2021
Community Health Needs Assessment Report

Aurora Medical Center in Oshkosh

855 N. Westhaven Drive | Oshkosh, WI 54901

Aurora Health Care | We are AdvocateAuroraHealth

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I. Executive Summary

During 2021, the Fox Valley Community Health Improvement Coalition (Ascension Wisconsin, Aurora Health Care, Children's Wisconsin, ThedaCare, and the health departments of Appleton, Calumet County, Menasha, Outagamie County, and Winnebago County), convened a series of meetings with the purpose of collecting community health data for the health departments' Community Health Assessment (CHA) and the health systems' Community Health Needs Assessments (CHNA).

Aurora Oshkosh's data collection process was comprised of three main components:

- County Health Rankings: Winnebago County 2021 – a compilation of data using county-level measures from a variety of national and state data sources
- Secondary Data – Advocate Aurora Health has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers the hospitals health, demographic, and hospitalization indicators for residents in the communities the hospitals serve.
- Key Informant Interview Report – a summary of the top health issues and social determinants, existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed to address the issue from the perspective of the key informants, individuals who represent the broad interests of the community served

In 2021, Aurora Medical Center - Oshkosh (Aurora Oshkosh) utilized the above data and other data sources to identify and prioritize significant health needs and develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals, and partnerships. 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 inequities linked with the health issue
- Health priorities identified in the municipal health department Community Health Improvement Plan (CHIP)
- Aligns with Advocate Aurora Health Community Strategy
- Quantifying health issues based on the *Hanlon Method for Prioritizing Health Problems*[1] (see Appendix E for details)

In addition, Aurora Oshkosh evaluated the impact of the initiatives identified in its *2018 Community Health Needs Assessment Report* / *2019-2021 Implementation Strategy* plan, which was executed with several successes, including providing vouchers for diagnostic lab and radiology services to free clinic patients, providing the Intensive Outpatient Treatment Program for patients with substance use disorders, and construction of the Aurora Oshkosh Food Forest and walking path. For further description see Appendix E.

As a result, Aurora Oshkosh prioritized the following significant health needs to address in our 2022-2024 implementation strategy:

[1] National Association of County & City Health Officials (NACCHO) – First Things First: Prioritizing Health Problems. Available at http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf, accessed February 10, 2020.

- Access and coverage
- Behavioral health
- Social determinants of health – food security and community safety

The completed CHNA report was presented to the Aurora Health Care Community Board of the Advocate Aurora Health Board of Directors on who approved the report on December 14, 2021.

II. Description of Advocate Aurora Health and Aurora Medical Center - Oshkosh

Advocate Aurora Health

Advocate Aurora Health is one of the 12 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 75,000 employees, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. The organization contributed $2.5 billion in community benefits during 2020.

Aurora Medical Center - Oshkosh

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

Aurora Oshkosh by the Numbers (2020)

- 84 hospital beds

More than

- 143,327 outpatient visits
- 4,660 inpatient admissions
- 21,345 emergency department visits
- 5,465 surgical procedures
- 660 births

Distinctions

- U.S. News & World Report High Performing Hospital in 5 procedures/conditions
- 2020 Practice Greenhealth Emerald Award
- 2019 Get with the Guidelines Gold Plus award for Stroke
- Healthcare Equality Index (HEI) accreditation from the Human Rights Campaign
- Nationally Accredited Cancer Program through the College of American Surgeons

To learn more about our hospital, please see https://www.aurorahealthcare.org/locations/hospital/aurora-medical-center-oshkosh/.

III. 2021 Community Health Needs Assessment

Community Definition

Although Aurora Medical Center - Oshkosh serves patients from Winnebago 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 freshwater 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 areas[3]

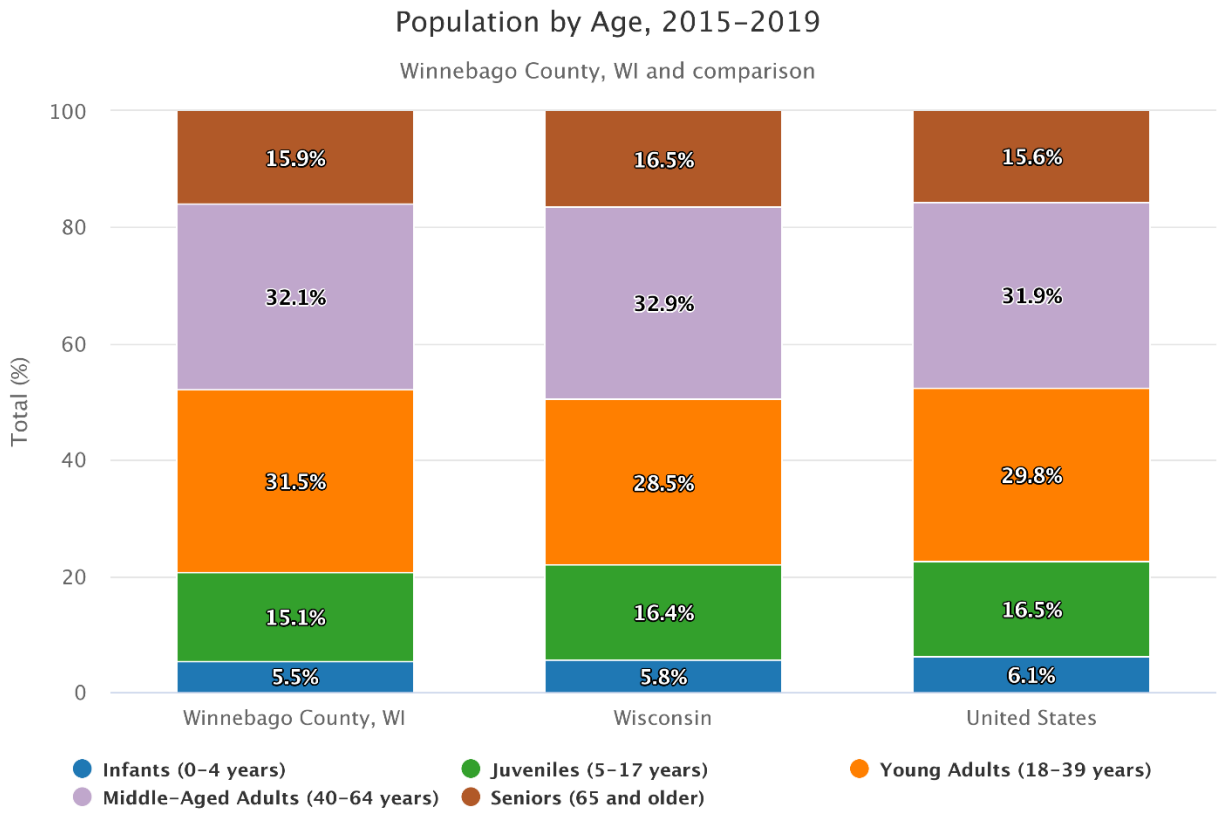
- Cities of Menasha, Neenah, Omro, Oshkosh, parts of Appleton
- Towns of Algoma, Black Wolf, Clayton, Neenah, Nekimi, Nepeuskun, Omro, Oshkosh, Poygan, Rushford, Utica, Vinland, Winchester, Winneconne, Wolf River
- Villages of Fox Crossing, Winneconne
- Unincorporated communities of Butte des Morts, Eureka, Larsen, Pickett, Metz (partial), Mikesville, Waukau, Winnebago

[2] Winnebago County Wisconsin. Available at https://www.co.winnebago.wi.us/, accessed August 27, 2021.
[3] Winnebago County Wisconsin. Available at https://www.co.winnebago.wi.us/about-us, accessed August 27, 2021.

Community Demographics (Source #2)

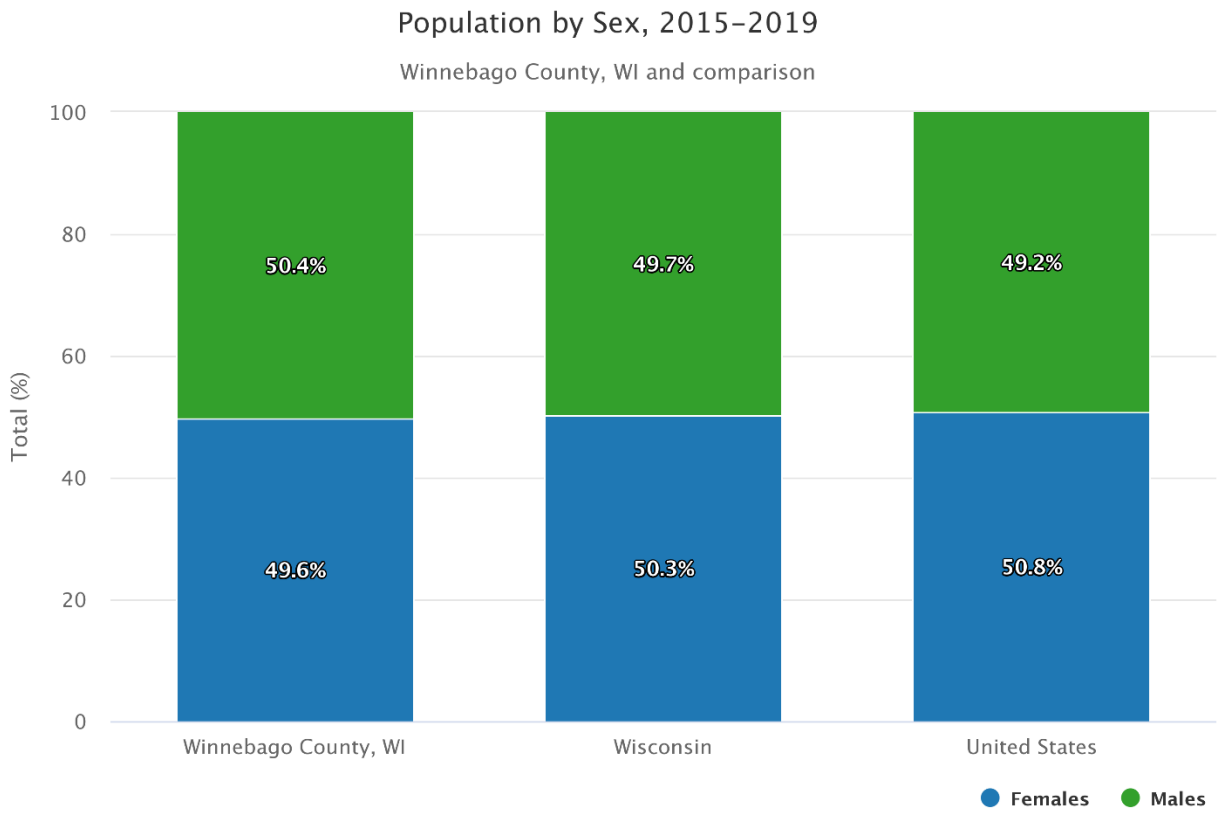
Age

The age distribution in Winnebago County is similar to the distribution in Wisconsin and the United States. A little less than six percent of the Winnebago County population is under 4 years old, 15.1 percent of the population is between the ages of 5 and 17, and 31.5 percent of the population is between the ages of 18 and 39. The largest age group in the county is the 40–64-year-old age group with a population of 32.1 percent of the population. The third largest group is the senior population (65 years and older) at 15.9 percent. The chart below shows the Winnebago County population by age group, compared to Wisconsin and US averages.



