



2016 COMMUNITY HEALTH NEEDS ASSESSMENT



Acknowledgments

1. Executive Summary

Introduction & Goals

The Healthy Community Collaborative of San Mateo County (HCC) is pleased to deliver the 2016 Community Health Needs Assessment (CHNA).

The HCC consists of representatives from nonprofit hospitals, County Health Department and Human Services, public agencies, and community based organizations, and was created to identify and address the shared health needs of the community. Since its formation in 1995, the HCC has conducted prior community health assessments for San Mateo County (1995, 1998, 2001, 2004, 2008, 2011, and 2013), and this report marks the eighth such assessment.

The goals of the 2016 CHNA are to provide insight into the health of the community, prioritize local health needs, and to identify areas for improvement. With these data, the HCC member agencies will individually and collectively develop strategies to tackle critical health needs and improve the health and well-being of community members. The assessment findings can also be used as a guideline for policy and advocacy efforts. In addition, the Hospital Consortium of San Mateo County, which includes the leadership of the local hospitals and the local Health Department, will provide direction to the Healthy Community Collaborative to ensure alignment with countywide priority health initiatives.

The 2016 CHNA report uses the findings of the 2013 CHNA (see Appendix 1: 2013 CHNA Summary & Results) and previous CHNAs. The 2016 report documents how the current CHNA was conducted and describes the related findings.

Background

In addition to helping generate shared priorities around community health, HCC members also use the 2016 CHNA to fulfill key state and federal mandates, as described below.

California Legislative Senate Bill 697, enacted in 1994, stipulates that private nonprofit hospitals submit an annual report to the Office of Statewide Health Planning and Development (OSHPD) that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity. Additionally, hospitals shall describe the process by which they involved the community (community groups and local government officials) in helping identify and prioritize community needs to be addressed. This community needs assessment shall be updated at least once every three years.

The CHNA also helped fulfill a requirement for the Internal Revenue Service (IRS). The Patient Protection and Affordable Care Act of 2010, enacted by Congress on March 23, 2010 (ACA), stipulates that nonprofit hospital organizations complete a community health needs assessment (CHNA) every three years. The HCC collaborated to fulfill this requirement for fiscal year 2016. Hospitals “must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA,” i.e., “making the CHNA report widely available to the public” (ACA, 2010). The CHNA also must include input from the community and experts in public health and local health departments. Community input must include representatives of high-need populations including minority groups, low-income individuals, and medically underserved populations.

Methods

To gather information for its local planning needs and meet state and federal mandates, the HCC took the following approach to complete the 2016 CHNA.

For the purposes of this assessment, the HCC did not limit the definition of “community health” to traditional measures of health. This definition included indicators about the physical health of the county’s residents, as well as the broader social and environmental determinants of health, such as access to healthcare, technology, affordable housing, childcare, education, and employment. This definition reflects the HCC’s view that many factors impact community health. We cannot adequately understand or address community health without wider consideration of those factors.

To assess community health trends, the HCC directed its consultants, Applied Survey Research (ASR), to obtain secondary data from a variety of sources (see Appendix 4: Secondary Data Sources for a complete list). Primary data was obtained through direct community input: (a) key informant interviews with local health experts, (b) focus groups with community leaders and representatives, and (c) resident focus groups. These discussions sought to answer five primary questions:

- What are the top or “priority” health needs in the community that are not well-met now, as compared to 2013?
- How much of a priority is health in the lives of community members?

TERMINOLOGY

Health condition: A disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.

Health risk: A behavioral, environmental, social, economic, or clinical care factor that impacts health.

Health need: A poor health *outcome* and its associated *risk(s)*, or a risk that may lead to a poor health outcome.

Health outcome: A snapshot of a disease/health event in a community that can be described in terms of both morbidity (illness or quality of life) and mortality (death).

Health indicator: A characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

- How does the physical environment help or hurt the health of community members?
- How often do community members use technologies for health activities?
- How has the Affordable Care Act impacted access to healthcare for the community?

To generate participants' health priorities, focus group members voted on their community's priority needs, while key informants listed what they felt were their community's priority needs. ASR then tabulated how many focus groups prioritized each health need and how many key informants described each health need as a priority.

In the fall of 2015, ASR synthesized primary qualitative research and secondary and longitudinal data to create a list of health needs for the HCC, and then filtered them against a set of criteria to reveal those that were of significance to the community, the Prioritized Health Needs. These criteria included:

1. Meeting the definition of a "health need," which is a poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome,
2. Being supported by more than one source of data, and
3. Missing a state or national (Healthy People 2020) benchmark.

The list of Prioritized Health Needs is below. Following the countywide CHNA, each hospital will go on to further prioritize health needs for their own service areas.

Prioritized Health Needs

Based on the prioritization process described above, these emerged as the most pressing health needs for the county. The list is in alphabetical order. Full statistical and qualitative data on each health need can be found in Appendix 10: Health Needs Profiles.

- **Behavioral health.** The percentage of adults who report mental and emotional problems is rising, and binge drinking among young adult males is trending up. Suicide is one of the top 10 leading causes of death in the county.
- **Emotional well-being.** The percentage of adults experiencing depression and feeling tense, worried, or anxious is higher amongst some ethnic groups and low income households. Adult life satisfaction in the county has been declining over time.
- **Healthcare access & delivery.** The proportion of county residents who report visiting a doctor for a routine check-up has been trending downward. Residents giving the lowest ratings to healthcare access in the county were low-income, Latino, and those without a postsecondary education.
- **Oral/dental health.** The percentage of county adults who visited a dentist for a routine check-up in the past year has decreased and the percentage of adults in the county who lack dental insurance has increased. Low-income residents are disproportionately affected.

For further details on these top health needs in San Mateo County, please refer to the complete CHNA report and Appendix 10: Health Needs Profiles.

TOP 10 LEADING CAUSES OF DEATH, 2013

CAUSE OF DEATH	SAN MATEO COUNTY	CALIFORNIA	UNITED STATES
Diseases of the heart	1	1	1
Malignant neoplasms (cancer)	2	2	2
Alzheimer's disease	3	5	6
Cerebrovascular diseases	4	3	5
Chronic lower respiratory diseases	5	4	3
Accidents	6	6	4
Influenza/pneumonia	7	8	8
Diabetes mellitus	8	7	7
Chronic liver disease/cirrhosis	9	9	12
Intentional self-harm (suicide)	10	10	10

About the Consultants

The Healthy Community Collaborative of San Mateo County contracted with Applied Survey Research (ASR) to conduct the 2016 Community Health Needs Assessment. ASR conducted primary research, synthesized primary and secondary data, facilitated the process of identification and prioritization of community health needs and assets, documented the process, and prepared the CHNA report.

ASR is a local nonprofit social research firm that is well known for its expertise in community assessments. In 2007, the firm won a national award from the Community Indicator Consortium and the Brookings Institution for having the best community assessment project in the country. ASR accomplishes successful assessments by using mixed research methods to help understand the needs, and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders. Visit www.appliedsurveyresearch.org for more information.

Accessing the Complete CHNA Report

This executive summary and the full CHNA report can be found on participating hospitals' websites. It also can be found on the Hospital Consortium of San Mateo County's site (www.hospitalconsort.org).

Healthy Community Collaborative of San Mateo County (HCC) Members

The Community Health Needs Assessment could not have been completed without the HCC's efforts, tremendous input, many hours of dedication, and financial support. We wish to acknowledge the following organizations and their representatives' contributions to promoting the health and well-being of San Mateo County. These organizations collaborated in preparing the 2016 CHNA. In addition, the HCC gratefully acknowledges Applied Survey Research (ASR) who prepared this report on behalf of the HCC.

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2. Community Description of San Mateo County

About MPMC

Mills-Peninsula Medical Center (MPMC) is affiliated with Sutter Health, a not-for-profit network of hospitals, physicians, employees and volunteers who care for more than 100 Northern California towns and cities. Together, we're creating a more integrated, seamless and affordable approach to caring for patients.

The hospital's mission is to enhance the well-being of people in the communities it serves through a not-for-profit commitment to compassion and excellence in health care services.

Over the past five years, Sutter Health has committed nearly \$4 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2015 commitment of \$957 million includes unreimbursed costs of providing care to Medi-Cal patients, traditional charity care and investments in health education and public benefit programs. For example:

- In 2015, Sutter Health invested \$712 million more than the state paid to care for Medi-Cal patients. Medi-Cal accounted for 20 percent of Sutter Health's gross patient service revenues in 2015. Sutter Health hospitals proudly serve more Medi-Cal patients in our Northern California service area than any other health care provider.
- As the number of insured people grows, hospitals across the U.S. continue to experience a decline in the provision of charity care. In 2015, Sutter Health's investment in charity care was \$52 million.
- Throughout our health care system, we partner with and support community health centers to ensure that those in need have access to primary and specialty care. We also support children's health centers, food banks, youth education, job training programs and services that provide counseling to domestic violence victims.

Every three years, Sutter Health hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies local health care priorities and guides our community benefit strategies. The assessments help ensure that we invest our community benefit dollars in a way that targets and address real community needs.

For more facts and information about Mills-Peninsula Medical Center visit www.sutterhealth.org.

About MPMC's Community Benefits Program

Everyone deserves access to high-quality health care. Each year, Mills-Peninsula Medical Center invests millions of dollars back into its community. Through these investments and its partnerships within its local community, it helps to provide care for people without health insurance, improve health care services provided by other health care facilities, and add vital programs and services to serve the underserved and the broader community. Meeting the health care needs of its community, including serving people who cannot afford to pay for health care, is a cornerstone of its not-for-profit mission.

MPMC community benefits are programs or activities that provide treatment and/or promote health and healing in response to identified community needs. The programs tackle critical health needs and improves the health and well-being of community members by: Building partnerships and collaborations with local-non-profit organizations; Provides monetary grants to non-organizations focused on health care interventions for underserved and/or uninsured, community clinics, senior and LGBTQ¹ programs; offers educational programs; and conducts research.

Community Served

HCC members relied on the Internal Revenue Service's definition of the community served by a hospital as those people living within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations. MPMC's service area is San Mateo County.

GEOGRAPHIC DESCRIPTION OF COMMUNITY SERVED (CITIES, TOWNS, COUNTIES, AND/OR ZIP CODES)]

Spreading over 744 sq. miles, San Mateo County is located on the San Francisco Peninsula. It contains 20 cities and towns, and is bordered by the City of San Francisco on the north, The San Francisco Bay on the east, Santa Clara County of the south, and the Pacific Ocean on the west.

San Mateo County consists of the following major cities and towns: Atherton, Belmont, Brisbane, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Half Moon Bay, Hillsborough, Menlo Park, Millbrae, Pacifica, Portola Valley, Redwood City, San Bruno, San Carlos, San Mateo, South San Francisco, and Woodside.

According to the San Mateo County Clerk's Office, San Mateo County also includes the following unincorporated towns and areas: Broadmoor, Burlingame Hills, Devonshire, El Granada, Emerald Lake Hills, Fair Oaks, Highlands/Baywood Park, Ladera, La Honda, Loma Mar, Los Trancos Woods/Vista Verde, Menlo Oaks, Montara, Moss Beach, North Fair Oaks, Palomar Park, Pescadero, Princeton, San Francisco International Airport, San Gregorio, South Coast/Skyline, Sequoia Tract, Skylonda, Stanford Lands, and West Menlo Park.

¹ LGBTQI: lesbian, gay, bisexual, transgender, queer, intersex

MAP OF COMMUNITY SERVED



Map credit: Applied Survey Research, 2014.

DEMOGRAPHIC PROFILE OF COMMUNITY SERVED

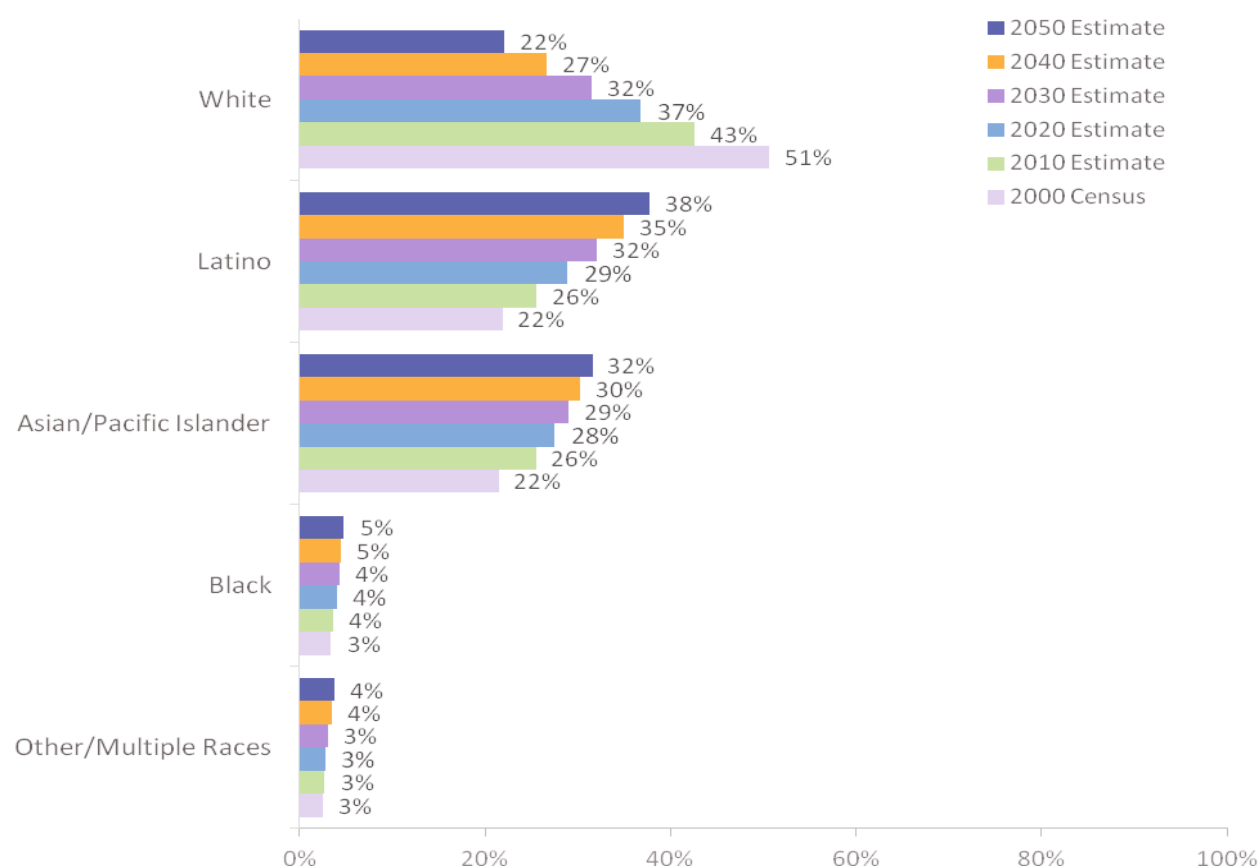
According to the US Census San Mateo County's estimated population in 2014 was 744,581. The County's population is aging and the trend is expected to increase over the next decades. Less than one quarter (24%) of the residents are under the age of 20, while 35% are between the ages of 20 and 44, and the rest (41%) of the residents are over the age of 44². By 2050,

² County of San Mateo Public Health and the Healthy Community Collaborative of San Mateo County. 2013 *Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013. Hereafter "SMC CNA 2013."

those aged 60 and older will increase from 20.0% (in 2014) to 30.9% and the Asian/Pacific Islander and Hispanic seniors will comprise the largest proportion of seniors.

SMC is also becoming increasingly diverse. The US Census estimates that by 2050, the white population will drop from 43% to 22%, the Latino population will increase from 26% to 38%, the Asian/Pacific Islanders will increase from 26% to 32% and the African American population will experience a slight increase from 3% to 4%. (see chart below). Note that the child population is more diverse than the adult population.

PROJECTED RACE AND ETHNICITY, SAN MATEO COUNTY, 2000-2050

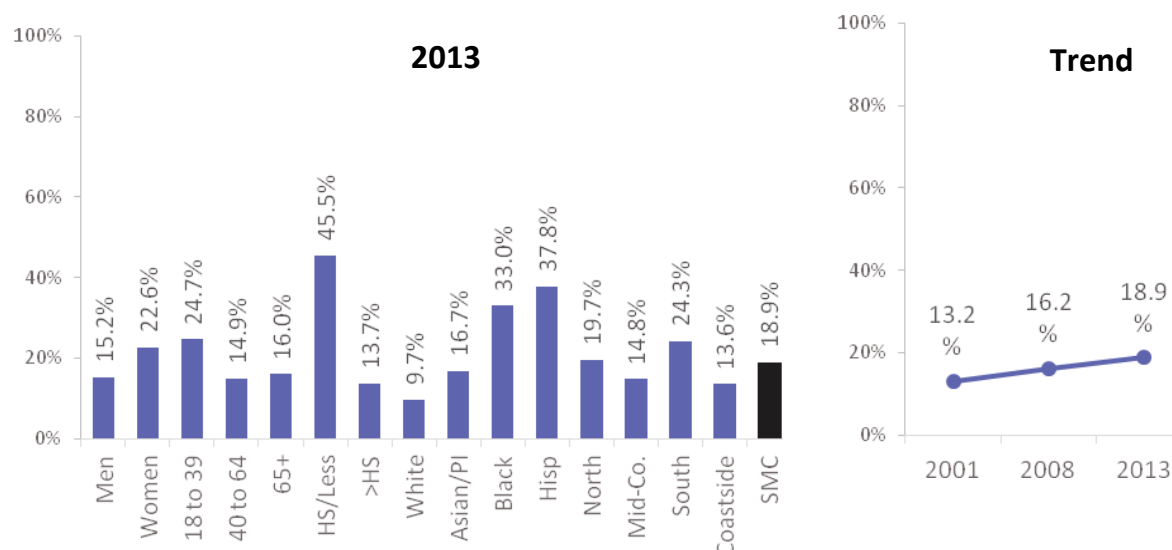


Source: SMC CNA 2013.

According to the 2013 Health & Quality of Life Survey commissioned by the HCC, the percentage of adults living below 200% of the Federal Poverty Level is increasing, from 13% in

2001 to 19% in 2013. As seen in the chart below, poverty is more prevalent among adults who are less educated (those with a high school diploma or less), and who are Latino, African American, younger (aged 18-39), and who live in South County.

ADULTS LIVING BELOW 200% OF THE FEDERAL POVERTY LEVEL, SAN MATEO COUNTY



Source: SMC CNA 2013.

HEALTHCARE ACCESS

After the enactment of the Affordable Care Act (ACA) in March 2010, Medi-Cal expanded in California beginning in January 2014 to low-income adults who were not previously eligible for coverage. Specifically, adults earning less than 138% of the Federal Poverty Level (approximately \$15,856 annually for an individual) became eligible for Medi-Cal. Also in 2014, Covered California, a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. In addition, Americans and legal residents with incomes between 139% and 400% of the Federal Poverty Level can benefit from subsidized premiums on Covered California.³

Between 2013 and 2014, there was a 12% drop in the number of uninsured Californians aged 18-64 years old, according to data cited by the California Healthcare Foundation.⁴ The San Mateo County Health System reported that as of March 1, 2016 (based on 2014 census data), an estimated 62,000 county residents had enrolled in health insurance coverage, made possible through the ACA. This includes 28,000 enrolled in a plan offered through Covered California and

³ Health for California Insurance Center. <http://www.healthforcalifornia.com>. 2015.

⁴ California Health Interview Survey (CHIS). <http://healthpolicy.ucla.edu/chis>. 2014.

34,000 enrolled in the segment of Medi-Cal that expanded. An estimate of 50,000 adults remain uninsured in San Mateo County, approximating an uninsurance rate of 7%.⁵

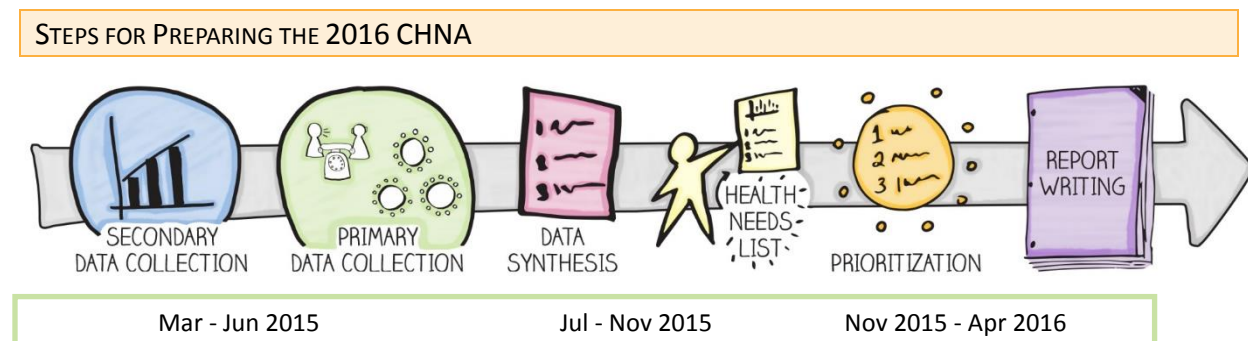
The 2013 Health & Quality of Life Survey data reported in San Mateo County's 2013 CHNA affirmed ongoing gaps in health coverage, in that:

- The proportion of adults younger than 65 who were without health insurance coverage for more than five years increased from 15% in 2001 to 30% in 2013. Groups who disproportionately lacked coverage in 2013 were low-income (34%) and less-educated (23%) populations.
- The proportion of adults lacking dental insurance coverage increased over time, from 27% in 1998 to 32% in 2013. Low-income individuals (62%), older adults (57%), and Latinos (40%) were disproportionately affected.
- Access to mental health services also appears to have worsened over time, in that there was an increase in the proportion of adults who rated their access as only "fair" or "poor" (28% in 1998 to 36% in 2013).
- Through efforts of the ACA and the San Mateo County Health System Health Coverage Unit, those without health insurance has decreased approximately 23 % from 2013 to 2014.

⁵ San Mateo County Health Coverage Unit, 2014 data.

3. Process & Methods of the 2016 CHNA

The Healthy Community Collaborative of San Mateo County (HCC) worked together to fulfill the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over four months and culminated in this report. The phases of the process are depicted below.



Primary Qualitative Data (Community Input)

The HCC contracted with Applied Survey Research (ASR) to conduct the primary research. They used three strategies for collecting community input: key informant interviews with health experts and community service experts, focus groups with professionals, and resident focus groups. Primary research protocols were generated by ASR in collaboration with the HCC, based on facilitated discussion among the HCC members about what they wished to learn during the 2016 CHNA.

COMMUNITY LEADER INPUT

Across the focus groups with professionals and key informant interviews, ASR consulted with 38 community representatives of various organizations and sectors. These representatives either work in the healthcare field or in a community-based organization that focuses on improving health and quality of life conditions by serving those from IRS-identified high-need populations. In the list below, the number in parentheses indicates the number of participants from each sector.

- San Mateo County Health Department (1)
- San Mateo County Health & Hospital System (5)
- San Mateo County Supervisors or Commissioners (3)
- Other San Mateo County employees (3)
- Nonprofit agencies (22)

- Faith-based leaders (2)
- Business sector (2)

See Appendix 6: List of Community Leaders and Their Credentials for the titles and expertise of key stakeholders along with the date and mode of consultation (focus group or key informant interview). See Appendix 8: Focus Group and Key Informant Interview Protocols for protocols and questions.

Key Informant Interviews

ASR conducted key informant interviews with 29 San Mateo County experts from various organizations who had countywide expertise. These experts included the public health officer, community clinic managers, and clinicians. ASR interviewed informants in person or by telephone, and asked them to identify the top needs of their constituencies, how access to healthcare has changed in the post-Affordable Care Act environment, the impact of the physical environment on health, and the effect of the use of new technologies for health-related activities.

Focus Group with Professionals

One focus group was conducted with professionals who served low-income, older adults. The questions were the same as those used with key informants.

DETAILS OF FOCUS GROUP WITH PROFESSIONALS

FOCUS	FOCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
Low-income, older adults	Dignity Health Sequoia Hospital Health & Wellness Center, Redwood City	03/11/15	9

Please see Appendix 6: List of Community Leaders and Their Credentials for a full list of community leaders/stakeholders consulted.

FOCUS GROUPS WITH RESIDENT INPUT

ASR conducted eight resident focus groups, centered around the same five questions as with the key informants:

- What are the top or “priority” health needs in the community that are not well-met now (compared to 2013)?
- How much of a priority is health in the lives of community members?
- How does the physical environment help or hurt the health of community members?
- How often do community members use technologies for health activities?
- How has the Affordable Care Act impacted access to healthcare for the community?

To provide a voice to the community it serves in San Mateo County, and in alignment with IRS regulations, the eight focus groups targeted residents who are medically underserved, in poverty, of a minority population, and who are socially, linguistically, or geographically isolated.

DETAILS OF RESIDENT FOCUS GROUPS

POPULATION FOCUS	FOCUS GROUP HOST/PARTNER & LOCATION	DATE	NUMBER OF PARTICIPANTS
Youth, medically underserved	Carlmont High School, Belmont	03/31/15	11
Spanish-speaking minority (Latino), low-income	Fair Oaks Adult Activity Center, Redwood City	04/02/15	11
Medically underserved, low-income, homeless	Maple Street Shelter, Redwood City	04/09/15	8
Medically underserved, minority (Latino), low-income, youth	El Centro de Libertad, Redwood City	04/21/15	4
Medically underserved, minority (LGBTQI)	PRIDE Initiative at Congregational Church of San Mateo	05/13/15	8
Minority (Tongan/Samoan)	Pacific Islander Initiative at Peninsula Conflict Resolution Center, Redwood City	05/20/15	8
Medically underserved	Ravenswood Health Center, East Palo Alto	05/27/15	10
Medically underserved, geographically isolated (Coastside)	Boys & Girls Club of Half Moon Bay	05/27/15	5

2016 Resident Participant Demographics

A total of 65 community members participated in the focus group discussions across the county. ASR asked all participants to complete an anonymous demographic survey, the results of which are below. All but one filled out a survey.

- 34% of respondents were White, 28% were Latino, 20% were Asian or Pacific Islander, 8% were African American, and the rest reported being of multiple ethnicities.
- 25% of respondents were under 20 years old, and 12% were 70 years or older.
- 5% were uninsured, while 56% had benefits through Medi-Cal, Medicare, or another public health insurance program. The rest had private insurance.
- Residents lived in various areas of the county: East Palo Alto (19%), Redwood City (17%), San Mateo (13%), Half Moon Bay (8%), San Carlos (6%), and 5% or less in each of

Belmont, Daly City, Foster City, Menlo Park, Millbrae, Mountain View, Pacifica, San Bruno, South San Francisco, and other locations that were not identified.

- 69% reported having an annual household income of under \$45,000 per year, which is below the 2014 California Self-Sufficiency Standard⁶ for San Mateo County for two adults with no children (\$47,364). The majority (56%) earned under \$25,000 per year, which is below Federal Poverty Level for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.

ANALYSIS OF QUALITATIVE INPUT

ASR recorded and summarized each focus group and interview as a stand-alone piece of data. When all groups were completed, the team used qualitative research software tools to analyze the information and tabulate all health needs that were mentioned, along with health drivers discussed.

The focus group and key informant interview protocols asked participants what are the top or “priority” health needs in their community that are the least well-met. Focus group members voted on their community’s priority needs, while key informants listed their community’s priority needs. The three needs that received the most votes from a focus group’s participants became the top priority needs for that focus group. ASR then tabulated how many focus groups prioritized each health need and how many key informants described each health need as a priority.

Secondary Quantitative Data Collection

The San Mateo County Health Department and other HCC members provided the majority of statistical data. In addition, ASR collected the latest data on leading causes of death, unintentional injuries, income, education, economic self-sufficiency, and employment. For a complete list of secondary data sources and indicators, see Appendix 4: Secondary Data Sources and Appendix 5: Indicator List.

As part of data analysis, ASR also provided comparisons with existing benchmarks (Healthy People 2020 and statewide averages), and noted disparate outcomes and conditions for people in the community.

⁶ The Insight Center for Community Economic Development. (2015). *Self-Sufficiency Standard Tool for California*. Retrieved from <http://www.insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/>.

Information Gaps & Limitations

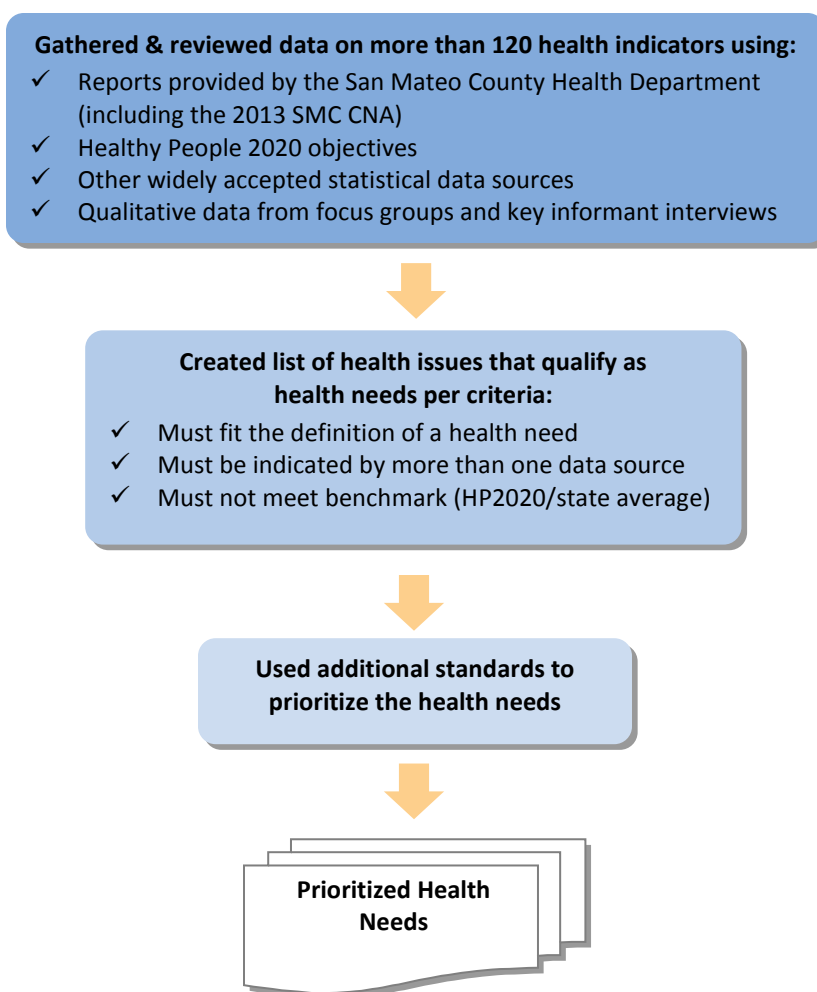
Lack of secondary data limited ASR and the HCC in their ability to assess some of the identified community health needs. Quantitative data were particularly scarce for the following issues:

- Oral/dental health (particularly, rates of dental caries)
- Substance abuse (particularly, use of illegal drugs and misuse of prescription medication)
- Consumption of sugar-sweetened beverages
- Use of e-cigarettes and “vaping” devices
- Dementia
- Mental health
- Bullying
- Suicide among LGBTQI youth
- Health needs of undocumented immigrants

4. Identification & Prioritization of 2016 Community Health Needs

Overview of the Prioritization Process

To identify San Mateo County's health needs, the 2016 CHNA followed a series of steps shown in the graphic below.



