Advocate Aurora Health (AAH) is among the 10 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 70,000 team members, including more than 22,000 nurses and the region’s largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. As an AAH hospital, we recognize our role in addressing concerns about the accessibility and affordability of health care in Milwaukee 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 full Milwaukee County Community Health Needs Assessment Report is available here: www.aurora.org/commbenefits.
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>
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</table>
| **Priority #1** | **Access and Coverage**  
*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.* |
| **Priority #2** | **Community Health Improvement Plan**  
*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 needs assessment.* |
| **Priority #3** | **Social Determinants of Health**  
*In alignment with the Advocate Aurora Health Community Strategy, this section describes our approach to addressing social determinants of health, the structural elements and conditions of our communities that influence the health of residents.* |

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.

For the purposes of data collection and Implementation Strategy planning, Milwaukee County was divided into five regions. The regions include the City of Milwaukee, Cudahy/Oak Creek/St. Francis/South Milwaukee (referred to as “South Shore”), Franklin/Greendale/Greenfield/Hales Corners (referred to as the “Southwest” region), Wauwatosa/West Allis/West Milwaukee (referred to as the “West” region), and Bayside/Brown Deer/Fox Point/Glendale/River Hills/Shorewood/Whitefish Bay (referred to as “North Shore”). Based on patient population and hospital location, the following report looks at the data and strategies relative to the City of Milwaukee, North Shore, and West regions.

**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 our community benefits can be found by visiting [http://www.aurora.org/commbenefits](http://www.aurora.org/commbenefits).

This Community Benefit Implementation Strategy was adopted by the Aurora Health Care Community Board on December 2, 2019.
Priority No. 1:
Access, a signature community benefit focus for Aurora Health Care

Current findings
In 2018, 8% of Milwaukee County respondents had an unmet medical need in the past 12 months, as did 9% of City of Milwaukee residents, 8% of North Shore residents, and 7% of Wauwatosa/West Allis/West Milwaukee residents. Access to health care was ranked as a top issue by community members and key stakeholders (Sources #1, #3).

Our strategy
For our patients
• Provide appointments and referrals as appropriate for patients using our emergency department (ED) for primary and dental care, including those who are Medicaid-eligible and uninsured. Linkages will be made to AHCMG providers, Federally Qualified Health Centers (FQHC), and community clinics, through participation in the MHCP ED Care Coordination (MHCP EDCC) program and in partnership with Progressive Community Health Centers
  - Past impact: 3,369 appointments were scheduled in our ED through the MHCP EDCC program in 2017 and 2018
• Continue our Coverage to Care (C2C) program, launched in 2017, to provide intensive and systematic case-management for hospital ED high utilizers, incorporating health care literacy, health care advocacy, health care coordination and medical homes
  - Past impact: 597 individuals were served through C2C at ASMC in 2017 and 2018 with a 43% reduction in their ED visits
• Through the Refugee Health Coordination program, provide the coordination of refugee health screenings and primary medical care
  - Past impact: 728 Milwaukee County refugees were served in 2017 and 2018
• Provide prescriptions upon discharge free of cost to uninsured patients who lack resources through the Aurora Essential Medication Fund
  - Past impact: 644 prescriptions were provided in 2017 and 2018

MEASURES, number of:
• Non-emergent ED visits without a primary care physician; seen by an AHCMG primary care provider within 28 days
• Referrals provided, by type and FQHC or community clinic site
• Individuals served, by program
• Prescriptions provided
For our community

• NEW: Partner with the Returning Citizen program, linking formerly incarcerated individuals with a medical home

• NEW: Improve the care of LGBTQ individuals by becoming a local and national leader in LGBTQ patient care, education, research, and advocacy. To ensure a safe and welcoming care environment for LGBTQ members of our community we will:
  - Maintain a Human Rights Campaign (HRC) Healthcare Equity Index (HEI) accreditation. This rating evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors, and employees. HEI score criteria include non-discrimination and staff training, patient services and support, employee benefits and policies, and patient and community engagement (https://www.hrc.org/hei)
  - Support all other Advocate Aurora Hospitals in the work to achieve HEI accreditation
  - Lead the selection of site champions, task forces, and an ombudsperson who will serve as a liaison for LGBTQ patients to resolve issues
  - Provide continuing education opportunities for Advocate Aurora team members on culturally competent LGBTQ healthcare and health disparities
  - Partner with community organizations including the Cream City Foundation, LGBTQ Community Center, and Diverse and Resilient to increase outreach and collaboration between AAH and the greater LGBTQ community
  - Support the maintenance of the AAH LGBTQ Health webpage, outlining the services provided for LGBTQ patients (https://www.aurorahealthcare.org/services/lgbtq-health)

