How Do We Know There Is a Problem?

Access to healthcare has generally been worsening in the northern region of San Mateo County (SMC) served by Seton Medical Center and Seton Coastside.

- A smaller proportion of surveyed adults in SMC visited a doctor for a routine checkup in 2013 (72%) than in 2004 (81%) (SMC CNA 2013: 208).

- Access to mental health services, in particular, has been getting worse over time in SMC. In 1998, 28% of surveyed adults rated access to mental health services as “fair/poor”, while in 2013, 36% rated it as “fair/poor” (SMC CNA 2013: 216).

- From 2001 to 2013, there was an increase in the percent of surveyed adults under the age of 65 that had been without health insurance coverage for more than five years (from 15% in 2001 to 30% in 2013) in SMC.

What Else Contributes to the Health Need?

- The cost of medical care has been rising. Greater percentages of surveyed adults in 2013 (9%) than in 1998 (6%) reported that the cost of medical care prevented them from visiting a physician at least once in the prior year (SMC CNA 2013: 222).

- A lack of transportation, including transportation to medical appointments, has remained an access issue for approximately 5% of surveyed adults in the county (SMC CNA 2013: 223).

Who is Most Affected?

Access to healthcare has been particularly problematic for certain populations in the north part of San Mateo County, such as low-income and less-educated populations, and some age groups and ethnicities. For instance:

- **Men** were less likely to get routine medical check-ups (63%) than women (80%) or the countywide average (72%) (SMC CNA 2013: 208).

- **Adults aged 18-39** were less likely to get routine check-ups (64%) than their older counterparts, those aged 40-64 (73%), and those aged 65 years and older (87%) (SMC CNA 2013: 208-210).
- **Asian/Pacific Islanders** were less likely to get routine medical check-ups (66%) than the countywide average (72%) (SMC CNA 2013: 208).

- **Less-educated** populations (high school or less) in SMC were more likely to have been without health insurance (23%) versus those with more than a high school diploma (10%), (see chart) (SMC CNA 2013: 219).

- **Low-income** populations (<200% of Federal Poverty Level) in SMC were more likely to have been without health insurance (34% versus 30% in the county overall) (SMC CNA 2013: 218). They also gave the lowest ratings when surveyed about their healthcare access (see chart).

![PERCENT WHO RATED ACCESS TO LOCAL HEALTH SERVICES AS "FAIR OR POOR," SAN MATEO COUNTY, 2013](chart)

- In the North County/Coastal service area, percentages of uninsured individuals were higher than the state (17%) among the following populations: **Latino** (18%), and those of **“Some Other Race”** (21%) (US Census ACS 2009-13).

- **Latinos** were more likely to lack a consistent source of primary care in the North County/Coastal service area (17%) than persons of other ethnicities (6%-11%) (CHIS 2011-12). They also gave the lowest ratings when surveyed about their healthcare access; almost a quarter (24%) rated access as “fair/poor” (see chart below).

**What Does the Community Say?**

- Certain populations reportedly lack knowledge on obtaining insurance:
  - Less-populous, monolingual groups (e.g., Russian, Korean, Japanese, Farsi, Mayan).
  - Undocumented people, including day laborers, and victims of domestic and/or sexual trafficking.
  - Those with mental health disorders.

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Data found in this health profile was collected during the 2016 Community Health Needs Assessment. The 2017-19 Implementation Strategy Reports describe in detail the investments made in the community, including programming and partnerships. [https://seton.verity.org](https://seton.verity.org)
- Older adults with dementia.

- Certain populations say they need help navigating the healthcare system:

  - Those with language/literacy barriers have more difficulty accessing care and need advocates: “We need more than a translator; we need someone that helps us explain what we need and how we feel.”

  - The system is still “quite complicated;” people must “jump through hoops” and be their own advocates; not everyone is “appropriately educated” to get healthcare.

  - “New parents don’t know how to [cut] the red tape” when their child needs expedited care.

  - The undocumented fear deportation, so they do not access services.

  - When changing counties, patients feel they have to start over and need assistance getting re-connected to healthcare.

  - Youth need to learn how to manage their own health and navigate the system (including things like filling prescriptions, getting lab tests, appointment etiquette, etc.). Transitioning from pediatric to adult services and getting medical histories transferred out of the pediatrics department can be difficult for youth.

- Clinics worry about the availability of medical staff; they are competing with hospitals who pay their staff more making it hard for clinics to retain qualified staff.

- More patients are enrolled in insurance, but are still using the ER or clinics:

  - Some are even reportedly using non-certified/unlicensed doctors because there are not enough qualified doctors to handle the higher demand and not enough doctors have flexible hours.

  - Many felt frustration with long wait times to get a primary care practitioner (PCP) appointment (three to six months) and even longer waits (up to a year) to obtain an appointment with a specialty care doctor.

  - There was concern that specialty care doctors are few and far between (e.g., mental health, including few counselors in schools; dental, including for Coastside, for day laborers, and for children; geriatricians, neurologists, orthopedists, dermatologists; treatment options for addictions or substance use; transgender health care clinics; and labs and chemotherapy providers (Coastside)).

  - There are not enough doctors that take Medi-Cal, Denti-Cal, or Covered California plans: “No one takes my insurance.”

  - Some providers are relying on nurse practitioners or physician assistants to deliver care; providers are “close to capacity to provide care for new patients”. There is a lack of PCPs overall, but particularly on the coast and in other rural areas and few take Medi-Cal.

  - Employers do not want to give laborers time off to seek treatment.

  - Even those with insurance still use clinics because they are open late.
Affordability is still an issue; low- and even middle-income residents (especially those on fixed income) have trouble paying, which means they stay away from the doctor unless absolutely necessary:

- Out-of-pocket costs have increased.
- Co-pays are high.
- Costs of prescriptions and tests are high.
- Coverage for those with insurance has been reduced (e.g., certain things are no longer 100% covered).
- Some residents are less likely to access preventative services because of uncertainty about cost; they wait until their health has declined.
- While care in the county is excellent, people cannot afford to live here and utilize it.

Transportation still an issue:

- It is needed by older adults who do not drive.
- It is an issue for those not near convenient public transit, or who access services where there are no public transit stops nearby (especially Coastside).
- Transit is not frequent enough and does not run late enough (especially Coastside).

Cultural competence is reportedly still a problem:

- Transgender individuals may delay accessing health care when they don’t feel included (e.g., inclusivity in medical record & paperwork, images in facility). When they do access care, providers are not educated/equipped to address Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) issues and LGBTQI patients can experience discrimination and substandard medical care; the community also had concerns about sensitivity toward LGBTQI patients in long-term care/assisted living.
- Clinics have few/no translators or multi-lingual staff and materials are not available in patients’ first languages; youth sometimes help monolingual family members access care, but this can be problematic when issues are sensitive (e.g., mental health) and/or the family member is embarrassed. Filipinos in the North County service area in particular raised concerns about privacy/HIPAA because so many in their community work in the local healthcare settings they visit; it is challenging for family/friends to translate medical terminology.
- Different cultures need messages delivered in different ways (e.g., avoiding direct eye contact with Chinese older adults; providing outreach to Filipinos via community conversations, not just paper/online materials).
- People find it easier to identify with others like themselves, so being able to interface with diverse health care staff is important.
- Those with mental health issues experience stigma not just in the community, but “in middle class health care settings and whether they are welcome to seek treatment is questionable”; stigma keeps them from seeking treatment.

- The community reported other delivery issues, including:
  - Doctors who don’t believe the patient is sick, give a misdiagnosis, and/or give bad advice.
  - Help/advice lines that do not give helpful advice.
  - Poorer level of care in the county healthcare system compared to the private practices.
  - Patients experience rushed appointments and described appointments with nurses/physician assistants as “not what I paid for.”
  - Lengthy waits and/or appointments cancelled without notification.
  - Doctors breaking confidentiality with youth patients; this was especially frustrating/upsetting when youth are not a danger to themselves or others and problematic when youths’ issues relate to LGBTQI and the family.
  - Physicians dismissing health concerns due to “old age” rather than addressing gerontological issues.
  - Lack of sufficient integration of behavioral health with primary care.
  - Providers giving low-income patients with Covered California “a very, very hard time”.
  - Providers not paying attention to medication interactions/conflicts, especially for older adult patients; they need better training on medication management.
  - Patients feel doctors are not paying attention; “de-humanization of doctor-patient relationship” due to Electronic Health Records; doctors are “focused on the device and not the patient [which] makes them feel unimportant.”
  - Lack of help managing co-morbid conditions like diabetes, hypertension, COPD, and asthma.
  - Lack of providers practicing complementary care (i.e., Eastern medicine).
  - Pediatricians not always doing routine developmental screening for children 0-5.
  - Difficulty in reaching patients who have disposable cell phones/unstable mobile phone access; the system makes it hard to send text messages.
  - Issues of sexual harassment in the healthcare workplace (staff to staff).
  - Doctors and nurses lacking training on recognizing mental health and substance use issues and on identifying victims of human trafficking (especially needed for ER providers).
How Do We Know There Is a Problem?

Climate change and related environmental conditions can affect health in a variety of ways. Poor air quality triggers respiratory problems and ground-level ozone damages plants and ecosystems on which human health depends (SMC CNA 2013: 160).

- The San Francisco/Oakland/San Jose region is ranked 16 for high ozone days out of 228 metropolitan areas, ranked 8 for 24-hour particle pollution out of 186 metropolitan area, and ranked 6 for annual particle pollution out of 171 metropolitan areas, (American Lung Association, State of the Air 2016). It is particularly bad in the North County/Coastal service area (where particulate matter standards were exceeded 6% of days annually, compared to 4% of days annually in the state [National Environmental Public Health Tracking Network 2008]).