Created on Metopio | https://metop.io | **Data source:** American Community Survey (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

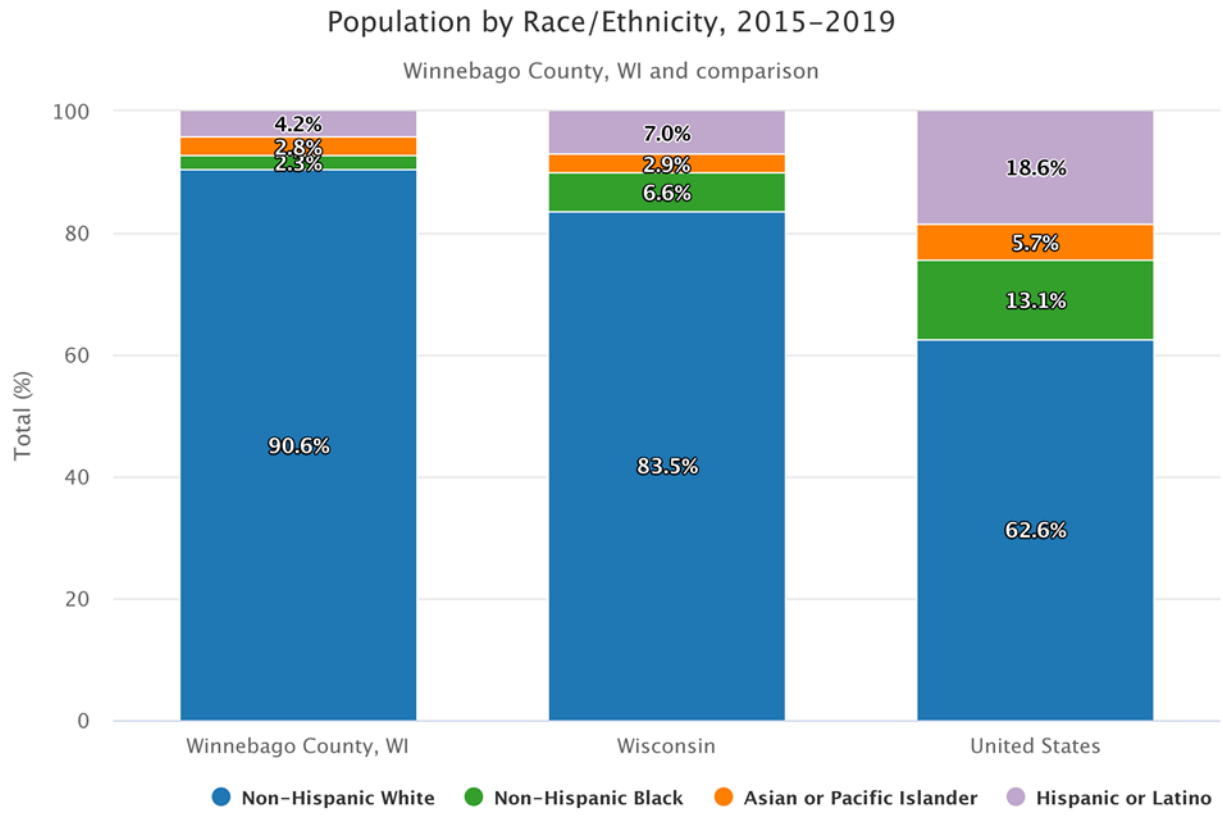
Gender



Created on Metopio | https://metop.io | **Data source:** American Community Survey (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Race and Ethnicity

Demographic data shows that Winnebago County is 90.6 percent White, the largest racial group, followed by the Hispanic or Latino population at 4.2 percent, the Asian or Pacific Islander population at 2.8 percent, and Non-Hispanic Black population at 2.3 percent. The table below shows the racial and ethnic composition of Winnebago County, compared to Wisconsin and US averages.

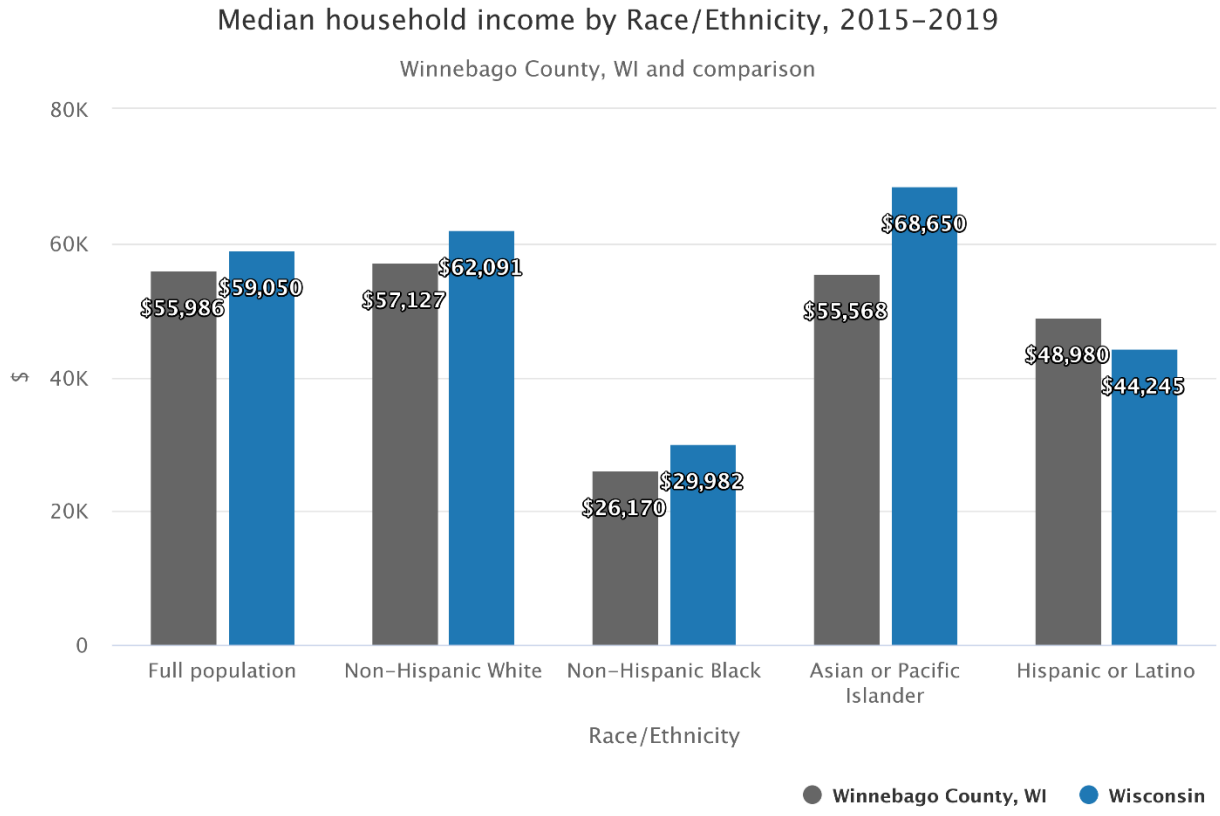


Created on Metopio | https://metop.io | **Data source:** American Community Survey (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Economics (Source #2)

Income

The median household income in Winnebago County is $55,986, which is slightly lower than the state's median household income of $59,050. There is a large racial disparity in the median household income with the non-Hispanic White and Asian or Pacific Islander populations having the highest household incomes and the non-Hispanic Black and Hispanic or Latino populations having the lowest median household incomes. The chart below shows the Winnebago County median household income by race/ethnicity compared to Wisconsin.



Created on Metopio | https://metop.io | **Data source:** American Community Survey (Table B19013)
Median household income: Income in the past 12 months, in inflation-adjusted 2017 dollars.

