



2013 Community Benefit Report

Pursuant to SB 697

Submitted: October 2014

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 2013, MGH earned The Joint Commission's Gold Seal of Approval™ for the hospital, Behavioral Health Services, and Primary Stroke Center Certification. It also received accreditation from the American College of Surgeons National Accreditation Program for Breast Centers, and became a Blue Distinction Center in Spine Surgery and Knee and Hip Replacement from Blue Shield of California. In addition, the Stroke Program received the Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award from the American Heart Association/American Stroke Association.

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B. Organizational Structure

Marin General Hospital is a not-for-profit community hospital, owned by the Marin Healthcare District. 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. The board is responsible for setting policy on patient care operations, finances and community benefits. The Marin General Hospital Board of Directors has reporting requirements to 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 Chief Fund & Business Development 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: Marin General Hospital will be the indispensable provider of health care in Marin, recognized and valued by our community, patients, physicians, and employees for delivering superior clinical outcomes in a sustainable, state-of-the-art facility.

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 SF Bay Area and beyond.

The United States Census Bureau reports that the median household income from 2008-2012 is \$90,962. According to the U.S. Census Bureau's 2008 report published in the March 2010 issue of *Forbes* magazine, Marin County is the 18th wealthiest county in the nation. The median value of owner-occupied housing from 2008-2012 is \$810,700. While this figure tends to fluctuate, home prices are always among the highest, if not the highest, in the Bay Area and California.

The county's population increased from 252,409 in 2010 to 258,365 in 2013, according to the US Census Bureau. 80 percent of the population is Caucasian, followed by persons of Hispanic origin at 15.5 percent. While the Marin population is becoming more ethnically diverse, it is doing so at a slower rate than other California counties. A combination of factors may be influencing this, including housing costs and disparity in education levels, which in turn affects employment potential. Senior citizens (65 and older) have increased, from 9.7 percent of the population in 1980 to 19.9 percent in 2013.

Employment growth in Marin between 1990 and 2000 was primarily in finance and specialized technology (requiring college level education), as well as jobs in services and retail, according to the Marin Economic Commission. Jobs requiring college education can generally be staffed from the local labor pool, while workers from outside the area generally hold the others. According to the United States Census Bureau's data from 2008-2012, the percentage of residents 25 or older with a bachelor's degree or higher is 54.6.

Among non-whites, there are higher rates of poverty and adolescent pregnancies, lower levels of adequate prenatal care, higher rates of low birth weight infants, and cultural and linguistic barriers to accessing health care. Certain geographic areas can be identified as having higher risk populations (e.g., a higher percentage of residents living below the poverty level in certain San Rafael neighborhoods, Marin City, portions of Sausalito and West Marin; a higher percentage of seniors in Novato).

The Marin Economic Commission reports that violent crimes and property crimes in Marin remained relatively low during the last decade compared with other areas.

Marin County has one of the highest rates of breast cancer and prostate cancer in California. Cancer, heart related diseases, strokes and chronic conditions such as diabetes and respiratory illnesses remain the primary causes of death for both men and women in Marin, according to a report by the *Healthy Marin Partnership* released in 2011.

B. Assessment Process

Every three years, *Healthy Marin Partnership*, of which Marin General Hospital is a member, conducts a Community Needs Assessment that identifies and addresses key countywide issues.

The sixth Community Needs Assessment was completed in 2010 and was the basis for programming in 2011, 2012 and 2013. The Needs Assessment and Report, "Pathways to Progress 2011: Taking Action for a Healthier Marin," was produced by community organizations including: Marin General Hospital, Novato Community Hospital, Kaiser Permanente Hospital, the Marin Healthcare District, the Marin County Board of Supervisors, the Marin County Department of Health and Human Services, the United Way and the North Bay Council, Marin County Office of Education, the San Rafael Chamber of Commerce, and the Marin Community Foundation. The report was funded through grants from community members and partnering agencies.

