HEALTHY MARIN PARTNERSHIP
ADVANCING EQUITY 2019

2019 Marin County Community Health Assessment

Acknowledgments

On behalf of Healthy Marin Partnership (HMP) and the Community Health Needs Assessment/Community Health Assessment (CHNA/CHA) Subcommittee, we want to thank all of the individuals who contributed to the development and completion of the 2019 CHA.

Thank you, specifically, to the members of our community, leaders in our community-based organizations, and key representatives from programs across the county who shared their knowledge and feedback through key informant interviews, group interviews, and focus groups. Individuals from a variety of disciplines came together to prioritize our community's health needs, lending their time and expertise, for which we are extremely grateful. We would also like to thank the two consultants whose work so greatly contributed to this document: Harder+Company, for leading HMP through the CHNA process with excellent facilitation and data collection and analysis; and Raimi & Associates, for leading the thorough Marin County Health and Human Services strategic planning process from 2016 through 2019, resulting in the valuable data incorporated into this report.

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Introduction & Background

Purpose of a Community Health Assessment

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

For the purposes of this report, the initial process HMP completed with hospitals will be referred to as the **CHNA (Community Health Needs Assessment)**; this report itself will be referred to as the **CHA (Community Health Assessment)** to differentiate it, given the additional data collection and processes involved.

Benefits of a Community Health Assessment include:

- Improved communication and collaboration between organizations and the community
- Increased knowledge about public health and the interconnectedness of local activities
- Strengthened partnerships within state and local public health systems
- Identification of system gaps to address in quality improvement efforts
- Establishment of performance baselines to use in preparation for accreditation
- Identification of benchmarks for public health practice improvements[1]

A CHIP is an action-oriented plan for addressing the most significant issues identified by community partners during the CHA process. The objective of both the CHA and CHIP is to align and leverage resources, initiatives, and programs in an efficient and outcomes-based manner to improve local health.

In addition to preparing all agencies and organizations to work together with shared goals, the CHA is a required activity for organizations in the health and social sectors. First, with the passage of SB 697 in 1994, the State of California mandated that not-for-profit hospitals conduct a community health needs assessment every three years. Later, the federal Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals to meet in order to maintain their tax-exempt status; these new regulations, described in section 501(r) of the Internal Revenue Code, include a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years.[2]

[1] CDC Public Health Professionals Gateway <https://www.cdc.gov/publichealthgateway/cha/plan.html>
[2] IRS Federal Register Vol. 79 No. 250 <http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>

The CHA is also required for all health departments that are pursuing or maintaining Public Health Department Accreditation through the Public Health Accreditation Board (PHAB). Marin County Department of Health and Human Services' Public Health division is currently working toward accreditation.

About Healthy Marin Partnership

Healthy Marin Partnership (HMP) is a collaborative of local agencies, organizations, and individuals dedicated to improving the health and well-being of all Marin residents. HMP recognizes the importance of taking a comprehensive view to understand community health needs and acknowledges the critical advantage of working collectively to address these needs and to advance health equity. HMP is a convener of local communities, organizations, agencies, and policymakers seeking to explore strategies that can enable everyone in Marin to live a healthier life. This report provides a summary of the 2019 Community Health 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 in addressing priority health needs.

History of HMP

Healthy Marin Partnership (HMP) was formed in 1995 in response to SB 697, a California law requiring all not-for-profit hospitals to complete a community health needs assessment every three years. As explained above, this requirement became a national mandate with the passing of the Affordable Care Act (ACA) in 2010. In Marin, all hospitals teamed with United Way Bay Area and Marin County Health and Human Services to conduct one assessment. We were soon joined by the Marin County Office of Education, the Marin Community Foundation, and other community stakeholders. This partnership has extended well beyond the original requirement and founding members, and together we work toward building a healthier community.

Since 1995, HMP has addressed health concerns in Marin County by identifying focus areas based on results from the CHNA. Over the years, HMP has reprioritized focus areas and activities to address emerging issues such as access to medical care and health insurance for children, asthma and infectious disease prevention, and environmental changes, while integrating new evidence-based strategies and frameworks, such as adverse childhood experiences (ACEs) and trauma-informed care. Throughout that time, substance misuse and abuse, nutrition, and physical activity have remained key priority areas.

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
2013–2016 Focus Areas	Access to Health Care Healthy Eating and Active Living Mental Health Substance Abuse	
2016–present Focus Areas	Obesity and Diabetes Access to Health Care Mental Health Substance Misuse and Abuse	

Twenty years of community health needs assessments have greatly improved residents' health by yielding specific, implementable strategies. These robust needs assessments continue to ensure that our hospitals, health department, and partners have the information needed to identify root causes underlying health conditions across our county. HMP has continued to make sustainable progress in improving the health of Marin County residents by relying on data to inform decisions, establishing consensus among stakeholder and community members on focus areas, and identifying and supporting the need for environmental and systems changes.

Healthy Marin Partnership Timeline

		CORE FOCUS	ACHIEVEMENTS & SUSTAINED WORK
CORE WORK	1995	♦ Community Assessment and Report Card	* Triennial Needs Assessment
	1996	♦ Access/Health Insurance for All Marin County Children ♦ Youth Wellness ♦ Marin County Fair – Play Fair	* Core Assessment Planning Group * Children's Health Initiative
STAYING THE COURSE	1999	♦ Asthma, Immunizations	* Peer Summit
	2002	♦ Healthy Choices Earlier in Life Action Plan ✓ Nutrition & Activity ✓ Alcohol Use ✓ Tobacco Use	* Play Fair & Fun Fest * Community Health Collaboratives
TURNING THE CURVE	2003-2006	♦ Collective Responsibility/Focusing on Environmental Changes	* Convened 1st Leaders Table of Festival Organizers
MAKING PROGRESS	2007-2009	♦ Connect with "Champions" of Important Marin Health Initiatives (Aging, Breast Cancer, Cardiac Disease, Chronic Conditions) ♦ Strengthen Results-Based Accountability ♦ Community Resource & Convener	* Community Focus Groups to Identify Community Conditions * Health in All Policies & Stakeholder Forums
TAKING ACTION	2010-2011	♦ Root Cause – Social Determinants of Health (Equity Focus)	* Key Informant Interviews & Countywide Focus Group Meetings
	2012-2014	♦ HEAL Countywide Planning ♦ CHNA and Implementation Plan	* Countywide Implementation Planning
ADVANCING EQUITY	2015-2018	♦ Mental Health/Substance Abuse ♦ Access to Care ♦ Whole Person Care	* RxSafe Marin * HEAL 2.0 * Whole Person Care
	2019-Present	♦ TBD	

How Advancing Equity Contributes to a Community's Health

IN THIS SECTION

How Advancing Equity Contributes to a Community's Health

HMP believes everyone in Marin should have the opportunity to live a long, healthy life regardless of income, education, location, race, gender, or ethnic background. These factors and others are referred to as social determinants of health. Racism, intentional and unintentional, is a driving force negatively impacting the social determinants of health and is a barrier to health equity. HMP uses the CHNA/CHA process as an opportunity to analyze community conditions that result in poor health, explaining how they affect an individual's health.

Marin County's ranking as one of the healthiest counties in California[3] correlates with our top rank in the state in median per capita income, reflecting the association of affluence with health. In deepening our analysis of the community's health needs, we have identified equity gaps by race, ethnicity, and zip code. In 2017, Marin had the highest level of racial and ethnic inequities of all California counties.[4] These inequities are the result of historic and pervasively inequitable systems, including exclusionary policies and practices. The county's population is nearly three-quarters White, a relative lack of racial and ethnic diversity that further exacerbates the equity divide.

For people of color in Marin, inequities mean less access to opportunity, which, in turn, is associated with poor health outcomes. For example, a key indicator of success is participation in a pre-K education program. Latinx children in Marin are less likely to enroll in pre-K programs than Whites (35% vs. 85%[5]). In addition, only 5% of White students do not graduate from high school, in comparison to 18% of Black/African-American students.[6] Median household income in Marin in 2017 was $113,908, while median income data over a five-year period (2013-2017) indicates median income for Black/African-American households is around half of that, at $60,849.[7]

[3] County Health Rankings & Roadmaps, Robert Wood Johnson Foundation <http://www.countyhealthrankings.org>
[4] RaceCounts.org (2017) <https://www.racecounts.org/>
[5] Marin Kids Action Guide 2017 <https://www.marinkids.org/wp-content/uploads/2017/03/MarinKids-Action-Guide14.pdf>
[6] Racecounts.org: Data source: California Department of Public Health Death Master File, California Department of Finance population estimates (2007-2011, 2006-2010)
[7] We recognize that uppercasing of names of racial and ethnic groups may make some readers uncomfortable. Racial and ethnic categories are historically contingent, socially constructed, and flawed. For both clarity and consistency, however, we decided to capitalize all names of racial and ethnic demographic categories in this report.

Understanding Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place."[8] In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency services, local health services, and environments free of life-threatening toxins.

