MARSHALL
MEDICAL CENTER

Marshall Medical Center

Community Health Needs Assessment

Implementation Strategy

2023 - 2025

Table of Contents

Introduction 2

Report Adoption, Availability and Comments 2

Community Assessment 4

Prioritized Health Needs Marshall Will Address 5

Strategies to Address Prioritized Health Needs 6

Service to the Community 18

Evaluation of Impact 18

Health Needs Marshall Will Not Address 18

Introduction

Marshall Medical Center (Marshall) is an independent, nonprofit community health care provider located in the heart of the Sierra Foothills between Sacramento and South Lake Tahoe. Marshall Medical Center includes Marshall Hospital, a fully accredited acute care facility with 111 beds located in Placerville; outpatient facilities in Cameron Park, Placerville, El Dorado Hills and Georgetown; a group of primary care physicians and specialists; and community health and education programs. Marshall has approximately 190 affiliated physicians and a team of more than 1,600 employees providing quality health care services to more than 175,000 residents of Western El Dorado County.

Marshall conducted a Community Health Needs Assessment (CHNA) in 2022, which was approved and adopted by the Marshall Board in September 2022. The CHNA complied with state and federal regulations guiding tax-exempt hospitals, assessing the significant health needs for Marshall's service area. The CHNA and Implementation Strategy help guide Marshall's community health improvement programs and community benefit activities, as well as its collaborative efforts with organizations that share a mission to improve health.

Purpose

California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct CHNA every three years and develop a three-year Implementation Strategy that responds to identified community needs. This Implementation Strategy details how Marshall Medical Center plans to address the significant health needs identified in the 2022 CHNA. Marshall will build on previous CHNA efforts and existing initiatives, while also considering new strategies and efforts to improve health.

Report Adoption, Availability and Comments

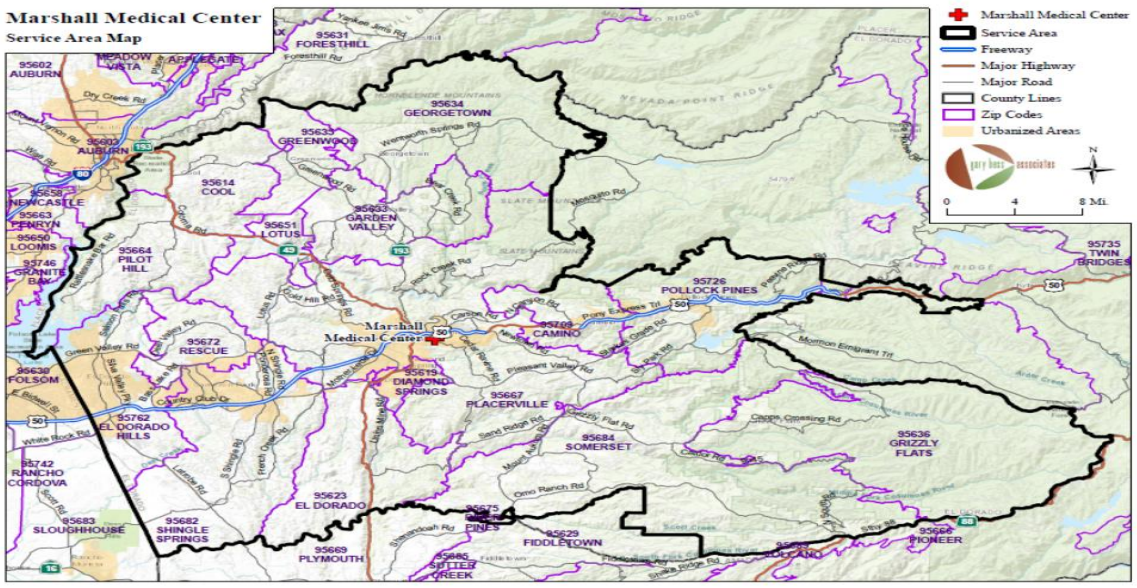
This Implementation Strategy was approved and adopted by the Marshall Board in February 2023. The CHNA and Implementation Strategy are made available on the Marshall website at https://www.marshallmedical.org/about-us/community-benefit/. Public comment on the CHNA and Implementation Strategy is encouraged as community input is used to inform and influence this work. Written comments on this report can be submitted to Dr. Martin Entwistle at mentwistle@marshallmedical.org.

