Mark Twain Medical Center

2019 Community Health Implementation Strategy

Adopted October 2019

Dignity Health™
Mark Twain Medical Center

Table of Contents

At-a-Glance Summary

Community Served

Calaveras County is approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population is about 45,000 with an area of 1,008 square miles. Our only incorporated city, the Angels Camp, has a population of about 5,400.

Significant Community Health Needs Being Addressed

The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA) from September 2019. Needs being addressed by strategies and programs are:

- Access to Primary and Specialty Care
- Behavioral Health (Mental Health and Substance Use)
- Cardiovascular Disease
- Older Adult Health

Strategies and Programs to Address Needs

The hospital intends to take several actions and to dedicate resources to these needs, including:

Over the next three years programs will continue, with the following changes:

- Enhance access to Primary and Specialty Care
- Evaluate opportunities for health improvement / addressing the health care needs of the elderly.
- Care navigation for vulnerable populations
- Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.
- Continue to promote and improve the health status and quality of life of the community by partnering with others and serving the poor and disenfranchised
  - Evaluate opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.

Continue to meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources.

Anticipated Impact

Overall in addition to the hospital, Mark Twain Medical Center's Rural Health Clinics address these and other needs in an accessible way throughout the county. Our goal is to enhance the integration of quality and safety efforts across the continuum of care, from community prevention, to outpatient, to inpatient and emergency care when necessary. The hospital also engages with the local public health department, the schools and other community organizations on these and other initiatives to collaboratively address health needs.

Planned Collaboration

MTMC continues to work with the Calaveras County Public Health to decrease the readmission rates among vulnerable population. We continue to partner with numerous local organizations to support the health and well-being of our community. The hospital will continue partner with Common Ground Senior Services, Area 12 on Aging, and other public and local organizations that provide services and outreach to the older adult population.

In November of FY20 MTMC and the Hospital Foundation will provide free lipid panel tests for men, with grant support from the Calaveras Community Foundation. Each February (to promote Heart Health) we provide free lipid panels to women in partnership with Soroptimist International.

The hospital is working in partnership with the Mark Twain Health Care District on the development of their new Rural Health Clinic which will be meeting the health needs in Valley Springs; the largest and fastest growing populations in the county.

Continue building on the newly offered Youth Mental Health program will mental health services to rural areas, providing workshops for teens and their parents, working in tandem with local agencies for placement and collaboration with all county resources, and providing more mental health screenings and ongoing counseling.

Continue building on working with local partners in Substance Abuse Support Services to develop best practices with known local resource

This document is publicly available online at www.marktwainmedicalcenter.com.

Written comments on this report can be submitted to the MARK TWAIN MEDICAL CENTER'S COMMUNITY HEALTH OFFICE, 768 MOUNTAIN RANCH ROAD or by e-mail to nicki.stevens@dignityhealth.org.

Our Hospital and the Community Served

About Mark Twain Medical Center

Mark Twain Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health.

Founded in 1951, Mark Twain Medical Center is a 25-bed, critical access hospital providing inpatient acute care, outpatient services and emergency services. The Medical Center's Medical Staff represents a broad range of specialties that ensure access to high quality medical care in a rural community. In addition to being a major provider of health services, Mark Twain Medical Center is also one of the area's largest employers. More than 300 people are employed at the hospital and its five Family Medical Centers. The Medical Center is a member of Dignity Health, the fifth largest not-for-profit healthcare system in the nation. For more information, please visit our website at www.marktwainmedicalcenter.org. Mark Twain Medical Center is also on Facebook.

Our 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.

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.

Financial Assistance for Medically Necessary Care

Mark Twain Medical Center delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.
A plain language summary of the policy is at the end of this report. The financial assistance policy and plain language summary are on the hospital's web site.

Description of the Community Served

Calaveras County, California extending to the east and north of the agricultural and urban San Joaquin Valley, and into the Sierra foothills. Mark Twain Medical Center, located in San Andreas, California, is the sole hospital in the county and the county is its primary service area. Calaveras County is a rural area with a population of 45,171.

Mark Twain Medical Center serves Calaveras County, and is approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population is about 45,000 with an area of 1,008 square miles. Our only incorporated city, the Angels Camp, has a population of about 5,400.

A summary description of the community is below. Additional details can be found in the CHNA report online.