- A greater proportion of children of surveyed adults in SMC were reported to have had asthma in 2013 (14%) compared to 2001 (11%), (although the 2013 figure was down slightly from a high of 15% in 2008) (SMC CNA 2013: 299-300).

- The Bay Area was also among the top U.S. metropolitan areas most polluted by ground-level ozone (SMC CNA 2013: 160-61).

- Given an anticipated rise in global temperatures, access to air conditioning is of growing concern. The percentage of housing units with no air conditioning is much higher in the North County/Coastal service area (87%) than in the state overall (34%) (American Housing Survey 2011, 2013).

- Birthweight is related to the temperature of the birth month. Researchers have found that extremely hot weather conditions inhibit both fetal growth and gestation (Lin, 2011). Climate change will increase the intensity and frequencies of extreme weather, and therefore is likely to adversely affect birth outcomes. This is important to consider given that Black and Asian/Pacific Islander babies in SMC are already more likely to be low birthweight (SMC CAN 2013:235).

What Else Contributes to the Health Need?

- Carbon emission (i.e., greenhouse gas) levels in SMC rose slightly between 2001 and 2009; these emissions can affect global warming, which in turn impacts food security and water resources that are essential to human health (SMC CNA 2013: 161-62).

- The total number of road miles per acre of land (road network density) is associated with increased use of vehicles and related poor air quality. Road network density in the county was higher than in the...
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In the North County/Coastal service area, road network density was very high at 12.84 (EPA Smart Location Database 2011).

- The percentage of the population living within one-half mile of a major public transit stop in the county overall was smaller than in the state (13% versus 16%); in the North County/Coastal service area it is also worse than the state (11%) (EPA Smart Location Database 2011). Encouraging more active means of transportation to reduce greenhouse gas emissions can also increase physical fitness, a key factor in a number of health needs (SMC CNA Executive Summary 2013: 51).

- Although water consumption is trending down countywide (which is especially crucial during drought years), more-affluent communities use disproportionately more water (approximately 53%-56%) than less affluent communities (16%-22%) (SMC CNA 2013: 164).

- More than 110,000 people in SMC are at risk of a 100 year flood event (based on the 2009 population) due to an expected 1.4 meter sea-level rise, making San Mateo one of the counties with the highest anticipated climate change impact in California (California Climate Change Center 2009).

- On a positive note, renewable energy use has been trending up. It comprised nearly 18% of the county’s energy in 2010 compared to less than 12% of the state’s energy in 2009 (SMC CNA 2013: 168).

**What Does the Community Say?**

- Community members and key informants felt air pollution and stress from increased traffic was negatively impacting their physical and mental health.

- The community expressed concern over access to parks in the county, noting that the higher-density urban areas have fewer green spaces.

- Both Pacific Islander residents and a key informant mentioned the drought and their concerns over its impact on food supply.

- Homeless residents and several key informants mentioned that climate change/global warming has an impact on human health, and some suggested policy changes such as a carbon tax to reduce energy consumption.
How Do We Know There Is a Problem?

The median age of the population in San Mateo county (39.0 years) is older than that of the state (35.2 years) (SMC CNA Executive Summary 2013: 29). Likewise, SMC’s population of older adults (age 60+) is expected to double between the years 2000 and 2040 (SMC CNA 2013: 256). “Old age” diseases like Alzheimer’s are likely to be a growing problem in the county due to these demographic trends.

- Alzheimer’s was responsible for 301 deaths in the county in 2013, up from 269 deaths in 2010 (CA DPH Table 5-10, 2013). The mortality rate for Alzheimer’s disease in SMC has been climbing in recent years and it was higher than the state’s overall rate.

### ALZHEIMER’S DISEASE MORTALITY

<table>
<thead>
<tr>
<th>Indicator</th>
<th>San Mateo County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause of death due to Alzheimer’s</td>
<td>#3 cause</td>
<td>#5 cause</td>
</tr>
<tr>
<td>Alzheimer’s mortality rate (per 100,000)</td>
<td>29.7</td>
<td>28.2</td>
</tr>
</tbody>
</table>

Sources: CA DPH Table 5-10, 2013; Senior Health in San Mateo County – Current Status and Future Trends 2012 :39

- While the mortality rate for Alzheimer’s has been growing in SMC, the mortality rates for other “old age” diseases have been shrinking (see chart).

### MORTALITY RATE FOR SELECTED DISEASES

<table>
<thead>
<tr>
<th>Year</th>
<th>Alzheimer’s</th>
<th>Diabetes</th>
<th>Parkinson’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>136</td>
<td>47</td>
<td>0</td>
</tr>
<tr>
<td>2001</td>
<td>158</td>
<td>52</td>
<td>100</td>
</tr>
<tr>
<td>2002</td>
<td>180</td>
<td>45</td>
<td>54</td>
</tr>
<tr>
<td>2003</td>
<td>195</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>2004</td>
<td>167</td>
<td>45</td>
<td>54</td>
</tr>
<tr>
<td>2005</td>
<td>185</td>
<td>104</td>
<td>54</td>
</tr>
<tr>
<td>2006</td>
<td>199</td>
<td>73</td>
<td>52</td>
</tr>
<tr>
<td>2007</td>
<td>196</td>
<td>124</td>
<td>46</td>
</tr>
<tr>
<td>2008</td>
<td>273</td>
<td>92</td>
<td>46</td>
</tr>
</tbody>
</table>

Source: Senior Health in San Mateo County – Current Status and Future Trends 2012
Who is Most Affected?

- Increases in the older adult population are expected to be especially large among the Latino and Asian populations in the county. For Latino older adults, the projected increase by 2040 is 423%, from 11,613 in 2000 to 60,732 in 2040. For Asian older adults, the projected increase is 243%, from 18,787 in 2000 to 64,408 in 2040. (SMC CNA 2013: 256).

What Does the Community Say?

- Two key informants and two focus groups identified dementia and/or Alzheimer’s disease as an unmet need in the county.

- One key informant expressed specific concern about alcohol abuse-related dementia.
How Do We Know There Is A Problem?

Arthritis, which worsens with age, is a leading cause of disability among U.S. adults and has been for the past 15 years. One in five adults in the U.S., and half of adults 65 years or older, report having doctor-diagnosed arthritis. Around 45% of adults with doctor-diagnosed arthritis had to limit their activities due to the disease. Furthermore, adults with arthritis report two to four times as many unhealthy days in the past month than those without arthritis. Arthritis is also strongly associated with major depression (Arthritis-Related Statistics. Centers for Disease Control and Prevention. Web. February 2016). With notable increases in its 60+ population expected over the next several decades (SMC CNA 2013: 69), arthritis is a concern in SMC.

- Arthritis prevalence among adults aged 18+ was slightly higher in the county (21%) than in the state (20%) (CDC BRFSS 2009).
- As can be expected, arthritis or rheumatism was more prevalent among SMC adults aged 65 or older (38%) compared to adults 18-64 (12%) (SMC CNA 2013: 259).

What Does the Community Say

- Community representatives who participated in focus groups and/or key informant interviews indicated that there is a need for affordable home modifications and in-home care to increase safety for older adults who are aging in place.
- Community members participating in focus groups expressed concern about the following specific issues that arise for older adults with mobility limitations like arthritis:
  - Being hampered by poorly-maintained sidewalks/curbs
  - Accessing public transit
  - Finding it more difficult to carry packages
  - Using devices
  - Making meals
  - Engaging in physical activity (exercise)
How Do We Know There Is a Problem?

There are some indications that mental health and substance use problems are worsening in San Mateo County (SMC). The percentage of surveyed adults reporting a history of mental or emotional problems has been rising over time, from 5% in 1998 to 8% in 2013 (SMC CNA 2013: 349). Similarly, the percentage of adults reporting they had sought help for a mental or emotional problem, 29%, was the highest of all years surveyed (SMC CNA 2013: 353).

Emotional Problems:

- About 7% of SMC surveyed adults reported a daily experience of high stress (SMC CNA 2013: 350).
- SMC surveyed adults reported feeling worried, tense, or anxious about 12% of the time (an average of 3.7 days in the preceding month) (SMC CNA 2013: 351).
- Of all SMC surveyed adults, 12% felt “not at all connected” to their community, and this percentage rose over the survey period from 2001 to 2013 (SMC CNA 2013: 91).
- There has been a decrease in the perceived importance of spirituality among SMC surveyed adults from 2001 to 2013 (SMC CNA 2013: 146) and a smaller proportion had a priest, minister, rabbi, or other person for spiritual support in 2013 (51%) than in 2001 (62%) (SMC CNA 2013: 147).
- Among SMC surveyed adults, difficulty with feeling satisfied with one’s life and with relationships to family members rose, i.e., gotten worse, between 2001 (40% and 29%, respectively) and 2013 (46% and 34%, respectively) (SMC CNA 2013: 146). Nevertheless, difficulty with being able to feel close to others and with controlling anger/violence has dropped, i.e., gotten better, between 2001 and 2013 (27% and 26%, respectively) (SMC CNA 2013: 146).
- 24% of SMC surveyed adults reported experiencing symptoms of depression lasting two years or more (SMC CNA 2013: 350). Despite this, the percentage of adults who reported a need for mental health care in 2013-14 was lower for the county than the state (11% vs. 16%) (CHIS 2013-14).
- 31% of SMC middle school and high school students reported having depressive symptoms (which is similar to the state at 30%) (CHKS 2011-13).
- Suicide rates improved somewhat. Suicide was the tenth leading cause of death (54 suicides in 2013) down from #9 in 2010 (70 suicides) (CA DPH Table 5-10, 2013).
BEHAVIORAL HEALTH | Profile of Health Needs

Substance Use:

- The percentage of SMC surveyed adults who are current drinkers has been decreasing, from 67% in 1998 to 59% in 2013 (SMC CNA 2013: 340). However, self-reported excessive consumption of alcohol by adults was higher in the North County/Coastal service area (22%) than it is in the state (17%) (CDC BRFSS 2006-12).

