

**Preserving and Increasing the Availability, Accessibility and Affordability of Services for Women and Girls in Marin County. \***

Consultant's Report to MWC

This report represents the first phase of the MWC Report Card: Gaps in Services for Women and Girls in Marin. It is a qualitative report, based on interviews and focus groups conducted by consultant Mary Jo Lazear.

One part of the next phase will be a quantitative report based on the Status of Women in Your County: A Community Research Tool by the Institute for Women's Policy Research. An intern will be hired and Commissioner Susan O'Brien will oversee the work that is done, by the end of November. As this is being done, Access to Resources Focus Group members will look at other descriptive statistics and compare statistics to findings in the report done by the Marin Council of Agencies from 1992.

Another part of the next phase will be to conduct Town Hall meetings in the four key areas covered by attached report. We hope to have these Town Hall meetings completed by the end of November as well. The Leadership Focus Group will organize a central Marin Town Hall convened by councilwoman from San Rafael, San Anselmo and Fairfax and their constituents.

Members of the Access to Resources Focus Group will also conduct additional interviews where needed.

We hope to present the Final Report to MWC by January meeting, to discuss next steps and report to the BOS

Thank you,

Marcia McLean

Chair Access to Resources Focus Group, October 10, 2007

**\*This Report is Phase One of the Needs Assessment/Report Card for Women and Girls in Marin County.**

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Affordability of Services  
for  
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## EXECUTIVE SUMMARY

A comprehensive assessment of needs related to women was conducted in Marin County twenty-five years ago. Additionally, the Marin County Volunteer Center, in conjunction with the MWC and various other County agencies, did a follow-up service-related assessment of needs in 1992 (*Vital Signs, Checking the Pulse of Women and Children in Marin County*). At the beginning of 2006, the Marin Women's Commission (MWC) decided that it was time to conduct a new assessment that would build upon the previous assessments, but that would not be duplicative and would provide updated and current information regarding services for women in the County. This assessment would fulfill one of the major objectives of the MWC's Strategic Plan, "to identify gaps in service and opportunities for women". The new assessment would be designed to help MWC examine whether its new strategic plan/annual priorities are in sync with community needs; provide information based on qualitative research (interviews and focus groups) regarding the availability, accessibility and utilization of services by women in the County; and recommend how the needs of women in the County can best be addressed. The MWC engaged the services of Mary Jo Lazear as the consultant to fulfill this assignment.

In the *Vital Signs, Checking the Pulse of Women and Children in Marin County* report, the primary issues addressed were fairly broad-based and included such topics as: signs of ill health affecting women and children; victimization; child care; gender bias; alcohol and drug use; economic disparities; and the changing demographics. The report also listed what policy makers, employers, the general public and the media could do to focus in on these issues.

The assessment that is detailed in *Preserving and Increasing the Availability, Accessibility and Affordability of Services For Women and Girls in Marin County* builds on the groundwork laid by the "Pulse" report but focuses more specifically on four major issues of special current significance: health, education, transportation, and services for the elderly. Other issues are integrally related to the four main topics, but are only discussed in this report as they relate to the major issues. These include, but are not limited to, housing, poverty, employment, immigration and domestic violence. It focuses on four communities that were selected because of the range of services they receive in the County. These communities are the Canal, Marin City, Novato, and West Marin.

Individuals in these communities were asked to provide an overview of the salient issues affecting women and girls. In addition to both the subject and community-specific gaps identified by the interviewees that are detailed later in this report, interviewees stated that:

- Safety net issues are at risk in the County and are under funded.

- Marin appears to be a place of “enclaves”
- There is a growing gap between the haves and have-nots in the County, which affects social services.
- The Marin Community Foundation, the County’s major funder, is redirecting the funds it manages and placing emphasis on new initiatives, leaving some long-standing agencies somewhat in the lurch.
- Even though there are resources in the County to support many, if not all, of the services there appears to be a lack of coordination and referral mechanisms to facilitate access for all residents.

Finally, this assessment does not even attempt to cover the work being done by the wealth of organizations (there are approximately 1800 non-profits in Marin alone), governmental agencies and private groups in the County that serve women and/or girls in some capacity. Rather, it looks to identify key findings regarding access to services, barriers to access, gaps in services and community assets already in place.

The MWC sees this assessment as an opportunity to bring stakeholders together to work toward common solutions to improving the status of women in Marin County and to strengthen advocacy efforts on behalf of the County’s female population. Additionally, the MWC envisions that the findings and recommendations will be used as a tool for not-for-profits, governmental entities and other interested parties for the improvement and expansion of services to women as well as for the development of more culturally relevant services.

