

2013 Community Health Needs Assessment

Health & Quality of Life in San Mateo County



Sponsored by
**The Healthy Community
Collaborative of San Mateo County**

Executive Summary

Winter 2013

We are pleased to deliver the seventh Community Health Needs Assessment of the San Mateo County Community. The main objective of this report is to gain insight into current conditions and trends of various health indicators and to identify areas for improvement. The data provides a lens through which the overall health and well-being of county residents can be assessed. It is our hope that the identified findings, opportunities and challenges found in this report will serve as a planning tool for key stakeholders to make data-driven policy recommendations that can efficiently and effectively meet the needs of county residents. In addition, key stakeholders need to continue to inspire new programs and services that focus on the most critical health care needs of our diverse population, and improve the health and quality of life in San Mateo County.

The assessment highlights that in many areas San Mateo County residents are healthier than in many other places. However, the data also demonstrates that preventable diseases are on the rise and so we must do more to prevent these diseases from occurring in the first place. It also shows that health is not distributed evenly across the population and there are many communities that still do not experience good health and a high quality of life. This is why most indicators are reported on by race/ethnicity, income, gender and in some cases, age as well as region of the county. We hope that this report can be used by the community to build on its strengths and focus on ongoing efforts on the key health problems experienced by people living here.

Many of the health issues presented here are complex and interrelated, and require changes in public policy, the environment and the health care system. We strongly encourage every resident to get involved in their community to make sure that every policy decision prioritizes health. We must work across all sectors to make the healthy choice the easy choice for everyone in San Mateo County.

A copy of the executive summary and the complete report with detailed statistical findings and analysis is available at various websites, including:

<http://smchealth.org/node/115>
www.plsinfo.org/healthysmc/
www.hospitalconsort.org

Sincerely,

*The Healthy Community Collaborative
of San Mateo County*

ACKNOWLEDGEMENTS

Healthy Community Collaborative Members and Partners 2013

The needs assessment could not have been completed without their collaborative efforts, tremendous input, many hours of dedication from our members, and financial support from our members and community partners. We wish to acknowledge the following organizations and their representative's contributions by promoting the health and well-being of San Mateo County.

- ❑ **Sequoia Hospital**
Marie Violet, Co-Chair, Healthy Community Collaborative
Director, Health and Wellness Services
marie.violet@dignityhealth.org
- ❑ **San Mateo County Health Department**
Scott Morrow MD, MPH, MBA, FACPM, Co-Chair,
Healthy Community Collaborative
Health Officer, San Mateo County Health System
smorrow@smcgov.org
- ❑ **Health Plan of San Mateo**
Daisy Liu, Health Educator, Quality Improvement
daisy.liu@hpsm.org
- ❑ **Hospital Consortium of San Mateo County**
Francine Serafin-Dickson, Executive Director
fsdickson@hospitalconsort.org
- ❑ **Kaiser Permanente, San Mateo Area**
Stephan Wahl, Community Health and Benefit Manager
stephan.wahl@kp.org
- ❑ **Lucile Packard Children's Hospital at Stanford**
Candace Roney, Executive Director, Community Partnerships
Colleen Haesloop, Project Manager, Community Partnerships
chaesloop@lpch.org
- ❑ **Mills-Peninsula Health Services**
Margie O'Clair, Vice President, Marketing, Communications and Public Affairs
oclair@sutterhealth.org
- ❑ **Peninsula Health Care District**
Cheryl Fama, Chief Executive Officer
cheryl.fama@peninsulahealthcaredistrict.org

- San Mateo County Health Department**
 ST Mayer, Director of Health Policy and Planning
smayer@smcgov.org
- San Mateo County Human Services Agency**
 Jessica Silverberg, Management Analyst,
 Policy Planning and Quality Management

 William Harven, Management Analyst, Policy,
 Planning and Quality Management, Human Services Agency
wharven@co.sanmateo.ca.us
- San Mateo Medical Center**
 Karen Pugh, Communications Manager
Kpugh@smcgov.org
- Seton Medical Center**
 Jan Kamman, Director, Physician, Business and Community Engagement
jankamman@dochs.org
- Silicon Valley Community Foundation**
 Erica Wood, Vice President of Community Leadership and Grantmaking
ekwood@siliconvalleycf.org
- Stanford Hospital and Clinics**
 Sharon Keating-Beauregard, Executive Director
 Community Partnership Program
shbeauregard@stanfordmed.org

INTRODUCTION

SCOPE OF THIS ASSESSMENT

About the Assessment Effort

The Healthy Community Collaborative of San Mateo County is a group of San Mateo County organizations formed in 1995 for the purpose of identifying and addressing the health needs of the community. As in 1995, 1998, 2001, 2004, 2008 and 2011, the Collaborative has come together once again to conduct a community needs assessment of San Mateo County as a follow-up to these earlier studies and to continue to address and serve the health needs of the community based on longitudinal data and trends. In addition, the Hospital Consortium of San Mateo County, which includes the leadership of the local hospital and the local Health System (Department), provides direction to the Collaborative regarding county-wide priority health initiatives.

Note that for the purposes of this assessment, “community health” is not limited to traditional health measures. This definition includes indicators relating to the quality of life (e.g., affordable housing, child care, education and employment), environmental and social factors that influence health, as well as the physical health of the county’s residents. This reflects the Collaborative’s view that community health is affected by many factors and cannot be adequately understood without consideration of trends outside the realm of health care.

The 2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County is designed to serve as a tool for guiding policy and planning efforts, and the information provided here should be used to formulate strategies to improve the quality of life for San Mateo County residents. For participating not-for-profit hospitals, this assessment will also serve to assist in developing Community Benefit Plans pursuant to California Senate Bill 697, as well as assist in meeting IRS requirements for Community Health Needs Assessment pursuant to the Patient Protection and Affordable Care Act of 2010.

In conducting this assessment, the goals of the Healthy Community Collaborative are twofold:

- To produce a functional, comprehensive community needs assessment that can be used for strategic planning of community programs and as a guideline for policy and advocacy efforts; and
- To promote collaborative efforts in the community and develop collaborative projects based on the data, community input, identified service gaps, and group consensus.

As with prior community assessment efforts, it is anticipated that we will be able to identify not only what problems need to be addressed, but also the strengths of San Mateo County. This assessment builds on previous research conducted to this end.

About This Summary

This report brings together a wide array of community health and quality of life indicators in San Mateo County gathered from both primary and secondary data sources. As with previous assessments, this project was conducted by Professional Research Consultants, Inc. (PRC) on behalf of the Healthy Community Collaborative of San Mateo County. In addition, for this report secondary data collection, analysis and integration was conducted by Donovan Jones, Independent Consultant.

This summary, as well as the full report are available at various public and health libraries. These can also be downloaded on the Internet at www.smchealth.org or www.plsinfo.org/healthysmc or www.hospitalconsort.org.

COMMUNITY DESCRIPTION

Occupying 531 square miles, San Mateo County is characterized by its geographic contrasts. The County is bound on the west by the Pacific Ocean, on the east by San Francisco Bay, to the north by San Francisco City and County, and to the south by Santa Clara County (Silicon Valley). The County is often referred to as the Peninsula. The dense urbanization of the Bay Area Corridor stand in marked contrast to the agricultural, parks and preserves, and undeveloped lands of the rural Coastside regions.

San Mateo County's population was 719,467 in 2010 and is expected to increase 10.4% from 2010-2050. Older adults will make up nearly 30% of the population by the year 2030. Over the next several decades, the White population is expected to decrease considerably (decreasing nearly 50% between 2000 and 2040), while Hispanic and Asian/Pacific Islander populations are expected to increase dramatically. By the year 2040, each of these will represent a greater share than the White population, with Hispanics representing a majority. In 2011, 24.4% of San Mateo County enrollees in colleges and universities were English Learners (EL), compared to 23.2% statewide. Historically, San Mateo County has had a lower average than the state; however, beginning in 2009, the San Mateo County average has surpassed the state average and has remained higher.

From a low 2% in 1999, San Mateo County's unemployment rate rose to a high of 5.8% in 2003; and to another high of 8.9% in 2010, all the while, remaining below the statewide unemployment rate. Unemployment estimates by city vary widely within the county, ranging from 3.1% in Hillsborough to 17.0% in East Palo Alto (June 2011). Between 2011 and 2016, employment growth is expected to be led by the professional services, transportation and warehousing, information and retail trade sectors, which combined will account for 73% of employment growth. The farm, manufacturing, and financial activities sectors are expected to have moderate declines in employment during this period.

Average salaries, adjusted for inflation, are currently well above the California average, and will remain so over the forecast horizon of 2040. The cost of living is higher in San Mateo County than almost anywhere else in the nation. A single parent with two children must earn approximately \$78,000 annually to meet the family's basic needs. San Mateo County's rental and child-care costs exceed the state's average. A total of 18.9% of San Mateo County adults live below 200% of the Federal Poverty Level (FPL), according to reported household incomes and household sizes. Among respondents with a high school education or less, 45.5% report living below the 200% FPL threshold, compared to only 13.7% of those with education beyond high school. Black and Hispanic respondents have higher proportions of living within the FPL than White or Asian/Pacific Islander respondents.

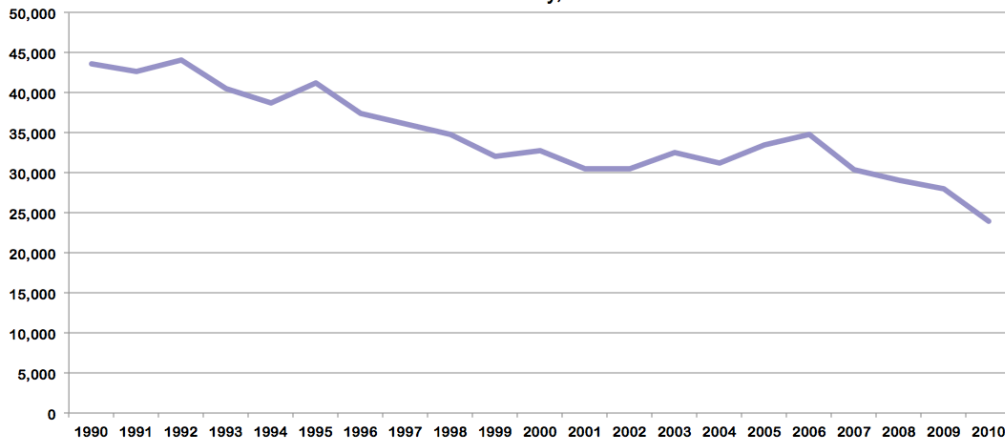
EXECUTIVE SUMMARY

Key Finding #1 – On the whole, San Mateo County is doing very well, having taken advantage of several key assets including location, economic policies, support for education at all levels, and support for diversity.

- ▣ **Years of Potential Life Lost (YPLL) have decreased dramatically.** The total number of YPLL for all causes has declined from 43,674 in 1990 to 23,914 in 2010 in San Mateo County.

