



# Sequoia Hospital

## 2019 Community Health Needs Assessment

### Volume 2: Detailed Data Attachments

This report includes two volumes, the Main Report and Detailed Data Attachments, both of which are widely available to the public on [dignityhealth.org/sequoia](https://dignityhealth.org/sequoia).

# 1. Acknowledgements

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## HEALTHY COMMUNITY COLLABORATIVE (HCC) MEMBERS

The Community Health Needs Assessment (CHNA) could not have been completed without the HCC's efforts, tremendous input, many hours of dedication, and financial support. We wish to acknowledge the following organizations for their representatives' contributions to promoting the health and well-being of San Mateo County.

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## Attachment 1. Community Leaders, Representatives, and Members Consulted

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved. The group included leaders from San Mateo County Health, nonprofit hospital representatives, local government employees, and nonprofit organizations. For a description of members of the community who participated in focus groups, please see section “Process and Methods”.

#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP (LEADER, REPRESENTATIVE, MEMBER)	DATE INPUT WAS GATHERED
<i>Organizations</i>							
1	Interview	Dr. David Young, Director, San Mateo County Behavioral Health and Recovery Services	Behavioral health	1	Medically underserved	Leader	4/16/18
2	Interview	Bruno Pillet, Vice President of Programs & Services, Second Harvest Food Bank of Santa Clara and San Mateo Counties	Food insecurity	1	Low-income	Leader	4/16/18
3	Interview	Judith Guerrero, Executive Director, Boys & Girls Club of the Coastside	Youth health, coastside	1	Low-income, minority	Leader	4/16/18
4	Interview	Evan Jones, Executive Director, Mid-Peninsula Boys & Girls Club	Youth health, mid-county	1	Low-income, minority	Leader	4/17/18
5	Interview	Dr. Philippe Rey, Executive Director, Adolescent Counseling Services	Adolescent mental health	1	Medically underserved	Leader	4/18/18
6	Interview	Emily Roberts, Chair, San Mateo County Oral Health Coalition	Oral health	1	Medically underserved	Leader	4/18/18
7	Interview	Dr. Karen Li, Wellness Coordinator, Sequoia Union High School District	Youth health, south county	1	Medically underserved	Leader	4/23/18

#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP (LEADER, REPRESENTATIVE, MEMBER)	DATE INPUT WAS GATHERED
8	Interview	Gloria Brown, Co-Founder and Member, African American Community Health Advisory Committee	African American health	1	Medically underserved, Minority	Leader, Representative	4/26/18
9	Interview	Maya Altman, Chief Executive Officer, Health Plan of San Mateo	Health care access	1	Medically underserved	Leader	4/27/18
10	Interview	Dr. Anand Chabra, Medical Director at Family Health Services Division, San Mateo County Health	Maternal-child health	1	Health department representative, Medically underserved	Leader	4/27/18
11	Interview	Rita Mancera, Executive Director, and Madeline Kane, Community Health Manager, Puente de la Costa Sur	South coast health	2	Low-income, Medically underserved, Minority	Leader	5/3/18
12	Interview	Kitty Lopez, Executive Director, First 5 San Mateo County	Children ages zero to five	1	Low-income	Leader	5/8/18
13	Interview	Dr. Janet Chaikind, Supervising Physician, Daly City Youth Health Center	Youth health, north county	1	Medically underserved	Leader	5/8/18
14	Interview	Pia Walker, Vice President of Resident Services, MidPen Housing	Housing	1	Low-income	Leader	5/14/18
15	Interview	Thomas N. Robinson, MD, MPH, Irving Schulman, MD Endowed Professor in Child Health, Professor of Pediatrics and of Medicine and, by courtesy, of Health Research and Policy, and Director of the Center for Healthy Weight, Stanford University	Diabetes and obesity	1	Medically underserved	Leader	5/15/18

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		and Lucile Packard Children's Hospital Stanford					
16	Interview	Dr. Helen Wong, Physician, North East Medical Services	North coast health	1	Medically underserved	Leader	5/21/18
17	Interview	Jeneé Litrell, Associate Superintendent, San Mateo County Office of Education	K-12 student health	1	Medically underserved	Leader	5/31/18
18	Interview	Srija Srinivasan, Deputy Chief, San Mateo County Health	Public health	1	Health department representative	Leader	6/11/18
19	Focus Group	Host: San Mateo County Human Services Agency	Social determinants of health	18	Low-income, Medically underserved	(see below)	4/27/18
		Attendees:					
		Becky Luong, Program Manager, Abode Services	Social determinants of health			Leader	
		Brian Eggers, Management Analyst, Center on Homelessness, San Mateo County Human Services Agency	Social determinants of health			Leader	
		Chelsea Tercero, Program Director, Redwood Family House & Family Crossroads, LifeMoves	Social determinants of health			Leader	
		Christiana Weidanz, Program Manager, Samaritan House	Social determinants of health			Leader	
		Donna Miller, Associate Program Director, LifeMoves	Social determinants of health			Leader	
		Fatima Soares, Executive Director, Coastside Hope	Social determinants of health			Leader	

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		Gloria Flores-Garcia, Associate Executive Director, El Concilio of San Mateo County	Social determinants of health			Leader	
		Heather Bucy, Director of Shelter Services, LifeMoves	Social determinants of health			Leader	
		Jessica Silverberg, Program Manager, San Mateo County Human Services Agency	Social determinants of health			Leader	
		Madeline Kane, Community Health Manager, Puente de la Costa Sur	Social determinants of health			Leader	
		Pastor Bains, Co-Founder/President, Project WeHope	Social determinants of health			Leader	
		Pat Bohm, Executive Director, Daly City Partnership	Social determinants of health			Leader	
		Peter Ehrhorn, Director of Youth Empowerment Services, StarVista	Social determinants of health			Leader	
		Prinsess Futrell, Executive Director, Home and Hope	Social determinants of health			Leader	
		Selina Toy Lee, Director of Collaborative Community Outcomes, San Mateo County Human Services Agency	Social determinants of health			Leader	
		Sylvia Dorsey, Human Services Specialist, Fair Oaks Community Center, City of Redwood City	Social determinants of health			Leader	
		Thuy Le, Medical Partnership Coordinator, Second Harvest Food Bank of San Mateo and Santa Clara Counties	Social determinants of health			Leader	



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		Whitney Geneviro, Partnership Manager, Second Harvest Food Bank of Santa Clara and San Mateo Counties	Social determinants of health			Leader	
20	Focus Group	Host: Before Our Very Eyes/Bay Area Anti-Trafficking Coalition	Community & family safety	9	Low-income, Medically underserved	(see below)	5/8/18
		Attendees:					
		Amanda LeBlanc Freeman, Program Director, Rape Trauma Services	Community & family safety			Leader	
		Anthony Perkins, Detective, San Bruno Police Department	Community & family safety			Leader	
		Elisa Kuhl, Program Manager, Victim Services Division, San Mateo County DA's Office	Community & family safety			Leader	
		Janel Guinane, First Chance & DUI Services, StarVista	Community & family safety			Leader	
		Jerry Lindner, Program Manager, Children & Family Services, San Mateo County	Community & family safety			Leader	
		John Vanek, Human Trafficking Program Coordinator, San Mateo County	Community & family safety			Leader	
		Pamela Estes, Human Trafficking Advocacy Coordinator, San Mateo County	Community & family safety			Leader	
		Rosanna Anderson, Educational Liaison, Foster Youth Services	Community & family safety			Leader	

#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP (LEADER, REPRESENTATIVE, MEMBER)	DATE INPUT WAS GATHERED
21	Focus Group	Program, San Mateo County Office of Education					
		Susan Houser, BSN, MSN, CPNP, Forensic Interviewer, Sexual Assault Forensic Examiner, Keller Center, San Mateo Medical Center	Community & family safety			Leader	
		Host: Sequoia Wellness Center	Older adults	11	Low-income	(see below)	5/10/18
		Attendees:					
		Anna Kertel, Recreation Supervisor, City of San Carlos Parks and Recreation	Older adults			Leader	
		Bonnie Grim, Program Manager, Peninsula Volunteers, Meals on Wheels	Older adults			Leader	
		Christina Dimas-Kahn, Program Manager, HICAP of San Mateo County	Older adults			Leader	
		Diane Gillen, Clinical Outreach Nurse, Mission Hospice	Older adults			Leader	
		Kathleen Beasley, Branch Manager, Belmont Library	Older adults			Leader	
		Lynne Murphy, Director of Resident Services, Lesley Senior Communities	Older adults			Leader	
		Saili Gosula, Owner/Executive Director, SYNERGY HomeCare	Older adults			Leader	

#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP (LEADER, REPRESENTATIVE, MEMBER)	DATE INPUT WAS GATHERED
22	Focus Group	Susan Houston, Vice President of Older Adult Services, Peninsula Family Services	Older adults	7	Low-income, Medically underserved	Leader	5/24/18
		Suyin Nichols, Resident Services Coordinator, HIP Housing	Older adults			Leader	
		Terri Neill, Principal, Director of Client Relations, Senior Assist of the Peninsula	Older adults			Leader	
		Tricia Coffey, Manager of Community Health, Health & Wellness Center, Sequoia Hospital	Older adults			Leader	
		Host: LifeMoves	Homelessness			(see below)	
		Attendees:					
		Catilin Esparza, Educational Initiatives Manager, LifeMoves	Homelessness			Leader	
		Corena Rosa, Veterans Care Manager, LifeMoves	Homelessness			Leader	
		Eileen Donovan, Case Manager, LifeMoves	Homelessness			Leader	
		Evelyn Reyes, Case Manager, LifeMoves	Homelessness			Leader	
		Johanna Mora, Case Manager, LifeMoves	Homelessness			Leader	
		Vitani Taamu, Housing Specialist, LifeMoves	Homelessness			Leader	

#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP (LEADER, REPRESENTATIVE, MEMBER)	DATE INPUT WAS GATHERED
		William Gomez, Associate Program Director, First Step, LifeMoves	Homelessness			Leader	
<i>Community Residents</i>							
23	Focus Group	Host: The Villages of San Mateo County	Older adults	8	Low-income	Members	4/18/18
24	Focus Group	Host: Peninsula Family Services Agency, North Fair Oaks Senior Center	Spanish-speaking older adults	12	Low-income, Medically underserved, Minority	Members	5/16/18
25	Focus Group	Host: Pride Center	LGBTQI issues	10	Medically underserved, Minority	Members	5/17/18
26	Focus Group	Host: Cañada College	Young adults	5	Low-income	Members	5/9/18
27	Focus Group	Host: Peninsula Conflict Resolution Center	Pacific Islanders	10	Minority	Members	6/12/18

## Attachment 2. Secondary Data Indicators

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
30-Day Readmissions	Health care Access & Delivery	Percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization discharge	Dartmouth Atlas of Health Care. 2014.	2014
Absenteeism Due to Cyberbullying	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of youth who reported being bullied or harassed via the internet, who missed one or more days of school in the past month	County of San Mateo, Board of Supervisors. Adolescent Report 2014-15.	2014-2015
Access to Dentists Rate	Health care Access & Delivery; Oral/Dental Health	Number of dentists per 100,000 population	Area Health Resource File/National Provider Identification file. 2016.	2016
Access to Mental Health Care Providers Rate	Health care Access & Delivery; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Mental health care provider rate (Per 100,000 Population)	University of Wisconsin Population Health Institute, County Health Rankings. 2018.	2018
Access to Other Primary Care Providers Rate	Health care Access & Delivery	Other primary care provider (e.g., nurse practitioner, physician assistant) rate per 100,000 population	CMS, National Provider Identification. 2017	2017
Access to Primary Care Rate	Health care Access & Delivery	Number of primary care physicians per 100,000 population	Area Health Resource File/American Medical Association. 2015. Trend: U.S. Department of Health & Human Services, Health Resources and Services Administration,	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Area Health Resource File. 2014.	
Accidents (Unintentional Injuries) Death Rate	Unintended Injuries/Accidents	Accidents (unintentional injuries) rate per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Acute Hepatitis B Cases Rate	Infectious Diseases	Incidence of acute Hepatitis B cases per 100,000 population	California Department of Public Health Immunization Branch. 2015	2015
Adequate Fruit/Vegetable Consumption (Adults)	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Cancer; Heart Disease/Stroke	Percentage of survey respondents reporting that they eat the recommended number of daily servings of fruits and vegetables	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Adequate/Adequate Plus Prenatal Care	Birth Outcomes	Percentage of births for which prenatal care was begun by the 4th month of pregnancy and 80% or more of recommended visits received	California Department of Public Health: 2009-2014 Birth Cohort-Perinatal Outcome Files.	2013-2015
Adults Age 65+ Living Alone	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being); Neighborhood & Built Environment (Community & Family Safety)	Percentage of respondents who were adults age 65+ who indicated they were living alone	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Adults Needing and Receiving Behavioral Health Care Services	Health care Access & Delivery; Mental Health & Well-Being (Mental Health/Emotional Well-Being;	Percentage of adults needing and receiving behavioral health care services	California Health Interview Survey. 2015-2016.	2015-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Tobacco/Substance Use)			
Adults with an Associate's Degree or Higher	Education & Literacy; Poverty, Income & Employment	Percentage of the population aged 25 years and older with an Associate's degree or higher	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Adults with Less than High School Diploma (or Equivalent)	Education & Literacy; Poverty, Income & Employment	Percentage of the population age 25 and older without a high school diploma (or equivalency) or higher.	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Adults with Some Post-Secondary Education	Education & Literacy; Poverty, Income & Employment	Percentage of adults aged 25 to 44 years with at least some post-secondary education	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Air Quality - Ozone (O3)	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Asthma & Respiratory Conditions	Percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb)	National Environmental Public Health Tracking Network. 2014.	2014
Air Quality - Particulate Matter 2.5	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Asthma & Respiratory Conditions; Cancer	Percentage of days per year with fine particulate matter 2.5 (PM2.5) levels above the National Ambient Air Quality Standard of 35 micrograms per cubic meter	National Environmental Public Health Tracking Network. 2014.	2014
Alcohol – Binge Drinker	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Unintended Injuries/Accidents	Percentage of survey respondents who reported that they have had 5 or more drinks on an occasion (men) or 4 or more drinks on an occasion (women)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Alcohol – Current Drinker <sup>11</sup> QoL† & 24	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who reported that they have had one or more drinks in the past month.	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Alcohol-Impaired Driving Deaths	Mental Health & Well-Being (Tobacco/Substance Use); Unintended Injuries/Accidents	Percentage of driving deaths with alcohol involvement	Fatality Analysis Reporting System. 2012-2016.	2012-2016
All Causes of Death Rate	General Health	Age-adjusted rate of death due to all causes per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2013-2015
All Violent Crimes Rate	Neighborhood & Built Environment (Community & Family Safety)	Violent crime rate (per 100,000 population)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-2014.	2012-2014
Alzheimer's Disease (Prevalence)	Dementia & Cognitive Decline	Percentage of the adult population with Alzheimer's Disease	Centers for Medicaid & Medicaid Services. 2015.	2015
Alzheimer's Disease Mortality Rate	Dementia & Cognitive Decline	Age-adjusted rate of death due to Alzheimer's per 100,000 population per year	California County Health Status Profiles. 2013-2015	2013-2015
Ambulance Transport, Behavioral Health	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of all ambulance transports initiated by a call to 911 in which behavioral health issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Cardiac Issues	Heart Disease/Stroke	Percentage of all ambulance transports initiated by a call to 911 in which	County of San Mateo Emergency Medical	2016-2017



Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
		cardiac issues were the primary impression (main reason for the call)	Services. 911 Calls. 2016-2017.	
Ambulance Transport, Neurological Issues	General Health	Percentage of all ambulance transports initiated by a call to 911 in which neurological issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Pain	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of all ambulance transports initiated by a call to 911 in which pain was the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Respiratory Issues	Asthma & Respiratory Conditions	Percentage of all ambulance transports initiated by a call to 911 in which respiratory issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Toxicological Issues	Unintended Injuries/Accidents; Oral/Dental Health	Percentage of all ambulance transports initiated by a call to 911 in which toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Toxicological Issues	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of all ambulance transports initiated by a call to 911 in which toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Trauma (Injury)	Unintended Injuries/Accidents	Percentage of all ambulance transports initiated by a call to 911 in which trauma (injury) was the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Vascular Issues	Heart Disease/Stroke	Percentage of all ambulance transports initiated by a call to 911 in which vascular issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Area with Tree Canopy Cover (pop.-weighted)	Neighborhood & Built Environment (Natural Environment/Climate)	Percentage of land within the report area that is covered by tree canopy	National Land Cover Database. 2011.	2011
Arthritis/Rheumatism	Arthritis	Percentage of survey respondents answering “yes” when asked: “Have you ever suffered from or been diagnosed with any of the following medical conditions: Arthritis or Rheumatism?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Assault (Crime) Rate	Neighborhood & Built Environment (Community & Family Safety)	Assault injuries, rate per 100,000 population	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14.	2012-2014
Assault (Injury) Rate	Neighborhood & Built Environment (Community & Family Safety)	Assault Injuries, Rate per 100,000 Population	California Department of Public Health, California EpiCenter. 2013-14.	2013-2014
Assisted Housing Units Rate (per 10,000)	Housing & Homelessness; Neighborhood & Built Environment (Community Infrastructure & Housing Quality)	HUD-assisted units, rate per 10,000 housing units	US Department, of Housing and Urban Development. 2016.	2016
Asthma Hospitalizations Rate (per 10,000 Medicare Beneficiaries)	Health care Access & Delivery; Neighborhood & Built Environment (Natural Environment/Climate);	Patient discharge rate per 10,000 total population for asthma and related complications	Mapping Medicare Disparities tool. 2015.	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Asthma & Respiratory Conditions			
Asthma Patient Discharges, Children/Youth (age 1-19)	Housing & Homelessness; Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Patient discharge rate (per 10,000 total population) for asthma and related complications for children/youth ages 1-19.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Asthma Patient Discharges, Older Adults (age 65+)	Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Patient discharge rate (per 10,000 total population) for asthma and related complications for adults age 65+.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Asthma Prevalence, Adults	Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Percentage of the adult population with asthma	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Asthma Prevalence, Children/Youth	Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Percentage of children and teens with asthma	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Banking Institutions Rate (per 10,000 pop.)	Housing & Homelessness	Number of banking institutions (commercial banks, savings institutions and credit unions) per 10,000 population	County Business Patterns. 2015.	2015
Breast Cancer Death Rate	Cancer	Age-adjusted rate of death among females due to breast cancer per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Breast Cancer Incidence Rate	Cancer	Annual breast cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2010-2014.	2010-2014
Breastfeeding (Any)	Birth Outcomes; Healthy Lifestyles (Obesity)	Percentage of mothers breastfeeding (any); total in-hospital births.	California Department of Public Health, California Department of Public Health - Breastfeeding Statistics. 2012.	2012
Breastfeeding (Exclusive)	Birth Outcomes; Healthy Lifestyles (Obesity)	Percentage of mothers breastfeeding (exclusively); total in-hospital births.	California Department of Public Health, California Department of Public Health - Breastfeeding Statistics. 2012.	2012
Cancer Mortality Rate (All Types)	Cancer	Age-adjusted rate of death due to malignant neoplasm (cancer) per 100,000 population per year	California Department of Public Health. 2014-2016. Trend: California Department of Public Health: 2010-2015 Death Records.	2014-2016
Cancer Prevalence	Cancer	Percentage of the adult population with cancer	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cancer Prevalence (Medicare Population)	Cancer	Percentage of Medicare population with cancer	US Department of Health & Human Services, Centers for Medicare & Medicaid Services. 2015.	2015
Cancer Screening – Fecal Occult Blood Stool Test	Health care Access & Delivery; Cancer	Percentage of survey respondents, adults age 50+, answering “yes” when asked “Have you had a blood stool test in the past two years?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Cancer Screening – FOBT/Sigmoid/Colonoscopy	Health care Access & Delivery; Cancer	Percentage of survey respondents, adults age 50-75, answering “yes” when asked “Have you ever had a colorectal cancer screening (FOBT/sigmoidoscopy/colonoscopy)?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cancer Screening – Mammogram	Health care Access & Delivery; Cancer	Percentage of survey respondents, women age 50-74, answering “yes” when asked “Have you had a mammogram in the past 2 years?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cancer Screening – Mammogram, Medicare Population	Health care Access & Delivery; Cancer	Percent female Medicare enrollees with mammogram in past 2 years	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: The Dartmouth Atlas of Health Care. 2015	2015, 2018
Cancer Screening - Pap Test	Health care Access & Delivery; Cancer	Percentage of females age 18+ with regular pap test (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.	2006-2012
Cancer Screening - Sigmoid/Colonoscopy, Adults 50+	Health care Access & Delivery; Cancer	Percentage of survey respondents, adults age 50+, answering “yes” when asked “Have you ever had a colonoscopy/sigmoidoscopy?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cervical Cancer Incidence Rate	Cancer	Annual cervical cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2009-2013.	2009-2013

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Child Had Recent Dental Exam	Health care Access & Delivery; Oral/Dental Health	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their child had visited a dentist within the past year	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Child Has Usual Place for Medical Check-ups	Health care Access & Delivery; Birth Outcomes	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that they have a regular place they take their child for medical check-ups	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Child Mortality Rate	General Health	Number of deaths among children under age 18 per 100,000	CDC WONDER mortality data. 2013-2016.	2013-2016
Childcare Arrangement Has Made It Easier for Parent to Accept a Better Job	Poverty, Income, & Employment	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to accept a better job	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Childcare Arrangement Has Made It Easier for Parent to Accept a Job	Poverty, Income, & Employment	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to accept a job	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Childcare Arrangement Has Made It Easier for Parent to Attend Education/Training	Education & Literacy; Poverty, Income, & Employment	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to attend education/training	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Childcare Arrangement Has Made It Easier for Parent to Keep a Job	Poverty, Income, & Employment	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to keep a job	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Children Below 100% FPL	Poverty, Income & Employment	Percent Population Under Age 18 in Poverty	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Children Eligible for Free/Reduced Price Lunch	Food Insecurity; Healthy Lifestyles (Diet, Fitness & Nutrition; Obesity)	Percentage of public school students eligible for free or reduced-price lunches	National Center for Education Statistics, NCES - Common Core of Data. 2015-2016.	2015-2016
Children in Single-Parent Households	Food Insecurity	Percentage of children that live in households with only one parent present	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Children Walking or Biking to School	Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Percentage of children walk, bike or skate to school at least occasionally, according to their parent/guardian	California Health Interview Survey. 2015-2016.	2015-2016
Chlamydia Cases (Incidence) Rate	Sexually Transmitted Infections	Chlamydia cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Chronic Liver Disease and Cirrhosis Death Rate	Mental Health & Well-Being (Tobacco/Substance Use)	Chronic liver disease and cirrhosis age-adjusted death rate per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Chronic Lower Respiratory Disease Death Rate	Asthma & Respiratory Conditions	Chronic lower respiratory disease age-adjusted death rate per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Climate & Health - Drought Severity	Neighborhood & Built Environment (Natural Environment/Climate)	Percentage of Weeks in Drought (Any)	US Drought Monitor., 2012-14.	2012-2014
Climate & Health - Heat Index Days	Neighborhood & Built Environment (Natural Environment/Climate)	Percentage of recorded weather observations with heat index values over 103 degrees Fahrenheit.	National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC	2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			WONDER. Additional data analysis by CARES. 2014.	
Climate & Health - Heat Stress Events	Neighborhood & Built Environment (Natural Environment/Climate)	Heat-related Emergency Department Visits, Rate per 100,000 Population	California Department of Public Health, California Department of Public Health - Tracking. 2005-2012.	2005-2012
Climate-Related Mortality Impacts	Neighborhood & Built Environment (Natural Environment/Climate)	median estimated economic impacts from changes in all-cause mortality rates, across all age groups, as a percentage of county GDP	Climate Impact Lab. 2016.	2016
College Preparedness, High School Graduates	Education & Literacy	Percentage of high school graduates who reported taking college preparatory courses in high school	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Colorectal Cancer Death Rate	Cancer	Age-adjusted rate of death due to colorectal cancer per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Colorectal Cancer Incidence Rate	Cancer	Annual colon and rectum cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2010-2014.	2010-2014
Community Connectedness – Feel Not Very or Not at All Connected	Neighborhood & Built Environment (Community & Family Safety); Social & Community Context; Mental Health & Well Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who reported that they felt not very or not at all connected to their community	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Community is Fair/Poor Place to Live	Social & Community Context	Percentage of survey respondents who rated their community as a fair or poor place to live	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Community Tolerance for Racial/Cultural Differences is Fair/Poor	Social & Community Context; Mental Health & Well-Being (Mental	Percentage of survey respondents who rated their community's tolerance for racial/cultural differences as a fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018



Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Health/Emotional Well-Being)			
Commute >60 Min.	Housing & Homelessness; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of workers commuting more than 60 minutes	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Commute to Work - Alone in Car	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of workers commuting by car, alone	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Commute to Work – By Public Transit	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of workers commuting by public transit	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Commute to Work - Walking/Biking	Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Reports the percentage of the population that commutes to work by either walking or riding a bicycle	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Computer in Household	Education & Literacy; Poverty, Income, & Employment	Percentage of survey respondents who answered “yes” when asked, “Do you currently have a computer in your household?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
COPD, Bronchitis, Emphysema	Asthma & Respiratory Conditions	Percentage of survey respondents answering “yes” when asked: “Have you ever suffered from or been diagnosed with any of the following medical conditions: COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis or Emphysema?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Coping and Drug Use, Youth	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of youth who engaged in positive coping strategies, based on self-reported drug use	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Coronary Heart Disease Death Rate	Heart Disease/Stroke	Age-adjusted rate of death due to coronary heart disease per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2010-2015
Cost Burden – Renters	Housing & Homelessness; Poverty, Income & Employment	Renters Spending 30% or More of Household Income on Rent	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Cost Burdened Households	Housing & Homelessness; Poverty, Income & Employment	Percentage of households where housing costs exceed 30% of income	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Crime in Neighborhood is Getting Much/a Little Worse	Neighborhood & Built Environment (Community & Family Safety)	Percentage of survey respondents indicating that the problem of crime in their neighborhood over the past two years has gotten much/a little worse	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Current Smoker	Asthma & Respiratory Conditions; Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes); Oral/Dental Health	Percentage of survey respondents answering "yes" when asked: "Do you smoke cigarettes now?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Current User of E-Cigarettes (Vaping)	Asthma & Respiratory Conditions; Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents answering "Every Day" or "Some Days" when asked: "Do you NOW use e-cigarettes or other electronic "vaping" products "Every Day," "Some Days," or "Not At All"?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cyberbullying	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of youth who reported being bullied or harassed via the internet	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Deaths by Suicide, Drug, or Alcohol Poisoning (Rate)	Mental Health & Well-Being (Mental Health/Emotional Well-Being; Tobacco/Substance Use)	Age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population	National Vital Statistics System. 2011-2015.	2011-2015
Delayed or Had Difficulty Obtaining Care	Health care Access & Delivery	Percentage of adults who reported delaying or having difficulty obtaining care for any reason	California Health Interview Survey. 2013-14.	2013-2014
Dental Insurance	Health care Access & Delivery; Oral/Dental Health	Percentage of survey respondents reporting they have dental insurance	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Depression Among Medicare Beneficiaries	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of Medicare beneficiaries with depression	US Department of Health & Human Services, Centers for Medicare and Medicaid Services. 2015.	2015
Diabetes Death Rate	Healthy Lifestyles (Diabetes; Obesity)	Age-adjusted rate of death due to diabetes per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Diabetes Discharges (% of Total Discharges)	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Percentage of total patient discharges for diabetes-related complications.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Diabetes Discharges, Children/Youth (age 1-19)	Healthy Lifestyles (Diabetes; Obesity)	Percentage of total patient discharges among children and teens (age 1-19) for diabetes-related complications	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Diabetes Discharges, Older Adults (age 65+)	Healthy Lifestyles (Diabetes; Obesity)	Percentage of total patient discharges among older adults (age 65+) for diabetes-related complications	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Diabetes Hospitalizations Rate (per 10,000)	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Age-adjusted discharge rate (per 10,000 population) for diabetes	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Diabetes Management (Medicare Patients with Hemoglobin A1c Test)	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels,	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.	2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
		administered by a health care professional in the past year		
Diabetes Prevalence, Adults	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Percentage of the adult population with diabetes	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Did Not Eat Breakfast	Food insecurity	Percentage of students reporting not having eaten breakfast in the past day	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014- 2015
Difficulty Getting in to See a Doctor	Health care Access & Delivery	Percentage of survey respondents who reported that they had difficulty getting in to see a doctor.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Diphtheria, Tetanus, and Pertussis Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving the Diphtheria, Tetanus, and Pertussis Vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016- 2017
Disconnected Youth	Neighborhood & Built Environment (Community & Family Safety); Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being); Unintended Injuries/Accidents	Percentage of teens and young adults ages 16-24 who are neither working nor in school	Measure of America. 2010-2014.	2010- 2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Discrimination Due to Mental Health Problems, Youth	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Likelihood of youth feeling discriminated against based on one or more mental health problems	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Discrimination Due to Physical Disabilities, Youth	General Health, Social & Community Context	Likelihood of youth feeling discriminated against based on one or more physical disabilities	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Doctor's Visit – Could Not Afford	Health care Access & Delivery; Poverty, Income & Employment	Percentage of survey respondents answering “yes” when asked, “Was there a time during the past 12 months when: You needed to see a doctor, but could not because of the cost?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Domestic Violence Hospitalizations Rate	Neighborhood & Built Environment (Community & Family Safety)	Rate of non-fatal hospitalizations for domestic violence incidents among females aged 10 years and older per 100,000 population	California EpiCenter. 2013-2014.	2013-2014
Domestic Violence Rate	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Domestic violence injuries, rate per 100,000 population (females age 10+)	California Department of Public Health, California EpiCenter. 2013-2014.	2013-2014
Drinking Water Violations	Neighborhood & Built Environment (Access to Food/Recreation; Community Infrastructure & Housing Quality); Healthy Lifestyles (Diabetes); Oral/Dental Health	Presence or absence of health-based violations in community water systems over a specified time frame	Safe Drinking Water Information System. 2015.	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Driving Alone to Work, Long Distances	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of the civilian non-institutionalized population with long commutes to work, over 60 minutes each direction	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Drug-Related Death Rate	Mental Health & Well-Being (Tobacco/Substance Use); Unintended Injuries/Accidents	Age-adjusted drug overdose mortality rate (from all drugs) per 100,000 people; separate for includes both ICD 10 codes and coroner cases, and only ICD 10 codes	CDC WONDER mortality data. 2014-2016.	2014-2016
Early Latent Syphilis Cases (Incidence) Rate	Sexually Transmitted Infections	Early latent syphilis cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Early Syphilis Rates (Men)	Sexually Transmitted Infections	Early syphilis rates (primary, secondary, early latent)	Trend: San Mateo County Health. 2016.	2016
Effective Drug/Alcohol Prevention, Youth	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of teen survey respondents who reported that their schools provided effective drug and alcohol prevention services	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Effective Sex Education	Birth Outcomes; Sexually Transmitted Infections	Percentage of teen survey respondents who reported that they feel they are making informed decisions about sex and their sexuality	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Elder Index, Single Older Adult Renter	Poverty, Income, & Employment	The total annual income needed for an older adult living alone in a rental property in San Mateo County in 2011	Insight Center for Community Economic Development, 2014.	2014
Eligible Students Not Participating in School Breakfast Programs	Food insecurity	Percentage of eligible students not participating in school breakfast programs	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Hunger Workgroup, October 14, 2016.	
Eligible Students Not Participating in School Lunch Programs	Food insecurity	Percentage of eligible students not participating in school lunch programs	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Engage in Healthy Behaviors	Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity), Heart Disease/Stroke; Cancer	Percentage of survey respondents who reported they engage in “healthy behaviors” (do not smoke cigarettes, are not overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, eat five or more servings of fruit/vegetables per day)	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
ER Visit Rate, Asthma	Asthma & Respiratory Conditions	Average crude Emergency Room visit rate (per 1,000 people) for asthma	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, COPD	Asthma & Respiratory Conditions	Age-adjusted rate of emergency department visits for COPD per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2013-2015
ER Visit Rate, Diabetes	Healthy Lifestyles (Diabetes)	Average crude Emergency Room visit rate (per 1,000 people) for diabetes	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, Heart Failure	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for heart failure	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, Hypertension	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for hypertension	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, Ischemic Heart Disease	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for ischemic heart disease	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, Myocardial Infarction	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for myocardial infarction	San Mateo County Health. 2012-2014.	2012-2014



Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
ER Visit Rate, Stroke	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for stroke	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate: Mental Health Issues	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Age-adjusted rate of Emergency Room visits due to mental health issues per 100,000 population	Office of Statewide Health Planning and Development. 2013-2015.	2013-2015
Ethnic Discrimination – Emotional Upset	Social & Community Context	Percentage of survey respondents who answered “yes” when asked, “Within the past 30 days, have you felt emotionally upset--for example, angry, sad, or frustrated--as a result of how you were treated based on your race?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Ethnic Discrimination – Physical Symptoms	Social & Community Context	Percentage of survey respondents who answered “yes” when asked, “Within the past 30 days, have you experienced any physical symptoms--for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart--as a result of how you were treated based on your race?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Exercise Opportunities	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of population with adequate access to locations for physical activity.	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files. 2010, 2016.	2016
Experienced Depressive Symptoms (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Average number of days per month that survey respondents reported that they felt sad, blue, or depressed	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Experiencing Difficulty in Fear, Anxiety, or Panic	Mental Health & Well-Being (Mental	Percentage of survey respondents indicating they are experiencing	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Health/Emotional Well-Being)	difficulty in the area of fear, anxiety, or panic		
Experiencing Difficulty in Getting Along with People Outside the Family	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents indicating they are experiencing difficulty in the area of getting along with people outside the family	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Experiencing Difficulty in Isolation or Feelings of Loneliness	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents indicating they are experiencing difficulty in the area of isolation or feelings of loneliness	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Experiencing Difficulty in Relationships with Family Members	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents indicating they are experiencing difficulty in relationships with family members	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Expulsions Rate (per 100 students)	Education & Literacy; Neighborhood & Built Environment (Community & Family Safety); Social & Community Context	Rate of expulsions per 100 enrolled students	California Department of Education. 2016-2017.	2016-2017
Fair/Poor Access to Affordable Housing	Housing & Homelessness	Percentage of respondents who rated the availability of affordable housing in their community as fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Child Health Services	Health care Access & Delivery	Percentage of respondents who rated the ease with which they are able to get child health services in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Dental Care	Health care Access & Delivery; Oral/Dental Health	Percentage of respondents who rated the ease with which they are able to get dental care in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Fair/Poor Access to Health Care	Health care Access & Delivery	Percentage of respondents who rated the ease with which they are able to get the health care services they need as fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Help for Substance Abuse	Health care Access & Delivery; Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of respondents who rated the ease with which they are able to get help for substance abuse in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Mental Health Services	Health care Access & Delivery; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of respondents who rated the ease with which they are able to get mental health services in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Social Services	Health care Access & Delivery; Social & Community Context	Percentage of respondents who rated the ease with which they are able to get social services in their community as fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Falls Among Older Adults: Deaths	Unintended Injuries/Accidents	Deaths due to unintentional falls among older adults (age 65+) per 100,000	San Mateo County Health. 2016.	2016
Falls Among Older Adults: ED Visits	Unintended Injuries/Accidents	Emergency department visits due to unintentional falls among older adults (age 65+) per 100,000	San Mateo County Health. 2016.	2016
Falls Among Older Adults: Hospitalizations	Unintended Injuries/Accidents	Hospitalizations due to unintentional falls among older adults (age 65+) per 100,000	San Mateo County Health. 2015.	2015
Family's Financial Situation is Fair/Poor	Poverty, Income, & Employment	Percentage of survey respondents who rated as fair or poor their personal or family's financial situation, in terms of being able to afford adequate food and housing, and to pay the bills they currently have	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Family's Financial Situation is Somewhat/Much Worse than Prior Year	Poverty, Income, & Employment	Percentage of survey respondents who indicated that, compared to a year ago, they and their family are financially somewhat or much worse	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fast Food Restaurants Rate	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Fast food restaurants, rate (per 100,000 population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Federally Qualified Health Centers Rate	Health care Access & Delivery	Federally qualified health centers, rate per 100,000 population	US Department of Health & Human Services, Centers for Medicare & Medicaid Services, Provider of Services File. March 2018.	2018
Felt Healthy and Full of Energy (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being); General Health	Average number of days per month survey respondents indicated they felt healthy and full of energy	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Felt Worried/Tense/ Anxious (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Average number of days per month that survey respondents reported feeling worried, tense, or anxious	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Firearm Kept in or around Home	Neighborhood & Built Environment (Community & Family Safety); Unintended Injuries/Accidents	Percentage of survey respondents answering "yes" when asked: "Do you have a firearm kept in or around the home (including garage, outdoor storage area, truck, or car)?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Firearm-Related Death Rate	Neighborhood & Built Environment (Community & Family	Number of deaths due to firearms per 100,000 population	CDC WONDER mortality data. 2012-2016.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Safety); Unintended Injuries/Accidents			
First Trimester Prenatal Care	Birth Outcomes	Percentage of mothers who received prenatal care within the first 14 weeks of their pregnancy	California Department of Public Health: 2009-2014 Birth Cohort-Perinatal Outcome Files.	2013-2015
Flood Vulnerability	Neighborhood & Built Environment (Natural Environment/Climate)	Estimated number of housing units within the special flood hazard area (SFHA) per county	National Flood Hazard Layer. 2011.	2011
Flu Shot in Past Year – Adults 65+	Health care Access & Delivery; Asthma & Respiratory Conditions; Infectious Diseases	Percentage of survey respondents age 65+ answering “yes” when asked, “Have you had a flu shot in the past year?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Food Assistance Program Participation	Food insecurity	Percentage of eligible food- insecure individuals participating in food assistance programs, by city	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Food Desert Population	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percent population with low food access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.	2015
Food Environment Index	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	US Department of Agriculture Food Environment Atlas, Map the Meal Gap from Feeding America. 2015.	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Food Insecure Population Ineligible for Assistance	Food Insecurity	Estimated percentage of the total population that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance	Feeding America. 2014.	2014
Food Insecure Population Ineligible for Assistance - Children	Food Insecurity	Estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance	Feeding America. 2014.	2014
Food Insecurity Rate	Food Insecurity; Birth Outcomes; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Estimated percentage of the population that experienced food insecurity at some point during the year.	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Feeding America. 2016	2016, 2018
Food Insecurity Rate – Children under 18	Food Insecurity; Birth Outcomes; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Estimated percentage of the population under age 18 that experienced food insecurity at some point.	Feeding America. 2014.	2014
Food Store Quality/Affordability	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors)	Percentage of food stores meeting basic quality and affordability standards	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Form of Marijuana Use	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who indicated they had used each of various forms of marijuana	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Frequent Mental Distress	Mental Health & Well-Being (Mental	Percentage of adults reporting 14 or more days of poor mental health per month	Behavioral Risk Factor Surveillance System. 2016.	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Health/Emotional Well-Being)			
Frequent Physical Distress	General Health	Percentage of adults reporting 14 or more days of poor physical health per month	Behavioral Risk Factor Surveillance System. 2016.	2016
Future Cost of Living	Neighborhood & Built Environment (Transportation & Traffic); Housing & Homelessness	Estimated percentage of annual income that households will spend on housing and transportation	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Gonorrhea Cases (Incidence) Rate	Sexually Transmitted Infections	Gonorrhea cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Grocery Stores Rate	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Grocery stores, rate (per 100,000 population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Handling Conflict	Neighborhood & Built Environment (Community & Family Safety)	Percentage of teen respondents who did not know non-violent ways to deal with conflict	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Have Ever Felt Depressed for 2 Years or More	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents answering “yes” when asked “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Have Ever Sought Professional Help for Drug Related Problem	Health care Access & Delivery; Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who reported they ever sought professional help for a drug-related problem	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Have Ever Sought Professional Help for Mental/Emotional Problem	Mental Health & Well Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who reported they ever sought professional help for a mental/emotional problem	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Have No Dental Insurance Coverage that Pays for Some or All of Routine Dental Care	Oral/Dental Health	Percentage of survey respondents answering "no" when asked, "Do you have any kind of dental insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Health Plan of San Mateo/MediCal?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Head Start Program Facilities Rate (per 10,000 pop. 0-5)	Education & Literacy	Head start programs rate (per 10,000 children under age 5)	US Department of Health & Human Services, Administration for Children and Families. 2018.	2018
Health Professional Shortage Area – Dental	Health care Access & Delivery; Oral/Dental Health	Percentage of the population that is living in a geographic area designated as a dental "Health Professional Shortage Area" (HPSA), defined as having a shortage of dental health professionals.	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	2016
Health care Costs (Medicare Reimbursements per Enrollee)	Health care Access & Delivery	Average Medicare reimbursements, in dollars, per enrollee	Dartmouth Atlas of Health Care. 2015	2015
Heart Disease Death Rate	MAIN: Neighborhood & Built Environment (Natural Environment/Climate);	Age-adjusted rate of death due to heart disease per 100,000 population per year	California Department of Public Health. 2014-2016.	2014-2016



Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Mental Health & Well-Being (Tobacco/Substance Use); Heart Disease/Stroke			
Heart Disease Hospitalizations Rate (per 1,000 pop.)	Heart Disease/Stroke	Hospitalization rate for coronary heart disease among Medicare beneficiaries aged 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population	Interactive Atlas of Heart Disease and Stroke. 2012-2014.	2012-2014
Heart Disease Prevalence	Neighborhood & Built Environment (Natural Environment/Climate); Mental Health & Well-Being (Tobacco/Substance Use); Heart Disease/Stroke	Percentage of adults aged 18 and older that self-report having been diagnosed with heart disease by a doctor	California Health Interview Survey. 2014.	2014
Heart Disease, Heart Attack – Ever Had/Diagnosed	Heart Disease/Stroke	Percentage of survey respondents who answered “yes” when asked “Have you ever suffered from or been diagnosed with any of the following medical conditions: Heart Disease, Such as Congestive Heart Failure, Angina, or a Heart Attack?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Heart Failure (Medicare Population)	Heart Disease/Stroke	Percentage of Medicare enrollees treated for heart failure in year	US Department of Health & Human Services, Centers for Medicare & Medicaid Services. 2015.	2015
Heart Failure Emergency Room Visit Rate (per 10,000 pop.)	Heart Disease/Stroke	Emergency room visits due to heart failure, age-adjusted, per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2013-2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Heart Failure Hospitalizations Rate (per 10,000 pop.)	Heart Disease/Stroke	Hospitalization rate for heart failure, age-adjusted, per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2013-2015
Hepatitis B Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving the Hepatitis B Vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016-2017
High Blood Pressure - Unmanaged	Heart Disease/Stroke	Percent adults with high blood pressure not taking medication	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.	2006-2010
High Blood Pressure Medication Use	Heart Disease/Stroke	Percentage of survey respondents who reported having hypertension, who indicated that they are currently taking medication to control high blood pressure	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
High Cholesterol Medication Use	Heart Disease/Stroke	Percentage of survey respondents who reported having high cholesterol, who indicated that they are currently taking medication to lower their blood cholesterol level	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
High Cholesterol Prevalence, Adults	Heart Disease/Stroke	Percentage of survey respondents answering "yes" when asked, "Has a doctor, nurse or other health care professional ever told you that you have high cholesterol?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
High School Graduation Rate (percent of cohort)	Education & Literacy	On-time high school graduation rate per cohort	National Center for Education Statistics, NCES - CHR ED Facts. 2014-2015. Trend: California Department of Education. 2014-2015.	2014-2015
High Speed Internet	Education & Literacy; Neighborhood & Built Environment (Community Infrastructure & Housing Quality); Poverty, Income & Employment	Percentage of population with access to high-speed internet	FCC Fixed Broadband Deployment Data. 2016.	2016
High Stress on Typical Day	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents identifying their stress level as "high" on a "typical" day	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
History of Mental Health Issues	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who reported a history of problems with mental/emotional illness	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
HIV Hospitalizations Rate	Sexually Transmitted Infections	Age-adjusted discharge rate (per 10,000 population) for HIV	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
HIV Prevalence	Sexually Transmitted Infections	Number of persons aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2015.	2015
HIV/AIDS Deaths Rate	Sexually Transmitted Infections	Rate of death due to HIV and AIDS per 100,000 population	National Vital Statistics System. 2008-2014.	2008-2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Home Ownership	Housing & Homelessness; Poverty, Income & Employment	Percentage of self-reported home owners	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Homicide Rate	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data. 2010-2016.	2010-2016
Households with No Vehicle	Poverty, Income & Employment	Percentage of households with no motor vehicle	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Housing Costs	Housing & Homelessness	Cost of housing	Get Healthy San Mateo County. in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Housing Unstable in Past 2 Years	Housing & Homelessness	Percentage of survey respondents who reported that they had been homeless at least once in the past two years	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Hypertension/High Blood Pressure Prevalence, Adults	Heart Disease/Stroke	Percentage of the adult population with hypertension/high blood pressure	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016. Data without benchmark: California Health Interview Survey. 2016.	2016, 2018
Importance of Spirituality	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who answered, "Very important" when asked, "How important is spirituality in your life?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Inadequate Prenatal Care	Birth Outcomes	Percentage of mothers who, on their child's birth certificate, reported receiving prenatal care only in the third trimester of their pregnancy	San Mateo County Health. 2010-2015.	2010-2015
Income Inequality (Gini Coefficient)	Poverty, Income & Employment; Social & Community Context	This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Infant Mortality Rate (per 1,000 births)	Birth Outcomes	Number of all infant deaths (within 1 year), per 1,000 live births	CDC WONDER mortality data. 2010-2016.	2010-2016
Influenza/Pneumonia Death Rate	Asthma & Respiratory Conditions; Infectious Diseases	Age-adjusted rate of death due to influenza/pneumonia per 100,000 population per year	California Department of Public Health. 2014-2016. Cause of Death: California Department of Public Health: 2010-2015 Death Records.	2014-2016.
Injury Deaths Rate	Neighborhood & Built Environment (Community & Family Safety); Unintended Injuries/Accidents	Number of deaths due to injury per 100,000 population	CDC WONDER mortality data. 2012-2016.	2012-2016
Insufficient Sleep	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of adults who report fewer than 7 hours of sleep on average	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Ischemic Heart Disease (Medicare Population)	Heart Disease/Stroke	Percentage of Medicare population with ischemic heart disease	US Department of Health & Human Services, Centers for Medicare & Medicaid Services. 2015.	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Job Does Not Offer Health Benefits	Health care Access & Delivery; Poverty, Income, & Employment	Percentage of employed respondents who reported that their job offered no health benefits	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Job Offers Health Benefits for Employee Dependents	Health care Access & Delivery; Poverty, Income, & Employment	Percentage of employed respondents who reported that their job offered health benefits for their dependents	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Juvenile Arrest Rate	Neighborhood & Built Environment (Community & Family Safety)	Arrests of individuals under age 18 per 100,000	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Juvenile Felony Arrests	Neighborhood & Built Environment (Community & Family Safety)	Percentage of arrests of individuals under age 18 for felonies	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Kindergarteners with All Required Immunizations	Infectious Diseases	Percentage of kindergarten students who reported receiving all required immunizations	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016-2017
Kindergarteners with Overdue Immunizations	Infectious Diseases	Percentage of kindergarten students who reported having overdue immunizations	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016-2017
Know Where to Access Treatment for a Drug-Related Problem if Needed	Health care Access & Delivery; Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who indicated they knew where to access treatment for a drug-related problem if they or someone in their family needed it	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Lack of Affordable Housing	Housing & Homelessness	Percentage of households with "unaffordable housing"	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Lack of Consistent Source of Primary Care	Health care Access & Delivery	Percentage without regular doctor	University of California Center for Health Policy Research, California Health Interview Survey. 2011-2012.	2011-2012
Lack of Dental Insurance Coverage	Health care Access & Delivery; Oral/Dental Health	Percentage of adults aged 18 years and older that self-report they do not have dental insurance.	California Health Interview Survey. 2015-2016.	2015-2016
Lack of Health Care Coverage	Health care Access & Delivery; Poverty, Income & Employment	Percent of survey respondents answering “No” when asked, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Lack of Healthy Food Stores	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of the population that do not live in close proximity to a large grocery store or supermarket	US Department of Agriculture. USDA Food Access Research Atlas. 2014.	2014
Lack of Insurance Prevented Dental Care	Oral/Dental Health; Health care Access & Delivery	Percentage of survey respondents indicating that they or a family member(s) have dental problems they cannot take care of because of a lack of insurance	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Lack of Meaningful Connections to Community (Youth)	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Student self-reported rate of “meaningful connections” in their community	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Lack of Social or Emotional Support	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of adults aged 18 years and older that self-report having insufficient social and emotional support.	Behavioral Risk Factor Surveillance System. 2006-2012.	2006-2012
Lack of Transportation Interfered with Access to Health Care	Health care Access & Delivery; Neighborhood & Built Environment (Transportation & Traffic)	Percentage of respondents who answered “yes” when asked, “Was there a time during the past 12 months when lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Lack Support	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who reported that they had someone they could turn to if they needed or wanted help “little/none of the time.”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Level of Stress	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents reporting various levels of stress during their typical day	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
LGBTQI	Social & Community Context	Percentage of survey respondents who identified as gay, lesbian, or bisexual	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Life Expectancy at Birth (in Years)	Health care Access & Delivery; Social & Community Context; General Health	Average life expectancy at birth in years	Institute for Health Metrics and Evaluation. 2014.	2014
Liquor Store Access Rate	Neighborhood & Built Environment (Community & Family Safety; Transportation & Traffic); Mental	Liquor stores, rate (per 100,000 population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016



Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Unintended Injuries/Accidents			
Living in Health Professional Shortage Area - Primary Care	Health care Access & Delivery	Percentage of the population living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals.	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	2016
Living in Owner-Occupied Housing	Housing & Homelessness; Poverty, Income & Employment	Percentage of homeowners	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Local Employment Opportunities are Fair/Poor	Poverty, Income, & Employment	Percentage of survey respondents who considered the employment opportunities that exist in this area to be fair or poor.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Low Birth Weight	Neighborhood & Built Environment (Natural Environment/Climate); Mental Health & Well-Being (Tobacco/Substance Use); Birth Outcomes	Percentage of total births that are low birthweight (under 2500 grams)	National Center for Health Statistics - Natality files. 2010-2016. Data without benchmark: San Mateo County Health, 2010-2015.	2010-2016
Low Fruit/Vegetable Consumption (Adult)	Cancer; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity; Diabetes)	Percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services,	2005-2009

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Health Indicators Warehouse. 2005-2009.	
Low Fruit/Vegetable Consumption (Youth)	Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity; Diabetes)	Percent population age 2-13 with inadequate fruit/vegetable consumption	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	2011-2012
Lung Cancer Death Rate	Cancer; Mental Health & Well-Being (Tobacco/Substance Use)	Age-adjusted rate of death due to lung cancer per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Lung Cancer Incidence Rate	Mental Health & Well-Being (Tobacco/Substance Use); Cancer	Age-adjusted incidence rate of lung cancer per 100,000 population per year	State Cancer Profiles. 2010-14.	2010-2014
May Move Due to Cost of Living	Housing & Homelessness Poverty, Income, & Employment	Percentage of survey respondents reporting that they had considered leaving the county in the past year due to the cost of living	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Measles, Mumps, and Rubella Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving Measles, Mumps, and Rubella Vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016-2017
Median Age	Dementia & Cognitive Decline	Population median age	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Median Household Income	Poverty, Income & Employment	Median Household Income is the income where half of households in a county earn more and half of households earn less	Small Area Income and Poverty Estimates. 2016.	2016
Median Rent, 2 Bedroom (\$)	Housing & Homelessness	Median rent, in dollars, for a two-bedroom unit	Zilpy.com, Rental Market Trends. October 2018.	Oct-18

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Medication – Could Not Afford	Health care Access & Delivery; Poverty, Income & Employment	Percentage of survey respondents answering “yes” when asked, “Was there a time during the past 12 months when: You Needed to Purchase Medication, But Could Not Because of the Cost?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Melanoma Incidence Rate in Men	Cancer	Age-adjusted incidence rate of melanoma among males per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012
Melanoma Incidence Rate in Women	Cancer	Age-adjusted incidence rate of melanoma among females per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012
Mental Health Emergency Room Visit Rate (per 10,000 pop.)	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Emergency room visits due to mental health, age-adjusted, per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2013-2015
Mortality – Premature Deaths (Years of Potential Life Lost)	Health care Access & Delivery; Social & Community Context; General Health	Years of potential life lost, rate per 100,000 population	University of Wisconsin Population Health Institute, County Health Rankings. 2014-2016.	2014-2016
Motor Vehicle Accidents	Neighborhood & Built Environment (Transportation & Traffic); Unintended Injuries/Accidents	Counts of injuries due to motor vehicle collisions	County of San Mateo Emergency Medical Services. 2016-2017.	2016-2017
Motor Vehicle Crash Death Rate	Neighborhood & Built Environment (Transportation & Traffic); Unintended Injuries/Accidents	Number of motor vehicle crash deaths per 100,000 population	CDC WONDER mortality data. 2010-2016. Data without benchmark: County of San Mateo Emergency Medical Services. 2016-2017.	2010-2016, 2016-2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Needing Mental Health Care	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of adults who self-report that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs.	University of California Center for Health Policy Research, California Health Interview Survey. 2013-2014.	2013-2014
Neighborhood Safety is Fair/Poor	Neighborhood & Built Environment (Community & Family Safety)	Percentage of survey respondents who rated the safety, security, and crime control in their neighborhood to be fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
No HIV Screening	Sexually Transmitted Infections	Percentage of adults age 18-70 who self-report that they have never been screened for HIV	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-2012.	2011-2012
No Recent Dental Exam (Youth)	Health care Access & Delivery; Oral/Dental Health	Percent Youth Without Recent Dental Exam	University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.	2013-2014
Number of Years Without Health Coverage	Health care Access & Delivery	Average number of years that survey respondents were without health insurance	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Obesity (Adult)	Asthma & Respiratory Conditions; Cancer; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of survey respondents who are obese (Body Mass Index [BMI] greater than or equal to 30.0, based on self-reported height and weight)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Obesity (Youth)	Asthma & Respiratory Conditions; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of children in grades 5, 7, and 9 ranking within the "High Risk" category for body composition on the Fitnessgram physical fitness test	FITNESSGRAM® Physical Fitness Testing. 2016-2017.	2016-2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Older Dependents in Home who Cannot Live Alone	General Health; Housing & Homelessness	Percentage of survey respondents who answered "yes" when asked, "Do you currently have any older dependents, such as parents, aunts, or uncles living in your household because they are unable to live alone?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Opioid Prescription Drug Claims	Mental Health & Well-Being (Tobacco/Substance Use)	Number of Medicare Part D prescription claims for opiates as a percentage of total Medicare Part D prescription drug claims	US Department of Health & Human Services, Centers for Medicare and Medicaid Services. 2015.	2015
Opportunity Index (score 1-100)	Poverty, Income & Employment; Social & Community Context	Opportunity Index score, a measure of community well-being, for which scores range between 0 (indicating no opportunity) and 100 (indicating maximum opportunity)	Opportunity Nation. 2017.	2017
Other Drugs	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who reported having used any illicit drugs	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Ovarian Cancer Death Rate	Cancer	Age-adjusted rate of death among females due to ovarian cancer per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012
Overweight (Adult)	Cancer; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of adults age 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.	2011-2012
Overweight (Youth)	Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of children in grades 5, 7, and 9 ranking within the "Needs Improvement" category (Overweight) for body composition on the Fitnessgram physical fitness test	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.	2013-2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Overweight Adults	Healthy Lifestyles (Obesity)	Percentage of survey respondents who are overweight (calculated Body Mass Index based on self-reported height and weight)	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Overweight/Obese Adults	Asthma & Respiratory Conditions; Cancer; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of adults who are overweight or obese (calculated Body Mass Index based on self-reported height and weight)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Pain Interfered with Usual Activities (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being); General Health	Average number of days per month survey respondents indicated that pain made it hard for them to engage in their usual activities	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Pancreatic Cancer Mortality in Men	Cancer	Age-adjusted rate of death among males due to pancreatic cancer per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012
Pancreatic Cancer Mortality in Women	Cancer	Age-adjusted rate of death among females due to pancreatic cancer per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012
Parent/Family Supervises Child After School	Neighborhood & Built Environment (Community & Family Safety); Social & Community Context	Percentage of survey respondents with at least one child under the age of 18 living with them, who reported that a parent or family member supervises their child after school	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Park Access	Heart Disease/Stroke	Percent population within 1/2 mile of a park	US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.	2010
Pedestrian Accident Death Rate	Neighborhood & Built Environment (Transportation &	Pedestrian accident, age-adjusted mortality rate (per 100,000 population)	University of Missouri, Center for Applied Research and Environmental Systems.	2010-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Traffic); Unintended Injuries/Accidents		California Department of Public Health, California Department of Public Health - Death Public Use Data. 2010-2012.	
Pediatric Asthma Hospitalizations Rate (per 10,000 pop.)	Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Age-adjusted hospitalization rate (per 10,000 population) due to pediatric asthma	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2013-2015
Perception of Safety, Youth	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of teen survey respondents who reported feeling safe in their community	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Persons Age 65+ in Poverty	Poverty, Income & Employment	Percentage of adults age 65+ in poverty	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Persons Under 18 in Poverty	Poverty, Income & Employment	Percentage of children under age 18 in poverty	Small Area Income and Poverty Estimates. 2016.	2016
Pertussis Cases Rate	Asthma & Respiratory Conditions; Infectious Diseases	Pertussis rates per 100,000 population	California Department of Public Health Immunization Branch. 2016.	2016
Physical Environment of Community is Fair/Poor	Neighborhood & Built Environment (Community Infrastructure & Housing Quality)	Percentage of survey respondents rating the physical environment of the community as fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Physical Inactivity (Adult)	Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet,	Percentage of adults age 20 and over reporting no leisure-time physical activity	CDC Diabetes Interactive Atlas. 2014. Trend:	2013, 2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Fitness, & Nutrition; Obesity)		Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.	
Physical Inactivity (Youth)	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or 'Needs Improvement' zones for aerobic capacity on the Fitnessgram physical fitness test	FITNESSGRAM® Physical Fitness Testing. 2016-2017.	2016-2017
Pneumonia Vaccine Ever Received (Age 65+)	Health care Access & Delivery; Asthma & Respiratory Conditions; Infectious Diseases	Percentage of survey respondents age 65+ answering "yes" when asked, "Have you ever received the pneumonia vaccine?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Polio Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving the polio vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2015-2016, 2016-2017
Poor Dental Health	Oral/Dental Health	Percent adults with poor dental health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-2010.	2006-2010
Poor Mental Health (Average Days/Month)	Mental Health & Well Being (Mental Health/Emotional Well-Being)	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018



Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Poor or Fair Health	Health care Access & Delivery; General Health	Percentage of adults that self-report having poor or fair health	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Poor Physical Health (Average Days/Month)	General Health; Health care Access & Delivery	Average number of days per month survey respondents indicated their physical health was not good	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being); General Health	Average number of days per month survey respondents indicated that poor physical or mental health made it hard for them to engage in their usual activities	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Poor Sleep (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Average number of days in the past month that survey respondents reported they felt they didn't get enough sleep	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Population Below 100% FPL	Poverty, Income & Employment	Percentage of the population living in households with income below the Federal Poverty Level (FPL)	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Population Below 200% FPL	Poverty, Income & Employment	Percentage of population with income at or below 200% FPL	US Census Bureau, American Community Survey. 2012-2016. Trend: San Mateo County Health, Health and Quality of Life Survey. 2016	2012-2016, 2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Population Below 200% FPL, Adults 65+	Poverty, Income & Employment	Percentage of survey respondents who are older adults (age 65+) whose income is at or below 200% FPL	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Population in Linguistically Isolated Households	Education & Literacy; Social & Community Context	Percent of population living in households in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English “very well.” In other words, all members 14 years old and over have at least some difficulty with English.	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Population Receiving Medicaid	Health care Access & Delivery; Poverty, Income & Employment	Percent of insured population receiving Medicaid	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Population with Any Disability	Health care Access & Delivery; Social & Community Context; General Health	Percent population with a disability	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Population with Limited English Proficiency (age 5+)	Education & Literacy; Health care Access & Delivery; Poverty, Income & Employment	Population above the age of 5 who reported speaking English less than “very well,” as classified by the U.S. Census Bureau	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Premature Death, Racial/Ethnic Disparity Index	Health care Access & Delivery; Social & Community Context	Summary measure of disparity (Index of Disparity) in premature death on the basis of race and ethnicity	National Vital Statistics System. 2004-2010.	2004-2010
Pre-Term Births	Birth Outcomes	Percentage of total births that are pre-term (occurring before 37 weeks of pregnancy)	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012-2014.	2012-2014
Preventable Hospital Events (% of Total Discharges)	Health care Access & Delivery	Age-adjusted discharge rate (per 10,000 population)	California Office of Statewide Health Planning and	2011

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	
Preventable Hospital Events Rate (per 1,000 Medicare Beneficiaries)	Health care Access & Delivery	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Dartmouth Atlas of Health Care. 2015. Trend: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011	2011, 2015
Primary & Secondary Syphilis Cases (Incidence) Rate	Sexually Transmitted Infections	Primary & secondary syphilis cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Prostate Cancer Death Rate	Cancer	Age-adjusted rate of death among males due to prostate cancer per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Prostate Cancer Incidence Rate	Cancer	Annual prostate cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2010-14.	2010-2014
Public Transit Stops	Neighborhood & Built Environment (Access to Food/Recreation; Community Infrastructure & Housing Quality; Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diet, Fitness, & Nutrition; Obesity)	Percentage of the population living within 0.5 miles of a transit stop	EPA Smart Location Database. 2013.	2013

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Rape (Crime) Rate	Neighborhood & Built Environment (Community & Family Safety)	Rape rate (per 100,000 population)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-2014.	2012-2014
Reading At or Above Proficiency	Education & Literacy	Percentage of grade 4 ELA test scores at or above standard	California Department of Education. 2015-2016.	2015-2016
Receiving Government Assistance	Food insecurity; Health care Access & Delivery; Poverty, Income, & Employment	Percentage of respondents who answered "yes" when asked, "Do you currently receive any type of government assistance?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Recent Dental Exam	Health care Access & Delivery; Oral/Dental Health	Percent of survey respondents answering "Visit[ed] in past year" when asked "About how long has it been since you last visited a dentist for a routine check-up?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Recent Marijuana Use	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who reported that they had used marijuana in the past month	San Mateo County Health, Behavioral Health and Recovery Services. Knowledge, Attitudes, and Behaviors Regarding Marijuana. 2016.	2016
Recent Primary Care Visit (at least 1 visit past year)	Health care Access & Delivery	Percentage of adults aged 18 years and older that visited a primary care clinician at least once within the past year	California Health Interview Survey. 2015-2016.	2015-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Received Informal Food Support	Food Insecurity; Birth Outcomes; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of survey respondents who indicated that they had gone to a food bank or otherwise received free meals in the past year	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Recreation and Fitness Facilities Rate	Neighborhood & Built Environment (Access to Food/Recreation); Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Recreation and fitness facilities, rate (per 100,000 population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Regular Vigorous Physical Activity (Adults)	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Percentage of survey respondents who indicated that they engage in vigorous physical activity three or more times per week.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Reliability of Public Transit	Neighborhood & Built Environment (Transportation & Traffic)	Percentage of survey respondents reporting they could rely on public transit to get to work, appointments, and shopping	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Residential Segregation Index—Black/White (score 0-100)	Social & Community Context	Residential Segregation is the index of dissimilarity where higher values indicate greater residential segregation between black and white county residents. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation)	US Census Bureau, American Community Survey. 2012-2016.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Residential Segregation Index—Non-White/White (score 0-100)	Social & Community Context	Residential segregation is the index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation)	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Respiratory Hazard Index (score)	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Asthma & Respiratory Conditions	Respiratory Hazard Index, for which scores greater than 1.0 mean respiratory pollutants are likely to increase risk of non-cancer adverse health effects over a lifetime	EPA National Air Toxics Assessment. 2011.	2011
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	Arthritis	Percentage of the Medicare population with rheumatoid arthritis or osteoarthritis	US Department of Health & Human Services, Centers for Medicare & Medicaid Services. 2015.	2015
Road Network Density (Acres)	Neighborhood & Built Environment (Community Infrastructure & Housing Quality; Natural Environment/Climate; Transportation & Traffic)	Total road network density (road miles per acre)	Environmental Protection Agency, EPA Smart Location Database. 2011.	2011
Robbery (Crime) Rate	Neighborhood & Built Environment (Community & Family Safety)	Robbery rate (per 100,000 population)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for	2013-2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Political and Social Research. 2012-2014.	
School Enrollment Age 3-4	Education & Literacy	Percentage of population age 3-4 enrolled in school	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Self-Sufficiency Standard, Single Parent Family	Poverty, Income, & Employment	The self-sufficiency standard (dollar amount) for a single parent with two children (one preschool-aged and one school-aged) in San Mateo County in 2014	Insight Center for Community Economic Development, 2014.	2014
Seriously Considered Suicide	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of adults aged 18 years and older that self-report having seriously thought about committing suicide	California Health Interview Survey. 2015-2016.	2015-2016
Severe Housing Problems	Housing & Homelessness	Percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Housing unit is severely overcrowded (> 2 persons per room); or Household is severely cost burdened (all housing costs represent >50% of monthly income)	US Census Bureau, American Community Survey. 2011-2015.	2011-2015
Share Housing Costs with Non-Partner for Affordability	Housing & Homelessness	Percentage of respondents who reported sharing housing costs with someone other than a spouse or partner in order to limit expenses	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Smoking in Home	Asthma & Respiratory Conditions; Cancer	Percentage of survey respondents who answered “yes” when asked “Do you or does another member of your household currently smoke in your home?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
SNAP Benefits (Households)	Food Insecurity; Healthy Lifestyles (Diet, Fitness, & Nutrition; Obesity)	Estimated percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Social Associations (per 10,000 pop.)	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Number of social associations (e.g. civic organizations, recreational clubs and facilities, political organizations, labor organizations, business associations, professional organizations) per 10,000 population	County Business Patterns. 2015.	2015
Soft Drink Consumption	Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity); Oral/Dental Health	Percentage of adults that self-report drinking a soda or sugar sweetened beverage at least once daily	California Health Interview Survey. 2014.	2014
Stroke Death Rate	Heart Disease/Stroke	Age-adjusted rate of death due to cerebrovascular disease (stroke) per 100,000 population	California Department of Public Health. 2014-2016. Cause of Death: California Department of Public Health: 2010-2015 Death Records.	2010-2015, 2014-2016
Stroke Hospitalizations (per 1,000 Medicare Beneficiaries)	Heart Disease/Stroke	Hospitalization rate for Ischemic stroke among Medicare beneficiaries aged 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population.	Interactive Atlas of Heart Disease and Stroke. 2012-2014.	2012-2014
Stroke Prevalence	Heart Disease/Stroke	Percentage of population diagnosed with stroke	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Stroke Prevalence (Medicare Population)	Heart Disease/Stroke	Percentage of the Medicare fee-for-service population diagnosed with stroke	Centers for Medicare and Medicaid Services. 2015.	2015



Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Substance-Related Emergency Department Visits Rate	Mental Health & Well-Being (Tobacco/Substance Use)	Emergency Department visit rate (per 100,000 people) for substance-related issues	California Department of Public Health EpiCenter California injury data online. 2014.	2014
Substandard Housing Units	Housing & Homelessness; Neighborhood & Built Environment (Community Infrastructure & Housing Quality)	Percent occupied housing units with one or more substandard conditions	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Sugar-Sweetened Beverage Consumption (Adults)	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Oral/Dental Health	Percentage of survey respondents reporting that they consume sugar-sweetened beverages daily	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Sugar-Sweetened Beverage Consumption (Youth)	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Oral/Dental Health	Percentage of youth age 12-17 drinking one or more sugar-sweetened beverages per day	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Suicidal Ideation	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of teen survey respondents who reported having suicidal thoughts	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Suicide Death Rate	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Age-adjusted rate of death due to intentional self-harm (suicide) per 100,000 population	National Vital Statistics System. 2011-2015.	2011-2015
Suspensions Rate (per 100 students)	Education & Literacy; Neighborhood & Built Environment (Community & Family	Rate of suspensions per 100 enrolled students	California Department of Education. 2016-2017.	2016-2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Safety); Social & Community Context			
Taking Prescription Medication for Asthma	Asthma & Respiratory Conditions	Percentage of survey respondents who indicated that they are taking prescription medication for asthma	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Teen Births Rate	Birth Outcomes	Number of births per 1,000 female population ages 15-19 Number of births per 1,000 female population ages 12-14 (trend and data without benchmark)	National Center for Health Statistics - Natality files. 2010-2016. Trend and data without benchmark: San Mateo County Health, 2015.	2010-2016, 2015
Teeth Removed Due to Poor Oral Health	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Oral/Dental Health	Percentage of survey respondents who reported that three or more of their permanent teeth had been removed due to tooth decay or gum disease	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Truancy	Neighborhood & Built Environment (Community & Family Safety); Education & Literacy	Percentage of students who reported being truant during the school year	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Trust Local Government Seldom/Never	Social & Community Context	Percentage of survey respondents who indicated that they seldom or never trusted local government to work for the best interest of their community.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Tuberculosis Cases Rate	Asthma & Respiratory Conditions; Infectious Diseases	Tuberculosis incidence rate per 100,000 population	California Department of Public Health Tuberculosis Branch. 2016.	2016
Unemployment Rate	Poverty, Income & Employment	Percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted)	US Department of Labor, Bureau of Labor Statistics. 2018 - March.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Uninsured Children	Health care Access & Delivery; Poverty, Income & Employment	Percentage of children aged less than 18 years of age without health insurance coverage	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Uninsured Population	Health care Access & Delivery; Poverty, Income & Employment	Percent uninsured population	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Unintentional Drowning/Submersion Death Rate	Unintended Injuries/Accidents	Unintentional deaths due to drownings/submersions, rate per 100,000 population	California Department of Public Health EpiCenter California injury data online. 2013.	2013
Unintentional Poisoning Death Rate	Unintended Injuries/Accidents	Unintentional poisoning deaths, rate per 100,000 population	California Department of Public Health EpiCenter California injury data online. 2013.	2013
Use Other Tobacco Products	Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Oral/Dental Health	Percentage of survey respondents who answered "yes" when asked, "Do you currently use other tobacco products such as cigars, pipes, chewing tobacco, or snuff?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Used Marijuana or Hashish Recently	Asthma & Respiratory Conditions; Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who reported that they had used marijuana or hashish in the past month	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Usual Source of Dental Care	Health care Access & Delivery; Oral/Dental Health	Percentage of respondents who reported having a usual source of dental care	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Uterine Cancer Incidence Rate	Cancer	Age-adjusted incidence rate of uterine cancer among females per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Vacant Housing Units	Housing & Homelessness	Vacant housing units, percent	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Varicella Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving the varicella vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2015-2016, 2016-2017
Walkable Destinations	Neighborhood & Built Environment (Access to Food/Recreation; Transportation & Traffic); Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of the population that live in close proximity to a park, playground, library, museum or other destinations of interest	Center for Applied Research and Environmental Systems. 2012-2015.	2012-2015
WIC-Authorized Food Stores Rate	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories	US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011.	2011
Witnessing Violence at School	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of teen survey respondents who reported seeing violence at their schools	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Witnessing Violence in Community	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of teen survey respondents who reported seeing violence in their community	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Youth Experiencing Bullying, Prevalence	Neighborhood & Built Environment (Community & Family Safety)	Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether in the past 12 months they have been harassed or bullied at school for any reason	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd). 2011-2013.	2011-2013
Youth Intentional Injury Rate	Neighborhood & Built Environment (Community & Family Safety)	Intentional injuries, rate per 100,000 population (youth age 10 - 19)	California Department of Public Health, California EpiCenter. 2013-14.	2013-2014
Youth Intentional Self-Harm-ER Visits (per 10,000 pop.)	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Emergency department visit rate per 10,000 for intentional self-harm in youth ≤18 years old	California Office of Statewide Health and Planning (OSPHD). 2014.	2014

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## LEGEND

Statistical data tables compare San Mateo County data to California state benchmarks or Healthy People 2020 aspirational goals, whichever is more stringent.

### Definitions:

- Incidence rate: Rate of new cases within a specific time period
- Mortality rate: Rate of deaths from a given condition compared with a specified population
- Prevalence: Proportion of a population with a given condition
- Age-adjusted rate: Statistically modified rate that eliminates the effect of different age distributions in the populations
- 

### Conventions:

- Core indicators are separated from drivers by a heavy border.
- Certain indicators are available by ethnicity, which shows disparities in certain populations. Those tables follow each of the overall health need tables if available.
- Rates are per 100,000 unless otherwise noted.
- Data are rounded to the tenths if available. If the data point is less than 1.0, then it is presented to the hundredths.
- Data that are worse than benchmarks are **bolded**.
- Data that are 5% (not five percentage points, but five percent) worse than benchmarks are marked with a diamond (♦).
- Data where trends are available denoted with the dagger (†) symbol.
- Benchmark values represent the California state average except where noted:
  - Benchmark values with the (<sup>H</sup>) superscript indicate that the Healthy People 2020 benchmark is more stringent than the state average.
  - Benchmark values with the (<sup>US</sup>) superscript indicate that figure represents the national (United States) average rather than the state average; this occurs in cases where the state average was not made available.
- Indicator details, including the definition and original source, may be found in “Secondary Data Indicators” list provided separately.
- We use the shorthand “Afr / Afr Anc” for the term “African/African Ancestry” or “of African descent” to refer to all African people. Please note that the data sources from which ethnicity data are provided may use the terms “Black” and/or “African-American” in their surveys and studies. The term African ancestry is more inclusive and emphasizes the connectedness of all African people.

- We use the shorthand “Hisp / Lat (Any Race)” for the term “Hispanic / Latinx (Any Race),” “Pac Isl” for the term “Pacific Islander,” and “Native Am” for the term “Native American.”

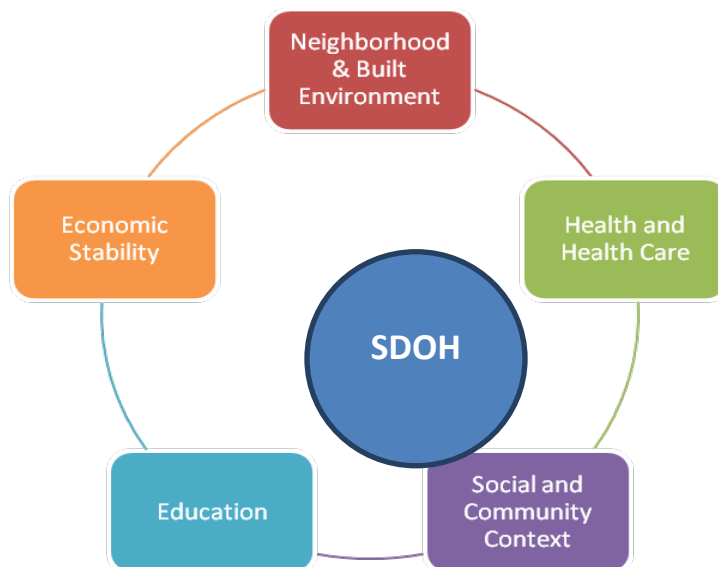
## Social Determinants of Health

Health needs in the social determinants of health category are those which impact our health by way of our social and physical environments. The Healthy People 2020 framework organizes its research on social determinants of health in five domains:

1. **Economic Stability:** Employment, Food Insecurity, Housing Instability, Poverty
2. **Education:** Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy
3. **Health and Health Care:** Access to Health Care, Access to Primary Care, Health Literacy
4. **Neighborhood and Built Environment:** Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing
5. **Social and Community Context:** Social Cohesion, Civic Participation, Discrimination, and Incarceration

The data tables found in this section all pertain to these five domains.

*Figure 1, Social Determinants of Health Domains*



Adapted from HealthyPeople.gov

## EDUCATION & LITERACY

*Table 1, Statistical Data for Education & Literacy*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>High School Graduation Rate (percent of cohort)<sup>1† &amp; 2</sup></b>	2014-2015	88.1%	<sup>H</sup> 87.0%	↑
Reading At or Above Proficiency <sup>2</sup>	<b>2015-2016</b>	<b>*56.0%</b>	<sup>H</sup> <b>63.7%</b>	↑
<b>School Enrollment Age 3-4<sup>1</sup></b>	2012-2016	62.5%	48.6%	↑
<b>Adults with an Associate's Degree or Higher<sup>2</sup></b>	2012-2016	54.5%	39.8%	↑
<b>Adults with Less than High School Diploma (or Equivalent)<sup>1</sup></b>	2012-2016	11.4%	17.9%	↓
<b>Adults with Some Post-Secondary Education<sup>2</sup></b>	2012-2016	76.1%	63.6%	↑
<b>Expulsions Rate (per 100 students)<sup>2</sup></b>	2016-2017	0.06	0.08	↓
Head Start Program Facilities Rate (per 10,000 pop. 0-5) <sup>1</sup>	<b>2018</b>	<b>*2.6</b>	<b>5.9</b>	↑
<b>High Speed Internet<sup>2</sup></b>	2016	98.9%	95.4%	↑
<b>Population in Linguistically Isolated Households<sup>1</sup></b>	2012-2016	8.9%	8.9%	↓
<b>Population with Limited English Proficiency (age 5+)<sup>1</sup></b>	2012-2016	18.4%	18.6%	↓
<b>Suspensions Rate (per 100 students)<sup>2</sup></b>	2016-2017	4.9	5.9	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Childcare Arrangement Has Made It Easier for Parent to Attend Education/Training<sup>11</sup>: Decreasing
- Computer in Household<sup>11</sup>: Mixed (increasing, but decrease since 2013)
- High School Graduation Rate<sup>1</sup>: Flat since 2012

### Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 2, Statistical Data for Education & Literacy by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>High School Graduation Rate (percent of cohort) <sup>2</sup></b>	<sup>H</sup> 87.0%	92.2	<b>♦77.3</b>	96.8		<b>♦73.3</b>		94.6	<b>80.4</b>
<b>Adults with Less than High School Diploma or Equivalent<sup>1</sup></b>	17.9%	3.6%	11.0%	8.3%	14.1%	<b>♦26.6%</b>	<b>♦36.8%</b>	8.0%	<b>♦32.9%</b>
<b>Reading At or Above Proficiency<sup>2</sup></b>	<sup>H</sup> 63.7 %	75%	<b>♦34%</b>	79%	<b>♦30%</b>			74%	<b>♦31%</b>
<b>Population with Limited English Proficiency (age 5+)<sup>1</sup></b>	18.6%	11.0%	0.19%	14.2%	0.54%	0.13%	7.4%	0.51%	<b>♦35.4%</b>

Blank cells indicate that data were unavailable.

### Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Computer in Household: Nearly 90% of Quality of Life Survey respondents countywide (N=1,581) reported that they had a computer at home.<sup>11</sup> This was reported in smaller proportions by respondents with a high school diploma or less (68%), and individuals earning less than 200% FPL (69%).<sup>11</sup>
- College Preparedness, High School Graduates: “In 2012, [only] 52% of high school graduates reported taking college preparatory courses in high school.”<sup>13</sup>
- Truancy: “In 2012, 63% of students attending non-traditional schools reported being truant during the school year.”<sup>13</sup>

## FOOD INSECURITY

**Table 3, Statistical Data for Food Insecurity**

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
------------	---------	-----	-----------	------------

Food Insecure Population Ineligible for Assistance <sup>1</sup>	2014	♦39%	22%	↓
Food Insecure Population Ineligible for Assistance - Children <sup>1</sup>	2014	♦46%	29%	↓
Food Insecurity Rate <sup>11† &amp; 23</sup>	2016, 2018	♦9.1%	<sup>H</sup> 6.0%	↓
<b>Food Insecurity Rate – Children under 18<sup>1</sup></b>	2014	19.3%	25.3%	↓
<b>Children Eligible for Free/Reduced Price Lunch<sup>1†</sup></b>	2015-2016	32.9%	58.9%	↓
<b>Children in Single-Parent Households<sup>2</sup></b>	2012-2016	22.0%	31.8%	↓
<b>SNAP Benefits (Households)<sup>1† &amp; 2</sup></b>	2012-2016	3.7%	9.4%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Children Eligible for Free/Reduced Price Lunch<sup>1</sup>: Falling since 2012-13
- Food Insecurity<sup>11</sup>: More respondents were food-insecure than in any prior survey (1998-2013).
- SNAP Benefits (Households)<sup>1</sup>: Rising since 2008
- Received Informal Food Support<sup>11</sup>: Increasing
- Receiving Government Assistance<sup>11</sup>: Increasing

### Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 4, Statistical Data for Food Insecurity by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Food Insecurity Rate<sup>11 &amp; 24</sup></b>	<sup>H</sup> 6.0%		♦7.5%	*♦7.2%					

Blank cells indicate that data were unavailable. \* Indicates that survey combined Asian/Pacific Islander.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 5, Statistical Data for Food Insecurity by Age, Income, Education, or Geography**

Indicators	Bench- mark	Age 0-5	Age 6-17	Age 18- 64	Age 65+	≤ High School	Some College	≥ B.A./B.S. Degree	≤ 200% FPL
<b>Food Insecurity Rate<sup>11 &amp; 24</sup></b>	<sup>H</sup> 6.0%								<b>♦10.4%</b>

Blank cells indicate that data were unavailable.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- **Food Access:**
  - Did Not Eat Breakfast: About “69% of non-traditional students reported not having eaten breakfast in the past day.”<sup>13</sup>
- **Food Assistance Programs:**
  - Received Informal Food Support: More than 6% of Quality of Life Survey respondents countywide (N=1,581) indicated that they had gone to a food bank or otherwise received free meals in the past year.<sup>11</sup> This figure was higher among low-income respondents (17%) and respondents from the Coastside (12%).<sup>11</sup>
  - Eligible Students Not Participating in School Lunch Programs: Nearly one third (31%) of students eligible to participate in school lunch programs are not participating.<sup>14</sup>
  - Eligible Students Not Participating in School Breakfast Programs: Nearly two thirds (64%) of students eligible to participate in school breakfast programs are not participating.<sup>14</sup>
  - Food Assistance Program Participation: “About half of eligible food-insecure individuals participate in food assistance programs.”<sup>14</sup> “There are significant gaps in participation in cities like Daly City, N[orth] F[air] O[aks], E[ast] P[alo] A[lto], San Mateo [and] Redwood City.”<sup>14</sup> It appears there is “[m]ore exploration to be done in cities like Millbrae, Foster City, San Bruno, [and] Brisbane.”<sup>14</sup>

## HEALTH CARE ACCESS & DELIVERY

Table 6, Statistical Data for Health care Access & Delivery

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Access to Dentists Rate <sup>1† &amp; 12</sup>	2016	101.2	82.3	↑
Access to Mental Health Care Providers Rate <sup>1</sup>	2018	300.9	280.6	↑
Access to Primary Care Rate <sup>1† &amp; 12</sup>	2015	102.9	78.0	↑
Access to Other Primary Care Providers Rate <sup>12</sup>	2017	♦35.6	52.2	↑
Adults Needing and Receiving Behavioral Health Care Services <sup>20†</sup>	2015-2016	58.4%	60.5%	↓
Lack of Consistent Source of Primary Care <sup>1</sup>	2011-2012	10.4%	14.3%	↓
Preventable Hospital Events (% of Total Discharges) <sup>1</sup>	2011	8.6%	9.9%	↓
Preventable Hospital Events Rate (per 1,000 Medicare Beneficiaries) <sup>1† &amp; 12</sup>	2015	21.9	36.2	↓
30-Day Readmissions <sup>2</sup>	2014	13.7%	14.4%	↓
Asthma Hospitalizations Rate (per 10,000 Medicare Beneficiaries) <sup>2</sup>	2015	2.0	2.4	↓
Cancer Screening – Mammogram, Medicare Population <sup>11† &amp; 25</sup>	2016, 2018	67.0%	59.5%	↑
Cancer Screening – Mammogram <sup>11† &amp; 24</sup>	2016, 2018	86.0%	82.4%	↑
Cancer Screening – Pap Test <sup>1</sup>	2006-2012	82.1%	78.3%	↑
Cancer Screening – FOBT/Sigmoid/Colonoscopy <sup>11 &amp; 24</sup>	2016, 2018	80.4%	71.4%	↑
Cancer Screening - Sigmoid/Colonoscopy, Adults 50+ <sup>11† &amp; 24</sup>	2016, 2018	77.3%	40.1%	↑
Delayed or Had Difficulty Obtaining Care <sup>20†</sup>	2013-2014	17.3%	21.2%	↓
Doctor's Visit – Could Not Afford <sup>11† &amp; 24</sup>	2016, 2018	5.8%	11.4%	↓
Federally Qualified Health Centers Rate <sup>1</sup>	2018	♦1.7	2.7	↑
Flu Shot in Past Year – Adults 65+ <sup>11 &amp; 24</sup>	2016, 2018	73.9%	58.1%	↑
Health Professional Shortage Area – Dental <sup>2</sup>	2016	0.0%	13.2%	↓

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Health care Costs (Medicare Reimbursements per Enrollee)<sup>12</sup></b>	2015	\$7,473	\$9,100	↓
<b>Lack of Dental Insurance Coverage<sup>2</sup></b>	2015-2016	26.0%	38.5%	↓
<b>Lack of Health Care Coverage<sup>11† &amp; 24</sup></b>	2016, 2018	8.6%	12.9%	↓
<b>Lack of Transportation Interfered with Access to Health Care<sup>11† &amp; 24</sup></b>	2016, 2018	7.2%	<sup>US</sup> 8.3%	↓
<b>Life Expectancy at Birth (in Years)<sup>2</sup></b>	2014	83.1	80.8	↓
<b>Living in Health Professional Shortage Area - Primary Care<sup>1</sup></b>	2016	0.0%	5.1%	↓
<b>Medication – Could Not Afford<sup>11† &amp; 24</sup></b>	2016, 2018	7.7%	<sup>US</sup> 14.9%	↓
<b>Mortality – Premature Deaths (Years of Potential Life Lost)<sup>1</sup></b>	2014-2016	3,552	5,862	↓
<b>No Recent Dental Exam (Youth)<sup>1</sup></b>	2013-2014	1.2%	18.5%	↓
<b>Pneumonia Vaccine Ever Received (Age 65+)<sup>11 &amp; 24</sup></b>	2016, 2018	76.0%	72.4%	↑
<b>Poor or Fair Health<sup>11† &amp; 24</sup></b>	2016, 2018	13.3%	17.8%	↓
<b>Poor Physical Health (Average Days/Month)<sup>11† &amp; 12</sup></b>	2016, 2018	2.7	3.5	↓
<b>Population Receiving Medicaid<sup>1</sup></b>	2012-2016	15.2%	26.6%	↓
<b>Population with Any Disability<sup>1</sup></b>	2012-2016	8.3%	10.6%	↓
<b>Population with Limited English Proficiency (age 5+)<sup>1</sup></b>	2012-2016	18.4%	18.6%	↓
<b>Premature Death, Racial/Ethnic Disparity Index<sup>2</sup></b>	<b>2004-2017</b>	<b>♦52.1</b>	<b>36.8</b>	↓
<b>Recent Dental Exam<sup>11 &amp; 24</sup></b>	2016, 2018	78.9%	66.8%	↑
<b>Recent Primary Care Visit (at least 1 visit past year)<sup>2</sup></b>	<b>2015-2016</b>	<b>70.6%</b>	<b>72.4%</b>	↑
<b>Uninsured Children<sup>2</sup></b>	2012-2016	9.6%	10.4%	↓
<b>Uninsured Population<sup>1†</sup></b>	2012-2016	<b>♦7.2%</b>	<b>†0.0%</b>	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.



