2018 Update Implementation Strategy

Aurora Medical Center Oshkosh 2018 Implementation Strategy Update

In 2013, Aurora Medical Center Oshkosh (AMCO) published its first Community Health Needs Assessment (CHNA) and 2014-2016 Implementation Strategy. That document was adopted by the Social Responsibility Committee of the Aurora Health Care (AHC) Board of Directors on December 19, 2013, and posted the Aurora Health Care web site.

In 2015, AMCO completed and published a 2015 CHNA Report and 2016-2018 Implementation Strategy, which was adopted by the Social Responsibility Committee of the AHC Board of Directors on November 17, 2015, and posted to the AHC web site. Both documents provide a comprehensive overview of the community served and significant health needs identified and are available by visiting http://www.aurora.org/commbenefits.

Experience in carrying out the Implementation Strategy in 2017 informed the process for preparing this 2018 Update. As previously, our AMCO Implementation Strategy is organized into three main categories in alignment with three core principles of community benefit as shown below.

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

We help people live well. Our hospital offers all the benefits of a true community hospital. Yet, as part of Aurora’s integrated health care system (IHCS), our hospital benefits from Aurora’s system-wide expertise and programing in areas including women’s health and cancer care, greatly expanding the scope of options, opportunities and expertise we can offer to our patients in settings across Winnebago County. When this is the case, you find the designation IHCS with measures reflecting regional and/or system-wide targets, tracking and reports.

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 to identify and prioritize community health needs and plan and implement strategies to improve the health of the Fox Valley region. In 2015, the FVCHIC collected primary and secondary health data and completed key informant interviews. In 2016, prioritization of community health needs and development of implementation strategies were completed. Given the discrepancy in timelines between AMCO’s reporting requirements and the FVCHIC’s community process,
this update to the Implementation Strategy for 2018 ensures alignment 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 an annual accounting of the community benefits we provide each year, please see our most recent report: http://www.aurora.org/commbenefits.

**Special focus: Health Disparities**
Providing culturally competent and appropriate care has always been a priority for us in helping people live well. In addition to the demographic data already collected by our providers, we will be making an extra effort to collect demographic information on individuals touched by the programs in our Implementation Strategies. This will support our efforts to identify disparities and work to address them.

**Completing the next 3-year CHNA**
Every three years a collaborative Community Health Needs Assessment is 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 next CHNA for AMCO will be published in 2018.

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, as outlined in this Implementation Strategy.
Priority No. 1: Access

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

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 (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

Community partners
- St. Francis Community Free Walk-In Clinic
- Partnership Community Health Center

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

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</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Provide appropriate follow-up with non-emergent patients using our ED for primary care</td>
<td></td>
<td>Decreased ED admissions for primary care needs</td>
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<tr>
<td></td>
<td>Ensure coverage and care for un- and underinsured and Medicaid-eligible patients using our ED for primary care by actively screening patients for coverage through the Marketplace or financial assistance programs and assisting with application processes</td>
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<tr>
<td></td>
<td>Refer patients as appropriate to Aurora Health Care Medical Group</td>
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</table>

**Number of non-emergent ED visits without a primary care physician**

**Of those ED visits, number who saw an Aurora Health Care primary care provider within 28 days**

**Annual volume**

**Update:** Our hospital has had a longstanding collaborative and reciprocal partnership with the UW-Oshkosh Living Healthy Community Clinic to care for patients with disproportionate unmet health needs (DUHN). The clinic’s closure as of December 28, 2017 has left us with both a challenge and opportunity in 2018 to identify and develop new partnerships to assure ongoing community-based primary care is accessible to patients in our community with DUHN.

- Research prospective new partnerships with a community free clinic or FQHC to assure appropriate linkages for un- and underinsured patients seeking primary care services in our hospital ED
- Develop and establish collaborative relationship
- Refer patients as appropriate to community free clinic or FQHC partner

**Process milestones**

| By 3-31-18       | Research of prospective new community-based partnership opportunities                                    | Deadlines | Establish community free clinic or FQHC partnership to ensure care coordination for un- and underinsured patients |
| By 6-30-18       | Development of collaborative agreement with new partner                                            |           |                                                                    |
| By 9-30-18       | Establish referral system for appropriate patients                                                  |           |                                                                    |
| By 10-1-18       | Number of ED patients referred to new community partner(s); number who establish a primary care relationship | Annual volume | Increased number of un- and underinsured patients establish a health home for primary care |

