2011 Marin County Local Supplement: County Health Rankings Key Points



HOW HEALTHY IS OUR COUNTY?

For the second year in a row, Marin ranks #1 in California in both Health Outcomes and Health Factors.

- Marin is ranked #1 in three out of the six main categories.
 - Lowest in Mortality
 - o Best in Clinical Care
 - Best in Physical Environment
- Marin is ranked #2 in Health Behaviors and in Social & Economic Factors, and is ranked #3 in Morbidity
- Marin is ranked #1 in California for the following 8 indicators.
 - Lowest premature death
 - Lowest unemployment
 - Lowest percentage of children in poverty
 - Lowest teen birth rate
 - Lowest motor vehicle crash rate
 - Fewest poor mental health days
 - Lowest air pollution ozone days
 - Lowest in adult obesity

The Rankings illustrate how wealth or a high socioeconomic status is strongly associated with health. Compared to California, Marin has a greater proportion of adults with college degrees, twice the per capita income, twice the median home value. As one of the wealthiest counties in California, Marin enjoys the benefits that are associated with having a high degree of wealth and education. However, it's important to recognize that not everyone in Marin enjoys high levels of wealth and health.

The County Health Rankings

What: State-by-state rankings of the health of each county in the United States, based on data collected nationwide from 2001-2009*.

Who: The Robert Wood Johnson Foundation (RWJF) and The University of Wisconsin Population Health Institute (UWPHI)

When: Annually - 2011 Data Released

March 30, 2011

Where: www.countyhealthrankings.org



*all data sources can be found at http://www.countyhealthrankings.org/sites/default/files/2011%2 OCounty%20Health%20Rankings%20Measures.pdf

	Marin	California
2011 Population ¹	254,021	39,609,709
College Degree ² (≥25 yrs)	56%	38%
Per Capita Income ³	\$89,139	\$42,395
Median Home Value ⁴	\$880,000	\$479,200
Percent of individuals living under 300% Federal Poverty Level ²	28%	46%

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How does Marin County compare to the other 56 counties ranked in California?*

Where Marin County Excelled:

Premature Death: Top 5% Unemployment: Top 5% Children in poverty: Top 5% **Some College: Top 5% Teen birth rate: Top 5%

Motor Vehicle crash rate: Top 5%
[†]Poor mental health days: Top 5%

**Access to Recreational Facilities: Top 5%

[†]Poor or fair health: Top 5% Adult obesity: Top 5%

Preventable hospital stays: Top 5% Single-parent households: Top 10% Primary care provider rate: Top 10%

Violent crime rate: Top 10%

[†]Poor physical health days: Top 10%

†**Inadequate social support: Top 10%

Air pollution particulate matter days: Top 10%

Access to healthy foods: Top 25%

[†]Adult smoking: Top 25% Uninsured adults: Top 25%

**Mammography Screening: Top 25%

Air pollution ozone days: Tied for #1 with 16 other counties

Where Marin County Needs Some Improvement:

Sexually Transmitted Infections (STI): Between 25%-50%

Low birth weight: Between 25% and 50%.

The STI rate is a measure of 2008 Chlamydia infections per 100,000 population and includes the San Quentin prison population. In 2008, 23% of the cases were from San Quentin⁵. It is unknown how exclusion of San Quentin cases would affect Marin's ranking against other counties, because prison populations were likely included in other county rankings as well.

The low birth weight indicator may have been possibly affected by a higher percentage of older mothers. Marin County also has a higher than average use of fertility drugs, which has been shown to be associated with a higher prevalence of multiple births that is associated with more low birth weight babies.

Where Marin County Needs Significant Improvement:

Diabetic Monitoring of Medicare patients (defined as percent of diabetic Medicare enrollees that receive HbA1c screening in the past year): **Bottom 50%**

***Excessive drinking: Bottom 15%

†Data collected from Behavioral Risk Factor Surveillance System 2003-2009 and may vary from other local sources used in county health reports and factsheets due to statistical sampling methods.

Marin ranks in the top 25% of California counties in 13 additional indicators

- We are in the **top 25%** in 22 of the 27 indicators.
- We are in between 25% and 50% in 2 of the 27 indicators.
- We are in the **bottom 50%** in 2 of the 27 indicators.

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^{*}Sierra and Alpine counties were not ranked.

