Our hospital’s community benefits are guided by our community health needs assessment (CHNA). To see our 2016 CHNA report, please visit www.aurora.org/commbenefits.

In 2016, we continued to focus on helping patients who present in our Emergency Department (ED) for non-emergency care by scheduling them with primary care providers who are most appropriate to meet their needs. Through our hospital’s participation in the Milwaukee Health Care Partnership ED Care Coordination Initiative, we scheduled 1,734 appointments in our ED for Federally Qualified Health Centers (1,506) or other clinics (228).

Progressive Community Health Center (PCHC) is a well-known Community Health Center that has been serving patients in our community since 1999. In 2016, we collaborated with PCHC to open both a Progressive urgent care clinic adjacent to our emergency department and a primary care clinic in our hospital’s physician office building.

Additionally, based on the most recent key informant interviews in Milwaukee County, behavioral health consistently ranked among the top five community health issues. Behavioral health problems can impact one’s physical well-being, and appropriate referrals for behavioral health treatment are crucial. A behavioral health assessment gives medical professionals who are caring for individuals a complete picture of their emotional, psychological, and social well-being. In 2016, our hospital’s behavioral health specialist assessed and then expedited admissions or referrals for behavioral health services for 1,462 people who arrived in our ED with an acute mental health, alcohol abuse, or other drug crisis.

To ensure a safe discharge, 255 prescriptions were provided free of cost to uninsured patients who had no resources for medications upon discharge through our Essential Medication Fund.

The Bread of Healing Clinic (BOH) has worked with Aurora Health Care for the last 16 years to provide vital health services to people without health insurance at three community-based sites on Milwaukee’s north side. This “health home” provided over 5,327 bilingual urgent and primary care clinic visits, of which 408 were first-time BOH patients who had nowhere else to go for important and sometimes lifesaving care. During 2016, BOH also delivered specialty care services to 393 people at the clinic and referred 29 patients to physician specialists through Aurora’s Specialty Access for Uninsured Program.

The one-time Aurora Better Together Fund was extended in 2016 to increase funding for partner organizations that share our mission to increase access to primary care, behavioral health services, and sexual assault and domestic violence prevention and treatment programs across eastern Wisconsin. Twenty-one of our community partners in Milwaukee County received Aurora Better Together funding in 2016.

Visit www.aurorahealthcare.org/better-together to learn more about our partners and Aurora’s Better Together Fund.
Priority #2: Build links between our clinical services and our local health departments’ community health improvement plans.

Infant mortality
Aurora Sinai Medical Center and Aurora Family Service (AFS) continued to partner with the City of Milwaukee Health Department and other organizations on four key strategies to reduce infant mortality in Milwaukee. In 2016, our:

1. Family Enrichment Program conducted risk assessments for 199 families. As a result, prenatal care coordination, child care coordination, and parenting education services were provided to 40 families. After completion of the program, 28 parents and caregivers reported improvement in their parenting skills, and 55 reported an improvement in their ability to cope with and reduce stress in their lives.

2. Healthy Families Milwaukee, a collaboration between three social service agencies in Milwaukee and Aurora Sinai, provided risk assessments to 31 high-risk expectant parents. As a result, 18 mothers and household members received ongoing family-centered case-management services, education, support and advocacy. Twenty-six families were referred to community resources for additional support.

3. Healthy Next Babies helped strengthen father involvement in African American families by connecting 14 fathers to community resources or fatherhood specialists and providing support materials to 173 fathers.

4. CenteringPregnancy connected five women to a centering pregnancy group for peer support, prenatal education, and parenting education from healthcare professionals.

The Maternal Addiction and Recovery Program (MARC) was launched at our hospital at the end of 2016. This program aims to identify pregnant women who are experiencing drug addiction, help them end drug use, and begin recovery before the baby is born. The goal is to reduce the number of days the baby requires care from our neonatal intensive care unit after birth.

Priority #3: Address the underlying causes of persistent health problems.

