20% of older adults who are injured in a fall are admitted to a hospital and one in every hundred die as a result of those injuries.⁵ Falls not only have significant physical consequences, but psychological and social consequences as well. Many older people, whether or not they have fallen, develop a fear of falling. This fear may cause them to limit their activities, which in turn leads to reduced mobility and physical fitness, and subsequently, to an increased risk of falls.⁵

Collecting data on the number of in-home falls is difficult. Persons injured in a fall may call an ambulance, go to the emergency room, seek care from their personal physician, not seek care immediately, or not seek care at all. With the aging population booming there has been a push to assist the elderly to stay in their own homes. However, the fact that in the United States one in every three adults, 65 years of age and older, fall each year serves to emphasize that in-home falls among the elderly remain a critical risk for injury that needs to be further addressed.⁵

Resources

- 1) Injury and Violence Prevention. Healthy People 2020. U.S. Department of Health and Human Services.
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=24>
- 2) Safe Sleep for Your Baby. City of Milwaukee Health Department.
<http://www.milwaukee.gov/SafeSleep>
- 3) Bicycle Related Injuries. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services.
<http://www.cdc.gov/HomeandRecreationalSafety/bikeinjuries.html>
- 4) Parents: ABCs of Raising Safe and Healthy Kids. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services.
www.cdc.gov/family/parentabc/index.htm
- 5) Falls Among Older Adults: An Overview. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services.
<http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

Assessment Data and Objectives

Objective 1: By December 31, 2011, establish a baseline for accidental sleeping deaths of infants in West Allis and West Milwaukee.

Baseline: No baseline

Goal: Baseline established

Objective 2: By December 31, 2015, reduce the number of accidental sleeping deaths of infants in West Allis and West Milwaukee.

Baseline: Number of accidental sleeping deaths in 2010

Goal: Annual reduction of accidental sleeping deaths

This objective will be tracked through review of death certificates.

Strategies/Activities	Responsibility	How is progress evaluated?
Create a child death database to track death certificate information	WAHD	Database in use
Promote the Cribs for Kids program	WAHD	Number of cribs/educational materials provided
Provide information on safe sleep through the Prenatal Care Coordination (PNCC) program to every PNCC client	WAHD	Number of PNCC clients
Expand PNCC program to include showing the video, "Safe Sleep for Your Baby Right from the Start", to every PNCC client	WAHD	Number of PNCC clients
Outreach to SAPP, WAWM high schools, daycares, providing education on safe sleep	WAHD	Log of outreach
Create educational display for exhibit in public areas regarding safe sleep information	WAHD	Display
Include educational information on safe sleep in the Helping Kids Grow mailings to every child born in West Allis and West Milwaukee	WAHD	Number of mailings
Utilize social marketing tools to increase awareness of information on safe sleep	WAHD	Log of marketing strategies utilized
Create a Child Death Review Team for the West Allis-West Milwaukee community	WAHD	Meeting notes

Objective 3: By Dec., 31, 2015, 50% of all West Allis-West Milwaukee 8th-12th grade students will report they wear a bike helmet when riding a bike.

Baseline: 8% in 2009

Goal: 50% in 2015

This objective will be tracked using the Youth Risk Behavior Survey surveying 8th-12th grade students regarding bike helmet usage.

Strategies/Activities	Responsibility	How is progress evaluated?
Explore partnering with WAWM Schools/WAWM Recreation Department to promote the use of bike helmets	WAHD	Meeting notes
Explore partnering with community businesses for bike helmet promotions, discounts	WAHD	List of businesses and responses

Explore partnering with community biking groups to promote helmet usage	WAHD	List of community groups and responses
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Objective 4: By Dec. 31, 2015, reduce by 10% the number of calls to West Allis Fire Department paramedics by residents 65 years of age or older who have sustained a residential fall and need further evaluation

Baseline: 205 falls in 2009

Goal: Less than 185 falls in 2015

This objective will be tracked using West Allis Fire Department statistics.