**BACKGROUND: THE MARIN WOMEN’S COMMISSION (MWC)**

The MWC was created in 1974 by the Board of Supervisors to ensure women equal economic, social, political and educational opportunities throughout the County. The mission of the MWC is to advocate for equity and parity, diversity, self-sufficiency, leadership and access to resources that enhance the quality of life for Marin County women at all stages of life.

The MWC works to promote equal opportunity, economic independence, and access to resources for Marin County women through advocacy, research and partnerships with agencies that serve women. The Commission’s “duties” are to study problems, consult with the Board of Supervisors, prepare information, advise and counsel residents as well as County, State and Federal officials concerning matters related to discrimination against women and the violation of women’s rights. The Commission may also conduct hearings and recommend improvements in related programs.

In its Strategic Plan (2005), the MWC defined its vision and values to include a violence-free community, social justice and a healthy environment. Four task forces were formed to address equity and parity, self-sufficiency, leadership and access to resources. The graphic below delineates the various components to be addressed in each of these four areas.

**Vision & Values**

***Women & Girls Empowered, Educated and Engaged in the Community***

Quality of Life

*Violence-Free Community  
Social Justice ~ Healthy Environment*

<b>EQUITY AND PARITY</b>	<b>ACCESS TO RESOURCES</b>	<b>SELF-SUFFICIENCY</b>	<b>LEADERSHIP</b>
Access to and Fair Treatment by the Justice system	Economic Develop (financial training, business skills, job training)	Voice of Influence	Affordable, quality child care
Increased Funding for Preventive Services	Equal Access to education	Mentoring Youth for future leadership	Education opportunities
Equal Pay/Wage Parity	Equal Access to financial resources	Leadership training for women and girls	Health Care /Health Insurance
Equal employment opportunities	Support women entrepreneurs	Policy-making for Systems' Change	Financial Resources
Business opportunities	Resources for Seniors	Expand the definition of leadership for more inclusion	Transportation Options
Women's Health	Financial planning	Achieving our Mutual Vision	Affordable Housing/Home Ownership
Girls in Math, Science & Technology	Assets building & Planned Giving	Build Self-esteem	Job Training/Re-entry training

**Diversity**

The MWC also becomes involved in special initiatives related to women and girls. An interesting example is BARAC, the Bay Area Regional Action Coalition. BARAC was

Differences are Respected

*Diversity is an Asset*

formed in 2002 by the California Women's Agenda to respond to community needs by connecting, not duplicating, existing Bay Area organizations serving women and girls and turning them into a powerful grassroots network for social change. MWC began working with BARAC in 2003 and subsequently formed BARAC Marin. Through a series of public meetings, Marin County individuals, organizations and the MWC identified many issues that affect women in the County. Key among them was access to vital services via adequate means of transportation. BARAC Marin noted that, given the fact that the economic vitality of women is essential, there is a great need to protect services that ensure their independence and provide transportation systems that allow them to get to work and childcare facilities with relative ease. Residents in Marin County need to ensure that authorities provide transportation options that will better enable women to reach the essential services provided by Marin General's Well Baby Clinic; Marin Community Clinic; Juvenile Prevention Services; and the YMCA in Terra Linda as needed. The bottom line in the report issued to the Marin County Board of Supervisors by MWC, therefore, underlined the fact that "women must count on safe and reliable transportation options to get to their jobs and to care for themselves and their families." The issues that BARAC identified need to be specifically addressed by the two prime agencies dealing with transportation issues in the County.

## **METHODOLOGY**

The consultant contacted and met with representatives from not-for-profit organizations and governmental entities whose work and input informed and enhanced the specific topics addressed in this report. Face-to-face meetings were held with those listed on the attached list of interviewees. Focus group meetings were held with staff from a several key organizations in each of the four selected communities. By holding group meetings, members from different organizations were able to play off each other's ideas and share commonalities. The individual and focus groups interviews took place between February and July of 2007.

Throughout this report, gaps identified by the interviewees (found in the appendices) are not attributed to specific individuals. Likewise, the summaries of findings in both subject areas and in the four selected communities are not attributed. This report only purports to be a qualitative study and not an in-depth research study based on quantitative analyses.

