Improving the health of our communities is a community-wide effort and begins with assessing community health status every three years. We obtain input from community members and public health representatives, consult with our hospital staff and physician partners to prioritize the community health needs identified, and develop specific targets and measures for the needs we are best positioned to address. Our implementation strategies are organized into three main priorities in alignment with three core principles of community benefit as shown in this progress report.

**Priority #1 | Increase access for persons in our community with disproportionate unmet health needs.**

**Focus | Access**

Along with having a consistent primary care provider and medical home, access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability and reduce preventable deaths. To address this in 2017:

- 1,534 patients who arrived in our Emergency Department (ED) seeking non-emergent care did not have a primary care physician. 172 of those patients saw an Aurora primary care provider within 28 days following their ED visit.
- 86 behavioral health assessments were completed in our ED for people in acute mental health or substance use distress to expedite referrals.
- 154 individuals received tele-intake services in our ED for behavioral health issues.
- 69 inpatients received telepsychiatry consultations.
- 21 patients were referred to Kenosha Community Health Center (KCHC) to establish a health home.
  - 22 OB patients and 23 neonatal patients were provided with follow-up care at KCHC.

**Focus | Population health: Hepatitis C**

As part of Aurora’s population health strategy, during 2017, 2,366 patients in Aurora’s Racine, Kenosha & Northern Illinois service area were tested for hepatitis C; 49 tested positive, 26 had positive confirmatory tests and 23 patients entered treatment.
Priority #2  |  Build links between our clinical services and local community health improvement plans.

Focus | Infant mortality

According to the Wisconsin Interactive Statistics on Health, from 2011 to 2012 the Wisconsin infant mortality rate increased from 4.6 to 7.3 per 1,000 live births in Kenosha County, higher compared to Wisconsin (5.7). This does not meet the Healthy People 2020 target (6.0). To address this in 2017:

- All 767 mothers who delivered at our hospital in 2017 received follow-up calls after discharge.
- 102 mothers who were KCHC patients received care at our hospital.
- 9 free lactation classes were provided to 78 attendees.
- 32 free well-baby care classes were provided to 78 attendees.
- 48 free prenatal care classes were provided to 153 attendees.

Focus | Infant nutrition and child safety

The American Academy of Pediatrics has identified breastfeeding as an optimal method of feeding and nurturing infants, and has recognized health, nutritional, immunological, developmental, psychological, social and economic benefits of breastfeeding. Increasing breastfeeding initiation, duration and exclusivity is part of the 2013-2020 Wisconsin Nutrition, Physical Activity and Obesity State Plan. Additionally, raising awareness around infant health and safety is important for preventing illness and unintentional injury. During 2017, all 767 mothers who delivered at our hospital received:

- 1:1 bedside educational sessions.
- Safe-sleep education and sleep sacks for their babies.
- Follow-up appointments with pediatricians scheduled by our staff.
- Car seat education, with 40 safety tests performed by our certified car seat technician.
- Information on second-hand smoke and referrals for cessation support.
- Lactation support, with 156 mothers who utilized our follow-up lactation services post-discharge.

Focus | Diabetes and high blood pressure

Based on the 2014 Kenosha County Community Health Survey, 12% of respondents reported diabetes (up from 6% in 2003) and 28% reported high blood pressure (up from 20% in 2003) in the past three years. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. High blood pressure (BP) is a risk factor for heart disease and stroke. High BP increases the risk for heart disease and stroke. To address this in Kenosha County during 2017 we:

- Conducted 2 Living Well with Diabetes sessions for 22 attendees.
- Facilitated 4 diabetes support groups with 17 attendees.
- Hosted 27 diabetes classes with 262 attendees.
- Offered 75 community outreach BP screenings with 367 individuals screened. Of those screened, 55 were referred for BP management.
Priority #3  Address the underlying causes of persistent health problems.

