Marshfield Clinic Health System

Community Health Implementation Strategy

Marshfield Medical Center - Beaver Dam

2019-2021

Welcome

Dear Community Members,

Marshfield Medical Center –Beaver Dam strives to be the regional destination for health care by delivering unprecedented quality, safety and service at a competitive price. We know that health is driven by much more than what happens in the doctor's office. Wherever possible, through programs, services, and public policy or other means, emphasis needs to be placed on addressing health choices before the medical need. That is why the MMC- BD Advisory Board has recommended, on October 10th, 2019, this implementation strategy for adoption to the MCHS Hospitals, Inc. Board.

We have collaborated with community partners to assess the health and needs of the community through meetings, surveys, community conversations, key informant interviews and a variety of data sources. This document summarizes these key findings. Electronic versions of this needs assessment and companion documents can be found online at https://marshfieldclinic.org/about-us/community-health-needs-assessment-reports.

Through these efforts the top three priorities identified through the Community Health Needs Assessment process are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

By using the Community Health Needs Assessment and Implementation Strategy, we can evaluate relevant determinants of health that give valuable insight in guiding decisions that create a pathway for improving the health of our community.

We hope that you find this Implementation Strategy useful and welcome any comments and suggestions you may have for improving the health of Dodge County's citizens.

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Definition of Terms

Community Benefits Workgroup Beaver Dam (CBW-BD): local and internal workgroup of Marshfield Medical Center – Beaver Dam that contributes to the Health System's community benefits and community health initiatives. Essential functions are to monitor key policies, including financial assistance, billing, and collections, help to develop and sustain community relationships, participate in and develop the Community Health Needs Assessment and Implementation Strategy, and monitor and evaluate implementation of community benefits programs.

Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA): refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. (Centers for Disease Control and Prevention, 2019). Health Departments are required to participate in a CHA every five years. Non-profit (tax exempt) hospitals are required by the Affordable Care Act to conduct a CHNA once every three years. Hospitals have the option to partner with local health departments to simultaneously conduct a CHA/CHNA. (Community Catalyst, 2013).

Community Health Improvement Plan (CHIP): a long –term, systematic effort to address public health needs based on the results of community health assessment activities and the community health improvement process. A CHIP is typically updated every three to five years (Center for Disease Control and Prevention, 2019).

Implementation Strategy (IS): a written plan to address the community health needs identified through an assessment and approved by an authorized governing board. Hospitals must use the CHNA to develop and adopt an implementation strategy (Community Catalyst, 2013).

Healthy People, Healthiest Wisconsin 2020 State Health Plan: the public health agenda required by Wisconsin statue every ten years, that is built upon the work of prior state health plans by identifying priority objectives for improving the health and quality of life in Wisconsin (Division of Public Health, 2019).

University of Wisconsin's Population Health Institute's County Health Rankings: a data source ranking nearly every county in the nation to identify the multiple health factors that determine a county's health status and indicate how it can be affected by where we live (University of Wisconsin Population Health Institute, 2019).

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.

Mission
We enrich lives to create healthy communities through accessible, affordable, compassionate health care.

Marshfield Medical Center – Beaver Dam Overview
In 1972, BDCH became one of the first hospitals in the country to merge a Catholic hospital and a Lutheran hospital. Over the years, BDCH, Inc. has successfully expanded to meet the growing need for improved facilities and additional health care services. In 2006, the new Beaver Dam Community Hospital opened for service. The 60-bed acute care hospital combines advanced medicine and technology with a state of- the-art facility to create a healing environment of care for patients and their families. In April 2019 Beaver Dam Community Hospitals, Inc., joined Marshfield Clinic Health System and became Marshfield Medical Center – Beaver Dam (MMC-BD).

