

MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904

www.marinhealthcare.org

Telephone: 415-464-2090

info@marinhealthcare.org

Fax: 415-464-2094

TUESDAY, APRIL 11, 2023

BOARD OF DIRECTORS

5:30 PM: REGULAR OPEN MEETING

Board of Directors:

Chair: Brian Su, MD (Division 3)
Vice Chair: Edward Alfrey, MD (Div. 5)
Secretary: Ann Sparkman, RN/BSN, JD (Div. 2)
Directors: Jennifer Rienks, PhD (Div. 4)
Samantha Ramirez, BSW (Div. 1)

Staff:

David Klein, MD, MBA, CEO
Eric Brettner, CFO
Colin Leary, General Counsel
Louis Weiner, Executive Assistant

Location for Board:

MarinHealth Medical Center, Inverness Room
250 Bon Air Road, Greenbrae CA

Public via Zoom video:

<https://mymarinhealth.zoom.us/join>

Meeting ID: 993 1690 8660

Passcode: 759559

Or via Zoom telephone: 1-669-900-9128

AGENDA

5:30 PM: REGULAR OPEN MEETING

	<u>Presenter</u>	<u>Tab #</u>
1. Call to Order and Roll Call	Su	
2. General Public Comments <i>Any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.</i>	Su	
3. Approve Agenda (action)	Su	
4. Move to reconfirm findings under Assembly Bill 2449 and extend Resolution MHD 2022-06 to continue virtual meetings of the Marin Healthcare District (action)	Su	#1
5. Approve Minutes of the Regular Meeting of March 14, 2023 (action)	Su	#2
6. Disclosure of Action Taken at Board Special Closed Session, April 11, 2023	Klein	
7. Management of General Public Comments	Su	
8. Resolution No. MHD 2023-01: Approval, as General Member of MarinHealth Medical Center ("Hospital"), of Hospital's issuance of 2023 Revenue Bonds pursuant to Section 10.1(d) of the Hospital Bylaws (action)	Klein/ Brettner	#3

The agenda for the meeting will be posted and distributed at least 72 hours prior to the meeting.
In compliance with the Americans with Disabilities Act, if you require accommodations to participate in a District meeting please contact the District office at 415-464-2090 (voice) or 415-464-2094 (fax) at least 48 hours prior to the meeting.
Meetings open to the public are recorded and the recordings are posted on the District web site.

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9. Achieving Nutrition Security in Marin County Naja-Riese #4
Andy Naja-Riese, MSHP, CEO of Agricultural Institute of Marin

10. Update: Discharge Planning Process Klein #5
Jessica Gonzalez-Romero, MSN, RN, Emergency/Trauma Clinical Manager
Danielle Shockey, MSN, RN, Clinical Education Specialist for MedSurg Unit

11. Committee Reports
 - a. Finance & Audit Committee (*did not meet, next meets April 25*) Alfrey
 - b. Lease & Building Committee (*met March 22*) Rienks

12. Reports
 - a. District CEO's Report Klein
 - b. Hospital CEO's Report Klein
 - c. Chair's and Board Members' Reports All

13. Agenda Suggestions for Future Meetings All

14. Adjournment of Regular Meeting Chair

Next Regular Meeting: Tuesday, May 9, 2023 @ 5:30 p.m.

Tab 1



MARIN HEALTHCARE DISTRICT BOARD OF DIRECTORS
RESOLUTION NO. MHD 2022-06
RESOLUTION AUTHORIZING REMOTE TELECONFERENCE MEETINGS
PURSUANT TO AB 2449

WHEREAS, all Marin Healthcare District (“District”) meetings are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963); and

WHEREAS, on March 4, 2020, Governor Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the State prepare for a broader spread of the novel coronavirus disease 2019 (“COVID-19”); and

WHEREAS, on March 17, 2020, in response to the COVID-19 pandemic, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow local legislative bodies to conduct meetings telephonically or by other means; and

WHEREAS, as a result of Executive Order N-29-20, District staff set up virtual meetings for all meetings of the District Board of Directors and its committees (collectively, “District Meetings”); and

WHEREAS, certain teleconferencing allowances were made under subsequently-enacted AB 361 (2021) and AB 2449 (2022) that replaced now-repealed Executive Order N-29-20; and

WHEREAS, AB 2449 (2022) was signed on September 13, 2022 and is in effect through January 1, 2024, and among other things provides in Government Code 54953(e) that (i) a legislative body may use teleconferencing if it holds a meeting during a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing, and (ii) a legislative body using the teleconferencing procedures of AB 2449 must make renewed findings by majority vote every thirty (30) days that it has considered the circumstances of the state of emergency, and that either (a) the state of emergency continues to directly impact the ability of the members to meet safety in person, or (b) state or local officials continue to impose or recommend measures to promote social distancing; and

WHEREAS, the Board of Directors desires to make findings and determinations consistent with AB 2449 for District Meetings to utilize the special procedures for teleconferencing provided therein due to imminent risks to the health and safety of attendees; and

WHEREAS, in 2022, highly contagious Delta and Omicron COVID-19 variants are in circulation, causing increases in COVID-19 cases throughout the State and Marin County; and

Resolution MHD 2022-06

Page 2 of 2

WHEREAS, the CDC continues to recommend source control and physical distancing for everyone in a healthcare setting; and

WHEREAS, the District Board of Directors hereby finds that the continued presence of COVID-19 and the increase of cases due to new variants would present imminent risks to the health or safety of attendees, including the legislative bodies and staff, should District Meetings be held in person.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Marin Healthcare District, that (i) the above recitals are true and correct, and incorporated into this Resolution, and (ii) the Board of Directors makes the following findings: (a) The Board of Directors has considered the circumstances of the State of Emergency, (b) the State of Emergency, as declared by the Governor, directly impacts the ability of District Meeting attendees to meet safely in person, and (c) the CDC continues to recommend source control and physical distancing for everyone in a healthcare setting and as a result of the presence of COVID-19 and the increase of cases due to the new variants, meeting in person would present imminent risks to the health or safety of attendees, the legislative bodies and staff; and

RESOLVED, FURTHER, that District Meetings may continue to meet remotely in compliance with AB 2449 (2022), in order to better ensure the health and safety of the public; and

RESOLVED, FURTHER, that the District Board of Directors will revisit the need to conduct District Meetings remotely within thirty (30) days of the adoption of this resolution.

REVIEWED, APPROVED, AND ADOPTED at a Regular Board Meeting held on the 8th of November, 2022, by the following vote, to wit:

AYES: Unanimous: Su, Alfrey, Sparkman, Bedard, Rienks

NOES:

ABSENT:

ABSTAIN:

ATTEST:



Brian Su, MD
Chair of the Board



Ann Sparkman, RN/BSN, JD
Secretary of the Board

Tab 2



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, March 14, 2023 @ 5:30 pm
Inverness Conference Room, and via Zoom**

MINUTES

1. Call to Order and Roll Call

Chair Su called the Regular Meeting to order at 5:30 pm.

Board members present: Chair Brian Su, MD; Vice Chair Edward Alfrey, MD; Secretary Ann Sparkman, RN/BSN, JD; Jennifer Rienks, PhD; Samantha Ramirez, BSW

Staff present: David Klein, MD, CEO; Eric Brettner, CFO; Colin Leary, General Counsel; Louis Weiner, EA

2. General Public Comment

About 30 members of the public attended virtually and offered comments: Lynn Warner, RN, Katie Grossman, RN, April Gorham, RN. They commented on nurse contract negotiations, salary, staffing, scheduling, recruiting and retention, and nursing support staff. Ms. Warner stated that nurses have voted to strike.

