

# 2017 Community Health Needs Assessment

Mark Twain  
Medical Center



CHNA



## ABOUT THE RESEARCHER



Applied Survey Research (ASR) is a nonprofit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment of needs, evaluation of community goals and development of appropriate responses.

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LETTER FROM THE CEO



Dear Community Members,

Thank you for your interest in our 2017 Community Needs Assessment for Calaveras County. We are both pleased and honored to provide this valuable resource of information about the county we are privileged to serve. To support the fulfillment of our mission and vision as a nonprofit hospital, as well as meet the requirements enacted by the 2010 Patient Protection and Affordable Care Act, Mark Twain Medical Center has conducted a community health needs assessment (CHNA). A CHNA is essentially a review of current health activities, status, resources, initiatives, gaps and limitations in the community.

With input from a broad range of truly remarkable people, we have identified and prioritized community health needs. These contributors provided expert knowledge, experience, and guidance. Mark Twain Medical Center enjoys the support of a large organization needed to meet the challenges of a changing health care environment. Similarly, our linkage with the business leaders, local government, and our neighbors will preserve the unique fabric of the hospital and its role in the community.

Mark Twain Medical Center shares a commitment to improve the health of our community in partnership with many local organizations that also deliver programs and services to achieve that goal. We are proud of the outstanding programs, services and other community benefits that our hospital delivers, and are pleased to report these findings to our community. We are committed to our mission, which is to improve the health of our greater community by providing quality health care services, exceeding the expectations of those we serve.

We invite your feedback and comments on our current CHNA, as your input will help guide and impact our next CHNA which will be undertaken again in three years.

On behalf of the medical staff and employees at Mark Twain Medical Center, I would like to extend our sincere thanks for the opportunity to care for you, your friends and your family over these 65 years.

With warmest regards,

A handwritten signature in black ink that reads "Bob N. Diehl". The signature is written in a cursive, slightly slanted style.

Bob Diehl, CEO

Mark Twain Medical Center



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**EXECUTIVE SUMMARY**

**COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) BACKGROUND**

The Affordable Care Act (ACA), enacted by Congress on March 23, 2010, stipulates that nonprofit hospital organizations complete a community health needs assessment (CHNA) every three years and make it widely available to the public. This assessment includes input from the community and experts in public health, clinical care, and others. The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Mark Twain Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. The CHNA report meets the requirements of the Patient Protection and Affordable Care Act (and in California of Senate Bill 697) that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

**ACA AND SB 697 CHNA REQUIREMENTS**

| <b>Activity or Requirement</b>  | <b>Required by ACA</b> | <b>Required by SB 697</b> |
|---|------------------------|---------------------------|
| <b>Conduct a CHNA at least once every 3 years</b>   | Yes                    | Yes                       |
| <b>Document a separate CHNA for each individual hospital</b>  | Yes                    |                           |
| <b>Identify and prioritize community health needs</b>   | Yes                    | Yes                       |
| <b>Gather input from specific groups/individuals, including public health experts as well as community leaders and representatives of high-need populations, including minority groups, low-income individuals, and medically underserved populations</b> | Yes                    |                           |
| <b>Identify resources potentially available to address the health needs</b>   | Yes                    |                           |
| <b>Make the CHNA findings widely available to the public</b>  | Yes                    |                           |
| <b>Adopt an Implementation Strategy Report to meet needs identified by CHNA</b>   | Yes                    | Yes                       |
| <b>File an Implementation Strategy with designated government agency</b>  | Yes                    | Yes                       |

**BRIEF DESCRIPTION OF COMMUNITY SERVED**

Calaveras County has a population of approximately 44,680 and covers 1,008 square miles. The only incorporated city is Angels Camp, located in the southern part of the county, north of New Melones Lake. San Andreas is the county seat and had an estimated population of 2,706 in 2015. The city of Angels Camp had an estimated population of 5,400.

The county is 81% White and 12% Hispanic with the remainder of the population comprised of Asian, Black/African American and other ethnic backgrounds. The county has a relatively mature population with 34% of the residents' aged 60 or older. The county also has a high veteran population. Thirteen percent (13%) of residents ages 18 or older are veterans. Median

household income was \$59,869 in Calaveras County in 2015. The unemployment rate was 6.5% for the county during 2016.

## PROCESS & METHODS

Mark Twain Medical Center, Applied Survey Research (ASR), a not-for-profit social research firm, and other community partners completed a Community Health Needs Assessment process in 2017. The goal was to collectively gather community feedback, understand existing data and trends about health status, and prioritize local health needs.

Secondary data were obtained from a variety of sources. Community input was obtained during the spring of 2017 via key informant interviews with local health experts, and a Community Summit meeting with local leaders and representatives. Key informant interviews focused on four main questions:

1. Which health needs do you believe are the most important to address among those you serve/your constituency? What are the health needs that are not being met very well and are there any specific groups that have greater or special health needs? Which is the most urgent or pressing health need?
2. What are the drivers or barriers that are contributing to health needs?
3. What are possible solutions to address these health needs? Are there any policy changes or other recommendations to address these needs, and are there any existing resources?
4. How has the Affordable Care Act impacted access to healthcare for the community?

Needs were prioritized during the interview process, resulting in the following list.

### HEALTH NEEDS IDENTIFIED BY 2017 CHNA PROCESS:

|                                       |  |
|---------------------------------------|--|
| Access to Primary and Specialty Care  | Chronic Disease Management (Diabetes, Heart Disease, Stroke) |
| Mental Health                         | Sexual Health  |
| Substance Use                         | Economic Opportunities                                       |
| Dental Care                           | Food Insecurity  |
| Maternal & Child Health               | Homelessness/Lack of Housing                                 |
| Care for Seniors                      | Health Education   |
| Nutrition, Diet, Exercise and Obesity | Transportation   |

Using criteria suggested by Dignity Health (size or scale of problem, severity of problem, disparity and equity, known effective interventions, and resource feasibility and sustainability), ASR and Mark Twain Medical Center worked with community partners during a Community Summit to prioritize the health needs into the following needs on which the hospital will focus.

## PRIORITIZED HEALTH NEEDS

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### MENTAL HEALTH

The term “mental health” historically has been used in reference to mental illness; however, mental health is increasingly now viewed as a state of well-being. This new framework for mental health includes a focus on resilience, and having certain family and community supports that help improve well-being. Some resilience factors for adults include having people to rely on in a time of crisis, knowing people in one’s neighborhood and having someone to watch one’s child in case of an emergency. For youth, resilience factors include having an adult to rely on, having an adult outside of the home that cares about them, participating in after-school activities and volunteer and leadership opportunities in the community.

Mental health and physical health are deeply linked. Individuals with major mental illnesses have a higher risk of having a chronic disease, and of dying much earlier than their peers without mental illnesses. Individuals with major mental health diagnoses such as schizophrenia, major depressive disorders, and bipolar disorder die at even younger ages than those with less severe mental health diagnoses. While most individuals with mental illness die of the same causes of death as those without mental illness, such as heart disease, cancer, stroke, and lung diseases, they have higher rates of these conditions and they die sooner.

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### ACCESS TO PRIMARY & SPECIALTY CARE

The U.S. Department of Health and Human Services (HHS) designates certain areas as being medically underserved. They are known as Health Professional Shortage Areas (HPSA). There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). There is another designation known as a Medically Underserved Area (MUA); they are areas or populations designated by the U.S. Department of Health and Human Services as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. **Calaveras County is both a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA).**

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### CHRONIC DISEASE MANAGEMENT

Chronic Disease Management is the integrated care approach to managing illness that includes screenings, check-ups, monitoring and coordinating treatment, and patient education. It can improve quality of life while reducing health care costs for patients with chronic disease by preventing or minimizing the effects of a disease.

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### MATERNAL & CHILD HEALTH

Prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes. Women who receive adequate prenatal care are more likely to have better birth outcomes such as full term and normal weight

babies. **Calaveras County has a marked lack of prenatal care, and expectant mothers must travel out of the county for care.**

#### NEXT STEPS

This CHNA report was adopted by the Mark Twain Medical Center Community Board of Directors on June 27, 2017. The report is widely available to the public on the hospital's website until two subsequent CHNAs are completed. Written comments on this report can be submitted to Mark Twain Medical Center's Community Benefit Office at 768 Mountain Ranch Rd, San Andreas, CA 95249, or by email to [Nicki.Stevens@dignityhealth.org](mailto:Nicki.Stevens@dignityhealth.org).



## ASSESSMENT PURPOSE AND ORGANIZATIONAL COMMITMENT

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Mark Twain Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. The CHNA report meets the requirements of the Patient Protection and Affordable Care Act (and in California of Senate Bill 697) that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

Mark Twain Medical Center (MTMC), founded in 1951, is located at 768 Mountain Ranch Road, San Andreas, CA. It became a member of Dignity Health, formerly Catholic Healthcare West, in 1996. The facility is a not-for-profit, 25-bed Critical Access Hospital serving all of Calaveras County, California. Over 300 employees provide the necessary services.

Rooted in Dignity Health's mission, vision and values, Mark Twain Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its center's health care corporation board of trustees, medical staff leadership, and hospital leadership. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

Each year the Mark Twain Medical Center's Health Care Corporation Board of Trustees, medical staff leadership, and hospital leadership help to develop the Community Benefit Plan as part of the annual strategic planning process. This process takes into consideration the most current Community Health Needs Assessment, the needs prioritized by the community, and through a process that includes consideration of the organization's mission, vision and values develops strategies and goals for the upcoming years. Hospital leadership then develops tactics to meet these goals and dedicates the resources during the budgetary process and program design. Performance measurements and accountabilities are established.

Mark Twain Medical Center's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants that we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

The Mark Twain Health Care District Board of Directors is comprised of five local elected officials who are responsible for ensuring that appropriate healthcare services are provided to the community. The Mark Twain Medical Center Health Care Corporation Board of Trustees is responsible for governance oversight of hospital operations through a management agreement with Dignity Health.

## DIGNITY HEALTH

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### MISSION STATEMENT

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

## MARK TWAIN MEDICAL CENTER

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### MISSION

The mission of Mark Twain Medical Center is to improve the health of our greater community by providing quality health care services, exceeding the expectations of those we serve.

### VISION

To become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence.

### VALUES

We achieve the mission through our core values of dignity, collaboration, justice, stewardship and excellence, as are seen in the following principles:

1. Continuous improvement of the quality of care delivered
2. Access to care for all
3. Respect for the individual
4. Working with others towards common goals
5. Fostering a sense of family and community

### HELLO HUMANKINDNESS

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

*Hello humankindness* tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

## MARK TWAIN MEDICAL CENTER'S SERVICES

Mark Twain Medical Center (MTMC), and affiliated medical staff provides the hospital's services including 24-hour Emergency Services; Inpatient/Outpatient Surgery; Intensive Care Unit; Medical and Surgical Units; General X-ray, Ultrasound, Mammography, CT Scan, MRI and Nuclear Medicine; Respiratory Therapy Services; Cancer/Infusion Center; Orthopedic Center, Gastroenterology Center, Physical Therapy Services; Inpatient Skilled Rehabilitation; Full Service Clinical Lab; Cardiac & Pulmonary Rehabilitation; and Health Education.

Access to care in the county is further supported by the five MTMC's clinics located in Arnold, Angels Camp, Copperopolis, San Andreas, and Valley Springs. Services at these ambulatory centers include immediate care, primary care, behavioral health, occupational health, pediatrics, general x-ray, laboratory draws and health education. Additionally, MTMC now also operates four specialty care centers: in Angels Camp for orthopedics and in San Andreas on the medical center campus for cancer and infusion therapy, and gastroenterology specialty care.

In the rural environment of our community, small business, agencies and the hospital partner to provide various events throughout the year that are focused on promoting the health of the community, enhancing quality of life for the residents and showcasing the unique history and natural wonders of our environment. Based on the prioritized health need of the community, a specific focus has been on women's health issues and primary care and prevention.

As a matter of Dignity Health policy, the hospital's community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- ❖ **Focus on Disproportionate Unmet Health-Related Needs:** Seek to address the needs of communities with disproportionate unmet health-related needs.
- ❖ **Emphasize Prevention:** Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- ❖ **Contribute to a Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- ❖ **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- ❖ **Demonstrate Collaboration:** Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

## COMMUNITY DEFINITION

The Internal Revenue Service defines the "community served" by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

In Calaveras County, the poorest residents have been severely impacted by the recession, the Butte Fire and the elimination of programs and services that local governments are no longer able to fund. The growing gap in needed services has placed at risk the health of hundreds of underserved individuals and families who are now turning to emergency departments for basic non-acute medical services and mental health services because they have lost or lack a primary care provider. MTMC's five family medical centers (rural health clinics) help to fill this gap. However, it is still estimated that 23% of the visits to the emergency department are for non-emergent care.

Access to care for these patient populations requires collaborative problem solving at the community level. Not-for-profit health providers must work together to leverage resources and maximize health assets in innovative ways to restore what has been lost, enhance what still exists and ensure sustainable health programs and services are developed and available over the long-term to the populations that need them the most. Community-based collaboration has been and will be a priority and will continue to drive community benefit efforts in the future. It has become more important for community stakeholders to work in partnerships to maximize the limited resources that are available.

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## GEOGRAPHIC DESCRIPTION OF COMMUNITY SERVED

Calaveras County is situated approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population of the county is approximately 44,000, and covers an area of 1,008 square miles. The only incorporated city, Angels Camp, has a population of about 5,400.

Geographically, the county begins near sea-level in the west with oak-dotted rolling hills. The terrain changes to mixed evergreens and oak forests, then dramatic stands of gigantic trees, and culminates at an elevation of 8,200 feet in the eastern part of the county with evergreens growing among granite boulders of the Sierra Nevada Range. The two major rivers, the Mokelumne and the Stanislaus, form borders on the north and south.

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## DEMOGRAPHIC PROFILE OF COMMUNITY SERVED

The county is 81% White and 12% Hispanic with the remainder of the population comprised of Asian, Black/African American and other ethnic backgrounds. The county has a relatively mature population with the median age of 50.7 years. Additionally, 56% of households have one or more person aged 60 years or older.<sup>1</sup> Most Calaveras County residents had a high school

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<sup>1</sup> Area 12 Agency on Aging, PSA Area 12 Area Plan Update 2015-2016, (2016).

degree (93%) in 2016. Median household income was \$59,869 in Calaveras County in 2016. The unemployment rate in Calaveras County and throughout the country has steadily declined since 2010, following a ten-year high. The unemployment rate was 6.5% for the county during 2016. In 2012, 20% of Calaveras County residents had very high housing costs.<sup>2</sup>

Total Population: 44,668, down from a high of 44,932 in 2013<sup>3</sup>

- Veteran population: 4,808 (13%)<sup>4</sup>
- Race: 81.4% White, 11.8% Hispanic, 1.6% Asian, 0.9% Black/African American, 4.3% other<sup>3</sup>
- Median age: 50.7<sup>1</sup>
- Population over 60: 15,270 (34%)<sup>1</sup>
- Median Income: \$59,869<sup>3</sup>
- Unemployment: 6.5%<sup>3</sup>
- No HS Diploma: 7.5%<sup>3</sup>
- Uninsured population: 5.4%<sup>3</sup>
- Medicaid Patients: 25% of the population<sup>3</sup>
- Other Area Hospitals: 0<sup>3</sup>

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#### MEDICALLY UNDERSERVED POPULATIONS IN CALAVERAS COUNTY

Calaveras County is a Health Professional Shortage Area (HPSA) and portions of the County are Medically Underserved Areas (MUA). Besides Mark Twain Medical Center and its five ambulatory care centers, and four specialty care centers, the following facilities and resources are available:

- Convalescent Hospital
- Assisted Living
- Community Clinics
- Children Services
- Home Health Care
- Hospice
- Mental Health
- Drug & Alcohol Abuse Services
- Support Groups & Services
- Transportation

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<sup>2</sup> Community Health Status Indicators. US Department of Health and Human Services. Centers for Disease Control and Prevention. (2012).

<sup>3</sup> Mark Twain Medical Center Community Benefit Report, 2016

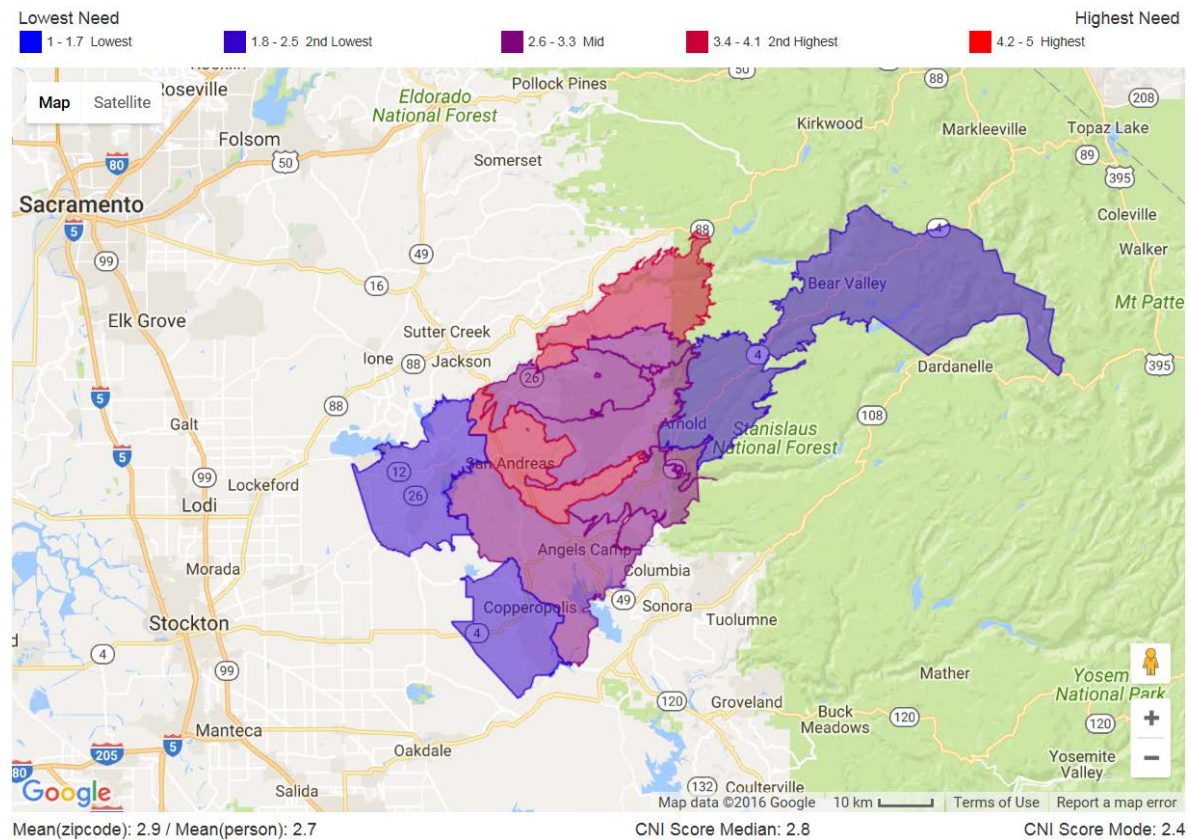
<sup>4</sup> United States Census Bureau. 2011-2015. American Community Survey 5-year estimates, 2015



MARK TWAIN MEDICAL CENTER CALAVERAS COUNTY  
**2017 Community Health Needs Assessment**

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. The MTMC's median CNI Score of 2.8 falls in the middle range.

