



## Healthy Marin Partnership



Healthy Marin Partnership  
Pathways to Progress 2016  
2016 Marin County Community Health  
Needs Assessment

## Acknowledgements

This report would not be possible without the assistance of the HMP CHNA Coordination Team, Harder+Company Community Research (Harder+Company), the Healthy Marin Partnership leadership group, and subject matter experts who reviewed the report for accuracy. The HMP CHNA Coordination Team worked tirelessly with our contractor, Harder+Company on the content and context for this report. We are grateful for their ongoing contributions toward producing a high quality report. We would like to thank Harder+Company for excellent facilitation, data gathering and report writing. In addition, we are grateful for the input from local subject matter experts who reviewed the report data for accuracy and data quality.

## Introduction

Healthy Marin Partnership (HMP) is committed to strengthening the health of Marin County. HMP recognizes the importance of taking a comprehensive view to understanding community health needs, and the critical advantage of working collaboratively to address these needs and advance health equity. This report provides a summary of the 2016 Community Health Needs Assessment results, which are intended to guide the work of Healthy Marin Partnership and our partners over the next three years and serve as a foundation to inform community action to address priority health needs.

### **Background about HMP**

Healthy Marin Partnership (HMP) was formed in 1995 in response to a mandate requiring all not-for-profit hospitals to complete an assessment of our community every three years. In Marin, all of the hospitals joined together along with the United Way and Marin County Health and Human Services to do one assessment. We were soon joined by the Marin County Office of Education, the Marin Community Foundation, and members of the business community. This partnership has extended beyond the original requirement and, together, has learned how to build a healthier community. The strength of the collaboration and the intentional efforts to promote health and health equity positioned HMP as a convener of local communities, organizations, agencies, and policymakers to explore strategies that can enable everyone in Marin to live an even healthier life. As has been done in Marin since 1996, Marin County's hospitals (Marin General Hospital, Novato Community Hospital, Kaiser Permanente—San Rafael) worked in collaboration with representatives from Marin County Health and Human Services and HMP to complete the 2016 county-wide CHNA.

Since 1995, HMP has addressed health concerns in Marin County by concentrating on areas of core focus, which shift over time to correspond with changes in the key needs and overall health of Marin County.

### Community-Directed Healthy Marin Partnership Focus Areas

#### 1996-2002 Focus Areas

- Access / Health Insurance
- Youth Wellness
- Asthma
- Immunizations

#### 2002-2012 Focus Areas

- Nutrition and Physical Activity
- Alcohol Use
- Tobacco Use
- Access to Health Care
- Breast Health

#### 2013 - Present Focus Areas

- Access to Health Care
- Healthy Eating and Active Living
- Mental Health
- Substance Abuse

Over the years, some of HMP's work has shifted to address emerging issues such as access to medical care and health insurance for children, asthma and infectious disease prevention, and environmental changes. Throughout that time, substance abuse, nutrition, and physical activity have remained key priority areas.

Throughout our work, HMP has continued to make sustainable progress in improving the health of Marin County residents by focusing “upstream,” relying on data to inform decisions, convening stakeholders and community members around focus areas, and identifying and supporting the need for environmental and systems changes.

### Community Health Needs Assessment Framework

HMP values the concept that everyone in Marin should have the opportunity to live a long, healthy life regardless of income, education, address, or ethnic background. The CHNA process provides an opportunity to consider community conditions that foster ill health, telling a story about the effects that location, education, income, age, gender, race, and spiritual practices have on individual health.

Guided by the understanding that health encompasses more than disease or illness, and by the focus and findings of the [2013 CHNA in Marin County](#), the 2016 CHNA process included a strong emphasis on health equity. Many chronic diseases and conditions are caused in part by preventable factors such as poor diet and physical inactivity, and there is growing awareness of the important link between how communities are structured and the opportunities for people to lead safe, active, and healthy lifestyles. Aligned with this perspective, the current CHNA explores “upstream” factors that affect risk of disease or early death,

while continuing to track the "downstream" health outcomes to assess any progress being made to improve health and reduce early deaths in Marin.

Compared to other counties in California, Marin remains a relatively healthy county in which to live, work, play, raise a family, and grow older. County Health Rankings has designated Marin as the healthiest county in the state for both overall health and the factors that influence health for the past six years in a row.<sup>1</sup> However, HMP recognizes that many individuals and communities in Marin do not have access to resources and good health. In assessing the health of our communities, it is essential to consider county-wide needs as well as ways in which specific health issues may disproportionately impact some populations or communities more than others.

## Priority Health Needs

The eight health needs that emerged as top concerns in Marin County highlight that Marin County stakeholders prioritize addressing the social determinants of health in order to build a healthier and stronger community. The interconnectedness of health needs also underscores the importance of multi-sector collaboration and cross-cutting strategies that address multiple health needs simultaneously.

