



2016 Community Health Needs Assessment Implementation Strategy Work Plan (2017-2019)

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250 Bon Air Road, Greenbrae, CA 94904
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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.

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.

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.

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.

About Marin General Hospital's 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, we give 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. Marin General Hospital community benefit contributions for low income, vulnerable populations equaled 11 percent of its annual operating expenses and total 15 community benefit contributions equaled 15 percent of its annual operating expenses.

Community Served

Marin General Hospital's Definition and Description of Community Served

Marin General Hospital 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.

The Marin General Hospital service area includes 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.

Marin County and California Demographic and Socioeconomic Data¹		
Indicator	Marin County	California
<i>Demographic and Socioeconomic Information</i>		
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%

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.

Marin County and California Health Profile Data³			
Indicator	Marin County	California	HP 2020 Benchmark⁴
<i>Overall Health</i>			
Diabetes Prevalence (Age Adjusted) ⁵	5.5%	8.1%	--
Adult Asthma Prevalence ⁶	13.8%	14.2%	--
Adult Heart Disease Prevalence ⁷	7.6%	6.1%	--
Poor Mental Health ⁸	4.5%	17.4%	--
Adults with Self-reported Poor or Fair Health (Age Adjusted) ⁹	9.7%	18.4%	--
Adult Obesity Prevalence (BMI > 30) ¹⁰	17.5%	22.3%	≤ 30.5%
Child Obesity Prevalence (Grades 5, 7, 9) (BMI > 30) ¹¹	8.9%	19.0%	≤ 16.1%
Adults with a Disability ¹²	23.9%	28.5%	--
Infant Mortality Rate (per 1,000 births) ¹³	3.3	5.0	≤ 6.0
Cancer Mortality Rate (Age Adjusted) (per 100,000 pop.) ¹⁴	146.7	157.1	≤ 160.6
<i>Key Drivers of Health</i>			
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 ¹⁵	91.4%	80.4%	≥ 82.4%
3 rd Grade Reading Proficiency ¹⁶	66.0%	45.0%	--
Percent of Population Uninsured	8.9%	17.8%	--
Percent of Insured Population Receiving MediCal/Medicaid	9.5%	19.2%	--
<i>Climate and Physical Environment</i>			
Days Exceeding Particulate Matter 2.5 (Pop. Adjusted) ¹⁷	5.2%	4.2%	--
Days Exceeding Ozone Standards (Pop. Adjusted) ¹⁸	0.0%	2.5%	--
Weeks in Drought ¹⁹	89.1%	92.8%	--
Total Road Network Density (Road Miles per Acre) ²⁰	2.1	4.3	--
Pounds of Pesticides Applied ²¹	84,836	193,597,806	--
Population within Half Mile of Public Transit ²²	5.6%	15.5%	--

³ Unless noted otherwise, all data presented in this table is from the US Census Bureau, 2009-2013 American Community Survey 5-Year Estimate.

⁴ Whenever available, Healthy People 2020 Benchmarks are provided. Healthy People 2020. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.

⁶ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional analysis by CARES, 2011-12.

⁷ California Health Interview Survey, 2013-14.

⁸ California Health Interview Survey, 2014.

⁹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse, 2006-12.

¹⁰ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.

¹¹ California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.

¹² California Health Interview Survey, 2014.

¹³ Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2006-10.

¹⁴ University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12.

¹⁵ California Department of Education, 2013.

¹⁶ Standardized Testing and Reporting (STAR) Results, 2010-11 and 2012-13, from California Department of Education, Accessed via kidsdata.org, 2013.

¹⁷ Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008.

¹⁸ Ibid.

