Aurora Sinai Medical Center
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 Sinai Medical Center plans to address their prioritized community health needs.

SUMMARY OF CHNA PROCESS

In 2024, Aurora Sinai Medical Center (Aurora Sinai) participated with the Milwaukee Health Care Partnership (MHCP) to conduct a collaborative Community Health Needs Assessment (CHNA) in Milwaukee County, which consisted of a comprehensive presentation and analysis of both qualitative and quantitative data.

The Aurora Sinai CHNA relies on two sources of primary data information, gathered through the Milwaukee Health Care Partnership:

Community Health Survey: An online survey of more than 6,200 Milwaukee County residents that addressed adult and child health risk factors, health behaviors and perceptions of pressing community health needs.

Community Partner Interviews: Conducted by health system community benefit leaders with 42 individuals representing 36 organizations and 11 focus groups to identify community health needs, root causes and contributing social factors. Interviewees offered insight on effective health improvement strategies currently in place as well as suggestions for future opportunities.

Milwaukee County CHNA reports were developed in collaboration with the Center for Urban Population Health and IMPOWER.

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 – Milwaukee County: 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 Sinai Medical Center CHNA were:

- Access to Care
- Chronic disease
- Economic and housing opportunities
- Food insecurity
- Maternal, child and reproductive health
- Mental health
- Safety and violence
- Substance use

The top health issues identified were presented to the Aurora Sinai team, 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 Sinai has prioritized the significant health needs to address in 2026-2028:

Significant Need	Implementation Strategy Selection Reasoning
Chronic Disease	Chronic disease was selected as a priority for the Community Health Improvement Strategy because it represents a widespread and growing health burden in Milwaukee County and is a leading cause of death. Community surveys identified chronic diseases as one of the most important local health concerns, and supporting data show higher prevalence, mortality, and hospitalization rates compared to state and national averages. Persistent racial and age-related disparities, along with rising emergency department and hospitalization rates for conditions like diabetes, highlight the urgent need for equity-focused, community-driven prevention and management strategies.
Safety and Violence	Safety was selected as a priority for the Community Health Improvement Strategy because high levels of violence and preventable injuries in Milwaukee County pose a serious and ongoing threat to residents' physical, mental, and social well-being. Community and stakeholder input identified gun and community violence as a top concern, and data show that rates of violent crime, firearm-related injuries, and homicide in the county—especially in the City of Milwaukee—are significantly higher than state averages. In addition, elevated rates of unintentional falls, particularly among older adults, contribute to preventable emergency department visits and hospitalizations. The widespread impact of violence, trauma, and injury on health outcomes, quality of life, and access to community resources underscores the need for coordinated, prevention-focused strategies to improve safety and promote healthier, more secure communities.
Mental Health	Mental health was selected as a priority for the Community Health Implementation Strategy because it is a foundational component of overall health and was consistently identified as a critical concern by both community members and key stakeholders. Mental health affects emotional, psychological, and social well-being, shaping how individuals cope with stress, maintain relationships, make decisions, and function in daily life. Supporting mental health is essential not only to prevent illness but to help individuals and communities thrive.

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: Chronic Disease

IMPACT:
Improve overall health and well-being of individuals who suffer from a diagnosed chronic disease.

DESCRIPTION OF HEALTH NEED DATA:

- In Milwaukee County, 23% of the 2024 CHNA respondents named chronic diseases, like diabetes and heart disease, as one of the three most important health issues in Milwaukee. (2024, Milwaukee Healthcare Partnership).
- Among City of Milwaukee residents, 13.2% reported having a diagnosis of Diabetes compared with 9.1% for the state of Wisconsin.
- Among City of Milwaukee residents, 34.9% reported having a diagnosis of Hypertension compared to 28.3% for the state of Wisconsin.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Aurora Health Care

- Increase availability, accessibility and acceptability of health care program and services

STATE: State of Wisconsin Health Plan Priorities

- Person and community centered health care

NATIONAL: Healthy People 2030

- Reduce the proportion of people who can't get medical care when they need it

STRATEGY #1: Increase access to medical services to support improved management of chronic disease diagnosis

Planned Interventions	Collaborative Partners	Intended Outcomes
• Provide referrals to the Connect to Care Primary Care Program • Receive referrals for the Specialty Access for the Uninsured Programs • Participate in the Milwaukee County Refugee Program • Educate staff about free clinics and community resources available outside of the hospital to support patients in continuing coverage for managing chronic conditions • Deploy mobile health units to provide accessible chronic disease screening, education, and follow-up services in communities with gaps to care to reduce barriers to prevention and management of conditions	• Milwaukee Health Care Partnership • Milwaukee County Department of Health and Human Services • Walker's Point Free Clinic • Federally qualified health centers • Community based organizations	• Improved access to timely primary care for consistent management of diseases • Improved access to timely and appropriate specialty care • Improved primary and specialty care access to the refugee population in the Milwaukee County

Measures

- Number of referrals into the Connect to Care program
- Number of referrals into the SAUP program
- Number of refugees served
- Process updates on education initiatives

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

PRIORITY: Chronic Disease (CONTINUED)

STRATEGY #2: Improve community partnerships and programming for cardiometabolic diseases

Planned Interventions	Collaborative Partners	Intended Outcomes
• Conduct Sweet Health Diabetes Prevention Program • Conduct Heart and Soul Hypertension Education Program • Participate in the MKE Heart Health Learning Collaborative	• American Indian Council • Milwaukee Inner-city Congregations Allied for Hope • Health Connections	• Reduced A1C/glucose and 5% weight in participants • Reduced blood pressure and a 5% weight reduction in participants • Increased knowledge and awareness of healthy heart programs and activities for Milwaukee County residents

Measures

- Number of individuals completing Sweet Health DPP
- Number of individuals completing Heart and Soul
- Participant outcomes, including percent lowering their A1C and blood pressure
- Process, initiative updates

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

PRIORITY: Safety and Violence

IMPACT:
Support community infrastructure improvements that influence community safety.