### Healthy Eating/Active Living



*Importance:* Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes.<sup>2</sup>

*Snapshot in Marin County:*

- 18% of adults are obese; 31% are overweight<sup>3</sup>
- 9% of youth are obese; 16% are overweight<sup>4</sup>
- 6% of adults are diagnosed with diabetes<sup>5</sup>
- 15% of older adults are diagnosed with diabetes<sup>6</sup>

*Community Perspective:*

- Few affordable grocery stores; healthy food options are more expensive than calorie dense, less nutritious options

*"There are pockets of poverty where the outcomes are not as good... There are **issues of access to grocery stores**, and they have corner stores, liquor stores, or fast food places where unhealthy food is advertised." – Interviewee*

### Education



*Importance:* People with higher levels of education are likely to live longer, practice healthier behaviors, experience better health outcomes, and raise healthier children.<sup>7</sup>

*Snapshot in Marin County:*

- 66% of 3-4 year olds are enrolled in preschool<sup>8</sup>
- 66% of third graders score proficient or advanced on the English Language Arts CA Standards Test<sup>9</sup>
- 91% of students graduate from high school in four years<sup>10</sup>

*Community Perspective:*

- Need more awareness around bullying in schools; pressure to succeed academically
- English Language Learners are disproportionately affected by concerns about educational attainment and quality
- Need to give all 4 year olds a strong start with qualified preschool

## Economic and Housing Insecurity

**Importance:** Having limited economic resources can limit access to opportunities to be healthy, including access to healthy food, medical care, and safe environments.<sup>11</sup>

**Snapshot in Marin County:**

- Very uneven distribution of wealth<sup>12</sup>
- Extremely high cost of living<sup>13</sup>
- 1,309 individuals are homeless, 835 of which are unsheltered<sup>14</sup>

**Community Perspective:**

- Increased cost of housing led to rise in homelessness and overcrowding
- Limited living wage jobs; lack of transportation to jobs

*“People **cannot afford their own home** to live here. This is a difficult situation, mentally and emotionally and leads to [poor] health outcomes as well.” – Interviewee*

## Access to Health Care

**Importance:** Access to comprehensive, affordable, quality physical and mental health care is critical to the prevention, early intervention, and treatment of health conditions.

**Snapshot in Marin County:**

- 6% of the population remains uninsured (2014)<sup>15</sup>
- 16,774 Covered California applications were approved during the first and second enrollment periods (Jan 2014– Feb 2015)<sup>16</sup>

**Community Perspective:**

- Difficult for Medi-Cal patients to access specialty physical health care services
- Providers who see low-income patients are at capacity

*“Many physicians in Marin County... are more likely to fill their schedule with patients that are commercially insured because the **payment rates are better**.” – Interviewee*

## Mental Health

**Importance:** Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder, has profound consequences on health behavior choices and physical health.<sup>17,18</sup>

**Snapshot in Marin County:**

- 15% of adults self-report taking medicine for an emotional/mental health issue in the past year<sup>19</sup>
- 27% of 11<sup>th</sup> graders<sup>20</sup> and 11% of older adults (Medicare beneficiaries)<sup>21</sup> are living with depression

**Community Perspective:**

- Limited services along the spectrum of care for some payers
- Associated stigma is a barrier to treatment, particularly among older adults and immigrants

## Substance Abuse

**Importance:** Substance abuse, including use or abuse of tobacco, alcohol, controlled prescription drugs, and illegal drugs, can have profound health consequences.

**Snapshot in Marin County:**

- 16% of 11<sup>th</sup> grade students report non-medical use of prescription painkillers<sup>22</sup>
- In 2013, there were 39 deaths due to drugs in Marin County – compared to 21 in 2011.<sup>23</sup>

**Community Perspective:**

- Prescription drugs are readily available
- Stigma is a deterrent to seeking help for substance abuse problems

*“If it was cancer everyone would be talking about it. But with drugs, everyone is zipped shut because of the **stigma and shame**.” – Interviewee*

## Oral Health



*Importance:* Tooth and gum disease can lead to multiple health problems such as oral and facial pain, problems with the heart and other major organs, as well as digestion problems.<sup>24</sup>

*Snapshot in Marin County:*

- 18% of adults have not had a dental exam in the past 12 months<sup>25</sup>
- 57% of adults have dental insurance<sup>26</sup>
- 47% of older adults have dental insurance<sup>27</sup>

*Community Perspective:*

- Specialty care is not affordable
- Community clinics and other providers are not able to meet the demand for affordable care

*“Each cleaning is 300 to 500 dollars. The problem is that I have **no access to and no longer have dental [insurance]**...there is much information on doctors or clinics. In the dental part, there is **no information.**” – Focus Group Participant*

## Violence and Unintentional Injury



*Importance:* Violence and injury prevention are broad topics that include unintentional injuries as well as assault and abuse. In Marin County, this area was identified as a health need primarily because of data related to domestic violence.

*Snapshot in Marin County:*

- 15% of adults report experiencing sexual or physical violence by an intimate partner since age 18<sup>28</sup>
- Among females ages 10 and older, domestic violence injuries occur at a rate of 15 per 100,000<sup>29</sup>

*Community Perspective:*

- Violent homes can be difficult to escape; women face stigma in telling others about violence
- Gang violence was a theme among representatives from specific geographic regions, including Canal

## Community-Centered Process

Community was at the core of the 2016 CHNA process. To conduct this needs assessment, data from existing sources as well as community residents and stakeholders were collected and analyzed, in order to identify and later prioritize key health needs in Marin County. Input from diverse sectors was important to this process, as coordinated efforts will be essential to improving overall health in Marin County.