Identification of 2016 Community Health Needs

Focus group participants and key informants provided their perspectives about the health of the community and the social determinants or drivers of health that are of greatest concern. These community members were frank and forthcoming about their personal experiences with health challenges and their perceptions about the needs of their families and community. Collectively, they identified a diverse set of health conditions and demonstrated a clear understanding of the health behaviors and other drivers (e.g., environmental) that affect the

health outcomes. They spoke about prevention, access to care, clinical practices that work and do not work, and their overall perceptions of the community's health.

The community's most frequently mentioned concerns are described later in this section under Summarized Descriptions of San Mateo County's Prioritized Community Health Needs (page 26). In addition to learning participants' views on health needs, the HCC also sought to understand specific aspects of community health during focus groups and key informant interviews using these questions:

- How much of a priority is health in the lives of community members?
- How does the physical environment help or hurt the health of community members?
- How often do community members use technologies for health activities?
- How has the Affordable Care Act impacted access to healthcare for the community?

Their responses to these specific follow-up questions are presented below.

VIEWS OF HEALTH AS A PRIORITY

To rate how much of a priority health was in their lives, resident focus group participants completed a quick survey question, with 1 being "not a priority" and 5 being a "high priority." The overall mean across all groups was 4.02.

AVERAGE RATING OF HEALTH AS A PRIORITY, SAN MATEO RESIDENT FOCUS GROUP PARTICIPANTS



Source: San Mateo County CHNA Resident Focus Groups 2015. Total N=50. n=4-11 per group.⁷

Those who reported that health was a high priority explained that they have experienced both good health and poor health and understand the consequences of being unhealthy. Among those who said health was not a strong priority, some said they were not worried about health since they have not seen any negative outcomes from current lifestyles, did not see a need to

⁷ Health priority question was not discussed in East Palo Alto resident focus group due to lack of time.

lose weight, “did not feel worthy” of taking care of themselves, or did not feel they had the time to practice “self-care.”

PHYSICAL ENVIRONMENT

Overall, residents' focus groups and key informant experts (herein, "experts") in focus groups reported that San Mateo County provides a healthy and safe environment, and that the built environment is conducive to physical activity and a good sense of well-being. Specifically, most described good availability of leisure activities and low-cost/free physical activity resources, such as community centers. However, residents' perceptions about the health of the environment varied depending on where they lived. For example, clean air was cited as a health asset by those who live near the coast, while residents of Redwood City and North Fair Oaks said they had less proximity to parks and that the housing was very dense.

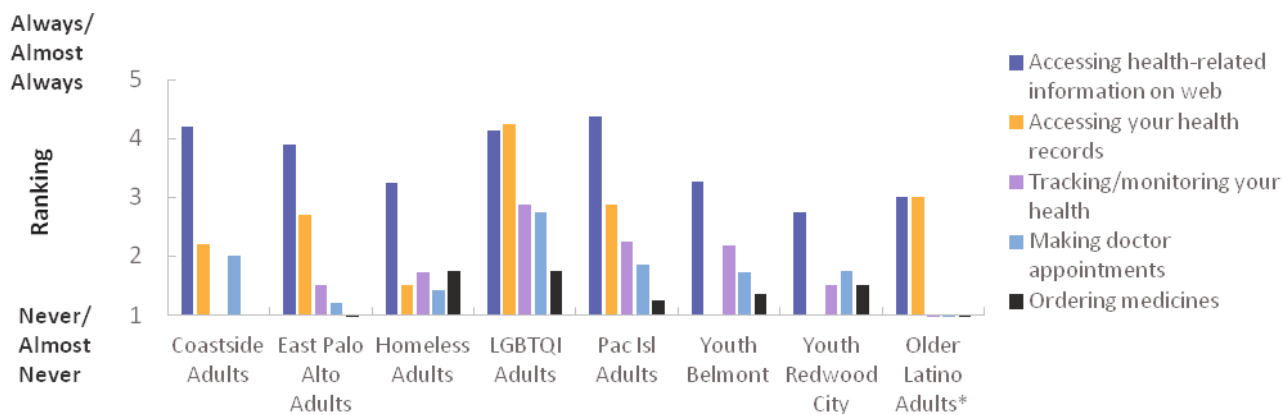
Residents and experts also noted some of the negative impacts of the environment that cause stress (e.g., the lack of affordable housing and noise from neighbors, cars, and airplanes), things that cause injuries (e.g., unsafe streets and sidewalks for pedestrians and drivers due to traffic), things that lead to poor nutrition (e.g., the availability of fast food restaurants), and dense and overcrowded housing (which is known to expose people to pests and mold, which contribute to respiratory disease). Residents and experts also identified problems related to traffic, specifically the volume of people commuting to and within San Mateo County, which they indicated was driven by the county's lack of affordable housing and inadequate public transportation. They also connected traffic problems to stress and respiratory issues (due to air pollution).

Experts weighed in about policy changes that could improve the health in the community. They focused on affordable housing, better urban planning, and preservation of the natural environment. For example, affordable housing was the most common topic related to desired policy changes (mentioned in 11 out of 29 key informant interviews and the professionals' focus group). The built environment was the second most common topic and included traffic abatement, pedestrian and bicycle safety, access to grocery stores with fresh produce, and urban planning. Experts cited the natural environment as an asset and stressed the importance of continuing with existing policies that provide bike trails and open spaces.

TECHNOLOGY

In the focus group surveys, ASR asked participants to rate their use of technology for various health activities, using a scale where 1 was "never/almost never" and 5 was "always/almost always." The overall mean across all groups was 2.19, indicating they did not use technology often to meet their health needs.

AVERAGE FREQUENCY OF USING TECHNOLOGY FOR HEALTH ACTIVITIES, SAN MATEO RESIDENT FOCUS GROUP PARTICIPANTS



Source: San Mateo County CHNA Focus Groups 2015. N=49, n=4-11 per group.

*Two of 11 older Latino adults did not specify how often they used technology for these activities, only that they did so in general. Each column in the chart for the Older Latino Adults group only represents one person; frequency of use was not ascertained. No other participants in that group had ever used the Internet.

Overall, participants used technology including the Internet and smart phones, but did not use technology frequently for health-related activities other than accessing health-related information on the web (mean score of 3.70), followed by accessing health records (2.22), tracking/monitoring individual health (1.86), making doctor appointments (1.82), and ordering medicines (1.36). There were few differences among groups, but the LGBTQI group used technology for health activities more frequently than other groups in every category. It is worth noting that this group was diverse in age, ranging from their twenties to their fifties.

HEALTHCARE ACCESS

ASR asked this question with a variety of prompts, including awareness about health insurance and healthcare access, perceptions of whether more or fewer residents were now insured, costs and affordability of healthcare, sufficiency of healthcare benefits, and the use of primary versus emergency care.

Awareness about how to obtain health insurance and healthcare. The majority of residents said they are aware of how to access health insurance and healthcare, but some do not have the health systems literacy they need to navigate the system and make choices. Populations that providers reported may be less aware or have more difficulty accessing insurance are undocumented immigrants, those who do not speak English, and those with limited/no literacy.

Populations who may be less aware or have more difficulty accessing care are those with emergency Medi-Cal only and those who do not understand that care is available to them via community health clinics.

Enrollment in insurance. Experts reported that there had been an increase in the number of insured since the Affordable Care Act (ACA) was instituted in San Mateo County, and that the biggest increase has been in Medi-Cal enrollment, credited to the outreach conducted by hospitals, county, and nonprofits. The San Mateo County Health System reported that as of March 1, 2016 (based on 2014 census data), an estimated 62,000 county residents had enrolled in health insurance coverage, made possible through the ACA. This includes 28,000 enrolled in a plan offered through Covered California and 34,000 enrolled in the segment of Medi-Cal that expanded. An estimate of 50,000 adults remain uninsured in San Mateo County, approximating an uninsurance rate of 7%.⁵ Most resident focus group participants said they had continuous insurance coverage; seniors in particular said they had Medicare before ACA.

Difficulties affording insurance and care. Residents and experts said that ACA had not helped alleviate affordability of health insurance and healthcare for some residents; those who could not afford it before ACA still could not afford it. Residents and experts alike also reported that insurance costs have increased, even for employer-sponsored plans. Covered California (CoveredCA) mostly benefits working adults (legal residents) who did not have employer-sponsored insurance before ACA. Key informants indicated that healthcare insurance is still unaffordable for many families with children and many working adults under age 65. The cost of copays and prescriptions is still a barrier for many.

Insurance benefits or “coverage.” There were mixed responses about benefits, in that some residents said their coverage is better now while others said it was worse. Those who said it was worse reported that services that used to be covered are no longer covered (such as lab work). Residents and experts said that coverage for mental health services is still insufficient, including residential treatment and individual counseling — especially for those outside of the County Health Plan and Medi-Cal. Also, dental insurance (including Denti-Cal) still does not cover many needed services, and providers indicated that relatively few people have dental coverage.

Prevention, primary and emergency care. Experts reported that more insured people are accessing prevention services, including primary care physicians. Experts who serve Medi-Cal patients and San Mateo County “ACE” patients (participants in the Health Plan of San Mateo County’s “Access and Care for Everyone” Program) in community clinics reported that most of their patients are seeking preventative care through the clinics. Experts, however, said that some community members are unaware that they can get preventative care at the clinics, and therefore wait for conditions to become severe before they seek treatment. Some of the patients at community clinics are those who are attempting to enroll or waiting for information from Covered California, which many reported has lengthy wait times.

There were mixed responses from experts to the question about whether people are using the emergency department (ED) as primary care to the same degree as they did prior to ACA. Some experts said that fewer people are using the ED because they now have access to primary and preventative care, while others said residents have continued or increased their use of the ED because of long appointment wait times. Also, it is thought that many are still using the ED for primary care and urgent care because they are used to it and/or do not know how to utilize insurance benefits (a health systems literacy issue).

Prioritized Health Needs Data Synthesis

ASR synthesized data on a variety of health issues, including data from the report titled 2013 Community Health Needs Assessment Health & Quality of Life in San Mateo County, as well as other secondary data and the 2016 qualitative data from focus groups and key informant interviews. At the direction of the HCC, ASR then used a spreadsheet known as the “data culling tool” to list data on each health issue and evaluate whether the issue qualified as a health need (i.e., fit the). This was the first criterion a need had to meet in order to be categorized as a community health need.

The HCC determined that each health need had to meet three criteria to be categorized as a community health need:

1. Data on each health issue was evaluated against the definition of a health need.
2. The issue is confirmed by more than one source of secondary and/or primary data.
3. San Mateo County’s status on the issue compares poorly to the Healthy People 2020 (HP2020) benchmark or, if no HP2020 benchmark exists, to the state average. If no secondary data are available, the need must meet a minimum prioritization threshold of at least one third of key informants or focus groups.

A total of 21 health conditions or drivers fit all three criteria and were thus considered community health needs. The list of needs, in alphabetical order, is found on the next page. For further details about each of these health needs, including statistical and qualitative data, please consult Appendix 10: Health Needs Profiles.

TERMINOLOGY

Health condition: A disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.

Health risk: A behavioral, environmental, social, economic, or clinical care factor that impacts health.

Health need: A poor health *outcome* and its associated *risk(s)*, or a risk that may lead to a poor health outcome.

Health outcome: A snapshot of a disease/ health event in a community that can be described in terms of both morbidity (illness or quality of life) and mortality (death).

Health indicator: A characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Summarized Descriptions of San Mateo County's Prioritized Community Health Needs (2016)

Alzheimer's disease and dementia are health needs in San Mateo County, as evidenced by Alzheimer's disease being the third leading cause of death in the county. The mortality rate from Alzheimer's in the county is higher than the state, perhaps related to the fact that the median age of the population in the county is higher than the state. Alzheimer's disease is the fastest-growing cause of death in California, and the number of people living with the disease is also growing rapidly. Some respondents described dementia and Alzheimer's disease as key unmet needs in the county.

Arthritis is a health need in San Mateo County as marked by not only the prevalence of arthritis and related conditions among older adults, but also the prevalence among adults ages 18 and older. On average, the median age of the county population is higher than the state median age, and the county's Health Officer estimated that the proportion of older adults in the population in the next several decades will continue to be higher than the state average, making the county as a whole more likely to experience conditions that affect older adults such as arthritis.

Behavioral health is a health need in San Mateo County, as demonstrated by a rise from 1998 to 2013 in the percentage of self-reported mental and emotional problems among county adults. Countywide, depression is more common among Latinos, low-income residents, and those with a high school diploma or less. Suicide is the tenth leading cause of death in the county. With regard to alcohol and substance use, the level of binge drinking among young adult males in the county rose from 1998 to 2013. The community reported there is a limited supply of mental healthcare providers and substance abuse treatment options, as well as inadequate insurance coverage for behavioral healthcare. There were concerns about behavioral health for populations of all ages, from teens to adults and older adults. Community members noted that the level of stigma associated with behavioral health issues may make it harder for individuals to seek and obtain help, and that these individuals are often discriminated against in their communities and in healthcare settings.

Birth outcomes are health needs in San Mateo County, as evidenced by the percentage of low birthweight babies, which is slightly worse than the state average. African Americans and Asian/Pacific Islanders in the county are disproportionately affected, with an even higher percentage of low birthweight babies than the county average. African American county residents also have higher proportions of pre-term births and infant mortality compared to county residents overall. These problems are more likely to occur when mothers do not receive early prenatal care. While this is not an issue on the countywide level, a disproportionately smaller percentage of African American women receive early prenatal care in comparison to other ethnic groups in the county. Community concerns focused on teen pregnancy, although the data show that the rate of teen births in the county is less than half that of the state.

Cancer is a health need in San Mateo County because it was the county's second leading cause of death in 2013. In addition, the county has rising breast cancer incidence rates, and rates of colorectal cancer incidence and breast cancer mortality that are higher than Healthy People 2020 targets. Breast, colorectal, and lung cancer all disproportionately affect African Americans in the county. The health need is likely impacted by health behaviors such as rates of adult smoking that surpass the Healthy People 2020 target among various county populations, including men and low-income individuals. Alcohol consumption is also associated with a higher risk of certain cancers, and the rate of binge drinking among adults is higher in the county than in the state. Community members were particularly concerned about smoking as a cause of cancer.

Childhood obesity is a health need in San Mateo County as marked by slightly higher rates of overweight and obese 2- to 4-year-olds, and slightly higher rates of overweight or at-risk of overweight children ages 5-19, compared to state averages. Smaller percentages of county seventh graders met the fitness standards in 2013 than in prior years, with Latino, African American, and American Indian students being even less likely to meet the standards than other ethnic groups. The health need is likely impacted by health behaviors such as poor fruit and vegetable consumption, not walking or biking to school on a regular basis, and amount of time spent watching TV, watching videos, or playing video games. Community concerns related to the relative availability of fast food compared to healthy/fresh foods, the ubiquity of sugar, the lack of nutrition education for children, parents, and grandparents, lack of safe places to play in some neighborhoods, and the unaffordability of gyms and fitness programs.

Climate change is a health need in San Mateo County as evidenced by the county being among the top U.S. metropolitan areas with the highest short-term particle pollution and areas most polluted by ground-level ozone. Poor air quality can aggravate asthma and other respiratory conditions, while high levels of ground-level ozone can damage plants and ecosystems on which human health depends. Additionally, carbon emissions in the county have risen slightly over time. These emissions can affect climate change, which in turn impacts food security and water resources that are key to human health. Although water consumption is trending down countywide, which is especially crucial during drought years, more-affluent communities use disproportionately more water than less-affluent communities. Finally, San Mateo County will be the California county most affected by rising sea level.⁸ Community input included apprehension that air pollution from increased traffic is negatively impacting health. The community also expressed concern over access to parks in the county, noting that higher-density urban areas have fewer green spaces.

⁸ California Climate Change Center. (2009, August). *The Impacts of Sea-Level Rise on the California Coast*. Retrieved from <http://www.energy.ca.gov/2009publications/CEC-500-2009-024/CEC-500-2009-024-F.PDF>.

Communicable diseases are health needs in San Mateo County as marked by a rise in the incidence rate of tuberculosis (TB) and rising numbers of deaths from pneumonia and influenza over the past decade. The latter two diseases combined were the sixth leading cause of death in the county in 2013. The TB incidence rate remains higher than the state average. Disparities by ethnicity in TB incidence occur among county Asian/Pacific Islanders. Also, the incidence rates of campylobacteriosis (a communicable gastrointestinal illness) and salmonella have been trending upward in the county in recent years. Older adults in the county are vaccinated against influenza and pneumonia in smaller proportions than the Healthy People 2020 target dictates. The community expressed concern about overcrowded housing, as communicable diseases spread faster in crowded environments. (See paragraph on sexually-transmitted infections for information about those specific diseases.)

Diabetes is a health need in San Mateo County as illustrated by a rise from 1998 to 2013 in the percentage of adults who reported having been diagnosed with diabetes. The overall adult rate in the county, based on self-report, is higher than the Healthy People 2020 target, with African Americans and low-income residents disproportionately reporting having been diagnosed with diabetes. Diabetes is the eighth leading cause of death in the county. Risk factors for diabetes include diet, fitness, and weight. The level of fruit and vegetable consumption among county residents could be better, as it is not much higher than the state average. Fitness among county adults improved between 2001 and 2013 but is still far from optimal. The percentage of surveyed adults in the county who are obese rose significantly from 1998 to 2013. Of greatest concern to the community were the complications that can result from diabetes, the magnitude of the problem (e.g., more people living with and dying from chronic conditions such as diabetes than from acute conditions), and the relative lack of doctors and caregivers available to treat chronic diseases such as diabetes.

Emotional well-being is a health need in San Mateo County as evidenced by disparities among surveyed adults in their experiences of stress and depression. For example, low-income residents and Latinos were more likely than other groups to report they experienced symptoms of depression lasting two years or more. Similarly, African American, Latino, and low-income residents were more likely to report feeling worried, tense, or anxious. Finally, there have been increases between 2001 and 2013 in the percentages of adults who report challenges with life satisfaction and with relationships to family members. Community members indicated that the health need is exacerbated by limited insurance for and few counselors to treat well-being issues (e.g., stress, worry, sub-clinical anxiety, grief, family conflict, academic pressure, and adjustment issues). The community also identified a variety of factors that cause stress and thus negatively impact well-being, such as lack of affordable housing, commuting long distances, experiencing food insecurity, being unemployed, living in an unsafe neighborhood, facing family conflict up to and including domestic violence, having undocumented status, and being the subject of racism, sexism, or gender inequality.

Fitness, diet, and nutrition are health needs in San Mateo County as demonstrated by a substantial decrease from 2001 to 2013 in the percentage of adults who exhibited healthy behaviors (did not smoke, were not overweight, exercised adequately, and ate adequate fruits and vegetables). Adult and child fruit and vegetable consumption could improve, as it is not much better than the state average. Low-income, African American, and Latino county adults are less likely to report having access to fresh, affordable produce than other county populations. Fitness among county adults improved between 2001 and 2013 but is still far from optimal. Lower percentages of county seventh graders met the fitness standards than in prior years, with Latino, African American, and American Indian students being even less likely to meet the standards. Community members expressed concern about the relative availability of fast food restaurants compared to healthy/fresh foods, inadequate access to grocery stores in low-income neighborhoods, the cost of healthy food, not enough nutrition education, and lack of safe places to play in some neighborhoods.

Healthcare access and delivery are health needs in San Mateo County as illustrated by the disproportionalities in healthcare access across different populations in the community. For example, low-income residents are the most likely of any county population to have been without health insurance coverage for more than five years. In addition, the proportion of county residents who reported visiting a doctor for a routine check-up has been trending down. Access to both dental insurance and mental health services is also getting worse in the county. Providers reported that more individuals are enrolled in health insurance, but do not use it and instead, continue to visit the ER or community clinics due to issues such as affordability, a dearth of primary and specialty practitioners who accept their insurance, and long wait times to obtain an appointment. Residents and providers both indicated that patients need help navigating the healthcare system. Respondents cited discrimination and lack of cultural competence as healthcare delivery barriers that affect minority populations in the county.

Heart disease and stroke are health needs in San Mateo County as marked by rising percentages of adults reporting high cholesterol and hypertension. In addition, mortality rates due to these diseases are higher than Healthy People 2020 targets. Diseases of the heart are the leading cause of death in the county, and cerebrovascular diseases (such as stroke) are the fourth leading cause of death in the county. African American county residents are disproportionately affected. Being overweight (or obese) is a cardiovascular risk factor. The percentage of surveyed adults in the county who are obese rose significantly between 1998 and 2013. The groups with the highest percentages of obesity are low-income residents, Latinos, and African Americans. The health need is likely impacted by health behaviors such as poor rates of fruit and vegetable consumption, and rates of county adult smoking among men and low-income individuals that do not meet the Healthy People 2020 target. The community expressed concern about hypertension, smoking, the lack of nutrition education, and the availability of fast food in comparison to healthy/fresh food.

Housing and homelessness are health needs in San Mateo County as marked by less affordable housing in the county compared to the state and a concurrent increase in the percentage of surveyed adults who share housing costs with someone other than a spouse. The high cost of housing disproportionately impacts low-income individuals and non-Whites in the county. African Americans, Latinos, and military veterans are disproportionately represented in the county homeless population. Community members expressed concern about the lack of affordable housing and the poor condition of existing housing.

Income and employment are health needs in San Mateo County as evidenced by rising percentages of adults living below 200% of the Federal Poverty Level, with African Americans and Latinos disproportionately more likely to have low incomes. The county's unemployment rate is lower than the state average, but non-Whites have higher unemployment rates than Whites in the area. While education indicators (high school exit exam performance, educational attainment) are better in the county as a whole than in the state, disparities are evident for Latinos, African Americans, and low-income residents. Community members reflected this, making the connection between low-income status and poor health outcomes. Respondents reported that low-income county residents have less access to basic needs such as healthy food, housing, and healthcare and that those who are insured are still unable to afford co-pays or prescriptions. The community respondents indicated that low-income neighborhoods have fewer sidewalks or bike lanes (leading to more accidents) and fewer parks and safe places for recreation. They mentioned concerns that economic disparities continue to grow and that some simply cannot afford to continue to live in the county.

Oral/dental health is a health need in San Mateo County as illustrated by a decrease in the percentage of surveyed adults who visited a dentist for a routine check-up in the past year and an increase in the percentage of surveyed adults who lack dental insurance. Low-income county residents more often lack dental insurance, are less likely to get a routine dental check-up, and (if parents of a minor child) are less likely to bring their child for a routine dental check-up. The health need is likely impacted by the cost of dental care in the county. Community feedback indicated that there are few dental providers in the county who take Denti-Cal insurance. Community members stated that even when dental insurance is available, it often does not cover anything but the basics (i.e., extractions). Thus, preventive dental care is lacking for many residents.

Respiratory conditions are health needs in San Mateo County as marked by a substantial increase in the proportion of surveyed adults who report being diagnosed with asthma between 1998 and 2013. Disparities exist among African Americans, younger adults, low-income residents, and those in the northern part of the county. Asthma can be aggravated by poor air quality and the county is among the top 10 metropolitan areas with the highest short-term particle pollution. Respiratory conditions are the fifth leading cause of death in the county. With respect to respiratory conditions, the community mainly expressed concern

about asthma, naming drivers of the disease such as mold and mildew, airborne particles, second-hand smoke, and smog from traffic.

Sexually transmitted infections (STIs) are health needs in San Mateo County as demonstrated by rising incidence rates of chlamydia, gonorrhea, and syphilis. Men having sex with men (MSM) comprise the main risk behavior group in the county for new cases of gonorrhea, syphilis, and HIV. The community expressed concern about STIs among teens and indicated a need for LGBTQI-specific sexual education and healthcare.

Transportation and traffic are health needs in San Mateo County because total vehicle miles of travel in the county have been rising and correlate with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. Latinos and African Americans in the county are more likely to be the victims of pedestrian and motor vehicle crashes than those of other ethnic groups. Most county residents drive to work alone rather than using an alternative mode of transportation. Low-income residents, Latinos, and African Americans are more likely than other groups to cite transportation as a barrier to seeing a doctor. The coastsides communities have less access to public transit than the rest of the county. Community members expressed concerns about the impacts of excessive traffic, including stress from commuting, poor air quality from vehicular exhaust, and motor vehicle accidents resulting from speeding.

Unintended injuries are health needs in San Mateo County due to the fact that they are the sixth leading cause of death in the county. Because the percentage of older adults is rising across the country and is particularly high in the county compared to the state overall, falls are becoming one of the community's biggest concerns. The overall rate of deaths due to unintended injuries is higher than the Healthy People 2020 target for African American and White county residents. Deaths from other unintended injuries also show disparities. For example, the rates of deaths from pedestrian accidents among Latinos and from motor vehicle accidents among African Americans both exceed their respective Healthy People 2020 targets. Also, the rate of child drownings in the county is higher than the state average for that age group. Community members expressed concern about poor health outcomes (including mobility and mortality) due to falls, which impacts the older adult population more than any other. They also expressed concern about motor vehicle accidents that involve pedestrians or bicyclists due to lack of sidewalks or bike lanes.

Violence and abuse are health needs in San Mateo County because the percentage of surveyed adults who evaluate their neighborhood's safety as "fair" or "poor" has not changed over time. These results demonstrate that the community's perception has remained constant even though almost all statistical measures of abuse and violence, including violent crime, are trending down. In addition, while overall countywide levels of child abuse and domestic violence are favorable compared to the state overall, the rate of child abuse among African Americans in the county is much higher than the state average. Finally, human trafficking is an emerging issue in the county. Community members reported that violence and abuse are

urgent health needs. Some expressed concern about the increased potential for violence, child abuse, and trauma due to overcrowded living conditions. The community identified certain county populations as particularly vulnerable, including LGBTQI individuals, elders, and victims of sexual trafficking.

Public Health Input about Community Health Priorities

In addition to using the data culling tool to determine the list of health needs, the HCC sought the expertise of public health experts once again to understand how they would prioritize the full list of health needs. The HCC (which includes hospital representatives and public health experts) met to discuss the health needs and their impact on the community. During this meeting, public health experts from the San Mateo County Health Department, including Dr. Scott Morrow, County Health Officer, prioritized the health needs from a public health perspective. The public health perspective is a broad view of health that focuses on creating conditions within a society so that all individuals can be healthy.

The San Mateo County Health Department prioritized these seven health needs based on a wealth of data on the causes of adverse health conditions in our community. They are:

- Healthcare Access & Delivery
- Climate Change
- Emotional Well-being
- Fitness, Diet, & Nutrition
- Housing & Homelessness
- Income & Employment
- Violence & Abuse

Hospital Prioritization Process & Results

Following the HCC review of countywide health needs, MPMC chose a set of criteria to use in a formal prioritization of the list of health needs. The criteria were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and whether it performs poorly against the relevant benchmark(s).
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Prevention opportunity:** This indicates that the health outcome may be improved by providing prevention or early intervention strategies.

- **Multiplier effect:** A successful solution to the health need has the potential to solve multiple problems. For example, if rates of obesity go down, diabetes rates could also go down.

Mills Peninsula community benefit group (MPCBG) consists of representatives from Case Management, Social Services, Emergency Department, Behavior Health, medical officers, local non-profit representatives, and the Community Benefit Manager scored the health needs on each criterion using a three point scale:

- 3: Strongly meets criteria, or is of great concern
- 2: Meets criteria, or is of some concern
- 1: Does not meet criteria, or is not of concern

ASR then created a survey listing each of the health needs in alphabetical order and offering the first three prioritization criteria for rating. MPCBG members rated each of the health needs on each of the first three prioritization criteria during an in-person meetings in August and September.

Combining the Scores: For the 5 criteria, MPCBG members' ratings were combined and averaged to obtain a combined coalition score. ASR also derived the community priority score, which reflects how much of a priority the health need was for CHNA participants. Then, the mean was calculated based on the criterion scores for an overall prioritization score for each health need.

Ranked List of Prioritized Needs

The prioritization scores for each health need ranged between 1 and 3, with 1 being the lowest score possible and 3 being the highest score possible. The health needs are rank-ordered by prioritization score in the table below. The specific scores for each of the four criteria used to generate the overall community health needs prioritization scores may be viewed in Appendix 7: 2016 Health Needs Prioritization Scores: Breakdown by Criteria.

RANKED LIST OF PRIORITIZED NEEDS		
RANK	HEALTH NEED	OVERALL AVERAGE PRIORITY SCORE
	Healthcare Access & Delivery	3
	Oral/Dental Health	3
	Behavioral Health	2.75
	Emotional Well Being	2.5
	Childhood Obesity	2

	Heart Disease & Stroke	2
	Violence & Abuse	2
	Diabetes	2
	Housing & Homelessness	2
	Sexually Transmitted Infections (STIs)	1.75
	Income & Employment	1.75
	Cancer	1.75
	Alzheimer's Disease & Dementia	1.5
	Fitness, Diet, & Nutrition	1.25
	Arthritis	1.25
	Climate Change	1.25
	Birth Outcome	1
	Transportation & Traffic	1
	Respiratory Conditions	1
	Unintended Injuries	1
	Communicable Diseases	1

5. Conclusion

The HCC worked together to meet the requirements of the federally required CHNA by pooling expertise, guidance, and resources for a shared assessment. By gathering secondary data and carrying out new primary research as a team, the members of the HCC were able to collectively understand the community's perception of health needs, as well as which needs missed established benchmarks or were affirmed by multiple sources of data.

MPMC then prioritized the health needs based on a set of defined criteria. After making this CHNA report publicly available in 2016, MPMC will develop individual implementation plans based on this shared data.

6. Appendices

1. 2013 CHNA Summary & Results
2. IRS Checklist 2016
3. Glossary
4. Secondary Data Sources
5. Indicator List
6. List of Community Leaders and Their Credentials
7. 2016 Health Needs Prioritization Scores: Breakdown by Criteria [
8. Focus Group and Key Informant Interview Protocols
9. Community Assets and Resources
10. Health Needs Profiles

Appendix 1. Impact of Actions Taken Since the 2013 CHNA

In 2013, MPMC identified community health needs in a process that met the IRS requirements for the CHNA. During this first IRS-mandated CHNA assessment, the research focused on identifying health conditions, and secondarily the drivers of those conditions (including healthcare access). MPMC identified the health needs found in the list below. In the 2016 assessment, the HCC, including MPMC, built upon this work by using a combined list of identified needs from 2013 to ask about any additional important community needs, and delving deeper into questions about healthcare access, the impact of the physical environment, and of new technologies on health (described later in this report). We also specifically sought to understand how the Affordable Care Act implementation impacted residents' access to healthcare, including affordability of care.

MPMC 2013 PRIORITIZED NEEDS

- Access to Health Care
- Cognitive Issues
- Dental and Oral Health
- Mental Health/Substance Abuse
- Births

While the Healthy Community Collaborative prioritized access-related drivers in 2013, the cross-cutting driver, Access to Health Care Services, was not scored during the prioritization process. Access to Health Care was classified as a separate health need after prioritization took place. Note that some hospitals grouped cerebrovascular disease, diabetes, and respiratory conditions into a larger health need — chronic diseases — before selecting that as one of the health needs their implementation strategies would address.

2013 NEEDS SELECTED BY MPMC

The section below describes the health needs MPMC chose to address, and the strategies we identified to address them. For a description of evaluation findings for these strategies, please see the end of this section.