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

- Urban community members represent about 24.6 percent of the population. Other members of Calaveras County live in less densely populated regions, and 75.4 percent of the population is considered to be rural.

- The rural nature of much of the community results in some health challenges, including long transportation times and transportation difficulties for accessing care,

- The median age of Calaveras County is 50.7 years. This is significantly older than the U.S. median age of 37.6 years.

- Regarding racial and ethnic diversity, 82.5% of the population is white (non-Hispanic), 0.6% is black (non-Hispanic), 5.8% is Other (non-Hispanic), and 11.1% is Hispanic.

- Health is impacted by socioeconomic status (SES), and populations with low SES tend to face greater health challenges (Marmot & Wilkinson, 2005).

- An estimated 29.9% of Calaveras County residents are living at or below 200% of the federal poverty line. This is low compared to national rates (34.2%).

- In Calaveras County, an estimated 44% of people have private insurance coverage, 21% people are covered by Medicaid and nine percent are uninsured. Twenty-four percent are on Medicare, and the remainder is dually eligible for Medicare and Medicaid.[1]

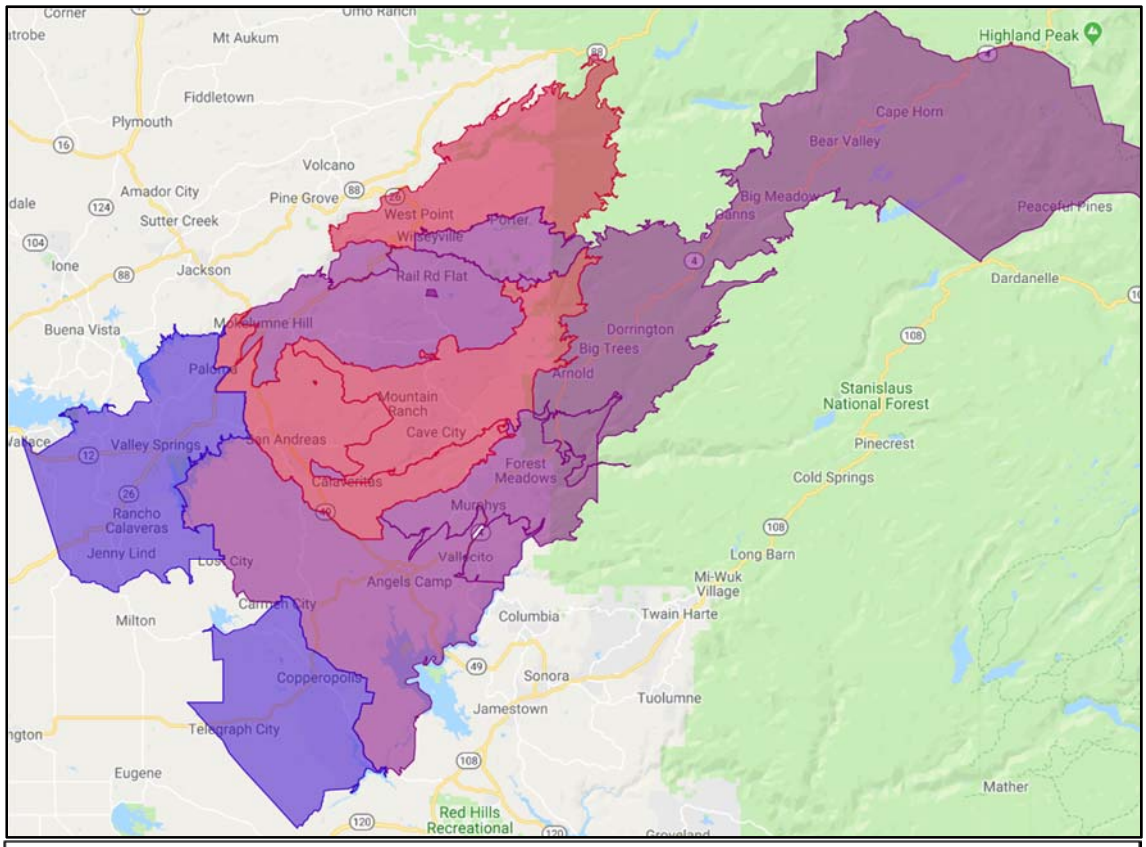
- The ratio of the population to the number of primary care physicians is 61 percent higher, and the ratios of population to dentists and mental health providers is twice as high in Calaveras County than in California. That means less access to care, and the county as a whole is designated both a primary care and mental health Professional Shortage Area.

