

**Marshfield Medical Center**

611 N Saint Joseph Avenue  
Marshfield, WI 54449-1832

Dear patients, families and friends,

Community health needs assessment and strategy implementation reports are completed every three years. Findings from the assessment help us understand your community's overall health, which allows us to understand how best to improve our services and adjust our community health strategy.

In July, 2017, Ministry Saint Joseph's Hospital was acquired by Marshfield Clinic Health System. The hospital's name was changed to Marshfield Medical Center.

With the sale of Ministry Saint Joseph's Hospital and out of respect for the community health partners who helped complete the 2016 community needs assessment and implementation strategy, Marshfield Medical Center has adopted the former hospital's community health benefits strategy.

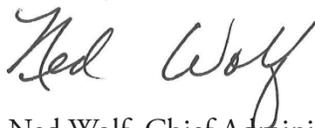
Ministry Saint Joseph's-named community health benefits reports published on this website will remain unchanged until the assessment and strategy are revised again in 2019.

**Community health is part of our mission**

Understanding our community's health needs and providing services to meet those needs is integral to the mission of Marshfield Clinic Health System and those of our community health partners. We look forward to working with our community health partners to implement the community health strategy currently in process and going forward.

Thank you for your interest in the community health benefits our hospital and community partnerships can provide to the region.

