



Sequoia Hospital, Redwood City, California

2025 Community Health Needs Assessment

Report adopted by the Board of Directors in May 2025.

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Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Sequoia Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Community Definition

Dignity Health Sequoia Hospital is located at 170 Alameda de las Pulgas, Redwood City, California, 94062. For the purposes of this report, the hospital defines its service area as including 20 ZIP Codes in 11 area cities. While one city, Palo Alto (and its associated three ZIP Codes plus part of 94303), is located in Santa Clara County, only San Mateo County-level data are included in this report.

Sequoia Hospital Service Area

Place	ZIP Code	County
Atherton	94027	San Mateo
Belmont	94002	San Mateo
Burlingame	94010	San Mateo
Half Moon Bay	94019	San Mateo
La Honda	94020	San Mateo
Menlo Park	94025	San Mateo
East Palo Alto/Palo Alto	94301, 94303, 94304, 94306	San Mateo/Santa Clara
Portola Valley	94028	San Mateo
Redwood City	94061, 94062, 94063, 94065	San Mateo
San Carlos	94070	San Mateo
San Mateo	94401, 94402, 94403, 94404	San Mateo

The population of the service area is 524,799. Children and youth, ages 0-17, make up 21.8% of the population, 61.9% are adults, ages 18-64, and 16.3% of the population are seniors, ages 65 and older. The largest portion of the population in the service area is

White or Caucasian residents (44.7%), 23.7% of the population are Asian residents and 22.2% are Hispanic or Latino residents. 5.2% of the population identifies as multiracial (two-or-more races), 2.3% are Black or African American residents, 1% are Native Hawaiian or Pacific Islander residents, and 0.1% are American Indian or Alaskan Native residents. Those who identify with a race and ethnicity not listed represent 0.7% of the service area population. In the service area, 59.1% of the population, 5 years and older, speak only English in the home. Among the area population, 16.6% speak Spanish, 14.4% speak an Asian or Pacific Islander language, and 8.8% speak an Indo-European language in the home.

Among the residents in the service area, 6.1% are at or below 100% of the federal poverty level (FPL) and 13.9% are at 200% of FPL or below. In San Mateo County, 8.5% of the population experienced food insecurity in 2022. Among children in the county, 7.1% lived in households that experienced food insecurity. Feeding America estimated that 45% of those experiencing food insecurity in San Mateo County, and 63% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospital service area, 8% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (15.6%). 63.1% of area adults have a bachelor's or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of San Mateo County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

Sequoia Hospital conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twenty-three (23) interviews were completed during October and November 2024. Community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in San Mateo County who spoke about issues and needs in the communities. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

A survey was distributed to engage community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link. The surveys were available in English and Spanish from November 11, 2024 to February 4, 2025. During this time, 175 usable surveys were collected.

List of Significant Health Needs

Significant health needs were identified from an analysis of the primary and secondary data sources.

- Access to Care
- Chronic Diseases (Alzheimer's, cancer, diabetes, heart, lung, stroke, Parkinson's)
- Housing and Homelessness
- Mental Health
- Overweight and Obesity
- Preventive Practices (screenings, vaccines, injury prevention)
- Substance Use
- Tuberculosis

Process and Criteria to Identify and Prioritize Significant Health Needs

Significant health needs were identified from an analysis of the primary and secondary data sources. Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

The interviewees were asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each need. The community residents were also asked to indicate the level of importance of the health needs. Interviewees and community residents identified access to health care, chronic disease, mental health, and substance use as priority needs in the service area.

Resources Potentially Available to Address Needs

Community stakeholders identified community resources potentially available to

address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Sequoia Hospital Board of Directors in May 2025. This report is widely available to the public on the hospital website at <https://www.dignityhealth.org/bayarea/locations/sequoia/about-us/community-benefits> and a paper copy is available for inspection, upon request, at the Sequoia Hospital, Health & Wellness Department. Written comments on this report can be submitted to Dignity Health Sequoia Hospital, Health & Wellness Department, 170 Alameda de las Pulgas, Redwood City, CA 94062. To send comments or questions about this report, please visit [dignityhealth.org/sequoia/contact-us](https://www.dignityhealth.org/sequoia/contact-us) and type in “CHNA comments” in the drop-down subject box.

Community Definition

Service Area

Dignity Health Sequoia Hospital is located at 170 Alameda de las Pulgas, Redwood City, California, 94062. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital service area includes 20 ZIP Codes in 11 area cities. Palo Alto (and its associated three ZIP Codes plus part of 94303), is located in Santa Clara County, however, only San Mateo County data are included in this report.

Sequoia Hospital Service Area

Place	ZIP Code	County
Atherton	94027	San Mateo
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Portola Valley	94028	San Mateo
Redwood City	94061, 94062, 94063, 94065	San Mateo
San Carlos	94070	San Mateo
San Mateo	94401, 94402, 94403, 94404	San Mateo

In addition to Sequoia Hospital, the service area hosts the following six hospitals and may be served by them: Mills-Peninsula Medical Center, Kaiser Foundation Hospital – Redwood City, Lucile Salter Packard Children's Hospital at Stanford, Stanford Health Care and Stanford Hospital Transplant, San Mateo Medical Center, and the VA Hospital in Palo Alto.

Service Area Map



The population of the service area is 524,799. Children and youth, ages 0-17, make up 21.8% of the population, 61.9% are adults, ages 18-64, and 16.3% of the population are seniors, ages 65 and older. The largest portion of the population in the service area is White or Caucasian residents (44.7%), 23.7% of the population are Asian residents and 22.2% are Hispanic or Latino residents. 5.2% of the population identifies as multiracial (two-or-more races), 2.3% are Black or African American residents, 1% are Native Hawaiian or Pacific Islander residents, and 0.1% are American Indian or Alaskan Native residents. Those who identify with a race and ethnicity not listed represent 0.7% of the service area population. In the service area, 59.1% of the population, 5 years and older,

speak only English in the home. Among the area population, 16.6% speak Spanish, 14.4% speak an Asian or Pacific Islander language, and 8.8% speak an Indo-European language in the home.

Among the residents in the service area, 6.1% are at or below 100% of the federal poverty level (FPL) and 13.9% are at 200% of FPL or below. In the service area, 5.9% of children live in poverty, 7.8% of senior adults live in poverty, and 16.1% of families with female head of household with minor children live in poverty. The unemployment rate in the service area among the civilian labor force, averaged over 5 years, is 4.4%. The median household income in the service area is \$177,626.

In San Mateo County, 8.5% of the population experienced food insecurity in 2022. Among children in the county, 7.1% lived in households that experienced food insecurity. Feeding America estimated that 45% of those experiencing food insecurity in San Mateo County, and 63% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. In San Mateo County, 34.3% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 24.4% of low-income residents utilized food stamps. 63.4% of county children, 6 years and younger, accessed WIC benefits. 5.1% of county residents were TANF/CalWORKs recipients.

In the service area, 96.6% of the civilian, non-institutionalized population have health insurance, and 98.1% of children, ages 18 and younger, have health insurance coverage. Among county residents, 9.9% have Medi-Cal coverage.

Educational attainment is a key driver of health. In the hospital service area, 8% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (15.6%). 63.1% of area adults have a bachelor's or higher degree.

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. San Mateo County is designated as an MUA for primary care.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. San Mateo County is designated as a HPSA for primary care for low-income populations.

Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of San Mateo County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Primary Data Collection

Sequoia Hospital conducted interviews with community stakeholders and surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

Twenty-three (23) telephone interviews were conducted during October and November 2024. Interview participants included a broad range of stakeholders concerned with health and wellbeing in San Mateo County who spoke about issues and needs in the communities served by the hospital. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and at times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the

context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations.

The interviews were structured to obtain greater depth and richness of information on significant health needs. First, interview participants were asked to describe, from their professional perspective, some of the major health issues impacting the community as well as the social determinants of health contributing to poor health in the community. Interview participants were also asked to rate the impact and importance of each health need on a brief survey prior to participating in the telephone interviews. Attachment 3 provides stakeholder responses to the interview questions.

Surveys

Sequoia Hospital distributed a survey to engage community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link. The surveys were available in English and Spanish from November 11, 2024, to February 4, 2025. During this time, 175 usable surveys were collected.

The surveys were distributed to community residents, at hospital and community organization service sites, and through social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community.
- Where residents and their families receive routine health care services.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- Greatest needs facing children and families.
- Greatest health issues that negatively impact children.
- Changes that would improve the health and wellbeing of children.
- Challenges facing pregnant women and new moms.
- Greatest health issues that negatively impact pregnant women and new moms.
- Changes that would improve health and wellbeing of pregnant women and new moms.
- Impact of climate hazards on health.

The community survey responses are detailed in Attachment 4.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews focused on these significant health needs:

- Access to Care
- Chronic Diseases (Alzheimer's, cancer, diabetes, heart, lung, stroke, Parkinson's)
- Housing and Homelessness
- Mental Health
- Overweight and Obesity
- Preventive Practices (screenings, vaccines, injury prevention)
- Substance Use
- Tuberculosis

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. Sequoia Hospital invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public at

<https://www.dignityhealth.org/bayarea/locations/sequoia/about-us/community-benefits>.

No written comments have been received.

Project Oversight

The CHNA process was overseen by:

Marie Violet

Director, Health & Wellness

Dignity Health Sequoia Hospital

Tricia Coffey

Manager of Community Health Outreach

Dignity Health Sequoia Hospital

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Community Demographics

Population

The population of the Sequoia Hospital service area is 524,799. From 2017 to 2022, the population decreased by 1.2%.

Total Population and Change in Population

	Sequoia Hospital Service Area	San Mateo County	California
Total population	524,799	754,250	39,356,104
Change in population, 2017-2022	-1.2%	-1.2%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP05. <http://data.census.gov>

The hospital service area population by gender was 50.3% female and 49.7% male.

Population, by Gender

	Sequoia Hospital Service Area	San Mateo County	California
Male	49.7%	49.9%	50.1%
Female	50.3%	50.1%	49.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov>

In San Mateo County, 93.5% of the adult population identify as straight or heterosexual, and 99.1% as cisgender, or not transgender.

Sexual Orientation and Gender Identity, Adults

	San Mateo County	California
Straight or heterosexual	93.5%	90.2%
Gay, lesbian or homosexual	2.5%	3.4%
Bisexual	2.7%	4.4%
Not sexual/celibate/none/other	1.4%	1.9%
Cisgender/not transgender	99.1%	99.1%
Transgender/gender non-conforming	0.9%	0.9%

Source: California Health Interview Survey, 2018-2022 combined. <https://healthpolicy.ucla.edu/our-work/askchis/>

In San Mateo County, 0.8% of the teen population identify as transgender or gender non-conforming, while 16.8% said that other people at school would describe them as gender non-conforming (males who would be described as feminine, females who would be described as masculine, or either gender described as equally feminine and masculine).

Gender Identity and Gender Expression, Teens

	San Mateo County	California
Identify as cisgender/not transgender	*99.2%	97.7%
Identify as transgender/gender non-conforming	*0.8%	2.3%
Express as cisgender/not transgender	83.2%	78.7%
Express as transgender/gender non-conforming	16.8%	21.3%

Source: California Health Interview Survey, 2019-2022 combined. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Children and youth, ages 0-17, make up 21.8% of the population, 61.9% are adults, ages 18-64, and 16.3% of the population are senior adults, ages 65 and older. The service area percentage of adults, ages 18-64, was lower than county and state rates, while the rate of senior adults, ages 65 and older, was higher than county and state rates.

Population, by Age

	Sequoia Hospital Service Area		San Mateo County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	29,077	5.5%	39,739	5.3%	2,258,308	5.7%
Age 5-17	85,255	16.2%	110,448	14.6%	6,516,262	16.6%
Age 18-24	36,141	6.9%	56,246	7.5%	3,738,836	9.5%
Age 25-44	150,394	28.7%	219,157	29.1%	11,235,259	28.5%
Age 45-64	138,250	26.3%	201,140	26.7%	9,742,139	24.8%
Age 65-74	45,201	8.6%	72,063	9.6%	3,427,460	8.7%
Age 75-84	26,415	5.0%	37,094	4.9%	1,686,649	4.9%
85+	14,066	2.7%	18,363	2.4%	751,191	1.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

When the service area is examined by ZIP Code, East Palo Alto has the highest percentage of children and youth (24.4%), followed by Burlingame (23.9%). Portola Valley has the lowest percentage of children and youth in the service area (15.8%).

Portola Valley has the highest percentage of senior adults in the service area (34.9%). Redwood City 94063 reported the lowest senior population (10.1%).

Population, by Youth, Ages 0-19, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Atherton	94027	7,142	19.9%	24.1%
Belmont	94002	27,893	22.9%	14.1%
Burlingame	94010	43,458	23.9%	16.7%
Half Moon Bay	94019	15,275	18.5%	21.7%
La Honda	94020	2,030	16.7%	24.2%
Menlo Park	94025	41,017	23.2%	15.0%

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
East Palo Alto	94303	47,989	24.4%	12.2%
Palo Alto	94301	17,259	19.2%	22.8%
Palo Alto	94304	4,489	17.2%	26.2%
Palo Alto	94306	27,785	22.2%	17.8%
Portola Valley	94028	6,888	15.8%	34.9%
Redwood City	94061	37,539	21.3%	14.1%
Redwood City	94062	26,531	21.6%	18.8%
Redwood City	94063	34,807	22.3%	10.1%
Redwood City	94065	11,588	23.3%	12.6%
San Carlos	94070	31,312	23.4%	16.7%
San Mateo	94401	35,392	18.8%	15.7%
San Mateo	94402	26,150	22.4%	19.0%
San Mateo	94403	43,858	19.4%	15.5%
San Mateo	94404	36,397	21.6%	18.4%
Sequoia Hospital Service Area		524,799	21.8%	16.3%
San Mateo County		754,250	19.9%	16.9%
California		39,356,104	22.3%	14.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

Senior adults living alone may be isolated and lack adequate support systems. Of the 85,682 senior adults who live in the service area, the percentage who live alone ranged from 8.5% in La Honda to 34.3% in Palo Alto 94304.

Senior Adults Living Alone

	ZIP Code	Total of Senior Adults	Percent Living Alone
Atherton	94027	1,720	12.6%
Belmont	94002	3,937	19.4%
Burlingame	94010	7,247	21.5%
Half Moon Bay	94019	3,308	21.3%
La Honda	94020	492	8.5%
Menlo Park	94025	6,173	26.6%
East Palo Alto	94303	5,851	19.0%
Palo Alto	94301	3,931	28.1%
Palo Alto	94304	1,176	34.3%
Palo Alto	94306	4,945	21.5%
Portola Valley	94028	2,405	23.2%
Redwood City	94061	5,295	23.0%
Redwood City	94062	4,975	14.2%
Redwood City	94063	3,525	22.9%
Redwood City	94065	1,457	27.6%
San Carlos	94070	5,228	19.7%
San Mateo	94401	5,556	29.0%
San Mateo	94402	4,967	24.9%
San Mateo	94403	6,805	25.6%
San Mateo	94404	6,689	21.6%
Sequoia Hospital Service Area		85,682	22.6%
San Mateo County		127,520	20.4%
California		5,865,300	22.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02 & DP05. <http://data.census.gov/>

Race and Ethnicity

The largest portion of the population in the service area is White or Caucasian residents (44.7%), 23.7% of the population are Asian residents and 22.2% are Hispanic or Latino residents. 5.2% of the population identifies as multiracial (two-or-more races), 2.3% are Black or African American residents, 1% are Native Hawaiian or Pacific Islander residents, and 0.1% are American Indian or Alaskan Native residents. Those who identify with a race and ethnicity not listed represent 0.7% of the service area population.

Race and Ethnicity

	Sequoia Hospital Service Area	San Mateo County	California
White	44.7%	37.0%	35.2%
Asian	23.7%	30.3%	14.9%
Hispanic or Latino	22.2%	23.9%	39.7%
Multiracial	5.2%	4.6%	3.8%
Black or African American	2.3%	2.1%	5.3%
Native Hawaiian or Pacific Islander	1.0%	1.2%	0.3%
Some other race	0.7%	0.8%	0.4%
American Indian or Alaska Native	0.1%	0.1%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

When race and ethnicity are examined by ZIP Code, 51.3% of the population in San Mateo 94404 identified as Asian residents, Redwood City 94063 has the highest percentage of Hispanic or Latino residents in the service area (65.2%). East Palo Alto has the highest percentage of Black or African American residents in the service area (8.6%). La Honda (76.7%) and Portola Valley (75.1%) have the highest percentage of White residents, and Redwood City 94063 (18.8%) and East Palo Alto (22%) have the lowest percentage of White residents in the service area.

Race and Ethnicity, by ZIP Code

	ZIP Code	White	Asian	Hispanic or Latino	Black
Atherton	94027	66.6%	19.5%	9.0%	1.4%
Belmont	94002	47.1%	29.2%	13.9%	1.4%
Burlingame	94010	52.0%	29.7%	10.9%	0.9%
Half Moon Bay	94019	66.8%	4.9%	24.0%	0.3%
La Honda	94020	76.7%	7.3%	6.0%	0.0%
Menlo Park	94025	55.5%	15.9%	17.9%	2.6%
East Palo Alto	94303	22.0%	21.0%	39.8%	8.6%
Palo Alto	94301	59.0%	24.9%	5.2%	2.4%
Palo Alto	94304	60.8%	17.4%	13.6%	1.0%
Palo Alto	94306	47.0%	36.3%	8.5%	1.9%
Portola Valley	94028	75.1%	6.7%	13.4%	0.1%

	ZIP Code	White	Asian	Hispanic or Latino	Black
Redwood City	94061	41.8%	13.3%	37.6%	2.1%
Redwood City	94062	70.5%	8.3%	13.5%	1.5%
Redwood City	94063	18.8%	10.1%	65.2%	2.0%
Redwood City	94065	41.7%	43.5%	5.8%	0.2%
San Carlos	94070	60.9%	20.1%	9.2%	0.7%
San Mateo	94401	27.1%	22.9%	38.0%	2.0%
San Mateo	94402	53.4%	26.0%	11.2%	1.4%
San Mateo	94403	40.3%	30.3%	21.3%	1.9%
San Mateo	94404	32.9%	51.3%	7.4%	2.2%
Sequoia Hospital Service Area		44.7%	23.7%	22.2%	2.3%
San Mateo County		37.0%	30.3%	23.9%	2.1%
California		35.2%	14.9%	39.7%	5.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

Language

In the service area, 59.1% of the population, 5 years and older, speak only English in the home. Among the area population, 16.6% speak Spanish, 14.4% speak an Asian or Pacific Islander language, and 8.8% speak an Indo-European language other than Spanish or English in the home.

Language Spoken at Home for the Population, 5 Years and Older

	Sequoia Hospital Service Area	San Mateo County	California
Population, 5 years and older	495,722	714,511	37,097,796
English only	59.1%	55.2%	56.1%
Speaks Spanish	16.6%	17.1%	28.2%
Speaks Asian or Pacific Islander language	14.4%	19.6%	9.9%
Speaks non-Spanish Indo-European language	8.8%	6.9%	4.6%
Speaks other language	1.2%	1.2%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>

The highest percentage of Spanish speakers within the service area, can be found in Redwood City 94063 (52.7%), followed by East Palo Alto (32.8%), and San Mateo 94401 (32.2%). San Mateo 94404 (30.2%), Redwood City 94065 (24.8%) and Palo Alto 94306 (24.3%) have the highest percentages of Asian or Pacific-Islander language speakers. La Honda (16.7%) and Redwood City 94065 (16%) have the highest percentages of non-Spanish Indo-European languages spoken at home in the service area.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Non-Spanish Indo European
Atherton	94027	74.1%	4.8%	11.4%	9.7%
Belmont	94002	65.0%	8.3%	16.1%	9.5%
Burlingame	94010	64.2%	7.7%	16.9%	9.1%

	ZIP Code	English	Spanish	Asian or Pacific Islander	Non-Spanish Indo European
Half Moon Bay	94019	70.5%	22.4%	3.1%	3.8%
La Honda	94020	78.7%	3.0%	1.6%	16.7%
Menlo Park	94025	63.9%	14.3%	10.4%	9.5%
East Palo Alto	94303	42.4%	32.8%	16.0%	8.2%
Palo Alto	94301	69.2%	5.5%	12.7%	11.6%
Palo Alto	94304	66.8%	9.4%	11.3%	12.0%
Palo Alto	94306	58.3%	4.7%	24.3%	10.7%
Portola Valley	94028	83.3%	7.0%	2.6%	7.1%
Redwood City	94061	54.8%	29.9%	9.0%	5.7%
Redwood City	94062	82.3%	6.3%	3.6%	7.1%
Redwood City	94063	36.4%	52.7%	6.6%	3.6%
Redwood City	94065	56.0%	1.8%	24.8%	16.0%
San Carlos	94070	74.4%	4.9%	10.3%	9.5%
San Mateo	94401	44.3%	32.2%	15.9%	6.9%
San Mateo	94402	70.7%	6.3%	14.2%	7.8%
San Mateo	94403	59.3%	12.8%	17.6%	9.6%
San Mateo	94404	48.2%	4.2%	30.2%	14.4%
Sequoia Hospital Service Area		59.1%	16.6%	14.4%	8.8%
San Mateo County		55.2%	17.1%	19.6%	6.9%
California		56.1%	28.2%	9.9%	4.6%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English “less than very well.” In the service area, 13.1% of the population is linguistically isolated.

Linguistic Isolation, Ages 5 Years and Older

	Percent
Sequoia Hospital Service Area	13.1%
San Mateo County	16.3%
California	17.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <https://data.census.gov/>

The California Department of Education publishes rates of “English Learners,” defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In San Mateo County school districts, the percentage of students who were classified as English Learners was 20.7%. Among area school districts, English Learners ranged from 3.6% of students in Portola Valley Elementary School District to 53.9% of students in Ravenswood City Elementary School District.

English Learner (EL) Students, by School District

	Number	Percent
Belmont-Redwood Shores Elementary School Dist.	513	12.8%
Burlingame Elementary School District	455	13.7%
Cabrillo Unified School District	449	16.9%
Cupertino Union School District	2,474	18.2%
La Honda-Pescadero Unified School District	78	30.1%
Las Lomitas Elementary School District	135	11.6%
Menlo Park City Elementary School District	227	8.3%
Palo Alto Unified School District	1,093	10.6%
Portola Valley Elementary School District	18	3.6%
Ravenswood City Elementary School District	1,378	53.9%
Redwood City Elementary School District	2,853	38.1%
San Carlos Elementary School District	194	6.2%
San Mateo-Foster City School District	2,804	28.2%
San Mateo Union High School District	1,060	11.3%
Sequoia Union High School District	1,494	15.3%
San Mateo County	17,426	20.7%
California	1,074,833	18.4%

Source: California Department of Education DataQuest, 2023-2024. <http://dq.cde.ca.gov/dataquest/>

Veteran Status

In the service area, 3.2% of the civilian population, 18 years and older, are veterans. This is lower than the county (3.4%) and state (4.7%) rates.

Veteran Status

	ZIP Code	Percent
Atherton	94027	3.3%
Belmont	94002	3.2%
Burlingame	94010	3.5%
Half Moon Bay	94019	6.7%
La Honda	94020	5.0%
Menlo Park	94025	4.2%
East Palo Alto	94303	1.8%
Palo Alto	94301	3.2%
Palo Alto	94304	2.7%
Palo Alto	94306	1.8%
Portola Valley	94028	4.6%
Redwood City	94061	2.7%
Redwood City	94062	4.3%
Redwood City	94063	1.9%
Redwood City	94065	3.0%
San Carlos	94070	3.6%
San Mateo	94401	2.9%
San Mateo	94402	3.7%
San Mateo	94403	3.4%
San Mateo	94404	2.9%
Sequoia Hospital Service Area		3.2%
San Mateo County		3.4%

	ZIP Code	Percent
California		4.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

Citizenship

In the service area, 32.4% of the population is foreign-born, which is lower than the county rate (35.2%) but higher than the state rate (26.5%). Of the foreign-born, 48.7% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Sequoia Hospital Service Area	San Mateo County	California
Foreign born	32.4%	35.2%	26.5%
Of the foreign born, not a U.S. citizen	48.7%	41.0%	46.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. San Mateo County is ranked 2 among California's counties, and Santa Clara County ranks 4, placing them at the top of the state's counties.

Social and Economic Factors Ranking

	County Ranking (out of 58)
San Mateo County	2
Santa Clara County	4

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the Census Tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, social, transportation, neighborhood, housing, clean environment, and health care access. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map below displays the hospital service area and surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The service area's ZIP Codes have an overall HPI score that is better than 93.3% of California ZIP Codes.

