



Memorial Hospital, Inc. Neillsville, Wisconsin d/b/a/ Marshfield Medical Center-Neillsville

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 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 [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 the health improvement efforts of the community and hospital with community health priorities¹ identified in the Community Health Needs Assessment (CHNA) with Health System priorities.

Hospital Overview

MMC-Neillsville, previously Memorial Medical Center, was acquired by Marshfield Clinic Health System in November 2018. In May 2021, MMC-Neillsville opened the doors of a new 100,000 square-foot medical campus. The upgraded facility features a 16-bed hospital, 24/7 emergency department, an operating room, 28 clinical exam rooms, rooms designated for telehealth consults and an infusion suite with six private rooms to provide IV treatments, including chemotherapy. MMC-Neillsville provides residents and visitors of Clark County and the surrounding communities with

¹ See definition in Appendix A.

outstanding health care in a friendly, close-to-home atmosphere.

MMC-Neillsville offers a wide range of advanced care services including:

- Urgent care and emergency department
- Family practice and internal medicine
- Oncology
- Infusion and outpatient nursing center
- Orthopedics
- Podiatry

[2] [3]

Implementation Strategy Overview

This Implementation Strategy is specific to MMC-Neillsville and addresses the community health priorities identified through a collaborative Community Health Needs Assessment (CHNA) process. This document outlines the plans for MMC-Neillsville 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 December 4, 2025, 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-Neillsville worked collaboratively with the Clark County Health Department, and Aspirus Stanley Hospital to conduct the CHNA.

The MMC-Neillsville 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 on September 2, 2025, presented to the MCHS Hospitals Board, Inc. for discussion and was adopted by December 31st, 2025. 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 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.

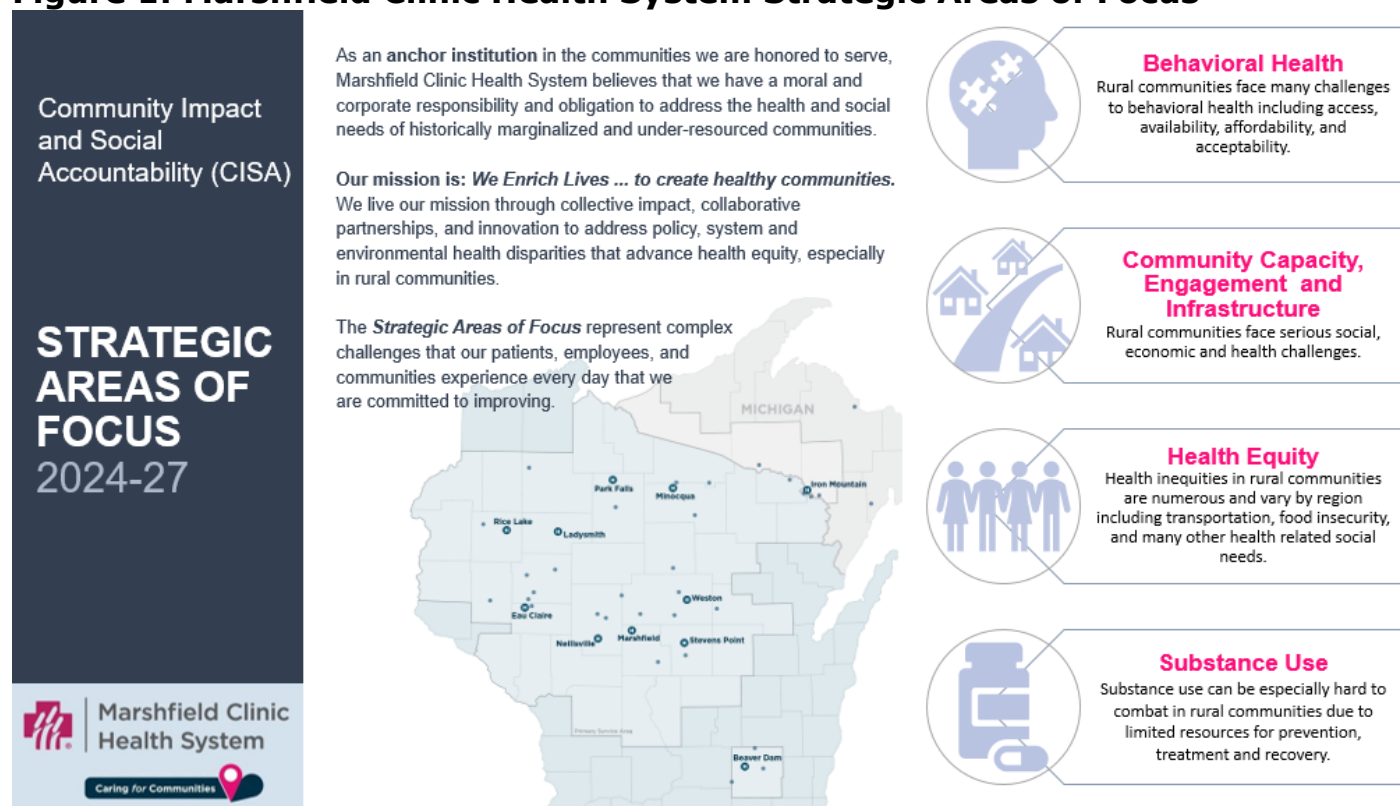
The 2024-2027 CCHA Strategic Focus Areas are system-wide community health focus areas approved by the MCHS Community Health and Benefits Steering Committee. Subsequently, Strategic Focus Areas are integrated into MMC Implementation Strategy (IS)² plans and other MCHS and Security Health Plan (SHP) plans to align system and regional efforts. The strategic focus areas are:

