



CITY OF WAUWATOSA

COMMITTEE OF THE WHOLE

AGENDA • JULY 18, 2017

Regular Meeting

Common Council Chambers

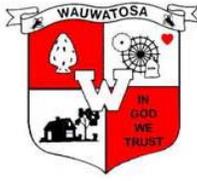
6:30 PM

7725 West North Avenue, Wauwatosa, WI 53213

COMMITTEE OF THE WHOLE ITEMS

1. Healthy Wauwatosa: Overview of the 2017 City of Wauwatosa Community Health Profile
2. Review of City Administrator goals: Success in Communications by the end of 2017

Any person who has a qualifying disability as defined by the Americans with Disabilities Act who requires the meeting or materials at the meeting to be in an accessible location or format, must contact the City Clerk at voice telephone 479-8917 or TTY 471-8484 (City Hall, 7725 W. North Avenue, Wauwatosa, Wisconsin 53213) for accommodations. Requests for accommodations for meetings should be made at least three (3) business days prior to the meeting. Every effort will be made to arrange accommodations for all meetings; so please give the City Clerk as much advance notice as possible.



CITY OF WAUWATOSA
Health Department
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Wauwatosa, Wisconsin 53213
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Laura Conklin, MPH
Health Officer

Date: July 14, 2017

To: Wauwatosa Common Council

Re: 2017 Wauwatosa Community Health Profile

We are excited to share the 2017 Wauwatosa Community Health Profile (CHP) with you and the Wauwatosa Common Council. The CHP is a thorough review of health and wellbeing data from Wauwatosa. The assessment data is used to better understand health status among our residents and to identify challenges to and opportunities for improved health in Wauwatosa. The data will be used by the Wauwatosa Health Department and community partners to identify community health priorities and create a five-year Community Health Improvement Plan (CHIP) to improve the health of all Wauwatosans.

We appreciate your support throughout this data collection and analysis process. We look forward to working with you in upcoming years as we improve the health and wellbeing for all in Wauwatosa.

Thank you,

Laura Conklin, MPH

Health Officer
City of Wauwatosa

Attachment: CHA to Council Letter.pdf (5204 : Community Health Profile)



Healthy Wauwatosa

City of Wauwatosa

COMMUNITY HEALTH PROFILE

2017

COMMUNITY PARTNERS

Thank you to the following organizations for investing time and resources to this process.

Children's Hospital of Wisconsin
 City of Wauwatosa Fire Department
 City of Wauwatosa Health Department
 City of Wauwatosa Legal Department
 City of Wauwatosa Mayor's Office
 City of Wauwatosa Planning Department
 City of Wauwatosa Police Department
 Froedtert Hospital and The Medical College of Wisconsin
 Milwaukee Health Care Partnership
 Project TEAMS!
 Tobacco Free Suburban Milwaukee/Ozaukee Counties
 Wauwatosa Board of Health
 Wauwatosa Citizens with Disabilities
 Wauwatosa Common Council
 Wauwatosa Neighborhood Association Council
 Wauwatosa Public Library
 Wauwatosa School District
 Wauwatosa Senior Commission
 Wauwatosa Youth Commission
 Wisconsin DHS, Division of Public Health – Office of Policy and Practice Alignment
 WIC (Women, Infants & Children) Program

A special "thank you" to everyone who shared opinions and ideas through our discussion groups, interviews and online survey. Your contributions provide the story beyond the numbers.

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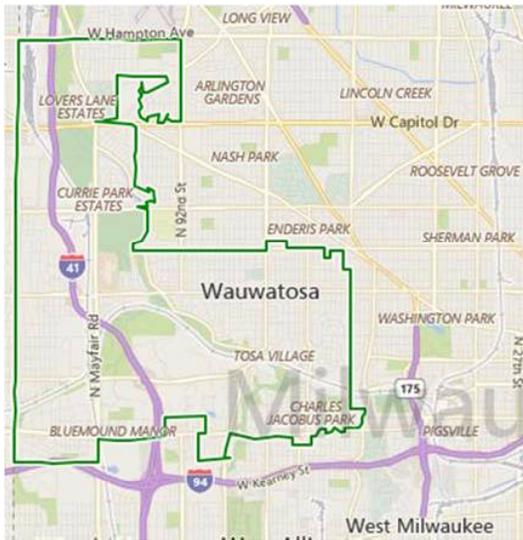
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INTRODUCTION AND BACKGROUND

The city of Wauwatosa is located in Southeastern Wisconsin, on the western edge of Milwaukee County. Located approximately 15 minutes west of downtown Milwaukee, Wauwatosa is a great blend of urban conveniences and historical, small town charm. Wauwatosa is home to the Milwaukee Regional Medical Center, several colleges and universities, an extensive parks and trails system, and Mayfair Mall, the largest shopping center in the Milwaukee area. Interstate freeways and major local roadways run through the city allowing easy access to the Milwaukee County Zoo, Brewers Stadium, and State Fair Park. In general, the Wauwatosa population is



educated, healthy and well-connected to community resources and services. This being true for many, Wauwatosa can only be healthy when its most vulnerable have access to health care, affordable housing, safe neighborhoods, education and recreational opportunities.

This document serves as a summary report of a comprehensive community health assessment, conducted between January 2016 and March 2017. The City of Wauwatosa Health Department (WHD) took the lead in organizing and conducting the assessment, however the project was only possible with the support and collaboration of the City of Wauwatosa Administration, Wauwatosa Board of Health, and a large number of community organizations and residents.

WAUWATOSA AT A GLANCE¹

		City of Wauwatosa	United States
Population	July 1, 2015 estimate	47,614	321,418,820
	Percent change 2010-2015	2.5%	4.1%
Gender	Male	46.6%	49.2%
	Female	53.4%	50.8%
Age	Younger than 18 years	21.9%	24.0%
	18 years and older	78.1%	76.0%
	65 years and older	16.6%	13.0%
Race	White/Caucasian	89.6%	72.4%
	Black/African American	4.5%	12.6%
	Hispanic or Latino	3.1%	16.3%
	Asian	2.8%	4.8%
Income	Median household income	\$69,460	\$53,889
	Percent of persons in poverty	6.4%	13.5%
Education	High school degree or higher	96.6%	86.7%
	Bachelor's degree or higher	56.6%	29.8%
Health	With a disability, under 65	5.0%	8.6%
	Persons without health insurance	4.4%	10.5%

¹ U.S. Census Bureau, QuickFacts: <https://www.census.gov/quickfacts/table>

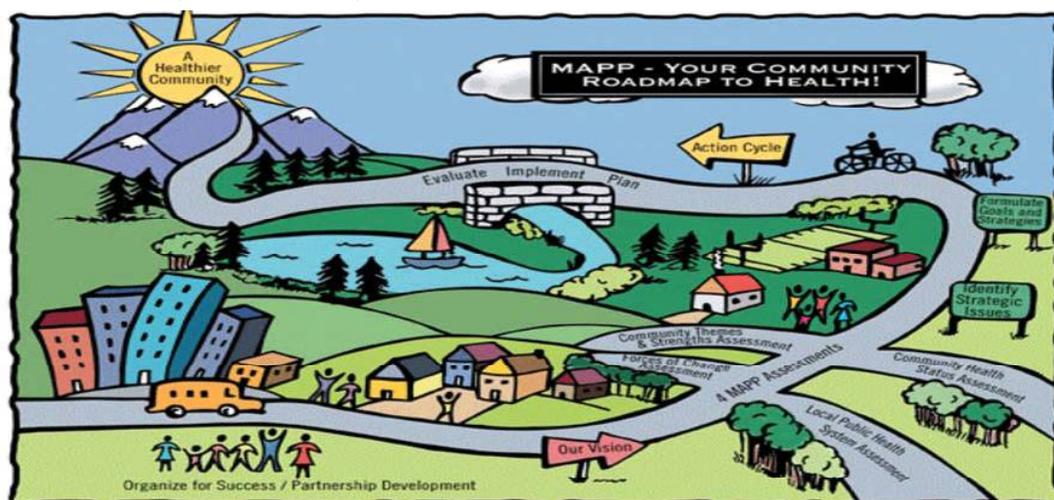
MOBILIZING FOR ACTION THROUGH PLANNING & PARTNERSHIPS

Public health promotes and protects the health and well-being of the people and the community where they live, learn, work and play. Public health is a collective process to assure conditions in which people can be physically, mentally, spiritually and socially healthy. Assuring health involves a variety of community organizations, agencies, groups and individuals who can address social, economic, environmental and biological factors that influence health. No single entity provides all public health services in a community. Rather, public health requires the contributions of all those who live and work in the community. The following are examples of how many community partners work together to promote and protect the public's health:

- City planners, transportation authorities, businesses, non-profit organizations, and neighborhood associations provide access to services that support healthy lifestyles, such as safe parks and recreational facilities, bus routes to healthcare providers, and vendors that sell nutritious foods.
- Police, fire, emergency departments and local public health departments prevent and respond to emergencies that threaten personal and community safety.
- Residents, health professionals, civic organizations and policy makers identify potential risk factors and health trends, such as increase in drug use or personal injury, and advocate for change in support of healthy and safe communities.

MAPP, which stands for *Mobilizing for Action through Planning and Partnerships*, is a framework for bringing a variety of organizations, groups and individuals together as a public health system to create and implement a community health improvement plan. The MAPP process encourages the public health system to implement a well-coordinated plan that uses resources efficiently and effectively, allows for creative solutions to public health problems, and considers a community's unique context and character. MAPP consists of six phases: 1) Organizing for Success and Partnership Development, 2) Visioning, 3) Four Assessments, 4) Identifying Strategic Issues, 5) Formulating Goals and Strategies, and 6) Action Cycle.

MAPP OVERVIEW, ROADMAP MODEL, [HTTP://MAPPNETWORK.NACCHO.ORG](http://MAPPNETWORK.NACCHO.ORG)



THE *MAPP* OF WAUWATOSA

The Wauwatosa Health Department facilitated the MAPP process in Wauwatosa, bringing together over 25 community partners under the common vision of *Creating a Healthy Wauwatosa for All*. Throughout 2016, community partners participated in the MAPP Assessment phase to create a comprehensive picture of health strengths and opportunities in Wauwatosa. The four assessments conducted as part of the process include^{2,3}:

1. ***Community Themes and Strengths Assessment*** – provides a deep understanding of the issues that residents feel are important by answering the questions: “What is important to our community?”, “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”
2. ***Local Public Health System Assessment*** – focuses on all of the organizations that contribute to the public’s health and measures how well the public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards.
3. ***Community Health Status Assessment*** – provides quantitative data on a wide range of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.
4. ***Forces of Change Assessment*** – focuses on forces such as legislation, economics, technology and other external forces that impact the promotion and protection of the public’s health. Also identifies what threats or opportunities are generated by the positive and negative forces.