Marshfield Medical Center – Beaver Dam Mission
Deliver excellence across a continuum of services

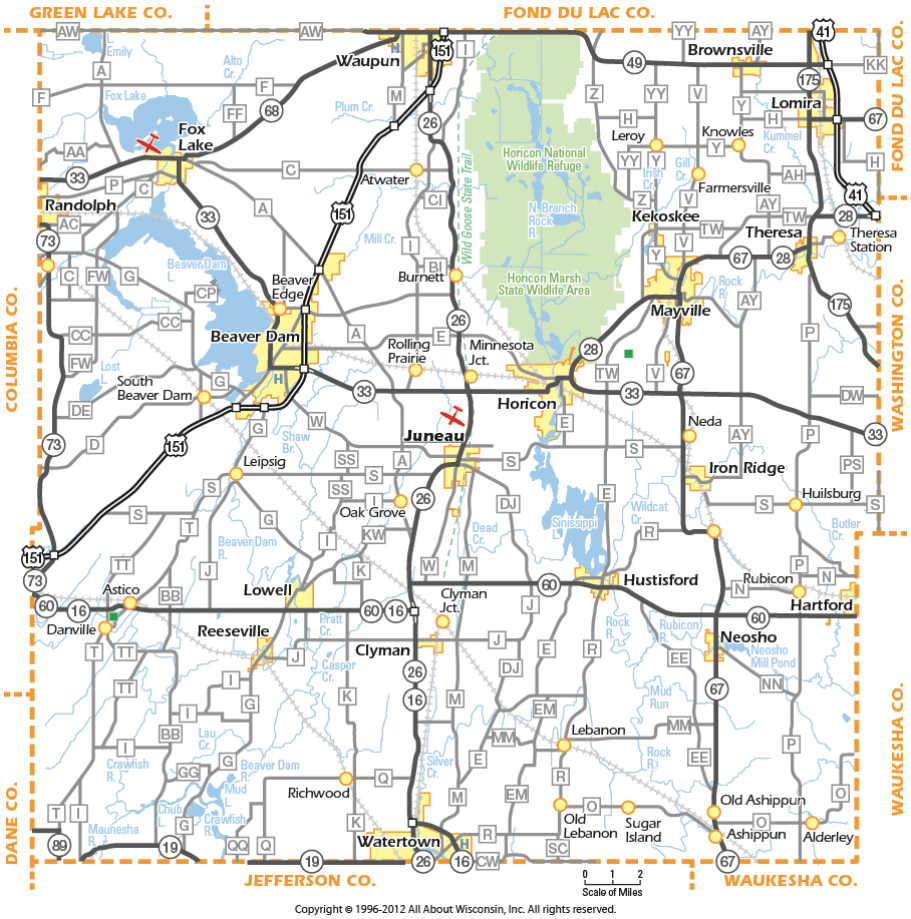
In addition to the community health improvement efforts guided by our Community Health Needs Assessment (CHNA) process, we contribute to other needs through our broader community service investments. In 2018, MMC-BD community service investments totaled more than $7,900,000 in the greater Dodge and Jefferson county area.

Our Community

Geographic Area

Although we recognize that our community extends beyond Dodge County's borders, we have chosen to focus on Dodge County for input in the community health needs assessment process. We do this for two reasons. First, our primary service area lies entirely within Dodge County. Second, we believe the information received from participants in other counties would be consistent with information we received from Dodge County participants.

Dodge County is located in south-eastern region of Wisconsin. Known for its lakes, streams and small towns, Dodge County, Wisconsin offers a peaceful rural environment located within an hour drive of Milwaukee, Madison and Fox Valley metropolitan areas. The county is comprised of four of cities, Beaver Dam, Mayville Juneau (county seat) and Horicon. Other major cities, a portion of which is in Dodge County, include Watertown, Hartford, Waupun and Columbus. Dodge County is also home to over 30 villages and townships.



Demographics

Dodge County is 93.7% White, 0.5% Asian/Pacific Islander, 4.6% Hispanic, 2.4% Black, 1.9% mixed race, and 1.1% other. Dodge County has a higher median age of 42.4 years than the state at 39.7. The median income of a Dodge County resident is $56,038, which is less than the state average ($57,408) and the rate of poverty is 8.8%, which is lower than the state (11.3%).

In Dodge County, 41% residents have a high school degree, 21.9% have some college (no degree), 10.9% have an associate degree, 11.3% have a bachelor's degree and less than 5% have a graduate/professional degree (2013-2017 ACS). 43.9% of residents worked outside of Dodge County, commuting to surrounding areas.

There are two other hospitals adjacent to Dodge County. Waupun Memorial Hospital, located in Waupun and Watertown Regional Medical Center, located in Watertown.

Summary of Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) process for MMC-BD was led by the Community Benefits Workgroup- Beaver Dam (CBW-BD). This team of community benefit professionals followed a systematic process to evaluate the health priorities of Dodge County.

