



2019

Community Health
Needs Assessment

Attachments



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Attachment 1: Secondary Data Indicators, Santa Clara County

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Asthma	Asthma—Children	Children ages 0 – 17 who were ever diagnosed with asthma. Available by trend data.	2001 – 2014 California Health Interview Survey.
Asthma	Asthma—Prevalence	Percent Adults with Asthma	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011 – 12.
Asthma	Asthma Attacks	Middle and high school students who had an asthma episode or attack in the past 12 months. Available by race/ethnicity and gender.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children’s Health Report.
Asthma	Asthma Diagnoses Among Asian Residents	Percentage of Asian/Pacific Islander survey respondents who were ever diagnosed with asthma	Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey. Retrieved from 2017 Asian Pacific Islander Report.
Asthma	Asthma Diagnoses, Children	Percentage of children ages 1 – 17 whose parents report that their child has ever been diagnosed with asthma	UCLA Center for Health Policy Research, California Health Interview Survey. 2015 – 2016.
Asthma	Asthma Hospitalizations	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
Asthma	Asthma Hospitalizations, Children	Rate of asthma hospitalizations per 10,000 children/youth, by age group (0–4, 5–17)	Prepared by California Breathing, Environmental Health Investigations Branch, California Dept. of Public Health using data from the California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Database, the California Dept. of Finance, and the U.S. Census Bureau. 2016.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Asthma	Asthma Prevalence	Children (ages 0 – 11) ever diagnosed with asthma. Available by gender.	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey. Retrieved from 2016 Status of Children’s Health Report.
Asthma	Asthma-Related ED Visits	Asthma emergency department visit rate among children (ages 0 – 17), Santa Clara County, 2009 – 2013. Available by zip codes.	Office of Statewide Health Planning and Development, 2009 – 2013 Emergency Department Data. Retrieved from 2016 Status of Children’s Health Report.
Behavioral Health	Adults Feeling Depressed	Percentage of adults who felt depressed 1 or more times in the past week	Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey. Retrieved from 2017 Asian Pacific Islander Report.
Behavioral Health	Adults Prohibiting Smoking	Percentage of adults who live in households that completely prohibit smoking in or around the home. Available by gender and race.	Santa Clara County Public Health Department, 2000 – 2014 Behavioral Risk Factor Survey.
Behavioral Health	Adults With Any Adverse Childhood Experiences	Estimated percentage of adults 18 and older exposed to any adverse childhood experiences before age 18, by household type	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group.
Behavioral Health	Adults with Four or More Adverse Childhood Experiences	Estimated percentage of adults 18 and older exposed to 4 or more adverse childhood experiences before age 18, by household type	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group.
Behavioral Health	Alcohol—Excessive Consumption	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006 – 12.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Behavioral Health	Alcohol Use (Lifetime)—Students	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who have ever consumed one or more full drinks of alcohol, by grade level and number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	Alcohol Use (Lifetime), 7+ Times; 7 th Graders	Estimated percentage of public school students in grade 7 who have ever consumed 1 or more full drinks of alcohol, by grade level and number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	Binge Drinking (Adults)	Percentage of adults who engaged in binge drinking in the past 30 days. Available by gender and race.	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey; Centers for Disease Control and Prevention, 2012 Behavioral Risk Factor Surveillance System; Healthy People 2020. Retrieved from the 2015 – 20 Community Health Assessment-Community Health Improvement Plan Report.
Behavioral Health	Binge Drinking (Youth)	The percentage of middle and high school students drinking 5 or more drinks of alcohol in a row within a couple of hours in the past 30 days. Available by race and gender.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children’s Health Report.
Behavioral Health	Bullied at School	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who were bullied or harassed at school for any reason in the previous year	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	Caring Adults at School: Low	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who have caring relationships with adults at school, by level of agreement	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	Children with Two or More Adverse Experiences	Estimated percentage of children ages 0 – 17 who have experienced 2 or more adverse experiences (parent reported)	Population Reference Bureau, analysis of data from the National Survey of Children’s Health and the American Community Survey. 2016.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Behavioral Health	Cigarette Use (Adult)	Percentage of adults who are current smokers	Santa Clara County Public Health Department, 2013 Behavior Risk Factor Survey; Centers for Disease Control and Prevention, 2012 Behavioral Risk Factor Surveillance System; Healthy People 2020. Retrieved from the 2015 – 20 Community Health Assessment-Community Health Improvement Plan Report.
Behavioral Health	Cigarette Use (Youth)	Percent of population who smoked at least one cigarette in the past 30 days. Available by age group.	California Healthy Kids Survey, 2015 – 2016. Selected Santa Clara County Public Health Department data provided via email, January 2018.
Behavioral Health	Considered Suicide (LGBTQ)	Percentage of LGBTQ survey respondents who seriously considered attempting suicide or physically harming themselves during the past 12 months	Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey. Retrieved from 2013 Status of LGBTQ Health Report, Santa Clara County Public Health.
Behavioral Health	Cyberbullied Four or More Times	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who had mean rumors or lies spread about them on the internet by other students in the previous year, by number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	Depression-Related Feelings—Students	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who, in the previous year, felt so sad or hopeless almost every day for 2 weeks or more that they stopped doing some usual activities	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	E-Cigarette Use	Percentage of population using an e-cigarette or other nicotine device 1 or more times in the past 30 days. Available by overall county rates, and year in school (i.e., 11 th grade) or type of school (nontraditional).	California Healthy Kids Survey, 2015 – 2016. Selected Santa Clara County Public Health Department data provided via email, January 2018.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Behavioral Health	Experienced Dating Violence	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional students reporting that they have been hit, slapped, or intentionally physically hurt by a boyfriend/ girlfriend in the past year	WestEd, California Healthy Kids Survey. California Department of Education. 2011 – 2013.
Behavioral Health	Feeling Sad or Hopeless (Youth)	Percentage of middle and high school students who felt sad or hopeless for 2 weeks or more in the past 12 months. Available by Asian subpopulation.	California Healthy Kids Survey, 2015 – 16. Retrieved from 2016 Status of Children's Health Report.
Behavioral Health	Frequent Mental Distress	The percentage of adults in Santa Clara County who reported frequent mental distress (14 or more mentally unhealthy days) in the past 30 days. Available by race.	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey.
Behavioral Health	High-Schoolers Seriously Considering Suicide	The proportion of high school students who have ever seriously considered attempting suicide in the past 12 months. Available by gender. Trend data also available.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children's Health Report.
Behavioral Health	Lack of Social or Emotional Support	Percent Adults Without Adequate Social/ Emotional Support (Age-Adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006 – 12.
Behavioral Health	Leading Causes of Injury Deaths (Suicide)	Leading causes of injury deaths, including suicide. Available by Asian subpopulation.	Santa Clara County Public Health Department, VRBIS, 2007 – 2016. Data as of 05/26/2017. Retrieved from 2017 Asian Pacific Islander Report.
Behavioral Health	Liquor Store Access	Liquor Stores, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Behavioral Health	Meaningful Participation at School (Low)	Estimated percentage of public school students who have opportunities for meaningful participation at school, by low level of agreement. 7 th grade, 9 th grade, 11 th grade, nontraditional students.	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	Mental Health—Frequent mental distress	Percentage of adults who report frequent mental distress (14 or more mentally unhealthy days) in the past 30 days	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey.
Behavioral Health	Mental Health—Needing Mental Health Care	Percentage with Poor Mental Health	University of California Center for Health Policy Research, California Health Interview Survey. 2013 – 14.
Behavioral Health	Mental Health—Poor Mental Health Days	Average Number of Mentally Unhealthy Days per Month	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006 – 12.
Behavioral Health	Mental Health—Suicidality	Percent of youth who seriously considered suicide in the past year	California Healthy Kids Survey, 2013 – 14.
Behavioral Health	Mental Health—Suicide Attempts	Rate of hospitalizations (per 100,000 people) due to suicide attempts and suicide ideation	Office of Statewide Planning and Development, 2007 – 2014 Patient Discharge Data.
Behavioral Health	Mental Health—Suicide Attempts (Youth)	Percent of youth self-reported suicide attempts	California Healthy Kids Survey, 2013 – 14.
Behavioral Health	Mental Health Hospitalization	Number of hospital discharges for mental health issues per 1,000 children and youth ages 5 – 14, and youth ages 15 – 19	California Office of Statewide Health Planning and Development special tabulation; California Dept. of Finance, Population Estimates by Race/ Ethnicity with Age and Gender Detail 2000 – 2009; Population Reference Bureau, Population Estimates 2010 – 2016.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Behavioral Health	Mortality—Suicide	Suicide, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH—Death Public Use Data. 2010 – 12.
Behavioral Health	Need for Mental Health Providers (LGBTQ)	Percentage of LGBTQ survey respondents feeling that they might have needed to see a professional in the past 12 months because of concerns about mental health or substance use	Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey. Retrieved from 2013 Status of LGBTQ Health Report, Santa Clara County Public Health.
Behavioral Health	PTSD Diagnoses	The percent of adults ever diagnosed with post-traumatic stress disorder (PTSD). Available by gender.	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey.
Behavioral Health	PTSD prevalence	Percent of adults who were ever diagnosed with post-traumatic stress disorder	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey
Behavioral Health	Recent regular marijuana use	Estimated percentage of public school students in grade 7 have used marijuana 20 – 30 days, in the previous 30 days. 7 th grade, 9 th grade, 11 th grade.	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	School Connectedness: Low	Level of school connectedness among public school students in grades 7, 9, 11, and nontraditional programs and by ethnicity	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	Seriously Considered Suicide	Estimated percentage of public school students in grades 9, 11, and nontraditional programs who seriously considered attempting suicide in the previous year, by grade level	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Behavioral Health	Some Recent Alcohol/Drug Use in Previous Month	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who have used alcohol or drugs (excluding tobacco) in the previous 30 days, by frequency	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Behavioral Health	Stress	Percentage of adults who are somewhat or very stressed about financial concerns. Percentage of adults who are somewhat or very stressed about work-related concerns. Percentage of adults who are somewhat or very stressed about health concerns. Available by race.	Santa Clara County Community Assessment Project, August 2012. United Way Silicon Valley. Retrieved from the 2015 – 20 Community Health Assessment-Community Health Improvement Plan Report.
Behavioral Health	Students per School Psychologist	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel (School Psychologist)	California Dept. of Education, Staff Assignment and Course Data (Mar. 2018) & DataQuest (May 2017).
Behavioral Health	Suicidality (High-Schoolers)	High school students who had seriously considered attempting suicide in the past 12 months	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children's Health Report.
Behavioral Health	Suicide	Age-adjusted rate of suicide by race/ethnicity and Asian/Pacific Islander subgroups. Data for Japanese and Pacific Islanders are not presented due to small numbers.	Santa Clara County Public Health Department, VRBIS, 2007 – 2016. Data as of 05/26/2017. U.S. Census Bureau; 2010 Census. Retrieved from 2017 Asian Pacific Islander Report.
Behavioral Health	Suicide Mortality/Attempts	Middle and high school students who attempted suicide in the past 12 months. Available by race.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children's Health Report.
Behavioral Health	Tobacco—Smoking (adult)	Percentage of adults who are current smokers	UCLA Center for Health Policy Research, AskCHIS 2007 – 2015.
Behavioral Health	Tobacco—Smoking (youth)	Cigarette use (youth) 1+ days in the past 30 days	California Healthy Kids Survey, 2006 – 2016.
Behavioral Health	Tobacco—Smoking (youth)	E-cigarette use (youth) 1+ times in the past 30 days	California Healthy Kids Survey, 2013 – 2016.
Behavioral Health	Tobacco Usage	Percentage of Adults Smoking Cigarettes	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006 – 12.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Cancer	Cancer Incidence—All Sites	Annual Cancer Incidence Rate (Per 100,000 Pop.)	Greater Bay Area Cancer Registry, 2010 – 2014; California Cancer Registry (Oct 2016 Extract).
Cancer	Cancer Incidence & Mortality (Asian Residents)	Cancer incidence and mortality for all sites (colorectal, liver, lung female breast, male prostate). Available by site and Asian subgroup.	Greater Bay Area Cancer Registry, 2010 – 2014; U.S. Census Bureau; 2010 Census.
Cancer	Cancer Screening—Pap Test	Percent Adult Females Age 18+ with Regular Pap Test (Age-Adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006 – 12.
Cancer	Childhood Cancer Diagnoses (rate per 100,000)	Number of new cancer diagnoses per 100,000 children/youth ages 0 – 19 over a 5-year period	Surveillance, Epidemiology, and End Results (SEER) Program, Research data, 1969 – 2016 (Nov. 2017); National Cancer Institute, DCCPS, Surveillance Research Program (Apr. 2018); U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool, 1999 – 2015 (Nov. 2017); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. 2011 – 2015.
Cancer	Mortality—Breast Cancer	Cancer, Age-Adjusted Mortality Rate (per 100,000 Female Population)	Greater Bay Area Cancer Registry, 2010 – 2014; California Cancer Registry (Oct 2016 Extract).
Cancer	Mortality—Cancer (All Sites)	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	Greater Bay Area Cancer Registry, 1995 – 2014; California Cancer Registry (Oct 2016 Extract).
Cancer	Mortality—Cervical	Cancer, Age-Adjusted Mortality Rate (per 100,000 Female Population)	Greater Bay Area Cancer Registry, 2010 – 2014; California Cancer Registry (Oct 2016 Extract). Healthy People 2020 (benchmark).
Cancer	Mortality—Colon and Rectum	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	Greater Bay Area Cancer Registry, 2010 – 2014; California Cancer Registry (Oct 2016 Extract).

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Cancer	Mortality—Lung	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	Greater Bay Area Cancer Registry, 2010 – 2014; California Cancer Registry (Oct 2016 Extract).
Cancer	Mortality—Prostate	Cancer, Age-Adjusted Mortality Rate (per 100,000 Male Population)	Greater Bay Area Cancer Registry, 2010 – 2014; California Cancer Registry (Oct 2016 Extract).
Cardiovascular Disease/Stroke	Causes of Death	Percentage and ranking of total deaths by cause	Santa Clara Public Health Department, 2016. Selected Santa Clara County Public Health Department data provided via email, January 2018.
Cardiovascular Disease/Stroke	High Blood Pressure	Percentage of Asian/Pacific Islander survey respondents who were ever diagnosed with high blood pressure. Available by Asian subpopulation.	Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey. Retrieved from 2017 Asian Pacific Islander Report.
Cardiovascular Disease/Stroke	High Cholesterol	Percentage of Asian/Pacific Islander survey respondents were ever diagnosed with high blood cholesterol. Available by Asian subpopulation.	Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey. Retrieved from 2017 Asian Pacific Islander Report.
Cognitive Decline	Causes of Death	Percentage and ranking of total deaths by cause	Santa Clara Public Health Department, 2016. Selected Santa Clara County Public Health Department data provided via email, January 2018.
Communicable Diseases	Flu vaccinations (Adults)	Percent of adults who received flu shot	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey.
Communicable Diseases	Flu vaccinations (Children)	Percent of children who received flu shot or nasal vaccine	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey.
Communicable Diseases	Kindergarteners with Required Immunizations	Percentage of public school kindergarten students with all required immunizations	California Dept. of Public Health, Immunization Branch custom tabulation & School Immunizations in Kindergarten by Academic Year. 2017.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Communicable Diseases	Personal Belief Exemptions	Percentage of incomplete immunizations at kindergarten entry due to personal exemptions	California Department of Public Health, School Assessments Unit, Immunization Branch, 2014 – 15. Retrieved from 2016 Status of Children’s Health Report.
Communicable Diseases	Pertussis Incidence	Pertussis rates per 100,000 people, 2007 – 2016	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2007 – 2011) & California Reportable Disease Information Exchange (CalREDIE) (2011 – 2016), data are provisional as of 1/4/2018.
Communicable Diseases	Stayed Home Due to Flu (Adults)	Percent of adults who stayed home due to flu	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey
Communicable Diseases	Tuberculosis Incidence	Tuberculosis rates per 100,000 people, 2008 – 2017	Santa Clara County Public Health Department, California Reportable Disease Information Exchange, 2017, data as of February 12, 2018, and are provisional.
Communicable Diseases	Tuberculosis Incidence Rates	Incidence rates of tuberculosis. Available by county and country of origin.	Santa Clara County Public Health Department, California Reportable Disease Information Exchange, 2017, data as of February 12, 2018, and are provisional; State of California, Department of Finance, E-2. California County Population Estimates and Components of Change by Year— July 1, 2010 – 2017. Sacramento, California, December 2017. Santa Clara Public Health Department, 2016. Selected Santa Clara County Public Health Department data provided via email, January 2018.
Community & Family Safety	Bullied at School; 7th Graders	Estimated percentage of public school students in grade 7 who were bullied or harassed at school for any reason in the previous year	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Community & Family Safety	Bullied at School; 7th, 9th, 11th, NT	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who were bullied or harassed at school for any reason in the previous year	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Community & Family Safety	Children in Foster Care (rate per 1,000)	Number of children and youth under age 21 in foster care per 1,000 on July 1 of each year	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jun. 2016); Annie E. Casey Foundation, KIDS COUNT Data Center. 2015.
Community & Family Safety	Cyberbullied Four or More Times; 7th, 9th, 11th, NT	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who had mean rumors or lies spread about them on the internet by other students in the previous year, by number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Community & Family Safety	Domestic Violence Calls for Assistance (rate per 1,000)	Number of domestic violence calls for assistance per 1,000 population	California Dept. of Justice, Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance Database (1998 – 2003), Online Query System (2004 – 2014), and database sent via email (2015) (Oct. 2016). California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990 – 1999, 2000 – 2010, 2010 – 2060. 2017.
Community & Family Safety	Fear Being Beaten Up at School Four or More Times; 7 th Graders	Estimated percentage of public school students in grade 7 who were afraid of being beaten up at school in the previous year, by number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Community & Family Safety	Fear Being Beaten Up at School Four or More Times; 7th, 9th, 11th, NT	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who were afraid of being beaten up at school in the previous year, by number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Community & Family Safety	Gang Membership	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who consider themselves gang members	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Community & Family Safety	Homicide Rate	Homicide, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH—Death Public Use Data. 2010 – 12.
Community & Family Safety	Juvenile Felony Arrest Rate	Number of juvenile felony arrests per 1,000 youth ages 10 – 17	California Dept. of Justice, Arrest Data; California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990 – 1999, 2000 – 2010, 2010 – 2060. 2015.
Community & Family Safety	School Perceived as Very Unsafe	Level of perceived school safety among public school students in grades 7, 9, 11, and nontraditional programs	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Community & Family Safety	Students Cyberbullied	Cyberbullying is defined as the percentage of students who reported that other students spread mean rumors or lies about them on the Internet 1 or more times in the past 12 months. Available by race and gender.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children’s Health Report.
Community & Family Safety	Students Physically Bullied on School Property	Physical bullying is defined as the percentage of students who reported being pushed, shoved, hit or kicked by someone who wasn’t kidding around 1 or more times in the past 12 months. Available by race and gender.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children’s Health Report.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Community & Family Safety	Students Psychologically Bullied on the School Property	Psychological bullying is defined as the percentage of students who reported being afraid of being beat up or had mean rumors or lies spread about them on school property in the past 12 months.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children's Health Report.
Community & Family Safety	Substantiated Child Abuse and Neglect	Number of substantiated cases of abuse and neglect per 1,000 children under age 18	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research. 2015.
Community & Family Safety	Substantiated Child Maltreatment	Rate of substantiated child maltreatment per 1,000 children. Available by race and age group.	University of California, Berkeley, Center for Social Sciences Research, 2014. Retrieved from 2016 Status of Children's Health Report.
Community & Family Safety	Time in Foster Care (Median Months)	Median length of stay in foster care, in months, for children under age 18	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research. 2013.
Community & Family Safety	Traumatic Injury Hospitalizations, Children	Percentage of hospital discharges among children ages 0 – 17 for the primary diagnosis of traumatic injury	Special tabulation by California Office of Statewide Health Planning and Development. 2017.
Community & Family Safety	Violence—All Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012 – 14.
Community & Family Safety	Violence—Assault (Crime)	Assault Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012 – 14.
Community & Family Safety	Violence—Assault (Injury)	Assault Injuries, Rate per 100,000 Population	California Department of Public Health, California EpiCenter. 2013 – 14.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Community & Family Safety	Violence—Domestic Violence	Domestic Violence Injuries, Rate per 100,000 Population (Females Age 10+)	California Department of Public Health, California EpiCenter. 2013 – 14.
Community & Family Safety	Violence—Rape (Crime)	Rape Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012 – 14.
Community & Family Safety	Violence—Robbery (Crime)	Robbery Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012 – 14.
Community & Family Safety	Violence—School Expulsions	Rate of Expulsions (per 100 Students)	California Department of Education, 2014 – 15.
Community & Family Safety	Violence—School Suspensions	Rate of Suspensions (per 100 Students)	California Department of Education, 2014 – 15.
Community & Family Safety	Violence—Youth Intentional Injury	Intentional Injuries, Rate per 100,000 Population (Youth Ages 10 – 19)	California Department of Public Health, California EpiCenter. 2013 – 14.
Community & Family Safety	Youth Assault Rate	Non-fatal assault rates per 100,000 children (ages 0 – 17). Available by race.	Office of Statewide Health Planning and Development, 2013 Emergency Department Data and 2009 – 2013 Patient Discharge Data. Retrieved from 2016 Status of Children’s Health Report.
Community & Family Safety	Youth Taking Guns to School Rate	This indicator is defined as the percentage of students who reported carrying a gun on school property 1 or more times in the past 12 months. Available by race.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children’s Health Report.
Demographics	Change in Total Population	Percent Population Change, 2000 – 2010	U.S. Census Bureau, Decennial Census. 2000 – 2010.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Demographics	Female Population	Percent Female Population	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Hispanic Population	Percent Population Hispanic or Latino	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Households by Income Range	Income in the past 12 months	U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2012 – 16. Table S1901.
Demographics	Insurance—Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid	U.S. Census Bureau, American Community Survey. 2012-16.
Demographics	Male Population	Percent Male Population	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Median Age	Median Age	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Population Age 0 – 4	Percent Population Age 0 – 4	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Population Age 18 – 24	Percent Population Age 18 – 24	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Population Age 25 – 34	Percent Population Age 25 – 34	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Population Age 35 – 44	Percent Population Age 35 – 44	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Population Age 45 – 54	Percent Population Age 45 – 54	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Population Age 5 – 17	Percent Population Age 5 – v17	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Population Age 55 – 64	Percent Population Age 55 – 64	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Population Age 65+	Percent Population Age 65+	U.S. Census Bureau, American Community Survey. 2012 – 16.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Demographics	Population in Limited English Households	Percent Linguistically Isolated Population	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Population with Limited English Proficiency	Percent Population Age 5+ with Limited English Proficiency	U.S. Census Bureau, American Community Survey. 2012 – 16.
Demographics	Total Population	Population Density (Per Square Mile)	U.S. Census Bureau, American Community Survey. 2012 – 16.
Diabetes & Obesity	Adequate Fruit & Vegetable Consumption, Children Ages 2 – 11	Estimated percentage of children ages 2-11 who eat five or more servings of fruits and vegetables (excluding juice and fried potatoes) daily	UCLA Center for Health Policy Research, California Health Interview Survey. 2015 – 2016.
Diabetes & Obesity	Any Breastfeeding	Percentage of newborns fed breast milk during their hospitalization, by type of breastfeeding. Exclusive breastfeeding includes newborns who received breast milk only; any breastfeeding includes newborns who were breastfed exclusively and those who received both breast milk and formula.	California Dept. of Public Health, Center for Family Health, In-Hospital Breastfeeding Initiation Data. 2016.
Diabetes & Obesity	CalFresh, by R/E [SNAP Benefits]—Households with Children	Percentage of households receiving CalFresh benefits, by race/ethnicity of household contact	California Dept. of Social Services, CalFresh Data Files. 2016.
Diabetes & Obesity	Children Living in Food Insecure Households	Estimated percentage of children living in households with limited or uncertain access to adequate food	Gundersen, C., et al. Map the Meal Gap: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016. Feeding America. 2016.
Diabetes & Obesity	Commute Over 60 Minutes	Percentage of Workers Commuting More than 60 Minutes	U.S. Census Bureau, American Community Survey. 2012 – 16.
Diabetes & Obesity	Commute to Work—Alone in Car	Percentage of Workers Commuting by Car, Alone	U.S. Census Bureau, American Community Survey. 2012 – 16.
Diabetes & Obesity	Commute to Work—Walking/Biking	Percentage Walking or Biking to Work	U.S. Census Bureau, American Community Survey. 2012 – 16.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Diabetes & Obesity	Diabetes Hospitalizations	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
Diabetes & Obesity	Diabetes Hospitalizations, Children Age 0 – 17	Percentage of hospital discharges among children ages 0 – 17 for diabetes	Special tabulation by California Office of Statewide Health Planning and Development. 2017.
Diabetes & Obesity	Diabetes Prevalence	Percent Adults with Diagnosed Diabetes (Age-Adjusted)	UCLA Center for Health Policy Research, AskCHIS 2007 – 2016.
Diabetes & Obesity	Diabetes Prevalence	Percentage of adults who were ever diagnosed with diabetes	UCLA Center for Health Policy Research, AskCHIS 2007 – 2016.
Diabetes & Obesity	Did Not Eat Breakfast; 7th, 9th, 11th, NT	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who ate breakfast in the previous day	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Diabetes & Obesity	Did Not Eat Breakfast; 7th Graders	Estimated percentage of public school students in grade 7 who ate breakfast in the previous day	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Diabetes & Obesity	Exclusive Breastfeeding	Percentage of newborns fed breast milk during their hospitalization, by type of breastfeeding. Exclusive breastfeeding includes newborns who received breast milk only; any breastfeeding includes newborns who were breastfed exclusively and those who received both breast milk and formula.	California Dept. of Public Health, Center for Family Health, In-Hospital Breastfeeding Initiation Data. 2016.
Diabetes & Obesity	Fast Food Consumption (Ages 2 – 11)	Children (ages 2 – 11) who ate fast food 1 or more times in the past 7 days. Available by race.	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey. Retrieved from 2016 Status of Children's Health Report.
Diabetes & Obesity	Fast Food Consumption— Middle/High School Students	Middle and high school students who ate fast food 1 or more times in the past 7 days. Available by race.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children's Health Report.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Diabetes & Obesity	Fast Food Restaurants Rate	Fast Food Restaurants, Rate (Per 100,000 Population)	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.
Diabetes & Obesity	Food Desert Population	Percent Population with Low Food Access	U.S. Department of Agriculture, Economic Research Service, USDA—Food Access Research Atlas. 2015.
Diabetes & Obesity	Grocery Stores Rate	Grocery Stores, Rate (Per 100,000 Population)	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.
Diabetes & Obesity	Health Risk Zone for Body Composition (5th, 7th, and 9th Graders)	Percentage of 5th, 7th, and 9th graders in the county who are obese or in the “health risk” zone according to body composition. Body composition was assessed by FITNESSGRAM, a measure of aerobic capacity and body composition. Available by region and school district.	California Department of Education, FITNESSGRAM, 2013 – 14. Retrieved from 2016 Status of Children’s Health Report.
Diabetes & Obesity	Low Fruit/Vegetable Consumption (Adult)	Percent Adults with Inadequate Fruit/Vegetable Consumption	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse. 2005 – 09.
Diabetes & Obesity	Low Fruit/Vegetable Consumption (Youth)	Percent Population Ages 2 – 13 with Inadequate Fruit/Vegetable Consumption	University of California Center for Health Policy Research, California Health Interview Survey. 2011 – 12.
Diabetes & Obesity	Obese Youth (Grades 5, 7, 9)	Percentage of middle and high school students who are obese	California Healthy Kids Survey, 2006 – 2016; Healthy People 2020 (benchmark).
Diabetes & Obesity	Obesity – Middle/High School Students	Percentage of middle and high school students who are obese. Available by gender.	California Healthy Kids Survey, 2013 – 14. Retrieved from 2016 Status of Children’s Health Report.
Diabetes & Obesity	Overweight or Obese (Adults)	Percentage of adults in Santa Clara County who are overweight or obese. Available by race.	Santa Clara County Public Health Department, 2013 – 2014 Behavioral Risk Factor Survey.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Diabetes & Obesity	Overweight or Obese (Youth)	Percentage of middle and high school students who are overweight or obese. Available by Asian subpopulation.	California Healthy Kids Survey, 2015 – 16. Retrieved from 2017 Asian Pacific Islander Report.
Diabetes & Obesity	Overweight or Obese Adults	Percentage of adults who are overweight or obese	UCLA Center for Health Policy Research, AskCHIS 2007 – 2016.
Diabetes & Obesity	Overweight or Obese Youth	Percentage of middle and high school students who are overweight or obese	California Healthy Kids Survey, 2006 – 2015; retrieved from kidsdata.org.
Diabetes & Obesity	Overweight Youth (Grades 5, 7, 9)	Percentage of middle and high school students who are overweight	California Healthy Kids Survey, 2006 – 2016
Diabetes & Obesity	Park Access	Percent Population Within 1/2 Mile of a Park	U.S. Census Bureau, Decennial Census. ESRI Map Gallery. 2010.
Diabetes & Obesity	Physical Inactivity (Adult)	Percent Population with No Leisure Time Physical Activity	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.
Diabetes & Obesity	Physical Inactivity (Youth)	Percent Physically Inactive	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013 – 14.
Diabetes & Obesity	Recreation and Fitness Facility Access	Recreation and Fitness Facilities, Rate (Per 100,000 Population)	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.
Diabetes & Obesity	Students Meeting Fitness Standards; 5th, 7th, and 9th Graders	Percentage of public school students in grades 5, 7, and 9 meeting 6 of 6 fitness standards	California Dept. of Education, Physical Fitness Testing Research Files. 2017.
Diabetes & Obesity	Students Meeting Fitness Standards; 5th, 7th, and 9th Graders	Percentage of public school students in grades 5, 7, and 9 meeting 6 of 6 fitness standards	California Dept. of Education, Physical Fitness Testing Research Files. 2017.
Diabetes & Obesity	Students Meeting Fitness Standards; 5th, 7th, and 9th Graders	Percentage of public school students in grades 5, 7, and 9 meeting 6 of 6 fitness standards	California Dept. of Education, Physical Fitness Testing Research Files. 2017.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Diabetes & Obesity	Walking/Biking/Skating to School	Percentage Walking/Skating/Biking to School	University of California Center for Health Policy Research, California Health Interview Survey. 2011 – 12.
Diabetes & Obesity	WIC-Authorized Food Stores Rate	WIC-Authorized Food Stores, Rate (Per 100,000 Population)	U.S. Department of Agriculture, Economic Research Service, USDA—Food Environment Atlas. 2011.
Economic Stability	Adults with Health Insurance	Percentage of adults who had health insurance. Available by Asian subgroup.	Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey. Retrieved from 2017 Asian Pacific Islander Report.
Economic Stability	Bachelor’s Degree or Higher	Percentage of adults ages 25 years and over with their education attainment. Available by race/ethnicity and degree type.	U.S. Census Bureau; 2011 – 2015 American Community Survey 5-Year Estimates, Selected Population Tables, Tables DP02; generated by Baath M.; using American FactFinder; accessed July 14, 2017. Selected Santa Clara County Public Health Department data provided via email, January 2018. Asian subpopulation data retrieved from 2017 Asian Pacific Islander Report.
Economic Stability	CalFresh [SNAP Benefits]—Households with Children	Percentage of households receiving CalFresh benefits, by race/ethnicity of household contact	California Dept. of Social Services, CalFresh Data Files. 2016.
Economic Stability	Caring Adults at School: Low; 7th, 9th, 11th, NT	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who have caring relationships with adults at school, by level of agreement	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Economic Stability	Caring Adults at School; Low; 7th Graders	Estimated percentage of public school students in grade 7 who have caring relationships with adults at school, by level of agreement	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Economic Stability	Children Eligible for Free/Reduced Price Lunch	Percent Students Eligible for Free or Reduced-Price Lunch	National Center for Education Statistics, NCES—Common Core of Data. 2015 – 16.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Economic Stability	Children in Limited English-Speaking Household	Estimated percentage of children ages 0 – 17 living in households in which (1) no person age 14 or older speaks English only, and (2) no person age 14 or older who speaks a language other than English speaks English very well	Population Reference Bureau, analysis of data from the U.S. Census Bureau’s American Community Survey microdata files. 2016.
Economic Stability	Children Living in Crowded Households	Estimated percentage of children under age 18 living in households with more than one person per room of the house	Population Reference Bureau, analysis of data from the U.S. Census Bureau’s American Community Survey microdata files. 2016.
Economic Stability	Children Living in Food Insecure Households	Estimated percentage of children living in households with limited or uncertain access to adequate food	Gundersen, C., et al. Map the Meal Gap: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016. Feeding America. 2016.
Economic Stability	Children Without Secure Parental Employment	Estimated percentage of children under age 18 living in families where no resident parent worked at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey	Population Reference Bureau, analysis of data from the U.S. Census Bureau’s American Community Survey microdata files. 2016.
Economic Stability	Cost of Infant Childcare, Annually, Child Care Center	Estimated annual cost of full-time licensed child care, by infant childcare	California Child Care Resource and Referral Network, California Child Care Portfolio. 2016.
Economic Stability	Did Not Eat Breakfast; 7th Graders	Estimated percentage of public school students in grade 7 who ate breakfast in the previous day	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Economic Stability	Did Not Eat Breakfast; 7th, 9th, 11th, NT	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who ate breakfast in the previous day	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Economic Stability	Economic Security—Households with No Vehicle	Percentage of Households with No Motor Vehicle	U.S. Census Bureau, American Community Survey. 2012 – 16.
Economic Stability	Economic Security—Unemployment Rate	Unemployment Rate	U.S. Department of Labor, Bureau of Labor Statistics. 2018—March.
Economic Stability	Education—Head Start Program Facilities	Head Start Programs Rate (Per 10,000 Children Under Age 5)	U.S. Department of Health & Human Services, Administration for Children and Families. 2018.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Economic Stability	Education—High School Graduation Rate	Cohort Graduation Rate	California Department of Education, 2014 – 15.
Economic Stability	Education—Less than High School Diploma (or Equivalent)	Percent Population Age 25+ with No High School Diploma	U.S. Census Bureau, American Community Survey. 2012 – 16.
Economic Stability	Education—Reading Below Proficiency	Percentage of Grade 4 ELA Test Scores Below Standard	California Department of Education, 2015 – 16.
Economic Stability	Education - School Enrollment Age 3 – 4	Percentage of Population Ages 3 – 4 Enrolled in School	U.S. Census Bureau, American Community Survey. 2012 – 16.
Economic Stability	Food Security—Food Insecurity Rate	Percentage of Total Population with Food Insecurity	Feeding America, 2014.
Economic Stability	Food Security—Population Receiving SNAP	Percent Population Receiving SNAP Benefits	U.S. Census Bureau, Small Area Income & Poverty Estimates. 2015.
Economic Stability	Higher Educational Attainment	Percentage of adults ages 25 years and over with their education attainment. Available by race/ethnicity.	U.S. Census Bureau; 2011 – 2015 American Community Survey 5-Year Estimates, Selected Population Tables, Tables DP02; generated by Baath M.; using American FactFinder; accessed July 14, 2017. Selected Santa Clara County Public Health Department data provided via email, January 2018.
Economic Stability	Homelessness	Total number of homeless individuals enumerated during the point-in-time homeless census with trend, Santa Clara County. Percentage of homeless individuals enumerated during the point-in-time homeless census by shelter status and age.	Applied Survey Research. (2017). Santa Clara County Homeless Census and Survey.
Economic Stability	Income Inequality	Gini Index Value	U.S. Census Bureau, American Community Survey. 2012 – 16.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Economic Stability	Licensed Childcare Availability for Working Families	Estimated percentage of children ages 0 – 12 with parents in the labor force for whom licensed child care slots are available and unavailable	California Child Care Resource and Referral Network, California Child Care Portfolio. 2017.
Economic Stability	Limited English Proficiency	Percentage of population ages 5 years and older who do not speak English "very well." Available by Asian subgroup.	U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables. Retrieved from 2017 Asian Pacific Islander Report.
Economic Stability	Meaningful Participation at School: Low; 7th, 9th, 11th, NT	Estimated percentage of public school students in grade 7 who have opportunities for meaningful participation at school, by low level of agreement	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Economic Stability	Meaningful Participation at School; Low; 7 th Graders	Estimated percentage of public school students in grade 7 who have opportunities for meaningful participation at school, by low level of agreement	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Economic Stability	Poverty—Children Below 100% FPL	Percent Population Under Age 18 in Poverty	U.S. Census Bureau, American Community Survey. 2012 – 16.
Economic Stability	Poverty—Population Below 100% FPL	Percent Population in Poverty	U.S. Census Bureau, American Community Survey. 2012 – 16.
Economic Stability	Poverty—Population Below 200% FPL	Percent Population with Income at or Below 200% FPL	U.S. Census Bureau, American Community Survey. 2012 – 16.
Economic Stability	Preschool Enrollment	Percentage of children ages 3 and 4 who are enrolled in a preschool or nursery school. Available by Asian subgroup. Data are not presented for Pacific Islanders due to small sample size.	U.S. Census Bureau, 2011 – 2015 American Community Survey 5-Year Estimates, Selected Population Tables and U.S. Census Bureau, 2010 Census. Retrieved from 2017 Asian Pacific Islander Report.
Economic Stability	Rate of Receiving Food from a Church or Food Bank/Food Pantry	The percentage of adults or another adult in the family who received food from a church, food pantry or food bank in the past 12 months. Available by race.	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Economic Stability	Received Food	Percent of families that received food from a church, food pantry, or food bank in previous 12 months	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey.
Economic Stability	School Connectedness: Low; 7th, 9th, 11th, NT	Level of school connectedness among public school students in grades 7, 9, 11 and non-traditional programs	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Economic Stability	School Connectedness: Low; 7th Graders	Level of school connectedness among public school students in grades 7, 9, 11 and non-traditional programs	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.
Economic Stability	Seniors Living in Poverty	The rate of seniors ages 65 years and over living below the 100% Federal Poverty Level. Available by Asian subgroup.	U.S. Census Bureau; 2011 – 2015 American Community Survey 5-Year Estimates, Selected Population Tables. Retrieved from 2017 Asian Pacific Islander Report.
Economic Stability	Student Truancy Rate (per 100 students)	Number of K-12 public school students reported as being truant at least once during the school year per 100 students	California Dept. of Education, Truancy Data. 2016.
Economic Stability	Students per Academic Counselor	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel (Academic Counselor)	California Dept. of Education, Staff Assignment and Course Data (Mar. 2018) & DataQuest (May 2017)
Economic Stability	Teen Birth Rate (per 1,000)	Number of births per 1,000 young women ages 15 – 19	California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007 – 2015, on CDC WONDER Database. 2015.
Economic Stability	Unemployment	Percentage of the population ages 16 years and older who are unemployed. Available by Asian subgroup.	U.S. Census Bureau; 2011 – 2015 American Community Survey 5-Year Estimates, Selected Population Tables. Retrieved from 2017 Asian Pacific Islander Report.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Economic Stability— Education & Literacy	Cost of Preschool Childcare, Annually, Child Care Center	Estimated annual cost of full-time licensed child care, by age of child and type of facility	California Child Care Resource and Referral Network, California Child Care Centers 2016 Child Care Portfolio (Jun. 2018)
Economic Stability— Education & Literacy	High School Graduates Completing College Prep Courses	Percentage of public school 12th-grade graduates completing courses required for University of California (UC) and/or California State University (CSU) entrance, with a grade of C or better	California Dept. of Education, California Basic Educational Data System (CBEDS). 2015.
Economic Stability— Education & Literacy	Meeting or Exceeding Grade- Level Standard in English Language Arts, 11th Grade	Percentage of 11th-grade public school students tested who completed the English Language Arts/Literacy (ELA) California Assessment of Student Performance and Progress (CAASPP) test with a score of Standard Met or Above	California Dept. of Education, CAASPP Test Results. Oct. 2016.
Economic Stability— Education & Literacy	Meeting or Exceeding Grade- Level Standard in Mathematics, 11th Grade	Percentage of 11th-grade public school students tested who completed the California Assessment of Student Performance and Progress (CAASPP) mathematics test with a score of Standard Met or Above	California Dept. of Education, CAASPP Test Results. Oct. 2016.
Economic Stability— Education & Literacy	Students Not Completing High School	Percentage of public high school students who do not complete high school, based on the four-year adjusted cohort dropout rate (e.g., among California students who started high school in 2011, 10.7% exited before graduating with their class in 2015)	California Dept. of Education, California Longitudinal Pupil Achievement Data System (CALPADS). 2015.
Economic Stability— Education & Literacy	Students per School Speech/ Language/Hearing Specialist	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel (School Speech/Language/Hearing Specialist)	California Dept. of Education, Staff Assignment and Course Data (Mar. 2018) & DataQuest. 2017.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
General Health/ Mortality	Child/Youth Death Rate (per 100,000)	Number of deaths per 100,000 children and youth ages 1 – 24	California Dept. of Public Health, Death Statistical Master Files; California Dept. of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 1990 – 2009; Population Reference Bureau, Population Estimates 2010 – 2015; CDC WONDER Online Database, Underlying Cause of Death (2017)
General Health/ Mortality	Death—Causes	Percent of deaths by cause	Santa Clara County Public Health Department, VRBIS, 2007 – 2016. Data as of 05/26/2017.
General Health/ Mortality	Death Rate	Age-adjusted death rates (all causes) per 100,000 people. Available by gender, ethnicity, and trends over time.	Santa Clara County Public Health Department, VRBIS, 2014 – 2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census, Tables PCT12, PCT12H, PCT12I, PCT12J, PCT12K, PCT12L, PCT12M; generated by Baath M.; using American FactFinder; accessed June 20, 2017. Selected Santa Clara County Public Health Department data provided via email, January 2018.
General Health/ Mortality	Death Rate	Age-adjusted death rates (all causes). Available by Asian subgroup.	Santa Clara County Public Health Department, VRBIS, 2007 – 2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census. Retrieved from 2017 Asian Pacific Islander Report.
General Health/ Mortality	Life Expectancy	Life expectancy (in number of years) at birth among residents in Santa Clara County. Available by race/ethnicity.	Santa Clara County Public Health Department, VRBIS, 2014 – 2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census, Tables PCT12, PCT12H, PCT12I, PCT12J, PCT12K, PCT12L, PCT12M; generated by Baath M.; using American FactFinder; accessed June 20, 2017. Selected Santa Clara County Public Health Department data provided via email, January 2018.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
General Health/ Mortality	Life Expectancy—Asian Residents	Life expectancy (in number of years) at birth among residents in Santa Clara County	Santa Clara County Public Health Department, VRBIS, 2007 – 2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census. Retrieved from 2017 Asian Pacific Islander Report.
General Health/ Mortality	Mortality—Premature Death	Years of Potential Life Lost, Rate per 100,000 Population	University of Wisconsin Population Health Institute, County Health Rankings. 2014 – 16.
General Health/ Mortality	Poor General Health	Percent Adults with Poor or Fair Health (Age-Adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse. 2006 – 12.
General Health/ Mortality	Population with Any Disability	Percent Population with a Disability	U.S. Census Bureau, American Community Survey. 2012 – 16.
General Health/ Mortality	Students per Social Worker	Number of public school students per full-time equivalent (FTE) social worker	California Dept. of Education, Staff Assignment and Course Data (Mar. 2018) & DataQuest. 2017.
Health Care Access & Delivery	Absence of Dental Insurance Coverage	Percent Adults Without Dental Insurance	University of California Center for Health Policy Research, California Health Interview Survey. 2009.
Health Care Access & Delivery	Access to Dentists	Dentists, Rate per 100,000 Pop.	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.
Health Care Access & Delivery	Access to Mental Health Providers	Mental Health Care Provider Rate (Per 100,000 Population)	University of Wisconsin Population Health Institute, County Health Rankings. 2018.
Health Care Access & Delivery	Access to Primary Care	Primary Care Physicians, Rate per 100,000 Pop.	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Health Care Access & Delivery	Children in Limited English-Speaking Households	Estimated percentage of children ages 0-17 living in households in which (i) no person age 14 or older speaks English only, and (ii) no person age 14 or older who speaks a language other than English speaks English very well	Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files. 2016.
Health Care Access & Delivery	Children Likely to Visit ED	The rate of emergency department visits for children ages 0 to 17 per 100,000 population. Available by race.	Office of Statewide Planning and Development, 2013 Emergency Department Data. Retrieved from 2016 Status of Children's Health Report.
Health Care Access & Delivery	Children with Health Insurance by Region	Health insurance coverage among children (ages 0 – 17) in Santa Clara County by zip code.	U.S. Census Bureau, 2009-13 American Community Survey 5-Year Estimates. Retrieved from 2016 Status of Children's Health Report.
Health Care Access & Delivery	Children/Youth with Health Insurance, Ages 0 – 17	Estimated percentage of children ages 0 – 17 with and without health insurance coverage at the time of survey, by type of insurance and age group	U.S. Census Bureau, American Community Survey. 2016.
Health Care Access & Delivery	Costs as a Barrier to Care	Percentage of adults who needed to see a doctor in the past 12 months but could not because of cost. Available by Asian subpopulation.	Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey. 2017 Asian Pacific Islander Report.
Health Care Access & Delivery	Difficulty Understanding Doctors	Percentage of adults who had a hard time understanding the doctor the last time they saw a doctor	Santa Clara County Public Health Department, 2017 Asian/Pacific Islander Health Survey. Retrieved from 2017 Asian Pacific Islander Report.
Health Care Access & Delivery	Federally Qualified Health Centers	Federally Qualified Health Centers, Rate per 100,000 Population	U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018.
Health Care Access & Delivery	Health Professional Shortage Area—Primary Care	Percentage of Population Living in a HPSA	U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Health Care Access & Delivery	Health Care Discrimination for LGBTQ People	Percentage of LGBTQ survey respondents who have experienced health care discrimination in the past 5 years	Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey. Retrieved from 2013 Status of LGBTQ Health Report.
Health Care Access & Delivery	Insurance—Uninsured Population	Percent Uninsured Population	US Census Bureau, American Community Survey. 2012 – 16.
Health Care Access & Delivery	Lack of a Consistent Source of Primary Care	Percentage Without Regular Doctor	University of California Center for Health Policy Research, California Health Interview Survey. 2011 – 12.
Health Care Access & Delivery	Preventable Hospital Events	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
Health Care Access & Delivery	Residents and English Fluency	Percentage of population ages 5 years and older who do not speak English “very well.” Available by Asian subpopulation.	U.S. Census Bureau; 2011 – 2015 American Community Survey 5-Year Estimates, Selected Population Tables. Retrieved from 2017 Asian Pacific Islander Report.
Health Care Access & Delivery	Routine Annual Check-Ups for Children	The percentage of children who saw a doctor in the past 12 months. Available by age group (0 – 5 and 6 – 11).	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey.
Health Care Access & Delivery	Students per School Nurse	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel (School Nurse)	California Dept. of Education, Staff Assignment and Course Data (Mar. 2018) & DataQuest. 2017.
Health Care Access & Delivery	Students per School Psychologist	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel (School Psychologist)	California Dept. of Education, Staff Assignment and Course Data (Mar. 2018) & DataQuest. 2017.
Heart & Stroke	Heart Disease Prevalence	Percent Adults with Heart Disease	University of California Center for Health Policy Research, California Health Interview Survey. 2011 – 12.
Heart & Stroke	High Blood Pressure—Unmanaged	Percent Adults with High Blood Pressure Not Taking Medication	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006 – 10.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Heart & Stroke	Mortality—Ischaemic Heart Disease	Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH—Death Public Use Data. 2010 – 12.
Heart & Stroke	Mortality—Stroke	Stroke, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH—Death Public Use Data. 2010 – 12.
Housing & Homelessness	Children Living in Crowded Households	Estimated percentage of children under age 18 living in households with more than one person per room of the house	Population Reference Bureau, analysis of data from the U.S. Census Bureau’s American Community Survey microdata files. 2016.
Housing & Homelessness	Cost Burdened Households	Percentage of Households Where Housing Costs Exceed 30% of Income	U.S. Census Bureau, American Community Survey. 2012 – 16.
Housing & Homelessness	Elevated Blood Lead Levels	Percentage of children/youth ages 0 – 5 with blood lead levels at or above 9.5 micrograms per deciliter, among those screened. Children ages 0 – 5; Youth ages 6 – 20.	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch. 2013.
Housing & Homelessness	Homeless Public School Students	Percentage of public school students recorded as being homeless at any point during a school year	California Dept. of Education, Coordinated School Health and Safety Office custom tabulation & California Basic Educational Data System. 2016.
Housing & Homelessness	HUD-Assisted Housing Units Rate (per 10,000)	HUD-Assisted Units, Rate per 10,000 Housing Units	U.S. Department of Housing and Urban Development, 2016.
Housing & Homelessness	Median Rent, 2-Bedroom Unit	Median rent, in dollars, for a two-bedroom unit	Zilpy.com, Rental Market Trends. October 2018.
Housing & Homelessness	Percentage of Homeless Children Age 0 – 17 Who Were Unsheltered	Percentage of unaccompanied children age 0 – 17 found to be homeless during the national point-in-time (PIT) count of homeless individuals, by shelter status	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 & 2017. 2017.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Housing & Homelessness	Percentage of Homeless Children Age 18 – 24 Who Were Unsheltered	Percentage of unaccompanied young adults (18 – 24) found to be homeless during the national point-in-time (PIT) count of homeless individuals, by shelter status	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 & 2017. 2017.
Housing & Homelessness	Substandard Housing Units	Percent Occupied Housing Units with One or More Substandard Conditions	U.S. Census Bureau, American Community Survey. 2012 – 16.
Housing & Homelessness	Unsheltered Homeless Children Age 0 – 17	Number of unaccompanied children age 0 – 17 found to be homeless during the national point-in-time (PIT) count of homeless individuals, by shelter status	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 & 2017. 2017.
Housing & Homelessness	Unsheltered Homeless Young Adults Age 18 – 24	Number of unaccompanied young adults (18 – 24) found to be homeless during the national point-in-time (PIT) count of homeless individuals, by shelter status	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 & 2017. 2017.
Housing & Homelessness	Vacant Housing Units	Vacant Housing Units, Percent	U.S. Census Bureau, American Community Survey. 2012 – 16.
Maternal & Infant Health	Any Breastfeeding	Percentage of newborns fed breast milk during their hospitalization, by type of breastfeeding. Exclusive breastfeeding includes newborns who received breast milk only; any breastfeeding includes newborns who were breastfed exclusively and those who received both breast milk and formula.	California Dept. of Public Health, Center for Family Health, In-Hospital Breastfeeding Initiation Data. 2016.
Maternal & Infant Health	Breastfeeding (Any)	Percentage of Mothers Breastfeeding (Any)	California Department of Public Health, CDPH—Breastfeeding Statistics. 2012.
Maternal & Infant Health	Breastfeeding (Exclusive)	Percentage of Mothers Breastfeeding (Exclusively)	California Department of Public Health, CDPH—Breastfeeding Statistics. 2012.
Maternal & Infant Health	Cost of Infant Childcare, Annually, Child Care Center	Estimated annual cost of full-time licensed childcare, by infant childcare	California Child Care Resource and Referral Network, California Child Care Portfolio. 2016.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Maternal & Infant Health	Elevated Blood Lead Levels in Children Age 0 – 5	Percentage of children/youth ages 0 – 5 with blood lead levels at or above 9.5 micrograms per deciliter, among those screened	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch. 2013.
Maternal & Infant Health	Exclusive Breastfeeding	Percentage of newborns fed breast milk during their hospitalization, by type of breastfeeding (e.g., in 2017, 69.8% of infants born in a hospital to California women were breastfed exclusively during their hospitalization). Exclusive breastfeeding includes newborns who received breast milk only; any breastfeeding includes newborns who were breastfed exclusively and those who received both breast milk and formula.	California Dept. of Public Health, Center for Family Health, In-Hospital Breastfeeding Initiation Data. 2016.
Maternal & Infant Health	Inadequate Prenatal Care	Percentage of mothers who received inadequate prenatal care. Inadequate prenatal care is defined as receiving less than 50% of expected prenatal care visits and/or initiating prenatal care after the fourth month of pregnancy. Available by Asian subpopulation.	Santa Clara County Public Health Department, 2015 Birth Statistical Master File. Retrieved from 2017 Asian Pacific Islander Report.
Maternal & Infant Health	Infant Mortality	Infant Mortality Rate (Per 1,000 Births)	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006 – 10.
Maternal & Infant Health	Infant Mortality	Infant Mortality Rate (Per 1,000 Births)	Santa Clara County Public Health Department, VRBIS, 2007 – 2015. Data as of 05/26/2017; Santa Clara County Public Health Department, Birth Statistical Master File, 2007 – 2015
Maternal & Infant Health	Infant Outcomes Among Mothers Ages 45+	Percentage of mothers who are 45 years and over who received prenatal care in their first trimester; percentage of mothers who are 45 years and over who gave birth to preterm babies; percentage of mothers who gave birth to low birthweight babies.	Santa Clara County Public Health Department, 2013 Birth Statistical Master File. Retrieved from 2016 Status of Children's Health Report.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Maternal & Infant Health	Infants Born at Very Low Birth Weight	Percentage of infants born at very low birthweight (less than 1,500 grams or about 3 lbs, 5 oz)	California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007 – 2015, on CDC WONDER Database. 2015.
Maternal & Infant Health	Infants Whose Mothers Received Prenatal Care in the First Trimester	Percentage of infants whose mothers received prenatal care in the first trimester of pregnancy	California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files. (Aug 2017.)
Maternal & Infant Health	Licensed Childcare Availability for Working Families	Estimated percentage of children ages 0 – 12 with parents in the labor force for whom licensed childcare slots are available and unavailable	California Child Care Resource and Referral Network, California Child Care Portfolio. 2017.
Maternal & Infant Health	Low Birth Weight	Percentage of live births with birth weight of less than 2,500 grams (5 lbs, 8 oz), 2006 – 2015	Santa Clara County Public Health Department, Birth Statistical Master File, 2006 – 2015
Maternal & Infant Health	Low Birth Weight	Percentage of low birth weight among Santa Clara County residents. Low birthweight is percentage of live births with birth weight of less than 2,500 grams (5 lbs, 8 oz). Available by age group.	Santa Clara County Public Health Department, Birth Statistical Master File, 2006 – 2015; Kidsdata.org. Selected Santa Clara County Public Health Department data provided via email, January 2018.
Maternal & Infant Health	Prenatal Care in First Trimester	Percentage of mothers receiving prenatal care in the first trimester. Available by race.	Santa Clara County Public Health Department, 2013 Birth Statistical Master File. Retrieved from 2016 Status of Children's Health Report.
Maternal & Infant Health	Preterm Births	The percentage of births classified as preterm. A preterm birth occurs when children are born before 37 weeks of gestation. Available by mother who did not receive prenatal care and by race. Available by Asian subpopulation.	Santa Clara County Public Health Department, 2009 – 2013 Birth Statistical Master File. Retrieved from 2016 Status of Children's Health Report.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Maternal & Infant Health	Preterm Births Among Mothers Who Did Receive Prenatal Care	Percentage of preterm births among mothers who did not receive prenatal care	Santa Clara County Public Health Department, 2013 Birth Statistical Master File. Retrieved from 2016 Status of Children's Health Report.
Maternal & Infant Health	Teen Birth Rate (per 1,000)	Number of births per 1,000 young women ages 15 – 19	California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007 – 2015, on CDC WONDER Database. 2015.
Maternal & Infant Health	Teen Births (API Populations)	Teenage (ages 15 – 19) birth rate per 1,000 females. Available by Asian subpopulation.	Santa Clara County Public Health Department, 2006 – 2015 Birth Statistical Master File; U.S. Census Bureau; 2010 Census. Retrieved from 2017 Asian Pacific Islander Report.
Maternal & Infant Health	Teen Births (Under Age 20)	Teen birth rate is number of births per 1,000 females ages 15 to 19 years	Santa Clara County Public Health Department, Birth Statistical Master File, 2006 – 2015
Maternal & Infant Health	Teens Receiving Early Prenatal Care	Percentage of mothers under age 15 who received prenatal care in their first trimester.	Santa Clara County Public Health Department, 2013 Birth Statistical Master File. Retrieved from 2016 Status of Children's Health Report.
Natural Environment	Air Quality—Ozone (O3)	Percentage of Days Exceeding Standards, Pop. Adjusted Average	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.
Natural Environment	Air Quality—Particulate Matter 2.5	Percentage of Days Exceeding Standards, Pop. Adjusted Average	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.
Natural Environment	Canopy Cover	Population Weighted Percentage of Report Area Covered by Tree Canopy	Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011.
Natural Environment	Drought Severity	Percentage of Weeks in Drought (Any)	U.S. Drought Monitor, 2012 – 14.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Natural Environment	Exposed to Unsafe Drinking Water	Percentage of Population Potentially Exposed to Unsafe Drinking Water	University of Wisconsin Population Health Institute, County Health Rankings. 2012 – 13.
Natural Environment	Heat Index Days	Percentage of Weather Observations with High Heat Index Values over 103 degrees Fahrenheit	National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC WONDER. Additional data analysis by CARES. 2014.
Natural Environment	Heat Stress Events	Heat-related Emergency Department Visits, Rate per 100,000 Population	California Department of Public Health, CDPH—Tracking. 2005 – 12.
Oral Health	Dental Care—Lack of Affordability (Youth)	Percent Population Age 5 – 17 Unable to Afford Dental Care	University of California Center for Health Policy Research, California Health Interview Survey. 2009.
Oral Health	Dental Decay/Gum Disease (Adult)	Dental Decay/Gum Disease (Adults 45 – 64)	Santa Clara County Public Health Department, 2013 – 14 Behavioral Risk Factor Survey
Oral Health	Living in Dental Health Professional Shortage Area	Percentage of Population Living in a Dental HPSA	U.S. Department of Health & Human Services, Health Resources and Services Administration. April 2016.
Oral Health	No Recent Dental Exam (Adult)	Percent Adults Without Recent Dental Exam	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006 – 10.
Oral Health	No Recent Exam (Children)	Percent Youth Without Recent Dental Exam	University of California Center for Health Policy Research, California Health Interview Survey. 2013 – 14.
Oral Health	Poor Dental Health (Adult)	Percent Adults with Poor Dental Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006 – 10.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Sexually Transmitted Infections	Chlamydia Rate (Ages 0 – 17)	The rate of chlamydia per 100,000 children (ages 0 – 17). Trend data available. Available by gender.	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2009 – 2011) & California Reportable Disease Information Exchange (CalREDIE) (2011 – 2014). Retrieved from 2016 Status of Children’s Health Report.
Sexually Transmitted Infections	Gonorrhea Rate (Ages 0 – 17)	The rate of gonorrhea per 100,000 children (ages 0 – 17). Trend data available. Available by gender.	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2009 – 2011) & California Reportable Disease Information Exchange (CalREDIE) (2011 – 2014). Retrieved from 2016 Status of Children’s Health Report.
STD	Chlamydia	Chlamydia rates per 100,000 people, 2007 – 2016, Santa Clara County	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2007 – 2011) & California Reportable Disease Information Exchange (CalREDIE) (2011 – 2016), data are provisional as of 5/5/2017. STD Control Branch, California Department of Public Health.
STD	Chlamydia Incidence Amount Youth Age 10 – 19 (per 100,000)	Number of chlamydia infections per 100,000 youth ages 10 – 19	California Dept. of Public Health, Sexually Transmitted Diseases Data; California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 2000 – 2010, 2010 – 2060; Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data & Statistics; U.S. Census Bureau, Population Estimates Program, Estimates of the Resident Population by Sex & Age for the United States, 2000 – 2010, 2010 – 2015.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
STD	Early syphilis	Early syphilis rates (per 100,000 people)	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2007 – 2011) & California Reportable Disease Information Exchange (CalREDIE) (2011 – 2016), data are provisional as of 5/5/2017. STD Control Branch, California Department of Public Health, Sexually Transmitted Diseases in California 2016 Executive Summary.
STD	Gonorrhea	Gonorrhea rates per 100,000 people, 2007 – 2016, Santa Clara County	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2007 – 2011) & California Reportable Disease Information Exchange (CalREDIE) (2011 – 2016), data are provisional as of 5/5/2017. STD Control Branch, California Department of Public Health, Sexually Transmitted Diseases in California 2016 Executive Summary.
STD	Gonorrhea Incidence Amount Youth Age 10 – 19 (per 100,000)	Number of gonorrhea infections per 100,000 youth ages 10 – 19	California Dept. of Public Health, Sexually Transmitted Diseases Data; California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 2000 – 2010, 2010 – 2060; Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data & Statistics; U.S. Census Bureau, Population Estimates Program, Estimates of the Resident Population by Sex & Age for the United States, 2000 – 2010, 2010 – 2015.
STD	HIV	HIV rates (Per 100,000 Pop.)	Santa Clara County Public Health Department, enhanced HIV/AIDS reporting system (eHARS), 2007 – 2016, data are provisional as of April 30, 2017, and subject to change; California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 2000 – 2010, 2010 – 2060; Centers for Disease Control and Prevention, HIV Surveillance Report, 2016, vol. 28.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
STD	HIV Hospitalizations	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
STD	No HIV Screening	Percent Adults Never Screened for HIV/AIDS	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011 – 12.
Transportation & Traffic	Living Within Half Mile of Public Transit	Percentage of Population Within Half Mile of Public Transit	Environmental Protection Agency, EPA Smart Location Database. 2011.
Transportation & Traffic	Road Network Density	Total Road Network Density (Road Miles per Acre)	Environmental Protection Agency, EPA Smart Location Database. 2011.
Unintentional Injury	Causes of All Death—Older Adults	Percentage of all deaths among residents ages 65 and older by cause (i.e., accidental falls)	Selected Santa Clara County Public Health Department data provided via email, July 31, 2018.
Unintentional Injury	Causes of Injury Death—Older Adults	Percentage of injury deaths among residents ages 65 and older by cause (i.e., unintentional injuries)	Santa Clara County Public Health Department, VRBIS, 2007 – 2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census, Tables PCT12, PCT12H, PCT12I, PCT12J, PCT12K, PCT12L, PCT12M; generated by Baath M.; using American FactFinder; accessed June 20, 2017. Selected Santa Clara County Public Health Department data provided via email, January 2018.
Unintentional Injury	Falls Deaths—Older Adults	Age-adjusted death rate due to unintentional falls among seniors ages 65 and older per 100,000 population. Available by Asian subpopulation.	Santa Clara County Public Health Department, VRBIS, 2007 – 2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census.
Unintentional Injury	Fatal Motor Vehicle Accident Rate	Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH—Death Public Use Data. 2010 – 12.