- Access to Dentists Rate<sup>1</sup>: Rising since 2010
- Access to Primary Care Rate<sup>1</sup>: Mixed, but generally rising since 2010
- Adults Needing and Receiving Behavioral Health Care Services<sup>20</sup>: No significant change
- Cancer Screening – Mammogram, Medicare Population<sup>11</sup>: Increasing
- Cancer Screening – Mammogram<sup>11</sup>: Decreasing
- Cancer Screening – Fecal Occult Blood Stool Test<sup>11</sup>: Increasing
- Cancer Screening - Sigmoid/Colonoscopy, Adults 50+<sup>11</sup>: Increasing
- Child Had Recent Dental Exam<sup>11</sup>: Increasing
- Child Has Usual Place for Medical Check-ups<sup>11</sup>: Decreasing since 2013
- Delayed or Had Difficulty Obtaining Care<sup>20</sup>: Flat compared to prior value
- Difficulty Getting in to See a Doctor<sup>11</sup>: No clear trend
- Doctor's Visit – Could Not Afford<sup>11</sup>: No significant change
- Fair/Poor Access to Social Services<sup>11</sup>: No significant change
- Fair/Poor Access to Child Health Services<sup>11</sup>: Increasing since 2008
- Fair/Poor Access to Dental Care<sup>11</sup>: Increasing
- Fair/Poor Access to Help for Substance Abuse<sup>11</sup>: Increasing
- Fair/Poor Access to Mental Health Services<sup>11</sup>: Increasing
- Fair/Poor Access to Health Care<sup>11</sup>: No clear trend
- Have Ever Sought Professional Help for Drug Related Problem<sup>11</sup>: Flat
- Job Does Not Offer Health Benefits<sup>11</sup>: Increasing
- Job Offers Health Benefits for Employee Dependents<sup>11</sup>: Slightly increasing
- Know Where to Access Treatment for a Drug-Related Problem if Needed<sup>11</sup>: Increasing
- Lack of Health Care Coverage<sup>11</sup>: Decreasing since 2008
- Lack of Transportation Interfered with Access to Health Care<sup>11</sup>: No significant change
- Medication – Could Not Afford<sup>11</sup>: Decreasing
- Number of Years Since Had Health Coverage<sup>11</sup>: Decrease from 2013
- Poor or Fair Health<sup>11</sup>: Increasing since 2008
- Preventable Hospital Events Rate (per 1,000 Medicare Beneficiaries)<sup>1,12</sup>: Falling since 2008
- Receiving Government Assistance<sup>11</sup>: Increasing
- Uninsured Population<sup>1</sup>: Decreasing

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

***Table 7, Statistical Data for Health care Access & Delivery by Ethnicity***

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Lack of Consistent Source of Primary Care<sup>1</sup></b>	14.3%	5.8%	8.0%				10.8%		<b>♦17.0%</b>
<b>Cancer Screening – FOBT/Sigmoid/Colon oscopy<sup>11 &amp; 24</sup></b>	71.4%			*74.5%					
<b>Doctor's Visit – Could Not Afford<sup>11 &amp; 24</sup></b>	11.4%		10.4%						
<b>Lack of Health Care Coverage<sup>11 &amp; 24</sup></b>	12.9%			*♦14.5%					<b>♦16.5%</b>
<b>Lack of Transportation Interfered with Access to Health Care<sup>11 &amp; 24</sup></b>	<sup>US</sup> 8.3%								<b>♦12.0%</b>
<b>Medication – % Could Not Afford<sup>11 &amp; 24</sup></b>	<sup>US</sup> 14.9								13.2
<b>Uninsured Population<sup>1</sup></b>	<sup>H</sup> 0.0%	<b>3.6%</b>	<b>♦9.9%</b>	<b>♦5.8%</b>	<b>♦11.2%</b>	<b>♦8.8%</b>	<b>♦15.6%</b>	<b>4.7%</b>	<b>♦14.6%</b>

Blank cells indicate that data were unavailable. \* Indicates that survey combined Asian/Pacific Islander.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 8, Statistical Data Related to Health care Access & Delivery by Age, Income, Education, or Geography**

Indicators	Bench- mark	Age 0-5	Age 6-17	Age 18- 64	Age 65+	≤ High School	Some College	≥ B.A./B.S. Degree	≤ 200% FPL
<b>Cancer Screening – FOBT/Sigmoid/Colon oscopy<sup>11 &amp; 24</sup></b>	71.4%					<b>68.2%</b>			<b>71.0%</b>

<b>Doctor's Visit – Could Not Afford<sup>11 &amp; 24</sup></b>	11.4%		10.9%
<b>Lack of Health Care Coverage<sup>11 &amp; 24</sup></b>	12.9%	♦21.5%	
<b>Lack of Transportation Interfered with Access to Health Care<sup>11 &amp; 24</sup></b>	<sup>US</sup> 8.3%		♦15.7%
<b>Medication – % Could Not Afford<sup>11 &amp; 24</sup></b>	<sup>US</sup> 14.9		♦18.0
<b>Recent Dental Exam<sup>11 &amp; 24</sup></b>	66.8%		♦51.1%

Blank cells indicate that data were unavailable.

### Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Access to Dentists: Almost 82% of Quality of Life Survey respondents countywide (N=1,581) reported having a usual source of dental care.<sup>11</sup> This was the case for a smaller proportion of respondents earning less than 200% FPL (57%).<sup>11</sup>
- Access to Health Services:
  - Fair/Poor Access to Health Care: About 10% of Quality of Life Survey respondents countywide (N=1,581) reported that the ease with which they are able to get the health care services they need is fair/poor.<sup>11</sup> This was reported in greater proportions by respondents earning less than 200% FPL (24%) and Latinx respondents (18%).<sup>11</sup>
  - Job Does Not Offer Health Benefits: More than one quarter of Quality of Life Survey respondents countywide (N=1,581) who were employed reported that their job offered no health benefits.<sup>11</sup> This was reported in greater proportions by Latinxs (35%), south county respondents (36%), and individuals earning less than 200% FPL (56%).
  - Child Has Usual Place for Medical Check-ups: Of Quality of Life Survey respondents who had at least one child under age 18 living in their household, nearly 94% reported that they have a regular place they take their child for medical check-ups.<sup>11</sup> This was reported in smaller proportions by respondents

with a high school diploma or less (87%), and individuals earning less than 200% FPL (87%).

■ Access to Physicians:

- Difficulty Getting in to See a Doctor: About 11% of Quality of Life Survey respondents countywide (N=1,581) indicated they had difficulty seeing a doctor.<sup>11</sup> This affected greater proportions of respondents earning less than 200% FPL (20%) and Latinx respondents (17%).<sup>11</sup>

■ Fair/Poor Access to Social Services: Over 21% of Quality of Life Survey respondents countywide (N=1,581) rated the ease with which they are able to get social services in their community as fair or poor.<sup>11</sup> Greater proportions of Latinx (29%), low-income (30%), and African ancestry (34%) respondents rated social services access as fair/poor.<sup>11</sup>

■ Dental Insurance:

- Dental Insurance: About two thirds of Quality of Life Survey respondents countywide (N=1,581) reported having dental insurance.<sup>11</sup> This was the case for smaller proportions of respondents earning less than 200% FPL (42%) and older adult (65+) respondents (44%).<sup>11</sup>
- Lack of Insurance Prevented Dental Care: About 30% of Quality of Life Survey respondents countywide (N=1,581) indicated that they or a family member(s) have dental problems they cannot take care of because of a lack of insurance.<sup>11</sup> This affected greater proportions of Latinx respondents (44%) and adults age 18-39 (45%).<sup>11</sup>

## HOUSING & HOMELESSNESS

*Table 9, Statistical Data for Housing & Homelessness*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Assisted Housing Units Rate (per 10,000) <sup>1</sup>	2016	♦235.9	352.4	↓
Asthma Patient Discharges, Children/Youth (age 1-19) <sup>1</sup>	2011	3.8%	4.3%	↓
Banking Institutions Rate (per 10,000 pop.) <sup>2</sup>	2015	3.2	2.7	↑
Commute >60 Min. <sup>1</sup>	2012-2016	8.9%	11.3%	↓
Cost Burdened Households <sup>1</sup>	2012-2016	39.3%	42.8%	↓
Cost Burden – Renters <sup>18†</sup>	2012-2016	48.2%	56.5%	↓
Living in Owner-Occupied Housing <sup>18†</sup>	2012-2016	56.4%	49.8%	↑
Median Rent, 2 Bedroom (\$) <sup>19†</sup>	2018	♦3,495	2,150	↓
Severe Housing Problems <sup>2</sup>	2011-2015	24.1%	27.3%	↓
Substandard Housing Units <sup>1</sup>	2012-2016	41.8%	45.6%	↓
Vacant Housing Units <sup>1</sup>	2012-2016	4.7%	7.9%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Fair/Poor Access to Affordable Housing<sup>11</sup>: No clear trend
- Cost Burden – Renters<sup>18</sup>: No change
- Home Ownership (living in owner-occupied housing)<sup>18</sup>: No significant change
- Housing Unstable in Past 2 Years<sup>11</sup>: Increasing
- Median Rent, 2 Bedroom<sup>19</sup>: Increasing
- May Move Due to Cost of Living<sup>11</sup>: Mixed; increasing since 2013
- Share Housing Costs with Non-Partner for Affordability<sup>11</sup>: Increasing since 2008

### Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Affordable Housing:

- Fair/Poor Access to Affordable Housing: Over 80% of the Quality of Life Survey respondents countywide (N=1,581) rated the availability of affordable housing in their community as fair or poor.<sup>11</sup> The proportion rating affordable housing availability as fair/poor was 87% among both Whites and African ancestry respondents.<sup>11</sup>
- Lack of Affordable Housing: Fully “80% [of] low-income households have unaffordable housing.”<sup>14</sup>
- Homelessness: Three percent of the Quality of Life Survey respondents countywide (N=1,581) reported that they had been homeless at least once in the past two years.<sup>11</sup> Respondents most likely to report having been homeless in the past two years are adults age 18-39 (8%) and Asian/Pacific Islanders (7%).<sup>11</sup>
- Home Ownership: Over 60% of the Quality of Life Survey respondents countywide (N=1,581) reported owning a home.<sup>11</sup> Much smaller proportions of Latinx (36%) and low-income (33%) respondents reported owning a home.<sup>11</sup>
- Housing Costs:
  - Share Housing Costs with Non-Partner for Affordability: Over 21% of the Quality of Life Survey respondents countywide (N=1,581) reported sharing housing costs with someone other than a spouse or partner in order to limit expenses.<sup>11</sup> Respondents most likely to report sharing costs in this way were of African ancestry (31%), Latinx (36%), and adults age 18-39 (37%).<sup>11</sup>
  - Housing Costs: “Housing costs increased nearly 70% in the past 5 years.”<sup>14</sup>
  - Future Cost of Living: “In the next 24 years, low income households will spend 67% of income on housing and transportation.”<sup>14</sup>
- Older Dependents: Nearly 12% of Quality of Life Survey respondents countywide (N=1,581) reported that they had older dependents living in their household because these older individuals were unable to live alone.<sup>11</sup> This was reported in higher proportions by adults age 18-39 (21%), and Asian/Pacific Islanders (23%).<sup>11</sup>

## NEIGHBORHOOD & BUILT ENVIRONMENT

### ACCESS TO FOOD/RECREATION

*Table 10, Statistical Data for Access to Food/Recreation*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Drinking Water Violations <sup>2</sup>	<b>2015</b>	<b>♦1.0</b>	<b>0.8</b>	↓
<b>Exercise Opportunities<sup>12</sup></b>	2016	96.2%	89.6%	↑
Fast Food Restaurants Rate <sup>1†</sup>	<b>2016</b>	<b>82.5</b>	<b>78.7</b>	↓
<b>Food Desert Population<sup>1</sup></b>	2015	9.9%	13.4%	↓
<b>Food Environment Index<sup>12</sup></b>	2015	8.9	8.8	↑
<b>Grocery Stores Rate<sup>1†</sup></b>	2016	25.3	21.8	↑
<b>Lack of Healthy Food Stores<sup>2</sup></b>	2014	9.9%	13.4%	↑
Public Transit Stops <sup>2</sup>	<b>2013</b>	<b>♦13.4%</b>	<b>16.8%</b>	↑
<b>Recreation and Fitness Facilities Rate<sup>1†</sup></b>	2016	14.9	10.2	↑
<b>Walkable Destinations<sup>2</sup></b>	2012-2015	54.8%	29.0%	↑
WIC-Authorized Food Stores Rate <sup>1</sup>	<b>2011</b>	<b>♦10.5</b>	<b>15.8</b>	↑

#### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Fast Food Restaurants Rate<sup>1</sup>: Rising since 2013
- Grocery Stores Rate<sup>1</sup>: Rising since 2013
- Recreation and Fitness Facilities Rate<sup>1</sup>: Mixed.

### COMMUNITY & FAMILY SAFETY

*Table 11, Statistical Data for Community & Family Safety*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>All Violent Crimes Rate<sup>1</sup></b>	2012-2014	227.6	403.2	↓
<b>Assault (Crime) Rate<sup>1</sup></b>	2012-2014	139.0	239.2	↓
<b>Assault (Injury) Rate<sup>1</sup></b>	2013-2014	181.6	289.4	↓
<b>Domestic Violence Rate<sup>1</sup></b>	2013-2014	4.3	4.9	↓
<b>Homicide Rate<sup>12</sup></b>	2010-2016	2.5	5.0	↓
<b>Rape (Crime) Rate<sup>1</sup></b>	2012-2014	20.5	21.4	↓
<b>Robbery (Crime) Rate<sup>1</sup></b>	2013-2014	66.7	137.9	↓
<b>Youth Intentional Injury Rate<sup>1</sup></b>	2013-2014	166.2	209.7	↓
<hr/>				
<b>Alcohol – Binge Drinker<sup>11† &amp; 24</sup></b>	<b>2016, 2018</b>	<b>16.9%</b>	<b>16.3%</b>	↓
<b>Disconnected Youth<sup>12</sup></b>	2010-2014	9.9%	14.4%	↓
<b>Domestic Violence Hospitalizations Rate<sup>2</sup></b>	2013-2014	4.2	4.9	↓
<b>Expulsions Rate (per 100 students)<sup>2</sup></b>	2016-2017	.06	.08	↓
<b>Firearm Kept in or around Home<sup>11† &amp; 24</sup></b>	2016, 2018	16.8%	32.7%	↓
<b>Firearm-Related Death Rate<sup>12</sup></b>	2012-2016	4.3	7.9	↓
<b>Injury Deaths Rate<sup>12</sup></b>	2012-2016	35.1	47.6	↓
<b>Liquor Store Access Rate<sup>1†</sup></b>	2016	6.8	10.7	↓
<b>Suspensions Rate (per 100 students)<sup>2</sup></b>	2016-2017	4.9	5.9	↓
<b>Youth Experiencing Bullying, Prevalence<sup>4</sup></b>	2011-2013	30.8%	33.8%	↓
<b>Youth Intentional Self-Harm-ER Visits (per 10,000 pop.)<sup>5</sup></b>	2014	7.9	10.9	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Alcohol – Binge Drinker<sup>11</sup>: Increasing
- Community Connectedness – Feel Not Very or Not at All Connected<sup>11</sup>: No significant change
- Crime in Neighborhood is Getting Much/a Little Worse<sup>11</sup>: Decreased (improved) since 2013



- Firearm Kept in or around Home<sup>11</sup>: Flat
- Juvenile Arrest Rate: Declined from 1998 to 2011<sup>13</sup>
- Liquor Store Access Rate<sup>1</sup>: Falling since 2014
- Neighborhood Safety is Fair/Poor<sup>11</sup>: No change
- Parent/Family Supervises Child After School<sup>11</sup>: Increasing

## COMMUNITY INFRASTRUCTURE & HOUSING QUALITY

*Table 12, Statistical Data for Community Infrastructure & Housing Quality*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Assisted Housing Units Rate (per 10,000) <sup>1</sup>	2016	♦235.9	352.4	↓
Drinking Water Violations <sup>2</sup>	2015	♦1.0	0.8	↓
High Speed Internet <sup>2</sup>	2016	98.9%	95.4%	↑
Public Transit Stops <sup>2</sup>	2013	♦13.4%	16.8%	↑
Road Network Density (Acres) <sup>1</sup>	2011	♦3.7	2.0	↓
Substandard Housing Units <sup>1</sup>	2012-2016	41.8%	45.6%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Physical Environment of Community is Fair/Poor<sup>11</sup>: Slight increase

## NATURAL ENVIRONMENT/CLIMATE

*Table 13, Statistical Data for Natural Environment/Climate*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Air Quality - Ozone (O3) <sup>2</sup>	2014	29.8%	42.0%	↓
Air Quality - Particulate Matter 2.5 <sup>2</sup>	2014	8.2%	10.7%	↓

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Area with Tree Canopy Cover (pop.-weighted)<sup>2</sup></b>	2011	17.0%	8.3%	↑
<b>Asthma Hospitalizations Rate (per 10,000 Medicare Beneficiaries)<sup>2</sup></b>	2015	2.0	2.4	↓
<b>Asthma Patient Discharges, Children/Youth (age 1-19)<sup>1</sup></b>	2011	3.8%	4.3%	↓
Asthma Patient Discharges, Older Adults (age 65+) <sup>1</sup>	<b>2011</b>	<b>♦1.1%</b>	<b>0.8%</b>	↓
Asthma Prevalence, Adults <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>♦18.5%</b>	<b>12.8%</b>	↓
Asthma Prevalence, Children/Youth <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>♦15.5%</b>	<sup>US</sup> <b>11.1%</b>	↓
<b>Climate &amp; Health - Drought Severity<sup>1</sup></b>	2012-2014	92.6%	92.8%	↓
<b>Climate &amp; Health - Heat Index Days<sup>1</sup></b>	2014	0.0	2.7	↓
<b>Climate &amp; Health - Heat Stress Events<sup>1</sup></b>	2005-2012	4.1	11.1	↓
<b>Climate-Related Mortality Impacts<sup>2</sup></b>	2016	0.0%	8.4%	↓
Flood Vulnerability <sup>2</sup>	<b>2011</b>	<b>♦5.7%</b>	<b>3.7%</b>	↓
<b>Respiratory Hazard Index (score)<sup>2</sup></b>	2011	1.8	2.2	↓
<b>Commute to Work - Alone in Car<sup>1</sup></b>	2012-2016	69.4%	73.5%	↓
<b>Commute to Work – By Public Transit<sup>18†</sup></b>	2012-2016	10.1%	5.2%	↑
<b>Driving Alone to Work, Long Distances<sup>2</sup></b>	2012-2016	38.1%	39.3%	↓
<b>Heart Disease Death Rate<sup>22†</sup></b>	2014-2016	55.4	89.1	↓
<b>Heart Disease Prevalence<sup>2</sup></b>	2014	5.6%	7.0%	↓
Low Birth Weight <sup>12</sup>	<b>2010-2016</b>	<b>6.9%</b>	<b>6.8%</b>	↓
<b>Pediatric Asthma Hospitalizations Rate (per 10,000 pop.)<sup>5</sup></b>	2013-2015	5.6	9.8	↓
Public Transit Stops <sup>2</sup>	<b>2013</b>	<b>♦13.4%</b>	<b>16.8%</b>	↑
Road Network Density (Acres) <sup>1</sup>	<b>2011</b>	<b>♦3.7</b>	<b>2.0</b>	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Asthma Prevalence, Adults<sup>11</sup>: Increasing
- Asthma Prevalence, Children/Youth<sup>11</sup>: Increasing
- Commute to Work – By Public Transit<sup>18</sup>: Increasing
- Heart Disease Death Rate<sup>22</sup>: Decreasing

## TRANSPORTATION & TRAFFIC

*Table 14, Statistical Data for Transportation & Traffic*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Commute to Work - Alone in Car<sup>1</sup></b>	2012-2016	69.4%	73.5%	↓
<b>Commute to Work – By Public Transit<sup>18†</sup></b>	2012-2016	10.1%	<sup>H</sup> 5.5%	↑
<b>Driving Alone to Work, Long Distances<sup>2</sup></b>	2012-2016	38.1%	39.3%	↓
<b>Motor Vehicle Crash Death Rate<sup>12</sup></b>	2010-2016	5.3	8.5	↓
Pedestrian Accident Death Rate <sup>1</sup>	<b>2010-2012</b>	<b>*1.4</b>	<sup>H</sup> 1.3	↓
Public Transit Stops <sup>2</sup>	<b>2013</b>	<b>*13.4%</b>	<b>16.8%</b>	↑
Road Network Density (Acres) <sup>1</sup>	<b>2011</b>	<b>*3.7</b>	<b>2.0</b>	↓
<b>Air Quality - Ozone (O3)<sup>2</sup></b>	2014	29.8%	42.0%	↓
<b>Air Quality - Particulate Matter 2.5<sup>2</sup></b>	2014	8.2%	10.7%	↓
<b>Lack of Transportation Interfered with Access to Health Care<sup>11 &amp; 24</sup></b>	2016, 2018	7.2%	<sup>US</sup> 8.3%	↓
<b>Liquor Store Access Rate<sup>1†</sup></b>	2016	6.8	10.7	↓
<b>Respiratory Hazard Index (score)<sup>2</sup></b>	2011	1.8	2.2	↓
<b>Walkable Destinations<sup>2</sup></b>	2012-2015	54.8%	29.0%	↑

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Reliability of Public Transit<sup>11</sup>: No clear trend
- Commute to Work – By Public Transit<sup>18</sup>: Increasing
- Lack of Transportation Interfered with Access to Health Care<sup>11</sup>: No significant change
- Liquor Store Access Rate<sup>1</sup>: Falling from 2014

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 15, Statistical Data for Neighborhood & Built Environment by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Assault (Injury)<sup>1</sup></b>	289.4	173.7	<b>♦564.9</b>	61.0		<b>♦551.1</b>			<b>303.5</b>
<b>Domestic Violence<sup>1</sup></b>	4.9	4.3							<b>♦7.4</b>
<b>Pedestrian Accident Death Rate<sup>1</sup></b>	<sup>H</sup> 1.3	1.2	0.0	0.0	0.0	1.0		0.0	<b>♦1.9</b>
<b>Youth Intentional Injury<sup>1</sup></b>	209.7	<b>♦288.7</b>		41.7					158.8
<b>Heart Disease Prevalence<sup>1</sup></b>	6.3%	<b>♦8.3%</b>					1.5%		2.6%
<b>Lack of Transportation Interfered with Access to Health Care<sup>11 &amp; 24</sup></b>	<sup>US</sup> 8.3%								<b>♦12.0%</b>
<b>School Expulsions Rate (per 100 students)<sup>1</sup></b>	0.1	0.0	<b>♦0.2</b>	0.0		0.0		0.1	<b>♦0.2</b>
<b>School Suspensions Rate (per 100 students)<sup>1</sup></b>	6.8	2.5	<b>♦17.0</b>	1.3		<b>♦10.2</b>		4.5	<b>7.1</b>
<b>Youth Experiencing Bullying, Prevalence<sup>4</sup></b>	33.8%	28.6%	30.6%	30.8%	32.5%	20.7%	31.7%	26.0%	<b>33.9%</b>
<b>Youth Intentional Self-Harm-ER Visits (per 10,000 pop.)<sup>5</sup></b>	10.9	9.4	3.3	5.9*		<b>♦42.6</b>	<b>♦12.3</b>		7.1

Blank cells indicate that data were unavailable. \* Indicates that survey combined Asian/Pacific Islander.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 16, Statistical Data for Neighborhood & Built Environment by Age, Income, Education, or Geography**

Indicators	Bench- mark	Age 0-17	Age 18- 39	Age 18- 64	Age 65+	≤ High School	Some College	≥ B.A./B.S. Degree	≤ 200% FPL
<b>Alcohol – Binge Drinker<sup>11 &amp; 24</sup></b>	16.3%		♦ <b>28.4%</b>						
<b>Lack of Transportation Interfered with Access to Health Care<sup>11 &amp; 24</sup></b>	<sup>US</sup> 8.3%								♦ <b>15.7%</b>

Blank cells indicate that data were unavailable.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

### Access to Food/Recreation

- Food Store Quality/Affordability: “On av[erage,] 20-30% of [food] stores in low income neighborhoods meet the basic quality and affordability standards” in San Mateo County.<sup>14</sup>

### Community & Family Safety

- Bullying:
  - Cyberbullying: Nearly one in five (19%) “of [teen] females reported being bullied or harassed via the internet compared to 11% of [teen] males” (N=3,284).<sup>13</sup>
  - Absenteeism Due to Cyberbullying: A total of “11% of [teen] respondents who reported being bullied or harassed via the internet missed one or more days of school in the past month” (N=3,284).<sup>13</sup>
- Community Connectedness:

- Community Connectedness – Feel Not Very or Not at All Connected: About one third of Quality of Life Survey respondents countywide (N=1,581) reported that they felt not very or not at all connected to their community.<sup>11</sup> Higher proportions of men (41%) and Asian/Pacific Islander (40.5%) respondents felt this way.<sup>11</sup>
- Adults Age 65+ Living Alone: Nearly 36% of Quality of Life Survey respondents countywide (N=1,581) who were adults age 65+ indicated they were living alone.<sup>11</sup> This was indicated by greater proportions of older adult women and middle income (200-400% FPL) respondents than others.<sup>11</sup>
- Handling Conflict: Over one third (37%) of teen respondents did not know non-violent ways to deal with conflict (N=3,284).<sup>13</sup>
- Juvenile Arrests:
  - “African Americans have the highest juvenile arrest rate of 48 per 100,000 in 2011 compared to 3.1 per 100,000 for their white counterparts.”<sup>13</sup>
  - “Hispanics make up 50% of juvenile felony arrests... Issues with racial profiling, discrimination, and lack of opportunity may influence these outcomes.”<sup>13</sup>
- Perception of Safety:
  - Neighborhood Safety is Fair/Poor: About 10% of Quality of Life Survey respondents countywide (N=1,581) rated the safety, security, and crime control in their neighborhood to be fair or poor.<sup>11</sup> Fair/poor ratings were more likely to be given by respondents with a high school diploma or less (21%) and low-income respondents (19%).<sup>11</sup>
  - Perception of Safety, Youth: “Only 53% of all [teen] respondents reported feeling safe in their community” (N=3,284).<sup>13</sup>
  - Crime in Neighborhood is Getting Much/a Little Worse: Close to 16% of Quality of Life Survey respondents countywide (N=1,581) believed the problem of crime in their neighborhood was getting much or a little worse.<sup>11</sup> Coastside respondents were more likely to say crime is getting worse in their neighborhood (21%).<sup>11</sup>
- Truancy: “In 2012, ... 63% of students attending non-traditional schools reported being truant during the school year.”<sup>13</sup>
- Witnessing Violence at School: “28% of [teen] respondents reported seeing violence at their schools” (N=3,284).<sup>13</sup>
- Witnessing Violence in Community: “30% of [teen] respondents reported seeing violence in their community” (N=3,284).<sup>13</sup>

#### Community Infrastructure & Housing Quality

- Physical Environment of Community is Fair/Poor: About 12% of Quality of Life Survey respondents countywide (N=1,581) considered the physical environment in their community to be fair or poor.<sup>11</sup> Double or greater proportions of south county residents (24%), Latinxs (25%), and African ancestry (27%) respondents felt this way.<sup>11</sup>

## Natural Environment/Climate

- Low Birth Weight: Multiple births (e.g., twins) are more likely to be low birth weight; countywide, 5.1% of singleton births were low birth weight.<sup>11</sup>

## Transportation & Traffic

- Commute to Work – By Public Transit: Among the population commuting for work, men and adults age 45-54 are least likely to use public transportation.<sup>18</sup>
- Future Cost of Living: “In the next 24 years, low income households will spend 67% of income on housing and transportation.”<sup>14</sup>
- Motor Vehicle Accidents: The leading mechanism of injury for adults 18-65 is motor vehicle collisions.<sup>16</sup>
- Reliability of Public Transit: About 60% of Quality of Life Survey respondents countywide (N=1,581) reported that they could rely on public transportation to get to work, appointments, and shopping.<sup>11</sup> Only about half that proportion (34%) of Coastsides respondents felt they could rely on public transit for such tasks.<sup>11</sup>



## POVERTY, INCOME, & EMPLOYMENT

*Table 17, Statistical Data for Poverty, Income, & Employment*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Children Below 100% FPL <sup>1*</sup>	2012-2016	9.7%	21.9%	↓
Income Inequality (Gini Coefficient) <sup>1</sup>	2012-2016	0.5	0.5	↓
Median Household Income <sup>12</sup>	2016	\$107,075	\$67,715	↑
Persons Age 65+ in Poverty <sup>18†</sup>	2012-2016	6.8%	10.3%	↓
Persons Under 18 in Poverty <sup>12</sup>	2016	7.7%	19.9%	↓
Population Below 100% FPL <sup>1*</sup>	2012-2016	7.7%	15.8%	↓
Population Below 200% FPL <sup>1* &amp; 11†</sup>	2012-2016, 2018	19.8%	35.2%	↓
Population Below 200% FPL, Adults 65+ <sup>11† &amp; 24</sup>	2016, 2018	23.2%	<sup>US</sup> 28.2%	↓
Unemployment Rate <sup>1†</sup>	2018	2.2	4.2	↓
Adults with an Associate's Degree or Higher <sup>2</sup>	2012-2016	54.5%	39.8%	↑
Adults with Less than High School Diploma (or Equivalent) <sup>1</sup>	2012-2016	11.4%	17.9%	↓
Adults with Some Post-Secondary Education <sup>2</sup>	2012-2016	76.1%	63.6%	↑
Cost Burden – Renters <sup>18†</sup>	2012-2016	48.2%	56.5%	↓
Cost Burdened Households <sup>1</sup>	2012-2016	39.3%	42.8%	↓
Doctor's Visit – Could Not Afford <sup>11† &amp; 24</sup>	2016, 2018	5.8%	11.4%	↓
High Speed Internet <sup>2</sup>	2016	98.9%	95.4%	↑
Households with No Vehicle <sup>1</sup>	2012-2016	5.3%	7.6%	↓
Living in Owner-Occupied Housing <sup>18†</sup>	2012-2016	56.4%	49.8%	↑
Lack of Health Care Coverage <sup>11† &amp; 24</sup>	2016, 2018	8.6%	12.9%	↓
Medication – Could Not Afford <sup>11† &amp; 24</sup>	2016, 2018	7.7%	<sup>US</sup> 14.9%	↓
Opportunity Index (score 1-100) <sup>2</sup>	2017	64.5	51.9	↑
Population Receiving Medicaid <sup>1</sup>	2012-2016	15.2%	26.6%	↓
Population with Limited English Proficiency (age 5+) <sup>1</sup>	2012-2016	18.4%	18.6%	↓

<b>Uninsured Children<sup>2</sup></b>	2012-2016	9.6%	10.4%	↓
Uninsured Population <sup>1†</sup>	2012-2016	<b>*7.2%</b>	<b><sup>H</sup>0.0%</b>	↓

\* 2014 Federal Poverty Level (FPL) for a family of 4 was \$23,850 per year. 2014 San Mateo County Self-Sufficiency Standard for a family of 4 was \$89,440.

## Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Childcare Arrangement Has Made It Easier for Parent to Accept a Job<sup>11</sup>: Decreasing
- Childcare Arrangement Has Made It Easier for Parent to Accept a Better Job<sup>11</sup>: Decreasing
- Childcare Arrangement Has Made It Easier for Parent to Attend Education/Training<sup>11</sup>: Decreasing
- Childcare Arrangement Has Made It Easier for Parent to Keep a Job<sup>11</sup>: Decreasing
- Computer in Household<sup>11</sup>: Mixed (increasing, but decrease since 2013)
- Cost Burden – Renters<sup>18</sup>: No change
- Doctor's Visit – Could Not Afford<sup>11</sup>: No significant change
- Family's Financial Situation is Fair/Poor<sup>11</sup>: No change
- Family's Financial Situation is Somewhat/Much Worse than Prior Year<sup>11</sup>: No significant change
- Home Ownership (living in owner-occupied housing)<sup>18</sup>: No significant change
- Job Does Not Offer Health Benefits<sup>11</sup>: Increasing
- Job Offers Health Benefits for Employee Dependents<sup>11</sup>: Slightly increasing
- Lack of Health Care Coverage<sup>11</sup>: Decreasing since 2008
- Medication – Could Not Afford<sup>11</sup>: Decreasing
- Local Employment Opportunities are Fair/Poor<sup>11</sup>: Decreasing
- Persons Age 65+ in Poverty<sup>18</sup>: Increasing
- Population Below 200% FPL<sup>11</sup>: Increasing
- Population Below 200% FPL, Adults 65+<sup>11</sup>: Increasing
- Receiving Government Assistance<sup>11</sup>: Increasing
- Unemployment Rate (average annual)<sup>1</sup>: Falling since 2010
- Uninsured Population<sup>1</sup>: Decreasing

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 18, Statistical Data for Poverty, Income, & Employment by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Children Below 100% FPL<sup>1*</sup></b>	21.9%	3.5%	<b>*24.0%</b>	5.4%	17.1%	21.1%	21.6%	4.7%	18.9%
<b>Population Below 100% FPL<sup>1*</sup></b>	15.8%	6.76%	<b>*16.7%</b>	5.6%	10.5%	<b>*16.8%</b>	15.5%	7.2%	13.6%
<b>Adults with Less than High School Diploma or Equivalent<sup>1</sup></b>	17.9%	3.6%	11.0%	8.3%	14.1%	<b>*26.6%</b>	<b>*36.8%</b>	8.0%	<b>*32.9%</b>
<b>Doctor's Visit – Could Not Afford<sup>11 &amp; 24</sup></b>	11.4%		10.4%						
<b>Medication – % Could Not Afford<sup>11 &amp; 24</sup></b>	<sup>US</sup> 14.9								13.2
<b>Uninsured Population<sup>1</sup></b>	<sup>H</sup> 0.0%	<b>3.5%</b>	<b>*9.9%</b>	<b>*5.8%</b>	<b>*11.2%</b>	<b>*8.8%</b>	<b>*15.6%</b>	<b>4.7%</b>	<b>*14.6%</b>

Blank cells indicate that data were unavailable. \* Indicates 2014 Federal Poverty Level (FPL) for a family of 4 was \$23,850 per year. 2014 San Mateo County Self-Sufficiency Standard for a family of 4 was \$89,440.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 19, Statistical Data for Poverty, Income, & Employment by Age, Income, Education, or Geography**

Indicators	Bench- mark	Age 0-5	Age 6-17	Age 18- 64	Age 65+	≤ High School	Some College	≥ B.A./B.S. Degree	≤ 200% FPL
<b>Doctor's Visit – Could Not Afford<sup>11 &amp; 24</sup></b>	11.4%								10.9%
<b>Medication – % Could Not Afford<sup>11 &amp; 24</sup></b>	<sup>US</sup> 14.9								<b>*18.0</b>

Blank cells indicate that data were unavailable.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- **Computer in Household:** Nearly 90% of Quality of Life Survey respondents countywide (N=1,581) reported that they had a computer at home.<sup>11</sup> This was reported in smaller proportions by respondents with a high school diploma or less (68%), and individuals earning less than 200% FPL (69%).<sup>11</sup>
- **Cost of Living:**
  - **Self-Sufficiency Standard, Single Parent Family:** The self-sufficiency standard for a single parent with two children (one preschool-aged and one school-aged) in San Mateo County in 2014 was \$80,588.<sup>15</sup>
  - **Elder Index, Single Older Adult Renter:** The total annual income needed for an older adult living alone in a rental property in San Mateo County in 2011 was \$29,438.<sup>15</sup>
  - **May Move Due to Cost of Living:** Approximately 38% of the Quality of Life Survey respondents countywide (N=1,581) reported that they had considered leaving the county in the past year due to the cost of living.<sup>11</sup> Respondents most likely to have considered leaving the county due to cost of living were African ancestry (53%), Latinx (54%), and adults age 18-39 (54%).<sup>11</sup>
- **Employment and Benefits:**
  - **Local Employment Opportunities are Fair/Poor:** About 15% of the Quality of Life Survey respondents countywide (N=1,581) considered the employment opportunities that exist in this area to be fair or poor.<sup>11</sup> More than twice the proportion of respondents on the Coastside felt this way (34%), and 26% of African ancestry respondents felt this way.<sup>11</sup>
  - **Job Does Not Offer Health Benefits:** More than one quarter of Quality of Life Survey respondents countywide (N=1,581) who were employed reported that their job offered no health benefits.<sup>11</sup> This was reported in greater proportions by Latinxs (35%), south county respondents (36%), and individuals earning less than 200% FPL (56%).<sup>11</sup>
- **Home Ownership:** Over 60% of the Quality of Life Survey respondents countywide (N=1,581) reported owning a home.<sup>11</sup> Much smaller proportions of Latinx (36%) and low-income (33%) respondents reported owning a home.<sup>11</sup>
- **Income and Finances:**
  - **Population Below 200% FPL:** About 17% of the Quality of Life Survey respondents countywide (N=1,581) reported earning below 200% of the Federal Poverty Limit.<sup>11</sup> This was reported in greater proportions by respondents with a high school diploma or less (51%) and Latinxs (35%).<sup>11</sup>

- Family's Financial Situation is Fair/Poor: About 19% of the Quality of Life Survey respondents countywide (N=1,581) considered their personal or family financial situation to be fair or poor.<sup>11</sup> This was reported in greater proportions by Latinx (31%) and African ancestry respondents (32%).<sup>11</sup>
- Persons Age 65+ in Poverty: Of persons age 65+ living in poverty, Latinxs and individuals of multiple ethnicities are overrepresented, as are individuals age 75+.<sup>18</sup>

## SOCIAL & COMMUNITY CONTEXT

*Table 20, Statistical Data for Social & Community Context*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Disconnected Youth<sup>12</sup></b>	2010-2014	9.9%	14.4%	↓
<b>Expulsions Rate (per 100 students)<sup>2</sup></b>	2016-2017	0.06	0.08	↓
<b>Income Inequality (Gini Coefficient)<sup>1</sup></b>	2012-2016	0.5	0.5	↓
<b>Lack of Social or Emotional Support<sup>2</sup></b>	2006-2012	22.3%	24.7%	↓
<b>Life Expectancy at Birth (in Years)<sup>2</sup></b>	2014	83.1	80.8	↑
<b>Mortality – Premature Deaths (Years of Potential Life Lost)<sup>1</sup></b>	2014-2016	3,552	5,862	↓
<b>Opportunity Index (score 1-100)<sup>2</sup></b>	2017	64.5	51.9	↑
<b>Population in Linguistically Isolated Households<sup>1</sup></b>	2012-2016	8.9%	8.9%	↓
<b>Population with Any Disability<sup>1</sup></b>	2012-2016	8.3%	10.6%	↓
<b>Premature Death, Racial/Ethnic Disparity Index<sup>2</sup></b>	<b>2004-2017</b>	<b>♦52.1</b>	<b>36.8</b>	↓
<b>Residential Segregation Index—Black/White (score 0-100)<sup>12</sup></b>	2012-2016	56.3	55.7	↓
<b>Residential Segregation Index—Non-White/White (score 0-100)<sup>12</sup></b>	2012-2016	37.0	37.5	↓
<b>Social Associations (per 10,000 pop.)<sup>2</sup></b>	<b>2015</b>	<b>6.4</b>	<b>6.5</b>	↑
<b>Suspensions Rate (per 100 students)<sup>2</sup></b>	2016-2017	4.9	5.9	↓

## Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Adults Age 65+ Living Alone<sup>11</sup>: Flat
- Community Connectedness – Feel Not Very or Not at All Connected<sup>11</sup>: No significant change
- Community is Fair/Poor Place to Live<sup>11</sup>: No significant change
- Community Tolerance for Racial/Cultural Differences is Fair/Poor<sup>11</sup>: Decreasing
- Fair/Poor Access to Social Services<sup>11</sup>: No significant change
- Lack Support<sup>11</sup>: Increasing since 2008
- Parent/Family Supervises Child After School<sup>11</sup>: Increasing
- Trust Local Government Seldom/Never<sup>11</sup>: No significant change

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- **Fair/Poor Access to Social Services:** Over 21% of Quality of Life Survey respondents countywide (N=1,581) rated the ease with which they are able to get social services in their community as fair or poor.<sup>11</sup> Greater proportions of Latinx (29%), low-income (30%), and African ancestry (34%) respondents rated their social services access as fair/poor.<sup>11</sup>
- **Community is Fair/Poor Place to Live:** Just under 10% of Quality of Life Survey respondents countywide (N=1,581) considered their community as a fair or poor place to live.<sup>11</sup> Greater proportions of south county residents (17%), Latinx residents (17%), and African ancestry residents (20%) felt this way.<sup>11</sup>
- **Community Connectedness:**
  - **Community Connectedness – Feel Not Very or Not at All Connected:** About one third of Quality of Life Survey respondents countywide (N=1,581) reported that they felt not very or not at all connected to their community.<sup>11</sup> Higher proportions of men (41%) and Asian/Pacific Islander (40.5%) respondents felt this way.<sup>11</sup>
  - **Adults Age 65+ Living Alone:** Nearly 36% of Quality of Life Survey respondents countywide (N=1,581) who were adults age 65+ indicated they were living alone.<sup>11</sup> This was indicated by greater proportions of older adult women and middle income (200-400% FPL) respondents than others.<sup>11</sup>
  - **Lack of Meaningful Connections to Community (Youth):** “Students attending non-traditional schools reported lower rates of meaningful connections in their community” than students attending traditional schools.<sup>13</sup>
- **Experiences of Discrimination:**
  - **Ethnic Discrimination – Physical Symptoms:** The Quality of Life Survey asked respondents whether they had recently experienced any physical symptoms as a result of how they were treated based on their race. Overall, less than 7% of Quality of Life Survey respondents countywide (N=1,581) said they had experienced such physical symptoms.<sup>11</sup> However, nearly 18% of African ancestry respondents and over 11% of Asian/Pacific Islander respondents reported experiencing such physical symptoms as a result of how they were treated based on their race.<sup>11</sup>
  - **Ethnic Discrimination – Emotional Upset:** Similarly, just over 10% of Quality of Life Survey respondents countywide (N=1,581) said they had experienced emotional upset as a result of how they were treated based on their race.<sup>11</sup> Nearly 25% of African ancestry respondents, 14% of Latinx respondents, and 14% of Asian/Pacific Islander respondents reported experiencing such emotional upset as a result of how they were treated based on their race.<sup>11</sup>
  - **Discrimination Due to Mental Health Problems, Youth:** “Youth who have mental health problems... are more likely to have felt discriminated against than youth who have no mental health problems” (N=3,284).<sup>13</sup>

- Discrimination Due to Physical Disabilities, Youth: “Youth who have ...physical disabilities are more likely to have felt discriminated against than youth who have no ...physical disabilities” (N=3,284).<sup>13</sup>
- Lack Support: About 14% of Quality of Life Survey respondents countywide (N=1,581) reported that they had someone they could turn to if they needed or wanted help “little/none of the time.”<sup>11</sup> These proportions were higher (i.e., worse) for respondents earning less than 200% FPL (32%) and respondents with a high school diploma or less (31%).<sup>11</sup>
- LGBTQI: About 6% of Quality of Life Survey respondents countywide (N=1,417) identified as gay, lesbian, or bisexual.<sup>11</sup>
- Community Tolerance for Racial/Cultural Differences is Fair/Poor: Just under 10% of Quality of Life Survey respondents countywide (N=1,581) considered the level of racial/cultural tolerance in their community to be fair or poor.<sup>11</sup> Greater proportions of African ancestry residents (21%), low-income residents (15%), and Latinx residents (15%) felt this way.<sup>11</sup>
- Trust Local Government Seldom/Never: Nearly 18% of Quality of Life Survey respondents countywide (N=1,581) indicated that they seldom or never trusted local government to work for the best interest of their community.<sup>11</sup> More than twice as many low-income respondents (39%) felt this way.<sup>11</sup>



## Health Conditions

Health conditions are those topics that impact individual health, including health behaviors such as alcohol and drug use, mental health, and diseases or conditions.

