



HEALTHY HALES CORNERS 2020

A call to action for individuals, families, and the community:

Reduce Alcohol and Drug Abuse

Promote Emotional Well-Being

Prevent Violence

Community Health Improvement Plan for Living Better, Longer



Public Health
Prevent. Promote. Protect.

Hales Corners Health Department

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Message from the Hales Corners Health Officer

Dear Hales Corners Community Members,

I am proud to present *Healthy Hales Corners 2020: A Community Health Improvement Plan For Living Better, Longer*. The Hales Corners Health Department's mission is to protect and promote the health of all people in Hales Corners. The Health Department envisions all individuals achieving their highest potential for wellness as they live, work, play and learn in our community. Efforts to achieve health goals involve utilizing community assessment, policy development, and assurance while planning public health programs. These programs form the backbone of Health Department activities and services.

Healthy Hales Corners 2020 represents the fulfillment of a statutory requirement for every public health department in Wisconsin to create a community health improvement plan every five years. To that end, a comprehensive needs assessment process included an opportunity for local partners to identify our community's most important health concerns and to provide benchmarks for monitoring change. As we move forward, opportunities for many groups to plan and act together will contribute to successful outcomes for *Healthy Hales Corners 2020*.

The State Health Plan, *Healthiest Wisconsin 2020*, was used as a framework for identifying priority objectives to improve health and quality of life for residents of Hales Corners as well as the State of Wisconsin. The vision of *Healthiest Wisconsin 2020* is everyone living better, longer. Integrating our local data with the state public health plan resulted in the identification of three Focus Areas for Hales Corners to aspire to achieve over the next five years. The Focus Areas for *Healthy Hales Corners 2020* are:

- Reduce Alcohol and Drug Abuse
- Promote Emotional Well-Being
- Prevent Violence

The Hales Corners Health Department and Board of Health believe a healthy community is a shared responsibility. Achieving health and wellness depends on valued partnerships within our community. We invite input from Hales Corners residents as *Healthy Hales Corners 2020* belongs to the community and is an ongoing effort to live better, longer.

In good health,

Kathleen Radloff

Kathleen Radloff, RN
Hales Corners Health Officer

Acknowledgements

The Community Health Improvement Plan (CHIP) for the Village of Hales Corners, *Healthy Hales Corners 2020*, is the result of valuable contributions by many community members. We wish to thank those who have given their time and contributed knowledge and expertise of the community to develop this health improvement plan.

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Mary Steinbrenner, Congregational Care Director, Hales Corners Lutheran Church

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Jennifer Freiheit, Bay View Advanced Management, LLC, was consulted to serve as the Community Health Improvement Planner and Editor of this Community Health Improvement Plan.

Dedication

Healthy Hales Corners 2020 is dedicated to the citizens who strive to make our community a safe and healthy place to live, work, play and learn.

A Public Health Overview

Every community has its own unique local public health system, comprised of multiple and diverse public and private entities and partners (e.g., schools, businesses, agencies, faith communities, non-profit organizations, media) that contribute toward healthy living conditions. The Health Department is the foundation of that local public health system. As such, the Health Department serves, at various times, as a leader, convener, participant and supporter of public health efforts to improve the health of the community as a whole. Public health measures include safe food; clean air; pure drinking water; clean pools; childhood vaccines; emergency preparedness, response, and recovery; injury prevention; communicable disease prevention and control; and chronic disease risk reduction through the promotion of healthy behaviors.

Wisconsin's public health system is organized around three core functions and 10 essential services. The three core functions are:

Assessment - all activities involved in community diagnosis such as disease surveillance, identifying current and emerging needs, analyzing the underlying causes of problems, collecting and interpreting data, case finding, monitoring and forecasting trends, research and evaluation of outcomes.

Policy Development - the process by which communities make decisions about problems, choose goals and proper means to reach them, handle conflicting views about what should be done, and allocate resources.

Assurance - to make certain that necessary services for a community are provided to reach agreed-upon goals, either by encouraging public, private, non-profit, civic, and voluntary sector action, by requiring it, or by providing services directly.

The ten essential services are:

Monitor the health status of populations to identify and solve community health problems.

Investigate and diagnose community health problems and health hazards.

Inform and educate individuals about health issues.

Mobilize public and private sector collaboration and action to identify and solve health problems.

Develop policies, plans, and programs that support individual and community health efforts.

Enforce statutes and rules that protect health and ensure safety.

Link individuals to needed personal health services.

Assure a competent public health workforce.

Evaluate effectiveness, accessibility, and quality of personal population-based health services.

Provide research to develop insights into and innovative solutions for health problems.