- Alcohol expenditures (as a percentage of total household expenditures) were somewhat higher in the North County/Coastal service area (14%) than in the state (13%) (Nielsen SiteReports 2014).

- Chronic liver disease/cirrhosis, a complication from alcoholism, was the ninth leading cause of death (accounting for 80 deaths) in 2013 (CA DPH Table 5-10, 2013).

- Approximately 44% of surveyed adults indicated they would not know where to access treatment for drug-related problems, if needed, on behalf of themselves or others; this proportion rose significantly between 1998 (35%) and 2013 (SMC CNA 2013: 346-7).

- Substance abuse-related hospitalizations in the county peaked in 2001-2005, but declined since; this was mainly driven by a sharp reduction in rates for Blacks, from 165 per 10,000 in the population in the mid-1990s to 108 in the late 2000s (SMC CNA 2013: 344).

Who is Most Affected?

Behavioral health problems are particularly acute in certain populations, including those that are less educated and lower income, and among certain ethnicities and age groups.

- The overall county rate for the number of days in the past month spent feeling worried, tense, or anxious was 3.7 days. However, it was higher for Blacks (5.1 days), low-income residents (5.0 days), women (4.3 days), Latinos (4.2 days), and middle-aged adults (4.0 days) (SMC CNA 2013:351). In addition, Blacks reported a daily experience of high stress most often (10% versus 7% for the county overall) (SMC CNA 2013: 350).

- Those in the county most likely to have experienced depression lasting at least two years included low-income residents (41%), Latinos (34%), and the less-educated (33%) (see chart).

- Those disproportionately affected by substance use issues in the county include young adult males (ages 18-24) who had experienced an increase in binge drinking of alcohol, from 24% in 1998 to 39% in 2013 (SMC CNA 2013: 342), and Latinos and Whites who have seen a rise in substance abuse hospitalization rates between the mid-1990s and the late 2000s (from 55 to 81 for Latinos and from 94 to 112 per 10,000 in the population for Whites) (SMC CNA 2013: 344).
BEHAVIORAL HEALTH | Profile of Health Needs

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- **Whites** had a higher suicide rate. In the 2010-12 period, suicide among Whites in the county was 11.6 per 100,000, which was higher than the county overall (8.3) and the Healthy People 2020 target of 10.2 (CDPH Death Public Use Data, 2010-2012).

- Finally, **Asian/Pacific Islanders, older adults, low-income, and less-educated** in SMC were less likely to know where to access drug treatment (see chart).

### PERCENT WHO EXPERIENCED SYMPTOMS OF DEPRESSION LASTING 2 YEARS OR MORE, SAN MATEO COUNTY

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS/Less</td>
<td>33%</td>
</tr>
<tr>
<td>&gt;HS</td>
<td>22%</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>41%</td>
</tr>
<tr>
<td>200%-400% FPL</td>
<td>26%</td>
</tr>
<tr>
<td>&gt;400% FPL</td>
<td>21%</td>
</tr>
<tr>
<td>White</td>
<td>22%</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>20%</td>
</tr>
<tr>
<td>Black</td>
<td>19%</td>
</tr>
<tr>
<td>Latino</td>
<td>34%</td>
</tr>
<tr>
<td>SMC 2013</td>
<td>24%</td>
</tr>
</tbody>
</table>

Source: SMC CNA 2013.

### PERCENT WHO WOULD NOT KNOW WHERE TO ACCESS TREATMENT FOR DRUG-RELATED PROBLEMS IF NEEDED, SAN MATEO COUNTY

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 39</td>
<td>42%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>41%</td>
</tr>
<tr>
<td>65+</td>
<td>53%</td>
</tr>
<tr>
<td>HS/Less</td>
<td>51%</td>
</tr>
<tr>
<td>&gt;HS</td>
<td>51%</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>42%</td>
</tr>
<tr>
<td>200%-400% FPL</td>
<td>43%</td>
</tr>
<tr>
<td>&gt;400% FPL</td>
<td>40%</td>
</tr>
<tr>
<td>White</td>
<td>37%</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>55%</td>
</tr>
<tr>
<td>Black</td>
<td>38%</td>
</tr>
<tr>
<td>Latino</td>
<td>46%</td>
</tr>
<tr>
<td>SMC 2013</td>
<td>44%</td>
</tr>
</tbody>
</table>

Source: SMC CNA 2013
What Does the Community Say?

Who is Affected:

- Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex focus group participants mentioned issues affecting well-being such as: anxiety around neighborhood safety; familial stress; experiencing micro-aggression; anxiety and depression around lack of public gender-neutral restrooms; having providers who are not educated about or sensitive to their issues; and lack of support/resources in rural areas (especially for youth).

- Key informants described social isolation and loneliness experienced by older homebound adults, especially those without family nearby who can care for them; by the undocumented, who fear going out in public and who may also experience linguistic isolation; by victims of sexual trafficking, who are moved frequently and so cannot sustain community connections; by rural and suburban individuals who use cars to get everywhere and are thus socially isolated; by those who rely mainly on technology for connection, failing to have meaningful face-to-face contact; and by parents, who feel isolated, alone, and depressed (including but not limited to maternal depression).

- Community concerns about behavioral health covered all ages, from teen substance abuse and suicide, to PTSD, alcoholism, and other serious behavioral health conditions among adults and older adults. One key informant expressed frustration over needing to hospitalize actively suicidal teens since there are no other treatment resources, while another mentioned certain dementias affecting older adults are related to alcohol abuse.

Contributing Factors:

- One key informant said food insecurity increases the likelihood of mental health issues by 14%.

- Youth in the North County/Coastal service area linked well-being with physical health, noting that taking care of their physical health yields positive benefits for their mental health, including reducing anxiety.

- The community identified a variety of factors that cause stress and thus have a negative impact on well-being, including: lack of affordable housing (which can result in homelessness or overcrowded living conditions [frequently mentioned], both of which are stressful); lack of green spaces; commuting long distances; dealing with traffic and parking; experiencing food insecurity; being unemployed or under-employed (anxiety over money) or having multiple jobs (feeling too busy); living in an unsafe neighborhood; facing family conflict up to and including domestic violence; having undocumented status (fear/anxiety around deportation); experiencing economic disparities; and being the subject of racism, sexism, or gender inequality.
Residents in concentrated urban areas expressed feeling stress and anxiety around sirens, loud vehicles backfiring, loud music, and the sound of gunshots, some of which was related to PTSD or more general fears around neighborhood safety.

Substance Use:

- Youth in the North County/Coastal service area felt that substance abuse was a more pressing, “scary,” and real issue in their community than any other health conditions and felt that mental health is a bigger and more serious issue than people think.
- Residents and key informants expressed concern over substance abuse, noting that those waiting for care or unable to access care may turn to substance use as another way to medicate.
- A key informant mentioned that adult clients with long histories of alcohol and substance use often have severe dental problems and other physical conditions as a result.

Treatment/Services:

- Several key informants noted that although more people might be insured now than in the past, most insurance (except for Medi-Cal) still does not cover mental health and/or substance abuse treatment, and there are not enough providers to address the need.
- Many community members mentioned concerns about care/services for those with “lower-level,” “simpler” mental health issues not being covered by insurance, e.g., stress, worry, sub-clinical anxiety, grief, family conflict, academic pressure, adjustment issues, etc.
- Community members also felt there were too few counselors to handle these well-being related issues, especially school-based counselors; a key informant noted there were long wait times for the therapists who are available.
- As stated by a County Health Officer, “A large portion of our inmate population is mentally ill, substance abusers, or both. Both of these conditions are now known to be diseases of the brain. We have chosen, as a matter of ingrained public policy, to incarcerate as ‘treatment’ for these conditions instead of employing evidence-based mental health and substance use treatments. This public policy will ultimately fail.”

Stigma/Attitudes:

- Several key informants noted that the level of stigma associated with behavioral health issues may make it harder for individuals with such issues to seek and obtain help, and that these individuals are often discriminated against in their communities and in health care settings. While this stigma can be experienced by anyone, one key informant felt it was particularly problematic for those from certain racial or ethnic backgrounds (e.g., Latinos, Filipinos).
• Youth in the North County/Coastal service area identified school attitudes/policies towards mental health as problematic, citing confidentiality concerns and a policy of treating mental health hospitalization as truancy.
How Do We Know There Is a Problem?

Low birthweight is the main predictor of infant mortality (CDC). Risks for preterm births are likely increased by high blood pressure, diabetes, overweight, and stressful life events (Mayo Clinic). Data indicate that birth outcomes are generally good in San Mateo County (SMC) overall, but there are geographic and ethnic disparities in some important outcome indicators.

- In the North County/Coastal service area of SMC, the percentage of children born at low birthweight (8%) is higher than the state (7%). However, infant mortality rate is lower (4 per 1,000) than the state (5 per 1,000) and Healthy People 2020 (HP2020) benchmark (6 per 1,000) (CDPH 2011).

- Two out of ten women (2%) in the service area did not obtain prenatal care during their first or second trimesters of pregnancy (CDPH Birth Profiles 2011).