A simple questionnaire was used both in discussions with individual interviewees and in group sessions. The questions posed were:

- 1) What services are currently being providing in your community that primarily affect women and girls?
- 2) What are the gaps/barriers that prevent women and girls from getting needed services in your community and in the County?
- 3) What are possible solutions so that women and girls can be better served?

## **RELEVANT DEMOGRAPHICS**

As of 2005, the population of Marin County (Census Bureau's website) was 248,742. Persons under 5 years of age comprised 7.4% of the population; persons under 18 years of age comprised 26.9%; and persons 65 years of age and over comprised 10.7%. Female persons comprised 50.1 %.

White persons, not Hispanic comprised 75.9%; Black persons 3.1%; American Indian and Alaska Native persons .06%; Asian persons, 5.3%; Native Hawaiian and other Pacific Islanders, 0.2%; persons reporting two or more races, 2.2%; and persons of Hispanic or Latino origin, 12.6%.

## **HEALTH OVERVIEW**

An editorial in the *San Francisco Chronicle* (June 24, 2007) on "Women and Health Care" pinpoints many of the issues facing not only the female population of California writ-large, but also reflects the issues facing the female population in Marin. The editorial points out that "as California moves toward adopting the most comprehensive health-care reform in the nation, the needs of half the state's population-women-must be taken into account". The editorial goes on to point out that a range of obstacles make it difficult for women to gain access to a full range of health services. Women are the major consumers of health care because of their reproductive needs and because they live longer, and because they have higher rates of chronic disease than men. The wages of women still lag behind those of men in CA...an annual median salary of \$37,000 for women compared to \$45,000 for men. Affordability of health care for women is a major issue, and women are at the greatest risk of losing health insurance. One in 5 women receives health coverage as a "dependent" which is endangered when a woman gets divorced or becomes widowed. The problems are especially vital for women with children. The article states that Medi-Cal must be preserved and strengthened, and funding for FamilyPACT which provides funding for family planning services must be preserved. In addition, the Medi-Cal funded breast and cervical cancer treatment programs must be maintained. Californians must insist that all health reform programs cover maternity or preventive services and prescription drugs.

The two major providers of health services to low-income and vulnerable women in the County are the Women's Health Services (WHS), Division of Public Health, Department of Health and Human Services and the Novato Wellness Center. Both provide excellent examples of efforts that are being made in the County to centralize service provision and address in a more coordinated manner the interconnected health concerns facing women.

WHS has, since 1992, provided GYN/family planning and maternity services to the County's most vulnerable populations including low-income teens, women, and their partners. Its main clinic is located at Montecito Plaza in San Rafael (soon to be moved to the new "campus" being built in the Canal). A satellite clinic located in Marin City has just been closed. WHS is the only tri-lingual (English, Spanish and Vietnamese) provider of critically needed medical psychosocial, nutrition, and reproductive health services and the only Comprehensive Perinatal Services Provider (CPSP) and Family Planning Access

Care and Treatment (FPACT) provider at one location in the County. Its TeenSMART clinic works in collaboration close with Huckleberry Youth Programs where family planning services focused on teens utilizing a combination of peer education, case management, outreach services, and free, drop-in services are provided.

A ground-up collaborative, the Novato Wellness Center (NWC), had been planned for five years and opened in 2006. Mental health, substance abuse, reproductive health, and case management are all provided under one roof. The Center provides a unique model in Marin as it builds on linkages between services already in place and strives to avoid duplication of services. The Novato Wellness Center is a project of the Novato Youth Wellness Collaborative (NYWC). The mission of the NYWC is to provide young people in Novato with a full spectrum of accessible resources. Four partner organizations provide a host of services, many of which are specifically designed to address women's needs. These organizations are Bay Area Community Resources (BACR), Huckleberry Youth Programs (HYP), Novato Youth Center (NYC) and Planned Parenthood of the Golden Gate (PPGG). Other services provided by both the County and private organizations include dental services, reproductive health services, a drinking/driving program, and a parent-child interaction therapy program. Many of the services are provided by both English and Spanish-speaking staff.

The County of Marin has recently contracted with a consulting group, the Abaris Group, to work under the direction of Marin County Health and Human Services, and in conjunction with prominent healthcare leaders in Marin, to conduct a study entitled the *Marin County Healthcare Safety Net Project*. This project will analyze all aspects of healthcare in Marin. It will obtain input from a wide range of stakeholders including safety net users, healthcare providers, clinics, hospitals, primary and specialty care physicians, and consumers. It will include an assessment of healthcare services in the County and projection of future and current health care utilization (up to 20 years). Town hall meetings will be scheduled throughout the very early phases of the project. While this study might not specifically be focused on women's issues, its findings might nonetheless have a significant impact on the way health issues are addressed in Marin the coming years.

