MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904 **Telephone: 415-464-2090** **Fax: 415-464-2094**
Website: www.marinhealthcare.org ***Email:*** info@marinhealthcare.org

BOARD OF DIRECTORS
SPECIAL STUDY SESSION OF THE FULL BOARD, MEETING WITH LEASE & BUILDING COMMITTEE, REGULAR MEETING
WEDNESDAY, AUGUST 31, 2016 AT 5:30 P.M.

Committee:
Chair: Ann Sparkman, JD
Member: Larry Bedard, MD
Staff: Jon Friedenberg, Chief Administrative Officer
Community Member: Brian Su, MD
Support: Louis Weiner, Executive Assistant

Location:
Marin Healthcare District
100-B Drake's Landing Road, #250
Greenbrae, CA 94904

AGENDA

			ATTACHMENT
1.	**Call to Order / Approval of the Agenda**	Sparkman	
2.	**Approval of the Minutes of the MHD Lease & Building Committee Meeting of June 28, 2016** (action)	Sparkman	#1
3.	**Public Comment** *Any member of the audience may make statements regarding any item NOT on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.*	Sparkman	
4.	**Review of Annual Community Benefit Report Pursuant to SB 697**	Maites	#2
5.	**Review of Triennial Community Health Needs Assessment Pursuant to Section 501(r) of the Internal Revenue Code**	Maites	#3
6.	**Adjournment**	Sparkman	

The next meeting of the Lease & Building Committee is October 26, 2016

A copy of the agenda for the Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting.

In compliance with the Americans with Disabilities Act, if you require accommodations to participate in a District meeting please contact the District office at 415-464-2090 at least 48 hours prior to the meeting.

Tab 1

MARIN HEALTHCARE DISTRICT

100B Drakes Landing Road, Suite 250, Greenbrae, CA 94904 **Telephone: 415-464-2090 Fax: 415-464-2094**
Website: www.marinhealthcare.org ***Email:*** info@marinhealthcare.org

LEASE & BUILDING COMMITTEE MEETING
JUNE 28, 2016 AT 6:00 P.M.

Attendees:

Chair: Ann Sparkman

Members: Dr. Larry Bedard
Dr. Harris Simmonds
Jennifer Hershon
Jennifer Rienks
Dr. Brian Su (non-voting)

Staff: Lee Domanico, Chief Executive Officer
Colin Coffey, Legal Counsel
Michael Lighthawk, Executive Assistant

Location:
Marin Healthcare District
100-B Drake's Landing Road, #250
Greenbrae, CA 94904

MINUTES

I. Call to Order
Chair Ann Sparkman, JD, called the meeting to order at 5:30pm.

II. Roll Call / Approval of the Agenda
Committee Members Present: Chair Ann Sparkman, JD; Jennifer Rienks, PhD; Brian Su, MD (non-voting)
Board Members Present: Harris Simmonds, MD; Larry Bedard, MD.; Jennifer Hershon, RN
Staff Members Present: Lee Domanico, CEO; Michael Lighthawk, Executive Assistant
Guests Present: Colin Coffey, Legal Counsel

It was moved, seconded and carried to approve the agenda as presented.

III. Minutes Approval
It was moved, seconded and carried to approve the minutes of the MHD Lease & Building Committee Meeting of April 27, 2016.

IV. Public Comment
No public comment.

V. Biennial Review of MGH Bylaws

Mr. Domanico asked for clarification whether or not the bylaws are biennial or triennial. Mr. Coffey confirmed that MGH Bylaws' review is biennial (once in two years).

Mr. Coffey opened discussion on the topic stating that the MGH Executive Committee also reviews the bylaws for needed changes or updates which then go to the full MGH Board for approval.

District review has been deferred to this committee. One additional aspect to review for inclusion in the bylaws is a separate provision for review of the performance metrics.

The committee and board members present, being familiar with the changes referencing the 1985 Lease to the 2015 Lease and other non-substantive changes, agreed to move ahead to advised changes by the auditors (Moss Adams) that would have the MGH Investment Committee constituted under its own charter as a sub-committee of the MGH Finance Committee. Mr. Domanico stated the reason being there are too many standing committees of the board and there are too few board members with the appropriate financial background to cover finance related positions on all committees.

Discussions ensued regarding policies and guidelines already established and adapted for the Investment Committee for both Marin General Hospital and Marin Healthcare District's investable funds. Additionally, these guidelines are specific to each entities legal status and accompanying regulations that govern risk in a public fund investment; i.e., District Bond Funds.

Article 10 of Bylaws – Mr. Coffey stated that Article 10 outlines the triggers that initiate the need for District approval of major transactions. On page 23 are a series of blanks that Mr. McManus (CFO) will fill-in to update current numbers, since the numbers have changed since 2010. Mr. Domanico indicated that Mr. McManus will fill in the blank with current numbers before going to the board.

Attachment B: Performance Metrics – One performance metric is being removed altogether because it references the first year after the transfer.

Motion
Having reviewed all proposed changes to the bylaws, Chair Sparkman asked for a motion to send a recommendation to the board of directors that the board approve all changes to the bylaws as presented.
Member Bedard so moved. Chair Sparkman seconded. All ayes. **Motion passed.**

VI. Review of MHD Conflict of Interest Code

Mr. Coffey stated that every two years, every local state government agency must review its Conflict of Interest Code. Most districts adapt the state's code but are free to customize their own potential conflicts rules. This review is for determining if there are any changes in the district's position on conflict of interest. For example: if there are senior management changes which would necessitate adding that position to the code. Nothing else at this time suggests a change to the current COI code of the District. If there are no changes recommended, the committee would inform the board and let them know there are no changes. Management staff has a form that has check boxes saying there are no changes to the COI and recommend no changes.

Motion
Member Bedard moved to recommend that the MHD Board of Directors approved the District's Conflict of Interest Code with no changes. Motion seconded by Ann Sparkman. All ayes.
Motion passed.

VII. Other Business

Core Metrics Discussion (CMS) – Working with Hank to look at the metrics (CMS). Hank will get the red-line version and will come back to the full board. Metrics have been presented but not listed in the by-laws. The committee hopes that the district will allow other metrics to be removed and brought back to the board for approval at a later date. Discussions ensued on the desired content of what will be included in the metrics.

VIII. Adjournment

Having no further business, Chair Sparkman moved to adjourn. Seconded by Member Bedard. The committee adjourned at 6:18pm.

Tab 2

MARIN GENERAL HOSPITAL

MEMORANDUM

Date: July 29, 2016

To: Marin General Hospital Board of Directors

From: Jamie Maites, Director of Communications

RE: Annual Community Benefit Report Pursuant to SB 697 and Triennial Community Health Needs Assessment Pursuant to Section 501(r) of the Internal Revenue Code

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Background

Not-for-Profit hospitals in California have been required to submit an annual community benefit report since 1995 when California Senate Bill 697 was passed. The attached report complies with the requirements to describe the community benefits provided by the hospital and to include the amounts contributed to improve the health of the communities served.

Under the Patient Protection and Affordable Care Act of 2010, not-for-profit hospitals are required to conduct a triennial Community Health Need Assessment (CHNA). Section 501(r) of the Internal Revenue Code requires that the CHNA be included with Schedule H of the Marin General Hospital annual Form 990 tax filing.

Requested Actions

1. Approve the Annual Community Benefit Report for submission to the California Office of Statewide Planning and Development (OSHPD) pursuant to SB 697.
2. Approve the 2016 triennial Community Health Need Assessment (CHNA) in compliance with Section 501 (r) of the Internal Revenue Code for inclusion in Schedule H of the Marin General annual Form 990 tax filing.

Summary

Community Benefit Report

During fiscal year 2015, MGH made more than $50 million in community benefit contributions. MGH spends 11% of its total annual operating expenses on programs and services for the poor and underserved and 15% of its annual operating expenses for community benefits.

Our primary community benefit goal is access to health care. We absorbed more than $2 million in charity care costs where no reimbursement is received and more than $31 million in Medi-Cal shortfall, which is the difference between what Medi-Cal reimburses MGH for care to beneficiaries and the actual cost of providing the care.

As part of our commitment to access to care in the community, MGH also supports primary care and specialty care services for the uninsured provided by the 1206(B) Clinics (Cardiovascular Center of Marin, Marin Endocrine Center, Marin Internal Medicine, North Bay Urology, North Marin Internal Medicine, San Rafael Medical Center, Sirona Vascular Center, Tamalpais Internal

Medicine, West Marin Medical Center) and Prima Medical Foundation. These contributions are reported as “Financial and In-kind” expenses in the report.

Community Health Needs Assessment

The prioritized community health needs identified in the 2016 CHNA include the following:

1. Obesity and Diabetes
2. Education
3. Economic and Housing Insecurity
4. Access to Health Care
5. Mental Health
6. Substance Use
7. Oral Health
8. Violence and Injury

A full description of the assessment process, the health needs and supporting data are included in the 2016 CHNA.

MARIN GENERAL HOSPITAL
250 BON AIR ROAD GREENBRAE, CA 94904

2015 Community Benefit Report

Pursuant to SB 697

Submitted: August 2016

I. HOSPITAL

A. General Information

Marin General Hospital (MGH), opened in 1952, is an acute care, 235 bed, not-for-profit and locally governed hospital. As the only full-service acute care hospital in Marin County, its major services include the area's only designated trauma center, cardiac, and neurological surgery programs, labor and delivery services, inpatient pediatric program, comprehensive cancer care services, primary stroke center that can treat all types of stroke on site, accredited chest pain center, and acute inpatient psychiatric services. In 2015, MGH earned various quality awards:

- Healthgrades
  - *Distinguished Hospital Award for Clinical Excellence (a complete list of 5-star ratings and additional excellence awards are published on the Marin General Hospital website)*
- American Heart/Stroke Association
  - *Get With the Guidelines-Stroke Gold Plus Quality Achievement Award*
- Leapfrog Group
  - "A" Grade for Hospital Safety
- Intersocietal Accreditation Commission
  - *Echocardiography 3-year Accreditation*
- The Joint Commission
  - *Top Performer on Key Quality Measures*
- American College of Radiology (ACR)
  - *MRI & Ultrasound 3-year Accreditation*
- American College of Surgeons
  - *Commission on Cancer Outstanding Achievement Award*
- Beta Healthcare
  - *Quest for Zero: Excellence in ED*
  - *Quest for Zero: Excellence in OB*
- North Bay Business Journal
  - *Bay Area's Healthiest Employers*
- Marin Magazine
  - *Top Doctors 2015 (more than 250 physicians in 42 specialties who practice at MGH)*

As Marin's Healing Place, Marin General Hospital is dedicated to caring for all the people in Marin, including the underserved or uninsured. And our commitment to the community goes well beyond healing the sick: We want to help the people we serve stay healthy and well. To that end, we offer innovative programs such as the Braden Diabetes Center, which helps people with diabetes manage their condition effectively and enjoy better quality of life. Our Center for Integrative Health & Wellness services offers integrative treatment modalities to promote relaxation and activate the body's innate healing powers. We hold periodic lectures and seminars on prevention for diseases and injuries. In addition, we provide information and referrals to services in the community to help individuals manage and maintain their health and well-being.

Individual Completing this Report:
Jamie Maites, Director of Communications
Phone: 1-415-925-7424

B. Organizational Structure

Marin General Hospital (MGH) is a not-for-profit community hospital, owned by the Marin Healthcare District, a publicly elected body. The Marin Healthcare District owns the buildings and land and leases the facilities to the Marin General Hospital Corporation, which owns the license and the business and employs hospital staff. The hospital is governed by a volunteer board of directors, comprised of local business and civic leaders, as well as members of the medical staff. They are responsible for setting policy on patient care operations, finances and community benefits and have reporting requirements to the Marin Healthcare District.