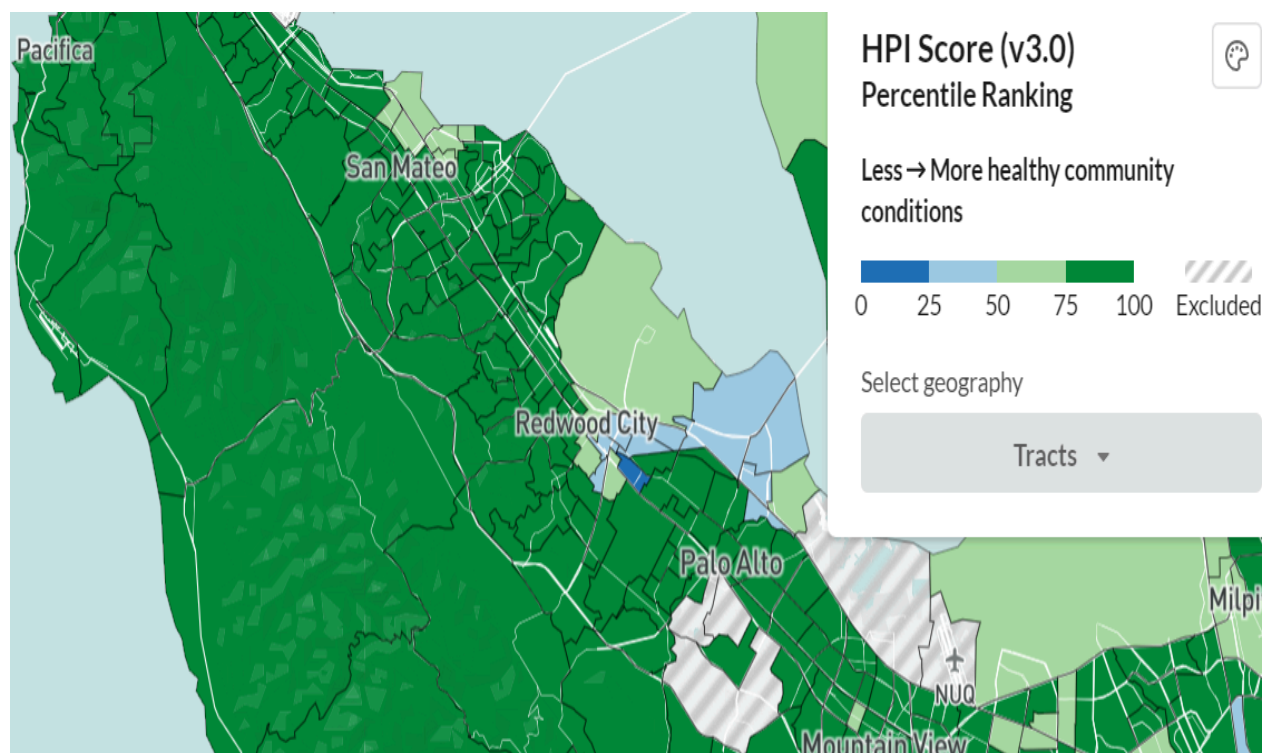
The service area has the lowest scores for housing conditions (53.7%) based on five criteria: homeownership, housing habitability, homeowner and renter severe housing cost burdens, and crowded housing conditions. Of those five criteria, the service area scores lowest in housing habitability (38.8%), uncrowded housing (41.4%) and homeownership levels (46%). While the area has a cleaner environment than 83.1% of

California ZIP Codes, it has lower (better) levels of particulate matter from diesel engines than just 34.8% of other California ZIP Codes. As is clear from the map, scores are worse in Census Tracts in and around Redwood City and East Palo Alto, in particular North Fair Oaks, which has an HPI score better than just 24.2% of California Census Tracts. Its lowest scores are for education (1.5%, due to particularly low levels of preschool and high school enrollment, as well as low levels of higher education) and health care access (with only 77.8% of adults insured, placing it in the 9th percentile of CA tracts). It also ranks low for park access (10.5% percentile) and housing (11.7% percentile, largely due to renter housing cost burden, crowded housing, and lower levels of housing habitability and homeownership).

California Healthy Places Index Value and Sub-Scores, as Percentiles

	Sequoia Hospital Service Area
Economic	92.7
Education	87.5
Social	84.1
Transportation	90.7
Neighborhood	83.8
Housing	53.7
Clean Environment	83.1
Health Care Access	77.8
HPI Score	93.3

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed August 16, 2024.
<https://healthyplacesindex.org>



Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 4.4%. This is lower than the state unemployment rate (6.4%). The highest rate of unemployment was found in Belmont (6.5%). The lowest unemployment rates in the service area are in Palo Alto 94304 (1.2%) and La Honda (0.6%), but La Honda represents fewer than 10 individuals.

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Atherton	94027	3,050	67	2.2%
Belmont	94002	15,678	1,023	6.5%
Burlingame	94010	23,403	1,124	4.8%
Half Moon Bay	94019	8,244	223	2.7%
La Honda	94020	1,276	8	0.6%
Menlo Park	94025	21,496	1,008	4.7%
East Palo Alto	94303	25,455	1,290	5.1%
Palo Alto	94301	8,864	206	2.3%
Palo Alto	94304	2,387	29	1.2%
Palo Alto	94306	14,575	434	3.0%
Portola Valley	94028	2,992	133	4.4%
Redwood City	94061	21,267	1,239	5.8%
Redwood City	94062	13,985	395	2.8%
Redwood City	94063	19,548	793	4.1%
Redwood City	94065	6,225	277	4.4%
San Carlos	94070	17,660	732	4.1%
San Mateo	94401	20,522	1,018	5.0%
San Mateo	94402	13,710	572	4.2%
San Mateo	94403	25,997	1,316	5.1%
San Mateo	94404	19,682	816	4.1%
Sequoia Hospital Service Area		286,016	12,703	4.4%
San Mateo County		421,651	19,184	4.5%
California		20,011,853	1,282,055	6.4%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2022, the Federal Poverty Level (FPL) was set at an annual income of \$14,880 for one person and \$29,678 for a family of four. Among the residents in the service area, 6.1% are at or below 100% of the federal poverty level (FPL) and 13.9% are at 200% of FPL or below. These poverty and low-income rates are lower than county and state rates. The highest poverty and low-income rates in the service area are found in Redwood City 94063, where 11.3% of the population lives in poverty and 28.6% qualify as low-income. San Carlos has the lowest rate of poverty (3%) and Atherton has the lowest rate of low-income residents (7%).

Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Atherton	94027	3.9%	7.0%
Belmont	94002	6.9%	11.7%
Burlingame	94010	4.7%	9.9%
Half Moon Bay	94019	7.0%	17.9%
La Honda	94020	3.2%	7.7%
Menlo Park	94025	5.4%	9.4%
East Palo Alto	94303	8.3%	19.6%
Palo Alto	94301	4.0%	8.6%
Palo Alto	94304	6.4%	8.4%
Palo Alto	94306	6.8%	11.2%
Portola Valley	94028	3.1%	7.9%
Redwood City	94061	4.7%	20.1%
Redwood City	94062	5.3%	9.7%
Redwood City	94063	11.3%	28.6%
Redwood City	94065	4.3%	7.5%
San Carlos	94070	3.0%	7.4%
San Mateo	94401	9.7%	25.8%
San Mateo	94402	5.6%	10.6%
San Mateo	94403	6.1%	11.7%
San Mateo	94404	3.9%	7.4%
Sequoia Hospital Service Area		6.1%	13.9%
San Mateo County		6.4%	14.7%
California		12.1%	28.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://data.census.gov/>

Redwood City 94063 has the highest rate of poverty among children (14.3%) in the service area. Redwood City 94063 also has the highest rate of poverty among senior adults (13.5%), followed by San Mateo 94401 (13.4%). In San Mateo 94403, 33.2% of female heads-of-household (HoH), living with their own children, under the age of 18, live in poverty. Other area ZIP Codes with high rates of poverty in female HoH are Redwood City 94063 (29.9%), Palo Alto 94304 (26.7%), Redwood City 94062 (25.6%), East Palo Alto (25.2%) and Palo Alto 94306 (24.9%).

Poverty Levels of Children, Under Age 18, Senior Adults, 65 and Older, and Female HoH

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Atherton	94027	0.0%	5.6%	0.0%
Belmont	94002	5.3%	7.7%	11.3%
Burlingame	94010	4.3%	4.5%	13.0%
Half Moon Bay	94019	5.0%	10.2%	11.2%
La Honda	94020	0.0%	6.5%	**
Menlo Park	94025	2.3%	5.8%	11.7%
East Palo Alto	94303	11.3%	11.4%	25.2%
Palo Alto	94301	1.3%	8.6%	9.7%
Palo Alto	94304	11.3%	8.3%	26.7%
Palo Alto	94306	8.4%	7.0%	24.9%

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Portola Valley	94028	0.0%	7.6%	0.0%
Redwood City	94061	4.4%	5.3%	10.5%
Redwood City	94062	4.2%	7.0%	25.6%
Redwood City	94063	14.3%	13.5%	29.9%
Redwood City	94065	3.4%	4.9%	13.8%
San Carlos	94070	2.7%	3.9%	4.6%
San Mateo	94401	9.3%	13.4%	9.1%
San Mateo	94402	6.5%	9.5%	20.8%
San Mateo	94403	5.1%	9.4%	33.2%
San Mateo	94404	1.6%	5.3%	1.3%
Sequoia Hospital Service Area		5.9%	7.8%	16.1%
San Mateo County		6.4%	8.1%	16.2%
California		15.6%	11.0%	29.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701 & *S1702. <http://data.census.gov/> **No female HoH with Children recorded in ZIP Code.

The service area has lower rates of poverty than either the county or state, among non-Hispanic White residents, Asian residents, Black or African American residents, and multiracial residents. At the local level, those who identify as Native Hawaiian or Pacific Islander residents have the highest rate of poverty, and that rate is higher than the county or state rates. At all geographic levels, non-Hispanic White residents have the lowest poverty rates, followed by Asian residents, and then multiracial residents.

Poverty Levels, by Race and Ethnicity

	Sequoia Hospital Service Area	San Mateo County	California
Native HI or Pacific Islander	17.9%	11.9%	13.9%
American Indian or AK Native	14.9%	12.8%	16.1%
Some other race	11.2%	10.1%	16.1%
Hispanic or Latino	10.3%	9.6%	15.1%
Black or African American	9.7%	12.5%	19.0%
Multiracial	4.9%	6.4%	12.2%
Asian	4.7%	5.2%	9.8%
White, non-Hispanic	4.5%	4.9%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://data.census.gov/>

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranges from 5.7% of students in the Las Lomitas Elementary and 5.8% in the Portola Valley Elementary School Districts, to 84.7% in the Ravenswood City Elementary School District. Other school districts with percentages above the county average are Redwood City Elementary (62.4%), La

Honda-Pescadero Unified (40.5%), Cabrillo Unified (38.4%), and San Mateo-Foster City (35.2%) School Districts.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Belmont-Redwood Shores Elementary School Dist.	9.8%
Burlingame Elementary School District	15.8%
Cabrillo Unified School District	38.4%
Cupertino Union School District	17.3%
La Honda-Pescadero Unified School District	40.5%
Las Lomitas Elementary School District	5.7%
Menlo Park City Elementary School District	11.5%
Palo Alto Unified School District	11.4%
Portola Valley Elementary School District	5.8%
Ravenswood City Elementary School District	84.7%
Redwood City Elementary School District	62.4%
San Carlos Elementary School District	9.3%
San Mateo-Foster City School District	35.2%
San Mateo Union High School District	19.0%
Sequoia Union High School District	32.0%
San Mateo County	33.1%
California	61.7%

Source: California Department of Education, 2023-2024. <http://data1.cde.ca.gov/dataquest/>

Wi-Fi Access

Households with zero, or limited, access to highspeed internet are at a competitive, educational, and health care disadvantage, creating what has become known as a Digital Divide between those who have access and those who do not. This Digital Divide is of particular concern to mobility-limited (i.e., elderly or disabled) households and those individuals who may not have access to linguistically or culturally appropriate care in their area, as Broadband access to providers holds the promise of closing gaps in care.

99.3% of county residents have available Broadband coverage (a minimum of 25/3 Mbps) in their area. California ranks 19th out of the 50 U.S. states in terms of Broadband coverage, per BroadbandNow's annual ranking of internet coverage, speed, and availability. California also ranks 11th out of 50 states for access to at least 100Mbps broadband, but only 41st out of 50 states for access to 1G broadband.

Terrestrial Broadband Internet Coverage

	Percent Broadband Coverage (Download Speed)		
	25+ Mbps	100+ Mbps	1 Gig
San Mateo County	99.3%	99.3%	98.6%
California	96.1%	96.1%	51.1%

Source: BroadbandNow, 2024 data. <https://broadbandnow.com/California>

While 99.3% of the county population could access broadband for their households, only 91% of households in the Bay Area choose to do so. Cost was reported to be the main factor affecting unconnected and underconnected households' decisions not to adopt broadband service, while concerns over privacy/security/identity theft, sufficiency of smartphone access, and digital literacy are additional factors. "Underconnected" refers to households that can only connect at home through a smartphone. Almost half of unconnected and underconnected area residents reported connecting to broadband at other locations (retail stores, friends' or relatives' homes, libraries or schools, work).

Household Access to Broadband Internet

	Connected	Underconnected (Smartphone access only)	Unconnected
Bay Area (7 counties, incl. San Mateo, Solano, Alameda, Contra Costa, San Francisco, Santa Clara and Marin)	91.0%	3.3%	5.7%

Source: California For All / Broadband For All, 2023 Statewide Digital Equity Survey, Final Report, August 31, 2023.
<https://broadbandforall.cdt.ca.gov/california-statewide-digital-equity-telephone-survey/>

Transportation

Service area workers spent on average 27.1 minutes a day commuting to work. 57.5% of workers drove alone to work and 37.7% of solo drivers have a long commute (greater than 30 minutes one way). Few workers commute by public transportation (4.9%) or walk to work (2.8%). La Honda has the longest average commute among service area communities, with a 38-minute commute. It should be noted that this data spans from 2018 to 2022, from pre- to post-Pandemic. While the time estimate is valid it may not be reflective of current commuting practices.

Transportation for Workers, Ages 16 and Older

	Sequoia Hospital Service Area	San Mateo County	California
Mean travel time to work (in minutes)	*27.1	28.0	29.2
Drove alone to work	57.5%	59.0%	68.4%
Solo drivers with a long commute**	37.7%	39.8%	41.6%
Carpooled to work	7.2%	9.0%	9.5%
Commuting by public transportation	4.9%	7.4%	3.6%
Walked to work	2.8%	2.4%	2.4%
Other means	4.4%	3.2%	2.4%
Worked from home	23.3%	19.0%	13.6%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03 & **S0802; defined as >30 min. one way.
<https://data.census.gov/> *Weighted average of the area means.

Households

Many factors impact and constrain household formation, including housing costs,

income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the service area, there are 190,754 households and 206,846 housing units. Over the last five years, the population decreased by 1.2%, while the number of households decreased by 0.4%, indicating a larger overall household size. Owner-occupied households decreased by 1.5% while renter-households increased by 1.2% from 2017 levels. Housing units grew by 2.4%, and vacant units increased by 55.4%, to 7.8% of overall housing stock.

Households and Housing Units and Percent Change

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Housing units	201,921		206,846		2.4%
Vacant	10,354	5.1%	16,092	7.8%	55.4%
Households	191,567		190,754		-0.4%
Owner occ.	112,103	58.5%	109,041	57.2%	-1.5%
Renter occ.	79,464	41.5%	81,713	42.8%	1.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. <http://data.census.gov/>

The weighted average of the median household income in the service area exceeds \$177,626 (two area ZIP Codes have medians in excess of the maximum on the current Census questionnaire), and ranges from \$107,734 in Redwood City 94063 to over \$250,000 in Atherton and La Honda.

Median Household Income

	ZIP Code	Households	Median Household Income
Atherton	94027	2,192	**\$250,000+
Belmont	94002	10,854	\$184,929
Burlingame	94010	16,070	\$186,198
Half Moon Bay	94019	5,548	\$149,655
La Honda	94020	844	**\$250,000+
Menlo Park	94025	14,349	\$207,656
East Palo Alto	94303	14,276	\$144,259
Palo Alto	94301	7,130	\$217,611
Palo Alto	94304	2,035	\$159,637
Palo Alto	94306	10,722	\$199,800
Portola Valley	94028	2,575	\$243,516
Redwood City	94061	13,176	\$139,810
Redwood City	94062	9,679	\$230,391

	ZIP Code	Households	Median Household Income
Redwood City	94063	10,969	\$107,734
Redwood City	94065	4,659	\$201,125
San Carlos	94070	11,627	\$220,323
San Mateo	94401	12,993	\$117,678
San Mateo	94402	10,073	\$184,453
San Mateo	94403	16,612	\$171,213
San Mateo	94404	14,371	\$182,699
Sequoia Hospital Service Area*		190,754	*\$177,626
San Mateo County		264,323	\$149,907
California		13,315,822	\$91,905

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP03. <http://data.census.gov/> *Weighted average of the medians. This is an approximation, and the median is likely higher due to Atherton and La Honda. **The true median exceeds \$250,000 for households in these two ZIP Codes, as that is as high as the questionnaire goes.

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 34.6% of owner and renter occupied households in the service area spend 30% or more of their income on housing. The ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Redwood City 94063 (46.7%), San Mateo 94401 (44.6%), Redwood City 94061 (39.8%) and East Palo Alto (37.1%). Among renters-only, the rates are much higher, with 45.3% of service area renter households being cost burdened, as opposed to 26.9% for owner households. Portola Valley has the highest rate of cost-burdened renters (73.5%), followed by Redwood City 94061 (55.8%) and 94063 (53.6%), San Mateo 94401 (52.6%), and East Palo Alto (51.1%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Atherton	94027	30.4%	30.9%	26.7%
Belmont	94002	31.5%	21.4%	45.2%
Burlingame	94010	34.5%	30.5%	41.2%
Half Moon Bay	94019	33.8%	33.5%	34.8%
La Honda	94020	12.1%	10.3%	18.9%
Menlo Park	94025	33.1%	27.0%	42.5%
East Palo Alto	94303	37.1%	26.9%	51.1%
Palo Alto	94301	31.4%	23.4%	41.3%
Palo Alto	94304	35.5%	26.3%	38.2%
Palo Alto	94306	28.2%	18.3%	40.9%
Portola Valley	94028	29.7%	23.8%	73.5%
Redwood City	94061	39.8%	25.6%	55.8%
Redwood City	94062	29.4%	27.6%	34.3%
Redwood City	94063	46.7%	32.0%	53.6%
Redwood City	94065	32.2%	26.5%	42.6%
San Carlos	94070	25.9%	19.8%	40.3%
San Mateo	94401	44.6%	34.9%	52.6%
San Mateo	94402	34.3%	30.0%	41.8%
San Mateo	94403	34.8%	28.0%	42.5%
San Mateo	94404	33.9%	28.3%	40.2%

	ZIP Code	All Households	Owner Households	Renter Households
Sequoia Hospital Service Area		34.6%	26.9%	45.3%
San Mateo County		36.5%	28.8%	48.4%
California		41.0%	30.8%	54.4%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov/>

Households by Type

In the service area, 27.1% are family households (married or cohabiting couples) with children under 18 years old, 2.7% of households are households with a female as head of household with children, with no spouse or partner present, and 10.2% of area households are senior adults who live alone.

Households, by Type

	Total Households	Family* Households with Children Under Age 18	Female Head of Household with own Children Under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Sequoia Hospital Service Area	190,754	27.1%	2.7%	10.2%
San Mateo County	264,323	24.9%	2.6%	9.9%
California	13,315,822	23.3%	4.5%	9.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/> *Family Households refers to married or cohabiting couples with householder's children under 18.

In the service area there are 190,754 households. About a quarter (24.5%) are households with 4 or more people, 33% are two-person households.

Household Size

	Sequoia Hospital	San Mateo County	California
1 person households	24.4%	23.2%	23.9%
2 person households	33.0%	32.3%	30.5%
3 person households	18.1%	18.2%	16.7%
4+ person households	24.5%	26.3%	29.0%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S2501. http://data.census.gov

Adult Daycare, Home Child Care, and Day Care Center or Preschool Spending

These indicators show the ratio between the average spending among households that spent on adult day care, home childcare, and day care center or preschool services, and median household incomes. High spending-to-income ratios for these types of services can present substantial financial hardships, especially for lower-income households.

Older adults may require support including assistance with medications, personal hygiene, dressing, grooming, transportation, and social support. The adult daycare expense ratio includes adult day care centers and care for an infirm person in one's

home or someone else's home, and excludes care provided in nursing homes. The weighted average expense ratio for service area households that spend on adult daycare is 8.3%, which is lower than the county (9.3%) and state (13.4%). The three most affluent ZIP Codes in the service area have the lowest ratio of spending on adult day care to median household income (all below 5%) while the two ZIP Codes with the lowest median household income (Redwood City 94063 and San Mateo 94401) have the highest ratios: 10.2% and 10.6%, respectively.

Access to affordable and high-quality childcare is essential for parents or guardians to be able to provide for basic needs such as housing, food, and health care. Affordable childcare also allows parents or guardians to pursue further education or participate in the workforce, which can improve opportunities and benefits for the household. Home childcare includes spending on babysitting, nanny, and other at-home childcare services, and day care center or preschool expenditures include spending on day care centers, nurseries, and preschools. The weighted average expense ratio for service area households that spend on home childcare is 2.6%, and for day care or preschool spending it is 4.5%. These rates are lower than the county and state rates. The two ZIP Codes with the lowest median household income (Redwood City 94063 and San Mateo 94401) have the highest ratios for expenses related to home childcare and day care or preschool spending, with the addition of Redwood City 94061 for day care or preschool.

Expenditures on Adult Daycare, Home Child Care and Day Care or Preschool, Ratio of Spending to Median Household Income

	ZIP Code	Adult Daycare	Home Child Care	Day Care Center or Preschool
Atherton	94027	4.4%	1.1%	2.4%
Belmont	94002	7.5%	2.2%	4.2%
Burlingame	94010	8.0%	2.3%	4.3%
Half Moon Bay	94019	7.6%	2.4%	4.5%
La Honda	94020	4.6%	2.0%	3.0%
Menlo Park	94025	7.4%	2.1%	4.1%
East Palo Alto	94303	9.9%	3.0%	4.9%
Palo Alto	94301	N/A	N/A	N/A
Palo Alto	94304	N/A	N/A	N/A
Palo Alto	94306	N/A	N/A	N/A
Portola Valley	94028	4.5%	1.3%	2.5%
Redwood City	94061	9.9%	2.9%	5.2%
Redwood City	94062	6.6%	1.9%	3.6%
Redwood City	94063	10.2%	3.9%	5.2%
Redwood City	94065	7.3%	2.1%	4.2%
San Carlos	94070	6.5%	1.8%	3.6%
San Mateo	94401	10.6%	3.7%	5.6%
San Mateo	94402	8.1%	2.3%	4.4%
San Mateo	94403	8.4%	2.6%	4.7%
San Mateo	94404	8.0%	2.4%	4.7%
Sequoia Hospital Service Area*		8.3%	2.6%	4.5%

	ZIP Code	Adult Daycare	Home Child Care	Day Care Center or Preschool
San Mateo County		9.3%	2.8%	5.0%
California		13.4%	3.9%	6.9%

Source: Claritas Consumer Spending Dynamix, 2023. Conduent Healthy Communities Institute and San Mateo County. N/A = not part of San Mateo County, so no data available. *Weighted average; calculated using 2018-2022 ACS adult population estimates <http://smcalltogetherbetter.org>

Homelessness

A point-in-time count of homeless people is normally conducted biannually in San Mateo County, scheduled to occur on a single night in the third week of January, unless weather does not permit. The 2021 homeless count was postponed to 2022 due to COVID-19, and again due to rising case counts, from January to February of 2022.

On the night of February 23, 2022, there were an estimated 1,808 homeless individuals in San Mateo County. From 2017 to 2022, the homeless population rose 19.6% in the county, while the proportion of sheltered homeless declined from 49.2% in 2017 to 40.5% in 2019 and 39.6% in 2022. The proportion of sheltered homeless persons that were in emergency housing versus transitional housing rose from 34.3% in 2017 to 43.5% in 2019 and 81.3% in 2022.

Homeless Point-in-Time Count, San Mateo County, 2011 to 2022

Year of Count	Unsheltered	Sheltered		Total Homeless Persons
		Emergency	Transitional	
2011	1,162	258	441	1,861
2013	1,299	272	431	2,002
2015	775	254	454	1,483
2017	637	211	405	1,253
2019	901	266	345	1,512
2022	1,092	582	134	1,808

Source: San Mateo County Human Services Agency (HAS), 2022 One Day Homeless Count. <https://www.smcgov.org/hsa/2022-one-day-homeless-count>

Over the past eleven years, the percentage of unhoused people living in tents, encampments, or on the street has declined, while the percentage of unhoused persons living in cars, vans, and RVs has risen noticeably. As of 2022 there are now two 'Safe Parking' programs in San Mateo County, both serving people living in RVs. They include a safe place to stay in their vehicle as well as supportive services to assist the residents to return to housing.

Unsheltered Homeless, by Location, 2011, 2019 and 2022, San Mateo County

	2011	2019	2022
Tents or encampments	27.9%	7.3%	16.2%
RVs	21.2%	54.8%	26.3%
RVs located in 'Safe Parking' programs	N/A	N/A	9.3%
Cars or vans	10.8%	20.4%	30.1%

On the street	40.1%	17.4%	16.0%
Other (abandoned buildings, boats, etc.)	N/A	N/A	2.0%

Source: San Mateo County Human Services Agency (HAS), 2022 One Day Homeless Count.

<https://www.smcgov.org/hsa/2022-one-day-homeless-count>

Among sheltered and unsheltered persons who are homeless, 11.9% were children under age 18 (only one of whom was an unaccompanied minor), 4% were transition-age youth (18 to 24 years old, three of whom were parents to a total of two children), 4.7% were veterans, and 39% were chronically homeless. 1.1% of persons who were homeless identified as transgender or gender non-conforming (neither male nor female). Among unhoused adults, 31.8% were identified as having a serious mental illness, 21.4% were identified as having a chronic substance use disorder, and 7.6% as being survivors of domestic violence. All unhoused individuals who identified as having HIV/AIDS (1.9% of the adult population) were unsheltered.

Homeless Subpopulations, San Mateo County

	Count	Percent
Children, under age 18	216	11.9%
Youth, 18 to 24 years old	72	4.0%
Parenting youth, 18 to 24	3	0.2%
Veterans	85	4.7%
Chronically homeless	705	39.0%
Transgender or gender nonconforming	19	1.1%
Adults with a serious mental illness	507	31.8%
Adults with chronic substance use disorder	341	21.4%
Adults with HIV/AIDS	31	1.9%
Victims of domestic violence	121	7.6%

Source: U.S. Department of Housing and Urban Development (HUD), 2022 Continuum of Care (CoC) Homeless Populations and Subpopulations report. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

The proportions of people experiencing homelessness by race and ethnicity are substantially different compared to the general population of the county. Fewer people identify as Asian or Asian American persons experiencing homelessness or as being multiracial, compared to the general population.

