Marin County
Community Health Improvement Plan
2021-2023
Acknowledgements

The CHIP planning process was guided by a cross-sector steering committee with the following members:

Jei Africa, Marin Health & Human Services – BHRS
Chandra Alexandre, Community Action Marin
Patricia Barahona, Youth Leadership Institute
Kari Beuerman, Marin Health & Human Services – Social Services
Mary Jane Burke, Marin County Office of Education
Leigh Burns, MarinHealth Medical Center*
Alan Burr, Marin Community Foundation
Omar Carrera, Canal Alliance
Liz Darby, Marin County Administrator’s Office
Jacylnn Davis, Huckleberry Youth Programs
Balandra Fregoso, Parent Services Project
Aideen Gaidmore, Marin Child Care Council
Donna Garske, Center for Domestic Peace
Eli Gelardin, Marin Center for Independent Living
Andre Harris, Homeward Bound of Marin
Linda Jackson, Aging Action Initiative

Nancy Johnson, Marin City Health & Wellness Center
Pat Kendall, Kaiser Permanente – San Rafael Medical Center
Chris Kughn, Buckelew Programs
Sue Kwentus, Marin County Commission on Aging
Vinh Luu, Marin Asian Advocacy Project
Ann Mathieson, Marin Promise
Benita McLaren, Marin Health & Human Services*
Julie Michaels, Marin Health & Human Services – Oral Health
Priscilla Miranda, Huckleberry Youth Programs
Douglas Mundo, Multicultural Center of Marin
Tori Murray, MarinHealth Medical Center*
Andy Naja-Riese, Agricultural Institute of Marin
Candace Norton, Novato Community Services
Cheryl Paddack, North Marin Community Services
Lee Pullen, Marin Health & Human Services - Aging & Adult Services
Mike Ralston, Rota Care/Marin Organizing Committee

Amy Reisch, First 5 Marin
Socorro Romo, West Marin Community Services
Lisa Santora, Marin Health & Human Services - Public Health*
Juliet Schiller, Marin Promise Partnership
Mark Shotwell, Ritter Center
Judith Snead, Marin Community Clinics
Shannon Thomas, Novato Community Hospital/Sutter Health
Laura Trahan, Marin County Office of Education
Shirin Vakharia, Marin Community Foundation*
Dana Van Gorder, The Spahr Center
Nancy Vernon, Legislative Aide to Superintendent Katie Rice
Alena Wall, Kaiser Permanente Northern California*
Joanne Webster, San Rafael Chamber of Commerce
Matt Willis, Marin Health & Human Services – Public Health
Cecilia Zamora, Latino Council of Marin

Steering Committee members with an asterisk (*) also served on the CHIP Planning Team. The CHIP Planning Team also included:

Prasad Acharya, Marin Health & Human Services
Rochelle Ereman, Marin Health & Human Services - Public Health
Andrea Garfia, Novato Community Hospital/Sutter Health
Kathy Koblick, Marin Health & Human Services - Public Health

Alana McGrath, Marin Health & Human Services - Public Health
Anyania Muse, Health & Human Services
Teri Rockas, Kaiser Permanente - San Rafael Medical Center
Kristen Seatavakin, Marin Health & Human Services - Public Health

The following staff from Raimi + Associates designed and facilitated the CHIP planning process:

Kym Dorman
Paige Kruza
Nayeli Bernal
# Contents

**Introduction** .........................................................................................................................................................................................2

What is a Community Health Improvement Plan (CHIP)? ......................................................................................................................2

**The Process: Developing the Marin CHIP** ..............................................................................................................................................4

Building on Previous Community Health Partnerships ..........................................................................................................................4

Marin CHIP Guiding Principles ...............................................................................................................................................................5

Building Blocks for the Marin CHIP .......................................................................................................................................................8

**The Problem: Roadblocks for Community Health** .................................................................................................................................25

Housing Insecurity and Homelessness ...................................................................................................................................................25

Economic Insecurity ....................................................................................................................................................................................27

Social Isolation, Exclusion, and Bias/Discrimination ........................................................................................................................................31

CHIP Goals = The Change We Want to See ...............................................................................................................................................34

**The Plan: How to Improve Health in Marin** ............................................................................................................................................38

**Tracking Progress** ....................................................................................................................................................................................43
Introduction

What is a Community Health Improvement Plan (CHIP)?

A Community Health Improvement Plan (CHIP) is an action-oriented plan for addressing the most significant health issues identified by community partners based on quantitative and qualitative data for a given community. The objective of the CHIP is to ensure coordinated, measurable health improvement throughout the county, with all agencies and organizations working together toward shared goals by leveraging resources and aligning initiatives and programs.

Marin County Department of Health and Human Services (HHS) Division of Public Health has provided support to collaboratively develop a Community Health Improvement Plan (CHIP) to inspire and align efforts to improve health throughout Marin County. Building on the recently completed Community Health Needs Assessment/Community Health Assessment (CHNA/CHA) and many other assessments and plans, the Marin CHIP serves as a roadmap to collaboratively address prioritized health needs across the County. CHIPs are also recognized as a best practice and required for all Health Departments pursuing or maintaining Public Health Accreditation through the Public Health Accreditation Board (PHAB).1

This document is organized into the following sections: 1) The Process: Developing the Marin CHIP, 2) The Problem: Roadblocks for Community Health, and 3) The Plan: How to Improve Health in Marin.

---

National Public Health Accreditation

A central aim of the CHIP is to align priorities and leverage resources among collaborative partners to improve community health. A CHIP is also a required prerequisite to pursue National Public Health Accreditation. Accreditation refers to providing the most effective services to keep a community healthy. Accreditation also motivates health departments to continuously improve the quality of their services. With accreditation status, health departments are able to demonstrate increased accountability and credibility to the public, funders, elected officials and other community partners. The impact of the CHIP is one way in which the County of Marin Health and Human Services, Division of Public Health will measure its service, value, and accountability to county residents.
The Process: Developing the Marin CHIP

This section outlines how Marin’s Community Health Improvement Plan builds on previous work within the county, presents the Marin CHIP Guiding Principles, and outlines the four steps of the planning process (including how key decisions were made).

Building on Previous Community Health Partnerships

Although this is the first-ever Community Health Improvement Plan (CHIP) for Marin County, Marin has a long history of collaborating to improve health. The Healthy Marin Partnership (HMP) was formed in 1995 to collaboratively conduct the Community Health Needs Assessments (CHNAs) that not-for-profit hospitals in California (and then throughout the USA) need to conduct every three years. The Marin CHIP also builds on the community engagement and relationships strengthened through the development of the 2017 Marin County Department of Health & Human Services’ Strategic Plan to Achieve Health & Wellness Equity, as well as through many other assessments and plans led by a wide range of programs, agencies, organizations, and jurisdictions.

The guiding principles adopted by the CHIP steering committee offer a definition of health that is broad: Marin County residents are able to age well from birth to death. At the same time, community health, as reflected in these principles, requires addressing the root causes of health issues, including racial and ethnic inequities, to improve the health of Marin County residents.
Marin CHIP Guiding Principles

Five guiding principles were reviewed at the first Steering Committee meeting in December 2019, revised based on feedback, and adopted by the Marin CHIP Steering Committee in January 2020. They were developed to inform the CHIP planning process, especially the selection of strategies. They are:

**Address racial inequities.**
While Marin County has been ranked as one of the healthiest counties in the state, it also ranks as the most inequitable. Inequities are differences in health, educational, economic, and other outcomes that are avoidable, unfair, and unjust. Racial and ethnic inequities are a result of historic and pervasive inequitable systems, policies, practices, and beliefs that need to be directly acknowledged and addressed to improve the health for Marin’s most vulnerable residents.

**Enhance opportunities for cross-sector collaboration and shared action.**
The Marin CHIP planning process is based on the understanding that a cross-sector collaboration that promotes shared resources, goals and metrics will result in more innovative solutions and will have a more long-lasting and positive impact on health outcomes in our community. Building on prior and ongoing work and coordinating efforts will allow us to achieve our goals.

**Address root causes of prioritized health issues and inequities.**
Having a clear understanding of the root causes of health issues in Marin as well as other factors that contribute to inequities is key to identifying opportunities for change.