At MGH our focus remains firmly on improving the health of the people of Marin County. As a not-for-profit organization, there are no shareholders who benefit from our financial surpluses. Instead, we reinvest our surpluses into the community with new program implementation, advanced technology, community services and building projects.

The Chief Administrative Officer is the champion for the overall Community Benefit program, and the Director of Communications provides overall strategic planning and implementation direction.

C. Mission & Vision

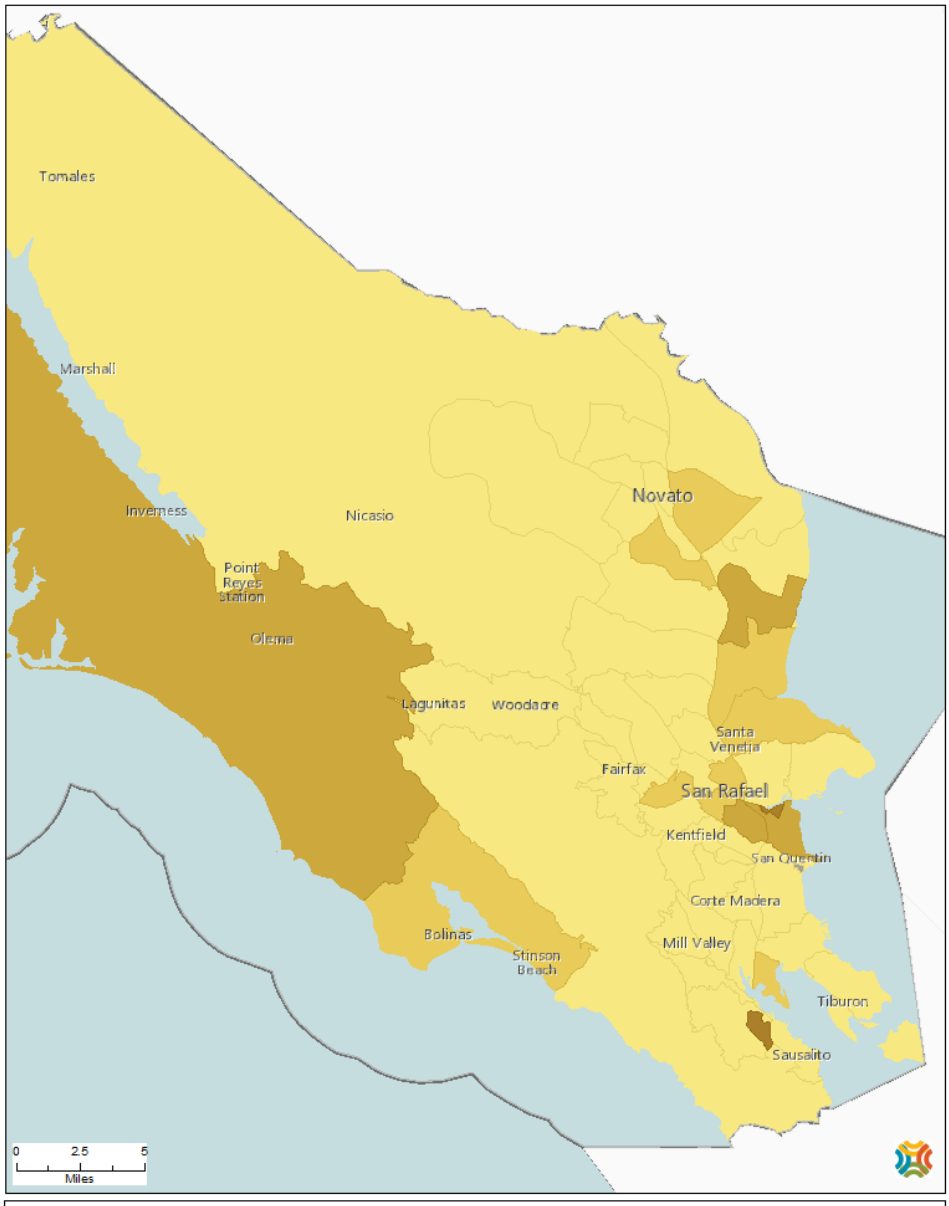
Mission: To provide exceptional health care services in a compassionate and healing environment.

Vision: To exceed each community member's highest expectations for quality health care.

II. COMMUNITY NEEDS ASSESSMENT

A. Definition of "Community"

Marin General Hospital primarily serves residents of Marin County. Certain specialty programs service a broader population, including patients from Sonoma County, the broader San Francisco Bay Area, and beyond.



Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2010-14

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Community Commons, 3/10/2016

Marin County and California Demographic and Socioeconomic Data[1]		
Indicator	**Marin County**	**California**
Demographic and Socioeconomic Information		
Total Population	254,643	37,659,180
Median Age	44.8 years	35.4 years
Under 18 Years Old	20.6%	24.5%
Over 65 Years Old	17.6%	11.5%
White	79.4%	62.3%
Hispanic/Latino	15.5%	37.9%
Some Other Race	7.9%	12.9%
Asian	5.6%	13.3%
Multiple Races	3.7%	4.3%
Black	2.9%	6.0%
Native American/Alaskan Native	0.3%	0.8%
Pacific Islander/Native Hawaiian	0.2%	0.4%
Median Household Income	$90,839	$61,094
Unemployment[2]	4.2%	7.4%
Linguistically Isolated Households	4.8%	10.3%
Households with Housing Costs > 30% of Total Income	43.8%	45.9%

The key drivers of health status are income, education and health insurance. While Marin County compares well with the State, there are clear vulnerable populations whose health status is most at risk.

Key Drivers of Health		
Living in Poverty (<200% FPL)	19.4%	35.9%
Children in Poverty (<200% FPL)	17.8%	47.3%
Age 25+ with No High School Diploma	7.6%	18.8%
High School Graduation Rate[3]	91.4%	80.4%
3rd Grade Reading Proficiency[4]	66.0%	45.0%
Percent of Population Uninsured	8.9%	17.8%
Percent of Insured Population Receiving Medi-Cal/Medicaid	9.5%	19.2%

B. Community Health Needs Assessment (CHNA)

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added new requirements, which nonprofit hospital organizations must satisfy to maintain their tax-exempt status under section 501(c)3 of the Internal Revenue Code. One such requirement added by ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a community health needs assessment (CHNA) at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions.

[1] Unless noted otherwise, all data presented in this table is from the US Census Bureau, 2009-2013 American Community Survey 5-Year Estimate.
[2] US Department of Labor, Bureau of Labor Statistics, June 2015.
[3] California Department of Education, 2013.
[4] Standardized Testing and Reporting (STAR) Results, 2010-11 and 2012-13, from California Department of Education, Accessed via kidsdata.org, 2013.

While Marin General Hospital has conducted CHNAs since 1995 to identify needs and resources in our communities and to guide our Community Benefit plans, this legislation provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2013 and described in this report was conducted in compliance with these new federal requirements.

C. Summary of Prioritized Needs

As a result of extensive data collection, key informant interviews, and community focus groups, residents and community leaders in Marin County identified the following health needs, in priority order:

1. Mental health
2. Substance abuse
3. Access to health care/medical homes/health care coverage
4. Socioeconomic status (income, employment, education level)
5. Healthy eating and active living (nutrition/healthy food/food access/physical activity
6. Social supports (family and community support systems and services; connectedness)
7. Cancer
8. Heart disease

The needs were identified as community priorities as part of the community convening coordinated by the Healthy Marin Partnership, which includes all the acute care hospitals in Marin County. The community convening included more than 30 community residents, public health experts and community leaders.

III. MARIN GENERAL HOSIPTAL COMMUNITY BENEFIT CONTRIBUTIONS

A. Economic Contributions

Community benefit is a term used to describe the many health programs and medical services supported totally or in part by Marin General Hospital (MGH) that provide tangible benefits to the community and improve the health of its residents. MGH follows the IRS guidelines for reporting the economic value of its community benefits contributions.

During fiscal year 2015, MGH made more than $50 million in community benefit contributions.

Using the California State reporting categories, MGH community benefit contributions are displayed here highlighting the activities for vulnerable populations and the broader community.

	Dollars
Charity Care	2,023,853
Medi-Cal Shortfall	31,446,614
Vulnerable Populations	6,333,158
Broader Population	9,834,549
Health Professions Education and Research	932,859
TOTAL BENEFITS REPORTED	**$50,571,033**

Using the IRS reporting categories, MGH community benefit contributions fall into the following categories:

	Dollars
Charity Care	2,023,853
Government Sponsored Health Care (Medi-Cal shortfall)	31,446,614
Health Improvement	159,908
Community Building	5,247
Financial and In-kind Contributions, Grants	15,906,933
Health Professions Education	932,859
Community Benefit Operations	95,619
TOTAL BENEFITS REPORTED	**$50,571,033**

MGH spends 11 percent of its total annual operating expenses on programs and services for the poor and underserved and 15 percent of its annual operating expenses for community benefits.

Marin General Hospital's primary community benefit goal is access to health care. MGH absorbs more than $2 million in charity care costs where no reimbursement is received and more than $31 million in Medi-Cal shortfall, which is the difference between what Medi-Cal reimburses MGH for care to beneficiaries and the actual cost of providing the care.

As part of our commitment to access to care in the community, MGH also supports primary care and specialty care services for the uninsured provided by the 1206(B) Clinics (Cardiovascular Center of Marin, Marin Endocrine Center, Marin Internal Medicine, North Bay Urology, North Marin Internal Medicine, San Rafael Medical Center, Sirona Vascular Center, Tamalpais Internal Medicine, West Marin Medical Center) and Prima Medical Foundation. These contributions are included above as Financial and In-kind expenses.

B. Other Highlights of MGH Contributions

Health Education and Screening

- Center for Integrative Health & Wellness Community Education Programs
- Support Groups
- New Moms Group
- New Fathers Group
- Community Breastfeeding Consultation Phone Line
- Community Dietitian Consultation Phone Line
- Community CPR and AED Training & Family Safety Programs
- Low Cost Mammography screening

Health Professions Education and Training

- Physicians
- Nurses
- Radiology Technologists
- Respiratory Therapists
- Pharmacists
- Occupational Therapists
- Physical Therapists
- Social Workers

- Dietitians
- Hospital Chaplains

Marin General Hospital partners with community-based organizations to increase the number of individuals who receive primary health care services and other health related services that help them manage chronic conditions such as diabetes or hypertension; access ambulatory care services such as dental and mental health care; and transition to stable housing to maintain their health and wellness. In 2015, grants were awarded to the following community based organizations:

- Coastal Health Alliance
- Community Institute for Psychotherapy
- Homeward Bound of Marin
- Marin City Health & Wellness Center
- Marin Community Clinics
- Marin Senior Coordinating Council (Whistlestop)
- Ritter Center
- RotaCare San Rafael
- Slide Ranch

The following table highlights the impact of the grants Marin General Hospital awarded in 2014 and 2015.

Long Term Goal
Increase the number of individuals who have access to and receive appropriate health care services in Marin County.

Intermediate Goals
1. Increase the number of low-income people who enroll in, or maintain, health care coverage.
2. Increase access (insurance coverage, a medical home, and regular preventive appointments) to culturally competent, high quality health care services for vulnerable, at-risk, low-income, or uninsured individuals.

Access to Care—Grantmaking Highlights

Summary of Impact
During 2014 and 2015, there were 16 active Marin General Hospital grants, totaling $886,666 addressing Access to Care in the Marin General Hospital service area.