[1] Source: IBM MarketExpert. © 2019 The Claritas Company, © IBM Corporation 2019

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. 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.



Mean(zipcode): 3 / Mean(person): 2.8 CNI Score Median: 3

Zip Code	CNI Score	Population	City	County
95222	3	5411	Angels Camp	Calaveras
95223	2.8	5086	Arnold	Calaveras
95228	2.4	4288	Copperopolis	Calaveras
95232	3	320	Glencoe	Calaveras
95245	3.2	2377	Mokelumne Hill	Calaveras
95246	3.4	1748	Mountain Ranch	Calaveras
95247	3	4833	Murphys	Calaveras
95249	3.4	3639	San Andreas	Calaveras
95251	2.8	195	Vallecito	Calaveras
95252	2.4	14927	Valley Springs	Calaveras
95255	3.6	1716	West Point	Calaveras
95257	3.2	447	Wilseyville	Calaveras

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in September 2019.

This document also reports on programs delivered during fiscal year 2019, which are linked to needs prioritized in the hospital's previous CHNA report.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at marktwainmedicalcenter.org or upon request at the hospital's Community Health office.

Significant Health Needs

The most recent 2019 community health needs assessment identified the following significant community health needs based on quantitative data and community input. While numerous health and health-related social needs were discussed by interview participants and in quantitative data, the following were prioritized as significant.

- Access to Primary and Specialty Care
- Behavioral Health (mental health and substance use)
- Cardiovascular Disease
- Older Adult Health
- Unintentional Injuries

In addition, from the 2017 needs assessment Chronic Disease Management and Maternal and Child Health were identified and are in the report section below.

The hospital intends to help address all of the 2019 needs directly except for Unintentional Injuries, due to its scope being outside of the hospital's capacity. For this need, the hospital will seek to partner with others in the community including first responders.

2019 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It summarizes planned activities with statements on anticipated impacts and planned collaboration. Program Digests provide additional detail on select programs.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

Creating the Implementation Strategy

Mark Twain Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

The hospital solicited and took into account input from individuals representing the broad interests of the community, both to identify health and health-related needs and to identify priorities among those needs. Three people providing input represented the local public health department, and several represented underserved, low-income and minority populations through their work and in their community roles. These included uninsured and underinsured persons, elderly residents, youth and students, and geographically isolated rural communities.

Meetings and Interviews

Input was obtained in 30- to 60-minute, semi-structured in-person meetings and telephone interviews in February and March 2019. The questions below were shared in advance, and formed the framework for the conversations.

1. What are the most significant health issues or needs in the community, considering both their importance and urgency? If you identify more than three needs, which do you consider most important.
2. What factors or conditions cause or contribute to these health needs?
3. Who or what groups in the community are most affected by these needs?
4. What do you think are effective strategies or actions for addressing these needs?
5. What are some major barriers or challenges to addressing these needs?
6. What resources exist in the community to help address these health needs?

Individuals providing input, with their organizational affiliations, are listed below.

Name	Title or Role	Organization or Affiliation
Dick Brown	Fire department chaplain, hospital chaplain and MTMC Patient Advisory Committee Member	Community representative
Kathryn M. Eustis	Director II, Student Support Services	Calaveras County Office of Education
Stacy Meily	Behavioral Health Program Manager	Calaveras Health and Human Services Agency
Colleen H. Rodriguez, MSW, MPH	Public Health Division Director	Calaveras Health and Human Services Agency
David Sackman, LMFT	Deputy Director, Behavioral Health Services	Calaveras Health and Human Services Agency
Randy Smart, MD	Executive Director	Mark Twain Health Care District
Peggy Stout	Executive Assistant	Mark Twain Health Care District
Ann Walton, RN	Cardiopulmonary Rehabilitation	Mark Twain Medical Center
Melinda Williams	Community resident and MTMC Patient Advisory Committee Member	Community representative

Strategy by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

Health Need 1: Access to Primary and Specialty Care

Strategy or Program Name	Summary Description		
• Enhance access to Primary and Specialty Care	Expansion of services in our new Rural Health Clinic in Angels Camp.		
• Promote Health Outreach	During our Annual Health Fair- providing free adult flu shots and discounted health care screenings and resources from our community partners in attendance.		
• Care navigation for vulnerable populations	The Hospital will continue to utilize our grant-funded position to place a Patient Navigator in the E.D.		

