



Marshfield Clinic  
Health System

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# Community Health Implementation Strategy

Marshfield Medical Center-Eau Claire

2018-2021

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## Executive Summary

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### 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, 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

MMC-EC is a 44-bed full-service hospital in Eau Claire, Wisconsin. It is a fully integrated medical campus that provides comprehensive inpatient and outpatient health care to residents in the Chippewa Valley and western Wisconsin.

In addition to the community health improvement efforts guided by the CHNA process, MMC-EC contributes to other needs through the community benefits program. MMC-EC first opened its doors to patients in July of 2018, therefore there are no prior community benefits investments.

This Implementation Strategy is specific to Marshfield Medical Center-Eau Claire (MMC-EC) and addresses the community health priorities identified through a collaborative Community Health Needs Assessment (CHNA) process. This document outlines the plans for MMC-EC 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-EC opened in July 2018; therefore there is no prior Implementation Strategy to evaluate.

## Summary of Community Health Needs Assessment

The MMC-EC CHNA was conducted by a collaborative partnership of stakeholders in Chippewa and Eau Claire Counties<sup>1</sup>. This group consisted of the Eau Claire City – County Health Department, Chippewa County Department of Public Health, United Way of the Greater Chippewa Valley, Chippewa Health Improvement Partnership, Mayo Clinic Health System, 3D Community Health: Body. Mind. Spirit for Health Sisters Health System (HSHS) Sacred Heart and St. Joseph’s Hospital, and Marshfield Clinic Health System-Eau Claire Center.

The MMC-EC 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 May 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-Eau Claire 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?

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<sup>1</sup> The Eau Claire County and Chippewa County Community Health Assessment processes were conducted simultaneously by a single project manager. The Community Health Assessment Planning Partnership Committee oversaw assessment activities in both counties. This report highlights only data collection/analysis activities and community participation as it relates to Eau Claire County.

- 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 Eau Claire are:

- Alcohol and Substance Abuse
- Behavioral Health
- Chronic Disease

Due to the interconnected nature of these health priorities, a number of health priorities as shown in *Table A* were combined. As these health priorities are addressed, health equity and social determinants of health needs will be incorporated throughout various initiatives.

<b>Table A. Top Identified Health Priorities</b>	
<b>Eau Claire County</b>	<b>MMC-EC</b>
Alcohol Misuse	Alcohol and Substance Abuse
Substance Abuse	
Mental Health	Behavioral Health
Healthy Growth and Development	
Obesity	Chronic Disease
Physical Activity	
Healthy Nutrition	
Tobacco Use & Exposure	
Chronic Disease	

**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-EC 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-EC for reasons indicated:

- Injury & Violence Prevention. Instead of leading this charge, staff participate in a variety of community groups supporting this area including, the Eau Claire Healthy Communities-Healthy Relationship Promotion Action Team and the Eau Claire Suicide Death Review Team.

- Communicable Disease Prevention & Control. Instead of leading this charge, staff participate in the Eau Claire HAI Coalition (Healthcare-Associated Infections).
- Oral Health. Staff from MMC-EC does not provide related services, however the Family Health Center of Marshfield Dental Center, does lead these efforts locally, regionally and nationally.
- Reproductive & Sexual Health. While MMC-EC does provide this service, community lead initiatives are best lead by the City County Health Department and other agencies with expertise in the area.
- Environmental & Occupational Health. While MMC-EC 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 the City County Health Department leads and has expertise in.

## **Implementation Strategy**

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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**

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.<sup>7</sup>

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-EC is working towards in partnership with the local health department and community organizations to measure impact over time.

<b>Data Indicator</b>	<b>County</b>	<b>State</b>	<b>Nation</b>	<b>Healthy People 2020 Target</b>
Percent of Eau Claire County adults (ages 18+) that engage in binge drinking <sup>1</sup>	27%	22%	16%	23%
Percent of high school students that drank alcohol in the past 30 days <sup>2</sup>	22%	30%	30%	29%

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

MMC-EC 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 (to be determined)**

- 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-EC 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

**Collaborative Partners (to be determined)**

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



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### **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-EC will participate in the Alliance for Substance Abuse Prevention (ASAP) coalition and High Risk Drinking Prevention Action Team (HRDPAT). Both groups are supported by the Eau Claire City County Health Department and consist of members from schools, law enforcement, public health departments, health systems, and local community leaders. MMC-EC has an important role in these groups and 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**

- Members of ASAP
- Members of HRDPAT
- Eau Claire City County Health Department

### **Resources**

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

### **Target Population**

Broader community, schools

### **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-EC is working towards in partnership with the local health department and community organizations to measure impact over time.

