

PATHWAYS TO PROGRESS

*Laying the Foundations for a Healthier Marin
2005 Community Needs Assessment and Plan*



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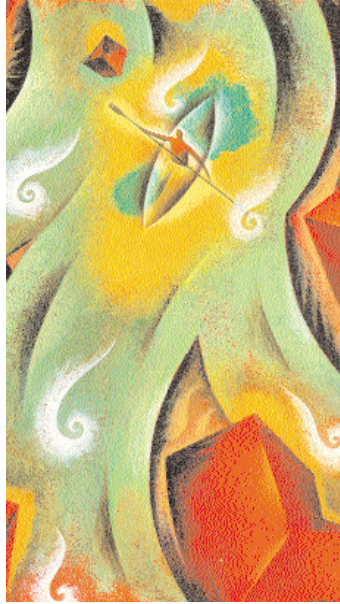
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TABLE OF CONTENTS

<i>Executive Summary</i>	4
<i>History of Healthy Marin Partnership</i>	6
1996 <i>Community Needs Assessment</i>	
1999 <i>Community Needs Assessment</i>	
2002 <i>Community Needs Assessment and Report Card</i>	
2005 <i>Community Needs Assessment and Plan</i>	
<i>Looking Ahead to 2008</i>	9
<i>How Does a Community Become Healthy?</i>	10
<i>Prevention: The Foundation of Healthy Communities</i>	
<i>A Comprehensive Effort to Improve Community Health Must Include:</i>	
<i>Upstream Prevention vs. Downstream Consequences</i>	
<i>What Does this Mean for Marin</i>	
<i>How Do We Create A Healthier Marin?</i>	13
<i>The Issue: Overweight and Obesity</i>	14
<i>What is the extent of Overweight and Obesity in Marin?</i>	
<i>What is the Goal?</i>	
<i>How will we know if the goal is met?</i>	
<i>What is the story behind the problem?</i>	
<i>What would it take to reduce Overweight and Obesity?</i>	
<i>The Issue: Youth Alcohol Use</i>	20
<i>What is the extent of Underage Drinking in Marin?</i>	
<i>What is the Goal?</i>	
<i>How will we know if the goal is met?</i>	
<i>What is the story behind the problem?</i>	
<i>What would it take to reduce Underage Drinking?</i>	
<i>The Issue: Tobacco Use</i>	27
<i>What is the extent of Tobacco Use in Marin?</i>	
<i>What is the Goal?</i>	
<i>How will we know if the goal is met?</i>	
<i>What is the story behind the problem?</i>	
<i>What would it take to reduce Tobacco Use?</i>	
<i>Who Are Some of Our Current Partners?</i>	32
<i>Where Can I Get More Information or Find Out How to Get Involved?</i>	33
<i>Acknowledgements</i>	35

Imagine standing on a bluff with a clear view of the river below. It is early morning: Upstream the kayakers and boats full of rafters are getting ready for their trip down the river. You can see those who jump right in, while others listen as the guide goes over the safety points. Most wear their life jackets; some apply sunscreen, wear protective hats and have good equipment. The waters are calm as they begin their journey, but from your vantage point you can see the small and more difficult rapids ahead. Most of the paddlers make it through the earlier twists and turns of the river, but as the difficulty of the rapids increases, their degree of preparation becomes more important. You watch with amazement those who make the journey look easy. You are proud of those who navigate the rapids with difficulty but make it through safely. Your heart races for those who get tossed out of their rafts or whose kayaks turn upside down; they would love to return upstream to get better prepared, but it is often impossible to start over after they've embarked. Imagine a "do-over" world where, faced with difficult news, you could go back and make healthier choices that would change the present and ensure a brighter future.

*Imagine a "do-over" world where, faced with difficult news,
you could go back and make healthier choices that would change the
present and ensure a brighter future.*



Imagine a community that resembles that “do-over” world, a community that creates a culture of disease prevention. Imagine a community that attracts and selects passionate leaders and collaborators dedicated to creating social norms that support individuals in making healthy choices earlier in life. Imagine a community that draws people together to create an environment that strengthens the present and shapes a positive and healthy future.

Imagine no longer.

Welcome to the Assessment of Health in Marin County 2005 and the Plan through 2007.

Our assessment this year focuses on key problems; alcohol abuse, poor nutrition, inadequate physical activity, and smoking that, if left unaddressed, will lead to more strokes, cancer, heart disease, and other chronic conditions that may have been preventable. Our prevention plan for all ages is to move upstream and lay the foundation for our community to reduce these major problems. Our theme, *Healthy Choices Earlier in Life*, is about opportunity—an opportunity for children to develop a sound health foundation, and an opportunity for adults to make healthier decisions today. It is never too late for anyone to make a change. It is imperative that a community work to create an environment that supports great starts, middles and the seasoned years of our lives. The 2005 assessment and plan is one for all ages. Our focus on prevention addresses the here and now and the future, leading to a strong value of healthy choices.

Every Journey Starts Somewhere . . .

In 1995, the Healthy Marin Partnership was formed in response to Senate Bill 697, a 1994 legislative mandate that requires not-for-profit hospitals to complete a community needs assessment every three years. Each assessment guides community planning for the three years that follow.

Marin County chose a collaborative community assessment process. Leaders from the hospitals, the office of education and county health and human services, along with other key stakeholders, joined forces in 1995 to produce the first community assessment.

Healthy Marin Partnership has filed three additional community needs assessments. Here are a few of the conclusions.

1996 COMMUNITY NEEDS ASSESSMENT

When the 1996 report was introduced at a daylong gathering, key community leaders agreed with its conclusion that there were two key areas of unmet need in Marin County: access to healthcare, and youth wellness.

Access to Healthcare. The assessment reported that there were approximately 2,000 to 3,000 children without health insurance in Marin. In the following months, representatives from key organizations convened a task force to address health access for the County's children.

Among its goals, the group—later named the Children's Health Insurance Access Committee (CHIAC)—planned to enroll more than 500 Marin children in Healthy Families, the State of California's new government-sponsored, low-cost health insurance program. That goal was achieved in less than a year.

Youth Wellness. The second key area of unmet need emphasized prevention—"working upstream." Effective prevention depends upon reaching children at a critical age for decision-making, as a result a partnership of several community organizations created Healthy Teens Marin to work with the middle and high school students. More than 250 middle school students attended the collaborative's Peer Summit, a daylong workshop on leadership skills. Healthy Teens Marin also sponsored Parent University, a half day workshop on how to parent teenagers. Hundreds of parents attended the Saturday morning event.

Senate Bill 697 did not require communities to continue to work together during the three years between assessments, however, Marin leaders decided that sustained collaboration was important to improve the health of the community.

1999 COMMUNITY NEEDS ASSESSMENT

In 1999, the Healthy Marin Partnership released its second community needs assessment, along with a summary document, "A Report Card for the North Bay," published in collaboration with the North Bay Council. The assessment recommended a continuing focus on access to healthcare and youth wellness, while newly collected data led to convening work groups to tackle issues related to immunization and asthma.

CHIAAC continued its outreach, enrolling more than 500 children a year in Healthy Families and in Kaiser Permanente's low-cost program, Kaiser Permanente Cares for Kids. The committee also began to address a growing need for low-cost health insurance for Marin's MediCal-eligible and undocumented population.

The successful Healthy Teens Marin Peer Summit and Parent University became annual events. They also introduced a monthly e-mail newsletter for parents and youth-oriented organizations, to provide information on local events and key issues.

2002 COMMUNITY NEEDS ASSESSMENT AND REPORT CARD

The 2002 Community Needs Assessment provided a detailed report on more than 100 quality-of-life indicators for Marin County, measuring health in the broadest sense. The findings of that report led to a yearlong study that invited all interested community leaders to clearly understand the findings and chart our future direction. The study can be found at www.healthymarin.org.

