



# Sequoia Hospital

## 2019 Community Health Needs Assessment

### Volume 2: Detailed Data Attachments

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

# 1. Acknowledgements

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## HEALTHY COMMUNITY COLLABORATIVE (HCC) MEMBERS

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

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

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

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

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

| #  | DATA<br>COLLECTION<br>METHOD | NAME, TITLE, AGENCY  | TOPIC                            | # OF<br>PEOPLE | TARGET<br>GROUP(S)<br>REPRESENTED       | ROLE IN TARGET<br>GROUP (LEADER,<br>REPRESENTATIVE,<br>MEMBER) | DATE INPUT<br>WAS<br>GATHERED |
|----|------------------------------|--|----------------------------------|----------------|---|--|-------------------------------|
|    |                              | and Lucile Packard Children's Hospital<br>Stanford   |                                  |                |   |  |                               |
| 16 | Interview                    | Dr. Helen Wong, Physician, North<br>East Medical Services  | North coast health               | 1              | Medically<br>underserved                | Leader   | 5/21/18                       |
| 17 | Interview                    | Jeneé Litrell, Associate<br>Superintendent, San Mateo County<br>Office of Education                    | K-12 student health              | 1              | Medically<br>underserved                | Leader   | 5/31/18                       |
| 18 | Interview                    | Srija Srinivasan, Deputy Chief, San<br>Mateo County Health   | Public health                    | 1              | Health<br>department<br>representative  | Leader   | 6/11/18                       |
| 19 | Focus<br>Group               | Host: San Mateo County Human<br>Services Agency  | Social determinants<br>of health | 18             | Low-income,<br>Medically<br>underserved | (see below)  | 4/27/18                       |
|    |                              | Attendees:   |                                  |                |   |  |                               |
|    |                              | Becky Luong, Program Manager,<br>Abode Services  | Social determinants<br>of health |                |   | Leader   |                               |
|    |                              | Brian Eggers, Management Analyst,<br>Center on Homelessness, San Mateo<br>County Human Services Agency | Social determinants<br>of health |                |   | Leader   |                               |
|    |                              | Chelsea Tercero, Program Director,<br>Redwood Family House & Family<br>Crossroads, LifeMoves           | Social determinants<br>of health |                |   | Leader   |                               |
|    |                              | Christiana Weidanz, Program<br>Manager, Samaritan House  | Social determinants<br>of health |                |   | Leader   |                               |
|    |                              | Donna Miller, Associate Program<br>Director, LifeMoves   | Social determinants<br>of health |                |   | Leader   |                               |
|    |                              | Fatima Soares, Executive Director,<br>Coastside Hope   | Social determinants<br>of health |                |   | Leader   |                               |

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

| #  | DATA<br>COLLECTION<br>METHOD | NAME, TITLE, AGENCY  | TOPIC                            | # OF<br>PEOPLE | TARGET<br>GROUP(S)<br>REPRESENTED       | ROLE IN TARGET<br>GROUP (LEADER,<br>REPRESENTATIVE,<br>MEMBER) | DATE INPUT<br>WAS<br>GATHERED |
|----|------------------------------|--|----------------------------------|----------------|---|--|-------------------------------|
|    |                              | Whitney Geneviro, Partnership<br>Manager, Second Harvest Food Bank<br>of Santa Clara<br>and San Mateo Counties | Social determinants<br>of health |                |   | Leader   |                               |
| 20 | Focus<br>Group               | Host: Before Our Very Eyes/Bay Area<br>Anti-Trafficking Coalition  | Community & family<br>safety     | 9              | Low-income,<br>Medically<br>underserved | (see below)  | 5/8/18                        |
|    |                              | Attendees:   |                                  |                |   |  |                               |
|    |                              | Amanda LeBlanc Freeman, Program<br>Director, Rape Trauma Services  | Community & family<br>safety     |                |   | Leader   |                               |
|    |                              | Anthony Perkins, Detective, San<br>Bruno Police Department   | Community & family<br>safety     |                |   | Leader   |                               |
|    |                              | Elisa Kuhl, Program Manager, Victim<br>Services Division, San Mateo County<br>DA's Office                      | Community & family<br>safety     |                |   | Leader   |                               |
|    |                              | Janel Guinane, First Chance & DUI<br>Services, StarVista   | Community & family<br>safety     |                |   | Leader   |                               |
|    |                              | Jerry Lindner, Program Manager,<br>Children & Family Services, San<br>Mateo County                             | Community & family<br>safety     |                |   | Leader   |                               |
|    |                              | John Vanek, Human Trafficking<br>Program Coordinator, San Mateo<br>County                                      | Community & family<br>safety     |                |   | Leader   |                               |
|    |                              | Pamela Estes, Human Trafficking<br>Advocacy Coordinator, San Mateo<br>County                                   | Community & family<br>safety     |                |   | Leader   |                               |
|    |                              | Rosanna Anderson, Educational<br>Liaison, Foster Youth Services  | Community & family<br>safety     |                |   | Leader   |                               |

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

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

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

## Attachment 2. Secondary Data Indicators

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Attachment 3. Secondary Data: San Mateo County Data Tables**

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## LEGEND

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

### Definitions:

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

### Conventions:

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

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

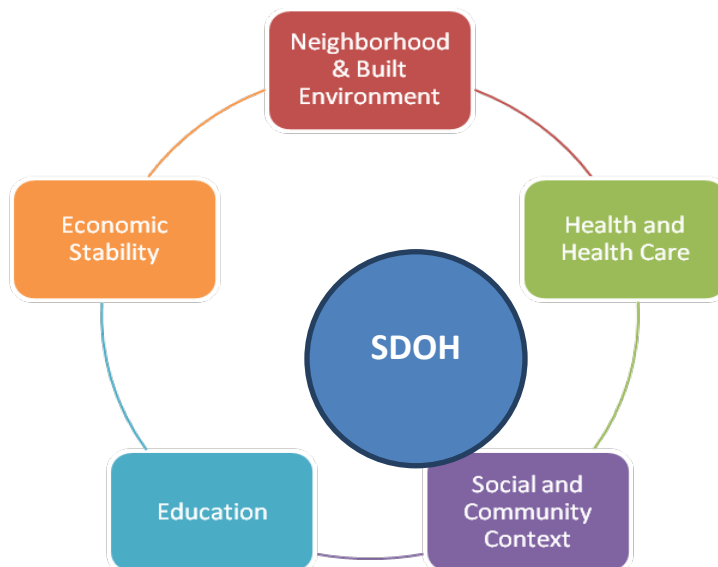
## Social Determinants of Health

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

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

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

*Figure 1, Social Determinants of Health Domains*



Adapted from HealthyPeople.gov

## EDUCATION & LITERACY

*Table 1, Statistical Data for Education & Literacy*

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

### Trends (†)

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

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

### Race & Ethnicity

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

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

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

Blank cells indicate that data were unavailable.

### Data without Benchmarks

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

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

## FOOD INSECURITY

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

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

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

### Trends (†)

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

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

### Race & Ethnicity

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

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

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

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

## Other Populations

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

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

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

Blank cells indicate that data were unavailable.

## Data without Benchmarks

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

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

## HEALTH CARE ACCESS & DELIVERY

Table 6, Statistical Data for Health care Access & Delivery

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

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

### Trends (†)

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

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

## Race & Ethnicity

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

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

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

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

## Other Populations

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

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

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

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

Blank cells indicate that data were unavailable.

### Data without Benchmarks

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

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

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

■ Access to Physicians:

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

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

■ Dental Insurance:

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

## HOUSING & HOMELESSNESS

*Table 9, Statistical Data for Housing & Homelessness*

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

### Trends (†)

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

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

### Data without Benchmarks

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

- Affordable Housing:

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

## NEIGHBORHOOD & BUILT ENVIRONMENT

### ACCESS TO FOOD/RECREATION

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

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

#### Trends (†)

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

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

### COMMUNITY & FAMILY SAFETY

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

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

### Trends (†)

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

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

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

## COMMUNITY INFRASTRUCTURE & HOUSING QUALITY

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

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

### Trends (†)

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

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

## NATURAL ENVIRONMENT/CLIMATE

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

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

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

### Trends (†)

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

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

## TRANSPORTATION & TRAFFIC

*Table 14, Statistical Data for Transportation & Traffic*

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

### Trends (†)

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

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

## Race & Ethnicity

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

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

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

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

## Other Populations

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

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

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

Blank cells indicate that data were unavailable.

## Data without Benchmarks

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

### Access to Food/Recreation

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

### Community & Family Safety

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

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

#### Community Infrastructure & Housing Quality

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

#### Natural Environment/Climate

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

#### Transportation & Traffic

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

## POVERTY, INCOME, & EMPLOYMENT

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

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

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

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

## Trends (†)

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

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

## Race & Ethnicity

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

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

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

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

## Other Populations

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

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

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

Blank cells indicate that data were unavailable.

## Data without Benchmarks

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

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

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

## SOCIAL & COMMUNITY CONTEXT

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

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

## Trends (†)

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

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

## Data without Benchmarks

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

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

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

## Health Conditions

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

### ARTHRITIS

**Table 21, Statistical Data for Arthritis**

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

### Trends (†)

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

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

### Other Populations

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

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

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

Blank cells indicate that data were unavailable.

## ASTHMA & RESPIRATORY CONDITIONS

Table 23, Statistical Data for Asthma & Respiratory Conditions

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

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

## Trends (†)

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

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

## Race & Ethnicity

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

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

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

Blank cells indicate that data were unavailable.

## Other Populations

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

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

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

Blank cells indicate that data were unavailable.

## Data without Benchmarks

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

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

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

## BIRTH OUTCOMES

Table 26, Statistical Data for Birth Outcomes

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

### Trends (†)

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

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

## Race & Ethnicity

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

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

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

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

## Other Populations

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

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

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

Blank cells indicate that data were unavailable.

## Data without Benchmarks

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

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

## CANCER

Table 29, Statistical Data for Cancer

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

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

### Trends (†)

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

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

## Race & Ethnicity

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

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

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

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

## Other Populations

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

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

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

Blank cells indicate that data were unavailable.

### Data without Benchmarks

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

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

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

## DEMENTIA & COGNITIVE DECLINE

*Table 32, Statistical Data for Dementia & Cognitive Decline*

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

### Trends (†)

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

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

### Data without Benchmarks

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

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

## HEART DISEASE/STROKE

Table 33, Statistical Data for Heart Disease/Stroke

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

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

### Trends (†)

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

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

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

## Race & Ethnicity

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

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

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

Blank cells indicate that data were unavailable.

## Other Populations

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

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

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

Blank cells indicate that data were unavailable.

### Data without Benchmarks

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

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

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

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

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

## HEALTHY LIFESTYLES

### DIABETES

*Table 36, Statistical Data for Diabetes*

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

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

## Trends (†)

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

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

## DIET, FITNESS, & NUTRITION

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

| Indicators   | Year(s)           | SMC           | Benchmark    | Desired ↑↓ |
|--|-------------------|---------------|--------------|------------|
| Children Walking or Biking to School <sup>2</sup>                  | <b>2015-2016</b>  | <b>38.9%</b>  | <b>39.3%</b> | ↑          |
| <b>Commute &gt;60 Min.<sup>1</sup></b>                             | 2012-2016         | 8.9%          | 11.3%        | ↓          |
| <b>Commute to Work - Alone in Car<sup>1</sup></b>                  | 2012-2016         | 69.4%         | 73.5%        | ↓          |
| <b>Commute to Work – By Public Transit<sup>18†</sup></b>           | 2012-2016         | 10.1%         | 5.2%         | ↑          |
| <b>Commute to Work - Walking/Biking<sup>1</sup></b>                | 2012-2016         | 3.8%          | 3.8%         | ↑          |
| <b>Driving Alone to Work, Long Distances<sup>2</sup></b>           | 2012-2016         | 38.1%         | 39.3%        | ↓          |
| <b>Low Fruit/Vegetable Consumption (Adult)<sup>1</sup></b>         | 2005-2009         | 67.4%         | 71.5%        | ↓          |
| Low Fruit/Vegetable Consumption (Youth) <sup>1</sup>               | <b>2011-2012</b>  | <b>♦50.0%</b> | <b>47.4%</b> | ↓          |
| <b>Physical Inactivity (Adult)<sup>1† &amp; 12</sup></b>           | 2013              | 15.5%         | 17.9%        | ↓          |
| <b>Physical Inactivity (Youth)<sup>2</sup></b>                     | 2016-2017         | 27.3%         | 37.8%        | ↓          |
| <b>Soft Drink Consumption<sup>2</sup></b>                          | 2014              | 9.2%          | 18.1%        | ↓          |
| <b>Children Eligible for Free/Reduced Price Lunch<sup>1†</sup></b> | 2015-2016         | 32.9%         | 58.9%        | ↓          |
| <b>Exercise Opportunities<sup>12</sup></b>                         | 2016              | 96.2%         | 89.6%        | ↑          |
| Fast Food Restaurants Rate <sup>1†</sup>                           | <b>2016</b>       | <b>82.5</b>   | <b>78.7</b>  | ↓          |
| <b>Food Desert Population<sup>1</sup></b>                          | 2015              | 9.9%          | 13.4%        | ↓          |
| <b>Food Environment Index<sup>12</sup></b>                         | 2015              | 8.9           | 8.8          | ↑          |
| Food Insecurity Rate <sup>11† &amp; 23</sup>                       | <b>2016, 2018</b> | <b>♦9.1%</b>  | <b>⁹6.0%</b> | ↓          |
| <b>Food Insecurity Rate – Children under 18<sup>1</sup></b>        | 2014              | 19.3%         | 25.3%        | ↓          |
| <b>Grocery Stores Rate<sup>1†</sup></b>                            | 2016              | 25.3          | 21.8         | ↑          |
| <b>Lack of Healthy Food Stores<sup>2</sup></b>                     | 2014              | 9.9%          | 13.4%        | ↑          |
| Public Transit Stops <sup>2</sup>                                  | 2013              | <b>♦13.4%</b> | <b>16.8%</b> | ↑          |
| <b>Recreation and Fitness Facilities Rate<sup>1†</sup></b>         | 2016              | 14.9          | 10.2         | ↑          |
| <b>SNAP Benefits (Households)<sup>1† &amp; 2</sup></b>             | 2012-2016         | 3.7%          | 9.4%         | ↓          |
| <b>Walkable Destinations<sup>2</sup></b>                           | 2012-2015         | 54.8%         | 29.0%        | ↑          |
| WIC-Authorized Food Stores Rate <sup>1</sup>                       | <b>2011</b>       | <b>♦10.5</b>  | <b>15.8</b>  | ↑          |

## Trends (†)

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

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

## OBESITY

*Table 38, Statistical Data for Obesity*

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

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

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

### Trends (†)

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

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

## Race & Ethnicity

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

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

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

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

## Other Populations

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

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

| Indicators | Bench-<br>mark | Male | Female | Age 18-<br>64 | Age 65+ | ≤ 200%<br>FPL | ≤ High<br>School |
|------------|----------------|------|--------|---------------|---------|---------------|------------------|
|------------|----------------|------|--------|---------------|---------|---------------|------------------|

|  |       |        |        |        |
|--|-------|--------|--------|--------|
| <b>Diabetes Prevalence, Adults<sup>11 &amp; 24</sup></b> | 12.2% | 10.5%  | ♦18.6% | ♦23.5% |
| <b>Food Insecurity Rate<sup>11 &amp; 24</sup></b>        | H6.0% |        |        | ♦10.4% |
| <b>Obesity (Adult)<sup>11 &amp; 24</sup></b>             | 25.0% |        | ♦39.4% | ♦35.8% |
| <b>Overweight/Obese Adults<sup>11 &amp; 24</sup></b>     | 61.0% | ♦70.1% |        | ♦71.6% |

Blank cells indicate that data were unavailable.

