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Introduction | Aurora Health Care

Aurora Health Care, a not-for-profit, integrated health care system, is Wisconsin’s most comprehensive health care provider and the state’s largest private employer. As caregivers, we serve more than 1.2 million patients every year. Our patients enjoy care that is coordinated across an integrated network of facilities, services and providers. Aurora’s 15 hospitals are bringing the latest technologies to communities across eastern Wisconsin and northern Illinois. Primary care clinics offer a wide array of primary and specialty physicians, diagnostic services and wellness programs. Home care, which includes nursing, durable medical equipment, hospice and therapy services, is coordinated through the Aurora at Home, a comprehensive home care service. Our pharmacies, behavioral health services and labs all work together to provide a vital link in the continuum of care.

Part I | Aurora Medical Center Oshkosh (AMCO)

Who we are. What we do
The Aurora Medical Center in Oshkosh (AMCO) evolved from the merging of several independent primary care groups that came together in 1995. The physician group continued to grow and in 2003 the Aurora Medical Center in Oshkosh opened.

Who we serve
Aurora Medical Center is easily accessible to serve residents throughout the Winnebago County area and is located at Highways 41 and 21 at 855 N. Westhaven Drive in Oshkosh, Wisconsin.

### Aurora Medical Center Oshkosh by the Numbers
- 61 staffed hospital beds
- More than:
  - 101,420 outpatient visits
  - 559 newborn deliveries
  - 16,135 ED visits
  - 10,632 surgical cases (inpatient & outpatient)

### Area facilities and service partners include
- 13 community clinics with over 299,657 patient visits in 2014
- Walk-in clinics in Oshkosh and Fond du Lac; Urgent Care clinic in Neenah
- Outpatient surgery center in Fond du Lac
- Four pharmacies and two vision centers
- Physical therapy on campus and at four community locations
- Aurora Quick Care within the Oshkosh Wal-Mart

### Distinctions
- Ranked second for patient safety and respect by Consumer Reports in 2015
- Accreditation by the American College of Surgeons’ National Accreditation Program for Breast Centers, the first nationally accredited breast care center in the Fox Valley
- Certification by The Joint Commission for our stroke program, the first center in the Fox Valley to earn this accreditation
- One of the nation’s “Most Connected Hospitals according to the U.S. News & World Report

To learn more about our hospital, please [click here](#).
Economic impact

As an anchor institution, in 2014 Aurora Medical Center Oshkosh provided the following:
- Community Benefits: $2,819,885
- Uncompensated Care: $7,145,000

Community Benefit Report 2014 Aurora Medical Center Oshkosh

Assessing community health status – an ongoing commitment

Since 2003, Aurora Health Care has underwritten a community health assessment of city of Oshkosh and Winnebago County periodically, conducted in partnership with the municipal health departments. This helps the health departments focus their resources on population health issues and enables us to align our charitable resources and expertise to respond to identified community health priorities. To view community health surveys dating back to 2003, visit http://www.aurora.org/commbenefits.
Although Aurora Medical Center Oshkosh serves the county and beyond, for the purpose of the community health needs assessment the community served is defined as Winnebago County.

Winnebago County is located in eastern Wisconsin and is surrounded by several lakes including Buttes des Morts, Little Lake Butte des Morts, Poygan, Rush, Winneconne and the largest fresh water lake in Wisconsin, Lake Winnebago. The County is the home of several significant industries and leadership in paper production. The County is home to several academic centers including the University of Wisconsin-Oshkosh, University of Wisconsin - Fox Valley and the Fox Valley Technical College.

Winnebago County includes urban, suburban and rural areas
- Cities of Menasha, Neenah, Omro, Oshkosh, parts of Appleton
- Towns of Algoma, Black Wolf, Clayton, Menasha, Neenah, Nekimi, Nepeuskon, Omro, Oshkosh, Poygan, Rushford, Utica, Vinland, Winchester, Winneconne, Wolf River
- Village of Winneconne
- Unincorporated communities of Butte des Morts, Eureka, Larsen, Pickett, Metz (partial), Mikesville, Minden, Waukau, Winnebago

---


County health ranking
According to the 2015 *County Health Rankings* released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Winnebago County ranked number 42 out of 72 counties in health outcomes. The rankings help counties understand the many factors that influence health.\(^5\)

### Demographic Characteristics of Winnebago County and Wisconsin

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Winnebago County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>167,860</td>
<td>5,706,871</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>37.9</td>
<td>38.7</td>
</tr>
</tbody>
</table>

#### Race*

<table>
<thead>
<tr>
<th>Race (non-Hispanic)</th>
<th>Winnebago County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>93.1%</td>
<td>88.1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1.7%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.3%</td>
<td>2.5%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.6%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>&lt;0.1%</td>
<td>---</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>1.3%</td>
<td>---</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>3.6%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

#### Age*

<table>
<thead>
<tr>
<th>Age</th>
<th>Winnebago County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14 years</td>
<td>17.7%</td>
<td>19.2%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>41.6%</td>
<td>38.9%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>27.2%</td>
<td>27.9%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>13.7%</td>
<td>14.1%</td>
</tr>
</tbody>
</table>

#### Education level of adults 25 years and older**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Winnebago County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school degree</td>
<td>8.9%</td>
<td>9.5%</td>
</tr>
<tr>
<td>High school degree</td>
<td>34.8%</td>
<td>32.8%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>30.7%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>25.5%</td>
<td>26.8%</td>
</tr>
</tbody>
</table>

#### Unemployment rate (estimate)**

<table>
<thead>
<tr>
<th>Unemployment Rate</th>
<th>Winnebago County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.3%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

#### Median household income (estimate)**

<table>
<thead>
<tr>
<th>Median Household Income</th>
<th>Winnebago County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2013 inflation-adjusted dollars)</td>
<td>$51,010</td>
<td>$52,413</td>
</tr>
</tbody>
</table>

Note: Some totals may be more or less than 100% due to rounding or response category distribution.


Partnership
Research for the Winnebago County Behavioral Risk Factor Surveillance System (BRFSS) Study: 2015 Report was conducted by the St. Norbert College Strategic Research Institute in coordination with the Fox Valley Community Health Improvement Coalition. The Winnebago County BRFSS study, utilizing the same scientifically sampled survey questions as the Centers for Disease Control and Prevention state and national BRFSS surveys, was sponsored by the Affinity Health System, Aurora Health Care, ThedaCare and the Winnebago County and City of Oshkosh Health Departments. (Appendix A).

The Center for Urban Population Health (www.cuph.org), with funding from Aurora Health Care, prepared a secondary data report covering all of Winnebago County.

Purpose and process of the shared Community Health Needs Assessment
In 2015, a shared CHNA was conducted to 1) determine current community health needs in Winnebago County, 2) gather input from persons who represent the broad interests of the community and to identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital’s existing programs, resources, strategic goals and partnerships. The process of conducting the CHNA is illustrated below and is described in this report.
Data collection and analysis
Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews. Different data sources were collected, analyzed and published at different intervals and therefore the data years (e.g., 2010, 2012, 2015) will vary in this report. The most current data available was used for the CHNA.

The core data sources for the CHNA include:

Source #1 | Winnebago County Behavioral Risk Factor Surveillance System (BRFSS) Study: 2015 Report
The Winnebago BRFSS study is a source of primary community health data. The latest telephone survey was completed and analyzed between January 15 and March 12, 2015. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult. The study can be used to identify community health trends and changes over time. The report was a collaborative effort paid for by Affinity Health System, Aurora Health Care, ThedaCare and the Winnebago County and City of Oshkosh Health Departments. The survey was conducted by the St. Norbert College Strategic Research Institute. For further description see Appendix A and for the data summary see Appendix F.

Source #2 | County Health Rankings: 2015
The County Health Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin’s counties every year since 2003. For further description see Appendix B.

Source #3 | Secondary Data Report
This report summarizes the demographic and health-related information for Winnebago County. Data used in the report came from publicly available data sources. Data for each indicator is presented by race, ethnicity and gender when the data is available. When applicable, Healthy People 2020 objectives are presented for each indicator. The report was prepared by the Center for Urban Population Health. For further description see Appendix C.

Source #4 | Winnebago County High School Youth Risk Behavior Survey: 2013-2014 School Year
The Youth Risk Behavior Survey (YRBS) system gathers high school students’ self-reported data on health behaviors, attitudes and perceptions, and protective factors. The survey is administered throughout Winnebago County every two years. For further description see Appendix D.

Source #5 | Key Informant Interview Report
Thirty-two individual key informant interviews were conducted between August and September 2015. Each key informant was asked about gaps and unmet needs in their community, barriers and challenges to addressing these needs and priorities in high demand. Key informants included leaders and local experts representing education, health services, public health, support organizations, churches, businesses, government and non-profit organizations. These key informants focus on a range of public health issues and represent the broad interest of the community served, including medically underserved, low income and minority populations. For further description see Appendix E.
Source #6 | Written Comments on the Current CHNA Report and Implementation Strategy
Aurora Health Care invites the community to provide written comments on its current CHNA Reports and Implementation Strategies via a one-click portal on its website at http://www.aurora.org/commbenefits. Through October 2015, AMCO did not receive any comments on the current CHNA Report or Implementation Strategy.

Additional sources of data and information used to prepare the Aurora Medical Center Oshkosh CHNA Report were considered when identifying significant community health needs and are cited within the report.
Section 3 | Significant health needs identified through the Community Health Needs Assessment (CHNA) for Winnebago County

The significant health needs identified through the CHNA are also identified as key health issues for the state as outlined in the state health plan, Healthiest Wisconsin 2020, as well as the nation, as outlined in the Healthy People 2020, and are among major focus areas of the Centers for Disease Control and Prevention (CDC). From a local perspective, the significant health needs identified through the CHNA have an impact on community health, both for the community at-large and in particular specific areas within the community (such as neighborhoods or populations experiencing health disparities).

To determine the significant health needs identified through the CHNA, the following criteria were considered:
- Burden of the health issue on individuals, families, hospitals and/or health care systems (e.g., illness, complications, cost, death);
- Scope of the health issue within the community and the health implications;
- Health disparities linked with the health issue; and/or
- Health priorities identified in the municipal health department Community Health Improvement Plan (CHIP)

The Healthy People 2020 definition of a health disparity:
If a health outcome is seen in greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status and geographic location all contribute to an individual’s ability to achieve good health.

Summary of municipal health department Community Health Improvement Plan (CHIP), Healthiest Wisconsin 2020 (HW2020) and Healthy People 2020

<table>
<thead>
<tr>
<th>Municipal Health Department Community Health Improvement Plan (CHIP)</th>
<th>“Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents.” This process has been referred to as the Community Health Improvement Plan (CHIP). <a href="http://www.dhs.wisconsin.gov/chip/">http://www.dhs.wisconsin.gov/chip/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthiest Wisconsin 2020</td>
<td>“Healthiest Wisconsin 2020 identifies priority objectives for improving health and quality of life in Wisconsin. These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, and to eliminate health disparities and achieve more equal access to conditions in which people can be healthy. Priorities were influenced by more than 1,500 planning participants statewide, and shaped by knowledgeable teams based on trends affecting health and information about effective policies and practices in each focus area.” The 23 focus area profiles of HW2020 can be grouped into three categories: crosscutting, health and infrastructure. <a href="http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf">http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf</a></td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td>“Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: • Encourage collaborations across communities and sectors • Empower individuals toward making informed health decisions • Measure the impact of prevention activities” <a href="http://www.healthypeople.gov/2020/about/default.aspx">http://www.healthypeople.gov/2020/about/default.aspx</a></td>
</tr>
</tbody>
</table>
Summary of the significant health needs identified through the CHNA for Winnebago County

Access

*Unmet medical care* | According to the 2015 *Winnebago County Behavioral Risk Factor Surveillance System Study (BRFSS)*, 81% of Winnebago County residents reported that they did not delay or did not need medical care in the past 12 months; however, 8% reported an unmet medical care need in the past 12 months. The reasons for not receiving medical care included no appointment available soon enough (6%), lack of transportation (3%), waiting too long to be seen once at the appointment (2%), not getting through on the telephone line (1%), and various other reasons (9%) (Source #1).

- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or delay in receiving necessary medical care to 4.2%.

*Why is this significant?* 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.\(^6\)

*Dental services and unmet dental care* | In 2015, 19% percent of respondents reported that they did not receive dental care in the last 12 months. Additionally, 5% of the individuals stated that they had not visited a dentist in the past five years (Source #1). However, 78.1% of adolescents received dental care in the past 12 months (Source #4). In Wisconsin, the ratio of the population to dentist is 1,631 people for every dentist; in Winnebago County, there are 1,730 people for every dentist (Source #2).

*Why is this significant?* Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancer and reduce future dental care costs.\(^7\)

*Unmet prescription medications* | In 2015, 8% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs (Source #1).

- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary prescription medication to 2.8%.

*Why is this significant?* Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.\(^8\)

Coverage

*Health care coverage* | Based on the 2015 *County Health Rankings* for Winnebago County, 12% of adults under age 65 are uninsured as compared to 13% for Wisconsin (Source #2). However, 5% of all adults aged 18 years and older in Winnebago County reported they were not covered currently with health insurance (Source #1).

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Why is this significant? 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.  

Chronic disease: asthma, diabetes, heart disease and cancer

Chronic conditions such as cancer, diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs.

Asthma | In 2015, 9.2% of adults reported asthma (current), up slightly from 8% in 2003. This is similar compared to the 10.6% for the state and 9% for the United States (Source #1). The percentage of adolescents who reported being told that they had asthma was 23.2%, marginally better than the national percentage of 23.3% (Source #4). Note: The comparison to the state and U.S is based on the 2013 Behavioral Risk Factor Surveillance System.

Why is this significant? Without proper management, asthma can lead to high health care costs. Management of the disease with medical care and prevention of attacks by avoiding triggers is essential.

Diabetes | In 2015, 9% of adults reported diabetes in the past three years, up significantly from 4% in 2003. An additional 2% stated that they had diabetes but only when they were pregnant. This is higher than the state and national rate of 7.4% and 8.9%, respectively (Source #1).

Why is this significant? Diabetes can cause serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.

Heart disease and related conditions | In 2015, 29% of adults reported being treated for high blood pressure in the past three years, significantly higher than the 20% in 2003. In addition, 27% of adults reported being treated for high blood cholesterol in 2015 compared to 20% in 2003 (Source #1).

Why is this significant? The term “heart disease” refers to several types of heart conditions, such as coronary artery disease, angina, heart failure and arrhythmias. High blood pressure, high cholesterol and smoking are key risks for heart disease. Chronic conditions such heart disease can result in health complications, compromised quality of life and burgeoning health care costs.
Cancer | The 2008-2012 cancer age-adjusted incidence rate in Winnebago County was 493.2 per 100,000 population, higher compared to the state at 447.7 per 100,000. The table below compares Winnebago County’s age-adjusted cancer incidence and mortality rates per 100,000 population with the rates for Wisconsin (WI), national (US), and Healthy People 2020 objectives (HP2020). (Source #3).

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Winnebago</th>
<th>WI</th>
<th>US</th>
<th>HP2020</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Incidence Rate</td>
<td>493.2</td>
<td>447.7</td>
<td>na</td>
<td>na</td>
<td>▲</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence Rate</td>
<td>134.9</td>
<td>125.4</td>
<td>122.0</td>
<td>na</td>
<td>▲</td>
</tr>
<tr>
<td>Cervical Cancer Incidence Rate</td>
<td>4.1</td>
<td>6.3</td>
<td>na</td>
<td>na</td>
<td>●</td>
</tr>
<tr>
<td>Male Colorectal Cancer Incidence Rate</td>
<td>46.7</td>
<td>42.4</td>
<td>46.1</td>
<td>na</td>
<td>▲</td>
</tr>
<tr>
<td>Female Colorectal Cancer Incidence Rate</td>
<td>33.5</td>
<td>31.6</td>
<td>34.9</td>
<td>na</td>
<td>●</td>
</tr>
<tr>
<td>Male Lung/Bronchus Cancer Incidence Rate</td>
<td>70.6</td>
<td>66.7</td>
<td>73.0</td>
<td>na</td>
<td>●</td>
</tr>
<tr>
<td>Female Lung/Bronchus Cancer Incidence Rate</td>
<td>61.9</td>
<td>53.4</td>
<td>52.0</td>
<td>na</td>
<td>▲</td>
</tr>
<tr>
<td>Prostate Cancer Incidence Rate</td>
<td>113.2</td>
<td>103.2</td>
<td>128.3</td>
<td>na</td>
<td>●</td>
</tr>
<tr>
<td>Female Breast Cancer Mortality Rate</td>
<td>17.6</td>
<td>21.4</td>
<td>21.5</td>
<td>20.7</td>
<td>●</td>
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<tr>
<td>Cervical Cancer Mortality Rate</td>
<td>2.4</td>
<td>1.7</td>
<td>na</td>
<td>2.2</td>
<td>▲</td>
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<tr>
<td>Male Colorectal Cancer Mortality Rate</td>
<td>19.0</td>
<td>18.6</td>
<td>18.1</td>
<td>14.5</td>
<td>▲</td>
</tr>
<tr>
<td>Female Colorectal Cancer Mortality Rate</td>
<td>11.1</td>
<td>11.9</td>
<td>12.8</td>
<td>14.5</td>
<td>●</td>
</tr>
<tr>
<td>Male Lung/Bronchus Cancer Mortality Rate</td>
<td>55.9</td>
<td>56.1</td>
<td>57.9</td>
<td>45.5</td>
<td>▲</td>
</tr>
<tr>
<td>Female Lung/Bronchus Cancer Mortality Rate</td>
<td>43.5</td>
<td>40.8</td>
<td>37.0</td>
<td>45.5</td>
<td>●</td>
</tr>
<tr>
<td>Prostate Cancer Mortality Rate</td>
<td>20.1</td>
<td>23.5</td>
<td>20.8</td>
<td>21.8</td>
<td>●</td>
</tr>
</tbody>
</table>

*If Winnebago County’s rate meets or exceeds the HP2020 benchmark, then a green circle (●) is shown under “Status”. Conversely, if the community falls below the 2020 goal, then a red triangle (▲) is shown. If the CDC did not set a HP2020 goal in a specific health indicator, then the community’s health information is compared with the U.S. goal. If no information is available under HP2020 or national data, or community data, then “na” is displayed for “not available”.

Why is this significant? A person’s cancer risk can be reduced in a number of ways including, but not limited to, receiving regular medical care and screenings, avoiding tobacco, limiting alcohol use, avoiding excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight and being physically active.14

Health risk behaviors: alcohol use, substance use, tobacco use, nutrition and physical activity

Five modifiable health risk behaviors are responsible for the main share of premature death and illness related to chronic diseases: excessive alcohol use, substance use, tobacco use, poor nutrition and lack of physical activity.15

Alcohol use | Based on the 2015 BRFSS for Winnebago County, 29% of adults engaged in binge drinking in the past 30 days. This was higher than the state (22.8%), and considerably higher than the national percentage of 17.0 (Source #2). According to the Winnebago County YRBS, 17.2% of the adolescents binge drank in the past month, well above the Healthy People 2020 target of 8.6% (Source #4). In Winnebago County 47% of all driving deaths involved alcohol, compared to 39% statewide (Source #2). The key informants identified alcohol and drug use/abuse as one of the top four health issues challenging the community (Sources #5).
Excessive drinking reflects the percent of adults who report either binge drinking or heavy drinking. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), binge drinking is defined as alcohol consumption that brings the blood alcohol concentration to 0.08% or more; this is generally achieved through consuming 4 or more alcoholic beverages for women or 5 or more for men within approximately 2 hours. In addition, the NIAAA defines heavy drinking as drinking more than one drink for women or 2 drinks for men per day on average.\(^{16}\)

- The *Healthy People 2020* target to reduce binge drinking in the past month to 24.4% for adults and 8.6% for adolescents.

**Why is this significant?** Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g. car crashes, falls, burns, drowning), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, and poor control of diabetes. Binge drinking is extremely costly to society from losses in productivity, health care, crime and other expenses.\(^{17}\)

**Adolescent Drug Use** | In 2013, 3.6% of the high school students in Winnebago County reported having tried heroin at least once in their lifetime compared to 2.2% nationally.\(^{18}\) In addition, 19.5% of high school students used marijuana at least once in the past 30 days compared to 17.3% statewide.\(^{19}\)

- The *Healthy People 2020* target is to reduce current marijuana use by adolescents to 6.0%.

**Substance use** | In Winnebago County, the rate of opiate-related deaths was 4.7 per 100,000 in 2013, lower than the state average of 5.3 deaths per 100,000 population. When combined with all other sedative-related deaths, Winnebago County was slightly lower than the Wisconsin rate (10.1 deaths per 100,000 population and 13.6 deaths per 100,000, respectively).\(^{20}\) However, there were a total of 144 Winnebago County residents who had a drug-related death during 2013. The key informants identified alcohol and drug use/abuse as one of the top four health issues challenging the community (Sources #5).

- The *Healthy People 2020* goal for drug-induced deaths is 12.6 deaths per 100,000 population.

**Why is this significant?** Nationally, the amount of pain medicines prescribed and sold has almost quadrupled since 1999. Every day in the U.S., 44 people die due to an overdose of prescription opioids. The overprescribing of opiates and other pain medicines leads to medicinal abuse and overdose deaths.\(^{21}\)

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**Tobacco Use and Exposure** | Based on the *2015 County Health Rankings* for Winnebago County, 18% of adults were current smokers. This was slightly lower than the state and nation at 19 (Source #2). According to the *2015 YRBS*, 15.0% of the teenagers reported being a current smoker compared to 11.8% in Wisconsin and 15.7% in the U.S. (Source #4). Electronic cigarette use is growing in popularity and is emerging as a public health issue.  

According to the *2015 BRFSS*, 8% of adults reported currently using electronic cigarettes (Source #1).

- The *Healthy People 2020* targets are to reduce cigarette smoking by adults to 12.0% and by adolescents to 16.0%.

Additionally, in 2013, 15.2% of Winnebago County mothers indicated smoking during pregnancy (Source #3).

- The *Healthy People 2020* target is no greater than 1.4%.

**Why is this significant?** Smoking increases the risk of coronary heart disease, stroke and several types of cancer (acute myeloid leukemia, bladder, cervix, esophagus, kidney, larynx, lung, mouth, pancreatic, throat and stomach). 90% of all deaths from chronic obstructive lung disease are caused by smoking. In addition, research has shown that smoking during pregnancy can cause health problems for both mother and baby, such as pregnancy complications, premature birth, low birth weight infants and stillbirth.

