Aurora Medical Center – Bay Area
Community Health Implementation Strategy

January 1, 2026 - December 31, 2028

Community health improvement is an effective tool for creating a shared vision and supporting a planned and integrated approach to improving health outcomes. The basic premise of community health improvement is that entities identify community health issues, prioritize those that can be addressed, and then develop, implement, and evaluate strategies to address those issues. Tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) and develop an implementation strategy to document how the hospital will address prioritized community health needs. The following outlines a summary of the CHNA process and provides details on how Aurora Medical Center – Bay Area (Aurora Bay Area) plans to address their prioritized community health needs.

SUMMARY OF CHNA PROCESS

In 2025, Aurora Medical Center – Bay Area participated with the Community Health Partnership of Marinette & Menominee Counties to conduct a collaborative Community Health Needs Assessment (CHNA), which consisted of a comprehensive presentation and analysis of both qualitative and quantitative data of the Bay Area, which includes Marinette, Wisconsin and Menominee, Michigan.

The Aurora Bay Area CHNA relies on two sources of primary data information, gathered through the Partnership:

Community Health Survey: 979 valid online surveys were completed between April 1 and June 18, 2025, to gain insight from the community on top health needs in the community, individuals' perception of their overall health, access to health services and social drivers of health.

Community Partner Interviews: 68 interviews were conducted between April and May of 2025 to provide qualitative data regarding community needs. Key stakeholders interviewed were considered community experts who can provide valuable insight on pressing health issues in Marinette County.

Additionally, Aurora Health Care analyzes secondary data, or existing information gathered from various sources, to provide valuable insights and context from the following sources:

Metopio: Aurora Health Care has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available. All data collected through Metopio was quantitative and included data comparisons between county, state and United States data.

County Health Rankings & Roadmaps – Marinette, WI and Menominee, MI Counties: A program of the University of Wisconsin Population Health Institute and supported by the Robert Wood Johnson Foundation, the County Health Rankings & Roadmaps (CHR&R) provides a snapshot of health for nearly every county in the nation, based on a variety of public health data. CHR&R advocates for an understanding of data and evidence to develop methods to improve health and equity. (County Health Rankings & Roadmaps, About Us, 2024)

The top health issues identified in the Aurora Medical Center – Bay Area CHNA were:

- Accessible and affordable healthcare
- Economic stability and employment
- Family support
- Food insecurity
- Mental Health
- Nutrition, Physical Activity, Obesity
- Safe and affordable housing
- Substance misuse

The top health issues identified were presented to both the hospital leader team and the Community Steering Councils, and members were asked to rank the issues based on the following criteria: size and seriousness of the problem; effectiveness of available interventions; available resources to address the health issue; whether the health care system is adequately positioned to address the issue; alignment with a defined community need identified through data; potential for the issue to impact other health and social issues; and the ability to effectively address or impact the issue through collaboration.

Using these criteria, Aurora Medical Center - Bay Area has prioritized the significant health needs to address in 2026-2028:

Significant Need	Implementation Strategy Selection Reasoning
Behavioral Health *(includes both Mental Health and Substance Misuse)*	This need was selected because behavioral health issues, which include both Mental Health and Substance Misuse, continue to rise in the county. Mental health crises such as suicide rates and depression rates are steadily increasing. There are also concerns related to substance misuse, with binge drinking rates in Marinette County exceeding Wisconsin and area comparisons. Alcohol-related ED visits also are higher than the Wisconsin rates.
Nutrition, Physical Activity and Obesity	Data show that obesity rates are increasing, physical activity levels are declining, and obesity rates are higher in the Bay Area than in the U.S. These trends are closely linked to chronic diseases such as diabetes, heart disease, and high blood pressure, which affect long-term health and quality of life. Limited access to healthy foods also contributes to these challenges.

For each prioritized health need, the hospital plans to commit resources, which may include staff time, information technology systems, outreach, promotions and educational materials, funding, medical supplies, and other resources as available.