MEASURES:
• Number of individuals served through the Returning Citizen program
• Process milestones in LGBTQ activities
• Number of continuing education opportunities provided; attendees
• Number of unique hits to LGBTQ webpage
Priority No. 2: Alignment with Community Health Improvement Plan
focus on behavioral health

Current findings
Mental health and alcohol and other drug use (behavioral health) ranked among the top five health issues for Milwaukee County key stakeholders. In 2018, 28% of Milwaukee County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder), as did 26% of City of Milwaukee residents, 15% of North Shore residents, and 26% of Wauwatosa/West Allis/West Milwaukee residents. Additionally, 32% of Milwaukee County residents reported binge drinking in the past month, along with 35% of City of Milwaukee residents, 32% of North Shore residents, and 28% of Wauwatosa/West Allis/West Milwaukee residents (Source #1). When compared to other Wisconsin counties, both the 2015-2017 age-adjusted ED rate due to substance use (42.6 per 100,000 population) and age-adjusted hospitalization rate due to substance use (21.3 per 100,000 population) in Milwaukee County is in the worst quartile (Source #2).

Our strategy

For our patients
- NEW: Provide Verbal Defense and Influence (VDI) and Trauma-Informed Care trainings to our team members over the next few years, in a tiered approach, to ensure they are equipped to provide the most compassionate and effective care to individuals experiencing a personal crisis

MEASURES, number of:
- Team members trained in VDI; percent of staff
- Team members trained in Trauma-Informed Care; percent of staff

For our community
- NEW: Host weekly Alcoholics Anonymous meetings on our campus for community members in need of support in their recovery from addiction to alcohol
- NEW: Provide a drug take-back box, enabling community members to safely and securely discard of unwanted opioid and other prescriptions, reducing their availability within the community
- Provide hospital leadership to serve on Governor Ever’s Wisconsin Council on Mental Health

MEASURES, number of:
- Support groups held; attendees
- Pounds of medications collected

Target population
Residents of Milwaukee County

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

Community partners
IMPACT

Impact goal
All patients who present in our ED needing behavioral health services are identified and referred to appropriate care
Priority No. 3: Alignment with Community Strategy focus on social determinants of health – infant mortality

Current findings
From 2014-2016, the rate of infants dying before their first birthday in Milwaukee County was 7.7 deaths per 1,000 live births, higher than the statewide rate of 5.9 deaths per 1,000 live births. When compared to other Wisconsin counties, the 2014-2016 infant mortality rate in Milwaukee County is in the worst quartile. The rate is higher than the Wisconsin and US averages (Source #2).

Our strategy
For our patients
- Through the AFS Family Enrichment program, 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, and preparing for school and learning skills for the child
- Provide Baby Boxes to selected mothers delivering at ASMC, ensuring availability of a safe sleeping environment for the baby’s first three months of life

MEASURES, number of:
- Individuals served; levels of service and outcomes
- Baby boxes distributed
Priority No. 3:
Alignment with Community Strategy focus on social determinants of health – housing

Current findings
Access to safe, quality, affordable housing is one of the most basic and powerful social determinants of health, especially for economically vulnerable populations. Stable and quality housing has been linked to improvements in chronic disease management; child, adolescent and adult physical and mental health, and reductions in infectious diseases, asthma, depression and injuries; and several other positive health outcomes. In 2018, there were a total of 871 documented homeless individuals in Milwaukee County.

Our strategy

For our patients
- NEW: Through the MHCP Housing Initiative, provide patients access to a housing navigator who will facilitate linkages to permanent housing
- NEW: Provide a social worker in our Emergency Department (ED) to work with patients to identify social determinants of health needs (including housing, food security, etc.) and offer social service navigation, and appropriate linkages to community resources (this strategy is applicable to all four of our social determinants of health priorities, housing, community safety, workforce development and food security)
- Provide the Safe Home Environment (SHE) program, linking pregnant women experiencing intimate partner violence with safe alternative housing. This program is part of the larger Safe Mom Safe Baby program described on page 7
  - Past impact: newly established program served 6 women in 2018

MEASURES, number of:
- Individuals served
- ED patients navigated to community resources
- Women served through the SHE program

For our community
- NEW: Sponsor respite beds located at the Salvation Army to provide safe discharge and shelter to medically fragile individuals
- Provide hospital leadership to serve on the board of the Guest House of Milwaukee, the National Black Child Development Institute - Milwaukee Affiliate, and the National Association of Social Work Wisconsin Chapter

MEASURES, number of:
- Individuals served

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Priority No. 3: Alignment with Community Strategy focus on social determinants of health – community safety

Current findings
The chronic stress associated with living in unsafe neighborhoods can accelerate aging and harm health. Unsafe neighborhoods can cause anxiety, depression, and stress, and are linked to higher rates of pre-term births and low birthweight babies, even when income is accounted for. Fear of violence can keep people indoors, away from neighbors, outdoor exercise, and healthy foods. Companies may be less willing to invest in unsafe neighborhoods, making jobs harder to find. In 2018, 16% of City of Milwaukee residents reported having at least one safety issue in the past year (afraid for their personal safety, pushed, kicked, slapped or hit) (Source #1). The rate of rape for Milwaukee County was 34.55 per 100,000 in 2017, higher than the state rate of 25.36 per 100,000.