The vision statement of the Hales Corners Health Department (HCHD) is “Through services based on prevention, education and promotion of healthy lifestyles, create an environment to optimize the health of Hales Corners residents.” The mission statement is “The Hales Corners Health Department will provide leadership to protect and promote the health of Hales Corners residents.” Consistent with the state’s public health goals, the Hales Corners Health Department seeks to improve health across the lifespan and achieve health equity in the community.

The HCHD is governed by a Board of Health and Board of Trustees. Board of Health members are appointed by the Village President and include, but are not limited to, elected officials, medical doctors, educators, nurses, and organization partners. All members are required to be Hales Corners residents. The Board of Health’s major function is to assess the health needs of the community, establish policy and program direction, and assure that local services are responsive to the health needs of the community.

A local Health Officer, under statutory authority, oversees the health of the community as a whole and administers the department. Daily responsibilities include enforcing regulations and village ordinances, administering funds for health programs, assuring a trained and competent workforce, and promoting the spread of information as to the causes, nature and prevention of diseases and the improvement of health. In addition to the Health Officer, HCHD staffing consists of a .6 full-time equivalent (FTE) public health nurse, a .5 FTE administrative assistant, and a .2 FTE registered sanitarian.

The Health Officer prepares an annual budget based on municipal tax dollars. In addition, the HCHD may receive grant dollars from the Wisconsin Department of Health Services. In general, grant amounts depend on the level of service provided by the health department and the health needs of the population it serves. Grant funds received by the HCHD vary annually, but may include: Preventive Health, Immunization, Maternal and Child Health, Environmental Health, and Emergency Preparedness.

Community Profile

The Village of Hales Corners is located in Milwaukee County, Wisconsin, and occupies an area of 3.2 square miles. The City of Greenfield is located to the north of the Village, the Village of Greendale is to the east, the City of Franklin is to the south, and the City of New Berlin is to the west. The Village is located approximately 20 miles southwest of the City of Milwaukee and borders Waukesha County. Hales Corners was established as an unincorporated village in 1924 and was incorporated as a village on January 30, 1952.

The population of Hales Corners is 7,670. The median age in the Village is 44 years. There are approximately 3,333 households in the Village, with the average household size being 2.29 persons. Median annual household income was \$63,260 in 2013. In 2010, over 93% of persons age 25 or older were high school graduates, with 35% obtaining a bachelor's degree or higher. Roughly 47.6% of the population are male and roughly 52.4% of the population are female. Roughly 5% of the population are under 5 years of age, 55.7% are between the ages of 18 and 64, and 18.5% are 65 years and over. Estimated race distribution is: 91.6% white, 1% black or African American, 0.5% American Indian and Alaska Native, 1.7% Asian, 4.3% Hispanic or Latino, <1% other race, 1.2% two or more races.

The Village is currently governed by a Village President and six Trustees. A Village Administrator is responsible for the daily operations of the Village. The Village has its own Police Department, Public Works Department, Health Department, Fire Department, and Library. Local law enforcement consists of 17 sworn personnel and civilian dispatch. Fire and EMT-Basic services are provided by the Village with a combination department of three full-time personnel, paid-on-call and paid-on-premise personnel, and three DPW personnel that are cross-trained in firefighting. The Health Department is staffed by 2.3 FTEs and is a Level I department as certified by the Wisconsin Department of Health Services. Emergency Management is primarily coordinated through Milwaukee County with the Village being part of the Zone D sub-area (Franklin, Greendale, Greenfield, and Hales Corners).

The Village is served by the Whitnall School District with two public elementary schools located within the community: Hales Corners Elementary and Edgerton Elementary Schools. In addition, four private elementary/middle schools are located within Hales Corners: St. Mary Parish School, Hales Corners Lutheran Elementary School, Hales Corners Lutheran Middle School, and Messiah Lutheran School. Two pre-schools operate within the Village: Park's Edge Preschool and the Academy of Preschool Learning.

The Village is essentially built-out; therefore the supply of land is fixed. The majority of housing stock is single-family residential, with 65% of homes constructed between 1950 and 1970. The 2010 census data revealed that 62% of Hales Corners housing units are owner-occupied and 38% are renter-occupied. In 2010, the median home value was \$226,900. Hales Corners is well-supplied with senior housing, with Forest Acres and Forest Ridge Senior Community providing 261 units. The Village of Hales Corners Historic Preservation Commission surveyed and identified approximately 15 structures potentially eligible for the National Register of Historic Places in 2002.

