

Marin County 2022 Community Needs Assessment

A Summary of Key Findings



Healthy Marin Partnership
Advancing Health Equity

Focusing on Health Inequities to Ensure Good Health for ALL in Marin

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Introduction & Background

Purpose of a Community Health Assessment

A community health assessment (CHA) is a systematic examination of the overall health status of a given population. This data is used to inform organizations about their community's current health needs and perceived issues, as well as to identify significant factors affecting local health outcomes. The information also contributes to the development of a Community Health Improvement Plan (CHIP) by justifying how and where resources should be allocated to best meet community needs.

Benefits of a Community Health Assessment include:

- Improved communication and collaboration between organizations and the community
- Increased knowledge about public health and the interconnectedness of local activities
- Strengthened partnerships within state and local public health systems
- Identification of system gaps to address in quality improvement efforts
- Establishment of performance baselines to use in preparation for accreditation
- Identification of benchmarks for public health practice improvements¹

A CHIP is an action-oriented plan for addressing the most significant issues identified by community partners during the CHA process. The objective of both the CHA and CHIP is to leverage resources, and programs in an efficient and outcomes-based manner to improve local health. [Link to 2019 Marin County CHIP](#).

In addition to preparing agencies and organizations to work together with shared goals, the CHA is a required activity for organizations in the health and social sectors. The 2010 Patient Protection and Affordable Care Act requires that all nonprofit hospitals conduct a community health needs assessment and develop an implementation strategy every three years.²

A needs assessment is also required for all health departments that are pursuing or maintaining Public Health Department Accreditation through the [Public Health Accreditation Board \(PHAB\)](#). Marin County Department of Health and Human Services' Public Health division is currently working toward accreditation.

The Community Health Needs Assessments for each Marin hospital are available here:

1. Kaiser Permanente: [link to report](#)
2. MarinHealth Medical Center: [link to report](#)
3. Sutter Health's Novato Community Hospital: [link to report](#)

¹ CDC Public Health Professionals Gateway <<https://www.cdc.gov/publichealthgateway/cha/plan.html>>

² IRS Federal Register Vol. 79 No. 250 <<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>>

Demographic Profile of Marin County Residents

Marin County has an estimated population of 259,943 (51% female; 49% male).³

Marin County is the defined service area for the collaborative partners of this CHNA. Marin County includes the cities of; Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael (the county seat), Sausalito, Tiburon, and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