3. Approve Agenda

Dr. Alfrey moved to approve the agenda as presented. Ms. Sparkman seconded. **Vote: all ayes.**

4. Move to reconfirm findings under Assembly Bill 2449 and extend Resolution MHD 2022-06 to continue virtual meetings of the Marin Healthcare District

Dr. Alfrey moved to reconfirm as presented. Ms. Rienks seconded. **Vote: all ayes.**

5. Approve Minutes of the Regular Meeting of February 14, 2023

Dr. Alfrey moved to approve the minutes as presented. Ms. Sparkman seconded. **Vote: all ayes.**

6. Disclosure of Action Taken at Board Special Closed Session, February 17, 2023

Dr. Klein reported on the Board's Annual Retreat closed session on February 17. No action was taken at that meeting, at which several topics were discussed:

- Update on MarinHealth Medical Center's 2021-2026 strategic plan.
- New MarinHealth branding launch.
- Refreshing the brand of Marin Healthcare District. To be discussed at this meeting tonight.
- 2022 Community Health Needs Assessment.
- Update on MarinHealth's Community Benefit activities.
- Community Health Outreach Programs.
- Update on inpatient and outpatient Behavioral Health program.
- The Board was given a tour of the hospital.

As action plans on the above items are refined, they will be brought forward to the Board in Regular Open Session.



7. Marin Healthcare District Rebranding

Ms. Jill Kinney, VP of Marketing and Communications, presented (Tab #3) the proposed process of redesigning the MHD logo and website. The process proceeds from discovery questionnaire of stakeholders to research, mood board, logo concepts, logo refinement, and final logo library and guidelines. Estimated cost is \$12,000-\$15,000.

It is proposed to use the design firm that MarinHealth is using for the current MarinHealth rebranding. To explore options, Dr. Alfrey suggested that the job be put out for 3 additional Requests For Proposals (RFPs). The Board members generally agreed. For community inclusion, Ms. Rienks suggested that RFPs be extended to local colleges, high schools and middle schools. The Board members generally agreed. The proposals would be reviewed by the Board's Lease and Building Committee in special study sessions and then brought before the full Board. This process will be reviewed and discussed at the next meeting of that Committee.

8. Committee Reports

A. *Finance & Audit Committee*

Dr. Alfrey reported that the committee met on February 28. They went over financials for December (year-end) and January, and discussed the investment portfolio diversification to include up to 20% equities rather than continuing with 100% bonds. FY 2022 ended with operating loss of about \$214K and loss of investment of about \$580K due to the highly volatile market. January 2023 operating income was about \$125K favorable to budget and investment earnings were about \$112K favorable to budget, again due to the continuing volatility in the market.

B. *Lease & Building Committee*

Ms. Rienks reported that the Committee met on March 8 and will meet again on March 22 to organize the upcoming seminar on adolescent eating disorders. Dr. Sarah Lowenthal and Dr. Zachary Schwab are proposed panelists for the hybrid event on May 23 at a location in San Rafael.

Ms. Rienks asked the Board for their suggestions of topics for future seminars, and offered a list of several suggestions, stressing strongly for "perinatal mood and anxiety disorders." Dr. Su suggested not calling these events "seminars" and Ms. Ramirez agreed, stressing that such events should be structured to be interactive and more inviting than seminars or lectures.

Dr. Su stressed the importance of publicity and doing all that's necessary to have the public respond and attend. Ms. Rienks suggested co-sponsoring with community groups. Dr. Klein noted that Ms. Kinney had presented details of a media campaign at the Committee meeting, and Ms. Kinney added that she had gotten an enthusiastic response from a local mom's group about this next event.

Discussion continued about MHD presenting community health events. Dr. Alfrey strongly urged moving forward with planning, noting that he has had much experience doing community health fairs and that he would help with this project. Mr. Rienks noted that this was indeed discussed by the Committee at the last meeting, and that it may be effective to partner with an event and to be included in existing community events in San Rafael and Marin City, and that Ms. Kinney will research community calendars. Dr. Alfrey disagreed, in that Marin Healthcare District should take the lead with singular focused events for the communities rather than trailing on existing events. Ms. Ramirez noted that there are always people around the Al Boro Community Center in the Canal Area, and that a visible event there would attract people easily and naturally, providing a service to the community. This will be discussed further at the next meeting of the Committee.



9. Reports

A. *District CEO's Report*

Dr. Klein reported that McCarthy Construction, at their expense, will be working to repair sub-drainage problems underneath the Oak Pavilion. The work will begin in April and will create some disruption.

Lease for Petaluma medical hub has been signed in pursuit of outpatient growth in the north bay, including Napa and Santa Rosa.

New practices in the network include dermatology in Novato and Terra Linda. Orthopedic surgical specialties will be added.

Cardiac surgery program will launch with 3 new minimally invasive cardiac surgeons from UCSF. Nephrology group is joining the Medical Network.

The network is targeting recruitment of 25 to 30 physicians this year, at least 6 of which will be primary care.

Planning is underway for a cosmetic refresh of the Cedar Pavilion cardiac services areas.

Budget is being finalized for the nuclear medicine project, with some philanthropic support.

Pharmacy compounding room is being redesigned and rebuilt.

Plans are finalizing for replacement of MRI outpatient at 1260 South Eliseo.

Project is underway to enhance and improve signage and wayfinding.

B. *Hospital CEO's Report*

Dr. Klein reported that he presented the quarterly virtual Town Hall for all staff earlier today, at which he read a letter from a grateful patient. The patient expressed in detail that each of the many caregivers they touched was “friendly, efficient, and professional.” Dr. Klein read that letter to the Board and expressed his thanks for all staff throughout the organization.

January finances were favorable, exceeding budget, owing largely to high volumes. Investment income was favorable, and EBIDA was positive. Expenses exceeded budget because of high volumes and premium labor/travelers filling staffing vacancies.

FEMA fundings for both the District and the hospital are still not received.

A consultant may be hired to perform a master facility plan to evaluate what structural and physical space needs will be in 5/10/15 years. Seismic requirements, demographic planning, inpatient vs outpatient, stemming outmigration, etc., will be included in the planning.

Negotiations with CNA continue in good faith with a goal of averting a work stoppage.

The SCORE safety survey of staff is now underway.

The employee engagement survey was completed in December 2022, showing improvements over the previous year in most all categories. Opportunity exists to better inform employees about the organization's finances.

Inpatient diabetes recertification survey recently passed successfully with no findings.

Primary stroke recertification survey recently passed successfully. Other surveys in 2022 included Joint Commission, CDPH, CAP lab survey, and trauma certification with no findings.

Other recent distinctions include: CMS Overall Star Rating, 4 out of 5; Vizient Top 10 Medical Center for Patient Safety, nationally; Blue Distinction Center for Medical Excellence for Maternity Care; zero deficiencies in CDPH's inaugural hospital acquired infection survey; High Performer, California Maternal Quality Collaborative Honor Roll; Maternity High Performance Award from BETA Health; and others.

In Emergency, our “left without being seen” rate is at an all-time low, while Emergency daily censuses are at record highs, owing to throughput initiatives and the excellent work of the ED staff.

Dr. Klein will soon be meeting with the Marin IJ Editorial Board to update on the hospital.

A new Vice President of Operations will soon be hired and on board.



DEI initiative is well underway, a 12-18 month project.

Dr. Alfrey added comments in support of nurses in response their earlier comments.

Ms. Rienks added comments in support of Dr. Klein's earlier comments on helping staff to understand the financial demands and realities of the hospital organization.

Dr. Su allowed additional comments from the nurses present.

C. Chair's and Board Members' Reports

Ms. Ramirez reported that she is a member of Marin Women's Commission and is participating in a major event, "Marin Teen Girl Conference" on March 26.

There were no other reports submitted.

10. Agenda Suggestions for Future Meetings

Ms. Sparkman suggested an update on surprise billing. Dr. Klein agreed to bring that to the next Board meeting.