MAP OF COMMUNITY SERVED



| Zip Code | CNI Score | Population | City           | County    | State      |
|----------|-----------|------------|----------------|-----------|------------|
| 95222    | 2.8       | 5407       | Angels Camp    | Calaveras | California |
| 95223    | 2.4       | 5102       | Arnold         | Calaveras | California |
| 95228    | 2.4       | 4323       | Copperopolis   | Calaveras | California |
| 95232    | 3.4       | 320        | Glencoe        | Calaveras | California |
| 95245    | 2.8       | 2490       | Mokelumne Hill | Calaveras | California |
| 95246    | 3         | 1697       | Mountain Ranch | Calaveras | California |
| 95247    | 2.6       | 4745       | Murphys        | Calaveras | California |
| 95249    | 3.4       | 3614       | San Andreas    | Calaveras | California |
| 95251    | 2.6       | 180        | Vallecito      | Calaveras | California |
| 95252    | 2.4       | 14609      | Valley Springs | Calaveras | California |
| 95255    | 3.6       | 1730       | West Point     | Calaveras | California |
| 95257    | 3.2       | 451        | Wilseyville    | Calaveras | California |

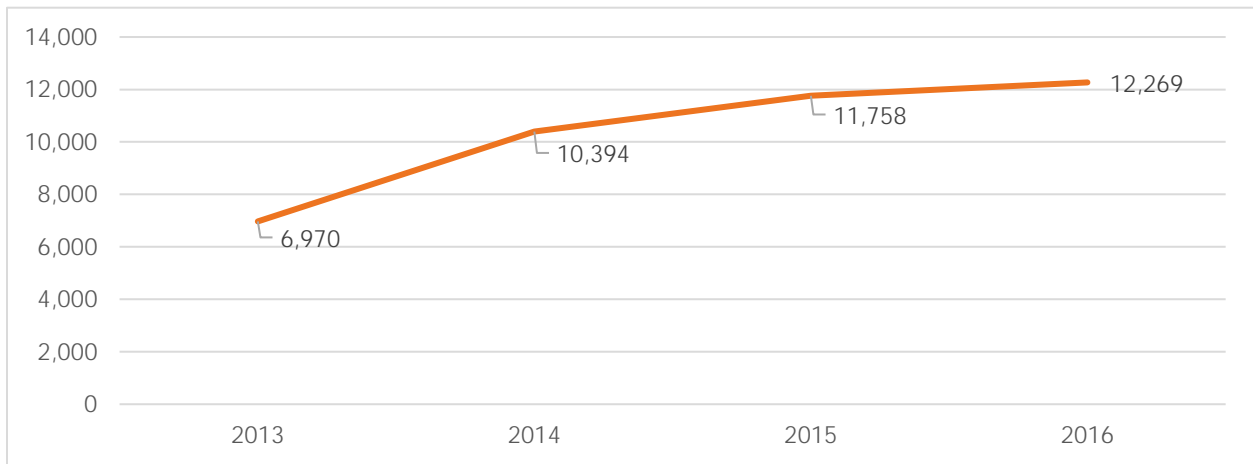
Map credit: Mark Twain Medical Center

## STATE AND COUNTY CONTEXT

As a result of the Affordable Care Act, in January 2014 Medi-Cal was expanded in California to low-income adults who were not previously eligible for coverage. Specifically, adults earning less than 138% of the Federal Poverty Level (approximately \$15,856 annually for an individual) are now eligible for Medi-Cal. In 2014, "Covered California," a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. In addition, Americans and legal residents with incomes between 139% and 400% of the Federal Poverty Level can benefit from subsidized premiums.<sup>5</sup>

In 2014, 1,501 Calaveras County residents successfully enrolled in Covered California.<sup>6</sup> Between 2013 and 2016, Calaveras County has seen a 76% increase in Medi-Cal members from 6,960 to 12,269.<sup>7</sup>

### AVERAGE YEARLY MEDI-CAL CERTIFIED ELIGIBLE ENROLLEES, CALAVERAS COUNTY, 2013-16



Source: California Health and Human Services Agency, Open Data, 2013-2016, Accessed May 2017, Retrieved from <https://chhs.data.ca.gov/Healthcare/County-Medi-Cal-Certified-Eligible-Counts-by-County/>

<sup>5</sup> <http://www.healthforcalifornia.com/covered-california>

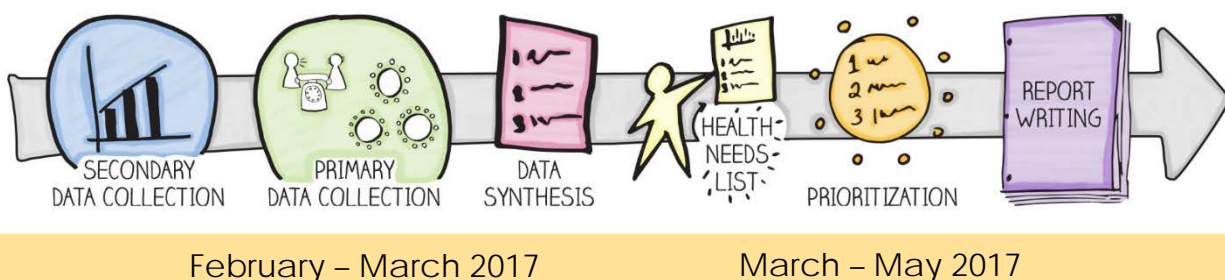
<sup>6</sup> Covered California, County Enrollment, Accessed May 2017, Retrieved from <http://hbex.coveredca.com/data-research/>

<sup>7</sup> California Health and Human Services Agency, Open Data, 2013-2016, Accessed May 2017, Retrieved from <https://chhs.data.ca.gov/Healthcare/County-Medi-Cal-Certified-Eligible-Counts-by-County/>

**PROCESS & METHODS OF THE 2017 CHNA**

Mark Twain Medical Center worked to collect the primary and secondary data requirements of the CHNA with Applied Survey Research. The CHNA data collection process took place over two months and culminated in a report written for Mark Twain Medical Center in June of 2017.

**Mark Twain Medical Center’s CHNA Process**



**PRIMARY QUALITATIVE DATA (COMMUNITY INPUT)**

Mark Twain Medical Center contracted with Applied Survey Research (ASR) to conduct primary research. They used three strategies for collecting community input: key informant interviews with health experts, a Community Summit with a selection of community partners and local experts, and a survey of Mark Twain Medical Center staff.

**KEY INFORMANT INTERVIEWS**

ASR conducted primary research via key informant interviews with four Calaveras County experts from various organizations. In February and March of 2017, experts were consulted, including the County Health Officer and the Director of Public Health Nursing. All these experts had countywide experience and expertise.

**NAMES AND AFFILIATIONS OF KEY INFORMANT INTERVIEWEES**

| Name  | Agency  | Date      |
|---|---|-----------|
| <b>Dean Kelaita, MD, Health Officer</b>                     | Calaveras County Health and Human Services Agency                         | 2/27/2017 |
| <b>Robin Bunch, RN, PHN, Director Public Health Nursing</b> | Calaveras County Health and Human Services Agency, Public Health Services | 3/2/2017  |
| <b>Mark D. Ksenzulak, Contract Management Analyst</b>       | Calaveras County Health and Human Services Agency                         | 3/2/2017  |
| <b>Kevin Hesser, Teacher/Garden Coordinator</b>             | Calaveras County Unified School District                                  | 3/1/2017  |

Experts were interviewed by telephone for approximately one hour. Informants were asked to identify the top needs of their constituencies, how access to healthcare has changed in the

post-Affordable Care Act environment, the impact of the physical environment on health, and the effect of the use of new technologies for health-related activities.

Each interview was recorded and summarized as a stand-alone piece of data. When all interviews had been conducted, the team analyzed the information and tabulated all health needs that were mentioned, along with health drivers discussed. ASR then made a list of all of the conditions that had been mentioned by a key informant, counted how many informants listed the condition and how many times they had been prioritized.

See Attachment 2 for key informant interview protocols.

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### COMMUNITY SUMMIT

In March 2017, Mark Twain Medical Center and ASR hosted a Community Summit with stakeholders, informing them about the data, asking for input about the data findings, and collectively developing a list of priority issue areas. ASR presented primary and secondary data and then invited attendees to discuss their reactions to the data, their thoughts about the story behind the data, and their ideas of what areas to focus on for improvement. Attendees discussed resources and current interventions focused on these issues, and how to strengthen or develop new interventions to improve outcomes. Stakeholders were asked to review the data and to prioritize the 3-5 most pressing needs in the county. This Community Summit fulfills the federal requirement for community input to prioritize health needs.

The table below indicates the participants in the Community Summit.

### NAMES AND AFFILIATIONS OF COMMUNITY SUMMIT ATTENDEES

| Name   | Agency   |
|--|--|
| Tina Mather, Food Bank Manager                       | Resource Connection Food Bank                              |
| Mark Campbell, Superintendent                        | Calaveras County Unified School District                   |
| Mark D. Ksenzulak, Contract Management Analyst       | Calaveras Health and Human Services Agency                 |
| Colleen H. Rodriguez, Health Education Manager       | Calaveras Health and Human Services Agency - Public Health |
| Kathryn Eustis, Director II, Student Support Service | Calaveras County Office of Education                       |
| Chile Beretz, Veterans Service Officer               | Calaveras Health and Human Services Agency - Veterans      |
| Linda Winn, RN, PHN, Manager                         | Calaveras Health and Human Services Agency - Public Health |
| Teri Lane, Executive Director                        | First 5 Calaveras County                                   |

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**Nicki Stevens, Manager, Marketing and Business Development**

Mark Twain Medical Center

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**Robert Diehl, President**

Mark Twain Medical Center

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#### MARK TWAIN MEDICAL CENTER STAFF SURVEY

In April 2017, Mark Twain Medical Center surveyed staff and stakeholders (35 hospital employees and 12 community stakeholders) regarding the prioritized health needs. For the four identified needs, the survey asked how their work was impacted, what current efforts they were involved in to address those needs, and if they had suggestions for strategies that the hospital could implement, either alone or in collaboration with other stakeholders. The survey also asked respondents to identify any other high-priority needs that had not yet been discussed.

#### SECONDARY QUANTITATIVE DATA COLLECTION

ASR compiled the research and provided comparisons with existing benchmarks (Healthy People 2020, statewide and national averages). Secondary data was collected from a variety of sources including but not limited to: federal, state, and local government agencies; academic institutions; economic development groups; health care institutions; and online databases.

Secondary data sources included:

- **The United States Census Bureau's American Community Survey (ACS)** is a federal secondary source providing comprehensive economic, housing, population, and social data.
- **The California Healthy Kids Survey (CHKS)** is a wide-ranging, youth self-reported data collection tool, providing a reliable health risk assessment to schools and communities.
- **County Health Rankings** offers county-level data using national and state data sources to measure the health of counties using scientifically-informed weights.
- Local agencies and institutions for secondary data include **Area 12 Agency on Aging** and **Central Sierra Continuum of Care Point-in-Time Census**.



## INFORMATION GAPS & LIMITATIONS

Information gaps that limit the ability of this CHNA to assess the community's health needs include limited secondary data on some of the health needs. Such limitations included lack of data for:

Maternal and Child Health

Health Status of Seniors

Health Education

Sexual Health

## ASSESSMENT DATA AND FINDINGS

### IDENTIFICATION OF COMMUNITY HEALTH NEEDS

As described in Section 4, a variety of experts and stakeholders were consulted about the health of the community. Stakeholders were frank and forthcoming about their professional experiences with health challenges and their perceptions about the needs of families and the community.

Collectively, they identified a diverse set of health conditions and demonstrated a clear understanding of the health behaviors and other drivers (environmental and clinical) that affect the health outcomes. They spoke about prevention, access to care, clinical practices that work and don't work, and their overall perceptions of the community's health.

### QUALITATIVE DATA FINDINGS

Mark Twain Medical Center sought to understand specific aspects of community health during the 2017 CHNA. Starting with a solid understanding of the health conditions, drivers, and social determinants of health that are concerning to the community, ASR dove deeper into these questions during focus groups and key informant interviews:

1. What are the most important health needs in your community? What needs are not being met and which specific groups have greater unmet needs, or special needs?
2. What drivers or barriers contribute to health needs?
3. What are your suggestions for improvements or solutions to these health needs?
4. How has the Affordable Care Act impacted access to healthcare for the community?

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### HEALTH NEEDS

ASR facilitated conversations with key community members that resulted in the list of prioritized community health needs listed below. Unmet health needs included access to health care, substance use, oral health, chronic health issues, maternal and child health, and social determinants of health (economic opportunities, homelessness and food insecurity). Specific populations identified as having greater need included youth with emotional issues or substance use disorders, women, children in low-income households, and isolated seniors. Rural parts of the county were identified as having greater health needs.

*"We are a sick community: We have many elderly residents, smokers, high levels of obesity and chronic disease. On the other side, we have a shortage of doctors."*

*Key Informant*

---

### DRIVERS AND BARRIERS

The lack of access to health care providers was repeatedly mentioned as a driver or barrier that contributes to health needs. Other drivers/barriers mentioned included stigma around mental health issues, lack of transportation, poverty, substance use, lack of health education, and lack of access to preventive care.

## SUGGESTION FOR IMPROVEMENTS OR SOLUTIONS

Suggestions for improvements or solutions included:

- Providing resources to increase access to care through transportation, improving appointment timeliness, and increasing the number of providers.
- Allocating resources to help seniors stay at home through in-home services and transportation services.
- Funding programs offering health education in schools and for the public were mentioned frequently as a suggestion to encourage health literacy.
- Prioritizing the coordination of care, particularly for patients with mental health needs was suggested.
- Improving access to services for dental care, maternal/child care, and mental health care were frequently mentioned.
- Policy ideas included addressing food and drink choices in schools and during parent clubs, and implementing regulations that would mandate school health education.

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## HEALTHCARE ACCESS

ASR also specifically sought to understand how the Affordable Care Act implementation impacted residents' access to healthcare, including affordability of care.

This question was addressed with several discussion points including awareness about health insurance and healthcare access, whether more or fewer residents were now insured, costs and affordability of healthcare, sufficiency of healthcare benefits, and the utilization of primary versus emergency care.

**Awareness about how to obtain health insurance and health care.** Most residents are aware of how to access health insurance and health care, but some do not have the "health systems literacy" needed to navigate the system and make choices. Most people are aware of where to get care, but struggle with how to access it.

**Proportions Insured.** Experts reported an increase in the number of insured since the Affordable Care Act (ACA) was instituted; the biggest increase is in the number people insured by Medi-Cal, which was credited to outreach by hospitals, county, and nonprofits.

**Difficulties affording insurance and care.** Experts working with at-risk, low-income populations reported that their clients were having less difficulty affording insurance and health care. However, service providers and health professionals reported that residents with private insurance often face prohibitive co-pays and other costs.

**Insurance benefits or "coverage."** There were mixed responses about benefits; some said coverage is better now and others said it was worse. Those who said it was worse reported that

services that used to be covered are no longer covered. Participants said that mental health services are still insufficient — especially for those with plans outside of Medi-Cal.

**Primary care versus emergency care.** Experts who serve Medi-Cal patients in community clinics report that some of their patients are seeking preventative care through the clinics and some are assigned to primary care physicians. However, there were mixed responses about whether people are using the emergency department (ED) as primary care to the same degree; some cited fewer people using the ED because they now have access to primary and preventative care, while others said there was increased use of the ED because of long appointment wait times and lack of availability of primary care doctors. Many responded that people with mental health issues are using the ED more frequently because it is easier than trying to get a medical appointment.

#### HEALTH NEEDS DATA SYNTHESIS

To generate a list of health needs, ASR started from the designated health list from Mark Twain Medical Center’s 2014 CHNA. Building on the data collected during the key informant interviews, ASR finalized the list of significant health needs for Calaveras County and shared this with the Community Summit participants for final review. A total of 13 health conditions or drivers were retained as community health needs and are listed below, in alphabetical order.

#### SUMMARIZED DESCRIPTIONS OF CALAVERAS COUNTY’S COMMUNITY HEALTH NEEDS

##### ACCESS TO PRIMARY AND SPECIALTY CARE

Access to primary and specialty care remains a significant health need. Lack of providers negatively impacts care and requires residents to travel outside the county to obtain services.

##### PROVIDER RATIOS IN CALAVERAS COUNTY, 2016

|                  | Primary Care Provider Ratio | Dentist Ratio | Mental Health Provider Ratio |
|------------------|-----------------------------|---------------|------------------------------|
| Calaveras County | 2030:1                      | 2028:1        | 783:1                        |
| Nationwide       | 1320:1                      | 1540:1        | 490:1                        |

Source: University of Wisconsin. Population Health Institute. (2014-2016). County Health Rankings. Madison, WI.

