## Appendix A <br> Marin County Community Health Needs Assessment Health Need Profiles

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## Indicator Key

Throughout the health need profiles, California state average estimates are included where available for reference. Differences between Marin County and California state estimates are not necessarily statistically significant, and are color coded as follows:

Marin County performs $\geq 1 \%$ (or units) better than California
Marin County performs within 1\% (or units) better or worse than California, or no California are data available

Marin County performs $\geq 1 \%$ (or units) worse than California

Marin County Community Health Needs Assessment Obesity and Diabetes

Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. These chronic diseases represent some of the leading causes of death nationwide. ${ }^{1}$ Although some indicators demonstrate better health In Marin County than California State on average, there is still a high prevalence of adults and youth in Marin County who are overweight or obese. Data also indicate that Marin County residents have a higher risk of heart disease compared to California residents on average, and that they experience limited access to affordable healthy food. Primary data corroborates lack of healthy and affordable food as a need, and issues related to healthy eating and active living arose as key themes in focus groups and interviews. Low-income residents, older adults, and youth are also disproportionately face barriers to healthy eating and active living.

## Key Data

## Indicators

Percent of Adults Obese $(\mathrm{BMI}>30.0)^{2}$


Percent of Youth (Grades 5, 7, 9) Obese (BMI > 30.0) ${ }^{3}$ HP 2020 Goal: $\leq 16.1 \%$


Diabetes Prevalence ${ }^{4}$
Age-adjusted; Adult

"We are seeing more awareness when we are talking about healthy eating and exercise."

- Interviewee
"In Marin County, overall the county is very healthy, but there are pockets of poverty where the outcomes are not as good. When you drill down in those communities, like Marin City or the Canal, 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


## Key Themes from Qualitative Data

Economic Disparities Drive Health Disparities

- Few affordable grocery stores
- Healthy food options are more expensive than calorie dense, less nutritious options
- Stigma associated with accessing healthy eating resources such as food banks

Link Between Stress/Mental Health and Obesity


- Pace of life and reliance on technology as drivers of poor eating habits and exercise habits
- Healthy eating and active living as drivers of positive mental health outcomes

[^0]
## Supporting Data and Key Drivers

## Supporting Data: Related Health Outcomes

Diabetes Mortality, Adult Age-adjusted mortality rate per 100,000 population ${ }^{5}$

$$
\text { 8.9| } 20.8
$$

Marin
California

Diabetes Prevalence, Older
Adult
\% of Medicare fee-for-service population with diabetes ${ }^{6}$

$$
15.2 . \bigcirc
$$

## Overweight Youth

 \% of 5,7,9 grade with "Needs Improvement" for body composition ${ }^{9}$$$
1 \bigcirc .3 \mid \underset{\text { Marin }}{\text { California }}
$$

Ischaemic Heart Disease
Prevalence, Older Adult
\% of Medicare fee-for-service population

$$
23.6 \mid \underset{\substack{\text { Main } \\ \text { Calfomia }}}{37.4}
$$

Diabetes Hospitalizations Rate of diabetes-related discharge per 10,000 discharges'
5.1
Marin
California

Heart Disease Prevalence, Adult
\% of adults with any kind of heart disease ${ }^{12, ~ *}$

$$
7.6 \mid 6.1
$$

Marin California

Overweight, Adult \% of adults with BMI between 25.0 and $30.0^{8}$

$$
30.8 \mid \underset{\substack{\text { Marin } \\ \text { California }}}{35.9}
$$

Stroke Mortality, Adult Age-adjusted mortality rate per 100,000 pop. ${ }^{10}$

$$
27.6 \mid \underset{\substack{\text { Marin } \\ \text { Calformia }}}{37.4}
$$

Driver: Healthy Eating
Fruits and Vegetables, Adults \% adults consuming <5 servings of fruit and vegetables ${ }^{13}$

$$
64.3 \mid 7
$$

Fruits and Vegetables-Youth \% youth age 2-13 consuming <5 servings of fruit and vegetables ${ }^{16}$

## 50.1 | 47.4

Marin
California

WIC Authorized Food Stores $\%$ of food stores authorized to accept WI C program benefits per 100,000 pop vegetables ${ }^{14}$


Marin California

Low Food Access $\%$ of population with low food access ${ }^{15}$
17.1 | 14.3

Marin California

[^1]
## Driver: Physical Activity

Adult Activity
\% adults with no leisure time activity ${ }^{17}$
10.3| 16.6
Marin
California

Youth Fitness
\% youth in grades 5,7,9 with "high risk" or "needs improvement" aerobic capacity ${ }^{20}$

## 23.7 <br> 35.9

Marin
California

## Youth Activity

\% of youth in Marin County who exercised vigorously for at least 20 minutes during 4 or more of the past 7 days ${ }^{18}$
75.0
$\%$ of $7^{\text {th }}$ graders
67.0
$\%$ of ${ }^{\text {th }}$ graders
54.0
$\%$ of $11^{\text {th }}$ graders

Physical Environment
\% population living $1 / 2$ mile from a park ${ }^{19}$
68.0 | 58.6
Marin
California
"Having resources to eat right, to exercise- all the preventive things are luxuries for lower income folks."

- Interviewee


## Driver: Clinical Care

Diabetes Management
\% diabetic Medicare patients with HbAIc test ${ }^{21}$

## 84.1 <br> 81.5

Marin California
Marin California

## Driver: Social and Economic Risks

Food Insecurity
\% population experiencing food insecurity ${ }^{22}$
115
Marin

Poverty and Food Access $\%$ of low-income pop. with low food access ${ }^{23}$
$2 \cap \underbrace{}_{\text {Marin }}$

## Trends and Disparities

## Percent of Adults Overweight or Obese in Marin County ${ }^{24}$



The percent of adults who are overweight or obese has been slowly decreasing over time since 2010. Monitoring this trend in future years is important to identify if the decline continues.

## Populations with Greatest Risk in Marin County

## Age disparities

Interviewees and focus group participants noted that older adults are disproportionately impacted by this health issue. Access to healthy food and the ability to maintain a healthy lifestyle are more limited for older adults, particularly those living on a fixed and low income.

Overall, trends in youth obesity in Marin County remain constant. While youth in focus groups emphasized that Marin County provides a supportive environment to make healthy dietary and lifestyle choices, interviewees noted that children and adolescents are a particularly vulnerable population because developing healthy habits during youth sets the foundation for healthy eating and active living during adulthood. One interviewee said, "I'm focusing more on adolescents, [with] a broader look at nutrition - where are they eating and how are they eating. I see more kids grabbing food whenever they can, even if it's healthy. They eat on the run a lot and then not at all. Eating habits, and when they eat as well, are important."

Targeted initiatives in specific school districts seek to reduce disparities in youth obesity. Evaluations of these programs may provide additional information about how youth weight status is changing over time.

# Marin County Community Health Needs Assessment Obesity and Diabetes (continued) 

## Examples of Existing Community Assets

Clinics and Schools


Farmers Markets / Community Garden


Parks and Recreations


## Community Recommendations for Change

Changes in clinical care

- Increase linguistically and culturally appropriate services
- Increase nutritionist services in community clinics
- Change payment structure so that healthcare workers are not dis-incentivized to talk about upstream HEAL factors
Changes in built environment
- Increase education about HEAL for the whole family
- Increase safe places to exercise in low income communities
- Create more affordable exercise/gym facilities


#### Abstract

$\dagger$ Assets and recommendations excerpted from qualitative data. For a comprehensive list of county assets and resources, reference http://211bayarea.org/marin/.


[^2]
# Marin County Community Health Needs Assessment 

 EducationEducational attainment is linked to health: people with low levels of education are prone to experience poor health outcomes and stress, whereas people with more education are likely to live longer, practice healthier behaviors, experience better health outcomes, and raise healthier children. ${ }^{1}$ While some education outcomes, such as high school graduation rate, are higher for Marin County than the rest of California, disparities, particularly among English Language Learners, African American, and Latino students, indicate that education is a high concern in the county. In secondary data, English Language Learners are less likely to pass the high school exit exam in Math and English Language Arts compared to their peers in Marin County and compared to English Language Learners on average in California. In primary data, community members and key stakeholders highlighted education as an important health need and recommended strategies to improve county-wide access and decrease disparities such as increasing investment in early childhood education.

## Key Data


"We're making strides in expanding early childhood education [ECE] in Marin City because high school graduation rates can be linked to ECE so we have to move upstream, starting from parents ability to care for their children and institutional partners that can provide excellent services for young folks so they're fully developed."

- Interviewee


## Key Themes from Qualitative Data

- The educational gap is wide for immigrants and English-language learners.
- There is a need for more awareness around bullying in schools.
- Students feel a great deal of pressure to succeed academically.
- College courses are expensive and unattainable for many, particularly undocumented immigrants.