Ms. Rienks suggested a presentation on "food insecurity." Dr. Klein reported that an expert has agreed to present at the next Board meeting.

Dr. Alfrey reiterated a request on a presentation on the hospital's discharge process and follow-up, especially for Spanish-speaking patients. Dr. Klein agreed that a presentation can be made at the next Board meeting.

Dr. Su allowed additional comments from the nurses present.

11. Adjournment

Chair Su adjourned the meeting at 7:09 pm.

Tab 3



marinhealthSM

2023 Taxable Borrowing

April 2023

Proposed \$100M Borrowing – Why now?

- Reasons to do borrowing now
 - Time issuance with audited FS after ending 2022 with positive operating results. Avoid performing extra work to use unaudited interim financials from Q1 2023.
 - Reduce risk of additional interest rate increases/volatility (saw 25 basis point increase in three weeks)
 - Provide liquidity needed for the following time sensitive projects in 2023/2024
 - Lower interest rate than our line-of-credit (7.5% vs approx. 6.2%)
 - Balance workload for Marin Finance/Legal team vs effort/costs of multiple smaller borrowings

Proposed \$100M Taxable Borrowing Key Considerations

- Proposed borrowing of \$100M taxable (not to exceed \$105M depending on market)
- Purpose/Uses:
 - Provide additional strength/liquidity on the balance sheet
 - Provide liquidity for strategic investments that would need to have sufficient returns to offset/exceed borrowing costs (returns > 6%)
 - Allow operating cash to be used for rebuilding balance sheet
 - Not to be used to fund ongoing operating costs
- Proposed structure – 22 year loan with balloon payments in 2045. This will allow the borrowing to take place under current MarinHealth/District lease.
- Impact on debt ratings – Fitch and S&P - neutral to slightly positive. Already envisioned in most recent rating agency reviews.

Proposed \$100M Taxable Borrowing Pros & Cons

- Pros

- Provide needed liquidity and strengthen balance sheet
- Provides cash to make strategic investments and allow Marin to continue to grow
- Improved operations and reduced costs enable MarinHealth to borrow at this time
- Previewed borrowing with rating agencies

- Cons

- Increased debt service will require operations to maintain current performance

Time Line

- High level time line:
 - Issue 2022 audited FS April
 - Early April meet with Rating Agencies
 - Late April published 2022 audited FS and complete diligence
 - Issue in mid-May
- Complete borrowing sooner to strengthen balance sheet

Recommendations and Approvals

- District Management recommends approval of the proposed borrowing
- Transaction approved unanimously by MarinHealth Medical Center Board on 4/4 and MarinHealth Medical Center Finance Committee on 2/23
- Approval by MarinHealth Medical Network Board the week of 4/10
- District approval, as General Member of MarinHealth Medical Center, is required under Section 10.1(d) of the hospital's bylaws.

RESOLUTION NO. MHD 2023-01

**RESOLUTION OF THE BOARD OF DIRECTORS OF
MARIN HEALTHCARE DISTRICT
APPROVING THE ISSUANCE OF REVENUE BONDS OF
MARINHEALTH MEDICAL CENTER**

WHEREAS, the Marin Healthcare District (the “District”) owns a hospital in Greenbrae, Marin County, California (the “Hospital”) that it leases to, and is operated by, Marin General Hospital, a California nonprofit public benefit corporation doing business as MarinHealth Medical Center (“MHMC”), pursuant to that certain Hospital Lease, dated as of December 2, 2015 (the “Lease”), by and between the District and MHMC; and

WHEREAS, the District is the sole corporate member of MHMC; and

WHEREAS, MHMC has previously issued revenue bonds which are secured under and pursuant to that certain Master Trust Indenture, dated as of May 1, 2018, as supplemented and amended to date (the “Master Indenture”), by and among MHMC, Prima Medical Foundation, a California nonprofit public benefit corporation doing business as MarinHealth Medical Network, of which MHMC is the sole corporate member (“Network,” and together with MHMC, the “Obligated Group”), and U.S. Bank Trust Company, National Association (as successor in interest to U.S. Bank National Association) (the “Master Trustee”); and

WHEREAS, the Master Indenture provides for the pledge and grant to the Master Trustee of a security interest in the Gross Revenues and Gross Revenue Fund (as such terms are defined in the Master Indenture) of the Obligated Group; and

WHEREAS, MHMC now desires to issue the Marin General Hospital Taxable Bonds Series 2023 (the “2023 Bonds”) in an aggregate principal amount not to exceed One Hundred Five Million Dollars (\$105,000,000) pursuant to that certain Bond Indenture (the “Bond Indenture”), by and between MHMC and The Bank of New York Mellon Trust Company, N.A. (the “Bond Trustee”). The payment obligations of MHMC under the Bond Indenture are secured by Master Indenture Obligation No. 4, dated the date of issuance of the 2023 Bonds (“Obligation No. 4”), issued by the Obligated Group under and pursuant to the Master Indenture, as supplemented by that certain Supplemental Master Indenture for Master Indenture Obligation No. 4 (the “Supplemental Indenture”), by and between MHMC and the Master Trustee; and

WHEREAS, the transaction described above shall be referred to herein as the “Financing;” and

WHEREAS, pursuant to the Lease and the Bylaws of MHMC, the written consent of the District is required for MHMC to enter into and consummate the Financing and issue the 2023 Bonds; and

WHEREAS, MHMC now seeks and desires the consent and approval of the District for the Financing; and

WHEREAS, it is consistent with the purposes of, and in the best interests of, the District for MHMC to enter into the Supplemental Indenture, Bond Indenture, and other related Financing agreements and documents in order to obtain the proceeds of the 2023 Bonds for the purposes described therein; and

WHEREAS, the Board of Directors of the District (the “Board”) wishes at this time to authorize all proceedings relating to the Financing as described herein and the execution and delivery of all agreements and documents relating thereto.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Marin Healthcare District, as follows:

Section 1. Recitals. The foregoing recitals are true and correct and the Board so finds and determines.

Section 2. Approval of Financing. In connection with the Financing, MHMC will finalize each of the Supplemental Indenture, Obligation No. 4, Bond Indenture, Bond Purchase Contract, by and between MHMC and Morgan Stanley & Co. LLC as Underwriter, and the Preliminary Offering Memorandum for the 2023 Bonds (collectively, the “Bond Documents”).

The Board hereby consents to the issuance of the 2023 Bonds, the delivery of the Bond Documents, and approves the Financing described herein. This Resolution shall constitute written consent to and evidence the approval of the Financing by the Board for purposes of the Lease and MHMC’s Bylaws, including the requirements under Section 10.1 of MHMC’s Bylaws.

Section 3. Authorized Officers. The Board hereby appoints the District’s Chief Executive Officer, its Chief Financial Officer, or either of their designees (each, an “Authorized Officer”) as authorized officers of the District authorized and directed to execute and deliver such certificates and other documents which any of them deem necessary or advisable in order to consummate the Financing or to constitute further evidence of this Board’s approval of the Financing.

Section 4. Official Actions. Each Authorized Officer, the Secretary to the Board, and any and all other officers of the District are hereby authorized and directed, for and in the name and on behalf of the District, to do any and all things and take any and all actions, including undertaking the execution and delivery of any and all assignments, certificates, requisitions, agreements, notices, consents, instruments of conveyance, warrants and other documents which Special Counsel may deem necessary or advisable, in order to consummate any of the transactions contemplated by the documents approved pursuant to this Resolution.

Section 5. Effective Date. This Resolution shall take effect from and after the date of its passage and adoption.

PASSED AND ADOPTED by the Board of Directors of the Marin Healthcare District at its meeting on April 11, 2023, by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTENTIONS: _____

Brian Su, MD
Chair
Board of Directors

ATTEST:

Ann Sparkman RN/BSN, JD
Secretary
Board of Directors

Tab 4

Achieving Nutrition Security in Marin County

Presented by:
Andy Naja-Riese, MSPH
Chief Executive Officer,
Agricultural Institute of Marin

April 10, 2023





Our Vision

We envision a responsible food and farming system that is environmentally beneficial, economically viable, and socially just.

