Aurora Sinai Medical Center 2018 Implementation Strategy Update

In 2013, Aurora Sinai Medical (ASMC) conducted a Community Health Needs Assessment (CHNA) and completed a CHNA Report and Implementation Strategy that was reviewed and adopted by the Social Responsibility Committee of the Aurora Health Care (AHC) Board of Directors on August 9, 2013, and posted to the AHC web site.

In 2016, ASMC completed and published its CHNA Report and 2017-2019 Implementation Strategy, which was adopted by the Social Responsibility Committee of the AHC Board of Directors on August 18, 2016, and posted to AHC web site. Each document provides a comprehensive overview of the community served and significant health needs identified and is available by visiting http://www.aurora.org/commbenefits.

Experience in carrying out the Implementation Strategy in 2017 informed the process for updating it for 2018. As previously, our ASMCS implementation strategy is organized into three main categories in alignment with three core principles of community benefit as shown below.

Category	Community Benefit Core Principle	Focus area
Priority #1: Access	Access for persons in our community with disproportionate unmet health needs	• Access including behavioral health • Health care coverage
Priority #2: Community Health Improvement	Build links between our clinical services and local health department community health improvement plan	• Infant Mortality
Priority #3: Community Benefit Hospital Focus	Address the underlying causes of persistent health problems	• Abuse Response • Nutrition • Hepatitis C

These implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. An annual account of the community benefits we provide can be found by visiting http://www.aurora.org/commbenefits.

We help people live well. As part of Aurora's integrated health care system, our hospital benefits from Aurora's system wide expertise and programing in areas including mental health and cancer care, greatly expanding the scope of options, opportunities and expertise we can offer to our patients in settings across Metro-Milwaukee. When this is the case, you find the IHCS, with measures reflecting regional and/or system-wide targets, tracking and reports.

Principal community health improvement tool: Community Partnerships
For any community health concern, it is widely recognized that a diverse team of engaged community partners is essential for implementing strategic community health improvement initiatives that make a difference. Therefore, we recognize the need to be a good community partner. Our implementation strategies strongly reinforce our role as a partner for community capacity-building to address unmet community health needs.

Special focus: Health Disparities
Providing culturally competent and appropriate care has always been a priority for us in helping people live well. Going forward, in addition to the demographic data already collected by our providers, we will be making an extra effort to collect demographic information on individuals touched by the programs in our Implementation Strategies. This will allow us to take a deeper look at the populations we are serving and enable us to identify disparities and work to address them in the future.

Aurora Health Care is a member of the Milwaukee Health Care Partnership (the Partnership) www.mkehcp.org, a public private consortium dedicated to improving care for underserved populations in Milwaukee County. Through the Partnership, Milwaukee's five health systems and the Milwaukee Health Department, along with the other municipal local health departments in Milwaukee County, aligned resources to complete a shared CHNA in 2013 and 2016. Supported by additional data collection and analysis from the Center for Urban Population Health,

www.cuph.org, this robust community-wide CHNA includes findings from a community health survey of over 5,600 adults, multiple secondary data sources and key informant interviews with forty-one individual interviews and four focus groups. This shared CHNA serves as the foundation for Aurora Health Care and its five hospitals located in Milwaukee County in collaboration with the Partnership to implement strategies to improve health outcomes and reduce disparities.

It is not surprising that we are asked to support a wide array of community activities and events in Milwaukee, North Shore and Wauwatosa. However, today's community health needs require us to reserve limited charitable resources for programs and initiatives that improve access for underserved persons and specifically support community health improvement initiatives, as outlined in this Implementation Strategy.

Focus | Access – Increasing access to care and linkages with medical homes

In 2015, 14% of adults living in the City of Milwaukee, 9% of adults in North Shore and 8% of adults in Wauwatosa reported that they had an unmet medical need. Twenty percent of City of Milwaukee residents, 14% of North Shore residents and 14% of Wauwatosa residents said they delayed medical care due to cost (Source #1). Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability and reduce preventable deaths.[1]

Additionally, 14% of City of Milwaukee residents, 3% of North Shore residents and 5% of Wauwatosa residents reported not having health insurance sometime in the past year. Sixteen percent of City of Milwaukee residents, 4% of North Shore residents and 6% of Wauwatosa residents had a household member who was not covered in the past year. Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.[2]

Based on the key informant findings in all three communities, access to health care services and health insurance coverage emerged as one of the top five health issues for Milwaukee County (CHNA Source #3).