ACCESS TO HEALTHCARE

NEED STATEMENT	<p>According to the San Mateo County 2010 Health Profile Report, one in five residents lives below 200% of the Federal Poverty Level. In addition, the percentage of people who reported their health as “fair” or “poor” increased as incomes decreased.</p> <p>Uninsured and underinsured community members have difficulty accessing and encounter long waits for needed health care from community clinics as well as from primary and specialty care. Health needs identified by the CHNA include diabetes, cardiovascular disease, obesity, cancer, asthma and respiratory conditions, STDS/HIV-AIDS and infectious disease- all conditions are the focus of primary and specialty health care by community clinics.</p>
STRATEGY 1	Expand access to primary care for low-income families
STRATEGY 2	Increase community clinics capacities
STRATEGY 3	Provide screenings and education
STRATEGY 4	Provide free surgical procedures to prevent serious medical complications
STRATEGY 5	Award grants to non-profit organizations providing a variety of health-related safety net services, including senior programs and housing assistance

COGNITIVE ISSUES

NEED STATEMENT	Mortality data revealed that Alzheimer’s disease was the fifth leading cause of death in the county in 2010. Support of community members with cognitive issues is limited for both the person with the condition and the caregiver.
STRATEGY 1	Support specialized day health care centers for people with medical issues, Alzheimer’s disease and other forms of Dementia.
STRATEGY 2	Provide caregiver support services
STRATEGY 3	Provide screenings and education

DENTAL AND ORAL HEALTH

NEED STATEMENT	Particularly young Adults, individuals without post high school education, and lower income African Americans and Hispanics were visiting the dentist for a routine check-up less frequently than earlier assessments. 32.4% increase in surveyed respondent reported not having dental insurance – a significant increase over previous assessments.
STRATEGY 1	Partner with dental clinics to increase access to dental health treatments, education and screenings to underserved populations

MENTAL HEALTH/SUBSTANCE ABUSE

NEED STATEMENT	<p>Adults on average feel depressed 2.1 days a month. Women, lower income, African Americans, and residents living in the Southern portion of the county reported higher numbers on average than all respondents. 24.1% of adults reported having a period lasting two years or longer in which they were depressed on most days. These numbers represent an increase over previous needs assessments.</p> <p>Data indicates that binge drinking increased significantly among males aged 18 to 24. Felony, and misdemeanor DUI arrests also increased.</p>
STRATEGY 1	Award monetary support to non-profit-organizations to assist in maintaining mental health support for the disadvantaged and homeless populations.

BIRTHS

NEED STATEMENT	Racial and ethnic disparities exists among women that receives adequate prenatal care. Pacific Islander women had the highest proportions of births receiving less than adequate prenatal care. Births through C-section dramatically increased from previous assessments
STRATEGY 1	Increase the number of MediCal covered women receiving prenatal care and deliveries at the Birth Center

Written Public Comments to 2013 CHNA

MPMC provided the public an opportunity to submit written comments on the facility's previous CHNA report through SHCB@sutterhealth.org. This email address, will continue to allow for written community input on the hospital's most recently conducted CHNA report.

As of the time of this CHNA report development, MPMC had not received written comments about previous CHNA reports. MPMC will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate hospital staff.

Evaluation Findings of Previously Implemented Strategies

A. PURPOSE OF 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

Mills-Peninsula Medical Center's 2013 Implementation Strategy Report (ISR) was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA report describes and assesses the impact of these activities. For more information on Mills-Peninsula Medical Center's ISR, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing implementation strategies, please visit [hospitals' 2013 ISR](#). For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by MPMC in the 2013 ISR.

- Access to Health Care
- Cognitive Issues
- Dental and Oral Health
- Mental Health/Substance Abuse
- Births

MPMC is monitoring and evaluating progress to date on its 2013 implementation strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and MPMC in-kind resources. In addition, MPMC tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA report in March 2016, MPMC had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, MPMC will continue to monitor impact for strategies implemented in 2016.

B. 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT OVERVIEW

In the 2013 IS process, MPMC planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grant making, in-kind resources, collaborations, and partnerships, as well as several internal MPMC programs including charitable health coverage programs, future health professional training programs, and research. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

Mills-Peninsula Medical Center Programs: From 2014-2016, MPMC supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

- **Medi-Cal:** Medi-Cal is the California Medicaid health coverage program for families and individuals with low incomes and limited financial resources. MPMC provided services for Medi-Cal beneficiaries, both members and non-members.
- **Medical Financial Assistance:** The Medical Financial Assistance (MFA) program provided financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.
- **Grant making:** For over 10 years, MPMC has shown its commitment to improving community health through a variety of grants to charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2014-2016, MPMC awarded 88 grants amounting to a total of \$3,031,000 in service of 2013 health needs.
- **In-Kind Resources:** MPMC commitment to community health means reaching out far beyond its patients to improve the health of its communities. Volunteerism, community service, and providing technical assistance and expertise to community partners are critical components of MPMC's approach to improving the health of all of its communities. From 2014-2016, MPMC donated several in-kind resources in service of 2013 implementation strategies and health needs, including Lab tests, breast screenings, mammograms readings, prostate screenings, Hep B vaccinations, grant review for annual awards by professional staff and our surgical facilities, supplies and the services of nurses and technicians.
- **Collaborations and Partnerships:** MPMC has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2014-16, MPMC engaged in several partnerships and collaborations in service of 2013 implementation strategies and health needs, including San Mateo Medical Center, Peninsula Family Services, and Samaritan House.

C. 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT BY HEALTH NEED

2013 HEALTH NEED ACCESS TO HEALTH CARE

Access to Health Care: Percentage of people who reported their health as "fair" or "poor" increased as incomes decreased. One in five residents lives

	<p>below 200% of the Federal Poverty Level</p> <p>Uninsured and underinsured community members have difficulty accessing and encounter long waits for needed health care from community clinics for both primary and specialty care.</p>
STRATEGY #1	Expand access to primary care for low-income families
<i>Activities/ services to address this strategy</i>	Grant funds to Samaritan House were used to support the personnel costs and benefits of new staff at the clinic, nurse practitioner, case manager, insurance, pharmaceuticals and medical supplies.
<i>Evaluation results</i>	<ul style="list-style-type: none"> • 4 grants, 3 sponsorships and \$857,461 in-kind donations provided • 4.8 FTEs funded • 3,132 people served • 12,422 patients visits provided • \$727,500 total funding provided
STRATEGY #2	Increase community clinics capacities
<i>Activities/ services to address this strategy</i>	Grant funds to San Mateo Medical Center to expand access to primary care through the creation of an urgent care service in San Mateo County's Daly City Clinic
<i>Evaluation results</i>	<ul style="list-style-type: none"> • \$600,000 total amount of funding provided • 1 FTEs funded • 2,113 people served • 80% of patients are confirmed for active coverage pre-registration • 10% decrease of No-Show appointments
STRATEGY #3	Provide screenings and education
<i>Activities/ services to address this strategy</i>	<p>Senior Focus's Wise and Well Heart Smart program provided monthly blood pressure checks, BMI screenings, comprehensive health screenings and health education classes.</p> <p>AACHAC⁹ facilitated the provision of preventative screenings and education to the underserved and at risk populations. Screenings included mammograms, prostate cancer, hyperlipidemia, hypertension, hearing and vision, and nutrition education.</p>

⁹ African American Community Health Advisory Committee

<i>Evaluation results</i>	<p>Senior Focus</p> <ul style="list-style-type: none"> • \$3,542,235 in contributions • 2479 screenings to seniors • 2636 health education classes • 805 comprehensive health screenings • 26 community education events provided 862 people information on health related topics <p>AACHAC</p> <ul style="list-style-type: none"> • \$872,000 monetary contributions provided • 4% increase in # of people screened and 8% increase in program participation
STRATEGY #4	Provide free surgical procedures to prevent serious medical complications
<i>Activities/ services to address this strategy</i>	Partner with Operation Access to provide free of charge surgical procedures to uninsured patients
<i>Evaluation results</i>	<ul style="list-style-type: none"> • \$862,946 spent • 158 people served • 139 procedures • 19 specialist evaluations
STRATEGY #5	Award grants to non-profit organizations providing a variety of health-related safety net services, including senior programs and housing assistance
<i>Activities/ services to address this strategy</i>	Annually, San Mateo County not-for-profit organizations providing health care or health relates services to San Mateo County residents are invited to submit grant applications in three categories: Programs for underserved; Programs for residents with special needs and Services or programs that fulfill an unmet need.
<i>Evaluation results</i>	<ul style="list-style-type: none"> • \$3,669,921 total amount of funding provided • Accomplishments were assessed through the analysis of final reports
2013 HEALTH NEED COGNITIVE ISSUES	<p>Cognitive Issues: Mortality data revealed that Alzheimer’s disease was the fifth leading cause of death in the county in 2010. Support of community members with cognitive issues is limited for both the person with the condition and the caregiver.</p> <p>Mills Peninsula contribution to Senior Focus for this health need is at \$3,542,235.</p>

STRATEGY #1	Support Senior Focus a specialized day health care center for people with medical issues, Alzheimer's disease and other forms of Dementia.
<i>Activities/ services to address this strategy</i>	Senior Focus offers the Adult Day Health and Alzheimer's program
<i>Evaluation results</i>	<ul style="list-style-type: none"> • 308 clients served • 26,076 days of attendance • Patients satisfaction rates increased and are between 89.2% and 92.1%
STRATEGY #2	Provide caregiver support services
<i>Activities/ services to address this strategy</i>	Contributions to Senior Focus allows it to offer several programs targeting the senior population including The Family Caregiver Support Services providing counseling, support groups, classes and caregiver forums.
<i>Evaluation results</i>	<ul style="list-style-type: none"> • 613 counseled • 862 people participated in support groups, classes and in caregiver forums • Participants of patients satisfaction rates increased from 89.2% to 92.1%
STRATEGY #3	Provide screenings and education
<i>Activities/ services to address this strategy</i>	Senior Focus' "Wise and Well Heart Smart" program provides monthly blood pressure checks, BMI screenings, health education and health screening to seniors.
<i>Evaluation results</i>	<ul style="list-style-type: none"> • \$3,542,235 in contributions • 2636 people received health education classes and 805 seniors were provided comprehensive health screenings • 26 community Education events provided 862 people with information on -- health-related topics
2013 HEALTH NEED DENTAL AND ORAL HEALTH	Low-income residents are disproportionately affected as more often lack dental insurance. They are less likely to get a routine dental check-up and are less likely to bring their child for a routine dental check-up, Few dental providers take Denti-Cal and when available covers only the basics. Preventive dental care is lacking for many low-income residents.
STRATEGY #1	Partner with Sonrisas dental clinic for the benefit of the underserved populations living in Coastside region of San Mateo County.
<i>Activities/ services to</i>	<ul style="list-style-type: none"> • Dental Screenings at elementary schools

<i>address this strategy</i>	<ul style="list-style-type: none"> • Participate in health fairs, and events to bring dental awareness • Provide screenings and oral health education at Sonrisas • Provide follow up treatments at Sonrisas
<i>Evaluation results</i>	<ul style="list-style-type: none"> • 2700 screenings were provided at six elementary schools • Provided dental awareness at 28 events • Provided Language specific oral health education to 2400 patients at Sonrisas • Provided treatment at Sonrisas to 80% of patients screened
2013 HEALTH NEED MENTAL HEALTH	Poor mental health indicators are rising i.e. depression and suicide rates
STRATEGY #1	Award monetary support to not-profit-organizations to assist in maintaining mental health support for the uninsured, underserved, poor, and homeless populations.
<i>Activities/ services to address this strategy</i>	<ul style="list-style-type: none"> • 21 not-profit-organizations received grant awards • \$268,500 in contributions
<i>Evaluation results</i>	Accomplishments were assessed through the analysis of final reports
2013 HEALTH NEED BIRTHS	Racial disparities exists among women receiving adequate prenatal care
STRATEGY #1	Increase the number of Medi-Cal covered women receiving prenatal care and deliveries at the Birth Center
<i>Activities/ services to address this strategy</i>	The Birth Center to increasingly serve high-risk women covered by Medi-Cal Insurance.
<i>Evaluation results</i>	<ul style="list-style-type: none"> • 3% increase in women served by Medi-Cal

Appendix 2. IRS Checklist 2016 Mills-Peninsula Medical Center

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

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)	Final draft Page #39
	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)	Page #40
B. Process & Methods			
Background Information			
	Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Page #1-2
	Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Page #7
	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 <i>not</i> 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)	Page #9-12
	Describes how the community was determined.	(b)(6)(i)(A)	Page #10
	Describes demographics and other descriptors of the hospital service area.		Page #11-13
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)	Page #49-51
	b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Page #14-18
	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)	Page #15-18
	Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Page #15-17
	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)	Page #15-17, 32, 59-64
	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)	Page #14-17, 60-64

	I. Medically underserved populations	(b)(5)(i)(B)	Page #14-17, 60-64
	II. Low-income populations	(b)(5)(i)(B)	Page #14-17, 60-64
	III. Minority populations	(b)(5)(i)(B)	Page #15-18, 58-63
	c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(ii)	Page #15-18, 60-64
	Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Page #15-18, 68-74
	Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Page #14
	Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Page #14-18
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)	Page #26-32
	Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Page #26-32
	Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Page #25-26, 32-35
	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)	Page #73-109
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	Page #5, 14
	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)	Page #35
	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 web site" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	Dec 31, 2016
	a. May not be a copy marked "Draft".	(b)(7)(ii)	N/A
	b. Posted conspicuously on website (either the hospital facility's website or a conspicuously-located link to a web site established by another entity).	(b)(7)(i)(A)	N/A
	c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	N/A
	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)	N/A
	e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	N/A

		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	N/A
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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

Appendix 3. Glossary

ABBREVIATION	TERM	DESCRIPTION/NOTES
AIDS	Acquired immune deficiency syndrome	Syndrome caused by HIV; the last stage of HIV infection, when the immune system can no longer fight off infections.
BRFSS	Behavioral Risk Factor Surveillance System	Survey implemented by CDC.
CA	California (state)	
CDC	Centers for Disease Control and Prevention	A federal agency under the DHHS focused on health research, prevention, and intervention.
CDE	California Department of Education	
CDHS	California Department of Health Services	
CDPH	California Department of Public Health	
CHNA	Community Health Needs Assessment	
CNA	Community needs assessment	
DHHS	United States Department of Health and Human Services	
FPL	Federal poverty level	An annual metric of income levels determined by DHHS.
HIV	Human immunodeficiency virus	Sexually transmitted virus that can lead to AIDS.
HP2020	Healthy People 2020	National, 10-year aspirational benchmarks set by federal agencies & finalized by a federal interagency workgroup under the auspices of the U.S. Office of Disease Prevention and Health Promotion, managed by DHHS.
HUD	The United States Department of Housing and Urban Development	A cabinet department in the Executive branch of the United States federal government.
LGBTQI	Lesbian/ Gay/ Bisexual/ Transgender/ Questioning/ Intersex	
PHD	Public health department	
SMC	San Mateo County	

Appendix 4. Secondary Data Sources

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Appendix 5. Indicator List

Notes:

“San Mateo County Health System 2013” = San Mateo County Health System and Healthy Community Collaborative. (2013). *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. Retrieved from <http://smchealth.org/sites/default/files/docs/HPP/2013FullReport%28low%29.pdf>.

“PRC 2012” = San Mateo County Health & Quality of Life Study, a survey of San Mateo County resident adults conducted in 2012 by Professional Research Consultants, Inc., results incorporated into document referenced as San Mateo County Health System 2013.

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
Access to dental care services is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	216
Access to local healthcare services is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	214
Access to mental health services is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	216
Affordable fresh produce access is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	199
Age of population, median	San Mateo County Health System 2013	Exec Sum 29
Alzheimer’s disease mortality	California Department of Public Health (CDPH) 2013 and Sustainable San Mateo County 2012	38-39
Arthritis or rheumatism (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	259, 293
Arthritis-only prevalence (adults)	Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS) 2009	
Asthma diagnosis (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	297
Asthma prevalence (child), parent self-report	San Mateo County Health System 2013 (PRC 2012)	299-300
At risk for overweight Child Health & Disability Program 5-19 year olds	San Mateo County Health System 2013	242
Binge drinking (young adults), self-report [AKA excessive alcohol consumption]	San Mateo County Health System 2013 (PRC 2012)	342
Blood cholesterol is high, self-report (told more than once that BP was high)	San Mateo County Health System 2013 (PRC 2012)	289-290
Blood pressure, self-report (told more than once that BP was high)	San Mateo County Health System 2013 (PRC 2012)	289-290
Breast cancer incidence	San Mateo County Health System 2013	281

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
Breast cancer mortality	San Mateo County Health System 2013	281
Breastfeeding at any time while in hospital	California Department of Public Health (CDPH) 2012	
Cancer mortality (all cancers)	California Department of Public Health (CDPH) 2013	
Carbon emissions	San Mateo County Health System 2013	162, Exec Sum 51
Cerebrovascular disease mortality	California Department of Public Health (CDPH) 2013 and San Mateo County Health System 2013	286-287
Child abuse cases (substantiated)	San Mateo County Health System 2013	138
Child access to medical care	San Mateo County Health System 2013	Exec Sum 43
Child spends 2+ hours per day on screen time (TV, videos, video games), parent self-report	San Mateo County Health System 2013 (PRC 2012)	244
Child walked or biked to school in past year (at all), parent self-report	San Mateo County Health System 2013 (PRC 2012)	246
Chlamydia incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 and Morrow 2016	6-10
Chronic liver disease (cirrhosis) mortality	CDPH 2013	
Colorectal cancer incidence	San Mateo County Health System 2013	269; 278
Colorectal cancer mortality	San Mateo County Health System 2013	278
Could rely on public transportation if necessary, self-report	San Mateo County Health System 2013 (PRC 2012)	179
Crime problem in their neighborhood has gotten worse in past two years, self-report	San Mateo County Health System 2013 (PRC 2012)	194
Current drinker (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	340
Dental insurance coverage lacking, self-report	San Mateo County Health System 2013 (PRC 2012)	211
Depression symptoms lasting 2+ years, self-report	San Mateo County Health System 2013 (PRC 2012)	350
Diabetes mortality	Sustainable San Mateo County 2012 and California Department of Public Health (CDPH) 2013	
Diabetes prevalence (adults), self-report	San Mateo County Health System 2013 (PRC 2012)	296
Did not receive care because they could not get an appointment	California Healthy Kids Survey (CHKS) 2014	
Domestic violence calls for assistance	San Mateo County Health System 2013	137
Drive to work alone, self-report	San Mateo County Health System 2013 (PRC 2012)	177
Economic cost of falls	California Department of Public Health (CDPH) 2013 and Office of Statewide Health	

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
	Planning and Development (OSHPD) 2009-2013 and CDPH EpiCenter 2013	
Educational attainment	U.S. Census Bureau American Community Survey (ACS) 2010-2014	
Educational attainment (low)	San Mateo County Health System 2013	118
Emergency Department visits related to falls	California Department of Public Health (CDPH) 2013	
English language arts/literacy standards (third grade)	California Department of Education 2015	
English language arts/literacy standards (third grade)	San Mateo County Health System 2013	107-108
Enteric disease incidence (campylo-bacteriosis)	San Mateo County Health System 2013	321
Entry-level home affordability	Sustainable San Mateo County 2015	
Exhibit 1+ cardiovascular risk factors, self-report	San Mateo County Health System 2013 (PRC 2012)	288
Exhibit healthy behaviors, self-report	San Mateo County Health System 2013 (PRC 2012)	195
Express difficulty in their lives, self-report	San Mateo County Health System 2013 (PRC 2012)	146
Falls mortality	Sustainable San Mateo County 2012 and California Department of Public Health (CDPH) 2013	
Family participated in food stamps in the past year	San Mateo County Health System 2013	133-134
Family received food from a food bank, etc. in the past year, self-report	San Mateo County Health System 2013 (PRC 2012)	133-134
Feel "not at all" connected to community, self-report	San Mateo County Health System 2013 (PRC 2012)	91
Feel sad or hopeless 2+ weeks (youth), self-report	California Healthy Kids Survey (CHKS) 2009-10	
Felt worried, tense, or anxious in past month (# days), self-report	San Mateo County Health System 2013 (PRC 2012)	351
First-time buyer housing affordability index	Sustainable San Mateo County 2015	
Flood event risk	California Climate Change Center (CCCC) 2009	
Flu shot in past year (adults 65+), self-report	San Mateo County Health System 2013 (PRC 2012)	257
Fruit/vegetable consumption, adequate (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	Exec Sum 21
Fruit/vegetable consumption, inadequate (youth), self-report	California Health Interview Survey (CHIS) 2009	
Gonorrhea incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 and Morrow 2016	11-15
Ground-level ozone (smog) pollution	San Mateo County Health System 2013	160-161

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
Have priest, minister, rabbi, or other person for spiritual support	San Mateo County Health System 2013 (PRC 2012)	147
Healthy People 2020 objectives	Office of Disease Prevention and Health Promotion 2015	
Heart disease mortality	California Department of Public Health (CDPH) 2013 and San Mateo County Health System 2013	286-287
High school dropout rate	California Department of Education (CDE) 2015	
High stress experienced daily, self-report	San Mateo County Health System 2013 (PRC 2012)	350
History of mental or emotional problems, self-report	San Mateo County Health System 2013 (PRC 2012)	349
HIV incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 and Centers for Disease Control and Prevention (CDC) eHARS 2015 and Morrow 2016	21-26
Homeless statistics	County of San Mateo Human Services Agency 2013 & 2015 and U.S. Department of Housing & Urban Development HUD Exchange 2007-2015	2 & 11
Hospitalizations due to falls (adults)	California Department of Public Health (CDPH) EpiCenter 2013	
Human trafficking statistics	Silberfarb 2016 and Parvini 2016 and Brosnan 2016	
Income, annual median	Sustainable San Mateo County 2015	
Infant mortality rate	Centers for Disease Control and Prevention (CDC) Wide-Ranging Online Data for Epidemiologic Research (WONDER) 2006-2010 and California Department of Public Health (CDPH) 2013	
Influenza/pneumonia mortality	San Mateo County Health System 2013 and California Department of Public Health (CDPH) 2013	261
Insurance coverage lacking (long-term), self-report	San Mateo County Health System 2013 (PRC 2012)	218
Juvenile felony arrests for violent offenses	San Mateo County Health System 2013	188
Lack of transportation prevented medical care in past year, self-report	San Mateo County Health System 2013 (PRC 2012)	223
Leading causes of death	California Department of Public Health (CDPH) 2013	
Lived with a friend/relative due to housing emergency any time in past two years, self-report	San Mateo County Health System 2013 (PRC 2012)	150-151
Low birthweight	California Department of Public Health	

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
	(CDPH) 2011	
Lung cancer incidence	San Mateo County Health System 2013	273
Lung cancer mortality	San Mateo County Health System 2013	273
Meet all six basic fitness standards (% of 7th grade students)	San Mateo County Health System 2013	243
Motor vehicle crash mortality	California Department of Public Health (CDPH) 2010-12	
Neighborhood safety is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	192-3
Obese adults	San Mateo County Health System 2013	291-292
Obese Child Health & Disability Program 2-4 year olds	San Mateo County Health System 2013	242
Older adult proportion of population (estimated)	San Mateo County Health System 2013	69, 256
Overweight adults	San Mateo County Health System 2013	291-292
Overweight Child Health & Disability Program 2-4 year olds	San Mateo County Health System 2013	242
Overweight Child Health & Disability program 5-19 year olds	San Mateo County Health System 2013	242
Parkinson's disease mortality	Sustainable San Mateo County 2012	
Pedestrian mortality	California Department of Public Health (CDPH) 2010-2012	
Physical inactivity (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	201
Pneumonia vaccine ever (adults 65+), self-report	San Mateo County Health System 2013 (PRC 2012)	257
Population below 200% Federal Poverty Level (adults), self-report	San Mateo County Health System 2013 (PRC 2012)	88
Prenatal care inadequate	California Department of Public Health (CDPH) 2011	
Preschool enrollment [AKA early ed gaps]	San Mateo County Health System 2013	18, 36
Pre-term births	California Department of Public Health (CDPH) 2011	
Prostate cancer incidence	San Mateo County Health System 2013	283
Prostate cancer mortality	San Mateo County Health System 2013	283
Rent for 1-bedroom apartment, average	San Mateo County Health System 2013 and County of San Mateo Department of Housing 2015	for 2013: 154-155
Rent for 2-bedroom apartment, average	San Mateo County Health System 2013 and County of San Mateo Department of Housing 2015	for 2013: 154-155
Respiratory disease mortality	California Department of Public Health (CDPH) 2013 and San Mateo County Health System 2013	261
Salmonella incidence	San Mateo County Health System 2013	322

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
Self-Sufficiency Standard (California)	Insight Center for Community Economic Development 2014	
Sharing housing costs with someone other than spouse/partner to limit expenses, self-report	San Mateo County Health System 2013 (PRC 2012)	158
Short-term particle pollution	San Mateo County Health System 2013	160-161
Single-family home cost, median	County of San Mateo Department of Housing 2015 and San Mateo County Health System 2013	
Smoking (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	275
Sought help for a mental or emotional problem, self-report	San Mateo County Health System 2013 (PRC 2012)	353
Spirituality in their lives is very important, self-report	San Mateo County Health System 2013 (PRC 2012)	146
Substance abuse-related hospitalizations	San Mateo County Health System 2013	344
Suicide mortality	California Department of Public Health (CDPH) 2013 and San Mateo County Health System 2013	
Syphilis incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 and Morrow 2016	16-20
Teen birth rate	California Department of Public Health (CDPH) 2011 and Centers for Disease Control and Prevention (CDC) Wide-Ranging Online Data for Epidemiologic Research (WONDER) 2006-2010	
Tuberculosis incidence	San Mateo County Health System 2013	314-17
Unemployment rate	California Employment Development Department 2015 and Silicon Valley Index 2016	82
Uninsured residents	California Health Interview Survey (CHIS) 2014	
Unintentional drowning deaths	Office of Statewide Health Planning and Development (OSHDP) 2009-2013	
Unintended injury deaths	California Department of Public Health (CDPH) 2009	
Vaccine coverage with all required immunizations among children ages 2-4 years in licensed childcare (estimated)	San Mateo County Health System 2013	240
Vehicle miles of travel, total annual	San Mateo County Health System 2013	176
Veteran homeless population	County of San Mateo and Applied Survey Research 2014	ix
Veteran population	County of San Mateo and Applied Survey Research 2014	ix
Violent crime rate	San Mateo County Health System 2013	187

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
Visited a dentist for a routine check-up in the past year (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	210
Visited a dentist for a routine check-up in the past year (child), parent self-report	San Mateo County Health System 2013 (PRC 2012)	210
Visited a doctor for a routine check-up in the past year, self-report	San Mateo County Health System 2013 (PRC 2012)	208
Water consumption	San Mateo County Health System 2013	164

Appendix 6. List of Community Leaders and Their Credentials

The following leaders were consulted for their expertise in the community. They were identified based on their professional expertise and knowledge of target groups including children, youth, older adults, low-income populations, minorities, and the medically underserved. The group included leaders from health systems including the San Mateo County Health Department and the San Mateo County Hospital System, nonprofit hospital representatives, local government employees, appointed county government leaders, and nonprofit organizations. *For a description of members of the community who participated in focus groups, please see Section 5, “Resident Input.”*

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
1	County Health	San Mateo County Health & Hospital System	Representative	Chief Executive Officer	2	Local health agency, Medicaid, Health Plan, Medically underserved	Interview	Thu 04/16
2	City Parks & Recreation	Redwood City Parks, Recreation and Community Services	Representative	Director	3	Chronic conditions (older adults), youth	Interview	Thu 04/09
3	Nonprofit	StarVista	Representative	Director of Clinical/Community Svc.	3	Children/youth	Interview	Fri 03/06

* Target group represented:

1: Public health knowledge/expertise

2: Federal, tribal, regional, state, or local health departments/agencies

3: Represent target populations: a) medically underserved, b) low-income, c) minority

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
4	Nonprofit	Mills-Peninsula Medical Center African American Community Health Advisory Committee	Representative	Co-Founder and Community Benefit Outreach Coordinator	3	Minority (African Americans)	Interview	Tue 03/10
5	Nonprofit	Ravenswood Family Health Center	Representative	Chief Executive Officer	3	Low-income, minority	Interview	Mon 03/30
6	Faith-Based	American Methodist Episcopal Zion Church	Representative	Pastor	3	Faith community	Interview	Mon 03/30
7	County Government	County of San Mateo	Leader	Deputy County Manager	2	Local health agency (human services), victims of human trafficking	Interview	Fri 05/29
8	Nonprofit	Redwood City Fair Oaks Community Center	Representative	Human Services Manager	3	Low-income	Interview	Thu 5/21
9	County Health	Daly City Youth Health Center (part of San Mateo Medical Center)	Representative	FNP	3	Youth	Interview	Thu 03/05

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
10	Nonprofit	Samaritan House	Representative	Program Manager, Your House South	3	Low-income (homeless)	Interview	Tue 03/10
11	County Board of Directors & Commissioners	LGBTQ Commission	Representative	Co-Chair	3	Minority (LGBTQ)	Interview	Thu 05/28
12	Nonprofit	InnVision – Shelter Network	Representative	Director	3	Low-income (homeless)	Interview	Fri 04/17
13	County Board of Directors & Commissioners	San Mateo County Board of Supervisors	Leader	President, Board of Supervisors	2	Government policies regarding health	Interview	Tue 04/07
14	Nonprofit	Peninsula Family Service	Representative	Director, Older Adult Services	3	Low-income, minority, older adults	Interview	Wed 04/01
15	County Health	SMC Health System (BHRS)	Representative	Director of Behavioral Health	3	Behavioral health	Interview	Thu 03/26
16	Nonprofit	Puente	Representative	Executive Director	3	Low-income, minority, underserved (Coastside)	Interview	Fri 03/27
17	Nonprofit	First 5	Representative	Executive Director	3	Children ages 0-5 years	Interview	Tue 04/07
18	County Health	SMC Health System; Aging and Adult Services	Representative	Director	3	Chronic disease (older adults)	Interview	Wed 04/08

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
19	Nonprofit	Multicultural Institute	Representative	Dir., Day Laborer Program	3	Minority (Latino immigrants), low-income	Interview	Tue 04/07
20	County Health	San Mateo County Health Department	Leader	County Health Officer	1	Public health	Interview	Fri 03/27
21	County Government	San Mateo County Health & Hospital System	Representative	Director of Children & Family Services	3	Local human services agency, underserved populations	Interview	Fri 03/20
22	Faith-Based	Congregational Church of San Mateo	Representative	Senior Minister	3	Underserved, low-income	Interview	Tue 04/14
23	Nonprofit	Samaritan House	Representative	Operations Director	3	Homeless (underserved)	Interview	Tue 03/10
24	City Parks & Recreation	South San Francisco Parks/Rec Dept.	Representative	Director	3	Older adults, youth	Interview	Tue 03/17
25	Nonprofit	Adolescent Counseling Services	Representative	Executive Director	3	Behavioral health (youth)	Interview	Tue 03/17
26	County Government	SMC Human Services Agency	Leader	Executive Director	3	Underserved populations (access & delivery)	Interview	Fri 03/20

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
27	Nonprofit	Catholic Charities	Representative	Division Dir, Refugee & Immigrant Svc	3	Minority (immigrants)	Interview	Thu 06/04
28	Nonprofit	Coastside Hope	Representative	Executive Director	3	Minority (immigrants), low-income	Interview	Wed 04/08
29	Nonprofit	Lincoln Street Center	Representative	Recreation Program Coordinator	3	Minority older adults (Chinese and Filipino)	Interview	Tue 3/17
30	Nonprofit	Second Harvest Food Bank	Representative	Office Manager	3	Older adults	Focus group	Wed 3/11
31	Nonprofit	Catholic Charities Adult Day Services	Representative	Case Management Coordinator	3	Older adults	Focus group	Wed 3/11
32	Nonprofit	Peninsula Volunteers Meals on Wheels	Representative	Director, Meals on Wheels Program	3	Older adults	Focus group	Wed 3/11
33	Nonprofit	San Mateo Japanese- American Community Center	Representative	Executive Director	3	Older adults, minority (Japanese- Americans)	Focus group	Wed 3/11
34	Nonprofit	Community Gatepath	Representative	Manager, Learning & Employment Campus	3	Older adults	Focus group	Wed 3/11

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
35	Nonprofit	Lesley Senior Communities	Representative	Director, Resident Services	3	Older adults	Focus group	Wed 3/11
36	Nonprofit	MidPen Resident Services Corp.	Representative	Program Director, Senior Services	3	Older adults	Focus group	Wed 3/11
37	For-Profit Business	Synergy HomeCare	Representative	Director, Marketing	3	Older adults	Focus group	Wed 3/11
38	For-Profit Business	Home Safety Services	Representative	Founder & President	3	Older adults	Focus group	Wed 3/11

Appendix 7. 2016 Health Needs Prioritization Scores: Breakdown by Criteria

HEALTH NEED	RANK (1=HIGHEST PRIORITY)	OVERALL AVERAGE SCORE	AVERAGE SCORES OF PRIORITIZATION CRITERIA USED BY GROUP			
			SEVERITY OF NEED	CLEAR DISPARITIES OR INEQUITIES	PREVENTION OPPORTUNITY	MULTIPLIER EFFECT
Alzheimer's disease & dementia	13	1.5	2	2	1	1
Arthritis	15	1.25	2	1	1	1
Behavioral health	3	2.75	3	3	2	3
Birth outcomes	18	1	1	1	1	1
Cancer	10	1.75	2	1	2	2
Childhood obesity	5	2	2	2	2	2
Climate change	16	1.25	2	1	1	1
Communicable diseases (not STIs)	19	1	1	1	1	1
Diabetes	6	2	2	2	2	2
Emotional well-being	4	2.5	3	3	2	2
Fitness, diet, & nutrition	14	1.25	1	2	2	2
Healthcare access & delivery	1	3	3	3	3	3
Heart disease & stroke	7	2	3	2	1	2
Housing & homelessness	8	2	3	2	1	2
Income & employment	12	1.75	2	2	1	2
Oral & dental health	2	3	3	3	3	3
Respiratory conditions	20	1	1	1	1	1
Sexually transmitted infections (STIs)	11	1.75	2	2	2	1
Transportation & traffic	21	1	1	1	1	1
Unintentional injuries	17	1	1	1	1	1
Violence & abuse	9	2	2	2	2	2

Definitions:

- A. **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and whether it performs poorly against the relevant benchmark(s).
- B. **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- C. **Prevention opportunity:** This indicates that the health outcome may be improved by providing prevention or early intervention strategies.
- D. **Multiplier effect:** A successful solution to the health need has the potential to solve multiple problems. For example, if rates of obesity go down, diabetes rates could also go down.

