



Beaver Dam Community Hospitals, Inc. d/b/a Marshfield Medical Center-Beaver Dam

2026-2028 Community Health Needs Assessment



Marshfield Clinic Health System

Dear Community Member,

We know that health is driven by more than what happens in the doctor's office. Emphasis needs to be on addressing health before medical needs arise through programs, services, public policy or other means whenever possible. Marshfield Clinic Health System's (MCHS) mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care, and that includes your community. MCHS lives up to our mission and serves the community by conducting a Community Health Needs Assessment every 3 years and utilizing the data to inform our practices.

The 2026-2028 Community Health Needs Assessment (CHNA) process would not have been possible without several community partners and members who provided their time, knowledge, skills, and expertise. The process included key stakeholder meetings, surveys, community conversations, and a variety of primary and secondary data sources.

Through these collaborative efforts, the top health priorities identified through the 2026-2028 Community Health Needs Assessment process have been identified. MCHS will continue to support additional community health needs as they arise. The top health priorities for Beaver Dam Community Hospitals, Inc. D/B/A Marshfield Medical Center-Beaver Dam (hereafter referred to as MMC-Beaver Dam) are:

- Substance Use
- Behavioral Health
- Community Capacity, Engagement, and Infrastructure
- Health Equity

This document summarizes key findings and reflects a point in time. Electronic versions and companion documents can be found at: <https://marshfieldclinic.org/about-us/community-health-needs-assessment-reports>. The MCHS Hospitals Board, Inc., authorized governing body, has adopted this needs assessment by December 31st, 2025.

We hope you find this document useful and welcome your comments and suggestions for improving the health of Dodge County's citizens.

Yours in health,

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Introduction

Community Health Assessment (CHA) and Community Health Needs Assessment (CHNA) refer to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. These assessments are conducted to identify the community's health needs, prioritize top health concerns, and encourage community members to improve their community's health. Health Departments are required to conduct a CHA at least every five years [1].

Non-profit (tax-exempt) hospitals are required by the Affordable Care Act to conduct a CHNA once every three years. Hospitals can choose to partner with local health departments and other local non-profit hospitals or agencies to conduct a CHA/CHNA [2].

MMC-Beaver Dam partnered with Dodge County Health Department, other community agencies and individuals to carry out the CHNA process. A full list of those involved in the process can be found at Appendix B. This publication describes the process used to assess the health of the community, the results of that process, and prioritization of the health needs that will be addressed by MMC-Beaver Dam. MMC-Beaver Dam looks forward to collaborating with community partners to improve the health of the community.

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

Health System Overview

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a central city in rural Wisconsin. 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 believes individuals have the right to their highest potential level of health and well-being. We will achieve this by advancing health equity with our patients, health plan members, employees and communities.

The Health System serves Wisconsin and Michigan's Upper Peninsula with more than 1,600 providers comprising 170 specialties, health plan, and research and education programs. Primary operations include more than 60 Marshfield Clinic locations, 11 hospitals, Marshfield Children's Hospital, Marshfield Clinic Research Institute, Security Health Plan and Marshfield Clinic Health System Foundation [3].

Unique to Marshfield Clinic Health System is its investment in the Center for Community Health Advancement (CCHA). CCHA is a department within MCHS that builds bridges between the Health System and the communities it serves. CCHA coordinates collaborative efforts between MCHS hospitals and local coalitions, businesses, educational systems, law enforcement agencies, Tribal Nations, local governments, and other entities to improve community health. Community Impact and Social Accountability (CISA) is a framework that includes those within the health system who are addressing the health needs of the community. MCHS has a responsibility and obligation to address the priority health needs of the community served, especially those who are marginalized and underserved. CISA provides expertise and executes the initiatives to improve health services and education.

Hospital Overview

MMC-Beaver Dam is a 48 bed, fully integrated medical campus located in Beaver Dam, Wisconsin. MMC-Beaver Dam offers a wide range of advanced care services to care for Dodge County residents and the surrounding communities including:

- Behavioral Health
- Cardiovascular Care
- Dermatology
- Ear, Nose, and Throat
- Emergency Services
- Oncology
- Surgical Services and many others [4]

Marshfield Clinic Health System completed its affiliation with Beaver Dam Community Hospitals, Inc. in 2019. The hospital has served the Beaver Dam community for nearly 100 years, and the affiliation allowed for expansion of services and broadening of access to new programs and technology. The hospital was renamed Marshfield Medical Center-Beaver Dam in November of 2019. [5]