## Data without Benchmarks

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

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

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

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

## INFECTIOUS DISEASES

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

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

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

### Trends (†)

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

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

### Data without Benchmarks

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

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

## MENTAL HEALTH & WELL-BEING

### MENTAL HEALTH/EMOTIONAL WELL-BEING

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

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

### Trends (†)

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

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

## TOBACCO/SUBSTANCE USE

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

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

### Trends (†)

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

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

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

## Race & Ethnicity

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

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

| Indicators  | Bench-<br>mark | White  | Afr / Afr<br>Anc | Asian       | Pac Isl | Native<br>Am | Other | Multi<br>Race | Hisp / Lat<br>(Any<br>Race) |
|---|----------------|--------|------------------|-------------|---------|--------------|-------|---------------|-----------------------------|
| <b>Alcohol – Current<br/>Drinker<sup>11 &amp; 24</sup></b>                            | 53.7%          | ♦68.6% |                  |             |         |              |       |               |                             |
| <b>Have Ever Felt<br/>Depressed for 2<br/>Years or More (%)<sup>11 &amp; 24</sup></b> | US31.4         |        | ♦37.3            |             |         |              |       |               | ♦33.6                       |
| <b>Needing Mental<br/>Health Care<sup>1</sup></b>                                     | 15.9%          | 15.6%  |                  |             |         |              | 0.5%  |               | 14.7%                       |
| <b>Used Marijuana or<br/>Hashish Recently<sup>11 &amp; 24</sup></b>                   | 8.5%           |        |                  | ♦18.1%<br>* |         |              |       |               |                             |
| <b>Youth Intentional<br/>Self-Harm-ER Visits<br/>(per 10,000 pop.)<sup>5</sup></b>    | 10.9           | 9.4    | 3.3              | 5.9*        |         | ♦42.6        | ♦12.3 |               | 7.1                         |

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

## Other Populations

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

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

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

Blank cells indicate that data were unavailable.

## Data without Benchmarks

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

## Mental Health/Emotional Well-Being

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

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

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

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

#### Tobacco/Substance Use

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

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

■ **Drug-Related Deaths:**

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

■ **Emergencies:**

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

## ORAL/DENTAL HEALTH

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

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

### Trends (†)

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

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

### Other Populations

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

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

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

Blank cells indicate that data were unavailable.

## Data without Benchmarks

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

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

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

## SEXUALLY TRANSMITTED INFECTIONS

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

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

### Trends (†)

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

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

### Race & Ethnicity

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

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

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

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

## Data without Benchmarks

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

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

## UNINTENDED INJURIES/ACCIDENTS

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

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

## Trends (†)

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

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

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

## Race & Ethnicity

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

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

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

Blank cells indicate that data were unavailable.

## Data without Benchmarks

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

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

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

## GENERAL HEALTH

*Table 52, Statistical Data Related General Health*

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

### Trends (†)

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

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

### Race & Ethnicity

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

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

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

Blank cells indicate that data were unavailable.

### Other Populations

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

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

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

Blank cells indicate that data were unavailable.

### Data without Benchmarks

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

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

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

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

## Summary List of Sources

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

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

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

# Health & Quality of Life Survey 2018

## *Sequoia Hospital*



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

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# INTRODUCTION

## OVERVIEW

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

## METHODS

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

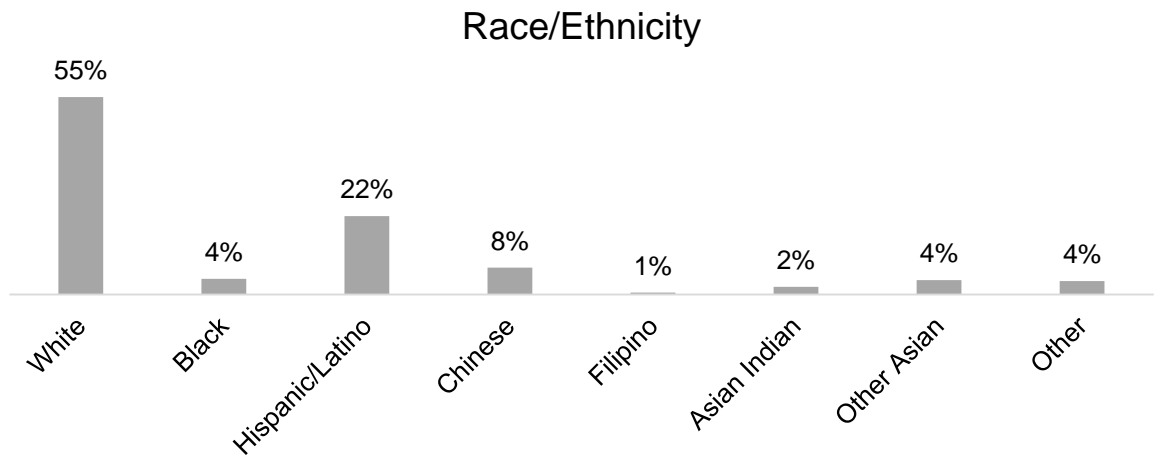
A bivariate analysis for each indicator was conducted by the following demographics: race/ethnicity, age, and poverty status. Race/ethnicity was self-reported and later re-categorized into the following mutually exclusive groups: Caucasian/White, African-American/Black, Hispanic/Latino, Asian-American,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

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

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

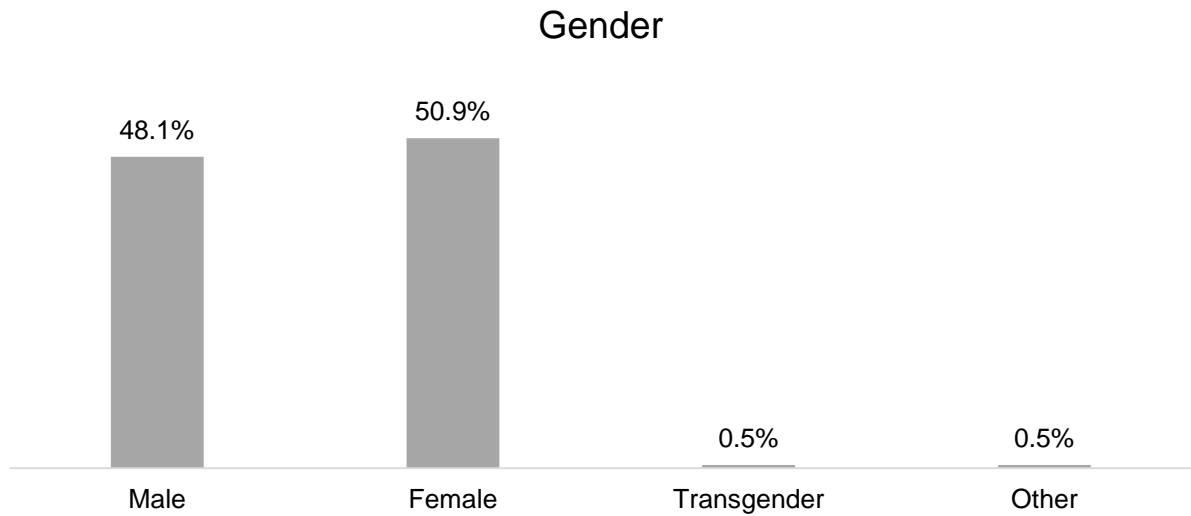
## DEMOGRAPHICS

### RACE

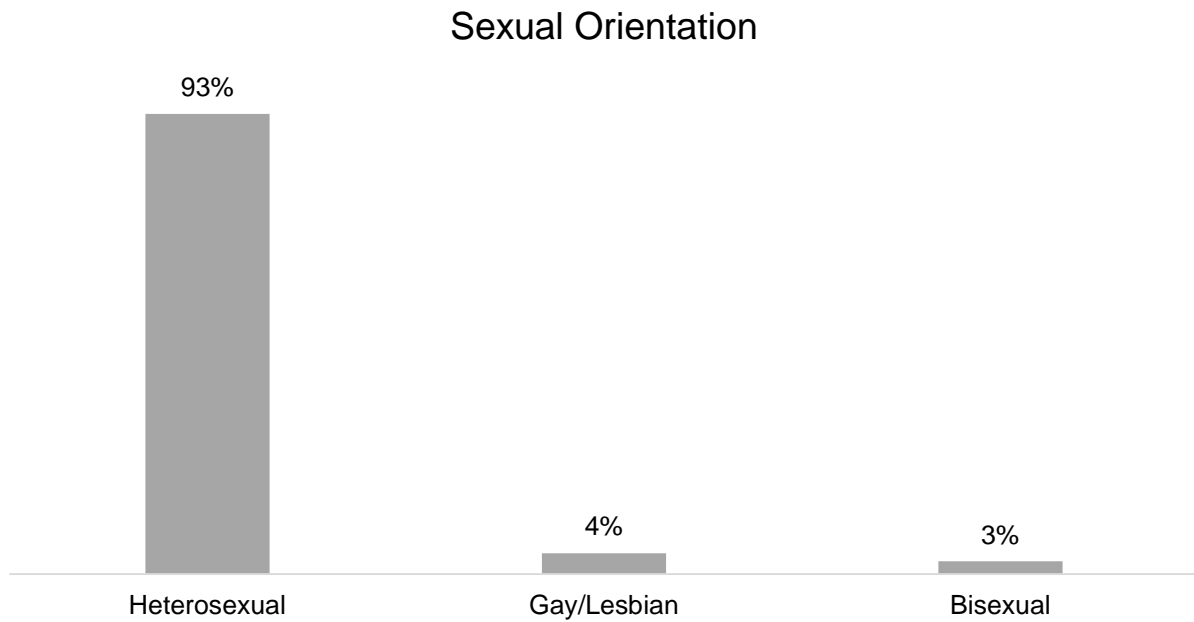


More than half of the population is White (55%), followed by Hispanic (22%) and Asian (15%).

### GENDER

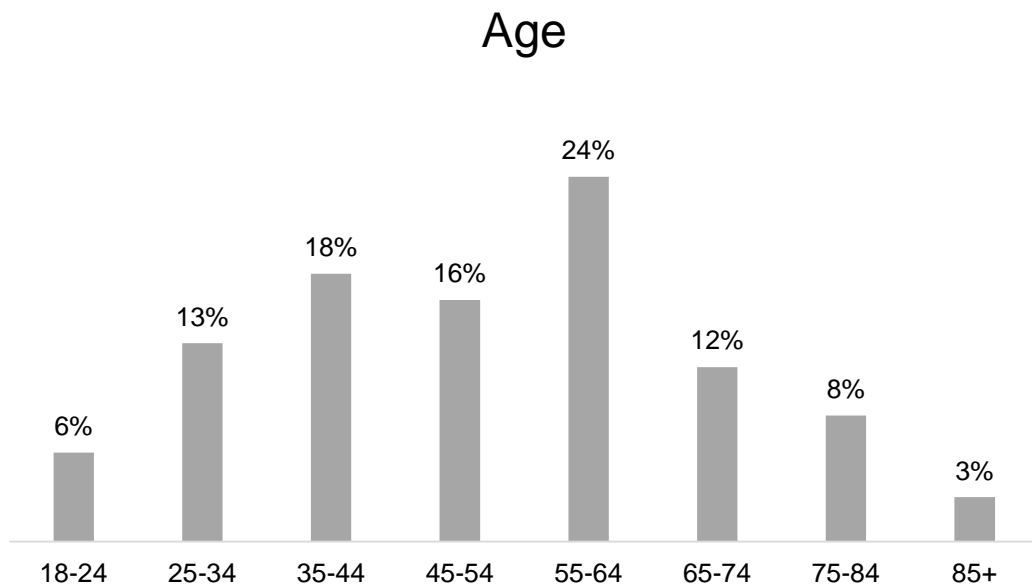


### SEXUAL ORIENTATION



The population is predominantly heterosexual (93%)

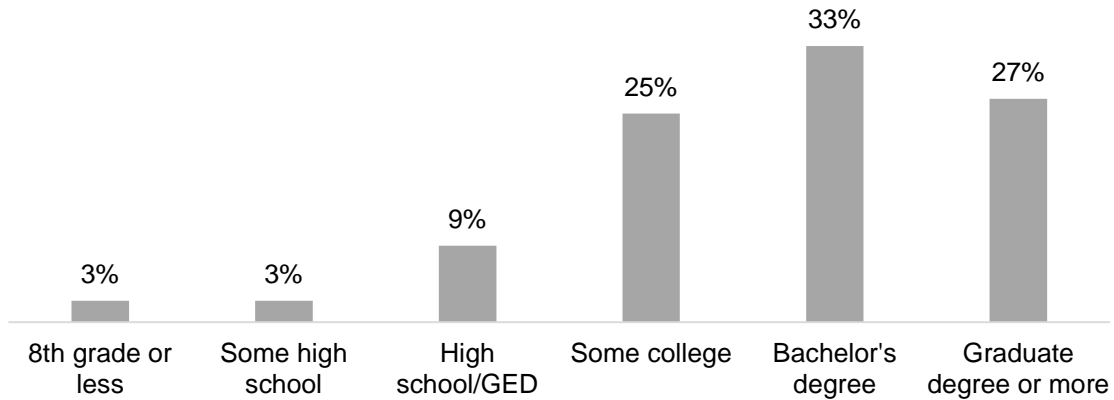
## AGE



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

## EDUCATION

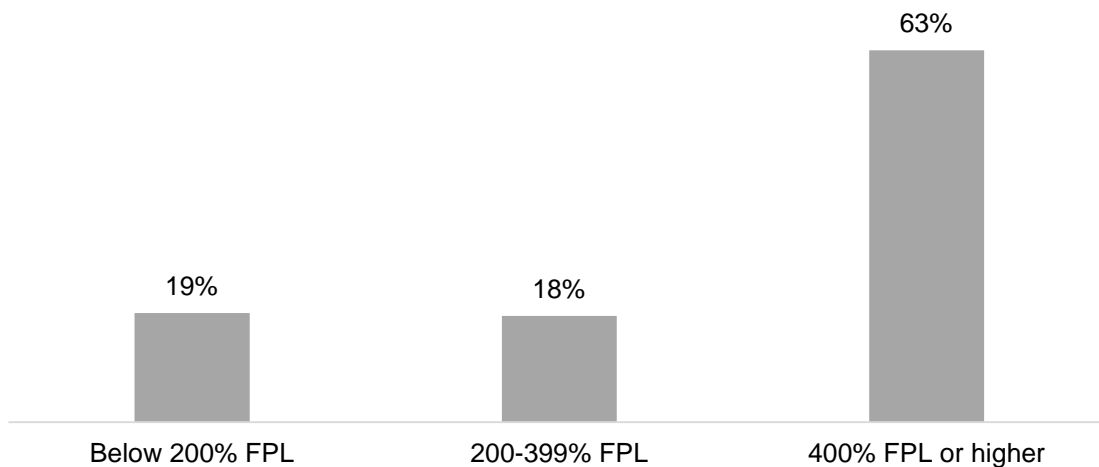
### Highest Level of Education Completed