Patients with medical homes benefit from management of their health across the healthcare spectrum. This improves the quality of care patients receive and results in patients with more simplified access to care, a better understanding of their health needs and a greater likelihood to comply with treatment and preventative measures.[3]

Principal partners

- Aurora Health Care Medical Group (AHCMG) Clinics
- Aurora Family Service (AFS)

Community partners

- Bread of Healing (BOH) free clinic
- Progressive Community Health Center

Target populations

- Medicaid-eligible and uninsured patients using the ED for primary care
- Patients using hospital ED for primary care

Activities (next page)

[1] *Healthy People 2020 (HP2020)* – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed September 1, 2015.
[2] *Healthy People 2020(HP2020)* – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed September 1, 2015.
[3] Adamson M. The Patient-Centered Medical Home: An Essential Destination on the Road to Reform. American Health & Drug Benefits. 2011;4(2):122-124.

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
A. Participate in the MHCP Emergency Care Coordination Initiative to link Medicaid-eligible and uninsured patients with medical homes in the Milwaukee area by scheduling appointments in the ED			
Ongoing	Total scheduled appointments	Annual volume	An increased number of Medicaid-eligible and uninsured patients who establish a medical home with an FQHC or free clinic
	Total FQHC scheduled appointments		
	Number of FQHC appointments available within two weeks		
	FQHC appointment show rate	>44%	
B. Triage Medicaid-eligible and uninsured patients in our ED to the 12th Street Urgent Care clinic adjacent to our ED and promote referrals to Kilbourn Avenue Health Center in our physician office building			
Ongoing	Number of patients served	Annual volume	• Expedited care and improved outcomes for patients treated in 12th Street Urgent Care • Improved access for patients to establish a medical home with Kilbourn Avenue Health Center • Decreased utilization of hospital ED for primary care
C. Provide intensive and systematic case-management for hospital ED high utilizers incorporating health care literacy, health care advocacy, health care coordination and health care homes			
Ongoing	Number of patients served	>47	Reduction in number of ED high utilizers

A. MHCP ED Care Coordination Initiative: Includes community-wide ED to Medical Home Care Coordination. Milwaukee County EDs identify target populations, provide patient education and schedule appointments with medical homes. Using MyHealthDIRECT appointment-scheduling technology, community health centers (CHCs) post open appointments. EDs schedule appointments electronically while the patient is at the hospital. Intake coordinators at CHCs reach out to patients prior to first appointment and attempt to reschedule if appointment is not kept. Aurora Health Care is a founding member of the MHCP.

B. Progressive Community Health Centers: Progressive Community Health Centers, a designated FQHC, improves the health and quality of life of the community by providing culturally competent services that address identified needs. The 12th Street Urgent Care clinic at ASMC is adjacent to our ED and the Kilbourn Avenue Health Center provides access to primary care for un- and under-insured patients in our Physician Office Building.

12th Street℠ Urgent Care
Progressive Community Health Centers

Kilbourn Avenue℠ Health Center
Progressive Community Health Centers

C. Coverage to Care (C2C) program: The service delivery of the C2C program a) Focuses on the patient's health beliefs and attempts to reshape those beliefs in a way that promotes effective health care utilization and management; b) Provides patients with necessary knowledge, skills and tools to successfully navigate the health care system and to advocate on their own individual health care needs and preferences; c) Considers the influence of patients' cultural factors and pays particular attention to the impact of social determinants such as poverty, trauma, racism and mental health.

Additional hospital activities

• **Provide prescriptions upon discharge free of cost to uninsured patients who lack resources through the Aurora *Essential Medication Fund***			
Ongoing	Number of prescriptions provided	Annual volume	Improved outcomes for uninsured patients discharged from our care

Focus | Access for refugees IHCS

Refugee Health Coordination Program: A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. Refugees come to the United States through the United Nations High Commissioner for Refugees, which refers them to the U.S. Department of State and Department of Health Services. Once approved, refugees are provided medical insurance and required to receive a health screening within 90 days of being relocated into a new city. In 2015, Aurora Family Service entered into a contract with the Wisconsin Department of Children and Families to provide the coordination of refugee health screenings and primary medical care. Aurora Family Service works in partnership with our medical group to provide screenings and care.

