Aurora St. Luke's South Shore
Community Health Implementation Strategy

January 1, 2026 - December 31, 2028

Community health improvement is an effective tool for creating a shared vision and supporting a planned and integrated approach to improving health outcomes. The basic premise of community health improvement is that entities identify community health issues, prioritize those that can be addressed, and then develop, implement, and evaluate strategies to address those issues. Tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) and develop an implementation strategy to document how the hospital will address prioritized community health needs. The following outlines a summary of the CHNA process and provides details on how Aurora St. Lukes South Shore plans to address their prioritized community health needs.

SUMMARY OF CHNA PROCESS

In 2024, Aurora St. Luke South Shore (South Shore) participated with the Milwaukee Health Care Partnership (MHCP) to conduct a collaborative Community Health Needs Assessment (CHNA) in Milwaukee County, which consisted of a comprehensive presentation and analysis of both qualitative and quantitative data.

The Aurora South Shore CHNA relies on two sources of primary data information, gathered through the Milwaukee Health Care Partnership:

Community Health Survey: An online survey of more than 6,200 Milwaukee County residents that addressed adult and child health risk factors, health behaviors and perceptions of pressing community health needs.

Community Partner Interviews: Conducted by health system community benefit leaders with 42 individuals representing 36 key organizations and 11 focus groups to identify community health needs, root causes and contributing social factors. Interviewees offer insight on effective health improvement strategies currently in place as well as suggestions for future opportunities.

Milwaukee County CHNA reports were developed in collaboration with the Center for Urban Population Health and IMPOWER.

Additionally, Aurora Health Care analyzes secondary data, or existing information gathered from various sources, to provide valuable insights and context from the following sources:

Metopio: Aurora Health Care has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available. All data collected through Metopio was quantitative and included data comparisons between county, state and United States data.

County Health Rankings & Roadmaps – Milwaukee County: A program of the University of Wisconsin Population Health Institute and supported by the Robert Wood Johnson Foundation, the County Health Rankings & Roadmaps (CHR&R) provides a snapshot of health for nearly every county in the nation, based on a variety of public health data. CHR&R advocates for an understanding of data and evidence to develop methods to improve health and equity. (County Health Rankings & Roadmaps, About Us, 2024)

Aurora Health Care

Aurora St. Luke's South Shore
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The top health issues identified in the Aurora St. Luke's Medical Center CHNA were:

- Access to Care
- Chronic disease
- Economic and housing opportunities
- Food insecurity
- Maternal, child and reproductive health
- Mental health
- Safety and violence
- Substance use

The top health issues identified were presented to the Aurora South Shore team, and members were asked to rank the issues based on the following criteria: size and seriousness of the problem; effectiveness of available interventions; available resources to address the health issue; whether the health care system is adequately positioned to address the issue; alignment with a defined community need identified through data; potential for the issue to impact other health and social issues; and the ability to effectively address or impact the issue through collaboration.

Using these criteria, Aurora South Shore has prioritized the significant health needs to address in 2026-2028:

Significant Need	Implementation Strategy Selection Reasoning
Access to Care	Access to Care was selected as a priority because it was identified as an urgent health need by the community and is strongly supported by local data. Nearly half of survey respondents ranked access to affordable health care as the top concern, and Milwaukee County continues to experience higher uninsured rates and significant coverage disparities compared to the state overall. Prioritizing access to care creates an opportunity to reduce health inequities, improve health outcomes, and lower avoidable healthcare utilization across Milwaukee County.
Chronic Disease	Chronic disease was selected as a priority for the Community Health Implementation Strategy because it represents a widespread and growing health burden in Milwaukee County and is a leading cause of death. Community surveys identified chronic diseases as one of the most important local health concerns, and supporting data show higher prevalence, mortality, and hospitalization rates compared to state and national averages. Persistent racial and age-related disparities, along with rising emergency department and hospitalization rates for conditions like diabetes, highlight the urgent need for equity-focused, community-driven prevention and management strategies.
Mental Health	Mental health was selected as a priority for the Community Health Implementation Strategy because it is a foundational component of overall health and was consistently identified as a critical concern by both community members and key stakeholders. Mental health affects emotional, psychological, and social well-being, shaping how individuals cope with stress, maintain relationships, make decisions, and function in daily life. Supporting mental health is essential not only to prevent illness but to help individuals and communities thrive.