- The percentages of mothers who breastfed their children at any time after birth in the North County/Coastal service area (97%) is better than the state average (93%) (CDPH Breastfeeding Statistics 2012).

Who is Most Affected?

- About 15% of Black infants in the county are born at low birthweight, which fails to meet the 8% HP2020 target, and the Black infant mortality rate is almost three times as high as the HP2020 target of 6.0 (see chart).

- Asian/Pacific Islander babies in the county are also more likely to be born low birthweight (9% versus 8% for all county babies) (CDPH Birth Profiles by Zip Code 2011).

- Black mothers in the North County/Coastal service area are the least likely (87%) to breastfeed their children during their post-partum hospital stay as compared to Californian mothers overall (97%) and compared to mothers of other ethnicities in the service area (Asian 98%, White 97%, Hispanic 96%, Multiple races 96% and Other race 92%) (CDPH Breastfeeding Statistics 2012).
What Does the Community Say?

Youth mentioned concerns about the frequency of teen pregnancy and teen parenting. However, the rate of births to teen mothers in SMC (4.1 per 1,000 teen females) are actually much better (i.e., lower) than that of the state (8.5) (CDPH Birth Profiles by Zip Code 2011). Likewise, rates are also lower in the North County/Coastal service area (3.5) than the state.
How Do We Know There Is a Problem?

Cancer is the second leading cause of death in San Mateo County (SMC) despite that the overall Cancer mortality rate is lower than the state’s. There are ethnic disparities in incidence and mortality rates for many cancer types.

- Cancer was the second leading cause of death in SMC in 2013 (1,139 or 25% of deaths) (CA DPH Table 5-10, 2013).
- SMC had higher cancer incidence rates than the State or HP2020 objective in the cases of breast cancer (136.8 per 100,000 population versus an objective of 122.4); colorectal cancer (42.5 versus the objective of 38.7); and prostate cancer (152.8 versus the objective of 136.4). Nevertheless, mortality rates in SMC for all cancers including those three types were below the objectives (see table).
- The North County/Coastal service area also had higher incidence rates for the same three cancers (see table).

### CANCER INCIDENCE AND MORTALITY RATES

<table>
<thead>
<tr>
<th>Rates (per 100,000 population)</th>
<th>San Mateo County</th>
<th>North County/Coastal Area</th>
<th>Objective (State or Healthy People 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall cancer mortality rate</td>
<td>144.6</td>
<td>146.4</td>
<td>157.1 (state)</td>
</tr>
<tr>
<td>Female breast cancer incidence</td>
<td>136.8</td>
<td>136.8</td>
<td>122.4 (state)</td>
</tr>
<tr>
<td>Female breast cancer mortality</td>
<td>18.1</td>
<td>20.0 (state)</td>
<td></td>
</tr>
<tr>
<td>Cervical cancer incidence</td>
<td>6.0</td>
<td>6.0</td>
<td>7.8 (state)</td>
</tr>
<tr>
<td>Cervical cancer mortality</td>
<td>~</td>
<td>2.4 (state)</td>
<td></td>
</tr>
<tr>
<td>Colorectal cancer incidence</td>
<td>42.5</td>
<td>42.5</td>
<td>38.7 (HP2020)</td>
</tr>
<tr>
<td>Colorectal cancer mortality</td>
<td>9.5</td>
<td>13.1 (state)</td>
<td></td>
</tr>
<tr>
<td>Lung cancer incidence</td>
<td>47.9</td>
<td>47.9</td>
<td>49.5 (state)</td>
</tr>
<tr>
<td>Lung cancer mortality</td>
<td>25</td>
<td>32.0 (state)</td>
<td></td>
</tr>
<tr>
<td>Prostate cancer incidence</td>
<td>152.8</td>
<td>152.8</td>
<td>136.4 (state)</td>
</tr>
<tr>
<td>Prostate cancer mortality</td>
<td>17.3</td>
<td>19.5 (state)</td>
<td></td>
</tr>
</tbody>
</table>

• Alcohol and tobacco use (both separately and together) have been associated with increased risk of certain cancers, including oral, pharyngeal, and esophageal cancers (Community Commons). In the North County/Coastal service area self-reported excessive consumption of alcohol by adults (22%) was higher than it was in the state (17%) (CDC BRFSS 2006-12), and alcohol expenditures (14% of total household expenditures) were somewhat higher than in the state (13%) (Nielsen SiteReports 2014).

• The San Francisco/ Oakland/ San Jose region is ranked 16 for high ozone days out of 228 metropolitan areas, ranked 8 for 24-hour particle pollution out of 186 metropolitan area, and ranked 6 for annual particle pollution out of 171 metropolitan areas, (American Lung Association, State of the Air 2016). It is particularly bad in the North County/Coastal service area (where particulate matter standards were exceeded 6% of days annually, compared to 4% of days annually in the state [National Environmental Public Health Tracking Network 2008]).

**Who is Most Affected?**

• The HP2020 target for adult smoking, a driver of lung cancer, is 12.5%. This was surpassed by **male**, **Black**, and **North County** residents (SMC CNA 2013: 275).

![CURRENT SMOKER](image)

**Source:** San Mateo County Health Department. 2013. Healthy & Quality of Life in San Mateo County Survey.

• **Blacks** in particular suffered disproportionate cancer incidence rates in the North County/Coastal service area, especially with regard to colorectal, lung, and prostate cancers where their incidence rates were significantly higher than the objectives. **Whites** had a slightly higher incidence of cervical cancer (see table).
CANCER INCIDENCE BY ETHNICITY IN THE SERVICE AREA

<table>
<thead>
<tr>
<th>Rate (per 100,000 population)</th>
<th>North County/Coastal Service Area</th>
<th>Objective (State or Healthy People 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>Blacks</td>
</tr>
<tr>
<td>Cervical cancer incidence</td>
<td>6.0</td>
<td>7.1</td>
</tr>
<tr>
<td>Colorectal cancer incidence</td>
<td>42.5</td>
<td>52.5</td>
</tr>
<tr>
<td>Lung cancer incidence</td>
<td>47.9</td>
<td>65.2</td>
</tr>
<tr>
<td>Prostate cancer incidence</td>
<td>152.8</td>
<td>217.7</td>
</tr>
</tbody>
</table>

Source: CDPH Death Public Use Data 2010-12; NIH State Cancer Profiles 2007-11.

- **Latinos** had a higher cervical cancer incidence rate in the North County/Coastal service area (10.9 versus 6.0 for all) compared to all other ethnicities and their rate is higher than the HP2020 target (7.1) (State Cancer Profiles 2008-12).

- **Native Hawaiians/Pacific Islanders** had a higher cancer mortality rate in the North County/Coastal service area (261.3 versus 146.4 in the service area generally) compared to all other ethnicities and their rate was higher than the HP2020 target (160.6) (CDPH Death Public Use Data 2010-12).

- Cancer mortality rates in SMC were below the state objectives with the exception of breast cancer for which **Latinos** had the highest mortality rate (23.2) which is slightly above the objective (20.0) and even higher than the rate for Whites (18.4).

- **Whites** suffered disproportionately from higher lung cancer mortality rates at 28.9 compared to 24.6 for Latinos and 17.2 for Asian/PIs, for instance. However lung cancer mortality for all ethnicities in SMC remained below the objective (32).
### CANCER MORTALITY BY ETHNICITY IN SAN MATEO COUNTY

<table>
<thead>
<tr>
<th>Rate (per 100,000 population)</th>
<th>San Mateo County</th>
<th>Objective (State or Healthy People 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>Blacks</td>
</tr>
<tr>
<td>Female breast cancer mortality</td>
<td>18.1</td>
<td>~</td>
</tr>
<tr>
<td>Cervical cancer mortality</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>Colorectal cancer mortality</td>
<td>9.5</td>
<td>~</td>
</tr>
<tr>
<td>Lung cancer mortality</td>
<td>25.0</td>
<td>~</td>
</tr>
<tr>
<td>Prostate cancer mortality</td>
<td>17.3</td>
<td>~</td>
</tr>
</tbody>
</table>

Profile of Health Needs
COMMUNICABLE DISEASES

How Do We Know There Is a Problem?

The incidence rates of several communicable diseases (including sexually transmitted infections) have been climbing in San Mateo County (SMC) in the last 20 years. Low levels of screening for HIV and vaccinations for influenza and pneumonia are also of concern in the county, as are ethnic disparities in disease prevalence.

Sexually Transmitted Infections (STIs):

- In 2014, rates for chlamydia (305.4 per 100,000), gonorrhea (48.6 per 100,000), and syphilis (15.7 per 100,000) in SMC were the highest reported since the year 2000. For males and females, chlamydia rates (males: 168.6 to 225.3, females: 302.9 to 381.5) and gonorrhea rates (males: 65.2 to 73.2, females: 21.7 to 24.5) increased the most from 2013 to 2014. However, rates for chlamydia, gonorrhea, and syphilis in SMC remain below California rates for both males and females (SMC STD and HIV/AIDS Surveillance Annual Report, 2014).

- While the gonorrhea rate increased in both males and females from 2013 to 2014, the increase was much steeper in males. The majority of male gonorrhea infections in 2014 (42%) were reported from extra-genital sites (throat and rectum), reflecting disease in men who have sex with men (MSM) (SMC STD and HIV/AIDS Surveillance Annual Report, 2014).

- In 2014, 97% of SMC early syphilis cases were diagnosed in men and 66% of men interviewed were MSM.

