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Attachment 10: Health Needs Profiles

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Attachment 1: Secondary Data Sources Santa Clara County

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Attachment 3: IRS Checklist

Federal Requirements Checklist	IRS Notice	Report Reference
I. CHNA Report Requirements		
A. Pre-Assessment		
CHNA Report includes identification of all of the organizations with which the facility collaborated in preparing the CHNA(s)	Notice 3.04	Section 4
CHNA Report includes identity and qualifications of any third parties contracted to assist in conducting a CHNA	Notice 3.03	Section 4
CHNA Report includes a definition of the community served and a description of how the community was determined	Notice 3.05	Section 3
Demographics and other descriptors of the hospital service area	IRS 990 - Schedule H Part V 1.b	Section 3
B. Data Collection		
Secondary Data	Notice 3.03	
CHNA includes the following documentation of secondary data used for the assessment:		
Sources and dates of data and other information used		Attachment 1 & 2
Information gaps that impact the ability to assess health needs		Section 5
CHNA includes the individuals consulted who have special knowledge of or expertise in public health:	Notice 3.03	
Name		Section 5
Title		Attachment 6
Affiliation		
Brief description of individual's special knowledge or expertise		

CHNA includes input from persons who represent the broad interests of the community:	Notice 3.06	Section 5 Attachment 6
Persons with special knowledge of or expertise in public health		
Federal, tribal, regional, State, or local health or other departments or agencies with current data or other relevant information		
Leaders, representatives, or members of medically underserved populations		
Leaders, representatives, or members of low-income populations		
Leaders, representatives, or members of minority populations		
Leaders, representatives, or members of populations with chronic disease needs		
Report describes when the organization consulted with these persons		
Report describes how mode of consultation (focus groups, key informant interviews, other)		
Leader/representatives' names		
Leader/representatives' leadership or representative roles		

C. CHNA Methodology

CHNA Report includes the following information related to community health needs	Notice 3.03	
Criteria and analytical methods applied to identify the community health needs		Section 5
Prioritized description of all health needs identified		
A description of process and criteria used to prioritize the health needs		

D. Community Assets

CHNA Report includes description of the existing health care facilities and resources within the community that are available to respond to the health needs of the community	Notice 3.03	
Existing health care facilities		Section 6
Other available resources		Attachment 11

E. Making the CHNA Publically Available

CHNA reports have been made widely available to the public in 2013 according to requirements	Notice 3.07	Section 7
Instructions for accessing CHNA report are clear		
Posted reports exactly reproduce an image of each report		
Individuals with Internet access can access and print reports without special software and without payment of a fee		
Individuals requesting a copy of the report(s) are provided the URL		
Reports remain widely available until a subsequent CHNA is made widely available to the public		

ATTACHMENT 4

Professional Research Consultants

Date _____

Interviewed by _____ ID# _ _ _ _

THE HOSPITAL CONSORTIUM OF SAN MATEO COUNTY
2012 PRC Health & Quality of Life Survey
San Mateo County, CA

Hello, this is _____ with Professional Research Consultants. The Hospital Consortium of San Mateo County has asked us to conduct a survey as part of a project studying ways to improve the health of communities in your area.

(IF NECESSARY, READ:) Your number was chosen at random and your answers will be kept completely confidential. (IF Respondent seems suspicious, READ:) Some people we call want to know more about us before they answer the survey. If you would like more information regarding this research study, you can call Dr. Scott Morrow at (650) 574-2757 during regular business hours.

SCRIPTING NOTE: Merge ZIP Code and Service Area from Phone File.

SCRIPTING NOTE: Use CHA Cell Option Screeners.

lang. Interviewing Language.

English
Spanish

(SKIP to NOTE before 1)

If PHTYPE is "Traditional Phone Order" OR "Land Line Labeled as Cell Phone", CONTINUE with Q1. IF PHTYPE is "Cell Phone Order" OR "Cell Phone Labeled as Land Line", SKIP to 2.

SCRIPTING NOTE: Set Q1 Based on SQ1, CMBOX1, SQ2 OR CMBOX2 in the Screeners.

1. In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?

One
Two
Three
Four
Five
Six or More

NOTE: If "logtype" is "young", ASK SQ3. All Others, SKIP to SQ4.

SQ3. In order to make sure that we have all age groups represented, would you please tell me if you are UNDER or OVER 40 years of age?

(SKIP to SCRIPTING NOTE before 2) Under 40
(SKIP to TERM) 40/Over
[REF To Do Survey]
[REF/Remove From List]
[Terminate Interview]

SQ4. In order to make sure that we have all age groups represented, would you please tell me if you are UNDER or OVER 65 years of age?

(SKIP to SCRIPTING NOTE before 2) Under 65
65/Over
[REF To Do Survey]
[REF/Remove From List]
[Terminate Interview]

NOTE: If CMWITH is "Yes, Have CM with Female 65/Older" CONTINUE with TERM If CMWITH is "Male Only" OR "No, Have Not CM with Female 65/Older", SKIP to SCRIPTING NOTE before 2.

TERM. Would you please tell me which county you live in?

All Counties
[Terminate Interview]

NOTE: THANK & TERMINATE.

Thank you. I'm sorry, but at this time we are not interviewing people who live in that county. Thank you for your time. GOODBYE!

SCRIPTING NOTE: If PHTYPE is "Traditional Phone Order", Merge Q2 & Q3 from the Phone File and SKIP to RECORD BOX. (IF PHTYPE is 'Cell Phone Order", "Cell Phone Labeled as Land Line", OR "Land Line Labeled as Cell Phone", ZIP Code Will Be Asked and Service Area Will Be Forced.)

2. ZIP Codes for San Mateo County.

94002
94005
94010
94014
94015
94018/94019
94020
94021
94025
94027
94028
94030
94037/94038
94044
94060
94061
94062
94063
94065
94066
94070
94074
94080
94303
94401
94402
94403
94404

3. Area.

North County
Mid-County
South County
Coastside

This survey may be recorded for quality assurance.

4. Gender of Respondent. (Do Not Ask - Just Record)

Male
Female

NOTE: If Q2 is 94303, ASK Q5.

5. What county do you live in?

San Mateo
All Others
[Terminate Interview]

NOTE: If Q5 is "All Others", THANK AND TERMINATE.

If Q5 is "San Mateo", SKIP to NOTE before 6.

NOTE: If Q2 is 94063, ASK Q6. All Others, SKIP to Q7.

6. Do you live in the city of Redwood City, or do you live in unincorporated San Mateo County, also called North Fair Oaks?

Redwood City
Unincorporated/North Fair Oaks
[Terminate Interview]

7. Would you say that in general your health is:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

8. Now thinking about your PHYSICAL health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?

0 to 30
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

9. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

0 to 30
[Don't Know/Not Sure]
[Refused]

10. In the past year, how many days have you missed from work due to PERSONAL illness?

0 to 30
[Don't Know/Not Sure]
[Refused]

11. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Yes
(SKIP to 14) No
(SKIP to 13) [Don't Know/Not Sure]
(SKIP to 13) [Refused]
[Terminate Interview]

12. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Your Employer
Someone Else's Employer
A Plan That You or Someone Else Buys on Your Own
(SKIP to 15) Medicare
Health Plan of San Mateo/MediCal
The Military, CHAMPUS, TriCare, or the VA
A County Program Such as ACE or MCE
or Some Other Source
(SKIP to 14) [None]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

13. During the past 12 months, was there any time that you did NOT have any health insurance or coverage?

(SKIP to 15) Yes
(SKIP to 15) No
(SKIP to 15) [Don't Know/Not Sure]
(SKIP to 15) [Refused]
[Terminate Interview]

14. About how long has it been since you had health care coverage?

Within the Past 6 Months (1 to 6 Months Ago)
Within the Past Year (6 to 12 Months Ago)
Within the Past 2 Years (1 to 2 Years Ago)
Within the Past 5 Years (2 to 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

15. About how long has it been since you last visited a doctor for a routine checkup?

Within the Past Year (1 to 12 Months Ago)
Within the Past 2 Years (1 to 2 Years Ago)
Within the Past 5 Years (2 to 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

Was there a time during the past 12 months when: (Insert Qs in Bold)?

16. You Had Difficulty Getting in To See a Doctor

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

17. You Needed to Purchase Medication, But Could Not Because of the Cost

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

18. You Needed to See a Doctor, But Could Not Because of the Cost

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

19. Lack of Transportation Made It Difficult or Prevented You from Seeing a Doctor or Making a Medical Appointment

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

(End of Rotate)

20. And how would you rate how easy it is or the ease with which you are able to get the health care services you need? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

How would you rate how easy it is or the ease with which people in your community are able to get: (Insert Qs in Bold)? Would you say:

21. Mental Health Services

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

22. Help for Substance Abuse

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

23. Child Health Services

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

24. Dental Care

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

(End of Rotate)

25. Do you have any kind of DENTAL insurance coverage that pays for some or all of your routine dental care, including dental insurance, dental discount plans, prepaid plans such as HMOs, or government plans such as Health Plan of San Mateo/MediCal?

(SKIP to 27)

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

26. Do you or does a family member have dental problems that you can not take care of because of lack of insurance?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

27. About how long has it been since you last visited a DENTIST for a routine check-up?

Within the Past 6 Months (1 to 6 Months Ago)
Within the Past Year (7 Months to 12 Months Ago)
Within the Past 2 Years (1 to 2 Years Ago)
Within the Past 5 Years (2 to 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

Would you please tell me if you have ever suffered from or been diagnosed with any of the following medical conditions: (Insert Qs in Bold)?

28. Chronic Lung Disease, Including Bronchitis or Emphysema

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

29. Arthritis or Rheumatism

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

30. Heart Disease, Such as Congestive Heart Failure, Angina, or a Heart Attack

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

31. Stroke

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

32. Cancer, Not Counting Skin Cancer

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

(End of Rotate)

33. Have you ever been told by a doctor that you have asthma?

Yes
(SKIP to 35) No
(SKIP to 35) [Don't Know/Not Sure]
(SKIP to 35) [Refused]
[Terminate Interview]

34. Have you taken a prescription medication for asthma in the past year?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

35. Have you ever been told by a doctor that you have diabetes?

(If Respondent is Female, READ: Not counting diabetes only occurring during pregnancy?)

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

36. Has a doctor, nurse or other health care professional told you more than once that you have hypertension or high blood pressure?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

37. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Within the Past 6 Months (1 to 6 Months Ago)
Within the Past Year (7 to 12 Months Ago)
Within the Past 2 Years (1 to 2 Years Ago)
Within the Past 5 Years (2 to 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

38. Blood cholesterol is a fatty substance found in the blood. Has a doctor, nurse or other health care professional ever told you that you have high cholesterol?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

39. About how long has it been since you last had your blood cholesterol checked?

Within the Past 6 Months (Less Than 6 Months Ago)
Within the Past Year (6 Months But Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

40. The next questions are about safety and the availability of firearms, which can sometimes lead to injury. Firearms include pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire. Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? (If Respondent does not feel this is relevant to a health survey, explain: "Sometimes the use of firearms can lead to injury, which is a health problem.")

Yes
(SKIP to 42) No
(SKIP to 42) [Don't Know/Not Sure]
(SKIP to 42) [Refused]
[Terminate Interview]

41. Are all firearms kept in locked places, such as locked drawers, cabinets, or closets?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

42. Do you have at least three days' worth of emergency food and water stored at home?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

43. During a disaster, with utilities such as electricity unavailable and no gas for vehicles, how long do you estimate that your family could make it on your existing food supply?

1 Day
2 to 4 Days
5 to 7 Days
8 to 14 Days
15 to 30 Days
31 to 60 Days
More Than 60 Days
[Less Than One Day]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

44. Have you smoked at least 100 cigarettes in your ENTIRE life? (5 Packs = 100 Cigarettes)

Yes
(SKIP to 50) No
(SKIP to 50) [Don't Know/Not Sure]
(SKIP to 50) [Refused]
[Terminate Interview]

45. Do you smoke cigarettes now?

(SKIP to 47) Yes
No
[Refused]
[Terminate Interview]

46. How long has it been since you last smoked?

Within the Past Month (Less Than 1 Month Ago)
Within the Past 6 Months (1 Month But Less Than 6 Months Ago)
Within the Past Year (7 Months But Less Than 1 Year Ago)
Within the Past 3 Years (1 Year But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SKIP to Q50.

SCRIPTING NOTE: Recode 0 to 999. Add 999 [Less Than One] and 888 [Don't Smoke Regularly] to the Coding Table.

47. On the average, about how many cigarettes a day do you now smoke?

(INTERVIEWER: 1 Pack = 20 Cigarettes. Code "Less Than One" = 0. Code "Don't Smoke Regularly" =888.)

0 to 100/888
[Don't Know/Not Sure]
[Refused]

48. Has your doctor or health care provider referred you to a program in the past year to help you quit smoking?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

49. Do you know of at least one service or program to help you quit smoking?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

50. Do you or does another member of your household currently smoke in your home?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

51. The next few questions are about alcohol use. For these questions, keep in mind that a drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past month, on how many days did you drink any alcoholic beverages, such as beer, wine, wine coolers or liquor?

	1 to 30
(SKIP to 54)	0
(SKIP to 54)	[Don't Know/Not Sure]
(SKIP to 54)	[Refused]

SCRIPTING NOTE: Recode 0 to 888. Add 888 "Less Than One" to the Coding Table.

52. On the day(s) when you drank, about how many drinks did you drink? (If "None"", PROBE)

(INTERVIEWER: Code "Less Than One" = 0.)

0 to 100
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

53. (If Respondent is MALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 5 or more drinks on an occasion?

(If Respondent is FEMALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 4 or more drinks on an occasion?

0 to 100
[Don't Know/Not Sure]
[Refused]

54. During the past year, have you used an illegal drug?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

55. Do you know where to access treatment for a drug-related problem if you or someone in your family needed it?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

Next, I'd like to ask you some general questions about yourself. Remember that all of your responses are completely confidential.

56. What is your age?

18 to 150
[Don't Know/Not Sure]
[Refused]

57. Are you of Hispanic origin or is your family originally from a Spanish-speaking country?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

58. What race or ethnicity do you primarily identify with? FIRST Mention.

(INTERVIEWER: If "Asian"", PROBE for More Specific Response.)

(SKIP to 60) [Don't Know/Not Sure]
(SKIP to 60) [Refused]
African-American/Black
American Indian, Alaska Native
Asian Indian
Chinese
Filipino
Japanese
Korean
Samoan
Tongan
Vietnamese
Pacific Islander
Other Asian
Latino/Latina/Central American
Caucasian/White
Other (Specify)

59. Is there another race or ethnicity with which you identify? SECOND Mention.

(INTERVIEWER: If "Asian"", PROBE for More Specific Response.)

[Don't Know/Not Sure]
[Refused]
African-American/Black
American Indian, Alaska Native
Asian Indian
Chinese
Filipino
Japanese
Korean
Samoan
Tongan
Vietnamese
Pacific Islander
Other Asian
Latino/Latina/Central American
Caucasian/White
Other (Specify)

60. Were you born a United States citizen?

(SKIP to 62)	Yes
	No
(SKIP to 62)	[Don't Know/Not Sure]
(SKIP to 62)	[Refused]
	[Terminate Interview]

SCRIPTING NOTE: Recode 0 to 888. Add 888 [Less Than One Year] to the Coding Table.

61. How many years have you been living in the U.S.?

(INTERVIEWER: Record Number in Years. "Less Than One Year" = 0)

0 to 150
[Don't Know/Not Sure]
[Refused]

62. Are you:

Married
Divorced
Widowed
Separated
Never Been Married
In a Domestic Partnership
or Living With an Unmarried Partner
[Refused]
[Terminate Interview]

63. Are you currently:

Employed for Wages
Self-Employed
Out of Work for More Than 1 Year
Out of Work for Less Than 1 Year
Homemaker
Student
Retired
or Unable to Work
[Refused]
[Terminate Interview]

64. Do you identify yourself as:

(SKIP to 66)	Heterosexual
	Gay or Lesbian
	or Bisexual
	[Other]
(SKIP to 66)	[Don't Know/Not Sure]
(SKIP to 66)	[Refused]
	[Terminate Interview]

65. Do you feel like you have ever been discriminated against because of your sexual orientation?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

66. What is the highest grade or year of school you have completed?

Never Attended School or Kindergarten Only
Grades 1 through 8 (Elementary)
Grades 9 through 11 (Some High School)
Grade 12 or GED (High School Graduate)
College 1 Year to 3 Years (Some College or Technical School)
Bachelor's Degree (College Graduate)
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)
[Refused]
[Terminate Interview]

67. About how much do you weigh without shoes?

(INTERVIEWER: Round Fractions Up)

40 to 600
[Don't Know/Not Sure]
[Refused]

68. How much would you like to weigh?

40 to 600
[Don't Know/Not Sure]
[Refused]

69. About how tall are you without shoes?

(INTERVIEWER: Round Fractions Down)

300 to 311
400 to 411
500 to 511
600 to 611
700 to 711
800 to 811
[Don't Know/Not Sure]
[Refused]

If Respondent is "Male" in Q4, SKIP to 72.

70. A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

71. A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

72. During the past 12 months, have you had a flu shot?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

73. Have you ever had a pneumonia vaccination?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q56 is 50 Years of Age or Older, ASK Q74. All Others, SKIP to NOTE before 75.

74. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
Within the Past 10 Years (5 Years But Less Than 10 Years Ago)
10 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: Add 55 [Kindergarten] and 88 [Never] to the Coding Table.

75. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?

(INTERVIEWER: Code "Kindergarten" as 55. Code "Never" as 88.)

1 to 12
55
88
[Don't Know/Not Sure]
[Refused]

76. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

These next few questions are about the foods you usually eat. Please tell me how often you eat each one. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

77. Generally speaking, do you read food labels to help you make decisions about which food to select?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

78. How many servings of FRUIT do you usually eat per day?

0 to 30
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

79. How many servings of VEGETABLES do you usually eat per day?

(For example: A serving of vegetables at both lunch and dinner would be two servings.)

0 to 30
[Don't Know/Not Sure]
[Refused]

80. How would you rate your access to fresh fruits and vegetables that you can afford? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

81. Do you grow some of your own food?

Yes
(SKIP to 83) No
(SKIP to 83) [Don't Know/Not Sure]
(SKIP to 83) [Refused]
[Terminate Interview]

82. About what percentage of your food needs are provided by the food you grow?

0 to 100
[Don't Know/Not Sure]
[Refused]

83. How many days per week or per month do you do VIGOROUS activities that cause heavy sweating or large increases in breathing or heart rate for at least 10 minutes?

	DAYS PER WEEK
(SKIP to IVAR83B)	DAYS PER MONTH
(SKIP to 86)	[No Vigorous Activity]
(SKIP to 84)	[Don't Know/Not Sure]
(SKIP to 84)	[Refused]
	[Terminate Interview]

IVAR83A. INTERVIEWER: Enter the days per week specified in the previous question.

1 to 7

IVAR83B. INTERVIEWER: Enter the days per month specified in the previous question.

1 to 31

84. And when you took part in vigorous physical activity, for how many minutes did you usually keep at it?

1 to 600
[Don't Know/Not Sure]
[Refused]

85. What type of physical activity or exercise did you spend the MOST time doing during the past month?

[Don't Know/Not Sure]
[Refused]
Other (Specify)

86. How would you rate your access to good parks, playgrounds, or recreational facilities? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

87. And how would you rate the availability of recreational facilities, activities, and programs designed SPECIFICALLY FOR THE YOUTH in this community? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

88. Are you currently limiting the amount of fat or calories you eat to lose weight?

Yes
No
(SKIP to READ BOX before 90) [Not Trying to Lose Weight]
[Don't Know/Not Sure]
(SKIP to READ BOX before 90) [Refused]
[Terminate Interview]

SCRIPTING NOTE: If Q89 is [Not Trying to Lose Weight], Force Q90 to [Not Trying to Lose Weight].

89. Have you increased your physical activity to lose weight?

Yes
No
[Not Trying to Lose Weight]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

To what extent are you experiencing difficulty in the area of: (Insert Qs in Bold)? Would you say you are having:

90. Relationships With Family Members

Extreme Difficulty
Quite a Bit of Difficulty
A Moderate Amount of Difficulty
A Little Difficulty
or No Difficulty
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

91. Getting Along With People Outside of the Family

Extreme Difficulty
Quite a Bit of Difficulty
A Moderate Amount of Difficulty
A Little Difficulty
or No Difficulty
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

92. Isolation or Feelings of Loneliness

Extreme Difficulty
Quite a Bit of Difficulty
A Moderate Amount of Difficulty
A Little Difficulty
or No Difficulty
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

93. Being Able to Feel Close to Others

Extreme Difficulty
Quite a Bit of Difficulty
A Moderate Amount of Difficulty
A Little Difficulty
or No Difficulty
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

94. Fear, Anxiety or Panic

Extreme Difficulty
Quite a Bit of Difficulty
A Moderate Amount of Difficulty
A Little Difficulty
or No Difficulty
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

95. Controlling Temper, Outbursts, Anger or Violence

Extreme Difficulty
Quite a Bit of Difficulty
A Moderate Amount of Difficulty
A Little Difficulty
or No Difficulty
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

96. Feeling Satisfaction With Your Life

Extreme Difficulty
Quite a Bit of Difficulty
A Moderate Amount of Difficulty
A Little Difficulty
or No Difficulty
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

(End of Rotate)

97. In the past month, how often have you had someone you could turn to if you needed or wanted help? Would you say:

All of the Time
Most of the Time
Some of the Time
Little of the Time
or None of the Time
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

98. Do you have a priest, minister, rabbi, or other person you can turn to for spiritual support when needed?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

99. How important is spirituality in your life? Would you say:

Very
Somewhat
or Not Important
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

100. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

0 to 30
[Don't Know/Not Sure]
[Refused]

101. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

102. Do you have a history of problems with mental or emotional illness?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

103. On a typical day, would you say that your stress level is:

High
Moderate
or Low
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

104. Have you ever sought help from a professional for a mental or emotional problem?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

105. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

0 to 30
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

106. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

0 to 30
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

107. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

0 to 30
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

108. During the past 30 days, for about how many days have you felt very healthy and full of energy?

0 to 30
[Don't Know/Not Sure]
[Refused]

109. These next few questions are about limitations you may have in your daily life. Because of ANY impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

110. Because of ANY impairment or health problem, do you need the help of other persons with your ROUTINE needs, such as shopping, cooking, or managing household finances?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

111. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

0 to 30
[Don't Know/Not Sure]
[Refused]

112. Where do you get most of your healthcare information?

Friends/Relatives
Family Physician
Insurance
Internet
Newspapers
Hospital Publications
Television
Other
[Don't Receive Any]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

113. Next I'd like to ask some questions about your community and quality of life. First, how connected do you feel to your community? Would you say:

Very Connected
Somewhat Connected
Not Very Connected
or Not At All Connected
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

114. Overall, how would you describe your community as a place to live? Would you say it is:

Excellent
Very Good
Good
Fair
or Poor
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

115. Compared to the nation as a whole, would you say that the quality of life in your community is:

Much better
Somewhat better
What expected
Somewhat worse
Much worse

116. Over the next few years, do you think that the quality of life in your community will:

Improve a Great Deal
Improve Slightly
Stay About the Same
Grow a Little Worse
or Grow Much Worse
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

117. How would you rate tolerance in your community for people of different RACES or CULTURAL BACKGROUNDS? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

118. How would you rate tolerance in your community for people with different VIEWPOINTS or LIFESTYLES? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

119. Would you say that you trust local government to work for the best interest of your community:

Always
Most of the Time
Some of the Time
Seldom
or Never
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

120. How would you rate your government on creating bikeable and walkable streets and sidewalks that provide easy access to public transit and daily needs and services? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Not Applicable]
[Don't Know/Not Sure]
[Refused]

121. How would you rate the ease with which you are able to get social services in your community? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

122. Do you currently receive any type of government assistance?

	Yes
(SKIP to 124)	No
(SKIP to 124)	[Don't Know/Not Sure]
(SKIP to 124)	[Refused]
	[Terminate Interview]

123. What type of assistance do you rely on most? Would that be:

[Don't Know/Not Sure]
[Refused]
Monthly Government Case Assistance
Food Stamps
Health Coverage
Disability Supplemental Income
Other (Specify)

124. Does your family have enough food available on a regular basis?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

125. In the past year, have you gone to a food bank or received free meals provided by churches or other organizations?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

126. Would you rate the employment opportunities that exist in the area as:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

127. Overall, would you rate the strength and growth of the local economy as:

Excellent
Very Good
Good
Fair
or Poor
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q63 is "Employed for Wages/Empleado con Salario" or "Self Employed/Trabaja Para Sí Mismo", ASK 128. All Others, SKIP to 131.

128. How many hours a week do you work?

1 to 168
[Don't Know/Not Sure]
[Refused]

129. Does your job offer health benefits?

Yes
(SKIP to 131) No
(SKIP to 131) [Don't Know/Not Sure]
(SKIP to 131) [Refused]
[Terminate Interview]

130. Does your employer offer health benefits to employee dependents?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

131. Overall, how would you rate your personal or your family's financial situation, in terms of being able to afford adequate food and housing, and to pay the bills you currently have? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

132. Compared to a year ago, would you say that you and your family are financially:

Much Better Off
Somewhat Better Off
Doing About the Same
Somewhat Worse Off
or Much Worse Off
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

133. If you needed to, do you think you could rely on public transportation to get you to work, appointments, and shopping?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

134. Overall, how would you rate the availability of affordable housing in your community? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

135. How would you rate the availability of programs and shelters available for the homeless in your community? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

136. Has there been any time in the past two years when you were living on the street, in a car, or in a temporary shelter?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

137. Because of an emergency, have you had to live with a friend or relative in the past two years, even if this was only temporary?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

138. To limit your expenses, do you share housing costs with someone other than a spouse or partner?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

139. In the past year, have you or has a family member seriously considered leaving San Mateo County because of the cost of living?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

140. Do you:

Own Your Own Home or Condominium
Rent a House
Rent An Apartment
Live in Subsidized Housing
or Live With Your Parents or Other Relative
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

141. Over the past two years, do you think that the problem of crime in your neighborhood has been:

Getting Much Better
Getting a Little Better
Staying About the Same
Getting a Little Worse
or Getting Much Worse
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

142. How would you rate the safety and security you feel walking in your neighborhood? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

143. Do you currently have a computer in your household?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

144. In the past year, have you used the Internet to access health care information?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

145. Do you currently have any older dependents, such as parents, aunts, or uncles living in your household because they are unable to live alone?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

146. Are you or is your spouse the primary caregiver for a grandchild or great grandchild?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

147. Do you currently live in the home of one of your adult children, grandchildren, or another relative?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

148. What language is spoken most in your home?

[Don't Know/Not Sure]
[Refused]
Chinese
English
Japanese
Spanish
Tagalog
Vietnamese
Other (Specify)

SCRIPTING NOTE: Use New Codes in Q150.