**Ensure that all Marin County residents age well from birth to death.**
Ensuring that all Marin County residents age well from birth to death requires that the County is inclusive and respectful to residents of all ages and abilities and promotes a good quality of life from birth as well as active aging.

**Use data to increase the impact of strategies.**
Promoting data-driven processes and decisions will strengthen the effectiveness of strategies. Honoring both evidence-based practice and practice-based evidence are critical to ensuring that strategies are implemented in ways that are responsive to and respectful for target populations within Marin County.
### Alignment between the Marin CHIP Guiding Principles and Local and National Priorities

<table>
<thead>
<tr>
<th>Marin County</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health and Human Services Strategic Plan to Achieve Health and Wellness Equity (2018)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>American Public Health Association&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Area Plan 2020-2024, Area Agency on Aging&lt;sup&gt;3&lt;/sup&gt;</td>
<td>10 Essential Public Health Services&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Age Forward a Framework for an Age-Friendly County of Marin (2020)&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>First 5 Marin Strategic Plan 2017-2022&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>2019-2022 Strategic Plan for Health Resources &amp; Services Administration, U.S. Department of Health &amp; Human Services&lt;sup&gt;6&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Address racial inequities.</td>
<td>✓</td>
</tr>
<tr>
<td>Enhance opportunities for cross-sector collaboration and shared action.</td>
<td>✓</td>
</tr>
<tr>
<td>Address root causes of prioritized health issues and inequities.</td>
<td>✓</td>
</tr>
<tr>
<td>Ensure that all Marin County residents age well from birth to death.</td>
<td>✓</td>
</tr>
<tr>
<td>Use data to increase the impact of strategies.</td>
<td>✓</td>
</tr>
</tbody>
</table>

<sup>1</sup> The American Public Health Association (APHA) has adopted many policy statements and published information which highlight the importance of addressing racial inequities, collaborating with cross-sector partners to address the root causes of health issues and inequities, supporting health throughout the lifespan, and using data and evidence to guide decision-making. Policy statements related to the Marin CHIP’s guiding principles include: APHA Policy Statement 20189 Achieving Health Equity in the United States <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2019/01/29/Achieving-Health-Equity>; APHA Policy Statement LB20-04, Structural Racism is a Public Health Crisis: Impact on the Black Community <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2021/01/13/Structural-Racism-is-a-Public-Health-Crisis>; and APHA Policy Statement 20171 Supporting Research and Evidence-Based Public Health Practice in State and Local Health Agencies <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2018/01/18/Supporting-Research-and-Evidence-Based-Public-Health-Practice>. These principles also align with content published in The Nation’s Health, a publication of the American Public Health Association, including a series published in 2016 on the social determinants of health, <http://www.thenationshealth.org/content/nations-health-series-social-determinants-health>; and<br>


Marin CHIP
Guiding Principles +
The 10 Essential
Public Health
Services

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.
Leading with Race

Marin County has consistently been identified as one of the healthiest counties in California by the University of Wisconsin Population Health Institute’s County Health Rankings & Roadmaps. Based on 35 measures of health outcomes, health behaviors, clinical care, the physical environment, and social and economic factors/social determinants of health, the ranking shows Marin County as doing better than other counties in a wide range of metrics and being on par to the state average for the remaining metrics.

Improving community health in Marin requires that persistent, structural inequities be addressed so that no one is left behind—especially when looking more closely at key populations within the county compared to the county’s overall population health. Although the average life expectancy for Marin County residents has been steadily increasing, it varies greatly in different parts of the county—and the areas with the lowest life expectancies are also the areas of the county where most of the county’s residents of color live. While the average life expectancy at birth for Marin County has increased from 77.74 years in 1990 to 80.82 years in 2000, then up to 83.33 years in 2010 and to 83.57 years in 2013, there is a 25-year difference between the average life expectancy in different census tracts within Marin County (from 64.8 years to 89.9 years). Additionally, life expectancy in 2020 for Black/African Americans in Marin was 79 years compared to 85 years for whites in the county. The parts of Marin identified as less healthy than average by the California Healthy Places Index and/or with lower median annual household income also overlap with the parts of the county where most residents of color live (see next page).

---

11 California Healthy Places Index (CHPI) data presented via Urban Footprint. The life expectancy data for each census tract included in the CHPI was calculated by Virginia Commonwealth University. Technical report for CHPI may be downloaded from <https://healthyplacesindex.org/data-reports/>.
California Healthy Places Index Percentiles

- Healthiest 20% of California census tracts
- Healthier than average census tract
- Middle 20% of census tracts
- Less healthy than average census tract
- Least healthy 20% of census tracts (none in Marin)

Median Annual Household Income, 2014-2018

- $6,953 - $52,083
- $52,083 - $73,523
- $73,523 - $96,389
- $96,389 - $129,574
- $129,754 - $250,001

Population Density by Race/Ethnicity, 2010

Racial Dot Map, University of Virginia Weldon Cooper Center for Public Service Demographics Research Group.

2010 Census Block Data
1 Dot = 1 Person
- White
- Black
- Asian
- Hispanic
- Other Race / Native American / Multi-racial

Jurisdictional boundary of the County of Marin

<https://demographics.coopercenter.org/racial-dot-map>
The Marin Community Health Improvement Plan focuses first and foremost on reducing racial inequities because long-standing, systemic, and extreme inequities driven and reinforced by structural racism result in Black, Indigenous, and other people of color (BIPOC) experiencing significantly worse health outcomes than their white peers. When we lead with race we are acknowledging and confronting the policies, programs, and practices that are critical to achieve equity. Research demonstrates independent associations of racial discrimination on driving inequities, including downward mobility. Challenging institutional and structural racism that is pervasive in our everyday lives is fundamental and key to addressing the inequities that are driven by these dynamics. While income, education, and other socioeconomic and cultural factors play key roles in shaping outcomes in our communities, the direct effects of racism – whether covert or overt, intentional or unintentional, systemic or individual – must be acknowledged and addressed to achieve equity.

To effectively reduce inequities, historic patterns of exclusion, discrimination, and bias need to be identified and addressed – not only through the elimination of such patterns but also by repairing historic and intergenerational harm. We also need to be specific about the disparities/disproportionalities we are working to change in order to correctly identify the best levers for change (whether through a programmatic adjustment or by addressing specific root causes). Working to reduce structural racial inequities also provides useful lessons around making structural interventions that help address other areas of marginalization and other types of oppression.

Marin County will achieve equity when everyone in the County can participate, prosper, and reach their full potential. Being explicitly focused on race does not mean that other kinds of inequities are ignored. To promote racial equity, we need to recognize how racial inequities have different impacts on different kinds of people – both “intersectional” identities that include race, gender, age, and class, as well as different kinds of people of color (e.g., how Black/African American people in the USA have a different experience with racism than East Asian people in the USA). Furthermore, improving opportunities and outcomes for one group provides additional benefits for other communities—especially for other groups that have been historically disenfranchised. In addition to communities of color, historically disenfranchised groups including, but not limited to those of different genders, abilities, socioeconomic status, sexual orientation, immigration status, and languages spoken.
Building Blocks for the Marin CHIP

The CHIP planning process was coordinated by Marin County Public Health, Healthy Marin Partnership (HMP), and Raimi & Associates. The Marin CHIP was developed through four steps that ensured many opportunities for community members to share their perspectives and provide feedback on iterative drafts while also focusing on implementation and maintaining forward momentum. These four steps are presented below along with the timeline and opportunities for community participation during the planning process.

