



MCHS Hospitals Inc. d/b/a Marshfield Medical Center-Ladysmith
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 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 today is an integrated system whose mission is to enrich lives 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 equity¹ 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 health improvement efforts of the community and hospital with community health priorities² identified in the CHNA.

Hospital Overview

MMC-Ladysmith is an 11-bed critical access hospital located in Ladysmith, Wisconsin. MMC-Ladysmith is the only hospital within a 40-mile radius and offers a variety of medical services to care for Rusk County residents and the surrounding communities.

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

- 24-hour emergency department
- Comprehensive surgical services

¹ See definition in Appendix A.

² See definition in Appendix A.

- Cardiac rehabilitation
- Physical, occupational and speech therapy
- Digital imaging, lab and pharmacy
- Swing bed–transitional care
- OB/GYN, cardiology, oncology, orthopedics, and more [2]

MMC-Ladysmith acquired Rusk County Memorial Hospital in 2018, and in 2023 moved operations over to a newly build medical center. MCHS has a rich history in Rusk County, with the opening of their first Ladysmith clinic in 1977 [3]. MMC-Ladysmith employs nearly 180 people [2], hosts many volunteers, and supports different community events including the local farmer’s market, health education classes, and National Night Out.

MMC-Ladysmith formed the Community Advisory Board-Ladysmith (hereafter referred to as CAB-Ladysmith) a local committee of MMC-Ladysmith that contributes to the hospital’s community benefits and community health initiatives. The CAB-Ladysmith provides input on the Community Health Needs Assessment and Implementation Strategy³ and the implementation of community benefit programs. See appendix C for a complete list of CAB-Ladysmith members.

Implementation Strategy Overview

This Implementation Strategy is specific to MMC-Ladysmith and addresses the community health priorities identified through a collaborative Community Health Needs Assessment (CHNA) process. This document outlines the plans for MMC-Ladysmith 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 12th, 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-Ladysmith worked collaboratively with the Rusk County Health Department to conduct the CHNA.

The MMC-Ladysmith 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.

³ See definition in Appendix A.

- 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 October 1st, presented to the MCHS Hospitals Board, Inc. for discussion and was adopted on December 12th, 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 (CCHA) Strategic Areas of focus (2024-27) are the result of an assessment process which included:

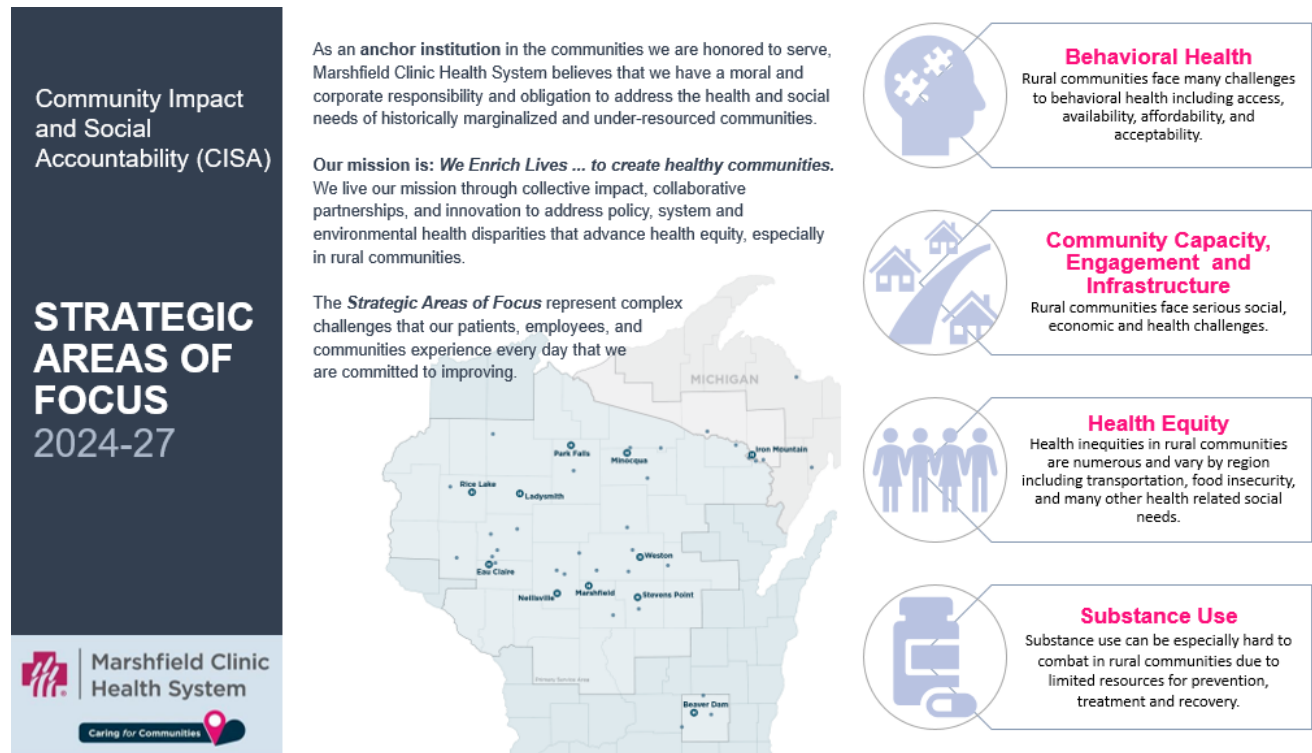
- Reviewing community health needs data
- Discussions with community stakeholders
- Consultation with key subject matter experts