**Nutrition - access to healthy foods** | Based on the *2015 County Health Rankings* for Winnebago County, 8% of the population had limited access to healthy foods. This was higher compared to the state (5%), and higher than the national benchmark (0% of the population had limited access to healthy foods) (Source #2). The key informants identified nutrition as one of the top four health issues challenging the community (Sources #5).

- 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. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

**Physical activity – adults** | Based on the *2015 County Health Rankings* for Winnebago County, 22% of adults were physically inactive. This was slightly higher compared to the state and the national benchmark of 21% (Source #2). In addition, key informants identified physical activity as one of the top four health issues challenging the community (Sources #5).

- Note: Physical inactivity is the estimated percent of adults aged 20 and over reporting no leisure time physical activity.

**Physical activity – youth** | The *Youth Risk Behavior Survey (YRBS)*, a survey conducted by the Centers for Disease Control and Prevention to assess student behavior, included all Winnebago County school districts. Results are based on student self-report and were taken during the 2013-2014 school year (grades 9-12 included) (Source #4). Some of the findings include:

- 22% youth watched at least three hours or more of television on an average school day
- 48% of Winnebago County youth were physically active for 60 minutes or more on five or more days, exceeding the national rate of 47.3% but lower than Wisconsin’s rate of 49.5%

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Why is this significant? Inactive adults have a higher risk for obesity, coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions. 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.\textsuperscript{25}

Health risk factor: overweight/obesity

**Overweight/obesity – adults** | Based on the 2015 County Health Rankings for Winnebago County, 29% of adults were obese, the same level as the state (29%), and higher compared to the national benchmark (25%) (Source #2).

- Note: This measure represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m.

According to the 2015 BRFSS, 27% of Winnebago County adults were overweight and 31% were obese, for a total of 58% (Source #1). In 2015, 36.7% of Wisconsin adults were overweight and 29.8% obese, totaling 66.5%.\textsuperscript{26} (Source #1).

**Why is this significant?** Overweight and obesity can increase the risk for high blood pressure, high cholesterol levels, coronary heart disease, type 2 diabetes, stroke, some cancers and other health conditions.\textsuperscript{27}

- The Healthy People 2020 target is to reduce the percentage of adults who are obese to 30.5% and who are overweight or obese to 66.1%.

Injury

**Injury hospitalizations and Emergency Department Visits** | The 2013 Winnebago County injury hospitalizations rate was 731.0 per 100,000, which is lower compared to the state (912.4 per 100,000). The injury emergency room visit rate for Winnebago County was 7,658.8 per 100,000, which is higher than the Wisconsin rate (6,864.8 per 100,000) but lower than the U.S. (9,972.0 per 100,000) (Source #3).

- The Healthy People 2020 target for injury hospitalization rate is 555.8 per 100,000; the target for injury emergency department visit is 7,533.4 per 100,000.

**Why is this significant?** Injuries are a leading cause of death for people ages 1 – 44 in the United States. Each year, injuries cost more than 406 billion dollars in lost productivity and medical care. They are faced with life-long mental, physical, and financial problems. Injuries can be prevented and their consequences reduced for infants, children and adults.\textsuperscript{28}
Reproductive health

Births receiving first trimester care | From 2011 to 2013, the percent of births receiving first trimester care in Winnebago County marginally decreased from 83.1% to 82.9%, but was higher compared to the state (75.6%) (Source #2).

– The Healthy People 2020 target for births receiving first trimester care is 77.9%.

Premature births | From 2011 to 2013, the percent of premature births (before 37 weeks) in Winnebago County decreased from 11.5% to 10.9%, but was higher compared to the state (10.0%) (Source #3).

– The Healthy People 2020 target for premature births is 11.4%.

Low birth weight | From 2011 to 2013, the percent of low birth weight births (less than 2,500 grams or approximately 5.5 pounds) in Winnebago County increased from 7.0% to 7.3%, and was higher compared to the state (7.0%) but lower than the Healthy People 2020 target of 7.8% (Source #3).

– The Healthy People 2020 target for low birth-weight births is 7.8%.

Why is this significant? Preconception and early prenatal care improves mother and infant outcomes. Babies born prematurely (three weeks or earlier than their due date) or with a low birth weight (less than 2,500 grams or about 5.5 pounds) experience a greater risk for an adverse outcome including a serious disability or death. ²⁹

Mental health

Mental health conditions | According to the County Health Rankings, Winnebago County adults reported an average of 3.4 mentally unhealthy days in the past 30 days, more than the state average of 3.0 days (Source #2). In addition, the rate of self-inflicted hospitalizations in Winnebago County was 132 per 100,000 people which is higher than the state rate of 95 per 100,000 (Source #2). The key informants identified mental health as one of the top four health issues challenging the community (Sources #5).

Mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” ³⁰ Indicators of mental health include emotional, social and psychological well-being. This definition differs from mental illness which is classified as diagnosable mental disorders or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.” ³¹ Anxiety, depression, and bipolar disorder are examples of mental illness.


The YRBS included all Winnebago County school districts. Results are based on student self-report and were taken during the 2013-2014 school year (grades 9-12 included) (Source #4). Some of the key findings include:

- 64.5% reported having had one or more days in the past 30 days when their mental health was not good
- 18.6% seriously considered attempting suicide in the past 12 months, higher than the state or national average of 13.2% and 17.0%, respectively
- 4.9% reported making a suicide attempt in the past year that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse
  - The Healthy People 2020 target is 1.7 adolescent suicide attempts per 100 people (1.7%).

**Why is this significant?** Mental health conditions are associated with chronic diseases such as cardiovascular disease, diabetes and obesity, and related to risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking and insufficient sleep.\(^{32}\)

### Sexual violence and other violence

**Sexual violence** | The rate of rape for Winnebago County was 17.0 reports per 100,000 persons, lower than Wisconsin’s overall rate of 21.0 per 100,000 in 2012.\(^{33}\) According to the Winnebago County YRBS, 10.4% of the high school students reported that someone whom they were dating or going out with forced them to do sexual things that they did not want to do in the past 12 months; this is higher than the state rate of 9.6% and equal to the national rate (Source #4).

Note: 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.

**Why is this significant?** 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.\(^{34}\)

**Other violence** | In addition, the rate of aggravated assault for Winnebago County in 2012 was 160.0 reports per 100,000 persons, lower than Wisconsin’s overall rate of 175.0 per 100,000.\(^{35}\) In Wisconsin, the rate of Child Protective Services (CPS) reports was 30.7 per 1,000 children in 2013; Winnebago County’s rate was higher at 37.9 reports per 1,000 children.\(^{36}\) According to the Winnebago County YRBS, 17.8% of the high school students reported being in a physical fight in the past 12 months, lower than the Healthy People 2020 target of 28.4% (Source #4).

**Why is this significant?** Violence has a lasting effect throughout one’s life. Survivors of violence may suffer from physical, emotional, social and other health problems.\(^{37}\)

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Section 4 | Prioritized significant health needs  During 2012 an ad hoc committee of the Aurora Health Care Board of Directors’ Social Responsibility Committee undertook a five-month process to identify a common need in all Aurora Health Care service areas. The ad hoc committee presented its final recommendation to the Social Responsibility Committee in October of 2012 and, for the purpose of developing community benefit implementation strategies, a “signature community benefit focus” for all Aurora Health Care hospital facilities was determined:

- A demonstrable increase in “health home” capacity and utilization by underserved populations across Aurora’s footprint (Medicaid-eligible and uninsured)

During 2015, AMCO leaders prioritized significant needs based on the following criteria:

- Meets a defined community need (i.e., access for underserved populations)
- Aligns community benefit to organizational purpose and clinical service commitment to coordinate care across the continuum
- Aligns with hospital resources and expertise and the estimated feasibility for the hospital to effectively implement actions to address health issues and potential impact
- Reduces avoidable hospital costs by redirecting people to less costly forms of care and expands the care continuum
- Has evidence-basis in cross-section of the literature for management of chronic diseases in defined populations
- Leverages existing partnerships with free and community clinics and Federally Qualified Health Centers (FQHCs)
- Resonates with key stakeholders as a meaningful priority for the Aurora hospital to address
- Potential exists to leverage additional resources to extend impact
- Increases collaborative partnerships with others in the community by expanding the care continuum
- Improves the health of people in the community by providing high-quality preventive and primary care
- Aligns hospital resources and expertise to support strategies identified in municipal health department Community Health Improvement Plan (CHIP)

Using these criteria, Aurora Medical Center Oshkosh has prioritized the significant health need areas to address in its implementation strategy:

- Access and coverage including mental health
- Healthy weight – overweight/obesity
- Alcohol and substance use
- Sexual assault and other violence
- Cancer

Significant health needs not being addressed in the implementation strategy and the reason:
The implementation strategy does not include specific strategies for some chronic diseases, as these are addressed as part of the standard continuum of clinical care at Aurora Medical Center Oshkosh and Aurora Health Care Medical Group clinics.

Dental care, injury, senior care and tobacco use are being addressed through community efforts, including: The Tri-County Community Dental Clinic covering Calumet, Outagamie and Winnebago Counties, which provides volunteer dentists, hygienists and assistants who perform cleanings, emergency care and basic fillings. The Winnebago County Health Department is providing injury prevention programs. Senior care programs include: Family Care Program, Winnebago County Aging and Disability Resource Center, UW-Oshkosh Learning in Retirement Program, and the Oshkosh Senior Centers. AMCO addresses mental health at the community level through re:TH!NK, Winnebago’s Healthy Living Partnership and the Winnebago County Heroin Task Force.
Section 5 | Community resources and assets

The assessment identified a multitude of community resources and assets including five other hospitals and their community benefit programs, primary and specialty health care providers and dentists, municipal governments and their departments, public and private schools, and many religious organizations. The Winnebago County Health Needs Assessment: A Summary of Key Informant Interviews Report 2015 describes available community health resources and assets under each health issue as noted by the interviewed community members. The organizations listed as providing key informants for interviews are assets and resources for the community as well. Specific resources leveraged by AMCO are identified in the Implementation Strategy. For details, see Appendix E.

This Community Health Needs Assessment (CHNA) Report was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 17, 2015.

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, click here.
2016-2018 Implementation Strategy

Aurora Medical Center Oshkosh Implementation Strategy

In 2013, Aurora Medical Center Oshkosh (AMCO) completed and published its Community Health Needs Assessment (CHNA) Report and 2014 Implementation Strategy, which was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on December 19, 2013, and posted to the Aurora Health Care web site. The CHNA was conducted again in 2015, the findings of which are mostly consistent with our previous CHNA and enable us to adjust our implementation strategy accordingly. That document, which provides a comprehensive overview of the community served and significant health needs identified, is available by visiting http://www.aurora.org/commbenefits. Experience in carrying out the 2014 and 2015 Implementation Strategies formed the process for preparing the 2016-2018 Aurora Medical Center Oshkosh Implementation Strategy.