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE
Unintentional Injury	Fatal Pedestrian Accident Rate	Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010 – 12.
Unintentional Injury	Motor Vehicle Hospitalization Rate	Motor Vehicle Hospitalization Rate (per 100,000 Population)	Office of Statewide Health Planning and Development, 2014 Patient Discharge Data; State of California, Department of Finance, State and County Population Projection, 2010 – 2060. Sacramento, California, February 2017.
Unintentional Injury	Poisoning Hospitalizations, Children Age 0 – 17	Percentage of hospital discharges among children ages 0 – 17 for poisoning	Special tabulation by California Office of Statewide Health Planning and Development. 2017.
Unintentional Injury	Unintentional Injury—Children	The age-adjusted rate of emergency department visits due to non-fatal unintentional injury per 100,000 children (ages 0 – 17). Available by ethnicity.	Office of Statewide Health Planning and Development, 2013 Emergency Department Data; Office of Statewide Health Planning and Development, 2013 Patient Discharge Data. Retrieved from 2016 Status of Children's Health Report.
Unintentional Injury	Unintentional injury Deaths	Age-adjusted rate of unintentional injury deaths (per 100,000)	Santa Clara County Public Health Department, VRBIS, 2007 – 2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census, Accessed June 20, 2017.
Unintentional Injury	Unintentional Injury Mortality	Age-adjusted rate of unintentional injury deaths among residents in Santa Clara County per 100,000 population. Trend data available. Available by age group.	Santa Clara County Public Health Department, VRBIS, 2007 – 2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census, Tables PCT12, PCT12H, PCT12I, PCT12J, PCT12K, PCT12L, PCT12M; generated by Baath M.; using American FactFinder; accessed June 20, 2017. Selected Santa Clara County Public Health Department data provided via email, January 2018.

Attachment 2: Secondary Data Indicators, San Mateo County

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Arthritis	Arthritis/Rheumatism	Percentage of survey respondents answering “yes” when asked, “Have you ever suffered from or been diagnosed with any of the following medical conditions: Arthritis or Rheumatism?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Asthma	Asthma Diagnoses, Children	Percentage of children ages 1 – 17 whose parents report that their child has ever been diagnosed with asthma	UCLA Center for Health Policy Research, California Health Interview Survey. 2015 – 2016.	2015 – 2016
Asthma	Asthma Hospitalizations, Children	Rate of asthma hospitalizations per 10,000 children/youth, by age group (0 – 4, 5 – 17)	Prepared by California Breathing, Environmental Health Investigations Branch, California Dept. of Public Health using data from the California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Database, the California Dept. of Finance, and the U.S. Census Bureau. 2016.	2016
Asthma & Respiratory Conditions	Ambulance Transport, Respiratory Issues	Percentage of all ambulance transports initiated by a call to 911 in which respiratory issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016 – 2017.	2016 – 2017
Asthma & Respiratory Conditions	Chronic Lower Respiratory Disease Death Rate	Chronic lower respiratory disease age-adjusted death rate per 100,000 population	California Department of Public Health: 2010 – 2015 Death Records.	2013 – 2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Asthma & Respiratory Conditions	COPD, Bronchitis, Emphysema	Percentage of survey respondents answering “yes” when asked, “Have you ever suffered from or been diagnosed with any of the following medical conditions: COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis or Emphysema?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Asthma & Respiratory Conditions	ER Visit Rate, Asthma	Average crude Emergency Room visit rate (per 1,000 people) for asthma	San Mateo County Health. 2012 – 2014.	2012 – 2014
Asthma & Respiratory Conditions	ER Visit Rate, COPD	Age-adjusted rate of emergency department visits for COPD per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013 – 2015.	2013 – 2015
Asthma & Respiratory Conditions	Taking Prescription Medication for Asthma	Percentage of survey respondents who indicated that they are taking prescription medication for asthma	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Asthma & Respiratory Conditions; Cancer	Smoking in Home	Percentage of survey respondents who answered “yes” when asked “Do you or does another member of your household currently smoke in your home?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Asthma & Respiratory Conditions; Cancer; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Obesity (Adult)	Percentage of survey respondents who are obese (Body Mass Index [BMI] greater than or equal to 30.0, based on self-reported height and weight)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Asthma & Respiratory Conditions; Cancer; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Overweight/Obese Adults	Percentage of adults who are overweight or obese (calculated Body Mass Index based on self-reported height and weight)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Asthma & Respiratory Conditions; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Obesity (Youth)	Percentage of children in grades 5, 7, and 9 ranking within the “High Risk” category for body composition on the Fitnessgram physical fitness test	FITNESSGRAM® Physical Fitness Testing. 2016 – 2017.	2016 – 2017
Asthma & Respiratory Conditions; Infectious Diseases	Influenza/Pneumonia Death Rate	Age-adjusted rate of death due to influenza/pneumonia per 100,000 population per year	California Department of Public Health. 2014 – 2016. Cause of Death: California Department of Public Health: 2010 – 2015 Death Records.	2014 – 2016
Asthma & Respiratory Conditions; Infectious Diseases	Pertussis Cases Rate	Pertussis rates per 100,000 population	California Department of Public Health Immunization Branch. 2016.	2016
Asthma & Respiratory Conditions; Infectious Diseases	Tuberculosis Cases Rate	Tuberculosis incidence rate per 100,000 population	California Department of Public Health Tuberculosis Branch. 2016.	2016
Asthma & Respiratory Conditions; Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes); Oral/Dental Health	Current Smoker	Percentage of survey respondents answering “yes” when asked, “Do you smoke cigarettes now?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Asthma & Respiratory Conditions; Mental Health & Well-Being (Tobacco/Substance Use)	Current User of E-Cigarettes (Vaping)	Percentage of survey respondents answering “Every Day” or “Some Days” when asked, “Do you NOW use e-cigarettes or other electronic ‘vaping’ products ‘Every Day,’ ‘Some Days,’ or ‘Not At All?’”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Asthma & Respiratory Conditions; Mental Health & Well-Being (Tobacco/ Substance Use)	Used Marijuana or Hashish Recently	Percentage of survey respondents who reported that they had used marijuana or hashish in the past month	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Behavioral Health	Adults With Any Adverse Childhood Experiences	Estimated percentage of adults 18 and older exposed to any adverse childhood experiences before age 18, by household type	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group.	2016
Behavioral Health	Adults With Four or More Adverse Childhood Experiences	Estimated percentage of adults 18 and older exposed to 4 or more adverse childhood experiences before age 18, by household type	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group.	2016
Behavioral Health	Alcohol Use (Lifetime)—Students	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who have ever consumed 1 or more full drinks of alcohol, by grade level and number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2015
Behavioral Health	Alcohol Use (Lifetime), 7+ Times; 7th Graders	Estimated percentage of public school students in grade 7 who have ever consumed 1 or more full drinks of alcohol, by grade level and number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2015
Behavioral Health	Bullied at School	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who were bullied or harassed at school for any reason in the previous year	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Behavioral Health	Caring Adults at School: Low	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who have caring relationships with adults at school, by level of agreement	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2015
Behavioral Health	Children with Two or More Adverse Experiences	Estimated percentage of children ages 0 – 17 who have experienced 2 or more adverse experiences (parent reported)	Population Reference Bureau, analysis of data from the National Survey of Children's Health and the American Community Survey. 2016.	2016
Behavioral Health	Cyberbullied Four or More Times	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who had mean rumors or lies spread about them on the internet by other students in the previous year, by number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2015
Behavioral Health	Depression-Related Feelings—Students	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who, in the previous year, felt so sad or hopeless almost every day for 2 weeks or more that they stopped doing some usual activities	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015
Behavioral Health	Experienced Dating Violence	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional students reporting that they have been hit, slapped, or intentionally physically hurt by a boyfriend/girlfriend in the past year	WestEd, California Healthy Kids Survey. California Department of Education. 2011 – 2013.	2011 – 2013
Behavioral Health	Meaningful Participation at School (Low)	Estimated percentage of public school students who have opportunities for meaningful participation at school, by low level of agreement. 7th Grade, 9th Grade, 11th Grade, Nontraditional students.	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Behavioral Health	Mental Health Hospitalization	Number of hospital discharges for mental health issues per 1,000 children and youth ages 5 – 14, and youth age 15 – 19.	California Office of Statewide Health Planning and Development special tabulation; California Dept. of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 2000 – 2009; Population Reference Bureau, Population Estimates 2010 – 2016.	2010 – 2016
Behavioral Health	Recent regular marijuana use	Estimated percentage of public school students in grade 7 have used marijuana 20 – 30 days, in the previous 30 days. 7th Grade, 9th Grade, 11th Grade.	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015
Behavioral Health	School Connectedness: Low	Level of school connectedness among public school students in grades 7, 9, 11, and nontraditional programs and by ethnicity	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015
Behavioral Health	Seriously Considered Suicide	Estimated percentage of public school students in grades 9, 11, and nontraditional programs who seriously considered attempting suicide in the previous year, by grade level	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015
Behavioral Health	Some Recent Alcohol/Drug Use in Previous Month	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who have used alcohol or drugs (excluding tobacco) in the previous 30 days, by frequency	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015
Behavioral Health	Students per School Psychologist	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel (School Psychologist)	California Dept. of Education, Staff Assignment and Course Data (Mar. 2018) & DataQuest (May 2017).	2017

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Birth Outcomes	Adequate/Adequate Plus Prenatal Care	Percentage of births for which prenatal care was begun by the fourth month of pregnancy and 80% or more of recommended visits received	California Department of Public Health: 2009 – 2014 Birth Cohort-Perinatal Outcome Files.	2013 – 2015
Birth Outcomes	First Trimester Prenatal Care	Percentage of mothers who received prenatal care within the first 14 weeks of their pregnancy	California Department of Public Health: 2009 – 2014 Birth Cohort-Perinatal Outcome Files.	2013 – 2015
Birth Outcomes	Inadequate Prenatal Care	Percentage of mothers who, on their child's birth certificate, reported receiving prenatal care only in the third trimester of their pregnancy	San Mateo County Health. 2010 – 2015.	2010 – 2015
Birth Outcomes	Infant Mortality Rate (per 1,000 births)	Number of all infant deaths (within 1 year), per 1,000 live births	CDC WONDER mortality data. 2010 – 2016.	2010 – 2016
Birth Outcomes	Pre-Term Births	Percentage of total births that are pre-term (occurring before 37 weeks of pregnancy)	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012 – 2014.	2012 – 2014
Birth Outcomes	Teen Births Rate	Number of births per 1,000 female population ages 15 – 19 Number of births per 1,000 female population ages 12 – 14 (trend and data without benchmark)	National Center for Health Statistics—Nativity files. 2010 – 2016. Trend and data without benchmark: San Mateo County Health, 2015.	2010 – 2016, 2015
Birth Outcomes; Healthy Lifestyles (Obesity)	Breastfeeding (Any)	Percentage of mothers breastfeeding (any); total in-hospital births.	California Department of Public Health, California Department of Public Health—Breastfeeding Statistics. 2012.	2012
Birth Outcomes; Healthy Lifestyles (Obesity)	Breastfeeding (Exclusive)	Percentage of mothers breastfeeding (exclusively); total in-hospital births.	California Department of Public Health, California Department of Public Health—Breastfeeding Statistics. 2012.	2012

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Birth Outcomes; Sexually Transmitted Infections	Effective Sex Education	Percentage of teen survey respondents who reported that they feel they are making informed decisions about sex and their sexuality	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Cancer	Cancer Mortality Rate (All Types)	Age-adjusted rate of death due to malignant neoplasm (cancer) per 100,000 population per year	California Department of Public Health. 2014 – 2016. Trend: California Department of Public Health: 2010 – 2015 Death Records.	2014 – 2016
Cancer	Cancer Prevalence	Percentage of the adult population with cancer	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cancer	Cervical Cancer Incidence Rate	Annual cervical cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2009 – 2013.	2009 – 2013
Cancer	Childhood Cancer Diagnoses (rate per 100,000)	Number of new cancer diagnoses per 100,000 children/youth ages 0 – 19 over a 5-year period	Surveillance, Epidemiology, and End Results (SEER) Program, Research data, 1969 – 2016 (Nov. 2017); National Cancer Institute, DCCPS, Surveillance Research Program (Apr. 2018); U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool, 1999 – 2015 (Nov. 2017); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. 2011 – 2015.	2015
Cancer	Colorectal Cancer Death Rate	Age-adjusted rate of death due to colorectal cancer per 100,000 population per year	California Department of Public Health: 2010 – 2015 Death Records.	2013 – 2015
Cancer	Colorectal Cancer Incidence Rate	Annual colon and rectum cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2010 – 2014.	2010 – 2014

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Cancer	Melanoma Incidence Rate in Men	Age-adjusted incidence rate of melanoma among males per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008 – 2012.	2008 – 2012
Cancer	Melanoma Incidence Rate in Women	Age-adjusted incidence rate of melanoma among females per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008 – 2012.	2008 – 2012
Cancer	Ovarian Cancer Death Rate	Age-adjusted rate of death among females due to ovarian cancer per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008 – 2012.	2008 – 2012
Cancer	Pancreatic Cancer Mortality in Men	Age-adjusted rate of death among males due to pancreatic cancer per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008 – 2012.	2008 – 2012
Cancer	Pancreatic Cancer Mortality in Women	Age-adjusted rate of death among females due to pancreatic cancer per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008 – 2012.	2008 – 2012
Cancer	Prostate Cancer Death Rate	Age-adjusted rate of death among males due to prostate cancer per 100,000 population	California Department of Public Health: 2010 – 2015 Death Records.	2013 – 2015
Cancer	Prostate Cancer Incidence Rate	Annual prostate cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2010 – 14.	2010 – 2014
Cancer	Uterine Cancer Incidence Rate	Age-adjusted incidence rate of uterine cancer among females per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008 – 2012.	2008 – 2012
Cancer; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity; Diabetes)	Low Fruit/Vegetable Consumption (Adult)	Percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse. 2005 – 2009.	2005 – 2009

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity), Heart Disease/Stroke; Cancer	Engage in Healthy Behaviors	Percentage of survey respondents who reported they engage in “healthy behaviors” (do not smoke cigarettes, are not overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, eat 5 or more servings of fruit/vegetables per day)	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Physical Inactivity (Adult)	Percentage of adults age 20 and over reporting no leisure-time physical activity	CDC Diabetes Interactive Atlas. 2014. Trend: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.	2013, 2014
Cancer; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Overweight (Adult)	Percentage of adults age 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011 – 12.	2011 – 2012
Cancer; Mental Health & Well-Being (Tobacco/Substance Use)	Lung Cancer Death Rate	Age-adjusted rate of death due to lung cancer per 100,000 population per year	California Department of Public Health: 2010 – 2015 Death Records.	2013 – 2015
Communicable Diseases	Kindergarteners with Required Immunizations	Percentage of public school kindergarten students with all required immunizations	California Dept. of Public Health, Immunization Branch custom tabulation & School Immunizations in Kindergarten by Academic Year. 2017.	2017
Community & Family Safety	Cyberbullied Four or More Times; 7th, 9th, 11th, NT	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who had mean rumors or lies spread about them on the internet by other students in the previous year, by number of occasions	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Community & Family Safety	Domestic Violence Calls for Assistance (rate per 1,000)	Number of domestic violence calls for assistance per 1,000 population	California Dept. of Justice, Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance Database (1998 – 2003), Online Query System (2004 – 2014), and database sent via email (2015) (Oct. 2016). California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990 – 1999, 2000 – 2010, 2010 – 2060. 2017.	2017
Community & Family Safety	Gang Membership	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who consider themselves gang members	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015
Community & Family Safety	Juvenile Felony Arrest Rate	Number of juvenile felony arrests per 1,000 youth ages 10 – 17	California Dept. of Justice, Arrest Data; California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990 – 1999, 2000 – 2010, 2010 – 2060. 2015.	2015
Community & Family Safety	School Perceived as Very Unsafe	Level of perceived school safety among public school students in grades 7, 9, 11, and nontraditional programs	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015
Community & Family Safety	Substantiated Child Abuse and Neglect	Number of substantiated cases of abuse and neglect per 1,000 children under age 18	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research. 2015.	2015
Community & Family Safety	Traumatic Injury Hospitalizations, Children	Percentage of hospital discharges among children ages 0 – 17 for the primary diagnosis of traumatic injury	Special tabulation by California Office of Statewide Health Planning and Development. 2017.	2017
Dementia & Cognitive Decline	Alzheimer's Disease (Prevalence)	Percentage of the adult population with Alzheimer's Disease	Centers for Medicaid & Medicaid Services. 2015.	2015
Dementia & Cognitive Decline	Alzheimer's Disease Mortality Rate	Age-adjusted rate of death due to Alzheimer's per 100,000 population per year	California County Health Status Profiles. 2013 – 2015	2013 – 2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Dementia & Cognitive Decline	Median Age	Population median age	U.S. Census Bureau, American Community Survey. 2012 – 16.	2012 – 2016
Diabetes & Obesity	Adequate Fruit & Vegetable Consumption, Children Age 2 – 11	Estimated percentage of children ages 2 – 11 who eat 5 or more servings of fruits and vegetables (excluding juice and fried potatoes) daily	UCLA Center for Health Policy Research, California Health Interview Survey. 2015 – 2016.	2016
Diabetes & Obesity	Any Breastfeeding	Percentage of newborns fed breast milk during their hospitalization, by type of breastfeeding. Exclusive breastfeeding includes newborns who received breast milk only; any breastfeeding includes newborns who were breastfed exclusively and those who received both breast milk and formula.	California Dept. of Public Health, Center for Family Health, In-Hospital Breastfeeding Initiation Data. 2016.	2016
Diabetes & Obesity	Diabetes Hospitalizations, Children Age 0 – 17	Percentage of hospital discharges among children ages 0 – 17 for diabetes	Special tabulation by California Office of Statewide Health Planning and Development. 2017.	2017
Diabetes & Obesity	Did Not Eat Breakfast; 7th, 9th, 11th, NT	Estimated percentage of public school students in grades 7, 9, 11, and nontraditional programs who did not eat breakfast in the previous day	WestEd, California Healthy Kids Survey. California Department of Education. 2013 – 2015.	2013 – 2015
Diabetes & Obesity	Exclusive Breastfeeding	Percentage of newborns fed breast milk during their hospitalization, by type of breastfeeding. Exclusive breastfeeding includes newborns who received breast milk only; any breastfeeding includes newborns who were breastfed exclusively and those who received both breast milk and formula.	California Dept. of Public Health, Center for Family Health, In-Hospital Breastfeeding Initiation Data. 2016.	2016
Diabetes & Obesity	Students Meeting Fitness Standards; 5th, 7th, and 9th Graders	Percentage of public school students in grades 5, 7, and 9 meeting 6 of 6 fitness standards	California Dept. of Education, Physical Fitness Testing Research Files. 2017.	2017

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Economic Security	CalFresh, by R/E [SNAP Benefits]—Households with Children	Percentage of households receiving CalFresh benefits, by race/ethnicity of household contact	California Dept. of Social Services, CalFresh Data Files. 2016.	2016
Economic Security	Children Living in Crowded Households	Estimated percentage of children under age 18 living in households with more than 1 person per room of the house	Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files. 2016.	2016
Economic Security	Children Living in Food Insecure Households	Estimated percentage of children living in households with limited or uncertain access to adequate food	Gundersen, C., et al. Map the Meal Gap: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016. Feeding America. 2016.	2016
Economic Security	Children Without Secure Parental Employment	Estimated percentage of children under age 18 living in families where no resident parent worked at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey	Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files. 2016.	2016
Economic Security	Cost of Infant Childcare, Annually, Child Care Center	Estimated annual cost of full-time licensed childcare, by infant childcare	California Child Care Resource and Referral Network, California Child Care Portfolio. 2016.	2016
Economic Security	Licensed Childcare Availability for Working Families	Estimated percentage of children ages 0 – 12 with parents in the labor force for whom licensed childcare slots are available and unavailable	California Child Care Resource and Referral Network, California Child Care Portfolio. 2017.	2017
Economic Security	Teen Birth Rate (per 1,000)	Number of births per 1,000 young women ages 15 – 19	California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007 – 2015, on CDC WONDER Database. 2015.	2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Education & Literacy	College Preparedness, High School Graduates	Percentage of high school graduates who reported taking college preparatory courses in high school	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Education & Literacy	Cost of Preschool Childcare, Annually, Child Care Center	Estimated annual cost of full-time licensed childcare, by age of child and type of facility	California Child Care Resource and Referral Network, California Child Care Centers 2016 Child Care Portfolio (Jun. 2018)	2018
Education & Literacy	Head Start Program Facilities Rate (per 10,000 pop. 0 – 5)	Head start programs rate (per 10,000 children under age 5)	U.S. Department of Health & Human Services, Administration for Children and Families. 2018.	2018
Education & Literacy	High School Graduates Completing College Prep Courses	Percentage of public school 12th-grade graduates completing courses required for University of California (UC) and/or California State University (CSU) entrance, with a grade of C or better	California Dept. of Education, California Basic Educational Data System (CBEDS). 2015.	2015
Education & Literacy	High School Graduation Rate (percent of cohort)	On-time high school graduation rate per cohort	National Center for Education Statistics, NCES-CHR ED Facts. 2014 – 2015. Trend: California Department of Education. 2014 – 2015.	2014 – 2015
Education & Literacy	Meeting or Exceeding Grade-Level Standard in English Language Arts, 11th Grade	Percentage of 11th-grade public school students tested who completed the English Language Arts/Literacy (ELA) California Assessment of Student Performance and Progress (CAASPP) test with a score of Standard Met or Above	California Dept. of Education, CAASPP Test Results. Oct. 2016.	2016
Education & Literacy	Meeting or Exceeding Grade-Level Standard in Mathematics, 11th Grade	Percentage of 11th-grade public school students tested who completed the California Assessment of Student Performance and Progress (CAASPP) mathematics test with a score of Standard Met or Above	California Dept. of Education, CAASPP Test Results. Oct. 2016.	2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Education & Literacy	Reading At or Above Proficiency	Percentage of grade 4 ELA test scores at or above standard	California Department of Education. 2015 – 2016.	2015 – 2016
Education & Literacy	School Enrollment Age 3 – 4	Percentage of population ages 3 – 4 enrolled in school	US Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Education & Literacy	Students Not Completing High School	Percentage of public high school students who do not complete high school, based on the 4-year adjusted cohort dropout rate (e.g., among California students who started high school in 2011, 10.7% exited before graduating with their class in 2015).	California Dept. of Education, California Longitudinal Pupil Achievement Data System (CALPADS). 2015.	2016
Education & Literacy	Students per School Speech/Language/Hearing Specialist	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel (School Speech/Language/Hearing Specialist)	California Dept. of Education, Staff Assignment and Course Data (Mar. 2018) & DataQuest. 2017.	2017
Education & Literacy; Health Care Access & Delivery; Poverty, Income & Employment	Population with Limited English Proficiency (age 5+)	Population above the age of 5 who reported speaking English less than “very well,” as classified by the U.S. Census Bureau	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Education & Literacy; Neighborhood & Built Environment (Community & Family Safety); Social & Community Context	Expulsions Rate (per 100 students)	Rate of expulsions per 100 enrolled students	California Department of Education. 2016 – 2017.	2016 – 2017
Education & Literacy; Neighborhood & Built Environment (Community Infrastructure & Housing Quality); Poverty, Income & Employment	High Speed Internet	Percentage of population with access to high-speed internet	FCC Fixed Broadband Deployment Data. 2016.	2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Education & Literacy; Neighborhood & Built Environment (Community & Family Safety); Social & Community Context	Suspensions Rate (per 100 students)	Rate of suspensions per 100 enrolled students	California Department of Education. 2016 – 2017.	2016 – 2017
Education & Literacy; Poverty, Income & Employment	Adults with an Associate’s Degree or Higher	Percentage of the population aged 25 years and older with an Associate’s degree or higher	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Education & Literacy; Poverty, Income & Employment	Adults with Less than High School Diploma (or Equivalent)	Percentage of the population aged 25 and older without a high school diploma (or equivalency) or higher	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Education & Literacy; Poverty, Income & Employment	Adults with Some Post-Secondary Education	Percentage of adults aged 25 to 44 years with at least some post-secondary education	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Education & Literacy; Poverty, Income & Employment	Childcare Arrangement Has Made It Easier for Parent to Attend Education/Training	Percentage of survey respondents with at least 1 child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to attend education/training	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Education & Literacy; Poverty, Income & Employment	Computer in Household	Percentage of survey respondents who answered “yes” when asked, “Do you currently have a computer in your household?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2016
Education & Literacy; Social & Community Context	Population in Linguistically Isolated Households	Percent of population living in households in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English “very well.” In other words, all members 14 years old and over have at least some difficulty with English.	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Food Insecurity	Children in Single-Parent Households	Percentage of children that live in households with only 1 parent present	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Food insecurity	Did Not Eat Breakfast	Percentage of students reporting not having eaten breakfast in the past day	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Food insecurity	Eligible Students Not Participating in School Breakfast Programs	Percentage of eligible students not participating in school breakfast programs	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Food insecurity	Eligible Students Not Participating in School Lunch Programs	Percentage of eligible students not participating in school lunch programs	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Food insecurity	Food Assistance Program Participation	Percentage of eligible food-insecure individuals participating in food assistance programs, by city	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Food Insecurity	Food Insecure Population Ineligible for Assistance	Estimated percentage of the total population that experienced food insecurity at some point during the report year, but are ineligible for state or federal nutrition assistance	Feeding America. 2014.	2014
Food Insecurity	Food Insecure Population Ineligible for Assistance—Children	Estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for state or federal nutrition assistance	Feeding America. 2014.	2014
Food Insecurity; Birth Outcomes; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Food Insecurity Rate	Estimated percentage of the population that experienced food insecurity at some point during the year.	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Feeding America. 2016	2016, 2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Food Insecurity; Birth Outcomes; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Food Insecurity Rate—Children under 18	Estimated percentage of the population under age 18 that experienced food insecurity at some point.	Feeding America. 2014.	2014
Food Insecurity; Birth Outcomes; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Received Informal Food Support	Percentage of survey respondents who indicated that they had gone to a food bank or otherwise received free meals in the past year	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Food insecurity; Healthcare Access & Delivery; Poverty, Income & Employment	Receiving Government Assistance	Percentage of respondents who answered “yes” when asked, “Do you currently receive any type of government assistance?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Food Insecurity; Healthy Lifestyles (Diet, Fitness & Nutrition; Obesity)	Children Eligible for Free/Reduced Price Lunch	Percentage of public school students eligible for free or reduced-price lunches	National Center for Education Statistics, NCES—Common Core of Data. 2015 – 2016.	2015 – 2016
Food Insecurity; Healthy Lifestyles (Diet, Fitness & Nutrition; Obesity)	SNAP Benefits (Households)	Estimated percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
General Health	All Causes of Death Rate	Age-adjusted rate of death due to all causes per 100,000 population per year	California Department of Public Health: 2010 – 2015 Death Records.	2013 – 2015
General Health	Ambulance Transport, Neurological Issues	Percentage of all ambulance transports initiated by a call to 911 in which neurological issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016 – 2017.	2016 – 2017
General Health	Child Mortality Rate	Number of deaths among children under age 18 per 100,000	CDC WONDER mortality data. 2013 – 2016.	2013 – 2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
General Health	Child/Youth Death Rate (per 100,000)	Number of deaths per 100,000 children and youth ages 1 – 24	California Dept. of Public Health, Death Statistical Master Files; California Dept. of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 1990 – 2009; Population Reference Bureau, Population Estimates 2010 – 2015; CDC WONDER Online Database, Underlying Cause of Death (2017)	2017
General Health	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month	Behavioral Risk Factor Surveillance System. 2016.	2016
General Health, Social & Community Context	Discrimination Due to Physical Disabilities, Youth	Likelihood of youth feeling discriminated against based on one or more physical disabilities	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
General Health; Housing & Homelessness	Older Dependents in Home Who Cannot Live Alone	Percentage of survey respondents who answered “yes” when asked, “Do you currently have any older dependents, such as parents, aunts, or uncles living in your household because they are unable to live alone?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
General Health; Health Care Access & Delivery	Poor Physical Health (Average Days/Month)	Average number of days per month survey respondents indicated their physical health was not good	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Health Care Access & Delivery	Access to Other Primary Care Providers Rate	Other primary care provider (e.g., nurse practitioner, physician assistant) rate per 100,000 population	CMS, National Provider Identification. 2017.	2017

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Health Care Access & Delivery	Access to Primary Care Rate	Number of primary care physicians per 100,000 population	Area Health Resource File/American Medical Association. 2015. Trend: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.	2015
Health Care Access & Delivery	Children/Youth with Health Insurance, Ages 0 – 17	Estimated percentage of children ages 0 – 17 with and without health insurance coverage at the time of survey, by type of insurance and age group	U.S. Census Bureau, American Community Survey. 2016.	2016
Health Care Access & Delivery	Children/Youth with Health Insurance, Ages 0 – 17	Estimated percentage of children ages 0 – 17 with and without health insurance coverage at the time of survey, by type of insurance and age group	U.S. Census Bureau, American Community Survey. 2016.	
Health Care Access & Delivery	Delayed or Had Difficulty Obtaining Care	Percentage of adults who reported delaying or having difficulty obtaining care for any reason	California Health Interview Survey. 2013 – 14.	2013 – 2014
Health Care Access & Delivery	Difficulty Getting in to See a Doctor	Percentage of survey respondents who reported that they had difficulty getting in to see a doctor.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery	Fair/Poor Access to Child Health Services	Percentage of respondents who rated the ease with which they are able to get child health services in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery	Fair/Poor Access to Health Care	Percentage of respondents who rated the ease with which they are able to get the health care services they need as fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Health Care Access & Delivery	Federally Qualified Health Centers Rate	Federally qualified health centers, rate per 100,000 population	U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services, Provider of Services File. March 2018.	2018
Health Care Access & Delivery	Lack of Consistent Source of Primary Care	Percentage without regular doctor	University of California Center for Health Policy Research, California Health Interview Survey. 2011 – 2012.	2011 – 2012
Health Care Access & Delivery	Living in Health Professional Shortage Area—Primary Care	Percentage of the population living in a geographic area designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals	U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	2016
Health Care Access & Delivery	Number of Years Without Health Coverage	Average number of years that survey respondents were without health insurance	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery	Preventable Hospital Events (% of Total Discharges)	Age-adjusted discharge rate (per 10,000 population)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Health Care Access & Delivery	Recent Primary Care Visit (at least 1 visit past year)	Percentage of adults aged 18 years and older that visited a primary care clinician at least once within the past year	California Health Interview Survey. 2015 – 2016.	2015 – 2016
Health Care Access & Delivery	Students per School Nurse	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel (school nurse)	California Dept. of Education, Staff Assignment and Course Data (Mar. 2018) & DataQuest. 2017.	2017

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Health Care Access & Delivery; Birth Outcomes	Child Has Usual Place for Medical Check-ups	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that they have a regular place they take their child for medical check-ups	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery; Cancer	Cancer Screening—Pap Test	Percentage of females age 18+ with regular pap test (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse. 2006 – 2012.	2006 – 2012
Health Care Access & Delivery; General Health	Poor or Fair Health	Percentage of adults that self-report having poor or fair health	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Health Care Access & Delivery; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Access to Mental Health Care Providers Rate	Mental health care provider rate (Per 100,000 Population)	University of Wisconsin Population Health Institute, County Health Rankings. 2018.	2018
Health Care Access & Delivery; Mental Health & Well-Being (Mental Health/Emotional Well-Being; Tobacco/Substance Use)	Adults Needing and Receiving Behavioral Health Care Services	Percentage of adults needing and receiving behavioral health care services	California Health Interview Survey. 2015 – 2016.	2015 – 2016
Health Care Access & Delivery; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Fair/Poor Access to Mental Health Services	Percentage of respondents who rated the ease with which they are able to get mental health services in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Health Care Access & Delivery; Mental Health & Well-Being (Tobacco/Substance Use)	Fair/Poor Access to Help for Substance Abuse	Percentage of respondents who rated the ease with which they are able to get help for substance abuse in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery; Mental Health & Well-Being (Tobacco/Substance Use)	Have Ever Sought Professional Help for Drug Related Problem	Percentage of survey respondents who reported they ever sought professional help for a drug-related problem	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery; Mental Health & Well-Being (Tobacco/Substance Use)	Know Where to Access Treatment for a Drug-Related Problem if Needed	Percentage of survey respondents who indicated they knew where to access treatment for a drug-related problem if they or someone in their family needed it	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery; Neighborhood & Built Environment (Transportation & Traffic)	Lack of Transportation Interfered with Access to Health Care	Percentage of respondents who answered “yes” when asked, “Was there a time during the past 12 months when lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Health Care Access & Delivery; Oral/Dental Health	Access to Dentists Rate	Number of dentists per 100,000 population	Area Health Resource File/National Provider Identification file. 2016.	2016
Health Care Access & Delivery; Oral/Dental Health	Child Had Recent Dental Exam	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their child had visited a dentist within the past year	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery; Oral/Dental Health	Dental Insurance	Percentage of survey respondents reporting they have dental insurance	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Health Care Access & Delivery; Oral/Dental Health	Fair/Poor Access to Dental Care	Percentage of respondents who rated the ease with which they are able to get dental care in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery; Oral/Dental Health	Health Professional Shortage Area—Dental	Percentage of the population that is living in a geographic area designated as a dental “Health Professional Shortage Area” (HPSA), defined as having a shortage of dental health professionals.	U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	2016
Health Care Access & Delivery; Oral/Dental Health	Lack of Dental Insurance Coverage	Percentage of adults aged 18 years and older that self-report they do not have dental insurance.	California Health Interview Survey. 2015 – 2016.	2015 – 2016
Health Care Access & Delivery; Oral/Dental Health	No Recent Dental Exam (Youth)	Percent Youth Without Recent Dental Exam	University of California Center for Health Policy Research, California Health Interview Survey. 2013 – 14.	2013 – 2014
Health Care Access & Delivery; Oral/Dental Health	Recent Dental Exam	Percent of survey respondents answering “Visit[ed] in past year” when asked “About how long has it been since you last visited a dentist for a routine check-up?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Health Care Access & Delivery; Oral/Dental Health	Usual Source of Dental Care	Percentage of respondents who reported having a usual source of dental care	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery; Poverty, Income & Employment	Doctor’s Visit— Could Not Afford	Percentage of survey respondents answering “yes” when asked, “Was there a time during the past 12 months when: you needed to see a doctor, but could not because of the cost?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Health Care Access & Delivery; Poverty, Income & Employment	Lack of Health Care Coverage	Percent of survey respondents answering “no” when asked, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Health Care Access & Delivery; Poverty, Income & Employment	Medication—Could Not Afford	Percentage of survey respondents answering “yes” when asked, “Was there a time during the past 12 months when: You Needed to Purchase Medication, But Could Not Because of the Cost?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Health Care Access & Delivery; Poverty, Income & Employment	Population Receiving Medicaid	Percent of insured population receiving Medicaid	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Health Care Access & Delivery; Poverty, Income & Employment	Uninsured Children	Percentage of children aged less than 18 years of age without health insurance coverage	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Health Care Access & Delivery; Poverty, Income & Employment	Uninsured Population	Percent uninsured population	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Health Care Access & Delivery; Poverty, Income & Employment	Job Does Not Offer Health Benefits	Percentage of employed respondents who reported that their job offered no health benefits	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery; Poverty, Income & Employment	Job Offers Health Benefits for Employee Dependents	Percentage of employed respondents who reported that their job offered health benefits for their dependents	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Health Care Access & Delivery; Social & Community Context	Fair/Poor Access to Social Services	Percentage of respondents who rated the ease with which they are able to get social services in their community as fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Health Care Access & Delivery; Social & Community Context	Premature Death, Racial/Ethnic Disparity Index	Summary measure of disparity (Index of Disparity) in premature death on the basis of race and ethnicity	National Vital Statistics System. 2004 – 2010.	2004 – 2010
Health Care Access & Delivery; Social & Community Context; General Health	Life Expectancy at Birth (in Years)	Average life expectancy at birth in years	Institute for Health Metrics and Evaluation. 2014.	2014
Health Care Access & Delivery; Social & Community Context; General Health	Mortality—Premature Deaths (Years of Potential Life Lost)	Years of potential life lost, rate per 100,000 population	University of Wisconsin Population Health Institute, County Health Rankings. 2014 – 2016.	2014 – 2016
Health Care Access & Delivery; Social & Community Context; General Health	Population with Any Disability	Percent population with a disability	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Healthy Lifestyles (Diabetes)	ER Visit Rate, Diabetes	Average crude Emergency Room visit rate (per 1,000 people) for diabetes	San Mateo County Health. 2012 – 2014.	2012 – 2014
Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Children Walking or Biking to School	Percentage of children who walk, bike or skate to school at least occasionally, according to their parent/guardian	California Health Interview Survey. 2015 – 2016.	2015 – 2016
Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Commute to Work—Walking/Biking	Reports the percentage of the population that commutes to work by either walking or riding a bicycle	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity; Diabetes)	Low Fruit/Vegetable Consumption (Youth)	Percent population ages 2 – 13 with inadequate fruit/vegetable consumption	University of California Center for Health Policy Research, California Health Interview Survey. 2011 – 12.	2011 – 2012

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity); Oral/Dental Health	Soft Drink Consumption	Percentage of adults that self-report drinking a soda or sugar-sweetened beverage at least once daily	California Health Interview Survey. 2014.	2014
Healthy Lifestyles (Diabetes; Obesity)	Diabetes Death Rate	Age-adjusted rate of death due to diabetes per 100,000 population per year	California Department of Public Health: 2010 – 2015 Death Records.	2013 – 2015
Healthy Lifestyles (Diabetes; Obesity)	Diabetes Discharges (% of Total Discharges), Children/Youth (ages 1 – 19)	Percentage of total patient discharges among children and teens (ages 1 – 19) for diabetes-related complications	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Healthy Lifestyles (Obesity)	Overweight Adults	Percentage of survey respondents who are overweight (calculated Body Mass Index based on self-reported height and weight)	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Cancer; Heart Disease/Stroke	Adequate Fruit/Vegetable Consumption (Adults)	Percentage of survey respondents reporting that they eat the recommended number of daily servings of fruits and vegetables	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Regular Vigorous Physical Activity (Adults)	Percentage of survey respondents who indicated that they engage in vigorous physical activity three or more times per week.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Oral/Dental Health	Sugar-Sweetened Beverage Consumption (Adults)	Percentage of survey respondents reporting that they consume sugar-sweetened beverages daily	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Oral/Dental Health	Sugar-Sweetened Beverage Consumption (Youth)	Percentage of youth ages 12 – 17 drinking one or more sugar-sweetened beverages per day	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Oral/Dental Health	Teeth Removed Due to Poor Oral Health	Percentage of survey respondents who reported that three or more of their permanent teeth had been removed due to tooth decay or gum disease	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Heart Disease/Stroke	Ambulance Transport, Cardiac Issues	Percentage of all ambulance transports initiated by a call to 911 in which cardiac issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016 – 2017.	2016 – 2017
Heart Disease/Stroke	Ambulance Transport, Vascular Issues	Percentage of all ambulance transports initiated by a call to 911 in which vascular issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016 – 2017.	2016 – 2017
Heart Disease/Stroke	Coronary Heart Disease Death Rate	Age-adjusted rate of death due to coronary heart disease per 100,000 population per year	California Department of Public Health: 2010 – 2015 Death Records.	2010 – 2015
Heart Disease/Stroke	ER Visit Rate, Heart Failure	Average crude Emergency Room visit rate (per 1,000 people) for heart failure	San Mateo County Health. 2012 – 2014.	2012 – 2014
Heart Disease/Stroke	ER Visit Rate, Hypertension	Average crude Emergency Room visit rate (per 1,000 people) for hypertension	San Mateo County Health. 2012 – 2014.	2012 – 2014
Heart Disease/Stroke	ER Visit Rate, Ischemic Heart Disease	Average crude Emergency Room visit rate (per 1,000 people) for ischemic heart disease	San Mateo County Health. 2012 – 2014.	2012 – 2014
Heart Disease/Stroke	ER Visit Rate, Myocardial Infarction	Average crude Emergency Room visit rate (per 1,000 people) for myocardial infarction	San Mateo County Health. 2012 – 2014.	2012 – 2014