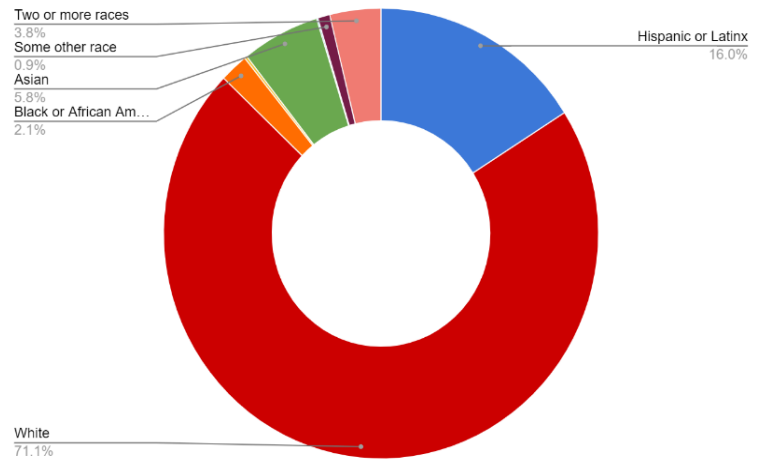


Figure 1: Marin Residents by Race/Ethnicity

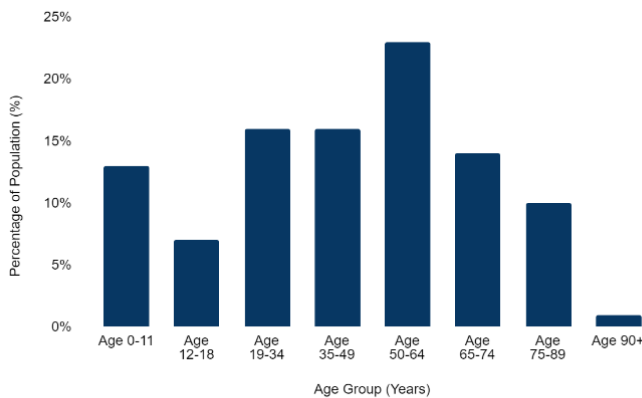


Figure 2: Marin Residents by Age Group

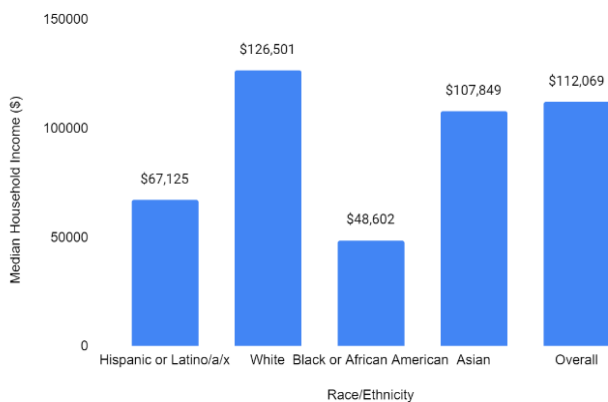


Figure 3: Median Household Income by Race/Ethnicity³⁺

Marin County covers 520 square miles, much of which is preserved as parks, tidelands, and agricultural areas. Most of the population lives along the Highway 101 corridor, dividing the county into a more suburban environment in the eastern part of the county, and more rural environment along the coast and western side of the county. Marin County has the 5th largest personal income per capita of all counties in the nation⁴, yet areas of the county have large proportions of economically vulnerable populations which include Novato, Marin City, the communities of West Marin, and portions of San Rafael.

Median income varies widely between communities in Marin. Average annual income for Black and Hispanic/LatinX residents are each less than half of that of their White counterparts.³

³ US Census Bureau; American Community Survey 5-year estimates (2015-2019)

⁴ US Bureau of Economic Analysis, Personal Income by County & Metropolitan Area (2021); <https://www.bea.gov/data/income-saving/personal-income-county-metro-and-other-areas>

*Data for American Indian and Alaskan Native residents not available.

Racial and Ethnic Health Inequities throughout the Life Span

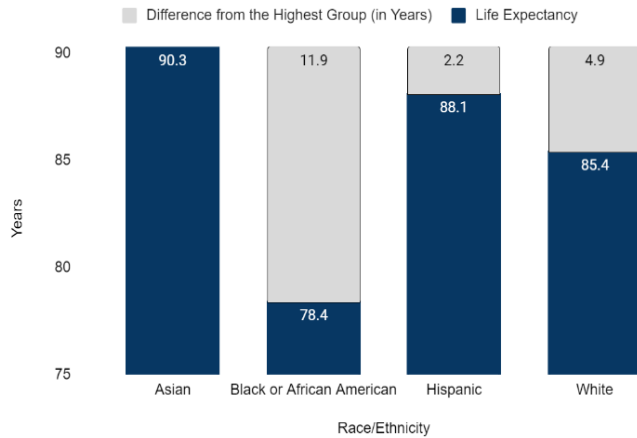


Figure 4: Life Expectance by Race/Ethnicity

The Black population in Marin County had the lowest life expectancy, highest premature age-adjusted mortality, highest premature death, and highest percent of babies born low birth weight, compared to any other racial and ethnic group. The Black population in Marin had a premature age-adjusted death rate and years of potential life lost (YPLL) before age 75 than twice that of all other racial and ethnic groups.