Appendix 8. Focus Group and Key Informant Interview Protocols

Professionals (Providers) Focus Group Protocol

INTRODUCTORY REMARKS

- Welcome and thanks
- What the project is about: We are helping the nonprofit hospitals in San Mateo County conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- Identifying unmet health needs in our community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.
- Why we're here (refer to agenda flipchart page):
- Understand your perspective on healthcare access for older adults in the post-Affordable Care Act/Obamacare environment
- Talk about impact of physical environment/public infrastructure on the health of older adults
- Understand how older adults may use technology for health-related activities

WHAT WE'LL DO WITH THE INFORMATION YOU TELL US TODAY

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all focus group discussions will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

FOCUS GROUP QUESTIONS

1. PRIORITIZING HEALTH NEEDS

When this county did its Community Health Needs Assessment in 2013, these are the health needs that came up (*show list on flipchart page*).

- a. Any needs to add?
- b. Please think about the three (including the added needs, if any) you believe are the most important to address – **the needs that are not being met very well right now**, in your opinion, here in San Mateo County. You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

2. ACCESS TO HEALTHCARE

First, we would like to get your perspective on how access has changed in the post- Affordable Care Act (or "Obamacare") environment.

- a) Based on your observations and interactions with the clients you serve, to what extent your clients aware of how to obtain health care? *(Explain if needed: Where to find a clinic, how to make an appointment, etc.)*
- b) To what extent are clients aware of how to obtain health insurance?
- c) What barriers to access still exist? *(Focus on comparison pre- and post-ACA)*
 - i. Is the same proportion still medically uninsured/under-insured?
 - ii. Do more people or fewer people have a primary care physician?
 - iii. Are people using the ER as primary care to the same degree?
 - iv. Is the same proportion of the community facing difficulties affording health care?

3. IMPACT OF PHYSICAL ENVIRONMENT/INFRASTRUCTURE – 15 MIN.

- a) In your experience, in what ways is the physical environment helping or hindering consumers in addressing their health? By physical environment we mean everything from air quality, availability of safe parks or places to recreate, density of housing, transportation, sidewalks, to the proximity to health clinics and WIC service centers.
- b) In what ways do current public *(i.e., government)* policies affect the physical environment? What type of policy or physical environment changes would you recommend to promote health in the community?

4. IMPACT OF NEW TECHNOLOGIES – 15 MIN.

What has been the impact, if any, of your clients using technology such as the web, smartphones, other devices, and/or apps for health-related activities?

For example...

- a. Patient access to their own health records
- b. Hospital/healthcare system portals
- c. Online health information / increasing health literacy
- d. Ordering medicines
- e. Monitoring health (such as apps or devices to track exercise, diet, etc.)
- f. Making doctor appointments
- g. Communicating with their doctors

CONCLUDING REMARKS

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final Community Health Needs Assessment Report will be published in approximately March 2016 on all of the hospitals' websites

Residents (Non-Professionals) Focus Group Protocol

INTRODUCTORY REMARKS

- Welcome and thanks
- What the project is about: We are helping the nonprofit hospitals in San Mateo County conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- Identifying unmet health needs in our community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.
- Why we're here (refer to agenda flipchart page):
- Understand your perspective on healthcare access for older adults in the post-Affordable Care Act/Obamacare environment
- Talk about impact of physical environment/public infrastructure on the health of older adults
- Understand how older adults may use technology for health-related activities

WHAT WE'LL DO WITH THE INFORMATION YOU TELL US TODAY

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all focus group discussions will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

FOCUS GROUP QUESTIONS

1. PRIORITIZING HEALTH NEEDS

When this county did its Community Health Needs Assessment in 2013, these are the health needs that came up (*show list on flipchart page*).

[Explain definition of "unmet" health needs]

- c. Any needs to add?
- d. Please think about the three (including the added needs, if any) you believe are the most important to address – **the needs that are not being met very well right now**, in your opinion, here in San Mateo County. You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

2. IMPACT OF PHYSICAL ENVIRONMENT/INFRASTRUCTURE – 15 MIN.

Let's talk about the place we live (physical environment). By physical environment we mean everything from air quality, availability of safe parks or places to recreate, density of housing, transportation, sidewalks, to the proximity to health clinics and WIC service centers.

- a. How does the environment (where you live) affect your daily life?
- b. How does the environment help or hurt your health? *(Prompt: physical and mental/emotional health.)*
- c. What, if anything, gets in the way of you being healthy?

3. INDIVIDUAL HEALTH – 10 MIN.

Now we're going to talk about how much of a priority we place on our physical and emotional or mental health By “priority” we mean that you spend your time and resources on it, and you sometimes make choices that favor your health even though you might have other things competing for your time, energy, and resources (like work, family, or other obligations, hobbies, or pastimes).

Please pick up your index card and pen; we would like you to write down, on a scale of one to five (one being lowest or no priority, five being highest priority), how much of a priority health is in your life. When you're done, we'll collect the cards and tally the results, and then we'd like to talk a little more about this. *(Collect cards, tally on scale page.)*

OK, here are the results. *(Describe tally results.)*

- a) What kinds of things led you to say your health is a lower priority? *(Volunteers only)*
- b) What kinds of things led you to say your health is a higher priority? *(Volunteers only)*

4. ACCESS TO CARE – 10 MIN.

We are interested in your access to health services in San Mateo County.

- a. First, a little about health insurance:
 - i. How many of you enrolled in health insurance in the last two years...
 - o For the first time?
 - o After a lapse in insurance?
 - ii. For how many has the cost of insurance kept you from enrolling, or from getting better coverage?
- b. Now, some questions about the “coverage” (benefits) that you do have:
 - i. Do you have more or better insurance “coverage” than you had two years ago?
 - ii. Is the cost of getting medical care keeping you from getting care (like appointment co-pays, co-insurance, prescriptions)?
- c. Now a couple of questions about other ways your access to health care may have changed in the past two years.
 - i. Have you had to make a change in your primary care doctor in the past two years?
 - o If so, why?
 - ii. Are you more likely now, than you were two years ago, to visit a primary care doctor instead of ER or urgent care?

5. TECHNOLOGY — 10 MIN.

Now we are going to hear a little about how technology might be helping you to access health care.

- a. Think about how often you use technology (like the web, smartphones, devices, and/or apps) for health services. By health services we mean things like...
- Accessing your health records
 - Making doctor appointments
 - Looking up health-related information on the web
 - Ordering medicines
 - Tracking/monitoring progress towards your health goals (like blood sugar levels, exercise, or weight)

For each of these -- we'll take them one at a time -- let's go around and you can tell us how often you use technology to do them, on a scale of 1 – 5 with 1 being “never or almost never” and 5 being “always or almost always”? *(Tally results for each type of health service/activity.)*

- b. How many of you ever use a hospital or health system website or “portal”?

Those who have, what have you used it for?

CONCLUDING REMARKS

- Thanks for your time and sharing your perspectives
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final CHNA Report will be published in approximately March 2016 on all of the hospitals' websites
- Distribute incentives

Key Informant Interview Protocol

INTRODUCTION

What the project is about:

- We are helping the nonprofit hospitals in San Mateo County conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- Identifying unmet health needs in our community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.

You were chosen to be interviewed for your particular perspective on health in your community re: _____.

What we'll do with the information you tell us today:

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all interviews will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

PREAMBLE

Our questions relate to four topics.

1. Top health needs among those you serve
2. Healthcare access in the post-Affordable Care Act/Obamacare environment
3. Impact of physical environment/public infrastructure on health
4. Use of technology and its impact on health

INTERVIEW QUESTIONS

1. HEALTH NEEDS

First, we would like to get your opinion on the top health needs among those you serve.

- d) Which health needs do you believe are the most important to address among those you serve/your constituency – the needs that are not being met very well right now, in your opinion, here in San Mateo County?
- e) Are there any specific groups that have greater health needs, or special health needs?
(Probe if needed: Immigrants, youth, seniors, African Americans, LGBTQ, etc.)

2. ACCESS TO HEALTHCARE – POST-ACA

Next, we would like to get your perspective on how access has changed in the post- Affordable Care Act (or “Obamacare”) environment.

- a) Based on your observations and interactions with the clients you serve, to what extent are clients aware of how to obtain health care? *(Explain if needed: Where to find a clinic, how to make an appointment, etc.)*
- b) To what extent are clients aware of how to obtain health insurance?
- c) What barriers to access still exist? *(Focus on comparison pre- and post-ACA)*
 - i. Is the same proportion still medically uninsured/under-insured?
 - ii. Do more people or fewer people have a primary care physician?
 - iii. Are people using the ER as primary care to the same degree?
 - iv. Is the same proportion of the community facing difficulties affording health care?

3. IMPACT OF PHYSICAL ENVIRONMENT/INFRASTRUCTURE

Our next question is related to the physical environment.

- a) In your experience, in what ways is the physical environment helping or hindering consumers in addressing their health? By physical environment we mean everything from air quality, availability of safe parks or places to recreate, density of housing, transportation, sidewalks, to the proximity to health clinics and WIC service centers.
- b) In what ways do current public *(i.e., government)* policies affect the physical environment?
- c) What type of policy or physical environment changes would you recommend to promote health in the community?

4. IMPACT OF NEW TECHNOLOGIES

Our final question is related to technology.

What has been the impact, if any, of your clients using technology such as the web, smartphones, other devices, and/or apps for health-related activities?

For example...

- a. Patient access to their own health records
- b. Hospital/healthcare system portals
- c. Online health information / increasing health literacy
- d. Ordering medicines
- e. Monitoring health (such as apps or devices to track exercise, diet, etc.)
- f. Making doctor appointments
- g. Communicating with their doctors

CONCLUDING REMARKS

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final Community Health Needs Assessment Report will be published in approximately March 2016 on all of the hospitals' websites

Appendix 9. Resources Potentially Available to Address Significant Health Needs

The following resources are available to respond to the identified health needs of the community. Resources are listed by health need.

ALZHEIMER'S DISEASE & DEMENTIA

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- Senior Day Care activities in a variety of locations through its annual grants programs

Mills-Peninsula Medical Center

- Offers an Alzheimer's Day Care Resource Center, caregiver education, and a counseling and support group
- Provides Alzheimer's support groups at the Magnolia Center and at Mills Hospital
- Supports Alzheimer's Association of Northern California and Northern Nevada

Peninsula Healthcare District

- Facilitate Healthy Living Workshops
- Fund Adult Day Services at Catholic Charities
- Fund Adult Day Health at Senior Focus
- Fund Let's Live Well Program at Edgewood Center for Families
- Fund Healthy Eating Active Living Program at Community Gatepath
- Fund Seniors at Home Program at Jewish Family and Children's Services
- Fund Senior Brown Bag Program at Second Harvest Food Bank
- Fund Meals on Wheels Program at Peninsula Volunteers
- Fund Caregiver Support Program and expansion of Assisted Living Services at Kimochi
- Fund Mission Hospice House in San Mateo
- Fund In-Patient Care Support Program at Pathways Hospice and Homecare
- Fund Ombudsman of San Mateo County

Sequoia Healthcare District

- Fund Ombudsman services
- Fund Adult Day Care
- Fund 70 Strong
- Fund Edgewood Healthy Kin
- Fund PFS Sr. Peers and Senior Fitness

Sequoia Hospital

- Community lectures and collaboration with Alzheimer's Association, San Carlos Adult Day Center (Catholic Charities), Rosener House (Peninsula Volunteers, Inc.) and Family Caregiver Alliance

Stanford Health Care

- Stanford's Senior Care Clinic
- Stanford's Aging Adult Services
- The Stanford Center for Memory Disorders
- Neuropsychology Clinic
- Alzheimer's Disease clinical trials
- Access to free medical library/librarians for research/information

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Alzheimer's Association of Northern California and Northern Nevada
- Local Adult Day Care Centers
- Senior Coastsiders
- South San Francisco Senior Health Day

ARTHRITIS

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Mills-Peninsula Medical Center

- Provides Arthritis/Fibromyalgia support services

Peninsula Healthcare District

- Facilitate Healthy Living Workshops
- Fund Adult Day Services at Catholic Charities
- Fund Adult Day Health at Senior Focus
- Fund Let's Live Well Program at Edgewood Center for Families
- Fund Healthy Eating Active Living Program at Community Gatepath
- Fund Seniors at Home Program at Jewish Family and Children's Services
- Fund Senior Brown Bag Program at Second Harvest Food Bank
- Fund Caregiver Support Program and expansion of Assisted Living Services at Kimochi
- Fund Mission Hospice House in San Mateo
- Fund In-Patient Care Support Program at Pathways Hospice and Homecare
- Fund Ombudsman of San Mateo County

Sequoia Healthcare District

- Provides Living Healthy classes
- Fund 70 Strong
- Fund PFS Sr. Peers and Senior Fitness

Stanford Health Care - Stanford Health Care Health Initiative Improve Health/Well Being of Older Adults

- Free group exercise programs at various senior centers (increase mobility)
- Free chronic conditions, self-management program in community-based settings
- Access to free medical library/librarians for research/information
- Stanford's Senior Care Clinic
- Stanford's Aging Adult Services
- Immunology and Rheumatology Clinic

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Arthritis Foundation

BEHAVIORAL HEALTH

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- Supports substance abuse education and awareness efforts through funding local agencies (e.g. StarVista, and El Centro de Libertad)
- Supports mental health issues by supporting programming through its grants program to agencies such as Daly City Youth Health Center, Pyramid Alternatives, El Centro de Libertad, Peninsula Conflict Resolution, and Rape Trauma Services

Lucile Packard Children's Hospital Stanford: Health Initiative to Improve the Social and Emotional Health of Youth

- Community Health Education Programs:
 - To address drivers of substance abuse, including lack of coping skills and mental health issues.
 - Topics are determined through community needs identified by our community partners or hospital staff
- Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in SMC communities with high violence rates (East Palo Alto and East Menlo Park)
- Project Safety Net/Heard Alliance: funding collaborative seeking to address social and emotional health of youth in our community and research through Stanford University
- Pediatric Resident Advocacy mini-grant to determine causes of drug abuse and re-incarceration in incarcerated youth in SMC
- Pediatric Resident Advocacy mini-grant to determine the effectiveness of a mindfulness training program for incarcerated youth in SMC
- Partnership with Project Cornerstone: funding and leadership role with Project Cornerstone which is seeking to build developmental assets in youth
- Partnership with Reach & Rise program of the YMCA: funding for youth mentoring program
- Indirectly through access to care initiatives

Mills-Peninsula Medical Center

- Provides help for people with substance abuse problems through its self-help, recovery, and healing programs
- Supports mental health concerns through grant funding of nonprofit organizations including Rape Trauma Services, Pyramid Alternatives, El Centro de Libertad, Women's Recovery Services and senior mental health programs
- Grants to California Clubhouse, El Centro de Libertad, CASA, CID, and Friends of Youth
- Provides physician psychiatry training
- Provides support for addiction recovery
- Supports Caminar

- Supports Mental Health programs such as:
 - National Alliance on Mental Illness/San Mateo County
 - Notre Dame de Namur University, Art Therapy Psychology Department
 - StarVista

Peninsula Healthcare District

- Fund Bridges to Wellness Program at Caminar for Mental Health
- Fund Crisis Center/Suicide Prevention Programs at StarVista
- Fund Collaborative Counseling Program at Acknowledge Alliance
- Fund Entre Familia Program at Latino Commission
- Fund Healthy Schools Initiative and ATOD education programs in schools
- Fund Healthy Schools Initiative and School Counseling Services
- Fund Family Centered Mental Health program at CORA
- Fund Family and Children's Support Project at InnVision Shelter Network
- Fund Insights Program at StarVista
- Fund Senior Peer Counseling Program at Peninsula Family Services
- Fund Whole Health for Youth Counseling Services at Friends for Youth
- Fund Youth Mental Health First Aid Training

Sequoia Healthcare District

- Supports El Centro de Libertad
- Supports Latino Commission
- Supports Hope House
- Supports various school programs
- Fund mental health program at CORA
- Fund Adolescent Counseling Services
- Fund Caminar
- Fund Star Vista's Day break Program
- Various school based mental health programs

Sequoia Hospital

- Parenting and post-partum support groups
- Bereavement Programs with Pathways Hospice
- Space for Food Addicts Anonymous groups at Health & Wellness Center
- Meeting space for Alcoholics Anonymous Meetings
- Serve on Mental Health Association of San Mateo County Boards

Seton Medical Center/Seton Coastside

- 12-step programs: AA and Alanon meetings are held at Seton

Stanford Health Care

- Psychiatry and Behavioral Sciences – inpatient and outpatient clinics

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- AA, Alanon, and Alateen Recovery programs
- Asian American Recovery Services
- Caminar
- Catholic Charities
- Daly City Youth Health Center
- El Centro de Libertad
- Health Right 360
- National Alliance on Mental Illness/San Mateo County
- Notre Dame de Namur University, Art Therapy Psychology Department
- Palo Alto Family YMCA
- Peninsula Conflict Resolution
- Project Safety Net
- Pyramid Alternatives
- Rape Trauma Services
- Sitike Counseling Center
- Stanford University School of Medicine
- StarVista
- Women's Recovery Association
- Women's Recovery Services

BIRTH OUTCOMES

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

- Partnership with SMC Medical Center, SMC Health Department, and the Health Plan of SM to provide OB-GYN and labor and delivery services across the county
- Partnership with RFHC to provide OB-GYN physician services and prenatal nutrition counseling to pregnant patients
- Member of the Mid-Coastal California Prenatal Outreach Program (MCCPOP) which provides outreach education, consultation, and transport for maternity programs in SMC and throughout California
- Stanford School of Medicine is involved in a 10-year, \$20 million prematurity research grant funded by the March of Dimes
- Advisory role to Nurse-Family Partnership program of San Mateo County Health System
- Support for Preeclampsia Foundation fundraising efforts

Mills-Peninsula Medical Center

- Provides "Caring for Your Newborn" classes monthly
- Hosts Breast Feeding support group
- Provides Breast Feeding classes
- Participates and supports the March of Dimes

Sequoia Hospital

- Prenatal classes

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Daly City Emergency Food Bank
- Daly City Youth Health Center
- March of Dimes
- MCCCPOP
- Preeclampsia Foundation
- Pre-to-3 Program
- San Mateo County Health Department
- Stanford University School of Medicine

CANCER

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- Support Groups: Prostate Cancer, all Cancer, Breast Cancer

Lucile Packard Children's Hospital Stanford

- Indirectly through access to care initiatives

Mills-Peninsula Medical Center

- Offers breast cancer support groups, and prostate cancer support groups
- Provides "Look Good, Feel Better" classes
- Hosts Loss and Grief Support groups
- Provides clinical nutrition counseling
- Hosts psychosocial support for cancer patients
- Provides free community mammograms through Samaritan House
- Collaborates with Stanford on Colon Cancer Community Awareness campaign
- Provides skin cancer screening events
- Provides low-dose, lung cancer screenings
- Provides "Call it Quits", smoking cessation classes

Peninsula Health Care District

- Fund Gabriella Pastor Program at Breast Cancer Connections

Sequoia Hospital

- Women's Breast Cancer and Diagnostic Center
- "Look Good, Feel Better" Classes
- Prostate Support Group

Seton Medical Center/Seton Coastside

- Health education and nutrition information provided through presentations at community centers and community programs
- Health education and nutrition information provided at health focused community events and fairs
- Seton Breast Health Center
- Support Groups
- Transportation services

- Clinical nutrition counseling

Stanford Health Care

- Health Initiative - Reduced Cancer Health Disparities: financial support for CBOs that serve ethnic communities for cancer education, support, services, etc.
- Access to free, bilingual librarian for research/info on cancer prevention, management, treatment, clinical trials
- Stanford Cancer Supportive Care Program: non-medical services for cancer patients, family & caregivers regardless of where they receive treatment (imagery, yoga, Pilates, support groups, healing touch, art/writing therapy, dieticians, etc.)
- Cancer clinic trials information/referral website and phone line
- Stanford Cancer Institute
- Blood and Bone Marrow Transplant Program

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- American Cancer Society
- Joy Luck Club
- Relay For Life
- Samaritan House

CHILDHOOD OBESITY

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- Traditionally funds a variety of Obesity related/ educational, physical fitness, and nutritional programs through its annual grants program
- On-going wellness initiative for the staff at both SSF and RWC medical centers - impacting over 4,000 employees
- KP throughout the San Mateo Area provides free award-winning theatrical performances to school aged children concentrating on a variety of health issues for all age groups (elementary through high school)
 - The programs address nutrition, safety, violence, conflict resolution and sexual education
- San Mateo County Health Department partnership
- Supports healthy eating habits through its collaboration with some schools and communities by providing funding to increase the consumption of fresh fruits and vegetables through garden based programs
- Introducing a THRIVING SCHOOLS Initiative which will offer free resources to school staff and students addressing physical activity and nutrition. www.kp.org/thrivingschools

Lucile Packard Children's Hospital: Health Initiative to prevent pediatric obesity through education and advocacy programs

- Access for low-income families to the LPCH Pediatric Weight Control Program: full and partial scholarships
- SafeKids Coalition: Lead Agency for the SafeKids Coalition of Santa Clara and San Mateo Counties. SafeKids works on safe routes to school/Walk 'n Roll initiatives
- LPCH community health education programs:
 - LPCH provides a wide array of community education programs for parents, caregivers, and children.
 - Classes and partial classes to address proper nutrition and prevention of obesity
- Summer Lunch Program in East Palo Alto - funding to support a summer lunch program for families in East Palo Alto when children are out of school and the free/reduced lunch programs are not provided

Mills-Peninsula Medical Center

- Supports the HEAL Project with grant funding (Health Environment, Agriculture and Learning Project)
- Provides a series of nutrition and health programs to diverse communities
- Provides ongoing Blood pressure, Glucose, and Cholesterol

Sequoia Healthcare District

- Fund several community programs including SAL, PAL and Boys and Girls Club
- Manger and funder of PE+ in RWC schools
- Fund PE in San Carlos and Belmont schools

Sequoia Hospital

- Diabetes Weight Management Program
- Collaboration with Fair Oaks Adult Activity Center Breakfast Program
- “Make Time for Fitness” walking Courses at all RCSD campuses; Red Morton Park (RWC); Burton Park, and San Carlos.
- 4th grade -Eat Healthy, Stay Active, Be Tobacco Free
- Member of RCSD Wellness Committee; SUHSD Wellness Advisory Committee; Get Healthy San Mateo County Steering committee
- Lactation Education Center
- Breastfeeding advice community “calm line”

Seton Medical Center/Seton Coastside

- Ongoing exercise and education programs for people with high blood pressure, high cholesterol, diabetes as well as those who are obese or sedentary
- “Walk About” - Twice weekly walking and fitness program, and once a month “TalkAbout” , Blood pressure screening and health education presentation
- Health Benefits Resource Center: Cal Fresh Enrollment
- Peninsula Stroke Association participation
- Health education and nutrition information provided through presentations at community centers and community programs
- Health education and nutrition information provided at health focused community events and fairs
- Annual participation: Relay For Life

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- BANPAC (Bay Area Nutrition and Physical Activity Collaborative)
- Fair Oaks Intergenerational Center Breakfast Program
- Get Healthy San Mateo County
- Heal Project: Health Environment Agriculture Learning
- Local Parks and Recreation Departments
- Over Eaters Anonymous
- Police Athletic League
- Pre-to-3 Program
- SafeKids Coalition of Santa Clara and San Mateo Counties
- San Mateo County Streets Alive! Parks Alive!
- San Mateo Police Activities League

- Sheriff's Activity League

CLIMATE CHANGE

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

- Indirectly through Advocacy Initiative

COMMUNICABLE DISEASES (NOT STIs)**SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS***Lucile Packard Children's Hospital Stanford*

- Partners with Stanford University to fund Office of Emergency Management

Mills-Peninsula Medical Center

- Supports the San Mateo County Hepatitis B initiative through grant funding and in-kind support

Sequoia Hospital

- Vaccination clinics

Seton Medical Center/Seton Coastside

- Vaccination Clinics

Stanford Health Care

- Infectious Disease Clinic
- Access to free medical library/librarians for research/information

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Health Connected
- San Mateo County Hepatitis B Initiative

DIABETES

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- Supports transportation options for seniors to access their medical appointments, pharmacies, and follow-up medical care/rehabilitation
- A champion in diabetes care management and shares its protocols broadly offering its clinical expertise to providers internally and in the community
- Financial support to RotaCare of the Bay Area which operates free clinics in Half Moon Bay and Daly City
- KP S.S.F. and R.W.C. collaborates with Operation Access which provides free outpatient surgeries for the uninsured and underinsured at KP medical centers and utilizes KP volunteer staff

Lucile Packard Children's Hospital Stanford (See pediatric diabetes.)