1. **Engage diverse community members with wide range of expertise (including multiple sectors)** (October 2019-December 2020)
2. **Identify health issues to address as a coordinated community** (October 2019-January 2020)
3. **Identify key outcomes for the CHIP health issues** (January 2020-July 2020)
4. **Identify strategies to achieve (or contribute towards) the CHIP outcomes** (February 2020-July 2020)

<table>
<thead>
<tr>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct</td>
<td>Nov</td>
</tr>
<tr>
<td>SC #1</td>
<td>SC #2</td>
</tr>
</tbody>
</table>

**Step 1. Engage diverse community members with wide range of expertise (including multiple sectors)**

**Step 2. Identify health issues to address**

**Step 3. Identify key outcomes for the CHIP health issues**

**Step 4. Identify strategies to achieve (or contribute towards) the CHIP outcomes**

**Early Implementation: Identify strategy co-leads + priority strategies for year 1 of implementation**

**Shelter-in-Place orders issued and in-place to slow spread COVID-19**

**Icon Key**

- CHIP Steering Committee (SC) Vote to Approve Component of Marin CHIP
- In-Person CHIP SC Meeting
- In-Person CHIP Workgroup (WG) Meeting
- Engagement/ Input via Online Survey
- Virtual Meeting
Step 1. Engage diverse community members with wide range of expertise (including multiple sectors)

Facilitated by Raimi + Associates and supported by County of Marin Health and Human Services Division of Public Health staff, the planning process began by identifying the perspectives, expertise, and range of experience needed to make this planning process successful. Community members and other stakeholders participated in the development of the Marin Community Health Improvement Plan through one or more of the following groups.

- The **Planning Team** was responsible for overseeing the CHIP planning process.
- The **CHIP Steering Committee** oversaw CHIP planning process and was the final decision maker for the CHIP. This group was comprised of stakeholders from a diverse, cross-sector of the community including local government, healthcare, community-based organizations, community members, and other subject matter experts.
- During the CHIP planning process, **Workgroups** were identified for each of the prioritized issues and were comprised of individuals from the Planning Team, the Steering Committee and community stakeholders. For implementation of the CHIP, Workgroups have been re-organized to focus on a portfolio of strategies.
- **Community stakeholders** provided valuable input during Steering Committee and Workgroup meetings.

Ninety-five community members participated in the planning process, including the 13 members of the Planning Team and 39 Steering Committee members. The final 3-year Marin CHIP reflects the extensive collaboration and commitment of community stakeholders.
Planning Team

The Planning Team provided input on the development of the CHIP and is also the core group that oversaw the Community Health Assessment/Community Health Needs Assessment (CHA/CHNA). This group includes 13 representatives from Marin County Public Health and hospitals within the County:

- Leigh Burns, MarinHealth Medical Center (Marin General Hospital)
- Rochelle Ereman, Marin County HHS, Public Health
- Andrea Garfia, Sutter Novato Community Hospital
- Kathleen Koblick, Marin County HHS, Public Health
- Alana McGrath, Marin County HHS
- Benita McLarin, Marin County HHS
- Tori Murray, MarinHealth Medical Center (Marin General Hospital)
- Anyania Muse Marin County
- Teri Rockas, Kaiser Permanente
- Lisa Santora, Marin County HHS, Public Health
- Kristen Seatavakin, Marin County HHS, Public Health
- Shirin A. Vakharia, Marin Community Foundation
- Alena Wall, Kaiser Permanente

Steering Committee

The Steering Committee oversaw the CHIP planning process and made all final decisions related to the components of the CHIP. This group was composed of stakeholders from a diverse, cross-sector of the community including local government, healthcare, community-based organizations, community members, and other subject matter experts.

Steering Committee members were selected based on the following criteria:

- They are experts in at least one of the 10 key issues identified through the Community Health Needs Assessment (CHNA/CHA);
- They bring a county-wide perspective – many by working throughout the county and some by bringing deep experience in the places within Marin County that have the worst health outcomes;
- They belong to and/or represent communities most burdened by structural inequities and that experience the worst health outcomes in Marin;
- They have a commitment to reducing structural racism and/or other inequities and to promoting equity; and
- As a group, they represent diverse sectors, jurisdictions, and perspectives on community health.
The 39 voting members of the CHIP Steering Committee during the planning process were:

- Jei Africa, Marin HHS – Behavioral Health & Recovery Services
- Chandra Alexandre, Community Action Marin
- Kari Beuerman, Marin HHS – Social Services
- Mary Jane Burke (or Laura Trahan), Marin County Office of Education (MCOE)
- Alan Burr, Marin Community Foundation
- Omar Carrera, Canal Alliance
- Liz Darby, Marin County Administrator’s Office
- Jaclynn Davis (or Priscilla Miranda), Huckleberry Youth Programs
- Balandra Fregoso, Parent Services Project
- Aideen Gaidmore, Marin Child Care Council
- Eli Gelardin, Marin Center for Independent Living
- Andre Harris, Homeward Bound
- Linda Jackson, Aging Action Initiative
- Pat Kendall, Kaiser Permanente – San Rafael
- Chris Kughn, Buckelew Programs
- Sue Kwentus, Marin County Commission on Aging
- Vinh Luu, Asian Advocacy
- Ann Mathieson, Marin Promise
- Benita McLarin, Marin Health & Human Services
- Julie Michaels, Marin HHS – Oral Health
- Douglas Mundo, Multicultural Center of Marin
- Tori Murray, MarinHealth Medical
- Andy Naja-Riese, Agricultural Institute of Marin
- Candace Norton, Novato Community Hospital
- Cheryl Paddack, North Marin Community Services
- Lee Pullen, Marin HHS – Aging & Adult Services
- Mike Ralston, Rota Care/Marin Organizing Committee
- Amy Reisch (initially) and Pegah Faed, First 5 Marin
- Socorro Romo, West Marin Community Services
- Mark Shotwell, Ritter Center
- Judith Snead, Marin Community Clinics
- Shannon Thomas, Novato Community Hospital
- Shirin Vakharia, Marin Community Foundation
- Dana Van Gorder, The Spahr Center
- Nancy Vernon, Legislative Aide to County Supervisor Katie Rice
- Alena Wall, Kaiser Permanente Northern California
- Joanne Webster, San Rafael Chamber of Commerce
- Matt Willis (or Lisa Santora), Marin HHS – Public Health
- Cecilia Zamora, Latino Council of Marin
Step 2. Identify health issues to address as a coordinated community

The Marin CHIP planning process built on the work completed for the Marin Community Health Assessment (CHA) (https://hmp.marinhhs.org/health-assessments) during 2018 and 2019. Through the Community Health Needs Assessment/Community Health Assessment (CHNA/CHA), ten health needs were identified as being the most critical to address in Marin County in order to improve health. These health needs were:

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

These issues were based on an extensive review of qualitative and quantitative data for Marin County as well as input from community stakeholders. The Healthy Marin Partnership team that led the Community Health Needs Assessment/Community Health Assessment (CHNA/CHA) process reviewed a wide range of quantitative and qualitative data including the Oral Health Improvement Plan, the Area on Aging Area Plan 2016-2020, Maternal Child and Adolescent Health: Title V Community Needs Assessment and Action Plan, the Mental Health Services Act FY 2018-2019 Annual Update & Spending Plan, the Health & Human Services Strategic Plan to Achieve Health & Wellness Equity, and many other sources. Issues were prioritized by 30 stakeholders representing multiple sectors and with diverse expertise based on three criteria:

- **Severity**: Potential to cause death or extreme or lasting harm and number of people affected.  
- **Clear Disparities or Inequities**: Health need disproportionately impacts specific populations (e.g., age, gender, race/ethnicity, 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.
Data on these ten issues and corresponding community assets were presented at the first CHIP Steering Committee meeting in December 2019. Meeting attendees reviewed and responded to these data and identified additional assets and opportunities related to each issue.

The second Steering Committee meeting in January 2020 was focused on identifying three to five issues from the ten identified in the CHA/CHNA that would be the foci for the Marin CHIP. Highlights from the data reviewed in December were presented along with an updated list of assets and opportunities. The Planning Team also made its recommendation of three issues they thought should be addressed in the CHIP, and identified an additional two issues that they recommended for the CHIP. Facilitators emphasized that all ten issues are important for the county to consider and address – and that work on these issues would continue to happen, even if not prioritized. Facilitators also noted a key lesson from other counties with CHIPs was the importance of focusing on fewer issues in order to have greater impact.

The Planning Team recommended that participants use six criteria to vote for five issues to address through the Marin CHIP. Each issue was also presented with the Planning Team’s assessment of which criteria the issue met (shown on the table on the following page).