- Substance Use
- Behavioral Health
- Health Equity³
- Community Capacity, Engagement, and Infrastructure

² See definition in Appendix A.

³ See definition in Appendix A.

Figure 1: Marshfield Clinic Health System Strategic Areas of Focus



MMC-Neillsville Community Advisory Board (CAB) meeting: September 2025
The CAB-Neillsville met in November 2024 to review the results of the CHNA and provide input. MMC-Neillsville Community Benefit Workgroup (CBW) met subsequently to review 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 [4]

MMC-Neillsville Health Priorities for 2026-2028

After completing extensive review of the Community Health survey and process, United Way ALICE data⁴, Healthiest Wisconsin 2020, County Health Rankings, and other quantitative and qualitative data, the top community health priorities identified by MMC-Neillsville are:

- **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-Neillsville Community Benefit Workgroup considered other organizations addressing the specific need, the ability of MMC-Neillsville 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-Neillsville as other community organizations are better equipped and have the resources in place to lead efforts to address them. Cross-cutting efforts in MCHS's Strategic Areas of Focus may indirectly address some of these health needs:

- Obesity
- Chronic disease
- Lack of safe and affordable housing
- Families not having enough money for basic needs

⁴ See definition in Appendix A.

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 delivery efforts.				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Increase clinical and community knowledge and capacity on Medications for Opioid Use Disorder (MOUD) and other substance use services and supports	Provide educational opportunities to MMC and community providers on MOUD Educate community members on the continuum of care resources, services and supports	Increased providers who can prescribe Medications for Opioid Use Disorder Increased awareness of resources, services and supports	Staff time Materials Funding	MCHS Division of Education MCHS CCHA Community based organizations
Goal 2: Engage in community efforts related to substance use and prevention.				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Support community-based substance use prevention efforts	Promote substance use prevention programs and trainings Support and participate in substance use coalitions or efforts	Increased community capacity to address substance use and prevention efforts	Staff time Funding	Clark County Prevention Partnership Clark County Health Department Clark County Schools

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	Strengthen care coordination Expand service availability Reduce barriers to access	Increased access to services and reduced barriers	Staff time other costs TBD	MCHS Behavioral Health
Goal 2: Engage in community efforts to address social emotional learning and improve behavioral health.				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Support community based behavioral health efforts	Promote behavioral health programs and trainings Support and participate in behavioral health coalitions or efforts	Increased community capacity to address behavioral health	Staff time, Funding	Clark County Prevention Partnership Clark County Schools

