



MCHS Hospitals Inc. d/b/a/ Marshfield Medical Center-Marshfield 2025-2027 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

MCHS Hospitals, Inc. d/b/a Marshfield Medical Center-Marshfield (hereafter referred to as MMC-Marshfield) is a 298-bed hospital in Marshfield, Wisconsin that includes a 24-hour emergency department, Level II adult and pediatric trauma center, urgent care, a 34-bed intensive care unit, surgical services, a hospital unit, and a full complement of hospital-based services like pharmacy, lab, and imaging. MMC-Marshfield is the only hospital within a 29-mile radius and serves Wood County residents and the surrounding communities.

¹ See definition in Appendix A.

MMC-Marshfield offers a wide range of advance care services including but not limited to [2]:

- Birth Center
- Cardiology
- Certified Advanced Primary Stroke Center
- Children’s Hospital
- Endovascular services
- Inpatient rehabilitation
- LifeLink transportation (helicopter, airplane)
- Metabolic and bariatric surgery
- Neonatal Intensive Care Unit
- Pediatrics (Marshfield Children's)
- Telestroke consultations with northern Wisconsin hospitals

MMC-Marshfield is part of the flagship medical campus that provides the latest medical technology, research, and education to serve patients from all across the U.S., Canada and around the world. The Marshfield location offers more than 170 medical specialties, including primary care services and specialty care services including, but not limited to comprehensive cancer care, cardiology, gastroenterology, pediatrics, neuroscience, pain management, and endocrinology. A Patient Assistance Center provides information, support, and advocacy to patients for insurance and payment concerns. Cattails Cottage offers a place where patients older than 18 and their caregivers can find supportive accommodations when traveling for cancer care [2], [3], [4].

MMC-Marshfield formed the Community Advisory Board-Marshfield (hereafter referred to as “CAB-Marshfield”) a local committee of MMC-Marshfield that contributes to the hospital’s community benefits and community health initiatives. The CAB-Marshfield reviews and approves the Community Health Needs Assessment and Implementation Strategy and stays updated on the implementation of Community Benefit programs. See Appendix B for a complete list of CAB-Marshfield members.

Implementation Strategy Overview

This Implementation Strategy is specific to MMC-Marshfield and addresses the community health priorities identified through a collaborative Community Health Needs Assessment (CHNA) process. This document outlines the plans for MMC-Marshfield 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 12, 2024, 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-Marshfield worked collaboratively with the Wood County Health Department, Healthy People Wood County, and Aspirus Riverview Hospital and Clinics to conduct the CHNA.

The MMC-Marshfield 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 November 14, 2024, presented to the MCHS Hospitals Board, Inc. for discussion and was adopted on December 12, 2024. 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