**Provide social worker in hospital ED to conduct assessments to expedite transfer of patients to appropriate levels of care providers and/or crisis line**

| By Ongoing       | Number of assessments provided                                                                    | Annual volume | Increased access to appropriate levels of behavioral health care |

**Provide telepsychiatry consultations at our hospital to respond to behavioral health needs and link patients with appropriate behavioral health services**

| By Ongoing       | Number of individuals provided with tele-intake services in the ED                                 | Annual volume | Increased access to appropriate levels of behavioral health care |
|                 | Number of inpatients provided with telepsychiatry consultations                                   |           |                                                                    |
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, 36.7% of Wisconsin adults were overweight and 29.8% obese, totaling 66.5%.¹

**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), by the Centers for Disease Control and Prevention to assess student behavior is conducted at 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% of 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
- 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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### Activities

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<tbody>
<tr>
<td><strong>Support the Weight of the Fox Valley goals to address overweight and obesity:</strong></td>
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<tr>
<td>* Continue to participate in initiative to geomap tri-county obesity hot spots in collaboration with ThedaCare and Ascension Health; create a directional map from geocoded data collected and submitted in 2017*</td>
<td>Process milestones related to geomapping of tri-county data and identification of obesity hot spots</td>
<td>Deadlines</td>
<td>Increased ability to pinpoint obesity initiatives</td>
</tr>
<tr>
<td>Ongoing</td>
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<tr>
<td>* Work with local employers in Winnebago County to adopt some level of worksite wellness programming as an active member of the Worksite Action Team; advance awareness and distribution of FV Worksite Wellness Toolkit*</td>
<td>Process milestones related to worksite wellness programming</td>
<td>Deadlines</td>
<td>Increased number of local employers adopt some level of worksite wellness programming to achieve and maintain a healthy weight</td>
</tr>
<tr>
<td>Ongoing</td>
<td></td>
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</tr>
<tr>
<td>* Support the Active Communities Team mission to promote use of trails and bike routes and leverage regional planning work to assure coordination across jurisdictions and the Weight of the Fox Valley Passport developed in 2017*</td>
<td>Process milestones related to promotion of trails and bike routes</td>
<td>Deadlines</td>
<td>Increased awareness and opportunities for residents to engage in physical activity within the community</td>
</tr>
<tr>
<td>Ongoing</td>
<td></td>
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<tr>
<td>* Provide AMCO professionals, such as dietitian and exercise scientists, to staff community-based initiatives such as re:THINK*</td>
<td>Process milestones related to creation of signage and year-round physical activity opportunities</td>
<td>Deadlines</td>
<td>Increased support of community initiatives through expert staffing</td>
</tr>
<tr>
<td>Ongoing</td>
<td></td>
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</tbody>
</table>
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 reported binge drinking 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).

Note: 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.

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). 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.

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 Health Care Medical Group (AHC MG)
- Aurora Behavioral Health Services
- Aurora Pharmacies

Community partners
- AIDS Resource Center
- Concerned parents and family members
- Drug Court and law enforcement
- The Watershed Addiction Program
- Oshkosh Fire and Rescue Department
- School and health officials
- Winnebago area drug addiction treatment facilities
- Winnebago County Coroner
- Winnebago County Health Department
- Winnebago County Heroin Task Force

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- NOVA Counseling/Terra House
- Solutions Recovery Club
- re:THINK
- Those undergoing treatment for heroin addiction and recovered heroin addicts

**Target population**
- Winnebago County residents and substance users

**Activities**

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</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Milestones related to Heroin Task Force harm reduction and treatment initiatives</td>
<td>Deadlines</td>
<td>Community efforts to address heroin use progress</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Number of sites where protocols are implemented</td>
<td>Annual volume</td>
<td>Strengthened infrastructure for response to addiction</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Number of providers educated</td>
<td>110/year</td>
<td>Decreased number of patients receiving higher opioid doses than recommended</td>
</tr>
</tbody>
</table>

- **Implement protocols in our own clinics, hospitals and pharmacies focused on preventing opioid overdose and opioid use disorder and expanding access to medication-assisted treatment (MAT)**

- **Provide one-on-one internal education to primary care providers, pharmacists and pain management providers on the CDC Guidelines for Prescribing Opioids for Chronic Pain**

- **Screen for alcohol use as a cause for our patients presenting in our hospital ED with falls and injuries**

- **In collaboration with the Winnebago County Health Department, evaluate options for activities focused on primary prevention of alcohol abuse, with a focus on the high school age population**

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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. 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. 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). 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, victim-sensitive services and forensic nursing to people of all ages who have been affected. Our team of SANE nurses are specially trained and certified to provide 24/7 coverage.