STH 100/South 108th Street is a highway under the jurisdiction of the Wisconsin Department of Transportation that bisects the Village, effectively dividing the community into an east and west side. The Village street system consists of freeways, arterials, collectors, and local streets. There is ready access to interstate highways, with STH 100 being a major commuter route to downtown

Milwaukee. Several streets function to move traffic through an area, including 92nd Street, 108th Street, 124th Street, Janesville Road, and Forest Home Avenue. The Milwaukee County Transit System operates public bus service in the Village; however, routes and schedules have been pared back as Milwaukee County deals with budget constraints. Transportation for senior citizens is provided by the Milwaukee County Department on Aging. There is sporadic sidewalk development throughout the Village; however, sidewalks are now required when construction or development occurs. There are no rail lines in the Village.

The Village does not have land that is being farmed. Several streams add scenic value to the community. Kelly Lake is located at the northwest corner of the Village, with a portion of the lake being in the City of New Berlin.

Some areas of the Village are served by a public water system, Milwaukee Water Works, while other areas remain dependent upon individual or community wells. The Village has three storm water retention ponds that are designed to control the rates of discharge of storm water during heavy rains. Waste water is handled by the Milwaukee Metropolitan Sewerage District as part of a regional waste water system. The Village is comprised mostly of street sections with roadside ditches.

Milwaukee County operates two parks within the Village. Hales Corners Park is approximately 35 acres in area and offers various amenities including a swimming pool and a separate wading pool. Whitnall Park is approximately 638 acres, with approximately 250 acres located within the Village. Within Whitnall Park, a new Boerner Botanical Gardens and Visitors Center was completed in 2003, with The Gardens being regionally and nationally recognized. Cobb Park is a Village-owned park of 5.5 acres and is the site of a Milwaukee County registered landmark, The Hale Summer Kitchen. Another local historical landmark, the Ben Hunt Cabin, was built in 1924 by Hales Corners resident, Walter Bernard “Ben” Hunt. Located on the grounds of the W. Ben Hunt Center just west of the Hales Corners Health Department, the cabin contains interesting artifacts and memorabilia related to Ben Hunt and Native Americans. It is open to the public the first Saturday of the month, May – November and on the 4th of July. Schoetz Park, also Village-owned, is approximately 19 acres with a 1.5 acre recreational pond and six baseball diamonds. Potter Forest is located in Hales Corners but is owned by Milwaukee Public Schools and used as an outdoor classroom for nature studies. The Village is an urbanized community where most wildlife habitat is limited to birds and small animals that have adapted to urban life. Whitnall Park and Potters Forest provide larger areas for wildlife habitat and may accommodate larger animals such as deer and coyote.

The Village is served by two cable/telephone providers with networks to serve every household and most businesses. Electrical needs are met by a regional power grid operated by WE Energies; the Village is fully served by natural gas. A major petroleum pipeline is located along the very western edge of the Village.

Several civic groups are active in the Village, including Whitnall Park Rotary, Chamber of Commerce, Hales Corners Historical Society, Friends of Hales Corners Pool, Woman’s Club, Lions Club, and Boy and Girl Scouts.

Faith communities within the Village include St. Mary Catholic Faith Community, Hales Corners Lutheran Church, Whitnall Park Lutheran Church, Emanuel United Church of Christ, Church of Jesus Christ of Latter Day Saints, Messiah Lutheran Church, and Christ Reformed Baptist Church.

Child care is provided at Park's Edge Preschool and Day Care Center, St. Mary Catholic Faith Community, Hales Corners Lutheran Elementary School, and licensed providers in private homes.

Health care providers located in the Village include the Aurora Health Center, Metro Physicians Wheaton Franciscan Medical Group, Ophthalmology Associates, Healthwise Chiropractic Spinal Health and Wellness Center, and several private providers. Dental care providers are located throughout the Village as well. Adult Day Care, Assisted Living Facilities, and a Nursing Home provide short and long term care for individuals within the community.

Over 300 businesses exist within the Village. Holz Motors, a very prominent Hales Corners business and community partner, was founded in 1914 and is still owned by the Holz family. It remains at its original location at 5961 S. 108th Street. Other businesses include grocery stores, pharmacies, banks, restaurants, retail stores, massage establishments, a bed and breakfast establishment, veterinary clinics, a pet store, funeral directors, a car dealership, and a radio station.

Sources: Village of Hales Corners Comprehensive Plan, 12/28/09 (www.halescorners.org); Census, 2010 (www.census.gov)

Community Health Improvement Plan Process

By state mandate, local public health departments are required to conduct an ongoing community assessment every 5 years to determine local public health strengths and needs and to develop a strategic health planning process as a foundation for community programming.

