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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 Visiting Nurse Association. 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.

<table>
<thead>
<tr>
<th>Aurora Medical Center Oshkosh by the Numbers</th>
<th>Area facilities and service partners include</th>
<th>Distinctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 61 hospital beds</td>
<td>• 13 community clinics with over 214,000 patient visits per year</td>
<td>• Accreditation by the American College of Surgeons’ National Accreditation Program for Breast Centers, the first nationally accredited breast care center in the Fox Valley</td>
</tr>
<tr>
<td><strong>More than</strong></td>
<td>• Walk-in clinics in Oshkosh and Fond du Lac; Urgent Care clinic in Neenah</td>
<td>• Certification by The Joint Commission for our stroke program, the first center in the Fox Valley to earn this accreditation</td>
</tr>
<tr>
<td>• 85,100 outpatient visits</td>
<td>• Outpatient surgery center in Fond du Lac</td>
<td></td>
</tr>
<tr>
<td>• 600 newborn deliveries</td>
<td>• Four pharmacies and two vision centers</td>
<td></td>
</tr>
<tr>
<td>• 12,700 ED visits</td>
<td>• Physical therapy on campus and at four community locations</td>
<td></td>
</tr>
<tr>
<td>• 3,600 surgical cases (inpatient &amp; outpatient)</td>
<td>• Aurora Quick Care within the Oshkosh Wal-Mart</td>
<td></td>
</tr>
</tbody>
</table>

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

A report by the University of Wisconsin-Milwaukee found that Aurora Health Care’s economic impact is substantial in every county in which its hospitals, clinics and other ambulatory facilities operate.¹

- Aurora’s combined operations rank among the top ten employers in Winnebago County, at number eight with 1,335 jobs. When taking into account the additional employment generated in the county through the ripple effects of Aurora’s operations on other business, the number grows to 1,907 jobs (pg. 25).

- When all multiplier effects are calculated, Aurora’s economic impact accounts for an estimated 2.2 percent of all employment and 2.3 percent of total payroll in Winnebago County (pg. 26).

- Aurora’s business output/input revenue for Winnebago County has a total impact of $226.22 million (pg. 24).

- As an anchor institution, in 2012 Aurora Medical Center Oshkosh provided the following:
  - Community Benefits: $2,180,595
  - Uncompensated Care: $5,097,000

Community Benefit Report 2012 Aurora Medical Center Oshkosh

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.2

Winnebago County includes urban, suburban and rural areas3
- Cities of Menasha, Neenah, Omro, Oshkosh, parts of Appleton
- Towns of Algoma, Black Wolf, Clayton, Menasha, Neenah, Nekimi, Nepeuskun, 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 2013 County Health Rankings released by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Winnebago County ranked number 37 out of 72 counties in health outcomes. The rankings help counties understand the many factors that influence health.4

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Demographic Characteristics of Winnebago County and Wisconsin, 2010

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Winnebago County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>166,994</td>
<td>5,686,986</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>37.9</td>
<td>38.5</td>
</tr>
<tr>
<td>Race*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>92.5%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>1.8%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.6%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>1.3%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>3.5%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Age*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-14 years</td>
<td>17.8%</td>
<td>19.4%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>41.7%</td>
<td>39.2%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>27.1%</td>
<td>27.7%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>13.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Education level of adults 25 years and older**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school degree</td>
<td>10.2%</td>
<td>9.9%</td>
</tr>
<tr>
<td>High school degree</td>
<td>36.1%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>30.0%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>23.7%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Unemployment rate (estimate)**</td>
<td>4.0%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Median household income (estimate)**</td>
<td>$50,974</td>
<td>$49,001</td>
</tr>
<tr>
<td>(2011 inflation-adjusted dollars)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent below poverty in the last 12 months (estimate)**</td>
<td>10.5%</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

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


Section 2 | How the Community Health Needs Assessment (CHNA) was conducted

**Partnership**

Research for the 2011 Southern Winnebago County LIFE Study was conducted by the University of Wisconsin-Green Bay Center for Public Affairs in coordination with St. Norbert College Strategic Research Institute. The LIFE study was sponsored by the Oshkosh Area Community Foundation, Oshkosh Area United Way and the U.S. Venture Fund for Basic Needs. A community Steering Committee guided the research based on issues unique to Southern Winnebago County (Appendix A).

Part of the LIFE study includes the Behavioral Risk Factor Surveillance System (BRFSS), a scientifically sampled survey of area residents that uses the same questions as the Centers for Disease Control state and national surveys, and was privately sponsored by Affinity, Aurora, and ThedaCare health systems. The BRFSS was conducted by the St. Norbert College Survey Center.

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**

From 2011-2012 a shared community health needs assessment (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 and focus groups. Different data sources were collected, analyzed
and published at different intervals and therefore the data years (e.g., 2010, 2012) 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 | Leading Indicators for Excellence (LIFE) Study for Southern Winnebago County
The purpose of the Leading Indicators for Excellence (LIFE) Study is to develop a clear understanding of the overall
quality of life. The 2011 LIFE Study presents a snapshot of the socio-economic and health conditions in southern
Winnebago County (Appendix A)
- LIFE in the Community - Demographics, infrastructure, civic engagement, faith, volunteerism, government
- LIFE at Work - Economy and employment
- LIFE at Home - Children and families (child care, youth, elder care, populations with special needs, rural
issues, ethnic issues)
- LIFE of Self-Sufficiency - Affordable housing, nutrition, basic needs
- LIFE of Learning - Education (K-12 and higher education)
- A Safe LIFE - Personal & public safety
- A Healthy LIFE - Physical and mental health
- LIFE in Natural Environment - Natural environment (water/air quality, land use issues)
- LIFE of Arts & Culture - Arts and cultural assets and pursuits
- LIFE of Recreation & Leisure - Recreation, leisure and sports

The project began in the summer of 2010 with an internet survey of hundreds of community leaders regarding
their perceptions of quality of life. Focus groups with key demographic segments were held, along with a survey of
a random sample of 1500 residents in each metro area. Key data was compiled from existing sources such as the
Census, State of Wisconsin, and other current reports. Finally, individuals within each of the ten sectors provided
expert information and informed opinions about issues in each sector. The community assessment took
approximately a year and half, with the reports released in fall of 2011.