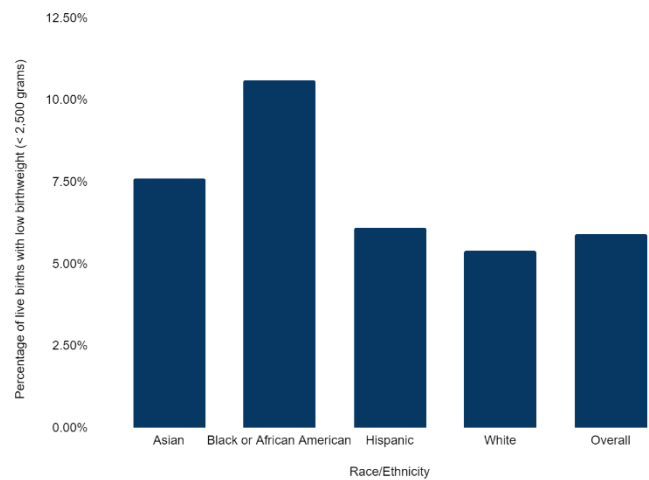
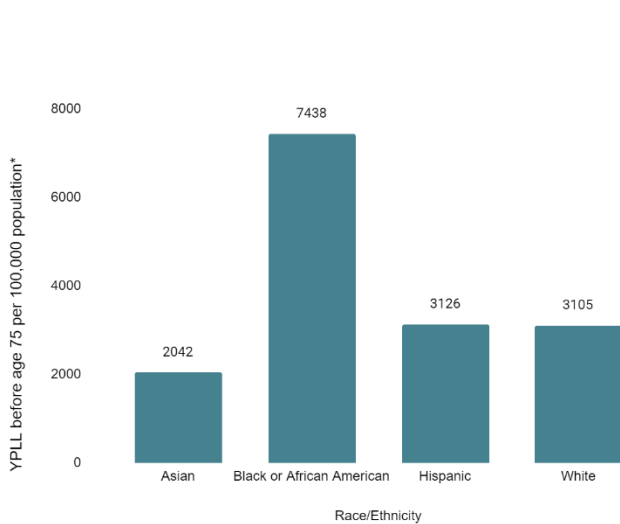


Figure 6: Percentage of Live Births with Low Birthweight

Table 1. Health Outcomes by Racial and Ethnic Group⁵

Health Outcome	Description	Race/Ethnicity				
		Asian	Black or African American	Hispanic	White	Overall
Child Mortality	Number of deaths among children under age 18 per 100,000 population.	~	~	18.6	13.6	15.3
Premature Age-Adjusted Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	111.8	389.4	136.4	162.9	166.8

Items in **bold** are higher than the county-wide estimate for each health outcome.

~ Indicates Data Not Available. Data was not available for any of the listed health outcomes for American Indian/Alaska Native Race/Ethnicity

⁵ Data Source: University of Wisconsin Population Health Institute. 2021. County Health Rankings State Report 2021. <https://www.countyhealthrankings.org/app/california/2021/downloads>

Racial and Ethnic Inequities in Marin County – Socio-Economic Factors

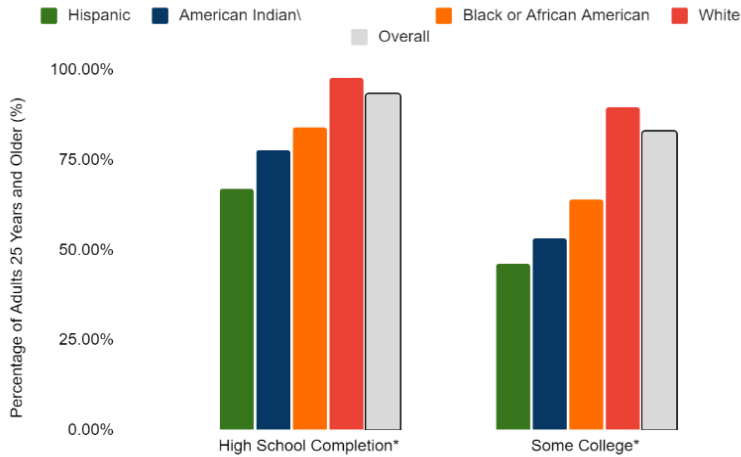


Figure 7: Educational Attainment by Race and Ethnicity

Hispanic/Latinx residents in Marin County had lower educational attainment (high school completion, college attendance) and third grade reading and math levels in comparison to all other racial and ethnic groups.⁶

*Some College: Percentage of adults ages 25 and over with some post-secondary education.; High School Completion: Percentage of adults ages 25 and over with at least a high school diploma or equivalent.