![STI Rates by Year in San Mateo County, 2000-2014](chart)

Source: San Mateo Health Department, compiled from California Reportable Disease Information Exchange (CalREDIE) and Automated Vital Statistics System (ASVSS). Note: Early Syphilis is defined as primary, secondary, and early latent syphilis stages of disease. Note difference in scale for Early Syphilis.
Among newly identified HIV cases in 2014, the vast majority (89%) occur in men. MSM comprised the main risk behavior group reported for new HIV cases in 2014 (81%) (SMC STD and HIV/AIDS Surveillance Annual Report, 2014).

The percentage of adults ages 18-70 who were not screened for HIV was higher in the North County/Coastal service area (63%) than the state (61%) (CDC BRFSS 2011-12).

The proportion of people living with AIDS in SMC who are women increased (from 10% in 1990 to 15% in 2010), although the overall number of new AIDS cases (15) diagnosed annually has been dropping over time in the county (SMC CNA 2013: 304-305).

Non-STI Communicable Diseases:

- The incidence rate of tuberculosis (TB) rose from 8.7 per 100,000 in 2000-04 to 10.0 in 2006-10, and it was higher than the state average (6.8) (SMC CNA 2013: 314-15).

- The incidence rate of campylobacteriosis (a communicable gastrointestinal illness) increased from 161 cases in 2006 to 247 cases in 2011, after a period of decline from the mid-1990s highs of 381 (SMC CNA 2013: 321).

- Salmonella incidence, after declining from 1993-97 highs, has plateaued. The county rate of 15.2 per 100,000 in 2007-11 was higher than the Healthy People 2020 (HP2020) target of 11.4 (SMC CNA 2013: 322).

- Deaths from pneumonia/influenza have been on the rise since 1990, and these two illnesses combined represent the sixth-leading cause of death in the county (SMC CNA 2013: 261).

- Among older adults aged 65 and older, vaccinations for influenza (in the prior year) (76%) and for pneumonia (at any time) (64%) were lower in SMC than the HP2020 targets (SMC CNA 2013: 257; CDC BRFSS via US DHHS Health Indicators Warehouse 2006-12).

- On a relatively positive note, estimated vaccine coverage with all required immunizations among children ages 2-4 years in licensed childcare in the county was nearly 95% in 2007-08, slightly higher than the state average (94%) (SMC CNA 2013: 240).

Who is Most Affected by Sexually Transmitted Infections

- Most SMC female chlamydia cases in 2014 occurred in Latinas (451 cases total, rate: 474 per 100,000 women), but rates were highest for Black women (723 per 100,000 women) and Pacific Islander women (712 per 100,000 women) (SMC STD and HIV/AIDS Surveillance Annual Report, 2014).

- The majority of 2014 syphilis cases were in Whites (41%) and Latinos (31%) (SMC Health Department).
• **Latinos** made up the highest number of new HIV cases in 2014 (38%). For females, **White** women were the only race/ethnic group who report acquiring HIV through injection drug use (31%) between 2005 and 2014 (SMC STD and HIV/AIDS Surveillance Annual Report, 2014).

• In the North County/Coastal service area, the HIV prevalence rate among **Blacks** was 1,162.9, much higher than the state rate (363.0 per 100,000) and higher than those of other ethnicities (US DHHS Health Indicators Warehouse 2010). **Asian/Pacific Islanders** have a higher TB incidence rate (26.0 per 100,000 versus 10.0 among all county residents), and it is suggested that “foreign-born persons account for rising annual case counts in San Mateo County in recent years” (SMC CNA 2013: 316-17).

## VACCINATION AND SCREENING DATA

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North County/ Coastal Service Area</th>
<th>State or Healthy People 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of older adults who got flu vaccine</td>
<td>75.6%*</td>
<td>90.0% (HP2020)</td>
</tr>
<tr>
<td>Percent of adults 65+ who got pneumonia vaccine</td>
<td>63.7%</td>
<td>63.4% (state)</td>
</tr>
<tr>
<td>Percent of adults who were not screened for HIV</td>
<td>62.5%</td>
<td>60.8% (state)</td>
</tr>
</tbody>
</table>

Source: CDC BRFSS via US DHHS Health Indicators Warehouse 2006-12; SMC CNA: 257, 261.

*No service area data available for this indicator, so county data reported instead.

## What Does the Community Say?

• The community expressed concern about overcrowding in homes/apartments, as communicable diseases spread faster in crowded environments.

• One key informant also noted that homes are harder to keep clean with so many people in them, which can also contribute to the spread of disease.

• The community expressed concern about STIs among teens and indicated a need for LGBTQI-specific sexual education and healthcare.

• Youth in the North County/Coastal service area suggested that STIs may be more prevalent among those who are subject to poor or incomplete sexual education.
How Do We Know There Is a Problem?

San Mateo County (SMC) has high per capita earnings and low unemployment, but also has high housing costs and an expensive cost of living. Low-income, less-educated, and ethnic minority populations are particularly affected by the county’s high cost of living. The resulting stress that these populations experience adversely impacts their mental and physical health.

Income & Employment are Above Average:

- Per capita earnings are $45,659, 57% higher than in California at $29,103 (ACS 2013).
- County unemployment is 3% which is lower than the state at 6% (CA EDD 2015).
- The percentage of the population living below 200% of the Federal Poverty Level (FPL) in the North County/Coastal service area (19%) is lower than the state (36%) (ACS 2009-2013).
- The percentage of the population living below 100% of FPL in the North County/Coastal service area (7%) is lower than the state (16%) (ACS 2010-2014).
- The percentages of children who are in families living below 100% of the FPL in the North County/Coastal service area (9%) is lower than the percentage of children below 100% FPL statewide (22%) (ACS 2009-13).

Cost of Housing is Rising Again:

- Annual median income in 2013 was $106,000, about $48,000 less than that needed for a median-priced single-family home (Sustainable SMC 2015).
- Average rent for a 1-bedroom apartment in the county in 2015 was $2,575 (up $937 from 2011). Average rent for a 2-bedroom apartment in 2015 was $2,867 (up $1,029 from 2011) (see chart).
- The median single family home cost in September 2015 was $1,269,000, an 85% increase since 2011 ($685,000) (SMC and SMC Housing Indicators Report, September 2015).
ECONOMIC SECURITY | Profile of Health Needs

Data found in this health profile was collected during the 2016 Community Health Needs Assessment. The 2017-19 Implementation Strategy Reports describe in detail the investments made in the community, including programming and partnerships. [https://seton.verity.org/](https://seton.verity.org/)

- Just over one-third (34%) of households in SMC can afford an entry-level home, lagging behind the rest of the Bay Area (45%) (Sustainable SMC 2015).
- The percentage of surveyed adults who share housing costs with someone other than a spouse or partner to limit expenses increased from 15% in 1998 to 18% in 2013 (SMC CNA 2013: 158).
- 7% of residents reported living with family or friends due to a housing emergency in the previous year (higher than in 2004, when it was 4%) (SMC CNA 2013: 150-151).
- Despite the high cost of housing, homelessness has decreased in recent years. In 2015, there were 1,772 homeless people in SMC, a 24% decrease from 2,281 in 2013 (SMC Homeless Census and Survey 2015).

The Role of Education

The 2013 SMC Community Needs Assessment linked early educational gaps to later income and employment disparities and recommended earlier interventions, including on the policy level. Educational indicators (high school exit exam performance, educational attainment, and dropout rates) are more favorable in the county compared to the state.

- The county overall has higher educational attainment than the state; 2014 estimates indicated that 72% of residents aged 25 and over had been to college or earned a degree, compared to 61% for the state (US Census Bureau 2014).
- In North County/Coastal area, 12% of the population age 25 and older is without a high school diploma or higher which is lower compared to the state (19%).
- However, the North County/Coastal service area has fewer Head Start facilities per 10,000 children aged 0-5 than in the state (1.25 facilities respectively compared to 6.34). Head Start programs provide childcare and preschool for children aged 0-5 from low-income families. (US DHHS for Children & Families 2014).

![Average rent in San Mateo County](source: County of San Mateo Department of Housing HCD. 2015. San Mateo County Housing Indicators as of September 30, 2015)
Who is Most Affected?

- **Veterans** are disproportionately represented in the homeless population; although veterans make up only 6% of the population in the county, an estimated 13% of unsheltered people, and 19% of homeless but sheltered people are veterans (SMC Veterans Needs Assessment 2014, SMC Homeless Census and Survey 2015).

- While the majority of the homeless populations are **White** (53%), **Blacks and Latinos** are disproportionately affected by homelessness. Blacks make up 3% of the overall county population, but 21% of the homeless population. Nearly one-third (32%) of all homeless are Latino, even though they make up a quarter (25%) of the county population. (SMC Homeless Census and Survey 2015).

- **Non-Whites** are more likely to share housing costs with someone other than a spouse or partner to limit expenses (24-26% versus 18% of all surveyed residents in the county) (SMC CNA 2013: 158).

- **Native Americans/Alaskan Natives** are more likely to live below the FPL in the North County/Coastal service area (23% versus 7% of all service area residents) (ACS 2009-13).

- A smaller proportion of SMC students dropped out of high school in 2013-14 (7%) compared to the state (12%). However, 11% of **Black** students and 11% of **Latino** students dropped out (see chart below). In the North County/Coastal service area, the rate of high school graduation is 90.8 and is higher than the state (80.4) and HP2020 benchmark (82.4).

- However, 43% of Latino and 25% of **Native American** adults aged 25 or older had never attended college (SMC CNA 2013).

![San Mateo County High School Dropout Rate](chart.png)

Source: California Department of Education. 2014. California Longitudinal Pupil Achievement Data System (CALPADS).

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Data found in this health profile was collected during the 2016 Community Health Needs Assessment. The 2017-19 Implementation Strategy Reports describe in detail the investments made in the community, including programming and partnerships. [https://seton.verity.org/](https://seton.verity.org/)
What Does the Community Say?