For each prioritized health need, the hospital plans to commit resources, which may include staff time, information technology systems, outreach, promotions and educational materials, funding, medical supplies, and other resources as available.

PRIORITY: Access to Care

IMPACT:
Improve health among residents by creating conditions that provide accessible, available, affordable, and targeted health care and health services to support everyone's ability to live well.

DESCRIPTION OF HEALTH NEED DATA:

- Milwaukee County has a higher percentage of residents with no health insurance at 9.5% compared to only 7% across the state.
- Access to affordable health care was ranked #1 health need by 47.5% of survey respondents.
- Milwaukee County has significantly higher rates of preventable hospitalizations compared to the state. This can indicate residents are missing preventative care more than residents in other areas of the state.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Milwaukee Health Care Partnership Planned Priorities

- Increase availability, accessibility and acceptability of health care program and services

STATE: State of Wisconsin Health Plan Priorities

- Person and community centered health care

NATIONAL: Healthy People 2030

- Reduce the proportion of people who can't get medical care when they need it

STRATEGY #1: Increase access to medical services to support improved health outcomes

Planned Interventions	Collaborative Partners	Intended Outcomes
• Through participation in the Milwaukee Health Care Partnership Emergency Department Care Coordination (MHCP EDCC) program, link Medicaid-eligible and uninsured patients using the hospital emergency department for primary care with medical homes • Provide prescriptions upon discharge free of costs to under insured patients who lack resources through the Aurora Essential Medication Fund • Complete (Identification of Seniors at Risk) ISAR to support overall treatment and appropriate referral to services	• Milwaukee Health Care Partnership • Aurora Pharmacy • Aurora South Shore Emergency Department	• Improved access to timely primary care • Increased number of patients who are discharged with appropriate outpatient medications

Measures

- Number of prescriptions provided via the Aurora Essential Medication Fund
- Number of referrals
- Number of individuals screened

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Access to Care (CONTINUED)

STRATEGY #2: Increase access to community services

Planned Interventions	Collaborative Partners	Intended Outcomes
• Explore community resource and referral strategies to connect patients to appropriate services • Support the Cudahy Health Department community health improvement plan	• South Shore Emergency Department • Community-based organizations (CBOs) within Findhelp platform • Cudahy Health Department	• Enhanced population health and reduced emergency department visits and readmissions • Increased number of CBO referrals to appropriate services

Measures

- Number of individuals screened
- Number of CBO partnerships
- Progress updates

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Chronic Disease

IMPACT:
Improve overall health and well-being of individuals who suffer from a diagnosed chronic disease.

DESCRIPTION OF HEALTH NEED DATA:

- In Milwaukee County, 23% of the 2024 CHNA respondents named chronic diseases, like diabetes and heart disease, as one of the three most important health issues in Milwaukee.
- Among City of Milwaukee residents, 13.2% reported having a diagnosis of Diabetes compared with 9.1% for the state of Wisconsin.
- Among City of Milwaukee residents, 34.9% reported having a diagnosis of Hypertension compared to 28.3% for the state of Wisconsin.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Cudahy Public Health Department

- Collaboratively with community partners, work to coordinate and implement chronic disease and injury prevention programs and services

STATE: State of Wisconsin Health Plan Priorities

- Person and community centered health care

NATIONAL: Healthy People 2030

- Reduce the proportion of people who can't get medical care when they need it

STRATEGY #1: Increase access to medical services that support improved management of chronic disease

Planned Interventions	Collaborative Partners	Intended Outcomes
• Provide referrals to the Connect to Care Primary Care Program • Receive and coordinate referrals for the Specialty Access for the Uninsured Programs	• Milwaukee Health Care Partnership	• Improved access to timely primary care • Improved access to timely and appropriate specialty care