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

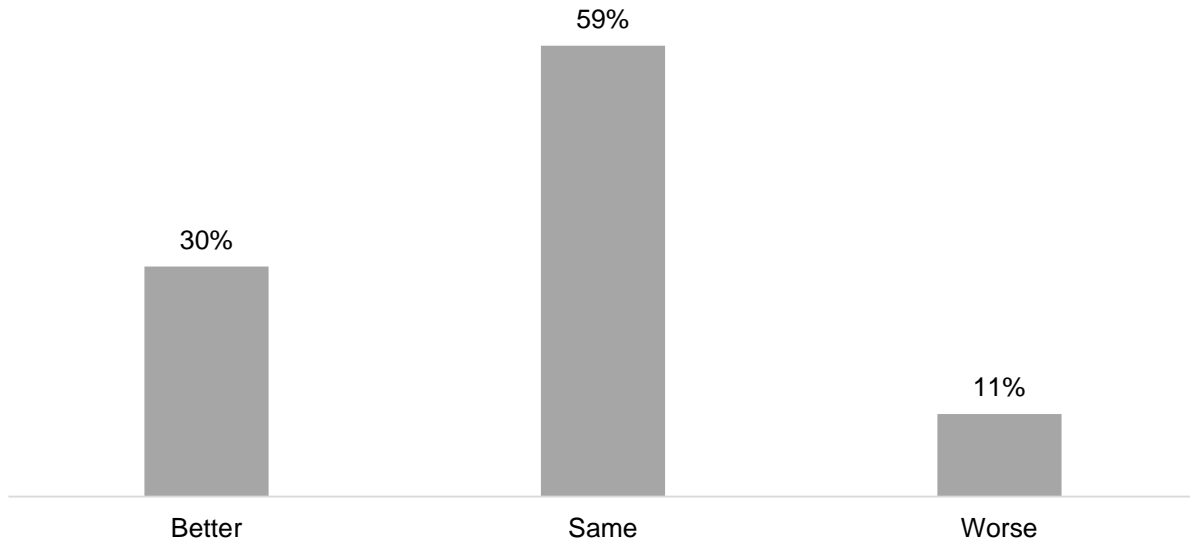
## POVERTY & FAMILY FINANCES

### Poverty



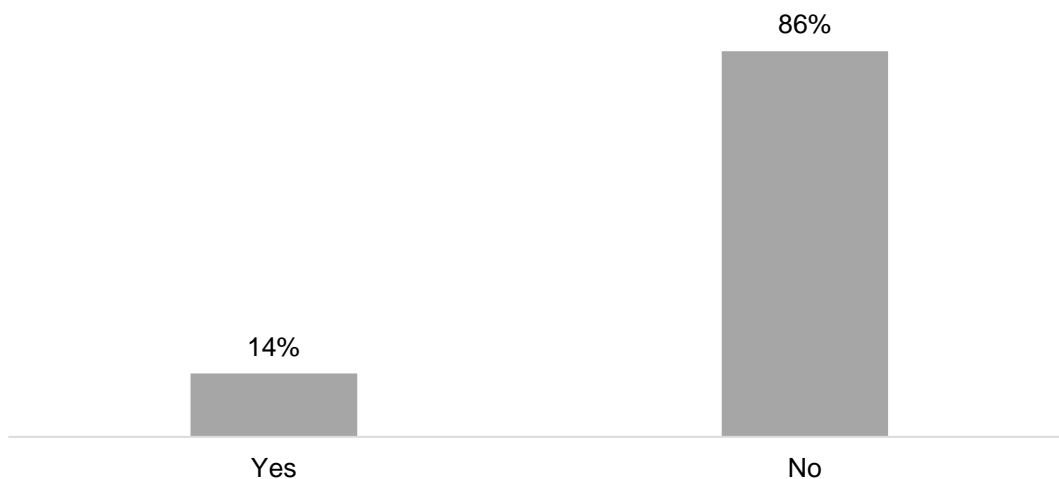
Over half of the population in the hospital catchment area (63%) have household incomes more than four times the poverty threshold.

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



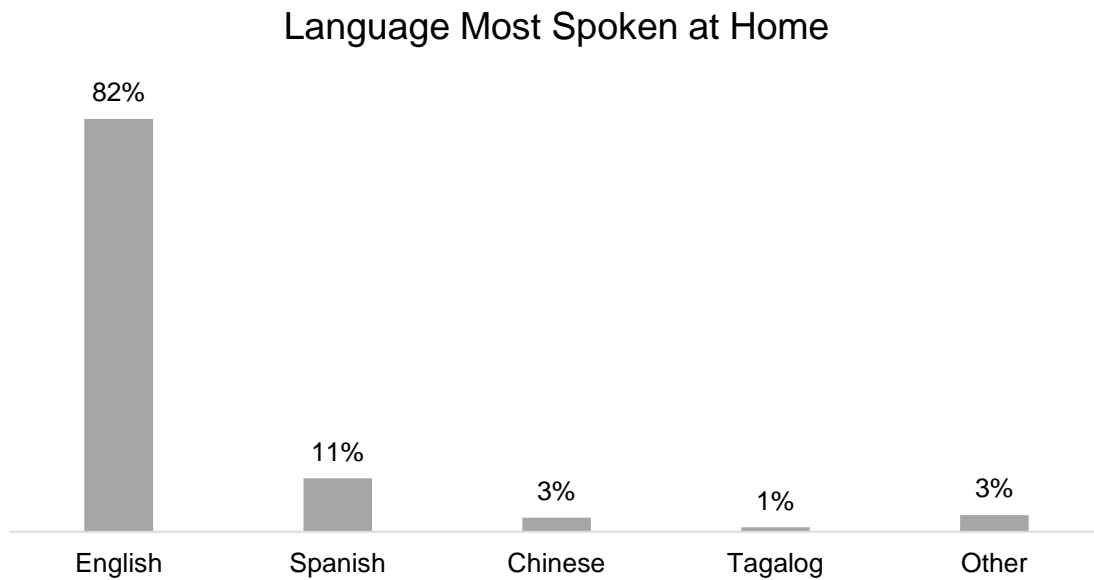
The family financial situation has remained the same compared to the previous year for the majority of people (59%).

### Currently Receiving Government Assistance



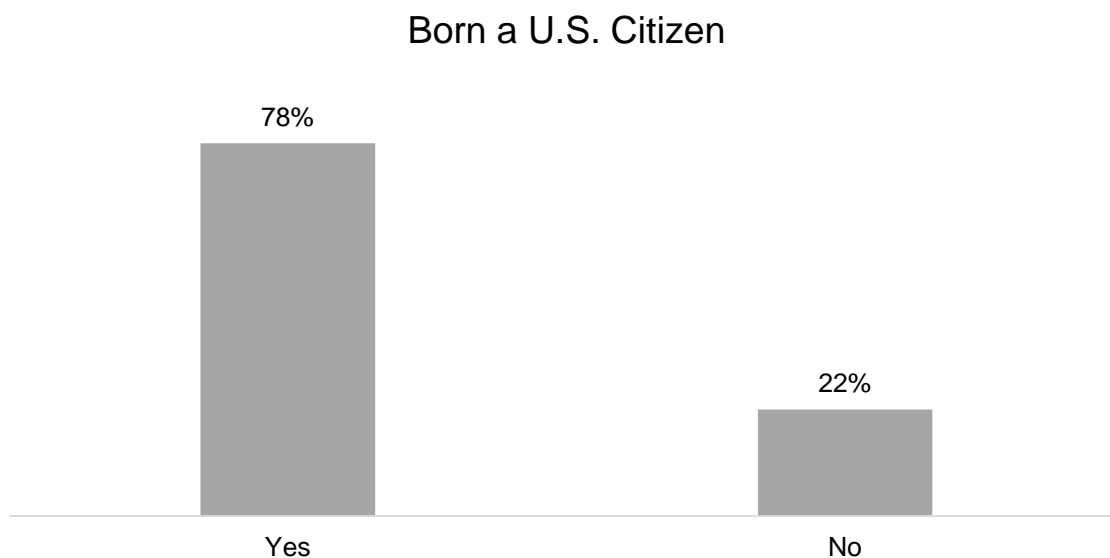
Few respondents (14%) are receiving government assistance.

## LANGUAGE



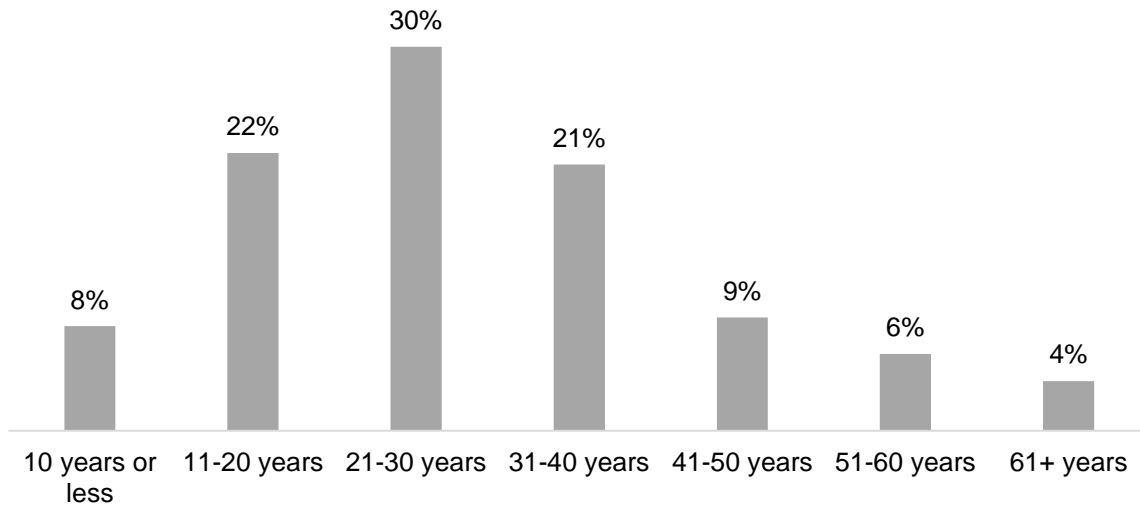
Most of the population speaks English in the home (82%).

## NATIVITY & RESIDENCE IN THE U.S.



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

## Years Lived in the U.S.

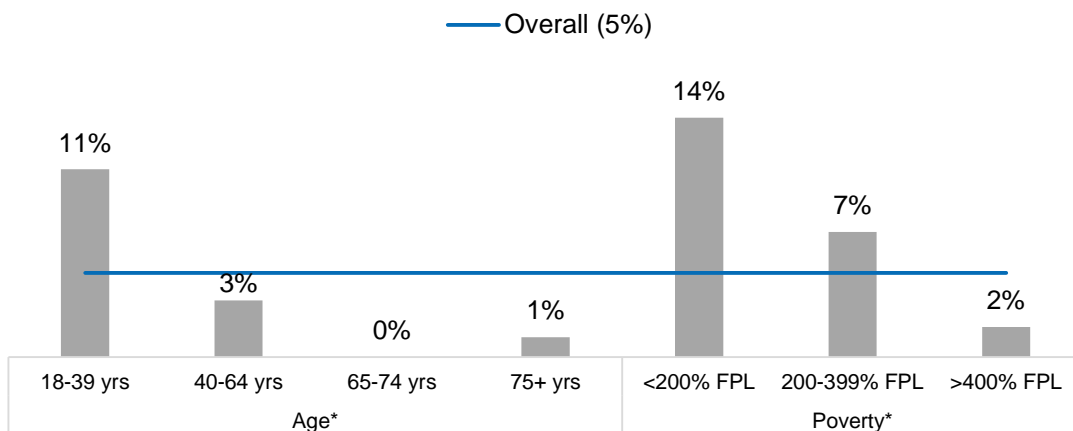


Of those foreign born, most have resided in the U.S. for more than 11 years (92%).