Organization	Grant Awarded	Program Funded	Results to Date
Coastal Health Alliance	$20,000 2014	**Expand Access through Team Care:** Implement Team Care program by hiring and training additional RN staff and redistributing clinical tasks to expand primary care access to at-risk patients.	1077 patients serviced during last quarter of 2014. Patient visits increased by 6% for same period last year and 7% for 2014 compared to 2013; improved key clinical outcomes measures in 7 of 11 indicators based on UDS 2014 compared to 2013; doubled the RN staff at the beginning of the grant period and after robust training, RNs have been instrumental in taking non-essential tasks from providers through first call and improving

			quality of care.
	$32,500 2015/16	**Expand Access to Oral Health Care**: Reduce co-pays of uninsured dental patients.	83 dental patients served; 41 emergency visits resulted in avoided emergency department hospital visits. 19% uninsured patients. Sliding fee discount was increased from 50% to 75% with MGH funding.
Community Institute for Psychotherapy	$15,000 2015	**Psychotherapy for Disadvantaged Families and Individuals**: Provide timely access to quality, affordable mental health services to disadvantaged individuals and families who could not otherwise afford them. Playing an unduplicated role in the Marin continuum of care, CIP serves as a safety net for those ineligible for county services.	769 patients served; 100% uninsured or on Medi-Cal; 3% homeless; 10% nearly homeless with insecure housing. 7% of clients receiving 12 or more visits reported improvement in 4 of 6 areas for improvement.
Homeward Bound of Marin	$120,858 2014	**Transition to Wellness Medical Respite**: Accommodates post-acute, homeless individuals discharged from local Marin hospitals. Provides a stable environment to recuperate as well as providing linkages to promote economic independence, housing stability and establish a medical home.	23 persons were served during 2014 grant year. 100% of residents were linked to a medical home; no residents were re-hospitalized during respite stay; 87% were enrolled in health insurance; 8% applied for income benefits (9% were not eligible; 83% already had income benefits obtained); 82% of residents exited to a program or housing opportunity; there were 627 avoided hospital days for this reporting period.
	$130,000 2015	**Transition to Wellness Medical Respite**: Accommodates post-acute, homeless individuals discharged from local Marin hospitals. Provides a stable environment to recuperate as well as providing linkages to promote economic independence, housing stability and establish a medical home.	39 persons were served during 2015 grant year. 100% of residents were linked to a medical home; 9% of residents were re-hospitalized during respite stay; 78% were enrolled in health insurance; 87% of residents exited to a program or housing opportunity; There were 801 avoided hospital days for Marin General Hospital for this reporting period.
Marin City Health & Wellness	$20,000 2014/2015 School Year	**Behavioral Health Peer Support Program**: Provide the best alternative	During 2014/15 school year, three groups of young men were hosted as part of The Defenders

		approaches of preventative behavioral health services for at-risk boys and young men, especially African American males residing in public housing.	preventative behavioral health program working with up to 14 students per group. Six were selected to participate in the 2015 Quality of Life Road Trip to 14 major cities including Washington DC and being hosted by the Black Student Union at Harvard University. Based on the pre and post road trip surveys, all participants experienced tremendous growth, both academically and behaviorally.
	$20,000 2015/16 School Year	**Behavioral Health Peer Support Program**: Provide the best alternative approaches of preventative behavioral health services for at-risk boys and young men, especially African American males residing in public housing.	During 2015/16 school year as of December 2015, three groups of young men were hosted as part of The Defenders preventative behavioral health program working with up to 14 students per group. Six were selected to participate in the 2015 Quality of Life Road Trip to 14 major cities including Washington DC and being hosted by the Black Student Union at Harvard University. Caretaker, parent and teacher surveys reported 94.6% improved behavior at home and 92% improvement at school.
Marin Community Clinics	$203,626 2014	**Expand primary care services:** provide adult and family primary healthcare at Greenbrae/Larkspur clinic.	During 2014: Total # of Adult/family Primary Care Patients Served = 3385 Percentage of Medi-Cal Patients = 47% (1576) Percentage of Uninsured Patients = 30% (1011) Total Patient Visits = 18106
	$221,000 2015	**Expand pediatric, family, OB/GYN and behavioral health care services**: Provide clinical care to the medically underserved residents of Marin County and Marin General Hospital.	Total patients (pediatrics, adult medicine/family practice, women's heath, behavioral health, teen clinics) = 38,369; 96,326 patient visits Depending on the service, the percentage of patients with Medic-Cal or uninsured range from 77% to 98%. Total # of Adult/family Primary Care

			Patients Served =17,207 Medi-Cal = 56% Uninsured = 24%
Marin Senior Coordinating Council	$15,000 2014	**Whistlestop Volunteer Driver Program:** Provide volunteer drivers for transportation of frail older adults and disabled people to medical appointments.	During the last quarter of 2014, 86 low-income individuals have utilized this medically-related ridership program exceeding the goal of 25 individuals. 1,720 rides were provided during this period exceeding the goal of at least 1,675 rides.
	$15,000 2015/16	**Whistlestop Volunteer Driver Program:** Provide volunteer drivers for transportation of frail older adults and disabled people to medical appointments.	43 volunteers completed training and background checks. 48 riders; 609 one-way rides for seniors and the disabled 5493 miles driven by volunteer drivers for medical appointments and groceries
Ritter Center	$20,000 2014	**Integrated Behavioral Health Program:** Merge behavioral health and medical departments by transferring oversight of behavioral health services to the Health Clinic Administrator and integrate behavioral health templates, records and assessments into Electronic Health Record system.	758 behavioral health patients and 1572 total health patients were served in 2014. The transfer of oversight of the behavioral health department and merger with the medical department is complete. Integration of BH reports into ERH system has begun. In the 2nd half of 2014, Ritter Center experienced a 17% increase in BH encounters due to referrals from medical staff. In December 2014, Ritter Center transferred hosting, help desk, vendor management and project management of its EHR system to KLH in concert with a number of other health centers in the Redwood Community Health Coalition.
	$20,000 2015	**Ritter Health Center:** Primary care and behavioral health care for 1500 homeless and low-income residents. Help enroll 100 residents on Medi-Cal or other health insurance.	1495 patients; 263 behavioral health patients. Assisted 365 residents with Medi-Cal enrollment.
RotaCare of the Bay Area	$17,182 2014	**Free Clinic Operations Support:** provide episodic care, diagnosis and referrals to	For the service period of period of November 1, 2013 through October 31, 2014 RotaCare Clinic

		patients with continuing care. Act as a portal service for patients with chronic conditions to other medical clinics including Marin Community Clinic.	of San Rafael served 1,096 patients with a total of 2,033 visits. Recruited and sustained over 100 medical professional volunteers.
	$15,000 2015	**Free Clinic Operations Support**: Provide medical care for 2,000 patient visits; increase volunteer base; provide specialty services; and provide diabetes specialty clinic services.	During 2015, 986 patients were served with 1869 patient visits.
Slide Ranch	$1,500 2015	**Automatic Electronic Defibrillator (AED):** Purchase AEDs, train staff, and create and distribute Emergency Action Plan.	Purchased and installed AED, eyewash station and first aide kits. Developed Emergency Action Plan and trained staff.

C. 2015 Healthy Marin Partnership Accomplishments

Marin General Hospital (MGH) is an active participant in the Healthy Marin Partnership (HMP), which is a collaborative of community and business leaders including all three of the general acute care hospitals in the County. MGH was a founding member of HMP.

- *Healthy Teens Marin*
  Healthy Marin Partnership was a founding member of Healthy Teens Marin, a 20-year-old collaborative that sponsors annual workshops for teens (Peer Summit). Healthy Teens Marin is an active community partnership, which includes the Marin County Office of Education, Department of Health and Human Services, Marin County Department of Probation, Public Defender's Office, Sheriff's Department, Marin Community Foundation, *Healthy Marin Partnership*, Youth Leadership Institute, YMCA of Marin, Huckleberry Teen Health Programs, Novato Youth Center and Marin City Network. *Healthy Marin Partnership* staff serves as the primary facilitator for the events.

- *20th Annual Peer Summit*
  Sponsored by Healthy Teens Marin, the 20th Annual Peer Summit was held November 10, 2015 at the Marin Center. This highly regarded full day event was offered at no cost to public and private middle schools throughout Marin County and provided a series of workshops for upwards of 250 students, from 12 different middle schools attending. In 2015 participating students selected from 8 workshops lead by community based organizations on topics ranging in subject matter from alcohol, tobacco and other drug use, peer relations, communication, mental health, body image, healthy eating and more.

- *Play Fair Marin*
  Play Fair Marin is a collaborative formed in 2003 to replace alcohol sponsorship at the Marin County Fair. Through expanded partnership with the County of Marin and other community organizations, Play Fair has widened its focus areas to include Smoke-Free Fair, Healthy Fair Food, Baby Sanctuary and roving Health Ambassadors interacting with fairgoers providing information about healthy options and activities at the Fair.

In 2015 a "Growing Healthy Events" toolkit was developed to allow these best practices to be shared with festivals, fairs, event organizers and public health officials broadly.

American Public Health Association Annual Conference in Chicago: Program Managers presented the toolkit to public health experts at this well-attended conference in early November. The toolkit and partnership efforts were well received and 5 participants made requests from across the country for technical assistance in developing similar efforts in their communities.

Western Fairs Association: The "Growing Health Events" tool was one of 4 nominees for the Louis Merrill Award for Innovation at the Western Fairs Association Annual Convention in Anaheim in January 2015. A contingent of HMP leadership travelled to Anaheim for the convention, which included a presentation on the tool to more than 300 conference attendees from across the Western States. Each attendee received a copy of the tool for use with their organization. The Merrill Award is given only when there is a worthwhile and outstanding advancement to Fairs.

To assure on-going growth and sustainability of healthy fair efforts, these efforts will be 100% transferred to staff and leadership of the Marin County Fair. Play Fair will transition from a service provider to the role of sponsor, providing Fair Office technical assistance when needed and assuring implementation and development of policies and practices to assure sustained success.

HMP will partner with San Rafael Chamber of Commerce and other organizations who plan or influence community events and convene opportunities to share successful practices for event planning.

- *School/Law Enforcement Partnership*
  Healthy Marin Partnership is an active member of the School/Law Enforcement Partnership between all Marin County school districts, law enforcement agencies, health services and other community-based organizations. The partnership meets quarterly to build communication and strategize about how best to work in unison to meet the evolving needs of youth and families in Marin County.

- *RxSafe Marin*
  The 2013 Community Health Needs Assessment identified Substance Abuse as a priority focus and health need. In 2014, RxSafe Marin – a coalition of community members and experts – was launched. RxSafe Marin was formed to develop strategic efforts to tackle Marin's prescription drug misuse and abuse epidemic. Action Teams were formed around five areas of concentration: community-based prevention, prescribers and pharmacists, data collection and monitoring, treatment and recovery, and law enforcement.

  RxSafe Marin has worked with local emergency departments and medical offices to develop and implement prescribing guidelines. Such guidelines have been in place with Medi-Cal providers since 2014, with a 41 percent decrease in opioid prescriptions. There was also a significant decrease in drug overdose mortality in 2014 compared to 2012. RxSafe Marin has been awarded a mentoring grant from the California HealthCare Foundation, which allows it to share, inform and guide successful practices statewide via webinars/in person trainings/conference calls. Local efforts have included:

- Advocating with the Marin County Board of Supervisors and County Counsel to amend to the County's Social Host Ordinance (SHO) to include controlled substances and restorative justice elements for juveniles. The Social Host Ordinance holds youth and/or adults accountable for hosting underage drinking parties. In February 2015, these amendments passed unanimously and will take in early March 2016. It is believed to be the first SHO in the nation to include restorative justice practices along with provisions for controlled substances.
- Nomination for an Innovation Award at the annual Heart of Marin Awards. Additionally, RxSafe Marin was a finalist in the Innovation Challenge awards program hosted by the California Department of Public Health.

IV. 2015 COMMUNITY BENEFIT PLAN

A. Marin General Hospital Action Plan

In 2013, MGH adopted an Implementation Strategy for 2014-2016, available on our website. We plan to continue to focus on Access to Health Care for vulnerable populations in our hospital as well as in our community through Charity Care, Medi-Cal shortfalls and financial contributions to community-based organizations that strengthen coordinated care for vulnerable, at-risk, low-income or uninsured individuals.