- Economic disparities continue to grow in the county and are stressful to families. Some study participants shared the sentiment expressed by one resident who said, “We’re becoming a county of haves and have nots, and that gap is widening.”

- Community members felt unemployment and lack of income create stress and feelings of powerlessness.

- Low-income residents indicated that having a low-income leads to worse health outcomes for a variety of reasons (in addition to the challenges of access to healthcare):
  - Low-income neighborhoods may not have sidewalks/bike lanes, so they are more likely to have accidents.
  - Low-income neighborhoods have fewer parks and fewer places to exercise.
  - Many people work multiple jobs to make ends meet and cannot get time off to go to the doctor.

- They stated that older buildings and buildings designed for seasonal habitation (such as those built for farmworkers) may be detrimental to health due to mold and pests and lack of accessibility; many people with low/fixed income live in such homes.

- Participants said there is lack of LGBTQ-friendly housing and a need for a county-wide database or roommate finder.
How Do We Know There Is a Problem?

Heart disease and stroke are two of the leading causes of death in San Mateo County (SMC). Together, heart diseases and cerebrovascular diseases (stroke) were the cause of 30% of all deaths in the county (CDPH Death Statistics, Table 5-10, 2013). Cardiovascular risk factors, such as smoking, heavy drinking, obesity, high blood pressure and high cholesterol are also of disproportionate concern for certain populations in the county.

- Heart disease prevalence in the North County/Coastal service area overall (5%) was not as high as the state (6%) (CHIS 2011-12), but it was the leading cause of death in SMC in 2013 (1,158 or 25% of deaths) (CDPH Death Statistics, Table 5-10, 2013).
- Cerebrovascular diseases (stroke) were the fourth leading cause of death in SMC in 2013 (230 or 5% of deaths) (CDPH Death Statistics, Table 5-10, 2013).
- Although both have been declining over time, the heart disease and cerebrovascular disease mortality rates in SMC were still above the Healthy People 2020 targets (SMC CNA 2013: 286-287).
- The rates of mortality from ischemic heart disease and stroke were also higher in the North County/Coastal service area than the Healthy People 2020 target rates (see table).

### HEART DISEASE AND STROKE MORTALITY

<table>
<thead>
<tr>
<th>Mortality rates (per 100,000 population)</th>
<th>North County/Coastal service area</th>
<th>Healthy People 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic heart disease mortality</td>
<td>156.7</td>
<td>100.8</td>
</tr>
<tr>
<td>Stroke mortality</td>
<td>36.4</td>
<td>34.8</td>
</tr>
</tbody>
</table>

Source: CDPH Death Public Use Data 2010-12.

What Else Contributes to the Health Need?

- Among SMC surveyed adults in 2013, 85% exhibited one or more cardiovascular risk factors (smoking, no regular physical activity, high blood pressure, high cholesterol, being overweight); this percentage has not changed since 2001, but is higher than in 1998, when it was 80% (SMC CNA 2013: 288).
• Heavy drinking is linked to heart disease and stroke. Self-reported excessive consumption of alcohol by adults was higher in the North County/Coastal service area (22%) than it was in the state (17%) (CDC BRFSS 2006-12) and alcohol expenditures (as a percentage of total household expenditures) were somewhat higher in the North County/Coastal service area (14%) than in the state (13%) (Nielsen SiteReports 2014).

• High blood pressure is a significant cardiovascular risk factor. Over time, there were rising percentages of surveyed adults who reported having been told more than once that their blood pressure was high (18% in 1998 versus 27% in 2013) (SMC CNA 2013: 289).

• Similarly, there are rising percentages of surveyed adults who reported having been told more than once that their blood cholesterol was high (18% in 1998 versus 30% in 2013), another risk factor for heart disease and stroke (SMC CNA 2013: 290).

• Smoking tobacco is also a risk factor for heart disease. The percentage of adults surveyed who currently smoke tobacco has been dropping over time (from 17% in 1998 to 10% in 2013) (SMC CNA 2013: 275).

• Being overweight (or obese) is also a cardiovascular risk factor, and this is a problem for many youth in the county (CDE Fitnessgram Physical Testing 2013-14).

• A slightly larger percentage of youth in grades 5, 7, and 9 in the North County/Coastal service area were overweight compared to the state (21% versus 19%), although overall youth obesity in the North County/Coastal service area was not worse than the state (15% versus 19%).

Who is Most Affected?

• Groups in the county that have disproportionately higher percentages of high blood pressure are older adults, Blacks and Whites (see chart).

• Groups in the county with disproportionately higher percentages of high blood cholesterol were older and middle-aged adults and Whites (see chart).

• Native Hawaiians/Pacific Islanders (47.5 per 100,000) and Blacks (46.8 per 100,000) in the North County/Coastal service area had a higher rate of mortality from stroke than did all service area residents (36.4 per 100,000) (CDPH Death Public Use Data 2010-12).
The profile of health needs in Heart Disease & Stroke was captured during the 2016 Community Health Needs Assessment. The 2017-19 Implementation Strategy Reports describe in detail the investments made in the community, including programming and partnerships. More information can be found at [https://seton.verity.org/](https://seton.verity.org/).

In 2013, percentages of current smokers in SMC were higher among Blacks (17%), North County residents (14%), less-educated (13%), and low-income residents (13%) (SMC CNA 2013: 276).

Latino youth in grades 5, 7, and 9 in the North County/Coastal service area were more likely to be overweight (24% compared to 21% for the service area overall and 19% for the state) (CDE Fitnessgram Physical Testing 2013-14).

A larger percentage of Black youth in the service area were obese, 26%, compared to 15% for the service area and 19% for the state overall (CDE Fitnessgram Physical Testing 2013-14).

Non-Hispanic Whites had a higher percentage of heart disease in the North County/Coastal service area (8%) than the state (6%) (CHIS 2011-12).

SMC Blacks had higher mortality rates than other ethnic groups in the county for heart disease (191.2 per 100,000 versus 129.7 for all county residents) and cerebrovascular disease (56.4 versus 35.9 for all county residents) (SMC CNA 2013: 286-287).

Blacks in the North County/Coastal service area had a higher rate of mortality from ischemic heart disease (192.4 versus 156.7 for all service area residents) and from stroke (46.8 versus 36.4 per 100,000 for all service area residents) (CDPH Death Public Uvs.se Data 2010-12).

**What Does the Community Say?**

- Several key informants expressed concern over hypertension.
- One key informant felt that there were few doctors to treat chronic conditions such as hypertension.
- Another key informant identified congestive heart failure as a community health need.
- Participants generally identified drivers of heart disease and stroke (e.g., poor diet/nutrition, lack of fitness, obesity) as of greater concern than the conditions themselves.
How Do We Know There Is a Problem?

San Mateo County (SMC) children and adults struggle to maintain healthy behaviors and ward off associated health issues, such as obesity and diabetes. These problems are a particular concern among older, low-income, less educated, and ethnic minority populations.

Obesity and Diabetes:

- The percentage of surveyed adults in the county reporting that they are diabetic is rising over time, from 4% in 1998 to 10% in 2013 (SMC CNA 2013: 295). This was higher than the Healthy People 2020 (HP2020) target of 8% (SMC CNA 2013: 295). Diabetes was the eighth leading cause of death in SMC (111 or 2% of deaths) (CA DPH Table 5-10, 2013).

- The percentage of Medicare enrollees with diabetes who were managing their diabetes, based on annual Hemoglobin A1c tests, was slightly lower in the North County/Coastal service area (80%) than the state (82%) (Dartmouth Atlas of Health Care 2012).

- A slightly greater proportion of SMC’s Child Health and Disability Prevention (CHDP) program’s 2-4 year olds were overweight (18%) or obese (18%), compared to the state (16% and 17%, respectively). (CHDP)

- A slightly larger percentage of youth in grades 5, 7, and 9 in the North County/Coastal service area were overweight compared to the state (see table).

Fitness:

- About half as many surveyed adults in SMC exhibited healthy behaviors (did not smoke, were not overweight, exercised adequately, and ate adequate amounts of fruits & vegetables) in 2013 (5%) as compared to 2001 (9%) (SMC CNA 2013: 195).

- A somewhat smaller percentage of adults in the North County/Coastal service area walked or biked to work (3%) than in the state (4%) (US Census Bureau ACS 2009-13).

- Although the percentage of youth who were physically inactive was not worse in the North County/Coastal service area (29%) compared to the state (36%) (CDE FITNESSGRAM Physical Testing 2013-14), a smaller percentage of children walked, skated, or biked to school (see table on next page).

- The percentage of seventh-grade students in SMC meeting all six of the basic fitness standards has decreased over time (41% in 2008-09 versus 36% in 2010-11); (SMC CNA 2013: 243).
OBESITY, DIABETES, FITNESS & NUTRITION Profile of Health

Data found in this health profile was collected during the 2016 Community Health Needs Assessment. The 2017-19 Implementation Strategy Reports describe in detail the investments made in the community, including programming and partnerships. https://seton.verity.org/

- Between 1998 and 2013, there was virtually no change in the amounts of time per day SMC children watched television or videos, and/or played video games (14% and 13% respectively) (SMC CNA 2013: 244).

Nutrition:

- There are fewer WIC-authorized food stores per 100,000 people in the North County/Coastal service area (10.5) than in the state (15.8) (USDA Food Environment Atlas 2011).

- Although food insecurity does not appear to have changed significantly over time, of surveyed adults, more than twice as many (4%) received food from a food bank, church, or other organization in 2013 than in 1998 (2%), and the number of participants in Food Stamps increased from 9,761 in 2006 to 20,000 in 2010 (SMC CNA 2013: 133-134).