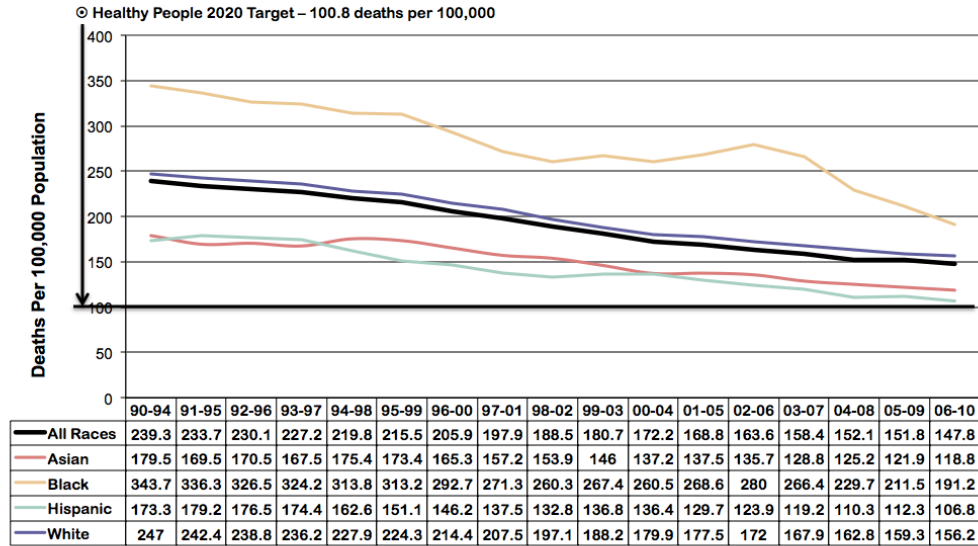
Total Years of Potential Life Lost – All Causes

San Mateo County, 1990-2010



Source: • California Department of Health Services, Center for Health Statistics, Death Records 1990-2010

Heart Disease Mortality by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1990-2010



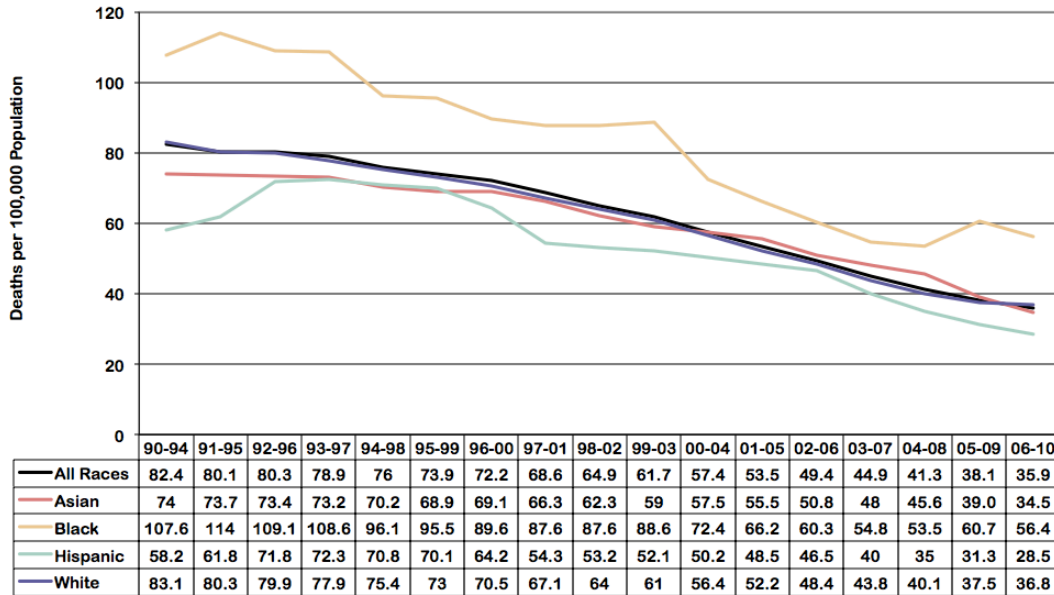
Source: ● California Department of Health Services, Center for Health Statistics, Death Records 1990-2010

Notes: ● Rates and age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 0.9981

- Heart disease and cerebrovascular disease mortality have decreased dramatically.** The heart disease mortality rates distribution by gender and racial/ethnic groups mirrored the overall mortality rate. The heart disease mortality rates for Blacks decreased from 343.7 from 1990-1994 to 191.2 during 2006-2010, and the rates for Whites decreased from 247.0 in 1990-1994 to 156.2 during 2006-2010. The rate for Asians (118.8) and Hispanics (106.8) remained significantly lower than the rate for Black and Whites during 2006-2010. During 2006-2010, the San Mateo County cerebrovascular disease mortality rate of 35.9 achieved the Healthy People 2020 target of 33.8. The local overall rate has decreased from 82.4 during 1990-1994 to 35.9 during 2006-2010. The rate of cerebrovascular disease mortality among Blacks declined from 107.6 during 1990-1994 to 56.4 during 2006-2010 and should meet the Healthy People target in the next few years.

Cerebrovascular Disease Mortality by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2010

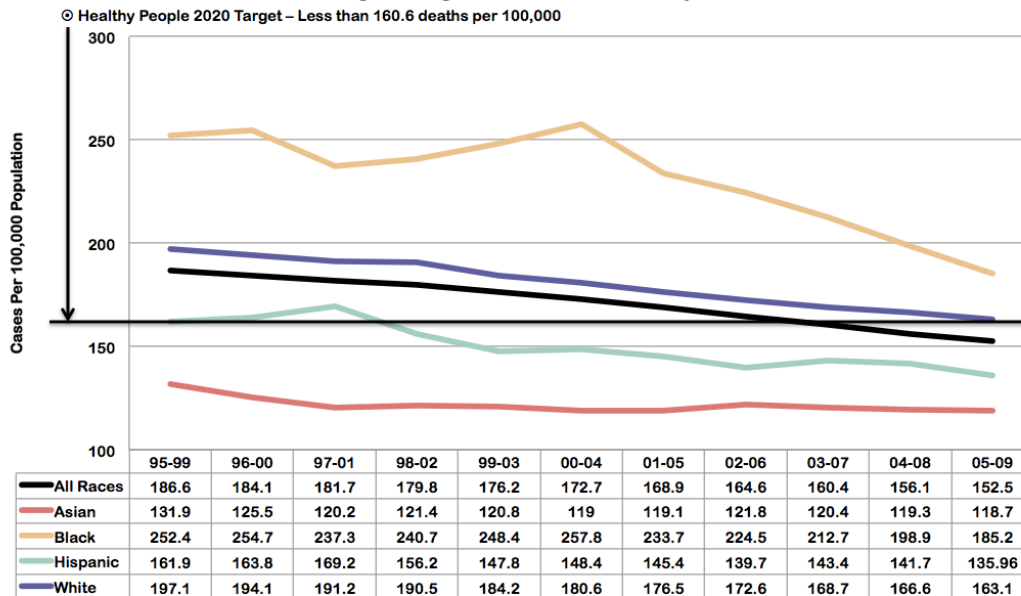


Source: • California Department of Health Services, Center for Health Statistics, Death Records 1990-2010
 Notes: • Rates and age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 1.0588

- **Cancer mortality is decreasing.** Overall cancer mortality rates in San Mateo County declined from 1990-1994 to 2005-2009. Since 1990-1994, cancer mortality was highest in the Black population, followed by the White population. Cancer mortality rates remain lowest in the Hispanic and Asian population.

Cancer Mortality by Race/Ethnicity (All Cancer Sites)

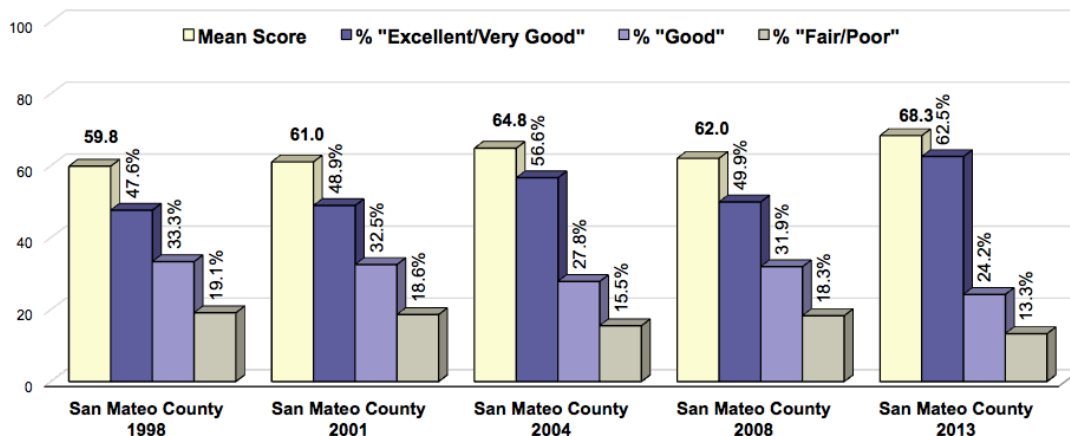
5-Year Moving Averages, San Mateo County, 1995-2009



Source: • Surveillance, Epidemiology, and End Results (SEER) Programs (www.seer.cancer.gov) SEER *Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2009 and California Cancer Registry. (2012). Cancer Mortality/Mortality Rates in California. <http://www.cancer-rates.info/ca>

- **Racial and cultural tolerance is increasing even among minorities.** In 2013, 62.5% of San Mateo County respondents rate community tolerance for people of different races and cultures as “excellent” or “very good” (*higher* than previous findings).

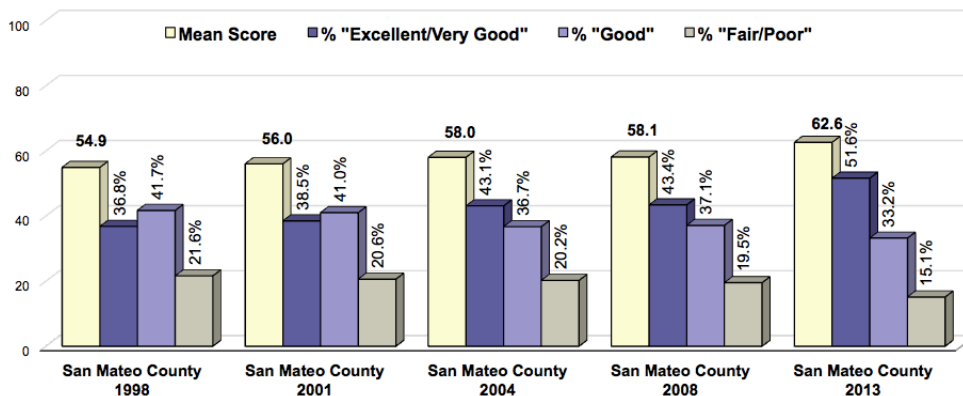
Ratings of Racial/Cultural Tolerance



Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25 and "poor"=0.

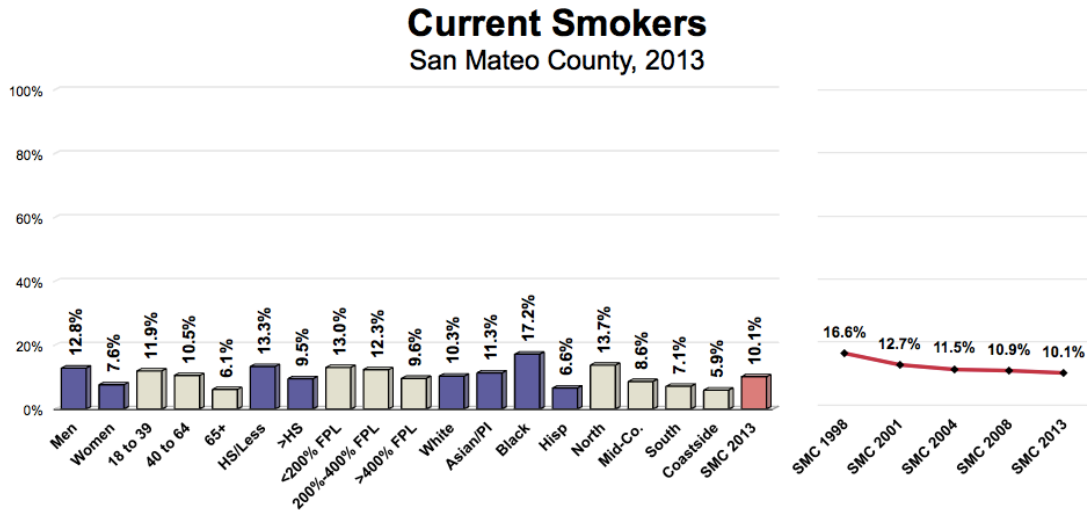
- **Tolerance of others towards different viewpoints and lifestyles are consistently improving.** A total of 51.6% this year rate lifestyle tolerance as “excellent/very good” (*significantly better* than reported in years past), compared to 15.1% who rate this as “fair/poor” this year.

Ratings of Lifestyle/Viewpoint Tolerance



Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25 and "poor"=0.

- **Smoking rates are at an all time low in San Mateo County.** A total of 10.1% of San Mateo County respondents are classified as “current” smokers (meaning that they have smoked at least 100 cigarettes in their lifetime, and they currently smoke). This is significantly lower than 1998 and 2001 findings but statistically similar to 2004 and 2008 results. However, smoking prevalence remains comparatively higher in certain populations, including: men (12.8%), adults under 65 (>10%), Blacks (17.2%) and respondents living in the North County area (13.7%).

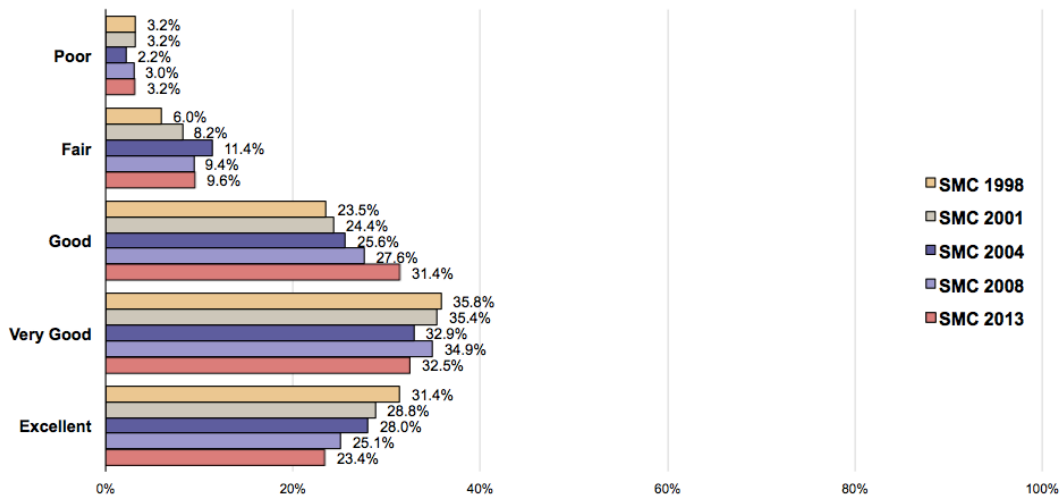


Sources: ● 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● Includes regular and occasional smokers (everyday and some days).
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Key Finding #2 – There seems to be a mismatch between perception and reality. We’re better off than most people think. Most objective measures of health are improving and while there are areas where improvement is needed, this mismatch creates unnecessary anxiety.