149. Total Family Household Income.

Under $20,400
$20,400 to $27,399
$27,400 to $34,299
$34,300 to $41,099
$41,100 to $48,299
$48,300 to $54,999
$55,000 to $62,199
$62,200 to $68,899
$68,900 to $76,099
$76,100 to $82,899
$82,900 to $89,999
$90,000 to $96,799
$96,800 to $110,399
$110,400 to $124,399
$124,400 to $138,299
$138,300 to $152,199
$152,200 to $166,099
$166,100 to $179,999
$180,000 to $193,999
$194,000/Over
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

150. And what is the primary source of that income?

[Don't Know/Not Sure]
[Refused]
Alimony
Investment
Job
Social Security
Spouse's Job
Welfare Programs
Other (Specify)

SCRIPTING NOTE: Recode 0 to 88. Add 88 [None] to the Coding Table.

151. How many children under the age of 18 are currently living in your household?

	1 to 20
(SKIP to READ BOX before 169)	0
	[Don't Know/Not Sure]
(SKIP to READ BOX before 169)	[Refused]

NOTE: If Q151 Is "1", SKIP to 153.

I would like to ask some questions about the healthcare of one of these children. In order to randomly select one, please answer the following questions about the child who had the most recent birthday.

SCRIPTING NOTE: Recode 0 to 88. Add 88 "Under One Year Old" to the Coding Table.

152. What is the age of this child?

(Record Number in Years. Record "Under One Year Old" = 0.)

	0 to 17
	[Refused]

153. About how long has it been since this child visited a DENTIST for a routine check-up?

	Within the Past 6 Months (1 to 6 Months Ago)
	Within the Past Year (7 Months to 12 Months Ago)
	Within the Past 2 Years (1 to 2 Years Ago)
	Within the Past 5 Years (2 to 5 Years Ago)
	5 or More Years Ago
	[Never]
	[Not Applicable]
	[Don't Know/Not Sure]
	[Refused]
(SKIP to READ BOX before 169)	[Terminate Interview]

154. About how long has it been since this child last visited a DOCTOR for a routine checkup?

Within the Past 6 Months (1 to 6 Months Ago)
Within the Past Year (7 Months to 12 Months Ago)
Within the Past 2 Years (1 to 2 Years Ago)
Within the Past 5 Years (2 to 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

155. Do you have a regular place you take this child for medical check-ups?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

156. In the past year, were you not able to take this child to a doctor or health care facility because you did not have transportation?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

157. In the past year, were you not able to take this child to a doctor or health care facility because you did not have health insurance or could not afford it?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

158. Have you ever been told that this child has asthma?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

159. In the past year, has this child received urgent care or been hospitalized for breathing problems or asthma?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

NOTE: If Child is 10 Years Old or Older in Q152, ASK Q160. All Others, SKIP to NOTE after 161.

160. Have you ever talked with this child about issues of relationships and sexuality?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

161. To the best of your knowledge, is this child sexually active?

Yes
No
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

NOTE: If Child is "0" (Under One Year Old) in Q152, SKIP to 163. All Others, ASK Q162.

SCRIPTING NOTE: Recode 0 to 99. Add 99 "Child Does Not Watch Television or Videos" and 88 "Less Than One Hour" to the Coding Table.

162. How many hours a day would you say this child watches television, videos, or video games?

(INTERVIEWER: Record Number in Hours. Code "Child Does Not Watch Television or Videos" = 0. Code "Less Than One Hour" = 88.)

0 to 24/88
[Don't Know/Not Sure]
[Refused]

163. What type of child care arrangements do you use MOST for this child? Would you say that:

A Parent Stays With the Child
Another Family Member Stays With the Child
A Friend/Babysitter Stays With the Child
The Child Goes to a Licensed Family Day Care
The Child Goes to a Child Care Center
You Use Some Other Type of Child Care
or None of These
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

NOTE: If Child is 5 Years Old or Older in Q152, ASK Q164. All Others, SKIP to READ BOX before 169.

164. Who supervises this child after school? Would that be:

A Non-Working Parent
Another Family Member
A Friend/Baby-sitter
A Licensed Family Day Care
A Child Care Center
A School-Based After-School Program
A Non-School Based After-School Program
An Older Child
or Does the Child Supervise Him or Herself
(SKIP to READ BOX before 169) [Not Applicable/Not in School]
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

165. What type of school does this child attend? Is it a:

Public School
Parochial or Private School
Charter School
or Home School
[Not In School]
[Don't Know/Not Sure]
[Refused]
(SKIP to READ BOX before 169) [Terminate Interview]

166. How would you rate the education this child receives? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

(SKIP to READ BOX before 169)

167. During the past 12 months, has this child been in a physical fight?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

168. In the past year, what percent of the time has this child either biked or walked to school?

That's my last question. Everyone's answers will be combined to give us information about the health practices of residents in this community. Thank you very much for your time and cooperation. GOOD BYE!

169. Body Mass Index.

Merged

170. Overweight/Sex-Specific.

Yes
No

171. Overweight.

Underweight
Normal Weight
Overweight
Moderately Obese
Severely Obese
Very Severely Obese

172. Using Both Diet & Exercise to Lose Weight.

Yes
No

173. Cardiovascular Risk Factor.

1+ Cardiovascular Risk Factors
No Risk Factors
At Least One Risk Factor

174. Smoking.

Current Smoker – Regular (Every Day)
Current Smoker – Occasional (Some Days)
Former Smoker
Never Smoked
Current Smoker

175. Sedentary (Exercise Less Than 3 Times Per Week for at Least 20 Minutes Per Occasion).

Yes
No

176. Current Drinker (1 or More Drinks in Past Month).

Yes
No

177. Chronic Drinker (60 or More Drinks in Past Month).

Yes
No

178. Binge Drinker (5 or More Drinks on an Occasion).

Yes
No

179. Poverty.

Below 200% Poverty
200% to 400% Poverty
Over 400% Poverty

180. Households with Children.

Yes

181. Age.

18 to 39
40 to 64
65/Over

182. Male Age 18-39.

Yes

183. Male Age 40/Over.

Yes

184. Male Age 65/Over.

Yes

185. Female Age 18-44.

Yes

186. Female Age 40/Over.

Yes

187. Female Age 65/Over.

Yes

188. Human Services Aid Code.

FS
MC
GA
TANF

189. Human Services ZIP Codes.

Merged

190. Year.

Merged

191. Hospital. (For PRC Use.)

Merged

192. Quarter.

Merged

193. Quarter.

Merged

194. Quarter.

Merged

195. Quarter.

Merged

196. Quarter.

Merged

ATTACHMENT 5: Prioritized Health Needs San Mateo County

Health Need/ Condition	Overall Average Score	Scores of Prioritization Criteria Used			
		Disparities Exist	Prevention/ Intervention Opportunity	Quality of Life Impact	Community Priority
Diabetes	**2.69**	2.78	2.85	2.75	2.38
Obesity	**2.60**	2.58	2.85	2.62	2.36
Poor mental health, suicide	**2.59**	2.45	2.31	2.91	2.69
Poor oral health	**2.57**	2.73	2.70	2.38	2.46
Cardiovascular disease, heart attack, stroke (cerebrovascular disease)	**2.56**	2.67	2.75	2.83	2.00
Substance abuse (ATOD)	**2.56**	2.40	2.91	2.71	2.23
Violence*	**2.56**	2.54	2.50	2.82	2.38
Cancer	**2.44**	2.29	2.33	2.91	2.23
Births	**2.42**	2.21	2.60	2.73	2.14
Cognitive issues (Alzheimer's, autistic spectrum)	**2.30**	2.38	1.90	2.83	2.08
STDs/HIV-AIDS	**2.29**	2.17	2.82	2.38	1.80
Asthma & Respiratory Conditions	**2.21**	2.29	2.33	2.42	1.81
Infectious disease**	**2.10**	2.50	2.14	2.23	1.53

* Includes child abuse, domestic violence, elder abuse, gangs, and bullying.
** Includes TB, Hepatitis B/C, pertussis, influenza, etc.

Attachment 6: Persons Representing the Broad Interests of the Community

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, the medically underserved, and those living with chronic conditions. The coalition included leaders from health systems including the Santa Clara County Health & Hospital System including the Department of Public Health, non-profit hospital representatives, local government employees, healthcare consumer advocate organizations, and nonprofit organizations.

NAME	TITLE	AFFILIATION	EXPERTISE	TARGET GROUP(S)	TARGET GROUP ROLE	CONSULTATION METHOD	DATE CONSULTED
Aimee Reedy	Santa Clara County (SCC) Division Director	SCC Public Health Dept	Public Health		Leader	Focus Group	11/7/12
Bonnie Broderick	Director, Chronic Disease and Injury Prevention	SCC Public Health Dept	Public Health	Chronic Conditions	Leader	Focus Group	11/7/12
Dan Peddycord	Director	SCC Public Health Dept	Public Health		Leader	Interview	10/3/12
Dr. Marty Fenstersheib	Health Officer	Santa Clara County Health & Hospital	Public Health		Leader	Interview	10/3/12
Eileen Obata	District Nurse	Gilroy Unified School District School Nurse	Public Health	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Lillian Castillo	Nutritionist	SCC Public Health Dept	Public Health		Leader	Focus Group	11/1/12
René Santiago	Deputy County Executive	Santa Clara County Health & Hospital	Public Health		Leader	Interview	10/2/12
Susan Silveira	Program Director	SCC Public Health Dept	Public Health		Leader	Focus Group	11/9/12
Dr. Dorothy Furgerson	Chief Medical Officer	Planned Parenthood	Community Health	Youth	Leader	Focus Group	11/9/12
Fred Ferrer	Executive Director	The Health Trust	Community Health	Chronic Conditions, Low Income	Leader	Focus Group	11/7/12
Michelle Lew	Executive Director	Asian Americans for Community Involvement	Community Health	Minority (Asian)	Leader	Interview	10/4/12
Naomi Nakano-Matsumoto	Executive Director	West Valley Community Services	Community Health	Low income	Leader	Focus Group	11/6/12
Reymundo Espinoza	CEO	Gardner Health Center	Community Health	Underserved (uninsured)	Leader	Interview	10/4/12
Shamima Hasan	CEO	Mayview Community Health Center	Community Health	Underserved (uninsured)	Leader	Interview	10/2/12

NAME	TITLE	AFFILIATION	EXPERTISE	TARGET GROUP(S)	TARGET GROUP ROLE	CONSULTATION METHOD	DATE CONSULTED
Jodi Kazemini	Clinic Manager	Lucile Packard Children's Hospital Adolescent Clinic	Community Health	Youth	Leader	Focus Group	11/9/12
Ellen Corman	Supervisory, Injury Prevention & Community	Stanford Hospital &Clinics	Community Health	Chronic Conditions	Leader	Focus Group	11/7/12
Sister Rachela	Director, Community Health	Saint Louise Hospital	Community Health	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Bruce Copley	Director	Santa Clara County Drug and Alcohol	Behavioral Health		Leader	Focus Group	11/7/12
Celia Shanley	Health Services Manager	Rebekah's Children Services	Mental Health	Children/Youth	Leader	Focus Group	11/1/12
Lynn Magruder	Grants Administrator	Community Solutions	Mental Health		Leader	Focus Group	11/1/12
Sherri Terao	Division Director	Santa Clara County Mental Health	Mental Health	Children	Leader	Focus Group	11/7/12
Geraldo Cadenas	Senior Office Assistant	Columbia Neighborhood Center	Community Services	Children	Leader	Focus Group	11/9/12
Marilyn Roaf	HCD Grants Coordinator	City of Gilroy	Community Services	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Maureen Drewniany	Community Services Manager	City of Morgan Hill	Community Services	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Paul Schutz	Associate Director of Development	Community Health Awareness Council	Community Services	Youth	Leader	Focus Group	11/9/12
Petra Riguero	Program Supervisor	City of San Jose Mayor's Gang Prevention Task Force	Community Services	Violence Prevention	Leader	Focus Group	11/9/12
Susan Fent	Director, Senior Programs & Services	Morgan Hill Senior Center	Community Services	Chronic Conditions	Leader	Focus Group	11/1/12
Susan Valenta	President & CEO	City of Gilroy Chamber of Commerce	Community Services	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Vivian Silva, MSW	Care Manager	City of Sunnyvale	Community Services	Chronic Conditions	Leader	Focus Group	11/7/12
Elaine Glissmeyer	Executive Director	YMCA	Community Wellness Services	Youth	Leader	Focus Group	11/9/12
Marlene Bjornsrud	Executive Director	Bay Area Women's Sports Initiative	Community Wellness Services	Youth	Leader	Focus Group	11/9/12
Pam Gudiño	Program Manager	Somos Mayfair	Community Wellness Services	Minority (Latino)	Leader	Focus Group	11/7/12

NAME	TITLE	AFFILIATION	EXPERTISE	TARGET GROUP(S)	TARGET GROUP ROLE	CONSULTATION METHOD	DATE CONSULTED
Rho Henry Olaisen	Director	Abilities United	Community Wellness Services	Disabled	Leader	Focus Group	11/9/12
Claudia Rossi	Trustee	Morgan Hill School Board	Education	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Melinda Landau	Manager	San Jose Unified School District	Education	Children	Leader	Focus Group	11/9/12
Dolores Alvarado	Executive Director	Community Health Partnership	Health Insurance	Underserved (uninsured)	Leader	Interview	10/17/12
Dr. Kent Imai	Medical Director	Community Health Partnership	Health Insurance	Underserved (uninsured)	Leader	Interview	11/6/12
Dr. Thad Padua	Medical Director	Santa Clara Family Health Plan	Health Insurance	Underserved (uninsured)	Leader	Interview	11/9/12
Kathleen King	CEO	Santa Clara Family Health Foundation	Health Insurance	Underserved (uninsured)	Leader	Focus Group	11/6/12
Anne Ehresman	Executive Director	Project Cornerstone	Non-Profit	Children	Leader	Focus Group	11/9/12
Art Barron	Chair, Advisory Board	CARAS	Non-Profit	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Carol Leigh-Hutton	President & CEO	United Way Silicon Valley	Non-Profit	Low income	Leader	Focus Group	11/6/12
Cindy McGown	Senior Director	Second Harvest Food Bank	Non-Profit	Low income	Leader	Focus Group	11/7/12
Dana Bunnett	Executive Director	Kids in Common	Non-Profit	Children	Leader	Focus Group	11/9/12
Jill Dawson	Program Director	InnVision Shelter Network	Non-Profit	Low income	Leader	Focus Group	11/6/12
Marie Bernard	Executive Director	Sunnyvale Community Services	Non-Profit	Low income	Leader	Focus Group	11/6/12
Maureen Wadiak	Associate Director	Mountain View Community Services	Non-Profit	Low income	Leader	Focus Group	11/6/12
Patricia Gardner	Executive Director	Silicon Valley Council of Nonprofits	Non-Profit	Low income	Leader	Focus Group	11/6/12
Poncho Guevara	Executive Director	Sacred Heart Community Service	Non-Profit	Low income	Leader	Focus Group	11/6/12
Connie Corrales	Director, HICAP	Council on Aging	Older Adults	Chronic Conditions	Leader	Focus Group	11/7/12

NAME	TITLE	AFFILIATION	EXPERTISE	TARGET GROUP(S)	TARGET GROUP ROLE	CONSULTATION METHOD	DATE CONSULTED
Lori Andersen	Director, Healthy Aging	The Health Trust	Older Adults	Chronic Conditions	Leader	Focus Group	11/7/12
Maria Solis	Social Services Administrator	Yu Ai Kai	Older Adults	Chronic Conditions	Leader	Focus Group	11/7/12
Mike Torres	Director, Contracts & Planning	Council on Aging	Older Adults	Chronic Conditions	Leader	Focus Group	11/7/12

Attachment 7: Health Needs Prioritization Scores: Breakdown by Criteria

Health need/ condition	Overall average score	Average Scores of Prioritization Criteria Used by Group			Community Priority Score Based on Primary Data
		Disparities Exist	Prevention/ Intervention Opportunity	Solution Has Multiplier Effect	
Diabetes	**3.0**	3.0	3.0	2.9	3.0
Obesity	**2.9**	2.9	2.8	2.9	3.0
Violence	**2.6**	2.9	2.6	2.9	2.0
Poor mental health	**2.6**	2.3	2.6	2.4	3.0
Poor oral/dental health	**2.5**	2.7	2.8	2.3	2.0
Cardiovascular disease, heart attack, stroke	**2.4**	2.3	2.8	2.4	2.0
Substance use (ATOD)	**2.4**	2.4	2.8	2.3	2.0
Cancers	**2.2**	2.1	2.8	1.8	2.0
Respiratory conditions	**2.0**	2.4	2.6	1.9	1.0
STDs/HIV-AIDS	**2.0**	2.3	2.5	2.0	1.0
Birth outcomes	**1.6**	2.0	1.6	1.6	1.0
Alzheimer's	**1.4**	1.8	1.6	1.3	1.0

Notes: ***Access to Health Care*** *not scored during prioritization process.*

Coding of "Community Priority Score Based on Primary Data": *Coded 3 if issue was identified as a top need/condition by more than 10 key informant interviews/focus groups (KIIs/FGs); coded 2 if by 1-9 KIIs/FGs; coded 1 if mentioned but not as a top need/condition.*

Attachment 8:

CHNA-All Conditions Named During Primary Data Gathering SCC and SMC (66)

1. Access to health care
2. Accidents (motor vehicles)
3. Acute/episodic issues
4. ADD/ADHD
5. Arthritis
6. Autism/Asperger's
7. Brain injury
8. Cancer
9. Cardiovascular disease (heart disease, stroke, congestive heart failure, hypertension)
10. Chronic disease
11. Cirrhosis/liver failure
12. Deformities
13. Dementia/Alzheimer's
14. Dental health
15. Developmental/behavioral disorders
16. Diabetes
17. Drowning
18. Early male mortality
19. Eating disorders (anemia)
20. Emphysema
21. Fatigue
22. Falls/injury
23. Gout
24. Health disparities among subpopulations
25. Health of older adults
26. Hearing
27. High cholesterol
28. Homicide
29. Hospital readmissions
30. Infant mortality
31. Infections/diseases
32. Jaundice
33. Kidney, renal issues, kidney stones
34. Low birth weight
35. Learning disabilities
36. Mental health (including trauma, suicide, depression, cutting, anxiety, stress)
37. Mobility
38. MS
39. Neuropathy
40. Nutrition, poor nutrition, malnutrition

Attachment 8:

CHNA-All Conditions Named During Primary Data Gathering SCC and SMC (66)

41. Obesity, overweight
42. Occupational injuries (RSI)
43. Organ failure/transplants
44. Osteoporosis
45. Parkinson's
46. Pregnancy-related conditions
47. Premature births
48. Prevention
49. Psychosocial issues
50. Respiratory problems, COPD, asthma, allergies, bronchitis
51. Sciatica
52. Sexual abuse
53. Side effects of medication
54. Skin problems (e.g., ulcers and skin disease)
55. Sleep apnea, sleep disorders, insomnia
56. Social/emotional development
57. STDs, HIV/AIDS
58. Substance abuse (alcohol, tobacco, and other drugs including prescription medication)
59. Tuberculosis, Hepatitis B and C
60. Teen pregnancy
61. Thyroid
62. Trauma
63. Unhealthy sexual behavior
64. Violence (abuse, bullying, domestic violence)
65. Viruses
66. Vision problems (e.g., glaucoma and cataracts)

Attachment 9: List of Indicators on Which Data Were Gathered (88)

Indicator	Data Source
Absence of Dental Insurance Coverage	California Health Interview Survey (CHIS), 2007
Access to Primary Care	U.S. Health Resources and Services Administration Area Resource File, 2009 (as reported in the 2012 County Health Rankings)
Adequate Fruit/Vegetable Consumption (Youth)	California Health Interview Survey (CHIS), 2009
Adequate Social or Emotional Support	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Alcohol Expenditures	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
Asthma Hospitalizations (Adult)	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
Asthma Hospitalizations (Youth)	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
Asthma Prevalence	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Breast Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009
Breast Cancer Screening (Mammogram)	Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007
Breastfeeding (Any)	CA only: California Department of Public Health, In-Hospital Breastfeeding Initiation Data, 2011; Outside CA: National Survey of Children's Health, 2007

Indicator	Data Source
Breastfeeding (Exclusive)	CA only: California Department of Public Health, In-Hospital Breastfeeding Initiation Data, 2011; Outside CA: National Survey of Children's Health, 2007
Cancer Mortality	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Cervical Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009
Cervical Cancer Screening (Pap Test)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Change in Total Population (from 2000 to 2010)	U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1; U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1
Children in Poverty	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Chlamydia Incidence	Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009
Colon and Rectum Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2004-2008
Colon Cancer Screening (Sigmoid/Colonoscopy)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010

Indicator	Data Source
Dental Care Affordability	California Health Interview Survey (CHIS), 2007
Dental Care Utilization (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Dental Care Utilization [Youth]	California Health Interview Survey (CHIS), 2009
Diabetes Hospitalizations (Adult)	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
Diabetes Hospitalizations (Youth)	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
Diabetes Management (Hemoglobin A1c Test)	Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007
Diabetes Prevalence	Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009
Facilities Designated as Health Professional Shortage Areas (HPSA)	U.S. Health Resources and Services Administration, Health Professional Shortage Area File, 2012
Fast Food Restaurant Access	CA only: U.S. Census Bureau, ZIP Code Business Patterns, 2009; Outside CA: U.S. Census Bureau, County Business Patterns, 2010
Federally Qualified Health Centers	U.S. Health Resources and Services Administration, Centers for Medicare & Medicaid Services, Provider of Service File, 2011
Free and Reduced Price School Lunch Eligibility	U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe File, 2009-2010
Fruit/Vegetable Expenditures	Nielsen Claritas SiteReports, Consumer Buying Power, 2011

Indicator	Data Source
Grocery Store Access	U.S. Census Bureau, County Business Patterns, 2010
Heart Disease Mortality	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; outside CA Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Heart Disease Prevalence	CA only: California Health Interview Survey (CHIS), 2009; Outside CA: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Heavy Alcohol Consumption	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
High Blood Pressure Management	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
High School Graduation Rate	U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Local Education Agency (School District) Universe Survey Dropout and Completion Data, 2008-2009
HIV Hospitalizations	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
HIV Prevalence	Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2008
HIV Screenings	CA only: California Health Interview Survey (CHIS), 2005; Outside CA: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010

Indicator	Data Source
Homicide	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Inadequate Fruit/Vegetable Consumption (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009
Infant Mortality	Centers for Disease Control and Prevention, National Vital Statistics System, 2003-2009
Lack of a Consistent Source of Primary Care	CA only: California Health Interview Survey (CHIS), 2009; Outside CA: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Lack of Prenatal Care	CA only: California Department of Public Health, Birth Profiles by ZIP Code, 2010; Outside CA: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2007-2009. Accessed through CDC WONDER
Linguistically Isolated Population	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Liquor Store Access	CA only: California Department of Alcoholic Beverage Control, Active License File, April 2012; Outside CA: U.S. Census Bureau, County Business Patterns, 2010
Low Birthweight	CA only: California Department of Public Health, Birth Profiles by ZIP Code, 2010; Outside CA: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse

Indicator	Data Source
Lung Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2004-2008
Median Age	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Motor Vehicle Crash Death	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010
Obesity (Adult)	Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009
Obesity (Youth)	CA only: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011; Outside CA: National Survey of Children's Health, 2007
Overweight (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Overweight (Youth)	CA only: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011; Outside CA: National Survey of Children's Health, 2007
Park Access	U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1; Esri's USA Parks layer (compilation of Esri, National Park Service, and TomTom source data), 2012.
Pedestrian Motor Vehicle Death	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010

Indicator	Data Source
Physical Inactivity (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Physical Inactivity (Youth)	California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011
Pneumonia Vaccinations (Age 65+)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Poor Air Quality (Ozone)	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008
Poor Air Quality (Particulate Matter 2.5)	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008
Poor Dental Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Poor General Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Poor Mental Health	California Health Interview Survey (CHIS), 2009
Population Below 200% of Poverty Level	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Population Living in a Health Professional Shortage Areas (HPSA)	U.S. Health Resources and Services Administration, Health Professional Shortage Area File, 2012
Population Living in Food Deserts	U.S. Department of Agriculture, Food Desert Locator, 2009
Population Receiving Medicaid	U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates
Population with Any Disability	U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates
Population with No High School Diploma	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

Indicator	Data Source
Poverty Rate (< 100% FPL)	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Premature Death	Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 (As Reported in the 2012 County Health Rankings)
Preventable Hospital Events	CA only: California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010; outside CA: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007
Prostate Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2004-2008
Recreation and Fitness Facility Access	CA only: U.S. Census Bureau, ZIP Code Business Patterns, 2009; Outside CA: U.S. Census Bureau, County Business Patterns, 2010
Soft Drink Expenditures	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
Stroke Mortality	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Student Reading Proficiency (4th Grade)	States' Department of Education, Student Testing Reports, 2011

Indicator	Data Source
Suicide	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Supplemental Nutrition Assistance Program (SNAP) Recipients	U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2009
Teen Births	Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse
Tobacco Expenditures	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
Tobacco Usage (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Total Female Population	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Male Population	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 0-4	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 18-24	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 25-34	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

Indicator	Data Source
Total Population Age 35-44	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 45-54	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 5-17	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 55-64	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 65 or Older	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Unemployment Rate	U.S. Bureau of Labor Statistics, July, 2012 Local Area Unemployment Statistics
Uninsured Population	U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates
Unintentional Injuries (falls)	Council on Aging Silicon Valley Area Plan 2012-2016; 2012 Community Health & Quality of Life in San Mateo County 2011 (key findings)
Violent Crime	U.S. Federal Bureau of Investigation, Uniform Crime Reports, 2010
Walkability	WalkScore.Com (2012)
WIC-Authorized Food Store Access	U.S. Department of Agriculture, Food Environment Atlas, 2012

Attachment 10: Health Needs Profiles

1. Access to Health Care
2. Alzheimer's Disease
3. Arthritis
4. Cancer
5. Cardiovascular disease, heart disease, stroke
6. Chronic Disease
7. Diabetes
8. Mental Health
9. Obesity
10. Respiratory conditions
11. Unintentional Injuries (falls)

Access to Health Care

In 2012, Stanford Hospital & Clinics conducted a county-wide assessment of health needs. Based on this scan of quantitative and qualitative data, **Access to Health Care** was prioritized as one of the top health needs in the county. This category included insurance, education, and poverty.

