



Community Health Needs Assessment 2022

Report adopted by the Board of Directors in May 2022.

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Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Sequoia Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

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

CHNA Consultant

Sequoia Hospital engaged Biel Consulting, Inc. to conduct the CHNA.

Community Definition

Dignity Health Sequoia Hospital is located at 170 Alameda de las Pulgas, Redwood City, California, 94062. The population of the Sequoia Hospital service area is 609,356. Children and youth, ages 0-17, make up 22.8% of the population, 61.4% are adults, ages 18-64, and 15.8% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as White/Caucasian (49.2%), with 22.4% of the population identifying as Asian and 20.5% as Hispanic/Latino. 4.3% of the population identifies as multiracial (two-or-more races), 2.1% as Black/African American, 1% as Native Hawaiian/Pacific Islander, and 0.2% as American Indian/Alaskan Native. Those who are of a race/ethnicity not listed represent 0.4% of the service area population. In the service area, 59.7% of the population, 5 years and older, speak only English in the home. Among the area population, 16.3% speak Spanish, 13.7% speak an Asian/Pacific Islander language, and 9% speak an Indo-European language in the home.

Among the residents in the service area, 6.5% are at or below 100% of the federal poverty level (FPL) and 15.3% are at 200% of FPL or below. In San Mateo County, 6.8% of the population experienced food insecurity in 2018. Among children in San Mateo County, 7.7% lived in households that experienced food insecurity. Feeding

America estimated that 58% of those experiencing food insecurity in San Mateo County, and 64% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospital service area, 8.3% of adults, ages 25 and older, lack a high school diploma, which is lower than the county (10.4%) and state (16.7%) rates. 63.1% of area adults have a Bachelor's degree or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, COVID-19, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of San Mateo County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing Dignity Health Sequoia Hospital community data findings with Healthy People 2030 objectives.

Sequoia Hospital conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twenty-one (21) interviews were completed July – September 2021. Community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the hospital facility.”

Sequoia Hospital also conducted surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs. The surveys were available in an electronic format through a SurveyMonkey link. The surveys were available in English and Spanish and were collected from July 6 to October 24, 2021. During this time, 141 community members completed the survey. In addition, Sequoia Hospital distributed a survey to engage family member and care givers of persons with special needs. The survey was available in an electronic format through a SurveyMonkey link. The electronic survey was available from August 27, 2021 to October 24, 2021. During this time, 57 usable surveys were collected.

Process and Criteria to Identify and Prioritize Significant Health Needs

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

prioritize the health needs:

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

The key informant stakeholders and survey respondents were asked to prioritize the health needs according to the highest level of importance in the community.

List of Prioritized Significant Health Needs

Mental health, COVID-19, access to health care, chronic diseases and preventive practices were identified as priority needs by the key informant stakeholders.

Mental health – Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the county, the rate of mental distress among adults was 11.4%. Despite reporting lower-than-state levels of depression, county high-schoolers were more likely to have seriously considered suicide in the past year than were high-schoolers statewide: 16.3% of 9th grade students and 17.6% of 11th graders in San Mateo County said they had seriously considered suicide in the past year.

COVID-19 – In San Mateo County, there have been 67,141 cases of the Coronavirus known as COVID-19 as of January 6, 2022. This represents a rate of 8,783 cases per 100,000 persons. As of the same date, 638 persons have died in San Mateo County due to COVID-19 complications, a rate of 83.5 deaths per 100,000 persons. Community stakeholders noted that COVID-19 has impacted how people access health care services, making it more difficult. COVID has had a disproportionate impact on low-income residents and communities of color.

Access to health care – Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.1% coverage. 96.4% of the civilian, non-institutionalized population in the service area has health insurance and 98.3% of children, ages 18 and younger, have health insurance coverage in the service area. There are a number of identified barriers to accessing health care, including: long waits for appointments, cost of care, cultural and language issues, loss of insurance coverage from job losses as a result of COVID, lack of information on available resources, and a lack of specialists.

Chronic diseases – The hospital service area has high rates of death from cancer, heart disease, Alzheimer's disease and stroke. In San Mateo County, co-morbidity factors for

diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percent of adults who reported being diagnosed with high blood pressure or high cholesterol was 29.1% in San Mateo County.

Preventive practices – 35.3% of adults in the Sequoia Hospital service area received a flu shot, which is higher than the county (33.9%) and state (32.4%) rates, but falls below the Healthy People 2030 objective for 70% of all adults, ages 18 and older, to receive a flu shot. Community stakeholders noted that even when medical offices and clinics opened again, people didn't get preventive care due to fear of COVID. There were increases in emergency care for chronic diseases because people delayed care.

Resources Potentially Available to Address Needs

Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Sequoia Hospital community board in May 2022. The report is widely available to the public on the hospital's web site at <https://www.dignityhealth.org/bayarea/locations/sequoia/about-us/community-benefits>, and a paper copy is available for inspection upon request at the Sequoia Hospital Health & Wellness Department. Written comments on this report can be submitted to Dignity Health Sequoia Hospital, Health & Wellness Department, 170 Alameda de las Pulgas, Redwood City, CA 94062. To send comments or questions about this report, please visit [dignityhealth.org/sequoia/contact-us](https://www.dignityhealth.org/sequoia/contact-us) and type in "CHNA comments" in the drop-down subject box.

Community Definition

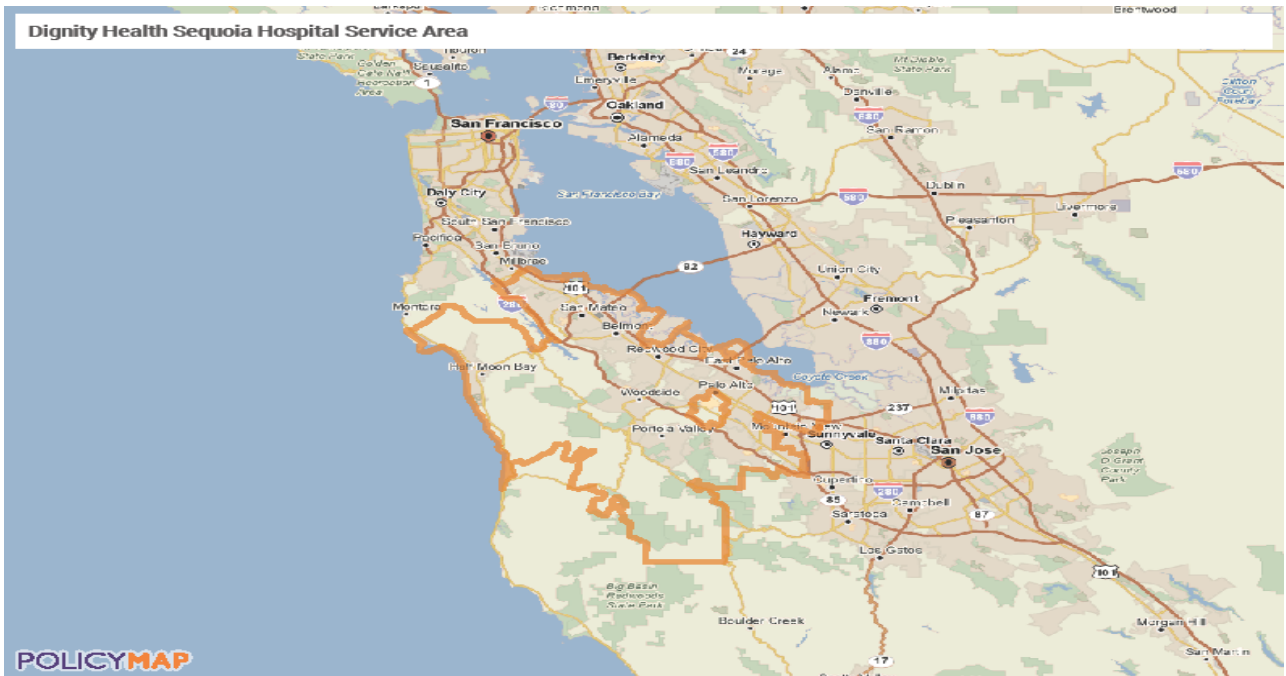
Service Area

Dignity Health Sequoia Hospital is located at 170 Alameda de las Pulgas, Redwood City, California, 94062. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area as including the following 23 ZIP Codes in 13 area cities. Seventeen service area ZIP Codes in 11 cities are located in San Mateo County, and the remaining area ZIP Codes and cities are located in Santa Clara County.

Sequoia Hospital Service Area

Place	ZIP Code	County
Atherton	94027	San Mateo
Belmont	94002	San Mateo
Burlingame	94010	San Mateo
Half Moon Bay	94019	San Mateo
La Honda	94020	San Mateo
Los Altos/Los Altos Hills	94022, 94024	Santa Clara
Menlo Park	94025	San Mateo
Mountain View	94043	Santa Clara
East Palo Alto/Palo Alto	94301, 94303, 94304, 94306	San Mateo
Portola Valley	94028	San Mateo
Redwood City	94061, 94062, 94063, 94065	San Mateo
San Carlos	94070	San Mateo
San Mateo	94401, 94402, 94403, 94404	San Mateo

Sequoia Hospital Service Area Maps



Service Area Map with ZIP Codes

The population of the Sequoia Hospital service area is 609,356. Children and youth, ages 0-17, are 22.8% of the population, 61.4% are adults, ages 18-64, and 15.8% of the

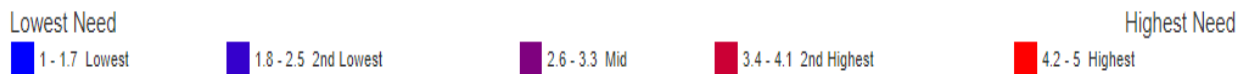
population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as White/Caucasian (49.2%), with 22.4% of the population identifying as Asian and 20.5% as Hispanic/Latino. 4.3% of the population identifies as multiracial (two-or-more races), 2.1% as Black/African American, 1% as Native Hawaiian/Pacific Islander, and 0.2% as American Indian/Alaskan Native. Those who are of a race/ethnicity not listed represent 0.4% of the service area population. In the service area, 59.7% of the population, 5 years and older, speak only English in the home. Among the area population, 16.3% speak Spanish, 13.7% speak an Asian/Pacific Islander language, and 9% speak an Indo-European language in the home.

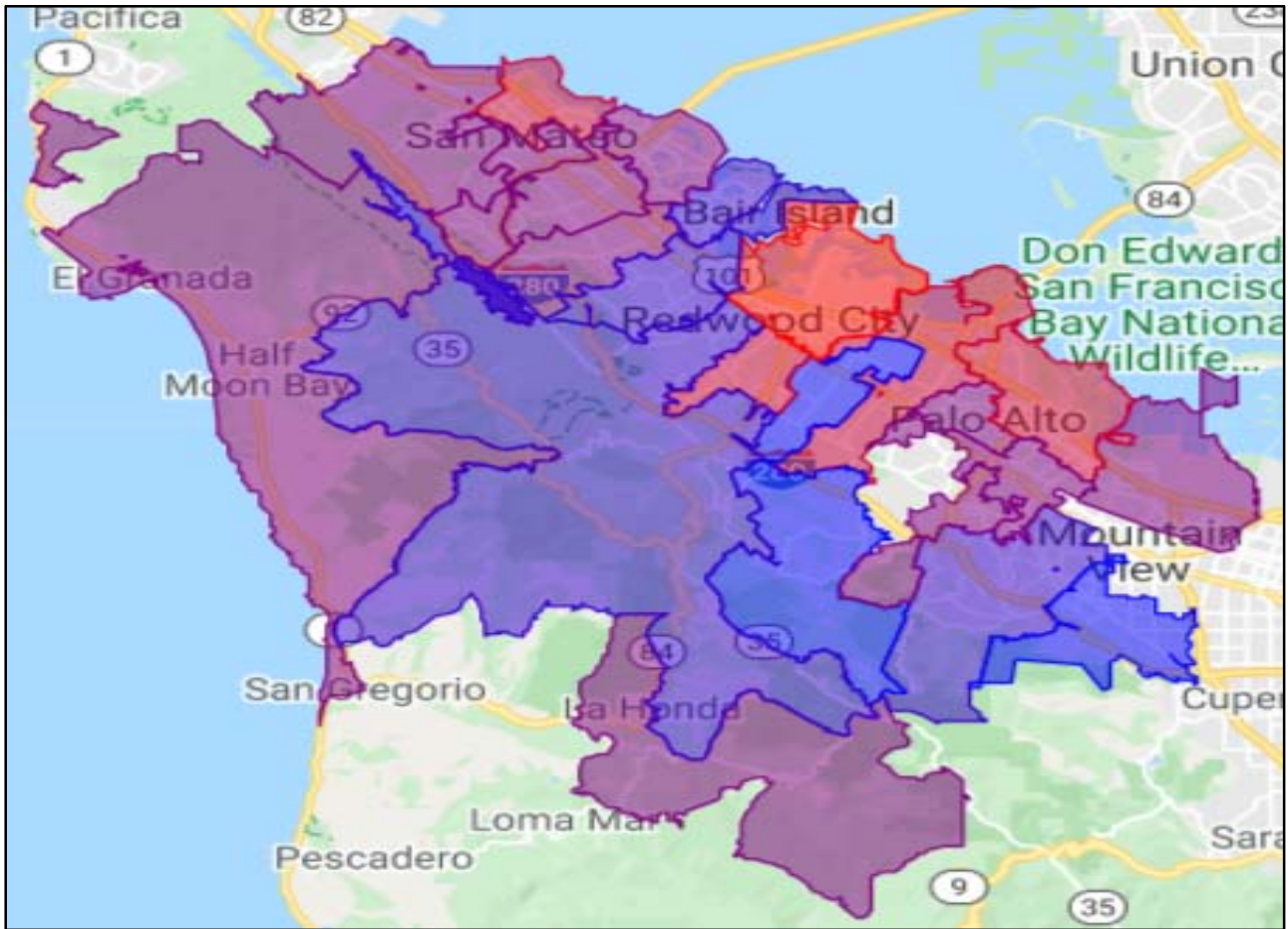
Among the residents in the service area, 6.5% are at or below 100% of the federal poverty level (FPL) and 15.3% are at 200% of FPL or below. In San Mateo County, 6.8% of the population experienced food insecurity in 2018. Among children in San Mateo County, 7.7% lived in households that experienced food insecurity. Feeding America estimated that 58% of those experiencing food insecurity in San Mateo County, and 64% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospital service area, 8.3% of adults, ages 25 and older, lack a high school diploma, which is lower than the county (10.4%) and state (16.7%) rates. 63.1% of area adults have a Bachelor’s degree or higher degree.

San Mateo County is designated a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health.

Community Need Index

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the ZIP Code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. The mean CNI score for the Sequoia Hospital service area is 2.7. CNI scores range from 1.6 in Los Altos 94024, Atherton 94027 and Portola Valley 94028 to 4.2 in Redwood City 94063.





Mean(zipcode): 2.7 / Mean(person): 2.9

CNI Score Median: 2.8

CNI Score Mode: 2.8

Zip Code	CNI Score	Population	City	County	State
94002	2.6	28332	Belmont	San Mateo	California
94010	2.8	42028	Burlingame	San Mateo	California
94019	2.6	21012	Half Moon Bay	San Mateo	California
94020	2.6	1890	La Honda	San Mateo	California
94022	1.8	20397	Los Altos	Santa Clara	California
94024	1.6	22736	Los Altos	Santa Clara	California
94025	3.6	44337	Menlo Park	San Mateo	California
94027	1.6	7079	Atherton	San Mateo	California
94028	1.6	6690	Portola Valley	San Mateo	California
94043	2.8	31607	Mountain View	Santa Clara	California
94061	3.4	38678	Redwood City	San Mateo	California
94062	2.4	27230	Redwood City	San Mateo	California
94063	4.2	35428	Redwood City	San Mateo	California
94065	2.4	12892	Redwood City	San Mateo	California
94070	2.2	30487	San Carlos	San Mateo	California
94301	2.8	17879	Palo Alto	Santa Clara	California
94303	3.8	47097	Palo Alto	San Mateo	California
94304	2.8	4640	Palo Alto	Santa Clara	California
94306	2.8	28318	Palo Alto	Santa Clara	California
94401	3.4	36245	San Mateo	San Mateo	California
94402	2.8	25597	San Mateo	San Mateo	California
94403	2.8	43053	San Mateo	San Mateo	California
94404	2.6	37486	San Mateo	San Mateo	California

Assessment Process and Methods

Secondary Data Collection

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

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

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

Primary Data Collection

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

Interviews

Twenty-one (21) telephone interviews were conducted during July, August and September 2021. Interview participants included a broad range of stakeholders concerned with health and wellbeing in San Mateo County who spoke to issues and needs in the communities served by the hospital. Interview participants and their organizational affiliations are included as an appendix at the end of this report.

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

responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. The interviews were structured to obtain greater depth of information and build on the secondary data review. During the interviews, participants were asked to identify the major health issues in the community and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. Attachment 3 provides stakeholder responses to the interview overview questions.

Surveys

Sequoia Hospital distributed a survey to engage community residents. The survey was available in an electronic format through a SurveyMonkey link. The electronic survey was available in English and Spanish. The survey link was available from July 6, 2021 to October 24, 2021 and during this time, 141 usable surveys were collected. The surveys were distributed through hospital channels including social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Groups most impacted by community issues
- Where people access routine health care services
- Reasons for not having health coverage/insurance
- Reasons for delaying needed health care
- Conditions in the community have a negative impact
- Priority ranking of community needs

The community survey responses are detailed in Attachment 4.

A Sensory Friendly survey was also developed with input from family members and care givers of persons with special needs. The survey was available in an electronic format through a SurveyMonkey link. The electronic survey was available in English from August 27, 2021 to October 24, 2021. During this time, 57 usable surveys were collected. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Where persons with special needs access routine health care services

- How far they are willing to travel for a sensory friendly practitioner
- Experiences accessing health care and mental health care
- Sensory friendly services that are needed
- Reasons for delaying or going without health care
- How alerts or announcements are received

The sensory friendly survey responses are detailed in Attachment 5.

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

- Access to Care
- Chronic Diseases
- COVID-19
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight/Obesity
- Preventive Practices (screenings, vaccines)
- Senior Health
- Substance Use and Misuse
- Tuberculosis

Public Comment

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

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

No written comments have been received.

Project Oversight

The CHNA process was overseen by:

Marie Violet

Director, Health & Wellness

Tricia Coffey

Manager of Community Health

Consultant

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

Community Demographics

Population

The population of the Sequoia Hospital service area is 609,356. From 2014 to 2019, the population increased by 4.3%, which was a faster rate of growth than the county and state rate.

Total Population and Change in Population

	Sequoia Hospital Service Area	San Mateo County	California
Total population	609,356	767,423	39,283,497
Change in population, 2014-2019	4.3%	3.7%	3.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. <http://data.census.gov>

The hospital service area population by gender was 50.7% female and 49.3% male.

Population, by Gender

	Sequoia Hospital Service Area	San Mateo County	California
Male	49.3%	49.4%	49.7%
Female	50.7%	50.6%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov>

Children and youth, ages 0-17, make up 22.8% of the population, 61.4% are adults, ages 18-64, and 15.8% of the population are seniors, ages 65 and older. The service area percentage of adults, ages 18-64, was lower than county and state rates.

Population, by Age

	Sequoia Hospital Service Area		San Mateo County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	36,414	6.0%	43,940	5.7%	2,451,528	6.2%
Age 5-17	102,559	16.8%	115,564	15.1%	6,570,618	16.7%
Age 18-24	39,724	6.5%	56,629	7.4%	3,789,808	9.6%
Age 25-44	172,823	28.4%	223,555	29.1%	11,173,751	28.4%
Age 45-64	161,331	26.5%	206,858	27.0%	9,811,751	25.0%
Age 65+	96,505	15.8%	120,877	15.8%	5,486,041	14.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov>

When the service area is examined by ZIP Code, East Palo Alto has the highest percentage of children and youth (27.6%), followed by Los Altos (26.2%). La Honda has the lowest percentage of children and youth in the service area (11.3%).

Portola Valley has the highest percentage of seniors in the service area (27.1). Redwood City ZIP 94063 reports a senior population of 8.9%.

Population, by Youth, Ages 0-19, and Seniors, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Atherton	94027	7,415	22.4%	22.4%
Belmont	94002	27,155	23.0%	16.7%
Burlingame	94010	42,760	24.0%	16.8%
Half Moon Bay	94019	20,512	18.7%	19.7%
La Honda	94020	1,697	11.3%	24.3%
Los Altos	94024	23,675	26.2%	19.5%
Los Altos Hills	94022	19,406	23.7%	24.2%
Menlo Park	94025	43,392	25.3%	14.3%
Mountain View	94043	31,161	19.1%	11.1%
East Palo Alto	94303	48,244	27.6%	10.8%
Palo Alto	94301	16,582	20.3%	22.5%
Palo Alto	94304	3,852	18.7%	25.2%
Palo Alto	94306	27,435	22.9%	18.4%
Portola Valley	94028	7,125	23.4%	27.1%
Redwood City	94061	39,023	21.3%	13.0%
Redwood City	94062	28,423	20.9%	18.8%
Redwood City	94063	34,867	24.3%	8.9%
Redwood City	94065	12,461	22.6%	13.5%
San Carlos	94070	31,074	24.7%	15.9%
San Mateo	94401	36,001	21.4%	13.9%
San Mateo	94402	25,703	22.9%	17.5%
San Mateo	94403	44,408	20.5%	15.1%
San Mateo	94404	36,985	21.1%	17.6%
Sequoia Hospital Service Area		609,356	22.8%	15.8%
San Mateo County		767,423	20.8%	15.8%
California		39,283,497	23.0%	14.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov/>

Race/Ethnicity

The largest portion of the population in the service area identifies as White/Caucasian (49.2%), with 22.4% of the population identifying as Asian and 20.5% as Hispanic/Latino. 4.3% of the population identifies as multiracial (two-or-more races), 2.1% as Black/African American, 1% as Native Hawaiian/Pacific Islander, and 0.2% as American Indian/Alaskan Native. Those who are of a race/ethnicity not listed represent 0.4% of the service area population.

Race/Ethnicity

	Sequoia Hospital Service Area	San Mateo County	California
White	49.2%	39.2%	37.2%
Asian	22.4%	28.3%	14.3%
Hispanic or Latino	20.5%	24.4%	39.0%
Multiracial	4.3%	4.0%	3.0%

	Sequoia Hospital Service Area	San Mateo County	California
Black/African American	2.1%	2.2%	5.5%
Native HI/Pacific Islander	1.0%	1.3%	0.4%
Some other race	0.4%	0.4%	0.3%
American Indian/AK Native	0.2%	0.2%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov/>

When race and ethnicity are examined by ZIP Code, 46% of the population in San Mateo ZIP Code 94404 identified as Asian, Redwood City ZIP Code 94063 has the highest percentage of Hispanics/Latinos in the service area (64.8%). East Palo Alto has the highest percentage of Blacks/African Americans in the service area (7.1%). La Honda (89.6%) and Portola Valley (82.5%) have the highest percentage of Whites, and Redwood City ZIP Code 94063 (21.9%) and East Palo Alto (25.3%) have the lowest percentage of Whites in the service area.

Race/Ethnicity, by ZIP Code

	ZIP Code	White	Asian	Hispanic/Latino	Black
Atherton	94027	68.3%	21.8%	4.2%	0.8%
Belmont	94002	53.9%	27.3%	12.1%	1.0%
Burlingame	94010	53.9%	28.8%	10.2%	1.1%
Half Moon Bay	94019	65.2%	5.5%	26.4%	0.4%
La Honda	94020	89.6%	0.8%	5.5%	0.1%
Los Altos	94024	57.4%	31.2%	5.5%	0.4%
Los Altos Hills	94022	60.3%	31.1%	3.3%	0.6%
Menlo Park	94025	59.2%	14.3%	16.5%	3.5%
Mountain View	94043	45.3%	30.5%	15.6%	2.7%
East Palo Alto	94303	25.3%	18.2%	42.0%	7.1%
Palo Alto	94301	64.3%	22.9%	5.0%	1.8%
Palo Alto	94304	64.7%	22.5%	6.5%	2.5%
Palo Alto	94306	51.4%	35.4%	6.8%	2.1%
Portola Valley	94028	82.5%	6.8%	6.1%	0.2%
Redwood City	94061	48.8%	9.2%	36.7%	1.1%
Redwood City	94062	72.8%	8.1%	13.9%	1.0%
Redwood City	94063	21.9%	7.7%	64.8%	2.4%
Redwood City	94065	42.0%	41.3%	7.4%	0.8%
San Carlos	94070	68.1%	15.7%	9.1%	0.7%
San Mateo	94401	28.7%	18.7%	38.8%	2.8%
San Mateo	94402	55.8%	23.8%	13.8%	1.0%
San Mateo	94403	42.5%	28.2%	19.6%	1.6%
San Mateo	94404	38.5%	46.1%	8.3%	2.4%
Sequoia Hospital Service Area		49.2%	22.4%	20.5%	2.1%
San Mateo County		39.2%	28.3%	24.4%	2.2%
California		37.2%	14.3%	39.0%	5.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov/>

Language

In the service area, 59.7% of the population, 5 years and older, speak only English in the home. Among the area population, 16.3% speak Spanish, 13.7% speak an Asian/Pacific Islander language, and 9% speak an Indo-European language in the home.