The 2011 Southern Winnebago County LIFE Study report was prepared by Dr. Lora Warner of the University of
Wisconsin-Green Bay Center for Public Affairs and Dr. David Wegge of the St. Norbert College Strategic Research
Institute.

LIFE Study for Southern Winnebago County - Quantitative Data
Primary
- Community Survey
- Leader Survey

Secondary
- Behavioral Risk Factor Surveillance System (BRFSS)
  (As previously noted, the BRFSS is a scientifically sampled survey of area residents that uses the same
  questions as the Centers for Disease Control state and national surveys. The BRFSS was privately
  sponsored by Affinity, Aurora, and ThedaCare health systems).
- Provider statistics
- Published data
LIFE Study for Southern Winnebago County - Qualitative Data

- Community focus groups
- Expert sector panels
- Interviews with LIFE Study topic experts

Interviews and focus groups were conducted by Dr. Warner, Dr. Wegge and Dr. Dale Feinauer of the University of Wisconsin-Oshkosh College of Business. These key informants who participated represent the broad interest of the community served, including medically underserved, low income and minority populations. The LIFE Study compiles a listing of potential resources and partnerships identified to address community health issues.

The health sector expert panel included representatives from the following organizations: Community for Hope, Winnebago County Human Services, Mercy Medical Center, Aurora Medical Center, Winnebago County Public Health, SNC Manufacturing, St. Vincent de Paul, Miles Kimball, Winnebago County Alcohol Abuse Prevention, NAMI, ThedaCare, UW Oshkosh College of Nursing, Winnebago Resource Center, and the Living Healthy Community Clinic.

Four separate focus groups were conducted with important subgroups of the community - Youth, Older Adults, Multicultural Community and Working Parents - to gauge their perceptions of quality of life. These groups were held to assure they were not under-represented in the surveys, and are important community segments with growing needs.

For further description see Appendix A.

Source #2 | Secondary Data Report
This report summarizes demographic and health-related information for Winnebago County, including the 2012 County Health Rankings (Appendix B). 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 in 2012 by the Center for Urban Population Health. For further description see Appendix B.
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 was 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 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**

**Medical and mental health** | According to the 2011 Behavioral Risk Factor Surveillance System (BRFSS), 8% of Winnebago County residents (as compared to 11% of Oshkosh residents) reported that they needed to see a physician but had not due to cost (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%

Based on surveys, community focus groups and interviews with experts, job losses and too few options for publicly insured individuals has led to poor access to medical, dental and mental health care and is an issue for some residents (Source #1).

**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.⁵

Unmet mental health care can lead to further complications and increase future costs. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.⁶

**Dental** | In 2010, the Tri-County Community Dental Clinic treated 5,715 persons and had 9,103 visits, up 52% from 2008. Additionally, the clinic provided 1,684 visits to residents of Oshkosh, Omro, and Winneconne, doubling the number of visits from these communities offered in 2008 (844 visits) (Source #1).

In April 2011, there were 23 dentists listed in Winnebago County accepting BadgerCare Plus, compared to Outagamie County with 53 dentists and Fond du Lac County with 28 (Source #1).

Expert sector panelists indicated that although access to dental care had improved and more children were being screened, unmet dental care still exists and appears to far outstrip its availability for both children and adults.

---


Dental care remains an issue because some area dentists accept patients insured by BadgerCarePlus (Wisconsin’s Medicaid program), while other dentists can accept only some and others accept none (apparently due to low reimbursement rates and reportedly higher rates of missed appointments) (Source #1).

**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.

**Coverage**

**Health care coverage** | Based on the 2012 County Health Rankings for Winnebago County, 10% of adults are uninsured (compared to 11% for Wisconsin).

- **Note:** This measure represents the estimated percent of the population under age 65 that has no health insurance coverage (Source #2).
  - The Healthy People 2020 target for health care coverage is 100%

According to the 2011 BRFSS, 87% of Oshkosh residents reported having health insurance compared to 92% in 2007 (Source #1).

Based on the LIFE Community Survey, in 2010, 49% of Winnebago residents rated the community below average at providing jobs with health care benefits (Source #1).

Expert panelists identified access to health care as a concern for many persons with low to middle incomes or those enrolled in publicly funded insurance programs. Among several panels (Education, Self Sufficiency, Work and Health), poor health and inadequate access to health care were cited as barriers to successful functioning. Health panel experts concurred that broader access to preventive and primary care services would help the situation, as those with poor access typically delay getting treatment (Source #1).

**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.

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Chronic disease
Chronic conditions such as cancer, diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs.9

<table>
<thead>
<tr>
<th>Leading Causes of Death in Winnebago Co.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(mortality rate per 100,000 persons)</td>
<td></td>
</tr>
<tr>
<td>Source: WI Department of Health Services</td>
<td></td>
</tr>
<tr>
<td>2005 Rate</td>
<td>Cause of death</td>
</tr>
<tr>
<td>180</td>
<td>Cancer</td>
</tr>
<tr>
<td>200</td>
<td>Heart disease</td>
</tr>
<tr>
<td>43</td>
<td>Respiratory Disease</td>
</tr>
<tr>
<td>40</td>
<td>Accidents</td>
</tr>
<tr>
<td>34</td>
<td>Stroke</td>
</tr>
<tr>
<td>28</td>
<td>Diabetes</td>
</tr>
<tr>
<td>8</td>
<td>Suicide</td>
</tr>
</tbody>
</table>

Leading cause of death | In 2009, cancer had overtaken heart disease, claiming 197 deaths per 100,000 residents in Winnebago County, while heart disease death rate was 166 per 100,000. Additionally, there was an increase in death rates due respiratory diseases, accidents and stroke (Source #1). Note: In 2005, the leading cause of death in Winnebago County was heart disease (Source #1).

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, 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.10

The term “heart disease” refers to several types of heart conditions, such as coronary heart disease, which can lead to heart attack, angina, heart failure and arrhythmias. High blood pressure, high cholesterol and smoking are key risks for heart disease.11

Diabetes | In 2008, the Centers for Disease Control reported that 7.3% of Winnebago County adults were diagnosed with diabetes, a decrease from 7.8% in 2005 (Source #1).

---

According to the 2011 BRFSS, 8% of Oshkosh adults had been diagnosed with diabetes (compared to 6% in 2007) (Source #1).

