



Marshfield Clinic
Health System



Community Health Implementation Strategy

Marshfield Medical Center-Beaver Dam



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Executive Summary

Health System Overview

Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a rural central Wisconsin city. At its inception, Clinic founders saw research and education as critical to their practice of health care and that remains so today.

The Clinic became a 501(c)(3) nonprofit organization in 1992 and in 2014, Marshfield Clinic Health System, Inc. (MCHS), was formed. The Health System's mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care.

The Health System today is an integrated system serving Wisconsin and beyond, with more than 12,000 employees including over 1,400 providers comprising 90 specialties and subspecialties. Its entities provide service and health care to more than two million residents through over 60 locations and 10 hospitals in communities in northern, central and western Wisconsin.

MCHS primary operations include: Marshfield Clinic; Marshfield Medical Center hospitals in Marshfield, Eau Claire, Beaver Dam, Ladysmith, Minocqua, Neillsville, Rice Lake, Weston, Park Falls, and Marshfield Children's Hospital; Marshfield Clinic Research Institute, Security Health Plan, Division of Education and Marshfield Clinic Health System Foundation.

The Clinic operates several dental clinics in northern, central and western Wisconsin, providing general family dentistry and dental hygiene services to more than 60,000 unique patients per year. These centers were launched through a collaboration including Marshfield Clinic, Family Health Center of Marshfield, Inc., and federal and state agencies, to address the need for dental care in underserved areas. The centers serve all patients regardless of ability to pay or insurance status - uninsured/underinsured, private pay and commercial insurance.

Hospital Overview

In 1972, Beaver Dam Community Hospital (BDCH) became one of the first hospitals in the country to merge a Catholic hospital and a Lutheran hospital. Over the years, BDCH has successfully expanded to meet the growing need for improved facilities and additional health care services. In 2006, the new Beaver Dam Community Hospital opened for service. The 60-bed acute care hospital combines advanced medicine and technology with a state-of-the-art facility to create a healing environment of care for patients and their families. In 2019, Beaver Dam Community Hospitals, Inc. joined Marshfield Clinic Health System and became Marshfield Medical Center-Beaver Dam (MMC-Beaver Dam).

Implementation Strategy Overview

This Implementation Strategy is specific to MMC-Beaver Dam and addresses the community health priorities identified through a collaborative Community Health

Needs Assessment (CHNA) process. This document outlines the plans for MMC-Beaver Dam 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 13 2021, which is on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed. Evaluation of the previous Implementation Strategy can be found in the 2021 MMC-Beaver Dam Community Health Needs Assessment (CHNA) report.

Community Health Needs Assessment Overview

The MMC-Beaver Dam CHNA was conducted by the CHNA Workgroup, a local workgroup of internal hospital leadership, community health department staff, and external community health stakeholders that participated in the CHNA process, reviewing data, providing insight, direction and guidance, and establishing health priorities for MMC-Beaver Dam. The Workgroup consisted of staff from MMC-Beaver Dam, the United Way of Dodge County, and Church Health Services.

The MMC-Beaver Dam 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 October 2021 presented to the MCHS Hospitals Board, Inc. for discussion and was approved on December 13, 2021. The full CHNA report, which details the entire assessment and prioritization process, can be found on the Marshfield Medical Center-Beaver Dam website:

<https://bdch.com/community-health-needs>

Prioritization Process

The assessment process began with a review of previous and existing MMC-Beaver Dam community health improvement strategies. The CHNA Workgroup then reviewed selected existing health data for Dodge County and 2021 community health survey data before prioritizing health needs. Using methods outlined in NACCHO’s *Guide to Prioritization Techniques*, the prioritization process followed these steps:

- Step 1: Primary and Secondary Data Presented for Consideration
- Step 2: Selecting Prioritization Processes
- Step 3a: Health Needs Prioritized
- Step 3b: Specific Aspects of Health Priorities
- Step 3c: Social Determinants of Health (SDOH) Prioritization
- Step 4: Confirm Priorities with Final Review

Health Priorities

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

- Alcohol and Substance Use
- Behavioral Health
- Chronic Disease
- Social Determinants of Health