The MCHS Community Health and Benefits Steering Committee then reviewed CCHA's previous 2023 Strategic Priorities, assessed interventions for value and impact, assessed resources, and reviewed various industry factors (such as new regulations and requirements) to align system imperatives.

The 2024-2027 CCHA strategic areas of focus are system-wide community health priorities that were approved by the MCHS Community Health and Benefits Steering Committee. Subsequently, Strategic Priorities are integrated into MMC Implementation Strategy (IS) plans and other MCHS and SHP plans to align system and regional efforts. The strategic areas of focus are:

- Substance Use
- Behavioral health
- Health Equity
- Community Capacity, Engagement and Infrastructure

Figure A: Marshfield Clinic Health System Strategic Areas of Focus



MMC-Ladysmith CAB meeting: November 2024

The CAB-Ladysmith met in November 2024 to discuss 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. [4]

Health Priorities

After completing extensive review of the community health survey and process, United Way ALICE data⁴, Healthiest Wisconsin 2020, County Health

⁴ See definition in Appendix A.

Rankings⁵, and other quantitative and qualitative data, the top community health priorities identified by MMC-Ladysmith 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 Community Benefits Workgroup (CBW)-Ladysmith, a local internal workgroup of MMC-Ladysmith focused on Community Benefit, considered other organizations addressing the specific need, the ability of MMC-Ladysmith 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-Ladysmith as other community organizations are better equipped and have the resources in place to lead efforts to address them. MMC-Ladysmith may indirectly address these health priorities through their strategies to improve health equity:

- Obesity, chronic disease, nutrition, and physical activity
- Access to safe and affordable housing
- Aging-related concerns

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.

⁵ See definition in Appendix A.

Health Priority: Substance Use

Goal 1: Improve access to substance use disorder services through connecting community and care delivery efforts				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase clinical knowledge and capacity on Medications for Opioid Use Disorder (MOUD) and other substance use services and supports	<p>Provide education opportunities to MMC-Ladysmith 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: Reduce Community and Social Impacts of Substance Use				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Serve the community and individuals through the recovery coaching	<p>Recruit a Recovery Corps 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>AmeriCorps 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
Offer community educational sessions provided by behavioral health experts	Host or join community health educational opportunities	Increased knowledge and awareness of behavioral health topics	Staff time Funding as applicable Materials as applicable	MCHS CCHA MCHS Behavioral Health Community-Based Organizations
Goal 2: Strengthen community skill to address social and 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	Funding as applicable Staff Time	Local schools and afterschool programs MCHS CCHA
Goal 3: Engage in community efforts to address social emotional development and improve mental health				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in and support community based behavioral health coalitions and other community efforts	Connect MMC-Ladysmith staff to local coalitions Identify and support staff to participate in coalitions	Increased community capacity to address behavioral health	Funding as applicable Staff Time	Rusk County Health Department Rusk County Youth Council

	Support community efforts to address behavioral health			
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Health Priority: Health Equity