Hispanic/Latinx residents also had a higher percentage of the population living in poverty and the highest uninsured population. Data on median income revealed that the lowest median income was among the Black population in Marin County despite higher levels of educational attainment and some college than Hispanic/Latinx residents.⁷

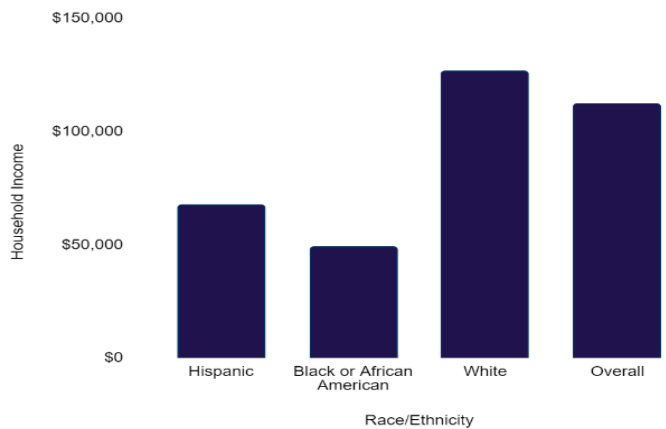


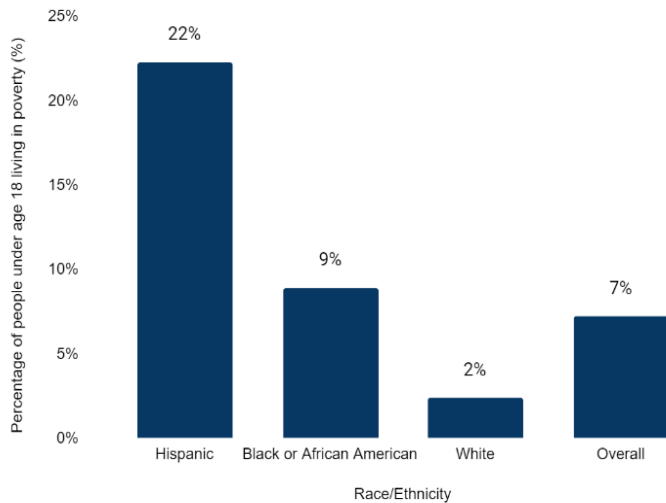
Figure 8: Median Household Income by Race/Ethnicity

Table 2: Health Factor by Racial and Ethnic Group⁸

Health Factor	Description	Race/Ethnicity					
		Hispanic	Black or African American	White	Overall	Asian	American Indian\ Alaska Native
Uninsured Population	Percentage of the civilian, non-institutionalized population without health insurance.	12.40%	6.8%	1.60%	3.50%	2.80%	12.60%

⁶ Data from 2015-2019 American Community Survey 5-year estimates tables B15002, C15002B, C15002C, C15002D, C15002H, and C15002I.

⁷ Data from 2015-2019 American Community Survey 5-year estimates table S2701, S1903.



Further examination of health and social equity data includes the indicators of suspension rate by race/ethnicity and the Marin County teacher/student diversity gap. Black or African American student suspension rates in Marin County schools are twice that of any other group. Further the diversity gap, shown in Table 3, between teachers of color to that of students of color in Marin County schools is 32%.⁸

Figure 2: Children Living in Poverty by Race/Ethnicity

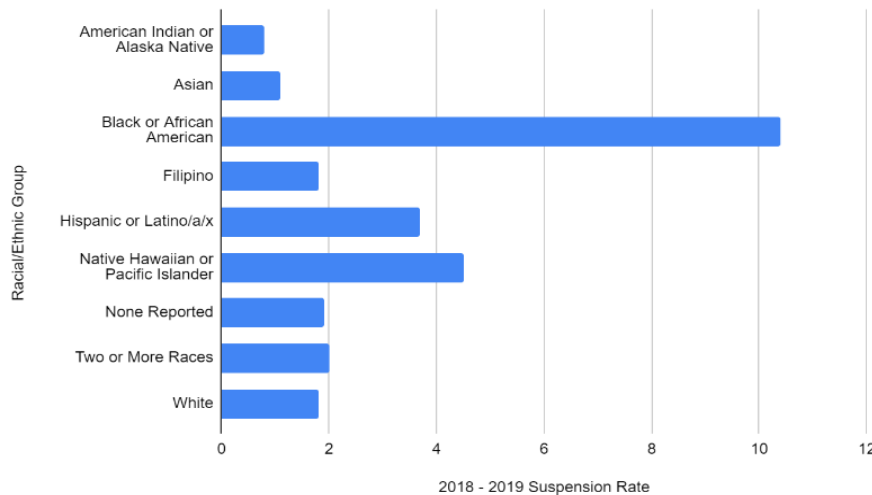


Figure 3: 2018-2019 Suspension Rate by Race and Ethnicity

Table 3. Marin County Teacher/Student Diversity Gap⁹

Credentialed Teachers of Color	All Students of Color	Gap
11%	43%	32%

⁸ EdData: Education Data Partnership. Marin County. Retrieved from <http://www.ed-data.org/ShareData/Html/51187> on 26 March 2022.