Sincerely,



Ned Wolf, Chief Administrative Officer  
Marshfield Medical Center



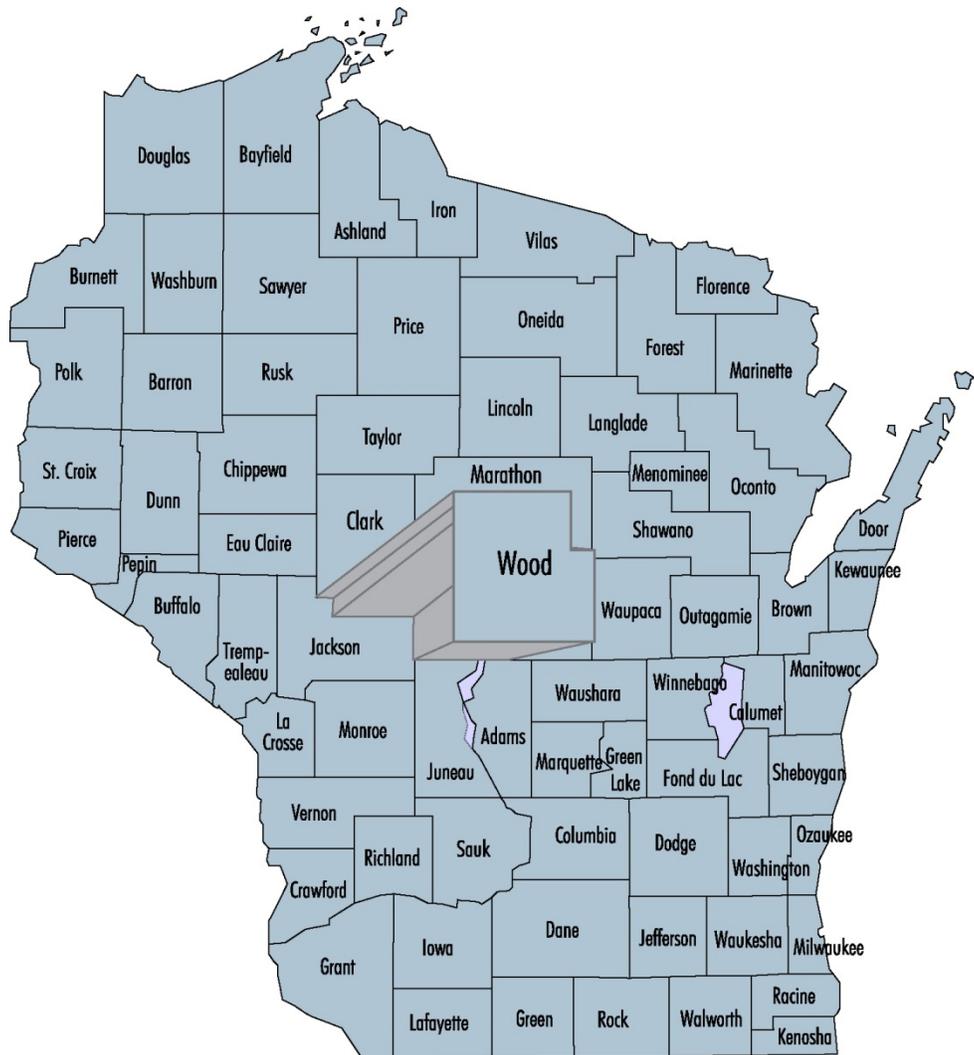
MINISTRY  
Saint Joseph's Hospital



# COMMUNITY HEALTH IMPLEMENTATION STRATEGY

2016-2019

# Communities We Serve



611 Saint Joseph Avenue, Marshfield, Wisconsin 54449

# Ministry Saint Joseph's Hospital

## Community Health Improvement Implementation Strategy

---

### Introduction

**Ministry Saint Joseph's Hospital (MSJH)** is part of Ministry Health Care, which is an integrated healthcare delivery network serving more than 1.1 million person across Wisconsin and eastern Minnesota. Ministry generates nearly \$2.2 billion in operating revenue with 15 hospitals, 45 clinics, and more than 12,000 associates including 650 physicians and advance practice clinicians. In 2013, Ministry Health Care joined Ascension, the largest Catholic and not-for-profit healthcare system in the nation.

*Our mission as a Catholic healthcare system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve.*

Ministry Health Care has a rich and long tradition of addressing the health of the community. This flows directly from our Catholic identity. In addition to the community health improvement efforts guided by our CHNA process, we contribute to other needs through our broader community benefit program. In 2014-2015, MSJH community benefit contributions were more than \$32.8 million.

### Overview of Community Health Needs Assessment

An assessment of Wood County community health needs was conducted jointly by Wood County Health Department, MSJH, Aspirus Riverview Hospital and Clinics (ARHC), Marshfield Clinic (MC), and the Legacy Foundation.

The process used to conduct the assessment and to establish the community health priorities included the following steps:

- Health needs assessment data was compiled and reviewed
- A community-based survey was distributed throughout the county
- A community stakeholder meeting was held to seek input on the health priorities
- Focus group and key informant interviews were held to gather additional input
- Community coalitions were engaged in a Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis and prioritization discussion

### **Prioritization Process**

After review of the data and input from stakeholder groups, the following criteria were used by the core planning group to determine the health improvement priorities:

- Health areas that have the largest community impact
- Health areas that have the most serious impact
- Health areas for which the community is ready for change
- Health improvement areas that can be changed over a reasonable timeline
- Health coalitions [mental health; alcohol and drug abuse; chronic disease and healthy growth and development] current status as it relates to implementation plans

---

### Prioritized Significant Health Needs

#### **PRIORITIES SELECTED**

- Mental health
- Alcohol and other drug abuse
- Chronic disease management to include oral health and healthy eating
- Healthy growth and development to include physical activity and food security

---

### Needs That Will Not Be Addressed

MSJH plans to address all of the priorities identified within the resource capabilities of the organization.

---

### Implementation Strategy

#### **MENTAL HEALTH**

##### **Community-based Goals:**

- To implement school and community based effective prevention /intervention programs
- To sustain and apply evidence based programs to resolve gaps in mental health service delivery systems
- To collaborate with community partners in order to increase access to services, awareness and support for all ages around mental health
- To reduce depression, anxiety, suicide, and emotional problems and related stigma

**Long-term Performance Indicators:**

- By June 2021, reduce the number of poor mental health days reported by adults in Wood County in the past 30 days from 3.1 days to the state average of 3.0. (*Source: County Health Rankings and Roadmaps, 2006-2012*)
- By June 2021, the Wood County age-adjusted mortality rate for suicide will not increase from the current average of 10 deaths/year. (*Source: WI Interactive Statistics on Health, 2014*)

**Strategy 1: Intervention and Referral**

When comparing all diseases, mental illnesses rank first in terms of causing disability in the United States, Canada, and Western Europe (World Health Organization Report, 2001). One out of five people, or 20 percent of the population, will experience a mental health problem of some type during a one-year period (Robins and Regier, 1991). Serious mental illness costs Americans at least \$193 billion a year in lost earnings alone (Kessler, et al., 2008). Lost earnings are just one aspect of the total economic burden, which also includes direct treatment costs such as medications and physicians' care (Kessler, 2008). Mental health disorders are an enormous social and economic burden to society by themselves, but are also associated with increases in the risk of physical illness.