The 2016 CHNA process included collecting and compiling information from many different sources to assess all aspects of health in Marin County. Top health needs were identified by considering existing data and input from key informants and residents.

Data sources included:



Analysis of over **150 health indicators** from publicly available data sources such as the [California Health Interview Survey](#), [American Community Survey](#), and the [California Healthy Kids Survey](#).



**Interviews with 20 key informants** from various sectors with expertise in local health needs were conducted. Key informants included leaders who work in health care, education, community services, older adult care, youth development, and homeless services, among others.



**Eight focus groups** were conducted in English and Spanish, reaching **90 Marin community members**. Participants included youth, older adults, residents in recovery from substance abuse, individuals experiencing homelessness, and residents of Marin City, Novato, San Geronimo, Canal, and West Marin.

Data analysis identified eight key health needs for Marin County. Over fifty stakeholders representing diverse sectors including health and health care, early childhood, education, and government participated in a community meeting to review key data for each identified health need and prioritize them based on four criteria: **severity** of the health issue, **disparities** in health outcomes, the feasibility of **preventing** the problem, and the possibility of **leveraging efforts** for one health need to address multiple problems simultaneously.

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**Severity:** Issue has serious consequences for those affected.

**Prevention:** Effective and feasible prevention is possible.

**Disparities:** Issue disproportionately impacts specific geographic, age, or racial/ethnic subpopulations.

**Leverage:** Solution could impact multiple problems.

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# About Marin County

## Marin County Residents

Marin County is home to 254,643 residents.<sup>30</sup> Older adults make up a high percentage (18%) of the population and may have unique health needs. Youth are also of great importance to Marin stakeholders; more than one in five residents is under the age of 18, and supporting the healthy and safe development of youth is essential to securing a thriving future in our county.

Although the majority of residents identify as White, Marin County is increasing in diversity. Currently, 79% of Marin residents identify as White, 16% identify as Hispanic/Latino, 6% as Asian, and 3% as Black. Other residents identify as Pacific Islander/Native Hawaiian, Native American/Alaskan Native, multiple races, or some other race.<sup>31</sup>

## Drivers of Health in the Built Environment

The 2016 CHNA looked at a wide variety of environmental factors that impact the lives of Marin County residents. The physical environment play a role in the opportunities residents have to breathe clean air, exercise, travel to work or school, and overall live healthy lives.



5.6% of residents live within a half mile of public transportation.<sup>32</sup>



68% of residents live within a half mile of a park.<sup>33</sup>

## Social Drivers of Health

While many factors contribute to health, three key drivers have been identified as closely linked to later physical and mental health.



91% of students graduate high school in four years.<sup>34</sup>

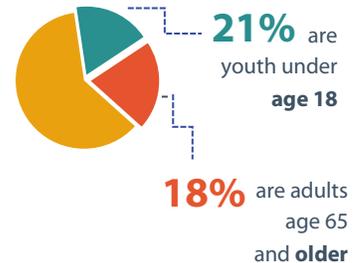


20% of residents are living in poverty (below 200% of the Federal Poverty Level).<sup>35</sup>



6% of residents do not have health insurance.<sup>36</sup>

## Total Population




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*“Marin is a small county, so if we can get some unified voices around the need, then change can happen quickly.”*

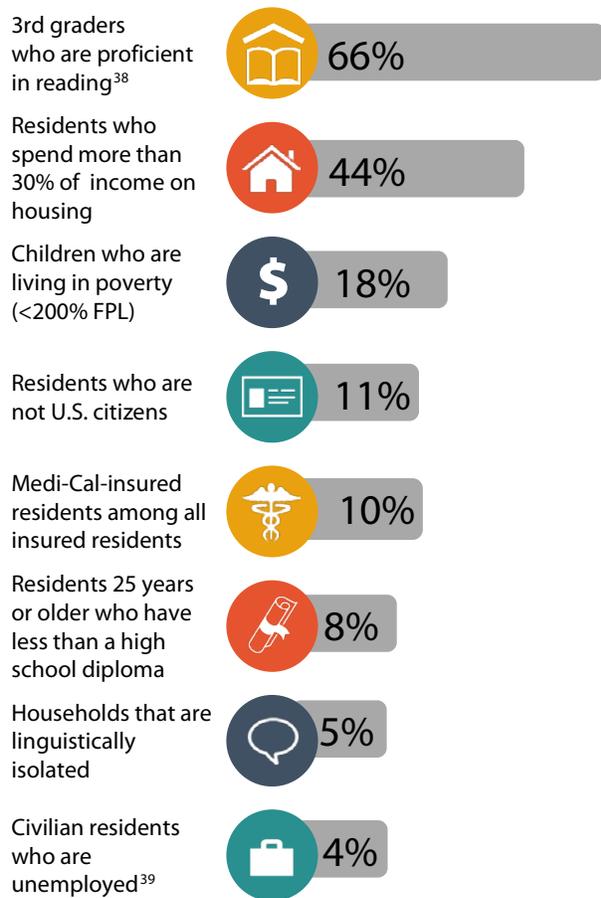
—Interviewee

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### Barriers to Good Health in Marin County

