



Marshfield Clinic  
Health System



# Community Health Implementation Strategy

Marshfield Medical Center-Rice Lake

August 2019

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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-RL is a 40-bed full-service hospital in Rice Lake, Wisconsin. It is a fully integrated medical campus that provides comprehensive inpatient and outpatient health care to residents in Barron County, and northern Wisconsin.

This Implementation Strategy is specific to MMC-RL and addresses the community health priorities identified through a collaborative Community Health Needs Assessment (CHNA) process. This document outlines the plans for MMC-RL 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, MMC-RL Board of Directors on August 22, 2019, 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 2018-2021 CHNA for MMC-RL.

## Summary of Community Health Needs Assessment

The MMC-RL CHNA was conducted by a collaborative partnership of stakeholders in Barron County, called the Thrive Barron County Steering Committee. This group consisted of Barron County Health Department, Aging and Disability Resource Center of Barron, Rusk, and Washburn counties, Amery Hospital and Clinic, Cumberland Healthcare, Mayo Clinic Health System, and Marshfield Medical Center-Rice Lake.

The MMC-RL 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 CHNA report was completed August 2019, presented to the MMC-RL Board of Directors for discussion and approved August 22, 2019. The full CHNA report, which details the entire assessment and prioritization process, can be found on the [Marshfield Medical Center-Rice Lake 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 Thrive Barron County Steering 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?
- 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-Rice Lake:

- 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 the table below were combined. As these health priorities are addressed, health equity and social determinants of health needs will be incorporated throughout various initiatives.

Top Identified Health Priorities	
Barron County CHA	MMC-RL CHNA
Alcohol Misuse	Alcohol and Substance Abuse
Other Drug Use	
Mental Health	Behavioral Health
Healthy Growth and Development	
Obesity	Chronic Disease
Physical Activity	
Healthy Nutrition	
Tobacco Use & Exposure	
Chronic Disease Prevention & Management	

### 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-RL 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-RL for reasons indicated:

- **Injury & Violence Prevention:** injury and violence are import areas of focus. Instead of leading this charge, MMC-RL staff participate in a variety of community groups supporting this area including, Barron-Washburn County Caregiver Coalition and Community Connections to Prosperity (CCP). Embrace Inc. (a domestic violence and sexual assault agency that provides safe shelter and supportive services for survivors), Aging and Disability Resource Center (ADRC) of Barron, Rusk, and Washburn Counties, and Barron County Department of Health and Human Services (DHHS) lead and have expertise in this area.

- **Communicable Disease Prevention & Control:** This is an important area of focus, MMC-RL has systems and processes in place to prevent and reduce the spread of communicable diseases. The hospital will not take the lead on this area in community outreach as this is an area the Barron County Department of Health and Human Services (DHHS) leads and has expertise in.
- **Oral Health:** Marshfield Clinic Rice Lake Dental Center addresses the community need for oral health by serving patients regardless of ability to pay or insurance status. While MMC-RL addresses oral health it is not listed as one of the top health priorities.
- **Reproductive & Sexual Health:** While MMC-RL does provide this service, community lead initiatives are best lead by the Barron County Department of Health and Human Services (DHHS) and other agencies with expertise in the area.
- **Environmental & Occupational Health:** While MMC-RL 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 Barron County Department of Health and Human Services (DHHS) 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>6</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.<sup>6</sup>

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

Long-term Indicator	County	State	Nation	Healthy People 2020 Target
Percent of adults aged 18 years who reported engaging in excessive drinking.	25% <sup>1</sup>	23% <sup>1</sup>	18% <sup>2</sup>	23% <sup>3</sup>
Percent of high school students that reporting consuming at least one drink in the past 30 days.	19% <sup>4</sup>	30% <sup>4</sup>	30% <sup>5</sup>	29% <sup>6</sup>

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

**Objective:** By September 2022, MMC-RL 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

**Potential Collaborative Partners**

- Local School Districts
- Barron County Community Coalition (BC3)

**Resources**

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

**Target Population**

- Youth

**Strategy 2: Support local policy related to underage drinking prevention**

**Objective:** By September 2022, MMC-RL will partner with local organization(s) to support the implementation of a new or improved policy related to underage drinking prevention.