- There has been a steady decrease in overall health rating for the county over time, although the county is objectively healthier. More than one-half (55.9%) of San Mateo County survey respondents reports their general health as “excellent” (23.4%) or “very good” (32.5%). Another 31.4% report that their general health status is “good.” However, 12.8% of surveyed adults report their general health status as “fair” or “poor.”

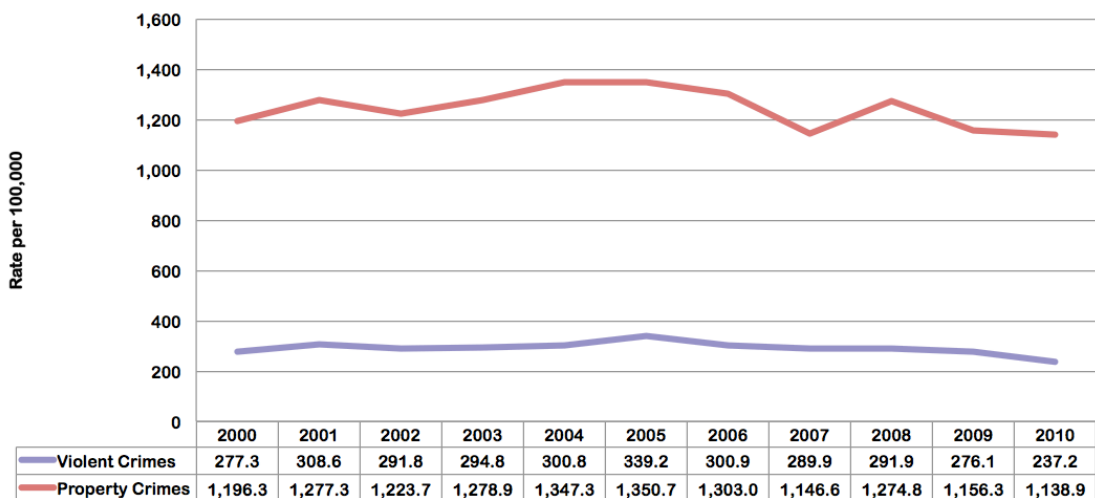
Rating of Personal Health Status
San Mateo County



Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Property crimes and violent crimes are down. Following a high in 2005 in both property crimes and violent crimes, crime rates in both areas were lower in 2010.

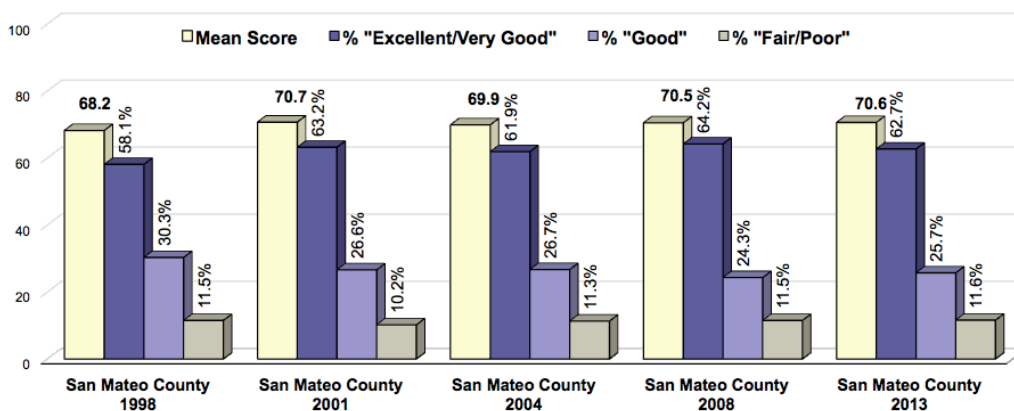
Trend in Crime Rates San Mateo County, 2000-2010



Source: State of California, Department of Justice, 2012

- Ratings of neighborhood safety are stable, but perceptions of crime getting worse have increased. 62.7% of San Mateo County residents expressed “excellent” or “very good” responses, better than the baseline 1998 findings (and similar to all other years). “Fair/poor” comments continue to place just over 11%.

Community Evaluations of Neighborhood Safety San Mateo County

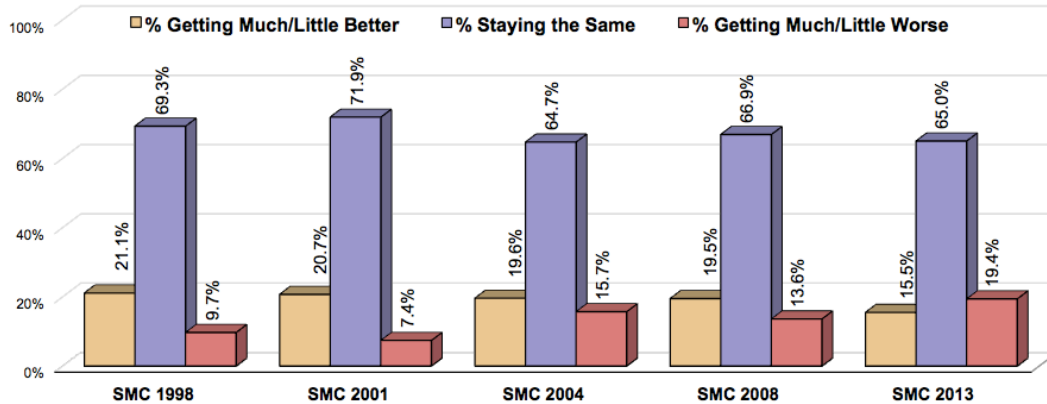


Source: 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

- Asked of all respondents.
- Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25 and "poor"=0.

- **Most surveyed adults in 2013 (65.0%) believe the problem of crime has stayed about the same in their neighborhood over the past year or two.** In contrast, 19.4% believe the situation has gotten worse, *significantly higher* than previous survey findings in San Mateo County.

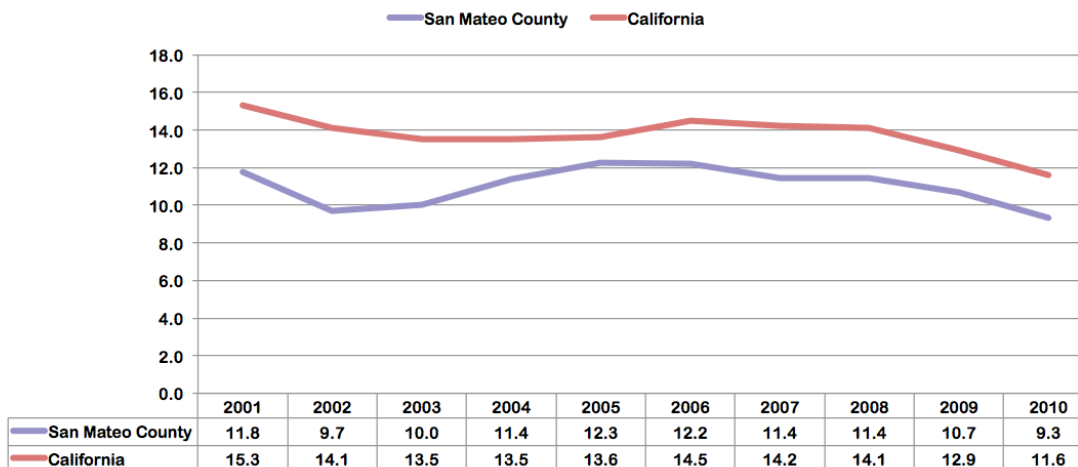
Perceptions of Neighborhood Crime Over the Past 2 Years San Mateo County, 2013



Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- **Juvenile crime has dropped and has been fairly stable, but juvenile drug arrests have increased.** Juvenile felony arrests in San Mateo County dropped considerably in the late 1990s; since that time, rates have been fairly stable.

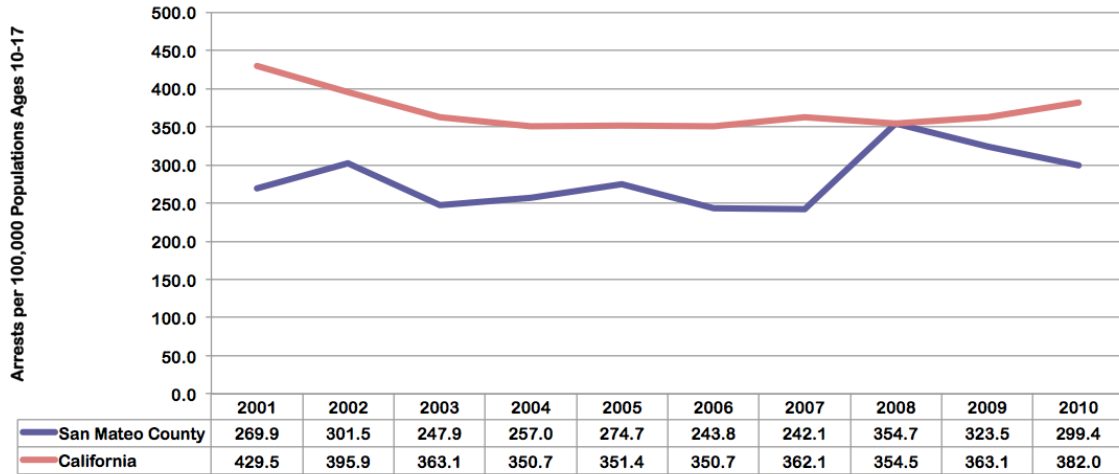
Juvenile Felony Arrests per 1000 Population, Ages 10-17 San Mateo County, 2001-2010



Source: • State of California, Department of Justice, 2012.

- San Mateo County juvenile misdemeanor arrests for drug offenses have fluctuated slightly over the past decade.

Juvenile Misdemeanor Drug Arrests per 100,000 Population Ages 10-17, San Mateo County, 2001-2010

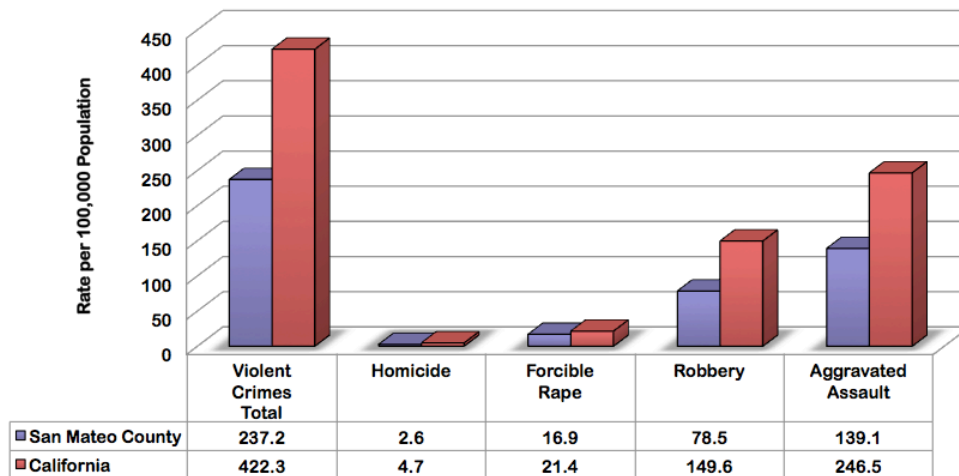


Source: • State of California, Department of Justice, 2012.

- San Mateo County crime rates are well below the statewide rate.

In 2010, the violent crime rate in San Mateo County (237.2 violent crimes per 100,000 population) was well below the statewide rate (422.3). This is also true for individual violent offenses of homicide, forcible rape, robbery and aggravated assault.