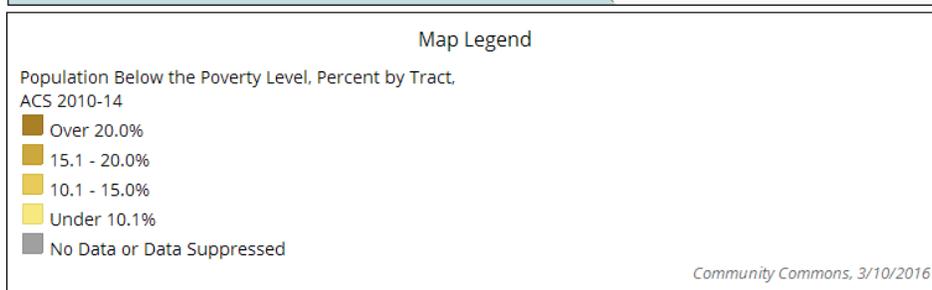
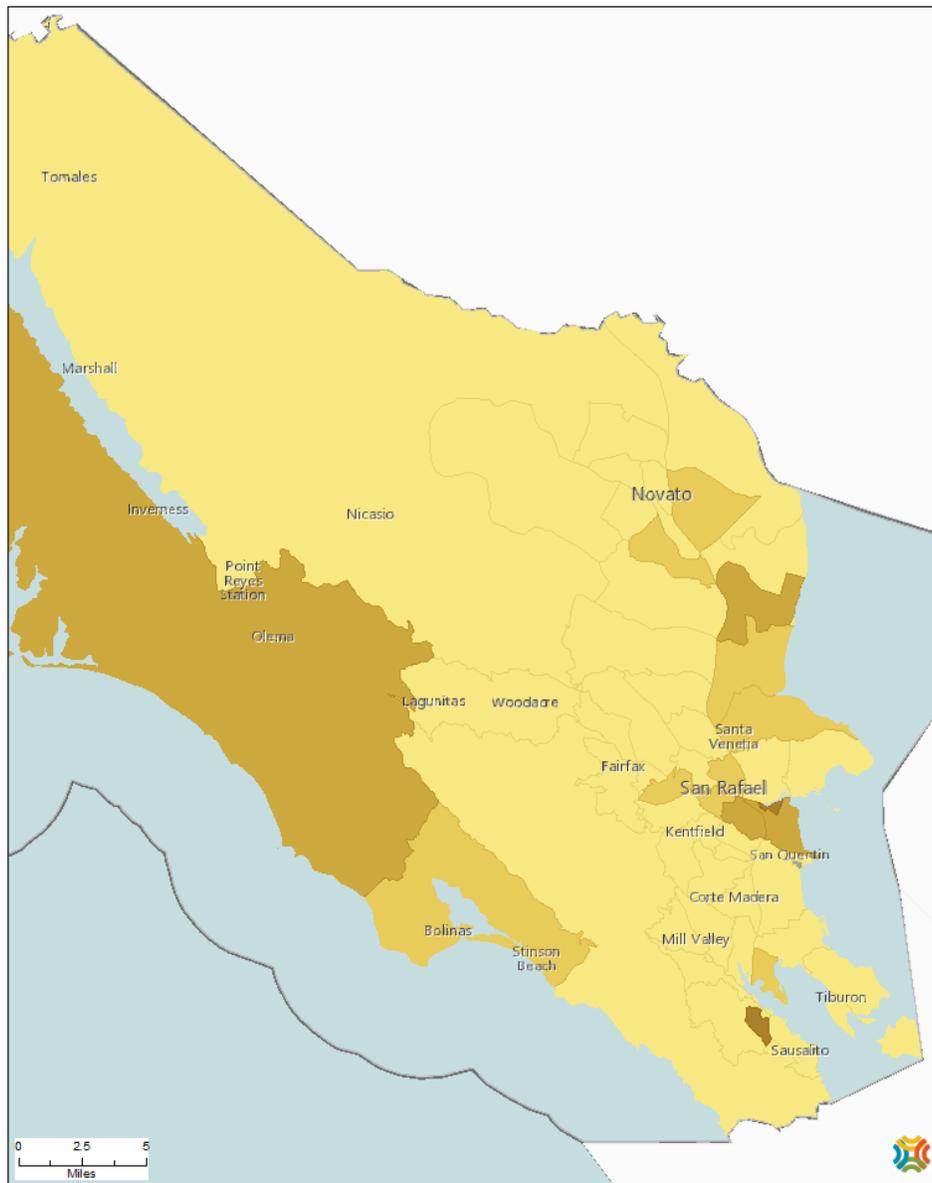
¹⁹ US Drought Monitor, 2012-2014.

²⁰ Environmental Protection Agency, EPA Smart Location Database, 2011.

²¹ California Department of Pesticide Regulation (CDPR), 2013.

²² Environmental Protection Agency, EPA Smart Location Database, 2011.

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.



Purpose of Implementation Strategy

The Community Health Needs Assessment (CHNA) and the Implementation Strategy development process (described below) were conducted in compliance with the new Patient Protection and Affordable Care Act (ACA) federal requirements. This requirement, Section 501(r) of the Internal Revenue Code, requires nonprofit hospitals to a) conduct a community health needs assessment at least once every three years and describe the process and findings and b) describe in a written plan, or Implementation Strategy, how they plan to address each identified health need and provide a rationale for the health needs that will not be addressed by the hospital. Taken together, the CHNA and Implementation Strategy will ensure accountability and transparency to the communities served as well as to the Internal Revenue Service (IRS).

Community Health Needs Identified in the 2016 CHNA Report

Marin General Hospital has conducted community health needs assessments for many years to identify needs and resources in our communities and to guide our Community Benefit plans. Marin General Hospital conducted a community health needs assessment in 2015-2016 that examined secondary data and took into account input from public health experts as well as community leaders and representatives of high need populations—this included minority groups, low-income individuals, medically underserved populations, and those with chronic conditions. Upon review of the data, Marin General Hospital used a set of criteria to identify and prioritize the significant health needs facing the community and documented them in a written CHNA Report. The community-identified health needs are described below.

- 1) 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.
- 2) 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.
- 3) 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.
- 4) 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.

- 5) 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.
- 6) 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 Canal as areas of high risk for drug abuse.
- 7) 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.
- 8) 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.