### ARTHRITIS

**Table 21, Statistical Data for Arthritis**

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Arthritis/Rheumatism <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>♦22.0%</b>	<b>19.0%</b>	<b>↓</b>
<b>Rheumatoid Arthritis or Osteoarthritis: Medicare Population<sup>21†</sup></b>	2015	22.4%	27.6%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Arthritis/Rheumatism<sup>11</sup>: Increasing
- Rheumatoid Arthritis or Osteoarthritis, Medicare Population<sup>21</sup>: Increasing

### Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 22, Statistical Data for Arthritis by Age, Income, Education, or Geography**

Indicators	Bench- mark	Age 0-5	Age 6-17	Age 18- 64	Age 65+
Arthritis/ Rheumatism <sup>11 &amp; 24</sup>	19.0%			14.8%	<b>♦47.0%</b>

Blank cells indicate that data were unavailable.

## ASTHMA & RESPIRATORY CONDITIONS

Table 23, Statistical Data for Asthma & Respiratory Conditions

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Asthma Hospitalizations Rate (per 10,000 Medicare Beneficiaries)<sup>2</sup></b>	2015	2.0	2.4	↓
<b>Asthma Patient Discharges, Children/Youth (age 1-19)<sup>1</sup></b>	2011	3.8%	4.3%	↓
Asthma Patient Discharges, Older Adults (age 65+) <sup>1</sup>	2011	♦1.1%	0.8%	↓
Asthma Prevalence, Adults <sup>11† &amp; 24</sup>	2016, 2018	♦18.5%	12.8%	↓
Asthma Prevalence, Children/Youth <sup>11† &amp; 24</sup>	2016, 2018	♦15.5%	<sup>US</sup> 11.1%	↓
<b>Chronic Lower Respiratory Disease Death Rate<sup>7</sup></b>	2013-2015	21.2	33.3	↓
COPD, Bronchitis, Emphysema <sup>11† &amp; 24</sup>	2016, 2018	♦9.1%	4.4%	↓
<b>ER Visit Rate, COPD<sup>5</sup></b>	2013-2015	8.8	16.4	↓
<b>Influenza/Pneumonia Death Rate<sup>22†</sup></b>	2014-2016	10.6	14.3	↓
<b>Pediatric Asthma Hospitalizations Rate (per 10,000 pop.)<sup>5</sup></b>	2013-2015	5.6	9.8	↓
Pertussis Cases Rate <sup>8†</sup>	2016	♦13.5	4.7	↓
Tuberculosis Cases Rate <sup>10†</sup>	2016	♦6.8	<sup>H</sup> 1.0	↓
<b>Air Quality - Particulate Matter 2.5<sup>2</sup></b>	2014	8.2%	10.7%	↓
<b>Air Quality - Ozone (O3)<sup>2</sup></b>	2014	29.8%	42.0%	↓
<b>Current Smoker<sup>11† &amp; 24</sup></b>	2016, 2018	5.7%	11.0%	↓
<b>Current User of E-Cigarettes (Vaping)<sup>11 &amp; 24</sup></b>	2016, 2018	3.0%	3.2%	↓
<b>Flu Shot in Past Year – Adults 65+<sup>11 &amp; 24</sup></b>	2016, 2018	73.9%	58.1%	↑
Obesity (Adult) <sup>11† &amp; 24</sup>	2016, 2018	25.4%	25.0%	↓
<b>Obesity (Youth)<sup>2</sup></b>	2016-2017	14.2%	20.1%	↓
Overweight/Obese Adults <sup>11† &amp; 24</sup>	2016, 2018	63.1%	61.0%	↓
<b>Pneumonia Vaccine Ever Received (Age 65+)<sup>11 &amp; 24</sup></b>	2016, 2018	76.0%	72.4%	↑
<b>Respiratory Hazard Index (score)<sup>2</sup></b>	2011	1.8	2.2	↓

<b>Smoking in Home</b> <sup>11† &amp; 24</sup>	2016, 2018	7.1%	10.0%	↓
Used Marijuana or Hashish Recently <sup>11 &amp; 24</sup>	<b>2017, 2018</b>	<b>♦13.3%</b>	<b>8.5%</b>	↓

## Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Asthma Prevalence, Adults<sup>11</sup>: Increasing
- Asthma Prevalence, Children/Youth<sup>11</sup>: Increasing
- COPD, Bronchitis, Emphysema<sup>11</sup>: Increasing
- Current Smoker<sup>11</sup>: Decreasing
- Influenza/Pneumonia Death Rate<sup>22</sup>: Decreasing
- Obesity (Adult)<sup>11</sup>: Increasing
- Overweight/Obese Adults<sup>11</sup>: Increasing
- Pertussis<sup>8</sup>: Trend is mixed
- Smoking in Home<sup>11</sup>: Decreasing
- Taking Prescription Medication for Asthma<sup>11</sup>: Flat
- Tuberculosis Cases Rate<sup>10</sup>: Trending down from 2014 to 2016

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 24, Statistical Data for Asthma & Respiratory Conditions by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Asthma Prevalence, Adults<sup>11 &amp; 24</sup></b>	12.8%		♦24.7%						♦22.3%
<b>Obesity (Adult)<sup>11 &amp; 24</sup></b>	25.0%		♦50.8%						♦34.0%
<b>Overweight/Obese Adults<sup>11 &amp; 24</sup></b>	61.0%		♦82.2%						♦74.6%

Blank cells indicate that data were unavailable.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 25, Statistical Data for Asthma & Respiratory Conditions by Age, Income, Education, or Geography**

Indicators	Bench- mark	Male	Age 18- 39	Age 18- 64	Age 65+	≤ 200% FPL	≤ High School	Southern County	Coast- side
<b>Asthma Prevalence, Adults<sup>11 &amp; 24</sup></b>	12.8%		♦24.1%			♦23.8%			
<b>COPD, Bronchitis, Emphysema<sup>11 &amp; 24</sup></b>	4.4%			♦8.2%	♦12.7%				♦14.3%
<b>Current Smoker<sup>11 &amp; 24</sup></b>	11.0%		8.1%			6.7%	9.5%		
<b>Current User of E-Cigarettes (Vaping)<sup>11 &amp; 24</sup></b>	3.2%		♦7.2%						
<b>Obesity (Adult)<sup>11 &amp; 24</sup></b>	25.0%					♦39.4%	♦35.8%		
<b>Overweight/Obese Adults<sup>11 &amp; 24</sup></b>	61.0%	♦70.1%				♦71.6%			
<b>Smoking in Home<sup>11 &amp; 24</sup></b>	10.0%		♦11.1%				♦12.5%		
<b>Used Marijuana or Hashish Recently<sup>11 &amp; 24</sup></b>	8.5%		♦26.1%						♦18.1%

Blank cells indicate that data were unavailable.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Ambulance Transport, Respiratory Issues: Of all ambulance transports initiated by a call to 911, respiratory issues were the primary impression (main reason for the call) in 7.7% of cases.<sup>16</sup>
- Chronic lower respiratory disease was the #5 cause of death in the county.<sup>7</sup>

- ER Visit Rate, Asthma: The average crude Emergency Room visit rate (per 1,000 people) for asthma, countywide, was 294.38. Rates are highest for people of African ancestry (2,966.9 per 100,000) and Pacific Islanders (2,764.6 per 100,000).<sup>11</sup>
- ER Visit Rate, COPD: The average crude Emergency Room visit rate (per 1,000 people) for COPD, countywide, was 35.52. Rates are highest for Pacific Islanders (379.8 per 100,000) and people of African ancestry (282.3 per 100,000).<sup>11</sup>
- Influenza/pneumonia was tied for the #7 cause of death in the county.<sup>7</sup>

## BIRTH OUTCOMES

Table 26, Statistical Data for Birth Outcomes

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Adequate/Adequate Plus Prenatal Care<sup>7</sup></b>	2013-2015	83.0%	78.3%	↑
<b>First Trimester Prenatal Care<sup>7</sup></b>	2013-2015	89.8%	83.3%	↑
<b>Infant Mortality Rate (per 1,000 births)<sup>12</sup></b>	2010-2016	2.9	4.5	↓
Low Birth Weight <sup>12</sup>	<b>2010-2016</b>	<b>6.9%</b>	<b>6.8%</b>	↓
<b>Pre-Term Births<sup>2</sup></b>	2012-2014	8.5%	9.0%	↓
<b>Teen Births Rate (per 1,000 pop.)<sup>12</sup></b>	2010-2016	13.1	24.1	↓
<b>Breastfeeding (Any)<sup>1</sup></b>	2012	97.3%	93.0%	↑
<b>Breastfeeding (Exclusive)<sup>1</sup></b>	2012	80.4%	64.8%	↑
Food Insecurity Rate <sup>11† &amp; 23</sup>	<b>2016, 2018</b>	<b>9.1%</b>	<b>6.0%</b>	↓
<b>Food Insecurity Rate – Children under 18<sup>1</sup></b>	2014	19.3%	25.3%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Child Has Usual Place for Medical Check-ups<sup>11</sup>: Decreasing since 2013
- Food Insecurity Rate<sup>11</sup>: More respondents were food-insecure than in any prior survey (1998-2013).
- Received Informal Food Support<sup>11</sup>: Increasing
- Teen Births:<sup>11</sup>
  - The birth rate among 15- to 17-year-old mothers has been declining since 1997. The trend of the birth rate among 12- to 14-year-old mothers is mixed. While the 2015 rate is only one third of the 1998 rate and half of the 2006 rate, there has been a rising trend between 2012 (when the rate was zero) and 2015 (when the rate was 0.4).
  - Rates of teen motherhood have generally declined among all ethnicities since 1997.

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 27, Statistical Data for Birth Outcomes by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Infant Mortality Rate (per 1,000 births)<sup>7+</sup></b>	4.5	2.4	<b>*9.3</b>	2.4*					2.8
<b>Breastfeeding (Any)<sup>1</sup></b>	93.0%	97.1%	<b>*87.2%</b>	98.3%			<b>92.4%</b>	96.1%	97.5%
<b>Breastfeeding (Exclusive)<sup>1</sup></b>	64.8%	86.3%	67.4%	79.8%			68.8%	81.4%	77.2%
<b>Food Insecurity Rate<sup>11 &amp; 24</sup></b>	<sup>H</sup> 6.0%		<b>*7.5%</b>	<b>*7.2%</b>					

Blank cells indicate that data were unavailable. \* Indicates that survey combined Asian/Pacific Islander. + Using older data from 2012-2014 to highlight health disparities by race/ethnicity.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 28, Statistical Data for Birth Outcomes by Age, Income, Education, or Geography**

Indicators	Bench- mark	Age 0-5	Age 6-17	Age 18- 64	Age 65+	≤ High School	Some College	≥ B.A./B.S. Degree	≤ 200% FPL
<b>Food Insecurity Rate<sup>11 &amp; 24</sup></b>	<sup>H</sup> 6.0%								<b>*10.4%</b>

Blank cells indicate that data were unavailable.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.



- **Child Has Usual Place for Medical Check-ups:** Of Quality of Life Survey respondents who had at least one child under age 18 living in their household, nearly 94% reported that they have a regular place they take their child for medical check-ups.<sup>11</sup> This was reported in smaller proportions by respondents with a high school diploma or less (87%), and individuals earning less than 200% FPL (87%).
- **Received Informal Food Support:** More than 6% of Quality of Life Survey respondents countywide (N=1,581) indicated that they had gone to a food bank or otherwise received free meals in the past year.<sup>11</sup> This figure was higher among low-income respondents (17%) and respondents from the Coastside (12%).<sup>11</sup>
- **Inadequate Prenatal Care:** Countywide, just 1.6% of births received late (as opposed to adequate) prenatal care.<sup>11</sup>
- **Low Birth Weight:** Multiple births (e.g., twins) are more likely to be low birth weight; countywide, 5.1% of singleton births were low birth weight.<sup>11</sup>
- **Sex Education:** About “74% of [teen] respondents reported that they feel they are making informed decisions about sex and their sexuality” (N=3,284).<sup>13</sup>
- **Teen Births:** The birth rate among teen mothers ages 12-14 is 0.4 per 1,000 and among teen mothers ages 15-17 is 4.3 per 1,000.<sup>11</sup>

## CANCER

Table 29, Statistical Data for Cancer

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Breast Cancer Death Rate<sup>7</sup></b>	2013-2015	18.3	19.8	↓
Breast Cancer Incidence Rate <sup>1</sup>	<b>2010-2014</b>	<b>♦136.6</b>	<b>120.7</b>	↓
<b>Cancer Mortality Rate (All Types)<sup>22</sup></b>	2014-2016	120.3	140.2	↓
Cancer Prevalence <sup>11 &amp; 24</sup>	<b>2016, 2018</b>	<b>♦8.3%</b>	<b>5.6%</b>	↓
Cancer Prevalence (Medicare Population) <sup>21†</sup>	<b>2015</b>	<b>♦8.5%</b>	<b>7.5%</b>	↓
<b>Cervical Cancer Incidence Rate<sup>1</sup></b>	2009-2013	6.7	<sup>H</sup> 7.3	↓
<b>Colorectal Cancer Death Rate<sup>7</sup></b>	2013-2015	10.7	13.2	↓
<b>Colorectal Cancer Incidence Rate<sup>1</sup></b>	2010-2014	34.4	37.1	↓
<b>Lung Cancer Death Rate<sup>7</sup></b>	2013-2015	24.8	30.6	↓
<b>Lung Cancer Incidence Rate<sup>2</sup></b>	2010-2014	42.7	44.6	↓
Melanoma Incidence Rate in Men <sup>9</sup>	<b>2008-2012</b>	<b>♦32.0</b>	<b>27.9</b>	↓
Melanoma Incidence Rate in Women <sup>9</sup>	<b>2008-2012</b>	<b>♦18.9</b>	<b>15.6</b>	↓
<b>Ovarian Cancer Death Rate<sup>9</sup></b>	2008-2012	7.6	7.6	↓
Pancreatic Cancer Mortality in Men <sup>9</sup>	<b>2008-2012</b>	<b>♦12.5</b>	<b>11.7</b>	↓
<b>Pancreatic Cancer Mortality in Women<sup>9</sup></b>	2008-2012	8.2	9.3	↓
<b>Prostate Cancer Death Rate<sup>7</sup></b>	2013-2015	15.3	19.3	↓
Prostate Cancer Incidence Rate <sup>1</sup>	<b>2010-2014</b>	<b>♦119.1</b>	<b>109.2</b>	↓
Uterine Cancer Incidence Rate <sup>9</sup>	<b>2008-2012</b>	<b>♦26.1</b>	<b>23.3</b>	↓
<b>Air Quality - Particulate Matter 2.5<sup>2</sup></b>	2014	8.2%	10.7%	↓
Alcohol – Binge Drinker <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>16.9%</b>	<b>16.3%</b>	↓
<b>Cancer Screening – FOBT/Sigmoid/Colonoscopy<sup>11 &amp; 24</sup></b>	2016, 2018	80.4%	71.4%	↑
<b>Cancer Screening – Mammogram<sup>11† &amp; 24</sup></b>	2016, 2018	86.0%	82.4%	↑
<b>Cancer Screening – Mammogram, Medicare Population<sup>11† &amp; 25</sup></b>	2016, 2018	67.0%	59.5%	↑

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Cancer Screening - Pap Test<sup>1</sup></b>	2006-2012	82.1%	78.3%	↑
<b>Cancer Screening - Sigmoid/Colonoscopy, Adults 50+<sup>11† &amp; 24</sup></b>	2016, 2018	77.3%	40.1%	↑
<b>Current Smoker<sup>11† &amp; 24</sup></b>	2016, 2018	5.7%	11.0%	↓
<b>Liquor Store Access Rate<sup>1†</sup></b>	2016	6.8	10.7	↓
<b>Low Fruit/Vegetable Consumption (Adult)<sup>1</sup></b>	2005-2009	67.4%	71.5%	↓
Obesity (Adult) <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>25.4%</b>	<b>25.0%</b>	↓
<b>Overweight (Adult)<sup>1</sup></b>	2011-2012	31.4%	35.8%	↓
Overweight/Obese Adults <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>63.1%</b>	<b>61.0%</b>	↓
<b>Physical Inactivity (Adult)<sup>1† &amp; 12</sup></b>	2013	15.5%	17.9%	↓
<b>Smoking in Home<sup>11† &amp; 24</sup></b>	2016, 2018	7.1%	10.0%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Alcohol – Binge Drinker<sup>11</sup>: Increasing
- Cancer Mortality<sup>11</sup>: Falling since 2010
- Cancer Prevalence (Medicare Population)<sup>21</sup>: No significant change
- Cancer Screening – Mammogram, Medicare Population<sup>11</sup>: Increasing
- Cancer Screening – Mammogram<sup>11</sup>: Decreasing
- Cancer Screening – Fecal Occult Blood Stool Test<sup>11</sup>: Increasing
- Cancer Screening - Sigmoid/Colonoscopy, Adults 50+<sup>11</sup>: Increasing
- Current Smoker<sup>11</sup>: Decreasing
- Engage in Healthy Behaviors<sup>11</sup>: Decreasing
- Liquor Store Access Rate<sup>1</sup>: Falling since 2014
- Regular Vigorous Physical Activity<sup>11</sup>: Decreasing since 2013
- Obesity (Adult)<sup>11</sup>: Increasing
- Overweight/Obese Adults<sup>11</sup>: Increasing
- Physical Inactivity (Adult)<sup>1</sup>: Relatively flat since 2010
- Smoking in Home<sup>11</sup>: Decreasing
- Use Other Tobacco Products<sup>11</sup>: Decreasing

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 30, Statistical Data for Cancer by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Breast Cancer Incidence Rate<sup>1</sup></b>	120.7	♦139.2	♦136.4	125.4					95
<b>Cancer Prevalence<sup>11</sup> &amp; 24</b>	5.6%	♦12.1%	♦13.4%						
<b>Cervical Cancer Incidence Rate<sup>1</sup></b>	H7.3	7.5		6.2					♦11.1
<b>Colon and Rectum Cancer Incidence Rate<sup>1</sup></b>	37.1	35.4	31.3	30.9					28
<b>Lung Cancer Incidence Rate<sup>1</sup></b>	44.6	44.4	♦52.6	36					31.6
<b>Prostate Cancer Incidence Rate<sup>1</sup></b>	109.2	♦125.8	♦180.8	80.5					♦123.6
<b>Overweight/ Obese Adults<sup>11 &amp; 24</sup></b>	61.0%		♦82.2%						♦74.6%
<b>Cancer Screening – FOBT/Sigmoid/Colo noscopy<sup>11 &amp; 24</sup></b>	71.4%			74.5%*					
<b>Obesity (Adult)<sup>11 &amp; 24</sup></b>	25.0%		♦50.8%						♦34.0%

Blank cells indicate that data were unavailable. \* Indicates that survey combined Asian/Pacific Islander.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 31, Statistical Data for Cancer by Age, Income, Education, or Geography**

Indicators	Bench- mark	Male	Age 18- 39	Age 18- 64	Age 65+	≤ High School	Some College	≥ B.A./B.S. Degree	≤ 200% FPL
<b>Cancer Prevalence<sup>11</sup> &amp; 24</b>	5.6%			4.9%	<b>♦19.8%</b>				
<b>Alcohol – Binge Drinker<sup>11 &amp; 24</sup></b>	16.3%		<b>♦28.4%</b>						
<b>Overweight/Obese Adults<sup>11 &amp; 24</sup></b>	61.0%	<b>♦70.1%</b>							<b>♦71.6%</b>
<b>Cancer Screening – FOBT/Sigmoid/Colon oscopy<sup>11 &amp; 24</sup></b>	71.4%					<b>68.2%</b>			<b>71.0%</b>
<b>Obesity (Adult)<sup>11 &amp; 24</sup></b>	25.0%					<b>♦35.8%</b>			<b>♦39.4%</b>
<b>Smoking in Home<sup>11+</sup> &amp; 24</b>	10.0%		<b>♦11.1%</b>			<b>♦12.5%</b>			

Blank cells indicate that data were unavailable.

### Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Cancer was the #1 cause of death in the county.<sup>7</sup>
- Regular Vigorous Physical Activity (Adults): More than one third (38%) of Quality of Life Survey respondents countywide (N=1,581) indicated that they engage in vigorous physical activity three or more times per week.<sup>11</sup> These proportions were smaller among respondents who earn less than 200% FPL (32%) and among older adults (age 65+) (28%).
- Adequate Fruit/Vegetable Consumption (Adults): Only about 15% of Quality of Life Survey respondents countywide (N=1,581) reported that they eat the recommended number of daily servings of fruits and vegetables.<sup>11</sup> These proportions were even smaller among respondents who earned less than 200% FPL (7.4%) and respondents with a high school diploma or less (3.8%).<sup>11</sup>
- Engage in Healthy Behaviors: Less than 4% of Quality of Life Survey respondents countywide (N=1,581) engage in “healthy behaviors” (do not smoke cigarettes, are not

overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, eat five or more servings of fruit/vegetables per day).<sup>11</sup> These proportions are even smaller among men (1.4%), respondents who earn less than 200% FPL (0.7%), and respondents with a high school diploma or less (0.3%).<sup>11</sup>

## DEMENTIA & COGNITIVE DECLINE

Table 32, Statistical Data for Dementia & Cognitive Decline

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Alzheimer's Disease Mortality Rate <sup>7†</sup>	2013-2015	29.9	32.1	↓
Median Age <sup>1 &amp; 18†</sup>	2012-2016	*39.5	36.0	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Alzheimer's Disease (Prevalence)<sup>11</sup>: Generally falling since 2009-11
- Alzheimer's Disease Mortality Rate<sup>7</sup>: Mixed (rose 2005-2011, fluctuated 2012-15)
- Median Age<sup>18</sup>: Rising since at least 2000

### Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Alzheimer's Disease was the #3 cause of death in the county.<sup>7</sup>

## HEART DISEASE/STROKE

Table 33, Statistical Data for Heart Disease/Stroke

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Coronary Heart Disease Death Rate <sup>7</sup>	2010-2015	59.6	93.2	↓
Heart Disease Death Rate <sup>22†</sup>	2014-2016	55.4	89.1	↓
Heart Disease, Heart Attack – Ever Had/Diagnosed <sup>11† &amp; 24</sup>	2016, 2018	5.3%	<sup>US</sup> 8.0%	↓
Heart Disease Hospitalizations Rate (per 1,000 pop.) <sup>2</sup>	2012-2014	6.8	10.5	↓
Heart Disease Prevalence <sup>2</sup>	2014	5.6%	7.0%	↓
Heart Failure (Medicare Population) <sup>21†</sup>	2015	10.9%	12.9%	↓
Heart Failure Emergency Room Visit Rate (per 10,000 pop.) <sup>5</sup>	2013-2015	6.7	9.4	↓
Heart Failure Hospitalizations Rate (per 10,000 pop.) <sup>5</sup>	2013-2015	21.6	29.1	↓
Ischemic Heart Disease (Medicare Population) <sup>21†</sup>	2015	18.7%	23.6%	↓
Stroke Death Rate <sup>22†</sup>	2014-2016	27.1	<sup>H</sup> 34.8	↓
Stroke Hospitalizations (per 1,000 Medicare Beneficiaries) <sup>2</sup>	2012-2014	6.4	7.4	↓
Stroke Prevalence <sup>11 &amp; 24</sup>	<b>2016, 2018</b>	<b>*3.4%</b>	<b>2.4%</b>	↓
Stroke Prevalence (Medicare Population) <sup>21†</sup>	2015	3.0%	3.7%	↓
Alcohol – Binge Drinker <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>16.9%</b>	<b>16.3%</b>	↓
Current Smoker <sup>11† &amp; 24</sup>	2016, 2018	5.7%	11.0%	↓
Diabetes Discharges (% of Total Discharges) <sup>1</sup>	2011	0.6%	0.9%	↓
Diabetes Hospitalizations Rate (per 10,000) <sup>1</sup>	2011	6.1	10.4	↓
Diabetes Management (Medicare Patients with Hemoglobin A1c Test) <sup>1†</sup>	<b>2014</b>	<b>78.8%</b>	<b>81.8%</b>	↑
Diabetes Prevalence, Adults <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>*12.2%</b>	<b>10.2%</b>	↓
High Blood Pressure - Unmanaged <sup>1</sup>	<b>2006-2010</b>	<b>30.7%</b>	<b>30.3%</b>	↓
High Cholesterol Prevalence, Adults <sup>11† &amp; 24</sup>	2016, 2018	32.2%	<sup>US</sup> 36.2%	↓



Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Hypertension/High Blood Pressure Prevalence, Adults <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>♦31.8%</b>	<b><sup>US</sup>28.7%</b>	↓
<b>Liquor Store Access Rate<sup>1†</sup></b>	2016	6.8	10.7	↓
Obesity (Adult) <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>25.4%</b>	<b>25.0%</b>	↓
<b>Obesity (Youth)<sup>2</sup></b>	2016-2017	14.2%	20.1%	↓
Overweight/Obese Adults <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>63.1%</b>	<b>61.0%</b>	↓
<b>Overweight (Adult)<sup>1</sup></b>	2011-2012	31.4%	35.8%	↓
<b>Overweight (Youth)<sup>1</sup></b>	2013-2014	17.7%	19.3%	↓
<b>Park Access<sup>1</sup></b>	2010	78.6%	58.6%	↑
<b>Physical Inactivity (Adult)<sup>1† &amp; 12</sup></b>	2013	15.5%	17.9%	↓
<b>Physical Inactivity (Youth)<sup>2</sup></b>	2016-2017	27.3%	37.8%	↓
<b>Recreation and Fitness Facilities Rate<sup>1†</sup></b>	2016	14.9	10.8	↑
<b>Walkable Destinations<sup>2</sup></b>	2012-2015	54.8%	29.0%	↑

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Alcohol – Binge Drinker<sup>11</sup>: Increasing
- Current Smoker<sup>11</sup>: Decreasing
- Diabetes Management (Medicare Patients with Hemoglobin A1c Test)<sup>1</sup>: Mixed.
- Diabetes Prevalence, Adults<sup>11</sup>: Rising overall, and for older adults 65+
- Engage in Healthy Behaviors<sup>11</sup>: Decreasing
- Heart Disease Death Rate<sup>22</sup>: Decreasing
- Heart Disease, Heart Attack – Ever Had/Diagnosed<sup>11</sup>: Decreasing
- Heart Failure (Medicare Population)<sup>21</sup>: Decreasing
- High Cholesterol Prevalence, Adults<sup>11</sup>: Increasing
- Hypertension/High Blood Pressure Prevalence, Adults<sup>11</sup>: Increasing
- Ischemic Heart Disease (Medicare Population)<sup>21</sup>: Decreasing
- Liquor Store Access Rate<sup>1</sup>: Falling from 2014
- Obesity (Adult)<sup>11</sup>: Increasing
- Overweight/Obese Adults<sup>11</sup>: Increasing
- Physical Inactivity (Adult)<sup>1</sup>: Relatively flat since 2010

- Recreation and Fitness Facilities Rate<sup>1</sup>: Mixed.
- Regular Vigorous Physical Activity<sup>11</sup>: Decreasing since 2013
- Stroke Death Rate<sup>22</sup>: No significant change
- Stroke Prevalence (Medicare Population)<sup>21</sup>: Decreasing
- Taking Medication to Control High Blood Pressure<sup>11</sup>: Increasing
- Taking Medication to Control High Cholesterol<sup>11</sup>: Increasing
- Use Other Tobacco Products<sup>11</sup>: Decreasing

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 34, Statistical Data for Heart Disease/Stroke by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Heart Disease, Heart Attack – Ever Had/Diagnosed<sup>11 &amp; 24</sup></b>	<sup>US</sup> 8.0%		♦9.8%						
<b>Heart Disease Prevalence<sup>1</sup></b>	6.3%	♦8.3%					1.5%		2.6%
<b>Mortality Rate - Stroke<sup>1</sup></b>	37.4	29.4	♦46.8	7.9	♦47.5	35.9		7.8	18.6
<b>Diabetes Prevalence, Adults<sup>11 &amp; 24</sup></b>	<b>12.2%</b>		♦21.2%						
<b>Hypertension/High Blood Pressure Prevalence, Adults (%)<sup>11 &amp; 24</sup></b>	<sup>US</sup> 28.7		♦30.3						
<b>Obesity (Adult)<sup>11 &amp; 24</sup></b>	25.0%		♦50.8%						♦34.0%
<b>Overweight/Obese Adults<sup>11 &amp; 24</sup></b>	61.0%		♦82.2%						♦74.6%
<b>Overweight (Youth)<sup>1</sup></b>	19.3%	14.0%	19.6%	12.4%				16.4%	♦22.1%
<b>Physical Inactivity (Youth)<sup>1</sup></b>	37.8%	22.4%	♦45.3%	18.7%				25.1%	♦44.5%

Blank cells indicate that data were unavailable.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 35, Statistical Data for Heart Disease/Stroke by Age, Income, Education, or Geography**

Indicators	Bench- mark	Male	Age 18- 39	Age 18- 64	Age 65+	≤ High School	Some College	≥ B.A./B.S. Degree	≤ 200% FPL
<b>Heart Disease, Heart Attack – Ever Had/Diagnosed<sup>11 &amp; 24</sup></b>	<sup>US</sup> 8.0%			3.5%	♦11.8%				
<b>Stroke Prevalence<sup>11 &amp; 24</sup></b>	2.4%			2.4%	♦6.5%				
<b>Alcohol – Binge Drinker<sup>11 &amp; 24</sup></b>	16.3%		♦28.4%						
<b>Diabetes Prevalence, Adult<sup>11 &amp; 24</sup></b>	12.2%			10.5%	♦18.6%				♦23.5%
<b>High Cholesterol Prevalence, Adults (%)<sup>11 &amp; 24</sup></b>	<sup>US</sup> 36.2			25.8%	♦54.8%				
<b>Hypertension/High Blood Pressure Prevalence, Adults (%)<sup>11 &amp; 24</sup></b>	<sup>US</sup> 28.7			24.5%	♦52.7%				
<b>Obesity (Adult)<sup>11 &amp; 24</sup></b>	25.0%					♦35.8%			♦39.4%
<b>Overweight/Obese Adults<sup>11 &amp; 24</sup></b>	61.0%	♦70.1%							♦71.6%

Blank cells indicate that data were unavailable.

### Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Ambulance Transports:
  - Cardiac Issues: Of all ambulance transports initiated by a call to 911, cardiac issues were the primary impression (main reason for the call) in 11.5% of cases.<sup>16</sup>
  - Vascular Issues: Of all ambulance transports initiated by a call to 911, vascular issues were the primary impression (main reason for the call) in 9.3% of cases.<sup>16</sup>
- Coronary heart disease was the #2 cause of death in the county.<sup>7</sup>

- **Cardiovascular Disease-Related ER Visits:**
  - ER Visit Rate, Myocardial Infarction: The average crude Emergency Room visit rate (per 1,000 people) for myocardial infarction, countywide, was 2.43.<sup>11</sup> The rate is highest for people whose ethnicity is “Other/Unknown” (17.8per 100,000).<sup>11</sup>
  - ER Visit Rate, Heart Failure: The average crude Emergency Room visit rate (per 1,000 people) for heart failure, countywide, was 99.07.<sup>11</sup> Rates are highest for people of African ancestry (796.1per 100,000) and Pacific Islanders (741.3per 100,000).<sup>11</sup>
  - ER Visit Rate, Ischemic Heart Disease: The average crude Emergency Room visit rate (per 1,000 people) for ischemic heart disease, countywide, was 166.39.<sup>11</sup> Rates are highest for Pacific Islanders (1,184.8per 100,000) and Whites (982.4per 100,000).<sup>11</sup>
- **Engage in Healthy Behaviors:** Less than 4% of Quality of Life Survey respondents countywide (N=1,581) engage in “healthy behaviors” (do not smoke cigarettes, are not overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, eat five or more servings of fruit/vegetables per day).<sup>11</sup> These proportions are even smaller among men (1.4%), respondents who earn less than 200% FPL (0.7%), and respondents with a high school diploma or less (0.3%).<sup>11</sup>
- **Hypertension and High Cholesterol:**
  - Hypertension/High Blood Pressure Prevalence, Adults Native Hawaiians/Pacific Islanders are overrepresented among individuals with high blood pressure.<sup>20</sup>
  - High Blood Pressure Medication Use: Among Quality of Life Survey respondents who reported having hypertension, more than three quarters (79%) indicated that they are currently taking medication to control high blood pressure.<sup>11</sup> Older adults (age 65+) were over-represented among those taking such medication (91%), as were women (85%).<sup>11</sup>
  - High Cholesterol Medication Use: Among Quality of Life Survey respondents who reported having high cholesterol, 64% indicated that they are currently taking medication to lower their blood cholesterol level.<sup>11</sup> Older adults (age 65+) were over-represented among those taking such medication (85%).<sup>11</sup>
- **Stroke-Related ER Visits:**
  - ER Visit Rate, Stroke: The average crude Emergency Room visit rate (per 1,000 people) for stroke, countywide, was 13.18.<sup>11</sup> Rates are highest for people of African ancestry (89.4per 100,000) and Whites (80.6per 100,000).<sup>11</sup>
  - ER Visit Rate, Hypertension: The average crude Emergency Room visit rate (per 1,000 people) for hypertension, countywide, was 1,031.87.<sup>11</sup> Rates are highest for Pacific Islanders (8,119.7per 100,000) and people of African ancestry (7,632.8per 100,000).<sup>11</sup>
- **Stroke & CVD Related Factors:**
  - Regular Vigorous Physical Activity (Adults): More than one third (38%) of Quality of Life Survey respondents countywide (N=1,581) indicated that they engage in vigorous physical activity three or more times per week.<sup>11</sup> These proportions

were smaller among respondents who earn less than 200% FPL (32%) and among older adults (age 65+) (28%).