## **EDUCATION OVERVIEW**

There are 19 separate school districts in Marin each with its own board. Therefore, the creation of an integrated approach to educating youth is paramount. Education officials must work in close tandem with law enforcement officials, mayors, and city councils to put education on the front burner as a policy issue. Schools, parents, the community at-large, and the Department of Health and Human Services all must work together to provide a coordinated approach in the 19 districts.

The Marin County Office of Education is directing a lot of attention and energy to the issues surrounding early childhood education, and the approach is to emphasize the need for the interdependence of services.

The July 2007 issue of *Forbes Magazine* examined 775 schools across the country that have high property taxes, and ranked Marin County # 1 in per pupil spending against graduation rates, exam participation and results either on the SATs or ACT tests. Yet many problems still exist, and there is much work to be done. The issues identified by the interviewees that are detailed in Appendix Two show that education efforts in the County could be better coordinated to reflect the diverse populations attending the County's schools. Additionally, issues that specifically affect girls (who comprise at least half of the County's school population) must be addressed separately by County officials.

## **TRANSPORTATION OVERVIEW**

The Marin County Transit District (MCTD) was formed in 1964, and it provides local transit services within Marin County. It contracts with other providers, including Golden Gate Transit and WhistleStop Wheels for local bus and Para transit services. The Transportation Authority of Marin (TAM) was created in 2004, with the passage of the County's first transportation sales tax. TAM is responsible for managing these tax funds and implementing the Sales Tax Expenditure Plan. It acts as the County's Congestion Management Agency. Funds from the sales tax are the largest source of funding for the MCTD agency. MCTD addresses issues such as local fixed route services, specialized transportation services for seniors and persons with disabilities, youth and low-income residents.

As a recent TAM study stated, "In the past, we have been able to keep up with the demand for travel by widening the roads and making better use of existing systems. However, the continued widening of roadways is costly, and may harm our environment and the character of our communities. Widening roads alone can no longer keep up with growing demand. Looking into the future, one thing is clear...to manage congestion, we will have to provide a richness of choices that will enable people to travel differently, creating a sustainable transportation system that promotes mobility and maintains the quality of life we enjoy in Marin County." It appears that TAM not only recognizes the transportation issues that the County is facing but is working to create a path to possible solutions.

There are multi-faceted approaches in the County to addressing transportation issues. MCTD has done a transportation study in the Canal. A study in Marin City will be started in the very near future. Novato is the third location that will be studied. TAM is doing a study in West Marin and community meetings will be held. After studies are done, the communities must advocate for sources of funds for programs such as "Safer Routes to Schools" which is funded out of sales tax monies.

The "Safe Pathways" program, which exists in 45/60 schools in Marin has helped in the Canal and should be implemented in Marin City. The key is a volunteer corps between parents (typically women participate), teachers, and the community-at-large. Marin County recently received \$25 million in federal funds to direct to the betterment of transportation systems. It was one of only four counties in the country to receive these funds! Advocacy for more funds has to be a continuous process.

Adequate transportation systems are, as one interviewee said, “a civil right” for women and girls. Especially for females, security and safety issues are paramount. Emergency transport systems are essential for pregnant women. Transport to health facilities, especially for women who are dependent on spouses, friends or neighbors to drive them to doctor’s appointments must be accessible and available at convenient hours.

## **ELDERLY OVERVIEW**

### **Summary**

Agencies that either directly or indirectly address the needs of the elderly or provide direct services for them in Marin County are almost too numerous to mention. Yet as the population of Marin is graying rapidly, elderly women especially are most likely to be disproportionately affected by inadequate services. The Marin County Division of Aging, Department of Health and Human Services’ publication *Live Long, Live Well: A Strategic Plan for Aging Services in Marin County 2004-2014* states, “It [Marin] has the oldest proportion of persons aged 60 and over in the Bay Area, a population that grew 16.2% between 1990 and 2000. By 2008, Marin’s older population is expected to grow at a significantly faster rate than the total county population, with a growth rate in the age group 85 and older that is six times the rate of growth of the overall county population.”