Anticipated Impact: In September of each year we offer free adult flu shots to the community. In FY18 we served 367 people and 412 in FY19. Our staff provided over 1300 blood analyses at a discounted cost from FY18 and FY19 during our Spring & Fall Health Fairs.

Planned Collaboration: MTMC continues to work with the Calaveras County Public Health to decrease the readmission rates among vulnerable population. The Hospital also collaborates with Soroptimist and the Foundation to provide free Lipid Panels for the residents to promote heart health.

Health Need 2: Behavioral Health (Mental Health and Substance Use)

Strategy or Program Name	Summary Description		
• Enhance opportunities for mental health	• Utilization of the telehealth robot for psych allows the ordering of tailored stabilizing of medications,		

improvement/addressing the healthcare needs for the youth, adult and senior population.	recommendations for treatment and suggestions for appropriate disposition.		
• Support for Youth Behavioral Health	Connect Emergency Room Youth patients needing additional resources for services relative to diagnoses for cognitive impairment.		
• Substance Abuse Counseling	Providers will create Care Plan by partnering with Public Health to refer patients that identify in need of Substance Abuse Counseling Support Services.		

Anticipated Impact: Bridge the gap in receiving quality mental health care for those families who are uninsured, under insured (high deductibles), or don't have access to therapists on their selected insurance plans.

Planned Collaboration: Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources. Support the 2019 Grant recipients with their Youth Behavioral Health Project.

Health Need 3: Older Adult Health

Strategy or Program Name	Summary Description		
• Evaluate opportunities for health improvement / addressing the health care needs of the elderly.	"A Plan 4 Me" workshops provide access to information to help address everyday situations, as well as identifying and preventing health issues.		
• The Senior Nutrition Program	A new collaboration between the Nutrition & Food Services Department at Mark Twain Medical Center and Common Ground Senior Services has spiced up dining sites in Valley Springs and Burson this summer.		

Anticipated Impact: The Plan 4 Me series provides a free lunch at each health related prevention and educational seminar. Attendance averages 40. The hospital's initiatives to address access to care are anticipated to result in: attendance at both sites has doubled since MTMC Food Services got involved.

Planned Collaboration: The hospital will continue partner with Common Ground Senior Services, Area 12 on Aging, and other public and local organizations that provide services and outreach to the older adult population.

Health Need 4: Cardiovascular Disease

Strategy or Program Name	Summary Description
• Cardiovascular Disease Prevention	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related needs.
• Patient Education	Continue in FY20 the 'A PLAN 4 Me' Series, in collaboration with multiple organizations and specialists, to provide education.
• Patient Support	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.

Anticipated Impact: Lower the high Prevalence of and Disparities in Chronic Health Conditions. Provide 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.

Planned Collaboration: In November of FY20 MTMC and the Hospital Foundation will provide free lipid panel tests for men, with grant support from the Calaveras Community Foundation. Each February we provide free lipid panels to women in partnership with Soroptimist International. FY19 we served 192 local women.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. 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.

Access to Primary and Specialty Care Rural Health Clinics Expansion	
Significant Health Needs Addressed	✔ Access to Primary and Specialty Care ❑ Behavioral Health (Mental Health and Substance Use) ❑ Older Adult Health ❑ Cardiovascular Disease
Program Description	Expansion of services in our new Rural Health Clinic in Angels Camp. Provide outpatient services in the new Health Care District owned Valley Springs Clinic.
Community Benefit Category	A2. Community-based clinical services
FY Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	By expanding the footprint and better location visibility we will provide greater access to the Rural Healthcare Clinics. We have also implemented Cerner in the Clinics improving the service experience. This will allow the number of visits will grow and exceed thresholds; for specialty care as well.
Measurable Objective(s) with Indicator(s)	As Calaveras County residents are assured of the excellent care available, see consistent easy-access care at the clinics, and have the opportunity to connect via telehealth when subspecialty care is needed.
Intervention Actions for Achieving Goal	Both of these new RHC's are located in the larger populated areas of the County. Allowing greater access to care and specialists for our underserved and under insured populations.
Planned Collaboration	The hospital is working in partnership with the Mark Twain Health Care District on the development of their new Rural Health Clinic which will be meeting the health needs in Valley Springs, the largest and fastest growing population in the county.