These community leaders recognized that Marin County has many important health issues, champions, collaboratives and targeted populations. They also recognized that though our assessment was broad, our future direction was focused. All of Marin County's health issues could best be influenced by making prevention our major theme. We focused our attention on the fundamental lifestyle issues related to alcohol and tobacco use, healthy eating, and active living that can reduce our rates of strokes, heart problems, other chronic conditions, and cancers for all ages of our residents.

The community group acknowledged the incremental gains in the health of our community since 1995. We knew that we had the capacity to make more measurable, systematic and meaningful gains. We would continue our work on access to healthcare and youth wellness but needed a community process that would lead us to more dramatic and sustained results through prevention at any age. We were clear that our new initiative had to be making *Healthy Choices Earlier in Life*. The years 2001 to 2004 have been spent learning how a community begins to make measurable change. We then applied a Results-Based Accountability¹ framework to our initiative of making *Healthy Choices Earlier in Life*.

2005 COMMUNITY NEEDS ASSESSMENT AND PLAN

The 2005 Community Needs Assessment has been broadened to include a plan into 2008 and is focused on key issues related to alcohol and tobacco use, healthy eating, and active living as they can help predict future rates of cancer, heart disease, stroke, and important chronic conditions. Prevention should not be thought of as something just for children, prevention is for all ages. It is also the collective responsibility of the community to turn the curve, break the cycle and create an environment that enables anyone at any age to make healthier choices. (Our progress in access to healthcare and youth wellness are described at www.healthymarin.org.)

LOOKING AHEAD TO 2008

The Healthy Marin Partnership is already looking ahead to the 2008 community needs assessment, which will report on progress made on the needs identified in 2004. The 2008 report will include results from the Marin County Department of Health and Human Services' 2005 survey of vital public health issues, providing new trend information for Marin. We learned in our study of Results-Based Accountability to select a few measures that are the best indicators of our success in making an impact on health in Marin. Following that advice our indicators are primarily measurements of improvement in youth and young adults, areas where we see disproportionately higher levels of problems, but our interest and work has no age limit. Our charge as a community is to foster a physical and social environment that will benefit all of Marin's residents.

The Partnership is also committed to supporting the work of many in Marin on vital issues like breast cancer, aging, and children's health, to name a few. This report is an invitation to you and the entire community to join us in improving the health of Marin. In 2008, we hope to see dramatic results. Please join us in creating an environment that guarantees that we will "turn the curve" together on these important issues.

HOW DOES A COMMUNITY BECOME HEALTHY?

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

— *Preamble to the Constitution of the World Health Organization*

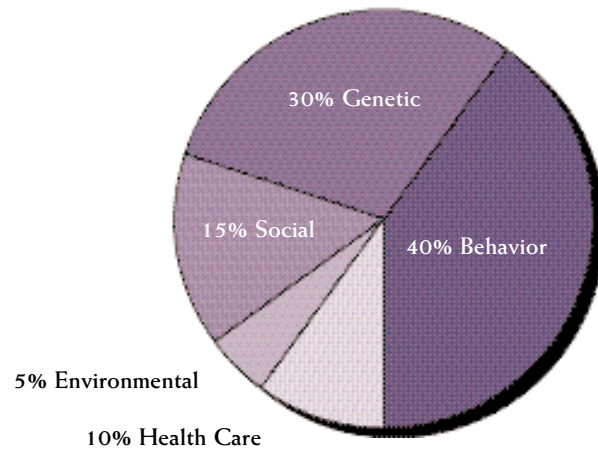
Just as navigating the rapids successfully depends on a lot of elements besides the river, health is influenced by many factors outside the healthcare system. These factors, known as determinants of health, include social and physical environments, access to health care, behavior, and genetics. Successful efforts to address the determinants of health require a public health approach.

Public health focuses on the well-being of populations and communities, on the principle that everyone is entitled to protection from the world's hazards and unnecessary death and disability².

At its core, public health is about prevention. Promoting and protecting the health, safety, self-sufficiency, and well-being of a community require a comprehensive, well-coordinated effort that employs multiple strategies and enlists many partners from the community. It is this combination of science, skills, and beliefs directed to the maintenance and improvement of the health of all people through collective action that makes public health practices successful.

DETERMINANTS OF HEALTH

- Social Circumstances
- Environmental Exposures
- Behavioral Patterns
- Genetics and Gestation
- Health Care



Source McGinnis JM Russo, Knickman, JR, *Health Affairs* April 2002

PREVENTION: THE FOUNDATION OF HEALTHY COMMUNITIES

The **Spectrum of Prevention**, a fundamental model in public health, acknowledges that a broad range of factors play a role in health. Policies, legislation and organizational practices are all powerful influences in shaping an individual's attitudes about alcohol, for example, as well as that person's drinking behavior. Therefore, strengthening someone's skills and knowledge alone may not be sufficient to prevent unhealthy, disease-causing behavior like excessive drinking. In other words, public health activities that focus exclusively on individual behavioral change isolated from broader community factors will have limited success. Any effort to improve the health of a community must be part of a comprehensive, coordinated effort that addresses many aspects, including policies, programs, and organizational practices.

²Beauchamp, *Public Health as Social Justice*.

Upstream Parable

A man saw a person drowning in a river and dove in to save him. The next day, another person was swept down the river, and once more the courageous bystander plunged into the waters to save the struggling victim.

The following day, there were three people drowning, and this time that bystander had to seek help to make the rescues. The day after that, more people needed saving, and many residents had to join the rescue effort. Soon the river was full of drowning people, and the entire community worked without end to save them.

Finally someone said, "we should go upriver to find out where all these drowning people are coming from." But others answered, "We can't we're too busy saving lives down here."

—*Author unknown*

A COMPREHENSIVE EFFORT TO IMPROVE COMMUNITY HEALTH MUST INCLUDE:

- Influencing policy and legislation
- Mobilizing neighborhoods and communities
- Changing organizational practices
- Fostering coalitions and networks
- Educating providers
- Promoting community education
- Strengthening individual knowledge and skills

UPSTREAM PREVENTION VS. DOWNSTREAM CONSEQUENCES

Another key concept in public health is that of "upstream" prevention—forestalling disease. The old adages, "nip it in the bud" and "an ounce of prevention is worth a pound of cure", reflect this concept. The Healthy Marin Partnership recognizes that it is more effective to address health problems upstream, creating a community that supports healthy choices, rather than trying to change established behaviors "downstream" after years of behaviors that have led to chronic illnesses.

UPSTREAM ← DOWNSTREAM

UNDERLYING FACTORS

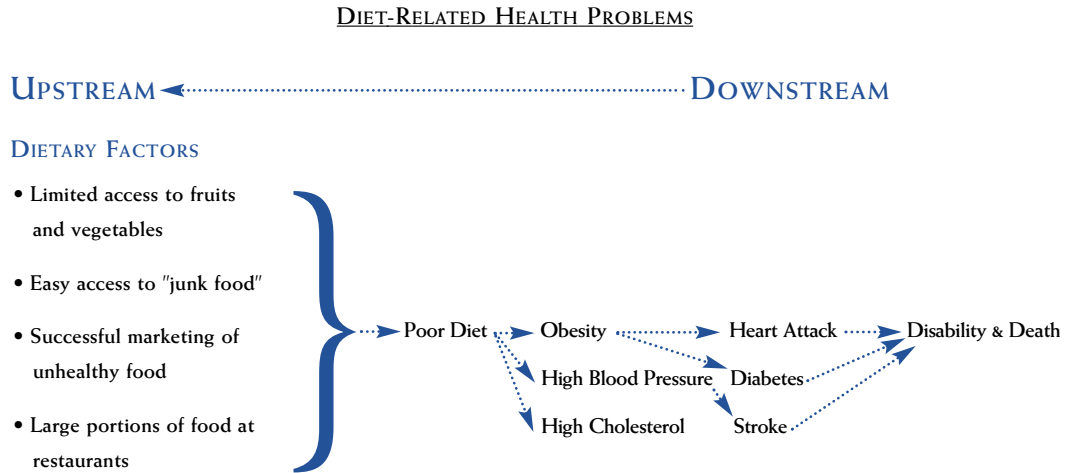


DISEASE OUTCOMES

- Cardiovascular Disease
- Breast Cancer
- Other Cancer
- Diabetes
- High Blood Pressure
- Stroke
- Asthma
- Mental Health
- High Blood Cholesterol
- Arthritis

For this reason, the Healthy Marin Partnership developed an indicator it calls "healthy choices earlier in life."