KEY DETERMINANTS	EXAMPLES
Economic Stability	… Employment … Food Insecurity … Housing Instability … Poverty
Education	… Early Childhood Education and Development … Enrollment in Higher Education … High School Graduation … Language and Literacy
Social and Community Context	… Civic Participation … Discrimination … Incarceration … Social Cohesion
Health and Health Care	… Access to Health Care & Mental Health … Access to Primary Care … Health Literacy … Quality Health Care
Neighborhood and Built Environment	… Access to Foods that Support Healthy Eating Patterns … Crime and Violence … Environmental Conditions … Quality of Housing

Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to addressing the social determinants of health—including both social and physical determinants.[9]

The U.S government's Healthy People 2020 defined a "place-based" organizing framework that includes five key areas: Economic Stability, Education, Social and Community Context, Health and Health

[8] The Institute of Medicine. Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of Health Care, 2002
[9] Healthy People 2020 https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health#five

Care, and Neighborhood and Built Environment.[10] Examples of these key determinants are listed in the table above.

Guided by the framework suggested by the social determinants of health and by the focus and findings of the 2016 CHNA in Marin County, the 2019 CHA process continues the strong emphasis on identifying and addressing health inequities.

Road to Equity

As part of its strategic planning process, in 2017 the Marin County Department of Health and Human Services assembled 10 focus groups including a total of 144 residents from across Marin. The aim was to identify needs for vulnerable populations and gather feedback, from clients and eligible non-clients, about barriers to accessing social, behavioral health, recovery, and public health programs and services Marin HHS provides. The findings from HHS's strategic planning efforts are woven into the 2019 CHA where applicable.

The vulnerable populations represented included people with limited English proficiency, people of color, people who are homeless, undocumented immigrants, transition-age youth, and older adults. The majority, 69% of the 82 participants representing vulnerable populations, reported a household income of $39,999 or less.[11]

Key findings from these focus groups:

1. ***Affordable housing in Marin County.*** Participants emphasized several issues associated with housing in Marin, including high cost of rent, lack of available affordable housing options, and overcrowding in units.
2. ***High cost of living relative to wages.*** Participants identified a discrepancy between low incomes and the high cost of living in Marin.
3. ***Eligibility gap for those who do not qualify for services but are in need of assistance.*** Many individuals and families are struggling with Marin's high cost of living but are not eligible to receive services because of income thresholds or citizenship status.
4. ***Benefits are not enough to cover basic needs.*** Participants noted that some public assistance benefits (such as Medi-Cal, General Assistance, subsidized child care, CalFresh) are not enough to meet their housing, food, transportation, and other basic living expenses.
5. ***Lack of transportation.*** Participants who do not drive or own a car say Marin's dearth of public transit options makes it difficult to access services, healthy food, and jobs.

[10] ibid.
[11] Marin HHS Focus Group Findings, July 2017

6. ***Insufficient mental health and substance abuse resources.*** Participants identified a need for additional support for residents struggling with psychological or substance use issues, particularly those nearing a point of crisis.
7. ***Lack of affordable child care and difficulty accessing subsidized services.*** Participants described wait lists of more than two years for subsidized child care, which makes it challenging for parents to hold a job.
8. ***Priority needs identified by specific populations:***
    a. *Populations with Limited English Proficiency* – Language translation needed when receiving or applying for services. (Vietnamese and Spanish)
    b. *Undocumented Immigrants* – Health care insurance coverage for adults.
    c. *Older Adults* – Solutions for isolation and increased supportive services.

Community Health Assessment (CHA) Process and Methodology

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Community Health Assessment (CHA) Process and Methodology

The 2019 HMP CHA process was informed by the collaboration with area hospitals on the CHNA; however, the CHA also incorporated data from the HHS strategic planning process conducted by Raimi & Associates, along with additional secondary data collected after the 2018 CHA/CHNA Community Prioritization event, to deepen understanding of inequities within key areas of concern. The initial process included collecting and compiling information from many different sources to assess all aspects of health in Marin County. The top health needs were identified by review and analysis of existing data and input from key informants and residents, from both the HHS strategic planning 2017 focus groups and the 2017 interviews.

This Community Health Assessment incorporates data from existing secondary resources as well as analysis of primary data collected from community residents and key stakeholders. Harder+Company used the Kaiser Permanente CHNA Data Platform (http://www.chna.org/kp) to review 130 indicators from publicly available data sources such as American Community Survey (ACS) and County Health Rankings. Other data sources beyond those in the CHNA Data Platform also helped provide a more in-depth understanding of Marin's health issues (e.g., California Healthy Kids Survey, Marin County Point in Time Homeless Count and Survey, and Commission on Aging: Housing Report). As mentioned above, additional secondary data sources were reviewed and incorporated into this HMP report after the Community Prioritization event and will differ from the hospital reports. Again, this step was taken in order to include more recent data and varied sources, to achieve a deeper analysis of inequities. For details on specific sources and dates of the data used, please see Appendix: Secondary data sources and dates.

Data sources included:

Analysis of over **130 health indicators** from publicly available data sources such as the Kaiser Permanente CHNA Data Platform, the American Community Survey, and the County Health Rankings.

Interviews with 31 key informants from various sectors with expertise in local health needs, including leaders who work in health care, education, community services, older adult care, youth development, and homeless services, among others.

In addition to the 10 focus groups included in HHS strategic planning efforts outlined in "Road to Equity," above, **three additional focus groups** involving **22 Marin community members were convened**. Participants included youth served by the Marin County Youth Court program in San Rafael, LGBT community members served by the Spahr Center in San Rafael, and parent members of the District English Language Learners Advisory Council of San Rafael City Schools.

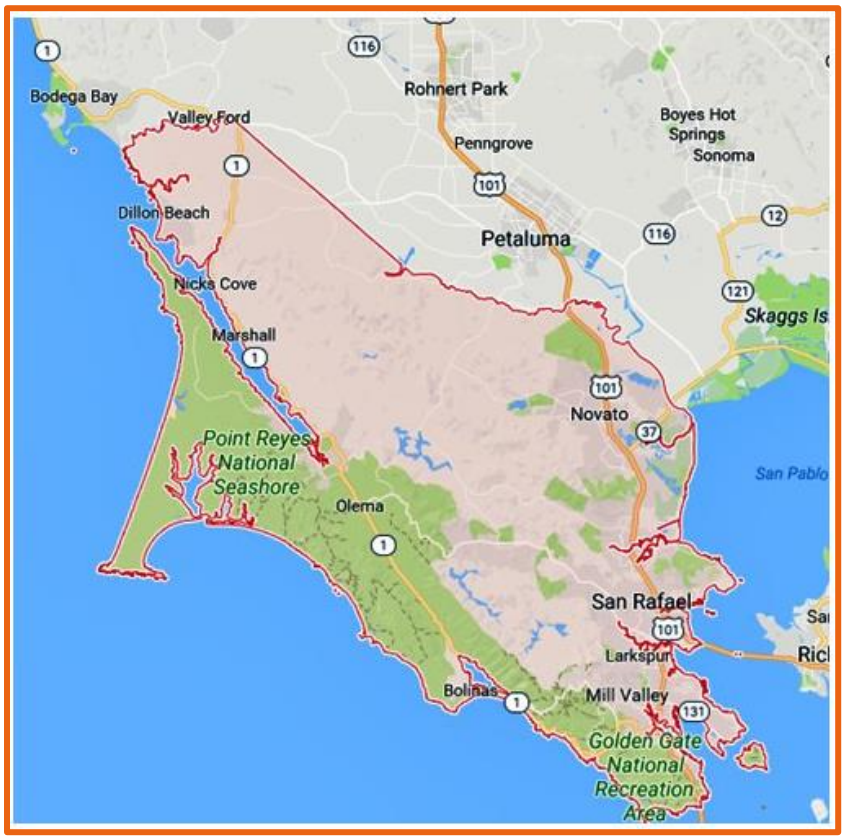
Data analysis identified 10 key health needs for Marin County. Healthy Marin Partnership then organized over 30 stakeholders representing diverse sectors, including public health and health care, early childhood education, community-based organizations, local business partners, and local government. These stakeholders participated in the

Community Prioritization event in December of 2018. This event was a community meeting to review key data for each identified health need and prioritize these based on three criteria:

* **Severity:** Severity of need demonstrated in data and interviews. Potential to cause death or extreme or lasting harm. Data significantly varies from state benchmarks. Magnitude/scale of the need, where magnitude refers to the number of people affected.
* **Clear Disparities or Inequities:** Health need disproportionately impacts specific subpopulations based on geography, age, gender, race/ethnicity, or sexual orientation.
* **Impact:** The ability to create positive change regarding this issue, including potential for prevention, addressing existing health problems, mobilizing community resources, and the ability to affect several health issues simultaneously.

About Marin County

Marin County is just north of San Francisco by way of the Golden Gate Bridge. The county includes large areas of open space, including national protected areas (such as Muir Woods National Monument), state and local protected areas (such as those managed by Marin County Department of Parks and Open Space), and state parks (such as Mount Tamalpais).



