

2022 Community Health Needs Assessment



Kaiser Permanente San Rafael Medical Center

License number: 110000357

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

September 27, 2022



Kaiser Permanente San Rafael Medical Center 2022 Community Health Needs Assessment

CONTENTS

Summary	2
Introduction/background	3
Community served	5
Kaiser Permanente's CHNA process	8
Identification and prioritization of the community's health needs	10
Description of prioritized significant health needs	10
Health need profiles	14
2019 Implementation Strategy evaluation of impact	29
Appendix	
A. Secondary data sources	34
B. Community input	36
C. Community resources	37

Kaiser Permanente San Rafael Medical Center 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente San Rafael Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente San Rafael Medical Center has identified the following significant health needs, in priority order:

1. Access to care
2. Income & employment
3. Housing
4. Mental & behavioral health
5. Education
6. Structural racism
7. Substance use

To address those needs, Kaiser Permanente San Rafael Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

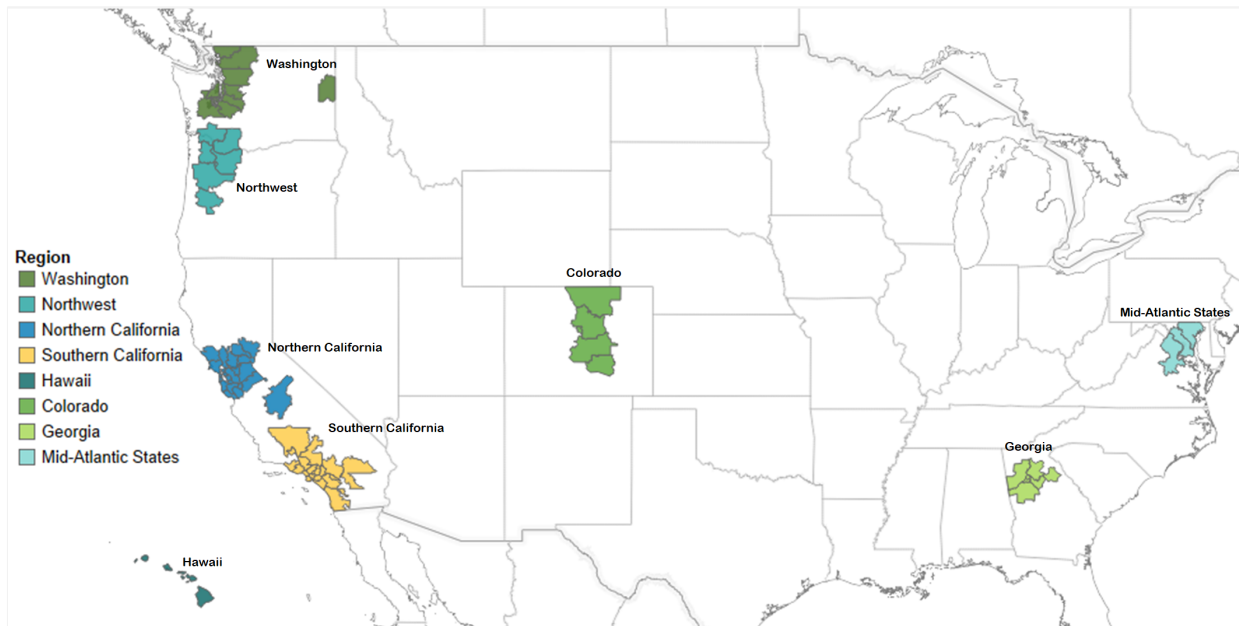
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

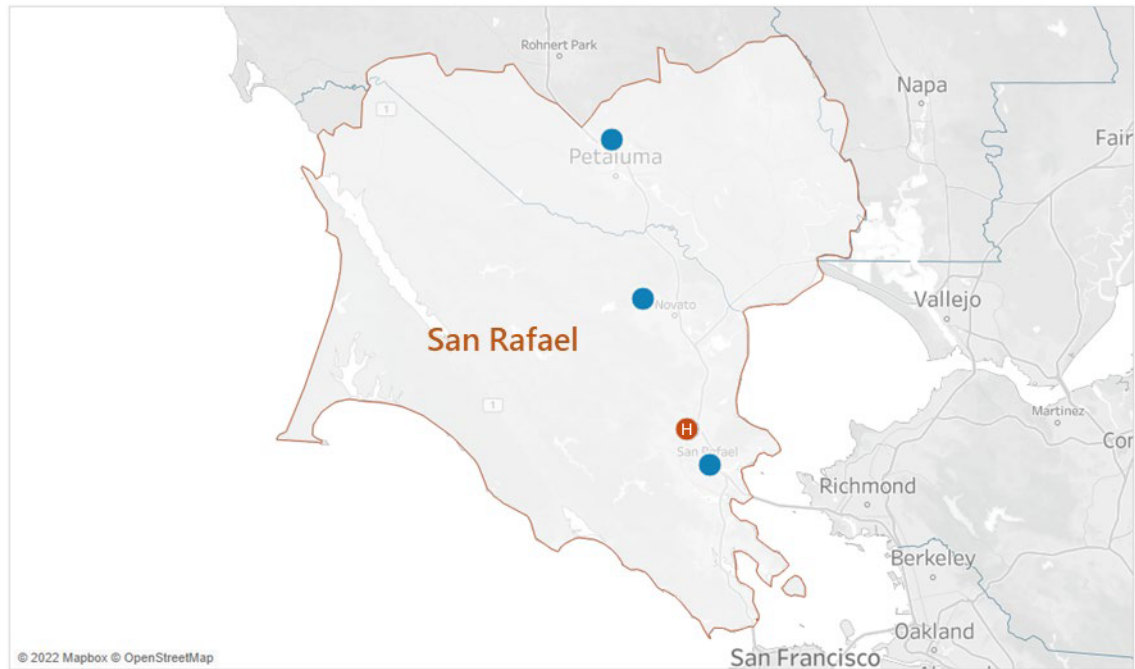
The Kaiser Permanente San Rafael Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente San Rafael Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

San Rafael service area

🏥 Kaiser Permanente hospital ● Kaiser Permanente medical offices



San Rafael service area demographic profile

Total population:	364,577
American Indian/Alaska Native	0.2 %
Asian	5.6 %
Black	2.0 %
Hispanic (Latinx)	19.3 %
Multiracial	3.3 %
Native Hawaiian/other Pacific Islander	0.2 %
Other race/ethnicity	0.3 %
White	69.1 %
Under age 18	19.9 %
Age 65 and over	21.4 %

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic (Latinx), Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

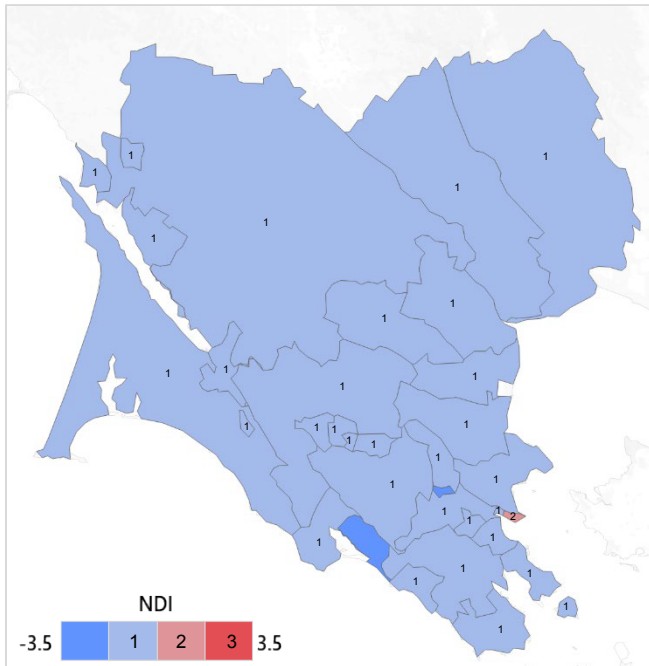
Neighborhood disparities in the San Rafael service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

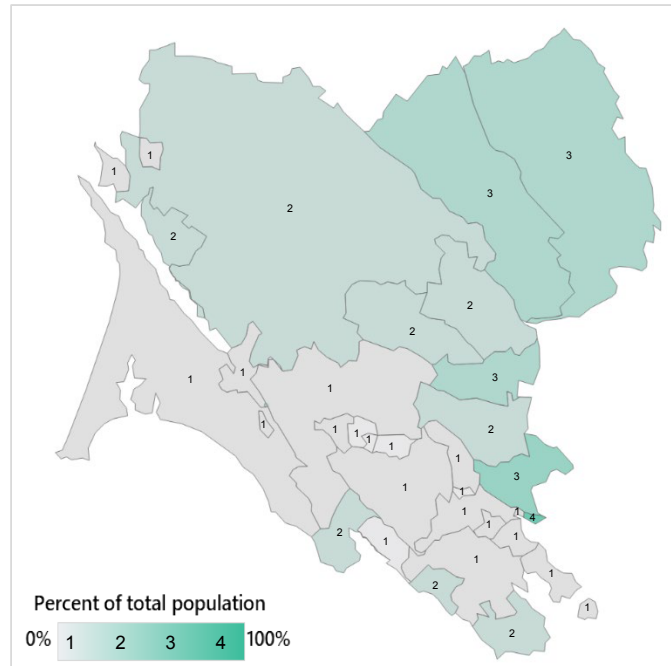
The map on the left shows the NDI for h codes in the San Rafael service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

SAN RAFAEL SERVICE AREA

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Hospitals

Sutter Novato Community Hospital; Marin Health Medical Center

Other organizations

CHNA subcommittee of Healthy Marin Partnership (which included representatives from all 3 hospitals, as well as Marin Community Foundation and Marin County Health & Human Services, Public Health)

Consultants who were involved in completing the CHNA

Harder+Company Community Research (Harder+Company) is a nationally recognized leader in high quality evaluation for learning and action with a team of over 45 researchers throughout California, reflecting the major regions of the state. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts: including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to the CHNA processes. The firm is supporting in the following Kaiser Foundation Hospital service areas: Downey, Fontana and Ontario, Los Angeles, Redwood City, Roseville, Sacramento, San Diego, San Francisco, San Rafael, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, and West Los Angeles.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Fresno Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs.. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente San Rafael Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente San Rafael Medical Center staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente San Rafael Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the San Rafael service area

Before beginning the prioritization process, Kaiser Permanente San Rafael Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of the pandemic on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente San Rafael Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the seven significant health needs.

