



Marshfield Clinic
Health System



Community Health Implementation Strategy

Marshfield Medical Center-Ladysmith

June 2019

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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.

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, and compassionate health care.

The Health System includes Marshfield Clinic (MCHS); Marshfield Medical Center (MMC) hospitals in Marshfield including Marshfield Children's Hospital, Eau Claire, Rice Lake, Neillsville, Ladysmith, Minocqua, Beaver Dam, as well as a joint venture with Flambeau Hospital in Park Falls; Marshfield Clinic Research Institute; Security Health Plan of Wisconsin, Inc.; and Marshfield Clinic Health System Foundation.

Hospital Overview

Marshfield Medical Center-Ladysmith (MMC-L) is a 25-bed full-service hospital in Ladysmith, Wisconsin. It is a fully integrated medical campus that provides comprehensive inpatient and outpatient healthcare to residents in Rusk County and the surrounding communities. MMC-L is a critical access hospital and the only hospital within a 45-mile radius.

In addition to the community health improvement efforts guided by the CHNA process, MMC-L contributes to other needs through the community benefits program. MMC-L acquired Rusk County Memorial Hospital (RCMH) in September 2018; therefore the previous community benefit investments were made by RCMH.

This Implementation Strategy is specific to Marshfield Medical Center-Ladysmith (MMC-L) and addresses the community health priorities identified through a collaborative community health needs assessment (CHNA) process. This document outlines the plans for MMC-L 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 June 20, 2019, which is on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed. MMC-L was acquired September 2018; therefore there is no prior Implementation Strategy to evaluate.

Summary of Community Health Needs Assessment

The MMC-L CHNA was conducted by a collaborative partnership of stakeholders in Rusk County called the Healthy Lifestyles, Healthy Communities Committee for Rusk County. The group was comprised of University of Wisconsin-Eau Claire students and faculty, Rusk County Public Health Department, Rusk County Health and Human Services, Rusk County Economic Development, Marshfield Medical Center–Ladysmith (formerly Rusk County Memorial Hospital), and Indianhead Community Action Agency.

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

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

Accessing the Full Report

The written report was completed June 2019, presented to the MCHS Hospitals Board, Inc. for discussion and approved June 20, 2019. The full CHNA report, which details the entire assessment and prioritization process, can be found on the [Marshfield Medical Center-Ladysmith website](#).

Prioritization Process

After completing an extensive analysis of quantitative and qualitative data, the National Association of County and City Health Officials (NACCHO) Prioritization Matrix was used by the committee to determine the health improvement priorities and included questions to answer the following:

- 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?

Prioritized Significant Health Needs

After review of the data and stakeholder input, the top community health priorities identified by Marshfield Medical Center in Ladysmith are:

- Alcohol and Substance Abuse
- Behavioral Health

Due to the interconnected nature of these health priorities, the CBW-L chose to combine a number of health priorities shown in *Table A*. As these health priorities are addressed, chronic disease, health equity, and social determinants of health will be incorporated through various initiatives.

Table A. Top Identified Health Priorities	
Rusk County CHA	MMC-L CHNA
Alcohol Use	Alcohol and Substance Abuse
Substance Abuse	
Mental Health	Behavioral Health

Needs That Will Not Be Addressed

Through the assessment process, other community health priorities were identified that will not be addressed in this plan. The following was considered while prioritizing community health needs; other organizations addressing the specific need, the ability of MMC-L to impact change, availability of resources, as well as readiness of the community for interventions.

The following health priorities will not be addressed by MMC-L for reasons indicated:

- **Injury & Violence Prevention:** injury and violence prevention are important areas of focus. Instead of leading this charge, MMC-L staff participate in a coalition supporting this area called the Rusk County Youth Council (RCYC). This area is also served by Embrace Inc. located in Rusk County.
- **Chronic Disease** (also includes Physical Activity, Nutrition, and Tobacco Use): MMC-L addresses the community need for diabetes prevention by providing the Diabetes Prevention Program (DPP). While MMC-L has strategies to address chronic disease it is not listed as one of the top health priorities.
- **Communicable Disease Prevention & Control:** This is an important area of focus, MMC-L has systems and processes in place to prevent and reduce the spread of communicable diseases. The hospital will not take the lead on this area in community outreach as this is an area the County Health Department leads and has expertise in.
- **Oral Health:** Marshfield Clinic Ladysmith Dental Center addresses the community need for oral health by serving patients regardless of ability to pay or insurance status. While MCHS addresses oral health it is not listed as one of the top health priorities.

