Marshfield Clinic Health System

2023-2025 Community Health Implementation Strategy

Marshfield Medical Center–Beaver Dam

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Executive Summary

Health System Overview

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a rural central Wisconsin city. At its inception, Clinic founders saw research and education as critical to their practice of health care and that remains so today.

The Clinic became a 501(c)(3) nonprofit organization in 1992 and in 2014, Marshfield Clinic Health System, Inc., was formed. The Health System's mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care.

The Health System today is an integrated health system whose mission is to enrich lives through accessible, affordable compassionate health care. The Health System serves Wisconsin and Michigan's Upper Peninsula with more than 12,000 employees and 1,600 providers comprising 170 specialties, health plan, and research and education programs. Its entities provide service and health care to include more than two million residents through over 60 clinic locations, and 11 hospitals.

MCHS primary operations include: Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield, Eau Claire, Beaver Dam, Park Falls, Ladysmith, Minocqua, Neillsville, Rice Lake, Stevens Point, Weston, Iron Mountain (Michigan) and Marshfield Children's Hospital; Marshfield Clinic Research Institute, Security Health Plan and Marshfield Clinic Health System Foundation.

The Clinic operates several dental clinics in northern, central and western Wisconsin, providing general family dentistry and dental hygiene services to more than 60,000 unique patients per year. These centers were launched through a collaboration including Marshfield Clinic, Family Health Center of Marshfield, Inc., and federal and state agencies, to address the need for dental care in underserved areas. The centers serve all patients regardless of ability to pay or insurance status - uninsured/underinsured, private pay and commercial insurance.

Hospital Overview

In 1972, Beaver Dam Community Hospital (BDCH) became one of the first hospitals in the country to merge a Catholic hospital and a Lutheran hospital. Over the years, BDCH has successfully expanded to meet the growing need for improved facilities and additional health care services. In 2006, the new BDCH opened for service. The 60-bed acute care hospital combines advanced medicine and technology with a state of- the-art facility to create a healing environment of care for patients and their families. In 2019, BDCH joined Marshfield Clinic Health System and became Marshfield Medical Center–Beaver Dam (MMC-Beaver Dam).

Implementation Strategy Overview

This Implementation Strategy is specific to MMC-Beaver Dam and addresses the community health priorities identified through a collaborative Community Health

Needs Assessment (CHNA) process. This document outlines the plans for MMC-Beaver Dam to support specific community improvement efforts as part of a larger community-wide plan.

This plan was reviewed and approved by the authorized governing body, MCHS Hospitals Board, Inc. on February 27, 2023, which was on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed. Evaluation of the previous Implementation Strategy can be found in the current MMC-Beaver Dam CHNA report.

Community Health Needs Assessment Overview

The MMC-Beaver Dam CHNA was conducted by its CHNA Workgroup, a local workgroup that participated in the CHNA process, reviewed data, provided insight, direction and guidance, and established health priorities for MMC-Beaver Dam. The CHNA Workgroup consisted of leaders and staff from MMC-Beaver Dam, members of the Community Health Sub-Committee of the MMC-Beaver Dam Community Advisory Board, and a representative from the Dodge County Human Services and Health Department.

The MMC-Beaver Dam CHNA written report includes the process used to conduct the assessment and establish the community health priorities, and describes:

- The community served by the hospital and how it was determined
- Community demographics
- The process and methods used to conduct the assessment including data and other information used, methods of collection and analyzing information, cited external source material
- How the hospital accounted input from persons that represent the broad interests of the community
- How data was collected and what types of data were used in the assessment process
- Health priorities and concerns of all population groups including the medically underserved, low-income, and minority groups
- The identified health priorities of both the community and hospital, including the process and criteria used to identify and prioritize identified needs
- Existing resources in the community available to respond to identified priorities

Accessing the Full Report

The written report was completed October 2022, presented to the MCHS Hospitals Board, Inc. for discussion, and was adopted on December 9, 2022. The full CHNA report, which details the entire assessment and prioritization process, can be found on the MMC-Beaver Dam website: https://marshfieldclinic.org/about-us/community-health-needs-assessment-reports

Prioritization Process

The assessment process began with a review of previous and existing MMC-Beaver Dam community health improvement strategies. The CHNA Workgroup then reviewed selected existing health data compiled by the Dodge-Jefferson Healthier Community Partnership (DJHCP), including the 2022 focus group findings and community health survey data, before prioritizing health needs. Eleven health areas were chosen to evaluate based on the health focus areas and living/social conditions identified in the MMC-Beaver Dam CHNA and the community health priorities identified at the 2022 DJHCP Community Health Summit.