Implementation Strategy Development Process

Marin General Hospital’s Community Benefit Advisory Committee, which includes community representatives, applied a criteria-based decision making process to examine the health needs identified through the CHNA process, to select the community health needs it will address, and to develop an implementation strategy plan to address the selected health needs. These strategies build on Marin General Hospital’s assets and resources.

The Marin General Hospital Community Benefit Advisory Committee includes:

- Jon Friedenber, Chief Administrative Officer
- Jamie Maites, Director of Communications
- Joel Sklar, MD, Chief Medical Officer
- Mara Perez, PhD, Marin General Hospital Board Member

- Jennifer Rienks, PhD, Marin Healthcare District Board Member

Additional participants:

- Lynn H. Baskett, Community Benefit Consultant

In order to select the hospital priorities, the Community Benefit Advisory Committee reviewed the CHNA data and community-identified priorities, updated its prioritization criteria from previous CHNA periods and reviewed the available community resources for the community-identified priorities. The Community Benefit Advisory Committee used a numerical ranking process to identify the community needs where Marin General Hospital could build on its past community benefit work and other community resources to address the community priorities. The criteria used to rank the community priorities are listed below.

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.
MGH Assets	Marin General Hospital can make a meaningful contribution to addressing the need because of its relevant expertise and/or unique assets as an integrated health system and because of an organizational commitment to addressing the need.

Specific strategies to address the prioritized community health needs were identified by reviewing the impact of past grants or programs in the priority areas, evidence-based strategies, and available Marin General Hospital and community resources.

Implementation Strategy

Marin General Hospital selected Access to Health Care as its community health need priority for 2017-2019. In conjunction with the CHNA report, Marin General Hospital developed an implementation strategy work plan, attached, that describes long-term and intermediate goals, strategies, expected outcomes and tracking metrics. Listed below is a description of the selected health priority, including the need statement, the long-term goal and the anticipated impact of the strategies.

Access to health care is a health need because the ability to utilize and pay for comprehensive, affordable, quality physical, mental and oral health care is essential to maximize the prevention, early intervention, and treatment of health conditions such as obesity, cancer, heart disease, asthma, oral health, mental health, substance abuse and diabetes.

Goal	Increase number of individuals who have access to and receive appropriate health care services in Marin County.
Strategies	<ul style="list-style-type: none"> a. Participate in government-sponsored programs for low-income individuals, i.e., Medi-Cal Managed Care, Medi-Cal Fee-For-Service. b. Provide charity care for qualifying individuals. c. Grant making to support Federally Qualified Health Centers or free clinics (e.g., Marin Community Clinic, RotaCare Free Clinic) to strengthen coordinated care for vulnerable, at-risk, low-income, or uninsured individuals d. Grant making or leveraging internal resources to support community-based services that increase access to culturally competent health care, case management, advocacy, education and/or screening and early intervention for vulnerable, at-risk, low-income, or uninsured individuals
Anticipated Impact	<ul style="list-style-type: none"> a. Increased access to care. b. Increased the number of patients seen and/or the range of services offered at community health centers and clinics.

Marin General Hospital is committed to supporting existing community assets and to leveraging the assets that it can bring to bear on local health needs. Marin General Hospital will contribute its relationships with key stakeholders on boards, committees, coalitions and elected officials as it works with others toward common goals to improve the health of the communities it serves.

Plan to Measure Impact

Marin General Hospital will monitor and evaluate the strategies described in this report for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor the Marin General Hospital strategies will include the collection and documentation of tracking measures, such as the number of dollars spent, number of people reached/served, number of grants made. In addition, when appropriate, Marin General Hospital will require grantees to propose, track and report outcomes, including behavior and health outcomes.

Description of Health Needs the Facility Does Not Intend to Address

Reasons that the following health needs were not selected as Marin General Hospital priorities are noted next to the description of the health need.

Identified Health Need	Rationale for Not Addressing as a Community Benefit Hospital Priority
Obesity and Diabetes	Resource constraints. Marin General Hospital will also address need through Healthy Marin Partnership collaborative participation. Other hospital systems with considerable expertise are focusing on obesity prevention.
Economic and Housing Insecurity Education	Resource constraints, limited ability to have a meaningful impact on employment, income or education achievement. Marin General Hospital is acknowledging the impact of socioeconomic status on an individual's health status by focusing its community benefit contributions on Access to Care for vulnerable, at-risk, or low-income individuals.
Mental Health	Resource constraints. Health need addressed

	through Access to Care priority to increase care to those in need of mental health services.
Substance Abuse	Resource constraints. Limited ability to make a meaningful impact.
Oral Health	Resource constraints. Marin General Hospital supports access to Federally Qualified Health Centers, which provide dental services, through its grant program
Violence and Unintentional injury	Resource constraints. Limited ability to make a meaningful impact.

[Attachment: Implementation Strategy Work Plan Table \(2017-2019\)](#)