The 2011 report provided an opportunity to more closely consider community conditions that foster ill-health, telling a story about the effects that location, education, income, age, gender and race have on individual health. While the report identified and examined key behaviors that contribute to the leading causes of death in Marin (high-risk alcohol use, tobacco use, unhealthy food choices and physical inactivity), it closely examined the "built environment" and underlying causes of health disparities by hosting focus group meetings across all communities in Marin. The stories heard at these meetings, community conditions discussed and insights shared, reflected significant commonalities supported by health data. While each community held common values and hopes for health and well-being for residents, there were remarkable different reactions to quantitative data and the identification of significantly different social, cultural and physical conditions that impact the health of each community. A copy of this report is available for download at www.HealthyMarinPartnership.org.

To accomplish its mission and affect the key findings identified in the plan, the report identified a spectrum of policies that could make a difference in decreasing health inequities. The policy principles were identified through the focus group process as structural barriers and community factors that impact health. Each area included sample actions that could be taken to equalize the burden of health inequities. The policy influence areas were:

- Local economic development opportunities
- Affordable, stable housing that is close to resources
- Land use planning and design that incorporates health
- Health research, reform and organizational practices
- Healthy retail policies
- Physical activity opportunities that are accessible and affordable to all
- Equitable and quality education
- Model School, workplace and neighborhood food and physical activity programs
- Equitable transportation planning

Since producing the first Community Needs Assessment, the members of the *Healthy Marin Partnership* have seen many examples of growing collaborations among members of the partnership and with other community agencies and groups. This collaboration consists of sharing information and planning for the future so that resources are not wasted and shared wisdom is applied to enhance the health of the community.

C. Priority Needs

The following areas continue to be the primary focus of the *Healthy Marin Partnership*:

- Wellness
- Access to care for the uninsured
- Healthy choices earlier in life
- Housing and transportation
- Prevention of heart disease
- Cancer education and prevention
- Stroke education and prevention
- Prevention of falls

III. 2013 Accomplishments

A. Healthy Marin Partnership

Community Health Needs Assessment

Since 1996 *Healthy Marin Partnership (HMP)* has been conducting triennial community health needs assessments for Marin County that identify, and address, key countywide issues. HMP reports have focused community discussion on health impacts “upstream,” recognizing that addressing social and environmental conditions will have a positive impact on health disparities and trends in disease and conditions for all residents. HMP reports have in the past tracked a set of four lifestyle issues that underlie the leading causes of death in Marin: high-risk alcohol use, tobacco use, diet and physical activity, with focus on community factors, social determinants of health and the influence that public policy and organizational practices can have in these areas and broadly on the health and well-being of Marin.

Healthy Marin Partnership presented “Pathways to Progress 2011: Taking Action for a Healthier Marin,” focused on community factors and the influence that public policy and organizational practices have on the health and well-being of Marin residents with a particular focus on populations at risk. The report identified a spectrum of policies that could make a difference in decreasing health inequities and included sample actions that could be taken to equalize the burden of health inequities.

In 2013, *Healthy Marin Partnership* completed the next community health needs assessment (CHNA) for 2014-2016. With the passage of the Affordable Care Act (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 & Prioritization of Identified Health Needs
- Report on Findings
- Implementation Plan

Through *Healthy Marin Partnership*, Marin General Hospital worked with other Marin County Hospitals together to meet these requirements of the Affordable Care Act. The process included:

- Review of a comprehensive list of approximately 150 health outcomes, needs and indicators
- Key Informant Interviews
- Focus Group meetings across Marin County
- Market Basket Surveys of grocery stores throughout Marin County

Findings were compared to state and national averages and, when possible, were mapped by census track to show different rates in geographic areas across the County.

HMP convened a gathering of about 30 residents, health leaders, public health experts and community stakeholders to move to the next step in the CHNA process: *prioritizing the health needs of the County*. The prioritization process was data-driven and geared towards addressing the ability and feasibility of impacting issues across the Spectrum of Prevention. The intention of the collective prioritization process was to increase *coordination of efforts and best practices, allowing greater county-wide progress by addressing issues together, leveraging strengths, knowledge, talent and resources to create collective change*. HMP was eager to have this process reflect the “upstream” journey of Marin, as a community working together to strengthen results based-accountability, break down organizational silos and collectively close the gap in health behaviors, outcomes and community factors that impact individual health.