Access to Care: The primary focus in 2016 will be Access to Care with the long term goal of increasing number of individuals who have access to and receive appropriate health care services in Marin County. The hospital will continue to provide Charity Care to the indigent and care for Medi-Cal beneficiaries for whom MGH is reimbursed less than the cost of providing care.

Health Education Events: Marin General Hospital will continue to provide health education programs, patient support groups and community consultation through phone support for residents with breastfeeding and nutrition questions as well as low-cost mammogram screenings.

Center for Integrative Health & Wellness: Marin General Hospital will offer integrative health therapies and educational classes to the broader community.

Financial Support for Key Community Health Programs: Marin General Hospital will continue financial and in-kind support to a variety of organizations, with priority given to those who are directly health related and support the vulnerable communities in Marin County.

Professional and Student Education: Marin General Hospital, in cooperation with local colleges and universities, will continue to provide preceptorships and clinical rotations for health professionals in departments such as nursing, pharmacy, radiology, respiratory therapy and rehabilitation services as well as education for current physicians, nurses and staff. Marin General Hospital also offers job-shadowing opportunities for those interested in health careers.

Marin General Hospital will continue to participate on the Healthy Marin Partnership. Significant work was done by the collaborative toward the triennial Community Health Needs Assessment for 2016. Subsequent community benefit activities will be informed by the results of the 2016 Community Health Needs Assessment.

V. PUBLIC REVIEW

2015 Community Benefit Report and plans for 2016 will be reported through the following vehicles:

- Annual program report to the Marin General Hospital Board of Directors
- Annual program report to the Marin Healthcare District Board of Directors
- Annual program report to the Marin General Hospital Community Benefit Advisory Committee
- Placement on the Marin General Hospital website

Tab 3

2016 Community Health Needs Assessment

Approved by Marin General Hospital Board of Directors
August 2016

MARIN GENERAL HOSPITAL

Marin County Community Health Needs Assessment

ACKNOWLEDGEMENTS

Many individuals and organizations participated in the success of this Community Health Needs Assessment.

Healthy Marin Partnership (HMP) was established in 1995 to complete a triennial community health needs assessment (CHNA) required of all not-for-profit hospitals by the California Office of Statewide Health Planning and Development. HMP is chaired by Patricia Kendall, RN, Medical Group Administrator, Kaiser Permanente—San Rafael Medical Center, and includes all acute-care hospitals in Marin County as well as Marin County Health & Human Services, Marin Community Foundation, Marin County Office of Education, and representatives of the business community. HMP has been coordinating the completion of each triennial CHNA since 1995. The participation of HMP members, community leaders, and residents in the community convening enhanced the accuracy and usefulness of the CHNA for the organizations that will use it to create even healthier communities in Marin County.

Partner hospitals have worked closely together throughout the CHNA process to ensure the CHNA was complied with the requirements of the Affordable Care Act (ACA) and included data on which to build effective implementation strategies. Members of the Marin County Community Health Needs Assessment Collaborative include:

Healthy Marin Partnership
Teri Rockas, *Project Manager, Health Education & Promotion, Member Outreach, Kaiser Permanente*

Marin General Hospital
Jamie Maites, *Director of Communications*

Kaiser Permanente—San Rafael
Carl Campbell, *Public Affairs Director*
Jeannie Dulberg, *Community Benefit Manager*
Molly Bergstrom, *Community Benefit Manager*

Novato Community Hospital
Mary Strebig APR, *Manager, Community Benefit, Communications & Sutter West Bay Region Employer Marketing*

Marin County Health & Human Services
Rochelle Ereman, MS, MPH, *Community Epidemiology Program Chief*
Kathy Koblick, MPH, *Public Health Division Director*

Consultants
Harder+Company Community Research was instrumental in supporting the community health need prioritization process by presenting extensive data in a useful way and facilitating a meaningful conversation that resulted in establishment of community priorities on which future decisions can be based.

Several other organizations were also instrumental to the CHNA process, including:

- Marin County Health & Human Services, which has provided invaluable support with data, technical assistance, and participation in the Marin County CHNA Collaborative.
- The CHNA data collection subgroup, which included members of Marin County CHNA Collaborative as well as representatives from Marin Community Foundation and Marin County Aging & Adult Services, informed the sampling plan for key informant interviews and focus groups as well as interview questions, and assisted in ensuring alignment between concurrent assessments.
- Multiple social service and nonprofit organizations who helped coordinate and recruit participants for focus groups, participated in key informant interviews, and attended the prioritization session.
- Community members who participated in focus groups and provided instrumental insight into the needs of their community.

Table of Contents

I. Executive Summary 3
- A. Community Health Needs Assessment Background 3
- B. Summary of Prioritized Needs 3
- C. Summary of Needs Assessment Methodology and Process 5

II. Introduction 6

III. Background 7
- A. About Marin General Hospital 7
- B. About Marin General Hospital Community Benefit 8
- C. Purpose of the Community Health Needs Assessment Report 8
- D. Marin County CHNA Collaborative's Approach to Community Health Needs Assessment 8

IV. Community Served 9
- A. Definition of Community Served 9
- B. Map and Description of Community Served 9

V. Who Was Involved In The Assessment 11
- A. Identity of Hospitals that Collaborated on the Assessment 11
- B. Other Partner Organizations that Collaborated on the Assessment 11
- C. Identity and Qualifications of Consultants Used to Conduct the Assessment 11

VI. Process and Methods Used to Conduct the CHNA 12
- A. Secondary Data 12
- B. Community Input 12
- C. Written Comments 13
- D. Data Limitations and Information Gaps 13

VII. Identification and Prioritization of Community's Health Needs 14
- A. Identifying Community Health Needs 14
- B. Process and Criteria Used for Prioritization of the Health Needs 16
- C. Prioritized Description of the Community Health Needs Identified Through the CHNA 17
- D. Community Resources Potentially Available to Respond to the Identified Health Needs 19

VIII. Marin General Hospital 2013 Implementation Strategy Evaluation of Impact 20
- A. Purpose of 2013 Implementation Strategy Evaluation of Impact 20
- B. 2013 Implementation Strategy Evaluation of Impact Overview 20
- C. 2013 Implementation Strategy Evaluation of Impact by Health Need 21

IX. Appendices
- A. Health Need Profiles
- B. Secondary Data, Sources, and Years
- C. Community Input Tracking Form
- D. Primary Data Collection Protocols
- E. Prioritization Scoring Matrix

Digital versions of these appendices can be accessed at www.xxxxxx.com.

I. EXECUTIVE SUMMARY

The 2016 Community Health Needs Assessment (CHNA) offers a comprehensive community health profile that encompasses the conditions that impact health in our county. Conducting a triennial CHNA is a requirement for not-for-profit hospitals as part of the Patient Protection and Affordable Care Act (ACA).

A. Community Health Needs Assessment Background

The goal of the CHNA is to inform and engage local decision-makers, key stakeholders and the community-at-large in collaborative efforts to improve the health and well-being of all Marin County residents. The development of the 2016 CHNA report has been an inclusive and comprehensive process, guided by the leadership of members of the Marin County Community Health Needs Assessment Collaborative (Marin County CHNA Collaborative).

While many hospitals in California have conducted CHNAs for many years to identify needs and resources in their communities, the ACA requirements have provided an opportunity for hospitals to revisit their needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies.

B. Summary of Prioritized Needs

Marin County is a healthy and affluent county, especially compared to California as a whole. However, Marin is also an aging county with substantial disparities in socioeconomic status. These issues present challenges for the health of Marin County residents.

Consideration of the eight health needs that emerged as top concerns in Marin County highlights the significance of social determinants of health in building a healthier and stronger community. These results align closely with county priorities and previous findings from the 2013 Pathways to Progress CHNA report. In its entirety, this list of health needs supports the work of Healthy Marin Partnership (HMP) to foster collaboration and action among community partners, including key hospital partners, to identify cross-cutting strategies that address multiple health needs. In descending priority order, the following health needs were identified in Marin County; additional information about each health need can be found in Appendix A.

- Obesity and Diabetes

  Though rates of obesity and diabetes are lower in Marin County compared to California as a whole, this health need emerged as the top priority for stakeholders. There is still a high prevalence of adults and youth in Marin County who are overweight or obese, and data indicate that Marin County residents have a higher risk of heart disease compared to California residents on average. Residents and stakeholders pointed to access to healthy food as a top concern, particularly in some specific areas of the county. Interviewees and focus group participants noted that older adults are disproportionately impacted by this health issue. Access to healthy food and the ability to maintain a healthy lifestyle are more limited for older adults, particularly those living on a fixed or lower income.

- Education

  While some education outcomes, such as high school graduation rate, are higher for Marin County than the rest of California, disparities, particularly among English Language Learners, African American, and Latino students, indicate that education is a high concern in the county. English Language Learners are less likely to pass the high school exit exam in Math and English Language Arts compared to their peers in Marin County and compared

to English Language Learners on average in California. Community members and key stakeholders highlighted education as an important health need and recommended strategies to improve county-wide access and to decrease disparities, such as increasing investment in early childhood education.

- Economic and Housing Insecurity

  Marin County's high cost of living exacerbates issues related to economic security and affordable housing. More than half of renters pay 30% or more of their income on rent, and in some neighborhoods, residents fear displacement due to rising housing costs and gentrification. Additionally, 1,309 individuals are homeless, 835 of which are unsheltered. Low-income residents, youth, and single mothers face particular challenges affording quality housing in Marin County, especially in Canal and West Marin.

- Access to Health Care

  With the implementation of the ACA, many adults in Marin County are able to obtain insurance coverage and access regular health care. While Marin County scores better than the California state average on many indicators measuring health care access, the county continues to work towards providing affordable and culturally competent care for all residents. Lower-income residents face the greatest challenges; many providers that see low-income patients are at capacity, and public insurance is not accepted by many physicians in the county. In addition to barriers in obtaining affordable care, Marin residents have notably low utilization rates for childhood vaccinations compared to California as a whole.

- Mental Health

  Marin County residents demonstrate high need in mental health issues, including suicide rate, taking medicine for an emotional/mental health issue, and reporting needing mental health or substance abuse treatment among adults. Mental health was also raised as a key concern among community members and other key stakeholders, who discussed barriers to accessing treatment among other key themes. Mental health issues frequently co-occur with substance abuse and homelessness. Racial disparities in Marin County are evident, and the Latino population was highlighted in primary data as a population of concern. Youth, older adults, and incarcerated individuals were also noted as particularly high-risk populations for mental health concerns.

- Substance Use

  Substance abuse was identified as a health need of concern in multiple existing data sources, as well as in interviews and focus groups. In particular, use and abuse of prescription drugs is recognized as a health need of concern. Nearly half (48.1%) of adults responding to one survey reported it would be easy to obtain prescription drugs from a doctor in their community. Among youth, percentages of students reporting binge drinking and being "high" from drug use are higher for Marin County than for California overall. Interview and focus group participants identified Fairfax, West Marin, and the Canal District as areas of high risk for drug abuse.

- Oral Health

  A lack of access to dental insurance or inadequate utilization of dental care is an important issue affecting oral health in Marin County. Nearly half of adults in the county (43.3%) do not have dental insurance, and adults older than 65 are even more likely not to have dental insurance. Some key informants shared that oral health access may have increased slightly in West Marin with the Coastal Health Alliance's new full-time Dental Clinic, but it is still not enough, particularly for underserved populations. Additionally, key informants and focus group participants report that dental insurance is limited and specialty care is not affordable.

- Violence and Unintentional Injury

  In Marin County, this area was identified as a health need because of data related to domestic violence, as well as key drivers of violence such as alcohol abuse. Additionally, racial disparities in intimate partner violence and homicide exist. Marin County also experiences high rates of unintentional injury mortality and drunk driving among youth. Violence and injury also arose as a health need through key themes in interviews and focus groups. Community residents and other key stakeholders identified mental health and substance abuse as drivers of unintentional injury and injury due to violence.