[^3]
## Marin County Community Health Needs Assessment

 Education (continued)
## Supporting Data

## Early Childhood Education

```
Head Start programs rate
\% of children enrolled in Head Start, per 10,000 children under age \(5 .{ }^{5}\)
```

6.5
6.3
Marin
California

## English Language Learners

English Language Performance (Grade 10)
\% of all students versus English language learners (grade 10) who passed the California High School Exit Exam in English Language Arts ${ }^{6}$
89.0

Marin: All
26.0

Marin: ELL
38.0

California: ELL

Math Performance (Grade 10)
\% of all students versus English language learners (grade 10) who passed the California High School Exit Exam in Math

## Retention/Discipline

Expulsion
Rate of expulsion per 100 enrolled K-12 public
school students ${ }^{8}$

## $\bigcirc .01 \mid \bigcirc . \bigcirc 5$ <br> Marin <br> California

## Bullying

Bullying
Percent of 11th grade students reporting harassment or bullying on school property within the past 12 months for any reason. ${ }^{10}$

$$
24.7 \underbrace{}_{\text {Marin }} 27.6
$$

## Suspension

Rate of suspension per 100 enrolled K-12 public school students ${ }^{9}$

$$
\underset{\text { Marin }}{2.1} \mid \underset{\substack{\text { California }}}{4.0}
$$

## Post-Secondary Education

Population Educational Attainment \% of population age 25+ with Associates Degree or higher"

$$
\underset{\text { Marin }}{60.9} \underset{\text { California }}{38.4}
$$

## Marin County Community Health Needs Assessment

 Education (continued)

## Populations Disproportionately Affected



Percent of Cohort Graduating High School Among English Language Learner Students in Marin County ${ }^{13}$


Disparities in education attainment persist in Marin County. In particular, African American and Latino students have are less likely to graduate high school with their cohort. English Language Learners are also less likely to graduate in four years; this trend is increasing overall since 2009-10. "Student achievement for low-income students and students of color in Marin falls far below the achievement of more advantaged students in the County. The gap in achievement begins at an early age and increases over time. ${ }^{114}$

## Marin County Community Health Needs Assessment Education (continued)

Assets and Recommendations

Examples of Existing Community Assets ${ }^{\dagger}$

School Districts


First 5 Commission


Community Organizations/Collaboratives

## Community Recommendations for Change

- Take a cross-sectorial approach and collaboration to close gaps in educational attainment (e.g., public sector, schools, philanthropy, nonprofit, business communities, etc.)
- Change approaches to addressing needs from a single-issue perspective to a holistic perspective—recognizing that housing, economic security, access to health insurance, and education are inter-related and impact health.
- Support and target resources for universal preschool—early childhood education is essential for future educational success.
$\dagger$ Assets and recommendations excerpted from qualitative data. For a comprehensive list of county assets and resources, reference http://211bayarea.org/marin/.

[^4]Economic security is very strongly linked to health; having limited economic resources can impact access to opportunities to be healthy, including access to healthy food, medical care, and safe environments. ${ }^{1}$ In addition to good paying jobs, access to stable and affordable housing is also an essential foundation for good health. Substandard housing and homelessness tends to exacerbate other physical and mental health issues. High cost of living contributes to both economic and housing issues. In Marin County, the cost of living is higher in the county than California average, as is the Gini Coefficient of Income Inequality, revealing blind spots in traditional poverty measures. Additionally, 1,309 individuals are homeless, 835 of which are unsheltered. ${ }^{2}$ Lack of affordable housing was a key issue raised by community residents and stakeholders. Furthermore, reports indicate that the low-income Canal neighborhood of San Rafael and the African American population in Marin City face risk of displacement due to gentrification. ${ }^{3,4}$

## Key Data

Indicators

Percent of Renters Spending 30\% or More of Household Income on Rent ${ }^{5}$


HUD-Assisted Units (per 10,000 housing units) ${ }^{7, \dagger}$

"Marin tied for the most expensive housing -
as San Francisco and New York City. What that means is that people who are most vulnerable get squeezed out. They are already in the worst housing, and as rent goes up with no rent control, [and stifled development], more people are getting squeezed out. People come from San Francisco, but people who were living in Marin, the working poor, they are pushed out."

- Interviewee
"It's the combination of pay, no housing, and the limits on development. More and more people have housing insecurities. Then they can't address other health issues or take care of basic needs like buying medication." - Interviewee


## Employment Opportunities

- Strong economy in Marin, though jobs are limited and service jobs pay minimum wage
- Lack of transportation to jobs


## Key Themes from Qualitative Data

Lack of affordable housing

- Increase in cost of housing
- Overcrowded housing
- Increase in homelessness
- Housing affordability tied to income inequality
$\dagger$ Reports counts of all housing units receiving assistance through the US Department of Housing and Urban Development (HUD). Assistance programs include Section 8 housing choice vouchers, Section 8 Moderate Rehabilitation and New Construction, public housing projects, and other multifamily assistance projects. Units receiving Low Income Housing Tax Credit assistance are excluded from this summary. This measure does not indicate the need for HUD-Assisted Units, which may be lower in Marin County than other parts of the state.

Note: California state average estimates are included for reference. Differences between Marin County and California state estimates are not necessarily statistically significant.

Marin County Community Health Needs Assessment

## Economic \& Housing Insecurity(continued)

## Supporting Data and Key Drivers

## Supporting Data: Housing Quality

Vacant Housing Units
$\%$ of housing units that are vacant ${ }^{8, \dagger}$
7.6

Overcrowded Rental Environments \% of renter occupied households with more than one person per room ${ }^{9}$


Marin
California
"Housing is not affordable, so there are families living with other families and multiple children sharing bedrooms. 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


## Supporting Data: Poverty and Unemployment

Gini Coefficient of Income Inequality is $\mathbf{0 . 5 1 6 4}$ in Marin County, compared to $\mathbf{0 . 4 7 8 2}$ in California State. This indicates a more uneven distribution of income among households in Marin County compared to across the state. ${ }^{10}$

Children in Poverty
\% of children (age < 18) living below $100 \%$ of Federal Poverty Level ${ }^{11,+t}$

$$
8.9 \times 2
$$

Older Adults in Poverty
\% of adults (age 65+) living below 100\% of Federal Poverty Level ${ }^{12,+t}$

## 5.5 | 9.9 <br> Marin

Unemployment Rate
\% of civilian non-institutionalized population age 16 and older that is unemployed ${ }^{13}$

$$
4.2 \mid 7.4
$$

## Driver: Education

Population with Less than High
School Education
\% population age $25+$ with no high school diploma ${ }^{14}$


Marin
California

## 3rd Grade Reading Proficiency

\% of all public school students tested in 3rd grade who scored proficient or advanced on the English Language Arts California Standards Test ${ }^{15}$

$$
66.0 \mid 46.0
$$

Marin
California

## Driver: Cost of Living

Median Household Income ${ }^{16}$

$$
S_{\text {Marin }}^{\perp \bigcirc \wedge|K|} \underset{\substack{\text { California }}}{\perp}
$$

## Living Wage

Annual income required to support one adult and one child ${ }^{17}$

$$
\underset{\text { Main }}{\$ 61 k} \mid \underset{\substack{\text { Calformia }}}{\$ 53 k}
$$

## "If we address some of the

 housing and economic issues for people in poverty, their health outcomes change dramatically. It's not just talking about healthy eating. How do we change the economics?"[^5]
## Populations Disproportionately Affected

Geographic Areas with Greatest Risk in Marin County


Population of Children (Age 0-17) Living Below

50\% of Federal Poverty Level, Percent by Tract ${ }^{18}$

The map displays extreme geographic disparities of children living in extreme poverty across Marin County. Given the high cost of living in the county, $<50 \%$ of Federal Poverty Level indicates severe poverty that can have profound consequences on a child and their family.

The census tracks with >13\% of children living below 50\% of Federal Poverty Level are 1012 (Novato), 1121 (San Rafael: California Park), 1170 (San Anselmo), and 1290 (Marin City).

Key

## Populations with Greatest Risk in Marin County

Interviewees and focus group participants emphasized those least able to afford quality housing are the low-income, aging, and youth populations and single mother families in Marin County, and particularly in Canal and West Marin.

## Aging Population

- Older adults in Marin County are the "hidden poor," with limited, fixed incomes, but not eligible for federal support
- Caregivers can't afford to live in Marin County
- Increasing population of older adults who are homeless because they are priced out of the rental market

Youth

- Unsafe and overcrowded living environment places young people at risk for abuse
- Homeless youth need rehabilitation and residential substance treatment programs
- Abusive home environments lead to homelessness


## Assets and Recommendations

## Examples of Existing Community Assets

Renaissance Center Marin (Job Development)


Wealth of Marin County


Marin City Community Development

## Community Recommendations for Change ${ }^{\dagger}$

Workforce development

- Support workforce development programs
- Develop employment options for older adults and people with disabilities
- Improve transportation support to jobs


## Address rising costs of housing and living

- Political leadership (e.g., County and Health and Human Services) to direct resources towards innovative solutions to addressing affordable housing need (e.g., high-density housing with mixed-incomes and interdependent communities)
- Increase access to affordable child care


## Strengthen educational opportunities

- Focus on early childhood education
- Work in collaboration with other sectors (e.g., schools) to break silos and address needs

[^6]Access to comprehensive, affordable, quality physical and mental health care is critical to the prevention, early intervention, and treatment of health conditions. While Marin County scores better than the California state average with respect to many indicators measuring healthcare access, the county continues to work towards providing affordable and culturally competent care for all residents. This area was identified as a health need because indicators measuring the percent of insured population receiving Medi-Cal and the percent of kindergarteners with all required immunizations scored worse than state benchmarks, and because barriers to access including limited physicians accepting public insurance and limited access to specialty care were key themes in focus groups and interviews. With the implementation of the Affordable Care Act (ACA), a majority of adults in Marin County are able to access insurance coverage and access regular healthcare. However, disparities persist. Specifically, lower income residents have difficulty accessing specialty services and mental health services. Additionally, older adults in Marin County specifically, the "hidden poor" - face challenges in accessing care.