The MAPP process will continue into 2017 as community partners use the information gathered from the four assessments to determine strategic issues to be addressed in Wauwatosa, specify goals and strategies for each of the strategic issues, and implement and evaluate Wauwatosa’s five-year Community Health Improvement Plan.

“Coming together is the beginning.

Keeping together is progress.

Working together is success.”

- Henry Ford

² NACCHO, MAPP Framework, The Assessments at <http://archived.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm>

³ NACCHO Fact Sheet: Mobilizing for Action through Planning and Partnerships: A Community Approach to Health Improvement at www.naccho.org

FINDINGS BY *MAPP* ASSESSMENT

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

PURPOSE:

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues residents feel are important. This assessment asks questions like “What is important to our community?” and “How is quality of life perceived in our community?”, and allows community members to share their thoughts, opinions, and concerns about health in Wauwatosa.

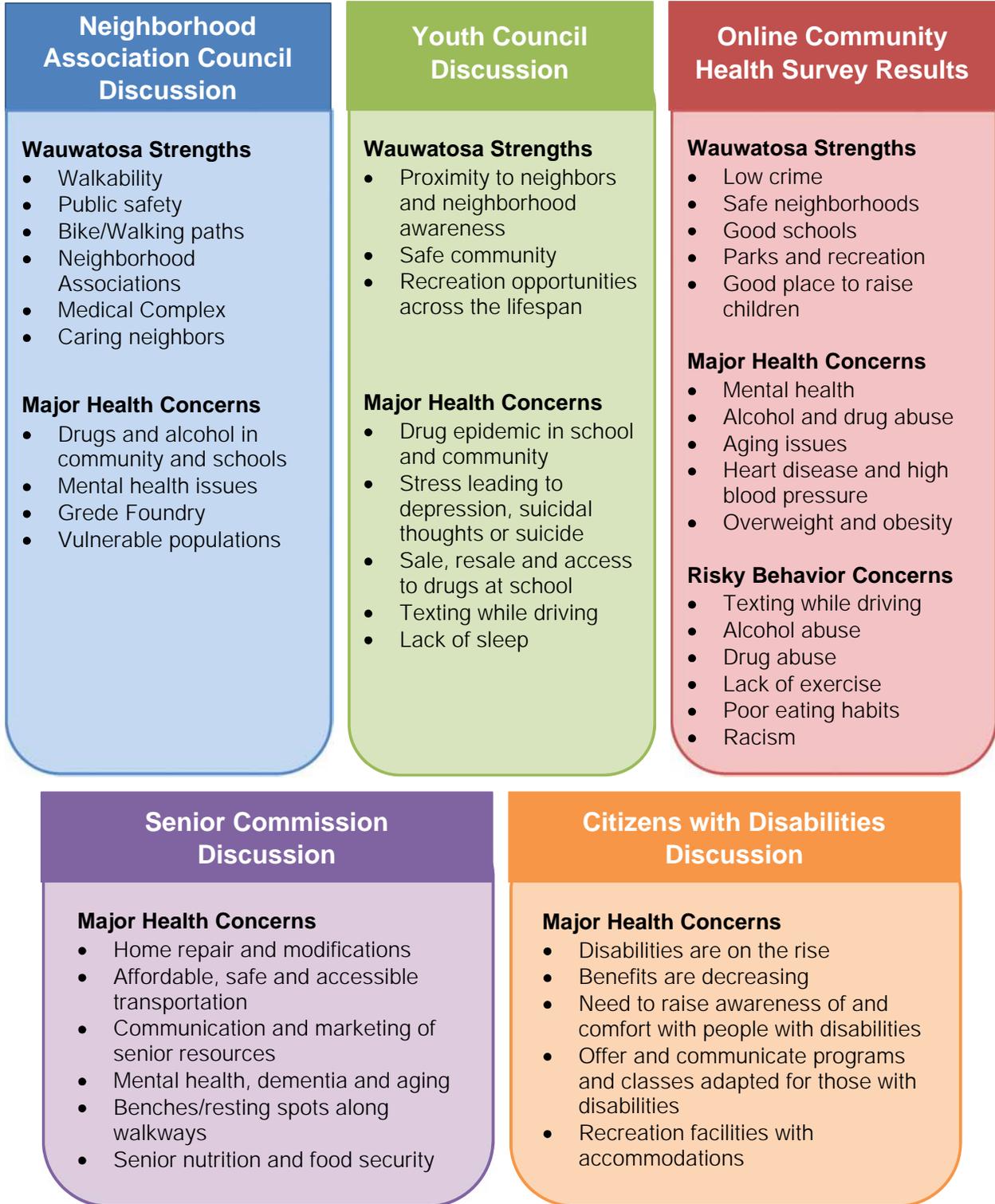
METHODS:

Data for this assessment came from a series of group discussions and an online survey that was promoted throughout the community. Three of the group discussions targeted subpopulations of interest (seniors, citizens with disabilities, and youth) and one discussion was held with neighborhood association representatives to reach a larger Wauwatosa population.

All four groups were asked “what makes Wauwatosa a healthy community” and “what are the major health concerns in Wauwatosa”. For the discussions with the youth (20 participants) and the neighborhood association representatives (22 participants), the group provided responses to the questions and comments were recorded on large sheets of paper at the front of the room. Participants were asked to help prioritize the community strengths and health concerns; each participant was given 3 colored stickers (labeled 1, 2 and 3) and asked to stick them next to their top 3 community strengths and health concerns. Discussion participants were also given the questions on paper in case they wanted to add items or provide additional details. The discussion with seniors and citizens with disabilities were smaller groups. They provided responses to the same questions but didn’t complete the prioritizing activity.

In addition to the discussion groups, an online survey was made available during November and December so that all Wauwatosa residents would have the opportunity to provide input on community strengths and health concerns in Wauwatosa. The survey link was made available to community partners who forwarded it on to their list of contacts/clients and was posted on the City of Wauwatosa website and at the entrance to the city library. One hundred and thirty nine Wauwatosa residents, employees and parents responded to the survey.

SUMMARY OF THE RESULTS



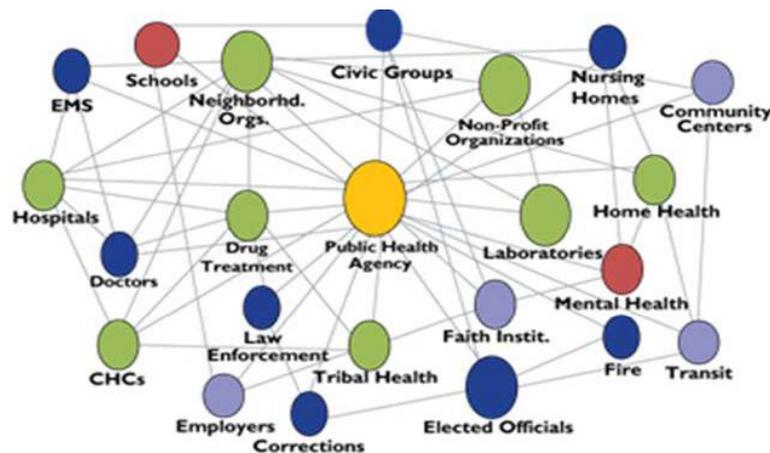
MAJOR FINDINGS BY *MAPP* ASSESSMENT

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

PURPOSE:

The local public health system of Wauwatosa is made up of many private and public entities, voluntary organizations, community leaders, and residents that engage in activities to improve the economic, environmental and individual factors that influence the public's health.

GRAPHIC DEPICTION OF A LOCAL PUBLIC HEALTH SYSTEM, [HTTPS://WWW.CDC.GOV/NPHPSP/ESSENTIALSERVICES.HTML](https://www.cdc.gov/nphpsp/essentialservices.html)



The Local Public Health System (LPHS) Assessment looks at how well the local public health system partners work together to deliver the ten essential public health services and answers the questions: “What are the components, activities and capacities of our local public health system?” and “How are the Essential Services being provided to our community?”. This assessment assists in identifying opportunities for improving the delivery of quality services and for implementing efficient and effective responses to public health challenges.

The Ten Essential Public Health Services

1. **Monitor health status** to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize community partnerships** to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce laws and regulations** that protect health and ensure safety.
7. **Link people to needed personal health services and assure the provision of health care** when otherwise unavailable.
8. **Assure a competent** public and personal health care **workforce**.
9. **Evaluate effectiveness, accessibility, and quality** of personal and population health services.
10. **Research for new insights** and innovative solutions to health problems.

METHODS:

This assessment was completed using the Local Public Health System Performance Assessment Instrument developed by the National Public Health Performance Standards Program. The Local Instrument consists of 10 sections based on the Essential Public Health Services (referred to as Essential Services). For each Essential Service, 2 to 4 Model Standards are provided describing the key aspects of an optimally operating public health system. Each Model Standard is followed by assessment questions that serve as measures of performance for the LPHS. Responses to the questions indicate how the LPHS is meeting the model standard, with the highest rating representing the highest level of performance. The Wauwatosa Health Department hosted several LPHS meetings, bringing together 25 public health system representatives. Each meeting addressed 1 or 2 Essential Services and session participants were invited based on their knowledge or contribution to the Essential Service under discussion. At each meeting, the facilitator would provide an overview of the assessment process, review the Essential Services up for discussion and review the model standards for the given Essential Services. The group discussed known activity taking place related to the Essential Services and then responded to assessment questions (looking at how the LPHS performed according to model standards) using voting cards with the scoring options shown in the figure below. Important to note, scoring was a reflection of the knowledge and perception of participants at each session. This perception may not always be a true reflection of all activity that is taking place or not taking place in Wauwatosa.