Homeless Population, by Race and Ethnicity, San Mateo County

	Percent of General Population	Percent of Homeless Population
Non-Hispanic or Latino	75%	53%
Hispanic or Latino	25%	47%
White	54%	61%
Black or African American or African	3%	19%
American Indian or Alaska Native or Indigenous	1%	5%
Asian or Asian American	33%	6%
Native Hawaiian or Pacific Islander	1%	3%
Multiracial	8%	6%

Source: San Mateo County Human Services Agency (HAS), 2022 One Day Homeless Count.
<https://www.smcgov.org/hsa/2022-one-day-homeless-count>

The largest number of San Mateo County's unsheltered homeless individuals lived in Redwood City, representing 22.4% of the total unsheltered homeless population. The second largest number of unsheltered people were found in East Palo Alto, which represented 15.5% of the unsheltered population in the county.

Unsheltered Homeless Individuals, by City

Number		Percent of Total
Atherton	3	0.3%
Belmont	13	1.2%
Burlingame	10	0.9%
Half Moon Bay	68	6.2%
East Palo Alto	169	15.5%
Menlo Park	56	5.1%
Palo Alto*	263	3.4%
Portola Valley	0	0.0%
Redwood City	245	22.4%
San Carlos	14	1.3%
San Mateo	60	5.5%

Source: San Mateo County Human Services Agency (HAS), 2022 One Day Homeless Count.
<https://www.smcgov.org/hsa/2022-one-day-homeless-count> *Palo Alto is located in Santa Clara County, and % of Total are of that county's count (7,708 total unsheltered homeless in 2022). Source: Santa Clara County Homeless Census & Survey, 2022.
<https://osh.sccgov.org/continuum-care/reports-and-publications/santa-clara-county-homeless-census-and-survey-reports-point>

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments edited for clarity:

- We see challenges related to housing stock and availability. At the County Human Services Agency, they're getting 1,000 applicants for 100 available units. That means 900 families are not getting access to those housing units. There are lots of opportunities for short-term housing in the county. However, permanent supportive housing or housing where people can become leaseholders is a challenge. Also, the move to work program can be challenging for those with chronic conditions because they must recertify every so often.
- Most young people can't afford to live here because they don't make enough money. And a lot of older people who have been living hand to mouth often find themselves at the point where they no longer can keep their homes. As a result, they end up experiencing homelessness.
- Homelessness is on the rise. We are getting more and more requests for assistance with rental payments. Those requests have gone up at least 25-30% in the past year.
- We have children who are unhoused coming to school from shelters or from their cars. And we have children who live in overcrowded facilities, so they share a space with multiple families. It's difficult to have quiet and get Wi Fi access. There's also a population of students who live in unstable financial environments and are on the

culprits of becoming homeless. This contributes to childhood trauma and stress and interrupts regular brain development and developmental processes.

- Economic stability is a challenge. People are on fixed incomes. Even the cost of food has gone up. Gas is so expensive. And not only for older adults, but for younger generations. People are leaving our community because they can't afford to live here.
- There's a lot of economic instability, which makes safety net services so important. But what ends up happening is that our nonprofits are providing programs and services that do not get governmental funds. We are in a small, isolated, rural community where there are many other nonprofits competing for the same donor dollars. Economic stability is a challenge not only for the individuals that we serve, but also for the organizations that serve them.
- The housing nonprofits who provide affordable housing all have different application processes and different income qualifications. And a lot of the applications are online. For older adults who don't have access to technology, and have limited education, it's very challenging for them to be able to apply online. It would be great if there was one application process.
- For new immigrant families, the cost of housing is huge. We don't know where kids live, where they've come from. They might be living in a garage with other people. They might be couch surfing or moving from shelter to shelter. In those circumstances, they don't have a warm shower or a way to do their laundry. The kids have a big factor of shame.
- If you only have a certain amount of money, it's going to be hard to pay rent. And the proportion of paychecks and income that people spend on housing, if they have housing, is a huge percentage. If the cost of housing goes up, it's hard to make ends meet.
- People are losing their home insurance because insurance companies don't want the expenses connected to those climate related issues, whether it's flooding or wildfire. It just adds to the stress and makes it very challenging to live here.
- We have three homeless shelters. They're always full. We just don't have enough emergency housing for homelessness, and we don't have enough housing. Getting people into permanent housing is a huge challenge because of a lack of housing.
- The navigation center that was opened over a year ago has made a difference. People are getting the housing and the care they need because of the navigation center. They address the most acute homeless. But there's also this whole population that's not necessarily categorized as unhoused, but their housing insecure, they are a car away from homelessness. That population is growing.
- We have new units of affordable housing in our pipeline. But there are a lot of factors that are outside our control like high interest rates and the cost of borrowing money that has slowed down creating housing.

- There are members of the unhoused community who have experienced financial disaster, and they need help. There are some who ended up on the streets when California took apart our mental health support system. And then there's another group that just doesn't want to live in a permanent place. There needs to be solutions targeted to different segments of the unhoused community. We need to have a range of different solutions.
- Housing First doesn't work for people in addiction. Many people who are being given free apartments are actively in their drug addiction, and they're not being offered any kind of recovery or any kind of goals to get clean and sober to maintain the free apartment. At the same time, homeless families are the ones getting left out because they don't meet the housing first model.
- If we could have another navigation center built that was designed just for families to get themselves going, that would be a tremendous help.
- There's a very strong community among those experiencing homelessness, and they interact all day long. They look out for each other in certain ways. When you take that person out of their community and place them in housing, it feels like isolation, and a lot of people have difficulty processing that change.
- Rent support is still the number one request that we get on our Emergency Fund application from students.
- We need to make housing affordable and accessible because both are very key for people with disabilities. One really can't go without the other. Disability tends to go under the radar.
- There is not enough housing for unhoused youth and for unhoused families. We hear about whole families living in a car or RV, waiting for temporary housing.

Public Program Participation

In San Mateo County, 34.3% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 24.4% of low-income residents utilized food stamps. This food-stamp utilization level among low-income residents was lower than the state rate (31.4%). WIC benefits appear to be more readily accessed: 63.4% of county children, 6 years and younger, accessed WIC benefits, which was higher than the state rate (50.5%). 5.1% of county residents were TANF/CalWORKs recipients, compared to 11.1% for the state.

Public Program Participation, 200% FPL and Lower

	San Mateo County	California
Avoided government benefits (asked of all immigrants, regardless of income), ever, due to concerns over green card disqualification for self or a family member	9.8%	18.2%
Not able to afford food	34.3%	39.6%
Food stamp recipients	24.4%	31.4%
WIC usage among children, 6 years and under	*63.4%	50.5%

TANF/CalWORKs recipients	*5.1%	11.1%
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Source: California Health Interview Survey, 2020-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to small sample size.

In the service area, 2.9% of residents received SSI benefits, 1.9% received cash public assistance income, and 3.5% of residents received food stamp benefits. These rates were lower than county and state rates.

Household Supportive Benefits

	Sequoia Hospital	San Mateo County	California
Total households	190,754	264,323	13,315,822
Supplemental Security Income (SSI)	2.9%	3.4%	5.9%
Public Assistance	1.9%	2.3%	3.7%
Food Stamps/SNAP	3.5%	3.9%	10.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov>

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 52% of eligible households in San Mateo County received food stamps (CalFresh) in 2021. A monthly average of 19,927 households in the county received food stamps in 2023, with the number remaining relatively stable over the course of the year. The number of households receiving food stamps in April 2024 (21,265) was a 6.7% increase over the monthly 2023 average.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	April 2024	Percent Increase From 2023 Monthly Average
San Mateo County	19,927	52.0%	21,264	6.7%
California	3,049,919	77.0%	3,175,087	4.1%

Source: California Department of Social Services' CalFresh Master Data and Dashboard, 2023 and *2021 Calendar Year Averages. <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In San Mateo County, 8.5% of the population experienced food insecurity in 2022. Among children in San Mateo County, 7.1% lived in households that experienced food insecurity. Feeding America estimated that 45% of those experiencing food insecurity in San Mateo County, and 63% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP.

Food Insecurity

	San Mateo County		California	
	Number	Rate	Number	Rate
Total population experienced food insecurity during the year	63,940	8.5%	4,915,450	12.6%
Children, under 18, experienced food insecurity during the year	10,600	7.1%	1,437,250	16.9%

Source: Feeding America, 2022. <https://map.feedingamerica.org/county/2022/overall/california/county/san-mateo>

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 8% of adults, ages 25 and older, lack a high school diploma, which is lower than the county (9.4%) and state (15.6%) rates. 63.1% of area adults have a bachelor's degree or higher degree, which is higher than the county (52.9%) and state (35.9%) rates.

Education Levels, Population 25 Years and Older

	Sequoia Hospital Service Area	San Mateo County	California
Population, 25 years and older	374,326	547,817	26,842,698
Less than 9 th grade	4.9%	5.5%	8.7%
9 th to 12 th grade, no diploma	3.1%	3.9%	6.9%
High school graduate	10.8%	14.9%	20.4%
Some college, no degree	12.7%	16.0%	20.1%
Associate's degree	5.4%	6.9%	8.0%
Bachelor's degree	29.4%	29.4%	22.1%
Graduate/professional degree	33.7%	23.5%	13.8%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>

High School Graduation Rates

High school graduation rates are the percentage of high school students who graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Among area school districts, Cabrillo Unified (86.6%) and La Honda-Pescadero Unified (84.2%) School Districts did not meet this objective for the 2022-2023 school year.

High School Graduation Rates, 2022-2023

	Percent
Cabrillo Unified School District	86.6%
La Honda-Pescadero Unified School District	84.2%
Palo Alto Unified School District	97.1%
San Mateo Union High School District	91.2%
Sequoia Union High School District	91.0%
San Mateo County	90.3%
California	89.1%

Source: California Department of Education DataQuest, 2022-2023. <http://dq.cde.ca.gov/dataquest/>

Differences are seen in rates of high school graduation when looked at by race and ethnicity of the students. American Indian or Alaska Native students and African

American students had the lowest four-year graduation rates at the county and state level. Filipino students and Asian students have the highest graduation rates.

High School Graduation Rates, Four-Year Cohorts, by Race and Ethnicity, 2022-2023

	San Mateo County	California
Filipino	94.7%	94.6%
Asian	94.6%	94.5%
White	87.7%	89.7%
Multiracial	87.1%	88.5%
Pacific Islander	83.9%	84.3%
Hispanic or Latino	83.1%	83.9%
African American	77.1%	77.9%
American Indian/Alaska Native	69.3%	79.1%

Source: California Department of Education, 2024. <https://data1.cde.ca.gov/dataquest/>

Preschool Enrollment

64.4% of children, ages 3 and 4, were enrolled in preschool in the service area, which was higher than state (44.7%) and county (61.1%) rates. The enrollment rates ranged from 35.4% in Redwood City 94063 to 100% in Atherton and La Honda.

Preschool Enrollment, Children, Ages 3 and 4

	ZIP Code	Population, Ages 3 and 4	Percent Enrolled
Atherton	94027	76	100.0%
Belmont	94002	624	66.0%
Burlingame	94010	1,042	81.1%
Half Moon Bay	94019	395	81.5%
La Honda	94020	45	100.0%
Menlo Park	94025	1,117	68.5%
East Palo Alto	94303	1,162	41.7%
Palo Alto	94301	177	63.3%
Palo Alto	94304	154	53.9%
Palo Alto	94306	612	65.5%
Portola Valley	94028	188	80.3%
Redwood City	94061	896	63.4%
Redwood City	94062	459	71.0%
Redwood City	94063	833	35.4%
Redwood City	94065	273	83.9%
San Carlos	94070	622	75.4%

	ZIP Code	Population, Ages 3 and 4	Percent Enrolled
San Mateo	94401	797	57.0%
San Mateo	94402	631	59.9%
San Mateo	94403	664	68.8%
San Mateo	94404	886	71.8%
Sequoia Hospital Service Area		11,653	64.4%
San Mateo County		15,858	61.1%
California		958,026	44.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1401. <http://data.census.gov/>

Safe Parks or Playgrounds

95.2% of San Mateo County parents of children, ages 1 to 11, indicated the park or playground closest to where they live is safe during the daytime.

Safe Park or Playground, Families with Children, Ages 1 to 11

	San Mateo County	California
Park or playground nearest to home is safe during the daytime	95.2%	88.7%

Source: California Health Interview Survey, 2018-2022; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. The violent crime and property crime rates are lower in San Mateo County than in the state, but – as with the state – violent crime rose from 2019 to 2023, while property crimes fell.

Violent Crime and Property Crime, Rates per 100,000 Persons, 2019 and 2023

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2019	2023	2019	2023	2019	2023	2019	2023
San Mateo County	16,272	14,313	2,125.0	1,920.4	1,837	2,298	239.9	308.3
California	915,197	888,840	2,316.7	2,275.5	173,205	199,838	438.5	511.6

Source: California Department of Justice, Open Justice Portal, 2024.

<https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances> *All rates calculated based on January population estimates by the State of CA Dept. of Finance, for the referenced year.

Calls for domestic violence are categorized as with or without a weapon. In 2018, strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within “Weapon Involved,” a personal weapon was the category most frequently reported. In San Mateo County, 100% of domestic violence calls involved a weapon.

Domestic Violence Calls, Rates per 1,000 Persons

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation/ Suffocation
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San Mateo County	1,747	0	1,747	100.0%	6.0%
California	160,357	58,733	101,625	63.4%	5.2%

Source: California Department of Justice, Office of the Attorney General, 2023. <https://oag.ca.gov/crime/cjsc/stats/domestic-violence>

When adults and teens in San Mateo County were asked about neighborhood cohesion, the majority of adult residents (95.7%) agreed their neighborhood felt safe most or all of the time, neighbors were willing to help (84%), and people in their neighborhood could be trusted (86.9%). Most teens (98.2%) felt safe most or all of the time, and that people in the neighborhood were willing to help (90.2%) and could be trusted (96.5%). These rates are all higher than state averages.

Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	San Mateo County	California
Feels safe all or most of time	95.7%	87.3%
People in neighborhood are willing to help	84.0%	80.4%
People in neighborhood can be trusted	86.9%	80.4%

Source: California Health Interview Survey, 2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Neighborhood Cohesion, Teens, Ages 12-17, Who Agree or Strongly Agree

	San Mateo County	California
Feels safe all or most of the time	98.2%	87.2%
People in neighborhood are willing to help	90.2%	87.4%
People in neighborhood can be trusted	96.5%	81.6%

Source: California Health Interview Survey, 2019-2022, pooled. *Statistically unstable due to sample size.

<https://healthpolicy.ucla.edu/our-work/askchis/>

In San Mateo County, the rate of children, under age 18, who experienced abuse or neglect was 1.5 per 1,000 children. This was lower than the state rate of 6.8 per 1,000 children. These rates were based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children, 2018 and 2020

	San Mateo County		California	
	2018	2020	2018	2020
Reported cases of child abuse and neglect	27.8	25.0	53.2	43.5
Substantiated cases of child abuse and neglect	1.5	1.5	7.6	6.8

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019 and October 2021. Accessed from KidsData.org at <http://kidsdata.org>

Environmental Health

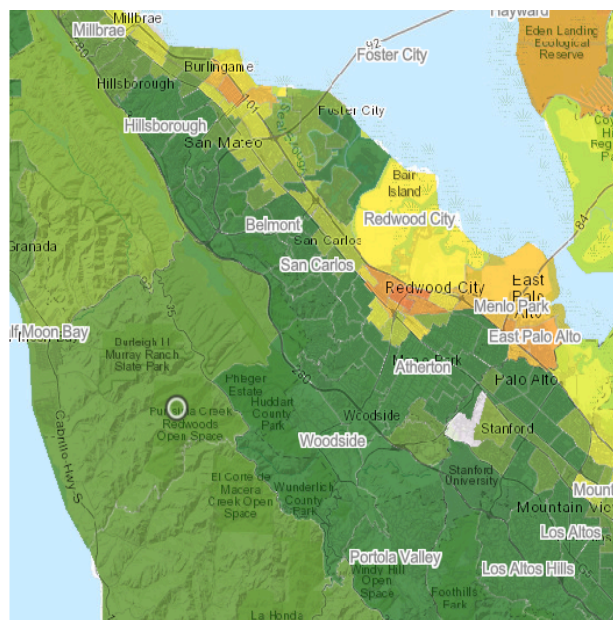
The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify California communities that are disproportionately burdened by multiple sources of pollution. Developed by the Office of Environmental Health Hazard Assessment (OEHHA), an office within the California Environmental Protection Agency, it presents a relative evaluation of pollution burdens and vulnerabilities in California communities by providing a relative ranking of

communities across the state of California. The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age) and Socioeconomic Factors. Census Tracts across California are ranked from the lowest possible score of 0 up to the highest possible score of 100, and then maps are created to help visualize the data.

Many of the Census Tracts in the service area belong to the bottom four, lowest-burdened percentiles of California tracts (shades of green), while Redwood City contains areas belonging to the top 20th (dark orange) and 30th (orange) percentiles of highest-burdened California tracts. Additional tracts in the 30th percentile of highest burden are found in East Palo Alto and San Mateo, which also contain areas in the 40th (light orange) range, as does Menlo Park. Yellow-shaded areas fall in the mid-range, 50th percentile of environmental/pollution burden as compared to all California tracts. The area that is shaded grey is a low-population area of Stanford University, with no score available.

Legend

CalEnviroScreen 4.0 Results



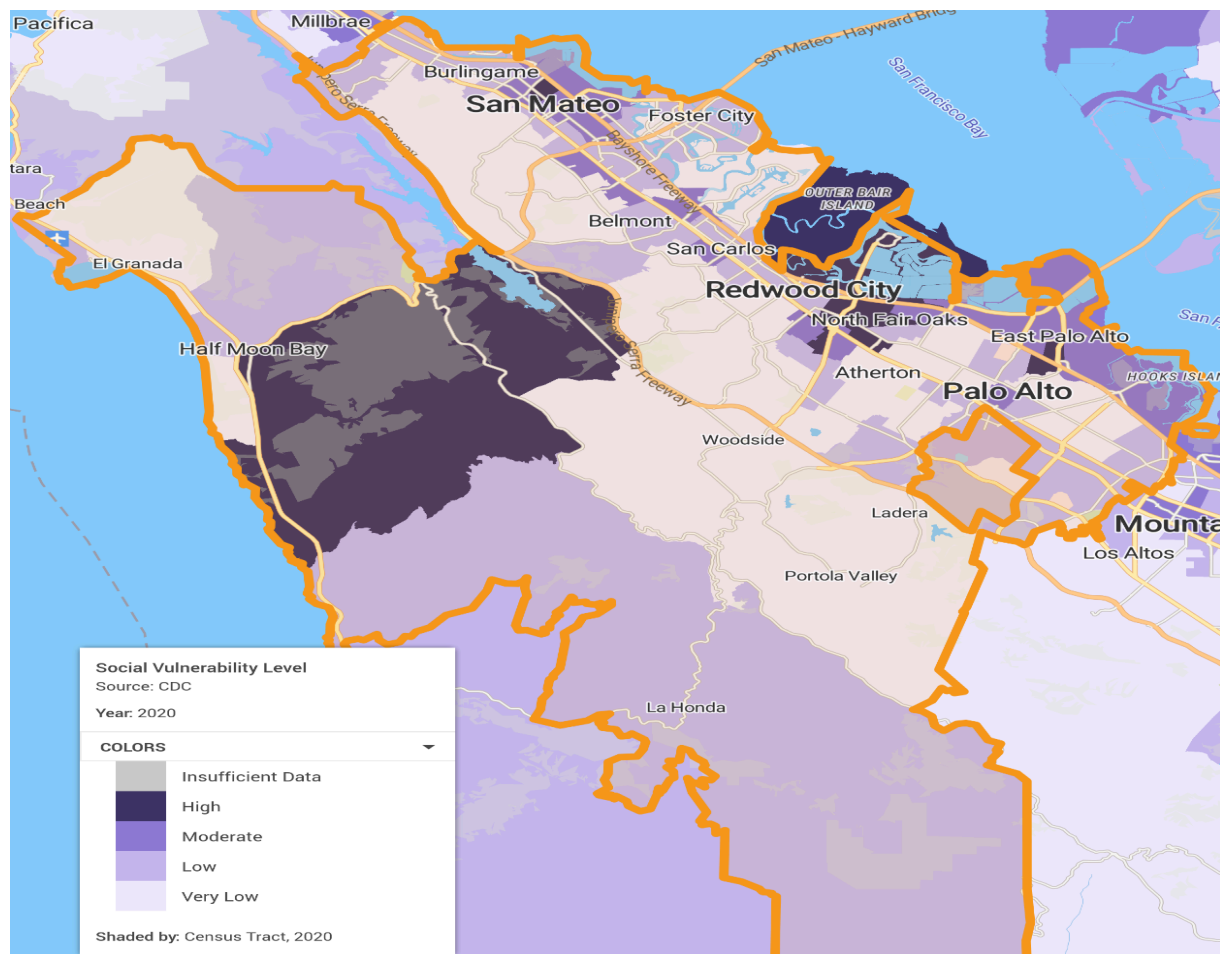
Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021.
<https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40>

Social Vulnerability

One tool used to assess health needs is the Social Vulnerability Index (SVI). The SVI analyzes data at the Census Tract level. Social vulnerability refers to populations that are particularly vulnerable to disruption and health problems because of natural

disasters, human-made disasters, climate change, and extreme weather. The Geospatial Research, Analysis and Services Program (GRASP) within the CDC created the SVI to help flag areas that will be in greatest need of support and recovery assistance in the event of a disaster or extreme weather event. The index is comprised of four categories of vulnerability: socioeconomic status, household composition and disability, minority status and language, and housing and transportation. Data from the 2015-2020 American Community Survey (ACS) inform the score for each category.

San Mateo County is 'Low' vulnerability based on SVI criteria, and many regions of the service area are rated either 'Very Low' (palest lavender) or 'Low' (lavender). An area of San Mateo, however, is rated as 'High' SVI, and much of the rest of the city as 'Moderate' SVI. The situation in East Palo Alto is similar, with one region rated 'High' and much of the surrounding area rated 'Moderate'. Much of Redwood City and North Fair Oaks are also rated 'High', with surrounding areas rated 'Moderate'. Finally, a single large, sparsely populated area on the west side of the service area, to the southeast of Half Moon Bay, is rated as 'High' SVI.



Source: 2024 PolicyMap, utilizing CDC's 2020 Social Vulnerability Index, 2016-2020 ACS data. <https://www.policymap.com/>

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.4% coverage. 96.6% of the civilian, non-institutionalized population in the service area has health insurance. Palo Alto 94304 has the highest health insurance rate (99.2%) and Redwood City 94063 (91.3%) has the lowest health insurance coverage rate. 98.1% of children, ages 18 and younger, have health insurance coverage in the service area. Palo Alto 94301 and 94304, and Portola Valley have full health insurance coverage among children (100%). Redwood City 94061 (96.9%) and 94063 (96.4%) have the lowest percentage of children with health insurance in the service area. Among adults, ages 19-64, 95.4% in the service area have health insurance. Palo Alto 94304 and San Carlos have the highest insurance rates among adults (98.7%), and Redwood City 94063 (88.5%) has the lowest health insurance rate among adults, ages 19-64.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Atherton	94027	98.9%	98.6%	98.6%
Belmont	94002	97.7%	98.5%	97.1%
Burlingame	94010	97.4%	99.1%	96.4%
Half Moon Bay	94019	97.6%	98.3%	96.7%
La Honda	94020	97.3%	97.1%	96.2%
Menlo Park	94025	97.3%	98.6%	96.2%
East Palo Alto	94303	94.1%	97.2%	92.3%
Palo Alto	94301	98.2%	100.0%	97.0%
Palo Alto	94304	99.2%	100.0%	98.7%
Palo Alto	94306	97.7%	97.8%	97.2%
Portola Valley	94028	96.1%	100.0%	92.4%
Redwood City	94061	94.7%	96.9%	93.2%
Redwood City	94062	98.3%	98.9%	97.6%
Redwood City	94063	91.3%	96.4%	88.5%
Redwood City	94065	98.2%	98.3%	98.1%
San Carlos	94070	98.8%	98.8%	98.7%
San Mateo	94401	94.5%	97.9%	92.1%
San Mateo	94402	97.6%	98.1%	96.9%
San Mateo	94403	97.6%	98.5%	96.8%
San Mateo	94404	97.9%	98.1%	97.7%
Sequoia Hospital Service Area		96.6%	98.1%	95.4%
San Mateo County		96.2%	98.0%	94.8%
California		92.9%	96.6%	90.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>

There are differences in the rate of health insurance coverage by race and ethnicity in the service area. The lowest rate of health insurance in the service area is among American Indian or Alaskan Native residents (88.8%). Hispanic or Latino residents have the second-lowest rates of health insurance coverage among children (97.4%) and senior adults (96.3%).

Health Insurance, by Race and Ethnicity, and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Non-Hispanic White	98.3%	98.6%	97.7%	99.6%
Asian	98.2%	98.2%	98.2%	98.2%
Multiracial	96.1%	98.2%	94.0%	99.7%
Black or African American	95.5%	98.0%	93.7%	99.3%
Native Hawaiian or Pacific Islander	92.8%	99.4%	89.5%	100.0%
Hispanic	91.5%	97.4%	87.9%	96.3%
Other race	89.7%	97.3%	85.8%	92.7%
American Indian or Alaskan Native	88.8%	100.0%	82.7%	96.6%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, C27001B thru C27001I. <http://data.census.gov/> N/A = No residents of this category were recorded, or no health insurance coverage information for them was available.

In San Mateo County, 9.9% of county residents have Medi-Cal coverage and 66.6% of county residents have employment-based insurance.

Insurance Coverage, by Type

	San Mateo County	California
Medi-Cal	9.9%	21.7%
Medicare only	1.1%	1.5%
Medi-Cal/Medicare	1.8%	3.4%
Medicare and others	13.3%	11.5%
Other public	*0.3%	1.0%
Employment based	66.6%	50.1%
Private purchase	4.1%	4.7%
No insurance	2.9%	6.2%

Source: California Health Interview Survey, 2019-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. In San Mateo County, 8.1% of the population does not have a regular source of health care, which is lower than the state rate (15%).