## Key Data



# Access to Health Care (continued) 

## Supporting Data and Key Drivers

## Supporting Data

Federally Qualified Health Centers Rate per 100,000 population ${ }^{4}$


Lack of Primary Care Professionals \% of population living in a primary care health professional shortage area ${ }^{5,1}$
$0 \mid 25.2$
Marin

California

## 16,774

Number of approved Covered California applications in Marin County during first and second ACA enrollment periods (January 2014 February 2015) ${ }^{6}$

## Driver: Insurance

Uninsured Population, Adult \% of population without health insurance (age $18-64)^{7}$


Marin

Uninsured Population, Children $\%$ of child population (<age 19) without health insurance ${ }^{8}$
$27 \underbrace{5.4}_{\text {Marin }}$

Insured Population Receiving MediCal
\% of insured population receiving Medi-Cal ${ }^{9}$
14.0

California

## Supporting Data: Indicators of Health Care Access and/or Utilization

Breast Cancer Screening
\% of female Medicare enrollees with
mammogram in past 2 years ${ }^{10}$


## Vaccinated Older Adults

\% of adults age 65+ who have ever received a pneumonia vaccination ${ }^{13}$


Pap Test
\% of females age 18+ with regular pap test (ageadjusted) ${ }^{11}$


Colon Cancer Screening
\% of adults age 50+ who self-report ever having had a sigmoidoscopy or colonoscopy (ageadjusted) ${ }^{12}$

Preventable Hospital Events
Preventable hospitalization rate among
Medicare enrollees, per 1,000 population ${ }^{14, \text {,t }}$

$$
30.2 \mid 45.3
$$

Marin California

[^7]
## Access to Health Care (continued)

## Trends and Disparities



This graph demonstrates yearly estimates of the percent of the total population in Marin County that was uninsured over the previous five years. Since the Covered California Insurance Exchange Marketplace opened in 2013 and coverage through Covered California plans began in 2014, the percent of the population that is uninsured has decreased to 6.4\%.

While a greater percentage of the population is insured following health care reform implementation, focus group participants noted challenges to accessing care such as health centers that seem unable to meet high demands and a lack of transportation to health care.
"I think another challenge in Marin, is to go from San Rafael to Novato feels like you're going to New York. People in San Rafael don't know Novato is part of Marin County, and Sausalito and the west side, Point Reyes, is way over the hill. It's broken into pockets, which makes access difficult."
-Interviewee

## Populations with Greatest Risk in Marin County

## Age disparities

Older adults in Marin County, particularly the "hidden poor" have less access to health services as a result of isolation, lack of financial resources, and transportation issues.

## Other disparities

Lower income residents have difficulty accessing care, particularly specialty care.

# Access to Health Care (continued) 

## Assets and Recommendations

## Examples of Existing Community Assets ${ }^{+}$

Community Organizations (e.g., Whistlestop)


## Community Recommendations for Change ${ }^{\dagger}$

- Provide more specialist services
- Provide more mental health services, particularly outpatient services for lower income residents
- Develop models to encourage physicians to see patients with less profitable insurance
- Continue funding and support for adolescent health services
- Enhance transportation opportunities, particularly for older adults
$\dagger$ Assets and recommendations excerpted from qualitative data and Marin County CHNA Collaborative Input. For a comprehensive list of county assets and resources, reference http://211bayarea.org/marin/.

[^8]
## Marin County Community Health Needs Assessment Mental Health



Mental health includes emotional, behavioral, and social well-being. 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. ${ }^{12}$ Secondary data identified specific areas in which Marin County residents demonstrate higher need than California residents on average, including suicide rate, taking medicine for an emotional/mental health issue, and reporting needing mental health or substance abuse treatment among adults. Mental health was also raised as a key concern among community members and other key stakeholders, who discussed barriers to accessing treatment among other key themes. Mental health issues frequently co-occur with substance abuse and homelessness. Racial disparities in Marin County are evident, and the Latino population was highlighted in primary data as a population of concern. Youth, older adults and incarcerated individuals were also noted as particularly high-risk populations for mental health concerns.

## Key Data

Indicators

```
Suicide Rate \({ }^{3}\)
Age-adjusted; Per 100,000 Population
```



Percent Taken Medicine for an Emotional/Mental Health Issue in the Past Year ${ }^{4}$
"The number one driver of health issues in Marin is a lack of access to mental health services. It is those services that are short of inpatient psychiatric care. Meaning, whether it's outpatient psychiatry or a group home or a halfway house or some type of not-locked inpatient unit, more than just seeing someone one hour a week-there's a spectrum of services that are needed and because we don't have them either at all or in a quantity that is even approaching adequate, problems are allowed to get worse and then what happens is people end up deteriorating. Then they need a locked inpatient psych unit."

- Interviewee

Taken for at least two weeks

"There's a huge need for mental health support here."

- Interviewee


## Key Themes from Qualitative Data

Barriers to treatment

- Limited outpatient services
- Limited services along the spectrum of care
- Associated stigma, particularly among older adults and immigrants
- Non-acute needs are not met


## Awareness

- Placed lower on hierarchy of needs or not grouped with primary care needs
Co-morbidity
- Co-occurrence with prescription drug use or alcoholism

[^9]
## Supporting Data and Key Drivers

## Supporting Data: Mental Health Among Older Adults

Depression, Older Adults
\% of Medicare beneficiaries with depression ${ }^{5}$


## Supporting Data: Mental Health Among Youth

Depression, Youth
\% of 11th grade students who felt sad or hopeless almost every day for 2 weeks or more?

$$
\left.20.7\right|_{\text {Marin }} 325
$$

Bullying, Youth
\% of 11th grade students who report harassment or bullying on school property within the past 12 months for any reason ${ }^{9}$

$$
24.7 \underbrace{}_{\text {Marin }} 27.6
$$

## Driver: Access to Mental Health Care

Adults Needing Treatment
\% of adults reporting need for treatment for mental health, or use of alcohol/drug ${ }^{10, ~ *}$

$$
\left.19.5\right|_{\text {Marin }} 15.9
$$

Mental or Physical Disability
\% of older adults living with a mental, physical, or emotional disability ${ }^{6}$

$$
\underbrace{57.7}_{\text {Marin }} \mid \underset{\substack{\text { Calfomia }}}{51.0}
$$

Suicidal Thoughts, Youth

## 18.0\%

of $11^{\text {th }}$ graders in Marin County have seriously considered suicide in the past 12 months. ${ }^{8}$
"My daughter was bullied a lot, which is what started everything. No matter how much we complained to the school, it just seemed like there was never any assistance. They made it seem like it was her."

- Focus group participant

Mental Health Providers
Rate of mental health providers per 100,000 population "

"The number one issue is access to care... It's not an evenly distributed problem. It is especially true when it comes to mental health services. We have more psychiatrists per capita than any other county but for indigent populations it is almost impossible to find a psychiatrist who will see you on an outpatient basis."

- Interviewee

Driver: Substance Abuse and Homelessness

Drug-Poisoning Deaths

Total number of deaths in Marin County due to drug-poisoning in 2011.12

Homelessness


Total number of homeless individuals in Marin County. ${ }^{13}$

[^10]
## Mental Health (continued)



## Populations Disproportionately Affected

Populations with Greatest Risk in Marin County
Suicide Mortality by Race/Ethnicity in Marin County ${ }^{14}$


## Other Vulnerable Populations Identified in Qualitative Data

Disparities by age:

- Children 0-5 years old are particularly vulnerable to stress and adversity.
- Older adults have less awareness or face greater stigmatization around mental health.
- Older adults living alone may have less social support.

Disparities by geography:

- Geographically isolated communities struggle to access resources.
- Residents of Canal were noted as a particular community at risk.

Disparities by race/ethnicity:

- Latino residents were noted as a population of particularly high risk in interviews and focus groups.

Other notable disparities:

- Single parents are less likely to have time to access mental health services, and are more likely to experience high levels of stress.
- Immigrants suffer disproportionately from stigma in accessing services.
- Incarcerated individuals may not receive adequate mental health care.

Marin County Community Health Needs Assessment Mental Health (continued)

## Assets and Recommendations

## Examples of Existing Community Assets

Nonprofits




FQHCs / Safety Net Clinics / Wellness Clinics


## Community Recommendations for Change

## Increase awareness:

- Increase education about mental health to decrease stigma
- Increase funding for mental health outreach and education (not just direct services)

Increase access to services:

- Increase free or low cost mental health services
- Increase trauma-informed care
- Increase coordinated care
- Bring mental health services closer to Latino communities
- Staff bilingual mental health providers


## Work across sectors:

- Address basic needs, including access to affordable housing
- Involve faith-based communities in social service outreach around mental health
- Integrate mental health services into community life
- Link Marin City Jail to social services for mental illness, substance abuse, alcoholism
$\dagger$ Assets and recommendations excerpted from qualitative data. For a comprehensive list of county assets and resources, reference http://211bayarea.org/marin/.

[^11]Marin County Community Health Needs Assessment

## Substance Abuse



Substance abuse, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. Substance abuse was identified as a health need of concern in multiple existing data sources, as well as in interviews and focus groups. In particular, use and abuse of prescription drugs is recognized as a health need of concern. Among youth, percentages of students reporting binge drinking and being "high" from drug use are higher for Marin County than California overall. Interview and focus group participants identified Fairfax, West Marin, and Canal as areas of high risk for drug abuse.

## Key Data

## Indicators

Percent of Teens Reporting Binge Drinking ${ }^{1}$
At least once in month prior

HP 2020 Goal: $\leq 8.6$


Percent of 11th Grade Students Reporting Being "High" From Drug Use²


## Percent of 11th Grade Students Reporting Non-

 Medical use of Rx Painkillers ${ }^{3}$
"[Substance abuse] is a lot more prevalent than people are willing to admit." - Interviewee
"We've seen a pretty big increase locally in terms of number of patients showing up in our department with substance abuse issues... particularly methamphetamine abuse and use is something we are starting to see a whole lot more of."