LPHS ASSESSMENT PERFORMANCE SCORING SCALE

Optimal Activity	Greater than 75% of the model standard is met
Significant Activity	Greater than 50% but less than 75% of the model standard is met
Moderate Activity	Greater than 25% but less than 50% of the model standard is met
Minimal Activity	Greater than 0% but less than 25% of the model standard is met
No Activity	0% of the model standard is met

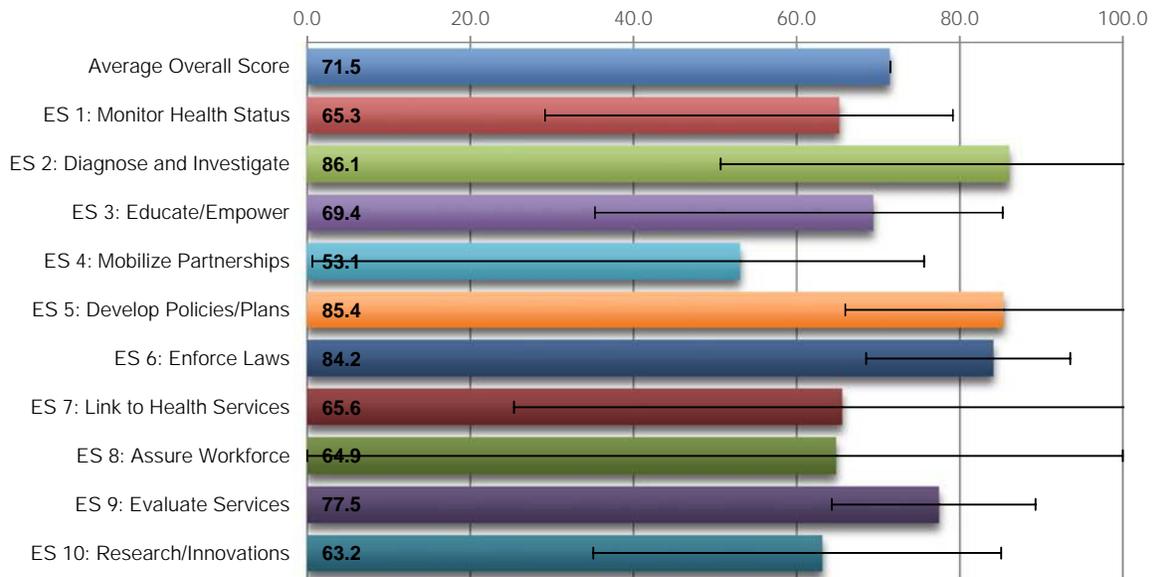
In cases of major differences in response, the group would have a second discussion about activities related to the Essential Services and participants would have an opportunity to change their votes. The WHD averaged individual participant votes for a final vote. Notes were taken at each session about LPHS strengths, opportunities, and short and long term actions related to the Essential Services.

SUMMARY OF THE RESULTS

Based on the responses provided during the assessment, an average was calculated for each of the ten Essential Services. Each score can be interpreted as the overall degree to which the Wauwatosa Public Health System meets the gold standard for the respective Essential Service. Scores can range from 0% (no activity is performed related to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

The following figure displays the overall average assessment score across all ten Essential Services, along with an average score for each Essential Service. This gives a general sense of the LPHS's greatest areas of strength and weakness. The black bars show the range of reported performance score responses within each Essential Service.

SUMMARY OF AVERAGE ESSENTIAL SERVICES PERFORMANCE SCORES



STRENGTHS

The following were recognized as strengths within the LPHS:

- Strong authority and enforcement with regard to public health laws.
- Robust planning, protocols and policies for public health emergencies.
- Extensive network of community leaders and partners engaged in public health planning and practice.
- Successful accreditation of the Wauwatosa Health Department. Accreditation measures health department performance against a set of nationally recognized, practice-focused and evidence-based standards.

CHALLENGES

Based on the results from the assessment, the following areas have been identified as top challenges to the local public health system:

- Essential Service 4: Mobilize Partnerships
 - Challenge to maintain commitments over long periods of time, establish leadership and common goals, and evaluate long-term progress or system change.
- Essential Service 10: Research for New Insights
 - Challenge to commit time and resources to pilot test and conduct studies to test new solutions to public health problems.
- Essential Service 8: Assure a Competent Workforce
 - Although each organization has their own workforce development plan, it is a challenge to conduct a workforce assessment **across the public health system** to track knowledge, skills and abilities in the public and private sector related to public health. Because this system-wide assessment isn't completed, there isn't data available to address gaps in the local public health workforce or to share workforce information/resources among organizations.
- Essential Service 7: Link People to Needed Health Services
 - Data is not always available for the city and zip code or county data is representative of the local population. Challenge to collect data on vulnerable populations since numbers are small in a generally healthy, well-resourced population.

MAJOR FINDINGS BY *MAPP* ASSESSMENT

FORCES OF CHANGE ASSESSMENT

PURPOSE:

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other external factors that affect the context in which the community and its public health system will operate over coming years. This assessment helps to answer the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

METHODS:

This assessment was completed through a series of three professionally facilitated discussions. Seventeen participants, with representation from fire, police, health care, public health, environmental health, education, and policy development, provided input. Participants were asked about political, economic, social, technological, and environmental factors that could influence health and wellbeing in Wauwatosa over the next 3 to 5 years. The facilitator listed "forces" on large white boards at the front of the room. Once all ideas were posted, participants were asked to discuss opportunities and threats related to each force that was identified. The facilitator merged the input from the three discussions into a single document, grouping identified forces into categories of political/legal, economic, technology/science, environmental, and social/ethical forces. The compiled list was distributed to discussion participants and to the MAPP Advisory Committee members for additions and comments. Once the list was finalized, major themes were pulled from each grouping of forces.

SUMMARY OF THE DISCUSSION

Local public health is affected by local, state and national trends and events. These factors are likely to influence community health, quality of life and the impact of the work of the local public health system in Wauwatosa. Overarching forces affecting the Wauwatosa public health system include:

- changing demographics in Wauwatosa
- increasing use and dependency on technology
- new and emerging health concerns
- challenging economic climate for public health
- changing political landscape

Changing Demographics in Wauwatosa

Census data from 2010-2015 shows the Wauwatosa population to be steady in overall population size, median age and race of residents. Although the numbers remain steady (with local prediction for possible slow, steady growth), there is the perception among community

members that the Wauwatosa population is becoming more diverse as far as lifestyles and belief systems. Residents shared opinions that Wauwatosa leadership, schools, faith organizations, community partners and residents need to increase awareness of racial, cultural, faith, lifestyle, and generational similarities and differences in order to build a tolerant, accepting and peaceful community. Suggestions were made to address these topics in schools and throughout the community.

According to the Adding Life to Years 2015 Senior Assessment, the numbers of Wauwatosa residents over the age of 60 years has stabilized in the last ten years however, Wauwatosa's aging population is greater in size than many other suburbs in the metro Milwaukee area. As of the 2015 assessment, Wauwatosa ranked 8th among Milwaukee suburbs in the percentage of adults age 55 years and older and 2nd in the percentage of residents age 85 years and older. Wauwatosa leadership and community partners shared the priority of continuously monitoring and responding to the specific physical and mental health needs of the aging population.

Increasing Use and Dependence on Technology

Technology use in the health care industry continues to evolve, from medical translation tools to mobile apps that help patients live healthier lives. Though much is still in the early and experimental stages, the advances in technology could help save money in health care costs, strengthen physician-physician and physician-patient communication, and improve patient treatment.

Advances in technology may improve ease and ability to coordinate and communicate public health messages and increase access to distance learning and training, but may not reach all populations. Efforts need to be made to use a variety of platforms and communication tools to reach people of all ages, incomes and abilities.

Local health professionals shared concerns about cell phone use among youth. Physicians are noticing sleep problems associated with cell phone use (backlight on phone, using phone late at night, texts interrupting sleep, etc.). Public health partners commented on social challenges that surface from electronic interaction (bullying, inappropriate posts/snaps, access to illegal substances, etc.).

New and Emerging Health Concerns

The role of the public health department evolves as health care needs and practice changes. Public health practice is population-focused and requires unique knowledge, competencies, and skills to address complex, multi-causal, community health issues. Early public health roles included clinical service, advocacy, health education and policy setting and while that still holds, contemporary public health practice also requires public health to collaborate with agencies and community members for efficient and effective programming. This shift brings about the need to improve communications and data sharing among community partners and to improve the understanding of public health among partners.

The Wauwatosa Health Department became nationally accredited in 2015. Public Health Department Accreditation is the measurement of health department performance against a set

of nationally recognized, practice-focused and evidenced-based standards. The goal of the voluntary accreditation program is to improve and protect the health of the public by advancing the quality and performance of public health departments. Accreditation requirements may require public health to continue to evolve programming and policy setting in the short and long term.

Local policy setters, community partners, health care providers and health department staff provided a list of emerging health issues to monitor and respond to as needed over the next several years. This list includes, but is not limited to, mental health issues, citizens with disabilities, opioid and heroin use, gun violence, racism, aging issues and emerging infectious diseases.

Challenging Economic Climate for Public Health

Federal funding for public health research and interventions varies based on national political and economic status. Public Health will most likely experience funding changes and shifts in priorities under the Trump presidency.

Locally, some city departments feel like there is a constant need to “do more” with steady or decreasing budgets and a push towards “efficiency” which doesn’t always allow for the ideal process or result in the best product. Given the challenge, the local public health system realizes the importance of seeking new and creative funding sources and strengthening public-private partnerships to improve program outreach and impact.

Changing Political Landscape

The change in presidency from President Obama to President Trump brings many uncertainties for public health. Nationally, we could see a change in funding and regulations for public health initiatives as well as a change in access to and quality of health care available to Americans. Locally, public health initiatives and the Wauwatosa Health Department have strong support of the Mayor (elected through 2020) and Common Council. The Mayor advocates for public health, supports policies in support of public health, and has improved communication and partnerships among private, public and government entities.

Over the next several years, the former County Grounds, currently referred to as the Life Sciences District, will undergo significant change. The upcoming change will pose challenges and opportunities experienced with any major development. The Mayor and City of Wauwatosa are collaborating with the Milwaukee Regional Medical Center and Milwaukee County to create a plan that balances environmental preservation with economic development and job creation.

MAJOR FINDINGS BY *MAPP* ASSESSMENT

COMMUNITY HEALTH STATUS ASSESSMENT

PURPOSE:

The Community Health Status Assessment (CHSA) provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health. It seeks to answer the question “What does our data tell us about our health status?”

METHODS:

This assessment incorporates data from primary research (the Wauwatosa Community Health Survey⁴ and the Wauwatosa Youth Risk Behavior Survey⁵) and secondary research (US census, vital statistics and other existing health-related data). The CHSA allows for comparison to benchmark data at the state and national levels.