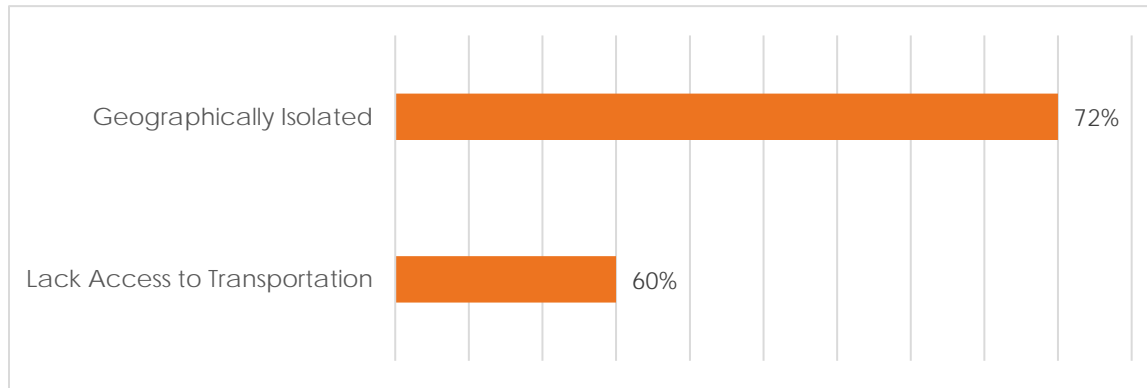
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## CARE FOR SENIORS

Care for the aging population in Calaveras County is an increasing health need. Fifty-six percent (56%) of households have one or more person 60 or over (California: 36%)<sup>8</sup> and 10% of those over 60 are considered low-income.<sup>9</sup> Geographic isolation and lack of transportation contribute to difficulties in accessing medical care, food, and other basic necessities. Experts reported a lack of adequate services to help seniors age at home, combined with few nursing homes/assisted living facilities, and coverage limitations on visiting nurse services.

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### GEOGRAPHIC ISOLATION OF SENIORS<sup>1</sup>, 2016



*Geographically Isolated Source: Area 12 Agency on Aging PSA 12 Area Plan Update 2015 – 2016, 2014 CDA Geographic Projection*

*Lack of Access to Transportation Source: Area 12 Agency on Aging Needs Assessment Survey Analysis (2014).*

<sup>1</sup> Calaveras Residents age 60+

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## CHRONIC DISEASE MANAGEMENT (DIABETES, HEART DISEASE, STROKE)

Experts agreed that an integrated care approach to managing illness was a significant health need in Calaveras County. This includes screenings, check-ups, monitoring and coordinating treatment, and patient education. Experts agreed that the elevated population of veterans and seniors in Calaveras County contribute to the need to address coordinated care to manage chronic disease including but not limited to diabetes, heart disease, and stroke.

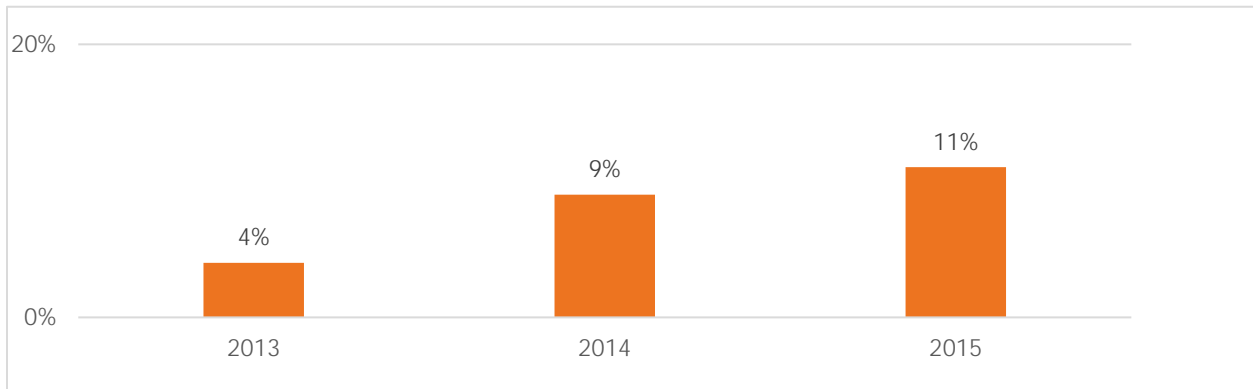
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<sup>8</sup> Area 12 Agency on Aging, PSA 12 Area Plan Update, 2015-2016, CDA Geographic Projection (2014).

<sup>9</sup> Area 12 Agency on Aging, Needs Assessment Survey Analysis (2014).



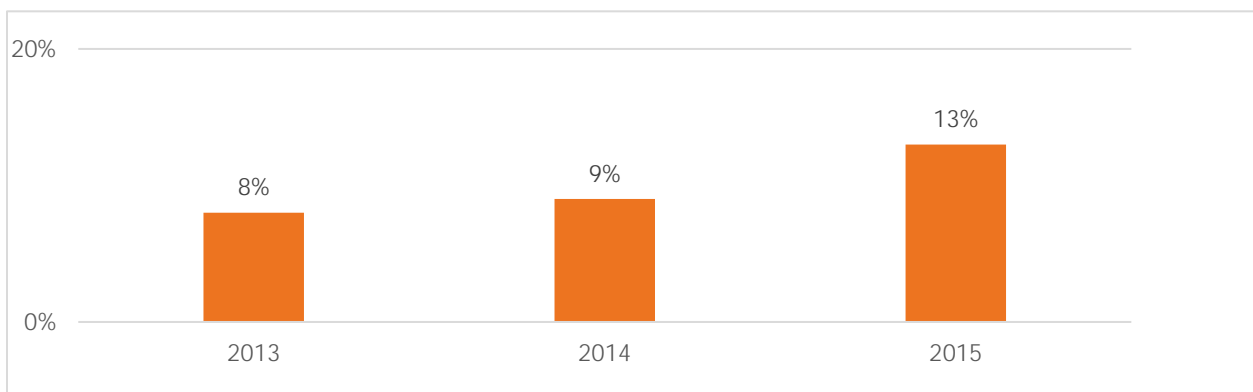
EVER TOLD YOU HAVE PRE- OR BORDERLINE DIABETES, CALAVERAS REGION<sup>1</sup>, 2013-15



Source: UCLA Center for Health Policy Research. AskCHIS 2013-2015. Available at <http://ask.chis.ucla.edu>. Retrieved March 2017.

<sup>1</sup>Calaveras Region: Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine.

EVER DIAGNOSED WITH HEART DISEASE, CALAVERAS REGION<sup>1</sup>, 2013-15



Source: UCLA Center for Health Policy Research. AskCHIS 2013-2015. Available at <http://ask.chis.ucla.edu>. Retrieved March 2017.

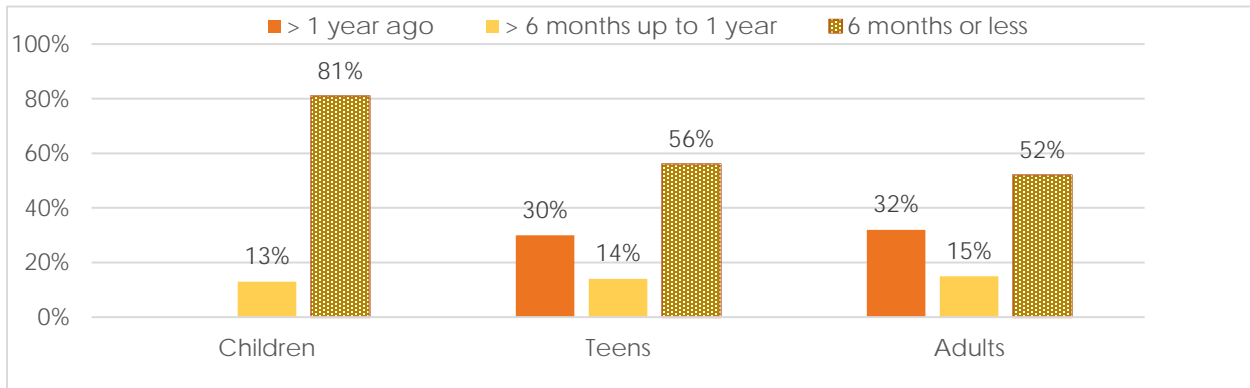
<sup>1</sup>Calaveras Region: Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine.

DENTAL CARE

Lack of access to dental care is an ongoing health need in Calaveras County. Experts reported that there are currently no pediatric dentists in the county, no Denti-Cal providers, and few providers overall. Those with limited access to preventative dental care have increased rates of oral diseases. Good dental health improves ability to speak, taste, chew, swallow, make facial expressions, and smile.<sup>10</sup>

<sup>10</sup> U.S. Dept of Health and Human Services. Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

### TIME SINCE LAST DENTAL VISIT, CALAVERAS REGION<sup>1</sup>, 2015



Source: UCLA Center for Health Policy Research. AskCHIS 2013-2015. Available at <http://ask.chis.ucla.edu>. Retrieved March 2017.

<sup>1</sup>Calaveras Region: Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine.

Note: No data available for Children >1 year ago.

### HEALTH EDUCATION

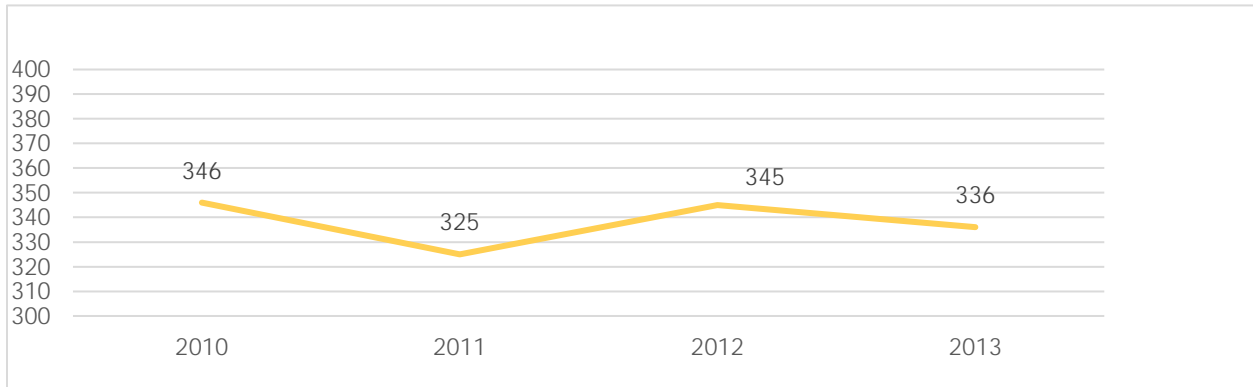
Health experts reported that the lack of health education was a key problem in the county. They reported low levels of health literacy, a lack of funding for sex education, and a lack of understanding about mental health issues that could be alleviated with education. One expert stated, "We don't prioritize health education or hiring health educators when making funding decisions at the school level." They agreed that by educating students and changing health behaviors in school, health behaviors of other children and parents at home could be positively impacted.

### MATERNAL & CHILD HEALTH

Experts agreed that there is a substantial need for obstetrical providers in Calaveras County. Patients must leave the county and drive an hour south or north to receive prenatal care and to deliver babies. Regular prenatal care lowers the risk of adverse birth outcomes.<sup>11</sup> Local experts also cited the availability of birth control/family planning services as a need and reported that there are few family planning services in the county. Stakeholders also identified perinatal mood and anxiety disorders as a need, stating, "Children are showing signs of mental illness/distress at school, and with investigation we've found untreated mental illness and depression at home."

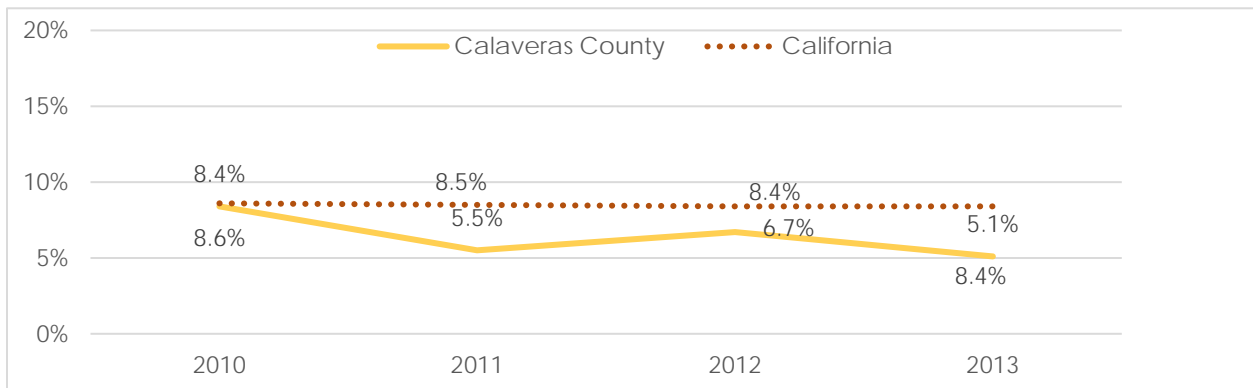
<sup>11</sup> What is PedNSS/PNSS? Centers for Disease Control and Prevention 2011. Retrieved from [http://www.cdc.gov/pedness/what\\_is/pnss\\_health\\_indicators.htm](http://www.cdc.gov/pedness/what_is/pnss_health_indicators.htm)

### NUMBER OF BIRTHS, CALAVERAS COUNTY, 2010-13



Source: California Health and Human Services Agency, Open Data, Preterm and Very Preterm Births by County 2010-2013, 2017.

### PRETERM BIRTHS, CALAVERAS COUNTY & CALIFORNIA, 2010-13



Source: California Health and Human Services Agency, Open Data, Preterm and Very Preterm Births by County 2010-2013, 2017.

### MENTAL HEALTH

According to the CDC, there are social determinants of health that need to be in place to support mental health. Mental health is defined as a state of well-being that includes the ability to cope with stress, work productively, and contribute positively to the community. Evidence suggests that positive mental health results in improved health outcomes. Conversely, evidence also suggests that poor mental health is related to the incidence and treatment of chronic disease, physical inactivity, smoking, alcohol abuse, and poor sleep.<sup>12</sup>

Experts cited mental health as a significant health need in Calaveras County. One expert stated, "There is no psychiatrist in the county. If they qualify, they can go via the county behavioral health system, but if their case is not severe, or they have private insurance, there are very few options." Experts also explained that wait times and a shortage of providers might contribute to

<sup>12</sup> Mental Health, Centers for Disease Control and Prevention. Accessed May 2017. Retrieved from <https://www.cdc.gov/mentalhealth/basics.htm>

an increase in ER use, “especially for mental health issues.” In Calaveras County, mental health services are needed for those with low income and/or mild to moderate mental illness.

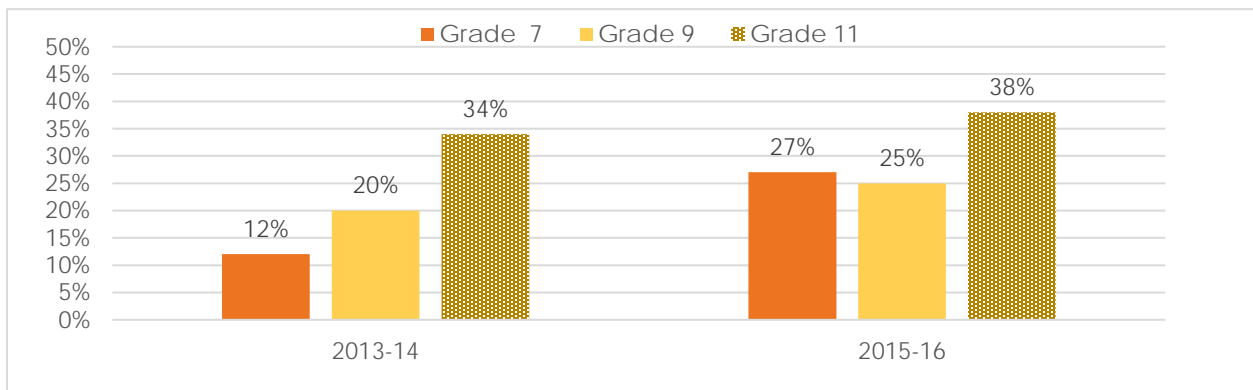
## YOUTH

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Local experts cited mental health as a need for Calaveras County youth. Mental health is key for overall health. Positive mental health results in better health outcomes for children including achieving important development and emotional milestones, and developing healthy social skills.<sup>13</sup> One expert explained that there is a high proportion of stress and early childhood trauma in Calaveras County.

DURING THE PAST 12 MONTHS, DID YOU EVER FEEL SO SAD OR HOPELESS ALMOST EVERY DAY FOR TWO WEEKS OR MORE THAT YOU STOPPED DOING SOME USUAL ACTIVITIES?  
RESPONDENTS ANSWERING “YES” ... CALAVERAS UNIFIED SECONDARY, 2013-16

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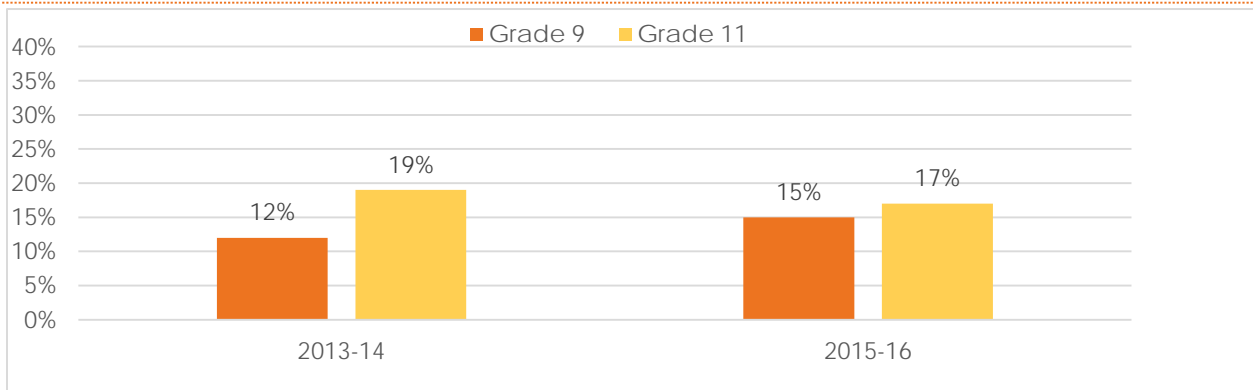


Source: West Ed for California Department of Education. California Healthy Kids Survey, Calaveras Unified Secondary Main Report, 2013-14, 2015-16.