In this same report, “a roadmap for creating healthy aging communities in Marin based on the vision that of communities that value the independence, autonomy, and full participation of their residents as they grow older and promote their health, happiness and dignity” is created. The gaps that this report identifies mirror those that were identified during both individual and group interviews for the MWC study. These range from inadequate access to health care; inaccessible transportation systems; lack of affordable housing; isolation; and inadequate funding for a growing list of support services.

### **GAPS IDENTIFIED BY THE INTERVIEWEES IN MARIN CITY**

Interviewees in Marin City stated that many of the problems identified by Doug Quiett in the *Wested Study* over ten years ago still exist. The study found that the very factors that affect many low-income communities also hinder the agencies that serve them. “Disadvantaged families weren’t getting the help they needed because the agencies supporting them were in crisis and struggling to survive,” explained Quiett, Senior Program Associate with WestEd’s Center for Child & Family Studies.

The study pointed out that state and local budget cuts exacerbated the problems in already struggling agencies and created what he called “battered agencies” out of organizations that were once well-funded and well-organized. “Today, there are many more examples of agencies in crises,” Quiett says, “and everyone is feeling the pressure”. He emphasizes that these issues are not specific to Marin City, but prevalent within all types of community work.

During interviews with both individuals and a focus group in Marin City, it became clear that the issues the community needs to resolve remain close to those identified in the *Wested Study* and many challenges remain.

The salient issues identified by the interviewees included:

### Funding

Funding for all social services is the most serious of all the problems. Residents complained that while the Canal will benefit from a brand new \$71 million facility providing comprehensive services and supported by community funds, Marin City is literally ignored when it come to this kind of effort.

### Isolation

Interviewees emphasized that both young girls and older women in Marin City feel a great degree of isolation. There are no stores, and no amenities. Elderly women are often confined to their homes with little support and little badly needed assistance.

### Image

Marin City has an “image” problem that is hard to overcome. The attitude of “stay in Marin City” is reflected everywhere. This is projected by the media, which has “criminalized” Marin City.

### Health Care

Health care is either not available or severely under funded in Marin City. The Marin City Wellness Center where more than 50% of the patients are women was conceived as a comprehensive, medically supervised program built around a medical model providing primary and preventive services to the underserved populations of Marin City. But it has to rely on volunteer labor. The clinic needs at least four times the funding it received when it opened. The staff consists of one black doctor, and one white doctor from the city. The clinic needs to have a nurse practitioner and someone to relate to adolescent girls. The breast cancer awareness campaign has only chosen certain people to participate, and there are no mammograms at the Marin City Wellness Center. Cases of Alzheimer’s disease are on the rise. Seniors need round-the-clock care.

### Transportation

There are a multitude of problems surrounding the issue of transportation. Golden Gate Transit has raised its prices. The buses stop running at eight o’clock p.m. in and out of Marin City. The fact that the satellite clinic of the County’s Women’s Health Services has just been closed down will hamper the ability of women in Marin City to receive badly needed services and cause them to have to travel distances to receive care. It is

extremely difficult for women to get to the Montecito clinic and most cannot get there at all. The same will apply to the new facility in the Canal.

### Juvenile Justice

There are mounting issues related to juvenile justice, and a disproportionate number of Marin City youth are in Juvenile Hall. People are stealing for basic needs.

## **GAPS IDENTIFIED BY THE INTERVIEWEES IN THE CANAL**

The overriding issues in the Canal are related to the growing issues surrounding immigration. Poverty, lack of education, lack of access to health care, and the environment negatively impact the Latino population in Marin. The salient issues identified by the interviewees included:

### Cultural issues

- Immigration issues affect everything and dominate concerns in the Canal. Related issues include inadequate housing, isolation due to the fact that undocumented residents cannot get drivers' licenses to drive children to schools and families to medical and other appointments, problems with employment, and major exploitation of employees.
- Literacy and language barriers are paramount. Women need to have greater opportunities to learn English. Men mainly attend ESL classes. Women stay home with the kids. Literacy is a major barrier to access to a whole host of services and community resources.

### Poverty

- Even though women in the Canal might have a higher level of employment, they experience more poverty.

### Safety

- Many Latinos report their communities are unsafe and they experience violence.

### Childcare

Comprehensive and affordable childcare is a major area of concern by the residents, and there has been a change in the state law undocumented women are not allowed to be childcare providers. Housing

- There is a definite lack of affordable housing.
- Transitional housing for women affected by domestic violence is a growing issue.

### Isolation

- Outreach is needed into the homes. Women feel isolated for a variety of reasons as outlined above.