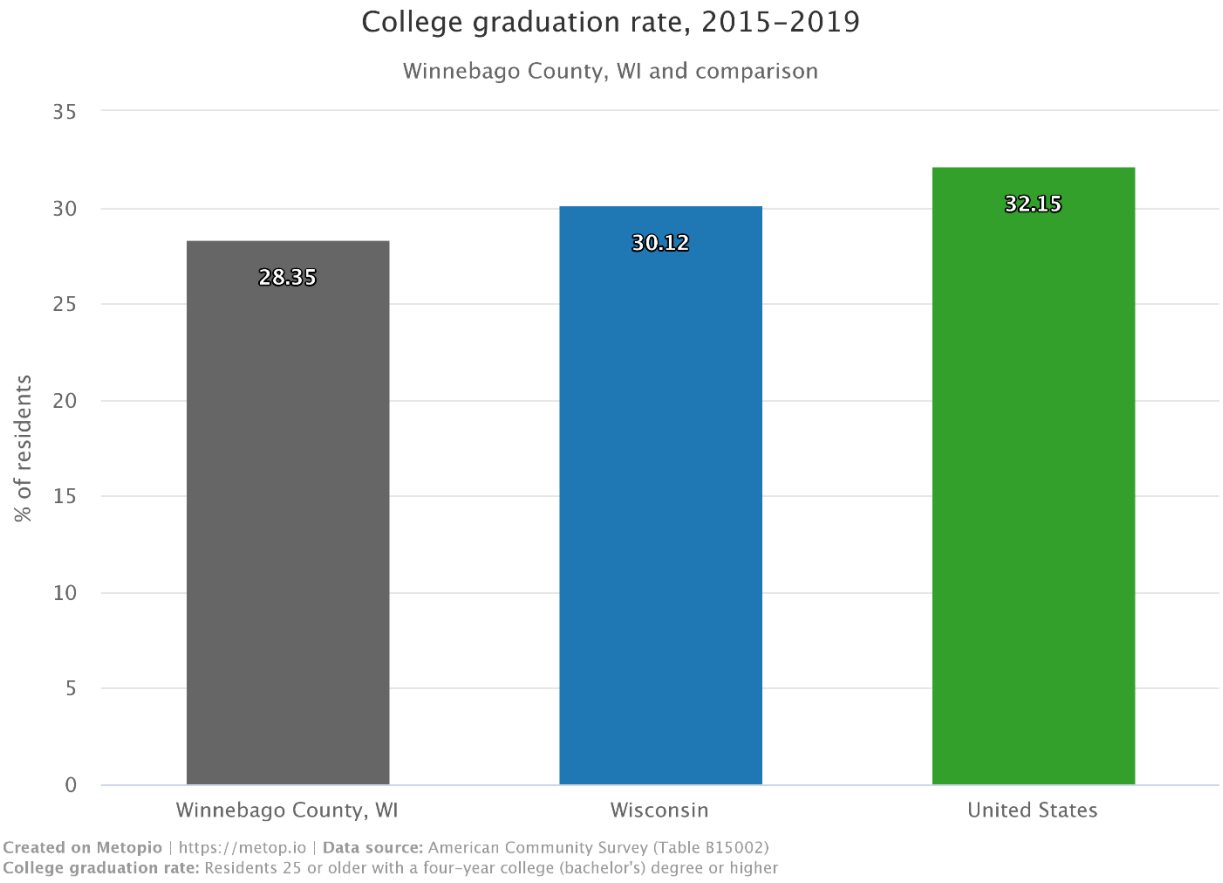
Employment

The unemployment rate among Winnebago County residents that are 16 years of age and older is three percent, which is lower compared to the state of Wisconsin at 3.61 percent.

Education (Source #2)

Educational Level

Winnebago County educational attainment data was also reviewed and analyzed to gain an in-depth understanding of educational levels across the county. Educational attainment is a key social determinant of health. Higher levels of education correlate with better health outcomes. The percent of individuals in Winnebago County with a bachelor's degree or higher is similar to the Wisconsin average, and lower than the United States average. The chart below shows college graduation rates among individuals aged 25 and older residing in Winnebago County, compared to Wisconsin and US averages.



How the Community Health Needs Assessment (CHNA) was conducted

Purpose and process of the shared Community Health Needs Assessment
The inaugural community health needs assessment (CHNA) was conducted in 2013 and adopted by the Social Responsibility Committee of the Aurora Health Care (AHC) Board of Directors on December 19, 2013. In 2021, a 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 described in this report.

Partnership
Aurora Medical Center - Oshkosh (Aurora Oshkosh) is an active member of the Fox Valley Community Health Improvement Coalition. In addition to Aurora Oshkosh, the coalition includes Ascension Wisconsin, Children's Wisconsin, ThedaCare, and the health departments of Appleton, Calumet County, Menasha, Outagamie County, and Winnebago County. During 2021, the coalition convened a series of meetings with the purpose of collecting community health data for the health department's Community Health Assessment (CHA) and the health systems' Community Health Needs Assessments (CHNA).

Data collection and analysis
Quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through community surveying. Different data sources were collected, analyzed and published at different intervals, and therefore the data years (e.g., 2012, 2014, 2018) will vary in this report. The most current data available was used for the CHNA.

Data Sources

Source #1 | County Health Rankings: Winnebago County
The County Health Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003. For more information, see Appendix A.

Source #2 | Metopio
Advocate Aurora Health has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers the hospitals health, demographic, and hospitalization indicators (Appendix B). Data for each indicator is presented by race, ethnicity, and gender when the data is available. For more information see Appendix B.

Source #3 | Key Informant Interview Report
Fifty-six key informant interviews were conducted between July and August 2021 Key informants were leaders from public health, education, health, and social service agencies representing a cross sector of stakeholders interested in improving the community's health. Key

informants were intentionally identified because they themselves are members of the community or they serve in leadership roles advocating for those who are medically, income and/or from diverse racial and ethnic populations and other marginalized communities. Key informant was asked to rank order the top two health conditions or behaviors and the top two major social factors impacting health for the Fox Valley. For each top-ranked issue the informant was asked to specify what populations are most affected by the issue, what efforts were needed to address the issue, and what community stakeholders are critical to addressing the issue.

The *Key Informant Interview Report* presents the results, including cross-cutting themes and summaries of the top five health issues and additional health issues. Moreover, the Key Informant Interview Report compiles a listing of potential resources and partnerships identified to address community health issues (Appendix C). The report was prepared by JKV Research, LLC.

Source #4 | Written Comments on the Current CHNA Report and Implementation Strategy
Aurora Health Care invites the community to provide written comments on its current CHNA Reports and Implementation Strategies via a one-click portal on its website at aurora.org/commbenefits. *Through August 2021, Aurora Oshkosh did not receive any comments on the current CHNA Report or Implementation Strategy.*

Additional sources of data and information used to prepare the Aurora Oshkosh CHNA Report were considered when identifying significant community health needs and are cited within the report.

Summary of Findings

This report focuses on the following data collection years: 2018, 2019 and 2020. County Health Rankings (Source #1), secondary data (Source #2) and the Key Informant Interview Report (Source #3), provide an overview of the community health issues in Winnebago County.

Access

Unmet medical care | In 2018, 73.8% of Winnebago County residents reported having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year, similar to the Wisconsin average (Source #2). Accessible and affordable healthcare was listed as a top health issue by community stakeholders (Source #3).

- The *Healthy People 2020* targets are to reduce the proportion of persons who are without health care coverage to 0% and who are unable to obtain or delay in receiving necessary medical care to 4.2%.

  Why is this important? 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.[4]

Dental services and unmet dental care | In 2018, 69% of Winnebago County adults reported having been to the dentist or dental clinic in the previous year, similar to the Wisconsin average (Source #2). Winnebago County has 56.2 dentists per 100,000 residents, a lower rate compared to the Wisconsin and US averages (Source #2).

- 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 dental care to 5.0%.

  Why is this important? 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 cancers and reduce dental care costs.[5]

Unmet mental health services | Winnebago County has 270.8 mental health providers per 100,000 residents. This is slightly lower compared to the Wisconsin rate of 272.2 per 100,000 residents, and much lower than the US average of 381.9 per 100,000 residents (Source #2).

Why is this important? Mental health and physical health are interconnected. An unmet mental health need can lead to further complications and increase future costs; the burden of mental illness and unwellness is among the highest of all diseases. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.[6]

[4] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed March 31, 2021.
[5] Healthy People 2020 – Oral Health. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health. Accessed March 31, 2021.
[6] Healthy People 2020 – Mental Health and Mental Disorders. U.S. Department of Health and Human Service. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders. Accessed March 31, 2021.

Coverage

Health care coverage | From 2015-2019, an average of 4.6% of Winnebago County residents reported they were without health insurance, which has been steadily decreasing since 2008-2012. Non-Hispanic Black residents aged 18-64 and Hispanic or Latino adults aged 18-64 were most likely to report being uninsured, at 9.4% and 13.3% respectively (Sources #1, #2).

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

Why is this important? 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.[7, 8]

Chronic disease: asthma, diabetes, heart disease, overweight/obesity, and cancer

Chronic conditions such as asthma, diabetes, heart disease and cancer can result in health complications, compromised quality of life and burgeoning health care costs. As the most common and preventable of all health issues, chronic diseases account for 86% of health care costs nationwide.[9]

Asthma | In 2018, 9.2% of adults reported asthma (current), similar to the Wisconsin and US averages (Source #2).

Why is this important? Without proper management, asthma can lead to increased health care usage and decreased quality of life.[10] Management of the disease with medical care and prevention of attacks by avoiding triggers is essential.

Diabetes | In 2017, 9% of Winnebago County adults reported ever having been told by a doctor, nurse, or other health professional that they have diabetes (other than diabetes during pregnancy) Males were more likely to report having been diagnosed with diabetes (Source #2).

Why is this important? Diabetes may lead to serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.[11] The average medical expenditures among people with diagnosed diabetes were about 2.3 times higher than expenditures for people without diabetes. [12]

Coronary Heart Disease | In 2018, 8.0% of Winnebago County adults reported having ever been told by a doctor they have angina or coronary heart disease, slightly lower than the Wisconsin average of 5.63 (Source #2).

[7] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed March 31, 2021.
[8] Key Facts about the Uninsured Population. Kaiser Family Foundation. Available at https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/. Accessed March 31, 2021.
[9] Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion. Available at http://www.cdc.gov/chronicdisease/index.htm. Accessed March 31, 2021.
[10] Centers for Disease Control and Prevention – Uncontrolled Asthma among Persons with Current Asthma. Available at https://www.cdc.gov/asthma/asthma_stats/uncontrolled_asthma.htm. Accessed March 31, 2021.
[11] Centers for Disease Control and Prevention. – Diabetes Basics. Available at https://www.cdc.gov/diabetes/basics/index.html. Accessed March 31, 2021.
[12] CDC National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States. Available at https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf. Accessed March 31, 2021.

Why is this important? Heart disease (including coronary artery disease, angina, heart failure and arrhythmia) is the leading cause of death among both males and females in the United States. High blood pressure, high cholesterol and smoking are key risks for heart disease.[13]

Overweight/Obesity | In 2018, 36.8% of adults in Winnebago County were classified as being obese, an increase from the baseline of 19.9% in 2002 (Sources #1, #2).