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

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 – An Aurora Better Together Fund recipient
- Theda Care
- University of Wisconsin-Oshkosh (UWO)
- 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

### Activities

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<tr>
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</table>
| Ongoing    | • Provide trauma-informed and victim-sensitive services to people of all ages who have been affected, including forensic evidence collection, through 24/7 coverage  
            • Provide SDFI®-TeleMedicine forensic photodocumentation based on and designed around the Federal Rules of Evidence  
            • Refer as appropriate to medical, clinical, counseling and advocacy services  
            • Build capacity to expand forensic-evidence collection for domestic violence cases and drug-endangered children  |
|            | Number of individuals provided with services for sexual assault, domestic violence, strangulation, human trafficking, child abuse and elder abuse  
            Number of post-assault care management services provided, by level  
            Number of referrals provided, by type  
            Number of community education/prevention/outreach trainings, number of attendees  
            Number of referrals from physician offices and/or other community partners that received education  | Annual volume     | • Increased access to trauma-informed care and forensic nursing  
                                                                                • Increase in reported and/or prosecuted cases  
                                                                                Increased community knowledge of available resources |
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 (CHNA Source #3):

- 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.
- 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.
- 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.
- 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.

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

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

Target population
- Winnebago County residents

Activities

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<th>Targets/Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Provide cancer screenings and educational sessions at a variety of community venues and events</td>
<td>Number of screenings provided, by type and number of attendees</td>
<td>Annual volume</td>
</tr>
<tr>
<td>Ongoing</td>
<td>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</td>
<td>Number of survivorship plans developed, by patient and caregiver</td>
<td>Annual volume</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Provide palliative care interdisciplinary team including nurse practitioner, social worker and chaplain to work with patients in need of end of life care coordination</td>
<td>Number of individuals assisted</td>
<td>Annual volume</td>
</tr>
</tbody>
</table>
According to the CDC, hepatitis C-related mortality in 2013 surpassed the total combined number of deaths from 60 other infectious diseases. Death certificates often underreport hepatitis C, so there likely were even more hepatitis C-related deaths than reported.

The greatest hepatitis C burden falls on baby boomers, those born from 1945 to 1965. Many baby boomers were infected during medical procedures prior to 1985, when injection and blood transfusion technologies were not as safe as they are today. Without diagnosis and treatment, hepatitis C may lead to liver cancer and other life-threatening diseases and may be transmitted to others.⁸

In 2014, according to the Wisconsin Division of Public Health⁹:
- Wisconsin hepatitis C incidence rate per 100,000 population = 56.1
- Median age of death in Wisconsin due to hepatitis C = 57 years
- Hepatitis C is under-reported on death certificates and plays a larger role in premature death in Wisconsin than is recognized.

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

**Community partner**
- AIDS Resource Center of Wisconsin

**Target population**
- Adults born from 1945 to 1965 residing in the Oshkosh & Fond du Lac service area
- Patients who self-identify for other factors*

### System Activities – Hepatitis C

<table>
<thead>
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<th>Measures to Evaluate</th>
<th>Activities</th>
<th>Long-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Data collected...</td>
<td>Patients in cohort are identified and screened</td>
<td>Decreased burden of hepatitis C in our communities</td>
</tr>
<tr>
<td></td>
<td>as part of Aurora...</td>
<td>Referrals, staging and standardized care-delivery process for our patient population are implemented for those who test positive</td>
<td>Decrease in rates of cirrhosis and liver cancer in our patient population over time</td>
</tr>
</tbody>
</table>

* Other patients at risk for hepatitis C include persons:
  - Who are HIV positive
  - Who injected illegal drugs
  - Who received clotting factor concentrates produced before 1987
  - On chronic hemodialysis
  - With persistently abnormal alanine aminotransferase (ALT) levels
  - Who received transfusions or organ transplants prior to 1992
  - With recognized occupational exposures
  - Born to HCV-positive women

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