Although Marin is rated as the healthiest county in California, many residents face challenges to living healthy, active lives. Education and economic opportunities, as well as access to safe and affordable housing, are important factors that contribute to the health and well-being of individuals and families. In addition, characteristics such as linguistic isolation and citizenship status are important to consider as they impact access to opportunities and services such as employment and health care. The 2016 CHNA process considered many of these barriers to good health in Marin County, summarized in the information presented below.<sup>37</sup>

#### In Marin County:



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*“Marin County is one of the most expensive places to live in Northern California if not in the country. Cost of living has all sorts of impacts on the way that people live their lives.”*

*–Interviewee*

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## Spotlight: Top Health Needs

To better understand the top health issues in Marin County and to prioritize the eight identified health needs, we considered how each health need relates to four important criteria: severity, prevention, disparities, and leverage. This section highlights key findings across health needs with respect to these criteria.

### Severity

Severity considers how many people are impacted by a health need and how serious the health outcomes associated with that need are. During the prioritization process, Substance Abuse, Mental Health, and Economic and Housing Insecurity were categorized by Marin County stakeholders as the most severe health needs.

#### Substance Abuse



Nearly half of 11th grade students report having been "high" from drug use.<sup>41</sup>



Nearly 1 in 4 11th grade students report having driven after drinking.<sup>42</sup>

*In 2013, Marin County had 39 total deaths due to drug poisoning. Of these, 27 deaths were unintentional.<sup>40</sup>*

#### Mental Health



One in every four 11<sup>th</sup> grade students report having been harassed or bullied on school property in the past 12 months.<sup>44</sup>



One in every five adults self-report needing treatment for mental health, or use of alcohol and/or drugs.<sup>\*45</sup>

*For every 100,000 Marin County residents, nearly 13 died by suicide.<sup>43</sup>*

#### Economic and Housing Insecurity



More than half of people who rent homes in Marin are "cost-burdened," and spend more than 30% of their household income on rent.<sup>47</sup>



Nearly 1 in 5 Marin County residents are living in poverty (<200% of the Federal Poverty Level).<sup>48</sup>

*In Marin, the cost of living is extremely high. The annual income necessary to support one adult and one child is \$61,000, compared to \$53,000 in California on average.<sup>46</sup>*

\* Reporting needing treatment for mental health, or use of drugs/alcohol, is considered here as proxy for a positive signal of service utilization and negative signal of prevalence of these issues in the community. Limitations in the original source prevent presenting mental health and drug/alcohol treatment separately.

## Prevention

Preventing includes the extent to which effective and feasible ways to stop or curb the effects of a health issue exist, and was considered as another factor in the CHNA prioritization process. Opportunities to intervene upstream at the prevention level can have a huge impact on overall health outcomes in our community. During the CHNA prioritization process, Marin County stakeholders concluded that issues related to the following health needs could be most feasibly prevented:



Oral health



Healthy eating and active living



Access to health care

The importance of focusing on preventive efforts to address each of these health needs was a key theme in interviews and focus groups. In particular, residents and stakeholders expressed key ideas related to prevention or early treatment of dental health issues, cardiovascular disease – a condition that can be related to obesity, and vaccine-preventable infectious diseases – which can result from low health care utilization of immunizations.



“Changing medicine is as much about changing health in the broader sense—health of the air, financial health, what people eat, etc.”



Marin County has communities of noted disparity including a shorter life expectancy. There is a 40% higher rate of cardiovascular deaths in these areas. “Targeting heart health is one of our public health priorities.”



“Making sure that everyone in Marin County understands that vaccines are a safe and effective way to prevent disease and that everyone has an opportunity to be vaccinated is a priority for us.”

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*“It’s about keeping somebody healthy as well as taking care of them when they are sick. [More and more] people are becoming open to this idea that we need to be more engaged with prevention versus spending money for healthcare.”*

—Interviewee

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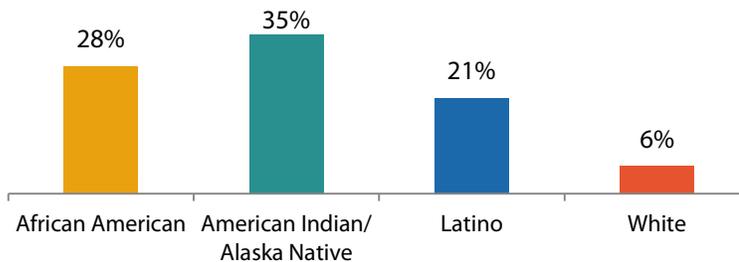
## Disparities

Historical and structural barriers contribute to stark disparities in health outcomes by age, race/ethnicity, gender, or zip code. The disproportionate burden of poor health among some communities in Marin is, in part, a result of disparities in upstream or social determinants of health status. As such, evidence of striking disparities was a factor considered in the 2016 CHNA prioritization process. Stakeholders prioritized economic and housing insecurity, as well as education, as top issues with respect to disparities in access and outcomes. Access to health care, oral health, and obesity and diabetes were also considered among top health needs demonstrating disparities.