- Adequate Fruit/Vegetable Consumption (Adults): Only 15% of Quality of Life Survey respondents countywide (N=1,581) reported that they eat the recommended number of daily servings of fruits and vegetables.<sup>11</sup> These proportions were even smaller among respondents who earned less than 200% FPL (7.4%) and respondents with a high school diploma or less (3.8%).<sup>11</sup>
- Stroke was the #4 cause of death in the county.<sup>7</sup>

## HEALTHY LIFESTYLES

### DIABETES

*Table 36, Statistical Data for Diabetes*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Diabetes Death Rate<sup>7</sup></b>	2013-2015	12.9	20.6	↓
<b>Diabetes Discharges (% of Total Discharges)<sup>1</sup></b>	2011	0.6%	0.9%	↓
<b>Diabetes Discharges, Children/Youth (age 1-19)<sup>1</sup></b>	2011	1.2%	1.5%	↓
<b>Diabetes Discharges, Older Adults (age 65+)<sup>1</sup></b>	2011	0.6%	0.8%	↓
<b>Diabetes Hospitalizations Rate (per 10,000)<sup>1</sup></b>	2011	6.1	10.4	↓
Diabetes Prevalence, Adults <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>♦12.2%</b>	<b>10.2%</b>	<b>↓</b>
Children Walking or Biking to School <sup>2</sup>	<b>2015-2016</b>	<b>38.9%</b>	<b>39.3%</b>	<b>↑</b>
<b>Commute &gt;60 Min.<sup>1</sup></b>	2012-2016	8.9%	11.3%	↓
<b>Commute to Work - Alone in Car<sup>1</sup></b>	2012-2016	69.4%	73.5%	↓
<b>Commute to Work – By Public Transit<sup>18†</sup></b>	2012-2016	10.1%	5.2%	↑
<b>Commute to Work - Walking/Biking<sup>1</sup></b>	2012-2016	3.8%	3.8%	↑
<b>Current Smoker<sup>11† &amp; 24</sup></b>	2016, 2018	5.7%	11.0%	↓
Diabetes Management (Medicare Patients with Hemoglobin A1c Test) <sup>1†</sup>	<b>2014</b>	<b>78.8%</b>	<b>81.8%</b>	<b>↑</b>
Drinking Water Violations <sup>2</sup>	<b>2015</b>	<b>♦1.0</b>	<b>0.8</b>	<b>↓</b>
<b>Driving Alone to Work, Long Distances<sup>2</sup></b>	2012-2016	38.1%	39.3%	↓
<b>Exercise Opportunities<sup>12</sup></b>	2016	96.2%	89.6%	↑
Fast Food Restaurants Rate <sup>1†</sup>	<b>2016</b>	<b>82.5</b>	<b>78.7</b>	<b>↓</b>
<b>Food Desert Population<sup>1</sup></b>	2015	9.9%	13.4%	↓
<b>Food Environment Index<sup>12</sup></b>	2015	8.9	8.8	↑
Food Insecurity Rate <sup>11† &amp; 23</sup>	<b>2016, 2018</b>	<b>♦9.1%</b>	<b>H6.0%</b>	<b>↓</b>
<b>Food Insecurity Rate – Children under 18<sup>1</sup></b>	2014	19.3%	25.3%	↓

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Grocery Stores Rate<sup>1†</sup></b>	2016	25.3	21.8	↑
<b>Lack of Healthy Food Stores<sup>2</sup></b>	2014	9.9%	13.4%	↑
<b>Low Fruit/Vegetable Consumption (Adult)<sup>1</sup></b>	2005-2009	67.4%	71.5%	↓
Low Fruit/Vegetable Consumption (Youth) <sup>1</sup>	<b>2011-2012</b>	<b>♦50.0%</b>	<b>47.4%</b>	<b>↓</b>
<b>Physical Inactivity (Adult)<sup>1† &amp; 12</sup></b>	2013	15.5%	17.9%	↓
<b>Physical Inactivity (Youth)<sup>2</sup></b>	2016-2017	27.3%	37.8%	↓
<b>Recreation and Fitness Facilities Rate<sup>1†</sup></b>	2016	14.9	10.2	↑
<b>Soft Drink Consumption<sup>2</sup></b>	2014	9.2%	18.1%	↓
<b>Walkable Destinations<sup>2</sup></b>	2012-2015	54.8%	29.0%	↑
WIC-Authorized Food Stores Rate <sup>1</sup>	<b>2011</b>	<b>♦10.5</b>	<b>15.8</b>	<b>↑</b>

## Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Commute to Work – By Public Transit<sup>18</sup>: Increasing
- Current Smoker<sup>11</sup>: Decreasing
- Diabetes Management (Medicare Patients with Hemoglobin A1c Test)<sup>1</sup>: Mixed.
- Diabetes Prevalence, Adults<sup>11</sup>: Rising overall, and for older adults 65+
- Engage in Healthy Behaviors<sup>11</sup>: Decreasing
- Food Insecurity<sup>11</sup>: More respondents were food-insecure than in any prior survey (1998-2013).<sup>11</sup>
- Fast Food Restaurants Rate<sup>1</sup>: Rising since 2013
- Grocery Stores Rate<sup>1</sup>: Rising since 2013
- Physical Inactivity (Adult)<sup>1</sup>: Relatively flat since 2010
- Received Informal Food Support<sup>11</sup>: Increasing
- Recreation and Fitness Facilities Rate<sup>1</sup>: Mixed.
- Regular Vigorous Physical Activity<sup>11</sup>: Decreasing since 2013

## DIET, FITNESS, & NUTRITION



**Table 37, Statistical Data for Diet, Fitness, & Nutrition**

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Children Walking or Biking to School <sup>2</sup>	<b>2015-2016</b>	<b>38.9%</b>	<b>39.3%</b>	↑
<b>Commute &gt;60 Min.<sup>1</sup></b>	2012-2016	8.9%	11.3%	↓
<b>Commute to Work - Alone in Car<sup>1</sup></b>	2012-2016	69.4%	73.5%	↓
<b>Commute to Work – By Public Transit<sup>18†</sup></b>	2012-2016	10.1%	5.2%	↑
<b>Commute to Work - Walking/Biking<sup>1</sup></b>	2012-2016	3.8%	3.8%	↑
<b>Driving Alone to Work, Long Distances<sup>2</sup></b>	2012-2016	38.1%	39.3%	↓
<b>Low Fruit/Vegetable Consumption (Adult)<sup>1</sup></b>	2005-2009	67.4%	71.5%	↓
Low Fruit/Vegetable Consumption (Youth) <sup>1</sup>	<b>2011-2012</b>	<b>♦50.0%</b>	<b>47.4%</b>	↓
<b>Physical Inactivity (Adult)<sup>1† &amp; 12</sup></b>	2013	15.5%	17.9%	↓
<b>Physical Inactivity (Youth)<sup>2</sup></b>	2016-2017	27.3%	37.8%	↓
<b>Soft Drink Consumption<sup>2</sup></b>	2014	9.2%	18.1%	↓
<b>Children Eligible for Free/Reduced Price Lunch<sup>1†</sup></b>	2015-2016	32.9%	58.9%	↓
<b>Exercise Opportunities<sup>12</sup></b>	2016	96.2%	89.6%	↑
Fast Food Restaurants Rate <sup>1†</sup>	<b>2016</b>	<b>82.5</b>	<b>78.7</b>	↓
<b>Food Desert Population<sup>1</sup></b>	2015	9.9%	13.4%	↓
<b>Food Environment Index<sup>12</sup></b>	2015	8.9	8.8	↑
Food Insecurity Rate <sup>11† &amp; 23</sup>	<b>2016, 2018</b>	<b>♦9.1%</b>	<b>6.0%</b>	↓
<b>Food Insecurity Rate – Children under 18<sup>1</sup></b>	2014	19.3%	25.3%	↓
<b>Grocery Stores Rate<sup>1†</sup></b>	2016	25.3	21.8	↑
<b>Lack of Healthy Food Stores<sup>2</sup></b>	2014	9.9%	13.4%	↑
Public Transit Stops <sup>2</sup>	2013	<b>♦13.4%</b>	<b>16.8%</b>	↑
<b>Recreation and Fitness Facilities Rate<sup>1†</sup></b>	2016	14.9	10.2	↑
<b>SNAP Benefits (Households)<sup>1† &amp; 2</sup></b>	2012-2016	3.7%	9.4%	↓
<b>Walkable Destinations<sup>2</sup></b>	2012-2015	54.8%	29.0%	↑
WIC-Authorized Food Stores Rate <sup>1</sup>	<b>2011</b>	<b>♦10.5</b>	<b>15.8</b>	↑

## Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Children Eligible for Free/Reduced Price Lunch<sup>1</sup>: Falling since 2012-13
- Commute to Work – By Public Transit<sup>18</sup>: Increasing
- Engage in Healthy Behaviors<sup>11</sup>: Decreasing
- Fast Food Restaurants Rate<sup>1</sup>: Rising since 2013
- Food Insecurity<sup>11</sup>: More respondents were food-insecure than in any prior survey (1998-2013).
- Grocery Stores Rate<sup>1</sup>: Rising since 2013
- Physical Inactivity (Adult)<sup>1</sup>: Relatively flat since 2010
- Received Informal Food Support<sup>11</sup>: Increasing
- Recreation and Fitness Facilities Rate<sup>1</sup>: Mixed.
- Regular Vigorous Physical Activity<sup>11</sup>: Decreasing since 2013
- SNAP Benefits (Households)<sup>1</sup>: Rising since 2008

## OBESITY

*Table 38, Statistical Data for Obesity*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Obesity (Adult) <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>25.4%</b>	<b>25.0%</b>	↓
<b>Obesity (Youth)<sup>2</sup></b>	2016-2017	14.2%	20.1%	↓
Overweight/Obese Adults <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>63.1%</b>	<b>61.0%</b>	↓
<b>Overweight (Adult)<sup>1</sup></b>	2011-2012	31.4%	35.8%	↓
<b>Overweight (Youth)<sup>1</sup></b>	2013-2014	17.7%	19.3%	↓
<b>Breastfeeding (Any)<sup>1</sup></b>	2012	97.3%	93.0%	↑
<b>Breastfeeding (Exclusive)<sup>1</sup></b>	2012	80.4%	64.8%	↑
<b>Children Eligible for Free/Reduced Price Lunch<sup>1†</sup></b>	2015-2016	32.9%	58.9%	↓
Children Walking or Biking to School <sup>2</sup>	<b>2015-2016</b>	<b>38.9%</b>	<b>39.3%</b>	↑
<b>Commute &gt;60 Min.<sup>1</sup></b>	2012-2016	8.9%	11.3%	↓
<b>Commute to Work - Alone in Car<sup>1</sup></b>	2012-2016	69.4%	73.5%	↓

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Commute to Work – By Public Transit<sup>18†</sup></b>	2012-2016	10.1%	5.2%	↑
<b>Commute to Work - Walking/Biking<sup>1</sup></b>	2012-2016	3.8%	3.8%	↑
<b>Diabetes Death Rate<sup>7</sup></b>	2013-2015	12.9	20.6	↓
<b>Diabetes Discharges (% of Total Discharges)<sup>1</sup></b>	2011	0.6%	0.9%	↓
<b>Diabetes Discharges, Children/Youth (age 1-19)<sup>1</sup></b>	2011	1.2%	1.5%	↓
<b>Diabetes Discharges, Older Adults (age 65+)<sup>1</sup></b>	2011	0.6%	0.8%	↓
<b>Diabetes Hospitalizations Rate (per 10,000)<sup>1</sup></b>	2011	6.1	10.4	↓
Diabetes Management (Medicare Patients with Hemoglobin A1c Test) <sup>1†</sup>	<b>2014</b>	<b>78.8%</b>	<b>81.8%</b>	<b>↑</b>
Diabetes Prevalence, Adults <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>♦12.2%</b>	<b>10.2%</b>	<b>↓</b>
<b>Driving Alone to Work, Long Distances<sup>2</sup></b>	2012-2016	38.1%	39.3%	↓
<b>Exercise Opportunities<sup>12</sup></b>	2016	96.2%	89.6%	↑
Fast Food Restaurants Rate <sup>1†</sup>	<b>2016</b>	<b>82.5</b>	<b>78.7</b>	<b>↓</b>
<b>Food Desert Population<sup>1</sup></b>	2015	9.9%	13.4%	↓
<b>Food Environment Index<sup>12</sup></b>	2015	8.9	8.8	↑
Food Insecurity Rate <sup>11† &amp; 23</sup>	<b>2016, 2018</b>	<b>♦9.1%</b>	<b>H6.0%</b>	<b>↓</b>
<b>Food Insecurity Rate – Children under 18<sup>1</sup></b>	2014	19.3%	25.3%	↓
<b>Grocery Stores Rate<sup>1†</sup></b>	2016	25.3	21.8	↑
<b>Lack of Healthy Food Stores<sup>2</sup></b>	2014	9.9%	13.4%	↑
<b>Low Fruit/Vegetable Consumption (Adult)<sup>1</sup></b>	2005-2009	67.4%	71.5%	↓
Low Fruit/Vegetable Consumption (Youth) <sup>1</sup>	<b>2011-2012</b>	<b>♦50.0%</b>	<b>47.4%</b>	<b>↓</b>
<b>Physical Inactivity (Adult)<sup>1† &amp; 12</sup></b>	2013	15.5%	17.9%	↓
<b>Physical Inactivity (Youth)<sup>2</sup></b>	2016-2017	27.3%	37.8%	↓
Public Transit Stops <sup>2</sup>	2013	<b>♦13.4%</b>	<b>16.8%</b>	<b>↑</b>
<b>Recreation and Fitness Facilities Rate<sup>1†</sup></b>	2016	14.9	10.2	↑
<b>SNAP Benefits (Households)<sup>1† &amp; 2</sup></b>	2012-2016	3.7%	9.4%	↓

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Soft Drink Consumption<sup>2</sup></b>	2014	9.2%	18.1%	↓
<b>Walkable Destinations<sup>2</sup></b>	2012-2015	54.8%	29.0%	↑
WIC-Authorized Food Stores Rate <sup>1</sup>	2011	♦10.5	15.8	↑

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Children Eligible for Free/Reduced Price Lunch<sup>1</sup>: Falling since 2012-13
- Commute to Work – By Public Transit<sup>18</sup>: Increasing
- Diabetes Management (Medicare Patients with Hemoglobin A1c Test)<sup>1</sup>: Mixed.
- Diabetes Prevalence, Adults<sup>11</sup>: Rising overall, and for older adults 65+
- Engage in Healthy Behaviors<sup>11</sup>: Decreasing
- Fast Food Restaurants Rate<sup>1</sup>: Rising since 2013
- Grocery Stores Rate<sup>1</sup>: Rising since 2013
- Food Insecurity<sup>11</sup>: More respondents were food-insecure than in any prior survey (1998-2013).
- Obesity (Adult)<sup>11</sup>: Increasing
- Overweight/Obese Adults<sup>11</sup>: Increasing
- Physical Inactivity (Adult)<sup>1</sup>: Relatively flat since 2010
- Received Informal Food Support<sup>11</sup>: Increasing
- Recreation and Fitness Facilities Rate<sup>1</sup>: Mixed.
- Regular Vigorous Physical Activity<sup>11</sup>: Decreasing since 2013
- SNAP Benefits (Households)<sup>1</sup>: Rising since 2008

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations. Indicators in red are more than 5% worse for that ethnic group than the benchmark.

**Table 39, Statistical Data for Healthy Lifestyles by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp /Lat (Any Race)
<b>Diabetes Prevalence, Adults<sup>11 &amp; 24</sup></b>	12.2%		♦ <b>21.2%</b>						
<b>Low Fruit/Vegetable Consumption (Youth)<sup>1</sup></b>	47.4%	38.2%					♦ <b>63.5%</b>		♦ <b>55.9%</b>
<b>Obesity (Adult)<sup>11 &amp; 24</sup></b>	25.0%		♦ <b>50.8%</b>						♦ <b>34.0%</b>
<b>Overweight (Youth)<sup>1</sup></b>	19.3%	14.0%	<b>19.6%</b>	12.4%				16.4%	♦ <b>22.1%</b>
<b>Overweight/Obese Adults<sup>11 &amp; 24</sup></b>	61.0%		♦ <b>82.2%</b>						♦ <b>74.6%</b>
<b>Breastfeeding (Any)<sup>1</sup></b>	93.0%	97.1%	♦ <b>87.2%</b>	98.3%			92.4%	96.1%	97.5%
<b>Breastfeeding (Exclusive)<sup>1</sup></b>	64.8%	86.3%	67.4%	79.8%			68.8%	81.4%	77.2%
<b>Food Insecurity Rate<sup>11 &amp; 24</sup></b>	<sup>H</sup> 6.0%		♦ <b>7.5%</b>	*♦ <b>7.2%</b>					

Blank cells indicate that data were unavailable. \* Indicates that survey combined Asian/Pacific Islander.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 40, Statistical Data for Healthy Lifestyles by Age, Income, Education, or Geography**

Indicators	Bench- mark	Male	Female	Age 18- 64	Age 65+	≤ 200% FPL	≤ High School
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<b>Diabetes Prevalence, Adults<sup>11 &amp; 24</sup></b>	12.2%	10.5%	♦18.6%	♦23.5%
<b>Food Insecurity Rate<sup>11 &amp; 24</sup></b>	<sup>H</sup> 6.0%			♦10.4%
<b>Obesity (Adult)<sup>11 &amp; 24</sup></b>	25.0%		♦39.4%	♦35.8%
<b>Overweight/Obese Adults<sup>11 &amp; 24</sup></b>	61.0%	♦70.1%		♦71.6%

Blank cells indicate that data were unavailable.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- **Diabetes:**
  - **ER Visit Rate, Diabetes:** The average crude Emergency Room visit rate (per 1,000 people) for diabetes, countywide, was 471.7.<sup>11</sup> Rates are highest for Pacific Islanders (4,754.5 per 100,000) and people of African ancestry (3,564.8 per 100,000).<sup>11</sup>
  - **Cause of Death:** Diabetes was tied for the #7 cause of death in the county.<sup>7</sup>
- **Engage in Healthy Behaviors:** Less than 4% of Quality of Life Survey respondents countywide (N=1,581) engage in “healthy behaviors” (do not smoke cigarettes, are not overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, eat five or more servings of fruit/vegetables per day).<sup>11</sup> These proportions are even smaller among men (1.4%), respondents who earn less than 200% FPL (0.7%), and respondents with a high school diploma or less (0.3%).<sup>11</sup>
- **Overweight Adults:** Over one third of Quality of Life Survey respondents countywide (N=1,581) reported being overweight.<sup>11</sup>
- **Obesity/Overweight & Diabetes Related Factors:**
  - **Regular Vigorous Physical Activity (Adults):** More than one third (38%) of Quality of Life Survey respondents countywide (N=1,581) indicated that they engage in vigorous physical activity three or more times per week.<sup>11</sup> These proportions were smaller among respondents who earn less than 200% FPL (32%) and among older adults (age 65+) (28%).
  - **Diet:**
    - **Adequate Fruit/Vegetable Consumption (Adults):** Only 15% of Quality of Life Survey respondents countywide (N=1,581) reported that they eat the recommended number of daily servings of fruits and vegetables.<sup>11</sup> These proportions were even smaller among respondents who earned less than 200% FPL (7.4%) and respondents with a high school diploma or less (3.8%).<sup>11</sup>
    - **Sugar-Sweetened Beverages:**
      - **Sugar-Sweetened Beverage Consumption (Adults):** About 18% of Quality of Life Survey respondents countywide (N=1,581) reported that they consume sugar-sweetened beverages daily.<sup>11</sup>
        - Over 13% specifically indicated that they consume at least one soda or pop containing sugar per day.<sup>11</sup> The highest proportions of respondents drinking at least one sugar-sweetened soda/pop each day were south county residents (18%), Latinxs (19%), and respondents with a high school education or less (26%).<sup>11</sup>
        - About 10% specifically indicated that they consume at least one sugar-sweetened fruit drink per day.<sup>11</sup> The

highest proportions of respondents drinking at least one sugar-sweetened fruit drink each day were respondents earning between 200% and 400% of FPL (16%).<sup>11</sup>

- Sugar-Sweetened Beverage Consumption (Youth):  
“[C]onsumption by adolescents age 12-17 increased to 56% drinking one or more sugar-sweetened beverages per day.”<sup>13</sup>
- Teeth Removed Due to Poor Oral Health: Over 20% of Quality of Life Survey respondents countywide (N=1,581) reported that three or more of their permanent teeth had been removed due to tooth decay or gum disease.<sup>11</sup> This was the case for greater proportions of respondents with a high school education or less (37%), respondents earning less than 200% FPL (32%), and respondents of African ancestry (31%).<sup>11</sup>
- Food Store Quality/Affordability: “On av[erage,] 20-30% of [food] stores in low income neighborhoods meet the basic quality and affordability standards” in San Mateo County.<sup>14</sup>
- Received Informal Food Support: More than 6% of Quality of Life Survey respondents countywide (N=1,581) indicated that they had gone to a food bank or otherwise received free meals in the past year.<sup>11</sup> This figure was higher among low-income respondents (17%) and respondents from the Coastsides (12%).<sup>11</sup>



## INFECTIOUS DISEASES

For data on sexually transmitted infections, see separate health need.

**Table 41, Statistical Data for Infectious Diseases**

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Acute Hepatitis B CasesRate <sup>8</sup>	2015	*0.7	0.4	↓
Influenza/Pneumonia Death Rate <sup>22†</sup>	2014-2016	10.6	14.3	↓
Pertussis CasesRate <sup>8†</sup>	2016	*13.5	4.7	↓
Pneumonia Vaccine Ever Received (Age 65+) <sup>11 &amp; 24</sup>	2016, 2018	76.0%	72.4%	↑
Tuberculosis Cases Rate <sup>10†</sup>	2016	*6.8	<sup>H</sup> 1.0	↓
<b>Diphtheria, Tetanus, and Pertussis Vaccine (% of All Kinder)<sup>8</sup></b>	2016-2017	97.8%	96.9%	↑
<b>Flu Shot in Past Year – Adults 65+<sup>11 &amp; 24</sup></b>	2016, 2018	73.9%	58.1%	↑
<b>Hepatitis B Vaccine (% of All Kinder)<sup>8</sup></b>	2016-2017	98.6%	97.8%	↑
<b>Kindergarteners with All Required Immunizations<sup>8</sup></b>	2016-2017	96.5%	95.6%	↑
Kindergarteners with Overdue Immunizations <sup>8</sup>	2016-2017	*1.1%	1.0%	↓
<b>Measles, Mumps, and Rubella Vaccine (% of All Kinder)<sup>8</sup></b>	2016-2017	98.1%	97.3%	↑
<b>Polio Vaccine (% of All Kinder)<sup>8</sup></b>	2016-2017	98.3%	97.3%	↑
<b>Varicella Vaccine (% of All Kinder)<sup>8</sup></b>	2016-2017	99.4%	98.5%	↑

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Influenza/Pneumonia Death Rate<sup>22</sup>: Decreasing
- Pertussis<sup>8</sup>: Trend is mixed
- Tuberculosis Cases Rate<sup>10</sup>: Trending down from 2014 to 2016

### Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Influenza/pneumonia was tied for the #7 cause of death in the county.<sup>7</sup>

## MENTAL HEALTH & WELL-BEING

### MENTAL HEALTH/EMOTIONAL WELL-BEING

*Table 42, Statistical Data for Mental Health/Emotional Well-Being*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
Access to Mental Health Care Providers Rate <sup>1</sup>	2018	300.9	280.6	↑
Adults Needing and Receiving Behavioral Health Care Services <sup>20†</sup>	2015-2016	58.4%	60.5%	↓
Deaths by Suicide, Drug, or Alcohol Poisoning (Rate) <sup>2</sup>	2011-2015	25.2	34.2	↓
Depression Among Medicare Beneficiaries <sup>1†</sup>	2015	10.3%	14.3%	↓
Frequent Mental Distress <sup>12</sup>	2016	8.8%	10.6%	↓
Have Ever Felt Depressed for 2 Years or More <sup>11† &amp; 24</sup>	2016, 2018	26.1%	31.4%	↓
Mental Health Emergency Room Visit Rate (per 10,000 pop.) <sup>5</sup>	2013-2015	61.9	93.4	↓
Needing Mental Health Care <sup>1</sup>	2013-2014	10.7%	15.9%	↓
Poor Mental Health Days (per Month) <sup>11† &amp; 12</sup>	2016, 2018	3.0	3.7	↓
Seriously Considered Suicide <sup>2</sup>	2015-2016	7.6%	10.0%	↓
Suicide Death Rate <sup>2</sup>	2011-2015	7.6	<sup>H</sup> 10.2	↓
Youth Intentional Self-Harm-ER Visits (per 10,000 pop.) <sup>5</sup>	2014	7.9	10.9	↓
Disconnected Youth <sup>12</sup>	2010-2014	9.9%	14.4%	↓
Domestic Violence Rate <sup>1</sup>	2013-2014	4.3	4.9	↓
Homicide Rate <sup>12</sup>	2010-2016	2.5	5.0	↓
Insufficient Sleep <sup>11† &amp; 12</sup>	2016, 2018	30.4%	34.5%	↓
Lack of Social or Emotional Support <sup>2</sup>	2006-2012	22.3%	24.7%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Adults Age 65+ Living Alone<sup>11</sup>: Flat
- Adults Needing and Receiving Behavioral Health Care Services<sup>20</sup>: No significant change
- Community Connectedness – Feel Not Very or Not at All Connected<sup>11</sup>: No significant change
- Community Tolerance for Racial/Cultural Differences is Fair/Poor<sup>11</sup>: Decreasing
- Depression Among Medicare Beneficiaries<sup>1</sup>: Rising since 2010
- Experienced Depressive Symptoms (Average Days per Month)<sup>11</sup>: Flat
- Experiencing Difficulty in Fear, Anxiety, or Panic<sup>11</sup>: Increasing
- Experiencing Difficulty in Getting Along with People Outside the Family<sup>11</sup>: Increasing
- Experiencing Difficulty in Isolation or Feelings of Loneliness<sup>11</sup>: Increasing
- Experiencing Difficulty in Relationships with Family Members<sup>11</sup>: Increasing
- Fair/Poor Access to Mental Health Services<sup>11</sup>: Increasing
- Felt Healthy and Full of Energy (Average Days/Month)<sup>11</sup>: Decreasing
- Felt Worried/Tense/Anxious (Average Days/Month)<sup>11</sup>: Flat
- Have Ever Felt Depressed for 2 Years or More<sup>11</sup>: Increasing
- Have Ever Sought Professional Help for Mental/Emotional Problem<sup>11</sup>: Increasing
- High Stress on Typical Day<sup>11</sup>: Decreasing
- History of Mental/Emotional Problems<sup>11</sup>: Increasing
- Insufficient Sleep<sup>11</sup>: Increasing
- Lack Support<sup>11</sup>: Increasing since 2008
- Pain Interfered with Usual Activities (Average Days/Month)<sup>11</sup>: Increasing since 2013
- Poor Mental Health (Average Days/Month)<sup>11</sup>: Increasing
- Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month)<sup>11</sup>: Increasing since 2004
- Spirituality is Very Important<sup>11</sup>: Decreasing

## TOBACCO/SUBSTANCE USE

*Table 43, Statistical Data for Tobacco/Substance Use*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Adults Needing and Receiving Behavioral Health Care Services<sup>20†</sup></b>	2015-2016	58.4%	60.5%	↓
Alcohol – Binge Drinker <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>16.9%</b>	<b>16.3%</b>	↓
Alcohol – Current Drinker <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>♦60.2%</b>	<b>53.7%</b>	↓
Chronic Liver Disease and Cirrhosis Death Rate <sup>7</sup>	<b>2013-2015</b>	<b>8.5</b>	<b><sup>H</sup>8.2</b>	↓
<b>Current Smoker<sup>11† &amp; 24</sup></b>	2016, 2018	5.7%	11.0%	↓
<b>Current User of E-Cigarettes (Vaping)<sup>11 &amp; 24</sup></b>	2016, 2018	3.0%	3.2%	↓
<b>Deaths by Suicide, Drug or Alcohol Poisoning (Rate)<sup>2</sup></b>	2011-2015	25.2	34.2	↓
<b>Drug-Related Death Rate<sup>11† &amp; 12</sup></b>	2014-2016	8.2	<b><sup>H</sup>11.3</b>	↓
<b>Lung Cancer Death Rate<sup>7</sup></b>	2013-2015	24.8	30.6	↓
<b>Lung Cancer Incidence Rate<sup>2</sup></b>	2010-2014	42.7	44.6	↓
<b>Substance-Related Emergency Department Visits Rate<sup>6</sup></b>	2014	442.5	455.2	↓
Used Marijuana or Hashish Recently <sup>11 &amp; 24</sup>	<b>2017, 2018</b>	<b>♦13.3%</b>	<b>8.5%</b>	↓
<b>Alcohol-Impaired Driving Deaths<sup>12</sup></b>	2012-2016	26.3%	29.4%	↓
<b>Heart Disease Death Rate<sup>22†</sup></b>	2014-2016	55.4	89.1	↓
<b>Heart Disease Prevalence<sup>2</sup></b>	2014	5.6%	7.0%	↓
<b>Liquor Store Access Rate<sup>1†</sup></b>	2016	6.8	10.7	↓
Low Birth Weight <sup>12</sup>	<b>2010-2016</b>	<b>6.9%</b>	<b>6.8%</b>	↓
<b>Opioid Prescription Drug Claims<sup>2</sup></b>	2015	4.3%	7.0%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Adults Needing and Receiving Behavioral Health Care Services<sup>20</sup>: No significant change
- Alcohol – Binge Drinker<sup>11</sup>: Increasing
- Alcohol – Current Drinker<sup>11</sup>: Decreasing

- Current Smoker<sup>11</sup>: Decreasing
- Deaths by Drug Poisoning (Rate)<sup>11</sup>: Increasing
- Ever Sought Professional Help for Drug Related Problem<sup>11</sup>: Flat
- Fair/Poor Access to Help for Substance Abuse<sup>11</sup>: Increasing
- Heart Disease Death Rate<sup>22</sup>: Decreasing
- Know Where to Access Treatment for a Drug-Related Problem if Needed<sup>11</sup>: Increasing
- Liquor Store Access Rate<sup>1</sup>: Falling since 2014
- Substance-related ED Visits<sup>11</sup>: Rising since 2010
- Substance-Related ED Visits (Youth)<sup>11</sup>: Generally falling since 2012-13
- Substance-Related ED Visits (Adults age 20-64)<sup>11</sup>: Generally rising since 2010-11
- Substance-Related ED Visits (Older Adults)<sup>11</sup>: Mixed
- Use Other Tobacco Products<sup>11</sup>: Decreasing

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 44, Statistical Data for Behavioral Health by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Alcohol – Current Drinker<sup>11 &amp; 24</sup></b>	53.7%	♦68.6%							
<b>Have Ever Felt Depressed for 2 Years or More (%)<sup>11 &amp; 24</sup></b>	<sup>US</sup> 31.4		♦37.3						♦33.6
<b>Needing Mental Health Care<sup>1</sup></b>	15.9%	15.6%					0.5%		14.7%
<b>Used Marijuana or Hashish Recently<sup>11 &amp; 24</sup></b>	8.5%			♦18.1% *					
<b>Youth Intentional Self-Harm-ER Visits (per 10,000 pop.)<sup>5</sup></b>	10.9	9.4	3.3	5.9*		♦42.6	♦12.3		7.1

Blank cells indicate that data were unavailable. \* Indicates that survey combined Asian/Pacific Islander.

## Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 45, Statistical Data for Behavioral Health by Age, Income, Education, or Geography**

Indicators	Bench- mark	Age 0-17	Age 18- 39	Age 18- 64	Age 65+	≤ 200% FPL	>400% FPL	≤ High School	Coast- side
<b>Alcohol – Binge Drinker<sup>11 &amp; 24</sup></b>	16.3%		<b>♦28.4%</b>						
<b>Alcohol – Current Drinker<sup>11 &amp; 24</sup></b>	53.7%						<b>♦70.2%</b>	<b>♦63.4%</b>	<b>♦69.4%</b>
<b>Current Smoker<sup>11 &amp; 24</sup></b>	11.0%		8.1%			6.7%		9.5%	
<b>Current User of E- Cigarettes (Vaping)<sup>11 &amp; 24</sup></b>	3.2%		<b>♦7.2%</b>						
<b>Have Ever Felt Depressed for 2 Years or More (%)<sup>11 &amp; 24</sup></b>	<sup>US</sup> 31.4					<b>32.2</b>		<b>32.1</b>	<b>♦33.0</b>
<b>Used Marijuana or Hashish Recently<sup>11 &amp; 24</sup></b>	8.5%		<b>♦26.1%</b>						<b>♦18.1%</b>

Blank cells indicate that data were unavailable.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

## Mental Health/Emotional Well-Being

- Felt Worried/Tense/ Anxious (Average Days/Month): On average, Quality of Life Survey respondents countywide (N=1,581) indicated that they felt worried, tense, or anxious on four out of the past 30 days.<sup>11</sup>
- Bullying:

- Cyberbullying: Nearly one in five (19%) “of [teen] females reported being bullied or harassed via the internet compared to 11% of [teen] males” (N=3,284).<sup>13</sup>
- Absenteeism Due to Cyberbullying: A total of “11% of [teen] respondents who reported being bullied or harassed via the internet missed one or more days of school in the past month” (N=3,284).<sup>13</sup>
- Community Connectedness:
  - Community Connectedness – Feel Not Very or Not at All Connected: About one third of Quality of Life Survey respondents countywide (N=1,581) reported that they felt not very or not at all connected to their community.<sup>11</sup> Higher proportions of men (41%) and Asian/Pacific Islander (40.5%) respondents felt this way.<sup>11</sup>
  - Adults Age 65+ Living Alone: Nearly 36% of Quality of Life Survey respondents countywide (N=1,581) who were adults age 65+ indicated they were living alone.<sup>11</sup> This was indicated by greater proportions of older adult women and middle income (200-400% FPL) respondents than others.<sup>11</sup>
  - Lack of Meaningful Connections to Community (Youth): “Students attending non-traditional schools reported lower rates of meaningful connections in their community” than students attending traditional schools.<sup>13</sup>
- Experienced Depressive Symptoms (Average Days/Month): On average, Quality of Life Survey respondents countywide (N=1,581) indicated that they felt sad, blue, or depressed on 2.5 out of the past 30 days.<sup>11</sup> Respondents earning less than 200% FPL reported feeling that way on 4.3 out of the past 30 days.<sup>11</sup>
- Discrimination Due to Mental Health Problems, Youth: “Youth who have mental health problems... are more likely to have felt discriminated against than youth who have no mental health problems” (N=3,284).<sup>13</sup>
- History of Mental Health Issues: About 10% of Quality of Life Survey respondents countywide (N=1,581) reported a history of problems with mental/emotional illness.<sup>11</sup> The proportions who reported such a history were higher among adult respondents age 18-39 (over 17%) and Latinx respondents (15%).<sup>11</sup>
- Lack Support: About 14% of Quality of Life Survey respondents countywide (N=1,581) reported that they had someone they could turn to if they needed or wanted help “little/none of the time.”<sup>11</sup> These proportions were higher (i.e., worse) for respondents earning less than 200% FPL (32%) and respondents with a high school diploma or less (31%).<sup>11</sup>
- Pain:
  - Ambulance Transport, Pain: Of all ambulance transports initiated by a call to 911, pain was the primary impression (main reason for the call) in 12.1% of cases.<sup>16</sup>
  - Pain Interfered with Usual Activities (Average Days/Month): On average, Quality of Life Survey respondents countywide (N=1,581) indicated that pain made it hard to do their usual activities on 3.5 out of the past 30 days.<sup>11</sup> Respondents of African ancestry experienced this interference more often (4.2 of the past 30 days), as did respondents earning less than 200% FPL (5.2 of the past 30 days).<sup>11</sup>

- Perception of Safety, Youth: “Only 53% of all [teen] respondents reported feeling safe in their community” (N=3,284).<sup>13</sup>
- Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month): On average, Quality of Life Survey respondents countywide (N=1,581) indicated that their physical/mental health had prevented their usual activities three out of the past 30 days.<sup>11</sup> The average for respondents earning less than 200% FPL was 4.3 days, and for African ancestry respondents was 3.5 days.<sup>11</sup>
- Poor Mental Health:
  - Poor Mental Health (Average Days/Month): On average, Quality of Life Survey respondents countywide (N=1,581) indicated that their mental health was not good on two out of the past 30 days.<sup>11</sup>
  - ER Visit Rate: Mental Health Issues: Young adults (age 18-24 and 25-34) and adults age 85+ are the most likely among the population of all ages to visit the emergency room for mental health issues.<sup>5</sup>
- Poor Sleep (Average Days/Month): On average, Quality of Life Survey respondents countywide (N=1,581) said that they felt they didn’t get enough sleep on 7.6 out of the past 30 days.<sup>11</sup> Among the populations of respondents who reported more days of poor sleep were African ancestry respondents (9 days), respondents earning less than 200% FPL (8.6 days), and adults age 18-39 (8.6 days).<sup>11</sup>
- Have Ever Sought Professional Help for Mental/Emotional Problem: Nearly one third of Quality of Life Survey respondents countywide (N=1,581) reported that they had ever sought help from a professional for a mental/emotional problem.<sup>11</sup> Among the populations of respondents less likely to report they had ever sought professional help were men (26%), older adults (age 65+) (24%), Asian/Pacific Islanders (20.5%), and respondents with a high school diploma or less (18%).<sup>11</sup>
- High Stress on Typical Day: More than half of the Quality of Life Survey respondents countywide (N=1,581) reported that their typical day contained a low level of stress, while 39% reported a moderate level of stress and six percent reported a high level of stress.<sup>11</sup> A greater proportion of respondents from the Coastsides (11%) reported a high level of stress.<sup>11</sup>
- Suicidal Ideation: A total of “38% of [teen] female and 23% of [teen] male respondents reported having suicidal thoughts” (N=3,284).<sup>13</sup>
- Suicide:
  - The age-adjusted, countywide suicide mortality rate was 9.5 per 100,000 people.<sup>11</sup>
  - Nearly three quarters of the suicides in San Mateo County between 2010 and 2015 were male.<sup>11</sup>
  - The crude countywide suicide rate per 100,000 was highest for middle-aged adults (ages 45-64, 7.2 per 100,000).<sup>11</sup> Note, there were no suicide deaths in individuals under the age of 20 in year 2016 in San Mateo County.<sup>11</sup>
  - Suicide mortality rates for Latinxs and Asian/Pacific Islanders rose from 2014 to 2015, as did suicide mortality rates for age groups 20-24 and 25-44.<sup>11</sup> Whites had



- the highest crude rate of suicide in the county between 2010 and 2015 (13.7 per 100,000), followed by people of African ancestry (10.5 per 100,000).<sup>11</sup>
  - The crude rate of suicide deaths between 2010 and 2015 was highest in the mid-county area (54.3 per 100,000); this was followed by the coast (52.9 per 100,000), the south county area (46.3 per 100,000), and the north county area (43.9 per 100,000).<sup>11</sup>
  - Suicide was the #11 cause of death in the county.<sup>7</sup>
- Witnessing Violence at School: “28% of [teen] respondents reported seeing violence at their schools and 30% reported seeing violence in their community” (N=3,284).<sup>13</sup>
- Witnessing Violence in Community: “28% of [teen] respondents reported seeing violence at their schools and 30% reported seeing violence in their community” (N=3,284).<sup>13</sup>

#### Tobacco/Substance Use

- Chronic liver disease/cirrhosis was the #9 cause of death in the county.<sup>7</sup>
- Marijuana:
  - Recent Marijuana Use: Fully 20% of San Mateo County Behavioral Health and Recovery Services survey respondents countywide (N=3,981) reported that they had used marijuana in the past month.<sup>17</sup>
  - Used Marijuana or Hashish Recently: In contrast, about 13% of Quality of Life Survey respondents countywide (N=1,581) indicated they had used marijuana or hashish at least once in the past 30 days.<sup>11</sup>
    - Form of Marijuana Use: The most popular form of marijuana use among Quality of Life Survey respondents (N=179) was smoking (62%); approximately one third had also used it in vaporized form (35%) or in edible form (32%).<sup>11</sup>
    - Used Marijuana or Hashish Recently: Among Quality of Life Survey respondents who had used marijuana or hashish in the past 30 days (N=179), most (57%) had only used it once in a day, and most of the rest (20%) had used it twice in a day.<sup>11</sup>
- Other Drugs: About 4% of Quality of Life Survey respondents countywide (N=1,581) reported having used any illicit drugs.<sup>11</sup>
- Coping and Drug Use, Youth: Youth who reported using drugs engaged in positive coping strategies (e.g., talking to a friend, having an artistic outlet) in much lower proportions (13-26%) than youth who reported not using drugs (74-87%) (N=3,284).<sup>13</sup>
- Drug/Alcohol Education:
  - Effective Drug/Alcohol Prevention, Youth: “Only 55% of [teen] respondents reported that their schools provided effective drug and alcohol prevention services” (N=3,284).<sup>13</sup>
  - Know Where to Access Treatment for a Drug-Related Problem if Needed: Nearly half (47%) of Quality of Life Survey respondents countywide (N=1,581) indicated they knew where to access treatment for a drug-related problem if they or

someone in their family needed it.<sup>11</sup> Only about 40% of respondents on the Coastside knew where to access such treatment if needed.<sup>11</sup>

■ **Drug-Related Deaths:**

- The age-adjusted, countywide drug overdose mortality rate (from all drugs) was 6.78 per 100,000 people.<sup>11</sup> This rate includes both ICD 10 codes and coroner case review. The rate when counting only ICD 10 codes was 4.57 per 100,000.<sup>11</sup>
- The crude rates per 100,000 are highest for adults in late middle-age (ages 55-64, 25.5 per 100,000 ICD 10 and coroner, 14.7 per 100,000 ICD 10 only).<sup>11</sup>
- Drug-induced death was the #10 cause of death in the county.<sup>7</sup>

■ **Emergencies:**

- Ambulance Transport, Behavioral Health: Of all ambulance transports initiated by a call to 911, behavioral health was the primary impression (main reason for the call) in 4.4% of cases.<sup>16</sup>
- Ambulance Transport, Toxicological Issues: Of all ambulance transports initiated by a call to 911, toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call) in 5% of cases.<sup>16</sup>

## ORAL/DENTAL HEALTH

**Table 46, Statistical Data for Oral/Dental Health**

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Access to Dentists Rate<sup>1† &amp; 12</sup></b>	2016	101.2	82.3	↑
<b>Health Professional Shortage Area – Dental<sup>2</sup></b>	2016	0.0%	13.2%	↓
<b>Lack of Dental Insurance Coverage<sup>2</sup></b>	2015-2016	26.0%	38.5%	↓
<b>No Recent Dental Exam (Youth)<sup>1</sup></b>	2013-2014	1.2%	18.5%	↓
<b>Poor Dental Health<sup>1</sup></b>	2006-2010	11.2%	11.3%	↓
<b>Recent Dental Exam<sup>11 &amp; 24</sup></b>	2016, 2018	78.9%	66.8%	↑
<b>Current Smoker<sup>11† &amp; 24</sup></b>	2016, 2018	5.7%	11.0%	↓
Drinking Water Violations <sup>2</sup>	<b>2015</b>	<b>♦1.0</b>	<b>0.8</b>	↓
<b>Soft Drink Consumption<sup>2</sup></b>	2014	9.2%	18.1%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Access to Dentists Rate<sup>1</sup>: Rising since 2010
- Child Had Recent Dental Exam<sup>11</sup>: Increasing
- Current Smoker<sup>11</sup>: Decreasing
- Lack of Insurance Prevented Dental Care<sup>11</sup>: No clear trend
- Have No Dental Insurance Coverage that Pays for Some or All of Routine Dental Care<sup>11</sup>: Increasing since 2008
- Use Other Tobacco Products<sup>11</sup>: Decreasing

### Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 47, Statistical Data for Oral/Dental Health by Age, Income, Education, or Geography**

Indicators	Bench- mark	Age 0-5	Age 6-17	Age 18- 64	Age 65+	≤ High School	Some College	≥ B.A./B.S. Degree	≤ 200% FPL
<b>Recent Dental Exam<sup>11 &amp; 24</sup></b>	66.8%								<b>♦51.1%</b>

Blank cells indicate that data were unavailable.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- **Usual Source of Dental Care:** Almost 82% of Quality of Life Survey respondents countywide (N=1,581) reported having a usual source of dental care.<sup>11</sup> This was the case for a smaller proportion of respondents earning less than 200% FPL (57%).<sup>11</sup>
- **Insurance:**
  - **Dental Insurance:** About two thirds of Quality of Life Survey respondents countywide (N=1,581) reported having dental insurance.<sup>11</sup> This was the case for smaller proportions of respondents earning less than 200% FPL (42%) and older adult (65+) respondents (44%).<sup>11</sup>
  - **Lack of Insurance Prevented Dental Care:** About 30% of Quality of Life Survey respondents countywide (N=1,581) indicated that they or a family member(s) have dental problems they cannot take care of because of a lack of insurance.<sup>11</sup> This affected greater proportions of Latinx respondents (44%) and adults age 18-39 (45%).<sup>11</sup>
- **Sugar-Sweetened Beverages:**
  - **Sugar-Sweetened Beverage Consumption (Adults):** About 18% of Quality of Life Survey respondents countywide (N=1,581) reported that they consume sugar-sweetened beverages daily.<sup>11</sup>
    - Over 13% specifically indicated that they consume at least one soda or pop containing sugar per day.<sup>11</sup> The highest proportions of respondents drinking at least one sugar-sweetened soda/pop each day were south county residents (18%), Latinxs (19%), and respondents with a high school education or less (26%).<sup>11</sup>
    - About 10% specifically indicated that they consume at least one sugar-sweetened fruit drink per day.<sup>11</sup> The highest proportions of respondents drinking at least one sugar-sweetened fruit drink each day were respondents earning between 200% and 400% of FPL (16%).<sup>11</sup>
  - **Sugar-Sweetened Beverage Consumption (Youth):** “[C]onsumption by adolescents age 12-17 increased to 56% drinking one or more sugar-sweetened beverages per day.”<sup>13</sup>
- **Teeth Removed Due to Poor Oral Health:** Over 20% of Quality of Life Survey respondents countywide (N=1,581) reported that three or more of their permanent teeth had been removed due to tooth decay or gum disease.<sup>11</sup> This was the case for greater

proportions of respondents with a high school education or less (37%), respondents earning less than 200% FPL (32%), and respondents of African ancestry (31%).<sup>11</sup>

## SEXUALLY TRANSMITTED INFECTIONS

**Table 48, Statistical Data for Sexually Transmitted Infections**

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Chlamydia Cases (Incidence) Rate<sup>26</sup></b>	2016	336.1	504.4	↓
<b>Early Latent Syphilis Cases (Incidence) Rate<sup>26</sup></b>	2016	6.9	13.5	↓
<b>Gonorrhea Cases (Incidence) Rate<sup>26</sup></b>	2016	80.2	164.3	↓
<b>HIV Hospitalizations Rate<sup>1</sup></b>	2011	1.3	2.0	↓
<b>HIV Prevalence<sup>12</sup></b>	2015	228.6	376.4	↓
<b>HIV/AIDS Deaths Rate<sup>2</sup></b>	2008-2014	74.0	323.9	↓
<b>Primary &amp; Secondary Syphilis Cases (Incidence) Rate<sup>26</sup></b>	2016	7.8	15.0	↓
<b>No HIV Screening<sup>1</sup></b>	<b>2011-2012</b>	<b>62.5%</b>	<b>60.8%</b>	<b>↓</b>

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Early Syphilis Rates (Men)<sup>11</sup>: Generally rising since 2000

### Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 49, Statistical Data for Sexually Transmitted Infections by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>HIV Prevalence<sup>1+</sup></b>	376.2	248.3	♦1046.6						266.6
<b>No HIV Screening<sup>1</sup></b>	60.8%	47.9%		58.1%					47.7%

Blank cells indicate that data were unavailable. +Using older data from 2012-2014 to highlight health disparities by race/ethnicity.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Effective Sex Education: About “74% of [teen] respondents reported that they feel they are making informed decisions about sex and their sexuality” (N=3,284).<sup>13</sup>

## UNINTENDED INJURIES/ACCIDENTS

*Table 50, Statistical Data for Unintended Injuries/Accidents*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
<b>Accidents (Unintentional Injuries) Death Rate<sup>7</sup></b>	2013-2015	20.8	29.1	↓
<b>Drug-Related Death Rate<sup>12</sup></b>	2014-2016	8.2	<sup>H</sup> 11.3	↓
<b>Firearm-Related Death Rate<sup>12</sup></b>	2012-2016	4.3	7.9	↓
<b>Injury Deaths Rate<sup>12</sup></b>	2012-2016	35.1	47.6	↓
<b>Motor Vehicle Crash Death Rate<sup>12</sup></b>	2010-2016	5.3	8.5	↓
Pedestrian Accident Death Rate <sup>1</sup>	<b>2010-2012</b>	<sup>♦</sup> <b>1.4</b>	<sup>H</sup> <b>1.3</b>	↓
Unintentional Drowning/Submersion Death Rate <sup>6</sup>	<b>2013</b>	<sup>♦</sup> <b>1.1</b>	<b>1.0</b>	↓
<b>Unintentional Poisoning Death Rate<sup>6</sup></b>	2013	7.7	10.1	↓
Alcohol – Binge Drinker <sup>11† &amp; 24</sup>	<b>2016, 2018</b>	<b>16.9%</b>	<b>16.3%</b>	↓
<b>Alcohol-Impaired Driving Deaths<sup>12</sup></b>	2012-2016	26.3%	29.4%	↓
<b>Firearm Kept in or around Home<sup>11† &amp; 24</sup></b>	2016, 2018	16.8%	32.7%	↓
<b>Liquor Store Access Rate<sup>1†</sup></b>	2016	6.8	10.7	↓

## Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Alcohol – Binge Drinker<sup>11</sup>: Increasing
- Drowning Deaths<sup>11</sup>: Mixed
- Falls Among Older Adults:

- Deaths: The rate of deaths due to unintentional falls among older adults (age 65+) rose between 2008 and 2012, and is now back to the 2006-2008 level. However, it was lower in 2013-2015 (3.73 per 100,000) than it is now.<sup>11</sup>
- ED Visits: The rate of ED visits due to non-fatal unintentional falls among older adults (age 65+) rose between 2008 and 2012, and has remained relatively stable since then.<sup>11</sup>
- Hospitalizations: The rate of hospitalizations due to non-fatal unintentional falls among older adults (age 65+) has been declining since 2008.<sup>11</sup>
- Firearm Kept in or around Home<sup>11</sup>: Flat
- Liquor Store Access Rate<sup>1</sup>: Falling since 2014
- Poisoning Deaths Rate<sup>11</sup>: Mixed

## Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 51, Statistical Data for Unintended Injuries/Accidents by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Pedestrian Accident Death Rate<sup>1</sup></b>	<sup>H</sup> 1.3	1.2	0.0	0.0	0.0	1.0		0.0	<sup>♦</sup> 1.9

Blank cells indicate that data were unavailable.

## Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Accidents/unintended injuries were the #6 cause of death in the county.<sup>7</sup>
- Falls Among Older Adults:
  - The age-adjusted rate of hospitalizations due to non-fatal unintentional falls among older adults (age 65+) was 164.6 per 100,000.<sup>11</sup>
  - The age-adjusted rate of ED visits due to non-fatal unintentional falls among older adults (age 65+) was 497.4 per 100,000.<sup>11</sup>
  - The age-adjusted rate of deaths due to unintentional falls among older adults (age 65+) was 4.2 per 100,000.<sup>11</sup>
- Ambulance Transport, Trauma (Injury): Of all ambulance transports initiated by a call to 911, trauma (injury) was the primary impression (main reason for the call) in 7.6% of cases.<sup>16</sup>



- Motor Vehicle Accidents: The leading mechanism of injury for adults 18-65 is motor vehicle collisions.<sup>16</sup>
- Ambulance Transport, Toxicological Issues: Of all ambulance transports initiated by a call to 911, toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call) in 5% of cases.<sup>16</sup>

## GENERAL HEALTH

*Table 52, Statistical Data Related General Health*

Indicators	Year(s)	SMC	Benchmark	Desired ↑↓
All Causes of Death Rate <sup>7</sup>	2013-2015	493.2	616.2	↓
Child Mortality Rate <sup>12</sup>	2013-2016	26.1	38.5	↓
Frequent Physical Distress <sup>12</sup>	2016	8.0%	10.9%	↓
Life Expectancy at Birth (in Years) <sup>2</sup>	2014	83.1	80.8	↑
Mortality – Premature Deaths (Years of Potential Life Lost) <sup>1</sup>	2014-2016	3,552	5,862	↓
Poor or Fair Health <sup>11† &amp; 24</sup>	2016, 2018	13.3%	17.8%	↓
Poor Physical Health (Average Days/Month) <sup>11† &amp; 12</sup>	2016, 2018	2.7	3.5	↓
Population with Any Disability <sup>1</sup>	2012-2016	8.3%	10.6%	↓

### Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Felt Healthy and Full of Energy (Average Days/Month)<sup>11</sup>: Decreasing
- Older Dependents in Home who Cannot Live Alone<sup>11</sup>: Increasing
- Pain Interfered with Usual Activities (Average Days/Month)<sup>11</sup>: Increasing since 2013
- Poor or Fair Health<sup>11</sup>: Increasing since 2008
- Poor Physical Health (Average Days/Month)<sup>11</sup>: Increasing since 2004
- Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month)<sup>11</sup>: Increasing since 2004

### Race & Ethnicity

Certain indicators are available by ethnicity, which shows disparities in certain populations.

**Table 53, Statistical Data for General Health by Ethnicity**

Indicators	Bench- mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
<b>Poor or Fair Health<sup>11</sup> &amp; 24</b>	17.8%		♦ <b>19.5%</b>						♦ <b>21.3%</b>
<b>Population with Any Disability<sup>1</sup></b>	10.6%	9.7%	♦ <b>18.1%</b>	6.2%	6.8%	10.5%	5.1%	5.9%	6.6%

Blank cells indicate that data were unavailable.

### Other Populations

Certain indicators are available by age, income or education level, or geography, and show disparities in certain populations.

**Table 54, Statistical Data for General Health by Age, Income, Education, or Geography**

Indicators	Bench- mark	Age 0-5	Age 6-17	Age 18- 64	Age 65+
<b>Poor or Fair Health<sup>11</sup> &amp; 24</b>	17.8%				♦ <b>22.2%</b>

Blank cells indicate that data were unavailable.

### Data without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Discrimination Due to Physical Disabilities, Youth: “Youth who have ...physical disabilities are more likely to have felt discriminated against than youth who have no ...physical disabilities” (N=3,284).<sup>13</sup>
- General Health:
  - Felt Healthy and Full of Energy (Average Days/Month): On average, Quality of Life Survey respondents countywide (N=1,581) reported that they felt healthy and full of energy on 18 out of the past 30 days.<sup>11</sup>
  - Poor Physical Health (Average Days/Month): On average, Quality of Life Survey respondents countywide (N=1,581) indicated that their physical health was not

good on four out of the past 30 days.<sup>11</sup> The average for respondents earning less than 200% FPL was 6.7 days, and for African ancestry respondents was 5.9 days.<sup>11</sup>

- Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month): On average, Quality of Life Survey respondents countywide (N=1,581) indicated that their physical/mental health had prevented their usual activities three out of the past 30 days.<sup>11</sup> The average for respondents earning less than 200% FPL was 4.3 days, and for African ancestry respondents was 3.5 days.<sup>11</sup>
- Ambulance Transport, Neurological Issues: Of all ambulance transports initiated by a call to 911, neurological issues were the primary impression (main reason for the call) in 10.1% of cases.<sup>16</sup>
- Older Dependents in Home who Cannot Live Alone: Nearly 12% of Quality of Life Survey respondents countywide (N=1,581) reported that they had older dependents living in their household because these older individuals were unable to live alone.<sup>11</sup> This was reported in higher proportions by adults age 18-39 (21%), and Asian/Pacific Islanders (23%).<sup>11</sup>

## Summary List of Sources

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Health needs data found in this document were collected primarily from the publicly available Community Commons data platform (<https://www.communitycommons.org/maps-data/>) and a related data platform (<http://www.CHNA.org>). Other data were reviewed and provided by San Mateo County Health's Division of Public Health, Policy, and Planning and are noted in the report. Pertinent data points on health needs from these sources are included in data tables with superscript notation:

- <sup>1</sup> Community Commons Data Platform
- <sup>2</sup> CHNA.org Data Platform
- <sup>3</sup> Centers for Disease Control and Prevention State Profiles
- <sup>4</sup> California Department of Education
- <sup>5</sup> Office of Statewide Health Planning and Development
- <sup>6</sup> California Department of Public Health, EpiCenter California Injury Data
- <sup>7</sup> California Department of Public Health, County Health Status Profiles
- <sup>8</sup> California Department of Public Health, Immunization Branch
- <sup>9</sup> California Department of Public Health, California Cancer Registry (CCR) Fact Sheet
- <sup>10</sup> California Department of Public Health, Tuberculosis Branch
- <sup>11</sup> San Mateo County Health
- <sup>12</sup> County Health Rankings & Roadmaps, Robert Wood Johnson Foundation
- <sup>13</sup> County of San Mateo, Board of Supervisors, Adolescent Report
- <sup>14</sup> Get Healthy San Mateo County
- <sup>15</sup> Insight Center for Community Economic Development
- <sup>16</sup> County of San Mateo Emergency Medical Services
- <sup>17</sup> San Mateo County Behavioral Health and Recovery Services
- <sup>18</sup> U.S. Census Bureau
- <sup>19</sup> Zillow.com Rental Estimates
- <sup>20</sup> California Health Interview Survey
- <sup>21</sup> U.S. Department of Health & Human Services, Centers for Medicare and Medicaid Services
- <sup>22</sup> California Department of Public Health
- <sup>23</sup> Feeding America
- <sup>24</sup> Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
- <sup>25</sup> The Dartmouth Atlas of Health Care
- <sup>26</sup> California Department of Public Health, Sexually Transmitted Diseases Control Branch

For an index that lists full original sources and years as well as indicator descriptions, see Attachment 3, Secondary Data Indicators.

# Health & Quality of Life Survey 2018

## *Sequoia Hospital*



SAN MATEO COUNTY HEALTH  
**PUBLIC HEALTH,  
POLICY & PLANNING**

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# INTRODUCTION

## OVERVIEW

The 2018 San Mateo County Health & Quality of Life Survey is designed to serve as a tool for guiding policy and planning efforts. Indicators relate to the quality of life (e.g., affordable housing, childcare, education, and employment), environmental and social factors that influence health, as well as the physical health (e.g. smoking, physical inactivity, high blood pressure, overweight prevalence) and prevention services (e.g. cancer screenings and access to medical care).

## METHODS

Data were drawn from the 2018 San Mateo County Health and Quality of Life Survey (HQoL). The HQoL utilized a multi-mode computer-assisted design consisting of landline, cell phone, and online surveys of adults (age 18+) residing in San Mateo County. The sample includes randomly selected adults, and additional samples of Black and Pacific Islander residents, low-income residents, and residents in the Coastside area. The additional surveys in the specified communities were conducted to improve the reliability of the data. Indicators on children, are asked about one child living in the household. When applicable, sub-samples for each hospital service area was determined using the respondents five-digit zip-code. The total sample size for the Sequoia Hospital catchment area was 937 respondents.

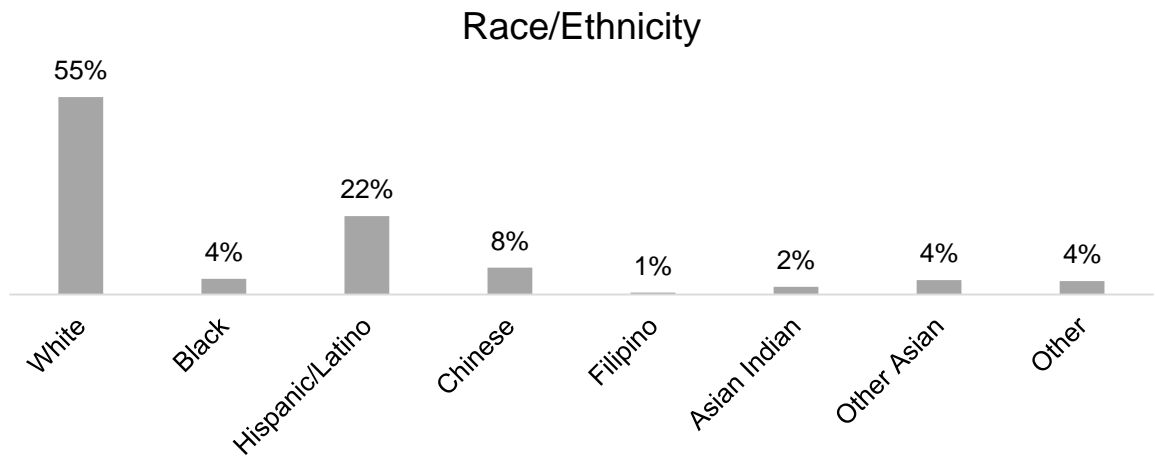
A bivariate analysis for each indicator was conducted by the following demographics: race/ethnicity, age, and poverty status. Race/ethnicity was self-reported and later re-categorized into the following mutually exclusive groups: Caucasian/White, African-American/Black, Hispanic/Latino, Asian-American, and Other. Pacific Islanders and Native Americans were included with Other due to small numbers. Respondents were grouped into four age categories: 18-39, 40-64, 65-74, and 75 and older. Poverty status was determined using household income and household size in accordance with the U.S. Department of Health and Human Services poverty thresholds (<200% FPL, 200% - 399% FPL, and >400% FPL).

All responses were weighted by geographic and demographic characteristics to more closely match the county and sub-county populations and to achieve greater statistical representativeness. Chi-square tests were conducted to determine if the demographics (race/ethnicity, age, and poverty status) affect the indicator; specifically, is there an association between the indicator and the demographics. Indicators with a significant chi-square result at  $p < 0.05$  level are denoted with an asterisk. This is currently the final dataset; the results presented are of analyses conducted in February 2019.

The sample size for some of the categories is relatively small (n<50), so take caution when interpreting results.

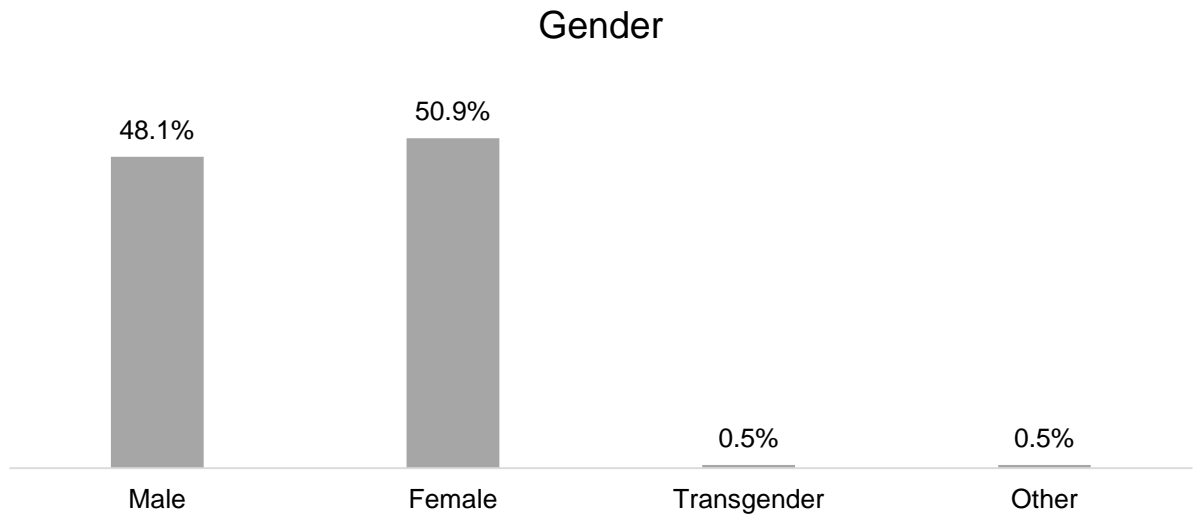
## DEMOGRAPHICS

### RACE

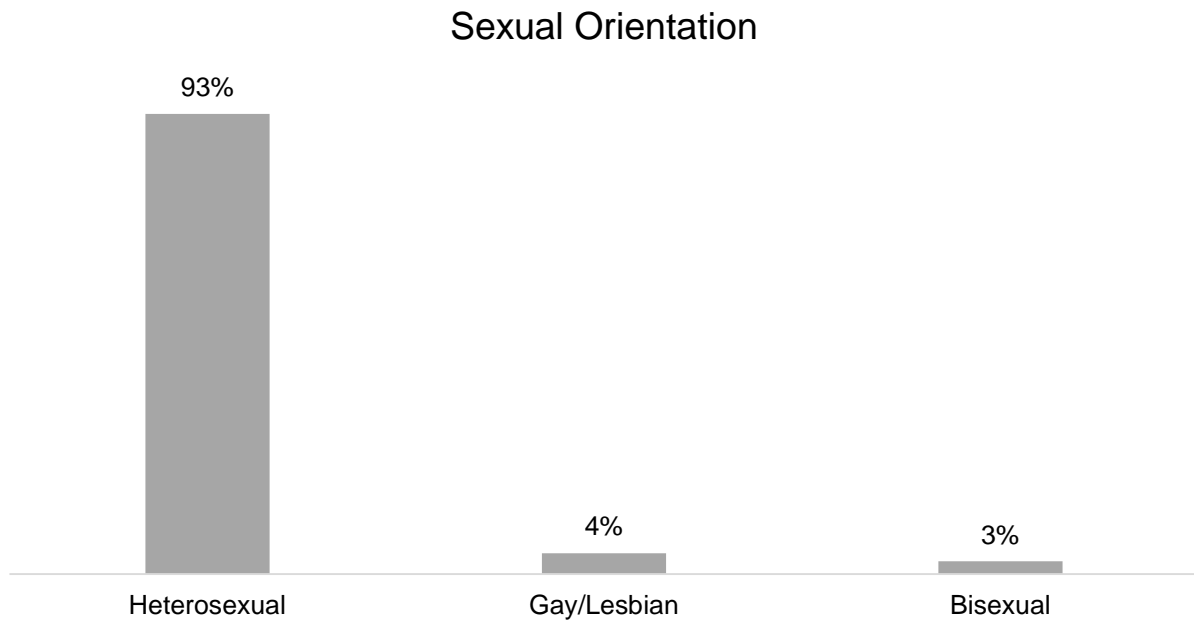


More than half of the population is White (55%), followed by Hispanic (22%) and Asian (15%).

### GENDER

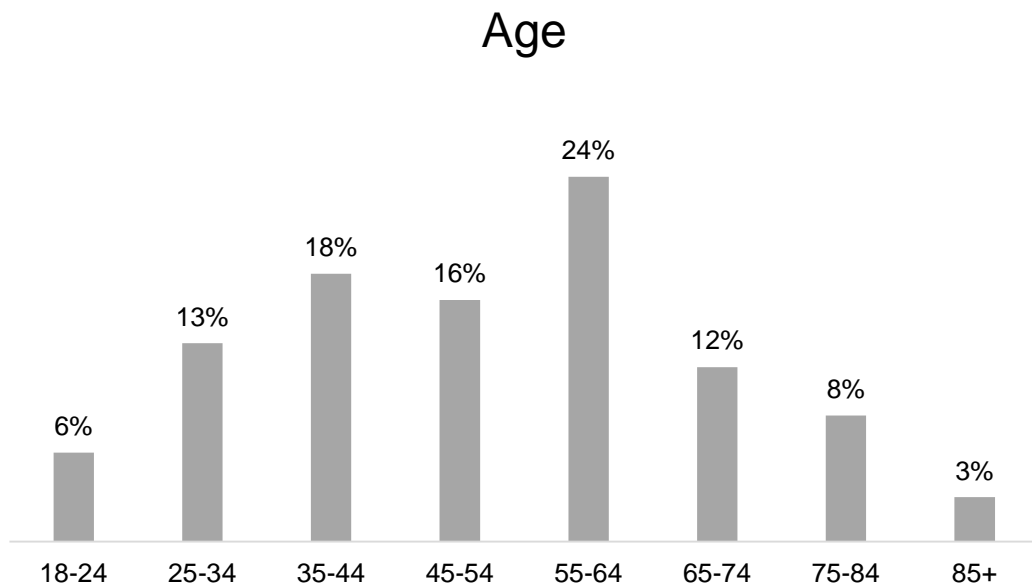


### SEXUAL ORIENTATION



The population is predominantly heterosexual (93%)

## AGE

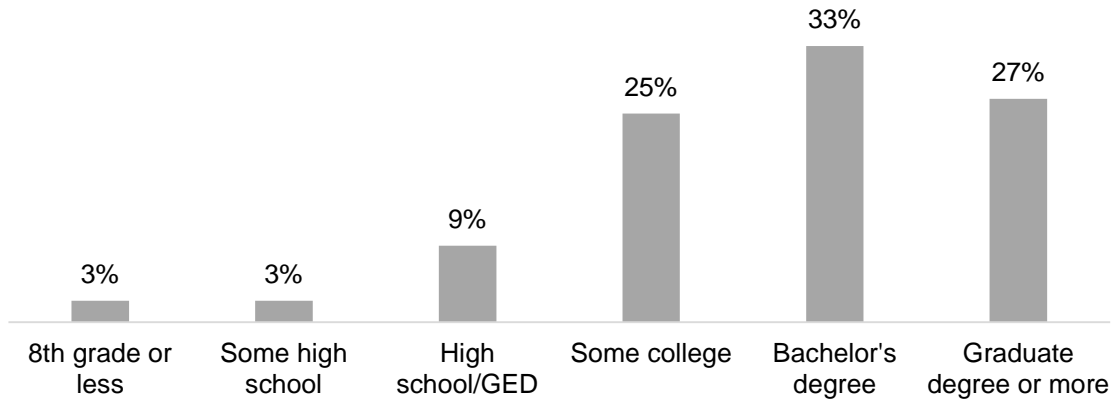


The population is aging, with age group 55-64 years being the largest (24%).

## EDUCATION



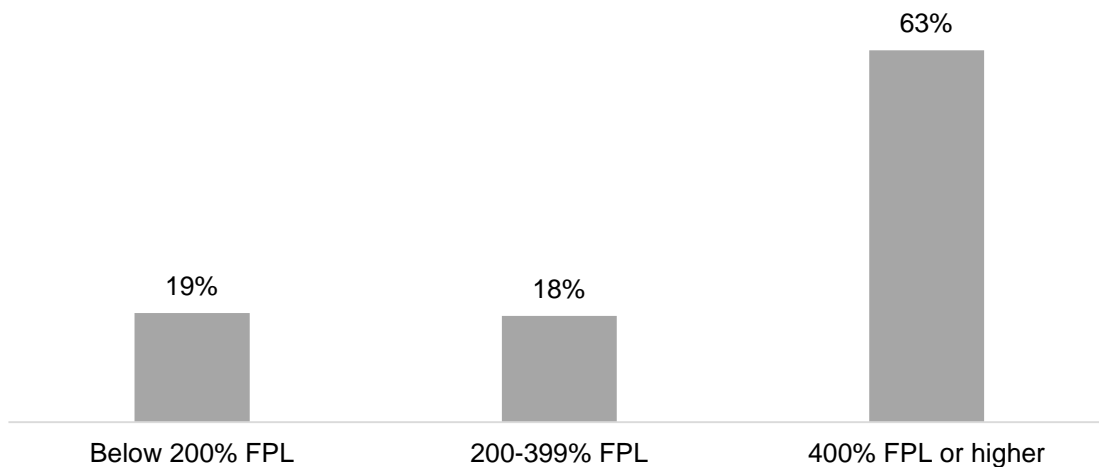
### Highest Level of Education Completed



Over half of the population have a college degree (33% bachelors, 27% graduate or more).

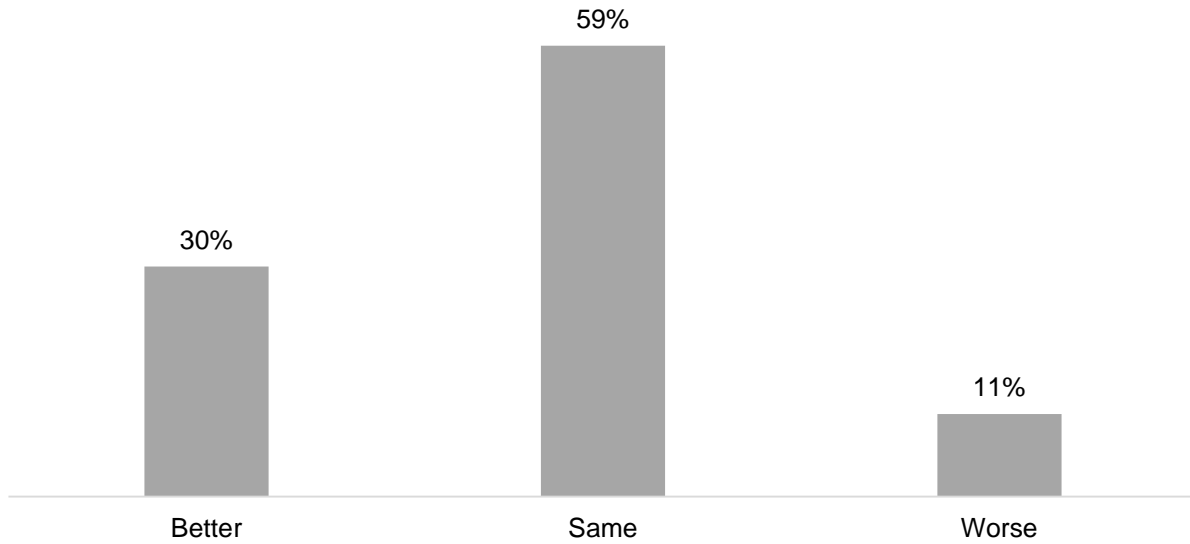
## POVERTY & FAMILY FINANCES

### Poverty



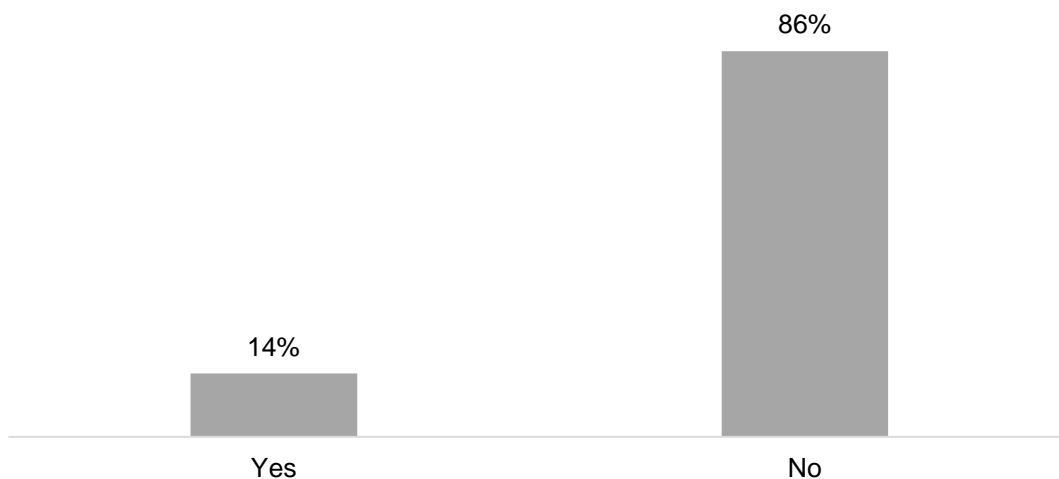
Over half of the population in the hospital catchment area (63%) have household incomes more than four times the poverty threshold.

### Change in Family Financial Situation Compared to a Year Ago



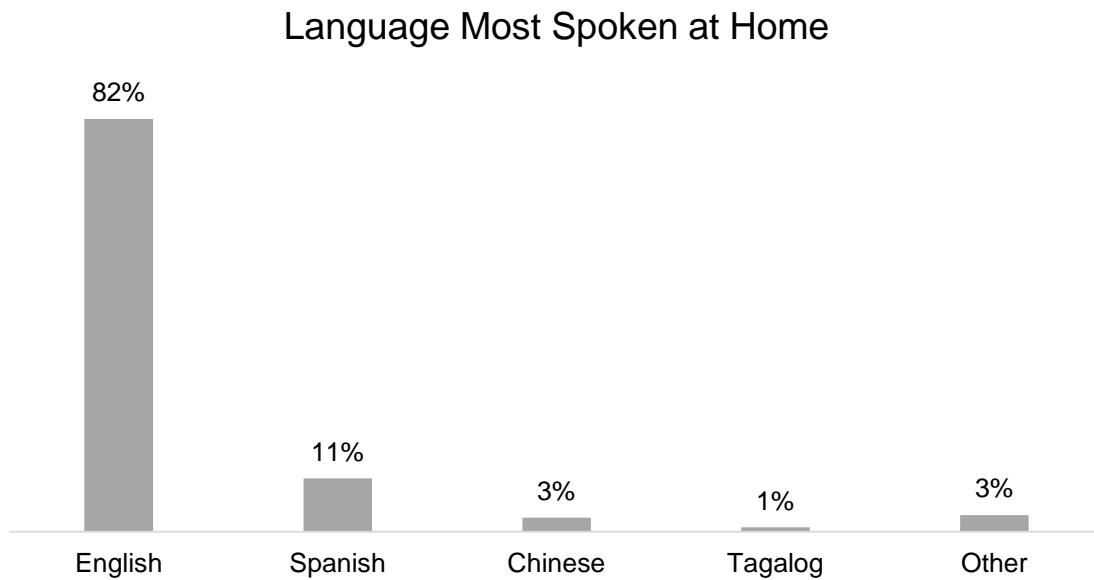
The family financial situation has remained the same compared to the previous year for the majority of people (59%).

### Currently Receiving Government Assistance



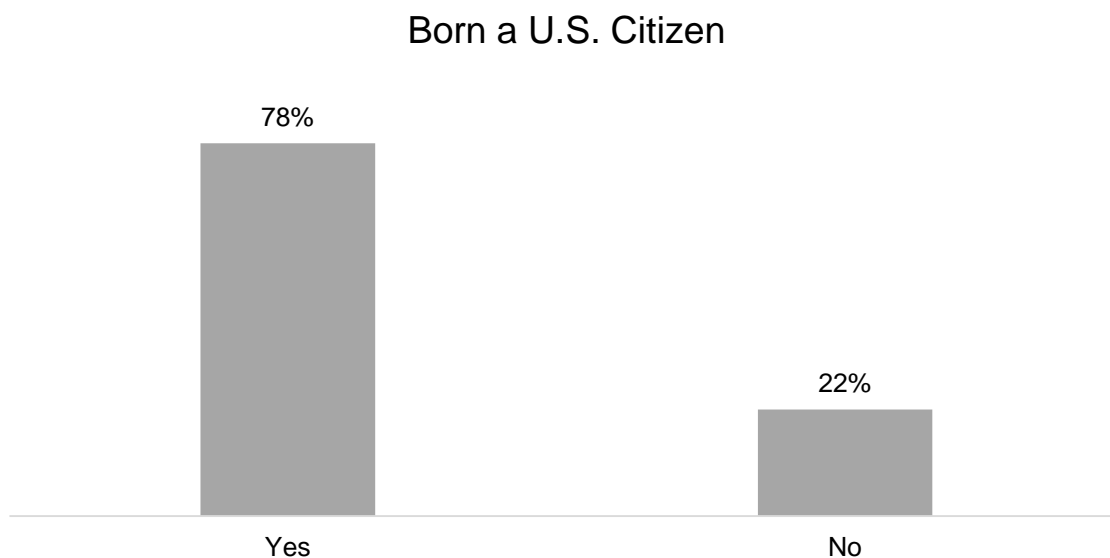
Few respondents (14%) are receiving government assistance.

## LANGUAGE



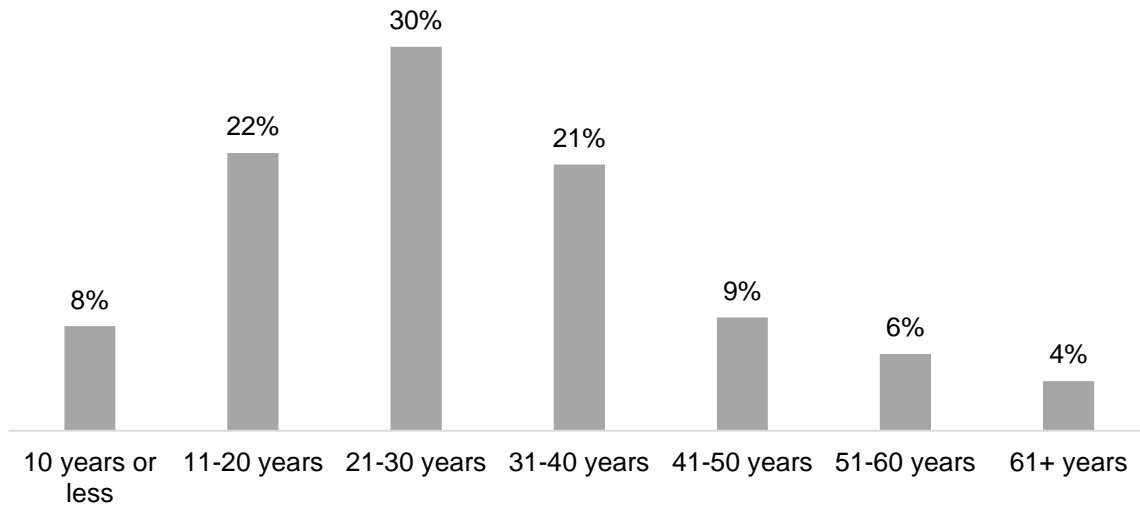
Most of the population speaks English in the home (82%).

## NATIVITY & RESIDENCE IN THE U.S.



The majority of the population in the catchment area were born U.S. citizens (78%).

## Years Lived in the U.S.

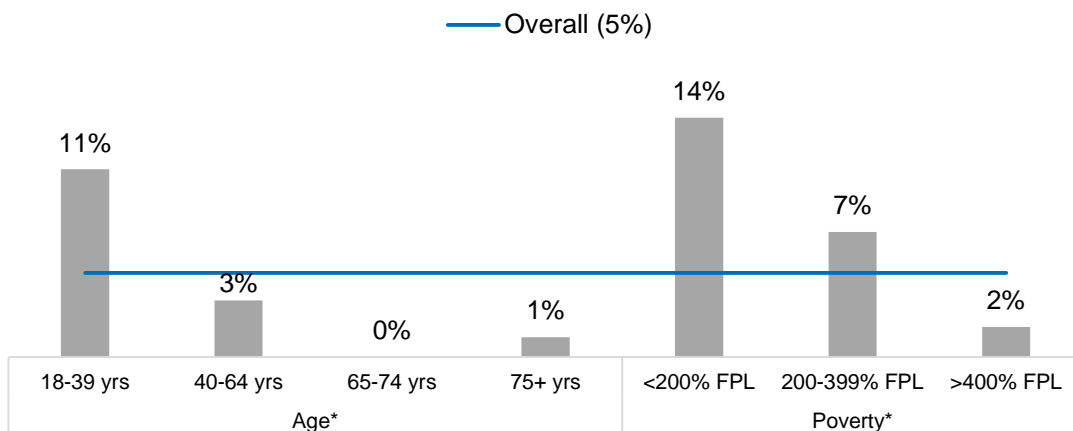


Of those foreign born, most have resided in the U.S. for more than 11 years (92%).

## HEALTH CARE ACCESS & DELIVERY

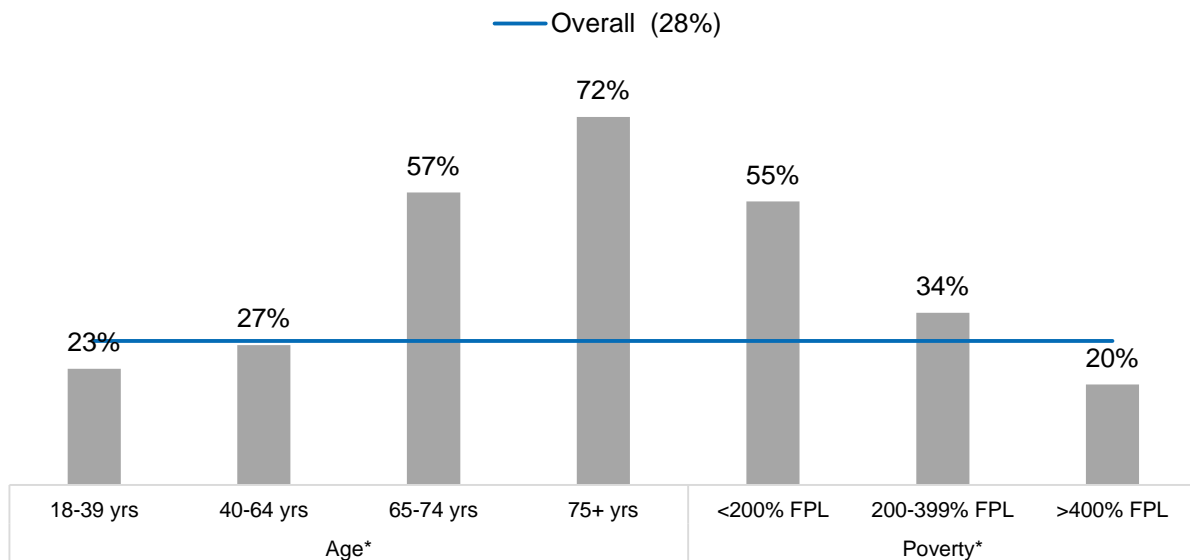
### HEALTH INSURANCE

#### Does Not Have Health Care Coverage



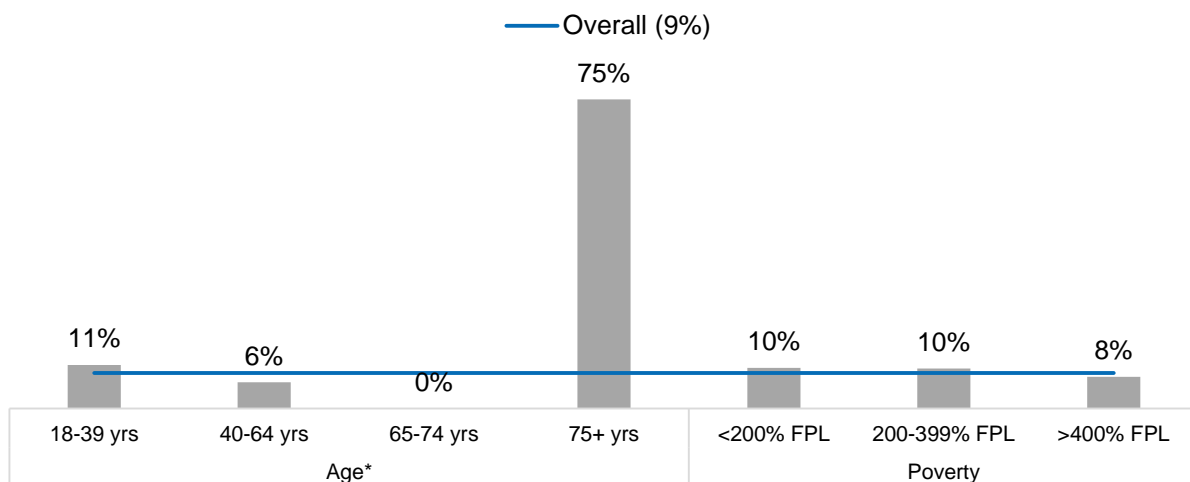
In the catchment area, 5% of the population overall does not have health care coverage, although this is much higher for those 18-39 years of age (11%) and for the <200% FPL (14%) population.

## Employer Does Not Offer Health Benefits



On average, their employer does not offer health benefits to 28% of residents; this is increased for those 65-74 years of age (57%) and 75+ years of age (72%) and households <200% FPL (55%).

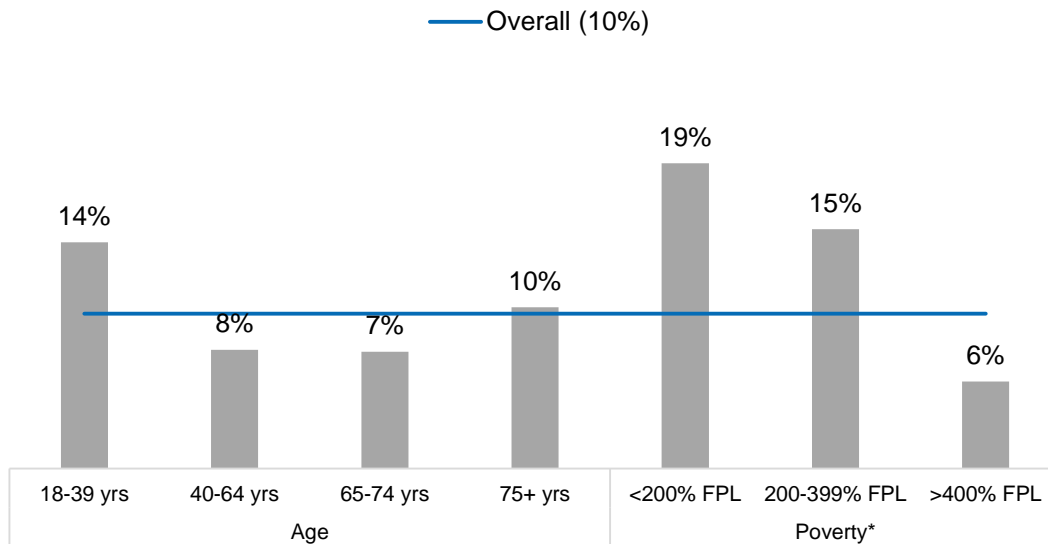
## Employer Does Not Offer Health Benefits To Employee's Dependents



For those 75+ years, employer not offering benefits for dependents is high (75%) compared to the catchment area rate (9%).