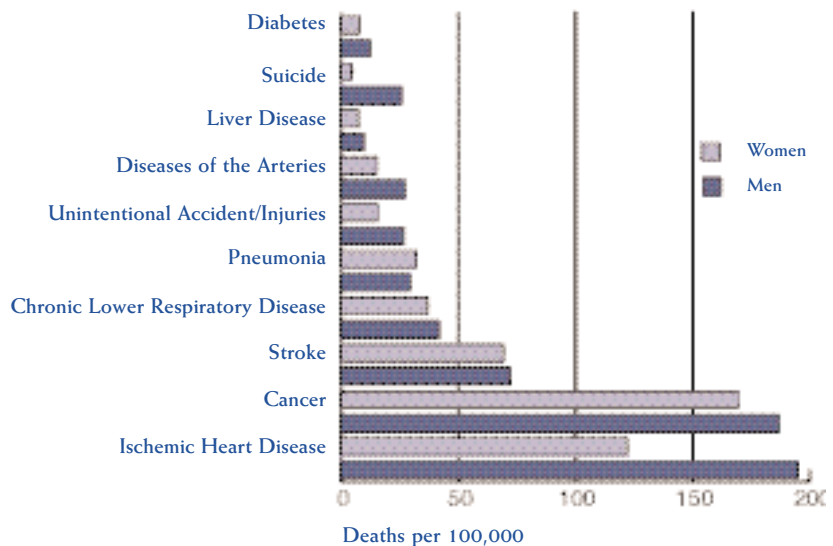
As the following chart suggests, if we were to improve access to fruits, vegetables, and physical activity for Marin's residents, while decreasing the availability and acceptability of junk food, we could expect to make major improvements in the overall health of the community.



WHAT DOES THIS MEAN FOR MARIN?

The Healthy Marin Partnership believes that we can put public health's comprehensive and coordinated approach to prevention into practice in Marin County. Since tobacco use, poor diet, lack of exercise, and alcohol consumption underlie the top 10 leading causes of death in Marin, adopting healthy behaviors—such as avoiding tobacco use, eating nutritious foods, being physically active, and reducing alcohol consumption—can prevent or reduce the devastating effects of chronic diseases such as heart disease, cancer, stroke, and diabetes.

AGE-ADJUSTED DEATH RATES BY CAUSE OF DEATH AND GENDER, MARIN COUNTY 2001



For these reasons, Healthy Marin Partnership has focused this report on health promotion and prevention efforts related to overweight and obesity, underage drinking, and tobacco use.

HOW DO WE CREATE A HEALTHIER MARIN?

The Healthy Marin Partnership used the following Results-Based Accountability framework to understand the extent of overweight and obesity, youth alcohol use, and tobacco use in Marin, and to develop a plan to influence these factors that play a role in disability and death in our community. The remainder of the report highlights how this step-by-step process is laying the foundation for a healthier Marin.

STEP 1. Identify population we want to impact.

STEP 2. Goal:

Determine the quality-of-life conditions we want for our community.

STEP 3. Indicator baselines:

Ascertain whether or not those conditions exist and how to measure and track them.

STEP 4. Story behind the baseline:

Determine why the conditions are getting better or worse.

13

STEP 5. Partners:

Identify potential partners with key roles to play.

STEP 6. What it would take to turn the curve:

Determine what we can do to improve the conditions.

STEP 7. Action plan:

Decide what we will actually do.

THE ISSUE: OVERWEIGHT *and* OBESITY



Imagine a community where kids have strong healthy bodies, high self-esteem and do well in school. Imagine a community where healthy food is easily identifiable and affordable. Imagine a community where healthy food is available in every school, workplace, and home. Imagine a community where the highways have fewer cars, and the bike and walking lanes are filled with happy, active, healthy individuals and families.

What is the Extent of Overweight and Obesity in Marin?

THIRTY FOUR PERCENT OF CHILDREN AGES TWO TO 17
AND 30 PERCENT OF YOUNG ADULTS 18 TO 24 ARE
OVERWEIGHT.

Why are overweight and obesity a problem?

Overweight and obesity are generally defined by using a calculation called the Body Mass Index (BMI). A BMI of 25 is considered overweight, 30 or more is considered obese.

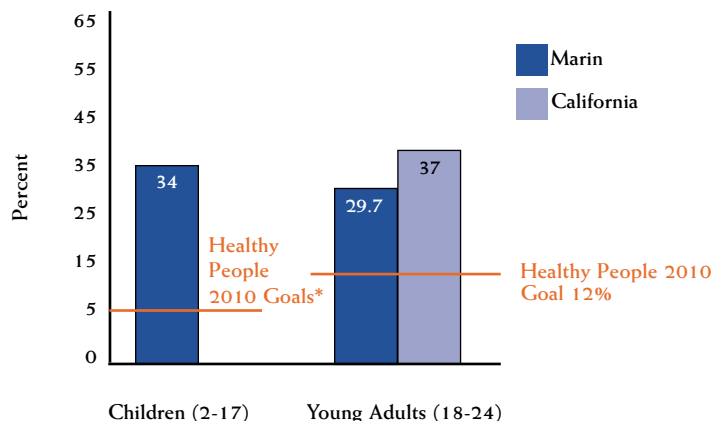
Poor nutrition habits and lack of physical activity can lead to cancer, heart disease, and stroke and may lead to many chronic conditions such as diabetes, osteoporosis, and hypertension.

Poor diet and lack of physical activity in youth not only interfere with cognitive development, but also are associated with low energy and productivity, failure to learn in school, poor health and fitness, and low self-esteem.

WHAT IS THE GOAL?

To reduce overweight and obesity in Marin.

OVERWEIGHT AND OBESITY



Sources: 2001 California Health Interview Survey, 2001 Marin Community Health Survey.

HOW WILL WE KNOW IF THE GOAL IS MET?

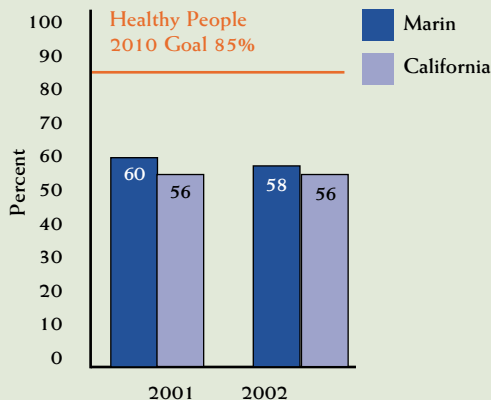
We will track the following indicators among Marin children and young adults to determine whether we are turning the curve on overweight and obesity:

- The amount of time spent engaged in physical activity.
- The number of servings of fruits and vegetables consumed daily.

PHYSICAL ACTIVITY

MARIN AND CALIFORNIA CHILDREN-GRADE 11

Percentage of children who exercised for at least 20 minutes on at least three of the past seven days.

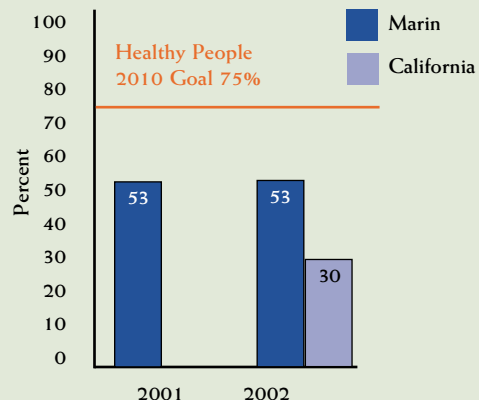


Source: California Healthy Kids Survey 2001, 2003.