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

	Sequoia Hospital Service Area	San Mateo County	California
Population, 5 years and older	572,942	723,483	36,831,969
English only	59.7%	54.3%	55.8%
Speaks Spanish	16.3%	18.5%	28.7%
Speaks Asian or Pacific Islander language	13.7%	19.4%	10.0%
Speaks non-Spanish Indo-European language	9.0%	6.9%	4.5%
Speaks other language	1.3%	1.0%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>

The highest percentage of Spanish speakers within the service area, can be found in Redwood City ZIP Code 94063 (57%), followed by East Palo Alto (38.2%). San Mateo ZIP Code 94404 (28.6%), Redwood City ZIP 94065 (24.9%) and Palo Alto 94306 (24.2%) have the highest percentages of Asian/Pacific-Islander language speakers. Redwood City ZIP Code 94065 (17.7%), Palo Alto ZIP 94304 (15.7%) and San Mateo 94404 (15%) have the highest percentages of non-Spanish Indo-European languages spoken at home in the service area.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Non-Spanish Indo European
Atherton	94027	76.1%	2.6%	13.6%	7.4%
Belmont	94002	64.2%	7.0%	15.9%	12.2%
Burlingame	94010	66.9%	6.1%	17.3%	7.9%
Half Moon Bay	94019	69.2%	23.8%	3.4%	3.5%
La Honda	94020	92.1%	2.6%	0.0%	5.1%
Los Altos	94024	63.8%	4.5%	15.3%	14.2%
Los Altos Hills	94022	68.2%	1.5%	17.3%	10.7%
Menlo Park	94025	67.4%	14.0%	7.7%	9.8%
Mountain View	94043	54.8%	13.2%	17.7%	12.8%
East Palo Alto	94303	41.7%	38.2%	12.4%	6.5%
Palo Alto	94301	67.9%	4.7%	16.0%	10.2%
Palo Alto	94304	62.9%	6.2%	13.9%	15.7%
Palo Alto	94306	56.1%	4.4%	24.2%	12.4%
Portola Valley	94028	87.1%	3.5%	1.9%	7.5%
Redwood City	94061	57.0%	31.2%	5.2%	6.3%
Redwood City	94062	77.6%	8.2%	5.6%	7.8%
Redwood City	94063	33.9%	57.0%	4.6%	3.6%
Redwood City	94065	52.8%	2.5%	24.9%	17.7%
San Carlos	94070	78.0%	5.0%	7.8%	8.4%

	ZIP Code	English	Spanish	Asian/Pacific Islander	Non-Spanish Indo European
San Mateo	94401	45.3%	32.2%	15.7%	6.0%
San Mateo	94402	69.4%	10.3%	12.4%	6.9%
San Mateo	94403	59.9%	12.9%	17.8%	8.4%
San Mateo	94404	48.2%	5.3%	28.6%	15.0%
Sequoia Hospital Service Area		59.7%	16.3%	13.7%	9.0%
San Mateo County		54.3%	18.5%	19.4%	6.9%
California		55.8%	28.7%	10.0%	4.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>

The California Department of Education publishes rates of “English Learners,” defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In San Mateo County school districts, the percentage of students who were classified as English Learners was 20.9%. Among area school districts, English Learners ranged from 4.2% of the student body in Portola Valley Elementary School District to 53.2% of students in Ravenswood City Elementary School District.

English Learner (EL) Students, by School District

	Number	Percent
Belmont-Redwood Shores Elementary School Dist.	442	10.3%
Burlingame Elementary School District	504	14.3%
Cabrillo Unified School District	686	21.9%
Cupertino Union School District	2,648	15.8%
La Honda-Pescadero Unified School District	125	40.8%
Las Lomas Elementary School District	70	5.8%
Los Altos Elementary School District	444	11.1%
Menlo Park City Elementary School District	197	6.7%
Mountain View-Los Altos Union High School Dist.	250	5.5%
Mountain View-Whisman School District	1,110	21.8%
Palo Alto Unified School District	1,099	9.4%
Portola Valley Elementary School District	23	4.2%
Ravenswood City Elementary School District	1,723	53.2%
Redwood City Elementary School District	3,202	37.6%
San Carlos Elementary School District	210	6.2%
San Mateo Foster City School District	2,794	24.1%
San Mateo Union High School District	994	10.1%
Sequoia Union High School District	1,516	14.8%
San Mateo County	19,507	20.9%
California	1,148,024	18.6%

Source: California Department of Education DataQuest, 2019-2020. <http://dq.cde.ca.gov/dataquest/>

Veteran Status

In the service area, 3.9% of the civilian population, 18 years and older, are veterans. This is lower than county (4.1%) and state (5.2%) rates. Rates of former military service ranged from 2.5% in East Palo Alto to 10% in La Honda.

Veteran Status

	ZIP Code	Percent
Atherton	94027	6.0%
Belmont	94002	3.8%
Burlingame	94010	4.9%
Half Moon Bay	94019	5.8%
La Honda	94020	10.0%
Los Altos	94024	3.9%
Los Altos Hills	94022	5.1%
Menlo Park	94025	4.0%
Mountain View	94043	2.7%
East Palo Alto	94303	2.5%
Palo Alto	94301	3.7%
Palo Alto	94304	5.3%
Palo Alto	94306	3.0%
Portola Valley	94028	6.2%
Redwood City	94061	3.8%
Redwood City	94062	5.3%
Redwood City	94063	3.1%
Redwood City	94065	3.5%
San Carlos	94070	4.0%
San Mateo	94401	2.9%
San Mateo	94402	4.4%
San Mateo	94403	3.1%
San Mateo	94404	3.9%
Sequoia Hospital Service Area		3.9%
San Mateo County		4.1%
California		5.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

Citizenship

In the service area, 32.1% of the population is foreign-born, which is lower than the county rate (34.8%) but higher than the state rate (26.8%). Of the foreign-born, 49.3% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Sequoia Hospital Service Area	San Mateo County	California
Foreign born	32.1%	34.8%	26.8%
Of the foreign born, not a U.S. citizen	49.3%	42.4%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county’s residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. San Mateo County is ranked 2nd among ranked counties in California, placing it at the top of the state’s counties. Santa Clara County ranks 4th, the same ranking it held in 2020.

Social and Economic Factors Ranking

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

Source: County Health Rankings, 2021 <http://www.countyhealthrankings.org>

The SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States, are given an Index Value from 0 (low need) to 100 (high need), though only those counties for which a website exists can be displayed (San Mateo has such a website: smcalltogetherbetter.org; Santa Clara County currently does not).

To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value. Redwood City 94063 has a ranking of 5 and San Mateo 94401 has a ranking of 4. East Palo Alto and Redwood City 94061 have rankings of 3. Half Moon Bay and San Mateo 94403 have rankings of 2. The remaining area ZIP Codes located in San Mateo County have a ranking of 1, or low need.

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Atherton	94027	0.0	1
Belmont	94002	1.1	1
Burlingame	94010	1.0	1
Half Moon Bay	94019	4.0	2
La Honda	94020	2.0	1
Los Altos	94024	N/A	N/A
Los Altos Hills	94022	N/A	N/A
Menlo Park	94025	1.4	1
Mountain View	94043	N/A	N/A
East Palo Alto	94303	11.7	3
Palo Alto	94301	N/A	N/A
Palo Alto	94304	N/A	N/A

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Palo Alto	94306	N/A	N/A
Portola Valley	94028	0.1	1
Redwood City	94061	7.5	3
Redwood City	94062	0.5	1
Redwood City	94063	57.3	5
Redwood City	94065	0.6	1
San Carlos	94070	0.2	1
San Mateo	94401	19.7	4
San Mateo	94402	0.8	1
San Mateo	94403	2.6	2
San Mateo	94404	1.1	1
San Mateo County		0.4	N/A

Source: 2021 SocioNeeds Index, <http://smcalltogetherbetter.org> N/A = Not Available due to being in Santa Clara County or (in the case of San Mateo County) a ranking not being provided.

In September and October, 2020, the John W. Gardner Center for Youth and Their Communities conducted a Redwood City & North Fair Oaks Community Needs Assessment. The survey findings addressed: food, housing, employment, medical care, childcare, education, and technology.

Key takeaways from this survey:

Healthcare Insecurity - Always has been high (20-25%) but has not increased as much as other unmet needs since COVID.

Food Insecurity - Increased dramatically and remains relatively high (15%), despite widespread awareness of multiple services.

Housing Insecurity - Affects one-third of renters (30-35%), with a small but meaningful portion (7%) under eviction threat.

Digital Divide - Most pronounced for high-quality technology, for example: Lack of installed internet (15-30%), Lack of a home computer (20-40%)

Distance Learning - Top challenges include: Lack of private workspace (22%),

Insufficient support from teachers or school staff (20%)

Source: Balzer Carr, B, and Gerstein, A. (2021). Redwood City & North Fair Oaks Community Needs Assessment Survey Findings. <https://gardnercenter.stanford.edu/publications/redwood-city-north-fair-oaks-covid-19-community-needs-assessment-survey-findings>

Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 3.5%. This is lower than San Mateo County (3.7%) and lower than the state unemployment rate (6.1%). The highest rate of unemployment was found in San Mateo ZIP Code 94401 (5.2%). The lowest unemployment rates in the service area can be found in Palo Alto 94304 (0.9%).

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Atherton	94027	3,191	147	4.6%
Belmont	94002	14,745	466	3.2%
Burlingame	94010	22,547	961	4.3%
Half Moon Bay	94019	11,661	443	3.8%
La Honda	94020	987	26	2.6%
Los Altos	94024	11,079	350	3.2%
Los Altos Hills	94022	8,564	287	3.4%
Menlo Park	94025	22,462	843	3.8%
Mountain View	94043	18,974	577	3.0%
East Palo Alto	94303	25,345	1,005	4.0%
Palo Alto	94301	8,469	357	4.2%
Palo Alto	94304	1,754	15	0.9%
Palo Alto	94306	13,641	389	2.9%
Portola Valley	94028	2,920	93	3.2%
Redwood City	94061	22,538	603	2.7%
Redwood City	94062	15,331	420	2.7%
Redwood City	94063	18,912	640	3.4%
Redwood City	94065	7,180	333	4.6%
San Carlos	94070	17,358	569	3.3%
San Mateo	94401	20,976	1,090	5.2%
San Mateo	94402	14,039	429	3.1%
San Mateo	94403	25,772	772	3.0%
San Mateo	94404	20,193	639	3.2%
Sequoia Hospital Service Area		328,638	11,454	3.5%
San Mateo County		430,851	16,104	3.7%
California		19,790,474	1,199,233	6.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov/>

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was \$13,011 and for a family of four \$25,926. Among the residents in the service area, 6.5% are at or below 100% of the federal poverty level (FPL) and 15.3% are at 200% of FPL or below. These poverty and low-income rates are slightly lower than county rates and much lower than state rates. The highest poverty and low-income rates in the service area are found in Redwood City ZIP Code 94063, where 15.9% of the population lives in poverty and 38.9% qualify as low-income. Portola Valley has the lowest rate of poverty (1.4%) and Los Altos has the lowest rate of low-income residents (4%).

Ratio of Income to Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Atherton	94027	3.6%	6.6%
Belmont	94002	4.1%	9.4%
Burlingame	94010	3.9%	10.2%
Half Moon Bay	94019	5.5%	14.7%
La Honda	94020	7.9%	15.8%

	ZIP Code	<100% FPL	<200% FPL
Los Altos	94024	1.8%	4.0%
Los Altos Hills	94022	4.4%	6.7%
Menlo Park	94025	7.3%	14.7%
Mountain View	94043	6.7%	13.5%
East Palo Alto	94303	9.9%	25.0%
Palo Alto	94301	7.0%	11.7%
Palo Alto	94304	8.8%	12.5%
Palo Alto	94306	6.3%	13.4%
Portola Valley	94028	1.4%	5.3%
Redwood City	94061	6.6%	21.3%
Redwood City	94062	6.7%	11.7%
Redwood City	94063	15.9%	38.9%
Redwood City	94065	4.7%	8.6%
San Carlos	94070	2.9%	6.7%
San Mateo	94401	11.1%	31.2%
San Mateo	94402	3.9%	10.0%
San Mateo	94403	6.5%	13.2%
San Mateo	94404	4.4%	9.2%
Sequoia Hospital Service Area		6.5%	15.3%
San Mateo County		6.7%	16.7%
California		13.4%	31.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. <http://data.census.gov/>

Redwood City ZIP Code 94063 has the highest rate of poverty among children (22.4%) in the service area. Mountain View has the highest rate of poverty among seniors (15.6%). In East Palo Alto, 32.3% female heads-of-household (HoH), living with their own children, under the age of 18, live in poverty. This rate is similar to that found in Redwood City ZIP Codes 94062 (31.8%), and 94063 (30.5%), and Palo Alto ZIP Code 94301 (30.2%).

Poverty Levels of Children, Under Age 18, Seniors, Ages 65 and Older, and Female HoH

	ZIP Code	Children	Seniors	Female HoH with Children*
Atherton	94027	1.5%	1.9%	7.8%
Belmont	94002	2.7%	4.4%	5.2%
Burlingame	94010	3.4%	3.1%	21.0%
Half Moon Bay	94019	7.3%	7.2%	5.7%
La Honda	94020	0.0%	8.3%	**N/A
Los Altos	94024	2.1%	1.9%	10.8%
Los Altos Hills	94022	2.9%	3.3%	8.5%
Menlo Park	94025	5.4%	7.7%	25.2%
Mountain View	94043	4.6%	15.6%	10.0%
East Palo Alto	94303	13.3%	8.8%	32.3%
Palo Alto	94301	6.8%	11.0%	30.2%
Palo Alto	94304	5.1%	3.8%	20.0%
Palo Alto	94306	5.2%	5.5%	17.0%
Portola Valley	94028	0.0%	1.8%	0.0%
Redwood City	94061	6.9%	6.6%	17.9%
Redwood City	94062	8.7%	5.1%	31.8%

	ZIP Code	Children	Seniors	Female HoH with Children*
Redwood City	94063	22.4%	12.2%	30.5%
Redwood City	94065	3.4%	2.3%	0.0%
San Carlos	94070	0.9%	4.6%	5.7%
San Mateo	94401	13.7%	8.7%	17.1%
San Mateo	94402	3.0%	3.9%	16.5%
San Mateo	94403	6.7%	9.7%	15.6%
San Mateo	94404	4.4%	6.4%	7.7%
Sequoia Hospital Service Area		6.9%	6.4%	18.9%
San Mateo County		7.4%	6.5%	18.7%
California		18.1%	10.2%	33.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 & *S1702. <http://data.census.gov/> **No female HoH with Children recorded in ZIP Code.

Community Input – Senior Health

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

- Seniors can be a difficult to reach population. They are very proud, don't like to ask for help, many are homebound, and they do not always have friends or family, so they become isolated.
- Lack of socialization has impacted cognitive, mental health and everyday living skills of our seniors.
- Keep seniors safe and engaged in a way that makes sense to them. We changed our language from “social distancing” to “physical distance but maintain social connection,” a critical distinction.
- Many seniors are food insecure and transportation dependent and do not have a deep connection outside of their personal activities that are vital to their wellbeing. This is especially true for seniors of color, LGBTQ, and those not eligible for public support programs.
- We encourage learning, attending health information classes, exercising, and maintaining a good diet and good nutrition.
- Older immigrants who are undocumented and do not receive Medicare or do not have family support are particularly vulnerable.
- There are technology barriers for mental health services for seniors. During the pandemic, many seniors were unable/unwilling to use telehealth. They find it unsatisfactory and so they are not accessing it. That leads to other problems with social isolation and depression.
- During the pandemic, everything went online (i.e., advertising for programs and assistance resources). Many seniors at higher risk did not have access to or knowledge of programs/services.
- Seniors don't always have a computer or internet and are not tech savvy to navigate online systems.
- Seniors are some of the most vulnerable people out there and they can't tell who is

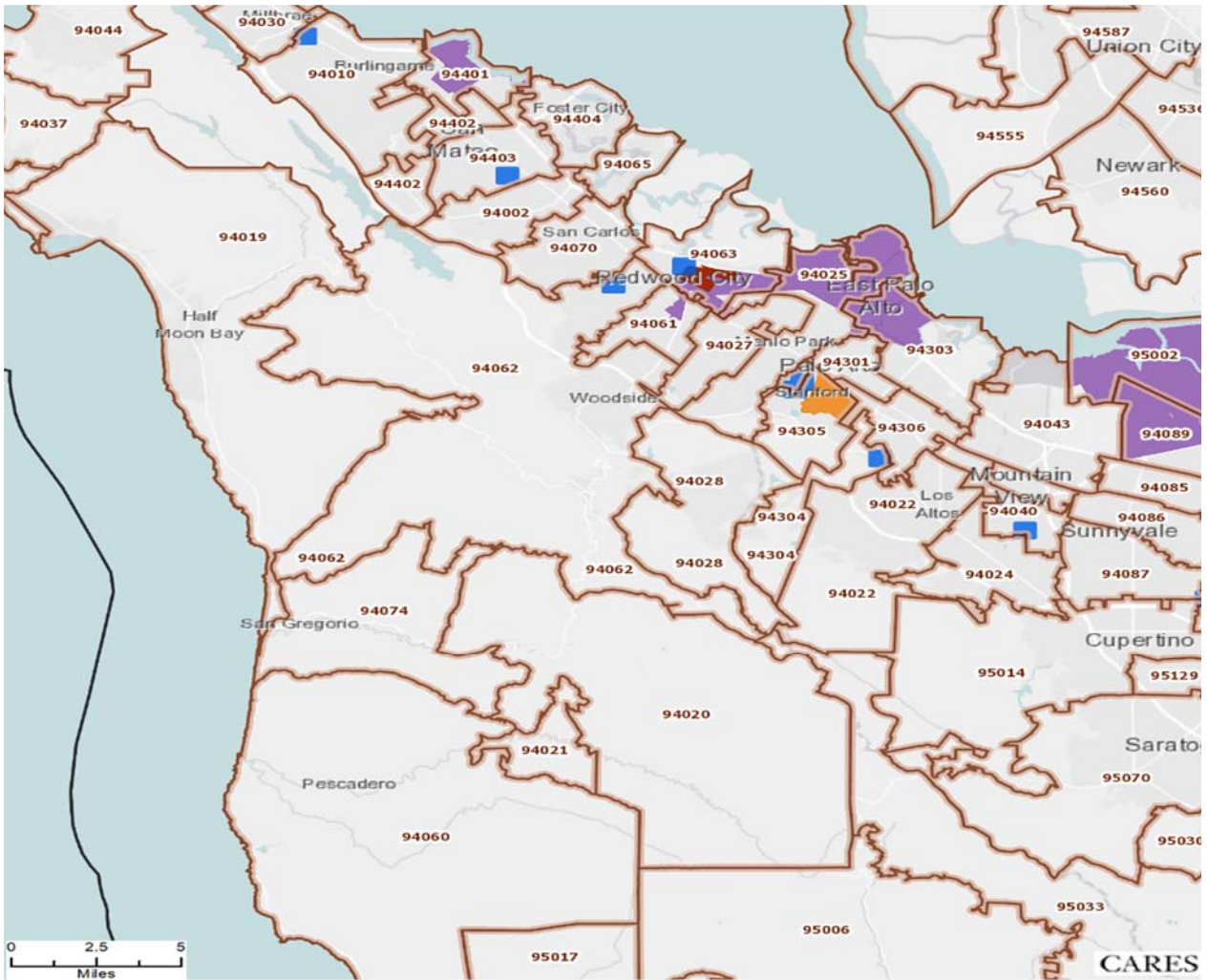
vaccinated and who is not. They are at the mercy of people being honest about it.

- Seniors purchased homes decades ago but their families moved out of the area because they could not afford to stay. During the pandemic, social networks disappeared.
- Mental health has been a significant issue, in addition to food insecurity. There is fear in connecting with older people to provide services. How do we reach this population virtually, how comfortable are they with technology, and when is it appropriate to come into office/hospitals/clinics?
- Older adults are dealing with cognitive changes and there is a lot of denial around that, especially in certain Asian and Latinx communities. It is kept a secret, or the family denies it.
- We need more affordable residential care facilities for the elderly. There is a huge need for board and care for individuals who cannot take care of their activities of daily living.
- Many disabled persons have taken medications for their lifetime. Our clients are like someone who is elderly, but they are in their 50s, a result of taking psychotropic drugs for a protracted time.
- We need a more holistic approach to mental health, physical health and spiritual health versus overmedicating people. We need to promote companionship and fellowship. We need more access to transportation so seniors can go to senior centers. Loneliness has really impacted seniors during this time.

Vulnerable Populations

When vulnerable populations in the area were mapped, pockets of poverty emerge. The map below shows the Dignity Health Sequoia Hospital service area and surrounding areas, highlighting the percentage of each ZIP Code with more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for poverty and education are noted on the map in brown. Blue squares represent area hospitals.

Portions of Stanford have a high percentage of poverty. Menlo Park, East Palo Alto, and parts of San Mateo and Redwood City have a population with low education levels. Sections of Redwood City contain a high percentage of vulnerable populations, with 25% or more of the population possessing less than a high school education and poverty found among 20% or more of the population.



Source: https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranges widely, from 3.7% of students in the Cupertino Union School District to 89% in the Ravenswood City Elementary School District. Other school districts with percentages above the county average are Redwood City Elementary (59.6%), La Honda-Pescadero Unified (51.3%), Cabrillo Unified (40.5%), and Sequoia Union High (37.4%).

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Belmont-Redwood Shores Elementary School Dist.	8.4%

	Percent Eligible Students
Burlingame Elementary School District	11.5%
Cabrillo Unified School District	40.5%
Cupertino Union School District	3.7%
La Honda-Pescadero Unified School District	51.3%
Las Lomas Elementary School District	6.5%
Los Altos Elementary School District	5.9%
Menlo Park City Elementary School District	8.4%
Mountain View-Los Altos Union High School Dist.	16.1%
Mountain View-Whisman School District	30.8%
Palo Alto Unified School District	9.9%
Portola Valley Elementary School District	6.5%
Ravenswood City Elementary School District	89.0%
Redwood City Elementary School District	59.6%
San Carlos Elementary School District	5.1%
San Mateo Foster City School District	26.4%
San Mateo Union High School District	23.6%
Sequoia Union High School District	37.4%
San Mateo County	32.8%
California	59.3%

Source: California Department of Education, 2019-2020. <http://data1.cde.ca.gov/dataquest/>

Transportation

San Mateo County workers spend, on average, 29.3 minutes a day commuting to work. 67.8% of workers drive alone to work and 41.6% of solo drivers have a long commute. Few workers commute by public transportation (11%) or walk to work (2.6%). La Honda has the longest average commute among service area communities, with a 41.4-minute commute.

Transportation/Commute to Work

	San Mateo County	California
Mean travel time to work (in minutes)	29.3	29.8
Solo drivers with a long commute*	41.6%	41.2%
Workers commuting by public transportation	11.0%	5.1%
Workers who drive alone	67.8%	73.7%
Workers who walk to work	2.6%	2.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019 and *2014-2018 via County Health Rankings. Conduent Healthy Communities, <http://smcalltogetherbetter.org>

Households

In the service area, there are 220,693 households and 234,575 housing units. Over the last five years, the population grew by 4.3%, the number of households grew at a rate of 1.9%, housing units grew at a rate of 2.7%, and vacant units increased by 16.4%. Owner-occupied housing increased by 1.8% and renters increased by 2.1%.

Households and Housing Units, and Percent Change

	Sequoia Hospital Service Area			San Mateo County		
	2014	2019	Percent Change	2014	2019	Percent Change
Households	216,551	220,693	1.9%	258,683	263,543	1.9%
Housing units	228,480	234,575	2.7%	272,187	277,773	2.1%
Owner occ.	128,898	131,173	1.8%	153,322	158,543	3.4%
Renter occ.	87,653	89,520	2.1%	105,361	105,000	-0.3%
Vacant	11,929	13,882	16.4%	13,504	14,230	5.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. <http://data.census.gov/>

The weighted average of the median household income in the service area is in excess of \$149,324 (two area ZIP Codes have medians in excess of the maximum on the current Census questionnaire), and ranges from \$77,166 in Redwood City ZIP Code 94063 to over \$250,000 in Atherton and Los Altos.

Median Household Income

	ZIP Code	Households	Median Household Income
Atherton	94027	2,318	**\$250,000+
Belmont	94002	10,323	\$155,473
Burlingame	94010	16,062	\$152,388
Half Moon Bay	94019	7,452	\$136,758
La Honda	94020	661	\$139,219
Los Altos	94024	7,815	**\$250,000+
Los Altos Hills	94022	7,202	\$223,859
Menlo Park	94025	15,106	\$161,827
Mountain View	94043	13,046	\$138,232
East Palo Alto	94303	14,310	\$105,763
Palo Alto	94301	7,042	\$159,148
Palo Alto	94304	1,846	\$130,227
Palo Alto	94306	10,680	\$143,606
Portola Valley	94028	2,508	\$234,091
Redwood City	94061	13,942	\$112,609
Redwood City	94062	10,190	\$178,480
Redwood City	94063	10,647	\$77,166
Redwood City	94065	5,197	\$172,663
San Carlos	94070	11,537	\$185,459
San Mateo	94401	12,397	\$93,850
San Mateo	94402	9,542	\$169,086
San Mateo	94403	16,529	\$134,875
San Mateo	94404	14,341	\$149,836
Sequoia Hospital Service Area*		220,693	**\$149,324
San Mateo County		263,543	\$122,641
California		13,044,266	\$75,235

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. <http://data.census.gov/> *Weighted average of the medians. This is an approximation, and the median is likely higher due to Atherton and Los Altos. **The true median is in excess of \$250,000 for households in these two ZIP Codes, as that is as high as the questionnaire goes.