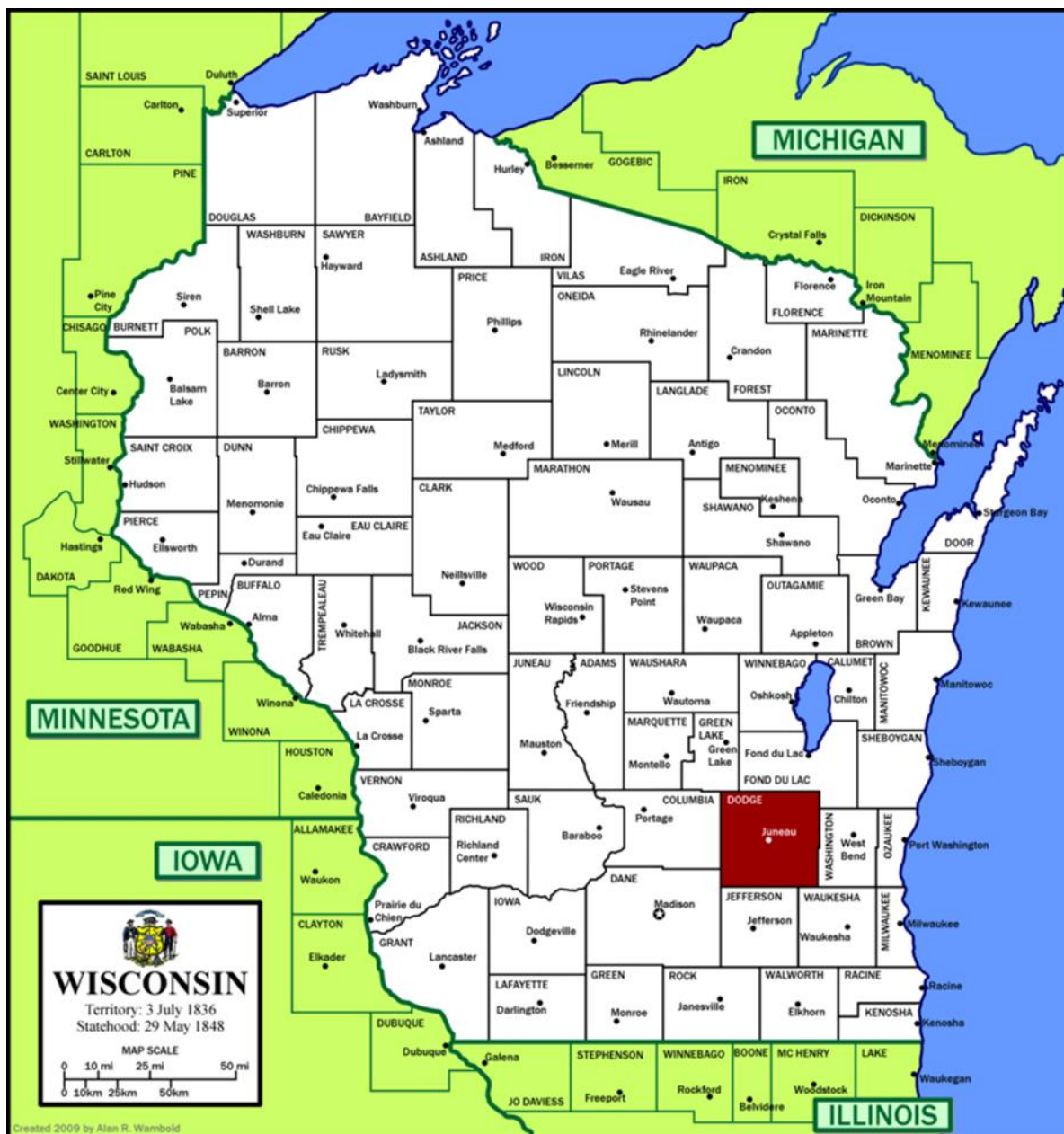
MMC-Beaver Dam employs over 700 people, performs over 2,400 surgeries every year, and provides access to a number of specialty services including sports medicine, wound care, and ophthalmology. MMC-Beaver Dam is a strong presence in the community, participating in events like YMCA healthcare education classes, the Dodge County Women's Club, and hosting various community support groups. [6]

MMC-Beaver Dam formed the Community Advisory Board-Beaver Dam (hereafter referred to as "Beaver Dam CAB" a local, workgroup of MMC-Beaver Dam that contributes to the hospital's community benefits and community health initiatives. Unique to the Beaver Dam CAB is their Community Health Subcommittee who reviews the Community Health Needs Assessment and Implementation Strategy and stays updated on the implementation of community benefit programs for the larger committee. See Appendix B for a complete list of Beaver Dam CAB and Community Health Subcommittee members.

Our Community

Dodge County, Wisconsin, has 876 square miles of land area and is the 22nd largest of Wisconsin's 72 counties by total land area. [7], [8] Dodge County is located in the south eastern region of Wisconsin and it is bordered by seven counties: Columbia, Dane, Fond du Lac, Green Lake, Jefferson, Washington, and Waukesha. It is described as a "vibrant community where tradition meets progress" and where residents who prefer the convenience of a city center or the tranquility of a rural setting can access both. [9]

Figure 1: Dodge County Map [10]



The county seat is located in the city of Juneau, Wisconsin, located 60 miles northwest of Milwaukee and 50 miles northeast of Madison. Dodge County is composed of 23 towns, 11 villages, and 9 cities. In addition to Juneau, the county's other cities include Beaver Dam (also a township), Columbus, Fox Lake, Hartford, Horicon, Mayville, Watertown, Waupun. [11] [9]

Dodge County is the 19th most populous county in Wisconsin with 88,635 residents (based on 2024 estimates). [12] Dodge County's population decreased from 2020 to 2024 at a cumulative rate of about -0.8%, in contrast to the state's population growth rate of a cumulative increase of 1.1% during this time period. [12] [13] In its 2025 Workforce Profile, the Wisconsin Department of Workforce Development (DWD) notes that Dodge County is an older county in terms of age of the population and the county is naturally losing population without replacing it with migration. The DWD's Workforce Profile notes that the county will need to attract residents to maintain a stable workforce because of its declining population due to aging. According to predictions, Dodge County will lose 19.8% of its 2020 population by 2050, compared to the 3.1% decline for the state as a whole. [11] This is consistent with demographic data which indicates that Dodge County has an older median age compared to the state as a whole (43.1 years vs. 40.5 years, respectively). In Dodge County, 19.5% of residents are over the age of 65 years compared to 19.1% statewide and 17.7% nationally. [14] [8]

Dodge County is more rural than Wisconsin overall, with 55% living in a rural area (33% of Wisconsinites and 20% of U.S. residents live in a rural area). [14]

Industries in Dodge County that account for the largest shares of employment include Manufacturing (31%), Education and Health Services (17%), and Trade, Transportation, and Utilities (17%). Construction is also a significant employment sector, accounting for 8%. [11] In addition to the Marshfield Medical Center-Beaver Dam, Watertown Regional Medical Center located in Watertown is partially located in Dodge and Jefferson Counties and serves residents of both areas. [15]

Among the county's largest employers (listed in alphabetical order) are Beaver Dam Unified School District, Dodge County Administration, Dodge County Correctional Institute, John Deere Horicon Works, Marshfield Medical Center – Beaver Dam, Mayville Engineering, Metalcraft, Michels Corporation, Quad/Graphics Inc., Seneca Foods, and Watertown Regional Medical Center. [16], [9]

Dodge County maintains facilities for many types of outdoor recreation. According to Dodge County Community and Visitor Information, seasonal activities include fishing, cross-country skiing, snowshoeing, sledding, biking, hiking, canoeing, paddle-boarding, kayaking, snowmobiling, and ATV-ing. There are additional opportunities to explore area lakes and the Horicon Marsh (the largest freshwater cattail marsh in the contiguous states with 33,000 acres of wetlands), as well as the county's scenic trail system on foot, bike, or by horse. Camping, shelter rentals, picnicking, disc golf, and mini-golf are also available. [17], [18] According to 2025 County Health Rankings data, 55% of the population lives within 0.5 miles of a park, comparable to the statewide estimate of 56%. [14]

Dodge County is served by several area technical colleges. Moraine Park Technical College has a campus in Beaver Dam, and Madison Area Technical College has a campus in Watertown. [9], [19] Dodge County also hosts a UW-Extension office.