### Health Care

- Approximately 25% of the residents have no health insurance, and cost is the primary reason.
- Emergency food distribution systems are needed.

## **GAPS IDENTIFIED BY THE INTERVIEWEES IN WEST MARIN**

West Marin, a relatively self-contained community, nonetheless suffers from somewhat of an isolation problem. Some of the salient issues that the interviewees identified include:

### Social Services

- The West Marin Multi-Services Center provides outpatient mental health services including individual, couple and group and family therapy for children and adults. There is also a psychiatric medication clinic. Social services include in-home support services, child protective services, out-of-home placement, adult protective services, Medi-Cal, food stamps, and Cal WORKS. The center offers information and referral and outreach and bi-lingual services, individual and group drug and alcohol treatment, and referrals. Nonetheless, there is a constant need for more funding for this service.
- In-home support services are needed. Most workers won't take the \$10.50/hour that is available for non-skilled work. If the providers work 80 hours/month, they are eligible for health benefits through Kaiser, but many do not avail themselves of this opportunity.
- More volunteers are needed to provide social services.

### Elderly

- Elderly individuals cannot get around without cars.
- Latinas, who appear to be especially comfortable working with elderly people, face major documentation problems.

- Safety issues loom large, especially for older women. There is never enough money to make their homes safe.

### Health

- Affordable dental services are severely lacking. In women of childbearing age, there is a lot of diabetes and gum disease.
- There are growing nutrition-related issues.
- A counselor was on contract from Catholic Social Services but there is no longer a drug and alcohol counselor.
- There is an adult day-care center, but they are in severe financial trouble.
- Latinos tend to go to Santa Rosa for services

### Transportation

- Marin Transit needs to look for ways to improve the Stagecoach Coastal Route 62 to meet more of West Marin residents' needs and ensure it becomes a permanent part of the transit system.

## **GAPS IDENTIFIED BY THE INTERVIEWEES IN NOVATO**

The overriding concern expressed by the interviewees in Novato centered on the fact that although Novato is not technically seen as a “fringe area”, it’s an area where needs are not being adequately addressed. Salient issues identified by the interviewees included:

### Case management

- Case management needs to be strengthened, especially follow-up to primary care services. Huckleberry does it, but they don’t get public funding.

### Childcare

- There is a lack of childcare scholarships. The state has given some, but this is not enough.
- Pre-school care is a huge issue. The Novato Youth Center has a program, but there are staffing issues, and there is only one teacher for 3 infants which affects the quality of the program.

### Transportation

- Lack of good transportation is a big issue in Novato. Golden Gate Transit is focused on commuters and not on day-to-day travelers within the community. Additionally, the bus routes have stopped running to points south.

## **SUGGESTED NEXT STEPS FOR THE MWC**

In conjunction with both County officials and members of the community-at-large, the MWC can become a bold advocate in promoting issues related to women and girls to County officials and within the Marin community-at-large.

- MWC needs to include representatives from each of the four selected communities on the Commission. Currently, there is not a representative from Marin City.
- MWC can act as a clearinghouse for resources related to women's issues.
- MWC can facilitate the provision of technical assistance to organizations within the selected communities with such tasks as grant writing, resource development and lobbying.
- The Women's Commission can foster stronger collaboration between organizations that define bettering the lives as women and girls as an objective.
- The MWC can hold periodic town meetings in each of the four selected areas. It is essential that input be received at the grassroots level in order to include a variety of stakeholders.
- The MWC can set priorities for the County regarding the issues facing women and girls.
- The MWC can act as catalyst for the integration of services in the County by bringing organizations together in community fora.
- The MWC can urge the re-formation of the Marin Women's Services Coalition that existed in the 80s and play an active role in catalyzing the issues identified by this coalition.
- The MWC can advocate at the State and Federal levels for funding for education, health and transportation needs and for support of the growing needs of the elderly.
- The MWC can reinvigorate BARAC- Marin to further develop insights on transportation issues from the perspective of women.
- The MWC can conduct public awareness campaigns on issues affecting women and girls.

- The MWC can establish a presence at events held during Marin's Bi-national Health Week.
- The MWC can take the lead on urging various County departments to conduct in-depth research studies on a variety of issues facing women fashioned after the Department of Marin County Division of Aging's, *Live Long, Live Well: A Strategic Plan for Aging Services in Marin County 2004-2014*.
- The MWC can undertake a special initiative regarding Marin's female elderly population and advocate for support for the special needs of this population. The MWC can work with County officials to ensure that elderly women are appointed to the Commission.