Our AMCO Implementation Strategy is organized into three main categories in alignment with three core principles of community benefit as shown below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Community Benefit Core Principle</th>
<th>Focus area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority #1: Access</td>
<td>Access for persons in our community with disproportionate unmet health needs</td>
<td>• Access including mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Health care coverage</td>
</tr>
<tr>
<td>Priority #2: Community Health</td>
<td>Build links between our clinical services and local health department community health improvement plan (CHIP)</td>
<td>• Healthy weight – overweight/obesity</td>
</tr>
<tr>
<td>Improvement</td>
<td></td>
<td>• Alcohol and substance use</td>
</tr>
<tr>
<td>Priority #3: Community Benefit</td>
<td>Address the underlying causes of persistent health problems</td>
<td>• Sexual assault and other violence</td>
</tr>
<tr>
<td>Hospital Focus</td>
<td></td>
<td>• Cancer</td>
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</tbody>
</table>

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.

AMCO is a partner in the Fox Valley Community Health Improvement Coalition (FVCHIC), a coalition of health care systems and city and county health departments located in Calumet, Outagamie, and Winnebago counties. The purpose of the FVCHIC is to collaborate on collecting and analyzing community health data, identifying and prioritizing community health needs, and planning and implementing strategies to improve the health of the Fox Valley region. In 2015, the FVCHIC focused on collecting primary and secondary health data along with conducting key informant interviews, prioritizing community health needs and developing implementation strategies will be completed in early 2016. Given the discrepancy in timelines between AMCO’s reporting requirements and the FVCHIC’s community process, AMCO will further update its Implementation Strategy in 2016 to align with FVCHIC’s community health priorities identified during 2016.

Note: Our implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. For a full accounting of the community benefits we provide each year, please see our most recent report: http://www.aurora.org/commbenefits.
**2016-2018 Implementation Strategy**

**Significant health needs/issues not specifically addressed in our implementation strategy and the reason:**

The implementation strategy does not include specific strategies for some chronic diseases, as these are addressed as part of the standard continuum of clinical care at Aurora Medical Center Oshkosh and Aurora Health Care Medical Group clinics.

Dental care, injury, senior care and tobacco use are being addressed through community efforts, including: The Tri-County Community Dental Clinic covering Calumet, Outagamie and Winnebago Counties, which provides volunteer dentists, hygienists and assistants who perform cleanings, emergency care and basic fillings. The Winnebago County Health Department is providing injury prevention programs. Senior care programs include: Family Care Program, Winnebago County Aging and Disability Resource Center, UW-Oshkosh Learning in Retirement Program, and the Oshkosh Senior Centers. AMCO addresses mental health at the community level through re:THINK, Winnebago’s Healthy Living Partnership and the Winnebago County Heroin Task Force.
According to the 2015 Winnebago County Behavioral Risk Factor Surveillance System Study (BRFSS), 81% of Winnebago County residents reported that they did not delay or did not need medical care in the past 12 months; however, 8% reported an unmet medical care need in the past 12 months. This falls short of the Healthy People 2020 target of reducing the proportion of persons who are unable to obtain or delay receiving necessary medical care to 4.2% (CHNA Source #1).

In addition, 8% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs in 2015 (CHNA Source #1). The Healthy People 2020 target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary prescription medication to 2.8%.

Based on the 2015 County Health Rankings for Winnebago County, 12% of adults under age 65 are uninsured as compared to 13% for Wisconsin (CHNA Source #2). However, 5% of all adults in Winnebago County reported they were not covered currently with health insurance (CHNA Source #1). The Healthy People 2020 target for health care coverage is 100%.

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

**Community partners**
- The Living Healthy Community Clinic (LHCC) provides primary, non-emergency and medical care for patients with chronic diseases and other health problems, prescription medications (no controlled substances), and health education and promotion. LHCC is operated by the UW-Oshkosh College of Nursing.

**Target population**
- Medicaid-eligible, uninsured or underinsured in need of primary care and pharmaceutical services
- Residents of Winnebago County who may be in need of behavioral health services

**Intended impact**
- An increase in medical home capacity and utilization by underserved populations, low-income individuals who are uninsured and underinsured
- Medicaid-eligible, uninsured and underinsured individuals seeking primary care and all persons seeking mental health services in our emergency department (ED) will:
  - Understand the benefits of routine primary care services
  - Successfully transition to AHCMG and LHCC providers for primary care
  - Receive appropriate referrals for Aurora Behavioral Health Services and LHCC
  - Obtain affordable health insurance coverage

**Measures to evaluate impact**
- Number of patients referred from our hospital ED to AHCMG primary care provider or LHCC and number of primary care appointments scheduled
- Number of non-emergent ED visits without a primary care physician (compare to 2015 baseline data)
- Number of uninsured patients screened and enrolled in financial assistance programs (e.g., Aurora’s Helping Hand Patient Financial Assistance program) or the Marketplace (the health insurance exchange)
- Number of ED behavioral health screenings; number of resultant telepsych referrals for ABHS
- Number of information toolkits distributed
2016-2018 Implementation Strategy

Priority 1: Access

Access continued

<table>
<thead>
<tr>
<th>Action plan</th>
<th>Target Date</th>
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</thead>
<tbody>
<tr>
<td><strong>Ensure appropriate follow-up services for Medicaid-eligible and un- or under-insured patients using our hospital Emergency Department (ED) to receive primary care and behavioral health</strong></td>
<td></td>
</tr>
<tr>
<td>• Support expansion of behavioral health services at Living Healthy Community Clinic (LHCC) through Aurora’s Better Together Fund grant of $132,919; monitor progress and impact</td>
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<tr>
<td>• Donate lab and basic diagnostic services (quarterly rotation) to patients referred from LHCC</td>
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<tr>
<td>• Provide housekeeping, medical waste removal and outside maintenance at no charge to LHCC</td>
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<tr>
<td>• Continue to have a hospital leader serve on the LHCC Advisory Board</td>
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<tr>
<td>• Collect baseline data on the number of Medicaid-eligible, un- and underinsured patients using our hospital ED for primary care and number of referrals to LHCC and Aurora Health Care Medical Group (AHCMG)</td>
<td>Ongoing</td>
</tr>
<tr>
<td>• Provide social worker in ED to conduct/assist assessments to expedite transfer of patients to appropriate levels of care providers and or crisis line (see logic model, next page)</td>
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</tr>
</tbody>
</table>
| • Develop a process to refer and track ED patients to a primary care provider at LHCC or AHCMG for follow-up care or prevention services  
  – Create referral plan  
  – Revise current resource guide to include an information kit outlining navigation from our hospital ED to primary care and health resources, including a script for ED staff to use to emphasize the importance and value of primary care  
  – Develop database or tracking source to capture data on referrals and follow-through with patients referred by the ED to LHCC or AHCMG (completed primary care clinic visit) |  |
| • Ensure access (navigation and care coordination) to LHCC and AHCMG and  
  – Educate patients on the benefits of primary and preventive care  
  – Promote the importance of receiving primary care with LHCC or an AHCMG physician |  |
| **Improve coverage for uninsured and Medicaid-eligible patients using our ED for primary care:** | Ongoing |
| • Actively screen all uninsured patients for financial assistance programs, which includes coverage through the Marketplace (the health insurance exchange), Aurora’s Helping Hand Patient Financial Assistance program, other safety net programs for which they qualify, and assist with application processes |  |
## 2016-2018 Implementation Strategy  
**Priority 1: Access**

*Access continued*

<table>
<thead>
<tr>
<th>Coverage-to-Care Logic Model</th>
<th>Outputs</th>
<th>Short Term</th>
<th>Intermediate Term</th>
<th>Long Term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inputs</strong></td>
<td><strong>Activities</strong></td>
<td><strong>Outputs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker for emergency department (ED)</td>
<td>Develop network with community referral sources</td>
<td>Number of assessments administered</td>
<td>Patients feel supported in their health care decision making</td>
<td>Dollars saved through lowering ED utilization for behavioral health issues</td>
</tr>
<tr>
<td>Program design</td>
<td>Outreach calls</td>
<td>Number of patients identified and recruited into the program</td>
<td></td>
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</tr>
<tr>
<td>High-utilization criteria</td>
<td>Case management coordination</td>
<td>Number of community referral sources in the ‘network’</td>
<td></td>
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<tr>
<td>Assessment tool to identify barriers to care</td>
<td>Connecting patients to resources</td>
<td>Patient satisfaction</td>
<td></td>
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<tr>
<td>Materials (patient education materials, education materials for ED staff)</td>
<td>Education on health care process</td>
<td></td>
<td></td>
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<tr>
<td>Aurora financial advocates</td>
<td>Referrals and connections to primary care physicians and specialists</td>
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<tr>
<td>Network of community referral sources</td>
<td>Education and role-modeling</td>
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<tr>
<td>Attend appointments with patients</td>
<td>scheduling appointments</td>
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</table>
Focus | Healthy weight – addressing overweight/obesity

**Overweight/obesity – adults** | Based on the 2015 County Health Rankings for Winnebago County, 29% of adults were obese, the same level as the state (29%), and higher compared to the national benchmark (25%) (CHNA Source #2). According to the 2015 BRFSS, 27% of Winnebago County adults were overweight and 31% were obese, for a total of 58% (CHNA Source #1). In 2015, 66.5% of Wisconsin adults were overweight and obese.38

**Nutrition - access to healthy foods** | Based on the 2015 County Health Rankings for Winnebago County, 8% of the population had limited access to healthy foods. This was higher compared to the state (5%), and higher than the national benchmark (0% of the population had limited access to healthy foods) (CHNA Source #2).

**Physical activity – youth** | The Youth Risk Behavior Survey (YRBS), a survey conducted by the Centers for Disease Control and Prevention to assess student behavior, included all Winnebago County school districts. Results are based on student self-report and were taken during the 2013-2014 school year (grades 9-12 included) (CHNA Source #4). Some of the findings include:
- 22% youth watched at least three hours or more of television on an average school day
- 48% of Winnebago County youth were physically active for 60 minutes or more on five or more days, exceeding the national rate of 47.3% but lower than Wisconsin’s rate of 49.5%

In addition, key informants identified nutrition and physical activity as one of the top four health issues challenging the community (CHNA Sources #5).

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**Principal partner**
- Aurora Health Care Medical Group (AHCMG)

**Community partners**
- Fox Valley Community Health Improvement Coalition
- Winnebago County Health Department
- Weight of the Fox Valley
- Ascension Health System
- ThedaCare
- Oshkosh Area United Way

**Target population**
- Children, adolescents and adults with a body mass index (BMI) greater than 30
- Local employers in Winnebago County

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2016-2018 Implementation Strategy  Priority 2: Community Health Improvement

Intended impact
- Increase the percentage of the community with a healthy weight from 37% to 40% within 5 years (Weight of the Fox Valley goal)
- Participants in our community programs will realize lasting benefits of regular exercise and healthy eating
- Our pediatric patients achieve a reduction in body mass index (BMI) and live healthier lifestyles with their families
- Adults in our diabetes education program achieve permanent improvements in diet and exercise, contributing to glycemic control and weight loss and maintenance as appropriate
- Increased number of local employers adopt some level of worksite wellness programming to achieve and maintain a healthy weight

Measures to evaluate impact
- **Weight of the Fox Valley Workplace Action Team** progress reports
  - Percent of Winnebago County companies to adopt some level of worksite wellness programming to achieve and maintain a healthy weight
- **Weight of the Fox Valley Active Communities Team** progress reports

<table>
<thead>
<tr>
<th>Action plan</th>
<th>Target date</th>
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</thead>
<tbody>
<tr>
<td><strong>Through active participation in the Weight of the Fox Valley initiative:</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Actively serve on the **Weight of the Fox Valley Worksite Action Team**  
  - Work with local employers in Winnebago County to adopt some level of worksite wellness programming | Ongoing |
| 2. Actively participate on the **Weight of the Fox Valley Active Communities Team**  
  - Support the team’s mission to promote use of trails and bike routes and leverage regional planning work and plans to assure coordination across jurisdictions |             |
| 3. Create and maintain more low cost opportunities for families to be active on a year-round basis, including developing Born Learning Trail, Safe Routes to School, and Fit Kids Fit Families | December 2016 |
| 4. Provide professionals such as pediatric nurse practitioner, dietitian and exercise scientists to staff community-based initiatives such as re:TH!NK | 2016-2018 |
| 5. Explore opportunities to develop walking/biking connectivity around AMCO campus |             |
| 6. Collaborate with the **Weight of the Fox Valley** partners to launch four additional action teams: food systems, healthcare, schools, early childhood |             |
| 7. Pending development of a regional Fox Valley plan, additional initiatives will be implemented |             |
Focus | Alcohol and substance use in our community

Alcohol use | Based on the 2015 BRFSS for Winnebago County, 29% of adults engaged in binge drinking in the past 30 days. This was higher than the state (22.8%), and considerably higher than the national percentage of 17.0% (CHNA Source #2). According to the Winnebago County YRBS, 17.2% of the adolescents binge drank in the past month, well above the Healthy People 2020 target of 8.6% (CHNA Source #4). In Winnebago County 47% of all driving deaths involved alcohol, compared to 39% statewide (CHNA Source #2).