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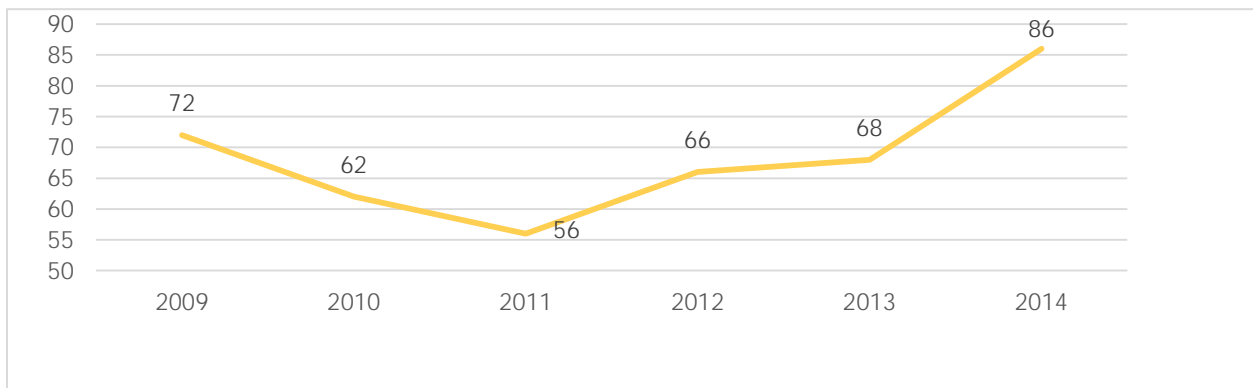
<sup>13</sup> Children’s Mental Health, Centers for Disease Control and Prevention. Accessed May 2017. Retrieved from <https://www.cdc.gov/childrensmentalhealth/index.html>

DURING THE PAST 12 MONTHS, DID YOU EVER SERIOUSLY CONSIDER ATTEMPTING SUICIDE?  
 RESPONDENTS ANSWERING "YES" ... CALAVERAS UNIFIED, 2013-16



Source: West Ed for California Department of Education. California Healthy Kids Survey, Calaveras Unified Secondary Main Report, 2013-14, 2015-16.

MENTAL DISEASES & DISORDERS, HOSPITAL DISCHARGES<sup>1</sup>, CHILDREN, CALAVERAS REGION<sup>2</sup>, 2009-14



Source: Special Tabulation by the State of California, KidsData.org. Hospital Discharges by Primary Diagnosis, Sacramento, CA. 2015.

<sup>1</sup>Hospital discharges for children ages 0-17, excluding childbirth.

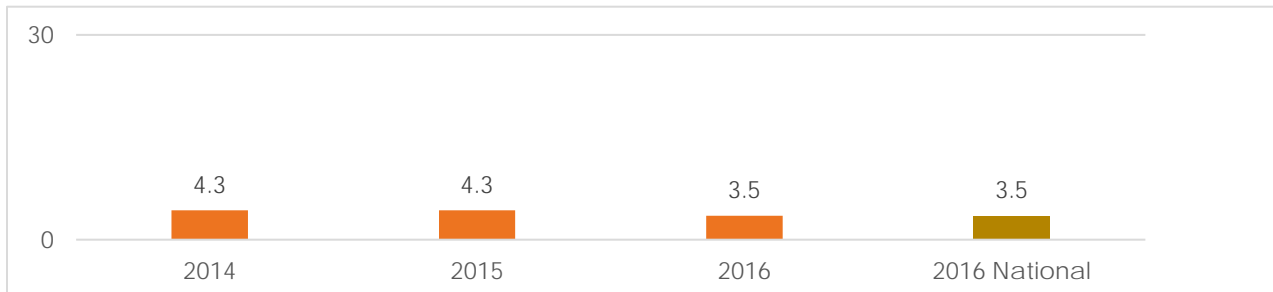
<sup>2</sup>Calaveras Region includes: Amador, Calaveras, Mariposa, and Tuolumne counties. Adult



**ADULT**

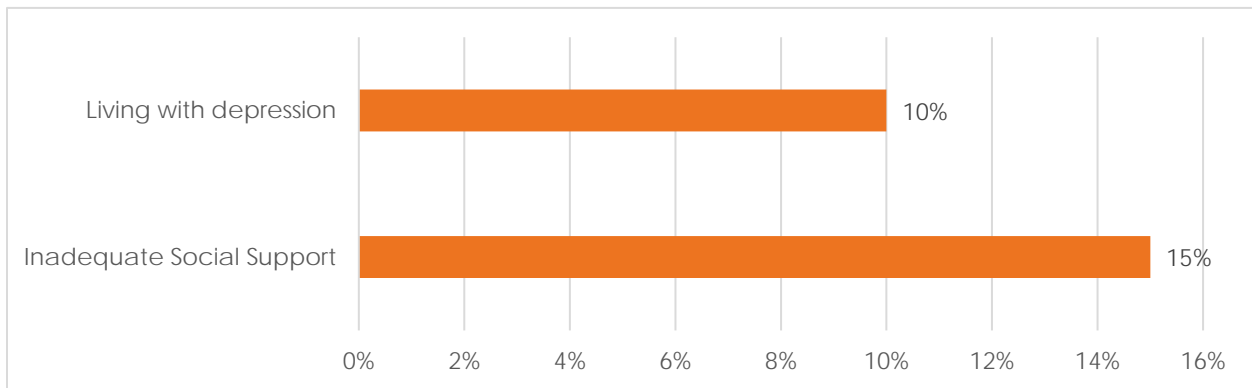
Indicators of mental health in adults include social and emotional support, life satisfaction, frequent mental distress, and incidence of depression or anxiety. Adequate social support and life satisfaction are associated with reduced risk of mental illness and risky health behaviors.<sup>14</sup> Local experts held that socio-emotional health, trauma, and anxiety were issues in Calaveras County.

**AVERAGE NUMBER OF MENTALLY UNHEALTHY DAYS REPORTED IN THE PAST 30 DAYS, CALAVERAS COUNTY & NATION, 2014-16**



Source: University of Wisconsin. Population Health Institute. (2014-2016). County Health Rankings. Madison, WI County Health Rankings

**ADULT MENTAL HEALTH ISSUES, CALAVERAS COUNTY, 2012**



Note: "Living with depression" is the prevalence of depression among Medicare fee-for-service beneficiaries. "Inadequate social support" is the percent of adults 18 years and over who report not receiving sufficient social-emotional support, based on the Behavioral Risk Factor Surveillance System's (BRFSS) question, "How often do you get the social and emotional support you need?"

Source: Community Health Status Indicators, US Department of Health and Human Services, Centers for Disease Control and Prevention, 2012

<sup>14</sup> The State of Mental Health and Aging in America, Centers for Disease Control and Prevention. Issue Brief #1: What do the data tell us? Accessed May 2017. Retrieved from [https://www.cdc.gov/aging/pdf/mental\\_health.pdf](https://www.cdc.gov/aging/pdf/mental_health.pdf)

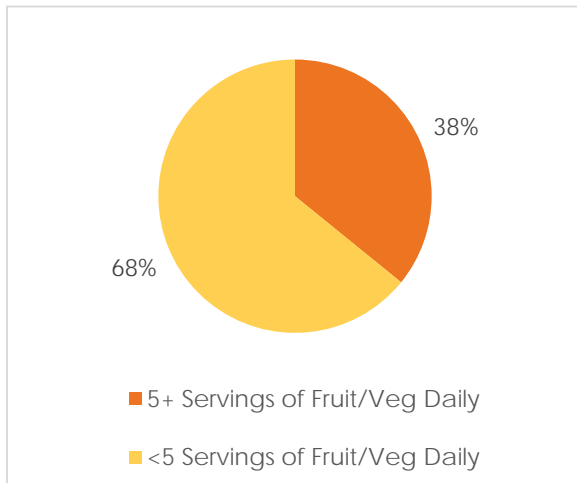
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## NUTRITION, DIET, EXERCISE AND OBESITY

Consumption of unhealthy food and insufficient exercise adversely impacts individuals and communities.<sup>15</sup> According to one local expert, diet and exercise affects socio-emotional well-being and has long term effects on health including anxiety, diabetes, heart disease, and obesity. The same expert shared that diet is an issue in Calaveras County, stating, "What students are putting into their bodies is not good." Local experts also cited access to exercise and recreation facilities as an issue, explaining that there is "No safe area to get out, no sidewalks or play areas."

### FIVE-A-DAY – HOW MANY EATING 5+ SERVINGS OF FRUIT OR VEGETABLES DAILY? CALAVERAS REGION<sup>1</sup>, 2014

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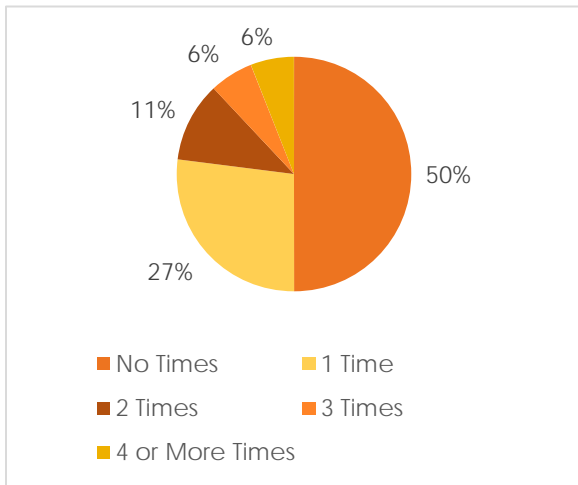
Source: UCLA Center for Health Policy Research. AskCHIS 2014. Available at <http://ask.chis.ucla.edu>. Retrieved March 2017.

<sup>1</sup>Calaveras Region: Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine.

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<sup>15</sup> County Health Rankings, Diet and Exercise. Accessed May 2017. Retrieved from <http://www.countyhealthrankings.org/our-approach/health-factors/diet-and-exercise>

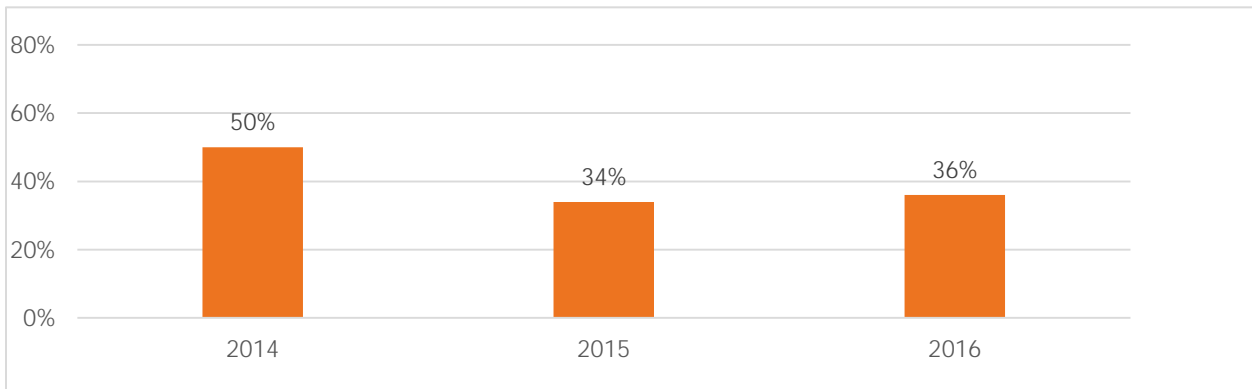
FAST FOOD EATEN HOW MANY TIMES IN THE LAST WEEK? CALAVERAS REGION<sup>1</sup>, 2014



Source: UCLA Center for Health Policy Research. AskCHIS 2014. Available at <http://ask.chis.ucla.edu>. Retrieved March 2017.

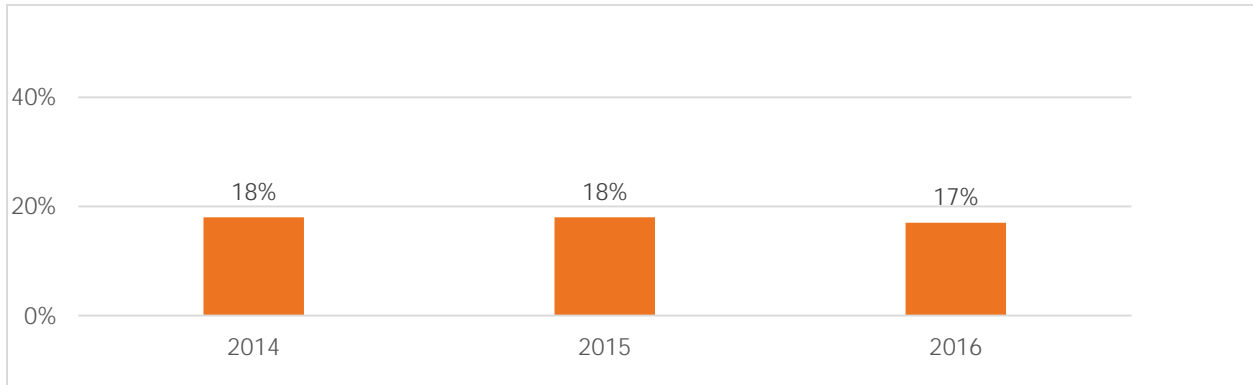
<sup>1</sup>Calaveras Region: Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine.

PERCENTAGE OF THE POPULATION WITHOUT ADEQUATE ACCESS TO LOCATION FOR PHYSICAL ACTIVITY, CALAVERAS COUNTY, 2014-16



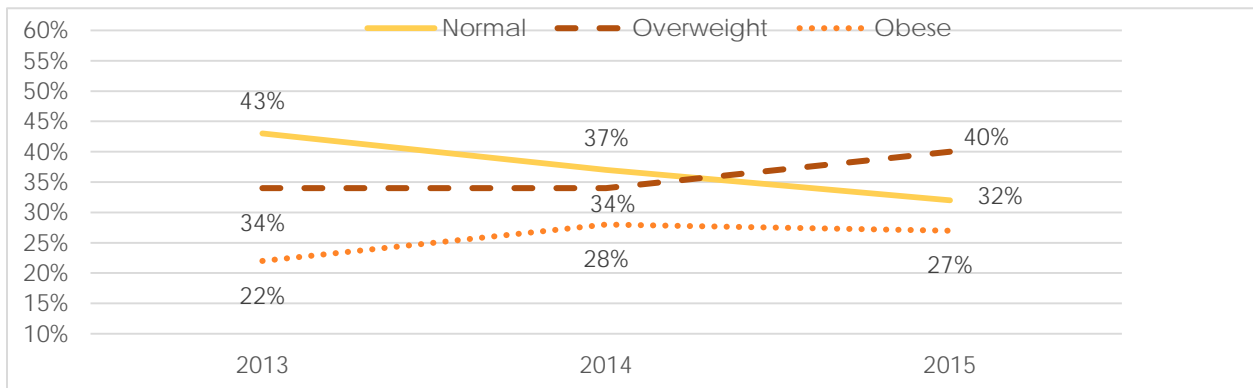
Source: University of Wisconsin. Population Health Institute. (2014-2016). County Health Rankings. Madison, WI County Health Rankings.

PERCENTAGE OF ADULTS AGED 20 AND OVER REPORTING NO LEISURE-TIME PHYSICAL ACTIVITY, CALAVERAS COUNTY, 2014-16



Source: University of Wisconsin. Population Health Institute. (2014-2016). County Health Rankings. Madison, WI County Health Rankings.

OVERWEIGHT AND OBESE ADULTS, CALAVERAS REGION<sup>1</sup>, 2013-15



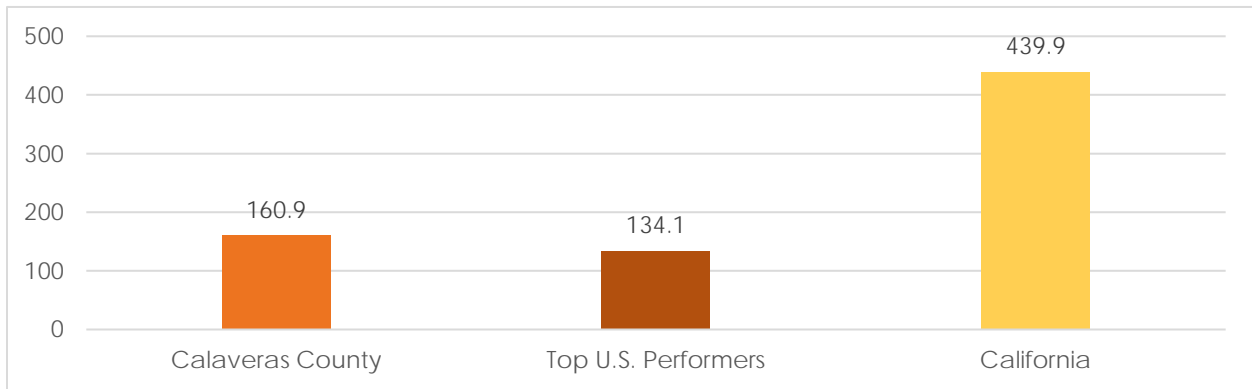
Source: UCLA Center for Health Policy Research. AskCHIS 2014. Available at <http://ask.chis.ucla.edu>. Retrieved March 2017.

<sup>1</sup>Calaveras Region: Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine.

## SEXUAL HEALTH

Sexual health is important to overall health. Sexual health includes physical, emotional, mental, and social well-being.<sup>16</sup> High-risk sexual activities can lead to sexually-transmitted infections (STIs) and unplanned pregnancy. Sexual health can impact both immediate and long-term health and can affect the economic and social well-being of individuals, families, and communities.<sup>17</sup> Local experts cited very limited health education in schools, resulting in poor health literacy. Experts also held that there is no funding for sex education, and suggested that young women have health needs that are not being met.