## Appendix One

### GAPS IN HEALTH SERVICES AS IDENTIFIED BY THE INTERVIEWEES

- Increasing numbers of women are underserved or uninsured. 60% of Latinos in the County are uninsured and they lack a regular source of health care for emergency visits and preventive care. Latinos are not receiving health care at the same level as other groups in the County.
- There is a decrease in the availability of culturally appropriate psychosocial services.
- Mental health issues for women are not being adequately addressed especially those related to the overwhelming pressures imposed by: parenting; the need mothers time to have time for self-care; the isolation that the mothers of young children often feel and their need for connection and support; depression including post-partum depression; sexuality and sexual responsibility; financial stress especially for single parents; and the pressures imposed from lack of child support.
- Little attention has been paid to the growing number of girls who have eating disorders, although the Mental Health Board has formed a task force to address the issue. Concerns about body image, especially among young girls, are a growing problem. Obesity is on the rise, and young girls are the most vulnerable.
- Women need help in preparing for childbirth.
- There is a need for more closely linked women's health services. Planned Parenthood in Marin, for example, needs to participate more at the County level and link with such programs as the County's breast cancer initiative. One-third of Planned Parenthood's clients come from other counties and more outreach to County residents needs to be done.
- There are not enough places to which women can be referred for primary care services.
- It is almost impossible to find a physician who will see women under the age of 40 with breast lumps. There is one doc, but she charges \$100. If the women are over 40, then FPACT covers mammograms and cancer treatment. After 50 years of age, however, it is hard to get a pap test covered.
- Finding culturally competent Medi-Cal providers in the community is increasingly more difficult since there is a decrease in provider payment rates.
- There is a definite shortage of bi-lingual providers.
- The WHS clinic has greatly exceeded its capacity; and women have to get routine GYN exams.
- There is a major need throughout the County for better recruitment of physicians who provide services to women.
- Marin City Clinic just closed and women there will be underserved.
- There is no funding for the County's OB clinic.
- In West Marin, there is a huge gap for women and girls who seek specialty services. If they are undocumented, and therefore ineligible for Medi-Cal, they cannot get an ultrasound unless they travel to Santa Rosa.

## **Appendix Two**

### **GAPS IN EDUCATION SERVICES AS IDENTIFIED BY THE INTERVIEWEES**

- Resources for educational services are available in Marin, but there has to be a stronger link between all of the services that affect the provision of educational services including housing, education, transportation and health.
- Drug use is a crucial problem in the schools.
- Girls need more support from parents and teachers as a team before they enter high school.
- There needs to be better communication between the school district and the community at-large.
- Tutoring or mentoring systems for girls need to be strengthened so they feel comfortable at all levels of the educational spectrum.
- Adult women also need educational opportunities. Mothers who didn't finish high school need further educational opportunities.
- The Sausalito School District can't compete with other communities in Marin to recruit good teachers, and there are not enough teachers to go around.
- Parent participation in the schools and help so that kids can start thinking about college from the 5<sup>th</sup> grade on is essential. The model created by the Marin City Network could be replicable.
- Adolescent girls need places to talk about issues and receive adult direction and guidance such as the Marin City Network that conducts a girls' group that meets once a week for two hours.
  
- A chief problem in the Marin schools is self-perception, especially for girls. Young females are still considered to be the bitches and the "hos" and feel it's okay to dress inappropriately.

## **Appendix Three**

### **GAPS IN TRANSPORTATION SERVICES AS IDENTIFIED BY THE INTERVIEWEES**

- There is a huge shortfall of funds for transportation in all of the selected communities.
- A lot of money coming into the County is used to maintain the existing system. Funding at the pumps comes to the county, but the sales tax is not designated for transportation.
- Models need to be developed to address better transportation on local streets and roads and in bike and pedestrian pathways,
- Better transit systems for seniors are needed as they struggle to meet their lifeline needs.
- Getting to school, and getting to work are the overarching transportation-related issues.
- There is a growing need for free transportation for the homeless.
- There is a need for more education programs in the schools regarding bike safety.
- There have to be more crossing guards at intersections.
- Money is needed for capital improvement programs.
- Cross-community transportation systems were a matter of concern in all of the selected communities. All four expressed in some way that they feel isolated in both along the 101 corridor, and within their specific communities as well.
- There is no room on Francisco Blvd for bikes. The intersection of Bellam and Francisco is a dangerous crossing. Those pushing baby strollers are also in danger.
- Transportation is a big issue in Novato. Golden Gate Transit is focused on commuters and not on day-to-day travelers within the community. Kids from the Novato Youth Center used to go on a field trip to Montecito. It took 4 hours with three connections.
- In the Canal, it is difficult, if not impossible, for residents to get to the Marin Community Clinic in Greenbrae