At the end of the data review and discussion, CHNA Workgroup members were instructed to visit an online audience engagement platform (menti.com) to rate the identified health needs. Needs presented for prioritization included health focus areas identified in the MMC-Beaver Dam CHNA and health priorities identified at the 2022 DJHCP Community Health Summit. Using a nominal group technique, a total of 12 individuals from the CHNA Workgroup participated in the activity, assigning a rank of 1 (lowest priority), 2 (medium priority) or 3 (highest priority) to each health need. Ratings were averaged to result in top priorities. The top six health needs were identified as priorities for MMC-Beaver Dam.

Health Priorities

After completing a review of the primary and secondary data collected and conducting a prioritization process, the community health needs identified by Marshfield Medical Center in Beaver Dam as top health priorities are:

- Alcohol and Substance Use
- Behavioral Health
- Health Equity

As these health priorities are addressed, intentional efforts will be made to ensure appropriate resources are provided, and unfair and unjust obstacles are eliminated for all people and communities to reach their optimal health.

Due to the interconnected nature of several of the priorities, the MMC-Beaver Dam CHNA Workgroup chose to combine health priorities as shown in the table below.

<table>
<tr><th>MMC-Beaver Dam Identified Health Priorities:</th><th colspan="3">MMC-Beaver Dam CHNA Health Priorities:</th></tr>
<tr><td>Alcohol Misuse</td><td colspan="3" rowspan="2">Health Equity</td></tr>
<tr><td>Substance Use</td></tr>
<tr><td>Mental Health</td><td rowspan="4">Alcohol and Substance Misuse</td><td rowspan="4">Behavioral Health</td><td rowspan="4">Equitable Access to Community-based Resources and Supports</td></tr>
<tr><td>Obesity</td></tr>
<tr><td>Access to Affordable Quality Childcare</td></tr>
<tr><td>Equitable Access to Community-based Resources and Supports</td></tr>
</table>

MCHS is committed to improving the overall health and well-being of the communities we serve and will do so by strategically integrating the identified community health priority of Health Equity as an overarching priority for the MMC-Beaver Dam CHNA and accompanying Implementation Strategy (IS).

MMC-Beaver Dam will work towards achieving health equity in our community by implementing strategies that systematically impact the social determinants of health, reduce health disparities, and meet the unique needs of community members' experiences and circumstances. Since "upstream" strategies can positively impact more than one health priority, the MMC-Beaver Dam IS integrates several strategies that impact more than one identified health priority. For example, strategies that improve mental health and well-being in youth can also serve as alcohol and substance use prevention interventions. See page 6 for more details.

Identified Health Needs Not Being Addressed

Through the assessment process, the CHNA Workgroup identified other community health needs that have not been prioritized in this plan. The CHNA Workgroup considered other organizations addressing the specific needs, including partners of the DJHCP, the ability of MMC-Beaver Dam to impact change, availability of resources, progress of existing MMC-Beaver Dam interventions, as well as readiness of the community. However, MMC-Beaver Dam will continue to support additional community health needs as they arise.

After consideration, the following health needs will not be addressed by MMC-Beaver Dam as other community organizations and coalitions are better equipped and have the resources in place to address them:

- Affordable, Reliable Transportation
- Access to Technology/Wi-Fi/Broadband
- Access to Affordable, Quality Housing

Implementation Strategy

As stated previously, the MMC-Beaver Dam Community Health Implementation Strategy is a part of a community effort to address identified health priorities. Many strategies will be implemented collaboratively with community and MCHS partners. Community change is a long-term process that no one organization can accomplish alone, therefore partnerships are essential for success.

Strategies to address the identified health priority of Health Equity are embedded throughout all other priorities detailed in this plan. Additionally, specific strategies to address the social determinants of health are included in the Equitable Access to Community-based Resources and Supports section. Many strategies and key actions to address the identified health priority of Alcohol and Substance Misuse are included in the Behavioral Health section of this plan. Strategies to address mental health and well-being can serve as protective factors and prevent alcohol abuse and substance misuse, especially among youth.