Description of prioritized significant health needs in the San Rafael service area

1. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the San Rafael service area, although only 4 percent of the population is uninsured, 13 percent of adults reported delaying or having difficulty accessing health care that they felt they needed. This is in part due to rising health care costs and lack of adequate transportation for those living in rural areas. Additionally, access to regular care varies by population: 94 percent of Asian, 93 percent of white, 80 percent of Latinx, and 52 percent of Black residents have a usual source of health care. Interviewed community leaders shared there is a lack of culturally responsive providers and providers focused on the specific care needs of communities of color, LGBTQ+ individuals, as well as a

lack of understanding of the intersectionality of multiple identities. They also identified strategies to address access to care such as expanding health education and outreach; emphasizing the role of Promotores as key health care advocates and trusted messengers in local communities; and working with leaders in multiple sectors in order to create an integrated health care system.

2. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. Although the San Rafael service area is among the wealthiest in California, income, access to employment, and the ability to generate long-term wealth varies greatly throughout the service area. The median household income for white families is twice as high as the median household income of Black and Latinx families. Additionally, 25 percent of Latinx children in Marin County live below the federal poverty level, compared to 6 percent of white, 8 percent of Asian, and 14 percent Black children. This inequity is due to many factors related to the high cost of living and access to good paying jobs in the county. Interviewed community leaders shared that these challenges were furthered by the COVID-19 pandemic, illness, and public health orders limiting which business and services were open to the public, negatively impacting employment and wages – especially for those working in the service sector. To address income inequality in the service area, key informants recommended employers get more creative with salaries, benefits, retention strategies, and recruitment strategies for jobs within Marin County.

3. Housing: Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx renters in particular are more likely to live in cost-burdened households and face housing instability. Housing in the San Rafael service area specifically has become prohibitively expensive, especially for communities of color and households with low incomes. A recent housing study shared that the median home price in the area is \$1,700,000; even with a down payment, that is an average mortgage of over \$6,000 per month. Additionally, nearly 18 percent of individuals in Marin County pay more than 50 percent of income for housing, compared to over 19 percent statewide. There are also racial disparities in access to housing. While 69 percent of white residents and 60 percent of Asian residents in Marin County are homeowners, only 30 percent of Latinx and 26 percent of Black residents are homeowners. Racist and biased practices in mortgage lending have historically made it difficult for Black, Indigenous, and people of color to own homes in the region. Interviewed community leaders shared that previously affordable areas are becoming gentrified and much more expensive. They emphasized that there are many families who have unstable housing and are close to being evicted. They also noted several resources in the service area such as drop-in and evening hours to help with housing applications for bilingual residents who do not have access to a computer, and collaborations among multiple community-based organizations in the region to provide rental assistance during the COVID-19 pandemic.

4. Mental & behavioral health: Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In Marin County the age adjusted rate of death due to suicide, alcohol related disease, and drug over doses per 100,000 population is only slightly better than California as a whole (32.0 compared to 34.3 per 100,000). However, the age adjusted rate of death due to intentional self-harm specifically is higher: 13.2 per 100,000 in Marin County compared to 10.5 per 100,000 statewide. Additionally, there are disparities related to mental and behavioral health. For example, 61 percent of students who are gay, lesbian, or bisexual reported feeling sad or hopeless almost every day compared to 23 percent of students who are straight. Interviewed community leaders noted the need for ongoing support, particularly to address the mental health impacts of recent wildfires and the COVID-19 pandemic. They noted that specific communities such as Latinx and Black residents may be particularly hesitant to utilize mental health or substance use services due to a lack of culturally competent care options. They also identified strategies to address mental and behavioral health such as peer support and drop-in centers.

5. Education: The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration. Access to early learning opportunities is limited for some children in Marin County; 35 percent of Marin County 3-to-5-year-olds are not enrolled in preschool. Additionally, the high school drop out rate of Marin County students increased over the past few years, from 1 percent of students in the 2014-15 school year to 6 percent in the 2016-17 school year. Only 68 percent of Latinx residents have obtained at least a high school diploma, compared to 98 percent of white, 93 percent of Asian, and 85 percent of Black residents. Interviewed community leaders emphasized learning losses for children during school closures due to COVID-19. They noted that remote learning options were very limited for students without reliable internet access. They also emphasized the lack of adequate staff for education positions, particularly preschool teachers and school psychologists.

6. Structural racism: Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices. Black, Indigenous, and people of color experience greater exposure to environmental injustices, reflected in stark differences in health outcomes and life expectancy. Race Counts ranked Marin County as No. 1 among 58 California counties for racial disparity. A study by the Association of Bay Area Governments showed that 3 Marin municipalities – San Anselmo, Ross and Belvedere – were the least racially diverse towns and cities in the Bay Area, with white populations in the high 80 percent range. These disparities can be seen across all health issues and social determinants of health such as education, income, and housing. Interviewed community leaders emphasized that Marin County has many advocates from historically underserved or misrepresented communities who are working to improve conditions and promote equity. A key outcome of the 2021-2023 Marin County Community Health Improvement Plan (CHIP) is to increase the number of Black, Indigenous, and community members of color in

leadership and decision-making positions. More broadly, the Marin County Office of Equity (OOE) recently released an updated Racial Equity Action Plan that includes recommendations on necessary changes across 3 critical focus areas—economic opportunity, housing, and mental health— to catalyze racial equity in Marin.

7. Substance use: Numerous negative health impacts are related to tobacco use, binge drinking, and misuse of prescription and recreational drugs. Excessive alcohol consumption increases risk for high blood pressure, heart disease, and other chronic conditions. While tobacco use has steadily decreased for decades, 15 percent of American adults are current smokers, and smokeless tobacco continues to appeal to youth and young adults. In the San Rafael service area, drug overdose is the number-one cause of accidental death in the county in people under 65 years of age. Additionally, Emergency Department visits due to drug overdose was 130.4 per 100,000 population in 2020. This trend appears to be increasing over time. Substance use among youth is also a concern, particularly among youth of color. Native Hawaiian/Pacific Islander and Black students are the most likely to report recent alcohol or drug use (39 percent and 33 percent respectively). Interviewed community leaders shared that substance use is on the rise, and emphasized the incidence of overdose. They highlighted the need for culturally appropriate services that are tailored to the specific needs of individual communities such as immigrant communities or individuals who are LGBTQ+. They recommended strategies to expand access to mental health and substance use services, such as peer support and drop-in centers.

Health need profiles

Detailed descriptions of the significant health needs in the San Rafael service area follow.

Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Access to quality health care is one of the key drivers of health equity as it is foundational to maintain health, prevent disease, and reduce avoidable disability and premature death. Across all measures, the San Rafael service area is doing better than state or national averages. For example, only 4 percent of the population is uninsured, compared to 8 percent statewide and 9 percent nationally. There is also a high number of medical and dental providers in the service area. There are 67 percent more primary care physicians in Marin County compared to the state average (133.3 compared to 79.8 for every 100,000 residents). There are 28 percent more dentists in Marin County compared to the state average (111.5 compared to 87.0 for every 100,000 residents).

Despite high levels of insurance coverage and providers, 13 percent of adults in Marin reported delaying or having difficulty accessing health care that they felt they needed. Furthermore, access to regular care varies by population: 94 percent of Asian, 93 percent of white, 80 percent of Latinx, and 52 percent of Black residents have a usual source of health care. Additionally, people who recently gave birth and were covered by Medi-Cal were less likely to have a pre-pregnancy usual source of care (64 percent) than those with private insurance (89 percent). Medi-Cal beneficiaries were also less likely to have prenatal care during their first trimester (86 percent) than those with private insurance (99 percent).