Across Dodge County there are a variety of community-based resources, facilities, and organizations that provide recreational opportunities, social services, and/or access to civic, social, and cultural engagement. The YMCA-Dodge County provides fitness and aquatic facilities. Chambers of Commerce, such as those in Beaver Dam, Columbus, Fox Lake, Hartford, Marsh Area, Juneau, Lomira, Randolph, and Watertown provide information on organizations, civic engagement opportunities, and community events and festivals. [20] Arts and cultural opportunities include the Dodge County Center for the Arts, Beaver Dam Area Community Theatre, the Schauer Arts and Activities Center, and the Waupun Sculpture Tour. Annual festivals and events include the Dodge County Fair, Wisconsin Art and Peony Festival, Taste of Beaver Dam, Watertown Riverfest, Audubon Days – Mayville, Waupun Ice Fest. [18]

The Dodge County Specialized Transportation Program is a county-wide coordinated system that primarily serves residents that are age 65 and over, and those with physical and/or mental disabilities. The service also provides transportation for veterans and the general public. Contributions are accepted based on the length of the trip, but no resident will be denied service. VEYO provides rides for non-Emergency Medicaid and BadgerCare appointments. Volunteer-based transportation services are also available. Examples of other resources include Beaver Dam Public Transit, Comfort Care Transportation, TLC Transport Services, and Watertown Passenger Transit. [21], [22]

Health Disparities

Health Disparities are defined as a higher burden of illness, injury, disability, or mortality experienced by one group relative to another that is closely linked with economic, social, or environmental disadvantage.

“Health disparities adversely affect groups of people who have systematically experienced great social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” [23]

Demographic data provides information on specific populations that can help us understand the health disparities experienced by those who live in Dodge County.

Demographics

Demographic data, such as age, race, sex, gender and socio-economic status, can provide more information beyond the size or growth of a population. This type of data gives insight on unique qualities and differences in communities. Demographic data provides a basis for understanding a community and allows for tracking changes over time to understand what strategies or policies are affecting a community, positively or negatively [24].

Rural

There are many unique needs and challenges of those living in rural areas. Living in a rural area can result in disadvantages to accessing healthcare, employment and economic opportunities, education opportunities and quality, and many other factors that affect health. There are multiple ways to define 'rural'. We use the Wisconsin Office of Rural Health's (WORH) designations to determine whether a county is considered rural or not. The WORH considers:

- "Index of Relative Rurality" which accounts for a county's population size and density, the extent of their urbanized areas, and the distance to the nearest metro area.
- Rural-Urban continuum codes.
- Rural population by census tract.
- Rural-Urban Commuting Areas. [25]

Based on the WORH designations, Dodge County is defined as a rural county with 102 people per square mile. This is in comparison to a statewide population density of 109 people per square mile. [7] To see a map of rural and urban counties in Wisconsin according to WORH please see appendix H.

Age

Age is an important demographic to consider when looking at a community's health priorities because health needs differ over a lifespan. Strategies and interventions to address the health of the community will look different depending on the age of the intended population. The median age of Dodge County residents is 43.2, which is older than the statewide median age of 40.5. [8] Based on 2025 County Health Rankings data, 4.5% of Dodge County's population is under the age of 5 compared to 5.3% statewide and 5.5% nationally. When considering the population of residents under the age of 18, Dodge County has a slightly lower percentage in comparison to statewide estimates (19.1% in Dodge County vs. 21.1% statewide). When considering older adults, 19.5% of Dodge County residents are over the age of 65, compared to 19.1% statewide and a national rate of 17.7%. The slightly older median age of Dodge County's population suggests a potential need for resources focused on older adults and an aging population. [14] The National Institute on Aging has noted that societal aging can affect economic growth, patterns of work and retirement, family dynamics, the ability of governments and communities to provide adequate resources for older adults, and the prevalence of chronic disease and disability. [26]

Socioeconomic Status (SES)

Socioeconomic status is a concept used to describe people based on factors such as their education, income, living conditions, resources, and access to opportunities. "People with lower socioeconomic status usually have less access to financial, educational, social, and health resources than those who have a higher socioeconomic status. As a result, they are more likely to be in poor health and have chronic health conditions and disabilities." [26]

Dodge County's median household income of \$73,900 is similar to the statewide median income of \$74,700 (within 1%) and 5% below the national median income of \$77,700. About 9% of Dodge County residents live in poverty, compared to 11% statewide and nationally. About 10% of children live in poverty, compared to 13% statewide and 16% nationally. [14]Based on the 2025 data release, approximately 23% of Dodge County households met the United Way's ALICE criteria compared to 24% statewide. ALICE is defined as Asset Limited, Income Constrained, Employed, or households that earn more than the federal poverty level, but less than the basic cost of living in the county. In Dodge County, 31% of households are considered to be below the ALICE Threshold (ALICE households plus those in poverty) and cannot afford the essentials of housing, child care, food, transportation, health care, and a basic smartphone plan; the statewide estimate of households below the ALICE Threshold is 35%. [28]

About 41% of Dodge County children enrolled in public schools are eligible for free or reduced-price lunch. This is comparable to the state-wide estimate of 40%, and lower than the national estimate of 55%. Based on the 2025 County Health Rankings, 11% of households in Dodge County met the criteria for a "severe housing problem," defined as meeting at least one of the following: over-crowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. This is comparable to the state estimate of 12%. About one in 10 Dodge County households have a "severe housing cost burden" (10%), defined as spending more than 50% of their household income on housing. This is similar to the statewide estimate of 11%. The national estimate is 14%. [14]

Racial/ethnic minorities

Race is a concept of classifying people into groups based on physical characteristics such as skin color. Ethnicity classifies people into distinct groups on the basis of categories such as national origin, language, or cultural practices. Racial and ethnic differences are important demographics to consider because health outcomes often affect racial and ethnic minorities differently.