Much of Marin's population lives along the Highway 101 corridor, creating an urban environment in the eastern-central part of the county and a more rural environment along the coast and the Highway 1 corridor in West Marin.

Marin has consistently been ranked as one of the healthiest counties in California, according to the Robert Wood Johnson Foundation's County Health Rankings. For nine out of the past 10 years, Marin has held the top spot on this list. Although there is much to celebrate regarding the positive health outcomes in our county, there are clear inequities indicating that not all Marin County residents are able to achieve positive health outcomes. Healthy Marin Partnership is committed to identifying and addressing these inequities to ensure ALL of Marin's residents are able to live the healthiest life possible.

Demographic Profile of Marin County Residents

TOTAL POPULATION
260,814

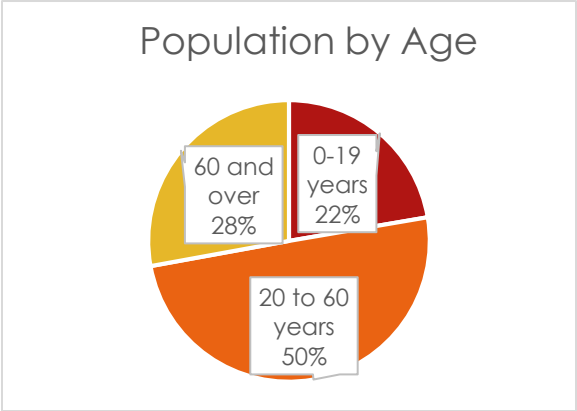
Population by Age

Marin County is home to 260,814 residents.[13] With a median age of 46.1[14] and a high percentage of older adults, Marin County is one of the "oldest" counties in the Bay Area. Persons over the age of 60 are estimated to number 72,684, comprising 28%[15] of the county's total population; by 2030, persons over 60 will account for at least 33% of the population. Statewide, persons over 60 account for 18% of the population.[16]

An aging population presents unique health challenges that call for particular strategies and solutions. The 2016 Marin County Area Agency on Aging (AAA) Older Adult Needs Assessment identified six top concerns among respondents: falls, dementia, economic security, elder abuse, end-of-life planning, and feeling isolated or depressed.[17]

Population by Gender [12]

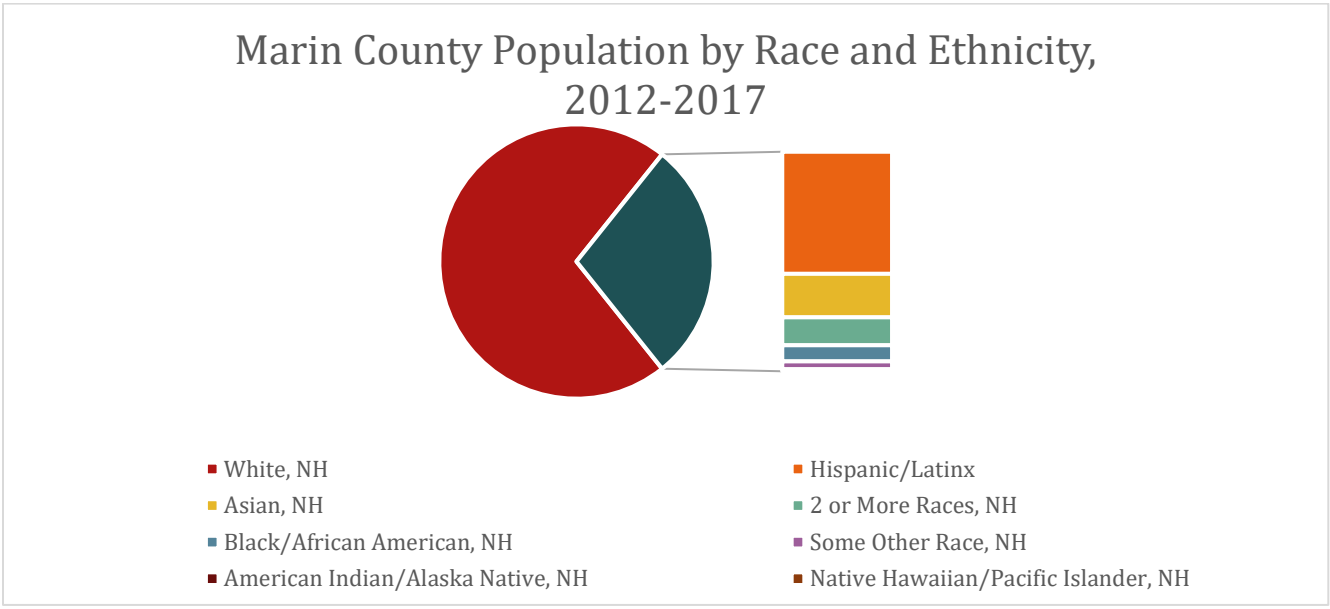
Youth 19 and under make up 22% of Marin's population. Due to the high cost of living in Marin, families with young children face significant challenges. Almost one-fourth (23%) of Marin children are living at or below 199% of the federal poverty level ($50,000 for a family of four). Families are finding they need to make difficult decisions between paying for housing, paying for food, and paying for quality child care and education for their children. It is important for us as a community to support and empower our young families by advocating for well-paying jobs for parents and ensuring affordable quality educational opportunities for all children in Marin.

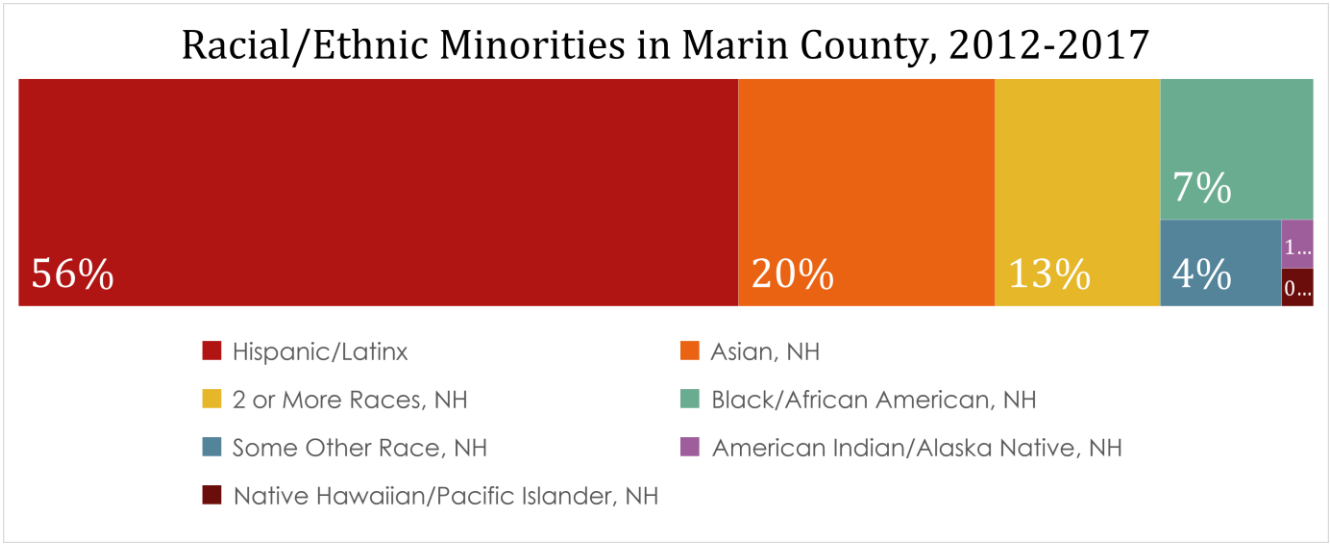


[12] U.S. Census Bureau, Population Estimates Program (PEP), ACS
[13] Ibid.
[14] Ibid.
[15] American Community Survey 2017
[16] Area Plan for Aging 2016-2020 FY 2018/2019 Update
[17] Ibid.

Population by Race

Although the majority of its residents identify as White, Marin County is becoming an increasingly diverse community. As we plan interventions to improve our population's health outcomes, it is imperative to take into consideration the historic factors that have shaped the health inequities of our diverse populations.