The status of health access is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	Santa Clara County	CA	US	HP 2020 Benchmark	Data Source
Linguistically Isolated Population % of households that are linguistically isolated (all members of the household age 14+ have at least some difficulty with English)	12.2%	10.6%	4.8%	--	U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates
Unemployment Smoothed, seasonally-adjusted non-farm payroll unemployment rate	8.5%	10.7%	8.3%	--	U.S. Bureau of Labor Statistics, July, 2012 Local Area Unemployment Statistics
Educational Attainment % of the population aged 25 and older without a high school diploma (or equivalency) or higher	13.5%	19.3%	14.9%	--	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Insurance					
Uninsured % of the total civilian non-institutionalized population without health insurance coverage	11.5%	18.2%	15.2%	0%	U.S. Census Bureau, 2011 American Community Survey 3-Year Estimates
Medicaid Recipients % of the civilian non-institutionalized population that is enrolled in Medicaid	7.9%	5.0%	7.7%	--	
Clinical Care					
Access to Primary Care number of primary care physicians per 100,000 population	98.8	74.7	73.1	--	U.S. Health Resources and Services Administration Area Resource File, 2011
Lack a Consistent Source of Primary Care % of children, teenagers, and adults who self-report that they do not have a usual place to go when sick or needing health advice	9.0%	14.2%	--	16.1%	California Health Interview Survey (CHIS), 2009

Access to Health Care

Indicator	Santa Clara County	CA	US	HP 2020 Benchmark	Data Source
Preventable Hospital Events Preventable Hospital Admission (ACSC) rate (per 1,000 Medicare enrollees)	44.8	58.0	71.8	--	Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality 2007
Poverty					
Population Below 100% FPL % of the population living below 100% of the Federal Poverty Level (FPL)	8.9%	13.7%	13.8%	--	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Children Below 100% FPL % of children aged 0-17 living below 100% of the Federal Poverty Level (FPL)	11.0%	19.1%	19.2%	--	
Population Below 200% FPL % of the population living below 200% of the Federal Poverty Level (FPL)	21.3%	30.3%	32.0%	--	
Free/Reduced Lunch % of public school students eligible for free or reduced price lunches	31.7%	48.6%	--	--	California Department of Education, Free/Reduced Price Meals Program & CalWORKS Data Files, 2012.
SNAP Recipients % of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits	1.1%	1.1%	1.5%	--	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

Note: * Indicates statistic is unstable. Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:

- Disparities in health insurance coverage in the county were seen among the Latino population, among those in households with less than $20,000 annual income and among those who had attained a high school education or less.
- The highest percentage of inability to see a doctor when needed was reported by county African-American adults and adults with less than a high school education.
- In 2009, 9.7% of adults in the county reported that in the past year they delayed getting or did not get a medicine that a doctor prescribed. This figure exceeds the Healthy People 2020 (HP2020) target of 2.8% or less. No subpopulation in the county met the HP 2020 target for this indicator.
- During 2007-08, 57.5% of county middle and high school students reported that they had a regular checkup with a doctor in the past 12 months, which did not meet the HP 2020 target of 75.6%.
- In 2009, only 49.9% of county adults who needed mental health care received it, compared to 55.5% of adults in the state overall.
- The percentage of Santa Clara County's uninsured, ages 18-64, increased from 9 to 21 percent from 2000-2009, higher than both state and national figures. A higher percentage of Whites (90 percent) reported having health insurance than Asian/Pacific Islanders (86 percent), African-Americans (68 percent) and Hispanics (60 percent).[1] Even with implementation of ACA, estimates for the number of uninsured people countywide are 130,000-150,000 (2014) and 120,000-140,000 (2019).[2]

[1] Santa Clara County Department of Public Health, 2000-2009 Behavioral Risk Factor Survey
[2] UC Berkeley Center for Labor Research & Education, Ken Jacobs; November 13, 2012

Access to Health Care

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Poverty has a negative impact on health (cannot afford the cost of clinical care, copays and medication, and afford healthy foods and activities).
- Lack of oral health and mental health insurance coverage, and health insurance for the undocumented, all impact the ability of individuals to access needed health care.
- Similarly, being underinsured has an impact on access (not all services are covered, including preventative care or screening, certain medications and treatments).
- Health care leaders expressed a concern regarding the lack of general and specialty care practitioners. Wait times for doctor appointments (even for severe conditions) and lack of follow-up by clinicians result in overuse of urgent care/emergency room when conditions worsen.
- Lack of transportation impacts the community, especially when it comes to preventative care (such as frequent visits for diabetes check-ups). It also impacts the ability to get to grocery stores for fresh food.
- Linguistic isolation: Patients who do not understand the medical conditions or directions for compliance may experience negative health outcomes. Also, those who do not speak English may perceive that practitioners do not understand them or their culture and therefore may trust them less.
- Poverty and unemployment are causing stress for youth and adults, and thus are major drivers of poor health overall, and poor mental health in particular.
- Lack of knowledge/awareness of health conditions, their causes, symptoms, and treatments, can keep individuals from accessing needed care.
- Stigma, which is experienced across all populations, prevents people from seeking treatment due to embarrassment, shame, or fear, and causes stress. Stigma can result in lessened social support and increased social isolation.

Access to Health Care

In 2012, Stanford Hospital & Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **Access to Health Care** was prioritized as one of the top health needs in the county. This category included insurance, education, and poverty.

The status of health access is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Mateo County	CA	US	HP 2020 Benchmark	Data Source
Linguistically Isolated Population % of households that are linguistically isolated (all members of the household age 14+ have at least some difficulty with English)	9.9%	10.6%	4.8%	--	U.S. Census Bureau, 2007-2009 American Community Survey 3-Year Estimates
Unemployment Smoothed, seasonally-adjusted non-farm payroll unemployment rate	8.5%	10.7%	8.3%	--	U.S. Bureau of Labor Statistics, July, 2012 Local Area Unemployment Statistics
Educational Attainment % of the population aged 25 and older without a high school diploma (or equivalency) or higher	11.6%	19.3%	14.9%	--	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Insurance					
Uninsured % of the total civilian non-institutionalized population without health insurance coverage	11.3%	18.2%	15.2%	0%	U.S. Census Bureau, 2011 American Community Survey 3-Year Estimates
Medicaid Recipients % of the civilian non-institutionalized population that is enrolled in Medicaid	4.8%	5.0%	7.7%	--	
Clinical Care					
Access to Primary Care number of primary care physicians per 100,000 population	91.3	74.7	73.1	--	U.S. Health Resources and Services Administration Area Resource File, 2011
Preventable Hospital Events Preventable Hospital Admission (ACSC) rate (per 1,000 Medicare enrollees)	39.4	58.0	71.8	--	Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality 2007

Access to Health Care

Indicator	San Mateo County	CA	US	HP 2020 Benchmark	Data Source
Lack a Consistent Source of Primary Care % of children, teenagers, and adults who self-report that they do not have a usual place to go when sick or needing health advice	9.1%*	14.2%	--	16.1%	California Health Interview Survey (CHIS), 2009
Poverty					
Population Below 100% FPL % of the population living below 100% of the Federal Poverty Level (FPL)	7.0%	13.7%	13.8%	--	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Children Below 100% FPL % of children aged 0-17 living below 100% of the Federal Poverty Level (FPL)	9.1%	19.1%	19.2%	--	
Population Below 200% FPL % of the population living below 200% of the Federal Poverty Level (FPL)	18.5%	30.3%	32.0%	--	
Free/Reduced Lunch % of public school students eligible for free or reduced price lunches	29.7%	48.6%	--	--	California Department of Education, Free/Reduced Price Meals Program & CalWORKS Data Files, 2012.
SNAP Recipients % of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits	0.8%	1.1%	1.5%	--	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

Note: * Statistic is unstable and should be interpreted with caution.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:

- Limitations in access have a discernible impact on the health status of county residents and in the way that health care is delivered in the community.
- Respondents living below the 200% poverty threshold more often report “fair” or “poor” health status than do those at higher income levels.
  - 30.7% of those below twice the poverty level report “fair/poor” health (versus 5.2% of those living on more than four times the federal poverty threshold).
  - Higher “fair/poor” health status is also noted among Hispanics and African-Americans (23%) in particular, compared to Whites (11.0%) and Asians/Pacific Islanders (7.7%).
- Uninsured respondents rate access to local health care services as “fair” or “poor” much more often (50.4%) than do privately or publicly insured respondents (8.5% and 27.0%, respectively).
- While the numbers of insured will increase as health care reform is fully implemented, there will be a significant number that will remain uninsured. In addition, the same barriers to accessing care that existed before health care reform will still exist: lack of health care providers, inability to pay, language or cultural barriers, lack of adequate transportation, inadequate child care options and limited hours of service.

Access to Health Care

- In San Mateo County, there are currently 80,000 uninsured individuals. Estimates for post-Affordable Care Act implementation place the number of those remaining uninsured at over 34,000.[1]

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Factors that impact individuals' ability to access needed health, particularly preventive care, include lack of oral health and mental health insurance coverage, or if covered, lack of treatment options, as well as health insurance for the undocumented.
- Health care leaders expressed a lack of primary care practitioner was of particular concern. Wait times for doctor appointments (even for severe conditions) result in overuse of urgent care/ emergency room when conditions worsen.
- Problems with transitions from one provider to another (e.g., PCP to specialist); paperwork can get lost or take a long time to arrive at the new provider; poor communication among PCPs, specialists, nurses, etc.
- Lack of transportation impacts the community, especially those who are homeless and/or who also have mobility issues. Public transportation can be difficult for those with disabilities and those who live in remote parts of the county.
- Social/cultural norms can have an impact on health care access, for example, not seeing mental health issues as treatable conditions and thus not seeking help and considering chubby babies to be "healthy" and thus not seeing the early warning signs of childhood obesity.
- Linguistic isolation: Families in which parents are monolingual can foreclose opportunities to get needed health information. Additional concerns among the undocumented in accessing care included fear of deportation.
- Lack of knowledge/awareness of health conditions, their causes, symptoms, treatments, and the community resources available can keep individuals from accessing needed care.

[1] San Mateo County Health System, 2012

Santa Clara County Health Need Profile

Alzheimer's Disease

In 2012, the Santa Clara County Community Benefits Coalition conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, Alzheimer's disease was prioritized as one of the top health needs in the county.

The status of Alzheimer's disease is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	Santa Clara County	CA	US	HP 2020 Benchmark	Data Source
Estimated Alzheimer's Prevalence Estimated number of adults 55+ with Alzheimer's					"Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alzheimer's Assoc., CA; 2009 Based on published prevalence rates (2003 and 2006) and CA Department of Finance Race/Ethnic Population with Age and Sex Detail, 2000-2050; 2007.
2008 Estimate	27,658	588,208			
2015 Estimate	32,988	678,446			
Increase in Alzheimer's Prevalence Estimated % increase in people 55+ living with Alzheimer's 2008-2015	19%	15%			
Alzheimer's Mortality Age-adjusted death rate per 100,000 population	20.8	23.4			Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections, Alzheimer's Assoc., CA (**2003-05** data)

Note: ‡ Statistics from CARES Platform.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional Data:

- In 2010, Alzheimer's disease was the third leading cause of death in Santa Clara County and the fifth leading cause in California.[1]

[1] Ten Leading Causes of Death; California Counties and Selected City Health Departments, California Department of Public Health, 2010

Alzheimer's Disease

- The Alzheimer's Association estimates that the number of those diagnosed with Alzheimer's disease in California will double to over 1.1 million by the year 2030.[2]
- By 2030, Santa Clara County will see a 112% increase in Alzheimer's disease.[3]

SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- The 2005 age-adjusted Alzheimer's disease mortality rates for African-Americans and Caucasians were the worst (27.3 and 27.8 respectively) when compared with other ethnic groups and worse than the overall California rate of 23.4 deaths per 100,000.

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	Santa Clara County‡	CA ‡	Data Source
Demographics	**Median Age of Population** median age according to the 2010 Census population estimate	35.8	34.9	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.
	Estimated Older Adult Proportion of Population % of estimated 2020 population that will be 65+ years old	14.4%	14.9%	CA Dept. of Finance, State and County Population Projections by Major Age Groups, 2010-2060, 2013
	Young retirees (65-74 years)	8.5%	8.9%	
	Mature retirees (75-84 years)	4.2%	4.2%	
	Seniors (85+ years)	1.8%	1.8%	

Note: ‡ Statistics from CARES Platform.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and lack of health insurance coverage) in the **Access to Health Care** profile report.

[2] Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections, Alzheimer's Association of Northern California
[3] Council on Aging Silicon Valley Area Plan 2012-2016; 2012

Alzheimer's Disease

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Alzheimer's disease or dementia was mentioned in 4 out of 25 groups/interviews.
- The lack of gerontologists and related specialists was mentioned several times.
- Issues of location (isolation) and related lack of transportation were described as combining to exacerbate the impact of Alzheimer's disease.
- Concerns about caregivers (burnout, lack of knowledge/health education, and lack of supportive services such as respite) surfaced several times.
- Lack of coordination of care and concerns about care transitions were of particular concern for patients with Alzheimer's disease.
- Issues with medication management were also mentioned.
- Relative lack of services and the need for programs to partner for more effective/efficient provision of services was noted.
- Relative lack of governmental support/funding was also noted.

Alzheimer's Disease

In 2012, Stanford Hospital and Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **Alzheimer's disease** was considered to be an important health need in the county.

The status of Alzheimer's disease is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Mateo County	CA	US	HP 2020 Benchmark	Data Source
Estimated Alzheimer's Prevalence Estimated number of adults 55+ with Alzheimer's					"Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alzheimer's Assoc., CA; 2009
2008 Estimate	13,684	588,208			
2015 Estimate	14,610	678,446			
Increase in Alzheimer's Prevalence Estimated % increase in people 55+ living with Alzheimer's 2008-2015	7%	15%			Based on published prevalence rates (2003 and 2006) and CA Department of Finance Race/Ethnic Population with Age and Sex Detail, 2000-2050; 2007.
Alzheimer's Mortality Age-adjusted death rate per 100,000 population	18.9	23.4			Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections, Alzheimer's Assoc., CA (**2003-05** data)

Additional Data:

- A significant problem, Alzheimer's disease was the fifth leading cause of death in the county in 2010.[1]
- Seniors need additional help: 6 % of San Mateo County residents need help with routine needs, such as shopping, cooking, or managing household finances, because of an impairment or health problem. The prevalence is higher (9.2%) among adults ages 65 years and older [2]

[1] California Department of Public Health, Death Statistical Data Tables 2010

Alzheimer's Disease

- Seniors and social isolation: In the 2013 San Mateo County Health & Quality of Life Survey, 36.6% of responding seniors (ages 65 years and older) lived alone. Note that greater shares of the following seniors live alone: women, adults with postsecondary education and White seniors. Responses did not vary significantly by geographical area.
- Seniors and emotional support: 11.5% of seniors have someone for emotional support "little" or "none" of the time, slightly higher than the overall figure for the county (11%).[3]
- There will be a 70 percent increase in older adults with Alzheimer's disease by 2030.[4]
- The Alzheimer's Association estimates that the number of those diagnosed with Alzheimer's disease in California will double to over 1.1 million by the year 2030.[5]

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	South SF Area‡	Redwood City Area‡	San Mateo County	CA‡	Data Source
Demographics	**Median Age of Population** median age according to the 2010 Census population estimate	--	--	39.0‡	34.9	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.
	Estimated Older Adult Proportion of Population % of estimated 2020 population that will be 65+ years old	--	--	17.1%	14.9%	CA Dept. of Finance, State and County Population Projections by Major Age Groups, 2010-2060, 2013
	Young retirees (65-74 years)	--	--	10.2%	8.9%	
	Mature retirees (75-84 years)	--	--	4.8%	4.2%	
	Seniors (85+ years)	--	--	2.1%	1.8%	

Note: ‡ Statistics from CARES Platform.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and lack of health insurance coverage) in the **Access to Health Care** profile report.

[2] 2013 Community Health Needs Assessment: Health & Quality of Life Survey San Mateo County

[3] 2013 Community Health Needs Assessment: Health & Quality of Life Survey San Mateo County

[4] Maintaining the Health of an Aging San Mateo County, fall 2010

[5] Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections, Alzheimer's Association of Northern California

Alzheimer's Disease

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Alzheimer's disease or dementia was mentioned in 3 out of 13 groups/interviews.
- Older adults identified overarching drivers related to Alzheimer's disease including denial of the problem.
- Older adults also mentioned having a lack of information about resources that could help them.
- Issues of location (isolation) and related lack of transportation were described as combining to exacerbate the impact of Alzheimer's disease.
- A concern about family caregivers surfaced, especially as it related to lack of transportation.
- Cost (health care, activities, fresh food) make a larger dent in the budgets of older individuals who are on a fixed income.
- Issues with medication management were mentioned.

Arthritis

In 2012, Stanford Hospital and Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **arthritis** was considered to be an important health need in the county.

The status of unintentional injuries is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	Santa Clara County	CA	HP 2020 Benchmark	Data Source
Arthritis & Related Conditions Prevalence % of people ever diagnosed with arthritis, gout, lupus or fibromyalgia	14.7%	19.0%	--	California Health Interview Survey (CHIS) 2005
Adults age 18-44	5.9%			
Adults age 45-64	19.5%			
Adults age 65-84	38.8%			
Adults age 85+	49.2%			
Arthritis-only Prevalence % of adults age 18+ who have been told they have arthritis	16.4%	20.3%	--	CDC BRFSS 2009

Note: * Statistic is unstable.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:

- Obesity can contribute to the onset of osteoarthritis.
- In 2009, 9% of Santa Clara County seniors reported arthritis as one of the common health problems they experienced. Arthritis was the most frequently mentioned of all problems.[1]

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

[1] Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Arthritis

Category	Driver/indicator	Santa Clara County	CA	Data Source
Demographics	**Median Age of Population** median age according to the 2010 Census population estimate	35.8	34.9	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.
	Estimated Older Adult Proportion of Population % of estimated 2020 population that will be 65+ years old	14.4%	14.9%	CA Dept. of Finance, State and County Population Projections by Major Age Groups, 2010-2060, 2013
	Young retirees (65-74 years)	8.5%	8.9%	
	Mature retirees (75-84 years)	4.2%	4.2%	
	Seniors (85+ years)	1.8%	1.8%	
Health Behaviors	**Physical inactivity (adult)** % adults who self-report not participating in moderate physical activity for ≥30 minutes ≥5 times/week or vigorous physical activity for ≥20 minutes ≥3 times/week	52.5%	48.7%	CDC BRFSS 2009
Health Conditions	**Overweight adults** % who self-report a BMI between 25-30	36%	36.2%	CDC BRFSS 2006-2010
	Obese adults % who self-report a BMI over 30	21%	23.3%	CDC BRFSS 2006-2010

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:
In California, of adults with arthritis, 32% are obese and another 37% are overweight. Fully 35% of adults with arthritis were told by their doctor to lose weight and over half (56%) were told by their doctor to exercise.[2]

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Arthritis was mentioned in 2 of 25 groups/interviews.
- Older adults focused on mobility concerns (which can be brought on by arthritis), especially as they pertain to access.

[2] Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, 2007

Arthritis

In 2012, Stanford Hospital and Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **arthritis** was considered to be an important health need in the county.

The status of unintentional injuries is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Mateo County	CA	HP 2020 Benchmark	Data Source
Arthritis & Related Conditions Prevalence % of people ever diagnosed with arthritis, gout, lupus or fibromyalgia	17.5%	19.0%	--	California Health Interview Survey (CHIS) 2005
Adults age 18-44	4.3%*			
Adults age 45-64	25.2%			
Adults age 65-84	47.7%			
Adults age 85+	32.9%*			
Arthritis-only Prevalence % of adults age 18+ who have been told they have arthritis	20.7%	20.3%	--	CDC BRFSS 2009

Note: * Statistic is unstable.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Mateo County	CA	Data Source
Demographics	**Median Age of Population** median age according to the 2010 Census population estimate	39.0	34.9	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.

Arthritis

Category	Driver/indicator	San Mateo County	CA	Data Source
Demographics	**Estimated Older Adult Proportion of Population** % of estimated 2020 population that will be 65+ years old	17.1%	14.9%	CA Dept. of Finance, State and County Population Projections by Major Age Groups, 2010-2060, 2013
	Young retirees (65-74 years)	10.2%	8.9%	
	Mature retirees (75-84 years)	4.8%	4.2%	
	Seniors (85+ years)	2.1%	1.8%	
Health Behaviors	**Physical inactivity (adult)** % adults who self-report not participating in moderate physical activity for ≥30 minutes ≥5 times/week or vigorous physical activity for ≥20 minutes ≥3 times/week	41.9%	48.7%	CDC BRFSS 2009
Health Conditions	**Overweight adults** % who self-report a BMI between 25-30	37.3%	36.2%	CDC BRFSS 2006-2010
	Obese adults % who self-report a BMI over 30	19.8%	23.3%	CDC BRFSS 2006-2010

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:
In California, of adults with arthritis, 32% are obese and another 37% are overweight. Fully 35% of adults with arthritis were told by their doctor to lose weight and over half (56%) were told by their doctor to exercise.[1]

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Arthritis was mentioned in 2 of 14 groups/interviews, one group prioritizing it as a major health concern.
- Older adults identified the need for more education about how to prevent and treat arthritis.
- Spanish speakers felt there could be more information about arthritis available to them in their language.
- Focus group participants suggested that certain types of work and/or overwork can cause arthritis.
- There were some concerns among focus group participants that some doctors did not know the most modern therapies available to treat arthritis.
- Older adults identified lack of exercise (such as yoga and walking) as contributing to arthritis.
- Older adults focused on mobility concerns (which can be brought on by arthritis), especially as they pertain to access.

[1] Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, 2007

Cancer

In 2012, the Santa Clara County Community Benefits Coalition conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **cancers** were prioritized as one of the top health needs in the county. This category included breast cancer, cervical cancer, colorectal cancer, liver cancer, lung cancer, prostate cancer and all cancers.

The status of cancer needs is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	Santa Clara County	CA	US‡	HP2020 Target	Data Source
All Cancers					
Mortality Age-adjusted mortality rate due to all types of cancer per 100,000 people	137.6	158.3	--	160.6	CA Cancer Registry 2009
White	151.8				
African-American	219.2				
Latino	121.2				
Asian/Pacific-Islander	110.0				
Breast Cancer					
Incidence (New Cases) Age-adjusted breast cancer incidence rate per 100,000 females	161.4	154.1	122	--	CA Cancer Registry 2009
White	190.0				
African-American	143.9				
Latino	116.9				
Asian/Pacific-Islander	134.6				

Cancer

Indicator	Santa Clara County	CA	US‡	HP2020 Target	Data Source
Breast Cancer Mortality Age-adjusted mortality per 100,000 females	20.0	22.2	--	20.6	CA Cancer Registry 2009
White	22.8				
Latino	14.9				
Asian/Pacific-Islander	17.4				
Cervical Cancer					
Incidence (New Cases) Age-adjusted incidence per 100,000 females	7.2	7.8	8	7.1	CA Cancer Registry 2009
White	5.8				
African-American	0				
Latino	8.8				
Asian/Pacific-Islander	9.2				
Mortality 3-year age-adjusted mortality rate per 100,000 females	1.41	2.31	--	2.2	CA Cancer Registry 2007-09
Colorectal Cancer					
Incidence (New Cases) Age-adjusted incidence per 100,000	40.9	43.2	40.2	45.4	CA Cancer Registry 2009
White	42.7				
African-American	44.7				
Latino	37.3				
Asian/Pacific-Islander	39.0				
Mortality Age-adjusted mortality per 100,000	13.9	14.5	--	14.5	CA Cancer Registry 2009
White	13.3				
Latino	15.5				
Asian/Pacific-Islander	12.2				
Liver Cancer					
Incidence (New Cases) Age-adjusted incidence per 100,000	10.9	8.6	--	--	CA Cancer Registry 2009
White	6.2				
Latino	17.5				
Asian/Pacific-Islander	17.1				

Cancer

Indicator	Santa Clara County	CA	US‡	HP2020 Target	Data Source
Liver Cancer Mortality Age-adjusted mortality per 100,000	6.8	5.6	--	--	CA Cancer Registry 2009
White	3.6				
Latino	9.0				
Asian/Pacific-Islander	11.9				
Lung Cancer					
Incidence (New Cases) Age-adjusted lung cancer incidence rates per 100,000 adults	41.8	50.6	67.2	--	CA Cancer Registry 2009
White	46.4				
African-American	68.9				
Latino	26.7				
Asian/Pacific-Islander	31.3				
Lung Cancer Mortality Age-adjusted lung mortality per 100,000 adult	28.2	37.8	--	45.5	CA Cancer Registry 2009
White	32.6				
Latino	19.1				
Asian/Pacific-Islander	23.0				
Prostate Cancer					
Incidence (New Cases) Age-adjusted prostate cancer incidence rates per 100,000 men	145.9	131.0	151.4	--	CA Cancer Registry 2009
White	170.8				
African-American	222.0				
Latino	118.3				
Asian/Pacific-Islander	101.7				
Mortality Age-adjusted mortality rate of men due to prostate cancer per 100,000 males	15.8	22.4	--	21.2	CA Cancer Registry 2009
White	19.4				
Asian/Pacific-Islander	10.5				

Note: ‡ Statistics from CARES Platform.

Data in red indicates that it fails to meet a benchmark or is worse than the state average.