Health Priority: Alcohol and Substance Misuse

Goal 1: Reduce community and social impacts of alcohol and substance misuse				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Support community-led recovery efforts to reduce alcohol and substance use.	Support development of recovery-oriented system of care (ROSC) Align efforts with Dodge County ASAP Taskforce	Reduce community impact related to substance use and misuse Strengthen relationship(s) with community partner(s)	Staff time and expertise; CCHA PAR staff; Program materials; Funding as appropriate	Dodge County Human Services & Health Department; local law enforcement agencies; local recovery service providers; PAVE; other community-based organizations
Support community-wide environmental, prevention and/or policy change initiatives.	Implement Recovery Coach Program Align efforts with existing emerging activities	Reduce community impact related to substance use and misuse	CCHA PAR staff; MMC-BD clinic staff time; MMC-L Recovery Corps toolkit; Funding as appropriate	Dodge County Human Services & Health Department and drug court; local law enforcement agencies; local recovery service providers
Goal 2: Reduce health disparities related to alcohol and substance misuse to improve equitable health outcomes				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Provide capacity-building supports to	Administer Community Health	Reduce community impact related to	Staff time and expertise; MMC-BD	Community-based organizations in and around

community-based organizations.	Grant Program to provide resources to community-led initiatives Provide connections to training and technical assistance opportunities	substance use and misuse Increase community capacity Strengthen relationship(s) with community partner(s)	Marketing Department; CCHA staff; Content experts; Funding	Dodge County working on alcohol and substance misuse
Goal 3: Engage in community efforts related to reducing alcohol and substance misuse				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups.	Actively participate in a group focusing on improving alcohol and substance use prevention	Strengthened relationship(s) with community partner(s) Efficiently aligned activities	Technical assistance through AWY; Staff time and expertise; Funding as appropriate	Dodge County; ASAP of Dodge County; SSM Health and/or Fond du Lac County

Health Priority: Behavioral Health

Goal 1: Increase opportunities for residents to build social connectedness and reduce social isolation				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Promote protective factors that build sense of belonging and social connectedness.	Develop Cycling Without Age program Support and promote Awaken Your Why purpose workshops Support programming at FIFBD Community Gardens Support opportunities for walking, biking and being active in	Increase feelings of belonging Reduce feelings of loneliness Decrease suicide rates for high risk populations	Volunteers; Facilitators; WI Bike Fed; Master Gardeners; Staff time and expertise; Funding as appropriate; Program materials	Beaver Dam Community Activities & Services Department; Local businesses; Habitat for Humanity ReStore; UW-Madison Extension Dodge County; Playground Movement Beaver Dam; Dodge County ADRC; WI Bike Fed

	public spaces (e.g. parks) Participate in community building activities			
Goal 2: Increase access to community-based mental and emotional wellness education, supports, and services				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Enhance community members' skills to support mental wellness promotion and suicide prevention.	Support community event(s) Support community-led activities and programs	Decrease suicide rates for high risk populations	Staff time and expertise; Trained facilitators; Program materials; Funding as appropriate	Church Health Services; Chambers of Commerce; Local school districts
Enhance community capacity to provide resources and supports that increase social emotional skill development and improve mental wellness of youth.	Support Community Health Worker (CHW) services in local school(s) Connect local schools with LifeTools program Connect local schools with b.e.s.t. universal screener Promote education, training, and technical assistance opportunities	Improve social and emotional development of children and adolescents	Staff time and expertise; Content experts; Training providers; Funding as appropriate	Local school district(s); Center for Community Health Advancement; Milwaukee Area Health Education Center; Dodge County Human Services and Health Department; Church Health Services; Wisconsin CHW Network; WPHA CHW Section; DHS; UW- Madison MATCH program
Goal 3: Reduce health disparities related to behavioral health to improve equitable health outcomes				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Provide capacity-building supports to	Administer Community Health	Reduce community impact related to	Staff time and expertise; MMC-BD	Community-based organizations in and around

community-based organizations.	Grant Program to provide resources to community-led initiatives Provide connections to training and technical assistance opportunities	mental/emotional health Increase community capacity Strengthen relationship(s) with community partner(s)	Marketing Department; CCHA staff; Content experts; Funding	Dodge County working on mental/emotional health and well-being
Goal 4: Engage in community efforts supporting behavioral health and mental well-being				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups.	Actively participate in group(s) focused on improving behavioral/mental health and well-being	Strengthened relationship(s) with community partner(s) Efficiently aligned activities	Staff time and expertise; Program materials; Funding as appropriate	Partners connected to Dodge County Interagency group and/or Dodge-Jefferson Healthier Community Partnership

