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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 (MCHS), 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
Marshfield Medical Center-Rice Lake is a nonprofit, 40-bed community hospital that serves northwest Wisconsin.

MMC-Rice Lake, offers a wide range of advanced care services including:
- Pacemaker insertion
- Full scope of general and orthopedic surgery services
- 24/7 emergency department
- Comprehensive outpatient cancer care services
- Inpatient and outpatient physical therapy, rehabilitation and occupational therapy

Implementation Strategy Overview
This Implementation Strategy is specific to Marshfield Medical Center-Rice Lake (MMC-Rice Lake) and addresses the community health priorities identified through a
collaborative Community Health Needs Assessment (CHNA) process. This document outlines the plans for MMC-Rice Lake to support specific community improvement efforts.

This plan was reviewed and approved by the authorized governing body, MCHS Hospitals Board, Inc. on February 27, 2023, which is 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 2022 MMC-Rice Lake CHNA report.

**Community Health Needs Assessment Overview**

MMC-Rice Lake worked collaboratively with Barron County Department of Health and Human Services (DHHS) and the Thrive Steering Committee to conduct the CHNA.

The MMC-Rice Lake CHNA written report include 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, and 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 November 2022, presented to the MCHS Hospitals Board, Inc. for discussion and was adopted on December 8, 2022. The full CHNA report, which details the entire assessment and prioritization process, can be found on [https://www.marshfieldclinic.org/locations/rice-lake-marshfield-medical-center/community-health-needs](https://www.marshfieldclinic.org/locations/rice-lake-marshfield-medical-center/community-health-needs)

**Prioritization Process**

Thrive Barron County Steering Committee conducted virtual community prioritization meetings in August 2022 to review the community affirmation survey results. The steering committee then held in person community prioritization meetings in December 2022, January 2023, and February 2023. Many community stakeholders attended including healthcare organizations, school districts, municipality, public health, community based organizations, and community members.
The Community Benefits Workgroup (CBW)-Rice Lake met in November 2022 to review primary and secondary data on Barron County and prioritize needs. Consideration of alignment with the Center for Community Health Advancement (CCHA) Community Health Focus Areas of Marshfield Clinic Health System were made. The following health criteria were considered:

- How is the county doing compared to the state and national goals?
- What health priorities have the largest community impact?
- What health priorities have the most serious impact?
- Is the community ready to change?
- Can these health priorities be changed over a reasonable period of time?
- Are there gaps in county efforts to address the health priority?
- Did the community and county data identify this as a health priority?

Health Priorities
After review of the data, the top community health priorities identified by Marshfield Medical Center in Rice Lake are:

- Alcohol and Substance Misuse
- Behavioral Health
- Health Equity

Due to the interconnected nature of these health priorities, a number of health priorities as shown in Table A were combined. However, MMC-Rice Lake will continue to support additional community health needs as they arise.

<table>
<thead>
<tr>
<th>MMC-Rice Lake Identified Health Priorities: 2022</th>
<th>MMC-Rice Lake 2022 CHNA Health Priorities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Misuse</td>
<td>Health Equity</td>
</tr>
<tr>
<td>Substance Use</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Alcohol and Substance Use</td>
</tr>
<tr>
<td>Obesity</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Chronic Disease Prevention and Management</td>
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<tr>
<td>Physical Activity</td>
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</tbody>
</table>

MMC-Rice Lake is committed to improving the overall health and well-being of the communities we serve by strategically focusing on health equity. According to the World Health Organization, health equity implies that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential. Therefore, the CBW-Rice Lake will focus on improving health equity in our communities by implementing strategies that systematically focus on the social determinants of health and subsequently reduce health disparities.
**Identified Health Needs Not Being Addressed**
MMC-Rice Lake will not address the following health priorities identified through the CHNA process as other community organizations are better equipped and have the resources in place to address.

- Injury & Violence Prevention
- Communicable Disease Prevention & Control
- Oral Health

**Implementation Strategy**
The Implementation Strategy is a part of a community effort to address identified health priorities. Many strategies will be implemented collaboratively with community and Marshfield Clinic Health System partners. Community change is a long-term process that no one organization can accomplish alone; therefore partnerships are essential for success.

**Health Priority: Alcohol and Substance Misuse**

<table>
<thead>
<tr>
<th>Goal 1: Reduce alcohol &amp; substance use among youth and adolescents by reducing risk and enhancing protection.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td>Prevent alcohol and substance use by identifying and implementing individual and/or environmental prevention strategies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2: Engage in community efforts related to alcohol and substance use prevention efforts.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td>Participate in community-based workgroups.</td>
</tr>
</tbody>
</table>
Health Priority: Behavioral Health