According to the US Department of Housing and Urban Development, those who spend

more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” 35% of owner and renter occupied households in the service area spend 30% or more of their income on housing. This is similar to the county rate (37%) but lower than the state rate (41.7%). The ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Redwood City ZIP Code 94063 (51.3%), San Mateo ZIP Code 94401 (46%), Redwood City ZIP 94061 (40.4%) and East Palo Alto (40.2%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Atherton	94027	28.7%
Belmont	94002	30.2%
Burlingame	94010	33.7%
Half Moon Bay	94019	33.4%
La Honda	94020	26.8%
Los Altos	94024	26.4%
Los Altos Hills	94022	27.9%
Menlo Park	94025	35.9%
Mountain View	94043	32.9%
East Palo Alto	94303	40.2%
Palo Alto	94301	31.3%
Palo Alto	94304	37.2%
Palo Alto	94306	33.2%
Portola Valley	94028	24.9%
Redwood City	94061	40.4%
Redwood City	94062	31.3%
Redwood City	94063	51.3%
Redwood City	94065	34.4%
San Carlos	94070	27.4%
San Mateo	94401	46.0%
San Mateo	94402	30.0%
San Mateo	94403	36.9%
San Mateo	94404	34.5%
Sequoia Hospital Service Area		35.0%
San Mateo County		37.0%
California		41.7%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. <http://data.census.gov/>

Households by Type

The service area has 27.7% of family households (married or cohabiting couples), with children under 18 years old, and 3.1% of households are households with a female as head of household with children, with no spouse or partner present. Finally, 10.6% of area households are seniors who live alone, which is higher than the county (9.9%) and state (9.5%) rates. Seniors living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family* Households with Children Under Age 18	Female Head of Household with own Children Under Age 18	Seniors, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Sequoia Hospital Service Area	220,693	27.7%	3.1%	10.6%
San Mateo County	263,543	25.6%	3.2%	9.9%
California	13,044,266	24.0%	4.8%	9.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/> *Family Households refers to married or cohabiting couples with householder's children under 18.

In the service area there are 220,693 households. About a quarter (25.4%) are households with 4 or more persons, 33.2% are two-person households.

Household Size

	Sequoia Hospital	San Mateo County	California
1 person households	23.8%	22.3%	23.8%
2 person households	33.2%	32.0%	30.4%
3 person households	17.6%	18.2%	16.7%
4+ person households	25.4%	27.5%	29.1%

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

Eldercare

Eldercare settings are an important element of long-term services and support systems for older adults who cannot live alone or need extra assistance with daily tasks, but do not require the skilled care provided by nursing homes. The services provided in these facilities vary according to the needs of the individuals, but typically include help with medications and assistance with personal hygiene, dressing and grooming. Eldercare includes adult day care centers and care for an infirm person in one's home or someone else's home, but not nursing homes.

Some of the most affluent ZIP Codes in the service area spend the highest percentage of their household consumer expenditures on eldercare: 0.41% in Atherton and 0.37% in Portola Valley. The lowest-earning ZIP Code in the service area (Redwood City 94063) spends the lowest percent on eldercare (0.08%).

Consumer Expenditures Spent on Eldercare

	ZIP Code	Percent
Atherton	94027	0.41%
Belmont	94002	0.18%
Burlingame	94010	0.22%

	ZIP Code	Percent
Half Moon Bay	94019	0.16%
La Honda	94020	0.10%
Los Altos	94024	N/A
Los Altos Hills	94022	N/A
Menlo Park	94025	0.20%
Mountain View	94043	N/A
East Palo Alto	94303	0.18%
Palo Alto	94301	N/A
Palo Alto	94304	N/A
Palo Alto	94306	N/A
Portola Valley	94028	0.37%
Redwood City	94061	0.15%
Redwood City	94062	0.21%
Redwood City	94063	0.08%
Redwood City	94065	0.11%
San Carlos	94070	0.19%
San Mateo	94401	0.12%
San Mateo	94402	0.23%
San Mateo	94403	0.16%
San Mateo	94404	0.15%
San Mateo County		0.17%
California		0.13%

Source: Claritas Consumer Buying Power, 2019. Conduent Healthy Communities Institute. <http://smcalltogetherbetter.org>

Homelessness

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

On January 30th, 2019, there were an estimated 1,512 homeless individuals in San Mateo County. From 2017 to 2019, the homeless population has risen in the county, while the proportion of sheltered homeless declined from 49.2% in 2017 to 40.5% in 2019. The proportion of sheltered homeless persons that were in emergency housing versus transitional housing rose from 34.3% in 2017 to 43.5% in 2019. These patterns were matched in Santa Clara County, where the number of unsheltered persons who were homeless rose from 5,448 individuals in 2017 to 7,922 in 2019. The number of sheltered homeless individuals fell from 1,946 in 2017 to 1,784 in 2019.

Homeless Point-in-Time Count, San Mateo County, 2011 to 2019

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

Source: San Mateo County Human Services Agency (HAS), 2019 One Day Homeless Count. <https://hsa.smcgov.org/2019-one-day-homeless-count>

Over the past eight years, the percentage of homeless persons living in tents, encampments, or on the street has declined while the percentage of homeless persons living in cars and RVs has risen noticeably.

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

	2011	2019
Tents/encampments	27.9%	7.3%
RVs	21.2%	54.8%
Cars	10.8%	20.4%
On the street	40.1%	17.4%

Source: San Mateo County Human Services Agency (HAS), 2019 One Day Homeless Count. <https://hsa.smcgov.org/2019-one-day-homeless-count>

Among unsheltered homeless persons, 4.9% were children under age 18 (only one of whom was an unaccompanied minor), 2.1% were ‘transition-age youth’ (18 to 24 years old), 3.8% were veterans, and 28% were chronically homeless. One of the unaccompanied youth identified as transgender, and four were chronically homeless. Of the 857 unsheltered adults, 22.1% were identified as having a serious mental illness, 12% were identified as having a substance use disorder, and 12% as having been victims of domestic violence. No unsheltered homeless individuals identified as having HIV/AIDS, though four sheltered individuals (1 emergency, 3 transitional housing) did.

Unsheltered Homeless Subpopulations, San Mateo County

	Count	Percent
Children, under age 18	44	4.9%
Youth, 18 to 24 years old	19	2.1%
Veterans	34	3.8%
Chronically homeless	252	28.0%
Transgender or gender nonconforming	1	0.1%
Adults with a serious mental illness	189	22.1%
Adults with substance use disorder	103	12.0%
Adults with HIV/AIDS	0	0.0%
Victims of domestic violence	103	12.0%

Source: San Mateo County Human Services Agency (HAS), 2019 One Day Homeless Count. <https://hsa.smcgov.org/2019-one-day-homeless-count>

The largest number of San Mateo County’s unsheltered homeless individuals lived in Redwood City, representing 24.5% of the total unsheltered homeless population. The second-largest number of homeless persons were found in East Palo Alto, which represented 11.9% of the unsheltered population in the county.

Unsheltered Homeless Individuals, by City

	Number	Percent of Total
Atherton	1	0.1%

	Number	Percent of Total
Belmont	7	0.8%
Burlingame	25	2.8%
Half Moon Bay	54	6.0%
East Palo Alto	107	11.9%
Los Altos*	76	1.0%
Los Altos Hills*	2	0.03%
Menlo Park	27	3.0%
Mountain View*	574	7.2%
Palo Alto*	299	3.8%
Portola Valley	0	0.0%
Redwood City	221	24.5%
San Carlos	30	3.3%
San Mateo	74	8.2%

Source: San Mateo County Human Services Agency (HAS), 2019 One Day Homeless Count. <https://hsa.smcgov.org/2019-one-day-homeless-count> *Los Altos, Los Altos Hills, Mountain View & Palo Alto are located in Santa Clara County, and % of Total are of that county's count (7,922 total unsheltered homeless in 2019). Source: Santa Clara County Homeless Census & Survey, 2019. <https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf>

Community Input – Housing and Homelessness

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

- We're seeing more homeless older adults. Affordable housing is minimal and the wait list is long.
- For older adults, home safety and clutter are issues. If independent living is needed, some hate it There aren't enough affordable housing options.
- There is stress related to the rent moratorium. We have clients who live 10 to 12 people in a two- bedroom house and recovery funding is not available if your name is not on the lease.
- In the Bay area, they are building more affordable housing than ever before, but it is still hard to find an affordable rental for families. A lot of our staff commute long distances, adding to their stress.
- People are being displaced and moved away from loved ones, jobs, and social networks. They either must commute or find new work.
- Homelessness can start from being evicted, but also from being untreated for mental health issues. People may not understand that homelessness starts way before someone ends up on the streets.
- People are overcrowding in housing, resulting in increased infections and challenges for a safe, quiet place for children to learn. There are also domestic violence and mental health issues.
- We see people go from place to place, living with various relatives. If they don't have internet access or are working multiple jobs, it can be difficult to look for housing.
- The county has increased coordination for the housing insecure, but there's a gap - those for whom retaining housing is a month-by-month risk (i.e., apartment renters in neighborhoods where there is less expensive housing); this intersects with

populations of color.

- We identify at-risk students, but it is a difficult population to identify/track. There is sometimes confusion with identifying homelessness; the formal definition includes more than one might think.
- We need to take the lessons learned from Project Room Key and expand upon them and carry them out in the future, so they are part of our overall system.
- Significant funds were finally put into housing and the homeless were moved into hotels. But many younger individuals decide not to use the system - the work is too hard and the payoff inadequate.
- We see tremendous hesitancy with going into a shelter. This may be due to a safety issue or trying to escape their trafficker. We need a safe parking programs with wraparound services.
- With homelessness and temporary shelters, staff are not adequately trained for LGBTQ issues.
- We need a bed for every individual sleeping on the street; we're almost there. We need cities to transition people out of their oversized vehicles. There is a huge influx of people living in their RVs.
- When renter moratoriums end, we anticipate significant back rent that renters will never be able to pay back. As for assistance funds, some landlords don't participate, tenants may not know how to access services, they have concerns about their documentation, or have language barriers.
- We need to have materials available in other languages so people know what is going on.

Public Program Participation

In San Mateo County, 34.1% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 11.9% of low-income residents utilized food stamps. This food-stamp utilization level among low-income residents was lower than the state rate (23.7%). WIC benefits were more readily accessed: 51.6% of county children, 6 years and younger, accessed WIC benefits, which was higher than the state rate of use (41.7%). 4.9% of county residents were TANF/CalWorks recipients, compared to 12.2% for the state.

Public Program Participation

	San Mateo County	California
Not able to afford food (<200%FPL)	34.1%	40.0%
Food stamp recipients (<200% FPL)**	*11.9%	23.7%
WIC usage among children, 6 years and under***	51.6%	41.7%
TANF/CalWorks recipients****	*4.9%	12.2%

Source: California Health Interview Survey, 2017-2019; **2019 ***2015-2016 & 2018-2019, combined, ****2014-2016.
<http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In the service area, 2.6% of residents received SSI benefits, 1.2% received cash public assistance income, and 2.8% of residents received food stamp benefits. These rates were lower than the county and state rates.

Household Supportive Benefits

	Sequoia Hospital	San Mateo County	California
Total households	220,693	263,543	13,044,266
Supplemental Security Income (SSI)	2.6%	3.3%	6.1%
Public Assistance	1.2%	1.5%	3.2%
Food Stamps/SNAP	2.8%	3.3%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov>

CalFresh Eligibility and Participation

CalFresh is California’s food stamp program. According to the California Department of Social Services, 37% of eligible households or 12,310 households in San Mateo County received food stamps (CalFresh) in 2018.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate (% of eligible households)
San Mateo County	12,310	37%
California	1,947,113	71%

Source: California Department of Social Services CalFresh Data Dashboard, 2018. <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially-acceptable ways. In San Mateo County, 6.8% of the population experienced food insecurity in 2018. Among children in San Mateo County, 7.7% lived in households that experienced food insecurity. Feeding America estimated that 58% of those experiencing food insecurity in San Mateo County, and 64% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP.

Food Insecurity

	San Mateo County		California	
	Number	Rate	Number	Rate
Total population experienced food insecurity during the year	52,280	6.8%	4,291,830	10.8%
Children, under 18, experienced food insecurity during the year	12,490	7.7%	1,362,340	15.2%

Source: Feeding America, 2018. <https://map.feedingamerica.org/county/2018/overall/california/county/san-mateo>

Community Input – Food Insecurity

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

- Food insecurity is an indicator of overall economic insecurity. The cost of living has gone up, income levels have not.
- A Stanford survey revealed food was a main issue that communities are facing, even with food banks doing unprecedented amounts of distribution. Seniors are disproportionately impacted.
- The number of people who applied for CalFresh increased astronomically in our community due to food insecurity and the pandemic. A huge percentage are first time applicants.
- Even though there are services out there to help pay rent, there are many clients who feel rent comes first before basic food and nutritional needs.
- We see many who are in need but don't have cars/transportation to obtain available resources. Carrying a big box of food is difficult on public transportation.
- Many who never needed assistance prior to the pandemic only survived because of food banks. School districts are offering free lunches to all in the next school year, regardless of income.
- Some safety net programs doubled during the pandemic. We provided free lunches for all school children. It highlighted the underlying food insecurity that was more hidden before the pandemic.
- Free food utilization at schools was lower than expected. Some families aren't comfortable being seen receiving food. Another barrier was transportation. Some didn't feel welcome standing in line at drive-through sites. At school, kids receive free/reduced meals, and it is very subtle. This is different.
- With many seniors, their ability to cook nutritious meals goes down with age, as well as their ability to shop for nutritious food, while the cost of food continues to go up.
- If we can't deliver food to seniors, they'll do without and have poor quality food.
- There is lack of knowledge about where to get food. The country tries hard, they have a community handbook, but understanding where help is available and how to access it is still a challenge.
- Communication is a challenge. Not everyone has a computer and technology. We need to make sure information is translated into the languages they speak, i.e., Spanish, Tongan, and Tagalog. How do we provide translation services to those communities most at risk?
- The issue is malnutrition in terms of eating the wrong foods, partially availability of foods and cultural issues. People get hooked on fast food; it's more about the wrong food versus lack of food.

- Many don't know they can access the food bank, or they have preconceived notions of what we are (canned food not fresh food) or don't think they qualify. We accept CalFresh, but few who qualify use our services. There are many myths, like the fear that getting food will impact immigration status.

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 8.3% of adults, ages 25 and older, lack a high school diploma, which is lower than the county (10.4%) and state (16.7%) rates. 63.1% of area adults have a Bachelor's degree or higher degree, which is higher than the county (51%) and state (33.9%) rates.

Education Levels, Population 25 Years and Older

	Sequoia Hospital Service Area	San Mateo County	California
Population, 25 years and older	430,659	551,290	26,471,543
Less than 9 th grade	5.2%	6.2%	9.2%
9 th to 12 th grade, no diploma	3.1%	4.2%	7.5%
High school graduate	10.6%	14.9%	20.5%
Some college, no degree	12.7%	16.7%	21.1%
Associate's degree	5.3%	7.0%	7.8%
Bachelor's degree	29.3%	29.0%	21.2%
Graduate/professional degree	33.8%	22.0%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>.

High School Graduation Rates

High school graduation rates are the percentage of high school students who graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Among area school districts available for analysis, Cabrillo Unified and Sequoia Union High School Districts did not meet this objective in 2019 and 2020. Graduation rates dropped in the 2019 to 2020 graduation years, in the state and several local school districts, possibly due to the effects of the pandemic. However, while some districts saw slight changes, only 43% of the Mountain View-Los Altos 1,089 Senior cohort graduated on time in 2020, compared to a 92.1% graduation rate the prior year. The reason for this decline is not known but may be impacted by COVID-19.

High School Graduation Rates

	2018-2019	2019-2020
Cabrillo Unified School District	88.4%	89.3%
Mountain View-Los Altos Union High School Dist.	92.1%	43.0%
Palo Alto Unified School District	95.4%	94.5%
San Mateo Union High School District	93.2%	90.8%
Sequoia Union High School District	85.6%	86.9%
San Mateo County	88.3%	88.4%
California	88.1%	87.6%

Source: California Department of Education DataQuest, 2018-2019, 2019-2020. <http://dq.cde.ca.gov/dataquest/>

Preschool Enrollment

71.1% of children, ages 3 and 4, were enrolled in preschool in the service area, which was higher than state (49.6%) and county (64.3%) rates. The enrollment rates ranged from 39% in San Mateo 94401 to 100% in Portola Valley.

Preschool Enrollment, Children, Ages 3 and 4

	ZIP Code	Population, Ages 3 and 4	Percent Enrolled
Atherton	94027	199	97.5%
Belmont	94002	558	71.3%
Burlingame	94010	1,039	83.8%
Half Moon Bay	94019	350	74.6%
La Honda	94020	0	N/A
Los Altos	94024	526	92.6%
Los Altos Hills	94022	335	86.0%
Menlo Park	94025	1,276	71.2%
Mountain View	94043	842	79.1%
East Palo Alto	94303	1,282	54.9%
Palo Alto	94301	206	85.4%
Palo Alto	94304	72	76.4%
Palo Alto	94306	604	74.0%
Portola Valley	94028	88	100.0%
Redwood City	94061	990	71.0%
Redwood City	94062	523	64.6%
Redwood City	94063	782	52.7%
Redwood City	94065	248	83.5%
San Carlos	94070	888	81.1%
San Mateo	94401	1,119	39.0%
San Mateo	94402	463	76.5%
San Mateo	94403	1,129	76.8%
San Mateo	94404	821	74.2%
Sequoia Hospital Service Area		14,340	71.1%
San Mateo County		17,629	64.3%
California		1,021,926	49.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. <http://data.census.gov/>

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. 79.7% of adults interviewed in San Mateo County responded “yes” to this question.

Children, Ages 0 to 5, Who Were Read to Daily by a Parent or Family Member

	San Mateo County	California
Children read to daily	*79.7%	64.1%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Parks, Playgrounds and Open Spaces

97.2% of county children, ages 1-17, were reported to live within walking distance of a park, playground or open space. 88.1% had visited one within the past month.

Access to and Utilization of Parks, Playgrounds and Open Space

	San Mateo County	California
Walking distance to park, playground or open space, ages 1 to 17	*97.2%	89.8%
Visited park, playground or open space in past month, ages 1 to 17	*88.1%	84.8%

Source: California Health Interview Survey, 2014-2018; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. The violent crime and property crime rates are lower in San Mateo County than in the state, but rose slightly from 2015 to 2019. For the service area, Burlingame has high levels of property crime, as do Mountain View and Palo Alto. East Palo Alto has high levels of violent crime.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2015 and 2019

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2015	2019	2015	2019	2015	2019	2015	2019
Atherton	86	110	1,193.6	1,523.1	3	12	41.6	166.2
Belmont	447	392	1,632.8	1,437.4	26	45	95.0	165.0
Burlingame	948	1,185	3,090.8	3,862.8	45	74	146.7	241.2
Half Moon Bay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Los Altos	333	310	1,088.3	1,009.2	6	21	19.6	68.4
Los Altos Hills	60	67	707.1	777.1	1	3	11.8	34.8
Menlo Park	616	774	1,832.3	2,219.6	32	50	95.2	143.4
Mountain View	2,030	2,463	2,515.3	2,911.4	164	165	203.2	195.0
East Palo Alto	652	533	2,183.2	1,795.5	181	144	606.1	485.1
Palo Alto	1,704	1,983	2,522.2	2,962.4	68	86	100.7	128.5
Redwood City	1,842	1,343	2,182.1	1,536.1	190	189	225.1	216.2
San Carlos	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
San Mateo	2,045	2,217	1,960.6	2,091.1	266	266	255.0	250.9
BART San Mateo	217	345	N/A	N/A	12	24	N/A	N/A
CHP San Mateo	13	38	N/A	N/A	0	1	N/A	N/A
Sheriff's Office San Mateo	2,796	3,245	2,044.7	2,473.0	330	324	241.3	246.9
San Mateo County	15,548	16,272	2,030.2	2,096.9	1,707	1,837	222.9	236.7
California	1,023,828	915,197	2,620.4	2,290.3	166,588	173,205	426.4	433.5

Source: U.S. FBI UCR program, Crime Data Explorer. <https://crime-data-explorer.fr.cloud.gov/>. *State rates were provided by CA DOJ; the county rate was calculated based on July 1st population totals provided by the CA Department of Finance. City rates were calculated based on populations covered by the reporting police departments, and are estimates; care should also be used when

interpreting rates calculated on a small number, such as violent crimes.

Domestic violence calls are categorized as with or without a weapon. 14.5% of domestic violence calls in San Mateo County involved a weapon, which is below the statewide average of 46.6%. East Palo Alto had the highest rate of domestic violence calls (6.6 per 1,000 persons) within the service area.

Domestic Violence Call Rates, per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
Atherton	1	0.14	0.0%	100%
Belmont	28	1.03	42.9%	57.1%
Burlingame	76	2.48	82.9%	17.1%
Half Moon Bay	0	N/A	N/A	N/A
Los Altos	11	0.36	18.2%	81.8%
Los Altos Hills	6	0.70	100.0%	0.0%
Menlo Park	87	2.49	89.7%	10.3%
Mountain View	140	1.65	84.3%	15.7%
East Palo Alto	196	6.60	93.4%	6.6%
Palo Alto	108	1.61	32.4%	67.6%
Redwood City	209	2.39	92.8%	7.2%
San Carlos	0	N/A	N/A	N/A
San Mateo	209	1.97	76.1%	23.9%
BART - San Mateo	5	N/A	20.0%	80.0%
Highway Patrol San Mateo	0	N/A	N/A	N/A
Sheriff's Office - San Mateo	233	1.78	88.8%	11.2%
San Mateo County	2,038	2.66	85.5%	14.5%
California	161,123	4.10	53.4%	46.6%

Source: California Department of Justice, Office of the Attorney General, 2019. <https://oag.ca.gov/crime> *County and state rates were calculated using American Community Survey 2015-2019 population estimates. City rates were calculated based on populations covered by the reporting police departments, per the FBI UCR Crime Data Explorer. <https://crime-data-explorer.fr.cloud.gov/> and are estimates; care should also be used when interpreting rates calculated on small numbers.

Teens in San Mateo County were asked about neighborhood cohesion. 93.1% of teens felt adults in their neighborhood could be counted on to watch that children were safe and didn't get into trouble. 98.5% of teens felt people in their neighborhood were willing to help. 98.2% of teens felt their neighbors could be trusted.

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	San Mateo County	California
Adults in neighborhood look out for children**	*93.1%	87.8%
People in neighborhood are willing to help	*98.5%	88.2%
People in neighborhood can be trusted	*98.2%	82.6%

Source: California Health Interview Survey, 2015-2019 & **2014-2018. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size

In San Mateo County, the rate of children, under age 18, who experienced abuse or neglect was 1.5 per 1,000 children. This was lower than the state rate of 7.5 per 1,000 children. These rates were based on children with a substantiated maltreatment allegation.

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

	San Mateo County	California
Child abuse rates	1.5	7.5

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

Air Quality

In 2019, San Mateo County experienced two days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million. The state average in 2019 was 11 days of readings above the U.S. standard. In 2016, San Mateo County had 0 days with ozone levels above standards.

Ozone Levels Above the Regulatory Standard, in Days

	San Mateo County	California
Ozone levels above standards, in days	2	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020 via <http://www.kidsdata.org>

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.1% coverage. 96.4% of the civilian, non-institutionalized population in the service area has health insurance. La Honda has the highest health insurance rate (99.9%) and Redwood City 94063 (89.3%) has the lowest rate of health insurance. 98.3% of children, ages 18 and younger, have health insurance coverage in the service area. La Honda, Los Altos, Palo Alto 94304 and Portola Valley have full health insurance coverage among children (100%), and Half Moon Bay (93.7%) and Redwood City 94063 (95.6%) have the lowest percentage of children with health insurance in the service area. Among adults, ages 19-64, 94.9% in the service area have health insurance. La Honda has the highest insurance rate (99.8%), and Redwood City 94063 (85.8%) has the lowest health insurance rate among adults, ages 19-64.

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

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Atherton	94027	98.8%	98.7%	98.3%
Belmont	94002	98.0%	99.6%	97.5%
Burlingame	94010	96.4%	98.6%	94.6%
Half Moon Bay	94019	95.5%	93.7%	94.6%
La Honda	94020	99.9%	100.0%	99.8%
Los Altos	94024	99.4%	100.0%	98.8%
Los Altos Hills	94022	98.9%	99.3%	98.3%
Menlo Park	94025	97.8%	99.3%	96.7%
Mountain View	94043	95.9%	96.9%	95.1%
East Palo Alto	94303	93.4%	98.3%	90.1%
Palo Alto	94301	98.2%	99.3%	97.3%
Palo Alto	94304	99.6%	100.0%	99.4%
Palo Alto	94306	97.1%	97.3%	96.6%
Portola Valley	94028	98.4%	100.0%	97.3%
Redwood City	94061	94.6%	97.2%	92.7%
Redwood City	94062	98.2%	99.0%	97.4%
Redwood City	94063	89.3%	95.6%	85.8%
Redwood City	94065	98.2%	98.6%	97.8%
San Carlos	94070	98.5%	98.8%	98.1%
San Mateo	94401	93.6%	98.6%	90.5%
San Mateo	94402	98.4%	98.9%	97.9%
San Mateo	94403	96.6%	99.2%	95.0%
San Mateo	94404	97.9%	98.0%	97.8%
Sequoia Hospital Service Area		96.4%	98.3%	94.9%
San Mateo County		95.8%	98.2%	94.1%
California		92.5%	96.7%	89.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov/>

In San Mateo County, 31.6% of county residents have Medi-Cal coverage and 37.6% of county residents have employment-based insurance.