**Why is this significant?** Diabetes can cause serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.\(^{12}\)

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

Four modifiable health risk behaviors are responsible for the main share of premature death and illness related to chronic diseases: excessive alcohol use, tobacco use, poor nutrition and lack of physical activity.\(^{13}\)

**Alcohol use** | Based on the 2012 County Health Rankings for Winnebago County, 24% of adults engaged in excessive drinking. This was identical to the state (24%), but considerably higher compared to the national benchmark (8%) (Source #2).

- Note: Excessive drinking reflects the percent of adults who report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

According to the 2011 BRFSS, 40% of Oshkosh residents who drank alcohol reported binge drinking in the past month (Source #1).

**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.\(^{14}\)

**Alcohol and drug hospitalization** | Winnebago County hospitalization rates for alcohol and drug use (combined) increased to 3.3 hospitalizations per 1,000 people in 2009, up from 2.7 per 1,000 in 2005 (Source #1).

**Drug Use** | In 2012, there were 27 drug overdose deaths in Winnebago County, up from 23 in 2011.\(^{15}\) From January 1, 2013 through August 31, 2013 there were 35 patients evaluated for heroin related complaints, including patients who were PNB (pulseless non-breather) due to a heroin overdose, and patients seeking treatment for symptoms of heroin withdrawal in AMCO emergency department.\(^{16}\)


\(^{15}\) Source: Winnebago County Coroner Barry Busby.

\(^{16}\) Aurora Medical Center Oshkosh emergency data (1/1/2013 through 8/31/2013).
Smoking | Based on the 2012 County Health Rankings for Winnebago County, 20% of adults were current smokers. This was the identical to the state (20%), but higher compared to the national benchmark (14%) (Source #2).

- Note: Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime

According to the 2011 BRFSS, 25% reported being a current smoker (28% in 2007). The 2009 BRFSS data showed 19% of state residents were current smokers (Source #1).

- The Healthy People 2020 target is to reduce cigarette smoking by adults to 12.0%

Additionally, in 2010, 15.8% of Winnebago County mothers indicated smoking during pregnancy (Source #2)

- 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 2012 County Health Rankings for Winnebago County, 11% of the population had limited access to healthy foods. This was higher compared to the state (6%), and higher than the national benchmark (0% of the population had limited access to healthy foods) (Source #2).

- Note: Limited access to healthy foods captures the proportion 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

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Physical activity – adults | Based on the 2012 County Health Rankings for Winnebago County, 20% of adults had no leisure physical activity. This was slightly lower compared to the state (23%) and the national benchmark of (21%) (Source #2).

- 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 2009-2010 school year (grades 9-12 included) (Source #1). Some of the findings include:

- One in five youth had watched TV and/or interacted with video games or computers for three or more hours on an average school day
- 45% of Winnebago County youth were physically active for 60 minutes or more on five or more days, exceeding Wisconsin’s rate of 35%

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, iron deficiency and dental cavities.19

Health risk factor: overweight/obesity

Overweight/obesity – adults | Based on the 2012 County Health Rankings for Winnebago County, 30% of adults were obese, slightly higher compared to 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 2011 BRFSS, 29% of Oshkosh area adults were overweight and 27% were obese, for a total of 56%. In 2010, 37% of Wisconsin adults were overweight and 27% obese, totaling 64% (15 years ago, only 16% of Wisconsin adults were obese with Body Mass Index of 30 or more) (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.20

Injury

Injury hospitalizations | In 2009, injuries were the leading cause of hospitalizations in Winnebago County (1,257 injury hospitalizations, for a rate of 7.6 per 1,000) (Source #1).

The 2010 Winnebago County injury hospitalizations rate was 776.7 per 100,000, which is lower compared to the state (914.9 per 100,000). The average patient age was 57.5 years, average length of hospital stay was 4.66 days and average hospital charge was $20,621 (Source #2).

- The Healthy People 2020 target for injury hospitalization rate is 555.8 per 100,000

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Why is this significant? Injuries are a leading cause of death for people ages 1 – 44 in the United States. Each year, millions of people are injured and survive. They are faced with life-long mental, physical, and financial problems. Injuries can be prevented and their consequences reduced for infants, children and adults.  

Low birth weight and premature birth

Low birth weight and premature births | From 2008 to 2010, the percent of low birth weight births (less than 2,500 grams or approximately 5.5 pounds) in Winnebago County increased from 6.9% to 8.1%, and was higher compared to the state (7.0%) (Source #2).

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

From 2008 to 2010, the percent of premature births (before 37 weeks) in Winnebago County increased from 11.8% to 13.4%, and was higher compared to the state (10.8%) (Source #2).

- The Healthy People 2020 target for premature births is 11.4%

Mental health

Mental health conditions | The expert panel on health (along with several other panels) expressed concern about untreated mental illness at great length, believing the issue has grown in significance in recent years. Experts noted factors contributing to insufficient treatment in the area, including a lack of education and stigma about mental illness, complexity of treatment, failure to take medications and too few psychiatrists that serve those with low incomes (Source #1).

The YRBS included all Winnebago County school districts. Results are based on student self-report and were taken during the 2009-2010 school year (grades 9-12 included) (Source #1). Some of the key findings include:

- 15% reported having had 8 or more days of very poor mental health
- 9% had harmed themselves more than once
- 21% reported being depressed two or more weeks in the past year

Why is this significant? Mental health conditions are extremely costly to society due to diminished personal, social and occupational functioning. 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 and excessive drinking.  

Suicide | From 2008 to 2010, Winnebago County Human Services received between 74 and 80 suicide-related calls a year. In 2009, suicide was the 8th leading cause of death in Winnebago County, when 20 suicides occurred (12 per 100,000).

In 2010, there were 28 suicides in Winnebago County (16.8 per 100,000) (Source #2)

- The Healthy People 2020 target is 10.2 per 100,000

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Why is this significant? Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.23

Senior health and well-being

Senior health | Older adults who participated in focus groups discussed concerns about housing (safety, affordability, accessibility, and the ability to provide upkeep), identified transportation as key to allowing older adults to remain involved, and stressed the importance and quality of programs and services offered at the Oshkosh Senior Centers (Source #1).

Expert sector panels pointed out that there seems to be an increasing number of “invisible” persons in the community with unmet needs: among these persons who get little attention are isolated, single, low-income older adults. Additionally, panelists were concerned about meeting the future needs of the elderly, while older individuals in our community focus groups expressed the challenges of remaining independent, including transportation, home care, and technology (Source #1).