Our Mission

AIM's mission is to educate, inspire, and connect communities, responsible farmers, and producers as part of a healthy, earth-friendly, equitable local and regional food system.



Key Points

1. Nutrition security must be tied to equitable local food systems.
2. Resilient food systems require *education, access, policy, and community engagement.*



Nutrition Security

Nutrition security means all Americans have consistent access to the safe, healthy, affordable foods essential to optimal health and well-being.

MARIN COUNTY
RANKED
HEALTHIEST
COUNTY IN
CALIFORNIA 13
OF LAST 14
YEARS

HOWEVER,

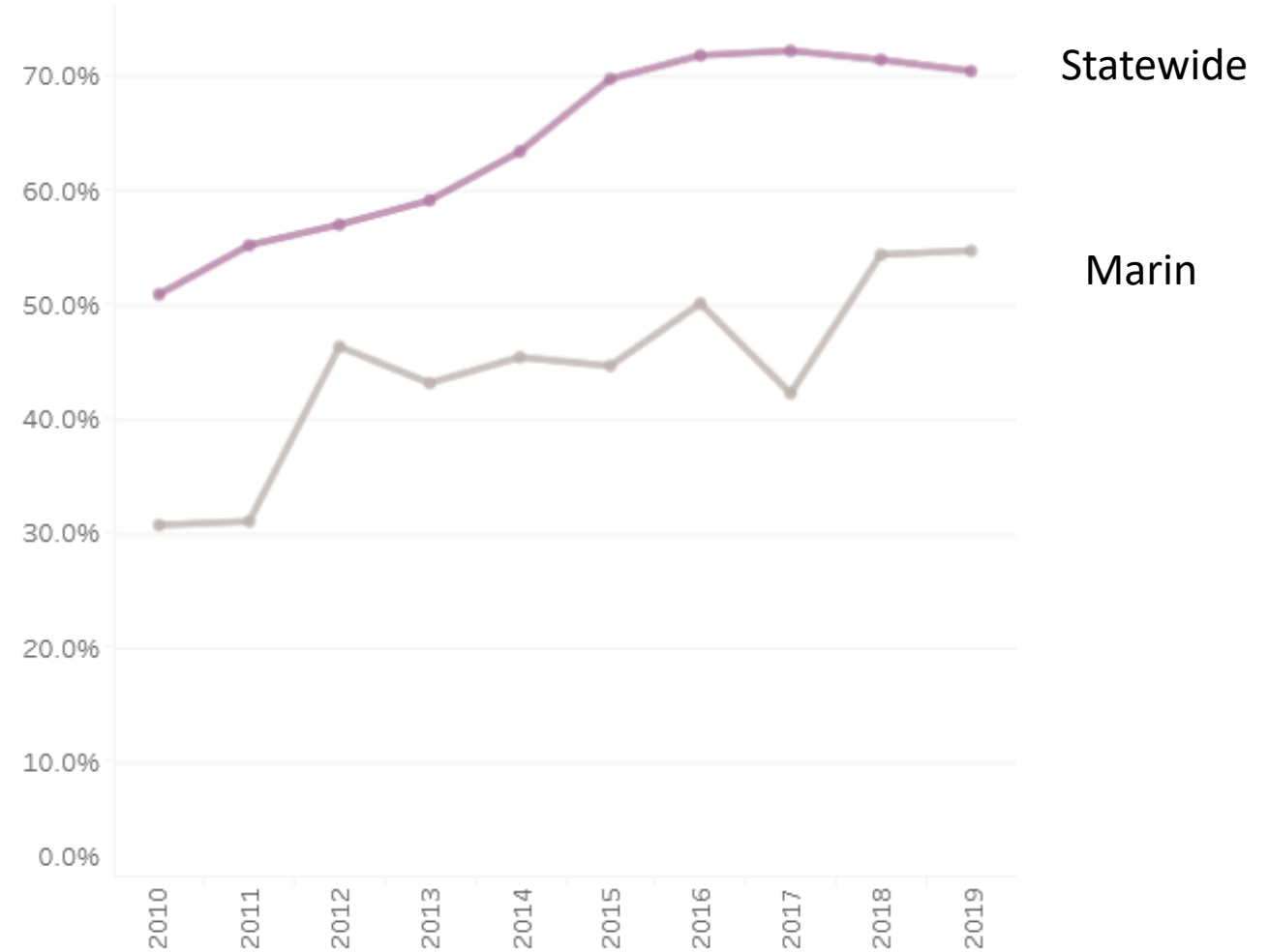
- At risk of Food Insecurity:
 - 16% in Marin County overall
 - 71%-53% in Canal
 - 48% in Marin City
- 17-year gap in life expectancy between communities in Marin w/ leading cause of preventable, premature cardiovascular disease in communities of color – direct link to opportunities for healthy eating, active living
- Almost 20,000 seniors experience food insecurity in Marin, particularly in Novato, San Rafael and West Marin.

CalFresh Participation, Marin County

- 14,298 participants, Jan. 2023
- Over \$4.2M in benefits issued
- 935 child-only households
- Apply online at <https://www.getcalfresh.org>



CalFresh Program Reach Index



Source: CDSS calculation based on data from the U.S. Census Bureau American Community Survey, DFA 256, and Medi-Cal Eligibility Data System. See "Resources" tab for further documentation on PRI methodology.

Causes of Food and Nutrition Insecurity

Poverty, unemployment, or low income

Lack of affordable housing

Chronic health conditions or lack of access to healthcare

Systemic racism and racial discrimination

Disasters and Emergencies

Climate Change



True Cost of Food

In 2019, Americans spent \$1.1 trillion on food.

The true cost of the U.S. food system is at least three times larger -- 3.2 trillion per year due to diet-related disease, water and air pollution, reduced biodiversity, or greenhouse gas emissions, which cause climate change.

Source: <https://www.rockefellerfoundation.org/report/true-cost-of-food-measuring-what-matters-to-transform-the-u-s-food-system/>



AIM's Certified Farmers Markets

- 400+ producers across our markets in Hayward, Newark, Oakland, Point Reyes, San Rafael, and San Francisco.
- In 2021, distributed over \$572,154 in EBT & Pandemic-EBT and over \$388,000 Market Match incentives.



Rollin' Root Mobile Farmers Market

- Offers fruits, vegetables, and dairy products for older adults and nutrition insecure communities.
- Served 6,472 participants in 2021 across 11 stops
- 11 Community ambassadors
- Sold over \$115,603 in produce to support farmers



Center for Food & Agriculture

A world-class, climate-friendly, authentic farmers market and educational space dedicated to a healthier food culture. The Center has evolved from an inspired idea to a Marin County ballot measure that passed with 84% of the votes in 2014. From 2019-2021, we developed the vision in close collaboration with shoppers, producers, and partners, with a planned opening in 2025.

HEAL VISION: INCREASING FOOD, HEALTH, ECONOMIC, AND SOCIAL SECURITY

Increase equitable food access in
marginalized communities

Support community empowerment
(control over decision-making processes,
self-determination, community
leadership,

Leadership from low-income Black,
Indigenous, and People of Color (BIPOC)
communities



FIGURE CREATED BY JENNY SCHNAAK

Marin Food Policy Council



Bringing together community members, government agencies, non-profits, local farmers, and food system stakeholders to examine the health, sustainability, and quality of life, of Marin residents through the lens of **community food security**.