THE SURVEY INSTRUMENTS AND SAMPLE APPROACH:

Wauwatosa Community Health Survey

The Wauwatosa Community Health Survey is conducted every three years. The survey is commissioned by Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health and Wheaton Franciscan Healthcare in partnership with the Center for Urban Population Health and the Wauwatosa Health Department. The survey is administered by JKV Research, LLC. Survey respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the service area. The sampling strategy was two-fold: 1) a random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=313). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=87). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between March 16 and May 6, 2015. Demographic data cannot be broken down for race and ethnicity because there are too few cases in the sample.

Wauwatosa Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is conducted every two years by the Wauwatosa School District and the City of Wauwatosa Health Department. The YRBS is a randomized survey of students in grades 9 through 12 who attend a high school within Wauwatosa. The YRBS focuses on health-risk behaviors that result in the most significant mortality, morbidity and social problems during both adolescence and adulthood. In addition, the YRBS measures student attitude and perceptions related to health risk behaviors, access to health care, and

⁴ For the full 2015 Wauwatosa Community Health Survey report, please visit <http://www.wauwatosa.net/DocumentCenter/View/3417>

⁵ For the full 2015 Wauwatosa Youth Risk Behavior Survey report, please visit <http://wauwatosa.net/DocumentCenter/View/3531>

other health-related behaviors. The survey provides us with a “snapshot” of teen health at the time of the survey. Indicators were not looked at by demographic variables (gender, grade, etc.) because the overall sample size was too small.

HEALTH INDICATORS:

Following the extensive 2015 Wauwatosa Community Health Survey, the Wauwatosa Health Department took the lead on selecting indicators which represent Wauwatosa adult health status. Several of the indicators selected from the Wauwatosa Community Health Survey are comparable to Healthy People 2020 and county, state or national data to ensure that they are able to be measured against state and national benchmarks and tracked over time.

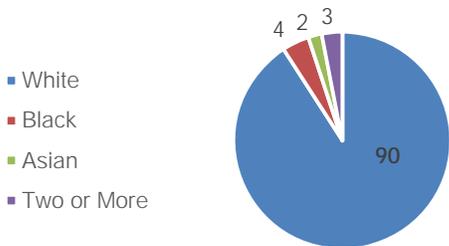
**Wauwatosa Community Health Survey, 2015
DEMOGRAPHICS and SOCIAL DETERMINANTS OF HEALTH**

At the time of the survey, Census Bureau estimated that 36,162 **adults** lived in the Wauwatosa Health Department’s service area. Therefore, the survey data percentages are based on that number. One percentage point equals approximately 360 adults.

Gender	Male	46%
	Female	54
Age	18 to 34	28%
	35 to 44	17
	45 to 54	19
	55 to 64	16
	65 and older	21
Education	High School Grad or Less	15%
	Some Post High School College	21
	College Graduate	65
Household Income	Bottom 40% Bracket	28%
	Middle 20% Bracket	9
	Top 40% Bracket	52
	Not Sure / No Answer	11
Married		59%

Social determinants of health are the economic and social conditions that influence individual and group differences in health status. They are the factors found in one’s living and working conditions (such as income distribution, community safety, housing, gender, and race) rather than behavioral risk factors (such as smoking, binge drinking, exercise frequency, and fruit/vegetable intake) that influence risk of disease or injury.

Wauwatosa Population by Race



Source: American Fact Finder, US Census Bureau, 2013

Population by Employment



Source: American Fact Finder, US Census Bureau, 2013

People are healthiest when they feel safe, supported and connected, and can trust others in their neighborhoods and communities.

- 13% of respondents said that they had either felt afraid for their personal safety in the last year or had been pushed, kicked, hit or slapped in the past year.
- Respondents most likely to report having experienced at least one of these safety issues were from the following groups:
 - 18-34 years old
 - some post high school education
 - in the bottom 40% of household income
 - unmarried

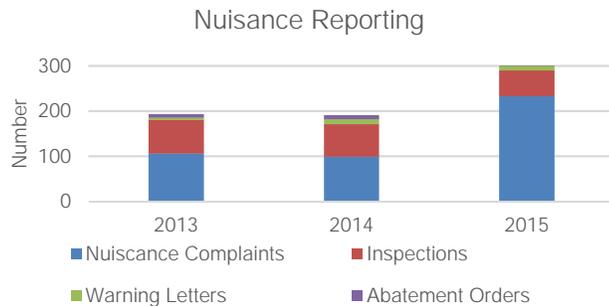


Source: Wauwatosa Community Health Survey, 2015

ENVIRONMENTAL FACTORS

Human Health Hazards

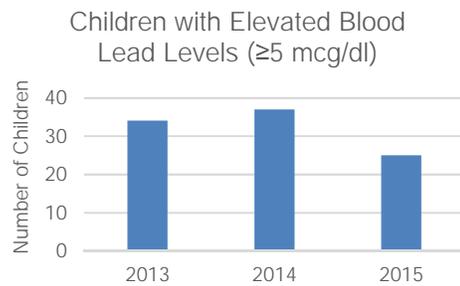
According to the City of Wauwatosa Human Health Hazard (HHH) Ordinance, a nuisance is “whatever is dangerous, unsanitary, or unwholesome to human life or health; and whatever renders the land, water, air, or articles of food or drink impure or unwholesome.” The WHD tracks and follows up on all complaints concerning a wide array of nuisances and HHHs and issues abatement orders when the nuisance is a threat to the public’s health.



Source: Wauwatosa Health Department Data, 2013-2015

Lead

Lead is highly toxic, especially in children under the age of six. Prolonged lead poisoning in children can lead to reduced kidney function, learning disabilities, increased behavioral disorders, and death in severe acute exposures. The main source of childhood lead poisoning is from lead-based paints found in older homes. Lead-based paints were taken off the market in 1978, but any residential property built before 1978 may still have lead paint. In Wauwatosa, approximately 97% of homes were built prior to 1978. In order to reduce the chance of lead exposure, old windows and doors should be replaced, and remodeling should be conducted in a lead-safe manner.



Source: WI STELLAR Database, 2013-2016

Attachment: 2017 Wauwatosa Community Health Profile.pdf (5204 : Community Health Profile)

Radon

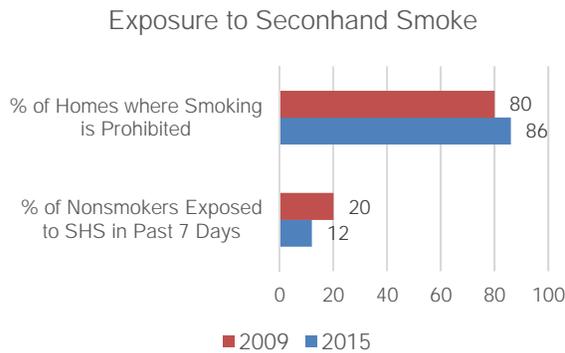
Radon is a colorless, odorless, radioactive gas that has been implicated as the second leading cause of lung cancer. Radon enters homes through cracks in floors or walls, gaps in suspended floors, near service pipes or construction joints, and open spaces inside walls. It is important to test your home for radon to learn what the radon levels are, and if they are high, to find out what actions can be taken in your home.

Year	Number of Kits with Results	% of Results less than 4 pCi/L	% of Results between 4 & 7.9 pCi/L (retest)	% of Result over 8 pCi/L (remediation)	Highest Result	Average Result
2013	34	66%	23%	9%	17.1 pCi/L	3.62 pCi/L
2014	21	39%	26%	26%	17.8 pCi/L	5.96 pCi/L
2015	26	59%	26%	11%	12.4 pCi/L	3.90 pCi/L

Source: Southeast Wisconsin Radon Information Center, 2013-2015

Secondhand Smoke

Secondhand smoke (SHS) is a mixture of two forms of mainstream smoke, which is exhaled by a smoker, and sidestream smoke, which comes from the lit end of a cigarette, pipe, cigar or other tobacco burning product. Nonsmokers exposed to secondhand smoke have an increased risk of cancer and heart disease. Children exposed to secondhand smoke have an increased risk of Sudden Infant Death Syndrome (SIDS), respiratory infections, more frequent and severe asthma attacks, ear infections, and chronic cough.



Source: Wauwatosa Community Health Survey, 2015

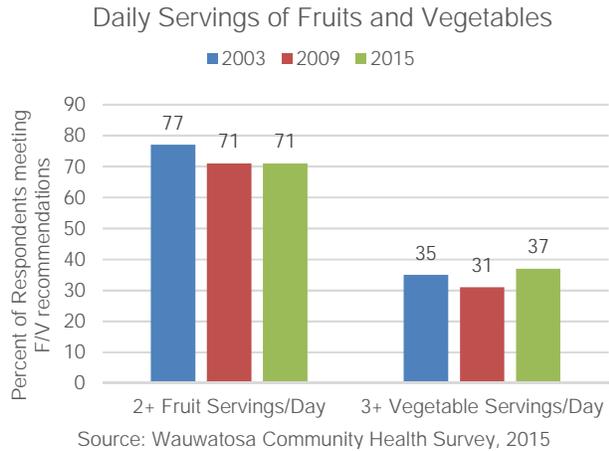
- Residents most likely to prohibit smoking in their house were from the following groups:
 - Top 40% household income
 - Married
 - Nonsmoker
 - Have a child in the household

BEHAVIORS

Nutrition

Fruits and vegetables contribute important nutrients for the human body. Eating fruits and vegetables lowers the risk of developing many chronic diseases and can also help with weight management. At the time of the survey, dietary recommendations were for adults to eat at least two servings of fruits and three servings of vegetables per day. Age, gender and activity level may increase the recommended number of servings.

- In all study years, female respondents were more likely to report 2+ servings of **fruit** per day
- From 2003 to 2015, there was a noted decrease in the percent of overweight respondents reporting at 2+ of **fruit** per day
- In 2015, 18 to 34 year olds were more likely to report 3+ servings of **vegetables**. From 2003 to 2015, there was a noted decrease in the percent of respondents 35 to 44 years old reporting 3+ servings on an average day.
- Respondents who met the recommended amount of physical activity were more likely to report 2+ servings of **fruit** and 3+ servings of **vegetables** a day.

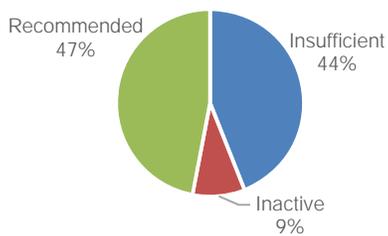


Physical Activity

At the time of data collection, the *recommended* amount of physical activity for adults by the Centers for Disease Controls was moderate physical activity for at least 30 minutes on five or more days of the week or vigorous physical activity for at least 20 minutes on three or more days of the week. Moderate physical activity includes walking briskly, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate. Vigorous physical activity includes running, aerobics, heavy yard work, or anything that causes large increases in breathing or heart rate. *Insufficient* physical activity includes participation in either activity, but not for the duration of the frequency recommended. *Inactive* respondents reported no moderate or vigorous physical activity in a typical week.