Violent Crime Rates per 100,000 Population San Mateo County, 2010



Source: • State of California, Department of Justice, 2012

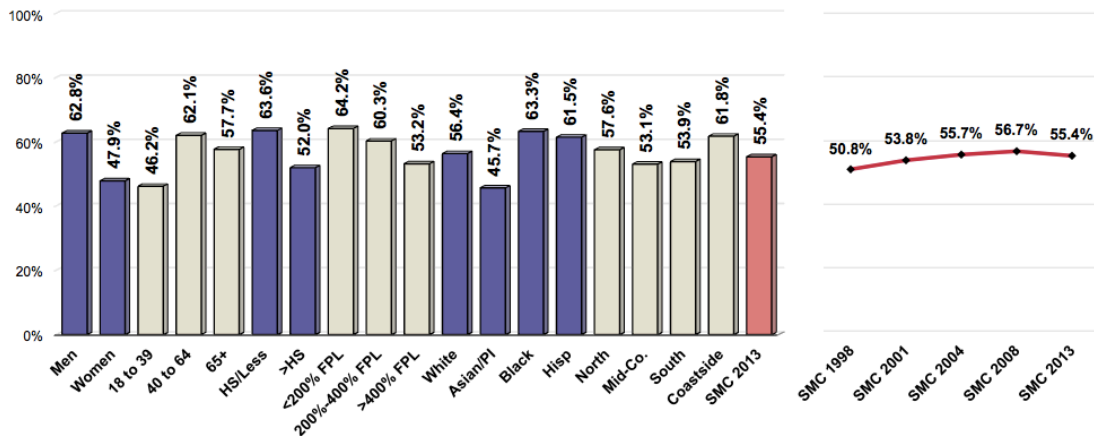
Key Finding #3 – We live in a geographic area that can be thought of as a “magnet place” that has a self-reinforcing economic and social ecology that concentrates and multiplies innovation, creativity, wealth, and health. This benefits the majority of people, although not everyone. There are large and significant disparities and inequities in our community.

- Disparities in health outcomes and inequities related to education, access to care, economic power, incarceration and life expectancy are significant. These are noted in the graphs in Key Finding #1 and are found throughout the assessment.

Key Finding #4 – Primary prevention efforts directed towards combating obesity are beginning to show some effect after more than a decade.

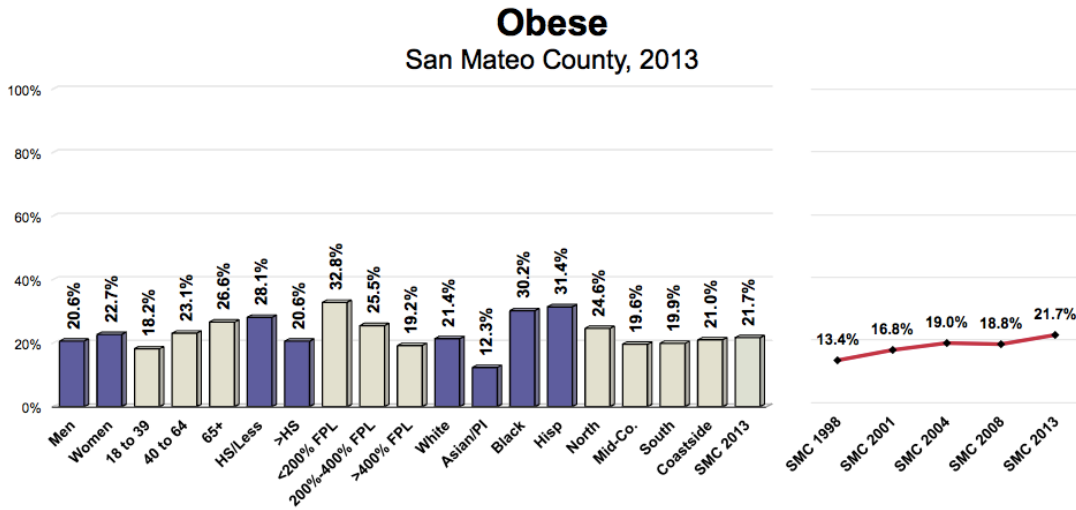
- Overweight has begun to decline, but obesity continues to increase.** Based on reported heights and weights, 55.4% of San Mateo County respondents are overweight. This represents a *statistically significant increase* in overweight prevalence when compared to the 50.8% found in 1998, but is lower than the prevalence in 2008.

Overweight San Mateo County, 2013



Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
 • Defined as having a Body Mass Index (BMI) greater than or equal to 25.0.

- **Additionally, 21.7% of San Mateo County adults were found to be obese, having a body mass index of 30 or higher.** This again represents a *significant increase* since 1998 (13.4%). The obesity prevalence increases with age and decreases with education and income levels. The prevalence is highest among Blacks and Hispanics, and is most often reported in the North County region.



Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
 • Defined as having a Body Mass Index (BMI) greater than or equal to 30.0.

Key Finding #5 – The complexity of our modern culture and society is so great that no one understands it as a whole. This makes it very difficult for organizations, public and private, and individuals to prioritize activities and decide which investments to make to improve the population’s health. There is no known way to directly tie specific activities or specific interventions to larger trends. The foundational and structural trends (mainly economic and educational) underlying any particular population-based outcome measure are so profound that any individual program only makes a small contribution, which is often unable to be measured. We cannot use return on investment (ROI) or other traditional evaluation measures to relate program activities to larger trends. This does not make parochial programs unimportant and, in fact, the cumulative effect can be profound, especially if they are coordinated with sound policy that promotes cultural and environmental change. This key finding speaks to the need for those making budget decisions to balance investments in health improvement between smaller (program) and larger (policy) efforts and between primary (front-end), secondary, and tertiary (back-end) prevention activities.

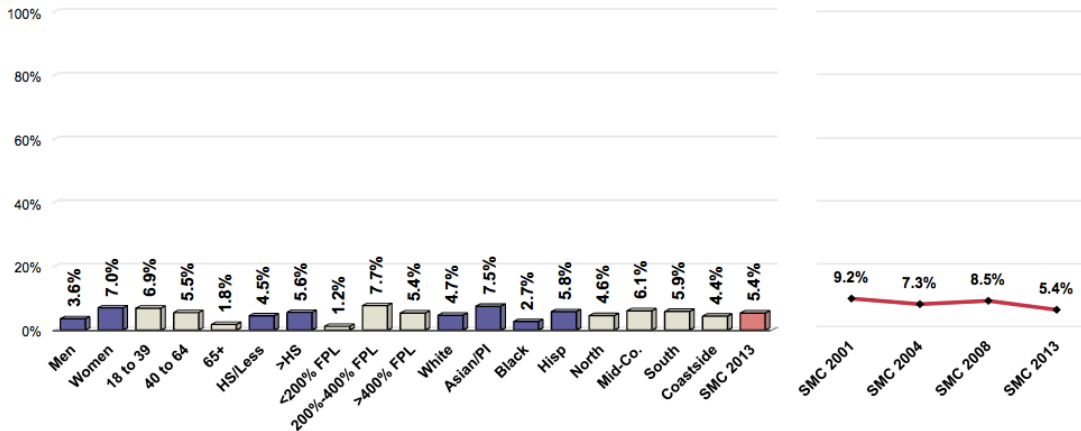
- **People have a health trajectory that is established at least pre-natally, and most likely back several generations.** It is far easier, more effective, and cheaper to intervene earlier in this trajectory than later.
- **The levers for improving the health of the population exist in every organization.** Encouraging healthy behaviors or discouraging unhealthy behaviors ought to be a matter of all public and private policies. This concept is called “Health in All Policies” and should be widely adopted.

Key Finding #6 – The long and sustained cycle of declining mortality rates is ending and is likely to reverse in the next 5-10, years unless action is taken now. We have completely failed in getting individuals to maintain healthy behaviors. Continued emphasis on individual behavior change is a dead-end street. We need to stop focusing on individual behavior change and move to policies (at work, at school, at home, by government, in the community) that promote health. The three major priorities for policies are to improve consumption of healthy food, increase activity by walking or biking, and improving neighborhood safety. Strong evidence exists that suggests only economic incentives are likely to change a population’s behavior. A taxation model, such as an added sugar and carbon tax, is likely the only model sufficient enough to keep our mortality rates declining.

- Only 5.4% of San Mateo County survey respondents report each of four basic health behaviors, a combination which limits cardiovascular and cancer risk (*statistically lower than 2001 and 2008 findings*). Men, seniors, persons with lower income levels, and Black respondents demonstrate the *lowest* proportions of these healthy behaviors. No significant difference is noted among the five county regions. The prevalence indicates a steady decrease over time, significant from the 2001 findings.

Exhibit Healthy Behaviors

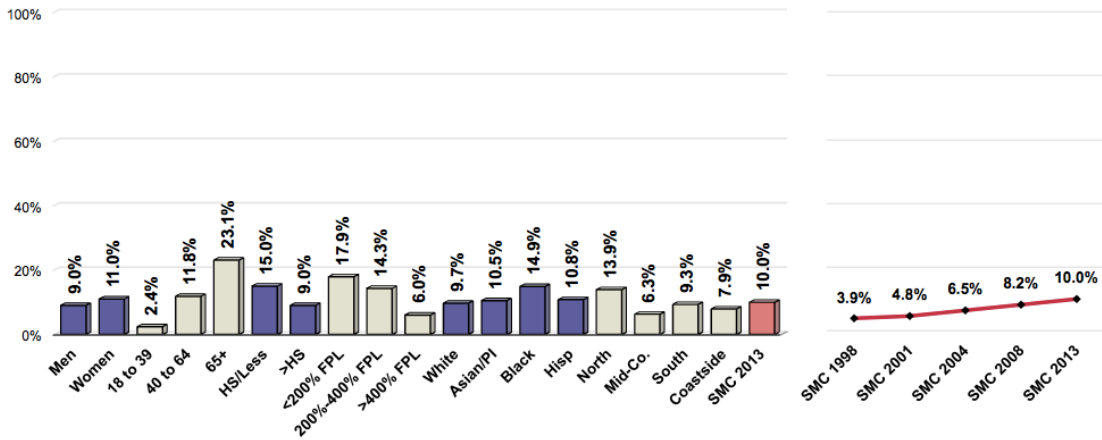
Do Not Smoke, Not Overweight, Exercise Adequately, and Eat Adequate Fruits/Vegetables
San Mateo County, 2013



Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
 • Includes respondents satisfying ALL of the following criteria: does not smoke cigarettes; is not overweight based on body mass index; exercises at least three times per week for at least 20 minutes; eats five or more servings per day of fruits and/or vegetables.

☐ **Diabetes is up 2.5 times over the past 10 years. The greatest increases have been in Whites, in females, and in those over 65 years of age.** The 2013 San Mateo County Health & Quality of Life Survey finds that 10.0% of the adult population has diabetes (excluding diabetes experienced only during pregnancy), representing approximately 57,130 San Mateo County adults. This percentage is *significantly higher* than the previous levels.

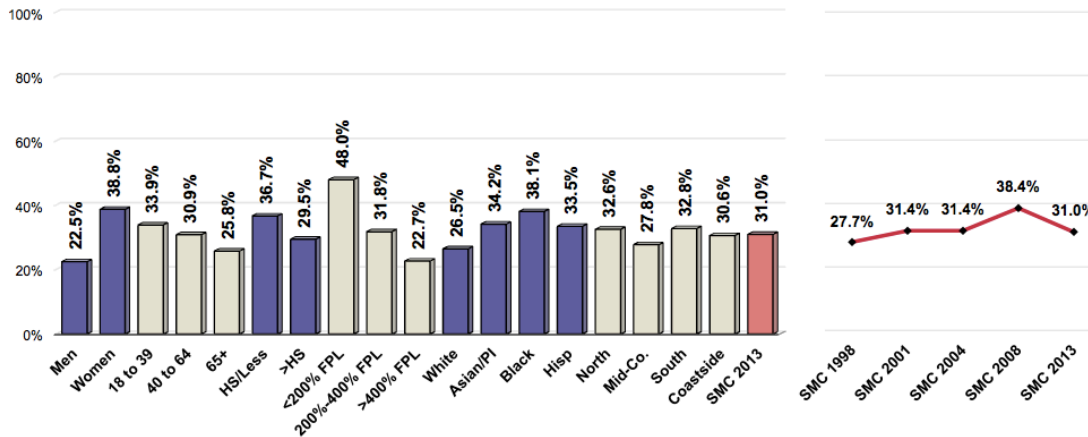
Diabetic San Mateo County, 2013



Sources: ● 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- There has not been a great impact on getting people to eat at least five fruits and vegetable servings per day, despite the fact that access in the county to fruits and vegetables is almost universally reported to be good or excellent. People who are eating fruits and vegetables are eating more, but less people are eating the recommended amounts. Survey respondents report eating an average of 4.45 servings of fruits (2.23 servings) and vegetables (2.22 servings) per day, below the recommended five daily servings. Only 31.0% eat the recommended level (much *lower* than 2008 findings, but similar to the remaining years' results). Note that men, seniors, residents with higher education or income levels, and Whites report among the lowest fruit/vegetable consumption.