C. Summary of Needs Assessment Methodology and Process

The CHNA process used a mixed-methods approach to collect and compile data to provide a robust assessment of health in Marin County. A broad lens in qualitative and quantitative data allowed for the consideration of many potential health needs as well as in-depth analysis. Data sources included:

Analysis of over 150 health indicators from publicly available data sources such as the California Health Interview Survey, American Community Survey, and the California Healthy Kids Survey. Secondary data were organized by a framework developed from Kaiser Permanente's list of potential health needs, and expanded to include a broad list of needs relevant to Marin County.

Interviews with 20 key informants from the local public health department, as well as leaders, representatives, and members of medically underserved, low-income, minority populations, and those with a chronic disease. Other individuals from various sectors with expertise in local health needs were also consulted.

Eight focus groups were conducted in English and Spanish, reaching 90 residents, representing different populations that the Marin County CHNA Collaborative identified as high-risk, including youth, adults in recovery from substance abuse, individuals experiencing homelessness, and residents of Marin City, Novato, San Geronimo, the Canal District, and West Marin.

Data were used to score each health need. Potential health needs were included in the prioritization process if:

- At least two distinct indicators reviewed in secondary data demonstrated that the county estimate was greater than 1% "worse" than the benchmark comparison estimate (in most cases, the California state average).
- Health issue was identified as a key theme in at least 10 out of 20 interviews OR in at least four out of eight focus groups.

The Marin County CHNA Collaborative convened key stakeholders on December 1, 2015 to review the health needs identified, discuss the key findings from the CHNA, and prioritize top health issues that need to be addressed in the County. The group utilized the Criteria Weighting Method, which enabled consideration of each health area using four criteria: severity, disparities, impact, and prevention.

The CHNA is an important first step towards taking action to effect positive changes in the health and well-being of county residents. The results will be used to drive development of hospital-specific implementation strategies for the priority health needs each hospital will address. These strategies will build on their assets and resources, as well as evidence-based strategies, wherever possible. The CHNA and the hospital-specific implementation strategies will provide the impetus for concerted action in a strategic, innovative, and equitable way.

II. INTRODUCTION

Since 1996, Healthy Marin Partnership (HMP) has conducted triennial community health needs assessments for Marin County to identify and address key countywide issues. To build healthier communities, HMP uses the CHNA process to bring together countywide partners to identify and prioritize health needs in Marin County.

The CHNA process provides a deep exploration of health in Marin County, updating and building upon work done in prior years to identify current priority health needs. The 2013 CHNA identified eight health needs: mental health; substance abuse; access to health care/medical homes/health care coverage; socioeconomic status; healthy eating and active living; social supports; cancer; and heart disease.

While the leading causes of death in California remain chronic diseases, evidence indicates that addressing and improving social and environmental conditions will have a positive impact on trends in morbidity and mortality, and diminish disparities in health. Many chronic diseases and conditions are caused in part by preventable factors such as poor diet and physical inactivity, and there is growing awareness of the important link between how communities are structured and the opportunities for people to lead safe, active, and healthy lifestyles. Previous assessments have focused community discussion on upstream health impacts, tracking a set of four lifestyle issues that underlie the leading causes of death in Marin: high-risk alcohol use, tobacco use, diet, and physical inactivity. Guided by the understanding that health encompasses more than disease or illness, the 2016 CHNA process continues to utilize a comprehensive framework for understanding health that looks at ways a variety of social, environmental, and economic factors – also referred to as "social determinants" – impact health. Thus, the CHNA process identifies top health needs (including social determinants of health) in the community, and analyzes a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing drivers – or contributing factors – of each health need.

In addition to considering a broad definition of county-wide health, this assessment explored the particular impact of identified health issues among vulnerable populations which may bear disproportionate risk across multiple health needs. These populations may be residents of particular geographic areas, or may represent particular races, ethnicities, or age groups. In striving towards health equity, the Marin County CHNA Collaborative placed strong emphasis on the needs of high-risk populations in the process of identifying health needs and as a criterion for prioritization.

With the passage of the ACA, completion of a CHNA has been codified into the Internal Revenue Code and required to assure the nation's not-for-profit hospitals maintain their 501(c)(3) status. The Code requires the CHNA to include:

- Data Research and Prioritization of Identified Health Needs
- Report on Findings
- Implementation Plan

Through HMP, Marin's hospitals (Marin General Hospital, Novato Community Hospital, Kaiser Permanente—San Rafael) and Marin County Health & Human Services work together to meet these requirements of the ACA.

In order to identify health needs, the Marin County CHNA Collaborative utilized a mixed-methods approach, examining existing or secondary data sources, as well as speaking to community leaders and residents, to understand key health issues in Marin County. The Marin County CHNA Collaborative and consulting team reviewed secondary data available through the CHNA data platform and compiled additional data from national, statewide, and local sources to provide a more complete picture of health in Marin County. These data were compared to benchmark data and analyzed to identify potential areas of need. In addition, Harder+Company Community Research (Harder+Company) collected and analyzed primary data about issues that most impact the health of the community, as well as existing resources and new ideas to address those needs, from community members and local experts across sectors (e.g., public health, education, and government). The scored quantitative data and coded qualitative data were triangulated to identify the top health needs in the county. Once these health needs were identified, a cross-sector group of stakeholders reviewed summarized data in health need profiles (see Appendix A) and prioritized the health needs based on criteria identified by the Marin County CHNA Collaborative. The resulting prioritized community health needs are presented in this report.

III. BACKGROUND

A. About Marin General Hospital

Marin General Hospital is an independent, not-for-profit organization that has been meeting the community's health care needs since 1952. Owned by the Marin Healthcare District, the 235-bed hospital is the only full-service, acute care hospital in the county. The publically elected Marin Healthcare District Board of Directors works closely with the Marin General Hospital Board of Directors (made up of community volunteers with expertise in key fields like patient care, finances, physician credentialing, community services, labor contracts, staffing levels, and administration) to oversee operations of the hospital. Marin General Hospital provides many exclusive resources to area residents, including the county's only Designated Trauma Center, labor and delivery services, and heart surgery programs.

Many Marin County residents choose to live here because they appreciate the healthy lifestyle and transformative natural environment. In keeping with the values and needs of its community, Marin General Hospital is dedicated to treating the whole patient—mind, body and spirit. Its mission—and its pride—is providing the people of Marin with the healing care they want and deserve.

Marin General Hospital offers advanced medical expertise, technology, and treatments in an exceptionally healing environment and offers patients the opportunity to complement their medical treatment with integrative therapies through its Center for Integrative Health & Wellness. The hospital's independence and patient-centric philosophy have attracted a stellar group of caring physicians who, along with other care team members, deliver award-winning services that are recognized by patients and their families, as well as by independent organizations. Our health care network includes the hospital, outpatient labs, imaging and surgery centers, Marin Health Care District Medical Care Centers, and the Prima Medical Foundation.

Construction is currently underway on an advanced, seismically safe new hospital that will provide an unparalleled healing environment for patients and visitors, staff, and physicians. Plans for the new hospital include a four-story, 260,000 square-foot hospital replacement building; a five-story, 100,000 square-foot ambulatory services building; and parking structure. The new facilities will take three years to complete. Every aspect of the hospital will meet or exceed the latest state-mandated standards for earthquake safety. The hospital will continue to operate throughout the construction process.

POPULATION HEALTH

As Marin's Healing Place, Marin General Hospital is dedicated to caring for all the people in Marin, including the underserved or uninsured. And our commitment to the community goes well beyond healing the sick: We want to help the people we serve stay healthy and well. To that end, we offer innovative programs such as the Braden Diabetes Center, which helps people with diabetes manage their condition effectively and enjoy better quality of life. Our Center for Integrative Health & Wellness services offers integrative treatment modalities to promote relaxation and activate the body's innate healing powers. We hold periodic lectures and seminars on prevention for diseases and injuries. In addition, we provide information and referrals to services in the community to help individuals manage and maintain their health and well-being.

B. About Marin General Hospital Community Benefit

As an independent district hospital, Marin General Hospital is fully committed to serving the health care needs of the surrounding community. In addition to being the county's only full-service acute care facility, it gives extensive charitable resources to benefit the community through access to care, education, prevention and support programs, and more. In 2015, Marin General Hospital provided more than $50 million in community benefit contributions, which is 15 percent of its annual operating expenses. Total community benefit contributions for low income, vulnerable populations were 11 percent of annual operating expenses.

C. Purpose of the Community Health Needs Assessment Report

The Patient Protection and ACA, enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a CHNA and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for Marin General Hospital are located on the hospital website **(www.maringeneral.org/about-us/community-benefit).**

D. Marin County CHNA Collaborative's Approach to Community Health Needs Assessment

The Marin County CHNA Collaborative, as contributing members of the HMP, has conducted CHNAs since 1996. The new federal CHNA requirements have provided an opportunity to revisit the needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency, and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification and prioritization of needs to the development of an implementation strategy, the intent was to develop a process that would yield meaningful results.

Marin County CHNA Collaborative's approach to the assessment process includes the use of Kaiser Permanente's free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 150 publicly available indicators to understand health through a framework that includes social and economic factors, health behaviors, physical environment, clinical care, and health outcomes.

In addition to reviewing secondary data available through the Kaiser Permanente CHNA data platform and other sources of secondary data, the Marin County CHNA Collaborative collected primary data through key informant interviews and focus groups. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of some existing community assets and resources to address the health needs.

The Marin County CHNA Collaborative developed a set of criteria to determine what constituted a health need in their community. Once all of the community health needs were identified, they were prioritized based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, Marin General Hospital will develop an implementation strategy (IS) for the priority health needs the hospital will address. These strategies will build on Marin General Hospital's assets and resources, as well as on evidence-based strategies, wherever possible. The IS will be filed with the IRS using Form 990 Schedule H. Both the CHNA and the IS, once they are finalized, will be posted publicly on Marin General Hospital's website **(www.maringeneral.org/about-us/community-benefit)**.

IV. COMMUNITY SERVED

In order to determine the health needs of the Marin County CHNA Collaborative member hospital service areas, it is first important to understand the communities of interest. The following section describes the service area community by geography, demographics, and socioeconomic indicators, as well as by indicators of overall health, climate and the physical environment.

A. Definition of Community Served

Each hospital in the Marin County CHNA Collaborative 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 surrounding the hospital and does not exclude low-income or underserved populations. For the purpose of collaboration on this CHNA, the service area for each hospital is Marin County.

B. Map and Description of Community Served

The map below depicts Marin County, the geographic region assessed in this CHNA.

- **Geographic Description of the Communities Served**

  Marin General Hospital service area comprises all of Marin County. The cities included are: Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, Tiburon, and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

- **Demographic Profile**

  The following data provide an overall picture of the Marin County population. Demographic and socioeconomic data present a general profile of residents, while overall health indicators present an assessment of the health of the county. Key drivers of health (e.g., health care insurance, education, and poverty) illuminate important upstream conditions that affect the health of Marin County today and into the future. Finally, climate and physical environment indicators complement these socioeconomic indicators to provide a comprehensive understanding of the determinants of health in Marin County. All indicators include California comparison data as a benchmark to determine disparities between Marin County and the state. Healthy People 2020 benchmarks are also included when available.

