As an affiliate of Advocate Aurora Health, the leading not-for-profit healthcare provider in eastern Wisconsin and Illinois, our purpose is to help people live well. We recognize our role in addressing concerns about the accessibility and affordability of health care in Brown County. Further, we recognize that we are accountable to our patients and communities, and that our initiatives to support our communities must fit our role as a not-for-profit community hospital.

The implementation strategies presented here are the result of our process for assessing community health needs, obtaining input from community members and public health representatives, prioritizing needs and consulting with our hospital staff and physician partners.

Our implementation strategies are organized into three main categories aligned with three core principles of community benefit:

<table>
<thead>
<tr>
<th>Category</th>
<th>Community Benefit Core Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority #1</strong></td>
<td><strong>Access and Coverage</strong></td>
</tr>
<tr>
<td></td>
<td><em>Increase access for persons in our community with disproportionate unmet health needs. In this section we outline our approach to link our community’s most vulnerable residents with medical care.</em></td>
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<tr>
<td><strong>Priority #2</strong></td>
<td><strong>Community Health Improvement Plan</strong></td>
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<tr>
<td></td>
<td><em>Build links between our clinical services and the local health department community health improvement plan (CHIP). In this priority we outline our approach to addressing behavioral health needs, a top finding in our community.</em></td>
</tr>
<tr>
<td><strong>Priority #3</strong></td>
<td><strong>Build a seamless continuum of care</strong></td>
</tr>
</tbody>
</table>
|               | *Address the underlying causes of persistent health challenges in our community:*  
|               | • Nutrition and physical activity  
|               | • Youth injury prevention  
|               | • Chronic disease  
|               | • Health professions education |

In addition to alignment with community benefit principles, our implementation strategies illustrate the coordination between population health activities within our hospital or clinic walls and outreach activities designed to target the broader community.

**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.

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 [https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/baycare](https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/baycare).

This Community Benefit Implementation Strategy was adopted by the Aurora Health Care Community Board on November 19, 2018.
Priority No. 1: Access, a signature community benefit focus for Aurora Health Care

Target population
Uninsured residents of Brown County

Principal partners
• Aurora Health Care Medical Group (AHCMG)
• BayCare Clinic

Community partners
• North East Wisconsin (N.E.W.) Community Clinic
• University of Wisconsin-Green Bay Health Center
• Family Services of Northeast Wisconsin

Impact goal
Increased access to care

Current findings
In 2015, 2% of the population did not receive needed health care in both Brown County and Wisconsin. According to the Brown County United Way’s 2016 Annual Report, health care needs was the fifth most requested need on the 2-1-1 information and referral service.¹

Our strategy
For our patients
• Provide appropriate follow-up with non-emergent patients using our emergency department (ED) for primary care
• Actively screen patients for coverage through the Marketplace or financial assistance programs and assist with application processes
• Provide access to pediatric specialty care in partnership with UW Health

MEASURES, number of:
• Non-emergent ED visits without a primary care physician
• Individuals seen by an AHCMG primary care provider within 28 days
• Individuals served
• Hours of medical services provided

For our community
• Continue to provide a bilingual AHCMG pediatrician three days per week to deliver medical care for N.E.W. Community Clinic for children and their families who do not have the resources to pay for health services
• Provide financial support to N.E.W. Community Clinic
• Provide nurse practitioner for women’s health services at University of Wisconsin-Green Bay health center
• Support the Well Baby Project, targeting high-risk children by:
  - Screening all labor and delivery patients for risk factors contributing to child abuse and neglect. If a mother is deemed high-risk, a Community Partnership Program staff member provides information about community resources and schedules a home visit with the patient after discharge
  - Providing financial support

MEASURES:
• Number of individuals served
• Hours of medical services provided
• Financial support

Priority No. 2:
Community Health Improvement Plan, focus on Behavioral Health

Target population
Residents of Brown County

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- Aurora Behavioral Health Services (ABHS)
- BayCare Clinic

Community partners
- Willow Creek Behavioral Health
- Bellin
- Prevea
- St. Vincent
- Brown County Public Health

Impact goal
Increased linkages to appropriate care for behavioral health

Current findings
Mental health and alcohol and other drug use (behavioral health) ranked among the top five health issues for Brown County. Brown County adults reported an average of 3.4 mentally unhealthy days in the past 30 days (Source #4). In 2016, there were 55 suicides in Brown County at a rate of 21.3 per 100,000, significantly higher than the Wisconsin rate of 14.9 per 100,000 population. In 2016, 39.2% of adults in Brown County reported binge drinking in the past month, and the rate of age-adjusted opioid-related hospital encounters was 311.4 per 100,000 population.