About 88.0% of Dodge County's population is White, and 6.9% are Hispanic or Latino. Smaller percentages of the population are Black or African American (3.0%); Asian (0.8%); American Indian or Alaska Native (0.7%); or Native Hawaiian or Other Pacific Islander (0.1%). About 1.2% identify with two or more races. U.S. Census Bureau data estimates that 5.5% of households in Dodge County do not speak English as their primary language; this is almost double the percentage of non-English speaking households statewide (9.3%). [7], [8] We do not have reliable data from these sources on the most common languages spoken among non-English speaking households. [8]

Dodge County also has a small Amish community. Data published in 2024 indicate that the Amish settlement near Reeseville has a population of approximately 65 residents. [29]

Sexual and Gender Minority groups (SGM)

Sexual and Gender Minority (SGM) populations include but are not limited to individuals who identify as gay, lesbian, bisexual, or transgender and others whose sexual

orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs. SGM groups experience higher risk for poor health outcomes and unhealthy lifestyle behaviors. They may also receive poor quality of health care due to stigma, their unique needs not being considered, or lack of provider awareness [27] .

At this time, Sexual and Gender Minority data does not exist for Dodge County as a whole. In Wisconsin, 3.8% of adults (18+) are LGBTQ (2019), and the total LGBTQ population (13+) totals 207,000 (2020). 29% of LGBTQ adults (25+) are raising children. Wisconsin's LGBT community experiences disparities in income (25% with incomes less than \$24K vs. 16% non-LGBT), food security (18% vs. 11% for non-LGBT) and has lower rates of attending and graduating from college than the non-LGBT population. [28], [29]

People with Disabilities

People with disabilities often experience health conditions that lead to poorer health and shorter lifespan. In addition, they often face discrimination, inequality and unjust structural practices which can further result in poorer health outcomes. Programs and policies often limit access to timely and comprehensive health care, which can also lead to poorer health outcomes for those with a disability. [30]

About 8.0% of the Dodge County population under the age of 65 is living with a disability. [7] Based on 2025 County Health Rankings data, 32% of adults in Dodge County reported any of six specific functional limitations, compared to 28% statewide and 29% nationally.

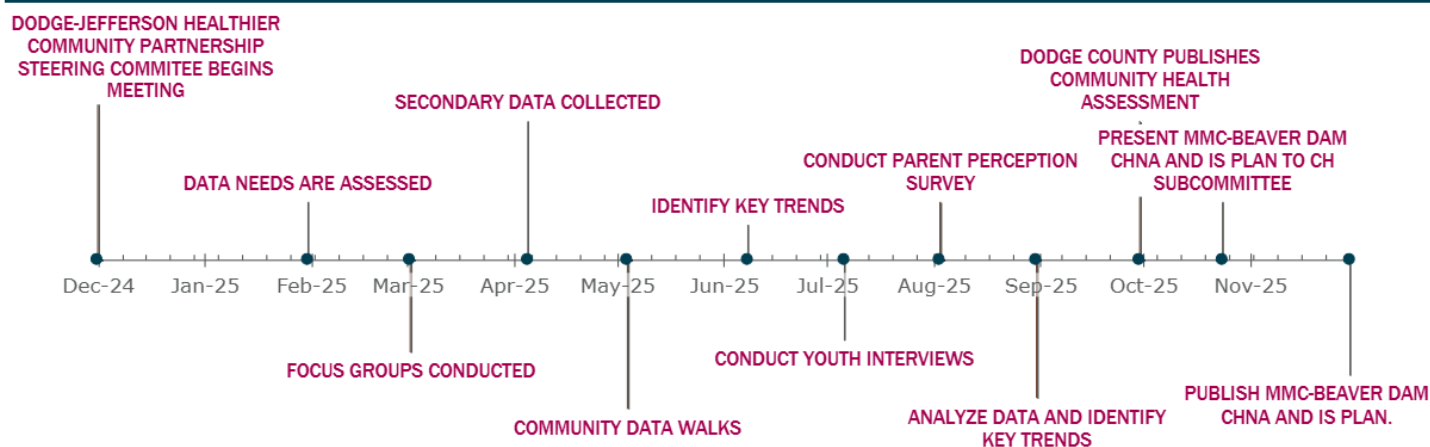
Assessing the Needs of the Community

Overview of Assessment Process and Timeline

The MMC-Beaver Dam Community Benefit Workgroup (MMC-BD CBW), a group of local internal staff who helps execute community benefit work, identified and prioritized community health needs through a comprehensive process that included primary and secondary quantitative data, qualitative data, and a collaborative review and assessment process. The MMC-BD CBW recognizes that health is determined by more than health care, therefore the Community Health Needs Assessment process is designed to assess the overall state and well-being of the community. The broad nature of the primary data questions and topics assured that, for the purposes of MMC-Beaver Dam's CHNA, health equity data was also captured and analyzed.

Figure 1: Community Health Needs Assessment (CHNA) Timeline

MMC-BD CHNA Timeline

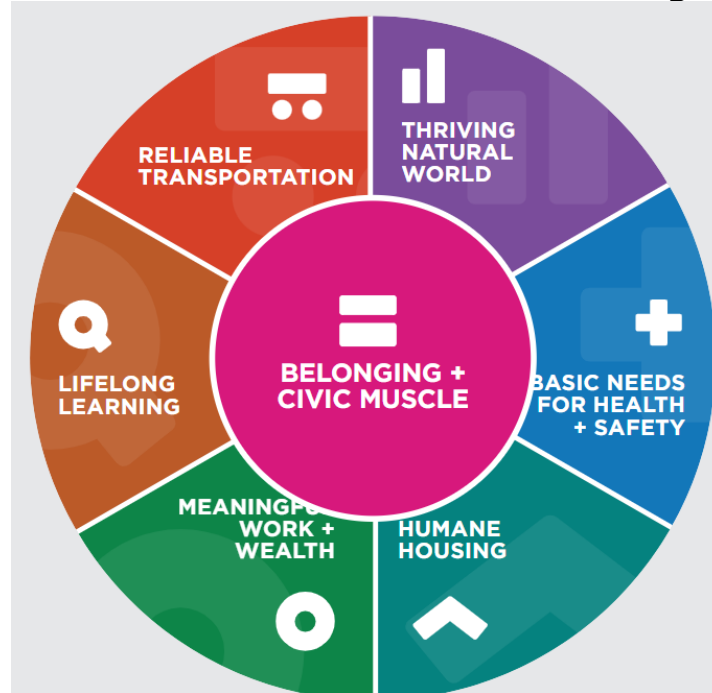


Process and Methods

MMC-BD CBW and Dodge-Jefferson Healthier Community Partnership utilized the "Vital Conditions Framework for Change" to frame the Community Health Assessment process. "Vital Conditions for Health and Well-Being" is a framework that addresses how and why communities thrive and prosper.