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

Table A: Top Identified Health Priorities	
Healthiest Wisconsin 2020 Focus Areas / Living Conditions	MMC-BD CHNA
Alcohol Misuse	Alcohol and Substance Use
Substance Use	
Mental Health	Behavioral Health
Obesity	Chronic Disease
Chronic Disease Prevention and Management	
Transportation Access	Social Determinants of Health
Access to Technology/WiFi/Broadband	
Quality, Affordable Childcare/After-school Care	
Nutrition Insecurity	

MCHS is committed to improving the overall health and well-being of the communities we serve by strategically focusing on health equity. According to the World Health Organization, health equity implies that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential. Therefore, MMC-Beaver Dam will focus on improving [health equity](#) in our communities by implementing strategies that systematically focus on the [social determinants of health](#) and subsequently reduce [health disparities](#).

Identified Health Needs Not Being Addressed

Through the assessment process, other community health priorities were identified that will not be addressed in this plan. The following was considered while prioritizing community health needs; other organizations addressing the specific need, the ability of MMC-Beaver Dam 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-BD for reasons indicated:

- **Oral Health:** MMC-Beaver Dam is working to grow partnerships with local services that provide low-cost oral healthcare. For the 2021 CHNA and IS cycle, this health need was not prioritized by the CHNA Workgroup. This decision is due in part to resource limitations, and the fact that MMC-BD is not currently equipped to meet this need.
- **Access to and Affordability of Care:** MMC-Beaver Dam continues to make progress towards increasing access and reducing cost of high-quality care. For the 2021 CHNA and IS cycle, this health need was not prioritized by the CHNA Workgroup. This decision is due in part to resource limitations, the very broad nature of this need, in that it is not easily defined and not easily measured.
- **Poverty/Low Wage Jobs:** MMC-Beaver Dam's capacity to address socioeconomic levels of Dodge County residents is very limited. However, other organizations in the county, including the United Way, are addressing this issue. By sharing resources to those who need it, MMC-Beaver Dam is collaborating with the agencies who are well equipped to address socioeconomic stressors. This decision is due in part to resource limitations, the very broad nature of this need, in that it is not easily defined and not easily measured.
- **Stress that Accompanies Poverty:** Similar to addressing poverty and low-wage jobs, MMC-Beaver Dam's capacity to address stress due to socioeconomic status is limited. However, to attempt to alleviate stress, MMC-Beaver Dam is committed to strengthening the community ties with other agencies by providing referrals to such agencies and is continually working to increase access to low-cost services.

Implementation Strategy (IS)

The IS 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 use

Goal 1: Reduce youth substance use				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Support community wide environmental strategies, prevention, and/or policy to address underage alcohol use.	<p>Conduct festival/event scans; Share data with organizers</p> <p>Coordinate actions with Allies for Substance Abuse Prevention (ASAP) of Dodge County</p>	Reduce youth substance use.	Survey examples; Base of volunteers; Best-practice policy language; Technical assistance through AWY; Staff time; Funding as appropriate	Beaver Dam Chamber of Commerce; Dodge County Interagency; ASAP of Dodge County
Goal 2: Reduce community impact related to substance abuse and misuse				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Support community wide environmental strategies, prevention and/or policy to address substance use.	Promote Drug Drop Box in MMCBD Outpatient Pharmacy	Reduce community impact related to substance use and misuse.	CCHA AODA staff; MMC-BD Pharmacy staff; Funding as appropriate	MCHS; Local Police Departments; ASAP of Dodge County; Church Health Services
Support community led recovery efforts to reduce substance use.	Implement Recovery Corps Program at MMCBD	Reduce community impact related to substance use and misuse.	CCHA AODA staff; MMC-BD clinic staff time; MMC-L Recovery Corps toolkit; Funding as appropriate	Dodge County Human Services & Health Department and drug court; local law enforcement agencies; local recovery service providers
Support workplace drug prevention and recovery efforts.	Promote SHP/CCHA Workplace Recovery Program	Reduce community impact related to substance use and misuse.	CCHA AODA staff; Best-practice policy language; Existing relationships; Funding as appropriate	Beaver Dam Chamber of Commerce; Local as employers; Moraine Park Technical College