Insurance Coverage by Type

	San Mateo County	California
Medi-Cal	13.4%	25.6%
Medicare only	*1.1%	1.5%
Medi-Cal/Medicare	3.5%	4.2%
Medicare and others	11.2%	9.3%
Other public	0.6%	1.3%
Employment based	59.8%	44.8%
Private purchase	6.1%	5.9%
No insurance	4.3%	7.5%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 25.1% of county adults do not have a usual primary care provider. At a ZIP Code level, 35.7% of adults in Redwood City ZIP Code 94063 have no usual primary care provider.

No Usual Primary Care Provider

	ZIP Code	Percent
Atherton	94027	16.8%
Belmont	94002	21.5%
Burlingame	94010	20.8%
Half Moon Bay	94019	22.4%
La Honda	94020	22.3%
Los Altos	94024	15.9%
Los Altos Hills	94022	15.2%
Menlo Park	94025	23.2%
Mountain View	94043	25.5%
East Palo Alto	94303	29.2%
Palo Alto	94301	19.2%
Palo Alto	94304	19.7%
Palo Alto	94306	20.3%
Portola Valley	94028	14.3%
Redwood City	94061	27.2%
Redwood City	94062	20.1%
Redwood City	94063	35.7%
Redwood City	94065	21.6%
San Carlos	94070	19.5%
San Mateo	94401	29.9%
San Mateo	94402	21.2%
San Mateo	94403	24.0%
San Mateo	94404	21.7%
San Mateo County		25.1%
California		25.3%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/>.

When access to care through a usual source of care was examined by race/ethnicity, for all age groups, not just adults, San Mateo County’s Latinos were the least likely to have a usual source of care (88.2%).

Usual Source of Care, by Race/Ethnicity, All Ages

	San Mateo County	California
African American	*94.8%	90.0%
Asian	91.0%	85.7%
Latino	*88.2%	81.6%
White	95.0%	91.2%
All	91.9%	86.5%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In San Mateo County, 66.7% of residents accessed care at a doctor’s office, HMO or Kaiser and 23.8% accessed care at a clinic or community hospital. 8.1% had no usual source of care.

Sources of Care

	San Mateo County	California
Dr. office/HMO/Kaiser Permanente	66.7%	60.0%
Community clinic/government clinic/community hospital	23.8%	23.9%
ER/Urgent care	*0.5%	1.6%
Other place/no one place	*0.9%	0.9%
No usual source of care	8.1%	13.5%

Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 19.5% of county residents visited an ER in the past year. Seniors, ages 65 and older, visited the ER at the highest rates (21.3%). Poverty-level residents visited the ER at a higher rate than the general population (27.3%), as did low-income residents (24.9%). ER utilization rates were higher in San Mateo County for poor and low-income residents than at the state level.

Use of Emergency Room

	San Mateo County	California
Visited ER in last 12 months	19.5%	20.8%
0-17 years old	*13.9%	18.9%
18-64 years old	21.0%	20.9%
65 and older	21.3%	23.5%
<100% of poverty level	27.3%	25.7%
<200% of poverty level	24.9%	24.1%

Source: California Health Interview Survey, 2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.

Difficulty Accessing Care

6.2% of San Mateo County adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 6.9% of adults reported difficulty accessing specialty care. 4.2% of adults had been told by a primary care physician's office that their insurance would not be accepted. 8% of adults were told their insurance was not accepted at a specialist's office.

Difficulty Accessing Care in the Past Year, Adults

	San Mateo County	California
Reported difficulty finding primary care	6.2%	6.5%
Reported difficulty finding specialist care	6.9%	13.8%
Primary care doctor not accepting their insurance	4.2%	5.6%
Specialist not accepting their insurance	8.0%	11.0%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/>

Delayed or Forgone Care

9.6% of San Mateo County residents delayed or did not get medical care when needed. 5.3% of the overall population had to forgo needed medical care. This is more than the Healthy People 2030 objective of 3.3% of the population who forgo care. Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 39.1% of county residents who delayed or went without care listed 'cost/insurance issues' as a barrier. County residents showed a lower rate of delayed and unfilled prescriptions (6.3%) compared to the state (9.1%).

Delayed Care in Past 12 Months, All Ages

	San Mateo County	California
Delayed or did not get medical care	9.6%	11.4%
Had to forgo needed medical care	5.3%	6.8%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	39.1%	47.3%
Delayed or did not get prescription meds	6.3%	9.1%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/>

Lack of Care Due to Cost, Children

2.8% of children, ages 0 to 17, in San Mateo County had care missed or delayed within the prior 12 months due to cost or lack of insurance. 2.8% of county children ultimately did not receive care. 2.1% of county children had delayed or unfilled prescription medications in the past 12 months.

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

	San Mateo County	California
Child's care delayed or foregone due to cost or lack of insurance	*2.8%	1.3%

	San Mateo County	California
Child missed care	*2.8%	1.5%
Child's prescription medication delayed or unfilled	*2.1%	4.3%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Primary Care Physicians

The ratio of the population to primary care physicians in San Mateo County is 960:1, which exceeds the state ratio of 1,250 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	San Mateo County	California
Number of primary care physicians	805	31,557
Ratio of population to primary care physicians	960:1	1,250:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org>

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Dignity Health Sequoia Hospital service area and information from the Uniform Data System (UDS)¹, 16.2% of the population in the service area is low-income (200% of Federal Poverty Level) and 6.7% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: Gardner Family Health Network, Inc., Indian Health Center of Santa Clara Valley, Mayview Community Health Center, Inc., North East Medical Services, San Mateo County Health Services Agency, San Jose Foothills Family Community Clinic, and South County Community Health Center, Inc.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 26,420 patients in the service area, which equates to 27.1% penetration among low-income patients and 4.3% penetration among the total population. From 2017-2019, the Community Health Center providers served 589 fewer patients for a (-2.2%) decrease in patients served by Community Health Centers in the service area. There remain 71,105 low-income residents, 72.9% of the population at or below 200% FPL, which are not served by an FQHC.

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

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

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
97,525	26,420	27.1%	4.3%	71,105	72.9%

Source: UDS Mapper, 2019, 2014-2018 population numbers. <http://www.udsmapper.org>

Dental Care

14.1% of children, ages 3 to 11, in San Mateo County have never been to a dentist. In the past year, 0.8% of area children needed dental care and did not receive it. In San Mateo County, no sufficiently-stable data regarding teen dental health was available.

Delay of Dental Care, Children

	San Mateo County	California
Children, ages 3 to 11, never been to the dentist	*14.1%	14.1%
Children, ages 3 to 11, needed but didn't get dental care in past year	*0.8%	4.8%

Source: California Health Interview Survey, Children 2015-2019. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

80.2% of county adults described the condition of their teeth as 'good', 'very good', or 'excellent.' 2% of county residents had never been to a dentist.

Dental Care, Adults

	San Mateo County	California
Condition of teeth: good to excellent	80.2%	72.5%
Condition of teeth: fair to poor	18.8%	25.5%
Condition of teeth: has no natural teeth	*1.0%	2.1%
Never been to a dentist	*2.0%	2.5%
Visited dentist < 6 months to two years	87.9%	82.0%
Visited dentist more than 5 years ago	3.6%	7.1%

Source: California Health Interview Survey, 2016-2019 pooled. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

The ratio of residents to dentists in San Mateo County is 960:1, which is more dentists per capita than the state rate (1,150:1).

Dentists, Number and Ratio

	San Mateo County	California
Number of dentists	799	34,385
Ratio of population to dentists	960:1	1,150:1

Source: County Health Rankings, 2019. <http://www.countyhealthrankings.org>

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social

workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In San Mateo County, the ratio of residents to mental health providers is 260:1, which exceeds the state rate of 270 persons per mental health provider.

Mental Health Providers, Number and Ratio

	San Mateo County	California
Number of mental health providers	3,002	147,492
Ratio of population to mental health providers	260:1	270:1

Source: County Health Rankings, 2020. <http://www.countyhealthrankings.org>

Community Input – Access to Health Care

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

- Transportation and economic status are issues. Also, a lack of knowledge on how to access care.
- People may forgo or defer preventive or chronic care until they experience complications or are in crisis.
- Immigrants are often afraid to seek services.
- During the pandemic, seniors feared going out and being around others.
- Finances and waiting lists for services like mental health are barriers to care.
- Ability to access telehealth is an issue. It has limited people’s ability to reach out to professionals.
- We have good uptake in health care insurance, but I don’t know if people feel that they can obtain the quality of care that they need, when they need it.
- The health care system is broken. For clients and our young staff, the availability of care and the way they access care is increasingly challenging. There are barriers due to cost and lack of available providers. If you’re unable to access care due to income requirements, that is a failing.
- The idea of going to a building for health care is changing. We should meet people at the places they frequent and trust (i.e., church, laundromat, schools) and partner with community health workers and trusted messengers (i.e., YMCA, community centers, CBOs, faith-based leaders).
- For LGBTQ folks, there is a lack of access and a lack of understanding and provider training to support our community. There is fear to ask LGBTQ questions. We don’t seek services because of the trauma we’ve experienced with health care. Training should emphasize that everyone comes in as a blank slate. Until then we won’t experience better care.
- With new immigrants, they may not qualify for Medi-Cal but they don’t realize that their children do qualify.
- The county really stepped up with vaccines and worked with local groups to set up

pop-up clinics. The pop-ups were outside of traditional health care sites, schools, community centers, the corner, the library.

- Dental and medical offices had to close down for several months and people were not seeking care. Now, people want to access care and there is an extended wait time to get an appointment, because everyone was delaying their care. It is hard to keep up with the need. Also, the extra precautions needed to practice care resulted in really high expenses and it forced many dentists to retire early or because they could no longer afford to keep up with the overhead, they have closed. This is further impacting access to dental care.
- Having a deeper understanding of the mixed status and first-generation populations and the undocumented is critical. Acknowledging the damage that some health care institutions have had on our vulnerable populations, primarily people of color, is critical to restoring relationships.
- We tend to forget about the disabled population who may be isolated and hard to reach, and they do not always recognize their disability. They may be forced into institutional settings where they're not necessarily seen as part of the community. Technology can be a source of connection.
- Access to care is not a top concern. Our county has high rates of insured and primary care access, while telehealth has reached under-engaged individuals and removed barriers like transportation and complicated work schedules. Our state budget includes Medicaid coverage for telehealth.
- Transportation equity is an issue. We have had two schools close in the past three years in the area and now 300 families with kids from low-income communities have to pay for a bus pass and take a bus to school. This is not equitable for students and it adds to their school costs.
- There is a lack of knowledge around the importance of dental care, especially with children. People think they don't have to take care of baby teeth because they are going to fall out, but they are needed as placeholders until the adult teeth come in and it can create a domino effect if you have to extract baby teeth. There is a lack of knowledge around people sharing toothbrushes. People are not educated on the transmission of bacteria and how that causes cavities and other health issues.

Birth Characteristics

Births

From 2014 to 2018, there were, on average, 6,934 births per year in the service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 221.9 births per 1,000 live births, which is lower than the San Francisco Bay Area rate (269.8 per 1,000 live births) and state rate (498.5 per 1,000 live births).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	1,539	221.9	269.8	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 8.4 per 1,000 females, ages 15-19. This rate is lower than Bay area and state rates.

Teen Mother Birth Rate, per 1,000 Females, Ages 15-19

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Births to teen mothers	135	8.4	9.3	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 68.2 per 1,000 live births. This rate of late entry into prenatal care translates to 6.8% of women entering prenatal care late or not at all, while 93.2% of women entered prenatal care on time.

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	473	68.2	119.2	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measure, a lower rate is a better indicator. The rate of service area low-birth-weight babies is 6.3% (63.2 per 1,000 live births). This rate is better than area and state rates, and meets the Healthy People 2020 objective of 7.8% of births being low birth weight; this objective was eliminated from the Healthy People 2030 objectives.

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Low birth weight	438	63.2	69.2	68.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Preterm Births

The rate of premature birth, occurring before the start of the 38th week of gestation, in the service area is 7.7% (77.2 per 1,000 live births). This rate of premature birth is lower than the San Francisco Bay Area rate (8.3%) and the state rate of premature births (8.5%).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Premature births	535	77.2	82.6	85.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Maternal Smoking During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) in the service area was 0.3% (2.8 per 1,000 live births), which was lower than the San Francisco Bay Area rate (0.7%), and the state rate (1.6%).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Mothers who smoked	20	2.8	7.1	15.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Infant Mortality

For the purposes of this report, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in San Mateo County, from 2016 to 2018, was 2.98 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 4.8 deaths per 1,000 live births, and is lower than state and national rates.

Infant Mortality Rate, per 1,000 Live Births, Three-Year Average

	Rate
San Mateo County	2.98
California	4.21
Nation	5.78

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. <https://wonder.cdc.gov/lbd-current.html>

Breastfeeding

Breast feeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breast feeding rates at Sequoia Hospital indicated 98.1% of new mothers used some breast feeding, which was higher than county (97.9%) and state (93.8%) rates. 83.5% of new mothers at Sequoia Hospital used breast feeding exclusively, which was lower than the county rate (83.8%), but higher than the state (70.2%) rate. The rate of breast feeding meets the Healthy People 2020 objective for 81.9% of women to utilize some breast feeding of their infants. This objective has been removed from the list of Healthy People 2030 objectives.

In-Hospital Breastfeeding, Sequoia Hospital

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Sequoia Hospital	1,042	98.1%	887	83.5%
San Mateo County	4,290	97.9%	3,670	83.8%
California	366,592	93.8%	274,331	70.2%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018.

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

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered in San Mateo County hospitals. 98.8% of White and 98.3% of Hispanic/Latina mothers initiated breastfeeding. 90.9% of White mothers and 82.4% of Hispanic/Latina mothers breastfed exclusively. 97.1% of Asian mothers initiated breastfeeding; 74.9% breastfed exclusively. 97.9% of multiple-race mothers initiated breastfeeding; 83.3% breastfed exclusively. These breastfeeding rates meet the Healthy People 2020 objective of 81.9% of all infants having ever been breastfed. Rates of breastfeeding initiation among African-American mothers at the hospital were not available due to the

low number of births there to African-American mothers, leading to issues of privacy and statistical validity.

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

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
White	424	98.8%	390	90.9%
Asian	340	97.1%	262	74.9%
Latino/Hispanic	117	98.3%	98	82.4%
Multiple Race	47	97.9%	40	83.3%
African American	N/A	N/A	N/A	N/A
Sequoia Hospital	1,042	98.1%	887	83.5%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018. N/A = not available
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in San Mateo County is 85 years. Death before the age of 75 is considered a premature death. The rate of premature death in San Mateo County was 180 per 100,000 persons. The years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 3,300 years. By every metric, residents of San Mateo County have a greater life-expectancy than when compared to the state.

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

	San Mateo County	California
Life expectancy at birth in years	85.0	81.7
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	180	270
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 persons, age-adjusted	3,300	5,300

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. <http://www.countyhealthrankings.org>

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the Sequoia Hospital service area was 443.4 per 100,000 persons, which was lower than the Bay area rate (514.9 deaths per 100,000 persons) and the state rate (614.4 deaths per 100,000 persons).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Deaths	Rate	Rate	Rate
Mortality rates	2,973	443.4	514.9	614.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the Sequoia Hospital service area were cancer and heart disease. The cancer death rate in the service area was 112.4 per 100,000 persons, which was lower than the Bay area (124.3 deaths per 100,000 persons) and state rate (139.6 deaths per 100,000 persons). The service area meets the Healthy

People 2030 objective, which for cancer mortality was 122.7 deaths per 100,000 persons.

The heart disease mortality rate in the service area was 93.2 deaths per 100,000 persons, which was lower than the Bay area rate (105.1 deaths per 100,000 persons) and the state rate (142.7 deaths per 100,000 persons). The Healthy People 2030 objective is specific to ischemic heart disease only: 71.1 deaths per 100,000 persons. The service area's rate was 45.4 deaths from ischemic heart disease per 100,000 persons, which was lower than the Bay area rate (60.2 deaths per 100,000 persons) and the state rate (88.1 per 100,000 persons) and meets the Healthy People objective.

In addition to cancer and heart disease, Alzheimer's disease, stroke, and unintentional injuries are in the top five causes of death in the Sequoia Hospital service area. The rates for all listed causes were lower in the service area than in the Bay area and the state and meet the relevant Healthy People 2030 objectives.

Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2014-2018 Averaged

	Sequoia Hospital Service Area		San Francisco Bay Area	California	Healthy People 2030 Objective
	Average Annual Deaths	Rate	Rate	Rate	Rate
Cancer	871	112.4	124.3	139.6	122.7
Heart disease	791	93.2	105.1	142.7	No Objective
Ischemic heart disease	152	45.4	60.2	88.1	71.1
Alzheimer's disease	221	24.7	26.3	35.4	No Objective
Stroke	211	24.5	33.0	36.4	33.4
Unintentional injuries	142	19.8	25.2	31.8	43.2
Chronic Lower Respiratory Disease	140	17.1	21.8	32.1	Not Comparable
Pneumonia and influenza	83	9.7	11.1	14.8	No Objective
Diabetes	75	9.5	17.0	21.3	Not Comparable
Suicide	52	8.1	8.6	10.5	12.8
Liver disease	48	6.6	8.0	12.2	10.9
Kidney disease	38	4.7	6.0	8.5	No Objective
Homicide	9	1.7	4.1	5.0	5.5
HIV	5	0.6	1.5	1.6	No Objective

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate was 112.4 per 100,000 persons. This rate meets the Healthy People 2030 objective (122.7 deaths per 100,000 persons).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Cancer death rate	871	112.4	124.3	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

In San Mateo County, the rate of death from cancer was below the state cancer death rate, and rates of death from all listed cancers were lower than the state rates, with the exception of esophageal cancer, where rates were the same, and melanoma (2.2 deaths per 100,000 persons compared to 2.1 deaths per 100,000 persons for the state). The highest rates of cancer in San Mateo County were: lung and bronchus cancers (22.6 deaths per 100,000 persons), prostate cancer (16.7 per 100,000 men), and breast cancer (16.1 per 100,000 women).

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

	San Mateo County	California
Cancer all sites	120.2	140.0
Lung and bronchus	22.6	28.0
Prostate (males)	16.7	19.8
Breast (female)	16.1	19.3
Colon and rectum	10.3	12.5
Pancreas	9.6	10.3
Liver and intrahepatic bile duct	6.9	7.7
Ovary (females)	6.2	6.9
Cervical and Uterine (female)*	6.2	7.2
Leukemia	4.7	5.8
Non-Hodgkin lymphoma	4.2	5.2
Urinary bladder	3.3	3.8
Stomach	3.1	3.9
Esophagus	3.1	3.1
Kidney and renal pelvis	2.6	3.3
Myeloma	2.3	2.9
Melanoma (of the skin)	2.2	2.1

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018
<https://explorer.ccrca.org/application.html> *Cervix Uteri, Corpus Uteri and Uterus, NOS

The rate of death from lung and bronchus cancers was 20.0 deaths per 100,000 persons. The rate of death from breast cancer among women was 13.9 deaths per 100,000 women in the county. This meets the Healthy People 2030 objective of 15.3 deaths per 100,000 women.

Lung, Bronchus and Breast Cancer Death Rates, Age-Adjusted, per 100,000 Persons

	Lung and Bronchus Cancers	Breast Cancer (Female)
San Mateo County	20.0	13.9

	Lung and Bronchus Cancers	Breast Cancer (Female)
California	25.8	18.6

Source: California Department of Public Health, 2016-2018. Conduent Healthy Communities Institute. <http://smcalltogetherbetter.org>

The county rate of death from prostate cancer was 17.3 deaths per 100,000 men. The rate of death from colorectal cancers was 9.5 deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 8.9 deaths per 100,000 persons.

Prostate, Colon and Rectal Cancer Death Rates, Age-Adjusted, per 100,000 Persons

	Prostate Cancer (Male)	Colon and Rectal Cancers
San Mateo County	17.3	9.5
California	19.7	12.2

Source: California Department of Public Health, 2016-2018. Conduent Healthy Communities Institute. <http://smcalltogetherbetter.org>

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area was 45.4 deaths per 100,000 persons, and the age-adjusted rate of death from stroke was 24.5 deaths per 100,000 persons. These rates meet the Healthy People 2030 objectives of 71.1 heart disease deaths and 33.4 stroke deaths per 100,000 persons.

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	152	45.4	60.2	88.1
Stroke death rate	211	24.5	33.0	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate from Alzheimer's disease was 24.7 deaths per 100,000 persons. This was lower than the San Francisco Bay area rate (26.3 deaths per 100,000 persons) and the state rate (35.4 deaths per 100,000 persons).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	221	24.7	26.3	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area was 19.8 deaths per 100,000 persons. This rate was lower than the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	142	19.8	25.2	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area was 17.1 per 100,000 persons. This was lower than the Bay area rate (21.8) and the state rate (32.1 per 100,000 persons).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	140	17.1	21.8	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza was 9.7 per 100,000 persons. This rate was lower than the Bay area rate (11.1) and the state rate (14.8 per 100,000 persons).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	83	9.7	11.1	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate from diabetes in the service area was 9.5 deaths per 100,000 persons. This was lower than the San Francisco Bay area rate (17 per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Diabetes death rate	75	9.5	17.0	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area was 8.1 deaths per 100,000 persons. This rate meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Suicide	52	8.1	8.6	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area was 6.6 deaths per 100,000 persons. This was lower than the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Liver disease death rate	48	6.6	8.0	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

The death rate from kidney disease was 4.7 deaths per 100,000 persons. This was lower than the San Francisco Bay area rate (6 per 100,000 persons) and the state rate (8.5 deaths per 100,000 persons).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Kidney disease death rate	38	4.7	6.0	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Homicide

The homicide rate was 1.7 deaths per 100,000 persons. This rate meets the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
Homicide	9	1.7	4.1	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

HIV/AIDS

The rate of HIV deaths in the service area was 0.6 deaths per 100,000 persons. This was lower than the Bay area (1.5 deaths per 100,000 persons) and California rates (1.6 deaths per 100,000 persons).

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

	Sequoia Hospital Service Area		San Francisco Bay Area	California
	Number	Rate	Rate	Rate
HIV/AIDS	5	0.6	1.5	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

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

Deaths Caused by Drug Overdose Rates, Age-Adjusted, per 100,000 Persons

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
San Mateo County	6.9	7.1	8.1	7.0	6.7	7.9	8.2	5.9	9.6	8.0	12.1

California	10.7	10.6	10.7	10.3	11.1	11.1	11.3	11.2	11.7	12.8	15.0
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Source: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Mortality public-use data 2017-2019, on CDC WONDER.

<https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html> California Department of Public Health, County Health Status Profiles, 2020. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

In 2019, the age-adjusted death rate from opioid overdoses in San Mateo County was 7.9 deaths per 100,000 persons, which matched the state rate. The county meets the Healthy People 2030 objective of 13.1 opioid overdose deaths per 100,000 persons.

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

	Annual Rate			
	2016	2017	2018	2019
San Mateo County	2.5	4.8	4.8	7.9
California	4.9	5.2	5.8	7.9

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

From 2015 through 2019 combined, drug overdose deaths in California were highest among men (67.5% of deaths). The rate among non-Hispanic American Indian/Alaskan Natives was highest, at 30.9 deaths per 100,000 persons, followed by non-Hispanic Blacks (19.6 per 100,000 persons) and non-Hispanic Whites (19.1 per 100,000 persons). The lowest rate of drug overdose deaths in California was among Asian/Pacific Islander residents (3.1 deaths per 100,000 persons).

Drug Overdose Deaths, Age-Adjusted Rates per 100,000 Californians, by Race and Ethnicity

	Number, 5 Years Combined	Rate
Asian/Pacific Islander, non-Hispanic	1,008	3.1
Hispanic	5,559	7.5
White, non-Hispanic	15,973	19.1
Black, non-Hispanic	2,551	19.6
American Indian/Alaskan Native, NH	336	30.9
California, all races	25,727	12.4

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

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

Hospitalization Rates, by Principal Diagnoses, Top Ten Causes

	Sequoia Hospital
Complications of pregnancy, childbirth & postpartum period	18.8%
Certain conditions originating in perinatal period	18.5%
Musculoskeletal system and connective tissue	16.5%
Circulatory system	13.5%
Digestive system	6.5%
Injury and poisoning	6.4%
Infectious and parasitic diseases	6.1%
Respiratory system	3.8%
Genitourinary system	2.4%
Neoplasms	2.3%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Rates by Diagnoses

At Sequoia Hospital, the top five primary diagnoses seen in the Emergency Department were injuries/poisonings, respiratory system, nervous system and sense organs, circulatory system and digestive system diagnoses.

Emergency Room Rates, by Principal Diagnoses, Top Ten Causes

	Sequoia Hospital
Injury and poisoning	24.7%
Respiratory system	13.3%
Nervous system and sense organs	9.0%
Circulatory system	9.0%

Digestive system	7.2%
Genitourinary system	6.8%
Musculoskeletal system & connective tissue	6.3%
Skin and subcutaneous tissue	3.0%
Mental illness	2.9%
Infectious and parasitic diseases	1.8%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

Fair or Poor Health

When asked to self-report on health status in the past 30 days, 16.8% of adults in the county indicated they were in fair or poor health. This was lower than the state rate (18.1%). Among area ZIP Codes, Redwood City 94063 had the highest rate of adults with self-reported fair or poor health (20.3%) and Palo Alto ZIP 94304 had the lowest rate of adults with self-reported fair or poor health (11.7%).