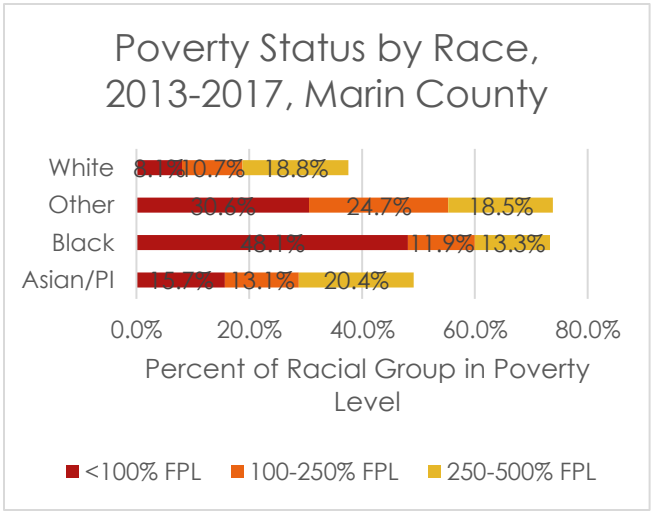




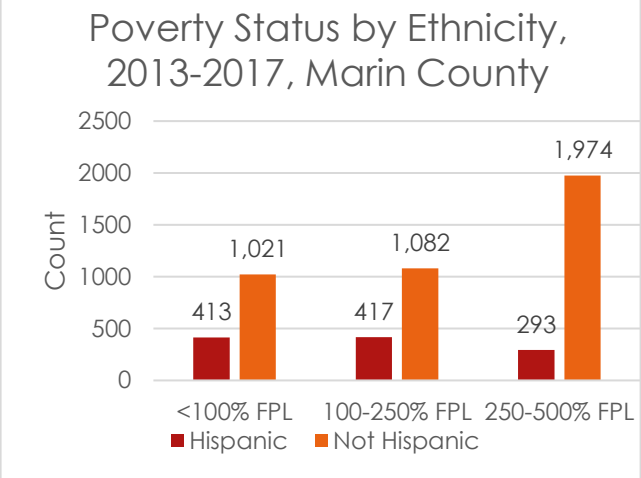
Socioeconomic Data

Poverty in Marin

While Marin ranks among the top counties in the country in terms of economic wealth and community resources, not all people in Marin have access to or benefit from these riches, according to residents participating in our data- collection. Geographically, a starkly uneven distribution of education, employment, and wage outcomes is evident, with the Canal region, Marin City, and West Marin facing the greatest barriers to economic security.



To be effective in reducing inequities, we need to understand historic factors that have shaped them throughout the county. Marin City, where the county's largest number of Black/African-Americans live, and San Rafael's Canal district, a majority-Latinx neighborhood, are examples. While residents in both communities demonstrate great resiliency and strength, social and structural factors have created pronounced inequities along racial and ethnic lines.



In the 1940s, the federal government constructed residential developments in Marin City to house workers for the Sausalito-based Marinship shipyard, created to build ships and tankers for World War II. Thousands of Black/African- American workers moved for this purpose from the Midwest and the South to Marin. When World War II ended, many Marinship Corporation workers lost their jobs. Most of Marin City's White residents relocated—but for Black/African-American residents, racially discriminatory laws and policies severely limited housing and employment opportunities elsewhere.[18] [19] Over decades, unequal educational opportunities, unjust application of law enforcement, insufficient access to health care, and inadequate access to healthy food, along with broad and overarching overt and covert racial discrimination, correlated with poor health outcomes.[20]

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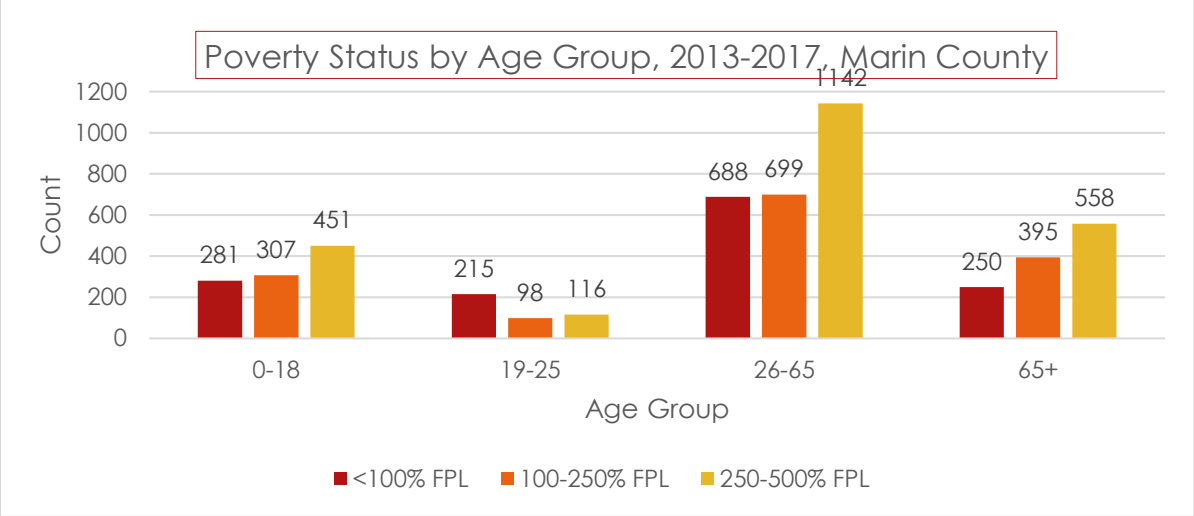
[18] (2015) "History of Marin City." Marin City Community Development Corporation. https://www.marincitycdc.org/marin-city-history/

[19] Crispell, M. (2015) Marin City: *Historic African-American Enclave at Risk*. UC-Berkeley Center for Community Innovation. https://www.urbandisplacement.org/sites/ default/files/marin_city_final.pdf

[20] 2012-2016 American Community Survey.

San Rafael's Canal area began as an industrial and residential neighborhood in the 1950s and 1960s, with small housing units in multifamily buildings. The neighborhood's population is increasingly Latinx, with families living here for relatively lower rents and proximity to jobs often involving manual labor. Lack of access to resources like preschool education, adequate housing, nutritious food, and health care coverage contribute to poor health and other detrimental outcomes. While employment rates are high, many low-wage jobs do not offer critical benefits like paid sick leave nor many opportunities to advance.[21] [22] In addition, increasing numbers of Canal area residents are from Central American countries where violence is prevalent, increasing the likelihood that many suffer from effects of trauma and adverse childhood experiences. The systemic marginalization of Latinx communities in Marin—due to overcrowded housing, low pay, federal immigration policies, or lack of culturally appropriate behavioral health care, among other factors—contributes to poor health outcomes.



While racial and economic segregation are not unique to Marin, they perpetuate inequities for people of color by dictating where people can live and limiting long-term social and economic mobility. Residential segregation restricts residents' social and professional networks, denying them relationships and knowledge needed to advance professionally.[23] The cumulative and continued effects of structural racism in the county and

[21] Crispell, M. (2015) Canal: *An Immigrant Gateway in San Rafael at Risk*. UC-Berkeley Center for Community Innovation. http://iurd.berkeley.edu/uploads/Canal_FINAL. pdf

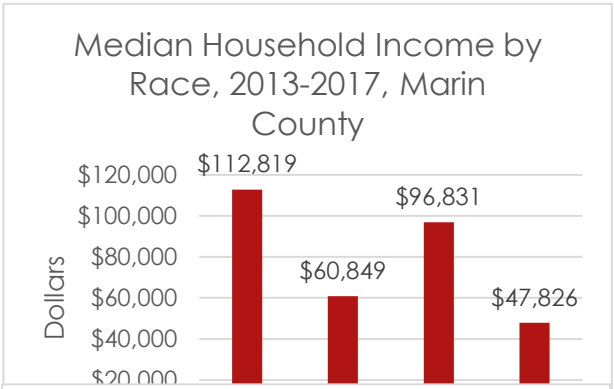
[22] Burd-Sharps, S and Lewis, K. (2012) *A Portrait of Marin:Marin County Human Development Report 2012*. American Human Development Project of the Social Science Research Council. http://www.measureofamerica.org/ docs/APOM_Final-SinglePages_12.14.11.pdf

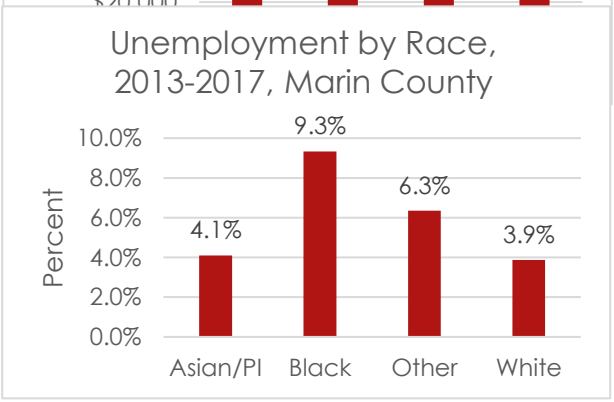
[23] Andrews, R, Casey, M, Hardy, BL, and Logan, TD. (2017) "Location Matters: Historical Racial Segregation and Intergenerational Mobility." http://www.bradleyhardy.com/ wp-content/uploads/2017/06/ACHL_full_ manuscript_052617.pdf

throughout the U.S. have shaped our communities and resulted in specific negative effects felt by many residents of color today.

In Marin, 8.08% of the population lives below 100% of the federal poverty level (FPL); however, this number does not tell the true story of poverty in Marin. For a better picture, we need to consider the Self-Sufficiency Standard.