FRUIT AND VEGETABLE CONSUMPTION

MARIN AND CALIFORNIA CHILDREN - GRADE 11

Percentage of children eating five or more servings of fruit and vegetables in the day prior to the survey.



Source: California Healthy Kids Survey 2001.

* Healthy People 2010, managed by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, challenges individuals and communities to take specific steps to ensure good health. (Additional information is available at www.healthypeople.gov.)

WHAT IS THE STORY BEHIND THE PROBLEM?

The worldwide spread of obesity is attributed to complex social forces that encourage eating too many high-calorie foods, getting too little exercise, and acquiring too much body weight over time. The following factors have been shown to be the primary contributors to the obesity epidemic.

- **Lack of policies that restrict the marketing of "junk food" to children.** Currently, there are no policies in Marin that guide the marketing of junk food to children. More than 90 percent of the food advertised on children's television shows is high in sugar and low in nutrition. [California Fitgram, 2001]
- **Limited access to healthy, affordable, quality foods** results in low daily consumption of fresh fruits and vegetables, and high consumption of high-calorie, low-nutrient foods, including sodas and fast foods. Many areas of Marin do not have easy access to healthy foods.
- **School environments do not routinely encourage healthy foods and physical activity.** Three Marin schools have nutrition and food policies. Physical education classes are required for only two years of high school.
- **Increased television, computer, and video use results in decreased physical activity.** Fifty-eight percent of Marin children spend five or more hours a day watching TV, playing videos, and using computers. 26 percent spend more than eight hours a day in these same activities. [2001 Marin Community Health Survey]
- **Lack of awareness, education, and access.** There is a need for prevention, early intervention, and treatment strategies for overweight, obesity, and disordered eating, using a health-centered, rather than weight-centered, approach.

WHAT WOULD IT TAKE TO REDUCE OVERWEIGHT AND OBESITY?

STRATEGIES	ACTIVITIES
Influencing Policy and Legislation	Advocate and support policies that restrict the availability, accessibility, placement, promotion, and discounted pricing of high-calorie, low-nutrient foods. Advocate for policies that encourage sound nutrition, physical activity and education programs throughout county school districts and at pre-schools, and colleges.
Mobilizing Neighborhoods and Communities	Mobilize communities to advocate for programs and policies that are effective in reducing obesity, overweight, and disordered eating.
Changing Organizational Practices	Implement policies and procedures within organizations and groups that serve children and their parents, as well as within businesses — such as food vendors, markets, and restaurants — that sell food and beverages to children, parents, and schools.
Fostering Coalitions and Networks	Engage the community and other stakeholders in identifying key community issues and in developing a strategic plan for intervention and solutions.
Educating Providers	Offer training and technical assistance to providers for educating the public about healthy eating, prevention of obesity and disordered eating, and physical activity.
Promoting Community Education	Develop and support media campaigns that educate the community about healthy eating and physical activity, and eliminate the environmental barriers that prevent these healthy lifestyle behaviors.
Strengthening Individual Knowledge and Skills	Provide information and training to youth, parents, teachers, school and public health nurses, community providers, food and beverage vendors, health professionals, and other community partners on how to promote healthy eating, physical activity and school and community policies that encourage these behaviors.

What has been done and what will be done to reduce overweight and obesity?

Individuals, families, coalitions and agencies throughout Marin have been working to reduce overweight, obesity, and disordered eating and to promote healthy eating and increased physical activity. To the right is a partial listing of accomplishments and recommendations for future efforts to reduce overweight and obesity. (To share your own programs and strategies, please log on to www.healthy-marin.org.)

	ACCOMPLISHMENTS IN 2000 - 03	RECOMMENDATIONS FOR 2004 - 07
STRATEGIES		
Influencing Policy and Legislation	<ul style="list-style-type: none"> • Three schools in Marin County adopted school food policies. 	<ul style="list-style-type: none"> • Advocate and provide technical support to develop and implement policies that encourage and support healthy food choices and physical activity in at least three new schools. • Recommend legislative changes that support the availability of healthy food and improve opportunities for physical activity. • Work with elementary, middle and high schools to offer healthy food options for students.
Mobilizing Neighborhoods and Communities	<ul style="list-style-type: none"> • The County of Marin Nutrition Wellness Program was awarded a three-year grant to promote and support healthy eating and physical activity using a social marketing model. • The County of Marin Nutrition Wellness Program partnered with 12 local organizations to assess needs and design interventions to improve nutrition and physical activity. • The County of Marin Nutrition Wellness Program conducted five surveys to assess youth health issues. All Marin schools completed the physical health module of the California Healthy Kids Survey. 	<ul style="list-style-type: none"> • Develop and implement a social marketing plan, including a media campaign, to heighten awareness and education about healthy eating and physical activity. • Develop a strategic plan in coordination with six other Bay Area counties, as well as the California Department of Health and Human Services. • Form the Marin Physical Activity-Nutrition Wellness Collaborative to develop and implement a strategic plan and activities to promote healthy eating and physical activity. Involve young people in making positive changes in schools and in wellness and fitness environments. • Recruit and engage additional partners to promote healthy eating and physical activity.
Changing Organizational Practices	<ul style="list-style-type: none"> • The Marin County Department of Health and Human Services drafted nutrition and physical activity policies for County-sponsored events, and vending machines. • Kaiser Permanente and the Marin County Department of Health and Human Services encouraged physical activity by promoting the 10,000 Steps® program, distributing pedometers, and hosting walking events for employees. 	<ul style="list-style-type: none"> • Promote the development of food and physical activity policies in at least 75 Marin organizations. Assist schools in developing and implementing nutrition and physical activity policies.

	ACCOMPLISHMENTS IN 2000 - 03	RECOMMENDATIONS FOR 2004 - 07
STRATEGIES		
Fostering Coalitions and Networks	<ul style="list-style-type: none"> • The Bay Area Nutrition and Physical Activity Collaborative, comprised of representatives from six Bay Area counties, was formed in 2003. • The County of Marin Nutrition Wellness Program convened the Disordered Eating Task Force, which developed and distributed a strategic plan and a resource and education manual, and trained medical providers to recognize disordered eating. • A collaborative on children and weight was formed to educate students and parents about healthy eating and physical activity. 	<ul style="list-style-type: none"> • Provide leadership in developing and facilitating the Marin Physical Activity-Nutrition Wellness Collaborative. • Expand the role of the Nutrition Advisory Board to include additional nutrition and physical activity experts, using a multidisciplinary approach. • Sponsor educational workshops for parents and professionals. • Bring together coalitions and task forces with similar goals to develop working relationships and frameworks for achieving overall goals.
Educating Providers	<ul style="list-style-type: none"> • The County of Marin Nutrition Wellness Program provided technical assistance and training on healthy eating, physical activity, and school food policy to 10 Marin health providers. 	<ul style="list-style-type: none"> • Develop a "train the trainer" model and offer at least 10 trainings per year for providers and schools.
Promoting Community Education	<ul style="list-style-type: none"> • The County of Marin Nutrition Wellness Program developed a nutrition and physical activity campaign, called "Feel the Difference! Eat Healthy! Be Active!" • The Marin County Department of Health and Human Services created an interactive nutrition and physical activity exhibit, called "Planet Health," which has engaged thousands of children in fun educational activities. • The Disordered Eating Task Force developed the Eating Disorder Education and Resource Guide for health professionals and community agencies. 	<ul style="list-style-type: none"> • Expand the marketing and media campaign of "Feel the Difference! Eat Healthy! Be Active!" • Develop MarinOnTheMove.org to promote physical activity and healthy nutritional choices for Marin County residents. Continue the Healthy Marin Partnership Prevention Pavilion at the Marin County Fair. • Sponsor at least one Disordered Eating workshop to bring Marin stakeholders and experts together to leverage learning.
Strengthening Individual Knowledge and Skills	<ul style="list-style-type: none"> • The County of Marin Nutrition Wellness Program provided nutrition and physical activity education to more than 10,000 participants attending six community events. • The Marin County Department of Health and Human Services established a dedicated Nutrition Help Line (415.499.3099). • The County of Marin Nutrition Wellness Program provided peer and adult-led prevention workshops to over 1,000 individuals in schools, community agencies, and the community at large. 	<ul style="list-style-type: none"> • Provide information and training to at least 12,000 young people, parents, school staff members, community providers, and other partners on how to promote healthy eating and physical activity. • Develop a physical activity-nutrition wellness newsletter with practical tips for parents. • Promote and support school and community programs that teach and mentor youth on healthy nutrition and physical activity, and developing safe and healthy communities.