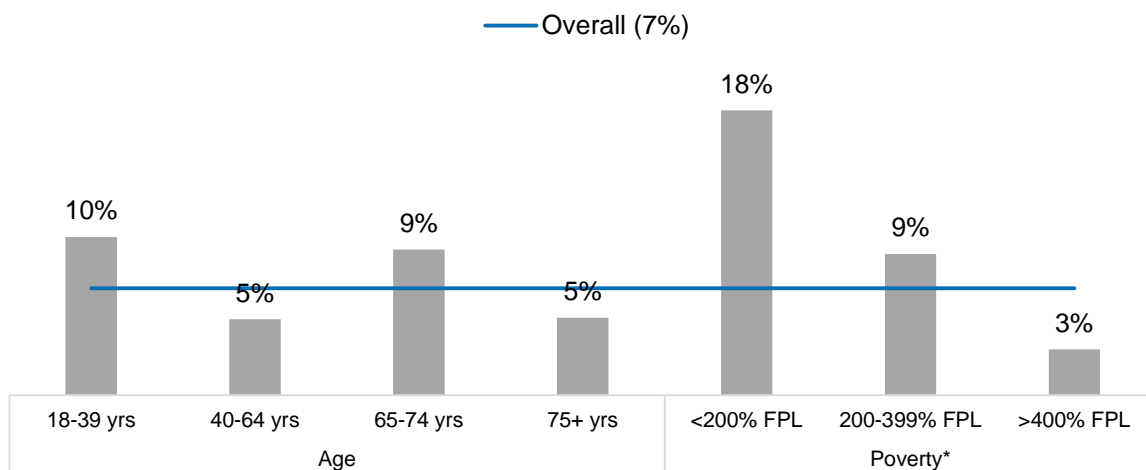
## BARRIERS TO ACCESSING HEALTH CARE SERVICES

### Difficulty Seeing Doctor in the Past Year



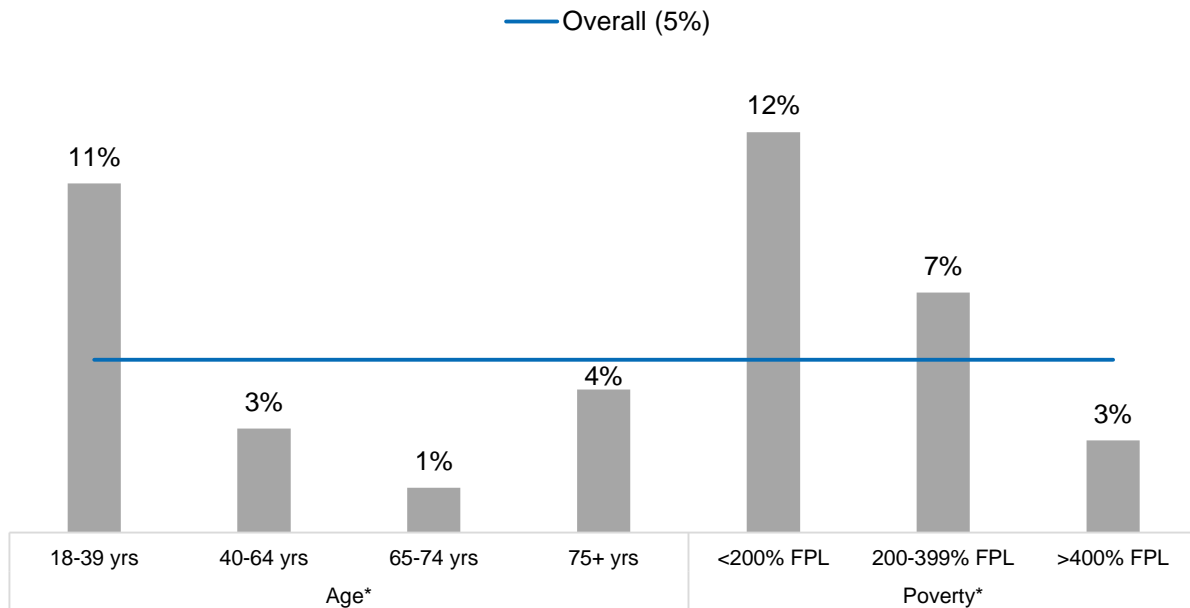
Overall, approximately 10% of the catchment area residents have had difficulty in seeing a doctor in the past year; this is a lot higher for the households <200% FPL (19%).

### Could Not Afford Medication in the Past Year



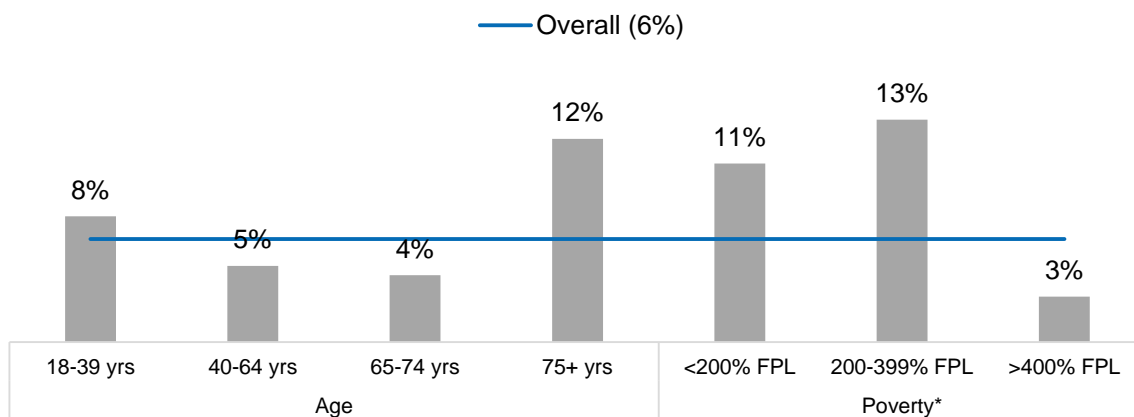
Overall, not being able to afford medication in the past year was an issue for 7% of the catchment area residents; it was a lot higher in the households <200% FPL (18%).

## Could Not Afford to See Doctor in the Past Year



In the catchment area, 5% of the population overall could not afford to see a doctor in the past year. This is much higher for those in the 18-39 age group (11%) and households <200%FPL (12%).

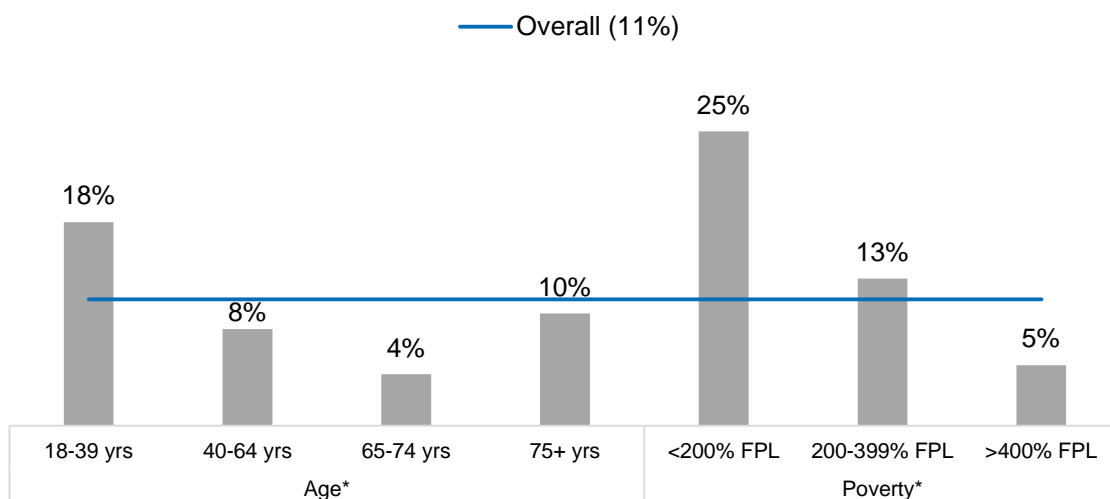
## Lack of Transportation Prevented Seeing Doctor in the Past Year



Approximately 6% of the population noted a lack of transportation prevented them from seeing a doctor; this is decreased for the >400% FPL (3%).

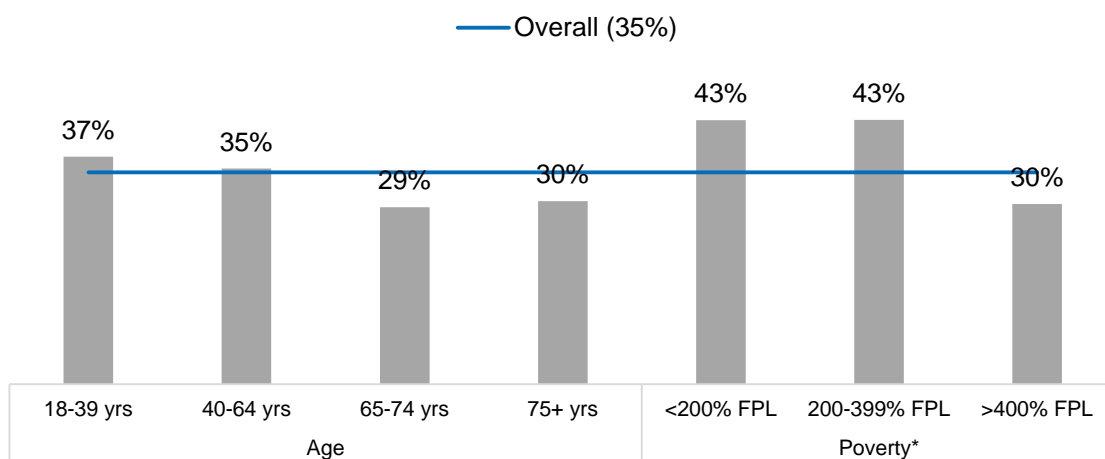
## EASE IN ACCESSING HEALTH CARE SERVICES

### Rated Ease of Getting Needed Health Care Services as Fair or Poor



Overall, the ease in getting health services was fair/poor for 11% of residents, and a lot higher for the 18-39 year old (18%) and <200% FPL (25%) populations.

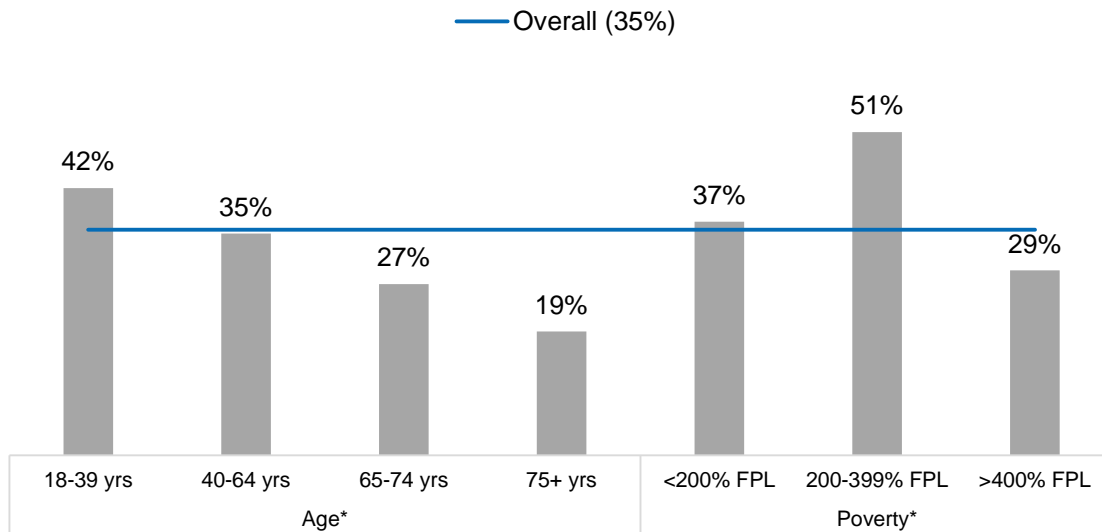
### Rated Ease of Community Members Getting Mental Health Services as Fair or Poor



Overall, the ease in getting mental health services was fair/poor for 35% of the population, and increased for households <200% FPL (43%) and 200-399% FPL (43%).

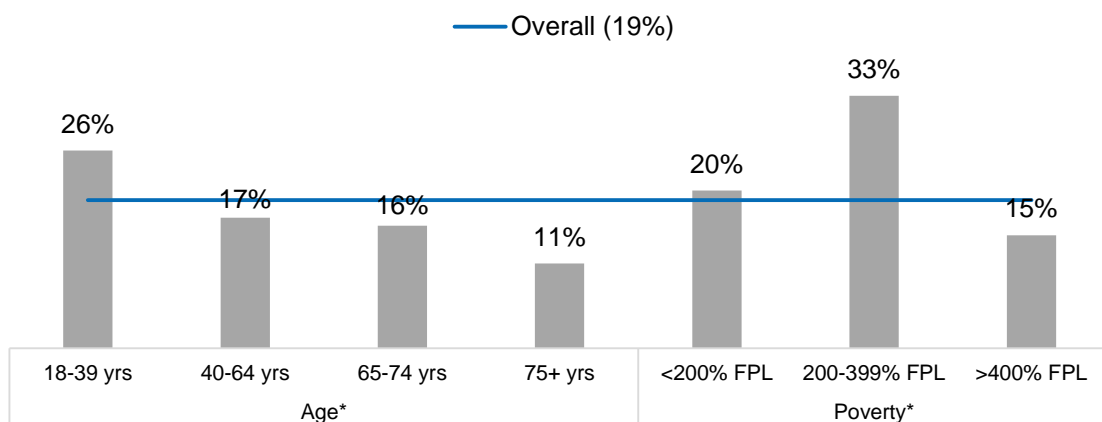


## Rated Ease of Community Members Getting Help for Substance Use as Fair or Poor



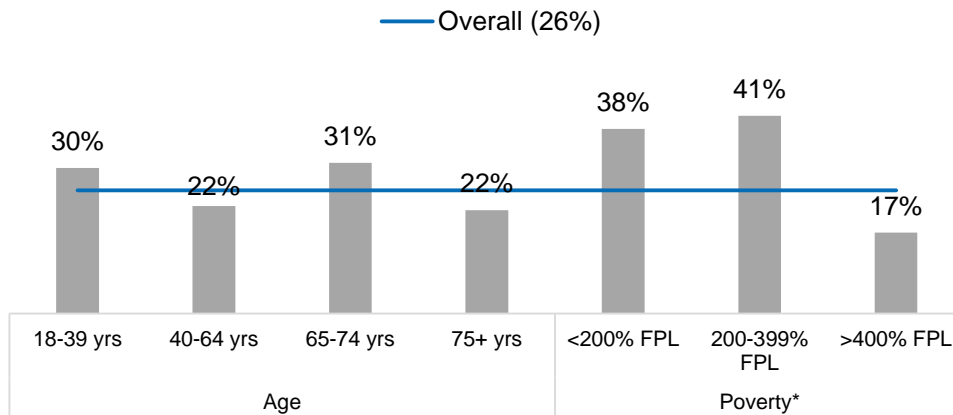
The ease in getting substance use help was fair/poor for 35% of residents overall, although it was harder for those 18-38 years (42%) and households 200-399% FPL (51%).

## Rated Ease of Community Members Getting Child Health Services as Fair or Poor



Overall, the ease of community members getting child health services was fair/poor for 19% of the population and increased for those 18-39 years of age (26%) and households 200-399% FPL (33%).

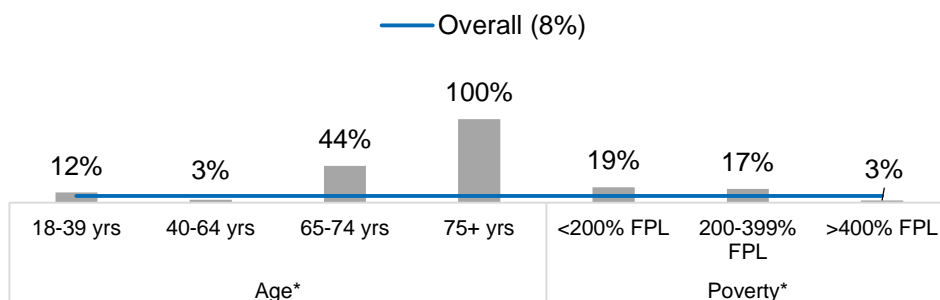
## Rated Ease of Community Members Getting Dental Care as Fair or Poor



Overall, the ease of getting dental care was fair/poor for 26% of residents in the catchment area, and a lot worse for households <200% FPL (38%) and 200-399% FPL (41%).

## CHILD HEALTH CARE ACCESS

### Does Not Have a Regular Place for Child Medical Check-ups

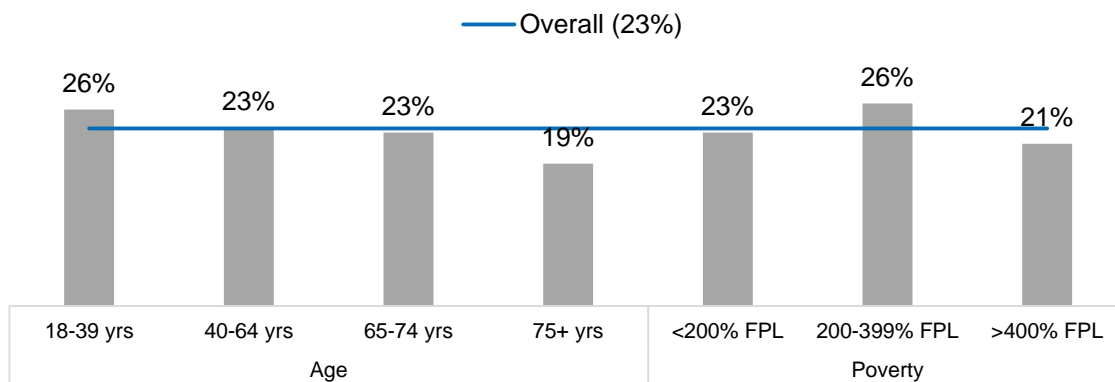


Overall, 8% of residents in the catchment area who have a child in the household, do not have a regular place for child medical care; this is increased for those who are lower income, <200% FPL (19%) and 200-399% FPL (17%). The age groups 65-74 years and 75+ years, have a very small sample size, so please use caution when interpreting the results.

# MENTAL HEALTH & WELLBEING

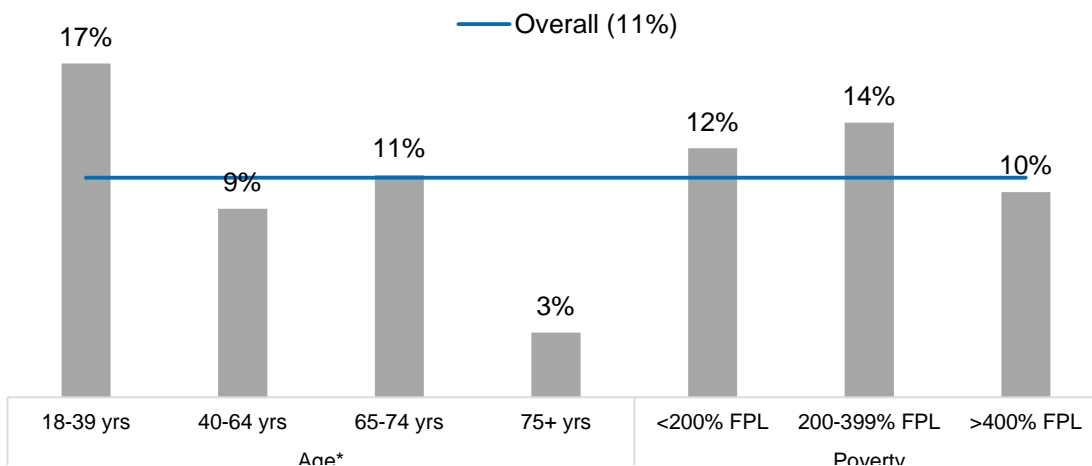
## MENTAL HEALTH

### Felt Depressed or Sad Most Days for at Least Two Years



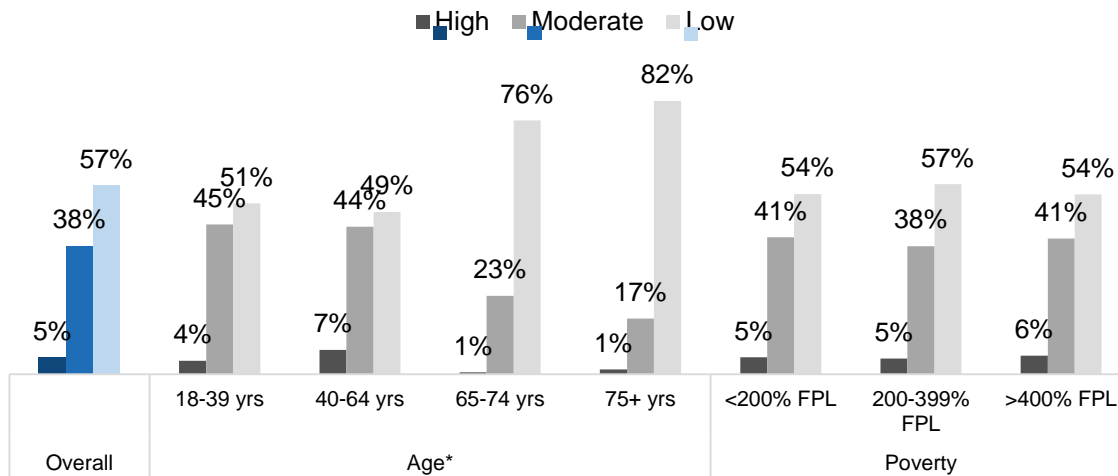
Overall 23% of residents in the catchment area felt sad or depressed most days. There was no significant difference by age groups nor household poverty level.

### History of Mental or Emotional Illness



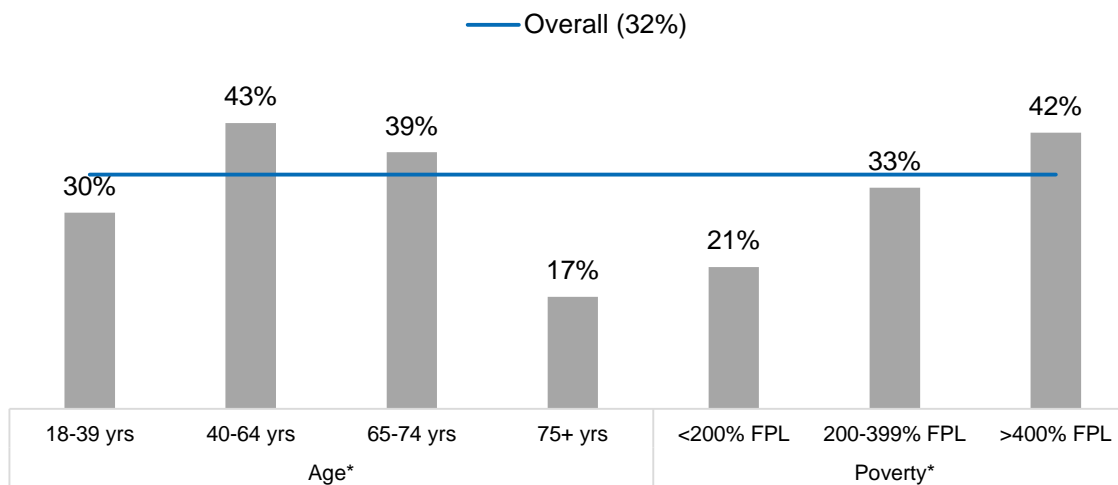
Overall, approximately 11% of the population in the catchment area has a history of mental or emotional illness, which is much higher in the 18-39 year age group (17%).

## Stress Level on a Typical Day

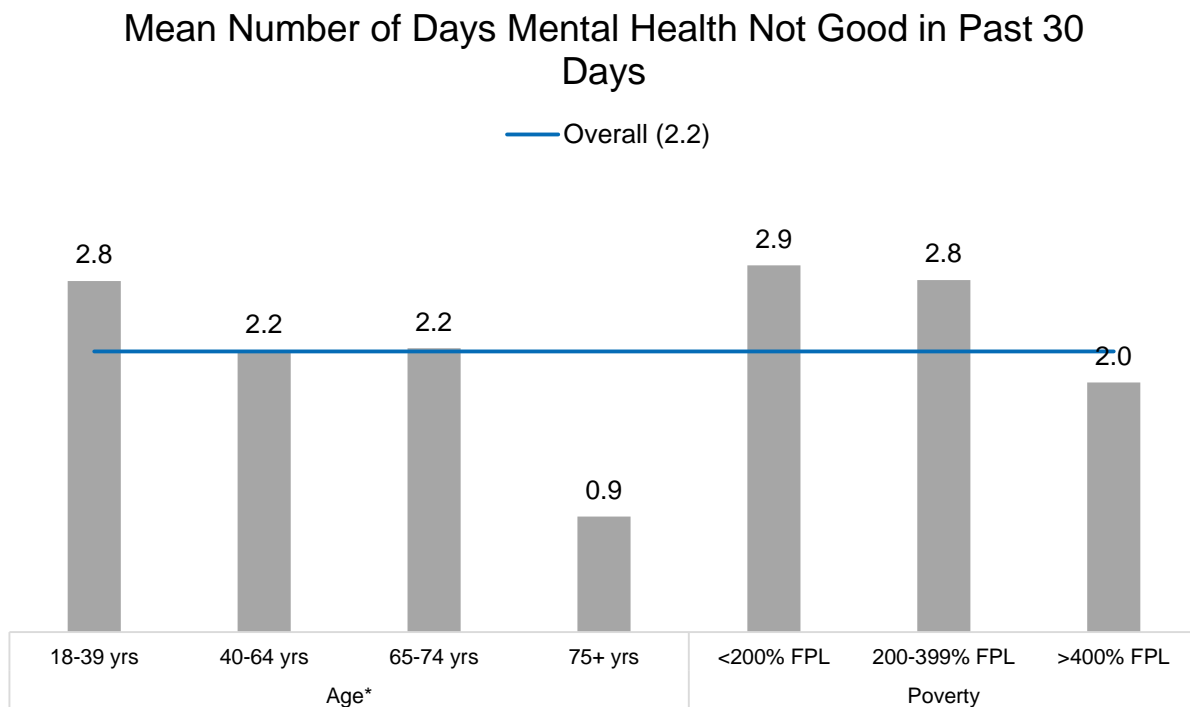


Stress level on a typical day is lowest for the 65-74 and 75+ age groups, and fairly similar for everyone else.

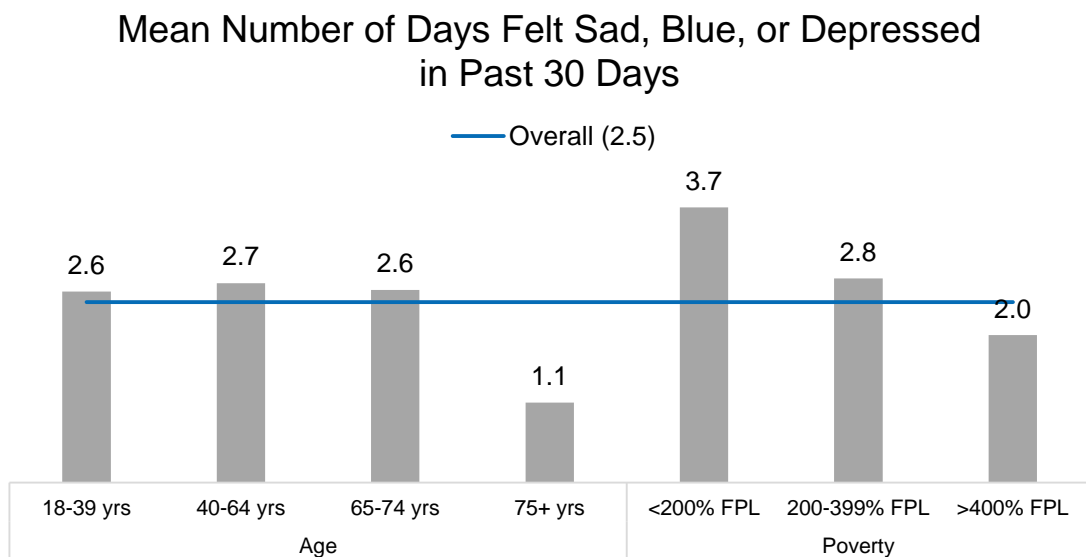
## Ever sought Professional Help for Mental or Emotional Problem



Approximately 32% of the population overall has ever sought help for a mental or emotional problems, with lower rates for the 75+ age group (17%) and households <200% FPL (21%).

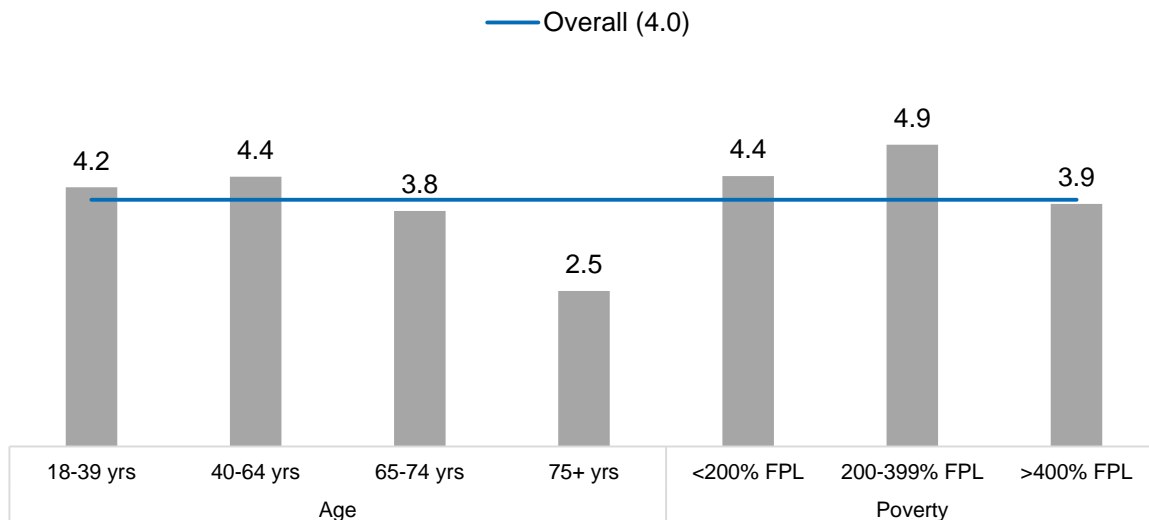


The mean number of days for mental health not being good for the catchment area is 2.2 days, with decreased days for the 75+ year age group (0.9 days).



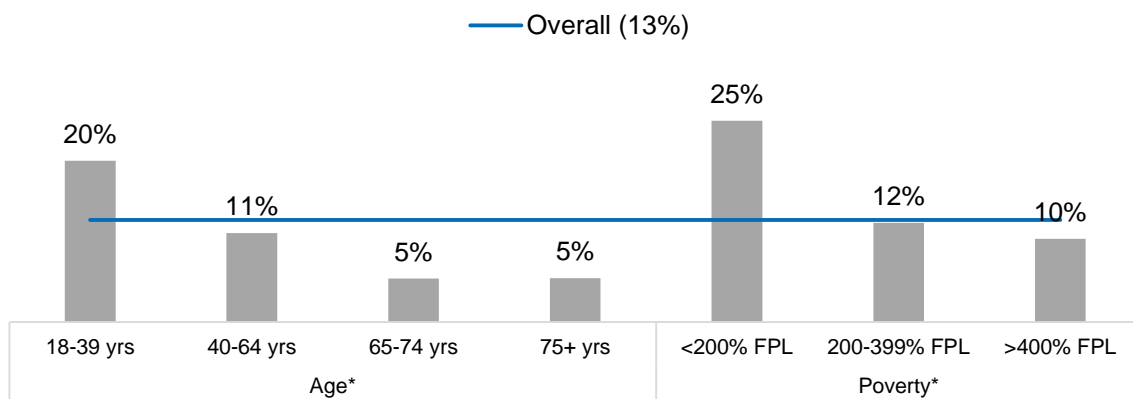
The mean number of days feeling depressed is 2.5 days for catchment area resident; there was no significant difference by age groups nor household poverty level.

## Mean Number of Days Felt Worried, Tense, or Anxious in Past 30 Days



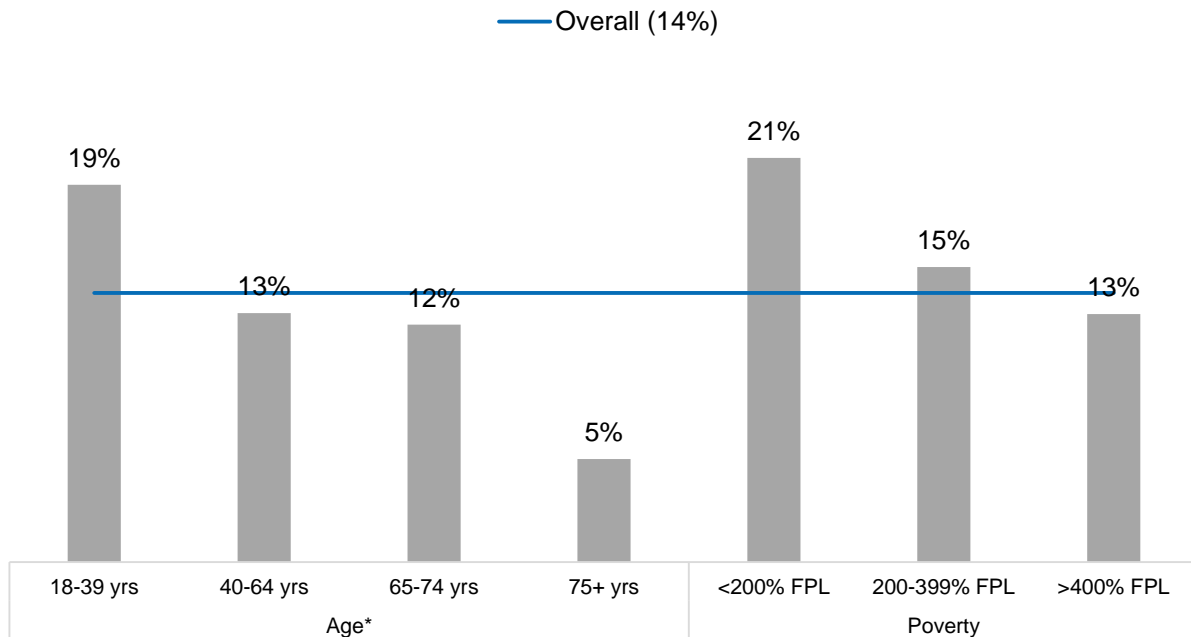
The mean number of days people felt worried or anxious is 4 days for the catchment area. There was no significant difference by age group nor household poverty level.

## Extreme to Moderate Difficulty with Isolation or Feelings of Loneliness



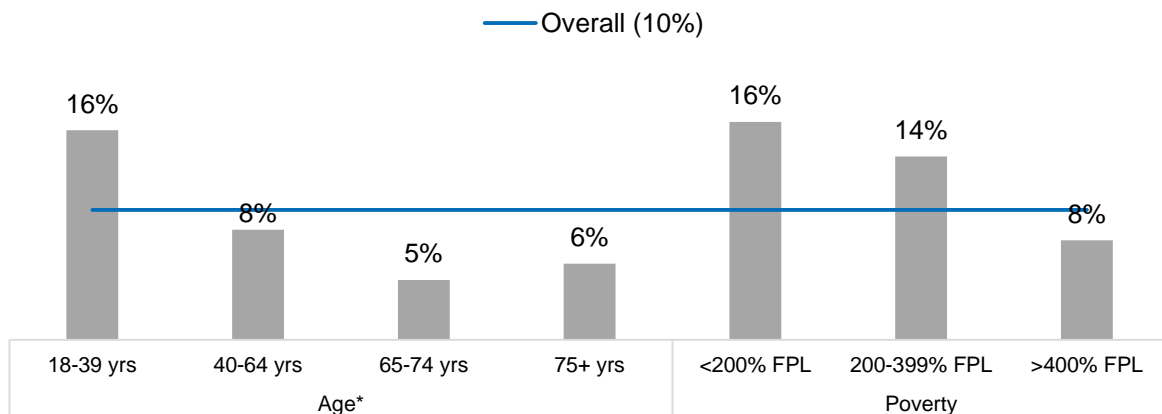
Overall, 13% of the population in the catchment area has difficulty with feelings of isolation or loneliness, which is increased for the 18-39 age group (20%) and households <200% FPL (25%).

## Extreme to Moderate Difficulty with Fear, Anxiety, or Panic



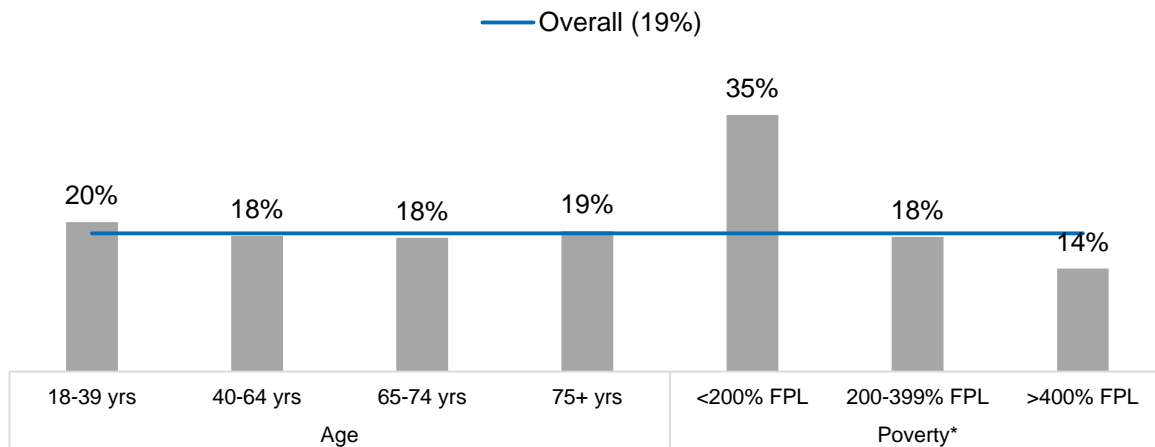
In the catchment area, 14% of residents overall have extreme/moderate difficulty with fear/anxiety/panic; this is lowest for those 75+ years (5%).

## Extreme to Moderate Difficulty Controlling Temper, Outbursts, Anger, or Violence



Difficulty in controlling temper/anger occurs for 10% of the catchment area overall, and is lowest in the 65-74 and 75+ age groups.

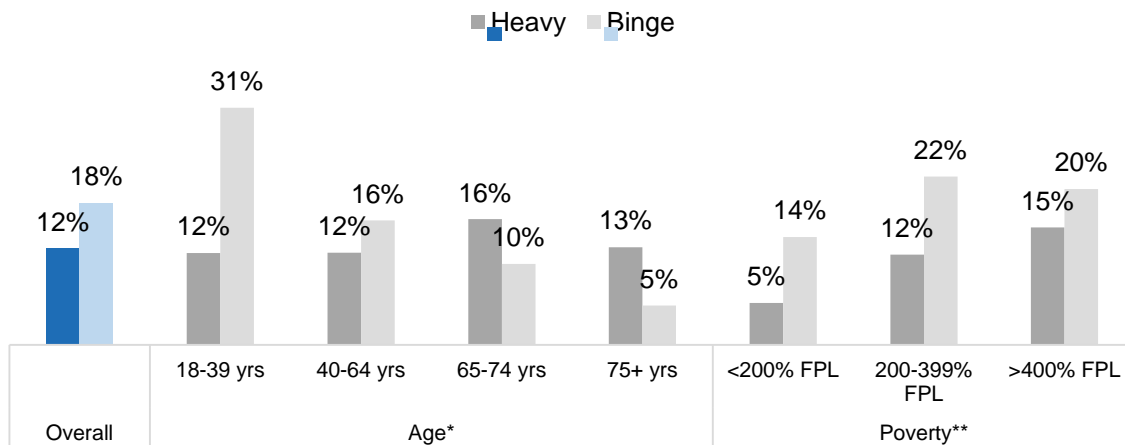
## Extreme to Moderate Difficulty Feeling Satisfaction with Life



Overall, 19% of residents have extreme/moderate difficulty in feeling satisfied with their life; this is increased for the households <200% FPL (35%).

## ALCOHOL USE

### Alcohol Consumption in the Past 30 Days



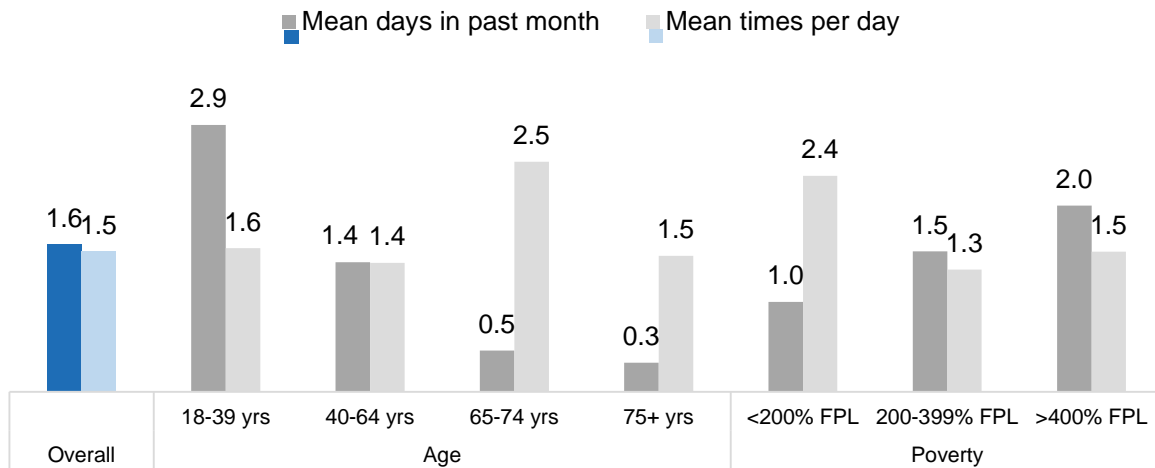
\* Statistically significant for binge drinking. \*\* Statistically significant for heavy drinking

Binge drinking is approximately 18% for the catchment area overall, and highest among the 18-39 year age group (31%). Overall 12% of catchment area residents are heavy drinkers which is increased for the households >400% FPL (15%).