Physical Activity in a Week for 2015

Recommended activity is moderate activity 5 times/30+ minutes/week or vigorous activity 3 times/20+ minutes/week



Source: Wauwatosa Community Health Survey, 2015

- Respondents more likely to meet recommended amounts of physical activity fell in the categories:
 - College graduate
 - 18 to 34 years of age
 - Not overweight
- From 2006 to 2015, there was a statistical decrease in the overall percent of respondents who met the recommended amount of physical activity in a week

Smoking and E-Cigarette Use

In 2015, **12% of Wauwatosa adult survey respondents were tobacco cigarette smokers.** Respondents 35 to 44 years old, with some post high school education, in the bottom 40 percent household income bracket, or unmarried were more likely to be a smoker. The Healthy People 2020 goal for adult smoking is 12%. In 2013, 19% of Wisconsin adults were current smokers and 19% of U.S. adults were smokers (2013 Behavioral Risk Factor Surveillance). **Of the current smokers, 55% quit smoking for one day or longer because they were trying to quit.** The Healthy People 2020 goal for current smokers to have tried quitting for at least one day is 80%. Sixty-four percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking.

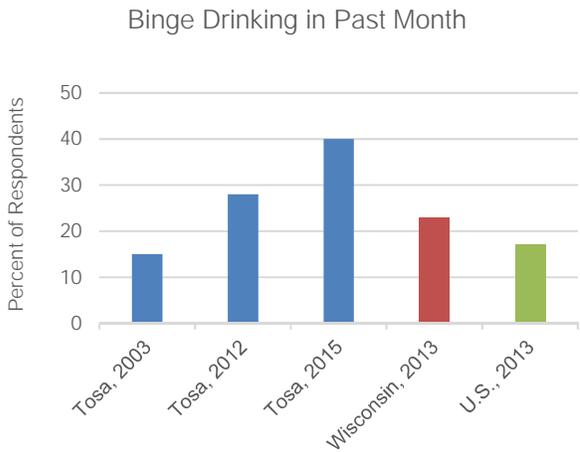
From 2003 to 2015, there was no statistical change in the overall percent of survey respondents who were current tobacco cigarette smokers, no statistical change in the overall percent of current smokers who reported they quit smoking for one day or longer in the past 12 months, and no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.

The electronic cigarette, commonly referred to as an e-cigarette, is a relatively new nicotine delivery product on the market. An e-cigarette is a handheld electronic device consisting of a battery, a heating element and a cartridge containing nicotine, propylene glycol and water. The levels of nicotine in the cartridges can vary drastically. The e-cigarette electronically vaporizes the nicotine solution, creating a mist that is inhaled into the lungs (often referred to as vaping). After the user inhales, the residual aerosol or vapor is exhaled into the surrounding air. The vapor can contain toxicants, traces of heavy metals, and potentially harmful chemicals. The long-term consequences of e-cigarette use are unknown, however there is no credible evidence that these products are safe for human consumption or that they are effective at helping smokers or other tobacco users quit.

Data collection on e-cigarette use among Wauwatosa adults began in 2015 and will continue to be tracked in future community health surveys. **In 2015, 6% of survey respondents used electronic cigarettes in the past month.** Respondents 18-34 years old, with some post high school education or in the bottom 40 percent of household income bracket were more likely to report using e-cigarettes.

Binge Alcohol Use

Binge drinking is the most common pattern of excessive alcohol use in the United States. Binge drinking is associated with many health problems, including but not limited to, intentional and unintentional injuries, alcohol poisoning, sexually transmitted diseases, unintended pregnancy, high blood pressure and stroke, liver disease, and poor control of diabetes. Binge drinking definitions can vary. In 2015, Wauwatosa used the Centers for Disease Control definition of binge drinking which was four or more drinks for women and five or more drinks for males in a 2 hour period.



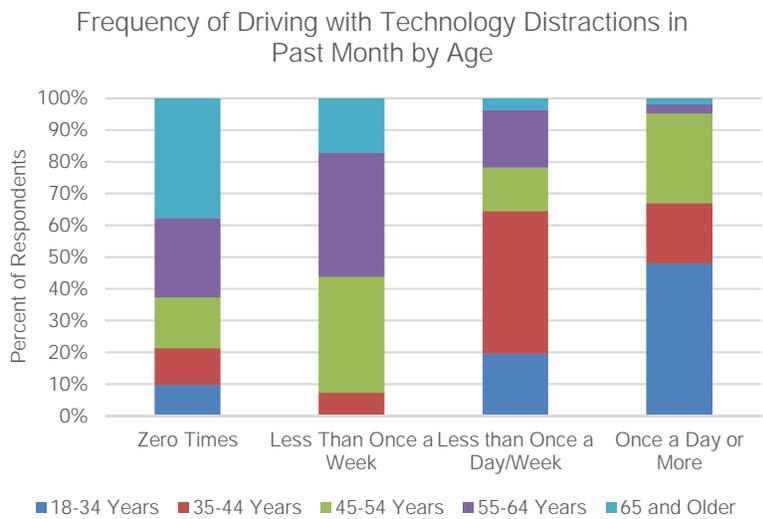
Source: Wauwatosa Community Health Survey, 2015

- In 2015, 40% of survey respondents were binge drinkers in the past month. Respondents who reported binge drinkers were more likely:
 - 18 to 34 years old
 - In the bottom 40% of household income or in the top 40% of household income
- From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month, from 15% to 40%. The noted increase occurred in male and female respondents.
- From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver had too much to drink.

Distracted Driving

Distracted driving is any activity that takes a driver’s attention away from the primary task of driving. All distractions endanger driver, passenger, and bystander safety. There are three main types of distraction: visual (taking your eyes off the road); manual (taking your hands off the wheel); and cognitive (taking your mind off driving). Texting while driving is the most alarming distraction because it combines all three types of distraction, however other types of distraction include using a cell phone or smartphone, eating and drinking, talking to passengers, using a navigation system, adjusting a radio or MP3 player, and watching a video. In 2014, 3,179 people in the United States were killed and 431,000 were injured in motor vehicle crashes involving distracted drivers.

- The **least** likely to drive with technology or non-technology distractions were:
 - 65 years or older
 - Some post high school education or less
 - unmarried
- **Texting while driving** was identified as the leading “risky behavior” in the community according to our online Community Health Survey (see Community Themes and Strengths Assessment, pages 7-8). Wauwatosa Youth ranked **texting while driving** in their top five major health concerns in the community.



Source: Wauwatosa Community Health Survey, 2015

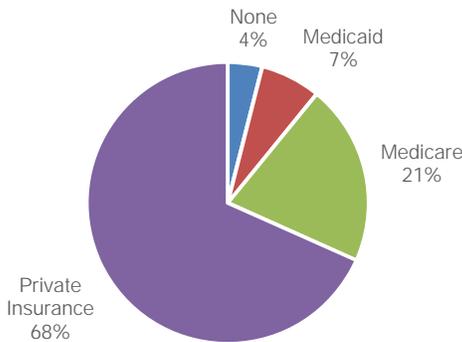
Attachment: 2017 Wauwatosa Community Health Profile.pdf (5204 : Community Health Profile)

INSURANCE COVERAGE and CLINICAL CARE

Health Care Coverage

In 2015, **4% of Wauwatosa adults surveyed reported they were not currently covered by health care insurance**, with 5% reporting that they were not covered for part of the last 12 months.

Type of Health Care Coverage, 2015



Source: Wauwatosa Community Health Survey, 2015

- Male respondents were more likely to report no current personal health care coverage (9%) compared to female respondents (1%).
- Respondents 18-34 years old were more likely to report no health care coverage (10%) compared to respondents 35-44 years old or 65 years and older (0% each).
- Of the respondents who reported they had private insurance,
 - 88% reported they received insurance through an employer
 - 6% reported directly from an insurance company
 - 6% reported an exchange

Financial Burden of Coverage

In 2015, **14% of Wauwatosa adults surveyed reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care.** Respondents who were 18-34 years old were more likely to report this (24%) compared respondents who were 55-64 ears old (11%) or those 65 years or older (1%).

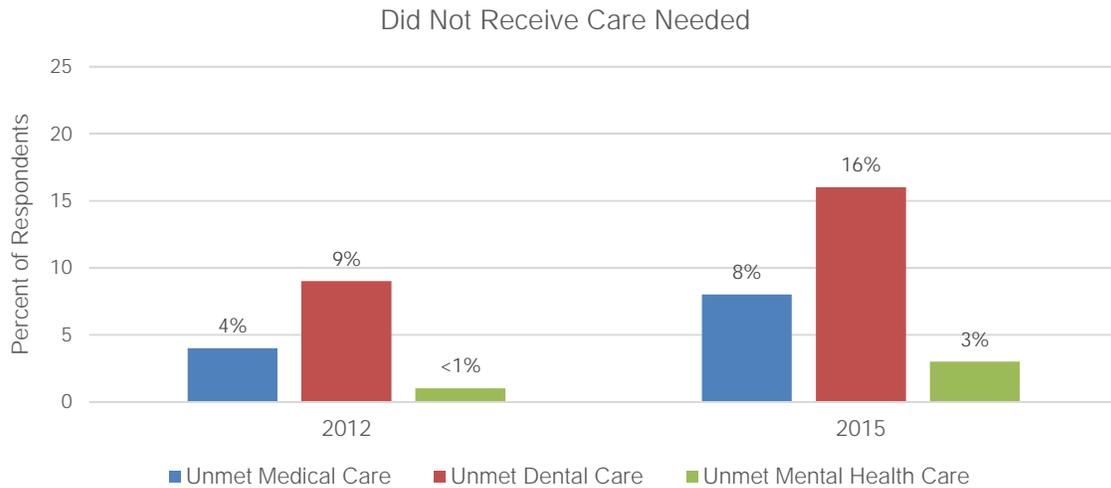
Financial Burden of Prescription Medications

In 2015, **11% of respondents reported in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs.** From 2012 to 2015, there was a statistically significant increase in Wauwatosa adults responding that a household member didn't take medications due to cost, from 5% in 2012 to 11% in 2015. In 2015, respondents most likely to respond that someone in their household had not taken medications due to costs were:

- **In the bottom 40 percent household income bracket (17%),** compared to 8% of those in the middle 20 percent income bracket or 5% of respondents in the top 40 percent household income bracket.
- **Unmarried (16%)** compared to 7% of married respondents

Unmet Medical, Dental or Mental Health Care

From 2012 to 2015, there were statistically significant increases in the number of respondents who reported there was a time in the past 12 month they did not receive the medical, dental or mental health care they needed.