MSJH will strive to provide effective intervention and referral for outpatients and inpatients who receive care for mental health related concerns. Collaboration with the community resources will be important as it relates to patients who present with mental health needs as they return to their families and the community.

**Key Actions:**

- Designated emergency department (ED) staff and security staff will be trained in de-escalation and behavior management to more effectively address individuals with mental health needs.
- Referral resources will be readily available for use by Case Management/Social Service Department for outpatients and inpatients who have mental health needs.

**Medium-term Performance Indicator:**

- By June 2019, the number of violent behavior incidents in the ED requiring law enforcement emergent intervention will decrease by 20 percent due to the effectiveness of intervention by trained ED and security associates.

**Collaborative Partners:**

- Mental Health Coalition
- Wood County Public Health
- Marshfield Clinic
- Law enforcement
- National Alliance on Mental Illness (NAMI)

**Resources:**

- ED associate time for training in de-escalation and behavior management
- Funding to train two to six ED/security associates as “super users”

**Supporting Information:**

- Target Population: MSJH inpatients and outpatients
- Health Equity Focus: N/A
- Policy/System/Environmental strategy: System change – referral process for patients presenting with mental health concerns will be a standard practice
- Evidence Base: Outcome research has shown de-escalation and behavior management techniques to be effective in: developing positive perceptions and increased confidence among police officers; providing very efficient crisis response times; increasing jail diversion among those with mental illness; improving the likelihood of treatment continuity with community based providers; and impacting psychiatric symptomatology for those suffering from a serious mental illness as well as substance abuse disorders, as cited by Crisis Intervention Team International “Memphis Model.”

**Strategy 2: Childhood Trauma**

A traumatic event experienced by a child can be a life changing event which can alter a child's ability to cope and deal with future stressors. Often times the emotional needs of children can be identified when the child is receiving care or a family member is receiving care within the health care system. It is important to address those needs in a timely manner. MSJH Child Life program will provide intervention and support to address the child's and family's emotional health when an experiencing an adverse childhood event.

**Key Actions:**

- Child Life Program staff will continue to expand its services to provide consultation/ intervention for children who have hospitalized family members.
- Increased awareness and understanding of assets from trauma informed care.

**Medium-term Performance Indicators:**

- By June 2019, the number of children at MSJH with Child Life Intervention and /or children of hospitalized family members provided with Child Life Intervention via consult will maintain at 95 percent as recorded by the Child Life program productivity tool.
- By June 2019, increase the percent of Child Life staff who participate in trauma informed care educational programs from 10 percent to 30 percent.

**Collaborative Partners:**

- Marshfield Clinic
- Wood County Public Health
- Mental Health Coalition
- School systems
- Children's Miracle Network

**Resources:**

- Provide financial support to assure continued delivery of Child Life services to address patients and families in need
- Provide funding for associate time for trauma informed educational program
- Continued program support for the Trauma injury prevention program

**Supporting Information:**

- Target Population: Children who are experiencing a traumatic event either personally or in relationship to a hospitalized family member
- Health Equity Focus: N/A
- Policy/System/Environmental strategy: System
- Evidence Base: Child life specialists recognize that clinical care and decision-making must be grounded in evidence-based practice. Evidence-based practice represents an integration of clinical experience, the best available research, and patient preference/needs. The Child Life Council has supported the review and analysis of outcome research that specifically addresses child life practices in order to give child life professionals the evidence they need to continually advance quality of practice and to communicate with others about child life work.

**Strategy 3: Mental Health Coalition**

Representatives from MSJH will participate in the Mental Health community coalition. Wood County has a mental health community coalition comprised a members from law enforcement, schools, and community social support and mental health providers. MSJH has an important role as a large healthcare provider and as such will participate directly in the coalition and/or support actions and evidence based action outlined by the coalition.