<https://ucanr.edu/sites/MarinFoodPolicyCouncil/>

-
- **Marin County Cooperation Team (MCCT)** is embarking on a year-long community engagement process, focusing first on convening community stakeholders to agree to **3 equitable food system priorities** and then developing a community engagement plan that will involve **at least 300 community members** in Marin City evaluating those priorities.
 - www.marincountycooperationteam.org
-



Youth for Justice (Canal)



-
- **ExtraFood** rescues excess fresh food from businesses and schools in the North Bay and immediately delivers it to organizations that serve our community's most vulnerable children, seniors, and families. ExtraFood serves 10,000 people every week and has rescued over 6.5 million pounds of food.
 - [ExtraFood.org](https://www.ExtraFood.org)
-



-
- The **San Francisco-Marin Food Bank** operates food access programs in San Francisco and Marin Counties, providing fresh free groceries to over 5,200 Marin households each week. We partner with over 40 Marin community-based organizations to run food pantries, as well as serving households directly through our Pop-Up Pantries program. The Food Bank also provides CalFresh Outreach services and advocates for policy change and budget investments at all levels of government to improve food security.
 - <https://www.sfmfoodbank.org/>
-



- **Ceres Community Project** supports clients who are living with acute and chronic health conditions including cancer, diabetes and heart disease, with 100% organic medically tailored and home delivered meals, groceries and RDN support. The organization provides more than 200,000 meals annually to 1,500+ clients and their families; 83% of clients are living on less than \$25,000 annually.

- *Website: ceresproject.org*





Key Takeaways

Nutrition security must consider healthy food access and local food systems changes.



Keep in Touch

Andy Naja-Riese, CEO
andy@agriculturalinstitute.org

www.agriculturalinstitute.org

Instagram: @aim.ceo.andy

Twitter: @AndyNajaRiese

Tab 5

discharge process for patients
with limited english proficiency (LEP)
after APeX implementation

Hospital discharge process for non-English speakers

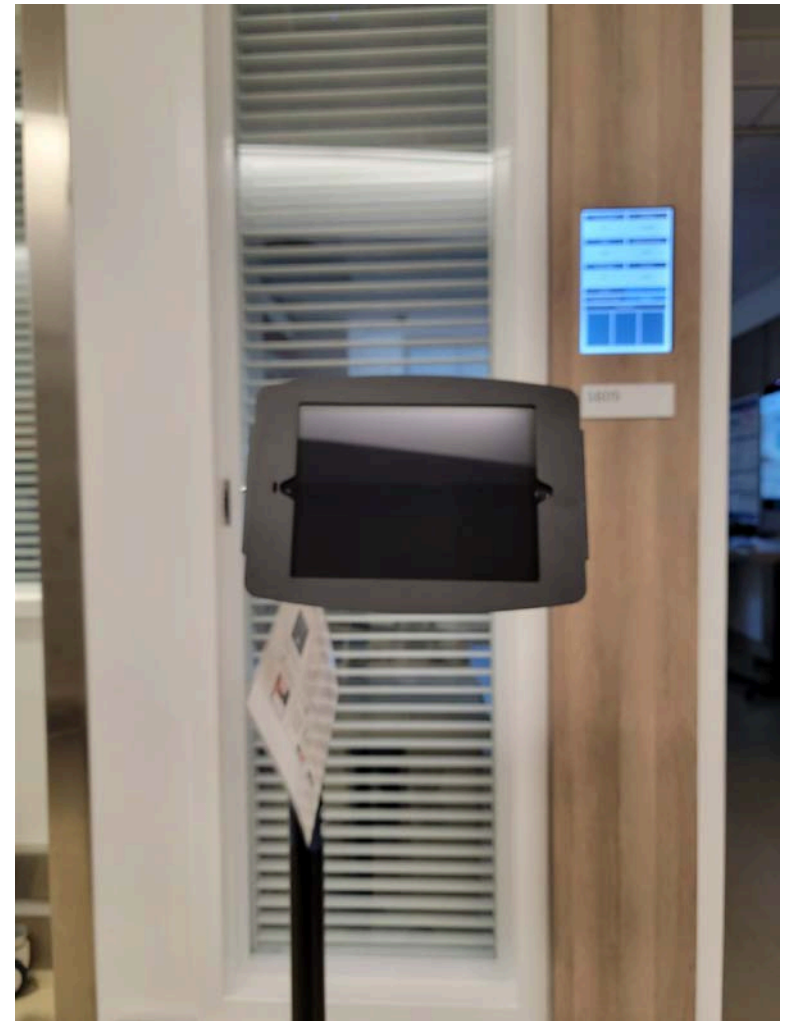
■ Concepts

- Benefit: effective communication at hospital discharge is necessary for an optimal transition, best patient experience and to avoid adverse events after discharge
- Regulatory: Title VI of the US Civil Rights Act/Department of Health and Human Services (DHHS), CMS and The Joint Commission
- Approximately 350 different languages are spoken in the US

■ MHMC is committed to provide quality hospital discharge instructions for patients with limited English proficiency (LEP)

- 24/7 Video Interpreters (through Language Line or Voyce carts) are available at the bedside
 - Text on screen is currently available on Language Line, and will be added to Voyce in Q2
- 24/7 phone interpreters (through Language Line) is available by calling the hospital Operator
- Forms are available in other languages
- Post-discharge phone calls

Interpreter services: Language Line/Voyce



Online references for staff

Interpreter/Translation Services

MarinHealth Intranet / Departments & Programs / Clinical Education
/ Interpreter/Translation Services

Telephone

We use Language Line Service for telephone interpretation. Dial "0" and our operators will connect you.

On-site

For verbal interpretation, we can only use [MarinHealth Medical Center Certified Interpreters](#).

On Wheels

Our video interpreter on wheels is actually an iPad on wheels with one touch accessibility to multiple languages including 24/7 support for sign language. Instructions for utilizing the video interpreter can be found on the device itself.

Written

If you need a written translation, please contact our Community Relations department by filling out the [marketing request form](#). MarinHealth Staff Interpreters can only be used for verbal interpretation.

Sign Language

If you have a patient that requires a sign language interpreter, utilize the Interpreter on Wheels.

Want to Become a Certified Interpreter?

Please contact the Education Department: 1-415-925-7940.

Principles and preferences

- Considerations
 - Level of English language proficiency
 - Individual's preference
 - Cultural background
 - Educational level
 - Interpretation modality / technology
 - Verbal v. written instructions
- General guiding principles
 - Avoid the use of patients' family members or friends as interpreters
 - Methods vary – individualize approach in selecting one
 - Document use of a professional interpreter in the patient's medical record

Maternity Care

- Spanish-speaking patients in Maternity care approx. 46%
- Language Line/Voyce Service is used for mothers and partners, as well as during follow up lactation consultation visits
- Several nurses are proficient in Spanish
- Discharge teaching tool/checklist in Spanish
 - Nurse gives the mother the teaching checklist and goes over what is needed using the Language Line and then it referencing specific elements in the book. We also have several educational videos in Spanish that can be watched
- MHMC publications in Spanish:
 - Patient Guide
 - Maternity Care discharge booklet
 - NICU admission
 - Feeding instructions and plan
 - Hearing test results and follow up
 - Pediatric discharge instructions
- Additional informational printouts are available from EHR

Discharge teaching tool/checklist in Spanish

Herramienta de enseñanza para el alta de la atención de maternidad

Utilice las casillas de la izquierda para indicar el deseo de aprender sobre el tema.	Número de página	Fecha enseñada	Iniciales del personal
Cuidado de la madre			
Signos de hemorragia	5		
Cuidado de hemorroides	5		
Cuidados perineales	7		
Manejo del dolor	6-7		
Actividades diarias	8-9		
Melancolía posparto, depresión y psicosis	11-12		
Cuándo llamar a su proveedor	14		
Consejos para ayuda en casa	30		
Cuidado del bebé			
Piel con piel	16		
Uso de la pera de succión	17		
Cordón umbilical, circuncisión y cuidado de la piel	20		
Bañar, cambiar pañales y envolver en sábana	21-22		
Llanto	23-25		
Sueño y manejo seguros	26		
Cuándo llamar al pediatra	28		
Lactancia materna			
Piel con piel	16		
Beneficios	32-33		
Calostro y señales de hambre	34		
Posiciones y prendimiento	35-36		
Patrones de alimentación	37-38		
Hacer que eructe	39		
Cuidado de los senos	39-41		
Leche materna: cómo sacar y almacenar	42-43		
Registro de alimentación	44-46		