Even with health insurance, accessing care is a challenge for some. Although there may be a sufficient number of primary care and dental health providers in the San Rafael service area, increasing health care costs are a key barrier that prevent people from seeking treatment. Interviewed community leaders also talked about the lack of culturally responsive providers and those focused on the specific care needs of communities of color, LGBTQ+ individuals, and a lack of understanding of the intersectionality of multiple identities.

Residents living in rural areas of the county may lack the time or transportation needed to travel to seek care. While access to telehealth services is expanding throughout California, access to these services require adequate technology, literacy, and broadband access.

Having a broader No Wrong Door System of integrated care and investing in that kind of interdisciplinary support that takes more multiple agencies and entities but really puts the individual in addressing their social determinants of health is critical.

– Local nonprofit leader

Interviewed community leaders consistently emphasized resources such as local community clinics who provide much needed services for low-income residents. Additionally, many local community-based organizations are working together to maximize their resources and ensure whole-person care.

Interviewed community leaders agreed that there is a need for expanded health education and outreach for specific populations such as the Black community to connect them to COVID-19 prevention resources. Community leaders also want to see expanded services for transgender youth. Some community leaders talked about the additional barriers ensuring access to care for individuals experiencing homelessness. A leader talked about a woman who could not have a necessary surgery because she didn't have a stable living environment to return to following the procedure.

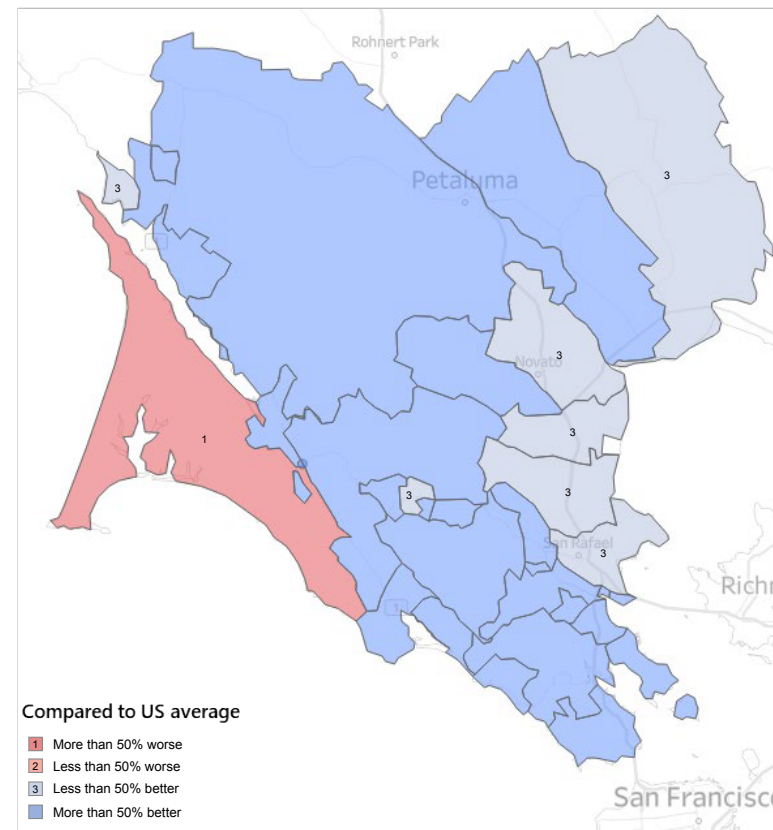
Ultimately, community leaders emphasize the importance of Promotores as key health care advocates and trusted messengers in local communities. Additionally, they recommend that organizations work together and expand relationships to ensure access and cultural appropriate services. They said working with leaders in multiple sectors is needed to create an integrated health care system.

The local clinics were closed for a year. And local services in every aspect, that is medical care, health and human services, were closed so the access was very minimal to our families. Things [have] opened up, but I believe that now we need to do some outreach to bring them back to services that they were getting prior to the pandemic.

– Nonprofit leader

PERCENT UNINSURED, SAN RAFAEL SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with the highest uninsured rates in the service area.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Low-income Americans are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants.

Compared to white Americans, Black, Hispanic, or American Indians are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Stable income and employment ensure people have the financial resources, public supports, career and educational opportunities necessary to be able to live their fullest life. As such, this health need touches upon every other health-related issue in the Marin community from mental health to housing. At a high level, the San Rafael service area is the wealthiest in California. Marin County residents have the highest median income (\$111,415) and one of the lowest poverty rates (7 percent). The unemployment rate (13 percent) is lower than the state average (16 percent). However, several disparities in income, access to employment, and ability to generate long-term wealth exist throughout the service area.

The median household income for white families is twice as high as the median household income of Black and Latinx families. Additionally, 25 percent of Latinx children in Marin County live below the federal poverty level, compared to 6 percent of white, 8 percent of Asian, and 14 percent Black children. This inequity is due to many factors related to the high cost of living and access to good paying jobs in the county. Nearly half of Marin County residents (45 percent) spend more than 30 percent of their income on rent. While the overall unemployment rate is similar to the state, 9 percent of Black residents are unemployed compared to 4 percent of white, Asian, and Latinx residents. Additionally, many working families are still living in poverty due to wages that do not keep pace with the high cost of living.

These inequities were widened by the COVID-19 pandemic, illness, and social policies limiting which business and services were open to the public, especially for those working in the service sector. Many families were unable to pay rent or medical bills, lost wealth, and accrued household debt. Additionally, interviewed community leaders shared that many families seek to save on housing costs by living in single family housing with multiple families. Furthermore, community leaders shared that it is difficult to retain the essential workforce in Marin, particularly during the pandemic. Traffic into the area is also a barrier that limits the ability of people who live outside the county to commute in Marin for jobs.

Why do we see that the white group is not questioned as much as the other groups [who are] being asked, judged ... how come she's driving this car, she cannot pay for food? They should be saving their money. We don't know if the clothes that they're wearing has been given. We don't know if they own the car and they are paying their car because they got tired of fixing the old car. We don't see that. And instead of saying, oh, good, this family is advancing, this family is trying to do better, they got out of the hole of being fixing the car month after month ... to me, that's equity.

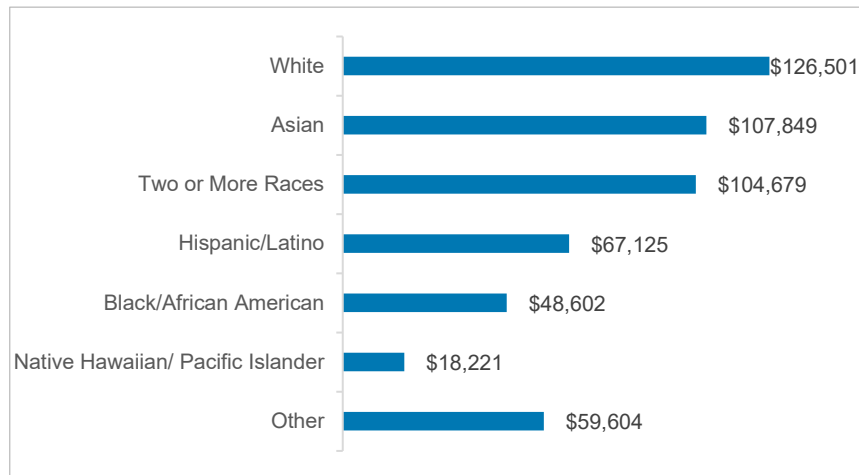
– Nonprofit leader

Another key issue that community leaders discussed is the inequities in high-speed internet access across the county. While an average of 90 percent of residents have access to high-speed internet in Marin County, that number drops to as low as 67 percent in the town of San Geronimo (ZIP code 94933). One community leader said that 25 percent of households making under \$35,000 per year do not have internet access compared to only 3 percent of those who are making over \$75,000.

To address income inequality in the service area, community leaders recommended employers get more creative with salaries, benefits, retention strategies, and recruitment strategies for jobs within Marin County. To hire outreach workers, one organization had success in decreasing their education and experience requirements for the job and providing training to workers. Other community leaders recommended a countywide professional growth path for young people in the workforce that will include training for time management, project management, and facilitation.

MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY, MARIN COUNTY

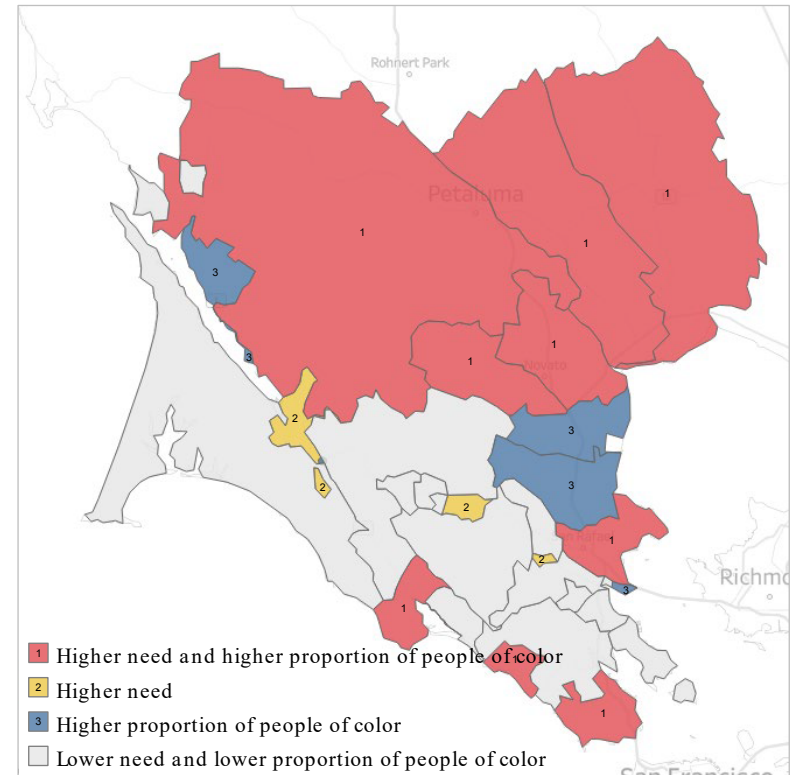
The chart below shows the median household income by race/ethnicity in Marin County.