Fair or Poor Health, Adults

	ZIP Code	Percent
Atherton	94027	13.6%
Belmont	94002	14.0%
Burlingame	94010	15.6%
Half Moon Bay	94019	16.1%
La Honda	94020	15.6%
Los Altos	94024	12.4%
Los Altos Hills	94022	12.6%
Menlo Park	94025	14.8%
Mountain View	94043	12.1%
East Palo Alto	94303	17.8%
Palo Alto	94301	12.0%
Palo Alto	94304	11.7%
Palo Alto	94306	12.0%
Portola Valley	94028	13.8%
Redwood City	94061	16.8%
Redwood City	94062	14.8%
Redwood City	94063	20.3%
Redwood City	94065	13.1%
San Carlos	94070	14.2%
San Mateo	94401	17.9%

San Mateo	94402	16.0%
San Mateo	94403	15.5%
San Mateo	94404	13.3%
San Mateo County		16.8%
California		18.1%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/>

Diabetes

When asked if they had ever been diagnosed with diabetes by a health professional, 10% of San Mateo County adults answered 'yes', which is lower than the state rate of 10.4%. Among area communities, Mountain View had the lowest rate of adults with diabetes (7.5%) and Portola Valley had the highest rate of adults with diabetes (10.2%).

Diabetes, Adults

	ZIP Code	Percent
Atherton	94027	9.8%
Belmont	94002	8.8%
Burlingame	94010	9.9%
Half Moon Bay	94019	9.3%
La Honda	94020	9.0%
Los Altos	94024	9.8%
Los Altos Hills	94022	10.1%
Menlo Park	94025	8.6%
Mountain View	94043	7.5%
East Palo Alto	94303	9.4%
Palo Alto	94301	8.5%
Palo Alto	94304	7.9%
Palo Alto	94306	8.6%
Portola Valley	94028	10.2%
Redwood City	94061	8.6%
Redwood City	94062	9.1%
Redwood City	94063	8.7%
Redwood City	94065	8.8%
San Carlos	94070	8.9%
San Mateo	94401	9.2%
San Mateo	94402	10.1%
San Mateo	94403	9.4%
San Mateo	94404	9.4%
San Mateo County		10.0%
California		10.4%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. For all four individual PQI measures, hospitalization rates were lower in San Mateo County than in California.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	San Mateo County	California
Diabetes short term complications	57.7	58.1
Diabetes long term complications	71.0	88.4
Lower-extremity amputation among patients with diabetes	21.6	25.9
Uncontrolled diabetes	24.7	30.3
Diabetes composite	161.0	189.8

Source: California Office of Statewide Health Planning & Development, 2018. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Heart Disease and Stroke

3.2% of adults in California and 3% of San Mateo County adults reported being told by a health professional they have heart disease. The lowest rate of heart disease among adults was seen in Redwood City (2.1%) and the highest rates were 4.5% in Portola Valley and 4.1% in Atherton and Los Altos Hills.

2.6% of county and state adults reported being told by a health professional they have had a stroke. Rates of stroke in the service area ranged from 2% in Mountain View to 3.1% in San Mateo ZIP Code 94402 and 3.2% in Portola Valley.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Atherton	94027	4.1%	3.0%
Belmont	94002	3.1%	2.5%
Burlingame	94010	3.4%	2.8%
Half Moon Bay	94019	3.2%	2.6%
La Honda	94020	3.2%	2.5%
Los Altos	94024	3.8%	2.7%
Los Altos Hills	94022	4.1%	2.9%
Menlo Park	94025	3.0%	2.5%
Mountain View	94043	2.3%	2.0%
East Palo Alto	94303	2.5%	2.5%

	ZIP Code	Heart Disease	Stroke
Palo Alto	94301	3.4%	2.7%
Palo Alto	94304	3.9%	2.9%
Palo Alto	94306	3.1%	2.5%
Portola Valley	94028	4.5%	3.2%
Redwood City	94061	2.8%	2.5%
Redwood City	94062	3.4%	2.8%
Redwood City	94063	2.1%	2.2%
Redwood City	94065	2.6%	2.2%
San Carlos	94070	3.3%	2.6%
San Mateo	94401	2.7%	2.7%
San Mateo	94402	3.7%	3.1%
San Mateo	94403	3.1%	2.8%
San Mateo	94404	2.9%	2.3%
San Mateo County		3.0%	2.6%
California		3.2%	2.6%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/>

4.9% of San Mateo County adults and 5% of California adults reported having been diagnosed with angina or coronary heart disease, or a heart attack (Myocardial Infarction). Rates of heart disease or heart attack in the service area ranged from 3.6% in Mountain View to 6.8% in Portola Valley.

Heart Disease or Heart Attack, Adults

	ZIP Code	Percent
Atherton	94027	6.2%
Belmont	94002	4.9%
Burlingame	94010	5.4%
Half Moon Bay	94019	5.1%
La Honda	94020	5.0%
Los Altos	94024	5.6%
Los Altos Hills	94022	6.1%
Menlo Park	94025	4.7%
Mountain View	94043	3.6%
East Palo Alto	94303	4.2%
Palo Alto	94301	5.2%
Palo Alto	94304	5.9%
Palo Alto	94306	4.7%
Portola Valley	94028	6.8%
Redwood City	94061	4.5%

Redwood City	94062	5.3%
Redwood City	94063	3.8%
Redwood City	94065	4.1%
San Carlos	94070	5.1%
San Mateo	94401	4.6%
San Mateo	94402	5.8%
San Mateo	94403	5.0%
San Mateo	94404	4.5%
San Mateo County		4.9%
California		5.0%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/>

Another data source, the California Health Interview Survey, indicated that 7.1% of San Mateo County adults have been diagnosed with heart disease, which is higher than the state rate of 6.6%. Among adults diagnosed with heart disease, 80% said they were given a management care plan by a health care provider. Of the San Mateo County adults with a management plan, 57.8% were very confident in their ability to control their condition.

Heart Disease, Adults

	San Mateo County	California
Diagnosed with heart disease	7.1%	6.6%
Has a management care plan**	*80.0%	73.7%
Very confident to control condition***	*57.8%	59.4%
Somewhat confident to control condition***	*42.2%	35.3%
Not confident to control condition***	*0.0%	5.3%

Source: California Health Interview Survey, 2015-2019. **2014-2018. ***2015-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

As previously noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in San Mateo County at 316.3 annual hospitalizations per 100,000 persons, risk-adjusted is below the state rate of 335.4 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	San Mateo County	California
Hospitalization rate due to heart failure	316.3	335.4

Source: California Office of Statewide Health Planning & Development, 2018. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percent of adults who reported being

diagnosed with high blood pressure or high cholesterol was 29.1% in San Mateo County, which was lower than the state rate (31.7%). The highest rates of high blood pressure and high cholesterol were reported in Portola Valley (34.4% and 36.1%, respectively) and in Los Altos Hills (32.2% and 34.8%, respectively).

High Blood Pressure and High Cholesterol

	ZIP Code	Hypertension	High Cholesterol
Atherton	94027	32.0%	33.8%
Belmont	94002	27.3%	29.3%
Burlingame	94010	29.4%	31.1%
Half Moon Bay	94019	28.8%	30.8%
La Honda	94020	28.5%	30.7%
Los Altos	94024	31.0%	34.0%
Los Altos Hills	94022	32.2%	34.8%
Menlo Park	94025	27.0%	28.6%
Mountain View	94043	22.6%	25.6%
East Palo Alto	94303	26.2%	26.5%
Palo Alto	94301	28.1%	30.6%
Palo Alto	94304	28.4%	29.0%
Palo Alto	94306	26.8%	29.7%
Portola Valley	94028	34.4%	36.1%
Redwood City	94061	25.8%	27.4%
Redwood City	94062	29.2%	31.4%
Redwood City	94063	23.0%	24.3%
Redwood City	94065	25.2%	28.7%
San Carlos	94070	28.6%	30.8%
San Mateo	94401	25.6%	26.6%
San Mateo	94402	30.0%	31.5%
San Mateo	94403	27.0%	28.9%
San Mateo	94404	26.4%	29.2%
San Mateo County		27.5%	29.1%
California		28.4%	31.7%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, <https://www.policymap.com/>

The California Health Interview Survey reported that 26.2% of San Mateo County adults have been diagnosed with high blood pressure. 63.6% of persons diagnosed with high blood pressure take medications for their condition.

High Blood Pressure

	San Mateo County	California
Diagnosed with high blood pressure	26.2%	29.1%
Takes medication for high blood pressure**	63.6%	67.9%

Source: California Health Interview Survey, 2016-2018 & **2016-2017. <http://ask.chis.ucla.edu/>

The remaining Prevention Quality Indicator (PQI) related to heart disease is hypertension. The rate of admission related to hypertension in San Mateo County (19 hospitalizations per 100,000 persons, risk-adjusted) was lower than the state rate (41.5 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	San Mateo County	California
Hospitalization rate due to hypertension	19.0	41.5

Source: California Office of Statewide Health Planning & Development, 2018. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Cancer

In San Mateo County, the age-adjusted cancer incidence rate was 397.1 per 100,000 persons, which was slightly higher than the state rate of 394.5 per 100,000 persons. The incidence of breast cancer, in women, was higher in San Mateo County than the state, while breast cancer mortality among women was lower in the county than the state. The incidence rates for melanoma of the skin, non-Hodgkin lymphoma, and thyroid cancers in San Mateo County were higher than state rates.

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

	San Mateo County	California
All sites	397.1	394.5
Breast (female)	137.7	122.2
Prostate (males)	91.9	91.7
Lung and bronchus	37.4	40.0
Colon and rectum	31.7	34.8
Corpus Uteri (females)	26.6	26.6
Melanoma of the skin	28.9	23.1
Kidney and renal pelvis	13.8	14.7
Non-Hodgkin lymphoma	19.9	18.3
Thyroid	14.8	13.1
Pancreas	12.0	11.9
Leukemia	10.9	12.4
Ovary (females)	9.2	11.1
Liver and intrahepatic bile duct	9.1	9.7
Urinary bladder	7.6	8.7

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018
<https://explorer.ccrca.org/application.html>

Asthma

The reported rate of adult asthma in the county (8.3%) was similar to the state rate (8.5%). The cities with the highest calculated rates of asthma, based on self-report were in Half Moon Bay and La Honda (9%). Palo Alto ZIP Code 94304 had the lowest rate of adult asthma in the service area (7.4%).

Asthma Prevalence, Adults

	ZIP Code	Percent
Atherton	94027	8.5%
Belmont	94002	8.4%
Burlingame	94010	8.5%
Half Moon Bay	94019	9.0%
La Honda	94020	9.0%
Los Altos	94024	7.9%
Los Altos Hills	94022	7.9%
Menlo Park	94025	8.6%
Mountain View	94043	7.8%
East Palo Alto	94303	8.7%
Palo Alto	94301	8.4%
Palo Alto	94304	7.4%
Palo Alto	94306	8.1%
Portola Valley	94028	8.5%
Redwood City	94061	8.9%
Redwood City	94062	8.9%
Redwood City	94063	8.6%
Redwood City	94065	8.2%
San Carlos	94070	8.7%
San Mateo	94401	8.7%
San Mateo	94402	8.7%
San Mateo	94403	8.6%
San Mateo	94404	7.7%
San Mateo County		8.3%
California		8.5%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/>

In San Mateo County, 17.5% of the population has been diagnosed with asthma. 17.9% of children have been diagnosed with asthma. 4.8% of those with diagnosed asthma went to the ER for asthma symptoms in the past year and 33.1% take medication daily to control their symptoms.

Asthma

	San Mateo County	California
Diagnosed with asthma, total population	17.5%	15.3%
Diagnosed with asthma, 0-17 years old	*17.9%	14.3%
ER visit in past year due to asthma, total population**	*4.8%	12.2%
ER visit in past year due to asthma, 0-17 years old**	*3.7%	16.9%
Takes daily medication to control asthma, total population	33.1%	45.4%
Takes daily medication to control asthma, 0-17 years old	*26.0%	43.5%

Source: California Health Interview Survey, 2015-2019 and **2012-2016. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2018, the rate in San Mateo County for COPD and asthma hospitalizations among adults, ages 40 and older, was 164.4 hospitalizations per 100,000 persons. The rate of hospitalizations in San Mateo County for asthma among young adults, ages 18 to 39, was 11.9 hospitalizations per 100,000 persons. The county rates were lower than the state rates.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	San Mateo County	California
COPD or asthma in older adults, 40+	164.4	229.0
Asthma in younger adults, ages 18 to 39	11.9	18.5

Source: California Office of Statewide Health Planning & Development, 2018. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Community Input – Chronic Disease

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

- Some older adults don't take care of their chronic diseases for many reasons. For example, they don't want to bother addressing issues, there are worries about economic hardship and/or risks with cures or treatments.
- Rising rates of diabetes are related to overweight concerns.
- Diabetes trends are increasing for children and adults and we exceed the statewide average. The same with cholesterol levels and high blood pressure. The roots are structural. It is especially harmful for the lowest income residents, residents of color and those living with other burdens.
- More people lack access to care or don't feel comfortable going to a doctor's office. As a result, they are not receiving preventive care.
- Those with chronic diseases have been challenged during the pandemic. If they were economically challenged, affording medications may have not been a priority.
- People experience transportation issues in getting to dialysis appointments.

- Public health needs to focus upstream approaches in tackling chronic diseases, such as preventive visits, housing, physical education in schools, quality food in schools, and access to fresh fruits and vegetables in the community.
- Know your audience: telling someone to walk to lower cholesterol and high blood pressure when their neighborhood isn't safe is not helpful.
- Chronic disease increases dental problems and dental problems can impact overall health. It can increase heart disease and chances of stroke and even cancer. In pregnant women, the bacteria in their mouths can transport through their entire body and can cause premature birth and low birth weight babies. Gum disease is exacerbated by smoking, diabetes and genetics. Gum disease impacts about 75% of the population and most people lose teeth because of gum disease.

Tuberculosis

Tuberculosis (TB) rates in San Mateo County rose in 2019, continuing a 4-year upward trend for the county. The rate of TB was 8.5 per 100,000 persons, which was above the state rate of 5.3 TB cases per 100,000 persons.

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

	2015		2016		2017		2018		2019	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
San Mateo County	57	7.5	52	6.8	54	7.0	61	7.9	66	8.5
California	2,131	5.5	2,059	5.2	2,057	5.2	2,097	5.3	2,115	5.3

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Data Tables, 2019. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx>

Community Input – Tuberculosis

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

- We need someone to administer the medications and we must keep ventilation in mind with shelters, but it has not presented itself as a problem.
- The county is very responsive when we have a positive TB test. All staff and clients are tested. I wish we could have the same model for COVID. If you want to move into the shelter, get vaccinated. With TB, it is not politicized like COVID.
- Many of our clients come from areas where TB is endemic. We are considering how we can do a better job screening for TB. The challenge is for latent TB; there are no symptoms so people are not aware they should be tested, nor are they concerned about it.
- It is an issue we keep on our radar, due to the international roots of our residents and visitors to our communities, as well as our international airport.

Disability

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 7.5% of the non-institutionalized civilian population identified as having a disability. In San Mateo County, 8.2% had a disability, while the rate of disability in the state was 10.6%. 3.8% of San Mateo County residents said that they hadn’t been able to work for a year or more due to a physical, mental or emotional impairment, which is lower than the state rate (6.4%).

Disability, Five-Year Average

	Sequoia Hospital	San Mateo County	California
Population with a disability	7.5%	8.2%	10.6%
Couldn’t work 1 year or more due to impairment**	N/A	3.8%	6.4%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP02. <http://data.census.gov>

**Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu>

COVID-19

Cases and Death Rates

In San Mateo County, there have been 67,141 cases of the Coronavirus known as COVID-19 as of January 6, 2022. This represents a rate of 8,783 cases per 100,000 persons. As of the same date, 638 persons have died in San Mateo County due to COVID-19 complications, a rate of 83.5 deaths per 100,000 persons.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, 1/6/22

	San Mateo County		California	
	Number	Rate*	Number	Rate*
Confirmed cases	67,141	8,783.0	5,634,357	14,250.4
Deaths	638	83.5	76,341	193.1

Source for San Mateo County: San Mateo County Health Department, Updated January 7th, 2022. <https://www.smchealth.org/data-dashboard/county-data-dashboard> Source for California: California State Health Department, COVID19 Dashboard, Updated January 7th, 2022. <https://covid19.ca.gov/state-dashboard> *Rates calculated using 2020 U.S. Census population.

In the hospital service area, East Palo Alto has the highest rate of COVID infections, with 2,019 confirmed cases per 10,000 persons. La Honda has the lowest number of infections per-capita as of January 6, 2022, with 333 infections per 10,000 persons.

COVID-19, Cases and Crude Rates, per 10,000 Persons, 1/6/22

	Number	Rate
Atherton	467	652
Belmont	1,527	564
Burlingame	2,162	707
Half Moon Bay	1,137	886
La Honda	32	333
Los Altos*	1,379	451
Los Altos Hills*	439	515
Menlo Park	2,884	845
Mountain View*	4,895	604
East Palo Alto	5,975	2,019
Palo Alto*	2,944	439
Portola Valley	222	483
Redwood City	8,382	977
San Carlos	1,601	531
San Mateo	8,407	806

Source: San Mateo County Health Department, Updated January 6, 2022. <https://www.smchealth.org/data-dashboard/cases-city>
 *Source: Santa Clara County Public Health, Updated January 6, 2022. <https://covid19.sccgov.org/dashboard-cases-by-zip-code-and-city>

The number of San Mateo County residents, ages 5 and older, who received at least one dose of a COVID-19 vaccine was 670,776, or 91.1% of this population. Among vaccinated residents, ages 65 or older, 128,153 persons or 87.6% of county seniors

have received at least one vaccine dose. 615,810 county residents have completed the recommended course of vaccine (1 or 2 shots, depending on the manufacturer). This indicates 83.7% of the population, ages 5 or older, has received full vaccine coverage. 82.4% of county seniors have full vaccine coverage.

COVID-19 Vaccination, Number and Percent, Population Ages 5+, and Seniors, 1/5/22

	San Mateo County				California			
	At least 1 dose		Completed		At least 1 dose		Completed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population 5+	670,776	91.1%	615,810	83.7%	30,096,902	79.8%	26,922,665	71.4%
Population 65+	128,153	87.6%	120,606	82.4%	5,756,589	88.2%	5,243,122	80.3%

Source for county: San Mateo County Health Department, Updated January 6th, 2022. Population source for county rates = California Dept. of Finance, Report P-3 2010-2060 as of August 2021. <https://www.smchealth.org/data-dashboard/vaccination-demographic-data> Source for state: California Department of Public Health. Updated January 6th, 2022. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group> Population source for state rates not identified.

COVID-19 LGBTQ+ Impact Survey

The San Mateo County Pride Center conducted a LGBTQ+ COVID-19 Impact Survey in Fall 2020. The survey received 532 useable responses. These respondents detailed how COVID-19 had impacted them:

- 85% of respondents reported negative impacts on emotional or mental health
- 65% of respondents reported negative impacts on physical health
- 36% of respondents reported negative impacts on financial stability
- 18% of respondents reported negative impacts on housing stability
- 17% of respondents reported negative impacts on safety or access to supportive resources

The complete LGBTQ+ COVID-19 Impact Survey Data Report can be found at <https://sanmateopride.org/covid-impact-report/>.

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- Health care and public health have been stretched and tested. The challenges of working through this includes how to achieve as close to 100% vaccination as possible. There are barriers and misinformation. The duration and the nature of exposure being so concentrated in work environments and living situations creates inequities.
- It is critical that we don't let our guard down with infection prevention. The most marginalized individuals need to know the vaccine and testing is available and they do not have to live in fear.

- There has been a disproportionate impact on low-income and communities of color and barriers with vaccination acceptance. We have challenges with African Americans and Asian Pacific Islanders.
- For the homebound and those with mobility issues, how do we get vaccines to them? The county equity and communication workgroup worked diligently, but it was still a struggle logistically to provide vaccines in people's homes.
- Teens and young adults can get vaccinated. So how do we reach out to them? The idea is to serve people where they are, to make it easy.
- We anticipated the need for food services for a long time. We doubled the number of clients due to the high cost of living and housing. Many are essential workers and living in close quarters with more exposure to the virus.
- Dealing with the pandemic, people were not prioritizing their teeth or their children's teeth. Sheltering in place, people were not regularly brushing their teeth and flossing. They weren't going out as much, and/or they were wearing a mask, so they didn't think it mattered as much. Also, people were at home snacking more, and that prolongs exposure to sugar and increases chances of cavities. There were increased rates of cracking teeth due to grinding and stress.
- The biggest issue has been fear of being in public, so people have become more isolated. Also, there is a need to be resourceful and find alternatives to obtain medicine, groceries, and general care.
- Another issue is housing. Even with the eviction moratorium, many are still getting evicted. Housing is the biggest cost for most and many do not know their rights or have access to support services.
- Congregate living and reduced capacity have been a curse but also a blessing because now in non-congregate shelters everyone gets their own room.
- We need to think about what social and emotional needs children have so they can take advantage of learning supports to help them bridge gaps.
- Communication has changed with masks. It is harder to hear and to communicate with our eyes.
- Employers need to think about targeting local communities most impacted by COVID. As employers, we don't think about how we target jobs as resources. Are we thinking about how businesses and the hospital are targeting procurement dollars, jobs, and investments to ensure local benefit?
- COVID hit the service sector the hardest with a ripple effect of enormous economic challenges.
- Things change quickly and we need to feel confident in the message we provide to staff and clients to ensure everyone's safety. We're trying to fill unmet needs, like providing PPE and food on top of what we were already doing; this is true for many organizations.

- The constant changing and shifting gears, regulating masks/no masks – our staff are exhausted. It is also not satisfying to do therapy on Zoom.
- The pandemic kept many away from adult activity centers where they have social supports and resources, and there is still fear with the Delta variant. People are not getting exercise.
- Older adults are vulnerable. We are seeing hoarding, people who are unable to care for themselves or property. It will take a long time to recover.
- Some fully vaccinated clients are still getting the virus, impacting their ability to work. Our seniors are ready to get back to socializing but are still sheltering, which impacts their mental health and well-being.
- Some parents are resistant to the vaccine for their children.
- COVID has contributed to burnout in the health care community. Practitioners are exhausted and quitting, which is causing shortages and impacts patient care.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examines healthy behaviors and rank counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 3 puts San Mateo County in the top tier of California counties for healthy behaviors. Santa Clara County ranks number one in the state.

Health Behaviors Ranking

	County Ranking (out of 58)
San Mateo County	3
Santa Clara County	1

Source: County Health Rankings, 2021. <http://www.countyhealthrankings.org>

Overweight and Obesity

23.8% of adults in San Mateo County are obese and 34.9% are overweight. Rates of obesity in service area cities ranged from 19.1% in Palo Alto ZIP 94304 to 28% in Redwood City ZIP 94063. Combined rates of overweight and obesity were lowest in Palo Alto 94304 (53.4%) and highest in Redwood City 94063 (63.5%) and La Honda (63.4%).

Overweight and Obesity, Adults

	ZIP Code	**Overweight	Obese	Combined
Atherton	94027	35.6%	22.4%	58.0%
Belmont	94002	34.9%	23.0%	57.9%
Burlingame	94010	35.2%	23.6%	58.8%
Half Moon Bay	94019	36.1%	26.5%	62.6%
La Honda	94020	36.6%	26.8%	63.4%
Los Altos	94024	36.1%	21.4%	57.5%
Los Altos Hills	94022	36.1%	21.2%	57.3%
Menlo Park	94025	35.3%	24.7%	60.0%
Mountain View	94043	34.1%	21.6%	55.7%
East Palo Alto	94303	34.7%	26.2%	60.9%
Palo Alto	94301	34.6%	22.0%	56.6%
Palo Alto	94304	34.3%	19.1%	53.4%
Palo Alto	94306	34.3%	20.9%	55.2%
Portola Valley	94028	36.6%	23.7%	60.3%
Redwood City	94061	35.1%	26.1%	61.2%
Redwood City	94062	35.6%	25.2%	60.8%

	ZIP Code	**Overweight	Obese	Combined
Redwood City	94063	35.5%	28.0%	63.5%
Redwood City	94065	34.3%	21.9%	56.2%
San Carlos	94070	35.6%	24.5%	60.1%
San Mateo	94401	34.2%	25.6%	59.8%
San Mateo	94402	34.7%	24.0%	58.7%
San Mateo	94403	34.1%	23.4%	57.5%
San Mateo	94404	34.3%	20.4%	54.7%
San Mateo County		34.9%	23.8%	58.7%
California		36.4%	25.8%	62.2%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/> *Weighted average; calculated using 2015-2019 ACS adult population estimates. **Calculated by subtracting percentage of those with BMI of 30 or more from the percentage of total population with a BMI over 24.9.

The California Health Interview Survey reported 33.5% of adults and 13% of children and teens San Mateo County are overweight. Rates of overweight children and teens in San Mateo County are below state rates.

Overweight

	San Mateo County	California
Adults, ages 18 and older	33.5%	33.8%
Teens, ages 12-17	*13.0%	16.5%
Children, ages under 12	*13.0%	14.9%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

21% of San Mateo County adults, 20 years old and older, are obese (30+ BMI). 16.9% of San Mateo County teens are obese (top 5% of BMI percentiles). The Healthy People 2030 objectives for obesity are 36% of adults, ages 20 and older, and 15.5% of teens. San Mateo County meets the objective for adults, but the percentage of obese teens in the county is above the Healthy People 2030 objective.

