

Mark Twain Medical Center Community Benefit 2023 Report and 2024 Plan

Adopted October 2023



A message from

Doug Archer, President, and Kathy Northington, Chair of the Dignity Health Mark Twain Medical Center Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Mark Twain Medical Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2023 Report and 2024 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2023 (FY23), Mark Twain Medical Center provided \$4,908,498 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$10,570,226 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.





The hospital's Community Board reviewed, approved and adopted the Community Benefit 2023 Report and 2024 Plan at its October 20, 2023 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to Charanjit (CJ) Singh at charanjit.singh@dignityhealth.org.

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At-a-Glance Summary

| | |
|---|---|
| <p>Community Served</p>  | <p>Mark Twain Medical Center (MTMC) is in San Andreas, CA and primarily serves the residents of Calaveras County. The population of the MTMC service area is 45,709.</p> |
| <p>Economic Value of Community Benefit</p>  | <p>\$4,908,498 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$10,570,226 in unreimbursed costs of caring for patients covered by Medicare fee-for-service</p> |
| <p>Significant Community Health Needs Being Addressed</p>  | <p>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 Assessments (CHNAs). Needs addressed by strategies and programs are:</p> <p>From the 2019 CHNA:</p> <ul style="list-style-type: none"> ● Access to Primary and Specialty Care ● Mental Health ● Older Adult Health <p>From the 2023 CHNA:</p> <ul style="list-style-type: none"> ● Access to health care (primary and specialty care) ● Behavioral health (mental health and substance use) |
| <p>FY23 Programs and Services</p>  | <p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <p>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.</p> <p>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.</p> <p>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.</p> |

FY24 Planned Programs and Services



The hospital intends to take several actions largely continuing FY23 activities, with a focus on the 2023 CHNA's significant needs, including:

Access to health care

- Financial assistance
- Rural Health Clinics
- Flu vaccines
- Preventive screenings
- Community Health Improvement Grants Program

Behavioral health (substance use and mental health)

- Psychiatric telehealth
- Substance Abuse Counseling Support Services
- Behavioral health treatment and resource partnerships

This document is publicly available online at

<https://www.dignityhealth.org/central-california/locations/marktwainmedical/about-us/community-benefits>.

Written comments on this report can be submitted to Mark Twain Medical Center, c/o Charanjit Singh, 768 Mountain Ranch Road, San Andreas, CA 95249, or by e-mail to charanjit.singh@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 located in San Andreas 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, Specialty Care Centers, and four 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

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

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 44,000 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 52 years. This is significantly older than the U.S. median age of 37.6 years.

- Regarding racial and ethnic diversity, 79.7% of the population is white (non-Hispanic), 0.8% is black (non-Hispanic), 1.7% is Asian/Pacific Islander, 4.7% is Other (non-Hispanic), and 13.0% 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 8.4% 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, 5.6% people are covered by Medicaid and 3.7% are uninsured. 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.

Source: Claritas Pop-Facts® 2020; SG2 Market Demographic Module

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 May 2023.

This document also reports on programs delivered during fiscal year 2023 that were responsive to needs prioritized in the hospital's previous, September 2019, CHNA report. The needs in the two are largely consistent.

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 <https://www.dignityhealth.org/central-california/locations/marktwainmedical/about-us/community-benefits> or upon request at the hospital.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

| Significant Health Need | Description | Intend to Address? |
|--------------------------|--|--------------------|
| Access to health care | Access to health care refers to the availability of primary care and specialty care services. Health insurance coverage is considered a key component to ensure access to health care. Barriers to care can include lack of transportation, language and cultural issues. | Yes |
| Chronic diseases | A chronic disease or condition usually lasts for three months or longer and may get worse over time. Chronic diseases can usually be controlled but not always cured. The most common types of chronic diseases are cancer, heart disease, stroke, diabetes, and arthritis. | |
| COVID-19 | The Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. In the U.S., over one million persons have died as a result of contracting COVID. | |
| Economic insecurity | Economic insecurity is correlated with poor health outcomes. Persons with low incomes are more likely to have difficulty accessing health care, have poor-quality health care, and seek health care less often. | |
| Food insecurity | The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate foods or an uncertain ability to acquire foods in socially acceptable ways. | |
| Housing and homelessness | Homelessness is known as a state of being unhoused or unsheltered and is the condition of lacking stable, safe, and adequate housing. | Yes |
| Mental health | Mental health includes emotional, psychological, and social well-being. It affects how we think, feel, and act. | Yes |
| Overweight and obesity | Overweight and obesity are common conditions that are defined as the increase in size and amount of fat cells in the body. Obesity is a chronic health condition that raises the risk for heart disease and is linked to many other health problems, including type 2 diabetes and cancer. | |
| Preventive practices | Preventive practices refer to health maintenance activities that help to prevent disease. For example, vaccines, routine health screenings (mammogram, colonoscopy, Pap smear) and injury prevention are preventive practices. | |

| Significant Health Need | Description | Intend to Address? |
|----------------------------|---|--------------------|
| Substance use ¹ | Substance use is the use of tobacco products, illegal drugs or prescription or over-the-counter drugs or alcohol. Excessive use of these substances or use for purposes other than those for which they are meant to be used, can lead to physical, social or emotional harm. | Yes |