A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using weight in kilograms/height in meters^2 (Source #2).

– The *Healthy People 2020* goal for healthy weight is to have less than 66.1% of the population classified as being overweight or obese.

Why is this important? Overweight and obesity can increase the risk for high blood pressure, high cholesterol levels, coronary heart disease, type 2 diabetes, stroke, some cancers, low quality of life and other health conditions. People who are obese have annual medical costs which average $1,429 higher than those of normal weight.[14]

[13] Centers for Disease Control and Prevention - Heart Disease. Available at https://www.cdc.gov/heartdisease/facts.htm. Accessed March 31, 2021.
[14] Centers for Disease Control and Prevention – Overweight & Obesity: Adult Obesity Facts. Available at https://www.cdc.gov/obesity/data/adult.html. Accessed March 31, 2021.

Cancer | The 2015-2019 cancer mortality rate in Winnebago County was 148.6 per 100,000 population, slightly lower compared to the state at 154.2 per 100,000. (Source #2).

> **Why is this important?** A person's cancer risk can be reduced in a number of ways including, but not limited to, receiving regular medical care and screenings, getting vaccinated, 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.[15]

Health risk behaviors: alcohol use, substance 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 consumption, tobacco use and exposure, poor nutrition and lack of physical activity.[16]

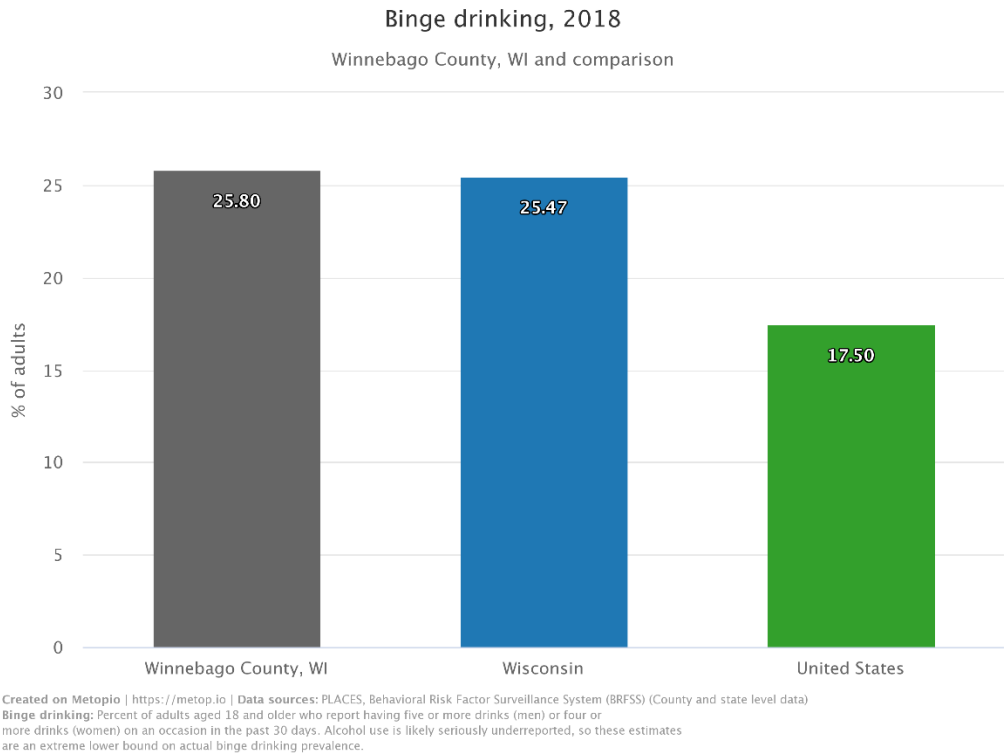
Alcohol use | In 2018, 25.8% of adults in Winnebago County reported binge drinking in past month, higher than the state (25.5%) and national (17.5%) averages (Source #2). Alcohol use was the most common reason Winnebago County residents sought substance use services in 2020, with 341 residents receiving treatment.[17]

Excessive drinking reflects the percent of adults who report either binge drinking or heavy drinking. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), binge drinking is defined as alcohol consumption that brings the blood alcohol concentration to 0.08% or more; this is generally achieved through consuming four or more alcoholic beverages for women or five or more for men within approximately two hours. In addition, the NIAAA defines heavy drinking as drinking more than one drink for women or two drinks for men per day on average.[18] Alcohol and other substance use was listed as a top health issue to focus efforts on by community stakeholders (Source #3).

- The *Healthy People 2020* goal for binge drinking among adults is 24.4%.

> **Why is this important?** Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g. car crashes, falls, burns, drownings), 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, poor diabetes control, cancer, mental health problems, and learning and memory issues. Binge drinking is extremely costly to society from losses in productivity, employment, health care, crime and other expenses.[19]

[15] Centers for Disease Control and Prevention – Cancer. Available at https://www.cdc.gov/cancer/dcpc/prevention/index.htm. Accessed March 31, 2021.
[16] Centers for Disease Control and Prevention-Chronic Disease Overview. Available at https://www.cdc.gov/chronicdisease/about/index.htm. Accessed March 31, 2021.
[17] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed April 1, 2021.
[18] National Institute on Alcohol Abuse and Alcoholism – Alcohol & Your Health: Drinking Levels Defined. Available at https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking. Accessed March 31, 2021.
[19] Centers for Disease Control and Prevention – Alcohol & Public Health. Available at https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm. Accessed March 31, 2021.



Substance use | In Winnebago County, the rate of drug overdose mortality was 16.9 per 100,000 population in 2014-2018, lower than Wisconsin rate of 18.0 per 100,000 population (Source #2). Amphetamine use was the second most common reason Winnebago County residents sought substance use services in 2020, with 139 residents receiving treatment.[20] Alcohol abuse was listed as a top health issue by community stakeholders (Source #3).

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

Why is this important? Substance abuse is a major public health issue that has a strong impact on individuals, families, and communities. The use of illicit drugs, abuse of alcohol, and addiction to pharmaceuticals is linked to serious health conditions such as heart disease, cancer, and liver diseases, exacting over $600 billion annually in costs related to lost work productivity, healthcare, and crime. Substance abuse also contributes to a wide range of social, physical, mental, and public health problems such as teenage pregnancy, HIV/AIDS, STIs, domestic violence, child abuse, motor vehicle crashes, crime, homicide, and suicide.[21]

[20] Wisconsin Department of Health Services. Available at https://www.dhs.wisconsin.gov/aoda/county-services-dashboard.htm. Accessed April 1, 2021.
[21] Health Compass Milwaukee. Available at http://www.healthcompassmilwaukee.org/. Accessed March 31, 2021.

Tobacco Use and Exposure | In 2018, 19.5% of adults in Winnebago County reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or most days, a decrease from the 1996 baseline of 26.4% (Sources #1, #2).

- The *Healthy People 2020* target is to reduce cigarette smoking by adults to 12.0% and adolescents to 16.0% and increase the percentage of current smokers to quit smoking in the past year to 80.0%. Also, it aims to increase the prohibition of smoking within the homes to 87.0% and to reduce the percentage of non-smokers exposed to secondhand smoke in the past seven days to 33.8%.

  Why is this important? In the United States, cigarette smoking is the leading cause of preventable death. Smoking harms nearly every organ in the body, leading to disease and disability, including increasing the risk of coronary heart disease, stroke and several types of cancer. 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. [22]

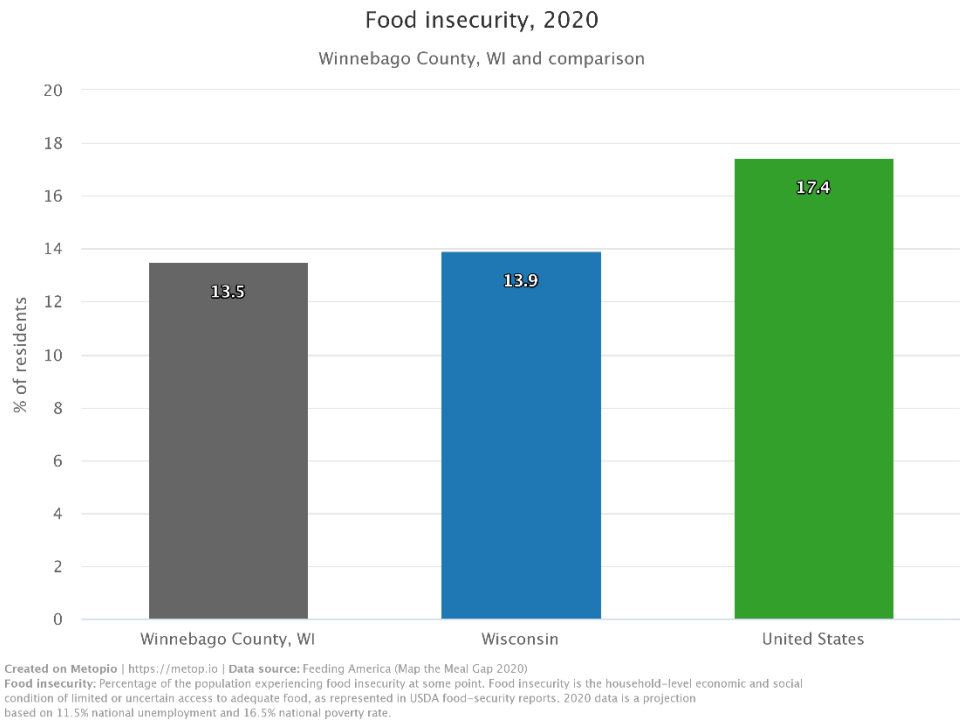
Nutrition and physical activity | In 2018, 20.0% of adults in Winnebago County reported no exercise in the past month, lower than the Wisconsin average (21.8%) and US average (23.6%) (Source #2).

Feeding America estimates 13.5% of Winnebago County residents experienced limited or uncertain access to adequate food at some point during 2020 (Source #2).

- The *Healthy People 2020* target is to increase the percentage of adults engaged in the recommended moderate or vigorous physical activity to 47.9% and to reduce the percentage of students playing video games or using the computer for non-school work three or more hours on an average school day to 17.4%.