Definition of the Community Served

Marshall Medical Center is located at 1100 Marshall Way, Placerville, California, 95667. The service area includes 17 ZIP Codes, representing cities or communities in El Dorado County and Amador County (River Pines). The Marshall Medical Center service area is presented below by community and ZIP Code and was determined from the ZIP Codes that reflect a majority of patient admissions from the local geographic area.

Marshall Medical Center Service Area

Geographic Area	ZIP Code
Camino/Apple Hill	95709
Cool	95614
Diamond Springs	95619
El Dorado Hills	95762
Garden Valley	95633
Georgetown	95634
Greenwood	95635
Grizzly Flats	95636
Kingsville/Nashville	95623
Lotus	95651
Pilot Hill	95664
Placerville	95667
Pollock Pines	95726
Rescue	95672
River Pines	95675
Shingle Springs/Cameron Park	95682
Somerset	95684



Community Assessment

The 2022 CHNA process included collection and analysis of data sources for the Marshall service area. Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, access to health care, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Placerville, El Dorado County and California, framing the scope of an issue as it relates to the broader community. Secondary data for the service area were collected and documented in data tables with narrative explanation. In addition, primary data were collected directly from stakeholders in the community. Marshall conducted interviews with community stakeholders and surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs. The collected data were used to identify significant community needs.

Significant Community Health Needs

The significant health needs identified in the 2022 CHNA are listed below in priority order. These identified significant health needs were analyzed by Marshall, and then prioritized with community input through interviews with representatives from community-based organizations and surveys with community residents.

Significant Health Needs Listed in Priority Order

Stakeholder Interviews	Survey Respondents
Housing and homelessness	Chronic conditions
Mental health	Access to health care
Substance use	Mental health
Access to health care	Preventive practices
Chronic disease	Substance use
Overweight and obesity	Overweight and obesity
Preventive practices	Unintentional injuries
Food insecurity	COVID-19
COVID-19	Housing and homelessness
Environmental pollution	Environmental pollution
Unintentional injuries	Food insecurity

Prioritized Health Needs Marshall Will Address

Once the CHNA was completed, an internal group of Marshall leaders met to discuss the significant health needs in the community. The following criteria were used to determine the significant health needs Marshall will address in the Implementation Strategy:

Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.

Established Relationships: There are established relationships with community partners to address the issue.

Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.

Focus Area: Marshall has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

The CHNA served as the resource document for the review of health needs as it provided data on the scope and severity of issues and included community input on the health needs. The community prioritization of needs was also taken into consideration. As a result of the review of needs and application of the above criteria, Marshall will address the following needs:

- Behavioral health (including mental health and substance use)
- Chronic disease prevention, management, and treatment
- Support for the health and welfare of the community (including access to health care and housing and homelessness)

Overarching Areas for Focus: A repeated theme across all areas of community health need is the opportunity to increase the impact of the selected strategies by increasing the active collaboration between partners and stakeholders. In general, Covid-19 and the recent Caldor and Mosquito fires have already built greater ties, that we should further strengthen and deepen. In implementing this strategic plan will include activities designed to achieve this goal

Moving Towards Coordinated Community Health Needs Assessments: Across the County, there are a number of organizations required to undertake and report community health needs assessments. While each organization needs to create its own action plans, the community health needs assessments have a very high degree of overlap. During this next implementation cycle, 2023 – 2025, we will work to explore how to seek efficiencies and ensure consistency of identification of health needs across the organizations undertaking such assessments.

Strategies to Address Prioritized Health Needs

For each health need Marshall plans to address, the Implementation Strategy describes the following: actions Marshall intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between Marshall and other organizations.

Health Need: Behavioral Health, Mental Health, and Substance Use	
Objective	Facilitate timely access to comprehensive, coordinated services for individuals with behavioral health needs, including mental health, substance use and other identified priorities.
Strategy #1	Expand access to services that will impact mental and behavioral health within El Dorado County.
Action Items	**Summary Description**
1.	MMC will strengthen partnerships with external entities, including EDC, El Dorado Community Health Centers, the Shingle Springs Health and Wellness Center, law enforcement agencies and EDC Emergency Medical Services, through consultation and coordinated services planning to target prevention and education and increase support for patients in primary care clinics and the emergency department
2.	MMC will explore how to optimize the use of its behavioral health specialists, including, but not limited to, social workers and clinical psychiatrists
3.	MMC will work to advance the management of persons presenting in the ER with a mental health crisis by partnering with EDC Mental Health Services and law enforcement agencies and adopting best-practice models to care for this population.
4.	MMC will work with partners in the community to improve access to services for children, youth, and adults with lower acuity behavioral health needs, including counseling and community assistance programs, including exploring how services are structured and funded so that the delivery of services are optimized to make maximum use of the resources available

