COUNTY OF MARIN

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

MARIN HEALTH & HUMAN SERVICES

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The Health Council of Marin

Minutes of Regular Meeting: Tuesday, May 26, 2026

Rooms 109/110 at 3240 Kerner Blvd., San Rafael, CA

Zoom Option was available.

Members Present: Roberta Anthes (Chair), Bobby Moske, Ginger Souders-Mason, Lura Jones, Pranay Gupta, Pranav Bhanushali

Members Absent: Jennifer Rienks

Guests: Lisa Santora (HHS); Cicily Emerson (HHS); Loretta Rogers (HHS - Secretary);

Members of the Public: Jeremiah Mock, MSc, PhD

Handouts: *Agenda; Draft Minutes of April 28, 2026, meeting; Proposed letter to the Board of Supervisors (BOS) regarding nicotine and tobacco products; Proposed letter to Lisa Santora and Lisa Warhuus; Proposed recommendations to the BOS*

1. **Call to Order**: Roberta Anthes called the meeting to order at 6:08 pm.
2. **Roll Call:** Roberta Anthes called the roll.
3. **Approval of the Agenda - VOTE:** Roberta Anthes moved that the discussion on Access to Care suggestions be moved up before the discussion on the letters regarding tobacco and nicotine. The motion to approve the agenda was made, seconded and passed unanimously.
4. **Approval of the Minutes of the April 28, 2026, Health Council of Marin (HCM) Meeting – VOTE:** Roberta Anthes asked members to review and approve the minutes of the April 28, 2026, meeting. The motion to approve the minutes was made, seconded and passed unanimously. She mentioned that Loretta Rogers' minutes were particularly well-done as they provide a history of HCM actions.
5. **HCM Council Chair's Report**: Roberta Anthes thanked all attendees for coming, especially Dr. Lisa Santora and Dr. Jeremiah Mock.
6. **Health & Human Services (HHS) Updates:** Dr. Lisa Santora gave a PowerPoint presentation providing the HHS update. This presentation will be sent out to the HCM members after this meeting.

    1. Lisa Santora thanked all HCM members for participating. She reviewed plans to measurably improve the health of the community. The effort is driven by Healthy Marin Partnership, a 30+ year partnership with hospitals, the County and community partners. In Marin, the three hospitals do the Community Health Needs Assessment (CHNA) together. Currently, there are a lot of silos, but efforts are underway to eliminate them. Proposition 1, the Mental Health Services Act (MHSA) passed on March 5, 2024, and replaced the Mental Health Services Act of 2004. Under the new Act, 30% of funds must be invested in homelessness. Unfortunately, this has taken funds away from prevention programs.

2. She reviewed the four focus areas of the 2026-28 Community Health Improvement Plan (CHIP): (1) Access to Care; (2) Chronic Disease & Disability; (3) Behavioral Health; and (4) Climate Action. Access to care was already a problem prior to passage of the MHSA. Patients have been experiencing up to a six weeks' wait before accessing care. Under current legislation, Marin is now returning to the 2008 funding levels. Plans are being developed for spending the funds. However, the State must approve of our recommendations. The current recommendation is that the funds be initially directed to Behavioral Health, particularly to programs that were previously not funded. There will be a train-the-trainer program to develop more mental health practitioners. The funds will be available this fall or January 2027.
3. **MediCal:** She reported that due to legal changes, the number of people enrolled in MediCal in Marin is now reduced to 45,000 where it had been 52,000. The undocumented are no longer eligible. This means a loss of income for hospitals. Among our immigrant community there is a fear of immigration enforcement. There is also the public charge issue. Currently, able-bodied individuals between ages 18 and 60 must work 20 hours a week or 80 hours per month to qualify for MediCal. In Marin City, diabetes and hypertension are the leading causes of death. There is an on-going issue of underdiagnosed and undertreated illnesses in that community.
4. **Prevention:** HHS and its partners are supporting climate change mitigations. Among the efforts is outreach to teach communities about climate and how it affects health, especially in people with disabilities. We need to assure vulnerable people have access to care; e.g. people who are bed bound.
5. **Access to care:** A work group has been formed to work on improving access to care. First Five Marin is joining us, plus Behavioral Health. This work group will prioritize recruiting and training community health workers.
6. **Bobby Moske –** Bobby Moske reported that no one has been taking new patients since August of 2025. 200 people that he knows of have no providers. One patient had MediCal but could not find a provider. Roberta Anthes asked Lisa Santora for more information about under-served populations to put into the HCM report. Lisa said more consumer input is needed which the HCM could provide. Bobby Moske is preparing a video of people who have had problems getting a provider. Letters have also been collected.
7. **Workforce Development Project:** HHS and partners are working with students and immigrants to recruit and train more health care workers. They want a youth-led process.
8. **New technology:** Currently, HHS is very dependent on emails, faxes, etc. HHS is looking at a model in San Diego with the goal of planning and getting funding to build a one-stop location for community information exchange. The plan is to get the community to define information sharing policies. HHS has a grant for $3 million. Marin needs a coordinated system of care.
9. **In response to the interruption of federal funding for two weeks, Marin raised over $2 million to provide food.** There is financial support for food over the next 3 months. Marin has the agricultural resources to ensure all are well-fed. She reviewed where people can get food.
10. **Marin Promise Partnership:** Here, the focus is on the early stages of life to provide opportunities for children and support healthy living. The plan is to determine and provide what families need for educational achievement. The Community Resiliency Teams (CRTs) are involved.
11. **Adolescent Health Dashboard:** HHS is working with the Office of Education regarding use of substances, STIs, etc. HHS is using a resiliency model. They are also focused on transitional youth i.e. people aged 18 to 25. In Marin, there are also lots of youth entering the US educational system for the first time.