To support the intended process outcomes, the following definitions were agreed to:

- **Healthy Community:** A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.
- **Community Health Need:**
 - Health outcomes that are disproportionately impacting a particular population.
 - A poor health outcome and its associated health drivers.
 - A health driver that is associated with a poor health outcome where the outcome itself has not yet arisen as a need.

As a result of data review and benchmark comparison, the following health needs (presented in alphabetical order) were identified as “poor performing” in Marin:

1. Access to health care/medical homes/health care coverage
2. Asthma
3. Cancer
4. Childhood diabetes hospitalizations
5. Falls (seniors)
6. Heart disease
7. Mental health
8. Nutrition/healthy food/food access/physical activity
9. Socioeconomic status (income, employment, education level)
10. Social supports (family and community support systems and services; connectedness)
11. Substance abuse

Criteria used by in the Prioritization Process to score these needs were:

1. Indicators show poor performance: County is performing poorly as a whole compared to a benchmark
2. Indicators show poor performance: Disproportionate impact on health status of one or more subpopulations
3. Severity of disease outcomes
4. Magnitude of poor performance: Many people are impacted
5. Need includes outcomes and drivers in that addressing the drivers will be preventative for the outcomes (i.e., Will changing this reduce future medical care need for chronic diseases in Marin?)
6. Need includes outcomes and drivers in that addressing it will likely impact more than one health outcome

7. There are strategies for addressing the need locally that can be implemented within the County with a high likelihood of meaningful improvement in the health issue
8. Need arose in key informant interviews
9. Need arose in focus groups

Following review, discussion and voting, the health needs were prioritized as follows:

Health Outcomes

High priority

- Mental Health
- Substance Abuse
- Access to health care/ medical home/ insurance coverage
- Life expectancy gap

Medium priority

- Heart disease
- Cancer

Drivers

- Socioeconomic status
- Health care access/medical homes
- Nutrition/food security/healthy food access/physical activity
- Social Supports

There was very significant concern about access to health care/medical home/insurance coverage. There was also much discussion about whether or not “access to health care” was a health need or health driver; accordingly it is listed as both. Acknowledging that a program/effort targeting any health need would support the goal of reducing the gap in life expectancy in Marin, it was agreed that “Gap in Life Expectancy” was an overall indicator of the health status of Marin.

A “vote” at the end of the three-hour session resulted in the following prioritization of health needs:

1. Mental health
2. Substance abuse
3. Access to health care/medical homes/health care coverage
4. Socioeconomic status (income, employment, education level)
5. Nutrition/healthy food/food access/physical activity
6. Social supports (family and community support systems and services; connectedness)
7. Life expectancy gap

Accomplishments

Access to Healthcare

• *Outreach to 0 - 19 Years Olds*

Access to health care is one of the leading determinants of health. In Marin, approximately three to six percent of children and eight to 10 percent of adults are uninsured and even more are underinsured. *Healthy Marin Partnership* leadership was a founding partner and continues to support the Children’s Health Initiative, Marin’s first community-focused health insurance enrollment and outreach effort. The goal of the initiative is to improve health access for all of Marin’s low-income children and youth by finding the uninsured, enrolling them, linking them to services, increasing retention and providing funding to insure those not eligible for publicly-funded health insurance.

- *Binational Health Week*
Binational Health Week was a multi-cultural series of events targeting Marin County's low-income Latino population and included ten different health events and fairs throughout Marin County (Novato, San Geronimo, Marin City, Central San Rafael and West Marin). Events were held in September and October 2013 and reached an estimated 8,000 people in the at-risk community. Health, legal and immigration education information was provided.

Youth and Adult Wellness

- *Healthy Teens Marin*
Healthy Marin Partnership was a founding member of Healthy Teens Marin, a 197-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.
- *Peer Summit XVIII*
Sponsored by Healthy Teens Marin, the 18th Annual Peer Summit was held on Friday, November 15, 2013 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 335 students, from 12 different middle schools attending. In 2013 participating students selected from 13 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 with roving Health Ambassadors interacting with fairgoers providing information about healthy options and activities at the Fair. Recently efforts at the Fair were broadened to include a very well-received free, Fun 1K Run for children under the age of 12.