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Heart Disease/Stroke	ER Visit Rate, Stroke	Average crude Emergency Room visit rate (per 1,000 people) for stroke	San Mateo County Health. 2012 – 2014.	2012 – 2014
Heart Disease/Stroke	Heart Disease, Heart Attack—Ever Had/ Diagnosed	Percentage of survey respondents who answered “yes” when asked, “Have you ever suffered from or been diagnosed with any of the following medical conditions: Heart Disease, Such as Congestive Heart Failure, Angina, or a Heart Attack?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Heart Disease/Stroke	Heart Failure Emergency Room Visit Rate (per 10,000 pop.)	Emergency room visits due to heart failure, age-adjusted, per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013 – 2015.	2013 – 2015
Heart Disease/Stroke	Heart Failure Hospitalizations Rate (per 10,000 pop.)	Hospitalization rate for heart failure, age-adjusted, per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013 – 2015.	2013 – 2015
Heart Disease/Stroke	High Blood Pressure—Unmanaged	Percent adults with high blood pressure not taking medication	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006 – 10.	2006 – 2010
Heart Disease/Stroke	High Blood Pressure Medication Use	Percentage of survey respondents who reported having hypertension, who indicated that they are currently taking medication to control high blood pressure	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Heart Disease/Stroke	High Cholesterol Medication Use	Percentage of survey respondents who reported having high cholesterol, who indicated that they are currently taking medication to lower their blood cholesterol level	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Heart Disease/Stroke	High Cholesterol Prevalence, Adults	Percentage of survey respondents answering “yes” when asked, “Has a doctor, nurse or other health care professional ever told you that you have high cholesterol?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Heart Disease/Stroke	Hypertension/ High Blood Pressure Prevalence, Adults	Percentage of the adult population with hypertension/high blood pressure	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016. Data without benchmark: California Health Interview Survey. 2016.	2016, 2018
Heart Disease/Stroke	Park Access	Percent population within 1/2 mile of a park	U.S. Census Bureau, Decennial Census. ESRI Map Gallery. 2010.	2010
Heart Disease/Stroke	Stroke Death Rate	Age-adjusted rate of death due to cerebrovascular disease (stroke) per 100,000 population	California Department of Public Health. Cause of Death: California Department of Public Health: 2010 – 2015 Death Records.	2010 – 2015, 2014 – 2016
Heart Disease/Stroke	Stroke Prevalence	Percentage of population diagnosed with stroke	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Physical Inactivity (Youth)	Percentage of children in grades 5, 7, and 9 ranking within the “High Risk” or “Needs Improvement” zones for aerobic capacity on the Fitnessgram physical fitness test	FITNESSGRAM® Physical Fitness Testing. 2016 – 2017.	2016 – 2017

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Diabetes Discharges (% of Total Discharges)	Percentage of total patient discharges for diabetes-related complications.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Diabetes Hospitalizations Rate (per 10,000)	Age-adjusted discharge rate (per 10,000 population) for diabetes	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Diabetes Prevalence, Adults	Percentage of the adult population with diabetes	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Overweight (Youth)	Percentage of children in grades 5, 7, and 9 ranking within the “Needs Improvement” category (Overweight) for body composition on the Fitnessgram physical fitness test	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013 – 14.	2013 – 2014
Housing & Homelessness	Banking Institutions Rate (per 10,000 pop.)	Number of banking institutions (commercial banks, savings institutions and credit unions) per 10,000 population	County Business Patterns. 2015.	2015
Housing & Homelessness	Children Living in Crowded Households	Estimated percentage of children under age 18 living in households with more than 1 person per room of the house	Population Reference Bureau, analysis of data from the U.S. Census Bureau’s American Community Survey microdata files. 2016.	2016
Housing & Homelessness	Elevated Blood Lead Levels	Percentage of children/youth ages 0 – 5 with blood lead levels at or above 9.5 micrograms per deciliter, among those screened. Children ages 0 – 5; Youth ages 6 – 20.	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch. 2013.	2013

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Housing & Homelessness	Fair/Poor Access to Affordable Housing	Percentage of respondents who rated the availability of affordable housing in their community as fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Housing & Homelessness	Homeless Public School Students	Percentage of public school students recorded as being homeless at any point during a school year	California Dept. of Education, Coordinated School Health and Safety Office custom tabulation & California Basic Educational Data System. 2016.	2016
Housing & Homelessness	Housing Costs	Cost of housing	Get Healthy San Mateo County. San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Housing & Homelessness	Housing Unstable in Past 2 Years	Percentage of survey respondents who reported that they had been homeless at least once in the past two years	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Housing & Homelessness	Lack of Affordable Housing	Percentage of households with “unaffordable housing”	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Housing & Homelessness Poverty, Income & Employment	May Move Due to Cost of Living	Percentage of survey respondents reporting that they had considered leaving the county in the past year due to the cost of living	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Housing & Homelessness	Median Rent, 2 Bedroom (\$)	Median rent, in dollars, for a two-bedroom unit	Zilpy.com, Rental Market Trends. October 2018.	Oct. 18
Housing & Homelessness	Percentage of Homeless Children Ages 0 – 17 Who Were Unsheltered	Percentage of unaccompanied children ages 0 – 17 found to be homeless during the national point-in-time (PIT) count of homeless individuals, by shelter status	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 & 2017. 2017.	2017
Housing & Homelessness	Percentage of Homeless Children Ages 18 – 24 Who Were Unsheltered	Percentage of unaccompanied young adults (18 – 24) found to be homeless during the national point-in-time (PIT) count of homeless individuals, by shelter status	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 & 2017. 2017.	2017

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Housing & Homelessness	Severe Housing Problems	Percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Housing unit is severely overcrowded (> 2 persons per room); or Household is severely cost burdened (all housing costs represent >50% of monthly income)	U.S. Census Bureau, American Community Survey. 2011 – 2015.	2011 – 2015
Housing & Homelessness	Share Housing Costs with Non-Partner for Affordability	Percentage of respondents who reported sharing housing costs with someone other than a spouse or partner in order to limit expenses	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Housing & Homelessness	Unsheltered Homeless Children Ages 0 – 17	Number of unaccompanied children ages 0 – 17 found to be homeless during the national point-in-time (PIT) count of homeless individuals, by shelter status	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 & 2017. 2017.	2017
Housing & Homelessness	Unsheltered Homeless Young Adults Ages 18 – 24	Number of unaccompanied young adults (18 – 24) found to be homeless during the national point-in-time (PIT) count of homeless individuals, by shelter status	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 & 2017. 2017.	2017
Housing & Homelessness	Vacant Housing Units	Vacant housing units, percent	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Housing & Homelessness; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Commute >60 Min.	Percentage of workers commuting more than 60 minutes	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Housing & Homelessness; Neighborhood & Built Environment (Community Infrastructure & Housing Quality)	Assisted Housing Units Rate (per 10,000)	HUD-assisted units, rate per 10,000 housing units	U.S. Department, of Housing and Urban Development. 2016.	2016
Housing & Homelessness; Neighborhood & Built Environment (Community Infrastructure & Housing Quality)	Substandard Housing Units	Percent occupied housing units with one or more substandard conditions	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Housing & Homelessness; Neighborhood & Built Environment (Natural Environment/ Climate); Asthma & Respiratory Conditions	Asthma Patient Discharges, Children/ Youth (age 1 – 19)	Patient discharge rate (per 10,000 total population) for asthma and related complications for children/youth ages 1 – 19.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Housing & Homelessness; Poverty, Income & Employment	Cost Burden—Renters	Renters Spending 30% or More of Household Income on Rent	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Housing & Homelessness; Poverty, Income & Employment	Cost Burdened Households	Percentage of households where housing costs exceed 30% of income	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Housing & Homelessness; Poverty, Income & Employment	Home Ownership	Percentage of self-reported homeowners	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Housing & Homelessness; Poverty, Income & Employment	Living in Owner-Occupied Housing	Percentage of homeowners	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Infectious Diseases	Acute Hepatitis B Cases Rate	Incidence of acute Hepatitis B cases per 100,000 population	California Department of Public Health Immunization Branch. 2015	2015
Infectious Diseases	Diphtheria, Tetanus, and Pertussis Vaccine (% of All Kinder)	Percentage of kindergarten students who reported receiving the Diphtheria, Tetanus, and Pertussis Vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015 – 2016 & 2016 – 2017.	2016 – 2017
Infectious Diseases	Hepatitis B Vaccine (% of All Kinder)	Percentage of kindergarten students who reported receiving the Hepatitis B Vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015 – 2016 & 2016 – 2017.	2016 – 2017
Infectious Diseases	Kindergarteners with All Required Immunizations	Percentage of kindergarten students who reported receiving all required immunizations	California Department of Public Health, Kindergarten Immunization Assessment, 2015 – 2016 & 2016 – 2017.	2016 – 2017
Infectious Diseases	Kindergarteners with Overdue Immunizations	Percentage of kindergarten students who reported having overdue immunizations	California Department of Public Health, Kindergarten Immunization Assessment, 2015 – 2016 & 2016 – 2017.	2016 – 2017
Infectious Diseases	Measles, Mumps, and Rubella Vaccine (% of All Kinder)	Percentage of kindergarten students who reported receiving Measles, Mumps, and Rubella Vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015 – 2016 & 2016 – 2017.	2016 – 2017
Infectious Diseases	Polio Vaccine (% of All Kinder)	Percentage of kindergarten students who reported receiving the polio vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015 – 2016 & 2016 – 2017.	2015 – 2016, 2016 – 2017
Infectious Diseases	Varicella Vaccine (% of All Kinder)	Percentage of kindergarten students who reported receiving the varicella vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015 – 2016 & 2016 – 2017.	2015 – 2016, 2016 – 2017
MAIN: Neighborhood & Built Environment (Natural Environment/Climate); Mental Health & Well-Being (Tobacco/Substance Use); Heart Disease/Stroke	Heart Disease Death Rate	Age-adjusted rate of death due to heart disease per 100,000 population per year	California Department of Public Health. 2014 – 2016.	2014 – 2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Maternal & Infant Health	Infants Born at Very Low Birth Weight	Percentage of infants born at very low birth weight (less than 1,500 grams or about 3 lbs, 5 oz)	California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007 – 2015, on CDC WONDER Database. 2015.	
Maternal & Infant Health	Infants Whose Mothers Received Prenatal Care in the First Trimester	Percentage of infants whose mothers received prenatal care in the first trimester of pregnancy	California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files. (Aug 2017).	2017
Maternal & Infant Health	Teen Birth Rate (per 1,000)	Number of births per 1,000 young women ages 15 – 19	California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007 – 2015, on CDC WONDER Database. 2015.	2015
Mental Health & Well Being (Mental Health/Emotional Well-Being)	Have Ever Sought Professional Help for Mental/Emotional Problem	Percentage of survey respondents who reported they ever sought professional help for a mental/emotional problem	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well Being (Mental Health/Emotional Well-Being)	Poor Mental Health (Average Days/Month)	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Mental Health & Well Being (Mental Health/Emotional Well-Being)	Poor Sleep (Average Days/Month)	Average number of days in the past month that survey respondents reported they felt they didn't get enough sleep	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Ambulance Transport, Pain	Percentage of all ambulance transports initiated by a call to 911 in which pain was the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016 – 2017.	2016 – 2017

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	ER Visit Rate: Mental Health Issues	Age-adjusted rate of Emergency Room visits due to mental health issues per 100,000 population	Office of Statewide Health Planning and Development. 2013 – 2015.	2013 – 2015
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Experienced Depressive Symptoms (Average Days/Month)	Average number of days per month that survey respondents reported that they felt sad, blue, or depressed	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Experiencing Difficulty in Fear, Anxiety, or Panic	Percentage of survey respondents indicating they are experiencing difficulty in the area of fear, anxiety, or panic	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Experiencing Difficulty in Getting Along with People Outside the Family	Percentage of survey respondents indicating they are experiencing difficulty in the area of getting along with people outside the family	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Experiencing Difficulty in Isolation or Feelings of Loneliness	Percentage of survey respondents indicating they are experiencing difficulty in the area of isolation or feelings of loneliness	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Experiencing Difficulty in Relationships with Family Members	Percentage of survey respondents indicating they are experiencing difficulty in relationships with family members	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Felt Worried/Tense/Anxious (Average Days/Month)	Average number of days per month that survey respondents reported feeling worried, tense, or anxious	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month	Behavioral Risk Factor Surveillance System. 2016.	2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Have Ever Felt Depressed for 2 Years or More	Percentage of survey respondents answering “yes” when asked “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt OK sometimes?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	High Stress on Typical Day	Percentage of survey respondents identifying their stress level as “high” on a “typical” day	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	History of Mental Health Issues	Percentage of survey respondents who reported a history of problems with mental/emotional illness	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Importance of Spirituality	Percentage of survey respondents who answered, “Very important” when asked, “How important is spirituality in your life?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Level of Stress	Percentage of survey respondents reporting various levels of stress during their typical day	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Mental Health Emergency Room Visit Rate (per 10,000 pop.)	Emergency room visits due to mental health, age-adjusted, per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013 – 2015.	2013 – 2015
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Needing Mental Health Care	Percentage of adults who self-report that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs.	University of California Center for Health Policy Research, California Health Interview Survey. 2013 – 2014.	2013 – 2014

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Seriously Considered Suicide	Percentage of adults aged 18 years and older that self-report having seriously thought about committing suicide	California Health Interview Survey. 2015 – 2016.	2015 – 2016
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Suicidal Ideation	Percentage of teen survey respondents who reported having suicidal thoughts	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Suicide Death Rate	Age-adjusted rate of death due to intentional self-harm (suicide) per 100,000 population	National Vital Statistics System. 2011 – 2015.	2011 – 2015
Mental Health & Well-Being (Mental Health/Emotional Well-Being); General Health	Felt Healthy and Full of Energy (Average Days/Month)	Average number of days per month survey respondents indicated they felt healthy and full of energy	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being); General Health	Pain Interfered with Usual Activities (Average Days/Month)	Average number of days per month survey respondents indicated that pain made it hard for them to engage in their usual activities	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being); General Health	Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month)	Average number of days per month survey respondents indicated that poor physical or mental health made it hard for them to engage in their usual activities	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Mental Health/Emotional Well-Being); Tobacco/Substance Use)	Deaths by Suicide, Drug, or Alcohol Poisoning (Rate)	Age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population	National Vital Statistics System. 2011 – 2015.	2011 – 2015
Mental Health & Well-Being (Tobacco/Substance Use)	Alcohol—Current Drinker ¹¹ QoL [†] & ²⁴	Percentage of survey respondents who reported that they have had one or more drinks in the past month.	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Mental Health & Well-Being (Tobacco/ Substance Use)	Ambulance Transport, Behavioral Health	Percentage of all ambulance transports initiated by a call to 911 in which behavioral health issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016 – 2017.	2016 – 2017
Mental Health & Well-Being (Tobacco/ Substance Use)	Ambulance Transport, Toxicological Issues	Percentage of all ambulance transports initiated by a call to 911 in which toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016 – 2017.	2016 – 2017
Mental Health & Well-Being (Tobacco/ Substance Use)	Chronic Liver Disease and Cirrhosis Death Rate	Chronic liver disease and cirrhosis age-adjusted death rate per 100,000 population	California Department of Public Health: 2010 – 2015 Death Records.	2013 – 2015
Mental Health & Well-Being (Tobacco/ Substance Use)	Coping and Drug Use, Youth	Percentage of youth who engaged in positive coping strategies, based on self-reported drug use	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Mental Health & Well-Being (Tobacco/ Substance Use)	Effective Drug/Alcohol Prevention, Youth	Percentage of teen survey respondents who reported that their schools provided effective drug and alcohol prevention services	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Mental Health & Well-Being (Tobacco/ Substance Use)	Form of Marijuana Use	Percentage of survey respondents who indicated they had used each of various forms of marijuana	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Tobacco/ Substance Use)	Other Drugs	Percentage of survey respondents who reported having used any illicit drugs	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Tobacco/ Substance Use)	Recent Marijuana Use	Percentage of survey respondents who reported that they had used marijuana in the past month	San Mateo County Health, Behavioral Health and Recovery Services. Knowledge, Attitudes, and Behaviors Regarding Marijuana. 2016.	2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Mental Health & Well-Being (Tobacco/Substance Use)	Substance-Related Emergency Department Visits Rate	Emergency Department visit rate (per 100,000 people) for substance-related issues	California Department of Public Health EpiCenter California injury data online. 2014.	2014
Mental Health & Well-Being (Tobacco/Substance Use); Cancer	Lung Cancer Incidence Rate	Age-adjusted incidence rate of lung cancer per 100,000 population per year	State Cancer Profiles. 2010 – 14.	2010 – 2014
Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Oral/Dental Health	Use Other Tobacco Products	Percentage of survey respondents who answered “yes” when asked, “Do you currently use other tobacco products such as cigars, pipes, chewing tobacco, or snuff?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Mental Health & Well-Being (Tobacco/Substance Use); Unintended Injuries/Accidents	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	Fatality Analysis Reporting System. 2012 – 2016.	2012 – 2016
Mental Health & Well-Being (Tobacco/Substance Use); Unintended Injuries/Accidents	Drug-Related Death Rate	Age-adjusted drug overdose mortality rate (from all drugs) per 100,000 people; includes both ICD 10 codes and coroner cases	CDC WONDER mortality data. 2014 – 2016.	2014 – 2016
Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors)	Food Store Quality/Affordability	Percentage of food stores meeting basic quality and affordability standards	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	Business Analyst, Delorme map data, ESRI, & U.S. Census Tigerline Files. 2010, 2016.	2016
Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Fast Food Restaurants Rate	Fast food restaurants, rate (per 100,000 population)	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Food Desert Population	Percent population with low food access	U.S. Department of Agriculture, Economic Research Service, USDA–Food Access Research Atlas. 2015.	2015
Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	U.S. Department of Agriculture Food Environment Atlas, Map the Meal Gap from Feeding America. 2015.	2015
Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Grocery Stores Rate	Grocery stores, rate (per 100,000 population)	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Lack of Healthy Food Stores	Percentage of the population that do not live in close proximity to a large grocery store or supermarket	U.S. Department of Agriculture. USDA Food Access Research Atlas. 2014.	2014
Neighborhood & Built Environment (Access to Food/Recreation); Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Recreation and Fitness Facilities Rate	Recreation and fitness facilities, rate (per 100,000 population)	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	WIC-Authorized Food Stores Rate	This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories	U.S. Department of Agriculture, Economic Research Service, USDA—Food Environment Atlas. 2011.	2011
Neighborhood & Built Environment (Access to Food/Recreation; Community Infrastructure & Housing Quality); Healthy Lifestyles (Diabetes); Oral/Dental Health	Drinking Water Violations	Presence or absence of health-based violations in community water systems over a specified time frame	Safe Drinking Water Information System. 2015.	2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Access to Food/Recreation; Community Infrastructure & Housing Quality; Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diet, Fitness & Nutrition; Obesity)	Public Transit Stops	Percentage of the population living within 0.5 miles of a transit stop	EPA Smart Location Database. 2013.	2013
Neighborhood & Built Environment (Access to Food/Recreation; Transportation & Traffic); Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Walkable Destinations	Percentage of the population that live in close proximity to a park, playground, library, museum or other destination of interest	Center for Applied Research and Environmental Systems. 2012 – 2015.	2012 – 2015
Neighborhood & Built Environment (Community & Family Safety)	All Violent Crimes Rate	Violent crime rate (per 100,000 population)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012 – 2014.	2012 – 2014
Neighborhood & Built Environment (Community & Family Safety)	Assault (Crime) Rate	Assault injuries, rate per 100,000 population	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012 – 2014.	2012 – 2014

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Community & Family Safety)	Assault (Injury) Rate	Assault Injuries, Rate per 100,000 Population	California Department of Public Health, California EpiCenter. 2013 – 14.	2013 – 2014
Neighborhood & Built Environment (Community & Family Safety)	Crime in Neighborhood Is Getting Much/a Little Worse	Percentage of survey respondents indicating that the problem of crime in their neighborhood over the past two years has gotten much/a little worse	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Neighborhood & Built Environment (Community & Family Safety)	Domestic Violence Hospitalizations Rate	Rate of non-fatal hospitalizations for domestic violence incidents among females aged 10 years and older per 100,000 population	California EpiCenter. 2013 – 2014.	2013 – 2014
Neighborhood & Built Environment (Community & Family Safety)	Handling Conflict	Percentage of teen respondents who did not know nonviolent ways to deal with conflict	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Neighborhood & Built Environment (Community & Family Safety)	Juvenile Arrest Rate	Arrests of individuals under age 18 per 100,000	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Neighborhood & Built Environment (Community & Family Safety)	Juvenile Felony Arrests	Percentage of arrests of individuals under age 18 for felonies	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Neighborhood & Built Environment (Community & Family Safety)	Neighborhood Safety Is Fair/Poor	Percentage of survey respondents who rated the safety, security, and crime control in their neighborhood to be fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Neighborhood & Built Environment (Community & Family Safety)	Rape (Crime) Rate	Rape rate (per 100,000 population)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012 – 2014.	2012 – 2014

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Community & Family Safety)	Robbery (Crime) Rate	Robbery rate (per 100,000 population)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012 – 2014.	2013 – 2014
Neighborhood & Built Environment (Community & Family Safety)	Youth Experiencing Bullying, Prevalence	Percentage of public school students in grades 7, 9, 11, and nontraditional students reporting whether in the past 12 months they have been harassed or bullied at school for any reason	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd). 2011 – 2013.	2011 – 2013
Neighborhood & Built Environment (Community & Family Safety)	Youth Intentional Injury Rate	Intentional injuries, rate per 100,000 population (youth ages 10 – 19)	California Department of Public Health, California EpiCenter. 2013 – 14.	2013 – 2014
Neighborhood & Built Environment (Community & Family Safety); Education & Literacy	Truancy	Percentage of students who reported being truant during the school year	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Absenteeism Due to Cyberbullying	Percentage of youth who reported being bullied or harassed via the internet, who missed one or more days of school in the past month	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 15.	2014 – 2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Unintended Injuries/Accidents	Alcohol—Binge Drinker	Percentage of survey respondents who reported that they have had 5 or more drinks on an occasion (men) or 4 or more drinks on an occasion (women)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Cyberbullying	Percentage of youth who reported being bullied or harassed via the internet	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Domestic Violence Rate	Domestic violence injuries, rate per 100,000 population (females ages 10+)	California Department of Public Health, California EpiCenter. 2013 – 2014.	2013 – 2014
Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Homicide Rate	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data. 2010 – 2016.	2010 – 2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Perception of Safety, Youth	Percentage of teen survey respondents who reported feeling safe in their community	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Witnessing Violence at School	Percentage of teen survey respondents who reported seeing violence at their schools	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Witnessing Violence in Community	Percentage of teen survey respondents who reported seeing violence in their community	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Youth Intentional Self-Harm—ER Visits (per 10,000 pop.)	Emergency department visit rate per 10,000 for intentional self-harm in youth ≤18 years old	California Office of Statewide Health and Planning (OSPHD). 2014.	2014
Neighborhood & Built Environment (Community & Family Safety); Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Community Connectedness—Feel Not Very or Not at All Connected	Percentage of survey respondents who reported that they felt not very or not at all connected to their community	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Community & Family Safety); Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being); Unintended Injuries/Accidents	Disconnected Youth	Percentage of teens and young adults ages 16 – 24 who are neither working nor in school	Measure of America. 2010 – 2014.	2010 – 2014
Neighborhood & Built Environment (Community & Family Safety); Social & Community Context	Parent/Family Supervises Child After School	Percentage of survey respondents with at least one child under the age of 18 living with them, who reported that a parent or family member supervises their child after school	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Neighborhood & Built Environment (Community & Family Safety); Unintended Injuries/Accidents	Firearm Kept in or Around Home	Percentage of survey respondents answering “yes” when asked, “Do you have a firearm kept in or around the home (including garage, outdoor storage area, truck, or car)?”	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Neighborhood & Built Environment (Community & Family Safety); Unintended Injuries/Accidents	Firearm-Related Death Rate	Number of deaths due to firearms per 100,000 population	CDC WONDER mortality data. 2012-2016.	2012 – 2016
Neighborhood & Built Environment (Community & Family Safety); Unintended Injuries/Accidents	Injury Deaths Rate	Number of deaths due to injury per 100,000 population	CDC WONDER mortality data. 2012 – 2016.	2012 – 2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Community & Family Safety; Transportation & Traffic); Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Unintended Injuries/Accidents	Liquor Store Access Rate	Liquor stores, rate (per 100,000 population)	U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Neighborhood & Built Environment (Community Infrastructure & Housing Quality)	Physical Environment of Community Is Fair/Poor	Percentage of survey respondents rating the physical environment of the community as fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Neighborhood & Built Environment (Community Infrastructure & Housing Quality; Natural Environment/Climate; Transportation & Traffic)	Road Network Density (Acres)	Total road network density (road miles per acre)	Environmental Protection Agency, EPA Smart Location Database. 2011.	2011
Neighborhood & Built Environment (Natural Environment/Climate)	Area with Tree Canopy Cover (pop.-weighted)	Percentage of land within the report area that is covered by tree canopy	National Land Cover Database. 2011.	2011
Neighborhood & Built Environment (Natural Environment/Climate)	Climate & Health—Drought Severity	Percentage of Weeks in Drought (Any)	U.S. Drought Monitor., 2012 – 14.	2012 – 2014
Neighborhood & Built Environment (Natural Environment/Climate)	Climate & Health—Heat Index Days	Percentage of recorded weather observations with heat index values over 103 degrees Fahrenheit.	National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC WONDER. Additional data analysis by CARES. 2014.	2014

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Natural Environment/Climate)	Climate & Health—Heat Stress Events	Heat-related Emergency Department Visits, Rate per 100,000 Population	California Department of Public Health, California Department of Public Health—Tracking. 2005 – 2012.	2005 – 2012
Neighborhood & Built Environment (Natural Environment/Climate)	Climate-Related Mortality Impacts	Median estimated economic impacts from changes in all-cause mortality rates, across all age groups, as a percentage of county GDP	Climate Impact Lab. 2016.	2016
Neighborhood & Built Environment (Natural Environment/Climate)	Flood Vulnerability	Estimated number of housing units within the special flood hazard area (SFHA) per county	National Flood Hazard Layer. 2011.	2011
Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Asthma Prevalence, Adults	Percentage of the adult population with asthma	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Asthma Prevalence, Children/Youth	Percentage of children and teens with asthma	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Pediatric Asthma Hospitalizations Rate (per 10,000 pop.)	Age-adjusted hospitalization rate (per 10,000 population) due to pediatric asthma	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013 – 2015.	2013 – 2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Natural Environment/Climate); Mental Health & Well-Being (Tobacco/Substance Use); Heart Disease/Stroke	Heart Disease Prevalence	Percentage of adults aged 18 and older that self-report having been diagnosed with heart disease by a doctor	California Health Interview Survey. 2014.	2014
Neighborhood & Built Environment (Natural Environment/Climate); Mental Health & Well-Being (Tobacco/Substance Use); Birth Outcomes	Low Birth Weight	Percentage of total births that are low birth weight (under 2,500 grams)	National Center for Health Statistics—Nativity files. 2010 – 2016. Data without benchmark: San Mateo County Health, 2010 – 2015.	2010 – 2016
Neighborhood & Built Environment (Natural Environment/Climate); Transportation & Traffic; Asthma & Respiratory Conditions	Air Quality—Ozone (O3)	Percentage of days per year with ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb)	National Environmental Public Health Tracking Network. 2014.	2014
Neighborhood & Built Environment (Natural Environment/Climate); Transportation & Traffic; Asthma & Respiratory Conditions; Cancer	Air Quality—Particulate Matter 2.5	Percentage of days per year with fine particulate matter 2.5 (PM2.5) levels above the National Ambient Air Quality Standard of 35 micrograms per cubic meter	National Environmental Public Health Tracking Network. 2014.	2014
Neighborhood & Built Environment (Natural Environment/Climate); Transportation & Traffic; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Commute to Work—Alone in Car	Percentage of workers commuting by car, alone	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Commute to Work—By Public Transit	Percentage of workers commuting by public transit	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Driving Alone to Work, Long Distances	Percentage of the civilian non-institutionalized population with long commutes to work, over 60 minutes each direction	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Asthma & Respiratory Conditions	Respiratory Hazard Index (score)	Respiratory Hazard Index, for which scores greater than 1.0 mean respiratory pollutants are likely to increase risk of non-cancer adverse health effects over a lifetime	EPA National Air Toxics Assessment. 2011.	2011
Neighborhood & Built Environment (Transportation & Traffic)	Reliability of Public Transit	Percentage of survey respondents reporting they could rely on public transit to get to work, appointments, and shopping	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Neighborhood & Built Environment (Transportation & Traffic); Housing & Homelessness	Future Cost of Living	Estimated percentage of annual income that households will spend on housing and transportation	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Neighborhood & Built Environment (Transportation & Traffic); Unintended Injuries/Accidents	Motor Vehicle Accidents	Number of injuries due to motor vehicle collisions	County of San Mateo Emergency Medical Services. 2016 – 2017.	2016 – 2017
Neighborhood & Built Environment (Transportation & Traffic); Unintended Injuries/Accidents	Motor Vehicle Crash Death Rate	Number of motor vehicle crash deaths per 100,000 population	CDC WONDER mortality data. 2010 – 2016. Data without benchmark: County of San Mateo Emergency Medical Services. 2016 – 2017.	2010 – 2016, 2016 – 2017
Neighborhood & Built Environment (Transportation & Traffic); Unintended Injuries/Accidents	Pedestrian Accident Death Rate	Pedestrian accident, age-adjusted mortality rate (per 100,000 population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, California Department of Public Health—Death Public Use Data. 2010 – 2012.	2010 – 2012
Oral/Dental Health	Have No Dental Insurance Coverage That Pays for Some or All of Routine Dental Care	Percentage of survey respondents answering “no” when asked, “Do you have any kind of dental insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Health Plan of San Mateo/MediCal?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Oral/Dental Health	Poor Dental Health	Percent adults with poor dental health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006 – 2010.	2006 – 2010
Oral/Dental Health; Healthcare Access & Delivery	Lack of Insurance Prevented Dental Care	Percentage of survey respondents indicating that they or a family member(s) have dental problems they cannot take care of because of a lack of insurance	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Poverty, Income & Employment	Children Below 100% FPL	Percent Population Under Age 18 in Poverty	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Poverty, Income & Employment	Households with No Vehicle	Percentage of households with no motor vehicle	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Poverty, Income & Employment	Median Household Income	Median Household Income is the income where half of households in a county earn more and half of households earn less	Small Area Income and Poverty Estimates. 2016.	2016
Poverty, Income & Employment	Persons Under 18 in Poverty	Percentage of children under age 18 in poverty	Small Area Income and Poverty Estimates. 2016.	2016
Poverty, Income & Employment	Population Below 100% FPL	Percentage of the population living in households with income below the Federal Poverty Level (FPL)	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Poverty, Income & Employment	Population Below 200% FPL	Percentage of population with income at or below 200% FPL	U.S. Census Bureau, American Community Survey. 2012 – 2016. Trend: San Mateo County Health, Health and Quality of Life Survey. 2018.	2012 – 2016, 2018
Poverty, Income & Employment	Unemployment Rate	Percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted)	U.S. Department of Labor, Bureau of Labor Statistics. 2018–March.	2018
Poverty, Income & Employment; Social & Community Context	Income Inequality (Gini Coefficient)	This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and 1. A value of 1 indicates perfect inequality where only 1 household has any income. A value of zero indicates perfect equality, where all households have equal income.	US Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Poverty, Income & Employment; Social & Community Context	Opportunity Index (score 1 – 100)	Opportunity Index score, a measure of community well-being, for which scores range between 0 (indicating no opportunity) and 100 (indicating maximum opportunity)	Opportunity Nation. 2017.	2017
Poverty, Income & Employment	Childcare Arrangement Has Made It Easier for Parent to Accept a Better Job	Percentage of survey respondents with at least 1 child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to accept a better job	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Poverty, Income & Employment	Childcare Arrangement Has Made It Easier for Parent to Accept a Job	Percentage of survey respondents with at least 1 child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to accept a job	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Poverty, Income & Employment	Childcare Arrangement Has Made It Easier for Parent to Keep a Job	Percentage of survey respondents with at least 1 child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to keep a job	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Poverty, Income & Employment	Family's Financial Situation Is Fair/Poor	Percentage of survey respondents who rated as fair or poor their personal or family's financial situation, in terms of being able to afford adequate food and housing, and to pay the bills they currently have	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Poverty, Income & Employment	Family's Financial Situation Is Somewhat/Much Worse than Prior Year	Percentage of survey respondents who indicated that, compared to a year ago, they and their family are financially somewhat or much worse	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Poverty, Income & Employment	Local Employment Opportunities Are Fair/Poor	Percentage of survey respondents who considered the employment opportunities that exist in this area to be fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Poverty, Income, & Employment	Self-Sufficiency Standard, Single Parent Family	The self-sufficiency standard (dollar amount) for a single parent with 2 children (1 preschool-aged and 1 school-aged) in San Mateo County in 2014	Insight Center for Community Economic Development, 2014.	2014
Sexually Transmitted Infections	Chlamydia Cases (Incidence) Rate	Chlamydia cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Sexually Transmitted Infections	Early Latent Syphilis Cases (Incidence) Rate	Early latent syphilis cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Sexually Transmitted Infections	Early Syphilis Rates (Men)	Early syphilis rates (primary, secondary, early latent)	Trend: San Mateo County Health. 2016.	2016
Sexually Transmitted Infections	Gonorrhea Cases (Incidence) Rate	Gonorrhea cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Sexually Transmitted Infections	HIV Hospitalizations Rate	Age-adjusted discharge rate (per 10,000 population) for HIV	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Sexually Transmitted Infections	HIV Prevalence	Number of persons ages 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2015.	2015
Sexually Transmitted Infections	HIV/AIDS Deaths Rate	Rate of death due to HIV and AIDS per 100,000 population	National Vital Statistics System. 2008 – 2014.	2008 – 2014

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Sexually Transmitted Infections	No HIV Screening	Percentage of adults ages 18 – 70 who self-report that they have never been screened for HIV	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011 – 2012.	2011 – 2012
Sexually Transmitted Infections	Primary & Secondary Syphilis Cases (Incidence) Rate	Primary & secondary syphilis cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Social & Community Context	Community Is Fair/Poor Place to Live	Percentage of survey respondents who rated their community as a fair or poor place to live	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Social & Community Context	Ethnic Discrimination—Emotional Upset	Percentage of survey respondents who answered “yes” when asked, “Within the past 30 days, have you felt emotionally upset—for example, angry, sad, or frustrated—as a result of how you were treated based on your race?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Social & Community Context	Ethnic Discrimination—Physical Symptoms	Percentage of survey respondents who answered “yes” when asked, “Within the past 30 days, have you experienced any physical symptoms—for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart—as a result of how you were treated based on your race?”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Social & Community Context	LGBTQI	Percentage of survey respondents who identified as gay, lesbian, or bisexual	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Social & Community Context	Residential Segregation Index—Black/White (score 0 – 100)	Residential Segregation is the index of dissimilarity where higher values indicate greater residential segregation between black and white county residents. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation)	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Social & Community Context	Residential Segregation Index—Non-White/White (score 0 – 100)	Residential segregation is the index of dissimilarity where higher values indicate greater residential segregation between nonwhite and white county residents. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation)	U.S. Census Bureau, American Community Survey. 2012 – 2016.	2012 – 2016
Social & Community Context	Trust Local Government Seldom/Never	Percentage of survey respondents who indicated that they seldom or never trusted local government to work for the best interest of their community.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Discrimination Due to Mental Health Problems, Youth	Likelihood of youth feeling discriminated against based on 1 or more mental health problems	County of San Mateo, Board of Supervisors. Adolescent Report 2014 – 2015.	2014 – 2015
Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Community Tolerance for Racial/Cultural Differences Is Fair/Poor	Percentage of survey respondents who rated their community's tolerance for racial/cultural differences as fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Social & Community Context; Mental Health & Well-Being (Mental Health/ Emotional Well-Being)	Lack of Meaningful Connections to Community (Youth)	Student self-reported rate of “meaningful connections” in their community	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Social & Community Context; Mental Health & Well-Being (Mental Health/ Emotional Well-Being)	Lack of Social or Emotional Support	Percentage of adults ages 18 years and older that self-report having insufficient social and emotional support.	Behavioral Risk Factor Surveillance System. 2006 – 2012.	2006 – 2012
Social & Community Context; Mental Health & Well-Being (Mental Health/ Emotional Well-Being)	Lack Support	Percentage of survey respondents who reported that they had someone they could turn to if they needed or wanted help “little/ none of the time.”	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Social & Community Context; Mental Health & Well-Being (Mental Health/ Emotional Well-Being)	Social Associations (per 10,000 pop.)	Number of social associations (e.g. civic organizations, recreational clubs and facilities, political organizations, labor organizations, business associations, professional organizations) per 10,000 population	County Business Patterns. 2015.	2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
STD	Chlamydia Incidence Amount Youth Age 10 – 19 (per 100,000)	Number of chlamydia infections per 100,000 youth ages 10 – 19	California Dept. of Public Health, Sexually Transmitted Diseases Data; California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 2000 – 2010, 2010 – 2060; Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data & Statistics; U.S. Census Bureau, Population Estimates Program, Estimates of the Resident Population by Sex & Age for the United States, 2000 – 2010, 2010 – 2015.	2015
STD	Gonorrhea Incidence Amount Youth Age 10 – 19 (per 100,000)	Number of gonorrhea infections per 100,000 youth ages 10 – 19	California Dept. of Public Health, Sexually Transmitted Diseases Data; California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 2000 – 2010, 2010 – 2060; Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data & Statistics; U.S. Census Bureau, Population Estimates Program, Estimates of the Resident Population by Sex & Age for the United States, 2000 – 2010, 2010 – 2015.	2015
Unintended Injuries/ Accidents	Accidents (Unintentional Injuries) Death Rate	Accidents (unintentional injuries) rate per 100,000 population	California Department of Public Health: 2010 – 2015 Death Records.	2013 – 2015

HEALTH NEED	INDICATOR NAME	INDICATOR DESCRIPTION	DATA SOURCE	YEAR(S)
Unintended Injuries/ Accidents	Ambulance Transport, Trauma (Injury)	Percentage of all ambulance transports initiated by a call to 911 in which trauma (injury) was the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016 – 2017.	2016 – 2017
Unintended Injuries/ Accidents	Unintentional Drowning/ Submersion Death Rate	Unintentional deaths due to drownings/ submersions, rate per 100,000 population	California Department of Public Health EpiCenter California injury data online. 2013.	2013
Unintended Injuries/ Accidents	Unintentional Poisoning Death Rate	Unintentional poisoning deaths, rate per 100,000 population	California Department of Public Health EpiCenter California injury data online. 2013.	2013
Unintended Injuries/ Accidents; Oral/ Dental Health	Ambulance Transport, Toxicological Issues	Percentage of all ambulance transports initiated by a call to 911 in which toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016 – 2017.	2016 – 2017
Unintentional Injury	Poisoning Hospitalizations, Children Ages 0 – 17	Percentage of hospital discharges among children ages 0 – 17 for poisoning	Special tabulation by California Office of Statewide Health Planning and Development. 2017.	2017

Attachment 3:

Secondary Data Tables, Santa Clara County

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Introduction

Although community health needs were determined based on all available data, the subset of data presented in these tables are those which are most related to children and youth. The tables are presented alphabetically, with the exception of “General Health,” which is first under Health Conditions.

Health needs data found in the following tables were collected primarily from the publicly available Community Commons data platform.¹ Other Santa Clara County Public Health Department data were reviewed and are noted in the report. Pertinent data points on health needs from these sources are included in the following data tables:

- 2017 Asian Pacific Islander report (API)
- 2016 Status of Children’s Health Report (CR)
- 2015 – 20 Community Health Assessment-Community Health Improvement Plan (CHA)
- Status of African/African Ancestry Health: Santa Clara County 2014 Report (AAH)
- Selected public health statistics provided via email, January 2018 (PHD)
- Data from KidsData.org obtained December 2018 (KD)

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

Definitions:

Incidence rate: Rate of new cases within a specific time period

Mortality rate: Rate of deaths from a given condition compared with a specified population

Prevalence: Proportion of a population with the aforementioned condition

Age-adjusted rate: Statistically modified rate that eliminates the effect of different age distributions in the populations

Conventions:

- Core indicators are separated from drivers by a heavy border.
- Certain indicators are available by ethnicity, which shows disparities in certain populations. Those tables follow each of the overall health need tables if available.
- Rates are per 100,000 unless otherwise noted.
- If available, data are rounded to the nearest tenth—unless the data point is less than 1.0, in which case it is rounded to the nearest hundredth.
- Data in tables that are worse than benchmarks are **boldfaced**.
- Data that are 5% worse (not five percentage points, but five percent) than benchmarks are marked with a diamond (◆).
- Data where trends are available are denoted with the dagger (†) symbol.
- Indicator details, including the year and original source, may be found in “List of Data Indicators” (provided separately).
- In keeping with the 2015 African/African Ancestry report, we use the term “African/African Ancestry” or “of African descent” to refer to all African people. Please note that the data sources from which ethnicity data are provided may use the terms “Black” and/or “African-American” in their surveys and studies. The term African/African Ancestry is more inclusive and emphasizes the connectedness of all African people.

Social Determinants of Health

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

1. Economic Stability
2. Education
3. Health and Health Care
4. Neighborhood and Built Environment
5. Social and Community Context

The data tables found in this section all pertain to domains 1 – 4.

Figure 1. Social Determinants of Health Domains



Adapted from HealthyPeople.gov

Health Care Access and Delivery

Table 1. Statistical Data for Health Care Access and Delivery

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Access to Dentists Rate [†]	109.0	80.2	↑
Access to Mental Health Care Providers Rate	272.4	280.6	↑
Access to Primary Care Rate [†]	112.9	86.7	↑
Children/Youth with Health Insurance Ages 0 – 17 ^{KD}	98.5%	97.1%	↑
Lack of Consistent Source of Primary Care	11.6%	14.3%	↓
Uninsured Population (2012 – 2016)	7.7%	12.6%	↓
Cancer Screening—Pap Test	78.5%	78.3%	↑
Children in Limited English-Speaking Households^{KD}	*11.3%	10.5%	↓
Federally Qualified Health Centers Rate	*1.9	2.5	↑
Health Professional Shortage Area—Dental	0.0%	26.1%	↓
Limited English Speaking Households	*10.6%	9.2%	↓
Linguistically Isolated Households	*9.9%	8.6%	↓
Living in Health Professional Shortage Area—Primary Care	0.0%	5.1%	↓
Population Receiving Medicaid	17.5%	25.6%	↓
Population with Any Disability	7.8%	10.6%	↓
Population with Limited English Proficiency	*21.1%	18.8%	↓
Students per School Nurse^{KD}	*2954:1	2502:1	↓
Students per School Psychologist^{KD}	*1219:1	1124:1	↓
Students per School Speech/Language/Hearing Specialist ^{KD}	1177:1	1181:1	↓

Rates are per 100,000 population unless otherwise noted.

- Rates for access to dentists and access to primary care have both been increasing in the county.

Table 2. Statistical Data for Health Care Access and Delivery by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	PAC ISL	OTHER	MULTI RACE	HISPANIC/ LATINO (ANY RACE)
Children/Youth with Health Insurance Ages 0 – 17 ^{KD}	97.1%	98.8%	99.5%	98.9%			99.5%	97.6%
Lack of Consistent Source of Primary Care	14.3%	8.4%	•23.5%			11.6%		14.5%
Uninsured Population (2012 – 2016)	12.6%	4.5%	8.4%	5.6%	9.1%	•16.8%	6.2%	•14.8%
Limited English Speaking Households	9.4%				26.5%			17.9%

Other key findings related to health care access were found in the Santa Clara County Public Health Department reports. No comparisons were provided for this data.

- Children of African descent were most likely to visit the emergency department.
- Fewer children from East Side San Jose and South County have health insurance compared to children in other sub-county areas.
- The 2014 Santa Clara County Behavioral Health Risk Survey found that while 99% of children aged 0 – 5 had routine annual check-ups, that proportion dropped to 91% for children ages 6 – 11.^{CHA}
- The 2013 Status of LGBTQ Health report cited problems with discrimination within health care settings and a shortage of LGBTQ-competent providers, which can lead to suboptimal health outcomes for LGBTQ people.^{LH}
- Four in 10 (41%) Chinese residents do not speak English very well.^{API}
- More than a third each of Chinese, Korean, and Vietnamese survey respondents reported having a hard time understanding their doctors.^{API}
- Costs are a barrier to care for some Asian subpopulations: 35% of Pacific Islanders surveyed reported not seeing their doctors due to cost, and 17% of Vietnamese residents do not take medicines as prescribed due to cost.^{API}

Community & Family Safety

Community & Family Safety refers to data about neighborhood and family safety including crime, violence, and abuse. See Unintentional Injuries for data regarding accidents.

Table 3. Statistical Data for Community Safety

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
All Violent Crimes Rate	253.9	425.0	↓
Domestic Violence Injuries Rate (Females)	3.2	4.9	↓
Homicide Rate	2.8	5.2	↓
Juvenile Felony Arrest Rate (per 1,000) ^{KD}	4.8	5.3	↓
Rape Rate	•22.8	21.0	↓
Robbery Rate	84.0	149.5	↓
Substantiated Child Abuse and Neglect (per 1,000) ^{KD}	4.1	8.2	↓
Violent Assault Crime Rate	144.5	249.4	↓
Violent Assault Injury Rate	181.4	289.4	↓
Youth Intentional Injury (assault and self-harm)	168.6	209.7	↓
Traumatic Injury Hospitalizations, Children Age 0 – 17 ^{KD}	2.0%	2.3%	↓
Bullied at School; 7th Graders ^{KD}	38.1%	39.2%	↓
Children in Foster Care (per 1,000) ^{KD}	2.7	5.8	↓
Time in Foster Care (Median Months) ^{KD}	13.5	15.6	↓
Cyberbullied Four or More Times; 7th Graders ^{KD}	4.0%	4.7%	↓
Domestic Violence Calls for Assistance (per 1,000) ^{KD}	4.4	6.4	↓
Fear Being Beaten Up at School Four or More Times; 7th Graders ^{KD}	4.1%	4.7%	↓
Gang Membership; 7th Graders ^{KD}	3.9%	5.8%	↓
School Perceived as Very Unsafe; 7th Graders ^{KD}	2.1%	3.8%	↓
School Suspensions Rate (per 100 students)	4.2	6.8	↓
School Expulsions Rate (per 100 students)	0.07	0.09	↓
Alcohol— Excessive Consumption	14.7%	17.2%	↓
Liquor Store Access Rate	8.9	10.6	↓

Rates are per 100,000 population unless otherwise noted.

Other findings from the Children's Report^{CR}:

- One in five (19%) middle and high school students were physically bullied on school property in the past 12 months, higher than the Healthy People 2020 target of 17.9%. Students of African Ancestry were more likely to be physically bullied.
- 37% of students were psychologically bullied on school property in the past 12 months.
- 18% of students reported they experienced cyberbullying in the past 12 months, similar to CA (22%). Females were psychologically bullied and cyberbullied at higher percentages (41% and 22%, respectively) than males.
- Males (23%) were physically bullied more than females (15%).
- The percentage of middle and high school students who were physically bullied on school property in the past 12 months declined from 32% to 19% since 2007. The percentage of middle and high school students who were psychologically bullied on school property in the past 12 months declined from 48% to 37% since 2007.
- The rate of substantiated child maltreatment was higher among African Ancestry children than other racial/ethnic groups and higher among children ages 0 to 5. Research suggests an association between poverty and child maltreatment; African and Latino Ancestry children experienced higher rates of poverty and higher rates of maltreatment nationwide.
- Youth assault and youth taking weapons to school was higher among students of African Ancestry and Latinos.

Table 4. Statistical Data for Community Safety by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	MULTI RACE	HISPANIC/ LATINO (ANY RACE)
Domestic Violence Injuries Rate (Females)	4.9	3.3		1.6		5.0
Homicide Rate	5.2	1.6	♦7.2	0.0	3.4	5.1
Juvenile Felony Arrest Rate (per 1,000) ^{KD}	5.3	2.8	♦24.0			♦8.9
Substantiated Child Abuse and Neglect (per 1,000) ^{KD}	8.2	2.8	♦12.7	*1.1		7.8
Violent Assault Injury Rate	289.4	175.1	♦640.4	49.3		♦330.9
Youth Intentional Injury (assault and self-harm)	209.7	♦300.4	♦258.4	85.2		163.5
Bullied at School (Middle/High School) ^{KD}		40.3%	49.0%	39.8%	42.0%	34.9%
Children in Foster Care (per 1,000) ^{KD}	5.8	1.4	♦14.6	0.4		5.3
Cyberbullied Four or More Times; 7th, 9th, 11th, NT ^{KD}		3.7%	7.0%	2.8%	5.8%	4.2%
Fear Being Beaten Up at School Four or More Times (Middle/High School) ^{KD}		10.5%	2.9%	3.8%	4.7%	3.6%

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	MULTI RACE	HISPANIC/ LATINO (ANY RACE)
Gang Membership; 7th, 9th, 11th, NT ^{KD}		3.4%	7.4%	2.2%	4.0%	6.6%
School Expulsions Rate (per 100 students)	0.09	0.05	♦0.20	0.02	0.04	♦0.11
School Perceived as Very Unsafe; 7th, 9th, 11th, NT ^{KD}		1.4%	5.7%	1.8%	1.3%	2.3%
School Suspensions Rate (per 100 students)	6.8	2.9	♦11.6	0.85	3.6	♦7.1

Rates are per 100,000 population unless otherwise noted. There were no ethnicity data for those of "other" race/ethnicity. *Indicates that the data combined Asian/Pacific Islander.