PRIORITY: Behavioral Health

IMPACT:
Increase access to mental health care and substance misuse treatment, and work on prevention of these issues within the community.

DESCRIPTION OF HEALTH NEED DATA:

- Suicide mortality rates in Marinette County and Menominee County are much higher than Wisconsin, Michigan and the U.S.
- Alcohol-related mortality is much higher in both counties than their state and national averages.
- The substance use emergency department (ED) visit rate in Marinette County is higher than the overall rate in Wisconsin.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Aurora Health Care

- Access to health care services

STATE: Wisconsin State Health Improvement Plan

- Pursue population-level prevention of and intervention for mental health and substance use issues
- Increase accessibility of mental health and substance use intervention and recovery services

NATIONAL: Healthy People 2030

- Improve mental health
- Reduce drug and alcohol addiction

STRATEGY #1: Increase access to innovative and integrated behavioral health services

Planned Interventions	Collaborative Partners	Intended Outcomes
• Continue to screen for behavioral health issues in the Emergency Department (ED), including mental health, depression, alcohol misuse and drug use, and provide follow-up care and referrals as appropriate • Expand the Mental Health Navigator program in the ED to provide additional support for patients presenting with ongoing mental and behavioral health concerns and facilitate connection to appropriate services • Expand integrated behavioral health services within primary care to reduce barriers to mental health care and improve timely, coordinated access for patients • Offer well-being initiatives for caregiving teams to support staff mental health and sustain the behavioral health workforce	• Aurora Medical Group (AMG) • Community-based organizations within the FindHelp platform • ADAPT • NorthPoint	• Increased access to behavioral health services • Improved coordination for behavioral health care • Increased referrals to resources and follow up care • Reduced behavioral health ED and hospitalization visits

Measures

- Percent of patients screened
- Number of patients served; number of referrals provided
- Number of patients assessed or referred to ADAPT for Behavioral Health services
- Number of ADAPT clinic referrals and connection to long-term affordable care
- Behavioral Health Primary Care Integration program milestones
- Number of events offered to staff / number of people served

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Behavioral Health (CONTINUED)

STRATEGY #2: Collaborate on prevention tactics for improved behavioral health outcomes

Planned Interventions	Collaborative Partners	Intended Outcomes
• Continue supporting public awareness efforts to decrease prescription drug misuse, including maintaining a drug take-back resource that offers community members a safe and secure way to dispose of unwanted opioids and other prescription medications • Participate in locally led mental health coalitions, including collective impact initiatives with the Community Health Partnership of Marinette & Menominee Counties, and partnerships with local organizations for awareness and education campaigns • Mobilize system resources through investments and community service with behavioral health organizations • Provide oversight of the Behavioral Health Consortium which includes the hospital, ADAPT & local law enforcement, to improve care coordination of community members needing treatment, and to better respond to crisis events	• The Community Health Partnership of Marinette & Menominee Counties • Local health departments • NAMI Chapter • North Point • ADAPT • Overdose Fatality Review coalition • First responders • Healthy Youth Coalition	• Increased awareness and access to behavioral health services in the community • Reduced stigma • Fewer deaths due to drug overdose • Increased support for community-based substance use disorder organizations • Improved coordination for behavioral health care and response to crises within the community

Measures

- Pounds of medication collected
- Progress updates
- Number of community-based organizations supported
- Number of individuals educated
- Funding provided / total hours of employee time provided
- Number of items provided for harm reduction
- Number of emergency responders trained in crisis intervention
- Number of debriefings held / trainings provided

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Nutrition, Physical Activity, and Obesity

IMPACT:
Improve access to nutritious food, physical activity opportunities, and health education to support healthy weight, reduce the risk of chronic disease, and promote overall well-being across the community.