Cancer

In Santa Clara County, the following indicators are failing to meet overall benchmarks:

- Breast cancer incidence rate
- Cervical cancer incidence rate
- Liver cancer incidence rate
- Liver cancer mortality rate
- Prostate cancer incidence rate

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Jose Service Area‡	Santa Clara Service Area‡	Santa Clara County‡	CA	HP 2020 Benchmark	Data Source
Behaviors	**Colorectal, Liver, Lung & Prostate Cancers**						
	Inadequate fruit/vegetable consumption (adults) % of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day	70%	70%	70%	70%	—	CDC BRFSS 2003-2009
	Adequate fruit/vegetable consumption (youth) % of children aged 2 and older who are reported to consume 5 or more servings of fruits and vegetables each day	47%	47%	—	48%	—	California Health Interview Survey (CHIS), 2009
	Fruit/vegetable expenditures estimated expenditures for fruits and vegetables purchased for in-home consumption, as a % of total household expenditures	2%	2%	—	2%	—	Nielsen Claritas SiteReports, Consumer Buying Power, 2011

Cancer

Category	Driver/indicator	San Jose Service Area‡	Santa Clara Service Area‡	Santa Clara County‡	CA	HP 2020 Benchmark	Data Source
Clinical Care	**Breast Cancer Screening** % of females ages 50-74 who had a mammogram in the past 2 years	62%	62%	62%	59%	81%	Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007
	Cervical Cancer Screening % of females ages 21 - 65 who had Pap test in past 3 years	66%	66%	91%	90%	93%	CDC BRFSS 2004-2010
	Colorectal Cancer Screening % of adults age 50+ who ever had sigmoidoscopy or colonoscopy exam	62%	62%	62%	52%	71%	CDC BRFSS 2004-2010
	Prostate Cancer Screening % of men age 50+ who ever had a prostate-specific antigen test	--	--	72%	--	--	SCC PHD BRFS 2009

Note: * Statistic is unstable and should be used with caution. ‡ Statistics from Kaiser Permanente (SCC CBC partner) CARES data platform. Data in red indicates that it fails to meet a benchmark or is worse than the state average.

Additional Data:

- Countywide, the percentage of adults consuming inadequate servings of fruits/vegetables (a contributing factor in colorectal, liver, lung, and prostate cancers) is no better than the state average. See data regarding additional cross-cutting drivers such as lack of health insurance in the **Access to Health Care** profile report.
- The top cause of death in Santa Clara County was cancer.[1]

SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- Overall, Santa Clara County mortality rates due to cancer are lower than that of the state and meet benchmarks. However, the rate for African-Americans is highest among any ethnicity and misses the benchmark.

[1] California Department of Public Health, Death Statistical Data Tables 2010

- **Breast** cancer:
  - White women have the highest incidence and mortality rates compared with other ethnic groups and their rate is higher than the statewide average for this indicator.
- **Cervical** cancer:
  - Latina and Asian/Pacific-Islander women have the highest incidence rates compared with other ethnic groups and their rates are too high when compared to the benchmark for this indicator.
- **Colorectal** cancer:
  - Latinos have the highest mortality rate compared with other ethnic groups and their rate is too high when compared to the benchmark for this indicator.
- **Liver** cancer:
  - Latinos and Asian/Pacific-Islanders have the highest incidence and mortality rates compared with other ethnic groups and their rates are higher than the state average for these indicators. Note that incidence is highest among Latinos, while mortality is highest among Asian/Pacific-Islanders.
- **Lung** cancer
  - African-Americans have the highest incidence rates compared with other ethnic groups and their rate is higher than the state average for this indicator.
- **Prostate** cancer:
  - White and African-American men have the highest incidence rates compared with other ethnic groups, with African-Americans by far the highest. The rates for Whites and African-Americans are higher than the state average for this indicator.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Cancer was of high concern in 3 out of 25 groups/interviews and was mentioned in many others.
- Costs of health care and cancer treatments were of concern, particularly for un/underinsured, low-income persons, the unemployed and those living in poverty.
- Fear of cancer and/or of the treatments can lead people to denial and/or to avoidance of check-ups.
- Relative lack of alternative treatments rather than radiation and chemotherapy was noted.
- Lack of knowledge and lack of education about prevention was mentioned.
- Concern was expressed about environmental toxins (PCBs, pesticides, etc.).
- Tobacco use (related to lung & oral cancers) not dropping among youth, social environment (ads, TV/movies, easy access, peer pressure) pushing minors to smoke, and the need for better prevention efforts (e.g., increase tobacco taxes, restrict smoking in public places, support policy changes, law enforcement) were mentioned.

Cancer

In 2012, Stanford Hospital & Clinics conducted a county-wide assessment of health needs. Based on this scan of quantitative and qualitative data, **cancer** was prioritized as one of the top health needs in the county. This category included breast cancer, cervical cancer, colorectal cancer, liver cancer, lung cancer, prostate cancer and all cancers.

The status of cancer needs is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Mateo County	CA	HP2020 Target	Data Source
All Cancer				
Incidence (New Cases) Age-adjusted incidence rate due to all types of cancer per 100,000 pop., 5-year moving average	454.4	438.0	--	State and county overall: National Cancer Institute: State Cancer Profiles, 2005-2009; county rates by race, 2005-2009: Surveillance, Epidemiology, and End Results (SEER) Programs SEER * Stat Database2009 and CA Cancer Registry 2012
White	506.2			
African-American	477.8			
Asian	358.5			
Latino	355.8			
Mortality Age-adjusted mortality rate due to all types of cancer per 100,000 pop., 5-year moving average	161.2	173.2	160.6	State and county overall: California Department of Public Health, County Health Profiles 2008-2010; county rates by race, 2005-2009: Surveillance, Epidemiology, and End Results (SEER) Programs SEER * Stat Database2009 and CA Cancer Registry 2012
White	163.1			
African-American	185.2			
Asian	118.7			
Latino	136.0			
Breast Cancer				
Incidence (New Cases) Age-adjusted invasive breast cancer incidence rate per 100,000 females, 5-year moving average	139.1	123.3	--	CA Cancer Registry 2005-2009
White	156.1			
African-American	128.0			
Asian	122.3			
Latino	97.9			

Cancer

Indicator	San Mateo County	CA	HP2020 Target	Data Source
Breast Cancer Mortality Age-adjusted mortality rate per 100,000 females, 5-year moving average	21.1	22.2	20.6	CA Cancer Registry 2005-2009
White	23.2			
African-American	22.5			
Asian	16.0			
Latino	17.2			
Cervical Cancer				
Incidence (New Cases) Age-adjusted incidence of invasive cancer per 100,000 females, five-year moving average	5.7	8.3	7.1	CA Cancer Registry 2005-2009
White	4.9			
African-American	--			
Asian	5.6			
Latino	10.4			
Cervical Cancer Mortality Age-adjusted mortality rate per 100,000 females, five-year moving average	1.1	2.3	2.2	CA Cancer Registry 2005-2009
Colorectal Cancer				
Incidence (New Cases) Age-adjusted incidence rate per 100,000 population, five-year moving average	46.6	45.9	38.6	CA Cancer Registry 2005-2009
White	46.7			
African-American	57.5			
Asian	46.0			
Latino	39.5			
Colorectal Cancer Mortality Age-adjusted mortality rate per 100,000 population, five-year moving average	15.0	15.1	14.5	CA Cancer Registry 2005-2009
White	14.7			
African-American	24.4			
Latino	15.2			
Asian	12.8			

Cancer

Indicator	San Mateo County	CA	HP2020 Target	Data Source
Lung Cancer				
Incidence (New Cases) Age-adjusted incidence rate per 100,000 adults, five-year moving average	50.3	52.5	--	CA Cancer Registry, 2005-2009.
White	56.1			
African-American	74.8			
Asian	41.1			
Latino	27.1			
Lung Cancer Mortality Age-adjusted mortality rate per 100,000 adults, five-year moving average	35.8	39.8	45.5	CA Cancer Registry 2005-2009
White	39.4			
African-American	53.1			
Asian	28.5			
Latino	23.6			
Prostate Cancer				
Incidence (New Cases) Age-adjusted incidence rate per 100,000 men, five-year moving average	154.5	143.0	--	CA Cancer Registry 2005-2009
White	162.1			
African-American	238.2			
Asian	113.9			
Latino	147.3			
Prostate Cancer Mortality Five-year age-adjusted mortality rate per 100,000 men	19.9	23.1	21.2	CA Cancer Registry 2005-2009
White	21.2			
African-American	48.5			
Asian	13.6			
Latino	14.2			

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:

- Cancer is the leading cause of death in the county.[1]
- According to Dirk Baumann, MD, chair of San Mateo Hep B Free Campaign, "One in 10 Asian Americans and Pacific Islanders have chronic hepatitis B and are four times more likely to die from liver cancer

[1] California Department of Public Health, Death Statistical Data Tables 2010

compared to the general population, making it the greatest health disparity affecting the Asian and Pacific Islander populations both locally and worldwide"[2]

- Latinos in San Mateo County also have a higher incidence of liver cancer (13.1/100,000) than the incidence for "all races" in the county (10/100,000). Asian/Pacific Islanders have the highest rate, at 17.4/100,000, and whites the lowest rate, at 6.7/100,000. [3] African-Americans, although only 3.34 percent of the county's population, have a relatively high incidence of liver cancer at 11.3/100,000.[4]
- Only 5.4% of San Mateo County survey respondents report each of four basic health behaviors, a combination which limits cardiovascular and cancer risk.[5]

SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- Incidence (overall): Whites have the highest incidence rate of all types of cancer; followed by African-Americans (both groups' rates exceed the state average).
- Mortality (overall): The mortality rate due to all types of cancer is higher for African-Americans than for those of any other ethnicity, followed by Whites (both groups' rates fail against the national benchmark).
- With regard to **breast** cancer:
  - White women have the highest incidence and mortality rates compared with other ethnic groups. Their rates are higher than the statewide average and national benchmark, respectively, for these indicators.
- With regard to **cervical** cancer:
  - Latinas have the highest incidence rates compared with other ethnic groups. Their rate is too high when compared to the national benchmark for this indicator.
- With regard to **colorectal, lung, and prostate** cancers:
  - African-Americans have the highest incidence and mortality rates for these cancers compared with other ethnic groups. Their rates are too high compared to the benchmarks for these indicators.

Factors Influencing the Health Need

[2] San Mateo Hep B Free Campaign is a program of the San Mateo County Medical Association
[3] County of San Mateo, 2010-2012 profile
[4] National Cancer Institute, State Cancer Profiles, 2005-2009; accessed December 19, 2012
[5] 2013 Community Health Needs Assessment: Health & Quality of Life Survey San Mateo County

Cancer

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Mateo County	CA	HP 2020 Benchmark	Data Source
Health Behaviors	**Adequate fruit/vegetable consumption (youth)** % of kids 2+ who consume five or more servings of fruits and vegetables daily	53.8%	48.4%	—	California Health Interview Survey (CHIS), 2009
	Adequate fruit/vegetable consumption (adult) % of adults who consume five or more servings of fruits and vegetables daily	31.0%	27.7%	—	State: CDC BRFSS 2009; county: PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc. 2013
	Smoking (Adult) % of adults who currently smoke	10.1%	13.7%	12%	State: CDC BRFSS 2011; County: PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc. 2013
	Smoking (Youth) % of 11th graders who smoked cigarettes past 30 days	13.1%	13.2%	16%	CA Healthy Kids (CHKS), 2008-10
Clinical Care	**Breast Cancer Screening** % of females age 50+ who had a mammogram in the past 2 years	81.5%	81.4%	81%	State: CDC BRFSS 2010; county: CDC BRFSS 2008
	Cervical Cancer Screening % of females age 18+ who had Pap test in past 3 years	84.2%	80.8%	93%	
	Colorectal Cancer Screening % of adults age 50+ who ever had sigmoidoscopy or colonoscopy exam	85.5%	61.5%	71%	State: CDC BRFSS 2010; county: CA Health Interview Survey (CHIS) 2009

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

See data regarding additional cross-cutting drivers such as lack of health insurance in the **Access to Health Care** profile report.

Community Input

Cancer

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Cancer was mentioned in 5 out of 14 groups/interviews
- Tobacco use (related to lung & oral cancers) was of concern; it was felt this could be better addressed at the policy level than on an individual, health-behaviors level
- Inadequate consumption of fresh fruits/vegetables was mentioned by several as a driver for a variety of diseases (related, among other things, to colorectal cancer)
- One key informant mentioned factors that play into patients' decisions about accepting counseling for smoking cessation, including environmental (where to smoke, availability of tobacco in stores, level of tax)

Cardiovascular Disease, Heart Disease, Stroke

In 2012, the Santa Clara County Community Benefits Coalition conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, cardiovascular disease, heart attack, and stroke were prioritized as one of the 13 top health needs in the county. This category included cerebrovascular disease.

The status of cardiovascular needs is described in this profile, in terms of:

- Key indicators
- Geographic regions or subpopulations in which the need is greatest
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	Santa Clara County	CA	US‡	HP 2020 Benchmark	Data Source
High cholesterol % adults ever been told by a health professional that they have high cholesterol	29%		--	13.5%	Santa Clara County Public Health Department, BRFS 2009
White	36%	--	--		
African-American	31%	--	--		
Latino	20%	--	--		
Asian/Pacific-Islander	30%	--	--		
Hypertension % adults told they have hypertension	26%		--	26.9%	Santa Clara County Public Health Department, BRFS 2009
White	33%	--	--		
African-American	37%	--	--		
Latino	15%	--	--		
Asian/Pacific-Islander	24%	--	--		
Heart disease					
Prevalence of heart disease % of adults ever told they have any kind of heart disease	5%‡	6%‡	--	--	California Health Interview Survey (CHIS) 2009
Heart attack % adults ever told they had a heart attack	3%	3%	--	--	Santa Clara Co Public Health Department, BRFS 2009

Cardiovascular Disease, Heart Disease, Stroke

Stroke					
Prevalence of stroke % of adults who have ever had a stroke	2%	2%	--	--	Santa Clara County Public Health Department, BRFS 2009
Stroke mortality Age-adjusted death rate due to cerebrovascular disease per 100,000 adults	27.4	48.4	41.8	33.8	CDPH, Death Statistical Master File, 2010
White	25.7				(Provided by Santa Clara County Public Health Department)
African-American	41.3				
Latino	27.0				
Asian/Pacific-Islander	30.6				
Multiracial	37.1				

Note: ‡ Statistics from CARES Platform.

Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

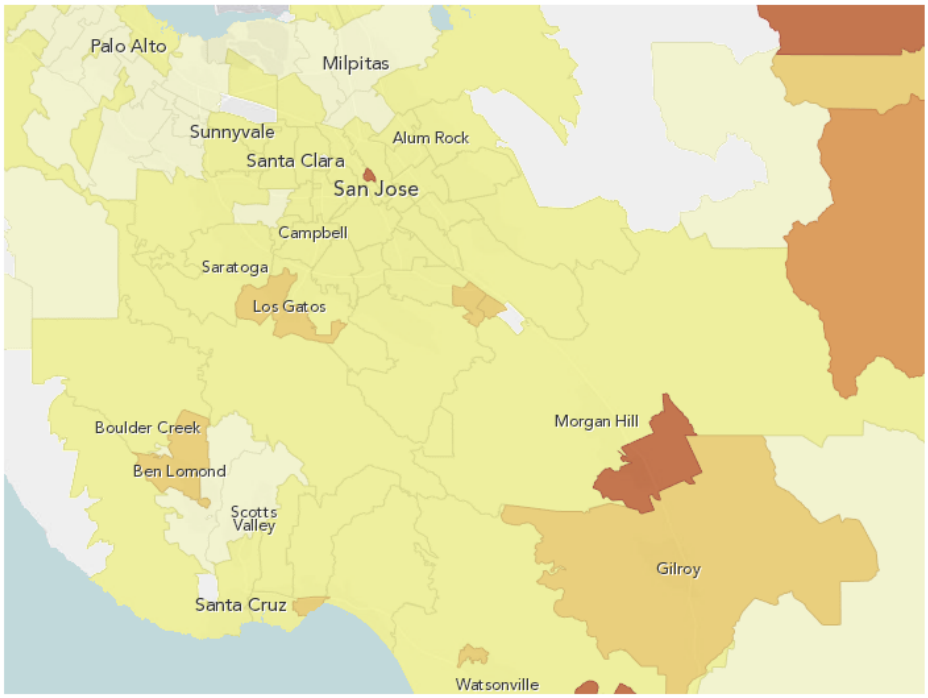
SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- African-Americans experience the highest percentage of hypertension compared with other ethnic groups, followed by Whites.
- African-Americans had the highest rates of stroke mortality compared with other ethnic groups, followed by those who identify as multiracial.
- Whites experience the highest percentage of high cholesterol compared with other ethnic groups, followed by African-Americans and Asian/Pacific-Islanders.

Cardiovascular Disease, Heart Disease, Stroke

Geographic Areas of Greatest Need

The San Martin zip code of 95046 has the highest mortality rate due to heart disease, with a death rate of 227.1 per 100,000 people. This translates to 10.3 average deaths per year in 2008-2010. Residents in East San Jose, in the 95113 zip code, have the second highest rate (200.6). There is concern about Gilroy residents, and residents of the neighboring 95119 and 95139 zip codes whose rates are between 120 – 160 per 100,000.



Heart Disease Mortality Rates

Data Source:

Heart Disease Mortality: California Department of Public Health, Death Statistical Master File, 2008-2010

Map prepared at http://www.chna.org, 1/29/2013 10:20:51 PM

Cardiovascular Disease, Heart Disease, Stroke

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	Santa Clara County‡	CA‡	Data Source
Health Behaviors	**High blood pressure management** % of adults aged 18 and older who self-report that they are taking medication for their high blood pressure	73%	70%	CDC BRFSS 2006-10
	Alcohol expenditures estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures	—	2%	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
	Alcohol Consumption (Adult) % of adults reporting heavy alcohol consumption	13%‡	17%	CDC BRFSS 2004-10
	Tobacco expenditures estimated expenditures for cigarettes, as a percentage of total household expenditures	—	1.1%	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
	Smoking (Adult) % of adults who currently smoke	10%	14%	CDC BRFSS 2004-10
	Smoking (Youth) % of 11th graders who smoked cigarettes past 30 days	13%	—	CA Healthy Kids (CHKS), 2009-10
	Fruit/vegetable expenditures % of total household expenditures	—	1.6%	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
	Inadequate fruit/vegetable consumption (adult) % of adults who consume less than five servings of fruits and vegetables daily	70%	70%	CDC BRFSS 2003-2009
	Adequate fruit/vegetable consumption (youth) % of kids 2+ who consume five or more servings of fruits and vegetables daily	47%	48%	California Health Interview Survey (CHIS), 2009

Cardiovascular Disease, Heart Disease, Stroke

Category	Driver/indicator	Santa Clara County‡	CA‡	Data Source
Health Behaviors	**Physical inactivity (adult)** % of adults 18+ reporting no leisure time for physical activity	18%	22%	CDC BRFSS 2004-10
	Physical inactivity (youth) % of 5th, 7th & 9th graders ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the Fitnessgram physical fitness test	28%	37%	CA Dept of Education, Fitnessgram Physical Fitness Testing Results, 2011
Physical Environment	**Walkability** % of population in "Somewhat Walkable" or "Very Walkable" Cities*	—	54%	WalkScore.Com, 2012
	Fast food restaurant access Establishments per 100,000 pop	72.0	69.5	U.S. Census Bureau, ZIP Code Business Patterns, 2009
	Grocery store access Establishments per 100,000 pop	20.4	22.2	U.S. Census Bureau, County Business Patterns, 2010
	WIC-Authorized food store access Establishments per 100,000 pop	9.45	15.8	U.S.D.A. Food Environment Atlas, 2012
	Recreation and fitness facility access Establishments per 100,000 pop	12.7	8.9	U.S. Census Bureau, ZIP Code Business Patterns, 2009
	Liquor store access number of active beer, wine, and liquor retailer licenses per 100,000 population	—	72.3	CA Dept of Alcoholic Beverage Control, Active License File, April 2012

‡ Statistics from CARES Platform.

Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and lack of health insurance coverage) in the **Access to Health Care** profile report.

Cardiovascular Disease, Heart Disease, Stroke

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Heart disease was mentioned in at least half of the groups/interviews.
- High blood pressure and hypertension were the most common conditions/drivers named by residents related to cardiovascular disease.
- See the related health need of obesity for drivers related to poor nutrition and lack of exercise
- Lack of education about the signs of heart disease and high blood pressure was noted.
- Lack of recognition because it is an “invisible disease”.
- Can be caused/exacerbated by stress, smoking and drinking alcohol.

Cardiovascular Disease, Heart Disease, Stroke

In 2012, Stanford Hospital & Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, cardiovascular disease, heart disease, and stroke were prioritized as one of the top health needs in the county. This category included cerebrovascular disease.

The status of cardiovascular needs is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Mateo County	CA	HP 2020 Benchmark	Data Source
High cholesterol % adults ever been told by a health professional that they have high cholesterol	20.7%	22.1%	13.5%	California Health Interview Survey (CHIS) 2005
White	19.6%			
African-American	--			
Latino	--			
Asian/Pacific-Islander	23.0%			
High blood pressure % adults told they have high blood pressure	24.8%	24.8%	26.9%	California Health Interview Survey (CHIS) 2009
White	28.2%			
African-American	--			
Latino	--			
Asian/Pacific-Islander	23.8%			
Heart disease				
Prevalence of heart disease % of adults ever told they have any kind of heart disease	5.1%	6.2%	--	California Health Interview Survey (CHIS) 2009
Heart disease mortality Age-adjusted death rate due to heart disease per 100,000 adults, 5-year moving average	147.8	121.6	100.8	State: CDPH, County Health Profiles, 2012; County: CA Dept. of Health Services, Center for Health Statistics, Death Records 2006-2010
White	156.2			
African-American	191.2			
Latino	118.8			
Asian	106.8			

Cardiovascular Disease, Heart Disease, Stroke

Indicator	San Mateo County	CA	HP 2020 Benchmark	Data Source
Stroke				
Prevalence of stroke % of adults who have ever had a stroke	0.9%*	2.3%	--	California Health Interview Survey (CHIS) 2005
Cerebrovascular disease (stroke) mortality Age-adjusted death rate due to cerebrovascular disease per 100,000 adults, 5-year moving average	35.9	37.4	33.8	State: CDPH, County Health Profiles, 2012; County: CA Dept. of Health Services, Center for Health Statistics, Death Records 2006-2010
White	36.8			
African-American	56.4			
Latino	28.5			
Asian	34.5			

Note: * Statistic is unstable.

Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:

- Heart disease is the second leading cause of death in the county, accounting for 1,178 deaths in 2010. The fourth leading cause of death was cerebrovascular disease.
- A total of 85.4% of San Mateo County adults exhibit at least one cardiovascular risk factor (i.e., smoking, no regular physical activity, high blood pressure, high cholesterol or being overweight), as revealed in the 2013 San Mateo County Health & Quality of Life Survey.
- Persons more likely to exhibit cardiovascular risk factors include men, adults ages 40 years and older, those living below the 200% poverty threshold, African-American respondents, and residents who live in North County.
- Though high blood pressure prevalence is statistically similar to the national prevalence and meets the Healthy People 2020 target, it has increased significantly in San Mateo County since the 1998 survey.
- Only 5.4% of San Mateo County survey respondents reported engaged in each of four basic health behaviors.

SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- African-Americans had the highest rates of heart disease mortality and stroke mortality compared with other ethnic groups, followed by those Whites.

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Cardiovascular Disease, Heart Disease, Stroke

Category	Driver/indicator	San Mateo County	CA	HP 2020 Benchmark	Data Source
Health Behaviors	**Adult Heavy Use** % of adults reporting heavy alcohol consumption	5.0%	6.2%	—	State: CDC BRFSS 2011; County: PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc. 2013
	Smoking (Adult) % of adults who currently smoke	10.1%	13.7%	12%	
	Smoking (Youth) % of 11th graders who smoked cigarettes past 30 days	13.1%	13.2%	16%	CA Healthy Kids (CHKS), 2008-10
	Adequate fruit/vegetable consumption (youth) % of kids 2+ who consume five or more servings of fruits and vegetables daily	53.8%	48.4%	—	California Health Interview Survey (CHIS), 2009
	Adequate fruit/vegetable consumption (adult) % of adults who consume five or more servings of fruits and vegetables daily	31.0%	27.7%	—	State: CDC BRFSS 2009; County: PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc. 2013
	Physical inactivity (adult) % adults who self-report not participating in moderate physical activity for ≥30 minutes ≥5 times/week or vigorous physical activity for ≥20 minutes ≥3 times/week	53.9%	48.7%	32.6%	State: CDC BRFSS 2011; County: PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc. 2013
Physical Environment	**Recreation & fitness facility access** Establishments per 100,000 pop	14	9	—	U.S. Census Bureau, ZIP Code Business Patterns, 2009
	Fast food restaurant access Establishments per 100,000 pop	67	69	—	
	Grocery store access Establishments per 100,000 pop	24	22	—	U.S. Census Bureau, County Business Patterns, 2010
	WIC-Authorized food store access Establishments per 100,000 pop	10	16	—	U.S.D.A. Food Environment Atlas, 2012
	Population Living in Food Deserts % of the population living in census tracts designated as food deserts	5.9%	5.3%	—	U.S. Department of Agriculture, Food Desert Locator, 2009.

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and lack of health insurance coverage) in the **Access to Health Care** profile report.

Cardiovascular Disease, Heart Disease, Stroke

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Heart disease was mentioned in at least half of the 14 groups/interviews.
- High blood pressure/hypertension was commonly mentioned.
- Key informants noted that because there are too few primary care physicians or patients are uninsured and don't see doctors regularly, patients have to go to hospital to treat issues that get out of hand resulting in unnecessary hospitalizations.
- Several key informants pointed to the stress of being in poverty as exacerbating a variety of conditions, including heart disease.

Chronic Disease

In 2012, Stanford Hospital & Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **chronic disease** was prioritized as one of the top health needs in both San Mateo and Santa Clara Counties.

In lieu of a health need profile for chronic disease, there are separate health need profiles on the major diseases that constitute chronic disease (Alzheimer's disease, arthritis, cancer, cardiovascular, heart disease, stroke, diabetes, mental health and respiratory conditions).

Diabetes

In 2012, the Santa Clara County Community Benefits Coalition conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **diabetes** was prioritized as one of the top health needs in the county.

The status of needs associated with diabetes is described in this profile, in terms of:

- Key indicators
- Geographic regions or subpopulations in which the need is greatest
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	Santa Clara County‡	CA State‡	HP 2020 Benchmark	Data Source
Diabetes Prevalence (Adults) % adults 20+ who have ever been told by a doctor that they have diabetes	7 %	8%	8%	CDC National Diabetes Surveillance System 2009
Diabetes Prevalence (Adults) % adults who have ever been told by a doctor that they have diabetes	8%	—	8%	Santa Clara County Public Health Department, BRFS 2009
White	7%			
Latino	11%			
African-American	14%			
Asian/Pacific-Islander	5%			

Diabetes

Indicator	Santa Clara County‡	CA State‡	HP 2020 Benchmark	Data Source
Diabetic Hospitalization Rate of discharge per 10,000 hospitalizations	7.9			CA Office of Statewide Health Planning & Development (OSHPD) 2010-11
White	0.7%	0.8%		CA Office of Statewide Health Planning & Development (OSHPD) 2010-11
Latino				
African-American	1.5%	1.6%		
Asian/Pacific-Islander	0.4%	0.6%		
Other	0.8%	.09%		

Note: ‡ Statistics from CARES Platform.

Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Key indicators for diabetes indicate that Santa Clara County rates are very similar to California overall, and very near the Healthy People 2020 benchmark of 8% prevalence. However, some ethnic subgroups are disproportionately diagnosed with, and hospitalized for, diabetes.

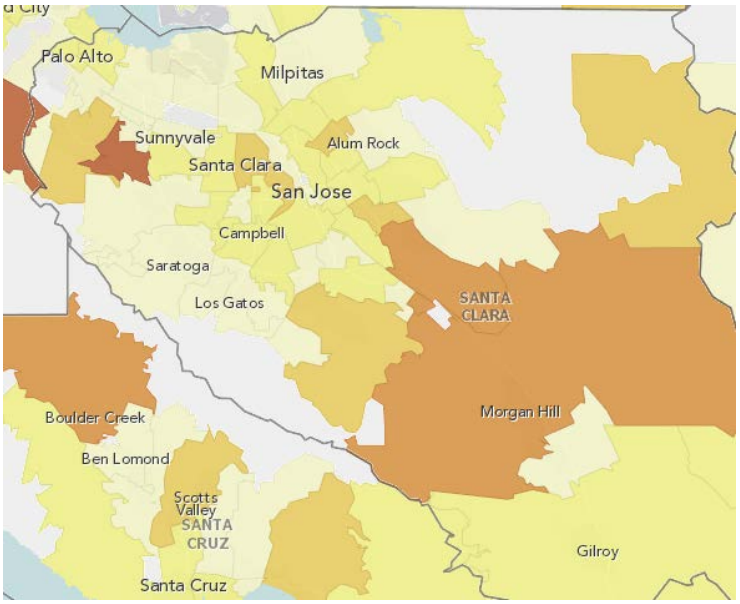
SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- Latinos experience the highest rates of diabetes compared with other ethnic groups.
- African-Americans represent a higher percentage of those hospitalized for diabetes than any other ethnic group.

Diabetes

Geographic Areas of Greatest Need

Diabetes is worse in some areas of the county than in others, as displayed in the map of youth diabetes hospitalization rates below. Los Altos was the worst off with a rate of 20.13 per 1,000. Areas of southeast San Jose and Morgan Hill had over 11 per 1,000.



Youth Diabetes Hospitalization Rate

Rate of children under 18 who were hospitalized for diabetes-related complications within the last year (per 1,000 youth hospitalizations)

- Over 15.0
- 11.1 - 15.0
- 7.1 - 11.0
- 3.1 - 7.0
- Under 3.1

The health drivers of diabetes are worse in some communities than in others.

- Fruit/vegetable expenditures: Worst in Morgan Hill, South San Jose, and the Mountain View/Sunnyvale area
- Youth obesity: Worst in Gilroy and Southwest San Jose

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	Santa Clara County	CA State	Data Source
Behaviors	**Soft drink expenditures** % of total household expenditures	.37%	.46%	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
	Fruit/vegetable expenditures % of total household expenditures	—	1.6%	

Diabetes

Category	Driver/indicator	Santa Clara County	CA State	Data Source
Behaviors	**Adequate fruit/vegetable consumption (youth)** % of kids 2+ who consume five or more servings of fruits and vegetables daily	47%	48%	California Health Interview Survey (CHIS), 2009
	Inadequate fruit/vegetable consumption (adult) % of adults who consume less than five servings of fruits and vegetables daily	70%	70%	CDC BRFSS 2003-2009
	Physical inactivity (youth) % of 5th, 7th & 9th graders ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the Fitnessgram physical fitness test	28%	38%	CA Dept of Education, Fitnessgram Physical Fitness Testing Results, 2011
	Physical inactivity (adult) % adults who self-report not participating in any physical activities or exercises	18%	22%	CDC BRFSS 2004-2010
Physical Environment	**Walkability** % of population in "Somewhat Walkable" or "Very Walkable" Cities*	—	54%	WalkScore.Com (2012)
	Fast food restaurant access Establishments per 100,000 pop	72.0	69.4	U.S. Census Bureau, ZIP Code Business Patterns, 2009
	Grocery store access Establishments per 100,000 pop	20.4	22.2	U.S. Census Bureau, County Business Patterns, 2010
	WIC-Authorized food store access Establishments per 100,000 pop	9.5	15.8	U.S.D.A. Food Environment Atlas, 2012
	Recreation and fitness facility access Establishments per 100,000 pop	12.7	8.9	U.S. Census Bureau, ZIP Code Business Patterns, 2009
Delivery	**Older Adult Diabetes Management** % of diabetic Medicare patients who had a hemoglobin A1c (hA1c) test in past year	77%	76%	Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-07

‡ Statistics from CARES Platform.

Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Diabetes

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and lack of health insurance coverage) in the **Access to Health Care** profile report.

In addition, overweight and obesity are seen as drivers of diabetes. See the **Obesity Health Profile** for details on obesity as a health need and its associated drivers.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Diabetes was of high concern in 8 out of 17 groups and in 6 of 9 key informant interviews, and was mentioned in almost all of them.
- Lack of grocery stores or farmers' markets was mentioned as a driver for diabetes or poor nutrition in seven separate groups/interviews. It was noted that food stamps were not accepted at farmers' markets and that poor neighborhoods were disproportionately lacking stores that sold fresh produce and other healthy food ("more liquor stores than grocery stores in some neighborhoods"). It was also mentioned that lack of transportation affected access to grocery stores. It was suggested that policies/ordinances be supported that increased the quality of the food that "corner stores" carry and that would increase the number of farmers' markets.
- One group mentioned that grocery stores decide how WIC benefits can be used.
- Six groups/interviews mentioned the cost of healthy food. Many groups/interviews discussed the need for more healthy/good quality food, but only one group specifically mentioned fruits and vegetables, saying that "children and parents need...to understand the benefits of eating fruits and vegetables". They also discussed access issues related to this (i.e. distribution channels not established to enable farmers to get their produce to stores, schools and families.)
- Fast food was mentioned as a driver for diabetes or poor nutrition in eight groups/interviews (belief that fast food is cheaper, more accessible, faster and provides more calories per dollar than healthy food, but is unhealthier).
- Lack of healthy eating:
  - Lack of education about healthy eating
  - Decrease in families preparing meals at home
  - Large portion size (restaurant trends having an influence on home cooking)
- Lack of exercise:
  - Busy lifestyles
  - Unsafe neighborhoods
  - High cost of physical fitness programs

Diabetes

In 2012, Stanford Hospital & Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **diabetes** was prioritized as one of the top health needs in the county.

The status of needs associated with diabetes is described in this profile, in terms of:

- Key indicators
- Geographic regions or subpopulations in which the need is greatest
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Mateo County	CA State‡	HP 2020 Benchmark	Data Source
Diabetes Prevalence (Adults) % adults 20+ who have ever been told by a doctor that they have diabetes	6.5%	7.6%	8%	CDC National Diabetes Surveillance System 2009
Diabetes Prevalence (Adults) % adults 20+ who have ever been told by a doctor that they have diabetes	4.8%*	—	8%	CA Health Interview Survey (CHIS) 2009
White	4.1%			
Latino	3.2%*			
African-American	4.8%*			
Asian/Pacific-Islander	5.7%*			

Diabetes

Indicator	San Mateo County	CA State‡	HP 2020 Benchmark	Data Source
Diabetic Hospitalizations Rate of discharge per 10,000 hospitalizations	--	10.4	--	CA Office of Statewide Health Planning & Development (OSHPD) 2010-11
White	--	0.8%		CA Office of Statewide Health Planning & Development (OSHPD) 2010-11
African-American	--	1.6%		
American Indian/Alaskan Native	--	0.9%		
Asian/Pacific-Islander	--	0.6%		
Other/Multi-Race	--	0.9%		
Latino	--	0.9%		

Note: ‡ Statistics from CARES Platform. * Statistic is unstable.

Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:

- Statistically significant increases in prevalence were found for diabetes, especially among San Mateo County seniors.
- The 2013 San Mateo County Health & Quality of Life Survey findings show that diabetes prevalence increases considerably with age, ranging from 2.4% among young adults to 23.1% among those aged 65 and older. African-American respondents report a particularly high prevalence (14.9%). Diabetes is also more often reported among persons living under 200% of the poverty threshold (17.9%). Reports of diabetes are most common in the North County area. Low reporting among Hispanic respondents may be related to a higher degree of under-diagnosis in this population.

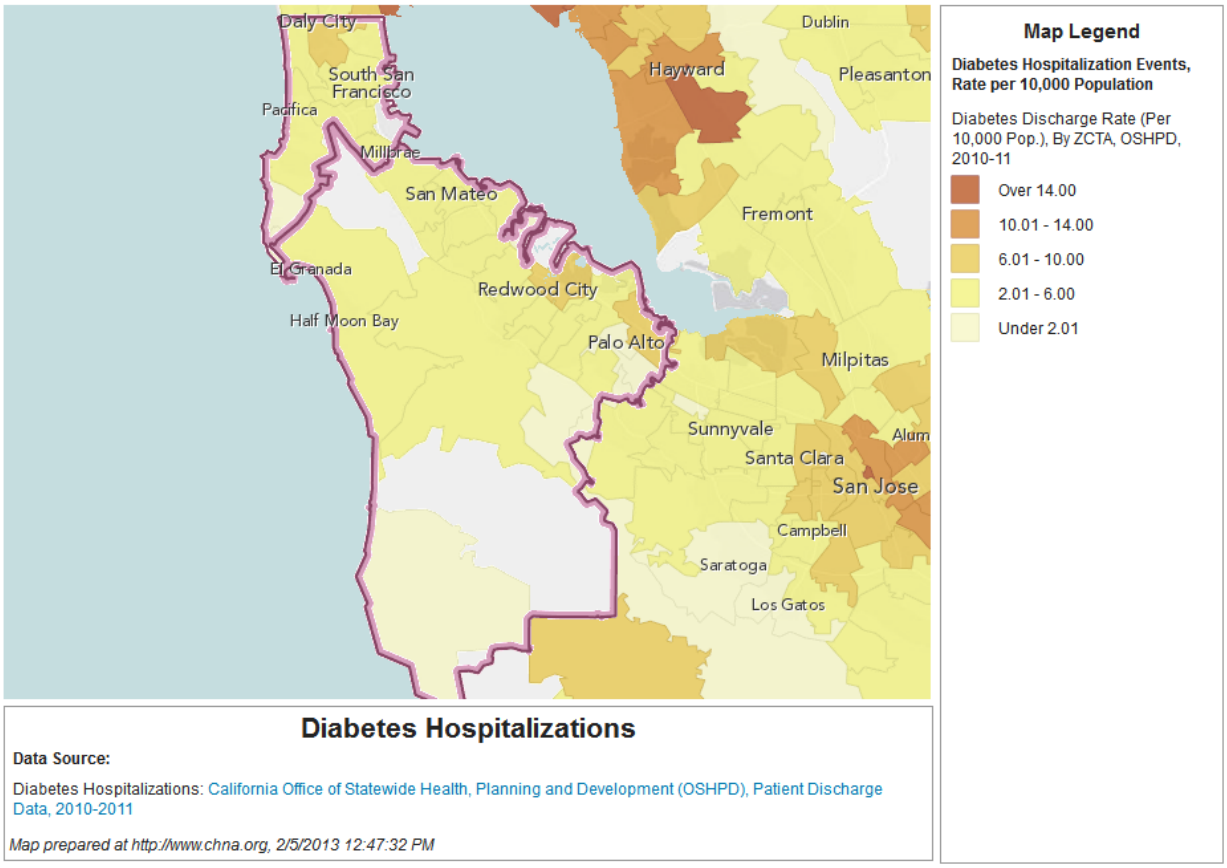
SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- Asian/Pacific Islanders experience the highest rates of diabetes prevalence compared with other ethnic groups, followed by African -Americans.
- African-Americans represent a higher percentage of those hospitalized for diabetes than any other ethnic group.

Diabetes

Geographic Areas of Greatest Need

Diabetes is worse in some areas of the county than in others, as displayed in the map of diabetes hospitalization rates below. Part of Redwood City was the worst off with a rate of 8.66 per 10,000 population. Areas of southern Daly City and East Palo Alto had rates of over 6 per 10,000.



Households in these areas also spent the least on fruits and vegetables, one of the health drivers of diabetes, compared to households in other parts of the county.

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Diabetes

Category	Driver/indicator	San Mateo County‡	CA State‡	Data Source
Behaviors	**Soft drink expenditures** % of total household expenditures	--	0.5%	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
	Fruit/vegetable expenditures % of total household expenditures	—	1.6%	
	Adequate fruit/vegetable consumption (youth) % of kids 2+ who consume five or more servings of fruits and vegetables daily	--	48.4%	California Health Interview Survey (CHIS), 2009
	Inadequate fruit/vegetable consumption (adult) % of adults who consume less than five servings of fruits and vegetables daily	68.6%	70.3%	CDC BRFSS 2003-2009
Behaviors	**Physical inactivity (youth)** % of 5th, 7th & 9th graders ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the Fitnessgram test	--	37.5%	CA Dept of Education, Fitnessgram Physical Fitness Testing Results, 2011
	Physical inactivity (adult) % adults who self-report not participating in any physical activities or exercises	19.0%	22.1%	CDC BRFSS 2004-2010
Physical Environment	**Walkability** % of population in "Somewhat Walkable" or "Very Walkable" Cities*	—	84.0%	WalkScore.Com (2012)
	Fast food restaurant access Establishments per 100,000 pop	67	69	U.S. Census Bureau, ZIP Code Business Patterns, 2009
	Grocery store access Establishments per 100,000 pop	24	22	U.S. Census Bureau, County Business Patterns, 2010
	WIC-Authorized food store access Establishments per 100,000 pop	10	16	U.S.D.A. Food Environment Atlas, 2012
	Population Living in Food Deserts % of the population living in census tracts designated as food deserts.	6.0%	5.7%	U.S. Department of Agriculture, Food Desert Locator, 2009.
	Recreation and fitness facility access Establishments per 100,000 pop	14	9	U.S. Census Bureau, ZIP Code Business Patterns, 2009

Diabetes

Category	Driver/indicator	San Mateo County‡	CA State‡	Data Source
Delivery	**Older Adult Diabetes Management** % of diabetic Medicare patients who had a hemoglobin A1c (hA1c) test in past year	78.4%	76%	Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-07

‡ Statistics from CARES Platform.

Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and lack of health insurance coverage) in the **Access to Health Care** profile report.

In addition, overweight and obesity are seen as drivers of diabetes. See the **Obesity Health Profile** for details on obesity as a health need and its associated drivers.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Diabetes was of high concern in 8 out of 14 groups/interviews and was mentioned in almost all of them.
- The community identified the subpopulations they felt were most affected: Latinos, seniors, those with low income, and the homeless. Some health experts thought that non-Latinos (and speakers of languages other than English/Spanish) might be underserved due to sharp focus on Latinos; others focused on providing more culturally-sensitive materials to Latinos/Spanish-speakers.
- The community identified a variety of access to care issues (e.g., lack of insurance, preventable hospitalizations, supply of and access to primary care providers). Providers/experts additionally noted that the undocumented have special access issues (fear of deportation).
- Experts were concerned about how well or poorly those with chronic diseases manage their care and unnecessary hospitalizations.
- Many felt that stress and anxiety exacerbated diabetes, and experts in particular pointed to economic/financial stressors that differentially impact the working poor and the unemployed who are in poverty.
- Health care providers emphasized poor nutrition and lack of exercise as prime factors for diabetes. Community members agreed that both nutrition and exercise are focal areas, and also specified issues relating diet, including too much sugar and eating prepared foods.
- Drivers of poor diets included cost of fresh food, lack of control over food when you must eat what others cook (either relatives or the community center), cultural customs and fear of genetically modified foods.
- Providers mentioned factors that can lead to poor patient compliance, including denial of illness, lack of knowledge/understanding of condition, cost of testing, and feeling overwhelmed.
- Providers also noted a lack of specialty care for diabetics (e.g., glasses, surgeries).
- There was general agreement that the community needed improved health education/literacy, especially with regard to diabetes.

Diabetes

- Experts noted concerns about neighborhoods/environments that had poor access to resources (grocery stores, safe areas to walk/play, etc.).
- Community members expressed frustration about wait times to get an appointment regardless of urgency.
- Residents felt that the “red tape” involved in transitioning among different providers, particularly with respect to medical records and poor communication between providers, was a problem that needed to be addressed.
- Access to transportation was a concern among many, particularly those whose diabetic conditions were well-advanced and who had mobility issues as a result.
- There were multiple requests for additional dedicated medical transportation.

Mental Health

In 2012, the Santa Clara County Community Benefits Coalition conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **mental health** was prioritized as one of the top health needs in the county.

The status of mental health needs is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	Santa Clara County	CA State Ave	HP 2020 Benchmark	Data Source
Poor Mental Health (Adults 18+) % who felt they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs in last 12 months	17%‡	14%‡	--	California Health Interview Survey (CHIS) 2009
Depression (youth) % of middle/HS students with depressive symptoms in past 12 months	28%	28%		CA Healthy Kids Survey (CHKS) 2009-10
White	24%			
African-American	30%			
Latino	31%			
Asian/Pacific-Islander	26%			
Suicidal ideation (youth) % of middle/HS students who seriously considered suicide in past 12 months	16%	19%	--	
White	15%			
African-American	22%			
Latino	17%			
Asian/Pacific-Islander	17%			

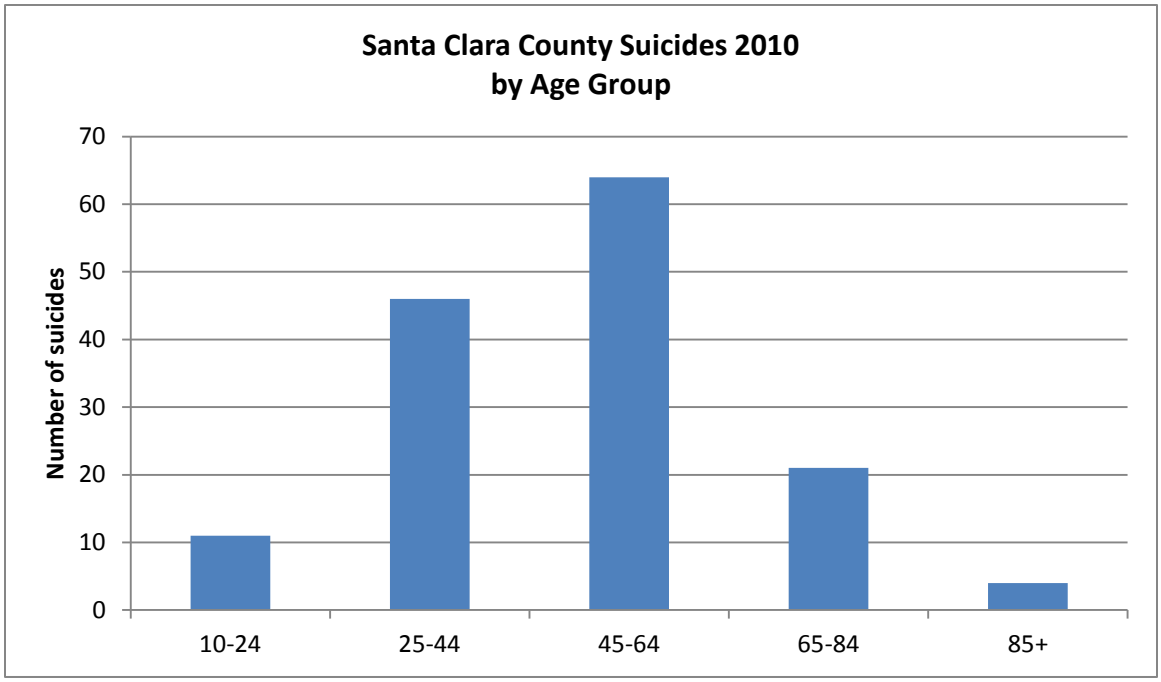
Mental Health

Indicator	Santa Clara County	CA State Ave	HP 2020 Benchmark	Data Source
Suicide rate Age-adjusted suicide rate per 100,000 pop	7.9	9.8	10.2	CDC 2005-09

Note: ǂ Statistics from CARES Platform.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional Data:

The overall suicide rate does not fail Healthy People 2020 benchmark. Although the low number of suicides (146 total in the county) makes it difficult to calculate reliable rates, it is worth noting the number of suicides by age group. While there seems to be a perception that teen suicide is the most common, the raw numbers show us that most suicides are committed by middle-aged adults ages 45-64.



Mental Health

SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- Latino and African-American youth exhibit depression in higher proportions than the state average.
- The percentage of African-American youth who experience suicidal ideation is higher than both the county and the state-wide averages.

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Jose Service Area‡	Santa Clara Service Area‡	Santa Clara County‡	CA State Ave‡	US Ave‡	Data Source
Behaviors	**Adequate social or emotional support (adults)** % adults who report receiving sufficient social / emotional support all /most of the time	78%	78%	78%	75%	80%	CDC BRFSS, 2006-2010

Note: ‡ Statistics from CARES Platform.

See data regarding additional cross-cutting drivers influencing this health need (such as poverty, linguistic isolation, and lack of health insurance coverage) in the **Access to Health Care** profile report.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Mental Health was of high concern in 16 out of 22 groups/interviews and was mentioned in almost all of them. Residents identified specific conditions of stress, depression, suicide, and abuse (trauma).
- Social and emotional support as a driver of mental health was mentioned in at least half of the groups/interviews that identified mental health as a priority.
- Bullying, abuse and overwork can cause stress and mental health issues.
- Lack of knowledge about the effects of stress and how to cope was mentioned.
- Poor mental health (stress) can cause physical problems such as heart issues, insomnia and poor diet.
- Stigma prevents people from identifying poor mental health in themselves and getting treatment.
- Lack of mental health insurance benefits was noted as was lack of affordable treatment resources.
- Lack of treatment for episodic mental health issues such as depression and stress was also mentioned.

Mental Health

In 2012, Stanford Hospital & Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **mental health** was prioritized as one of the top health needs in the county.

The status of mental health needs is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	South SF Area	Redwood City Area	San Mateo County	CA State Ave	HP 2020 Benchmark	Data Source
Poor Mental Health (Adults 18+) % who felt they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs in last 12 mos.	--	14%	14%	14%	--	California Health Interview Survey (CHIS) 2009
White	--	--	12%			
African-American	--	--	7%*			
Latino	--	--	15%*			
Asian/Pacific Islander	--	--	14%*			
Depression (Youth) % of middle/high school students with depressive symptoms in past 12 mos.	--	--	26% to 30%	28% to 31%	--	CA Healthy Kids Survey (CHKS) 2009-10
White	--	--	24%			
African-American	--	--	27%			
Latino	--	--	31%			
Asian	--	--	26%			
Pacific Islander	--	--	34%			

Mental Health

Indicator	South SF Area	Redwood City Area	San Mateo County	CA State Ave	HP 2020 Benchmark	Data Source
Suicide Rate Age-adjusted suicide rate per 100,000 population	7.7	9.9	8.7	9.8	10.2	CDC 2005-09
White	--	--	10.1			
African-American	--	--	9.8			
Asian	--	--	34.8			
American Indian/Alaskan Native	--	--	--			
Latino	--	--	5.3			
Estimated Alzheimer's Prevalence Estimated number of adults 55+ with Alzheimer's						"Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alzheimer's Assoc., CA; 2009 Based on published prevalence rates (2003 and 2006) and CA Department of Finance Race/Ethnic Population with Age and Sex Detail, 2000-2050; 2007.
2008 Estimate (% of population)	--	--	13,684 (7.8%)	588,208 (7.5%)	--	
2015 Estimate	--	--	14,610	678,446	--	
Estimated Increase in Alzheimer's Prevalence Estimated % increase in people 55+ living with Alzheimer's 2008-2015	--	--	7%	15%	--	
Alzheimer's Mortality Age-adjusted death rate per 100,000 population	--	--	18.9	23.4	--	Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections, Alzheimer's Assoc., CA (**2003-05** data)

Note: * Statistic is unstable.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional Data:

- San Mateo County respondents were most critical of access to mental health services (36.3% rate this as fair/poor).
- Utilization of mental health services is particularly low among men, younger and older populations, persons without education beyond high school, non-Whites, and South County residents.
- A total of 7.3% of survey respondents report experiencing high stress on a daily basis. Perceptions of high stress are highest among African-Americans (10.5%).
- A total of 24.1% of surveyed adults reported having had a period lasting two years or longer during which he or she was sad or depressed on most days.
    - The proportion of those who have experienced two or more years of depression increases to 27% among women, 28% among adults 40-64, 33% among adults without postsecondary education, 41% among persons living below the 200% poverty threshold, 34% among Hispanic respondents, 28% among South County adults and 27% among residents on the Coastside.

Mental Health

SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- Pacific Islander and Latino youth exhibit depression in equal or higher proportions than the state average.
- The percentages of Latino and Asian/Pacific Islander adults who experience poor mental health appear to be equal to or higher than the state average.
- Asians commit suicide at rates much higher than the national benchmark.

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Mateo County	CA State Ave	US Ave	Data Source
Behaviors	**Adequate social or emotional support (adults)** % adults who report receiving sufficient social / emotional support all /most of the time	76.4%	75%	80.3%	CDC BRFSS, 2006-2010

See data regarding additional cross-cutting drivers influencing this health need (such as poverty, linguistic isolation, and lack of health insurance coverage) in the **Access to Health Care** profile report.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Mental health was of high concern in 9 out of 14 groups/interviews and was mentioned in almost all of them. Residents identified specific conditions of stress, depression, suicide, and abuse (trauma).
- Bullying, abuse, financial stress, overwork, homelessness, and family dysfunction can cause stress and mental health issues.
- Lack of knowledge about the effects of stress and how to cope surfaced as an issue.
- Health experts noted that poor mental health (stress) can cause physical problems and can exacerbate existing conditions.
- Both stigma and the lack of education about mental health conditions and treatments prevent people from identifying poor mental health in themselves and getting treatment.
- The community indicated that there were not enough trained mental health providers or treatment centers/resources to meet demand.