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


## Key Themes from Qualitative Data

- Prescription drugs are readily available
- Perceptions that drug use among youth is treated more casually in Marin than elsewhere
- Youth abuse of Adderall or Ritalin, particularly among middle and upper-class youth
- Methamphetamine use
- Stigma as a deterrent to seeking help for substance abuse problems
- Substance abuse issues co-occur with homelessness and mental health issues
- Substance abuse, particularly opioid abuse, used to "self-medicate"

[^12]
## Marin County Community Health Needs Assessment

## Substance Abuse (continued)



## Supporting Data and Key Drivers

## Supporting Data: Substance Abuse Among Youth

Tobacco Use, Youth
$\%$ of $11^{\text {th }}$ grade students using cigarettes any time within last 30 days $^{4}$

## 12.1 <br> Marin <br> California

Driving Under Influence, Youth \% of 11 th grade students reporting driving after drinking (respondent or by friend) ${ }^{5}$
24.2
23.0
Marin
California

## Supporting Data: Tobacco and Alcohol Use

Marijuana Use, Youth
\% of 11th grade students reporting marijuana use within the last 30 days ${ }^{6}$


California

Tobacco Use
\% of population smoking cigarettes (age adjusted)'

## 11.0 <br> Marin <br> 12.8 <br> California

Alcohol-related Arrests
Rate of arrests for alcohol related offenses (per 100,000) ${ }^{8}$

```
1,501.0 | 1,203.0
Marin
```


## Supporting Data: Drug Use

Total Deaths
Drug poisoning deaths (total) ${ }^{10}$


Marin 2013
Marin 2011

Narcotic Drug Use
Median number of pills per narcotic prescription ${ }^{13}$

$$
56 \mid 45
$$

Marin 2013

Unintentional Deaths
Drug poisoning deaths (unintentional)"


Marin 2013
Marin 2011

Access to Prescription Drugs

\% of RxSafe Marin Survey respondents think it would be very or somewhat easy to obtain prescription pain, sleep, or calming medication from a doctor in their community ${ }^{14}$

Alcohol Access
Liquor store rate (per 100,000) ${ }^{9}$
8.7
Marin
10.0

California

Leftover Prescription Drugs ${ }^{12}$

$$
45.4
$$

\% of RxSafe Marin Survey respondents had pills leftover from last pain medication prescription

$$
61.7
$$

\% of those with pills leftover kept, sold, or gave away the leftover pills

## 25.0

\% of RxSafe Marin Survey respondents reported having expired, unused or leftover prescription medication in their home currently

## Key Themes About Drivers

Social isolation and a lack of activities are drivers of substance abuse

- Untreated mental health problems are drivers of substance abuse
- Substance abuse problems are drivers of poor health outcomes Lower income individuals have fewer resources for recovery
"Substance abuse is a huge issue but I put it in a bucket with mental health issues, because frequently [...] there's a connection there [...]."
-Interviewee


## Substance Abuse (continued) <br> 

## Populations Disproportionately Affected, Assets, and Recommendations

## Geographic Areas with Greatest Risk in Marin County

Interviewees and focus group attendees indicated that Fairfax, West Marin, and Canal are areas of high concern for substance abuse issues.

## Populations with Greatest Risk in Marin County

Residents who do not have the financial resources to obtain expensive rehabilitation treatment, but whose income is too high to qualify for public programs and low-income treatment options, were identified as a population of high concern.

## Examples of Existing Community Assets

Non-Medical Detoxification Programs (e.g., Vine Detoxification Program)


Outpatient and Residential Treatment Centers (e.g., Marin Treatment Center, Center Point)


## Community Recommendations for Change

"There's the whole issue of harm reduction versus recovery. Sometimes you have to make sacrifices. I used to go to the needle exchange. Some people would say they're facilitating my using, but it helped me from catching Hepatitis C and A."

- Focus Group Participant
- Look to other county models of addressing substance abuse, particularly those that embrace partnerships among community organizations including schools
- Increase in activities for youth, particularly at night
- Parent education and outreach related to youth substance abuse
- There is a need for recovery programs for women
- Need for medically assisted detox facility
"'[We] should be looking at models where agencies are partnering with preschool schools, health care centers, wellness centers, where they are physically on site."
-Interviewee

[^13][^14][^15]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. ${ }^{1}$ Oral health was identified as a health need because secondary data indicate that many adults, particularly adults older than 65, do not have dental insurance coverage and many find it difficult to afford dental care. Oral health care access also arose as a key theme in primary data; some key informants shared that oral health access may have increased slightly in West Marin with the Coastal Health Alliance's new full-time Dental Clinic, but it is still not enough, particularly for underserved populations. Additionally, key informants and focus group participants report that dental insurance is limited and specialty care is not affordable.

## Key Data

## Indicators

## Percent of Adults with Poor Dental Health ${ }^{2}$



Marin: 6.2
California: 11.3

Percent of Adults without Dental Exam in the last 12 months ${ }^{3}$


Marin: 18.4
California: 30.5
Percent of Youth Age 2-11 without Dental Exam in the Past 12 Months ${ }^{4}$

"Oral health was not really included in the expansion of the ACA. People will have real barriers to oral health and prevention, for sure."

- Interviewee
"Dental [is a need]—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


## Key Themes from Qualitative Data

- Specialty dental care is not affordable. There is coverage to extract a tooth but not specialty care to prevent extractions or other issues related to poor oral health.
- Community Clinic and other providers are not able to meet the demand for affordable care.


## Populations at Greatest Risk in Marin County

Data regarding oral health is not available at the sub-county level to identify whether specific communities are more impacted than others. However, key informants shared that oral health care is particularly challenging for underserved populations, particularly those without dental insurance coverage.

[^16]Note: California state average estimates are included for reference. Differences between Marin County and California state estimates are not necessarily statistically significant.

## Supporting Data and Key Drivers

## Supporting Data: Access to Care

Access to Providers
Dentists, Rate per 100,000 population ${ }^{5}$

##  <br> Marin <br> California

Lack of Oral Health Professionals
\% of population living in Health Professional Shortage Area (HPSA)- Dental ${ }^{6}$


Marin
California

Dental Care Affordability, Youth \% of population age 5-17 unable to afford dental care ${ }^{7, *}$


Marin
4.7

## Supporting Data: Dental Insurance Coverage

Dental Insurance, Older Adult $\%$ of adults age $65+$ with dental insurance ${ }^{8}$

$$
\underset{\text { Main }}{46.6} \mid \underset{\substack{\text { calfomia } \\ \text { Cin }}}{52.7}
$$

Dental Insurance, Adult
$\%$ adults with dental insurance ${ }^{9}$

## Driver: Health Behaviors

Children with Inadequate Nutrition \% population age 2-13 with inadequate fruit/ vegetable consumption ${ }^{10}$

$$
\underset{\text { Marin }}{50.1} \underset{\substack{\text { California }}}{47.4}
$$

Adults with Inadequate Nutrition \% adults with inadequate fruit/ vegetable consumption ${ }^{11}$
64371.5

Marin California

## Driver: Social and Economic Risks

Children in Poverty
\% of children under age 18 living below $200 \%$ of Federal Poverty Level ${ }^{12}$

$$
17.8 \mid \underset{\substack{\text { Marin } \\ \text { California }}}{4.3}
$$

Population in Poverty
\% of population living below 200\% of Federal Poverty Level ${ }^{13}$

$$
194 \underset{\text { Marin }}{\substack{\text { California }}} \underset{\substack{\text { M }}}{3.9}
$$

$$
\underset{\text { Main }}{56.7} \left\lvert\, \begin{aligned}
& \text { Calfomia }
\end{aligned}\right.
$$

[^17]
# Marin County Community Health Needs Assessment <br> Oral Health (continued) 

## Assets and Recommendations

## Examples of Existing Community Assets

Marin Dental Clinics
Oral Health Prevention and Education Efforts


## Community Recommendations for Change

- Co-locate dental care within community health centers
- Support a dental mobile van or mobile clinic
$\dagger$ Assets and recommendations excerpted from qualitative data and Marin County CHNA Collaborative. For a comprehensive list of county assets and resources, reference http://211bayarea.org/marin/.

[^18]
## Marin County Community Health Needs Assessment Violence and Unintentional Injury

Violence and injury prevention are broad topics that cover many issues including motor vehicle accidents, drowning, overdose, and assault or abuse, among others. In Marin County, this area was identified as a health need because of data related to domestic violence, as well as key drivers of violence such as alcohol abuse. Additionally, racial disparities in intimate partner violence and homicide exist. Marin County also experiences high rates of unintentional injury mortality and drunk driving among youth. Violence and injury also arose as a health need through key themes in interviews and focus groups as well. Community residents and other key stakeholders identified mental health and substance abuse as drivers of unintentional injury and injury due to violence.

## Key Data

## Indicators

Unintentional Injury Mortality Rate ${ }^{1}$
Age-adjusted, per 100,000 residents HP 2020 Goal: $\leq 36.4$


Percent of Adults Reporting Experiencing Sexual or Physical Violence by an Intimate Partner Since Age $18^{2}$


Suicide Rate ${ }^{3}$
Age-adjusted, per 100,000 residents
HP 2020 Goal: $\leq 10.2$

"Women who are going through that endure it because what happens in the family stays here, all families have that stress. And if there is a problem no one knows about it, and the problem continues to grow." - Focus Group Participant
"Safety in the family is a huge issue. People come from a culture that may be more male dominant, and it's easier here for women to find work than men. They turn to alcohol and sometimes to being abusive."