Marin County and California Demographic and Socioeconomic Data		
Indicator	Marin County	California
Demographic and Socioeconomic Information		
Total Population	254,643	37,659,180
Median Age	44.8 years	35.4 years
Under 18 Years Old	20.6%	24.5%
Over 65 Years Old	17.6%	11.5%
White	79.4%	62.3%
Hispanic/Latino	15.5%	37.9%
Some Other Race	7.9%	12.9%
Asian	5.6%	13.3%
Multiple Races	3.7%	4.3%
Black	2.9%	6.0%
Native American/Alaskan Native	0.3%	0.8%
Pacific Islander/Native Hawaiian	0.2%	0.4%
Median Household Income	$90,839	$61,094
Unemployment	4.2%	7.4%
Linguistically Isolated Households	4.8%	10.3%
Households with Housing Costs > 30% of Total Income	43.8%	45.9%

Marin County and California Health Profile Data			
Indicator	Marin County	California	HP 2020 Benchmark
Overall Health			
Diabetes Prevalence (Age Adjusted)	5.5%	8.1%	--
Adult Asthma Prevalence	13.8%	14.2%	--
Adult Heart Disease Prevalence	7.6%	6.1%	--
Poor Mental Health	4.5%	17.4%	--
Adults with Self-reported Poor or Fair Health (Age Adjusted)	9.7%	18.4%	--
Adult Obesity Prevalence (BMI > 30)	17.5%	22.3%	≤ 30.5%
Child Obesity Prevalence (Grades 5, 7, 9) (BMI>30)	8.9%	19.0%	≤ 16.1%
Adults with a Disability	23.9%	28.5%	--
Infant Mortality Rate (per 1,000 births)	3.3	5.0	≤ 6.0
Cancer Mortality Rate (Age Adjusted) (per 100,000 pop.)	146.7	157.1	≤ 160.6
Key Drivers of Health			
Living in Poverty (<200% FPL)	19.4%	35.9%	--
Children in Poverty (<200% FPL)	17.8%	47.3%	--
Age 25+ with No High School Diploma	7.6%	18.8%	--
High School Graduation Rate	91.4%	80.4%	≥ 82.4%
3rd Grade Reading Proficiency	66.0%	45.0%	--
Percent of Population Uninsured	8.9%	17.8%	--
Percent of Insured Population Receiving MediCal/Medicaid	9.5%	19.2%	--

Climate and Physical Environment			
Days Exceeding Particulate Matter 2.5 (Pop. Adjusted)	5.2%	4.2%	--
Days Exceeding Ozone Standards (Pop. Adjusted)	0.0%	2.5%	--
Weeks in Drought	89.1%	92.8%	--
Total Road Network Density (Road Miles per Acre)	2.1	4.3	--
Pounds of Pesticides Applied	84,836	193,597,806	--
Population within Half Mile of Public Transit	5.6%	15.5%	--

Marin County is a healthy and affluent county, especially compared to California as a whole. However, Marin is also an aging county with substantial disparities in socioeconomic status. These issues present challenges for the health of Marin County residents. The map below illustrates the percent of residents living below 100% of the Federal Poverty Level by census tract, demonstrating areas of concentrated poverty throughout the county.

V. WHO WAS INVOLVED IN THE ASSESSMENT

The Marin County CHNA was a collaborative effort that included not only Marin County's hospitals but also partner organizations and individuals throughout the community who worked alongside consultants to collect and analyze data and ultimately produce this report.

A. Identity of Hospitals that Collaborated on the Assessment

As has been done in Marin since 1996, Marin County's hospitals (Marin General Hospital, Novato Community Hospital, Kaiser Permanente—San Rafael) worked in collaboration to complete a county-wide CHNA. Representatives from these institutions, joined by representatives from Marin County Health & Human Services and HMP, formed the 2016 Marin County CHNA Collaborative.

B. Other Partner Organizations that Collaborated on the Assessment

- Healthy Marin Partnership (HMP)
- Marin County Health & Human Services

C. Identity and Qualifications of Consultants Used to Conduct the Assessment

Harder+Company Community Research: Harder+Company Community Research (Harder+Company) is a comprehensive social research and planning firm with offices in San Francisco, Sacramento, Los Angeles, and San Diego. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. The firm's staff offers deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts – including conducting needs assessments; developing and operationalizing strategic plans; engaging and gathering meaningful input from community members; and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to both health care reform and the CHNA process in particular. Harder+Company is also the consultant on several other CHNAs throughout the state including in Napa, San Joaquin, and Sonoma Counties.

VI. PROCESS AND METHODS USED TO CONDUCT THE CHNA

The Marin County CHNA Collaborative used a mixed-methods approach to collect and compile data to provide a robust assessment of health in Marin County. A broad lens in qualitative and quantitative data allowed for the consideration of many potential health needs as well as in-depth analysis. The following section outlines the data collection and analysis methods used to conduct the CHNA.

A. Secondary Data

- Sources and Dates of Secondary Data Used in the Assessment

  The Marin County CHNA Collaborative used the Kaiser Permanente CHNA Data Platform **(www.chna.org/kp)** to review over 150 indicators from publicly available data sources. Additional secondary data were compiled and reviewed from existing sources including California Health Interview Survey, American Community Survey, and California Healthy Kids Survey, among other sources. Where more recent data were readily available and current estimates were critical to assessing changing landscapes such as health insurance status, Kaiser Permanente CHNA Data Platform information was replaced with new data as it was publically released, to reflect more recent data. In addition to statewide and national survey data, previous CHNAs and other relevant external reports were reviewed to identify additional existing data on additional indicators at the county level. For details on the specific sources and years for each indicator reported, please see Appendix B.

- Methodology for Collection, Interpretation and Analysis of Secondary Data

  Secondary data were organized by a framework of potential health needs. A comprehensive list of health need areas explored during this assessment process. This framework was developed from Kaiser Permanente's list of potential health needs, which was based on the most commonly identified health needs from the 2013 CHNA cycle, and expanded to include a broad list of needs relevant to Marin County. The consulting team and Marin County CHNA Collaborative finalized this framework in advance of analysis.

  Where available, Marin County data were considered alongside relevant benchmarks including the California state average, Healthy People 2020, and the United States average. Each indicator was compared to a relevant benchmark, most often the California state average. If no appropriate benchmark was available, the indicator could not be considered in criteria to identify health needs, but is presented in the final data book (Appendix B) and was used to provide supplementary information about identified health needs. In areas of particular health concern, data were also collected at smaller geographies, where available, to allow for more in-depth analysis and identification of community health issues. Data on gender and race/ethnicity breakdowns were analyzed for key indicators within each broad health need where subpopulation estimates were available.

B. Community Input

- Description of the Community Input Process

  Community input was provided by a broad range of community members and leaders through key informant interviews and focus groups.

  Individuals identified by the Marin County CHNA Collaborative as having valuable knowledge, information, and expertise relevant to the health needs of the community were interviewed. Interviewees included representatives from the local public health department as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Other individuals from various sectors with expertise of local health needs were also consulted. A total of 20 key informant interviews were conducted during this needs assessment. For a complete list of individuals who provided input, see Appendix C.

Additionally, eight focus groups were conducted throughout Marin County. These groups were intentionally sampled to reach specific subpopulations of the county that were identified as high-risk populations by the Marin County CHNA Collaborative. These subpopulations included youth, adults in recovery from substance abuse, individuals experiencing homelessness, and residents in Marin City, Novato, San Geronimo, the Canal District, and West Marin. Focus groups were monolingual, conducted in either English or Spanish.

Community partners provided invaluable assistance in recruiting and enrolling focus group participants. Many individuals who participated in focus groups identified as leaders, representatives, or members of medically underserved, low-income, chronically diseased, and minority populations. For more information about specific populations reached in focus groups, see Appendix C.

- Methodology for Collection and Interpretation of Primary Data

Interview and focus group protocols were developed by the consulting team, reviewed by the Marin County CHNA Collaborative, and designed to inquire about top health needs in the community, as well as about a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing drivers of each health need. For more information about data collection protocols, see Appendix D.

All qualitative data were coded and analyzed using ATLAS.ti software. A codebook with robust definitions was developed to code transcripts for information related to each potential health need, as well as to identify comments related to specific drivers of health needs, subpopulations or geographic regions disproportionately affected, existing assets or resources, and community recommendations for change. At the onset of analysis, one interview transcript and one focus group transcript were coded by the entire analysis team to ensure inter-coder reliability and minimize bias.

Transcripts were analyzed to examine the health needs identified by the interviewee or group participants. Health need identification in qualitative data was based on the number of interviewees or groups who referenced each health need as a concern, regardless of the number of mentions of that particular health need within each transcript.

C. Written Comments

Marin General Hospital provided the public an opportunity to submit written comments on the facility's previous CHNA Report through **(www.maringeneral.org/about-us/community-benefit).** This website will continue to allow for written community input on the Hospital's most recently conducted CHNA Report.

As of the time of this CHNA report development, Marin General Hospital had not received written comments about previous CHNA Reports. Marin General Hospital will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Hospital staff.

D. Data Limitations and Information Gaps

The Kaiser Permanente CHNA data platform includes approximately 150 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. While changes to the platform are ongoing, the data presented in this report reflect estimates presented on the Kaiser Permanente CHNA data platform on December 2, 2015. Supplementary secondary data were obtained from reliable data platforms including U.S. Census Bureau American FactFinder, AskCHIS, and others. However, as with any secondary data estimates, there are some limitations with regard to this information.

With attention to these limitations, the process of identifying health needs was based on triangulating primary data and multiple indicators of secondary data estimates. The following considerations may result in unavoidable bias in the analysis:

- Some relevant drivers of health needs could not be explored in secondary data because information was not available—for example, only limited information was available about the rising cost of housing and increasing pressures of gentrification.
- Many data were available only at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, limiting the ability to examine disparities of health within the community.
- In all cases where secondary data estimates by race/ethnicity are reported, the categories presented reflect those collected by the original data source, which yields inconsistencies in racial labels within this report.
- For some county level indicators, data are available but reported estimates are statistically unstable; in this case estimates are reported but instability is noted.
- Secondary data collection was subject to differences in rounding from different data sources; i.e., Kaiser Permanente CHNA data platform indicators are rounded to the nearest hundredth, whereas other data sources report only to the nearest tenth or whole number.
- Data are not always collected on a yearly basis, meaning that some data estimates are several years old and may not reflect the current health status of the population. In particular, data reported from prior to 2013 should be treated cautiously in planning and decision-making.
- California state averages and, where available, United States national averages are provided for context. No analysis of statistical significance was done to compare county data to a benchmark; thus, these benchmarks are intended to provide contextual guidance and do not intend to imply a statistically significant difference between county and benchmark data.

Primary data collection and the prioritization process are also subject to information gaps and limitations. The following limitations should be considered in assessing validity of the primary data.

- Themes identified during interviews and focus groups were likely subject to the experience of individuals selected to provide input; the Marin County CHNA Collaborative sought to receive input from a robust and diverse group of stakeholders to minimize this bias.
- The final prioritized list of health needs is also subject to the affiliation and experience of the individuals who attended the Prioritization Day event, and to how those individuals voted on that particular day. The closeness in priority scores suggests that all identified health needs are of importance to stakeholders in Marin County. While a priority order has been established during this needs assessment process, narrow difference in the results highlight the importance of directing attention and resources to each identified need to the extent possible.

VII. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY'S HEALTH NEEDS

A. Identifying Community Health Needs

- Definition of a "Health Need"

  For the purposes of the CHNA, the Marin County CHNA Collaborative defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. In this context, potential health needs are intended to identify a condition or related set of conditions, rather than a specific population of high need. Within each health need, populations of high risk are explored. For this reason, information about needs of specific at-risk subpopulations such as older adults is included within the context of the health needs that specifically impact this population. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

A total of 19 potential health needs were examined, as outlined in the table below.