⁹ Marin Promise Partnership. 2021. Students and Educators of Color in Marin County. Retrieved from <https://www.marinpromisepartnership.org/students-educators-of-color/> on 25 May 2022

The Impact of Coronavirus 2019 (COVID-19) Pandemic

COVID-19 data related to mortality, cumulative incidence, and vaccination rates at the county aggregate level show that Marin County fares well in all four areas in comparison to state rates. Marin County has lower COVID-19 death rates, a lower-case fatality rate, lower cumulative incidence rate, and a higher full vaccination rate than the state of California. Table 3 shows how COVID-19 cases, deaths, and hospitalizations varied in Marin County between groups defined by race/ethnicity, age, and sex.

Table 4. COVID-19-Related Rates for Marin County¹⁰

Indicators	Description	Marin	California	
COVID-19 Mortality	Number of deaths due to COVID-19 per 100,000 population.	110.8	225.4	Marin: 110.8 California: 225.4
COVID-19 Case Fatality	Percentage of COVID-19 deaths per laboratory-confirmed COVID-19 cases.	0.9%	1.0%	Marin: 0.9% California: 1%
COVID-19 Cumulative Incidence	Number of laboratory-confirmed COVID-19 cases per 100,000 population.	12,944.4	21,672.6	Marin: 12,944.4 California: 21,672.6
COVID-19 Cumulative Full Vaccination Rate	Number of completed COVID-19 vaccinations per 100,000 population.	86,515.5	70,702.4	Marin: 86,515.5 California: 70,702.4

¹⁰ California Department of Public Health; Marin County Public Health; COVID-19 data collected on 11 April 2022

COVID-19 cumulative incidence, deaths and hospitalizations by race and ethnicity, age, and sex show inequities. Specifically, the Hispanic/Latinx population represent only 16% of the county population, yet 37% of all cases and 26.8% of hospitalizations. Additionally, Black/African American county members represent a greater percentage of deaths (4.5%) and hospitalizations (5.2%), than their representation of 3% of the county population.

Table 5. Marin County COVID-19 Outcomes by Race/Ethnicity, Age, and Gender¹¹

	Avg. Population	Percent of Total Cumulative Incidence	Percent of Total Deaths	Percent of Total Hospitalized
White	71%	49.0%	74.1%	56.7%
Hispanic/ Latinx	16%	37.0%	13.4%	26.8%
Multiracial or Other	4%	7.1%	3.1%	5.7%
Asian	6%	4.3%	4.9%	5.6%
Black/ African American	3%	2.6%	4.5%	5.2%
Age 0-11	13%	13.0%	0.0%	0.8%
Age 12-18	7%	11.5%	0.0%	0.5%
Age 19-34	16%	24.3%	0.0%	5.8%
Age 35-49	16%	22.6%	3.3%	15.0%
Age 50-64	23%	17.5%	7.1%	25.4%
Age 65-74	14%	6.1%	18.0%	20.6%
Age 75-89	10%	4.1%	41.8%	23.5%
Age 90+	1%	1.0%	29.7%	8.4%
Female	51%	50.9%	47.3%	42.3%
Male	49%	49.1%	52.7%	57.7%

¹¹ Marin County Public Health

Priority Health Need Summary

Healthy Marin Partnership, Kaiser Permanente, MarinHealth, and Sutter Health collaborate on the Community Health Assessment and then determine their own Priority Health Needs based off the data and findings, as well as their own organizational priorities and resources. Below is a summary of each agency's Priority Health Needs for the 2022 Community Health Assessment.