- **Racial inequities**: Addressing racial inequities is critical to moving the needle on this issue.
- **Cross-sector collaboration**: Addressing this issue requires cross-sector collaboration and/or will help align existing and new work.
- **Root cause**: This issue is a root cause of health inequities.
- **Data**: Inequities are extreme and/or issue has a major impact on length or quality of life.
- **Multiplier effect**: Addressing this issue will have a positive impact on multiple health issues.
- **Moment of opportunity**: Existing work and increasing momentum around this issue will help accelerate impact.
<table>
<thead>
<tr>
<th>Health Issues Identified in Marin Community Health Assessment/Community Health Needs Assessment</th>
<th>Alignment with Marin CHIP Guiding Principles/Criteria</th>
<th>Additional Criteria from Planning Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Security *</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Housing + Homelessness/ Housing Security *</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Education</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mental Health + Substance Use **</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access to Care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Healthy Eating + Active Living **</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Maternal + Infant Health</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Violence + Injury Prevention</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Social Connection *</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oral Health</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**NOTE:** Issues that the Planning Team recommended as the issues to focus on in the Marin CHIP (*) and to consider addressing through the Marin CHIP (**).
Planning Team members also gave brief presentations on their recommended priority issues: Economic Security, Housing Security, and Social Connection.

Before voting, meeting participants were able to review and discuss 1) selected data points related to the ten health issues and 2) the community assets/resources identified in the first Steering Committee meeting related to each of the ten health issues. The quantitative data points shared with participants emphasized racial inequities throughout the county in alignment with the criteria for selection. The identified assets and resources for each issue provided participants with information to identify opportunities to deepen cross-sector collaboration and/or improved coordination and ultimately accelerate success and impact. Meeting attendees were encouraged to consider the different ways that the Marin CHIP could help address any of the issues – for some issues it might help bring more partners to existing public health work, for other issues it could engage public health workers around issues that were new to them, while for other issues it might be the catalyst to begin coordinating work through partnerships.

The 3 issues identified to be the foci for the Marin CHIP were identified through a 3-step voting process, which narrowed priorities from 10 to 3.

**Vote 1: “Dot-mocracy”** – Each meeting attendee received 5 sticker dots and could vote for whichever issues they thought should be prioritized (1 sticker dot per issue per person). Steering Committee members received one color of stickers while all other meeting participants received a different color to identify any differences. The first round of votes resulted in identifying housing security as a top issue for all participants and eliminating five issues with the fewest votes (i.e., Oral Health, Violence & Injury Prevention, Access to Care, Healthy Eating/Active Living, and Maternal & Child Health). This first vote narrowed the choices by eliminating the 5 issues with the least support.

Only CHIP Steering Committee members participated in the second and third vote.
**Vote 2: Gradients of Agreement** – The second vote used a “thumbs up” for enthusiastic support, a “thumbs sideways” for moderate support (i.e., person could live with the issue being a top issue for the CHIP), and a “thumbs down” for strong opposition to having the issue as a focus for the Marin CHIP. This vote eliminated Mental Health & Substance Use, as five Steering Committee members voted “thumbs down” and it also received the fewest “thumbs ups.”

**Vote 3: Issues with the Most Support** – The third and final vote resulted in Steering Committee members voting for three of the four remaining issues – this eliminated Education as an issue since it had the fewest votes in support. The three issues the Marin CHIP Steering Committee selected as the foci for the Marin CHIP were: Economic Security, Housing + Homelessness/Housing Security, and Social Connection.

The table on the next page shows how the issues selected through this voting process compare to the order that resulted from the CHA/CHNA.
<table>
<thead>
<tr>
<th>CHNA/CHA Top Needs in Prioritized Order</th>
<th>CHIP Planning Team Recommendations</th>
<th>CHIP Steering Committee Meeting #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Economic Security</td>
<td>Recommended as a Top Issue</td>
<td>Selected as Marin CHIP Priority/Goal</td>
</tr>
<tr>
<td>2. Housing + Homelessness/ Housing Security</td>
<td>Recommended as a Top Issue</td>
<td>Selected as Marin CHIP Priority/Goal</td>
</tr>
<tr>
<td>3. Education</td>
<td></td>
<td>Eliminated in Third Round of Voting</td>
</tr>
<tr>
<td>4. Mental Health + Substance Use</td>
<td>Recommended as a Possible Issue</td>
<td>Eliminated in Second Round of Voting</td>
</tr>
<tr>
<td>5. Access to Care</td>
<td></td>
<td>Eliminated in First Round of Voting</td>
</tr>
<tr>
<td>6. Healthy Eating + Active Living</td>
<td>Recommended as a Possible Issue</td>
<td>Eliminated in First Round of Voting</td>
</tr>
<tr>
<td>7. Maternal + Infant Health</td>
<td></td>
<td>Eliminated in First Round of Voting</td>
</tr>
<tr>
<td>8. Violence + Injury Prevention</td>
<td></td>
<td>Eliminated in First Round of Voting</td>
</tr>
<tr>
<td>9. Social Connection</td>
<td>Recommended as a Top Issue</td>
<td>Selected as Marin CHIP Priority/Goal</td>
</tr>
<tr>
<td>10. Oral Health</td>
<td></td>
<td>Eliminated in First Round of Voting</td>
</tr>
</tbody>
</table>
Step 3. Identify key outcomes for the CHIP health issues

- **February 2020:** At Workgroup #1, breakout groups for each issue/goal discussed *priority outcomes* and responded to a first draft/menu of possible evidence-based strategies for each issue/goal.

- **March-May 2020:** R+A then developed and administered an online survey to gather input from a wide range of participants. The online survey asked participants to provide a “temperature check” of support for a draft outcomes and updated strategies (based on feedback and suggestions from Workgroup #1 and refined to align with the draft outcomes being considered).

- **June-July 2020:** Based on the online survey results and additional feedback from two Planning Team meetings, R+A revised the outcomes and strategies to present for approval at the third CHIP Steering Committee meeting. The third CHIP Steering Committee was held via zoom. Participants were invited to review and discuss the updated outcomes alongside the associated strategies. After discussing minor edits for the outcomes, the third Steering Committee concluded with virtual votes for the outcomes. Using the “raise hand” feature to indicate support/approval, the CHIP Steering Committee members who were present unanimously voted to adopt all outcomes.
Step 4. Identify strategies to achieve (or contribute towards) the CHIP outcomes

<table>
<thead>
<tr>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct</td>
<td>Nov</td>
</tr>
<tr>
<td>SC #1</td>
<td>SC #2</td>
</tr>
</tbody>
</table>

- **February 2020**: At Workgroup #1, breakout groups for each issue/goal discussed priority outcomes and responded to a first draft of possible evidence-based strategies for each issue/goal.

- **March-May 2020**: R+A then developed and administered an online survey to gather input from a wide range of participants on what strategies had the most support for inclusion in the Marin CHIP. Online survey format (with individualized links for SC members and a general survey URL for other community members) used to gather a “temperature check” of support for a draft list of outcomes and a second draft list of strategies (updated based on feedback and suggestions from Workgroup #1 and refined to align with the draft outcomes being considered) -- specifically, respondents were asked if they strongly supported, moderately supported, or did not support each draft outcome and draft strategy and to share any additional outcomes and strategies they wanted to be considered – outcomes and strategies were organized by goal with some identified as cross-cutting outcomes or strategies.

- **June-July 2020**: Based on the online survey results and additional feedback from two Planning Team meetings, R+A developed revised strategies to present for approval at the third CHIP Steering Committee meeting. The third CHIP Steering Committee was held via zoom. Participants were invited to engage with these strategies by discussing the following questions: 1) Which strategies are you excited about working on?; 2) If there is a small edit that is critical to make, what is it?; and 3) If you think we should reject a strategy, why?

  After discussing minor edits for the strategies (for example, changing some language, clarifying a strategy), the third Steering Committee concluded with one virtual vote for the strategies. Using the “raise hand” feature to indicate support/approval, the CHIP Steering Committee members who were present unanimously voted to adopt all strategies.