Source: [Healthy Marin County \(American Community Survey 2015-19\)](#)

UNEMPLOYMENT, SAN RAFAEL SERVICE AREA, 2020

Areas shaded red (1) are ZIP codes with **people of color greater than 25 percent** of the population and the **highest unemployment rates** in the service area.



Source: [Kaiser Permanente Community Health Data Platform](#)

We're asking people to give up an hour of their day to drive and gas is expensive and they have to cross bridges. And so, it's just so much cheaper if you live in neighboring counties to just say, you know what? It's a little bit less money, but I don't have this hour commute. I'm going to stay here.

– Nonprofit leader

Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the national eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time, and even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

California has some of the most expensive real estate in the country, particularly in the Bay Area. Housing in the San Rafael service area specifically has become prohibitively expensive, especially for communities of color and households with low incomes, exacerbating the ability to access affordable health care and other basic needs.

The overall housing affordability index is 68 for Marin County, compared to 88 across California and 155 nationwide, meaning it costs much more for a typical resident in Marin County to purchase a home than it does in other areas. According to recent data from the Marin Community Development Agency, the median home price in the area is \$1,700,000; even with a down payment, that is an average mortgage of over \$6,000 per month. Additionally, 18 percent of individuals pay more than 50 percent of income for housing, compared to 19 percent statewide. The median rental cost is \$2,103, nearly \$400 more than across California and \$1,000 more than the United States. Nearly a quarter of Marin residents (23 percent) have severe housing problems, which include overcrowding, high housing costs, lack of kitchen or plumbing facilities.

There are several racial disparities related to housing. While 69 percent of white residents and 60 percent of Asian residents in Marin County are homeowners, only 30 percent of Latinx and 26 percent of Black residents are homeowners. Racist and biased practices in mortgage lending such as redlining, restrictive covenants, FHA mortgages for whites only, GI bills favoring whites, steering policies by realtors, and Fair Housing laws have historically made it difficult for Black, Indigenous, and people of color to own homes in the region. The rate of subprime loans for Pacific Islander borrowers is more than 2 times higher than that of white borrowers (1.7 out of every 100,000 applications compared to 0.6). Black households have the highest foreclosure rate at 2.5 per 10,000 households (compared to the countywide average of 1.6 per 10,000 households).

Interviewed community leaders talked about how the high cost of housing is causing multiple families to live together in a single home. They also discussed how previously affordable areas are becoming gentrified and much more expensive. They emphasized that there are a lot of families with unstable housing, particularly those who might be close to being evicted and those who are living in spaces with poor living conditions like exposure to rodents and no clean running water.

I think that if you don't have a safe, affordable place to live ... You might not be able to afford to be able to meet your health needs.

Homelessness is also a major issue in the San Rafael service area. Black residents are 17 percent of the homeless population in Marin, but only 2 percent of the total county population. Interviewed community leaders noted the high percentage of students experiencing homelessness.

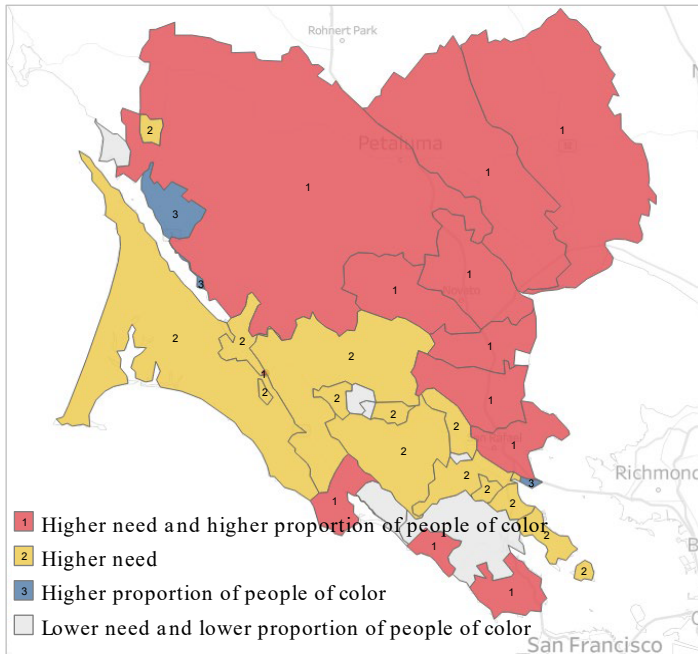
Community leaders mentioned several resources in the San Rafael service area. For example, staff and volunteers in housing organizations created drop-in and evening hours to help with housing applications for bilingual residents who do not have access to a computer. Multiple community-based organizations in the region collaborated to provide rental assistance during the COVID-19 pandemic. Providers in the homeless sector and those working with disabled people have started to coordinate care, focusing on whole person care. Community leaders recommended expanding investments in housing and accessible living communities, especially for the older and disabled populations.

Significant in San Rafael is the homeless population... Probably over 25 percent of students are either homeless, which means they actually are living without a home or they're what's called precariously housed, which means they might be sharing an apartment with three families. So, they don't have their own place to sleep, or they don't have their own place to do homework. They don't necessarily have a quiet environment to do homework. They're living with a lot of stress with that crowded of a space.

– Youth service provider

SEVERE HOUSING COST BURDEN, SAN RAFAEL SERVICE AREA, 2015-2019

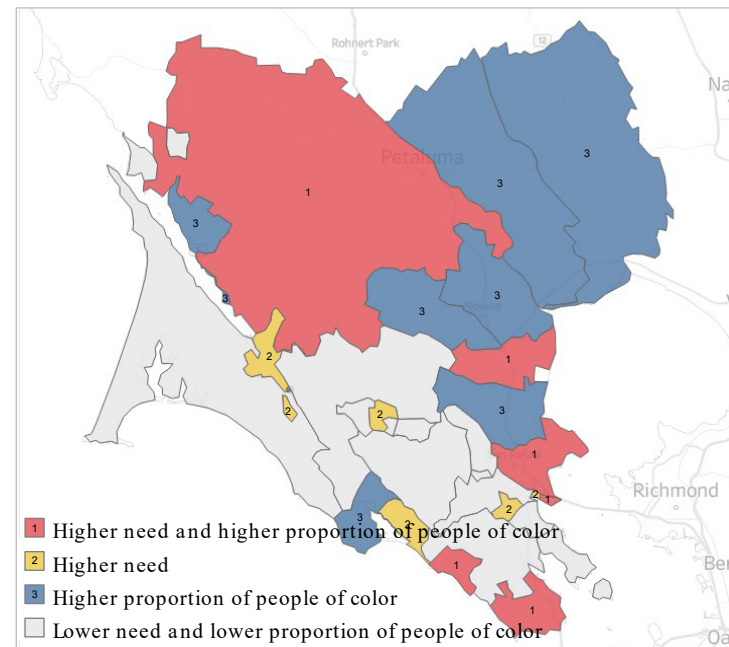
Areas shaded red (1) are ZIP codes with **people of color greater than 25%** of the population and the **highest housing cost burden** in the service area.



Source: [Kaiser Permanente Community Health Data](#)

HOME OWNERSHIP RATE, SAN RAFAEL SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with **people of color greater than 25%** of the population and the **lowest home ownership rates** in the service area.



Source: [Kaiser Permanente Community Health Data](#)

Health need profile: Mental & behavioral health



Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Residents in Marin County display significant needs related to mental health. Across most measures, mental and behavioral health needs in the San Rafael service area are similar or better than state and national benchmarks. The age adjusted rate of death due to deaths of despair (death due to suicide, alcohol related disease, and drug over doses) is only about 7 percent better in Marin County compared to California as a whole (32.0 compared to 34.3 for every 100,000 residents). However, the age adjusted rate of death due to intentional self-harm is 26 percent higher: 13.2 for every 100,000 residents in Marin compared to 10.5 statewide. Marin County residents reported 3.6 poor mental health days per month which is similar to California and the nation (3.7 days and 4.0 days respectively). Marin County has a much higher rate of mental health providers per 100,000 population than California (668.3 compared to 352.3). However, the demand for mental health services continues to outweigh the number of available providers.