## **Appendix Four**

### **GAPS IN SERVICES for the ELDERLY AS IDENTIFIED BY THE INTERVIEWEES**

- Marin's geography presents a special challenge for elderly residents. For example, the ridge of hills that separates West Marin from the rest of the County makes it difficult for older residents to be served.
- The local public transportation systems lack adequate funding to implement a service to meet the current demand.
- Highway 101 is Marin's principal north-south transportation artery, and it impedes emergency services greatly of which the elderly are the prime users.

- Limited local revenues make it difficult for cities to do more than respond to the emergency needs of their older and disabled residents. Local fire and police departments have to fill this role.
- Budgetary constraints from the Department of Health and Human Services limit the extent to which the County can serve its growing elderly population.
- There is a critical lack of affordable senior housing, and almost no affordable assisted living in Marin.
- The shortage of Medi-Cal nursing home beds in the County forces those dependent on Medi-Cal funding to leave the County.
- The system of community and publicly funded services for the elderly is fragmented.
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- Finding a primary health care doctor who will treat elderly patients in Marin is very difficult.
- There is a huge workforce shortage of nurses, home health aides, certified nursing assistants, and home care workers to work with the elderly. The high cost of living remains a barrier for health care workers (primarily women) who wish to live in the County causing a workforce shortage to serve the elderly population.
- Aging frequently is accompanied with isolation. Sometimes, the elderly have little or no human contact on a daily basis. This was pointed out as a problem that disproportionately affects women, especially in “isolated” communities like Marin City and West Marin. 68% of women over 75 years of age live alone and isolation is a growing problem for this population.

## **LIST of INTERVIEWEES**

Mary Jane Burke, Marin County Superintendent of Schools, Marin County Office of Education

Kristine Fowler Cirby, Attorney-at-Law, Executive Director, Family and Children's Law Center

Kendra Downey, Nurse Practitioner, Planned Parenthood of the Golden Gate

Juanita Edwards, Marin City Network

Ericka Erickson, Associated Director, Grassroots Leadership Network

Elberta Eriksson, Member MWC

Celia Graterol, MPH, Associate Executive Director, Canal Alliance

Melissa Fike, MFT, Coordinator, Novato Youth Wellness Collaborative, Novato Wellness Center

Mary Marie Gaines, Executive Director, Marin City Community Services District, Marguerita C. Johnson Senior Center

Donna Garske, Executive Director, Marin Abused Women's Services.

Terry Green, Director, Marin City Health and Wellness Center

Margaret Hallett, Executive Director, Family Service Agency of Marin

Marlene Jones, Ed.D. Executive Director, Marin City Health and Wellness Center

Marcia McLean, Member, MWC

Rebecca Porrata, RN, PHN, Senior Health Nurse Bilingual, Division of Public Health, Department of Health and Human Services, Point Reyes Station

Veronica Reed, Executive Director, Novato Youth Center

Kathleen Roach, Public Health Nurse, West Marin

Moreva Selchie, Member, MWC

Diane Steinhauser, Executive Director, Transportation Authority of Marin

Jane Stringer, FNP,CNM, Point Reyes Medical Clinic

Frima Stewart, Chief, Public Health, Health and Human Services

Gail Theller, Executive Director, Community Action Marin

Jody Timms, Ph. D., PA, Chief of Women's Health Services, Women's Health Services, Division of Public Health, County of Marin

Tom Wilson, Executive Director, Canal Alliance

Wanden Treanor, Attorney-at-Law,

Sharon Turner, Project Director, The Marin City Network

Amy Van Doren, Transit Planning Manager, Department of Public Works, Marin County Transit District

Patricia Warren, President, Marin County Board of Education

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The consultant also attended a meeting of ISOJI, a grassroots group of activist community builders in Marin City whose goals are community healing, unity, social justice and community self-determination. ISOJI meets every month at the Marin City Senior Center where a variety of issues are discussed in the general areas of government and economics, health and education and the environment. Topics covered include: Sutter Hospital; Multi-Disciplinary Social Services; Marin City Organic Food Stand; Fatherhood Program; education equity, mental health, etc.