Does Not Have Usual Source of Care, All Ages

	San Mateo County	California
No usual source of medical care	8.1%	15.0%

Source: California Health Interview Survey, 2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

When access to care through a usual source of care was examined by race and ethnicity, for all age groups, San Mateo County's Asian residents were the least likely to have a usual source of care (87.7%).

Have Usual Source of Care, by Race and Ethnicity, All Ages

	San Mateo County	California
Black or African American, non-Latino	*100.0%	87.6%
White, non-Latino	94.1%	90.1%
Multiracial, non-Latino	93.3%	86.4%
Latino	90.6%	81.5%
Asian, non-Latino	87.7%	86.1%
Native Hawaiian or Pacific Islander	N/A	85.9%
American Indian or Alaska Native	N/A	87.4%
Total	91.9%	85.9%

Source: California Health Interview Survey, 2018-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. N/A = no data given small sample size.

In San Mateo County, 68.9% of residents accessed care at a doctor's office, HMO or Kaiser and 21.1% accessed care at a clinic or community hospital. 8.1% had no usual source of care.

Sources of Care

	San Mateo County	California
Dr. office/HMO/Kaiser Permanente	68.9%	62.9%
Community clinic/government clinic/community hospital	21.1%	20.6%
ER/Urgent care	*0.4%	1.1%
Other place/no one place	1.5%	1.3%
No usual source of care	8.1%	14.1%

Source: California Health Interview Survey, 2018-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 17.3% of county residents had visited an ER in the past year. Senior adults, ages 65 and older, visited the ER at the highest rates (24.4%). Poverty-level residents visited the ER at a higher rate than the general population (36%), as did low-income residents (24.2%). ER utilization rates were higher in San Mateo County for poor and low-income residents than at the state level.

Use of Emergency Room

	San Mateo County	California
Visited ER in last 12 months	17.3%	17.3%
0-17 years old	12.0%	15.4%
18-64 years old	16.9%	16.7%
65 and older	24.4%	22.3%

	San Mateo County	California
<100% of poverty level	36.0%	22.1%
<200% of poverty level	*24.2%	19.8%

Source: California Health Interview Survey, 2018-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Difficulty Accessing Care

9.1% of San Mateo County adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 13% of adults reported difficulty accessing specialty care. 5.4% of adults had been told by a primary care physician's office that their insurance would not be accepted. 9% of adults were told by a specialist's office their insurance was not accepted.

Difficulty Accessing Care in the Past Year, Adults

	San Mateo County	California
Reported difficulty finding primary care	9.1%	8.7%
Reported difficulty finding specialist care	13.0%	16.8%
Primary care doctor not accepting their insurance	5.4%	5.5%
Specialist not accepting their insurance	9.0%	10.1%

Source: California Health Interview Survey, 2020-2022. <https://healthpolicy.ucla.edu/our-work/askchis/>

Delayed or Forgone Care

18.9% of San Mateo County residents delayed or did not get medical care when needed. Of these residents, 60.4% ultimately went without needed medical care, meaning that 11.4% of the overall population had to forgo needed medical care. This is higher than the Healthy People 2030 objective of 5.9% of the population who forgo care. County residents showed a higher rate of delayed and forgone medical care than the state, but a similar rate of delayed and unfilled prescriptions (8.3%).

Delayed Care in Past 12 Months, All Ages

	San Mateo County	California
Delayed or did not get medical care	18.9%	16.5%
Had to forgo needed medical care	11.4%	8.6%
Delayed or did not get prescription meds	8.3%	8.4%

Source: California Health Interview Survey, 2021-2022. <https://healthpolicy.ucla.edu/our-work/askchis/>

Of the San Mateo County residents who delayed or did not get care, 22.2% attributed it to cost, lack of insurance, or issues with insurance, 24.6% delayed or forewent care because of systems and provider issues and barriers, 27.2% of the population delayed or forewent care due to personal or other reasons, and 26% due to COVID-19-related issues.

Reason for Delayed Care, All Ages

	San Mateo County	California
Cost, lack of insurance or other insurance issue	22.2%	31.2%
Health care system/provider issues and barriers	24.6%	25.9%
Personal and other reasons	27.2%	25.9%
COVID-19	26.0%	17.0%

Source: California Health Interview Survey, 2021-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>.

Of the groups for whom data was available, Latino residents were the most likely to say they had delayed or forgone needed medical care during the prior year due to cost or lack of insurance (27.2%), followed by Asian residents (22.4%). Non-Latino White residents of San Mateo County were the least likely to say they had delayed or forgone needed medical care during the prior year due to cost or lack of insurance (19.5%).

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	San Mateo County	California
Latino	*27.2%	44.2%
Multiracial (non-Latino)	**	34.5%
Asian (non-Latino)	*22.4%	31.2%
White (non-Latino)	19.5%	33.5%
Black (non-Latino)	**	31.9%
American Indian or Alaska Native	**	27.7%
Native Hawaiian or Pacific Islander	**	*26.8%
Total	23.3%	37.0%

Source: California Health Interview Survey, 2018-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. **Suppressed due to insufficient sample size.

Lack of Care Due to Cost, Children

3.4% of San Mateo County children, ages 0 to 17, missed or delayed care within the prior 12 months due to cost or lack of insurance. 4.6% of county children ultimately did not receive care, regardless of the reason for the delay. 5% of county children had delayed or unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year for Children, Ages 0 to 17

	San Mateo County	California
Child's care delayed or foregone due to cost or lack of insurance	*3.4%	1.6%
Child missed care	*4.6%	2.5%
Child's prescription medication delayed or unfilled	*5.0%	4.0%

Source: California Health Interview Survey, 2019-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consultations, and wireless communications. Among county adults, 50.3% had received care from a health care provider through telehealth in the prior year, rather than an office visit.

Telehealth, Past Year, Adults

	San Mateo County	California
Received care from a health care provider through video or telephone	50.3%	47.8%

Source: California Health Interview Survey, 2021-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

When asked to rate their most-recent video call experience with a provider compared to an in-person visit, the majority feel that it was about the same, 29.4% of county residents felt that the visit was somewhat or much worse, as compared to 21.8% for the state, and only 16.7% felt that it was somewhat or much better, as compared to 18.8% for California.

Most-Recent Video Visit Experience with Provider Compared to In-Person Visit

	San Mateo County	California
Much worse	3.0%	4.1%
Somewhat worse	26.4%	17.7%
About the same	44.2%	44.4%
Somewhat better	12.4%	9.8%
Much better	4.3%	9.0%
Have not had one	9.7%	14.9%

Source: California Health Interview Survey, 2021-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Primary Care Physicians

The ratio of the population to primary care physicians in San Mateo County is 918:1, which exceeds the state ratio of 1,233 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	San Mateo County	California
Number of primary care physicians	804	31,820
Ratio of population to primary care physicians	918:1	1,233:1

Source: County Health Rankings, 2024; data from 2021. <http://www.countyhealthrankings.org>

MUA and HPSA Designations

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. San Mateo County is designated as an MUA for primary care.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. San Mateo County is designated as a HPSA for primary care for low-income populations.

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Dignity Health Sequoia Hospital service area and information from the Uniform Data System (UDS)¹, 14.0% of the population in the service area is low-income (200% of Federal Poverty Level) and 6.0% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 20,664 patients in the service area, which equates to 28.1% penetration among low-income patients and 3.9% penetration among the total population. From 2020-2022, the Community Health Center providers served 569 fewer patients for a 2.7% decrease in patients served by Community Health Centers in the service area. There remain 52,823 low-income residents, 71.9% of the population at or below 200% FPL that are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
73,487	20,664	28.1%	3.9%	52,823	71.9%

Source: Health Center Program GeoCare Navigator, 2024, 2017-2021 population numbers. <https://geocarenavigator.hrsa.gov/>

Dental Care

Oral health is essential to a person's overall health and well-being. In San Mateo County, 6.8% of children and 25.2% of adults lack dental insurance.

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Dental Insurance

	San Mateo County	California
Children without dental insurance	*6.8%	6.7%
Adults without dental insurance	25.2%	29.2%

Source: California Health Interview Survey, 2020-2022, pooled. *Statistically unstable due to sample size.

<https://healthpolicy.ucla.edu/our-work/askchis/>

In San Mateo County, 14.2% of children, ages 3 to 11, have never been to a dentist, and 69.3% have been in the past six months. In the past year, 5.5% of area children needed dental care and did not receive it because the parents could not afford it. County children appear to have better access to dental care than the state average.

Dental Care Utilization, Children, Ages 3-11

	San Mateo County	California
Never been to the dentist	14.2%	15.1%
Visited dentist < 6 months ago	69.3%	67.1%
Visited dentist > 6 months to 1 year ago	10.5%	12.1%
Visited dentist > 1 to 2 years ago	4.2%	4.2%
Visited dentist > 2 to 5 years ago	**	1.1%
Visited dentist more than 5 years ago	**	0.3%
Parent could not afford needed dental care for child†	*5.5%	6.3%

Source: California Health Interview Survey, 2019-2022, pooled. †Data year 2020-2022, pooled. ** Suppressed due to small sample size. <https://healthpolicy.ucla.edu/our-work/askchis/>

Among county teens, 76.5% were reported to have seen a dentist in the prior six months. This rate is higher than the state rate.

Dental Care Utilization, Teens, Ages 12-17

	San Mateo County	California
Never been to the dentist	**	0.7%
Visited dentist < 6 months ago	76.5%	74.0%
Visited dentist > 6 months to 1 year ago	16.5%	15.1%
Visited dentist > 1 to 2 years ago	*6.3%	6.1%
Visited dentist > 2 to 5 years ago	**	2.7%
Visited dentist more than 5 years ago	**	1.4%

Source: California Health Interview Survey, 2019-2022, pooled. *Statistically unstable due to sample size. ** Suppressed due to small sample size. <https://healthpolicy.ucla.edu/our-work/askchis/>

82.1% of county adults described the condition of their teeth as 'good', 'very good', or 'excellent.' 4.1% of county residents had never been to a dentist.

Dental Care Utilization and Condition of Teeth, Adults

	San Mateo County	California
Condition of teeth: good to excellent	82.1%	71.7%
Condition of teeth: fair to poor	16.6%	26.2%

	San Mateo County	California
Condition of teeth: has no natural teeth	1.3%	2.1%
Never been to a dentist	*0.1%	2.3%
Visited dentist < 6 months to two years	86.8%	80.1%
Visited dentist more than 5 years ago	4.1%	7.3%

Source: California Health Interview Survey, 2020-2022 pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

The ratio of residents to dentists in San Mateo County is 863:1, which is more dentists per capita than the state rate (1,076:1).

Dentists, Number and Ratio

	San Mateo County	California
Number of dentists	846	36,261
Ratio of population to dentists	862:1	1,076:1

Source: County Health Rankings, 2024; data from 2022. <http://www.countyhealthrankings.org>

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity:

- We see people not completing their redetermination paperwork, so they are no longer eligible for Medi-Cal. Because they haven't completed the paperwork, nobody can find them until they show up again in the ER or some other setting where they do get back on services.
- Access to primary care is good. It's more the specialty care that is a challenge. For perinatal health, women need access to OB/GYN providers to obtain preventive care. For specialty care access to ophthalmology services is needed.
- We have a large proportion of non-English speakers. From a language perspective, that often becomes a barrier where they're having to use telephonic translation because we don't have providers who speak their language. We are seeing Mandarin, Cantonese, Tagalog, and Portuguese speakers.
- We see people showing up in the ED with dental pain, even though there are dentists available to them. We often see families where children are getting their dental care and parents are not.
- When somebody's in the ER or in the hospital, they have access to specialty care, but once they're discharged, that changes. A great predictor of readmission rates is access to services when they get out of the hospital.
- In San Mateo County, all children have access to some form of health insurance. But I don't think people always know about that or know who to trust.
- School-based health clinics are the trend of the future. We have a lot of small school districts that don't have extra staff to do the additional work. That's the role of the

county office to come in and try and provide capacity and support. Even finding a space on campus for confidential mental health counseling can be challenging.

- We need a bilingual health workforce.
- Older adults oftentimes must get a friend to take them for health care services. Public transportation service on the coast is not good. There's a bus that goes every hour over the hill and it doesn't always go directly to where people need to go. If an older adult is with Kaiser or any of the providers over the hill and they need lab work, they must get a ride over the hill, about 25 miles, to do their lab work, or have their x rays taken, then they come back. When the results are read by the physician and they want to see them, the older adult must again go back over the hill. There are multiple trips, sometimes for the same issue.
- Very recently, Dignity opened a clinic here on the coast. And they are launching an urgent care pilot for people with any kind of insurance. The only other real health care we have is Seton. They have a hospital in Moss Beach, which is on the coast, to the north. But it's still part of the coast-side district. They had a skilled nursing facility there. And they also operated an emergency department. They suffered terribly during the storms that we had last year, so they closed.
- If there were an emergency right now, Seton has completely closed. Dignity urgent care just opened. So, if we have any emergency, we must call the fire department, and they bring an ambulance, and take the person over the hill to a health care facility.
- Our health center serves about 29,000 patients a year. And many of them want to be seen by a dentist and we don't have the capacity. There is a lack of understanding about how many oral health conditions are preventable. A lot of our patients end up in the emergency room because their teeth hurt.
- In San Mateo County there are investments being made in more provider practices. And the state Medicaid program is looking at different reasons why providers may not want to take Medicaid patients and figuring out how to alleviate some of those issues. There are some pilots currently underway that are looking at a higher reimbursement model for the Medicaid population to get services. Being able to hire the dental workforce is also an issue.
- We have patients who are now insured, but we have a lack of providers in the community who will take this population.
- In 2009 when they took away adult Medicaid services for dental, the patients didn't go away. The patients were still there. They still had needs, which were postponed in some cases until they had pain, or the teeth were not able to be saved. With Medicaid expansion, pregnant women now have coverage for a year, and now undocumented adults have coverage. The dental population growth has been exponential. But the growth in the number of providers who take Medicaid has not kept pace, and the Medicaid reimbursement is too low. If we look at the number of

dentists, there are 800 dentists licensed with an office in San Mateo County. That should be enough to care for our community. But a lot of them only take private insurance or self-pay patients.

- We see a severe need for increased access to health care in our Spanish speaking communities, which are largely low income. Many of them are new immigrants, some of them are first generation. Trying to access therapy, whether it's through the school or an adjunct outside organization, is very hard. A lot of the services are not available in Spanish.
- California has a very refined mental health crisis center. Operation Star Vista is the base in San Mateo County, yet there is not a Spanish speaking crisis center. For someone calling 988, who is a Spanish speaker, may not get the care they need. Local agencies are trying to increase their mental health offerings with more Spanish speaking therapists and clinical social workers. But it's going to take a while so we're seeing definite lags in the community in terms of accessing health - mental health, physical health, neurological health.
- We have four or five clinics that serve the Redwood City North Fair Oaks community, and they're all accessible and open and they all have great translation services. The issue is the wait time. That is particularly true for dental. I haven't heard any community members say they are having trouble finding a primary care doctor. We heard from the County they have a 400-person waitlist for their dental care services.
- We want to find everyone a dental home. We're working with the San Mateo Dental Society and their network of dentists. We're getting private dentists to sign up 10 to 20 new patients that are coming from the county. And they'll be reimbursed at their Delta Insurance dental care rate and be incentivized with a stipend to cover what Delta Insurance doesn't cover.
- We found when our clients see a provider that speaks their language it increases their experience. Having a health care system that reflects the population is going to increase patient wellbeing and participation. We are seeing an uptick in some language groups like Portuguese and Arabic. And it's not just language, it's having cultural practices or understanding and the cultural competencies that patients expect from providers.
- It is a problem to get medical professionals, whether it's administrative or nurses, doctors, to ask questions about sexuality. Trans people want their providers to be comfortable asking about who they are and who they are sleeping with, in order to better treat them.

Birth Characteristics

Births

From 2018 to 2022, there were, on average, 5,734 births per year in the service area.

Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 1.7% of total births (17.1 per 1,000 live births). This rate is higher than the county rate (16.3 per 1,000 live births) but lower than the state rate (33 per 1,000 live births).

Births to Teen Mothers (Under Age 20) Rate, per 1,000 Live Births

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Births to teen mothers	98	17.1	16.3	33.0

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

The rate of births among females, ages 15 to 19, in the service area is 6.8 births per 1,000 teen girls. The Healthy People 2030 goal is for no more than 31.4 pregnancies per 1,000 girls, ages 15 to 19, which the service area meets.

Fertility Rate in Teenage Mothers, Ages 15-19, per 1,000 Females, Ages 15 to 19

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Births to teen mothers	98	6.8	6.3	11.2

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 62.9 per 1,000 live births. This rate of late entry into prenatal care translates to 6.3% of women entering prenatal care late or not at all, while 93.7% of women entered prenatal care on time. This rate exceeds county and state rates.

Late Entry to Prenatal Care (After 1st Trimester) Rate, per 1,000 Live Births

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	360	62.9	72.2	140.8

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measure, a lower rate is a better indicator. The rate of service area low-birth-weight babies is 6.3% (63.0 per 1,000 live births). This rate is better than county and state rates.

Low Birth Weight (Under 2,500g) Rate, per 1,000 Live Births

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Low birth weight	361	63.0	67.1	71.4

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the births paid by public insurance or self-pay was 216.0 births per 1,000 live births, which is higher than the county rate (181.9 per 1,000 live births) but lower than the state rate (370 per 1,000 live births).

Delivery Paid by Public Insurance or Self-Pay Rate, per 1,000 Live Births

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	1,238	216.0	181.9	370.0

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Preterm Births

The rate of premature birth occurring before the start of the 38th week of gestation, in the service area is 7.6% (76.1 per 1,000 live births). This rate of premature birth is lower than the county rate (7.9%) and the state rate (8.9%).

Premature Births before Start of 38th Week Rate, per 1,000 Live Births

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Premature births	436	76.1	79.3	89.4

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Maternal Smoking During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) in the service area was 0.2% (1.6 per 1,000 live births).

Mothers Who Smoked Regularly During Pregnancy Rate, per 1,000 Live Births

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Mothers who smoked during pregnancy	9	1.6	1.9	9.9

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Infant Mortality

In this report the infant mortality rate is defined as deaths of infants under 1 year of age. The infant mortality rate in the service area, from 2018 through 2022, was 2.79 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births and is lower than county and state rates.

Infant Mortality Rate, Five-Year Average

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Infant mortality	16	2.79	2.81	4.09

Source: Calculated by Gary Bess Associates using California Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released December 2023.

Breastfeeding

Breast feeding has been proven to have considerable benefits for baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of their life. Breast feeding rates at Sequoia Hospital indicated that 96.4% of new mothers used some breast feeding. 82.7% of new mothers at Sequoia Hospital used breast feeding exclusively, which was higher than the county (80.4%), and state (68.8%) rates.

In-Hospital Breastfeeding, Sequoia Hospital

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Sequoia Hospital	885	96.4%	759	82.7%
San Mateo County	4,193	97.0%	3,478	80.4%
California	346,452	93.9%	253,783	68.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>

There were race and ethnicity differences noted in breastfeeding rates of mothers who delivered in San Mateo County. 98.5% of multiracial mothers and 97.8% of White mothers initiated breastfeeding. 91% of multiracial mothers and 89.5% of White mothers

breastfed exclusively. 95.3% of Asian mothers initiated breastfeeding; 76.3% breastfed exclusively. 94.9% Latina or Hispanic mothers initiated breastfeeding; 81.6% breastfed exclusively. Rates of breastfeeding initiation among all other ethnic or racial groups, including African American mothers, were not available due to the low number of births, resulting in privacy issues and statistical validity.

In-Hospital Breastfeeding, Sequoia Hospital, by Race and Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Multiracial	66	98.5%	61	91.0%
White	307	97.8%	281	89.5%
Asian	346	95.3%	277	76.3%
Latina or Hispanic	93	94.9%	80	81.6%
Sequoia Hospital	885	96.4%	759	82.7%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022 <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in San Mateo County is 84.5 years. Death before the age of 75 is considered a premature death. The rate of premature death in San Mateo County was 194 deaths per 100,000 persons. The years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 3,816 years. By every metric, residents of San Mateo County have a greater life-expectancy compared to the state.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	San Mateo County	California
Life expectancy at birth in years	84.5	79.9
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	194	319
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 persons, age-adjusted	3,816	6,373

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. <http://www.countyhealthrankings.org>

Differences in life expectancy, premature mortality, and years of potential life lost can be seen among San Mateo County residents. Non-Hispanic Asian residents have the highest life expectancy (88.7 years), lowest premature mortality (138 deaths in persons younger than 75 years, per 100,000 population), and years of potential life lost (2,539 years per 100,000 population). Hispanic residents have a higher life expectancy (86 years) than do non-Hispanic White residents (83.3 years), but have a higher premature mortality and years of potential life lost. Black and African American residents have the lowest life expectancy and the highest rates of premature death and YPLL in the county.

Life Expectancy, Premature Mortality, Premature Death, San Mateo County, by Race and Ethnicity

	Life Expectancy	Premature Mortality	YPLL
Asian, non-Hispanic	88.7	138	2,539
Hispanic	86.0	210	4,671
White, non-Hispanic	83.3	201	3,774
American Indian and Alaskan Native	N/A	N/A	N/A
Native Hawaiian and Pacific Islander	79.8	410	8,801
Black and African American, non-Hispanic	76.0	489	10,058

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. N/A = Not available due to statistical instability related to small numbers. <http://www.countyhealthrankings.org>

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area was 447.4 deaths per 100,000 persons, which was lower than the county rate (513.8 deaths per 100,000 persons) and the state rate (672.4 deaths per 100,000 persons).

Mortality Rates, per 100,000 Persons, Five-Year Average

	Sequoia Hospital Service Area		San Mateo County	California
	Deaths	Rate	Rate	Rate
Mortality rates	3,268	447.4	513.8	672.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the Sequoia Hospital service area were cancer and heart disease. In addition to cancer and heart disease, Alzheimer's disease, stroke, and unintentional injuries are in the top five causes of death in the Sequoia Hospital service area.

Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2018-2022* Averaged

	Sequoia Hospital Service Area		San Mateo County	California	Healthy People 2030 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Cancer	733	105.6	116.0	131.8	122.7
Heart disease	688	90.2	110.1	142.1	No Objective
Ischemic heart disease	315	53.0	56.3	82.9	71.1
Alzheimer's disease	265	32.2	33.1	38.3	No Objective
Stroke	216	27.7	33.9	39.1	33.4
Unintentional injuries	152	24.1	28.4	43.1	43.2
COVID-19*	164	22.0	26.5	68.5	No Objective
Chronic Lower Respiratory Disease	89	12.3	15.3	27.9	Not Comparable
Essential hypertension and hypertensive renal disease	70	9.2	9.5	13.4	No Objective
Parkinson's disease	66	8.8	8.1	9.0	No Objective
Diabetes	61	8.6	12.3	23.8	Not Comparable
Suicide	51	8.5	8.4	10.4	12.8
Liver disease	50	7.8	8.3	13.9	10.9
Pneumonia and influenza	43	5.6	7.4	12.7	No Objective
Homicide	9	1.9	2.2	5.5	5.5
HIV	4	0.6	0.9	1.3	No Objective

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

*Except for COVID-19, which is a 3-year average, 2020-2022.

Cancer

In the service area, the age-adjusted cancer mortality rate was 105.6 per 100,000 persons. This rate meets the Healthy People 2030 objective (122.7 deaths per 100,000 persons).

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Cancer death rate	733	105.6	116.0	131.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Mortality rates for cancer are available at the county level from the California Cancer Registry. All-site cancer mortality in San Mateo County (113.3 deaths per 100,000 persons) is below the all-site cancer mortality rate at the state level (134.1 deaths per 100,000 persons). The highest rates of cancer in San Mateo County were for lung and bronchus cancers (19.3 deaths per 100,000 persons), prostate cancer (17.7 per 100,000 men), and female breast cancer (15.5 per 100,000 women).

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	San Mateo County	California
Cancer all sites	113.3	134.1
Lung and bronchus	19.3	24.3
Prostate (males)	17.7	20.1
Breast (female)	15.5	18.9
Pancreas	10.0	10.4
Colon and rectum	8.6	12.0
Liver and intrahepatic bile duct	6.7	7.6
Ovary (females)	5.0	6.4
Uterine (female)	4.7	5.3
Non-Hodgkin lymphoma	4.3	4.9
Leukemia	4.3	5.5
Brain and other nervous system	3.6	4.4
Stomach	3.3	3.8
Urinary bladder	3.1	3.7
Esophagus	2.6	2.9
Kidney and renal pelvis	2.4	3.2
Melanoma of the skin	1.9	1.8
Cervix uteri	1.4	2.2

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

Rates in San Mateo County for the top seven cancers are listed below by race and ethnicity. Black or African American residents have a higher all-cancer mortality than do non-Hispanic White residents, who have a higher all-cancer mortality than do Hispanic residents and Asian or Pacific Islander residents.

Black or African American residents have higher mortality rates from lung and bronchial cancers than do Hispanic residents. Black or African American male residents and White male residents have higher rates of prostate cancer. Non-Hispanic White women in the county have a higher rate of mortality from breast cancer than do Hispanic women. Asian or Pacific Islander residents have a higher mortality from liver and intrahepatic bile duct cancers than do non-Hispanic White residents.

Cancer Mortality, Age-Adjusted, per 100,000 Persons, by Race and Ethnicity, San Mateo County

	All Cancers	Lung and Bronchus	Prostate	Female Breast
Asian or Pacific Islander	95.5	19.3	10.1	13.5
Hispanic	102.4	5.5	17.7	10.8
White, non-Hispanic	121.8	19.6	20.4	17.5
Black or African American	147.9	29.3	32.7	**
Total	113.3	19.3	17.7	15.5

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

Cancer Mortality, Age-Adjusted, per 100,000 Persons, by Race and Ethnicity, San Mateo County

	Pancreas	Colon and Rectum	Liver and Bile Duct	Uterine
Asian or Pacific Islander	9.0	6.9	8.8	4.6
Hispanic	9.9	7.2	8.2	4.7
White, non-Hispanic	10.4	9.4	5.2	4.3
Black or African American	11.8	11.0	**	**
Total	10.0	8.6	6.7	4.7

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html> ** = insufficient cases for statistical validity.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease was 53 deaths per 100,000 persons, and the age-adjusted death rate from stroke was 27.7 deaths per 100,000 persons. These rates meet the Healthy People 2030 objectives of 71.1 deaths per 100,000 persons for heart disease and 33.4 stroke deaths per 100,000 persons.

Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	315	53.0	56.3	82.9
Stroke death rate	216	27.7	33.9	39.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate from Alzheimer's disease was 32.2 deaths per 100,000 persons. This was lower than the San Mateo County rate (33.1 deaths per 100,000 persons) and the state rate (38.3 deaths per 100,000 persons).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	265	32.2	33.1	38.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area was 24.1 deaths per 100,000 persons. This rate was lower than the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	152	24.1	28.4	43.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease was 12.3 per 100,000 persons. This was lower than the county rate (15.3 per 100,000 persons) and the state rate (27.9 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	89	12.3	15.3	27.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Essential Hypertension and Hypertensive Renal Disease

The age-adjusted death rate for essential hypertension and hypertensive renal disease

was 9.2 per 100,000 persons. This rate was lower than the county rate (9.5 per 100,000 persons) and the state rate (13.4 per 100,000 persons).

Essential Hypertension and Hypertensive Renal Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Essential hypertension and hypertensive renal disease death rate	70	9.2	9.5	13.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Parkinson's Disease

The death rate from Parkinson's disease was 8.8 deaths per 100,000 persons. This was higher than the county rate (8.1 per 100,000 persons) but lower than the state rate (9 deaths per 100,000 persons).

Parkinson's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Parkinson's disease death rate	66	8.8	8.1	9.0

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate from diabetes in the service area was 8.6 deaths per 100,000 persons. This was lower than the San Mateo County rate (12.3 per 100,000 persons) and the state rate (23.8 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Diabetes death rate	61	8.6	12.3	23.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area was 8.5 deaths per 100,000 persons. This rate meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Suicide	51	8.5	8.4	10.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area was 7.8 deaths per 100,000 persons. This was lower than the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Liver disease death rate	50	7.8	8.3	13.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza was 5.6 per 100,000 persons. This rate was lower than the county rate (7.4 per 100,000 persons) and the state rate (12.7 per 100,000 persons).

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	43	5.6	7.4	12.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Homicide

The homicide rate was 1.9 deaths per 100,000 persons. This rate meets the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
Homicide	9	1.9	2.2	5.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

HIV/AIDS

The rate of HIV deaths in the service area was 0.6 deaths per 100,000 persons. This was lower than the county rate (0.9 deaths per 100,000 persons) and state rate (1.3 deaths per 100,000 persons).

HIV/AIDS Mortality Rate, Age-Adjusted, per 100,000 Persons

	Sequoia Hospital Service Area		San Mateo County	California
	Number	Rate	Rate	Rate
HIV/AIDS	4	0.6	0.9	1.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising. Drug overdose deaths in the county are consistently lower than the statewide rate. The county meets the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Death Rates, Age-Adjusted*, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*	2022*
San Mateo County	6.9	8.1	6.7	8.2	9.6	8.0	12.1	14.9	18.6	15.5
California	10.7	10.7	11.1	11.3	11.7	12.8	15.0	21.8	27.8	28.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2022, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

*Age-adjusted rates for counties not available from the CDC after 2020; 2021 and 2022 rates are crude rates.

In 2022, the age-adjusted death rate from opioid overdoses in San Mateo County was 10.7 deaths per 100,000 persons, which was lower than the state rate. The county meets the Healthy People 2030 objective of 13.1 opioid overdose deaths per 100,000 persons.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2019

	Annual Rate						
	2016	2017	2018	2019	2020	2021	2022
San Mateo County	2.5	4.8	4.8	7.9	10.1	11.4	10.7
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024. <https://skylab.cdph.ca.gov/ODdash/>

When examined by demographics, opioid overdose deaths in San Mateo County are more than seven times as likely to occur in men (18.5 deaths per 100,000 men) as women (2.5 deaths per 100,000 women). The rate rises steeply starting with the 20- to 24-year-old demographic (10.6 deaths per 100,000 persons) to the 25- to 29-year-old

demographic (25.2 deaths per 100,000 persons) and stays high through the 35- to 39-year-old demographic (28.3 deaths per 100,000 persons).

For 2022, rates of opioid overdose death were highest among Black or African American residents (40.1 deaths per 100,000 persons), followed by White residents (14.3 per 100,000 persons) and Hispanic or Latino residents (9.3 deaths per 100,000 persons).

Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Rate
Male	18.5
Female	2.5
15 to 19 years old	2.3
20 to 24 years old	10.6
25 to 29 years old	25.2
30 to 34 years old	28.2
35 to 39 years old	28.3
40 to 44 years old	12.7
45 to 49 years old	3.6
50 to 54 years old	10.3
55 to 59 years old	13.0
60 to 64 years old	15.6
65 to 69 years old	6.5
70 to 74 years old	2.6
75 to 79 years old	3.6
80 to 84 years old	5.4
85+ years old	0.0
Black or African American	40.1
White	14.3
Hispanic or Latino	9.3
Asian or Pacific Islander	4.3
Native American or Alaska Native	0.0
San Mateo County	10.7

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2022 data. <https://skylab.cdph.ca.gov/ODdash/>

Acute and Chronic Disease

Hospitalizations by Diagnoses

At Sequoia Hospital, the top three primary diagnoses resulting in hospitalization were complications of pregnancy and childbirth, certain conditions originating in the perinatal period, and disorders of the circulatory system.

Hospitalizations, by Principal Diagnoses, Top Ten Causes

	Sequoia Hospital
Complications of pregnancy, childbirth and postpartum period	21.1%
Certain conditions originating in perinatal period	20.6%
Circulatory system	16.5%
Musculoskeletal system and connective tissue	8.9%
Digestive system	6.6%
Infectious and parasitic diseases	6.4%
Injury and poisoning	5.6%
Genitourinary system	3.0%
Endocrine, nutritional, metabolic diseases and immunity disorders	2.6%
Respiratory system	2.4%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2022.
<https://data.chhs.ca.gov/dataset/>

Emergency Room Visits by Diagnoses

At Sequoia Hospital, the top three primary diagnoses seen in the Emergency Room were injuries and poisonings, circulatory system, and respiratory system diagnoses.

Emergency Room Visits, by Principal Diagnoses, Top Ten Causes

	Sequoia Hospital
Injury and poisoning	21.5%
Circulatory system	9.3%
Respiratory system	7.9%
Digestive system	7.6%
Infectious and parasitic diseases	7.5%

Genitourinary system	6.2%
Musculoskeletal system and connective tissue	6.0%
Nervous system and sense organs	3.5%
Skin and subcutaneous tissue	2.8%
Mental illness	2.3%

Source: California Department of Health Care Access and Information (HCAI), Emergency Department Characteristics by Facility, Pivot Profile, 2022. <https://data.chhs.ca.gov/dataset/>

Diabetes

When asked if they had ever been diagnosed with diabetes by a health professional, 8.4% of service area adults answered 'yes', which is lower than county (10.2%) and state (11.6%) rates. Among area communities, Palo Alto 94304 had the lowest rate of adults with diabetes (7.1%). Redwood City 94063 and San Mateo 94401 had the highest rates of adults with diabetes (9.7%), followed by East Palo Alto (9.6%).

Diabetes, Adults

	ZIP Code	Percent
Atherton	94027	8.7%
Belmont	94002	7.7%
Burlingame	94010	8.2%
Half Moon Bay	94019	8.7%
La Honda	94020	8.6%
Menlo Park	94025	8.2%
East Palo Alto	94303	9.6%
Palo Alto	94301	7.5%
Palo Alto	94304	7.1%
Palo Alto	94306	7.9%
Portola Valley	94028	8.6%
Redwood City	94061	8.3%
Redwood City	94062	8.2%
Redwood City	94063	9.7%
Redwood City	94065	7.2%
San Carlos	94070	7.5%
San Mateo	94401	9.7%
San Mateo	94402	8.3%
San Mateo	94403	8.4%
San Mateo	94404	8.0%
Sequoia Hospital Service Area*		8.4%
San Mateo County		10.2%
California		11.6%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through

access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. For all four PQI measures, and the composite PQI, hospitalization rates were lower in San Mateo County than in the state.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	San Mateo County	California
Diabetes short term complications	64.4	70.1
Diabetes long term complications	86.9	108.7
Lower-extremity amputation among patients with diabetes	31.9	34.4
Uncontrolled diabetes	27.8	31.9
Diabetes composite	192.9	226.6

Source: California Office of Statewide Health Planning & Development, 2022.

<https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Heart Disease and Stroke

4.2% of adults in the service area reported being told by a health professional they have heart disease. The lowest rate of heart disease in area communities was seen in Redwood City 94065 (3.1%) and the highest rates were in Portola Valley (5.8%) and Atherton (5.4%).

2.3% of service area adults reported being told by a health professional they have had a stroke. Rates of stroke in area communities ranged from 1.7% in Redwood City 94065 to 2.8% in Portola Valley.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Atherton	94027	5.4%	2.6%
Belmont	94002	4.1%	2.2%
Burlingame	94010	4.3%	2.2%
Half Moon Bay	94019	4.7%	2.5%
La Honda	94020	4.8%	2.5%
Menlo Park	94025	4.4%	2.3%
East Palo Alto	94303	4.0%	2.4%
Palo Alto	94301	4.4%	2.3%
Palo Alto	94304	5.2%	2.6%
Palo Alto	94306	4.1%	2.2%
Portola Valley	94028	5.8%	2.8%
Redwood City	94061	4.2%	2.3%
Redwood City	94062	4.6%	2.4%
Redwood City	94063	3.9%	2.2%
Redwood City	94065	3.1%	1.7%
San Carlos	94070	4.2%	2.2%

	ZIP Code	Heart Disease	Stroke
San Mateo	94401	4.6%	2.6%
San Mateo	94402	4.5%	2.3%
San Mateo	94403	4.2%	2.3%
San Mateo	94404	3.6%	1.9%
Sequoia Hospital Service Area*		4.2%	2.3%
San Mateo County		4.7%	2.5%
California		3.2%	2.7%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in San Mateo County (367.7 annual hospitalizations per 100,000 persons, risk-adjusted) is lower than the state rate of 380.7 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	San Mateo County	California
Hospitalization rate due to heart failure	367.7	380.7

Source: California Office of Statewide Health Planning & Development, 2022.

<https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

When viewed by race and ethnicity, Black or African American residents in San Mateo County have the highest rate of diagnosed heart disease (16.7%), followed by White residents (10.9%). Latino residents have the lowest rate of diagnosed heart disease at county (2.7%) and state (4.3%) levels. Insufficient numbers of Native Hawaiian residents or Pacific Islander residents and American Indian residents or Alaskan Native residents were surveyed in the county to allow for statistical validity.

Heart Disease, by Race and Ethnicity, Adults

	San Mateo County	California
American Indian or Alaska Native	**	13.2%
Black or African American	*16.7%	7.0%
White	10.9%	9.9%
Native Hawaiian or Pacific Islander	**	9.2%
Multiracial	**	5.6%
Asian	7.0%	5.2%
Latino	2.7%	4.3%
Total	7.8%	6.9%

Source: California Health Interview Survey, 2017-2022, pooled. *Statistically unstable due to sample size.

<https://healthpolicy.ucla.edu/our-work/askchis/> ** = Suppressed due to instability.

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percentage of adults who reported being diagnosed with high blood pressure was 25.6% in the service area, and for high cholesterol it was 33.5%. The highest rates of high blood pressure (31.4%) and high cholesterol (39.3%) were reported in Portola Valley.

High Blood Pressure and High Cholesterol

	ZIP Code	Hypertension	High Cholesterol
Atherton	94027	29.9%	38.0%
Belmont	94002	25.2%	33.4%
Burlingame	94010	26.3%	34.8%
Half Moon Bay	94019	27.3%	35.0%
La Honda	94020	28.5%	36.2%
Menlo Park	94025	26.2%	33.3%
East Palo Alto	94303	25.1%	31.7%
Palo Alto	94301	25.4%	34.8%
Palo Alto	94304	25.8%	33.6%
Palo Alto	94306	24.5%	34.3%
Portola Valley	94028	31.4%	39.3%
Redwood City	94061	25.0%	32.2%
Redwood City	94062	27.4%	35.4%
Redwood City	94063	23.5%	29.9%
Redwood City	94065	22.7%	32.5%
San Carlos	94070	26.0%	34.4%
San Mateo	94401	26.0%	32.5%
San Mateo	94402	26.7%	35.0%
San Mateo	94403	25.5%	33.3%
San Mateo	94404	24.1%	33.6%
Sequoia Hospital Service Area*		25.6%	33.5%
San Mateo County		27.4%	35.4%
California		27.9%	33.8%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in San Mateo County (31.2 hospitalizations per 100,000 persons, risk-adjusted) is lower than the state rate (51.3 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	San Mateo County	California
Hospitalization rate due to hypertension	31.2	51.3

Source: California Office of Statewide Health Planning & Development, 2022.

<https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

When viewed by race and ethnicity, Black or African American residents in San Mateo County have the highest rate of diagnosed high blood pressure (64.5%), followed by White residents (23.9%), and Latino residents (17.3%). Multiracial residents of the county have the lowest diagnosed rate of high blood pressure (5.8%).

High Blood Pressure by Race and Ethnicity, Adults

	San Mateo County	California
Native Hawaiian or Pacific Islander	**	39.5%
Black or African American	*64.5%	38.1%
American Indian or Alaska Native	**	37.0%
White	23.9%	29.1%
Latino	17.3%	23.3%
Asian	14.8%	22.3%
Multiracial	5.8%	21.6%
Total	20.2%	26.3%

Source: California Health Interview Survey, 2019-2022, pooled. *Statistically unstable due to sample size.

<https://healthpolicy.ucla.edu/our-work/askchis/> ** = Suppressed due to instability.

Cancer

Cancer incidence rates are available at the county level from the California Cancer Registry. In San Mateo County, the highest cancer rates are for female breast cancer, prostate, lung and bronchus, and colon and rectum

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	San Mateo County	California
All sites	399.2	398.3
Breast (female)	136.7	124.1
Prostate (males)	99.8	99.0
Lung and bronchus	33.3	36.8
Colon and rectum	29.2	33.5
Corpus uteri (females)	27.7	27.7
Melanoma of the skin	27.1	22.8
Non-Hodgkin lymphoma	20.9	17.7
Urinary bladder	16.8	15.4
Thyroid	14.5	12.4
Kidney and renal pelvis	12.7	15.0
Pancreas	12.5	12.4
Leukemia	11.0	12.3
Ovary (females)	9.2	10.6
Liver and intrahepatic bile duct	8.5	9.6
Stomach	7.2	7.4
Cervix uteri (females)	5.9	7.3
Brain and other nervous system	5.3	5.8
Esophagus	3.2	3.5

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

Non-Hispanic White residents of San Mateo County have the highest rate of cancer diagnoses, despite having a cancer mortality rate that is lower than that of Black or African American county residents. The incidence of cancer diagnoses among Black

residents is higher than that of Asian or Pacific Islander residents and Hispanic residents.

White women have a higher incidence of female breast cancer diagnoses. Black or African American men have a higher incidence of diagnosis for prostate cancer. Black or African American residents have higher rates of lung and bronchial cancer diagnoses.

Cancer Incidence, Age-Adjusted, per 100,000 Persons, by Race and Ethnicity

	All Cancers	Female Breast	Prostate	Lung and Bronchus
Asian or Pacific Islander	326.7	133.1	69.0	33.5
Hispanic	324.9	103.9	81.1	22.4
White	458.9	150.7	113.9	35.1
Black or African American	370.1	116.1	156.2	38.8
Total	399.2	136.7	99.8	33.3

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

Asthma

The reported rate of adult asthma in the service area was 8.1%. Redwood City 94063 had the highest rate of asthma (9.4%). Palo Alto 94304 had the lowest rate of adult asthma in the service area (7.5%).

Asthma Prevalence, Adults

	ZIP Code	Percent
Atherton	94027	8.2%
Belmont	94002	8.3%
Burlingame	94010	8.1%
Half Moon Bay	94019	9.1%
La Honda	94020	9.3%
Menlo Park	94025	8.8%
East Palo Alto	94303	9.2%
Palo Alto	94301	8.2%
Palo Alto	94304	7.5%
Palo Alto	94306	8.1%
Portola Valley	94028	8.1%
Redwood City	94061	9.0%
Redwood City	94062	8.7%
Redwood City	94063	9.4%
Redwood City	94065	7.7%
San Carlos	94070	8.4%
San Mateo	94401	8.9%
San Mateo	94402	8.2%
San Mateo	94403	8.3%
San Mateo	94404	7.6%
Sequoia Hospital Service Area*		8.1%
San Mateo County		8.0%
California		8.8%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

In San Mateo County, 17.5% of the adult population had been diagnosed with asthma and 11.8% of children had been diagnosed with asthma. 34.4% of the adult population with diagnosed asthma had an asthma episode or attack in the past year, and 45.2% with current asthma take medication daily to control their symptoms. Among children with asthma, 32.2% had an asthma episode or attack in the past year, and as few as 15.4% of children with current asthma take daily medication to control it.

Asthma, Adults, and Children and Teens, Ages 1-17

	San Mateo County	California
Ever diagnosed with asthma, adults	17.5%	16.3%
Has had an asthma episode/attack in past 12 months, adults	34.4%	29.2%
Takes daily medication to control asthma, adults	45.2%	45.0%
Ever diagnosed with asthma, ages 1-17	11.8%	11.9%
Has had an asthma episode/attack in past 12 months, ages 1-17	32.2%	28.9%
Takes daily medication to control asthma, ages 1-17	*15.4%	39.3%

Source: California Health Interview Survey, 2019-2022 <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Latino residents in the county have the highest rate of diagnosed asthma (20.1%).

Asthma, by Race and Ethnicity, All Ages

	San Mateo County	California
American Indian or Alaska Native	**	22.0%
Latino	20.1%	14.3%
Asian	15.6%	11.6%
Multiracial	15.2%	22.8%
White	14.7%	16.6%
Black or African American	*11.2%	19.6%
Native Hawaiian or Pacific Islander	**	14.7%
Total	16.4%	15.4%

Source: California Health Interview Survey, 2019-2022, pooled. *Statistically unstable due to sample size. <https://healthpolicy.ucla.edu/our-work/askchis/> ** = Suppressed due to instability.

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2022, the rate in San Mateo County for COPD and asthma hospitalizations among adults, ages 40 and older, was 106.4 hospitalizations per 100,000 persons. The rate of hospitalizations in San Mateo County for asthma among young adults, ages 18 to 39, was 17.9 hospitalizations per 100,000 persons.

Asthma Hospitalization Rates* for Prevention Quality Indicators

San Mateo County	California
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COPD or asthma in older adults, ages 40+	106.4	176.5
Asthma in younger adults, ages 18 to 39	17.9	18.0

Source: California Office of Statewide Health Planning & Development, 2022.

<https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Tuberculosis

Tuberculosis (TB) rates in San Mateo County fell again in 2023, continuing a 5-year downward trend for the county. The rate of TB was 5.6 cases per 100,000 persons, which was above the state rate, of 5.4 TB cases per 100,000 persons.

Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2019		2020		2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
San Mateo County	64	8.4	52	6.8	48	6.4	46	6.2	42	5.6
California	2,110	5.3	1,703	4.3	1,749	4.5	1,842	4.7	2,113	5.4

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Provisional Data Tables, 2023, accessed Sept. 8, 2024. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx>

Community Input – Tuberculosis

Stakeholder interviews identified the following issues, challenges and barriers related to tuberculosis. Following are their comments edited for clarity:

- I am on a weekly call with the health department, and tuberculosis has been mentioned, but it's not been one of the more significant concerns. There have been other concerns for communicable diseases, so it's not at the top of the list, but it's present in the county.
- We have a very good screening program in our county, and patients do get screened. We haven't seen a spike in the incidence of tuberculosis. I think that our protocol is in place, so I do not believe that it's a challenge.
- Based on cases from 2023, we've improved. We have the lowest numbers in over ten years. And a lot of the cases of TB in our county are imported from people who are moving here from somewhere outside the country. They were exposed and infected in their home countries. People aren't coming here as much as maybe they did pre-pandemic. We have a great TB program.
- The Public Health team monitors people who have latent TB, or those who are infected but don't have active disease. And sometimes they're put on preventive medicine to try to keep them from progressing to active disease.
- We have a lot of latent tuberculosis infections. We are now trying to screen everybody with a TB test. Being aggressive with latent tuberculosis infection is the best way to lower the rates of TB in our population.

Disability

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 8.2% of the non-institutionalized civilian population identified as having a disability. In San Mateo County, 8.7% had a disability.

Disability, Five-Year Average

	Sequoia Hospital	San Mateo County	California
Population with a disability	8.2%	8.7%	11.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

COVID-19 Incidence, Mortality, and Vaccination Rates

In San Mateo County, there had been 193,143 confirmed cases of COVID-19 as of December 19, 2023, when the state of California ended its Pandemic tracking. This was a higher rate of infection (329.1 cases per 1,000 persons) than the statewide average of 288 cases per 1,000 persons. The county also had a higher rate of confirmed deaths due to COVID-19. Through the same date, 848 county residents were confirmed to have died due to COVID-19 complications, for a rate of 3.82 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/19/23

	San Mateo County		California	
	Number	Rate	Number	Rate
Cases	193,143	329.1	11,557,751	288.0
Deaths	848	3.82	105,346	2.63

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated December 26, 2023, with data from December 19, 2023. <https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state>

The percentage of San Mateo County residents, of all ages, who have completed the primary series of a COVID-19 vaccine was 86.6%, as compared to 72.9% for the state. The CDC’s vaccination recommendations, as of the creation of this dataset, include an updated 2023-2024 vaccine dose for everyone ages five and older. 30.4% of county residents are considered to be up to date with their COVID vaccinations, as compared to 15.2% statewide. County rates of primary and up-to-date vaccination are higher than the statewide vaccination rates among all age groups.

COVID-19 Vaccinations, Completed Primary Series and ‘Up to Date’, by Age

	Primary Series		Up to Date*	
	San Mateo County	California	San Mateo County	California
Population, under 5	27.2%	8.0%	19.4%	4.1%

	Primary Series		Up to Date*	
	San Mateo County	California	San Mateo County	California
Population, ages 5-11	63.6%	37.2%	22.3%	6.1%
Population, ages 12-17	87.7%	67.1%	24.2%	7.1%
Population, ages 18-49	96.4%	78.6%	23.4%	10.2%
Population, ages 50-64	85.6%	83.3%	32.2%	18.7%
Population, ages 65+	92.6%	90.5%	52.3%	37.1%
Total Population	86.6%	72.9%	30.4%	15.2%

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through August 12th, 2024. *Up-to-Date per CDC recommendations, which includes an updated 2023-2024 COVID-19 vaccine. <https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data> & <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx>

In San Mateo County, among the vaccine-eligible population, nearly or fully all of the American Indian or Alaska Native population have completed the primary COVID-19 vaccination series. 83.4% of Asian residents, 82% of White residents, 77.9% of Black residents, 73.3% of Native Hawaiian or Pacific Islander residents, 68.7% of Latino residents, and 39.3% of multiracial residents have completed the primary COVID-19 vaccination series. Uptake of the most-recent COVID-19 booster (the 2023-2024 COVID-19 vaccine recommended by the CDC) has followed largely the same pattern, with the highest vaccination rates among American Indian or Alaska Native residents and the lowest vaccination rates among multiracial residents of the county. Uptake among Asian residents and White residents, however, appears to be lagging, as compared to their acceptance of the primary series vaccination.

COVID-19 Vaccinations, Completed Primary Series and Up to Date, by Race and Ethnicity

	Primary Series	Up to Date
American Indian or Alaska Native	100.0%	40.9%
Asian	83.4%	32.5%
White	82.0%	33.6%
Black	77.9%	23.4%
Native Hawaiian or Pacific Islander	73.3%	16.4%
Latino	68.7%	14.4%
Multiracial	39.3%	6.7%

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through August 12th, 2024. *Up-to-Date per CDC recommendations, which includes an updated 2023-2024 COVID-19 vaccine. <https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data> with population data from <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx>

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments edited for clarity:

- For adults with disabilities, it is difficult getting them to obtain routine cancer screenings, whether that's cervical cancer screening, breast cancer screening or

colorectal cancer screening. It is also a challenge for people with diabetes to check and manage A1C values and adhere to medication for diabetes.

- With some of the state cuts, there have been cuts to in-home supportive services. And that is really challenging because there are already gaps in the ability for somebody to hire a home care worker if it's not a family member to provide care in the home.
- Our environmental group is always concerned about greenhouse gases and how it impacts asthma.
- Older adults are more susceptible to chronic diseases. We have people with a lot of chronic diseases, a lot of mobility challenges, people using walkers or wheelchairs, which further complicates the issue of transportation.
- Dental caries and dental gum disease are chronic diseases. They influence other chronic diseases that patients have, like diabetes. We know that there is a relationship between diabetes and periodontal health. The other chronic disease that is oral health related is oral and oropharyngeal cancers. They are also conditions that arise mostly due to chronic habits, either alcohol or nicotine use.
- People can't afford to pay for their medicine because they don't make enough money.
- We're seeing more people being diagnosed with chronic conditions. There's been an ever-increasing rise in the percentage of people who are either overweight or obese. Healthy behaviors in general have been declining.
- In our patient population, diabetes is just rampant, and that's primarily because of dietary habits. Our patient population tends to be obese and not eat nutritional food.
- In one week, I saw three stroke patients under 60, which is very rare in men who have undiagnosed diabetes or hypertension. And now they've already developed organ damage. We've had at least three cases this year of blindness, at least one person that presented, their first indication of diabetes was blindness. And we have much higher rates of people ending up with end stage renal disease because they present late and then have already developed some renal disease.
- In terms of chronic conditions and disease management, we see that some groups, especially younger groups, tend to do poorly on things like diabetes management. We have seen an increase in all kinds of chronic conditions, including diabetes, obesity, hypertension, and asthma. We see some groups have more difficulties in management than other groups, sometimes based on their ability to obtain care based on language, and other factors.
- We are seeing higher levels of food insecurity, especially among families. And through interactions with providers, they are talking a lot about food insecurity becoming quite a big issue within the county. Without good food, those people who have chronic conditions that are managed by eating well, that is concerning.