Due to the work of the Play Fair Marin Fun Fest and its collaborative partners, the Marin County Fair has won numerous awards from the Western Fair's Association, including awards for community outreach and healthy foods promotion with fair vendors.

In 2013 Play Fair and Marin County Fair was the first (and only) fair in the nation to receive a grant from the USDA to promote healthy eating at a county fair. This effort is considered an emerging best practice nationally, and held up by USDA and State of California as a model for fairs and community celebrations.

- *Canal Community Gardens and Trails Collaborative*
The Canal Community Gardens and Trails Project is an integrative system of community and family gardens and trails through a portion of San Rafael, California. The Canal neighborhood is one of the poorest and most densely populated communities in Marin County. It is home for more than 12,000 residents living in 2.5 square miles. Since 1993, an influx of immigrants has led to a 69 percent increase in population of the neighborhood, with estimates that more than

70 percent of residents are of Latino origin. The collaborative applied for a grant from the National Park Service to assist in planning, design and implementation of gardens and trails.

The Trust for Public Land agreed to work with the Canal Community Gardens and Trails collaborative to spearhead fundraising, coordination of re-designation of city land, design and building the gardens and coordination of ongoing management with the Marin Conservation Corp. After 10 years of community effort, the Canal Community Garden opened in the spring of 2013 with an educational center, and 55 garden plots.

- *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.

B. Marin General Hospital Specific Community Benefit Programs

In addition to participation in the *Healthy Marin Partnership*, Marin General Hospital continues to provide community benefit programs in a variety of areas. Marin General Hospital provided 73 documented programs and services in 2013. Contributions originated from a wide range of hospital departments and staff, and included such diverse programs and services as financial support to the Marin Community Clinics, a not-for-profit organization serving underinsured and uninsured residents (one clinic is located on the Marin General Hospital campus), meals and transportation provided to patients unable to make their own arrangements, cancer outreach programs and educational lectures and training provided by our Emergency Department. Vulnerable populations served included the poor, elderly, children and youth and mentally ill patients. The following provides highlights of key community benefit programs provided directly by Marin General Hospital during 2013.

IV. 2013 Programs Inventory, Community Building and Economic Valuation

A. Programs Inventory

(Charity Care, Medi-Cal and Government Means-Tested Programs are not listed below but are included in the total quantifiable community benefit.)

Community Health Improvement Services

- *Community Health Education*
 - AARP Driver Safety Program: Driver safety program for older adults
 - Basic Street Skills Class: Educational class on street skills for bicyclists
 - Behavioral Health Partial Hospitalization Nutrition Counseling
 - Breast Cancer Support Group
 - Breast Health Forum: Seminar held to promote breast cancer awareness
 - Breast Surgery Education Class: Class held prior to breast cancer surgery
 - Breastfeeding Telephone Line: Free advice line open to the community
 - Caregiver's Support Group
 - Center for Integrative Health & Wellness (CIHW) Events: Various community events
 - Childbirth Class: Class for expecting couples
 - Community Events: Various events held by Community Relations
 - Community Prediabetes Class: Education about prediabetes
 - Community RD Phone Line: Free advice line open to the community for nutrition info

- County of Marin Health & Wellness Fair
- Couples Group: Living with Life Threatening Disease
- Hands on CPR and AED Training: Free community-wide CPR and AED training
- Knitting Circle: For cancer survivors and families
- Lymphedema Classes and Support Group
- Marin County Senior Fair
- Medical Library: Health reference library open to staff, physicians and community
- Outpatient Lactation Center: Free education, counseling and breastfeeding support
- Prenatal Breastfeeding Class
- Sibling Preparation Class
- The Mom's Group: Free support group that discusses newborn care and topics
- The New Father Class: Free class for new fathers on newborn topics
- Women's Support Group: Living Well with Metastasis
- *Community Based Clinical Services*
 - Low Cost Mammo Day: Mammograms offered to underserved women
 - Vein and Vascular Screenings
- *Health Care Support Services*
 - Indigent Funded Services for Behavioral Health: Including transportation, lodging, meals and other needs
 - Indigent Funded Services for Case Management: Including transportation, lodging, and Physical Therapy
 - Shuttle Program for Senior Partial Adult Day Care Program: Free shuttle service for Behavioral Health program