Health Need	Definition
Access to Health Care	Data related to health insurance, care access, and preventative care utilization for physical, mental, and oral health
Access to Housing	Data related to cost, quality, availability, and access to housing
Asthma and COPD	Known drivers of asthma and other respiratory diseases, and health outcomes related to these conditions
Cancers	Known drivers of cancers, and health outcomes related to cancers
Early Child Development	Data related to development of mental and emotional health in young children, particularly age 0-5
Climate and Health	Data related to climate and environment, and related health outcomes
CVD/Stroke	Known drivers of heart disease and stroke, and related cardiovascular health outcomes
Economic Security	Data related to economic well-being, food insecurity, and drivers of poverty including educational attainment
Education	Data related to educational attainment and academic success, from preschool through post-secondary education
HIV/AIDS/STD	Known drivers of sexually transmitted infections including HIV, and related STD and AIDS outcomes
Mental Health	Data related to mental health and well-being, access to and utilization of mental health care, and mental health outcomes
Obesity and Diabetes	Data related to healthy eating and food access, physical fitness and active living, overweight/obesity prevalence, and downstream health outcomes including diabetes
Oral Health	Data related to access to oral health care, utilization of oral health preventative services, and oral health disease prevalence
Overall Health	Data related to overall community health including self-rated health and all-cause mortality
Pregnancy and Birth Outcomes	Data related to behaviors, care, and outcomes occurring during gestation, birth, and infancy; includes health status of both mother and infant
Substance Abuse/Tobacco	Data related to all forms of substance abuse including alcohol, marijuana, tobacco, illegal drugs, and prescription drugs
Vaccine-preventable Infectious Disease	Data related to vaccination rates and prevalence of vaccine-preventable disease
Violence and Injury	Data related to intended and unintended injury such as violent crime, motor vehicle accidents, domestic violence, and child abuse
Youth Growth and Development	Data related to supports and outcomes affecting youth ability to develop to their full potential as adults, particularly focused on adolescent youth

Criteria and Analytical Methods Used to Identify the Community Health Needs

To identify the list of community health needs for Marin County, all secondary data were scored against a benchmark, in most cases the California-wide estimate, and a score was applied to each potential health need based on the aggregate score of the indicators assigned to that health need. Additionally, content analysis was used to analyze key themes in both the Key Leader Interviews and Focus Groups. Section V contains more information on quantitative and qualitative data analysis.

Potential Health needs were identified as a health need in Marin county if:

- At least two distinct indicators reviewed in secondary data demonstrated that the county estimate was greater than 1% "worse" than the benchmark comparison estimate (in most cases, the California state average).
- Health issue was identified as a key theme in at least 10 out of 20 interviews OR in at least four out of eight focus groups.

If a health need was mentioned overwhelmingly in primary data but did not meet the criteria above for secondary data, the analysis team conducted an additional search of secondary data to confirm that all valid and reliable data concurred with the initial secondary data and to examine whether indicators within the health need disproportionately impact specific geographic, age, or racial/ethnic subpopulations. However, no potential health need was identified as a health need in Marin County unless it was confirmed by both secondary and primary data.

Harder+Company summarized the results of the analysis in a matrix, which was then reviewed and discussed by the Marin County CHNA Collaborative.

Ten health needs were identified which met the first criteria of having multiple secondary data indicators that performed >1% worse than comparison benchmarks. Only seven of these health needs met the additional criteria of being identified as a theme in key leader interviews or focus groups. One health need, Access to Housing, did not have a high secondary data score but was a salient theme in the majority of interviews and focus groups. Therefore, the Marin County CHNA Collaborative decided to include data about Access to Housing with Economic Insecurity, as access to safe and affordable housing and economic security are very closely linked. Violence and Injury did not meet the criteria for inclusion in primary data, but was on the cusp and was identified by key informants across sectors. With this information and the need demonstrated in secondary data, the Marin County CHNA Collaborative decided to include Violence and Injury as an identified health need.

B. Process and Criteria Used for Prioritization of the Health Needs

The Criteria Weighting Method, a mathematical process whereby participants establish a relevant set of criteria and assign a priority ranking to issues based on how they measure against the criteria, was used to prioritize the eight health needs. This method was selected as it enabled consideration of each health need from different facets, and allowed the Marin County CHNA Collaborative to weight certain criteria to use a multiplier effect in the final score.

To determine the scoring criteria, Marin County CHNA Collaborative members reviewed a list of potential criteria and selected a total of four criteria:

Criteria	Definition
Severity	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Disparities	The health need disproportionately impacts specific geographic, age, or racial/ethnic subpopulations.
Prevention	Effective and feasible prevention is possible. There is an opportunity to intervene at the prevention level and impact overall health outcomes. Prevention efforts include those that target individuals, communities, and policy efforts.
Leverage	Solution could impact multiple problems. Addressing this issue would impact multiple health issues.

In order to develop a weighted formula to use in prioritization, each member of the Marin County CHNA Collaborative assigned a weight to each criterion between 1 and 5. A weight of 1 indicated the criterion is not that important in prioritizing health issues whereas a weight of 5 indicated the criterion is extremely important in prioritizing health issues. The average of weights assigned by members of the Marin County CHNA Collaborative for each criterion were used to develop the formula below to provide a final formula for use in scoring health needs for prioritization.

Overall Score = (1.5*Severity) + (1*Disparities) + (1.5*Prevention) + (1*Leverage)

In order to review and prioritize identified health needs, a half-day prioritization session was held on December 1, 2015, at the Four Points by Sheraton in San Rafael. A total of 50 stakeholders representing diverse sectors including health, early childhood, education, and government attended. The goals of the meeting were to: review health needs identified in Marin County; discuss key findings from the CHNA; and prioritize health needs in Marin County.

After each health need was reviewed and discussed, participants voted on each health need using the four criteria discussed above. To review the matrix used to score each health need, see Appendix E. The table below outlines the average score of the voting on each health need.

Health Needs in Priority Order					
Final Results			Unweighted Scores by Criteria		
Health Need	Weighted Score	Severity	Disparities	Prevention	Leverage
1. Obesity and Diabetes	29.60	5.75	5.68	6.13	6.11
2. Education	29.45	5.44	6.39	5.78	6.23
3. Economic and Housing Insecurity	29.27	6.11	6.44	5.04	6.11
4. Access to Health Care	28.91	5.35	6.15	5.79	6.07
5. Mental Health	28.76	6.07	5.21	5.56	6.10
6. Substance Use	28.28	6.13	4.71	5.72	5.80
7. Oral Health	27.81	4.98	6.01	6.20	5.04
8. Violence and Injury	25.55	5.52	4.74	5.04	4.98

C. Prioritized Description of the Community Health Needs Identified Through the CHNA

In descending priority order, established per the vote at the end of the three-hour community convening, the following health needs have been identified in Marin County:

- **Obesity and Diabetes**: Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes.

  In Marin County, an estimated 17.5% of adults are obese (compared to 22.3% of adults in California), and 30.8% are overweight (compared to 35.9% in California overall). Among youth, 8.7% are obese (compared to 19.0% in California overall) and 16.3% are overweight (compared to 19.3 in California overall). Access to healthy food was identified as a concern, particularly in specific areas of the county. Since economic disadvantage is strongly linked to barriers that inhibit healthy consumption of foods and an active lifestyle, low-income residents, as well as youth and older adults, are disproportionately affected by this health need. Interviewees and focus group participants noted that older adults are disproportionately impacted by this health issue. Access to healthy food and the ability to maintain a healthy lifestyle are more limited for older adults, particularly those living on a fixed and low income.

- **Education**: Educational attainment is strongly correlated with health: people with low levels of education are prone to experience poor health outcomes and stress, whereas people with more education are likely to live longer, practice healthy behaviors, experience better health outcomes, and raise healthier children.

  In Marin County, English Language Learners are a population of particularly high concern with respect to educational attainment. Only 26% of tenth grade English Language Learners passed the California High School Exit Exam in English Language Arts (compared to 89% among all students in Marin County); only 37% passed in Mathematics (compared to 90% among all students in Marin County). For all students in the county, pressure to succeed academically and bullying in schools were also raised as issues of high concern.

- **Economic and Housing Insecurity**: Economic resources such as jobs paying a livable wage, stable and affordable housing, as well as access to healthy food, medical care, and safe environments can impact access to opportunities to be healthy.

  The high cost of living in Marin exacerbates issues related to economic security and stable housing. Among renters, 56% spend 30% or more of household income on rent (this is compared to 57.2% in California overall). In many neighborhoods, residents face fear of displacement due to rising housing costs and gentrification. An estimated 1,309 individuals are homeless in Marin County; 835 of these individuals are unsheltered.

  Interviewees and focus group participants emphasized that those least able to afford quality housing are the low-income, aging, and youth populations, and single mother families in Marin County, and particularly in the Canal District and West Marin.

- **Access to Health Care**: Ability to utilize and pay for comprehensive, affordable, quality physical and mental health care is essential in order to maximize the prevention, early intervention, and treatment of health conditions.

  With the implementation of the ACA, a majority of adults in Marin County have access to insurance coverage and regular health care. However, disparities persist. Lower income residents have difficulty accessing specialty care services and mental health services, particularly outpatient services, and public insurance is not accepted by many physicians in the county. Many providers who see low-income patients are at capacity. In addition to barriers in obtaining affordable care, Marin residents have notably low utilization rates for childhood vaccinations. Only 84.2% of kindergarteners in the county enter school with all required immunizations (compared to 90.4% in California overall).

- **Mental Health**: Mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression, or Post-traumatic Stress Disorder, has profound consequences on health behavior choices and physical health.

  Mental health was raised as a high concern for all residents, especially youth and older adults. Most notably, Marin residents have a high risk of suicide. 12.8 per 100,000 county residents die by committing suicide (compared to 9.8 per 100,000 in California overall), and 18.0% of eleventh grade students report having seriously considered suicide in the past month. Residents and stakeholders noted challenges in obtaining mental health care, including that the spectrum of services is limited and that stigma may prevent individuals from seeking professional treatment.

- **Substance Use**: Use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In Marin County, substance abuse was identified as a concern, particularly with respect to misuse of prescription drugs. Among RxSafe Marin Survey respondents, 48.1% report that they feel it would be very or somewhat easy to obtain prescription pain, sleep, or calming medication from a doctor in their community. Among eleventh grade students, 48.7% self-report ever having been "high" from drug use (compared to 38.3% in California overall), and 16% report having used prescription painkillers for non-medical reasons (compared to 19% in California overall).

- **Oral Health**: Tooth and gum disease can lead to multiple health problems such as oral and facial pain, problems with the heart and other major organs, as well as digestion problems.

  In Marin County, oral health is impacted by a lack of access to dental insurance coverage. Among adults, 43.3% do not have dental insurance coverage and may find it difficult to afford dental care. Among adults older than 65 years, 46.6% do not have dental insurance coverage. Oral health care access also arose as a key theme in primary data; some key informants shared that oral health access may have increased slightly in West Marin with the Coastal Health Alliance's new full-time Dental Clinic, but it is still not enough, particularly for underserved populations. Additionally, key informants and focus group participants report that dental insurance is limited and specialty care is not affordable.

- **Violence and Unintentional Injury**: Violence and injury is a broad topic that covers many issues including motor vehicle accidents, drowning, overdose, and assault or abuse, among others.

  In Marin County, the data show that the core issues within this health need are related to injuries due to domestic violence, and key drivers of violence such as alcohol abuse. Among adults, 15.4% self-report having experienced sexual or physical violence by an intimate partner during adulthood (compared to 14.8% in California overall). The injury rate due to domestic violence is 15.3 per 100,000 females age 10 and older (compared to 9.5 per 100,000 in California overall).

The eight health needs that emerged as top concerns in Marin County highlight the importance that Marin County stakeholders give to addressing the social determinants of health in order to build a healthier and stronger community. Access to quality education, safe and affordable housing, and economic stability rose to the top of the list of prioritized health needs. This list of health needs underscores the importance of multi-sector collaboration and cross-cutting strategies that address multiple health needs simultaneously.

In addition to the supporting data presented for each identified health need, several cross-cutting themes emerged in primary data that speak to a broader consideration of community structure and cohesion. In working towards equal opportunities for people to lead safe, active, and healthy lifestyles, Marin residents and key stakeholders cited challenges of social cohesion and racism that impact specific populations within the county and the community as a whole. Themes emerged from conversations with residents and stakeholders about distrust in law enforcement in some communities, as well as social isolation and a lack of support for many residents.