*el número de página corresponde al folleto New Beginning

Nombre de la enfermera: _____ Firma: _____ Fecha: _____

Nombre de la enfermera: _____ Firma: _____ Fecha: _____

Nombre de la enfermera: _____ Firma: _____ Fecha: _____

Nombre de la enfermera: _____ Firma: _____ Fecha: _____

MD / Provider Signature: _____ ID# _____ Date: _____ Time: _____

Noted By: _____, RN Date: _____ Time: _____



250 Bon Air Road
Greenbrae, CA 94904

ENSEÑANZA PARA
EL ALTA DE LA
MAMÁ Y EL BEBÉ

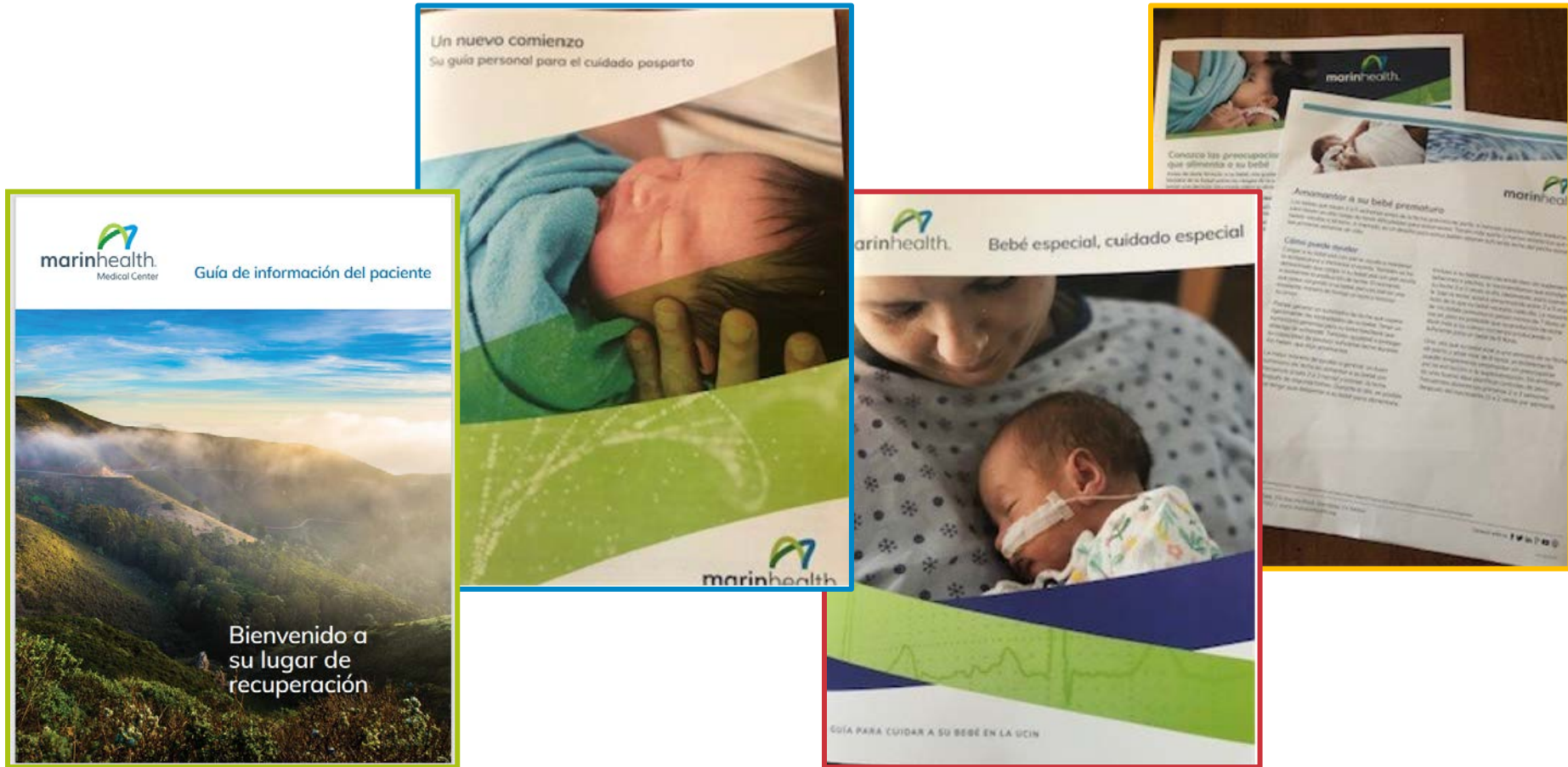


Formulario: M7400-1314S
Rev. 6/8/20
Página 1 de 1



MHMC publications in Spanish:


Patient guide, Discharge booklet, NICU admit booklet and handouts



Emergency Department

- Use of Language Line/Voyce for communication and care
- Various forms are provided to patients in Spanish:
 - AVS (After Visit Summary/Discharge instructions, Consents (procedural, blood transfusion, etc.), AMA forms. FormFast has additional documents in various language.
- Post discharge phone calls made by the Discharge Support RNs using interpreter if patient's preferred language is listed as other than English.
- ED consistently provides patients with accurate discharge instructions in their preferred language, either via Language Line/Voyce or in-person interpreter. There is a multitude of tools and options that are patient specific.
- AVS (After Visit Summary) is printed in English and in the patient's preferred language so the discharging provider can review the instructions with the Voyce interpreter and the patient can follow along with the instructions in their preferred language.


ED AVS (After Visit Summary) Example #1




3/29/2023 MarinHealth Emergency Department 415-925-7203


RESUMEN DE LA VISITA


Instrucciones
Puede encontrar sus instrucciones personalizadas al fin de este documento.


 **Lea la información adjunta**
Chest Pain (Spanish)


 **Realice un seguimiento con MARIN COMMUNITY CLINICS LINK**
Por qué: For further evaluation
Culminar: Alrededor de la(s) 4/5/2023
Contacto: 3110 Kerner Blvd
San Rafael California 94901-5411
415-448-1500

Visita de hoy
Le ha tratado Tamir L. Gash-Kim, MD
Diagnóstico
Chest pain, unspecified type

 Presión sanguínea
140/99

 Temperatura
97.5 °F

 Respiración
18

 Saturación de oxígeno
98%

¿Qué sigue?
AGO 31 2023 Appointment with Maanasa Indaram, MD
jueves agosto 31 10:30 AM

UCSF Pediatrics Ophthalmology and Strabismus
490 ILLINOIS ST
SAN FRANCISCO CA 94158-2510
415-353-2800

Your Primary Care Provider as of 3/31/2023

PCP	Name	Type	Specialty
	None Per Patient Provider	Physician	Not available
	Address: Not available		
	Phone: Not available		
	Fax: 415-353-2703		

Unresulted Tests (From admission, onward)
Ninguno/a

ED AVS (After Visit Summary) Example #2

También puede ver un video con información pertinente sobre cómo se transmite la COVID-19, los síntomas y cómo prevenirla enfermedad.