THE ISSUE: YOUTH ALCOHOL USE



Imagine a community where abstinence from alcohol is acceptable and encouraged. Imagine a community where alcohol industry sponsorship at local events is neither present nor tolerated. Imagine a community where merchants, parents and adults do not provide alcohol to young people. Imagine a community where people can walk, bike and drive without fear of being involved in an alcohol-related crash. Imagine a community where professionals can find other things to work on because no one is driving under the influence, no one is involved in alcohol-related violence and no one is suffering from addiction to alcohol or other alcohol-related disease.

What is the Extent of Underage Drinking in Marin?

MARIN COUNTY'S YOUTH ALCOHOL CONSUMPTION IS SIGNIFICANTLY HIGHER THAN STATE AND NATIONAL AVERAGES.

Why is underage drinking a problem?

Although there are alcohol-related problems across all populations, including adults and seniors, there are disproportionately higher levels of problems associated with underage drinking.

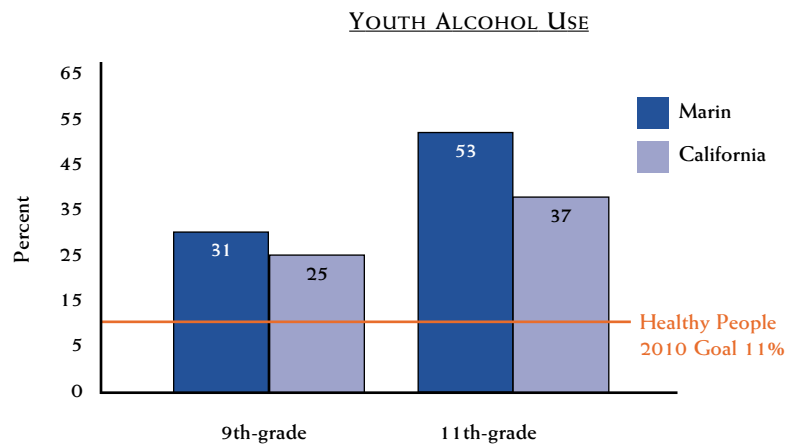
Alcohol consumption by youth not only interferes with brain development, but as with adults, alcohol abuse is associated with loss of productivity, failure to learn, violence, traffic crashes, crime, and communicable diseases, including sexually transmitted infections.

Alcohol is a major factor in unintentional injuries and chronic disease, including breast cancer, liver disease, and diabetes.

Binge drinking (five or more drinks for men and four or more drinks for women in a two-hour period), in particular, plays a significant role in related community problems, including traffic crashes and sexual assault and other forms of crime and violence.

WHAT IS THE GOAL?

To eliminate underage drinking and related problems in Marin.



Sources: California Healthy Kids Survey, 2003; California Student Survey, 2003

HOW WILL WE KNOW IF THE GOAL IS MET?

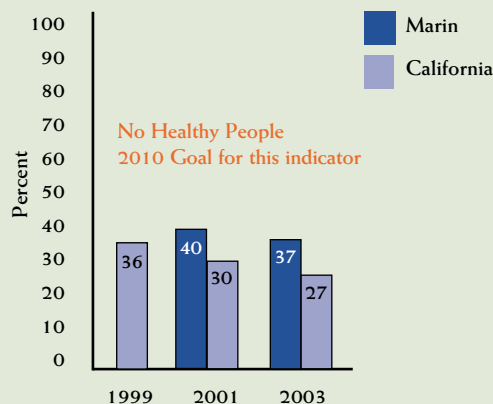
21

We will track the following indicators to determine whether we are turning the curve on underage drinking and related problems:

- Extent of driving after drinking or driving with someone who has been drinking by Marin 11th-grade students.
- Extent of binge drinking by Marin 11th-grade students.

DRIVING AND DRINKING MARIN AND CALIFORNIA CHILDREN- GRADE 11

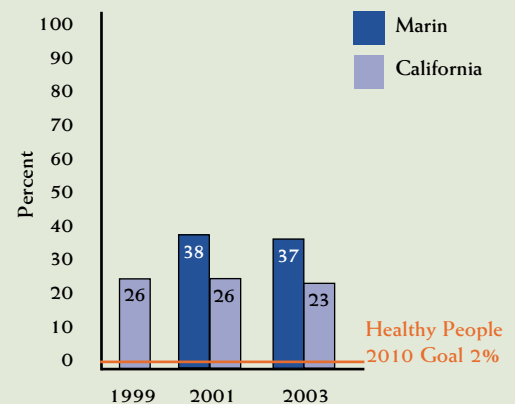
Percentage of children reporting driving after drinking or driving with someone who had been drinking.



Sources: California Healthy Kids Survey 2001, 2003; California Student Survey 1999-2003; Youth Risk Behavior Survey 1999-2003.

BINGE DRINKING MARIN AND CALIFORNIA CHILDREN - GRADE 11

Percentage of children reporting consuming five or more drinks in one sitting during the past month



Sources: California Healthy Kids Survey 2001, 2003; California Student Survey 1999-2003; Youth Risk Behavior Survey 1999-2003.

WHAT IS THE STORY BEHIND THE PROBLEM?

The disproportionately high levels of underage drinking in Marin County can be attributed in part to the social norm that make alcohol so widely available, accessible and acceptable. The following factors play a significant role in why alcohol consumption is higher among Marin teenagers than the state and national averages.

- **Lack of ordinances restricting alcohol availability and accessibility.** Only one of 11 Marin County jurisdictions has a local ordinance requiring a conditional use permit³ for any establishment applying to sell or serve alcohol. Just three jurisdictions have social host ordinances⁴, none of which is actively enforced.
- **Normative support of alcohol.** Alcohol use is a community norm in Marin, as evidenced by the disproportionately high rates of alcohol consumption, binge drinking, and driving after drinking among Marin teenagers, adults and seniors, as compared to state and national averages. For example, more Marin 11th-graders (37 percent) report driving after drinking than the California average (27 percent). In addition, while 78 percent of adults 18 and over in Marin currently drink alcohol, 23 percent report binge drinking in the past 30 days.

Other indicators of the normative support of alcohol use in Marin include the willingness of adults to provide alcohol to teenagers; a disproportionately high concentration of alcohol outlets; and the consistent presence of alcohol at community gatherings, such as fairs, fundraisers, and sporting events.

- **Adult modeling** plays a significant role in establishing and supporting the social norms related to alcohol use. In Marin, 80 percent of teenagers report that they see family members use alcohol. [California Healthy Kids Survey 2001, 2003; California Student Survey, 2001, 2003; Marin Community Health Survey; Youth Health Advisory Council Survey, 2003.]
- **Widespread incidence of parents and other adults providing alcohol to teenagers.** A majority of teenagers report that alcohol is easy to obtain from social and commercial sources. Youth alcohol users report that alcohol is provided to them by friends (83 percent) and family members (17 percent). [Youth Health Advisory Council Survey, 2003.]
- **Saturation of alcohol marketing and promotion.** Fifty percent of 29 alcohol outlets surveyed in Marin placed alcohol advertisements near candy; 36 percent placed alcohol and tobacco advertisements lower than three feet; and 25 percent priced alcohol the same or lower than bottled water. [Youth Health Advisory Council Survey, 2002.]
- **Stress and boredom.** In a survey of 588 Marin high school students, 32 percent of respondents reported that they use alcohol to relax and deal with stress. [Youth Health Advisory Council Survey, 2002.] In addition, research shows that stress, boredom, and the availability of extra money are leading reasons that teenagers use alcohol and other drugs. [Center on Addiction and Substance Abuse, 2003.]