Mental Health

- Teens felt they could not talk about their problems with adults (for a variety of reasons: don't want to bother them; feel their problems are misunderstood or dismissed by them; don't trust them; don't think they can help).
- Teens expressed the need for education and interventions at the middle school level. Many felt that by the time they learned about alcohol, drug use and stress in high school, they had already encountered these issues.
- Providers felt some cultures did not recognize mental health as an issue and noted that undocumented residents are particularly unlikely to seek help due to fears about deportation.
- Adults, particularly men, mentioned feeling increasing stress, but felt it was hard to open up and talk about their concerns stating that they did not want to appear weak.
- Older adults talked about overarching drivers that related to both mental health and Alzheimer's, including being in denial of the problem, the condition being exacerbated by social isolation and having a limited information about resources.
- Providers noted that returning veterans have specific mental health issues (e.g., post traumatic shock syndrome).
- Providers mentioned lack of mental health insurance benefits and lack of affordable treatment, especially for episodic mental health issues such as depression and stress.

Obesity

In 2012, the Santa Clara County Community Benefits Coalition conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **obesity** was prioritized as one of the top health needs in the county.

The status of needs associated with obesity is described in this profile, in terms of:

- Key indicators
- Geographic regions or subpopulations in which the need is greatest
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	Santa Clara County	CA	US	HP 2020 Benchmark	Data Source
Overweight adults % who self-report a BMI between 25-30	36%	36%	36%	--	CDC BRFSS 2006-2010
Obese adults % who self-report a BMI over 30	21%	23%	27%	31%	CDC BRFSS 2006-2010
Overweight or Obese Adults % with BMI over 25	55%				SCC PHD BRFS 2009
White	55%				
Latino	68%				
African-American	63%				
Asian/Pacific-Islander	39%				

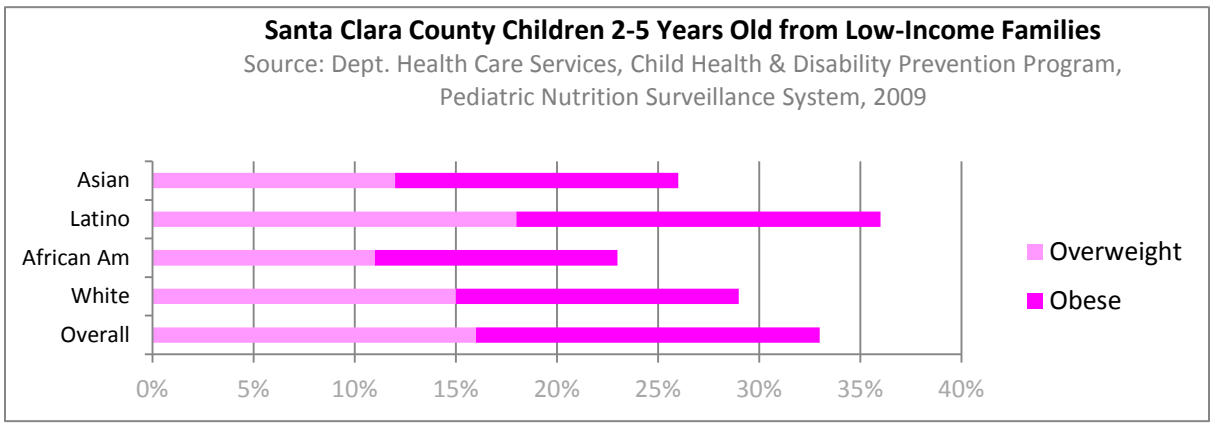
Obesity

Indicator	Santa Clara County	CA	US	HP 2020 Benchmark	Data Source
Overweight youth % of youth in grade 5, 7, and 9 ranking within the "Needs Improvement" BMI range for their gender	--	14%	--	--	CA Dept of Education, Fitnessgram Physical Fitness Testing Results, 2011
White		13%			
Latino		--			
African-American		15%			
Asian/Pacific-Islander		12%			
Obese youth % of youth in grade 5, 7, and 9 ranking within the "High Risk" BMI range for their gender	--	30%	--	16% for youth ages 12-19	
White		20%			
Latino		37%			
African-American		30%			
Asian/Pacific-Islander		17%			

Note: ‡ Statistics from CARES Platform. Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:

- Low-income children have high proportions of overweight and obesity, as demonstrated by the table below.



Source: Dept. Health Care Services, Child Health & Disability Prevention Program, Pediatric Nutrition Surveillance System, 2009

Obesity

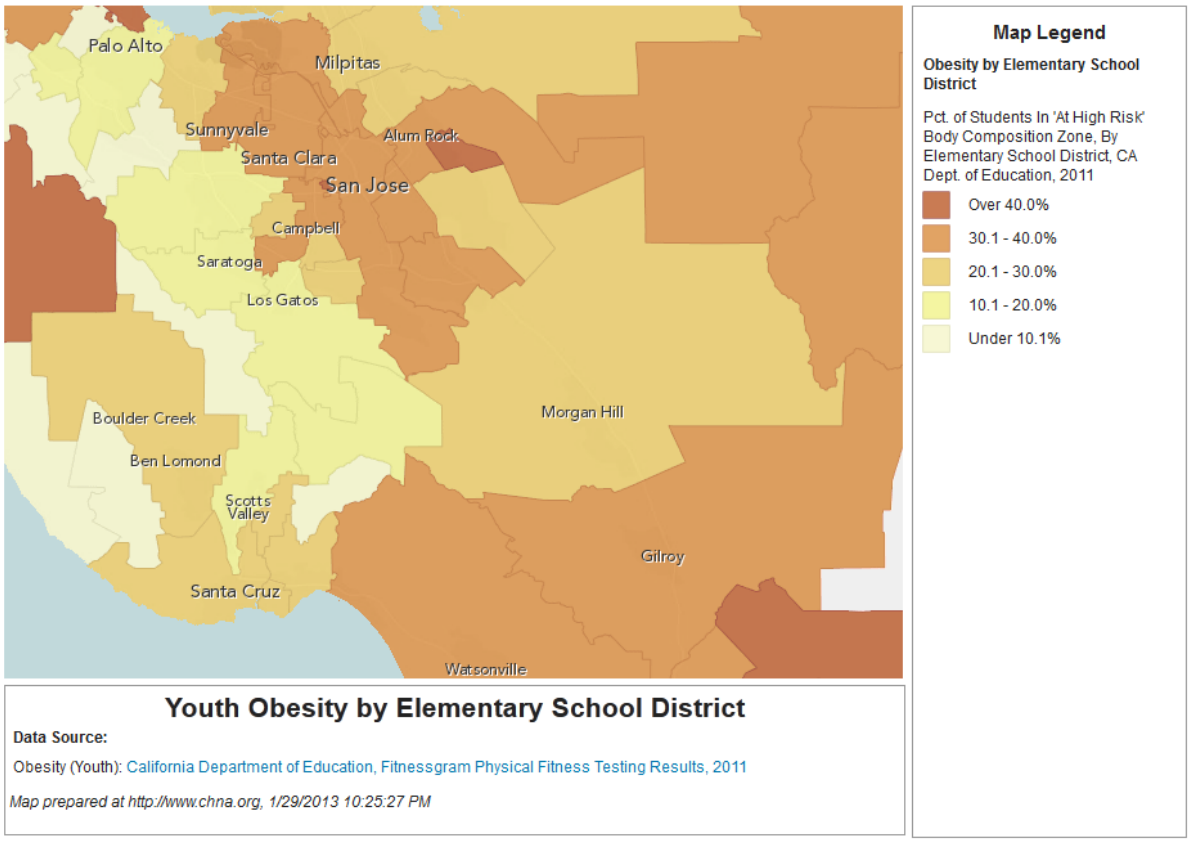
SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- Latinos and African-Americans have higher proportions of overweight or obese adults compared with other ethnic groups.

Geographic Areas of Greatest Need

Obesity among elementary school children is worse in some areas of the county, as displayed in the map of elementary school districts below. Mount Pleasant Elementary School District in East San Jose is the worst off, with 41.65% of students testing in the high risk zone for body composition.

Gilroy Unified, San Jose Unified, Oak Grove Elementary, Santa Clara Unified, and Campbell Union Elementary School Districts reported 30%-40% of its students outside of the healthy zone.



Certain health drivers of obesity are also worse in some communities than in others.

- Fruit/vegetable expenditures: Worst in Morgan Hill, south San Jose, Saratoga, Los Gatos, and the western parts of Sunnyvale.
- Youth obesity: Worst in Gilroy and southwest San Jose

Obesity

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	Santa Clara County	CA	Data Source
Behaviors	**Soft drink expenditures** % of total household expenditures	0.4%	0.5%	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
	Fruit/vegetable expenditures % of total household expenditures	—	1.6%	
	Adequate fruit/vegetable consumption (youth) % of kids 2+ who consume five or more servings of fruits and vegetables daily	47%	48%	California Health Interview Survey (CHIS), 2009
	Inadequate fruit/vegetable consumption (adult) % of adults who consume less than five servings of fruits and vegetables daily	70%	70%	CDC BRFSS 2003-2009
	Physical inactivity (youth) % of 5th, 7th & 9th graders ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity	28%	37%	CA Dept of Education, Fitnessgram Physical Fitness Testing Results, 2011
	Physical inactivity (adult) % adults who self-report not participating in any physical activities or exercises	18%	22%	CDC BRFSS 2004-2010
Physical Environment	**Walkability** % of population in "Somewhat Walkable" or "Very Walkable" Cities*	—	54%	WalkScore.Com (2012)
	Fast food restaurant access Establishments per 100,000 pop	72	69	U.S. Census Bureau, Business Patterns, 2009
	Grocery store access Establishments per 100,000 pop	20	22	U.S. Census Bureau, County Business Patterns, 2010
	WIC-Authorized food Access Establishments per 100,000 pop	9.5	15.8	U.S.D.A. Food Envir. Atlas, 2012
Physical Environment	**Recreation/Fitness Access** Establishments per 100,000 pop	12.7	8.9	U.S. Census Bureau, ZIP Code Business Patterns, 2009

Note: ‡ Statistics from CARES Platform
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Obesity

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and insurance coverage) in the **Access to Health Care** profile report.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Obesity/overweight was of high concern in 13 out of 22 groups/interviews
- Lack of grocery stores or farmers' markets was mentioned as a driver for obesity or poor nutrition in seven separate groups/interviews. It was noted that food stamps were not accepted at farmers' markets; that poor neighborhoods were disproportionately lacking stores that sold fresh produce and other healthy food ("more liquor stores than grocery stores in some neighborhoods") and that lack of transportation affected access to grocery stores; that Asian & Latino families are more likely to choose fresh over processed food. It was suggested that policies/ordinances be supported that increased the quality of the food that "corner stores" carry and support an increase in the number of farmers' markets
- One group mentioned that grocery stores decide how WIC benefits can be used. One WIC beneficiary noted that consumers can't buy low-sugar options because they have artificial sweetener (Federal WIC regulations do not prohibit foods that contain artificial sweeteners. However, WIC state agencies are responsible for determining the brands and types of foods to authorize on their state WIC food lists. Some state agencies may allow foods sweetened with artificial sweeteners on their foods lists but this will vary by state.)
- Six groups/interviews mentioned the cost of healthy food. Many groups/interviews discussed the need for more healthy/good quality food, but only one group specifically mentioned fruits and vegetables, saying that "children and parents need...to understand the benefits of eating fruits and vegetables". They also discussed access issues related to this matter (i.e., distribution channels not established to enable farmers to get their produce to stores, schools and families.)
- Fast food was mentioned as a driver for obesity or poor nutrition in eight groups/interviews (belief that fast food is cheaper, more accessible, faster and provides more calories per dollar than healthy food)
- Lack of healthy eating:
  - Lack of education about healthy eating
  - Decrease in families preparing meals at home
  - Large portion size (restaurant trends having an influence on home cooking)
- Lack of exercise:
  - Busy lifestyles
  - Unsafe neighborhoods
  - High cost of physical fitness programs
- Social factors:
  - Parents may be poor models for children
  - Families are used to overeating, eating unhealthy foods

Obesity

In 2012, Stanford Hospital & Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **obesity** was prioritized as one of the top health needs in the county.

The status of needs associated with obesity is described in this profile, in terms of:

- Key indicators
- Geographic regions or subpopulations in which the need is greatest
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Mateo County	CA	US	HP 2020 Benchmark	Data Source
Overweight adults % who self-report a BMI between 25-30	37.3%	36.2%	36.3%	--	CDC BRFSS 2006-2010
Obese adults % who self-report a BMI over 30	19.8%	23.3%	27.4%	31%	CDC BRFSS 2006-2010
Overweight youth % of 5th/7th/9th graders ranking within the "Needs Improvement" BMI range for their gender	--	14.3%	--	--	CA Dept of Education, Fitnessgram Physical Fitness Testing Results, 2011
White					
African-American					
Asian/Pacific-Islander					
Latino					
Obese youth % of 5th/7th/9th graders ranking within the "High Risk" BMI range for their gender	--	29.8%	--	16% for youth ages 12-19	CA Dept of Education, Fitnessgram Physical Fitness Testing Results, 2011
White					
African-American					
Asian/Pacific-Islander					
Latino					

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Obesity

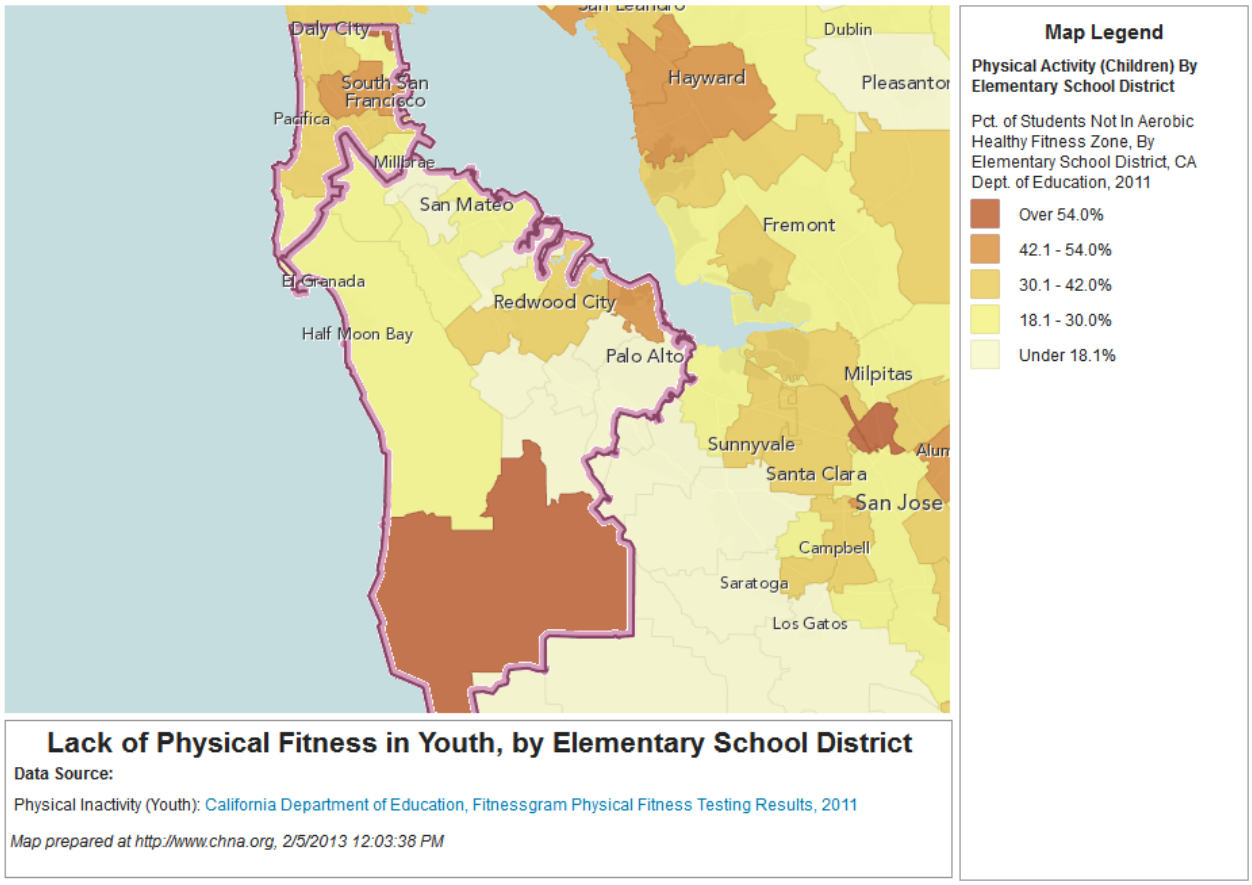
SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- Latinos have the highest percentage of overweight youth compared with other ethnic groups, which surpasses the state average.
- Latinos, followed by African-Americans, have the highest percentages of obese youth compared with other ethnic groups and their numbers are higher than the national benchmark for youth obesity.

Geographic Areas of Greatest Need

Obesity among elementary school children is worse in some areas of the county, as displayed in the map of elementary school districts below. Bayshore Elementary School District in Daly City is the worst off, with 69.6% of students testing outside the "healthy fitness" zone for body composition.

La Honda-Pescadero Unified School District in the southwestern part of the county reported 66.2% of students outside the healthy zone, and the Ravenswood City Elementary School District in East Palo Alto reported 46.8% of students outside of the healthy zone.



Obesity

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

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Behaviors	**Soft drink expenditures** % of total household expenditures	--	0.5%	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
	Fruit/vegetable expenditures % of total household expenditures	—	1.6%	
	Adequate fruit/vegetable consumption (youth) % of kids 2+ who consume five or more servings of fruits and vegetables daily	--	48.4%	California Health Interview Survey (CHIS), 2009
	Inadequate fruit/vegetable consumption (adult) % of adults who consume less than five servings of fruits and vegetables daily	68.6%	70.3%	CDC BRFSS 2003-2009
	Physical inactivity (youth) % of 5th/7th/9th graders ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity	--	37.5%	CA Dept of Ed, Fitnessgram Physical Fitness Testing Results, 2011
	Physical inactivity (adult) % adults who self-report not participating in any physical activities or exercises	19.0%	22.1%	CDC BRFSS 2004-2010
Physical Env't	**Walkability** % of population in "Somewhat Walkable" or "Very Walkable" Cities*	—	84.0%	WalkScore.Com (2012)
	Fast food restaurant access Establishments per 100,000 pop	67	69	U.S. Census Bureau, Business Patterns, 2009
	Grocery store access Establishments per 100,000 pop	24	22	U.S. Census Bureau, County Business Patterns, 2010
	WIC-Authorized Food Access Establishments per 100,000 pop	10	16	U.S.D.A. Food Envir. Atlas, 2012
	Population Living in Food Deserts % of the population living in census tracts designated as food deserts	6.0%	5.7%	U.S. Department of Agriculture, Food Desert Locator, 2009.
	Recreation/Fitness Access Establishments per 100,000 pop	14	9	U.S. Census Bureau, ZIP Code Business Patterns, 2009

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Obesity

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and insurance coverage) in the **Access to Health Care** profile report.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Obesity/overweight was of high concern in 8 out of 14 groups/interviews.
- Many participants spoke about the lack of physical fitness. Drivers of low physical fitness were often mentioned: the perception that neighborhoods are unsafe (gangs, shootings, poor lighting, relative lack of sidewalks or bike lanes, fear of ICE raids among undocumented), the lack of affordable/ accessible fitness facilities or after-school activities for youth, increased screen time, lack of time to exercise due to long commutes and overwork and related stress. Particular conditions (e.g., limited mobility or depression) make exercise even harder. Community members wanted more information on what resources were available for free/low cost.
- Drivers of poor diets were also frequently identified: lack of time to prepare food at home (long commutes, overcommitted/busy), “supersized” restaurant meals (that can also have an impact on portion size at home), the perceived higher cost of healthy food, easy access to fast food, stress-based eating and the relative lack of grocery stores or farmers' markets. It was noted that lower-income neighborhoods were disproportionately lacking both grocery stores and farmers' markets and that poor access to transportation made access to grocery stores even more challenging.
- Schools were thought to have an impact on childhood obesity (e.g., lack of physical education or organized physical activities, no bike racks at school, not enough time/cafeteria staff to get lunch to all students in time for them to eat before next class.
- Some participants identified limited access to primary care providers as an issue that impacts obtaining needed care.
- Culture was identified as impacting obesity (e.g., cultural views of “chubby” baby as healthy/cute, poor family/cultural models for eating, traditional foods can be unhealthy).
- Health experts noted the need for more providers whose backgrounds reflect that of the community they serve.
- One health expert indicated that poor, older adults were much more likely to be obese. The expert noted that among this population, obesity is normalized because they are around so many others who are also obese. The expert found that older adults have a harder time changing their habits than do younger adults. They also experience other conditions that exacerbate obesity (e.g., arthritis, which makes it hard to exercise, and slowed metabolism).
- A health expert mentioned that the Latino, African American and Samoan/Tongan populations are more at risk for obesity than other ethnic groups and that the former may experience disparities in care and outcomes.
- Parenting issues may encourage childhood obesity (e.g., lack of supervision means children may overeat or eat unhealthy foods, children do not receive breakfast at home, children who receive lunch money rather than a packed lunch may use it for junk food; parents may not be aware of low-cost or free fitness options for children).
- Peer pressure/youth culture may impact children’s health (e.g., energy drinks and junk food as symbols of status, choosing technology/social media over outside play, media promotes unrealistic body image).

- It was noted that community gardens are few and far between.
- Seniors indicated that ingredients, portion control and timing of meals are problems when they cannot cook for themselves and must eat food others make for them (either because they have no access to a kitchen or because they are limited in mobility).
- Seniors also mentioned issues with shopping for and keeping food (packaging sizes are too large for one person, hard to read small-print nutrition labels, fresh fruit does not have a long shelf life).

Respiratory Conditions

In 2012, the Santa Clara County Community Benefits Coalition conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **respiratory conditions** were prioritized as one of the top health needs in the county.

The status of respiratory health needs is described in this profile, in terms of:

- Key indicators
- Geographic regions or subpopulations in which the need is greatest
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Jose Area ‡	Santa Clara Area ‡	Santa Clara County	CA	HP 2020	Data Source
Asthma						
Lifetime Prevalence (Youth) % of children ages 0-17 ever diagnosed (parent report)	--	--	12%	14%	--	CHIS 2009; cited by Breathe CA
Lifetime Prevalence (Adult) % of adults 18+ ever diagnosed	--	--	11%	14%	--	
Hospitalizations (Children) rate of asthma hospitalizations for children age 0-4	--	--	24.5	22.3	18.1	OSPHD 2010; cited by Breathe CA
Hospitalizations (Youth) rate of hospitalizations per 10,000 children age 0-17	18.0	13.8	9.7	11.0	--	
Hospitalizations (Adult) rate of hospitalizations per 10,000 adult 18+	8.2	6.7	6.0	8.3	8.6 for 5-64 yrs	

Note: ‡ Statistics from CARES Platform.

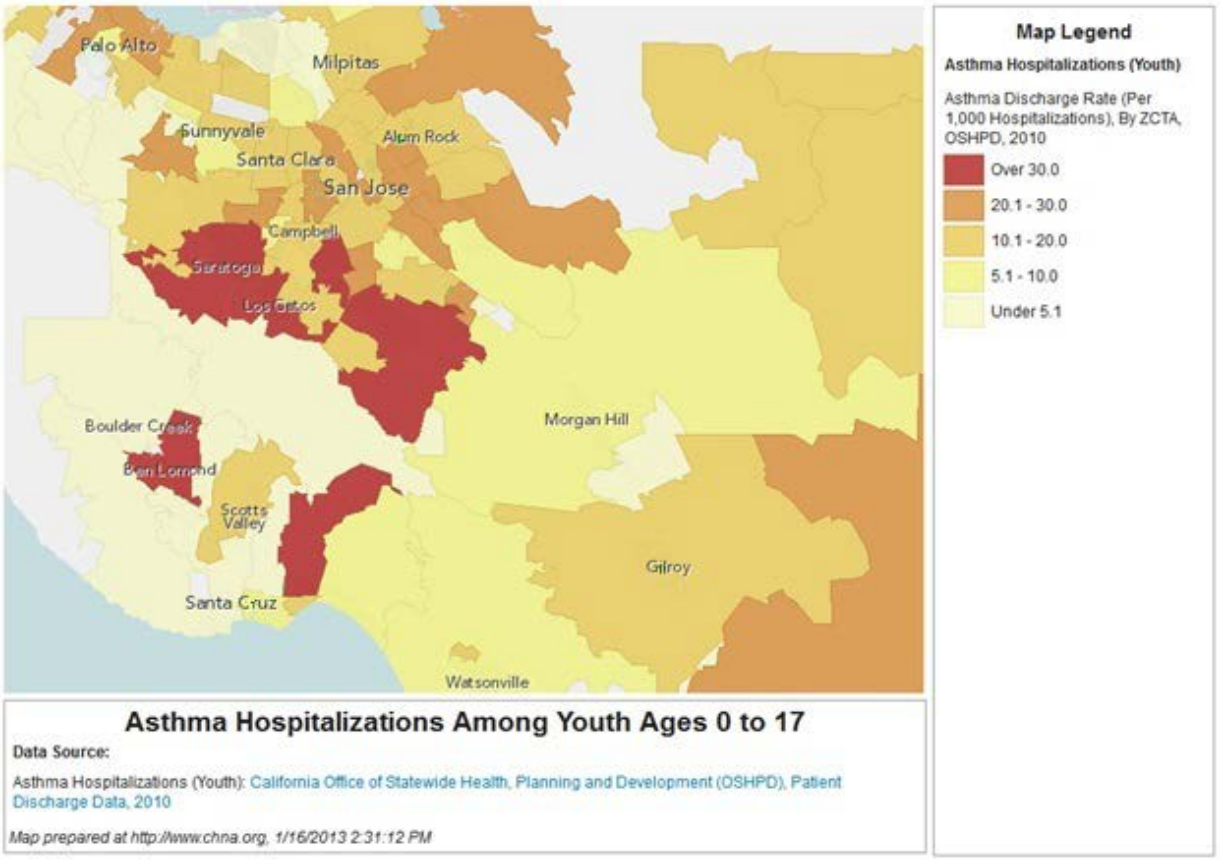
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Respiratory Conditions

Geographic Areas of Greatest Need

Asthma hospitalizations among youth ages 0-17 is worse in some areas of the county than in others, as displayed in the map of zip code tabulation areas. The outlying area of Saratoga/Los Gatos is the worst off, with a youth asthma hospitalization rate of 71.4.

Saratoga itself, as well as parts of south San Jose and Campbell all reported asthma hospitalization rates of 30 or higher among youth.



