



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

2026-2028 Implementation Strategy



Marshfield Clinic Health System

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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 (MCHS), Inc., was formed. The Health System today is an integrated system whose mission is to enrich lives 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^[1] 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. [1]

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. This collaboration helps align health improvement efforts of the community and hospital with community health priorities^[2] identified in the CHNA.

^[1] See Appendix A for Definition

^[2] See Appendix A for Definition

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. [5]

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. The Beaver Dam CAB reviews the Community Health Needs Assessment and Implementation Strategy and stays updated on the implementation of community benefit programs. See Appendix B for a complete list of Beaver Dam CAB members.

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 November 28, which is on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed.

Community Health Needs Assessment Overview

MMC-Beaver Dam worked collaboratively with the Dodge-Jefferson Healthier Community partnership to conduct the CHNA. A full list of partners is available in appendix B.

The MMC-Beaver Dam CHNA written report is prepared using these key criteria:

- Community demographics and a description of the community served by the hospital and how it was determined.
- The process and methods used to conduct the assessment.
- Input from persons who represent the broad interests of the community.
- Methods of collecting and analyzing data and other information used.
- A description of what types of data were used in the assessment process.
- Cited external source material.
- Health priorities and concerns of all population groups, including 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 that are available to respond to identified priorities.

Accessing the Full Report

The written report was completed in November 2025, presented to the MCHS Hospitals Board, Inc. for discussion and was adopted before December 31st. The full CHNA report, which details the entire assessment and

prioritization process, can be found on: <https://marshfieldclinic.org/about-us/community-health-needs-assessment-reports>.

Prioritization Process

The Marshfield Clinic Center for Community Health Advancement (CCHA) Strategic Areas of focus (2024-27) are the result of an assessment process which included:

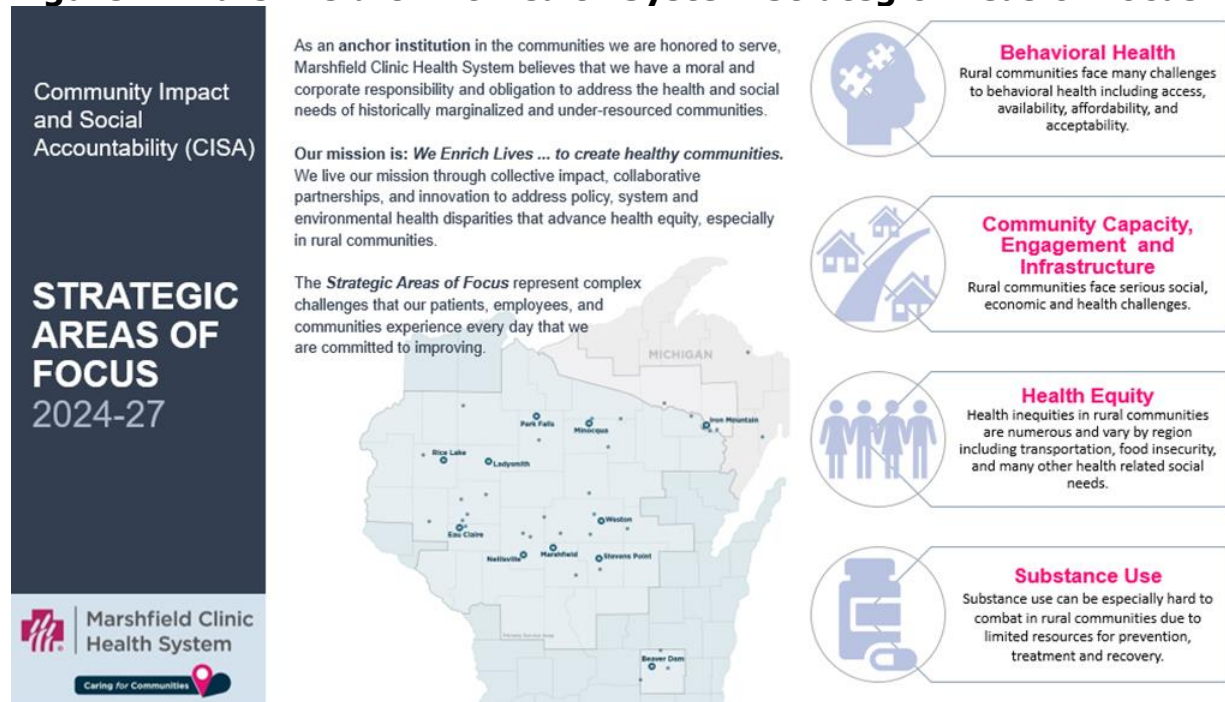
- Reviewing community health needs data
- Discussions with community stakeholders
- Consultation with key subject matter experts

The MCHS Community Health and Benefits Steering Committee then reviewed CCHA's previous 2023 Strategic Priorities, assessed interventions for value and impact, assessed resources, and reviewed various industry factors (such as new regulations and requirements) to align system imperatives.

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

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

Figure A: Marshfield Clinic Health System Strategic Areas of Focus



MMC—Beaver Dam CAB meeting-November 2025

The MMC-Beaver Dam CAB met in November 2025 to discuss the results of the CHNA and provide hospital approval. Additional consideration of alignment with the system strategic areas of focus was made. 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. [6]

Health Priorities

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

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

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.