- **Environmental & Occupational Health:** While MMC-L does have a vibrant Occupational Health Department the hospital will not take the lead on this area in community outreach as this is an area that the County Health Department leads and has expertise in.

Implementation Strategy

The Implementation Strategy is 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 Abuse

Wisconsin continues to rank among the worst in the nation for both heavy drinking and binge drinking among adults. Approximately one in four (24.3%) Wisconsin adults engaged in binge drinking in the previous month compared to the national median of 18.3%. More than 1 in 3 high school students in Wisconsin drank alcohol in the past 30 days.²

The opioid epidemic is a national public health emergency. The rate of opioid overdose deaths in Wisconsin nearly doubled, from 5.9 deaths per 100,000 residents in 2006, to 10.7 deaths per 100,000 residents in 2015. Similarly, emergency room visits for suspected opioid overdoses increased 109% in Wisconsin from July 2016 to September 2017.

Community-based Goals

- Reduce underage and excessive alcohol consumption.
- Reduce opioid related deaths and harm.

Measuring Impact: These are local or state indicators that MMC-L is working towards in partnership with the local health department and community organizations to measure impact over time.

Data Indicator	County	State	Nation	Healthy People 2020 Target
Percent of Rusk County adults (ages 18+) that engage in binge drinking ¹	21%	22%	16%	23%
Percent of high school students that drank alcohol in the past 30 days ¹	-	30%	30%	29%

Strategy 1: Support Implementation of an Alcohol and Other Drug Abuse (AODA) Prevention Curriculum

MMC-L will partner with local organizations to support the implementation of an AODA prevention curriculum to reduce underage alcohol consumption and/or prevent substance use and abuse.

Key Actions

- Determine school partners to implement
- Create or reproduce program materials
- Develop schedule for implementation

Collaborative Partners could include

- Local School Districts
- Local AODA prevention coalition

Resources

- Associate time
- Program materials
- Funding as appropriate to address community health priority

Target Population

Middle and/or High School Youth

Strategy 2: Support Local Policy Related to Underage Drinking Prevention

MMC-L will partner with local organizations to support the implementation of a new or improved policy related to underage drinking prevention.

Key Actions

- Determine partners
- Review existing policy

¹ Preliminary Communities That Care (CTC) data is being compiled by Rusk County Youth Council (RCYC) for spring 2019.

Collaborative Partners could include

- Local School Districts
- Local AODA prevention coalition
- County/City Administration or Boards

Resources

- Associate time
- Funding as appropriate to address community health priority

Target Population

Youth, Broader Community

Strategy 3: AODA Prevention Workgroups

A representative from MMC-L will participate in the Rusk County Youth Council (RCYC) and Healthy Lifestyles, Healthy Communities Alcohol and Substance Subcommittees. These group consists of members from local schools, Rusk County Sheriff's Department, Ladysmith Police Department, Embrace, UW-Extension, Rusk County Juvenile Justice, Rusk County Public Health, Indianhead Community Action Agency, and local public libraries. MMC-L will participate directly and/or support evidence based actions outlined by these groups.

Key Actions

- Actively attend and participate in meetings
- Promote and participate in events and initiatives

Collaborative Partners could include

- Members of RCYC
- Members of Healthy Lifestyles, Healthy Communities for Rusk County Alcohol Subcommittee
- Members of Healthy Lifestyles, Healthy Communities for Rusk County Substance Subcommittee

Resources

- Associate time
- Funding as appropriate to address community health priority

Target Population

Broader Community

Health Priority: Behavioral Health

Wisconsin consistently has higher youth suicide rates than the national average. Suicide is the 10th leading cause of death in Wisconsin and nationally, but the 2nd leading cause of death among people ages 15-24. (Mental Health America) Between 2007 and 2015, the national youth suicide rate for ages 15-19 increased by 30% for males and doubled for teen females. In Wisconsin, youth suicide rates have doubled from 2007 to 2015. (Wisconsin Office of Children’s Mental Health) For every death by suicide, there are ten times as many emergency visits and hospitalizations for self-inflicted injuries.