## HEALTH CARE ACCESS & DELIVERY

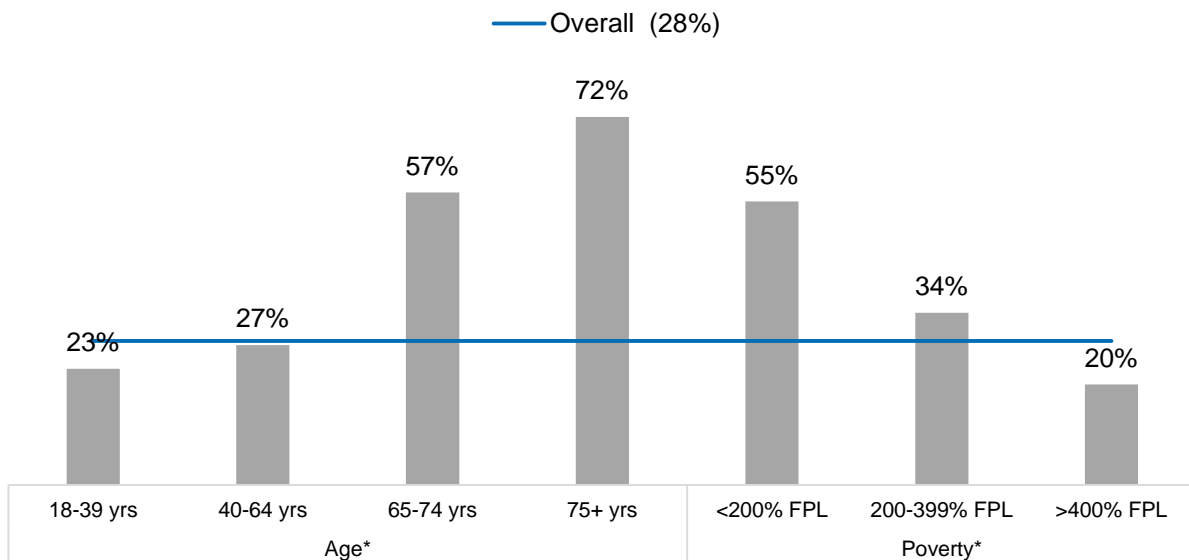
### HEALTH INSURANCE

#### Does Not Have Health Care Coverage



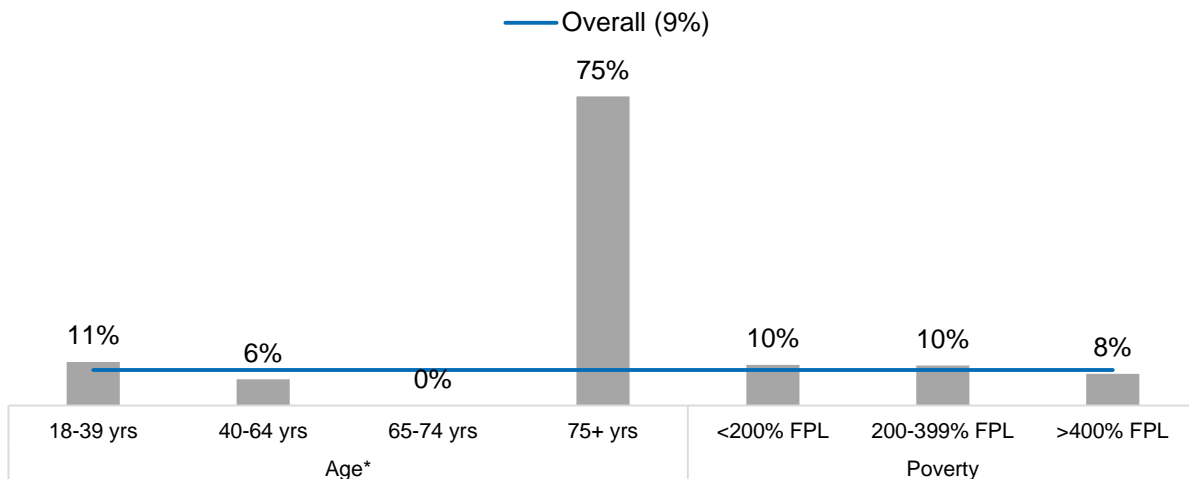
In the catchment area, 5% of the population overall does not have health care coverage, although this is much higher for those 18-39 years of age (11%) and for the <200% FPL (14%) population.

## Employer Does Not Offer Health Benefits



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

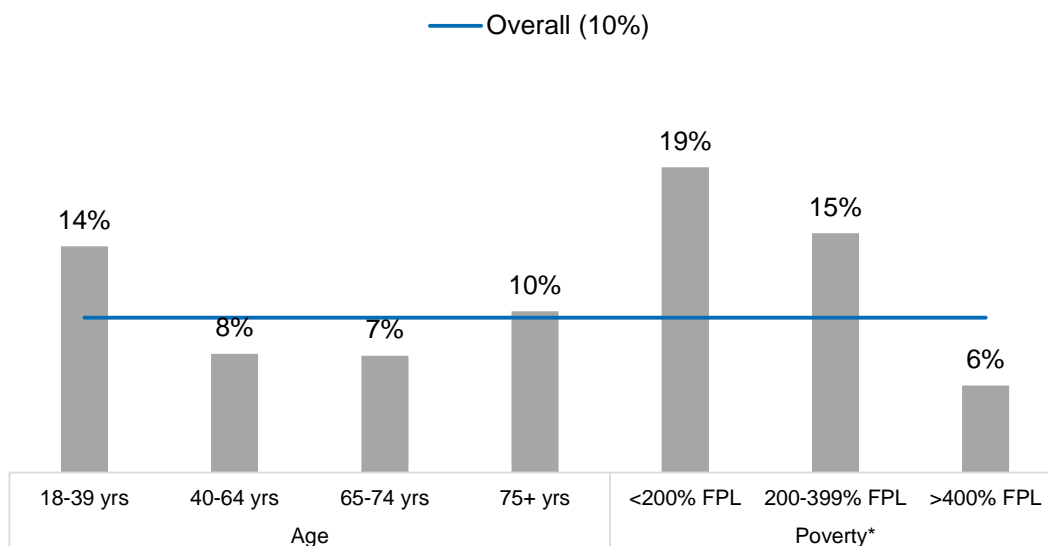
## Employer Does Not Offer Health Benefits To Employee's Dependents



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

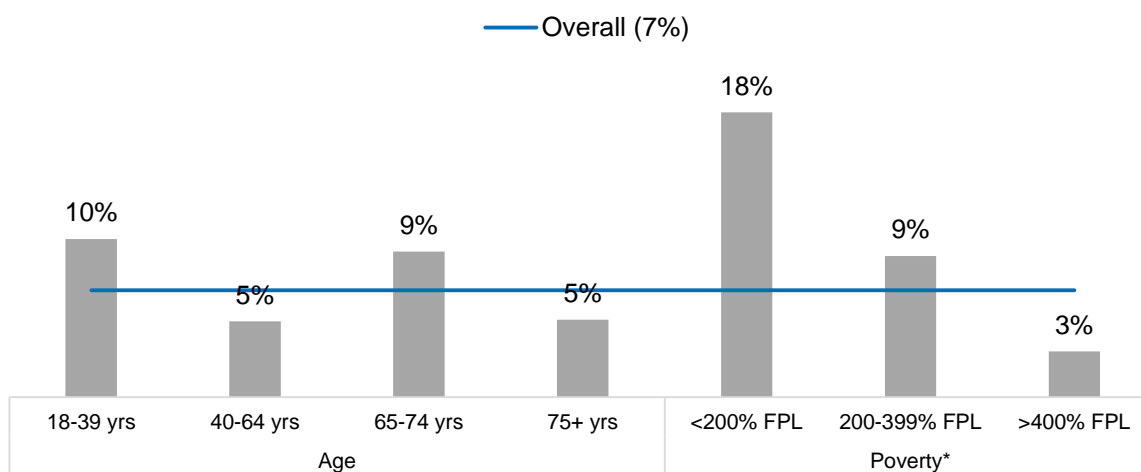
## BARRIERS TO ACCESSING HEALTH CARE SERVICES

### Difficulty Seeing Doctor in the Past Year



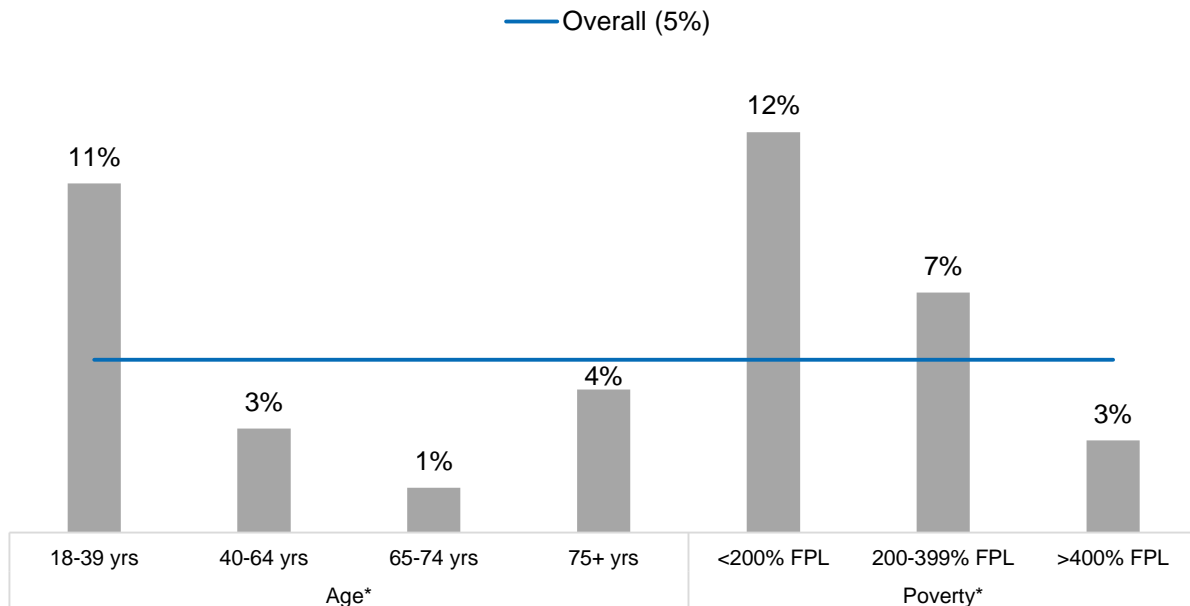
Overall, approximately 10% of the catchment area residents have had difficulty in seeing a doctor in the past year; this is a lot higher for the households <200% FPL (19%).

### Could Not Afford Medication in the Past Year



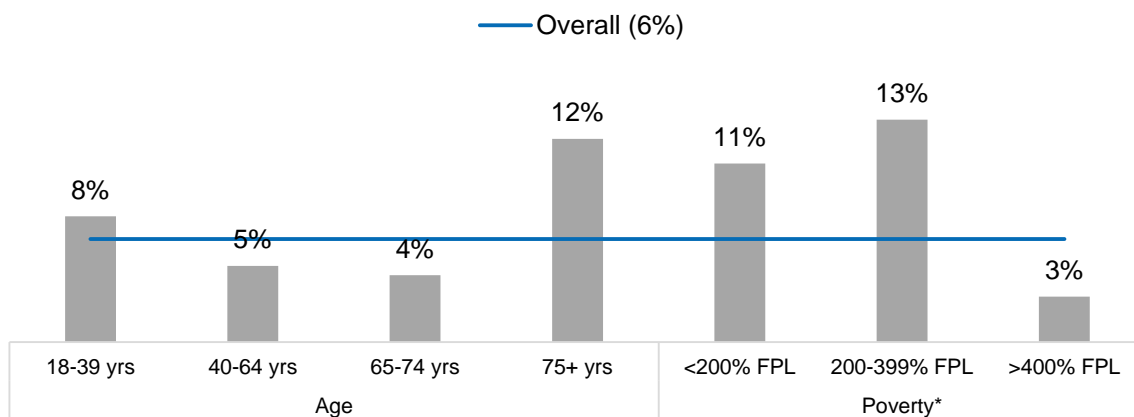
Overall, not being able to afford medication in the past year was an issue for 7% of the catchment area residents; it was a lot higher in the households <200% FPL (18%).

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



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

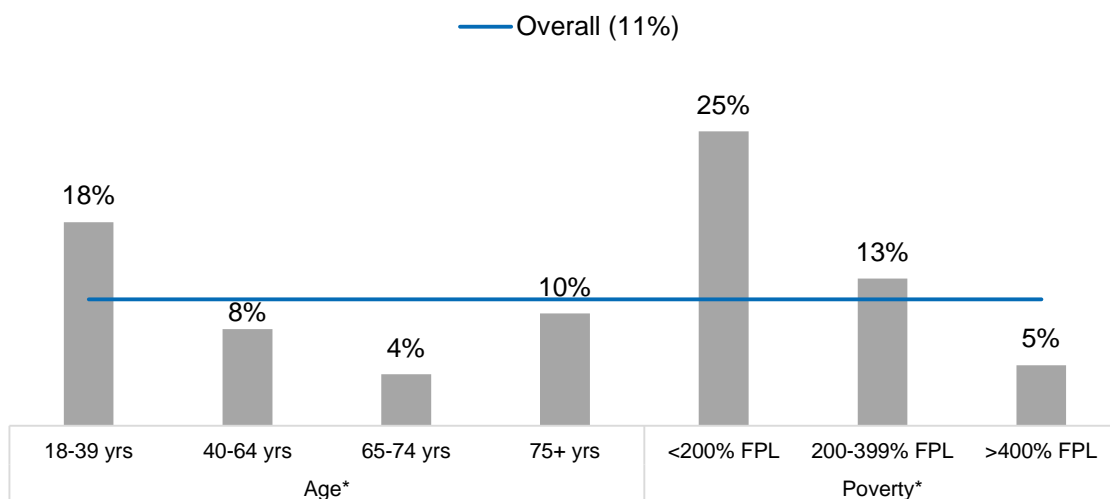
## Lack of Transportation Prevented Seeing Doctor in the Past Year



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

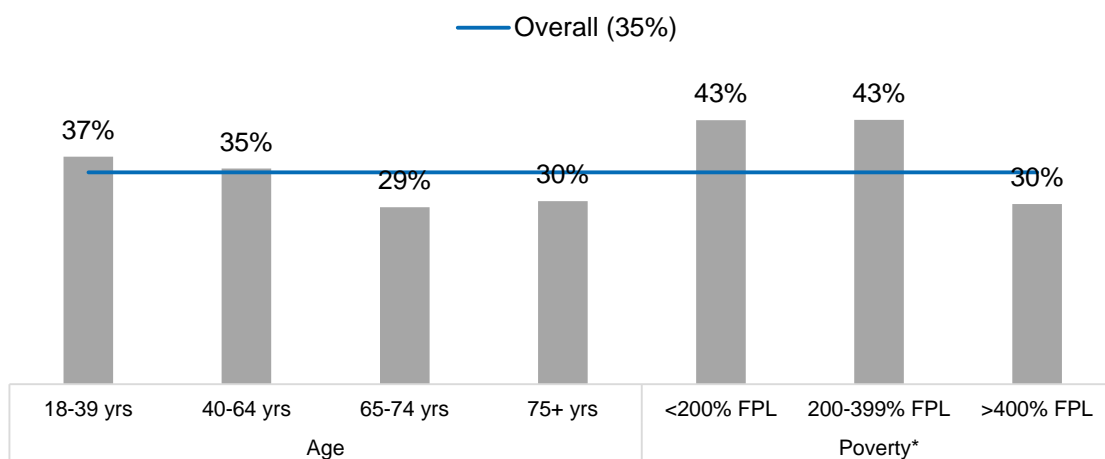
## EASE IN ACCESSING HEALTH CARE SERVICES

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



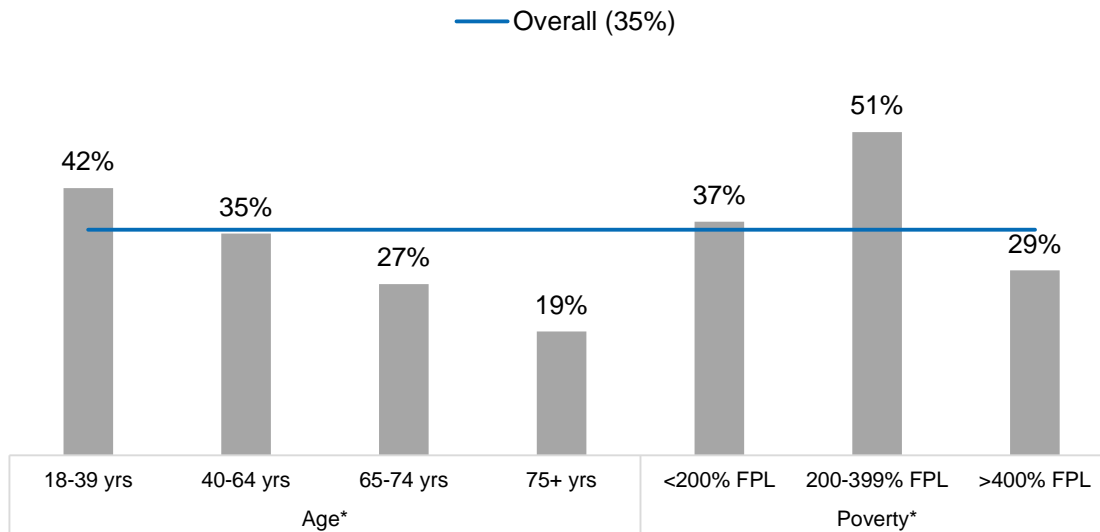
Overall, the ease in getting health services was fair/poor for 11% of residents, and a lot higher for the 18-39 year old (18%) and <200% FPL (25%) populations.