In 2012 and 2015, the Hales Corners Health Department partnered with Aurora Health Care, Children's Hospital of Wisconsin, Columbia St. Mary's Health System, Froedtert Health, Wheaton Franciscan Healthcare, and the Center for Urban Population Health to conduct a Community Health Assessment (CHA). This phone survey provided information about the health and related behaviors of 400 community residents. The purpose of the assessment was to:

- Gather specific data on behavioral and lifestyle habits of the resident population
- Gather data on the occurrence of risk factors and disease conditions within the adult population
- Compare health data of residents to county, state, and national measurements for evaluation

Survey respondents were scientifically selected so that the survey would be representative of all Hales Corners adults with telephones in their homes. Telephone interviews were completed between March 16 and June 29, 2015. The survey was conducted by JKV Research, LLC, through a grant provided by Aurora Health Care. Details about data collection and analysis are included in the comprehensive report, which is available by accessing the Village website at www.halescorners.org.

Community Health Assessment results were analyzed along with other data for the community. Supplementary data sources are reviewed on a consistent basis and include US Census Bureau data on population and housing characteristics, communicable disease surveillance program data, environmental health program data, Wisconsin Immunization Registry data, Women, Infants, and Children program data, and Hales Corners birth and death data.

The Hales Corners Health Department consulted with municipal and community members to share the report and gather information for moving forward with the Community Health Improvement Plan. Results and future direction were also discussed with Board of Health members. Input was used in determining health priorities (or focus areas) for this five-year plan. Through the leadership of the health department, this process engaged the community in identifying health priorities and necessary actions to mutually address health issues of importance in Hales Corners.

Community Health Survey Findings

Key findings from the 2015 community health survey are found in Tables 1 and 2. Table 1 presents the demographic profile of the survey respondents. Table 2 presents the health behavior data, lifestyle habits and the presence of risk factors and disease conditions of the survey respondents. When reviewing the data, each percentage point represents approximately 60 adults. For example, 14% reporting that their health was fair or poor equates to about 840 residents ± 300 individuals (5% margin of error). Some of the questions ask about households. In those questions, each percentage point represents about 30 households.

Similar community health surveys were conducted in Hales Corners in 2009 and 2012, providing an opportunity for year comparisons.

Table 1:

Demographic Profile of the 2015 Hales Corners Community Health Survey

Weighted Demographic Variables of Survey Respondents for 2015

| | Survey Results |
|------------------------------|----------------|
| TOTAL | 100% |
| Gender | |
| Male | 45% |
| Female | 56 |
| Age | |
| 18 to 34 | 21% |
| 35 to 44 | 15 |
| 45 to 54 | 23 |
| 55 to 64 | 18 |
| 65 and Older | 23 |
| Education | |
| High School Graduate or Less | 22% |
| Some Post High School | 33 |
| College Graduate | 45 |
| Household Income | |
| Bottom 40 Percent Bracket | 21% |
| Middle 20 Percent Bracket | 13 |
| Top 40 Percent Bracket | 47 |
| Not Sure/No Answer | 19 |
| Married | 69% |

Table 2:

Behavioral Data & Prevalence of Risk Factors & Disease Conditions of Hales Corners Residents