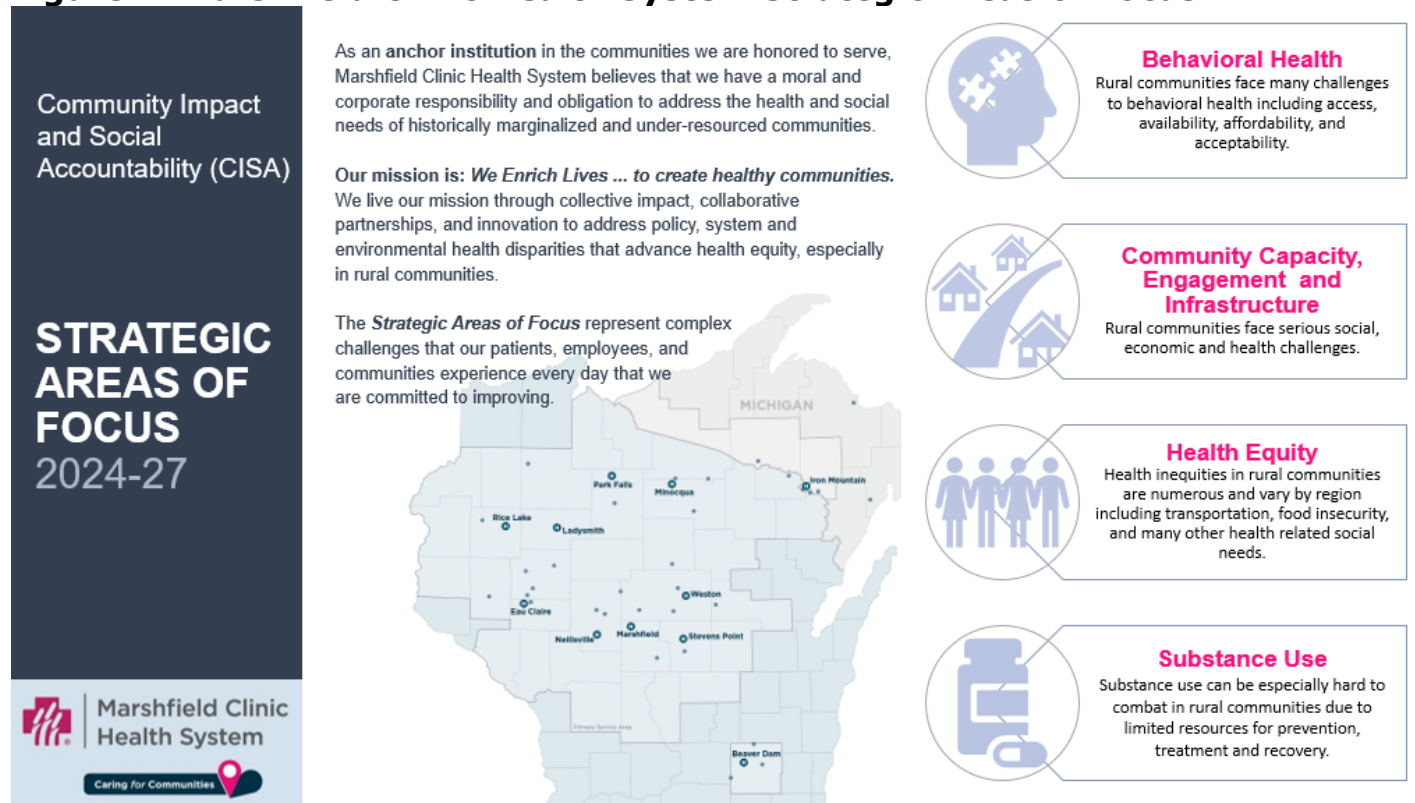
The Marshfield Clinic Center for Community Health Advancement Strategic Areas of Focus (2024-27) are the result of an assessment process which included review of community health needs; discussion with community

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

Figure 1: Marshfield Clinic Health System Strategic Areas of Focus



² See definition in Appendix A.

³ See definition in Appendix A.

MMC-Marshfield CAB meeting: November 2024

The CAB-Marshfield met in November 2024 to review the results of the CHNA and provide input. MMC-Marshfield 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 [5]

MMC-Marshfield Health Priorities for 2025-2027

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-Marshfield 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-Marshfield CBW considered other organizations addressing the specific need, the ability of MMC-Marshfield 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-Marshfield as other community organizations are better equipped and have the resources in place to lead efforts to address them. Cross-cutting

⁴ See definition in Appendix A.

efforts in MCHS's Strategic Areas of Focus may indirectly address some of these health needs:

- Oral Health
- Housing
- Transportation
- Affordable childcare
- Jobs with livable wages and benefits
- Enough money for basic needs

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	<p>Provide educational opportunities to MMC and community providers on MOUD</p> <p>Educate community members on the continuum of care resources, services and supports</p>	<p>Increased providers who can prescribe Medications for Opioid Use Disorder</p> <p>Increased awareness of resources, services and supports</p>	<p>Staff time</p> <p>Materials</p> <p>Funding</p>	<p>MCHS Division of Education</p> <p>MCHS CCHA</p> <p>Community based organizations</p>
Goal 2: Engage in community efforts related to substance use and prevention.				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Participate in and support substance use and prevention coalitions and other community efforts	Support community efforts to address substance use and prevention	Increased community capacity to address substance use and prevention efforts	<p>Staff time</p> <p>Funding</p>	<p>Healthy People Wood County Action Teams</p> <p>Marshfield Area Coalition for Youth</p>
Goal 3: Reduce community and social impacts of substance use.				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Serve the community and individuals through recovery coaching	<p>Recruit a Recovery Coach</p> <p>Provide Recovery Coach Supervision</p>	<p>Increased support for individuals in all stages of recovery</p> <p>Reduced community impacts of substance use</p>	<p>Staff time</p> <p>Funding</p>	<p>MCHS CCHA</p> <p>Recovery Corps</p> <p>Community based organizations</p>