Strategies/Activities	Responsibility	How is progress evaluated?
Promote awareness and linkages among community partners regarding falls reduction efforts in the community	Connecting Caring Communities, WAFD, WAHD	Meeting notes
“Remember When” program presentations	WAFD	Attendance log
Utilize Senior Safety Video Series and coordinating pamphlets to make presentations to seniors in a variety of settings	Connecting Caring Communities	Attendance log
Conduct two Living Well with Chronic Disease six-week class series each year	WAHD	Attendance log
Explore EMS referral pilot program for PHNs to follow-up on each older adult “fall call”	WAHD	Memo from WAHD
Explore other ways of measuring older adult falls (i.e. emergency room visits, surveys)	WAHD	List with metrics

Unhealthy Aggressive Behaviors

Background

Violence is a serious public health problem in the United States. From infants to the elderly, it affects people in all stages of life.¹ Each year, more than 53,000 people lose their lives to violence. In addition to the tremendous physical and emotional toll, violence has substantial medical and lost productivity costs. The figure grows when we add criminal justice system costs, social services, and other expenses.² The term unhealthy aggressive behavior is being used here to encompass a wide scope of aggressive or violent behaviors from bullying, stalking and child abuse to sexual assault, domestic violence and elder abuse. Because the term refers to multifaceted problems or issues it also requires multifaceted prevention approaches. According to the CDC, violence prevention requires understanding the factors that influence violence. Prevention strategies should include a continuum of activities that address the complex interplay between individual, relationship, community, and societal factors that put people at risk for experiencing or perpetrating violence. The ultimate goal being to stop violence before it begins.³

Several strategies chosen to help combat or reduce unhealthy aggressive behavior include establishing a community task force against domestic violence, incorporating a school based prevention plan into the K5-12 curriculum, and employing creative criminal justice disciplinary options aimed at deterring repeat incidents of domestic violence.

Community Task Force Against Domestic Violence

Domestic violence is best understood as a pattern of abusive behaviors, including physical, sexual, and psychological attacks as well as economic coercion, used by one intimate partner against another (adult or adolescent) to gain, maintain, or regain power and control in the relationship.⁴

Every community is different and has individual needs. In order to develop an effective strategy against domestic violence, it is necessary to establish a community profile. If there is access to existing domestic violence organizations and programs, there may be excellent resources. Much can be learned about domestic violence issues and strategies through collaboration with existing organizations and programs. Collaboration allows individuals and organizations to become involved with a minimal investment of development time by drawing on others' experience. It also prevents duplication of efforts and contributes to a united front in the fight against domestic violence. Existing organizations can often help with planning and implementing a successful project by:

- Assessing what is needed
- Assessing time and resources
- Coordinating with other local efforts⁵

A community task force calls upon the input from diverse sectors including health, education, social services, justice, and policy. Collective action on the part of these stakeholders can help in addressing problems like domestic violence.⁶

Youth Violence and School-based Curriculum

Youth violence is a substantial public health problem in the United States. The prevention of youth violence and aggression is of value in itself and also because early violent and aggressive behavior is a precursor of later problem behaviors. Researchers categorize risk factors for early childhood delinquency, including violent behavior, as individual, family, peer, school, neighborhood, and media. Factors in all categories are thought to contribute to the development of early and chronic violent behavior.⁷

Indirectly, our youth are exposed to violence daily on television, radio, and in the newspapers. Modern technology brings on-the-scene coverage of gun-battles, sniper attacks, riots, and other physical violence directly into our homes from our own cities and towns and from around the world. Movies and television entertain us with realistic and bloody dramatizations of murders, beatings, and tortures. Warlike video games have become a popular part of our culture, and our children routinely watch cartoons that depict violent events.⁸

Over time a steady exposure to these underlying aggressive behaviors may foster a shift in societal norms and attitudes towards one of acceptance to this type of conduct. In order to counter these negative influences the prevention efforts must start early to support a healthier perspective regarding violence. The school setting is an ideal venue for prevention strategies related to youth violence.

Effective anti-violence curriculum may include the following elements: social skills training designed to maintain self-control, build communication skills, form friendships, resist peer pressure, be appropriately assertive, and form good relationships with adults. It may also include learning general problem solving techniques and nonviolent conflict resolution training.⁸ The goal for youth violence prevention is to stop youth violence from happening in the first place.¹ It stands to reason that school curriculum that starts early in the school process to include comprehensive anti-violence prevention efforts will have a positive impact on core attitudes regarding violence and could help to realign any budding aggressive tendencies.

Domestic Violence Intervention Plan

When addressing the many concerns of domestic violence – its' victim and offender – there is no one easy "fix" or universal treatment solution. The many complexities associated with domestic violence seem to demand a coordinated community response and a type of layering of prevention efforts devoted to this societal problem.