"Vital conditions are defined as the properties of places and institutions that we all need all the time to reach our full potential. They include physical necessities like food, water, and humane housing, but also include things that are harder to quantify, like a sense of belonging and agency or civic muscle. Investments in these conditions are necessary to create an equitable, thriving future for ourselves and for generations to come." [31]

Figure 2: Vital Conditions For Health and Well-Being Framework [31]



Data Sources

Both primary and secondary data collection methods were utilized to develop a thorough understanding of the health issues facing members of the Dodge County Community. Primary data included community data walks, focus groups, youth-led interviews, and a parent perspective survey. Secondary data was compiled by the Dodge-Jefferson Healthy Community partnership and included data from County Health Rankings and Roadmaps, Hospitalization data, and data from the Wisconsin Department of Health services.

Primary Data Collection

Focus Groups

Focus Groups were led by the "Every Child Thrives" coalition who worked with Genesis Health Consulting to create an outline and facilitation guide for the focus group process. Sixty-five participants were involved in the focus groups over 7 different cohorts. The focus groups were held at various locations including schools, the YMCA, and health departments. The purpose of these focus groups was to gather key insights from those who are most at risk for social isolation and loneliness to learn how social isolation affects them. Participants were given focus groups questions ahead of the discussion to reflect on. A complete summary of the focus group is available as appendix C.

Focus group cohorts

- LGBTQ Youth
- Spanish Speaking Youth
- Spanish Speaking New Parents

- Adults with Disabilities
- Parents with Young Children

Youth Led Interviews

Interviews were conducted through the “Every Child Thrives” coalition. Twenty-five high school aged youth conducted over two-hundred 1:1 interviews with various community members to inform a regional action plan on youth wellbeing. The individuals who conducted the interviews were trained, and data collected was shared with the Dodge Jefferson Healthier Community Partnership to further inform the Community Health Assessment Process. The interviews were conducted using an “interview packet” created in collaboration with an Appreciative Inquiry consultant. Responses to the interviews were recorded using a digital form, all answers were removed of identifiable information. A summary of the interviews including the questions discussed is available as appendix D.

Community Data Walks

The purpose of the Community Data Walks was to engage the community in reviewing data on the health and wellbeing of their community and then help prioritize the top health needs. Data was organized using the vital conditions framework and was presented in a “gallery” style walk-through. A total of 52 community members participated across the 7 data walks. Data walks were hosted throughout the community utilizing local libraries. The data walks were self-guided, the process included a pre-survey where participants prioritized the health needs of the community, reviewing various data points on each vital condition, and a post-survey prioritizing the health needs of the community. A summary of the data walk is available as appendix E.

Parent Perception Survey

A parent perception survey was conducted online via the platform Qualtrics to gather insights specific to parents and caregivers. Through this survey, data was collected on technology use, social media, and child wellbeing. 525 responses were collected with a majority of respondents being between the ages of 30-50 and having a child in elementary school. Parents were asked a variety of questions including how technology and smartphone use not only effects their child, but also how their own smartphone use may affect the family. A summary of the parent perception survey is available as appendix F.

Primary Data Collection Results

Key Findings

Throughout primary data collection, key findings and themes were extracted and analyzed. Themes and take-aways that were cross-cutting between the different modes of primary data collection included:

- Youth thrive when they have supportive mentors and trusted adults
- Belonging and connection are vital across all demographics

- Technology use is hindering social connection

Secondary Data Collection and Review

Secondary Data was compiled by the Dodge Jefferson Healthier Community Coalition Steering committee from a variety of sources. Data was organized using the Vital Conditions framework and utilized during the community data walks to give community members an objective look into the health and wellbeing of the community. Sources for secondary data included Public Health data as well as Demographic Data with sources including the 2023 Youth Risk Behavior Survey, County Health Rankings and Roadmaps, Wisconsin Department of Health Services, U.S. Census Bureau, and many others. A compilation of secondary data including sources is available as appendix G.