- **September-December 2020**: Another online survey, a workgroup meeting, and the fourth CHIP Steering Committee meeting focused on identifying leads/co-leads and partners to implement each adopted strategy and also on further prioritizing which adopted strategies would be the foci for the first year of implementation.
The Problem: Roadblocks for Community Health

This section presents an explanation of how the three issues prioritized for the Marin CHIP are related to health, some of the quantitative data that highlight racial inequities in the three health issues prioritized in the Marin CHIP, and some quotations from stakeholders interviewed during the Community Health Assessment/Community Health Needs Assessment (CHA/CHNA) process. The assets identified in this section are not intended to be a comprehensive inventory of programs, organizations, or community-specific strengths or opportunities related to the topics. Instead, they were those assets which Marin CHIP Steering Committee members and other community members identified during the first two CHIP planning process Steering Committee meetings. This information contributed to the conversation in small groups focused on each of the ten health issues identified by the CHA/CHNA and informed how meeting attendees prioritized the issues to focus on in the Marin CHIP.

Housing Insecurity and Homelessness

Housing is a basic need and housing security has far-reaching benefits. Housing security can make it possible to maintain a job, engage in education, and experience an increased quality of life. When people experience barriers to housing security, their ability to lead a healthy, productive life is severely affected. More than one in five (22%) of households in Marin have severe housing challenges, which include overcrowding, high housing costs, lack of a kitchen, or lack of plumbing facilities. Overcrowding is experienced by 50% of undocumented immigrants in Marin County compared to 11% of authorized immigrants and 1% of U.S. born and naturalized citizens. Only 25% of Black/African American and Latinx residents are homeowners, compared to 66% of White residents.

People of color in Marin County are disproportionately represented among persons experiencing homelessness: Black/African American residents make up 17% of the homeless population. Black/African American and Latinx residents make up 2/3 of White residents of Marin who own their home and 1/4 of Black/African American and Latinx residents of Marin who own their home.

14 Comprehensive Housing Affordability Strategy (CHAS) 2011-2015 data presented as the severe housing problems indicator (Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) via County Health Rankings <https://www.countyhealthrankings.org/app/california/2019/rankings/marin/county/outcomes/overall/snapshot>


population in Marin, but only 2% of the total county population. To further highlight the challenges of experiencing homelessness, a Marin County resident explained, “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.”

Marin County’s high cost of living exacerbates housing insecurity and the risk of homelessness. More than half of renters pay 30% or more of their income on rent; and in some neighborhoods, residents fear displacement due to rising housing costs. High housing costs also limit what else people can afford, including health care services, prescriptions, and food. For example, 21% of older adults of color in Marin are food insecure compared to 8% of older white adults. Further, housing costs present unique challenges for older adults who wish to age in place but who may require additional services and supports as their needs change.

Existing Community Assets Addressing + Opportunities to Address Housing Insecurity

Community members identified the following assets related to addressing housing insecurity and homelessness.

- Marin County Board of Supervisors’ support for addressing housing affordability
- Accessory Dwelling Unit policy approval
- Whole Person Care
- New funding sources and statewide policy opportunities to build affordable housing and reduce barriers to housing affordability
- Coordinated entry for homeless services owned across all the partners, homeless community nexus
- Work to establish community land trusts
- Inclusionary developer fees to finance affordable housing units
- Example of other California counties prohibiting landlords from refusing to rent to prospective tenants who have Section 8 vouchers

---

Economic Insecurity

Economic security means having the resources one needs to fulfill basic needs (e.g., having safe housing/shelter and nutritious food, being able to afford childcare and medical expenses), while also being able to weather challenges that arise (e.g., costs related to a medical emergency, job loss/unemployment, car repairs). These resources are most often financial resources, primarily income and assets (e.g., property), but may also include formal and informal safety nets (formal types include paid family leave and public assistance, informal types include financial gifts or loans from one’s family). People’s educational and career/employment experiences—and the structural inequities and opportunity gaps that influence the experiences people have—shape the financial resources they have throughout their lives. The high cost of living in Marin makes it especially difficult for residents with lower incomes to make ends meet. This in turn limits economic mobility, as increasing one’s income typically requires an up-front investment in time and/or money (e.g., for education, to open a business).

Median Annual Household Income in Marin County by Race, 2013-17

<table>
<thead>
<tr>
<th>Race</th>
<th>Median Annual Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>$112,819</td>
</tr>
<tr>
<td>Black/African American</td>
<td>$60,849</td>
</tr>
<tr>
<td>Latinx</td>
<td>$58,639</td>
</tr>
</tbody>
</table>

Marin Residents Below 250% of the Federal Poverty Level (Self-Sufficiency Level), 2012-2016

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>66%</td>
</tr>
<tr>
<td>Latinx</td>
<td>62%</td>
</tr>
<tr>
<td>White</td>
<td>21%</td>
</tr>
</tbody>
</table>

“[The uninsured] are buying food, they’re paying rent, instead of coming and utilizing the healthcare system. What does that result in? Inequities in cancer screenings, in chronic disease…”

Key Leader

---

20 U.S. Census Bureau’s American Community Survey 2012-2016 Five-Year Estimates.
Having economic security positively impacts all health outcomes—but increasing economic security requires coordinated, focused efforts given the context of widening economic inequities. In Marin, inequities between rich and poor residents are the biggest in the state of California. The nationally documented racial income and wealth gaps also exist in Marin, with the median household income for White families almost twice the median household income of Black/African American and Latinx families. Furthermore, Black/African American and Latinx residents are three times likelier to live below the self-sufficiency level than white Marin residents, and nearly twice as likely compared to all California residents.

In addition to having lower incomes, people of color are much less likely to own a business in Marin County. While 46% of businesses in California are owned by people of color, only 15% of businesses in Marin are owned by people of color. Small businesses and entrepreneurship provide important economic opportunities for individual residents while also benefiting the broader community by strengthening the local economy and keeping dollars local.

Economic inequities also negatively impact undocumented residents, who are frequently exploited, forced to accept extremely low wages and to ignore wage theft (unpaid and underpaid wages) while also not receiving legally mandated sick leave or other benefits and protections. Although there are no quantitative data on the working conditions for undocumented workers in Marin County, qualitative data (e.g., focus group findings) aligns with national data on undocumented workers. 

![Business Owners per 1,000 Residents, 2012](https://escholarship.org/content/qt27p0k6tt/qt27p0k6tt_noSplash_5f4111460ea58803e2cd71aa4fdd28be.pdf)

<table>
<thead>
<tr>
<th>Pacific Islander</th>
<th>Latinx</th>
<th>White</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>31</td>
<td>37</td>
</tr>
</tbody>
</table>

20% of day laborers in the U.S. have been injured on the job. Among those: 2/3 missed work as a result. Additionally, more than 50% of those injured seriously enough to miss work did not receive the medical care they needed for the injury, either because the worker could not afford healthcare or the employer refused to cover the worker under workers’ compensation insurance.


22 “Wage Theft Is a Crime” Public Awareness Campaign. California Department of Industrial Relations (DIR) and the California Labor Commissioner’s Office. <http://wage_theft_is_a_crime.com/>


24 Haro, A., Kuhn, R., Rodriguez, M.A., Valenzuela, Jr., A. “Beyond Occupational Hazards: Abuse of Day Laborers and Health.” Journal of Immigrant and Minority Health, 22:1172–1183. <https://link.springer.com/epdf/10.1007/s10903-020-01094-3?sharing_token=3tEPXKNG_MzHYQfZos3trPe4RwlQNhNBy7wbcmAY6cagFXljju2Xtw3X4xpJL1y_cYe4KQo8MYKRxY3yaei3ICbb5a_z1ebU3P7tq24sc9lq4SYKgpjlerAIn22WUXrRPSW7V7gQzEXI5yo-UJGpavG-Bu27kVPdwiX%3D>

24 Haro, A., Kuhn, R., Rodríguez, M.A., Valenzuela, Jr., A. “Beyond Occupational Hazards: Abuse of Day Laborers and Health.” Journal of Immigrant and Minority Health, 22:1172–1183. <https://link.springer.com/epdf/10.1007/s10903-020-01094-3?sharing_token=3tEPXKNG_MzHYQfZos3trPe4RwlQNhNBy7wbcmAY6cagFXljju2Xtw3X4xpJL1y_cYe4KQo8MYKRxY3yaei3ICbb5a_z1ebU3P7tq24sc9lq4SYKgpjlerAIn22WUXrRPSW7V7gQzEXI5yo-UJGpavG-Bu27kVPdwiX%3D>

24 Haro, A., Kuhn, R., Rodríguez, M.A., Valenzuela, Jr., A. “Beyond Occupational Hazards: Abuse of Day Laborers and Health.” Journal of Immigrant and Minority Health, 22:1172–1183. <https://link.springer.com/epdf/10.1007/s10903-020-01094-3?sharing_token=3tEPXKNG_MzHYQfZos3trPe4RwlQNhNBy7wbcmAY6cagFXljju2Xtw3X4xpJL1y_cYe4KQo8MYKRxY3yaei3ICbb5a_z1ebU3P7tq24sc9lq4SYKgpjlerAIn22WUXrRPSW7V7gQzEXI5yo-UJGpavG-Bu27kVPdwiX%3D>


Existing Community Assets Addressing + Opportunities to Address Economic Insecurity

Community members identified the following assets related to addressing economic insecurity. Additionally, many of the assets identified related to healthy eating, active living (HEAL), access to care, and oral health also relate to economic insecurity. Much of the HEAL work in Marin is focused on food insecurity and economic barriers to physical activity, while many resources related to access to care and to oral health focus on reducing the cost of healthcare (including preventative dental care) as a barrier to access.