| | | | | | | | |
|--|-------------|-------------|-------------|---|-------------|-------------|-------------|
| Overall Health | | | | Other Tobacco Products in Past Month | | | |
| Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> | Hales Corners | | | <u>2015</u> |
| Excellent | 18% | 21% | 15% | Smokeless Tobacco | | | 2% |
| Very Good | 46% | 39% | 44% | Electronic Cigarettes | | | 2% |
| Fair or Poor | 14% | 14% | 12% | Cigars, Cigarillos or Little Cigars | | | 2% |
| Health Care Coverage | | | | Alcohol Use in Past Month | | | |
| Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> | Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> |
| Not Covered | | | | Binge Drinker | 20% | 24% | 25% |
| Personally (currently) | 3% | 5% | 1% | Household Problems Associated With... | | | |
| Personally (past 12 months) | 7% | 9% | 2% | Hales Corners | | <u>2012</u> | <u>2015</u> |
| Household Member (past 12 months) | 9% | 9% | 3% | Alcohol | | 2% | 1% |
| Health Conditions in Past 3 Years | | | | Marijuana | | 2% | <1% |
| Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> | Cocaine, Heroin or Other Street Drugs | | | 0% |
| High Blood Pressure | 25% | 29% | 31% | Misuse of Prescription or OTC Drugs | | 0% | <1% |
| High Blood Cholesterol | 25% | 27% | 22% | Distracted Driving | | | |
| Heart Disease/Condition | 10% | 8% | 18% | Hales Corners | | | <u>2015</u> |
| Asthma (Current) | 8% | 10% | 13% | Driving with Technology Distractions (1+ times/day) | | | 14% |
| Mental Health Condition | 13% | 17% | 11% | Driving with Other Distractions (1+ times/day) | | | 16% |
| Diabetes | 7% | 6% | 6% | Mental Health Status | | | |
| Routine Procedures | | | | Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> |
| Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> | Felt Sad, Blue or Depressed | | | |
| Routine Checkup (2 years or less) | 86% | 84% | 86% | Always/Nearly Always | 2% | 2% | 10% |
| Cholesterol Test (4 years or less) | 81% | 82% | 80% | Find Meaning & Purpose in Daily Life | | | |
| Dental Checkup (past year) | 78% | 77% | 70% | Seldom/Never | 3% | 4% | 2% |
| Eye Exam (past year) | 49% | 38% | 46% | Considered Suicide (past year) | 2% | 1% | 2% |
| Physical Health | | | | Children in Household | | | |
| Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> | Hales Corners | | <u>2012</u> | <u>2015</u> |
| Physical Activity/Week | | | | Visited Personal Doctor/Nurse for | | | |
| Moderate Activity (5 times/30 min) | 26% | 37% | 42% | Preventive Care (past 12 months) | | 86% | 98% |
| Vigorous Activity (3 times/20 min) | 19% | 29% | 25% | Current Asthma | | 4% | 5% |
| Recommended Moderate or Vigorous | 38% | 51% | 51% | Children 8 to 17 Years Old | | | |
| Overweight | 59% | 53% | 74% | Unhappy, Sad or Depressed | | | |
| Tobacco Cigarette Use | | | | Always/Nearly Always (past 6 months) | | 2% | 21% |
| Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> | Personal Safety in Past Year | | | |
| Current Smokers (past 30 days) | 15% | 17% | 13% | Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> |
| Of Current Smokers... | | | | Afraid for Their Safety | 5% | 3% | 3% |
| Quit Smoking 1 Day or More in Past | | | | Pushed, Kicked, Slapped or Hit | 5% | 1% | <1% |
| Year Because Trying to Quit | 51% | 69% | 75% | At Least One of the Safety Issues | 7% | 4% | 3% |
| Saw a Health Care Professional Past Yr. | | | | Top Community Health Issues | | | |
| And Advised to Quit Smoking | 89% | 80% | 48% | Hales Corners | | <u>2012</u> | <u>2015</u> |
| Exposure to Smoke | | | | Chronic Diseases | | 56% | 68% |
| Hales Corners | <u>2009</u> | <u>2012</u> | <u>2015</u> | Alcohol or Drug Use | | 57% | 60% |
| Smoking Policy at Home | | | | Mental Health or Depression | | 24% | 24% |
| Not allowed anywhere | 78% | 82% | 90% | Infectious Diseases | | 19% | 11% |
| Allowed in some places/at some times | 9% | 8% | 3% | Violence | | 53% | 10% |
| Allowed anywhere | 2% | 1% | 2% | Teen Pregnancy | | 34% | 10% |
| No rules inside home | 11% | 9% | 6% | Lead Poisoning | | <1% | 4% |
| Nonsmokers Exposed to Second-Hand | | | | Infant Mortality | | 26% | <1% |
| Smoke in Past Seven Days | 22% | 9% | 12% | | | | |

Survey Highlights For Overall Health

- In 2015, 59% of respondents reported their health as excellent or very good; 12% reported fair or poor. Respondents with some high school education or less, in the middle 20 percent household income bracket, inactive or smokers were more likely to report fair or poor conditions. *From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting fair or poor health.*
- In 2015, 1% of respondents reported they were not currently covered by health care insurance. Two percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months. *From 2003 to 2015, the overall percent statistically decreased for respondents 18 and older who reported no current personal health care coverage. From 2009 to 2015, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months.*
- In 2015, out of six health conditions listed, the two most often mentioned in the past three years were high blood pressure (31%) and high blood cholesterol (22%). *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported high blood pressure or high blood cholesterol.*
- In 2015, 10% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past 30 days.*
- In 2015, 13% of respondents were current tobacco cigarette smokers; this percentage was lower than the Wisconsin and national average of 19%. *From 2003 to 2015, there was a statistical decrease in the overall percent of current tobacco cigarette smokers.*
- In 2015, 90% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. *From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home.*
- In 2015, 25% of respondents were binge drinkers in the past month. Respondents who were 18 to 64 years old, with some post high school education, in the top 60 percent household income bracket or married were more likely to have binged at least once in the past month. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month.*
- In 2015, 3% of respondents reported someone made them afraid for their personal safety in the past year. Less than one percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 3% reported at least one of these two situations. *From 2003 to 2015, there was no statistical change in the overall*

percent of respondents reporting they were afraid for their personal safety or they were pushed, kicked, slapped or hit in the past year.