The Self-Sufficiency Standard calculates cost of living by measuring how much money is required to meet one's basic needs for housing, food, transportation, medical care, child care, and taxes, without any public subsidies such as welfare or food stamps. According to the Self-Sufficiency Standard Tool for California, a family of four with two young children must have an annual income of $102,223 to be able to make ends meet in Marin County.[24] The 2019 federal poverty guidelines state that a family of four lives in poverty if yearly income is under $25,750.[25] To afford day-to-day living in Marin County, you need about four times that amount each year.





Median Income

The median income in Marin County in 2017 was calculated at $113,908.[26] Median income is a helpful indicator of a community's economic health but does not present the whole picture: a high median income can mask wide disparities in income levels among residents. These divides are particularly stark along lines of race/ethnicity and citizenship status.

Unemployment Rate

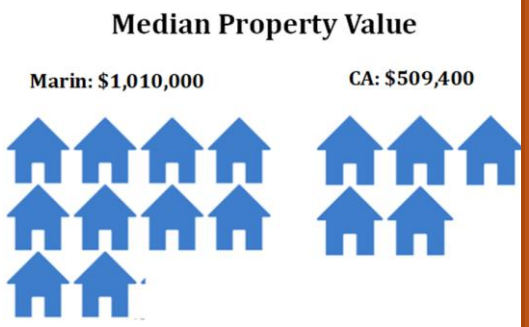
Marin County had the third-lowest unemployment rate (2.4%) in the state of California in 2019, according to the California Employment Development Department.[27] However, when you look at the rates over time and by race, you recognize that unemployment is disproportionately affecting certain populations.

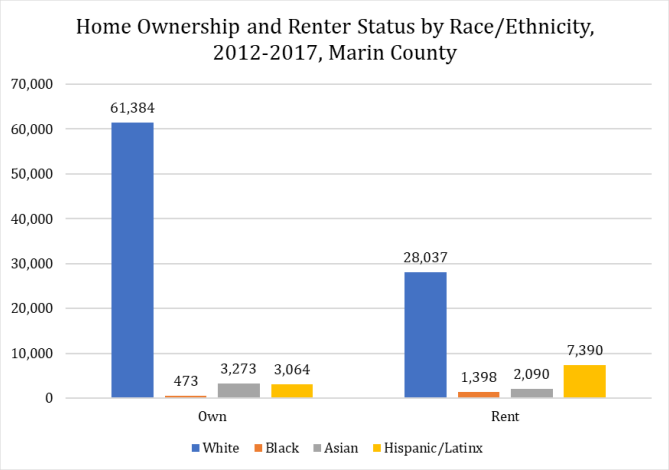
[24] https://insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/
[25] https://aspe.hhs.gov/poverty-guidelines
[26] https://datausa.io/profile/geo/marin-county-ca/
[27] https://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/localAreaProfileQSResults.asp?selectedarea=Marin+County&selectedindex=21&menuChoice=localAreaPro&state=true&geogArea=0604000041

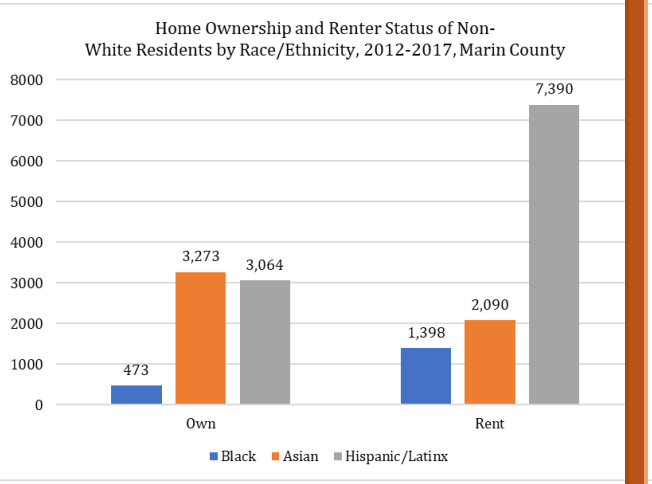
Housing

In 2017, the median property value in Marin County grew to $1.01 million from the previous year's value of $974,600. Approximately 64% of housing units in Marin were owner occupied in 2017, and 36% were occupied by renters.[28]

The fair market rental rate for a two-bedroom apartment in Marin was $3,121 in 2018. To pay that would have required an annual household income of $124,840, or the equivalent of 5.5 full-time jobs at minimum wage.[29]

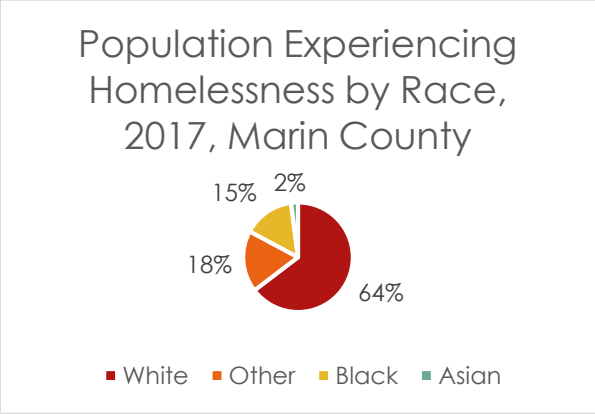


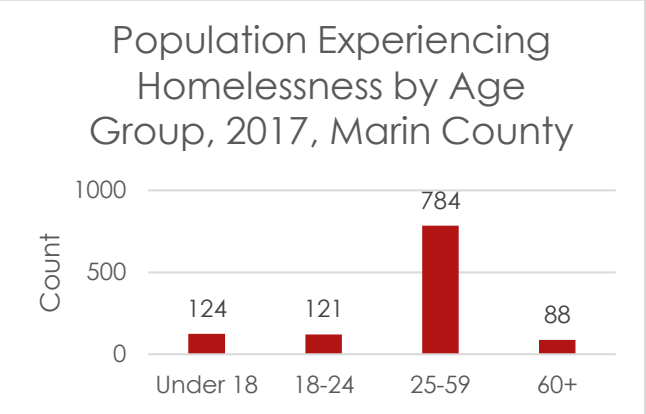




Homelessness

As of 2019, 1,034 Marin County residents were experiencing homelessness. With the implementation of the Whole Person Care program, the number of chronic homeless residents in Marin has decreased from 1,309 individuals in 2015 and is expected to continue to decrease.[30]

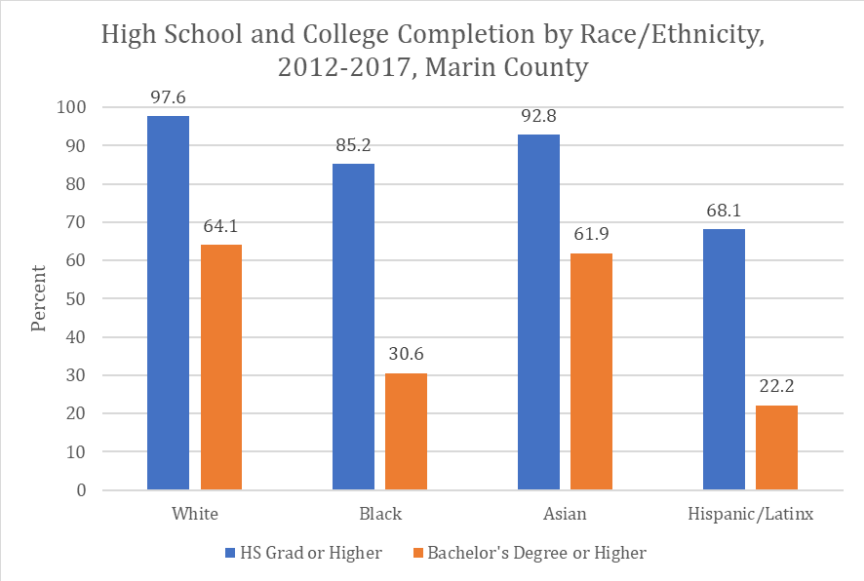




[28] https://datausa.io/profile/geo/marin-county-ca/
[29] National Low-Income Housing Coalition
[30] Marin County Homeless County & Survey Comprehensive Report 2019

Education by Race and Ethnicity

While some education outcomes are higher for Marin County residents when compared to the rest of California, disparities—particularly among English language learners, Black/African-Americans, and Latinx students—indicate that educational equality is a high concern in the county. Latinx children in Marin are less likely to enroll in pre-K education, a key indicator of success, than Whites (35% vs. 85%[31]).