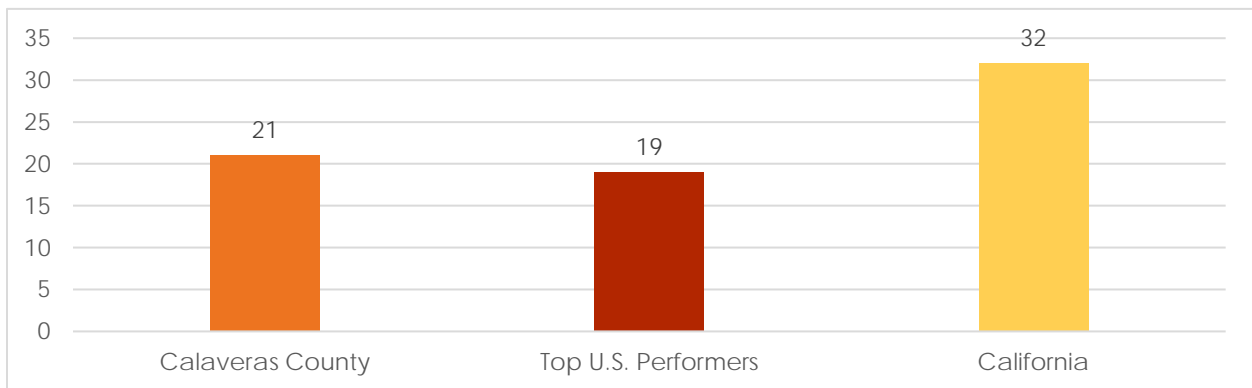
### SEXUALLY TRANSMITTED INFECTION RATE<sup>1</sup>, 2016



<sup>1</sup>Note: Sexually Transmitted Infections (STIs) are measured as the chlamydia incidence (number of new cases reported) per 100,000 population.

Source: University of Wisconsin. Population Health Institute. (2014-2016). County Health Rankings. Madison, WI.

### TEEN BIRTHS<sup>1</sup>, 2016



<sup>1</sup>Note: Teen Births are the number of births per 1,000 female population, ages 15-19.

Source: University of Wisconsin. Population Health Institute. (2014-2016). County Health Rankings. Madison, WI.

<sup>16</sup> Centers for Disease Control and Prevention. Sexual Health. Accessed May 2017. Retrieved from <https://www.cdc.gov/sexualhealth/default.html>

<sup>17</sup> County Health Rankings. Why is Sexual Activity Important to Health? Accessed May 2017. Retrieved from <http://www.countyhealthrankings.org/our-approach/health-factors/sexual-activity>

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## SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. Experts noted three social determinants of health that are particularly problematic in Calaveras County: Economic Opportunities, Food Insecurity, and Homelessness.

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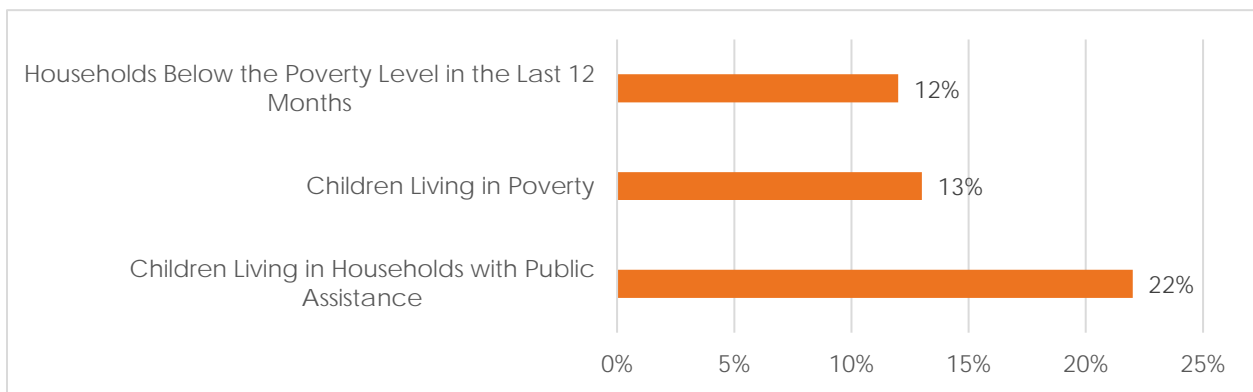
### ECONOMIC OPPORTUNITIES

Due to the rural nature of the county and geographic isolation, experts reported the lack of economic opportunities in Calaveras County. In rural areas of the county or upcountry, there are higher rates of poverty. Experts reported income disparity and lack of jobs in the county.

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### STATUS OF FAMILIES, CALAVERAS COUNTY, 2015

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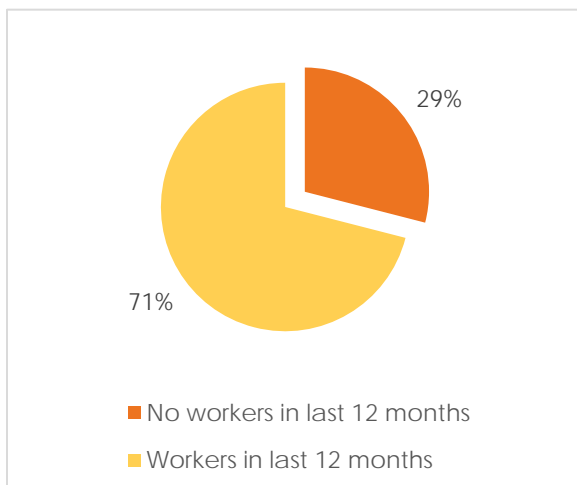


Source: United States Census Bureau. (2015). 2011-2015. American Community Survey 5-year estimates.

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### FAMILIES WITH NO WORKERS IN THE LAST 12 MONTHS, CALAVERAS COUNTY, 2015

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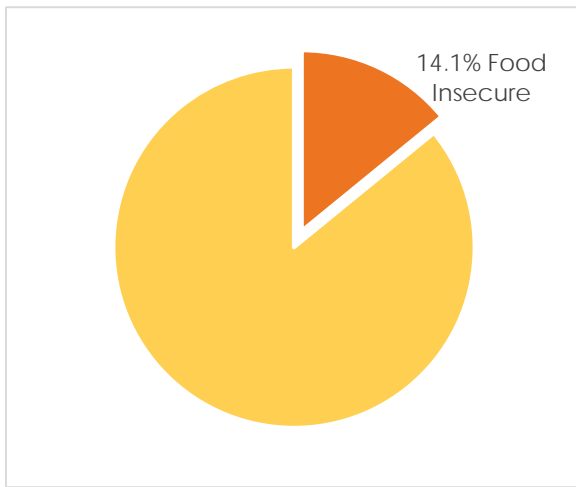


Source: United States Census Bureau. (2015). 2011-2015. American Community Survey 5-year estimates.

## FOOD INSECURITY

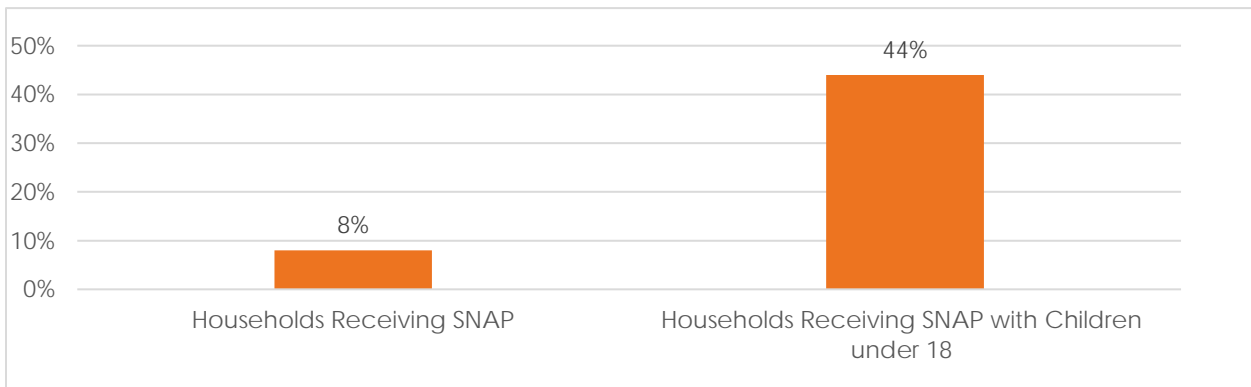
According to USDA's Feeding America Map the Meal Gap, there were 6,320 food insecure people in Calaveras County in 2014, with a food insecurity rate of 14.1%, slightly higher than the state total at 13.9%. Food insecurity refers to USDA's measure of occasional lack of access to enough food for an active, healthy life for all household members, and limited or uncertain availability of nutritionally adequate foods. Food insecurity can lead to Type 2 diabetes, high blood pressure, and obesity. Food insecure youth are more likely to have poor health and experience difficulty in school.<sup>18</sup> According to experts, lack of transportation in the rural county leads to limited access to healthy foods.

### FOOD INSECURITY RATE, CALAVERAS COUNTY, 2014



Source: United States Department of Agriculture, Feeding America. Map the Meal Gap, 2014.

### HOUSEHOLDS RECEIVING SNAP ASSISTANCE, CALAVERAS COUNTY, 2014

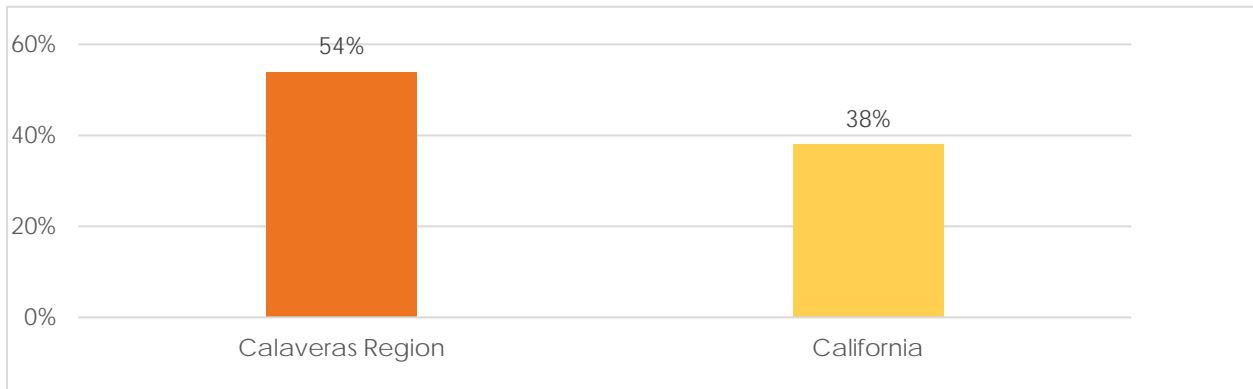


Source: United States Census Bureau. (2014). 2010-2014. American Community Survey 5-year estimates.

<sup>18</sup> Feeding America. Importance of Nutrition on Health in America. Accessed May 2017. Retrieved from <http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/hunger-and-nutrition/>



### INDIVIDUALS NOT ABLE TO AFFORD ENOUGH FOOD, CALAVERAS REGION<sup>1</sup>, 2015



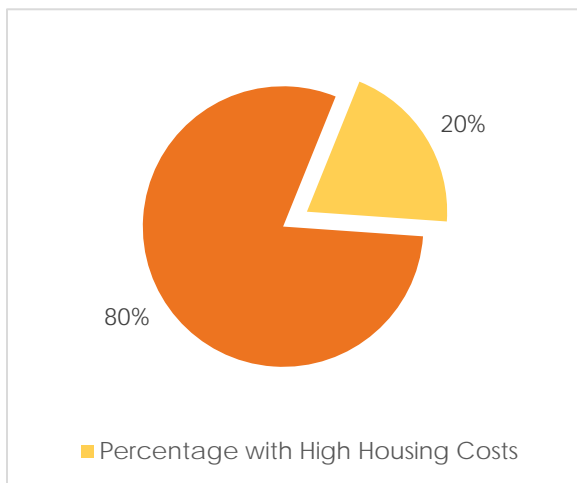
Source: UCLA Center for Health Policy Research. AskCHIS 2013-2015. Available at <http://ask.chis.ucla.edu>. Retrieved March 2017.

<sup>1</sup>Calaveras Region: Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine.

### HOMELESSNESS/LACK OF HOUSING

Homelessness is on the rise in Calaveras County, due in part to the Butte Fire that destroyed housing structures and forced displaced residents into the already limited rental housing market. Life expectancy for individuals experiencing homelessness is, on average, 25 years less than those in stable housing. These individuals are often without regular access to healthcare and may experience preventable illness and endure longer hospitalizations than those stably housed.<sup>19</sup>

### PERCENTAGE OF INDIVIDUALS WITH VERY HIGH HOUSING COSTS, CALAVERAS COUNTY, 2012



<sup>19</sup> Sharon A. Salit M.E. (1998). Hospitalization Costs Associated with Homelessness in New York City. *New England Journal of Medicine*, 338, 1734-1740.

Source: Community Health Status Indicators, US Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.

### TOTAL NUMBER OF HOMELESS INDIVIDUALS, CALAVERAS COUNTY, 2015-16



Source: Central Sierra Continuum of Care Point-in-Time Homeless Census, 2015-2016.

### SUBSTANCE USE

The effects of substance use are cumulative and have negative impacts on individuals, families, and communities. Substance use contributes to costly public health problems, as well as social, physical, and mental health issues. “Reduced substance abuse to protect the health, safety, and quality of life for all” is a Healthy People 2020 objective.<sup>20</sup> Local experts reported high rates of substance use in Calaveras County.

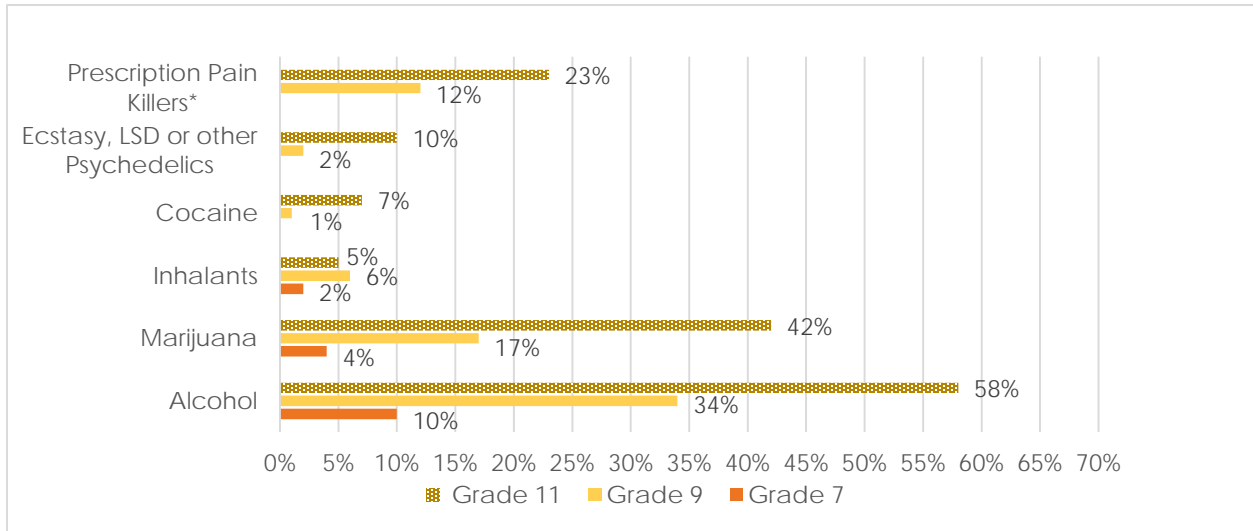
### YOUTH

Adolescent abuse of prescription drugs is a notable concern in recent years. Risks involved with youth substance use include teenage pregnancy, crime, and sexually transmitted infections, among other outcomes.<sup>21</sup> In Calaveras County, experts reported a need to decrease the rate of youth tobacco and marijuana use.

<sup>20</sup> U.S. Department of Health and Human Services, Healthy People 2020. Healthy People 2020. Accessed on May 2017. <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>

<sup>21</sup> Ibid.

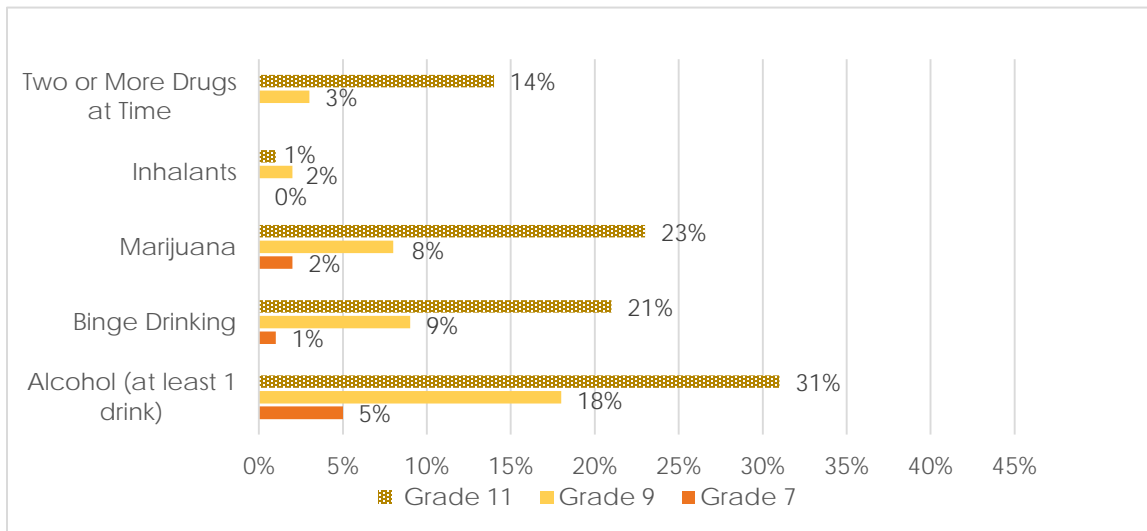
LIFETIME ALCOHOL AND DRUG USE, STUDENTS GRADES 7, 9 AND 11, CALAVERAS UNIFIED SECONDARY, 2015-16



\*Includes Diet Pills and other Prescription Stimulants

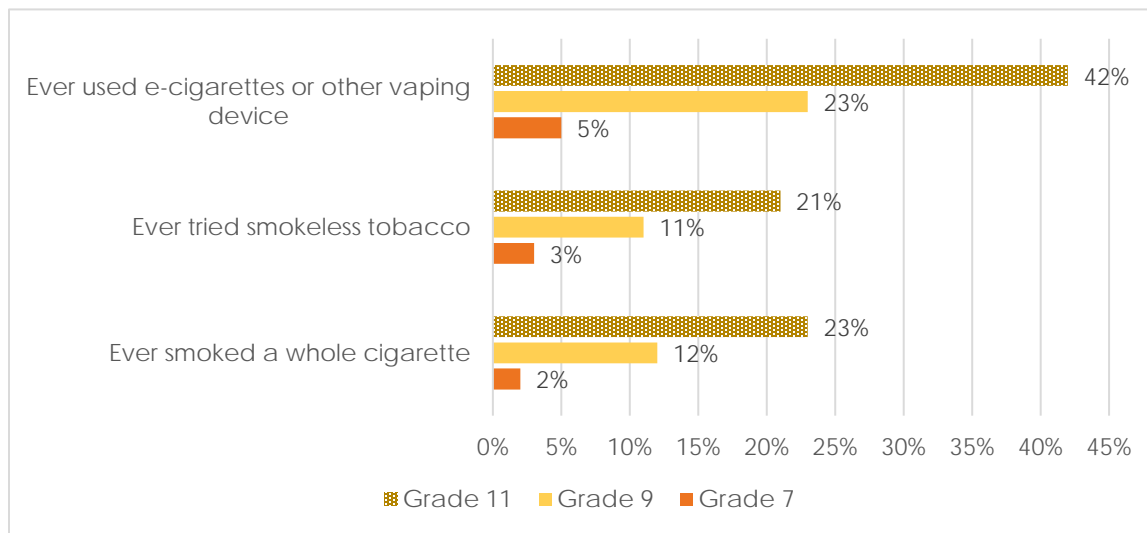
Source: West Ed for California Department of Education. California Healthy Kids Survey, Calaveras Unified Secondary Main Report, 2015-16.