Respiratory Conditions

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	Santa Clara County‡	CA ‡	US ‡	Data Source
Behaviors	**Tobacco expenditures** Estimated expenditures for cigarettes, as a percentage of total household expenditures	--	1.1%	1.6%	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
	Smoking (Adult) % of adults who currently smoke	10%	14%‡	18%	CDC BRFSS 2004-2010
	Smoking (Youth) % of middle- and high-school youth who smoked cigarettes in past 30 days	8%	--	--	CA Healthy Kids (CHKS), 2009-10
Physical Environment	**Poor air quality** % of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard	3.7%	4.2%	1.2%	CDC National Environmental Public Health Tracking Network, 2008

Note: ‡ Statistics from CARES Platform.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and lack of health insurance coverage) in the **Access to Health Care** profile report.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Respiratory conditions, including asthma, COPD and allergies were mentioned in 6 out of 25 groups/interviews.
- There was concern about lack of insurance and underinsurance generally for those dealing with chronic respiratory conditions.
- Environmental causes, such as pollution, were also mentioned.
- The cost of prescription medication and equipment for the un/underinsured and those who are low-income, unemployed or living in poverty were noted.

Respiratory Conditions

In 2012, Stanford Hospital & Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **respiratory conditions** were prioritized as one of the top health needs in the county.

The status of respiratory health needs is described in this profile, in terms of:

- Key indicators
- Geographic regions or subpopulations in which the need is greatest
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Mateo County	CA	HP 2020	Data Source
Asthma Lifetime Prevalence (Adult) % of adults 18+ ever diagnosed	12.6%	13.1%	--	CDC BRFSS 2006-10
Asthma Lifetime Prevalence (Youth) % of children ages 0-17 ever diagnosed (parent report)	18.4%	14.2%	--	CA Health Interview Survey 2009
Asthma Hospitalizations rate of hospitalizations per 10,000 population	--	8.9	8.6	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010-2011.

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional data:

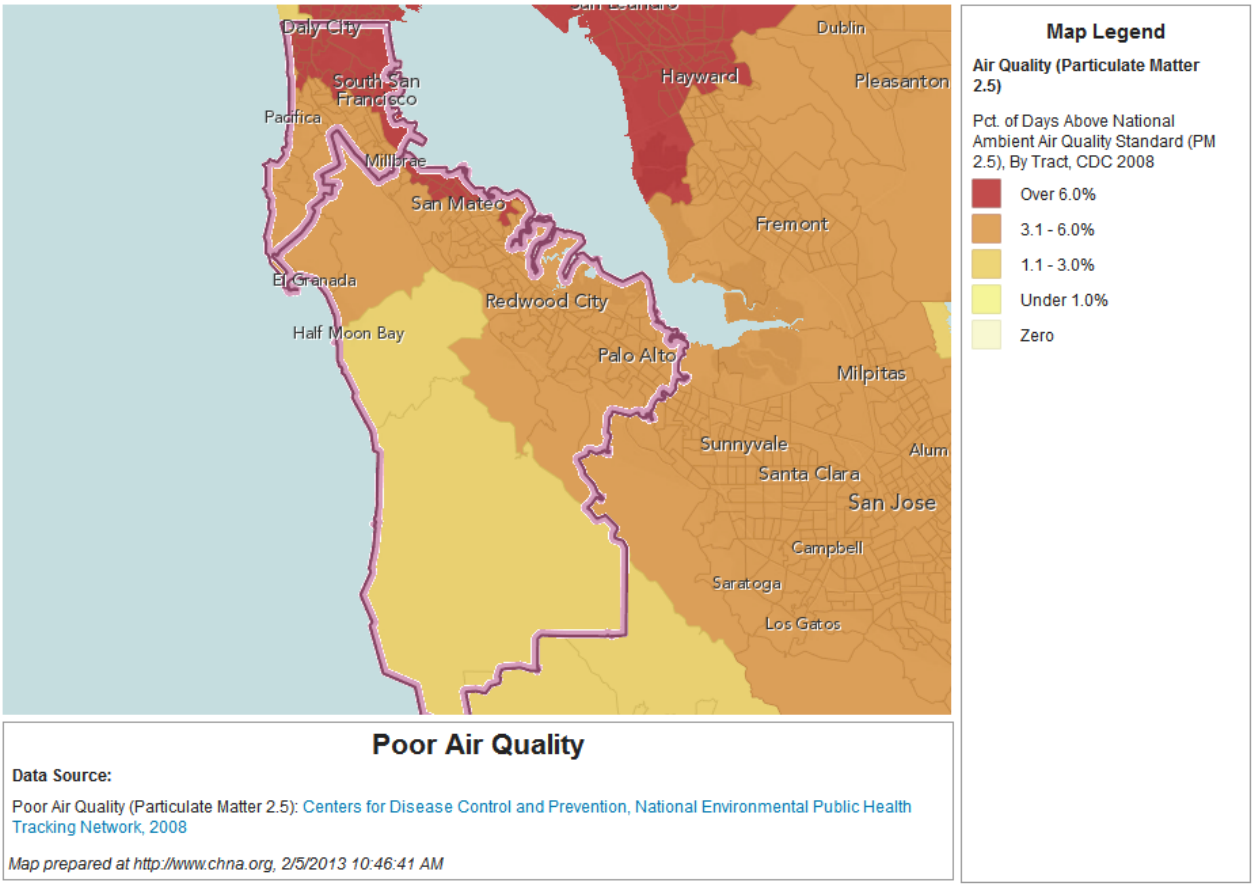
- Note that, versus 1998 levels, statistically significant increases in prevalence were found for asthma and chronic lung disease.
- We see a statistically significant trend in higher prevalence of asthma among San Mateo County seniors since 1998.

Respiratory Conditions

Geographic Areas of Greatest Need

Poor air quality, a driver of asthma and other respiratory concerns, is worse in some areas of the county than in others, as displayed in the map below. The northern part of the county is the worst off, with areas around South San Francisco and Brisbane (near San Francisco International Airport) experiencing poor air quality up to 8.2% of the year.

The eastern edges of San Bruno, Millbrae, Burlingame, San Mateo, and Foster City all reported poor air quality for 6% to 7% of the year.



Respiratory Conditions

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Mateo County	CA	US	Data Source
Behaviors	**Tobacco expenditures** Estimated expenditures for cigarettes, as a percentage of total household expenditures	--	1.1%	1.6%	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
	Smoking (Adult) % of adults who currently smoke	13.5%	13.6%	18.2%	CDC BRFSS 2004-2010
	Smoking (Youth) % of 11th graders who smoked cigarettes past 30 days	13.1%	13.2%	--	CA Healthy Kids (CHKS), 2009-10
Physical Environment	**Poor air quality** % of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard	5.5%	4.2%	1.2%	CDC National Environmental Public Health Tracking Network, 2008

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

See data regarding additional cross-cutting drivers influencing this health need (such as poverty and lack of health insurance coverage) in the **Access to Health Care** profile report.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Respiratory conditions, including asthma, COPD and allergies were mentioned in 6 out of 14 groups/interviews.
- Lack of transportation and/or poor access to transportation was an issue affecting those with respiratory conditions.
- Concerns were raised about lack of access to primary care, particularly among those with asthma.
- Linguistic isolation and/or the lack of culturally/linguistically appropriate services were mentioned.
- Access concerns were mentioned, especially with respect to care and services, including lack of knowledge and information about what services are available and the cost of services.
- Some felt it was hard to navigate the health care bureaucracy.
- Environmental causes, such as pollution, were mentioned.

Respiratory Conditions

- Providers mentioned seeing allergies, asthma and overall poor health among residents who had problems with mold in their environment/housing or poor living conditions generally.
- The community agreed that poverty exacerbates respiratory conditions.
- Some residents mentioned cultural reasons for not going to a doctor, believing that a doctor cannot help or that the issue can be fixed at home.
- Access concerns were mentioned, especially with respect to lack of insurance for those dealing with chronic respiratory conditions, and issues with getting prescription refills.

Unintentional Injuries (falls)

In 2012, Stanford Hospital and Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **unintentional injuries (falls)** were considered to be an important health need in the county. According to the Centers for Disease Control and Prevention, the most common unintentional injuries result from motor vehicle crashes, falls and poisonings. For purposes of this report, the focus will be on falls.

The status of unintentional injuries is described in this profile, in terms of:

- Key indicators
- Key drivers or factors affecting the condition
- Geographic regions or subpopulations in which the need is greatest
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	Santa Clara County	CA	HP2020 Benchmark	Data Source
Hospitalizations Due to Falls rate of adults age 18+ hospitalized due to unintentional falls per 100,000 population	292.4	370.4	--	California Department of Public Health EPIcenter, 2011
Adults age 65-84	1015	1167	--	
Adults age 85+	4526	5087	--	
Falls Deaths rate of fatal, unintentional falls per 100,000 population, age-adjusted	6.8	5.6	7.0	California Department of Public Health, Vital Statistics, 2009
White	7.9	--		
African American	8.8	--		
Latino	3.3	--		
Asian	5.8	--		
Falls Deaths rate of fatal, unintentional falls per 100,000 population, age-adjusted				
Adults age 65-84	26.6	21.7		
Adults age 85+	268.8	148.5		

Note: ǂ Statistics from CARES Platform.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Unintentional Injuries (falls)

Additional data:

Falls were by far the leading cause of fatal and non-fatal hospitalization among seniors in 2009.[1]

SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- The oldest adults experience the highest rates of death from falls. The rate of falls deaths in Santa Clara County among the oldest demographic (adults 85+ years of age) is over ten times as high as the rate for the next-oldest demographic (adults 65-84 years of age), while the comparable rate for California overall is only seven times as high.

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Jose Service Area‡	Santa Clara Service Area‡	Santa Clara County‡	CA ‡	Data Source
Demographics	**Median Age of Population** median age according to the 2010 Census population estimate	--	--	35.8	34.9	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.
	Estimated Older Adult Proportion of Population % of estimated 2020 population that will be 65+ years old	--	--	14.4%	14.9%	CA Dept. of Finance, State and County Population Projections by Major Age Groups, 2010-2060, 2013
	Young retirees (65-74 years)	--	--	8.5%	8.9%	
	Mature retirees (75-84 years)	--	--	4.2%	4.2%	
	Seniors (85+ years)	--	--	1.8%	1.8%	

Note: ‡ Statistics from CARES Platform.
Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Given that the oldest adults have higher rates of falls deaths than those who are younger, having an older population in Santa Clara County could impact the county's rates of hospitalization and death due to falls.

See data regarding additional cross-cutting drivers influencing this health need (such as poverty) in the **Access to Health Care** profile report.

[1] Council on Aging Silicon Valley Area Plan 2012-2016; 2012

Unintentional Injuries (falls)

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Unintentional injuries were mentioned in 2 out of 25 groups/interviews.
- There was concern particularly about falls among older adults.
- It was suggested that older adults who are socially isolated, especially those who live alone, are at greatest risk for falls.
- Adults with chronic conditions were also felt to be more at risk for falls.

Unintentional Injuries (falls)

In 2012, Stanford Hospital and Clinics conducted a countywide assessment of health needs. Based on this scan of quantitative and qualitative data, **unintentional injuries** were considered to be an important health need in the county. According to the Centers for Disease Control and Prevention, the most common unintentional injuries result from motor vehicle crashes, falls, and poisonings. For purposes of this report, the focus will be on falls.

The status of unintentional injuries is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition
- Community input

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Mateo County	CA	HP 2020 Benchmark	Data Source
Hospitalizations Due to Falls rate of adults age 18+ hospitalized due to unintentional falls per 100,000 population	279.4	370.4	--	CA Dept. of Public Health EPIcenter, 2011
Adults age 65-84	1060	1167		
Adults age 85+	4512	5087		
Falls Deaths rate of fatal, unintentional falls per 100,000 population, age-adjusted	7.3	5.6	7.0	CA Dept. of Public Health, Vital Statistics, 2009
Falls Deaths rate of fatal, unintentional falls per 100,000 population				CA Dept. of Public Health EPIcenter, 2010
Adults age 65-84	16.8	21.7		
Adults age 85+	135.2	148.5		

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

SUBPOPULATIONS EXPERIENCING THE GREATEST IMPACT:

- The oldest adults experience the highest rates of death from falls. The rate of falls deaths in San Mateo County among the oldest demographic (adults ages 85 years and older) is about eight times as high as the rate for the next-oldest demographic (adults 65-84 years of age), while the comparable rate for California overall is seven times as high.

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

Unintentional Injuries (falls)

Category	Driver/indicator	San Mateo County	CA	Data Source
Demographics	**Median Age of Population** median age according to the 2010 Census population estimate	39.3	35.2	U.S. Census Bureau, 2010
	Estimated Older Adult Proportion of Population % of estimated 2020 population that will be 65+ years old	17.1%	14.9%	CA Dept. of Finance, State and County Population Projections by Major Age Groups, 2010-2060, 2013
	Young retirees (65-74 years)	10.2%	8.9%	
	Mature retirees (75-84 years)	4.8%	4.2%	
	Seniors (85+ years)	2.1%	1.8%	

Note: Red font indicates that an indicator fails to meet a benchmark or is worse than the state average.

Additional Data

- Given that the oldest adults have higher rates of falls deaths than those who are younger, having an older population in San Mateo County could impact the county's rates of hospitalization and death due to falls.
- Falls are a key issue leading to hospitalization, loss of independence and death among seniors.[1]

See data regarding additional cross-cutting drivers influencing this health need (such as poverty) in the **Access to Health Care** profile report.

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Unintentional injuries were mentioned in 2 out of 14 groups/interviews.
- There was particular concern about falls among older adults.
- It was suggested that older adults who are socially isolated, especially those who live alone, would be at greatest risk for falls.
- It was also suggested that obesity is a risk factor for falls.
- Older adults focused on mobility concerns, especially as it pertains to access. They mentioned that sometimes denial of mobility problems can exacerbate the issue.
- Older adults themselves expressed concern that injuries from falls would further limit their mobility.

[1] Community Assessment & Quality of Life in San Mateo County 2011 (key findings)

Attachment 11: Community Assets San Mateo and Santa Clara Counties

- Access to Health Care
- Alzheimer's Disease
- Arthritis
- Cancer
- Cardiovascular disease, heart attack, stroke
- Diabetes
- Mental Health
- Obesity
- Respiratory conditions
- Unintentional Injuries (falls)

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Access to Care	STANFORD HOSPITAL & CLINICS • Health initiative: Improve Access to Care grants: — Arbor Free Clinic — Mayview Community Health Center (FQHC look-alike) — Medical Respite Program (homeless patients) — Pacific Free Clinic — Ravenswood Family Health Center (FQHC) — Samaritan House Free Clinic Redwood City — Stanford School of Medicine Community Health Advocacy Program • Emergency Department registration unit enrolls uninsured pediatric patients in assistance and insurance programs • Health Advocates: subsidized program to help un/underinsured individuals enroll in health insurance programs • Stanford Health Library • Stanford Health Library at Ravenswood Family Health Center • Cancer Clinical trials Information/Referral website and phoneline • Stanford Lifeflight: subsidized air ambulance service • Medical education: subsidized training for residents/interns • Allied health professionals education and training • Charity Care for un/under-insured patients • Cost of unreimbursed Medi-Cal for underinsured patients ST. LOUISE HOSPITAL • Charity Care • Health Benefits Resource Center provides screening and application assistance to anyone for MediCal, A.I.M., Healthy Kids, Kaiser Kids, as well as Food Stamps KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • Community Health Partnership: • Consortia Core Operations Support (help enroll patients in subsidized health insurance programs — & keep them enrolled — by incorporating new processes into clinic systems). • Medicaid Retention & Education Campaign (educate community leaders & medically underserved in SCC about their rights under Health Care Reform to promote & retain health care coverage). Gardner Family Health Network: Public Benefit Screening & Enrollment (establish a Community Services Referral System that links patients to needed services by providing referrals and navigation support)	• Nurse Family Partnership • Home visitation • Healthy Outcomes project • Santa Clara Family Health Plan • Stanford School of Medicine • Community Health Partnership (& related clinics) • Valley Medical Center • Rotacare Bay Area (12 free clinics) • School Health Centers • SCC family health plan • FIRST 5 Santa Clara County • First 5 San Mateo County TRANSPORTATION SERVICES: • Avenidas • Cal Train • City Team Ministries • Community Services Agency • Love Inc. • Outreach & Escort, Inc. • Santa Clara Valley Transit Authority (VTA) HOUSING SERVICES: • ACT for Mental Health • Casa de Clara • Chinese Community Center of the Peninsula • Community Services Agency • EHC Life Builders-Emergency Housing Consortium • The Health Trust • Homeless Veterans • Housing for Health—The Health Trust • Housing Opportunities for Persons with AIDS • InnVision the Way Home • Love Inc. • Markham Plaza • My Housing.org • New Hope House • Palo Alto Housing Corporation • Sacred Heart Community Services • West Valley Community Services • Arbor Free Clinic • Bay Area Red Cross • Coastside Hope • Chambers of Commerce • Clinic By the Bay: Free medical care for the uninsured in Daly City and parts of San Francisco • Daly City ACCESS: Healthy Aging Response Team • Daly City Community Service Center

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Access to Care	∘ InnVision Shelter Network: HealthCare for the Homeless ∘ MayView Community Health Center: Quality Improvement Initiative ∘ RotaCare Bay Area: A Way Home: Clinic Patient Navigator ∘ Santa Clara Family Health Foundation: Community Outreach Program ∘ Stanford University - Pacific Free Clinic: Access to Preventive Health Care for the Uninsured ∘ Kaiser Permanente Subsidized Health Insurance and Medical Care Services including: — Medi-Cal Shortfalls — Healthy Families Program — Steps Health Plan for Adults — Child Health Plan — Medical Financial Assistance ∘ Kaiser Permanente Graduate Medical Education and Residency program at School Health Clinics and Indian Health Center S.S.F. and R.W.C. KP collaboration with Operation Access ∘ (provides free outpatient surgeries for the uninsured and underinsured) EL CAMINO HOSPITAL ∘ Charity Care ∘ Unreimbursed MediCal El Camino Hospital Roadrunners O'CONNOR HOSPITAL ∘ Charity Care ∘ Health Benefits Resource Center provides insurance and CalFresh enrollment assistance and referrals social services to low-income, underinsured or uninsured individuals ∘ Pediatric Center for Life (pediatric clinic providing comprehensive care and referrals to low-income children) ∘ Family Medicine Residency Program trains residents to care for underserved populations LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD ∘ Supporter of government plans and a safety net provider ∘ Building physician capacity in SMC Clinics (Fair Oaks and Willow Clinics) – funded 2 full-time pediatric providers, allowed SMC access to LPCH physician recruitment staff to recruit a pediatric endocrinologist and gastroenterologist ∘ Reimbursement for SMC OB-GYN physician services for low-income women who deliver at LPCH Partnership with Ravenswood Family Health Center: ∘ funding to support pediatrician costs, children's dental care, and prenatal nutrition counseling ∘ funding to support installation of NextGen electronic medical record system	∘ Daly City Peninsula Partnership ∘ Daly City Youth Health Center ∘ HIP Housing ∘ Legal Aide Society of San Mateo ∘ Mercy Housing Corp. ∘ Pacifica Collaborative ∘ Peninsula Library System ∘ Ravenswood Family Health center ∘ RotaCare Bay Area, Inc. ∘ Samaritan House RWC Free Clinic ∘ San Mateo Co. Health Services ∘ San Mateo Co. Human Services ∘ Shelter Network ∘ Daly City Youth Health Center ∘ San Mateo County Health System: Clinical Services ∘ San Mateo Medical Center ∘ Children's Health Initiative

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Access to Care	◦ LPCH OB/GYNs, pediatricians, and a nurse practitioner staffing services ◦ Medical-legal advocacy services through a partnership with the Peninsula Family Advocacy Program (SMC Legal Aid) ◦ Mobile Adolescent Health Services: primary treatment and preventative care to homeless and uninsured teens SEQUOIA HOSPITAL ◦ Samaritan House Free Clinic Redwood City: provide mammography, lab, radiology and other out-patient services ◦ Enrollment Assistance for government funded programs ◦ Pharmacy: free presecriptions upon discharge for indigent/needy patients ◦ Med Share equipment donations ◦ Maple Street Shelter food donations ◦ 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 oversite to Redi-wheels program ◦ Health Professionals Education: tudent training in Central Supply, Wound Care, Phlebotomy; Lab Science; Nursing; Paramedics; Clinical Chaplaincy; Pharmacy; Physical Therapy; Physician Assistants; Radiation Oncology; Radiology; Respiratory Therapy ◦ 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 MILLS-PENINSULA HEALTH SERVICES ◦ Supports services for people living in poverty through charity care, partnership with the San Mateo County Health 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 non-profit organizations. ◦ Provides free mammography and follow-up diagnostic services to women who have no health insurance.	

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Alzheimer's Disease	STANFORD HOSPITAL & CLINCIS • Group exercise programs at senior centers that serve primarily low income seniors; breaks the isolation and allows 'external observers' to monitor them on a weekly basis • Chronic conditions workshops at senior centers • See programs under health needs **Access to Care** and **Chronic Disease** KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • Supports transportation options for seniors to access their medical appointments, pharmacies, and follow-up medical care/rehab	• Council on Aging Silicon Valley • The Health Trust – Healthy Aging Initiative • Alzheimer's Association of Northern California • Catholic Charities • Rose Kleiner – Avenidas • Alzheimer's Activity Center • Stanford/Veterans Hospital Alzheimer's Research Center • Senior Coastsiders • East Palo Alto Senior Center • FairOaks Intergenerational Center • Family Caregiver Alliance • Menlo Park Senior Center • Center for Chronic Disease and Injury Prevention (SCC)

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Arthritis	STANFORD HOSPITAL & CLINICS • See programs under health needs **Access to Care** and **Chronic Disease** • Funding for training staff of Ravenswood Family Health Center's Health Promotion Center in Chronic Disease Self-Management program KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • Supports transportation options for seniors to access their medical appointments, pharmacies, and follow-up medical care/rehab MILLS-PENINSULA HEALTH SERVICES • Arthritis and Osteoporosis Center	• Center for Chronic Disease and Injury Prevention (SCC) • Arthritis Foundation

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Cancers	STANFORD HOSPITAL & CLINICS • Funding of the following community organizations to reduce cancer-related health disparities; groups funded include: — 100 Black Men Silicon Valley — Latinas Contra Cancer — Breast Cancer Connections (under/uninsured cancer patients) — Vietnamese Reach for Health Coalition — Indian health Center (American Indian community) — Yu-Ai-Kai (Japanese community) — African-American Community Health Advisory Committee — ICAN – Vietnamese community — Asian Liver Center — Herald Cancer Care Network (Chinese community; conducted in Mandarin) — JoyLife Club (Chinese American community) — West Bay Pilipino Multi-Service Center (Filipino community) — Ravenswood Family Health Center (low-income women, Pacific Islander community) • Stanford Health Library • Stanford Health Library at Ravenswood Family Health Center • Stanford Cancer Supportive Care Program : 34 non-medical support services for cancer patients, family members , caregivers regardless of where patients receive care (imagery, yoga, pilates, support groups, healing touch, art and writing therapy, dietician consults, etc.) • Cancer Clinical Trials Information/Referral Website and Phone Line • Various cancer support groups • Stanford Hospital & Clinics Pain Management Center ST. LOUISE HOSPITAL • Provide care when hospitalized, provide outpatient chemotherapy KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • Support Groups: Prostate Cancer, All Cancer, Breast Cancer EL CAMINO HOSPITAL • Hep B awareness campaign/screenings (liver cancer in at-risk Asian pop) • Free Skin Cancer screenings • Women's services at Mt View RotaCare Free Clinic	• Stanford Cancer Institute • American Cancer Society • Leukemia & lymphoma Society • KARA grief & bereavement counseling • California Children's Services • Pathways Home Health & Hospice • Valley Medical Center • Hospice of the Valley • Cancer Support Community • African-American Community Health Advisory Committee • American Cancer Society • Asian Liver Center • Herald Cancer Care Network • Joy Luck Club • Ravenswood Family Health Center • Relay For Life • Samaritan House RWC Free Clinic • West Bay Pilipino Multi-Svc Center • Center for Chronic Disease and Injury Prevention (SCC)

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Cancers	O'CONNOR HOSPITAL • Cancer support groups LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD • Indirectly by Increasing access to primary care services and insurance programs SEQUOIA HOSPITAL • Women's Breast and Diagnostic Center • Look Good, Feel Better Classes SETON MEDICAL CENTER/SETON COASTSIDE • Health education, nutrition information provided through presentations at community centers and community programs • Health education/nutrition information provided at health focused community events and fairs • Seton Breast Health Center • Support groups • Transportation services • Clinical nutrition counseling MILLS PENINSULA HEALTH SERVICES • Breast Cancer support groups	

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Cardiovascular disease, heart disease, stroke	STANFORD HOSPITAL & CLINICS • See programs under health needs **Access to Care** and **Chronic Conditions** • Stroke education and support groups • Stanford Stroke Center (Comprehensive Stroke Center certification) • Funding for training staff of Ravenswood Family Health Center's Health Promotion Center in Chronic Disease Self-Management program • Stanford Health Library • Stanford Health Library at Ravenswood Family Health Center - free bilingual medical librarian services to research prevention, management, treatment options ST. LOUISE HOSPITAL • Screenings for BP and cholesterol • Educate regarding foods with increased salt • Case management for discharged seniors • Certified stroke center • Provide education to the community KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • Community Health Partnership: Specialty Care Initiative supports community clinics by increasing access among uninsured and underinsured populations. The initiative targets access to care in various specialties such as gastroenterology, orthopedics, neurology, ophthalmology, and cardiology • PHASE Initiative provides protocols to community clinics • 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. • Support (financial and other) for Pacific Stroke Association • Supports transportation options for seniors to access their medical appointments, pharmacies, and follow-up medical care/rehab EL CAMINO HOSPITAL • Primary care, hypertension treatment, hypertension & heart disease case management at Mt View RotaCare Free Clinic	• Community Health Partnership • American Heart Association: • Obesity • Free BP classes & screenings • Stroke Awareness Foundation • American Heart Association • Peninsula Stroke Association • Arbor Free Clinic • Community Centers • East Palo Alto Senior Center • Fairoaks Intergenerational Center • Get Healthy San Mateo County • Local Parks and Recreation • Menlo Park Senior Center • Over Eaters Anonymous • Ravenswood Family Health Center • Samaritan House RWC Free Clinic • San Mateo County Streets Alive! Parks Alive! • School Districts • Serramonte Shopping Center • YMCA • Center for Chronic Disease and Injury Prevention (SCC)