Access to Primary and Specialty Care Promote Health Outreach	
Significant Health Needs Addressed	✔ Access to Primary and Specialty Care ❑ Behavioral Health (Mental Health and Substance Use) ❑ Older Adult Health

	❑ Cardiovascular Disease
Program Description	Promote Health Outreach
Community Benefit Category	A2. Community-based clinical services
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	Improve access to primary care and preventive services for the residents of the Mark Twain Medical Center service area to sustain or improve health.
Measurable Objective(s) with Indicator(s)	Residents obtaining immunizations at the Health Fairs will have decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.
Intervention Actions for Achieving Goal	Continue promoting and marketing the Fall Health Fair.
Planned Collaboration	MTMC collaborates with the Public Health Department and dozens of other community organizations.

Access to Primary and Specialty Care Patient Navigator	
Significant Health Needs Addressed	✔ Access to Primary and Specialty Care ❑ Behavioral Health (Mental Health and Substance Use) ❑ Older Adult Health ❑ Cardiovascular Disease
Program Description	Care Navigation for the vulnerable populations
Community Benefit Category	A2. Community-based clinical services
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	To educate and support California Health & Wellness members on the appropriate use of emergency room services as well as primary care and urgent care levels of care.
Measurable Objective(s) with Indicator(s)	To connect 70% of the total CHW patients with a Private Care Practitioner or specialist.
Intervention Actions for Achieving Goal	To reduce ER recidivism through education and coordination in individual communities.
Planned Collaboration	MTMC will continue to collaborate with the Public Health Department, local and out of area Providers and Specialists, and dozens of other community organizations to create continuum of care.

Behavioral Health (Mental Health and Substance Use) Tele- Health ED Psych Services	
Significant Health Needs Addressed	❑ Access to Primary and Specialty Care ✔ Behavioral Health (Mental Health and Substance Use) ❑ Older Adult Health ❑ Cardiovascular Disease
Program Description	Enhance opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.
Community Benefit Category	A2. Community-based clinical services
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	Continue to provide Emergency Room Tele-health Psych services.
Measurable Objective(s) with Indicator(s)	Decrease average length of stay for our mental and behavioral health patients who later go on to a long term psych facility.
Intervention Actions for Achieving Goal	Support this customized care for this venerable population in our ER.
Planned Collaboration	Continue building on working with local partners in Professional Mental Health to develop best practices with known local resources.

Behavioral Health (Mental Health and Substance Use) Youth Behavioral Health Resources	
Significant Health Needs Addressed	❑ Access to Primary and Specialty Care ✔ Behavioral Health (Mental Health and Substance Use) ❑ Older Adult Health ❑ Cardiovascular Disease
Program Description	Support for Youth Behavioral Health
Community Benefit Category	A2. Community-based clinical services
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	MTMC ED Staff will be able to connect patients with Behavioral Health needs through the Calaveras Youth Behavioral Health Project (CYBHP) - providing timely, free access to therapy for the youth in Calaveras

	County who struggle with autism, ADD/ADHD, and the associated trauma, anxiety and depression that accompany these diagnoses.
Measurable Objective(s) with Indicator(s)	Individuals and professionals who come in contact with this targeted population will be trained on how to recognize the symptoms of mental illness, including autism and ADD/ADHD, which will help them in making a diagnosis and recommending treatment. Social skills will be incorporated into the everyday life of youth affected by these diagnoses. Specific, measurable, and attainable benefits include; correct diagnosis and treatment recommendations, easier and affordable access to therapy services, improved self-esteem and quality of life, better performance at school, enhanced relationships with family and peers, and a healthier community environment.
Intervention Actions for Achieving Goal	Calaveras County Behavioral Health will assist in providing training to Mark Twain Medical Center Emergency Room staff, and make referrals to Mind Matters Clinic for their clients who need specialized treatment and therapy for autism, ADD/ADHD, and learning disabilities.
Planned Collaboration	This program will mental health services to rural areas, providing workshops for teens and their parents, working in tandem with local agencies for placement and collaboration with all county resources, and providing more mental health screenings and ongoing counseling.