Economic Stability

Table 5. Statistical Data for Economic Stability

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Children Below 100% FPL	10.5%	21.9%	↓
Children Living in Food Insecure Households ^{KD}	13.9%	19.0%	↓
Did Not Eat Breakfast; 7th Graders ^{KD}	25.1%	33.0%	↓
Children Living in Crowded Households ^{KD}	25.4%	28.4%	↓
Children Without Secure Parental Employment ^{KD}	21.4%	30.8%	↓
Income Inequality (Gini Coefficient)	0.47	0.49	↓
Population Below 100% FPL	9.3%	15.8%	↓
Population Below 200% FPL	21.7%	35.2%	↓
Unemployment Rate	2.6	5.6	↓
Food Insecure Population Ineligible for Assistance	♦39%	22%	↓
Food Insecure Population Ineligible for Assistance—Children	♦46%	29%	↓
Annual Cost of Infant Childcare, Annually, Child Care—Center^{KD}	♦\$19,212	\$16,452	↓
Children Eligible for Free/Reduced Price Lunch	37.5%	58.7%	↓
Children in Limited English-Speaking Households^{KD}	♦11.3%	10.5%	↓
Commute Over 60 Minutes	8.4%	10.9%	↓
Food Insecurity Rate	11.0%	13.9%	↓
Food Insecurity Rate—Children Under 18	19.3%	25.3%	↓
Head Start Program Facilities Rate (per 10,000 children 0 – 5)	♦2.7	6.3	↑
High School Graduates Completing College Prep Courses ^{KD}	53.6%	43.4%	↑
High School Graduation Rate [†]	83.6	^H 82.4	↑
Households with No Vehicle ¹	5.1%	7.8%	↓
Less than High School Diploma (or Equivalent)	12.9%	17.9%	↓
Licensed Childcare Availability for Working Families ^{KD}	29%	23%	↑
Meaningful Participation at School: Low; 7th Graders ^{KD}	27.0%	31.3%	↓
Meeting or Exceeding Grade-Level Standard in English Language Arts, 11th Grade ^{KD}	68%	59%	↑
Meeting or Exceeding Grade-Level Standard in Mathematics, 11th Grade ^{KD}	48%	32%	↑

¹ This indicator is relevant because individuals from households without access to a vehicle may lack access to health care, child care services, and employment opportunities.

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Population Receiving Medicaid	17.5%	25.6%	↓
Population Receiving SNAP [†]	5.1%	9.4%	↓
Reading Below Proficiency	42.0%	^H 36.3%	↓
School Connectedness: Low; 7th Graders ^{KD}	6.2%	8.9%	↓
School Enrollment Age 3 – 4	56.9%	48.6%	↑
Student Truancy Rate (per 100 students) ^{KD}	26.1	34.1	↓
Students Not Completing High School^{KD}	♦11.1%	10.7%	↓
Students per Academic Counselor^{KD}	♦821:1	681:1	↓
Teen Births Rate (per 1,000 Under Age 20) ^{† PHD}	11.1	19.0	↓
Uninsured Population (2012 – 2016)	7.7%	12.6%	↓

Rates are per 100,000 population unless otherwise noted.

In addition:

- The 2014 Santa Clara County Behavioral Risk Survey found that 16% of African/African Ancestry and 25% of Latinos had received food from a church or food bank/food pantry.^{BRFS}

Please see Table 7 for data on **Housing & Homelessness**.

Table 6. Statistical Data for Economic Security by Ethnicity

INDICATORS	BENCH- MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	OTHER	MULTI RACE	HISPANIC/ LATINO (ANY RACE)	PAC ISL	NATIVE AM
Children Below 100% FPL (%)	21.9	10.8	♦24.8	16.6	♦38.9	♦40.3	♦40.3	7.9	♦32.8
Population Below 100% FPL (%)	15.8	6.0	16.1	7.7	♦17.0	8.6	15.0	7.8	14.1
CalFresh, by R/E [SNAP Benefits—Households with Children] ^{KD}		28%	6%	*22%			44%		1%
Did Not Eat Breakfast; 7th, 9th, 11th, NT ^{KD}		14.8%	31.6%	19.9%	15.7%	27.7%	36.6%	27.8%	16.3%
High School Graduates Completing College Prep Courses ^{KD}	43.4%	63.8%	♦31.3%	77.0%		60.0%	♦29.7%	♦36.0%	

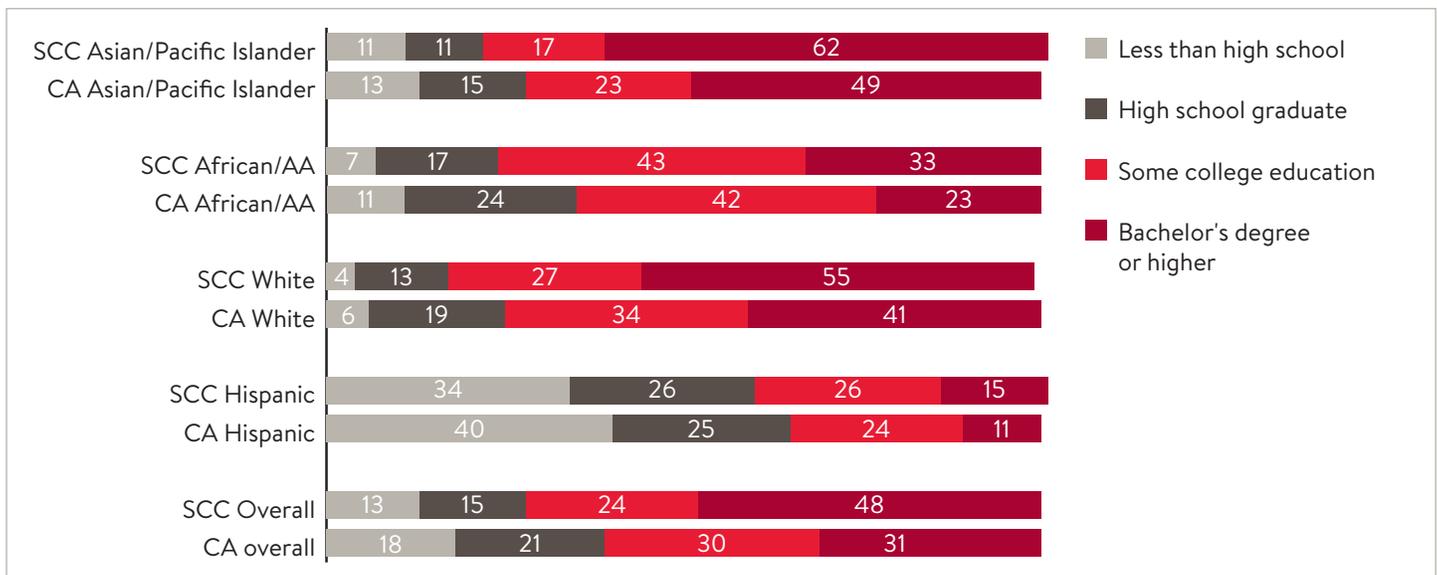
INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	OTHER	MULTI RACE	HISPANIC/ LATINO (ANY RACE)	PAC ISL	NATIVE AM
High School Graduation Rate (percent of cohort)	82.4	92.5	78.8	95.2		91.0	♦70.0		♦69.8
Less than Percent with High School Diploma or Equivalent (%)	17.9	3.9	8.8	10.2	♦39.0	9.8	♦33.9	12.9	♦22.7
Meaningful Participation at School: Low; 7th, 9th, 11th, NT ^{KD}		27.2%	24.7%	24.3%	35.5%	29.7%	34.1%	27.1%	14.4%
Meeting or Exceeding Grade-Level Standard in English Language Arts, 11th Grade ^{KD}	59%	76%	♦45%	83%		77%	♦37%	44%	♦49%
Meeting or Exceeding Grade-Level Standard in Mathematics, 11th Grade ^{KD}	32%	70%	31%	83%		70%	♦26%	31%	♦39%
Reading Below Proficiency 4th Grade	36.3	27.0	♦60.0	19.0		24.0	♦67.0	♦61.0	58.0
School Connectedness: Low; 7th, 9th, 11th, NT ^{KD}		18.3%	16.0%	3.5%	9.2%	6.8%	9.2%	9.0%	5.3%
Students Not Completing High School ^{KD}	10.7%	4.5%	14.9%	3.1%		6.2%	20.8%		
Teen Birth Rate (per 1,000) ^{KD}	18.7	2.1		*1.3			24.7		
Uninsured Population (2012 – 2016) (%)	12.6	4.5	8.4	5.6	♦16.8	6.2	♦14.8	9.1	11.2

Rates are per 100,000 population unless otherwise noted. *Indicates that the data combined Asian/Pacific Islander.

Additional statistical data about education:

- The county is much more educated than California overall; rates of higher education attainment are higher overall and higher for every ethnic group.^{PHD}
- The high school graduation rate trend is flat.
- Hispanic/Latino residents are far less likely to have a bachelor’s degree or higher (15%) than the county overall (48%).^{PHD}
- Pacific Islanders are the least likely Asian subgroup to have a bachelor’s degree or higher (19%) among the API population.^{API}
- The population receiving SNAP is higher than California overall since 2006 and has been stable above 5.4% between 2010 and 2015.

Figure 2. Educational Attainment by Ethnicity (Percent)



Source: U.S. Census Bureau; 2011 – 2015 American Community Survey 5-Year Estimates, Selected Population Tables, Tables DP02; generated by Baath M.; using American FactFinder; Accessed July 14, 2017.

- The proportion of residents 5 years and older who do not speak English very well: ^{API}
 - 35% of Asians/Pacific Islanders
 - 29% of Latinos
 - Asian subgroups: Chinese (41%), Korean (43%), and Vietnamese (57%)
 - 5% of African/African Ancestry residents
 - 4% of White residents
- Filipino (43%) and Vietnamese children (40%) have the lowest rates of preschool enrollment compared to other Asian/Pacific Islanders.^{API}

Additional statistical data about economic security and poverty:

- Among Asian residents, Pacific Islanders have the highest rate of unemployment (16%) compared to the county overall (4%).^{API}
- The 2017 Asian/API report specifies that, among Asian residents surveyed, Pacific Islanders reported having insurance less often (79%) than API respondents overall (91%).^{API}

Housing & Homelessness

Table 7. Statistical Data for Housing & Homelessness

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Cost Burdened Households	37.3%	43.9%	↓
Homeless Public School Students ^{KD}	1.6%	4.4%	↓
HUD-Assisted Housing Units Rate (per 10,000)	374.3	352.4	↑
Substandard Housing Units	40.4%	46.5%	↓
Children Living in Crowded Households ^{KD}	25.4%	28.4%	↓
Elevated Blood Lead Levels in Children Age 0 – 5 ^{KD}	0.2%	0.2%	↓
Elevated Blood Lead Levels in Children/ Youth Age 6 – 20^{KD} (2013)	♦0.4%	0.3%	↓
Median Rent, 2-Bedroom Unit (2018)	♦\$2,930	\$2,150	↓
Percentage of Homeless Children Age 0 – 17 Who Were Unsheltered (2017)^{KD}	♦98.2%	88.0%	↓
Percentage of Homeless Children Age 18 – 24 Who Were Unsheltered (2017)^{KD}	♦95.8%	81.8%	↓
Unsheltered Homeless Children Age 0 – 17 ^{KD}	500	1,451	↓
Unsheltered Homeless Young Adults Age 18 – 24 ^{KD}	1,936	11,298	↓
Vacant Housing Units	3.9%	8.2%	↓

Note: Rates above are for 2016 except where noted.

- The Santa Clara County 2017 Point-in-Time Count reported that almost 7,400 people are experiencing homelessness. Nearly three-quarters of them (74%) are unsheltered. Minors comprise 15% of the homeless population, young adults ages 18 – 24 comprise 28%, and the majority (57%) are 25 years old and over.
- Housing and homelessness are related to economic security. See Tables 5 and 6 for data on economic security, which includes income, employment, and poverty.

Natural Environment

Table 8. Statistical Data for Natural Environment

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Air Quality—Ozone (O3)	0.0%	2.7%	↓
Air Quality—Particulate Matter 2.5	0.00%	0.46%	↓
Asthma Hospitalizations Percent of Total Discharges	0.80%	0.88%	↓
Under Age 1	♦0.14%	0.13%	↓
Age 1 – 19	♦4.47%	4.27%	↓
Asthma Hospitalizations Rate (Age-Adjusted per 10,000)	6.6	8.9	↓
Asthma—Prevalence	13.5%	14.2%	↓
Climate & Health—Drought Severity	93.7%	92.8%	↓
Climate & Health—Heat Index Days	0.00%	0.60%	↓
Climate & Health—Heat Stress Events Rate	5.8	11.1	↓
Exposed to Unsafe Drinking Water	0.0%	2.7%	↓
Average Days/Month with Poor Mental Health	2.7	3.6	↓
Commute to Work—Alone in Car	75.5%	73.4%	↓
Diabetes Discharges (% of Total Discharges)	0.69%	0.86%	↓
Diabetes Hospitalizations Rate	7.9	10.4	↓
Living Within Half Mile of Public Transit	♦4.4%	15.5%	↑
Percent of Area with Tree Canopy Cover (population-weighted)	♦9.8%	15.1%	↑
Road Network Density Rate (Acres)	♦5.2	2.0	↓

Rates are per 100,000 population unless otherwise noted. Note: No natural environment data are available by race/ethnicity.

Transportation & Traffic

Table 9. Statistical Data for Traffic & Transportation

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Commute to Work—Alone in Car	75.5%	73.4%	↓
Living Within Half Mile of Public Transit	♦4.4%	15.5%	↑
Percent of Area with Tree Canopy Cover (population-weighted)	♦9.8%	15.1%	↑
Road Network Density (Acres)	♦5.2	2.0	↓

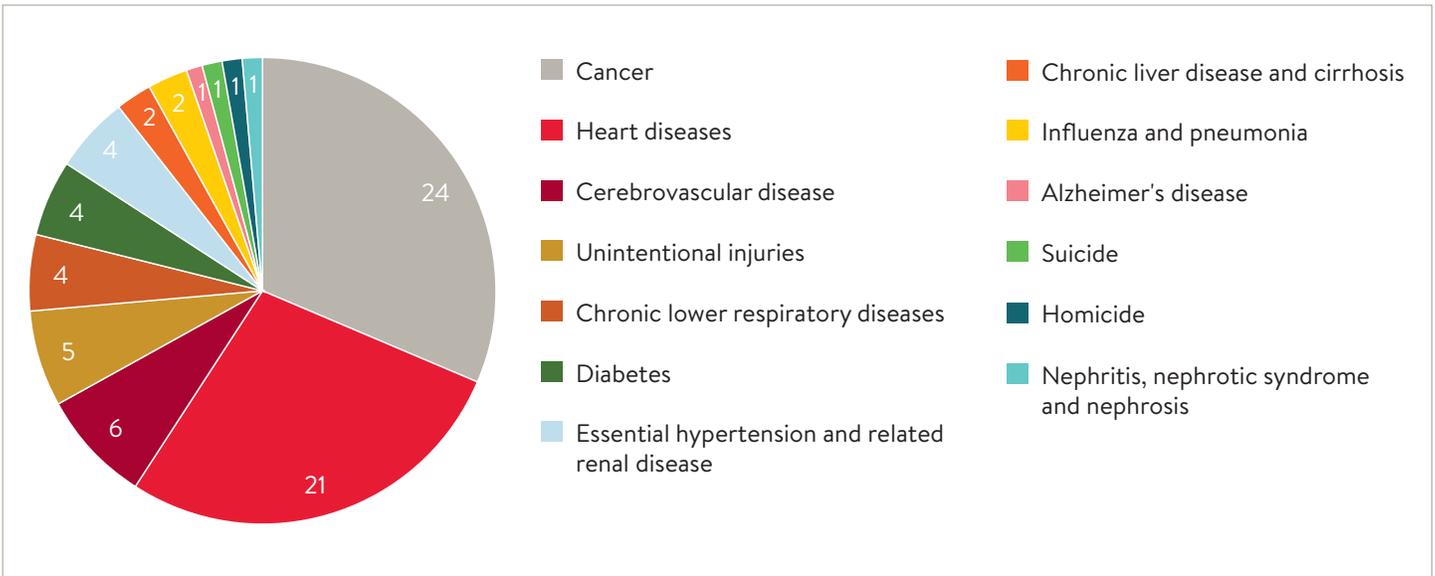
Please also see Table 8, **Natural Environment**, for conditions and drivers related to clean air.

Health Conditions

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

General Health

Figure 3. Santa Clara County Percent of Causes of Death, 2016



Sources: Santa Clara County Public Health Department, VRBIS, 2014-2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census, Tables PCT12, PCT12H, PCT12I, PCT12J, PCT12K, PCT12L, PCT12M; generated by Baath M.; using American FactFinder; accessed June 20, 2017; National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017.

Table 10. Data Related General Health/Mortality

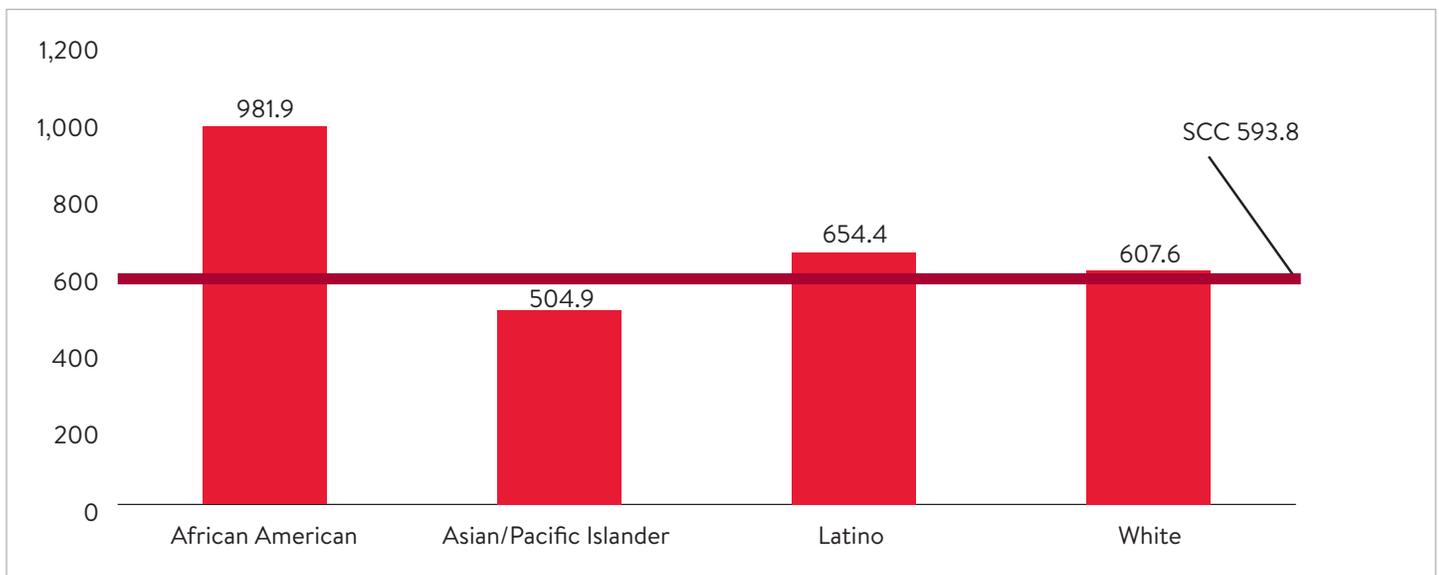
INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Child/Youth Death Rate (per 100,000) ^{KD}	22.3	30.0	↓
Poor General Health	13.5%	18.4%	↓
Premature Death (Years per 100,000)	3,622	5,308	↓
Life Expectancy at Birth (Years) ^{PHD}	82.3	78.8	↑
Population with Any Disability	7.8%	10.6%	↓
Students per Social Worker^{KD}	*1012:1	9277:1	↓

In addition, the death rate (due to all causes) has risen steadily from 2007, when it was 519.6 deaths per 100,000 people, to 593.8 in 2016. The death rate for males is 1.5 times as high as it is for women.^{PHD}

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

- Residents of African or Native American descent are much more likely to be disabled than their white counterparts (89.4% and 14.9% respectively compared to 9.5%).^{PHD}
- Residents of African descent have a death rate that is 1.7 times as high as the county overall.^{PHD} (See chart.)
- 2016 life expectancy for people of African descent is 75.7 years, 6.3 years less than their white counterparts (82.0).^{PHD} Pacific Islanders have the lowest life expectancy among Asian residents at 78.7 years.^{API}
- The Asian Indian age-adjusted death rate is 625.4, higher than the county overall at 593.8 and the API rate overall (504.9).

Figure 4. Death Rate (All Causes) by Ethnicity



Source: Santa Clara County Public Health Department, VRBIS, 2014 – 2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census, Tables PCT12, PCT12H, PCT12I, PCT12J, PCT12K, PCT12L, PCT12M; generated by Baath M.; using American FactFinder; accessed June 20, 2017; National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017.

Asthma

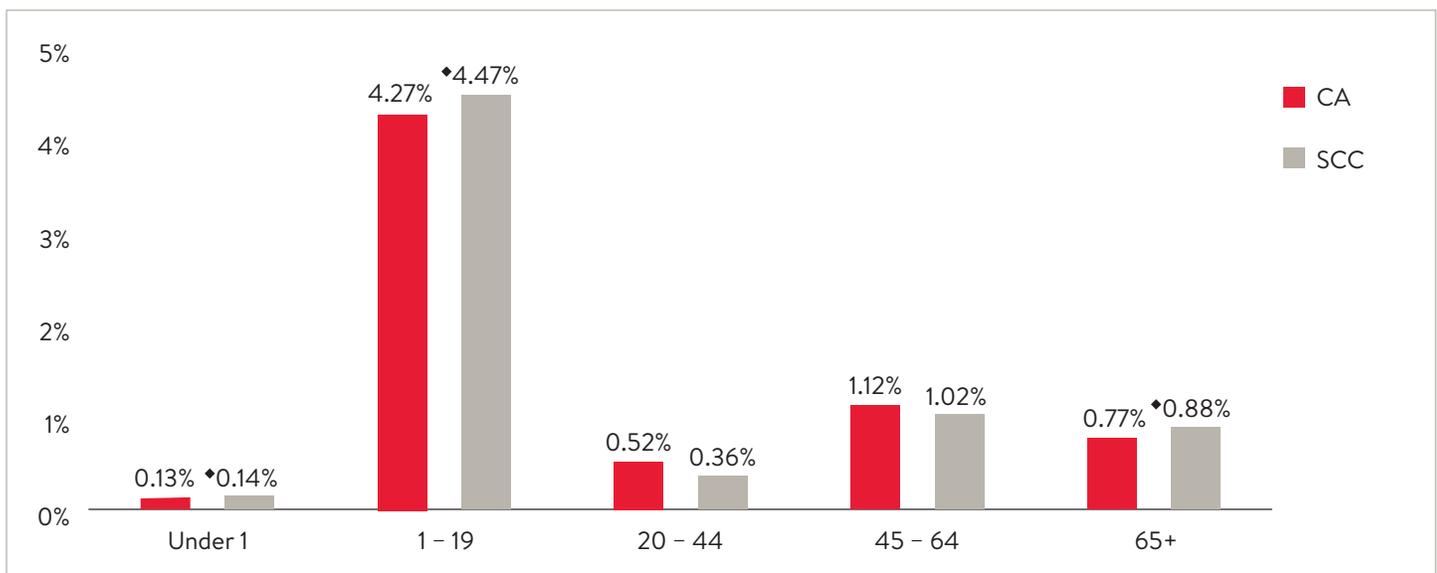
Table 11. Statistical Data Related to Asthma

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Asthma Diagnoses, Children Age 1 – 17 ^{KD}	10.2%	15.2%	↓
Asthma Hospitalizations, Children Age 0 – 4 (rate per 10,000) ^{KD}	10.6	16.9	↓
Asthma Hospitalizations, Children/Youth Age 5 – 17 (rate per 10,000) ^{KD}	3.9	6.7	↓
Asthma Hospitalization Rate (Age-Adjusted per 10,000)	6.6	8.9	↓
Asthma Hospitalizations (Percent of Total Discharges) (see chart)	0.80%	0.88%	↓
Under Age 1	♦0.14%	0.13%	↓
Age 1 – 19	♦4.47%	4.27%	↓
Asthma Prevalence	13.5%	14.2%	↓
Air Quality—Ozone (O3)	0.00%	2.65%	↓
Air Quality—Particulate Matter 2.5	0.00%	0.46%	↓
Tobacco Usage	10.2%	12.8%	↓
Youth Cigarette Use ^{PHD}	3%	16%	↓
Youth E-Cigarette Use ^{PHD}	6%	N/A	↓

Rates are per 100,000 population unless otherwise noted.

Obesity is also a driver of asthma. See Tables 21 – 22 (Diabetes & Obesity) for those data. Asthma hospital discharge data are available for other age groups; they were not worse than the benchmarks.

Figure 5. Asthma Hospitalizations Rate by Age



Retrieved from Community Commons. Source: CARES, 2011.

Table 12. Statistical Data for Asthma by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	OTHER	MULTI RACE
Asthma Hospitalizations Percent of Total Discharges	0.88%	0.67%	♦1.65%	0.66%	0.87%	0.87%

Additional data are available in the 2017 Status of Children's Health report (Santa Clara County Public Health Department):

- Asthma trends for children under 18 were stable between 2001 and 2014 and are better than the rates seen in California.
- African/African Ancestry adolescents are more likely to report asthma attacks.
- Among Asian subpopulations, asthma diagnoses are most common for Filipinos (72%).
- Boys have higher asthma prevalence than girls.
- Adolescent girls are more likely to report having asthma attacks than adolescent boys.
- Emergency department visits for asthma are worst in East Palo Alto and Gilroy zip codes.

Behavioral Health

Below are statistical data for behavioral health (both mental health and substance use) in SCC.

Table 13. Statistical Data for Behavioral Health

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Adults with Four or More Adverse Childhood Experiences ^{KD}	11.0%	15.9%	↓
Adults with Any Adverse Childhood Experiences ^{KD}	53.4%	61.0%	↓
Children with Two or More Adverse Experiences (Parent Reported) ^{KD}	14.1%	16.4%	↓
Alcohol Use (Lifetime), 7+ Times; 7th Graders ^{KD}	0.9%	2.5%	↓
Average Days/Month with Poor Mental Health	2.7	3.6	↓
Bullied at School; 7th Graders ^{KD}	38.1%	39.2%	↓
Considered Suicide (High School Youth)^{+ CR}	20%	19%	↓
Cyberbullied Four or More Times; 7th Graders ^{KD}	4.0%	4.7%	↓
Depression-Related Feelings; 7th Graders ^{KD}	23.2%	25.4%	↓
Frequent Mental Distress ^{BRFS}	9%	N/A	↓
Marijuana Use, 20 – 30 days in Previous Month; 7th Graders ^{KD}	0.40%	0.80%	↓
Mental Health Hospitalization, Children Age 5 – 14 (per 1,000) ^{KD}	1.9	2.5	↓
Mental Health Hospitalization, Youth Age 15 – 19 (per 1,000) ^{KD}	9.4	9.8	↓
PTSD diagnosed ^{BRFS}	3%	N/A	↓
Some Recent Alcohol/Drug Use in Previous Month; 7th Graders ^{KD}	6.5%	10.4%	↓
Suicide Attempt Hospitalizations Rate ^{PHD}	27.8	N/A	↓
Suicide Attempts (Self-Report–Youth) ^{CR}	11%	N/A	↓
Suicide Rate	8.1	10.3	↓
Needing Mental Health Care	14.1%	15.9%	↓
School Connectedness: Low; 7th Graders ^{KD}	6.2%	8.9%	↓
Tobacco Usage (2006 – 2012) ⁺	10.2%	12.8%	↓
Youth Cigarette Use ^{+ PHD}	3%	^H 16%	↓
Youth E-Cigarette Use ^{+ PHD}	6%	10%	↓
Alcohol–Excessive Consumption	14.7%	17.2%	↓
Access to Mental Health Providers Rate	272.4	280.6	↑

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Caring Adults at School: Low; 7th Graders ^{KD}	10.9%	14.3%	↓
Lack of Social or Emotional Support	22.2%	24.6%	↓
Liquor Store Access	8.9	10.6	↓
Meaningful Participation at School: Low; 7th Graders ^{KD}	27.0%	31.3%	↓
Students per School Psychologist^{KD}	♦1219:1	1124:1	↓

Rates are per 100,000 population unless otherwise noted.

Table 14. Statistical Data for Behavioral Health by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	OTHER OR MULTI RACE	HISPANIC/ LATINO (ANY RACE)	PACIFIC ISLANDER
Alcohol Use (Lifetime), 7+ Times; 7th, 9th, 11th, NT ^{KD}		2.2%	4.8%	0.6%	1.6% Other 3.1% Multi Race	6.0%	4.9%
Attempted Suicide (Self-Report MS/HS) ^{CR}	11% SCC	10%*	11%	7%		♦13%	
Considered Suicide (High School Youth) ^{CR†}	20% SCC	16%	19%	19%		♦22%	
Depression-Related Feelings; 7th, 9th, 11th, NT ^{KD}		19.6%	22.4%	19.2%	13.8% Other 30.4% Multi Race	30.6%	38.0%
Marijuana Use, 20 – 30 Days in Previous Month; 7th, 9th, 11th, NT ^{KD}		0.8%	1.9%	0.1%	0.3% Other 1.4% Multi Race	2.6%	1.5%
PTSD diagnosed ^{BRFS}	3% SCC	5%				3%	
Seriously Considered Suicide; 9th, 11th, NT ^{KD}		19.8%	10.2%	70.5%	15.9% Other 19.4% Multi Race	33.3%	38.4%
Some Recent Alcohol/ Drug Use in Previous Month; 7th, 9th, 11th, NT ^{KD}		20.3%	12.8%	6.4%	3.1% Other 8.6% Multi Race	18.5%	9.0%
Suicide Attempt Hospitalizations Rate ^{PHD}	27.8	♦39.9	♦52.0	15.6 API		22.0	
Suicide Rate (Age-Adjusted)	10.3	♦12.7		4.8		4.7	
Youth Cigarette Use ^{† PHD}	16%	3%	5%	1%		4%	
Youth E-Cigarette Use ^{† PHD}	6% SCC	6%	♦7%	4%		♦9%	
Bullied at School; 7th, 9th, 11th, NT ^{KD}		40.3%	49.0%	39.8%	27.1% Other 42.0% Multi Race	34.9%	49.8%

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	OTHER OR MULTI RACE	HISPANIC/ LATINO (ANY RACE)	PACIFIC ISLANDER
Caring Adults at School: Low; 7th, 9th, 11th, NT ^{KD}		14.5%	14.0%	8.8%	7.2% Other 10.9% Multi Race	11.7%	12.9%
Cyberbullied Four or More Times; 7th, 9th, 11th, NT ^{KD}		3.7%	7.0%	2.8%	7.8% Other 5.8% Multi Race	4.2%	10.3%
Frequent Mental Distress ^{BRFS}	9% SCC	10%	11%	7% API		11%	
Meaningful Participation at School: Low; 7th, 9th, 11th, NT ^{KD}		27.2%	24.7%	24.3%	35.5% Other 29.7% Multi Race	34.1%	27.1%
Needing Mental Health Care	15.9%	10.4%	♦32.2%		9.8% Other	♦22.9%	
School Connectedness: Low; 7th, 9th, 11th, NT ^{KD}		18.3%	16.0%	3.5%	9.2% Other 6.8% Multi Race	9.2%	9.0%

Rates are per 100,000 population unless otherwise noted.

- Koreans have the highest suicide rate among Asian/Pacific Islander subgroups (8.0).^{API}
- 11% of Vietnamese reported frequent mental distress.^{BRFS}
- 43% of Pacific Islander survey respondents reported feeling depressed.^{API}
- Among API subgroups, suicide was the leading cause of injury deaths among Korean (40%), Chinese (32%), and Vietnamese (24%) residents.^{API}

Other key findings related to behavioral health were found in the Santa Clara County Public Health Department. No comparisons were provided for this data unless otherwise noted.

Tobacco/smoking:

- Cigarette use is declining and is far below HP benchmarks (3% among adults and under 5% for adolescents).^{PHD}
- E-cigarette use in SCC is at 6%, lower than it was in 2013 – 15. Higher proportions of 11th graders (9%) and nontraditional students (26%) use e-cigarettes.^{CHA}
- Males (adult and youth) in the county are almost two times more likely to be smokers than women.^{CHA CR}
- White and multiracial adults are less likely to prohibit smoking in their homes compared to females and their peers. Men are less likely to prohibit smoking in their homes compared to women.^{CHA}
- African/African Ancestry and Latino students in middle school/high school are most likely to smoke.^{CR}

Drinking:

- Adult drinking is highest among white and multiracial populations.^{CC}
- Latinos and men are more likely to engage in adult binge drinking.^{CHA}
- Latino middle school/high school students are most likely to binge drink.^{CR}
- Middle school/high school girls are more likely to binge drink than boys.^{CR}
- Among Asian residents, Filipinos have the highest rates of binge drinking.^{API}

Other substances (from the 2015 CHA report):

- Adult marijuana use was highest among Latino and white residents (13% and 12% respectively). Data are not available for African/African Ancestry adults.
- Latino misuse of prescription medicine (5%) is more than twice as high as the county overall (2%). Data are not available for African/African Ancestry or Asian adults.
- Students of African or Latino Ancestry are most likely to take certain substances compared with their peers of other races/ethnicities:
 - Middle school/high school marijuana use (also white students)
 - High school misuse of prescription meds
 - High school misuse of cold/cough meds
 - High school cocaine use
 - High school ecstasy use
 - High school inhalant use
- Boys are more likely to use other substances than girls except for cold/cough medicines.

Mental Health

For more bullying data, see the Community Safety data (Table 3) or the Children's Report.^{CR}

- Suicidality among middle school/high school students is at 20%. Among Asian middle school/high school students, Filipinos reported feeling sad and hopeless most often (34%), followed by Pacific Islanders (34%) and Vietnamese students (33%).
- Latinos report higher levels of stress than in the overall county in all areas (about work, finances, food, health, and rent).^{CHA}
- Asian residents report higher levels of stress about work and health than county residents overall.^{CHA}
- Men are twice as likely as women to report being diagnosed with PTSD (4% compared to 2%).^{BRFS}
- Suicide attempt hospitalization rates are higher among women (35.6) than men (20.6) (73% higher). By age, between 2007 and 2014, those ages 15 to 24 were hospitalized at the highest rate (56.3).
- Latino youth have the highest rates of suicide mortality and suicide attempts compared to youth of other races/ethnicities.^{CR}
- The proportion of high school students who have ever seriously considered attempting suicide in the past 12 months increased from 17% in 2008 – 10 to 20% in 2013 – 14.^{CR}
- Female students reported higher percentages of suicidal ideation than male students (25% vs. 15%, respectively)^{CR}
- 37% of middle school/high school students report being psychologically bullied (37%).
- Nearly half of LGBTQ survey respondents felt they might have needed to see a mental health professional in the previous year.^{LH}
- Nearly one-quarter of LGBTQ survey respondents seriously considered suicide in the past year.^{LH}

Cancers

Table 15. Statistical Data for Cancers

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Cancer Incidence Rate (All Types)^{PHD}	426.6	409.2	↓
Cancer Mortality Rate (All Types) ^{† PHD}	130.1	149.0	↓
Childhood Cancer Diagnoses^{KD}	19.3	17.9	↓
Cervical Cancer Incidence Rate ^{PHD}	5.0	7.3	↓
Cervical Cancer Mortality Rate [†]	2.2	0.9	--
Air Quality—Particulate Matter 2.5	0.00%	0.46%	↓
Alcohol—Excessive Consumption	14.7%	17.2%	↓
Cancer Screening—Pap Test	78.5%	78.3%	↑
Food Security—Food Desert Population	8.3%	13.4%	↓
Liquor Store Access	8.9	10.6	↓
Low Fruit/Vegetable Consumption (Adult)	69.2%	71.5%	↓
Obesity (Adult)	19.3%	22.4%	↓
Overweight (Adult)	32.9%	35.8%	↓
Physical Inactivity (Adult)	15.2%	17.3%	↓
Tobacco Usage	10.2%	12.8%	↓

Rates are per 100,000 population unless otherwise noted.

- Between the periods of 1995 – 1999 and 2010 – 2014, mortality rates for all types of cancer listed in the table trended down.

Table 16. Statistical Data for Cancers by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	HISPANIC/ LATINO (ANY RACE)
Cancer Incidence Rate (All Types)^{PHD}	409.2	♦484.1	♦522.3	345.4	395.9
Cancer Mortality Rate (All Types) ^{† PHD}	149.0	154.0	♦201.4	120.5	139.5
Cervical Cancer Incidence Rate ^{PHD}	7.3	4.6	--	4.7	♦8.0
Cervical Cancer Mortality Rate [†]	2.2	0.9	--	1.5	--
Childhood Cancer Diagnoses ^{KD}	17.9	♦22.3		*20	16.4

Rates are per 100,000 population unless otherwise noted. Source: Community Commons data platform 2010 – 2014 except where noted. Note: No data for Pacific Islanders or those of "other" race/ethnicity are available. ♦Indicates that the data combined Asian/Pacific Islander.

Additional data from the Asian/Pacific Islander Report:

- Filipino cancer incidence (all sites) is 353.3, the highest among Asian subpopulations.
- Korean cancer mortality rate (all sites) is 155.3, the highest among Asian subpopulations.
- The report contains additional data on incidence and mortality by site and subgroup.

Cardiovascular Disease/Stroke

Table 17. Statistical Data for Cardiovascular Disease/Stroke

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Heart Disease Prevalence	5.3%	6.3%	↓
Heart Disease Mortality	65.0	94.3	↓
Stroke Mortality Rate	26.1	35.4	↓
Alcohol—Excessive Consumption	14.7%	17.2%	↓
Diabetes Hospitalizations Rate (per 10,000)	7.9	10.4	↓
Diabetes Prevalence	8.2%	8.3%	↓
Fast Food Restaurants Rate[†]	•86.7	78.7	↓
High Blood Pressure—Unmanaged	26.9%	30.3%	↓
Liquor Store Access	8.9	10.6	↓
Obesity (Adult)	20.6%	26.5%	↓
Overweight (Adult)	32.9%	35.8%	↓
Park Access	71.4%	58.6%	↑
Physical Inactivity (Adult)	15.2%	17.3%	↓
Recreation and Fitness Facility Access [†]	14.7	10.2	↑
Tobacco Usage	10.2%	12.8%	↓

Rates are per 100,000 population unless otherwise noted.

- Heart diseases are the second leading cause of death in the county (21%). Cerebrovascular diseases (including stroke) are the third (6%).^{PHD}
- Access to recreation and fitness opportunities has increased since 2010.

Table 18. Statistical Data for Cardiovascular Disease/Stroke by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	MULTI RACE	HISPANIC/ LATINO (ANY RACE)	PAC ISL	NATIVE AM
Heart Disease Prevalence	6.3%	6.5%	4.2%			5.0%		
Heart Disease Mortality Rate	99.5	78.3	78	43.5		63.0		40.3
Stroke Mortality Rate	35.4	25.0	33.6	25.0		29.2		

Japanese residents have the highest rate of high blood pressure (48%) and high cholesterol (43%) among Asian/Pacific Islander subpopulations.^{API}

Communicable Diseases

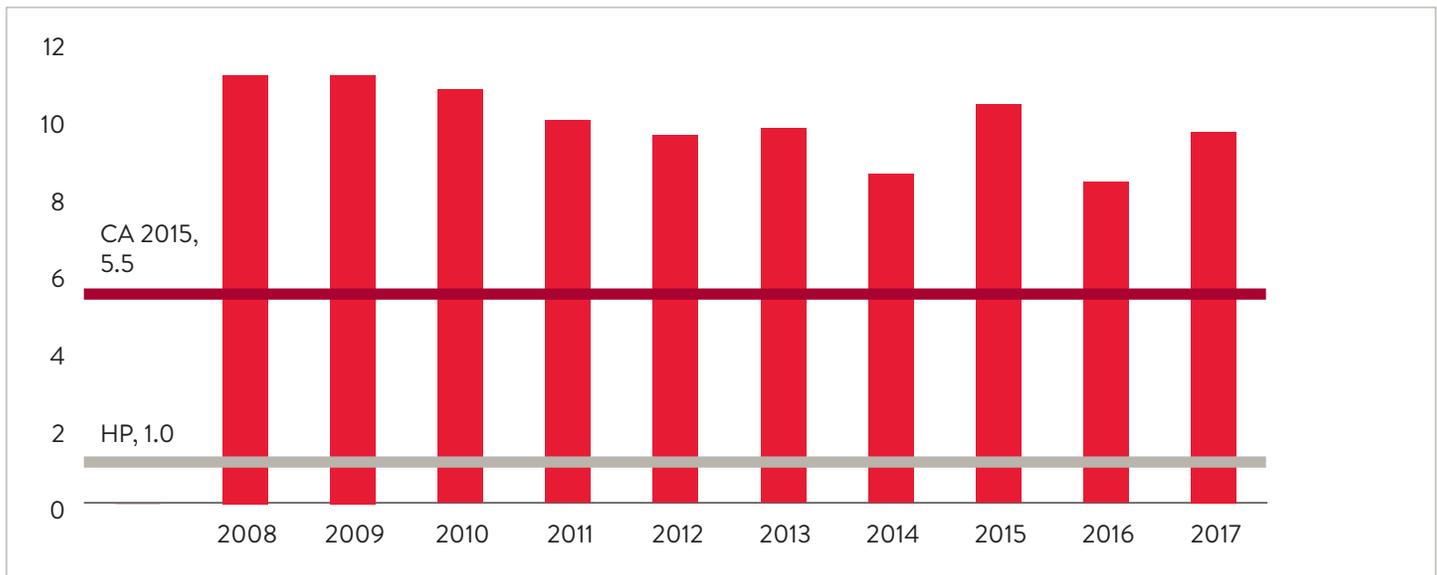
Table 19. Statistical Data for Communicable Diseases

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Pertussis Incidence Rate ^{PHD}	♦12.1	4.7	↓
Stayed Home Due to Flu (Adults) ^{BRFS}	17%	N/A	↓
Tuberculosis Incidence Rate ^{+PHD}	♦9.6	^H 1.0	↓
Flu vaccinations (adults) ^{BRFS}	42%	N/A	↑
Flu vaccinations (children) ^{BRFS}	60%	N/A	↑
Kindergarten Immunizations ^{CR}	93%	^H 95%	↑
Kindergarteners with Required Immunizations ^{KD}	97.1%	95.6%	↑

Rates are per 100,000 population unless otherwise noted.

- 2% of parents received personal belief exemptions from immunizations, compared to 3% in the state.
- TB rates have consistently failed HP benchmarks and California rates since 2008 (see chart).

Figure 6. TB Incidence Rates by Year



Source: Santa Clara County Public Health Department, California Reportable Disease Information Exchange, 2017, data as of February 12, 2018, and are provisional.

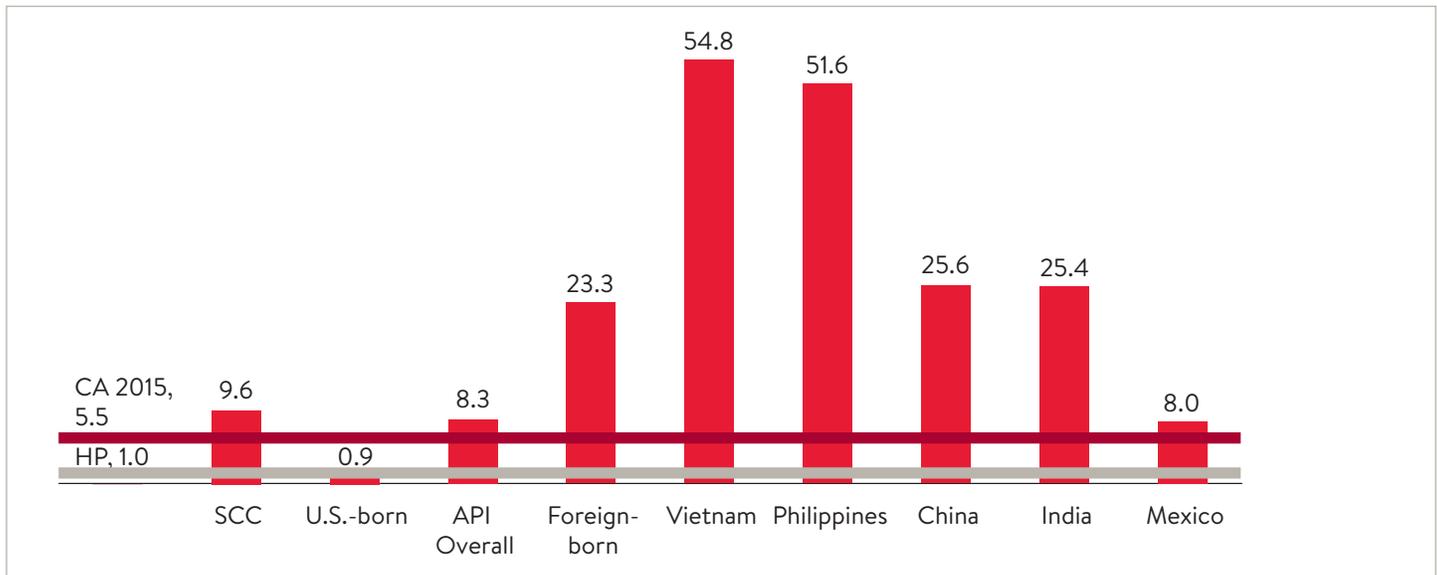
Table 20. Statistical Data for Communicable Diseases by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	MULTI RACE	HISPANIC/ LATINO (ANY RACE)
Flu Vaccinations (Adults) ^{BRFS}	42% SCC	47%	♦34%	42% API	45%	♦37%
Pertussis Rate ^{PHD}	4.7	♦13.7	4.4*	♦7.7		♦11.7
Stayed Home Due to Flu (Adults) ^{BRFS}	17% SCC	16%	17%	♦21%		16%

Rates are per 100,000 population unless otherwise noted. Note: No data are available for Pacific Islanders specifically or Native Americans or those of "Other" races.

TB rates in Santa Clara County are higher among those born outside of the U.S., as shown in the chart below. All rates shown except U.S. born citizens fail the benchmark by more than 5%.

Figure 7. TB Incidence Rates by Country of Birth



Source: Santa Clara County Public Health Department, California Reportable Disease Information Exchange, 2017, data as of February 12, 2018, and are provisional.

Diabetes & Obesity

Table 21. Statistical Data for Diabetes & Obesity

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Diabetes Hospitalizations Rate (per 10,000)	7.9	10.4	↓
Diabetes Hospitalizations, Children Age 0-17 ^{KD}	1.0%	1.4%	↓
Diabetes Prevalence⁺ PHD	♦9.8%	9.1%	↓
Obese Youth (Grades 5, 7, 9) ^{PHD}	14%	^H 16%	↓
Overweight or Obese Adults ^{PHD}	55%	63%	↓
Overweight or Obese Youth (Grades 5, 7, 9) ²	31% – 35% by grade	36% – 40% by grade	↓
Overweight Youth (Grades 5, 7, 9) ^{PHD}	17%	N/A	↓
Adequate Fruit & Vegetable Consumption, Children Age 2 – 11^{KD}	♦30.8%	35.4%	↑
Breastfeeding (Any)	96.5%	93.0%	↑
Breastfeeding (Exclusive)	77.2%	64.8%	↑
Children Living in Food Insecure Households ^{KD}	13.9%	19.0%	↓
Commute >60 Min.	8.4%	10.9%	↓
Commute to Work—Alone in Car	75.5%	73.4%	↓
Commute to Work—Walking/Biking	3.8%	3.8%	↑
Did Not Eat Breakfast; 7th Graders ^{KD}	25.1%	33.0%	↓
Exposed to Unsafe Drinking Water	0.0%	2.7%	↓
Fast Food Restaurants Rate⁺	♦86.7	78.7	↓
Food Desert Population	8.3%	13.4%	↓
Food Insecurity Rate	11.0%	13.9%	↓
Grocery Stores Rate	♦19.5	21.8	↑
Low Fruit/Vegetable Consumption (Adult)	69.2%	71.5%	↓
Low Fruit/Vegetable Consumption (Youth)	♦59.8%	47.4%	↓
Park Access	71.4%	58.6%	↑
Physical Inactivity (Adult)	15.2%	17.3%	↓
Physical Inactivity (Youth)	28.1%	37.8%	↓
Recreation and Fitness Facility Access	14.7	10.2	↑
Students Meeting Fitness Standards; 5th Graders ^{KD}	26.2%	24.9%	↑
Students Meeting Fitness Standards; 7th Graders ^{KD}	33.8%	31.4%	↑
Students Meeting Fitness Standards; 9th Graders ^{KD}	39.5%	34.8%	↑

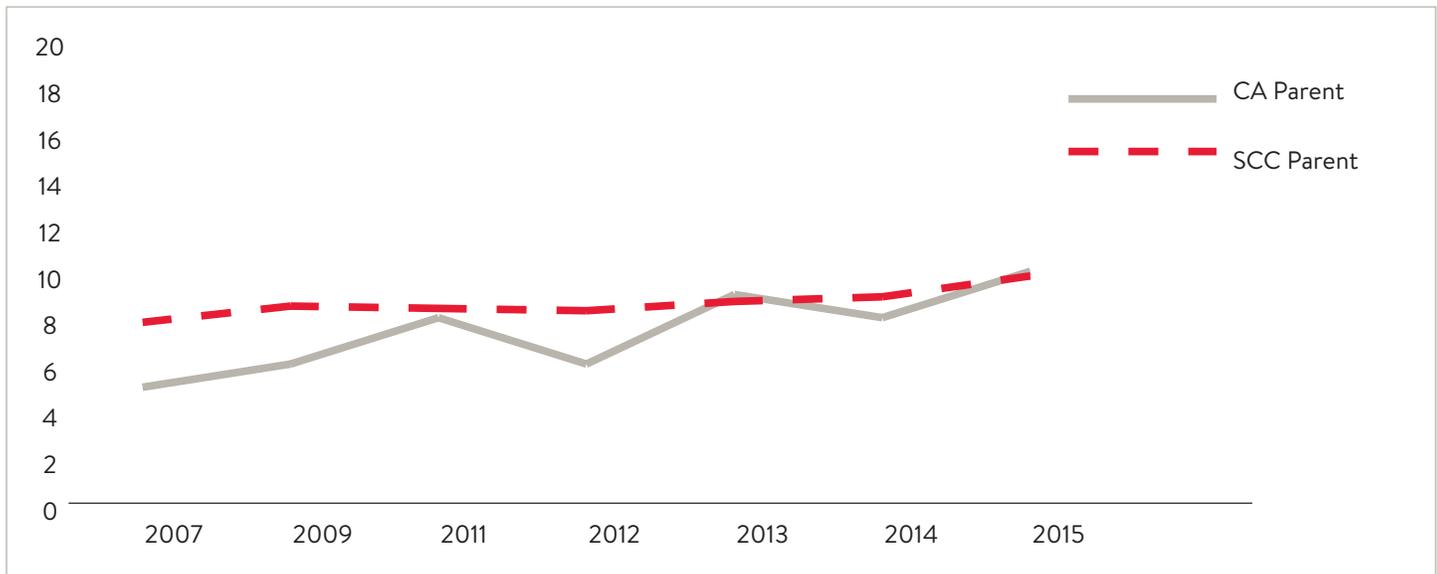
² Retrieved from kidsdata.org July 2018. Source: CHKS, 2015.