Prioritization Process

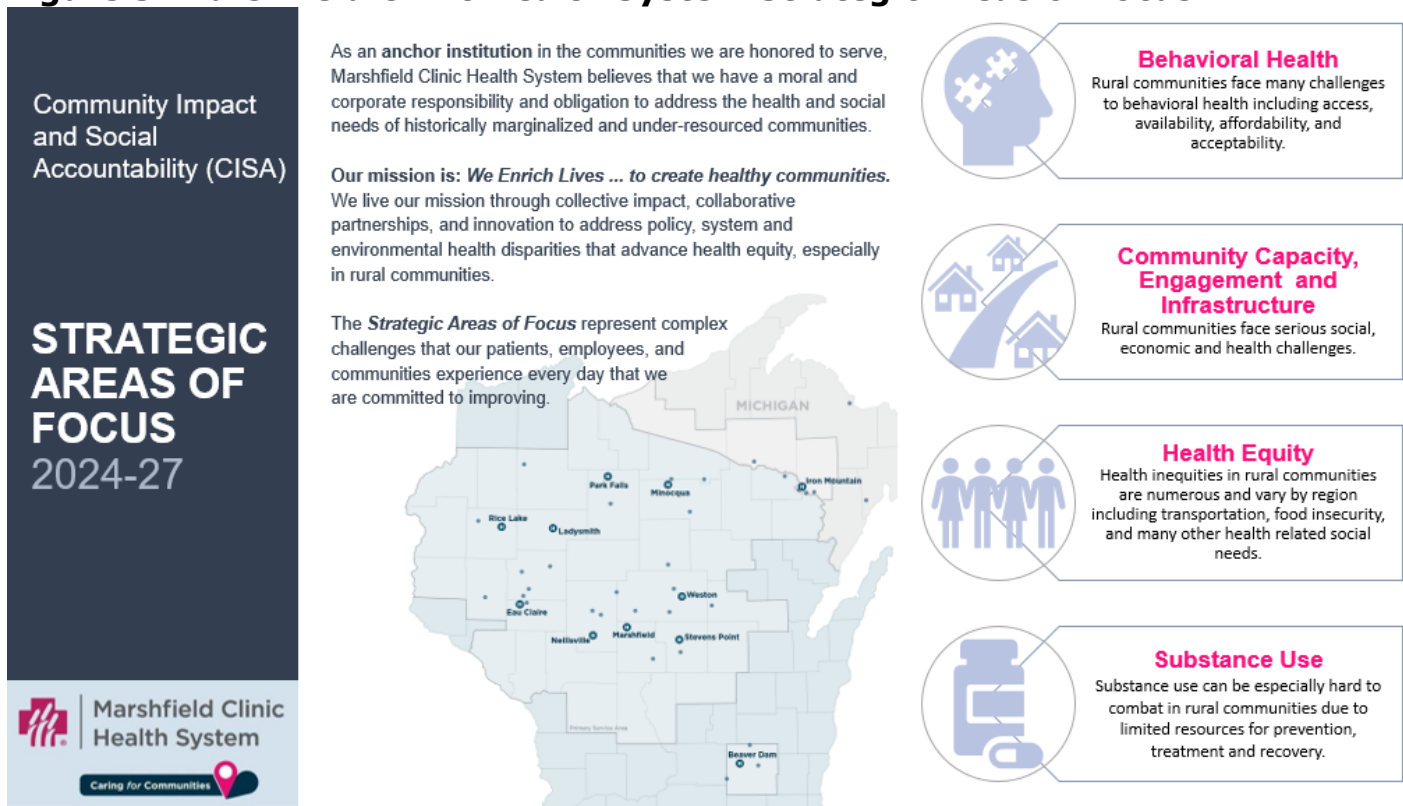
MCHS Prioritization Process

The Marshfield Clinic Center for Community Health Advancement Strategic Areas of Focus (2024-27) are the result of an assessment process which included review of community health needs; discussion with community stakeholders, key subject matter experts, and the MCHS Community Health and Benefits Steering Committee; review of CCHA's Previous 2023 Strategic Priorities; assessment of interventions for value and impact, resources, and various industry factors (such as new regulations and requirements) and alignment of system imperatives.

The 2024-2027 CCHA Strategic Areas of Focus are system-wide community health focus areas approved by the MCHS Community Health and Benefits Steering Committee. Subsequently, Strategic Areas of Focus are integrated into MMC Implementation Strategy (IS) plans and other MCHS and Security Health Plan (SHP) plans to align system and regional efforts. The strategic focus areas are:

- Substance Use
- Behavioral health
- Health Equity
- Community Capacity, Engagement and Infrastructure

Figure 3: Marshfield Clinic Health System Strategic Areas of Focus



MMC-Beaver Dam Community Advisory Board: Community Health Subcommittee meeting- October 2025.

The MMC-Beaver Dam Community Advisory Board: Community Health Subcommittee met in October 2025 to discuss the results of the CHNA and provide feedback. Additional consideration of system-wide strategic areas of focus was considered. Further criteria were used to determine health priorities including:

- The burden, scope, severity, or urgency of the health need
- The estimated feasibility and effectiveness of possible interventions
- The health disparities associated with the need
- The importance the community places on addressing the need [32]

MMC-Beaver Dam Health Priorities for 2026-2028

After completing extensive review of the Community Health survey and process, United Way ALICE data¹, Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by MMC-Beaver Dam are:

- **Substance Use**
- **Behavioral Health**
- **Health Equity**
- **Community Capacity, Engagement, and Infrastructure**

¹ See definition in Appendix A.

As these 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.

Description and Supporting Data of Prioritized Community Health Needs

The community health needs of Alcohol and Substance Use, Behavioral Health, Health Equity, and Community Capacity, Engagement, and Infrastructure strongly impact individual and community health. These priorities are cross-cutting, therefore efforts made to address these health needs will also positively impact other health priorities and benefit community and individual health outcomes. These priorities affect health in the short and long term and MMC-Beaver Dam will implement a variety of strategies to address not only the short- and long-term outcomes of these health needs, but also the root causes of these health issues and a focus on prevention. MCHS has system-wide initiatives that all hospitals support to address these health needs broadly in addition to spearheading local initiatives.

The following pages highlight primary and secondary data for the prioritized needs.

Substance Use

Cardiovascular disease and accidents are among the leading causes of death in Dodge County. Substance use may be factors contributing to these outcomes.

[1].

What is alcohol & substance misuse?

Alcohol misuse describes a pattern of excess daily alcohol consumption that poses adverse health and social consequences. This includes >1 drink per day for women and >2 drinks per day for men. Substance misuse refers to the use of illegal substances or the use of legal medications in a manner that deviates from medical prescriptions (Centers for Disease Control and Prevention, 2018).

INDIVIDUAL AND COMMUNITY HEALTH IMPLICATIONS [3].

The effects of alcohol and substance use can be far-reaching, heavily influencing both individual and community health in the following ways...

Individual Impact

- heart disease
- liver disease
- overdose
- death

Community Impact

- unintentional injuries
- violence (e.g. homicide & suicide)
- family disruption
- infectious disease transmission (specific to substance misuse)

THE SCOPE ACROSS DODGE COUNTY

Dodge County tobacco use is **higher** than state averages.

Percent of Adults Reporting Regular Smoking [1].



Percent of Dodge County High Schoolers Reporting Vaping [2].



Dodge County reports **higher** rates of youth involvement in alcohol than drugs or tobacco.



Over 1/4 of Dodge County High School students had at least 1 drink in the past 30 days. [2].

Over half of Dodge County High School students have tried alcohol. [2].



12% of Dodge County High School students engaged in binge drinking in the past 30 days. [2].

Dodge County rates **higher** than state and national averages for binge drinking and driving deaths involving alcohol.

Rates of Binge Drinking [1].



Driving Deaths Involving Alcohol [1].