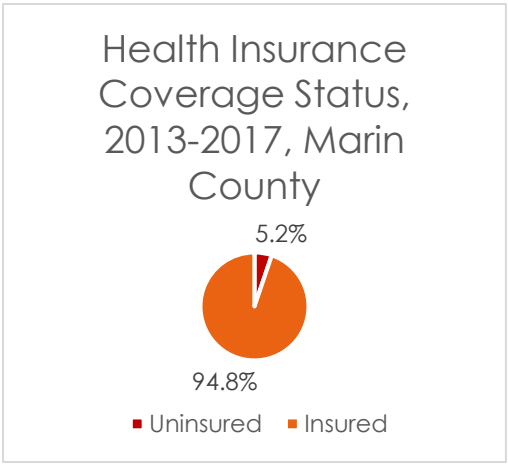


Among White third graders, 76% demonstrate English and language arts proficiency compared to just 32% of Latinx students and 27% of Black/African-Americans.[32] In mathematics, 73% of White third graders are proficient compared to 28% of Latinx students and 31% of Black/African-Americans.[33]

These disparities are present in both achievement outcomes (e.g., reading/math proficiency) and educational attainment (e.g., college attendance). For example, 96% of Asians and 95% of Whites graduated from high school, compared to 86% of Latinx and 82% of Black/African-Americans.

Population Without Health Insurance

In Marin County, approximately 5.2% of the population has no health insurance. For youth aged 18 and under the percentage of uninsured individuals is 1.3% compared to 5.6% for residents above the age of 18.



Having health insurance is important for several reasons. No one plans to get sick or hurt, but most people need medical care at some point. Health insurance covers these costs and offers many other important benefits. People who have health insurance seek medical advice and receive treatment before a minor issue becomes life-threatening. Uninsured people receive less

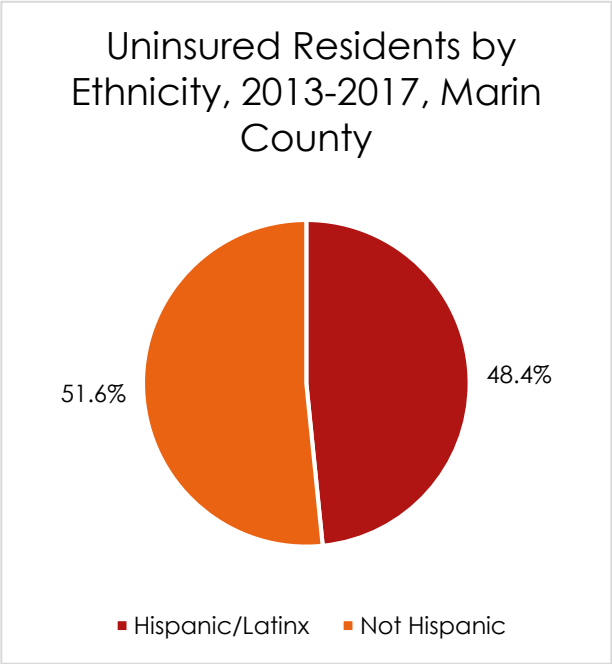
[31] Marin Kids Action Guide 2017 <https://www.marinkids.org/wp-content/uploads/2017/03/MarinKids-Action-Guide14.pdf>

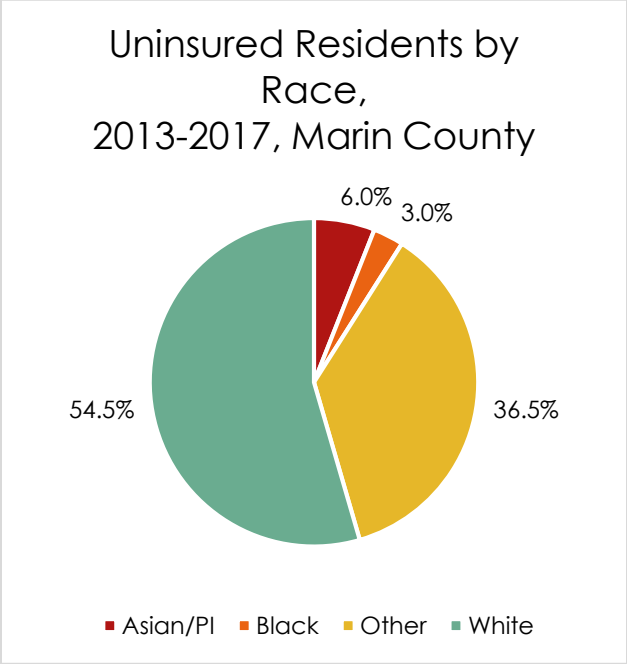
[32] California Healthy Kids Survey, Marin County Elementary Main Report 2017-18. *Healthy People 2020.* Retrieved from http://www.healthymarin.org/indicators/index/dashboard?alias=hp2020

[33] Ibid.

medical care and less timely care, they have worse health outcomes, and lack of insurance is a financial burden for them and their families. When minor problems escalate, uninsured patients often need to seek care in the most expensive setting—hospital emergency departments. Treating preventable illness through emergency departments is contrary to sound health policy.

Insurance status is another area where racial disparities exist in Marin. Hispanic or Latinx community members are less than 16% of the total population of Marin County but account for almost half of the uninsured population.[34]





[34] 2013-2017 American Community Survey.

Priority Health Needs Overview

Priority Health Needs Overview

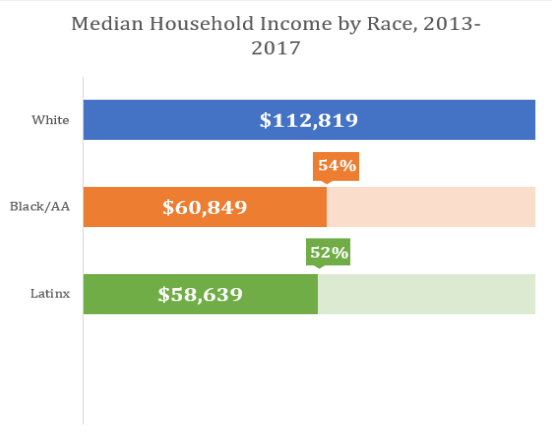
The following summaries of the 10 health needs that emerged as top concerns during the CHA/CHNA process indicate that Marin County stakeholders prioritize addressing the social determinants of health in order to build a healthier and stronger community. The order of the health needs reflects the final prioritization of needs identified by the process described above; see the "Community Health Assessment (CHA) Process and Methodology" section for the criteria used.

PRIORITIZED RANK	HEALTH NEED
1	Economic Security
2	Education
3	Mental Health and Substance Use
4	Access to Care
5	Housing and Homelessness
6	Healthy Eating and Active Living
7	Maternal and Infant Health
8	Violence and Injury Prevention
9	Oral Health
10	Social Connection

Economic Security

- **Importance:**
  - Economic security means having the financial resources, public supports, and career and educational opportunities that are necessary to live your fullest life.
- **Data Snapshot**
  - 45% of Marin County residents spend more than 30% of their income on rent[3]
  - Median household income for White families is twice as high as the median household income of Black/African-American and Latinx families[3]
  - 25% of Latinx children in Marin County live below the federal poverty level[3]
  - The unemployment rate for Black/African-American residents is three times higher than for White residents. The rate for Latinx residents is one and a half times higher than for White residents[3]

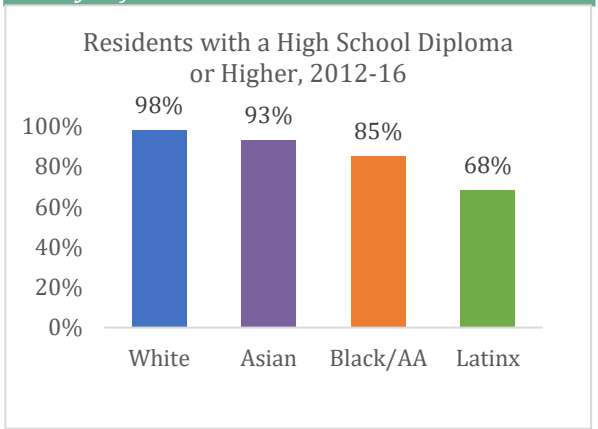
"In Marin County, we have the largest income gap between rich and poor—and White and people of color—in the entire state." – Focus Group Participant



Education

- **Importance:**
  - Education attainment is a primary factor that influences an individual's health. It can both shape the economic opportunities that impact health outcomes and inform people about how to achieve a healthy lifestyle.
- **Data Snapshot**
  - 25% of Marin 3-to-5-year-olds are not enrolled in preschool[2]
  - 78% of Asian students, 76% of White students, 33% of Latinx students, and 28% Black/African-American students met third-grade proficiency standards in math and reading[19]
  - The rate Marin students drop out of high school has increased over the past few years, from 1% of students in the 2014-15 school year to 6% in the 2016-17 school year[19]
  - Only 68% of Latinx residents have obtained at least a high school diploma, compared to 98% of White, 93% of Asian, and 85% of Black/African-American residents[3]

"Education level is one of the biggest social determinants of health…Because if they don't have that, they won't be able to get a decent job, or live in a decent place, or be civically engaged to keep the community strong." – Key Informant