<table>
<thead>
<tr>
<th>Asset</th>
<th>Economic Insecurity</th>
<th>Healthy Eating, Active Living</th>
<th>Access to Care</th>
<th>Oral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations Implementing and/or Advocating for Policy and Other Changes to Reduce Economic Insecurity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Marin County Board of Supervisors and equity work within County government/agencies</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Regional Work: BARHII GARE</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Policy Link</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Parent advocacy groups</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Community Development Agency Fair Housing Program Out of Community</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• IDA Program supporting creation of local, small businesses</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources that Help Expand Employment and Other Economic Opportunities for Individuals in Marin (mid- to long-term foci)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sparkpoint and other resources to increase financial literacy, to reduce debt, help obtain loans</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Job/career training programs (e.g., trades education to increase access to higher paying service jobs)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family Self Sufficiency program through Housing Authority</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental Health Academy (connecting young people of color to mental health jobs)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources that Help Reduce Economic Insecurity for Individuals and Individual Families in Marin (short-term foci)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>... by supplementing income / contributing to an individual’s or household’s budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• General relief/General Assistance (GA), other types of public assistance and benefits</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>• Public charge workgroup to address barriers for undocumented residents and mixed status families</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>... by reducing the cost / amount of household income needed to meet basic needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Aging Advocacy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>• 1st broad oral health plan</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>• CalFresh</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>• CITNA + CHIP</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Asset</td>
<td>Economic Insecurity</td>
<td>Healthy Eating, Active Living</td>
<td>Access to Care</td>
<td>Oral Health</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Community Action Marin</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Community Dental</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Office of Education</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Supported Agriculture (CSA) programs</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Congregate meals, congregation/faith communities</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Food bank, Marin Food Policy Council, Market Match, Farmers markets/Rolling' Root</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Food recovery – ExtraFood.org, Marin Community Fridges</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>HEAL Collaborative</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>HMP</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Homeward Bound</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Hospitals’ funding access navigators – CECs</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Interfaith community</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Kaiser</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Marin Center for Independent Living</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marin Community Clinics, Federally Qualified Health Care Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marin County Dental Society</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marin Community Foundation</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Marin Community Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marin Health/Prime</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>MHSA, BHRS</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>MC Health + Wellness</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>MC Youth Connect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEOP grants (now CalFresh Healthy Living Grants)</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Nourish programs influence quality of school lunches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novato Chamber</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Novato Community Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation Access</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Parent Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Social Isolation, Exclusion, and Bias/Discrimination

Economic inequality, racism, and the County’s rapidly aging population increase the risk of social isolation and loneliness. The high cost of living results in extended work hours and long commutes, leaving workers with less time to spend with their children and engaging with their community. As the graphs below highlight, Black/African American, Latinx, and Asian students in Marin County are more likely to experience bullying and less likely to feel connected to their schools and part of the school community (see graphs on following page). Production of language barriers lead to further isolation among immigrant communities. Populations such as the LGBTQ community and people experiencing homelessness report a lack of safe and welcoming social spaces. Finally, at both ends of the age spectrum, youth and older adults desire social connection; youth want opportunities for positive mentorship and older adults desire more community events.

---

Increasing social connection provides an opportunity to address multiple health issues throughout the lifespan. Having social connections and caring, supportive relationships positively impact mental health. Additionally, social connections shape many behaviors with direct consequences for a person’s physical health.

Older Adults in Marin County who Feel They Are Not Valued or Respected as a Member of the Community, 2019

- Older adults of color: 19%
- Low-income older adults (all races/ethnicities): 12%
- White older adults: 3%

Marin County Students Reporting a High Level of School Connectedness, 2013-2015

- Black/African American: 35%
- Latinx: 53%
- Asian: 67%
- White: 69%

Marin County Students Bullied or Harassed On School Property in the Past 12 Months, 2013-2015

- Black/African American: 51%
- Asian: 43%
- Latinx: 33%
- White: 34%

---

Existing Community Assets Addressing Isolation + Opportunities to Strengthen Social Support/Connections

Community members identified the following assets related to addressing isolation and promoting social connections and inclusion.

- 1st Responders
- Age friendly
- Aging Commission
- Arts & Culture
- Asian Advocacy Project
- Asian Law Caucus- Justice
- BHRS
- Both Al-Anon & 12 Step
- Buck, Marin City H&W etc., MAT
- Community Benefit Grants
- Community Service Grants from Co.
- Congregate Meal Programs/Whistlestop (now Vivalon)/Meals on Wheels
- Culture – Arts/Theatre/Marin Theater
- Drug Safety Skills
- EMS (Ambulances)
- Faith organizations/Interfaith
- For Profit Rehab Facilities
- Gardening programs
- HC Providers
- Hiking/Built Environment
- Information and resources; 211; 457-INFO
- Jewish Family and Children’s Services
- Marin City Community Service District
- Marin Prevention Network
- Marin Villages
- MAT/Mad – Assisted Tx
- Muir Woods
- Parks & Rec
- Peer Community
- Probation/Prevention Collab
- Promotores
- Rx Safe + Connection
- School Districts/MCOE
- School Works
- Schools – wellness centers
- Senior Centers
- Senior Peer Counselors Programs
- Spahr
- Suicide Prevention (Strategic Plan)
- Training (Kids & Parents)
- YMCA
- Youth Court
Marin CHIP Goals = What We Want to See

The goals included in the Marin CHIP reflect what we are working towards to address the roadblocks to community health, and identify what we strive to make a reality. Specifically, the Marin CHIP goals are:

- Increase housing security.
- Increase economic security.
- Increase social connection and sense of belonging.

Additionally, one cross-cutting outcome emerged that is embedded in all three of the Marin CHIP goals: Recognize racism as a public health issue. Already in alignment with the Marin CHIP guiding principle of addressing racial inequities, this outcome gained broad support and was identified to contribute to the growing local and nationwide momentum to advance around racial equity energized during summer 2020 in response to George Floyd’s murder.

“Racism is a significant driver of the social determinants of health and a barrier to health equity... Racism can manifest in different ways ranging from violent attacks, to implicit bias, to subtle microaggressions. Structural racism creates institutions, including those within governments, that perpetuate inequities through implicit racist policies and practices. It is imperative that we recognize that systemic racism not only exists, but that it continues to impact the daily lives of black Americans and communities of color.”

“Racism is a public health crisis of the greatest magnitude and urgency in our country... [and we] must respond... [to end] the social and economic structures and deeply held cultural assumptions and practices that foster racism...”

“Racism is a longstanding systemic structure in this country that must be dismantled... Racism attacks people’s physical and mental health... we call for you to join us in our advocacy for a healthier nation.”