1. County Health Rankings and Roadmaps, Dodge County 2025
2. Dodge County Youth Risk Behavior Survey-2023
3. Adapted from Centers for Disease Control and Prevention, 2023

Behavioral Health

Mental health was the top health need across all Dodge County Community Health Assessment Primary data sources. ^[1]

What is behavioral health?

Behavioral health describes the behaviors and emotions that impact one's overall wellbeing. It encompasses the prevention, intervention, personalized treatment plans, and recovery of mental health conditions, like depression and anxiety. Behavioral health professionals include psychologists, psychiatrists, counselors, and social workers (Centers for Medicare & Medicaid Services, 2023).

INDIVIDUAL AND COMMUNITY HEALTH IMPLICATIONS ^[2]

The impacts of a high prevalence of untreated behavioral health issues can be far-reaching, heavily impacting both individual and community health in the following ways...

Individual Impact

- isolation from loved ones
- unemployment and financial struggles
- poor quality of life

Community Impact

- increased healthcare costs
- high rates of incarceration
- community-level economic strain

THE SCOPE ACROSS DODGE COUNTY

Dodge County reports **HIGHER RATES** mental health distress than physical health distress. ^[3]



5.2

Poor mental health days per month



4.2

Poor physical health days per month

Percent of Respondents Indicating Frequent



Mental Distress



Physical Distress

Dodge County reports a **SHORTAGE** of mental health providers. ^[3]

DODGE COUNTY: Ratio of Residents to Mental Health Providers



740 : 1

WISCONSIN: Ratio of Residents to Mental Health Providers



370 : 1

UNITED STATES: Ratio of Residents to Mental Health Providers



300 : 1

Dodge County reports **HIGHER RATES** of loneliness than state and national averages.

Feelings of Loneliness^[3]

33%

Lack of Social Emotional Support^[3]

27%

Youth Anxiety, Depression, and/or intentional Self-Harm^[4]

59%

1. Dodge County 2025 Community Health Assessment 2. Adapted from Centers of Disease Control and Prevention, 2023. 3. County Health Rankings 2025 4. Dodge County - 2023 Youth Risk Behavior Survey

Health Equity

3 of the 4 Top Health Needs Identified in the Dodge County Community Health Assessment are Social Determinants of Health: Basic Needs, Housing, and Financial Stability ^[1].

What is health equity?

Health equity is the state in which all people – regardless of race, ethnicity, socioeconomic status, gender identity, disability, education level, or geography - have a fair and just opportunity to maintain optimal health. Health equity includes addressing historical injustices and reducing preventable health disparities (Centers for Disease Control and Prevention, 2022).

INDIVIDUAL AND COMMUNITY HEALTH IMPLICATIONS ^[2].

The impacts of health inequities can be far-reaching, heavily impacting both individual and community health in the following ways...

Individual Impact

- higher chance of developing chronic conditions
- increased mental health struggles
- lower life expectancy

Community Impact

- economic strain on healthcare system
- reduced workforce productivity
- higher risk of infectious disease spread

THE SCOPE ACROSS DODGE COUNTY

Dodge County reports a shortage of Primary Care Providers, making it difficult to **access** care. ^[3].

DODGE COUNTY: Ratio of Residents to Primary Care Providers



1,750 : 1

WISCONSIN: Ratio of Residents to Primary Care



1,250 : 1

UNITED STATES: Ratio of Residents to Primary Care Providers



1,330 : 1

Using the ALICE (Asset Limited Income Constrained and Employed) Framework, about **31% of Dodge County Households** are unable to cover basic living expenses although they are employed. ^[3].



About 1/4 of Dodge County Homeowners spend **more than 30%** of their income on housing. ^[3].

11% of Dodge County houses meet the criteria for severe housing problem (overcrowding, lack of plumbing or kitchen facilities, high housing cost) ^[3].

Social determinants of health concerns for Dodge County Residents... ^[3].



Only **71%** Of Dodge County Residents have access to safe spaces for physical activity



41%

Of Dodge County Children qualify for free and reduced lunch



10%

Of Dodge County Residents, including children, live in poverty

1. Dodge County 2025 Community Health Assessment
2. Adapted from Centers of Disease Control and Prevention, 2023.
3. County Health Rankings 2025

Partners and Collaboration

MMC-Beaver Dam will continue to work collaboratively with the Dodge-Jefferson Healthier Community Partnership on cross-cutting priorities. MMC-Beaver Dam staff are actively participating as a part of the partnership that will develop the Community Health Improvement Plan (CHIP) for Dodge County.

MMC-Beaver Dam staff are actively involved in Dodge County community groups and coalitions that are working to address health issues in Dodge County.

Health Needs Not Addressed

Through the assessment process, other community health needs were identified that have not been addressed in this plan. In prioritizing community health needs, the MMC-Beaver Dam CBW considered other organizations addressing the specific need, the ability of MMC-Beaver Dam to impact change, availability of resources, as well as readiness of the community for interventions.

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

- Housing
- Financial Stability

Potential Resources to Address Health Needs

Potential resources and assets in our community that will help address the identified health priorities as well as help develop the implementation plans include the following:

- Aging & Disability Resource Center of Dodge County
- Central Wisconsin Community Action Council, Inc.
- Beaver Dam Community Activities and Services (The Watermark)
- Dodge County Housing Authority
- Forward Services Corporation
- Habitat for Humanity International Inc
- New Beginnings Homeless Shelter
- PAVE
- Salvation Army
- St. Vincent De Paul Society
- Watertown Senior and Community Center
- UMOS, Inc.
- United Way of Dodge County, Inc.
- Church Health Services
- Prairie Ridge Health
- SSM Health

- Watertown Regional Medical Center
- UW Health Public
- Dodge County Human Services and Health Department
- Jefferson County Health Department
- Watertown Department of Public Health

Having identified the health priorities that will be addressed, the next steps include collaboration with community partners through a variety of community coalitions, workgroups, and organizations. MMC-Beaver Dam will leverage existing partnerships and community resources to coordinate strategic efforts to address identified community health priorities that can be monitored, evaluated, and improved upon over time.

The MMC-Beaver Dam Community Benefits Workgroup (CBW) - A local, internal workgroup will contribute to the Health System's community benefits and community health initiatives and will oversee the three-year implementation strategy plan. This group will develop a strategic plan that demonstrates the potential to have the most impact on improving selected health priorities, and that will focus on the social determinants of health to subsequently reduce health disparities.