  Why is this important? Inactive adults have a higher risk for obesity, coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions.[23] 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. An energy imbalance or eating more calories than one expends through physical activity, can increase one's risk for overweight and obesity. [24]

[22] Centers for Disease Control and Prevention – Smoking & Tobacco Use. Available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm. Accessed March 31, 2021.
[23] Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. Available at https://www.cdc.gov/nccdphp/dnpao/division-information/media-tools/dpk/vs-disability-activity/index.html. Accessed March 31, 2021.
[24] Centers for Disease Control and Prevention – Physical Activity and Health. Available at https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm. Accessed March 31, 2021.



Injury and violence

Injury hospitalization | The 2019 Winnebago County age-adjusted injury-related hospitalizations rate was 311.7 per 100,000, which is lower than the state (418.0 per 100,000). Winnebago County residents who are Non-Hispanic Black had higher rates of injury-related hospitalizations compared to residents who are Hispanic, White or Asian. The age-adjusted injury-related emergency department (ED) visit rate for Winnebago County was 7,180.5 per 100,000, which is lower than the Wisconsin rate (7,251.5 per 100,000) and has been decreasing over time (Source #2). The injury-related death rate in Winnebago County was 67.5 per 100,000 population, lower than the Wisconsin rate of 76.6 per 100,000 population, but higher than the Healthy People 2020 goal of 53.3 per 100,000 population.

- The *Healthy People 2020* target for injury-related hospitalization rate is 555.8 per 100,000; the target for injury emergency department visit is 7,533.4 per 100,000. The target for injury related death rate is 53.3 per 100,000.

  Why is this important? Injuries are a leading cause of death for people ages 1-44 in the United States. In 2013 alone, injuries cost the nation 671 billion dollars in lost productivity and medical care. Injuries can be prevented, and their consequences reduced for infants, children and adults.[25]

[25] Centers for Disease Control and Prevention – Injury Prevention and Control. Available at https://www.cdc.gov/injury/wisqars/overview/key_data.html. Accessed March 31, 2021.

Older adults injury | In 2019, the injury hospitalization rate among Winnebago County adults aged 65 years and older was 1,073.9 per 100,000, lower than the state rate of 1,490.8 per 100,000 (Source #2).

> **Why is this important?** Of adults aged 65 years or older, one-third experience a fall each year, but less than half inform their healthcare providers about it. Most fractures among older adults are due to falls. Besides fractures, older adults who suffered from a fall have lacerations, traumatic brain injuries and experience a fear of falling, thus limiting their future activities.[26]

Sexual violence | Sexual violence is defined as sexual activity when consent is not obtained or not given freely.[27] The rate of rape for Winnebago County was 44.8 reports per 100,000 persons, higher than Wisconsin's overall rate of 27.9 per 100,000 in 2019 (Source #2). 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.

> **Why is this important?** Sexual violence can have harmful and lasting consequences for victims, families, and communities including, but not limited to, unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks and financial cost to victims, families and communities.[28]

Other violence | Winnebago County reported aggravated assault/battery rate of 137.9 per 100,000 residents, an increase from 2015 (Source #2). In Wisconsin, the rate of Child Protective Services (CPS) reports was 32.1 per 1,000 children in 2019; Winnebago County's rate was higher at 34.9 reports per 1,000 children (Source #2).

> **Why is this important?** Violence has a lasting effect throughout one's life. Survivors of violence may suffer from physical, emotional, social and other health problems.[29]

Reproductive health

Birth rate to teens| In 2015-2019, births among Winnebago County females aged 15-19 years was 18.80 per 1,000 females, higher than the state rate of 8.9 births per 1,000 females (Source #2).

> **Why is this important?** Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[30]

[26] Centers for Disease Control and Prevention – Older Adult Falls: Get the Facts. Available at http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html. Accessed March 1, 2021.
[27] Centers for Disease Control and Prevention – Violence Prevention: Sexual Violence. Available at https://www.cdc.gov/violenceprevention/sexualviolence/index.html. Accessed March 31, 2021.
[28] Centers for Disease Control and Prevention – Violence Prevention/Sexual Violence: Consequences. Available at https://www.cdc.gov/violenceprevention/sexualviolence/consequences.html. Accessed March 31, 2021.
[29] Centers for Disease Control and Prevention – Violence Prevention. Available at https://www.cdc.gov/violenceprevention/. Accessed March 31, 2021.
[30] Centers for Disease Control and Prevention – Reproductive Health: About Teen Pregnancy. Available at https://www.cdc.gov/teenpregnancy/about/index.htm. Accessed March 31, 2021.

Infant Mortality | In 2014-2018, the rate of infants dying before their first birthday in Winnebago County was 5.2 deaths per 1,000 live births, the rate is higher for non-Hispanic Black infants at a rate of 27.2 deaths per 1,000 live births and Hispanic or Latino at a rate of 9.6 deaths per 1,000 live births (Source #2).

- The *Healthy People 2020* target for rate of infant deaths (within one year) is 6.0 per 1,000 live births.

Mental health

Mental health conditions | In 2018, 12.8% of Winnebago County adults reported 14 or more days during the past 30 days during which their mental health was not good (Source #2). Mental health, mental conditions and suicide was listed as a top health issue by community stakeholders (Source #3).

Mental health is defined as including "our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices."[31] Indicators of mental health include emotional, social and psychological well-being. This definition differs from mental illness, which is classified as "conditions that affect a person's thinking, feeling, mood or behavior," which "may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day."[32] Anxiety, depression, and bipolar disorder are examples of mental illness.

> **Why is this important?** Mental health conditions are related to risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking, and insufficient sleep, and associated with chronic diseases such as cardiovascular disease, diabetes, and obesity.[33]

Suicide | In 2015-2019, the Winnebago County suicide rate was 15.6 per 100,000, higher than the Wisconsin rate of 14.7 per 100,000 population (Source #2).

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

> **Why is this important?** A serious public health problem, suicide can have lasting harmful effects on individuals, their families and their communities. While its causes are complex and multifaceted, the aim of suicide prevention is to decrease risk factors and promote resilience.[34]

[31] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed March 31, 2021.
[32] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed March 31, 2021.
[33] Centers for Disease Control and Prevention – Learn About Mental Health. Available at https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed March 31, 2021.
[34] Centers for Disease Control and Prevention – Suicide Prevention. Available at https://www.cdc.gov/violenceprevention/suicide/. March 31, 2021.

IV. Prioritization of Health-Related Issues

Priority Setting Process

During 2012, an ad hoc committee of the Aurora Health Care Board of Directors' Social Responsibility Committee undertook a five-month process to identify a common need in all Aurora Health Care service areas. The ad hoc committee presented its final recommendation to the Social Responsibility Committee in October of 2012 and, for the purpose of developing community benefit implementation strategies, a "signature community benefit focus" for all Aurora Health Care hospital facilities was determined to be: A demonstrable increase in "health home" capacity and utilization by underserved populations across Aurora's footprint (Medicaid-eligible and uninsured).

During 2021, Aurora hospital facility leaders prioritized significant needs based on the following criteria:

- Meets a defined community need (i.e., access for underserved populations)
- Aligns community benefit to organizational purpose and clinical service commitment to coordinate care across the continuum
- Aligns with hospital resources and expertise and the estimated feasibility for the hospital to effectively implement actions to address health issues and potential impact
- Reduces avoidable hospital costs by redirecting people to less costly forms of care and expands the care continuum
- Has evidence-basis in cross-section of the literature for management of chronic diseases in defined populations
- Leverages existing partnerships with free and community clinics and Federally Qualified Health Centers (FQHCs)
- Resonates with key stakeholders as a meaningful priority for the Aurora hospital to address
- Potential exists to leverage additional resources to extend impact
- Increases collaborative partnerships with others in the community by expanding the care continuum
- Improves the health of people in the community by providing high-quality preventive and primary care
- Aligns hospital resources and expertise to support strategies identified in municipal health department Community Health Improvement Plan (CHIP)
- Aligns with Advocate Aurora Health Community Strategy
- Quantifying health issues based on the *Hanlon Method for Prioritizing Health Problems*[35] (see Appendix E for details)

[35] National Association of County & City Health Officials (NACCHO) – First Things First: Prioritizing Health Problems. Available at http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf, accessed February 10, 2020.

Health Needs Selected

Using these criteria, Aurora Medical Center - Oshkosh prioritized the significant health needs to address in the 2022-2024 implementation strategy:

- Access and coverage
- Behavioral health
- Social determinants of health (focus on community safety and food security)

Health Needs Not Selected

The implementation strategy does not include specific strategies and goals for nutrition, exercise, and obesity, as the goal of the Advocate Aurora Health Community Strategy is to increase focus on social factors that impact health, in order to make the most effective use of limited resources. One of these factors Aurora Oshkosh has chosen to address is food insecurity, which is associated with nutrition and obesity. The Implementation Strategy also does not include specific strategies and goals for Social Connectedness. Aurora Oshkosh may contribute towards this in their Community Safety priority, and there are other organizations addressing this need. The Implementation Strategy does not include specific strategies and goals for addressing homelessness, due to limited resources. The Implementation Strategy does not include specific strategies and goals for cigarette smoking because this trend has been decreasing.

V. Approval of Community Health Needs Assessment

The completed Community Health Needs Assessment (CHNA) report was adopted by the Aurora Health Care Community Board of the Advocate Aurora Health Board of Directors on December 14, 2021.

VI. Community Resources and Assets

Available community resources and assets for each top community health issue as noted by interviewed community members are located in Appendix C. The organizations listed as providing key informants for interviews are resources for the community as well. Specific resources leveraged by the hospital are identified in the Implementation Strategy.

VII. Vehicle for Community Feedback

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, go to aurora.org/commbenefits and select “Contact Us.”

VIII. Evaluation of Impact

The impact of the initiatives identified in Aurora Oshkosh’s *2018 Community Health Needs Assessment Report* / *2019-2021 Implementation Strategy* plan, which was executed with several successes, including providing vouchers for diagnostic lab and radiology services to free clinic patients, providing the Intensive Outpatient Treatment Program for patients with substance use disorders, and construction of the Aurora Oshkosh Food Forest and walking path. For detailed evaluation of impact, see Appendix F.