- Indirectly through out prevention of pediatric obesity health initiative

Mills-Peninsula Medical Center

- Offers diabetes education programs, including a special series for seniors
- Hosts educational events and screenings for African American, Hispanic and Pacific Islander Communities
- Provides diabetes weight management classes
- Provides monthly blood glucose screenings and counseling at the following senior centers:
 - East Palo Alto
 - East Menlo Park
 - Senior Coastsiders
 - Martin Luther King Center
 - San Bruno Senior Center
 - Lincoln Park, Daly City
 - Magnolia Center, South San Francisco
- Hosts a diabetes support group

Sequoia Healthcare District

- Fund Food pharmacy for diabetes patients with Samaritan House

Sequoia Healthcare District

- Offers Living Healthy workshops
- Fund Meals on Wheels
- Fund 70 Strong
- Fund Edgewood Healthy Kin
- Fund PFS Sr. Peers and Senior Fitness

Sequoia Hospital

- Diabetes Treatment Center and Health & Wellness Center
- Community lectures and workshops
- Glucose Screening Clinics
- Health & Wellness Center
- Senior and Community Centers
- Support Group/Individual counseling
- Free meter instruction clinic at Samaritan House Free Clinic RWC
- Bilingual “LIVE WELL with DIABETES” Classes

Seton Medical Center/Seton Coastside

Diabetes Institute

- Classes
- Support groups
- Nutrition education
- Diabetes Meter instruction
- Living with Diabetes
- Presentations at community centers and community programs
- Diabetes education provided at health-focused community events and fairs
- Low cost cholesterol and diabetes screenings
- Wound Care Center

Stanford Health Care

- Improving access to care initiative (financial support for free & community-based clinics)
- Diabetes Days at SH RWC Free Clinic (financial support)
- Stanford Health Library- free bilingual medical librarian services to research prevention, management and treatment options
- Chronic disease self -management workshops for older adults
- Stanford Diabetes Care Program
- Stanford Transplant Diabetes Program

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- American Heart Association
- Boys and Girls Clubs
- Get Healthy San Mateo County
- Heal Project: Health Environment Agriculture Learning
- Local Parks and Recreation Departments
- Over Eaters Anonymous
- Police Athletic League
- San Mateo County Streets Alive! Parks Alive!
- Sheriff's Activity League

EMOTIONAL WELL-BEING

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

- Community Health Education classes offered on mindfulness and wellbeing (either free of charge or with scholarships available to low income community members)
- Partnership with Project Cornerstone - funding and leadership role with Project Cornerstone which is seeking to build developmental assets in youth

Mills-Peninsula Medical Center

- Supports Well Being concerns through grant funding of nonprofit organizations including Gatepath, Family Connections, Child Care Coordinating Council, and Ombudsman Services of San Mateo County

Sequoia Healthcare District

- Fund Adult Day Care
- Fund 70 Strong
- Fund Edgewood Healthy Kin
- Fund PFS Sr. Peers and Senior Fitness

Stanford Health Care

- Support groups
- Stanford Cancer Supportive Care Program:
 - Non-medical services for cancer patients, family & caregivers regardless of where they receive treatment (imagery, yoga, Pilates, support groups, healing touch, art/writing therapy, dieticians, etc.)
- Strong for Life – group exercise program for older adults (reduce isolation, improve strength/mobility)
- Stanford Center for Integrative Medicine

FITNESS, DIET, & NUTRITION

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

- Healthy Hospital Advocacy

Mills-Peninsula Medical Center

- Quarterly nutrition education presentations at the following senior centers:
 - East Palo Alto
 - East Menlo Park
 - Senior Coastsiders
 - Martin Luther King Center
 - San Bruno Senior Center
 - Lincoln Park, Daly City
- Hosts a Weight Loss for Bariatric Surgery support group
- Supports The Heal Project

Peninsula Healthcare District

- Fund Nutrition and Physical Fitness Program at Mid-Peninsula Boys and Girls Club
- Fund Healthy Schools Initiative; Support for PE Teachers and Nutritionist
- Fund Re-Think your Drink Campaign

Sequoia Healthcare District

- Funds various fitness, diet and nutrition programs including:
 - Adaptive P.E.
 - Peninsula Family Services Fitness/Nutrition Program
 - Enhance Fitness with YMCA
 - Living Healthy Workshops
 - Fund Meals on Wheels
 - Fund 70 Strong
 - Fund Edgewood Healthy Kin
 - Fund PFS Sr. Peers and Senior Fitness

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- St. James Community Foundation
- The Heal Project

HEALTHCARE ACCESS & DELIVERY

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- Fills insurance gaps for adults and children through a variety of programs (e.g. Medical Financial Assistance, STEPS (dues subsidy program), Kaiser Permanente Children's Health Plan, MediCal)
- Financial supports through its grants program (The San Mateo Children's Health Initiative as well as other local insurance enrollment efforts through community service agencies)

Lucile Packard Children's Hospital Stanford - Health Initiative to Improve Access to Primary Healthcare Services

- Major supporter of government plans and a safety net providers
- Reimbursement to the County for OB-GYN physician services for low-income women in SMC who deliver at LPCH
- Partnership with Ravenswood Family Health Center:
 - Funding to support pediatrician costs, children's dental care, and prenatal nutrition counseling
- Mobile Adolescent Health Services: primary treatment and preventative care to homeless and uninsured teens
- Care-A-Van for Kids: transportation of low-income patients who live outside of a 25 mile radius of LPCH (costal-regions of SMC)
- Medical-legal advocacy services through a partnership with the Peninsula Family Advocacy Program

Mills-Peninsula Medical Center

- Support services for people living in poverty through charity care, partnership with the San Mateo County Healthy Kids insurance program, financial and in-kind support for Samaritan House Medical Clinic, and an annual small grants program that provides grants to local health-related nonprofit organizations
- Free mammography and follow-up diagnostic services to women who have no health insurance
- Free prostate screening and referrals for the un/under insured
- Supports many community resource organizations such as:
 - Daly City Peninsula Partnership Collaborative, Health Aging Response Team
 - Edgewood Center for Children and Families
 - Family Caregiver Alliance (FCA)
 - Mid-Peninsula Boys & Girls Club
 - Mission Hospice & Home Care
 - Peninsula Family Services
 - Puente de la Costa Sur
 - Daly City Youth Health Center
 - Coastside Adult Health Center
 - Mission Hospice and Home Care

Peninsula Health Care District

- Major supporter of Samaritan House Free Clinic of San Mateo
- Major supporter of Children's Health Initiative-Healthy Kids Program
- Major supporter of San Mateo County Access to Care for Everyone Program Supports Apple Tree Dental
- Major supporter of Student Health Clinic at Belle Air School in San Bruno Park School District
- Fund Mental Health Association of San Mateo County Public Health Nurse

Sequoia Healthcare District - Improved Access to Primary Care

- Major supporter of Samaritan House Redwood city, underwrite the majority of operations budget.
- Major supporter of Children's Health Initiative- Healthy Kids
- Provide financial support for Ravenswood Family Clinic
- Provide financial support for SMMC Clinic in RWC/ NFO.
- Provided major grant to help rebuild SMMC Clinic in RWC/NFO
- Major supporter of Apple Tree Dental

Sequoia Hospital

- Samaritan House Free Clinic Redwood City:
 - Provides mammography, lab, radiology and other out-patient services
- Enrollment Assistance for government funded program
- Free Taxi Vouchers for Sequoia discharged patients and out-patients who lack financial and transportation resources
- Serve on San Mateo County Paratransit Coordinating Council to provide oversight of Redi-wheels program
- Health Professionals Education:
 - Student training in Nursing; Paramedics; Clinical Chaplaincy; Pharmacy; Physical Therapy; Physician Assistants; Radiation Oncology; Radiology; Respiratory Therapy; Palliative Care
- Financial Assistance (Charity Care): free or discounted health care provided to persons who cannot afford to pay and who meet criteria for Dignity Health Patient Financial Assistance Policy
- Un-reimbursed costs of public health programs for low-income persons, such as Medi-Cal and Medicare
- Sequoia pays on-call physicians to serve indigent patients in the Emergency Department

Seton Medical Center/Seton Coastside

- Health Benefits Resource Center:
 - Provides free assessments, referrals to community resources and assistance in completing applications for free and low cost health insurance
- RotaCare free Clinics at Seton Medical Center: provides labs, diagnostic services, x-rays, for the urgent medical care free clinic
- Coastside RotaCare Free Clinic: Seton provides labs and x-rays
- Seton Health Sciences Library: health related research for individuals requesting information

- Benefits for Persons Living in Poverty: Charity Care
- Unreimbursed costs of public programs
- Health Professionals Education:
 - Student training in Central Supply, Wound Care, Phlebotomy; Lab Science; Nursing; Pharmacy; Wound Care, Radiation Oncology; Radiology; Respiratory Therapy

Stanford Health Care Health Initiative - Improve Access to Care

- Arbor Free Clinic (financial support for EMR/IT support; free pathology tests, labs & radiology)
- Samaritan House Free Clinic RWC (financial support for pharmacy, clinic operations, dental clinic)
- RFHC (financial support for clinic operations and pharmacy; branch of Stanford Health Library onsite)
- Stanford Health Library:
 - 5 branches - free and open to all; librarians do health-related research for individuals requesting help (e.g., research conditions & put together information packets)
 - Medical information; information on where to get care, etc.
 - HICAP lectures for seniors = help understanding/getting appropriate health insurance)
 - Bilingual librarian at branch in East Palo Alto
- Enrollment assistance for government funded programs
- Stanford Lifeflight, subsidized air ambulance service
- Health Professional education: subsidized training for residents/interns; pharmacists, RNs, PAs, rehab, lab techs, radiology, RT, PT, nuclear medical technicians
- Charity Care: un/under-insured patients provided with free hospitalization/services
- Un-reimbursed costs of public health programs for low-income persons, such as Medi-Cal and Medicare

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Bay Area Red Cross
- Belle Haven Clinic
- Chambers of Commerce
- Children's Health Initiative
- Clinic By the Bay: Free medical care for the uninsured in Daly City and parts of San Francisco
- Coastside Hope
- Community Gatepath
- Daly City ACCESS: Healthy Aging Response Team
- Daly City Community Service Center
- Daly City Peninsula Partnership
- Daly City Youth Health Center
- Edgewood Center for Children and Families
- Family Caregiver Alliance (FCA)
- HIP Housing
- Home & Home

- InnVision Shelter Network
- MayView
- Mid-Peninsula Boys & Girls Club
- Mission Hospice & Home Care
- Pacifica Collaborative
- Peninsula Family Services
- Peninsula Library System
- Puente
- Puente de la Costa Sur
- Ravenswood Family Health center
- RotaCare Bay Area, Inc.
- Samaritan House
- San Mateo Co. Health Services
- San Mateo Medical Association Community Service Foundation
- Second Careers Employment Program
- The Latino Commission

HEART DISEASE & STROKE

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- Both KP R.W.C. and KP S.S.F. have achieved American Heart Association and American Stroke Association “Gold Plus” standards of performance achievement
- KP has shared the protocol procedures for its PHASE program (Prevent Heart Attack and Stroke Everyday)
 - These protocols are being practiced in the County Health System’s Hospital, Clinics and Ravenswood Family Health Center. (Financial assistance was provided for implementation).
- KP financially supports Pacific Stroke Association as well as provides clinical guidance and advice through physician involvement

Mills-Peninsula Medical Center

- Bi-monthly cholesterol screenings and monthly blood pressure screenings are offered through the Senior Focus program
- Hosts Aphasia and Heart Partners support groups
- Provide funding to Heart and Stroke Associations such as the American Heart Association
- Monthly blood pressure screenings and education at the following centers:
 - East Palo Alto
 - East Menlo Park
 - Senior Coastsiders
 - Martin Luther King Center
 - San Bruno Senior Center
 - Lincoln Park, Daly City
 - Magnolia Center, South San Francisco

Peninsula Healthcare District

- Major supporter of Peninsula Heart Safe Program at Via Heart Project

Sequoia Healthcare District

- Manage HeartSafe Program/ places AED’s
- Offers free CPR classes
- High School heart screenings
- Fund Meals on Wheels
- Fund 70 Strong
- Fund Edgewood Healthy Kin

- Fund PFS Sr. Peers and Senior Fitness

Sequoia Hospital

- Congestive Heart Failure Classes
- Stroke Center
- Monthly Community Screenings for Blood Pressure:
 - Fair Oaks Adult Activity Center
 - (Redwood City)
 - Little House– The Roslyn G. Morris Activity Center (Menlo Park)
 - San Carlos Adult Community Center
 - Twin Pines Senior and Community Center (Belmont)
 - Veterans Memorial Senior Center (Redwood City)
 - Adaptive Physical Education Center (Redwood City)
 - (Redwood City)
- Individual Cardiovascular counseling
- Cardiac Rehabilitation

Seton Medical Center/Seton Coastside

- Heart Healthy Exercise: Ongoing exercise and education programs for people with high blood pressure, high cholesterol, diabetes as well as those who are obese or sedentary (\$8 session)
- Cardiac Rehabilitation
- “Walk About” - Twice weekly walking and fitness program, and once a month “TalkAbout” , Blood pressure screening and health education presentation, which are all free
- Health Benefits Resource Center: Cal Fresh Enrollment
- Cardiac Support Group
- Health education and nutrition information provided through presentations at community centers and community programs
- Low cost cholesterol and diabetes screenings
- Health education and nutrition information provided at health focused community events and fairs

Stanford Health Care

- Improving access to care initiative (financial support for free & community-based clinics)
- Stroke education and support groups
- Comprehensive Stroke Center
- Chronic disease, self-management workshops for older adults
- Access to free, medical librarian for research/information on stroke, CVD, etc.
- Stroke Rehabilitation Program
- Heart Failure & Cardiomyopathy Clinic
- Valvular Heart Disease Clinic
- Women’s Heart Health Clinic

- Heart Surgery Clinic
- Heart Transplant Program
- Cardiac Rehabilitation
- Heart Transplant Program
- Stanford South Asian Translational Heart Initiative
- Adult Congenital Heart Program

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- American Heart Association
- Get Healthy San Mateo County
- Pacific Stroke Association

HOUSING & HOMELESSNESS

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

- Mobile Adolescent Health Program: Teen Van delivers services to homeless youth throughout the Bay Area
- Indirectly through Advocacy initiative

Mills-Peninsula Medical Center

- Supports HIP Housing
- Rebuilding Together Peninsula
- Supports Life Moves

Sequoia Healthcare District

- Supports Life Moves

Sequoia Hospital

- Collaborates with InnVision Shelter Network Outreach team

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- HIP Housing
- Rebuilding Together Peninsula
- Life Moves

INCOME & EMPLOYMENT

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

- Indirectly through Advocacy initiative

Mills-Peninsula Medical Center

- Life Moves
- Puente

ORAL/DENTAL HEALTH

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente

- Provides grant support to Sonrisas Community Dental Center, Half Moon Bay

Lucile Packard Children's Hospital Stanford

- Indirectly through access to care initiatives, particularly Ravenswood Family Health Center - funding for children's dental services
- LPCH provides charity dental assistance to low income and uninsured patients with qualifying conditions

Menlo Park Surgical Hospital

- Supports Ravenswood Family Health Center Dental Program

Mills-Peninsula Medical Center

- Provides grant support to Apple Tree's Sonrisas Community Dental Center

Peninsula Healthcare District

- Launched Apple Tree Dental; a new model of dental care that removes barriers to care for all and especially for older adults and disabled individuals

Sequoia Healthcare District

- Funding for Samaritan House, Ravenswood and SMMC Clinic is for dental services.
- Major supporter of Apple Tree dental
- San Mateo County Oral Health Coalition

Stanford Health Care

- Financial support for Ravenswood Family Health Center (RFHC) (dental services)
- Financial support for Samaritan House Free Clinic Redwood City SH RWC Free clinic (dental services)

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Ravenswood Family Health Center

- RFHC dental clinic
- SH RWC Free Clinic
- Sonrisas Dental Clinic

RESPIRATORY CONDITIONS

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

- Indirectly through access to care initiatives
- Indirectly through Advocacy initiative
- Pediatric Resident Mini-Grant Program provides funding for projects working on anti-smoking advocacy

Sequoia Hospital

- Smoking Cessation Classes with Breathe California
- Redwood City School District Tobacco Awareness with 4th grade students
- Asthma Education for coaches, nurses, and aides in Sequoia Union High School District
- Breeze Newsletter
- Better Breathers Support Group
- Pulmonary Rehabilitation

Seton Medical Center/Seton Coastside

- Lungevity Newsletter
- Pulmonary Maintenance program
- Pulmonary Rehabilitation Program
- Living Well with Asthma

Stanford Health Care

- Improving access to care initiative (financial support for free & community-based clinics)
- Access to free medical librarian for research and information on respiratory conditions
- Stanford Chest Clinic
- Pulmonary Rehabilitation Program
- Stanford's Center for Advanced Lung Disease (treatment for advanced lung disease; lung transplants)

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- American Lung Association

SEXUALLY TRANSMITTED INFECTIONS (STIs)

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- Supports education efforts around sex education through its Educational Theatre program directed to High School Students

Lucile Packard Children's Hospital Stanford – Packard Children's Health Initiative to improve the social and emotional health of youth

- Beginning in FY 13, LPCH is funding Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in SMC communities with high violence rates (East Palo Alto and East Menlo Park)
- Community Health Education Program:
 - To address drivers of substance abuse, including lack of coping skills and mental health issues.
 - Topics are determined through community needs identified by our community partners or hospital staff
- Mobile Adolescent Health Program -Teen Van delivers services to homeless youth throughout the Bay Area
- Partnership with Peer Health Exchange - funding to provide health education (including sexual health) to high school aged students
- Indirectly through access to care initiatives

Peninsula Healthcare District

- Fund Preventative Health Program at Planned Parenthood Mar Monte

Sequoia Healthcare District

- HIV-Planned Parenthood
- Several education programs in the schools

Stanford Health Care

- Improving access to care initiative (RFHC, SH RWC Free Clinic, Arbor Free Clinic)
- Stanford Positive Care Clinic
- Access to free medical library/librarians for research/info

TRANSPORTATION & TRAFFIC

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

- Financial support for the Marguerite Shuttle service – free shuttle transportation provided to employees and any community member
- Indirectly through Advocacy initiative

Mills-Peninsula Medical Center

- Participation in the Paratransit Coordinating Committee that provides oversight to Redi-Wheels program
- Supports Get Up & Go Escorted Senior Transportation

Stanford Health Care

- Financial support for the Marguerite Shuttle service (operated by Stanford University). Free shuttle transportation available to the public (<http://transportation.stanford.edu/marguerite/>)

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Get Up & Go Escorted Senior Transportation Item
- Peninsula Traffic Congestion Relief Alliance (<http://www.commute.org/>)
- Redi-Wheels

UNINTENDED INJURIES

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- Participates in the Fall Prevention Task Force of San Mateo County

Mills-Peninsula Medical Center

- Provides Fall-Proof fall prevention classes
- Provides Seniors in Motion classes

Sequoia Hospital

- San Mateo County Fall Prevention Task Force in-kind and financial support
- Collaboration with Stanford for Matter of Balance Instructor Training and Classes for Southern San Mateo County
- Pediatric CPR/Injury Prevention
- American Heart Association Training Center
- CPR Training in the Sequoia Union High School District for 9th grade classes

Seton Medical Center/Seton Coastside

- Supports the work of the Fall Prevention Task Force of San Mateo County

Stanford Health Care

- Farewell to Falls - free, in-home program (OTs, home assessments, exercise program, pharmacist assistance with medications, etc. – year-long program)
- Strong for Life - free group exercise program senior centers = strength, mobility, balance
- Chronic disease, Self-Management workshops senior centers (pain management, management of conditions causing loss of balance, etc.)
- Financial support for SMC Fall Prevention Task Force
- Lifeline - in-home emergency response service available to seniors regardless of their ability to pay
- Stepping On program - free fall prevention program for older adults (community-based)
- Matter of Balance - free fall prevention program for older adults (community-based)
- Access to free medical library/librarians for research/information

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- San Mateo County Fall Prevention Task Force

VIOLENCE & ABUSE

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

- KP Educational Theatre specifically addresses violence through its “PEACE SIGNS” program which includes children and family night opportunities
- Supports mental health efforts at the Daly City Youth Health Center through its annual grant program
- Supports a variety of community based organizations that address violence through its grant program
 - These include but are not limited to Community Overcoming Relationship Abuse, Peninsula Conflict Resolution Center, and Rape Trauma Services

Lucile Packard Children's Hospital Stanford

- Beginning in FY 13, LPCH is funding Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in SMC communities with high violence rates (East Palo Alto and East Menlo Park)
- SafeKids Coalition: as the leading cause of death of children ages 1-14, SafeKids works to prevent:
 - Unintentional injury, particularly with a “Purple Crying” initiative to prevent Shaken Baby Syndrome
- Community Health Education Programs:
 - To address drivers of Violence, including lack of coping skills, developmental delays, and mental health issues
 - Topics are determined through community needs identified by our community partners or hospital staff
- Mental Health Dissemination Initiative

Mills-Peninsula Medical Center

- Through its grants program, supports CORA, Rape Trauma Services, Acknowledge Alliance and El Centro de Libertad
- Participates in Elder Abuse Prevention Task Force

Sequoia Healthcare District

- Supports CORA

Sequoia Hospital

- Sequoia Union High School District Wellness Advisory Committee Member
- Redwood City School District Wellness Committee Member
- Space and Program Support for Hope House Self-Defense Classes at Health & Wellness Center

- Human Trafficking Initiative

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- ALICE: Filipino organization domestic violence prevention education
- ASK Academy
- Community Overcoming Relationship Abuse: CORA
- El Centro de Libertad
- Freedom House
- Peace Development Fund
- Police Activities League
- Rape Trauma Services
- SCAN

Appendix 10. Health Needs Profiles

Each health need listed below is described in detail in a health profile.

- 1. Alzheimer's disease & dementia**
- 2. Arthritis**
- 3. Behavioral health**
- 4. Birth outcomes**
- 5. Cancer**
- 6. Childhood obesity**
- 7. Climate change**
- 8. Communicable diseases (not STIs)**
- 9. Diabetes**
- 10. Emotional well-being**
- 11. Fitness, diet, & nutrition**
- 12. Healthcare access & delivery**
- 13. Heart disease & stroke**
- 14. Housing & homelessness**
- 15. Income & employment**
- 16. Oral/dental health**
- 17. Respiratory conditions**
- 18. Sexually transmitted infections (STIs)**
- 19. Transportation & traffic**
- 20. Unintended injuries**
- 21. Violence & abuse**

Each health profile includes a section titled “Statistical Data That Support the Health Needs.” These sections contain data and statistics from various sources (see Appendix 4: Secondary Data Sources). The health profiles also each include a section titled “Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA.” These sections contain comments from community members about the health needs that reflect their experiences and observations and, therefore, are not necessarily based on data or statistics but on their perceptions.

In 2016, the HCC identified these needs as the top health needs in the county based on statistical data and community input. The HCC works to improve community health through its partnerships among hospitals, county agencies, and community organizations. Each member hospital posts its final 2016 CHNA publicly on its website. Each member hospital’s Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.

Alzheimer's Disease & Dementia

What Is the Issue & Why Is It Important?

Alzheimer's disease is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Dementia is not a disease itself, but rather a set of symptoms that affect an individual's health, quality of life, and ability to live independently. Several factors determine the risk of developing dementia, including age and family history. Among adults aged 65 years and older, the prevalence of Alzheimer's disease doubles every five years, and more women than men have Alzheimer's disease and other dementias. In 2013, Alzheimer's disease was the sixth leading cause of death in the U.S., for **all ages**.ⁱ An estimated 5.3 million Americans of all ages have Alzheimer's. Although there are more Whites living with Alzheimer's and other dementias than people of any other racial or ethnic group in the U.S., older African Americans and Latinos are more likely than older Whites to have Alzheimer's disease and other dementias.ⁱⁱ The number of Americans with Alzheimer's disease and other dementias will grow each year as the size and proportion of the U.S. population aged 65 and older continues to increase. By 2025, the number of Americans **aged 65 and older** with Alzheimer's disease is estimated to increase by 40% (from 5.1 million in 2015 to 7.1 million estimated in 2025).ⁱⁱ

Alzheimer's disease and dementia are health needs in San Mateo County as evidenced by Alzheimer's disease status as the third leading cause of death in the county. The mortality rate from Alzheimer's in the county is higher than that of the state. In addition, the median age of the population in the county is older than the state, and the county's population of older adults is expected to increase. Since Alzheimer's and other dementias primarily affect older adults, and their numbers in San Mateo County are increasing, this health need is of growing concern. It is expected to impact not only the community's health, but also its economic security as the cost of care for older adults with Alzheimer's disease and other dementias increases.

Statistical Data That Support the Health Need

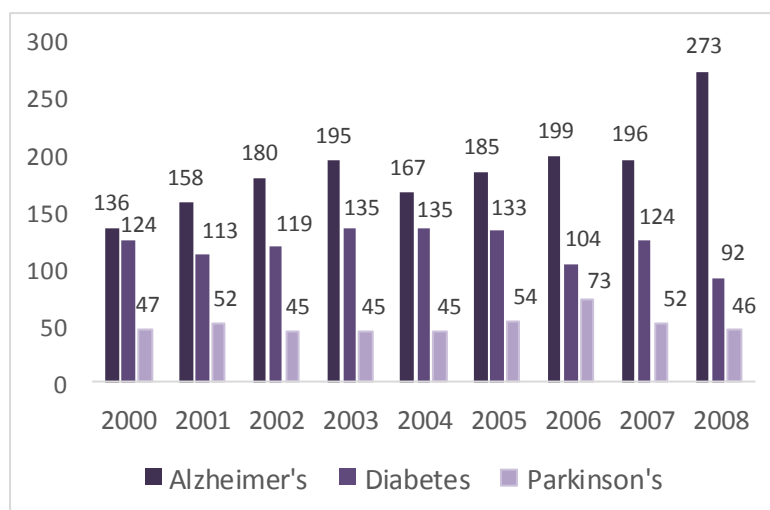
- **Leading cause of death:** Deaths from Alzheimer's disease in San Mateo County increased from 269 in 2010 to 301 in 2013. Alzheimer's disease was the third leading cause of death in the county in 2013 (6% of deaths). In comparison, Alzheimer's was the fifth leading cause of death in California.ⁱⁱⁱ
- **Increased mortality rate:** In San Mateo County, the age-adjusted mortality rate due to Alzheimer's disease is 29.7 per 100,000, higher than California overall (28.2).^{iv} The mortality rate for Alzheimer's has been growing, while the mortality rate for other "old

ALZHEIMER'S DISEASE DEATHS RISING

Deaths due to Alzheimer's disease rose to the third leading cause of death in San Mateo County, accounting for 6% of deaths. As the population continues to age, this health need becomes more pressing.

age” diseases is shrinking.^{iv} (See the chart on the next page for details on the mortality rate of Alzheimer’s compared to diabetes and Parkinson’s disease.)

MORTALITY RATE FOR SELECTED DISEASES, SAN MATEO COUNTY, 2000-2008^{iv}



- Diversity in aging population:** The population of San Mateo County is aging. The median age in the county (39.0 years) is older than the median age in the state (34.9 years).^v Additionally, San Mateo County’s population of older adults (age 60+) is expected to double between the years 2000 and 2040, leading experts to anticipate a rise in dementia diagnoses in the county.^v Moreover, the largest expected increases among the older adult population in the county are in the Latino and Asian populations. This shift will demand that the county place a greater focus on culturally competent services.^v

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- A number of community members who participated in focus groups and key informant interviews 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

ⁱ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2016.

ⁱⁱ Alzheimer’s Association. *2015 Alzheimer’s Disease Facts and Figures*. 2015.

ⁱⁱⁱ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

^{iv} Sustainable San Mateo County. *Senior Health in San Mateo County – Current Status and Future Trends*. 2012.

^v County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

Arthritis

What Is the Issue & Why Is It Important?

Arthritis is inflammation of one or more joints. The main symptoms of arthritis are joint pain and stiffness, which typically worsen with age. The most common types of arthritis are osteoarthritis, involving wear-and-tear damage to joint cartilage, and rheumatoid arthritis, a chronic inflammatory disorder that typically affects the lining of the small joints in hands and feet. Risk factors for arthritis include family history, age, sex, previous joint injury, and obesity.ⁱ Arthritis is a leading cause of disability among U.S. adults and has been for the past 15 years. Statistics show that arthritis affects quality of life. One in five of all 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 also have arthritis-attributable activity limitations. 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.ⁱⁱ

ARTHRITIS INCIDENCE EXPECTED TO INCREASE

Arthritis most often affects older adults, and the proportion of older adults in San Mateo County's population is increasing.

The adult arthritis prevalence rate in San Mateo County is slightly higher than the state average and is not improving over time. Arthritis more often affects older adults than younger populations, and there is an increasing proportion of older adult residents in the county compared to California.

Statistical Data That Support the Health Need

- **Adult arthritis slightly worse than state:** Arthritis prevalence among adults aged 18+ is slightly higher in the county (21%) than in the state (20%).ⁱⁱⁱ
 - ➔ 16% of county adults surveyed in 2013 reported experiencing arthritis or rheumatism, which has not changed since 1998.^{iv}
- **Joint inflammation more common in older adults:** Arthritis or rheumatism is more prevalent among adults aged 65 or older (38%) compared to adults 18-64 (12%).^{iv}
- **County population aging:** San Mateo County's Health Officer expects to see "notable increases in population over the next several decades among those aged 60 or older."^{iv}

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- 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.
 - Community members participating in focus groups specifically expressed concern about the issues that arise for older adults with mobility limitations including arthritis, such as:
 - ↳ 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)
-

ⁱ Mayo Foundation for Medical Education and Research. *Definitions of Arthritis and Rheumatoid Arthritis*. 2016.

ⁱⁱ Centers for Disease Control and Prevention. *Arthritis-Related Statistics*. 2016.

ⁱⁱⁱ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS). www.cdc.gov/brfss. 2009.

^{iv} County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

Behavioral Health

What Is the Issue & Why Is It Important?

Behavioral health is an umbrella term that comprises mental health issues, substance abuse, and other addictions.

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.ⁱ It is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to the community or to society. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.ⁱ

The abuse of substances, including alcohol, tobacco, and other drugs, has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases.ⁱⁱ The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime, and suicide.ⁱⁱ Advances in research have led to the development of effective evidence-based strategies to address substance abuse and other addictions. Improvements in brain-imaging technologies and the development of medications that assist in treatment have shifted the research community's perspective on substance abuse. Substance abuse is now understood as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.ⁱⁱ

Behavioral health is a need in San Mateo County as demonstrated by a rise over time in the percentage of self-reported mental and emotional problems and the fact that suicide was the tenth leading cause of death in the county in 2013. In addition, the level of binge drinking among young adult males in the county is trending up. Finally, substance abuse-related hospitalizations are increasing among Latino residents. Community members who participated in focus groups and key informant interviews expressed concerns about barriers to behavioral health care, including a limited supply of providers and treatment options, as well as inadequate insurance coverage for these behavioral health benefits. Concerns about behavioral health covered all ages, from children and teens to adults and older adults.

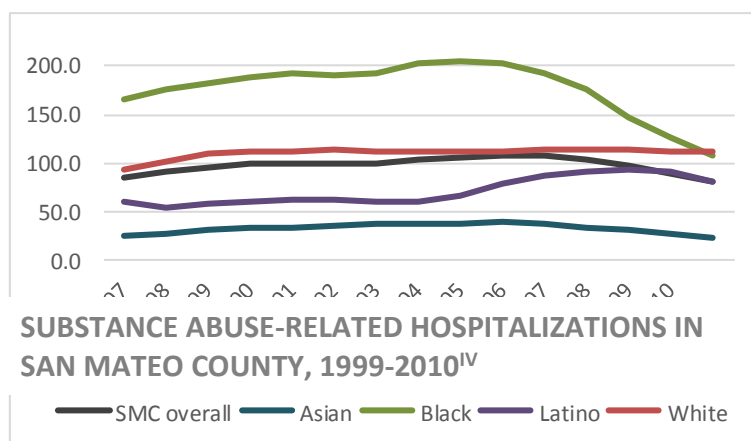
SUICIDE A TOP 10 CAUSE OF DEATH

More than 50 residents commit suicide each year, and many of those with poor mental health also have addictions. Community members frequently expressed concerns about behavioral health.

Statistical Data That Support the Health Need

Mental Health

- Suicide was the county's #10 cause of death (54 deaths in 2013), down from #9 in 2010 (70 deaths).ⁱⁱⁱ
- The percentage of surveyed county adults reporting a history of mental or emotional problems is trending up, from 5% in 1998 to 8% in 2013.^{iv} Similarly, in 2013, the percentage of county adults reporting they had sought help for a mental or emotional problem was the highest of all years surveyed (29%).^{iv}



Substance Abuse

- Chronic liver disease was the #9 cause of death in the county in 2013 (80 deaths).ⁱⁱⁱ
- The percentage of surveyed adults who are current drinkers has been decreasing, from 67% in 1998 to 59% in 2013.^{iv} However, binge drinking has been rising among young adult males (aged 18-24) in the county, from 24% in 1998 to 39% in 2013.^{iv}
- Substance abuse-related hospitalizations in the county overall peaked in 2001-2005, but have been declining since. The overall decline seems mainly to have been driven by a steady reduction in rates for African Americans (from 204 per 100,000 in 2000-2004 to 108 per 100,000 in 2006-2010). Conversely, rates rose for Latinos (from 55 to 81 per 100,000) between 1992-1996 and 2006-2010. The substance abuse-related hospitalization rate for Whites, which has remained relatively constant, was the highest in 2006-2010 (112.1 per 100,000), and was also higher than the rate for any other ethnic group in that period.^{iv}

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Affects all ages:** Community members participating in focus groups and key informant interviews expressed concerns about behavioral health that covered all ages, from teen substance abuse and suicide, to PTSD, alcoholism, eating disorders, and other serious behavioral health conditions among adults and older adults. Many mentioned the co-occurrence of mental health issues and substance abuse as a key concern. One expert noted that sexual trafficking victims are particularly vulnerable to mental health issues.
- **Barriers to getting help:** Participants stated that most insurance, except Medi-Cal, still does not cover mental health and/or substance abuse treatment. Many said that there are not enough providers in the county to address the level of need. Some said that individuals who are unable to access mental health or substance abuse treatment in a timely manner may turn to substance use as another way to cope. Others focused on the stigma associated with behavioral health issues, which makes it harder for individuals to seek and obtain help.

Several noted that these individuals are often discriminated against in their communities and in healthcare settings. While this stigma can be experienced by anyone, some stated it is particularly problematic for those from certain cultures (e.g., Latinos).

- **Public policy issue:** As stated by the 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.”^{iv}

ⁱ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

ⁱⁱ Centers for Disease Control and Prevention. *Smoking and Tobacco Use, Health Effects*. 2015.

ⁱⁱⁱ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

^{iv} County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

Births Outcomes

What Is the Issue & Why Is It Important?

Improving the well-being of mothers, infants, and children is an important public health goal. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system.ⁱ The topic area of birth outcomes addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Data indicators that measure progress in this area include low birthweight, infant mortality, teen births, breastfeeding, and access to prenatal care. Increased access to quality preconception (before pregnancy) and interconception (between pregnancies) care can reduce the risk of maternal and infant mortality and pregnancy-related complications. Moreover, healthy birth outcomes and early identification/treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.¹

DISPARITIES IN BIRTH OUTCOMES PERSIST

Babies born to African American mothers are more likely to have poor birth outcomes than those born to mothers of other ethnicities.

Overall, birth outcomes in San Mateo County meet Healthy People 2020 (HP2020) targets and are similar to California. However, birth outcomes are a health need due to the fact that African American and Asian/Pacific Islander residents disproportionately experience worse outcomes than county residents of other ethnicities.