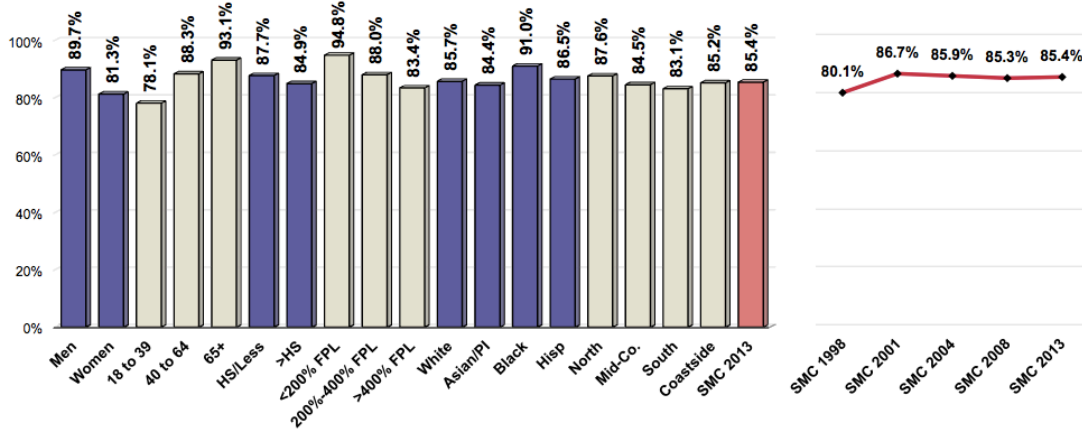
Eat 5+ Servings of Fruits and/or Vegetables per Day San Mateo County, 2013



Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- **Risk factors for heart disease are increasing.** 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. This is similar to 2001, 2004 and 2008 findings, but remains significantly higher than found in 1998. Persons more likely to exhibit cardiovascular risk factors include men; adults aged 40+, those living below the 200% poverty threshold, and Black respondents and residents who live in North County.

Exhibit 1+ Cardiovascular Risk Factors
San Mateo County, 2013

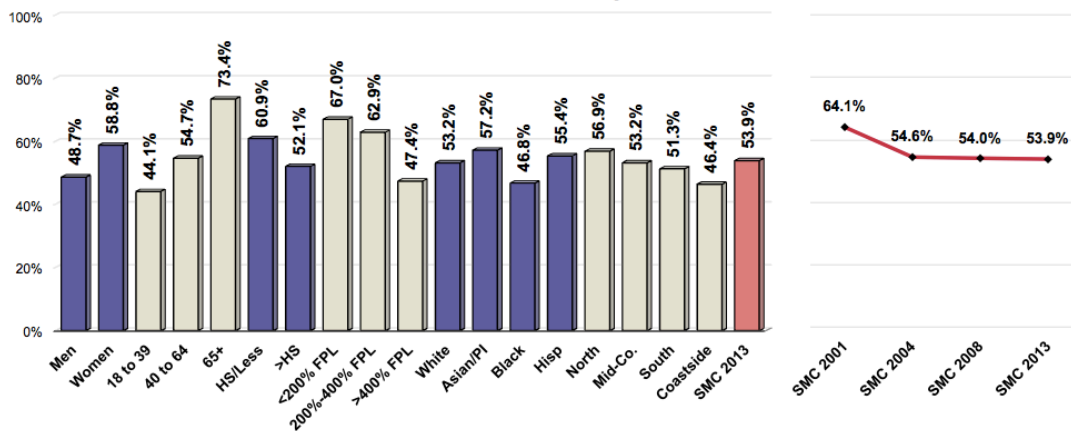


Sources: ● 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
 ● Cardiovascular risk factors include smoking, physical inactivity, high blood pressure, high cholesterol and/or being overweight.

Most San Mateo County respondents (53.9%) do not participate in regular, vigorous physical activity, meaning they do not engage in activities that cause heavy sweating or large increases in breathing or heart rate at least three times a week for 20 or more minutes on each occasion. This finding is a **significant** improvement compared to the 64.1% found in 2001, but similar to 2004 and 2008 findings. Still, the prevalence of **inactivity** in San Mateo County is notably higher among:

- Women (58.8%)
- Persons aged 65 and older (73.4%)
- Persons with a high school education or less (60.9%)
- Those in households with annual incomes <400% poverty (>62%)
- Residents of North County area (approximately 57%)

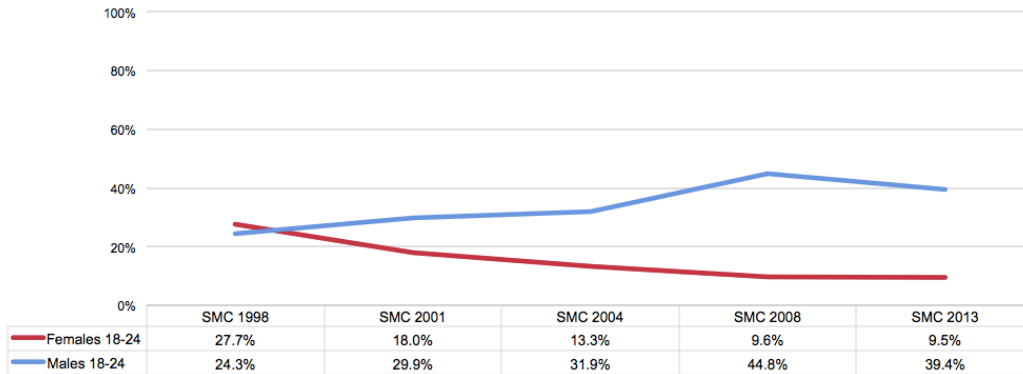
Do Not Participate in Regular Vigorous Activities San Mateo County, 2013



Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
 • Defined as not exercising vigorously for at least 20 minutes, three times per week.

- Binge drinking rates are not where they should be among men aged 18-24.** Binge drinking in San Mateo County is highest particularly young men aged 18 to 24 (39.4%).

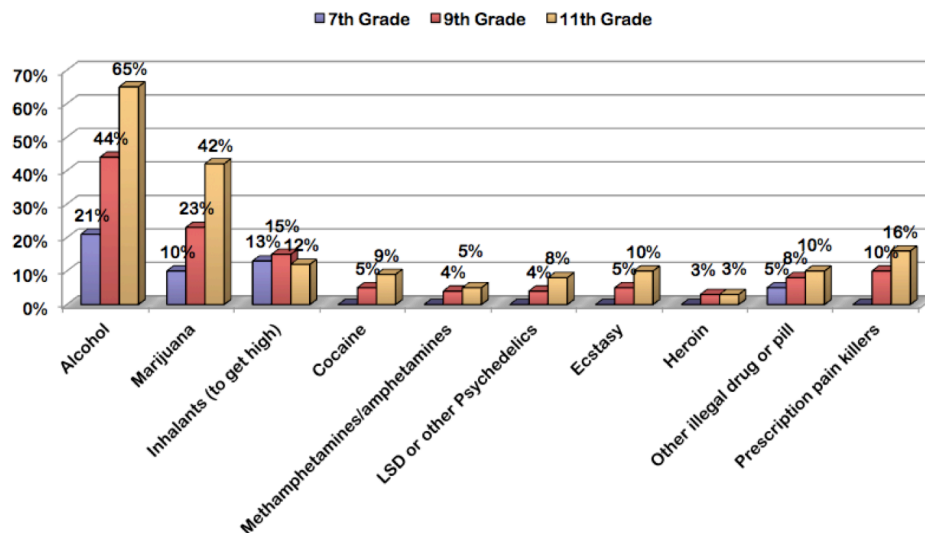
Percentage of Binge Drinkers Among Adults Aged 18-24 San Mateo County



Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Overall drug use among adolescents in 7th, 9th and 11th graders showed a positive correlation (unfavorable relationship) with age for many of the drugs asked about in the 2004 to 2006 San Mateo County Healthy Kids Survey, including alcohol, marijuana, prescription painkillers, ecstasy, cocaine, LSD, amphetamines, and heroin.** Note that the use among non-traditional (of any age) students is higher than use among traditional students for all drugs presented. Note also that 65% of 11th grade students have tried alcohol, and 42% have tried marijuana.

Adolescent Lifetime Use of Drugs by Grade Level San Mateo County, 2007-2009



Children in 7th Grade were not asked about Cocaine, Methamphetamines/amphetamines, LSD, Psychedelics, Ecstasy or Heroin
Source: • California Healthy Kids Survey, 2007-2009.

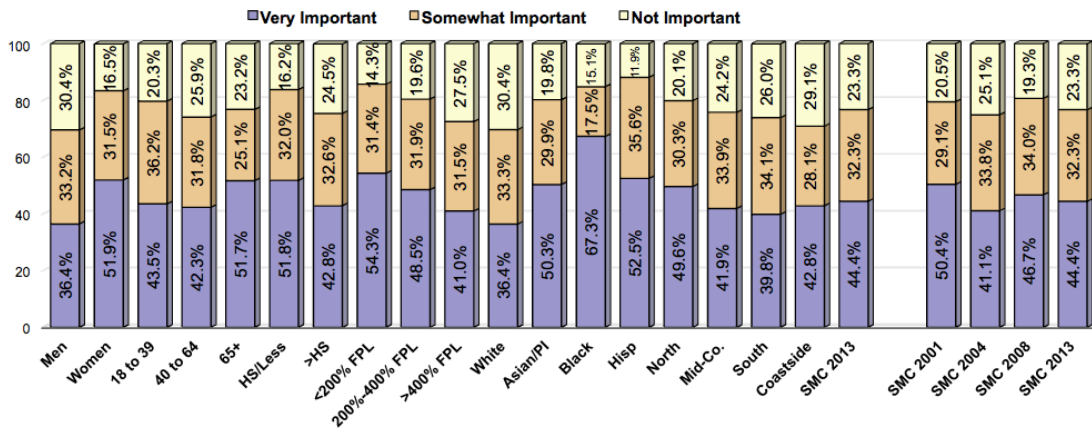
Key Finding #7 – Human society has been in a great transition since the industrial revolution. Change and transitions have accelerated during the 21st century mostly driven by technological advancement and the Internet. These changes have caused perceptions of instability, insecurity and distress.

- ❑ **A rapid increase in knowledge and the ability to access knowledge has not translated into a concomitant increase in wisdom.**
- ❑ **It is likely that change in all areas of our life will only accelerate in the future, cycles will be more abrupt, and swings will be wider.**
- ❑ **A “new normal” is arising in our lives. Our situation is without precedent in recorded human history.** While this presents us with many wonderful opportunities, these changes also have some characteristics of a population-wide affliction. The affliction is one of being constantly “on”, being constantly “connected”, and socially connecting with others through technology rather than in-person. It is important to understand the ramifications of replacing more direct human interaction with electronic interaction and not having adequate down time. Several of the many big issues that result include, firstly, the need for “instant gratification” for information, which can exhibit all the hallmarks of a physical dependence and/or addiction. Secondly, the loss of social support and human contact has unknown consequences. It is known that both these issues can increase depression, anxiety, and distress. Digital natives (younger people raised in this new digital world) and digital immigrants (usually older people affected by, but not raised in this new digital world) are likely to be affected differentially by these issues.
- ❑ **Evidence suggests that technology is becoming a master of us instead of the other way around.**
- ❑ **People are having difficulty getting ahead of their workload, no matter how hard they try.**

- **The importance of spirituality is declining, as is the number of people who report receiving support from the clergy.** A total of 44.4% of 2013 survey participants say that spirituality is “very important” in their lives, while 23.3% say it is “not important” (this marks a *significant decrease* in the perceived importance of spirituality compared with 2001 findings). Certain population segments, such as women, older adults, lower-education and lower-income adults, and Black or Hispanic respondents much more often acknowledge the role of spirituality in their lives.

