2012 Community Benefit Report

Pursuant to SB 697

Submitted: October 2013
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.

MGH earned The Joint Commission’s Gold Seal of Approval™ for both the hospital and Behavioral Health Services, and was designated a Breast Imaging Center of Excellence by the American College of Radiology. It also received accreditation from the American College of Surgeons National Accreditation Program for Breast Centers and the Marin Cancer Institute, which specializes in breast, prostate, genitourinary, and gastrointestinal cancers, has been awarded eight out of eight possible commendations by the American College of Surgeons’ Commission on Cancer.

Marin General Hospital became the first hospital in Marin County to receive full Accreditation with PCI (percutaneous coronary intervention) from the Society of Chest Pain Centers for its treatment of acute coronary syndrome. And in 2012 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 2007-2011 is $89,605. 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 price for a single-family home dropped 9.2 percent from 2009 ($660,000) to 2010 ($599,000), according to the California Association of Realtors, Median Home Prices from Data Quick Information Systems. 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 252,731 in 2010 to 254,882 in 2012, according to the State of California, Department of Finance. The population has aged since 1990 when the median age was 38 years, according to a 2007 report by the Marin Economic Commission. By 2000 the median age was 41.3 years. Senior citizens (65 and older) have increased significantly, from 9.7 percent of the population in 1980 to 22.8 percent in 2010.

According to the United States 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.

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 American Community Survey (2007-2011), the percentage of residents 25 or older with a bachelor’s degree or higher is 63.1.
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 and 2012. 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. 2012 Accomplishments

#### A. **Healthy Marin Partnership**

**Community Health Needs Assessment**

Since 1996 Healthy Marin Partnership 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 2012, Healthy Marin Partnership continued data collection for the next community health needs assessment (CHNA). 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:**
  o Health outcomes that are disproportionately impacting a particular population.
  o A poor health outcome and its associated health drivers.
  o 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 2012 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 17-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 XIV
  Sponsored by Healthy Teens Marin, the 17th Annual Peer Summit was held on Friday, November 10, 2012 at the Kentfield Campus of College of Marin. 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 375 students, from 12 different middle schools attending. In 2012 participating students selected from 21 workshops led 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 Fairs Association, including awards for community outreach and healthy foods promotion with fair vendors.

- **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 has agreed to work with the Canal Community Gardens and Trails collaborative to spearhead fundraising, coordinate the re-designation of city land, design and build gardens and coordinate ongoing management with the Marin Conservation Corp. The Trust for Public Land has received a planning grant for this work from Marin Community Foundation and is working with Marin Promotoras to develop a culturally acceptable garden plan. The Canal Community Garden is expected to open in the spring of 2013.

- **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.

- **Novato Blue Ribbon Coalition for Youth**
  The Novato Blue Ribbon Coalition for Youth is a collaborative of organizations, agencies, businesses and individuals (youth & adults) working together to positively impact the health of youth in Novato. Its purpose is to promote and assist in the implementation of policies and programs in Novato that will impact the safety, wellness and relationships of youth in Novato. In 2011 the Coalition was recipient of a Drug Free Communities grant from the White House, which will provide $625,000 over 5 years to work on the increasing rates of youth binge drinking in Novato. Through 2012 Healthy Marin Partnership staff served as chair of the coalition, assuring consistent leadership and development of goals and objectives that will assure the social change needed to impact community factors in Novato.