Statistical Data That Support the Health Need

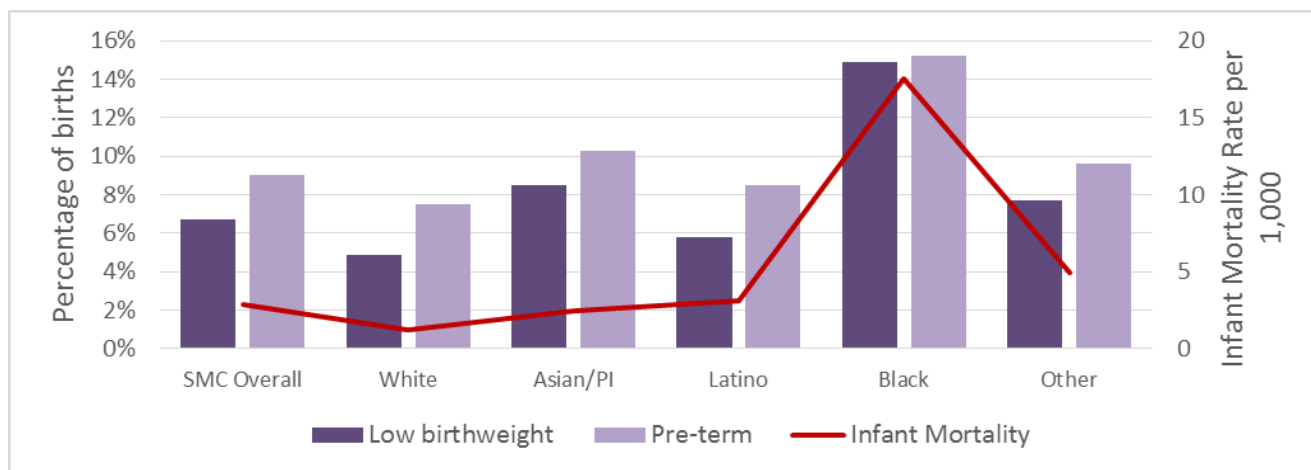
- **Countywide outcomes are good:** None of the countywide birth outcome statistics were worse than their associated benchmarks (see table below for details):
 - ➔ Only 16% of births countywide are to mothers who received inadequate prenatal care, less than the HP2020 objective of 22%.²
 - ➔ The percentage of county infants with low birthweight (6.7%) is similar to the state average (6.8%).ⁱⁱ
 - ➔ There is a slightly smaller percentage of pre-term births in the county (9.0%) than the state (9.8%).²
 - ➔ The county infant mortality rate (2.9 per 1,000 live births) is far below (i.e., better than) the HP2020 target of 6.0.ⁱⁱⁱ

OVERALL BIRTH OUTCOMES AND RELATED STATISTICS, BY GEOGRAPHY, 2011^{2,3}

Indicator	HP2020	CA	SMC
Inadequate prenatal care (percent of live births)	22%	N/A	16%
Low birthweight (percent of live births)	7.8%	6.8%	6.7%
Pre-term births (percent of live births)	11.4%	9.8%	9.0%
Infant mortality (rate per 1,000)	6.0	4.8	2.9

- **Disparities in outcomes:** Despite having good *overall* birth outcomes, there are disparities in these outcomes among different ethnic groups in San Mateo County. Babies born to mothers of color are generally more likely than those born to White mothers to have poor birth outcomes.

SAN MATEO COUNTY BIRTH OUTCOMES BY ETHNICITY, 2011



- **Birth outcome disparities by ethnic group:** Disparities exist among different ethnic populations for several birth outcome statistics (see chart above for details):
 - African American women in San Mateo County are more likely to have inadequate prenatal care (21%) than those of other ethnicities. However, this figure is no worse than the HP2020 maximum of 22%.ⁱⁱⁱ
 - Babies born to Asian/Pacific Islander (8.5%) and African American (14.9%) mothers are more likely than those of other ethnic groups in the County to have low birthweight.ⁱⁱⁱ
 - The mortality rate for African American infants in the county (17.5 per 100,000) is nearly triple that of the HP2020 objective (6.0). This is not just a county issue; this disparity is also seen statewide.^{iv}
- **Breastfeeding disparities:** Disparities also exist in breastfeeding habits among different groups of mothers in San Mateo County: only 87% of mothers and 92% of non-Hispanic mothers of other ethnicities breastfeed their children at any time after birth, worse than the state average (93%). Once again, however, the overall county figure (97%) is better than the state.^{iv}

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- San Mateo County youth who participated in focus groups expressed concern about the frequency of teen pregnancy and teen parenting. Youth spoke from their own

experience, not necessarily reflecting the statistical data, which indicate a lower rate of teen births in the county compared to the state (4.1 per 1,000 births in the county versus 8.5 per 100,000 in California overall).^{ii,iii}

ⁱ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

ⁱⁱ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2011.

ⁱⁱⁱ Centers for Disease Control and Prevention. wonder.cdc.gov. 2006-2010.

^{iv} California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2012.

Cancer

What Is the Issue & Why Is It Important?

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. There are more than 100 kinds of cancer.ⁱ Cancer is the second most common cause of death in the United States.ⁱⁱ Behavioral and environmental factors play a large role in reducing the nation's cancer burden, along with the availability and accessibility of high-quality screening. Nationally, African American men are more likely to get and die from cancer, followed by White, Latino, American Indian/Alaskan Native, and Asian/Pacific Islander men.ⁱⁱⁱ Among women, White women are more likely to get cancer, and African American women are more likely to die from cancer.ⁱⁱⁱ Complex and interrelated factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most salient factors are associated with a lack of healthcare coverage and low socioeconomic status (SES).^{iv}

CANCER A LEADING CAUSE OF DEATH

Cancer is the second leading cause of death in San Mateo County, and ethnic disparities are evident in cancer mortality data.

Cancer is a health need in San Mateo County because it is the second leading cause of death in the county. In addition, the county's breast cancer mortality and colorectal cancer incidence rates fail Healthy People 2020 (HP2020) benchmarks. Health behaviors that can contribute to cancer, such as tobacco use and excessive alcohol consumption, are shown to be of concern. Finally, ethnic disparities are evident in certain cancer incidence and mortality rates in the county.

Statistical Data That Support the Health Need

- Cancer is the second leading cause of death in the county, accounting for 25% of all deaths in 2013.^v
- Excessive alcohol consumption, a factor that contributes to various types of cancer, rose substantially among young adult males (ages 18-24) in the county between 1998 (24%) and 2013 (39%).^{vi}

Colorectal Cancer

- The overall age-adjusted colorectal cancer incidence rate for the county (46.6 per 100,000) surpassed the HP2020 maximum target for colorectal cancer incidence (38.6 per 100,000). Additionally, the age-adjusted mortality rate for colorectal cancer is slightly higher in San Mateo County (15.0 per 100,000) than the HP2020 objective (14.5 per 100,000). However, the trend in the county overall shows incidence and mortality rates of colorectal cancer going down.^{vi}
- There are ethnic disparities in the incidence rates of colorectal cancer in San Mateo County. Incidence rates for African American men and women and for Asian men have

been increasing in recent years, while rates have been flat or declining for other groups.^{vi}

Prostate Cancer

- Incidence rates of prostate cancer for African American men have been rising in recent years. However, the county's overall rate of prostate cancer incidence is generally trending down.^{vi}
- The county's prostate cancer mortality rate is generally trending down. The overall age-adjusted rate (19.9 per 100,000 men) is not higher than the HP2020 objective (21.8 per 100,000 men).^{vi}

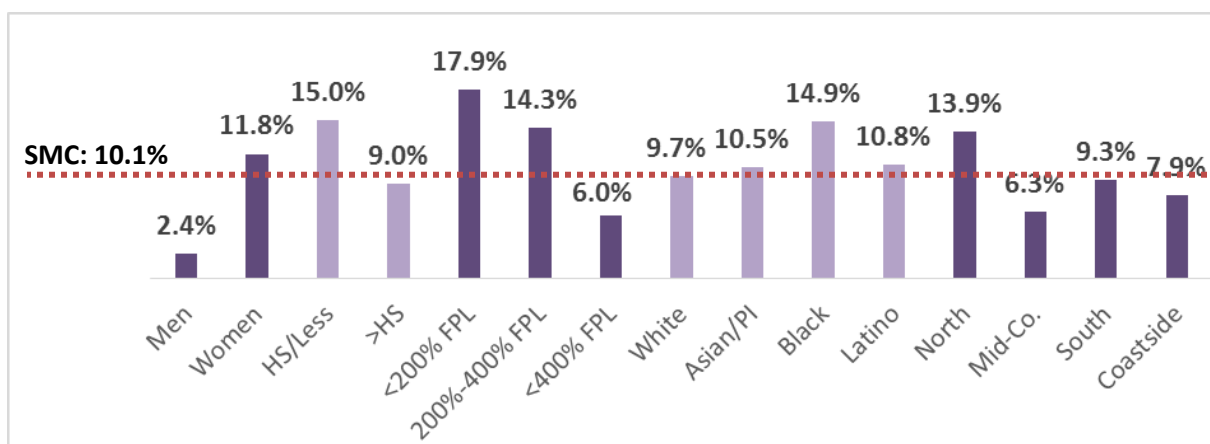
Breast Cancer

- The county's breast cancer mortality rate (21.1) slightly surpasses the HP2020 objective (20.7). However, San Mateo County's mortality rate for breast cancer is trending down.^{vi}
- Overall, breast cancer incidence rates in the county are rising, and the rise is particularly steep for African American women.^{vi}

Lung Cancer

- Mortality rates for lung cancer are trending down in the county. The overall age-adjusted rate (35.8 per 100,000) is below the HP2020 objective (45.5 per 100,000).^{vi}
- African American men have the highest lung cancer incidence rates compared with others in the county (87.8 per 100,000 individuals, compared to 49.5 per 100,000 overall). Lung cancer incidence rates for African American women in the county have been trending up since 2006.^{vi}
- There are disparities among certain populations in the county with respect to adult smoking, a factor that contributes to various types of cancer, including lung cancer. The HP2020 objective for adult smoking is 12%. In San Mateo County, African American, North County, less-educated (those with a high school diploma or less), low-income, and male residents surpass this objective.^{vi} (See chart below for details.)

IDENTIFY AS A CURRENT SMOKER, SAN MATEO COUNTY 2013^{vi}



Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Community members who participated in focus groups and key informant interviews expressed concern about smoking as a cause of lung cancer.

ⁱ Centers for Disease Control and Prevention. *How to Prevent Cancer or Find It Early*. 2015.

ⁱⁱ Centers for Disease Control and Prevention. *Fast Stats, Leading Causes of Death*. 2015.

ⁱⁱⁱ Centers for Disease Control and Prevention. *Cancer Rates by Race and Ethnicity*. 2015.

^{iv} National Cancer Institute. *Cancer Health Disparities*. 2015.

^v California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

^{vi} County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

Childhood Obesity

What Is the Issue & Why Is It Important?

Childhood obesity occurs when a child is well above the normal weight for his or her age and height. In children and adolescents aged 2 to 19 years, obesity is defined as a body mass index (BMI) at or above the 95th percentile of the sex-specific CDC BMI-for-age growth charts. Childhood obesity often leads to health problems that were once confined to adults, such as diabetes, high blood pressure, and high cholesterol. It can also lead to poor self-esteem and depression. Risk factors include regularly eating high-calorie foods, lack of exercise, family factors, psychological factors, and socio-economic factors. Obesity has more than doubled in children and quadrupled in adolescents in the past 30 years.ⁱ Approximately 17% (or 12.7 million) of U.S. children and adolescents aged 2 to 19 years are obese. In the United States in 2011-2012, 8% of children aged 2 to 5 years were obese compared with 18% of children aged 6 to 11 years and 21% of adolescents aged 12 to 19 years. Childhood obesity is also more common among certain racial and ethnic groups. In 2011-2012, the prevalence of obesity among U.S. children and adolescents was higher among Latinos (22%) and African Americans (20%) than among Whites (14%).ⁱⁱ

CHILD/ADOLESCENT OBESITY WORSE THAN CA

Kids in San Mateo County are more likely to be overweight or obese than in California overall, and less than half of seventh graders met physical fitness standards.

Childhood obesity is a health need in San Mateo County as illustrated by poor physical fitness among youth and slightly higher rates of obesity and overweight among children compared to state averages. Community members report concerns including barriers to physical activity and healthy eating.

Statistical Data That Support the Health Need

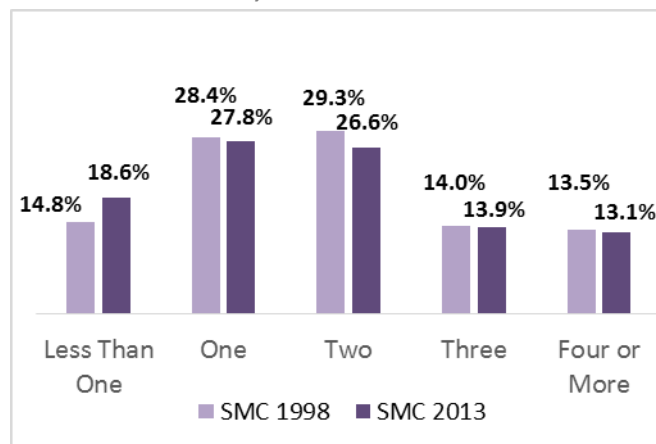
A slightly greater percentage of children aged 2 to 4 years reported in San Mateo County's Child Health and Disability Prevention (CHDP) are overweight (18%) or obese (18%) compared to the state overall (16% and 17%, respectively). Similarly, a slightly greater percentage of CHDP children and adolescents aged 5 to 19 years are overweight (24%) or at-risk for overweight (20%) compared to the state overall (23% and 19%, respectively).ⁱⁱⁱ

Physical Activity

- A smaller percentage of San Mateo County's seventh graders met all six basic fitness standards in 2011 (36%) than in 2009 (41%). Latino (20%), African American (26%), and American Indian (31%) students were least likely to meet the standards in 2011.ⁱⁱⁱ

- According to a survey of adults with school-aged children, 60% of those children neither biked nor walked to school at all in the prior year. Only 15% of school-aged children had biked or walked to school more than half of the time.ⁱⁱⁱ
- Between 1998 and 2013, overall screen time (the amount of time per day children watched television, watched videos, or played video games) decreased slightly in San Mateo County, but it remains “far from optimal.”ⁱⁱⁱ

NUMBER OF HOURS PER DAY CHILD SPENDS ON SCREEN TIME, 1998 AND 2013ⁱⁱⁱ



Diet & Nutrition

- While the diet of San Mateo County children is not worse than that of California children overall, healthy eating is not as prevalent among the county’s children as it could be. Just over half (54%) of San Mateo County children aged two years and older consume five or more servings of fruits and vegetables daily, compared to just under half (48%) of children aged 2+ years in the state overall.^{iv}

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Barriers to healthy eating:** San Mateo County youth who participated in focus groups said there are too many fast food restaurants in their community. Key informants agreed that such easy access to unhealthy nutrition options is a driver of childhood obesity. Members of several focus groups identified the ubiquity of sugar (e.g., in candy, snacks, and sodas) as a big problem in the community, especially for youth. Many participants said that the lack of nutrition education (including how to make healthy meals) is an issue for all community members, but especially for children, parents, and grandparents.
- **Barriers to physical activity:** Community members participating in focus groups and/or key informant interviews noted that residents of neighborhoods with inadequate access to safe parks, trails, and other safe places to recreate are more likely to be less physically active than residents of neighborhoods with better access to safe parks/recreation spaces. Youth participants and one key informant focused on the expense of gyms, “pay-to-play” programs, and the relative lack of low-cost fitness options. However, other key informants praised the access to affordable gyms, free beach and bike trails, and other physical activity resources for various groups, including seniors and youth.
- **Impact of other activities:** One key informant indicated that children from Latino and low-income populations often have family responsibilities that keep them from playtime and other activities. This individual also noted that when multiple families live together, there is often no space for recreation. Focus group participants and key informants

discussed addiction to electronics and the associated sedentary lifestyle, especially as these relate to children and youth.

ⁱ National Center for Chronic Disease Prevention and Health Promotion. *Childhood Obesity Facts*. 2016.

ⁱⁱ Centers for Disease Control and Prevention. *Prevalence of Childhood Obesity in the United States, 2011-2012*. 2012.

ⁱⁱⁱ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

^{iv} California Health Interview Survey (CHIS). healthpolicy.ucla.edu/chis. 2009.

Climate Change

What Is the Issue & Why Is It Important?

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Globally, almost 25% of all deaths and the total disease burden can be attributed to environmental factors.ⁱ Environmental factorsⁱ include:

- Exposure to hazardous substances in the air, water, soil, and food
- Natural and technological disasters
- Physical hazards
- The built environment

Poor environmental quality has its greatest impact on people whose health status is already at risk. Consequently, environmental health must address the societal and environmental factors that increase the likelihood of exposure and disease.ⁱ An emerging issue in environmental health is climate health, which is projected to impact sea level, patterns of infectious disease, air quality, and the severity of natural disasters such as floods, droughts, and storms.

San Mateo County is among the top U.S. metropolitan areas with the highest short-term particle pollution. This can aggravate asthma, which doubled among county adults from 1998 to 2013. Also, increased carbon emissions and high levels of ground-level ozone in the county contribute to global warming, which negatively impacts food and water resources.

CLIMATE CHANGE INDICATORS WORSENING

High levels of short-term particle pollution, ground-level ozone, and carbon emissions in San Mateo County can negatively impact health.

Statistical Data That Support the Health Need

- **Pollution directly affects health:** The county is among the top 10 U.S. metropolitan areas with the highest short-term particle pollution. Poor air quality can aggravate asthma and other respiratory conditions.ⁱⁱ
- **Increasing pollution may impact food and water resources:**
 - ➔ Carbon emissions (i.e., greenhouse gas) levels in San Mateo County rose slightly from 2001 to 2009. These emissions can contribute to global warming, which in turn impacts food security and water resources that are key to human health.ⁱⁱ
 - ➔ The county is in the top 15% of U.S. metropolitan areas most polluted by ground-level ozone. This can damage plants and ecosystems on which human health depends.ⁱⁱ

- **Disparities in water use exist:** Although water consumption is trending down countywide (which is especially crucial during drought years), more-affluent communities use disproportionately more water than less-affluent communities.ⁱⁱ
- **County at increased risk of flooding:** More than 110,000 people in San Mateo County 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 most impacted counties in California.ⁱⁱⁱ

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Community representatives who participated in focus groups and/or key informant interviews mentioned that climate change has a key impact on human health, and some suggested policy changes:
 - ➔ A carbon tax could reduce energy consumption.
 - ➔ Encouraging more active transportation as a means for reducing greenhouse gas emissions can also increase physical fitness, a key factor in a number of health needs.
- Community representatives expressed the following concerns:
 - ➔ Air pollution from increased traffic is negatively impacting health.
 - ➔ Higher-density urban areas have access to fewer green spaces.
 - ➔ The drought may have an impact on food supply.
- Focus group participants and key informants also discussed the issue of dumping, which can introduce toxins into the immediate environment. This was of particular concern in East Palo Alto.

ⁱ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

ⁱⁱ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

ⁱⁱⁱ California Climate Change Center. www.energy.ca.gov. 2009.

Communicable Diseases (not STIs)

What Is the Issue & Why Is It Important?

Communicable diseases are primarily transmitted through direct contact with an infected individual or their discharge (such as blood). Communicable diseases remain a major cause of illness, disability, and death. People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.ⁱ Various agencies closely monitor communicable diseases to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and allocate resources effectively.

Pneumonia and influenza, both communicable diseases, are among the top 10 leading causes of death in San Mateo County. While mortality rates from these diseases are rising, vaccination against them countywide is lower than the national Healthy People 2020 (HP2020) objective. Tuberculosis, another communicable disease, has been on the rise in the county since 2004 and remains higher than the state average. *Sexually transmitted infections are discussed in a separate profile.*

ISING PNEUMONIA & FLU MORTALITY RATE

The combined rate of death from pneumonia and influenza in San Mateo County has been on the rise since 1990.

Statistical Data That Support the Health Need

- **Leading cause of death:** Deaths from pneumonia/influenza have been on the rise since 1990, and the combination is currently the seventh leading cause of death in the county.^{ii,iii}
- **Older adult vaccination rates too low:** Among county older adults surveyed, only 76% had a flu shot in the prior year and only 68% had a pneumonia vaccination, both lower than the Healthy People 2020 targets of 90% for each.ⁱⁱ
- **Child vaccination rates acceptable:** Estimated vaccine coverage with all required immunizations among children aged 2-4 years in licensed childcare in the county was nearly 95% in 2007-08, slightly higher than the state overall (94%).ⁱⁱ
- **Tuberculosis incidence rates high and rising:** There has been an increase in the incidence rate of tuberculosis (TB) in San Mateo County in the past decade (8.7 per 100,000 in 2000-04, 10.0 in 2006-10), and it remains higher than the state average.ⁱⁱ

- Disparities by race in TB incidence occur among Asian/Pacific Islanders (26.0 per 100,000 in 2006-10), and the County of San Mateo Health System suggests that “foreign-born persons account for rising annual case counts in San Mateo County in recent years.”ⁱⁱ
- **Campylobacteriosis rates rising:** The incidence rate of campylobacteriosis (a communicable gastrointestinal illness) in the county has been trending upward in recent years (161 cases in 2006, 247 cases in 2011) after a period of decline from mid-1990s highs.ⁱⁱ
- **Salmonella rates rising:** Salmonella incidence, after declining from 1993-97 highs, has plateaued and appears to be on the rise again; the county rate of 15.2 per 100,000 in 2007-11 is higher than the Healthy People 2020 target of 11.4.ⁱⁱ

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Community representatives participating in focus groups and key informant interviews expressed concern about overcrowding in homes, as communicable diseases spread faster in crowded environments. One key informant specifically noted that homes are harder to keep clean with so many people in them, and such lack of hygiene can also contribute to the spread of disease.

ⁱ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

ⁱⁱ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

ⁱⁱⁱ California Department of Public Health (CDPH). www.cdph.ca.gov. 2013.

Diabetes

What Is the Issue & Why Is It Important?

Diabetes mellitus (diabetes) is a disease that affects how one's body uses blood sugar (glucose), an important source of energy for the cells that make up muscles and tissues as well as the main source of fuel.ⁱ Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Types of diabetes include gestational diabetes, type 1, and type 2, which accounts for 90-95% of all diagnosed cases of diabetes. Risk factors for type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity. African Americans, Latinos, American Indians, and some Asian/Pacific Islanders are at particularly high risk for type 2 diabetes.

Diabetes is the seventh leading cause of death in the United States.ⁱⁱ According to the Centers for Disease Control, 29.1 million people, or one out of every 11 people in the United States have diabetes. More than one in three people, or 86.1 million, have prediabetes, a condition in which one's blood sugar level is higher than normal but not high enough yet to be diagnosed as type 2 diabetes. The risk of death for adults with diabetes is 50% higher than for adults without diabetes. Additionally, having diabetes is costly. In 2014, the total medical costs and lost work and wages for people with diagnosed diabetes was \$245 billion, and the medical costs for people with diabetes are twice as high as for people without diabetes.ⁱⁱⁱ

Diabetes is a health need in San Mateo County as evidenced by a rise over time in the percentage of residents who report that they have been diagnosed with diabetes. Countywide, the percentage of adults with diabetes is higher than the Healthy People 2020 (HP2020) target. In addition, African Americans and low-income county residents disproportionately report having been diagnosed with diabetes. Finally, diabetes is one of the top 10 leading causes of death in the county. Of greatest concern to community respondents were the complications that can result from diabetes, the magnitude of the problem (more people living with and dying from chronic conditions such as diabetes), and the inadequate number of doctors and caregivers available to treat chronic diseases such as diabetes.

DIABETES PREVALENCE INCREASING

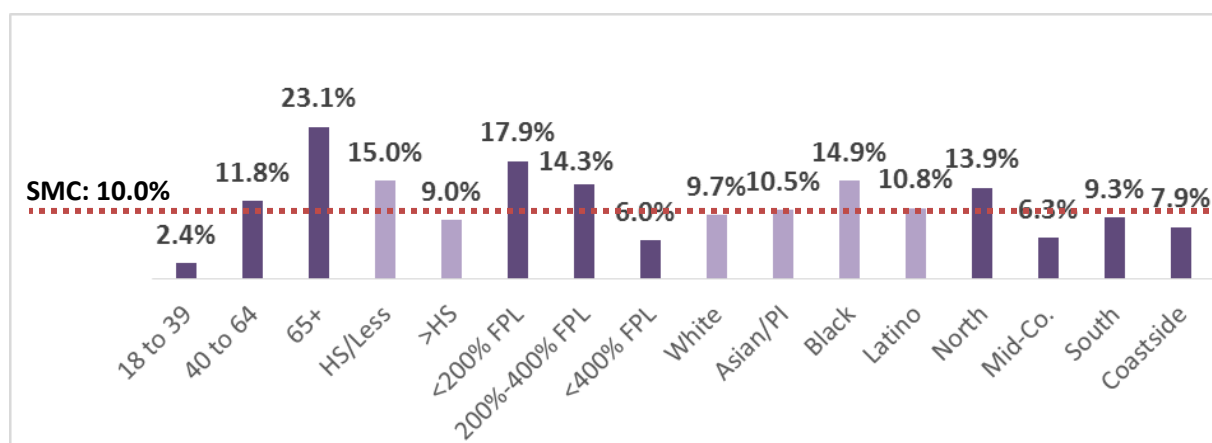
One in 10 adults have been diagnosed with diabetes, a percentage that is higher than the Healthy People 2020 objective.

Statistical Data That Support the Health Need

- **A leading cause of death:** Diabetes was the eighth leading cause of death in the county in 2013 (111 or 2% of all deaths countywide).^{iv}
- **Prevalence rising:** Diabetes prevalence in the county more than doubled between 1998 (4%) and 2013 (10%), a significant rise. The greatest increases were among Whites, women, and those aged 65 or older.^v

- **Worse in county than in state:** In 2013, one in 10 adults in the county said they had been diagnosed with diabetes (excluding gestational diabetes), which is higher than the Healthy People 2020 (HP2020) objective of 8%. Greater percentages of low-income, African American, older, and North County respondents indicated they had been diagnosed with diabetes, compared to the county overall. (See chart below for 2013 countywide diabetes prevalence statistics.)^v

DIABETES PREVALENCE, 2013^v



See the two profiles on Childhood Obesity and Fitness, Diet, & Nutrition for more specific information about these diabetes-related risk factors.

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Community members participating in focus groups and/or key informant interviews expressed concerns about the complications that can result from untreated diabetes, such as blindness, heart disease, and foot amputations. Related to this, community members said that because diabetes prevalence in the county is increasing, there is a corresponding increased need among county residents for education about chronic health conditions such as diabetes and access to appropriate care to manage them.
- Participating community members emphasized that San Mateo County needs more doctors and caregivers to treat chronic conditions such as diabetes.
- Although there are no statistical data available on diabetes prevalence by occupation, one key informant indicated that farmers are a county subpopulation that experiences higher rates of diabetes than the general population.

ⁱ Mayo Foundation for Medical Education and Research. *Definition of Diabetes*. 2016.

ⁱⁱ Centers for Disease Control and Prevention. *Diabetes Fact Sheet*. 2016.

ⁱⁱⁱ Centers for Disease Control and Prevention. *Infographics on Diabetes. A Snapshot: Diabetes in the United States*. 2015.

^{iv} California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

^v County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

Emotional Well Being

What Is the Issue & Why Is It Important?

While there is no single definition, researchers agree that the minimum elements of well-being include having positive emotions or moods, not feeling overwhelmed by negative emotions, and experiencing life satisfaction, fulfillment, and “positive function.” Well-being looks beyond happiness to include one's ability to:ⁱ

- View the past, present, and future in a positive perspective.
- Have positive relationships with parents, siblings, life partners, and peers who can provide support in difficult times.
- Find and engage in activities that absorb us into the present moment.
- Understand and feel the greater impact of personal actions and activities.
- Have goals, ambitions, and achievements that provide a sense of satisfaction, a sense of pride, and fulfillment.

Well-being is a health need in San Mateo County because it is a top concern among community members. Community members who participated in focus groups and key informant interviews indicated that the need is exacerbated by limited insurance for and few counselors to treat well-being issues. The community also identified a variety of factors that cause stress and thus negatively impact well-being. In addition, disparities among surveyed adults in their experiences of stress and depression suggest that well-being is a health need in the county.

ADULTS & YOUTH REPORT STRESS & DEPRESSION

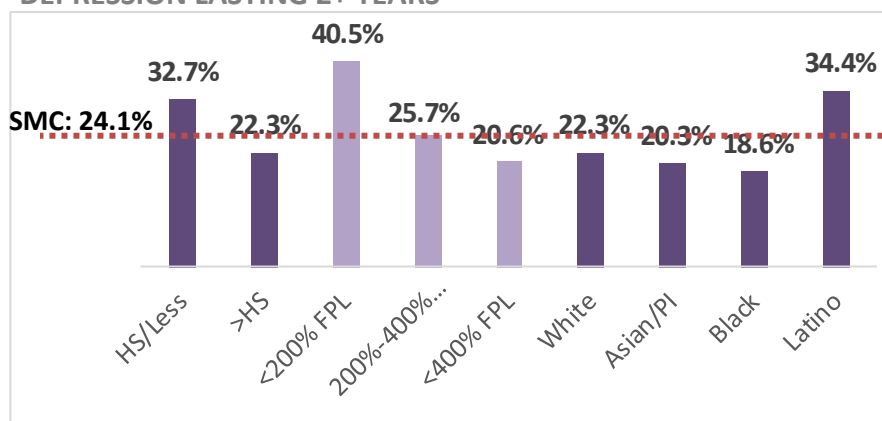
Well-being is compromised by stress, anxiety, and depression. Residents both young and old report being impacted by stress and depression at high rates.

Statistical Data That Support the Health Need

- About 7% of surveyed adults in San Mateo County report a daily experience of high stress, with African Americans reporting this most often (10%). County adults report feeling worried, tense, or anxious about 12% of the time overall (an average of 3.7 days in the preceding month). These feelings occur more often among African Americans (5.1 days), low-income respondents (5.0 days), women (4.3 days), Latinos (4.2 days), and middle-aged adults (4.0 days).ⁱⁱ
- More than one in 10 surveyed adults (12%) felt “not at all connected” to their community in 2013, an increase over 2001, when it was only 8%.ⁱⁱ
- Perceived importance of spirituality has declined among surveyed adults between 2001, when 50% felt it was “very important,” to 2013, when only 44% felt that way. Moreover, a smaller proportion of residents said they had a priest, minister, rabbi, or other person for spiritual support in 2013 (51%) than in 2001 (62%).ⁱⁱ
- Data reveal certain trends related to life difficulties among surveyed adults countywide:ⁱⁱ

- Difficulty with feeling satisfied with one's life rose (i.e., got worse) between 2001, when it was 40%, and 2013, when it rose to 46%.
- Difficulty with family relationships also rose (i.e., got worse) between 2001 (29%) and 2013 (34%).
- Difficulty with controlling anger/violence dropped (i.e., got better), between 2001 and 2013 (33% and 26%, respectively).
- Between 26% and 40% (depending on grade level) of middle and high school students in San Mateo County report feeling sad or hopeless for two weeks or more in the past year.ⁱⁱⁱ
- Nearly one quarter (24%) of surveyed adults overall report experiencing symptoms of depression on most days over a period of two or more years. There are substantial disparities among those reporting prolonged depression: Nearly twice the percentage of low-income adults (41%), 34% of Latinos, and 33% of those with less education report experiencing a lengthy period of depression compared to San Mateo County adults overall.ⁱⁱ

SAN MATEO COUNTY ADULTS WHO REPORT SYMPTOMS OF DEPRESSION LASTING 2+ YEARSⁱⁱ



Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Barriers to getting help:** Community members who participated in focus groups and key informant interviews reported concerns about lack of insurance coverage for care/services for those with subclinical or “lower-level” mental health issues, including stress, worry, anxiety, grief, and family conflict. In addition, many participants mentioned that there are too few counselors (especially school-based counselors) to handle these various well-being related issues. Others indicated that long wait times to get an initial appointment with a therapist creates a barrier to access. Finally, they noted that stigma can be a barrier to seeking care.
- **Specific populations with issues:** Residents in concentrated urban areas expressed feeling stress and anxiety around sirens, car noise, loud music, and the sound of gunshots, some of which was related back to PTSD or more general fears about neighborhood safety. LGBTQI participants reported additional issues such as familial stress and experiencing micro-aggressions. Additionally, the lack of public gender-neutral restrooms, limited providers who are educated about LGBTQI needs, and inadequate support and resources in rural areas contribute to poor well-being among LGBTQI residents.
- Finally, respondents expressed concern about social isolation and loneliness. They identified those at particular risk:
 - Older homebound adults (especially those without family nearby).