Importance of Spirituality in Respondents' Lives

San Mateo County, 2013



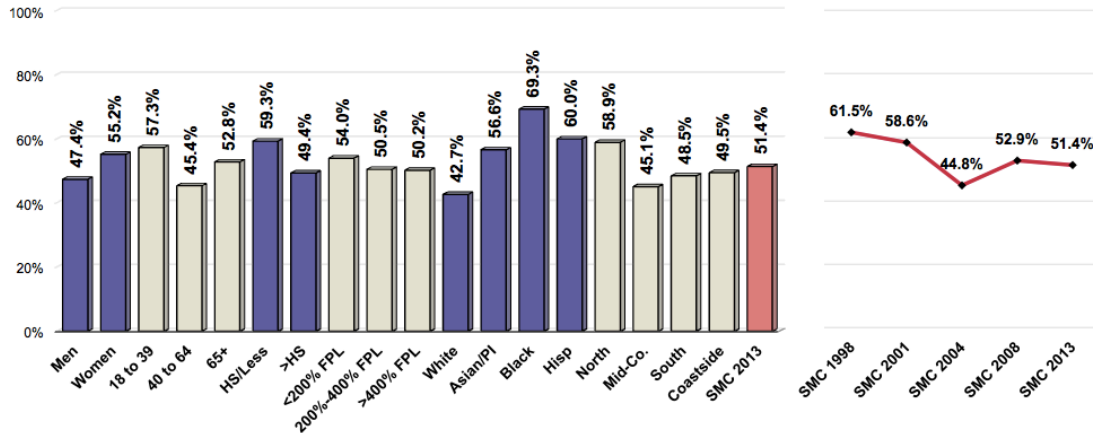
Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- In 2013, 51.4% of surveyed San Mateo County adults have a priest, minister, rabbi, or other person they can turn to for spiritual support when needed (*significantly higher* than 2004 findings, but *significantly lower* than 1998 and 2001 findings and similar to the 2008 prevalence).

Have a Priest, Minister, Rabbi or Other Person for Spiritual Support San Mateo County, 2013



Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- Increasing numbers report having difficulty around satisfaction with one's life and relationships with their family. Difficulty with satisfaction in one's life and family relationships both *increased* since 2008.

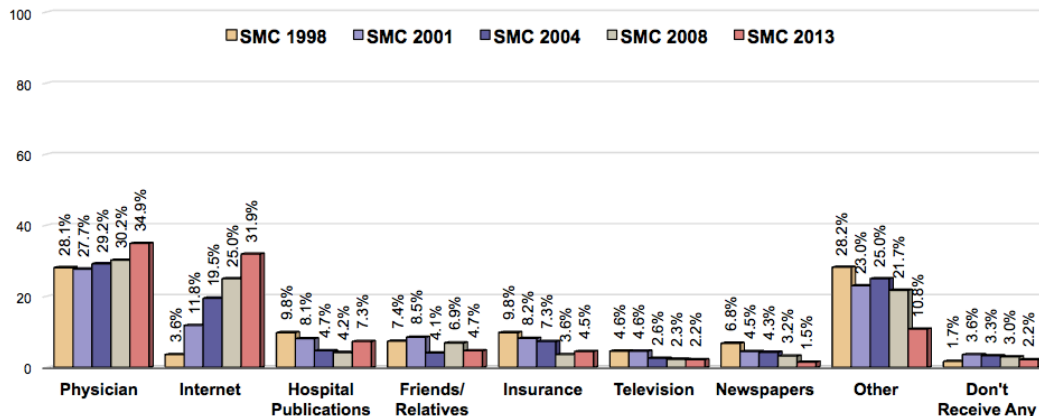
Percentage of Adults Expressing Difficulty in Their Lives San Mateo County, 2013

	2001 (Pre-9/11)	2001 (Post-9/11)	2004	2008	2013
Feeling Satisfied With One's Life	40.5%	43.7%	37.1%	39.5%	45.6%
Relationships With Family Members	29.3%	38.9%	26.2%	29.1%	34.0%
Fear, Anxiety or Panic	27.4%	31.7%	26.9%	27.4%	28.6%
Being Able to Feel Close to Others	27.9%	31.5%	21.7%	27.2%	27.0%
Controlling Temper, Outbursts, Anger, Violence	33.3%	35.2%	27.6%	30.1%	26.2%
Isolation or Feelings of Loneliness	29.8%	30.7%	26.1%	26.8%	25.1%
Getting Along With People Outside the Family	21.0%	n/a	17.6%	21.5%	23.3%

Source: • 2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Percentages express any degree of difficulty ("little," "moderate," "quite a bit" or "extreme" difficulty).

- **The Internet is utilized almost as much as doctors as a primary source of health care information.** 34.9% of survey respondents mentioned their physician, while 31.9% mentioned the Internet. This represents a *significant increase* in reliance on the Internet for health care information (up from 3.6% in 1998).

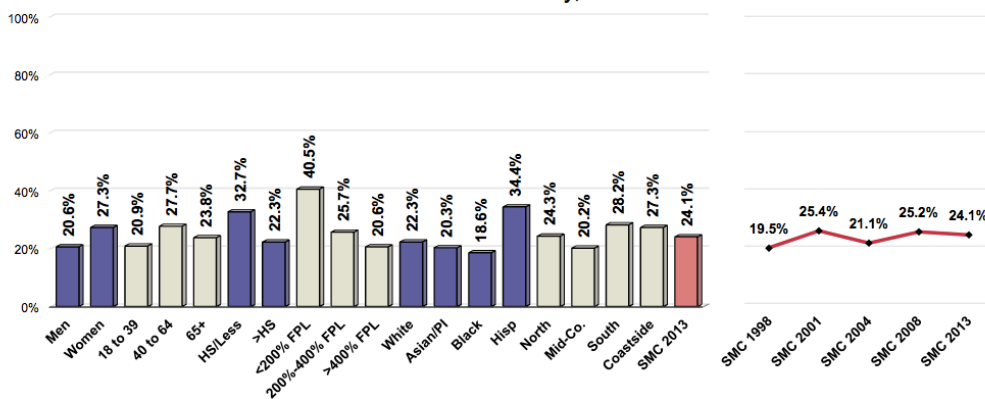
Primary Source for Health Care Information San Mateo County, 2013



Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- **Almost a quarter of San Mateo County respondents experienced prolonged symptoms of depression with women, poorer, less educated, and Latino respondents having relatively higher rates.** 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. This proportion is significantly *higher* than found in the baseline 1998 survey, but similar to 2001 and 2008.

Experienced Symptoms of Depression Lasting 2+ Years San Mateo County, 2013



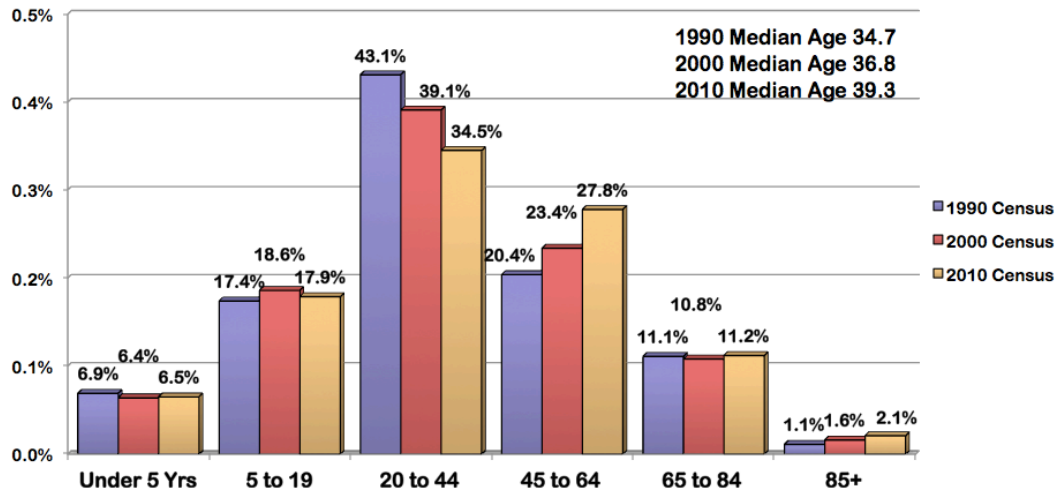
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Key Finding #8 – We are losing our middle. This relates to our age distribution, income distribution, and political bent.

- ☐ **The San Mateo County of the future will look very different from the San Mateo County of today.**
- ☐ **There has been a decrease in those aged 20-44 in the county and increasing those aged 45-65.** The age pyramid in the county is flattening, and we are in the middle of a large demographic shift in age and race.

Age

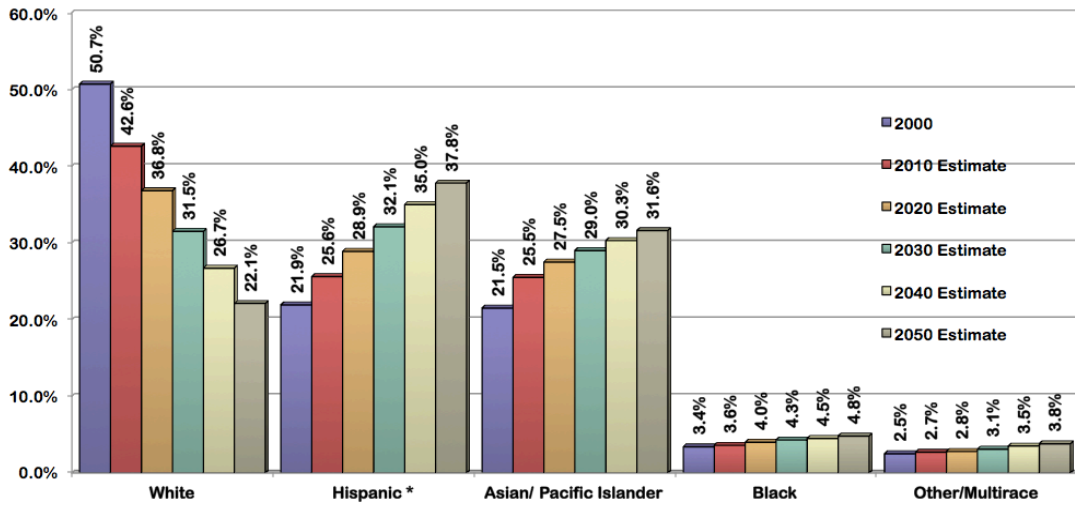
San Mateo County, 1990-2010



Sources: • US Census 1990, 2000, 2010.

- **Increasing age and race diversity continue.** Over the next several decades, the White population is expected to decrease considerably (decreasing nearly 50% between 2000 and 2040), while Hispanic and Asian/Pacific Islander populations are expected to increase dramatically. By the year 2040, each of these will represent a greater share than the White population, with Hispanics representing a plurality.

Race and Ethnicity
San Mateo County, 2000-2050 (projected)

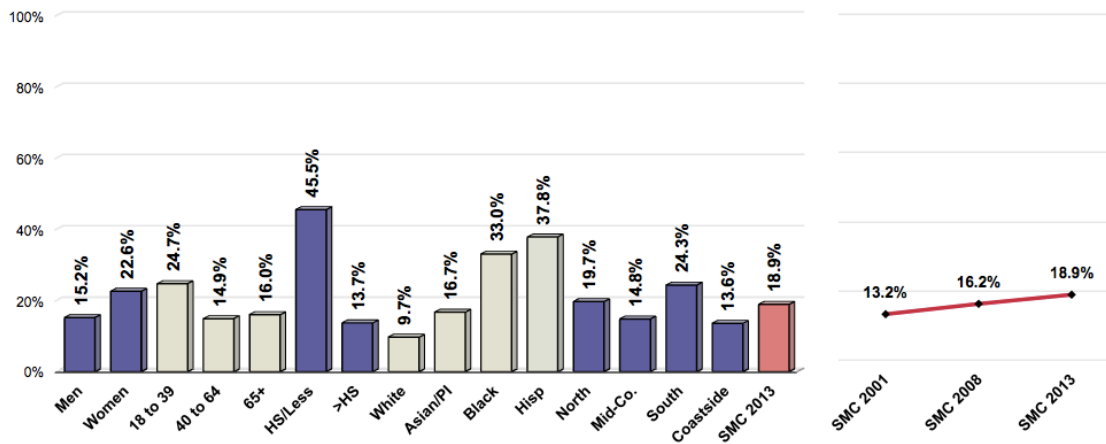


Sources: • US Census 2000, California State Department of Finance, 2007

- **All sectors (business, education, government, healthcare, transportation, etc.) must adapt to these demographic changes.**

☐ **Poverty and relative poverty are increasing, especially at both ends of the lifespan, children and seniors.** A total of 18.9% of San Mateo County adults live below **200%** of the Federal Poverty Level (FPL), according to reported household incomes and household sizes. Among respondents with a high school education or less, 45.5% report living below the 200% FPL threshold, compared to only 13.7% of those with education beyond high school. Black and Hispanic respondents also demonstrate higher proportions than White or Asian/Pacific Islander respondents. This year’s countywide finding represents a **significant increase** from the 13.2% reported in 2001 and the 16.2% reported in 2008 (note that 1998 and 2004 survey data are not comparable because a 185% FPL threshold was used for those data).