### **Key Actions**

- Determine partner(s)
- Create or reproduce program materials
- Develop schedule for implementation

### **Potential Collaborative Partners**

- Local School Districts
- Barron County Community Coalition (BC3)

### **Resources**

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

### **Target Population**

- Broader Community, Youth

## **Strategy 3: Engage in AODA prevention community groups**

**Objective:** By September 2019, MMC-RL staff will actively engage in the Barron County Community Coalition (BC3) that addresses AODA.

### **Key Actions**

- Actively attend and participate in meetings
- Promote and participate in events and initiatives

### **Potential Collaborative Partners**

- Members of BC3
- Barron Department of Health and Human Services (DHHS)

### **Resources**

- Staff
- Funding, supplies, and materials provided as appropriate to address community health priority

### **Target Population**

- Broader Community, Local School Districts

## 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.<sup>10</sup> 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. For every death by suicide, there are ten times as many emergency visits and hospitalizations for self-inflicted injuries.<sup>11</sup>

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

Data Indicator	County	State	Nation	Healthy People 2020 Target
Barron County suicide rate per 100,000	8.8% <sup>7</sup>	14.9% <sup>8</sup>	13.3% <sup>8</sup>	12.8% <sup>9</sup>
Average number of mentally unhealthy days reported in the last 30 days	3.6 <sup>4</sup>	3.8 <sup>4</sup>	/	/

### Strategy 1: Support Community Training Related to Mental Health and Suicide Prevention

**Objective:** By September 2022, MMC-RL will support local community organization(s) in providing QPR trainings to 500 Barron County Residents.

#### Key Actions

- Assist in identify organization(s) and communities that need QPR training
- Conduct and/or help coordinate QPR trainings

#### Potential Collaborative Partners

- Barron County Department of Health and Human Services (DHHS)
- Community Connections to Prosperity: Mental Health Action Team
- QPR Trainers

### **Resources**

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

### **Target Population**

- Broader Community

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

**Objective:** By September 2022, MMC-RL will partner with at least one community organization to host educational event(s) where the documentary, *The Ripple Effect*, will be viewed.

### **Key Actions**

- Partner with community coalition and local school district(s)
- Create and disseminate materials
- Evaluate event

### **Potential Collaborative Partners**

- Community Connections to Prosperity: Mental Health Action Team
- Local School Districts

### **Resources**

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

### **Target Population**

- Broader Community

## **Strategy 3: Develop AODA and Mental Health Resource App.**

**Objective:** By September 2022, MMC-RL will assist in the development of an app focused on providing community members, specifically youth access to information about existing AODA and mental health services and resources.

### **Key Actions**

- Compile evidenced-based substance use and mental health resources
- Contract with an app developer, Biomedical Informatics Research Center (BIRC)

- Engage students in assisting with development of app
- Identify local schools interested in piloting App
- Conduct youth focus groups to evaluate effectiveness and accessibility of App

**Potential 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**

- Staff time
- Print and advertising materials
- Funding as appropriate to address mental health priority

**Target Population**

- Youth

**Strategy 4: Engage in Mental Health community groups**

**Objective:** By September 2019, MMC-RL staff will actively engage in Community Connections to Prosperity (CCP): Mental Health Action Team that addresses mental health.

**Key Actions**

- Actively attend and engage in meetings
- Promote and participate in events and initiatives

**Potential Collaborative Partners**

- Members of CCP: Mental Health Action Team
- Barron County Department of Health and Human Services (DHHS)

**Resources**

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

**Target Population**

- Broader community

## Health Priority: Chronic Disease

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>13</sup> E-cigarettes use is surpassing conventional cigarette use from 7.9% in 2014 to 13.3% in 2016 among high school youth.<sup>14</sup>

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>15</sup> Wisconsin adult obesity rates are 4.5% higher than National average at 39.4%.<sup>15</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.