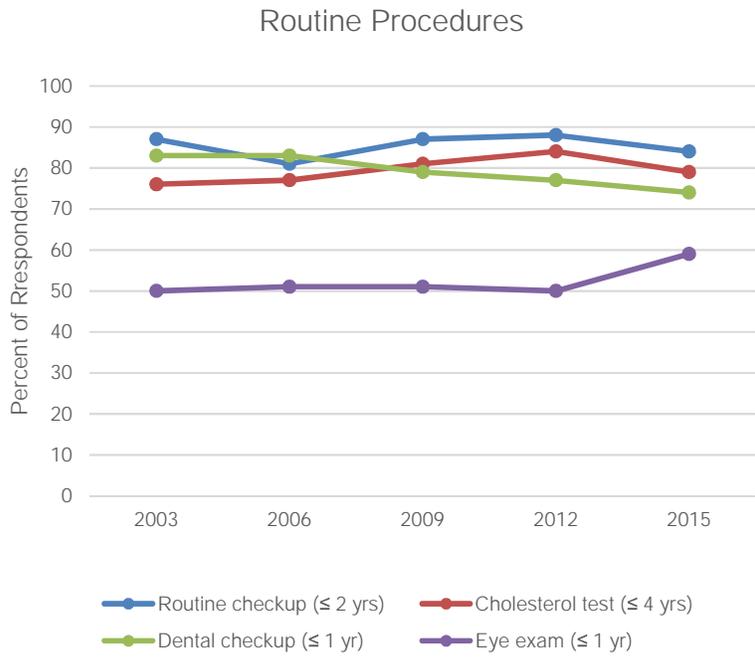


Unmet Medical Care	Unmet Dental Care	Unmet Mental Health Care
<p>Respondents most likely to report unmet medical care were unmarried (14% vs 4% for married respondents) and some post high school education (16% vs 7% with college education or 5% with a high school education or less).</p> <p>Respondents gave the following reasons for unmet medical care:</p> <ul style="list-style-type: none"> Uninsured (32%) Poor medical care (25%) Co-payments were too high or they couldn't afford to pay for the needed medical care (14%) Insurance didn't cover it (11%) <p>The Healthy People 2020 goal for a family member unable to obtain or having to delay medical care, tests or treatments they or a doctor believed necessary is 4%.</p>	<p>Respondents most likely to report unmet dental care were male (22% vs 12% for female), 18-34 years old (30% vs 3% for 45-54 years or 11% for 65 years or older), in the bottom 40 percent income (26% vs 13% for top 40 percent income or 8% for middle 20 percent income), or unmarried (22% vs 13% for married respondents).</p> <p>Respondents gave the following reasons for unmet dental care:</p> <ul style="list-style-type: none"> Uninsured (46%) Couldn't afford to pay (25%) Unable to get appointment (13%) Co-payments were too high (9%) <p>The Healthy People 2020 goal for a family member unable to obtain or having to delay dental care, tests or treatments they or a doctor believed necessary is 5%.</p>	<p>No demographic comparisons were conducted as a result of the low percent of respondents who reported they did not receive the mental health care they needed.</p> <p>Respondents gave the following reasons for unmet mental health care:</p> <ul style="list-style-type: none"> Uninsured Co-payments were too high

Source: Wauwatosa Community Health Survey, 2015

Routine Procedures

From 2003 to 2015, there was a statistical **decrease** in the overall percent of respondents reporting a dental checkup in the last year, a statistical **increase** in the overall percent of respondents reporting an eye exam in the past year, and no significant change in the percent of respondents reporting a routine checkup in the last two years or cholesterol test in the last four years.



Source: Wauwatosa Community Health Survey, 2015

- The respondents **least likely** to report a routine checkup in the past two years were:
 - 18-34 years old
 - In the bottom 40 percent household income bracket
 - Unmarried
- 79% of respondents reported having their cholesterol tested within the last four years. 5% reported that they had their cholesterol tested five or more years ago. 11% reported never having their cholesterol checked.
- The respondents **least likely** to report a dental checkup in the past year fell in the categories:
 - 18-34 years old
 - Male
 - ≤ High school education
 - In the bottom 40 percent household income bracket

Vaccinations

In 2015, **54% of Wauwatosa adult respondents had a flu vaccination in the past year.** Respondents who were female, 65 years and older, or in the middle 20 percent household income bracket were more likely to report getting a flu vaccination. The Healthy People 2020 goal for adults 18 years and older having an annual influenza vaccination is 70%.

In 2015, **80% of Wauwatosa respondents 65 years and older had a pneumonia vaccination in their lifetime.** The Healthy People 2020 goal for persons 65 years and older ever having a pneumococcal vaccine is 90%.

Screening

Women’s Health

In 2015, 80% of female respondents 50 years and older reported a mammogram within the past two years. Seventy-nine percent of female respondents 65 and older had a bone density scan. Ninety-one percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-one percent of respondents 18 to 65 years old reported an HPV test within the past five years. Ninety-four percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within last three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years).

Colorectal Cancer Screening

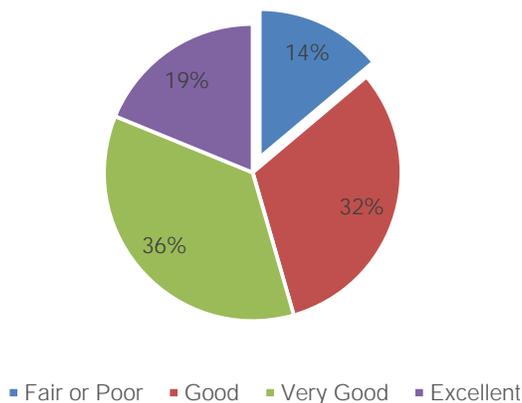
In 2015, 70% of respondents met the current colorectal cancer screening recommendations. Eleven percent of respondents 50 years and older reported a blood stool test with the past year. Four percent of respondents 50 years and older reported a sigmoidoscopy within the past five years while sixty-seven percent reported a colonoscopy within the past ten years.

HEALTH OUTCOMES

Overall Health

In 2015, 55% of respondents reported their health as excellent or very good; 14% reported fair or poor. In 2013, 54% of Wisconsin respondents reported their health as excellent or very good while 15% reported fair or poor, and 53% of U.S. respondents reported their health as excellent or very good while 17% reported fair or poor.⁶

Rate Own Health for 2015



Source: Wauwatosa Community Health Survey, 2015

- From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported fair or poor health.
- The respondents who reported fair or poor health were more likely:
 - To have some post high school education or less
 - In the middle 20 percent of household income bracket or bottom 40 percent of household income bracket
 - Unmarried
 - Inactive

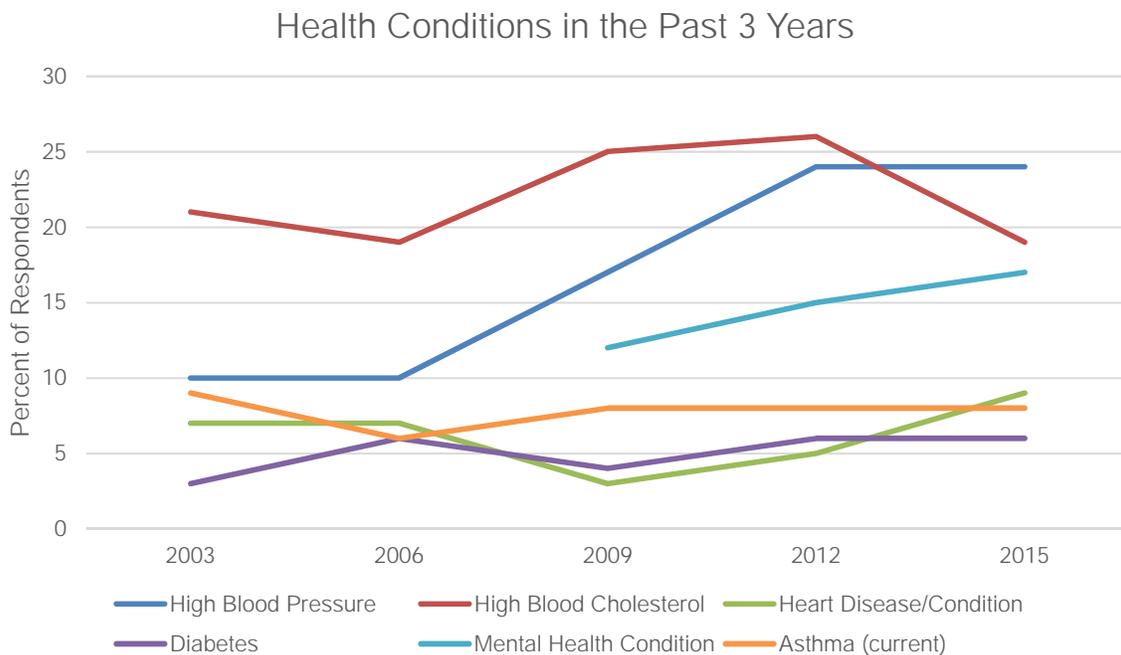
⁶ 2013 Behavior Risk Factor Surveillance: <https://www.cdc.gov/brfss/index.html>

Mental Health

Mental Health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and providing the ability to adapt to change and cope with adversity. A person struggling with mental health may experience stress, depression, anxiety, relationship problems, grief, addiction, learning disabilities, mood disorders, or mental health illnesses of varying degrees. In 2015, **4% of Wauwatosa respondents reported they always or nearly always felt sad, blue or depressed in the past thirty days.** Respondents who were 55 to 64 years old, with a high school education or less, or unmarried were more likely to report this. **Four percent of respondents felt so overwhelmed they considered suicide in the past year.** Respondents with a high school education or less or unmarried respondents were more likely to report suicidal thoughts. **Three percent of respondents reported they seldom or never find meaning and purpose in daily life.**

Health Conditions in the Past 3 Years

Respondents were asked a series of questions regarding health conditions they experienced in the past three years or if they had a current diagnosis of asthma. Out of the six health conditions asked about, the three most often mentioned were high blood pressure (24%), high blood cholesterol (19%) or a mental health condition (17%).