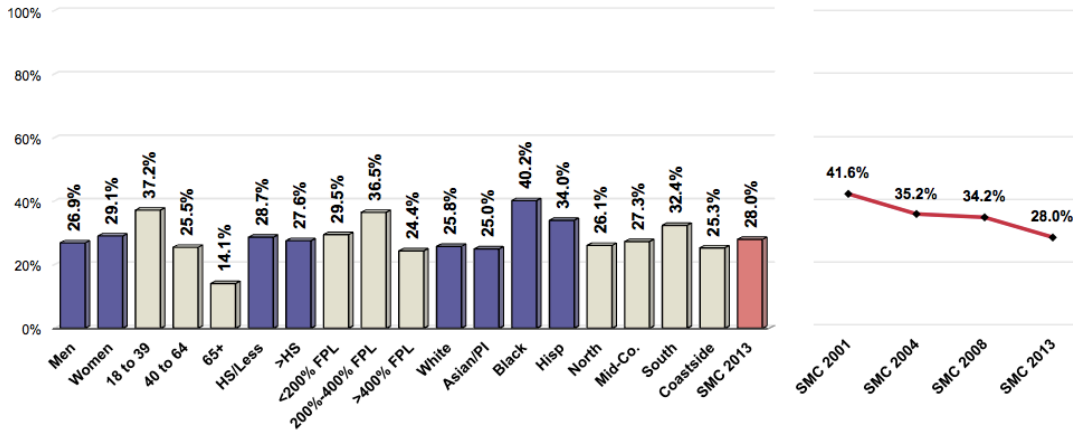
Adults Living Below 200% of the Federal Poverty Level San Mateo County, 2013



Source: ● 2001/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

- **As the economy declines, fewer people are considering leaving the county.** However, many have already left. 28.0% of respondents report that they or a family member have seriously considered leaving the county because of the high cost of living, *significantly lower* than previous survey results. Young adults, people living between 200 and 400% of the federal poverty threshold, Blacks, Hispanic respondents, and residents in the South County area all consider relocating at higher levels although all levels were lower than in the past.

Have Considered Relocating Due to Cost of Living San Mateo County, 2013



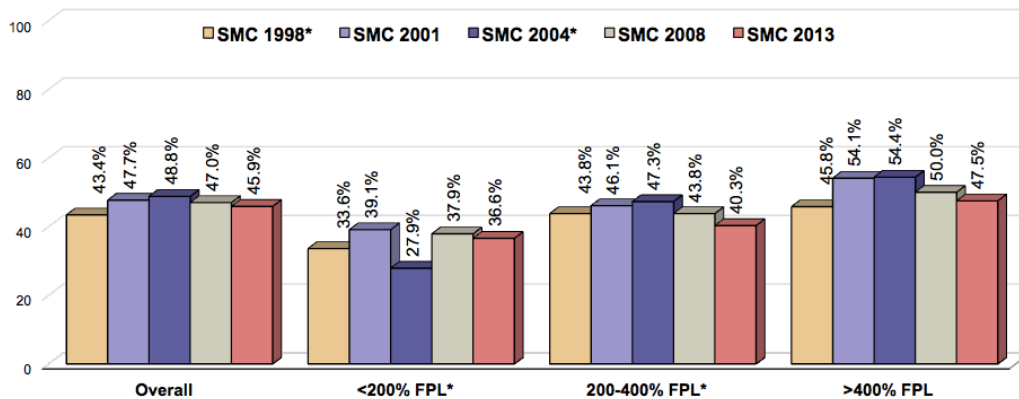
Sources: ● 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- **We are experiencing declining trust in government and those who rely on it most are the ones who trust it the least.** 45.9% of survey participants say they trust local government to work for the community’s best interest “always” or “most of the time” (similar to past survey results). In contrast, 18.6% responded “seldom” or “never,” marking a *significant increase* from 2001 and 2008 survey findings.

**“Always” or “Most of the Time” Trust
Local Government to Work for the Community’s Best Interest
By Income, San Mateo County, 2013**



Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.

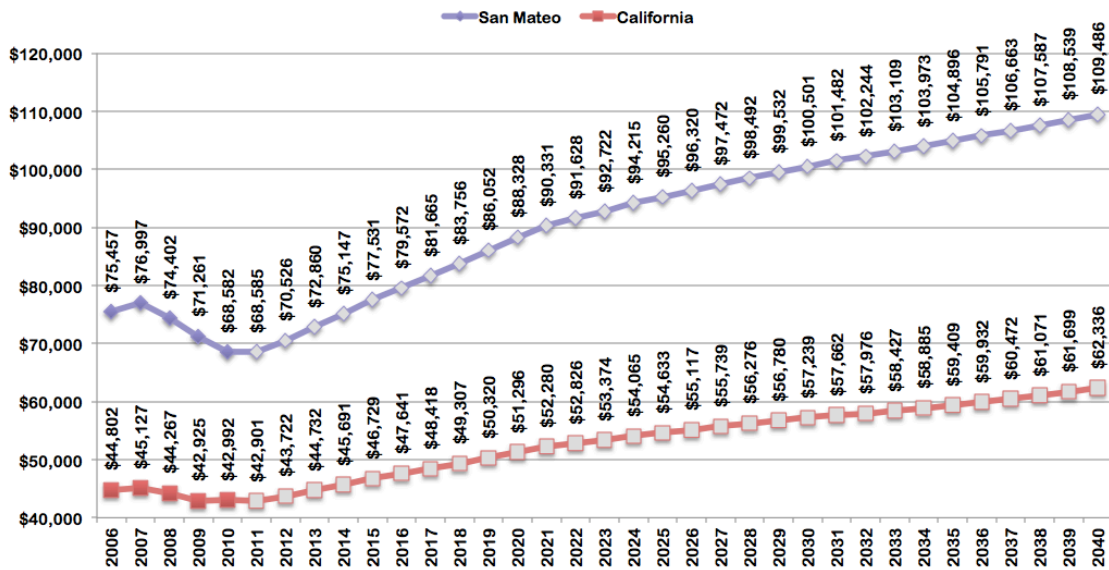
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

• *In 1998 and 2004, the lower income category was defined as below 185% of the FPL, and the middle income category was defined as 185%-400% of the FPL.

- Real per capita income has declined since 2000. This is accompanied by a steady decline in the reported rating of individual’s personal financial situation. While not hit as hard as other areas of the country by the Great Recession, the residents of San Mateo County remain pessimistic about the economy. Real per capita income in San Mateo County in 2010 was \$68,582, and the average weekly wages in 2010 were \$1,450, down 13% from 2000. Real per capita incomes decreased at a rate of 3.8% in from 2009 to 2010 continuing a decline started in 2007. Over the next five years, however, real per capita incomes are forecast to increase at least 2.5% per year.

Real Per Capita Income (Dollars)
2006-2010 History, 2011-2040 Forecast



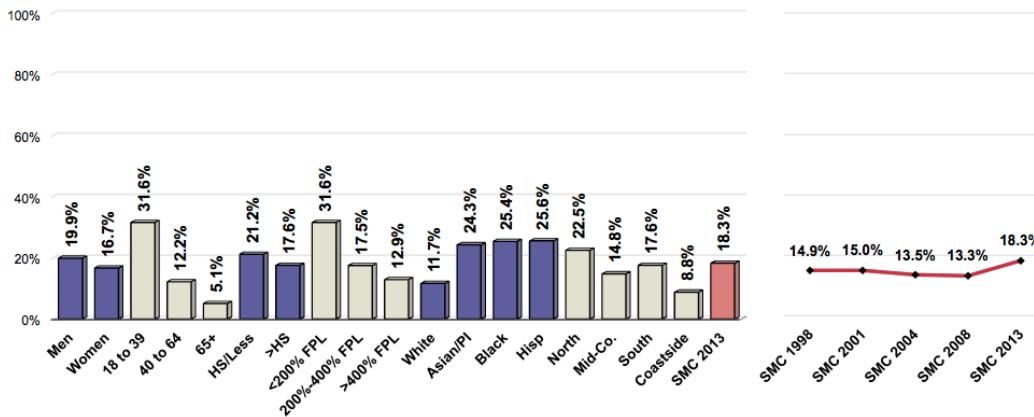
Source: • California Department of Transportation, Office of Transportation Economics, 2011

- The county reports high rates of relative poverty (those living between 100% and 400% of the federal poverty level); a zone where there is no government support for basic needs.

- There has been a large increase in county residents doubling up or sharing housing costs to limit expenses. 18.3% of respondents currently share housing costs with someone other than a spouse or partner in order to limit expenses, marking a *significant increase* in shared housing over previous years. Over 31% of young adults and residents living below the 200% poverty threshold share living expenses, as do 24% or more of non-White respondents.

Share Housing Costs With Someone Other Than a Spouse/Partner to Limit Expenses

San Mateo County, 2013



Sources: 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- A significant shortage of housing supply remains the primary cause of the high housing costs in the county. This is inextricably connected with the limited supply of land available for development and strict zoning ordinances that limit the density of housing that can be built.
- According to the Association of Bay Area Governments (ABAG), between 1999-2006 San Mateo County issued permits for only 16% of the housing units needed for moderate-income households, 45% for low-income households, and 19% for very low-income households, as determined by the most recent Regional Housing Needs Allocation. As a result, in its 2006 Bay Area Housing Profile, the Bay Area Council gave the county an "F" in its housing production report card. In 2008, San Mateo County issued 932 housing permits, and of those, only 43 fell into the Restricted Affordable Category.
- There is a mismatch of housing and jobs in the county. While the Housing Affordability Index has been recently increasing, it is still lower than the rest of the state. Housing policy and implementation needs to be trued-up with current conditions.
- A minimum wage income is entirely consumed by the childcare costs of one infant.

Key Finding #9 – Education remains the single most important factor in future success and health. Length of education is highly correlated with increasing wealth and health.

- There are lower rates of pre-school enrollment among African Americans and Latinos, which will lead to a lower life and health trajectory. Just over half of 3 and 4-year-olds in San Mateo County are in preschool or nursery school. Counties in California range from a low of 25% to a high of 81%. The state average is 38%.

Preschool Enrollment Ages 3 and 4 San Mateo County, 2009

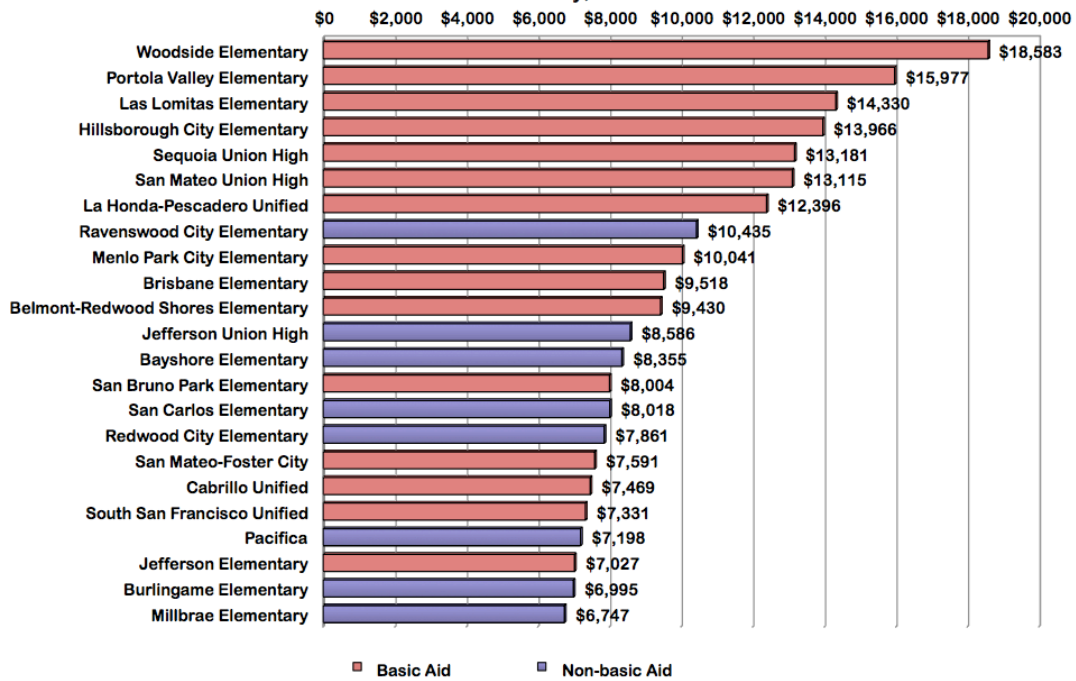
By Race	All Races	African American	Asian	Latino	White	Other
Children in preschool or nursery school	52%	18%	60%	53%	71%	39%

Source: • California County Scorecard, 2010

- Disparity in school funding has long-term consequences, including higher long-term cost when the opportunity for primary prevention is lost.

- **During the 2009-10 school year, there was wide variability across county school districts in per-student revenue.** Woodside Elementary and Portola Valley Elementary School Districts had the highest per student revenue at over \$18,000 and \$15,000 per student respectively. Woodside Elementary’s figure was more than double the per student revenue of more than half (12) of other county school districts. Much of the differential in the county is driven by the availability of local revenue sources to supplement state and federal dollars. It could also reflect revenues received for specific services, such as special education dollars.