Health Need: Behavioral Health, Mental Health, and Substance Use	
5.	MMC will designate a representative to participate in EDC's Community Health Improvement Plan team(s) to address mental health issues within EDC, including collaborations to enhance transitions of mental health care and expand services to address areas of identified need
6.	MMC will explore the use of telehealth services to increase access to mental, behavioral, and substance use services, and for crisis care and ongoing care.
Anticipated Impact	• Improve screening, prevention, and treatment of mental health conditions and substance use disorders. • Improved coordination of services between providers and agencies within El Dorado County including the development of common goals for addressing behavioral health issues in El Dorado County. • Improved access to behavioral and mental health providers. • Reduced incidence of ED visits and reduced length of stay in the ED for individuals presenting with mental health issues. • Improved access to appropriate care for those with mental health crises, for those with low to medium acuity mental health issues, and for those with advanced mental health issues. • Improved Primary Care Provider knowledge and management efficacy for mental health conditions.

Health Need: Behavioral Health, Mental Health, and Substance Use	
Strategy #2	Reduce and prevent substance use within EDC.
Action Items	**Summary Description**
1.	MMC will expand access to substance use management through Marshall CARES (Clinically Assisted Recovery & Education Services) and its ED Bridge program to support treatment for persons with substance dependency and coordinate its approach with other agencies in the establishment and maintenance of care.
2.	MMC will build on the models it has implemented to support the management of Opioid Use Disorder, to additionally support Alcohol Use Disorder, and those challenged with addictions to methamphetamines and tranquilizers.
3.	MMC will partner with community providers to actively work to facilitate access to substance use services in rural areas, in particular those with higher needs, and to support programs that target harm reduction, the removal of stigma, prevention and education, including families and education in schools, with a focus on middle schools and high schools.
4.	MMC will evolve the use of Substance Use Navigators (SUNs) to bridge care among emergency departments, clinics, the hospital and the community with the objective of increasing the numbers available to increase access and support the sustained engagement of persons in substance use management programs.
5.	MMC will strengthen partnerships with external entities, including El Dorado County Health and Human Services, El Dorado County Behavioral Health, El Dorado Community Health Centers, and the Shingle Springs Health and Wellness Center, through consultation and coordinated services planning in order to expand external capacity to provide substance use prevention and treatment services, fill gaps in care and advance education.
6.	MMC will designate a representative to participate in El Dorado County's Community Health Improvement Plan team(s) to address access to substance use prevention and treatment programs within El Dorado County, and in the El Dorado County Opioid Coalition.

7.	MMC will work with other providers and agencies to improve the coordination of substance use care and behavioral health care and to include a focus on transitions from jail/hospital/street to home, street, and those experiencing homelessness.
Anticipated Impact	• Reduced rates of substance use in El Dorado County. • Increased numbers of individuals engaged in programs for management of substance use disorder (SUD). • Reduced rates of drug overdose. • Reduced ED visits related to substance use. • Reduced alcohol consumption. • Expansion in SUD service access and availability. • Increased numbers of individuals in maintenance management with their Primary Care Providers. • Reduced substance use in teens. • Improved reporting of statistics on SUD. • Reduced rates of arrests for activities related to substance use. • Reduction in numbers of individuals where institutional transitions directly disrupt or impact continuity of care • Improved knowledge of substance use and substance use management across healthcare providers in all settings
Planned Partnerships and Collaborators	▪ Community health centers/community clinics ▪ Community-based organizations ▪ El Dorado County ACCEL ▪ El Dorado County Continuum of Care ▪ El Dorado County Department of Education ▪ El Dorado County Health and Human Services Agency ▪ El Dorado County Opioid Coalition ▪ El Dorado County Probation and Parole ▪ El Dorado County Substance Use Disorder Services ▪ Law enforcement agencies ▪ Progress House ▪ Schools and school districts ▪ Senior service agencies ▪ Shingle Springs Tribal Health and Wellness ▪ Sierra Harm Reduction Coalition ▪ Youth-serving organizations