Source: Wauwatosa Community Health Survey, 2015

High Blood Pressure

In 2015, 24% of survey respondents reported high blood pressure in the past three years. Of the respondents who reported high blood pressure, 98% had it under control through medication, exercise or lifestyle changes. Those reporting high blood pressure were more likely to be:

- 65 years and older
- those with a high school education or less
- in the middle 20 percent household income bracket
- unmarried
- overweight
- inactive

High Blood Cholesterol

In 2015, 19% of survey respondents reported high blood cholesterol in the past three years. Of the respondents who reported high blood cholesterol, 89% had it under control through medication, exercise or lifestyle changes. Those reporting high blood cholesterol were more likely to be:

- 65 years and older (41%) or 55-64 years old (39%)
- overweight

Mental Health Condition

From 2009 to 2015, there was a statistical increase in the overall percent of respondents reporting a mental health condition. In 2015, 17% of respondents reported a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder or depression in the past three years. Of the respondents who reported a mental health condition, 87% had it under control through medication, therapy or lifestyle changes. Those reporting a mental health condition were more likely to be:

- female
- 18-34 years old
- with a high school education or less
- in the bottom 40 percent household income bracket
- unmarried

Leading Causes of Death

In 2015, the leading causes of death among Wauwatosa residents were:

- Diseases of the heart
- Cancers
- Accidents
- Cerebrovascular diseases
- Alzheimer's disease
- Chronic lower respiratory diseases
- Diabetes

YOUTH in Wauwatosa

In 2015, Wauwatosa residents who responded to the [Wauwatosa Community Health Survey](#) were asked if they had one or more children in the house. If the answer was yes, the respondent had the opportunity to answer additional questions about their child's health and behavior. Of the households surveyed, 11% had one child living in the home and 22% had two or more children living in the home. For those with 2 or more children, a random child was selected for the respondent to discuss. Sixty-three percent of the children discussed were 12 years old or younger and thirty-seven percent were 13 to 17 years old. Sixty-three percent of the children discussed were male and thirty-seven percent were female.

Summary of findings from residents with children in the household:

Child has a personal health doctor/nurse who knows child well or is familiar with health history	93%
Visited personal doctor/nurse for preventive care (past 12 months)	88%
Did not receive medical care when needed (past 12 months)	<1%
Did not receive dental care when needed (past 12 months)	0%
Has current asthma	8%
Seldom or never feels safe in the neighborhood	0%
For children 5 to 17 years old:	
Fruit intake (2+ servings/day)	83%
Vegetable intake (3+ servings/day) <ul style="list-style-type: none"> Respondents in the top 40% income bracket were less likely to report that their child ate 3+ servings of vegetables on an average day (13% compared to 35% from respondents in the bottom 60% of household income). 	21%
Physical Activity (60 minutes on 5 or more days/week) <ul style="list-style-type: none"> Seventy-eight percent of respondents speaking on behalf of a son reported their child did physical activity five times per week for at least 60 minutes each time compared to 56% speaking on behalf of their daughter. Eighty percent of respondents speaking on behalf of a child 13 to 17 years old reported their child was physically active at least five times a week for 60 minutes or more compared to 60% of respondents speaking on behalf of their 5 to 12 year old child. 	71%
For children 8 to 17 years old:	
Always or nearly always unhappy, sad or depressed (past 6 months)	2%
Experienced some form of bullying (past 12 months)	15%
Verbally bullied	12%
Physically bullied	3%
Cyber bullied	2%

Source: Wauwatosa Community Health Survey, 2015

Wauwatosa Youth Risk Behavior Survey (YRBS), 2015
DEMOGRAPHICS and SOCIAL DETERMINANTS OF HEALTH

At the time of the survey, 2182 high school students were enrolled in public Wauwatosa High Schools. Four hundred and twenty students completed the survey; each percentage point represents four students.

Social determinants of health are elements in the environment in which youth live, learn, and play that shape their long-term physical, mental, emotional, and social health and well-being. Looking at social determinants of health allow us to explore a wide range of factors that may influence individual behaviors and health outcomes. The table below shows indicators we selected from the Wauwatosa Youth Risk Behavior Survey as social determinants of health: family support, school connectedness, school safety and neighborhood safety.

Wauwatosa resident			77%
Gender	Male	52%	
	Female	48	
Grade	9 th grade	29%	
	10 th grade	31	
	11 th grade	22	
	12 th grade	18	

Agree or strongly agree that their family loves them and gives them help and support when they need it	87%
Agree or strongly agree that their teachers really care about them and give them a lot of encouragement	64%
Agree or strongly agree that they belong at their school	66%
Have ≥1 teacher or other adult in the school that they can talk to if they have a problem	74%
Did not go to school ≥1 day in the past 30 days because they felt they would be unsafe at school or on their way to school	8%
Responded that someone had tried to hurt them by hitting, punching or kicking them while on school property ≥1 time during the past 12 months	15%
Were bullied on school property ≥1 time during the past 12 months	25%
Ever been electronically bullied during the past 12 months	13%
Mostly or always feel safe and secure in their neighborhood	86%

Source: Wauwatosa Youth Risk Behavior Survey, 2015

BEHAVIORS

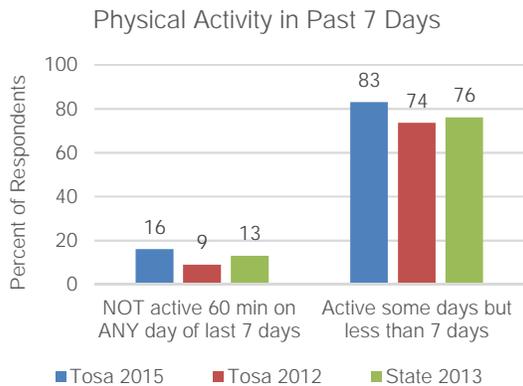
Youth responses are summarized in the following tables. Where available, Wisconsin Youth Risk Behavior Survey (YRBS) data and Healthy People 2020 goals are included so we can compare Wauwatosa responses to state data and national benchmarks.

<i>Nutrition and Healthy Eating</i>	2015 Tosa	2012 Tosa	2013 WI
Drank a can, bottle or glass of soda ≥ 1 time in past 7 days	70%	74%	74%
Drank a can, bottle or glass of soda ≥ 1 time per day in past 7 days	6%	10%	11%
Drank a can, bottle or glass of soda ≥ 3 times per day in past 7 days	2%	6%	6%
Did NOT eat fruit ≥1 time in past 7 days	6%	7%	4%
Did NOT eat vegetables during the past 7 days	6%	11%	n/a
Ate breakfast on all of the past 7 days	38%	42%	38%
Eat meals with one or more adults in your home ≥ 4 times a week	66%	63%	n/a
Most of the time or always went hungry because there was not enough food in the home during the past 30 days	3%	3%	n/a
Trying to lose weight	43%	37%	43%

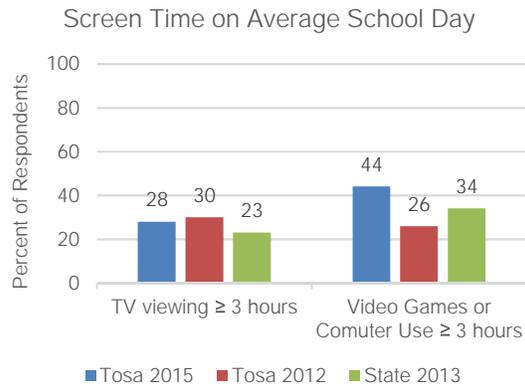
Source: Wauwatosa Youth Risk Behavior Survey, 2015

Physical Activity and Screen Time

Children and adolescents aged 6-17 years should have 60 minutes (1 hour) or more of physical activity each day. Most of the 60 minutes of activity should be either moderate- or vigorous-intensity aerobic physical activity and should include vigorous-intensity physical activity, muscle strengthening physical activity, and bone-strengthening physical activity at least 3 days of the week.⁷



Source: Wauwatosa Youth Risk Behavior Survey, 2015



Source: Wauwatosa Youth Risk Behavior Survey, 2015

⁷ U.S. Department of Health and Human Services. *Physical Activity Guidelines for Americans*. Washington, DC: U.S. Department of Health and Human Services; 2008.

<i>Tobacco Use</i>	2015 Tosa	2012 Tosa	2013 WI
Ever tried cigarette smoking, even 1 or 2 puffs	18%	29%	33%
Smoked a whole cigarette for the first time before age 13 years	3%	4%	7%
Smoked cigarettes \geq 1 time in past 30 days	8%	11%	12%
Used chewing tobacco, snug, or dip \geq 1 time in past 30 days	2%	2%	8%
Smoked cigars, cigarillos, or little cigars \geq 1 time in past 30 days	5%	2%	8%
Used electronic cigarettes in the past 30 days	11%	n/a	n/a

<i>Alcohol Use</i>	2015 Tosa	2012 Tosa	2013 WI
Had at least one drink of alcohol \geq 1 time in their life	57%	56%	66%
Had first drink of alcohol other than a few sips before age 13 years	10%	14%	15%
Had at least one drink of alcohol \geq 1 time in past 30 days	26%	30%	33%
Had \geq 5 drinks of alcohol within a couple of hours \geq 1 time in last 30 days	13%	15%	18%

<i>Other Substance Use</i>	2015 Tosa	2012 Tosa	2013 WI
Used marijuana \geq 1 time in their life	30%	35%	31%
Tried marijuana for the first time before age 13 years	2%	7%	6%
Used marijuana \geq 1 time in past 30 days	15%	20%	20%
Ever taken a prescription drug (e.g. OxyContin, Vicodin, codeine, Adderall, Ritalin, Xanax) without a doctor's prescription	11%	12%	15%
Taken a prescription drug without a prescription \geq 1 time in past 30 days	7%	6%	n/a
Used any form of cocaine \geq 1 time in their life	2%	2%	5%
Sniffed glue, breathed contents of aerosol spray cans, or inhaled any paints or sprays to get high \geq 1 time in their life	5%	5%	6%
Used methamphetamines \geq 1 time in their life	.5%	2%	2.5% (2012)
Used heroin \geq 1 time in their life	0%	1%	1% (2012)
Used hallucinogenic drugs \geq 1 time in their life	6%	7%	n/a
Taken over the counter drugs to get high \geq 1 time in their life	4%	5%	7%
Anyone offered, sold, or given them an illegal drug on school property in the past 12 months	14%	14%	18%
Agree or strongly agree that illegal drugs are a problem at school	43%	42%	n/a

Source: Wauwatosa Youth Risk Behavior Survey, 2015

Unintentional Injuries

Preventable injury is the number one cause of death among children age 19 and younger in the U.S. The most common cause of death from unintentional injury for children is motor vehicle crashes; other leading causes include suffocation, drowning, poisoning, fires, and falls. Six percent of Wauwatosa YRBS respondents reported that they never or rarely wore a seatbelt when riding in a car driving by someone else (10.3% among statewide respondents in 2013). Eighteen percent of Wauwatosa YRBS respondents reported that they rode in a car or other vehicle driven by someone who had been drinking alcohol at least once in the last month (22% among statewide respondents in 2013).