Health Priority: Equitable Access to Community-based Resources and Supports

Goal 1: Integrate principles and practices that advance health equity				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Integrate health equity, diversity and inclusion (HEDI) principles and practices into MMC-BD programs and functions.	Participate in and promote education, training, and technical assistance opportunities Update key programs, policies and processes with HEDI principles Disseminate health equity, diversity and inclusivity principles and practices to partners in the community	Enhance policy, procedure or process Strengthen relationship(s) with community partner(s) Efficiently aligned activities	Staff time and expertise; CCHA HEDI staff and materials; Intervention materials and templates; Funding as appropriate	Dodge-Jefferson Healthier Community Partnership (DJHCP); Wisconsin Public Health Association (WPHA); United Way of Dodge County; Central WI Community Action Council (CWCAC); Family Health La Clinica; Church Health Services; other organziations and coalitions focused on health equity

Goal 2: Reduce health disparities related to physical, social, economic and/or community conditions				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase community capacity to provide nutrition security for residents experiencing food insecurity.	Coordinate hydroponic garden initiative Support EBT and Market Match at local farmers market(s) Support community gardens, food pantries and meal programs and/or other innovative nutrition security improvement projects	Improve access to healthy foods Improve economic or physical condition	Technical Assistance from Fork Farms; Curriculum; Volunteer groups; Staff time and expertise; Funding as appropriate	Local school districts; UW-Madison Division of Extension Dodge County; Bright Futures; Local food pantries; Local businesses; Chamber of Commerce; Farmers Market coordinators; meal site coordinators
Support and connect residents and patients to culturally appropriate health improvement resources and supports.	Screen patients and community members to connect to resources Identify and translate key resources to reduce language barriers	Increase/enhance access Reduce/remove barrier(s) Improve social or physical condition	SDOH screening tool internal team; MCHS Patient Education staff; CCHA HEDI staff	Church Health Services; Family Health La Clinica; Cross Words LLC; Dodge County United Way; CWCAC
Provide capacity-building supports to community-based organizations.	Administer Community Health Grant Program to provide resources to community-led initiatives Provide connections to training and technical assistance opportunities	Increase/enhance access Reduce/remove barrier(s) Increase community capacity Strengthen relationship(s) with community partner(s)	Staff time and expertise; Survey Monkey Apply platform; MMC-BD Marketing Department; CCHA staff; Content Experts; Program materials; Funding	Community-based organizations in and around Dodge County working on social determinants of health

Goal 3: Engage in community efforts related to improving equitable access to resources and supports				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups.	Actively participate in groups focusing on improving equitable access to community-based resources and supports Actively participate in a group focusing on improving health equity, diversity, inclusion, and belonging	Strengthen relationship(s) with community partner(s) Efficiently aligned activities	Staff time and expertise; Funding as appropriate	Dodge County Interagency group; Beaver Dam Parks & Placemaking Committee; Dodge/Watertown Childcare; Taskforce Beaver Dam DEI Taskforce; United Way of Dodge County; FIFBD; Playground Movement Beaver Dam

Next Steps

This Implementation Strategy outlines a three-year community health improvement process. Within this timeframe, MMC-Beaver Dam will:

- Create a work plan with specific action steps
- Set and track performance indicators for each strategy, evaluate for effectiveness and areas of improvement, and track progress
- Report progress toward the performance indicators to the hospital board
- Share actions taken to address the needs with the community at large

Approval and Community Input

This Implementation Strategy Report was adopted by the MCHS Hospitals Board, Inc. on February 27, 2023.

If you would like to serve on a coalition that helps meet the aims of this report, or have a comment on this plan, please contact the MCHS Center for Community Health Advancement at communityhealth@marshfieldclinic.org or (715) 221-8400.

References and Frameworks

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