ALCOHOL AND DRUG USE IN THE LAST 30 DAYS, STUDENTS GRADES 7, 9 AND 11, CALAVERAS UNIFIED SECONDARY, 2015-16



Source: West Ed for California Department of Education. California Healthy Kids Survey, Calaveras Unified Secondary Main Report, 2015-16.

TOBACCO USE PREVALENCE, STUDENTS GRADES 7, 9 AND 11, CALAVERAS UNIFIED, 2015-16

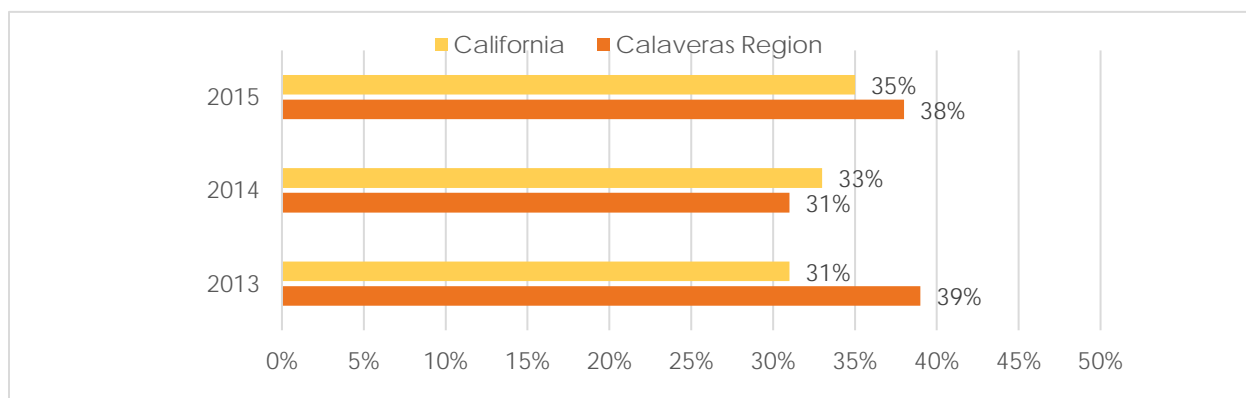


Source: West Ed for California Department of Education. California Healthy Kids Survey, Calaveras Unified Secondary Main Report, 2015-16.

ADULT

Risks involved with substance use for adults include domestic violence, child abuse, motor vehicle accidents, homicide, suicide, and other outcomes.<sup>22</sup>

PERCENTAGE REPORTING BINGE DRINKING IN THE LAST YEAR, CALAVERAS REGION<sup>1</sup> & STATE, 2013-15

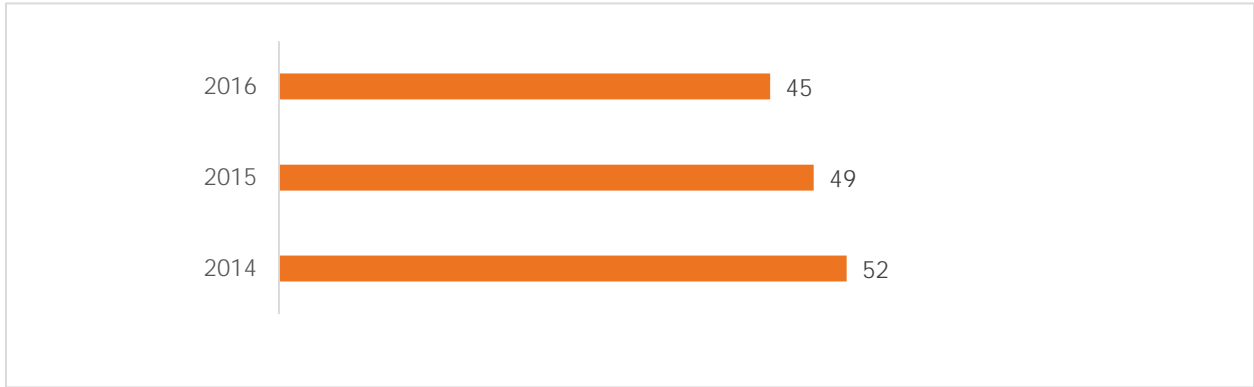


Source: UCLA Center for Health Policy Research. AskCHIS 2013-2015. Available at <http://ask.chis.ucla.edu>. Retrieved March 2017.

<sup>1</sup>Calaveras Region: Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine.

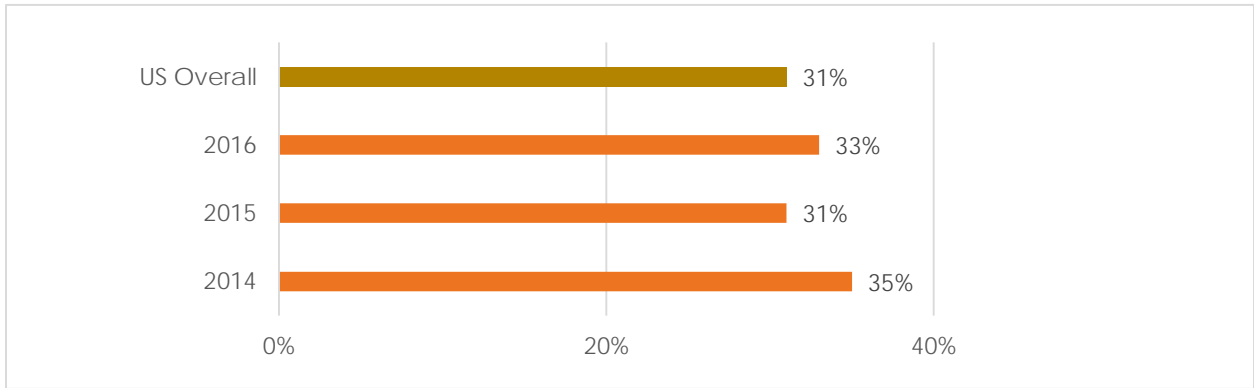
<sup>22</sup> Ibid.

NUMBER OF DRIVING DEATHS, CALAVERAS COUNTY, 2014-16



Source: University of Wisconsin. Population Health Institute. (2014-2016). County Health Rankings. Madison, WI.

PERCENTAGE OF DRIVING DEATHS WITH ALCOHOL INVOLVEMENT, CALAVERAS COUNTY & NATION, 2014-16



Source: University of Wisconsin. Population Health Institute. (2014-2016). County Health Rankings. Madison, WI.

## DESCRIPTION OF PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

The IRS CHNA requirements state that hospital facilities must identify significant health needs of the community, and prioritize those health needs. In order to identify significant health needs, ASR facilitated a discussion with stakeholders during the Community Summit, during which they reviewed all of the quantitative and qualitative data, the list of significant health needs and their impact on the community. They were given the option to add or delete needs, and then went through a prioritization process using criteria suggested by Dignity Health (size or scale of problem, severity of problem, disparity and equity, known effective interventions, and resource feasibility and sustainability), to narrow the list to four, combining and redefining some to fit the specific needs of the county. (Data collection methods are further described in Section 4.)

The top four health needs are explained below:

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### MENTAL HEALTH

The term “mental health” historically has been used in reference to mental illness; however, mental health is increasingly now viewed as a state of well-being. This new framework for mental health includes a focus on resilience, and having certain family and community supports that help improve well-being. Some resilience factors for adults include having people to rely on in a time of crisis, knowing people in one’s neighborhood and having someone to watch one’s child in case of an emergency. For youth, resilience factors include having an adult to rely on, having an adult outside of the home that cares about them, participating in after-school activities and volunteer and leadership opportunities in the community.

Mental health and physical health are deeply linked. Individuals with major mental illnesses have a higher risk of having a chronic disease, and of dying much earlier than their peers without mental illnesses. Individuals with major mental health diagnoses such as schizophrenia, major depressive disorders, and bipolar disorder die at even younger ages than those with less severe mental health diagnoses. While most individuals with mental illness die of the same causes of death as those without mental illness, such as heart disease, cancer, stroke, and lung diseases, they have higher rates of these conditions and they die sooner.

## MENTAL HEALTH - PRIMARY DATA

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### Selected Comments from Stakeholders and Experts

- "Students suffer from multiple mental health struggles related to sexual identity, self-esteem, peer and family relationships and we are ill-equipped to help."
- "We frequently have patients come into the ED in a mental health crisis needing an evaluation or to be placed in a facility."
- "There are limited providers in our area and increased demand due to the ACA."
- "There are not enough resources or providers."
- "This area is the most critical and needed. We do not have enough access to mental health services."
- "Children are showing signs of mental illness/distress at school, and with investigation we've found untreated mental illness and depression at home."

### Suggestions for Improvements or Solutions

- Work with regional centers to bring mental health services to rural areas.
- Workshops for teens and their parents.
- Hospital could be more active in referring patients to county mental health, AA, NA and other similar programs.
- Make a list of counselors that are available in this area, including what insurance they take and information about them.
- Have a dedicated social worker or psychologist available for cancer patients.
- Timely placement and collaboration with all county resources.
- Provide more mental health screenings and ongoing counseling, as well as assistance in maintaining medication.

### Specific Vulnerable Populations Mentioned

- Teens/students
- Seniors
- Parents
- Low-income residents

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## ACCESS TO PRIMARY & SPECIALTY CARE

The U.S. Department of Health and Human Services (HHS) designates certain areas as being medically underserved. They are known as Health Professional Shortage Areas (HPSA). There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). There is another designation known as a Medically Underserved Area (MUA); they are areas or populations designated by the U.S. Department of Health and Human Services as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Calaveras County is both a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA).



## ACCESS TO PRIMARY & SPECIALTY CARE - PRIMARY DATA

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### Selected Comments from Stakeholders and Experts

- "Families struggle to find a doctor outside of a clinic setting."
- "Many of my clients have been emotionally distressed due to the lack of providers or the long wait times for follow up appointments with their primary care providers. Continuity of care is suffering."
- "It takes far too long to get care."
- "When we discharge a patient, and an appointment with their primary care physician is months out, they are more likely to utilize the ER as their primary care provider."
- "Clinics are severely impacted leading to community dissatisfaction and over utilization of the ER."
- "Many seniors are geographically isolated and don't have access to transportation to medical appointments or even to get food."
- "We are a sick community: We have many elderly residents, smokers, high levels of obesity and chronic disease. On the other side, we have a shortage of doctors."

### Suggestions for Improvements or Solutions

- Continue and improve recruiting efforts to bring providers to the county who accept MediCal and Medicare.
- Better management.
- Increased hours at the clinics.
- Hire temporary providers while recruiting for permanent providers.
- Improve and increase cooperation with local private providers.
- Implement a 'pre-operative clinic' that all patients without a primary care physician would attend to have their basic physical completed, and assigned a primary care physician for future care.

### Specific Vulnerable Populations Mentioned

- Seniors
- Low-income residents
- Pregnant women - no pre-natal care in the county

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## CHRONIC DISEASE MANAGEMENT

Chronic Disease Management is the integrated care approach to managing illness that includes screenings, check-ups, monitoring and coordinating treatment, and patient education. It can improve quality of life while reducing health care costs for patients with chronic disease by preventing or minimizing the effects of a disease.

## CHRONIC DISEASE MANAGEMENT - PRIMARY DATA

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### Selected Comments from Stakeholders and Experts

- "We need outreach on preventative health needs and access to regular checkups."
- "We are a sick community: We have many elderly residents, smokers, high levels of obesity and chronic disease. On the other side, we have a shortage of doctors."
- "We need to invest in health education about chronic diseases in the schools. We can change health behaviors of students, and then kids can encourage their parents to change."
- "My clients have additional emotional distress due to lack of providers to address chronic disease management."
- "Patients need more education about chronic disease and progressive disease."
- "Patients are not involved in their own health care. Lack of understanding of how important it is to take care of themselves."

### Suggestions for Improvements or Solutions

- Continue to support community outreach to educate and provide opportunities for community involvement in events.
- Attract and keep specialist doctors."
- More time to follow up with patients.
- Utilize tele-medicine specialty consultation in the clinics.

### Specific Vulnerable Populations Mentioned

- Students
- Seniors
- 'Silent Latinos' who have difficulty accessing services/education due to language barrier

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## MATERNAL & CHILD HEALTH

Prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes. Women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies. Calaveras County has a marked lack of prenatal care, and expectant mothers must travel out of the county for care.

## MATERNAL AND CHILD HEALTH - PRIMARY DATA

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### Selected Comments from Stakeholders and Experts

- "There is a major need for obstetrical providers – there is no birthing center. Patients have to leave the county and drive an hour south or north to get prenatal care and to deliver babies."
- "Availability of birth control/family planning services is a problem. There are no family planning services in the county."
- "As identified through home visits, perinatal mood and anxiety disorders are a huge concern."
- Providing maternity and pediatric care would make it much easier for patients who live in Calaveras County."
- "We do not have a birthing center. We must send pregnant women to another county to see an OB and have their babies."

### Suggestions for Improvements or Solutions

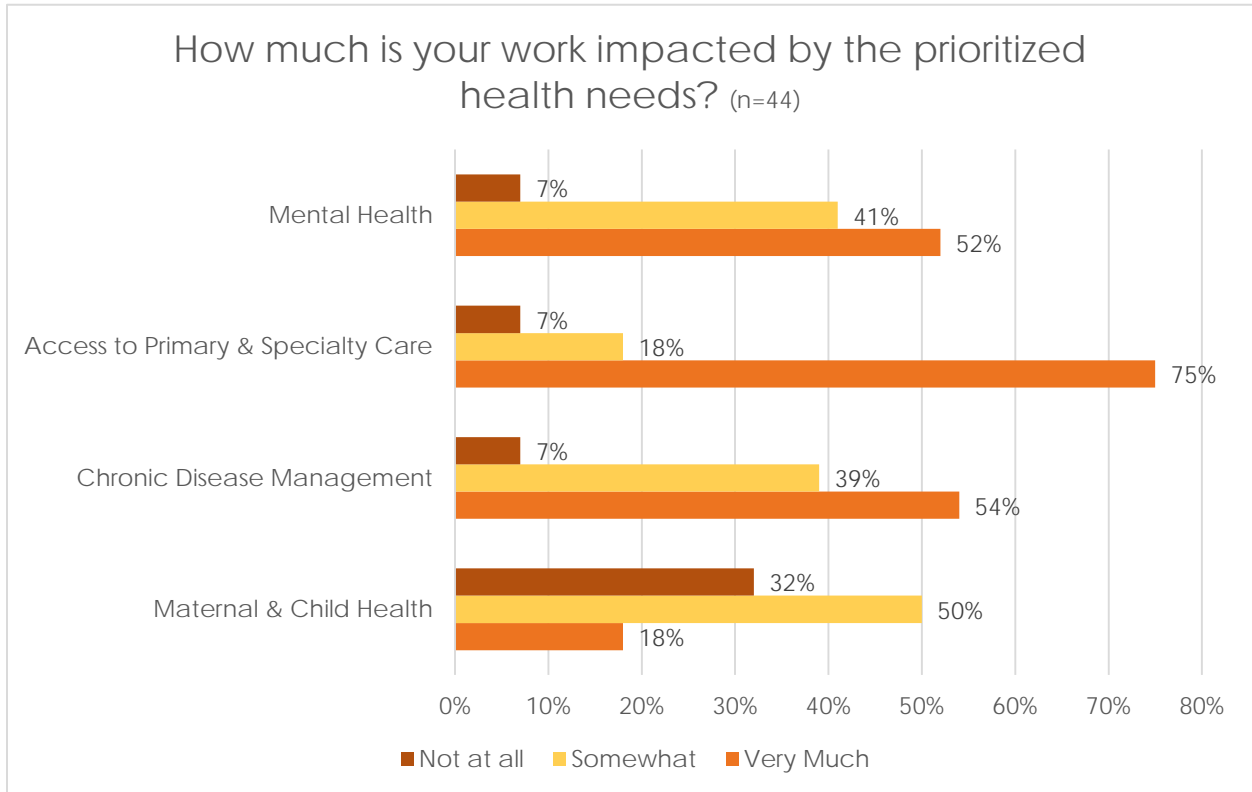
- Recruit at least one OBGYN for our area.
- Create partnerships to bring providers. Maybe have Mobile Health Clinics.
- We need a maternity ward.

### Specific Vulnerable Populations Mentioned

- Women
- Young families
- Teens

In the survey, stakeholders were asked how much their work is impacted by each of the prioritized health needs. The data below show that the majority of respondents are impacted either somewhat or very much by each of the prioritized needs: Mental Health (93%), Access to Primary and Specialty Care (93%), Chronic Disease Management (93%), and Maternal and Child Health (68%).