Community-based Goals

- Decrease suicide rates.
- Improve social and emotional development of children and adolescents.

Measuring Impact: These are local or state indicators that MMC-L is working towards in partnership with the local health department and community organizations to measure impact over time.

Data Indicator	County	State	Nation	Healthy People 2020 Target
Rusk County suicide rate per 100,000 ¹	21.2%	14.9%	13.3%	12.8%
Percent of high school students who felt sad or hopeless almost every day for two or more weeks per year ²	-	27%	32%	24%

Strategy 1: Provide Community Training Related to Mental Health and/or Suicide Prevention

MMC-L will partner with a community organization to provide mental health and/or suicide prevention trainings. Organization staff can be trained to deliver QPR Gatekeeper training or assist with other mental health trainings as needed by the community, increasing hospital capacity to reach other population groups.

Key Actions

- Identify local organization to partner
- Train gatekeepers and/or assist with other mental health trainings
- Host mental health training and/ or suicide prevention

² Preliminary Communities That Care (CTC) data is being compiled by Rusk County Youth Council (RCYC) for spring 2019.

Collaborative Partners could include

- Mental Health Coalitions
- Local School Districts
- Local Organizations

Resources

- Associate time
- Program materials
- Funding as appropriate to address community health priority

Target Population

Broader Community

Strategy 2: Support Community Educational Event Related to Mental Health and/or Suicide Prevention

MMC-L will partner with at least one community organization to host an educational event where the documentary, *The Ripple Effect*, will be viewed. Attendees will view the documentary, discuss content, learn myths and facts about suicide, and be presented with community resources and programs available.

Key Actions

- Seek out potential partner organizations
- Create and disseminate materials
- Evaluate event

Collaborative Partners could include

- Local School Districts
- Mental Health Coalitions

Resources

- Associate time
- Documentary and toolkit
- Printing and marketing support

Target Population

Broader Community

Strategy 3: Provide Resources

MMC-L will seek to connect youth to accurate and reliable information regarding mental health and substance abuse topics through the creation of a mobile application. The App will be linked to National Lifelines run by trained mental health professionals and will be built to connect youth to existing services that are organized into an easy to access format.

Key Actions

- Gather evidenced based content from national hotline databases
- Collaborate with Biomedical Informatics Research Center (BIRC), to develop App
- Identify local schools interested in piloting App
- Identify student lead focus groups to evaluate effectiveness and accessibility of App

Collaborative Partners could include

- National Institute of Mental Health (NIMH)
- Substance Abuse and Mental Health Services Administration (SAMSHA)
- National Institute of Drug Abuse (NIDA)
- Centers for Disease Control and Prevention (CDC)
- BIRC
- Local School Districts

Resources

- Associate time
- Print and advertising materials

Target Population

Middle and High School Youth

Strategy 4: Mental Health Community Workgroups

A representative from MMC-L will participate in Healthy Lifestyles, Healthy Communities for Rusk County Mental Health Subcommittee. This group is supported by Rusk County Public Health, Indianhead Community Action Agency, Embrace, local school districts, RCYC, Prevea Health, and Aurora Counseling Services. MMC-L will participate directly and/or support evidence based actions outlined by these groups.

Key Actions

- Actively attend and participate in meetings
- Promote and participate in events and initiatives

Collaborative Partners could include

- Members of Healthy Lifestyles, Healthy Communities Mental Health for Rusk County Subcommittee

Resources

- Associate time
- Funding as appropriate to address community health priority

Target Population

Broader community

Next Steps

This implementation strategy outlines a three-year community health improvement process. Each year within this timeframe, MMC-L will:

- Create an annual implementation 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 toward medium-term performance indicators
- Report progress toward the performance indicators to the hospital board
- Share actions taken to address the needs with the community at large

Approval

This implementation Strategy Report was adopted by the MCHS Hospitals Board, Inc. on June 20, 2019.

Resources

1. Wisconsin Department of Health Services, Division of Care and Treatment Services and Division of Public Health, 2016
2. Wisconsin State Health Assessment and Health Improvement Plan, 2017