The Dodge and Jefferson Counties Community Health Assessment1 (CHA) process[1] was led by the Dodge-Jefferson Healthier Community Partnership, a regional not for profit organization of stakeholders that joined forces to assess health in Dodge and Jefferson Counties since 1995. This group consisted of the Dodge County Health & Human Services Department, Jefferson County Health & Human Services Department, and City of Watertown, University of Wisconsin Division of Extension, local law enforcement officials, area chambers of commerce, hospitals and schools.

Community Health Needs Assessment (CHNA) Timeline

March 2019	Information gathering, using secondary public health sources. Search conducted by the Dodge-Jefferson Healthier Community Partnership
March 15-May 1, 2019	Online survey of community members was conducted.
April 1-April 29, 2019	Online survey of Beaver Dam Community Hospitals, Inc. and Fort Healthcare employees and community physicians was conducted.
April 24-25, 2019	Focus groups representing community members, health departments, not for profit organizations serving the medically underserved, low-income, minority populations, and the elderly were conducted. In addition to focus groups, key representatives were interviewed.
May 9, 2019	The Dodge-Jefferson Healthier Community Partnership hosted a Community Health Summit with over 80 community stakeholders attending.
June 25, 2019	Beaver Dam Community Hospitals, Inc.'s executive board approved this CHNA report.
September, 2019	The CBW-BD began writing the MMC-BD CHNA & IS

[1] The Dodge and Jefferson Counties Community Health Assessment processes was conducted simultaneously by a single consultant. The Dodge-Jefferson Healthier Community Partnership through Stratasan, a healthcare analytics and facilitation company, oversaw assessment activities in both counties. This report highlights only data collection/analysis activities and community participation as it relates to Dodge County.

The 2019 Dodge County CHA was a primary source of input for the MMC-BD CHNA. The CHNA is completed every three years and is used as a tool to identify, evaluate, and prioritize community health concerns, and to mobilize the community to work together to address identified health priorities.

Healthy People, Healthiest Wisconsin 2020 State Health Plan, University of Wisconsin's Population Health Institute's County Health Rankings, and local stakeholders perceptions and opinions via key informant interviews and focus groups were considered during the process. The key informant interviews and focus groups were conducted to gather input from all population groups including the medically underserved, low-income, and minority groups in Dodge County.

Prioritization Process

After completing an extensive analysis of quantitative and qualitative data, the following criteria were used at the community health summit on May 9th, 2019 to determine the health improvement priorities for the CHA:

Magnitude/Scale of the Need	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social, or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done and is it working? What are the community's intrinsic barriers and how big are they to overcome?

Community Health Summit

Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. These results were synthesized and summarized in the Dodge-Jefferson Healthier Community Partnership CHA.

Prioritized Significant Health Needs

After completing extensive review of Dodge-Jefferson Healthier Community Partnership Community Health Assessment and quantitative and qualitative data, the top health needs identified by MMC-BD in Dodge County are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

Due to the interconnected nature of these health priorities, MMC-BD chose to combine a number of health priorities shown in the table below. Further, the MMC-BD CHNA has renamed health priorities to be consistent with the Marshfield Clinic Health System Center for Community Health Advancement's (CCHA) system-wide health priorities.

Dodge-Jefferson Healthier Community Partnership	MMC-BD CHNA
Substance Misuse	Alcohol and Substance Abuse
Mental Health	Behavioral Health
Obesity and Nutrition, Physical Activity	Chronic Disease

Needs That Will Not Be Addressed

MCHS and MMC-BD understand that each prioritized need is important and remain committed to being active participants in improving the health of the county. While each of the health needs identified deserve attention, for the purposes of this IS we have chosen to focus our efforts on the priorities listed above.

The following health needs were not selected:

- **Family Issues:** MMC-BD's capacity to address family issues (parenting, childcare, social isolation, etc.) in Dodge County is very limited. Other organizations in the county, including United Way, local school districts, childcare facilities and community centers are addressing these issues. MMC-BD will support these organizations taking the lead.
- **Socioeconomics:** MMC-BD's capacity to address socioeconomic levels of Dodge County residents is very limited. However, other organizations in the county, including the United Way, are addressing this issue.