Goal 3: Engage in community efforts related to alcohol and substance use prevention				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups.	Actively participate in a group focusing on improving alcohol and substance use prevention	Engage in community efforts related to supporting ABCS initiatives	Technical assistance through AWY; Staff time; Funding as appropriate	Dodge County; ASAP of Dodge County; and/or Dodge-Jefferson Healthier Community Partnership

Health Priority: Behavioral Health

Goal 1: Decrease suicides rates for high risk populations				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Enhance community member's skills to support mental health promotion and suicide prevention.	Host QPR trainings	Decrease suicide rates for high risk populations	CCHA QPR trainers; Technology/virtual platform; Staff time; Funding as appropriate	UW-Madison Extension Dodge County; Chambers of Commerce; Church Health Services; USDA Local Service Station
Promote protective factors that build sense of belonging and social connectedness.	<i>Actions could include:</i> Initiate Cycling Without Age Conduct Purpose Workshops Support Social Circles Coordinate Slow Rolls Support Community Gardens Participate in community building activities	Decrease suicide rates for high risk populations	Volunteers; Master Gardeners; Staff time; Funding as appropriate; Program materials	Beaver Dam Community Activities & Services Department; Local businesses; Habitat for Humanity ReStore; UW-Madison Extension Dodge County; YMCA Dodge County; Horicon Marsh Education and Visitors Center; Libraries; Dodge County Historical Society; Playground Movement Beaver Dam; Dodge County ADRC; WI Bike Fed

Goal 2: Improve social and emotional development of children and adolescents (YRBS)				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase availability of mental health services.	Hire MMC-BD psychiatrist, case managers and support staff	Decrease suicide rates for high risk populations; Improve social and emotional development of children and adolescents	Staff time; Funding as appropriate	Church Health Services; Dodge County Human Services and Health Department; Local school districts
Enhance community capacity to address high risk youth needs through afterschool care options.*	Assess existing afterschool programs; Identify needs and potential alignment or enhancements	Improve social and emotional development of children and adolescents; Reduce youth substance use	Staff time; Program materials; Funding as appropriate	YMCA Dodge County; Local childcare centers; Local school districts; Dodge County; UW-Madison Extension Dodge County; Parent Resource Place (Dodge County Resource Center)
Enhance school capacity to provide high quality social, emotional assessment, support, and learning.	Connect schools with SEL Connect schools with b.e.s.t.	Improve social and emotional development of children and adolescents	Staff time; Program materials; Funding as appropriate	Church Health Services; Dodge County Human Services and Health Department; Local school districts
Support suicide prevention community awareness events.	Host community event(s)	Decrease suicide rates for high risk populations	Staff time; Program materials; Funding as appropriate	Church Health Services; Chambers of Commerce; Local school districts
Goal 3: Engage in community efforts related to supporting behavioral health				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups.	Actively participate in a group focused on improving mental health.	Engage in community efforts related to supporting ABCS initiatives	Staff time; Program materials; Funding as appropriate	Partners connected to Dodge Jefferson Mental Health Network and/or Dodge-Jefferson Healthier Community Partnership

*Strategy listed in this healthy priority but also connected to the SDOH priority.