Focus | Senior care

As outlined by the Centers for Disease Control and Prevention, older adults who practice healthy behaviors, take advantage of clinical prevention services, and continue to engage with family and friends, are more likely to remain healthy, live independently, and incur fewer health-related costs. Our NICHE-certified Senior Resource Nurses work to ensure that adults receive care that promotes function, autonomy, and dignity. During 2017:

- 2,005 aging adults were served through our Senior Resource Nurse program.
- 214 patients were educated on Advance Directives with 167 completed.
- 534 families received guidance and support services.
- 158 individuals received medication management and safety education.
- 3 Stepping On falls-prevention program series were offered with 38 attendees.
- 128 group exercise classes were provided at the Kenosha Senior Center by one of our hospital’s licensed athletic trainers.
  - 27 individuals attended class each week.
  - 31 new participants attended throughout the year for the first time.

Focus | Sexual assault

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. Sexual violence can have harmful and lasting consequences for victims, 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 victims, families and communities. During 2017, our hospital’s Forensic Nurse Examiners (FNEs) provided:

- Trauma-informed care for 119 individuals at our hospital.
- Personal advocacy and liaison services for 125 individuals.
- Clothing for 65 women and children who received services.
- 195 referrals for support services including:
  - 120 to Women’s and Children’s Horizons.
  - 27 to the Kenosha County Division of Health S.A.F.E. Project.
  - 39 to the Child Advocacy Center.
  - 3 to Adult Protective Services.
  - 6 to Adult Crisis services.
- 29 community education/prevention/outreach trainings conducted for 31,080 attendees.

Focus | Cancer care

The Kenosha County cancer incidence rate is higher compared to Wisconsin, 481.4 per 100,000 compared to 460.5 per 100,000, respectively, and cancer is a leading cause of death in Kenosha County. Our cancer nurse navigators are registered nurses with oncology-specific clinical knowledge. They offer individualized assistance to community members, patients, families and caregivers to help overcome health care system barriers and guide individuals and their families from cancer diagnosis through treatment and into post-treatment and survivorship. In 2017, our hospital:

- Competed distress screenings with 1,717 patients. As a result, 166 received referrals for additional services.
  - 177 cancer patients participated in art therapy.
  - 5 participated in aroma therapy.
  - 745 participated in therapeutic massage.
  - 702 participated in acupuncture.
  - 46 patients utilized the wig program.
- Supported the Swab for Life bone marrow screening for 5 participants.
- Offered 32 Movin’ and Groovin’ sessions with 21 individuals participating.
- Provided 5 Look Good Feel Better classes for 18 participants.
- Supported 250 individuals who participated in the Cancer Walk fundraiser.
Aurora Partnership Campaign

During 2017, a total of 536 hospital caregivers pledged $124,947 to the Aurora Partnership Campaign, their show of support to the not-for-profit agencies, organizations, and causes in our community that are most important to them. The campaign offers more than 1,600 funds that include more than 300 Aurora funds, local United Way agencies, and other not-for-profit organizations responding to important community needs.

To learn how you can make a gift to support programs featured in this report, please visit aurora.org/foundation.

Aurora Health Care 2017 Community Benefit Report

| Financial assistance (charity care) at cost*     | $1,668,000       |
| Medicaid shortfall at cost*                      | $8,736,000       |
| Other means-tested programs at cost*            | $425,000         |
| **Subtotal**                                     | **$10,829,000**  |
| Community health improvement services and community benefit operations | $688,375         |
| Health professions education                    | $435,066         |
| Subsidized health services (clinics)             | $3,200           |
| Other cash and in-kind contributions for community benefit | $103,668        |
| **Subtotal**                                     | **$1,230,309**   |
| **Total 2017 Community Benefits**               | **$12,059,309**  |

* Cost-to-charge ratios are based on Wisconsin Hospital Association percentages

** Unlike some community benefit reports that include additional categories as community benefits, Aurora Health Care has elected to exclude Medicare shortfalls and bad-debt expenses from the community benefit calculations. However, when Medicare shortfalls are added, our hospital’s total benefit to the community is $28,487,309.

To see our most recent Community Health Needs Assessment report and Implementation Strategy plan, please visit www.aurora.org/commbenefits.