Goal 1: Reduce health disparities related to social, economic, cultural, gender and/or community conditions				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Use demographic data to understand patient and community representation, assess health disparities and community assets, and provide culturally responsive care	<p>Provide training to collect accurate data in culturally sensitive ways</p> <p>Review and assess clinical and community data</p> <p>Identify key actions to provide culturally responsive care</p>	<p>Increased awareness of health disparities and impact on health</p> <p>Improved quality, reduced barriers, and enhanced access of health care</p>	<p>Staff Time</p> <p>Funding</p>	<p>MCHS information systems</p> <p>Data warehouse and analytics departments</p> <p>Quality and safety patient access</p> <p>Clinical staff</p> <p>Health Equity Leadership</p>
Goal 2: Engage in community efforts related to advancing health equity and social determinants of health⁶				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in and support community based health	Connect MMC-Ladysmith staff to local	Increased capacity to address health equity	<p>Staff Time</p> <p>Funding as appropriate</p>	Rusk County Health Department

⁶ See definition in Appendix A.

equity coalitions and other community efforts	coalitions and community efforts Support community efforts to address health equity and social determinants of health	and social determinants of health		Community Based Organizations
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Health Priority: Community Capacity, Engagement and Infrastructure

Goal 1: Improve MMC-Ladysmith participation in the community through civic engagement activities that address health				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase the number of Western Market executive leaders involved and engaged in the community	Prioritize civic engagement by setting expectations for leaders/staff to participate Promote completion of Community Involvement form Promote opportunities for involvement	Increased leadership support for community-based organizations	Staff Time Funding as appropriate	Rusk 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 Outcomes	Resources	Partnerships
Host or participate in community event or initiative	Assess and determine community opportunities to participate in	Increased community awareness of identified health need(s)	Staff time Funding as appropriate	Rusk County community agencies

Next Steps

This implementation strategy outlines a three-year community health improvement plan. MMC-Ladysmith 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)

University of Wisconsin's Population Health Institute's County Health Rankings: a program of the University of Wisconsin Population Health Institute that provides data, evidence, guidance, and examples of the multiple factors that influence health. The rankings have the ability to measure the health data of almost every county in the United States and are complemented by guidance, tools, and resources to accelerate community learning and action. (County Health Rankings, 2023)

Appendix B: References

- [1] "Marshfield Clinic Health System History," Marshfield Clinic Health System, [Online]. Available: <https://www.marshfieldclinic.org/about-us/history>. [Accessed 16 August 2024].
- [2] "Brandhub," October 2023. [Online]. Available: [https://mfldclin.sharepoint.com/sites/BrandHub/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FBrandHub%2FShared%20Documents%2FLOCATION%2FACT%20SHEETS%2F22414%2D002%5FLadysmith%2Epdf&parent=%2Fsites%2FBrandHub%2FShared%20Documents%2FLOCATION%2FACT%](https://mfldclin.sharepoint.com/sites/BrandHub/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FBrandHub%2FShared%20Documents%2FLOCATION%2FACT%20SHEETS%2F22414%2D002%5FLadysmith%2Epdf&parent=%2Fsites%2FBrandHub%2FShared%20Documents%2FLOCATION%2FACT%20). [Accessed 29 September 2024].
- [3] "Rusk County Memorial Hospital Finalizes Affiliation with Marshfield Clinic Health System," Marshfield Clinic Health System, 31st August 2018. [Online]. Available: <https://www.marshfieldclinic.org/news/news-articles/rusk-county-memorial-hospital-affiliation>. [Accessed 24 September 2024].
- [4] "Guide to Prioritization Techniques," [Online]. Available: <https://naccho.org/uploads/downloadable-resources/Gudie-to-prioritization-Techniques.pdf>. [Accessed 16 August 2024].

Appendix C: Individuals Involved in the Implementation Strategy

Community Advisory Board-Ladysmith

- Dave Willingham
- Mark Brost
- Mary Jane Nelson
- Rick Rapp, DO
- Kathy Bressler
- Brad Groseth

Community Benefits Workgroup-Ladysmith

- Bradley Groseth: MMC-Ladysmith President
- Michele Seator: MMC-Ladysmith Vice President-Operations and Patient Care Services
- Heather Repka: MMC-Ladysmith Operations Manager
- Tammy Koger: MMC-Ladysmith Manager- Volunteer Services
- Mickey Ganschow: Marshfield Clinic Health System Community Benefits Coordinator
- Gina Leath: West Market Chief Nursing Officer
- Dr. Brandon Parkhurst: West Market Vice President of Medical Affairs
- Jenny Benrud: West Market Practice Management Administrator

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