Health Priority: Chronic Disease

Goal 1: Improve access to healthy foods				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Increase community capacity to provide nutritious, locally grown food and address food insecurity.	Coordinate Hydroponic Gardens Advance Farm to Institution practices	Improve access to healthy foods	Technical Assistance from Fork Farms; Curriculum; WI Farm to School Network; Volunteer groups; Staff time; Funding as appropriate	Local school districts; UW-Madison Extension Dodge County; Bright Futures; Local BSA troop; Local food pantries; Local businesses; WI Food Hub Cooperative
Goal 2: Reduce rates of preventable chronic conditions with focus on obesity and diabetes				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Enhance programming to impact chronic disease self-management and prevention with a focus on obesity and diabetes.	Promote chronic disease related self-management classes, events, or programs	Reduce rates of preventable chronic conditions with focus on obesity and diabetes	Program materials; Staff time	Dodge County ADRC
Provide education and skill building opportunities.*	Distribute recipe cards Coordinate Cooking Demonstrations	Reduce rates of preventable chronic conditions with focus on obesity and diabetes	Recipes; Volunteer Demonstrators; Virtual platform; Staff time; Program materials; Funding as appropriate	Libraries; Grocery Stores; Dodge County Human Services; Beaver Dam Community Activities & Services Department
Goal 3: Engage in community efforts related to chronic disease prevention				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups.	Coordinate Dodge County community health initiative	Engage in community efforts related to supporting ABCS initiatives	Staff time; Program materials; Funding as appropriate	Dodge-Jefferson Healthier Community Partnership; others listed above

*Strategy listed in this healthy priority but also connected to the SDOH priority.

Health Priority: Social Determinants of Health (SDOH)

Goal 1: Increase knowledge and awareness of health equity				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Conduct an organizational (internal) and community assessment (external) assessment of health disparities and health equity and develop a work plan to address those gaps.	<p>Complete internal assessment</p> <p>Complete external assessment</p> <p>Create work plan</p>	Increase knowledge and awareness of health equity	<p>Assessment tool; Staff time;</p> <p>Funding as appropriate</p>	Dodge County Community-based organizations
Goal 2: Improve health outcomes by connecting clinical practice to community efforts to address SDOH barriers				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Support and connect patients and community members to resources to address socially determined needs.	<p>Support CCT expansion into Dodge County</p> <p>Relationship building for system-wide NOWPOW launch</p>	Improve health outcomes by connecting clinical practice to community efforts to address SDOH barriers	<p>Staff time;</p> <p>Funding as appropriate;</p> <p>NOWPOW platform</p>	<p>Dodge County Human Services & Health Dept;</p> <p>United Way of Dodge County;</p> <p>Dodge County Community-based organizations</p>
Goal 3: Improve health outcomes by improving living conditions to address SDOH barriers				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Engage in community capacity building in the physical, social, and/or economic environment.	<p>Participate in Beaver Dam Childcare Taskforce</p> <p>Participate in Dodge County Broadband Taskforce</p> <p>Participate in Dodge County transportation access improvement partnerships</p>	Improve health outcomes by improving living conditions to address Social Determinants of Health barriers	<p>Staff time;</p> <p>Program materials;</p> <p>Funding as appropriate</p>	<p>City of Beaver Dam;</p> <p>Local childcare providers;</p> <p>Dodge County; Thrive ED;</p> <p>MCHS/SHP; Dodge County Community-based organizations; Local businesses</p>

Goal 4: Engage in community efforts related to supporting SDOH initiatives				
Strategy	Key Actions	Anticipated Outcomes	Resources	Partnerships
Participate in community based workgroups.	Actively participate in a group focusing on improving SDOH	Engage in community efforts related to supporting ABCS initiatives	Staff time	Beaver Dam Racial Justice Group; The Shop FM; United Way of Dodge County; Playground Movement Beaver Dam; Dodge County ADRC

Next Steps

This implementation strategy outlines a one-year community health improvement process. Within this timeframe, MMC-Beaver Dam will:

- Create a work plan with specific action steps
- Set and track performance indicators for each strategy, evaluate for effectiveness and areas of improvement.
- Track progress
- Report progress toward the performance indicators to the hospital board
- Share actions taken to address the needs with the community at large

Approval and Community Input

This Implementation Strategy Report was adopted by the MCHS Hospitals Board, Inc. on December 13, 2021.

If you would like to serve on a coalition that helps meet the aims of this report, or have a comment on this assessment, please contact the Marshfield Clinic Health System Center for Community Health Advancement at communityhealth@marshfieldclinic.org or (715) 221-8400.

References

Marshfield Clinic Health System. (2021, August). *Marshfield Medical Center-Beaver Dam Community Health Needs Assessment Reports*. Retrieved from <https://bdch.com/community-health-needs>

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