A coordinated community response involves police, prosecutors, probation officers, battered women's advocates, counselors and judges in developing and implementing policies and procedures that improve interagency coordination and lead to more uniform responses to domestic violence cases. Components of a coordinated community response include: pro-arrest

or mandatory arrest policies; follow-up support and advocacy for victims; aggressive and prompt prosecution; active monitoring of offender compliance with probation conditions; court mandated participation in batterer rehabilitation programs; and monitoring of the system-wide response to domestic violence cases.⁹

Several studies that were conducted to look at domestic violence and recidivism support that a coordinated community-wide response that draws upon expertise from the criminal justice, social service, and public health systems does have a positive deterrent effect on subsequent domestic violence incidents. These studies also further suggested the added value of designing a layered interventional reform plan which could include protocol for pro arrest policy, proactive prosecution, victim advocacy, and sentencing disposition guidelines that included mandated batterer treatment.⁹

Resources

- 1) Injury Center: Violence Prevention. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/violenceprevention/>
- 2) Injury Center: Violence Prevention. Principles of Prevention. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/ViolencePrevention/POP.html>
- 3) Injury Center: Violence Prevention. The Social-Ecological Model: A Framework for Prevention. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/ViolencePrevention/overview/social-ecologicalmodel.html>
- 4) About Domestic Violence. National Online Resource Center on Violence Against Women. <http://www.vawnet.org/domestic-violence/>
- 5) Community Organizing. National Coalition Against Domestic Violence. <http://www.ncadv.org/takeaction/CommunityOrganizing.php>
- 6) Violence Prevention. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://www.cdc.gov/ViolencePrevention/overview/publichealthapproach.html>
- 7) The Effectiveness of Universal School-Based Programs for the Prevention of Violent and Aggressive Behavior. MMWR. Recommendations and Reports. August 10, 2007/56(RR07); 1-12 <http://www.mmc.edu/education/medical/nupace/documents/Descriptionofyouthviolencepreventionevidencebasedprograms.doc>
- 8) The Prevention of Youth Violence: A Framework for Community Action. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <http://wonder.cdc.gov/wonder/prevguid/p0000026/p0000026.asp>
- 9) Evaluating Coordinated Community Responses to Domestic Violence. National Online Resource Center on Violence Against Women. http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=379

Assessment Data and Objectives

Objective 1: By December 31, 2015, convene a community based task force addressing domestic violence.

Baseline: No task force currently established

Goal: Task force in place

This objective will be tracked through meeting notes on task force planning and a work plan.

Strategies/Activities	Responsibility	How is progress evaluated?
Invite a diverse group of key community stakeholders to participate on the task force	WAPD	Meeting notes, attendance log
Assess the prevention interventions and remedial efforts currently in place	WAWM Domestic Violence Task Force	Meeting notes
Develop a plan of action complete with a vision statement, goals and objectives	WAWM Domestic Violence Task Force	Plan

Objective 2: By December 31, 2015 expand and implement a comprehensive K5 –12 curriculum on bullying and violence for the West Allis West Milwaukee School District.

Baseline: Bullying and violence prevention curriculum partially in place

Goal: Bullying and violence prevention curriculum completely in place

This objective will be tracked through the establishment and use of a set curriculum for the WAWM School District.

Strategies/Activities	Responsibility	How is progress evaluated?
Review the current practices and curriculum being utilized	WAWM School District	Review summary
Research other “best practice” programs re: violence including curriculum for grades 9-12	WAWM School District	Review summary
Update and modify as necessary the current curriculum	WAWM School District	Summary of updates or modifications
Pilot a 9-12 grade curriculum on bullying and violence	WAWM School District	9-12 grade curriculum in place

Objective 3: By December 31, 2015, increase the number of accused offenders who receive follow-up intervention for domestic violence incidents or events.

Baseline: 65-70% of domestic violence charges are dismissed by the DA without any intervention

Goal: Increase the number of accused offenders who receive follow-up intervention.

This objective will be tracked through the WAPD statistics.

Strategies/Activities	Responsibility	How is progress evaluated?
Review the current protocol and practices in place	WAPD	Meeting notes
Explore and develop protocol, as appropriate, to institute corrective follow-up interventions such as: local citation, the one chance program and counseling mandates	WAPD	Review notes and applicable protocol