As an affiliate of Advocate Aurora Health, our purpose is to help people live well. Our process begins with our Community Health Needs Assessment (CHNA), for which we obtain input from community members, public health representatives, and community partner organizations. We use that information to prioritize identified community health needs and develop an Implementation Strategy (IS) plan with specific targets and measures for the needs we are best positioned to address. This report shares highlights of progress we made on our plan in 2020. To see our most recent CHNA report and IS plan, please visit www.aurora.org/commbenefits.

In 2020, Advocate Aurora’s community benefit programming efforts pivoted and transformed to meet the newly identified significant health needs of the community during the COVID-19 pandemic. Implementation was delayed for some previously planned programs, and activities for some existing programs slowed, paused or shifted to a virtual platform. This allowed our team members and resources to be redirected to focus on the community’s need to prevent and control the spread of COVID-19.

**Priority #1**

*Access, a signature community benefit focus for Advocate Aurora Health*

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Along with having a consistent primary care provider and medical home, access to medical care offers an opportunity to detect and treat disease at an earlier stage, improve overall health, prevent disease and disability, and reduce preventable deaths. To address this in 2020:

- 155 patients who arrived at our Emergency Department (ED) seeking non-emergent care and did not have a primary care physician were seen by an Aurora Health Care primary care provider within 28 days following their ED visit.
- 38 complimentary rides to and from our hospital were provided for those who lacked resources for transportation.
Priority #2  Behavioral Health, a signature community benefit focus for Advocate Aurora Health

Focus | Behavioral health

According to our hospital’s CHNA, mental health and alcohol and other drug use (behavioral health) are ranked among the top five health issues for Manitowoc County. In response to this identified critical need in 2020, we:

- Screened 117 individuals in our ED for behavioral health issues, with 81 referred for follow-up services.
- Hosted 2 in-person educational programs on behavioral health topics for 15 attendees prior to the start of the COVID-19 pandemic. We hosted 2 additional events virtually in the second half of the year.
- Actively participated in the CORE Intensive Inpatient and Outpatient AODA program planning Committee. CORE is a residential AODA treatment facility with additional day treatment services available.

Priority #3  Address the underlying causes of persistent health problems

Focus | Community Safety

Sexual violence can have harmful and lasting consequences for survivors, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long-term physical consequences, immediate and chronic psychological issues, health behavior risks, and financial costs.

During 2020, our hospital’s Forensic Nurse Examiners (FNEs) provided trauma-informed care and follow-up referrals for 44 individuals at our hospital. Our FNEs and advocates also provided 15 community education/prevention/outreach events for 284 attendees including community members, law enforcement, nurses, advocates and emergency responders.

Focus | Safety - Senior care

According to our hospital’s most recent CHNA, the 2017 Manitowoc County injury-related hospitalization rate was 519.9 per 100,000 and the 2016 injury-related death rate in Manitowoc County was 61.8 per 100,000 population. The top ranked cause of injury-related ED visits was falls. To address this in 2020:

- 179 older adults were screened using LACE Index Scoring Tool, which identifies patients that are at risk for readmission or death within thirty days of discharge. Of those screened, 87 were identified as “at-risk” and were linked to additional support services.
- 202 individuals were served through the bundled Hospital Elder Life Program (HELP), pairing inpatient older adults with specially trained volunteers to keep them awake and active during the day, decreasing their risk for developing delirium during their hospital stay.
Focus | Obesity and food security

Healthiest Manitowoc County and the 2020 Manitowoc County Community Health Improvement Plan (CHIP) both identified nutrition and physical activity as key health priorities. During 2020:

- 76 families were educated about the WIC Special Supplemental Nutrition Program and were provided information on how to apply.
- $31,132 in cafeteria food was provided to local food pantries.

Priority #4 | Covid-19 Pandemic Response

The COVID-19 pandemic brought significant changes to the way people work, communicate, learn, play, eat, socialize, and receive health care. As COVID-19 raced across our community, our team members answered the call to serve at the front lines of the pandemic.

Focus | COVID-19 Testing and Vaccinations

Our hospital, in close partnership with state and local government entities, developed a robust testing strategy in our community. In 2020, our hospital completed 1,123 COVID-19 diagnostic tests for community members.

Our vaccination strategy also started in 2020 with our team members who were providing care to patients and community members. In 2020, 288 people received their first dose of the COVID-19 vaccine through our hospital. As supplies increased and eligibility expanded, we opened vaccination appointments to community members. As of October 14, 2021, 5,189 individuals have been partially vaccinated and 4,947 have been fully vaccinated through our hospital.

Focus | COVID-19 Community Education and Outreach

In response to COVID-19, Advocate Aurora Health pivoted community outreach work to provide highly needed resources, programs, and education for the community. One example from 2021 includes providing resources to support a community COVID-19 vaccine clinic at the local farmers market in collaboration with the Public Health Department.

Pictured above is our comfort station at the Manitowoc Farmer’s Market.
To see our most recent Community Health Needs Assessment report and Implementation Strategy plan, please visit www.aurora.org/commbenefits.

Give well. Together, we have the power to transform care and create a stronger community.

During 2020, a total of 24 hospital team members pledged $13,585.24 to the Advocate Aurora Team Member Giving Campaign. The campaign supports more than 1,300 local not-for-profit funds, including Advocate Aurora Health funds, local United Way agencies, and other not-for-profit organizations responding to important community health needs.

Giving comes in many forms. Your gift can help transform health care in our community and help more people live well. Visit www.aurorahealthcarefoundation.org/ to learn more about the many different ways you can give.

| Financial assistance (charity care) at cost* | $660,000 |
| Medicaid shortfall at cost*                  | $2,412,000 |
| Other means-tested programs at cost*         | $35,000   |
| **Subtotal**                                 | **$3,107,000** |
| Community health improvement and education services, and community benefit operations | $255,426 |
| Health professions education                 | $145,778  |
| Subsidized health services                   | $16,862   |
| Other cash and in-kind contributions         | $108,479  |
| **Subtotal**                                 | **$526,545** |
| Language assistance services***              | $23,010   |
| Volunteer services***                        | $41,928   |
| **Total 2020 Community benefits**           | **$3,698,483** |

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

** Advocate Aurora Health has elected to exclude Medicare shortfalls and bad-debt expenses from individual hospital community benefit calculations for our Wisconsin Hospitals.

*** In 2018, Advocate Health Care in Illinois and Aurora Health Care in Wisconsin joined to create Advocate Aurora Health. The State of Illinois requires the inclusion of graduate medical education expenses and the provision of non-employee volunteer and language-assistance services in community benefit reporting. These categories have been added to the Advocate Aurora public hospital reports in Wisconsin to create consistency across all Advocate Aurora Health community benefit reports.