Why is this significant? Older adults who practice healthy behaviors, take advantage of clinical preventive services, and continue to engage with family and friends are more likely to remain healthy, live independently, and incur fewer health-related costs.24

Sexual assault and domestic violence

Sexual assault | The rate of sexual assault for Winnebago County, 111 reports per 100,000 persons, exceeded Wisconsin’s overall rate of 86 per 100,000 in 2010 (Source #1).

- Note: Sexual assault is underreported and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source. Despite these reporting differences, estimates indicate sexual assault is a substantial health concern and continues to be a major community health issue.

Domestic violence | In 2009, there were 986 incidents of domestic violence reported in Winnebago County, for a rate of 6.0 per 1,000 people, higher compared to 4.9 per 1,000 in 2007 (Source #1).

In 2010, the Christine Anne Domestic Abuse Services (emergency shelter) cared for 1,255 persons, an increase from 986 in 2009. Additionally, in 2010, the Center also worked with 81 youth to prevent dating violence and provided a School Based Prevention Program, reaching 3,839 students (Source #1).

Why is this significant? Sexual assault and domestic 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.25

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Section 4 | Prioritized significant health needs

2011
Our AMCO hospital administrator and leadership served on the Fox Valley Region Community Health Improvement Coalition. A quantitative decision-making process was followed to select healthy weight as the one health priority for collective action.

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)

2013
A dozen Aurora leaders participated in the Weight of the Fox Valley Summit in March of 2013. This same group reconvened in July to recommend priorities for Aurora-specific action related to promotion of healthy weight. Aurora is represented on the Weight of the Fox Valley leadership team which convened in September and November of 2013 to begin organizing a long-term, multifaceted community effort. The current Aurora-specific priority is to develop a more significant array of interventions for weight-loss and at-risk patients in the primary care setting.

Our AMCO Aurora hospital facility leaders further 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)

26 The Fox Valley Region Community Health Improvement Coalition community partners include: Aurora Health Care, Affinity Health System, Theda Care, Winnebago County Health Department, Outagamie County Health Department, City of Menasha Health Department, City of Appleton Health Department, Calumet County Health Department, Waupaca County Health Department, Shawano County Health Department and Living Healthy Community Clinic (UW-Oshkosh college of nursing free clinic supported in part by Aurora)
Using this criteria, Aurora Medical Center Oshkosh has prioritized the significant health need areas to address in its implementation strategy:

- Access and coverage
- Physical activity, nutrition and overweight/obesity (healthy weight)
- Drug use
- Sexual assault

**Significant health needs not being addressed in the implementation strategy and the reason:**
The implementation strategy does not include specific strategies for chronic disease, low birth weight and premature births, as these are addressed as part of the standard continuum of clinical care at Aurora Medical Center Oshkosh and Aurora Medical Group clinics. Additionally, one of the aims of increasing access to health care, specifically primary care, is to address the health risk factors and behaviors that put people at greater risk for health complications and disease. The healthy weight strategies are designed to reduce the health issues related to overweight/obesity, including chronic disease.

Dental care, injury, senior care, alcohol, mental health and tobacco use are being addressed through community efforts, including:

- The Tri-County Community Dental Clinic, a non-profit walk-in clinic established in 2003, covers 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 provides injury prevention programs.
- Senior care programs include: Family Care Program (long term care management for elderly and disabled residents), Winnebago County Aging and Disability Resource Center, UW-Oshkosh Learning in Retirement Program, and the Oshkosh Senior Centers.
- Mental health is being addressed at the community level through re:TH!NK, Winnebago’s Healthy Living Partnership, which is a coalition of volunteers, organizations and community agencies. Additionally, Community for Hope of Greater Oshkosh, a non-profit organization, supports suicide prevention, intervention and grief support.

This Community Health Needs Assessment (CHNA) Report was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on December 19, 2013.

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, [click here](#).
Introduction

Responsible stewardship of limited charitable resources: Our not-for-profit role in the community

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

It is not surprising that we are asked to support a wide array of community activities and events in Winnebago County. However, today’s community health needs require us to reserve limited charitable resources for programs and initiatives that improve access for underserved persons and specifically support community health improvement initiatives.

The implementation strategies presented here are the result of our process for assessing community health needs, obtaining input from community members and public health representatives, prioritizing needs and consulting with our hospital staff and physician partners. Our strategies are 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>
</tr>
</thead>
<tbody>
<tr>
<td>Priority #1: Access and Coverage</td>
<td>Access for persons in our community with disproportionate unmet health needs</td>
</tr>
<tr>
<td>Priority #2: Community Health Improvement Plan</td>
<td>Build links between our clinical services and local health department community health improvement plan (CHIP)</td>
</tr>
<tr>
<td>Priority #3: Hospital focus</td>
<td>Address the underlying causes of persistent health problems</td>
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</table>

These implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. A full accounting of our community benefits are reported each year and can be found by visiting: www.aurora.org/commbenefits.

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.

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on December 19, 2013.
Based on the 2012 County Health Ranking for Winnebago County, 10% of adults are uninsured (compared to 11% for Wisconsin). Note: This measure represents the estimated percent of the population under age 65 that has no health insurance coverage (CHNA Source #2).

- The Healthy People 2020 target for health care coverage is 100%

Based on surveys, community focus groups and interviews with experts, job losses and too few options for publicly insured individuals has led to poor access to medical, dental, and mental health care (CHNA Source #1).

Focus | Access is an Aurora Health Care signature community benefit focus

Principal partners
- Aurora Medical Group (AMG)

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

Target population
- Medicaid-eligible and uninsured patients using our hospital emergency department (ED) for primary care and frequent users of the ED for non-emergent reasons

What we will do
To ensure appropriate follow-up care for underserved patients using our Emergency Department (ED) for primary care, we will:

- Continue to be an active financial donor to the Living Healthy Community Clinic (LHCC)
- Donate lab and basic diagnostic services (quarterly rotation) to patients referred from LHCC
- Provide housekeeping, medical waste removal and outside maintenance at no charge to the LHCC
- Continue to have a hospital administrator serve on the LHCC Advisory Board
- Collect baseline data on the number of Medicaid-eligible and uninsured patients using our hospital ED for primary care and number of referrals to LHCC and AMG
- Develop a process to refer and track ED patients to a primary care provider at LHCC or AMG for follow-up care or prevention services
  - Create referral plan
  - Revise current resource guide to an include 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 AMG (completed primary care clinic visit)

To improve coverage for uninsured and Medicaid-eligible patients using our ED for primary and dental care we will:
- Actively screen all uninsured patients for financial assistance programs, including Aurora’s Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assist with application processes
Through our specially trained financial advocates, inform and educate all uninsured patients at our hospital about the benefits of securing coverage through the Marketplace (the health insurance exchange) and provide assistance as needed.