Health Need: Chronic Disease Prevention, Management and Treatment	
Objective	Reduce the impact of chronic diseases on health and increase the focus on chronic disease prevention and treatment.
Strategy #1	Prioritize capacity and utilization of disease prevention, management and treatment services.
Action Items	**Summary Description**
1.	MMC will advance its support for population health management to optimize the health and wellbeing of our community through sustainable programs that promote health and will partner with other providers to coordinate program delivery and care.
2.	MMC will expand preventive care and care management programs, in particular those identified to prevent chronic or debilitating conditions and promote health and wellbeing and will continue to advance standardized best practices for identified disease management and treatment services and programs.
3.	MMC will recruit providers identified to fill gaps in needed services, including physicians, advanced practice nurses and physician assistants. And MMC will work with partners in the community to coordinate the delivery of medical services between provider organizations.
4.	MMC will support collaborative disease prevention and health education efforts within the community, including, but not limited to, women's health events, youth programs, services for seniors and local community task forces.
5.	MMC will implement tools that support its mission for population health, including data collection analysis and reporting, health prevention and maintenance, in particular where these will assist in the coordinated delivery of care, track outcomes, support public health initiatives and improve performance.
Anticipated Impact	• Improve screening, prevention, and treatment of chronic diseases. • Increase compliance with chronic disease management recommendations.

Health Need: Chronic Disease Prevention, Management and Treatment	
	• Reduced prevalence of chronic disease. • Improved evidence of care coordination. • Increased participation and retention of residents in care programs. • Reduced hospital average length of stay. • Reduced hospital admissions for chronic medical conditions. • Reduced ED visits.

Health Need: Chronic Disease Prevention, Management and Treatment	
Strategy #2	Provide for an improved continuum of care through care coordination, transitions of care between community and hospital, and communications among the providers serving the community.
Action Items	**Summary Description**
1.	MMC will actively work with partners in the community, including El Dorado County Health and Human Services, El Dorado Community Health Centers, Shingle Springs Health and Wellness Center, and El Dorado County Emergency Medical Services, to coordinate the care we deliver collectively, fill gaps in care and improve the coordination of services through collaboration and innovation.
2.	MMC will work to support residents living healthy lives in the community, improve transitions of care from the hospital, improve management of admissions and readmissions, improve connections to primary care, and increase access to social and disability support.
3.	MMC will work actively with partners, in particular El Dorado Opportunity Knocks (EDOK) Continuum of Care (COC), to implement community-wide strategies for the homeless, taking into account their health, social and behavioral needs, and making sustainable changes to the health and welfare outcomes for the homeless population.
4.	MMC will work with partners in the community to support the older population by improving access to care and the coordination of service delivery, to reduce isolation and support seniors to be healthy and live safely at home.
5.	MMC will work to increase access to Advanced Illness Management services to assist persons with complex or life-limiting conditions be more aware of their conditions and make optimal health choices.
6.	MMC will work with community partners to develop collaborative systems that share information to better coordinate service delivery for those in need, prevent individuals falling through gaps in care, and track and report progress and performance.
7.	MMC will work with community partner to improve access to organized resources detailing the availability of services and accessible by the public

	and first responders, care givers, teachers, churches, and interested community members
Anticipated Impact	• Reduced ED utilization. • Reduced readmissions. • Increased referral, engagement and retention of residents in community-based support programs.
Planned Partnerships and Collaborators	▪ Community health centers/community clinics ▪ Community-based organizations ▪ El Dorado County Department of Education ▪ El Dorado County Health and Human Services Agency ▪ Schools and school districts ▪ Senior service agencies ▪ Churches and faith-based organizations