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	Standardize templates and behavioral health processes Monitor and improve referral backlog	Increased access to services and reduced barriers	Staff time other costs TBD	MCHS Behavioral Health
Goal 2: Strengthen community skill to address social emotional wellness by increasing school based behavioral health programming.				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase school based behavioral health services	Promote behavioral health programs to schools and afterschool programs	Improved emotional wellness of youth	Staff time Funding	MCHS CCHA Schools Afterschool programs
Goal 3: Engage in community efforts to address social emotional leaning and improve behavioral health.				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Participate in and support community based behavioral health coalitions and other community efforts	Connect MMC staff to local coalitions Identify and support staff to participate in coalitions Support community efforts to address behavioral health	Increased community capacity to address behavioral health	Staff time, Funding	Healthy People Wood County, Mental Health Matters Team Marshfield Area Coalition for Youth

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 understand patient and community representation , assess health disparities and community assets to provide culturally responsive care	Provide training to collect accurate data in culturally sensitive ways. Review and assess clinical and community data. Identify key actions to provide culturally responsive care	Increased awareness of health disparities and impact on health, Improved quality Reduced barriers Enhanced access	Staff time Funding	MCHS information systems, Data Warehouse and Analytics departments Quality and Safety Patient Access Clinical Staff Health Equity Leadership
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
Participate in and support community-based health equity coalitions and other community efforts	Support community efforts to address health equity and social determinants of health	Increased capacity to address health equity and social determinants of health	Staff time Funding	Healthy People Wood County

⁵ See definition in Appendix A.

Health Priority: Community Capacity, Engagement and Infrastructure

Goal 1: Improve MMC-Marshfield participation in the community through civic engagement activities that address health.				
Strategy	Key Actions	Anticipated Outcome(s)	Resources	Partnerships
Increase the number of MMC executive leaders involved and engaged in the community	<p>Prioritize civic engagement by setting expectations for leaders/staff to participate</p> <p>Promote completion of Community Involvement form</p> <p>Promote opportunities for involvement</p>	Increased leadership support for community based organizations	<p>Staff time</p> <p>Funding as appropriate</p>	Wood 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)	<p>Staff time</p> <p>Funding</p>	Wood County Community Agencies

Next Steps

This implementation strategy outlines a three-year community health improvement plan. MMC-Marshfield 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. on December 12th, 2024.

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 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 People Wood County (HPWC) Leadership

- Wood County Health Department
- Aspirus Hospital & Clinics
- Marshfield Clinic Health System

Healthy People Wood County

- HPWC Advisory Council Members
- HPWC members representing resident and community organizational voices
- Wood County Community Health Workers
- Pa Yiar Khang, Chia Lor Khang, and Bee Lor for providing the Hmong Community write-up
- Kandyce Dunlap for assisting with the Ho-Chunk Community write-up
- Zoe Walts for compiling secondary data during their internship with the Wood County Health Department
- Aidan Stotz for analyzing the qualitative data results from the CHA Survey
- Wisconsin Public Health Association (WPHA) for providing a technical assistance grant to help develop the CHA Survey
- Growing Violets for providing technical assistance in the development of the CHA Survey
- Wisconsin Department of Health Services for providing grant funding to conduct qualitative community engagement
- Other local health departments including: Walworth County, Brown County, Eau Claire City-County, Winnebago County

MMC-Marshfield Community Benefits Workgroup (CBW)

- Bob Chaloner
- Victoria Varsho
- Laura Kibbel
- Susan McDonald
- Lauri Kollross
- Sumithra Tirunagaram, MD
- Sushma Thappeta, MD
- Timothy Golemgieski
- Heather Schmidt

Community Advisory Board-Marshfield

- Ashley Fredrick
- Kendra Haessly
- Bill Sennholz
- Brad Doine

- Bob Chaloner
- Vicky Varsho
- Lauri Kollross
- Laura Kibbel, RN
- Susan McDonald
- Susan Boyle, NP
- Brian Hoerneman, MD
- Sushma Thappeta, MD
- Timothy Golemgieski, MD
- Dermot O'Neill, MD
- Jennifer Roberts, MD
- Sumithra Tirunagaram, MD

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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