Abuse response services
Sexual Assault Nurse Examiners (SANE) are registered nurses who have completed specialized education and clinical preparation to provide medical forensic care for people who have experienced sexual assault or abuse. A SANE can provide comprehensive medical forensic examinations, testify in any legal proceedings related to the examination, and ensure that the proper chain of custody and integrity of the samples are maintained so that the evidence will be admissible in court. SANEs also often collaborate with other disciplines in the community that provide unique services to sexual assault victims and offer victim-centered and compassionate care.

We understand that sexual assault is underreported and definitions can vary across different agencies; therefore, the number and rate reported may vary depending on the source. Despite these reporting differences, estimates indicate domestic violence and sexual assault are a substantial health concern and continue to be a major health issue with far-ranging implications in every community. In 2016, the SANEs at our Sexual Assault Treatment Center (SATC) provided services and support to 675 victims of sexual assault and reached 1,244 community members through 40 education, prevention, and outreach presentations in community settings. Additionally, they:

- Provided advocacy and forensic nursing services to sexual assault survivors at the Sojourner Family Peace Center.
- Answered 1,861 calls on the 24-hour crisis phone line.
- Provided personal advocacy and liaison services to 84 individuals with the Sensitive Crimes Unit and District Attorney’s Office.
- Referred 781 individuals to counseling and social service agencies for additional support.
In 2016, The Healing Center served 482 sexual abuse and assault survivors through 2,281 individual and family counseling sessions. The Healing Center also served 205 survivors through 24 support groups and offered 24 trainings to a total of 1,326 professionals, mental health providers, and community members.

Domestic Violence Services enable patients to have confidential access to clinical nurse specialists (CNS) who provide advocacy, counseling, and trauma-informed care. In 2016, a total of 148 cases were referred to our CNS for services and referrals. The CNS also responded to 127 requests for ED domestic violence consultation in the emergency departments of other Aurora hospitals within Milwaukee County. In addition, they educated 521 local physicians, social workers, residents, and other health care providers on trauma-informed care.

Safe Mom Safe Baby (SMB) is a unique program for pregnant or new mothers who have recently delivered experiencing intimate partner violence. In 2016, our SANEs and nurse practitioners provided services to 144 women, of whom 28 required intensive support to increase their safety and the safety of their babies, lowering risk of preterm birth and low birth weight. In all, 131 of the women served had improved safety behaviors.

Milwaukee Sexual Assault Review (MSAR) is led by Aurora Health Care in collaboration with the Milwaukee Homicide Review Commission, which includes professionals from law enforcement, state and local criminal justice agencies, health care and community service providers. Lindsay Emer is the community research coordinator at Aurora and the facilitator of the group. The group meets monthly and reviews sexual assault cases recommended by partners that were particularly problematic or representative of what could be an ongoing systemic issue. In 2016, the group reviewed 20 cases. As a result, 34 recommendations have been made related to improving communication and coordination across agencies during the investigation and prosecution process to improve the overall abuse response at every level and ensure victims don’t feel retraumatized by the process that is set up to help them.

### 2016 Community benefits by the numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial assistance (charity care) at cost</td>
<td>$4,043,000</td>
</tr>
<tr>
<td>Medicaid shortfall at cost</td>
<td>$31,013,000</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$35,056,000</strong></td>
</tr>
<tr>
<td>Community health improvement and education services, and community benefit operations</td>
<td>$1,147,515</td>
</tr>
<tr>
<td>Health professions education</td>
<td>$382,275</td>
</tr>
<tr>
<td>Subsidized health services (clinics)</td>
<td>$3,377,067</td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit</td>
<td>$229,605</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$5,136,626</strong></td>
</tr>
<tr>
<td><strong>Total 2016 community benefits</strong></td>
<td><strong>$40,192,462</strong></td>
</tr>
</tbody>
</table>

* Cost-to-charge ratios are based on Wisconsin Hospital Association percentages.
** Unlike some community benefit reports that include additional categories as community benefits, Aurora Health Care has elected to exclude Medicare shortfalls and bad-debt expenses from the community benefit calculations. However, when Medicare shortfalls are added, our hospital’s total benefit to the community is $54,306,462.