- The undocumented (who fear going out in public and who may also experience linguistic isolation).
 - Victims of sexual trafficking (who are moved frequently and so cannot sustain community connections).
 - Those who lack meaningful face-to-face contact (who are addicted to devices or the Internet).
 - Parents who feel isolated, alone, and/or depressed (including but not limited to maternal depression).
-

ⁱ Centers for Disease Control and Prevention. *Health-Related Quality of Life: Well-being Concepts*. 2016.

ⁱⁱ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013..

ⁱⁱⁱ California Healthy Kids Survey (CHKS). chks.wested.org. 2009-2010.

Fitness, Diet & Nutrition

What Is the Issue & Why Is It Important?

The benefits of fitness and a healthy and nutritious diet are commonly known and well-documented. The Center for Disease Control highlights the multiple benefits of healthy eating, including preventing high cholesterol and high blood pressure and helping to reduce the risk of developing chronic diseases such as cardiovascular disease, cancer, and diabetes, as well as the risk for developing obesity, osteoporosis, iron deficiency, and dental caries. For children and adolescents, proper nutrition also promotes their optimal growth and development and is associated with improved cognitive function, reduced school absenteeism, and improved mood.ⁱ Equally beneficial to a nutritious diet is regular physical activity. Regardless of age, sex, or physical ability, getting regular exercise can combat obesity, reduce the risk of cardiovascular disease, type 2 diabetes, metabolic syndrome, and some cancers, strengthen bones and muscles, improve mental health and mood, improve ability to do daily activities, prevent falls for older adults, and increase an individual's chances of living longer.ⁱⁱ

Despite these benefits, most adults and young people do not follow the recommended guidelines for eating healthy foods and doing regular exercise. A recent study showed that U.S. adults continue to fall short in meeting dietary and physical activity guidelines.ⁱⁱⁱ Similarly, most U.S. youth do not meet the federal recommendations for diet and exercise.^{iv} Most significantly, a poor diet and lack of regular exercise can lead to adult and childhood obesity, a serious and costly health concern in the U.S. that often results in some of the leading causes of preventable death.

Fitness, diet, and nutrition are health needs in San Mateo County as illustrated by a substantial drop over time in the percentage of adults who exhibit a set of healthy behaviors (do not smoke, are not overweight, exercise adequately, and eat adequate fruits & vegetables). Additionally, disparities in access to affordable fresh produce are apparent among different groups in the county. Community members participating in focus groups and key informant interviews raised a variety of access-related issues to fitness options and nutritious food, as well as identifying certain behaviors that impact the health need.

DISPARATE ACCESS TO FRESH FOOD

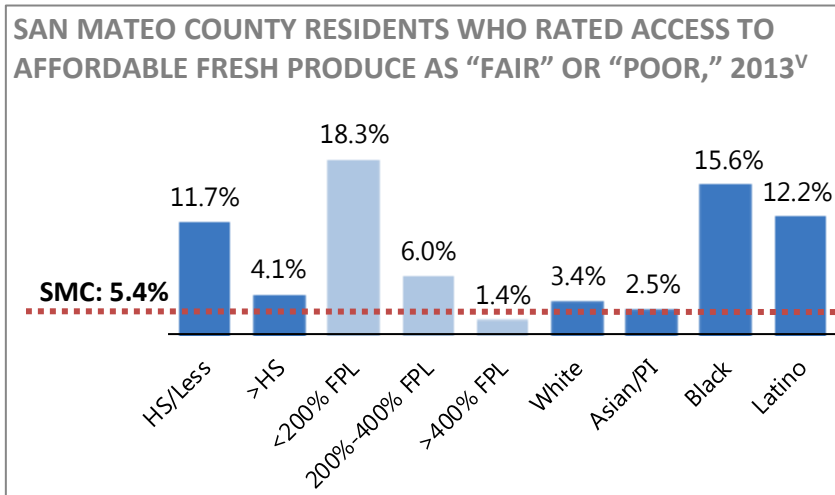
Low-income residents are three times as likely to say they have poor access to fresh and healthy food than those with higher incomes.

Statistical Data That Support the Health Need

- The county saw nearly a 50% drop in a set of healthy behaviors among surveyed adults (don't smoke, are not overweight, exercise adequately, eat adequate fruits & vegetables) between 2001 (9.2%) and 2013 (5.4%):^v
 - ➔ **Fitness:** A smaller percentage of the county's seventh grade students met all six basic fitness standards in 2010-2011 (36%) than had met the standards a few years earlier (41% in 2008-2009). More than half (54%) of county adults surveyed in 2013 did not regularly

engage in vigorous physical activity. This figure had improved since 2001 (64%), but was far from optimal. Those who were disproportionately inactive included older adults (73%), lower-income adults (63-67%), and those who are less-educated (61%).

- ➔ **Diet/nutrition:** Less than one third (31%) of *adults* in San Mateo County consume adequate amounts of fruits and vegetables daily. While the county's statistic is higher than the state (28%), it is still sub-par. More than half (54%) of the county's *children* consume five or more servings of fruits and vegetables daily. Although this figure is better for the county than the state overall (48%), it could be improved.^{vi}
- More than twice as many county adults received food from a food bank, church, or other organization in 2013 (4.4%) than in 1998 (2%). The number of county participants in food stamp programs also increased from 2006 to 2010.^v
- Certain groups of county residents were much more likely than others to have rated their access to affordable fresh produce as "fair" or "poor" in 2013. While only about 5% of surveyed adults overall felt their access was "fair" or "poor," such ratings were given by larger percentages of residents who were low-income (18%), African American (16%), Latino (12%), or less-educated (12%). (See chart for details).^v



Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Access to fitness options:** Many community members who participated in focus groups and key informant interviews mentioned adequate access to affordable gyms, free trails, and other physical activity resources in the community. Others stated that gym membership and "pay-to-play" programs are too expensive, and that there are inadequate low-cost fitness options. Participants noted that neighborhoods with a lack of access to safe parks, trails, and other places to recreate are more likely to see lower physical activity among their residents than neighborhoods with better access to safe parks/recreation spaces.
- **Access to nutritious food:** Participants reported that healthy food is more expensive and thus harder to access for low-income communities where there are limited grocery stores or farmers' markets (i.e., "food deserts"), and for those on fixed incomes (e.g., seniors). Community members also stated that there were too many fast food restaurants. Several noted that CalFresh markets are not accessible enough due to limited hours, and others said there are not enough Meals on Wheels providers or congregate meal sites for seniors. Some participants said the ubiquity of sugar (in candy, snacks, sodas, etc.) is a big problem in the

community, especially for youth. Respondents also said that the low number of community gardens in some neighborhoods impacts access to fresh food.

- **Behaviors play a role:** Community members said that residents do not make healthy meals in part because they lack nutrition education. Several noted that the “addiction” to electronics is associated with a sedentary lifestyle, while others described how children from low-income families often have family responsibilities that keep them from playtime and other activities.

ⁱ National Center for Chronic Disease Prevention and Health Promotion. *Nutrition and the Health of Young People*. 2016.

ⁱⁱ National Center for Chronic Disease Prevention and Health Promotion. *The Benefits of Physical Activity*. 2016.

ⁱⁱⁱ Ervin, R. B. (2011). Healthy Eating Index—2005 total and component scores for adults aged 20 and over: National Health and Nutrition Examination Survey (NHANES), 2003–2004. *National Health Statistics Report*, 44, 1-9.

^{iv} National Center for Chronic Disease Prevention and Health Promotion. *Physical Activity Facts*. 2016.

^v County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

^{vi} Child data: California Health Interview Survey (CHIS). healthpolicy.ucla.edu/chis. 2009.

Healthcare Access & Delivery

What Is the Issue & Why Is It Important?

Access to comprehensive, quality healthcare is important for health and for increasing the quality of life for everyone.ⁱ Components of access to care include: insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include: quality, transparency, and cultural competence. Limited access to healthcare and compromised healthcare delivery impact people's ability to reach their full potential, negatively affecting quality of life. As reflected in the community comments, barriers to receiving quality care include: lack of availability, high cost, lack of insurance coverage, and lack of cultural competence on the part of providers. As illustrated in the data below, these barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, and preventable hospitalizations.

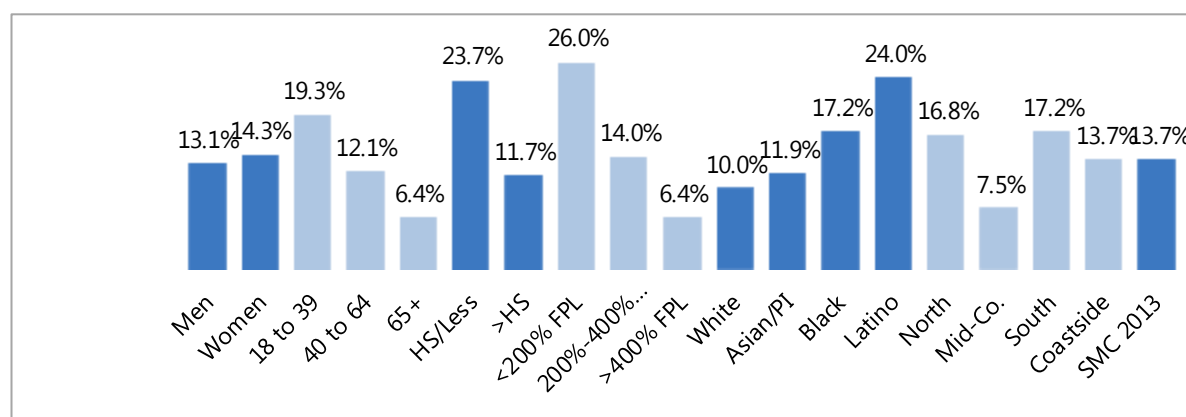
HEALTHCARE STILL TOO EXPENSIVE

Residents with low or middle incomes still find costs of health and dental insurance difficult to afford.

The Affordable Care Act (ACA) provides an opportunity for residents to get better access to healthcare. However, San Mateo County residents who participated in the 2016 Community Health Needs Assessment described mixed experiences when asked about access to care. Data provided by San Mateo County's Public Health Department from a 2013 survey also illustrate some of the barriers that impact access, although caution should be used when interpreting these data, since the survey was conducted before the ACA was fully implemented.

Statistical Data That Support the Health Need

- A number of healthcare access-related indicators in San Mateo County have gotten worse over time:ⁱⁱ
 - ➔ **Routine check-ups:** A smaller percentage of surveyed adults visited a doctor for a routine check-up in 2013 (72%) compared to 1998 (81%). Those who were least likely to have had a check-up were men (63%), adults aged 18-29 (64%), and Asian/Pacific Islanders (66%).
 - ➔ **Lack of coverage:** In 2013, the proportion of surveyed adults under age 65 who had been without health insurance coverage for more than five years doubled from 2001 (30% compared to 15%, respectively). This situation was most common for low-income residents (34%).
 - ➔ **Dental coverage:** A greater percentage of surveyed adults lacked dental insurance coverage in 2013 (32%) than in 1998 (27%). Those who were most likely to lack dental insurance were low-income (62%), older adults (57%), and Latinos (40%).
 - ➔ **Mental health services:** A larger proportion of surveyed adults rated their access to mental health services as "fair" or "poor" in 2013 (36%) than in 1998 (28%).



- **Who has access issues?** Overall, 68% of surveyed county adults rated the “ease of accessing local health care” as “excellent” or good,” a significant increase from prior years. Among those who viewed healthcare access as “fair” or “poor,” those giving the lowest ratings were low-income, Latino, and those without a postsecondary education. (See chart on next page for details.)ⁱⁱ

SAN MATEO COUNTY RESIDENTS WHO RATED ACCESS TO LOCAL HEALTH SERVICES AS FAIR/POOR, 2013ⁱⁱ

- **Children have access:** While access is problematic for certain adult populations, children are almost universally accessing healthcare in the county, attributed to public policy and effective implementation.ⁱⁱ

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

Health System Literacy (Navigation)

- Community members who participated in focus groups and key informant interviews stated that health systems are “quite complicated,” and people must “jump through hoops” and be their own advocates; not everyone is “appropriately educated” about how to get healthcare. 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.”
- Participants indicated that information about health insurance is more difficult to access for those of less-populous monolingual groups (e.g., Russian, Korean, Japanese, Farsi, Mayan), undocumented immigrants, and victims of human trafficking. Also, participants mentioned that those with dementia or mental health disorders may have practical barriers to enrolling in health insurance programs.
- Community members stated that youth need help learning to manage their own health and navigate systems (including filling prescriptions, getting lab tests, and appointment etiquette).

- Some participants noted that when moving to San Mateo County from elsewhere, patients have to “start over” and need assistance getting connected to the healthcare system.

Availability of Doctors and Services

- Clinic staff members who participated in focus groups and/or key informant interviews said they were worried about the medical staff pipeline; clinics regularly compete with hospitals that pay staff more, which makes it difficult to retain qualified staff. Some providers rely on nurse practitioners or physician assistants to deliver care; providers are “close to maximum capacity” to provide care for new patients.
- Participants stated that there are fewer primary care providers on the coast and other rural areas. Similarly, they noted that specialty care doctors are few and far between (e.g., mental health clinicians, oral health providers, geriatricians, neurologists, orthopedists, and dermatologists). They also said there is a dearth of services such as substance use treatment, transgender healthcare clinics, laboratories for testing, and chemotherapy providers – especially on the coast. There are also too few counselors in schools. There may not be enough providers practicing complementary care (i.e., Eastern medicine).
- Residents shared that they experience the shortage of clinicians as frustration with long wait times to get primary care appointments (three to six months), and even longer waits (up to a year) to obtain an appointment with a specialty care doctor. This is a trend statewide (the percentage who did not receive care because they could not get an appointment increased from 5% in 2013 to 8% in 2014).ⁱⁱⁱ
- The consensus among providers in focus groups and key informant interviews was that more patients in San Mateo County are enrolled in insurance. However, participants said patients are still accessing care through the emergency department or clinics because there are not enough doctors to handle higher demand, who take Medi-Cal, Denti-Cal, or Covered California plans, and have flexible hours. Still others are using non-certified/unlicensed doctors for similar reasons of supply, coverage, and hours.

Affordability & Coverage

- Community members who participated in focus groups and key informant interviews made clear that affordability of care is still an issue. Low- and even middle-income residents (especially those on a fixed income) have trouble paying, which means they stay away from the doctor unless absolutely necessary.
- Participants indicated that out-of-pocket costs have increased, including co-pays, prescription costs, and testing. They said that residents are less likely to access preventative care due to uncertainty about cost; they often wait until conditions worsen.
- Finally, participants mentioned that coverage for those who retained insurance has been reduced (i.e., certain conditions, procedures, and prescriptions are no longer 100% covered). Some with coverage through their employer mentioned that their partner or dependents are no longer covered.

Cultural Competence

- Focus group participants said that transgender individuals may delay accessing healthcare when they don't feel included (e.g., inclusivity in medical record and paperwork, marketing/advertising images in a facility). When transgender individuals do access care, participants suggested that providers are not educated/equipped to address LGBTQI issues, and patients can experience discrimination and/or substandard medical care.
- Community members participating in focus groups and key informant interviews stated that clinics have few or no translators or multi-lingual staff. Many patients rely on family members to translate, but patient privacy is sacrificed and often laypeople do not know how to translate or explain medical terminology. Community members said that materials are often not available in patients' first languages.
- Focus group and key informant interview participants indicated that those with mental health issues experience stigma not just in the community but from providers, keeping those individuals from seeking treatment.
- Both providers and residents said that people find it easier to identify with others like themselves, making diverse clinic/health system staff even more important.
- Participants suggested that those from different cultures need messages delivered in different ways.

Healthcare Delivery

- Community members who participated in focus groups and key informant interviews said there is a need for better integration of behavioral health with primary care.
- Focus group and key informant interview participants raised concerns about providers not giving thorough care, including missing medication interactions/conflicts, not attending to child development, and not recognizing mental health/substance use issues. Participants said that some doctors don't believe a patient is sick, misdiagnose, and/or give bad advice. In addition, they suggested that clinicians need help identifying victims of human trafficking so that appropriate care can be provided.
- Similarly, some said doctors are not paying attention because there has been a "de-humanization of doctor-patient relationship" due to electronic health records. Participants stated that doctors are "focused on the device and not the patient and make them feel unimportant." These issues have negative effects on the doctor-patient relationship.
- Clinicians said they find it difficult to reach patients who have disposable cell phones/unstable mobile phone access, and data systems make it hard for both residents and providers to send text messages to each other.
- Other delivery issues include:
 - Help/advice lines that "do not give good advice."

- Patients feeling they are receiving different (“worse”) level of care in the county system versus private systems (“better”).
- Patients experiencing rushed appointments and appointments with nurses/physician assistants as “not what I paid for.”
- Appointments being cancelled without notification to patients.
- Doctors breaking confidentiality with youth patients; this is especially frustrating/upsetting to youth when youth are not a danger to themselves or others, and is very problematic when issues relate to LGBTQI identity and family.
- Physicians dismissing health concerns due to “old age” rather than addressing gerontological issues.
- Providers giving low-income patients with Covered California “a very, very hard time.”

Other Barriers to Healthcare Access

- Participants noted that those who do not drive (and older adults in particular) lack reliable, convenient public transit. This is especially an issue on the coast. Lack of transportation can prevent residents from keeping appointments. Participants in focus groups and key informant interviews raised this as a concern, although data show that only 5% of county residents surveyed in 2013 said it was an issue.ⁱⁱ
- Community members said that undocumented immigrants fear deportation, so they do not access services. Key informants noted that day laborers may have even less access to specialty care than others.

ⁱ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

ⁱⁱ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

ⁱⁱⁱ California Health Interview Survey (CHIS). healthpolicy.ucla.edu/chis. 2014

Heart Disease & Stroke

What Is the Issue & Why Is It Important?

Nationally, more than one in three adults (81.1 million) live with one or more types of cardiovascular disease.ⁱ In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.ⁱ There are significant disparities based on gender, age, race/ethnicity, geographic area, and socioeconomic status in the prevalence of risk factors, access to timely treatment, treatment outcomes, and mortality.

HEART DISEASE THE #1 CAUSE OF DEATH

Three in 10 deaths in San Mateo County are caused by heart disease or stroke.

The primary risk factorsⁱ for heart disease and stroke that are controllable include:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

These risk factors cause changes in the heart and blood vessels that over time can lead to heart attacks, heart failure, and strokes. It is imperative to address risk factors early in life to prevent complications of chronic cardiovascular disease.

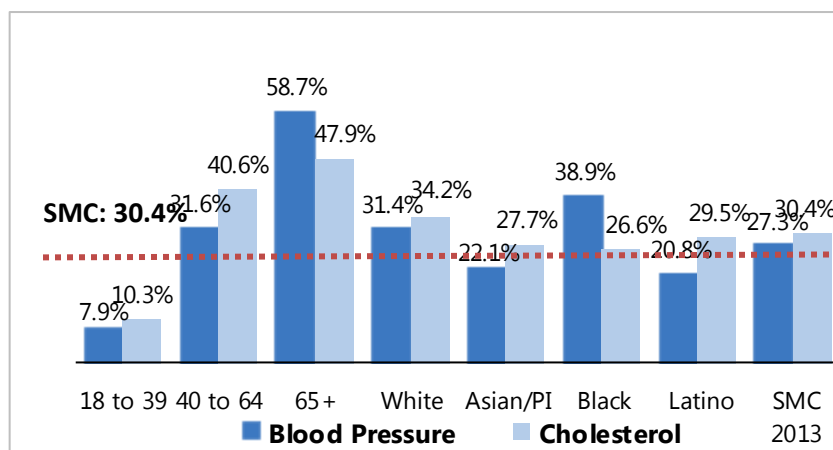
Heart disease and stroke are health needs in San Mateo County as evidenced by rates of deaths due to heart disease and stroke that are higher than Healthy People 2020 (HP2020) benchmarks. Diseases of the heart were the top leading cause of death in the county, and cerebrovascular diseases (such as stroke) were also among the top 10. Additionally, there are rising percentages of adults reporting high cholesterol and hypertension. African American residents disproportionately experience mortality from these diseases compared to other county residents. Measures of almost all cardiovascular risk factors rose among county residents from 1998 to 2013.

Statistical Data That Support the Health Need

- Heart disease is the leading cause of death, and cerebrovascular diseases (including stroke) are the fourth leading cause of death, comprising 30% of all deaths in San Mateo County.ⁱⁱ
- The county rates for heart disease mortality and cerebrovascular disease mortality are both declining over time, but are still above the HP2020 objectives (100.8 and 33.8, respectively). African Americans in the county experience disproportionately higher mortality rates for heart disease and cerebrovascular disease (191.2 and 56.4, respectively) than county residents overall (147.8 and 35.9, respectively).ⁱⁱⁱ
- Data on risk factors for heart disease and stroke among surveyed county residents.ⁱⁱⁱ

- ➔ **Array of factors:** Among 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 changed little since 2001, but was significantly higher than in 1998 (when it was 80%).
- ➔ **High blood pressure:** The percentage of adults who reported having been told more than once that their blood pressure was high rose significantly from 18% in 1998 to 27% in 2013. Groups with the highest percentages of high blood pressure (HBP) in 2013 were older adults (59%) and African Americans (39%).
- ➔ **High cholesterol:** As with HBP, a significantly greater percentage of adults in 2013 than in 1998 reported having been told more than once that their blood cholesterol was high (18% in 1998 vs. 30% in 2013). Groups reporting high blood cholesterol in 2013 at disproportionately higher percentages were older and middle-aged adults (48% and 41%, respectively) and Whites (34%).
- ➔ **Smoking tobacco:** Although the percentage of adults who currently smoke tobacco has been dropping over time (from 17% in 1998 to 10% in 2013), there are still disparities. In 2013, percentages of current smokers were highest among African Americans (17%), North County residents (14%), those with less than a high school education (13%), and low-income populations (13%).
- ➔ **Having diabetes:** Diabetes prevalence in the county more than doubled over 15 years, from 4% in 1998 to 10% in 2013, a significant increase. Among those indicating they have diabetes, the greatest percentages were among older adults (23%), low-income (18%), and African American (15%) respondents.
- ➔ **Being overweight:** The percentage of adults who are overweight has begun to plateau but was slightly higher in 2013 (55%) than in 1998 (51%).
- ➔ **Being obese:** The percentage of obese adults rose significantly between 1998 (13%) and 2013 (22%). Groups with the highest percentages of obesity in 2013 were those with low incomes (33%), Latinos (31%), and s (30%).

SELF-REPORTED HIGH BLOOD PRESSURE/CHOLESTEROL, SAN MATEO COUNTY, 2013ⁱⁱⁱ



Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Community members who participated in focus groups and key informant interviews mainly expressed concerns about hypertension and congestive heart failure. Some participants pointed out that there are few doctors to treat chronic conditions such as hypertension.

- 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.
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ⁱ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

ⁱⁱ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

ⁱⁱⁱ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

Housing & Homelessness

What Is the Issue & Why Is It Important?

The U.S. Department of Housing and Urban Development's (HUD) definition of affordable housing is for a household to pay no more than 30% of its annual income on housing. Individuals who spend more may have difficulty affording necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. A study by Children's Health Watch found that children of families that are behind on their mortgage/rent are more likely to be in poor health and to have an increased risk of developmental delays than children whose families are stably housed.ⁱ

Research over the last 20 years has demonstrated that homelessness and poor health are correlated.ⁱⁱ Individuals experiencing homelessness tend to have more healthcare issues than their non-homeless peers; they suffer at higher rates from preventable illnesses, have longer hospitalization stays, and a higher rate of premature death. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.ⁱⁱⁱ A study conducted by the National Health Care for the Homeless found that the average life expectancy for a person without permanent housing was between 42 and 52 years, more than 25 years younger than the average person in the United States.^{iv} Thus, it is vital that healthcare systems monitor their homeless population and identify the population's health needs.

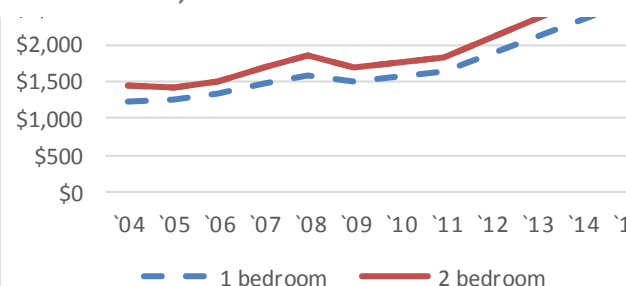
Statistical data indicate that housing is less affordable in San Mateo County than in the rest of the Bay Area and that housing prices are again on the rise. Community members who participated in focus groups or key informant interviews expressed concern about the lack of affordable housing and the poor condition of existing housing. Finally, homeless population numbers, while decreasing, are still of concern due to ethnic disparities.

Statistical Data That Support the Health Need

Home Ownership

- The median single family home cost in San Mateo County in September 2015 was \$1,269,000, an 85% increase since 2011 (\$685,000).^{v,vi}
- Annual median income among county residents in 2013 was \$106,000, about \$48,000 less than what was needed to afford a median-priced single-family home at the time.^{vii}
- Only 34% of county households could afford an entry-level home in 2014, lagging behind the Bay Area (45%).⁷

AVERAGE RENT FOR APARTMENTS IN SAN MATEO COUNTY, BY YEAR^{v,vi}



HOUSING COSTS IMPACTING HEALTH

Income is not keeping up with high housing costs, which leads to homelessness for some and high stress for others.

Rental and Shared Housing

- The average rent for a 1-bedroom apartment in San Mateo County in September 2015 was \$2,575 (up \$937 from 2011), while the average rent for a 2-bedroom apartment in the county in September 2015 was \$2,867 (up \$1,029 from 2011).^{v,vi} (See chart for details.)
- The percentage of surveyed county 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; those disproportionately affected include young adults (31%), low-income individuals (31%), and non-Whites (24-26%).^v

Homelessness

- As many as 6.5% of county residents in 2013 reported living with family or friends due to a housing emergency in the past year (higher than in 2004, when it was 4%).^v
- There were 1,772 homeless people in San Mateo County in 2015, a 24% decrease from 2013, when there were 2,281 homeless people; 43% were unsheltered.^{viii} In 2015, 89% of the homeless in San Mateo County were either single individuals or couples without children, while 11% had minor children.^{viii}
- While the majority of the county homeless population is White (53%), homelessness disproportionately affects African Americans and Latinos. African Americans make up 3% of the overall county population but 21% of the county homeless population. Nearly a third (32%) of all county homeless are Latino, even though Latinos make up just 25% of the overall county population.^{viii} Finally, veterans are also disproportionately represented in the county homeless population. Although veterans make up only 6% of the population in the county, an estimated 13% of unsheltered people in the county are veterans, and 19% of the county homeless-but-sheltered population are veterans.^{viii,ix}

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Affordable housing a problem:** Community members who participated in focus groups and key informant interviews identified the lack of affordable housing as a clear issue in San Mateo County. Many expressed the need for the county to have better policies to support affordable housing. Several articulated a connection between the lack of affordable housing and stress/poor mental health. Others made the link between the lack of affordable housing and poor physical health, stating that overcrowded housing (noted specifically as a problem in East Palo Alto and on the coast) can lead to the spread of communicable diseases.
- **Existing housing has issues:** Participants mentioned that older buildings may be detrimental to residents' health due to mold, pests, or lack of accessibility, and they noted that many people with low or fixed incomes live in such homes. A key informant pointed out that housing on the coast inhabited by farmworkers is "not healthy" and is inadequate for year-round habitation. Finally, participants in the LGBTQI focus group said it is difficult to find LGBTQI-friendly housing in the county.

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- ⁱ Children’s Health Watch. *Behind closed doors: The hidden health impacts of being behind on rent*. 2011.
- ⁱⁱ National Health Care for the Homeless Council. *Care for the homeless: comprehensive services to meet complex needs*. 2011
- ⁱⁱⁱ Hwang, S. W., Weaver, J., Aubry, T., & Hoch, J. S. (2011). Hospital costs and length of stay among homeless patients admitted to medical, surgical, and psychiatric services. *Medical Care*, 49(4), 350-354. doi: 10.1097/MLR.0b013e318206c50d.
- ^{iv} O’Connell, J.J. (2005). *Premature mortality in homeless populations: A review of the literature*. Nashville, TN: National Health Care for the Homeless Council.
- ^v County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.
- ^{vi} County of San Mateo Department of Housing. housing.smcgov.org/housing-statistics. 2015.
- ^{vii} Sustainable San Mateo County. www.sustainablesanmateo.org. 2015.
- ^{viii} County of San Mateo Human Services Agency. *2015 San Mateo County Homeless Census and Survey: Final Report*. 2015.
- ^{ix} County of San Mateo and Applied Survey Research. *San Mateo County Veterans Needs Assessment*. 2014.

Income & Employment

What Is the Issue & Why Is It Important?

Household income, employment rates, and educational attainment are three indicators that show the economic vitality of the county and the buying power of individuals, including their ability to afford basic needs such as housing and health care. The relationships among educational attainment, employment, income, and health outcomes have been well documented. High school graduates earn higher salaries, have better self-esteem, more personal life satisfaction, fewer health problems, and less involvement in criminal activity as compared to high school dropouts. The National Poverty Center reports that people with more education have lower rates of the most common acute and chronic diseases. Roughly 60% of jobs require some type of training or education beyond high school. Households headed by a high school graduate accumulate ten times more wealth than households headed by a high school dropout.

IN AFFLUENT COUNTY POVERTY STILL AN ISSUE

African American s and Latinos
are
more likely to be living in poverty,
which is driven by higher rates of
unemployment and greater lack
of higher education.

The federal poverty threshold (commonly known as the Federal Poverty Level, or FPL) is largely used by the U.S. Census Bureau to determine the percentage of Americans **living in poverty**. For a family of two parents and one child, the FPL was \$18,751 in 2013.ⁱ The federal poverty threshold was developed in the 1960s and was based on three times the cost of a nutritionally adequate monthly food plan, as determined by the U.S. Department of Agriculture.ⁱ Since then, annual adjustments for inflation have occurred, based on changes in the Consumer Price Index. However, the federal poverty threshold presupposes that the average family spends one-third of their income on food and does not consider other factors such as child care, transportation, medical, and housing costs.

Income and employment are health needs in San Mateo County because the percentage of adults living below 200% of FPL is rising, with African Americans and Latinos more likely to have low incomes. Related to living in poverty is a lack of sufficient employment, which is correlated with lower levels of education. Both employment and education are bigger issues for African Americans and Latinos than for other ethnic groups in the county. Community members who participated in focus groups and key informant interviews made the connection between low income and poor health outcomes. Participants identified low-income residents as having less access to basic needs such as healthy food and affordable housing, and being unable to afford insurance co-pays or prescriptions.