³ A local zoning ordinance that permits local review of proposed alcohol beverage outlets, with authority to place restrictions on the use, such as earlier closing times, lighting, and less window advertising.
⁴ Laws that hold adults accountable for hosting parties where underage youth are consuming alcohol.

WHAT WOULD IT TAKE TO REDUCE UNDERAGE DRINKING?

STRATEGIES	ACTIVITIES
Influencing Policy and Legislation	Advocate for and support policies that restrict the availability, accessibility, placement, promotion, and discounted pricing of alcohol.
Mobilizing Neighborhoods and Communities	Mobilize communities to advocate for programs and policies that are effective in reducing underage drinking.
Changing Organizational Practices	Implement Responsible Beverage Sales and Service practices for events and establishments that sell or serve alcohol, including fairs and festivals, bars, restaurants, and retail outlets. Enforce alcohol-related laws.
Fostering Coalitions and Networks	Engage the community and other stakeholders in identifying key community alcohol issues and developing solutions.
Educating Providers	Offer training and technical assistance to providers for preventing alcohol-related problems, problem identification and referral, media and policy advocacy, community organizing, and related approaches.
Promoting Community Education	Develop and support media campaigns that are effective in educating the community about how to reduce underage drinking and the adult behaviors that encourage youth alcohol use.
Strengthening Individual Knowledge and Skills	Provide information and training to youth, parents, community providers, alcohol retailers and servers, teachers, law enforcement officials, and other community partners on how to reduce underage drinking and related problems.

What has been done and what will be done to reduce underage drinking?

Individuals, families, coalitions, and agencies throughout Marin have been working to reduce underage drinking and related community problems. To the right is a partial listing of some past accomplishments and recommendations for future efforts to reduce underage drinking. (To share your programs and strategies, please log on to www.healthymarin.org.)

	ACCOMPLISHMENTS IN 2000 - 03	RECOMMENDATIONS FOR 2004 - 07
STRATEGIES		
Influencing Policy and Legislation	<ul style="list-style-type: none"> • The Marin Youth Health Advisory Council began a campaign to advocate for a teen party (social host) ordinance, to reduce the adult provision of alcohol to teenagers. • A collaborative worked to change the alcohol-related policies and practices at a local community festival. 	<ul style="list-style-type: none"> • Advocate and support policies to restrict the availability, accessibility, sponsorship, placement, promotion, and discounted pricing of alcohol in at least four municipalities. • Advocate implementation of Responsible Beverage Sales and Service policies in at least 25 establishments that sell and serve alcohol. • Advocate elimination of alcohol industry sponsorship at community events.
Mobilizing Neighborhoods and Communities	<ul style="list-style-type: none"> • The Marin County Alcohol and Drug Program was awarded a grant for \$600,000 to implement the Communities Mobilizing for Change on Alcohol Program, which recruits young people from Novato, Southern Marin and San Rafael to form community youth councils. • Play Fair Marin, a six agency community collaborative, organized to replace Miller Beer as the title sponsor at the Marin County Fair. 	<ul style="list-style-type: none"> • Implement the Communities Mobilizing for Change on Alcohol Program. The youth councils will work to mobilize other community members to promote at least six policies that restrict youth access to alcohol in Novato, San Rafael and Southern Marin. • Recruit and engage additional partners to participate in alcohol problem prevention efforts. • Expand Play Fair sponsorship of the Marin County Fair.
Changing Organizational Practices	<ul style="list-style-type: none"> • The Marin County Alcohol and Drug Program adopted an alcohol-free policy, the first of its kind within the Department of Health and Human Services. • The Marin County Drinking Driver Program implemented a "Place of Last Drink Survey" to ascertain where program participants had their last drinks before their DUI arrests. 	<ul style="list-style-type: none"> • Implement a Responsible Beverage Sales and Service campaign with training, policy and enforcement components. Provide training and policy development assistance to at least 100 establishments and events where alcohol is sold or served, including bars, restaurants, stores, and special events. • Develop, promote, and support worksite wellness programs with policies and practices that address stress and encourage and assist overall employee health and well-being.
Fostering Coalitions and Networks	<ul style="list-style-type: none"> • A new coalition (the Marin Alcohol and Other Drug Prevention Collaborative), comprised of representatives from 16 agencies and alliances, formed to develop a strategic plan for alcohol and other drug prevention. 	<ul style="list-style-type: none"> • Expand the Marin Alcohol and Other Drug Prevention Collaborative to represent a more diverse constituency. • Develop and maintain at least four community coalitions to advocate for policies aimed at reducing underage drinking.

	ACCOMPLISHMENTS IN 2000 - 03	RECOMMENDATIONS FOR 2004 - 07
STRATEGIES		
Educating Providers	<ul style="list-style-type: none"> • The California Council on Alcohol Policy, Marin Institute, and Youth Leadership Institute trained 50 Marin prevention providers on environmental approaches to reducing alcohol-related problems; community organizing; and understanding policy approaches at local and state levels. 	<ul style="list-style-type: none"> • Develop an institute that offers at least 10 trainings per year to providers and interested community members. • Continue to provide alcohol prevention education at the Healthy Marin Partnership Prevention Pavilion at the Marin County Fair.
Promoting Community Education	<ul style="list-style-type: none"> • The Marin Youth Health Advisory Council developed and administered a survey on alcohol and other drug access and use to 588 high school students. Key community stakeholders used the survey results in prevention planning. • The Play Fair Marin Collaborative provided information on alcohol industry marketing and promotion practices at the Healthy Marin Partnership Prevention Pavilion at the Marin County Fair, which was attended by more than 100,000 people. 	<ul style="list-style-type: none"> • Conduct additional youth-led surveys on alcohol and other drug issues, to inform the community and evaluate prevention efforts. • Develop and support at least two media campaigns concerning underage alcohol access and use. • Continue the quarterly Community Forum speaker series.
Strengthening Individual Knowledge and Skills	<ul style="list-style-type: none"> • The Marin County Department of Health and Human Services and community partners provided peer- and adult-led alcohol and other drug prevention workshops to school faculty and staff members, parents, service providers, and interested youth and other community members, reaching more than 2,000 people. 	<ul style="list-style-type: none"> • Provide information and training to at least 5,000 young people, parents, community providers, alcohol retailers and servers, teachers, law enforcement agencies, and other community partners on how to reduce underage drinking and related problems.

THE ISSUE: TOBACCO USE



Imagine a community where young people and adults alike are not exposed to tobacco use and advertising in movies, stores and publications. Imagine a community where tobacco-related laws are regularly enforced and stores no longer sell tobacco to minors. Imagine a community free from exposure to second-hand smoke. Imagine a community where tobacco-related disease and death are things of the past.

What is the Extent of Tobacco use in Marin?

EIGHT PERCENT OF YOUTH, 23 PERCENT OF YOUNG ADULTS AND 15 PERCENT OF ADULTS IN MARIN REPORT THAT THEY CURRENTLY SMOKE.

Why is tobacco use a problem?