**Goal 1: Increase access to community-based mental and emotional wellness services.**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key Actions</th>
<th>Anticipated Outcomes</th>
<th>Resources</th>
<th>Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance community capacity to provide resources that increase social emotional skill development and improve mental wellness of youth.</td>
<td>Raise awareness about Life Tools program. Connect schools with Life Tools application. Support implementation of Life Tools program.</td>
<td>Improve social and emotional development of children and adolescents.</td>
<td>Staff time &amp; expertise Program materials Funding as appropriate</td>
<td>Barron County Community Coalition (BC3) Schools Youth serving organizations</td>
</tr>
<tr>
<td>Provide educational materials (using a variety of platforms) to increase caregiver mental health and wellbeing.</td>
<td>Connect schools and youth serving organizations to the Wisconsin Afterschool Network resources. Connect Caregivers and Educators to resources and training.</td>
<td>Enhanced skills for those that care for school-aged children. Enhanced skills to practice self-care and resilience.</td>
<td>Staff time &amp; expertise Program materials Funding as appropriate</td>
<td>Barron County Community Coalition (BC3) Schools Youth serving organizations</td>
</tr>
<tr>
<td>Provide direct technical assistance and training to adults who work with and support youth around behavior guidance and youth mental wellness.</td>
<td>Connect schools with b.e.s.t. universal screening platform. Connect schools with b.e.s.t. application.</td>
<td>Matched interventions to youth needs. Provides teachers with a process to identify resources.</td>
<td>Staff time &amp; expertise Program materials Funding as appropriate</td>
<td>Barron County Community Coalition (BC3) Schools Youth serving organizations</td>
</tr>
<tr>
<td>Enhance community members’ skills to support mental wellness promotion and suicide prevention.</td>
<td>Support implementation of QPR trainings. Support implementation of Zero Suicide trainings and best practices.</td>
<td>Decreased suicide rates. Increased capacity to support suicide prevention efforts.</td>
<td>Staff time &amp; expertise Program materials Funding as appropriate</td>
<td>Barron County Department of Health and Human Services (DHHS) Community Connections to</td>
</tr>
</tbody>
</table>
### Goal 2: Engage in community efforts related to supporting behavioral health efforts.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key Actions</th>
<th>Anticipated Outcomes</th>
<th>Resources</th>
<th>Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in community-based workgroups.</td>
<td>Actively attend and participate in meetings.</td>
<td>Increased collaboration across sectors to advance community support.</td>
<td>Staff time &amp; expertise</td>
<td>Barron County Department of Health and Human Services (DHHS)</td>
</tr>
<tr>
<td></td>
<td>Promote and participate in events and initiatives.</td>
<td>Increased community awareness related to behavioral health.</td>
<td>Funding as appropriate</td>
<td>Barron County Community Coalition (BC3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Materials</td>
<td>Schools</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Supplies</td>
<td>Community Based Organizations</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Space</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Technology</td>
<td></td>
</tr>
</tbody>
</table>

### Health Priority: Health Equity

#### Goal 1: Advance health equity by focusing on community-based health disparities and addressing social determinants of health.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key Actions</th>
<th>Anticipated Outcomes</th>
<th>Resources</th>
<th>Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address social needs of patients and communities by screening and connecting to resources.</td>
<td>Integration of an SDOH screening tool.</td>
<td>Increased awareness of resources, services, and supports.</td>
<td>Staff time &amp; expertise</td>
<td>Barron County Department of Health and Human Services (DHHS)</td>
</tr>
<tr>
<td></td>
<td>Educate and engage community members and staff on use of tool and resource availability.</td>
<td></td>
<td>Funding as appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expansion of Community Health Worker supports.</td>
<td></td>
<td>Improved access to resources, services, and supports.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support of AmeriCorps Members to increase capacity.</td>
<td></td>
<td>Technology</td>
<td>Community Based Organizations</td>
</tr>
</tbody>
</table>
### Goal 2: Reduce health disparities related to physical, social, economic and/or community conditions.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key Actions</th>
<th>Anticipated Outcomes</th>
<th>Resources</th>
<th>Partnerships</th>
</tr>
</thead>
</table>
| Increase community capacity to provide nutritious, local grown food and address food insecurity. | Support implementation and maintenance of Hydroponic gardening units.  
Distribute produce.  
Support food pantry needs.  
Identify opportunities to implement Food Recovery initiatives. | Improved access to nutritious food.  
Increase in knowledge around nutritious food.  
Reduction in food waste. | Staff time & expertise  
Funding as appropriate  
Equipment  
Space | Barron County Department of Health and Human Services (DHHS)  
Barron County Thrive Chronic Disease Subcommittee  
Community Based Organizations  
Schools |

### Goal 3: Engage in community efforts related to improving equitable access to resources and supports.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Key Actions</th>
<th>Anticipated Outcomes</th>
<th>Resources</th>
<th>Partnerships</th>
</tr>
</thead>
</table>
| Participate in community-based workgroups. | Actively attend and participate in meetings.  
Promote and participate in events and initiatives. | Strengthen relationships with community partners.  
Efficiently aligned activities. | Staff time & expertise  
Program materials  
Funding as appropriate | Barron County Department of Health and Human Services (DHHS)  
Barron County Thrive Chronic Disease Subcommittee |
**Next Steps**
This implementation strategy outlines a three-year community health improvement plan. Each year within this timeframe, MMC-Rice Lake 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.
- 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 assessment, please contact the Marshfield Clinic Health System Center for Community Health Advancement at communityhealth@marshfieldclinic.org or (715) 221-8400.

**References**


World Health Organization. (n.d.). *Social Determinants of Health*. Retrieved August 10, 2021, from [https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)