**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 71 documented programs and services in 2012. 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 2012.
IV. 2012 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
  - Cancer Resource & Recovery Center: A resource center available for patients, their families and community members interested in cancer information
  - Caregiver's Support Group
  - Center for Integrative Health & Wellness (CIHW) Events: Various events held by CIHW for the community
  - Child and Infant CPR Training Class
  - Childbirth Class (3 part series): Class for expecting couples
  - Childbirth Class (1 day): Class for expecting couples
  - Community RD Phone Line: Free advice line open to the community for nutrition info
  - Couples Group: Living with Life Threatening Disease
  - Every 15 Minutes: A community collaboration to educate high school students on drinking and driving
  - Hands on CPR and AED Training: Free community-wide CPR and AED training held in the community
  - Infant Care Series: Class for new couples on infant care
  - Knitting Circle: For cancer survivors and families
  - Lymphedema Classes and Support Group
  - Medical Library: Health reference library open to staff, physicians and community
  - Mindful Motherhood Stress Reduction Class: For women in the postpartum period
  - Outpatient Lactation Center: Free education, counseling and breastfeeding support available to the community
  - Prenatal Breastfeeding Class
  - Sibling Preparation Class
  - The Mom's Group: Free support group to the community that discusses newborn care, breastfeeding, parenting, etc.
  - The New Father Class: Free class for new fathers on having a newborn
  - Women's Support Group: Living Well with Metastasis

- Community Based Clinical Services
  - Low Cost Mammo Day: Mammograms offered to underserved women
  - Prostate Cancer Screening: Free screening offered to the community

- 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**
  - Case Management Student Nurses: Training of Case Management 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 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

Financial and In-Kind Contributions

- **Cash Donations**
  - Alzheimer’s Association: Goes to the association
  - 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
  - College of Marin: To the college and health professional related programs
  - eSurance Harbor Point Tennis Classic: Half of the donation went to the California Prostate Coalition and the other to To Celebrate Life Breast Cancer Foundation
  - 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
  - Marin Center for Independent Living: To assist persons with disabilities to achieve their maximum level of independence
  - Marin City Health & Wellness: Provides care for the uninsured
  - Marin Community Clinics: Medical care provided to the underserved
  - 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
  - Relay for Life: Support of Relay for Life event
  - 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
  - Zero Breast Cancer Foundation: To the organization and breast cancer research
• **In-kind Donations**
  - Marin Community Clinic Facilities: Facilities free services
  - MedShare: Donation of supplies
  - Meeting Room Space: Meeting rooms provided to community groups

**B. Community Building Activities**
(These items quantified separately from other community benefit programs.)

• **Economic Development**
  - San Rafael Chamber of Commerce: Membership

• **Coalition Building**
  - Health Marin Partnership: Community collaborative to improve health

• **Community Health Improvement Advocacy**
  - Marin County Health Eating/Active Living (HE/AL): A program to create a strategic plan for HE/AL throughout the county

**C. Economic Valuation**

*The Data Collection Process:* Marin General Hospital used internal forms to conduct its 2012 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 $55,843,214 or 18.96% of total expense. Of this, Marin General Hospital enumerated benefits for the poor and underserved totaling $46,800,386. This consists of $46,263,935, or 15.71% of total expense in charity care, Medi-Cal and other Means-Tested Government Programs plus $536,451, or .18% of total expense in programs and financial and in-kind donations targeted for the poor and underserved. The remaining $9,082,141 or 3.08% 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 $39,313, or .01% 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 $55,882,527, or 18.98% of total operating expense.
V. 2013 Community Benefit Plan

A. Healthy Marin Partnership Work Plan

The Healthy Marin Partnership has agreed to commit its time and funds to begin addressing priorities identified in the 2011 community needs assessment.

Three key goals have been identified:

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 Healthplan 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

**Health Education Events:** Marin General Hospital will continue to support professional staff to plan and implement health education and outreach programs and to serve as a referral to patient support groups. Public education seminars on a variety of topics will be provided in 2013 and will be advertised to the community through several venues. Low-cost mammogram screenings are also offered throughout the year. Marin General Hospital will participate in community events with other organizations like the Healthy Aging Symposium, and the annual Senior Fair, both focused on health prevention activities for older adults.

**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.

Charity Care: 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.

Professional and Student Education: Marin General Hospital, in cooperation with the various school districts and the local community college, will continue to implement the county’s School to Career program, in which high school students interested in health and medical careers will complete internships at the hospitals. The hospital will continue its collaboration with local colleges to provide nursing preceptorships.

VI. Public Review

2012 report and plans for 2013 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
- Placement on the Marin General Hospital website
- Possible news releases on specific activities