12. **Questions:** Lisa Santora reported that there is currently a gap in information coming down from the feds due to the loss of USAID, WHO membership, CDC cuts, particularly unfortunate in the large Ebola outbreak. Communication with the feds is not good, in fact rather choppy. Marin will have a lot of travelers coming into the county who potentially will bring infectious diseases. Many of the usual protections are gone. However, Marin's PHP program is very strong. Marin HHS is prepared for measles, and other infectious diseases. The BOS has approved continued funding.

7. **Review of Access to Primary Care suggestions– Discussion and VOTE.** Roberta Anthes asked for data from Lisa. Lisa said a useful contribution from the HCM would be the "consumer voice." Roberta Anthes stated that she wrote the recommendations so that the HCM would have something to react to and would not have to write something from scratch in the meeting. There was general discussion. The following ideas were suggested.
    1. Bobby Moske said that hospitals need to provide an incentive for primary care physicians to work in and settle in Marin, especially considering how expensive it is to live in Marin. -
    2. Hospitals need to raise the salaries of primary care physicians or provide stipends. The BOS can encourage the hospitals to re-evaluate their compensation for primary care physicians and encourage the use of nurse practitioners.
    3. The BOS can support education initiatives to increase the number of primary care physicians. The BOS has political power. It can encourage residencies and relief from school debt.
    4. The BOS can support relocation expenses when recruiting primary care physicians.
    5. In creating recruitment packages, work-life balance should be considered.
    6. Recruitment materials can be reworded to promote community benefits. They should ask for a commitment by the physician to stay a certain amount of time.
    7. The County could create mobile services to provide care in the absence of primary care options. Bobby said that telehealth appointments will not be covered by insurance.
    8. Roberta asked members to volunteer to review these suggestions regarding what the BOS can affect.
    9. Dr. Jeremiah Mock reported that the College of Marin has an RN program. The primary care physician problem is not just the lack of physicians. The problem is the lack of residencies in California. The cost of living is a big barrier. Many MDs do their residencies out of state and then stay away because the cost of living is less in other states. Residency is very expensive, but it needs to happen. Governments can subsidize the cost of education.
8. **Review of the letters from the HCM on Tobacco and Nicotine Control – Discussion and VOTE.** Dr. Mock recommended a ban on all sales of tobacco products, except for smoking cessation aids. Dr. Mock reviewed the positives of Marin County in this effort. The BOS can play a leading role in this effort. It is important to de-normalize the use of tobacco. He said that Juul set up their operations in San Francisco and realized that the youth in Marin were the perfect target for their products. Pouches are very cheap but very strong and addictive. Cicily suggested that on future HCM meeting agendas that there be set times per agenda item.

1. **VOTE:** Bobby Moske moved to send out the letters, recommending the ban of the sale of all tobacco products in Marin. Pranay Gupta seconded the motion. The motion passed unanimously. HHS will send the letters out.

9. **Adjournment:** The meeting was adjourned at 8:08 pm. The next meeting will be on Tuesday, June 23, 2026, at the Kerner Campus, at 3240 Kerner Blvd., San Rafael, CA 94901, beginning at 6:00 pm.