DESCRIPTION OF HEALTH NEED DATA:

- Among survey respondents, 53% identified gun violence/community violence as the top health issue.
- The City of Milwaukee rate of assault by firearms was 90.9 compared to 13.2 for the state of Wisconsin.
- The homicide rate in the city of Milwaukee was 24.1 compared to 6.7 for the state of Wisconsin.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Medical College of Wisconsin CIC

- Increase knowledge regarding the impact of intentional injury and violence and strategies to address it

STATE: Office of Violence Prevention Plan

- Promote evidence-based community violence intervention efforts and share best practices among stakeholders

NATIONAL: Healthy People 2030

- Reduce fatal injuries

STRATEGY #1: Increase safety and enhance violence prevention specific to Sexual Assault

Planned Interventions	Collaborative Partners	Intended Outcomes
• Provide 24/7 crisis response, personal advocacy, system advocacy, information and referral, individual and group counseling and support and follow-up services • Increase Milwaukee's response to survivors of sexual assault by providing 24/7 access of advocates through the Aurora Healing Center Sexual and Domestic Violence Hotline • Collaborate and coordinate services with local systems, multi-disciplinary teams, and population specific service providers to ensure that underserved survivors of sexual and domestic violence have access to services that will support their efforts to achieve justice and healing • Provide community education/prevention/ outreach trainings related to sexual assault, domestic violence, and sex trafficking	• Aurora Healing and Advocacy Services • First responders • Community-based organizations	• Immediate support provided to victims • Improved personal advocacy support for survivors of sexual assault • Increased individual counseling referrals • Increased awareness of domestic and IPV support and advocacy

Measures

- Number of individuals served via hotline
- Number of individuals support by healing advocate
- Number of referrals for counseling services
- Number of training courses conducted

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

PRIORITY: Safety and Violence (CONTINUED)

STRATEGY #2: Increase safety and enhanced violence prevention and response

Planned Interventions	Collaborative Partners	Intended Outcomes
• Partner with 414Life Violence Interrupters for ED interventions to provide trauma-informed care and reduce acts of retaliation • Provide Housing is Health referrals of unhoused individuals presenting to the ED to support safe recovery • Provide referrals to medical respite beds for patients who lack a safe environment for recovery following hospital discharge	• Medical College of Wisconsin Comprehensive Injury Center • Milwaukee Health Care Partnership • Salvation Army of Southeastern Wisconsin/ Outreach Community	• Improved supportive services for victims of violent crimes in the Emergency Department • Increased safe discharges from ED for unhoused individuals • Increased safe hospital discharges for medical respite

Measures

- Number of Violence Interrupters interventions and related program outcomes
- Number of referrals to Housing is Health
- Number of medical respite referrals

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

PRIORITY: Mental Health

IMPACT:
Improve mental health among Milwaukee County residents through preventative strategies and increased access to behavioral health services.

DESCRIPTION OF HEALTH NEED DATA:

- Among adults in the City of Milwaukee, 19% reported poor mental health in 2022.
- The behavioral health ED visit rate for the City of Milwaukee was 3,066 per 100,000 residents compared to Wisconsin, which was 1,446 per 100,000 residents.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: MKE Elevate

- Improve availability and uptake of behavioral health resources

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

STRATEGY #1: Increase access to behavioral health services

Planned Interventions	Collaborative Partners	Intended Outcomes
• Provide Aurora Behavioral Health resources in the Emergency Department to expedite appropriate referrals and assist with navigation, facilitate interactions with staff, and provide inpatient transfers, appointment scheduling and motivational interviewing • Enhance the behavioral health - primary care integration model of care by increasing the number of patient contacts	• Aurora Behavioral Health Services • Community-based organizations	• Improved ED screening and appropriate referrals for behavioral services • Increased referrals to resources and follow up care

Measures

- Number of ED assessments/screenings
- Number of referrals provided

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

PRIORITY: Mental Health (CONTINUED)

STRATEGY #2: Improve Mental Health through community collaborations

Planned Interventions	Collaborative Partners	Intended Outcomes
• Provide referrals to the ED to Recovery Program to support services for individual who have experienced a drug overdose • Provide Mental Health First Aid trainings to the community • Mobilize system resources through investments and community service with behavioral health organizations	• Wisconsin Community Services (WCS) • Aurora Community Health • Community based organizations	• Increased number of individuals entering treatment programs after ED intervention • Increased knowledge for community members on how to respond to mental health crisis

Measures

- Number of referrals to WCS
- Number of individuals trained in Mental Health First Aid
- 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 access to care, economic and housing opportunities, food insecurity, maternal and child health, and substance use. 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.