Health Professions Education

- *Physicians/Medical Students*
 - Grand Rounds: Education programs open to community doctors and nurse practitioners
- *Nurses/Nursing Students*
 - Nursing Student Placement: Time spent from Education placing student nurses
 - Trauma Nurse Core Course (TNCC): Nursing education focused on trauma
- *Other Health Professional Education*
 - Chaplain Resident Program: Training hours provided by our staff
 - Preceptorship for Case Management Students: Training hours provided by our staff
 - Preceptorship for Nutrition Students: Training hours provided by our staff
 - Trauma - The Marin Series: Education classes for paramedics, EMTs, fire department and other health care workers

Research

- *Clinical Research*
 - RTOG Site for Clinical Trials

Financial and In-Kind Contributions

- *Cash Donations*
 - Brain Injury Network: Supports quality of life for survivors and their families
 - Bread and Roses – Take Heart Benefit: Supports the Bread and Roses program serving the ill, impoverished and institutionalized
 - Coastal Health Alliance: To provide care for the uninsured
 - Community Institute for Psychotherapy: Supports quality, affordable counseling and psychotherapy for families, individuals and couples

- Harbor Point Charitable Fund – Wine, Women and Song: Dedicated to raising funds and awareness to support Bay Area charities
- Healthy Aging Symposium: Supports Marin Health & Human Services to provide vital outreach services to older adults in Marin County
- Heart Walk (AHA): Annual walk to raise awareness and funds for heart disease
- Homeward Bound of Marin: Provides shelter and services for homeless in Marin
- Honor Thy Healer: To the Zero Breast Cancer Foundation for research, education and advocacy programs
- Hospice by the Bay: To Hospice by the Bay for their operations
- Love is the Answer (LITA): Matches volunteers with elderly residents to facilitate friendships and support for otherwise lonely lives
- Marin City Health & Wellness: Provides care for the uninsured
- Marin Community Clinics: Medical care provided to the underserved
- Marin County EMS Vial of Life: Donation of Vial of Life kits for EMS to distribute
- Marin County Homeless Program: Support of homeless programs in Marin County
- Marin Senior Fair: Educational event for seniors in the community
- Marin Sonoma Concours d'Elegance: Funds go to Hospice by the Bay to support hospice services in Marin County
- MHD 1206(B) Clinics: Operation of the clinics
- NAMI Walk: Educational event and walk supporting awareness of mental illness
- PRIMA Medical Foundation: Supporting and sustaining primary care in Marin
- Redwoods CrabFest: Supports a senior shuttle services operated by the Redwoods
- Revolution Sports: Baseline Concussion Testing for underserved teens
- Ritter Center: To assist low-income and homeless population in Marin
- RotaCare San Rafael: Provides care for underserved through the RotaCare program
- Summer Solstice: Donation supports medical care for underserved children
- Survivors Celebration Gala: Event to recognize cardiac arrest and trauma patients and EMTs, paramedics, etc.
- To Celebrate Life: Benefits to Celebrate Life Breast Cancer Foundation
- Whistlestop: Promotes quality of life for older adults and people living with disabilities
- *In-kind Donations*
 - Compassionate Discharge Prescriptions: Provides a last dose of meds for outpatients who can't afford their medications
 - Food Donations: Food donated to Extrafood.org
 - Marin Community Clinic Facilities: Facilities services to maintain the building
 - Meeting Room Space: Meeting rooms provided to community groups

B. Community Building Activities

(These items quantified separately from other community benefit programs.)

- *Coalition Building*
 - Health Marin Partnership: Community collaborative to improve health
- *Workforce Development*
 - Workforce Investment Board: Group that assists the Governor in setting and guiding policy in the area of workforce development

C. Economic Valuation

The Data Collection Process: Marin General Hospital used internal forms to conduct its 2013 inventory. These internal forms are program-specific and completed by the departments responsible for providing the service. Both direct and indirect costs are taken into account. Direct expenses are

based on a breakdown of average salaries, supplies and services and are adjusted to account for indirect expenses. The adjustment is based on non-revenue producing center expenses as a percentage of revenue producing center expenses. All revenues/funds are subtracted to provide a net figure.