Racial and ethnic differences in rates of suicidal ideation, suicide attempts, and suicide deaths exist at the national level and are pertinent to the San Rafael service area. According to the Suicide Prevention Resource Center, American Indian/Alaska Native adults are at the highest risk for past-year suicide-related thoughts, followed by Latinx and white adults equally. In the past-year, suicide attempts were highest among Black adults followed by Latinx, then white and American Indian/Alaska Native adults equally. Racial and ethnic groups differ in their access to culturally appropriate behavioral health treatment, experiences of discrimination and historical trauma, and other factors that may be related to suicide risk.

Additional resources for mental and behavioral health are needed. According to the 2019 Marin County Community Health Assessment, 26 percent of adults in Marin County report needing help with mental, emotional, or substance abuse problems. Interviewed community leaders noted the need for ongoing support, particularly to address the mental health impacts of recent wildfires and the COVID-19 pandemic. Community leaders also stressed the importance of de-stigmatizing mental health, recognizing it as part of overall health and wellness.

Mental health, I believe it's also something that we should pay attention, especially because the isolation that many families went through. But also, how we can address this specific issue because there's taboo around it? I believe that we should think of strategies to outreach to the families who do not believe in mental illnesses or who are embarrassed, afraid of the stigma behind it. How we can address it and how we can outreach to those families?

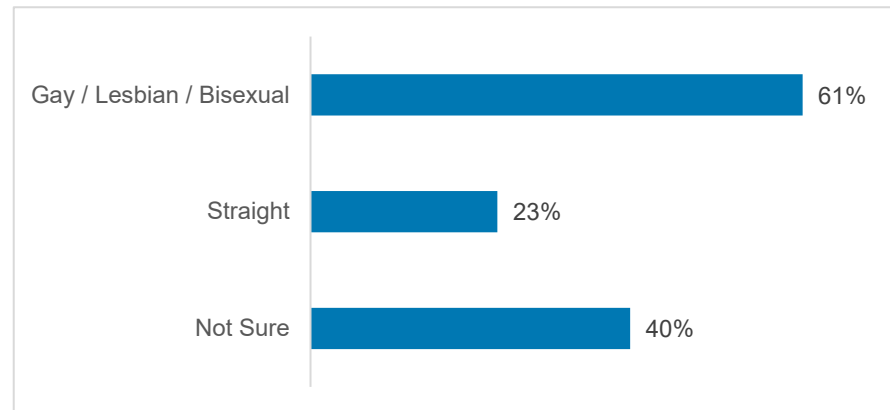
– Nonprofit leader

Community leaders also identified barriers to mental and behavioral health services. They noted the need to build trust between clients and providers to reduce the stigma around seeking care. They emphasized that specific communities such as Latinx and Black residents may be particularly hesitant to utilize mental health or substance use services. They recommended providers further explore reasons why specific community members do not seek help.

Interviewed leaders also talked about the specific impacts of isolation and loss due to the COVID-19 pandemic on youth and the ongoing need for school-based mental health services. They also noted the need for increased services to support the LGBTQ+ population. Data show that LGBTQ+ youth may be at increased risk for depression-related feelings.

One key resource in the county is a mental health and substance use peer support drop-in center in San Rafael. However, interviewed community leaders noted that services may not be equally accessible in all areas of Marin County. For example, service providers noted that although there is a teen clinic in Novato, there is a need for expanded services throughout the rest of the service area.

STUDENTS WITH DEPRESSION-RELATED FEELINGS, BY SEXUAL ORIENTATION, MARIN COUNTY, 2017-2019



Source: *Kidsdata.org*

Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who said “yes”, they felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities in the previous year.

We're seeing through school-based mental health ... the increased stressors and part of it is social isolation during the pandemic. But we're just seeing the mental health needs of young people explode in Novato... we can't even keep up with the need here. There's wait lists. We don't have enough counselors on school sites... How do we make sure these young people are cared for?

– Nonprofit leader

Health need profile: Education



The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of low-income children do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

Educational attainment is linked to health throughout the lifespan. While some education outcomes are higher for Marin County than the rest of California, disparities—particularly among English language learners, Black, and Latinx students—indicate that educational equality is a high concern in the county. Education in the San Rafael service area has a similar story to other priority health needs in the area; overall data indicates a relatively low need, but inequities exist.

Most Marin County residents have a high school diploma; 92 percent compared to 82 percent in California and 88 percent nationally. While 20 percent of adults have some college education, which is only slightly lower than the state and national average (21 percent), the high school dropout rate among Marin County students increased over the past few years, from 1 percent of students in the 2014-15 school year to 6 percent in the 2016-17 school year. Only 68 percent of Latinx residents have obtained at least a high school diploma, compared to 98 percent of white, 93 percent of Asian, and 85 percent of Black residents.

Compared to other California counties, Marin County has a higher proportion of 3rd grade students proficient in English and Math. However, this varies among racial/ethnic groups. While 78 percent of Asian students and 76 percent of white students are proficient, only 33 percent of Latinx students and 28 percent of Black students meet third-grade proficiency standards in English and Math.

Many interviewed community leaders emphasized learning loss among students during school closures due to the COVID-19 pandemic. They noted that remote learning options were very limited for students without reliable internet access.

Talking about education, I believe that it also worsened and especially because we live in a rural area with limited access to internet connection. And a lot of students relied on this internet connectivity and many families traveled to get that. One, because they didn't have the means. Second, because there is no connectivity.

– Nonprofit leader

Access to early learning opportunities is limited for some children in Marin County, 35 percent of Marin County 3-to-5-year-olds are not enrolled in preschool. Novato, as well as parts of Marin City, have the lowest percentage of preschool enrollment and higher percentages of non-white residents in the service area (ZIP codes 94947 and 94965).

Geographic disparities also exist when looking at high school and college levels. While these rates are relatively high in Marin County overall (92 percent and 20 percent), it varies by area. In Inverness, only 82 percent of residents have a high school diploma. The southern part of the county has the lowest rates of some college education, as low as 8 percent in Larkspur and none in San Geronimo. Local experts say that lower rates of high school completion among the Latinx population is often due to migration and immigration status as students move around a lot.

Another issue raised by interviewed community leaders is the lack of adequate staff for education positions, particularly preschool teachers and school psychologists. The cost of affordable childcare and lack of adequate spots is a challenge for many parents. Additionally, some school districts are having difficulty filling open school psychologist positions, particularly those with experience serving students with special needs.

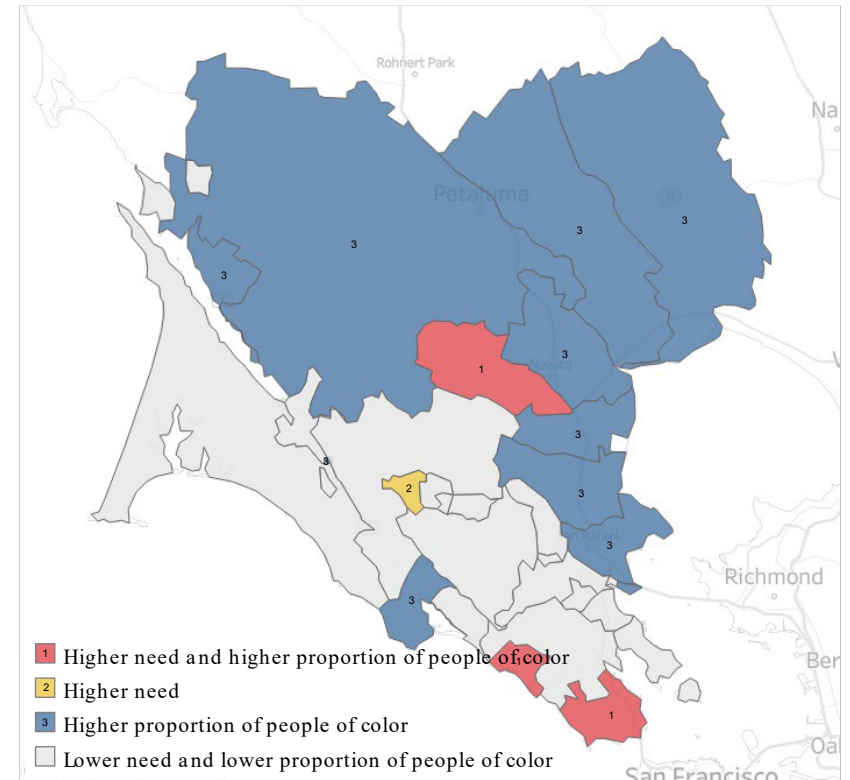
Community leaders recommended supporting strategies that address the teacher shortage in early childhood education by supporting pipeline and training programs. They also recommend supporting strategies that address the digital divide so that children across the service area can participate in remote learning options when needed.

This may be the same in some of the other larger school districts, [that] they can't hire enough special needs psychologists. So, there's a shortage here. We had a situation at one school that resulted in the police involvement, but we talked to [the school district] after and asked why was there not a special needs psychologist on staff? They said we have all these open positions, but we can't attract the staff here.

– School district official

PRESCHOOL ENROLLMENT, SAN RAFAEL SERVICE AREA, 2015 - 2019

Areas shaded red (1) are ZIP codes with **people of color greater than 25%** of the population and the **lowest preschool enrollment** in the service area.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Structural racism



Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, Indigenous, and people of color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

These existing inequalities and disparities have been laid bare by the COVID-19 pandemic. The public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap in our country even further.