Our strategy

For our patients
- Provide depression screening to all internal medicine, family practice, pediatrics and obstetrics/gynecology patients
- Provide linkages to Willow Creek Behavioral Health for patients who present in our ED with a behavioral health complaint
- Provide behavioral health referrals through our telepsychiatric program

MEASURES:
- Rate of patients screened
- Number of patients discharged to Willow Creek

For our community
- Provide a suboxone clinic, located in the AHCMG Family Practice clinic in our Sports Medicine Building, to assist in addressing opioid drug addiction
- Provide financial support for the Jackie Nitschke Center, a local alcohol and other drug abuse treatment center, through 2019 “A Cause to Celebrate” fundraising event
- Designate an Aurora team member to serve on the Healthy Brown County 2020 alcohol and drug use action group
- Provide financial support to Brown County Coalition for Suicide Prevention “Be the Light” walk

MEASURES:
- Number of patients treated
- Financial support provided
- Progress milestones in Brown County plan
Priority No. 3:
Community benefit hospital focus on nutrition and physical activity

**Target population**
Residents of Brown County

**Principal partners**
- Aurora Health Care Medical Group (AHCMG)
- BayCare Clinic

**Community partner**
Brown County Health Department

**Impact goal**
Increased opportunity for physical activity and good nutrition

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**Current findings**
Physical activity and nutrition ranked among the top five health issues for Brown County. In 2016, 71.6% of adults in Brown County reported engaging in any leisure-time physical activity, lower than the Wisconsin rate of 80.9%. Based on the 2018 County Health Rankings for Brown County, 6% of the population had limited access to healthy foods.²

**Our strategy**

**For our patients**
- ABMC Wellness Manager will engage employees in fitness programs supported by our hospital

**MEASURES, number of:**
- Employees with ABMC fitness center membership
- Employees participating in the LiveFit: Prescription program

**For our community**
- Actively participate in and financially support Live54218, a community obesity prevention initiative
- Organize, promote and financially support the 3rd Annual Open Streets Green Bay to provide 2.5 miles of open street access for residents to engage in physical activity and explore many of the streets in Green Bay on foot or bicycle that otherwise can only be traveled by car
- Sponsor and host the Spooky Sprint, a 1K, 5K and 10k run/walk, with a portion of the proceeds going to Sting Cancer, a passionate and committed collaboration of local high school students and staff dedicated to reducing the effects of cancer by initiating and supporting programs and activities for the school and its community
- Participate in the Beyond Health Food and Nutrition Subcommittee
- Provide financial support to the Green Bay YMCA Strong Kids Campaign to assist needy families with membership costs

**MEASURES:**
- Number of participants
- Financial support
- Progress milestones in Beyond Health Food and Nutrition Subcommittee

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² Note: Limited access to healthy foods captures the percentage of the population who are low income and do not live close to a grocery store. In rural areas, living close to a grocery store means living less than 10 miles from a grocery store whereas in non-rural areas it is less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200% of the federal poverty threshold for the family size. Available at http://www.countyhealthrankings.org/app/wisconsin/2017/measure/factors/133/description. Accessed February 8, 2018.
Priority No. 3:
Community benefit hospital focus on youth injury prevention

Current findings
In 2012, Wisconsin governor Scott Walker signed into law Assembly Bill 259, which created statutes relating to concussions and other head injuries sustained during youth athletic activities.\(^1\),\(^2\) This law requires that any “person who is suspected of sustaining a concussion or head injury in a youth athletic activity shall be removed from the youth athletic activity immediately,” and that such a person “may not participate in a youth athletic activity until he or she is evaluated by a health care provider who has been trained in the evaluation and management of concussion and head injuries.”\(^3\)

