

The Health Council of Marin

Minutes of Regular Meeting: Tuesday, November 29, 2016

Marin General Hospital

250 Bon Air Road, Larkspur Room

Greenbrae, CA 94904

Members Present: Jennifer Rienks (President), Kent Angerbauer, Connie Barker, Allan Blau, Mary Fraser, Sandra Lew, Sandy Ross, Derice Seid Tao

Members Absent: Ann Spake, Tara Waterman

Guests: Dr. Matthew D. Willis (Marin County Public Health Officer), Loretta Rogers (Secretary)

Handouts: *Agenda*

1. **Call to Order:** At 7:02 pm, President Rienks called the meeting to order.
2. **Introductions:** All present introduced themselves.
3. **By-laws:** Sandy Ross gave Dr. Willis a copy of the revised by-laws, asking him to present them to the Board of Supervisors for final approval. He said he would do so. Sandy Ross will send Dr. Willis and Loretta Rogers a letter, formally requesting same.
4. **Public Comment Time:** None.
5. **Approval of the minutes of the October 25, 2016 meeting:** Barbara Wientjes requested one change to be made to the minutes: (1) Change Item 8, sub-item 4 to read, "Barbara Wientjes reported that deaths from brain cancer are now more prevalent than deaths from leukemia among children. Brain cancer ..." With this change, Connie Barker moved that the minutes be approved. Mary Fraser seconded the motion. The motion passed unanimously.
6. **Presentation by Matthew D. Willis, MD, MPH, Public Health Officer for Marin County:** Dr. Willis first thanked the HCM for their invitation.
 1. **Dr. Willis' Background:** Dr. Willis stated that he spent his childhood in Marin County and then at the age of 14 moved with his family to New Jersey. He has spent most of his career straddling clinical medicine and public health and has varied experience. He worked for four years in northeastern Arizona on a Navaho reservation as a clinic director and TB controller. He has worked for the CDC in their TB elimination division and collaborated on TB/HIV research and program strengthening in Kazakhstan, Rwanda, India, and Haiti after the earthquake. Returning to Marin County, he worked for Marin Community Clinics for one year as an internist. There, he saw the full spectrum of health needs in Marin County.
 2. **Public Health Officer:** In March 2012, Dr. Willis was hired as Marin County's public health officer. In this role, he inherited a very healthy county; in fact, the Robert Wood Johnson Foundation determined that Marin County is the healthiest county in California seven years in a row. In 2014, it was determined to be the healthiest county for children in the U.S. Marin has the longest life expectancy of any county in the U.S. That's the good news. However, Marin also has the largest gaps in life expectancy between the wealthiest residents and the poorest.
 3. **Priorities:** As a health officer, Dr. Willis' top priorities are: (1) Health equity; (2) Substance Abuse; (3) Social determinants of health
 4. **Health Equity:** There are four Federally Qualified Health Centers (FQHCs) in Marin County: Marin Community Clinics (MCC), Coastal Health Alliance, Ritter House and Marin City Wellness Center. These clinics serve our most vulnerable population, with about 45,000 patients. MCC has been working closely with Marin County H&HS and has been moving from a focus on treating episodic needs of its patients to a medical home

model. They have moved to electronic medical records and have taken a more wholistic approach to treating patients. This includes determining social vulnerabilities in patients and linking them to services. They are developing a series of questions to ask patients to determine these vulnerabilities, include two focused on food insecurity. An app is being developed to link a patient with food insecurity to food resources that are closest to their home. A Park Prescription program is being developed and implemented with the Marin City Wellness Center to encourage patients / residents to exercise to address diabetes, heart disease, high blood pressure and other conditions which affect overall health and longevity. In the spring, MCC will begin a pilot project to look for depression in patients and link sufferers to appropriate services. It is easier to innovate if we start small with pilot projects. The gap in life expectancy is mainly due to cardiovascular disease which is linked to low income, low education, poor diet, and people of color. Marin H&HS is partnering with school districts to start teaching children healthy eating and healthy living (HEAL) through school breakfast / lunch programs, exercise programs. H&HS with help from the Marin Medical Reserve Corps holds “health hubs” twice a week, one in Novato and one in San Rafael, where food is distributed and blood pressures, etc. are taken.

5. **Prescription Drug Abuse:** Marin County has a higher than average problem with prescription drug abuse. This is a problem which cuts across all age groups, classes, races, education levels, etc. To address this issue, RxSafe Marin, a community / county partnership, was formed in 2014. It has five action teams: (1) Law Enforcement; (2) Data; (3) Prescribers and Pharmacists; (4) Community-based Prevention; (5) Treatment and Recovery. These teams meet monthly and there is also a monthly Steering Committee meeting. This effort is a model for other counties in the state. Its goal is to reduce the number of deaths from prescription drug overdose. New prescribing guidelines have been developed for prescribers. Next week on Dec. 9th, is the annual RxSafe Marin community meeting to which HCM members are invited. It will be at the Marin Office of Education from 1:00 to 5:00 pm. There will be break-out sessions beginning at 2:30 pm. The speaker is David Mineta. RxSafe Marin also has a “road show” for informing various groups of the medical community and the public in general. RxSafe Marin is also helping to promote the use of the CURES database; this is a great tool which has not yet been fully optimized. Finally, RxSafe Marin is looking to explore and promote non-pharmacologic solutions for pain.
6. **Questions / Comments:** President Rienks suggested looking into social vulnerabilities among College of Marin students. Also, she reported that social needs screening was implemented at pediatric clinics in San Francisco via UCSF which resulted in significant, measurable health improvements in six months. President Rienks will send Dr. Willis the report on this program. She also brought up the “Breakfast after the Bell” programs initiated in Los Angeles County which had measureable gains. She suggested adding cooking classes to the health hubs. Finally, she mentioned that Orange County had begun a program where food inspectors encouraged restaurants to give left over food to www.extrafood.org. Barbara Wienjtes suggested various non-pharmacological solutions to pain. She also reported that electro-magnetic fields can contribute to sleep problems and poor health.
7. **How can HCM help?** There was general discussion of how the HCM can support Dr. Willis with recommendations to the Board of Supervisors where his and the HCM’s priorities align. The HCM is contemplating holding a public education meeting regarding end of life issues.
7. **President’s Report:** President Rienks reported on the current status of the Integrated Pest Management’s (IPM) education committee. The purpose of this committee is to educate the public on the dangers of the use of pesticides, particularly glyphates, on private property. She advised that IPM action teams have been set up; she reviewed some of the names of the members of this committee. She will forward to the HCM members the email which she received on this topic.
8. **Health Council Member Reports and Announcements:**
 1. President Rienks reminded the members that there is no HCM meeting in December.

2. Marin County's Public Health Preparedness program will present at the January 2017 HCM meeting
 3. Sandra Lew suggested that there be a presentation on the end of life issue at the February 2017 meeting. President Rienks stated that this can be an agenda item at the January meeting and a decision can be made then.
9. **Adjournment:** The meeting adjourned at 9:10 pm.