### Key Disparities in Economic and Housing Security in Marin County

**People of color** are disproportionately impacted by economic insecurity in Marin County. Compared to White residents, the risk of living in extreme poverty (<100% of Federal Poverty Level) is 5x higher among American Indian/Alaska Native, 4x higher among African American, and 3x higher among Latino residents.<sup>49</sup>

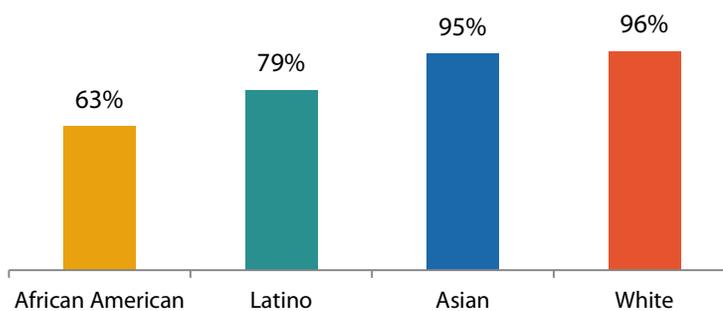
Percent of Marin County Residents Living in Extreme Poverty (Below 100% of Federal Poverty Level) by Race/Ethnicity



### Key Disparities in Education in Marin County

**African American and Latino** students are less likely than White and Asian students to graduate high school in four years.

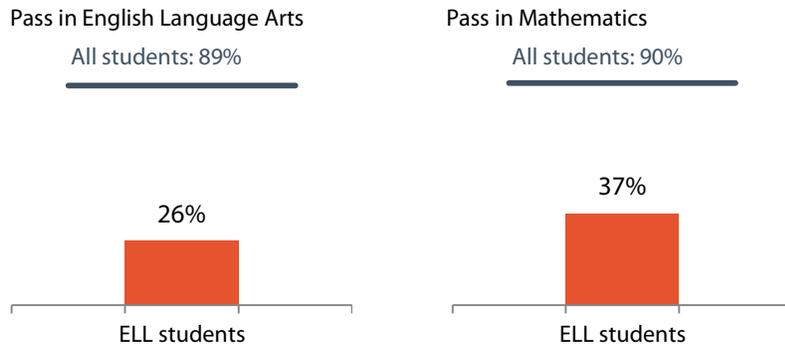
Percent of Marin County Students Graduating High School in Four Years by Race/Ethnicity



## HMP Summary Report

Among 10th grade students, disparities in test performance between **English language learners** (ELL) and native English speakers exist.<sup>50</sup>

Percent of Marin County Students (Grade 10) Who Passed the California High School Exit Exam, by Primary Language Spoken



### Leverage

Strategies to address one health need may improve outcomes across multiple health issues, as one health issue may contribute to or exacerbate another. Leverage of solutions was considered as a criterion in prioritizing health needs during the 2016 CHNA process. The interconnected health needs identified in Marin County underscore the importance of identifying cross-cutting strategies that address multiple health needs simultaneously. Healthy eating/active living, education, and economic and housing insecurity, were prioritized as areas where solutions could be leveraged to address multiple needs simultaneously. Across all eight health needs, residents and stakeholders identified cross-cutting elements and interconnected issues.



## Highlights from our Current Work

HMP currently implements and supports work to address key health issues in Marin County. We are proud to share some of our successes from recent years.

### **RxSafe Marin**

In February 2014, over 100 Marin County parents, families and representatives from several community agencies and collaboratives held a public meeting and engaged in an effort to reduce harm from prescription drug misuse and abuse that became the RxSafe Marin initiative. RxSafe Marin is structured to coordinate actions of diverse sectors, and has made significant impacts through five partnership action teams: Law Enforcement; Prescribers and Pharmacists; Community Prevention; Treatment and Recovery; Data Collection and Monitoring. Community members identified safe disposal of medications as a significant challenge noting narcotics pollute water systems and are often stolen from medicine cabinets of parents, grandparents, friends, and neighbors. Addressing this need became a priority for RxSafe Marin and in August 2015 Marin County Board of Supervisors took a bold step and passed into law an ordinance requiring pharmaceutical manufacturers to fund free and safe drug disposal sites in Marin.