Visite: www.GoEmmi.com Luego ingrese el código: UCSFCOVID

Su lista de medicamentos

CONSULTE con su médico sobre estos medicamentos



mirtazapine 15 mg tablet

También conocido como: REMERON

Take 1 tablet by mouth nightly at bedtime

UCSF MyChart

Tenemos el placer de ofrecerle a nuestros pacientes y sus familias un portal que se llama MyChart. Con MyChart, tendrá acceso a sus registros médicos con solo unos cuantos clicks en cualquier buscador de internet o en la aplicación MyChart para teléfonos móviles. Con MyChart usted podrá:

- * Enviar mensajes a los proveedores
- * Ver resultados de exámenes
- * Pedir citas y más!

Si tiene preguntas acerca de los resultados de los exámenes de laboratorio que se hicieron en la sala de emergencia, comuníquese con su médico de cabecera por favor. Si no tiene un médico de cabecera y tiene preguntas, comuníquese con la enfermera de alta en la sala de emergencia

Pediatric Emergency Departments

- UCSF Benioff Children's Hospital - Oakland [510-428-3240](tel:510-428-3240)
- UCSF Benioff Children's Hospital - Mission Bay / San Francisco [415-353-1818](tel:415-353-1818)

Adult Emergency Department

- UCSF Parnassus Ave San Francisco [415-353-1550](tel:415-353-1550)

¿Cómo me inscribo?

1. Vaya a la página web a continuación: www.ucsfhealth.org/ucsfmychart y haga un click en "Sign Up Now" en la cajita que dice "First time user?".

2. Ponga su código de activación para MyChart exactamente como aparece a continuación, luego ponga su código postal y su fecha de nacimiento. Siga las instrucciones para crear su nombre de usuario y su contraseña, luego haga un click en "sign in" para empezar a utilizar su cuenta de MyChart.

UCSF MyChart Activation Code: N7FD2-SV4GQ-7RU9B

Expires: 4/26/2023 12:51 PM

Si su código de activación expira o si tiene preguntas, llame al 415 514 6000, las 24 horas del día, los siete días de la semana. NO se puede utilizar MyChart para necesidades urgentes. Tiene que marcar al 911 para emergencias médicas.

ED AVS (After Visit Summary) Example #3

Additional Instructions

Resultados de las pruebas en MyChart

La mayoría de los resultados de las pruebas están disponibles para revisar en MyChart tan pronto como estén finalizados. Puede acceder a estos resultados en cualquier momento. Le notificaremos de los nuevos resultados una vez al día entre las 8 y las 9 a.m., de lunes a viernes (excepto días festivos). Para cambiar sus notificaciones de una vez al día a un aviso inmediato:

Inicie una sesión en MyChart en ucsfhealth.org/mychart y vaya a "Menú" = ["Preferencias de comunicación"](#)

1. Inicie una sesión en MyChart en ucsfhealth.org/mychart y vaya a "Menú" = ["Preferencias de comunicación"](#)
2. Haga clic en "Salud" dentro de esta página de MyChart para extender esa sesión.
3. Bajo "Resultado" de la prueba, desmarque la casilla que dice "Una notificación diaria" y haga clic en el botón verde "Guardar cambios".

Para recibir asistencia, llame al Servicio al cliente de UCSF MyChart al (415) 514-6005.

Resumen de la Visita – información adicional para pacientes de Medi-Cal sobre el transporte

¿Sabe usted que su plan médico administrado por Medi-Cal incluye un beneficio de transporte gratis que puede ayudarle con viajes redondos a sus citas médicas?

Tome en cuenta, no se requiere un proveedor médico para coordinar su transporte. Usted mismo/a puede llamar al número de transporte. Llame con al menos 7 días de anticipación a su cita médica y tenga a mano el número de la tarjeta de seguro de su plan Medi-Cal cuando llame.

Alameda Alliance for Health	866-791-4158
Anthem Medi-Cal	877-831-4755
California Health & Wellness	877-656-0305
CalViva Health	855-253-6864
Central California Alliance for Health	800-700-3874, ext. 5628
Contra Costa Health Plan	855-222-1218
Health Net Medi-Cal	855-253-6863
Health Plan of San Joaquin	209-942-6320
Health Plan of San Mateo	844-858-4388
Molina Healthcare	800-994-4833
Partnership HealthPlan of California	800-828-1254
San Francisco Health Plan	415-547-7815, ext. 7080

ED AVS (After Visit Summary) Example #4

¿Tiene preguntas sobre su plan? Comuníquese directamente con el centro de servicio telefónico de Medi-Cal al 800-541-3333.

Instrucciones

YOU MAY TAKE IBUPROFEN OR TYLENOL FOR YOUR PAIN.

FOLLOW-UP WITH YOUR PRIMARY CARE PHYSICIAN AT MARIN COMMUNITY CLINIC FOR FURTHER EVALUATION.

RETURN TO THE EMERGENCY DEPARTMENT FOR ANY ACUTE OR WORSENING SYMPTOMS.

PUÉDE TOMAR IBUPROFEN O TYLENOL PARA SU DOLOR.

SEGUIMIENTO CON SU MÉDICO DE ATENCIÓN PRIMARIA EN LA CLÍNICA COMUNITARIA DE MARIN PARA UNA EVALUACIÓN ADICIONAL.

REGRESE AL DEPARTAMENTO DE EMERGENCIA POR CUALQUIER SÍNTOMA AGUDO O QUE EMPEORE.

Información adjunta

Chest Pain (Spanish)

Dolor de pecho: Instrucciones de cuidado

Chest Pain: Care Instructions

Generalidades



El dolor de pecho puede tener muchas causas. Algunas no son graves y mejorarán por sí solas en pocos días. Pero algunos tipos de dolor de pecho requieren más pruebas y tratamiento. Es posible que el médico le haya recomendado una visita de seguimiento en los próximos días. Si no mejora, es posible que necesite hacerse más pruebas o tratamiento.

Aunque el médico le haya dado de alta, es necesario que esté atento a cualquier problema que se presente. El médico le hizo un cuidadoso chequeo, pero a veces los problemas pueden aparecer posteriormente. Si tiene nuevos síntomas o estos no mejoran, obtenga atención médica de inmediato.

Si tiene dolor o presión en el pecho que empeora o es diferente y que dura más de 5 minutos, o se desmayó (perdió el conocimiento), **llame al 911 o busque otra ayuda de emergencia de inmediato.**

Acudir a una consulta médica es solo un paso en su tratamiento. Aunque se sienta mejor, todavía deberá hacer lo que el médico le recomiende, como asistir a todas las visitas de seguimiento sugeridas y tomar los medicamentos exactamente

ED AVS (After Visit Summary) Example Cont.

¿Cómo puede cuidarse en el hogar?

- Descanse hasta que se sienta mejor.
- Tome sus medicamentos exactamente como le fueron recetados. Llame a su médico si cree estar teniendo problemas con su medicamento.
- No conduzca después de tomar un analgésico recetado.

¿Cuándo debe pedir ayuda?



Llame al 911 si:

- Se desmayó (perdió el conocimiento).
- Tiene graves dificultades para respirar.
- Tiene síntomas de un ataque al corazón. Estos podrían incluir:
 - Dolor o presión en el pecho, o una sensación extraña en el pecho.
 - Sudoración.
 - Falta de aire.
 - Náuseas o vómito.
 - Dolor, presión o una sensación extraña en la espalda, el cuello, la mandíbula, la parte superior del abdomen o en uno o ambos hombros o brazos.
 - Aturdimiento o debilidad repentina.
 - Latidos del corazón rápidos o irregulares.

Después de llamar al 911, es posible que el operador le diga que mastique 1 aspirina para adultos o de 2 a 4 aspirinas de dosis baja. Espere a una ambulancia. No intente conducir usted mismo.

Llame al médico ahora mismo o busque atención médica inmediata si:

- Tiene cualquier dificultad para respirar.
- Siente un dolor nuevo o diferente en el pecho.
- Siente mareos o aturdimiento, o que está a punto de desmayarse.