**Medium-term Performance Indicators:**

- By June 2019, MSJH representatives will increase participation in coalition and coalition-related meetings to 50 percent.
- By June 2019, MSJH will increase the number of evidence based practices identified and implemented by the coalition from zero to two.

**Collaborative Partners:**

- Members of the Mental Health Coalition
- Wood County Public Health

**Resources:**

- Funding as appropriate to address this community health priority
- Associate time to participate in the community coalition

**Supporting Information:**

- Target Population: Wood County residents
- Health Equity Focus: N/A
- Policy/System/Environmental strategy: N/A
- Evidence Base: Not yet determined but all actions/programs will be evidence-based.

**ALCOHOL AND OTHER DRUG ABUSE****Community-based Goals:**

- To reduce incidence of unhealthy and risky alcohol and other drug use by changing attitudes, knowledge and policies
- To provide supportive services for prevention, screening, intervention, treatment and recovery
- To collaborate with community partners in order to increase access to services, awareness and support for underserved, and disadvantaged populations

**Long-term Performance Indicators:**

- By 2021, overdose deaths related to prescription opioid painkillers will be reduced from 392 (47 percent) of the 843 drug overdose deaths in 2014 by 10 percent. *(Source: WI Department of Health Services (DHS), Division of Mental Health and Substance Abuse Services – Opioid Overdose Prevention in WI, 2015)*
- By 2021, maternal substance use identified during delivery will decline by 5% from a statewide number of 1041 in 2014. *(Source: WI DHS, Division of Mental Health and Substance Abuse Services – Neonatal Abstinence Syndrome [NAS] in WI, 2015)*

**Strategy 1: System Changes Related to Use and Prescribing of Opioids in Hospital and Clinic Settings**

Opioid overdose is a growing public concern in Wisconsin as it contributes to a steadily increasing number of unintentional deaths. The growing use of legal and illicit drugs such as heroin and prescription opioids puts an increased number of community residents at risk for an unintentional opioid overdose. The CDC put forth recommendations in 2016 to change prescribing practices and to provide patients, who are at increased risk of opioid overdose, access to life saving treatment administered by lay persons to reduce the number of unintentional drug overdoses.

**Key Actions:**

- All providers and/or pharmacists will have access to and know how to use the Wisconsin Prescription Drug Monitoring Program
- Provide a limited quantity of prescription pain medicines with attention to guidelines recommended by CDC
- Pharmacy and Nursing will educate patients on safe storage and disposal of controlled substances
- As a community, provide education/awareness of and access to "drug takeback" programs

**Medium-term Performance Indicator:**

- By June 2017, the policy providing guidance on prescribing practices for acute and chronic pain management opioids is updated and accepted by the medical staff.

**Collaborative Partners:**

- Law enforcement
- Physicians
- Alcohol and Other Drug Abuse Coalition
- Wood County Public Health
- Pain Management services in Marshfield Clinic

**Resources:**

- Associate time for policy and practice change development
- Time for education of pharmacists, nurses and physicians
- Development of patient education materials relative to safe storage and disposal of controlled substances

**Supporting Information:**

- Target population: MSJH inpatient and outpatients
- Health Equity Focus: N/A
- Policy/System/Environmental strategy: System change in management of opioid prescriptions
- Evidence Base: CDC Guideline for Prescribing Opioids for Chronic Pain, MMWR, March 18, 2016

**Strategy 2: Maternal and Neonatal Health**

During pregnancy, the recommendation related to use of drugs or alcohol for new mothers is to abstain from drugs and alcohol as well as other substances which will have an adverse effect on the growth and the development of the fetus. It has further been recognized that use of drugs and alcohol during pregnancy has an impact on post-natal growth and development of the infant. In the USA and Wisconsin, the prevalence of maternal opioid use has increased significantly while use of alcohol has remained flat. Interventions to support mothers at risk in the perinatal stage are important to the growth and development of the baby as well as the overall health of the family.

**Key Actions:**

- Continued support for the case management component of the Healthy Birth program for inpatient adolescent moms
- Early identification of at risk moms and interventions to support safe pregnancy
- Referral for follow-up with community resources and integration of services

**Medium Term Performance Indicator:**

- By 2019, 95 percent of mothers and/or families demonstrating risky behavior related to use of drugs or alcohol who receive care at MSJH Birth Center will be offered referral to Wood County Social Services or other appropriate services from a current baseline of 75 percent.