DESCRIPTION OF HEALTH NEED DATA:

- The percentage of obesity among adult residents is higher in the Bay Area than in Wisconsin and Michigan, and the U.S.
- Physical activity levels in the Bay Area are lower than in Wisconsin and Michigan, and the U.S.
- An estimated 11.9% of Marinette County residents and 15.6% of Menominee County residents experience food insecurity.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Aurora Health Care

- Food security

STATE: Wisconsin State Health Improvement Plan

- Ensure that health care services meet the unique needs of all Wisconsinites
  - » Increase emphasis on social determinants of health supports and other preventive services

NATIONAL: Healthy People 2030

- Improve health by promoting healthy eating and making nutritious foods available
- Reduce overweight and obesity by helping people eat healthy and get physical activity

STRATEGY #1: Support access to comprehensive services, resources and education to promote healthy living and prevent chronic disease

Planned Interventions	Collaborative Partners	Intended Outcomes
• Screen patients for social drivers of health needs that impact health outcomes, including food security, and provide community referrals • Promote physical activity programming on the hospital campus to all community members, including hosting the Corporate Challenge • Deliver health education and medically managed weight loss programs for patients to better support health outcomes with participating departments (cardiopulmonary rehab/physical therapy, primary care, and diabetic education) • Provide Athletic Trainers and promote nutrition education in area schools to support concussion protocols and safe physical activity	• Aurora Medical Group (AMG) • Community-based organizations • Greater Marinette-Menominee YMCA • Schools	• Improved connection of patients to community food and nutrition resources • Strengthened coordination between clinical care teams and community-based organizations addressing food access • Increased opportunities for physical activity among community members • Improved patient engagement in evidence-based weight management programs and improved outcomes • Improved student, parent, and staff knowledge of nutrition and safe physical activity

Measures

- Percent of patients screened; number of referrals provided
- Weight loss program milestones; pounds lost; BMI downward changes
- Number of participants receiving education or programs
- Number of physical activity events held; number of people reached
- Number of Athletic training encounters; percentage of injuries that had < 10 days for return to sport

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Nutrition, Physical Activity, and Obesity (CONTINUED)

STRATEGY #2: Collaborate on chronic disease prevention within the community

Planned Interventions	Collaborative Partners	Intended Outcomes
• Host food drives and other initiatives on campus that increase access to healthy, shelf-stable food options • Participate in local initiatives that focus on healthy lifestyle and chronic disease prevention, including the Recipe for Success education initiative • Mobilize system resources through investments and community service with health and wellness organizations • Explore opportunities to advocate for policy interventions that support the health and wellbeing of residents	• Greater Marinette-Menominee YMCA • Schools • Wello • Local farmers • Feeding America • Food Pantries	• Increased access to healthy, shelf-stable food options for community members • Increased awareness of food assistance options and nutrition resources available in the community • Strengthened collaboration with local partners focused on prevention and wellness • Increased capacity of community-based health and wellness organizations • Strengthened alignment with local and regional initiatives that support nutrition, physical activity, and chronic disease prevention

Measures

- Number of food donation events; pounds of food donated
- Progress milestones for local coalitions
- Number of community-based organizations supported
- Funding provided; total hours of employee time provided

**Impact measures are subject to change depending on the direction of each intervention.*

Note: Plans to address selected CHNA priorities are dependent upon resources and may be adjusted on an annual basis to best address the health needs of our community.

Needs Not Addressed

This Community Health Implementation Strategy focuses on the above priority health needs selected by the hospital based on community input, available resources, and alignment with organizational and community partner capacity. The Community Health Needs Assessment (CHNA) also identified additional significant health needs, including accessible and affordable healthcare, safe and affordable housing, family support and childcare, economic stability and employment, food insecurity, and social connectedness and belonging. These needs, while also important, are not addressed in this CHIS due to factors such as limited hospital resources, the presence of existing initiatives, or a determination that the hospital is not best positioned to lead efforts in these areas at this time. Aurora Health Care will continue to collaborate with community partners and share resources, when appropriate, to support progress on these needs within the community.

Adoption of the Implementation Strategy

The Community Health Implementation Strategy report was adopted by the Aurora Health Care Metro Board, the authorizing body of the hospital, on April 20, 2026.