Reproductive and Sexual Health

Twenty-four percent of Wauwatosa YRBS respondents reported ever having sexual intercourse. This percentage is lower than the statewide response of 35% (2013) but higher than the Healthy People 2020 Goal of 20%. Of the Wauwatosa teens reporting having had sex:

- 4% reported having had sexual intercourse with ≥ 4 people in their life
- 15% reported having had sexual intercourse with ≥ 1 person in the past 3 months
- 15% reported that they drank alcohol or used drugs before last sexual intercourse
- 72% used a condom during last sexual intercourse
- 26% used birth control pills, Depo-Provera, Nuva Ring or an IUD to prevent pregnancy before last sexual intercourse
- 5% did not use any method of birth control to prevent pregnancy
- 2% have been told (ever) that they had a sexually transmitted disease (STD)

HEALTH OUTCOMES

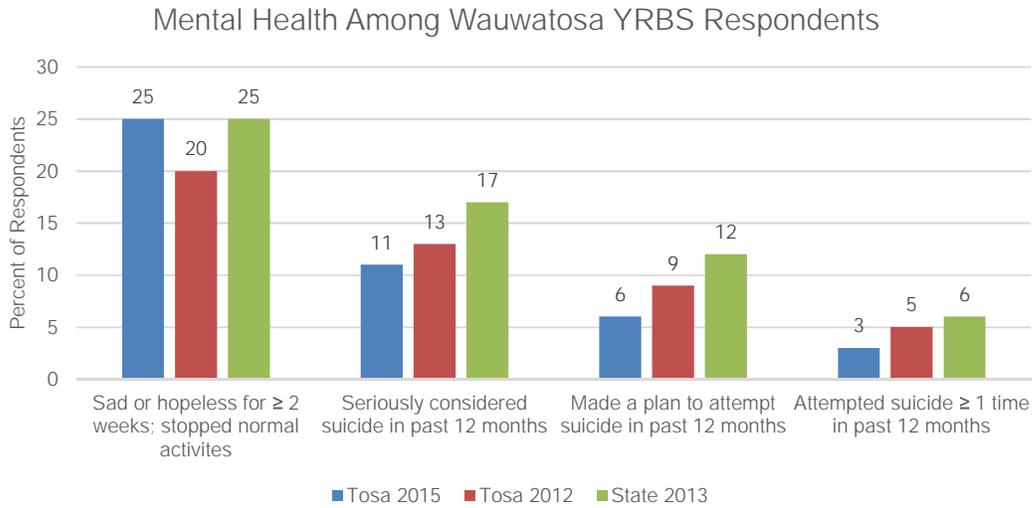
Overall Health

Wauwatosa youth have shown a downward trend in their response to describing their general health. Only 55% of youth reported their health in general as good or excellent, compared to 68% in 2012 and 2010. Sixty-two percent of Wisconsin youth responding to the statewide YRBS reported that their general health was good or excellent. Sixty-two percent of Wauwatosa youth reported that their physical health was not good on at least one of the past thirty days (compared to 51% of statewide respondents). Thirty-three percent of Wauwatosa youth report getting at least 8 hours of sleep on a school night; the Healthy People 2020 goal for youth receiving at least 8 hours of sleep on a school night is 33%.

Mental Health

Mental health in youth includes emotional, psychological and social well-being that allows children and teens to successfully navigate the complexities of life, develop fulfilling relationships, adapt to change, realize their potential, and have their needs met. Children and youth will experience short or transient types of emotional distress such as depression and anxiety as they develop and mature. While most youth are healthy, about 20% of youth ages

13-18 in the United States live with a mental health condition.⁸ The YRBS gives us data on youth depression and suicide for mental health indicators.



Source: Wauwatosa Youth Risk Behavior Survey, 2015

⁸ Mental Health Facts: Children and Teens. <https://www.nami.org/getattachment/Learn-More/Mental-Health-by-the-Numbers/childrenmhfacts.pdf> and National Institute of Mental Health. www.nimh.nih.gov

KEY FINDINGS

In general, residents agree that Wauwatosa is a healthy and safe community to live, work, raise children, and progress through various life stages. They appreciate access to parks and trails, strong schools, safe neighborhoods, local health care network, and variety of healthy and affordable food options.

The Wauwatosa community benefits from a solid network of public and private organizations committed to improving the wellbeing of local residents. Community partners recognize the need to improve communication strategies, share data, coordinate and evaluate efforts to maximize the efficiency and effectiveness of local programming.

Survey data and resident input show that common risk behaviors (observed and reported) include excessive alcohol intake, lack of recommended physical activity, and low vegetable intake and distracted driving. Mental health continues to be a concern of residents across the lifespan. The overuse of electronic devices in youth is showing an impact on their sleep and mental health and should be monitored and addressed. The national opioid epidemic is a growing public health concern and should continue to be monitored at the local level.

In current and future programming, special attention should be made to ensure that access is available to all ages and abilities. Offer and communicate programs and classes adapted for those with disabilities and at various ages.

NEXT STEPS

In Fall 2017, the Wauwatosa Health Department will bring together the Healthy Wauwatosa Committee to review health assessment data, determine health priorities, and develop a 5-year Community Health Improvement Plan (CHIP) related to their identified priorities.

The Healthy Wauwatosa Committee will keep the community up to date on the progress of the health priorities selected through our website, newsletters, and social media.

For a community to be full and healthy, it must be based on people's love and concern for each other.

- Millard Fuller

City Administrator 2017 Goals

Success in Communications by the end of 2017

In 2017 the City of Wauwatosa Common Council made a policy decision to critically focus on communications efforts through the creation of a Communications Manager. The structure of the position as adopted is within the Administrative Services Budget and reporting to the City Administrator. There are numerous undefined and subtle aspects to this position. Not the least of these, though answered in the budget discussion in part, is that the Communications Manager is not to serve any individual political purposes or elected official but rather serve the City as an entity and in its collective interest.

After a thorough recruitment process, Melissa Weiss joined our team in this role in mid-April and will be working in a number of key areas to enhance communications in 2017. It is my intent to facilitate success by providing prioritization, organizational latitude and authority, and supervision to enable strategic focus undiluted by tactical requests.

1. One of the main initiatives is creation of a new city website. This project is being led by Information Systems with key input from the Communications Manager on how to leverage our online presence into a more engaging and robust communications vehicle for the City. The goal for 2017 is to hire a company to design the website for a 2018 go live date yet to be determined.
2. Another key measure of success for the Communications Manager is the creation of a new, more visually appealing citizen newsletter. The strategic communications intent of this document will also be shifted towards sharing critical updates on larger projects, such as planning efforts underway. The goal for 2017 will be to issue two editions of the newly revitalized citizen newsletter.
3. For a few years we have had City of Wauwatosa social media accounts on Facebook and Twitter, but they have lacked followers and impact. A 2017 communications goal is to create a strategic communications strategy for these accounts to increase followers and also to improve on the content shared with the public through these vehicles. This work is well underway with an increase of 7% to our Facebook followers in the month since Melissa Weiss started. We should expect to see steady and consistent growth in this area through the end of the year.
4. In the past, we have made efforts to provide some means of communicating administrative initiatives related to projects or areas of focus likely of interest to elected officials and staff. This has always failed for lack of consistency due to the commitment of resources, notably time. Over the course of this year we intend to provide not less than a monthly Administrative Briefing highlighting topics that either the intended audience will want to know or should know. We will be looking to feedback in writing as well as by 'open rate' to judge the usefulness of this effort.

5. In cooperation with the Finance Department and Administration we will be streamlining the executive summary in the budget utilizing this portion of the budget document as a strategic communication vehicle with the public.
6. The final item of import that indicates success in 2017 is the development of a communications strategic plan. All Wauwatosa stakeholders have desires to improve communications and suggestions of starting points for this work. The Communications Manager will streamline these visions into a communications strategy to guide and focus our efforts for 2018 and beyond.

Out of all the initiatives that the City has undertaken over the past several years, the policy to create a Communications Manager function under Administration has both the most beneficial potential impact, if successful, yet the most divergent opinions as to what success may look like and therefore risk of failure. These are perhaps seemingly simple, limited goals, yet the intent is to do what I can to effectuate implementation of this significant policy decision of the Common Council. I think focusing on these areas will offer the most consistent sense of success and aid in bridging divergent opinions. Over time we will be able to leverage the successes of 2017 into more innovative communications strategies for Wauwatosa.

CITY ADMINISTRATOR GOAL(S)

Implement and Support the Common Council Policy
Decision to Create an Administrative Communications
Function

TWO DISTINCT PURPOSES

- 1 Context of the Communications Function
- 2 Content of the Activities within the Communications Function

Context of the Communications Function

- This function relates to the Dichotomy of Public Policy and Public Administration
 - *On the one end is the establishment of public policy*
 - *On the other is the implementation and maintenance of adopted public policy*
- 1887 Woodrow Wilson
 - *“Who shall make law and what shall it be?” (Public Policy)*
 - *“How should the law be administered?” (Public Administration)*
- Why does context matter?
 - *Nearly 50 year history of our organizational structure*
 - *To the extent possible ALL staff should avoid questions of policy not established yet promote openly policy once adopted*
 - *Communications Function serves the collective interest the elected body not any individual elected official or policy objective*

Content of the Activities within the Communications Function

- New City Website
 - *Live by the end of 2018 Q1*
- New City Newsletter
 - *Reformat and Reconsider Content*
- Communications Strategy for Social Media
 - *Significant increase in posts and followers*
- Consistent Administrative Briefing
 - *Not less than monthly through the end of 2017*
- Streamline the Executive Summary of the 2018 Budget
 - *Intended to provide improved public understanding of the document*
- Development of a Communications Strategic Plan
 - *2018 Q1 develop a comprehensive plan for utilization of various media for specific messaging*