- **Transportation:** This is outside the expertise and resources available at MMC-BD Dodge and Jefferson County Mobility Managers are the experts in this area and will continue to take lead.
- **Access and Affordability of Care**: MMC-BD continues to make progress towards increasing access and reducing cost of high quality care. For the 2019 CHNA and IS cycle, this health need was not prioritized by the CBW- BD. This decision is due in part to resource limitations, the very broad nature of this need, in that it is not easily defined and not easily measured.

Accessing the Full CHNA Report

The full CHNA report was completed October 2019, presented to the MMC-BD's Advisory Board for discussion and recommend, on October 10th, 2019, the reports adoption by the MCHS Hospitals, Inc. Board.

The full CHNA report, which details the entire assessment and prioritization process, can be found on the Marshfield Medical Center – Beaver Dam Website (www.bdch.com).

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.

Alcohol and Substance Abuse

Consequences of alcohol or substance abuse is far reaching and includes motor vehicle and other injuries, fetal alcohol spectrum disorder and other childhood disorders, alcohol and/or drug dependence, liver, brain, heart, and other chronic diseases, infections, family problems, and both violent and nonviolent crimes.

MMC-BD will complement local community efforts by focusing on reducing underage alcohol consumption and access, reducing excessive alcohol consumption, decreasing tobacco use, and reducing opioid related deaths in addition to supporting community driven efforts through a variety of methods.

Community-based Goals

- Reduce underage and excessive alcohol consumption.

Measuring Impact: These are local or state indicators that MMC-BD 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
Percentage of Youth who report currently using alcohol.	_____	30.4%[1]	29.8%[2]	12.8%[3]
Percentage of Youth who report excessive alcohol use.	_____	16.4%[2]	13.5%[2]	8.6%[3]

1. McCoy, Katherine. 2017 Wisconsin Youth Risk Behavior Summary Report. Madison: Wisconsin Department of Public Instruction, 2018.
2. Centers for Disease Control and Prevention (CDC). 91-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on 8/6/19.
3. Accessed from https://www.healthypeople.gov/2020/topics-objectives

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

MMC-BD 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

- School Districts
- 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: Alcohol and Substance Abuse Community Workgroups

A representative from MMC-BD will participate in Dodge-Jefferson Healthier Community Partnership, and other community substance abuse workgroups. These groups are supported by Dodge County Public Health, Jefferson County Public Health, law enforcement and more partners. MMC-BD 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 Dodge-Jefferson Healthier Community Partnership members.

Resources

- Associate time

- Funding as appropriate to address community health priority

Target Population

- Broader community

Behavioral Health

Mental illness affects all ages and influences many areas of one's well-being. Mental health plays a role in the ability to maintain good physical health, while mental health issues are commonly associated with physical health issues and increased risk factors like substance abuse and obesity.

MMC-BD will complement local community efforts by focusing on decreasing suicide rates in Dodge County and improving social and emotional development of children and adolescents in addition to supporting community driven efforts through a variety of methods.

Community-based Goal

- Decrease suicide rates.

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

Data Indicator	Dodge	State	Nation	Healthy People 2020 Target
Age-Adjusted Suicide Rate per 100,000 population (all ages). (2018)	17.5%[4]	15.2%[4]	14.0%[2]	10.2%[5]
Percentage of youth attempting suicide. (2017)	———	7.8%[3]	7.4%[1]	———

1. Centers for Disease Control and Prevention (CDC). 91-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on 8/6/19.
2. Hedegaard H, Curtin SC, Warner M. Suicide mortality in the United States, 1999–2017. NCHS Data Brief, no 330. Hyattsville, MD: National Center for Health Statistics. 2018.
3. McCoy, Katherine. 2017 Wisconsin Youth Risk Behavior Summary Report. Madison: Wisconsin Department of Public Instruction, 2018.
4.Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm, Mortality Module, accessed 8/5/2019.
5. Accessed from https://www.healthypeople.gov/2020/topics-objectives

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

MMC-BD 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

Collaborative Partners could include

- Mental Health Coalitions
- School Districts
- Youth Serving Organizations
- Community Centers
- Public Libraries

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-BD 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

- School Districts
- Mental Health Coalitions
- Community Centers
- Youth Serving Organizations

Resources

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

Target Population

Broader Community

Strategy 3: Provide Resources through smart phone app

MMC-BD 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

- 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)
- Biomedical Informatics Research Center (BIRC)
- 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-BD will participate in Dodge-Jefferson Healthier Community Partnership and community based mental health workgroups. These groups are supported by Dodge County Public Health, Jefferson County Public Health, local school districts and more partners. MMC-BD 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 Dodge-Jefferson Healthier Community Partnership members.