Our strategy
For our patients
- Through Aurora Healing and Advocacy Services, provide four integrated programs designed to care for and support survivors of sexual assault and domestic violence:
  - 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
    - Past impact: 1,365 individuals were served in 2017 and 2018
  - The Healing Center at Bruce: 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
    - Past impact: 8,934 counseling sessions were provided in 2017 and 2018
  - Domestic Violence Services: Provide 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 healthcare services they seek
    - Past impact: 190 individuals were served in 2017 and 2018
  - Safe Mom Safe Baby: A case-management service providing management and advocacy services to pregnant or recently-delivered women experiencing intimate partner violence
    - Past impact: 218 new women were served in 2017 and 2018

MEASURES, number of:
- Individuals served; levels of service and outcomes

Target population
Residents of Milwaukee County

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- Aurora Healing and Advocacy Services (AHAS)

Community partners
- Milwaukee Health Care Partnership (MHCP)
- Near West Side Partners (NWSP)

Impact goal
Increased safety and enhanced violence prevention and response
For our community
• Provide community education/prevention/outreach presentations
  - Past impact: Over 2,500 community members were educated in 2017 and 2018
• Innovate new ways to assess, prevent and respond to sexual assault in our community by convening the Milwaukee Sexual Assault Review
  - Past impact: 72 recommendations were made in 2017 and 2018
• NEW: In collaboration with other MHCP organizations, support a cross-system Human Sex Trafficking and Resource Navigation initiative designed to improve access to quality healthcare for individuals victimized by sex trafficking
• NEW: Participate in the NWSP community-building activities designed to make neighborhoods safer. The Near West Side, as defined by the City of Milwaukee, is bound by I-43 (east), HWY 41 (west), Vliet Street and Highland Boulevard (north), I-94 (south). Near West Side neighborhoods include: Avenues West, Cold Spring Park, Concordia, Martin Drive, Merrill Park, Miller Valley, and the Valley/Piggsville. Strategies to develop a safe environment in which to live, work, and play throughout these neighborhoods include:
  - Development of a proactive community improvement program - Promoting Assets and Reducing Crime (PARC) Initiative
  - Collection, integration, analysis and tracking of neighborhood data on assets, perceptions and crime and use the data to make informed decisions
  - Development and implementation of targeted interventions to reduce crime
  - Organization of activities that build a sense of community, promote assets, reduce crime and contribute to quality of life
  - Evaluate the impact of the PARC Initiative on an annual basis
• Provide hospital leadership to serve on the board of the Sojourner Family Peace Center and the Alma Center, Inc.

MEASURES:
• Number of educational sessions provided; attendees
• Number of meetings held, cases reviewed, and recommendations made, by level
• Process milestones of MHCP Human Sex Trafficking Education and Resource Navigation initiative
• Process milestones of NWSP safety strategies
• Results of the NWSP annual survey

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Priority No. 3:  
Alignment with Community Strategy focus on social determinants of health – workforce development

Target population
Residents of Milwaukee County

Principal partner
Aurora Health Care Medical Group (AHCMG)

Community partners
• Cristo Rey Jesuit High School
• Milwaukee Public Schools
• Wisconsin Division of Vocational Rehabilitation (DVR)
• Milwaukee Area Technical College (MATC)
• Wisconsin Department of Workforce Development (DWD)

Impact goal
Increased opportunities for stable employment

Current findings
A steady job in favorable working conditions means more than just a paycheck. Employment can also mean a link to health insurance benefits for a family, the ability to pay for childcare services or education, and the opportunity to purchase healthy, nutritious food. Unemployment, on the other hand, can lead to negative health outcomes such as a decline in one’s ability to access care for themselves or their family members, development of depression or other behavioral health issues, or an inability to pay for basic living expenses. Employment can also affect health if one’s working conditions are unsafe or if wages are not at a level that sustains one’s living expenses. In 2018, the average unemployment rate in Milwaukee County was 6.35%, with a rate as high as 19.71% in the City of Milwaukee.