Principal partners

- Aurora Family Service (AFS)
- Aurora Health Care Medical Group Clinics
- Aurora Translation Services
- Aurora Walker's Point Community Clinic (AWPCC)

Community partners

- Bread of Healing (BOH) free clinic

Target population

- Refugees resettled in Milwaukee County

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide the coordination of refugee health screenings and primary medical care**			
Ongoing	Number of Milwaukee County refugees served	Annual volume	All refugees referred to AFS receive required health screenings
	Percent of refugees referred to AFS who receive health screenings	100%	
	Percent of refugee health screenings provided by: – An AHCMG Clinic – BOH – AWPCC	Annual volume	
	Percent of refugees referred who establish care with an Aurora provider (AHCMG, BOH or AWPCC)	>70%	The majority of refugees referred to AFS establish care and a medical home with an Aurora provider or free clinic

Focus | Infant Mortality – four distinct programs aimed at improving the health and well-being of mothers to improve outcomes for babies

Infant Mortality Rate is commonly accepted as a measure of the general health and well-being of a population.[4] From 2012 to 2014, the rate of infants dying before their first birthday in Milwaukee County was 7.2 deaths per 1,000 live births. In 2014, the Milwaukee County infant mortality rate per 1,000 live births by race/ethnicity of the mother was:

- 3.7 White
- 12.7 Black/African American
- 4.9 Hispanic
- 2.4 Laotian/Hmong
- 3.8 Other
- 7.1 Two or more races (Source #2)

HW 2020 identified significant racial and ethnic disparities in birth outcomes in Wisconsin. In Wisconsin and Milwaukee County, infants who are born to Black/African American women have a higher infant mortality rate than those born to white women. Infant mortality is attributable to low birth weights and prematurity.

1. **Family Enrichment Program:** To make the best choice for themselves and their new babies, the program provides parents with support, information and guidance including prenatal care coordination, child care coordination and parenting education.

Principal partners

- Aurora Family Service
- AHCMG Midwifery and Wellness Center
- ASMC Women's Health Center

Community partners

- United Way of Greater Milwaukee
- Wisconsin Division of Health and Human Services

Target population

- Women who deliver at ASMC and whose infant is at risk of infant mortality and child abuse and neglect due to mental health issues, chronic medical issues, multiple parenting stresses and environmental issues

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide home visiting services for expectant and new parents and their families, including ongoing family-centered case management services, in-home parent education, assistance with navigating the health system, support and advocacy, managing stress and anger, completing school and learning skills**			
Ongoing	Total admitted into program	Annual volume	All parents/caregivers admitted to Family Enrichment Program report improvement in parenting/caregiving skills and improvement in coping with and reducing stress, as reported in participant survey
	Percent of parents/caregivers reporting improvement in parenting/caregiving skills	100%	
	Percent of parents/caregivers reporting improvement in coping with and reducing stress		

[4] Milwaukee Health Department – Infant Mortality. Available at: http://city.milwaukee.gov/health/Infant-Mortality#.Vz4DaJWYa70. Accessed May 19, 2016.

2. **CenteringPregnancy:** This model integrates health assessment, education and support into a unified program within a group setting. Women with similar gestational ages meet to learn care skills, participate in a facilitated discussion and develop a support network with other group members.

Principal Partners

- Aurora Midwifery and Wellness Center at ASMC
- ASMC Women's Health Center

Community Partners

- Centering Healthcare Institute

Target population

- Pregnant women receiving Medicaid, but open to any pregnant woman

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide CenteringPregnancy groups**			
Ongoing	Number of CenteringPregnancy groups held	>6	Reduction in infant mortality among participants
	Number of mothers attending CenteringPregnancy groups	>42	
	Percent of staff trained	>28%	
	Percent of babies born prematurely to program participants	<9.6%	Reduced number of premature and low birth weight babies born to program participants
	Percent of infants born low birth weight to program participants	<7.8%	

3. **Maternal Addiction Recovery Center (MARC):** This innovative program provides care for pregnant women who are addicted to opioids (heroin or prescription opioids) through Medication-Assisted Treatment (MAT) interventions which can reduce the potential harm of pre- and post-natal substance exposure to the fetus, integrated Behavioral Health and pre- and post-natal nursing support throughout pregnancy and postpartum, ongoing substance-abuse counseling throughout pregnancy and postpartum, and referral to substance abuse treatment six weeks post-delivery. Healthier outcomes are anticipated for the baby with the mother's increased engagement in therapy and pre-natal care, reducing the effects of neonatal abstinence syndrome (NAS) and the time the baby needs to stay in the neo-natal intensive care unit.