---


From the Movement for Black Lives’ Policy Platform:

**End the War on Black Health and Black Disabled People**

**ANTI-BLACK RACISM AS A DETERMINANT OF HEALTH**

Black people in the United States exist in a culture of anti-Black violence and negligence that chronically affects our health and wellness. The cumulative effects of structural violence, deprivation, and exclusion, combined with medical abuse and neglect, have resulted in sustained, generational wear and tear, described as “weathering.” Weathering is a term used to refer to the allostatic load of chronic stress induced by systemic racism on Black people’s bodies and minds, particularly among Black people surviving at the intersections of multiple and intersecting systems of oppression, including Black disabled people, Black low/no income people, Black women, Black LGB+ and Black trans, intersex, and gender nonconforming people. These effects are compounded for Black criminalized and incarcerated people and for Black migrants, who experience additional stresses of being hunted, violated, and caged by the state, and for whom medical care is largely inaccessible to the point of being virtually non-existent.

““It is time for all of us to change a system that perpetuates racism and violence against Black people.”

- Ayannah Green, a speaker at a Marin City protest in support of Black Lives Matter held on June 2, 2020, who grew up in Marin City and Corte Madera.

---

35 The Movement for Black Lives (M4BL) formed in December of 2014, was created as a space for Black organizations across the country to debate and discuss the current political conditions, develop shared assessments of what political interventions were necessary in order to achieve key policy, cultural and political wins, convene organizational leadership in order to debate and co-create a shared movement wide strategy. Under the fundamental idea that we can achieve more together than we can separately. <https://m4bl.org/policy-platforms/end-the-war-black-health/>
### Marin County’s CHIP Goals Align with Local, State, and National Plans and Priorities

<table>
<thead>
<tr>
<th>Marin County</th>
<th>Goal: Increase housing security</th>
<th>Goal: Increase economic security</th>
<th>Goal: Increase social connection and sense of belonging</th>
<th>Crosscutting Outcome: Recognize racism as a public health issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health and Human Services Strategic Plan to Achieve Health and Wellness Equity[^36]</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Aging Action Initiative[^37]</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Forward: A Framework for an Age-Friendly County of Marin[^38]</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>A Response to Homelessness in Marin County[^39]</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Communities Framework[^40]</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>California for All Ages: Master Plan for Aging[^41]</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Let’s Get Healthy California[^42]</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

### Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity

<table>
<thead>
<tr>
<th>Goal: Increase housing security</th>
<th>Goal: Increase economic security</th>
<th>Goal: Increase social connection and sense of belonging</th>
<th>Crosscutting Outcome: Recognize racism as a public health issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### California Reducing Disparities Project Strategic Plan to Reduce Mental Health Disparities

<table>
<thead>
<tr>
<th>Goal: Increase housing security</th>
<th>Goal: Increase economic security</th>
<th>Goal: Increase social connection and sense of belonging</th>
<th>Crosscutting Outcome: Recognize racism as a public health issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Reducing Disparities Project Strategic Plan to Reduce Mental Health Disparities</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

#### National

<table>
<thead>
<tr>
<th>Goal: Increase housing security</th>
<th>Goal: Increase economic security</th>
<th>Goal: Increase social connection and sense of belonging</th>
<th>Crosscutting Outcome: Recognize racism as a public health issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2030</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal: Increase housing security</th>
<th>Goal: Increase economic security</th>
<th>Goal: Increase social connection and sense of belonging</th>
<th>Crosscutting Outcome: Recognize racism as a public health issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Public Health Association</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal: Increase housing security</th>
<th>Goal: Increase economic security</th>
<th>Goal: Increase social connection and sense of belonging</th>
<th>Crosscutting Outcome: Recognize racism as a public health issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision for Black Lives: Movement for Black Lives’ Policy Platform</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

---


The core elements of the Marin County Community Health Improvement Plan are community prioritized goals, outcomes, and strategies. Each year, the CHIP will be supported by an implementation action plan that identifies leads or co-leads for strategies, specific actions for that year (to be adjusted as needed at biannual CHIP Steering Committee meetings), and a timeframe for identified actions.

Goals

Marin community members identified three issues critical to address to reduce inequities and improve health for Marin residents. The issues were then developed into goals to inspire coordinated and collaborative efforts across the county.

- Goal 1: Increase housing security.
- Goal 2: Increase economic security.
- Goal 3: Increase social connection + sense of belonging.

Outcomes

Outcomes describe the specific changes that are expected from the strategies (and activities) and provide benchmarks to measure progress toward achieving goals. The Marin CHIP Steering Committee adopted eight outcomes: one cross-cutting outcome and two to three outcomes for each of the three goals.

Cross-Cutting Outcome: Address racism as a public health issue.

Goal 1: Increase housing security.

- Outcome 1.1. Increase number of affordable and accessible housing units.
- Outcome 1.2. Increase quality of existing housing and living conditions.
- Outcome 1.3. Reduce number of people and households experiencing first-time homelessness.
Goal 2: Increase economic security.

- **Outcome 2.1. Increase median income for key populations/census tracts.**
- **Outcome 2.2. Decrease percentage of household income spent on essentials.**

Goal 3: Increase social connection + sense of belonging.

- **Outcome 3.1. Increase number of Black, Indigenous, and people of color (BIPOC) community members in leadership + decision-making positions.**
- **Outcome 3.2. Increase sense of connectedness across key populations and settings.**

### OUTCOMES

<table>
<thead>
<tr>
<th>Cross-Cutting Outcome:</th>
<th>GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address racism as a public health issue.</td>
<td>Goal 1: Increase housing security</td>
</tr>
<tr>
<td></td>
<td>Goal 2: Increase economic security</td>
</tr>
<tr>
<td></td>
<td>Goal 3: Increase social connection + sense of belonging</td>
</tr>
</tbody>
</table>

Strategies

Through the planning process, community members prioritized 28 strategies that describe how the CHIP partnership will work to achieve the goals. Strategies define the pathways to achieving the outcomes and goals, and typically include best and promising practices that inform activities and programs.

The strategies prioritized for the Marin CHIP are all supported by data demonstrating that they include or are best or promising practices. In alignment with the CHIP’s focus on addressing the root causes of health inequities, strategies include changing policies, systems, and the environment.

Strategies that focus on policy change are indicated with this icon: 🌰

**Cross-Cutting Strategies that Support All Three Marin CHIP Goals: 1) Increase housing security; 2) Increase economic security; and 3) Increase social connection + sense of belonging.**

<table>
<thead>
<tr>
<th>Type</th>
<th>Cross-Cutting Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>🌰</td>
<td>A: Work with local jurisdictions to recognize and address racism as a public health crisis</td>
<td>Cross-Cutting Outcome: <strong>Address racism as a public health issue.</strong></td>
</tr>
<tr>
<td>🌰</td>
<td>B: Engage community members in developing, adopting, and implementing anti-racist policies</td>
<td></td>
</tr>
<tr>
<td>🌰</td>
<td>C: Target resources to address and counteract historic and systemic/structural racism</td>
<td></td>
</tr>
</tbody>
</table>

**Goal 1: Increase housing security.**

<table>
<thead>
<tr>
<th>Type</th>
<th>Goal 1 Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>🌰</td>
<td>1.1.A. Deepen and expand resident support and political will for permitting and building affordable and accessible housing throughout the county (e.g., “housing as health”)</td>
<td>Outcome 1.1. <strong>Increase number of affordable and accessible housing units.</strong></td>
</tr>
<tr>
<td></td>
<td>1.1.B. Expand housing options for lower-income key populations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1.C. Leverage resources and land assets to increase housing that is affordable (e.g., workforce housing, develop housing on hospital sites or church owned property)</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td>Goal 2 Strategies</td>
<td>Outcomes</td>
</tr>
<tr>
<td>------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>1.2.A</td>
<td>Provide resources to improve quality of low-income housing without displacement</td>
<td>Outcome 1.2. Increase quality of existing housing and living conditions.</td>
</tr>
<tr>
<td>1.2.B</td>
<td>Expand access to timely legal services to address tenant/living conditions</td>
<td></td>
</tr>
<tr>
<td>1.2.C</td>
<td>Pilot approaches to address overcrowded housing without displacement</td>
<td></td>
</tr>
<tr>
<td>1.3.A</td>
<td>Provide/expand coordinated approach to emergency rental and cash assistance to meet basic needs</td>
<td>Outcome 1.3. Reduce number of people and households experiencing first-time homelessness.</td>
</tr>
<tr>
<td>1.3.B</td>
<td>Provide education about tenant rights and legal support/services to stay housed (and avoid eviction)</td>
<td></td>
</tr>
<tr>
<td>1.3.C</td>
<td>Support continuum of care for people experiencing homelessness</td>
<td></td>
</tr>
<tr>
<td>1.3.D</td>
<td>Support policies that keep people housed</td>
<td></td>
</tr>
</tbody>
</table>