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

Data Indicator	County	State	Nation	Healthy People 2020 Target
Percent of mothers who report smoking during pregnancy	20% <sup>1</sup>	13% <sup>1</sup>	10% <sup>2</sup>	/
Percent of Obese Adults	33% <sup>1</sup>	31% <sup>1</sup>	38% <sup>2</sup>	30% <sup>12</sup>
Percent of the population without access to a reliable food source	11% <sup>1</sup>	12% <sup>1</sup>	13% <sup>2</sup>	/
Adults diagnosed with Diabetes	10% <sup>1</sup>	9% <sup>1</sup>	9% <sup>2</sup>	/

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**Strategy 1: Provide a yearly primary prevention strategy that supports care delivery efforts related to Chronic Disease management**

**Objective:** By September 2022, MMC-RL will participate along with Cumberland Healthcare and Mayo Clinic Health System in holding *Know Your Numbers* events open to the community that screen residents for chronic disease risk factors.

**Key Actions**

- Promote event to community in Spring of each year

**Potential Collaborative Partners**

- Cumberland Healthcare
- Mayo Clinic Health System
- Thrive: Barron County Chronic Disease Prevention coalition
- University of Wisconsin-Eau Claire

**Resources**

- Staff time
- Supplies and materials
- Facility/Space

**Target Population**

- Broader Community, Community Members with multiple chronic conditions or are at risk

**Strategy 2: Provide self-management education of pre-diabetes through the National Diabetes Prevention Program**

**Objective:** By September 2022, MMC-RL will improve referrals/access to MMC-RL National Diabetes Prevention Program (DPP)

**Key Actions**

- Establish dates for program to be offered throughout the year
- Send patients identified information letters and invite to participate in next session six weeks prior to program starting

**Potential Collaborative Partners**

- MMC-RL Health Promotions Department
- MMC-RL Providers
- Thrive: Barron County Chronic Disease Prevention
- Aging and Disability Resource Center (ADRC) of Barron, Rusk, and Washburn Counties
- Barron County Department of Health and Human Services (DHHS)

### **Resources**

- Staff time
- Program Materials
- Funding as appropriate to address community health priority

### **Target Population**

- Community members at risk or who have pre-diabetes

## **Strategy 3: Improve Access to Healthy Choices**

**Objective:** By September 2022, MMC-RL will implement an educational campaign regarding sugar sweetened beverages

### **Key Actions**

- Identify or develop educational materials
- Identify locations/areas to display

### **Potential Collaborative Partners**

- MMC-RL Cafeteria
- Federal, state or local organizations that have educational materials on sugar sweetened beverages

### **Resources**

- Staff time
- Funding as appropriate to support health priority

### **Target Population**

- Broader Community, MMC-RL visitors

## **Strategy 4: Engage in Chronic Disease Prevention Community Groups**

**Objective:** By September 2019, MMC-RL staff will actively engage in Thrive: Barron County Chronic Disease Prevention coalition that addresses chronic disease

### **Key Actions**

- Actively attend and engage in meetings
- Promote and participate in events and initiatives

### **Potential Collaborative Partners**

- Thrive: Barron County Chronic Disease Prevention members
- Barron County Department of Health and Human Services (DHHS)

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## Resources

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

## Target Population

- Broader community

## Next Steps

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

- Create an annual implementation plan with specific action steps for that year
- Set and track annual health need indicators for each strategy, evaluate for effectiveness and areas of improvement.
- Track progress toward health need indicators
- Report progress toward the health need indicators to the hospital board
- Share actions taken to address the needs with the community at large

## Approval and Community Input

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This Implementation Strategy (IS) Report was adopted by the MMC-RL Board of Directors on August 22, 2019.

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](mailto:communityhealth@marshfieldclinic.org) or (715) 221-8400.

## Resources

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