Structural racism has resulted in long-term, multi-generational adverse impacts on educational attainment, economic opportunities (including home ownership and income), health outcomes, overall well-being and life expectancy (Beyond Health Care, 2018). The majority of Marin County’s population is white (74 percent), while Latinx residents make up the second largest ethnic group (17 percent). Race Counts ranked Marin as No. 1 among 58 California counties for having the worst racial disparity. A study by the Othering & Belonging Institute showed that three Marin municipalities – San Anselmo, Ross and Belvedere – were the least racially diverse towns and cities in the Bay Area, with white populations in the high 80 percent range.

Life expectancy for Black residents in Marin is 78 years, compared to 85 years for white, 88 years for Latinx, and 90 years for Asian residents indicated racial/ethnicity disparities in health outcomes. Interviewed community leaders emphasized the need for tailored, culturally relevant care for diverse populations and the importance of promotores or community health workers as trusted health messengers. Additionally, community leaders noted the need to build trust between Latinx and Black clients and behavioral health providers to reduce the stigma around seeking mental health or substance use services.

Disparities also exist in multiple social determinants of health such as education, income, and housing. A 2018 report by Latino Futures and Canal Alliance notes that as the Latinx population has grown in Marin, their poverty level has also increased, while poverty rates for white, Asian, and Black residents have remained fairly flat in recent years. Only 24 percent of Black and Latinx residents are homeowners, compared to 66 percent of white residents. Long standing policies such as redlining, restrictive covenants, FHA mortgages for whites only, GI Bills favoring whites, steering policies by realtors, and Fair Housing laws have historically made it difficult for Black, Indigenous, and people of color to own homes in the region. Additionally, student debt and stagnant wages make it difficult for residents of color to accumulate sufficient funding for a down payment and closing costs. These factors can put additional financial stress on a population that is already marginalized, creating additional barriers to things such as academic achievement. While 78 percent of Asian students and 76 percent of white students are proficient in English and Math standards, only 33 percent of Latinx students and 28 percent of Black students meet third-grade proficiency standards in English and Math.

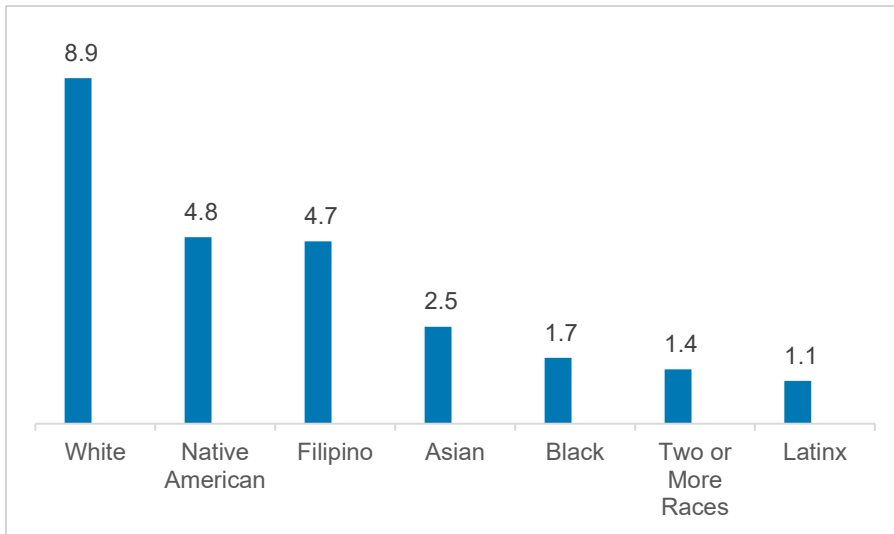
I'm going back again to the undocumented community. They are left out all the time with community services. They're the most financially disadvantaged and they do not have equal access to health care, bottom line, in every aspect; medical, mental, and dental. Their access to the service is very, very minimal. So, to me, that's an equity issue.

– Nonprofit leader

Interviewed community leaders emphasized that Marin County has many advocates from historically underserved or misrepresented communities who are working to improve conditions and promote equity. Additionally, they emphasized the role health care providers play in addressing institutional and system-level racism in the area. Additionally, a target outcome of the 2021-2023 Marin County Community Health Improvement Plan (CHIP) is to increase the number of leadership and decision-making positions for Black, Indigenous, and community members of color. Recommended strategies include cultivating new and existing opportunities for youth of color to have decision-making power and expanding civic leadership pipelines focused on increasing active participation among these communities in local government and institutions. More broadly, the Marin County Office of Equity recently released an updated Racial Equity Action Plan that includes recommendations on necessary changes across three critical focus areas—economic opportunity, housing, and mental health—to improve racial equity in Marin.

TEACHERS AND STAFF BY RACE PER 100 STUDENTS OF THAT RACE, MARIN COUNTY, 2018-19

The rate of teachers and staff of the same race per 100 students.



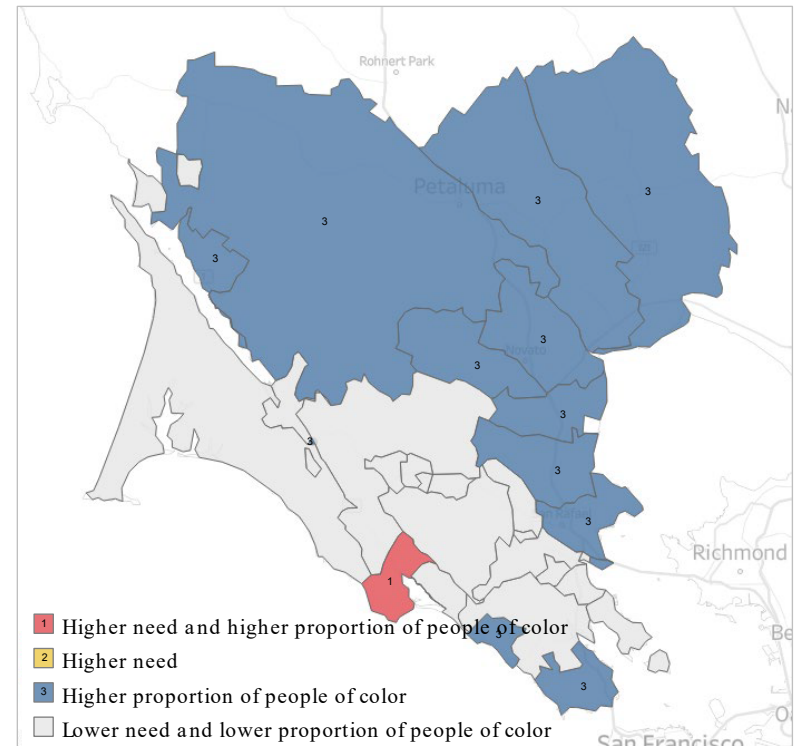
Source: [Race Counts: California Department of Education \(2018-19\)](#)

I think if we don't call out just racism and the underlying systemic racism that has kept BIPOC community members from accessing health, maintaining or achieving their [optimal] ages. There's this underlying racism across the county that needs to be called out.

– Nonprofit leader

POVERTY RATE, SAN RAFAEL SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with **people of color greater than 25%** of the population and the **highest poverty rates**.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Substance use



Numerous negative health impacts are related to tobacco use, binge drinking, and misuse of prescription and recreational drugs.

Excessive alcohol consumption increases risk for high blood pressure, heart disease, and other chronic conditions. Over a quarter of motor vehicle fatalities in the U.S. involve alcohol.

Use of opioids has increased during the COVID-19 pandemic, yet opioid overdose deaths were increasing even before the pandemic, in part because of the ubiquity of fentanyl in street drugs.

Overdose mortality rates grew more for people of color than for white populations; effective treatments like buprenorphine are largely unavailable for people of color.

Smoking causes cancer, heart disease, and lung diseases and kills nearly half a million Americans each year. While tobacco use has steadily decreased for decades, 15 percent of American adults are current smokers, and smokeless tobacco continues to appeal to youth and young adults.

Substance use is an ongoing issue in the San Rafael service area, and something that interviewed community leaders say is getting worse over time. In Marin County, drug overdose is the number-one cause of accidental death in the county in people under 65 years of age. Additionally, Emergency Department visits due to drug overdose was 130.4 per 100,000 residents in 2020. This trend appears to be increasing over time.

Substance use is only slightly worse than California as a whole. The age-adjusted opiate death rate is 6.3 per 100,000 residents, which is slightly higher than the state average of 5.7. Additionally, 21 percent of adults in the service area aged 18 years and older self-reported heavy alcohol consumption (compared to 20 percent in California and 19 percent nationwide). Alcohol played a role in 32 percent of motor vehicle crash deaths in Marin County. This rate is higher than state and national averages (29 percent and 28 percent, respectively).

Substance use among youth is also a concern, particularly among youth of color. Native Hawaiian/Pacific Islander and Black students are the most likely to report recent alcohol or drug use (39 percent and 33 percent, respectively). National studies show a link between substance youth and education indicators: youth who report substance use are more likely to skip school and have lower grades than those who do not report substance use.