**Goal 2: Increase economic security.**

<table>
<thead>
<tr>
<th>Type</th>
<th>Goal 2 Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.A</td>
<td>Assist low-income residents in receiving Cal Fresh, the Earned Income Tax Credit, Child Poverty Tax Credit, and other benefits</td>
<td>Outcome 2.1. Increase median income for key populations/census tracts.</td>
</tr>
<tr>
<td>2.1.B</td>
<td>Support residents from key census tracts in starting + retaining small businesses (including entrepreneurship)</td>
<td></td>
</tr>
<tr>
<td>2.1.C</td>
<td>Expand use of + support for paid promotores/community health workers and hiring of impacted community members with living wages</td>
<td></td>
</tr>
<tr>
<td>2.1.D</td>
<td>Expand programming and career pipelines linking residents of key census tracts with career pathways and jobs with sustainable wages</td>
<td></td>
</tr>
<tr>
<td>2.1.E</td>
<td>Launch/support living wage and benefits (including expanded paid sick leave) campaign throughout the County (especially for undocumented workers, workers in the care economy, and non-profit workers)</td>
<td></td>
</tr>
<tr>
<td>2.1.F</td>
<td>Develop and promote adoption of anti-racist training, hiring, and employment policies and practices</td>
<td></td>
</tr>
<tr>
<td>2.1.G</td>
<td>Provide increased education and linkage to legal services to ensure worker rights (e.g., safety, timely wages) for West Marin residents, rural agricultural workers, and undocumented workers</td>
<td></td>
</tr>
<tr>
<td>2.2.A. Expand access to affordable, high-quality care (e.g., childcare, early childhood education, enrichment programs, in-home support) for low-income children, youth, and older adults</td>
<td>Outcome 2.2. Decrease percentage of household income spent on essentials.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>2.2.B. Provide universal preschool</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.C. Expand use of whole family/multigenerational approaches (e.g., engaging parents, grandparents, and young children) especially for coordinating services across provider agencies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Goal 3: Increase social connection + sense of belonging.**

<table>
<thead>
<tr>
<th>Type</th>
<th>Goal 3 Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.A. Cultivate new and existing opportunities for Black, indigenous, and youth of color to have decision-making power and create/expand civic leadership pipelines focused on BIPOC</td>
<td>Outcome 3.1. Increase number of BIPOC community members in leadership and decision-making positions.</td>
<td></td>
</tr>
<tr>
<td>3.1.B. Work with local jurisdictions and institutions to adopt policies and practices that increase the number of Black, indigenous, and people of color in leadership and decision-making positions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.A. Support and pilot strategies to reduce social isolation and/or increase inclusion and sense of belonging</td>
<td>Outcome 3.2. Increase sense of connectedness across key populations and settings.</td>
<td></td>
</tr>
<tr>
<td>3.2.B. Expand restorative justice in schools, afterschool programs, and the criminal justice system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.C. Expand peer-based approaches to increase social connection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The core elements of the Marin County Community Health Improvement Plan are goals, outcomes, and strategies. Below we present how each goal and the cross-cutting outcome of addressing racism as a public health issue has a corresponding short-term indicator, population-level indicator, and data source for the population-level indicator.

<table>
<thead>
<tr>
<th>Goal/Outcome</th>
<th>Short-Term Indicator (3-5 years)</th>
<th>Population-Level Indicator</th>
<th>Data Source for Population-Level Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-Cutting Outcome: Address racism as a public health issue.</td>
<td>Percent of jurisdictions within Marin with explicit commitment to reduce racial inequities&lt;br&gt;Number of policies changed or adopted that reduce racial inequities</td>
<td>Decrease in racial disparities or disproportionalities in range of metrics</td>
<td>Multiple; will vary depending on metric</td>
</tr>
<tr>
<td>Goal 1: Increase housing security.</td>
<td>Number of sites identified through General Plan Update processes as potentially sites for new housing development and percent of units likely to be affordable/Below Market Rate</td>
<td>Number of permitted affordable housing units by size and accessibility&lt;br&gt;Number of newly constructed affordable housing units by size and accessibility&lt;br&gt;Indicator related to racial equity related to this strategy to be identified in collaboration with housing workgroup (e.g., fair housing data)</td>
<td>Marin County Community Development Agency and City Planning Departments&lt;br&gt;Association of Bay Area Governments (ABAG)</td>
</tr>
<tr>
<td>Goal/Outcome</td>
<td>Short-Term Indicator (3-5 years)</td>
<td>Population-Level Indicator</td>
<td>Data Source for Population-Level Indicator</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Outcome 1.2. Increase quality of existing housing and living conditions.</strong></td>
<td>Percent of home-improvement related resources (e.g., energy efficiency, retrofitting)</td>
<td>Percent of immigrant families living in overcrowded conditions</td>
<td>American Community Survey</td>
</tr>
<tr>
<td></td>
<td>Number of approaches to pilot that have been identified collaboratively with communities at risk of displacement intended to improve housing quality without displacing tenants</td>
<td>Percent of households without a kitchen and/or plumbing facilities</td>
<td>American Community Survey</td>
</tr>
<tr>
<td><strong>Outcome 1.3. Reduce number of people and households experiencing first-time homelessness.</strong></td>
<td><em>Indicator related to eviction prevention or similar to be identified in collaboration with housing workgroup</em></td>
<td>Number of people and households experiencing first-time (i.e., not chronic) homelessness</td>
<td>Coordinated entry system for homeless services, Homeless census</td>
</tr>
<tr>
<td></td>
<td>Percent of individuals and families experiencing first-time homelessness who are people of color</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goal 2: Increase economic security.</strong></td>
<td><em>Indicator related to benefits utilization/resources to this strategy either in non-white communities and/or in priority census tracts to be identified in collaboration with Social Services Division</em></td>
<td>Median household income for Black/African American and Latinx families</td>
<td>American Community Survey</td>
</tr>
<tr>
<td></td>
<td>Percent of businesses in Marin supported with targeted COVID relief resources owned by people of color</td>
<td>Median household income for all residents in priority census tracts (e.g., those for Marin City, the Canal, and part of Novato)</td>
<td>American Community Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percent of businesses in Marin County owned by people of color</td>
<td>American Community Survey</td>
</tr>
<tr>
<td>Goal/Outcome</td>
<td>Short-Term Indicator (3-5 years)</td>
<td>Population-Level Indicator</td>
<td>Data Source for Population-Level Indicator</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------</td>
<td>----------------------------</td>
<td>--------------------------------------------</td>
</tr>
</tbody>
</table>
| **Outcome 2.2. Decrease percentage of household income spent on essentials.** | Percent of eligible residents who participate in/receive CalFresh. | Percent of renter households in Marin spending 30% or more of their household income on rent  
*Indicator related to affordability of childcare and senior care with corresponding indicator around wages and benefits for care workers – both to be identified in collaboration with the economic security group*  
Racial disparity in prevalence of food insecurity | American Community Survey |
<p>| <strong>Goal 3: Increase social connection + sense of belonging.</strong> | Number of jurisdictions adopting new or revised policies/ procedures for identifying/ recruiting and appointing commissioners, board members, etc. | Percent of people serving on councils, commissions, boards, or other entities subject to the Brown Act who are BIPOC | No standard data source – will need to set up a tracking system (so may start with a few priority entities and expand in the future) |</p>
<table>
<thead>
<tr>
<th>Goal/Outcome</th>
<th>Short-Term Indicator (3-5 years)</th>
<th>Population-Level Indicator</th>
<th>Data Source for Population-Level Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 3.2. Increase sense of connectedness across key populations and settings.</td>
<td>Number of community members engaged through pilot initiatives/activities intended to increase inclusion and sense of belonging and participant evaluation data</td>
<td>Racial disparities in students reporting a high level of school connectedness</td>
<td>California Healthy Kids Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percent of residents 65+ identifying feeling isolated and/or depressed as one of their top six health concerns</td>
<td>American Community Survey</td>
</tr>
</tbody>
</table>