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Walking/Biking/Skating to School	48.1%	43.0%	↑
WIC-Authorized Food Stores Rate	♦9.5	15.8	↑

Rates are per 100,000 population unless otherwise noted.

As shown in the chart below, the prevalence of diabetes is increasing, a trend that is also seen at the state level according to the UCLA Center for Health Policy Research California Health Information Survey.³

Figure 8. Percent Ever Diagnosed with Diabetes by Year



Source: UCLA Center for Health Policy Research, AskCHIS 2007 - 2016.

Table 22. Statistical Data for Diabetes & Obesity by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/AFRICAN ANCESTRY	ASIAN	OTHER	MULTI RACE	HISPANIC/LATINO (ANY RACE)
Overweight Youth ^{PHD} (See chart)	17% SCC	12%	22%	13%			♦21%
Obese Youth ^{PHD} (See chart)	16%	11%	14%	8%			♦20%
Obese Youth ^{CR}	11% SCC	7%	♦12%	7%			♦19%
Any Breastfeeding ^{KD}	94.0%	97.8%	95.7%	98.4%	97.3%	98.1%	95.7%
Breastfeeding (Any)	93.0%	97.1%	94.3%	97.4%	97.2%	96.6%	95.4%
Breastfeeding (Exclusive)	64.8%	86.0%	69.5%	74.3%	76.6%	82.6%	74.2%
CalFresh, by R/E [SNAP Benefits—Households with Children] ^{KD}		28%	6%	*22%			44%

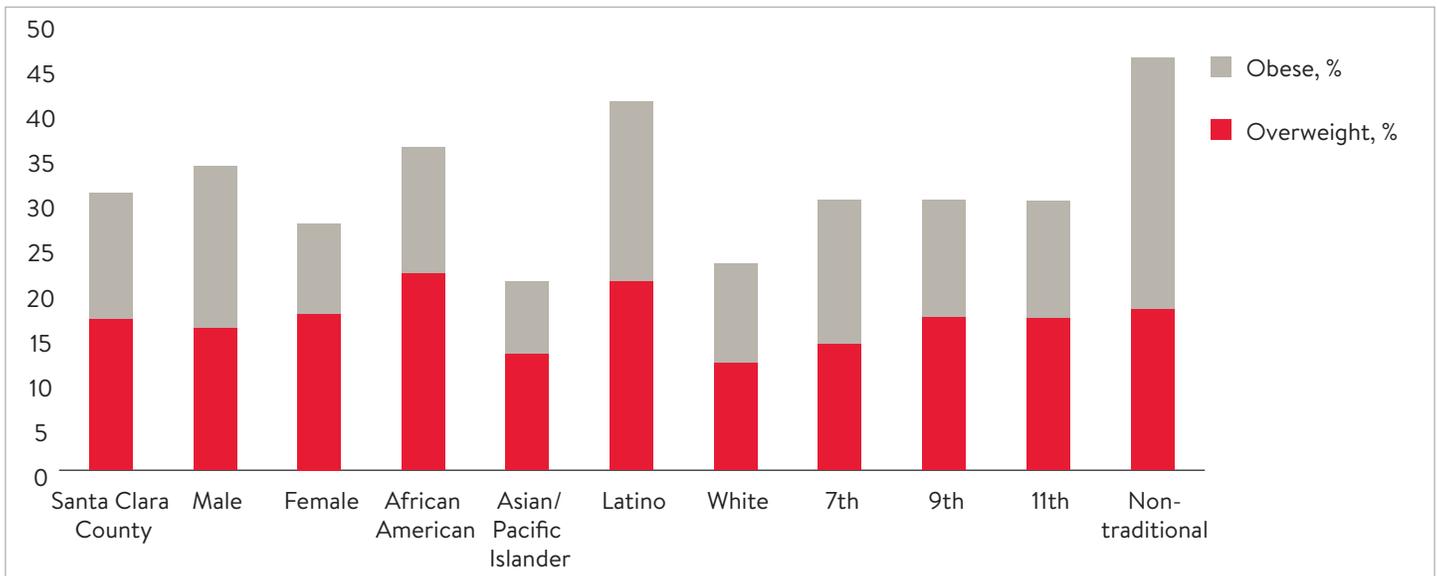
3 <http://ask.chis.ucla.edu>

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	OTHER	MULTI RACE	HISPANIC/ LATINO (ANY RACE)
Did Not Eat Breakfast; 7th, 9th, 11th, NT ^{KD}		14.8%	31.6%	19.9%	15.7%	27.7%	36.6%
Exclusive Breastfeeding ^{KD}	69.6%	88.3%	77.2%	80.8%	81.5%	85.3%	75.6%
Low Fruit/Vegetable Consumption (Youth)	47.4%	♦60.6%	♦73.1%		♦72.8%		45.5%
Physical Inactivity (Youth)	37.8%	21.9%	33.2%	15.6%		28.5%	♦41.8%
Students Meeting Fitness Standards; 5th Graders ^{KD}	24.9%	35.5%	♦20.1%	♦34.0%		26.7%	♦15.0%
Students Meeting Fitness Standards; 7th Graders ^{KD}	31.4%	40.5%	♦25.5%	42.7%		33.4%	♦21.7%
Students Meeting Fitness Standards; 9th Graders ^{KD}	34.8%	44.1%	♦32.6%	53.1%		40.5%	♦26.5%
Walking/Biking/Skating to School	43.0%	46.8%			41.1%		59.1%

*Indicates that the data combined Asian/Pacific Islander.

- Latinos have the highest rate of overweight or obese adults (72%) compared to the county overall (54%).
- Pacific Islanders have high rates of overweight and obesity among adults (77%) and middle school/high school youth (49%).

Figure 9. Percent Overweight and Obese Students, 2015 – 16



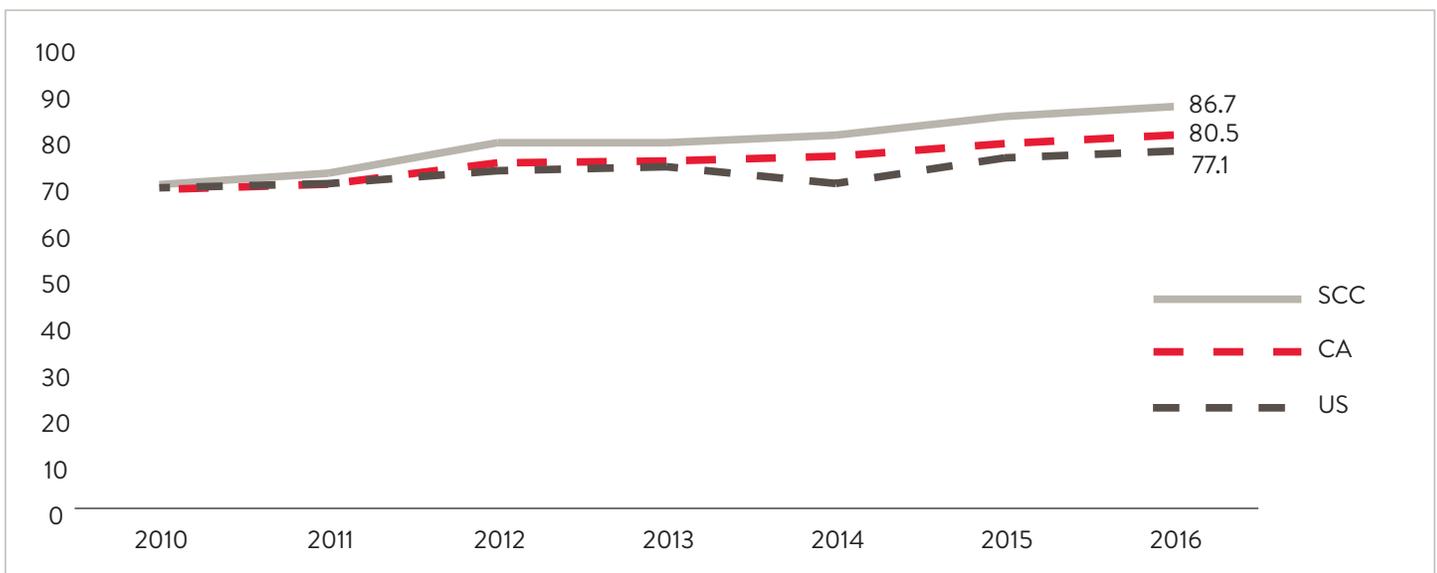
Source: California Healthy Kids Survey, 2006 – 2016.

Other key findings related to obesity were found in the Santa Clara County Public Health Department's Child Health Assessment. No comparisons were provided for this data unless otherwise noted.

- Youth fruit and vegetable consumption is worse in Gilroy and East Side Union High School District compared to consumption by students in other districts.
- Latino children had the highest rates of fast food consumption, both among children under 12 years of age and middle/high school students.
- Males (both adults and middle/high school students) are almost twice as likely to be obese than females.

As shown in the chart below, the rate of fast food restaurants in the county has substantially increased since 2010 (from 69.8 to 86.7), which far outpaces the increase in the state and the U.S.

Figure 10. Fast Food Restaurants Rate per 100,000 People by Year



Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA.

Maternal/Infant Health

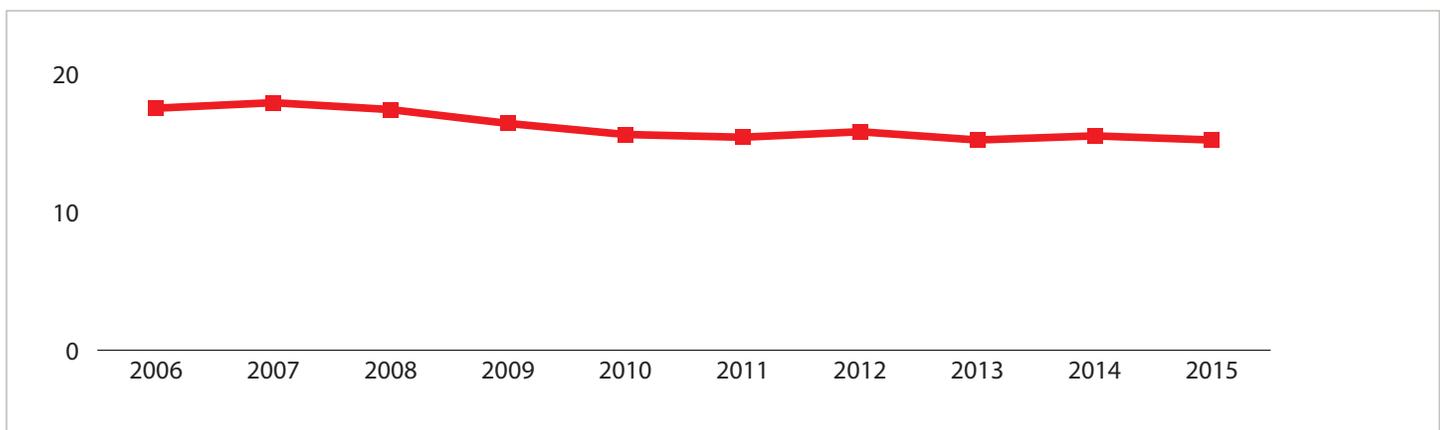
Table 23. Statistical Data for Maternal/Infant Health

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Elevated Blood Lead Levels in Children Age 0 – 5 ^{KD}	0.2%	0.2%	↓
Infant Mortality Rate (per 1,000 births) ^{PHD}	3.1	4.6	↓
Infants Born at Very Low Birth Weight ^{KD}	1.0%	1.1%	↓
Infants Whose Mothers Received Prenatal Care in the First Trimester ^{KD}	85.1%	83.2%	↑
Low Birth Weight^{PHD}	7.0%	6.8%	↓
Teen Births Rate (per 1,000 Under Age 20) ^{+PHD}	11.1	19.0	↓
Any Breastfeeding ^{KD}	97.3%	94.0%	↑
Breastfeeding (Any)	96.5%	93.0%	↑
Breastfeeding (Exclusive) ^{KD}	80.9%	69.6%	↑
Cost of Infant Childcare, Annually, Child Care Center^{KD}	♦\$19,212	\$16,452	↓
Education—School Enrollment Ages 3 – 4	56.9%	48.6%	↑
Food Security—Food Insecurity Rate	11.0%	13.9%	↓
Head Start Program Rate (per 10,000 kids aged 0 – 5)	♦2.7	6.3	↑
Licensed Childcare Availability for Working Families ^{KD}	29%	23%	↑
WIC-Authorized Food Stores Rate	♦9.5	15.8	↑

Rates are per 100,000 population unless otherwise noted.

The county birth rate has declined slightly since 2006 (as show in the chart below), which is consistent with trends seen in the U.S. overall. In addition to ethnic disparities in low birth weight, low birth weight percentage among mothers who are aged 45 and older (18%) is three times as high as that for mothers aged 20 – 24 (6%).^{PHD}

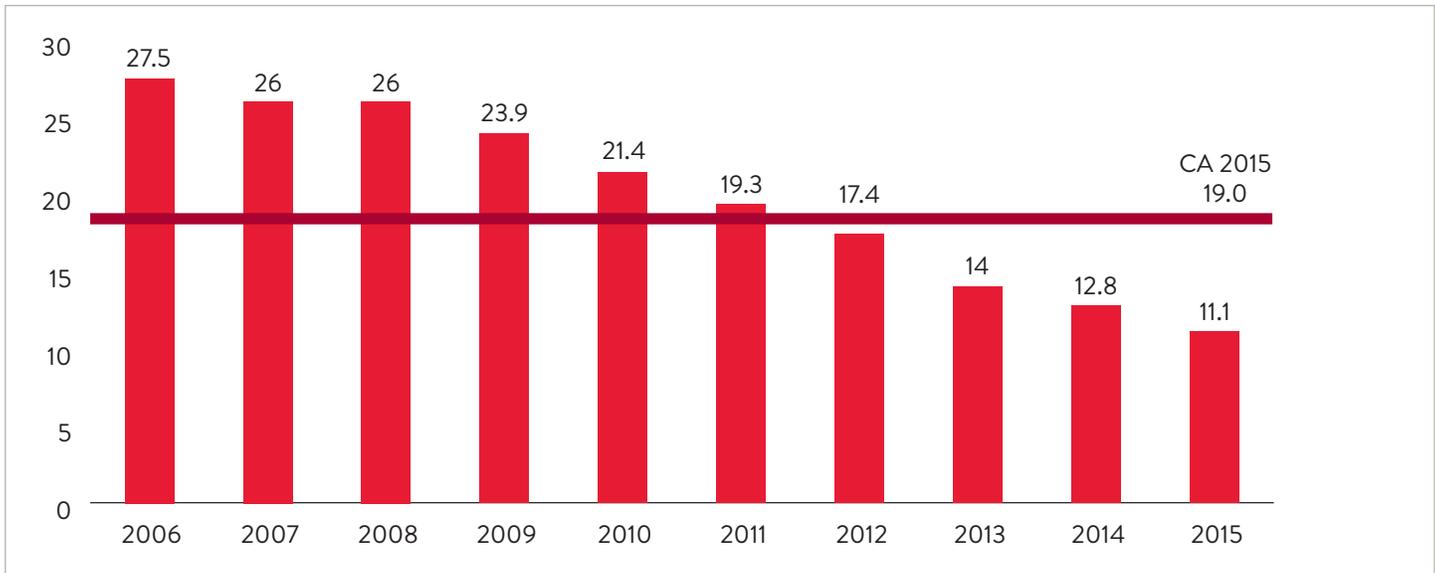
Figure 11. Birth Rate per 1,000 People, 2006 – 2015



Source: Santa Clara County Public Health Department, Birth Stastical Master File, 2006 – 2015; U.S. Census Bureau; 2010 Census, Tables PCT12, PCT12H, PCT12I, PCT12J, PCT12K, PCT12L, PCT12M (generated by Baath M. using American FactFinder, accessed June 20, 2017); Martin JA, Hamilton BE, Osterman MJ, et al. Births: Final data for 2015; National vital statistics report vol 66, no 1. Hyattsville, MD: National Center for Health Statistics. 2017.

Teen births are trending down since 2006 for all ethnic groups (see chart). Ethnic disparities in teen births are seen in the Latina population (25.3 per 1,000)^{CR} and the Pacific Islander Population (20.3 per 1,000, the highest among Asian subpopulations).^{API}

Figure 11.2. Teen Births by Year



Source: Santa Clara County Public Health Department, Birth Stastical Master File, 2006 – 2015; U.S. Census Bureau; 2010 Census, Tables PCT12, PCT12H, PCT12I, PCT12J, PCT12K, PCT12L, PCT12M (generated by Baath M. using American FactFinder, accessed June 20, 2017); Martin JA, Hamilton BE, Osterman MJ, et al. Births: Final data for 2015; National vital statistics report vol 66, no 1. Hyattsville, MD: National Center for Health Statistics. 2017.

Table 24. Statistical Data for Maternal/Infant Health by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	OTHER	MULTI RACE	HISPANIC/ LATINO (ANY RACE)
Infant Mortality Rate (per 1,000 births) ^{PHD}	4.6	2.8	♦8.7	2.1 API	♦10.5 PI		3.7
Infants Whose Mothers Received Prenatal Care in the First Trimester ^{KD}	83.2%	91.7%	♦73.8%	*88.3%		86.6%	♦75.7%
Low Birth Weight ^{PHD}	6.8%	6.3%	♦10.4%	♦7.8%			6.1%
Teen Births (per 1,000 under 20) ^{PHD}	19.0	2.1	7.0	1.5			♦25.3
Any Breastfeeding ^{KD}	94.0%	97.8%	95.7%	98.4%	97.3%	98.1%	95.7%
Breastfeeding (Any)	93.0%	97.1%	94.3%	97.4%	97.2%	96.6%	95.4%
Breastfeeding (Exclusive)	64.8%	86.0%	69.5%	74.3%	76.6%	82.6%	74.2%
Exclusive Breastfeeding ^{KD}	69.6%	88.3%	77.2%	80.8%	81.5%	85.3%	75.6%

Other findings from Santa Clara County Public Health Reports:

- African/African Ancestry (81%) and Latina mothers (79%) are least likely to have prenatal care in their first trimesters.^{CR} Among Asian subpopulations, Pacific Islander mothers have the highest rate of inadequate prenatal care (21%).^{API} Preterm births are high among those women who did not receive prenatal care (45%).
- Infant mortality in the pooled years of 2007 – 2015 for Asian/Pacific Islanders, as a whole, is 2.4 per 1,000 live births, which is the lowest rate for any ethnic group. However, the rate of infant mortality for Pacific Islanders is 10.5, which misses the HP2020 benchmark of 6.0 by 75%.^{API}
- Only 56% of expectant mothers under age 15 receive early prenatal care.^{CR} Teen births (under age 20) are highest in East San Jose and Central San Jose.
- Babies who are born preterm (before 37 weeks of gestation) are at increased risk for health problems, which can become long-term.⁴ Preterm births overall are low (8%) compared to the state (9%). However, preterm births are high among mothers who have not received prenatal care (45%). More than one in 10 of African/African Ancestry mothers (11%) and Filipina mothers have preterm births (11%).^{CR, API}
- Although mothers ages 45 and older have high rates of early prenatal care (93%), when compared to younger mothers, they still have higher rates of preterm births (20%) and low birth weight babies (18%).

⁴ Preterm Birth and Low Birth Weight. Child Health USA 2014. Available at: <http://mchb.hrsa.gov/chusa14/health-status-behaviors/infants/preterm-birth-low-birth-weight.html>. Accessed October 28, 2015.

Oral Health

Table 25. Statistical Data for Oral Health

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Dental Decay/Gum Disease (Adult) ^{BRFS}	45%	N/A	↓
No Recent Dental Exam (Adult)	18.8%	30.5%	↓
No Recent Exam (Children Ages 2 – 11)	♦29.8%	18.5%	↓
Poor Dental Health (Adult)	7.8%	11.3%	↓
Absence of Dental Insurance (Adult)	36.0%	40.9%	↓
Access to Dentists Rate	109.0	80.1	↑
Dental Care—Lack of Affordability (Ages 5 – 17)	4.2%	6.3%	↓
Exposed to Unsafe Drinking Water	0.0%	2.7%	↓
Living in Dental Health Professional Shortage Area	0.0%	26.1%	↓

Table 26. Statistical Data for Oral Health by Ethnicity

INDICATORS	BENCH- MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	OTHER	HISPANIC/ LATINO (ANY RACE)
Absence of Dental Insurance (Adult)	40.9%	25.3%		30.3%		32.1%
Dental Decay/ Gum Disease (Adult) ^{BRFS}	45% SCC	31%	♦50%	♦61%		♦60%
No Recent Dental Exam (Children Ages 2 – 11)	18.5%	♦31.0%			16.3%	♦51.8%

Note: No data are available for African/African Ancestry. No data are available for Pacific Islander or Native American populations.

Sexually Transmitted Infections

Table 27. Statistical Data for Sexually Transmitted Infections

INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Chlamydia ^{† PHD}	361.8	504.4	↓
Chlamydia Incidence Among Youth Ages 10 – 19 (rate per 100,000) ^{KD}	498.8	709.2	↓
Early Syphilis ^{† PHD}	18.2	28.5	↓
Gonorrhea ^{† PHD}	100.6	164.3	↓
Gonorrhea Incidence Among Youth Age 10 – 19 (rate per 100,000) ^{KD}	80.9	121.2	↓
HIV Hospitalization Discharge Rate per 10,000 (2011)	0.87	1.98	↓
HIV Prevalence ^{† PHD}	6.9	12.7	↓
No HIV Screening	♦64.0%	60.8%	↓

Rates are per 100,000 population unless otherwise noted.

- Gonorrhea among female minors has risen 61% between 2013 and 2014 and is five times as high as that of males.^{CR}
- The rate of chlamydia infections among females (450.4) is 1.6 times that of males (273.3).^{CR}
- 2016 STI rates in Santa Clara County are favorable compared with California. However, syphilis, gonorrhea and chlamydia rates are all trending up since 2007 (see chart).

Figure 12. HIV & Early Syphilis Rates by Year

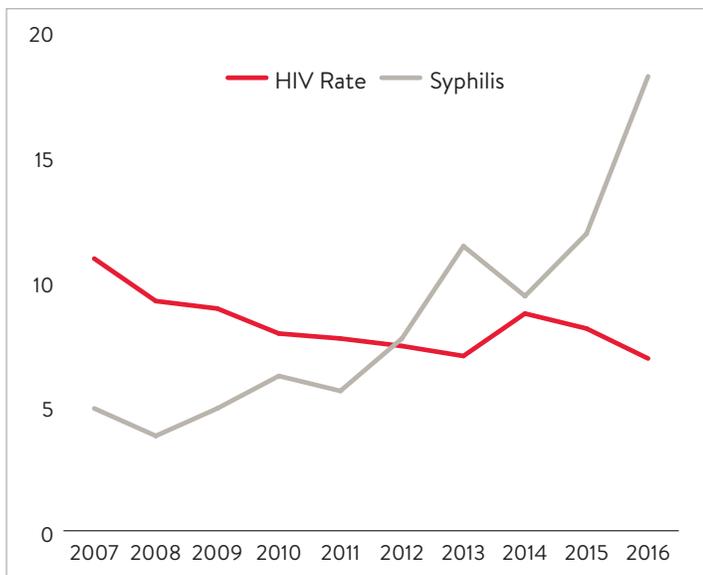
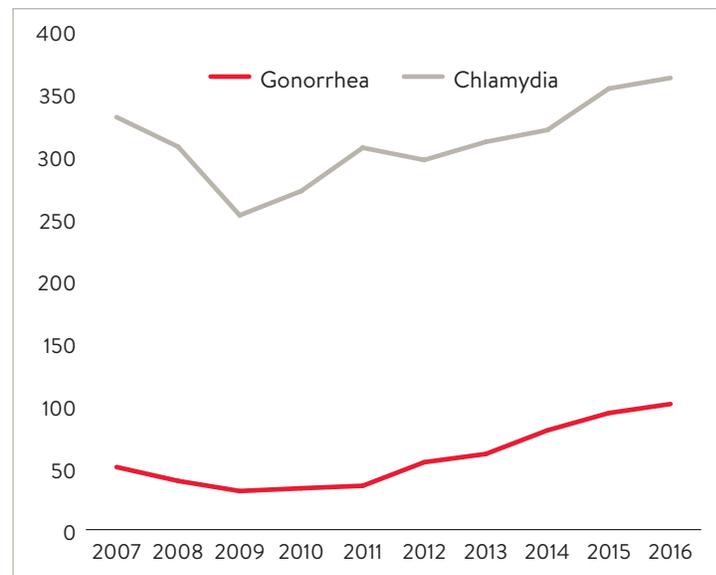


Figure 13. Gonorrhea and Chlamydia Rates by Year



Sources: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2016. Atlanta: U.S. Department of Health and Human Services; 2017; Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2007 – 2011) & California Reportable Disease Information Exchange (CalREDIE) (2011 – 2016), data are provisional as of 5/5/2017; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000 – 2010. Sacramento, California, September 2012; State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010 – 2060, Sacramento, California, February 2017; STD Control Branch, California Department of Public Health, Sexually Transmitted Diseases in California 2016 Executive Summary.

Table 28. Statistical Data for Sexually Transmitted Infections by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	MULTI RACE	HISPANIC/ LATINO (ANY RACE)
Chlamydia Incidence Among Youth Ages 10 – 19 ^{KD}	709.2	376.9	♦1795.3	*145.7		♦758.3
Early Syphilis ^{† PHD}	28.5	14.1	♦39.3	3.8		27.7
Gonorrhea Incidence Among Youth Age 10 – 19 ^{KD}	121.2	90.1	♦512.9	*18.7		98.4
HIV Prevalence ^{PHD}	12.7	4.5	♦34.9	3.8		11.1
No HIV Screening	60.8%	51.1%	37.0%	♦71.4%	38.9%	47.6%

Rates are per 100,000 population unless otherwise noted. *Indicates that the data combined Asian/Pacific Islander.

Unintentional Injury

Table 29. Statistical Data for Unintentional Injury

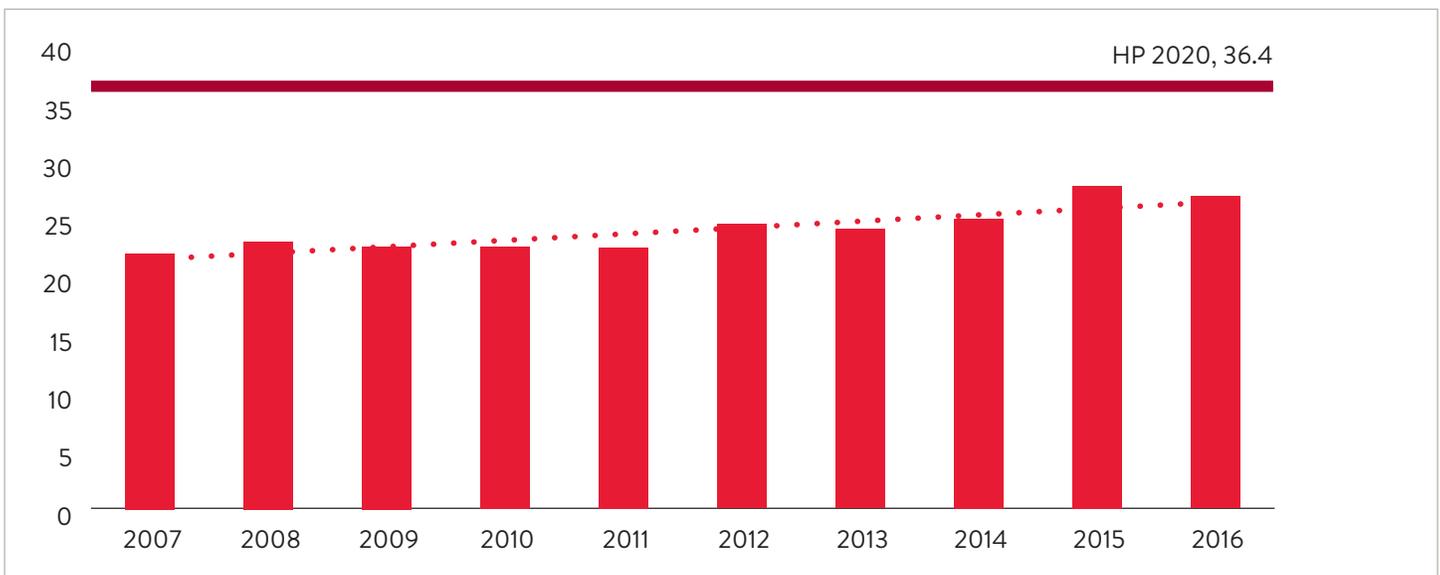
INDICATORS	SCC	BENCHMARK	DESIRED ↑↓
Fatal Motor Vehicle Accident Rate	6.2	8.6	↓
Fatal Pedestrian Accident Rate	♦1.5	^H1.3	↓
Motor Vehicle Hospitalization Rate ^{PHD}	49.7	N/A	↓
Poisoning Hospitalizations, Children Age 0 – 17 ^{KD}	1.0%	1.0%	↓
Unintentional Injury Mortality Rate ^{† PHD}	26.9	36.4	↓
Alcohol–Excessive Consumption	14.7%	17.2%	↓
Liquor Store Access Rate	8.9	10.6	↓

Rates are per 100,000 population unless otherwise noted.

Other findings:

- 5% of deaths in the county are due to accidents, compared with 4% in the state.♦
- Male mortality rates due to unintentional injury are 90% worse than those of females.♦
- The unintentional injury mortality rate has increased slightly from 2007.^{PHD} (See chart.)

Figure 14. Unintentional Injury Mortality Rate by Year



Source: Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census, Tables PCT12, PCT12H, PCT12I, PCT12J, PCT12K, PCT12L, PCT12M; generated by Baath M.; using American FactFinder; accessed June 20, 2017.

Table 30. Statistical Data for Unintended Injury by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFRICAN/ AFRICAN ANCESTRY	ASIAN	MULTI RACE	HISPANIC/ LATINO (ANY RACE)
Fatal Pedestrian Accident Rate	1.3	1.4	0	0	0	◆2.2
Motor Vehicle Fatal Accident Rate	8.6	5.9	7.0	3.9		9.4
Motor Vehicle Hospitalization Rate ^{PHD}	49.7 (SCC)	52.5	◆61.6	28.2 API		◆60.2
Unintentional Injury Mortality Rate ^{PHD}	36.4	29.4	◆43.0	16.0 API		32.8

Rates are per 100,000 population unless otherwise noted. Note: No data are available for the population of "other" race/ethnicity.

- African/African Ancestry children under 18 are 65% more likely to suffer an unintentional injury (3,554 per 100,000) compared with the county overall (2,150).^{◆ CR}

References and Sources

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- API** Santa Clara County 2017 Asian and Pacific Islander Health Assessment. (n.d.). Santa Clara County Public Health Department. Retrieved from <https://www.sccgov.org/sites/phd/hi/hd/Documents/AsianHealth/aha-report.pdf>
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- LH** Status of LGBTQ Health: Santa Clara County 2013. (2013, December 20). Santa Clara County Public Health Department. Retrieved from https://www.sccgov.org/sites/phd/hi/hd/Documents/LGBTQ%20Report%202012/LGBTQ_Report_WEB.pdf
- KD** KidsData.org, a program of the Lucile Packard Foundation for Children’s Health. Retrieved January 2019. See Secondary Data Indicators list for original sources by indicator.

i <https://www.communitycommons.org/maps-data/>

Attachment 4: Secondary Data Tables, San Mateo County

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Introduction

Statistical data tables compare San Mateo County data to California state benchmarks or Healthy People 2020 aspirational goals, whichever is more stringent. Although community health needs were determined based on all available data, the subset of data presented in these tables are those which are most related to children and youth. The tables are presented alphabetically, with the exception of “General Health,” which is last.

Definitions:

Incidence rate: Rate of new cases within a specific time period

Mortality rate: Rate of deaths from a given condition compared with a specified population

Prevalence: Proportion of a population with a given condition

Age-adjusted rate: Statistically modified rate that eliminates the effect of different age distributions in the populations

Conventions:

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

Social Determinants of Health

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

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

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

Figure 1. Social Determinants of Health Domains



Adapted from [HealthyPeople.gov](https://www.healthypeople.gov)

Education & Literacy

Table 1. Statistical Data for Education & Literacy

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
High School Graduation Rate (percent of cohort) ^{1† & 2}	2014 – 2015	88.1%	^H 87.0%	↑
Reading At or Above Proficiency²	2015 – 2016	♦56.0%	^H 63.7%	↑
School Enrollment Ages 3 – 41	2012 – 2016	62.5%	48.6%	↑
Adults with an Associate's Degree or Higher ²	2012 – 2016	54.5%	39.8%	↑
Adults with Less than High School Diploma (or Equivalent) ¹	2012 – 2016	11.4%	17.9%	↓
Adults with Some Post-Secondary Education ²	2012 – 2016	76.1%	63.6%	↑
Children in Limited English-Speaking Households ²⁶	2016	9.2%	10.5%	↓
Cost of Preschool Childcare, Annually, Child Care Center²⁶	2016	♦\$14,703	\$11,202	↓
Expulsions Rate (per 100 students) ²	2016 – 2017	0.06	0.08	↓
Head Start Program Facilities Rate (per 10,000 pop. 0 – 5)¹	2018	♦2.6	5.9	↑
High School Graduates Completing College Prep Courses ²⁶	2015	54.3%	43.4%	↑
High Speed Internet ²	2016	98.9%	95.4%	↑
Meeting or Exceeding Grade-Level Standard in English Language Arts, 11th Grade ²⁶	2016	65%	59%	↑
Meeting or Exceeding Grade-Level Standard in Mathematics, 11th Grade ²⁶	2016	44%	32%	↑
Population in Linguistically Isolated Households ¹	2012 – 2016	8.9%	8.9%	↓
Population with Limited English Proficiency (age 5+) ¹	2012 – 2016	18.4%	18.6%	↓
Student Truancy Rate (per 100 students) ²⁶	2016	25.9	34.1	↓
Students Not Completing High School ²⁶	2015	6.7%	10.7%	↓
Students per Academic Counselor ²⁶	2017	614:1	681:1	↓
Suspensions Rate (per 100 students) ²	2016 – 2017	4.9	5.9	↓
Teen Birth Rate (per 1,000) ²⁶	2015	9.4	18.7	↓

Trends (†)

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

- Childcare Arrangement Has Made It Easier for Parent to Attend Education/Training¹¹: Decreasing
- Computer in Household¹¹: Mixed (increasing, but decrease since 2013)
- High School Graduation Rate¹: Flat since 2012

Race & Ethnicity

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

Table 2. Statistical Data for Education & Literacy by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Adults with Less than High School Diploma or Equivalent ¹	17.9%	3.6%	11.0%	8.3%	14.1%	♦26.6%	♦36.8%	8.0%	♦32.9%
Caring Adults at School: Low; 7th, 9th, 11th, NT ²⁶		6.9%	♦9.4%	♦9.6%	♦12.0%	♦18.7%	♦10.9%	♦10.9%	♦12.4%
High School Graduates Completing College Prep Courses ²⁶	43.4%	66.9%	♦28.7%	75.5%	♦31.3%		†55.4%	60.8%	♦37.6%
High School Graduation Rate (percent of cohort) ²	†87.0%	92.2	♦77.3	96.8		♦73.3		94.6	80.4
Meaningful Participation at School: Low; 7th, 9th, 11th, NT ²⁶		24.1%	♦27.5%	♦26.3%	♦33.1%	♦39.7%	♦29.3%	♦29.5%	♦38.6%
Meeting or Exceeding Grade-Level Standard in English Language Arts, 11th Grade ²⁶	59%	77%	♦31%	81%	♦34%	♦51%	†63%	75%	♦37%
Meeting or Exceeding Grade-Level Standard in Mathematics, 11th Grade ²⁶	32%	69%	♦21%	82%	♦26%	43%	†51%	68%	♦26%
Reading At or Above Proficiency ²	†63.7%	75%	♦34%	79%	♦30%			74%	♦31%
Population with Limited English Proficiency (age 5+) ¹	18.6%	11.0%	0.19%	14.2%	0.54%	0.13%	7.4%	0.51%	♦35.4%
School Connectedness: Low; 7th, 9th, 11th, NT ²⁶		5.9%	♦11.2%	4.8%	♦8.0%	♦23.4%	♦10.1%	♦7.6%	♦8.3%
Students Not Completing High School ²⁶	10.7%	4.8%	♦12.9%				†3.3%		10.8%
Teen Birth Rate (per 1,000) ²⁶	18.7								♦21.3

Blank cells indicate that data were unavailable. ¹Indicates that statistic represents Filipino population.

Data Without Benchmarks

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

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

Food Insecurity

Table 3. Statistical Data for Food Insecurity

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Food Insecure Population Ineligible for Assistance ¹	2014	♦39%	22%	↓
Food Insecure Population Ineligible for Assistance - Children ¹	2014	♦46%	29%	↓
Food Insecurity Rate ^{1† & 23}	2016	♦9.1%	^H 6.0%	↓
Food Insecurity Rate – Children under 18 ¹	2014	19.3%	25.3%	↓
Children Eligible for Free/Reduced Price Lunch ^{1†}	2015 – 2016	32.9%	58.9%	↓
Children in Single-Parent Households ²	2012 – 2016	22.0%	31.8%	↓
SNAP Benefits (Households) ^{1† & 2}	2012 – 2016	3.7%	9.4%	↓

Trends (†)

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

- Children Eligible for Free/Reduced Price Lunch¹: Falling since 2012 – 13
- Food Insecurity^{1†}: More respondents were food-insecure than in any prior survey (1998 – 2013).
- SNAP Benefits (Households)¹: Rising since 2008
- Received Informal Food Support^{1†}: Increasing
- Receiving Government Assistance^{1†}: Increasing

Race & Ethnicity

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

Table 4. Statistical Data for Food Insecurity by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Food Insecurity Rate ^{1† & 24}	^H 6.0%		♦7.5%	*♦7.2%					

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

Other Populations

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

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

INDICATORS	BENCH-MARK	AGE 0 – 5	AGE 6 – 17	AGE 18 – 64	AGE 65+	≤ HIGH SCHOOL	SOME COLLEGE	≥ B.A./B.S. DEGREE	≤ 200% FPL
Food Insecurity Rate ^{11 & 24}	H6.0%								♦10.4%

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

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

Health Care Access & Delivery

Table 6. Statistical Data for Health Care Access & Delivery

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Access to Dentists Rate ^{1† & 12}	2016	101.2	82.3	↑
Access to Mental Health Care Providers Rate ¹	2018	300.9	280.6	↑
Access to Primary Care Rate ^{1† & 12}	2015	102.9	78.0	↑
Access to Other Primary Care Providers Rate¹²	2017	♦35.6	52.2	↑
Adults Needing and Receiving Behavioral Health Care Services ^{20†}	2015 – 2016	58.4%	60.5%	↓
Children/Youth with Health Insurance, Ages 0 – 17 ²⁶	2016	98.9%	97.1%	↑
Lack of Consistent Source of Primary Care ¹	2011 – 2012	10.4%	14.3%	↓
Cancer Screening—Pap Test ¹	2006 – 2012	82.1%	78.3%	↑
Delayed or Had Difficulty Obtaining Care ^{20†}	2013 – 2014	17.3%	21.2%	↓
Doctor's Visit—Could Not Afford ^{11† & 24}	2016	5.8%	11.4%	↓
Federally Qualified Health Centers Rate¹	2018	♦1.7	2.7	↑
Health Professional Shortage Area—Dental ²	2016	0.0%	13.2%	↓
Lack of Dental Insurance Coverage ²	2015 – 2016	26.0%	38.5%	↓
Lack of Health Care Coverage ^{11† & 24}	2016	8.6%	12.9%	↓
Lack of Transportation Interfered with Access to Health Care ^{11† & 24}	2016	7.2%	^{US} 8.3%	↓
Life Expectancy at Birth (in Years) ²	2014	83.1	80.8	↓
Living in Health Professional Shortage Area—Primary Care ¹	2016	0.0%	5.1%	↓
Medication—Could Not Afford ^{11† & 24}	2016	7.7%	^{US} 14.9%	↓
Mortality—Premature Deaths (Years of Potential Life Lost) ¹	2014 – 2016	3,552	5,862	↓
No Recent Dental Exam (Youth) ¹	2013 – 2014	1.2%	18.5%	↓
Poor or Fair Health ^{11† & 24}	2016	13.3%	17.8%	↓
Poor Physical Health (Average Days/Month) ^{11† & 12}	2016	2.7	3.5	↓
Population Receiving Medicaid ¹	2012 – 2016	15.2%	26.6%	↓
Population with Any Disability ¹	2012 – 2016	8.3%	10.6%	↓
Population with Limited English Proficiency (age 5+) ¹	2012 – 2016	18.4%	18.6%	↓
Premature Death, Racial/Ethnic Disparity Index²	2004 – 2017	♦52.1	36.8	↓
Recent Dental Exam ^{11 & 24}	2016	78.9%	66.8%	↑

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Recent Primary Care Visit (at least 1 visit past year)²	2015 – 2016	70.6%	72.4%	↑
Students per School Nurse²⁶	2017	♦4876:1	2502:1	↓
Students per School Psychologist²⁶	2017	♦1196:1	1124:1	↓
Students per School Speech/Language/ Hearing Specialist ²⁶	2017	1153:1	1181:1	↓
Uninsured Children ²	2012 – 2016	9.6%	10.4%	↓
Uninsured Population[†]	2012 – 2016	♦7.2%	†0.0%	↓

Trends (†)

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

- Access to Dentists Rate¹: Rising since 2010
- Access to Primary Care Rate¹: Mixed, but generally rising since 2010
- Adults Needing and Receiving Behavioral Health Care Services²⁰: No significant change
- Child Had Recent Dental Exam¹¹: Increasing
- Child Has Usual Place for Medical Check-ups¹¹: Decreasing since 2013
- Delayed or Had Difficulty Obtaining Care²⁰: Flat compared to prior value
- Difficulty Getting in to See a Doctor¹¹: No clear trend
- Doctor's Visit—Could Not Afford¹¹: No significant change
- Fair/Poor Access to Social Services¹¹: No significant change
- Fair/Poor Access to Child Health Services¹¹: Increasing since 2008
- Fair/Poor Access to Dental Care¹¹: Increasing
- Fair/Poor Access to Help for Substance Abuse¹¹: Increasing
- Fair/Poor Access to Mental Health Services¹¹: Increasing
- Fair/Poor Access to Health Care¹¹: No clear trend
- Have Ever Sought Professional Help for Drug Related Problem¹¹: Flat
- Job Does Not Offer Health Benefits¹¹: Increasing
- Job Offers Health Benefits for Employee Dependents¹¹: Slightly increasing
- Know Where to Access Treatment for a Drug-Related Problem if Needed¹¹: Increasing
- Lack of Health Care Coverage¹¹: Decreasing since 2008
- Lack of Transportation Interfered with Access to Health Care¹¹: No significant change
- Medication—Could Not Afford¹¹: Decreasing
- Number of Years Since Had Health Coverage¹¹: Decrease from 2013
- Poor or Fair Health¹¹: Increasing since 2008
- Receiving Government Assistance¹¹: Increasing
- Uninsured Population¹: Decreasing

Race & Ethnicity

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

Table 7. Statistical Data for Health Care Access & Delivery by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Lack of Consistent Source of Primary Care ¹	14.3%	5.8%	8.0%				10.8%		♦17.0%
Children/Youth with Health Insurance Ages 0 – 17 ²⁶	97.1%	99.8%		98.7%				99.1%	97.9%
Doctor’s Visit— Could Not Afford ^{11 & 24}	11.4%		10.4%						
Lack of Health Care Coverage ^{11 & 24}	12.9%			♦14.5%					♦16.5%
Lack of Transportation Interfered with Access to Health Care ^{11 & 24}	US8.3%								♦12.0%
Medication— % Could Not Afford ^{11 & 24}	US14.9								13.2
Uninsured Population ¹	H0.0%	3.6%	♦9.9%	♦5.8%	♦11.2%	♦8.8%	♦15.6%	4.7%	♦14.6%

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

Other Populations

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

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

INDICATORS	BENCH-MARK	AGE 0-5	AGE 6-17	AGE 18-64	AGE 65+	≤ HIGH SCHOOL	SOME COLLEGE	≥ B.A./B.S. DEGREE	≤ 200% FPL
Doctor’s Visit— Could Not Afford ^{11 & 24}	11.4%								10.9%
Lack of Health Care Coverage ^{11 & 24}	12.9%					♦21.5%			
Lack of Transportation Interfered with Access to Health Care ^{11 & 24}	US8.3%								♦15.7%
Medication— % Could Not Afford ^{11 & 24}	US14.9								♦18.0
Recent Dental Exam ^{11 & 24}	66.8%								♦51.1%

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- **Access to Dentists:** Almost 82% of Quality of Life survey respondents countywide (N=1,581) reported having a usual source of dental care.¹¹ This was the case for a smaller proportion of respondents earning less than 200% FPL (57%).¹¹
- **Access to Health Services:**
 - **Fair/Poor Access to Health Care:** About 10% of Quality of Life survey respondents countywide (N=1,581) reported that the ease with which they are able to get the health care services they need is fair/poor.¹¹ This was reported in greater proportions by respondents earning less than 200% FPL (24%) and Latinx respondents (18%).¹¹
 - **Job Does Not Offer Health Benefits:** More than one-quarter of Quality of Life survey respondents countywide (N=1,581) who were employed reported that their job offered no health benefits.¹¹ This was reported in greater proportions by Latinxs (35%), south county respondents (36%), and individuals earning less than 200% FPL (56%).
 - **Child Has Usual Place for Medical Check-ups:** Of Quality of Life survey respondents who had at least one child under age 18 living in their household, nearly 94% reported that they have a regular place they take their child for medical check-ups.¹¹ This was reported in smaller proportions by respondents with a high school diploma or less (87%), and individuals earning less than 200% FPL (87%).
- **Access to Physicians:**
 - **Difficulty Getting in to See a Doctor:** About 11% of Quality of Life survey respondents countywide (N=1,581) indicated they had difficulty seeing a doctor.¹¹ This affected greater proportions of respondents earning less than 200% FPL (20%) and Latinx respondents (17%).¹¹
- **Fair/Poor Access to Social Services:** Over 21% of Quality of Life survey respondents countywide (N=1,581) rated the ease with which they are able to get social services in their community as fair or poor.¹¹ Greater proportions of Latinx (29%), low-income (30%), and African ancestry (34%) respondents rated social services access as fair/poor.¹¹
- **Dental Insurance:**
 - **Dental Insurance:** About two thirds of Quality of Life survey respondents countywide (N=1,581) reported having dental insurance.¹¹ This was the case for smaller proportions of respondents earning less than 200% FPL (42%).¹¹
 - **Lack of Insurance Prevented Dental Care:** About 30% of Quality of Life survey respondents countywide (N=1,581) indicated that they or a family member(s) have dental problems they cannot take care of because of a lack of insurance.¹¹ This affected greater proportions of Latinx respondents (44%) and adults age 18 – 39 (45%).¹¹

Housing & Homelessness

Table 9. Statistical Data for Housing & Homelessness

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Assisted Housing Units Rate (per 10,000)¹	2016	♦235.9	352.4	↓
Asthma Patient Discharges, Children/Youth (ages 1 – 19) ¹	2011	3.8%	4.3%	↓
Banking Institutions Rate (per 10,000 pop.) ²	2015	3.2	2.7	↑
Children Living in Crowded Households ²⁶	2016	26.8%	28.4%	↓
Commute >60 Min ¹	2012 – 2016	8.9%	11.3%	↓
Cost Burdened Households ¹	2012 – 2016	39.3%	42.8%	↓
Cost Burden—Renters ^{18†}	2012 – 2016	48.2%	56.5%	↓
Elevated Blood Lead Levels in Children Age 0 – 5 ²⁶	2013	0.2%	0.2%	↓
Elevated Blood Lead Levels in Children/ Youth Ages 6 – 20 ²⁶	2013	0.2%	0.3%	↓
Homeless Public School Students ²⁶	2016	2.3%	4.4%	↓
Living in Owner-Occupied Housing ^{18†}	2012 – 2016	56.4%	49.8%	↑
Median Rent, 2 Bedroom (\$)^{19†}	2018	♦3,495	2,150	↓
Severe Housing Problems ²	2011 – 2015	24.1%	27.3%	↓
Substandard Housing Units ¹	2012 – 2016	41.8%	45.6%	↓
Vacant Housing Units ¹	2012 – 2016	4.7%	7.9%	↓
Unsheltered Homeless Children, Ages 0 – 17 ²⁶	2017	4	1,451	↓
Unsheltered Homeless Young Adults, Ages 18 – 24 ²⁶	2017	7	11,298	↓

Trends (†)

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

- Fair/Poor Access to Affordable Housing¹¹: No clear trend
- Cost Burden—Renters¹⁸: No change
- Home Ownership (living in owner-occupied housing)¹⁸: No significant change
- Housing Unstable in Past 2 Years¹¹: Increasing
- Median Rent, 2 Bedroom¹⁹: Increasing
- May Move Due to Cost of Living¹¹: Mixed; increasing since 2013
- Share Housing Costs with Non-Partner for Affordability¹¹: Increasing since 2008

Data Without Benchmarks

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

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

Neighborhood & Built Environment

Access to Food/Recreation

Table 10. Statistical Data for Access to Food/Recreation

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Drinking Water Violations²	2015	♦1.0	0.8	↓
Exercise Opportunities ¹²	2016	96.2%	89.6%	↑
Fast Food Restaurants Rate^{1†}	2016	82.5	78.7	↓
Food Desert Population ¹	2015	9.9%	13.4%	↓
Food Environment Index ¹²	2015	8.9	8.8	↑
Grocery Stores Rate ^{1†}	2016	25.3	21.8	↑
Lack of Healthy Food Stores ²	2014	9.9%	13.4%	↑
Public Transit Stops²	2013	♦13.4%	16.8%	↑
Recreation and Fitness Facilities Rate ^{1†}	2016	14.9	10.2	↑
Walkable Destinations ²	2012 – 2015	54.8%	29.0%	↑
WIC-Authorized Food Stores Rate¹	2011	♦10.5	15.8	↑

Trends (†)

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

- Fast Food Restaurants Rate¹: Rising since 2013
- Grocery Stores Rate¹: Rising since 2013
- Recreation and Fitness Facilities Rate¹: Mixed.