- Interviewee


## Key Themes from Qualitative Data

## Family Violence

- Domestic violence prevalent in the county
- Violent homes can be difficult to escape; women face stigma in telling others about violence at home


## Community Violence

- Gang violence was a theme among specific geographic regions, including in Canal
- Drunk driving is an issue among youth

- In some communities, distrust of law enforcement perpetuates violence

[^19]
# Violence and Unintentional Injury (continued) 

## Supporting Data and Key Drivers

## Supporting Data: Family Violence

Rate of Calls for Assistance
Domestic violence calls per 1,000 population ${ }^{4}$


Domestic Violence Injuries Rate Rate among females age $10+$ per 100,000 5,t

## Child Abuse

Rate of substantiated claims of child maltreatment per 1,000 children age 0-176

HP 2020 Goal: $\leq 8.5$


## Driver: Alcohol Abuse

Excessive Drinking, Adult \% of adults estimated to be drinking excessively, age-adjusted ${ }^{7}$

\section*{|  |  |
| :--- | :--- | :--- |
| 19.5 | 17.2 | <br> Marin <br> California}

## Supporting Data: Community Violence

Homicide
Age-adjusted mortality rate per 100,000 residents ${ }^{8}$

HP 2020 Goal: $\leq 5.5$
$13 \mid \underset{\text { Marin }}{5.2}$

Violent Crime
Rate per 100,000 population ${ }^{9}$

$$
202.7 \text { | } 425.0
$$

Marin
California
"We have an issue with the police in Marin City- an issue with harassment. ...[My daughter] was stopped the other day because the police could not read the [car] tag. It brought up a lot of anxiety, PTSD (post-traumatic stress), for her and her children. [Perception is] the police's job is to train people how to hand cuff people."

- Focus Group Participant


## Supporting Data: Injury and Violence Among Youth

Drunk Driving, Youth
\% of 11 th grade students reporting driving after drinking (respondent or by friend) ${ }^{10}$

$$
24.2 \mid \underset{\text { Marin }}{\text { California }}
$$

Gang Activity, Youth
\% of 1 th grade students reporting current gang involvement ${ }^{11}$
$6.3 \mid 7.5$
Marin California
$\dagger$ This indicator reports the rate of non-fatal emergency department visits coded as "batter by spouse/partner" (ICD-9 classification E-9673). These rates are likely underestimates (e.g., because not all crimes are reported, and not everyone goes to the hospital for domestic violence injuries for a variety of reason.

## Populations Disproportionately Affected

Disparities in Family Violence in Marin County by Race/Ethnicity
\% of Adults Reporting Ever Having Experienced Physical or Sexual Violence by an Intimate Partner Since Age $18^{12}$


[^20]
## Assets

## Examples of Existing Community Assets ${ }^{\dagger}$

Law enforcement agencies, victim assistance through the District Attorney's Office, and Domestic Violence and Sexual Assault Crisis Providers


Coalition of Schools / Department of Education

Coordinated Community Resources Network (community based agencies, law enforcement, and other government agencies who work together to strengthen response systems)

$\dagger$ Assets excerpted from qualitative data and Marin County CHNA Collaborative. For a comprehensive list of county assets and resources, reference http://211 bayarea.org/marin/.

[^21]



Appendix B. Secondary Data, Sources, and Years Prepared by Harder+Company Community Research





Appendix B. Secondary Data, Sources, and Years Prepared by Harder+Company Community Research




| Heath indicators |  |  |  |  |  |  |  | Benchmark |  |  |  |  | Needs Score |  |  | Data Details |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Potential Health Needs | $\begin{gathered} \text { Core/ } \\ \text { Related } \end{gathered}$ | Indic | Kaiser Indicator | Match Category | $\underset{\substack{\text { Measure } \\ \text { Type }}}{\text { 俍 }}$ | Population Denominato | $\begin{gathered} \text { Hp } 2020 \\ \text { value } \end{gathered}$ | $\begin{gathered} \text { Marin county } \\ \text { previous } \\ \text { time point } \end{gathered}$ | $\begin{gathered} \text { Greater } \\ \text { Beay } \end{gathered}$ | $\begin{gathered} \text { State } \\ \text { Benchmark } \end{gathered}$ | $\begin{gathered} \text { National } \\ \text { Benchmark } \end{gathered}$ | Benchmark used to score | Desired Direction | Value for County count | $\begin{aligned} & \text { Difterence } \\ & \text { Bem the } \\ & \text { Bancurke } \\ & \text { value } \end{aligned}$ | Data Sour | $\begin{gathered} \text { Marin } \\ \text { previous data } \\ \text { year } \end{gathered}$ | Greater Bay Area data year | $\begin{aligned} & \text { State data } \\ & \text { year } \end{aligned}$ | National | $\begin{aligned} & \text { Marin } \\ & \text { County } \\ & \text { data year } \end{aligned}$ | State data County data <br> statisticall statistically <br> y unstable unstable |
| Yout Development | core | Teen Birth Rate (Per 1,000 Female Pop. Under Age 20) Percent of 11 th grade students who report they've been victims of cyber bullying in the past 12 months Percent of 11 th grade students reporting harassment on school property related to their sexual orientation Percent of 11 th grade students reporting harassment or bullying on school property within the past 12 Percentage of 11 th grade students reporting current gang involvement Percent of children in foster care system for more than 8 days but less than 12 months with 2 or less Percent of 12 months | Teen Births (Under Age 20) n/a n/a n/a n/a n/a $n / a$ | Social \& Economic Factors <br> Health Outcomes <br> Health Outcomes <br> Health Outcomes <br> Social and Economic Factors <br> Social and Economic Factors <br> Social and Economic Factors | Rate <br> Percentage <br> Percentage <br> Percentage <br> Percentage <br> Percentage <br> Percentage | 27,504 <br> no data | n/a |  |  | 8.5 23.2\% <br> $7.6 \%$ <br> 27.6\% <br> 7.5\% <br> 86.6\% <br> 38.3\% | no data <br> no data <br> no data <br> no data <br> no data <br> no data <br> no data | State <br> State <br> State <br> State <br> State <br> State <br> State |  | 2.7 <br> 23.8\% <br> 6.6\% <br> 24.7\% <br> 6.3\% <br> 81.8\% <br> suppressec | $\begin{aligned} & -5.81 \\ & 0.60 \% \\ & -1.00 \% \\ & -2.90 \% \\ & \hline-1.20 \% \\ & \hline-4.80 \% \end{aligned}$ |  |  |  | 2011 <br> $2011-13$ <br> 2011-13 <br> 2011-13 <br> 2011-13 <br> 2014 <br> 2013 |  | 2011 <br> 2011-13 <br> 2011-13 <br> 2011-13 <br> 2011-13 <br> 2014 <br> 2013 |  |



## Marin County Community Health Needs Assessment <br> Appendix C. Community Input Tracking Form

| Data Collection Method | Title/Name | Number | Target Group(s) Represented (interviewee or at least one participant in the focus group self-identified as a leader, member, or representative of the following populations)* |  |  |  |  | Date Input Was Gathered |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Meeting, focus group, interview, survey, written correspondence, etc. | Respondent's title/role and name or focus group population | Number of participants | Health <br> Department representative | Chronic <br> Condition | Minority | Medically underserved | Low-income | Date of data collection |
| Interview | Executive Director, Apple Family Works | 1 |  | X | X |  | X | 10/9/15 |
| Interview | Executive Director, Canal Alliance | 1 |  |  |  |  |  | 9/22/15 |
| Interview | Executive Director, Coastal Health Alliance | 1 |  |  |  | X | X | 9/22/15 |
| Interview | Founder \& Chairman, ExtraFood.org | 1 |  |  |  |  |  | 10/21/15 |
| Interview | Deputy Executive, Homeward Bound | 1 |  |  |  |  | X | 9/23/15 |
| Interview | Executive Director, Huckleberry Youth Program | 1 |  |  | X | X | X | 10/2/15 |
| Interview | Medical Group Administrator, Kaiser Permanente Medical Center | 1 |  |  |  |  |  | 10/13/15 |
| Interview | Executive Director, Marin Center for Independent Living | 1 |  | X | X | X | X | 10/1/15 |

## Marin County Community Health Needs Assessment <br> Appendix C. Community Input Tracking Form

| Meeting, focus group, interview, survey, written correspondence, etc. | Respondent's title/role and name or focus group population | Number of participants | Health Department representative | Chronic <br> Condition | Minority | Medically underserved | Low-income | Date of data collection |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Interview | Chief Executive Officer, Marin Community Clinics | 1 |  | X | X | X | X | 9/24/15 |
| Interview | President, <br> Marin County Board of Supervisors | 1 |  |  |  |  |  | 9/28/15 |
| Interview | Public Health Officer, <br> Marin County Health \& Human Services | 1 | X |  |  |  |  | 10/21/15 |
| Interview | County Superintendent of Schools, Marin County Office of Education | 1 |  | X | X | X | X | 10/2/15 |
| Interview | Chief Administrative Officer, Marin General Hospital | 1 |  |  |  |  |  | 10/2/15 |
| Interview | Chief Administrative Officer, <br> Novato Community Hospital | 1 |  | X | X | X | X | 9/25/15 |
| Interview | Medical Director, <br> RotaCare Clinic of San Rafael | 1 |  | X | X | X | X | 9/22/15 |
| Interview | Chief Executive Officer, Whistlestop | 1 |  | X | X | X | X | 9/22/15 |
| Interview | Executive Director, <br> Marin YMCA | 1 |  | X |  |  | X | 9/24/15 |
| Interview | General Manager, <br> Marin City Community Services District | 1 |  |  | X | X | X | 10/2/15 |
| Interview | Police Chief, San Rafael | 1 |  | X | X | X | X | 10/21/15 |
| Interview | Director of Special Education, Novato Unified School District | 1 |  |  | X |  |  | 10/27/15 |