MMC-Beaver Dam CBW will evaluate implemented programs and activities and track key performance indicators during each year of the implementation plan. With the help of respective partners, an analysis will be completed to identify new and current resources that can be better integrated and deployed to maximize positive impact on population health.

This CHNA will be shared among all partners and made publicly available.

Next Steps

Approval and Community Input

This Community Health Needs Assessment (CHNA) report was adopted by the MCHS Hospitals Board Inc. on December 4th, 2025.

If you would like to serve on a coalition that helps meet the needs of the community, or have a comment on this assessment, please contact the Marshfield Clinic Health System Center for Community Health Advancement at communityhealth@marshfieldclinic.org or (715) 221-8400.

Evaluation of the Impact of the Preceding Implementation Strategy

Health priorities identified in the preceding CHNA completed in 2023 were:

- Alcohol and Substance Abuse
- Behavioral Health
- Equitable Access to Community-Based Resources and Supports

Alcohol and Substance Abuse

Strategy	Summary of Actions Since 2023 CHNA
Support community-led recovery efforts to reduce alcohol and substance use.	Implemented Recovery Corps program at MMC-Beaver Dam
Support community-wide environmental, prevention and/or policy change initiatives.	Hosted Substance Use Disorder Management Bootcamp for providers and support staff. Supported Naloxone placement and education on opioid overdoses in local schools
Participate in community-based workgroups.	MMC-Beaver Dam staff participated in Dodge-Jefferson Healthier Community Partnership.
Provide capacity-building supports to community-based organization.	Administered Community Health Funding Program to provide resources and support to community-led initiatives and programs.

Behavioral Health

Strategy	Summary of Actions Since 2023 CHNA
Promote protective factors that build sense of belonging and social connectedness.	MMC-Beaver Dam staff hosted and participated in several community building programs and groups including: <ul style="list-style-type: none"> • Dodge County Women's Club • New Mother's Support Group • Grief Support Group • Dodge County Interagency Meetings • YMCA Community Health

	Education Classes
Enhance community members' skills to support mental wellness promotion and suicide prevention.	Supported community-led activities and programs through community health funding.
Enhance community capacity to provide resources and supports that increase social emotional skill development and improve mental wellness of youth.	Supported School-Based Community Health Worker. Promoted and Supported LifeTools program to several local schools. Promoted B.E.S.T Program to several local schools.
Provide capacity building supports to community-based organizations	Administered Community Health Funding Program to provide resources and support to community-led initiatives and programs.
Participate in community-based workgroups.	MMC-Beaver Dam Staff participated in the Dodge-Jefferson Healthier Communities Partnership and Dodge County Interagency group.

Equitable Access to Community-Based Resources and Supports

Activity	Summary of Actions Since 2023 CHNA
Integrate health equity, diversity and inclusion (HEDI) principles and practices into MMC-Beaver Dam programs and functions.	Promoted Health Equity grand rounds to MMC-Beaver Dam staff.
Increase community capacity to provide nutrition security for residents experiencing food insecurity.	Supported Dodge County Food Pantries through a \$5,000 donation to each pantry.

Support and connect residents and patients to culturally appropriate health improvement resources and supports.	<p>Integrated SDOH screening tool.</p> <p>Promoted Findhelp, a resource directory available for patients and community members.</p>
Provide capacity building supports to community-based organizations.	Administered Community Health Funding Program to provide resources and support to community-led initiatives and programs.

Appendix A: Definitions

- **Health Equity:** Achieved when every person has the opportunity to attain one's fullest or highest level of health potential. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities. (Centers for Disease Control and Prevention, 2022)
- **Health Priority(ies):** Selected health issues to be addressed by hospitals based on a prioritization process and community input collected via survey, community conversations, focus groups, and/or coalition meetings; and secondary data review.
- **Implementation Strategy (IS):** a written plan that describes the actions and activities the hospital facility plans to implement or support to address each health need identified by the CHNA. The plan includes a written explanation if the hospital facility does not intend to address an identified health need. An authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finished conducting the CHNA. (IRS, 2023)
- **Social Determinants of Health (SDoH):** the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Can be grouped into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context. (Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.)
- **United Way ALICE report:** ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed. ALICE represents the households with income above the Federal Poverty Level but below the basic cost of living. United Way's ALICE Report provides current research-based data that quantifies who in Wisconsin is living on the edge of financial insecurity. (United for ALICE, 2023)
- **University of Wisconsin's Population Health Institute's County Health Rankings:** a program of the University of Wisconsin Population Health Institute that provides data, evidence, guidance, and examples of the multiple factors that influence health. The rankings have the ability to measure the health data of almost every county in the United States and are complemented by guidance, tools, and resources to accelerate community learning and action. (County Health Rankings, 2023)

Appendix B: Individuals Involved in the CHNA

Community Benefits Workgroup

- Linda Klinger-Administrative Director
- Kim Weihert-Patient Experience Specialist
- Mickey Ganschow-Community Benefit Coordinator
- Mandy Shelast-Hospital President

Community Advisory Board-Community Health Subcommittee

- Pat Kneser
- Frank Ferree
- Cierra Kuhn
- Tracy Propst
- Nathan Thiel
- Tiffany Sponholz
- Roberta Marck

Dodge-Jefferson Healthier Community Partnership Steering Committee Partners

- Dodge County Human Services and Health Department
- Fort Healthcare
- Greater Watertown Community Health Foundation
- Jefferson County Health Department
- Marshfield Medical Center-Beaver Dam
- Noble Community Clinic
- Rock River Community Clinic
- Watertown Department of Public Health
- Watertown Regional Medical Center
- SSM Health- Waupun Memorial Hospital

Appendix C: Focus Group Summary

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:b78f1efb-5984-4abb-a9e5-d74299117f66>

Appendix D: Community Interview Summary

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:ca8e2fac-208c-468c-8143-a42f8cc9821e>

Appendix E: Data Walk Summary

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:75b4321a-8661-461f-a8e2-29561049a25a>

Appendix F: Parent Perception Survey Summary

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:75881a0b-f4cd-4a96-85fb-b57590e24486>

Appendix G: Secondary Data Compilation

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:02f03b4f-cc84-4c4f-ae4b-71fcc0dfe982>



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