Healthy Marin Partnership Priority Health Needs

- Meeting Basic Needs (Housing, Jobs, & Education)
- Access to Quality Primary Health Care
- Access to Mental Health & Substance Use Services
- Access to Community Connections

Kaiser Priority Health Needs

- Access to Care
- Income & Employment
- Housing
- Mental & Behavioral Health
- Education
- Structural Racism
- Substance Use

MarinHealth Priority Health Needs

- Access to Basic Needs (Housing, Jobs & Food)
- Access to Behavioral Health & Mental/Substance Use Services
- Access to Quality Primary Care Health Services
- Increased Community Connectedness
- Access to Functional Needs

Sutter Priority Health Needs

- Access to Basic Needs (Housing, Jobs & Food)
- Access to Behavioral Health & Mental/Substance Use Services
- Access to Quality Primary Care Health Services
- Increased Community Connectedness
- Access to Functional Needs

Public Health Briefs



Meeting Basic Needs

Healthy Marin Partnership
Community Health Assessment
2022

Such as Housing, Jobs, and Education

Why does this matter?

Research shows that our health depends more on the conditions where we live, learn, work, and play than on the medical treatment we receive. To ensure health for all in Marin, we must also focus on the social determinants of health, including quality housing, adequate employment, food security, income, education, and social support systems.

Key Indicators

Affordable Housing



Nearly **1 in 5** Marin residents spend a significant portion of their income on housing or are not able to afford secure housing.

- **22%** of Marin residents live in households that are overcrowded, lack kitchen facilities, or lack adequate plumbing) and **19%** of residents spend more than half of their income on housing¹

Economic



In Marin County, the economic gap between those living in affluence and those living in poverty is among the widest on the state.

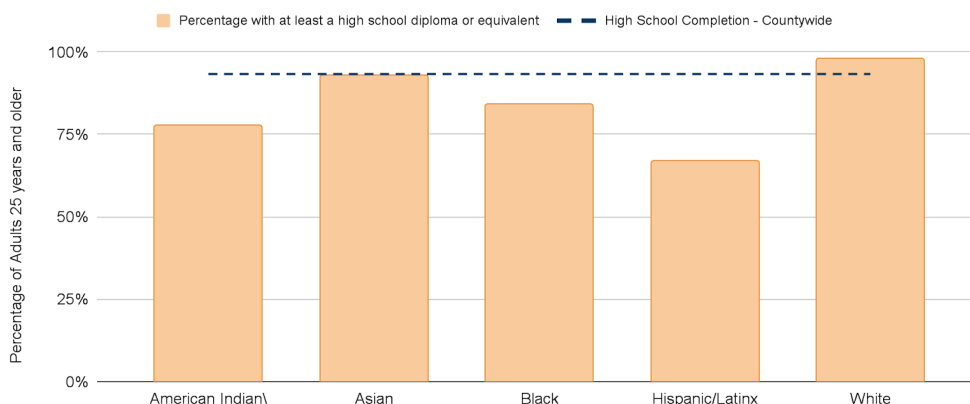
- Household income at the 80th percentile is **six** times higher than income at the 20th percentile, compared to **5** times higher for the state as a whole¹.

Education



Higher educational attainment opens opportunities for stable employment, economic security, health, and longevity. Disparities in the proportion of adults with a high school diploma between communities reflects and reinforces historical inequities in Marin.

- Educational attainment varies by race and ethnicity. A higher proportion of white, non-Hispanic residents have completed these educational milestones than Hispanic/Latinx, Black/African American, or American Indian/Alaskan Native residents.²



¹Robert Wood Johnson Foundation, and University of Wisconsin, 2022. Research Articles. Retrieved 31 Jan 2022 from <http://www.countyhealthrankings.org/learn-others/research-articles#Rankingsrationale>

²US Census Bureau. American Community Survey, 5-year Estimates (2015-2019)

Access to Community Connections

Healthy Marin Partnership
Community Health Assessment
2022

Why does this matter?

Humans are social beings and community connection is a crucial part of living a healthy life. Research suggests “individuals who feel a sense of security, belonging, and trust in their community have better health. People who don’t feel connected are less inclined to act in healthy ways or work with others to promote well-being for all.”¹ Assuring that community members have ways to connect with each other through programs, services, and opportunities is important in fostering a healthy community. Further, healthcare and community support services are more effective when they are delivered in a coordinated fashion, where individual organizations collaborate with others to build a network of care.