**OBESITY, DIABETES, FITNESS & NUTRITION DATA FOR CHILDREN AND YOUTH**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North County/Coastal service area</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children 2-13 with low consumption of fruits/vegetables</td>
<td>50.0%</td>
<td>47.4%</td>
</tr>
<tr>
<td>Percent of children 5-17 who walk, bike, or skate to school</td>
<td>27.9%</td>
<td>43.0%</td>
</tr>
<tr>
<td>Percent of overweight youth (in 5th, 7th, and 9th grade)</td>
<td>20.6%</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

Sources: CHIS 2011-12; CDE FITNESSGRAM Physical Testing 2013-14

**Who is Most Affected?**

Access to and consumption of healthy foods and maintaining active lifestyles are more challenging for certain populations, leading to higher rates of obesity and diabetes. The following populations are most at-risk:

- Higher rates of diabetes are seen among **low-income, less-educated, older adult** and **Black** residents (see chart).
OBESITY, DIABETES, FITNESS & NUTRITION Profile of Health

Data found in this health profile was collected during the 2016 Community Health Needs Assessment. The 2017-19 Implementation Strategy Reports describe in detail the investments made in the community, including programming and partnerships. https://seton.verity.org/

- **Black** (26%) and **Latino** (24%) youth in grades 5, 7, and 9 in the North County/Coastal service area were more likely to be obese (compared to the general youth obesity in the service area of 15% and in the State of 19%) (CDE FITNESSGRAM Physical Testing 2013-14).

- Those who were more likely to be physically inactive compared to the overall rate for the county of 54%, include **older adults** at 73%, **low-income** residents at 63-67%, and the **less-educated** at 61%, (SMC CNA 2013: 201).

- **Non-Hispanic “Other”** (25%) and **Black** (12%) children were less likely to walk, skate, or bike to school in the North County/Coastal service area (compared to 28% for all service area residents) (CHIS 2011-12).

- **American Indian** (31%), **Black** (26%), and **Latino** (20%), youth in 7th grade were less likely to meet all six basic fitness standards in 2010-11 (versus 36% of all county youth in 7th grade) (SMC CNA 2013: 243).

- **Low-income** residents, **Blacks**, the **less-educated**, and **Latinos** were all more likely to rate their access to affordable fresh produce as “fair/poor” (see chart).

- **Non-Hispanic “Other”** children ages 2-13 were more likely to report low consumption of fruits/vegetables in the North County/Coastal service area (65% versus 50% of all children in the service area) (CHIS 2011-12).

**What Does the Community Say?**

**Obesity and Diabetes:**

- Concerns were expressed about the complications that can result from diabetes.

[Bar chart showing percentage who rated access to affordable fresh produce as “fair/poor” by income level, race/ethnicity, and SMU CNA 2013]

Source: SMC CNA 2013
Community members felt there is an increased need for education about chronic health conditions such as diabetes and access to appropriate care to manage chronic health conditions.

They noted that lack of access to nutritious food is a contributing factor to diabetes.

One key informant indicated that farmers are county subpopulations who are experiencing higher rates of diabetes than the general population.

It was stated that there are more people who suffer and die from chronic conditions, like diabetes, than acute conditions.

Participants felt that more doctors and caregivers are needed to treat chronic conditions such as diabetes.

Fitness:

Youth and one key informant focused on the expense of gyms such as “pay-to-play” programs and the lack of low-cost fitness options, while other key informants praised the access to more affordable gyms, beach and bike trails, and other physical activity resources for various groups including seniors and youth.

There was discussion about addiction to electronics and the associated sedentary lifestyle.

One key informant indicated that children from Latino and low-income populations often have family responsibilities that keep them from playtime and other activities and noted that when multiple families live together, there is often no space for recreation.

The community noted that neighborhoods with a lack of access to safe parks, trails, and other safe places to recreate (including the north-central area of the county) are more likely to see a lack of physical activity among their residents than neighborhoods with better access to safe parks/recreation spaces.

Nutrition:

Several focus groups identified the ubiquity of sugar (in candy, snacks, sodas, etc.) as a big problem in the community, especially for youth.

Youth expressed concern about eating disorders.

Residents were concerned about lack of access to groceries for older adults.

Key informants identified healthy food as being more expensive and thus harder to access for seniors (who are on fixed incomes) and for low-income communities where there are limited grocery stores or farmers’ markets (i.e., “food deserts”) and more fast food restaurants.

Youth felt there were too many fast food restaurants in their community; those in the North County/Coastal service area particularly felt a lack of access to healthy food for vegetarians/vegans.
Key informants agreed that easier access to unhealthy nutrition options (compared to access to healthy/fresh foods) was a driver of childhood obesity.

Key informants mentioned that while there are food banks, CalFresh open markets are much less accessible (infrequently open, sometimes not open at time/location advertised), and for seniors there are not enough Meals on Wheels providers or congregate meal sites.

Many participants felt the lack of nutrition education (including how to make healthy meals) was an issue in the community for all, but especially for children, parents, and grandparents.

One key informant expressed concerns about food insecurity in the community; another mentioned that in homes with multiple families, sometimes the nutritional challenge is that one family steals another family’s food.

In the Pacific Islander focus group, residents suggested there was a focus on “feeding” rather than prioritizing healthy foods.

In the Filipino focus group, providers said that the traditional foods in the Filipino culture were unhealthy – high in fat, sugar, and carbohydrates – and further described a “lifestyle of inactivity” as culturally-bound.

Several key informants saw the lack of accessible community gardens as an issue; one noted this was complicated by the fact that California is in a drought (as gardens need water).
How Do We Know There Is a Problem?

Access to dental healthcare and services has been worsening over time for adults in San Mateo County. Tooth decay is common and many adults do not visit a dentist regularly. Children’s dental care access is generally very good in the county although there are some disparities among groups.

- More than one in ten adults (11%) ages 18 and older in the North County/Coastal service area reported that six or more of their permanent teeth were removed due to tooth decay, gum disease, or infection (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10).

- Nearly 22% of adults in the North County/Coastal service area ages 18 and older reported that they had not visited a dentist, dental hygienist or dental clinic within the past year (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10). In the county overall, the percentage of surveyed adults who reported visiting a dentist for a routine check-up within the past year has trended down from 81% in 1998 to 77% in 2013 (SMC CNA 2013: 210).

- The proportion of SMC surveyed adults in the county who lack dental insurance coverage has increased over time, from 27% in 1998 to 32% in 2013 (SMC CNA 2013: 211). Furthermore, nearly 37% of adults in the North County/Coastal service area reported that they did not have dental insurance for some or all of the past 12 months. They considered this as a primary barrier to accessing dental healthcare (University of California Center for Health Policy Research, California Health Interview Survey. 2009).

- The proportion of parents who reported taking their child to a dentist for a routine check-up within the past year was greater in 2013 (84%) than in 2008 (76%) (SMC CNA 2013: 210).

- Only 1% of children aged 2-13 in SMC did not have a recent dental exam, a great improvement over the state’s 19% (University of California Center for Health Policy Research, California Health Interview Survey, 2013-2014).

Who is Most Affected?

- In the county overall 77% of adults had a routine check-up in the previous year. For certain groups, however the figure was lower: Adults aged 18-39, Latinos, Blacks, and less-educated and low-income residents. (See chart).
Those less likely to have had dental insurance than the county overall average of 32% included low-income residents (62%), older adults (57%), and Latinos (41%).

Eighty four percent of county residents reported that they take their child to the dentist. However, it was lower among Blacks (77%) and low-income residents (79%).

**What Does the Community Say?**

- They stated that not enough doctors take Denti-Cal: “No one takes my insurance.”
- The largest issue related to dental health, according to participants, is access to insurance, and therefore preventative dental care is lacking for many.
- Participants reported that even when dental insurance is available, it often does not cover anything but the basics (e.g., only covers extractions).
- Youth in the North County/Coastal service area mentioned that orthodontic care is expensive and generally not covered by insurance.
How Do We Know There Is a Problem?

Respiratory disease was the third leading cause of death in San Mateo County (SMC), and the number of deaths attributed to it has increased since 1990 (SMC CNA 2013: 261). Asthma, in particular, is a growing problem in SMC, and it is likely worsened by the Bay Area’s poor air quality.

- The San Francisco/Oakland/San Jose region is ranked 16 for high ozone days out of 228 metropolitan areas, ranked 8 for 24-hour particle pollution out of 186 metropolitan area, and ranked 6 for annual particle pollution out of 171 metropolitan areas, (American Lung Association, State of the Air 2016). It is particularly bad in the North County/Coastal service area (where particulate matter standards were exceeded 6% of days annually, compared to 4% of days annually in the state [National Environmental Public Health Tracking Network 2008]).

- The percentage of surveyed adults in the county who reported having been diagnosed with asthma doubled between 1998 and 2013 (9% in 1998, 18% in 2013) (SMC CNA 2013: 297).

- A greater proportion of children in the county also were reported to have had asthma in 2013 (14%) compared to 2001 (11%), although the 2013 figure was down slightly from 2008 (15%) (SMC CNA 2013: 299-300).

- Asthma prevalence among adults in the North County/Coastal service area (16%) was slightly higher than the state figure (14%) (CDC BRFSS 2011-12).

- Asthma can be aggravated by being overweight/obese; the percentage of overweight youth in the North County/Coastal service area is higher than the state figure (21% versus 19%), and there are ethnic disparities among youth in the service area with respect to both overweight and obesity (CDE FITNESSGRAM Physical Testing 2013-14).