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

Target Population
- Broader community

Chronic Disease

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. (Centers for Disease Control and Prevention, 2019) Obesity results from a variety of factors, including individual behavior and genetics. Behaviors can include diet, physical activity levels, or medications. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. (Centers for Disease Control and Prevention, 2019)

MMC-BD will complement local community efforts by placing focus on improving access to healthy foods and physical activity, improving self-management of chronic conditions and reducing tobacco use in addition to supporting community driven efforts through a variety of methods.

Community-based Goals

- Increase physical activity among youth.
- Reduce morbidity related to chronic conditions among adults.

Measuring Impact: These are local or state indicators that MMC-BD 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
Percentage of students reporting daily physical activity. (2017)	_____	24.7%[3]	16.1%[4]	31.6%[5]
Percentage of Adults reporting fair or poor health (age-adjusted). (2016)	13%[2]	15.3%[1]	12.2%[6]	_____

1. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Aug 05, 2019]. URL: https://www.cdc.gov/brfss/brfssprevalence/.
2. Accessed from https://www.countyhealthrankings.org/app/wisconsin/2019/measure/outcomes/2/data
3. McCoy, Katherine. 2017 Wisconsin Youth Risk Behavior Summary Report. Madison: Wisconsin Department of Public Instruction, 2018.
4. Centers for Disease Control and Prevention (CDC). 91-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on 8/6/19.
5. Accessed from https://www.healthypeople.gov/2020/topics-objectives
6. Accessed from https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2016_SHS_Table_A-11.pdf

Strategy 1: Improve access to healthy choices
MMC-BD will implement a hospital-wide educational campaign regarding sugar sweetened beverages.

Key Actions
- Identify or develop educational materials
- Identify locations/area within MMC-BD to display sugar shockers

Potential Collaborative Partners
- MMC-BD Cafeteria Staff
- Federal, state or local organizations that have educational materials on sugar sweetened beverages

Resources
- Associate time
- Funding as appropriate to support health priority

Target Population
- MMC-BD providers/staff, patients, visitors

Strategy 2: Implement a Community Initiative to Support Care Delivery of Chronic Disease Prevention
MMC-BD will support the delivery of two, six week evidence-based classes, to community members to address chronic diseases. Classes will include Healthy Living with Diabetes and Living Well with Chronic Conditions.

Key Actions
- Schedule class offerings with Aging and Disability Resource Center (ADRC) of Dodge County
- Submit Wisconsin Institute for Healthy Aging (WIHA) class registration
- Create, mail and post promotional flyer for classes
- Collect class attendance and demographic data
- Hold classes and collect participant feedback

Collaborative Partners
- ADRC
- WIHA
- Security Health Plan
- Community Volunteers

Resources

- Conference room space
- Associate Time
- Print and advertising materials
- Educational materials

Target Population

- Community Members with multiple chronic conditions such as; diabetes, hypertension, hyperlipidemia, chronic obstructive pulmonary disease, asthma, coronary artery disease and chronic heart failure.

Strategy 3: Chronic Disease Community Workgroups

A representative from MMC-BD will participate in Dodge-Jefferson Healthier Community Partnership and community based chronic disease workgroups. These groups are supported by Dodge County Public Health, Jefferson County Public Health, City of Watertown and more partners. MMC-BD 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 Dodge-Jefferson Healthier Community Partnership members.

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-BD will:

- Participate actively in local community health focused coalitions and partnerships. These could include: Dodge-Jefferson Healthier Community Partnership and the Dodge County Substance Abuse Prevention Coalition
- Create an annual implementation plan with specific action steps for that year
- Set and track annual performance indicators for each strategy
- Track progress toward community-based goal data indicators
- Report progress toward the performance indicators to the hospital board
- Share actions taken to address the needs with the community at large

Approval

The MMC-BD Advisory Board recommended adoption of this implementation strategy on October 10th, 2019 to the MCHS Hospitals, Inc. board.

This Implementation Strategy was adopted by MCHS Hospitals, Inc. board on December 16th, 2019.

Public Comment/Feedback

If you would like to serve on a coalition that helps meet the aims of this report, or have another comment on this Implementation Strategy, please contact:

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