Our strategy
For our community
• NEW: Hold on-site job fairs and participate in off-site job fairs to recruit and hire community residents for entry-level positions
• NEW: Provide paid training programs for nursing assistant, medical assistant, and phlebotomist positions, with the goal of hiring trained individuals into permanent employment
• NEW: In partnership with Milwaukee Public Schools, participate in the Community Assessment Training program, providing job skills training and experience for high school students with cognitive or physical limitations
• NEW: Through the Community Partners program, in partnership with DVR, provide Temporary Work Experience internships at our hospital. The 90-day internship is intended to give job seekers first-hand, paid experience on job duties, role expectations, and workplace culture. At the end of the internship, a review takes place with the goal of hiring the intern into a permanent position as an Advocate Aurora team member
• NEW: In partnership with the DWD and MATC, offer paid Culinary Registered Apprenticeship and Facilities Maintenance Technician Registered Apprenticeship positions. These full-time paid, benefit eligible positions equip participants with both on-the-job training and instruction through MATC, resulting in a technical diploma

MEASURES, number of:
• Job fairs held and attended; offers made and individuals hired
• Individuals trained and hired, by position
• Cristo Rey students participating
• Students trained through Community Assessment Training program; training hours provided
• Individuals completing Community Partners internships
• Individuals completing an apprenticeship


6 Health Compass Milwaukee. Available at http://www.healthcompassmilwaukee.org/indicators/index/indicatorsearch?doSearch=1&grouping=1&subgrouping=2&ordering=1/resultsPerPage=150&i=5140_281527_281525_281535&showSubgroups=F&showOnlySelectedSubgroups=1&primaryTopicOnly=&sortcomp=0&sortcompIncludeMissing=0&showOnlySelectedComparisons=1&showComparisons=1&i=520&handpicked=1&requireSubgroups=0&handpickedItems%5B0%5D=520&card=0. Accessed May 13, 2019.
Priority No. 3:
Alignment with Community Strategy focus on social determinants of health – food security

Target population
Residents of Milwaukee County

Principal partner
Aurora Health Care Medical Group (AHCMG)

Community partners
Wisconsin Department of Health Services Women, Infants and Children Program (WIC)

Impact goal
Increased access to nutritious foods for local residents

Current findings
Food insecurity is defined as the disruption of food intake or eating patterns due to lack of resources. Food insecurity, long-term or temporary, may be influenced by several factors including income, employment, neighborhood conditions, transportation, race/ethnicity and disability. Adults and children who are experiencing food insecurity may be at an increased risk for a variety of negative health outcomes and health disparities, including obesity. When compared to other Wisconsin counties, the 2016 child food insecurity rate in Milwaukee County of 20.1% is in the worst quartile. When compared to US counties, it is in the second worst quartile. The rate is higher (worse) than the Wisconsin and US averages.

Our strategy
For our patients
• Provide ongoing access to the WIC Special Supplemental Nutrition Program which provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk

MEASURES, number of:
• Women, infants, and children served

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8 Health Compass Milwaukee. Available at http://www.healthcompassmilwaukee.org/indicators/index/indicatorsearch?doSearch=1&grouping=1&ordering=1&resultsPerPage=150&inShowSubgroups=0&showOnlySelectedSubgroups=1&primaryTopicOnly=&sortcomp=0&sortcompIncludeMissing=0&showOnlySelectedComparisons=1&showComparisons=1&i=2108&handpicked=1&requireSubgroups=0&handpickedItems%5B0%5D=2108&card=0. Accessed May 10, 2019.
Current findings

On April 4, 2020, Governor Tony Evers declared all counties in the State of Wisconsin as a disaster area in response to the outbreak of COVID-19. Since then, cases have been reported in every county in the Advocate Aurora Health (AAH) Wisconsin service area. AAH has implemented several initiatives aimed at increasing the amount of available outreach and education resources in Wisconsin during the Coronavirus/COVID-19 pandemic.

Our strategy

For our patients

• NEW: Test patients scheduled for elective procedures as supplies allow
• NEW: Provide increased number of virtual and telephone visits in order to provide necessary care for patients while minimizing the transmission risk of COVID-19
• NEW: Launch the Safe Care Promise, which includes extra steps we are taking to keep our patients, visitors and team members safe. This includes virtual check-ins, universal masking and screening for all who enter our locations, encouraging social distancing through rearranged furniture and staggering appointment times, and enhanced cleaning in all areas, including additional disinfectant for high-touch spaces.

MEASURES:
• Process milestones to establish testing for hospital patients
• Number of patients tested within our hospital
• Number of virtual and telephone visits provided

For our community

• NEW: Increase community member access to reliable COVID-19 information with our system-wide COVID-19 Resource Center
  – Online Symptom Checker
  – COVID-19 Symptom Checker Hotline (866) 443-2584
• NEW: Provide education to community members and local organizations to help them update operations in response to the COVID-19 pandemic so they may continue to provide services safely
• NEW: Collaborate with appropriate community partners to increase access to community testing

MEASURES:
• Number of community organizations our team members work with to update operations
• Process milestones related to establishing or increasing local community testing

Note: Plans to address selected priorities are dependent upon resources and may be adjusted on an annual basis to best address the health needs of our community during the COVID-19 pandemic.

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