^{**} New indicators

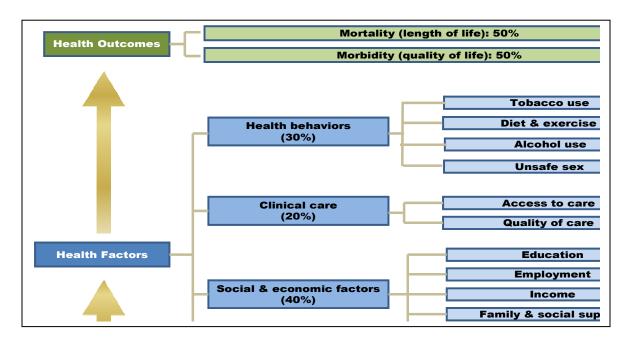
^{***} Per Rankings, frequent migration of students into school districts showed a 4-year graduation rate of over 100%, making it impossible to rank high school graduation rates against other counties.

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Much of what influences our health happens outside of the doctor's office. In addition to examining mortality and morbidity, the *Rankings* look at:

- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment



How did Marin County's ranking change since 2010 rankings?

- -Some of the indicators used in last years rankings in which Marin fared poorly, are no longer used.
- Important to note that the data in these indicator have <u>not</u> changed since last year.
 - <u>Marin still fares poorly in liquor store density</u>. Marin is tied with 6 other counties with the 8th highest liquor store density rate at 10 liquor stores per 100,000 population.
 - Marin still fares poorly in income inequality. We do not have updated data on income inequality, but this issue has likely not changed. We ranked second to the bottom in this indicator in 2010. Income inequality affects how communities invest in health and well-being of individuals and how individuals perceive both their status within and in connection to the community. It can generate spatial segregation in residence along both racial/ethnic and economic lines. Spatial isolation of wealthy from poor results in selective abandonment of poor and racial/ethnic minority neighborhoods.

Where can Marin County make changes to improve health?

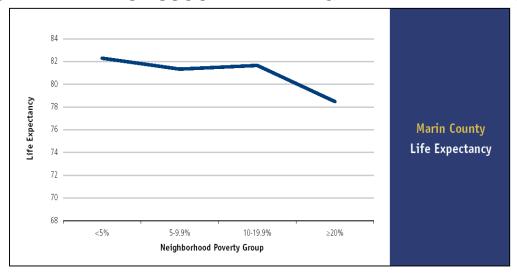
- -Binge drinking and liquor store density remain public health issues in Marin!
- -Income inequality remains a public health issue in Marin!



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MORE WEALTH IS ASSOCIATED WITH GREATER LIFE EXPECTANCY⁶



This chart shows how areas of high poverty and death (*life expectancy*) rates are distributed across Marin. While the areas with highest poverty and death rates are concentrated in some areas of Marin, it is also true that there are gradations in each area that produce different prospects for long and healthy lives.

We know now that where you live, work and play contribute to health. Whether a person's life is full of health or disease is directly affected by the many facets of our community, in addition to an individual's behavior. Quality jobs, good schools, affordable housing, transportation, healthy affordable food, abundant opportunities for physical activity, limited access to alcohol and tobacco products, cultural and community beliefs all influence an individual's health.

HEALTH IS EVERYONE'S BUSINESS

The *Rankings* shows us that much of what influences our health happens outside of the doctors' office. People from public health and health care, business, education, and government sectors must work together to create programs and policies to help people lead healthier lives and build healthier communities

Additional Sources:

- 1. State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, July 2007
- California Health Interview Survey CHIS 2009. University of California, Los Angeles Center for Health Policy Research. http://www.chis.ucla.edu/main/default.asp. Accessed May 2, 2011.
- 3. Bureau of Economic Analysis Regional Economic Accounts. Personal Income and Per Capita Personal Income by County for California 2007-2009. http://bea.gov/regional/reis/scb.cfm. Accessed May 2, 2011.
- 4. U.S. Census Bureau, 2005-2009. American Community Survey. http://factfinder.census.gov/home/saff/main.html?_lang=en. Accessed
- 5. Automated Vital Statistics System (AVSS). Marin County Department of Health & Human Services Epidemiology Program.
- 6. Bay Area Regional Health Inequities Initiative. http://www.barhii.org/. Accessed April 8, 2011.