Behavioral Health (Mental Health and Substance Use) Substance Abuse Programs

Significant Health Needs Addressed	❑ Access to Primary and Specialty Care ✔ Behavioral Health (Mental Health and Substance Use) ❑ Older Adult Health ❑ Cardiovascular Disease
Program Description	Connect Patients to Substance Abuse Counseling
Community Benefit Category	A2. Community-based clinical services
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	MTMC Providers will be able to connect patients to the County Substance Abuse Programs.
Measurable Objective(s) with Indicator(s)	Reduce increasing population of substance abuse disorder.
Intervention Actions for Achieving Goal	Providers will create Care Plan by partnering with Public Health to refer patients that identify in need of Substance Abuse Counseling Support Services.
Planned Collaboration	Continue building on working with local partners in Substance Abuse Support Services to develop best practices with known local resource

Older Adult Health Adult Prevention Classes	
Significant Health Needs Addressed	❑ Access to Primary and Specialty Care ❑ Behavioral Health (Mental Health and Substance Use) ✔Cardio Vascular Disease ✔ Older Adult Health
Program Description	The hospital's "A Plan 4 Me" workshops provide access to information to help address everyday situations, as well as identifying and preventing health issues. Each participate receives a binder to utilize for all medical records, emergency information etc.
Community Benefit Category	A 1. Community Health Improvement Services
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	Continue offering "A Plan 4 Me" series of health education events focused on seniors, free educational prevention luncheons in conjunction with our community partners.
Measurable Objective(s) with Indicator(s)	Increase attendance by 5% at the monthly educational health prevention topics (A Plan 4 ME Series) that are FREE and highlight our services presented by our community partners and our own team of experts.
Intervention Actions for Achieving Goal	Align with additional community partners to co-present monthly educational health prevention topics at our A Plan 4 ME Series.
Planned Collaboration	The series also create opportunities for MTMC to collaborate with community organizations on a range of priority health needs.

Older Adult Health Senior Nutritional Programs	
Significant Health Needs Addressed	❑ Access to Primary and Specialty Care ❑ Behavioral Health (Mental Health and Substance Use) ✔ Older Adult Health ✔ Cardiovascular Disease
Program Description	The Senior Nutrition Program
Community Benefit Category	A 1. Community Health Improvement Services
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	The Senior Nutrition Program, under the direction of MTMC will incorporate State Nutrition Guidelines and meet one-third of the daily requirements for adults.

Measurable Objective(s) with Indicator(s)	Attendance at both sites has doubled since MTMC Food Services got involved.
Intervention Actions for Achieving Goal	Senior meals provide socialization, healthy meal preparation demonstrations. While the local seniors enjoy the atmosphere, play cards and bingo games
Planned Collaboration	The project was made possible by a grant from the Mark Twain Medical Center Foundation to the Nutrition & Food Services Department for specialized food transport equipment.

Cardiovascular Disease: Education and Disease Management

Significant Health Needs Addressed	❑ Access to Primary and Specialty Care ❑ Behavioral Health (Mental Health and Substance Use) ✔ Cardiovascular Disease ✔ Older Adult Health
Program Description	Cardiovascular Disease Prevention
Community Benefit Category	A 1. Community Health Improvement Services

Planned Actions for 2019-2021

Program Goal / Anticipated Impact	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.
Measurable Objective(s) with Indicator(s)	Continue in FY20 the 'A PLAN 4 Me' Series. In collaboration with multiple organizations and specialists to provide education. 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.
Intervention Actions for Achieving Goal	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.
Planned Collaboration	In November of FY20 MTMC and the Hospital Foundation will provide free lipid panel tests for men, with grant support from the Calaveras Community Foundation. Each February we provide free lipid panels to women in partnership with Soroptimist International. FY19 we served 192 local women.

Hospital Board and Committee Rosters

Mark Twain Medical Center Community Board

MTMC CEO – Doug Archer
MTMC Chief of Staff Dr. Andy McCoy (VICE CHAIRMAN)
District Nominee – Talibah Al-Rafiq (DESIGNATED PROCEDURE OVERSITE COMMITTEE MEMBER, DESIGNATED HEALTH ADVOCATE)
Dignity Nominee – Chris Champlin (CHAIRMAN)
At Large – Kathy Northington (SECRETARY)
At Large - Nick Baptista
At Large – Bob Becker

Patient Advisory Committee

Melinda Williams
Dick Brown
Tammy Beilstein'
Tad Folendorf
Glenna Johnston
Debbie Sellick
Denise Bauer
Barbara Nunnelley
Jill Sullivan
Charnette Boylan