Principal Partners

- ASMC Maternal-Fetal Medicine Department
- ASMC Labor and Delivery Department
- ASMC Neo-natal Intensive Care Unit
- Aurora Psychiatric Hospital Substance Abuse Services
- Aurora Pharmacy
- Aurora Medical Group Behavioral Health Services
- ASMC Outpatient Pharmacy Department

Target population

- Women 18 years and older at any stage in their pregnancy who are addicted to opioids and in our care

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Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide care to pregnant women addicted to opioids**			
Ongoing	Number of women enrolled in program	Annual volume	Reduction in neo-natal syndrome and length of stay in NICU
	Show rate for behavioral health nurse appointments	≥93%	
	Medication compliance rate, antepartum and postpartum	≥89% ≥93%	
	Therapy show rate	≥82%	
	Abstinence rate based on urine drug screenings, antepartum and postpartum	≥95% 100%	
	Average APGAR scores of babies born to mothers enrolled in MARC, at one and five minutes	≥8 ≥9	Reduction in risk(s) for infant mortality
	Average length of stay of babies born with NAS whose mothers were enrolled in MARC*	≤11.7	

*pilot data showed that the average length of stay for babies born with NAS whose mothers were not enrolled in the MARC program was 19 days

4. **Baby Boxes:** A Baby Box is a non-toxic, chemical-free, heavy-duty cardboard box equipped with a mattress and waterproof fitted sheet that provides a safe sleeping environment for a baby's first three months of life. The Baby Box complies with American Academy of Pediatrics recommendations and meets U.S. Product Safety Commission safety regulations. In partnership with Stork and Company, ASMC will provide a box to every mother who delivers at ASMC after she reviews a 20 minute educational video and completes the quiz. In addition, mothers who do not deliver at ASMC, but would like a baby box will be referred to Stork and Company. This will ensure every family will have access to a safe place for their baby to sleep.

Principal Partners

- Aurora Midwifery and Wellness Center at ASMC
- ASMC Women's Health Center

Community Partners

- Stork and Company

Target population

- Women who deliver at ASMC

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide Baby Boxes to all mothers delivering at ASMC** • **Refer mothers who did not deliver at ASMC to Stork and Company**			
Ongoing	Number of Baby Boxes distributed Number of mothers referred	Annual volume	Increased access to a safe sleeping environment for infants

Focus | Aurora Healing and Advocacy Services (at ASMC, Walnut, Bruce and Aurora West Allis Medical Center) – four integrated programs, incorporating mental health

The rate of rape for Milwaukee County was 28 reports per 100,000 persons in 2012.[5] Sexual assault and rape are underreported and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source. Furthermore, in the United States, it is estimated that 27.3% of women and 11.5% of men have experienced contact sexual violence, physical violence or stalking by an intimate partner.[6]

Sexual and intimate partner violence can have harmful and lasting consequences for survivors, families and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks and financial cost to survivors, families and communities.[7]

1. **The Healing Center at Sinai:** Aurora's Sexual Assault Treatment Center (SATC) at ASMC is hospital-based and the only 24-hour emergency sexual assault treatment site in Milwaukee. This program combines aspects of a rape crisis center and a **Sexual Assault Nurse Examiner (SANE) program** to offer trauma-informed and survivor-sensitive services to people of all ages who have been affected. The nurses complete specialized training and receive certification to be a SANE.

Principal Partner

- Aurora Health Care Medical Group Clinics

Community partners

- Sojourner Family Peace Center (SFPC)
- City of Milwaukee Health Department
- Commission on Domestic Violence and Sexual Assault
- Milwaukee County District Attorney Office, Domestic Violence and Sexual Assault Unit
- Multiple community organizations dedicated to serving individuals who have been sexually assaulted
- Greater Milwaukee Foundation

Target population

- Any individual who has been sexually assaulted

Activities (next page)

[5] Wisconsin Department of Justice, Crime in Wisconsin 2012, September 2013. Available at https://wilenet.org/html/justice-programs/programs/justice-stats/library/crime-and-arrest/2012-crime-in-wi.pdf. Accessed February 22, 2016

[6] Centers for Disease Control and Prevention – Intimate Partner Violence Consequences. Available at http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html Accessed May 19, 2016.

[7] Centers for Disease Control and Prevention – Sexual Violence: Consequences. Available at http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html. Accessed July 22, 2015.