### **Play Fair Marin**

For more than 14 years, a group of community organizations have partnered to grow healthy activities and choices for all ages at the Marin County Fair. This award winning initiative has realigned messages, helping to shape community and family values related to healthy eating, active living, and substance use for future generations. Play Fair Marin has worked with the Marin County Fair to end any alcohol marketing, sponsorship and promotion, and to become the first 100% smoke-free fair in the nation. Other efforts include: working with food vendors to add at least one healthy food option to their menu and compostable supplies, adding a Baby Sanctuary – a cool, comfortable place for families to care for the needs of infants – and establishing an annual 1K Fun Run on Kids Day. Partnership efforts with the Marin Fair continue to grow and have been identified as a “best practice” nationally. In 2016, to assure on-going growth and sustainability of healthy fair efforts, Play Fair will transition from a service provider to the role of sponsor, providing the Marin County Fair Office technical assistance when needed and assuring implementation and development of policies and practices to assure sustained success.

### Workplace Wellness

Recognizing that workplace environments play an important role in shaping healthy eating and active living, HMP has identified workplace wellness policies as an opportunity to promote and encourage good nutrition and physical activity. To encourage the adoption of workplace policies and practices, HMP is in the process of identifying a spectrum of evidence-based approaches and will disseminate those practices to Marin's employers. Options identified will include low or no cost strategies as well as strategies that require more significant investment that might be of interest to larger employers. HMP is also exploring the possibility of hosting a symposium on workplace health and offering technical assistance to employers interested in developing workplace wellness policies. This effort is designed to leverage the vast array of resources that already exist to support the development of workplace wellness policies including the resources and expertise of our hospital partners who for many years have pioneered efforts to improve and support a healthy and engaged workforce.

## Next Steps

The CHNA will serve as the foundation for addressing the Marin County needs over the next three years. The comprehensive and inclusive process brings clarity to the key issues facing our community. The report will be a resource to the entire County by informing and guiding community development decisions.

At this point in the assessment process, each of the three community hospitals are using the information to inform their commitments to our community as well as the requirements of the state and federal government. Marin County Health and Human Services will use the report in their leadership capacity around Strategic Planning for the Department and for Public Health Accreditation.

HMP will also work as a collective to identify their future action items to help address issues/gaps identified in the assessment in an effort to bring greater health to our community.

It is certain that among the work going forward, Rx Safe Marin, a true community collaborative, will remain a clear focus. The Healthy Marin Partnership remains committed to working together, and, through our role of convener, assist local communities, organizations, agencies and policymakers in creating a community where everyone who lives, works or plays in Marin can live an even healthier life.

## Healthy Marin Partnership

Healthy Marin Partnership Leadership Organizations

Marin County Office of Education

North Bay Leadership Council

San Rafael Chamber of Commerce

Novato Community Hospital

Marin General Hospital

Kaiser Permanente Medical Center

Marin County Department of Health and Human Services

Marin Community Foundation

Hospital Council of Northern California

United Way

## For More Information

For more information about HMP activities, to learn more about the CHNA process and data, or to see the complete CHNA report, please visit: <http://www.healthymarinpartnership.org/index.html>.

### Contact Information

**Healthy Marin  
Partnership**

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## Our Partners

HMP is proud to introduce our hundreds of Community Partners.

- Abinader & Associates
- Agricultural Institute of Marin
- Alameda County
- Alcohol Justice
- American Cancer Society
- American Chapter of Pediatrics, Marin Chapter
- American Heart Association
- American Lung Association
- Apple Family Works
- Asian Advocacy Project of Community Action Marin
- Assemblyman Marc Levine & Staff
- Babcock Foundation
- Bahia Vista School Garden
- Bank of Marin
- Bay Area Community Resources
- Beyond Hunger
- Big Brothers & Big Sisters of the North Bay
- Boys and Girls Club of Marin and Southern Sonoma Counties
- California Department of Alcoholic Beverage Control
- California Product Stewardship Council
- Canal Alliance
- Canal Community Gardens & Trails Collaborative
- Canal Concilio
- Canal Welcome Center
- Cardiology Associates of Marin
- Center for Domestic Peace
- Center for Volunteer and Nonprofit Leadership
- Center Point, Inc.
- Childhood Health & Disability Prevention Program
- Childhood Lead Poisoning Prevention Program
- Children's Health Initiative Coalition
- Children's Oral Health Project
- City of Fairfax
- City of Mill Valley
- City of Novato
- City of San Anselmo
- City of San Rafael
- City of San Rafael Parks Department
- Coastal Health Alliance
- College of Marin
- Community Action Marin
- Community Resource Center of West Marin
- Congressman Jared Huffman & Staff
- Dance Palace
- Davidson Middle School
- Del Mar Middle School
- Dixie School District
- Dominican University
- DownTown Streets Team
- Marin Literacy Program
- Marin Medical Pharmacy
- Marin Medical Reserve Corp
- Marin Medical Society
- Marin Municipal Water District
- Marin Organizing Committee
- Marin Primary & Middle School
- Marin Promotores Initiative
- Marin Rowing Association
- Marin School Food Service Directors
- Marin School Nurses Organization
- Marin Teen Mental Health Board
- Marin Treatment Center
- Marin Women's Health Study
- Martin Luther King Academy
- Maternal and Child Health
- Meals of Marin
- Meals on Wheels
- Michael Pritchard
- Mill Valley Middle School
- Mill Valley Police Department
- Miller Creek Middle School
- Non-Motorized Transportation Program
- North Bay Children's Center
- North Bay Conservation Corp
- North Bay Leadership Council
- Novato Blue Ribbon Coalition for Youth
- Novato Chamber of Commerce
- Novato Community Hospital
- Novato Farmers Market
- Novato Human Needs Center
- Novato Parks, Recreation & Community Services
- Novato Police Department
- NovatoSpirit!
- Novato Sanitary District
- Novato Teen Center
- Novato Unified School District
- Novato Youth Center
- Novato Youth Wellness Collaborative
- Ohloff Outpatient Programs
- Operation Access
- Pacific Sun
- Parent Service Project
- Parents Place
- Point Reyes Library
- Pharmacy Council of Tobacco Dependency
- Phoenix Academy
- Play Fair Marin
- Promotores Verde