Statistical Data That Support the Health Need

Income & Employment

- While there seem to be signs of positive economic growth in the county, recent data show that not everyone in the county is thriving economically.

Poverty measures: People living at up to 400% of FPL in San Mateo County are considered to be living in “relative poverty.” Indeed, the 2014 Self-Sufficiency State for the county is approximately 300%-350% of FPL depending on family size. For example, a family with two adults and two children need about \$81,775 in income to be self-sufficient, which is 343% of the 2014 FPL for a family of four.

Certain groups more likely to be in poverty: The percentage of adults living below 200% of FPL is trending up, from 13% in 2001 to 19% in 2013. Less-educated (high school diploma or less), Latino, African American,

younger (aged 18-39), and South County respondents disproportionately represent those living at 200% of FPL.ⁱⁱ

- Statistics suggest that the employment picture in the county is better than the state. The county's unemployment rate dropped to 3.2% in October 2015 from 8.8% in 2010, and remains below the statewide rate (5.7%).ⁱⁱⁱ However, non-Whites historically have higher unemployment rates than Whites in the area.^{iv}

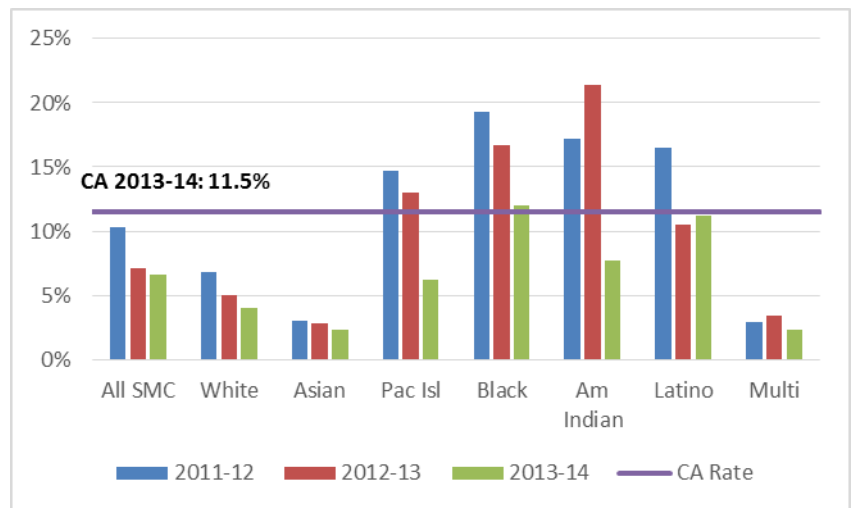
How Education Contributes to This Health Need

- The county's 2013 report linked early educational gaps to later income and employment disparities, and the report recommended earlier interventions, including on the policy level.ⁱⁱ Educational indicators (third-grade literacy, high school dropout rates, and educational attainment) are more favorable in the county overall compared to the state.^{ii,v,vi} However, ethnic disparities are seen in certain educational outcomes of county residents:

Any college education: 43% of Latino and 25% of Native American adults aged 25 or older have *never* attended college, compared to only 15% among county residents overall.ⁱⁱ

High school dropout rates: In 2013-14, 12% of African American students and 11% of Latino students dropped out of county high schools, compared to 7% in the county overall.^v

HIGH SCHOOL DROPOUT RATES, SAN MATEO COUNTY^v



Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Some county residents who participated in focus groups and key informant interviews shared the sentiment expressed by one who said, "We're becoming a county of haves and have nots, and that gap is widening."
- In addition to the challenges of access to healthcare, participants indicated that low-income residents have worse health outcomes for a variety of reasons:
 - Low-income neighborhoods have fewer parks, sidewalks/bike lanes, and places to exercise.
 - Many people work multiple jobs to make ends meet and cannot get time off to go to the doctor.
 - Unemployment and lack of income create stress and cause residents to feel powerless.
 - For those on the edge, the increased cost of living means less access to basic needs such as food.

ⁱ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. aspe.hhs.gov. 2016.

ⁱⁱ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

ⁱⁱⁱ California Economic Development Department. www.edd.ca.gov. 2015.

^{iv} Joint Venture Silicon Valley. www.siliconvalleyindex.org. 2016.

^v California Department of Education (CDE). www.cde.ca.gov. 2015.

^{vi} U.S. Census Bureau, American Community Survey (ACS). www.census.gov/programs-surveys/acs. 2010-2014

Oral/Dental Health

What Is the Issue & Why Is It Important?

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions.ⁱ However, oral diseases, from cavities to oral cancer, cause pain and disability. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health.ⁱ Health behaviors that can lead to poor oral health include tobacco use, excessive alcohol use, and poor dietary choices. Barriers that can limit a person's use of preventive interventions and treatments include limited access to and availability of dental services, lack of awareness of the need for care, cost, and fear of dental procedures. There are also social determinants that affect oral health. People with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of oral disease. Additionally, people with disabilities, those who are homeless, and those who abuse substances are more likely to have poor oral health.

Oral and dental health concerns arose from the CHNA and focused mostly on access to care, including availability of providers and affordability of dental insurance and services.

Statistical Data That Support the Health Need

Accessing Dental Insurance

- Nearly one third (32%) of county adults lacked dental insurance in 2013. The percentage of community members without dental coverage has increased significantly since 1998, when it was only 27%. Adults who most often lacked dental insurance in San Mateo County in 2013 were low-income (62%), older (57%), less-educated (49%), or Latino (41%). According to the county's report, "Income level is the primary correlation with lack of dental insurance."ⁱⁱ

Accessing Dental Care

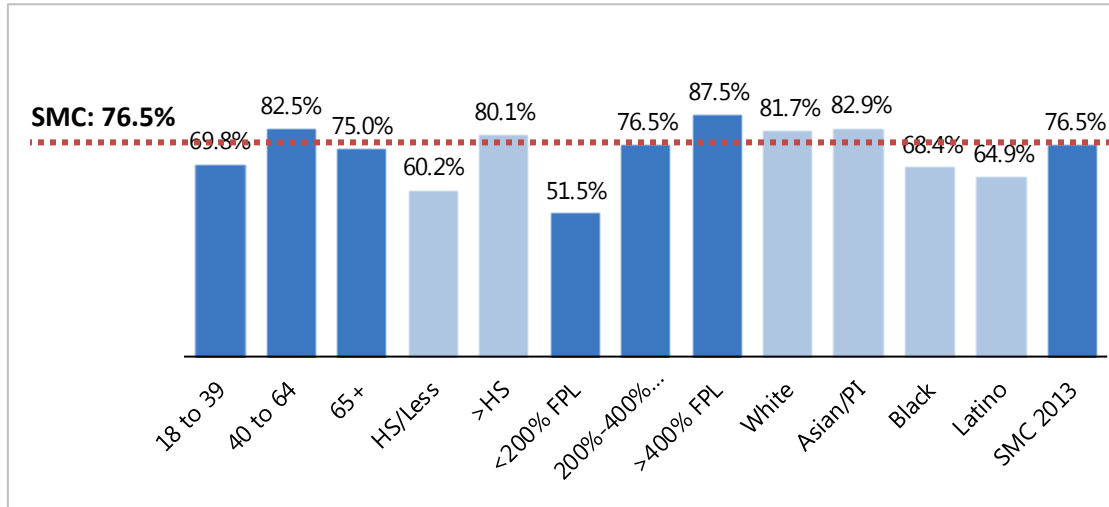
- Comparing access to various types of healthcare services, access to dental care is among the lowest. Moreover, to date the county has not made a systematic effort to identify existing needs or plan for potential future needs.ⁱⁱ
- A total of 84% of San Mateo County parents with minor children took their child to a dentist for an annual check-up in 2012. The lowest percentages of child dental check-ups were reported among low-income parents (52%), parents aged 18-39 (70%), and African American parents (77%).ⁱⁱ

ACCESS TO ORAL HEALTH SERVICES LACKING

Community concerns align with data that show that fewer residents have dental insurance than health insurance, and many are not visiting the dentist for preventative care.

- Fewer surveyed county adults visited a dentist for a routine, annual check-up in 2013 (77%) compared to 1998 (81%), a significant decrease. The lowest percentages were among low-income, less-educated (those without post-secondary education), African American, Latino, and young adult (18-39) respondents. (See chart below for details.)ⁱⁱ

SAN MATEO COUNTY RESIDENTS REPORTING HAVING HAD A ROUTINE DENTAL CHECK-UP IN PAST YEAR (2013)ⁱⁱ



Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Barriers to dental insurance coverage:** Community members who participated in focus groups and key informant interviews said that the largest issue related to dental health is access to insurance. Some noted that many insurance plans do not include dental coverage. Others said that dental insurance is not affordable for many residents.
- **Barriers to dental care:** Several community members mentioned that dental services, when not covered by insurance, are too expensive. Many participants stated that even when insurance is available, it often does not cover anything but the basics (i.e., extractions). Some indicated that Denti-Cal coverage is inadequate. For these various reasons, many residents lack preventative dental care. A number of participants expressed concern about the lack of dental providers in the county who accept Denti-Cal or provide affordable services for those without dental insurance. Finally, one key informant noted that there are few pediatric dentists in SMC.

ⁱ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

ⁱⁱ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

Respiratory Conditions

What Is the Issue & Why Is It Important?

Respiratory conditions include asthma, chronic obstructive pulmonary disorder (COPD), and others. In this profile, we focus on asthma. Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath.ⁱ Risk factors for asthma currently being investigated include having a parent with asthma, sensitization to irritants and allergens, respiratory infections in childhood, and being overweight.

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. The populations with higher rates of asthma include African Americans, people living below the Federal Poverty Level, children, and people with certain exposures in the workplace.ⁱ Asthma is considered a significant public health burden and its prevalence has been rising since 1980.ⁱ Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Respiratory conditions, including asthma, are among the top five leading causes of death in San Mateo County. Asthma among adults in the county doubled between 1998 and 2013. Poor air quality exacerbates respiratory problems and is also an issue for the county. For example, the county is among the top U.S. metropolitan areas with the highest short-term particle pollution and most polluted by ground-level ozone.

ADULT ASTHMA ON THE RISE

Among surveyed adults in San Mateo County, 18% reported having an asthma diagnosis in 2013, compared to 9% in 1998.

Statistical Data That Support the Health Need

- **Leading cause of death:** Respiratory disease is the fifth leading cause of death in San Mateo Countyⁱⁱ, and the number of deaths attributable to it has increased since 1990.ⁱⁱⁱ
- **Adult asthma doubled:** 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). The latest figure is higher than the national “Healthy People 2020” target of 13%.ⁱⁱⁱ

Those disproportionately affected include African Americans (26%), younger adults (23%), low-income residents (21%), and residents of North County (20%).ⁱⁱⁱ

- **Child asthma – little change:** Among surveyed adults with children, a greater proportion reported that their children had asthma in 2013 (14%) compared to 2001 (11%), although the 2013 figure was down slightly from 2008 (15%).ⁱⁱⁱ

- **Poor air quality contributes:** Asthma can be aggravated by poor air quality; the county is among the top 10 metropolitan areas with the highest short-term particle pollution.ⁱⁱⁱ

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Community representatives in focus groups and key informant interviews mainly expressed concern about asthma rather than other respiratory conditions such as emphysema or chronic obstructive pulmonary disease (COPD). Focus group participants and key informants expressed particular concern about asthma among the homeless population and the older adult population.
- Focus group participants and key informants named these factors that contribute to respiratory disease: 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. Certain key informants noted that smoking cessation is key to reducing prevalence of asthma.

ⁱ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

ⁱⁱ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

ⁱⁱⁱ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

Sexually Transmitted Infections

What Is the Issue & Why Is It Important?

Sexually transmitted infections (STIs) are diseases that are primarily transmitted through direct sexual contact with an infected individual or their discharge (such as blood or semen). They include HIV/AIDS, syphilis, chlamydia, gonorrhea, and genital herpes. Some, if left untreated, can be fatal (HIV), or can affect fertility among those of child-bearing age.ⁱ Various agencies closely monitor communicable diseases such as sexually transmitted infections to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and allocate resources effectively.

STIs are a health need in San Mateo County due to rising chlamydia, gonorrhea, and syphilis rates.

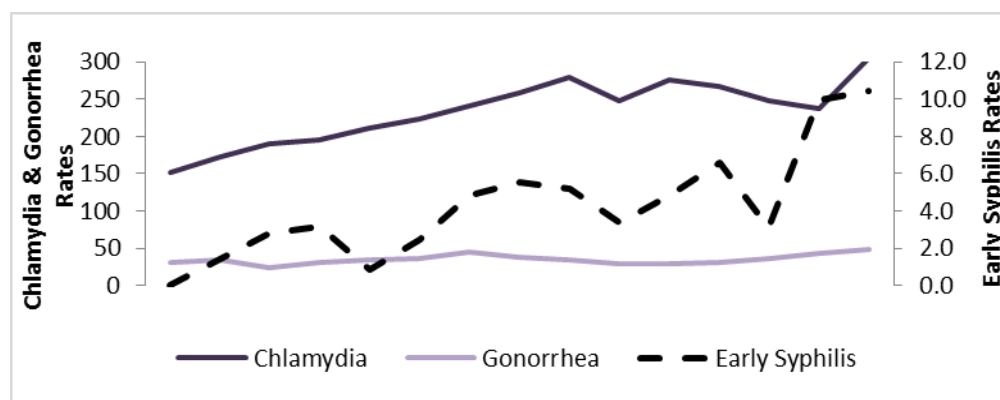
SEXUALLY TRANSMITTED INFECTIONS TRENDING UP

In 2014, San Mateo County's chlamydia, gonorrhea, and syphilis rates were the highest reported since the year 2000.

Statistical Data That Support the Health Need

- In 2014, the county's chlamydia, gonorrhea, and syphilis rates were the highest reported since the year 2000. For both men and women, chlamydia and gonorrhea rates increased the most from 2013 to 2014.ⁱⁱ
- Most of the county's female chlamydia cases in 2014 occurred in Latinas (474 per 100,000 women), but rates were highest for African-American (723 per 100,000 women) and Pacific Islander women (712 per 100,000 women).²
- While the gonorrhea rate increased in both men and women from 2013 to 2014, the increase was much steeper in men. 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).²
- In 2014, 97% of the county's early syphilis cases were diagnosed in men, and 66% of men interviewed were MSM. The majority of 2014 syphilis cases in the county were in Whites (41%) and Latinos (31%).²

STI RATES BY YEAR IN SAN MATEO COUNTY, 2000-2014

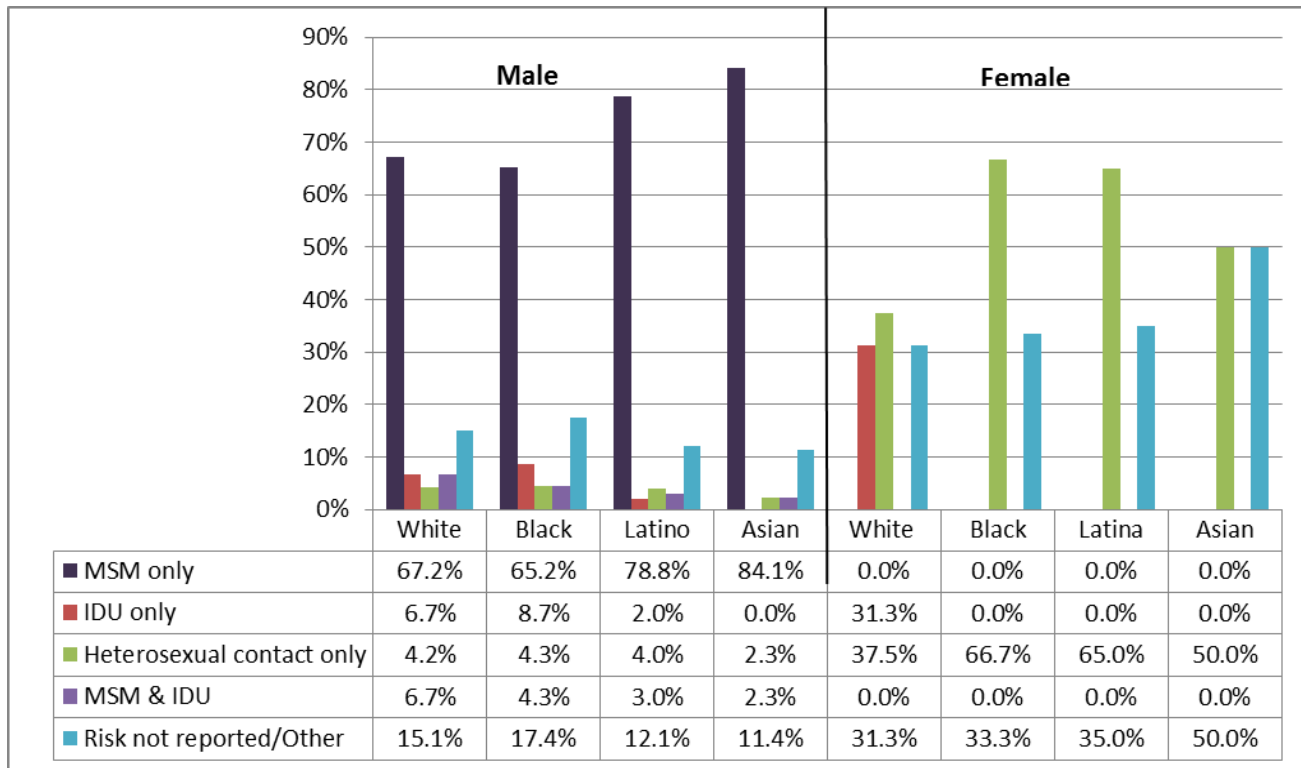


Source: San Mateo Health Department, compiled from California Reportable Disease Information Exchange (CalREDIE) and Automated Vital Statistics System (ASVSS).

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 in San Mateo County, the vast majority (89%) occurred in men. MSM comprise the main risk behavior group reported for new HIV cases in 2014 (81%). Latinos made up the highest number of new HIV cases based on race/ethnicity in 2014 (38%). For females, White women are the only race/ethnic group who reported acquiring HIV through injection drug use (IDU) (31% of new cases) between 2005 through 2014.²

HIV CASES IN SAN MATEO COUNTY BY SELECTED RISK FACTORS, GENDER, AND ETHNICITY, 2005-2014ⁱⁱⁱ



- Despite the data described in this profile, San Mateo County's chlamydia, gonorrhea, and syphilis rates remain below California rates for both men and women.^{iv}

Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

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

ⁱ Centers for Disease Control and Prevention. *CDC Fact Sheet: Staying Healthy and Preventing STDs*. 2016.

ⁱⁱ Morrow, S. San Mateo County Health Department. Personal correspondence. January 11, 2016.

ⁱⁱⁱ CDC Enhanced HIV/AIDS Reporting System (eHARS). www.cdc.gov/hiv/library/reports/surveillance. 2015. Data compiled through June.

^{iv} San Mateo County Health System. *San Mateo County Sexually Transmitted Disease and HIV-AIDS Surveillance Annual Report, 2014*. 2014.

Transportation & Traffic

What Is the Issue & Why Is It Important?

In the U.S. in 2010, 3.9 million motor vehicle crashes killed and injured nearly 33,000 people, at an estimated cost to the U.S. economy of \$242 billion. The major contributors to motor vehicle crashes include drunk driving, distracted driving, speeding, and not using seat belts.⁷⁸ Increased road use is correlated with increased motor vehicle accidents⁷⁹, while more traffic (road congestion) causes travel delays, greater fuel consumption, and higher greenhouse gas emissions via vehicle exhaust.⁷⁸ Vehicle exhaust is a known risk factor for heart disease, stroke, asthma, and cancer. Thus, it is important to monitor the miles traveled by vehicles over time to better understand the various potentially adverse health consequences.⁸⁰

INCREASE IN CARS ON THE ROAD IMPACTS HEALTH

Transportation and traffic are issues of concern for the community, whether they drive cars or use public transportation.

Urban planners can implement more efficient public transit and make improvements that encourage alternative transportation options to reduce road congestion and pedestrian-motor vehicle crashes in urban settings.^{81,82} For example, the Insurance Institute for Highway Safety found that modifications such as sidewalks, more intense road lighting, and single-lane roundabouts can greatly reduce the likelihood of pedestrian-motor vehicle crashes.⁸² A study in Washington state found that a 5% increase in neighborhood walkability was correlated with 6.5% fewer vehicle miles traveled and a one-quarter point reduction in body mass index (BMI).⁸³ The benefits of eco-friendly alternative transport such as walking or riding a bicycle include improving health, saving money by not having to purchase a car or gasoline, and producing less impact on the environment. Combining alternative transport with traffic countermeasures can both improve health and reduce traffic-related injuries in communities.

Transportation and traffic are health needs in San Mateo County because total vehicle miles of travel have been rising and are correlated with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. County data indicate that there are disparities in access to transportation and in motor vehicle and pedestrian accidents. Additionally, most county residents drive to work alone rather than using alternative modes of transportation. Community members participating in focus groups and key informant interviews expressed concerns about the impacts of excessive traffic and the lack of access to transportation.

Statistical Data That Support the Health Need

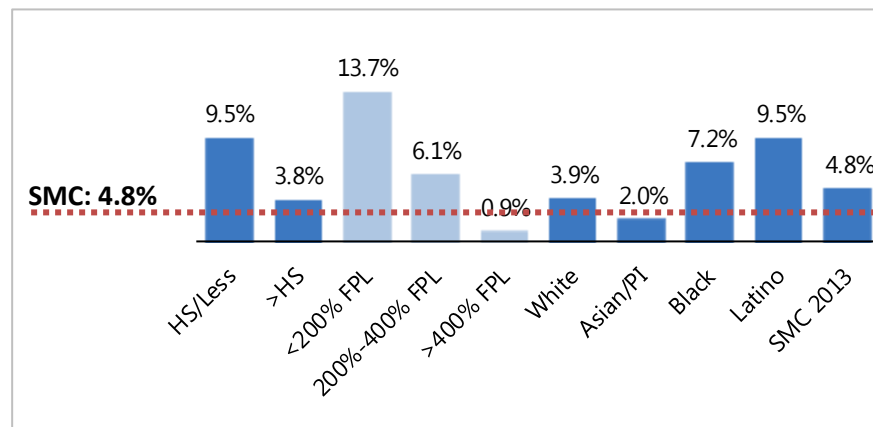
- Although total vehicle miles of travel in San Mateo County hit a low in 2006, it was on the rise in the years after, reaching nearly 18 million miles for the year 2010.⁸⁴
- In San Mateo County, there are ethnic disparities in mortality due to accidents:

While the overall countywide mortality rate from pedestrian accidents at 1.1 per 100,000 does not exceed the HP2020 target rate of 1.3 per 100,000, Latino deaths do exceed it at 2.3 per 100,000.⁸⁵

The overall death rate from motor vehicle accidents in the county (0.6 per 100,000) does not exceed the HP2020 target rate of 12.4 per 100,000. However, the African American death rate from motor vehicle accidents (3.5 per 100,000) is higher than that of other ethnicities in the county.⁷

- Most county residents (71%) drive to work alone rather than carpooling, taking public transit, or using another mode of transportation.⁸⁴ While 65% of community members surveyed can rely on public transportation if needed, residents on the coast are least likely to say they can depend on public transit (50%).⁸⁴ Very few buses travel from the coast to the central part of the county.
- Only 5% of surveyed county adults in 2013 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.” However, low-income, less-educated, Latino, and African American respondents are disproportionately affected by a lack of transportation. (See chart below for details.)⁸⁴

SAN MATEO COUNTY RESIDENTS REPORTING A LACK OF TRANSPORTATION PREVENTED MEDICAL CARE IN PAST YEAR, 2013⁸⁴



Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Traffic-related health concerns:** Community members who participated in focus groups and key informant interviews expressed concern about the amount of air pollution generated by the traffic, stress from long hours spent commuting, and excessive speeding in neighborhoods that is contributing to motor vehicle accidents involving bicyclists and pedestrians (mentioned specifically in East Palo Alto).

Transportation-related access issues: Many community members mentioned the lack of transportation to healthcare, school, and recreation locations as an element that makes it much harder to engage in related activities (e.g., medical appointments, after-school programs, fitness activities at gyms or in parks). Some expressed concern about the absence (or near-absence) of transit-oriented city design, and a few suggested that the lack of transit-oriented city design could be a factor in social isolation.

⁷⁸ U.S. Department of Transportation, National Highway and Traffic Safety Administration. *The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised)*, DOT HS 812 013. 2015 (revised).

⁷⁹ Cohen, P. (2014, October 8). *Miles driven and fatality rate: U.S. states, 2012*. *Sociological Images* [web log].

⁸⁰ Health Matters in San Francisco. *Heavy traffic can be heartbreaking*. 2008.

⁸¹ Vuchic, V. R. (1999). *Transportation for Livable Cities*. New Brunswick, New Jersey: Rutgers Center for Urban Policy Research.

⁸² Retting, R. A., Ferguson, S. A., and McCartt, A. T. (2003). A Review of Evidence-Based Traffic Engineering Measures Designed to Reduce Pedestrian-Motor Vehicle Crashes. *American Journal of Public Health*. 93.9, 1456-1463.

⁸³ Frank, L. D., Sallis, J. F., Conway, T. L., Chapman, J. E., Saelens, B. E. & Bachman, W. (2006). Many Pathways from Land Use to Health. Associations between Neighborhood Walkability and Active Transportation, Body Mass Index, and Air Quality. *Journal of the American Planning Association*, 72.1, 75-87.

⁸⁴ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

⁸⁵ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2010-2012.

Violence & Abuse

What Is the Issue & Why Is It Important?

Violence and intentional injury contribute to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization's "World Report on Violence and Health."⁸⁶ Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health.⁸⁷ Witnessing and experiencing violence in a community can cause long-term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay Area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.^{88,89}

COMMUNITY CONCERNED ABOUT VIOLENCE

The community remains concerned about violence and abuse despite the fact that statistical data tell a different story.

Although there are some ethnic disparities in county statistics on violence and abuse, by almost all measures these issues have been trending down in San Mateo County. However, community members' perceptions have not changed from 1998 to 2013. Additionally, human trafficking is an emerging issue in the county. In the 2016 CHNA, community members who participated in focus groups and/or key informant interviews expressed strong concerns about violence and abuse.

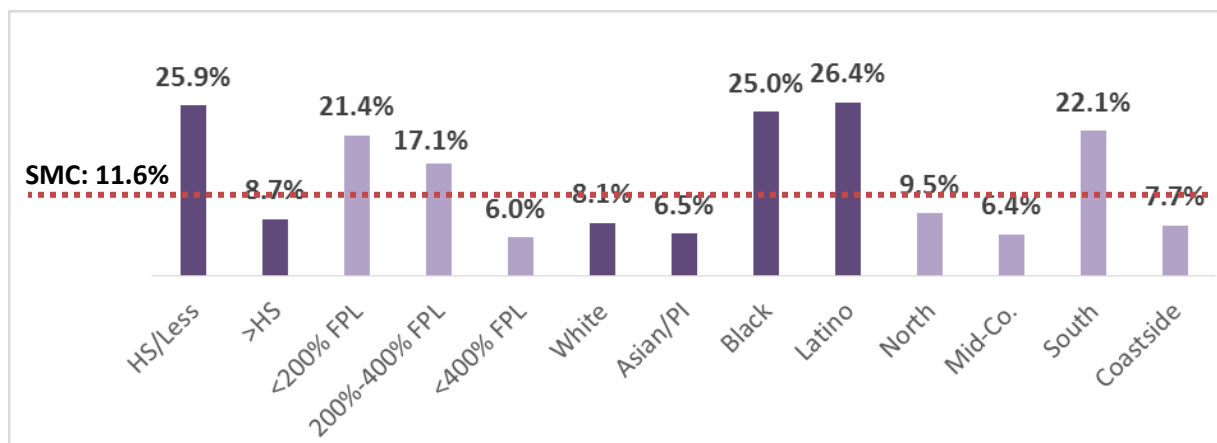
Statistical Data That Support the Health Need

- Few of the countywide violence and abuse statistics are worse than their associated benchmarks:⁹⁰
 - ➔ The overall violent crime rate in San Mateo County was well below the statewide rate in 2010 (237.2 versus 422.3 per 100,000, respectively).
 - ➔ The county's arrest rate for violent crimes committed by juveniles was considerably lower in 2010 (181.3 per 100,000 juveniles) than in 2001 (308.5 per 100,000 juveniles).
 - ➔ The rate of domestic violence calls to law enforcement is higher in San Mateo County than in the state overall, but it is decreasing. From 1998 to 2008, calls decreased 14% in San Mateo County to 5.3 calls per 1,000 adults aged 18-69. The state rate in 2008 was 6.6 per 1,000 adults aged 18-69.
 - ➔ Substantiated child abuse cases decreased by over 50% between 2000 and 2009 in the county, to 2.5 cases of substantiated child abuse or neglect per 1,000 (well below the statewide rate of 10 per 1,000 in 2009). However, African American children are disproportionately affected, being the subject of 107 referrals per 1,000 children in 2009 compared to an average of 25 per 1,000 overall in the county.
- Human trafficking is an emerging issue in San Mateo County. The county had its first human trafficking conviction in January 2016, which included five victims.⁹¹ The FBI announced the recovery of seven underage victims of sex trafficking (aged 14 to 17) in stings leading up to the Super Bowl; the stings were

carried out in numerous Bay Area counties, including San Mateo.⁹² Additionally, there were 10 arrests for “Sex Human Trafficking Operations” in the county in the few weeks preceding Super Bowl 50.⁹³

- Nearly one in five (19%) county adults believed the problem of crime in their neighborhood worsened in 2013, an increase from 10% in 1994.⁹⁰
- Concern about neighborhood safety did not drop (12% rating neighborhood safety as fair/poor) between 1998 and 2013. Those who rated safety in their neighborhood as fair/poor in 2013 were more likely to be Latino (26%), African American (25%), have less education (26%), live in the southern part of the county (22%), and be of lower-income (21%).⁹⁰

RATING OF NEIGHBORHOOD SAFETY AS FAIR/POOR, 2013⁹⁰



Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Urgent health need:** Community members, including those from the East Palo Alto, LGBTQI, Pacific Islander, and homeless populations, as well as providers of services to older adults, specifically called out abuse/violence as an urgent health need in the community.
- **Concerns for certain groups:** 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. They also specifically spoke about elder abuse (including emotional and financial abuse of elders), bullying and domestic violence against LGBTQI individuals, and sexual assault on lesbians.
- **Trafficking emerging as an issue:** Key informants discussed emerging issues of violence and abuse of those who are being trafficked for commercial sex or labor/services.

⁸⁶ Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A.B. (2002). The world report on violence and health. *The Lancet*, 360(9339), 1083-1088.

⁸⁷ Guite, H.F., Clark, C., & Ackrill, G. (2006). The impact of the physical and urban environment on mental well-being. *Public Health*, 120(12), 1117-1126.

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- ⁸⁸ Perez-Smith, A.M., Albus, K.E., & Weist, M.D. (2001). Exposure to violence and neighborhood affiliation among inner-city youth. *Journal of Clinical Child Psychology*, 30(4), 464-472.
- ⁸⁹ Ozer, E.J. & McDonald, K.L. (2006). Exposure to violence and mental health among Chinese American urban adolescents. *Journal of Adolescent Health*, 39(1), 73-79.
- ⁹⁰ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.
- ⁹¹ Silberfarb, B. (2016). Spotlight on human trafficking: San Mateo County convicts first ever for the crime after alert hotel clerk notified police. *The Daily Journal*.
- ⁹² Parvini, S. (2016). Teens as young as 14 rescued from sexual exploitation during Super Bowl, FBI says. *Los Angeles Times*.
- ⁹³ Brosnan, M. San Mateo County Human Trafficking Operations. Personal correspondence. February, 2016.