



Marshfield Clinic
Health System



2022-2024 Community Health Implementation Strategy
Marshfield Medical Center-Park Falls

Table of Contents

Executive Summary.....	3
Overview of Community Health Needs Assessment.....	4
Prioritization Process.....	5
Implementation Strategy.....	7
Next Steps.....	13
Approval.....	13
References.....	13

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, 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 system serving Wisconsin and beyond, with more than 10,000 employees including over 1,200 providers comprising 90 specialties and subspecialties. Its entities provide service and health care to more than two million residents through over 50 locations in 34 Wisconsin communities in northern, central and western Wisconsin.

MCHS primary operations include: Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield, Eau Claire, Beaver Dam, Ladysmith, Minocqua, Neillsville, Rice Lake, Weston, Park Falls, 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

MMC-Park Falls is a 25-bed critical access hospital in Park Falls, Wisconsin.

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

- 24-hour emergency services staffed by board certified emergency physicians.
- Imaging and lab space, pharmacy and more.
- Licensed critical care transport ambulances to serve our patients in Minocqua and Park Falls staffed 24/7 with critical care level paramedics and nurses

Implementation Strategy Overview

This Implementation Strategy is specific to Marshfield Medical Center-Park Falls (MMC-Park Falls) and addresses the community health priorities identified through a collaborative Community Health Needs Assessment (CHNA) process. This document outlines the plans for MMC-Park Falls 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 13th 2021, 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

The MMC-Park Falls 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 presented to the MCHS Hospitals Board, Inc. for discussion and was approved on December 13th, 2021. 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

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?

Health Priorities

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

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease
- Social Determinants of Health*

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

Table A. Health Priority Crosswalk	
Price County Community Health Needs Assessment Survey Results	MMC-Park Falls CHNA
Alcohol Misuse	Alcohol and Substance Abuse
Substance Abuse	
Mental Health	Behavioral Health
Obesity	
Vaping & Tobacco Use and Exposure	Chronic Disease
Healthy Nutrition	
Chronic Disease Prevention and Management	
	Social Determinants of Health*

***Social Determinants of Health**

MCHS 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 MMC-Park Falls 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

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-Park Falls 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-Park Falls for reasons indicated:

- Communicable Disease Prevention & Control: Instead of leading this charge, staff participate in the Northcentral Wisconsin Healthcare Emergency Readiness Coalition in addition to numerous COVID-19 workgroups across regional county areas.
- Oral Health: Staff from MMC-PF does not provide related services, however the Family Health Center of Marshfield Dental Center, does lead these efforts locally, regionally and nationally. One of the Family Health Center Dental locations is in Park Falls.

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 Abuse

Goal 1: Reduce youth substance use				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Support Alcohol and Other Drug (AOD) Prevention Curriculums in school and/or afterschool settings.	Identify evidence based curriculum Implement an AODA prevention curriculum Evaluate implemented curriculum	Reduction of underage alcohol consumption Reduction of substance abuse	Staff time Program materials Funding as appropriate	Price County AODA/Mental Health Coalition Price County Schools Price County Public Health
Support community wide environmental strategies, prevention, and/or policy to address underage alcohol use.	Review existing policy Identify policy gaps Determine partners Meet with community partners	Enhanced systems &/or policy to reduce underage alcohol use	Staff time Funding as appropriate	Price County AODA/Mental Health Coalition Price County Schools Price County Public Health Price County Law Enforcement Agencies
Goal 2: Reduce community impact related to substance abuse and misuse				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Support workplace drug prevention and recovery efforts.	Develop curriculum Recruit employers Implement training	Increased employer understanding of recovery supportive practices Improved recovery supportive employer policies	Staff time Funding as appropriate Curriculum	Security Health Plan Phillips Chamber Park Falls Chamber

	Evaluate training	Increased number of recovery supportive workplaces		Local Businesses
Goal 3: Engage in community efforts related to alcohol and substance use prevention efforts				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups	Actively attend and participate in meetings Promote and participate in events and initiatives	Increased collaboration across sectors to advance prevention efforts around alcohol misuse and drug use Increased community awareness related to alcohol and substance use prevention	Staff time Funding as appropriate	Price County AODA/Mental Health Coalition Price County Schools Price County Public Health