**Collaborative Partners:**

- Marshfield Clinic
- Marshfield School District
- Wood County Public Health
- Wood County Social Services
- Alcohol and Other Drug Abuse Coalition

**Resources:**

- Associate time for program development
- Associate time for education and community collaboration
- Associate time to support continued involvement in the Healthy Birth program

**Supporting Information:**

- Target population: Adolescents and adults with at-risk pregnancies and their families
- Health Equity Focus: N/A
- Policy/System or Environmental strategy: System
- Evidence Base: These strategies are included in the Wisconsin Association for Perinatal Care's major initiatives related to perinatal substance use and abuse.

**Strategy 3: Alcohol and Other Drug Abuse Coalition**

Representatives from MSJH will participate in Alcohol and other Drug Abuse Community coalition. Wood County has an AODA community coalition comprised a members from law enforcement, schools and community social support and mental health providers. MSJH has an important role as a large health care provider and as such will participated directly in the coalition and/or support actions and evidence based action outlined by the coalition

**Medium-term Performance Indicators:**

- By June 2019, MSJH representatives will increase participation in coalition and coalition-related meetings to 50 percent.
- By June 2019, MSJH will increase the number of evidence-based practices identified and implemented by the coalition from two to three.

**Collaborative Partners:**

- Members of the community coalition

**Resources:**

- Associate time to participate in monthly coalition meetings
- Funding as appropriate to address community health priority

**Supporting Information:**

- Target population: Community members in Wood County or who receive care in Wood County
- Health Equity Focus: N/A
- Policy/System/Environmental strategy: N/A
- Evidence Base: Not yet determined, but all actions and programs will be evidence-based.

**HEALTHY GROWTH AND DEVELOPMENT****Community-based Goals:**

- To collaborate with community partners in order to increase access to services, increase awareness and ongoing support for infants, children and youth as it relates to healthy behaviors supporting growth and development
- To increase the proportion of children who receive periodic developmental screening and individualized interventions

**Long-term Performance Indicators:**

- By June 2021, increase the percentage of infants in Wood County who are breast fed at 6 months from 37 percent to 47 percent. *(Source: CDC – Breastfeeding Report Card, 2013, and Wood County statistics, 2014)*
- By June 2021, the percentage of Wisconsin third graders with untreated decay and caries experience in the Northern region of Wisconsin will decrease by two percent from the 2013 level of 16 percent. *(Source: WI Department of Health/Healthy Smiles Program, 2013)*
- By June 2021, decrease the rate of distracted driving among high school students in Wood County from 48 percent in 2013 to 43 percent. *(Source: Youth Risk Behavior Survey – Wood County, 2013)*

**Strategy 1: Intervention in Early Childhood to Improve Healthy Growth and Development**

Healthy growth and development in early life have a profound effect on health across the life span. Research studies over the past decade demonstrate a link between early life events and adult chronic disease. Infants with poor birth outcomes begin life with multiple risk factors that may prevent them from reaching their full health and developmental potential.

**Key Actions:**

- The MSJH Birth Center will achieve and maintain designation as a Baby Friendly Hospital by Baby Friendly USA.
- The Birth Center will provide education to moms and families on the importance of good oral health starting as an infant and throughout the life span.
- Continue to support the efforts to increase the number of third graders who receive dental sealant.
- For hospitalized children, MSJH will assure that appropriate screening occurs to address developmental needs.