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



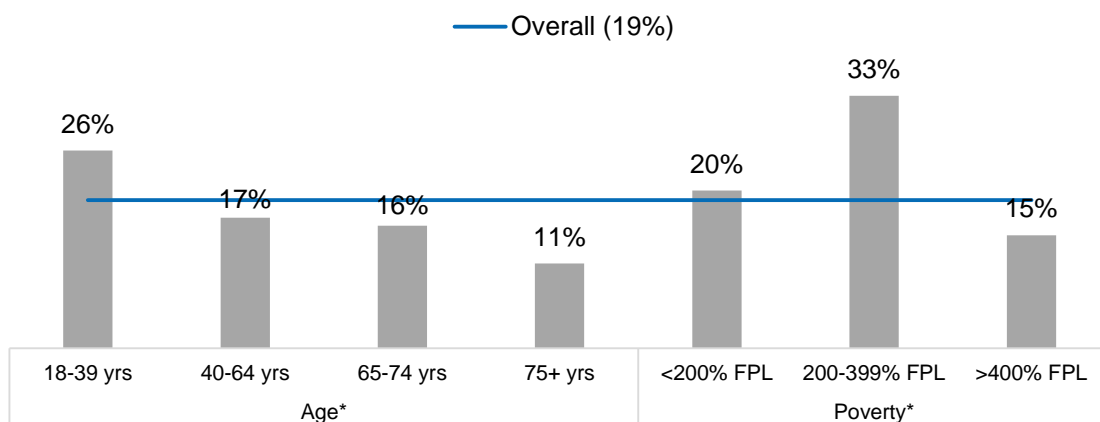
Overall, the ease in getting mental health services was fair/poor for 35% of the population, and increased for households <200% FPL (43%) and 200-399% FPL (43%).

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



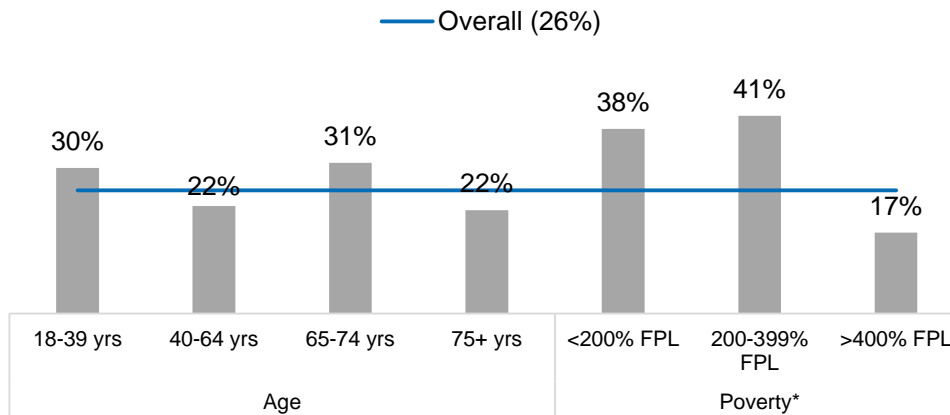
The ease in getting substance use help was fair/poor for 35% of residents overall, although it was harder for those 18-38 years (42%) and households 200-399% FPL (51%).

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



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

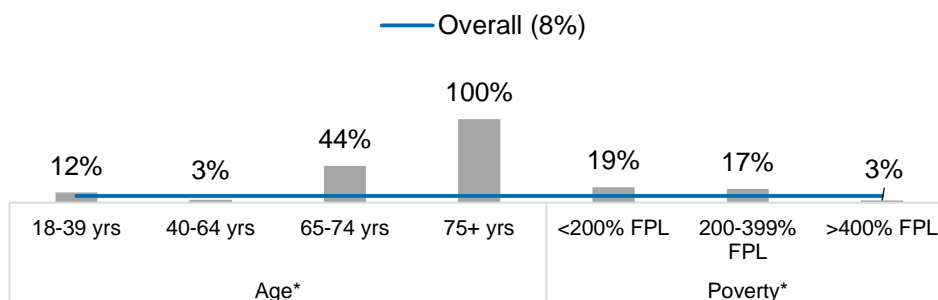
## Rated Ease of Community Members Getting Dental Care as Fair or Poor



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

## CHILD HEALTH CARE ACCESS

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

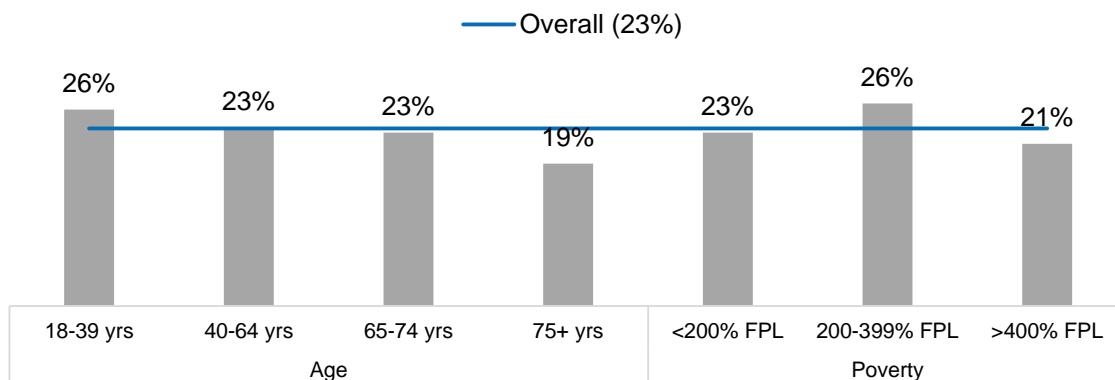


Overall, 8% of residents in the catchment area who have a child in the household, do not have a regular place for child medical care; this is increased for those who are lower income, <200% FPL (19%) and 200-399% FPL (17%). The age groups 65-74 years and 75+ years, have a very small sample size, so please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

# MENTAL HEALTH & WELLBEING

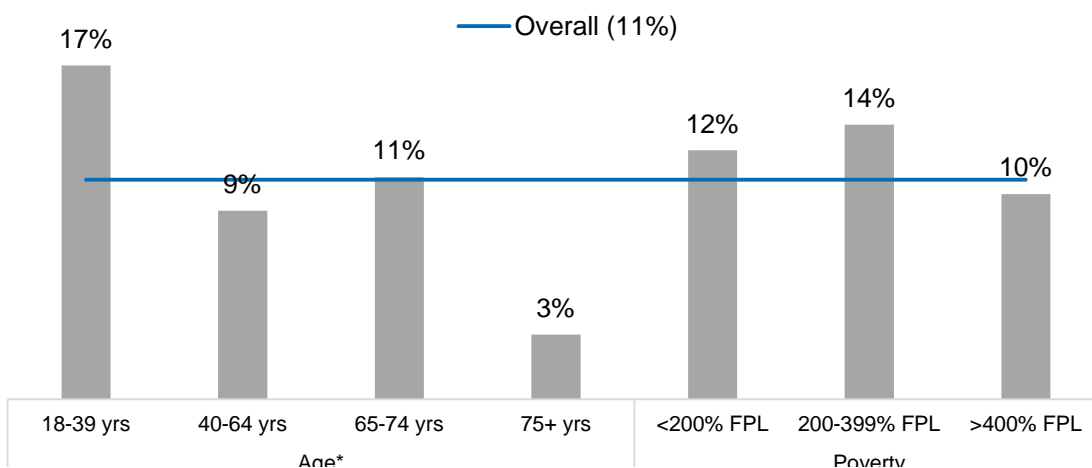
## MENTAL HEALTH

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



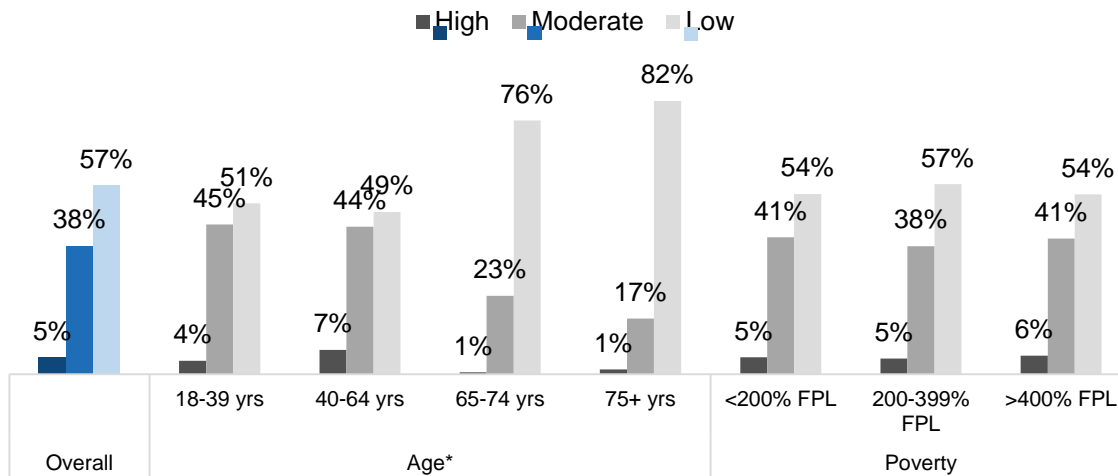
Overall 23% of residents in the catchment area felt sad or depressed most days. There was no significant difference by age groups nor household poverty level.

### History of Mental or Emotional Illness



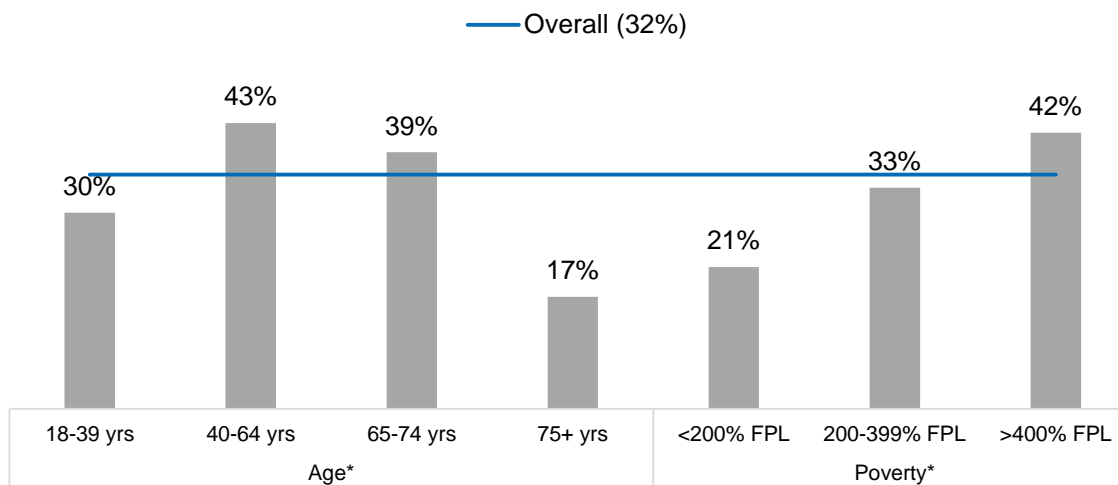
Overall, approximately 11% of the population in the catchment area has a history of mental or emotional illness, which is much higher in the 18-39 year age group (17%).

## Stress Level on a Typical Day

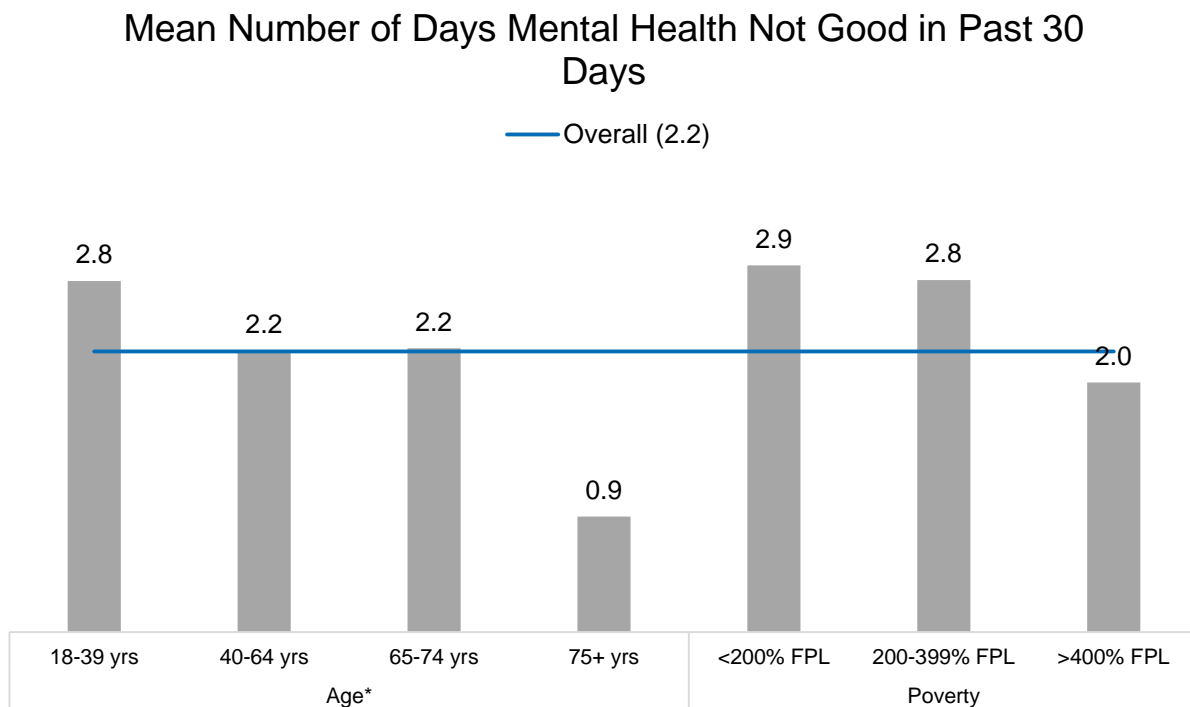


Stress level on a typical day is lowest for the 65-74 and 75+ age groups, and fairly similar for everyone else.