Health Priority: Health Equity

Goal 1: Reduce health disparities related to social, economic, cultural, gender and/or community conditions.				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Use demographic data to	Provide training to collect	Increased awareness of health	Staff time Funding	MCHS information systems,

understand patient and community representation, assess health disparities and community assets to provide culturally responsive care	<p>accurate data in culturally sensitive ways.</p> <p>Review and assess clinical and community data.</p> <p>Identify key actions to provide culturally responsive care</p>	<p>disparities and impact on health</p> <p>Improved quality, reduced barriers, and enhanced access of health care</p>		<p>Data Warehouse and Analytics departments</p> <p>Quality and Safety</p> <p>Patient Access</p> <p>Clinical Staff</p> <p>Health Equity Leadership</p>
Goal 2: Engage in community efforts related to advancing health equity and social determinants of health⁵ (SDOH).				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Enhance Community Capacity to address health equity and social determinants of health	Support community efforts to address health equity and social determinants of health	Increased capacity to address health equity and social determinants of health	<p>Staff time</p> <p>Funding</p>	<p>St. Bernards</p> <p>Other Community-Based Organizations</p>

⁵ See definition in Appendix A.

Health Priority: Community Capacity, Engagement, and Infrastructure

Goal 1: Improve MMC-Neillsville participation in the community through civic engagement activities that address health.				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Increase the number of Central Market executive leaders involved and engaged in the community	Prioritize civic engagement by setting expectations for leaders/staff to participate Promote completion of Community Involvement form Promote opportunities for involvement	Increased leadership support for community-based organizations	Staff time Funding as appropriate	Clark 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 Outcome(s)	Resources	Partnerships
Host or participate in community events or initiatives	Assess and determine community opportunities to participate	Increased community awareness of identified health need(s)	Staff time Funding	Clark County Community Agencies

Next Steps

This implementation strategy outlines a three-year community health improvement plan. MMC-Neillsville 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. 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 an 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: Individuals Involved in the CHNA

Healthy Clark County Core Team

- Brittney Mews, Clark County Health Department
- Rebecca Greisen, Clark County Health Department
- Sarah Beversdorf, Aspirus
- Deenah King, Aspirus
- Laura Zelenak, Marshfield Clinic Health System

Community Advisory Board—Neillsville

- Brian Barth, Secretary-Community Member
- Dr. Timothy Golemgieski, Physician Member
- Dr. Brian Hoerneman, MCHS Corp Member
- Mary Kay Mills, Vice Chair-Community Member
- Russell Ratsch, Chair-Community Member
- Rick Szymanski, Community Member
- Trevor Wuethrich, Community Member

Community Benefits Workgroup-Neillsville

- Laura Zelenak, Former Community Benefit Coordinator
- Jocelyn Schroeder, Community Benefit Coordinator
- Sally Zillman, Vice President of Operations and Patient Care
- Samantha Starck, Administrative Assistance
- Mickey Ganschow, Community Benefit Coordinator
- Seth Kuhn, Operations Manager
- Jake McKelvy, Vice President of Operations
- Timothy Golemgieski, Physician-Family Medicine

CHA Deliberative Inquiry Naming and Framing Team

- Jen Braun- UW-Extension
- Sarah Beversdorf- Aspirus
- Julia Backaus, Neillsville Middle & High School
- Kaila Fitzl, Loyal Elementary School
- Rebecca Greisen, Clark County Health Department
- Selena Freimark, UW-Extension
- Sarah Boulton, UW-Extension
- Deenah King, Aspirus
- Laura Zelenak, Marshfield Clinic Health System
- Mallory McGivern, UW-Extension Marathon County
- Elizabeth Bier (Pastor, Owen-Withee Food Pantry Leader)
- Brittany Mews, Clark County Health Department
- Michelle Van Krey, UW-Extension Marathon County

- Randy Neve, Marshfield Clinic
- Micki Krueger, Childcaring Inc.

Appendix C: References

- [1] "Marshfield Clinic Health System History," Marshfield Clinic Health System, [Online]. Available: <https://www.marshfieldclinic.org/about-us/history..> [Accessed 20 August 2024].
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- [4] "Guide to Prioritization Techniques," [Online]. Available: <https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf>. [Accessed 20 August 2024].
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- [6] Marshfield Clinic Health System, "Marshfield Medical Center - Marshfield (medical offices)," [Online]. Available: <https://www.marshfieldclinic.org/locations/marshfield-medical-center/outpatient-services>. [Accessed Nov. 2024].
- [7] Marshfield Clinic Health System, "Cancer Care and Research at Marshfield Medical Center," [Online]. Available: <https://www.marshfieldclinic.org/locations/marshfield-medical-center/outpatient-services/cancer>. [Accessed Nov. 2024].

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