Obesity

	San Mateo County	California
Adults, ages 20 and older	21.0%	27.8%
Teens, ages 12-17	*16.9%	18.5%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

When adult obesity levels are tracked over time, San Mateo County has increased rates. From 2005 to 2019, the rate of obesity among adults increased by 2.5%

Obesity, Adults, 2005 - 2019

	2005	2007	2009	2011-12	2013-14	2015-16	2017-18	2019	Change 2005-2019
San Mateo County	17.3%	18.0%	17.9%	15.9%	18.5%	23.4%	18.7%	19.8%	+ 2.5%
California	21.2%	22.6%	22.7%	24.7%	25.9%	27.9%	26.8%	27.3%	+ 6.1%

Source: California Health Interview Survey, 2005-2019. <http://ask.chis.ucla.edu>

In San Mateo County, 89.6% of African-American adults, 64.6% of Latinos, 56% of Whites, and 40.9% of Asian adults were overweight or obese. These rates were lower than state rates, except among African-Americans.

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

	San Mateo County	California
African American	*89.6%	71.2%
Latino	64.6%	73.0%
White	56.0%	58.8%
Asian	*40.9%	41.5%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese).

In San Mateo County, the percentage of 5th grade students who tested as body composition needing improvement or at health risk was 34%, which is less than the state rate (41.3%). Among 7th grade students in San Mateo County, 32.4% needed improvement or were at health risk, compared to 40% for the state. Rates continue to fall slightly with age in San Mateo County and by 9th grade, the percentage of students needing improvement or at health risk was 30.6% in San Mateo County.

La Honda-Pescadero Unified District had consistently higher rates, than the other area schools, with at least half of the students in each class year being overweight or obese. Ravenswood City Elementary and Redwood City Elementary Districts also had high rates of overweight and obesity among their students. Las Lomitas Elementary School District had low levels of overweight and obesity among their students.

5th, 7th and 9th Graders; Body Composition, Needs Improvement and at Health Risk

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Ravenswood City Elementary	19.4%	28.6%	N/A	N/A	N/A	N/A
Belmont-Redwood Shores Elementary	13.6%	7.1%	10.3%	5.8%	N/A	N/A
Burlingame Elementary	14.9%	11.7%	11.9%	9.6%	N/A	N/A
Cupertino Union	15.3%	6.1%	10.8%	5.6%	N/A	N/A
Las Lomas Elementary	4.8%	0.6%	9.4%	0.0%	N/A	N/A
Los Altos Elementary	10.7%	6.9%	11.0%	4.1%	N/A	N/A
Menlo Park City Elementary	9.2%	4.9%	12.4%	6.2%	N/A	N/A
Mountain View-Whisman	17.2%	20.4%	16.4%	17.6%	N/A	N/A
Portola Valley Elementary	11.6%	1.4%	12.5%	2.8%	N/A	N/A
Redwood City Elementary	18.4%	25.6%	21.5%	21.2%	N/A	N/A
San Carlos Elementary	11.8%	6.9%	13.3%	6.9%	N/A	N/A
San Mateo Foster City	18.1%	17.8%	17.5%	18.4%	N/A	N/A
Cabrillo Unified	19.3%	18.4%	16.5%	22.5%	21.3%	14.7%
La Honda-Pescadero Unified	25.0%	25.0%	11.8%	41.1%	30.4%	21.8%
Palo Alto Unified	14.5%	5.8%	12.0%	5.4%	12.5%	3.6%
Mountain View-Los Altos Union High	N/A	N/A	N/A	N/A	14.2%	18.2%
San Mateo Union High	N/A	N/A	N/A	N/A	15.3%	11.4%
Sequoia Union High	N/A	N/A	N/A	N/A	15.6%	13.3%
San Mateo County	16.9%	17.1%	17.4%	15.0%	17.6%	13.0%
California	19.4%	21.9%	19.4%	20.6%	18.9%	18.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Soda/Sugar-Sweetened Beverage (SSB) Consumption

2% of children and teens in San Mateo County consumed at least two glasses of non-diet soda the previous day, and 3.2% consumed at least two glasses of a sugary drink, other than soda, the previous day. 5.9% of San Mateo County adults consumed non-diet sodas at a high rate (7 or more times per week). 71.1% of adults reported drinking no non-diet soda in an average week.

Soda or Sweetened Drink Consumption

	San Mateo County	California
Children and teens reported to drink at least two glasses of non-diet soda yesterday	2.0%	5.5%

	San Mateo County	California
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday**	*3.2%	10.2%
Adults who reported drinking non-diet soda at least 7 times weekly***	5.9%	10.3%
Adults who reported drinking no non-diet soda weekly***	71.1%	59.8%

Source: California Health Interview Survey, 2014-2017 & 2019, combined, **2014-2018, ***2015-2017. <http://ask.chis.ucla.edu>
 *Statistically unstable due to sample size.

Adequate Fruit and Vegetable Consumption

Teens are less likely than children to eat five or more servings of fruit and vegetables a day. In San Mateo County, 32.7% of children and 23.4% of teens eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes).

Five or More Servings of Fruit and Vegetables, Daily

	San Mateo County	California
Children	32.7%	32.1%
Teens	*23.4%	25.4%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/> *Statistically unstable due to small sample size.

Access to Fresh Produce

93.8% of adults in San Mateo County reported they could usually or always find fresh fruit and vegetables in the neighborhood, and 86% said they were usually or always affordable.

Communities with Good or Excellent Access to Fresh Produce

	San Mateo County	California
Neighborhood usually or always has fresh produce	93.8%	88.1%
Neighborhood fresh produce usually or always affordable	86.0%	80.7%

Source: California Health Interview Survey, 2016-2018. <http://ask.chis.ucla.edu>

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises. 29.8% of children and 4.6% of teens in San Mateo County meet the aerobic requirement. 23.4% of San Mateo County adults get at least 140 minutes of exercise per week (at least 20 minutes at a time, seven days a week). County rates of aerobic exercise are lower than state rates in all age groups.

Aerobic Activity Guidelines Met

	San Mateo County	California
Adults exercising at least 20 minutes (at a time) per day, each day***	23.4%	25.3%

Teens meeting aerobic guideline (at least one hour of aerobic exercise daily)**	*4.6%	12.6%
Children, 5-11 years, meeting aerobic guideline (at least one hour of aerobic exercise daily)	29.8%	30.8%

Source: California Health Interview Survey, 2014-2018; **2012-2016; ***2017-2018, asked only of adults who can walk. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 70.3% of San Mateo County 5th graders were in the ‘Healthy Fitness Zone’ (HFZ) of aerobic capacity. Area ninth graders performed slightly worse, with 67% of San Mateo County 9th graders testing in the Healthy Fitness Zone. Rates among school districts vary widely, from 56.9% of Redwood City Elementary School District’s 5th grade students being in the HFZ of aerobic capacity, to 100% of Portola Valley Elementary School District’s 5th grade students achieving the designation. Among 9th graders, the rates ranged from 64.8% of Cabrillo Unified 9th grade students being in the HFZ for aerobics to 85.1% of Mountain View-Los Altos Union High School District’s 9th graders achieving that mark.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

School District	Fifth Grade	Ninth Grade
Belmont-Redwood Shores Elementary	69.6%	N/A
Burlingame Elementary	85.7%	N/A
Cupertino Union	75.7%	N/A
Las Lomas Elementary	93.9%	N/A
Los Altos Elementary	88.5%	N/A
Menlo Park City Elementary	89.0%	N/A
Mountain View-Whisman	69.7%	N/A
Portola Valley Elementary	100.0%	N/A
Ravenswood City Elementary	64.0%	N/A
Redwood City Elementary	56.9%	N/A
San Carlos Elementary	91.0%	N/A
San Mateo Foster City	75.1%	N/A
Cabrillo Unified	83.2%	64.8%
La Honda-Pescadero Unified	75.0%	69.6%
Palo Alto Unified	90.2%	83.0%
Mountain View-Los Altos Union High	N/A	85.1%
San Mateo Union High	N/A	74.2%
Sequoia Union High	N/A	69.9%
San Mateo County	70.3%	67.0%
California	60.2%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. <http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

9.7% of San Mateo County children and teens spent over five hours in sedentary activities after school on a typical weekday, and 13.1% spent 8 hours or more a day on sedentary activities on weekend days.

Sedentary Children

	San Mateo County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	*9.7%	13.2%
8+ hours spent on sedentary activities on a typical weekend day - children and teens**	13.1%	10.6%

Source: California Health Interview Survey, 2014-2018, **2015-2019. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

14.7% of San Mateo County adults reported not participating in at least 20 minutes of physical exercise (at one time) within the past week.

Sedentary Adults

	San Mateo County	California
Adults who did not exercise for at least 20 minutes on any day in the prior week	14.7%	15.1%

Source: California Health Interview Survey, 2017-2018. <http://ask.chis.ucla.edu/>

Proximity to exercise opportunities can increase physical activity in a community. 100% of San Mateo County residents live in close proximity to exercise opportunities.

Adequate Access to Exercise Opportunities, 2010 and 2019 Combined

	Percent
San Mateo County	100%
California	93%

Source: County Health Rankings, 2020 ranking, utilizing 2010 and 2019 combined data. <http://www.countyhealthrankings.org>

Community Walkability

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

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

- 0-24: Car Dependent (Almost all errands require a car)
- 25-49: Car Dependent (A few amenities within walking distance)
- 50-69: Somewhat Walkable (Some amenities within walking distance)
- 70-89: Very Walkable (Most errands can be accomplished on foot)
- 90-100: Walker's Paradise (Daily errands do not require a car)

Based on this scoring method, most communities in the service area are classified as

“Car Dependent”, with Portola Valley being the least walkable, with the lowest possible score of 1. Some ZIP Codes, however, are rated Somewhat Walkable: Menlo Park, San Mateo ZIP Codes 94402 and 94403, Palo Alto ZIP 94306, and Redwood City 94061. Three area ZIP Codes rate ‘Very Walkable’: Palo Alto 94301, San Mateo 94401 and Redwood City 94063.

Walkability

	ZIP Code	Walk Score
Atherton	94027	9
Belmont	94002	45
Burlingame	94010	4
Half Moon Bay	94019	3
La Honda	94020	5
Los Altos	94024	3
Los Altos Hills	94022	5
Menlo Park	94025	56
Mountain View	94043	20
East Palo Alto	94303	24
Palo Alto	94301	72
Palo Alto	94304	2
Palo Alto	94306	63
Portola Valley	94028	1
Redwood City	94061	66
Redwood City	94062	3
Redwood City	94063	75
Redwood City	94065	24
San Carlos	94070	44
San Mateo	94401	73
San Mateo	94402	59
San Mateo	94403	59
San Mateo	94404	44

Source: [WalkScore.com](https://www.walkscore.com/), 2020

Community Input – Overweight and Obesity

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

- Childhood obesity has gotten worse. We need to continue CalFresh and WIC campaigns.
- Children have been very sedentary with online education.

- The school lunch program is still not very healthy and that is concerning with schools being a big source of food for families who are picking up daily meals.
- Obesity is a problem for quite a few older adults. It goes hand in hand with a lack of exercise.
- Diabetes and hypertension are compounding problems that stem from lifestyle choices and are partly cultural. It is difficult to make lifestyles changes and sustain them over time.
- We are all dealing with COVID weight. People are not eating properly, gyms have been challenged with re-opening, and people are reluctant to go back to a gym in a closed environment.
- Access to healthy food is a key driver of health.
- Obesity is killing people. For our population, it is a side effect of the medications.
- Being overweight and having high blood pressure and other chronic conditions are structural issues that result from long commutes, working multiple jobs, and lacking health access. It trends with the social determinants of health, especially true for lower income and communities of color.
- We have engineered physical activity out of our lives. We have food access issues where the corner store is the closest thing we have in communities of color.
- We are seeing more overweight kids, we promote drink water first, before juice and soda.

Sexually Transmitted Infections

In 2018, the rate of chlamydia in San Mateo County was 400.8 cases per 100,000 persons, The San Mateo County rate of gonorrhea was 94.2 cases per 100,000 persons. The rate of primary and secondary syphilis for San Mateo County was 10.1 cases per 100,000 persons. The rate of early latent syphilis was 9.4 cases per 100,000 persons. Rates of chlamydia are highest among young women, ages 15 to 29, in particular those ages 20 to 24. Rates of gonorrhea are highest among young men, ages 20 to 34, in particular those ages 25 to 29, and rates of syphilis are highest among men ages 20 to 44, in particular those ages 25 to 34.

STI Cases and Rates, per 100,000 Persons

	San Mateo County		California
	Cases	Rate	Rate
Chlamydia	3,103	400.8	583.0
Gonorrhea	729	94.2	199.4
Primary and secondary syphilis	78	10.1	19.1
Early latent syphilis	73	9.4	19.5

Source: California Department of Public Health, STD Control Branch, 2018 STD Surveillance Report. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf>

Teen Sexual History

In San Mateo County, 88.8% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex.

Sexual History, Teens, Ages 14 to 17

	San Mateo County	California
Never had sex	*88.8%	84.9%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

HIV

The rate of new HIV cases in San Mateo County was 7.9 per 100,000 persons in 2018. 77.5% of persons with HIV are receiving care and 59.7% are virally suppressed. The 2021 California Integrated Plan objective is for 90% to be in care, and 80% virally suppressed.

HIV Cases and Rates, per 100,000 Persons

	San Mateo County	California
Newly diagnosed cases	61	4,747
Rate of new diagnoses	7.9	11.9
Living cases	1,652	136,566
Rate of HIV	213.4	342.9
Percent in care	77.5%	73.8%
Percent virally suppressed	59.7%	64.2%
Percent deceased in 2018	1.0%	1.4%

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2018. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

Mental Health

Among adults in San Mateo County, 8.2% had likely experienced serious psychological distress in the past year, while 7.7% had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Of those adults who had experienced moderate or severe psychological distress, San Mateo County adults were less likely to say they had experienced impairment in their daily lives (their social, family or work life, and household chores) when compared to state rates of impairment. By contrast, serious psychological distress was experienced in the past year by more than a quarter of area teens (27.4%), which was higher than the state rate (18%).

Mental Health Indicators

	San Mateo County	California
Adults who had serious psychological distress during past year	8.2%	11.3%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	7.7%	10.8%
Adults: family life impairment during the past year	13.2%	18.0%
Adults: social life impairment during the past year	14.1%	18.3%
Adults: household chore impairment during the past year	13.2%	17.2%
Adults: work impairment during the past year	9.9%	17.0%
Teens who had serious psychological distress during past year	*27.4%	18.0%

Source: California Health Interview Survey, 2017-2019. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Frequent Mental Distress

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the county and the state, the rate of mental distress among adults was 11.4%. Service area cities had rates ranging from 8.6% in Palo Alto 94304 and Los Altos Hills to 13.2% of adults in Redwood 94063 with frequent mental distress.

Frequent Mental Distress, Adult

	ZIP Code	Percent
Atherton	94027	9.7%
Belmont	94002	10.6%
Burlingame	94010	11.0%
Half Moon Bay	94019	11.6%
La Honda	94020	11.7%
Los Altos	94024	8.7%
Los Altos Hills	94022	8.6%
Menlo Park	94025	10.9%
Mountain View	94043	10.1%

	ZIP Code	Percent
East Palo Alto	94303	12.0%
Palo Alto	94301	9.8%
Palo Alto	94304	8.6%
Palo Alto	94306	9.7%
Portola Valley	94028	9.3%
Redwood City	94061	12.1%
Redwood City	94062	11.0%
Redwood City	94063	13.2%
Redwood City	94065	10.4%
San Carlos	94070	10.7%
San Mateo	94401	12.6%
San Mateo	94402	11.2%
San Mateo	94403	11.3%
San Mateo	94404	9.6%
San Mateo County		11.4%
California		11.4%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/>

Mental Health Care Access

29.9% of San Mateo County teens needed help for emotional or mental health problems in the past year, and 16.5% of teens received psychological or emotional counseling in the past year. 20% of adults in San Mateo County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among San Mateo County adults who sought help, 52.7% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	San Mateo County	California
Teen who needed help for emotional or mental health problems in the past year	*29.9%	25.6%
Teen who received psychological or emotional counseling in the past year	*16.5%	15.9%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year**	20.0%	20.5%
Adults, sought/needed help and received treatment**	52.7%	58.2%
Adults, sought/needed help but did not receive**	47.3%	41.8%

Source: California Health Interview Survey, 2017-2019 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Youth Mental Health

Among San Mateo 7th graders, 24.2% had experienced depression in the previous year. This is described as 'feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities'. The rate of depression rose by grade level.

Depression, Past 12 Months, 7th - 11th Grade Youth

	7 th Grade	9 th Grade	11 th Grade
San Mateo County	19.7%	27.3%	N/A
California	24.2%	29.6%	32.3%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2015-2017. via <http://www.kidsdata.org>. N/A = data suppressed due to low number of respondents.

Despite reporting lower-than-state levels of depression, county high-schoolers were more likely to have seriously considered suicide in the past year than were high-schoolers statewide: 16.3% of 9th grade students and 17.6% of 11th graders in San Mateo County said they had seriously considered suicide in the past year.

Rates of suicidal ideation in the county were higher among girls (21.6% in 9th grade, 21.7% in 11th) than boys (11.3% in the 9th grade, 13.2% in 11th) and among Native Hawaiian/Pacific Islander students (30.2%), multiracial students (22.4%), Blacks (17.4%), Asians (16.9%) and Hispanic students (16.3%), than among White students (14.9%). Rates were also higher among the county's LGBTQ youth (44.7% of whom had seriously considered suicide) and questioning students (33.8%) than among those who identified as straight (13.1% of whom had seriously considered suicide).

Seriously Considered Suicide, Past 12 Months, 9th and 11th Grade Youth

	9 th Grade	11 th Grade
San Mateo County	16.3%	17.6%
California	15.8%	16.4%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019. via <http://www.kidsdata.org>.

In addition to self-reports of higher-than-state levels of suicidal ideation, San Mateo County children and youth, ages 5 to 20, had higher rates of hospital admissions due to non-fatal self-inflicted injuries (67.7 hospital discharges per 100,000 children and youth, ages 5 to 20), than did California youth (36.5 discharges per 100,000 children and youth). There is also a higher-than-state rate of completed suicides, among youth ages 15 to 24: 10.1 per 100,000 youth compared to 8.2 per 100,000 youth at the state level.

**Hospital Discharges for Non-fatal Self-inflicted Injuries, Ages 5 to 20 Years, 2015
Youth Suicides, Ages 15 to 24, 2015-2017**

	Self-Injury Discharges Rate per 100,000	Youth Suicides, Rate per 100,000
San Mateo County	67.7	10.1
California	36.5	8.2

Source: California Department of Public Health's EpiCenter (Injury Data Online) and the CDC's Nonfatal Injury Data, 2015. via <http://www.kidsdata.org>.

Experiencing physical or sexual violence from someone they were dating during the prior year begins to be a concern for youth beginning in at least the 9th grade, rising by grade level. 6.7% of California 9th graders and 9.8% of 12th graders said they were physically hurt on purpose by someone they were dating during the past 12 months. Rates were higher for females (10.3%) than for males (6.0%), and higher for Black and Hispanic students (9.9%) than for White students (5.8%).

Rates of sexual dating violence were 13.1% among 9th graders and 21.1% of 12th graders who said they were forced to do sexual things by someone they were dating during the past 12 months. Rates were higher for females (22.7%) than for males (8.3%), and were higher for Other Race/Ethnicity (non-White, non-Black, non-Hispanic) students (17.8%), Whites (16.7%), and Blacks (16.3%) than for Hispanic students (14.4%).

Dating Violence, in the Past 12 Months, 9th - 12th Grade Youth

	Physical Dating Violence	Sexual Dating Violence
California	8.3%	15.4%

Source: California Youth Risk Behavior Survey (YRBS), 2019. <http://healthdata.dshs.California.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey>

Community Input – Mental Health

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

- The pandemic put a spotlight on greater need for mental health services for families/individuals.
- Anxiety and depression are on the rise, as are suicide prevention efforts.
- The age groups that are reliant on social connections, like older adults and teens, are reporting feelings of disconnection. For youth, this affects learning and emotional development.
- We anticipate that kids who have been at home for 18 months and suddenly find themselves plunged back into in-person education will have challenges.
- We are seeing a lot of young people who are seeking support, they have been isolated and in online classes and have had limited interactions with classmates.

- We need more conversations around crisis support and the intersection with law enforcement.
- There can be a reluctance to admit you need help, and many do not know how to access help.
- Those with mental health issues often have trust concerns on where to go. Outreach programs and trusted partners for mental health outreach is key.
- With the pandemic, more people are in distress and anxious or are grieving the loss of a loved one. There are not enough providers to meet the demand in normal conditions. There also continues to be stigma that can cause a reluctance to seek out services.
- With anxiety and depression, it is difficult for persons in poorer communities to seek mental health treatment unless it is something serious. More people can get housing if they access mental health services.
- Many enter the mental health system in an acute state of crisis. When they exit the system they may lack support and affordable housing. As a result, they drift in and out of the system.
- Almost all trafficked victims have mental health challenges or are coping in inappropriate ways, such as using drugs and alcohol. When we refer a client, it takes weeks to get an appointment. We need specialized therapists, not just regular therapists.
- For older adults, mental health is still a real stigma; many are depressed and have never been evaluated. And with COVID, the isolation has led to depression and anxiety.
- For older adults, when one spouse has dementia, the strain is huge for these senior caregivers.
- With COVID, the increased pressures of childcare, maintaining a job and the household have impacted the Latinx woman.
- Youth suicide or suicide ideation, depression, anxiety, and domestic violence have worsened. Children vulnerable to abuse/neglect are not getting needed supports.
- Mental health therapists are burnt out and exhausted. We lack enough therapists, including Spanish speaking therapists, and those willing to see low-fee clients.
- Even though we offer therapy on a sliding scale, people are asking for an even lower scale and pro-bono services. Even at the rates we offer, people still cannot afford them.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In San Mateo County, 5.9% of adults smoke cigarettes, which is lower than the state rate, while 23.7% of county residents are former smokers, which is higher than the state. 70.8% of San Mateo County adult smokers were thinking of quitting in the next 6 months. 17.3% of San Mateo County adults, ages 18 to 65, had smoked an e-cigarette, which is lower than the state rate (19.5%).

Smoking, Adults

	San Mateo County	California
Current smoker	5.9%	9.3%
Former smoker	23.7%	21.1%
Never smoked	70.4%	69.7%
Thinking about quitting in the next 6 months**	70.8%	70.1%
Ever smoked an e-cigarette (all adults 18-65)	17.3%	19.5%

Source: California Health Interview Survey, 2017-2019 and **2015-2019. <http://ask.chis.ucla.edu>

Approximately 0.4% of San Mateo County teens are current smokers, 4.9% have tried an e-cigarette, and 1.7% smoked an e-cigarette in the past 30 days. These rates are all below the state rates for cigarette and e-cigarette use among teens.

Smoking, Teens

	San Mateo County	California
Current cigarette smoker	*0.4%	*1.0%
Ever smoked an e-cigarette	*4.9%	8.6%
Smoked an e-cigarette in the past 30 days	*1.7%	4.1%

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 16.5% in the county reported having engaged in binge drinking in the previous 30 days, which is higher than state rates (16.1%). Rates of binge drinking ranged from 14% in Los Altos Hills, to 20.1% in Redwood City ZIP 94063.

Binge Drinking, Past 30 Days, Adults

	ZIP Code	Percent
Atherton	94027	15.4%
Belmont	94002	17.2%

	ZIP Code	Percent
Burlingame	94010	16.1%
Half Moon Bay	94019	18.1%
La Honda	94020	19.0%
Los Altos	94024	14.5%
Los Altos Hills	94022	14.0%
Menlo Park	94025	18.0%
Mountain View	94043	18.3%
East Palo Alto	94303	17.6%
Palo Alto	94301	17.0%
Palo Alto	94304	15.5%
Palo Alto	94306	16.1%
Portola Valley	94028	14.7%
Redwood City	94061	18.6%
Redwood City	94062	17.4%
Redwood City	94063	20.1%
Redwood City	94065	16.2%
San Carlos	94070	17.4%
San Mateo	94401	17.9%
San Mateo	94402	15.9%
San Mateo	94403	16.7%
San Mateo	94404	15.2%
San Mateo County*		16.5%
California		16.1%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/> *Weighted average; calculated using 2015-2019 ACS adult population estimates

The California Health Interview Survey reported, 34.1% of adults in San Mateo County had engaged in binge drinking in the past year. The Healthy People 2030 objective is for only 25.4% of adults to binge drink. 25.3% of San Mateo County teens have tried alcohol, and 8.9% binge drank in the past month. These are higher rates of alcohol use and abuse among teens than state rates.

Binge Drinking and Teen Alcohol Experience, Adults and Teens

	San Mateo County	California
Adult binge drinking, past year**	34.1%	34.7%
Teen binge drinking, past month	*8.9%	4.9%
Teen ever had an alcoholic drink	*25.3%	23.7%

Source: California Health Interview Survey, **2015 adults, 2015-2019 pooled, for teens. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 54.4% of San Mateo County adults interviewed said that they had tried marijuana or hashish, which is higher than the state rate of 50.9%. Of those who had tried it, county adults were about as likely to use marijuana in the previous month (32.3%) as adults statewide (32.1%). About a third of county adults who have tried marijuana said that they last used it more than 15 years ago (31.5%), which was a higher rate than adult marijuana users statewide (28.4%).

Marijuana Use, Adults

	San Mateo County	California
Have tried marijuana or hashish	54.4%	50.9%
Used marijuana within the past month	32.3%	32.1%
Used marijuana within the past year	48.4%	48.6%
Used marijuana more than 15 years ago	31.5%	28.4%

Source: California Health Interview Survey, 2017-2019 pooled. <http://ask.chis.ucla.edu/>.