**Intended impact**
- A demonstrable increase in “health home” capacity and utilization by underserved populations (Medicaid-eligible and uninsured)
- Uninsured and Medicaid-eligible persons seeking primary and dental health care and all persons seeking mental health services in our ED will:
  - Understand the benefits of obtaining primary care services in a “health home”
  - Successfully transition to AMG and LHCC physicians for primary care
  - Be screened for and receive appropriate referrals for dental services
  - Obtain affordable health insurance coverage

**Measures to evaluate impact**
- Baseline data on the number of patients (specifically Medicaid-eligible and uninsured) using our ED for primary care; of these patients percent uninsured, Medicaid-eligible and frequent users of the ED
- Number of referrals to a primary care provider (LHCC and AMG) for follow-up care
  - Number of completed primary care clinic visits (LHCC and AMG)
- Number of referrals for dental care services
- Number of information toolkits distributed
- Number of uninsured screened and enrolled in financial assistance programs or the Marketplace (the health insurance exchange)
In 2010, the Winnebago County Health Department and the City of Oshkosh Health Services Division released its Community Health Improvement Plan (CHIP) after a lengthy and collaborative process that identified issues and established goals. The health priorities include healthy lifestyles, physical activity and overweight/obesity.

Focus | Healthy weight – addressing overweight/obesity

Principal partner
- Aurora Medical Group

Community partners
- Fox Valley Community Health Improvement Coalition
- Winnebago County Health Department
- Weight of the Fox Valley Leadership Team

Target population
- Children, adolescents and adults with a body mass index (BMI) greater than 30

What we will do
*Through active participation in the Weight of the Fox Valley initiative, we and our principal partner will:*
- Establish metrics for long-term evaluation of reduction of the prevalence of obesity in the youth and adult populations
- Create a “social marketing” strategy to reach every resident of the county with messages promoting physical activity and healthy eating
- Establish action teams which will organize and launch targeted activities in focused areas such as infrastructure design, pre-school, school and workplaces
- Collaborate with key partners for alignment of efforts, explicitly using the “Collective Impact” model of social change
- Supply professionals such as pediatric nurse practitioner, dietitian and exercise scientists to staff community-based initiatives such as re:TH!NK

Intended impact
- Children in our pediatric program will achieve a reduction in body mass index (BMI) and live healthier lifestyles with their families
- Adults in our diabetes education program will achieve permanent improvements in diet and exercise, contributing to glycemic control and weight loss and maintenance as appropriate
- Participants in our community programs will realize lasting benefits of regular exercise and healthy eating

Measures to evaluate impact
- Percent of children, adolescents and adults who are overweight or obese
Winnebago County hospitalization rates for alcohol and drug use (combined) increased to 3.3 hospitalizations per 1,000 people in 2009, up from 2.7 per 1,000 in 2005 (CHNA Source #1).

In 2012, there were 27 drug overdose deaths in Winnebago County, up from 23 in 2011. From January 1, 2013 through August 31, 2013 there were 35 patients evaluated for heroin related complaints, including patients who were PNB (pulseless non-breather) due to a heroin overdose, and patients seeking treatment for symptoms of heroin withdrawal in AMCO emergency department.

In the fall of 2013, the Wisconsin Department of Justice (WI DOJ) launched a new statewide campaign called The Fly Effect to raise awareness of heroin’s destructive power. According to the WI DOJ, “the number of teens between the ages of 12 and 17 who have tried heroin has increased by more than 300%. And according to the National Council on Alcoholism and Drug Dependence, more than 75% of people who try heroin once will use the drug again. With numbers like that, we decided to reach out to Wisconsin’s young people before heroin reached them.”

Focus | Drug use
The Winnebago County Heroin Task Force formed to combat a rise in drug overdose deaths and to address the problems associated with the increased presence of heroin in Winnebago County. Eliminating the heroin problem in our community will take time and effort. In joining this task force, we are optimistic that we will have an impact in our community. This task force is utilizing successful measures implemented in Brown County by utilizing the Four Pillar Drug Strategy approach: harm reduction, prevention, treatment and enforcement. Breakout groups were formed based on these pillars, working on brainstorming next steps and potential solutions.

Note: Six AMCO caregivers attended the inaugural Winnebago County Heroin Task Force meeting

Community partners
The inaugural Winnebago County Heroin Task Force meeting in October 2013 was attended by the community partners listed below:

- School and health officials
- Winnebago County Coroner
- Winnebago County law enforcement (Sheriff’s Department and Oshkosh Police Department)
- Winnebago County Health Department
- Affinity Health System Emergency Department
- Theda Clark Emergency Department, Gold Cross Ambulance
- Oshkosh Fire and Rescue Department
- AIDS Resource Center
- Drug Court
- Those undergoing treatment for heroin addiction
- Recovered heroin addicts
- Concerned parents and family members
- Winnebago area drug addiction treatment facilities

27 Source: Winnebago County Coroner Barry Busby
28 Aurora Medical Center Oshkosh emergency data (1/1/2013 through 8/31/2013)
Target population
• Winnebago County residents and current heroin users