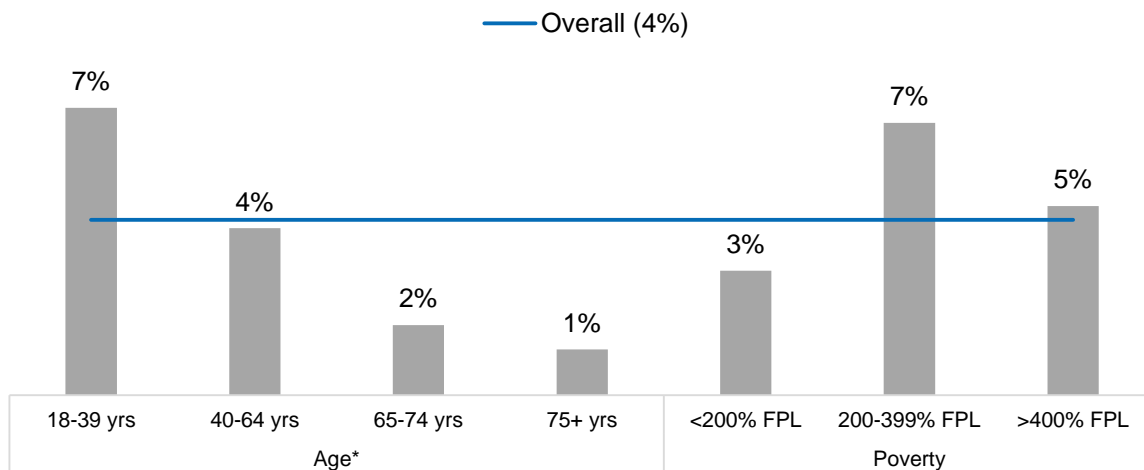
## SUBSTANCE USE & TREATMENT

### Marijuana Use



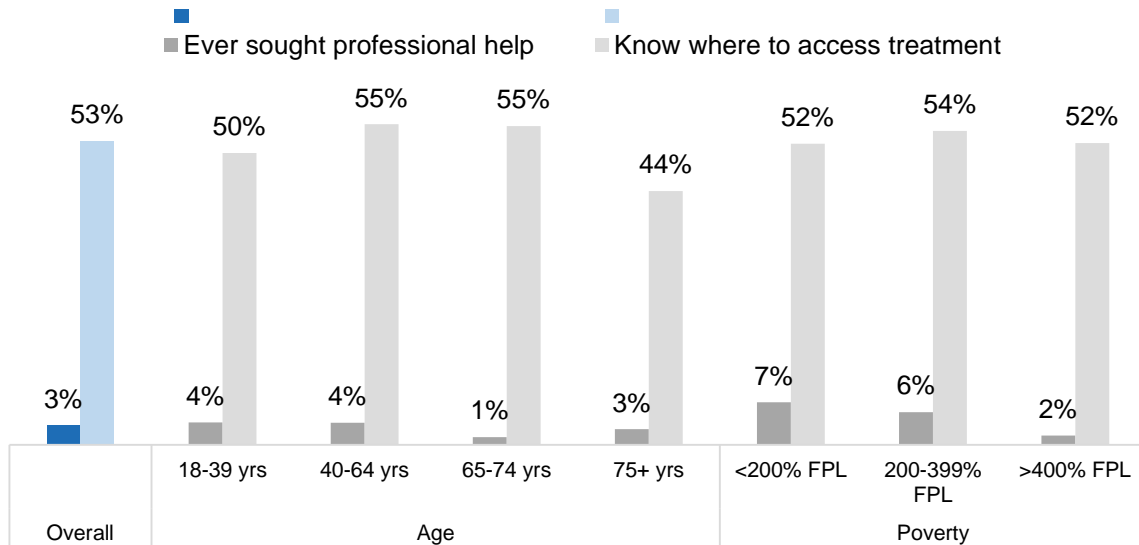
Marijuana use does not differ significantly by age groups nor household poverty level.

### Used an Illegal Drug in the Past Year



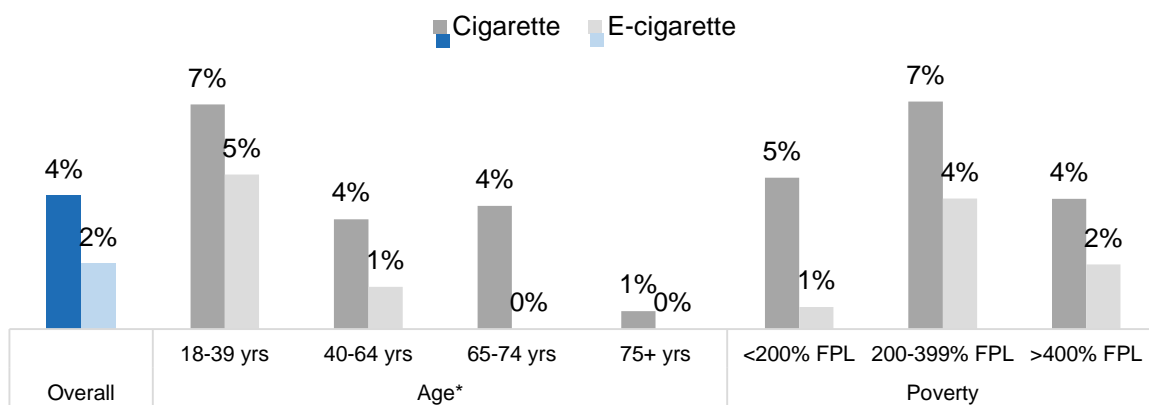
Overall, 4% of the catchment area adults have used an illegal drug in the past year; this is decreased for the age groups 65-74 and 75+ years.

## Seeking and Accessing Services for Drug-related Problems



Overall, approximately 3% of catchment area residents have sought help for drug-related problems and 53% know where to access treatment. There was no significant difference by age group nor household poverty level.

## Current cigarette and e-cigarette user

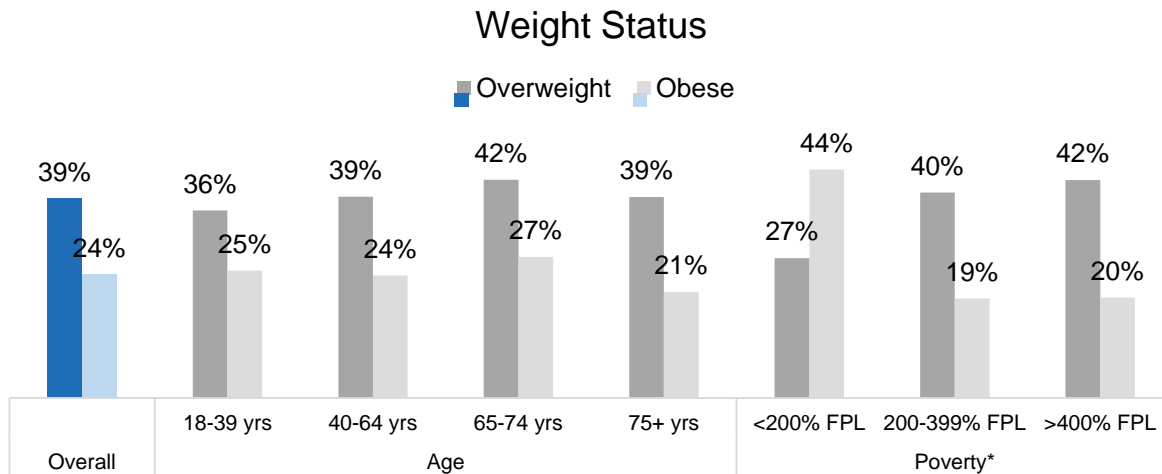


\* Statistically significant for cigarette and e-cigarette.

In the catchment area overall, 4% currently smoke cigarettes and 2% e-cigarettes; both are increased in the 18-39 year age group (7% and 5% respectively).

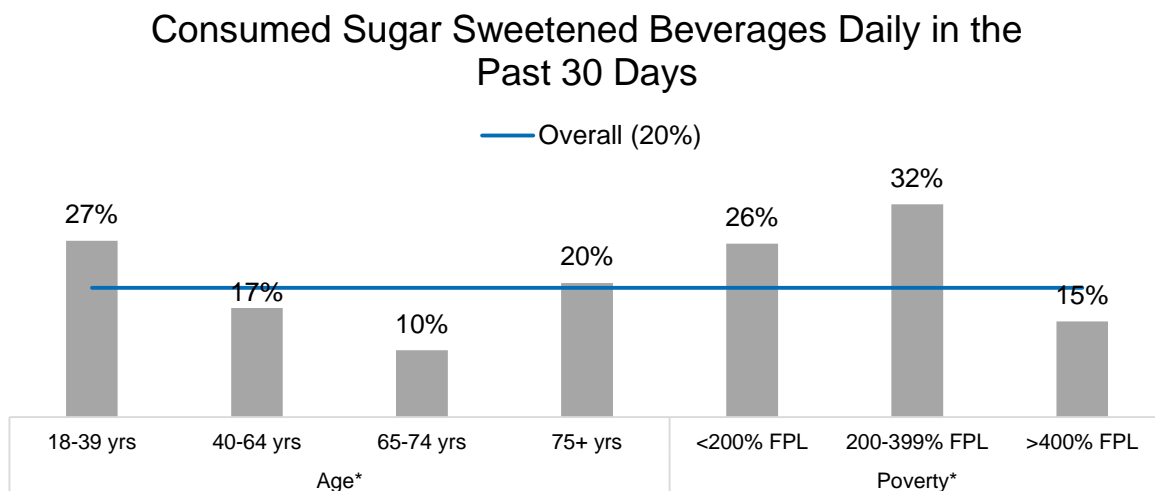
# HEALTHY LIFESTYLE

## WEIGHT



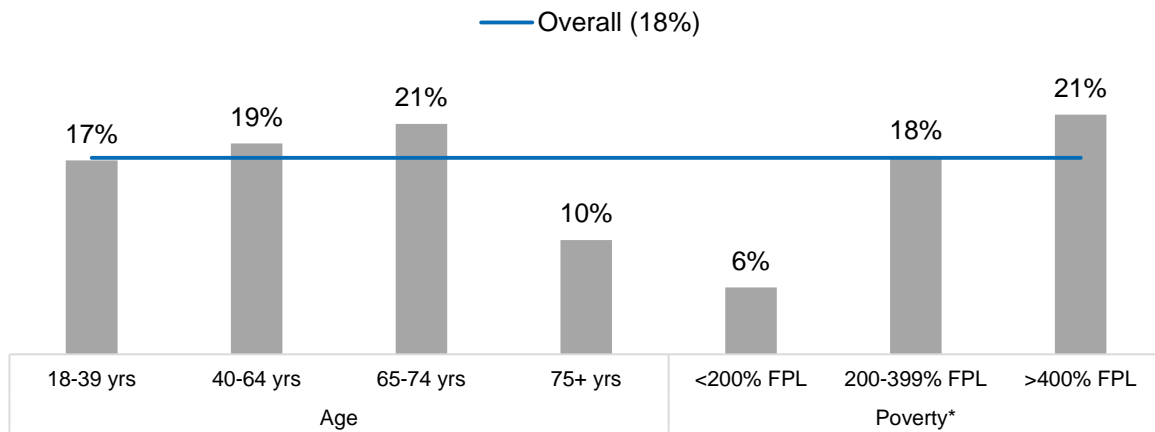
Obesity is an issue in approximately 24% of adults overall, with increased rates in households <200% FPL (44%).

## NUTRITION



Overall, 20% of adults consumed sugar sweetened beverages daily; this is highest in the 18-39 year age group (27%) and 200-399% FPL group (32%).

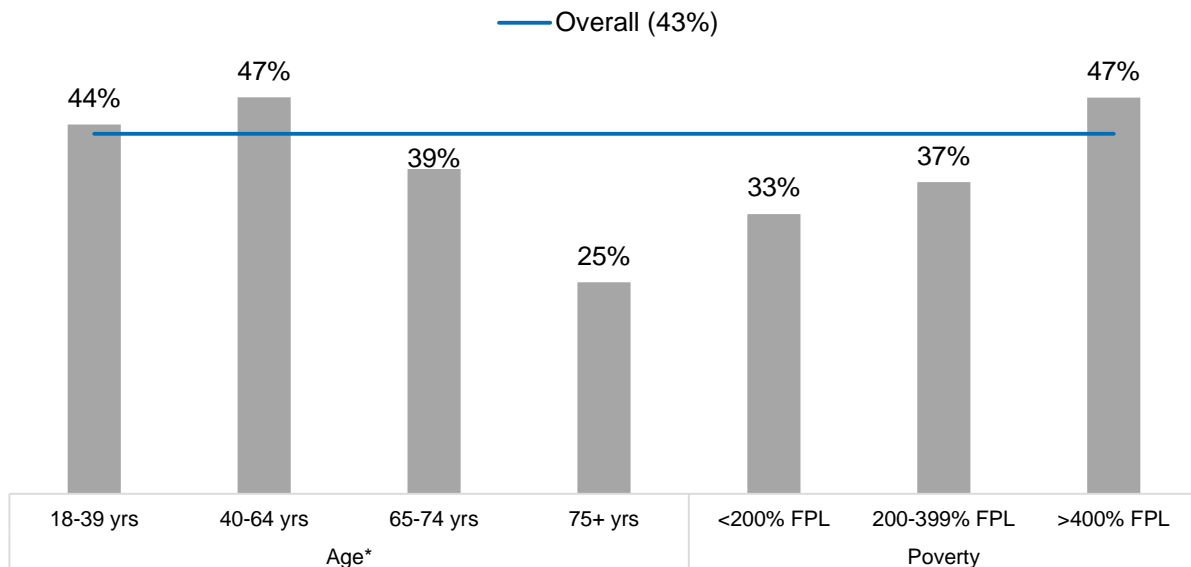
## Consumes Five or More Servings of Fruits//Vegetables per Day



Overall, only 18% consume the recommended 5+ servings of fruit/vegetables per day; this is lowest in the households <200% FPL (6%).

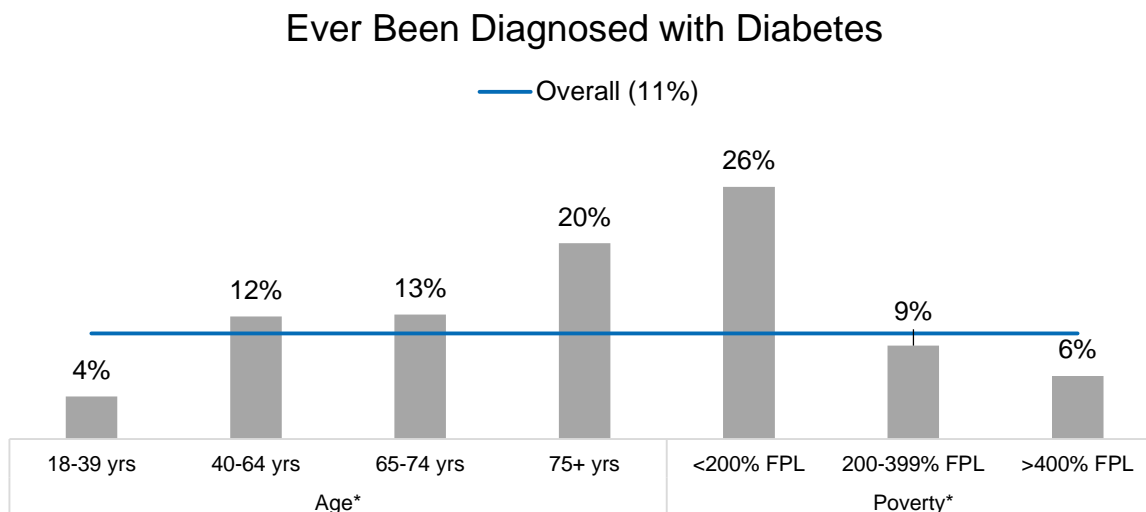
## PHYSICAL ACTIVITY

### Participates in Vigorous Physical Activity



Overall in the catchment area 43% participate in vigorous physical activity three times a week; this is lowest for the 75+ age group (25%).

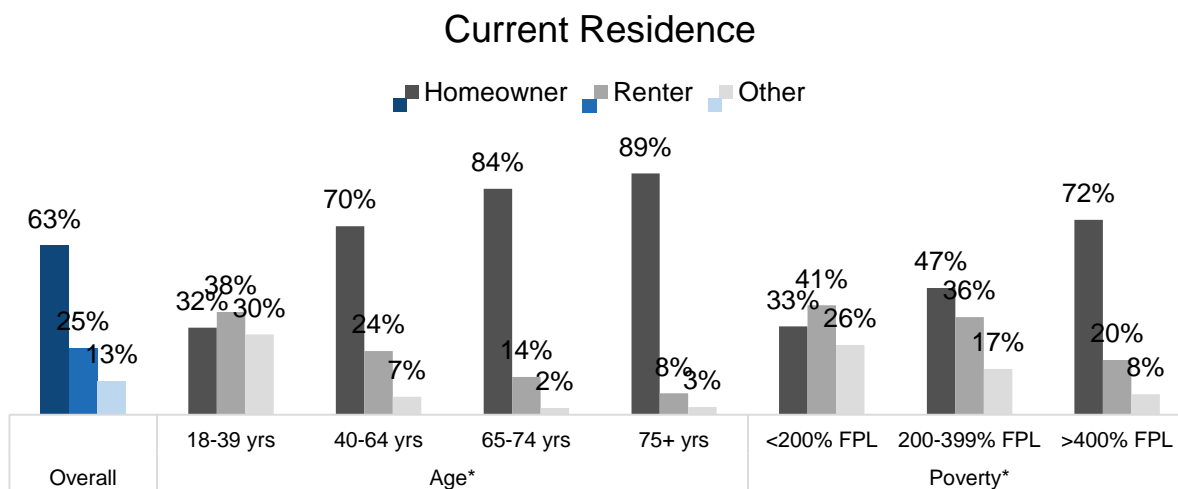
## DIABETES



Approximately 11% of adults overall have ever been diagnosed with diabetes in the hospital catchment area; this is lowest in the 18-39 year age group (4%) and >400% FPL group (6%).

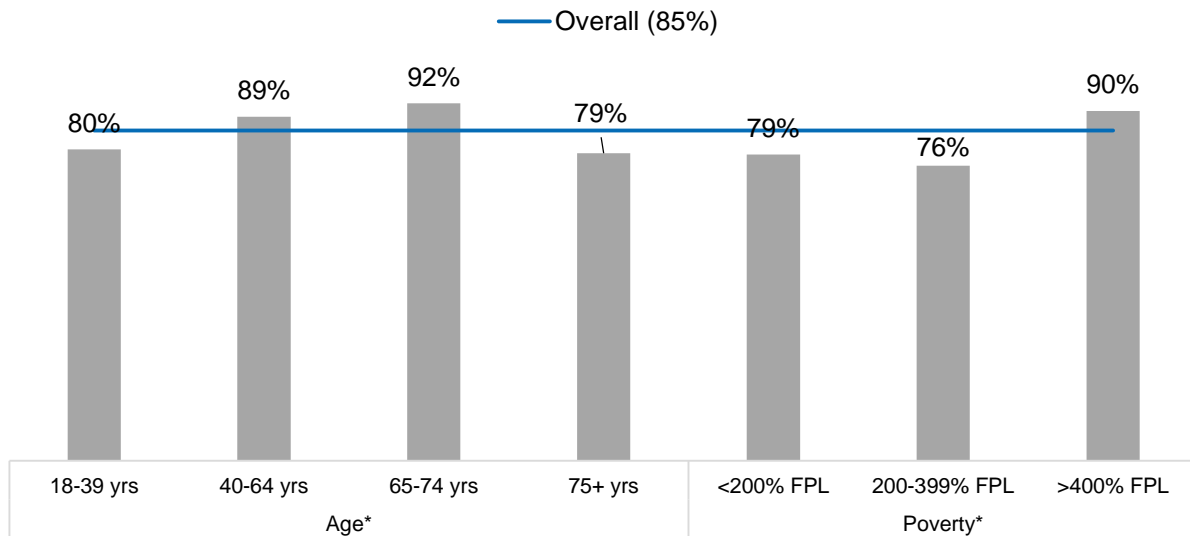
## HOUSING & HOMELESSNESS

### HOUSING



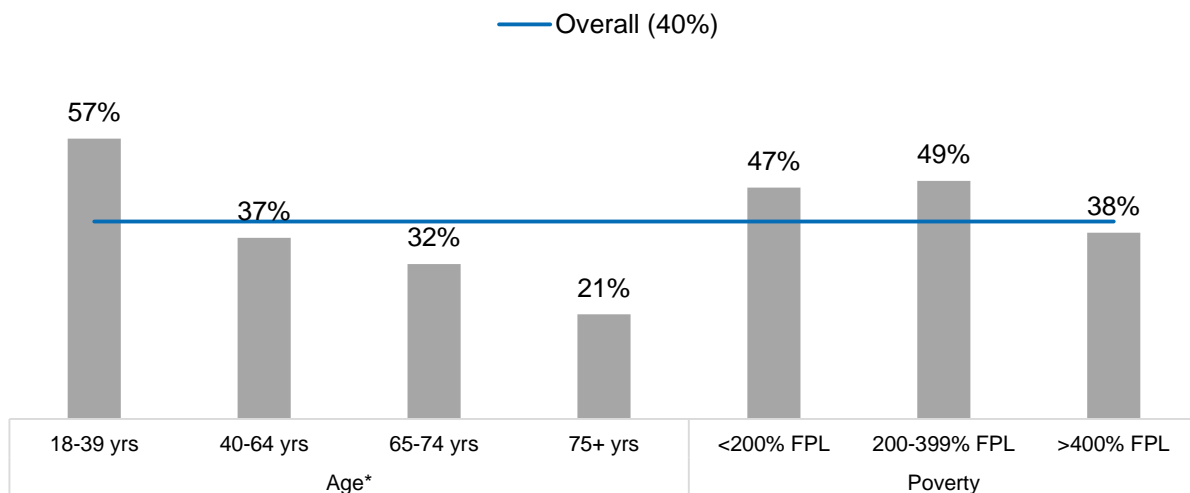
Overall approximately 63% of residents are homeowners, which is decreased in the 18-39 age group (32%), and households <200% FPL (33%) and 200-399% FPL (47%).

## Rated Availability of Affordable Housing in Community as Fair or Poor



Overall 85% rate affordability of housing as fair/poor, which is increased for the 65-74 age group (92%) and households >400% FPL (90%).

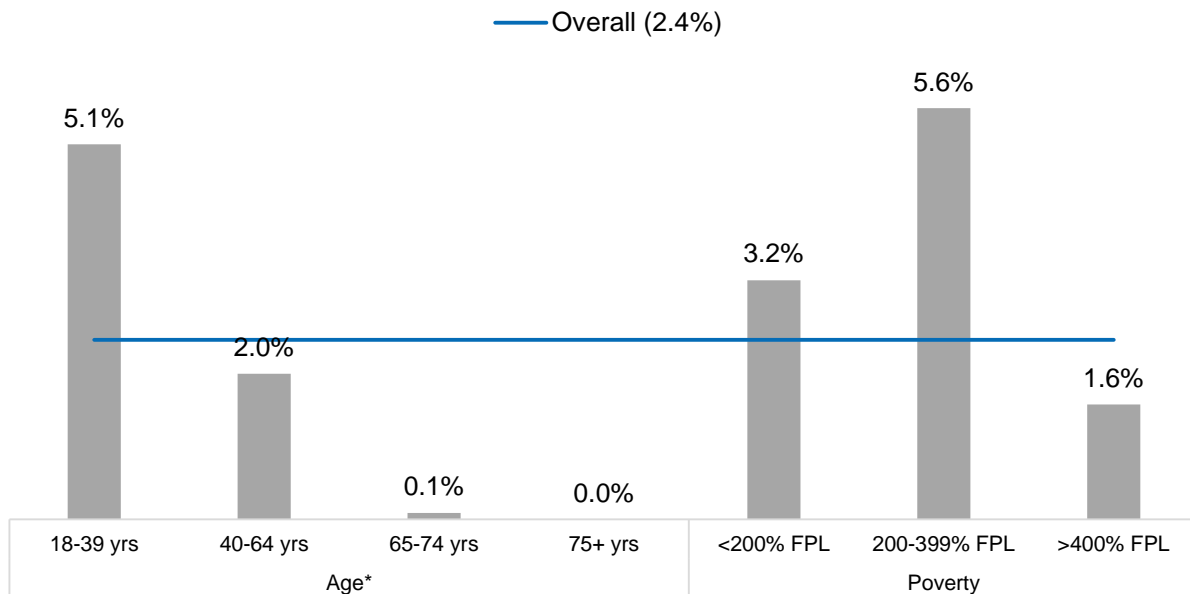
## Considered Leaving SMC Due to Cost of Living in the Past Year



Overall, approximately 40% of residents considered leaving the county in the past year due to the cost of living; this is greatly increased for the 18-39 age group (57%).

## HOMELESSNESS

Lived on the Street or in a Car or Temporary Shelter Within the Last Two years



In the past two years, about 2% of adults overall have been homeless; this is lowest for the 65-74 and 75+ age groups.



SAN MATEO COUNTY HEALTH  
**PUBLIC HEALTH,  
POLICY & PLANNING**

## **Attachment 5. Resources Potentially Available to Address Needs**

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On the following pages are lists of programs and resources available to meet identified health needs

### **HEALTH CARE FACILITIES AND AGENCIES**

In addition to assets and resources available to address specific health needs, the following health care facilities are available in the county. Many hospitals provide charity care and cover Medi-Cal shortfalls.

#### **Hospitals**

	<b>City/Region</b>
Dignity Health Sequoia Hospital	Redwood City
Kaiser Foundation Hospital Redwood City	Redwood City
Kaiser Foundation Hospital South San Francisco	South San Francisco
Lucile Packard Children's Hospital Stanford	Palo Alto
Seton Medical Center/Seton Coastside	Daly City/Moss Beach
Stanford Health Care	Palo Alto
Sutter Health Menlo Park Surgical Hospital	Menlo Park
Sutter Health Mills Health Center	San Mateo
Sutter Health Mills-Peninsula Medical Center	Burlingame

#### **Clinics**

	<b>City/Region</b>
Arbor Free Clinic, Cardinal Free Clinics	Menlo Park
Belle Air School Health Clinic	San Bruno
Clinic by the Bay	
Daly City Youth Health Center	Daly City
Fair Oaks Health Center	Redwood City
Planned Parenthood	Redwood City
Ravenswood Family Clinic	East Palo Alto
Rotacare Clinic	Coastside and Daly City



Samaritan House Free Clinic

San Mateo and Redwood City

San Mateo Medical Center Clinics  
<https://www.smchealth.org/smmc-guide-clinics>

Multiple locations. See

Sequoia Teen Wellness Center

Redwood City

## **RESOURCES AVAILABLE BY IDENTIFIED HEALTH NEED**

### **ARTHRITIS**

- Northern California Arthritis Foundation

### **CANCER**

- American Cancer Society
- Bay Area Cancer Connections
- Breast Cancer Connections, Gabriella Pastor Program
- Colon Cancer Community Awareness campaign
- Joy Luck Club
- Relay For Life

### **FOOD INSECURITY**

- City of San Carlos Adult Community Center – Senior Meal Program
- Friends of Veterans Memorial Center Nutrition Program
- North Peninsula Food Pantry & Dining Center of Daly City
- Peninsula Volunteers, Inc. – Meals on Wheels
- Saint Vincent de Paul
- Samaritan House
- Second Careers Employment Program
- Second Harvest Food Bank
- Second Harvest/Samaritan House Food Pharmacy
- St. Anthony's Padua

### **HEALTHY LIFESTYLES**

- Advocates for Accessible Recreation
- American Board for Child Diabetics
- Bay Area Community Health Advisory Council
- Boys and Girls Club of the Peninsula
- Community Gatepath
- Community/Senior Centers
  - Veterans Memorial Senior Center (Redwood City)
  - Adaptive Physical Education Center (Redwood City)
  - Twin Pines Senior & Community Center (Belmont)
  - San Carlos Adult Community Center
  - Little House Activity Center (Menlo Park)

- Fair Oaks Adult Activity Center (Redwood City)
- Lifeline Emergency Response Systems
- Local Parks and Recreation Departments
- Local Public Libraries
- Pacific Stroke Association
- Peninsula Jewish Community Center
- Pre-to-3 Program
- Redi-Wheels
- Redwood City Police Activities League
- San Mateo County Sheriff's League
- St. Francis Center/Sienna Youth Center
- Vista Center for the Blind
- YMCA (Redwood City and San Mateo)

## **HOUSING/ HOMELESSNESS**

- Coastside Hope
- Daly City Community Services Center
- Fair Oaks Community Center
- Freedom House
- Home & Hope
- LifeMoves
- HIP Housing
- Pacifica Resource Center
- Puente dela Costa Sur
- Rebuilding Together Peninsula

## **INFECTIOUS DISEASES**

- Health Connected
- Planned Parenthood Mar Monte HIV testing, education, and referrals
- San Mateo County Hepatitis B initiative
- Stanford Positive Care Clinic

## **MENTAL HEALTH AND WELL-BEING**

- 70 Strong
- AA, Alanon, Alateen
- Acknowledge Alliance
- Adolescent Counseling Services
- Alzheimer's Association
- Asian American Recovery Services
- Bay Area Red Cross
- Boys & Girls Clubs of San Mateo County
- Caminar
- Catholic Charities
- Cleo Eulau Center

- Coastside Adult Day Health Center
- Community Overcoming Relationship Abuse (CORA)
- Court Appointed Special Advocate (CASA)
- Daly City Peninsula Partnership Collaborative
- Daly City Youth Health Center
- Edgewood Center for Children & Families
- El Centro de Libertad
- Family Caregiver Alliance
- Food Addicts Anonymous
- Foster City Village
- Friends for Youth
- Health Right 360 San Mateo
- Institute for Human and Social Development
- Jewish Family Services – Seniors At Home
- Kainos
- Latino Commission
- LifeMoves
- Mental Health Association of San Mateo County
- Mission Hospice and Home Care
- National Alliance on Mental Illness (NAMI)
- Niroga Institute
- National Alliance on Mental Illness/San Mateo County
- One Life Counseling
- Pathways Home Health and Hospice
- Peninsula Family Services
- Peninsula Conflict Resolution Center
- Planned Parenthood
- Pyramid Alternatives
- Rape Trauma Services
- Redwood City/EPA Teen Success Program
- Service League – Hope House
- Sitike Counseling Center
- StarVista
- Villages of San Mateo County
- Women's Recovery Association

## **NEIGHBORHOOD AND BUILT ENVIRONMENT**

- ALICE: Filipino organization
- Elder Abuse Prevention Task Force
- Peace Development Fund
- Peninsula Conflict Resolution Center
- Peninsula Kidpower, Teenpower, Fullpower

- SafeKids Coalition of Santa Clara and San Mateo Counties
- San Mateo County Human Trafficking Initiative

#### **ORAL HEALTH**

- Ravenswood Family Health Center
- Samaritan House Free Clinic
- San Mateo County Oral Health Coalition
- Sonrisas Dental Health in Half Moon Bay and San Mateo

#### **RESPIRATORY CONDITIONS**

- American Lung Association
- Breathe California Smoking Cessation and Lung Education

## Attachment 6. Qualitative Research Protocols

Prior to key informant interviews, professionals were provided with the 2016 CHNA health needs list to consider.

<i>Table 55, 2016 Health Needs List</i>	2016 Priority Health Need	Examples
	Alzheimer's Disease & Dementia	
	Arthritis	
	Behavioral Health	Depression, suicide, drug/alcohol addiction
	Birth Outcomes	Premature births, infant mortality
	Cancer	Breast cancer, leukemia
	Childhood Obesity	
	Climate Change	Global warming, drought
	Communicable Diseases	TB, flu, salmonella (separate from STIs)
	Diabetes	
	Emotional Well-Being	Stress, worry, sub-clinical anxiety
	Fitness/Diet/Nutrition	Nutritious food, safe places to exercise
	Health care Access & Delivery	Health insurance, costs of medicine, availability of providers, getting appointments, patients being treated with respect
	Heart Disease & Stroke	
	Housing & Homelessness	
	Income & Employment	
	Oral/Dental Health	
	Respiratory Conditions	Asthma, COPD
	Sexually-Transmitted Infections	
	Transportation & Traffic	Public transportation, safe roads
	Unintended Injuries	Car accidents, falls, drownings
	Violence & Abuse	Child abuse, violent crime, human trafficking

Other

## Key Informant Protocol – Professionals

### Introduction – 5 mins

- Welcome and thanks
- What the project is about:
  - Identifying health needs in our community (called the Community Health Needs Assessment or CHNA)
  - Required of all non-profit hospitals in the U.S. every three years
  - The hospitals (Seton, Kaiser SSF and Redwood City, Peninsula, Sequoia, Stanford, and LPCH) who serve San Mateo County residents are working together to meet this requirement
  - Will inform the investments that hospitals make to address community needs
- Scheduled for one hour - does that still work for you?
- Today's questions:
  - Most pressing health needs in San Mateo County
  - Your perspective on [expertise area]
  - How access to care and mental health play a part in those needs
  - Which populations may have different or worse needs or experiences
  - Your suggestions for improvement
- What we'll do with the information you tell us today
  - Notes will go to hospitals
  - Would like to record so that we can get the most accurate record possible
  - Will not share the audio itself
  - Can keep anything confidential – even the whole interview. Let me know at any time.
  - Permission to record?
- Any questions before I begin? *[If interviewer does not have the answer, commit to finding it and sending later via email.]*

### Health Needs Prioritization – 6-10 min.

Part of our task today is to find out which health needs you think are most important. You may want to take a look at the list we sent you of the most common needs from the 2016 CHNA. You can see that some of them are health conditions, and others reflect the social determinants of health (housing, education, cost of living, environment, etc.).

Thinking specifically about San Mateo County ...

#### 1. Are there any needs that should be added to the list?

### Expertise Area – 20 mins

You are here to share your expertise/experience about [e.g., senior health].

2. **Which three needs (2016 and others added) do you believe are the most important to address here in the next few years for the population you serve?** [See table above.]

I am going to take you through a few questions about each of these needs.

3. **When you think about [health need 1]...**

- What are people struggling with?
- What barriers exist to seeing better health in this area?

4. **Are some people better or worse off?**

Prompts: Differences by age, education level, disability status, income (affecting housing and transportation), etc.

[Repeat 3-4 for each health need they prioritized.]

5. **Lastly, are you seeing any trends related to these needs in the last three years?**

### **Access to Care – 5 mins**

We know that access to care impacts all aspects of health. (Access includes not only having insurance and being able to afford co-pays/premiums, but also having a primary care physician versus using urgent care or the ER, and being able to get timely appointments with various providers.)

6. **Would you say that health access [related to your specific expertise] is sufficient or not?**

7. **Do you see differences among any particular groups in your work?**

Prompts: Differences by age, education level, disability status, language, those experiencing homelessness

### **Mental health – 5 mins**

In recent assessments, mental health arose as a top health need. (By mental health, we mean everything ranging from sub-clinical issues like stress, substance use disorder through issues like anxiety or depression, all the way up to severe mental illness.)

8. **Do you agree? In your opinion, what are the specific mental health needs in our community?**

Prompt: Conditions like stress or depression, outcomes like suicide, concerns about stigma

9. **a. In what ways might people who are struggling with mental health issues be doing worse than others when it comes to health?**

Prompt: Mental health issues driving other health needs?

- b. In particular, how might stress be contributing to people's specific health issues?**

### **Suggestions/Improvements/Solutions – 5-10 mins**

In addition to what we have already talked about...

**10. What opinions, if any, do you have on what should be in place in our community to address these needs?**

- a. What types of services would you like to see in the community, that aren't already in place?**

Prompt: Preventative care? Deep-end services? Workforce changes? Are there any quick wins or low-hanging fruit?

- b. What new/revised policies or other public health approaches are needed, if any?**

Prompt: Program models?

**[Time permitting] Additional comments**

We thank you so much for answering our questions. In the few minutes we have left, is there anything else you would like us to add regarding community health needs?

**Closing**

OK, if anything occurs to you later that you would like to add to this interview, please just let us know. Thank you for contributing your expertise and experience to the CHNA. You can look for the hospital CHNAs to be made publicly available in 2019.



## Focus Group Protocols

During focus groups, facilitators presented the 2016 CHNA List (**Table 1** of this attachment). Questions found in these protocols refer to that list.

### Focus Groups with Professional or Community Representative

#### Introduction – 6 mins

- Welcome and thanks
- Welcome and thanks
- What the project is about:
  - San Mateo County Community Health Needs Assessment
  - Identifying unmet health needs in our community
  - Ultimately, to plan on how to address health needs now and in future
- Today's questions (refer to agenda flipchart page)
- Introductions (name and organization)
- Confidentiality:
  - When we are finished with all of the focus groups, we will look at all of the transcripts and summarize the things we learn.
  - Would like to record so that we can be sure to get your words right.
  - Now that we have introduced ourselves, we will only use first names here to preserve your anonymity. However, if you want to keep a comment anonymous, you may not want to name your organization.
  - We also will pull out some quotes so that the hospitals can hear your own words. We will not use your name when we give them those quotes.
  - Transcripts will go to hospitals if that is OK with you.
  - Permission to record?
- What we'll do with the information you tell us today
  - Hospitals will report the assessment to the IRS
  - Hospitals will use information for planning future investments
- Logistics
  - We will end at \_\_\_\_:\_\_\_\_.
  - It is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.
  - Cell phones: On vibrate; please take calls outside.
  - Bathroom location.
- Guidelines: It's OK to disagree, but be respectful. We want to hear from everyone.

#### Health Needs Prioritization – 10 min.

You are here to share your experience as a professional serving [e.g., seniors, persons experiencing homelessness, young adults, etc.].

Part of our task today is to find out which health needs you think are most important for the population you serve. This poster has a list of the health needs that the community came up with when we did the Community Health Needs Assessment for San Mateo County in 2016. Many of these we have already talked about.

[Read aloud from flipchart and define (e.g. “Access and Delivery” means insurance, having a primary care physician, preventive care instead of ED, being treated with dignity and respect, wait times, etc.).]

- 1. Are there any that should be added to the list?**
- 2. Please think about the three from the list you believe are the most important to address here in the next 3-4 years.**
  - a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next few years. There may be some needs that are very dire – like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments or medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.
- 3. Summarize voting results.** Explain that we will spend the rest of our time reflecting on these top priorities.

### **Health Needs Discussion, Including Expertise Area – 20 mins**

- 4. When you think about this health need...**
  - What are people struggling with?
  - What barriers exist to seeing better health in this area?
- 5. Which groups, if any, are better or worse off than others?**
  - Prompts: Differences by age, education level, disability status, income (affecting housing and transportation), etc.
- 6. What trends, if any, have you seen in the last three years?**
  - Repeat questions 4-6 for each of the top health needs prioritized by the group.
- 7. [If their expertise was not related to one or more of the needs chosen:] You are here to share your expertise/experience about [e.g., senior health]. Let’s talk a little about that; how does it relate to the community’s health needs?**

### **Access to Care – 5 mins**

We know that access to care impacts all aspects of health. (Access includes not only having insurance and being able to afford co-pays/premiums, but also having a primary care physician versus using urgent care or the ER, and being able to get timely appointments with various providers.)

**8. Would you say that health care access [related to the specific population you serve] is sufficient? Why or why not?**

**9. What differences do you see, if any, among various groups in your work?**

Prompts: Differences by age, education level, disability status, language, those experiencing homelessness, immigration status, sexual orientation (i.e., LGBTQ).

### **Mental health – 5 mins**

In recent assessments, mental health arose as a top health need. (By mental health, we mean everything ranging from stress to mental illness.)

**10. Do you agree? In your opinion, what are the specific mental health needs in our community?**

Prompt: Conditions like stress or depression, outcomes like suicide, concerns about stigma

**a. In what ways might people who are struggling with mental health issues be doing worse than others when it comes to health?**

Prompt: Mental health issues driving other health needs?

**b. In particular, how might stress be contributing to people's specific health issues?**

### **Suggestions/Improvements/Solutions – 5-10 mins**

In addition to what we have already talked about...

**11. What opinions, if any, do you have on what should be in place in our community to address these needs?**

**a. What types of services would you like to see in the community, that aren't already in place?**

Prompts:

- Preventative care? Deep-end services?
- Workforce changes?
- Are there any quick wins or low-hanging fruit?

**b. What new/revised policies or other public health approaches are needed, if any?**

### **Closing – 5 mins**

- Thank you
- Repeat - What we will do with the information
- Look for CHNA reports to be publicly available in 2019

## Focus Groups with San Mateo County Residents

### Introduction – 6 mins

- Welcome and thanks
- What the project is about:
  - San Mateo County Community Health Needs Assessment
  - Identifying unmet health needs in our community
  - Ultimately, to plan on how to address health needs now and in future
- Today's questions (refer to agenda flipchart page)
- Confidentiality:
  - Would like to record so that we can be sure to get your words right.
  - We will only use first names here to preserve your anonymity.
  - Transcripts will go to hospitals if that is OK with you.
  - When we are finished with all of the focus groups, we will look at all of the transcripts and summarize the things we learn. We also will pull out some quotes so that the hospitals can hear your own words. We will not use your name when we give them those quotes.
- What we'll do with the information you tell us today:
  - Hospitals will report the assessment to the IRS
  - Hospitals will use information for planning future investments
- Logistics
  - We will end at \_\_\_\_:\_\_\_\_.
  - It is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.
  - Cell phones: On vibrate; please take calls outside.
  - Bathroom location
  - Incentives – please sign the sheet
- Guidelines: It's OK to disagree, but be respectful. We want to hear from everyone.

### Health Needs Prioritization – 10 min.

You are here to share your experience as a [e.g., young adult].

Part of our task today is to find out which health needs you think are most important. This poster has a list of the health needs that the community came up with when we did the Community Health Needs Assessment for San Mateo County in 2016. Many of these we have already talked about.

[Read aloud from flipchart and define (e.g. "Access and Delivery" means insurance, having a primary care physician, preventive care instead of ED, being treated with dignity and respect, wait times, etc.).]

1. Are there any that should be added to the list?
2. Please think about the three from the list you believe are the most **important** to address here in the next few years.
  - a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next 3-4 years. There may be some needs that are very dire – like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments and medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.
3. **Summarize voting results.** Explain that we will spend the rest of our time reflecting on these top priorities.

### Understanding the Needs – 15 mins

4. **When you think about [health need1]...**
  - What are people struggling with?
  - What barriers exist to people getting healthy or staying healthy?

[Repeat question 4 for each top health need.]
5. **What about health care access?**
  - Is everyone able to get health insurance for their needs?
  - Is everyone able to afford to pay for health services and medication?
  - Is everyone able to get to the doctors they need when they need to?
  - Do people mostly have a primary care doctor, or do they mostly use urgent care or the ER instead? [If the latter: Why?]
6. **What about mental health?** Mental health was one of the top health needs last time.

(By mental health, we mean everything ranging from stress, substance use disorder to mental illness.)

  - a. **In your opinion, what are the specific mental health needs in our community?**

Prompt: Conditions like stress or depression, outcomes like suicide, concerns about stigma
  - b. **Do you think that people who are struggling with mental health issues are doing worse than others when it comes to these other health issues we have listed? If so, how? (Drivers)**
7. **Do you think that things have been getting better, stayed the same, or gotten worse, in the last three years or so? [If things have changed: How?]**

### Equity & Cultural Competency – 15 mins

**8. Do you think that everyone in our community is getting the same health care, and has the same access to care? If not, what are the barriers for them?**

Prompt: Think about all of the people in our community... some have different ethnicities, languages, sexual orientations, and religions. They may be disabled or be low-income or be experiencing homelessness.

**Suggestions/Improvements/Solutions – 5-10 mins**

In addition to what we have already talked about...

**9. What types of services, if any, does the community need more of?**

Prompt: Preventative care? Deep-end services? Workforce changes?

**10. What kinds of changes could those in charge here in San Mateo County make to help all of us stay healthy?**

**Closing – 5 mins**

- Thank you
- Repeat - What we will do with the information
- Incentives – **after you turn in the demographic survey**