- *Twenty-one percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. From 2012 to 2015, there was a statistical increase in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months.*
- *In 2015, respondents were asked to pick the top three health issues in Hales Corners out of eight listed. The most often cited were chronic diseases (68%), alcohol/drug use (60%), and mental health/depression (24%). Respondents who were 18 to 34 years old, with some post high school education or married were more likely to report alcohol/drug use as a top health issue. Respondents who were male or 45 to 54 years old were more likely to report mental health/depression. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported alcohol/drug use or mental health/depression.*

Hales Corners CHIP Health Focus Areas

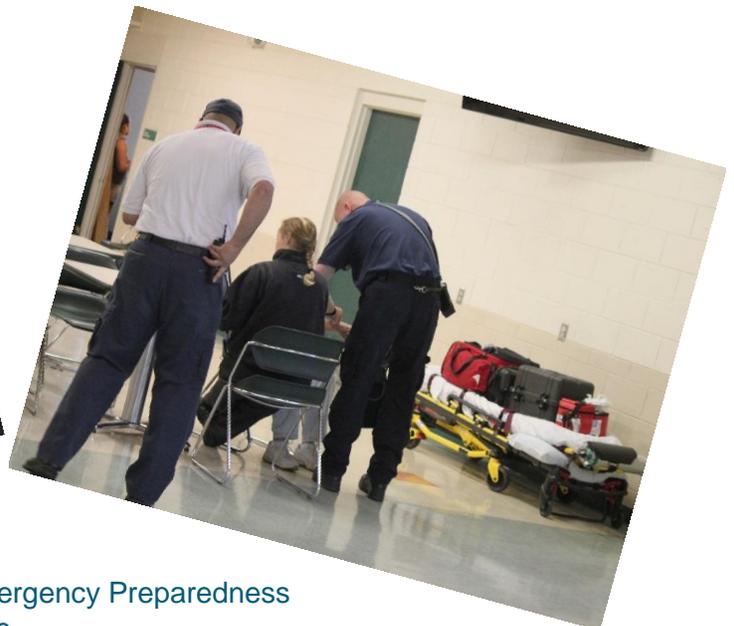
Three health issues clearly emerged as priorities for the Hales Corners community based on community input and review of the data. The top health focus areas are:

1. Reduce alcohol and drug abuse
2. Promote emotional well being
3. Prevent violence

These three focus areas will guide educational, programmatic and policy attention for the next five years. The HCHD, community partners, and residents developed goals and comprehensive action plans to address the health focus areas and engage the community in making Hales Corners a healthier place to live and work.

It is important to note that several public health program areas were deemed very important during the strategic planning process, including those required by law. The HCHD and community partners have several programs in place to address these other health topics and are collaborating to improve upon existing efforts. Additional policies and procedures are in place for the following health programs:

- Emergency Preparedness
- Environmental Health
- Vaccine-Preventable Diseases and Immunizations
- Communicable Diseases
- School and Childcare Center Health Promotion



2016 Wisconsin Public Health Emergency Preparedness Full-Scale Exercise

Health Focus Area #1

Reduce Alcohol and Drug Abuse

What is alcohol and drug abuse?

Alcohol and drug abuse refers to any use of a substance such as alcohol, prescription drugs or illegal mood-altering substances that results in negative consequences.

Alcohol and drug abuse can lead to serious health risks including unintentional injuries (traffic injuries, falls, drownings), domestic violence, risky sexual behavior, poor birth outcomes, development of chronic diseases (cirrroses, neurological impairment), binge and underage drinking, and death due to chronic abuse, overdose and fatal injuries.

Why is reducing alcohol and drug abuse a Hales Corners CHIP focus area?

- Alcohol-related deaths are the fourth leading cause of death in Wisconsin (behind heart disease, cancer and stroke).
- In 2015, 25% of Hales Corners adult residents reported binge drinking, an increase of 1% since 2012.
- Hales Corners community members have ranked alcohol or drug use as the number one health concern faced in their community.
- Non-medical use of prescription and over the counter medicines remains a significant part of the teen drug problem.
- In the 2013 Monitoring the Future Study, 15% of high school seniors used a prescription drug non-medically in the past year.
- Abuse of illicit drugs such as cocaine, heroin, marijuana, methamphetamine and opiate-based prescription drugs, including oxycodone and hydrocodone, remain a cause for concern among respondents to the 2015 CHA survey.
- Prescription drugs, illicit drugs and OTC medications were the underlying cause of death for 97% of all Wisconsin poisoning deaths in 2013.
- Drug overdose deaths in Wisconsin doubled from 2004 to 2013.

What are the Hales Corners CHIP overall goals for reducing alcohol and drug abuse?