What we will do
To support the Winnebago County Heroin Task Force efforts to reduce drug overdose deaths, address the growing presence of heroin in the county, and enhance drug prevention and treatment, we will:
• Dedicate six Aurora caregivers to serve on one of the four pillars of the Winnebago Heroin Task Force (harm reduction, prevention, treatment and enforcement)
• Meet on a regular basis to develop and implement strategies to decrease usage and death from heroin drug overdoses in Winnebago County:
  - The drug prevention pillar includes strategies and interventions that help prevent harmful use of alcohol, tobacco, and both illegal and prescription drugs. The plan may focus on:
    1. Reducing individual, family, neighborhood and community harm from substance abuse
    2. Delaying onset of first substance use
    3. Reducing incidence (rate of new cases over a period of time) and prevalence (number of current cases at one time in a population) of problematic substance use and substance dependence
    4. Improving public health, safety, and order
  - The enforcement pillar strategy should recognize the need for peace, public order and safety. Policing alone is not a solution to the drug problem and that an integrated approach including prevention, treatment, harm reduction and policing has proven effective. We cannot arrest our way out of this problem.
  - The treatment pillar includes a range of interviews and support programs that encourage people with addiction problems to make healthier decisions about their lives. Early intervention is a crucial aspect of any treatment systems. Treatment seeks to create a continuum of care by recognizing that different drugs use patterns must guide treatment strategies. Treatment services include:
    1. Core services at community health centers
    2. Withdrawal management
    3. Residential and non-residential services
  - The harm reduction pillar drug strategy is to reduce harm to the individuals and communities from the sale and use of both legal and illegal substance. The principle of harm reduction requires that we do no harm to those suffering from substance addiction and that we focus on the harm caused by problematic substance use. Harm reduction interventions have proven successful in decreasing the open drug scene, the spread of HIV/AIDS and hepatitis, overdoses and overdose deaths.

Intended impact
• Decrease in drug overdose deaths in Winnebago County
• Improved awareness of heroin prevention, treatment and harm-reduction efforts

Measures to evaluate impact
• Number of drug overdose deaths (Winnebago County Coroner)
• Track and trend usage of treatment and counseling services
• Aurora Medical Center Oshkosh hospital data:
  - Emergency department patients evaluated for heroin-related complaints (this includes patients who were PNB (pulseless non-breather) due to a heroin overdose, and patients seeking treatment for symptoms of heroin withdrawal
  - Obstetrical patients with drug addiction
  - Newborns delivered treated for drug addiction
Focus | Sexual assault
Aurora’s Sexual Assault Nurse Examiner (SANE) program provides immediate, acute care to individuals who have been sexually assaulted. Our SANE nurses complete specialized training and receive certification to be a sexual assault nurse examiner.

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

Community partners
The following agencies provided input and/or assistance specific to Aurora Oshkosh’s SANE program:
• Winnebago County District Attorney’s Office
• University of Wisconsin-Oshkosh
• Oshkosh Police Department
• Winnebago County Sheriff’s Office
• Menasha & Neenah Police Departments
• Reach Counseling
• Christine Ann Domestic Abuse Services, Inc.
• UW Health- Child Advocacy Center
• Theda Care
• Ministry
• Oshkosh Correctional Institution
• Winnebago County Resource Center
• Statewide agency: Wisconsin Department of Justice, Office of Crime Victim Services (OCVS)
• Statewide agency: Wisconsin Coalition Against Sexual Assault (WCASA)

Target population
• Individuals who have been sexually assaulted

What we will do
To support victims of sexual assault and violence and increase access to immediate acute care and follow-up services, we will:
• Ensure 24/7 coverage of our hospital’s Sexual Assault Nurse Examiner program
• Add at least two sexual assault nurse examiners (requiring one full week of training and 5-6 months of orientation) to ensure 24/7 coverage
• Provide trauma-informed and victim-sensitive services to people of all ages who have been affected
• Provide sensitive, effective treatment and forensic evidence collection

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• Refer as appropriate to medical, clinical, counseling and advocacy services
• Build capacity to expand forensic-evidence collection for domestic violence cases

To advance the capacity of the broader community to respond to issues related to sexual assault and personal violence, we will continue to:
• Serve on the Board of Directors of the Wisconsin Coalition Against Sexual Assault and the International Association of Forensic Nurses
• Have our SANE 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

Intended impact
• Awareness of, and access to, services and advocacy for those who have been sexually assaulted

Measures to evaluate impact
• Number of people provided with services and medical care related to sexual assault
• Number of referrals to other services and health care providers (by type – e.g. counseling, women’s health, etc.)
• Number of community education/prevention/outreach trainings
• Number of people attending education/prevention/outreach trainings
• Number of referrals to the SANE program at our hospital
• Baseline data on the SANE coverage at our hospital, including average hours per day with SANE coverage and number of times SANE is called in due to no scheduled coverage
• Number of sexual assault nurse examiners added in 2014
• Number of memoranda of understanding (MOUs) identifying AMCO SANE program as the lead site for referrals
• Outreach plan developed and implemented
Appendix A | LIFE Study for Southern Winnebago County (Source #1)
Further information and the complete report is available at http://www.lifestudy.info

The project began in summer 2010 with an internet survey of hundreds of community leaders regarding their perceptions of quality of life. Focus groups with key demographic segments were held, along with a survey of a random sample of 1500 residents in each metro area. Key data was compiled from existing sources such as the Census, State of Wisconsin, and other current reports. Finally, individuals within each of the ten sectors provided expert information and informed opinions about issues in each sector. The sectors include:

- **LIFE in the Community** Demographics, Infrastructure, Civic engagement, Faith, Volunteerism, Government
- **LIFE at Work** Economy and Employment
- **LIFE at Home** Children and Families (child care, youth, elder care, populations with special needs, rural issues, ethnic issues)
- **LIFE of Self-Sufficiency** Affordable Housing, Nutrition, Basic Needs
- **LIFE of Learning** Education (K-12 and higher education)
- **A Safe LIFE** Personal & Public Safety
- **A Healthy LIFE** Physical and Mental Health
- **LIFE in Natural Environment** Natural Environment (water/air quality, land use issues)
- **LIFE of Arts & Culture** Arts and Cultural Assets and Pursuits
- **LIFE of Recreation & Leisure** Recreation, Leisure, and Sports

**LIFE Study Research Timeline**

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<tr>
<th>Period</th>
<th>Activities</th>
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<td>Spring-Summer 2010</td>
<td>Collaborative planning</td>
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<tr>
<td>Early Fall 2010</td>
<td>Leader Survey</td>
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<tr>
<td>Mid-Fall 2010</td>
<td>Citizen Focus Groups</td>
</tr>
<tr>
<td>Early Winter 2011</td>
<td>Citizen Survey</td>
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<tr>
<td>Winter-Spring 2011</td>
<td>Secondary data collection</td>
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<tr>
<td>Late Spring 2011</td>
<td>Sector focus groups</td>
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<tr>
<td>Late Spring-Summer 2011</td>
<td>Analysis, Interpretation</td>
</tr>
<tr>
<td>Early Fall 2011</td>
<td>Release of Reports</td>
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</table>