**Medium-term Performance Indicators:**

- By June 2018, MSJH achieves and maintains status as a Baby Friendly Hospital.
- By June 2019, Wood County will sustain the current percent of 77 percent of third graders who receive dental sealants. (Source: WI Department of Health/Healthy Smiles Program, 2013)

**Collaborative Partners:**

- Health Growth and Development Coalition
- Wood County Public Health
- Marshfield Clinic
- Dental providers in the region

**Resources:**

- Time for associates to outline practice and policy changes needed to become Baby Friendly
- Grant funding as appropriate

**Supporting Information:**

- Target Population: Children, mothers and families
- Health Equity Focus: N/A
- Policy/System/ Environmental strategy: System
- Evidence Base: From *What Works for Health* – implementing components of the Baby-Friendly Hospital Initiative, as a whole or individually, has been shown to increase breastfeeding rates. (Source: Dyson, 2010; CDC-Breastfeeding, 2013) This includes practices in maternal care such as rooming in, staff training to support breastfeeding, and maternal education (Source: CDC-Breastfeeding, 2013). Additionally, *What Works for Health* lists school based dental programs (including dental sealants) as scientifically supported. The current standard for the American Dental Association is that children receive their first dental exam by age one.

**Strategy 2: Injury Prevention Programs**

Injury and violence encompasses a broad array of topics. Injury which affects children can be particularly devastating to the child, the family and to the community. The burden of injury differs across the life span. The effects of intentional or unintentional injury include costs relative to care and treatment of injuries; economic loss to the individual, family and workforce; loss of years of potential life productivity,

as well as an impact on the psychosocial aspects of life. MSJH has an opportunity to provide services and influence systems that may prevent injury or harm to children through leveraging assets within the Women and Children's service line as well as within the Injury Prevention component of the MSJH Trauma program. Common prevention strategies exist across all causes and manner of injuries.

**Key Actions:**

- Trauma injury prevention program will target education and intervention related to reducing risk of injury of youth and young children (i.e. car seats and distracted driving).
- Birth Center will provide support and education to all new mothers/families on parenting skills, safe sleep, prevention of abusive head trauma, etc.

**Medium-term Performance Indicators:**

- By June 2019, Kohl's Cares for Kids Prevention program will offer educational programming and/or resources related to distracted driving to 90 percent of the high schools in Wood County.

**Collaborative Partners:**

- Healthy Growth and Development Coalition
- Wood County Public Health
- Marshfield Clinic
- Schools system in Wood county
- Children's Miracle Network

**Resources:**

- Continued program support for the trauma and injury prevention program
- Associate time in the Birth Center to support the Healthy Birth program
- Funding as appropriate for services related to the Healthy Birth program or Kiddy Kaboose program

**Supporting Information:**

- Target Population: Children and families
- Health Equity Focus: N/A
- Policy/System/ Environmental strategy: System
- Evidence Base:
  - Trauma injury prevention program: American College of Surgeons requires a comprehensive injury prevention program as part of the designation as a trauma center.
  - Parenting: The WAPC research indicates that education in parenting skills is important to assure a strong start for infants and children (WI Association for Perinatal Care – WAPC).

**Strategy 3: Healthy Growth and Development Community Coalition**

Representative from MSJH will participate in the Healthy Growth and Development (HG&D) Community coalition. Wood County has an HG&D community coalition comprised of members from law enforcement, schools, and community social support and mental health providers. MSJH has an important role as a large health care provider and as such will participate directly in the coalition and/or support actions and evidence-based action outlined by the coalition.

**Medium-term Performance Indicators:**

- By June 2019, MSJH representatives will increase participation in coalition and coalition-related meetings to 50 percent.
- By June 2019, MSJH will increase the number of evidence-based practices identified and implemented by the coalition from two to three.

**Collaborative Partners:**

- Members of the HG&D coalition
- Wood County Public Health

**Resources:**

- Time for associates to participate in the coalition
- Funding as appropriate to address the community health priority

**Supporting Information:**

- Target Population: Community members of Wood County
- Health Equity Focus: N/A
- Policy/System/ Environmental strategy: N/A
- Evidence Based: Not yet determined but all actions/programs will be evidence-based.