- By December 31, 2020, the HCHD will reduce the percentage of Hales Corners adults who abuse alcohol by binge drinking from 25% to 22%.
- By December 31, 2020, the HCHD will provide drug abuse education to 25% of households in Hales Corners.

What individuals and families can do:

- Know where teenagers are, who is driving, and if alcohol or drugs will be present. Be the late-night taxi.
- Do not provide alcohol to minors.
- Take outdated prescription medicines to the police station for safe disposal.

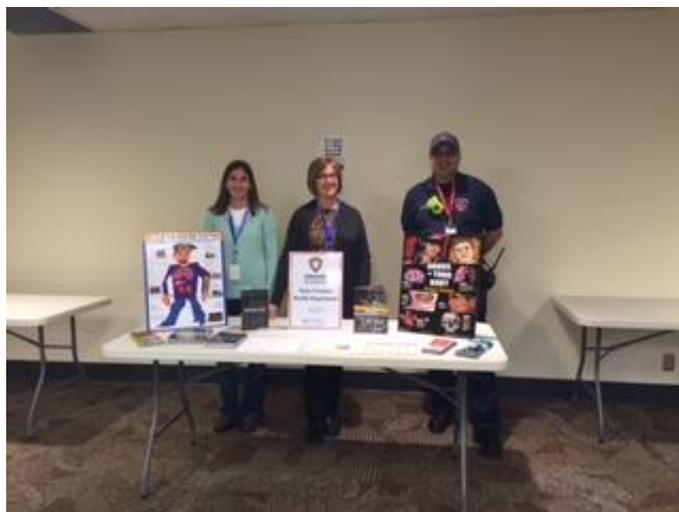
- Lock all prescription medicine away where only parents can access as needed.
- Remind grandparents to take the same precautions with their prescription medicines (or anyone else who watches children).
- Have open discussions about the dangers and consequences of underage drinking.

What community partners can do:

- Provide information about drinking cessation and drug abuse resources and programs.
- Educate about Wisconsin laws regarding supplying alcohol to minors.
- Change school signs before events such as prom to promote awareness of the event and the dangers of underage drinking throughout the community.
- Offer a variety of alcohol reduction and drug abuse activities and support as well as alcohol-free events.
- Create school curriculum that addresses the dangers of alcohol and drug abuse.
- Conduct a community-wide media campaign to raise awareness about alcohol and drug abuse and misuse.
- Localize printed drug and alcohol education materials for distribution through a variety of methods and locations.
- Improve awareness and education related to the effects of alcohol and drugs on chronic health conditions.
- Mobilize youth to educate their peers about the dangers of alcohol and drug abuse.

Key Stakeholders

Hales Corners Health Department
 Hales Corners Village Board
 Hales Corners Police Department
 Hales Corners Fire Department
 Whitnall School District
 Hales Corners Library
 Local Businesses
 Hales Corners Residents
 Hales Corners Faith Communities
 Hales Corners Child Care Providers
 Hales Corners Healthcare Providers



Heroin Summit February 15, 2016 – Whitnall High School

Health Focus Area #2

Promote Emotional Well-Being

What is emotional well-being?

Emotional well-being is a state of positive mental health in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Decreased emotional well-being puts individuals at risk for mental health concerns such as stress, depression and anxiety. These, in turn, can contribute to physical ill health such as sleep disturbances, digestive disorders and general lack of energy.

Why is promoting emotional well-being a Hales Corners CHIP focus area?

- There is a strong relationship between mental and emotional health, physical health and personal well-being.
- In 2015, 10% of Hales Corners adults reported feeling sad, blue, or depressed either always, nearly always or sometimes.
- In 2015, 10% of Hales Corners children 8 to 17 years old were reported as feeling unhappy, sad or depressed always or nearly always.
- Hales Corners community members have voiced the need for increased public information on mental health across the lifespan, and resources available to help those in need.

What are the Hales Corners CHIP overall goals for promoting emotional well-being?

- By December 31, 2020, the percent of Hales Corners adults who feel sad or depressed will be $\leq 8\%$.
- By December 31, 2020, the percent of children in Hales Corners, ages 8 to 17 years old, who are reported as feeling unhappy, sad or depressed always or nearly always will be $\leq 8\%$.
- By December 31, 2020, the HCHD will distribute educational materials to 25% of Hales Corners households to improve perceptions of mental health and mental illness, promote acceptance, eliminate misperceptions, and reduce negative attitudes associated with mental illness.

What individuals and families can do:

- Build strong, positive relationships with family and friends.
- Become more involved in your community (i.e., mentor youth, join a faith community, get to know your neighbors).
- Foster life skills in children, such as positive interpersonal communication, problem solving, and perseverance to develop a strong sense of confidence, independence and resilience.