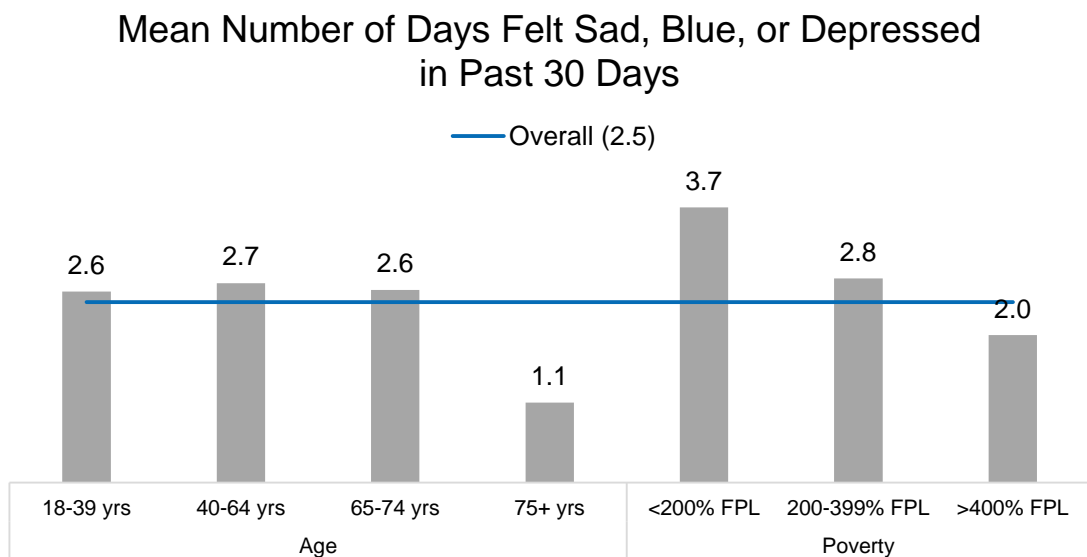
## Ever sought Professional Help for Mental or Emotional Problem



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

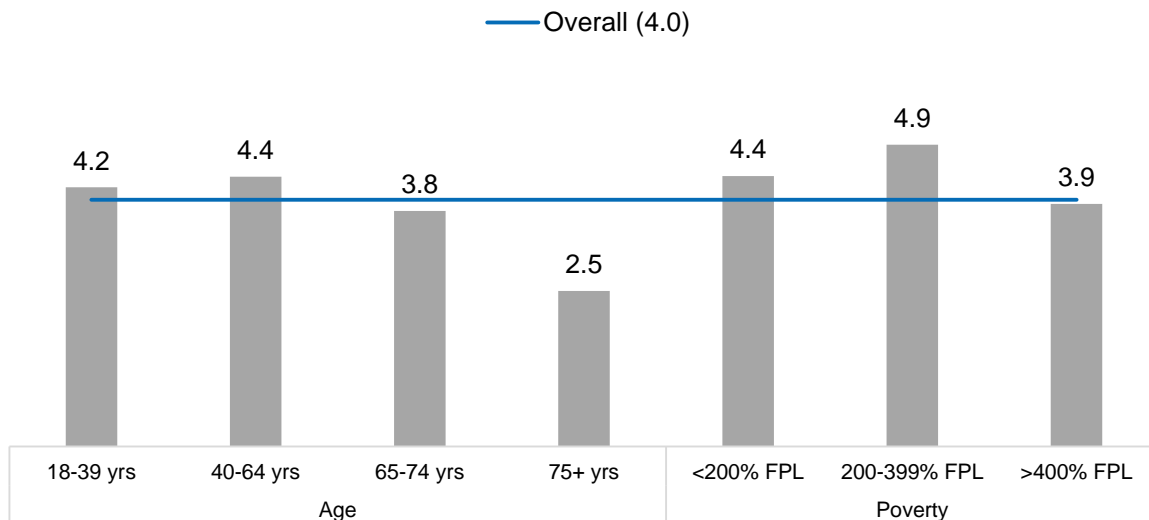


The mean number of days for mental health not being good for the catchment area is 2.2 days, with decreased days for the 75+ year age group (0.9 days).



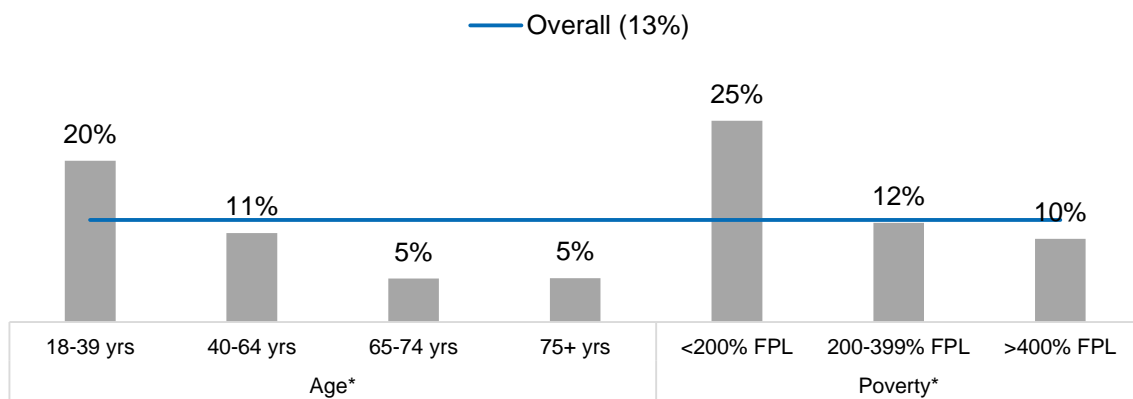
The mean number of days feeling depressed is 2.5 days for catchment area resident; there was no significant difference by age groups nor household poverty level.

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



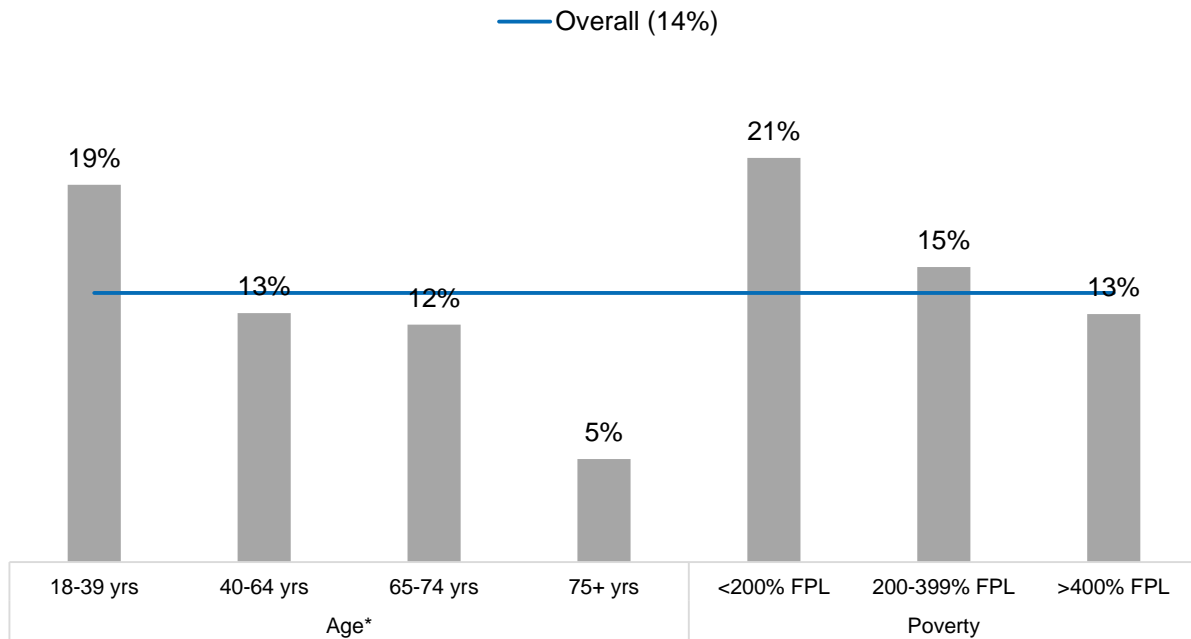
The mean number of days people felt worried or anxious is 4 days for the catchment area. There was no significant difference by age group nor household poverty level.

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



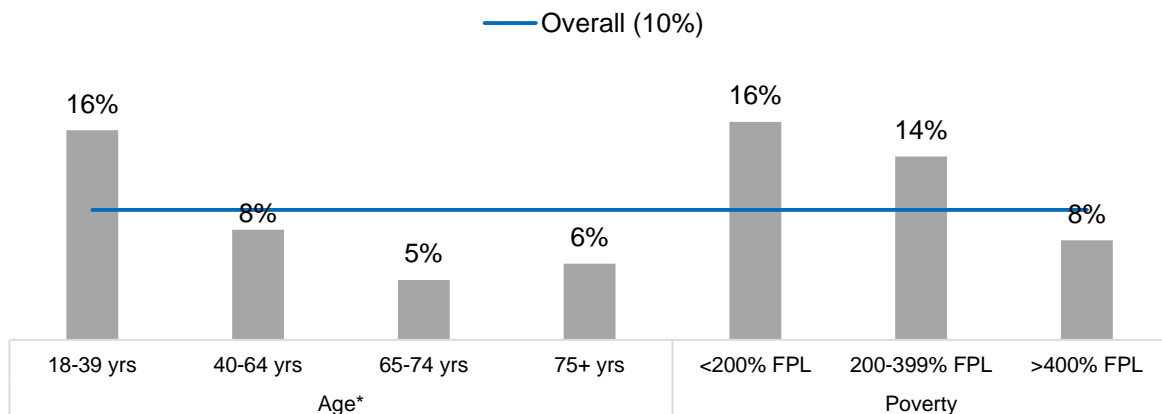
Overall, 13% of the population in the catchment area has difficulty with feelings of isolation or loneliness, which is increased for the 18-39 age group (20%) and households <200% FPL (25%).

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



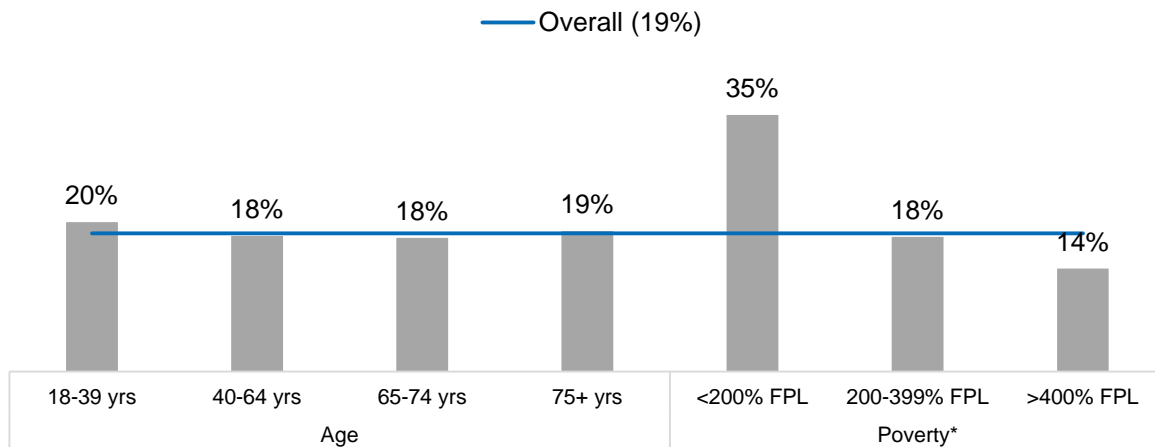
In the catchment area, 14% of residents overall have extreme/moderate difficulty with fear/anxiety/panic; this is lowest for those 75+ years (5%).