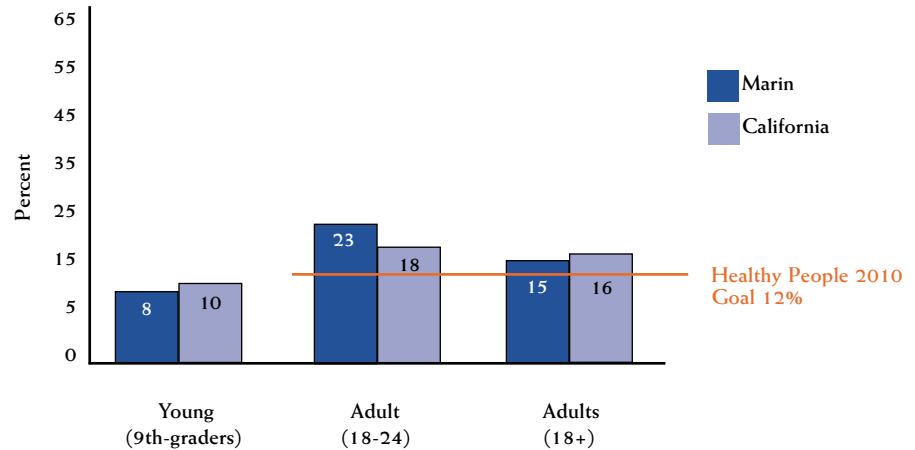
Tobacco consumption can contribute to chronic and life-threatening diseases, such as asthma and other respiratory illnesses; many forms of cancer, including breast cancer; heart disease, and emphysema.

Second-hand smoke exposure can contribute to the same illnesses in non-smokers.

WHAT IS THE GOAL?

To make Marin tobacco free.

YOUTH AND ADULT SMOKING PREVALENCE



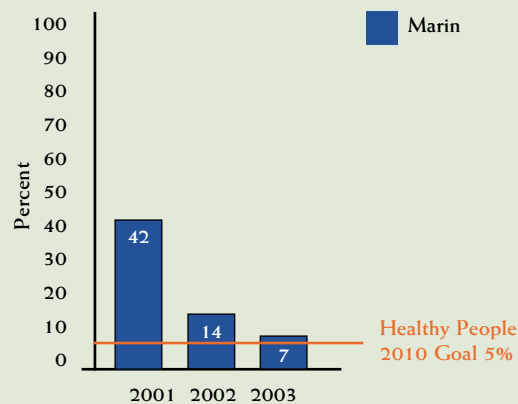
Sources: California Healthy Kids Survey, 2003; 2001 Marin Community Health Survey, California Department of Health Services, Tobacco Control Section, 2002.

HOW WILL WE KNOW IF THE GOAL IS MET?

- Ease of youth access to tobacco.
- Extent of tobacco retailer licensing and zoning ordinances.

MARIN COUNTY MERCHANT ILLEGAL SALES OF CIGARETTES TO MINORS

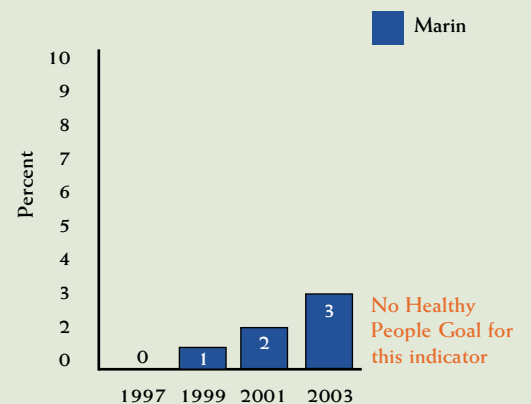
Percentage of merchants selling tobacco to minors



Source: Marin County Sheriff's Department

MARIN TOBACCO RETAILER LICENSING AND ZONING ORDINANCES

Number of municipalities with a retailer license or zoning ordinance



Source: Review of Municipal Codes

WHAT IS THE STORY BEHIND THE PROBLEM?

Tobacco industry marketing and promotion practices influence people to smoke. Promotion practices include smoking in movies, advertising in youth-read publications, sponsoring of community events, and storefront and point-of-purchase advertising. The following components play a significant role in explaining why people use tobacco.

- **Easy access to tobacco by youth.** A number of gas stations, convenience stores, and other retailers sell tobacco to youth. Enforcement of laws pertaining to tobacco sales to youth, including "shoulder tapping" violations (adults buying tobacco at the request of underage users), fluctuates countywide. The recent decline in program funds from the Master Settlement Agreement⁵ for retail sales compliance checks and sting operations resulted in a decrease in tobacco-related enforcement activities.
- **Lack of retailer licensing ordinances.** San Rafael is the only city in Marin with a licensing ordinance. The \$25 license fee is far below the recommended \$300 annual fee charged in other California communities for monitoring and enforcing tobacco laws. Licensing ordinances restrict tobacco availability and accessibility.
- **New marketing campaigns by the tobacco industry.** In 2001, the Youth Leadership Institute conducted a survey of Marin County stores, which identified a large number of point-of-purchase tobacco advertisements in retail outlets. The tobacco industry advertises and promotes their products in youth-read publications, college bars, retail outlets, and through sponsorships. Smoking by actors in movies, which is considered by tobacco control agencies to be a major influence in youth and young-adult smoking, has increased by more than 80 percent in recent years.
- **Elevated stress and peer pressure.** Marin smoking cessation programs report that many young people cite stress and peer and sibling pressure as key reasons why they smoke. Long periods of unsupervised after-school time may create additional opportunities for peer pressure. Parental smoking is also cited as an influence on teenagers.

WHAT WOULD IT TAKE TO REDUCE TOBACCO USE?

STRATEGIES	ACTIVITIES
Influencing Policy and Legislation	Advocate for and support ordinances and policies that restrict the availability and accessibility of tobacco to reduce health hazards of tobacco products and second-hand smoke.
Mobilizing Neighborhoods and Communities	Mobilize community support for tobacco control efforts and continue to educate policy makers about the need for sustained funding for tobacco use prevention and cessation programs.
Changing Organizational Practices	Continue enforcement activities in tobacco retail outlets to maintain high compliance rates.
Fostering Coalitions and Networks	Engage the community and other stakeholders in identifying key community issues and developing a strategic plan for interventions and solutions.
Educating Providers	Offer continued training and technical assistance to providers in preventing tobacco use and abuse. Provide opportunities to plan, coordinate, and share best practices.
Promoting Community Education	Continue cessation, school, youth, and media campaigns that are effective in educating the community about how to reduce and prevent tobacco use. Promote cessation programs in Marin hospitals.
Strengthening Individual Knowledge and Skills	Provide information and training to youth, parents, community providers, tobacco retailers, educators, law enforcement officials, and other community partners on how to reduce use and access to tobacco products.

What has been done and what will be done to reduce tobacco use?

Individuals, families, coalitions and agencies throughout Marin County have been working to reduce tobacco use. To the right is a partial listing of accomplishments and recommendations for further reducing tobacco use. (To share your programs and strategies, please log on to www.healthymarin.org.)

	ACCOMPLISHMENTS IN 2000 - 03	RECOMMENDATIONS FOR 2004 - 07
STRATEGIES		
Influencing Policy and Legislation	<ul style="list-style-type: none"> The Marin County Board of Supervisors and the City of San Rafael approved ordinances to restrict the presence of tobacco retailers near youth-oriented facilities. 	<ul style="list-style-type: none"> Convene a tobacco summit with all county departments involved with policy, legislation and enforcement of tobacco control laws. The Smoke Free Marin Coalition will propose three new model ordinances to all 11 jurisdictions.
Mobilizing Neighborhoods and Communities	<ul style="list-style-type: none"> The Smoke Free Marin Coalition partnered with neighborhood groups to gain support for zoning and licensing ordinances. 	<ul style="list-style-type: none"> The Smoke Free Marin Coalition will continue collaborative efforts to assist in enacting the proposed ordinances.
Changing Organizational Practices	<ul style="list-style-type: none"> The Smoke Free Marin Coalition and the Tobacco Education Program (TEP) worked with 13 nonprofit agencies to adopt tobacco-free policies. 	<ul style="list-style-type: none"> TEP and Bay Area Community Resources will collaborate to obtain funding to implement tobacco-free policies.
Fostering Coalitions and Networks	<ul style="list-style-type: none"> The Smoke Free Marin Coalition and the Marin County Board of Supervisors established a Tobacco Control Fund Advisory Committee to oversee the Master Settlement Agreement funds that were allocated to TEP. TEP organized the Tobacco Education Coordinating Council, which consists of 24 service providers, schools, and law enforcement agencies, to coordinate their tobacco-related work. 	<ul style="list-style-type: none"> The Tobacco Education Coordinating Council will continue bringing partners together to coordinate their work.