Substance use | In Winnebago County, the rate of opiate-related deaths was 4.7 per 100,000 in 2013, lower than the state average of 5.3 deaths per 100,000 population. When combined with all other sedative-related deaths, Winnebago County was slightly lower than the Wisconsin rate (10.1 deaths per 100,000 population and 13.6 deaths per 100,000, respectively). 39 However, there were a total of 144 Winnebago County residents who had a drug-related death during 2013. In addition, 3.6% of the high school students in Winnebago County reported having tried heroin at least once in their lifetime compared to 2.2% nationally in 2013. 40

In addition, key informants identified alcohol and other drugs as one of the top four health issues challenging the community (CHNA Sources #5).

Principal partners
- Aurora Behavioral Health Services
- Aurora Health Care Medical Group
- Aurora Pharmacies

Community partners
- Ascension Health System Emergency Department
- AIDS Resource Center
- Concerned parents and family members
- Drug Court and law enforcement
- The Watershed Addiction Program
- Oshkosh Fire and Rescue Department
- Theda Clark Emergency Department, Gold Cross Ambulance
- School and health officials
- Winnebago area drug addiction treatment facilities
- Winnebago County Coroner
- Winnebago County Health Department
- Winnebago County Heroin Task Force
- NOVA Counseling/Terra House
- Solutions Recovery Club

Target population
- Winnebago County residents and substance users

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### 2016-2018 Implementation Strategy

**Priority 2: Community Health Improvement**

**Alcohol and substance use continued**

**Intended impact**
- Decrease in drug overdose deaths in Winnebago County
- Increase in heroin and opioid treatment and harm-reduction efforts resulting from increased awareness in Winnebago County

**Measures to evaluate impact**
- Decrease in number of drug overdose deaths (Winnebago County Coroner)
- Care Management scores for patients in system-wide treatment protocols

<table>
<thead>
<tr>
<th>Action plan</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support the Winnebago County Heroin Task Force efforts to reduce drug overdose deaths, address the growing presence of heroin in the county, and enhance harm reduction and drug treatment:</strong></td>
<td></td>
</tr>
<tr>
<td>Harm reduction</td>
<td></td>
</tr>
<tr>
<td>- Build awareness and provide educational resources on how to create safer environment for those afflicted by addiction</td>
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</tr>
<tr>
<td>- Educate the public that those afflicted by addiction are suffering from an illness</td>
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</tr>
<tr>
<td>- Provide drug-assisted treatment options in Winnebago County</td>
<td>Ongoing</td>
</tr>
<tr>
<td>- Work with health care providers to assure a Naxoxone (Narcan) administration instructional video is viewed and provide hands-on training</td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
</tr>
<tr>
<td>- Explore sober living options, promote solutions recovery club</td>
<td></td>
</tr>
<tr>
<td>- Develop sobriety outreach efforts</td>
<td></td>
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<tr>
<td>- Provide location for drug addicts to safely manage withdrawal symptoms</td>
<td></td>
</tr>
<tr>
<td>• Develop measures (e.g. ED patients evaluated for heroin-related complaints, obstetrical patients with drug addiction, newborns delivered treated for drug addiction) and work with coding and billing to develop data collection process and/or efforts to implement a manual chart audit</td>
<td>2016</td>
</tr>
</tbody>
</table>

**Support collaboration among professionals working in the fields of mental health and substance abuse to strengthen infrastructure for improving the community’s response to addiction, treatment and recovery.**

| • Implement Aurora’s system-wide protocols in our clinics, hospitals and pharmacies focused on preventing opioid overdose and opioid use disorder and expanding access to medication-assisted treatment (MAT) | Ongoing |

**Support collaboration among professionals working in the fields of mental health and substance abuse to strengthen infrastructure for increasing prevention.**

| • Screen for alcohol use as a cause for our patients presenting in our hospital ED with falls and injuries | Ongoing |
| • Actively engage in local Drug Take-Back programs and activities | Ongoing |
Focus | Sexual assault and other violence

The rate of rape for Winnebago County was 17.0 reports per 100,000 persons, lower than Wisconsin’s overall rate of 21.0 per 100,000 in 2012. According to the Winnebago County YRBS, 10.4% of the high school students reported that “someone whom they were dating or going out with forced them to do sexual things that they did not want to do in the past 12 months.” This is higher than the state rate of 9.6% and equal to the national rate (CHNA Source #4). However, 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. In addition, the rate of aggravated assault for Winnebago County in 2012 was 160.0 reports per 100,000 persons, lower than Wisconsin’s overall rate of 175.0 per 100,000. In Wisconsin, the rate of Child Protective Services (CPS) reports was 30.7 per 1,000 children in 2013; Winnebago County’s rate was higher at 37.9 reports per 1,000 children.

Through a system-wide approach, Aurora’s Sexual Assault Nurse Examiner (SANE) program offers trauma-informed and victim-sensitive services to people of all ages who have been affected. Our SANE nurses are specially trained and certified to provide 24/7 coverage.

Principal partners
- Aurora Health Care Medical Group (AHCMG) physicians, nurse practitioners and care providers
- Sexual Assault Nurse Examiner programs across the Aurora Health Care system

Community partners
- Christine Ann Domestic Abuse Services, Inc.
- Human Services/Child Protective Services
- Menasha & Neenah Police Departments
- Ascension Health
- Oshkosh Correctional Institution
- Oshkosh Police Department
- Reach Counseling
- Theda Care
- University of Wisconsin-Oshkosh (UW-O)
- UW Health- Child Advocacy Center
- Winnebago County District Attorney’s Office
- Winnebago County Resource Center
- Winnebago County Sheriff’s Office
- Statewide agency: Wisconsin Department of Justice, Office of Crime Victim Services (OCVS)
- Statewide Coalition: Wisconsin Coalition Against Sexual Assault (WCASA)

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Target population
- Individuals who have been sexually assaulted including children, adolescents, adults, and elderly
- Individuals experiencing domestic violence/strangulation

Intended impact
- Awareness of, and access to, services and advocacy for those who have been sexually assaulted
- Increased community knowledge of available resources
- Increased awareness in the community about sexual assault and domestic violence

Measures to evaluate impact
- Number of people provided with Aurora’s Forensic Program services related to sexual assault, domestic violence, strangulation, human trafficking, child abuse, elder abuse, Drug-Endangered Children (D.E.C.), or any other forensic service referral
- Number of children referred after implementation of D.E.C. program
- Levels of post-assault care management provided by SANE
- Number of referrals to other services and health care providers (by type – e.g. information on counseling services, women’s health, etc.)
- Number of community education/prevention/outreach trainings and attendance
- Number of scheduled on-call hours
- Other measures consistent with Aurora Health Care system-wide provision of SANE services
- Evaluate UW-O students referred to the SANE program

<table>
<thead>
<tr>
<th>Action plan</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support victims of sexual assault and violence and increase access to immediate acute care and follow-up services</strong> (see SANE program logic model, next page)</td>
<td></td>
</tr>
<tr>
<td>• Maintain 24/7 coverage of our hospital’s Sexual Assault program</td>
<td></td>
</tr>
<tr>
<td>• Provide trauma-informed and victim-sensitive services to people of all ages who have been affected, including forensic evidence collection</td>
<td></td>
</tr>
<tr>
<td>• Refer as appropriate to medical, clinical, counseling and advocacy services</td>
<td>Ongoing</td>
</tr>
<tr>
<td>• Build capacity to expand forensic-evidence collection for domestic violence cases</td>
<td></td>
</tr>
<tr>
<td>• Build capacity to expand our services to support drug-endangered children</td>
<td></td>
</tr>
<tr>
<td>• Develop an external website linked to our program</td>
<td></td>
</tr>
<tr>
<td>• Implement SDT-TeleMedicine forensic photodocumentation system based on and designed around the Federal Rules of Evidence</td>
<td></td>
</tr>
</tbody>
</table>
2016-2018 Implementation Strategy
Priority 3: Community Benefit Hospital Focus

Action Plan

Advance the capacity of the broader community to respond to issues related to sexual assault and personal violence:

- Through Aurora’s Better Together Fund grant of $30,000, support expansion of sexual assault treatment capacity and advocacy services at Reach Counseling – Brown, Outagamie and Winnebago Counties – in the emergent area of sex-trafficking; monitor progress and impact
- Serve on the Board of Directors for our state professional organization, the Wisconsin Chapter of the International Association of Forensic Nurses
- Have our Sexual Assault Nurse Examiner program coordinator serve as liaison to the community response team
- Develop an outreach plan to align with advocacy organizations working in schools to increase awareness about the program among clinics, community partners and organizations
  - Work with community partners and agencies (e.g. Winnebago Police Department, UW-Oshkosh, prison system, and Winnebago Mental Health) to become the lead site for referrals
- Collaborate with law enforcement in Winnebago County on working D.E.C. response regarding Aurora’s forensic program involvement and attend local community meetings
- Provide free space to Reach Counseling Services to operate sexual assault counseling and prevention services
- Raise funds to support survivors, increase awareness in the community, and support SANE nurses in providing professional education to other service providers via annual Live Well fundraiser

Target Date

- Ongoing

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SANE Program Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short Term</th>
<th>Intermediate Term</th>
<th>Long Term</th>
</tr>
</thead>
</table>
| - Staff
- Program coordinator
- On call SANE nurses
- Community resources
- Dedicated exam room
- Resources to support the SANE nurses and their ability to continue in the program | - Assess community need and determine agencies and their current roles (who is doing what)
- Community education
- Staff education to identify trauma
- Connect to crisis counselor
- Connect to advocacy
- Connect to legal system
- Maintain the chain of evidence; Implement SDAT-TeleMedicine forensic photodocumentation system based on and designed around the Federal Rules of Evidence | - # of people receiving forensic exam
- Patient satisfaction
- # of providers participating in community and campus education programs
- Evidence sent to crime lab for maintenance & safekeeping
- Barriers to care identified | - # of referrals made to community resources
- # of referrals made from physician offices and/or other community resources that received education
- # of preventive strategies that universities put in place based on education program
- Response time to assist the victim (minutes)
- Reduced # and % of walkaways | - # and % of patients that follow up connection is made
- Contact made with advocacy agency
- Contact made with referral agencies
- # of referrals made to physicians or other resources
- All needs/barriers addressed | - Continue healing at post-crisis service providers
- Increased % of victims accessing care
- % of consumers who recognize Aurora for abuse programs/services
- Sustain 24/7 program
- Job satisfaction of the SANE nurses |
Focus | Cancer

The 2008-2012 cancer age-adjusted incidence rate in Winnebago County was 493.2 per 100,000 population, higher compared to the state at 447.7 per 100,000. Additional cancer rates include:

- The 2008-2012 female breast cancer incidence rate in Winnebago County was 134.9 per 100,000 population, higher compared to the state at 125.4 per 100,000 (CHNA Source #3).
- The 2008-2012 female lung/bronchus cancer incidence rate in Winnebago County was 61.9 per 100,000 population, higher compared to the state at 53.4 per 100,000 (CHNA Source #3).
- The 2008-2012 male colorectal cancer mortality rate in Winnebago County was 19.0 per 100,000 population, higher than the Healthy People 2020 target rate of 14.5 per 100,000 (CHNA Source #3).
- The 2008-2012 male lung/bronchus cancer mortality rate in Winnebago County was 55.9 per 100,000 population, higher than the Healthy People 2020 target rate of 45.5 per 100,000 (CHNA Source #3).