## Marin County <br> Community Health Needs Assessment

## Appendix C. Community Input Tracking Form

| Meeting, focus group, interview, survey, written correspondence, etc. | Respondent's title/role and name or focus group population | Number of participants | Health <br> Department representative | Chronic Condition | Minority | Medically underserved | Low-income | Date of data collection |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Focus Group | Marin County; Youth (English) | 4 |  | X | X |  | X | 10/5/15 |
| Focus Group | Marin City; Adults (English) | 17 |  | X | X | X | X | 10/5/15 |
| Focus Group | Marin County; Residents in recovery from substance abuse (English) | 8 |  | X | X | X | X | 10/8/15 |
| Focus Group | Novato; Adults (Spanish) | 13 |  | X | X | X | X | 10/8/15 |
| Focus Group | San Geronimo; Adults (English) | 11 |  | X |  |  | X | 10/14/15 |
| Focus Group | Canal; Adults (Spanish) | 13 |  | X | X | X | X | 10/14/15 |
| Focus Group | Novato; Residents experiencing homelessness (English) | 14 |  | X | X | X | X | 10/13/15 |
| Focus Group | West Marin; Adults (Spanish) | 10 |  | X | X | X | X | 10/22/15 |

* Indicates self-identification of interviewees or focus group participants as a leader, member, or representative of each specified population. In some cases, individuals did not selfidentify as a representative of any of the listed groups.


# Marin County Community Health Needs Assessment <br> Appendix D. Primary Data Collection Tools Key Informant Interview Protocol 

## Date:

Interviewee ID: $\qquad$ Interviewee Name: $\qquad$
Position: $\qquad$ Organization: $\qquad$

Interviewer: $\qquad$

## Introduction

Hello, my name is $\qquad$ and I work for Harder+Company Community Research. We are working with Healthy Marin Partnership and several non-profit hospitals in Marin on a comprehensive Community Health Needs Assessment (CHNA).

You have been identified as an individual with extensive and important knowledge of the [Marin County Community / Specific subpopulation of Marin County] that can help us with the CHNA -- to help ensure that we get a clear picture of health-related issues that impact our Marin County residents. We are very interested in having you share thoughts and ideas that go beyond access to medical care, taking into consideration social, economic, and environmental factors that impact health. Your input will inform the development of the CHNA as well as a community health implementation plan for all of Marin County

This interview will take about 30-45 minutes. Our discussion today will be incorporated into the Community Health Needs Assessment for Marin County. Everything we talk about today is confidential. That means that when I write up a report of what was said, I won't use your name or any other information to identify who you are. However, there is always a chance that someone is able to identify what you said.

Do you have any questions so far?

Before we start talking about the specifics, I want to make sure you know that, during this interview:
There is no right or wrong answer, just your ideas.
It's ok if you don't have an answer or opinion about a particular question. It is just as important for us to know that too. "I don't know" is an ok thing to say. And finally,
If at any time while we are talking you are not sure what I mean or have questions, do not hesitate to ask questions and let me know.

I would like to take notes and record during the interview so that I make sure that I get your statements exactly how you stated them.
Is it ok for me to take notes? Great! Just as a reminder, since I will be typing notes, there might be some short delays to make sure I am able to capture everything you say.
Is it ok for me to record our conversation?
Before we begin, do you have any questions?

## Questions

1. a) Would you give me a brief description of your organization, and your role there?
b) Within Marin County, what geographic area do you primarily serve?
2. a) What are the most important health needs that have the greatest impact on overall health in Marin County?
b) What are the specific populations that are most adversely affected by the health problems you just mentioned? (e.g., Latinos, postpartum women, seniors)
c) The following were identified as priority health issues during the previous CHNA process in 2013:
i. Significant Health Issues:
3. Poor mental health
4. Substance abuse
5. Health Care Access
6. Poverty/Income inequality
7. Healthy eating / Active living

Can you tell me how aware you are of these health issues? How do they impact overall health in Marin County?
d) What existing community assets and resources could be used to address these health issues and inequities [and the health issues you think are most important]?
3. a) What health behaviors do you think have the biggest influence on the issues we just discussed in your community?
b) The following were identified as significant health behaviors during the previous CHNA process in 2013:
i. Significant information about health behaviors from 2013 CHNA:

1. $21.5 \%$ of adults reported that they needed help for emotional/mental health problem or use of alcohol/drugs
2. $55 \%$ of $11^{\text {th }}$ graders reported using alcohol or drugs, not including tobacco
3. $10.4 \%$ of people were lacking a consistent source of primary care
4. $8.2 \%$ of adults did not graduate high school; $63.1 \%$ of adults in Canal area of San Rafael did not graduate high school
5. $70.6 \%$ of adults were getting moderate exercise

Can you tell me how aware you are of these health behaviors? How do they impact overall health in Marin County?
c) What existing community assets and resources could be used to address these health issues and inequities [i.e. the health issues we just mentioned or those you identified earlier]?
4. a) Are you aware of social factors that influence on the issues we've discussed for your clients/your community? If so, what social issues have the largest influence on these health issues?
b) Are you aware of economic factors that influence the issues we've discussed for your clients/your community? If so, what economic issues have the largest influence on these health issues?
c) The following were identified as socioeconomic conditions in Marin during the previous CHNA process in 2013:
i. Significant information about socioeconomic conditions:

1. $45.6 \%$ of adults were paying higher than $30 \%$ of total household income for housing.
2. $17.2 \%$ of residents had incomes below $200 \%$ of Federal Poverty Line
3. $6.7 \%$ were unemployed
4. Median household income was $\$ 89,268$
5. 2,094 unmet subsidized child care slots existed in Marin

Can you tell me how aware you are of these socioeconomic conditions? How do they impact overall health in Marin County?
d) What existing community resources could be used to address these health issues and inequities?
5. a) Are you aware of environmental factors that influence the issues we've discussed for your clients/your community? If so, which factors have the biggest influence on overall health in your community?
b) The following were identified as environmental conditions in Marin during the previous CHNA process in 2013:
i. Significant information about environmental issues:

1. $2.5 \%$ of housing units were overcrowded
2. San Rafael had 113.9 liquor stores per every 100,000 people
3. $3.8 \%$ of housing units in Marin were categorized as affordable housing
4. $2.5 \%$ of housing units were overcrowded
5. 24.2 recreation and fitness facility establishments were available in Marin per 100,000 residents

Can you tell me how aware you are of these environmental factors? How do they impact overall health in Marin County?
c) What existing community resources could be used to address these health issues and inequities?
6. What are the challenges Marin County faces in addressing the health needs you mentioned previously?
a) Are there any current trends that may have an important impact on the health of Marin County residents?
b) Are there any challenges that may impact economic opportunities in the community? Access to health care services? Community engagement? Public safety?
7. a) Do you have suggestions for systems-level collaborations or changes that could help to address the inequities we just talked about?
b) Looking across all sectors, who are some current or potential community partners that we have not yet engaged who could help to impact these issues?

We have a brief demographics question we would like to ask. These are strictly for tracking purposes and you do not have to answer these questions if you don't want to.
8. Do you identify as a leader, representative, or member of any of the following communities? Please select all that apply.
$\square \quad$ Individuals with chronic conditions
$\square \quad$ Minorities
$\square \quad$ Medically underserved
$\square \quad$ Low-income

Those are all the questions I have for you today. Do you have anything else you would like to add?

Thank you for taking the time to have this conversation! The information that you provided will be very helpful not only for the needs assessment but also in crafting actions to address those needs.

## Focus Group Protocol

Hi everyone. My name is $\qquad$ and I will be facilitating today's group. This is $\qquad$ and he/she will be taking notes and may jump in with any additional questions throughout the group.

First, we want to thank you for agreeing to be a part of this discussion, which will last about 1-2 hours. Marin County healthcare workers really want to improve the health of your community, and many of those people are sitting at the table together to think about the best ways to do this. The information we gather today will be used as part of a collaborative needs assessment that will help Kaiser Permanente, Sutter Health, Marin General Hospital, Health and Human Services, and Healthy Marin Partnership to work together to determine what they can do to improve health in Marin County. Additionally, as a part of the Affordable Care Act, the federal government requires nonprofit hospitals to conduct community health needs assessments every three years, and to use the results of these assessments to implement plans to improve community health. This assessment will also fulfill this requirement for the hospitals.

In this health needs assessment, we want to be sure to bring in voices that are not always represented. One of the reasons we are having this focus group is because we are really interested in the needs of [XX group] across the county. Please keep this lens in mind as we talk about your experience in your community. Before we begin, I'd like to talk about a few guidelines for our discussion.

- There are no right or wrong answers.
- Every opinion counts. We will respect other's opinions. It is perfectly fine to have a different opinion than others in the group, and you are encouraged to share your opinion even if it is different.
- Everyone should have an equal chance to speak. Please speak one at a time and do not interrupt anyone else.
- Do not hesitate to ask questions if you are not sure what we mean by something.
- Because we have a limited amount of time and a lot to discuss, I may need to interrupt you to give everyone a chance to speak, or to get to all the questions.
- What's said here, stays here. Everything we discuss today is completely confidential. We will summarize what the group had to say, but will not tell anyone who said what. Your names will never be mentioned. We also ask that you not repeat what is said here outside this room.
- We'd also like to record our conversation. Our note taker will be taking notes so that we remember what people had to say, but we'd also like to record the conversation to ensure we have the most accurate information possible. Is that okay?