- Encourage children and adolescents to participate in extra-curricular and out-of-school activities.
- Work to make sure children feel comfortable talking about problems, such as bullying, and seek appropriate assistance as needed.
- Participate in regular exercise, especially outdoor activities.
- For families, plan family meals and technology-free family time.

What community partners can do:

- Implement programs and policies to prevent abuse, bullying, violence and social exclusion.
- Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth, and ensure that youth with such problems are referred to appropriate services.
- Provide education to Hales Corners adults on positive coping skills, conflict resolution skills, and character development to become healthy and resilient.
- Update and disseminate local mental health resources.
- Promote and conduct support groups and programs.
- Educate parents on normal child development and provide early intervention resources.

Key Stakeholders

Hales Corners Health Department
 Hales Corners Village Board
 Hales Corners Police Department
 Hales Corners Fire Department
 Whitnall School District
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Health Focus Area #3 Prevent Violence

What is violence prevention?

Violence is a serious public health problem in the US. From infants to elderly, it affects people in all stages of life. Violence encompasses a wide scope of behaviors from bullying, stalking, and child abuse to sexual assault, domestic violence and elder abuse. Violence and abuse is an unrecognized underlying causes of acute and chronic disease, early mortality, high risk behavior choices and can threaten academic success and economic stability.

Because the term refers to multi-faceted problems or issues, it also requires multi-faceted 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.

Why is preventing violence a Hales Corners CHIP focus area?

- Hales Corners community members have ranked violence as one of the top three health concerns in their community.
- According to the 2015 CHA, 10% of adult respondents reported their 8–17 year old child experienced some form of physical or verbal bullying in the past twelve months.
- According to Hales Corners Police Department statistics for 2010-2014, officers responded to and investigated over 300 incidents of domestic violence.

What is the Hales Corners CHIP overall goal for preventing violence?

- By December 31, 2020, the HCHD will aid to decrease the percentage of Hales Corners community members who feel that violence is one of the Village's top three issues by 3% (from 11% to 8%).
- By December 31, 2020, the Hales Corners Health Department will provide educational materials to 25% of Hales Corners households regarding importance of building strong family relationships and resources for those residents involved in abusive relationships.

What individuals and families can do:

- Develop healthy, respectful, non-violent family relationships.
- Become a role model. Behave the way you want your children to behave.
- Reach out to friends and family to develop a strong support network.
- Help children develop positive problem-solving and negotiation skills by role-playing, games, discussions, etc.
- Use teachable moments to discuss issues currently in the news and media (teen dating, bullying).

- Create calm, stable, and predictable environments.
- Break the cycle of violent forms of discipline.
- Seek help when problems escalate.
- Be supportive and a good listener for someone going through a tough time.

What community partners can do:

- Provide programs related to healthy relationships of all types.
- Provide access to counseling for family relationship issues.
- Provide support groups for individuals in violent relationships and for individuals exposed to domestic violence.
- Build strong neighborhood relationships and encourage community coalitions.
- Support community-building activities such as National Night Out.
- Create resources for assistance and referral
- Encourage social networking opportunities for parents.

Key Stakeholders

- Hales Corners Health Department
- Hales Corners Village Board
- Hales Corners Police Department
- Hales Corners Fire Department
- Hales Corners Faith Communities
- Whitnall School District
- Hales Corners Child Care Providers
- Hales Corners Residents
- Hales Corners Healthcare Providers



Hales Corners Night Out 2016
 (L-R) Kathy Radloff, Mary Lou Bradstreet, Kate Barrett,
 Dawn Mumaw (Southeast Regional Director),
 Curtis Marshall (Southeast Regional Health Educator)



Implementation Process

The HCHD will take a leadership role in coordinating and partnering to implement the *Healthy Hales Corners 2020* community health improvement plan. This will be achieved through the development of health policies and programs that benefit the community as a whole, thereby advocating for best practice public health services and assuring access to these services.

The HCHD sought participation from health organizations, community groups, businesses, health professionals, and residents in reviewing trends, goals and action items. The *Healthy Hales Corners 2020* community health improvement plan is a fluid, living document; it is meant to be influenced by the most current health data and, as such, is open to ongoing assessment and change. Monitoring, input, and evaluation will continue throughout the cycle of this document.

Timeline and Next Steps

The HCHD will work to develop and strengthen community partnerships, provide appropriate training for public health staff, develop and strengthen data collection and surveillance systems, and explore best practice strategies to promote community health. Implementation of *Healthy Hales Corners 2020* will begin in January, 2016 and end in December, 2020.

Stay Up-To-Date With Plans and Progress

Contact the Hales Corners Health Department for additional information on health focus areas, programs, activities, future direction, and opportunities for community feedback and participation.

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