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide immediate, acute care and forensic nursing to individuals who have been sexually assaulted** • **Provide community education/prevention/outreach presentations**			
Ongoing	Number of people provided with services and medical care related to sexual assault, by type of victim	Annual volume	Survivors of sexual assault received specialized care
	Number of calls from survivors and the public to the 24-hour crisis phone line		
	Number of personal advocacy and liaison services , by type		
	Number of community education/prevention/outreach presentations	>14	Increased number of survivors accessed appropriate care
	Number of people attending education/prevention/outreach presentations	>628	
• **Innovate new ways to assess, prevent and respond to sexual assault in our community by convening the Milwaukee Sexual Assault Review**			
Through 2018	Number of meetings held	Annual volume	Successful implementation of recommendations
	Number of cases reviewed		
	Number of recommendations made, by level		
	Recommendation milestones		
• **Expand sexual assault forensic nursing and crisis counseling to reach victims in community based programs / settings through Aurora SANE and crisis counselor placed at Sojourner Family Peace Center.**			
Ongoing	Number of people provided with services and medical care related to sexual assault	Annual volume	Increased number of survivors accessed appropriate care

2. **The Healing Center at Bruce (THC):** An off-site program of Aurora Sinai and the only resource in Milwaukee exclusively committed to serving survivors of sexual violence at any point in their recovery and healing process. THC receives referrals from across Southeastern Wisconsin.

Principal Partner

- Aurora Health Care Medical Group Clinics

Community partners

- City of Milwaukee Health Department Commission on Domestic Violence and Sexual Assault
- Milwaukee County District Attorney Office, Domestic Violence and Sexual Assault Unit
- UMOS - Latina Resource Center
- Pathfinders
- Multiple community organizations dedicated to serving individuals who have been sexually assaulted

Target population

- Adults who have been affected by sexual violence

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Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide individual and family counseling for survivors of sexual assault and their families** • **Provide support groups including: Survivors Toward Recovery, Men's Group, Sexual Wholeness, Adult Rape/Sexual Assault, Adults Molested as Children** • **Survey counseling and support group participants for improvements in mental health and coping techniques** • **Conduct community education and sexual assault advocacy training to teach professionals, mental health service providers and community members about sexual violence and how to advocate for survivors**			
Ongoing	Number of individual and support group counseling sessions provided	>523	Improved quality of life (as self-reported)
	Number of individuals served through counseling sessions	>114	
	Number of advocacy services provided	Annual volume	
	Number of individuals surveyed	>23	Improved mental health and use of healthy coping techniques
	Number of individuals in counseling or support groups who report improved mental health	100%	
	Number of individuals in counseling or support groups who report being able to use healthy coping techniques		
	Number of trainings held for professionals, mental health providers and community members	>5	Increased awareness and access to appropriate care
	Number of individuals trained	>368	

3. **Domestic Violence Services**: Provides safe environments with skilled staff at multiple Aurora Health Care settings to promote disclosure of abuse, along with advocacy and counseling services. This enables patients to have confidential access to support services they need in addition to the health care services they seek.

Principal Partner

- Aurora Health Care Medical Group Clinics

Community partners

- Sojourner Family Peace Center
- City of Milwaukee and Milwaukee County Law Enforcement
- Community organizations dedicated to serving individuals who are experiencing domestic violence

Target population

- Individuals experiencing and disclosing domestic violence

Activities (next page)

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide training to physicians, nurses, social workers, medical residents and other health care providers on domestic violence and trauma-informed care at ASMC and Aurora's other Milwaukee County hospitals** • **Serve as a resource for all Aurora staff with questions about referring or treating patients reporting domestic violence** • **Conduct clinical visits with ED patients to provide advocacy and counseling regarding shelters, restraining orders, transportation, additional counseling or other community resources**			
Ongoing	Number of physicians, nurses, social workers, medical residents and other health care providers trained	>940	Survivors of domestic violence received trauma-informed care
	Number of referrals, by type	Annual volumes	
	Number of patients served		
	Number of client contacts, by type		

4. **Safe Mom Safe Baby -** A case-management service providing management and advocacy services to pregnant or recently-delivered women experiencing intimate partner violence.