D. Community Resources Potentially Available to Respond to the Identified Health Needs

Marin County has a rich network of community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment. Examples of community resources available to respond to each community identified health need, as identified in qualitative data, are indicated in each health need profile in Appendix A. For a more comprehensive list of community assets and resources, please call 2-1-1 or reference http://211bayarea.org/marin/.

VIII. MARIN GENERAL HOSPITAL 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

A. Purpose of 2013 Implementation Strategy Evaluation of Impact

Marin General Hospital's 2013 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on Marin General Hospital's Implementation Strategy Report, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit **(www.maringeneral.org/about-us/community-benefit)**. The 2013-2016 Marin General Hospital Implementation Strategies focused on Access to Health Care.

Marin General Hospital is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships as well as financial and in-kind resources. In addition, Marin General Hospital tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA Report in March 2016, Marin General Hospital had evaluation of impact information on activities from 2014 and 2015.

B. 2013 Implementation Strategy Evaluation of Impact Overview

In the 2013 IS process, Marin General Hospital drew on a range of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as internal programs including, charitable health care programs, future health professional training programs and other community benefit programs. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address the Access to Health Care community health need.

Marin General Hospital Programs: From 2014-2015, Marin General Hospital supported several health care and coverage, workforce training, and other community benefit programs to increase access to appropriate and effective health care services particularly impacting vulnerable populations. These programs included:

- Medi-Cal: Medi-Cal is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. The cost of providing care to Medi-Cal beneficiaries exceeds the reimbursement for services provided. This shortfall reflects costs to Marin General Hospital to provide beneficiaries access to health care services.
- Charity Care: Charity care is the cost of providing health care services to low-income individuals who do not have and are not eligible for any government coverage program and for which Marin General Hospital receives no reimbursement.
- Health Professions Training: Marin General Hospital, in cooperation with local colleges and universities, provides preceptorships and clinical rotations for health professionals in departments such as nursing, pharmacy, radiology, respiratory therapy and rehabilitation services as well as education for current physicians, nurses and staff.

- Other Community Benefit Programs: Marin General Hospital provides health education programs, patient support groups and community consultation through phone support for residents with breastfeeding and nutrition questions as well as low-cost mammogram screenings.

Grantmaking: Marin General Hospital has shown its commitment to improving access to health care services through a variety of grants to charitable and community-based organizations. From 2014-2015, Marin General Hospital awarded 16 grants amounting to a total of $886,666 in service of access to health care services.

Financial and In-Kind Resources: Marin General Hospital's commitment to improving access to health care services includes support for community medical groups that serve the more remote parts of Marin County and low-income residents.

From 2014-2015, Marin General Hospital contributed $26,379,216 in financial and in-kind services for the community it serves.

Collaborations and Partnerships: By working together with partners (including nonprofit organizations, government entities, and academic institutions), Marin General Hospital can make a difference in fostering healthy communities. From 2014-2015, Marin General Hospital engaged in several collaborations in service of 2013 Implementation Strategies, including Healthy Marin Partnership.

C. 2013 Implementation Strategy Evaluation of Impact by Health Need

Long Term Goal Increase the number of individuals who have access to and receive appropriate health care services in Marin County.			
Intermediate Goals 1. Increase the number of low-income people who enroll in, or maintain, health care coverage. 2. Increase access (insurance coverage, a medical home, and regular preventive appointments) to culturally competent, high quality health care services for vulnerable, at-risk, low-income, or uninsured individuals.			
Access to Care—Grantmaking Highlights			
Summary of Impact During 2014 and 2015, there were 16 active Marin General Hospital grants, totaling $886,666 addressing Access to Care in the Marin General Hospital service area.			
Organization	**Grant Awarded**	**Program Funded**	**Results to Date**
Coastal Health Alliance	$20,000 2014	**Expand Access through Team Care:** Implement Team Care program by hiring and training additional RN staff and redistributing clinical tasks to expand primary care access to at-risk patients.	1077 patients serviced during last quarter of 2014. Patient visits increased by 6% for same period last year and 7% for 2014 compared to 2013; improved key clinical outcomes measures in 7 of 11 indicators based on UDS 2014 compared to 2013; doubled the RN staff at the beginning of the grant period and after robust training, RNs have been instrumental in taking non-essential tasks from providers through first call and improving quality of care.
	$32,500 2015/16	**Expand Access to Oral Health Care:** Reduce co-pays of uninsured dental patients.	83 dental patients served; 41 emergency visits resulted in avoided hospital emergency department visits. 19% uninsured patients. Sliding fee discount was increased from 50% to 75% with MGH funding.

2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT BY HEALTH NEED

Access to Care—Grantmaking Highlights			
Summary of Impact During 2014 and 2015, there were 16 active Marin General Hospital grants, totaling $886,666 addressing Access to Care in the Marin General Hospital service area.			
Organization	**Grant Awarded**	**Program Funded**	**Results to Date**
Community Institute for Psychotherapy (CIP)	$15,000 2015	**Psychotherapy for Disadvantaged Families and Individuals:** Provide timely access to quality, affordable mental health services to disadvantaged individuals and families who could not otherwise afford them. Playing an unduplicated role in the Marin continuum of care, CIP serves as a safety net for those ineligible for county services.	769 patients served; 100% uninsured or on Medi-Cal; 3% homeless; 10% nearly homeless with insecure housing. 7% of clients receiving 12 or more visits reported improvement in 4 of 6 areas for improvement.
Homeward Bound of Marin	$120,858 2014	**Transition to Wellness Medical Respite:** Accommodates post-acute, homeless individuals discharged from local Marin hospitals. Provides a stable environment to recuperate as well as providing linkages to promote economic independence, housing stability and establish a medical home.	23 persons were served during 2014 grant year. 100% of residents were linked to a medical home; no residents were re-hospitalized during respite stay; 87% were enrolled in health insurance; 8% applied for income benefits (9% were not eligible; 83% already had income benefits obtained); 82% of residents exited to a program or housing opportunity; there were 627 avoided hospital days for this reporting period.
	$130,000 2015	**Transition to Wellness Medical Respite:** Accommodates post-acute, homeless individuals discharged from local Marin hospitals. Provides a stable environment to recuperate as well as providing linkages to promote economic independence, housing stability and establish a medical home.	39 persons were served during 2015 grant year. 100% of residents were linked to a medical home; 9% of residents were re-hospitalized during respite stay; 78% were enrolled in health insurance; 87% of residents exited to a program or housing opportunity; There were 801 avoided hospital days for Marin General Hospital for this reporting period.

2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT BY HEALTH NEED

Access to Care—Grantmaking Highlights			
Summary of Impact During 2014 and 2015, there were 16 active Marin General Hospital grants, totaling $886,666 addressing Access to Care in the Marin General Hospital service area.			
Organization	**Grant Awarded**	**Program Funded**	**Results to Date**
Marin City Health & Wellness	$20,000 2014/2015 School Year	**Behavioral Health Peer Support Program:** Provide the best alternative approaches of preventative behavioral health services for at-risk boys and young men, especially African American males residing in public housing.	During 2014/15 school year, three groups of young men were hosted as part of The Defenders preventative behavioral health program working with up to 14 students per group. Six were selected to participate in the 2015 Quality of Life Road Trip to 14 major cities including Washington, DC and being hosted by the Black Student Union at Harvard University. Based on the pre and post road trip surveys, all participants experienced tremendous growth, both academically and behaviorally.
	$20,000 2015/16 School Year	**Behavioral Health Peer Support Program:** Provide the best alternative approaches of preventative behavioral health services for at-risk boys and young men, especially African American males residing in public housing.	During 2015/16 school year as of December 2015, three groups of young men were hosted as part of The Defenders preventative behavioral health program working with up to 14 students per group. Six were selected to participate in the 2015 Quality of Life Road Trip to 14 major cities including Washington DC and being hosted by the Black Student Union at Harvard University. Caretaker, parent and teacher surveys reported 94.6% improved behavior at home and 92% improvement at school.
Marin Community Clinics	$203,626 2014	**Expand primary care services:** Provide adult and family primary healthcare at Greenbrae/Larkspur clinic.	Total # of Adult/Family Primary Care Patients Served = 3385. Medi-Cal = 47% (1576) Uninsured = 30% (1011) Total Patient Visits = 18106
	$221,000 2015	**Expand pediatric, family, OB/GYN and behavioral health care services:** Provide clinical care to the medically underserved residents of Marin County and Marin General Hospital.	Total patients (pediatrics, adult medicine/family practice, women's heath, behavioral health, teen clinics) = 38,369; 96,326 patient visits. Depending on the service, the percentage of patients with Medic-Cal or uninsured range from 77% to 98%. Total # of Adult/Family Primary Care Patients Served =17,207 Medi-Cal = 56% Uninsured = 24%

2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT BY HEALTH NEED

Access to Care—Grantmaking Highlights			
Summary of Impact During 2014 and 2015, there were 16 active Marin General Hospital grants, totaling $886,666 addressing Access to Care in the Marin General Hospital service area.			
Organization	**Grant Awarded**	**Program Funded**	**Results to Date**
Marin Senior Coordinating Council	$15,000 2014	**Whistlestop Volunteer Driver Program:** Provide volunteer drivers for transportation of frail older adults and disabled people to medical appointments.	During the last quarter of 2014, 86 low-income individuals have utilized this medically-related ridership program exceeding the goal of 25 individuals. 1,720 rides were provided during this period exceeding the goal of at least 1,675 rides.
	$15,000 2015/16	**Whistlestop Volunteer Driver Program:** Provide volunteer drivers for transportation of frail older adults and disabled people to medical appointments.	43 volunteers completed training and background checks. 48 riders; 609 one-way rides for seniors and the disabled 5493 miles driven by volunteer drivers for medical appointments and groceries
Ritter Center	$20,000 2014	**Integrated Behavioral Health Program:** Merge behavioral health and medical departments by transferring oversight of behavioral health services to the Health Clinic Administrator and integrate behavioral health templates, records and assessments into Electronic Health Record system.	758 behavioral health (BH) patients and 1572 total health patients were served in 2014. The transfer of oversight of the behavioral health department and merger with the medical department is complete. Integration of BH reports into ERH system has begun. In the 2nd half of 2014, Ritter Center experienced a 17% increase in BH encounters due to referrals from medical staff. In December 2014, Ritter Center transferred hosting, help desk, vendor management and project management of its EHR system to KLH in concert with a number of other health centers in the Redwood Community Health Coalition.
	$20,000 2015	**Ritter Health Center:** Primary care and behavioral health care for 1500 homeless and low-income residents. Help enroll 100 residents on Medi-Cal or other health insurance.	1495 patients; 263 behavioral health patients. Assisted 365 residents with Medi-Cal enrollment.

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RotaCare of the Bay Area	$17,182 2014	**Free Clinic Operations Support:** Provide episodic care, diagnosis and referrals to patients with continuing care. Act as a portal service for patients with chronic conditions to other medical clinics including Marin Community Clinic.	For the service period of period of November 1, 2013 through October 31, 2014 RotaCare Clinic of San Rafael served 1,096 patients with a total of 2,033 visits. Recruited and sustained over 100 medical professional volunteers.
	$15,000 2015	**Free Clinic Operations Support:** Provide medical care for 2,000 patient visits; increase volunteer base; provide specialty services; and provide diabetes specialty clinic services.	During 2015, 986 patients were served with 1869 patient visits.
Slide Ranch	$1,500 2015	**Automatic Electronic Defibrillator (AED):** Purchase AEDs, train staff, and create and distribute Emergency Action Plan.	Purchased and installed AED, eyewash station and first aide kits. Developed Emergency Action Plan and trained staff.

Appendices

- Health Need Profiles
- Secondary Data, Sources, and Years
- Community Input Tracking Form
- Primary Data Collection Protocols
- Prioritization Scoring Matrix

Digital versions of these appendices can be accessed at www.needthe url.com.