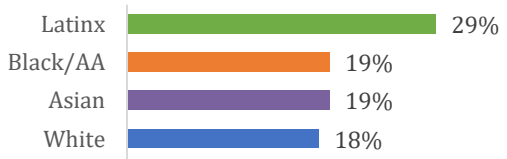


Mental Health and Substance Use

- **Importance:**
  - Mental health and substance use has a major impact on individuals, families, and communities. The effects of mental health and substance abuse are cumulative, contributing to costly social, physical, mental, and public health problems.
- **Data Snapshot:**
  - 26% of adults in Marin report needing help with mental, emotional, or substance abuse problems[8]
  - 30% of auto fatalities in Marin involve alcohol-impaired driving[14]
  - The suicide rate in Marin is 66% higher (16.4/100,000 people) than the state average (10.9/100,000 people)[15]
  - Drug overdose is the number-one cause of accidental death in the county in people under 65 years of age[15]
  - 29% of Latinx, 19% of Asian and Black/African-American, and 18% of White seventh graders reported feeling chronic sadness or hopelessness feelings in the past 12 months[10]

"There is still the stigma of mental health and substance abuse. In many communities, the concept of mental health is so foreign or not even part of their culture." – Key Informant

Seventh Graders Reporting Sadness or Hopeless Feelings in the Past Year by Race, 2017-18 School Year

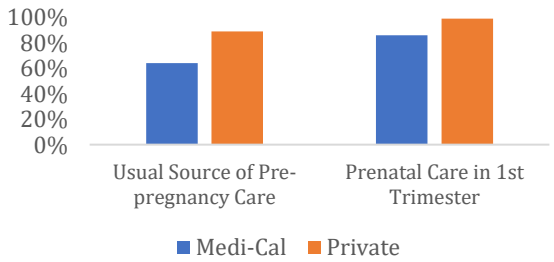


Access to Care

- **Importance:**
  - Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.
- **Data Snapshot:**
  - In Marin, 92% of adults ages 18-64 have health insurance and 98% of children have health insurance[7, 1]
  - 94% of Asian, 93% of White, 80% of Latinx, and 52% of Black/African-American residents have a usual source of health care[7]
  - 13% of adults in Marin reported delaying or having difficulty accessing health care that they felt they needed[8]
  - People who recently gave birth and were covered by Medi-Cal were less likely to have a pre-pregnancy usual source of care (64%) than those with private insurance (89%). Medi-Cal beneficiaries were also less likely to have prenatal care during their first trimester (86%) than those with private insurance (99%)[13]

"If you are a person who has economic insecurity, you have to think whether it's worth it to take the day off, or just muscle it back and say, 'It's not that severe anyway.'" – Key Informant

Care Utilization by Insurance Type, 2013-2015



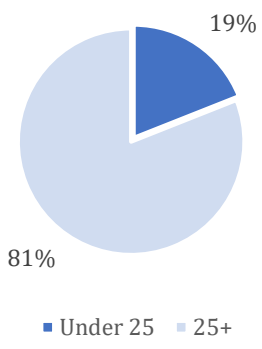
Housing and Homelessness

- **Importance:**
  - When an individual experiences barriers to housing, the ability to lead a healthy, productive life is severely affected.

- **Data Snapshot**
  - 19% of homeless residents in Marin are under 25 years old[21]
  - Black/African-American residents are 17% of the homeless population in Marin, but only 2.2% of the total county population[21]
  - 23% of Marin residents have severe housing problems, which include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities[14]
  - Only 25% of Black/African-American and Latinx residents are homeowners, compared to 66% of White residents[2]

"The fact is that Marin as a whole sees homelessness as a failing of the person experiencing homelessness and not a failing of the society that allowed them to become homeless. I think that really creates barriers." – Key Informant

Youth Homelessness in Marin County, 2019



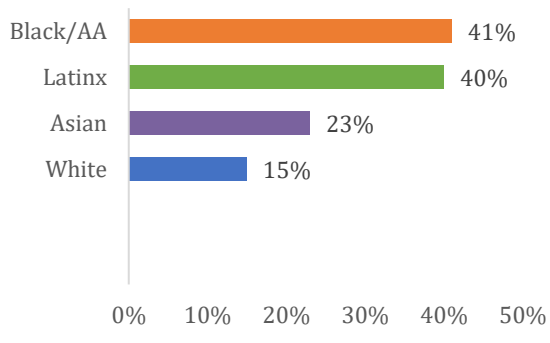
Healthy Eating and Active Living

- **Importance:**
  - Healthy lifestyle choices, including the food we eat and how much we exercise, greatly affect the rates of chronic conditions, such as cardiovascular disease, stroke, and cancer.

- **Data Snapshot:**
  - In 2017, 10 million meals were missed by residents in Marin[24]
  - 14% of Marin children live in homes that experience food insecurity at some point during the year[16]
  - 41% of Black/African-American, 40% of Latinx, 23% of Asian, and 15% of White Marin fifth graders are obese[17]
  - Only 27% of 12-to-17-year-olds get the recommended number of servings of vegetables daily[7]

"It's cheaper to go to McDonald's than it is to go to Whole Foods. And if you're working for 12 to 14 hours a day, how are you gonna go out and take an hour-and-a-half walk?" – Key Informant

Fifth Graders Who Are Obese by Race, 2017-18 School Year



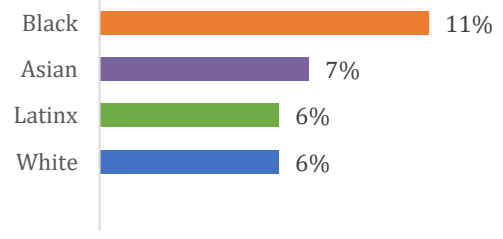
Maternal and Infant Health

- **Importance:**
  - The well-being of mothers, infants, and children determines the health of the next generation and can predict future public health challenges for families, communities, and the health care system.

- **Data Snapshot:**
  - Between 2008 and 2017, 10% of Black/African-American infants were born preterm, compared to 8% of Latinx and White infants and 7% of Asian infants[20]
  - Between 2013 and 2015, 74% of Latinx mothers were living at or below the federal poverty line, compared to 17% of White and 5% of Asian mothers[13]
  - 11% of Black/African-American newborns, 7% of Asian newborns, 6% of Latinx newborns, and 6% of White newborns were low birth weight between 2008 and 2017[20]
  - 1 in 10 women who recently gave birth in Marin County report postpartum depression symptoms[13]

"I think with the high cost of living, it also affects the lack of child care, not having qualified people who can take care of your children while you work two jobs." – Key Informant

Low Birth Weight Infants by Race, 2008-17, Marin County



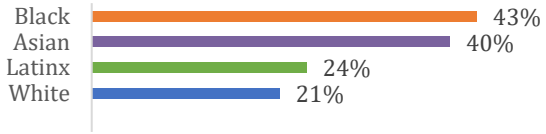
Violence and Injury Prevention

- **Importance:**
  - Beyond their immediate health consequences, injuries and violence have a significant impact on everyone, contributing to early death, disability, poor mental health, high medical costs, and lost worker productivity.

- **Data Snapshot:**
  - Falls are the number one cause of accidental death for seniors in Marin County[22]
  - Marin County's rate of bicycle-involved collisions that result in bicyclist injury or death is 1.6 times higher than the state rate[11]
  - Within Marin, the city of San Rafael has the highest rate of domestic violence calls[4]
  - Asian and Black/African-American students in Marin are more likely to report bullying or harassment (40% and 43%, respectively) than Asian and Black/African-American students in California overall (30% and 35%, respectively), while White and Asian students were less likely to report bullying in Marin than in the rest of the state[9]

"The biggest crime in Marin County is domestic violence. And VOWA, the Violence Against Women Act, they actually say that if you could cure poverty, you could have many things cured, including things like domestic violence." – Key Informant

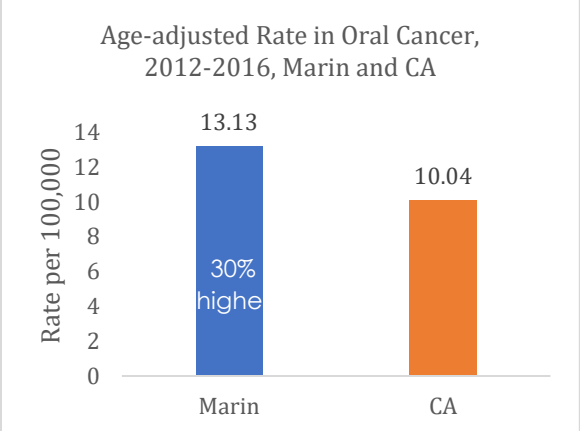
Students Reporting Being Bullied in School by Race, Marin County and California, 2013-15