Marijuana use was reported by 3.7% of 7th graders and 10.3% of 9th graders in San Mateo County, which were lower than California's rates (4.2% and 17.4%, respectively). While incidence and frequency of use tend to rise with grade level, specific data about county 11th graders were suppressed due to small sample size. County 7th and 9th graders who had tried marijuana were less likely to have used it in the prior 30 days, and those who did tended to use it less often than their statewide counterparts.

Marijuana Use, Teens

	San Mateo County	California
Ever tried marijuana, 7 th grade	3.7%	4.2%
Ever tried marijuana, 9 th grade	10.3%	17.4%
Ever tried marijuana, 11 th grade	N/A	31.0%
Used marijuana 0 days in past 30 days, 7 th grade	98.1%	97.7%
Used marijuana 1 day in past 30 days, 7 th grade	0.9%	0.9%
Used marijuana 2 days in past 30 days, 7 th grade	0.3%	0.5%
Used marijuana 3-9 days in past 30 days, 7 th grade	0.3%	0.5%
Used marijuana 10-19 days in past 30 days, 7 th grade	0.3%	0.2%
Used marijuana 20-30 days in past 30 days, 7 th grade	0.2%	0.3%
Used marijuana 0 days in past 30 days, 9 th grade	94.6%	90.5%
Used marijuana 1 day in past 30 days, 9 th grade	2.4%	2.8%
Used marijuana 2 days in past 30 days, 9 th grade	0.7%	1.8%
Used marijuana 3-9 days in past 30 days, 9 th grade	1.7%	2.1%
Used marijuana 10-19 days in past 30 days, 9 th grade	0.1%	1.0%
Used marijuana 20-30 days in past 30 days, 9 th grade	0.5%	1.8%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2015-2017. via <http://www.kidsdata.org>. N/A = Suppressed due to small sample size

Opioid Use

While the rate of mortality from opioid overdose is the same for the county and state (7.9 deaths per 100,000 persons), the rate of hospitalizations due to opioid overdose in San Mateo County was 3.6 per 100,000 persons. This was less than half the state rate (7.6 per 100,000 persons).

Emergency Department visits due to opioid overdose in San Mateo County were 12.7 per 100,000 persons, which was lower than the state rate (17.5 per 100,000 persons). The rate of opioid prescriptions in San Mateo County was 253.5 per 1,000 persons. This rate is also below the state rate of opioid prescribing (400.6 per 1,000 persons).

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

	San Mateo County	California
Hospitalization rate for opioid overdose (excludes heroin)	3.6	7.6
ER visits for opioid overdose (excludes heroin)	12.7	17.5
Opioid prescriptions, per 1,000 persons	253.5	400.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use

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

- Substance use has increased with the pandemic; many people use it as a coping mechanism.
- People are drinking more and have more access to drugs.
- It is on the rise, partly due to isolation, anxiety, and stress. More no/low-cost resources are needed.
- Substance use and addiction is a disease, it is not a moral failing.
- Addiction disorders, next to poverty, are the primary challenges for single adults.
- There are not enough treatment facilities in the county. Substance abuse usually isn't just an isolated event, it is usually a comorbid disorder with mental health.
- Staying in recovery was challenged by the pandemic because it disrupted regular support systems.
- There are numerous pot dispensaries opening in the next 10 months. We need to hone in on data about usage levels and track it as new things appear like more stores and vaping.
- We still have a way to go to see/treat addiction as a disease and offer supportive programs that are free and affordable. It is still a challenge to access supports and it is still very stigmatized.
- Drug use is a reason that families have trafficked their children. It is to pay for their drug habits and housing needs. Youth who use drugs are more vulnerable to exploitation.

- For older adults, losing cognitive functions may mean not taking the right medications at the right time. Medication reconciliation is an issue. There is always a need for more education.
- There can be confusion or balance issues with some medications for older adults. We hope that medical professionals are careful and analytical when they prescribe medicine to seniors.
- We need creative ways to serve the needs of the difficult to engage homeless population.
- There is a meth pandemic raging and it is too easy and cheap to obtain for many clients. There are inadequate residential treatment services. Day treatment for 2-6 hours a day is ineffective. Inpatient versus outpatient care has to do with funding, but it is a short-term cost versus taking the long view.
- In the middle of an overdose crisis, we found ourselves in a pandemic. LGBTQ are overrepresented in that data and are more likely to be unhoused and afraid to access services. The pandemic has worsened the overdose crisis and it doesn't seem like there is a bigger plan to address this.
- Tobacco use impacts oral health very quickly, as it increases the likelihood of gum disease, and people can quickly lose teeth. Drug use, like methamphetamines, can increase significant dental issues.

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the total population – not just adults – to receive a flu shot. The California Health Interview Survey reported 53.8% of San Mateo County adults received a flu shot. Among area seniors, 76% received a flu shot. Among children, ages 6 months to 17 years, 79.9% in San Mateo County received a flu shot. The county flu vaccinations rate did not meet the Healthy People 2030 objective, with the possible exception of those ages 65 and older.

Flu Vaccine

	San Mateo County	California
Received flu vaccine, ages 65 and older	76.0%	70.4%
Received flu vaccine, ages 18+ (includes 65+)	53.8%	42.6%
Received flu vaccine, ages 6 months-17 years	*79.9%	51.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu>. *Statistically unstable due to sample size.

Immunization of Children

The rate of compliance with childhood immunizations upon entry into kindergarten was 95.7% for San Mateo County. Rates ranged from 92.2% in Burlingame Elementary School District to 97.8% in San Carlos Elementary. Only Burlingame Elementary had a rate below San Mateo County’s rate of student immunizations.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2018-2019*

School District	Immunization Rate
Belmont-Redwood Shores Elementary	97.5%
Burlingame Elementary	92.2%
Cabrillo Unified	96.4%
Cupertino Union	97.7%
La Honda-Pescadero Unified	N/A
Las Lomitas Elementary	97.4%
Los Altos Elementary	97.4%
Menlo Park City Elementary	97.2%
Mountain View-Whisman	96.2%
Palo Alto Unified	96.6%
Portola Valley Elementary	97.4%
Ravenswood City Elementary	96.8%
Redwood City Elementary	95.8%
San Carlos Elementary	97.8%
San Mateo Foster City	97.6%
San Mateo County*	95.7%
California*	94.5%

Source: California Department of Public Health, Immunization Branch, 2018-2019. *For those schools where data were not suppressed due to privacy concerns over small numbers. N/A = Suppressed due to small sample size.

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In San Mateo County, 77.9% of women interviewed had obtained mammograms, which met this objective.

Mammogram in the Past Two Years, Women Ages 50-74, Two-Year Average

	Percent
San Mateo County	77.9%
California*	77.4%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of California county rates.

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. With 82.5% of women, ages 21 to 65, having had a cervical cancer screening in the prior 3 years, San Mateo County does not meet this objective.

Pap Test Past 3 Years, Women, Ages 21-65

	Percent
San Mateo County	82.5%
California*	81.9%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of California county rates.

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50-75, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 71.3% of San Mateo County residents, ages 50-75, met the colorectal cancer screening guidelines. The county does not meet the Healthy People objective.

Colorectal Cancer Screening, Adults, Ages 50-75

	Crude Rate
San Mateo County	71.3%
California*	66.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of California county rates.

Community Input – Preventive Practices

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

- Most older adults are good about getting vaccines and flu shots. For COVID they were compliant.
- Many of our staff haven't been vaccinated and we can't force them at this point. Schools are in the same position with teachers/staff. Misinformation is still out there. Many won't get flu shots either.
- Even when the hospital and clinics opened again, people didn't get preventive care due to fear of COVID. We saw increases in emergency care for chronic diseases because people delayed care.
- We are offering COVID vaccinations for clients when they get their weekly food. Easy access is key.
- The Latinx community felt more comfortable going to small community events to obtain vaccines and testing due to language barriers and immigration status.
- The outreach/education with the COVID vaccine has been tremendous but there are still challenges with folks who don't trust the medical community or don't believe vaccines will be successful.
- People do not always know that they routinely need to update their vaccines.
- Overall, we have high levels of childhood immunizations, flu, and the COVID vaccine. We did see a decrease in these preventive measures resulting from not seeing a doctor for the past 1.5 years.
- We are fortunate to get some relief funds from the state and federal government. But we are reaching the end of our ability to keep putting money into things without sacrificing everyday services.
- We do education around trafficking as there is always a new audience for traffickers. Businesses with outstanding labor violations are also commonly involved in trafficking. Most youth are exploited one to two years before their scores rise to the level of CPS involvement. Who is interacting with these kids early on?

Prioritized Description of Significant Health Needs

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

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

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Housing and homelessness, COVID-19 and mental health had the highest scores for severe and very severe impact on the community. Housing and homelessness, and mental health were the top two needs that had worsened over time. Housing and homelessness and substance use had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	66.7%	29.4%	52.9%
Chronic diseases	61.1%	41.2%	52.9%
COVID-19	94.5%	5.9%	5.9%
Food insecurity	84.2%	44.4%	38.9%
Housing and homelessness	100%	82.4%	94.1%
Mental health	94.4%	82.4%	29.4%
Overweight and obesity	50.0%	23.5%	17.7%
Preventive practices	50.0%	23.5%	29.4%
Senior health	50.0%	35.3%	58.8%
Substance use	72.2%	35.3%	81.8%
Tuberculosis	11.2%	0%	0%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, COVID-19 and access to care were ranked as the top three priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.83
COVID-19	3.71
Access to care	3.67
Chronic diseases	3.65
Substance use	3.50
Preventive practices	3.47
Senior health	3.39
Overweight and obesity	3.38
Housing and homelessness	3.35
Food insecurity	3.00
Tuberculosis	2.69

Community input on these health needs is detailed throughout the CHNA report.

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

Significant Needs	Important and Very Important
Access to health care	97.7%
Chronic conditions	95.5%
Preventive practices (vaccines and screenings)	94.8%
Mental health	94.0%
Senior health	94.0%
COVID-19	93.3%
Substance use	88.7%
Overweight and obesity	84.9%
Food insecurity	70.9%
Housing and homelessness	68.4%
Tuberculosis	65.4%

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 San Mateo County at www.211bayarea.org/sanmateo/.

Significant Needs	Community Resources
Access to care	1degree.org, 211, Abilities United, Arbor Free Clinic, Coastside Clinic, Daly City Health Center, Edison Clinic, Equity and Communication County Taskforce, Fair Oaks Health Center, Innovative Care Clinic, Institute for Health and Healing, Medical Specialty Clinic, North East Medical Services, Ravenswood Family Health Center, RotaCare Clinics, Samaritan House, San Mateo County Health: Family Health Services, San Mateo County Mobile Clinic, San Mateo County Pride Center, San Mateo County Pride Initiative, Sequoia Teen Wellness Center, South San Francisco Clinic, Surgical Specialty Clinic, Transgender Adult Health Clinic, Veterans Affairs Palo Alto Health Care System, Veterans Affairs San Francisco Health Care System
Chronic diseases	Abilities United, Arbor Free Clinic, Coastside Clinic, Daly City Health Center, Edison Clinic, Equity and Communication County Taskforce, Fair Oaks Health Center, Innovative Care Clinic, Institute for Health and Healing, Medical Specialty Clinic, North East Medical Services, Ravenswood Family Health Center, RotaCare Clinics, Samaritan House, San Mateo County Health: Family Health Services, San Mateo County Mobile Clinic, San Mateo County Pride Center, San Mateo County Pride Initiative, Sequoia Teen Wellness Center, South San Francisco Clinic, Surgical Specialty Clinic, Transgender Adult Health Clinic, Veterans Affairs Palo Alto Health Care System, Veterans Affairs San Francisco Health Care System
COVID-19	1degree.org, 211, community clinics, San Mateo County Health, Sequoia Hospital, Redwood City School District
Food insecurity	Bread of Life, Catholic Worker Hospitality House, CalFresh, CALL Primrose, Caring Cupboard, Catholic Worker House, Downtown Food Closet, Each Green Corner, Eating at \$4 a day, Ecumenical Hunger Program, Grace Covenant Church, Meals on Wheels, North Peninsula Food Pantry and Dining Center, No Strings Attached Breakfast Senior Coastsiders, Salvation Army, Samaritan House Kitchen, Second Harvest of Silicon Valley Food Connection, St. Anthony's Padua Dining Room, St. Francis Center, St. Vincent de Paul Society, Street Life Ministries, Women, Infants and Children Program (WIC),
Housing and homelessness	Bay Area Community Advisory Council, Catholic Worker Hospitality House, Coastside Hope, Community Overcoming Relationship Abuse (CORA), Emergency Shelter, Faith in Action, Home and Hope, Homeless Veterans Rehabilitation Program, Housing Industry Foundation, Human Investment Project (HIP), Life Moves, Mobile Support Team, Nation's Finest, New Creation Home Ministries, Pacifica Resource Center, Project WeHOPE Shelter, Project Room Key, Puente de la Costa Sur, Safe Harbor Shelter, Safe Parking Programs, Salvation Army, Samaritan House, Service League: Hope House, Spring Street Shelter, StarVista, St. Vincent de Paul Society Homeless Help Desk, Your House South
Mental health	Adolescent Children's Integrative Resiliency Program, Anger Management and Domestic Abuse Therapy Center, Behavioral Health Recovery Services, California Youth Crisis Line, Caminar, Caregiver Alliance Catholic Charities CYO, CARE SOLACE, Children's Health Council, Christian Counseling Centers, Inc., Community Overcoming Relationship Abuse (CORA), Family

	Assertive Support Team (FAST), Heart and Soul, Jewish Family and Children’s Services, Kara Grief Support, Mental Health Association of San Mateo County, Mental Research Institute, Mills-Peninsula Health Services Chemical Dependency Center, National Alliance on Mental Illness (NAMI), National Human Trafficking Hotline, Oak Tree Bereavement Center, Older Adult System of Integrated Services, One Life Counseling Center, Puente de la Costa Sur, Rape Trauma Services, San Mateo County Health: Family Health Services, San Mateo County Human Trafficking Program, StarVista Crisis Intervention and Suicide Prevention Center
Overweight/obesity	Friends for Youth, Police Activities League, Sienna Youth Center, YMCA
Preventive practices	1degree.org, Abilities United, Arbor Free Clinic, Coastside Clinic, Commercial Sexual Exploitation – Identification Tool (CSE-IT), Daly City Health Center, Edison Clinic, Equity and Communication County Taskforce, Fair Oaks Health Center, Innovative Care Clinic, Institute for Health and Healing, Medical Specialty Clinic, North East Medical Services, Ravenswood Family Health Center, RotaCare Clinics, Samaritan House, San Mateo County Health: Family Health Services, San Mateo County Mobile Clinic, San Mateo County Pride Center, San Mateo County Pride Initiative, Sequoia Teen Wellness Center, South San Francisco Clinic, Surgical Specialty Clinic, Transgender Adult Health Clinic, Veterans Affairs Palo Alto Health Care System, Veterans Affairs San Francisco Health Care System
Senior health	Aging and Adult Services, Bay Area Caregiver Resource Center, CarePatrol Placement Services, Center for the Independence of the Disabled, Each Green Corner, Fall Prevention Coalition of San Mateo County, Healthy Aging Response Team (HART), Human Investment Project (HIP), LGBTQ Senior Peer Counseling Program, Little House LYFT Program, Meals on Wheels, Pathways Home Health, Samaritan House, Self Help for the Elderly, Sequoia Strong, Senior Coastside Senior Mobility Guide, Senior Roundtable of San Mateo County, Villages of San Mateo County, Veterans Memorial Senior Center, Village Movement California, Village to Village Network
Substance use & misuse	Adolescent Counseling Services, Al-Anon, Alcoholics Anonymous, Archway Insights, Asian American Recovery Services (AARS), Bay Area Addiction Research and Treatment (BAART), Cocaine Anonymous, Crystal Meth Anonymous, El Centro de Libertad, Free at Last, HealthRIGHT 360, Heart and Soul, Latino Commission on Alcohol and Drug Abuse Services, Life Ring Organization, Marijuana Anonymous, Mills-Peninsula Chemical Dependency Center, Nar-Anon, Narcotics Anonymous, Our Common Ground, Palm Avenue Detoxification Program, Project 90, Pyramid Alternatives, Refuge Recovery Organization, San Mateo County Behavioral Health & Recovery Services, San Mateo County Health Tobacco Education Coalition, Service League Hope House, Strike Counseling Center, Smart Recovery Organization, Solidarity Fellowship, StarVista, Veterans Affairs Addiction Consultation and Treatment Services, Voices of Recovery, Women For Sobriety Organization, Women’s Recovery Association (WRA)
Tuberculosis	Arbor Free Clinic, Coastside Clinic, Daly City Health Center, Edison Clinic, Fair Oaks Health Center, Innovative Care Clinic, Medical Specialty Clinic, RotaCare Clinics Samaritan House, San Mateo County Health San Mateo County Health San Mateo County Mobile Clinic

Impact of Actions Taken Since the Preceding CHNA

In 2019, Sequoia Hospital conducted the previous CHNA and significant health needs were identified from issues supported by primary and secondary data sources. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: healthy lifestyles, housing and homelessness, mental health and well-being, and health care access and delivery through a commitment of community benefit programs and resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2019 CHNA.

Healthy Lifestyles

- LiveWell Program is a health screening program that was conducted monthly at seven sites in the community. Services included free screenings for blood pressure and diabetes, monitoring screening results, one-on-one counseling and referrals to physicians for abnormal results. During COVID-19, a registered nurse made weekly wellness-check phone calls to participants.
- Diabetes Empowerment Education Program (D.E.E.P.) is an evidence based educational program designed to engage community residents in self-management practices for prevention and control of diabetes. During COVID-19, the model was adapted to be delivered online.
- Blood glucose meter instruction empowered patients with the self-management tools and educational resources needed to prevent and control a variety of diabetic issues.
- Make Time for Fitness is a program designed to address healthy eating, physical activity, anti-bullying and avoidance of tobacco products, alcohol, and marijuana among 4th grade students attending Redwood City School District schools. During COVID-19, distance learning activities and videos were delivered.
- Matter of Balance (M.O.B.) is an evidence based program that acknowledges the risk of falling and emphasized practical coping skills to reduce this concern. During COVID-19, the program was suspended until a virtual adaptation of the program could be evaluated to show it remains evidence based.
- Post-Stroke Lecture Series (June-December 2019) was available to stroke survivors and their caregivers. Sessions discussed different topics hosted by expert clinical staff.
- Post-Stroke Caregivers Support Group Meeting (January 2020) was available to caregivers in the stroke community. During COVID-19, the Pacific Stroke Association (PSA) hosted the meetings virtually.
- Bingocize® is an evidence-based program that provided exercise, health education, and bingo to help overcome health problems in participants across the entire spectrum of care.

- Dignity Health Sequoia Hospital Community Grants Program awarded funds to United through Education/Familias Unidas to support project Familias Unidas Family Engagement Workshop, an eight-week workshop that served low-income and newcomer families. During COVID-19, re-allocation of previously awarded funds was allowed to meet needs that emerged due to the pandemic.
- Charitable cash and in-kind donations.

Housing and Homelessness

- Discharge planning for homeless patients was provided. Supportive services included a meal, weather-appropriate clothing, medications, transportation (30 miles/minutes from the hospital), infectious disease screening, vaccinations (appropriate for the presenting medical condition, and screening for affordable health care coverage. The San Mateo County Coordinated Entry System at the core service agency was called for shelter needs.
- The hospital care coordinators and social workers engaged the services of LifeMoves “Homeless Outreach Team” (HOT) to provide a broad range of services, which included outreach and engagement, intensive case management (including support in following-up on medical appointments), benefits enrollment, and transportation to and from medical appointments.
- Dignity Health Sequoia Hospital Community Grants Program awarded funds to LifeMoves to support project Homeless Outreach Team (HOT) Program, which provided critically needed support services to unsheltered homeless people in San Mateo County. During COVID-19, re-allocation of previously awarded funds was allowed to meet needs that emerged due to the pandemic.
- Charitable cash and in-kind donations.

Mental Health and Well-Being

- New Parents Support Group helped people navigate the challenges of parenting in a structured, inclusive, strength-based and empowering group experience. During COVID-19 the meetings were held virtually.
- Dignity Health Sequoia Hospital Community Grants Program awarded funds to Acknowledge Alliance to support project Collaborative Counseling and Transition Program which offers direct psychotherapy services to at-risk youth in San Mateo County Court and Community Schools. Additionally, funds were awarded to Friends for Youth to support project WHY (Whole Health for Youth) Initiative which strives to improve youth mental health and wellness by providing accessible wellness programs. During COVID-19, re-allocation of previously awarded funds was allowed to meet needs that emerged due to the pandemic.
- Charitable cash and in-kind donations.

Health Care Access and Delivery

- Financial assistance for the uninsured or underinsured – Provided financial assistance (including discounts and charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay.
- Community based COVID-19 testing and vaccine clinics for underserved and vulnerable populations.
- Sequoia Community Care offered services and community resources to allow older adults discharged from Sequoia Hospital to recover safely and healthfully in their community dwelling.
- Operation Access - Provided in-kind services to Operation Access, which coordinates surgeries and medical procedures for uninsured people through its network of volunteers and participating hospitals.
- Dignity Health Sequoia Hospital Community Grants Program awarded funds to Operation Access to support project San Mateo Specialty Care Access & Delivery Program, which coordinates donated surgical and specialty care for uninsured people in San Mateo County. During COVID-19, re-allocation of previously awarded funds was allowed to meet needs that emerged due to the pandemic.
- Charitable cash and in-kind donations.

Attachment 1: Benchmark Comparisons

Where data were available, the Dignity Health Sequoia Hospital service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	88.2%	90.7%
Child health insurance rate	98.3%	92.1%
Adult health insurance rate	94.9%	92.1%
Unable to obtain medical care	5.3%	3.3%
Ischemic heart disease deaths	45.4	71.1 per 100,000 persons
Cancer deaths	112.4	122.7 per 100,000 persons
Colon/rectum cancer deaths	10.3	8.9 per 100,000 persons
Drug-overdose deaths	12.1	20.7 per 100,000 persons
Overdose deaths involving opioids	7.9	13.1 per 100,000 persons
Lung and bronchus cancer deaths	22.6	25.1 per 100,000 persons
Female breast cancer deaths	16.1	15.3 per 100,000 persons
Prostate cancer deaths	16.7	16.9 per 100,000 persons
Stroke deaths	24.5	33.4 per 100,000 persons
Unintentional injury deaths	19.8	43.2 per 100,000 persons
Suicides	8.1	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	6.6	10.9 per 100,000 persons
Homicides	1.7	5.5 per 100,000 persons
On time prenatal care (HP2020)	93.2%	84.8% (HP2020 objective)
Infant death rate	3.0	5.0 per 1,000 live births
Adult obese (age range unknown)	23.9%	36.0%, adults ages 20+
Teens, 12 to 17 years, obese	16.9%	15.5%, children & youth, 2 to 19
Adults engaging in binge drinking	17.1%	25.4%
Cigarette smoking by adults	5.9%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	82.5%	84.3%
Mammogram, ages 50-74, screened in the past 2 years	82.1%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	71.3%	74.4%
Annual adult influenza vaccination	53.8%	70.0%

Attachment 2: Community Stakeholder Interviewees

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

Name	Title	Organization
Rafael Avendaño, MA	Executive Director	Redwood City Together
Pamela Estes	Advocacy Coordinator	San Mateo County Human Trafficking Initiative
Laura Fanucchi	Director of Programs	HIP Housing
Whitney Genevro	Regional Program Manager for Redwood City/Fair Oak communities	Second Harvest of Silicon Valley
Brian Greenberg, PhD	Vice President, Programs and Services	LifeMoves
Shobana Gubbi	Director of Leadership Gifts	Second Harvest of Silicon Valley
Kareen Haas- Foletta	Executive Director	Footsteps Child Care, Inc.
Susan Houston	Vice President of Older Adult Services	Peninsula Family Service
Diane Howard	Mayor	Redwood City
Suzanne Hughes	Executive Director	One Life Counseling Services
Bonnie Jue, DDS	Community Engagement Director	Sonrisas Dental Health, Inc.
Karen Li, MD	Director of School Health	Sequoia Healthcare District
Alisa Greene MacAvoy	President Director	Redwood City School District Board CA School Boards Association, Region 5
Shireen Malekafzali	Chief Equity Officer	San Mateo County
Benjamin McMullan	Systems Change Advocate	Center for Independence of Individuals with Disabilities San Mateo
Scott McMullan	President	Villages of San Mateo County
Melissa Platte, MS	Executive Director	Mental Health Association of San Mateo County
Francisco Sapp	Program Director	San Mateo County Pride Center
Srija Srinivasan, MBA	Deputy Chief & Acting Director of Public Health, Policy and Planning	San Mateo County Health
Lisa Tealer	Executive Director	Bay Area Community Health Advisory Council (BACHAC)
Jason Wong, MD	Medical Director of Health Services	Samaritan House

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- For older adults who live in their homes - reduced mobility/decreased stability, a tendency to fall, elder abuse, dementia/cognitive issues and isolation, high cost of home care, and caregiver support.
- Affordable housing for seniors so they can continue to live in their community.
- High level of food and housing insecurity and homelessness. The pandemic accelerated these issues, which have now risen to a level of urgency. The community came together; we started numerous food and meal delivery programs, provided utility relief, landlord rental assistance, and safe parking programs.
- Lack of affordable housing - we've seen a slight dip in our food distribution clients. Our data indicate that people are leaving the community; they cannot afford to live here anymore.
- Many do not have adequate health care resources. The health/safety of their family isn't a priority - they are just trying to survive. Many people have multiple children and are living with other large families.
- Increased needs as a result of anxiety, depression, and disconnectedness from remote learning.
- High infection rates of COVID, access to the vaccine, and mistrust of the medical system.
- Burden/inequities of the pandemic are seen in the low-income communities and front-line workers.
- Structural racism - the population shoulders disproportionate challenges that inequity brings, i.e., housing, access to wealth-building, educational opportunities, and protection from economic harm.
- Behavioral health issues, mental illness, addiction disorders and brain diseases are the result of growing up in the wrong ZIP Code. Add to that, there is a lack of treatment for disease.
- Mental health and access to health care for those with mental illness or a disability. We need health care advocacy for individuals with mental illness and co-occurring disorders and/or other significant conditions. Doctors see their mental illness or disability instead of the whole person.
- Human trafficking victims have a lack of opportunity for jobs, housing costs are high, and there is high food scarcity. A lack of mental health support makes them vulnerable to traffickers.
- For LGBTQ folks, there is a general lack of access.
- Diabetes.