Principal partner
- Aurora Health Care Medical Group (AHCMG)
- Aurora Cancer Care – Vince Lombardi Cancer Clinic
- Aurora Health Care Foundation

Community partners
- Ice Hawks Hockey team
- American Cancer Society
- Cousins Subs

Target population
- Winnebago County residents

Intended impact
- Increased public awareness of cancer prevention, diagnosis, and treatment
- Early detection of cancer diagnoses
- Increased survivorship plans of patients with selected cancers

Measures to evaluate impact
- Number of cancer screenings
  - Percent referred for additional assessment
  - Percent referred for treatment and care
  - Percent completing distress tool and referred to Hope Cancer Connection of the Fox Valley
  - Number and percent achieving survivorship goals
- Number of local businesses engaged in promoting cancer screening
- Number of persons attending the annual Survivorship event at the Vince Lombardi Cancer Clinic at AMCO

Action Plan (next page)
2016-2018 Implementation Strategy

Priority 3: Community Benefit Hospital Focus

Action Plan | Target Date
--- | ---
**Help the broader community understand and identify risk factors and early detection of cancer:**
- Increase cancer screening rates by providing educational sessions at a variety of community venues and events | Ongoing
- Coordinate and provide financial assistance for women who are age or risk eligible and who are unable to cover the cost of screening mammograms. Note: This is coordinated through financial advocates | Ongoing

**Reduce the burden of breast, colorectal and lung cancer in the community by promoting cancer awareness and increasing access to cancer screenings**
- Engage local business partners via Aurora Network connections to raise community awareness about the need (and opportunities) for cancer screenings | Ongoing
- Support cancer patients in active treatment through the Volunteer Patient Advocate (VPA) program | Ongoing

**Ensure that persons living with cancer – and their families – have access to support services they need:**
- Strengthen our partnership with Hope Cancer Connection of the Fox Valley through active financial support for on-site counseling, and by providing leadership through active board-level participation | Ongoing
- Hold an annual Survivorship activity for our cancer patients and their caregivers to provide information about cancer support resources and to address quality of life issues during and after cancer treatment | Ongoing

Breast Cancer Logic Model

<table>
<thead>
<tr>
<th>Program</th>
<th>Activities</th>
<th>Impact</th>
<th>Short Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td>• Primary Care</td>
<td>• Number who got mammogram/total number of eligible women</td>
<td>• # of women compliant target will improve cancer screening so that appropriate screening is performed for Breast Cancer: 10% of eligible women</td>
<td>• Compliance to f/u with recommendations</td>
<td>• 5 year survival rates • Patients express received supplemental support from volunteers during their treatments (qualitative feedback data) • Completed supportive referrals and documentation to provide appropriate and continuous follow-up and continuity of care • Overall increased knowledge of cancer screening benefits and cancer risks within diverse populations • Patients become proactive in their own healthcare and survivorship by reducing their risk of recurrence with regular exercise and achieving an optimal body weight</td>
</tr>
<tr>
<td></td>
<td>• Care Management</td>
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<tr>
<td></td>
<td>• Wil Well Woman Cancer Program</td>
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<tr>
<td></td>
<td>• Rapid Results Program (at ASMC &amp; AWP only)</td>
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</tr>
<tr>
<td></td>
<td>• Risk evaluation program-Breast Volunteer Patient Advocate (VPA) program (internal outreach at ASLMC)</td>
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</tr>
<tr>
<td></td>
<td>• Aurora Cancer Care Speaker’s Bureau</td>
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<tr>
<td></td>
<td>• Team Phoenix</td>
<td></td>
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<tr>
<td></td>
<td>• Annual maintenance reminders by PCP, My Aurora and mail reminders</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• POP referred to Rapid diagnosis for women with palpable lumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• POP documentation of risk, patient referral, targeted activities/education of risk factors, web, PR materials, POP offices, clinic groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Connect cancer patients to vital cancer information by increasing support and referrals to local partners for cancer programs and services</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Speaking and outreach opportunities for Aurora HealthCare cancer experts within the community</td>
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<tr>
<td></td>
<td>• Survivors who have chosen to redefine themselves as athletes join Team Phoenix</td>
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</tr>
</tbody>
</table>
## Colorectal Cancer Logic Model

<table>
<thead>
<tr>
<th>Programs</th>
<th>Activities</th>
<th>Impact</th>
<th>Short-term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary Care Care Management</td>
<td>• Annual maintenance reminders by PCP, My Aurora and mail minds</td>
<td>• # of patients who undergo an approved colorectal cancer screening test/total eligible patients</td>
<td>• Compliance to f/u with recommendations</td>
<td>• 3-year survival rates</td>
<td>• Patients express they received supplemental support from volunteers during their treatments (qualitative feedback data)</td>
</tr>
<tr>
<td>• Judy Kern-Pence project (ASMC, ASLSS, ASLIMC, AWPCC only)</td>
<td>• Outreach to specifically African American and Latino communities</td>
<td>• # patients compliant with recommendations</td>
<td>• One-year survival</td>
<td>• Increased number of Aurora Health Care resources utilized for screening, treatment, and continuing care</td>
<td>• Overall increased knowledge of cancer screening benefits and cancer risks within diverse populations</td>
</tr>
<tr>
<td>• Volunteer Patient Advocate (VPA) program (Internal Outreach at ASLIMC)</td>
<td>• Connect cancer patients to vital cancer information by increasing support and referrals to local cancer programs and services</td>
<td>• # patients diagnosed early stage colorectal cancer</td>
<td>• Education of resources and screening readily provided to a diverse target population</td>
<td>• Increased number of Aurora Cancer Care's resources and education high-risk screening</td>
<td></td>
</tr>
<tr>
<td>• Aurora Cancer Care Speaker's Bureau</td>
<td>• Speaking and outreach opportunities for Aurora Health Care cancer experts within the community</td>
<td>• Education of African American and Latino patients who undergo CRC screening compared to baseline</td>
<td>• Number of patients who interacted with VPA persons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Lung Cancer Logic Model

<table>
<thead>
<tr>
<th>Program</th>
<th>Activities</th>
<th>Impact</th>
<th>Short-term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary Care tobacco cessation/counseling</td>
<td>• Smoking cessation programs</td>
<td>• # of patients in smoking cessation program</td>
<td>• # of patients compliant with smoking cessation (any program f/u)</td>
<td>• 5 year survival</td>
<td>• Patients express they received supplemental support from volunteers during their treatments (qualitative feedback data)</td>
</tr>
<tr>
<td>• Lung CT Screening Program (ABMC, AMMC, AMCC, AMKG, ASLIMC, AMCS, ALMC &amp; AMCK)</td>
<td>• Lung cancer risk and education outreach, leaflet, radio, PR materials, PCP offices, lobby boards, civic groups</td>
<td>• Number of patients participating in Lung CT Screening Program</td>
<td>• # of patients diagnosed with lung cancer</td>
<td>• Completed supportive referrals and documentation to provide appropriate and continuous follow-up and continuity of care</td>
<td>• Increased knowledge of cancer screening benefits and cancer risks within diverse populations</td>
</tr>
<tr>
<td>• Volunteer Patient Advocate (VPA) program (Internal Outreach at ASLIMC)</td>
<td>• Connect cancer patients to vital cancer information by increasing support and referrals to local partners for cancer programs and services</td>
<td>• Number of patients who interacted with VPA persons</td>
<td>• High number available volunteer spots filled, 75% with a goal of a 100% fulfillment rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Speaking and outreach opportunities for Aurora Health Care cancer experts within the community</td>
<td>• Increased community visibility of Aurora Cancer Care's resources and education high-risk screening</td>
<td>• Education of resources and screening readily provided to a diverse target population</td>
<td></td>
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<td></td>
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</tbody>
</table>

**Data collection and analysis:** The Winnebago County Behavioral Risk Factor Surveillance System (BRFSS) Survey, a comprehensive phone-based survey, gathers specific data on behavioral and lifestyle habits of the adult population and select information about the respondent’s household. In addition, modifications of the draft Centers for Disease Control and Prevention Risk Behavior Survey questionnaire plus additional questions were made by the St. Norbert college Strategic Research Institute in consultation with the Fox Cities Community Health Improvement Coalition. The health topics covered by the survey are provided in the Winnebago County BRFSS Report Summary (Appendix D).

Respondents were scientifically selected so that the survey would be representative of all adults 18 years old and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers, which included listed and unlisted numbers. The respondent within each household was randomly selected using the Troldahl-Carter household selection technique based on the number of adults in the household (75%). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (25%). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 401 telephone interviews were completed between January 15 and March 12, 2015. With a sample size of 401, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Winnebago County. The margin of error for smaller subgroups will be larger.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of total adult population. One percentage point equals approximately 1,309 adults or at least 733 households. Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from previous reports or the Appendix as a result of rounding, recoding variables or response category distribution.

**Partners & Contracts:** The report was a collaborative effort paid for by Affinity Health System, Aurora Health Care, ThedaCare and the Winnebago County and City of Oshkosh Health Departments. The survey was conducted by the St. Norbert College Strategic Research Institute.
Appendix B | County Health Rankings (2015) (Source #2)
The data is available at www.countyhealthrankings.org/app/wisconsin/2015/overview

Data Collection & Analysis
Each year, the overall health of almost every county in all 50 states is assessed and ranked using the latest publically available data. Ranking includes health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors and physical environment). Most of the county level data as based on the CDC’s Behavior Risk Factor Surveillance System (BRFSS); the CDC averages seven years of data, wherever possible, to calculate each measure. Below is a snapshot of some measures for Winnebago County (WI).