Community & Family Safety

Table 11. Statistical Data for Community & Family Safety

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
All Violent Crimes Rate ¹	2012 – 2014	227.6	403.2	↓
Assault (Crime) Rate ¹	2012 – 2014	139.0	239.2	↓
Assault (Injury) Rate ¹	2013 – 2014	181.6	289.4	↓
Domestic Violence Rate ¹	2013 – 2014	4.3	4.9	↓
Homicide Rate ¹²	2010 – 2016	2.5	5.0	↓
Juvenile Felony Arrest Rate (per 1,000) ²⁶	2015	3.9	5.3	↓
Rape (Crime) Rate ¹	2012 – 2014	20.5	21.4	↓
Robbery (Crime) Rate ¹	2013 – 2014	66.7	137.9	↓
Youth Intentional Injury Rate ¹	2013 – 2014	166.2	209.7	↓
Alcohol—Binge Drinker^{11+ & 24}	2016	16.9%	16.3%	↓
Bullied at School; 7th Graders²⁶	2013 – 2015	♦41.4%	39.2%	↓
Bullied at School; 9th Graders ²⁶	2013 – 2015	35.9%	37.2%	↓
Bullied at School; 11th Graders ²⁶	2013 – 2015	28.8%	30.0%	↓
Children in Foster Care (rate per 1,000) ²⁶	2015	1.8	5.8	↓
Cyberbullied; 7th Graders²⁶	2013 – 2015	♦5.1%	4.7%	↓
Cyberbullied; 9th Graders ²⁶	2013 – 2015	3.9%	4.9%	↓
Cyberbullied; 11th Graders ²⁶	2013 – 2015	3.8%	4.6%	↓
Disconnected Youth ¹²	2010 – 2014	9.9%	14.4%	↓
Domestic Violence Calls for Assistance (rate per 1,000) ²⁶	2017	4.1	6.4	↓
Domestic Violence Hospitalizations Rate ²	2013 – 2014	4.2	4.9	↓
Experienced Dating Violence Recently, of 9th Graders Who Are Dating ²⁶	2011 – 2013	3.3%	5.0%	↓
Experienced Dating Violence Recently, of 11th Graders Who Are Dating ²⁶	2011 – 2013	3.7%	5.9%	↓
Expulsions Rate (per 100 students) ²	2016 – 2017	.06	.08	↓
Fear Being Beaten Up at School; 7th Graders²⁶	2013 – 2015	♦4.8%	4.7%	↓
Fear Being Beaten Up at School; 9th Graders ²⁶	2013 – 2015	2.2%	3.1%	↓
Fear Being Beaten Up at School; 11th Graders ²⁶	2013 – 2015	1.6%	2.0%	↓
Firearm Kept in or Around Home ^{11+ & 24}	2016	16.8%	32.7%	↓
Firearm-Related Death Rate ¹²	2012 – 2016	4.3	7.9	↓

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Gang Membership; 7th Graders ²⁶	2013 – 2015	4.6%	5.8%	↓
Gang Membership; 9th Graders ²⁶	2013 – 2015	4.1%	5.7%	↓
Gang Membership; 11th Graders ²⁶	2013 – 2015	5.1%	5.4%	↓
Injury Deaths Rate ¹²	2012 – 2016	35.1	47.6	↓
Liquor Store Access Rate ^{1†}	2016	6.8	10.7	↓
School Perceived as Very Unsafe; 7th Graders ²⁶	2013 – 2015	2.8%	3.8%	↓
School Perceived as Very Unsafe; 9th Graders ²⁶	2013 – 2015	1.2%	2.4%	↓
School Perceived as Very Unsafe; 11th Graders ²⁶	2013 – 2015	1.6%	2.0%	↓
Substantiated Child Abuse and Neglect (rate per 1,000) ²⁶	2015	2.3	8.2	↓
Suspensions Rate (per 100 students) ²	2016 – 2017	4.9	5.9	↓
Time in Foster Care (Median Months)	2013	10.9	15.6	↓
Traumatic Injury Hospitalizations, Children Age 0 – 17 ²⁶	2017	2.0%	2.3%	↓
Youth Experiencing Bullying, Prevalence ⁴	2011 – 2013	30.8%	33.8%	↓
Youth Intentional Self-Harm-ER Visits (per 10,000 pop.) ⁵	2014	7.9	10.9	↓

Trends (†)

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

- Alcohol—Binge Drinker^{1†}: Increasing
- Community Connectedness—Feel Not Very or Not at All Connected^{1†}: No significant change
- Crime in Neighborhood Is Getting Much/a Little Worse^{1†}: Decreased (improved) since 2013
- Firearm Kept in or Around Home^{1†}: Flat
- Juvenile Arrest Rate: Declined from 1998 to 2011¹³
- Liquor Store Access Rate^{1†}: Falling since 2014
- Neighborhood Safety Is Fair/Poor^{1†}: No change
- Parent/Family Supervises Child After School^{1†}: Increasing

Race & Ethnicity

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

Table 12. Statistical Data for Community Safety by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Bullied at School; 7th, 9th, 11th, NT ²⁶		36%	♦50.6%	36.7%	37.1%	♦42.7%	32.7%	39%	33.5%
Children in Foster Care (per 1,000) ²⁶	5.8	1.3	♦18.6	*1.1					2.3
Cyberbullied Four or More Times; 7th, 9th, 11th, NT ²⁶		3.5%	♦6.1%	3.1%	♦6.6%	♦5.3%	♦5.1%	♦5.2%	♦4.9%
Experienced Dating Violence Recently; 7th, 9th, 11th, NT Who Are Dating ²⁶		2.4%	♦8.7%	2.1%	♦4.9%	♦7.4%	♦3.7%	♦3.6%	♦4.4%
Fear Being Beaten Up at School Four or More Times; 7th, 9th, 11th, NT ²⁶		2.6%	♦4.8%	♦3.2%	♦3.1%	♦4.1%	♦5.0%	♦3.2%	♦2.8%
Gang Membership; 7th, 9th, 11th, NT ²⁶		3.5%	♦5.2%	2.6%	♦5.0%	♦8.9%	♦5.1%	♦5.4%	♦6.1%
Juvenile Felony Arrest Rate (per 1,000) ²⁶	5.3	1.5	♦25.3				2.4		♦6.3
School Perceived Very Unsafe; 7th, 9th, 11th, NT ²⁶		1.4%	♦3.7%	♦1.5%	♦3.3%	1.3%	♦2.1%	♦2.2%	♦2.3%
Substantiated Child Abuse and Neglect (per 1,000) ²⁶	8.2	1.1	♦14.3	*1.5					3.3

Community Infrastructure & Housing Quality

Table 13. Statistical Data for Community Infrastructure & Housing Quality

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Assisted Housing Units Rate (per 10,000) ¹	2016	♦235.9	352.4	↓
Drinking Water Violations ²	2015	♦1.0	0.8	↓
High Speed Internet ²	2016	98.9%	95.4%	↑
Public Transit Stops ²	2013	♦13.4%	16.8%	↑
Road Network Density (Acres) ¹	2011	♦3.7	2.0	↓
Substandard Housing Units ¹	2012 – 2016	41.8%	45.6%	↓

Trends (†)

Certain indicators have been measured longitudinally. Below is the trend direction for the indicator with trend data available.

- Physical Environment of Community is Fair/Poor¹¹: Slight increase

Natural Environment/Climate

Table 14. Statistical Data for Natural Environment/Climate

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Air Quality—Ozone (O3) ²	2014	29.8%	42.0%	↓
Air Quality—Particulate Matter 2.5 ²	2014	8.2%	10.7%	↓
Area with Tree Canopy Cover (pop.-weighted) ²	2011	17.0%	8.3%	↑
Asthma Patient Discharges, Children/Youth (ages 1 – 19) ¹	2011	3.8%	4.3%	↓
Asthma Prevalence, Adults^{11† & 24}	2016	♦18.5%	12.8%	↓
Asthma Prevalence, Children/Youth^{11† & 24}	2016	♦15.5%	^{US} 11.1%	↓
Climate & Health—Drought Severity ¹	2012 – 2014	92.6%	92.8%	↓
Climate & Health—Heat Index Days ¹	2014	0.0	2.7	↓
Climate & Health—Heat Stress Events ¹	2005 – 2012	4.1	11.1	↓
Climate-Related Mortality Impacts ²	2016	0.0%	8.4%	↓
Flood Vulnerability²	2011	♦5.7%	3.7%	↓
Respiratory Hazard Index (score) ²	2011	1.8	2.2	↓
Commute to Work—Alone in Car ¹	2012 – 2016	69.4%	73.5%	↓
Commute to Work—By Public Transit ^{18†}	2012 – 2016	10.1%	5.2%	↑
Driving Alone to Work, Long Distances ²	2012 – 2016	38.1%	39.3%	↓
Heart Disease Death Rate ^{22†}	2014 – 2016	55.4	89.1	↓
Heart Disease Prevalence ²	2014	5.6%	7.0%	↓
Low Birth Weight¹²	2010 – 2016	6.9%	6.8%	↓
Pediatric Asthma Hospitalizations Rate (per 10,000 pop.) ⁵	2013 – 2015	5.6	9.8	↓
Public Transit Stops²	2013	♦13.4%	16.8%	↑
Road Network Density (Acres)¹	2011	♦3.7	2.0	↓

Trends (†)

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

- Asthma Prevalence, Adults¹¹: Increasing
- Asthma Prevalence, Children/Youth¹¹: Increasing
- Commute to Work—By Public Transit¹⁸: Increasing
- Heart Disease Death Rate²²: Decreasing

Transportation & Traffic

Table 15. Statistical Data for Transportation & Traffic

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Commute to Work—Alone in Car ¹	2012 – 2016	69.4%	73.5%	↓
Commute to Work—By Public Transit ^{18†}	2012 – 2016	10.1%	^H 5.5%	↑
Driving Alone to Work, Long Distances ²	2012 – 2016	38.1%	39.3%	↓
Motor Vehicle Crash Death Rate ¹²	2010 – 2016	5.3	8.5	↓
Pedestrian Accident Death Rate¹	2010 – 2012	♦1.4	^H1.3	↓
Public Transit Stops²	2013	♦13.4%	16.8%	↑
Road Network Density (Acres)¹	2011	♦3.7	2.0	↓
Air Quality—Ozone (O ₃) ²	2014	29.8%	42.0%	↓
Air Quality—Particulate Matter 2.5 ²	2014	8.2%	10.7%	↓
Lack of Transportation Interfered with Access to Health Care ^{11 & 24}	2016	7.2%	^{US} 8.3%	↓
Liquor Store Access Rate ^{1†}	2016	6.8	10.7	↓
Respiratory Hazard Index (score) ²	2011	1.8	2.2	↓
Walkable Destinations ²	2012 – 2015	54.8%	29.0%	↑

Trends (†)

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

- Reliability of Public Transit¹¹: No clear trend
- Commute to Work—By Public Transit¹⁸: Increasing
- Lack of Transportation Interfered with Access to Health Care¹¹: No significant change
- Liquor Store Access Rate¹: Falling from 2014

Race & Ethnicity

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

Table 16. Statistical Data for Neighborhood & Built Environment by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Assault (Injury) ¹	289.4	173.7	♦564.9	61.0		♦551.1			303.5
Domestic Violence ¹	4.9	4.3							♦7.4
Pedestrian Accident Death Rate ¹	41.3	1.2	0.0	0.0	0.0	1.0		0.0	♦1.9
Youth Intentional Injury ¹	209.7	♦288.7		41.7					158.8
Heart Disease Prevalence ¹	6.3%	♦8.3%					1.5%		2.6%
Lack of Transportation Interfered with Access to Health Care ^{11 & 24}	US8.3%								♦12.0%
School Expulsions Rate (per 100 students) ¹	0.1	0.0	♦0.2	0.0		0.0		0.1	♦0.2
School Suspensions Rate (per 100 students) ¹	6.8	2.5	♦17.0	1.3		♦10.2		4.5	7.1
Youth Experiencing Bullying, Prevalence ⁴	33.8%	28.6%	30.6%	30.8%	32.5%	20.7%	31.7%	26.0%	33.9%
Youth Intentional Self-Harm-ER Visits (per 10,000 pop.) ⁵	10.9	9.4	3.3	5.9*		♦42.6	♦12.3		7.1

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

Other Populations

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

Table 17. Statistical Data for Neighborhood & Built Environment by Age, Income, Education, or Geography

INDICATORS	BENCH-MARK	AGE 0-17	AGE 18-39	AGE 18-64	AGE 65+	≤ HIGH SCHOOL	SOME COLLEGE	≥ B.A./B.S. DEGREE	≤ 200% FPL
Alcohol—Binge Drinker ^{11 & 24}	16.3%		♦28.4%						
Lack of Transportation Interfered with Access to Health Care ^{11 & 24}	US8.3%								♦15.7%

Blank cells indicate that data were unavailable.

Data without Benchmarks

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

Access to Food/Recreation

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

Community & Family Safety

- Bullying:
 - Cyberbullying: Nearly one in five (19%) “of [teen] females reported being bullied or harassed via the internet compared to 11% of [teen] males” (N=3,284).¹³
 - Absenteeism Due to Cyberbullying: A total of “11% of [teen] respondents who reported being bullied or harassed via the internet missed one or more days of school in the past month” (N=3,284).¹³
- Community Connectedness:
 - Community Connectedness—Feel Not Very or Not at All Connected: About one-third of Quality of Life survey respondents countywide (N=1,581) reported that they felt not very or not at all connected to their community.¹¹ Higher proportions of men (41%) and Asian/Pacific Islander (40.5%) respondents felt this way.¹¹
- Handling Conflict: Over one-third (37%) of teen respondents did not know nonviolent ways to deal with conflict (N=3,284).¹³
- Juvenile Arrests:
 - “African Americans have the highest juvenile arrest rate of 48 per 100,000 in 2011 compared with 3.1 per 100,000 for their white counterparts.”¹³
 - “Hispanics make up 50% of juvenile felony arrests. Issues with racial profiling, discrimination, and lack of opportunity may influence these outcomes.”¹³
- Perception of Safety:
 - Neighborhood Safety Is Fair/Poor: About 10% of Quality of Life survey respondents countywide (N=1,581) rated the safety, security, and crime control in their neighborhood to be fair or poor.¹¹ Fair/poor ratings were more likely to be given by respondents with a high school diploma or less (21%) and low-income respondents (19%).¹¹
 - Perception of Safety, Youth: “Only 53% of all [teen] respondents reported feeling safe in their community” (N=3,284).¹³
 - Crime in Neighborhood Is Getting Much/a Little Worse: Close to 16% of Quality of Life survey respondents countywide (N=1,581) believed the problem of crime in their neighborhood was getting much or a little worse.¹¹ Coastside respondents were more likely to say crime is getting worse in their neighborhood (21%).¹¹

- Truancy: “In 2012, ... 63% of students attending nontraditional schools reported being truant during the school year.”¹³
- Witnessing Violence at School: “28% of [teen] respondents reported seeing violence at their schools” (N=3,284).¹³
- Witnessing Violence in Community: “30% of [teen] respondents reported seeing violence in their community” (N=3,284).¹³

Community Infrastructure & Housing Quality

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

Natural Environment/Climate

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

Transportation & Traffic

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

Poverty, Income & Employment

Table 18. Statistical Data for Poverty, Income & Employment

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Children Below 100% FPL ^{1*}	2012 – 2016	9.7%	21.9%	↓
Did Not Eat Breakfast; 7th Graders ²⁶	2013 – 2015	26.3%	33.0%	↓
Did Not Eat Breakfast; 9th Graders ²⁶	2013 – 2015	32.7%	38.3%	↓
Did Not Eat Breakfast; 11th Graders ²⁶	2013 – 2015	34.5%	38.4%	↓
Income Inequality (Gini Coefficient) ¹	2012 – 2016	0.5	0.5	↓
Median Household Income ¹²	2016	\$107,075	\$67,715	↑
Persons Under 18 in Poverty ¹²	2016	7.7%	19.9%	↓
Population Below 100% FPL ^{1*}	2012 – 2016	7.7%	15.8%	↓
Population Below 200% FPL ^{1* & 11†}	2012 – 2016	19.8%	35.2%	↓
Unemployment Rate ^{1†}	2018	2.2	4.2	↓
Adults with an Associate's Degree or Higher ²	2012 – 2016	54.5%	39.8%	↑
Adults with Less than High School Diploma (or Equivalent) ¹	2012 – 2016	11.4%	17.9%	↓
Adults with Some Post-Secondary Education ²	2012 – 2016	76.1%	63.6%	↑
Children Living in Crowded Households ²⁶	2016	26.8%	28.4%	↓
Children Living in Food Insecure Households ²⁶	2016	13.2%	19.0%	↓
Children Without Secure Parental Employment ²⁶	2016	20.5%	30.8%	↓
Cost Burden—Renters ^{18†}	2012 – 2016	48.2%	56.5%	↓
Cost Burdened Households ¹	2012 – 2016	39.3%	42.8%	↓
Cost of Infant Childcare, Annually, Child Care Center²⁶	2016	•\$20,063	\$16,452	↓
Doctor's Visit—Could Not Afford ^{11† & 24}	2016	5.8%	11.4%	↓
High Speed Internet ²	2016	98.9%	95.4%	↑
Households with No Vehicle ¹	2012 – 2016	5.3%	7.6%	↓
Licensed Childcare Availability for Working Families ²⁶	2017	26%	23%	↓
Living in Owner-Occupied Housing ^{18†}	2012 – 2016	56.4%	49.8%	↑
Lack of Health Care Coverage ^{11† & 24}	2016	8.6%	12.9%	↓
Medication—Could Not Afford ^{11† & 24}	2016	7.7%	^{US} 14.9%	↓
Opportunity Index (score 1 – 100) ²	2017	64.5	51.9	↑
Population Receiving Medicaid ¹	2012 – 2016	15.2%	26.6%	↓
Population with Limited English Proficiency (age 5+) ¹	2012 – 2016	18.4%	18.6%	↓

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Uninsured Children ²	2012 – 2016	9.6%	10.4%	↓
Uninsured Population^{1†}	2012 – 2016	♦7.2%	†0.0%	↓

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

Trends (†)

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

- Childcare Arrangement Has Made It Easier for Parent to Accept a Job¹¹: Decreasing
- Childcare Arrangement Has Made It Easier for Parent to Accept a Better Job¹¹: Decreasing
- Childcare Arrangement Has Made It Easier for Parent to Attend Education/Training¹¹: Decreasing
- Childcare Arrangement Has Made It Easier for Parent to Keep a Job¹¹: Decreasing
- Computer in Household¹¹: Mixed (increasing, but decreased since 2013)
- Cost Burden—Renters¹⁸: No change
- Doctor's Visit—Could Not Afford¹¹: No significant change
- Family's Financial Situation Is Fair/Poor¹¹: No change
- Family's Financial Situation Is Somewhat/Much Worse than Prior Year¹¹: No significant change
- Home Ownership (living in owner-occupied housing)¹⁸: No significant change
- Job Does Not Offer Health Benefits¹¹: Increasing
- Job Offers Health Benefits for Employee Dependents¹¹: Slightly increasing
- Lack of Health Care Coverage¹¹: Decreasing since 2008
- Medication—Could Not Afford¹¹: Decreasing
- Local Employment Opportunities Are Fair/Poor¹¹: Decreasing
- Population Below 200% FPL¹¹: Increasing
- Receiving Government Assistance¹¹: Increasing
- Unemployment Rate (average annual)¹: Falling since 2010
- Uninsured Population¹: Decreasing

Race & Ethnicity

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

Table 19. Statistical Data for Poverty, Income & Employment by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Children Below 100% FPL ¹	21.9%	3.5%	♦24.0%	5.4%	17.1%	21.1%	21.6%	4.7%	18.9%
Population Below 100% FPL ¹	15.8%	6.76%	♦16.7%	5.6%	10.5%	♦16.8%	15.5%	7.2%	13.6%
Adults with Less than High School Diploma or Equivalent ¹	17.9%	3.6%	11.0%	8.3%	14.1%	♦26.6%	♦36.8%	8.0%	♦32.9%
CalFresh, by R/E [SNAP Benefits—Households with Children] ²⁶		2%	♦15%	♦♦43%		2%			♦38%
Did Not Eat Breakfast; 7th, 9th, 11th, NT ²⁶		3.4%	♦39.8%	♦26.3%	♦39.2%	♦34.4%	♦35.3%	♦31.4%	♦36.6%
Doctor's Visit— Could Not Afford ^{11 & 24}	11.4%		10.4%						
Medication— % Could Not Afford ^{11 & 24}	US14.9								13.2
Uninsured Population ¹	H0.0%	3.5%	♦9.9%	♦5.8%	♦11.2%	♦8.8%	♦15.6%	4.7%	♦14.6%

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

Other Populations

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

Table 20. Statistical Data for Poverty, Income & Employment by Age, Income, Education, or Geography

INDICATORS	BENCH-MARK	AGE 0-5	AGE 6-17	AGE 18-64	AGE 65+	≤ HIGH SCHOOL	SOME COLLEGE	≥ B.A./B.S. DEGREE	≤ 200% FPL
Doctor's Visit— Could Not Afford ^{11 & 24}	11.4%								10.9%
Medication— % Could Not Afford ^{11 & 24}	US14.9								♦18.0

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- **Computer in Household:** Nearly 90% of Quality of Life survey respondents countywide (N=1,581) reported that they had a computer at home.¹¹ This was reported in smaller proportions by respondents with a high school diploma or less (68%), and individuals earning less than 200% FPL (69%).¹¹
- **Cost of Living:**
 - **Self-Sufficiency Standard, Single Parent Family:** The self-sufficiency standard for a single parent with two children (one preschool-aged and one school-aged) in San Mateo County in 2014 was \$80,588.¹⁵
 - **May Move Due to Cost of Living:** Approximately 38% of the Quality of Life survey respondents countywide (N=1,581) reported that they had considered leaving the county in the past year due to the cost of living.¹¹ Respondents most likely to have considered leaving the county due to cost of living were African ancestry (53%), Latinx (54%), and adults age 18 – 39 (54%).¹¹
- **Employment and Benefits:**
 - **Local Employment Opportunities Are Fair/Poor:** About 15% of the Quality of Life survey respondents countywide (N=1,581) considered the employment opportunities that exist in this area to be fair or poor.¹¹ More than twice the proportion of respondents on the Coastside felt this way (34%), and 26% of African ancestry respondents felt this way.¹¹
 - **Job Does Not Offer Health Benefits:** More than one-quarter of Quality of Life survey respondents countywide (N=1,581) who were employed reported that their job offered no health benefits.¹¹ This was reported in greater proportions by Latinxs (35%), south county respondents (36%), and individuals earning less than 200% FPL (56%).¹¹
- **Home Ownership:** Over 60% of the Quality of Life survey respondents countywide (N=1,581) reported owning a home.¹¹ Much smaller proportions of Latinx (36%) and low-income (33%) respondents reported owning a home.¹¹
- **Income and Finances:**
 - **Population Below 200% FPL:** About 17% of the Quality of Life survey respondents countywide (N=1,581) reported earning below 200% of the Federal Poverty Limit.¹¹ This was reported in greater proportions by respondents with a high school diploma or less (51%) and Latinxs (35%).¹¹
 - **Family's Financial Situation Is Fair/Poor:** About 19% of the Quality of Life survey respondents countywide (N=1,581) considered their personal or family financial situation to be fair or poor.¹¹ This was reported in greater proportions by Latinx (31%) and African ancestry respondents (32%).¹¹

Social & Community Context

Table 21. Statistical Data for Social & Community Context

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Disconnected Youth ¹²	2010 – 2014	9.9%	14.4%	↓
Expulsions Rate (per 100 students) ²	2016 – 2017	0.06	0.08	↓
Income Inequality (Gini Coefficient) ¹	2012 – 2016	0.5	0.5	↓
Lack of Social or Emotional Support ²	2006 – 2012	22.3%	24.7%	↓
Life Expectancy at Birth (in Years) ²	2014	83.1	80.8	↑
Mortality—Premature Deaths (Years of Potential Life Lost) ¹	2014 – 2016	3,552	5,862	↓
Opportunity Index (score 1-100) ²	2017	64.5	51.9	↑
Population in Linguistically Isolated Households ¹	2012 – 2016	8.9%	8.9%	↓
Population with Any Disability ¹	2012 – 2016	8.3%	10.6%	↓
Premature Death, Racial/Ethnic Disparity Index²	2004 – 2017	•52.1	36.8	↓
Residential Segregation Index—Black/White (score 0 – 100) ¹²	2012 – 2016	56.3	55.7	↓
Residential Segregation Index—Non-White/White (score 0 – 100) ¹²	2012 – 2016	37.0	37.5	↓
Social Associations (per 10,000 pop.)²	2015	6.4	6.5	↑
Suspensions Rate (per 100 students) ²	2016 – 2017	4.9	5.9	↓

Trends (†)

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

- Community Connectedness—Feel Not Very or Not at All Connected¹¹: No significant change
- Community Is Fair/Poor Place to Live¹¹: No significant change
- Community Tolerance for Racial/Cultural Differences Is Fair/Poor¹¹: Decreasing
- Fair/Poor Access to Social Services¹¹: No significant change
- Lack Support¹¹: Increasing since 2008
- Parent/Family Supervises Child After School¹¹: Increasing
- Trust Local Government Seldom/Never¹¹: No significant change

Data Without Benchmarks

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

- **Fair/Poor Access to Social Services:** Over 21% of Quality of Life survey respondents countywide (N=1,581) rated the ease with which they are able to get social services in their community as fair or poor.¹¹ Greater proportions of Latinx (29%), low-income (30%), and African ancestry (34%) respondents rated their social services access as fair/poor.¹¹
- **Community Is Fair/Poor Place to Live:** Just under 10% of Quality of Life survey respondents countywide (N=1,581) considered their community as a fair or poor place to live.¹¹ Greater proportions of south county residents (17%), Latinx residents (17%), and African ancestry residents (20%) felt this way.¹¹
- **Community Connectedness:**
 - **Community Connectedness—Feel Not Very or Not at All Connected:** About one-third of Quality of Life survey respondents countywide (N=1,581) reported that they felt not very or not at all connected to their community.¹¹ Higher proportions of men (41%) and Asian/Pacific Islander (40.5%) respondents felt this way.¹¹
 - **Lack of Meaningful Connections to Community (Youth):** “Students attending nontraditional schools reported lower rates of meaningful connections in their community” than students attending traditional schools.¹³
- **Experiences of Discrimination:**
 - **Ethnic Discrimination—Physical Symptoms:** The Quality of Life survey asked respondents whether they had recently experienced any physical symptoms as a result of how they were treated based on their race. Overall, less than 7% of Quality of Life survey respondents countywide (N=1,581) said they had experienced such physical symptoms.¹¹ However, nearly 18% of African ancestry respondents and over 11% of Asian/Pacific Islander respondents reported experiencing such physical symptoms as a result of how they were treated based on their race.¹¹
 - **Ethnic Discrimination—Emotional Upset:** Similarly, just over 10% of Quality of Life survey respondents countywide (N=1,581) said they had experienced emotional upset as a result of how they were treated based on their race.¹¹ Nearly 25% of African ancestry respondents, 14% of Latinx respondents, and 14% of Asian/Pacific Islander respondents reported experiencing such emotional upset as a result of how they were treated based on their race.¹¹
 - **Discrimination Due to Mental Health Problems, Youth:** “Youth who have mental health problems ... are more likely to have felt discriminated against than youth who have no mental health problems” (N=3,284).¹³
 - **Discrimination Due to Physical Disabilities, Youth:** “Youth who have ... physical disabilities are more likely to have felt discriminated against than youth who have no ... physical disabilities” (N=3,284).¹³
- **Lack Support:** About 14% of Quality of Life survey respondents countywide (N=1,581) reported that they had someone they could turn to if they needed or wanted help “little/none of the time.”¹¹ These proportions were higher (i.e., worse) for respondents earning less than 200% FPL (32%) and respondents with a high school diploma or less (31%).¹¹
- **LGBTQI:** About 6% of Quality of Life survey respondents countywide (N=1,417) identified as gay, lesbian, or bisexual.¹¹

- Community Tolerance for Racial/Cultural Differences Is Fair/Poor: Just under 10% of Quality of Life survey respondents countywide (N=1,581) considered the level of racial/cultural tolerance in their community to be fair or poor.¹¹ Greater proportions of African ancestry residents (21%), low-income residents (15%), and Latinx residents (15%) felt this way.¹¹
- Trust Local Government Seldom/Never: Nearly 18% of Quality of Life survey respondents countywide (N=1,581) indicated that they seldom or never trusted local government to work for the best interest of their community.¹¹ More than twice as many low-income respondents (39%) felt this way.¹¹

Health Conditions

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

Arthritis

Table 22. Statistical Data for Arthritis

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Arthritis/Rheumatism ^{11† & 24}	2016	♦22.0%	19.0%	↓

Trends (†)

Certain indicators have been measured longitudinally. Below is the trend direction for the indicator with trend data available.

- Arthritis/Rheumatism¹¹: Increasing

Other Populations

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

Table 23. Statistical Data for Arthritis by Age, Income, Education, or Geography

INDICATORS	BENCHMARK	AGE 0 – 5	AGE 6– 17	AGE 18– 64	AGE 65+
Arthritis/Rheumatism ^{11 & 24}	19.0%			14.8%	♦47.0%

Blank cells indicate that data were unavailable.

Asthma & Respiratory Conditions

Table 24. Statistical Data for Asthma & Respiratory Conditions

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Asthma Diagnoses, Children Ages 1 – 17²⁶	2015 – 2016	♦21.1%	15.2%	↓
Asthma Hospitalizations, Children Ages 0 – 4 (rate per 10,000) ²⁶	2016	12.3	16.9	↓
Asthma Hospitalizations, Children Ages 5 – 17 (rate per 10,000) ²⁶	2016	2.9	6.7	↓
Asthma Patient Discharges, Children/Youth (Ages 1 – 19) ¹	2011	3.8%	4.3%	↓
Asthma Prevalence, Adults^{11† & 24}	2016	♦18.5%	12.8%	↓
Asthma Prevalence, Children/Youth^{11† & 24}	2016	♦15.5%	^{US} 11.1%	↓
Chronic Lower Respiratory Disease Death Rate ⁷	2013 – 2015	21.2	33.3	↓
COPD, Bronchitis, Emphysema^{11† & 24}	2016	♦9.1%	4.4%	↓
ER Visit Rate, COPD ⁵	2013 – 2015	8.8	16.4	↓
Influenza/Pneumonia Death Rate ^{22†}	2014 – 2016	10.6	14.3	↓
Pediatric Asthma Hospitalizations Rate (per 10,000 pop.) ⁵	2013 – 2015	5.6	9.8	↓
Pertussis Cases Rate^{8†}	2016	♦13.5	4.7	↓
Tuberculosis Cases Rate^{10†}	2016	♦6.8	11.0	↓
Air Quality—Particulate Matter 2.5 ²	2014	8.2%	10.7%	↓
Air Quality—Ozone (O3) ²	2014	29.8%	42.0%	↓
Current Smoker ^{11† & 24}	2016	5.7%	11.0%	↓
Current User of E-Cigarettes (Vaping) ^{11† & 24}	2016	3.0%	3.2%	↓
Obesity (Adult)^{11† & 24}	2016	25.4%	25.0%	↓
Obesity (Youth) ²	2016 – 2017	14.2%	20.1%	↓
Overweight/Obese Adults^{11† & 24}	2016	63.1%	61.0%	↓
Respiratory Hazard Index (score) ²	2011	1.8	2.2	↓
Smoking in Home ^{11† & 24}	2016	7.1%	10.0%	↓
Used Marijuana or Hashish Recently^{11 & 24}	2017	♦13.3%	8.5%	↓

Trends (+)

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

- Asthma Prevalence, Adults¹¹: Increasing
- Asthma Prevalence, Children/Youth¹¹: Increasing
- COPD, Bronchitis, Emphysema¹¹: Increasing
- Current Smoker¹¹: Decreasing
- Influenza/Pneumonia Death Rate²²: Decreasing
- Obesity (Adult)¹¹: Increasing
- Overweight/Obese Adults¹¹: Increasing
- Pertussis⁸: Trend is mixed
- Smoking in Home¹¹: Decreasing
- Taking Prescription Medication for Asthma¹¹: Flat
- Tuberculosis Cases Rate¹⁰: Trending down from 2014 to 2016

Race & Ethnicity

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

Table 25. Statistical Data for Asthma & Respiratory Conditions by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Asthma Prevalence, Adults ^{11 & 24}	12.8%		♦24.7%						♦22.3%
Obesity (Adult) ^{11 & 24}	25.0%		♦50.8%						♦34.0%
Overweight/ Obese Adults ^{11 & 24}	61.0%		♦82.2%						♦74.6%

Blank cells indicate that data were unavailable.

Other Populations

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

Table 26. Statistical Data for Asthma & Respiratory Conditions by Age, Income, Education, or Geography

INDICATORS	BENCH-MARK	MALE	AGE 18 – 39	AGE 18 – 64	AGE 65+	≤ 200% FPL	≤ HIGH SCHOOL	SOUTHERN COUNTY	COAST-SIDE
Asthma Prevalence, Adults ^{11 & 24}	12.8%		♦24.1%			♦23.8%			
COPD, Bronchitis, Emphysema ^{11 & 24}	4.4%			♦8.2%	♦12.7%				♦14.3%
Current Smoker ^{11 & 24}	11.0%		8.1%			6.7%	9.5%		
Current User of E-Cigarettes (Vaping) ^{11 & 24}	3.2%		♦7.2%						
Obesity (Adult) ^{11 & 24}	25.0%					♦39.4%	♦35.8%		
Overweight/ Obese Adults ^{11 & 24}	61.0%	♦70.1%				♦71.6%			
Smoking in Home ^{11 & 24}	10.0%		♦11.1%				♦12.5%		
Used Marijuana or Hashish Recently ^{11 & 24}	8.5%		♦26.1%						♦18.1%

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- Ambulance Transport, Respiratory Issues: Of all ambulance transports initiated by a call to 911, respiratory issues were the primary impression (main reason for the call) in 7.7% of cases.¹⁶
- Chronic lower respiratory disease was the #5 cause of death in the county.⁷
- ER Visit Rate, Asthma: The average crude Emergency Room visit rate (per 1,000 people) for asthma, countywide, was 294.38. Rates are highest for people of African ancestry (2,966.9 per 100,000) and Pacific Islanders (2,764.6 per 100,000).¹¹
- ER Visit Rate, COPD: The average crude Emergency Room visit rate (per 1,000 people) for COPD, countywide, was 35.52. Rates are highest for Pacific Islanders (379.8 per 100,000) and people of African ancestry (282.3 per 100,000).¹¹
- Influenza/pneumonia was tied for the No. 7 cause of death in the county.⁷

Birth Outcomes

Table 27. Statistical Data for Birth Outcomes

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Adequate/Adequate Plus Prenatal Care ⁷	2013 – 2015	83.0%	78.3%	↑
First Trimester Prenatal Care ⁷	2013 – 2015	89.8%	83.3%	↑
Infant Mortality Rate (per 1,000 births) ¹²	2010 – 2016	2.9	4.5	↓
Infants Born at Very Low Birth Weight ²⁶	2015	1.1%	1.1%	↓
Infants Whose Mothers Received Prenatal Care in the First Trimester ²⁶	2015	89.7%	83.2%	↑
Low Birth Weight¹²	2010 – 2016	6.9%	6.8%	↓
Pre-Term Births ²	2012 – 2014	8.5%	9.0%	↓
Teen Births Rate (per 1,000 pop.) ¹²	2010 – 2016	13.1	24.1	↓
Any Breastfeeding ²⁶	2016	97.5%	94.0%	↑
Breastfeeding (Any) ¹	2012	97.3%	93.0%	↑
Breastfeeding (Exclusive) ¹	2012	80.4%	64.8%	↑
Cost of Infant Childcare, Annually, Child Care Center²⁶	2016	♦\$20,063	\$16,452	↓
Elevated Blood Lead Levels in Children Ages 0 – 5 ²⁶	2013	0.2%	0.2%	↓
Exclusive Breastfeeding ²⁶	2016	81.0%	69.6%	↑
Food Insecurity Rate^{11† & 23}	2016	♦9.1%	†6.0%	↓
Food Insecurity Rate—Children under 18 ¹	2014	19.3%	25.3%	↓
Licensed Childcare Availability for Working Families ²⁶	2016	26%	23%	↑

Trends (†)

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

- Child Has Usual Place for Medical Check-ups¹¹: Decreasing since 2013
- Food Insecurity Rate¹¹: More respondents were food-insecure than in any prior survey (1998 – 2013).
- Received Informal Food Support¹¹: Increasing
- Teen Births:¹¹
 - The birth rate among 15-to-17-year-old mothers has been declining since 1997. The trend of the birth rate among 12-to-14-year-old mothers is mixed. While the 2015 rate is only one-third of the 1998 rate and half of the 2006 rate, there has been a rising trend between 2012 (when the rate was zero) and 2015 (when the rate was 0.4).
 - Rates of teen motherhood have generally declined among all ethnicities since 1997.

Race & Ethnicity

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

Table 28. Statistical Data for Birth Outcomes by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Infant Mortality Rate (per 1,000 births) ⁷⁺	4.5	2.4	♦9.3	2.4*					2.8
Breastfeeding (Any) ¹	93.0%	97.1%	♦87.2%	98.3%			92.4%	96.1%	97.5%
Breastfeeding (Any) ²⁶	94.0%	97.6%	♦88.1%	*98.2%	♦90.0%		95.2%	97.3%	97.3%
Breastfeeding (Exclusive) ¹	64.8%	86.3%	67.4%	79.8%	90.0%		68.8%	81.4%	77.2%
Breastfeeding (Exclusive) ²⁶	69.6%	86.3%	♦61.9%	*81%	70.0%		74.5%	83.4%	76.4%
Food Insecurity Rate ^{11 & 24}	^H 6.0%		♦7.5%	♦7.2%					
Infants Whose Mothers Received Prenatal Care in First Trimester ²⁶	83.2%	93.8%	86.4%	*88%				86%	87.8%
Teen Birth Rate (per 1,000) ²⁶	18.7								♦21.3

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

Other Populations

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

Table 29. Statistical Data for Birth Outcomes by Age, Income, Education, or Geography

INDICATORS	BENCH-MARK	AGE 0 – 5	AGE 6 – 17	AGE 18 – 64	AGE 65+	≤ HIGH SCHOOL	SOME COLLEGE	≥ B.A./B.S. DEGREE	≤ 200% FPL
Food Insecurity Rate ^{11 & 24}	^H 6.0%								♦10.4%

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- **Child Has Usual Place for Medical Check-ups:** Of Quality of Life survey respondents who had at least one child under age 18 living in their household, nearly 94% reported that they have a regular place they take their child for medical check-ups.¹¹ This was reported in smaller proportions by respondents with a high school diploma or less (87%), and individuals earning less than 200% FPL (87%).
- **Received Informal Food Support:** More than 6% of Quality of Life survey respondents countywide (N=1,581) indicated that they had gone to a food bank or otherwise received free meals in the past year.¹¹ This figure was higher among low-income respondents (17%) and respondents from the Coastside (12%).¹¹
- **Inadequate Prenatal Care:** Countywide, just 1.6% of births received late (as opposed to adequate) prenatal care.¹¹
- **Low Birth Weight:** Multiple births (e.g., twins) are more likely to be low birth weight; countywide, 5.1% of singleton births were low birth weight.¹¹
- **Sex Education:** About “74% of [teen] respondents reported that they feel they are making informed decisions about sex and their sexuality” (N=3,284).¹³
- **Teen Births:** The birth rate among teen mothers ages 12 – 14 is 0.4 per 1,000 and among teen mothers ages 15 – 17 is 4.3 per 1,000.¹¹

Cancer

Table 30. Statistical Data for Cancer

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Cancer Mortality Rate (All Types) ²²	2014 – 2016	120.3	140.2	↓
Cancer Prevalence^{11 & 24}	2016	♦8.3%	5.6%	↓
Cervical Cancer Incidence Rate ¹	2009 – 2013	6.7	^H 7.3	↓
Childhood Cancer Diagnoses²⁶	2011 – 2015	♦19.3	17.9	↓
Melanoma Incidence Rate in Males⁹	2008 – 2012	♦32.0	27.9	↓
Melanoma Incidence Rate in Females⁹	2008 – 2012	♦18.9	15.6	↓
Air Quality—Particulate Matter 2.5 ²	2014	8.2%	10.7%	↓
Alcohol—Binge Drinker^{11† & 24}	2016	16.9%	16.3%	↓
Cancer Screening—Pap Test ¹	2006 – 2012	82.1%	78.3%	↑
Current Smoker ^{11† & 24}	2016	5.7%	11.0%	↓
Liquor Store Access Rate ^{1†}	2016	6.8	10.7	↓
Low Fruit/Vegetable Consumption (Adult) ¹	2005 – 2009	67.4%	71.5%	↓
Obesity (Adult)^{11† & 24}	2016	25.4%	25.0%	↓
Overweight (Adult) ¹	2011 – 2012	31.4%	35.8%	↓
Overweight/Obese Adults^{11† & 24}	2016	63.1%	61.0%	↓
Physical Inactivity (Adult) ^{1† & 12}	2013	15.5%	17.9%	↓
Smoking in Home ^{11† & 24}	2016	7.1%	10.0%	↓

Trends (†)

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

- Alcohol—Binge Drinker¹¹: Increasing
- Cancer Mortality¹¹: Falling since 2010
- Current Smoker¹¹: Decreasing
- Engage in Healthy Behaviors¹¹: Decreasing
- Liquor Store Access Rate¹: Falling since 2014
- Regular Vigorous Physical Activity¹¹: Decreasing since 2013
- Obesity (Adult)¹¹: Increasing
- Overweight/Obese Adults¹¹: Increasing
- Physical Inactivity (Adult)¹: Relatively flat since 2010
- Smoking in Home¹¹: Decreasing
- Use Other Tobacco Products¹¹: Decreasing

Race & Ethnicity

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

Table 31. Statistical Data for Cancer by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Cancer Prevalence ^{11 & 24}	5.6%	♦12.1%	♦13.4%						
Cervical Cancer Incidence Rate ¹	7.3	7.5		6.2					♦11.1
Childhood Cancer Diagnoses (per 100,000) ²⁶	17.9	♦21.1		*16.6					♦19.0
Overweight/Obese Adults ^{11 & 24}	61.0%		♦82.2%						♦74.6%
Obesity (Adult) ^{11 & 24}	25.0%		♦50.8%						♦34.0%

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

Other Populations

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

Table 32. Statistical Data for Cancer by Age, Income, Education, or Geography

INDICATORS	BENCH-MARK	MALE	AGE 18-39	AGE 18-64	AGE 65+	≤ HIGH SCHOOL	SOME COLLEGE	≥ B.A./B.S. DEGREE	≤ 200% FPL
Cancer Prevalence ^{11 & 24}	5.6%			4.9%	♦19.8%				
Alcohol—Binge Drinker ^{11 & 24}	16.3%		♦28.4%						
Overweight/Obese Adults ^{11 & 24}	61.0%	♦70.1%							♦71.6%
Obesity (Adult) ^{11 & 24}	25.0%					♦35.8%			♦39.4%
Smoking in Home ^{11 & 24}	10.0%		♦11.1%			♦12.5%			

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- Cancer was the No. 1 cause of death in the county.⁷
- Regular Vigorous Physical Activity (Adults): More than one-third (38%) of Quality of Life survey respondents countywide (N=1,581) indicated that they engage in vigorous physical activity three or more times per week.¹¹ These proportions were smaller among respondents who earn less than 200% FPL (32%).¹¹
- Adequate Fruit/Vegetable Consumption (Adults): Only about 15% of Quality of Life survey respondents countywide (N=1,581) reported that they eat the recommended number of daily servings of fruits and vegetables.¹¹ These proportions were even smaller among respondents who earned less than 200% FPL (7.4%) and respondents with a high school diploma or less (3.8%).¹¹
- Engage in Healthy Behaviors: Less than 4% of Quality of Life survey respondents countywide (N=1,581) engage in “healthy behaviors” (do not smoke cigarettes, are not overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, eat five or more servings of fruit/vegetables per day).¹¹ These proportions are even smaller among men (1.4%), respondents who earn less than 200% FPL (0.7%), and respondents with a high school diploma or less (0.3%).¹¹

Dementia & Cognitive Decline

Table 33. Statistical Data for Dementia & Cognitive Decline

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Alzheimer's Disease Mortality Rate ^{7†}	2013 – 2015	29.9	32.1	↓
Median Age^{1 & 18†}	2012 – 2016	♦39.5	36.0	↓

Trends (†)

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

- Alzheimer's Disease (Prevalence)¹¹: Generally falling since 2009 – 11
- Alzheimer's Disease Mortality Rate⁷: Mixed (rose 2005 – 2011, fluctuated 2012 – 15)
- Median Age¹⁸: Rising since at least 2000

Data Without Benchmarks

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

- Alzheimer's Disease was the No. 3 cause of death in the county.⁷

Heart Disease/Stroke

Table 34. Statistical Data for Heart Disease/Stroke

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Coronary Heart Disease Death Rate ⁷	2010 – 2015	59.6	93.2	↓
Heart Disease Death Rate ^{22†}	2014 – 2016	55.4	89.1	↓
Heart Disease, Heart Attack— Ever Had/Diagnosed ^{11† & 24}	2016	5.3%	^{US} 8.0%	↓
Heart Disease Hospitalizations Rate (per 1,000 pop.) ²	2012 – 2014	6.8	10.5	↓
Heart Disease Prevalence ²	2014	5.6%	7.0%	↓
Heart Failure Emergency Room Visit Rate (per 10,000 pop.) ⁵	2013 – 2015	6.7	9.4	↓
Heart Failure Hospitalizations Rate (per 10,000 pop.) ⁵	2013 – 2015	21.6	29.1	↓
Stroke Death Rate ^{22†}	2014 – 2016	27.1	^H 34.8	↓
Stroke Prevalence^{11 & 24}	2016	*3.4%	2.4%	↓
Alcohol—Binge Drinker^{11† & 24}	2016	16.9%	16.3%	↓
Current Smoker ^{11† & 24}	2016	5.7%	11.0%	↓
Diabetes Discharges (% of Total Discharges) ¹	2011	0.6%	0.9%	↓
Diabetes Hospitalizations Rate (per 10,000) ¹	2011	6.1	10.4	↓
Diabetes Prevalence, Adults^{11† & 24}	2016	*12.2%	10.2%	↓
High Blood Pressure—Unmanaged¹	2006 – 2010	30.7%	30.3%	↓
High Cholesterol Prevalence, Adults ^{11† & 24}	2016	32.2%	^{US} 36.2%	↓
Hypertension/High Blood Pressure Prevalence, Adults^{11† & 24}	2016	*31.8%	^{US} 28.7%	↓
Liquor Store Access Rate ^{1†}	2016	6.8	10.7	↓
Obesity (Adult)^{11† & 24}	2016	25.4%	25.0%	↓
Obesity (Youth) ²	2016 – 2017	14.2%	20.1%	↓
Overweight/Obese Adults^{11† & 24}	2016	63.1%	61.0%	↓
Overweight (Adult) ¹	2011 – 2012	31.4%	35.8%	↓
Overweight (Youth) ¹	2013 – 2014	17.7%	19.3%	↓
Park Access ¹	2010	78.6%	58.6%	↑
Physical Inactivity (Adult) ^{1† & 12}	2013	15.5%	17.9%	↓
Physical Inactivity (Youth) ²	2016 – 2017	27.3%	37.8%	↓
Recreation and Fitness Facilities Rate ^{1†}	2016	14.9	10.8	↑
Walkable Destinations ²	2012 – 2015	54.8%	29.0%	↑

Trends (†)

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

- Alcohol—Binge Drinker¹¹: Increasing
- Current Smoker¹¹: Decreasing
- Diabetes Prevalence, Adults¹¹: Rising
- Engage in Healthy Behaviors¹¹: Decreasing
- Heart Disease Death Rate²²: Decreasing
- Heart Disease, Heart Attack—Ever Had/Diagnosed¹¹: Decreasing
- High Cholesterol Prevalence, Adults¹¹: Increasing
- Hypertension/High Blood Pressure Prevalence, Adults¹¹: Increasing
- Liquor Store Access Rate¹: Falling from 2014
- Obesity (Adult)¹¹: Increasing
- Overweight/Obese Adults¹¹: Increasing
- Physical Inactivity (Adult)¹: Relatively flat since 2010
- Recreation and Fitness Facilities Rate¹: Mixed.
- Regular Vigorous Physical Activity¹¹: Decreasing since 2013
- Stroke Death Rate²²: No significant change
- Taking Medication to Control High Blood Pressure¹¹: Increasing
- Taking Medication to Control High Cholesterol¹¹: Increasing
- Use Other Tobacco Products¹¹: Decreasing

Race & Ethnicity

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

Table 35. Statistical Data for Heart Disease/Stroke by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Heart Disease, Heart Attack—Ever Had/Diagnosed ^{11 & 24}	^{US} 8.0%		♦9.8%						
Heart Disease Prevalence ¹	6.3%	♦8.3%					1.5%		2.6%
Mortality Rate—Stroke ¹	37.4	29.4	♦46.8	7.9	♦47.5	35.9		7.8	18.6
Diabetes Prevalence, Adults ^{11 & 24}	12.2%		♦21.2%						
Hypertension/ High Blood Pressure Prevalence, Adults (%) ^{11 & 24}	^{US} 28.7		♦30.3						
Obesity (Adult) ^{11 & 24}	25.0%		♦50.8%						♦34.0%
Overweight/ Obese Adults ^{11 & 24}	61.0%		♦82.2%						♦74.6%
Overweight (Youth) ¹	19.3%	14.0%	19.6%	12.4%				16.4%	♦22.1%
Physical Inactivity (Youth) ¹	37.8%	22.4%	♦45.3%	18.7%				25.1%	♦44.5%

Blank cells indicate that data were unavailable.