Key Indicators

Suicide Mortality



Strong, positive relationships can be protective against suicidal thoughts and behaviors. Connectedness can lead to increased social contact, less social isolation or loneliness, and more positive relationships¹

- Suicide mortality in Marin County is higher than the Statewide average (15.4/100,000 population vs. 11.2/100,000 population).

Excessive Drinking



Nearly ¼ of Marin County adults report binge drinking or heavy drinking, which is higher than the proportion in California (23.4% vs 18.1%).¹

School Suspensions

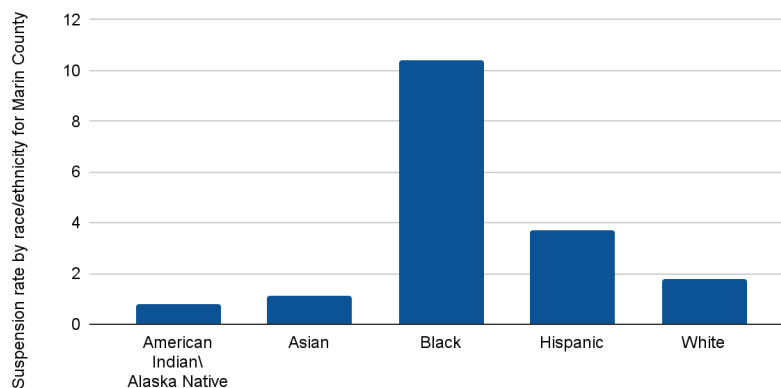


Social connectedness impacts suspension rates, and suspensions negatively impact connectedness. Out-of-school suspension (OSS) disconnects students from important school relationships and academic and social support.²

Programs that increase connectedness at the individual-, school-, and neighborhood-level may help reduce school suspension.³

- The school suspension rate in Marin County schools varies widely by race/ethnicity.

Suspension rate for Marin County schools by Race/Ethnicity, 2018-2019



¹Robert Wood Johnson Foundation, and University of Wisconsin, 2022. Research Articles. Retrieved 31 Jan 2022 from <http://www.countyhealthrankings.org/learn-others/research-articles#Rankingsrationale>

²CDC Preventing Suicide through Connectedness https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue3-a.pdf

³Robert Wood Johnson Foundation. 2016. Building a Culture of Health: Sense of Community. Retrieved 31 Jan 2022 from <https://www.rwjf.org/en/cultureofhealth/taking-action/making-health-a-shared-value/sense-of-community.html>

Access to Quality Primary Care Services

Healthy Marin Partnership
Community Health Assessment
2022

Why does this matter?

Access to comprehensive, quality primary health care — including an affordable, convenient, and reliable source of care — is essential to health. These services support wellbeing, prevent disease, and reduce avoidable disability and premature death. Ensuring equitable access to quality primary health care for all residents is foundational to achieving health equity.

Key Indicators

Insurance Coverage (<65 years)



Compared to the statewide average, Marin County experiences a higher proportion of insurance coverage for those younger than 65 years old (Marin: 95.2% vs. CA: 91.7%) and physicians per 100,000 residents (Marin: 209.7 vs. CA: 147.3).^{1,2}

Differences by Race & Ethnicity



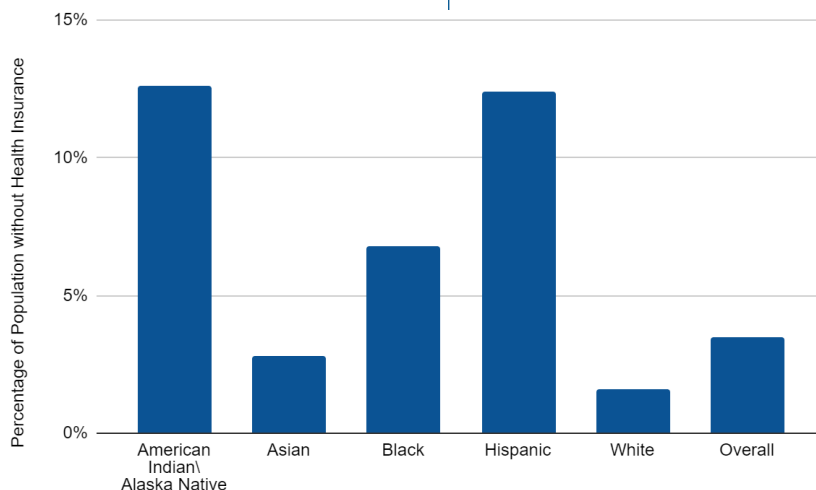
There are important differences in proportion of residents without insurance coverage by race/ethnicity. A higher proportion of American Indian/Alaska Native (12.6%) and Latino/a (12.4%) residents are uninsured, compared with White residents (1.6%).¹