- Chronic condition management becomes more difficult when people are dealing with food insecurity and mental health issues. They're living within a system that affects so many parts of their health including housing, transportation, and food insecurity.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 2 puts San Mateo County in the top tier of California counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
San Mateo County	2
Santa Clara County	1

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

Overweight and Obesity

22.6% of adults in the service area are obese, which is higher than the county (21.3%) rate. Rates of obesity in service area cities ranged from 16.1% in Palo Alto 94304 to 29.1% in Redwood City 94063.

Obesity, Adults, Ages 18 and Older

	ZIP Code	Percent
Atherton	94027	20.3%
Belmont	94002	21.1%
Burlingame	94010	20.6%
Half Moon Bay	94019	24.9%
La Honda	94020	25.3%
Menlo Park	94025	23.5%
East Palo Alto	94303	25.6%
Palo Alto	94301	18.8%
Palo Alto	94304	16.1%
Palo Alto	94306	18.3%
Portola Valley	94028	21.0%
Redwood City	94061	25.2%
Redwood City	94062	23.3%
Redwood City	94063	29.1%
Redwood City	94065	19.3%
San Carlos	94070	22.0%
San Mateo	94401	25.2%
San Mateo	94402	21.3%
San Mateo	94403	21.8%
San Mateo	94404	18.4%
Sequoia Hospital Service Area*		22.6%
San Mateo County		21.3%
California		27.6%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates.
Source: For California data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

In San Mateo County, 34.1% of adults, 6.7% of teens, and 5.6%% of children are overweight. Rates of overweight adults, children, and teens in San Mateo County are below state rates.

Overweight

	San Mateo County	California
Adults, ages 20 and older	34.1%	35.6%
Teens, ages 12-17†	*6.7%	16.4%
Children, ages under 12	5.6%	14.9%

Source: California Health Interview Survey, 2020-2022, pooled, and †2019-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

The Healthy People 2030 objectives for obesity are for no more than 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19 to be obese. County adults (20.1%) and teens (3.6%) meet these objectives.

Obesity

	San Mateo County	California
Adults, ages 20 and older	20.1%	35.7%
Teens, ages 12-17†	*3.6%	17.8%

Source: California Health Interview Survey, 2020-2022, pooled, and †2019-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

From 2011 to 2022, the rate of obesity among adults in San Mateo County increased by 3.4%.

Obesity, Adults, Ages 20 and Older, 2011 – 2022

	2011-2013	2014-2016	2017-2019	2020-2022	Change 2011-2022
San Mateo County	16.0%	23.3%	18.9%	19.4%	+3.4%
California	25.2%	28.1%	27.6%	29.1%	+3.9%

Source: California Health Interview Survey, 2011-2022. <https://healthpolicy.ucla.edu/our-work/askchis/>

In San Mateo County, 86.3% of Black or African American adults, 66.4% of Latino adults, 60.8% of multiracial adults, 53% of White adults, and 39.6% of Asian adults are overweight or obese.

Overweight and Obesity, Adults, Ages 20 and Older, by Race and Ethnicity

	San Mateo County	California
Native Hawaiian or Pacific Islander	**	74.0%
Black or African American	86.3%	72.1%
Latino	66.4%	72.9%
American Indian or Alaska Native	**	71.6%

	San Mateo County	California
Multiracial	60.8%	59.8%
White	53.0%	58.8%
Asian	39.6%	40.8%
Total population	54.0%	62.3%

Source: California Health Interview Survey, 2017-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. ** = suppressed due to small sample size

Soda or Sugar-Sweetened Beverage (SSB) Consumption

Among county children and adolescents, ages 2-17, 16.3% drank one or more glasses or cans of non-diet soda the day before and 33.2% drank one or more glasses or cans of a sugar-sweetened beverage (SSB), other than soda, the day before. These rates are lower than the state.

Consumed 1 or More Sugar-Sweetened Beverage (SSBs) or Sodas Yesterday, Ages 2-17

	San Mateo County	California
Drank ≥ 1 SSB other than soda yesterday, 2-17	33.2%	48.5%
Drank ≥ 1 sugar-sweetened soda yesterday, 2-17†	16.3%	22.2%

Source: California Health Interview Survey, 2021-2022, pooled. †2019-2020, pooled. *Statistically unstable due to sample size.

<https://healthpolicy.ucla.edu/our-work/askchis/>

Adequate Fruit and Vegetable Consumption

In San Mateo County, 14.2% of teens, ages 12 to 17, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). This rate is lower than the statewide average (22.9%). The rate is higher for boys (22.6%) than for girls (8.9%), and higher among teens, ages 15 to 17 (26.2%), than youth, ages 12 to 14 (14.8%). 67.1% of county children and teens ate two or more servings of fruit the prior day. The rate is higher for girls (74.4%) than for boys (60.7%). Adequate fruit consumption decreased with age.

Five or More Servings Fruits or Vegetables Daily, Teens, Ages 12 to 17 At Least Two Servings of Fruit Daily, Children and Teens, San Mateo County

	5 or More Servings of Fruits/Vegetables	2 or More Servings of Fruit
Male	*22.6%	60.7%
Female	*8.9%	74.4%
Child, ages 2 to 4	N/A	*88.3%
Child, ages 5 to 11	N/A	72.7%
Teen, ages 12 to 14	*14.8%	*68.5%
Teen, ages 15 to 17	26.2%	49.3%
San Mateo County	14.2%	67.1%
California	22.9%	60.1%

Source: California Health Interview Survey, 2019-2020, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> N/A = Not asked.

*Statistically unstable due to sample size.

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises.

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 15.5% of service area adults had not engaged in any leisure-time physical activity. Residents of Redwood City 94063 were the most likely to have been sedentary (23.1%), followed by San Mateo 94401 residents (20.3%).

No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	ZIP Code	Percent
Atherton	94027	12.6%
Belmont	94002	13.3%
Burlingame	94010	13.4%
Half Moon Bay	94019	15.6%
La Honda	94020	14.6%
Menlo Park	94025	14.8%
East Palo Alto	94303	19.7%
Palo Alto	94301	11.5%
Palo Alto	94304	11.7%
Palo Alto	94306	12.5%
Portola Valley	94028	12.2%
Redwood City	94061	17.2%
Redwood City	94062	13.5%
Redwood City	94063	23.1%
Redwood City	94065	12.2%
San Carlos	94070	12.5%
San Mateo	94401	20.3%
San Mateo	94402	13.8%
San Mateo	94403	15.3%
San Mateo	94404	13.5%
Sequoia Hospital Service Area*		15.5%
San Mateo County		17.2%
California		20.1%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates.

Source: For California data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among county children and teenagers, 33.6% spent five or more hours in sedentary activities on weekend days.

Sedentary Children and Teens, Weekend Days, Ages 2-17

	San Mateo County	California
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2 to <3 hours	29.9%	20.4%
3 to <5 hours	19.1%	29.2%
5 or more hours	33.6%	34.5%

Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size
<https://healthpolicy.ucla.edu/our-work/askchis/>

Proximity to exercise opportunities can increase physical activity in a community. 99% of San Mateo County residents live in close proximity to exercise opportunities.

Adequate Access to Exercise Opportunities, 2020, 2022, and 2023 Combined

	Percent
San Mateo County	99%
California	94%

Source: County Health Rankings, 2024 ranking, utilizing 2020, 2022, and 2023 combined data. <http://www.countyhealthrankings.org>

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)

50-69: Somewhat Walkable (Some amenities within walking distance)

70-89: Very Walkable (Most errands can be accomplished on foot)

90-100: Walker's Paradise (Daily errands do not require a car)

When looked at by community, four of the 12 communities in the service area are classified as "Car Dependent", with Portola Valley being the least walkable, with a score of 32, followed by La Honda (35), and Belmont and San Carlos (both 47). Six communities are 'Somewhat Walkable', and two (Burlingame and Half Moon Bay) are 'Very Walkable'.

When examined by ZIP Code, 11 of the 20 service area ZIPs are rated 'Car Dependent'. Redwood City 94062 and La Honda 94020 (both 0) and Palo Alto 94304 (1) being the lowest scoring. Five areas (Palo Alto 94306, San Mateo 94403 and 94404, Redwood City 94061, and Menlo Park 94025) are 'Very Walkable', and Palo Alto 94301 rates as a 'Walker's Paradise'.

Walkability

	Walk Score by Community	ZIP Code	Walk Score by ZIP Code
Atherton	54	94027	14
Belmont	47	94002	51
Burlingame	70	94010	11
Half Moon Bay	89	94019	8
La Honda	35	94020	0
Menlo Park	58	94025	89
East Palo Alto	59	94303	29
Palo Alto	61	94301	95
Palo Alto		94304	1
Palo Alto		94306	72
Portola Valley	32	94028	1
Redwood City	62	94061	77
Redwood City		94062	0
Redwood City		94063	17
Redwood City		94065	25
San Carlos	47	94070	13
San Mateo	68	94401	59
San Mateo		94402	63
San Mateo		94403	82
San Mateo		94404	75

Source: [WalkScore.com](https://www.walkscore.com), 2024

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments edited for clarity:

- Overweight and obesity are related to several of our chronic conditions. We've seen rising rates in our youth population related to obesity and diabetes. Barriers are access to healthy foods such as fruits and vegetables. As a result of the pandemic, we've seen people engage in less physical activity.
- When you don't have access to healthy food, that can be an issue. We use the food banks a lot to distribute food and recently people have noted there is a decrease in the number of healthy foods available at the food banks. We were notified by Second Harvest that they would be decreasing the amount of protein that will be available for us to distribute.
- Many school districts have worked hard to provide higher quality, healthier food choices at schools. San Mateo Foster City School District has done work on that. Bayshore School District has a scratch kitchen (a kitchen where the cook prepares all the food from scratch). I think Brisbane is building a scratch kitchen.
- Mobility challenges make it difficult for some older adults to be physically active.
- Discretionary income is now being spent on required items. That puts an undue strain on families, people must work more jobs or cut back on things they normally would have spent money on. The food choices they are making impact their physical and oral health.
- Our communities have become safer. Safer communities mean people feel safe

going to the parks and we have parks that are well kept. We can be outdoors, and a healthy lifestyle is possible.

- We don't want to stigmatize kids with bigger bodies. At the same time, we want kids to be healthy and to eat well. Providing free food at schools has improved healthy eating for kids. Many kids were coming to school without breakfast, so making food available for free to everyone has been a big step.
- There has been a shifting emphasis around obesity and health. We saw a huge increase in eating disorders during the pandemic. We're not sure whether that meant that kids had more access to food or less access to food. Children who were getting free and reduced lunches were able to pick up food at schools even when the schools were closed. But there was also an issue with many kids feeling like eating was one of the only things they could control in their disrupted lives. There was a real spike in disordered eating during the pandemic.
- After diabetes, obesity is the second biggest issue. Obviously, they're related. We have these new GLP-1s like Ozempic. We're using those more and more in our diabetic population. It's such an expensive drug, so it's very hard to give to our obese population.
- We are seeing an uptick in obesity rates among our teens. We are also seeing an increase in diabetes rates. We hear about food insecurity as an issue and that there are a limited number of nutritionists who can help with some of these diseases.
- A major issue within our community is that unhealthy food is cheap and healthy food is expensive. And sugar and carbs are just so accessible. That said, there's an emotional side to it as well as a lifestyle.
- We have a lot of cooking classes, so there are places where you can learn how to cook low calorie meals. I think some of these families live in multi-unit homes, there's not a lot of space for them to go outside and play. They've gotten into the habit of sitting at home and using their phones for entertainment.

Sexually Transmitted Infections

In 2021, the rate of chlamydia in San Mateo County was 310.2 cases per 100,000 persons, The county rate of gonorrhea was 104.9 cases per 100,000 persons. The rate of primary and secondary syphilis for San Mateo County was 8.7 cases per 100,000 persons. The rate of early latent syphilis in the county was 10.6 cases per 100,000 persons. Late or unknown-duration syphilis in the county was 10 cases per 100,000 persons. Congenital syphilis is rising, in the county and statewide, with 38.9 cases per 100,000 live births.

STI Cases and Rates, per 100,000 Persons or per 100,000 Live Births

	San Mateo County				California	
	Cases		Rate		Rate	
	2019	2021	2019	2021	2019	2021
Chlamydia	3,192	2,347	416.5	310.2	600.7	484.7
Gonorrhea	895	794	116.8	104.9	203.8	230.9
Primary and secondary syphilis	88	66	11.5	8.7	20.9	22.3
Early latent syphilis	96	80	12.5	10.6	21.1	21.7
Late/unknown duration syphilis	89	76	11.6	10.0	30.0	34.4
Congenital syphilis by year of birth	2	3	24.2	38.9	99.9	120.9

Source: California Department of Public Health, STD Control Branch, 2021 STD Surveillance Report.
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

Teen Sexual History

In San Mateo County, 11.7% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex at least once.

Sexual Activity Teens, Ages 14-17

	San Mateo County	California
Ever had sex	*11.7%	10.8%
Ever had sex, male	*19.6%	9.8%
Ever had sex, female	*3.5%	11.7%

Source: California Health Interview Survey, 2018-2022, pooled. *Statistically unstable due to sample size.
<https://healthpolicy.ucla.edu/our-work/askchis/>

HIV

In 2021 the rate of new HIV cases in San Mateo County was 6.1 cases per 100,000 persons. In San Mateo County, 78.8% of diagnosed persons in 2019 were receiving care, and in 2021 the rate was 74.5%. The percentage who were virally suppressed decreased to 54%. The California Integrated Plan objective was for 90% of people with HIV to be in care, and 80% to be virally suppressed by 2021. Rates of death among persons diagnosed with HIV fell from 2019 to 2021.

HIV, Cases and Rates, per 100,000 Persons

	San Mateo County		California	
	2019	2021	2019	2021
Number of newly diagnosed cases	55	47	4,560	4,444
Rate of new diagnoses	7.1	6.1	11.5	11.1
Number of people living with HIV	1,655	1,624	137,962	141,001
Rate of HIV	213.3	209.6	347.0	352.9
Percent in care	78.8%	74.5%	75.0%	73.0%
Percent virally suppressed	58.0%	54.0%	65.3%	64.4%
Deaths per 100,000 HIV+ persons	2.4	2.3	4.6	5.6

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019 & 2021.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

Mental Health Indicators

In San Mateo County, 13.8% of adults reported having been told by a doctor, nurse, or other health professional they had depressive disorder. From 2020 through 2022, 11.9% of county adults had likely suffered from serious psychological distress in the prior year, and 10.7% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Rates of life impairment (in the spheres of family, social, and work life, as well as household chores) were lower in the county than in the state. The rate of teens who had experienced serious psychological distress in the past year (46.9%) was higher than in the state (31.1%).

Depression, Adults

San Mateo County	California
Told by health care professional they had depressive disorder, ever 13.8%	* 16.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

* Weighted average of county rates.

Mental Health Indicators

	San Mateo County	California
Adults who had serious psychological distress during past year	11.9%	15.2%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	10.7%	11.5%
Adults: family life impairment during the past year	23.2%	24.1%
Adults: social life impairment during the past year	23.2%	24.2%
Adults: household chore impairment during the past year	22.5%	23.8%
Adults: work impairment during the past year	23.2%	24.6%
Teens who had serious psychological distress during past year	46.9%	31.1%

Source: California Health Interview Survey, 2020-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Frequent Mental Distress

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, the rate of mental distress among adults was 12.3%, which was higher than the county rate (11.7%). Service area cities had rates ranging from 9.6% in Portola Valley and Palo Alto 94304 to 16.2% of adults in Redwood City 94063 with frequent mental distress.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Atherton	94027	10.4%
Belmont	94002	11.6%
Burlingame	94010	11.0%
Half Moon Bay	94019	13.0%
La Honda	94020	13.2%
Menlo Park	94025	12.5%
East Palo Alto	94303	14.2%
Palo Alto	94301	10.5%
Palo Alto	94304	9.6%
Palo Alto	94306	10.6%
Portola Valley	94028	9.6%
Redwood City	94061	13.8%
Redwood City	94062	11.8%
Redwood City	94063	16.2%
Redwood City	94065	10.6%
San Carlos	94070	11.3%
San Mateo	94401	14.3%
San Mateo	94402	11.2%
San Mateo	94403	12.2%
San Mateo	94404	10.6%
Sequoia Hospital Service Area*		12.3%
San Mateo County		11.7%
California		14.4%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Mental Health Care Access

From 2020 through 2022, 29.9% of San Mateo County's surveyed teens needed help for emotional or mental health problems in the prior year, and 16.5% of teens received psychological or emotional counseling in the past year. 21.4% of adults in San Mateo County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among county adults who sought help, 61.3% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	San Mateo County	California
Teen who needed help for emotional or mental health problems in the past year	39.4%	33.6%
Teen who received psychological or emotional counseling in the past year	26.5%	18.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	21.4%	23.7%
Adults, sought/needed help and received treatment	61.3%	55.4%
Adults, sought/needed help but did not receive	38.7%	44.6%

Source: California Health Interview Survey, 2020-2022 <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Among county adults who had seen a professional in the past 12 months for problems with mental health, emotions or nerves, 16.6% visited a primary care physician only, and 48.4% visited a mental health professional only. 35% of those who had seen a professional had seen both a primary care physician and a mental health professional.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

	San Mateo County	California
Primary care physician only	16.6%	23.0%
Mental health professional only	48.4%	38.3%
Both	35.0%	38.7%

Source: California Health Interview Survey, 2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>.

Among county adults and teens, 7.5% sought help from an online tool (mobile apps or texting services) for mental health, emotions, or use of alcohol and/or drugs in the past 12 months. 8.6% of adults and teens in the county connected online with a mental health professional and 5.4% connected with people with similar issues or status. Female residents (8.2%) were more likely than male (7%) to seek help from an online tool, connect online with mental health professionals (10% vs. 7.2% for males), or connect online with peers (6.7% vs. 4.3%). In general, online mental health utilization declined with age.

Online Mental Health Utilization, Adults and Teens

	San Mateo County	California
Sought help from an online tool	7.5%	7.7%
Connected with a mental health professional online in last 12 months	8.6%	8.2%
Connected online with people with similar mental health or alcohol/drug status	5.4%	6.0%

Source: California Health Interview Survey, 2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>.

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In San Mateo County, the ratio of residents to mental health providers is 214:1, which is higher than the state rate of 222 persons per mental health provider.

Mental Health Providers, Number and Ratio

	San Mateo County	California
Number of mental health providers	3,408	175,563
Ratio of population to mental health providers	214:1	222:1

Source: County Health Rankings, 2024; data from 2023. <http://www.countyhealthrankings.org>

Mental Health Hospitalizations

In 2020, there were 2.8 hospitalization admissions due to mental health issues per 1,000 San Mateo County residents, ages 5 to 14. Among youth, ages 15 to 19, there were 9.9 hospitalizations per 1,000 persons. These rates are higher than the state hospitalization rates due to mental health issues among those age groups. Rates fell in the county and state from 2019 to 2020, potentially from the influence of the COVID-19 Pandemic.

Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14		Ages 15 to 19	
	2019	2020	2019	2020
San Mateo County	3.4	2.8	11.6	9.9
California	2.8	2.5	9.8	9.1

Source: California Department of Statewide Health Planning and Development special tabulation, 2021.via <http://www.kidsdata.org>.

Suicidal Ideation

In San Mateo County, 16.6% of adults indicated they had seriously thought about committing suicide.

Ever Seriously Thought About Committing Suicide, Adults

	San Mateo County	California
Ever seriously thought about committing suicide	13.1%	16.7%

Source: California Health Interview Survey, 2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Suicidal ideation (ever) in San Mateo County is higher for women (13.8%) than men (10.4%) and is higher among residents who identify as not sexual or celibate (60%) and bisexual (48.4%), and lowest among those who identify as heterosexual (10%). The rate of suicidal ideation in the county is highest in young adults, ages 25 to 39. The highest rates are among White residents (14.8%) and multiracial residents (12.6%) and lowest among Asian residents (8.7%).

Suicidal Ideation, Adults, San Mateo County, by Demographics

	San Mateo County
Male	10.4%
Female	13.8%
Gay, lesbian, or homosexual	*23.8%
Bisexual	48.4%
Heterosexual	10.0%
Not sexual/celibate/none/other	60.0%
18 to 24 years old	*8.8%
25 to 39 years old	17.3%
40 to 64 years old	11.1%
65 to 79 years old	7.2%
80 or older	12.3%

	San Mateo County
American Indian or Alaska Native, non-Latino	**
White, non-Latino	14.8%
Multiracial or Other Race, non-Latino	12.6%
Latino	9.2%
Black or African American, non-Latino	**
Asian, non-Latino	8.7%
Total	12.1%

Source: California Health Interview Survey, 2018-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis> *Statistically unstable due to sample size. **Suppressed due to low sample size.

Among teens in the service area responding to the 2020-2021, 2021-2022 and/or 2022-2023 California Healthy Kids Survey in those area school districts choosing to participate), 5% to 33% had seriously considered attempting suicide in the past 12 months. Cabrillo Unified School District had the highest levels of suicide ideation for 7th graders (20%). La Honda-Pescadero Unified School District showed 33% of responding 9th graders having seriously considered suicide. La Honda-Pescadero Unified 11th grade respondents had the lowest rate of suicidal ideation (5%). Palo Alto Unified School District had the highest level of suicidal ideation among 11th graders (18%).

Seriously Considered Suicide, Teens

	7 th Grade	9 th Grade	11 th Grade
Belmont-Redwood Shores Elementary	13%	N/A	N/A
Burlingame Elementary	10%	N/A	N/A
Cabrillo Unified	20%	9%	11%
Cupertino Union*	N/A	N/A	14%
La Honda-Pescadero Unified*	9%	33%	5%
Las Lomitas Elementary*	8%	N/A	N/A
Menlo Park City Elementary*	8%	N/A	N/A
Palo Alto Unified*	11%	14%	18%
Portola Valley Elementary**	10%	N/A	N/A
Ravenswood City Elementary	11%	N/A	N/A
Redwood City Elementary**	11%	N/A	N/A
San Carlos Elementary	9%	7%	10%
San Mateo Foster City	9%	13%	13%

Source: California Department of Education, California Healthy Kids Survey, 2022-2023 and *2021-2022 and **2020-2021. <https://data1.cde.ca.gov/dataquest/> N/A = Not Asked, or Not Available

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- On the behavioral health side, access to practitioners is good. We have pivoted if you want psychiatric medications, given our behavioral health shortages, we are now utilizing behavioral health nurse practitioners more often to manage conditions, and that has been helpful in ensuring that we have access.
- A lot of people live alone, they're lonely and they don't have a social circle. That contributes to a decline in mental health.

- Issues that contribute to mental health issues for youth include access to their digital devices, social media, and screen time. It has changed the way young people interact and engage with each other and is a contributor to the mental health crisis, which has been exacerbated since the pandemic.
- A lot of people are struggling since Covid, particularly older adults. Socially isolating older adults is not good for their physical or mental health, and they may struggle more than younger populations who are involved with their families.
- We have more people needing mental health support, and I think the biggest challenge is not having adequate support, and not having enough providers trained to care for these populations in a timely manner.
- Mental health issues are impacting our youth, from very young ones to high school and kids transitioning to college. We're seeing increasing rates of suicidality, depression, and anxiety. We especially worry about our LGBTQ and non-binary and trans kids. Recent evidence shows that the suicidality rate is up 72% for those kids. In addition to low income, Spanish speaking kids impacted by trauma, recent immigrants, we have these other kids in the LGBTQ community who are also very impacted and struggling to get the care they need.
- We've heard from Pacific Islander residents, Latino residents and African American residents about how they've been impacted by the economy. It's not just the financial aspect of it, it's having an impact on people's mental health because they constantly worry about being able to pay their rent, put food on the table, and pay for medications.
- Many of the people that we see come from countries where there was trauma. They've had trauma in their lives and are coming to America to try to escape those traumas. And there is a lot of violence. There is a lot of domestic violence in our patient population. And PTSD adds a lot of depression and anxiety.
- We've had as long as a three-month waiting list for our psychological services. We've started group efforts to try to help people deal with stress, domestic violence, and PTSD. We see a lot of moderate to severe anxiety and depression, but if people have more complex needs, it's tough because we must obtain county resources.
- Patients trying to navigate the county system, particularly around mental health, can be a huge challenge if they have schizophrenia, bipolar illness, OCD, or more complex things that require more intensive treatment.
- For the more severe mental health issues, getting treatment is sometimes cumbersome and can be cost prohibitive. And for children, there are no residential facilities in San Mateo County.
- San Mateo County was the first county in the United States to declare loneliness as a public health crisis. The Surgeon General says that being lonely is equivalent to smoking a pack of cigarettes a day.
- Having bilingual therapists is important. And flexible hours.

- Loneliness is a huge issue. 45% of adults from our community needs assessment report feeling lonely and isolated. For the youth, it's even higher, and for new moms, it's especially high as well. We have seen loneliness steadily increase for at least a decade.
- There is a lack of sufficient mental health clinicians to deal with the need in the community. Also, there is the challenge of having mental health clinicians who reflect the various populations that we serve and can speak the language. And the further challenge to that is that there's a shrinking population of mental health clinicians. Adding to that, the high cost of living here in San Mateo County means that a lot of clinicians who would otherwise stay here have to move out of the area.
- Telehealth can be helpful, but we see people really prefer to have in person mental health services.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In San Mateo County, 3.3% of adults smoke cigarettes, which is lower than the state rate. 20.2% of county residents are former smokers. 86.2% of San Mateo County adult smokers were thinking of quitting in the next 6 months. 17.3% of San Mateo County adults, ages 18 to 65, had smoked an e-cigarette, and 7.6% had done so in the past month.