### Winnebago (WN)

#### County Snapshot | Additional Measures

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Winnebago County</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>Wisconsin</th>
<th>Rank (of 72)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>5,782</td>
<td>~</td>
<td>5,372-6,192</td>
<td>5,200</td>
<td>5,881</td>
<td>34</td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>9%</td>
<td>7.1%</td>
<td>9%</td>
<td>12%</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>2.8</td>
<td>2.3-3.4</td>
<td>2.5</td>
<td>3.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.4</td>
<td>2.4-4.4</td>
<td>2.3</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>7.4%</td>
<td>7.0-7.9%</td>
<td>5.5%</td>
<td>7.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
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</tr>
<tr>
<td>Adult smoking</td>
<td>18%</td>
<td>14-22%</td>
<td>14%</td>
<td>16%</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>29%</td>
<td>~</td>
<td>25-34%</td>
<td>25%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Food environment index</td>
<td>7.8</td>
<td></td>
<td>6.4</td>
<td>8.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>22%</td>
<td>~</td>
<td>18-26%</td>
<td>20%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>79%</td>
<td></td>
<td>92%</td>
<td>83%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>24%</td>
<td>19-29%</td>
<td>10%</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>47%</td>
<td></td>
<td>14%</td>
<td>39%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>332</td>
<td>~</td>
<td>138</td>
<td>414</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>21</td>
<td>20-22</td>
<td>20</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Care</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>10%</td>
<td>~</td>
<td>9-11%</td>
<td>11%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,206:1</td>
<td>1,045:1</td>
<td>1,215:1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>1,730:1</td>
<td>1,377:1</td>
<td>1,631:1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>581:1</td>
<td>~</td>
<td>386:1</td>
<td>623:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>41</td>
<td>~</td>
<td>37-45</td>
<td>41</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>94%</td>
<td>~</td>
<td>88-100%</td>
<td>90%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>74.6%</td>
<td>~</td>
<td>67.9-81.3%</td>
<td>70.7%</td>
<td>70.2%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social &amp; Economic Factors</th>
<th>29</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>90%</td>
</tr>
<tr>
<td>Some college</td>
<td>64.0%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.2%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>16%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>4.0</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>29%</td>
</tr>
<tr>
<td>Social associations</td>
<td>11.3</td>
</tr>
<tr>
<td>Violent crime</td>
<td>197</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>62</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>52</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution - particulate matter</td>
<td>11.6</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>10%</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>13%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>84%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>16%</td>
</tr>
</tbody>
</table>

2015
* 90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
Appendix C | Winnebago County Health Data Report: A summary of secondary data sources (2015) (Source #3)  
The report is available at www.aurora.org/commbenefits

Data Collection & Analysis: In summer 2015, the Center for Urban Population Health was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Winnebago County.

Publicly available data sources used for the Secondary Data Report

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>American FactFinder and American Community Survey</td>
<td>American FactFinder provides access to data about the United States. The data comes from several censuses and surveys. The American Community Survey (ACS) is a nationwide survey designed to provide information about how communities are changing. ACS collects and produces population and housing information every year, and provides single and multi-year estimates. Source: United States Department of Commerce, US Census Bureau</td>
</tr>
<tr>
<td>Wisconsin Interactive Statistics on Health (WISH)</td>
<td>WISH uses protected databases containing Wisconsin data from a variety of sources and provides information about health indicators (measure of health). Select topics include Behavioral Risk Factor Survey, birth counts, fertility, infant mortality, low birth weight, prenatal care, births, cancer, injury emergency department visits, injury hospitalizations, injury mortality, mortality, and violent death. Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics</td>
</tr>
<tr>
<td>County Health Rankings &amp; Roadmaps</td>
<td>Each year the overall health of almost every county in all 50 states is assessed and ranked using the latest publically available data. Ranking includes health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors and physical environment). Source: Collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.</td>
</tr>
<tr>
<td>Domestic Abuse Incident Report (DAIR)</td>
<td>Under Wisconsin Statutes § 968.075(9), each county is required to provide data regarding domestic abuse incidents to the Wisconsin Department of Justice’s Office of Crime Victim Services. For most counties, compliance with this requirement is achieved when the Department uses an automated system to extract county level data entered into the PROTECT system—a case management system used by Wisconsin district attorneys’ offices. The data is combined in a Department database which generates annual reports and tables. Source: Wisconsin Department of Justice, Office of Crime Victims</td>
</tr>
<tr>
<td>Wisconsin Child Abuse and Neglect Report</td>
<td>Data for this report is from the electronic Wisconsin Statewide Automated Child Welfare Information System (eWISACWIS). Child Protective Service agencies use eWISACWIS to manage their cases. The data is combined in a Department database which generates annual reports and tables. Source: Wisconsin Department of Children and Families, Child Protective Services Program</td>
</tr>
</tbody>
</table>

Data for each indicator is presented by race, ethnicity and gender when the data is available. In some cases data is not presented by the system from which it was pulled due to internal confidentiality policies which specify that data will not be released when the number is less than five. When applicable, Healthy People 2020 objectives are presented for each indicator. The objectives were not included unless the indicator directly matched with a Healthy People 2020 objective.

Partners & Contracts: The secondary data report is sponsored by Aurora Health Care and in partnership with the Winnebago County Health Department. The report was prepared by the Center for Urban Population Health.
Data Collection & Analysis: During the 2013-2014 school year, the Winnebago County Youth Risk Behavior Survey (YRBS) was administered to 5,290 students from the school districts of Menasha, Neenah, Omro, Oshkosh and Winneconne. The YRBS gathers student self-reported data on health behaviors, attitudes and perceptions, and protective factors. The behaviors monitored by the YRBS include traffic safety, weapons and violence, suicide, tobacco use, alcohol and other drug use, sexual behavior, diet, nutrition and exercise. These behaviors, in turn, result in the most significant causes of both mortality and morbidity during youth and adulthood.

The Winnebago County YRBS is conducted every two years using the online Wisconsin Department of Public Instruction (DPI) website system. The survey was the 2013 YRBS questionnaire administered by the State of Wisconsin, in collaboration with the Centers for Disease Control and Prevention (CDC), with the federal reporting measures added. Survey procedures were designed to protect the privacy of students by allowing anonymous and voluntary participation. Local parent permission procedures were followed before administration, including informing parents that their child’s participation was voluntary. The Cooperative Educational Service Agency 6 (CESA 6) compiled the data and created reports for each school district and the combined Winnebago County data.
Data Collection and Analysis: Thirty-two individual interviews were conducted between August and September 2015. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Winnebago County
- Comprised of leaders within the organization with knowledge or expertise relevant to the health needs of the community, health disparities or public health, and/or
- Served, represented, partnered or worked with members of the medically underserved, low income and/or minority populations

Key informants included leaders and local experts representing education, health services, public health, support organizations, churches, businesses, government and non-profit organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affinity Health System</strong></td>
<td>“As a regional integrated health care delivery system, Affinity Health System is focused on community-based, accessible care. Our geographic reach is an advantage for our patients and employees. Affinity Health System successfully unites more than 270 physicians, 22 clinics, three hospitals, an insurance plan and specialty health centers of excellence.”</td>
</tr>
<tr>
<td><strong>Affinity Health System Emergency Department</strong></td>
<td>“Trauma care requires training, coordination and experience. All three Affinity Health System hospitals – in Oshkosh, Appleton and Chilton – earned designations as trauma centers by the state of Wisconsin.”</td>
</tr>
<tr>
<td><strong>Aurora Medical Center Oshkosh Emergency Department</strong></td>
<td>“If you’re looking for a medical center that combines state-of-the-art resources with a commitment to providing personal, compassionate care, look no further than Aurora Medical Center in Oshkosh. In fact, we’ve been ranked the second safest hospital in the nation. You can also depend on 24/7 emergency services and a number of on-site specialists.”</td>
</tr>
<tr>
<td><strong>Aurora Medical Center Oshkosh SANE Program</strong></td>
<td>“S.A.N.E services provide specially trained registered nurses to provide forensic evaluations and emotional support, assistance in reporting the crime to police and referrals to other services such as counseling and other health care providers.”</td>
</tr>
<tr>
<td><strong>Boys and Girls Club</strong></td>
<td>“The Boys &amp; Girls Club of Oshkosh was founded as a 501(c)(3) non-profit organization in 1968. Our Club’s goal is to inspire and enable young people to realize their full potential as productive, responsible and caring citizens. The Boys &amp; Girls Club serves youth ages 6 to 18.”</td>
</tr>
<tr>
<td><strong>Children’s Hospital of Wisconsin – Fox Valley</strong></td>
<td>“With our location in Neenah, Children’s Hospital of Wisconsin is the only hospital in the Fox Valley dedicated exclusively to the care of kids. Our care providers in the Fox Valley have direct access to specialists at our hospital in Milwaukee.”</td>
</tr>
<tr>
<td><strong>Community for Hope</strong></td>
<td>“Community for Hope of Greater Oshkosh is a nonprofit organization supporting suicide prevention, intervention, and grief support.”</td>
</tr>
<tr>
<td><strong>Emmanuel United Church of Christ</strong></td>
<td>“Emmanuel Church was organized on December 2, 1891 as a result of a caring faith found in the 14 families of tavern owners and bartenders. In Oshkosh, Emmanuel was 1st to offer a dial-a-prayer ministry, a leader in efforts toward ecumenical sharing, offered a unique residential ministry for emotionally challenged adults with three other churches, and 1st on the south side of Oshkosh to offer a food pantry of city residents needing assistance.”</td>
</tr>
<tr>
<td><strong>Future Neenah</strong></td>
<td>“Future Neenah, incorporated in 1983, is a not-for-profit civic development group engaged in the leadership, management and funding of a wide range of programs, projects and events in Neenah, Wisconsin.”</td>
</tr>
<tr>
<td><strong>Goodwill Industries of North Central Wisconsin</strong></td>
<td>“Goodwill Industries of North Central Wisconsin is one of 165 regional Goodwill organizations throughout North America and across the world. Our goal is to help those with disabilities and other barriers to employment, and others with individualized needs, maintain their independence and become more fully contributing members of society.”</td>
</tr>
<tr>
<td><strong>Mercy Health Foundation</strong></td>
<td>“Mercy Medical Center Foundation was established on October 1, 1971 with a vision of working both inside the hospital and beyond its walls. The Foundation supports the mission by generating, stewarding and distributing charitable funds to enhance the quality of Mercy/Affinity services in the Oshkosh area.”</td>
</tr>
<tr>
<td><strong>Oshkosh Area Community Foundation</strong></td>
<td>“We’ve been part of the community since 1928, when 10 innovative and forward-thinking business leaders established the Oshkosh Area Community Foundation to encourage ‘public spirited citizens’ to invest in the future of Oshkosh.”</td>
</tr>
<tr>
<td><strong>Oshkosh Area School District</strong></td>
<td>“Through fifteen elementary schools, five middle schools, two high schools, and four charter schools, we educate over 10,000 students from early childhood through grade 12.”</td>
</tr>
<tr>
<td><strong>Oshkosh Area United Way</strong></td>
<td>“United Ways identify and build on community strengths and assets, help individuals and groups with specific community interests find ways to contribute their time and talents, support direct-service programs and community-change efforts, and advocate public-policy changes.”</td>
</tr>
<tr>
<td><strong>Oshkosh Northwestern</strong></td>
<td>“The Oshkosh Northwestern is one of 10 daily newspapers within Gannett Wisconsin Media that provides readers with news, information and local advertising offers when and how they want it.”</td>
</tr>
<tr>
<td><strong>Oshkosh Public Library and Winnefox Library System</strong></td>
<td>“The library is an information resource, a link to the online world, a leader in preserving and sharing local history and a vibrant place where the community gathers to read, learn, connect and grow.”</td>
</tr>
<tr>
<td><strong>Oshkosh YMCA</strong></td>
<td>“The Oshkosh Community YMCA is a not-for-profit organization whose purpose is to enhance lives by providing quality programs and facilities which will develop and maintain Christian values and ideals. No person shall ever be denied the services of the YMCA due to financial reasons.”</td>
</tr>
<tr>
<td>Re:TH!NK/Winnebago’s Healthy Living Partnership</td>
<td>“re:TH!NK, Winnebago’s Healthy Living Partnership, is the community engagement “arm” of the Winnebago County Health Department. re:TH!NK coordinates efforts with help from our local partners to create a place where everyone has the opportunity to live the healthiest life possible.”</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Town of Menasha Parks and Recreation Department</td>
<td>“The Town of Menasha Parks and Recreation Department is responsible for the development and maintenance of the town’s parks, trails, and natural areas. Along with maintaining the grounds and facilities mentioned above, the parks and recreation department is in charge of the development and promotion of recreation programs and special events.”</td>
</tr>
<tr>
<td>University of Wisconsin – Oshkosh</td>
<td>“UW Oshkosh proudly serves the region as the third-largest university in Wisconsin with an annual on- and off-campus enrollment of nearly 14,000. Recent key campus initiatives include a commitment to sustainability and the ideals of a liberal education across the curriculum.”</td>
</tr>
<tr>
<td>University of Wisconsin – Oshkosh Living Health Community Clinic</td>
<td>“The UW Oshkosh College of Nursing operates the Living Healthy Community Clinic with the support of community agencies. The clinic provides confidential, cost-effective medical care to underinsured people with high deductibles and uninsured people who currently do not have the money to pay for traditional health care.”</td>
</tr>
<tr>
<td>University of Wisconsin – Extension Winnebago County</td>
<td>“UW-Extension provides value to Winnebago County through education, unbiased research, and local partnerships transforming lives, organizations, and communities. We serve the diverse population of approximately 170,000 rural, suburban and urban residents of the county. From youth development programs in the heart of Neenah and Menasha, to farm business counseling in the rural corners of the county, to families working to make ends meet, UW-Extension educators work to meet the educational needs of all county residents.”</td>
</tr>
<tr>
<td>Winnebago County Coroner’s Office</td>
<td>“Coroners and medical examiners provide information on death reports, medical autopsies, forensic pathology, and toxicology records.”</td>
</tr>
<tr>
<td>Winnebago County Department of Human Services</td>
<td>“Mission Statement: To serve our clients with the professional, quality, and cost-effective services that focus on prevention, protection, mental health, family integration, self-determination, and recovery with respect for and in partnership with individuals, families, caregivers, and the community.”</td>
</tr>
<tr>
<td>Winnebago County Health Department</td>
<td>“The Winnebago County Health Department is a Level III public health agency, the highest level recognized by state statute. The mission of the Winnebago County Health Department is to protect and promote the health of the residents of Winnebago County.”</td>
</tr>
</tbody>
</table>