Measures

- Number of referrals provided
- Percent connected to care

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Chronic Disease (CONTINUED)

STRATEGY #2: Improve chronic disease management through community collaborations

Planned Interventions	Collaborative Partners	Intended Outcomes
• Conduct Sweet Health Diabetes Prevention Program • Conduct Heart and Soul Hypertension Education Program	• Local community partners • Aurora Faith and Health	• Reduced A1C/glucose and 5% weight reduction in participants • Reduced blood pressure and a 5% weight reduction in participants

Measures

- Number of individuals completing Sweet Health DPP
- Number of individuals completing Heart and Soul
- Participant program outcomes

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Mental Health

IMPACT:
Improve mental health among Milwaukee County resident through preventative strategies and increased access to behavioral health services.

DESCRIPTION OF HEALTH NEED DATA:

- Among City of Milwaukee adults, 19% of reported poor mental health in 2022.
- The behavioral health ED visit rate for the City of Milwaukee was significantly higher at 3,066 per 100,000 residents compared to Wisconsin at 1,446 per 100,000 residents.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Cudahy Public Health Department

- Prioritize mental health and wellbeing by fostering community connections and expanding access to trusted mental health resources through events, tools, and partnerships

STATE: State of Wisconsin Health Plan Priorities

- Pursue population-level prevention of and intervention for mental health and substance use issues
- Increase accessibility of mental health and substance use intervention and recovery services

NATIONAL: Healthy People 2030

- Improve mental health

STRATEGY #1: Increase access to behavioral health services

Planned Interventions	Collaborative Partners	Intended Outcomes
• Provide Aurora Behavioral Health resources in the Emergency Department to expedite appropriate referrals and assist with navigation, facilitate interactions with staff, and provide inpatient transfers, appointment scheduling, and motivational interviewing • Enhance the behavioral health - primary care integration model of care by increasing the number of patient contacts	• Aurora Behavioral Health Services	• Increased ED screenings and appropriate referrals for behavioral services • Increased referrals to resources and follow up care • Improved coordination to follow up care

Measures

- Number of ED assessments/screenings
- Number of referrals provided
- Number of referrals to mental health services

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Mental Health (CONTINUED)

STRATEGY #2: Improve mental health through community collaborations

Planned Interventions	Collaborative Partners	Intended Outcomes
• Provide referrals to the ED to Recovery Program to support services for individuals who have experienced a drug overdose • Support Community Health Improvement Planning coalitions • Explore opportunities to increase number of group peer or individual therapy options and sites • Explore opportunities to provide Mental Health First Aid trainings in South Shore Community	• Wisconsin Community Services (WCS) • Local Health Departments • Various community-based organizations	• Increased number of individuals entering treatment programs after ED intervention • Increased knowledge for community members on how to respond to mental health crisis • Increased number of individuals accessing mental health services

Measures

- Number of referrals to WCS
- Number of partnerships/referrals for therapy sessions
- Process measures
- Number of participants for Mental Health First Aid trainings

**Impact measures are subject to change depending on the direction of each intervention.*

Note: Plans to address selected CHNA priorities are dependent upon resources and may be adjusted on an annual basis to best address the health needs of our community.

Needs Not Addressed

This Community Health Implementation Strategy focuses on the above priority health needs selected by the hospital based on community input, available resources, and alignment with organizational and community partner capacity. The Community Health Needs Assessment (CHNA) also identified additional significant health needs, including economic and housing opportunities, food insecurity, and maternal, child and reproductive health, safety and violence, and substance use. These needs, while also important, are not addressed in this CHIS due to factors such as limited hospital resources, the presence of existing initiatives, or a determination that the hospital is not best positioned to lead efforts in these areas at this time. Aurora Health Care will continue to collaborate with community partners and share resources, when appropriate, to support progress on these needs within the community.

Adoption of the Implementation Strategy

The Community Health Implementation Strategy report was adopted by the Aurora Health Care Metro Board, the authorizing body of the hospital, on April 20, 2026.