	ACCOMPLISHMENTS IN 2000 - 03	RECOMMENDATIONS FOR 2004 - 07
STRATEGIES		
Educating Providers	<ul style="list-style-type: none"> • Bay Area Community Resources conducted trainings on successful strategies for changing community service delivery systems, including how substance abuse treatment agencies and hospitals can address tobacco cessation. • Dr. Peter DeBenedittis, a national expert on media education and prevention, conducted five presentations on media influence, with the focus on tobacco use. 	<ul style="list-style-type: none"> • TEP will provide materials and training on media influences to community-based outreach workers and educators.
Promoting Community Education	<ul style="list-style-type: none"> • Results of the dramatic reduction in illegal sales of tobacco to youth were presented to the Marin County Board of Supervisors and the media. 	<ul style="list-style-type: none"> • Continue to provide tobacco education awareness at the Healthy Marin Partnership Prevention Pavilion at the Marin County Fair. • Work with the media to highlight special projects that focus on youth and young adults.
Strengthening Individual Knowledge and Skills	<ul style="list-style-type: none"> • TEP and contractors trained more than 2,400 individuals on how to prevent, reduce or eliminate tobacco use. • Bay Area Community Resources and Youth Leadership Institute educated more than 3,000 students on media literacy and the dangers of second-hand smoke. • Bay Area Community Resources provided smoking cessation classes to more than 2,000 adults. 	<ul style="list-style-type: none"> • Train at least 5,000 young people, parents, tobacco retailers, community providers, moviegoers, teachers, law enforcement officials and other community partners on cessation, media literacy, enforcement, tobacco awareness, and the risks of second-hand smoke exposure. • TEP will offer mini-grants, educational materials, training, and technical assistance to groups and individuals supporting program goals. • Launch a local radio campaign to provide information on smoking cessation techniques.

WHO ARE SOME OF OUR CURRENT PARTNERS?

- American Academy of Pediatrics, Marin chapter
- American Cancer Society
- Babcock Foundation
- Bay Area Community Resources
- Bay Area Nutrition & Physical Activity Collaborative
- Boeschen Associates
- California Department of Alcoholic Beverage Control
- California Nutrition Network (including Project LEAN, 5 a Day-Power Play!)
- Canal Community Alliance
- Catholic Charities
- Child Care Health Linkages Project and Childcare Providers
- College of Marin
- Community Action Marin
- Community Resource Center
- Dominican University
- Easter Seals Northern California
- Environmental Education Councils of Marin/Food Systems Project
- Family Institute of Marin
- Farmers' Markets
- First 5 Marin Children and Families Commission
- Food security coalitions
- Fiscal Policy Studies Institute
- Healthy Marin Partnership
- Helen Vine Detox Center
- Homeward Bound
- Huckleberry Teen Health Program
- Kaiser Permanente
- Latino Council of Marin
- Law Enforcement Agencies
- Marin Agricultural Land Trust
- Marin Alcohol and Other Drug Prevention Collaborative
- Marin Breast Cancer Watch
- Marin Community Clinic
- Marin Community Foundation
- Marin County Board of Supervisors
- Marin County Children & Weight Coalition
- Marin County Department of Cultural and Visitors Services
- Marin County Department of Health and Human Services
- Marin County District Attorney
- Marin County Drinking Driver Program
- Marin County Eating Disorders Task Force
- Marin County Office of Education
- Marin County Probation Department
- Marin County Public Defender
- Marin County Sheriff's Department
- Marin General Hospital
- Marin Head Start
- Marin Independent Journal
- Marin Institute
- Marin Interfaith Council
- Marin Nutrition & Physical Activity Collaborative
- Marin Services for Women
- Marin School Food Service directors
- Marin School Nurses Organization
- Marin Treatment Center
- Marin Youth Health Advisory Council
- North Bay Council
- Novato Community Hospital
- Novato Teen Center
- Novato Youth Center
- Parents
- Play Fair Marin
- Safe Routes to Schools
- San Rafael Chamber of Commerce
- San Rafael Fire Department
- School/Law Enforcement Partnership
- School Linked Services
- Slide Ranch
- Smoke Free Marin Coalition
- Social Justice and Health Justice Groups
- Tobacco Education Coordinating Council
- United Way of the Bay Area
- University of California Cooperative Extension
- YMCA
- Young People
- Youth Leadership Institute

32

WHO ARE OUR POTENTIAL PARTNERS?

- YOU
- Business Community
- County and City Planning Departments
- Faith-Based Community
- Local Policymakers
- Local Supermarkets
- Parent-Teacher Associations
- Parks and Recreation Departments
- Public Works Departments
- . . . Other interested community members

WHERE CAN I GET MORE INFORMATION OR FIND OUT HOW TO GET INVOLVED?

The participation of individuals, organizations, and interest groups is essential to promote the health and well-being of our community.

ADDRESSING OVERWEIGHT AND OBESITY

For more information or to learn how you can get involved in addressing overweight and obesity in Marin, please contact:

Marin County Department of Health and Human Services

Public Health Division

Community Health & Prevention Services

Nutrition Wellness Program

Telephone: 415.473.7059

Website: www.co.marin.ca.us

E-mail: larmstrong@co.marin.ca.us

ADDRESSING UNDERAGE DRINKING

For more information or to learn how you can get involved in addressing underage drinking in Marin, please contact:

Marin County Department of Health and Human Services

Division of Alcohol, Drug and Tobacco Programs

Telephone: 415.499.4218

Website: www.co.marin.ca.us/prevention

E-mail: ccondon@co.marin.ca.us

ADDRESSING TOBACCO USE

For more information or to learn how you can get involved in addressing tobacco use in Marin, please contact:

Marin County Department of Health and Human Services

Division of Alcohol, Drug and Tobacco Programs

Telephone: 415.499.3020

Website: www.co.marin.ca.us/prevention

E-mail: eemerson@co.marin.ca.us

rcurry@co.marin.ca.us

sladnier@co.marin.ca.us



Imagine no longer.

*Join us as we travel upstream.
Help to lay the foundations for a healthier Marin.*

ACKNOWLEDGEMENTS

We would like to acknowledge the hundreds of people who studied, along with Healthy Marin Partnership, the 2002 Needs Assessment and Report to determine the process and direction of *Healthy Choices Earlier in Life*. We thank them and our future readers and partners for joining us in making Marin County a healthier community.

We also acknowledge the Marin County Board of Supervisors for their guidance in creating a healthier Marin. In addition, we acknowledge Dr. Larry Meredith and members of the Department of Health & Human Services staff, Linda Armstrong, Catherine Condon, Elizabeth Emerson, Rochelle Ereman, who over the years have laid the foundation upon which this report and future work will be built.

We would like to thank the Healthy Marin Partnership leaders and partners for their commitment and dedication to the future of Marin.

We also acknowledge Mark Freidman and the Fiscal Policy Studies Institute, who motivated the Healthy Marin Partnership to adopt a Results Based Accountability framework.

35

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We offer special acknowledgement to Susan August for her seven years of inspirational staff support to the Healthy Marin Partnership and more specifically, for her Project Management of the 2002 and 2005 Community Needs Assessments. Sue gave her guidance, wisdom and heart to every HMP endeavor over these last seven years. Sue will be leaving us in her official capacity, but her influence and spirit will be lasting.

Information from this Report may be reprinted with the following credit:

Pathways to Progress: Laying the Foundation for a Healthier Marin
2005 Community Needs Assessment and Plan



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