Smoking, Adults

	San Mateo County	California
Current smoker	3.3%	6.1%
Former smoker	20.2%	19.7%
Never smoked	76.5%	74.3%
Thinking about quitting in the next 6 months	86.2%	64.7%
Ever smoked an e-cigarette (all adults 18-65)	17.3%	16.7%
Smoked an e-cigarette in the past 30 days	7.6%	4.1%

Source: California Health Interview Survey, 2020-2022. <https://healthpolicy.ucla.edu/our-work/askchis/>

Cigarette smoking in San Mateo County is more than twice as common in men (4.7%) as in women (2.2%). While the low overall rate of smokers in the county makes rates unstable due to small sample sizes, the rate is highest among adults, ages 40 to 64, being less popular with younger adult residents and less common among those who live to be senior citizens.

Cigarette Smoking, Adults, by Demographics

	San Mateo County
Male	4.7%
Female	2.2%
18 to 24 years old	*0.0%
25 to 39 years old	*2.1%
40 to 64 years old	5.5%
65 to 79 years old	*3.0%
80 or older	*3.8%
Total	3.5%

Source: California Health Interview Survey, 2018-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Approximately 0.2% of San Mateo County teens are current smokers, 17.2% had tried an e-cigarette, and 6.2% smoked an e-cigarette in the past 30 days.

Smoking, Teens

	San Mateo County	California
Current cigarette smoker	*0.2%	0.7%
Ever smoked an e-cigarette	*17.2%	5.0%
Smoked an e-cigarette in the past 30 days	*6.2%	3.1%

Source: California Health Interview Survey, 2019-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 15.7% in the service area reported having engaged in binge drinking in the previous 30 days, which is higher than county (14.2%) and state rates (15%). Rates of binge drinking ranged from 13% in Palo Alto 94304, to 17.5% in Redwood City 94063. The Healthy People 2030 objective is for no more than 25.4% of adults to engage in binge drinking in the prior month.

Binge Drinking, Past 30 Days, Adults

	ZIP Code	Percent
Atherton	94027	14.1%
Belmont	94002	16.1%
Burlingame	94010	15.1%
Half Moon Bay	94019	16.6%
La Honda	94020	17.0%
Menlo Park	94025	16.3%
East Palo Alto	94303	15.2%
Palo Alto	94301	14.6%
Palo Alto	94304	13.0%
Palo Alto	94306	13.8%
Portola Valley	94028	13.8%
Redwood City	94061	17.0%
Redwood City	94062	16.2%
Redwood City	94063	17.5%
Redwood City	94065	15.5%
San Carlos	94070	16.4%
San Mateo	94401	15.8%
San Mateo	94402	15.3%
San Mateo	94403	15.6%
San Mateo	94404	14.3%
Sequoia Hospital Service Area*		15.7%
San Mateo County		14.2%
California		15.0%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Among county residents, women were more likely to say they engaged in binge drinking (17.4%) than men (13.2%). Rates are higher among bisexual (43.6%) and gay or

homosexual residents (27.9%) than among straight or heterosexual residents (14.1%). Rates are highest among adults, ages 25 to 39 (17.2%) and 40 to 64 (17.7%), thereafter falling with age. Binge drinking appears to be the lowest among low-income residents and increases with income. It is most common among multiracial county residents (30.2%).

Binge Drinking, Previous Month, Adults, by Demographics

	Percent
Male	13.2%
Female	17.4%
Straight or heterosexual	14.1%
Gay, lesbian or homosexual	*27.9%
Bisexual	43.6%
Not sexual/celibate/none/other	**
18 to 24	*18.9%
25 to 39	17.2%
40 to 64	17.7%
65 to 79	8.2%
80 or older	*1.0%
0-99% FPL	*2.4%
100-199% FPL	*0.8%
200-299% FPL	*16.5%
300% or above FPL	17.8%
Multiracial	30.2%
White	17.6%
Latino	17.4%
Black or African American	*10.9%
Asian	7.2%
San Mateo County	15.2%
California	18.5%

Source: California Health Interview Survey, 2020-2021 pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. **Suppressed due to instability based on sample size.

31.5% of San Mateo County teens have tried alcohol, and 12.8% engaged in binge drinking in the past month. These are higher rates of alcohol use and abuse than state rates.

Binge Drinking and Alcohol Experience, Teens

	San Mateo County	California
Teen binge drinking, past month	*12.8%	4.4%
Teen ever had an alcoholic drink	31.5%	22.3%

Source: California Health Interview Survey, 2019-2022 pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 53.7% of San Mateo County adults interviewed said they had tried marijuana or hashish, which is higher than the state rate of 49.8%. Of those who had tried it, county adults were slightly more likely to have used marijuana in the previous month (35.5%) than adults statewide (34.1%). More than a quarter of county adults who have tried marijuana said they last used it more than 15 years ago (28.6%).

Marijuana Use, Adults

	San Mateo County	California
Have tried marijuana or hashish	53.7%	49.8%
Used marijuana within the past month	35.5%	34.1%
Used marijuana within the past year but not within the past month	15.2%	16.3%
Used marijuana more than 15 years ago	28.6%	25.0%

Source: California Health Interview Survey, 2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>.

16.8% of county teens said they had tried marijuana or hashish. Of those, 64%, meaning 10.8% of all county teens, had used it within the past month. The rates of teenage marijuana experimentation and usage are higher than state rates.

Marijuana Use, Teens

	San Mateo County	California
Have tried marijuana or hashish	16.8%	12.4%
Used marijuana within the past month	*10.8%	6.0%

Source: California Health Interview Survey, 2019-2022 pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Opioid Use

The rate of mortality from opioid overdose is lower for San Mateo County (10.7 deaths per 100,000 persons) than for the state (18.7 deaths per 100,000 persons), as is the rate of hospitalizations due to opioid overdose, excluding heroin (4.4 per 100,000 persons, versus 12.1 per 100,000 persons for the state). Emergency Department visits due to opioid overdose other than heroin overdose in San Mateo County were 19.3 per 100,000 persons. The rate of opioid prescriptions in San Mateo County was 184.9 per 1,000 persons.

Opioid Use, Age-Adjusted Rates, per 100,000 Persons (Prescriptions per 1,000 Persons)

	San Mateo County	California
Hospitalization rate for opioid overdose (excludes heroin)	4.4	12.1
ER visits for opioid overdose (excludes heroin)	19.3	51.3
Opioid prescriptions, per 1,000 persons	184.9	291.1

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; data from 2022. <https://skylab.cdph.ca.gov/ODdash/>

Substance Use

In San Mateo County, from 2018 to 2022, 3.5% of adults report being current smokers. The rate is higher among Black or African American residents (9.1%) and White residents (4.5%), and lower among Latino residents (2.6%) and Asian residents (2.4%).

From 2018 to 2022, 17.6% of San Mateo County adults said they had used marijuana during the prior month. Rates of marijuana use were highest among county Latino residents (28.6%), followed by White residents (15.7%), and lowest among Black or African American residents (10.8%) and Asian residents (11.5%).

Binge drinking, as described above, was engaged in by 15.2% of adults in San Mateo County during the prior month. The rates were highest among multiracial residents (30.2%), followed by Latino residents (17.4%) and White residents (17.6%), and lowest among Asian residents (7.2%).

Cigarette Smoking, Binge Drinking and Marijuana Use, Adults, by Race, Five-Year Average

	Current Smoker	Current Marijuana Use	Binge Drinking, Prior Month**
Multiracial	*1.0%	*13.8%	30.2%
White	4.5%	15.7%	17.6%
Latino	*2.6%	28.6%	17.4%
Black or African American	*9.1%	*10.8%	*10.9%
Asian	*2.4%	11.5%	7.2%
San Mateo County, all races	3.5%	17.6%	15.2%

Source: California Health Interview Survey, 2018-2022, **2020-2021. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity:

- There have been some closures of residential treatment facilities and a decrease in bed availability. We also had the closing of methadone clinics, which has created some access issues.
- While somebody can start on Suboxone in an ED, finding a provider who has an X waiver to continue the maintenance of that has been a challenge for us for several years.
- Marijuana can be laced with deadly drugs. And we have lost students in this county to accidental fentanyl poisoning.
- Even though smoking is on the decline, we don't quite know yet how vaping has replaced that. We do know that younger people are vaping and are exposed to it.
- We're still worried about vaping, cannabis, fentanyl, and opioids. All these concerns

continue.

- We are seeing a lot of new cannabis dispensaries moving into communities where they had not been before. We don't know what the long-term impact of this is, but schools, parents and educators are very worried. In the last year, Redwood City has added six dispensaries. Literally, within blocks of Sequoia High School, you have two large dispensaries, some of the biggest in the state.
- Fentanyl has replaced vaping as the big worry. Vaping has dropped off a bit.
- Fentanyl is an issue, but there's a lot more meth users in this county. That's been the trend for a long time.
- We don't have a huge number of smokers in our patient population, but we do have drinkers. We have a moderate amount of alcoholism that we deal with. One of the big issues is that we have no place to send them. There are almost no AA groups. We haven't been able to find many AA options in Spanish in San Mateo County, to the point where we've even thought about starting our own Alcoholics Anonymous group in Spanish within our organization, just to meet that need.
- During the pandemic, there was a spike in fentanyl related overdoses or deaths in the county. We make sure that San Mateo County of Education nurses all have Narcan and Narcan training.
- I've been doing this for almost twelve years, and fentanyl was a game changer. What we're seeing is drug induced psychosis. Is this a mental health issue? Is this drug induced? And unfortunately, that seems to be getting worse. This fentanyl is so powerful and it's so cheap that people are using it on a regular basis and that it's creating some of their mental health problems.
- CalAIM is a form of Medi-Cal. In San Mateo County, we are late transitioning to using or billing to CalAIM rates. Surrounding counties, Santa Clara, San Francisco, they all transitioned to CalAIM much earlier than San Mateo County did. The goal is to reduce the barriers to care and to make sure that anyone who wants access to drug and alcohol treatment can have access to those services. Unfortunately, in San Mateo County, the billing rates for providers to deliver outpatient services, residential detox, or anything related to drug and alcohol treatment, are incredibly low.
- Northern counties are getting three to four times the reimbursement rates that we are getting in San Mateo County. Everyone is feeling the pain around this CalAIM transition. Other counties like Santa Clara realized there was a gap in funding, so they bridged the gap and provided additional funding. San Mateo County is not doing that. This started in July. We have since closed our detox program. This is going to have a negative impact on everyone, those who struggle with drug and alcohol issues, and those who love them. Providers are really concerned about the way things are being handled here in San Mateo County. There are several organizations out there who are in the same predicament.

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 51.2% of San Mateo County adults received a flu shot during the 2021 survey year.

Flu Vaccines

	San Mateo County	California
Received flu vaccine, ages 6 mo. to 17 years	N/A	60.1%
Received flu vaccine, ages 18 to 64 years	51.2%	34.5%
Received flu vaccine, ages 65 and older		64.7%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2021 survey year (for county), 2021-2022 season (for state). N/A = Not Available. <https://www.cdc.gov/fluview/interactive/general-population-coverage.html>

Immunization of Children

The rate of compliance with childhood immunizations upon entry into kindergarten was 95.3% for San Mateo County. Rates ranged from 92.5% in Burlingame Elementary School District to 99.1% in Las Lomitas Elementary. Burlingame Elementary, Palo Alto Unified (94.1%), and Redwood City Elementary (94.2%) had lower rates than the county rate of student immunizations.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2021-2022*

School District	Immunization Rate
Belmont-Redwood Shores Elementary	98.2%
Burlingame Elementary	92.5%
Cabrillo Unified	97.7%
Cupertino Union	96.9%
La Honda-Pescadero Unified	95.5%
Las Lomitas Elementary	99.1%
Menlo Park City Elementary	97.6%
Palo Alto Unified	94.1%
Portola Valley Elementary	98.6%
Ravenswood City Elementary	96.2%
Redwood City Elementary	94.2%
San Carlos Elementary	97.5%
San Mateo Foster City	95.7%
San Mateo County*	95.3%
California*	93.6%

Source: California Department of Public Health, Immunization Branch, 2021-2022. *For those schools where data were not suppressed due privacy concerns over small numbers. N/A = Suppressed due to small sample size. <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Mammograms, Pap Smears, and Colorectal Screenings

For mammograms, the Healthy People 2030 objective is for 80.3% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In the service area, 75.5% of women had obtained mammograms in the prior two years, which did not

meet this goal.

For Pap smears, the Healthy People 2030 objective is for 79.2% of women, ages 21 to 65, to have a Pap smear in the past three years. With 85.5% of women, ages 21 to 65, having had a cervical cancer screening in the prior 3 years, the service area does meet this objective.

For colorectal cancer screenings, the Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 68.3% to obtain a screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 64% of service area residents, ages 50-75, met the colorectal cancer screening guidelines. The service area has a higher rate than the county (63.4%) and state (62.4%) but does not meet the Health People objective.

Mammogram in the Past 2 Years, Women, Ages 50-74, 2-Year Average, Pap Test Past 3 Years, Women, Ages 21-65, Screening for Colorectal Cancer, Adults, Ages 50-75

	ZIP Code	Mammograms	Pap Smears	Colorectal Cancer Screenings
Atherton	94027	76.1%	86.8%	68.2%
Belmont	94002	75.5%	85.8%	65.2%
Burlingame	94010	75.5%	85.7%	65.4%
Half Moon Bay	94019	74.9%	86.7%	63.8%
La Honda	94020	75.7%	87.2%	62.8%
Menlo Park	94025	75.9%	86.7%	64.9%
East Palo Alto	94303	76.1%	82.4%	62.6%
Palo Alto	94301	76.6%	85.7%	70.6%
Palo Alto	94304	75.6%	84.5%	70.7%
Palo Alto	94306	76.2%	83.3%	68.0%
Portola Valley	94028	76.2%	88.9%	69.0%
Redwood City	94061	75.3%	85.6%	61.9%
Redwood City	94062	76.0%	87.6%	65.7%
Redwood City	94063	74.1%	82.2%	54.6%
Redwood City	94065	76.2%	85.9%	65.6%
San Carlos	94070	75.9%	88.0%	66.1%
San Mateo	94401	73.9%	82.3%	59.1%
San Mateo	94402	75.6%	86.1%	65.6%
San Mateo	94403	74.9%	84.5%	63.4%
San Mateo	94404	75.4%	83.7%	65.8%
Sequoia Hospital Service Area*		75.5%	85.0%	64.0%
San Mateo County		72.5%	82.1%	63.4%
California		76.2%	79.3%	62.4%

Source: For county and ZIP Codes: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2020 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For California data U.S. CDC BRFSS, 2020 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to

preventive practices. Following are their comments edited for clarity:

- One of the areas that we sometimes have trouble with are well child visits. One of the challenges among the 0- to 3-year-olds is there are so many visits required and sometimes people miss one, which then disrupts the course of vaccinations and care. Having a baby at home and remembering to go to all the appointments within the allotted time can be difficult. Another area is teen visits when we see a decline in accessing services at ages 15 to 20.
- Safety and outdoor spaces in the community where people can gather safely, where children can play are important. We talk about the importance of exercise, it impacts not only one's physical being, but also one's mental being as well.
- We are understaffed, under-supported, and under-resourced around providing vaccines, especially for families who may receive state benefits or federal benefits, because those must happen through clinics. We've struggled over the last few years to catch kids up after missing vaccinations. All the different barriers of communicating, making sure there's enough vaccine, making sure you're getting hard to reach populations, it has all been challenging.
- Kids are required to get vaccines if they're in public school. But we saw a real drop off in kids getting vaccinated during the pandemic. And unfortunately, that continues. For example, in the Latino community, especially among our Mexican American recent immigrants, there was a real worry about the Covid vaccines affecting fertility of either the person getting it or their unborn children. They were very reluctant to get Covid vaccines. We're working on that, there's been a lot of public health education around that issue.
- Heart screenings are something that San Mateo County has done a fair amount of. We have partnered with Sequoia Hospital and Sequoia Healthcare District to support education for health screenings for kids and supported in person screenings where they identify kids who might have heart abnormalities. We are also seeing more sports related stress injuries and concussions. And our neurodiverse kids, especially those who have autism, can have repeated concussions from head banging.
- For many kids, access to the social environment offered by phones and online interactions, especially for the LGBTQ community, is very important. We can't take that away because it would take away their safety net. We are more on the side of bringing kids into the solution. Talking about making the phone be part of what you're teaching your children about how to regulate and self-regulate.
- Prior to the pandemic, we were stellar in childhood vaccines. 95% of kids in most schools were fully vaccinated. Post-Covid, with all the vaccine deniers and people not wanting to get vaccinated, we have lower vaccination rates. There's definite gaps and a lot of hesitation about getting vaccines, even among older adults.

- We used to get free vaccines from the county. This year the state funding got cut, so we were very grateful to Sequoia and Peninsula districts for grants for vaccines. And we have been lucky to get flu and Covid vaccines from the state.
- Patients want the shingles vaccine, but it's very expensive.
- The big challenge with preventive screenings, post pandemic, was getting people to come back to the clinic. We are finally getting back to pre-pandemic cancer screening levels.
- We brought in the Stanford Concussion Program, so that all kids are screened for concussions. All the trainers in the high school district have that basic training or curriculum about brain concussion. We also fund classes in the community, especially for the seniors, around fall and injury prevention.
- We were very much focused last year on breast cancer screenings for Black women. Due to our program focus, we have seen an uptick in rates for breast cancer screenings, and now we no longer see a disparity. Barriers to obtaining screening are a fear of the results, difficulty scheduling an appointment, long wait times, lack of awareness they are due for a screening, and sometimes it was a lack of comfort with what the exam entailed.
- We need to offer education in native languages and bring the services, the education, and the screening to the communities that need it, rather than have them go find those services.

Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community
- Improving or worsening of an issue in the community
- Availability of resources to address the need
- The level of importance the hospital should place on addressing the issue

The stakeholder interviewees were sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Housing and homelessness, mental health, and access to care had the highest scores for severe and very severe impact on the community. Housing and homelessness and mental health were the top two needs that had worsened over time. Housing and homelessness, mental health, and substance use had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	61.5%	37.5%	70.8%
Chronic diseases	52%	30.4%	39.1%
Housing and homelessness	80%	75%	87.5%
Mental health	66.7%	70.8%	83.3%
Overweight and obesity	44%	41.7%	62.5%
Preventive practices	45.8%	16.7%	45.8%
Substance use	60%	54.2%	79.2%
Tuberculosis	4%	0%	8.3%

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Access to health care, mental health and substance use were ranked as the top three priority needs in the service

area. Calculations resulted in the following prioritization of the significant needs.

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Access to health care	3.85
Mental health	3.81
Substance use	3.68
Chronic diseases	3.54
Housing and homelessness	3.44
Preventive practices	3.44
Overweight and obesity	3.33
Tuberculosis	2.57

Community residents were also asked to prioritize the significant needs through a survey by indicating the level of importance the hospital should place on addressing these community needs. The percentage of people who identified a need as very important or important was divided by the total number of responses for which a response was provided, resulting in an overall percentage score for each significant need. The survey respondents listed the top five important community needs as chronic disease, access to health care, mental health, preventive practices, and overweight and obesity.

Significant Health Needs	Very Important and Important
Chronic disease	97.1%
Access to health care	94.7%
Mental health	94.7%
Preventive practices	94.2%
Overweight and obesity	84.6%
Substance use	82.4%
Tuberculosis	66.3%
Housing and homelessness	65.5%

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Bay Area San Mateo County at <https://211bayarea.org/counties/san-mateo/>.

Significant Health Needs	Community Resources
Access to care	211, AbilityPath, Arbor Free Clinic, Arbor Free Clinic, Bay Area Community Health Advisory Council (BACHAC), CARON San Mateo County Sheriff's Office, Casa Cicula, Center for Independence of Individuals with Disabilities, Child Mind Institute, Children's Health Council, Coastside Clinic, Colorectal Cancer Screening Task Force, Daly City Health Center, Edison Clinic, Fair Oaks Health Center, Fair Oaks Health Center, Food as Medicine Get Healthy San Mateo, Get Healthy San Mateo, Health Equity Initiative, Innovative Care Clinic, Institute for Health and Healing, Jewish Family and Children Services, LGBTQI+ Commission, Medical Specialty Clinic, New Beginnings Coalition, North East Medical Services, One Degree San Mateo, Peninsula Family Services, Planned Parenthood, Pride Initiative, Puente de la Costa Sur Community Resource Center, Ravenswood Family Health Network, Redwood City Together, Redwood City Veterans Memorial Senior Center, RotaCare Clinics, Samaritan House, San Mateo County API Caucus, San Mateo County Asthma Coalition, San Mateo County Health: Family Health Services, San Mateo County Mobile Clinic, San Mateo County Oral Health Coalition, San Mateo County Pride Center, San Mateo County Pride Initiative, San Mateo Food System Alliance, School Wellness Alliance Advisory, Sequoia Teen Wellness Center, Sonrisas Dental Health, South San Francisco Clinic, Surgical Specialty Clinic, Thrive: The Alliance of Nonprofits for San Mateo, Tobacco Coalition San Mateo County Health, Transgender Adult Clinic, Transgender Adult Health Clinic, Veterans Affairs Palo Alto Health Care, Veterans Affairs San Francisco Health Care
Chronic diseases	AbilityPath, Age Forward Coalition, Age Friendly San Mateo, Arbor Free Clinic, Boys and Girls Club, Center for Independence of Individuals with Disabilities, Coastside Adult Day Health Center, Coastside Clinic, Commission on Aging, Daly City Health Center, Edison Clinic, Fair Oaks Health Center, Health Equity Initiative, Innovative Care Clinic, Institute for Health and Healing, Medical Specialty Clinic, North East Medical Services, Peninsula Multifaith Coalition, Planned Parenthood, Ravenswood Family Health Network, RotaCare Clinics, Safe Routes to Schools, Samaritan House, San Mateo County Health: Family Health Services, San Mateo County Mobile Clinic, San Mateo County Pride Center, San Mateo County Pride Initiative, Senior Coastsiders, Sequoia Teen Wellness Center, South San Francisco Clinic, Surgical Specialty Clinic, Transgender Adult Health Clinic, Veterans Affairs Palo Alto Health Care, Veterans Affairs San Francisco Health Care, YMCA

Significant Health Needs	Community Resources
Housing and homelessness	Abundant Grace, Ayodondo Latinos a Sonar: ALAS, Bay Area Community Advisory Council, Catholic Charities, Catholic Worker Hospitality House, Center for Independence of Individuals with Disabilities, Coastside Hope, Community Overcoming Relationship Abuse (CORA), Downtown Streets Team, EPH Ecumenical Hunger Program, Faith in Action, Free at Last, Healthy Aging Response Team (HART), Homeless Veterans Rehabilitation Program, Housing Industry Foundation, Housing Leadership Council, Human Investment Project (HIP), Jobs/Housing Gap Task Force, LifeMoves, Karat School Project, Nation's Finest, New Creation Home Ministries, Pacifica Resource Center, Puente de la Costa Sur, Safe Harbor Shelter, Salvation Army, Samaritan House, San Mateo County Mobile Crisis Response Team (MCRT), Second Harvest Food Bank, Service League: Hope House, Spring Street Shelter, St. Anthony's Padua Dining Room, St. Vincent de Paul Society Homeless Help Desk, StarVista, Street Life Ministries, Swords of Plowshares, WeHOPE
Mental health	Adolescent Counseling Services, Allcove, Anger Management and Domestic Abuse Therapy Center, Behavioral Health Recovery Services, Boys and Girls Club, California Youth Crisis Line, Caminar Behavioral Health Services, CARON San Mateo County Sheriff's Office, Catholic Charities Adult Day Services, Children's Health Council, Christian Counseling Centers, Coalition for Safe Schools and Communities, Community Overcoming Relationship Abuse (CORA), Downtown Streets Team, Family Assertive Support Team (FAST), Family Caregiver Alliance, Friends for Youth, Children's Health Council, Health Equity Initiative, Heart & Soul, Jewish Family and Children Services, Kara Grief Support, Mental Health Association of San Mateo County, Mental Research Institute, MHSA Steering Committee, Mills-Peninsula Health Services Chemical Dependency Center, National Alliance on Mental Illness (NAMI), National Human Trafficking Hotline, Oak Tree Bereavement Center, Older Adult System of Integrated Services, One Life Counseling Center, ParentVenture, Puente de la Costa Sur Community Resource Center, Peninsula Bridge, Planned Parenthood, Pride Center, Rape Trauma Services, San Mateo County Health: Family Health Services, San Mateo County Human Trafficking Program, Spring Street Shelter, Street Life Ministries, StarVista, Trans Talks,
Overweight and obesity	Boys and Girls Club, Food as Medicine Get Healthy San Mateo, Friends for Youth, Get Healthy San Mateo, Health Equity Initiative, Institute for Health and Healing, Medical Specialty Clinic, North East Medical Services, Police Activities League, Puente de la Costa Sur Community Resource Center, Ravenswood Family Health Network, Redwood City Together, RotaCare Clinics, School Wellness Alliance Advisory, Senior Coastsiders, Sequoia Teen Wellness Center, Sienna Youth Center/St. Francis Center, Sustainable San Mateo County, YMCA
Preventive practices	AbilityPath, Arbor Free Clinic, Bay Area Community Health Advisory Council (BACHAC), Coastside Clinic, Daly City Health Center, Edison Clinic, Fair Oaks Health Center, Innovative Care Clinic, Institute for Health and Healing, Medical Specialty Clinic, North East Medical Services, Planned Parenthood,

Significant Health Needs	Community Resources
	Ravenswood Family Health Network, RotaCare Clinics, Samaritan House, San Mateo County Health: Family Health Services, San Mateo County Mobile Clinic, San Mateo County Pride Center, San Mateo County Pride Initiative, Sequoia Teen Wellness Center, South San Francisco Clinic, Surgical Specialty Clinic, Transgender Adult Health Clinic, Veterans Affairs Palo Alto Health Care, Veterans Affairs San Francisco Health Care
Substance use	Addiction Education Society, Adolescent Counseling Services, Al-Anon, Alcoholics Anonymous, Allcove, Caminar Behavioral Health Services, Cocaine Anonymous, Crystal Meth Anonymous, El Centro de Libertad/The Freedom Center, Free at Last, Health Equity Initiative, HealthRIGHT 360, Heart & Soul, Hope House Service League, Latino Commission on Alcohol and Drug Abuse Services, LifeRing Secular Recovery, Marijuana Anonymous, Mills-Peninsula Chemical Dependency Center, Nar-Anon, Narcotics Anonymous, Our Common Ground, ParentVenture, PRIDE Initiative, Project 90, San Mateo County Behavioral Health & Recovery Services, San Mateo County Behavioral Health & Recovery Services Cultural Competence Plan, San Mateo County Health Tobacco Education Coalition, San Mateo County LGBTQ Commission, Sitike Counseling Center, SMART Recovery, Street Life Ministries, Solidarity Fellowship, Tobacco Use Prevention Education, Veterans Affairs Substance Use Disorder Program, Voices of Recovery, Women For Sobriety Organization, Women's Recovery Association (WRA)
Tuberculosis	Arbor Free Clinic, Coastside Clinic, Daly City Health Center, Edison Clinic, Fair Oaks Health Center, Innovative Care Clinic, Medical Specialty Clinic, RotaCare Clinics, Samaritan House, San Mateo County Health, San Mateo County Mobile Clinic

Impact of Actions Taken Since the Preceding CHNA

In 2022, Sequoia conducted the previous CHNA, and significant health needs were identified from issues supported by primary and secondary data sources. The hospital Implementation Strategy associated with the 2022 CHNA addressed access to health care, healthy lifestyles (chronic diseases and preventive practices), housing and homelessness, and mental health, through a commitment of community benefit programs and resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2022 CHNA.