How do these guidelines sound to everyone? Do you have any questions before we begin?

## Introductions/Background

1) Let's start by introducing ourselves. Please tell us very briefly your first name, the town/city you live in, and one thing that you are proud of about your community.

## Quality of life in community

2) Briefly, please describe what it is like to live in your community.
3) From your perspective, what are the biggest health issues among [subpopulation]?

3a. Of the health issues you've mentioned, which would you say are the most important or urgent to address? Why?
4) What do you think are some of the biggest reasons why these health issues occur in your community?

4b) What things keep you and your family from being as healthy as they could be?
5) From your perspective, what health services are lacking for you and the people you know in your community?

5b) From your perspective, what health services are difficult to access for you and the people you know in your community?

- Follow up: What other challenges keep individuals from seeking help?

6) Has the Affordable Care Act [may also be known as Covered California, Obamacare] had any impact on you or the people you know in your community?

Community Assets, Barriers, and Gaps
7) Outside of healthcare, what resources exist in your community to help you and the people you know to live healthy lives?

7a) What are the barriers to accessing these resources?
7b) What resources are missing?

What is needed to improve health?
8) What do you think is [or who is] needed to improve your health or the health of the people you know in your community?
9) Is there anything else you would like to share with our team about the health of your community [that hasn't already been addressed]?

Please make sure to fill out the quick survey before you leave! Thank you so much for your time!

## Focus Group Demographic Survey

Thank you for participating in today's discussion group. We would like to ask you a few questions to understand who attended our groups. This survey is VOLUNTARY which means that do not have to participate. It is anonymous- your answers will not be tied to your name or any other personal information and we will report answers of the group as a whole.

1. What race/ethnicity do you identify as? (Please select all that apply.)
$\square \quad$ Black/African American
Asian (if checked, please select a choice below):White/CaucasianHispanic/Latino

| o | Cambodian | o | Chinese |
| :--- | :--- | :--- | :--- |
| o | Hmong | o | Pakistani |
| o | Vietnamese | o | Japanese |
| o | Filipino | o | Thai |
| o | Other: |  |  |

o Korean
o Laotian
o Vietnamese o Japanese o East Indian
o Filipino o Thai o Native Hawaiian or
o Other: $\qquad$ Pacific Islander
2. What is your current gender identity? (Check one that best describes your current gender identity.)
$\square$ MaleTrans man
Declined to answer
$\square$ Female $\square$ Trans woman $\square$Another gender identity (Fill in the blank.)Genderqueer / Gender non-conforming
$\qquad$
3. Do you identify as a leader, representative, or member of any of the following communities? (Please select all that apply.)Individuals with chronic conditionsMedically underservedMinoritiesLow-income
4. What is your age group?
14-2445-54
54-6035-44 60+
5. What is the zip code where you live?
$\qquad$
6. What would you estimate your yealy household income is?

| $\square$ | $\$ 0$ to $\$ 4,999$ | $\square \$ 35,000$ to $\$ 44,999$ |
| :--- | :--- | :--- |
| $\square$ | $\$ 5,000$ to $\$ 9,999$ | $\square \$ 45,000$ to $\$ 54,999$ |
| $\square$ | $\$ 10,000$ to $\$ 14,999$ | $\square \$ 55,000$ to $\$ 64,999$ |
| $\square$ | $\$ 15,000$ to $\$ 19,999$ | $\square \$ 65,000$ to $\$ 74,999$ |
| $\square$ | $\$ 20,000$ to $\$ 24,999$ | $\square \$ 75,000$ to $\$ 99,999$ |
| $\square$ | $\$ 25,000$ to $\$ 34,999$ | $\square$ |

7. How many people, including you, live in your house (this includes everyone related to each other by blood, marriage or a marriage-like relationship including partners and foster children)?

## Thank you for completing this survey!

$\qquad$ Today's Date: $\qquad$ / $\qquad$ $\frac{}{\mathrm{D} 8}$

# Marin County <br> Community Health Needs Assessment 

## Appendix E. Prioritization Scoring Matrix

Instructions: For each health need, write down a score between 1 to 7 for each criterion (1 being the lowest and 7 being the highest score possible). For example, if an issue is nearly impossible to prevent, it could be assigned a 1 in "Prevention" but may receive a score of 6 in "Severity". You will then use the clickers to indicate your score for each health need and criterion. Once everyone scores each health need, the scores will be averaged and multiplied by the weighting value to determine an overall score for each health need.

| Health Need | Severity | Disparities | Prevention | Leverage |
| :---: | :---: | :---: | :---: | :---: |
|  | The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected. | The health need disproportionately impacts specific geographic, age, or racial/ethnic subpopulations | Effective and feasible prevention is possible. There is an opportunity to intervene at the prevention level and impact overall health outcomes. | Solution could impact multiple problems. Addressing this issue would impact multiple health issues. |
| Weighting | 1.5 | 1 | 1.5 | 1 |
| Access to Health Care |  |  |  |  |
| Economic and Housing Insecurity |  |  |  |  |
| Education |  |  |  |  |
| Violence and Unintentional Injury |  |  |  |  |
| Mental Health |  |  |  |  |
| Substance Abuse |  |  |  |  |
| Obesity and Diabetes |  |  |  |  |
| Oral Health |  |  |  |  |


[^0]:    $\dagger$ Body composition is determined by skinfold measurements or bioelectrical impedance analysis for the calculation of percent body fat and/or Body Mass Index (BMI) calculation. The percent body fat "high risk" threshold is 27.0\%-35.1\% for boys and 28.4\%-38.6\% for girls, depending on age. The BMI "high risk" threshold is 17.5-25.2 for boys and 17.3-27.2 for girls, depending on age. These measures are based on the CDC's BMI-for-age growth charts, which define an individual as obese when his or her weight is "equal to or greater than the 95 th percentile".

    Note: California state average estimates are included for reference. Differences between Marin County and California state estimates are not necessarily statistically significant.

[^1]:    *Unstable county estimate; findings should be interpreted with caution.

[^2]:    1 "Obesity Health Risks," Harvard School of Public Health, Obesity Prevention Source, accessed November 2015, http://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/health-effects/.
    ${ }^{2}$ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
    ${ }^{3}$ California Department of Education, FITNESSGRAM ${ }^{\oplus}$ Physical Fitness Testing, 2013-14.
    ${ }^{4}$ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
    ${ }^{5}$ California Department of Public Health, County Health Profile Marin County, 2011-13.
    ${ }^{6}$ Centers for Medicare and Medicaid Services, 2012.
    ${ }^{7}$ California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES, 2011.
    ${ }^{8}$ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 201112.
    ${ }^{9}$ California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.
    ${ }^{10}$ University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, Death Public Use Data, 2010-12.
    ${ }^{11}$ Centers for Medicare and Medicaid Services, 2012.
    ${ }^{12}$ California Health Interview Survey, 2013-14.
    ${ }^{13}$ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse, 2005-09.
    ${ }^{14}$ US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas, 2011.
    ${ }^{15}$ US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas, 2010.
    ${ }^{16}$ California Health Interview Survey, 2011-12.
    ${ }^{17}$ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
    ${ }^{18}$ California Healthy Kids Survey, 2013-14.
    ${ }^{19}$ US Census Bureau, Decennial Census. ESRI Map Gallery, 2010.
    ${ }^{20}$ California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.
    ${ }^{21}$ Dartmouth College Institute for Health Policy and Clinical Practice, Dartmouth Atlas of Health Care, 2012.
    ${ }^{22}$ Feeding America. Child Food Insecurity Data, 2012.
    ${ }^{23}$ US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2010.
    ${ }^{24}$ California Health Interview Survey, 2010-14.

[^3]:    Note: California state average estimates are included for reference. Differences between Marin County and California state estimates are not necessarily statistically significant.

[^4]:    ${ }^{1}$ "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.
    ${ }^{2}$ US Census Bureau, American Community Survey, 2014.
    ${ }^{3}$ California Department of Education, Standardized Testing and Reporting (STAR) Results, 2013.
    ${ }^{4}$ California Department of Education, 2013.
    ${ }^{5}$ US Department of Health \& Human Services ,Administration for Children and Families. 2014.
    ${ }^{6}$ California Department of Education, 2013-14.
    ${ }^{7}$ Ibid.
    ${ }^{8}$ California Department of Education, 2013.
    ${ }^{9} 1 \mathrm{bid}$.
    ${ }^{10}$ California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), 2011-13.
    ${ }^{11}$ US Census Bureau, American Community Survey, 2009-13.
    ${ }^{12}$ California Department of Education, 2011-13.
    ${ }^{13}$ California Longitudinal Pupil Achievement Data System (CALPADS), 2009-2014.
    ${ }^{14}$ Marin Community Foundation, School Readiness in Marin County, 2014.

[^5]:    $\dagger$ Vacant housing reported as an indicator of blight across the city. Research demonstrates links between foreclosed, vacant, and abandoned properties with reduced property values, increased crime, increased risk to public health and welfare, and increased costs for municipal governments. (U.S. Department of Housing and Urban Development, Evidence Matters, Winter 2014).
    $\dagger \dagger$ Due to high cost of living, income $<100 \%$ of FPL indicates severe poverty in Marin County.