The 2010-2011 LIFE Study builds on previous data collection initiatives to present a snapshot of the socio-economic and health conditions in the southern Winnebago County. The LIFE Study has identified important data reflecting ten sectors of the community and has obtained reliable numerical and perceptual data about those ten sectors. The following sources, woven together within each section, comprise the data for the Life Study for Southern Winnebago County:

- **Community Survey** of 367 randomly sampled residents of southern Winnebago County (confidence interval of + or – 5%, 25% response rate). The survey was mailed and offered electronically online. Responses were then weighted to ensure that the sample was representative of the area’s population.
- **Leader Survey** of 214 area leaders representing government, faith, business, media, nonprofits and foundations, healthcare, education, and the community at large. Offered electronically online, the survey was sent to nonprofit boards of directors, elected and civic leaders, CEOs, and others.
- **The Behavioral Risk Factor Surveillance System (BRFSS)** is a scientifically sampled survey of area residents that uses the same questions as the Centers for Disease Control state and national surveys. The BRFSS was privately sponsored by Affinity, Aurora, and ThedaCare health systems.
• **Community Focus Groups** with important subgroups of our community (Youth, Older Adults, Multicultural Community, Working Parents) to gauge their perceptions of quality of life in southern Winnebago County. These groups were held due to the fact that they may be under-represented in surveys, and in the case of older adults, are an important community segment with growing needs.

• **Expert Sector Panels** with key stakeholders and leaders within each of the ten sections of the LIFE Study to obtain information of challenges and strengths in the area related to their fields of expertise.

• **Provider Statistics** requested from selected nonprofit and public organizations. The utilization statistics of these organizations were selected (in most cases) as indicators of an expressed need, or people contacting them for assistance due to an important unmet need.

• **Published Data** from reliable secondary sources such as the state, U.S. Census, counties, Centers for Disease Control, Annie E. Casey Foundation and other reputable and objective sources.
  - U.S. Census dataset: 2005-2007 and 2007-2009 three year estimates from the American Community Surveys (ACS) were used because of the greater accuracy they provided. One year ACS estimates have much larger margins of error and are not available for areas with smaller populations (i.e., Calumet County). Data from the 2010 U.S. Census are only partially released as of this printing. When we could, we have incorporated actual 2010 Census data. Both sources have high credibility.
  - Whenever possible, we have used rates rather than actual number of cases or reports to adjust for changes in the size of the population over time.
  - Occasionally, a source we are using has changed its data reporting methods. Our report notes when these changes have occurred between years of data.

• **Interviews** with LIFE Study topic experts (planning departments, environmental analysts, educators, nonprofit experts, business statisticians, and others).

The 2011 Southern Winnebago County LIFE Study report was prepared by Dr. Lora Warner of the University of Wisconsin-Green Bay Center for Public Affairs and Dr. David Wegge of the St. Norbert College Strategic Research Institute. Interviews and focus groups were conducted by Dr. Warner, Dr. Wegge and Dr. Dale Feinauer of the University of Wisconsin-Oshkosh College of Business.

The health sector expert panel included representatives from the following organizations:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The description is based on information provided on the organization’s website, accessed November 27, 2013</strong></td>
<td></td>
</tr>
<tr>
<td>Aurora Medical Center</td>
<td>Aurora Medical Center in Oshkosh is a regional medical center in the Fox Valley that represents the next generation of health care.</td>
</tr>
<tr>
<td>Community for Hope</td>
<td>Community for Hope of Greater Oshkosh is a “non-profit organization supporting suicide prevention, intervention, and grief support.”</td>
</tr>
<tr>
<td>Living Healthy Community Clinic</td>
<td>The Living Healthy Community Clinic provides primary, non-emergency and medical care for patients with chronic diseases (such as diabetes and cardiac issues) and other health problems, limited dental care, prescription medications (no controlled substances), and health education and promotion. LHCC is operated by the UW-Oshkosh College of Nursing.</td>
</tr>
<tr>
<td>Mercy Medical Center</td>
<td>Mercy Medical Center serves the “Oshkosh community with a history of more than a century of quality care. Affinity Health System successfully unites more than 270 physicians, 26 clinics, three hospitals, an insurance plan and specialty health care centers of excellence.”</td>
</tr>
<tr>
<td>Miles Kimball</td>
<td>“Operating from the shores of the Fox Valley in Oshkosh, Wisconsin, the business consists of several distinct catalogs.”</td>
</tr>
<tr>
<td>National Alliance on Mental Health Illness (NAMI)</td>
<td>The National Alliance on Mental Illness (NAMI) of Oshkosh “is a non-profit organization dedicated to providing education, advocacy and support to families, friends and individuals that require the necessary tools to help cope with mental illness. NAMI of Oshkosh networks with local crisis, law enforcement, social services agencies, and community groups.”</td>
</tr>
<tr>
<td>Organization</td>
<td>Description</td>
</tr>
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</tr>
<tr>
<td>St. Vincent de Paul</td>
<td>Saint Vincent De Paul Society Oshkosh Inc. provides “assistance to the poor and needy in the Oshkosh Area Community regardless of religion, race, or nationality. Clothing, food, furniture, household goods, rent, transportation, and utility assistance are provided for poor and needy individuals and families in the Oshkosh Area Community who are experiencing temporary emergency situations and have a real dedication and commitment to greater self-sufficiency.”</td>
</tr>
<tr>
<td>SNC Manufacturing</td>
<td>“Founded in 1946, SNC Manufacturing Company, Inc. is a premier manufacturer and marketer of transformers, coils, high frequency magnetics and value-added assemblies.” SNA Manufacturing is located in Oshkosh, Wisconsin.</td>
</tr>
<tr>
<td>ThedaCare</td>
<td>ThedaCare is a “community health system consisting of five hospitals, numerous clinics and services.”</td>
</tr>
<tr>
<td>UW Oshkosh College of Nursing</td>
<td>Since 1966, the University of Wisconsin Oshkosh’s College of Nursing (CON) has been providing “undergraduate and graduate nursing students with the expert knowledge, clinical practice skills and critical thinking ability required of today’s healthcare industry. The College of Nursing will build upon its tradition of developing caring and scholarly leaders who positively impact contemporary and future health care.”</td>
</tr>
<tr>
<td>Winnebago County Alcohol Abuse Prevention</td>
<td>As part of the Department of Human Services, Prevention Services coordinates “collaborative programming that decreases the likelihood of specific problems for the participants in the area of AODA, child abuse and neglect, etc. Programs include the Option Program, newParent and the Alliance for Families, Winnebago County Tobacco Control Coalition, TRICOM, the Menasha Community Asset Building group, Community for Hope Teen Suicide Prevention to name a few.”</td>
</tr>
<tr>
<td>Winnebago County Human Services</td>
<td>The mission of the Winnebago County Health Services Department is 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.” Services include: Aging &amp; Disability Resource Center; alcohol &amp; other drug services; behavioral health walk-in clinic; birth-3/early intervention; child protection services; crisis intervention services; family support services; foster care; human services divisions; juvenile intake; juvenile justice; drug court and SSTOP (Safe Street Treatment Options Program); and youth mental health</td>
</tr>
<tr>
<td>Winnebago County Public Health</td>
<td>The Winnebago County Health Department is “a Level III public health agency, the highest level recognized by state statute.” The Health Department is comprised of 6 units: administration, environmental health, general public health, public health nursing, public health preparedness, and Women, Infants and Children (WIC). “The mission of the Winnebago County Health Department is to protect and promote the health of the residents of Winnebago County. The Winnebago County Health Department strives to promote health and to prevent disease and injury in our service area. Our practice is based on the three core functions of Public Health: Assessment of the Community, Policy Development, and Assurance of Available Accessible Services.”</td>
</tr>
<tr>
<td>Winnebago Resource Center</td>
<td>The Aging and Disability Resource Center assists “older persons, persons with disabilities of all ages, family members and caregivers, persons who would benefit from options counseling, and professionals in the fields of healthcare, education, social services and advocacy.” Services include: information and assistance, long term care options counseling, protective services, access to long term care programs, prevention/early intervention, and benefits counseling</td>
</tr>
</tbody>
</table>