<b>Data Indicator</b>	<b>County</b>	<b>State</b>	<b>Nation</b>	<b>Healthy People 2020 Target</b>
Eau Claire County suicide rate per 100,000 <sup>1</sup>	20.7%	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 <sup>3</sup>	29%	27%	32%	24%

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

MMC-EC will partner with local community organizations to provide QPR (Question, Persuade, Refer) trainings. Organization staff will be trained to deliver QPR Gatekeeper training to students and additional staff as needed, increasing hospital capacity to reach other population groups. In addition, MMC-EC will support a QPR Training of Trainers for school district staff. By training staff, students will receive QPR Gatekeeper training on an annual basis.

**Key Actions**

- Identify local technical college champion(s) to be trained
- Host QPR training
- Train at least 250 students as a QPR gatekeeper
- Identify school district staff to be trained
- Coordinate QPR TOT training

**Collaborative Partners (to be determined)**

- Chippewa Valley Technical College (CVTC)
- Mental Health Coalitions
- School Districts

**Resources**

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

**Target Population**

Technical college students and staff, school district students and staff

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

MMC-EC 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**

- Joining Our Neighbors, Advancing Hope (JONAH)
- School Districts to be determined
- Mental Health Coalitions

### **Resources**

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

### **Target Population**

Broader Community

## **Strategy 3: Implement Suicide Postvention Curriculum**

MMC-EC will support staff attendance to be trained as a trainer in Postvention, a program that teaches schools, media, funeral homes, law enforcement, businesses, clergy and whole communities how to follow up after a sudden death happens. Trained staff will provide future trainings as requested.

### **Key Actions**

- Seek out potential partner organizations
- Develop materials
- Train community groups or organizations

### **Collaborative Partners (to be determined)**

- Local School Districts
- Media
- Businesses

### **Resources**

- Associate time

- Travel Expenses
- Print and advertising materials

#### **Target Population**

School staff, local media, law enforcement, and local businesses

#### **Strategy 4: Provide Resources**

MMC-EC 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)
- BIRC
- Local School Districts

#### **Resources**

- Associate time
- Print and advertising materials

#### **Target Population**

Middle and High School Youth

#### **Strategy 5: Mental Health Community Workgroups**

A representative from MMC-EC will participate in Mental Health Matters (MHM) coalition and Mental Health Action Team (MHAT). Both groups are supported by the Eau Claire City County Health Department and consist of members from schools, United Way, public health, health systems, and local community leaders. MMC-EC has an important role in these groups and 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**

- Members of MHM
- Members of MHAT
- Eau Claire City County Health Department

### **Resources**

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

### **Target Population**

Broader community, schools

## **Health Priority: Chronic Disease**

Almost 1 in 5 (12 million) children and more than 1 in 3 (78 million) adults in the United States struggle with obesity, causing \$147 billion in obesity-related health care costs each year.<sup>8</sup> Wisconsin adult obesity rates are 4.5% higher than National average at 39.4%.<sup>9</sup> People who eat a healthy diet and get enough physical activity live longer and have fewer chronic diseases, such as type 2 diabetes, heart disease, and obesity.

Chronic diseases have a vast impact on mortality both in Wisconsin and across the country. Today, seven of the ten leading causes of death in Wisconsin are attributed to chronic diseases. Chronic diseases can be disabling and can cause significant pain and distress. People with chronic diseases, or associated risk factors, often require extensive medical care.

Tobacco use is the largest preventable cause of death and disease in the United States. Smoking-related illness in the United States costs more than \$300 billion each year, including nearly \$170 billion for direct medical care for adults and more than \$156 billion in lost productivity. Each year 14% of all deaths in Wisconsin are attributable to illnesses directly related to smoking. Of all lung cancer and cardiovascular disease deaths in Wisconsin, 79% and 14% are related to smoking, respectively.<sup>10</sup> E-cigarettes use is surpassing conventional cigarette use from 7.9% in 2014 to 13.3% in 2016 among high school youth.<sup>11</sup>

### **Community-based Goals**

- Improve access to healthy foods and physical activity
- Improve self-management of chronic conditions
- Reduce tobacco use