Health Priority: Behavioral Health

Goal 1: Decrease suicides rates for high risk populations				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Enhance community member's skills to support mental health promotion and suicide prevention.	Identify curriculum/training	Decreased suicide rates	Staff time	Price County AODA/Mental Health Coalition
	Identify individuals to be trained	Increased capacity to support suicide prevention efforts	Program materials	Price County Public Health Schools
	Implement curriculum/training		Funding as appropriate	Community based organizations
Support suicide prevention community awareness events	Seek out partner organizations	Increased community awareness of the burden of suicide	Staff time	Price County AODA/Mental Health Coalition
	Plan event		Program materials	Price County Public Health
	Create and disseminate materials		Funding as appropriate	
	Evaluate event			
Goal 2: Improve social and emotional development of children and adolescents (YRBS)				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Enhance school capacity to provide high quality social, emotional assessment, support, and learning.	Seek out partner organizations	Improved social and emotional development of children and adolescents	Staff time	Price County Schools
	Develop materials		Program materials	
	Educate community groups or organizations		Funding as appropriate	
Goal 3: Engage in community efforts related to supporting behavioral health efforts				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups	Actively attend and participate in meetings	Increased collaboration across sectors to advance community support	Staff time	Price County AODA/Mental Health Coalition
	Promote and participate in events and initiatives		Funding as appropriate	Price County Schools
		Increased community		

		awareness related to behavioral health		Price County Public Health
--	--	---	--	-------------------------------

Health Priority: Chronic Disease

Goal 1: Improve access to healthy foods				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase community capacity to provide nutritious, locally grown food and address food insecurity.	Identify community partners	Improved access to healthy foods	Staff time Funding as appropriate	Local Food Pantries
Goal 2: Engage in community efforts related to chronic disease prevention efforts				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups	Actively attend and participate in meetings Promote and participate in events and initiatives	Increased collaboration across sectors to decrease chronic diseases Increased community awareness related to chronic disease prevention	Staff time Program materials Funding as appropriate	Price County Health & Wellness Coalition Price County Public Health

Health Priority: Social Determinants of Health

Goal 1: Increase knowledge and awareness of health equity				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Conduct an organizational (internal) and community assessment (external) assessment of health disparities and health equity and develop a work plan to address those gaps.	Identify assessment tool Assess results Develop work plan	Increased awareness and understanding of health equity Improved access to resources	Staff time Funding as appropriate	Community based organizations
Goal 2: Improve health outcomes by connecting clinical practice to community efforts to address Social Determinants of Health barriers				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Support and connect patients and community members to resources to address socially determined needs	Develop platform Educate and engage community members	Increased awareness of resources Improved access to resources	Staff time Funding as appropriate NOWPOW platform	Community based organizations Price County Public Health
Goal 3: Engage in community efforts related to advancing health equity and Social Determinants of Health				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups	Actively attend and participate in meetings Promote and participate in events and initiatives	Increased collaboration across sectors to advance community support Increased community awareness related to SDOH and Health Equity	Staff time Program materials Funding as appropriate	Community Based Organizations Price County Public Health

Next Steps

This implementation strategy outlines a three-year community health improvement process. Each year within this timeframe, MMC-Park Falls 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 December 13th, 2021.

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

- Marshfield Clinic Health System. (2021, July). *Marshfield Medical Center-Park Falls Community Health Needs Assessment Reports*. Retrieved from <https://marshfieldclinic.org/locations/park-falls-marshfield-medical-center/community-health-needs>
- NACCHO. (2021, July). Retrieved from Guide to Prioritization Techniques: <https://www.naccho.org/uploads/downloadable-resources/Guide-to-Prioritization-Techniques.pdf>
- U.S. Department of Health and Human Services. (2021, July). *Healthy People 2030*. Retrieved from Social Determinants of Health: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
- World Health Organization. (2021, July). Retrieved from Social Determinants of Health: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1