Substance use is an issue in Marin [County]. If we want to look at hardcore, measurable, we have more substance use than in most other counties. I think it does connect to ... some of the unique stresses in a county like Marin, and how people can sometimes self-medicate with substances at higher rates as a result of that. Overdose deaths are higher, binge drinking rates are higher, rates of substance use disorder are higher.

– Public health expert

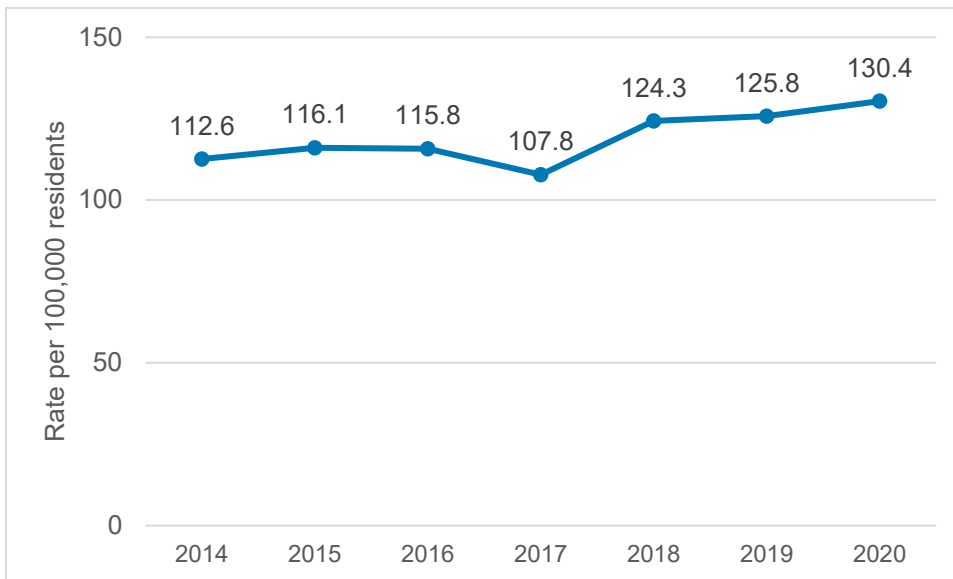
Interviewed community leaders talked about the increase in substance use, and particularly the incidence of overdose. They highlighted the need for culturally appropriate services that are tailored to the specific needs of individual communities such as immigrant communities or individuals who are LGBTQ+. One leader shared that a mental health and substance use peer support drop-in center in Marin County which will expand access to these services.

Regarding mental health, I believe that that issue also increased or the need for support on this area increased because [of] the pandemic. Students being also isolated, parents being isolated and very little communication with the outside world, I believe that their mental health worsened and the substance abuse increased.

– Local health provider

EMERGENCY DEPARTMENT VISITS DUE TO DRUG OVERDOSE IN MARIN COUNTY, 2020

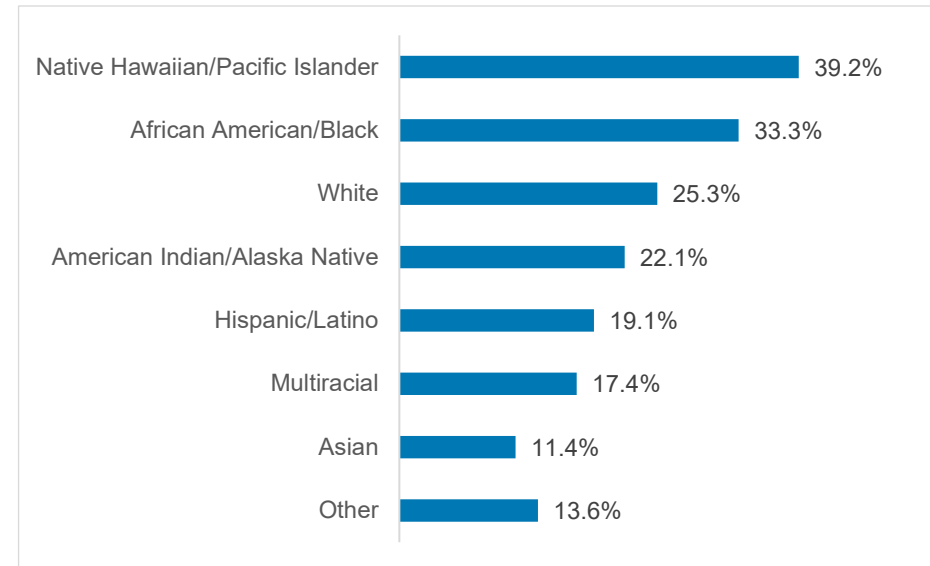
Age-adjusted Emergency Department visits per 100,000 population due to drug overdose.



Source: [California Opioid Overdose Surveillance Dashboard](#)

STUDENT ALCOHOL/DRUG USE IN IN MARIN COUNTY, 2017-2019

Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who have used alcohol or drugs (excluding tobacco) in the previous 30 days, by race/ethnicity.



Source: *Kidsdata.org, West Ed, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education*

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The San Rafael service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Examples of key resources available to respond to the identified health needs of the community are listed in Appendix C. Please note that this is not a comprehensive list of all resources available in the service area.

Kaiser Permanente San Rafael Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente San Rafael Medical Center’s 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente San Rafael Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care and Coverage
2. Economic Opportunity
3. Educational Attainment
4. Mental Health and Wellness

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente San Rafael Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente San Rafael Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 10 grants totaling \$812,745 in service of 2019 IS health needs in the San Rafael service area.

One example of a key accomplishment in response to our 2019 IS includes Early Childhood Training to education providers. Community Action Marin was awarded \$25,000 to fund a pilot Early Childhood Training program for Family Child Care providers in Marin County from July 2020 through December 2021. This project is a continuation of the KP funding that began in 2017 and has been hugely successful year over year. Funding was used to connect people from lower-income backgrounds into quality careers to promote upward economic mobility by creating a comprehensive early childhood care and education pathway that trains individuals to become licensed Family Childcare Providers, primarily in the Canal, West Marin, and Marin City areas. A total of 28 individuals participated in the training and 13 completed the Child Development Associate Credential training. Training included 3 ECE courses, financial literacy coaching; tutoring and mentoring; as well as participation in an ongoing culturally conscious learning cohort.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. In 2021, Kaiser Permanente continued to play a critical leadership role in responding to the evolving needs of our members and community during the pandemic. For example, Kaiser Permanente allocated \$175,000 in the San Rafael Medical Center Area to deploy grassroots strategies to increase uptake in COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to access, and address misinformation about vaccine safety and efficacy. With its \$25,000 grant, Canal Alliance brought COVID-19 vaccines to low-income Latinx immigrants through its 40 pop-up clinics held throughout the Canal neighborhood in San Rafael, which provided 12,000 vaccinations to residents facing significant obstacles to vaccine access (e.g., language, digital divide).

Kaiser Permanente San Rafael Medical Center 2019 IS priority health needs and strategies

Access to Care and Coverage

Care and coverage: Kaiser Permanente San Rafael Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	10,363	11,936	\$9,488,056	\$2,030,994
Charitable Health Coverage	82	67	N/A	\$174
Medical Financial Assistance	3,419	2,808	\$4,520,862	\$4,370,857
Total care & coverage	13,864	14,811	\$14,008,918	\$6,402,025

Other access to care and coverage strategies: During 2020-2021, 26 grants were awarded to community organizations, for a total investment of \$644,646 to address access to care and coverage in the San Rafael service area.

Examples and outcomes of most impactful other strategies

Disaster Response

La Luz Center was awarded \$75,000 to increase vaccination rates among the communities hardest hit by the pandemic and address inequitable access barriers that prevent timely vaccination. The program served about 6,200 Black, Brown, Indigenous and other people of color via vaccine outreach and reminders as well as provided support, communication, and meals to essential volunteers at the vaccine clinic.

Safety Net

RotaCare Bay Area was awarded \$25,000 to provide medical care for adults who are uninsured, under-insured, or experiencing hardship, free of cost. The program is expected to serve 450 individuals with medical services.

Economic Opportunity

During 2020-2021, 18 grants were awarded to community organizations for a total investment of \$363,050 to address economic opportunity in the San Rafael service area.

Examples and outcomes of most impactful strategies

Housing for Health

St. Vincent de Paul Society was awarded \$95,000 over 12 months to develop a collaborative accelerator project, called Ending Veteran Homelessness in Marin County. The program served 40 homeless veterans to link them to permanent supportive housing. The grant supported a new Veteran Outreach/Housing Navigator who conducted outreach to locate and engage homeless veterans, work with them to apply for and secure housing, and provide appropriate wraparound case management services.

Strengthening Community

La Luz Center was awarded \$50,000 to increase economic stability for Latinx residents in the region by enhancing preventive wrap-around services. The program is expected to serve about 1,785 predominantly Latinx individuals with services such as housing rights education, enrollment assistance for public and local health benefits, and employment support.