IX. Appendices

Appendix A | County Health Rankings Summary: Winnebago County 2021 (Source #1)

County Demographics –

	County	State
Population	171,907	5,822,434
% below 18 years of age	20.4%	21.8%
% 65 and older	16.8%	17.5%
% Non-Hispanic Black	2.4%	6.4%
% American Indian & Alaska Native	0.8%	1.2%
% Asian	3.1%	3.0%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	4.4%	7.1%
% Non-Hispanic White	88.0%	80.9%
% not proficient in English	1%	1%
% Females	49.7%	50.2%
% Rural	13.4%	29.8%

	Winnebago (WN) County	Trend	Error Margin	Top U.S. Performers	Wisconsin
Health Outcomes					
Length of Life					
Premature death	5,800		5,400-6,300	5,400	6,300
Quality of Life					
Poor or fair health	15%		13-17%	14%	15%
Poor physical health days	4.2		3.8-4.6	3.4	3.7
Poor mental health days	4.3		3.9-4.7	3.8	4.0
Low birthweight	7%		7-8%	6%	7%
Additional Health Outcomes (not included in overall ranking) –					
Life expectancy	79.8		79.4-80.2	81.1	79.5
Premature age-adjusted mortality	300		280-310	280	310
Child mortality	50		40-60	40	50
Infant mortality	5		4-7	4	6
Frequent physical distress	12%		11-13%	10%	11%
Frequent mental distress	13%		11-14%	12%	13%
Diabetes prevalence	9%		7-12%	8%	10%
HIV prevalence	52			50	129

	Winnebago (WN) County	Trend	Error Margin	Top U.S. Performers	Wisconsin
Health Factors					
Health Behaviors					
Adult smoking	19%		16-23%	16%	17%
Adult obesity	37%		32-43%	26%	32%
Food environment index	8.7			8.7	9.0
Physical inactivity	20%		16-24%	19%	20%
Access to exercise opportunities	87%			91%	85%
Excessive drinking	28%		26-29%	15%	27%
Alcohol-impaired driving deaths	31%		24-39%	11%	36%
Sexually transmitted infections	457.7			161.2	483.6
Teen births	12		11-13	12	15
Additional Health Behaviors (not included in overall ranking) –					
Food insecurity	9%			9%	9%
Limited access to healthy foods	5%			2%	5%
Drug overdose deaths	16		13-20	11	20
Motor vehicle crash deaths	8		6-10	9	10
Insufficient sleep	33%		31-35%	32%	33%

	Winnebago (WN) County	Trend	Error Margin	Top U.S. Performers	Wisconsin
Clinical Care					
Uninsured	5%		5-6%	6%	7%
Primary care physicians	1,190:1			1,030:1	1,270:1
Dentists	1,580:1			1,210:1	1,410:1
Mental health providers	430:1			270:1	470:1
Preventable hospital stays	2,697			2,565	3,747
Mammography screening	56%			51%	49%
Flu vaccinations	56%			55%	53%
Additional Clinical Care (not included in overall ranking) –					
Uninsured adults	6%		5-7%	7%	8%
Uninsured children	3%		2-4%	3%	4%
Other primary care providers	760:1			620:1	810:1
Social & Economic Factors					
High school completion	93%		92-93%	94%	92%
Some college	68%		66-71%	73%	70%
Unemployment	3.0%			2.6%	3.3%
Children in poverty	12%		9-15%	10%	14%
Income inequality	4.0		3.8-4.1	3.7	4.2
Children in single-parent households	21%		19-24%	14%	23%
Social associations	11.5			18.2	11.5
Violent crime	169			63	298
Injury deaths	75		69-81	59	84

	Winnebago (WN) County	Trend	Error Margin	Top U.S. Performers	Wisconsin
Additional Social & Economic Factors (not included in overall ranking) –					
High school graduation	92%			95%	90%
Disconnected youth	4%		2-6%	4%	5%
Reading scores	3.0			3.3	3.0
Math scores	3.1			3.4	3.0
Median household income	$59,600		$55,600-63,700	$72,900	$64,200
Children eligible for free or reduced price lunch	39%			32%	39%
Residential segregation - Black/White	53			23	76
Residential segregation - non-white/white	34			14	55
Homicides	1		1-2	2	4
Suicides	16		13-18	11	15
Firearm fatalities	9		7-11	8	11
Juvenile arrests	40				
Physical Environment					
Air pollution - particulate matter	8.5			5.2	7.0
Drinking water violations	No				
Severe housing problems	12%		11-13%	9%	14%
Driving alone to work	85%		84-85%	72%	81%
Long commute - driving alone	17%		16-18%	16%	28%
Additional Physical Environment (not included in overall ranking) –					
Traffic volume	496				597
Homeownership	65%		64-66%	81%	67%
Severe housing cost burden	10%		9-11%	7%	12%
Broadband access	84%		83-85%	86%	83%

Note: Blank values reflect unreliable or missing data

Appendix B | Winnebago County Health Data Report: A summary of secondary data sources (Source #2)

The report is available at https://metop.io/projects/jexsdbam/

Data Collection & Analysis: In summer 2021, Advocate Aurora Health compiled secondary data from publicly available sources, using the data platform Metopio, to supplement the Behavioral Risk Factor Survey data.

Publicly available data sources used for secondary data

Source	Description
American Community Survey	*American Community Survey* 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 of 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*
County Health Rankings	Each year the overall health of almost every county in all 50 states is assessed and ranked using the latest publicly 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.*
Wisconsin Department of Health Services – Data & Statistics	All reportable communicable disease case counts, including sexually transmitted diseases (STD) and HIV incidence, are based on case reports. Reports are available for Wisconsin statewide, the five DPH regions, and the 72 Wisconsin counties. *Source: Wisconsin Department of Health Services*
Wisconsin Interactive Statistics on Health (WISH)	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*

Data for each indicator is presented by race, ethnicity and gender when the data is available.

Partners & Contracts: Subscriptions to Metopio data platform licenses are funded by Aurora Health Care.

Appendix C | Fox Valley Health Needs Assessment: A summary of key informant interviews (Source #3)

The report is available at aurora.org/commbenefits

Data Collection and Analysis: Fifty-six key informant interviews were conducted between July and August 2021. The organizations were selected based on the following criteria:

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

Key informant interviews were conducted with leaders with broad representation from public health, education, and community organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

Organization	Description of the organizations *The description is based on information provided on the organization's website, accessed September, 2021*
211	United Way 2-1-1 provides easy, simple access to health and human services, gives callers an opportunity to get or give help, and serves as a hub for community information in times of disaster.
ACLU of Wisconsin	The ACLU of Wisconsin has 13,000 members and is dedicated to defending the civil liberties and civil rights of all Wisconsin residents.
Appleton Library	"Serving the community since 1897, we currently operate from an 85,000 square foot facility at 225 N. Oneida Street. Established under state law by the City of Appleton, we are governed by a nine-member citizen Board of Trustees."
African American Heritage, Inc.	African Heritage, Inc. (AHI) was formed by a group of individuals of African descent who reside in the Fox Cities. AHI was officially registered in July 1998 as a non-profit organization with a base in Appleton. African Heritage, Inc is exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501 (c) (3).
Aurora Medical Center - Oshkosh	"Aurora Medical Center in Oshkosh is a hospital that combines state-of-the-art resources with a commitment to providing personal, compassionate care. With 24/7 emergency services and several onsite specialists, we're ready to help. A nationally recognized health care provider, we offer a wide range of medical specialties in a culturally affirming and compassionate way to help all people live well."
Apricity	Apricity provides those impacted by substance use disorders a full spectrum of care including treatment, employment and support services in a safe, progressive recovery community.
Ascension Wisconsin	"Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and

	communities. We are advocates for a compassionate and just society through our actions and our words."
Be Well Fox Valley	"Be Well envisions a Fox Valley where all people have the opportunity to live longer, healthier, and happier. We engage a broad spectrum of people from the community, health systems, public health, business, non-profits, education, philanthropy, and the faith community working together to advance a culture of health and well-being for all in the Fox Valley."
Calumet County Economic Development	"We work to support the community economic development needs of businesses, entrepreneurs, and communities in Calumet County and we look forward to serving you."
Catalpa Health	"At Catalpa Health, we can help guide your child and your family to a brighter tomorrow. Our specialists care for a variety of emotional, behavioral and mental health concerns"
Childcare Resource & Referral (CC&R)	CCR&R is a community based non-profit agency offering services to parents, childcare providers, employers and the community that improve the quality and accessibility of early childhood education and care.
Children's Wisconsin	"We are the region's only independent healthcare system dedicated solely to the health and well-being of children. In Milwaukee and throughout the state, we provide kids and their families a wide range of care and support - everything from routine care for ear aches or sore throats to life saving advances and treatment options."
Chilton Police Department	"We, the City of Chilton Police Department, are committed to providing the highest quality of police services to the people who live and work in and visit our beautiful city. We will constantly evaluate and improve our efforts to enhance public safety with the goal of improving the quality of life within the City of Chilton, while always being professional in all that we do."
City of Appleton Fire Department	The Appleton Fire Department, located in Appleton, Wisconsin, has a staff of 96 men and women providing service from six fire stations strategically located throughout the City of Appleton. In addition to fire suppression, the department provides a full range of fire prevention, life safety education, emergency medical first responder and rescue response services.
Common Ground	Common Ground is a bridge connecting leaders of the faith community with leaders of the secular (i.e. lay) community with a focus on improving the health and wholeness of our Fox Cities.
Day by Day Warming Shelter	Day by Day Warming Shelter collaboratively provides temporary shelter, individualized services, and opportunities for self-sufficiency to empower the most vulnerable adults in our community.
Diverse and Resilient	Mission: To achieve health equity and improve the safety and well-being of LGBTQ people and communities in Wisconsin.
Evergreen Long Term Care	"Guided by Christian ideals, we strive to provide exceptional living environments, services and experiences for people 55 and older."
ESTHER	ESTHER aims to bring together people of faith and communities of faith to build community and to identify and act on issues of injustice. Faith communities covenanting with ESTHER join together based on shared values such as equality and human dignity.
Father Carr's Place 2B	Father Carr's Place 2B is a Life Enrichment Center that ministers to the poor and provides family and community activities.