Preventable Hospitalization



A low rate of preventable hospitalizations signifies that many people have access to high quality primary care.

- The rate of preventable hospitalizations in Marin County (501.3 per 100,000 residents) is lower than that of California (948.3 per 100,000 residents).¹



*Data includes non-institutionalized residents.

¹Robert Wood Johnson Foundation, and University of Wisconsin, 2022. Research Articles. Retrieved 31 Jan 2022 from <http://www.countyhealthrankings.org/learn-others/research-articles#Rankingsrationale>

²U.S. Health Resources and Services Administration 2021

Access to Mental/ Behavioral Health and Substance Use Services

Healthy Marin Partnership
Community Health Assessment
2022

Why does this matter?

Access to mental health and substance use services is essential for a healthy community. Mental health affects all areas of life, including physical well-being, ability to work and perform well in school, and to participate fully in family and community life. Marin consistently compares unfavorably to other California counties in key areas of mental health and substance use.

Anxiety, depression, and thoughts of self-harm are on the rise through the COVID-19 pandemic, particularly among Black and Hispanic Americans. Those with fewer economic opportunities often experience higher levels of stress in their daily lives, coupled with fewer resources for coping.

Key Indicators

Overdose Deaths

Drug overdose is the leading cause of accidental death in the county. Fatal and non-fatal drug overdoses are increasing. The age-adjusted opiate death rate is 6.3 per 100,000 residents (state average: 5.7).¹

Death by Self-Harm

Deaths due to intentional self-harm are **26%** higher in Marin compared to California as a whole (age-adjusted death rate: 13.2 for every 100,000 residents in Marin compared to 10.5 statewide)¹

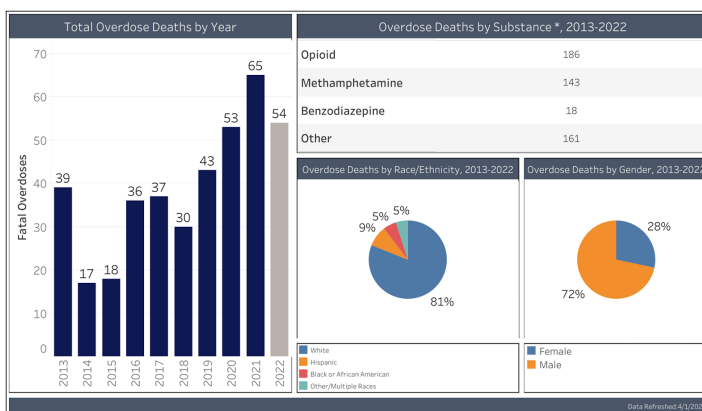
Substance Use

Substance use among youth is also a concern, particularly among youth of color. Native Hawaiian/Pacific Islander and Black students are more likely to report recent alcohol or drug use (39% and 33%, respectively) than students of other racial and ethnic identities.

Mental Health Services

The demand for mental health services continues to outweigh the number of available providers, despite Marin County having a higher rate of mental health providers per 100,000 population than California (668.3 compared to 352.3).² Interviewed community leaders talked about the increase in substance use, and particularly the incidence of overdose. They highlighted the need for **culturally appropriate services** that are tailored to the specific needs of individual communities such as immigrant communities or individuals who are LGBTQ+.

Youth who report substance use are more likely to skip school and have lower grades than those who do not report substance use.



¹CDPH California Vital Data (Cal-ViDa) 2015-2019

²U.S. Health Resources and Services Administration 2021

Data Source: California Department of Public Health, Center for Health Statistics. Accessed via <https://odfreemarin.org/data-dashboard/>