Preste especial atención a los cambios en su salud y asegúrese de comunicarse con el médico si no mejora como se esperaba.

¿Dónde puede encontrar más información en inglés?

Vaya a <https://panishko.healthwise.net/patienttools>

Escriba **A120** en la búsqueda para aprender más acerca de "Dolor de pecho: Instrucciones de cuidado."

Revisado: 23 febrero, 2022

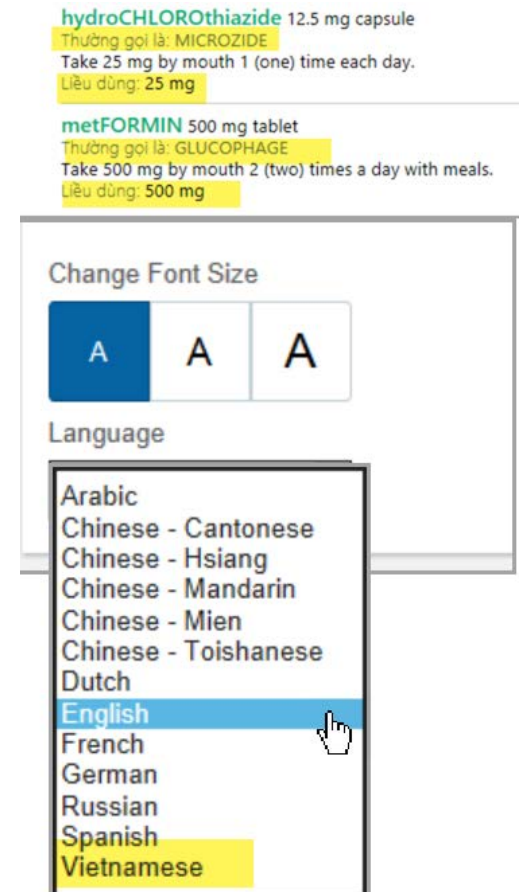
Versión del contenido: 13.5

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Las Instrucciones de cuidado fueron adaptadas bajo licencia por su profesional de atención médica. Si usted tiene preguntas sobre una afección médica o sobre estas instrucciones, siempre pregunte a su profesional de salud. Healthwise, Incorporated niega toda garantía o responsabilidad por su uso de esta información.

Medical-Surgical Care – 12 additional languages

- We have numerous Voyce iPads always available to use when providing care to assist with translation
- At discharge, nurses have the option to print the AVS from APeX in several languages and font sizes. Nursing reviews discharge instructions with the patient/family in their preferred language using the Voyce iPad.
- Nurses use Teach Back to confirm understanding: “Now you teach me what I just taught you.”
- Discharge instructions are signed by patient or patient representative and the RN after education is completed
- The Discharge Prescription Report does not print fully in other languages, but outside pharmacies usually have the translation on the labels



MS – example of printed instructions

Instructions

OCCUPATIONAL THERAPY:

Refer to activity of daily living with sternal precautions handout provided

Recuerde durante sus actividades diarias

1. No empujar
2. No halar
3. No levantar sus brazos por encima de sus hombros
4. No levantar mas de 5 libras
5. Guarde estas precauciones por seis (6) semanas o hasta que su medico se lo indique.

Your Hospital Stay

Sus próximos pasos



☐ Recoja estos medicamentos en CVS/pharmacy #9219 - Greenbrae, CA - 330 Bon Air Center

- bacitracin
- lidocaine
- traMADoL

Why You Were Hospitalized

Primary Hospital Problem: Pulmonary Contusion

Other Medical Problems: Sternal Fracture With Retrosternal Contusion, Closed, Initial Encounter

También puede ver un video con información pertinente sobre cómo se transmite la COVID-19, los síntomas y cómo prevenir la enfermedad.

Visite: www.GoEmmi.com Luego ingrese el código: UCSFCOVID

Future Appointments and Other Follow-up

Realice un seguimiento con Christine Camille Kaiser, MD

Realice un seguimiento con John Maa, MD despues de 2 semana(s)
With Dr. Maa prn

Kaiser Permanente
707-393-4351

165 Rowland Way #312
Novato CA 94945
415-898-6190

EMPIECE a tomar estos medicamentos

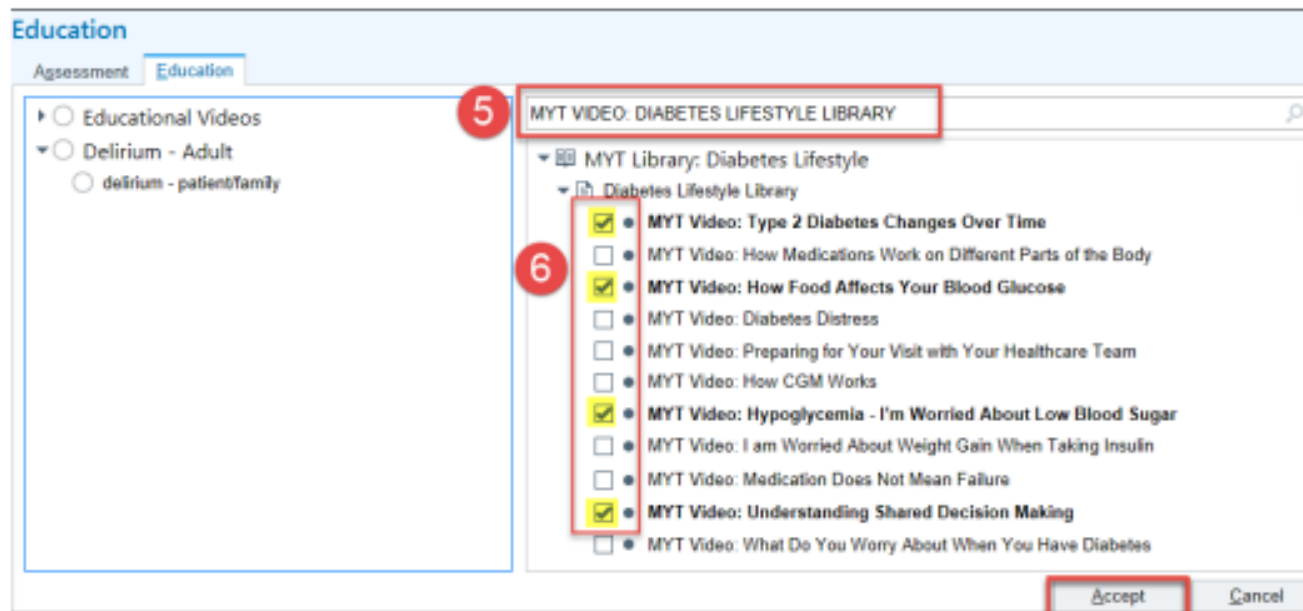
	Por la mañana	Por la tarde
bacitracin ointment Use as instructed Última administración: abril 3, 2023 8:18 AM		
lidocaine 5 % patch También conocido como: LIDODERM Leave patch on for 12 hours and then remove for 12 hours Última administración: 1 patch el abril 3, 2023 8:17 AM	✓	
traMADoL 50 mg tablet También conocido como: ULTRAM Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for Pain for up to 5 days Dosis: 50 mg		

Post-Discharge RNs

- Phone calls are made to patients by the Post-Discharge Support RNs
- They have access to the same interpreters if patient's preferred language is listed as something other than English.
- While these RNs can't call each and every discharged patient, the MedSurg RNs can and do call the Discharge RNs if there is a specific patient they want to make sure is called the next day.
- The Discharge RNs are seeing exactly the AVS the patient has at home so they can reference specific pages for the patient if needed.

Coming in May... Mytonomy!

- Patient education videos that RNs can assign to patients and they can view them in their MyChart App.



- Nursing will be able to run a report to see which videos have been watched.
- Several topics and conditions are also available in Spanish.