## HMP Summary Report

- Drug Enforcement Administration
- E-3: Educational Excellence & Equity
- Extra Food
- Families for Safer Schools
- Family Service Agency
- First 5 Children & Families Commission
- Fresh Start Culinary Acadamey
- Garden of Eatin'
- Grassroots Leadership Network of Marin
- Graterol Consulting
- Hall Middle School
- Hamilton Elementary School
- Healthy Teens Marin
- Helen Vine Detox Center
- Homeward Bound of Marin
- Hospital Council of Northern & Central CA
- Huckleberry Youth Programs
- Institute on Aging Care Management
- Jeanette Prandi Children's Center
- Kaiser Permanente Educational Theater
- Kaiser Permanente Medical Center - San Rafael
- Kent Middle School
- Lagunitas School
- Las Gallinas Sanitary District
- Latino Council of Marin
- Legal Aid of Marin
- Marin Academy
- Marin Agricultural Land Trust (MALT)
- Marin AIDS Project
- Marin Breastfeeding Coalition
- Marin City Community Services District
- Marin City Council of Organizations
- Marin City Health & Wellness Center
- Marin City Senior Center
- Marin Community Clinics
- Marin Community Foundation
- Marin County Alcohol and Other Drug Prevention Collaborative
- Marin County Apartment Association
- Marin County Bicycle Coalition
- Marin County Board of Supervisors
- Marin County Child Health & Disability Program
- Marin County Childcare Commission
- Marin County Commission on Aging
- Marin County Community Health & Prevention
- Marin County Dental Services
- Marin County Department of Cultural & Visitors Services
- Marin County Department of Health & Human Services
- Marin County Department of Parks & Open Space
- Marin County Department of Public Works
- Marin County District Attorney
- Marin County Division of Aging
- Marin County Emergency Medical Services
- Marin County Fair
- Marin County Free Library
- Pt. Reyes National Seashore
- Public Health Nurses
- Red Cross of Marin
- Redwood Community Health Coalition
- Redwood High School
- Ritter Center
- Rotocare
- Ross School
- RxSafe
- RxSafe Marin
- Safe Routes to School
- San Anselmo Art & Design Festival
- San Anselmo Police Department
- San Francisco Department of Environmental Health
- San Geronimo Valley Community Center
- San Jose Middle School
- San Marin High School
- San Rafael Chamber of Commerce
- San Rafael Fire Department
- San Rafael High School
- San Rafael Parks & Recreation Department
- San Rafael Police Department
- San Rafael Unified School District
- Sausalito Art Festival
- School Law Enforcement Partnership
- Senator Mike McGuire & Staff
- Sinaloa Middle School
- Sir Francis Drake High School
- Slide Ranch
- Smoke-Free Marin Coalition
- Society of St. Vincent DePaul
- SMART
- SPAWN - Got Mercury
- St. Hilary Elementary School
- St. Mark's School
- St. Rita's School
- Stinson Beach Community Center
- Sustainable Fairfax
- Sustainable Marin
- Sustainable Mill Valley
- Sustainable Novato
- Sustainable San Anselmo
- Sustainable San Rafael
- Sustainable Sports Foundation
- Sutter Marin
- Tamalpais High School District
- Terra Linda High School
- Tomales Town Hall
- Trust for Public Land
- Twin Cities Police Department
- United Market
- US Dept of Transportation, Federal Highway Administration
- United Way of the Bay Area
- University of CA - 4H Youth Development Program

## HMP Summary Report

- Marin County Healthy Eating / Active Living Initiative
- Marin County Office of Education
- Marin County Pharmacy Association
- Marin County Prescription Drug Abuse Task Force
- Marin County Probation Department
- Marin County Public Defender
- Marin County School Nurses Association
- Marin County School Readiness Program
- Marin County Sheriff's Department
- Marin County Women's Health Services
- Marin General Hospital
- Marin Head Start
- Marin Healthcare District
- Marin Independent Journal
- Marin Interfaith Council
- Marin Jewish Community Center
- Marin Justice Center
- Marin Law Enforcement Communities
- Marin Link
- University of CA Center for Tobacco Control Research & Ed
- University of San Francisco
- Venetia Valley School
- Viviendo Verde
- Wells Fargo Bank
- West Ed
- West End Neighbors Against Cigarettes Cheaper
- Western Fairs Association
- West Marin School
- West Marin Senior Services
- Whistlestop
- White Hill Middle School
- Women Helping All People
- Women's Health Services
- Womens, Infants & Children Program (WIC)
- YMCA - Youth Court
- YMCA of Marin
- Youth Leadership Institute
- Zero Breast Cancer

This is only a partial listing of community partners who have contributed to efforts to impact the health and well-being of Marin County.