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Cardiovascular disease, heart disease, stroke	◦ Primary care, hypertension & heart disease case management at Valley Health Center, Sunnyvale ◦ Primary care, hypertension & heart disease case management at Mayview Community Health Center ◦ Primary care, hypertension & heart disease case management at AACI clinic ◦ Senior Case Management program funding to Mountain View Community Services Agency ◦ South Asian Heart Center – Screening and consultations, physician and community awareness initiative to educate re: pronounced prevalence of heart disease in the South Asian population. ◦ Sunnyvale health and safety fair / YMCA screenings ◦ Roadrunners transportation ◦ Certified stroke center ◦ free blood pressure screenings at Health Resource Center ◦ Blood Pressure, cholesterol & glucose screenings at health fairs ◦ Peninsula Stroke Association ◦ Support to Sunnyvale Community Services for medication bills ◦ Transportation support to medical appointments O'CONNOR HOSPITAL ◦ Staff members on American Heart Association speakers' panel ◦ Free blood pressure screenings ◦ Stroke support group ◦ Certified stroke center ◦ Cardiac Rehab Center ◦ Staff member on Board of Stroke Awareness Foundation ◦ Community lectures on stroke, hypertension, heart disease ◦ Blood pressure, cholesterol, and glucose screenings at health fairs SEQUOIA HOSPITAL ◦ Congestive Heart Failure Classes ◦ Stroke Center ◦ Community Screenings for Blood Pressure: — Fair Oaks Intergenerational Center (Redwood City) — Little House (Menlo Park) — San Carlos Adult Community Center — Twin Pines Senior Center (Belmont) — Veterans Memorial Senior Center and Adaptive Physical Education (Redwood City) — Mid-Peninsula Housing (Menlo Park) ◦ Individual Cardiovascular counseling ◦ Cardiac Rehabilitation	

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Cardiovascular disease, heart disease, stroke	SETON MEDICAL CENTER/SETON COASTSIDE • Heart Healthy Exercise: Ongoing exercise and education programs with high blood pressure , high cholesterol, diabetes as well as those who are obese or sedentary • Cardiac Rehabilitation • Walk About: walking and fitness program. • Talk About: blood pressure screening and health education • Health Benefits Resource Center: Cal Fresh Enrollment • Cardiac Support Group • Health education, nutrition information provided through presentations at community centers and community programs • Low cost cholesterol and diabetes screenings • Health education/nutrition information provided at health focused community events and fairs MILLS PENINSULA HEALTH SERVICES • Annual heart screenings in partnership with the African-American Community Health Advisory Committee and in collaboration with local churches • Regular screenings through the Senior Focus program	

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Chronic Disease	STANFORD HOSPITAL & CLINICS • Chronic Disease Self-Management workshops at various senior centers (free of charge) • Funding for training staff of Ravenswood Family Health Center's Health Promotion Center in Chronic Disease Self-Management program • Stanford Health Library • Stanford Health Library at Ravenswood Family Health Center • Lifeline (in-home emergency response service for seniors regardless of ability to pay) • Stanford Hospital & Clinics Pain Management Center • See programs under health need **Access to Care** KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • Supports transportation options for seniors to access their medical appointments, pharmacies, and follow-up medical care/rehab • Provides funding of a case manager to provide Chronic Disease Management at the Safe Harbor Homeless Shelter SEQUOIA HOSPITAL • Live Well Workshops: Managing Chronic Disease (collaboration with Sequoia Healthcare District) • Support groups: — Hepatitis C — Meniere's Disease — Osteoporosis — Pain Management — Pacific Chapter, Neuropathy Association	• East Palo Alto Senior Center • FairOaks Intergenerational Center • Menlo Park Senior Center • Mountain View Senior Center • Avenidas • Mountain View Community Services • Hospital Emergency Departments • Self-Help for the Elderly (San Mateo, Daly City) • Center for Chronic Disease and Injury Prevention (SCC)

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Diabetes	STANFORD HOSPITAL & CLINICS • Indirectly through improving access to care health initiative (funding covers patients with diabetes at partners clinics) • Chronic disease self-management workshops at various senior Centers (free program) • Mayview Community Health Center grant includes funding for Quality Assurance program with a focus on improving diabetes markers in patients with diabetes • Stanford Health Library • Stanford Health Library at Ravenswood Family Health Center - free bilingual medical librarian services to research prevention, management, treatment options • Funding for training staff of Ravenswood Family Health Center's Health Promotion Center in Chronic Disease Self-Management program ST. LOUISE HOSPITAL • 5 year grant for promotoras providing free diabetes education in the Hispanic community (covers screenings, meters, strips to uninsured in program) • Grant for ½ time Promotora Coordinator KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • AACI: Quality Improvement Initiative (support for staffing, processes, tools and infrastructure to improve both access & quality of care for disadvantaged patients) • Community Health Partnership • MayView Community Health Center: Quality Improvement Initiative (support for staffing, processes, tools and infrastructure to improve both access and quality of care provided to disadvantaged patients). • School Health Clinics of Santa Clara County: Quality Improvement Initiative (support for staffing, processes, tools and infrastructure) • Children's Health Plan (diabetic services) • Kaiser Kids • Fills insurance gaps for adults and children through a variety of programs e.g. Medical Financial Assisitance, STEPS (dues subsidy program), Kaiser Permanente Children's Health Plan, MediCAL • Financially supports through its grants program - The San Mateo Children's Health Initiative as well as other local insurance enrollment efforts through community service agencies • Collaboration with HBO, CDC, and the NIH helped produce a series of documentaries called "Weight of the Nation" (addresses the nationwide Obesity Epidemic)	• Genentech promotoras grants • Daughters of Charity Foundation grants • Community Health Partnership and related clinics (Mayview, Indian Health Center, Gardner Health Center, Valley Health Center, School Health Clinics of SCC • Silicon Valley American Diabetes Association • RotaCare Free Clinics (12 clinics) • East Palo Alto Center Center • FairOaks Intergenerational Center • Get Healthy San Mateo County • Local Parks and Recreation Departments • Menlo Park Senior Center • Over Eaters Anonymous • Pre-to-3 Program • Project HEAL :Health Environment Agriculture Learning • Police Athletic League • San Mateo County Streets Alive! Parks Alive! • Serramonte Shopping Center • School Districts • YMCA • WIC Food and Nutrition Services • Valley Medical Center – Diabetes Center • Good Samaritan Health System: Diabetes Resource Center • The Diabetes Law Collaborative (medical-legal partnership between the Law Foundation of Silicon Valley & Diabetes Center at Santa Clara Valley Medical Center) • Community Wellness and Outreach Department of Indian Health Center • Center for Chronic Disease and Injury Prevention (SCC)

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Diabetes	• Provides funding of a case manager to provide Chronic Disease Management at the Safe Harbor Homeless Shelter • Shares diabetes care management protocols broadly and offers clinical expertise to providers in the community • Financially supports RotaCare, Bay Area (free clinics in Half Moon Bay and Daly City) EL CAMINO HOSPITAL • Diabetic treatment & case management at Mt View RotaCare Free Clinic • Primary care & diabetic case management at Valley Health Center in Sunnyvale • Primary care & diabetic case management at Mayview Community Health Center • Primary care & diabetic case mgmt at AACI clinic (San Jose) • Health Kids (access to primary care and weight management classes) • School nurses (8) and health clerks in 5 school districts (responsible for management of diabetic students) LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD • For children, diabetes is so closely related to pediatric obesity that LPCH chose to focus on the prevention of pediatric obesity as a means of preventing pediatric diabetes (see health need **Obesity** for investments) O'CONNOR HOSPITAL • Residency training program rotation (residents learn to care for individuals living with diabetes and teach self-care management) • Diabetes support groups SEQUOIA HOSPITAL • Samaritan House Free Clinic Redwood City • Enrollment Assistance for government funded programs • Pharmacy: free presecriptions upon discharge for indigent/needy patients. • Med Share equipment donations • Maple Street Shelter food donations. SETON MEDICAL CENTER/SETON COASTSIDE • Health Benefits Resource Center (free assessments, referrals to community resources and assistance in completing applications for free and low cost health insurance) • Saint Elizabeth Ann Seton New Life Center (comprehensive perinatal services for low income women, including physician care, childbirth and parenting, nutritional counseling, social services, etc)	

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Diabetes	◦ RotaCare free Clinic at Seton Medical Center (funding, labs, diagnostic services, xrays, facility use for the urgent medical care free clinic) ◦ Coastside RotaCare Free Clinic (diagnostic services, labs, xrays and pharmaceuticals) ◦ Financial counselors to assist Coastside residents with information and applications for health insurance coverage ◦ Seton Health Sciences Library ◦ Charity Care, Unreimbursed costs of public programs ◦ Health Professionals Education (student training in Central Supply, Wound Care, Phlebotomy; Lab Science; Nursing; Clinical Chaplaincy; Pharmacy; Physical Therapy; Wound Care, Radiation Oncology; Radiology; Respiratory Therapy) MILLS-PENINSULA HEALTH SERVICES ◦ Diabetes education programs, including a special series for seniors ◦ Hosts educational events and screenings for African American, Hispanic and Pacific Islander communities	

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Mental Health	STANFORD HOSPITAL & CLINICS • See programs under health needs **Access to Care** ST. LOUISE HOSPITAL • Support of and referrals to community agencies providing services EL CAMINO HOSPITAL • Counseling services at all high schools in Campbell USD (EMQ Families First) • Counseling services at all Sunnyvale School District schools (CHAC) • Counseling services at Mt View Los Altos School District (CHAC) • Counseling at Mountain View Whisman School District (CHAC) • Momentum for Mental Health (includes psychiatric care, medication management and medications) • Peer Pals program through NAMI (support for individuals with mental health problems) • Peninsula Healthcare Connection (psychiatric care and medication management for primarily homeless individuals) • Counseling services for uninsured patients Mt View RotaCare Free Clinic • Early Head Start Program (includes access to mental health services) • Primary care integrated with mental health at Valley Health Center • Packard Teen Van at Mountain View Los Altos School District (counseling services as part of health services offered on van) LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD • Sources of Strength: Comprehensive wellness program (peer leadership and mentoring for positive mental health outcomes and suicide prevention; Palo Alto Unified School District) • Health Care Alliance for Response to Adolescent Depression (increases awareness of mental health disorders, decrease the stigma and increase portals of access for treatment) • Project Safety Net: comprehensive, community-based mental health plan for overall youth well-being in Palo Alto • Leadership on the Project Cornerstone Advisory Council • Packard Children's community benefit focus area: Improving the Social and Emotional Health of Youth	• Adolescent Counseling Services (in Palo Alto) • AACI victims of torture/trauma center • VHC Sunnyale • South County Self-Help Center, including peer mental health support groups (in Gilroy) • Community Solutions • Rebekah's in Gilroy • Discovery in Morgan Hill • NAMI SCC • Family & Children Svcs • Project Safety Net • Health Care Alliance for Response to Adolescent Depression (HEARD) • Kids in Common: Children's Agenda • Project Cornerstone • FIRST 5 SCC: Expanded centralized referral system for screening of children with suspected developmentaL/social delays into the Mental Health Department Call Center • SCC Mental Health Department: School Linked Services and Mental Health Services Act (Prop 63) services starting in schools • SCC Public Health Department CTG grant focusing on: - increasing number of students in South County who have access to resources for social and emotional wellness - increase the number of teachers and school staff in Gilroy and Morgan Hill Unified School Districts with capacity to provide evidence-based programs for middle/elementary students that focus on social emotional wellness - increase number of staff at youth serving organizations who have capacity to implement evidence-based programs that develop social/emotional assets in youth and young adults • ACT for Mental Health • Asian Americans for Community Involvement • Bill Wilson Center • Billy DeFrank LGBT Community Center • Casa de Clara • Catholic Charities • Center for Health & Wellness • Central Wellness & Benefits • Centro de Bienestar-Gardner Health Center • Chamberlain's Mental Health • Community Health Awareness Council Community Solutions

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Mental Health	• Mobile Adolescent Health Services for homeless and/or uninsured teens (includes mental health counseling and referrals) • Funding for the 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 Programs: to address drivers of substance abuse, including lack of coping skills and mental health issues • Pediatric Resident Advocacy mini-grant to determine the effectiveness of a mindfulness training program in incarcerated youth in SMC SEQUIOA HOSPITAL • Parenting and post-partum support groups • Bereavement Programs with Pathways Hospice • Space for Food Addicts Anonymous groups at Health & Wellness Center KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • Supports programing 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 MILLS-PENINSULA HEALTH SERVICES • Supports mental health concerns through grant funding of non-profit organizations including Rape Trauma Services, Pyramid Alternatives, El Centro de Libertad, Women's Recovery Services and senior mental health programs	• Family & Children Services • Gardner Family Health Center • Gateway-Department of Alcohol & Drug Services • Grace Adult Day Health Center • Indian Health Center • Jewish Family & Children's Services • Josefa Chaboya de Narvaez Mental Health • Lucile Packard Children's Health Services • Mekong Community Center • Momentum-Alliance for Community Care • Oasis/Catholic Charities • PACE Clinic • San Jose Foothill Family Community Clinic • Sunnyvale Behavioral Health • AchieveKids • Children's Health Council • Downtown Mental Health Center • Eastfield Ming Quong (EMQ) • EastValley Mental Health Center • Emergency Housing Consortium Fair Oaks Mental Health • Grace Community Center • HOPE Counseling Center (HOPE Rehab Services) • InnVision Julian Street Inn • Mental Health Clinic at Juvenile Hall • Las Plumas Mental Health • Mental Health Advocacy Project • North County Mental Health Center (SCC) • South County Mental Health Center (SCC) • Rebekah Children's Services • Ujima Youth Program • Mental Health Association of San Mateo County • Asian Counseling Services, Menlo Park • National Alliance on Mental Illness (NAMI) – SMC • Sequoia Teen Wellness Center • Daybreak • Your House • SMC Mental Health Care & Counseling Services — Central County - San Mateo — Coastside - Half Moon Bay — East Palo Alto Community Counseling Center — North County - Daly City — South County – Redwood City • Heart and Soul • Voices of Recovery San Mateo County • Baden Therapeutic Day School • Edgewood Center for Children and Families • Serramonte Therapeutic Day School • Skyview Therapeutic Day School • Woodside Therapeutic Day School

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Mental Health		• Youth Service Bureaus of the YMCA • Caminar: Redwood House • Cordilleras Mental Health Services • Adolescent Counseling Services • Bayview Hunters Point Foundation: Youth Services • Daly City Youth Health Center • Epiphany Center • Fred Finch Youth Center • Starvista: Insights • Youth Service Bureaus of the YMCA • Mateo Lodge • Mills-Peninsula Health Services: Behavioral Health Department • Our Common Ground, Inc. • San Mateo Health System: Canyon Oaks Youth Center • Stamp Out Stigma • El Centro De Libertad (Freedom Center) • Nami Peer to Peer Education Program • Pyramid Alternatives • Senior Peer Counseling • Sitike Counseling Center • Catholic Charities of San Mateo County, Daly City, San Mateo • CHADD of Mid-Peninsula • Daly City Community Service Center, Daly City • Family Service Mid-Peninsula, Palo Alto • Mental Health Association of San Mateo County, Redwood City • Pacific Youth Service Bureau • Peninsula Association for Retarded Children and Adults (PARCA) • ReCare, Burlingame • Redwood City Elementary District Family Focus for School Success • Sor Juana Ines Services • San Mateo Human Services Agency: Children's Services Intake • Touchstone Support Network, Palo Alto • Vet Center, Burlingame • Veterans Service Office of San Mateo County Health Services Agency, Aging and Adult Services, San Mateo • Peninsula Conflict Resolution • Rape Trauma Services • Women's Recovery Services

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Obesity	STANFORD HOSPITAL & CLINICS • Adults: Improving Access to Primary/Preventive Care • Adults: Strong for Life (free exercise classes at seniors centers) • Stanford Health Library (free health information and assistance) ST. LOUISE HOSPITAL • SNAP-ED grant (nutritional education to low-income) • Provide financial support to activities in the school district and private organizations that promote exercise • Health Benefits Resource Center (insurance and CalFresh enrollment assistance onsite and in the community) KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • Community Benefit Funding: — Alum Rock Union School District: Healthy Eating Active Living — BAWSI Girls in Gilroy and Santa Clara (physical activity for 3rd-5th grade girls at 6 schools) — Breathe CA: Let's Get Moving to School (5 schools, increases number of students who walk and bicycle to school). — Children's Discovery Museum: Rainbow Market Project (new exhibit to support children and families in exploring healthy eating) — Choices for Children: 5 Keys for Child Care (online training module for child care providers to improve feeding knowledge and behaviors) — Community Alliance with Family Farmers (CAFF) Foundation: Expanding Farm to School — County of Santa Clara Parks and Recreation Department: Healthy Trails Program, Bilingual Outreach. — Generations Community Wellness: Sunnyvale School District Wellness Project — Somos Mayfair: In Our Hands, Family Wellness Initiative (foster daily exercise, guided by Promotores, in San Jose Mayfair neighborhood) — Sunnyvale Community Services: Fresh From the Farm (provides low-income families fresh produce, nutrition education, farm and gardening experiences, and community-building activities) — Veggielution: Healthy Food Access and Engagement for Low-Income Families (hands-on learning, physical activity, fresh fruits & veg for individuals & families in low-income East San Jose neighborhoods) • Second Harvest Food Bank: Outreach/application assistance to low-income people: reduce hunger & improve access to CalFresh benefits • Bay Area Nutrition & Physical Activity Collaborative: Pledge the Practice, Pass the Policy Initiative (works with non-profit and government organizations to adopt healthy food and beverage policies for employees and clients). • Farmer's Markets at KP facilities open to the community • KP Educational Theatre Program that delivers obesity prevention programming and messaging to schools and in the community • Funds Obesity related/ educational, physical fitness, nutritional programs through its annual grants program. • San Mateo County Health Dept • Healthy Weight Collaborative	• Get Healthy San Mateo County • Local Parks and Recreation Departments • Over Eaters Anonymous • Pre-to-3 Program • Project HEAL :Health Environment Agriculture Learning • Police Athletic League • San Mateo County Streets Alive! Parks Alive! • Serramonte Shopping Center • School Districts • YMCA • WIC Food and Nutrition Services • Second Harvest Food • FIRST 5 Santa Clara County: — Early Childhood Feeding Practices Classes ("5 Keys") for parents — Breastfeeding Program — Mini-grants fund Family Resource Centers for nutrition and physical activity programming • The Health Trust: — Silicon Valley HealthCorps develop community & school based gardens and farm to school programs in SCC — California WALKS Program — TransForm Project (policy advocacy and community engagement) — CAFF (school food procurement and preparation policies shift to locally sourcing in the Moreland School District and Gilroy USD — Our City Forest — Valley Medical Center Fndn (farmers market etc., model for integrating into SCC services & programs). — SJ Dept of Parks, Rec & Neighborhood Services (exercise programs at 21 senior centers in SJ). • Silicon Valley Community Foundation: — St. Joseph's Family Center (food resources & better nutrition for very low income families in south SCC) — Sunnyvale Community Services (emergency assistance for low-income families & seniors) — Pacific Institute (capacity building to advance public health & environmental justice in land use & transportation planning) • Indian Health Center • Sunnyvale Collaborative • Somos Mayfair Wellness Initiative • PHD Winnable Battles • SNAP-ED grant • Packard Foundation: funding nutrition and physical activity at FIRST 5 Family Resource Centers • SCC Public Health Department: - Nutrition education in the community grant for next 4 years - CTG grant focusing on implementing healthy meeting guidelines for South County based community organizations and worksites adopting healthy vending machine guidelines - CTG grant focusing on increasing number of elementary schools in Gilroy and Morgan Hill Unified School Districts that offer access to healthy food and beverages and increased opportunities for physical activity

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
	• KP 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. • KP Program wide is introducing a THRIVING SCHOOLS initiative which will offer free resources to school staff and students addressing physical activity and nutrition • Funds Obesity related/ educational, physical fitness, nutritional programs through its annual grants program. • KP has an on-going wellness initiative that impacts 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 Dept. • Healthy Weight Collaborative • KP 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. EL CAMINO HOSPITAL • Healthy Kids weight management classes • Playworks at 8 low income elementary schools • 5210 Health awareness initiative at 9 elementary schools (includes information on nutrition and physical activity for students and parents) • HealthTeacher health curriculum program in numerous school districts • Services at West Valley Community Services (includes the Raising a Healthy Eater Program) • Lucile Packard Van services in the Mountain View Los Altos School District (includes nutrition and weight management counseling) • BAWSI program at 2 low-income schools (physical activity for girls) O'CONNOR HOSPITAL • Health Benefits Resource Center (insurance and CalFresh coverage for uninsured at hospital and in the community) • Residency training program rotation where residents learn to care for obese individuals and teach self-care management LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD • Pediatric Weight Control Program (scholarships for low-income families) • Mobile Adolescent Health Services for homeless and/or uninsured teens. In addition to acute care and injury prevention, the Teen Van (primary care services and nutrition counseling) • Nutrition education in the School Health Clinics of Santa Clara County • Leadership in three community collaboratives addressing obesity prevention (Get Health San Mateo County Task Force, Bay Area Nutrition and Physical Activity Collaborative and	- CTG grant focusing on increasing number of cities in South County that offer increased opportunities for healthy eating/active living as well as healthy food and beverage procurement policies • Get Health San Mateo County Task Force • Bay Area Nutrition and Physical Activity Collaborative • Santa Clara County Office of Education's Coordinated School Health Advisory Council

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
	Santa Clara County Office of Education's Coordinated School Health Advisory Council) • HealthTeacher: online health curriculum for all K-12 public schools in Santa Clara County • Access for low-income families to the LPCH Pediatric Weight Control Program (full and partial scholarships) • Youth Health Literacy Collaborative: In collaboration with El Camino Hospital, LPCH provides funding and license rights for all public schools in South SMC (Redwood City, Menlo Park, Portola Valley, and East Palo Alto) • 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) • Provides community education programs for parents, caregivers, and children on 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 the free/reduced lunch programs are not provided SEQUOIA HOSPITAL • Diabetes Weight Management Program • Collaboration with Fair Oaks Intergenerational Center Breakfast Program • Collaboration with St. Anthony's Padua Dining Room. • Make Time for Fitness Walking Courses at all RCSD campuses; Red Morton Park (RWC); Burton Park, San Carlos • Make Time for Fitness for RCSD • 4th grade (Eat Healthy, Stay Active, Be Tobacco Free) • Member: RCSD Wellness Committee; SUHSD Wellness Advisory Committee; Get Healthy Steering committee. • Lactation Education Center Breastfeeding Advice Community "calm line" SETON MEDICAL CENTER/SETON COASTSIDE • Heart Healthy Exercise • Exercise and education programs for high blood pressure, high cholesterol, diabetes, obesity, sedentary lifestyle • Walk About: Twice weekly walking and fitness program • Monthly Talk-About (blood pressure screening and health education) • Health Benefits Resource Center: Cal Fresh Enrollment • Health education, nutrition information provided through presentations at community centers, community programs, health-focused community events and fairs • Seton/Seton Coastside Wellness Committee • Peninsula Stroke Association support • Annual Heart Walk • Get Healthy San Mateo County	

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Respiratory conditions (COPD, asthma)	STANFORD HOSPITAL & clinics • See programs under health needs **Access to Care** and **Chronic Disease** • Stanford Health Library: info and librarian asst for tx/mgmt. • Improving access to care initiative (RFHC, SH RWC Free Clinic, Arbor Free Clinic) • Access to free, bilingual medical librarian for research/info on resp conditions ST. LOUISE HOSPITAL • Pulmonary Rehabilitation Program EL CAMINO HOSPITAL • Asthma case management by school nurses in five districts we fund. • Part of access to care provided at RotaCare, Mayview and Valley Health Center Sunnyvale. LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD • Indirectly by increasing access to primary care and insurance programs SEQUOIA HOSPITAL • Smoking Cessation Classes with Breathe California • Redwood City School District Tobacco Awareness with 4th grade students. • Asthma Education for coaches, nurses, 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	• Breathe CA • Vietnamese Reach for Health Coalition • Tobacco Free Coalition SCC • Allergy & Asthma Associates of Santa Clara Valley Research Center • CA Smokers Helpline • 2nd Hand Smoke Helpline • Pharmaceutical companies (drug program assistance grants) • Valley Medical Center • Arbor Free Clinic • Ravenswood Family Health Center • Samaritan House RWC Free Clinic

Community Assets San Mateo and Santa Clara counties

Health Need	Hospital Investments	Community Assets
Unintended injury (falls)	STANFORD HOSPITAL & CLINICS • Farewell to Falls: free, in-home, year-long fall prevention program • Strong for Life: free group exercise program provided at various seniors centers (strength, mobility, balance, maintain independence) • Matter of Balance: free group fall prevention program provided at various senior centers • Chronic Disease Self-Management workshops provided free of charge at various senior centers • Support for Santa Clara County Fall Prevention Task Force • Support for San Mateo County Fall Prevention Task Force • Stanford Health Library • Stanford Health Library at Ravenswood Family Health Center • Lifeline (in-home emergency response service available to seniors regardless of their ability to pay) KAISER PERMANENTE (SAN JOSE, SANTA CLARA, REDWOOD CITY, SOUTH SAN FRANCISCO) • Support for Fall Prevention Task Force of San Mateo County • Supports transportation options for seniors to access their medical appointments, pharmacies, and follow-up medical care/rehab EL CAMINO HOSPITALS • Supports SCC Falls Collaborative SEQUOIA HOSPITAL • San Mateo County Fall Prevention Task Force (in-kind and financial support) • Fall Prevention classes for seniors • Collaboration with Stanford for Matter of Balance Instructor training & classes for southern San Mateo County	• The Health Trust –Healthy Aging Initiative • Council On Aging Silicon Valley • Avenidas • AARP • Hospital Emergency Departments • Valley Medical Center • AACI (Asian Americans for Community Involvement) • Catholic Charities • San Jose State University • EMS Ambulance services • SCC Public Health Department • Community colleges/ University PT, OT student training programs • Senior health care plans • SCC Falls Collaborative • East Palo Alto Senior Center • FairOaks Intergenerational Center • Menlo Park Senior Center • San Mateo County Fall Prevention Task Force • Self-Help for the Elderly (San Mateo, Daly City) • Center for Chronic Disease and Injury Prevention (SCC)