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



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

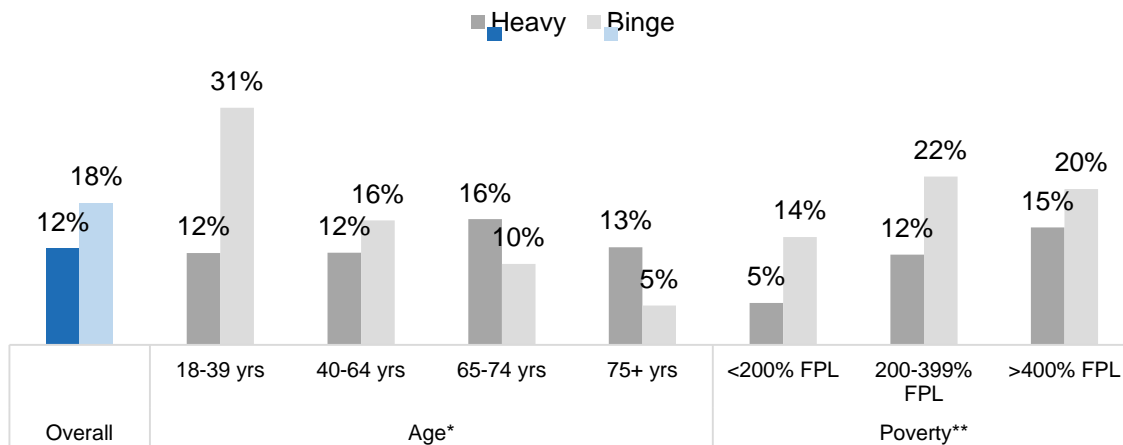
## Extreme to Moderate Difficulty Feeling Satisfaction with Life



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

## ALCOHOL USE

### Alcohol Consumption in the Past 30 Days

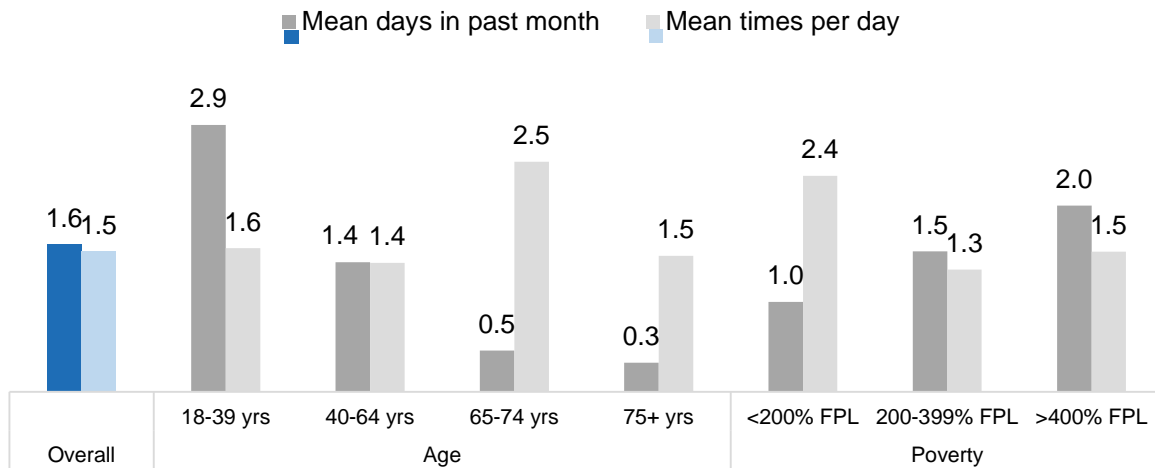


\* Statistically significant for binge drinking. \*\* Statistically significant for heavy drinking

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

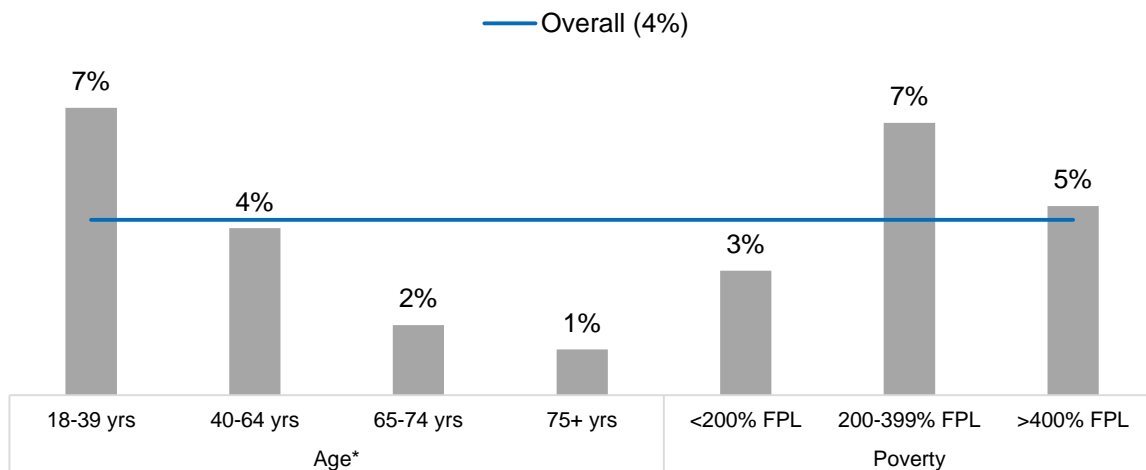
## SUBSTANCE USE & TREATMENT

### Marijuana Use



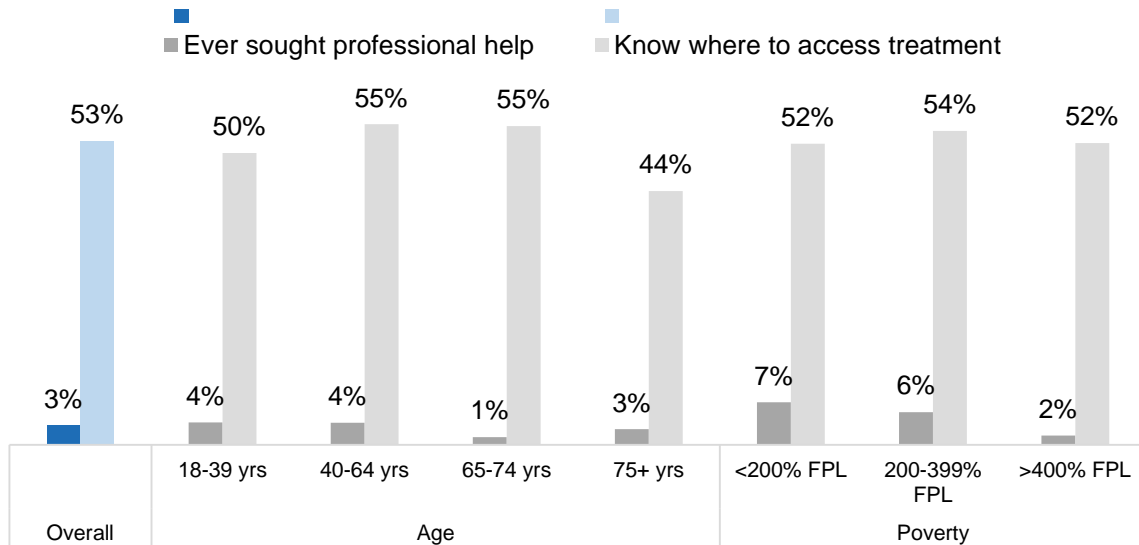
Marijuana use does not differ significantly by age groups nor household poverty level.

### Used an Illegal Drug in the Past Year



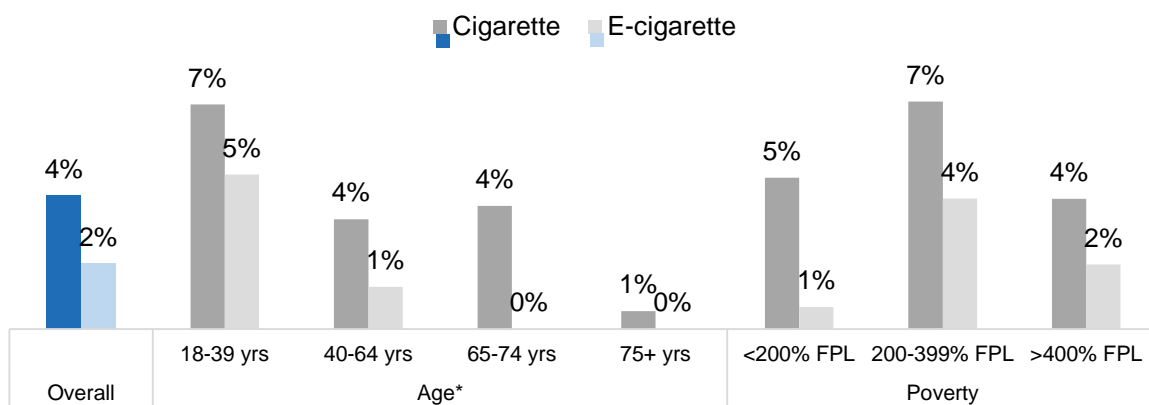
Overall, 4% of the catchment area adults have used an illegal drug in the past year; this is decreased for the age groups 65-74 and 75+ years.

## Seeking and Accessing Services for Drug-related Problems



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

## Current cigarette and e-cigarette user

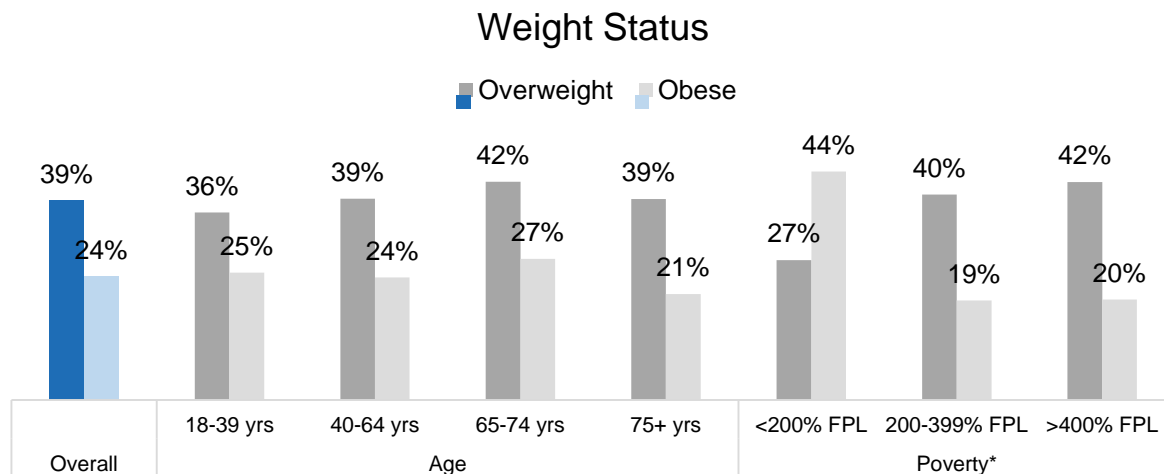


\* Statistically significant for cigarette and e-cigarette.

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

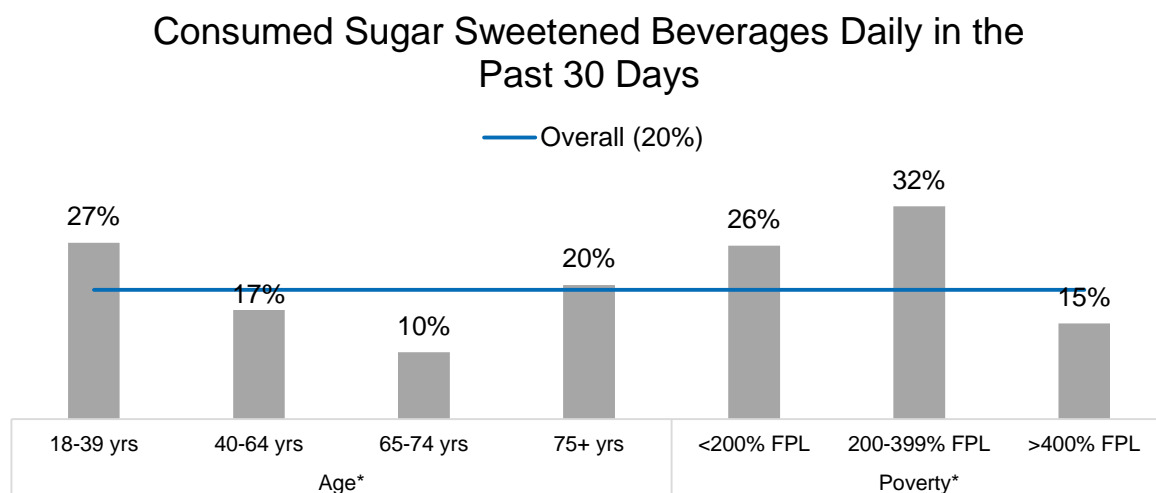
# HEALTHY LIFESTYLE

## WEIGHT



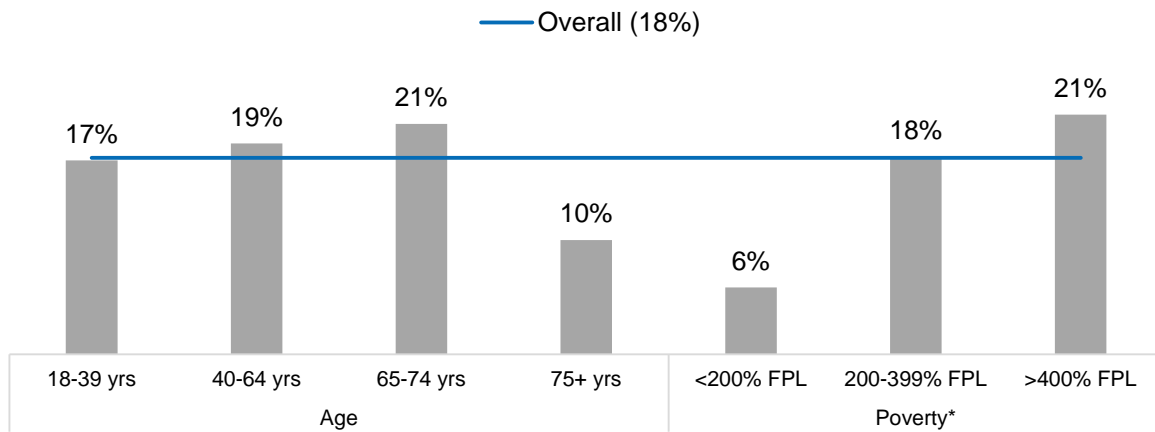
Obesity is an issue in approximately 24% of adults overall, with increased rates in households <200% FPL (44%).