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<sup>1</sup> <http://www.countyhealthrankings.org/app/california/2015/rankings/marin/county/outcomes/overall/snapshot>

<sup>2</sup> <http://www.nhlbi.nih.gov/health/health-topics/topics/obe>

<sup>3</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.

<sup>4</sup> California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.

<sup>5</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.

<sup>6</sup> Centers for Medicare and Medicaid Services, 2012.

<sup>7</sup> "Exploring the Social Determinants of Health: Education and Health," Robert Wood Johnson Foundation, Accessed October 19, 2015, [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf70447](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447)

<sup>8</sup> US Census Bureau, American Community Survey, 2014.

<sup>9</sup> California Department of Education, Standardized Testing and Reporting (STAR) Results, 2013.

<sup>10</sup> California Department of Education, 2013.

<sup>11</sup> "Health & Poverty," Institute for Research on Poverty, Accessed October 19, 2015, <http://www.irp.wisc.edu/research/health.htm>.

<sup>12</sup> Gini value of income inequality; US Census Bureau, American Community Survey, 2009-13.

<sup>13</sup> Living wage estimates calculated from [livingwage.mit.edu](http://livingwage.mit.edu); 2015.

<sup>14</sup> Marin County Homeless Point-in-Time Census and Survey, 2015.

<sup>15</sup> US Census Bureau, American Community Survey, 2014.

<sup>16</sup> Marin County Department of Health and Human Services, 2015.

<sup>17</sup> Chapman DP, Perry GS, Strine TW. "The Vital Link Between Chronic Disease and Depressive Disorders," *Preventing Chronic Disease*, 2005; 2(1):A14.

<sup>18</sup> Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS, "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: the Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine*, 1998; 14:245-258.

<sup>19</sup> California Health Interview Survey, 2014.

<sup>20</sup> California Healthy Kids Survey, 2011-13.

<sup>21</sup> Centers for Medicare and Medicaid Services, 2012.

<sup>22</sup> California Healthy Kids Survey, 2011-13.

<sup>23</sup> California Department of Public Health (CDPH) Vital Statistics. Accessed via RxSafe Marin Report Card, 2011, 2013.

- <sup>24</sup> "Healthy Smile, Healthy You: The Importance of Oral Health," Delta Dental Insurance, accessed October 28, 2015, [https://www.deltadentalins.com/oral\\_health/dentalhealth.html](https://www.deltadentalins.com/oral_health/dentalhealth.html)
- <sup>25</sup> California Health Interview Survey, 2013-14.
- <sup>26</sup> California Health Interview Survey, 2013-14.
- <sup>27</sup> California Health Interview Survey, 2007.
- <sup>28</sup> California Health Interview Survey, 2009.
- <sup>29</sup> 3-year averages for 2011-2013 generated using the California EpiCenter data platform for Overall Injury Surveillance, 2011-13.
- <sup>30</sup> US Census Bureau, American Community Survey, 2009-13.
- <sup>31</sup> US Census Bureau, American Community Survey, 2009-2013.
- <sup>32</sup> Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008. Population-adjusted estimate.
- <sup>33</sup> US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.
- <sup>34</sup> California Department of Education, 2013.
- <sup>35</sup> US Census Bureau, American Community Survey, 2009-13.
- <sup>36</sup> US Census Bureau, American Community Survey, 2014.
- <sup>37</sup> Unless noted otherwise, all data presented in this table is from the US Census Bureau, 2009-2013 American Community Survey 5-Year Estimate.
- <sup>38</sup> Standardized Testing and Reporting (STAR) Results, 2010-11 and 2012-13, from California Department of Education, Accessed via kidsdata.org, 2013.
- <sup>39</sup> US Department of Labor, Bureau of Labor Statistics, June 2015.
- <sup>40</sup> California Department of Public Health (CDPH) Vital Statistics. Accessed via RxSafe Marin Report Card, 2011, 2013.
- <sup>41</sup> California Healthy Kids Survey, 2011-13.
- <sup>42</sup> California Healthy Kids Survey, 2011-13; response indicates action by respondent or friend.
- <sup>43</sup> University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, Death Public Use Data, 2010-12.
- <sup>44</sup> California Healthy Kids Survey, 2011-13.
- <sup>45</sup> California Health Interview Survey, 2014.
- <sup>46</sup> US Census Bureau, American Community Survey, 2009-13.
- <sup>47</sup> US Census Bureau, American Community Survey, 2010-14.
- <sup>48</sup> California Health Interview Survey, 2014.
- <sup>49</sup> US Census Bureau, American Community Survey, 2010-14.
- <sup>50</sup> California Department of Education, 2013-14.