RESULTS OF MTMC STAFF & STAKEHOLDER SURVEY



**RESOURCES POTENTIALLY AVAILABLE TO ADDRESS PRIORITIZED HEALTH NEEDS**

The following table outlines an overview of organizations, facilities and programs that are currently working to address the prioritized needs. As part of the Implementation Strategy Plan, Mark Twain Medical Center will continue to collaborate and cooperate with these and other community resources to address the prioritized needs.

| Needs                                       | Potential Resources & Collaborating Partners  |
|---|---|
| <b>Mental Health</b>                        | <ul style="list-style-type: none"> <li>• Law enforcement</li> <li>• Crisis Intervention Team</li> <li>• Trauma Informed Care – Trauma Consortium</li> <li>• County mental health</li> <li>• Tele-psychiatry</li> <li>• Full-time psychiatrist at hospital</li> <li>• Clinics (MTMC)</li> <li>• MHSa grant – providing no cost counseling</li> <li>• MHSa Program in school</li> <li>• Grassroots “Grief Busters”</li> <li>• Probation (jail, mental health liaison)</li> <li>• Resource Connection – Crisis Center</li> <li>• Living Room</li> <li>• Veteran’s Court</li> <li>• School Community Mental Health Collaborative</li> </ul> |
| <b>Access to Primary and Specialty Care</b> | <ul style="list-style-type: none"> <li>• ACA expanded access</li> <li>• Clinic in each town (except West Point)</li> <li>• Four specialty clinics at hospital</li> <li>• Five other clinics throughout the county</li> <li>• Urgent care located in Angels Camp</li> <li>• Handful of private practices (no Medi-Cal acceptance)</li> <li>• Community Health Partners in Sonora</li> <li>• VA</li> <li>• Telehealth</li> <li>• Emergency Department &amp; ICU</li> </ul>  |

|  |  |
|--|--|
|  | <p><b>Transportation Resources:</b></p> <ul style="list-style-type: none"> <li>• Common Grounds</li> <li>• Calaveras Transit</li> <li>• Volunteer Center</li> <li>• Calaveras Mental Health Department – Psychiatry &amp; Primary Care</li> <li>• Two Medi-Cal plans</li> <li>• “Taxis”: Copper Cab &amp; Murphys</li> </ul>                             |
| <p><b>Chronic Disease Management</b></p> | <ul style="list-style-type: none"> <li>• Tobacco programs</li> <li>• Chronic Disease Self-Management Program (Public Health) Specializing in diabetes, chronic pain</li> <li>• Collaboration between Public Health Department &amp; MTMC</li> <li>• SNAP</li> <li>• Community Gardens</li> <li>• Fit for the Future Calaveras (Public Health)</li> </ul> |
| <p><b>Maternal and Child Health</b></p>  | <ul style="list-style-type: none"> <li>• Home visits (Public Health)</li> <li>• First 5</li> <li>• WIC</li> <li>• Hospital clinics</li> <li>• Perinatal Wellness Coalition</li> <li>• Breastfeeding Coalition</li> </ul>   |

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**HOSPITAL RESOURCES**

The following is a list of MTMC resources that are relevant to the identified needs:

**HEALTH FAIRS**

Throughout the year, Mark Twain Medical Center is involved with many Health Fairs. Community Service Organizations attend the health fair and provide community education and service to those in attendance. Cholesterol Screening, Blood Pressure Checks, Bone Density Studies and Health Education are just a few of the services provided.

**MINI-HEALTH FAIRS**

A series of mini-health fairs were conducted in the community. Partnerships with the Music in the Parks, sponsored by the Calaveras County Arts Council; the Farmer’s Market, sponsored by the Angels Camp Business Association; and the First Friday Concerts, hosted by the Murphy’s Community Club, all provided venues for the Fairs. The Fairs include health information, blood

pressure checks, strength testing, advice from nurse/mid-level, etc. We also participated in an employee health fair at Black Oak Casino in neighboring Tuolumne County to provide health information to their 400+ employees.

#### FINANCIAL ASSISTANCE

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Our Financial Assistance expense in FY2016 amounted to \$193,422. 842 persons benefited, and there were 28,081 visits from our traditional financial assistance, unpaid costs of Medi-Cal and Medicare and other public programs.

#### BREAST CANCER EARLY DETECTION PROGRAM

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Mark Twain Medical Center participates in the California State funded Breast Cancer Early Detection Program (BDECP) as a provider of clinical services and advanced diagnostics. Staff physicians and the hospital reach out to women over 40 who, because of financial or insurance limitations, are not able to receive annual breast exams and mammograms. Actual number of participants is not tracked by MTMC.

#### MEDICATION VOUCHERS

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Without having access to proper medication at home, patients would need to remain hospitalized. This program provides medication vouchers to inpatients who cannot afford needed medications. The total benefit for this service in FY2016 was \$9,213.

#### IMMUNIZATIONS

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Annual vaccination against influenza is the primary means for minimizing serious adverse outcomes from influenza virus infections. These infections result in approximately 20,000 deaths and 110,000 hospitalizations per year in the United States. The amount of trivalent inactivated influenza vaccine produced for distribution in the United States has increased substantially. During FY2016, over 1,200 influenza vaccinations were administered. Donations were accepted, but not required. Starting in 2007, the hospital began to offer pneumonia vaccinations at their annual Fall Health Fair and now offer them at all Health Fairs.

#### MARK TWAIN MEDICAL CENTER'S RURAL HEALTH CLINICS

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Five Federally-qualified Rural Health Clinics strategically located in remote communities of Calaveras County. Visitors to these centers are provided primary healthcare services, and provide information about the additional needs and services that are important to their community.

#### MARK TWAIN MEDICAL CENTER HEALTHY HEART ACTIVITIES AT COUNTY FAIR

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Mark Twain Medical Center (MTMC) teamed up with the American Heart Association to help provide a heart healthy focus at the Calaveras County Fair. MTMC staff also assisted in demonstrating CPR at the event.

#### TEDDY BEAR CLINIC

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This annual activity brings all of the kindergartners in Calaveras County to our hospital to learn more about what happens at a hospital. The children are taken on a tour of the hospital and



visit several departments where they can diagnose their “teddy bear wellness patient.” The purpose of the clinic is to reduce some of the apprehension about the hospital and to remind the children that we are not always about pain and shots. The event also includes health promotion education for the children.

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#### AMERICAN HEART ASSOCIATION

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360 community members benefited from our Basic Cardiac Life Support classes to community members and medical personnel. Partners included the San Andreas and Copperopolis Fire Departments.

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#### BABY SITTING BASICS

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32 boys and girls from ages 11-15 attended this class to educate our youth to responsibly care for young children.

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#### DISASTER PREPAREDNESS

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During the year, over 400 persons in Calaveras County participated in communications workgroups and educational classes to coordinate communications between Public Safety, Public Health and MTMC. Partners include law enforcement, Fire, EMS, EMSA, Public Health and EMA. The goal is to improve processes and coordinate technologies for emergency service organizations.

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#### PINK IN THE NIGHT

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This is a Cancer awareness group providing education to persons who have experienced a breast cancer related illness. There is also an annual lighting ceremony where over 500 persons are in attendance including all area junior football teams. Various businesses in Calaveras County are provided strings of pink light bulbs which are kept on throughout October. In 2016, 60 watt bulbs were distributed to residences promoting the awareness of early breast cancer detection. The light bulbs are provided through the Mark Twain Health Care District.

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#### BLOOD PRESSURE CHECKS

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Free Blood Pressure Checks are always offered at the five Medical Centers and the Hospital. Blood Pressure Checks are also conducted at various community events throughout the county.

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#### TAKE IT TO HEART

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The Soroptimist International of Calaveras County joins MTMC to offer free comprehensive cholesterol tests to all Calaveras County women during February each year. A total of 218 cholesterol tests were provided in this program in 2016. MTMC, The American Heart Association and Soroptimist also held a first annual ‘Red Shoe Stroll’ 5k Fun/Run with over 40 participants.

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#### SPONSORSHIPS AND DONATIONS

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As a member of the community, Mark Twain Medical Center responds to requests for direct funding and goods and services to support community organizations and activities such as Grad Nite, Relay for Life, Youth Programs, Habitat for Humanity, and Cancer Support Group.

### COMMUNITY HEALTH EDUCATION CENTER

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Calaveras County suffers from a scarcity of meeting rooms. MTMC'S provides meeting room space in the Community Health Education Center at no cost to health and community related groups as our schedule permits.

### DIABETES EDUCATION

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Monthly one-on-one classes are provided to the community, serving about 428 people.

### COMMUNITY HEALTH EDUCATION - SUBSTANCE ABUSE

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To combat substance abuse, Calaveras County Health Services Agency, Mark Twain Medical Center and the Calaveras County Office of Education work collaboratively to offer community education. The vision is to have a community free from substance abuse through better education.

### CALAVERAS COUNTY CHRONIC DISEASE SELF-MANAGEMENT PROGRAM

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Collaborative between the Calaveras County Health Services Agency, Mark Twain Medical Center, and various agencies. Both the walk and the six-week workshop are projects funded through the Center for Disease Control and Prevention as part of the Community Transformation Initiative. Calaveras County was one of 12 rural California counties to receive grant funding to improve rural health disparities in key preventative areas – reducing exposure to second-hand smoke, facilitating healthy communities through reduced consumption of sugary-sweetened beverages and safe walking routes and the provision of increased clinical and community preventive services.

### CHILDREN AND FAMILIES MASTER PLAN

---

Mark Twain Medical Center, Human Resources Council and the Calaveras County Health Services Agency as the lead agent are working together to train community advocates who support the underserved children of our communities.

**IMPACT OF ACTIONS TAKEN SINCE THE 2014-2016 CHNA**

Working with the Mark Twain Healthcare District Board of Directors and other community stakeholders, the 2014 Community Needs Assessment was reviewed and discussed. Specific factors considered in this process included the target population, location of target population, severity of the problem, resources currently available, available community partners, etc. Also discussed were how the identified health issues could be addressed and if a vulnerable population was identified.

The significant community health needs that were identified during the 2014 CHNA process were to continually improve the quality of health and health care for county residents by providing accurate and reliable information to community members and health care providers; raise awareness of health needs, changing trends, emerging issues, and community challenges; and provide research-based data for the hospital and the community to continue strategic planning efforts.

**MARK TWAIN MEDICAL CENTER’S PRIORITIZED HEALTH NEEDS FOR 2013-2015**

Given all the information collected during the CHNA process, the three priority areas identified by Mark Twain Medical Center, as presented to the Board of Directors, were:

- Poor Access to Primary and Preventative Care
- High Prevalence of and Disparities in Chronic Health Conditions
- Low Participation for Child Immunizations and High Child Obesity Rate

The following pages include program digests describing key programs and initiatives that address one or more significant health needs in the 2014 CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

**DESCRIPTION OF IMPACT SINCE 2014-2016 CHNA**

The following tables describe key programs and initiatives that address one or more significant health needs in the 2014 CHNA.

| Flu/Pneumonia Immunizations at Health Fairs |  |
|---|--|
| <b>Significant Health Needs Addressed</b>   | Chronic Conditions<br>✓ Access to Primary Care Services<br>Preventive Care Services  |
| <b>Program Emphasis</b>                     | Focus on Disproportionate Unmet Health-Related Needs<br>✓ Emphasize Prevention<br>Contribute to a Seamless Continuum of Care<br>Build Community Capacity<br>Collaborative Governance |

|  |  |
|--|--|
| <b>Program Description</b>                       | The hospital supports health fairs at three locations throughout the county, including Murphys, Valley Springs and San Andreas. Services provided include flu/pneumonia immunizations. |
| <b>Planned Collaboration</b>                     | MTMC collaborates with the Public Health Department and other community organizations.   |
| <b>Community Benefit Category</b>                | A-2 Community Based Clinical Services  |
| <b>FY 2016 Report</b>                            |  |
| <b>Program Goal / Anticipated Impact</b>         | Improve access to primary care and preventative services for the residents of the Mark Twain Medical Center service area to sustain or improve health.                                 |
| <b>Measurable Objective(s) with Indicator(s)</b> | Increase immunizations at the health fairs by 10% annually   |
| <b>Baseline / Needs Summary</b>                  | Clinic clients/encounters. Decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.  |
| <b>Intervention Actions for Achieving Goal</b>   | Flu/pneumonia vaccines will be provided to residents who utilize the Health Fairs.   |
| <b>Program Performance / Outcome</b>             | In FY2016, more than 350 persons received flu/pneumonia vaccines and health promotion materials at various health fairs held in the community.   |
| <b>Hospital's Contribution / Program Expense</b> | Mark Twain Medical Center net expenses for participation in flu/pneumonia vaccination program amounted to \$4,955.   |
| <b>FY 2017 Plan</b>                              |  |
| <b>Program Goal / Anticipated Impact</b>         | Improve access to primary care and preventive services for the residents of the Mark Twain Medical Center service area to sustain or improve health.                                   |
| <b>Measurable Objective(s) with Indicator(s)</b> | Residents obtaining immunizations at the Health Fairs will have decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.                 |
| <b>Baseline / Needs Summary</b>                  | For FY 2016, over 1,200 persons received flu/pneumonia vaccines at the MTMC'S Health Fairs. This is the baseline.  |
| <b>Intervention Actions for Achieving Goal</b>   | Increase marketing about the Health Fairs. Provide additional immunizations in underserved areas with mini health fairs.   |

| <b>Diabetes Management Program</b>               |   |
|--|---|
| <b>Significant Health Needs Addressed</b>        | <ul style="list-style-type: none"> <li>✓ Chronic Conditions</li> <li>Access to Primary Care Services</li> <li>Preventive Care Services</li> </ul>   |
| <b>Program Emphasis</b>                          | <ul style="list-style-type: none"> <li>Focus on Disproportionate Unmet Health-Related Needs</li> <li>✓ Emphasize Prevention</li> <li>Contribute to a Seamless Continuum of Care</li> <li>Build Community Capacity</li> <li>Collaborative Governance</li> </ul>  |
| <b>Program Description</b>                       | <p>The Diabetes Self-Management Education (DSME) program started in August, 2012 and is conducted by a Certified Diabetes Educator/Registered Dietitian who provides patient education within the hospital's service community of Calaveras County. Patient assessments, consultations and education occur at MTMC's Family Medical Centers (five locations within Calaveras County) to increase outreach and access. Self-management topics include, but are not limited to: Diabetes Overview, Monitoring, Physical Activity, Healthy Eating, Meal Planning, Problem Solving, and Reducing Risks.</p> |
| <b>Planned Collaboration</b>                     | Local Medical Providers and the Public Health Department are the catalyst to provide outreach   |
| <b>Community Benefit Category</b>                | A-2 Community Based Clinical Services   |
| <b>FY 2016 Report</b>                            |   |
| <b>Program Goal / Anticipated Impact</b>         | The program goal is to avoid diabetes related hospital or ED admissions among 50% of participants served in the program within six months of the intervention.  |
| <b>Measurable Objective(s) with Indicator(s)</b> | Percentage of participants admitted to the hospital or ED within six months of the invention for diabetes related treatment.  |
| <b>Baseline / Needs Summary</b>                  | Although the rate is unreliable (+ or – 23%), Mark Twain Medical Center's last Community Health Needs Assessment indicates age-adjusted Diabetes is below the statewide rate, we believe the incidence is actually above the Health People 2020 objective of 15/100,000. A more recent thorough assessment report will probably indicate the prevalence of Diabetes in our county is 1 out of 10 adults and more prevalent among persons living below the poverty level and obese adults.   |
| <b>Intervention Actions for Achieving Goal</b>   | Provide Diabetes Self-Management Education to patients referred by community practitioners.   |

|  |   |
|--|---|
| <b>Program Performance / Outcome</b>             | Results from FY 2016 showed 428 patients have been served since July 2015, vs 342 patients FY15. Follow-up data became available in the third quarter finding no participant from the program was admitted to the Hospital or ED for diabetes related treatment within six months of the intervention. Hospital's Contribution / Program Expense.   |
| <b>Hospital's Contribution / Program Expense</b> | The Diabetes Self-Management Education (DSME) program had an expense of \$248,271 for FY 2016.  |
| <b>FY 2017 Plan</b>                              |   |
| <b>Program Goal / Anticipated Impact</b>         | Certified Diabetes Educator Consultant contracted to provided diabetes education to patients within the communities of Calaveras County through referrals from practitioners. Patient consultations/education occur at MTMC's Family Medical Centers (five locations within Calaveras County) to increase outreach and access. Including working with Public Health.  |
| <b>Measurable Objective(s) with Indicator(s)</b> | Fifty percent of the participants or greater who received Diabetes Self-Management Education (DSME) will avoid diabetes-related admissions to the hospital or emergency department for the three months following their participation in the program.   |
| <b>Baseline / Needs Summary</b>                  | Building new baseline for FY2017 by tracking the number of total patients participating in our DSME program.  |
| <b>Intervention Actions for Achieving Goal</b>   | <p>Certified Diabetes Educator providing Diabetes Self-Management Education to parents through individual consultation and group classes. Self-Management topics include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Diabetes overview</li> <li>• Monitoring</li> <li>• Physical Activity</li> <li>• Medications</li> <li>• Healthy Eating</li> <li>• Carbohydrate Counting</li> <li>• Meal Planning</li> <li>• Problem Solving</li> <li>• Reducing Risks</li> </ul> <p>Data collected will aid in evaluating the effectiveness of our DSME program to help determine areas for growth and improvement for the next fiscal year.</p> |

| Chronic Heart Disease and Pulmonary Disease Management |   |
|--|---|
| <b>Significant Health Needs Addressed</b>              | <ul style="list-style-type: none"> <li>✓ Chronic Conditions</li> <li>Access to Primary Care Services</li> <li>Preventive Care Services</li> </ul>   |
| <b>Program Emphasis</b>                                | <ul style="list-style-type: none"> <li>✓ Focus on Disproportionate Unmet Health-Related Needs</li> <li>✓ Emphasize Prevention</li> <li>✓ Contribute to a Seamless Continuum of Care</li> <li>Build Community Capacity</li> <li>Collaborative Governance</li> </ul>  |
| <b>Program Description</b>                             | Residents of the community have a high mortality and morbidity rate from chronic diseases such as COPD and CHF.   |
| <b>Planned Collaboration</b>                           | Mark Twain Medical Center initiated a heart disease management program to help improve health outcomes and decrease admissions and/or length of hospital stay for persons with CHF or COPD.   |
| <b>Community Benefit Category</b>                      | A1 – a Community Health Education – Lectures/Workshops  |
| FY 2016 Report   |   |
| <b>Program Goal / Anticipated Impact</b>               | Mark Twain Medical Center will decrease inpatient utilization rates for persons with CHF or COPD who participate in the hospital's intervention program by at least 5%.   |
| <b>Measurable Objective(s) with Indicator(s)</b>       | Decrease or avoid admissions of persons with CHF or COPD, particularly among the vulnerable populations of uninsured and dually eligible (Medicare/MediCal) community residents.  |
| <b>Baseline / Needs Summary</b>                        | With the addition of a fulltime Cardiologist- MTMC will continue to cultivate relationships with primary care physicians to partner in the care of patients with CHF or COPD. Provide short-term outpatient case management services for target population. Offer disease management education to program participants. |
| <b>Intervention Actions for Achieving Goal</b>         | This program responds to the corporate metric goal for chronic disease self-management. Participants in the Pulmonary Rehabilitation program will be monitored, and readmissions will be tracked post six-months of the intervention for quarterly reporting purposes.  |
| <b>Program Performance / Outcome</b>                   | 56 persons participated in FY16.  |



|  |  |
|--|--|
| <b>Hospital's Contribution / Program Expense</b> | This program is managed and provided by the interdisciplinary hospital staff members including: Medical Director, Registered Nurse, Respiratory Therapist, Social Worker, Physical Therapist, and Dietician. |
|--|--|

|                     |  |
|---------------------|--|
| <b>FY 2017 Plan</b> |  |
|---------------------|--|

|  |   |
|--|---|
| <b>Program Goal / Anticipated Impact</b> | Work with local providers to identify class participants. Begin classes |
|--|---|

|  |  |
|--|--|
| <b>Measurable Objective(s) with Indicator(s)</b> | MTMC will be enhancing Cardiac Services with the addition of the fulltime Cardiologist and Specialty Care Center. MTMC will team up with Calaveras County Public Health to decrease the readmission rates among vulnerable population. |
|--|--|

|                                 |  |
|---------------------------------|--|
| <b>Baseline / Needs Summary</b> | Working in partnership with CCPH to create a framework for resources to be offered to the community. Attending monthly interdisciplinary meetings as we build up the references and resources needed to educate the community. |
|---------------------------------|--|

|  |   |
|--|---|
| <b>Intervention Actions for Achieving Goal</b> | The MTMC Cardiac Rehabilitation is a program of cardiac-specific exercises and education designed to assist participants in self-managing their chronic conditions in order to resume and maintain a healthy and more active lifestyle. A specially trained team works with physicians to develop individualized plans for those who suffer from a heart condition. The program includes both exercise and education on heart disease and risk factors, assistance in developing a program of lifestyle modification and management, and heart monitoring during exercise to ensure participants are exercising safely. Many patients who suffer from heart failure have a history of hypertension, diabetes, hyperlipidemia, and chronic pain. The program is offered to participants at minimal cost (\$6 per class). |
|--|---|