## NUTRITION



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

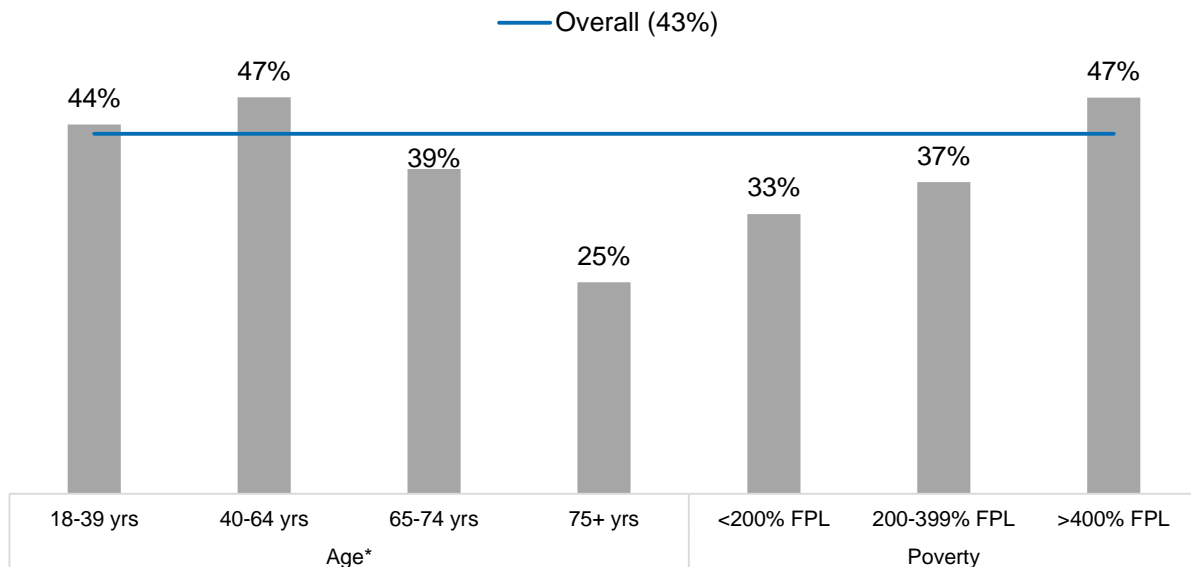
## Consumes Five or More Servings of Fruits//Vegetables per Day



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

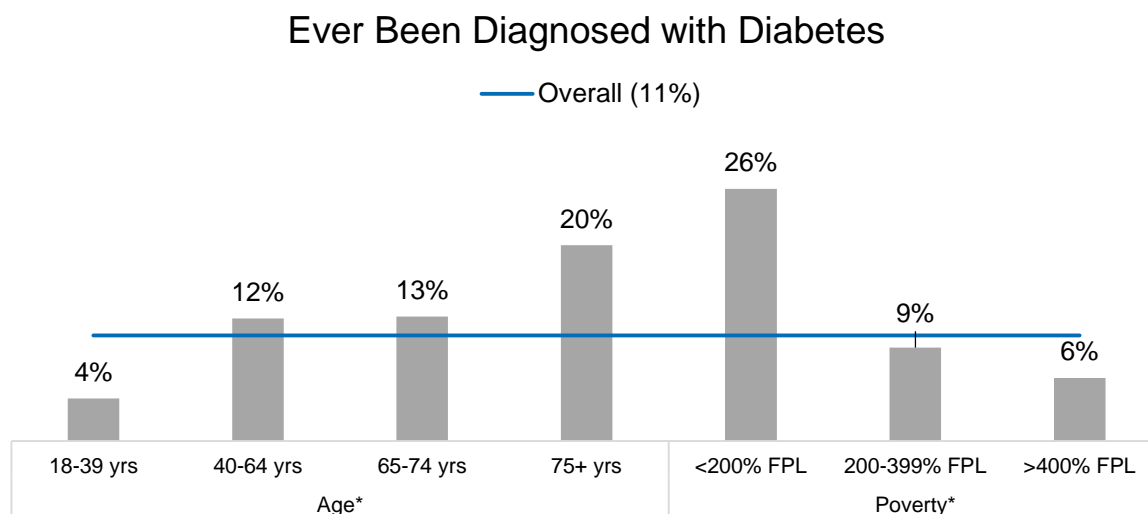
## PHYSICAL ACTIVITY

### Participates in Vigorous Physical Activity



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

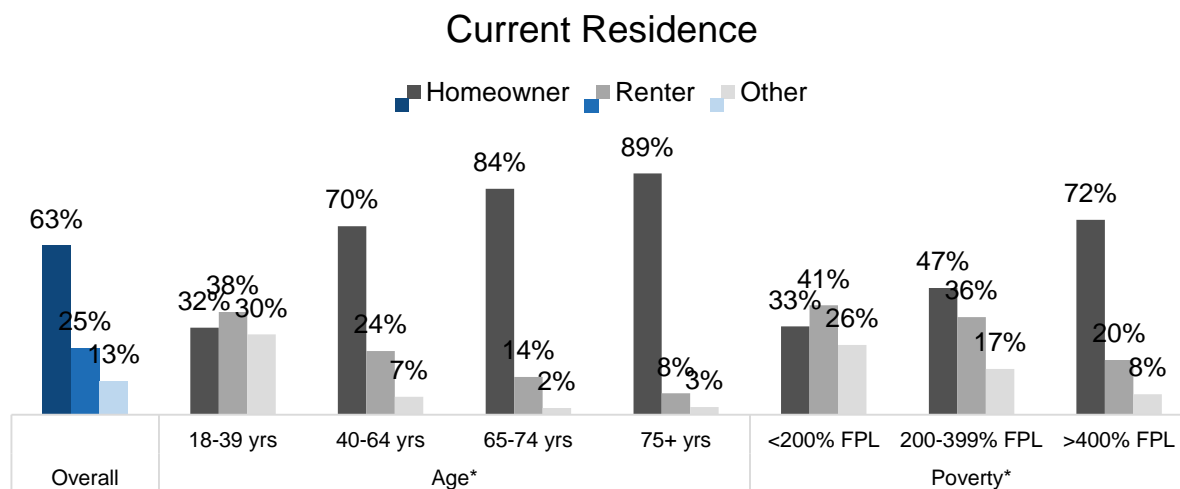
## DIABETES



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

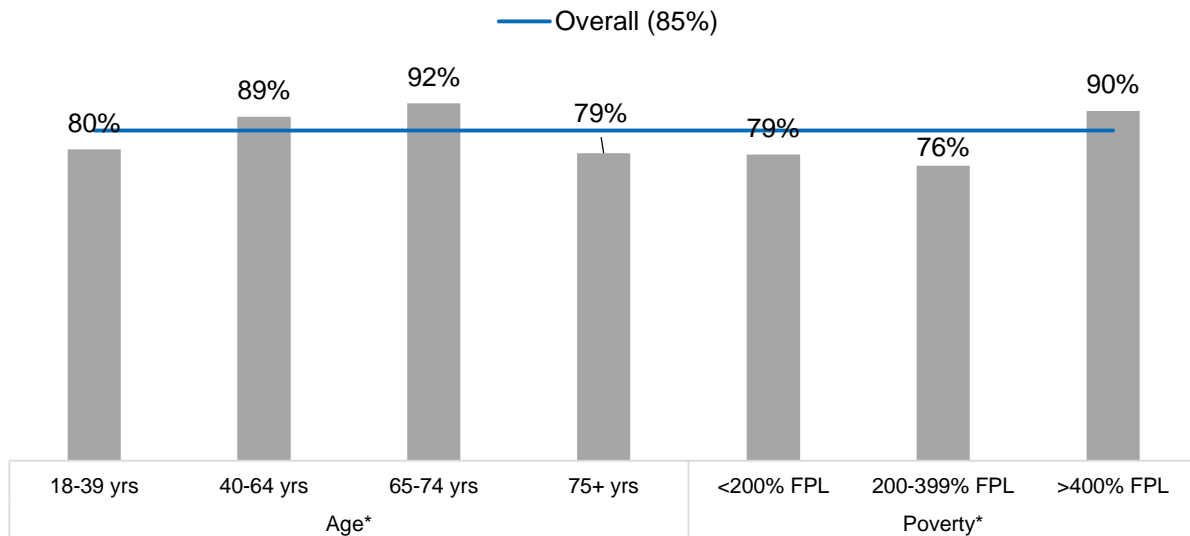
## HOUSING & HOMELESSNESS

### HOUSING



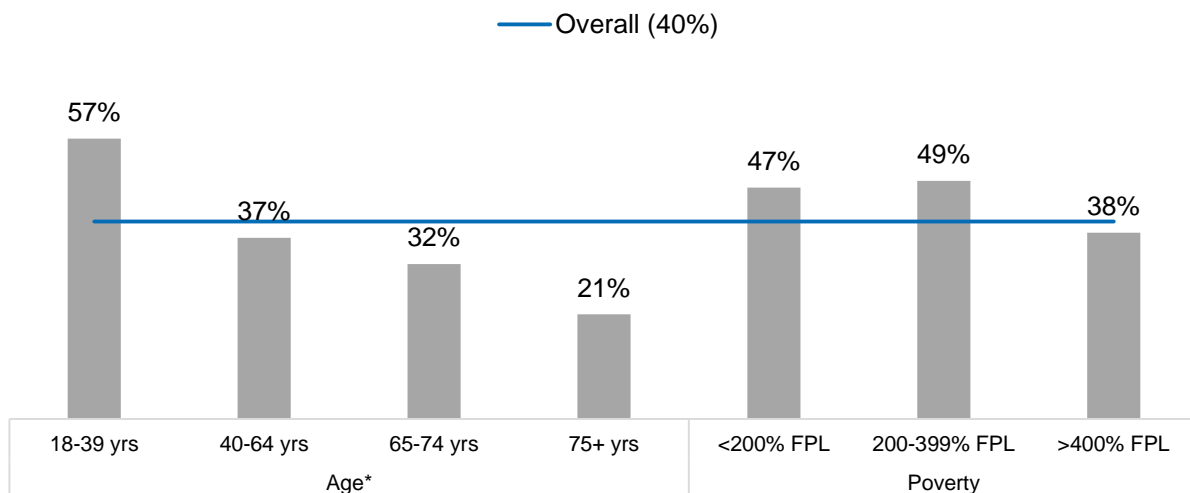
Overall approximately 63% of residents are homeowners, which is decreased in the 18-39 age group (32%), and households <200% FPL (33%) and 200-399% FPL (47%).

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



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

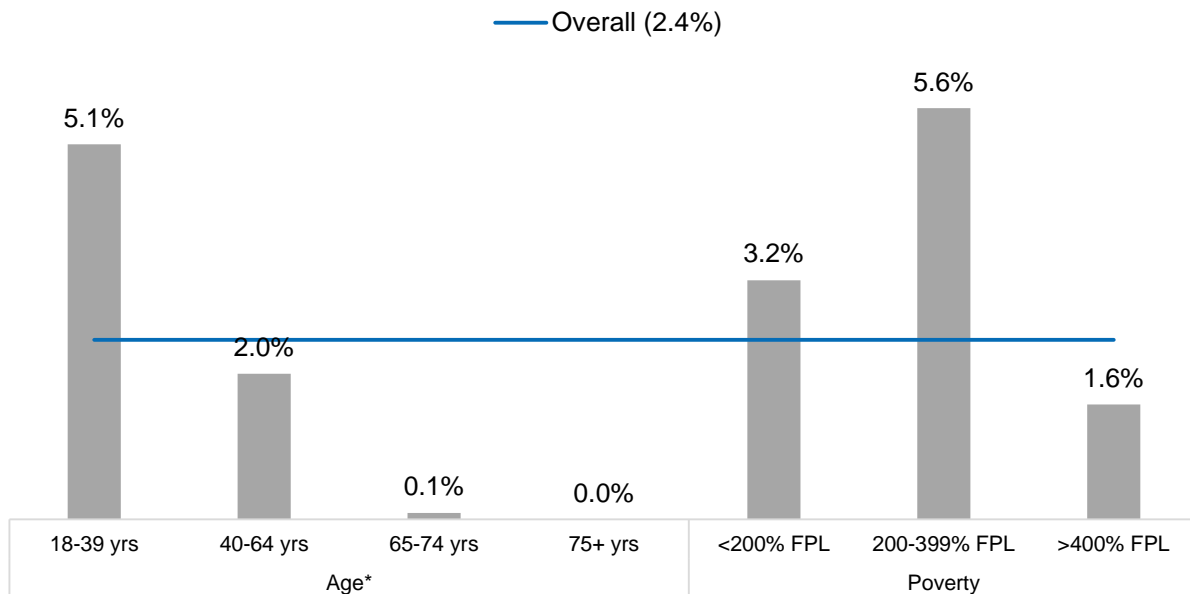
## Considered Leaving SMC Due to Cost of Living in the Past Year



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

## HOMELESSNESS

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



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



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

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

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

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

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

| <b>Hospitals</b>                               | <b>City/Region</b>      |
|--|-------------------------|
| Dignity Health Sequoia Hospital                | Redwood City            |
| Kaiser Foundation Hospital Redwood City        | Redwood City            |
| Kaiser Foundation Hospital South San Francisco | South San Francisco     |
| Lucile Packard Children's Hospital Stanford    | Palo Alto               |
| Seton Medical Center/Seton Coastside           | Daly City/Moss Beach    |
| Stanford Health Care                           | Palo Alto               |
| Sutter Health Menlo Park Surgical Hospital     | Menlo Park              |
| Sutter Health Mills Health Center              | San Mateo               |
| Sutter Health Mills-Peninsula Medical Center   | Burlingame              |
| <br>   |                         |
| <b>Clinics</b>                                 | <b>City/Region</b>      |
| Arbor Free Clinic, Cardinal Free Clinics       | Menlo Park              |
| Belle Air School Health Clinic                 | San Bruno               |
| Clinic by the Bay                              |                         |
| Daly City Youth Health Center                  | Daly City               |
| Fair Oaks Health Center                        | Redwood City            |
| Planned Parenthood                             | Redwood City            |
| Ravenswood Family Clinic                       | East Palo Alto          |
| Rotacare Clinic                                | Coastside and Daly City |

Samaritan House Free Clinic

San Mateo and Redwood City

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

Multiple locations. See

Sequoia Teen Wellness Center

Redwood City

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

### **ARTHRITIS**

- Northern California Arthritis Foundation

### **CANCER**

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

### **FOOD INSECURITY**

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

### **HEALTHY LIFESTYLES**

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

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

## **HOUSING/ HOMELESSNESS**

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

## **INFECTIOUS DISEASES**

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

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

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

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

## **NEIGHBORHOOD AND BUILT ENVIRONMENT**

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

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

#### **ORAL HEALTH**

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

#### **RESPIRATORY CONDITIONS**

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

## Attachment 6. Qualitative Research Protocols

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

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

Other

## Key Informant Protocol – Professionals

### Introduction – 5 mins

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

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

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

Thinking specifically about San Mateo County ...

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

### Expertise Area – 20 mins

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

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

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

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

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

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

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

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

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

### **Access to Care – 5 mins**

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

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

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

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

### **Mental health – 5 mins**

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

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

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

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

Prompt: Mental health issues driving other health needs?

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

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

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

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

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

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

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

Prompt: Program models?

**[Time permitting] Additional comments**

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

**Closing**

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

## Focus Group Protocols

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

### Focus Groups with Professional or Community Representative

#### Introduction – 6 mins

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

#### Health Needs Prioritization – 10 min.

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

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

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

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

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

- 4. When you think about this health need...**
  - What are people struggling with?
  - What barriers exist to seeing better health in this area?
- 5. Which groups, if any, are better or worse off than others?**
  - Prompts: Differences by age, education level, disability status, income (affecting housing and transportation), etc.
- 6. What trends, if any, have you seen in the last three years?**

Repeat questions 4-6 for each of the top health needs prioritized by the group.
- 7. [If their expertise was not related to one or more of the needs chosen:] You are here to share your expertise/experience about [e.g., senior health]. Let’s talk a little about that; how does it relate to the community’s health needs?**

### **Access to Care – 5 mins**

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

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

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

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

### **Mental health – 5 mins**

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

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

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

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

Prompt: Mental health issues driving other health needs?

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

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

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

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

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

Prompts:

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

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

### **Closing – 5 mins**

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

## Focus Groups with San Mateo County Residents

### Introduction – 6 mins

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

### Health Needs Prioritization – 10 min.

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

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

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

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

### Understanding the Needs – 15 mins

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

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

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

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

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

### Equity & Cultural Competency – 15 mins

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

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

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

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

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

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

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

**Closing – 5 mins**

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