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

<b>Data Indicator</b>	<b>County</b>	<b>State</b>	<b>Nation</b>	<b>Healthy People 2020 Target</b>
Percent of Obese Adults <sup>4</sup>	28%	30.7%	38%	30.5%
Percent of Youth in WIC Obesity (ages 2-5, enrolled in WIC program) <sup>5</sup>	13%	15%	14.5%	9.4%
Percent of adults that use tobacco <sup>4</sup>	18%	17%	18%	12%
Percent of high school students that smoked cigarettes in the past 30 days <sup>6</sup>	6.5%	8.1%	10.8%	16%
Percent of the population without access to a reliable food source <sup>4</sup>	13%	12%	12.7%	6%

**Strategy 1: Address Food Insecurity and Chronic Disease**

MMC-EC, along with the support of community partners, will work to reduce food insecurity while increasing healthy behaviors through a Food Pharmacy. This program will support those with pre diabetic or diabetic diagnosis and food insecurity in order to reverse, reduce or control diabetes by providing education, case management, and healthy food.

**Key Actions**

- Meet with community partners
- Solidify partnership with local food bank
- Review best practice programs
- Address methods for improvement
- Pilot program launched with 10 program participants

**Collaborative Partners**

- Feed My People Food Bank
- Local food pantries
- Community volunteers

**Resources**

- Associate time
- Print and advertising materials
- Educational materials
- Funding as appropriate to address community health priority

**Target Population**

Pre Diabetics, Uncontrolled Diabetics, and Controlled Diabetics with confirmed food insecurity

## **Strategy 2: Implement a Community Initiative to Support Care Delivery of Chronic Disease Prevention**

MMC-EC 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 Eau Claire 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: Community Based Education Regarding Tobacco Control**

MMC-EC will support an E-Cigarette Prevention Forum, targeted towards Healthcare Professionals, Human Services, Law Enforcement, Public Health and Prevention Professionals, School Administration and people who work with youth. The Forum will include; Tobacco History & Trends, Tobacco Policy, Tobacco is Changing Campaign, Youth Led Prevention Initiatives and more.

### **Key Actions**

- Support coordination and planning of the Prevention Forum
- Provide E-Cigarette prevention support funding

### **Collaborative Partners**

- American Lung Association
- County Health Departments
- Law Enforcement Agencies
- Wisconsin Department of Health Services
- Alliance for Substance Abuse Prevention

### **Resources**

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

### **Target Population**

Law Enforcement, Healthcare Professionals, Human Services, Public Health and Prevention Professionals, School Administration and people who work with youth

### **Strategy 4: Improve Physical Activity Levels of Students**

In order to meet the needs of elementary schools in the region, MMC-EC staff will assess the need of local schools and provide funding for playground equipment as able. Based on evidence supported by the Centers for Disease Control and Prevention, students who are physically active during school recess tend to have better grades, attendance, and cognitive performance.

### **Key Actions**

- Identify rural elementary schools that have physical activity equipment needs or upgrade needs to support healthy activity during outdoor recess
- Coordinate funding support for physical activity equipment to schools
- Identify opportunities (e.g. curriculum, trainings, presentations, etc.) to offer programming that improves physical activity level of students

### **Collaborative Partners (to be determined)**

- Rural school districts

### **Resources**

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

### **Target Population**

Elementary school students, Educators



## **Strategy 5: Chronic Disease Prevention Community Workgroups**

A representative from MMC-EC will participate in the United Way Health Advisory Council (UWHAC) and Chronic Disease Prevention Action Team (CDPAT). Both groups are supported by the Eau Claire City County Health Department and consist of members from schools, law enforcement, public health, health systems, and local community leaders. MMC-EC has an important role in these groups and 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**

- Members of UWHAC
- Members of CDPAT
- Eau Claire City County Health Department
- United Way of the Greater Chippewa Valley

### **Resources**

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

### **Target Population**

Broader community, non-profit organizations supported by UWHAC

## **Next Steps**

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This implementation strategy outlines a three-year community health improvement process. Each year within this timeframe, MMC-EC 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**

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

## Resources

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1. Wisconsin Department of Health Services, Division of Care and Treatment Services and Division of Public Health, 2016
2. Eau Claire City County Department of Public Health, 2017
3. Eau Claire County Youth Risk Behavior Survey, 2017
4. University of Wisconsin Population Health Institute, 2019
5. Eau Claire City-County Health Department WIC program, 2017
6. Eau Claire County Pride Survey, 2015
7. Wisconsin State Health Assessment and Health Improvement Plan, 2017
8. Food insecurity, Afterschool programs, Food for Prescription Programing
9. Survey of Health of Wisconsin
10. Deaths Associated with Cigarette Smoking in WI, 2011-2015
11. WI Youth Tobacco Survey 2016, Wisconsin Department of Health Services, Division of Public Health, Wisconsin Tobacco Prevention and Control Program