Significant Needs the Hospital Does Not Intend to Address

Taking existing hospital and community resources into consideration, MTMC will not directly address chronic disease, COVID-19, economic insecurity, food insecurity, housing and homelessness, overweight and obesity, and preventive practices as priority health needs. Knowing that there are not sufficient resources to address all the community health needs, MTMC chose to concentrate on those health needs that can most effectively be addressed given the organization’s areas of focus and expertise. The hospital has insufficient resources to effectively address all the identified needs and, in some cases, the needs are currently addressed by others in the community.

2023 Report and 2024 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY23 and planned activities for FY24, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital’s mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital 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.

MTMC engaged hospital leaders in Marketing, Communications and



¹ Substance use will be addressed within the scope of the behavioral health need

Philanthropy and Executive Leadership, to examine the identified health needs according to these criteria. The CHNA served as the resource document for the review of health needs as it provided statistical data on the severity of issues and also included community input on the health needs. As well, the community prioritization of the needs was taken into consideration.

As a result of the review of needs and application of the above criteria, MTMC chose to focus on: access to care and behavioral health (mental health and substance use). For each health need the hospital plans to address, the plan describes: actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and other organizations. In most cases, the strategies identified to address the selected needs are based on existing programs that have evidence of success.

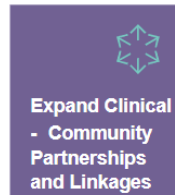
Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



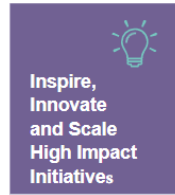
Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.




Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Report and Plan 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: Access to Health Care | | | |
|---|--|-------------|--------------|
| Strategy or Program | Summary Description | Active FY23 | Planned FY24 |
| Financial assistance for the uninsured or underinsured | Provides financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay. | X | X |
| Rural health clinics | Expands primary and specialty care services in rural health clinics. | X | X |
| Flu vaccines | Distributes flu shots in partnership with the Public Health Department. | X | X |
| Screening | Provides free lipid panel screening to identify persons with high cholesterol levels. | X | X |

Goal and Impact: The hospital’s initiatives to address access to care are anticipated to result in increased access to primary and specialty health care for the medically underserved and reduced barriers to care.

Collaborators: Key partners include Calaveras County Public Health Department, Rural Health Clinics, and community-based organizations.

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

| Strategy or Program | Summary Description | Active FY23 | Planned FY24 |
|---|---|--------------------------|--------------|
| Psychiatric telehealth | Utilizes telehealth for psychiatric assessments and provides medication prescriptions and recommendations for treatment and suggestions for appropriate disposition | <input type="checkbox"/> | X |
| Substance use counseling support services | Partners with Public Health to refer patients in need of substance use support services. | <input type="checkbox"/> | X |
| Community health education and resources | Addresses a variety of behavioral health care topics and provides local resources. | X | X |

Goal and Impact: The hospital’s initiatives to address behavioral health are anticipated to result in increased access to mental health and substance use services in the community, and improved screening and identification of mental health and substance use needs.

Collaborators: Key partners include behavioral health providers, Calaveras County Public Health Department, schools and school districts, community-based organizations, Professional Mental Health Countywide task force.



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

| Strategy or Program | Summary Description | Active FY23 | Planned FY24 |
|--------------------------|---|--------------------------|--------------|
| Housing and Homelessness | Focus on the underserved community of low-income homeowners seeking critical repairs will have access to affordable repairs done by licensed contractors coordinated and managed through Habitat Calaveras Home Repair Program. | <input type="checkbox"/> | X |

Goal and Impact: The hospital’s initiatives to address housing and homelessness are anticipated to result in increased access to safe housing in the community. All participants will receive repairs/renovations to make their home accessible for their particular needs/requirements

Collaborators: Key partners include Habitat for Humanity.