Health Need: Support for the Health and Welfare of our Community	
Objective	Actively partner to remove identified barriers that impact health and wellness, access to services, and transitions in care.
Strategy #1	Identify and coordinate activities that positively impact persons with higher health needs.
Action Items	**Summary Description**
1.	MMC will partner with community organizations to reduce healthcare disparities and meet the needs of persons challenged to access appropriate care for their needs; in particular those with mental health issues, substance use issues, ethnic minority groups, those of lower socioeconomic status and the homeless.
2.	MMC will partner with community leaders and organizations, including Marshall Foundation for Community Health, El Dorado Community Foundation, El Dorado County and the City of Placerville, which have the ability to secure resources and the commitment to drive positive change for those with higher health needs.
3.	MMC will partner with others in the community to better coordinate delivery of services, access to care and support for the older population with the objective of addressing isolation and supporting seniors to live healthy lives and remain safe at home.
4.	MMC will work with partners to support individuals to be healthy and live safely in the community. Targeted activities will include improving the coordination of service delivery, transitions of care and programs that support directly addressing social determinants of health that drive negative outcomes including housing and transportation.
5.	MMC will work with partners in the Community to develop collaborative systems to share information to better coordinate service delivery to those in need, prevent individuals falling through gaps in care, and to track and report progress and performance.
Anticipated Impact	• Increased access to health care and supportive services and reduced barriers to care. • Increase the availability of support services in community settings through collaboration with community partners.

Health Need: Support for the Health and Welfare of our Community	
	• Lowered disease rates in the older adult population. • Increased access to services in the older adult population. • Improved coordination of care for persons with higher health needs. • Improved approaches to needs assessment in vulnerable populations. • Reduced admission and readmission rates in higher needs populations. • Reduced preventable ED visits and improved connection and use of primary care for higher needs populations.

Health Need: Support for the Health and Welfare of our Community	
Strategy #2	Increase access to programs that support prevention and health maintenance.
Action Items	**Summary Description**
1.	MMC will work with partners in the community to establish a culture of prevention within El Dorado County and will target outreach efforts to educate on the value and importance of preventive services, screenings, vaccination and wellness checks. There will be a particular emphasis on those residents who are at higher risk, including children, youth, young adults and seniors.
2.	MMC will support development and/or expansion of care management services, including but not limited to the Community Care Network, vulnerable population outreach, substance use management programs and the Advanced Illness Management team in support of people living healthy lives in the community and reducing the avoidable need for acute care services.
3.	MMC will strengthen partnerships with external entities, including El Dorado County Health and Human Services, El Dorado County Behavioral Health, El Dorado Community Health Centers, the Shingle Springs Health and Wellness Center, the Access El Dorado (ACCEL) collaborative and others through consultation and coordinated services planning in order to expand external capacity to provide prevention and treatment services, fill gaps in care and advance education.
4.	MMC will provide training on diversity and equity that will cover stigmatized conditions such as mental and behavioral health, substance use, sexual orientation, age, socioeconomic status, weight management and homelessness.
Anticipated Impact	• Improved range of prevention services delivery. • Improved community-wide education on the importance and value of health and wellness and how health and wellness can be achieved. • Reduced community healthcare disparities • Improved patient experience of care

Planned Partnerships and Collaborators	▪ Community health centers/community clinics ▪ Community-based organizations ▪ El Dorado County Continuum of Care ▪ El Dorado County Health and Human Services Agency ▪ El Dorado County Libraries ▪ El Dorado County Sheriff's Department ▪ Emergency Medical Services ▪ Homeless service agencies ▪ Placerville Police Department ▪ Senior service organizations ▪ Upper Room ▪ El Dorado Transit

Service to the Community

Marshall is mindful of its important role as a provider of critical health services for the community; primary care, home care, emergency care, obstetrics and women's health, specialist care, behavioral health, substance use management, rehabilitation and recovery services and to the greatest extent possible will continue to strive to provide services that meet identified needs services within its service area. Where the direct provision of service is not possible, Marshall will strive to facilitate access to such services through partnerships or other arrangements.

Evaluation of Impact

Marshall is committed to monitoring and evaluating key initiatives to assess the programs and activities outlined in this Implementation Strategy. We have implemented a system for the collection and documentation of tracking measures, such as the number of people reached/served, and collaborative efforts to address health needs. An evaluation of the impact of Marshall's actions to address these significant health needs will be reported in the next scheduled CHNA.

Health Needs Marshall Will Not Address

Since Marshall Medical Center cannot directly address all the health needs present in the community, we will concentrate on those health needs that we can most effectively address given our areas of focus and expertise. However, and with this in mind and taking existing hospital and community resources into consideration, Marshall will endeavor to address any prevalent or unanticipated issues that surge to a level that threatens the health and wellbeing of the community. Such issues may include COVID-19 and other infectious diseases, environmental pollution, food insecurity, overweight and obesity, and unintentional injuries.