The interviewers used a standard interview script that included the following elements:

1. Ranking of up to five public health issues, based on the focus areas presented in Wisconsin’s State Health Plan, that are the most important issues for the County; and
2. For those five public health issues:
   a. Existing strategies to address the issue
   b. Barriers / challenges to addressing the issue
   c. Additional strategies needed
   d. Key groups in the community that hospitals should partner with to improve community health
Qualitative analysis of responses focused on relationships between issues, with emerging themes used to inform the final rankings. The report presents the results, summaries of top five health issues, summaries for additional health issue are also reported, and potential resources and partnerships to address each of the community health issues.

**Top five issues that emerged as key health priorities for Winnebago County and the identified community assets**

<table>
<thead>
<tr>
<th>The top five health issues that emerged as key priorities for Winnebago County were:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mental health</td>
</tr>
<tr>
<td>2. Alcohol and other drugs</td>
</tr>
<tr>
<td>3. Nutrition</td>
</tr>
<tr>
<td>4. Physical activity</td>
</tr>
<tr>
<td>5. Healthy growth and development - Responses focused on early childhood and family support and included elements of other health issues such as nutrition and physical activity.</td>
</tr>
</tbody>
</table>

**Key community partners to address health issues:**

1. **Mental health:** Hospitals should be partnering with state and federal funding mechanisms, insurance companies, Catalpa Health, Hope Hotline, North East Wisconsin (NEW) Mental Health Connection, schools, National Alliance on Mental Illness (NAMI) – Fox Valley, health care providers, workplaces, churches, social services organizations, community organizations, emergency departments, law enforcement and child advocacy services.

2. **Alcohol and other drugs:** Hospitals should be partnering with parents, the State, public health departments, hospitals (Mercy Medical Center and Children’s Hospital of Wisconsin-Fox Valley), law enforcement, schools, media, community organizations, district Attorney, employers, courts, sports bars, churches, role models, health systems (Affinity, Children’s Hospital of Wisconsin and ThedaCare Health Systems), Heroin Task Force, public safety, first responders, shelters and Tavern League.

3. **Nutrition:** Hospitals should be partnering with early child care and education settings, organizations with a cafeteria, restaurants, YMCAs and other fitness facilities, health care systems, schools, social service agencies, community organizations, health departments, Rotary Club, farmers markets, employers, local farmers, community supported agriculture and food pantries.

4. **Physical activity:** Respondents linked physical activity with nutrition to address the health issue. *See Nutrition for listing of community partners.*

5. **Healthy growth and development:** Hospitals should be partnering with parents, transportation programs, neighborhoods, schools, faith communities, Boys and Girls Club, parks and recreation departments, YMCAs, Early Childhood Coalition, Head Start, re:THINK, Weight of the Fox Valley, health care providers, business organizations and leaders, local government, Birth to 3, Family Training Program, Winnebago County Department of Human Services and Health Department, Catalpa Health and wellness coordinators.

**Partners & Contracts:** This report is sponsored by Affinity Health Systems, Aurora Health Care, Children’s Hospital of Wisconsin-Fox Valley, and ThedaCare, and in partnership with the Health Departments of Appleton, Menasha, Outagamie County and Winnebago County. The report was prepared by the Center for Urban Population Health.
Key Findings

Fox Cities Behavioral Risk Factor Surveillance System Survey

1. **Overall Health Rating** - Over half (54%) of the residents of Winnebago County felt their overall health was either very good or excellent. Almost two-thirds (61%) said there were no days in the past 30 days that their physical health was not good, while 59% indicated they had no days of poor mental health. However, 34% indicated they were kept from usual activities by poor physical or mental health during the past 30 days for 3 or more days.

2. **Health Care Access** - The vast majority of respondents have some type of health care coverage (95%). People are also generally seeing doctors more often for annual physicals or checkups. However, up to 8% of respondents indicated they themselves or someone in their household are not taking medications due to the cost and 22% currently have health care bills being paid off over time.

3. **Weight/Diet/Exercise** - Respondent’s BMI (body mass index) was calculated by using weight (rounding up for fractions) and height (in feet and inches) without shoes. According to the CDC categories, 31% were obese, 27% were overweight, and 42% were neither overweight nor obese. Additionally, the plurality of respondents said they eat two servings of vegetables per day and one serving of fruit per day. Seventy-six percent (76%) said they participated in physical activities or exercises during the past month; 82% reported they do moderate exercise in a typical week and 42% reported they do vigorous exercise in a typical week.

4. **Inadequate Sleep** - Thirty-five percent (35%) percent of respondents reported sleeping 8 hours or more in a 24-hour period while 14% reported sleeping 5 hours or less on average within a 24-hour period.

5. **Asthma** - Fifteen percent (15%) of all respondents said they had been told they had asthma. Of those who ever had it, 61% said they still have it.

6. **Depressive Disorder** - Twenty-three percent (23%) of respondents reported ever being told they have a depressive disorder.

7. **Diabetes** - Nine percent (9%) of respondents said a doctor told them they had diabetes, with another 2% saying yes, but only during pregnancy. The vast majority, 87%, said they had never been told they had diabetes.

8. **Oral Health** - The majority (81%) of respondents had been to a dentist within the past year, the same as 2011 and 2003 levels. Additionally, 5% said they had not visited a dentist in at least 5 years.
9. **Tobacco Use** - The majority of respondents (54%) had not smoked at least 100 cigarettes in their lifetime. Of those who currently smoke some days or every day, 44% said they had tried to quit for at least one day in the past year. Four percent (4%) reported using chewing tobacco, snuff, or snus, while 8% use electronic cigarettes.

10. **Alcohol Consumption** - Sixty percent (60%) of respondents reported drinking at least one drink of any alcoholic beverage at least one day in the past 30 days. Eighteen percent (18%) of respondents reported drinking at least one alcoholic beverage 15 or more days per month in the past 30 days. During the past 30 days when respondents drank, 33% reported having an average of one drink while 11% indicated 5 or more drinks.

11. **Immunization** - Thirty-nine percent (39%) of respondents reported having either the flu shot or flu vaccine sprayed in their nose within the past 12 months.

12. **Falls** - Seventy-two percent (72%) of respondents reported zero falls in the past 12 months while 14% reported one fall, 6% reported two falls, and 8% three or more falls. Of those who reported having fallen, 47% reported that their fall had not caused an injury.

13. **Seatbelt Use** - A large percentage (81%) of respondents reported always using their seatbelt while driving or riding in a car.

14. **Drinking and Driving** - The majority of respondents (95%) reported never driving while perhaps having too much to drink while 1% each reported 1, 2, 3, 4, or 5 or more times in which they’ve driven when they perhaps had too much to drink.

15. **Women's Health Issues** - Ninety-one percent (91%) of women had breast exams and 88% had Pap tests. Additionally, 92% of women age 40 had a mammogram.

16. **Colorectal Cancer Screening** - A large percentage of respondents (60%) have never used a blood stool home testing kit while more respondents (83%) have had a colonoscopy/sigmoidoscopy.

17. **Alcohol Screening & Brief Intervention (ASBI)** - The majority (67%) of respondents reported a health care provider did ask them during a routine checkup how much they drink while only 8% reported being advised to reduce or quit drinking at their last checkup.

18. **Social Context** - In the past 12 months, 16% of respondents were always or usually worried about having enough money to pay their rent/mortgage while 14% reported being always or usually worried about having enough money to buy nutritious meals. Over 50% reported never being worried about having enough money for rent/mortgage or for nutritious meals.

19. **Hypertension and Cholesterol Awareness** - Twenty-nine percent (29%) of respondents said they had high blood pressure, while 31% of those who had ever had their cholesterol checked said they had high cholesterol.

20. **Emotional Support** - Slightly under half of respondents (47%) feel they always receive the social and emotional support they need.
21. **Screen Time** - Forty-six percent (46%) of respondents spend 1-2 hours a day in front of an electronic screen at home or for leisure while 14% reported 6 hours or more.

22. **Sugar Drinks** - Between 51% and 59% of respondents did not drink any sugar drinks in the past 30 days. Of those that did, between 8% and 10% reported having 5 or more on any occasion, while most only had 1 or 2 drinks on average (23%) to 34%.

23. **Family Dining** - Only 2% of respondents reported never eating a household meal together in the past week while 33% reported eating a meal together more than 7 times.

Although all questions were analyzed by demographic variables only those shown to be statistically significant have been included within this report.