Identified Health Needs Not Being 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 CAB 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 addressed by MMC—Beaver Dam as other community organizations are better equipped and have the resources in place to lead efforts to address them. MMC—Beaver Dam may indirectly address these health priorities through their strategies to improve health equity:

- Housing
- Financial Stability

Implementation Strategy

Community change is a long-term process that a single organization cannot accomplish alone; partnerships are essential for success. The Implementation Strategy is only one part of community efforts to address identified health priorities. Many strategies will be implemented collaboratively with community and internal Marshfield Clinic Health System partners.

Health Priority: Substance Use

Goal 1: Improve access to substance use disorder services through connecting community and care deliver efforts				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase clinical and community knowledge and capacity on Medications for Opioid Use Disorder (MOUD) and other substance use services and supports	<p>Provide educational opportunities to MMC-BD and community providers on MOUD</p> <p>Educate community members on the continuum of care resources, services and supports</p>	<p>Increased providers who can prescribe medications for Opioid Use Disorder</p> <p>Increased awareness of resources, services and supports</p>	<p>Staff Time</p> <p>Materials</p> <p>Funding</p>	<p>MCHS Division of Education</p> <p>MCHS Behavioral Health</p> <p>Community-based organizations</p>
Goal 2: Reduce community and social impacts of substance use				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in and support community efforts to address substance use	<p>Connect MMC-BD staff to local efforts</p> <p>Support staff in participation</p>	<p>Increased community capacity to address substance use</p> <p>Increased prevention</p>	<p>Staff time</p> <p>Funding</p>	<p>Community-based organizations</p> <p>Dodge County Agencies</p>

	Support and engage in community efforts	efforts		
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Health Priority: Behavioral Health

Goal 1: Improve Access to behavioral health services through connecting community and care delivery efforts

Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Improve access to behavioral health services, supports and community resources	Identify potential community partnerships and assess gaps in resources and support	Increase access to behavioral health services Reduced barriers to behavioral health services	Staff time Funding if applicable	Service line administration MCHS behavioral health operations Community based organizations

Goal 2: Engage in community efforts to address social emotional development and improve behavioral health

Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in and support community based behavioral health coalitions or other community efforts	Identify and support staff to participate Support community efforts to address behavioral Health	Increased community capacity to address behavioral health	Funding Staff Time	Dodge-Jefferson Healthy Community Partnership

Goal 3: Strengthen Community skill to address social and emotional wellness

Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase school based behavioral	Promote behavioral health	Improved emotional wellness of	Staff Time Funding	Local schools and afterschool

health services	programs to schools and afterschool programs	youth		programs Wisconsin Out of School Time Alliance
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Health Priority: Health Equity

Goal 1: Reduce health disparities related to social, economic, cultural, gender and/or community conditions

Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Use demographic data to understand patient and community representation	Provide training to collect accurate data in culturally sensitive ways	Increased awareness of health disparities and impact on health	Staff Time Funding	MCHS information systems Data warehouse and analytics departments
Assess health Disparities and community assets	Review and assess clinical and community data	Improved quality, reduced barriers, and enhances access of health care		Quality and safety Patient access
Provide culturally responsive care	Identify key actions to provide culturally responsive care			Clinic staff Health Equity Leadership

Goal 2: Engage in community efforts related to advancing health equity and social determinants of health

Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Enhance community capacity to address health equity and social determinants	Support community efforts to address health equity and social determinants	Increased capacity to address health equity and social determinants of health	Staff time Community Health Funding	Dodge County community-based organizations

of health	of health			
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Health Priority: Community Capacity, Engagement, and Infrastructure

Goal 1: Improve MMC-Beaver Dam Leadership participation in the community through civic engagement activities that address health (e.g. boards, leadership positions, etc.)

Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase the number of South Market executive leaders involved and engaged in the community	<p>Prioritize civic engagement by setting expectations for leaders/staff to participate</p> <p>Promote completion of Community Involvement Form</p> <p>Promote opportunities for involvement</p>	Increased leadership support for community-based organizations	<p>Staff time</p> <p>Funding as appropriate</p>	Dodge County Community Agencies

Goal 2: Engage in community efforts to address health needs related to identified priorities; substance use, behavioral health or health equity

Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
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Host or participate in community event or initiative	Assess and determine community opportunities to participate in	Increased community awareness of identified health need(s)	Staff Time Funding as appropriate	Dodge County Community Agencies
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Next Steps

This implementation strategy outlines a three-year community health improvement plan. MMC-Beaver Dam will:

- Create an annual work plan with specific action steps for that year.
- Set and track annual performance indicators for each strategy, evaluate for effectiveness and areas of improvement.
- 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 Hospital Board, Inc. By December 31st 2025

If you would like to be involved in the community health needs assessment process, 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.

Appendix A: Definitions

Health Equity: Achieved when every person has the opportunity to attain one's fullest or highest level of health potential. consider: 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)

Appendix B: References

- [1] "Marshfield Clinic Health System History," Marshfield Clinic Health System, [Online]. Available: <https://www.marshfieldclinic.org/about-us/history>. [Accessed 16 August 2024].
- [6] "Guide to Prioritization Techniques," [Online]. Available: <https://naccho.org/uploads/downloadable-resources/Gudie-to-prioritization-Techniques.pdf>. [Accessed 16 August 2024].

Appendix C: Individuals Involved in the IS and 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

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