Our strategy
For our community

- Partner with area school systems to offer free pre-season baseline concussion screenings
- Partner with ACHMG staff for a consistent approach to post-concussion injury management including post-concussion testing and Return to Learn/Return to Play guidance
- Provide licensed athletic trainer and physician support for high school athletic events to deliver first aid, provide medical support and field and equipment inspection
- Provide non-concussion injury and illness care including assessment, treatment, rehabilitation, Return to Play decision-making, and communication between the physician, coach and family
- Provide administrative services to establish athletic event venue emergency plans, manage site medical supplies, maintain electronic medical records, and analyze and report on injury trends
- Provide free health screenings and injury assessments by our licensed athletic trainers

MEASURES:
- Baseline concussion screenings provided
- Student athletes treated for a concussion (with previous concussion baseline screening)
- Number of free health screenings and injury assessments provided

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Priority No. 3: Community benefit hospital focus on chronic disease

Current findings
Chronic disease ranked among the top five health issues for Brown County. In 2016, 12% of Brown County adults reported diabetes, doubling the 2014 rates. This is significantly higher than the state rate of 8.5%. The 2010-2014 cancer age-adjusted incidence rate in Brown County was 461.0 per 100,000 population, slightly higher compared to the state at 459.0 per 100,000. Additionally, within Aurora’s care population are an estimated 8,000 people with undiagnosed hepatitis C, and over 37,000 in the state.\(^6\)

Our strategy

For our patients
• As part of a system-wide population health strategy, identify and screen clinic patients at risk for hepatitis C; treat those who test positive

**MEASURES, number of:**
• Hepatitis C data collected regionally as part of Aurora Health Care Green Bay, Manitowoc & Marinette service area

For our community
• Provide two evidence-based *Healthy Living with Diabetes* programs per year, free and open to the public, to cover understanding diabetes, getting the right healthcare, monitoring blood glucose, learning about food and diabetes, adding activity to one’s life, understanding medications and living with diabetes
• In partnership with BayCare Clinic, provide skin cancer screening at a variety of community events
• Provide financial support and distribute cancer prevention educational material at Making Strides Against Breast Cancer walk
• Host breast cancer support groups at our hospital
• Continue financial support for the Colon Cancer Coalition
• Continue financial support of American Cancer Society
• Provide community education on the risk factors, early warning signs of heart attack and stroke
• Continue annual financial support of American Heart Association
• Provide support for the Crohn’s and Colitis Foundation of Green Bay’s annual Crohn’s Walk
• Provide financial support to community stroke education event

**MEASURES:**
• Number of sessions provided; attendees
• Number of individuals screened
• Financial support provided

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Priority No. 3: Community benefit hospital focus on workforce development

Current findings
The ratio of population to primary care physicians in Brown County was 1,410:1 as compared to the state’s 1,250:1 (Source #4). Primary care physicians include practicing physicians specializing in general medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology.

Our strategy
For our community
- Serve as a learning site for University of Wisconsin WARM program third- and fourth-year medical students, with affiliated practices and coordination at distant sites for elective rotations in anesthesiology, internal medicine, neuroscience, OB/GYN, pediatrics, primary care, radiology, surgery, and other clinical experiences
- Provide scholarships for paramedics, in partnership with Board Certified Emergency Physicians, to offer each spring and fall semester:
  - (2) $500 Emergency Medical Technicians (EMT) scholarships
  - (1) $500 advanced EMT scholarship and
  - (2) $1,000 paramedic scholarships
- Host EMT Huddle sessions with a guest speaker for EMTs from the surrounding area with presentations based on educational needs identified in previous huddle evaluations

MEASURES, number of:
- WARM students participating in ABMC rotation
- WARM students going on to post-graduate medical education programs in primary care
- WARM students passing standardized examination results
- Scholarships provided
- Scholarship recipients remaining in surrounding communities
- EMT Huddles provided; attendees

Target population
Residents of Brown County

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- BayCare Clinic

Community partners
- University of Wisconsin – Wisconsin Academy for Rural Medicine (WARM)
- Local EMT services

Impact goal
Increased number of providers within Brown County

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