Community Health Improvement Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are

used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY23, the hospital awarded the grant below totaling \$33,000.

| Grant Recipient | Project Name and Description | Amount |
|--|--|----------|
| Calaveras Consolidated Fire Support Team, with Burson Full Gospel Church and Power Up Fitness Studio | <p>Healthy You. Healthy Community. One Heart At A Time.</p> <p>Provide healthy meals weekly, “Heart Healthy” exercise and fitness activities, and educational opportunities for children, seniors, and families through a variety of means. Recipes will be distributed each week to encourage healthy eating habits at home.</p> | \$33,000 |

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital’s mission and its commitment to improving community health and well-being.

Calaveras County Fair – MTMC staffs the first aid station with registered nurses and additional support staff during the four day event for 12 hour shifts. We also are a major sponsor of the Fair.

Community Leadership - MTMC’s hospital leadership oversees community benefit activities for the hospital as it strives to meet the health and wellness needs of the local community. Several members of Mark Twain’s senior and middle management team serve the community on a variety of community-based not-for-profit Boards, such as Homeless Task Force, Habitat for Humanity, Soroptomist International, Economic Development Corporation, local Churches and Chamber of Commerce to name a few.

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

Disaster Preparedness – Throughout the pandemic Mark Twain Medical Center has partnered with; the local health department to supply and support COVID testing and vaccination programs; support the County Office of Education with supplies and testing options for staff and students; support first responders with personal protective supplies and processes to test 1st responders in the event of COVID exposures; regularly report on hospital and community clinic operations impacts to the County Office of Emergency Services, Public Health Department, and the Board of Supervisors; and liaison with other healthcare organizations to monitor and support community health status across county lines. Mark Twain Medical Center is proud of the relationships it has nurtured with other agencies in advance of this unprecedented event which has led to today’s more effective communications and support for the whole healthcare community.

Sponsorships and Donations - 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 Night, Door of Hope, Youth Programs, Gardens to Grow in, and Habitat for Humanity, Cancer Support Group, High School Medial Sciences Project, etc.

Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

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Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare)

For period from 07/01/2022 through 06/30/2023

| | <u>Persons</u> | <u>Expense</u> | <u>Offsetting Revenue</u> | <u>Net Benefit</u> | <u>% of Expenses</u> |
|--|----------------|---------------------|---------------------------|---------------------|----------------------|
| <u>Benefits for Poor</u> | | | | | |
| Financial Assistance | 4,360 | \$672,665 | \$0 | \$672,665 | 0.8% |
| Medicaid | 23,107 | \$24,485,146 | \$20,472,048 | \$4,013,098 | 5.0% |
| Other Means Tested Programs | 10 | \$2,887 | \$313 | \$2,574 | 0.0% |
| Community Services | | | | | |
| E - Cash and In-Kind Contributions | 3 | \$134,566 | \$0 | \$134,566 | 0.2% |
| Totals for Community Services | 3 | \$134,566 | \$0 | \$134,566 | 0.2% |
| Totals for Benefits for Poor | 27,480 | \$25,295,264 | \$20,472,361 | \$4,822,903 | 6.0% |
| <u>Benefits for Broader Community</u> | | | | | |
| Community Services | | | | | |
| A - Community Health Improvement Services | 341 | \$56,103 | \$9,495 | \$46,608 | 0.1% |
| E - Cash and In-Kind Contributions | Unknown | \$23,987 | \$0 | \$23,987 | 0.0% |
| G - Community Benefit Operations | Unknown | \$15,000 | \$0 | \$15,000 | 0.0% |
| Totals for Community Services | 341 | \$95,090 | \$9,495 | \$85,595 | 0.1% |
| Totals for Broader Community | 341 | \$95,090 | \$9,495 | \$85,595 | 0.1% |
| Totals - Community Benefit | 27,821 | \$25,390,354 | \$20,481,856 | \$4,908,498 | 6.1% |
| Medicare | 36,083 | \$35,499,661 | \$24,929,435 | \$10,570,226 | 13.1% |
| Totals Including Medicare | 63,904 | \$60,890,015 | \$45,411,291 | \$15,478,724 | 19.2% |

Hospital Board and Committee Rosters

Mark Twain Medical Center Community Board

MTMC CEO – Doug Archer

MTMC Chief of Staff - Dr. Shannon Linton

District Nominee – Debbie Sellick (VICE CHAIRPERSON, DESIGNATED PROCEDURE OVERSITE COMMITTEE MEMBER, DESIGNATED HEALTH ADVOCATE)

Community Board Liaison - Kathy Kohrman

At Large – Kathy Northington (CHAIRPERSON)

At Large - Nick Baptista (SECRETARY)

At Large – Sal Lofranco

At Large – Tim Oskey

At Large – Larry Smith