ECE Family Childcare Workforce Project

Community Action Marin was awarded \$25,000 to address shortages of qualified early childhood educators by providing a comprehensive support system through a collaboration of education and employment programs that will focus on increasing the availability of childcare slots for children ages 0-3 in licensed family childcare homes. The program is expected to serve about ten individuals to become licensed Family Childcare Providers, who hold a Child Development Associate (CDA) credential. The project also provides a pathway for existing assistant teachers to secure an Associate Teacher permit which leads to career advancement and increased wages.

Educational Attainment

During 2020-2021, 12 grants were awarded to community organizations for a total investment of \$344,620 to address educational attainment in the San Rafael service area.

Examples and outcomes of most impactful strategies

Trauma-Informed Early Childhood Education

Horizon Community School was awarded \$25,000 to provide a high-quality, trauma-informed early childhood education program. The program is expected to serve about 36 low-income Marin City children and their families in the 2021-22 school year. Students will be assessed for developmental and speech delays and receive appropriate services and referrals and parents and teachers will have increased capacity to manage effects of trauma.

School Readiness for Children Entering Kindergarten

North Bay Children's Center was awarded \$50,000 over 24 months to improve school readiness for children entering kindergarten. The program is expected to provide training targeted at program quality improvement to 8 site supervisors and 49 teachers. Additionally, the program seeks to improve developmental growth in 290 students by expanding learning opportunities in social and emotional learning, mathematics, language and literacy, motor control, science, and writing competencies.

Canal Alliance University Prep! (UP!)

Canal Alliance was awarded \$50,000 for their college access and success program that addresses a significant academic achievement gap in Marin County by supporting Latinx youth from low-income, Spanish-speaking families with recent immigration experiences to graduate from high school and obtain a four-year college degree. In the 2021-2022 school year, UP! will provide academic support to approximately 90 middle and high school youth and 73 college students.

Mental Health and Wellness

During 2020-2021, 16 grants were awarded to community organizations for a total investment of \$254,281 to address mental health and wellness in the San Rafael service area.

Examples and outcomes of most impactful strategies

Huckleberry's Teen Care Continuum

Huckleberry Youth Programs was awarded \$25,000 to provide adolescents and transition age youth (TAY) ages 12-25 in San Rafael with a continuum of critical opportunities that facilitate access to mental and behavioral health services for underserved youth. The program is expected to serve about 1300 unserved youth through outreach and prevention education, screening and assessment, and brief intervention and counseling. The Teen Care Continuum will prevent and intervene in mental health and substance misuse concerns, using a highly tailored approach to service delivery that has been explicitly designed to improve access and outcomes for young people, particularly for youth of color.

Domestic Violence Parent/Child Therapy

The Center for Domestic Peace was awarded \$25,000 to provide Domestic Violence Parent/Child Therapy known as "In This Together." The program is expected to provide trauma-informed bilingual child/parent therapy and accompanying case management to 40 non-abusing parents with 50 children experiencing domestic violence in Marin.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

	Source	Dates
1.	Advancement Project California; RACE COUNTS	2021
2.	California Opioid Overdose Surveillance Dashboard	2020
3.	County of Marin Community Development Agency, Homeownership in Marin	2021
4.	Healthy Marin Partnership, Marin County Community Health Assessment	2019
5.	Healthy Marin Partnership, Healthy Marin County	2021
6.	Latino Futures and Canal Alliance, Latinos & Education in Marin	2018
7.	Marin County Office of Equity (OOE) Racial Equity Action Plan	2022
8.	Public Health Alliance of Southern California, Healthy Places Index	2021
9.	Suicide Prevention Resource Center, Rates of Suicide by Race/Ethnicity in the U.S.	2010 - 2019
10.	UC Berkeley, Othering & Belonging Institute, Racial Segregation in the San Francisco Bay Area	2019
11.	West Ed, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Small group interview	Community Action Marin North Marin Community Services	2	Climate and Environment	Representatives	10/07/2021
2	Key informant interview	Marguerita C. Johnson Senior Center	1	Older Adults	Representative	10/04/2021
3	Key informant interview	Marin Asian Advocacy Project	1	Vietnamese immigrant communities	Representative	10/05/2021
4	Key informant interview	Marin Center for Independent Living	1	Individuals living with disabilities	Representative	9/22/2021
5	Small group interview	Marin City People's Plan Multicultural Center of Marin	2	Climate and Environment	Representatives	10/20/2021
6	Key informant interview	Marin Health and Human Services	1	Public health	Leader	10/19/2021
7	Key informant interview	Marin Promise Partnership	1	Education equity and youth isolation	Representative	10/19/2021
8	Key informant interview	Spahr Center	1	LGBT population	Representative	10/21/2021
9	Key informant interview	West Marin Community Services	1	West Marin/ rural population	Representative	09/22/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Community Action Marin	Community Action Marin breaks down the barriers that get in the way of anyone in the community being able to support themselves, and each other. They make it possible for people to achieve well-being by providing the education, mental health, and vital services they need. The agency's Whole Family Approach works to ensure that needs are met and outcomes at the individual, agency, and community levels are achieved to strengthen well-being.
	La Luz Center	La Luz Center strengthens Community through family services, economic advancement, and community engagement. Their family services program supports families from early childhood through adulthood. The economic advancement initiative addresses families' desire to learn and gain new skill sets that translate to better jobs and higher salaries. Their community engagement team creates events that aim to promote community-wide participation and provide opportunities for community service and leadership.
	North Marin Community Services	North Marin Community Services' mission is to empower youth, adults and families in diverse communities to achieve well-being, growth and success. They envision a strong community with opportunities for all. Their services help to correct Marin's extreme income, racial and educational inequalities, and ensure opportunities for all, especially our most vulnerable clients.
	Marguerita C. Johnson Senior Center	The Marguerita C. Johnson Senior Center provides programs, referral services, and activities for senior citizens 60 and older. Activities include monthly shopping trips, grocery bingo, arts & crafts, Tai-Chi, movie day, and monthly luncheons with guest speakers.
	Marin Asian Advocacy Project	Marin Asian Advocacy Project (MAAP) has been providing a wide range of comprehensive service to the immigrant and refugee communities of Marin County for over 28 years under various organization's sponsorship. MAAP seeks to empower these communities to participate in the educational, economic, social and political opportunities offered by the American society.
	West Marin Community Services	The purpose of West Marin Community Services is to support programs and services that ensure the well-being of individuals and families in West Marin. Self-sufficiency, human dignity and social justice are the values that guide their efforts. Assistance and programs include a food pantry, case management, emergency assistance, bilingual programs, and various community activities.
Access to care	Marin Center for Independent Living	Marin Center for Independent Living is a community-based non-profit organization that provides services and advocacy for seniors and people with disabilities. Their mission is to assist persons with all types of disabilities to achieve their maximum level of sustainable independence as contributing, responsible and equal participants in society.
	Marin City People's Plan	Marin City People's Plan is a grassroots community driven project that has identified a need for "community driven resilience planning" in Marin City. Made up of community members, leaders,

Identified need	Resource provider name	Summary description
		and educators, they are working towards Marin City's resilience in the face of climate change and natural disasters through planning, training, and volunteer efforts.
	Multicultural Center of Marin	The Multicultural Center of Marin provides culturally appropriate resources and opportunities in a safe environment to empower and inspire diverse communities to build an inclusive and equitable county they want to live in. Through training, mentorship, collaboration, and community organizing, the Multicultural Center of Marin provides the pathways and opportunities for people of these diverse communities to come together in strength.
	Marin Health and Human Services	With 650+ employees, 40+ programs and services and 12+ locations, Marin Health and Human Services is the largest department in the County of Marin. The mission at HHS is to promote and protect the health, wellbeing, self-sufficiency, and safety of all people in Marin. Their vision is to achieve health and wellness equity so that all in Marin flourish.
Education	Marin Promise Partnership	Marin Promise Partnership was formed so that every child, regardless of race, ethnicity or family income can reach their full educational potential. More than 100 schools, community members, nonprofits, businesses, and government agencies have come together as a county-wide, cross-sector, Cradle to Career Partnership to address Marin county's persistent and systemic educational inequities. Together, partners are breaking down barriers, building relationships, changing systems, and improving lives.
Mental & behavioral health	Huckleberry Youth Programs	Huckleberry's mission is to educate, inspire, and support under-served youth to develop healthy life choices, to maximize their potential, and to realize their dreams. For over 50 years, Huckleberry Youth Programs has partnered with Bay Area teens and families to overcome adversity. Huckleberry strengthens families and empowers young people with services that promote safety in times of crisis, physical and emotional health and well-being, social justice in communities facing inequity, and educational success.
	Side by Side	Side by Side is a community-based, non-profit organization serving at-risk young people and their families. They walk with young people impacted by adversity on their unique journeys to heal from trauma, restore resilience, and embrace their own potential. They provide critical and comprehensive services that honor the young person's unique needs and strengths to prevent the escalation of dangerous conditions and behaviors and set them on a positive path.
	Spahr Center	The Spahr Center is Marin County's only non-profit community agency devoted to serving, supporting and empowering the lesbian, gay, bisexual, and transgender community and everyone in the county living with and affected by HIV. Guided by their mission, their Board of Directors, staff, volunteers, supporters and donors work together to achieve their vision of Marin as a healthy, inclusive community where every person lives with freedom and equality.