## CONCLUSION

Mark Twain Medical Center worked to meet the requirements of the federally required CHNA by pooling expertise, guidance, and resources for a comprehensive community assessment. By gathering secondary data, and conducting new primary data collection, Mark Twain Medical Center was able to collectively understand the community's perception of health needs and prioritize health needs with an understanding of how each compares against benchmarks.

After making this CHNA report publicly available in 2017, Mark Twain Medical Center will develop an implementation plan and prioritize interventions around these health needs.

## NEXT STEPS TOWARDS IMPLEMENTATION



## LIST OF ATTACHMENTS

1. IRS Checklist
2. Key Informant Interview Protocols
3. Hospital Stakeholder Survey Questions

## Attachment 1 | IRS Checklist

The requirements of the CHNA are described in section §1.501(r)(3) of the Internal Revenue code.

| CHNA Requirement  | Information Required   | Section Reference  | CHNA Report Reference/ Comments |
|---|--|--------------------|---------------------------------|
| <b>Conducting a CHNA</b>                                  |  |                    |                                 |
| <b>Date a CHNA is conducted</b>                           | A hospital facility will be considered to have completed the step of making a CHNA report widely available to the public on the date it first makes the CHNA report widely available to the public as described in <b>Checklist § 4(1)</b> , below.  | <b>(b)(1)-(2))</b> |                                 |
| <b>Community information &amp; assessing health needs</b> |  |                    |                                 |
| <b>Community served by a hospital facility</b>            | In defining the community it serves, a hospital facility may take into account all of the relevant facts and circumstances, including the geographic area served by the hospital facility, target population(s) served for example, children, women, or the aged), and principal functions (for example, focus on a particular specialty area or targeted disease). However, a hospital facility may not define its community to exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital facility draws its patients (unless such populations are not part of the hospital facility’s target patient population(s) or affected by its principal functions) or otherwise should be included based on the method the hospital facility uses to define its community. In addition, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility’s financial assistance policy. In the case of a hospital facility consisting of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of such areas or populations. | <b>(b)(3)</b>      |                                 |
| <b>Assessing community health needs</b>                   | To assess the health needs of the community it serves, a hospital facility must identify significant health needs of the community, prioritize those health needs, and identify resources (such as organizations, facilities, and programs in the community, including those of the hospital facility) potentially available to address those health needs. For these purposes, the health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities). A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in  | <b>(b)(4)</b>      |                                 |

| CHNA Requirement                          | Information Required  | Section Reference   | CHNA Report Reference/ Comments |
|---|---|---------------------|---------------------------------|
|   | the community it serves. In addition, a hospital facility may use any criteria to prioritize the significant health needs it identifies, including, but not limited to, the burden, scope, severity, or urgency of the health need; the estimated feasibility and effectiveness of possible interventions; the health disparities associated with the need; or the importance the community places on addressing the need.  |                     |                                 |
| <b>Persons representing the community</b> | i) A hospital facility must solicit and take into account input received from persons representing the broad interests of the community in identifying and prioritizing significant health needs, including all of the following sources and in identifying resources potentially available to address those health needs:  | <b>(b)(5)(i)</b>    |                                 |
|   | <i>At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency), or a State Office of Rural Health, with knowledge, information, or expertise relevant to the health needs of that community.</i>  | <b>(b)(5)(i)(A)</b> |                                 |
|   | <i>(i) (B) Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations. For this purpose, medically underserved populations include populations experiencing health disparities or at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.</i>             | <b>(b)(5)(i)(B)</b> |                                 |
|   | <i>(i) (C) Written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.</i>   |                     |                                 |
|   | <i>(ii) A hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community, including, but not limited to, health care consumers and consumer advocates, nonprofit and community-based organizations, academic experts, local government officials, local school districts, health care providers and community health centers, health insurance and managed care organizations, private businesses, and labor and workforce representatives.</i> |                     |                                 |

| CHNA Requirement  | Information Required   | Section Reference | CHNA Report Reference/ Comments |
|---|--|-------------------|---------------------------------|
| <b>b6</b>   | <b>Documentation of the CHNA (Treas. Reg. § 1.501(r)-3(b)(6))</b>  |                   |                                 |
|   | <p><b>(i) In General</b> the CHNA report adopted for the hospital facility by an "authorized body of the hospital facility" must include the six items described in <b>Checklist § 3(1)-(6)</b>, below.</p> <p>An "authorized body of a hospital facility" is defined to mean: (i) the governing body (that is, the board of directors, board of trustees, or equivalent controlling body) of the hospital organization that operates the hospital facility or a committee of, or other party authorized by, that governing body to the extent such committee or other party is permitted under state law to act on behalf of the governing body; or (ii) the governing body of an entity that is disregarded or treated as a partnership for federal tax purposes that operates the hospital facility or a committee thereof, or other party authorized by, that governing body to the extent such committee or other party is permitted under state law to act on behalf of the governing body.</p>  |                   |                                 |
| <b>(i)(A) Community served</b>  | A definition of the community served by the hospital facility and a description of how the community was determined.   |                   |                                 |
| <b>(i)(B) Processes and methods</b>                                       | <p>A description of the processes and methods used to conduct the CHNA.</p> <p>A hospital facility's CHNA report will be considered to describe the processes and methods used to conduct the CHNA for this purpose if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing the data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.</p> <p>In the case of data obtained from external source material, the CHNA report may cite the source material rather than describe the method of collecting the data.</p>   |                   |                                 |
| <b>(i)(C) How the hospital facility solicited and accounted for input</b> | <p>A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.</p> <p>The CHNA report summarizes, in general terms, any input provided by such persons and how and over what time period such input was provided (for example, whether through meetings, focus groups, interviews, surveys, or written comments and between what approximate dates); provides the names of any organizations providing input and summarizes the nature and extent of the organization's input; and describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provided input.</p> <p>A CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA. In the event a hospital facility solicits, but cannot obtain, input from a source described in <b>Checklist § 2(3)</b>, above, the hospital facility's CHNA report also must describe the hospital facility's efforts to solicit input from such source.</p> |                   |                                 |

| CHNA Requirement   | Information Required  | Section Reference | CHNA Report Reference/ Comments |
|--|---|-------------------|---------------------------------|
| <b>(i)(D) Prioritized health needs and description of process</b>  | A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.   |                   |                                 |
| <b>(i)(E) Available resources</b>  | A description of the resources potentially available to address the significant health needs identified through the CHNA.   |                   |                                 |
| <b>(i)(F) Evaluation of the impact</b>   | An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s) (Treas. Reg. § 1.501(r)-3(b)(6)(i)(F)).   |                   |                                 |
| <b>(iv) Separate CHNA reports</b>  | Every hospital facility must document separate CHNA reports   |                   |                                 |
| <b>(v) Joint CHNA reports</b>  | (1) The joint CHNA report meets the six requirements described in <b>Checklist § 3(2)-(7)</b> , above.  |                   | N/A                             |
|  | (2) The joint CHNA report is clearly identified as applying to the hospital facility.   |                   | N/A                             |
|  | (3) All of the collaborating hospital facilities and organizations included in the joint CHNA report define their community to be the same.   |                   | N/A                             |
| <b>Making the CHNA report widely available to the public (Treas. Reg. § 1.501(r)-3(b)(1)(iv), (v) and (vii))</b> |   |                   |                                 |
| <b>(1) Making a CHNA widely available to the public</b>  | CHNA is documented in a written report (CHNA report) that is adopted for the hospital facility by an "authorized body of the hospital facility"   |                   |                                 |
|  | CHNA is made widely available to the public:<br>(i) makes a paper copy of the CHNA report available for public inspection upon request and without charge at the hospital facility at least until the date the hospital facility has made available for public inspection a paper copy of its two subsequent CHNA reports; <b>and</b> |                   |                                 |
|  | (ii) makes the CHNA report "widely available on a web site <sup>1</sup> " at least until the date the hospital facility has made widely available on a web site its two subsequent CHNA reports   | <b>(b)(7)</b>     |                                 |

<sup>1</sup> Must allow an internet user to access, download, view, and print a hard copy of the document from the Web site without requiring special hardware or software, paying a fee, creating an account, or providing personally identifiable information.

## Attachment 2 | Key Informant Interview Protocol

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# Mark Twain

# Medical Center

## Key Informant Interview Protocol

### INTRODUCTION

#### **What the project is about:**

- We are helping Mark Twain Medical Center (MTMC) conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- The goal is to identify unmet health needs in our community, extending beyond patients.
- Ultimately, this will help MTMC to invest in community health strategies that will lead to better health outcomes.

**You were chosen to be interviewed for your particular perspective on health in your community.**

#### **What we'll do with the information you tell us today:**

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all interviews will go to the hospital.
- The hospital will use the information collected to inform their decisions about which needs they can best address.

#### **Our questions relate mainly to:**

- Health needs
- Healthcare access in the post-Affordable Care Act environment
- Other challenges contributing to health needs
- Suggestions/solutions (both in terms of policies and in terms of local resources)



## 1. BACKGROUND (<5 MIN.)

First, please tell me a little about your current role and the organization you work for.

## 2. HEALTH NEEDS (10-15 MIN.)

Next, we would like to get your opinion on the top health needs among those you serve.

- a) In your opinion, which health needs do you believe are the most important to address among those you serve/your constituency?
  
  
  
  
  
  
  
  
  
  
- b) In your opinion, what are the health needs that are not being met very well right now among those you serve/your constituency?
  
  
  
  
  
  
  
  
  
  
- c) Are there any specific groups or areas that have greater health needs, or special health needs?
  - i. Differences by gender
  
  
  
  
  
  
  
  
  
  
  - ii. Within specific ethnic groups
  
  
  
  
  
  
  
  
  
  
  - iii. Among different age groups like seniors or children
  
  
  
  
  
  
  
  
  
  
  - iv. Within different parts of the county
  
  
  
  
  
  
  
  
  
  
  - v. Any other specific groups

*If they identified more than three health needs, ask question c; if not, go on to section 3.*

- d) Which would you say are the most urgent or pressing of all the health needs that you've named?

### 3. CHALLENGES (10-15 MIN.)

What are the drivers or barriers that are contributing to health needs? We will talk about solutions in just a minute.

*Prompts if they are having trouble thinking of anything:*

- *Transportation*
- *Housing*
- *Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things*
- *Policies/laws*
- *Cultural norms*
- *Stigma*
- *Lack of awareness/education*
- *SES (income, education)*
- *Mental health and/or substance abuse issues*
- *Being victims of abuse, bullying, or crime*

### 4. SUGGESTIONS/IMPROVEMENT/SOLUTIONS (10-15 MIN.)

Now that we have discussed health needs and issues related to access to care, we are going to ask you about some possible solutions.

**In order to maintain or improve the health of your community....**

- a. Are there any policy changes you would recommend that could address these issues? Consider those that are readily achievable and politically feasible.
- b. Are there existing resources available to address these needs? If so, why aren't people using them?
- c. What other resources are needed?
- d. Of the resources/solutions to improve health, which do you feel is the most significant improvement needed, second, and third?

*Resource question prompts, if they are having trouble thinking of anything:*

- Specific new/expanded programs or services?
- Increase knowledge/understanding?
- Address underlying drivers like poverty, crime, education?
- Facilities (incl. hospitals/clinics)
- Staffing (incl. medical professionals)
- Information/educational materials
- Funding
- Collaborations and partnerships
- Expertise

## 5. CHALLENGES: ACCESS TO HEALTHCARE – POST-ACA (10 MIN.)

We would like to get your perspective on how access has changed in the post- Affordable Care Act environment.

- a) Based on your observations and interactions with the clients you serve, to what extent are clients aware of how to obtain health care? *(Explain if needed: Where to find a clinic, how to make an appointment, etc.)*
- b) To what extent are clients aware of how to obtain health insurance?
- c) What barriers to access still exist? *(Focus on comparison pre- and post-ACA)*
  - i. Is the same proportion still medically uninsured/under-insured?
  - ii. Do more people or fewer people have a primary care physician?
  - iii. Are people using the ER as primary care to the same degree?
  - iv. Is the same proportion of the community facing difficulties affording health care?
- d) Now thinking specifically about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

## 6. CONCLUDING REMARKS

- Thanks for your time and sharing your perspective
- Reminder about what will be done with the information
- Final CHNA report will be published in mid-2017 and available on Mark Twain Medical Center's website

## Attachment 3 | Hospital Stakeholder Survey Questions

### Mark Twain Medical Center Community Health Needs Assessment Survey

Welcome!

As you may know, Mark Twain Medical Center and other hospitals have been conducting a community health needs assessment (CHNA) in accordance with IRS guidelines for non-profit hospitals. For the CHNA, a combination of primary and secondary research was conducted by Applied Survey Research, and culminated in Mark Twain Medical Center identifying four top health needs.

As part of this process, the IRS requires that hospital stakeholders give input on the identified needs, including potential strategies to address the needs, and any additional needs that you feel are of higher priority than those already identified. Thank you for your willingness to provide your input into this process. The survey will take around 10 minutes to complete and we need your responses by April 10, 2017

1. Your name:

\* 2. Your department/organization:

### Mark Twain Medical Center Community Health Needs Assessment Survey

#### Identified Needs

- 1. **Mental Health**
- 2. **Access to Primary Care, Including Specialty Care.**
- 3. **Chronic Disease Management (Diabetes, Heart Disease, Stroke)**
- 4. **Maternal and Child Health**

### Mark Twain Medical Center Community Health Needs Assessment Survey

**Health Needs**

3. How much is your work impacted by the prioritized health needs?

|                            | very much             | somewhat              | not at all            |
|----------------------------|-----------------------|-----------------------|-----------------------|
| Mental Health              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to Primary Care     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chronic Disease Management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maternal and Child Health  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Mark Twain Medical Center Community Health Needs Assessment Survey**

**Health Needs - Mental Health**

4. Please provide examples of how your work is impacted by issues related to Mental Health

5. Describe any current efforts that you are involved in that are addressing this need.

6. What are some suggestions for strategies that the hospital could implement, alone or together with collaborative partners, that would address this need?

**Mark Twain Medical Center Community Health Needs Assessment Survey**

**Health Needs - Access to Primary Care**

7. Please provide examples of how your work is impacted by issues related to Access to Primary Care, including Specialty Care?

8. Describe any current efforts that you are involved in that are addressing this need.

9. What are some suggestions for strategies that the hospital could implement, alone or together with collaborative partners, that would address this need?

**Mark Twain Medical Center Community Health Needs Assessment Survey**

**Health Needs - Chronic Disease Management**

10. Please provide examples of how your work is impacted by issues related to Chronic Disease Management.

11. Describe any current efforts that you are involved in that are addressing this need.

12. What are some suggestions for strategies that the hospital could implement, alone or together with collaborative partners, that would address this need?

**Mark Twain Medical Center Community Health Needs Assessment Survey**

**Health Needs - Maternal & Child Health**

13. Please provide examples of how your work is impacted by issues related to Maternal and Child Health.

14. Describe any current efforts that you are involved in that are addressing this need.

15. What are some suggestions for strategies that the hospital could implement, alone or together with collaborative partners, that would address this need?

**Mark Twain Medical Center Community Health Needs Assessment Survey**

**Other Needs?**

16. Are any other high-priority health needs not being addressed (by the hospital or others)? If yes, why do you think they are not being addressed?

17. Is there anything else you would like share about how Mark Twain Medical Center can impact the identified health needs?

**Mark Twain Medical Center Community Health Needs Assessment Survey**

**Thank you!**

Thank you for responding to the survey. Your responses will be tallied and analyzed along with other participants' results. Results from this survey will be used to inform the development of the Community Health Needs Assessment and the Implementation Strategy Report. No names or identifying information will be tied to responses. When you are finished, please click "Done."