Other Populations

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

Table 36. Statistical Data for Heart Disease/Stroke by Age, Income, Education, or Geography

INDICATORS	BENCH-MARK	MALE	AGE 18-39	AGE 18-64	AGE 65+	≤ HIGH SCHOOL	SOME COLLEGE	≥ B.A./B.S. DEGREE	≤ 200% FPL
Heart Disease, Heart Attack—Ever Had/ Diagnosed ^{11 & 24}	^{US} 8.0%			3.5%	♦11.8%				
Stroke Prevalence ^{11 & 24}	2.4%			2.4%	♦6.5%				
Alcohol—Binge Drinker ^{11 & 24}	16.3%		♦28.4%						
Diabetes Prevalence, Adults ^{11 & 24}	12.2%			10.5%	♦18.6%				♦23.5%
High Cholesterol Prevalence, Adults (%) ^{11 & 24}	^{US} 36.2			25.8%	♦54.8%				
Hypertension/High Blood Pressure Prevalence, Adults (%) ^{11 & 24}	^{US} 28.7			24.5%	♦52.7%				
Obesity (Adult) ^{11 & 24}	25.0%					♦35.8%			♦39.4%
Overweight/ Obese Adults ^{11 & 24}	61.0%	♦70.1%							♦71.6%

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- Ambulance Transports:
 - Cardiac Issues: Of all ambulance transports initiated by a call to 911, cardiac issues were the primary impression (main reason for the call) in 11.5% of cases.¹⁶
 - Vascular Issues: Of all ambulance transports initiated by a call to 911, vascular issues were the primary impression (main reason for the call) in 9.3% of cases.¹⁶
- Coronary heart disease was the No. 2 cause of death in the county.⁷

- Cardiovascular Disease-Related ER Visits:
 - ER Visit Rate, Myocardial Infarction: The average crude Emergency Room visit rate (per 1,000 people) for myocardial infarction, countywide, was 2.43.¹¹ The rate is highest for people whose ethnicity is “Other/Unknown” (17.8 per 100,000).¹¹
 - ER Visit Rate, Heart Failure: The average crude Emergency Room visit rate (per 1,000 people) for heart failure, countywide, was 99.07.¹¹ Rates are highest for people of African ancestry (796.1 per 100,000) and Pacific Islanders (741.3 per 100,000).¹¹
 - ER Visit Rate, Ischemic Heart Disease: The average crude Emergency Room visit rate (per 1,000 people) for ischemic heart disease, countywide, was 166.39.¹¹ Rates are highest for Pacific Islanders (1,184.8 per 100,000) and whites (982.4 per 100,000).¹¹
- Engage in Healthy Behaviors: Less than 4% of Quality of Life survey respondents countywide (N=1,581) engage in “healthy behaviors” (do not smoke cigarettes, are not overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, eat five or more servings of fruits/vegetables per day).¹¹ These proportions are even smaller among men (1.4%), respondents who earn less than 200% FPL (0.7%), and respondents with a high school diploma or less (0.3%).¹¹
- Hypertension and High Cholesterol:
 - Hypertension/High Blood Pressure Prevalence, Adults. Native Hawaiians/Pacific Islanders are overrepresented among individuals with high blood pressure.²⁰
 - High Blood Pressure Medication Use: Among Quality of Life survey respondents who reported having hypertension, more than three-quarters (79%) indicated that they are currently taking medication to control high blood pressure.¹¹
 - High Cholesterol Medication Use: Among Quality of Life survey respondents who reported having high cholesterol, 64% indicated that they are currently taking medication to lower their blood cholesterol level.¹¹
- Stroke-Related ER Visits:
 - ER Visit Rate, Stroke: The average crude Emergency Room visit rate (per 1,000 people) for stroke, countywide, was 13.18.¹¹ Rates are highest for people of African ancestry (89.4 per 100,000) and whites (80.6 per 100,000).¹¹
 - ER Visit Rate, Hypertension: The average crude Emergency Room visit rate (per 1,000 people) for hypertension, countywide, was 1,031.87.¹¹ Rates are highest for Pacific Islanders (8,119.7 per 100,000) and people of African ancestry (7,632.8 per 100,000).¹¹
- Stroke & CVD Related Factors:
 - Regular Vigorous Physical Activity (Adults): More than one-third (38%) of Quality of Life survey respondents countywide (N=1,581) indicated that they engage in vigorous physical activity three or more times per week.¹¹ These proportions were smaller among respondents who earn less than 200% FPL (32%).
 - Adequate Fruit/Vegetable Consumption (Adults): Only 15% of Quality of Life survey respondents countywide (N=1,581) reported that they eat the recommended number of daily servings of fruits and vegetables.¹¹ These proportions were even smaller among respondents who earned less than 200% FPL (7.4%) and respondents with a high school diploma or less (3.8%).¹¹
- Stroke was the No. 4 cause of death in the county.⁷

Healthy Lifestyles

Diabetes

Table 37. Statistical Data for Diabetes

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Diabetes Death Rate ⁷	2013 – 2015	12.9	20.6	↓
Diabetes Discharges (% of Total Discharges) ¹	2011	0.6%	0.9%	↓
Diabetes Discharges (% of Total Discharges), Children/Youth (Ages 1 – 19) ¹	2011	1.2%	1.5%	↓
Diabetes Hospitalizations Rate (per 10,000) ¹	2011	6.1	10.4	↓
Diabetes Prevalence, Adults^{11† & 24}	2016	*12.2%	10.2%	↓
Children Walking or Biking to School²	2015 – 2016	38.9%	39.3%	↑
Commute >60 Min. ¹	2012 – 2016	8.9%	11.3%	↓
Commute to Work—Alone in Car ¹	2012 – 2016	69.4%	73.5%	↓
Commute to Work—By Public Transit ^{18†}	2012 – 2016	10.1%	5.2%	↑
Commute to Work—Walking/Biking ¹	2012 – 2016	3.8%	3.8%	↑
Current Smoker ^{11† & 24}	2016	5.7%	11.0%	↓
Drinking Water Violations²	2015	*1.0	0.8	↓
Driving Alone to Work, Long Distances ²	2012 – 2016	38.1%	39.3%	↓
Exercise Opportunities ¹²	2016	96.2%	89.6%	↑
Fast Food Restaurants Rate^{1†}	2016	82.5	78.7	↓
Food Desert Population ¹	2015	9.9%	13.4%	↓
Food Environment Index ¹²	2015	8.9	8.8	↑
Food Insecurity Rate^{11† & 23}	2016	*9.1%	H6.0%	↓
Food Insecurity Rate—Children under 18 ¹	2014	19.3%	25.3%	↓
Grocery Stores Rate ^{1†}	2016	25.3	21.8	↑
Lack of Healthy Food Stores ²	2014	9.9%	13.4%	↑
Low Fruit/Vegetable Consumption (Adult) ¹	2005 – 2009	67.4%	71.5%	↓
Low Fruit/Vegetable Consumption (Youth)¹	2011 – 2012	*50.0%	47.4%	↓
Physical Inactivity (Adult) ^{1† & 12}	2013	15.5%	17.9%	↓
Physical Inactivity (Youth) ²	2016 – 2017	27.3%	37.8%	↓
Recreation and Fitness Facilities Rate ^{1†}	2016	14.9	10.2	↑
Soft Drink Consumption ²	2014	9.2%	18.1%	↓
Walkable Destinations ²	2012 – 2015	54.8%	29.0%	↑
WIC-Authorized Food Stores Rate¹	2011	*10.5	15.8	↑

Trends (†)

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

- Commute to Work—By Public Transit¹⁸: Increasing
- Current Smoker¹¹: Decreasing
- Diabetes Prevalence, Adults¹¹: Rising
- Engage in Healthy Behaviors¹¹: Decreasing
- Food Insecurity¹¹: More respondents were food-insecure than in any prior survey (1998 – 2013).¹¹
- Fast Food Restaurants Rate¹: Rising since 2013
- Grocery Stores Rate¹: Rising since 2013
- Physical Inactivity (Adult)¹: Relatively flat since 2010
- Received Informal Food Support¹¹: Increasing
- Recreation and Fitness Facilities Rate¹: Mixed
- Regular Vigorous Physical Activity¹¹: Decreasing since 2013

Diet, Fitness & Nutrition

Table 38. Statistical Data for Diet, Fitness & Nutrition

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Adequate Fruit & Vegetable Consumption, Children Ages 2 – 11²⁶	2015 – 2016	♦24.3%	35.4%	↑
Any Breastfeeding ²⁶	2016	97.5%	94.0%	↑
Children Walking or Biking to School²	2015 – 2016	38.9%	39.3%	↑
Commute >60 Min. ¹	2012 – 2016	8.9%	11.3%	↓
Commute to Work—Alone in Car ¹	2012 – 2016	69.4%	73.5%	↓
Commute to Work—By Public Transit ^{18†}	2012 – 2016	10.1%	5.2%	↑
Commute to Work—Walking/Biking ¹	2012 – 2016	3.8%	3.8%	↑
Diabetes Hospitalizations, Children Ages 0 – 17 ²⁶	2017	1.0%	1.4%	↓
Did Not Eat Breakfast; 7th Graders ²⁶	2013 – 2015	26.3%	33.0%	↓
Did Not Eat Breakfast; 9th Graders ²⁶	2013 – 2015	32.7%	38.3%	↓
Did Not Eat Breakfast; 11th Graders ²⁶	2013 – 2015	34.5%	38.4%	↓
Driving Alone to Work, Long Distances ²	2012-2016	38.1%	39.3%	↓
Exclusive Breastfeeding ²⁶	2016	81.0%	69.6%	↑
Low Fruit/Vegetable Consumption (Adult) ¹	2005 – 2009	67.4%	71.5%	↓
Low Fruit/Vegetable Consumption (Youth)¹	2011 – 2012	♦50.0%	47.4%	↓

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Physical Inactivity (Adult) ^{1† & 12}	2013	15.5%	17.9%	↓
Physical Inactivity (Youth) ²	2016 – 2017	27.3%	37.8%	↓
Soft Drink Consumption ²	2014	9.2%	18.1%	↓
Children Eligible for Free/Reduced Price Lunch ^{1†}	2015 – 2016	32.9%	58.9%	↓
Children Living in Food Insecure Households ²⁶	2016	13.2%	19.0%	↓
Exercise Opportunities ¹²	2016	96.2%	89.6%	↑
Fast Food Restaurants Rate^{1†}	2016	82.5	78.7	↓
Food Desert Population ¹	2015	9.9%	13.4%	↓
Food Environment Index ¹²	2015	8.9	8.8	↑
Food Insecurity Rate^{11† & 23}	2016	♦9.1%	♦6.0%	↓
Food Insecurity Rate—Children under 18 ¹	2014	19.3%	25.3%	↓
Grocery Stores Rate ^{1†}	2016	25.3	21.8	↑
Lack of Healthy Food Stores ²	2014	9.9%	13.4%	↑
Public Transit Stops²	2013	♦13.4%	16.8%	↑
Recreation and Fitness Facilities Rate ^{1†}	2016	14.9	10.2	↑
SNAP Benefits (Households) ^{1† & 2}	2012 – 2016	3.7%	9.4%	↓
Students Meeting Fitness Standards; 5th Graders ²⁶	2017	31.8%	24.9%	↑
Students Meeting Fitness Standards; 7th Graders ²⁶	2017	38.6%	31.4%	↑
Students Meeting Fitness Standards; 9th Graders ²⁶	2017	35.6	34.8%	↑
Walkable Destinations ²	2012 – 2015	54.8%	29.0%	↑
WIC-Authorized Food Stores Rate¹	2011	♦10.5	15.8	↑

Trends (†)

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

- Children Eligible for Free/Reduced Price Lunch¹: Falling since 2012 – 13
- Commute to Work—By Public Transit¹⁸: Increasing
- Engage in Healthy Behaviors¹¹: Decreasing
- Fast Food Restaurants Rate¹: Rising since 2013
- Food Insecurity¹¹: More respondents were food-insecure than in any prior survey (1998 – 2013).
- Grocery Stores Rate¹: Rising since 2013
- Physical Inactivity (Adult)¹: Relatively flat since 2010
- Received Informal Food Support¹¹: Increasing
- Recreation and Fitness Facilities Rate¹: Mixed
- Regular Vigorous Physical Activity¹¹: Decreasing since 2013
- SNAP Benefits (Households)¹: Rising since 2008

Obesity

Table 39. Statistical Data for Obesity

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Obesity (Adult)^{11† & 24}	2016	25.4%	25.0%	↓
Obesity (Youth) ²	2016 – 2017	14.2%	20.1%	↓
Overweight/Obese Adults^{11† & 24}	2016	63.1%	61.0%	↓
Overweight (Adult) ¹	2011 – 2012	31.4%	35.8%	↓
Overweight (Youth) ¹	2013 – 2014	17.7%	19.3%	↓
Breastfeeding (Any) ¹	2012	97.3%	93.0%	↑
Breastfeeding (Exclusive) ¹	2012	80.4%	64.8%	↑
Children Eligible for Free/Reduced Price Lunch ^{1†}	2015 – 2016	32.9%	58.9%	↓
Children Walking or Biking to School²	2015 – 2016	38.9%	39.3%	↑
Commute >60 Min. ¹	2012 – 2016	8.9%	11.3%	↓
Commute to Work—Alone in Car ¹	2012 – 2016	69.4%	73.5%	↓
Commute to Work—By Public Transit ^{18†}	2012 – 2016	10.1%	5.2%	↑
Commute to Work—Walking/Biking ¹	2012 – 2016	3.8%	3.8%	↑
Diabetes Death Rate ⁷	2013 – 2015	12.9	20.6	↓
Diabetes Discharges (% of Total Discharges) ¹	2011	0.6%	0.9%	↓
Diabetes Discharges (% of Total Discharges), Children/Youth (Ages 1 – 19) ¹	2011	1.2%	1.5%	↓
Diabetes Hospitalizations Rate (per 10,000) ¹	2011	6.1	10.4	↓
Diabetes Prevalence, Adults^{11† & 24}	2016	♦12.2%	10.2%	↓
Driving Alone to Work, Long Distances ²	2012 – 2016	38.1%	39.3%	↓
Exercise Opportunities ¹²	2016	96.2%	89.6%	↑
Fast Food Restaurants Rate^{1†}	2016	82.5	78.7	↓
Food Desert Population ¹	2015	9.9%	13.4%	↓
Food Environment Index ¹²	2015	8.9	8.8	↑
Food Insecurity Rate^{11† & 23}	2016	♦9.1%	†6.0%	↓
Food Insecurity Rate—Children under 18 ¹	2014	19.3%	25.3%	↓
Grocery Stores Rate ^{1†}	2016	25.3	21.8	↑
Lack of Healthy Food Stores ²	2014	9.9%	13.4%	↑
Low Fruit/Vegetable Consumption (Adult) ¹	2005 – 2009	67.4%	71.5%	↓
Low Fruit/Vegetable Consumption (Youth)¹	2011 – 2012	♦50.0%	47.4%	↓
Physical Inactivity (Adult) ^{1† & 12}	2013	15.5%	17.9%	↓

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Physical Inactivity (Youth) ²	2016 – 2017	27.3%	37.8%	↓
Public Transit Stops²	2013	♦13.4%	16.8%	↑
Recreation and Fitness Facilities Rate ^{1†}	2016	14.9	10.2	↑
SNAP Benefits (Households) ^{1† &2}	2012 – 2016	3.7%	9.4%	↓
Soft Drink Consumption ²	2014	9.2%	18.1%	↓
Walkable Destinations ²	2012 – 2015	54.8%	29.0%	↑
WIC-Authorized Food Stores Rate¹	2011	♦10.5	15.8	↑

Trends (†)

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

- Children Eligible for Free/Reduced Price Lunch¹: Falling since 2012 – 13
- Commute to Work—By Public Transit¹⁸: Increasing
- Diabetes Prevalence, Adults¹¹: Rising
- Engage in Healthy Behaviors¹¹: Decreasing
- Fast Food Restaurants Rate¹: Rising since 2013
- Grocery Stores Rate¹: Rising since 2013
- Food Insecurity¹¹: More respondents were food-insecure than in any prior survey (1998 – 2013).
- Obesity (Adult)¹¹: Increasing
- Overweight/Obese Adults¹¹: Increasing
- Physical Inactivity (Adult)¹: Relatively flat since 2010
- Received Informal Food Support¹¹: Increasing
- Recreation and Fitness Facilities Rate¹: Mixed
- Regular Vigorous Physical Activity¹¹: Decreasing since 2013
- SNAP Benefits (Households)¹: Rising since 2008

Race & Ethnicity

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

Table 40. Statistical Data for Healthy Lifestyles by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP /LAT (ANY RACE)
Diabetes Prevalence, Adults ^{11 & 24}	12.2%		♦21.2%						
Low Fruit/Vegetable Consumption (Youth) ¹	47.4%	38.2%					♦63.5%		♦55.9%
Obesity (Adult) ^{11 & 24}	25.0%		♦50.8%						♦34.0%
Overweight (Youth) ¹	19.3%	14.0%	19.6%	12.4%				16.4%	♦22.1%
Overweight/Obese Adults ^{11 & 24}	61.0%		♦82.2%						♦74.6%
Breastfeeding (Any) ¹	93.0%	97.1%	♦87.2%	98.3%			92.4%	96.1%	97.5%
Breastfeeding (Any) ²⁶	94.0%	97.6%	♦88.1%	98.2%	90.0%		95.2	97.3%	97.3%
Breastfeeding (Exclusive) ¹	64.8%	86.3%	67.4%	79.8%			68.8%	81.4%	77.2%
Breastfeeding (Exclusive) ²⁶	69.6%	86.3%	♦61.9%	81.0%	70.0%		74.5%	83.4%	76.4%
CalFresh, by R/E [SNAP Benefits—Households with Children] ²⁶		2%	♦15%	*♦43%		2%			♦38%
Did Not Eat Breakfast; 7th, 9th, 11th, NT26		23.4%	♦39.8%	26.3%	39.2%	34.4%	35.3%	31.4%	36.6%
Food Insecurity Rate ^{11 & 24}	^H 6.0%		♦7.5%	*♦7.2%					
Students Meeting Fitness Standards; 5th Graders ²⁶	24.9%	41.7%	26.3%	44.5%	♦18.3%		†35.1%	40.0%	♦16.8%
Students Meeting Fitness Standards; 7th Graders ²⁶	31.4%	47.4%	♦25.9%	54.6%	♦29.5%		†39.9%	45.1%	♦22.4%
Students Meeting Fitness Standards; 9th Graders ²⁶	34.8%	45.8%	♦20.6%	51.7%	♦24.1%		†31.7%	34.2%	♦24.5%

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander. † Indicates that statistic represents Filipino population.

Other Populations

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

Table 41. Statistical Data for Healthy Lifestyles by Age, Income, Education, or Geography

INDICATORS	BENCH-MARK	MALE	FEMALE	AGE 18-64	AGE 65+	≤ 200% FPL	≤ HIGH SCHOOL
Diabetes Prevalence, Adults ^{11 & 24}	12.2%			10.5%	♦18.6%	♦23.5%	
Food Insecurity Rate ^{11 & 24}	6.0%					♦10.4%	
Obesity (Adult) ^{11 & 24}	25.0%					♦39.4%	♦35.8%
Overweight/ Obese Adults ^{11 & 24}	61.0%	♦70.1%				♦71.6%	

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- Diabetes:
 - ER Visit Rate, Diabetes: The average crude Emergency Room visit rate (per 1,000 people) for diabetes, countywide, was 471.7.¹¹ Rates are highest for Pacific Islanders (4,754.5 per 100,000) and people of African ancestry (3,564.8 per 100,000).¹¹
 - Cause of Death: Diabetes was tied for the No. 7 cause of death in the county.⁷
- Engage in Healthy Behaviors: Less than 4% of Quality of Life survey respondents countywide (N=1,581) engage in “healthy behaviors” (do not smoke cigarettes, are not overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, eat five or more servings of fruit/vegetables per day).¹¹ These proportions are even smaller among men (1.4%), respondents who earn less than 200% FPL (0.7%), and respondents with a high school diploma or less (0.3%).¹¹
- Overweight Adults: Over one-third of Quality of Life survey respondents countywide (N=1,581) reported being overweight.¹¹

- Obesity/Overweight & Diabetes Related Factors:
 - Regular Vigorous Physical Activity (Adults): More than one-third (38%) of Quality of Life survey respondents countywide (N=1,581) indicated that they engage in vigorous physical activity three or more times per week.¹¹ These proportions were smaller among respondents who earn less than 200% FPL (32%).
 - Diet:
 - Adequate Fruit/Vegetable Consumption (Adults): Only 15% of Quality of Life survey respondents countywide (N=1,581) reported that they eat the recommended number of daily servings of fruits and vegetables.¹¹ These proportions were even smaller among respondents who earned less than 200% FPL (7.4%) and respondents with a high school diploma or less (3.8%).¹¹
 - Sugar-Sweetened Beverages:
 - Sugar-Sweetened Beverage Consumption (Adults): About 18% of Quality of Life survey respondents countywide (N=1,581) reported that they consume sugar-sweetened beverages daily.¹¹
 - Over 13% specifically indicated that they consume at least one soda or pop containing sugar per day.¹¹ The highest proportions of respondents drinking at least one sugar-sweetened soda/pop each day were south county residents (18%), Latinxs (19%), and respondents with a high school education or less (26%).¹¹
 - About 10% specifically indicated that they consume at least one sugar-sweetened fruit drink per day.¹¹ The highest proportions of respondents drinking at least one sugar-sweetened fruit drink each day were respondents earning between 200% and 400% of FPL (16%).¹¹
 - Sugar-Sweetened Beverage Consumption (Youth): “[C]onsumption by adolescents age 12-17 increased to 56% drinking one or more sugar-sweetened beverages per day.”¹³
 - Teeth Removed Due to Poor Oral Health: Over 20% of Quality of Life survey respondents countywide (N=1,581) reported that three or more of their permanent teeth had been removed due to tooth decay or gum disease.¹¹ This was the case for greater proportions of respondents with a high school education or less (37%), respondents earning less than 200% FPL (32%), and respondents of African ancestry (31%).¹¹
 - Food Store Quality/Affordability: “On av[erage,] 20 – 30% of [food] stores in low income neighborhoods meet the basic quality and affordability standards” in San Mateo County.¹⁴
- Received Informal Food Support: More than 6% of Quality of Life survey respondents countywide (N=1,581) indicated that they had gone to a food bank or otherwise received free meals in the past year.¹¹ This figure was higher among low-income respondents (17%) and respondents from the Coastsides (12%).¹¹

Infectious Diseases

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

Table 42. Statistical Data for Infectious Diseases

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Acute Hepatitis B CasesRate⁸	2015	♦0.7	0.4	↓
Influenza/Pneumonia Death Rate ^{22†}	2014 – 2016	10.6	14.3	↓
Pertussis CasesRate^{8†}	2016	♦13.5	4.7	↓
Tuberculosis Cases Rate^{10†}	2016	♦6.8	1.0	↓
Diphtheria, Tetanus, and Pertussis Vaccine (% of All Kinder) ⁸	2016 – 2017	97.8%	96.9%	↑
Kindergarteners with Required Immunizations ²⁶	2017	96.5%	95.6%	↑
Hepatitis B Vaccine (% of All Kinder) ⁸	2016 – 2017	98.6%	97.8%	↑
Kindergarteners with All Required Immunizations ⁸	2016 – 2017	96.5%	95.6%	↑
Kindergarteners with Overdue Immunizations⁸	2016 – 2017	♦1.1%	1.0%	↓
Measles, Mumps, and Rubella Vaccine (% of All Kinder) ⁸	2016 – 2017	98.1%	97.3%	↑
Polio Vaccine (% of All Kinder) ⁸	2016 – 2017	98.3%	97.3%	↑
Varicella Vaccine (% of All Kinder) ⁸	2016 – 2017	99.4%	98.5%	↑

Trends (†)

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

- Influenza/Pneumonia Death Rate²²: Decreasing
- Pertussis⁸: Trend is mixed
- Tuberculosis Cases Rate¹⁰: Trending down from 2014 to 2016

Data Without Benchmarks

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

- Influenza/pneumonia was tied for the No. 7 cause of death in the county.⁷

Behavioral Health

Mental Health/Emotional Well-Being

Table 43. Statistical Data for Mental Health/Emotional Well-Being

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Access to Mental Health Care Providers Rate ¹	2018	300.9	280.6	↑
Adults Needing and Receiving Behavioral Health Care Services ²⁰⁺	2015 – 2016	58.4%	60.5%	↓
Adults with Any Adverse Childhood Experiences ²⁶	2008 – 2013	53.9%	61.0%	↓
Adults with Four or More Adverse Childhood Experiences ²⁶	2008 – 2013	12.0%	15.9%	↓
Alcohol Use (Lifetime); 7th Graders ²⁶	2013 – 2015	1.4%	2.5%	↓
Alcohol Use (Lifetime); 9th Graders ²⁶	2013 – 2015	7.8%	10.3%	↓
Alcohol Use (Lifetime); 11th Graders²⁶	2013 – 2015	♦28.9%	25.3%	↓
Bullied at School; 7th Graders²⁶	2013 – 2015	♦41.4%	39.2%	↓
Bullied at School; 9th Graders ²⁶	2013 – 2015	35.9%	37.2%	↓
Bullied at School; 11th Graders ²⁶	2013 – 2015	28.8%	30.0%	↓
Caring Adults at School; Low; 7th Graders ²⁶	2013 – 2015	11.4%	14.3%	↓
Caring Adults at School; Low; 9th Graders ²⁶	2013 – 2015	10.1%	17.8%	↓
Caring Adults at School; Low; 11th Graders ²⁶	2013 – 2015	9.0%	13.0%	↓
Children with Two or More Adverse Experiences (Parent Reported) ²⁶	2016	14.0%	16.4%	↓
Cyberbullied; 7th Graders²⁶	2013 – 2015	♦5.1%	4.7%	↓
Cyberbullied; 9th Graders ²⁶	2013 – 2015	3.9%	4.9%	↓
Cyberbullied; 11th Graders ²⁶	2013 – 2015	3.8%	4.6%	↓
Deaths by Suicide, Drug, or Alcohol Poisoning (Rate) ²	2011 – 2015	25.2	34.2	↓
Depression-Related Feelings; 7th Graders ²⁶	2013 – 2015	22.8%	25.4%	↓
Depression-Related Feelings; 9th Graders ²⁶	2013 – 2015	27.9%	31.5%	↓
Depression-Related Feelings; 11th Graders ²⁶	2013 – 2015	29.5%	33.4%	↓
Experienced Dating Violence Recently, of 9th Graders Who are Dating ²⁶	2011 – 2013	3.3%	5.0%	↓
Experienced Dating Violence Recently, of 11th Graders Who are Dating ²⁶	2011 – 2013	3.7%	5.9%	↓
Frequent Mental Distress ¹²	2016	8.8%	10.6%	↓
Have Ever Felt Depressed for 2 Years or More ^{11+ & 24}	2016	26.1%	31.4%	↓

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Meaningful Participation at School; Low; 7th Graders ²⁶	2013 – 2015	28.2%	31.3%	↓
Meaningful Participation at School; Low; 9th Graders ²⁶	2013 – 2015	30.4%	37.9%	↓
Meaningful Participation at School; Low; 11th Graders ²⁶	2013 – 2015	35.3%	36.9%	↓
Mental Health Emergency Room Visit Rate (per 10,000 pop.) ⁵	2013 – 2015	61.9	93.4	↓
Mental Health Hospitalization, Children Ages 5 – 14 (rate per 1,000)²⁶	2016	♦2.8	2.5	↓
Mental Health Hospitalization, Youth Ages 15 – 19 (rate per 1,000)²⁶	2016	♦13.1	9.8	↓
Needing Mental Health Care ¹	2013 – 2014	10.7%	15.9%	↓
Poor Mental Health Days (per Month) ^{11QoL† & 12}	2016	3.0	3.7	↓
Recent Alcohol/Drug Use; 7th Graders ²⁶	2013 – 2015	7.10%	10.4%	↓
Recent Alcohol/Drug; 9th Graders ²⁶	2013 – 2015	20.0%	23.2%	↓
Recent Alcohol/Drug Use; 11th Graders²⁶	2013 – 2015	♦36.9%	33.4%	↓
Recent Regular Marijuana Use; 7th Graders ²⁶	2013 – 2015	0.40%	0.80%	↓
Recent Regular Marijuana Use; 9th Graders ²⁶	2013 – 2015	1.60%	2.30%	↓
Recent Regular Marijuana Use; 11th Graders²⁶	2013 – 2015	♦5.00%	3.9%	↓
School Connectedness; Low; 7th Graders ²⁶	2013 – 2015	7.2%	8.9%	↓
School Connectedness; Low; 9th Graders ²⁶	2013 – 2015	6.0%	10.5%	↓
School Connectedness; Low; 11th Graders ²⁶	2013 – 2015	7.9%	11.5%	↓
Seriously Considered Suicide ²	2015 – 2016	7.6%	10.0%	↓
Seriously Considered Suicide, 9th Graders ²⁶	2013 – 2015	15.7%	19.0%	↓
Seriously Considered Suicide, 11th Graders ²⁶	2013v2015	16.3%	18.1%	↓
Students per School Psychologist²⁶	2017	♦1196:1	1124:1	↓
Suicide Death Rate ²	2011 – 2015	7.6	^H 10.2	↓
Youth Intentional Self-Harm-ER Visits (per 10,000 pop.) ⁵	2014	7.9	10.9	↓
Disconnected Youth ¹²	2010 – 2014	9.9%	14.4%	↓
Domestic Violence Rate ¹	2013 – 2014	4.3	4.9	↓
Homicide Rate ¹²	2010 – 2016	2.5	5.0	↓
Insufficient Sleep ^{11QoL† & 12}	2016	30.4%	34.5%	↓
Lack of Social or Emotional Support ²	2006 – 2012	22.3%	24.7%	↓
Social Associations (per 10,000 pop.)²	2015	6.4	6.5	↑

Trends (†)

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

- Adults Needing and Receiving Behavioral Health Care Services²⁰: No significant change
- Community Connectedness—Feel Not Very or Not at All Connected¹¹: No significant change
- Community Tolerance for Racial/Cultural Differences Is Fair/Poor¹¹: Decreasing
- Experienced Depressive Symptoms (Average Days per Month)¹¹: Flat
- Experiencing Difficulty in Fear, Anxiety, or Panic¹¹: Increasing
- Experiencing Difficulty in Getting Along with People Outside the Family¹¹: Increasing
- Experiencing Difficulty in Isolation or Feelings of Loneliness¹¹: Increasing
- Experiencing Difficulty in Relationships with Family Members¹¹: Increasing
- Fair/Poor Access to Mental Health Services¹¹: Increasing
- Felt Healthy and Full of Energy (Average Days/Month)¹¹: Decreasing
- Felt Worried/Tense/Anxious (Average Days/Month)¹¹: Flat
- Have Ever Felt Depressed for 2 Years or More¹¹: Increasing
- Have Ever Sought Professional Help for Mental/Emotional Problem¹¹: Increasing
- High Stress on Typical Day¹¹: Decreasing
- History of Mental/Emotional Problems¹¹: Increasing
- Insufficient Sleep¹¹: Increasing
- Lack Support¹¹: Increasing since 2008
- Pain Interfered with Usual Activities (Average Days/Month)¹¹: Increasing since 2013
- Poor Mental Health (Average Days/Month)¹¹: Increasing
- Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month)¹¹: Increasing since 2004
- Spirituality Is Very Important¹¹: Decreasing

Tobacco/Substance Use

Table 44. Statistical Data for Tobacco/Substance Use

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Adults Needing and Receiving Behavioral Health Care Services ^{20†}	2015 – 2016	58.4%	60.5%	↓
Alcohol—Binge Drinker^{11† & 24}	2016	16.9%	16.3%	↓
Alcohol—Current Drinker^{11† & 24}	2016	♦60.2%	53.7%	↓
Chronic Liver Disease and Cirrhosis Death Rate⁷	2013 – 2015	8.5	†8.2	↓
Alcohol Use (Lifetime); 7th Graders ²⁶	2013 – 2015	1.4%	2.5%	↓
Alcohol Use (Lifetime) 9th Graders ²⁶	2013 – 2015	7.8%	10.3%	↓
Alcohol Use (Lifetime); 11th Graders²⁶	2013 – 2015	♦28.9%	25.3%	↓
Current Smoker ^{11† & 24}	2016	5.7%	11.0%	↓
Current User of E-Cigarettes (Vaping) ^{11 & 24}	2016	3.0%	3.2%	↓

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Deaths by Suicide, Drug or Alcohol Poisoning (Rate) ²	2011 – 2015	25.2	34.2	↓
Drug-Related Death Rate ^{11† & 12}	2014 – 2016	8.2	^H 11.3	↓
Recent Alcohol/Drug Use; 7th Graders ²⁶	2013 – 2015	7.1%	10.4%	↓
Recent Alcohol/Drug Use; 9th Graders ²⁶	2013 – 2015	20.0%	23.2%	↓
Recent Alcohol/Drug Use; 11th Graders²⁶	2013 – 2015	♦36.9%	33.4%	↓
Recent Regular Marijuana Use; 7th Graders ²⁶	2013 – 2015	0.40%	0.80%	↓
Recent Regular Marijuana Use; 9th Graders ²⁶	2013 – 2015	1.6%	2.3%	↓
Recent Regular Marijuana Use; 11th Graders²⁶	2013 – 2015	♦5.0%	3.9%	↓
Substance-Related Emergency Department Visits Rate ⁶	2014	442.5	455.2	↓
Used Marijuana or Hashish Recently^{11 & 24}	2017	♦13.3%	8.5%	↓
Alcohol-Impaired Driving Deaths ¹²	2012 – 2016	26.3%	29.4%	↓
Heart Disease Death Rate ^{22†}	2014 – 2016	55.4	89.1	↓
Heart Disease Prevalence ²	2014	5.6%	7.0%	↓
Liquor Store Access Rate ^{1†}	2016	6.8	10.7	↓
Low Birth Weight¹²	2010 – 2016	6.9%	6.8%	↓

Trends (†)

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

- Adults Needing and Receiving Behavioral Health Care Services²⁰: No significant change
- Alcohol—Binge Drinker¹¹: Increasing
- Alcohol—Current Drinker¹¹: Decreasing
- Current Smoker¹¹: Decreasing
- Deaths by Drug Poisoning (Rate)¹¹: Increasing
- Ever Sought Professional Help for Drug Related Problem¹¹: Flat
- Fair/Poor Access to Help for Substance Abuse¹¹: Increasing
- Heart Disease Death Rate²²: Decreasing
- Know Where to Access Treatment for a Drug-Related Problem if Needed¹¹: Increasing
- Liquor Store Access Rate¹: Falling since 2014
- Substance-Related ED Visits¹¹: Rising since 2010
- Substance-Related ED Visits (Youth)¹¹: Generally falling since 2012 – 13
- Substance-Related ED Visits (Adults ages 20 – 64)¹¹: Generally rising since 2010 – 11
- Use Other Tobacco Products¹¹: Decreasing

Race & Ethnicity

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

Table 45. Statistical Data for Behavioral Health by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Alcohol— Current Drinker ^{11 & 24}	53.7%	♦68.6%							
Alcohol Use; 7th, 9th, 11th, NT ²⁶	n/a	14.4%	12.4%	7.0%	♦20.0%	7.0%	8.4%	10.0%	13.3%
Bullied at School; 7th, 9th, 11th, NT ²⁶	n/a	36.0%	♦50.6%	36.7%	37.1%	♦42.7%	32.7%	39.0%	33.5%
Caring Adults at School: Low; 7th, 9th, 11th, NT ²⁶	n/a	6.9%	♦9.4%	♦9.6%	♦12.0%	♦18.7%	♦10.9%	♦10.9%	♦12.4%
Cyberbullied; 7th, 9th, 11th, NT ²⁶	n/a	3.5%	6.1%	3.1%	♦6.6%	♦5.3%	♦5.1%	♦5.2%	♦4.9%
Depression-Related Feelings; 7th, 9th, 11th, NT ²⁶	n/a	21.5%	♦30.5%	♦23.9%	♦29.6%	♦33.4%	21.6%	♦27.3%	♦30.7%
Experienced Dating Violence Recently; 7th, 9th, 11th, NT Who Are Dating ²⁶	n/a	2.4%	♦8.7%	2.1%	♦4.9%	♦7.4%	♦3.7%	♦3.6%	♦4.4%
Have Ever Felt Depressed for 2 Years or More (%) ^{11 & 24}	^{US} 31.4		♦37.3						♦33.6
Meaningful Participation at School: Low; 7th, 9th, 11th, NT ²⁶	n/a	24.1%	♦27.5%	♦26.3%	♦33.1%	♦39.7%	♦29.3%	♦29.5%	♦38.6%
Needing Mental Health Care ¹	15.9%	15.6%					0.5%		14.7%
School Connectedness: Low; 7th, 9th, 11th, NT ²⁶	n/a	5.9%	♦11.2%	4.8%	♦8.0%	♦23.4%	♦10.1%	♦7.6%	♦8.3%
Seriously Considered Suicide; 9th, 11th, NT ²⁶	n/a	13.5%	♦19.5%	14.0%	♦16.4%	♦28.5%	♦26.5%	♦20.4%	♦17.3%
Used Alcohol/Drugs Recently; 7th, 9th, 11th, NT ²⁶	n/a	21.2%	♦25.0%	10.5%	♦24.5%	15.9%	19.7%	♦22.6	♦24.5%
Used Marijuana or Hashish Recently ^{11 & 24}	8.5%			♦18.1%*					
Used Marijuana Recently; 7th, 9th, 11th, NT ²⁶	n/a	1.7%	♦5.0%	0.8%	♦4.5%	♦2.6%	♦2.7%	♦3.1%	2.8%
Youth Intentional Self-Harm-ER Visits (per 10,000 pop.) ⁵	10.9	9.4	3.3	5.9*		♦42.6	♦12.3		7.1

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

Other Populations

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

Table 46. Statistical Data for Behavioral Health by Age, Income, Education, or Geography

INDICATORS	BENCH-MARK	AGE 0-17	AGE 18-39	AGE 18-64	AGE 65+	≤ 200% FPL	>400% FPL	≤ HIGH SCHOOL	COAST-SIDE
Alcohol—Binge Drinker ^{11 & 24}	16.3%		♦28.4%						
Alcohol—Current Drinker ^{11 & 24}	53.7%						♦70.2%	♦63.4%	♦69.4%
Current Smoker ^{11 & 24}	11.0%		8.1%			6.7%		9.5%	
Current User of E-Cigarettes (Vaping) ^{11 & 24}	3.2%		♦7.2%						
Have Ever Felt Depressed for 2 Years or More (%) ^{11 & 24}	^{US} 31.4					32.2		32.1	♦33.0
Used Marijuana or Hashish Recently ^{11 & 24}	8.5%		♦26.1%						♦18.1%

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

Mental Health/Emotional Well-Being

- Felt Worried/Tense/Anxious (Average Days/Month): On average, Quality of Life survey respondents countywide (N=1,581) indicated that they felt worried, tense, or anxious on four out of the past 30 days.¹¹
- Bullying:
 - Cyberbullying: Nearly one in five (19%) “of [teen] females reported being bullied or harassed via the internet compared to 11% of [teen] males” (N=3,284).¹³
 - Absenteeism Due to Cyberbullying: A total of “11% of [teen] respondents who reported being bullied or harassed via the internet missed one or more days of school in the past month” (N=3,284).¹³

- Community Connectedness:
 - Community Connectedness—Feel Not Very or Not at All Connected: About one-third of Quality of Life survey respondents countywide (N=1,581) reported that they felt not very or not at all connected to their community.¹¹ Higher proportions of men (41%) and Asian/Pacific Islander (40.5%) respondents felt this way.¹¹
 - Lack of Meaningful Connections to Community (Youth): “Students attending nontraditional schools reported lower rates of meaningful connections in their community” than students attending traditional schools.¹³
- Experienced Depressive Symptoms (Average Days/Month): On average, Quality of Life survey respondents countywide (N=1,581) indicated that they felt sad, blue, or depressed on 2.5 out of the past 30 days.¹¹ Respondents earning less than 200% FPL reported feeling that way on 4.3 out of the past 30 days.¹¹
- Discrimination Due to Mental Health Problems, Youth: “Youth who have mental health problems ... are more likely to have felt discriminated against than youth who have no mental health problems” (N=3,284).¹³
- History of Mental Health Issues: About 10% of Quality of Life survey respondents countywide (N=1,581) reported a history of problems with mental/emotional illness.¹¹ The proportions who reported such a history were higher among adult respondents ages 18 – 39 (over 17%) and Latinx respondents (15%).¹¹
- Lack Support: About 14% of Quality of Life survey respondents countywide (N=1,581) reported that they had someone they could turn to if they needed or wanted help “little/none of the time.”¹¹ These proportions were higher (i.e., worse) for respondents earning less than 200% FPL (32%) and respondents with a high school diploma or less (31%).¹¹
- Pain:
 - Ambulance Transport, Pain: Of all ambulance transports initiated by a call to 911, pain was the primary impression (main reason for the call) in 12.1% of cases.¹⁶
 - Pain Interfered with Usual Activities (Average Days/Month): On average, Quality of Life survey respondents countywide (N=1,581) indicated that pain made it hard to do their usual activities on 3.5 out of the past 30 days.¹¹ Respondents of African ancestry experienced this interference more often (4.2 of the past 30 days), as did respondents earning less than 200% FPL (5.2 of the past 30 days).¹¹
- Perception of Safety, Youth: “Only 53% of all [teen] respondents reported feeling safe in their community” (N=3,284).¹³
- Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month): On average, Quality of Life survey respondents countywide (N=1,581) indicated that their physical/mental health had prevented their usual activities three out of the past 30 days.¹¹ The average for respondents earning less than 200% FPL was 4.3 days, and for African ancestry respondents was 3.5 days.¹¹
- Poor Mental Health:
 - Poor Mental Health (Average Days/Month): On average, Quality of Life survey respondents countywide (N=1,581) indicated that their mental health was not good on two out of the past 30 days.¹¹
 - ER Visit Rate: Mental Health Issues: Young adults (ages 18 – 24 and 25 – 34) and adults age 85+ are the most likely among the population of all ages to visit the emergency room for mental health issues.⁵

- **Poor Sleep (Average Days/Month):** On average, Quality of Life survey respondents countywide (N=1,581) said that they felt they didn't get enough sleep on 7.6 out of the past 30 days.¹¹ Among the populations of respondents who reported more days of poor sleep were African ancestry respondents (9 days), respondents earning less than 200% FPL (8.6 days), and adults ages 18 – 39 (8.6 days).¹¹
- **Have Ever Sought Professional Help for Mental/Emotional Problem:** Nearly one-third of Quality of Life survey respondents countywide (N=1,581) reported that they had ever sought help from a professional for a mental/emotional problem.¹¹ Among the populations of respondents less likely to report they had ever sought professional help were men (26%), Asian/Pacific Islanders (20.5%), and respondents with a high school diploma or less (18%).¹¹
- **High Stress on Typical Day:** More than half of the Quality of Life survey respondents countywide (N=1,581) reported that their typical day contained a low level of stress, while 39% reported a moderate level of stress and 6% reported a high level of stress.¹¹ A greater proportion of respondents from the Coastside (11%) reported a high level of stress.¹¹
- **Suicidal Ideation:** A total of “38% of [teen] female and 23% of [teen] male respondents reported having suicidal thoughts” (N=3,284).¹³
- **Suicide:**
 - The age-adjusted, countywide suicide mortality rate was 9.5 per 100,000 people.¹¹
 - Nearly three-quarters of the suicides in San Mateo County between 2010 and 2015 were male.¹¹
 - The crude countywide suicide rate per 100,000 was highest for middle-aged adults (ages 45 – 64, 7.2 per 100,000).¹¹ Note, there were no suicide deaths in individuals under the age of 20 in 2016 in San Mateo County.¹¹
 - Suicide mortality rates for Latinxs and Asian/Pacific Islanders rose from 2014 to 2015, as did suicide mortality rates for age groups 20 – 24 and 25 – 44.¹¹ Whites had the highest crude rate of suicide in the county between 2010 and 2015 (13.7 per 100,000), followed by people of African ancestry (10.5 per 100,000).¹¹
 - The crude rate of suicide deaths between 2010 and 2015 was highest in the mid-county area (54.3 per 100,000); this was followed by the coast (52.9 per 100,000), the south county area (46.3 per 100,000), and the north county area (43.9 per 100,000).¹¹
 - Suicide was the No. 11 cause of death in the county.⁷
- **Witnessing Violence at School:** “28% of [teen] respondents reported seeing violence at their schools and 30% reported seeing violence in their community” (N=3,284).¹³
- **Witnessing Violence in Community:** “28% of [teen] respondents reported seeing violence at their schools and 30% reported seeing violence in their community” (N=3,284).¹³

Tobacco/Substance Use

- Chronic liver disease/cirrhosis was the No. 9 cause of death in the county.⁷
- Marijuana:
 - Recent Marijuana Use: Fully 20% of San Mateo County Behavioral Health and Recovery Services survey respondents countywide (N=3,981) reported that they had used marijuana in the past month.¹⁷
 - Used Marijuana or Hashish Recently: In contrast, about 13% of Quality of Life survey respondents countywide (N=1,581) indicated they had used marijuana or hashish at least once in the past 30 days.¹¹
 - Form of Marijuana Use: The most popular form of marijuana use among Quality of Life survey respondents (N=179) was smoking (62%); approximately one-third had also used it in vaporized form (35%) or in edible form (32%).¹¹
 - Used Marijuana or Hashish Recently: Among Quality of Life survey respondents who had used marijuana or hashish in the past 30 days (N=179), most (57%) had only used it once in a day, and most of the rest (20%) had used it twice in a day.¹¹
- Other Drugs: About 4% of Quality of Life survey respondents countywide (N=1,581) reported having used any illicit drugs.¹¹
- Coping and Drug Use, Youth: Youth who reported using drugs engaged in positive coping strategies (e.g., talking to a friend, having an artistic outlet) in much lower proportions (13% – 26%) than youth who reported not using drugs (74% – 87%) (N=3,284).¹³
- Drug/Alcohol Education:
 - Effective Drug/Alcohol Prevention, Youth: “Only 55% of [teen] respondents reported that their schools provided effective drug and alcohol prevention services” (N=3,284).¹³
 - Know Where to Access Treatment for a Drug-Related Problem if Needed: Nearly half (47%) of Quality of Life survey respondents countywide (N=1,581) indicated they knew where to access treatment for a drug-related problem if they or someone in their family needed it.¹¹ Only about 40% of respondents on the Coastsides knew where to access such treatment if needed.¹¹
- Drug-Related Deaths:
 - The age-adjusted, countywide drug overdose mortality rate (from all drugs) was 6.78 per 100,000 people.¹¹ This rate includes both ICD 10 codes and coroner case review. The rate when counting only ICD 10 codes was 4.57 per 100,000.¹¹
 - The crude rates per 100,000 are highest for adults in late middle-age (ages 55 – 64, 25.5 per 100,000 ICD 10 and coroner, 14.7 per 100,000 ICD 10 only).¹¹
 - Drug-induced death was the No. 10 cause of death in the county.⁷
- Emergencies:
 - Ambulance Transport, Behavioral Health: Of all ambulance transports initiated by a call to 911, behavioral health was the primary impression (main reason for the call) in 4.4% of cases.¹⁶
 - Ambulance Transport, Toxicological Issues: Of all ambulance transports initiated by a call to 911, toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call) in 5% of cases.¹⁶

Oral/Dental Health

Table 47. Statistical Data for Oral/Dental Health

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Access to Dentists Rate ^{1† & 12}	2016	101.2	82.3	↑
Health Professional Shortage Area—Dental ²	2016	0.0%	13.2%	↓
Lack of Dental Insurance Coverage ²	2015 – 2016	26.0%	38.5%	↓
No Recent Dental Exam (Youth) ¹	2013 – 2014	1.2%	18.5%	↓
Poor Dental Health ¹	2006 – 2010	11.2%	11.3%	↓
Recent Dental Exam ^{11 & 24}	2016	78.9%	66.8%	↑
Current Smoker ^{11† & 24}	2016	5.7%	11.0%	↓
Drinking Water Violations²	2015	♦1.0	0.8	↓
Soft Drink Consumption ²	2014	9.2%	18.1%	↓

Trends (†)

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

- Access to Dentists Rate¹: Rising since 2010
- Child Had Recent Dental Exam¹¹: Increasing
- Current Smoker¹¹: Decreasing
- Lack of Insurance Prevented Dental Care¹¹: No clear trend
- Have No Dental Insurance Coverage That Pays for Some or All of Routine Dental Care¹¹: Increasing since 2008
- Use Other Tobacco Products¹¹: Decreasing

Other Populations

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

Table 48. Statistical Data for Oral/Dental Health by Age, Income, Education, or Geography

INDICATORS	BENCH- MARK	AGE 0-5	AGE 6-17	AGE 18-64	AGE 65+	≤ HIGH SCHOOL	SOME COLLEGE	≥ B.A./B.S. DEGREE	≤ 200% FPL
Recent Dental Exam ^{11 & 24}	66.8%								♦51.1%

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- Usual Source of Dental Care: Almost 82% of Quality of Life survey respondents countywide (N=1,581) reported having a usual source of dental care.¹¹ This was the case for a smaller proportion of respondents earning less than 200% FPL (57%).¹¹
- Insurance:
 - Dental Insurance: About two-thirds of Quality of Life survey respondents countywide (N=1,581) reported having dental insurance.¹¹ This was the case for smaller proportions of respondents earning less than 200% FPL (42%).¹¹
 - Lack of Insurance Prevented Dental Care: About 30% of Quality of Life survey respondents countywide (N=1,581) indicated that they or a family member(s) have dental problems they cannot take care of because of a lack of insurance.¹¹ This affected greater proportions of Latinx respondents (44%) and adults ages 18 – 39 (45%).¹¹
- Sugar-Sweetened Beverages:
 - Sugar-Sweetened Beverage Consumption (Adults): About 18% of Quality of Life survey respondents countywide (N=1,581) reported that they consume sugar-sweetened beverages daily.¹¹
 - Over 13% specifically indicated that they consume at least one soda or pop containing sugar per day.¹¹ The highest proportions of respondents drinking at least one sugar-sweetened soda/pop each day were south county residents (18%), Latinxs (19%), and respondents with a high school education or less (26%).¹¹
 - About 10% specifically indicated that they consume at least one sugar-sweetened fruit drink per day.¹¹ The highest proportions of respondents drinking at least one sugar-sweetened fruit drink each day were respondents earning between 200% and 400% of FPL (16%).¹¹
 - Sugar-Sweetened Beverage Consumption (Youth): “[C]onsumption by adolescents age 12 – 17 increased to 56% drinking one or more sugar-sweetened beverages per day.”¹³
- Teeth Removed Due to Poor Oral Health: Over 20% of Quality of Life survey respondents countywide (N=1,581) reported that three or more of their permanent teeth had been removed due to tooth decay or gum disease.¹¹ This was the case for greater proportions of respondents with a high school education or less (37%), respondents earning less than 200% FPL (32%), and respondents of African ancestry (31%).¹¹

Sexually Transmitted Infections

Table 49. Statistical Data for Sexually Transmitted Infections

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Chlamydia Cases (Incidence) Rate ²¹	2016	336.1	504.4	↓
Chlamydia Incidence Amount Youth Ages 10 – 19 (per 100,000) ²⁶	2015	405.5	709.2	↓
Early Latent Syphilis Cases (Incidence) Rate ²¹	2016	6.9	13.5	↓
Gonorrhea Cases (Incidence) Rate ²¹	2016	80.2	164.3	↓
Gonorrhea Incidence Amount Youth Ages 10 – 19 (per 100,000) ²⁶	2015	34.3	121.2	↓
HIV Hospitalizations Rate ¹	2011	1.3	2.0	↓
HIV Prevalence ¹²	2015	228.6	376.4	↓
HIV/AIDS Deaths Rate ²	2008 – 2014	74.0	323.9	↓
Primary & Secondary Syphilis Cases (Incidence) Rate ²¹	2016	7.8	15.0	↓
No HIV Screening¹	2011 – 2012	62.5%	60.8%	↓

Trends (†)

Certain indicators have been measured longitudinally. Below is the trend direction for the indicator with trend data available.