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.
Four separate focus groups were conducted with important subgroups of the community - Youth, Older Adults, Multicultural Community and Working Parents - to gauge their perceptions of quality of life. These groups were held due to the fact that they may be under-represented in surveys, and are important community segments with growing needs.

As noted in the report, it is important to consider that it is difficult to interpret the statistical significance of differences in rates, survey percentages, or other data we portray here. When comparing two data points. Additionally, it is important to keep in mind the fact that the difference may be due to sampling and may not be statistically significant. However, large differences, although not statistically significant, are still important to investigate.

**Partners & Contracts**: Research for the 2011 Southern Winnebago County LIFE Study was conducted by the University of Wisconsin-Green Bay Center for Public Affairs in coordination with St. Norbert College Strategic Research Institute. It was sponsored by the Oshkosh Area Community Foundation, Oshkosh Area United Way and the U.S. Venture Fund for Basic Needs. A community Steering Committee guided the research based on issues unique to Southern Winnebago County (Appendix A).

Part of the LIFE Study includes the *Behavioral Risk Factor Surveillance System Survey (BRFSS)*, a scientifically sampled survey of area residents that uses the same questions as the Centers for Disease Control state and national surveys, which was privately sponsored by Affinity, Aurora, and ThedaCare health systems. The BRFSS was conducted by the St. Norbert College Survey Center.
Research Team
UW Green Bay Center for Public Affairs
Dr. Lora Warner, Director
Ashley Heath, Research Associate
Jake Lopez, Monica Moe, Emma Reiser; Student Interns

St. Norbert College Strategic Research Institute
Dr. David Wegge, Executive Director
Craig Stencil, Director of Operations
Mary Strebel, Director of Field Staff Research Analyst

UW Oshkosh College of Business
Dr. Dale Feinauer, Professor of Management and Human Resources

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Oshkosh Seniors Center
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Cover design by: Tiffany Lavender, Brown County United Way

STEERING COMMITTEE 2010-2011
Eileen Connolly Kessel, chair, president and CEO, Oshkosh Area Community Foundation
Lee Panek, executive director, Oshkosh Area United Way
Cathy Luthr, community volunteer and board member of Oshkosh Area Community Foundation
John Nichol, Oshkosh Public Library/Winnebago Library System (retired)
Dale Feinauer, professor of management and human resources, College of Business, University of Wisconsin-Oshkosh
Craig Burnett, business owner, board member of Oshkosh Area United Way
Beth Wyman, business owner and board member of Oshkosh Area Community Foundation
Megan Lang, realtor/developer and board member of Oshkosh Area United Way
Joy Wink, marketing coordinator, Oshkosh Area Community Foundation

ADVISORY COMMITTEE
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John Casper, president and CEO, Oshkosh Chamber of Commerce
Will Deppen, vice president, First Business Bank
Sean Fitzgerald, publisher, New North B2B
Douglas Glaryn, director/health officer, Winnebago County Health Department
Jeff Gilderson-Dawe, director, Oshkosh Public Library
Scott Grewel, police chief, Oshkosh Police Department
Steve Harmon, retired Sheriff's deputy, and deputy mayor of Oshkosh Common Council
Roger Harold, St. Vincent De Paul
Dan Hinton, prevention services coordinator, Winnebago County Department of Human Services
Paula Morgan, community involvement manager, ThedaCare
Catherine Hinzclaw, community development educator, University of Wisconsin-Extension
Stewart Reckman, general manager/executive editor, Oshkosh Northwestern
Vicki Soborna, executive director, Mercy Health Foundation
Rosemary Smith, dean and associate professor, College of Nursing, University of Wisconsin-Oshkosh
Jerry Stadtmueller, John E. Kuenzi Foundation, Inc.
Al Wieg, director, Oshkosh Recreation Department
Tom Wilkerson, pastor, First Presbyterian, Oshkosh
David Zarba, administrator, Class Operations, Aurora Medical Group
Mark Zieme, director of Senior Services, Oshkosh Seniors Center

Southern Winnebago County LIFE Study
Appendix B | Winnebago County Health Data Report: A summary of secondary data sources (2012) (Source #2)
The report is available at www.aurora.org/commbenefits

Data Collection & Analysis: In spring 2012, 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>
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<tbody>
<tr>
<td><strong>American FactFinder and American Community Survey</strong></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 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><strong>Wisconsin Interactive Statistics on Health (WISH)</strong></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, teen 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><strong>County Health Rankings &amp; Roadmaps</strong></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>
</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.