Interview participants were asked about the most important socio-economic, behavioral, or environmental factors contributing to poor health in the community. Their responses included:

- Everything is amplified with COVID. Families are suffering from the high cost of food and housing, losing their jobs and health insurance - all ripple effects of the pandemic.
- Many mental health issues arose from the pandemic – stress and depression, drug use/addiction, tension, and anxiety with kids at home and parents struggling to be teachers and parents.
- Uneven reach of resources - housing and job security are tenuous for those with the least power.
- We live in such an expensive area. For those families who are not in the tech industry, to thrive and survive they often must take on more than one job. This is not healthy for them or their families.
- Lack of affordable food and safe, decent, affordable housing impacts all aspects of health and wellbeing; health/dental concerns fall to the wayside.
- For homeless individuals, it is poverty and not getting early intervention. Poor families, or those that didn't get their kids engaged in services at a young age, may wind up homeless.
- Not having a network of support or enough money to purchase healthy food, as well as, a lack of access to grocery stores that allow them to purchase healthy food.
- Lack of regular exercise and good nutrition.
- With our population of youth, ages 12-18, there are pressures on social media. One of the things really impacting our youth is peer pressure in schools regarding image and culture. It is everywhere, at school, in after school programs, and at home.
- Isolation and, therefore, a lack of information about available resources.
- Social justice, systemic bias, systemic racism and how those show up in lack of health care access. The design/delivery of health care needs to change. Poverty, housing and poorly maintained neighborhoods tie into education, job training, and health. For communities of color, they navigate this daily to survive and it causes stress.
- Pre-pandemic, the LGBTQ population was predisposed to financial and housing instability and mental health issues. The pandemic has exacerbated all that. Certain communities are marginalized. Those of us that don't fit in are more targeted, affecting our mental health and physical health.
- Human trafficking happens in connection to other issues: homelessness, food insecurity, housing insecurity, intimate partner violence, mental health issues, addiction, and lack of foster care.
- Kids had increased use of online technology and less oversight as teachers/mandated reporters weren't with the kids.

- Global warming and climate change.

Who are some populations in the area that are not regularly accessing health care and social services? Why? Responses included:

- With COVID, much of health care has been conducted through telehealth. Our clients don't always have technology access and, if they do, it's challenging for them to form trusting relationships. Consequently, their needs keep increasing and we're becoming our client's "everything" instead of part of a team. Clients have decompensated, turned to drugs, disconnected from services – it's a downward trend.
- We have a large demographic of seniors in our community who, due to a lack of transportation or technology skills, haven't been able to video conference with their physicians.
- We have a large group of older adults who do get health services, but they don't get social support unless there is a crisis, or someone tells them they need assistance.
- Undocumented or mixed-status families who are worried about getting reported. There is still fear of sharing information and accessing services.
- Families who are new to the country have the highest needs: language barriers, fear, isolation and not knowing what is available to them. Schools have typically provided a connection with these families. But in the past year, schools were virtual because of COVID.
- Historically mistreated populations, especially African Americans, don't access care. There may be a mistrust issue with the system, medications, providers, etc. Similarly, for the Latinx and Pacific Islander populations, they may also have language or literacy barriers.
- Those who are low-income, have disabilities, and the uninsured, have other pressing needs such as housing and food and are unable to afford health insurance.
- Those influenced by false information are not getting vaccinated.
- The Latinx community is underserved in regard to COVID vaccinations.
- Transient, homeless populations have a difficult time accessing any services, let alone accessing health care.
- For some of our undocumented students and families, language can be a barrier, as can fear and cultural issues.
- Mixed status and undocumented populations.
- Persons who mistrust medical institutions.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- COVID has increased needs in our community. People lost jobs and career opportunities, which created economic strain. People lost family members and are

suffering with grief. Social networks were limited for those watching children while they worked. Essential workers had to work, meaning siblings had to watch one another. Lack of access to technology resulted in learning loss during distance learning.

- Low-income and homeless individuals were already struggling. The pandemic only made the disparity larger.
- The pandemic has highlighted the need for trust to exist within medical institutions and their communities. A lot of folks have not been vaccinated. The main reason is they have distrust towards medical institutions. And for the mixed status and undocumented populations, they already had a hard time accessing services and resources and now it is an even bigger issue.
- Inability to gather meant giving up opportunities for exercise and social interactions. People became more isolated.
- COVID has brought to the forefront the inequities. Locally, we have done pretty well, we have a lot of extra resources that came from the state, federal government and local philanthropists. But the eviction moratorium is going away.
- With the pandemic, there was stigma for some students who didn't have a quiet space to learn and had to turn their screens off.
- Something positive is that Covered CA is still available and has extended its deadlines. Hopefully, more families will take advantage of that.
- Some were afraid to access needed health care because they were afraid of COVID.
- Even those of us with secure jobs and health insurance are struggling to get health care. It is so hard to get a doctor's appointment sooner than three months out. People turn to urgent care to be seen.
- Lack of sufficient therapists to meet the need, including for low-income individuals. For the global trauma people have experienced; services are just not available.
- More emphasis on mental health, well-being and breaking down stigmas because there has been such an increase of mental health issues with the pandemic.
- People who never experienced mental health issues, are now experiencing them. For those with fears around re-establishing relationships, telehealth is not a workable answer. If they have no trusted support system, they won't call or get on their computer for services.
- It is easier to get people off the streets and open shelters. Homelessness is now the number one issue/concern for merchants and residents. There may be an increase in homelessness but because of the eviction moratorium, we've not yet seen it.
- It exacerbated inequities and highlighted vulnerabilities. For example, older adults were the first to shelter in place – their food security, social networks, and access to care was tested. For young adults/teens, the lack of social connection increased their anxiety, risking their overall well-being.

- There was a lot of support for getting kids online, but there was less energy expended for older adults to educate them on how to use a tablet or make a Zoom call.
- It highlighted disparities in care in communities of color and that was magnified during the pandemic. The health care model needs to change, be adaptable, flexible, and culturally appropriate.
- Stanford did an impact study on COVID in our county and the disabled and LGBTQ population were eight times more likely to be forced to move to unsafe housing during the pandemic.
- We experienced an increase in clients needing food assistance, rental assistance, and financial assistance. A lot of our clients (i.e., essential workers and the jobless) were disproportionately impacted by the pandemic.
- In general, agency support and in-person contact with clients was stunted during the pandemic and mandated reporting resources decreased.
- Even if we had the financial resources to buy products, there has still been a lack of availability because factories have closed, gone out of business, or were shut down due to the pandemic.

Attachment 4: Community Survey

As part of the Community Health Needs Assessment, Sequoia Hospital distributed a survey to engage community residents. The survey was available in an electronic format through a SurveyMonkey link. The electronic survey was available in English and Spanish. The survey link was available from July 6, 2021 to October 24, 2021 and during this time, 141 usable surveys were collected. The surveys were distributed through hospital channels including social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Groups most impacted by community issues
- Where people access routine health care services
- Reasons for not having health coverage/insurance
- Reasons for delaying needed health care
- Conditions in the community have a negative impact
- Priority ranking of community needs

What are the biggest health issues or needs you and your family face?

- Access to health care
 - Medical check-ups/annual physicals
 - Health insurance is expensive
 - Dental care is expensive
 - Long waits to get a doctor's appointment
 - Medications are expensive
 - Accessing specialty care
 - Communication between primary care provider and specialist
 - Vision and hearing care
 - Conveniently located services for routine procedures
 - Being able to see primary care provider for continuity
 - Transportation to health care
 - Finding culturally sensitive health care providers
- Chronic diseases
 - Pre-diabetes
 - Diabetes
 - Parkinson's disease
 - High BP

- High cholesterol in children
- Asthma
- Heart disease and heart arrhythmias
- Epilepsy
- Autoimmune diseases
- Arthritis
- Mental health
 - Stress
 - Anxiety
 - High cost of mental health care
 - Depression
 - Access to therapy services
 - Stigma associated with mental health conditions
 - Mental health care for children and teens
- COVID-19
- Aging issues
 - Mobility
 - Wellness
 - Controlling chronic conditions
 - Caring for aging parents
 - Fatigue
 - Early dementia
 - In-home care
 - Long-term care
- Overweight and obesity
 - Healthy eating is a health issue that my family faces
 - Exercise
 - Weight loss
- Other
 - Allergies
 - Chronic pain
 - Headaches
- Addiction issues
- Affordable rents and restrictive leases; everything is expensive and with a lot of restrictions when you are trying to rent with small children or pets.
- Homelessness

What groups in your community are the most affected by these same issues (youth,

seniors, LGBTQ, homeless, etc.)?

- Homeless
 - Youth
- Racial/ethnic groups
- Latinx
- Children
- Teens
- Transition-aged youth/young adults
- Adults
- Seniors
- Low-income/low-middle-class
- Low-income Latinos in Redwood City and North Fair Oaks
- Undocumented immigrants
- Persons with addictions and mental illness
- LGBTQ
- Victims of human trafficking
- Families with young children

Where do you and your family members go for routine health care (physicals, check-ups, vaccinations, etc.)?

- Coastside Clinic
- County facilities
- Dignity Health Sequoia Hospital
- ER
- Fair Oaks Clinic/Fair Oaks Health Center/Centro de Salud of Fair Oaks
- Garden Family in Redwood City
- Gardner Pa Lard Clinic
- Kaiser
- None
- PAMF (Palo Alto Medical Foundation)
- Primary care provider
- Ravenswood Family Health Center
- Samaritan House
- San Mateo Hospital (if you have insurance)
- Stanford Clinic (if you have insurance)
- Stanford Health Care
- Sutter Health
- Urgent care

- VA

If you do not have health coverage or insurance, what are the main reasons why:

Answer Choices	Percent
I am waiting to get coverage through my job	2.1%
I don't think I need health insurance	1.0%
I haven't had time to deal with it	2.1%
It costs too much	6.3%
I am not eligible or do not qualify	4.2%
It is too confusing to sign up	3.2%
Does not apply, I have health coverage	81.1%

Reasons for no medical insurance (other answers only):

- People don't know where to apply for Medi-Cal
- People are confused by Covered California
- Poor service
- The people are arrogant and unfriendly
- Medication prices are way too high

The most recent time you are a family member of your household delayed or went without needed health care, what were the main reasons?

Answer Choices	Percent
Could not get an appt./long wait for appt.	19.1%
COVID-19 appt. cancellation/concern for infection	13.7%
Insurance did not cover the cost of the procedure or care	7.1%
No insurance and could not afford care	6.6%
Technology barriers with virtual visits/telehealth	5.5%
Not knowing where to go or how to find a doctor	4.4%
Lack of provider awareness or education about health condition	3.8%
Distrust/fear of discrimination	3.3%
Language barriers	2.2%
Lacked transportation	2.2%
Not having a provider who respects my culture or religious beliefs	1.5%
Did not delay care – received all needed care	30.6%

Reasons for skipping or delaying care (other answers only):

- Every time I have an appointment they cancel/move it because the doctor will be out – three months now
- I could only get online appointments and no one would schedule me for a check-up
- I experience weight/size bias from medical providers
- High cost of co-pays and out-of-pocket costs
- Unsure how to get dental care and physical therapy
- Too many layers to go through to access of care
- Too much bureaucracy
- Provider opted out of getting COVID vaccine

What conditions in your neighborhood or community have the largest negative impact?

- Housing and homelessness
 - High cost of mortgage/rent (leaving families without enough money for healthy food, which leads to eating unhealthy food and associated health problems)
 - Unsuitable housing (people living in garages, or 4-6 people living in one room)
 - High housing costs
- COVID-19
 - People not wanting to get vaccinated
 - Mask use
 - Isolation
- Access to health care
 - Long waits for care / specialist care
 - Lack of knowledge around preventive care, that you need to get check-ups
 - Lack of space in the clinics to serve more people
 - Lack of knowledge of what medical services are available in the area
 - Lack of medical insurance
 - Low income, or middle-income but now you don't qualify for free health insurance
 - Cost of health care
 - Doctors not taking new patients
 - Lack of dental insurance
- Substance use
 - Cigarettes and alcohol in the area
- Chronic diseases
 - Diabetes

- High BP
- Access to healthy food
 - obesity
- Mental health
 - Stress
 - anxiety
- Air quality
- Lack of transportation
 - Not a bike or pedestrian friendly community

Indicate the level of importance the hospital should place on addressing these community needs. The survey respondents listed the top five important community needs as: access to health care, chronic conditions, preventive practices, mental health and senior health.

Community Needs	Important and Very Important
Access to health care	97.7%
Chronic conditions	95.5%
Preventive practices (vaccines and screenings)	94.8%
Mental health	94.0%
Senior health	94.0%
COVID-19	93.3%
Substance use	88.7%
Overweight and obesity	84.9%
Food insecurity	70.9%
Housing and homelessness	68.4%
Tuberculosis	65.4%

Other Issues:

- Violence and abuse
- Education
- Sexually transmitted infections
- Pollution

Other comments or concerns:

- The pandemic has brought to light the isolation that older adults face if there are not services readily available and easily accessible.
- We really need to address why people stay away from seeking care such as: provider bias, assumptions and lack of cultural compassion; access to quality care for marginalized communities; and prohibitive costs.

- I do not think it is the responsibility of the hospitals to provide shelter for the homeless but once a person is admitted to the ER then care should be given.
- Mostly concerned about failure of medical system to care for older people with multiple
- diseases. They are very often pushed aside as if no one is concerned about them because they will just die soon anyway.
- Hospitals are already doing so much and I feel the staff on the front lines are heroes at this challenging time. How can community support them?
- Women's health means much more than pregnancy and prenatal care.
- Hospital should be working collaboratively with community-based organizations who specialize in areas that the hospital does not address.

Demographics of Survey Respondents

Age

Under 18	3.6%
18-24	0.7%
25-34	6.6%
35-44	11.7%
45-54	13.9%
55-64	7.3%
65 and older	56.2%

Gender Identity

Female	78.8%
Male	21.2%
Non-binary	0.0%

Race/Ethnicity

White/Caucasian	60.7%
Hispanic/Latino	25.2%
Asian	5.9%
Mixed Race/More than One Race	5.3%
Black/African American	2.2%
Other (Afro Latina)	0.7%
Native Hawaiian/Pacific Islander	0%
Native American/Alaska Native	0%

Attachment 5: Community Sensory Friendly Survey

Sequoia Hospital distributed a survey to engage family members and care givers of persons with special needs. The survey was available in an electronic format through a SurveyMonkey link. The electronic survey was available in English from August 27, 2021 to October 24, 2021. During this time, 57 usable surveys were collected. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Where persons with special needs access routine health care services
- How far they are willing to travel for a sensory friendly practitioner
- Experiences accessing health care and mental health care
- Sensory friendly services that are needed
- Reasons for delaying or going without health care
- How alerts or announcements are received

What are the biggest health or community issues or needs you and your family face?

Access to care

- Inability to see doctors or get labs done due to my son's special needs. Every doctor's appointment leads to a physical altercation due to his sensory processing disorder, autistic like behaviors and PTSD.
- Unable to find affordable health care and when we do, the wait is too long.
- Accounting for invisible disabilities, like severe autism, in most everyday encounters especially medical ones. Small offices with metal tools at accessible heights, trying to fit two people in a dental chair, optometry equipment that is challenging with non-verbal persons, and providers who sometimes just don't "get" it
- Access to quality therapy services and affordability
- Health providers who understand autism, qualified doctors
- Medical bills are not covered fast enough and there is a big out of pocket portion. This is especially true for dental work and anesthesia.
- A medical home and enhanced, integrated care for adults with autism. Supports when hospitalization or procedures are needed.
- Help leveraging access to and benefits of whole genome testing to deepen insight into individual health risks.
- Lack of available speech pathologist.
- Supportive speech and language/alternative and augmentative communication services for adults with autism, visual processing therapy, occupational therapy,

etc.

- My adult daughter with special needs cannot access any health care without my assistance. It is difficult to repeatedly be asked for conservatorship document. It took years to find a gynecologist to discuss her needs without doing an internal exam. We will not return to that doctor because she made us wait more than an hour and staff were not helpful
- Hospital anxiety for routine check-ups and vaccinations. Blood drawing is especially difficult
- Having family member with special needs makes it difficult to go to traditional medical appointments. It is difficult going to get labs, tests, and exams especially if the practitioner has no awareness or knowledge of people with special needs
- The biggest issue is taking our son who has autism to a doctor appointment. He is very fearful and learned to become resistant to go. I am worried about not able to take him if he really needs medical attention
- Getting shots of any kind. My teen has not been able to get a flu shot, only the nasal mist, for several years, and he's due for Meningococcal next spring. He will not be able to get these shots without the same support from his doctor's office and local hospitals. I'm also concerned that if he ever needs blood work, or anesthesia for any type of surgery, dental work, he will not have the same support to ensure that he gets what he needs

COVID-19

- Avoiding hospitals and clinics because of COVID concerns (not performing routine health exams, check-ups, care, etc.)
- How to stay safe even outdoors
- My child's inability to keep his mask on. This put him at greater risk for contracting COVID
- Since COVID it is harder to make an appointment to see a doctor
- Keeping our children psychically and emotionally healthy during a pandemic
- COVID safety for our son who is 9 and unable to be vaccinated.
- Continuing support of non-injection types of vaccine/medication delivery (intranasal) development

Social Support

- Finding friends for my son
- Day program only open 2 mornings a week. All else online. Prevents me/mom/caregiver from working
- Little focus right now on much needed services for adults; parents are aging without solutions for their adult children's long-term support needs

- What happens when I (caregiver) die how to ensure my child is safe and cared for retired living situations that include accommodations for my adult child

Physical Activity and Social Interaction

- Inclusion sports for my son he loves to play basketball, baseball, soccer, jockey I can't find anything for him after school or weekends
- I just want my son to be part of a team! He needs the socialization!
- Lack of programs for teens and pre-teens. Finding physically activities with good public transportation set up and hours is a big issue as well as finding.
- Life skills courses on how to shop healthy and cook healthy.
- How to find recreational opportunities for our family that are safe for kids that can't wear face masks.
- Isolation, finding alternatives to screen time, employment and social opportunities for people on the Autism spectrum
- Ways to foster inclusive activities for kids with disabilities
- No understanding of basic nutrition, being sedentary
- Access to in person social event for the children with special needs
- Lack of space/activities for teens with special needs.

Other

- Safety in school
- The difficulty of noise at most events
- Difficulty with my child's wandering, it's often difficult to go anywhere where he can easily run away
- Diabetes
- Expensive co-pay, finding providers for specific needs for my special needs child
- There are not a lot of resources for women with autism. Any conversations, input, advice about how to cope with puberty would be super helpful
- Loneliness and stress

Where do you and your family members go for routine health care (physicals, check-ups, vaccinations, etc.)?

- Fly to another state
- Kaiser
- Local doctor' office John Muir Health – Concord
- PAMF (Palo Alto Medical Foundation)
- Private pediatrician
- Stanford Health Clinic
- Sutter Health

- UCSF

How far are you willing to travel to access a sensory friendly practitioner?

Answer Choices	Percent
5 miles or less	12.5%
10 miles or less	23.2%
15 miles or less	12.5%
25 miles or less	30.4%
Other	21.4%

Other:

- We would travel far, but would prefer someone who could come to us (house calls)
- 30 miles if it's a dentist that can sedate or has experience working with special needs children
- Anywhere we are understood
- More than 30 miles
- As far as it takes
- 60 miles
- We are willing to travel to the west bay if necessary. I wish that Sequoia Hospital can start a dialogue with Stanford and PAMF about the importance of providing appropriate support to meet the needs of special needs teens and adults.

Tell us about your experiences accessing health care

Answer Choices	Percent Yes
Does your primary care provider offer a sensory friendly environment for intake and/or appointments?	25.0%
Do you have adequate access to women's health services for your family member?	64.2%
Would you bring your family member to a community event that provides accessible primary care medical services?	60.0%
Do you rely on your insurance plan to refer you to adequate health care services?	77.8%
Do you prefer telemedicine or digital health as opposed to an in-person health care visit?	25.5%
Would you like to have additional hours provided for telemedicine or digital health?	43.6%
Would you like to see a referral tab on the hospital website for specialized services?	85.2%
Are you aware of the availability of an advocate at your provider's office or at the hospital?	12.7%

What sensory friendly services are needed to ensure optimal health outcomes for your family?

- No white lab coats or scrubs rooms without medical things in them that my son can tear out of the walls bring in only what will be needed. Provide something for him to build with as a distraction while things happen to him or around him
- Ophthalmology
- X-ray
- Laboratory
- Hearing center
- Minimization of waiting time for appts and upon arriving for appt to see the clinician, (waiting is stressful). More time allotted for appts to accommodate individual needs—or in some instances, shorter, more frequent appts.
- Much more support in troubleshooting procedures/tests to make them more comfortable and doable.
- Training in trauma-sensitive care. Time, warmth, and safety signals
- Weekend appointments
- No other people or limited number of people scheduled at time of appointment
- Quiet area to wait for services
- Dental care
- Open MRI
- Injection clinic
- Express check in to avoid crowds
- Low noise environment
- Eye appointments

The most recent time you are a family member of your household delayed or went without needed health care, what were the main reasons?

Answer Choices	Percent
COVID-19 appt. cancellation/concern for infection	35.3%
Could not get an appt./long wait for appt.	31.4%
Not having a provider who understands my disability	29.4%
Anxiety because of changes in routine or environment	25.5%
Lack of provider awareness or education about condition	23.5%
Not knowing where to go or how to find a doctor	11.8%
Inaccessible office design (physical, social or programmatic)	11.7%
Distrust/fear of discrimination	9.8%
Communication barriers	5.9%
Technology barriers with virtual visits/telehealth	2.0%
Lacked transportation	2.0%
Did not delay care – received all needed care	23.5%

Reasons for skipping or delaying care (other answers only):

- Lack of available provider for speech
- Cost
- The doctors my son see usually only work one day a week and the appointments are not flexible or easy to schedule.

How do you normally receive alerts or announcements that benefit special need families?

- Email
- Facebook groups
- Support groups
- School district
- Friends and family
- Support for Families
- Web search
- Word of mouth
- Regional Center
- Church family
- SARC email
- MOCHAA email
- None

Tell us about your experiences accessing mental health care:

Answer Choices	Percent Yes
Do you have access to mental health care and/or crisis intervention?	60.0%
Are you aware of support groups to assist with managing anxiety, depression or other mental health care issues?	37.0%
Do you need assistance with navigating mental services for your family member?	29.1%

Other comments or concerns:

- Thank you for looking into a sensory friendly medical environment.
- My son's anxiety around doctor's appointments is crazy. It takes two adults, with lots of tools and skills to get him through it (including physical restrains if needed) and a recovery plan. A doctor's appointment becomes a whole day ordeal for our family.
- There are programs that train medical residents to do home visits for ID/DD individuals. I would like that to happen at every teaching hospital so that eventually that is the default setting for ID/DD individuals.

- Adults with autism don't have needed level of specialty care designed for their unique needs and issues, and access to advances in care seem to stay in the pediatric realm. Looming crisis for them as increasingly elderly parents expire without long range supportive options.
- Nutritionist for teens it is not easy to find
- Monthly events would be nice to see sponsored by Sequoia.
- Thank you for the sensory clinic vaccine site. It made ALL the difference for my twins.
- More inclusive activities and help fund parent training and information centers/nonprofits
- It is really hard to teach a young woman with autism how to keep herself sanitary and clean. Good hygiene is very difficult. Any help we could get with this is greatly appreciated!
- We attended the Sensory Friendly vaccine clinic and it was so easy and comforting. I have a six-year-old child, also disabled, who will be vaccinated once it is authorized. It would be great if another clinic was available soon after the 5–11-year-olds are able to get vaccinated.
- The sensory friendly clinic was a BRILLIANT idea and God Bless you all for the innovation.
- It was easy to get my son get the COVID-19 vaccine. We need places for blood draws too
- It would be great after COVID to have opportunities to tour medical facilities with special needs children or adults to teach them how to navigate their appointments and tests. The preview and education help reduce anxiety.

Age range of person who needs sensory friendly services

Under 18	60.4%
18-24	9.4%
25-34	13.2%
35-44	9.4%
45-54	5.7%
55-64	1.9%
65 and older	0%

Demographics of Survey Respondents

Gender Identity

Female	81.5%
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Male	18.5%
Non-binary	0.0%

Race/Ethnicity

White/Caucasian	40.0%
Asian	23.6%
Hispanic/Latino	12.7%
Black/African American	10.9%
Mixed Race/More than One Race	7.3%
Other	5.5%
Native Hawaiian/Pacific Islander	0%
Native American/Alaska Native	0%