Figures for charitable care and unpaid costs of care for the indigent and Medi-Cal patients are included in the hospital's reporting. The cost of services for Medi-Cal patients at Marin General Hospital is calculated using a cost-to-charge ratio. The difference between the hospital cost for providing services and the amount of the reimbursement is quantified as an unsponsored community benefit expense. For the purpose of this report, Medicare is no longer factored into net dollar value contributions.

The total net dollar value of the community benefit provided by Marin General Hospital was \$44,634,476 or 14.37% of total expense. Of this, Marin General Hospital enumerated benefits for the poor and underserved totaling \$36,456,317. This consists of \$35,647,705, or 11.48% of total expense in charity care, Medi-Cal and other Means-Tested Government Programs plus \$808,612, or .26% of total expense in programs and financial and in-kind donations targeted for the poor and underserved. The remaining \$8,181,886 or 2.63% of the total expense was for programs serving the broader community including community health improvement services, financial and in-kind donations and health professions education.

In addition, Marin General Hospital provided \$3,727, or .001% of total expense in community building activities in the areas of economic development, coalition building, community health improvement advocacy, and workforce development advocacy.

The total net value of both community benefit and community building activities was \$44,638,203, or 14.37% of total operating expense.

V. 2014 Community Benefit Plan

A. Healthy Marin Partnership Work Plan

The *Healthy Marin Partnership* has agreed to commit its time and funds to continue addressing priorities identified in the community needs assessment, including:

1. **Staying the Course:** The partnership will continue its efforts to provide health insurance for all Marin County residents. It will continue to support the efforts to bring Partnership Health Plan to Marin and will work in collaboration with the community to bring universal health care to all children.
2. **Turning the Curve on Healthy Choices:** The partnership will use the Results Based Accountability methodology to focus on turning the curve on healthy choices related to tobacco use, alcohol abuse, physical activity and nutrition. Community collaborations between content experts meet quarterly to review work plans and to revise and develop new action plans.
3. **Making Progress:** The partnership will connect champions of important Marin health issues and introduce them to Results Based Accountability methodology and will expand the use of environmental strategies to effect policies and organizational practices that will impact

community factors and social determinants of health. The partnership will act as a resource to these groups in supporting them in turning the curve.

Healthy Marin Partnership will continue collaborating with community organizations to support the Novato Youth Wellness Collaborative, Community Diabetes Project, Marin County Alcohol and Other Drug Strategic Planning and Huckleberry Youth Programs and the Marin Food Systems Project in planning, development and program expansion. Additionally, *Healthy Marin Partnership* will work closely with the County's Department of Health & Human Services in launching the Prevention Hub and its Community Guide for Health to initiate upstream projects and programs that will impact the physical environment in which individual choices are made.

Planning for expanded Play Fair Marin (including a Baby Sanctuary for nursing and bottle-feeding mothers), Binational Health Week events (October) and Peer Summit XVIII at the Marin Center (November) are already underway, with increased focus on community partnership building.

B. Marin General Hospital Specific Programs and Services

Access to Care: The primary focus in 2014 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 care to the indigent Medi-Cal, Medicare and County Medical Service Program patients, although Medicare and the County Medical Service Program are no longer factored in to net dollar value contributions. Uncompensated care is also available to low-income, uninsured patients.

Health Education Events: Marin General Hospital will continue to support health education and outreach programs and to serve as a referral to patient support groups. A variety of public education seminars will be provided in 2014 as well as low-cost mammogram screenings offered quarterly. Marin General Hospital will participate in community events with other organizations like the annual Senior Fair and County of Marin Health and Wellness Fair.

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

Financial Support of 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 community in Marin County.

Professional and Student Education: Marin General Hospital, in cooperation with local colleges, will continue to provide nursing preceptorships and shadowing opportunities as well as education for current physicians, nurses and staff.

VI. Public Review

2013 report and plans for 2014 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 Advisory Benefit Committee
- Placement on the Marin General Hospital website
- Possible news releases on specific activities