[^6]:    $\dagger$ Assets and recommendations excerpted from qualitative data. For a comprehensive list of county assets and resources, reference http://211bayarea.org/marin/.
    ${ }^{1}$ "Health \& Poverty," Institute for Research on Poverty, Accessed October 19, 2015, http://www.irp.wisc.edu/research/health.htm.
    ${ }^{2}$ Marin County Homeless Point-in-Time Census and Survey, 2015.
    ${ }^{3}$ Marin Grassroots and Center for Community Innovation, UC Berkeley, "Canal: An Immigrant Gateway in San Rafael at Risk," 2015.
    ${ }^{4}$ Marin Grassroots and Center for Community Innovation, UC Berkeley, "Marin City: Historic African-American Enclave at Risk," 2015.
    ${ }^{5}$ US Census Bureau, American Community Survey, 2010-14.
    ${ }^{6}$ US Census Bureau, American Community Survey, 2009-13.
    7 US Department of Housing and Urban Development, 2013.
    ${ }^{8}$ US Census Bureau, American Community Survey, 2009-13.
    ${ }^{9}$ lbid.
    ${ }^{10}$ Ibid.
    ${ }^{11}$ Ibid.
    ${ }^{12} \mathrm{lbid}$.
    ${ }^{13} \mathrm{lbid}$.
    ${ }^{14}$ lbid.
    ${ }^{15}$ California Department of Education, Standardized Testing and Reporting (STAR) Results, 2013.
    ${ }^{16}$ US Census Bureau, American Community Survey, 2009-13.
    ${ }^{17}$ Calculated from livingwage.mit.edu; 2015.
    ${ }^{18}$ US Census Bureau, American Community Survey, 2009-13.

[^7]:    $\dagger$ Primary Care Health Professional Shortage Area (HPSA) is defined as an area with 3,500 or more people per primary care physician (U.S. Department of Health and Human Services, http://www.hrsa.gov/shortage/). As a note, there is no generally accepted ratio of physician to population ratio. Care needs of an individual community will vary due to a myriad of factors. Additionally, this indicator does not take into account the availability of additional primary care services provided by Nurse Practitioners and Physician Assistants in an area.
    $\dagger \dagger$ This indicator reports the patient discharge rate for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

[^8]:    ${ }^{1}$ California Department of Public Health Immunization Branch, Immunization Branch, Kindergarten Assessment Results, 2014-15.
    ${ }^{2}$ US Department of Health \& Human Services, Health Resources and Services Administration, Area Health Resource File, 2012.
    ${ }^{3}$ University of Wisconsin Population Health Institute, County Health Rankings, 2014.
    ${ }^{4}$ US Department of Health \& Human Services, Center for Medicare \& Medicaid Services, Provider of Services File, 2014.
    ${ }^{5}$ US Department of Health \& Human Services, Health Resources and Services Administration, Health Resources and Services Administration, 2015.
    ${ }^{6}$ Marin County Department of Health and Human Services, 2015.
    ${ }^{7}$ US Census Bureau, American Community Survey, 2014.
    ${ }^{8} \mathrm{lbid}$.
    ${ }^{9} 1 \mathrm{lbid}$.
    ${ }^{10}$ Dartmouth College Institute for Health Policy \& Clinical Practice, Dartmouth Atlas of Health Care, 2012
    ${ }^{11}$ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health \& Human Services, Health Indicators Warehouse, 2006-12.
    ${ }^{12} \mathrm{lbid}$.
    ${ }^{13}$ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-12.
    ${ }^{14}$ Dartmouth Atlas of Healthcare, 2012.
    ${ }^{15}$ US Census Bureau, American Community Survey, 2009-2014..

[^9]:    Note: California state average estimates are included for reference. Differences between Marin County and California state estimates are not necessarily statistically significant.

[^10]:    *Unstable county estimate; findings should be interpreted with caution.

[^11]:    ${ }^{1}$ Chapman DP, Perry GS, Strine TW. "The Vital Link Between Chronic Disease and Depressive Disorders," Preventing Chronic Disease, 2005; 2(1):A14.
    ${ }^{2}$ 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.
    ${ }^{3}$ University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, Death Public Use Data, 2010-12.
    ${ }^{4}$ California Health Interview Survey, 2014.
    ${ }^{5}$ Centers for Medicare and Medicaid Services, 2012.
    ${ }^{6}$ California Health Interview Survey, 2014.
    ${ }^{7}$ California Healthy Kids Survey, 2013-14.
    ${ }^{8} \mathrm{Ibid}$.
    ${ }^{9}$ California Healthy Kids Survey, 2011-13.
    ${ }^{10}$ California Health Interview Survey, 2014.
    ${ }^{11}$ University of Wisconsin Population Health Institute, County Health Rankings, 2014.
    ${ }^{12}$ RxSafe Marin Report Card; California Department of Public Health Vital Statistics, 2011.
    ${ }^{13}$ Marin County Homeless Point-in-Time Census and Survey, 2015.
    ${ }^{14}$ University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, Death Public Use Data, 2010-12.

[^12]:    Note: California state average estimates are included for reference. Differences between Marin County and California state estimates are not necessarily statistically significant.
    *Unstable estimate; findings should be interpreted with caution.

[^13]:    $\dagger$ Assets and recommendations excerpted from qualitative data and Marin County CHNA Collaborative. For a comprehensive list of county assets and resources, reference http://211bayarea.org/marin/.

[^14]:    ${ }^{1}$ California Health Interview Survey, 2014.
    ${ }^{2}$ California Healthy Kids Survey, 2011-13.
    ${ }^{3} 1 \mathrm{bid}$.
    ${ }^{4} \mathrm{lbid}$.
    ${ }^{5}$ Ibid.
    ${ }^{6}$ Ibid.
    ${ }^{7}$ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
    US Department of Health \& Human Services, Health Indicators Warehouse, 2006-12.
    ${ }^{8}$ California Community Prevention Initiative (CPI), 2008.
    ${ }^{9}$ US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2012.
    ${ }^{10}$ California Department of Public Health (CDPH) Vital Statistics. Accessed via RxSafe Marin Report Card, 2011, 2013.

[^15]:    ${ }^{11}$ lbid.
    ${ }^{12}$ RxSafe Marin County Survey, 2015.
    ${ }^{13}$ RxSafe Marin; Controlled Substance Utilization Review and Evaluation System (CURES), California Prescription Drug Monitoring Program (PDMP), 2013.
    ${ }^{14}$ RxSafe Marin County Survey, 2015.

[^16]:    *Unstable estimate; findings should be interpreted with caution.

[^17]:    *Unstable estimate; findings should be interpreted with caution.

[^18]:    1"Healthy Smile, Healthy You: The Importance of Oral Health," Delta Dental Insurance, accessed October 28, 2015, https://www.deltadentalins.com/oral_health/dentalhealth.html
    ${ }^{2}$ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-10.
    ${ }^{3}$ California Health Interview Survey, 2013-14.
    ${ }^{4}$ Ibid.
    ${ }^{5}$ US Department of Health \& Human Services, Health Resources and Services Administration, Area Health Resource File, 2013.
    ${ }^{6}$ US Department of Health \& Human Services, Health Resources and Services Administration, Health Professional Shortage Areas, March 2015.
    ${ }^{7}$ California Health Interview Survey, 2009
    ${ }^{8}$ California Health Interview Survey, 2007.
    ${ }^{9}$ California Health Interview Survey, 2013-14.
    ${ }^{10} \mathrm{lbid}$.
    ${ }^{11}$ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse, 2005-09.
    ${ }^{12}$ US Census Bureau, American Community Survey, 2009-13
    ${ }^{13} 1$ bid.

[^19]:    Note: California state average estimates are included for reference. Differences between Marin County and California state estimates are not necessarily statistically significant.

[^20]:    Disparities in Community Violence in Marin County
    While local data on homicide mortality is not available for all racial and ethnic subgroups due to small sample size,
    Non-Hispanic Blacks in Marin County suffer a disproportionately high homicide mortality rate (4.9 per 100,000 residents) compared to the average across racial/ethnic subpopulations ( 1.5 per 100,000 residents). ${ }^{13}$ This trend mirrors the disparity in homicide rates demonstrated across California. ${ }^{14}$

    Geographic disparities may also exist in the impact of community violence across Marin County. Residents in Marin City in particular noted police harassment as a significant concern in their community. Canal was mentioned as a region with particularly high gang violence; San Rafael High School was also noted as having a reputation for youth in gangs.

[^21]:    ${ }^{1}$ Centers for Disease Control and Prevention, National Vital Statistics System, 2011-13.
    ${ }^{2}$ California Health Interview Survey, 2009.
    ${ }^{3}$ University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, Death Public Use Data, 2010-12
    ${ }^{4}$ California Department of Justice, Criminal Justice Statistics Center. Accessed via Kidsdata.org, 2013.
    ${ }^{5}$ 3-year averages for 2011-2013 generated using the California EpiCenter data platform for Overall Injury Surveillance, 2011-13.
    ${ }^{6}$ California Child Welfare Indicators Project (CCWIP), 2014.
    ${ }^{7}$ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators, 200612.
    ${ }^{8}$ University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, Death Public Use Data, 2010-12.
    ${ }^{9}$ Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research, 2010-12.
    ${ }^{10}$ California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), 2011-13.
    ${ }^{11}$ Ibid.
    ${ }^{12}$ University of California Center for Health Policy Research, California Health Interview Survey, 2009.
    ${ }^{13}$ University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, Death Public Use Data, 2010-12.
    ${ }^{14}$ Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2009-13.