Family Services of Northeast Wisconsin	“We are a non-profit, human services agency offering more than 35 programs that support the people of Northeast Wisconsin during challenges and transitions in their lives. Our staff uses a trauma-informed approach to help struggling children, teens, and adults reconnect to their family and community.”
Fox Valley Literacy	“Fox Valley Literacy has provided one-on-one adult education for students in the Fox Valley area for 30 years. By working to increase education levels, we are empowering individuals to create change in our community.”
Hilbert School District	The Hilbert School District is located on the northeast side of Lake Winnebago, including the town of Hilbert Wisconsin.
Hmong American Partnership (HAP)	The HAP is a non-profit organization based in Appleton, Wisconsin.
Imagine Fox Cities	Imagine Fox Cities is an inclusive community-wide initiative created to be intentional about shaping the future of the Fox Cities when it comes to well-being.
Leaven	LEAVEN stabilizes and empowers people in financial crisis by providing financial assistance, resource coordination, and case management to address their near-term and long-term basic needs.
Pillars	From homelessness to coming home, Pillars provides shelter, support, and solutions to address the housing needs in our community.
Menasha Senior Center	Mission Statement: Maintain and enhance the quality of life of older adults by providing educational, recreational, social, and wellness programs and to meet the needs as requested by the community.
Neenah-Menasha YMCA	The YMCA of the Fox Cities (which includes the Neenah-Menasha YMCA) has been a unifying force in the Fox Valley for more than 130 years strengthening communities through Youth Development, Healthy Living and Social Responsibility.
Neighbor Works	Vision: Be a sustainable, recognized leader in community development, housing revitalization, and innovative homeownership solutions.
New Holstein	“With a population slightly over 3300, New Holstein has an excellent school system, a municipal airport, beautiful parks, a viable manufacturing employment base and is a desirable location for all ages.”
Northeast Wisconsin Mental Health Connection	Mission: Lead the collaboration of community stakeholders to create and continuously improve an exceptional mental health system of care.
Oshkosh Area School District	School district that operates 13 elementary schools, five middle schools, two high schools, and three charter schools in Oshkosh, Wisconsin.
Oshkosh Food Pantry	The Oshkosh Area Food Pantry believes in the vision of a community where no one goes hungry.
Outagamie & Winnebago Early Intervention	Birth to Three services provide intervention to children ages birth to three years old with disabilities or developmental delays.
Outagamie Sheriff’s Office	“Our Mission is to work in partnership with our community and other public service agencies to protect and serve the citizens of Outagamie County with P.R.I.D.E. (Professionalism, Respect, Integrity, Dedication, Excellence)”

Park View Health Center	Park View Health Center is a county-owned, skilled nursing facility dedicated to providing services to residents of the Winnebago County community in need of long-term care, short-term rehabilitative care, and specialized behavioral services.
REACH Coalition	Counseling for abuse survivors ages 4-90
Rural Health Initiative	The Rural Health Initiative Inc. (RHI) is a 501(c)(3), non-profit program focused on the growing concerns and barriers related to the health and safety of today's farm families.
Salvation Army	The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.
Seymour Community School District	The mission of Seymour Community School District is to create a cooperative community of people committed to constantly improving learning environments which enable students to demonstrate their uniqueness as persons who are active learners, caring members of society, creative artists, ethical stewards, involved citizens, and productive workers.
Thompson Center on Lourdes	The Thompson Center on Lourdes is a nonprofit organization dedicated to the mental, physical and emotional well-being of adults, age 50+.
US2 Behavioral Health	Mission: To advance health equity by removing barriers and creating an inclusive community where people can reach their full potential
UW Oshkosh	The mission of the University of Wisconsin System is to develop human resources, to discover and disseminate knowledge, to extend knowledge and its application beyond the boundaries of its campuses, and to serve and stimulate society by developing in students heightened intellectual, cultural, and humane sensitivities, scientific, professional and technological expertise, and a sense of purpose. Inherent in this broad mission are methods of instruction, research, extended training, and public service designed to educate people and improve the human condition. Basic to every purpose of the UW System is the search for truth.
World Relief	At World Relief Fox Valley, we come alongside refugees and other immigrants in vulnerable situations as they rebuild their lives in the United States. For the last 9 years, we've been welcoming immigrants and refugees across the Fox Valley, from Appleton to Oshkosh.

The key informant interviews were conducted by Ascension Wisconsin, Aurora Health Care, Children's Wisconsin, ThedaCare, and the health departments of Appleton, Calumet County, Menasha, Outagamie County, and Winnebago. The interviewers used a standard interview script that included the following elements:

1) Ranking the top 2 social factors impacting health. For those 2 issues:
    a. What populations are most affected and how
    b. If the community rallied behind one major effort to address this issue, what would it be
    c. What stakeholders are critical in addressing the issue
2) Ranking the top 2 health conditions or behaviors. For those 2 issues:
    a. What populations are most affected and how
    b. What strategies are working well to address the issue

c. What additional strategies are needed
d. What stakeholders are critical in addressing the issue
e. If the community rallied behind one major effort to address this issue, what would it be
f. What is one thing your organization needs now to address the issue
g. How do Social Determinants of Health impact this condition or behavior

3) To be responsive to the current conditions during the COVID-19 pandemic, the following additional questions were added to the interview guide:
   a. What needs or gaps have developed since the COVID-19 pandemic?
   b. What is working well to address these gaps?
   c. What additional strategies are needed?
   d. How should organizations reach out to community members?
   e. What is one key learning your organization has had during the COVID-19 pandemic?

The report summarized the health issue rankings, including a list of the issues which were ranked most frequently by respondents. Also, the report describes the themes that presented across the top ranked health topics along with a summary of the strategies, barriers and partners described by the participants.

Top five issues that emerged as key health priorities for the Fox Valley and the identified community assets

The top social determinants that emerged as key priorities for the Fox Valley were: 1) safe and affordable housing, 2) social connectedness and belonging, 3) economic stability and employment, 4) accessible and affordable healthcare, and 5) affordable childcare

Key community partners, resources and assets to address social determinants:

1. Safe and affordable housing: Critical stakeholders to be involved in a housing initiative was quite long. The most often listed were city planners/administrators, elected officials, government leaders and policymakers. Government agencies, housing authorities and granting agencies were listed next. Emergency shelters, housing coalitions, community leaders, business leaders, community advocate groups, Pillars and Housing First were also listed often.

2. Social connectedness and belonging: Critical stakeholders were local community organizations, community leaders, the faith community, advocacy groups, government agencies, youth programs, community centers and schools. City planners/administrators, elected officials, employers, granting agencies and mental health providers were also included.

3. Economic stability and employment: Critical stakeholders to be involved in an initiative were elected officials, government leaders, policymakers, government agencies and employers. City planners, affected persons, college/adult education programs and financial institutions were also mentioned.

4. Accessible and affordable healthcare: Critical stakeholders include healthcare systems, insurance companies, community advocates and employers.

5. Affordable childcare: Critical stakeholders to be involved were elected officials, government leaders, policymakers, community advocates and government agencies. Employers and persons who are affected should be included as well.

The top health conditions/behaviors that emerged as key priorities for the Fox Valley were 1) mental health, mental conditions and suicide, 2) alcohol and substance use, and 3) physical activity and obesity

Key community partners, resources and assets to address health conditions/behaviors:

1. Mental health, mental conditions and suicide: Critical stakeholders were numerous. The mental healthcare system and providers, the medical healthcare system, government agencies, insurance companies, employers, elected officials, community advocates and collaborations/partnerships all need to be at the table. Granting agencies, affected persons and crisis workers also need to be included.

2. Alcohol and substance use: Critical stakeholders included AODA providers, government agencies, healthcare organizations, collaborations/partnerships, elected officials/government leaders, policymakers and community advocates. Law enforcement, schools, granting agencies, affected persons, crisis workers and social support agencies were also listed.

3. Physical activity and obesity: Critical stakeholders included government agencies, city planners/administrators, schools, healthcare providers along with park and recreation centers. Health insurance companies, community advocates, direct services and grocery stores were also listed.

COVID-19 Community Needs or Gaps that have Developed since the Coronavirus Pandemic: The key themes that emerged from the responses have to do with support systems being stretched thin and needs/gaps widening. Needs included economic, technological, mental health and medical health. Collaboration and the use of navigators/case managers were strategies that were recommended to expand. It is important to meet people where they are and communicate with them as a trusted ally. Using all forms of communication are necessary to reach all populations.

Partners & Contracts: This report was sponsored by Ascension Wisconsin, Aurora Health Care, Children's Wisconsin, ThedaCare, and the Health Departments of Appleton, Calumet County, Menasha, Outagamie County, and Winnebago. The report was prepared by JKV Research, LLC.

Appendix D | Hanlon Method for Prioritizing Health Problems

To prioritize health issues, we recommend use of the Hanlon Method. Developed by J.J. Hanlon, the *Hanlon Method for Prioritizing Health Problems* is a well-respected technique which quantitatively and objectively ranks specific health problems based on the criteria of seriousness, magnitude, and effectiveness. Below is a description of this method. *Scales have been customized for Aurora's CHNA purposes.*

Step #1: Give each health problem a numerical rating on a scale of 0-10 for each of the three criteria shown in the columns.

Rating	Size of Health Problem (% of population) A	Seriousness of Health Problem B	Effectiveness of Interventions C
9 or 10	>50%	Very Serious	46% - 100% effective
7 or 8	40% - 49.9%	Relatively Serious	36% - 45% effective
5 or 6	30% - 39.9%	Serious	26% - 35% effective
3 or 4	20% - 29.9%	Moderately Serious	16% - 25% effective
1 or 2	10% - 19%	Relatively Not Serious	5% - 15% effective
0	<10%	Not Serious	<5% effective
Guiding considerations when ranking health issues against the three criteria	Size of the health problem should be based on data collected from the individual community	Does it require immediate attention? Is there public demand? What is the economic impact? What is the impact on quality of life? Is there a high hospitalization rate? Does it affect other health issues?	Determine upper and lower measures for effectiveness and rate health issues relative to those limits.