**CHRONIC DISEASE PREVENTION AND MANAGEMENT****Community-based Goals**

- To increase access to high-quality, individualized chronic disease management among disparately affected populations of differing races, ethnicities and educational or economic status
- To sustain and apply evidence based programs to resolve gaps in access to adequate food systems in schools, worksites and restaurants
- To increase physical activity for all through changes in facilities, community design and policies

**Long-term Performance Indicators:**

- By 2019, the number of adults in Wood County who have a BMI greater than 30 will decrease from 29 percent to 28 percent. *(Source: County Health Ranking 2015)*
- By 2019, the percent of men diagnosed with diabetes in Wood County will decrease from 10.4 percent in 2012 to 9.5 percent; the percent of women diagnosed with diabetes will decrease from 9.1 percent in 2012 to 8.1 percent. *(Source: CDC Interactive Data Atlas, 2012)*

**Strategy 1: Prevention and Management**

The goals of chronic disease prevention and management are to prevent disease occurrence, delay the onset of disease and disability, lessen the severity of disease, and improve the health related quality and duration of the individual's life. The line between what constitutes prevention and management is somewhat blurred. However, prevention efforts traditionally involve interventions performed before the clinical onset of disease or early in the course of disease, while management efforts may occur later in the disease course and are often focused on reducing the undesired consequences of disease. As an acute care facility, MSJH is more frequently involved in the management of chronic disease in the acute phase. There is an opportunity, however, for care providers to intervene and influence future choices of patients and their families to make better choices to improve future health as it relates to the management of chronic disease.

**Key Actions:**

- MSJH will continue to identify patients at risk and refer patients for follow-up care that reduces risk relates to identified chronic disease problems, e.g., cardiac rehabilitation, diabetic education, and community based resources.
- Assure ongoing support and funding to the St. Vincent DePaul (SVDP) Free Medical Clinic for uninsured/ underinsured patient with chronic disease such as diabetics to provide group education and funding for medications.
- Partner with the United Way to deliver home-delivered meals and nutrition on weekends.

**Medium Term Performance Indicators:**

- By 2019, the readmission rate for at risk patients (CHF, pneumonia, etc.) has been reduced from 20 percent to 17 percent as targeted by the Centers for Medicare and Medicaid Services (CMS).
- Through 2017, maintain the partnership between MSJH and St. Vincent DePaul to assure that patients served by the SVDP Free Medical Clinic continue to have access to free prescription medications.

**Collaborative Partners:**

- Wood County Public Health
- St. Vincent De Paul Outreach Center
- Chronic Disease Prevention and Management Coalition
- Community social service organizations
- Local pharmacies
- United Way

**Resources:**

- Continue to offer referrals to Cardiac Rehabilitation services
- Case Management/Social Service Department continues to offer transition care services for patients at risk with chronic disease
- Funding from MSJH to St. Vincent De Paul to support the needs of uninsured/underinsured who request care from the Free Clinic
- Continued support and in kind donation of time and related resources for Home Delivered Meals Program and Nutrition on Weekend (NOW)

**Supporting Information:**

- Target Population: Inpatient and outpatients who present for care at MSJH; underserved in the community
- Health Equity Focus: The SVDP Free Medical Clinic is a safety net provider for low income, uninsured/underinsured persons. Support of the clinic helps close the gap in access to care for that population.
- Policy/System/ Environmental strategy: System
- Evidence Base: Medical Home Model for management of chronic disease (Patient-centered Primary Care Collaborative, 2009)

**Strategy 2: Chronic Disease Prevention and Management Coalition**

Representative from MSJH will participate in Chronic Disease Prevention and Management (CDPM) Community coalition. Wood County has a chronic disease management community coalition comprised a members from Wood County Public Health, schools, and community social support. MSJH has an important role as a large health care provider and as such will participate directly in the coalition and/or support actions and evidence based action outlined by the coalition.

**Medium-term Performance Indicators:**

- By June 2019, MSJH representatives will increase participation in coalition and coalition-related meetings to 50 percent.
- By June 2019, MSJH will increase the number of evidence based practices identified and implemented by the coalition from two or three.

**Collaborative Partners:**

- Members of the CDPM coalition
- Wood County Public Health

**Resources:**

- Time for associates to participate in the coalition
- Funding as appropriate to address community health priority

**Supporting Information:**

- Target Population: Community members of Wood County
- Health Equity Focus: N/A
- Policy/System/ Environmental strategy: N/A
- Evidence Base: Not yet determined but all actions/programs will be evidence based.

---

**Next Steps**

This implementation strategy outlines a three-year community health improvement process. Each year within this timeframe, MSJH will:

- Participate actively in the Healthy Wood County 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 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**

This Implementation Strategy Report was adopted by the hospital board on May 24, 2016.