Oral Health

- **Importance:**
  - The impact of untreated oral health conditions disproportionately affects the most vulnerable populations and contributes to such conditions as cardiovascular disease and poor pregnancy and birth outcomes.
- **Data Snapshot**
  - 56% of adults in Marin have dental insurance[8]
  - In 2016, only 22% of Medi-Cal-eligible adults in Marin had an annual dental visit[23]
  - Between 2012 and 2016, Marin had a 30% higher age-adjusted rate of oral cavity and pharynx cancer (13.13/100,000) than the statewide age-adjusted rate (10.04/100,000)[6]
  - In 2016, only 65% of incoming kindergarten students had a dental screening through the Kindergarten Oral Health Assessment[5]

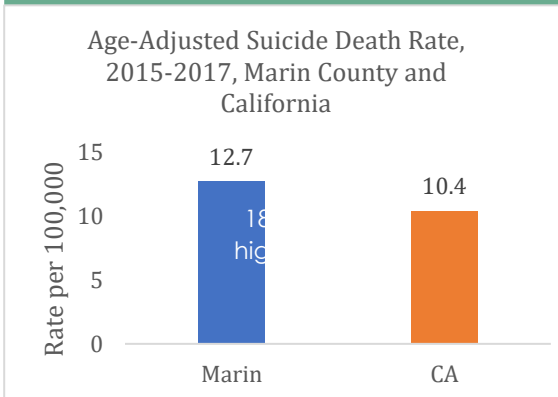
"I know it's a long history of more than 100 years of why dental services are separate from medical health, so it's very political, but we need to see it as one thing. When people don't have good dental hygiene, it can affect their other health needs." - Key Informant



Social Connection

- **Importance:**
  - Social connections can directly impact mental health, and their influence on lifestyle has important consequences for physical health.
- **Data Snapshot:**
  - 71% of white junior high and high school students reported a high level of school connectedness, compared to 65% of Asian students, 53% of Latinx students, and only 40% of Black/African-American students[9]
  - 49% of White, 39% of Asian, 32% Latinx, and 27% of Black/African-American students strongly agree that they have a caring relationship with an adult at school[9]
  - In Marin, the percentage of seniors living alone is 35% higher than the rest of the state[3]
  - 44% of Marin commuters drive alone to work and commute for longer than 30 minutes[14]
  - Between 2015 and 2017, Marin's suicide rate was 18% higher than the state average[22]

"They're self-medicating because, in Marin County, there is an epidemic of loneliness. I know it's a huge problem in the senior community and I see it in our kids too." – Key Informant



Next Steps

IN THIS SECTION

Next Steps

Organizing Community Resources to Respond to Identified Needs

Marin County has a broad range of community-based organizations, government departments and agencies, hospital and clinic partners, and other community groups already engaged in addressing many of the health needs identified by this assessment. HMP envisions a countywide, population health approach, to further align intervention efforts among stakeholders and address priority health needs together.

Although the CHA/CHNA process did identify some community resources available to address each prioritized health need, the CHIP process will further identify these resources and highlight gaps to be addressed.

In addition, Marin County Health and Human Services' Office of Aging and Adult Services maintains an Information and Assistance telephone line at 415-457-INFO (4636) and an online Community Resource Guide listing services and resources available to county residents, at https://www.marinhhs.org/community-resource-guide to help older adults, persons with disabilities, and their caregivers with information about and referrals to services and resources.

Community Health Improvement Planning Process

HMP will be conducting the Community Health Improvement Planning Process through June 2020. If you are interested in participating in or learning more about this process, please contact Kristen Seatavakin, senior department analyst with Marin County Department of Health and Human Services' Division of Public Health, at kseatavakin@marincounty.org.

Appendix

Secondary data sources and dates

i. Secondary sources from the CHNA Data Platform

ii. Additional sources

Appendix: Secondary data sources and dates

i. Secondary sources from the CHNA Data Platform

	Source	Dates
1.	American Community Survey	2012-2016
2.	American Housing Survey	2011-2013
3.	Area Health Resource File	2006-2016
4.	Behavioral Risk Factor Surveillance System	2006-2015
5.	Bureau of Labor Statistics	2016
6.	California Department of Education	2014-2017
7.	California EpiCenter	2013-2014
8.	California Health Interview Survey	2014-2016
9.	Center for Applied Research and Environmental Systems	2012-2015
10.	Centers for Medicare & Medicaid Services	2015
11.	Climate Impact Lab	2016
12.	County Business Patterns	2015
13.	County Health Rankings	2012-2014
14.	Dartmouth Atlas of Health Care	2012-2014
15.	Decennial Census	2010
16.	EPA National Air Toxics Assessment	2011
17.	EPA Smart Location Database	2011-2013
18.	Fatality Analysis Reporting System	2011-2015
19.	FBI Uniform Crime Reports	2012-2014
20.	FCC Fixed Broadband Deployment Data	2016
21.	Feeding America	2014
22.	FITNESSGRAM® Physical Fitness Testing	2016-2017
23.	Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24.	Health Resources and Services Administration	2016
25.	Institute for Health Metrics and Evaluation	2014
26.	Interactive Atlas of Heart Disease and Stroke	2012-2014
27.	Mapping Medicare Disparities Tool	2015
28.	National Center for Chronic Disease Prevention and Health Promotion	2013
29.	National Center for Education Statistics-Common Core of Data	2015-2016
30.	National Center for Education Statistics–EDFacts	2014-2015
31.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32.	National Environmental Public Health Tracking Network	2014
33.	National Flood Hazard Layer	2011
34.	National Land Cover Database 2011	2011
35.	National Survey of Children's Health	2016
36.	National Vital Statistics System	2004-2015
37.	Nielsen Demographic Data (PopFacts)	2014
38.	North America Land Data Assimilation System	2006-2013
39.	Opportunity Nation	2017
40.	Safe Drinking Water Information System	2015
41.	State Cancer Profiles	2010-2014
42.	U.S. Drought Monitor	2012-2014
43.	USDA–Food Access Research Atlas	2014

ii. Additional sources

	Source	Dates
1.	American Association of Retired Persons	2012
2.	Area Agency on Aging Marin County Plan	2016-2020
3.	Behavioral Risk Surveillance Task Force	2017
4.	Brown University, Diversity and Disparities Project	2010
5.	California Department of Education, California Physical Fitness Report	2014-2015
6.	California Department of Education, School Level Data Files	2014-2015
7.	California Department of Public Health	2010-2012
8.	California Department of Public Health, Kindergarten Assessment Results	2013-2015
9.	California Health Interview Survey	2014-2015
10.	California Healthy Kids Survey	2017-2018
11.	California Office of Traffic Safety (OTS)	2016
12.	California Oral Health Reporting	2008-2010
13.	Centers for Disease Control	2013
14.	Centers for Disease Control and Prevention	2008-2017
15.	Commission on Aging, Housing Report	2018
16.	County Business Patterns	2015
17.	Insight Center	2012
18.	Kidsdata.org, California Dept. of Justice, Criminal Justice Statistics Center	2016
19.	Marin Community Clinic	2013-2015
20.	Marin County Human Development Report	2012
21.	Marin County Oral Health Report	2014
22.	Marin County Point in Time Homeless Count and Survey	2015
23.	Marin Independent Journal	2015
24.	MarinKids	2015
25.	Maternal and Infant Health Assessments, California Department of Public Health	2013-2015
26.	National Cancer Institute	2011-2015
27.	National Survey of Children's Exposure to Violence	2015
28.	National Vital Statistics System	2016
29.	The California Pregnancy-Associated Mortality Review, California Department of Public Health	2002-2007
30.	U.S. Census Bureau (Economic Census)	2012
31.	UCLA Newsroom	2006
32.	Uniform Crime Reporting Statistics, U.S. Department of Justice	2012
33.	USC Dornsife, Center for the Study Immigrant Integration	2016

iii. Priority Health Needs Overview Sources

1.	American Community Survey (1-year estimate)	2017
2.	American Community Survey (5-year estimate)	2012-2016
3.	American Community Survey (5-year estimate)	2013-2017
4.	CA Department of Justice Portal	2017
5.	CA Kindergarten Oral Health Assessment	2016
6.	California Cancer Registry	2012-2016
7.	California Health Interview Survey	2015-2016
8.	California Health Interview Survey	2016-2017
9.	California Healthy Kids Survey	2015-2017
10.	California Healthy Kids Survey	2017-2018
11.	California State Highway Patrol	2015
12.	CDC Birth Certificate Data	2008-2017
13.	CDPH Maternal and Infant Health Assessment Survey	2013-2015
14.	County Health Rankings	2019
15.	EpiCenter, CDPH Vital Statistics Master File	2016
16.	Feeding America	2017
17.	FitnessGram, CA Department of Education	2018
18.	Healthymarin.org, from County Health Rankings	2013-2017
19.	Kidsdata.org, from CA Department of Education	2016
20.	Marin County Birth Certificate Data	2008-2017
21.	Marin County Point in Time Count	2019
22.	Marin County Vital Records	2019
23.	Medi-Cal Dental Services Division Data	2016
24.	SF Marin Food Bank Missing Meals Report	2019

Healthy Marin Partnership

Working Together to Create a Healthier Community

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