Access to Health Care

Strategy or Program Name	Summary Description
Addressing Disparities in Health Care and the Digital Divide	Sequoia Hospital supported and promoted AnewVista Community Services programming, a digital literacy initiative for older adults that aims to enhance their health and well-being outcomes.
Charitable Cash and In-Kind Donations	Provided cash and in-kind donations to community-based organizations to address access to health care.
Community Health Improvement Grants Program	Offered grants to nonprofit community organizations that provided access to health care programs and services.
Financial Assistance	Sequoia Hospital provided financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay
Health Professions Education Program	The hospital partnered with educational or training programs and offered a clinical setting for training and educating nursing students and other allied health professionals.
Operation Access Partnership	Sequoia Hospital partnered with Operation Access to link donated surgical preventive care to uninsured and underinsured patients in San Mateo County at no charge to patients.
San Mateo County Navigation Center (Dental)	Sequoia Hospital, in partnership with the Sequoia Healthcare District, granted funds the San Mateo County Navigation Center, enabling dental students, residents, and interns to provide oral health care to formerly and currently unhoused individuals.
Sequoia Community Care	Program offered services and community resources to allow older adults discharged from Sequoia Hospital to recover safely in their community dwelling.
Workforce Development Program	In partnership with Wender Weis Foundation for Children, the program introduced local high school students to entry level jobs in health care fields.

Healthy Lifestyles (Chronic Diseases and Preventive Practices)

Strategy or Program Name	Summary Description
Art Faro Food Grant Program	In partnership with the Sequoia Healthcare District, Sequoia Hospital provided funding for vulnerable populations facing ongoing food insecurity.
Charitable Cash and In-Kind Donations	Provided cash and in-kind donations to community-based organizations to address healthy lifestyles (chronic diseases and preventive practices).
Community Health Improvement Grants program	Offered grants to nonprofit community organizations that provided healthy lifestyles (chronic diseases and preventive practices) programs and services
Community Space Sharing Program	Provided meeting room space to the nonprofit organization Bay Area Community Health Advisory Council (BACHAC). BACHAC's mission is to increase awareness of major health issues affecting African Americans and diverse communities, advocate for increased health education and access to resources, and actively encourage accountability for healthy lifestyles.
Diabetes Empowerment Education Program (D.E.E.P.)	Provided evidence based educational program designed to engage community residents in self-management practices for prevention and control of diabetes.
LiveWell Program	This program assisted San Mateo County residents to achieve their health and wellness goals by focusing on healthy behaviors, disease prevention and management, and injury prevention through health screenings, evidence-based prevention programs, community health education and health advocacy. Free blood pressure screenings for older adults were provided by an RN at community centers. 687 screenings were provided. The program included monitoring screening results, one-on-one counseling, chronic disease self-management, and referrals to physicians for abnormal results. 687 screenings were provided. One-third of participants receiving one-on-one counseling, 61 referrals made to primary care physician, 73% of participants surveyed shared their results with their physician, 20% of participants surveyed said their physician made a change to their medications, diet and/or exercise plan based on screening results, and 100% of participants surveyed rated the service as above average or excellent. Among the participants in the community health education sessions, 70% incorporated a positive behavior change in their life as a result of the classes.
Matter of Balance	An evidence-based program designed to reduce the fear of falling and increase activity levels among older adults. Completed four classes reaching 43 people. 100% of participants were sure or very sure they could find ways

Strategy or Program Name	Summary Description
	to reduce falls.94% of participants were sure or very sure they could become steadier on their feet.
Sequoia Health Equity Partnership	In partnership with Samaritan House, provided funding to bring a diabetes nurse educator to the Redwood City clinic. Worked directly with at-risk patients and provided education on lifestyle modifications (meal planning, activity and exercise and stress management) so the clients can successfully live with diabetes.

Housing and Homelessness

Strategy or Program Name	Summary Description
Charitable Cash and In-Kind Donations	Provided cash and in-kind donations to community-based organizations to address housing and homelessness.
Community Health Improvement Grants	Offered grants to nonprofit community organizations that provided housing and homelessness programs and services.
Discharge Planning for Persons Experiencing Homelessness	Supportive services were offered that included meals, weather-appropriate clothing, medications, transportation, infectious disease screening, vaccinations and screening for affordable health care coverage. For shelter resources, the San Mateo County Coordinated Entry System was called for assistance. The hospital care coordinators and social workers engaged the services of LifeMoves “Homeless Outreach Team” (HOT) and provided services, which included outreach and engagement, intensive case management (including follow-up on medical appointments), benefits enrollment, and transportation to and from medical appointments. HOT staff provided 315 unsheltered individuals information on available medical, behavioral health, housing, and other services. HOT staff responded to 13 calls from project partners within 24 hours (excluding weekends) and reached out to identified clients in need. 62 eligible clients, who wished to be connected to housing or shelter, were entered into San Mateo County’s Coordinated Entry System (CES). HOT staff met the clients to conduct an assessment for local emergency interim housing or other housing options. HOT staff connected 19 eligible clients to community partners and county agencies for supportive services as appropriate.
San Mateo County Navigation Center (Dental)	Sequoia Hospital, in partnership with the Sequoia Healthcare District, granted funds the San Mateo County Navigation Center, enabling dental students, residents, and interns to provide oral health care to formerly and currently unhoused individuals.

Mental Health

Strategy or Program Name	Summary Description
Charitable Cash and In-Kind Donations	Provided cash and in-kind donations to community-based organizations to address mental health issues.
Community Health Improvement Grants	Offered grants to nonprofit community organizations that provided mental health programs and services
Community Space Sharing Program	Provided meeting room space to the nonprofit organization One Life Counseling Services for community members to feel connected and have a safe place to access mental health services. Friends for Youth offered group mentoring to students in 6th through 10th grade at the PAL Center and Siena Youth Center. Each mentoring group met once per week and included 8-12 students and 4-6 mentors. The curriculum focused on developing social-emotional skills. One Life Counseling led Peer Counseling Groups met on-site at Siena Youth Center and PAL Center. The groups lasted for 6 weeks and focused on skill-building relating to emotional self-regulation, self-care, and mental health related topics. Friends for Youth provided impactful group mentoring to 125 students at the PAL Center and Siena Youth Center. One Life Counseling facilitated Peer Counseling Groups for 36 students at Siena Youth Center and PAL Center.
New Parents Support Group	Provided support for individuals to navigate the challenges of parenting through structured, inclusive, strength-based, and empowering experiences.

Attachment 1: Benchmark Comparisons

Where data were available, the hospital service area health and social indicators were compared to the Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	84.2% - 97.1%	90.7%
Child health insurance rate	98.1%	92.4%
Adult health insurance rate	95.4%	92.4%
Unable to obtain medical care	11.4%	5.9%
Ischemic heart disease deaths	53.0	71.1 per 100,000 persons
Cancer deaths	105.6	122.7 per 100,000 persons
Colon/rectum cancer deaths	8.6	8.9 per 100,000 persons
Lung cancer deaths	19.3	25.1 per 100,000 persons
Female breast cancer deaths	15.5	15.3 per 100,000 persons
Prostate cancer deaths	17.7	16.9 per 100,000 persons
Stroke deaths	27.7	33.4 per 100,000 persons
Unintentional injury deaths	24.1	43.2 per 100,000 persons
Suicides	8.5	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	7.8	10.9 per 100,000 persons
Homicides	1.9	5.5 per 100,000 persons
Drug-overdose deaths	15.5	20.7 per 100,000 persons
Overdose deaths involving opioids	10.7	13.1 per 100,000 persons
Infant death rate	2.8	5.0 per 1,000 live births
Obese adults (age range unknown)	22.6%	36.0%, adults ages 20+
Obese teens, ages 12 to 17	3.6%	15.5%, children and youth, ages 2 to 19
Adults with a serious mental disorder who receive treatment	61.3%	68.8%
Adults engaging in binge drinking	15.7%	25.4%
Cigarette smoking by adults	3.3%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	85.0%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	75.5%	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	64.0%	68.3%
Annual adult influenza vaccination	51.2%	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Jenny Bratton	Director of Grants and Partnerships	Sequoia Healthcare District
David J. Canepa	Vice President	San Mateo County Board of Supervisors
Heather Cleary, MPA	Chief Executive Officer	Peninsula Family Service
Melody Davenport McLaughlin	District Council President Clinical Operation Manager	St. Vincent de Paul of San Mateo County University of California, San Francisco
Jeff Gee	City Council Member Governing Board	City of Redwood City Casa Ciculo Cultural
Evelyne Keomian	Founder and Executive Director	The Karat School Project
Paul Krupka, PE	Transportation Consultant	Paul Krupka Consulting
Georgi LaBerge	Board Member	Sustainable San Mateo County
Vicki Lanzone	Program Manager	Street Life Ministries
Nancy Magee	County Superintendent of Schools	San Mateo County Office of Education
Charlene Margot, MA	Co-Founder and Chief Executive Officer	ParentVenture
Ben McMullan	Systems Change Coordinator	Center for Independence of Individuals with Disabilities
Sara Larios Mitchell, PhD	Chief Executive Officer	StarVista
Karen Pfister, MS	Health Services Manager One, Epidemiology	San Mateo County Health
Linda Prieto, PhD	Executive Director	Upward Scholars
Francisco "Frankie" Sapp	Director	San Mateo Pride Center
Amy Scribner, PhD	Chief Health Officer	Health Plan of San Mateo
Samareen Shami, MPH	Manager of Population Health	Health Plan of San Mateo
David Shearin	Pastor and Executive Director	Street Life Ministries
Baldeep Singh, MD	Clinical Professor Medical Director	Primary Care and Population Health, Stanford Samaritan House
Yogita Thakur, DDS, MS	Chief Dental Officer	Ravenswood Family Health Network
Sandra Winter, PhD, MHA	Executive Director	Senior Coastsiders
Kate Young	Executive Director	St. Francis Center

Attachment 3: Community Stakeholder Interview Responses

Each interview began by asking participants to name the most significant health issues or needs in the community. Responses included:

- We are seeing issues and needs around the social determinants of health: housing, behavioral health and substance use, and chronic medical conditions such as diabetes and hypertension.
- Mental health and stress. Women are experiencing depression and a sense of hopelessness related to an inability to provide care for their children with stable housing, food, utilities, finding jobs.
- I see a high need for youth support like mental health, and a need for stable housing, food and anti-poverty measures.
- I serve older adults who live on the San Mateo County coast. One issue is that we don't have any health care facilities that are available to people with different kinds of insurance. We have a small county clinic that provides services for older adults who are on the health plan of San Mateo, which is about 17% of the population. But a lot of our community, whether they're older adults or not, have Kaiser or Dignity Health or they go to Stanford Seton, over the hill, for their health care services. For older adults who don't drive anymore, that is a real challenge.
- I often see dental needs. I also see a lot of neglect and or delays in treatment. A lot of that is complicated by other aspects of their health and social determinants of health. For example, if housing is an issue, if they're out of a job, if there is food insecurity, they're not going to be able to keep up with their dental appointments. The other aspect is if they are having mental health challenges, they are not going to be able to manage their dental needs.
- Mental health, substance use, abuse prevention and education, digital media. And now we're really adding neurodiversity. Neurodiversity is an umbrella term for neurodivergent individuals who literally have brains that think or operate differently than a neurotypical person. That can include conditions like autism, ADHD, dyslexia, dysgraphia.
- Isolation and mental health situations.
- Mental health issues for older adults and youth. Access to care is another one. There's pretty good health insurance coverage in the county, but there are issues with transportation and being able to access and find a doctor in a timely manner. While some people already have insurance, they may be underinsured, so there's a lot of out-of-pocket expenses that are required.
- We still have a lot of food insecurity. If anything, we've seen an increase in the demand for food.
- Mental health, seniors and isolation, the cost of living, and housing. Seniors are the most vulnerable. And we see long wait lists for dental care.

- We do see some disparities among our Spanish speaking residents' ability to manage disease as well as to see their primary care providers. Among our Black residents is where we see the biggest disparities. We see fewer well-child visits, preventive care, including cancer screenings, and generally, the ability to manage disease. Transportation, childcare, these are issues that prevent a parent from having their kids attend regular appointments. Families are stressed because of the lack of availability of appointments, their ability to get there at no cost with all their children and having childcare for their other children as well.
- Housing, food security, inflation. With our food pantry post pandemic, things dropped off to pre-pandemic numbers but since January, it has increased 15-20%. And Second Harvest, who is the main source of food for all the community pantries, is seeing this same increase. They are so stretched; they have had to cut our provisions by 50%. We are scrambling to make up the difference and provide rice, beans, and eggs, which are the three things that people want the most.
- Diabetes is an issue.
- Hospital bankruptcies or hospitals that are in financial trouble. Hospitals are not doing very well.
- The LGBTQ community shows higher rates of struggling with mental health issues, substance issues, financial disparities, and job insecurities. And it's incredibly important to remind everyone that the experience of gay men is not the same as the experience of trans people. Trans women and trans women of color are more negatively impacted and have more job and financial insecurity and housing insecurity than gay men, for example. There's more stigma, there's more oppression, racism and systemic negative impact for trans people.
- In our immigrant communities, access to health services is still a challenge
- Mental health and self-medicating with drugs and alcohol.
- The homeless do not engage in health screenings or preventive care.
- A sustainable income, legal status, and mental health. We've seen increased rates of domestic violence, and a decrease in healthy eating.
- A lot of people with disabilities and some senior adults are low income to extremely low income. One of the biggest needs we address in San Mateo County is helping people locate affordable, accessible housing.
- We serve a community that is not well paid, has certain levels of trauma, homelessness is a challenge, and loneliness is a challenge

Interview participants were asked what factors or conditions contribute to those health issues? (e.g., social, racial, cultural, structural, behavioral, environmental) Their responses included:

- In San Mateo County the cost of living exceeds the income levels of those we are serving. There are not enough Section 8 or low-income housing opportunities for

those who need it.

- When you don't have access to food, clothing, shelter, it's hard to take care of your medical needs
- Homelessness and an inability to find affordable housing. The inability to work is often related to lack of education. The downside of the inability to find stable, affordable work contributes to the housing problems, and the problems with food insecurity.
- The contributors to mental health are trauma related poverty, lack of education, lack of housing, and food scarcity. But we also see severe mental health disturbances around anxiety and depression and suicidality in our middle- and high-income families based on academic stress and performance. Those stressors cut across all communities.
- Uncertainty of not knowing where your next meal is coming from. If you live in your car, you clearly don't have a kitchen. You don't have the simple things. How do you warm a meal? The vehicle that you're using as a house, where is it going to be parked today? Because everybody's coming up with their own parking ordinances. People are being displaced daily.
- We don't have enough housing and it's too expensive. Much of our population are immigrants with almost no resources. Another big issue is finding work. And with food insecurity, inflation has been a factor. The fact that people are spending so much on housing leaves less money for food, and the cost of food and gas and fuel in California is more expensive than other parts of the country.
- The biggest thing is the economic uncertainty, finding housing, finding work, making ends meet, getting the children fed and clothed, getting to school. All of that is contributing to a lot of anxiety in our population.
- There is an emotional toll because of the economic pressures. And we are seeing a lot of family separations within undocumented populations.
- There are multi-generational homes where English is not the first language. With language barriers, there are trust issues. The biggest cultural barriers are around mental health issues. In many cultures, mental health doesn't exist, you're not supposed to have mental health issues.
- About 85% to 90% of people who are living on the street come from some kind of family trauma, whether it be child molestation, single parent home, abusive parents, or lack of family values.
- Overall, San Mateo is a very wealthy county. As a result, the cost of low-income housing is still high compared to income levels. There's an imbalance between what the county considers low-income housing and the low income of the populations we serve.

- Lack of housing, lack of childcare, and challenges understanding and accessing benefits. Sometimes it's because it is complicated, like federal benefits, or some people won't sign up due to fear.
- There are stressors of living in the Bay Area. The pandemic, and other challenges such as food insecurity, and housing insecurity add a lot of mental strain.

Who or what groups in the community are most affected by these issues? (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- Undocumented individuals.
- Women.
- Those on Medicaid, the uninsured, underinsured patients in our community of East Palo Alto and the greater San Mateo County in northern Santa Clara County.
- Children.
- Vulnerable populations, like single moms because childcare costs are high. Those living at poverty level or below poverty level.
- We serve families and a few individuals who live in RVs, in their cars and are in some sort of transient situation.
- Pacific Islanders residents, Latino residents and African American residents.
- LGBTQ+ resources are being reduced. This year, there have been sudden closures of three LGBTQ+ centers because of a lack of funding. And it seems like it's getting worse because of the rhetoric and the political climate.
- Older adults, those with mobility issues, younger individuals.
- Seniors, those with special needs.
- Families with children, older adults, people of color, people who are not from this country.

In the past three years, have the people you served been impacted by any of the following climate hazard events? (Indicate all that apply)

Extreme heat	35%
Wildfire and/or Wildfire smoke	17%
Drought	0
Flooding	13%
Water quality issues	0
Diseases	0
Other	Electrical shutoffs 13%, rodents 4%

If your clients were impacted by a climate hazard event, tell us how it impacted their quality of life and wellbeing? (health, economic stability, housing, mental health, etc.)

- The most significant issue has been the power shutoffs because of the high risk of wildfires, and the wildfires which create smoke conditions in our area. If it was a prolonged power shut off those who are using medical equipment that require electricity, oftentimes they must go to a site where they can plug in.
- The increase in traffic contributes to the poor air quality.
- For the unhoused, heat and a lack of water are concerns.
- Smoke, wildfire smoke and wildfire power outages cause school closures. We've had displacement from wildfires, closures from smoke, and closures from flooding.
- We have rodent infestations because we're in the country. And we've had terrible storms that have taken out our roads, blown over trees, and taken out our communication infrastructure.
- The fires do change the air quality in the community. Some of our patients may have had to have emergency room visits because they had complications with their existing medical conditions, like asthma, emphysema or respiratory symptoms. Also, the extreme weather impacts the cost of food, it makes planting and harvesting difficult.
- Many of our school buildings are old. They may not have good filtration systems. They may not have air conditioning. Schools are trying to raise money to retrofit and address those needs. But in our poorer communities that's difficult. We have had some school closures mostly due to wildfire smoke.
- We have been talking a lot about climate recently. People are generally not prepared. They don't have insurance coverage, and many are isolated. They don't have anywhere to go if there was a climate situation. We've had some strong atmospheric river storms which caused the creek to overflow and caused a lot of flooding.
- Extreme heat is an issue for the elderly and others that are at risk in the county.
- A lot of our population is working outdoors in the heat. They get dehydrated, sometimes they'll end up in the emergency room.
- Last year we had significant power outages throughout our communities. Our communities are not prepared to cope with the lack of services for as many as three to five days. We are very unprepared to deal with a catastrophic earthquake. There will not be enough emergency services to take care of everybody. That's just a given.
- The 80-year rainstorm caused flooding in our lowlands, particularly in some of our mobile home parks. People were stressed, people were looking for services, and some people had to evacuate their homes until the water receded. In some of the mobile home parks, the space underneath the mobile homes is used for storage. And some of that storage can be hazardous materials, resulting in the flood waters being contaminated. The cleanup includes hazardous water being removed. And if water did get into your home, then you have a different level of cleanup, it's not just

water damage, but decontamination, and mold. There's not only mental health and stress issues, but there's also the financial impact.

- Heat has been a concern. Many of our students live in homes that don't have air conditioning.
- For those with disabilities, they may have respiratory issues with the smoke from wildfires. Also, when there are power shutoffs, that can impact people who have assistive technology and durable medical equipment.
- A lot of the county doesn't have air conditioning. We set up cooling centers, but they are not 24 hours a day, 7 days a week. And smoke and poor air quality causes asthma and respiratory challenges. Also, how do you get to the cooling center if you don't have transportation? Public transportation does not go to most of the county.
- The affordable housing is old, so we have rodents.
- There was a tremendous amount of rain, and we had flooding in numerous communities. People were provided with emergency housing, but that was disruptive.

Attachment 4: Community Survey

A survey was distributed to engage San Mateo County community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from November 11, 2024, to February 4, 2025. During this time, 175 usable surveys were collected.

The surveys were distributed to community residents, at hospital and community organization service sites, and through social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

The survey asked for respondent demographic information. Survey questions focused on the following topics:

- Biggest health issues in the community.
- Where residents and their families receive routine health care services.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- Impact of climate hazards on health.

Demographics

1. Age

Under 18	0%
18-24	2%
25-34	5%
35-44	8%
45-54	9%
55-64	17%
65 and over	59%

2. Gender Identity

Female	78%
Male	20%
Non-Binary	2%

3. Race and Ethnicity

White	55%
Asian or Asian American	17%
Hispanic or Latino	16%
Mixed Race or More than One Race	5%
Black or African American	4%
Other	2%
American Indian or Alaska Native	2%
Native Hawaiian or Pacific Islander	0%

4. What are the biggest health issues facing your community?

- Chronic Illnesses
 - Cancer
 - Arthritis
 - Heart disease, high blood pressure and high cholesterol
 - Respiratory disease and asthma
 - Alzheimer's disease and dementia
 - Chronic back pain, joint issues
 - Diabetes
 - Allergies
 - Kidney failure
- Mental Health
 - Stress and anxiety
 - Chronic mental illness
 - Accessing counseling
- Access to Care
 - No health insurance
 - High cost of health care
 - Access to specialists
 - Ability to find a primary care provider
 - Excessive wait times for appointments
 - Providers do not show concern for patients
 - Better communication in the health care system
 - Cost of medications
 - Access to affordable dental care
 - Access to bilingual providers
 - Limited transportation
 - Limited emergency services
 - Navigating home care services and long-term care

- Overweight and Obesity
 - Decreased physical activity
 - Increased cost of healthy food
- Other
 - Aging, aging in place
 - Gender affirming care
 - Sports injuries
 - Falls
 - Access to childcare
 - Help with social determinants of health (housing, food)
 - Caring for elderly parents

5. Which groups in your community are most affected by these needs?

- Anyone who lacks health insurance
- Children and youth
- Disabled population
- Family caretakers
- LGBTQ+
- Low literacy
- Low-income residents
- Monolingual residents
- People experiencing homelessness
- Racial and ethnic minorities
- Senior adults
- Transgender community
- Undocumented people
- Young families

6. Where do you and your family members go most often to receive routine health care services (physical exams, check-ups, vaccines, care for chronic diseases)?

Primary care provider	88%
Specialist	2%
Community clinic	3%
Emergency room	0%
Urgent care	2%
I do not receive routine health care	2%
Other: Fair Oaks Clinic, Kaiser, Stanford Health Clinic, Ravenswood, Daly City Health Center, Sutter Health Clinic	3%

7. If you do not currently have health coverage or insurance, what are the main reasons why?*

It costs too much	8%
I am not eligible or do not qualify	4%
It is too confusing to sign up	4%
I am waiting to get coverage through my job	2%
I haven't had time to deal with it	2%
I don't think I need health insurance	1%
Does not apply	88%

*Total exceeds 100%, option to select all that applied

8. Thinking about the most recent time when you or a member of your household delayed or went without needed health care, mental health care, dental care or supportive services, what were the main reasons?*

Could not get an appointment quickly enough/too long of a wait for an appointment.	40%
Insurance did not cover the cost of the procedure or care	11%
No insurance and could not afford care	10%
Not knowing where to go/or how to find a doctor	7%
Lacked transportation	6%
COVID appointment cancellation, concern of infection	5%
Lack of provider awareness and/or education about my health condition	5%
Language barriers	4%
Technology barriers with virtual visits or telehealth services	3%
Not having a provider who understands and/or respects my cultural or religious beliefs	3%
Distrust or fear of discrimination	1%
Did not delay care	44%

*Total exceeds 100%, option to select all that applied

9. In the past three years, have you been impacted by any of the following climate hazard events?*

Extreme heat (too hot to perform routine activities or be at rest)	38%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	32%
Extreme rain/flooding (too much water)	16%
Drought (not enough access to clean water)	6%
Other: power outages, extreme cold, fireplace smoke	

*Total exceeds 100%, option to select all that applied

10. Level of importance of these health issues (Very Important and Important)

Chronic disease	97.1%
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Access to health care	94.7%
Mental health	94.7%
Preventive practices	94.2%
Overweight and obesity	84.6%
Substance use	82.4%
Tuberculosis	66.3%
Housing and homelessness	65.5%