Who is Most Affected?

- 18% of county residents reported having been diagnosed with asthma. That figure was higher for Black residents (26%), adult residents age 18-39 (23%), low-income residents (21%), and residents of the North County/Coastal service area (20%) (SMC CAN 2013:297).
What Does the Community Say?

- For the most part, the community expressed concern about asthma rather than other respiratory conditions; just one key informant mentioned chronic obstructive pulmonary disease (COPD) and emphysema, exacerbated by smoking. There was a recommendation for smoking cessation services.

- One key informant was particularly concerned about asthma among the homeless population, while another mentioned it among the older adult population.

- Drivers of respiratory conditions named by the community included mold and mildew (especially in older buildings), pollen allergies, pesticides, airborne dirt/dust/particles (including from rodents/pests in crowded housing), secondhand smoke, and increased traffic leading to increased smog.
How Do We Know There Is a Problem?

Traffic is particularly heavy in San Mateo County (SMC) and few residents utilize public transit, a pattern that contributes to poor air quality. A lack of public transportation can also be a health problem when it prevents residents from accessing healthcare; this problem disproportionately impacts minority, low-income, and less-educated populations.

- Although total vehicle miles of travel in SMC hit a low in 2006, it rose in the years after, reaching nearly 18 million miles in 2010 (SMC CNA 2013:176).

- In SMC, most residents (71%) drove to work alone rather than car-pooling, taking public transit, or using another mode of transportation (SMC CNA 2013:177).

- The total number of road miles per acre of land (road network density) contributes to increased use of vehicles and related poor air quality. Road network density in the North County/Coastal service area (12.84) was much higher than the county (3.66) and state (2.02) (EPA Smart Location Database 2011).

- The percentage of the population living within one-half mile of a major transit stop was 15.5% for the state overall. However for the North County/Coastal service area it was only 11.4% (EPA Smart Location Database 2011).

Who is Most Affected?

- Although only 5% of surveyed adults reported that “a lack of transportation made it difficult or prevented them from seeing a doctor or making a medical appointment in the past year,” low-income, less-educated, Latino, and Black respondents were disproportionately affected by the lack of transportation (see chart).

- Coastside residents were least likely to say they could depend on public transit if needed (50% versus 65% in the county overall). Focus group participants said that very few buses travel from the coast to the central part of the county (SMC CNA: 179).
TRANSPORTATION & TRAFFIC | Profile of Health Needs

Data found in this health profile was collected during the 2016 Community Health Needs Assessment. The 2017-19 Implementation Strategy Reports describe in detail the investments made in the community, including programming and partnerships. https://seton.verity.org/

What Does the Community Say?

- Drivers feel stress from excessive traffic and long hours spent commuting.
- Residents expressed concern about the amount of air pollution being generated by the traffic.
- Many mentioned the lack of transportation to healthcare, school, and recreation locations as an element that makes it much harder to engage in related activities (i.e., medical appointments, after-school programs, fitness activities at gyms or in parks).
- The absence (or near-absence) of transit-oriented city design was a concern to some; some saw it as a driver of social isolation.

How Do We Know There Is a Problem?

While San Mateo County’s (SMC) overall unintentional injury rates are generally not higher than the state’s or the Healthy People 2020 (HP2020) target, there are disparities based on ethnicity and age. Deaths due to injuries disproportionately affect older adults and deaths due to accidents are more likely among Latino and Black residents.

For instance:

- In 2013, the hospitalization rate among adults age 50+ due to falls in SMC was 672.5 per 100,000, lower than the state average rate of 779.7 (Calculated based on state and county hospitalization data from CDPH EpiCenter Injury Data and state and county population data from the California Department of Finance Report). In 2014, 1,437 older adults in SMC aged 65 and older were hospitalized due to falls (CDPH Epicenter).

- Emergency department (ED) visits for falls have been rising over time (SVHAP 2007-2011). In 2014, there were 4,512 older adults in SMC who visited the ED due to a fall (CDPH Epicenter).

- In SMC, the adult drownings rate of 1.5 (per 100,000 adults age 24 and older) exceeded the state average for adults (1.1). The child/youth rate was 0.0 (Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013).

- Alcohol use contributes to unintentional injuries, particularly motor vehicle accidents, and there were high rates of alcohol consumption in the service area compared to the state in terms of self-reported excessive consumption of alcohol and alcohol expenditures (as a percentage of total household expenditures) (see table).

### DEATHS DUE TO FALLS

**HIGHEST AMONG 85+**

Older adults aged 85+ are four times more likely to die from a fall than those aged 65-85.

### ALCOHOL CONSUMPTION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North County/Coastal service area</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive alcohol consumption</td>
<td>21.7%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Percent of household expenditures spent on alcohol</td>
<td>13.9%</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

Sources: CDC BRFSS 2006-2012; Nielsen SiteReports 2014.
Who is Most Affected?

- **Black** (46.5 per 100,000) and **White** (38.5 per 100,000 people) residents had a higher death rate due to unintentional injuries than the HP2020 target of 36.4 deaths per 100,000 (CDPH Vital Statistics 2009).

- **Black** residents in the North County/Coastal service area had a higher death rate due to motor vehicle accidents (7.1 per 100,000) than the state average of 5.2 per 100,000 (CDPH Death Public Use Data 2010-12).

- **Latinos** in the North County/Coastal service area had a higher death rate from pedestrian accidents (1.9 per 100,000) than the HP2020 goal of 1.3 per 100,000 (CDPH Death Public Use Data 2010-12).

- The unintentional falls death rate of 4.7 per 100,000 in SMC does not exceed the HP2020 target of 7.0 per 100,000 people (Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013), but adults aged 85+ were disproportionately more likely to die from a fall (138.8 per 100,000 in SMC) than adults aged 65-84 (20.1 per 100,000 in SMC) (Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013).

What Does the Community Say?

- The community indicated that the older adult population has issues related to frailty and higher susceptibility to accidents and falls.

- In SMC, the community expressed concern about motor vehicle accidents that involve pedestrians or bicyclists, due to lack of sidewalks or bike lanes.

- One SMC key informant stated that chiropractors are treating greater numbers of kids with neck pain/injuries because of continuously looking down at electronics (phones, tablets, etc.).

- Another SMC key informant mentioned concerns about repetitive stress injuries.
How Do We Know There Is a Problem?

Violence and abuse have been trending downward in the county, but there is still great concern among residents about neighborhood safety. There are also racial disparities in the homicide rate and child abuse rate, with Blacks disproportionately affected by both.

- In San Mateo County (SMC), the percentage of surveyed adults who evaluated their neighborhood’s safety as “fair/poor” stayed the same between 1998 and 2013 (12% in each of those years) (SMC CNA 2013: 192-3), while the percentage who believed the problem of crime in their neighborhood has gotten worse increased over time (10% in 1998 versus 19% in 2013).

- The rate of substantiated cases of child abuse per 1,000 children aged 0-17 has decreased in the county over time, to 2.5 per 1,000 in 2009, and is much better than the state (10.0) (SMC CNA 2016: 139-140).

- Alcohol use correlates with violence and abuse. Self-reported excessive consumption of alcohol by adults and alcohol expenditures (as a percentage of total household expenditures) were higher in the North County/Coastal service area than in the state (see table).

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North County/Coastal service area</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive alcohol consumption</td>
<td>22%</td>
<td>17%</td>
</tr>
<tr>
<td>Percent of household expenditures spent on alcohol</td>
<td>14%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Sources: CDC BRFSS 2006-2012; Nielsen SiteReports 2014.

- Maternal incarceration correlates with later juvenile delinquency and, in the county, “more than one-half of the pretrial women and one-third of the sentenced women housed in the SMC Jail are responsible for young children under the age of 18. Numerous studies on female offenders and their children document that the separation of mothers from their children contributes to five to six times higher delinquency rates among their children” (SMC CNA 2013: 190-191).

- School suspensions also correlate with juvenile delinquency; in the North County/Coastal service area, the rate of suspensions per 100 students was higher than in the state (7.0 versus 4.0 in the state) (CA DOE 2013-14).
Who is Most Affected?

- There are ethnic and geographic differences when it comes to rating one’s neighborhood safety as “fair/poor.” Larger proportions of **Latinos**, **Blacks**, **low-income** residents, **less-educated** residents, and **South County** residents rated their neighborhood safety as “fair/poor” (see chart).

![Chart showing percent who rated neighborhood safety fair or poor](chart.png)


- In the North County/Coastal service area, the homicide rate was much higher for **Blacks** (35.7 per 100,000) and somewhat higher for **Native Hawaiians/Pacific Islanders** (6.3 per 100,000) than the 3.3 for the county, 5.2 for the state, and the HP2020 target of 5.5 (CDPH Death Public Use Data, 2010-12).

- Black children in SMC were more likely to be referred for possible child abuse or neglect (107 per 1,000 children versus 25 per 1,000 in the county overall in 2009). (SMC CNA 2016: 139-140).

What Does the Community Say?

- Participants in several focus groups (including older adult providers, LGBTQI residents, Pacific Islander residents, and homeless residents) specifically called out abuse/violence as an urgent health need in the community. However, youth in the North County/Coastal service area felt their community was safer than large urban settings such as San Francisco or Oakland.

- Key informants expressed concern about child abuse, including long-term health issues associated with such abuse, and the increased potential for violence, child abuse, and trauma associated with overcrowded living conditions.

- Key informants also specifically spoke about elder abuse (including emotional and financial abuse of elders); bullying and domestic violence against LGBTQI individuals; and sexual assault on both lesbians and those who are being sexually trafficked.