Step #2: Apply the 'PEARL' Test – Once health problems have been rated for all criteria, use the 'PEARL' Test to screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem suitable?

Economics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?

Acceptability – Will a community accept the program? Is it wanted?

Resources – Is funding available or potentially available for a program?

Legality – Do current laws allow program activities to be implemented?

Step #3: Calculate priority scores – Based on the three criteria rankings assigned to each health problem in Step 1 of the Hanlon Method, calculate the priority scores using the following formula:

D = [A + (2 x B)] x C

Where: D = Priority Score

A = Size of health problem ranking

B = Seriousness of health problem ranking

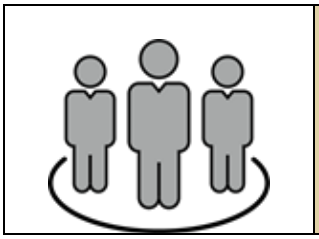
C = Effectiveness of intervention ranking

Step #4: Rank the health problems– Based on the priority scores calculated in Step 3 of the Hanlon Method, assign ranks to the health problems with the highest priority score receiving a rank of '1,' the next high priority score receiving a rank of '2,' and so on.

Hanlon Rankings of Health Problems					
Ranking	**Health Issue Based on CHNA Data**	**A**	**B**	**C**	**D**
1	No checkup in past year	4	7	9	152
2	No physical activity	2	5	4	140
3	Overweight	5	8	4	
4	Binge Drinking	4	8	4	80
5	Cigarette Smoking	2	9	4	80

Appendix E | Evaluation of Impact

Focus | Access



Intended Impact

- Increased access to care

Results

2019

- 2,160 non-emergent ED visits without a primary care physician; 247 of those saw an AHC primary care provider within 28 days
- 15 uninsured and self-pay patients using our ED for primary care referred to FQHC/free clinics
- Working to streamline voucher process to provide specialty care to FQHC/free clinic patients

2020

- 1,927 non-emergent ED visits without a primary care physician; 250 of those saw an AHC primary care provider within 28 days
- 268 vouchers accepted for diagnostic lab and radiology services for Free Clinic patients valued at $2,187.12

Focus | Behavioral health

Intended Impact

- Increased linkages to appropriate screening and care for behavioral health

Results

2019

- Evaluation of collaboration with Suboxone and Vivitrol program which has obtained grant dollars to pay for the medication for recently released prisoners who have a diagnosis of alcoholism and opioid addiction

2020

- 46 new patients treated in Intensive Outpatient Treatment Program for patients with substance use disorders
- Continued work in developing new services to address mental health issues, especially addiction prevention and treatment strategies; continued to grow referrals and provided group therapy virtually during pandemic

Focus | Cancer

Intended Impact

- Increased opportunity for Increased opportunity for cancer screening and support

Results

2019

- 18 survivorship plans developed for cancer patients
- 6 survivorship activities provided to 106 cancer patients and their caregivers
- 3 breast cancer screening events provided to 2,937 community members
- 2 lung cancer screening events provided to 690 community members
- 4 skin cancer screening events provided to 88 community members
- 4 general cancer education events provided to 62 community members
- 1 breast cancer education event provided to 200 community members

2020

- 48 survivorship plans developed for cancer patients

Focus | Sexual Assault

Intended Impact

- Increased access to care for survivors of sexual assault

Results

2019

- 169 individuals provided with services for sexual assault and other violence
- 43 community trainings provided to 3,600 individuals; 16 referrals from physician offices and/or other community partners that received education

2020

- 149 individuals provided with services for sexual assault and other violence
- 4 community trainings provided to 115 individuals; 2 referrals from physician offices and/or other community partners that received education

Focus | Obesity

Intended Impact

- Increased opportunities to maintain a healthy weight

Results

2019

- Participation in initiative to geomap tri-county obesity hot spots in collaboration with ThedaCare and Ascension Wisconsin

2020

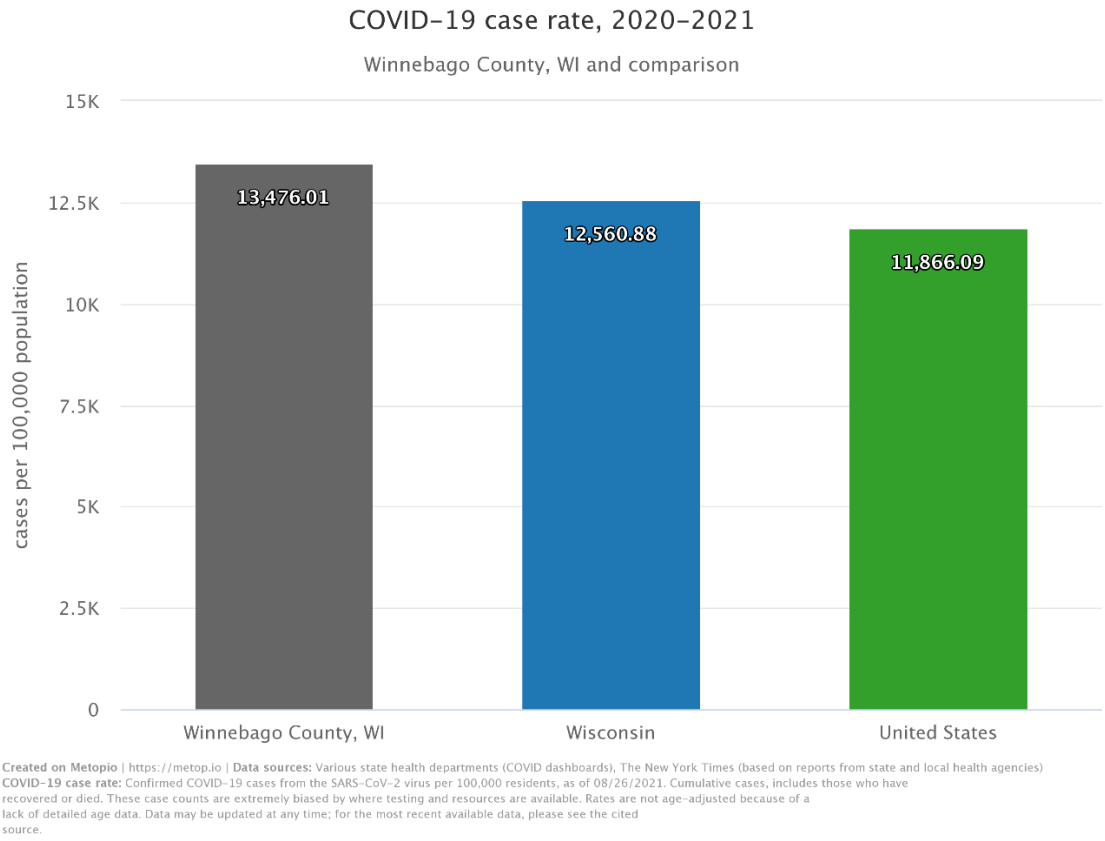
- Participation in initiative to geomap tri-county obesity hot spots in collaboration with ThedaCare and Ascension Wisconsin
- Partnered with Feeding America to provide guidance to food pantry partners to become more diabetic friendly
- Constructed Aurora Oshkosh food forest with walking path
- Collaborated with local health systems and Americorps to construct new Oshkosh Food Coop
- 7 professionals, such as pediatric nurse practitioners, dietitians, and exercise scientists, to staff community-based initiatives such as re:TH!NK

Appendix F | Coronavirus/COVID-19 Pandemic

On April 4, 2020, Governor Tony Evers declared all counties in the State of Wisconsin as a disaster area in response to the outbreak of COVID-19. The COVID-19 pandemic was occurring during the CHNA data collection and analysis for Aurora Oshkosh. Advocate Aurora's response to the pandemic has been added to Aurora Oshkosh's 2022-2024 Implementation Strategy as an additional priority within addressing social determinants of health, and current COVID-19 data is described below.

The pandemic has significantly impacted all populations and communities in the state, but has disproportionately impacted low income communities, magnifying social determinants of health while diminishing social service capacity to address them. Black Americans are more likely to be at higher risk for contracting COVID-19, have lower access to testing, are more likely to experience more severe complications from the infection, and are on average 30 percent more likely to have health conditions that exacerbate the effects of COVID-19.[36]

The chart below shows the confirmed COVID-19 cases per 100,000 residents, as of August 26, 2021.[37] During that time, the case rate for Winnebago County was 13,476.01 per 100,000 residents, higher than the Wisconsin average of 12,560.88. These case counts are dependent on where testing and resources are available.



[36] McKinsey & Company COVID-19: Investing in Black Lives and Livelihoods. Available at https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-investing-in-black-lives-and-livelihoods#, accessed November 30, 2020.
[37] Metopio COVID-19 case rate, 2020. Available at https://metop.io/projects/jexsdbam/, accessed August 27, 2021.

The chart below shows a summary of cumulative total COVID-19 statistics in Wisconsin, as of May 25, 2021.[38] There have been 608,959 confirmed cases of COVID-19 reported. 97.9% of those cases have recovered, and 0.9% of those cases are still active. 6,998 confirmed cases of COVID-19 have been reported as having died from COVID-19 and 30,742 have been hospitalized.

Wisconsin COVID-19 Summary Statistics

Cumulative data, Updated: 5/25/2021

Testing*

Total people tested: 3,541,176 (+2,775 from prior day)
Positive (Confirmed Case): 608,959 (+376)
Negative: 2,932,217 (+2,399)

Confirmed Case Information

Recovery Status	Deaths	Hospitalizations
Recovered: 595,882 (97.9%)	Deaths: 6,998 (+8)	Ever hospitalized: 30,742 (+75)
Active: 5,781 (0.9%)	Percent who died: 1.1%	Percent ever hospitalized: 5.0%

*Testing data represent the number of people tested by a confirmatory, diagnostic test that detects the virus in the nose or throat (and not a blood test that detects antibodies). No antigen or antibody test results are included in this figure. Multiple tests per person are not included in these summary statistics.

[38] Wisconsin Department of Health Services COVID-10 Wisconsin Summary Data. Available at https://www.dhs.wisconsin.gov/covid-19/data.htm#summary, accessed May 24, 2021.