Principal partners

- Aurora Sinai Women's Health Center
- Aurora Midwifery and Wellness Center
- Additional community providers who deliver at ASMC

Target population

- Women receiving obstetric services at ASMC and other Aurora facilities

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide support to abused pregnant women through case management, education and advocacy, including intensive case management when needed**			
Ongoing	Number of women served	Annual volume	Increased number of women who are safe and deliver healthy babies
	Number of women provided with intensive support		
	Percent of women with improved safety behaviors	≥82%	
	Percent of women who reach full term	≥83%	
	Percent of women who have low birth weight babies	≤28%	

Focus| Nutrition

In 2015, 59% of adults reported eating the recommended fruit servings and 26% reported eating the recommended servings of vegetables (Source #1). Based on the 2015 County Health Rankings for Milwaukee County, 3% of the population had limited access to healthy foods. This was lower than the state (5.0%), and higher than the national benchmark (0% of the population had limited access to healthy foods) (Source #2).

A healthy and balanced diet, including eating fruits and vegetables, is associated with reduced risk for many diseases, including several of the leading causes of death: heart disease, cancer, stroke and diabetes. A poor diet can lead to energy imbalance (e.g., eating more calories than one expends through physical activity) and can increase one's risk for overweight and obesity. Healthy eating helps reduce one's risk for developing osteoporosis, some cancers, anxiety and depression.[8]

Principal partners

- Aurora Sinai Family Care Center
- Aurora Midtown Clinic

Community partner

- Fondy Food Center
- Columbia St. Mary's
- Medical College of Wisconsin

Target population

- Patients seen at the Aurora Sinai Family Care Center and Aurora Midtown Clinic

Activities

Time Frame	Measures to Evaluate	Target/ Tracking	Intended Outcomes
Based upon the evidence-based Wholesome Wave FVRx[9] fruit and vegetable prescription program, provide: • **Nutrition counseling and educational materials** • **Fruit and vegetable prescriptions, written by a medical provider and redeemable at a local food market** • **A guide on shopping at the market including the fruits and vegetables that are available and how to store and use them**			
Ongoing	Number of individuals served (patients and family members)	Annual volume	Increased consumption of fruits and vegetables
	Number of fruit and vegetable prescriptions provided		
	Number of fruit and vegetable prescriptions redeemed		

[8] Centers for Disease Control and Prevention – Physical Activity for a Healthy Weight. Available at http://www.cdc.gov/healthyweight/physical_activity/index.html Accessed September 1, 2015

[9] http://www.wholesomewave.org/

Focus| Hepatitis C Program IHCS

According to the CDC, hepatitis C-related mortality in 2013 surpassed the total combined number of deaths from 60 other infectious diseases. Death certificates often underreport hepatitis C.

The greatest hepatitis C burden falls on baby boomers, those born from 1945 to 1965. Many baby boomers were infected during medical procedures prior to 1985, when injection and blood transfusion technologies were not as safe as they are today. Without diagnosis and treatment, hepatitis C may lead to liver cancer and other life-threatening diseases and may be transmitted to others.[10] In Milwaukee County, almost 285,000 people are aged 50 years or older.[11] In 2014, according to the Wisconsin Division of Public Health[12]:

- Number of newly diagnosed cases of hepatitis C in Milwaukee County – 797
- Milwaukee County hepatitis C incidence rate per 100,000 population – 83.1
- Wisconsin hepatitis C incidence rate per 100,000 population – 56.1
- Median age of death in Wisconsin due to hepatitis C – 57 years
- Hepatitis C is under-reported on death certificates and plays a larger role in premature death in Wisconsin than is recognized.

Principal partners

- AHCMG Clinics
- Aurora Walker's Point Community Clinic

Community partner

- City of Milwaukee Health Department
- AIDS Resource Center
- Refugee Health program
- Sixteenth Street Community Health Center

Target population

- Adults born from 1945 to 1965 residing in the Greater Milwaukee South service area

System Activities – Hepatitis C

Time Frame	Measures to Evaluate	Target/ Tracking	Intended Outcomes
• **Screen and diagnose patients for hepatitis C in primary care and specialty clinics** • **Manage, treat and track all patients diagnosed with hepatitis C** (See ASLMC IS plan)			
Ongoing	Data collected regionally as part of Greater Milwaukee South service area		Increased number of patients with hepatitis C are identified and treated

[10] CDC, http://www.cdc.gov/media/releases/2016/p0504-hepc-mortality.html, accessed May 6, 2016.
[11] American Community Survey, 2014 estimates, http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF, accessed May 6, 2016.
[12] WI DHS, "Wisconsin Hepatitis C Surveillance Study: 2014", https://www.dhs.wisconsin.gov/publications/p00440-2014.pdf, accessed May, 6, 2016.