- Early Syphilis Rates (Men)¹¹: Generally rising since 2000

Race & Ethnicity

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

Table 50. Statistical Data for Sexually Transmitted Infections by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
HIV Prevalence ^{1*}	376.2	248.3	♦1046.6						266.6
No HIV Screening ¹	60.8%	47.9%		58.1%					47.7%
Chlamydia Incidence Among Youth Ages 10 – 19 (per 100,000) ²⁶	709.2	330.8	♦2139.3	*164.8					552.5
Gonorrhea Incidence Among Youth Ages 10 – 19 (per 100,000) ²⁶	121.2	26.5	♦658.3	*4.8					16.4

Blank cells indicate that data were unavailable. ♦Using older data from 2012 – 2014 to highlight health disparities by race/ethnicity. *Indicates that the data combined Asian/Pacific Islander.

Data Without Benchmarks

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

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

Unintended Injuries/Accidents

Table 51. Statistical Data for Unintended Injuries/Accidents

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
Accidents (Unintentional Injuries) Death Rate ⁷	2013 – 2015	20.8	29.1	↓
Drug-Related Death Rate ¹²	2014 – 2016	8.2	^H 11.3	↓
Firearm-Related Death Rate ¹²	2012 – 2016	4.3	7.9	↓
Injury Deaths Rate ¹²	2012 – 2016	35.1	47.6	↓
Motor Vehicle Crash Death Rate ¹²	2010 – 2016	5.3	8.5	↓
Pedestrian Accident Death Rate¹	2010 – 2012	♦1.4	^H 1.3	↓
Poisoning Hospitalizations, Children Ages 0 – 17 ²⁶	2017	1.0%	1.0%	↓
Unintentional Drowning/Submersion Death Rate⁶	2013	♦1.1	1.0	↓
Unintentional Poisoning Death Rate ⁶	2013	7.7	10.1	↓
Alcohol–Binge Drinker^{11† & 24}	2016	16.9%	16.3%	↓
Alcohol-Impaired Driving Deaths ¹²	2012 – 2016	26.3%	29.4%	↓
Firearm Kept in or Around Home ^{11† & 24}	2016	16.8%	32.7%	↓
Liquor Store Access Rate ^{1†}	2016	6.8	10.7	↓

Trends (†)

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

- Alcohol–Binge Drinker¹¹: Increasing
- Drowning Deaths¹¹: Mixed
- Firearm Kept in or Around Home¹¹: Flat
- Liquor Store Access Rate¹: Falling since 2014
- Poisoning Deaths Rate¹¹: Mixed

Race & Ethnicity

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

Table 52, Statistical Data for Unintended Injuries/Accidents by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Pedestrian Accident Death Rate ¹	^H 1.3	1.2	0.0	0.0	0.0	1.0		0.0	-1.9

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- Accidents/unintended injuries were the No. 6 cause of death in the county.⁷
- Ambulance Transport, Trauma (Injury): Of all ambulance transports initiated by a call to 911, trauma (injury) was the primary impression (main reason for the call) in 7.6% of cases.¹⁶
- Motor Vehicle Accidents: The leading mechanism of injury for adults 18 – 65 is motor vehicle collisions.¹⁶
- Ambulance Transport, Toxicological Issues: Of all ambulance transports initiated by a call to 911, toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call) in 5% of cases.¹⁶

General Health

Table 53. Statistical Data Related General Health

INDICATORS	YEAR(S)	SMC	BENCHMARK	DESIRED ↑↓
All Causes of Death Rate ⁷	2013 – 2015	493.2	616.2	↓
Child Mortality Rate ¹²	2013 – 2016	26.1	38.5	↓
Child/Youth Death Rate (per 100,000) ²⁶	2013 – 2015	20.8	30.0	↓
Frequent Physical Distress ¹²	2016	8.0%	10.9%	↓
Life Expectancy at Birth (in Years) ²	2014	83.1	80.8	↑
Mortality—Premature Deaths (Years of Potential Life Lost) ¹	2014 – 2016	3,552	5,862	↓
Poor or Fair Health ^{11† & 24}	2016	13.3%	17.8%	↓
Poor Physical Health (Average Days/Month) ^{11† & 12}	2016	2.7	3.5	↓
Population with Any Disability ¹	2012 – 2016	8.3%	10.6%	↓

Trends (†)

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

- Felt Healthy and Full of Energy (Average Days/Month)¹¹: Decreasing
- Older Dependents in Home Who Cannot Live Alone¹¹: Increasing
- Pain Interfered with Usual Activities (Average Days/Month)¹¹: Increasing since 2013
- Poor or Fair Health¹¹: Increasing since 2008
- Poor Physical Health (Average Days/Month)¹¹: Increasing since 2004
- Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month)¹¹: Increasing since 2004

Race & Ethnicity

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

Table 54. Statistical Data for General Health by Ethnicity

INDICATORS	BENCH-MARK	WHITE	AFR / AFR ANC	ASIAN	PAC ISL	NATIVE AM	OTHER	MULTI RACE	HISP / LAT (ANY RACE)
Child/Youth Death Rate (per 100,000) ²⁶	30.0	14.8		*17.2					26.6
Poor or Fair Health ^{11 & 24}	17.8%		*19.5%						*21.3%
Population with Any Disability ¹	10.6%	9.7%	*18.1%	6.2%	6.8%	10.5%	5.1%	5.9%	6.6%

Blank cells indicate that data were unavailable.

Other Populations

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

Table 55. Statistical Data for General Health by Age, Income, Education, or Geography

INDICATORS	BENCHMARK	AGE 0-5	AGE 6-17	AGE 18-64	AGE 65+
Poor or Fair Health ^{11 & 24}	17.8%				*22.2%

Blank cells indicate that data were unavailable.

Data Without Benchmarks

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

- Discrimination Due to Physical Disabilities, Youth: “Youth who have ... physical disabilities are more likely to have felt discriminated against than youth who have no ... physical disabilities” (N=3,284).¹³
- General Health:
 - Felt Healthy and Full of Energy (Average Days/Month): On average, Quality of Life survey respondents countywide (N=1,581) reported that they felt healthy and full of energy on 18 out of the past 30 days.¹¹
 - Poor Physical Health (Average Days/Month): On average, Quality of Life survey respondents countywide (N=1,581) indicated that their physical health was not good on four out of the past 30 days.¹¹ The average for respondents earning less than 200% FPL was 6.7 days, and for African ancestry respondents was 5.9 days.¹¹
 - Poor Physical or Mental Health Interfered with Usual Activities (Average Days/Month): On average, Quality of Life survey respondents countywide (N=1,581) indicated that their physical/mental health had prevented their usual activities three out of the past 30 days.¹¹ The average for respondents earning less than 200% FPL was 4.3 days, and for African ancestry respondents was 3.5 days.¹¹
- Ambulance Transport, Neurological Issues: Of all ambulance transports initiated by a call to 911, neurological issues were the primary impression (main reason for the call) in 10.1% of cases.¹⁶
- Older Dependents in Home Who Cannot Live Alone: Nearly 12% of Quality of Life survey respondents countywide (N=1,581) reported that they had older dependents living in their household because these older individuals were unable to live alone.¹¹ This was reported in higher proportions by adults ages 18 – 39 (21%), and Asian/Pacific Islanders (23%).¹¹

Summary List of Sources

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

- | | |
|--|--|
| ¹ Community Commons Data Platform | ¹³ County of San Mateo, Board of Supervisors, Adolescent Report 2014 – 15 |
| ² CHNA.org Data Platform | ¹⁴ Get Healthy San Mateo County |
| ³ Centers for Disease Control and Prevention State Profiles | ¹⁵ Insight Center for Community Economic Development |
| ⁴ California Department of Education | ¹⁶ County of San Mateo Emergency Medical Services |
| ⁵ Office of Statewide Health Planning and Development | ¹⁷ San Mateo County Behavioral Health and Recovery Services |
| ⁶ California Department of Public Health, EpiCenter California Injury Data | ¹⁸ U.S. Census Bureau |
| ⁷ California Department of Public Health, County Health Status Profiles | ¹⁹ Zilpy.com Rental Estimates |
| ⁸ California Department of Public Health, Immunization Branch | ²⁰ California Health Interview Survey |
| ⁹ California Department of Public Health, California Cancer Registry (CCR) Fact Sheet | ²¹ California Department of Public Health, Sexually Transmitted Diseases Control Branch |
| ¹⁰ California Department of Public Health Tuberculosis Branch | ²² California Department of Public Health |
| ¹¹ San Mateo County Health | ²³ Feeding America |
| ¹² County Health Rankings & Roadmaps, Robert Wood Johnson Foundation | ²⁴ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System |
| | ²⁵ The Dartmouth Atlas of Health Care |
| | ²⁶ KidsData.org |

For an index that lists full original sources and years as well as indicator descriptions, see Attachment 2: Secondary Data Indicators, San Mateo County.

Attachment 5: Qualitative Research Protocols, Santa Clara County

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

Table 1. 2016 Health Needs List

2016 PRIORITY HEALTH NEED	EXAMPLES
Alzheimer's Disease & Dementia	
Behavioral Health	Anxiety, depression, drug/alcohol addiction, stress
Mental Health	
Substance Abuse	
Birth Outcomes	Premature births, infant mortality
Cancers	Breast cancer, leukemia
Cerebrovascular Diseases	Heart attack, stroke
Climate Change	Global warming, drought
Communicable Diseases	TB, hepatitis, flu, pertussis (separate from STIs)
Community & Family Safety	Domestic violence, crime, child abuse
Diabetes	
Diet/Fitness/Nutrition	Nutritious food, safe places to exercise
Economic Security	Education, employment, poverty, cost of living
Health Care Access & Delivery	Health insurance, costs of medicine, availability of providers, getting appointments, patients being treated with respect
Housing & Homelessness	
Obesity	
Oral/Dental Health	
Respiratory Conditions	Asthma, COPD
Sexual Health	Sexually transmitted infections, teen births
Tobacco Use	Smoking, vaping, chewing tobacco
Transportation & Traffic	Public transportation, safe roads
Unintentional Injuries	Car accidents, falls, drownings

Key Informant Protocol – Professionals

Introduction—5 mins

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

Health Needs Prioritization—6 – 10 mins

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

Thinking specifically about Santa Clara County...

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

Expertise Area—20 mins

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

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

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

3. When you think about [health need No. 1]...

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

4. Are some people better or worse off?

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

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

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

Access to Care—5 mins

We know that access to care impacts all aspects of health.

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

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

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

Mental Health—5 mins

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

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

(Conditions like depression/outcomes like suicide)

9. In what ways are people struggling with mental health issues doing worse than others when it comes to health? (Drivers)

Suggestions/Improvements/Solutions—5 – 10 mins

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

10. Do you have any opinions on what should be in place in our community to address these needs?

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

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

b. Are there new/revised policies or other public health approaches that are needed?

Prompt: program models.

[Time permitting] Additional Comments

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

Closing

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

Focus Group Protocols

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

Focus Groups with Professional or Community Representatives

Introduction—6 mins

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

Health Needs Prioritization—10 mins

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

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

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

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

2. Please think about the three from the list that you believe are the most *important* to address here in the next three to four years.

a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next few years. There may be some needs that are very dire—like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments and medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.

3. Summarize voting results. Explain that we will spend the rest of our time reflecting on these top priorities.

Expertise Area—20 mins

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

4. When you think about this health need...

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

5. Which groups, if any, are better or worse off than others?

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

6. What trends, if any, have you seen in the last three years?

Access to Care –5 mins

We know that access to care impacts all aspects of health.

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

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

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

Mental health— 5 mins

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

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

(Conditions like depression/outcomes like suicide)

10. In what ways might people who are struggling with mental health issues be doing worse than others when it comes to health? (Drivers)Suggestions/Improvements/Solutions—5 – 10 mins

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

11. What opinions, if any, do you have on what should be in place in our community to address these needs?**a. What types of services would you like to see in the community that aren't already in place?**

Prompts:

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

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

IF TIME ALLOWS:

Cultural Competency—5 mins**12. To what extent do you think health care providers are culturally competent for the diverse population of Santa Clara County?** By “cultural competence” we mean that people who are providing health care know how to provide health care in a respectful way to everyone.Closing—5 mins

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

Focus Groups with Santa Clara County Residents

Introduction—6 mins

- Welcome and thanks
- Conducting a Community Health Needs Assessment
 - Nonprofit hospitals in Santa Clara County hired us.
 - Identify unmet health needs in our community.
 - Helps those hospitals to plan on how to invest their resources to address community health needs.
- Today's questions are ... [refer to agenda flipchart page]
- We would like to record:
 - Important to get your words right.
 - We will only use first names here to preserve your anonymity.
 - Transcripts will go to hospitals if that is OK with you.
 - When we are finished with all of the focus groups, we will look at all of the transcripts and summarize the things we learn. We also will pull out some quotes so that the hospitals can hear your own words. We will not use your name when we give them those quotes.
- Logistics
- We will end at __:__.
 - Cell phones: On vibrate; please take calls outside.
 - Bathroom location.
 - Incentives – please sign the sheet.
- Guidelines: Be respectful; it's OK to disagree. We want to hear from everyone.
- Speaking of that ... it is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.

Health Needs Prioritization—10 mins

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

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

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

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

2. Please think about the three from the list that you believe are the most important to address here in the next few years.

- a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next three to four years. There may be some needs that are very dire—like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments and medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.

3. Summarize voting results. Explain that we will spend the rest of our time reflecting on these top priorities.

Understanding the Needs—15 mins

4. When you think about this health need...

- What are people struggling with?
- What barriers exist to people getting healthy or staying healthy?

5. What about health care access?

- Is everyone able to get health insurance for their needs?
- Is everyone able to afford to pay for health services and medication?
- Is everyone able to get to the doctors they need when they need to?

6. What about mental health? Mental health was one of the top health needs last time. (By mental health, we mean everything ranging from stress to mental illness.)

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

(Conditions like depression/outcomes like suicide)

b. Do you think that people who are struggling with mental health issues are doing worse than others when it comes to these other health issues we have listed? If so, how? (Drivers)

7. Do you think that things have been getting better, or worse, in the last three years or so? How?

Equity & Cultural Competency—15 mins

8. Do you think that everyone in our community is getting the same health care, and has the same access to care? If not, what are the barriers for them? Think about all of the people in our community ... some have different ethnicities, languages, sexual orientations, and religions. They may be disabled or be low-income or be experiencing homelessness.

OPTIONAL IF TIME:

We also want to know about cultural competency. That means that people who are providing health care know how to provide health care in a respectful way to everyone.

9. To what extent do you think health care providers have this knowledge?

Suggestions/Improvements/Solutions—5 – 10 mins

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

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

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

11. What kinds of changes could those in charge here in Santa Clara County make to help all of us stay healthy?

Closing—5 mins

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

Attachment 6: Qualitative Research Protocols, San Mateo County

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

Table 1. 2016 Health Needs List

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

Key Informant Protocol – Professionals

Introduction—5 mins

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

Health Needs Prioritization—6 – 10 min.

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

Thinking specifically about San Mateo County...

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

Expertise Area—20 mins

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

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

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

3. When you think about [health need No. 1]...

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

4. Are some people better or worse off?

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

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

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

Access to Care—5 mins

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

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

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

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

Mental health—5 mins

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

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

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

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

Prompt: Mental health issues driving other health needs?

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

Suggestions/Improvements/Solutions—5 – 10 mins

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

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

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

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

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

Prompt: Program models?

[Time permitting] Additional comments

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

Closing

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

Focus Group Protocols

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

Focus Groups with Professional or Community Representatives

Introduction—6 mins

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

Health Needs Prioritization—10 mins

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

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

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

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

2. Please think about the three from the list you believe are the most *important* to address here in the next three to four years.

- a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next few years. There may be some needs that are very dire—like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments or medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.

3. Summarize voting results. Explain that we will spend the rest of our time reflecting on these top priorities.

Health Needs Discussion, Including Expertise Area—20 mins

4. When you think about this health need...

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

5. Which groups, if any, are better or worse off than others?

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

6. What trends, if any, have you seen in the last three years?

Repeat questions 4 – 6 for each of the top health needs prioritized by the group.

7. [If their expertise was not related to one or more of the needs chosen:] You are here to share your expertise/ experience about [e.g., senior health]. Let’s talk a little about that; how does it relate to the community’s health needs?

Access to Care—5 mins

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

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

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

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

Mental health—5 mins

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

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

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

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

Prompt: Mental health issues driving other health needs?

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

Suggestions/Improvements/Solutions—5-10 mins

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

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

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

Prompts:

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

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

Closing—5 mins

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

Focus Groups with San Mateo County Residents

Introduction—6 mins

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

Health Needs Prioritization—10 mins

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

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

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

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

2. Please think about the three from the list you believe are the most important to address here in the next few years.

- a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next three to four years. There may be some needs that are very dire—like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments and medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.

3. Summarize voting results. Explain that we will spend the rest of our time reflecting on these top priorities.

Understanding the Needs—15 mins

4. When you think about [health need No. 1]...

- What are people struggling with?
- What barriers exist to people getting healthy or staying healthy?

[Repeat question 4 for each top health need.]

5. What about health care access?

- Is everyone able to get health insurance for their needs?
- Is everyone able to afford to pay for health services and medication?
- Is everyone able to get to the doctors they need when they need to?
- Do people mostly have a primary care doctor, or do they mostly use urgent care or the ER instead?
[If the latter: Why?]

6. What about mental health? Mental health was one of the top health needs last time.

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

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

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

b. Do you think that people who are struggling with mental health issues are doing worse than others when it comes to these other health issues we have listed? If so, how? (Drivers)

- 7. Do you think that things have been getting better, stayed the same, or gotten worse in the last three years or so?** [If things have changed: How?]

Equity & Cultural Competency—15 mins

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

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

Suggestions/Improvements/Solutions—5 – 10 mins

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

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

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

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

Closing—5 mins

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

Attachment 7: Community Leaders, Representatives, and Members Consulted, Santa Clara County

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved. The group included leaders from the Santa Clara County Health & Hospital System, nonprofit hospital representatives, local government employees, and nonprofit organizations.

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
1	Interview	Dr. Sara Cody, Public Health Officer, Santa Clara County Public Health Department	Youth health	1	Health department representative	Leader	1/30/18
2	Interview	Laura Brunetto, Maternal Health Director, Santa Clara County Public Health Department	Oral health	1	Health department representative	Leader	1/30/18
3	Interview	Candace Roney, Executive Director, Santa Clara County Dental Society	Public health	1	Medically underserved	Leader	2/1/18
4	Interview	Anne Ehresman, Executive Director, Project Cornerstone	Community safety and mental health	1	Medically underserved	Leader	2/6/18
5	Interview	Erin O'Brien, President/CEO, Community Solutions	Community safety and mental health	1	Medically underserved	Leader	4/16/18
6	Interview	Bruno Pillet, VP of Programs & Services, Second Harvest Food Bank of Santa Clara and San Mateo Counties	Food insecurity/hunger	1	Low income	Leader	5/7/18
7	Interview	Camille Llanes-Fontanilla, Executive Director, Somos Mayfair	Immigrant population	1	Minority, low income	Leader	2/27/18

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
8	Interview	Dr. Peter Coehlo, Private practice	South County	1	Low income	Leader	3/26/18
1	Focus Group	Host: Community Health Partnership	Safety net health services	8	Low income	Leader	3/28/18
		Kent Imai, Medical Director, Community Health Partnership			Low income	Leader	
		Lynn Liu, Associate Medical Director, Northeast Medical Services			Low income	Leader	
		Wangping Zhao, Physician-in-Charge, AACI Health Center			Low income	Leader	
		Anu Balabruan, CMU, Indian Health center			Low income	Leader	
		Claude Roge, Medical Director, School Health Clinic of SCC			Low income	Leader	
		Laura Dalton, CMO, PPMM			Low income	Leader	
		Ranjani Chandramouli, MD, Medical Director, Gardner Family Health			Low income	Leader	
		Ravenswood Family Health Center			Low income	Leader	
2	Focus Group	Host: Medical Respite Program	Homeless population	10	Low income	Leader	3/7/18
		Amber Frymier, Healthcare Program, Valley Homeless Clinic			Low income	Leader	
		Emma Vidal, Valley Homeless Clinic			Low income	Leader	
		Lorna Lindo, Valley Homeless Clinic			Low income	Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Marisela Villarreal, Valley Homeless Clinic			Low income	Leader	
		Sara Jeevanjee, Medical Director, Medical Respite Program			Low income	Leader	
		Vanessa Beretta, Development Officer, City of San Jose, Homeless Response Team			Low income	Leader	
		Malinda Mitchell, Hospital Council, Medical Respite Program			Low income	Leader	
		Aleksandra Ceprnic, Psychology, Medical Respite			Low income	Leader	
		Dana Schuster, Outreach Specialist, Home First			Low income	Leader	
		Linda Jones, Home First			Low income	Leader	
3	Focus Group	Host: POSSO	Senior health	11	Minority, medically underserved	Members	3/22/18
4	Focus Group	Host: Caminar	Substance use	7	Medically underserved	Leaders	4/10/18
		Cheryl Blankenship, Quality Improvement Coordinator, Santa Clara County Behavioral Health			Medically underserved	Leader	
		Michael Hutchinson, MFT, Executive Director, Family and Children Services, a Division of Caminar			Medically underserved	Leader	
		Neidy Lozada, Associate Director of Programs, Pathways Society			Medically underserved	Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Tianna Nelson, Ph.D., LMFT, Behavioral Health Division Director, Quality Improvement, Santa Clara County Behavioral Health Services			Medically underserved	Leader	
		Tina Sentner LAADC CA, Program Director, Mission Street Sobering Center			Medically underserved	Leader	
		Ursula King, SUTS Supervisor, LMFT			Medically underserved	Leader	
		Ashwini Gupta, Sr. Program Director, LMFT			Medically underserved	Leader	
5	Focus Group	Host: Stanford Health Care	Social determinants of health	6	Low income	Leaders	4/20/18
		Grace Benlice, Director of Care Coordination, El Camino			Low income	Leader	
		Karen Nelson, MSW, MBA, Director, Social Work, Case Management, Spiritual Care, Aging Adult Services, Stanford Healthcare			Low income	Leader	
		Spiritual Care, Aging Adult Services, Stanford Healthcare			Low income	Leader	
		Nicole Fargo-Nosich, Associate Director, Community Services Agency of Mountain View and Los Altos			Low income	Leader	
		Rhonda McClinton-Brown, Executive Director, Office of Community Engagement—Stanford			Low income	Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Robert Mevicocci, Director, Santa Clara County Social Services Agency			Low income	Leader	
6	Focus Group	Host: Santa Clara County PEACE partnership		10	Minority	Leaders	4/26/18
		Kelsey Pennington, Program Officer, FIRST 5			Minority		
		Laura Buzo, Deputy Chief, FIRST 5			Minority		
		Lidia Doniz, Santa Clara County Violence Prevention			Minority		
		Malaya Arevalo, Wellness Services Manager, AACI Health & Wellness			Minority		
		Mariana Jimenez-Alvarez, Santa Clara County			Minority		
		Neil Kozuma, Public Affairs Director, Foothill Community Health Center			Minority		
		Vanessa Bolton, Health Education Specialist, Santa Clara County Public Health Department			Minority		
		Mario Maciel, City of San Jose, Mayor's Gang Prevention Task Force			Minority		
		Neil Rufino, City of San Jose, PRNS			Minority		
		René Santiago, Santa Clara County Executive's Office			Minority		

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
7	Focus Group	Host: Community Health Awareness Council (CHAC)	Youth mental health	8	Medically underserved	Leaders	4/25/18
		Kathleen King, CEO, Healthier Kids Foundation			Medically underserved	Leader	
		Katy Carter, Executive Director, Almaden Valley Counseling			Medically underserved	Leader	
		Tasha Dean, Assistant Superintendent, Sunnyvale			Medically underserved	Leader	
		Barbara Avery, Director of Community Benefit, El Camino Hospital			Medically underserved	Leader	
		Lauren Olaiz, Community Mental Health Relations, El Camino Hospital			Medically underserved	Leader	
		Marsha Deslauriers, Executive Director, CHAC			Medically underserved	Leader	
		Susan Flatmo, Clinical Services Coordinator, Mountain View/Los Altos School District			Medically underserved	Leader	
		Chris Barley, Licensed Alcohol & Drug Counselor, Family and Children Services, a Division of Caminar			Medically underserved	Leader	
		Attendees: RESIDENT FOCUS GROUPS (Attendee names not collected.)					
8	Focus Group	Host: Avenidas	Senior health	9	Medically underserved	Members	4/16/18

Attachment 8: Community Leaders, Representatives, and Members Consulted, San Mateo County

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved. The group included leaders from the San Mateo County Health System, nonprofit hospital representatives, local government employees, and nonprofit organizations.

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

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
8	Interview	Gloria Brown, Co-founder and Member, African American Community Health Advisory Committee	African American health	1	Medically underserved, minority	Leader, representative	4/26/18
9	Interview	Maya Altman, Chief Executive Officer, Health Plan of San Mateo	Health care access	1	Medically underserved	Leader	4/27/18
10	Interview	Dr. Anand Chabra, Medical Director at Family Health Services Division, San Mateo County Health System	Maternal-child health	1	Health department representative, medically underserved	Leader	4/27/18
11	Interview	Rita Mancera, Executive Director, and Madeline Kane, Community Health Manager, Puente de la Costa Sur	South coast health	2	Low-income, medically underserved, minority	Leader	5/3/18
12	Interview	Kitty Lopez, Executive Director, First 5 San Mateo County	Children ages zero to 5	1	Low-income	Leader	5/8/18
13	Interview	Dr. Janet Chaikind, Supervising Physician, Daly City Youth Health Center	Youth health, north county	1	Medically underserved	Leader	5/8/18
14	Interview	Pia Walker, Vice President of Resident Services, MidPen Housing	Housing	1	Low-income	Leader	5/14/18
15	Interview	Thomas N. Robinson, MD, MPH, Irving Schulman, MD Endowed Professor in Child Health, Professor of Pediatrics and of Medicine and, by courtesy, of Health Research and Policy, and Director of the Center for Healthy Weight, Stanford University and Lucile Packard Children's Hospital Stanford	Diabetes and obesity	1	Medically underserved	Leader	5/15/18
16	Interview	Dr. Helen Wong, Physician, North East Medical Services	North coast health	1	Medically underserved	Leader	5/21/18

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
17	Interview	Jeneé Litrell, Associate Superintendent, San Mateo County Office of Education	K – 12 student health	1	Medically underserved	Leader	5/31/18
18	Interview	Srija Srinivasan, Deputy Chief, San Mateo County Health System	Public health	1	Health department representative	Leader	6/11/18
19	Focus Group	Host: San Mateo County Human Services Agency	Social determinants of health	18	Low-income, medically underserved	(see below)	4/27/18
		Attendees:					
		Becky Luong, Program Manager, Abode Services	Social determinants of health			Leader	
		Brian Eggers, Management Analyst, Center on Homelessness, San Mateo County Human Services Agency	Social determinants of health			Leader	
		Chelsea Tercero, Program Director, Redwood Family House & Family Crossroads, LifeMoves	Social determinants of health			Leader	
		Christiana Weidanz, Program Manager, Samaritan House	Social determinants of health			Leader	
		Donna Miller, Associate Program Director, LifeMoves	Social determinants of health			Leader	
		Fatima Soares, Executive Director, Coastside Hope	Social determinants of health			Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Gloria Flores-Garcia, Associate Executive Director, El Concilio of San Mateo County	Social determinants of health			Leader	
		Heather Bucy, Director of Shelter Services, LifeMoves	Social determinants of health			Leader	
		Jessica Silverberg, Program Manager, San Mateo County Human Services Agency	Social determinants of health			Leader	
		Madeline Kane, Community Health Manager, Puente de la Costa Sur	Social determinants of health			Leader	
		Pastor Bains, Co-founder/President, Project WeHope	Social determinants of health			Leader	
		Pat Bohm, Executive Director, Daly City Partnership	Social determinants of health			Leader	
		Peter Ehrhorn, Director of Youth Empowerment Services, StarVista	Social determinants of health			Leader	
		Princess Futrell, Executive Director, Home and Hope	Social determinants of health			Leader	
		Selina Toy Lee, Director of Collaborative Community Outcomes, San Mateo County Human Services Agency	Social determinants of health			Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Sylvia Dorsey, Human Services Specialist, Fair Oaks Community Center, City of Redwood City	Social determinants of health			Leader	
		Thuy Le, Medical Partnership Coordinator, Second Harvest Food Bank of San Mateo and Santa Clara Counties	Social determinants of health			Leader	
		Whitney Genevro, Partnership Manager, Second Harvest Food Bank of Santa Clara and San Mateo Counties	Social determinants of health			Leader	
20	Focus Group	Host: Before Our Very Eyes/Bay Area Anti-Trafficking Coalition	Community & family safety	9	Low-income, medically underserved	(see below)	5/8/18
		Attendees:					
		Amanda LeBlanc Freeman, Program Director, Rape Trauma Services	Community & family safety			Leader	
		Anthony Perkins, Detective, San Bruno Police Department	Community & family safety			Leader	
		Elisa Kuhl, Program Manager, Victim Services Division, San Mateo County DA's Office	Community & family safety			Leader	
		Janel Guinane, First Chance & DUI Services, StarVista	Community & family safety			Leader	
		Jerry Lindner, Program Manager, Children & Family Services, San Mateo County	Community & family safety			Leader	
		John Vanek, Human Trafficking Program Coordinator, San Mateo County	Community & family safety			Leader	

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

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

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
Community Residents							
23	Focus Group	Host: The Villages of San Mateo County	Older adults	8	Low-income	Members	4/18/18
24	Focus Group	Host: Peninsula Family Services Agency, North Fair Oaks Senior Center	Spanish-speaking older adults	12	Low-income, medically underserved, minority	Members	5/16/18
25	Focus Group	Host: Pride Center	LGBTQ issues	10	Medically underserved, minority	Members	5/17/18
26	Focus Group	Host: Cañada College	Young adults	5	Low-income	Members	5/9/18
27	Focus Group	Host: Peninsula Conflict Resolution Center	Pacific Islanders	10	Minority	Members	6/12/18

Attachment 9: Community Assets and Resources, Santa Clara County

Programs and resources available to meet identified community health needs are listed on the following pages, organized in two categories:

- **Assets:** Includes alliances, initiatives, campaigns, and general resources.
- **Resources:** Includes public/government services, school-based services, community-based organization services, and clinical hospitals and clinic services.

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General Resources

- 211 (United Way). A free, confidential referral and information service that helps people find local health and human services by web, phone, and text.
- Community Health Partnership
- FIRST 5 Santa Clara County (children 0 – 5)
- The Health Trust
- Listing of Santa Clara County programs and services
- Santa Clara County Public Health Department

Community Health Needs

HEALTH CARE ACCESS AND DELIVERY

Health Care Facilities and Systems

- El Camino Hospital—Los Gatos
- El Camino Hospital—Mountain View
- Good Samaritan Hospital
- Kaiser Foundation Hospital—San Jose
- Kaiser Foundation Hospital—Santa Clara
- Lucile Packard Children’s Hospital Stanford
- O’Connor Hospital
- Regional Medical Center of San Jose
- Saint Louise Regional Hospital
- Santa Clara Valley Health & Hospital System
- Stanford Health Care
- VA Hospital Menlo Park (U.S. Department of Veterans Affairs)
- VA Palo Alto Health (U.S. Department of Veterans Affairs)

Community Clinics

- Asian Americans for Community Involvement
- Cardinal Free Clinics

- Foothill Community Health Centers
- Gardner Health Services
- Indian Health Center
- Mar Monte Community Clinic
- MayView Community Health Centers
- Medical Respite Program
- Planned Parenthood Mar Monte
- Peninsula Healthcare Connection
- Ravenswood Family Health Center
- RotaCare Bay Area
- School Health Clinics of Santa Clara County

Mobile Health Services

- Gardner Mobile Health Center
- Health Mobile (Dental)
- Lucile Packard Children’s Hospital Teen Van
- Santa Clara Valley Homeless Health Care Program Van

ECONOMIC STABILITY

Education, employment, and poverty. See also Housing and Homelessness.

Assets

- California Budget & Policy Center
- Silicon Valley Leadership Group

Resources

- Bay Area Legal Aid
- CalFresh
- CalWorks
- Catholic Charities
- Center for Employment Training (CET)
- City of San Jose employment resource center
- Community Service Agencies (Mountain View/Los Altos, Sunnyvale, West Valley)

- Connect Center CA (Pro-match and Nova job centers)
- Day Worker Center (Mountain View)
- Emergency Assistance Network of Santa Clara County
- Employment Development Department
- Occupational Training Institute
- Social Services Agency of Santa Clara County
- SparkPoint
- United Way Bay Area
- Veterans Administration employment center
- Women, Infants, and Children (WIC) Nutrition Services
- Work 2 Future

Food Resources

- The Food Connection
- Fresh Approach—mobile food pantry
- Hope’s Corner
- Loaves and Fishes
- Meals on Wheels (the Health Trust and Sourcewise)
- Santa Maria Urban Ministries
- St. Joseph’s Cathedral
- St. Joseph’s Family Center—food bank and hot meals (Gilroy)
- St. Vincent De Paul
- Salvation Army
- Second Harvest Food Bank
- Valley Verde

HOUSING & HOMELESSNESS

Assets

- Abode Services—supportive housing—county paying for success initiative for chronic homelessness
- “All the Way Home” Campaign to End Veteran Homelessness—City of San Jose, Santa Clara County and the Housing Authority have set a goal of housing all of the estimated 700 homeless veterans by 2017 (new)
- Catholic Charities
- Community plan to end homelessness in Santa Clara County
- Destination: Home
- MyHousing.org
- Palo Alto Housing Corporation
- Santa Clara County Housing Task Force
- Santa Clara County Housing Authority
- Santa Clara County Office of Supportive Housing
- VA Housing Initiative

Resources

- American Vets Career Center
- Bill Wilson Center emergency shelter for youth
- Casa de Clara (Catholic volunteer group—services to women and children in downtown San Jose including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling)
- Catholic Charities Housing—affordable housing units
- Chinese Community Center of the Peninsula
- Community Services Agency emergency shelter
- Community Service Agency Homeless Prevention Services
- Destination: Home
- Downtown Streets Team

- Dress for Success—interview suits and job development
- EHC Life Builders Emergency Housing Consortium
- Foster youth group home providers
- Gilroy Compassion Center
- Goodwill Silicon Valley
- The Health Trust Housing for Health
- HomeFirst
- Hope Services—employment for adults with developmental disabilities
- Housing Opportunities for Persons with AIDS
- InnVision the Way Home
- Life Moves (Homeless Housing)
- Love Inc.
- New Directions
- New Hope House
- NOVA Workforce development
- Rebuilding Together (repairs to keep people in homes)
- Sacred Heart Community Services
- Sacred Heart Community Services emergency assistance
- St. Joseph emergency assistance
- Salvation Army
- Senior Housing Solutions
- Sunnyvale Community Services—housing and emergency assistance
- Unity Care—Foster youth housing
- Unity Care—foster youth employment assistance
- Community-Based Organizations—Employment
- West Valley Community Services emergency assistance

NATURAL ENVIRONMENT

Assets

- Acterra
- Audubon Society of Santa Clara County
- California League of Conservation Voters
- Canopy
- Committee for Green Foothills
- Midpeninsula Regional Open Space District
- Peninsula Open Space Trust
- San Francisquito Watershed Council
- The Santa Clara Valley Open Space Authority
- Sierra Club—Loma Prieta Chapter

TRANSPORTATION & TRAFFIC

Assets

- Caltrain
- Santa Clara Valley Bicycle Coalition
- Santa Clara Valley Transit Authority (VTA)
- Silicon Valley Leadership Group—Advocacy
- Silicon Valley Bicycle Coalition—Advocacy
- SPUR—Advocacy

Resources

- Avenidas
- City Team Ministries
- Community Services Agency
- El Camino Hospital Roadrunners
- Heart of the Valley Escorted Transportation (nonprofit)
- Love Inc.
- Mountain View Community Shuttle
- Outreach & Escort, Inc.
- Peninsula Family Services—Ways to Work

BEHAVIORAL HEALTH

Assets

- ASPIRE youth mental health program
- Corporation/El Centro de Bienestar
- Depression and Bipolar Support Alliance (DBSA)
- Gardner Family Care
- Gilroy Behavioral Health
- HEARD (Health Care Alliance for Response to Adolescent Depression)
- Hope Counseling Center Services
- NAMI
- Project Safety Net (Palo Alto) youth suicide prevention coalition
- South Bay Project Resource
- Susanna Farina, Behavioral Health Coordinator
- Susan Detrick, Manager
- Tobacco Free Coalition Santa Clara
- UJIMA Adult & Family Services
- Young Adult Transition Team (same as La Plumas Mental Health)

Resources

- Alum Rock Counseling Center
- Bay Area Children's Association (BACA)
- Bill Wilson Center
- Billy DeFrank LGBT Community Center
- CA Dept of Rehabilitation, San Jose District
- Caminar
- Casa de Clara
- Catholic Charities
- Chamberlain's Mental Health (Gilroy)
- Child Advocates of Silicon Valley
- Community Health Awareness Council (CHAC)
- Community Solutions

- Crestwood Behavioral Health
- Discovery Counseling Center (Morgan Hill)
- Eastern European Services Agency
- Eating Disorder Resource Center of Silicon Valley
- Ethnic Cultural Community Advisory Committees (ECCAC)
- Grace Community Center
- In-Home Supportive Services (IHSS)
- Jewish Family Services of Silicon Valley
- Josefa Chaboya de Narvaez Mental Health
- Law Foundation of Silicon Valley Mental Health Advocacy Project
- LGBT Youth Space Drop-In Center
- LifeMoves counseling
- Mekong Community Center
- Momentum for Mental Health
- Momentum—Alliance for Community Care
- NAMI (National Alliance on Mental Illness)
- Mental Health Urgent Care
- Parents Helping Parents
- Rebekah's Children's Services (Gilroy)
- Recovery Café
- San Jose Behavioral Health Hospital
- Santa Clara Valley Medical Center Sunnyvale Behavioral Health Center
- Services for Brain Injury
- Silicon Valley Independent Living Center (SVILC)
- Sourcewise
- Uplift Family Services
- YMCA Silicon Valley Project Cornerstone

COGNITIVE DECLINE

Including dementia, Alzheimer's disease

Assets

- Alzheimer's Association 24/7 Helpline
- Sourcewise Community Resource Solutions
- El Camino Hospital's Chinese Health Initiative, Asian Dementia Initiative and Latino Family Connections in partnership with the Alzheimer's Association
- Family Caregiver Alliance
- Respite and Research for Alzheimer's Disease
- Stanford/Veteran's Administration Alzheimer's Research Center
- United Way 211

Resources

- Adult day care and respite programs
 - Avenidas Rose Kleiner Center
 - Alzheimer's Activity Center
 - Catholic Charities Senior Activity Centers (Daybreak)
- Alzheimer's Association of Northern California and Northern Nevada information
- Catholic Charities John XXIII Multi-Service Center Alzheimer's Program for Asian seniors and families

COMMUNICABLE DISEASES

Hepatitis, pertussis, and tuberculosis

Assets

- SCC Hepatitis B Free Initiative
- Vietnamese Reach for Health Coalition

Resources

- Santa Clara County Needle Exchange Program
- Santa Clara County Pediatric TB Clinic
- Santa Clara County TB/Refugee Health Clinics School-Based Services

DIABETES & OBESITY

See Economic Stability for free food resources.

Assets

- Bay Area Nutrition and Physical Activity Collaborative (BANPAC)
- California WALKS Program
- Community Alliance with Family Farmers (CAFF) Foundation
- Green Belt Alliance
- Pacific Institute
- Santa Clara County Diabetes Prevention Initiative
- Santa Clara County Office of Education's Coordinated School Health Advisory Council
- Santa Clara County Office of Education's Coordinated School Health Advisory Council
- Sunnyvale Collaborative
- YMCA National Diabetes Prevention Program

Resources

- Asian Americans for Community Involvement Clinic
- Boys and Girls Clubs of Silicon Valley
- Breathe CA
- Challenge Diabetes Program
- Children's Discovery Museum
- Choices for Children: 5 Keys for Child Care
- Community Service Agency Mountain View
- County of Santa Clara Parks and Recreation Department
- FIRST 5 Family Resource Centers
- Fit Kids Foundation
- Gardner Clinic
- Healthier Kids Foundation
- Kaiser Permanente Farmer's Markets (open to the community)

- Lucile Packard Children’s Hospital
Pediatric Weight Control Program
- Playworks
- Project Access
- San Francisco Planning & Urban Research
(SPUR) Double Up Food Bucks
- Santa Clara County Public Health
Department Breastfeeding Program
- Silicon Valley HealthCorps
- Second Harvest Food Bank
- Somos Mayfair
- Sunnyvale Community Services
- THINK Together
- Veggielution: Healthy Food Access and
Engagement for Low-Income Families
- West Valley Community Services

ORAL/DENTAL HEALTH

Assets

- First Five—oral health education
and referral services
- Santa Clara County Dental Society
- Women, Infants, and Children (WIC)

Resources

- Children’s Dental Center
- Foothill Community Health Center
- Head Start
- Health Mobile
- Healthier Kids Foundation
- Onsite Dental Foundation
- Superior Court of CA Santa Clara County

Attachment 10: Community Assets and Resources, San Mateo County

Programs and resources available to meet identified community health needs are listed on the following pages.

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Access to Health Care Resources

HEALTH CARE FACILITIES AND AGENCIES

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

Hospitals and Health Systems

	City/Region
Kaiser Foundation Hospital Redwood City	Redwood City
Kaiser Foundation Hospital South San Francisco	South San Francisco
Lucile Packard Children's Hospital Stanford	Palo Alto
Menlo Park Surgical Hospital	Menlo Park
Mills Health Center	San Mateo
Mills-Peninsula Medical Center	Burlingame
Peninsula Healthcare District	
San Mateo County Medical Center	San Mateo
Sequoia Healthcare District	
Sequoia Hospital	Redwood City
Seton Medical Center/Seton Coastsides	Daly City/Moss Beach
Stanford Health Care	Palo Alto

Clinics*

	City/Region
Arbor Free Clinic, Cardinal Free Clinics	Menlo Park
Belle Air School Health Clinic	San Bruno
Clinic by the Bay	San Francisco
Daly City Youth Health Center	Daly City
Lucile Packard Children's Hospital Stanford	Mobile Health Services
Planned Parenthood	Multiple locations. See: https://www.plannedparenthood.org/health-center?
Ravenswood Family Health Center EPA	
RotaCare Bay Area	Half Moon Bay and Daly City
Samaritan House Free Clinic	San Mateo and Redwood City
San Mateo Medical Center Clinics	Multiple locations; see https://www.smchealth.org/smmc-guide-clinics
Sequoia Teen Health Center/Sequoia High School	Redwood City
Student Health Clinic	Belle Air School (San Bruno Park School District)

*Does not include private health care services. Please utilize 2-1-1 for lists of those clinics.

OTHER GENERAL HEALTH CARE RESOURCES

- Health Benefits Resource Center
- Community Gatepath
- Community Health Education Programs
 - See Hospitals and Health Systems
- Daly City Partnership Social Services
- Daly City Peninsula Partnership Collaborative, Healthy Aging Response Team
- Edgewood Center for Children and Families
- Family Caregiver Alliance (FCA)
- Get Healthy San Mateo County
- Get Up & Go, escorted senior transportation
- The Latino Commission
- Kaiser Permanente Education Theater Program
- Mental Health Association of San Mateo County
- Mid-Peninsula Boys & Girls Club
- Mission Hospice & Home Care
- Northeast Medical Services (NEMS)
- Ombudsman Services of San Mateo County
- Pacifica Collaborative
- Pathways & Home Health & Hospice
- Peninsula Library System
- Puente de la Costa Sur
- Redi-wheels program
- San Mateo County Paratransit Coordinating Council
- San Mateo County Access and Care for Everyone (ACE) health plan
- San Mateo County Access to Care for Everyone Program Supports
- San Mateo Medical Association Community Service Foundation
- SCAN Foundation
- STEPS dues subsidy program

Resources by Identified Health Need (List A)

AGENCY OR ORGANIZATION	ARTHRITIS	ASTHMA	CANCER	MATERNAL & INFANT HEALTH	UNINTENTIONAL INJURIES	ORAL HEALTH	INFECTIOUS DISEASES
Northern California Arthritis Foundation	•						
American Lung Association		•					
Breathe California Smoking Cessation Classes		•					
American Cancer Society			•				
Bay Area Cancer Connections			•				
Breast Cancer Connections, Gabriella Pastor Program			•				
Colon Cancer Community Awareness campaign			•				
Joy Luck Club			•				
Relay For Life			•				
Samaritan House			•				
“Look Good, Feel Better”			•				

AGENCY OR ORGANIZATION	ARTHRITIS	ASTHMA	CANCER	MATERNAL & INFANT HEALTH	UNINTENTIONAL INJURIES	ORAL HEALTH	INFECTIOUS DISEASES
March of Dimes				•			
Mid-Coastal California Prenatal Outreach Program				•			
Preeclampsia Foundation				•			
San Mateo County Health Department Nurse-Family Partnership program				•			
San Mateo County Health Department Pre-to-3 Program				•			
Sequoia Hospital Lactation Center				•			
San Mateo County Fall Prevention Coalition					•		
Sonrisas Dental Health Half Moon Bay and San Mateo						•	
San Mateo County Oral Health Coalition						•	
Health Connected							•
SF HepB Free— Bay Area							•

Resources That Address Multiple Health Needs (List B)

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
70 Strong	•				•	
12-step recovery programs	•				•	
Acknowledge Alliance	•					
African American Community Health Advisory Committee					•	•
ALICE: Filipino organization		•				
American Board for Child Diabetics					•	
Asian American Recovery Services	•	•				
Boys & Girls Clubs of North San Mateo County	•					
Caminar	•					
Catholic Charities	•					
Cleo Eulau Center	•					

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
Coastside Adult Day Health Center	•					
Coastside Hope			•	•		
Community Overcoming Relationship Abuse (CORA)	•	•				
Daly City Community Services Center			•	•		
Daly City Peninsula Partnership Collaborative	•					
Daly City Youth Health Center	•	•			•	
Edgewood Center for Children & Families	•	•	•			
El Centro de Libertad	•	•				
Elder Abuse Prevention Task Force		•				
Freedom House	•					
Friends for Youth	•					
Health Right 360 San Mateo	•					

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
HIP Housing				•		
Home & Hope				•		
Latino Commission	•					
LifeMoves	•	•	•	•		
Mental Health Association of San Mateo County	•					
National Alliance on Mental Illness/San Mateo County	•					
Niroga Institute	•					
North Fair Oaks Community Center			•	•		
North Peninsula Food Pantry & Dining Center of Daly City				•		
Pacific Stroke Association					•	•
Pacifica Resource Center			•	•		
Peace Development Fund		•				

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
Peninsula Conflict Resolution Center		•			•	
Peninsula Family Service	•					
Peninsula Kidpower, Teenpower, Fullpower		•				
Pre-to-3 Program					•	
Puente dela Costa Sur			•	•		
Pyramid Alternatives	•					
Rape Trauma Services	•	•				
Rebuilding Together Peninsula				•		
SafeKids Coalition of Santa Clara and San Mateo Counties		•			•	
Samaritan House	•		•	•	•	
San Mateo County Human Trafficking Initiative		•				
San Mateo Police Activities League					•	

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
Second Careers Employment Program			•			
Second Harvest Food Bank			•			
Sitike Counseling Center	•					
StarVista	•					
Streets Alive! Parks Alive!					•	
Strong for Life					•	
Via Heart Project						•
Women’s Recovery Association	•					
YMCA	•		•	•	•	
Youth Mental Health First Aid Training	•					

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
Community/Senior Centers						
Adaptive Physical Education Center (Redwood City)					•	•
Fair Oaks Adult Activity Center (Redwood City)					•	•
Little House Activity Center (Menlo Park)					•	•
San Carlos Adult Community Center					•	•
Twin Pines Senior & Community Center (Belmont)					•	•
Veterans Memorial Senior Center (Redwood City)					•	•

Attachment 11:

IRS Checklist

Section §1.501(r)(3) of the Internal Revenue Service code describes the requirements of the CHNA.

FEDERAL REQUIREMENTS CHECKLIST	REGULATION SECTION NUMBER	REPORT REFERENCE
A. Activities Since Previous CHNA(s)		
Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Section 2
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(6)(F)	Section 7
B. Process & Methods Background Information		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Section 4
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Section 4
Defines the community it serves, which: <ul style="list-style-type: none"> • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients 	(b)(i) (b)(3) (b)(6)(i)(A)	Section 3
Describes how the community was determined.	(b)(6)(i)(A)	Section 3
Describes demographics and other descriptors of the hospital service area.		Section 3

FEDERAL REQUIREMENTS CHECKLIST	REGULATION SECTION NUMBER	REPORT REFERENCE
Health Needs Data Collection		
Describes data and other information used in the assessment:	(b)(6)(ii)	
a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Attachments 1, 2, 3, and 4
b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Section 5
CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Section 5
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Section 5
a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Section 5, Attachments 7 and 8
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations—names or other identifiers not required.)	(b)(5)(i)(B)	Section 5, Attachments 7 and 8
I. Medically underserved populations	(b)(5)(i)(B)	Section 5, Attachments 7 and 8
II. Low-income populations	(b)(5)(i)(B)	Section 5, Attachments 7 and 8
III. Minority populations	(b)(5)(i)(B)	Section 5, Attachments 7 and 8
c. Additional sources (optional)—(e.g., health care consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, health care providers and community health centers).	(b)(5)(ii)	Section 5, Attachments 7 and 8
Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Section 5, Attachments 7 and 8
Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Section 5, Attachments 7 and 8
Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Section 5

FEDERAL REQUIREMENTS CHECKLIST	REGULATION SECTION NUMBER	REPORT REFERENCE
C. CHNA Needs Description & Prioritization		
Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Sections 5 and 6
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Section 5
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Section 5
Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)	Attachments 9 and 10
D. Finalizing the CHNA		
CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Section 2
CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	Section 8
Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. “Widely available on a website” is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	Completed 8/31/19
a. May not be a copy marked “Draft.”	(b)(7)(i)	Completed 8/31/19
b. Posted conspicuously on website (either the hospital facility’s website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	Completed 8/31/19 communitybenefits. stanfordchildrens.org
c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	Completed 8/31/19
d. Individuals with internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	Completed 8/31/19
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	Completed 8/31/19 and ongoing
f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	Completed 8/31/19

Further IRS requirements available:

- §1.501(r)-3(b)(iv) and (v): separate and joint CHNA reports
- §1.501(r)-3(d): requirements that apply to new hospital facilities, transferred or terminated hospital facilities, and newly acquired hospital facilities
- §1.501(r)-3(a)(2) and (c): implementation strategy requirements