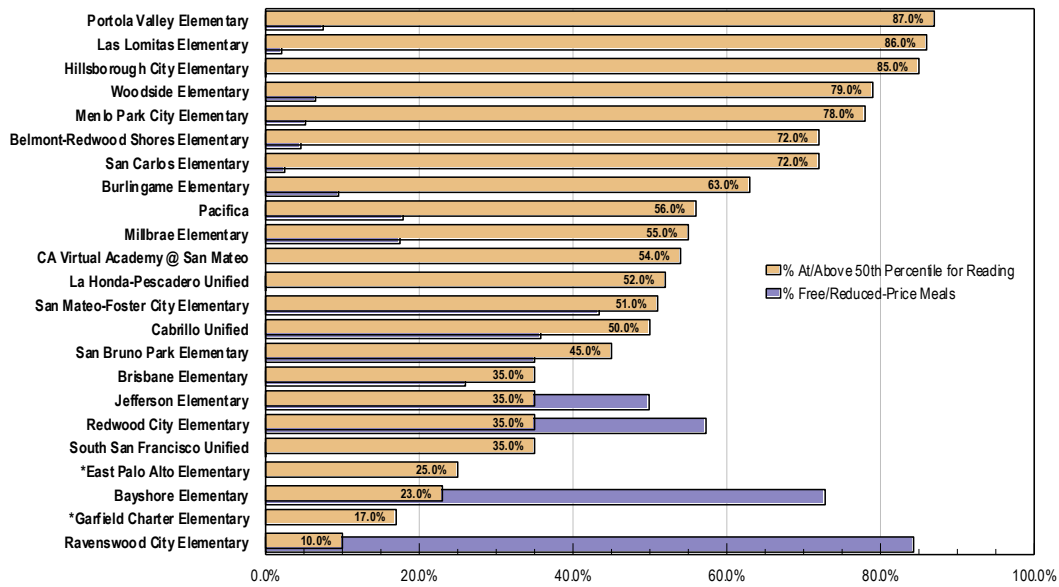
**Revenue per Student per Average Daily Attendance by District,
San Mateo County, 2009-2010**



Source: ● California Department of Education, Education Demographics Office, 2012.
 Note: ● Total revenue includes revenue limit sources, other state revenue sources, and local revenue sources.

- Even though the County had a higher proportion of 3rd grade students reading at grade level than the state, it is important to note that ethnicity and income are key factors in school performance. Note the strong negative correlation between 3rd grade reading scores and household income (as indicated by eligibility for free or reduced price meals).

Percent of 3rd Graders Reading At or Above the 50th National Percentile Rank by District (San Mateo County 2007)



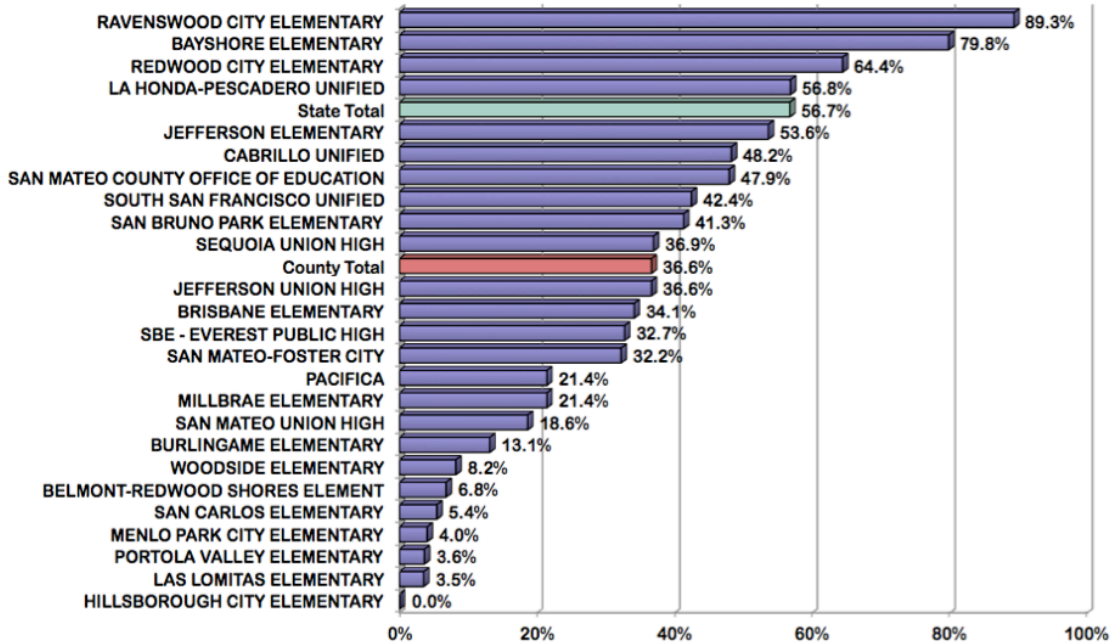
Source: California Department of Education, CAT/6 Test Scores. California Standardized Testing and Reporting (STAR), 2007.

* Charter School

California Department of Education, Educational Demographics Unit. Prepared: 7/30/2007.

- Subsidized school lunch participation ranges broadly within school districts in the county, with highs of 89.3% receiving free lunch in the Ravenswood Elementary School District and 79.8% in the Bayshore Elementary School District.

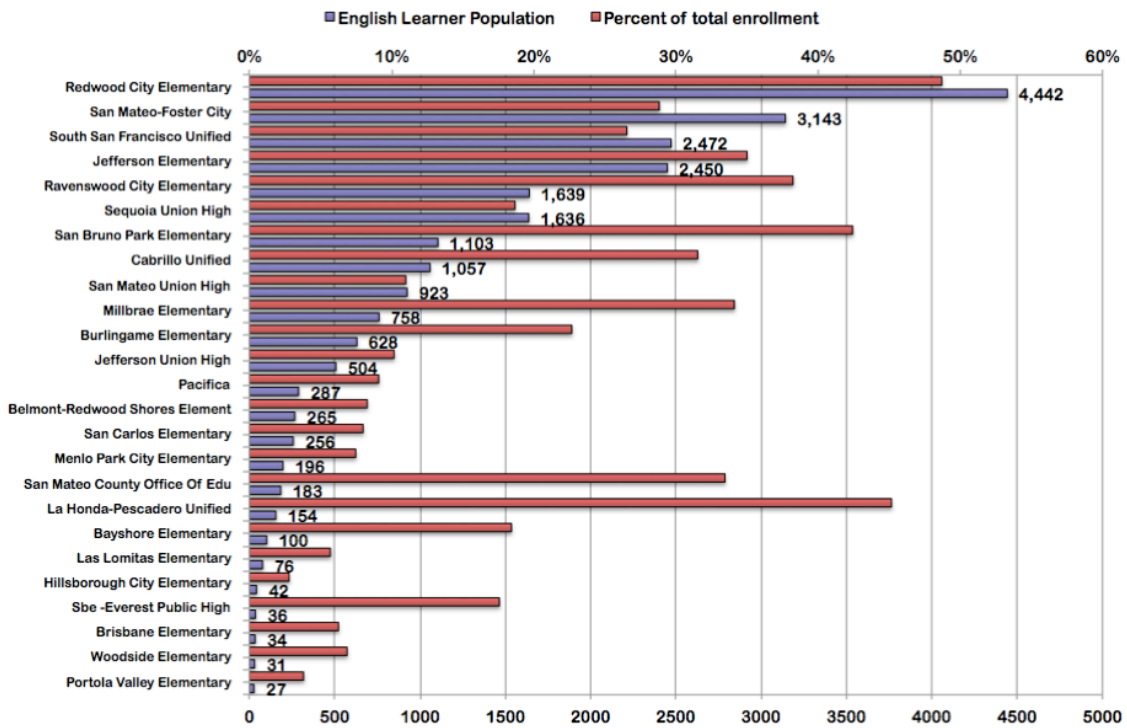
Percent of Enrolled Students Receiving Free or Reduced Priced Meals San Mateo County, 2010-2011



Source: • Lucile Packard Foundation for Children's Health, 2012.

- **Redwood City Elementary and San Mateo-Foster City Elementary have the highest populations of English learner students in San Mateo County.**
 Proportionally, Redwood City Elementary and La Honda-Pescadero Unified have the highest percentages of total enrollment made of English Learner students.

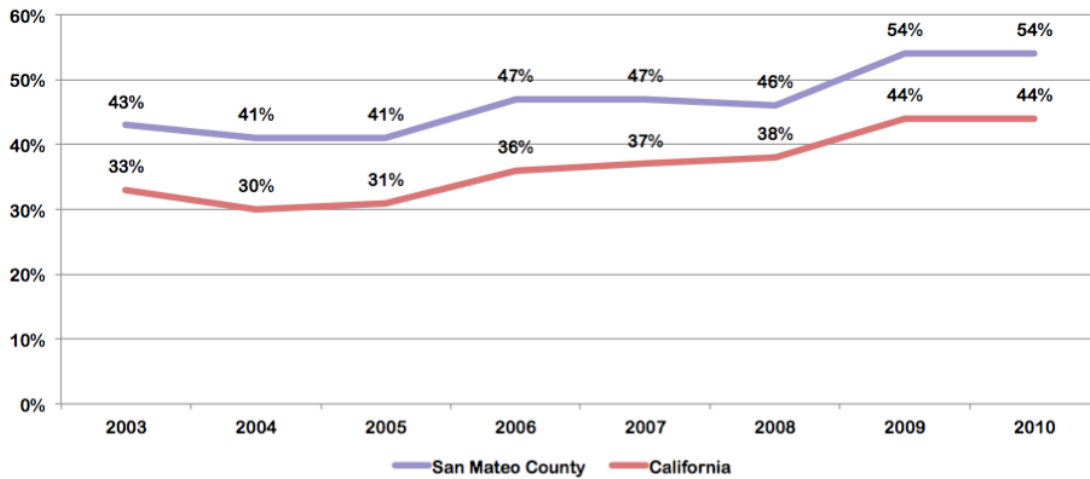
English Learner Population by School District San Mateo County, 2010-2011



Source: • California Department of Education, DataQuest, 2012.

- **In San Mateo County in 2010, 54.0% of 3rd graders read at or above the 50th National Percentile Rank based on STAR test results, compared to 44.0% for the State of California.** The county percentage of 3rd graders reading at or above the 50th National Percentile Rank has increased over the past several years.

Third Grade Literacy San Mateo County, 2003-2010



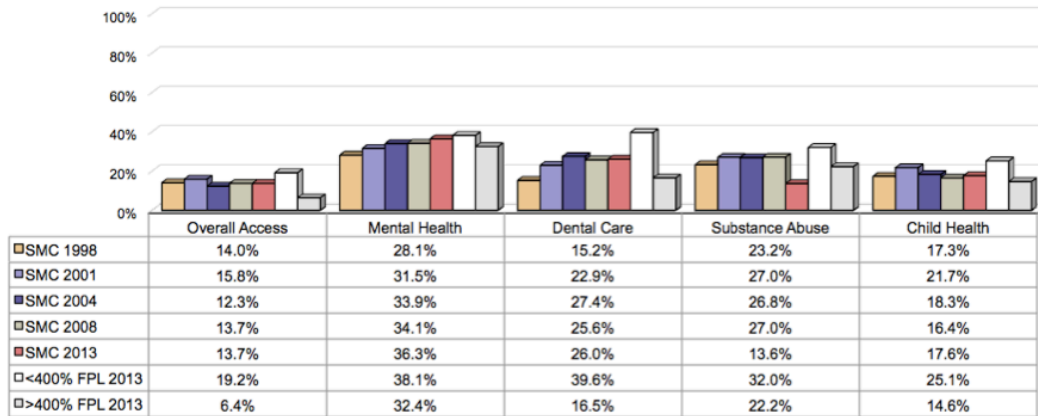
Source: • California Department of Education, Star Results, 2011.

Key Finding #10 – As a society, we have decided to criminalize biology and diseases of the brain. A large portion of our inmate population is mentally ill, substance abusers, or both. Both of these conditions are now known to be diseases of the brain. We have chosen, as a matter of ingrained public policy, to incarcerate as “treatment” for these conditions instead of employing evidence-based mental health and substance use treatments. This public policy will ultimately fail.

- ❑ **The majority of women inmates are confined in San Mateo County jail for non-violent drug possession and property offenses.** Only 12% are housed for violent or weapons charges. In fact, a higher percentage of women are confined in San Mateo County on drug possession and theft or property offences than in the nation’s jails. 80% of all women inmates are confined in San Mateo County Jail reported that they had moderate to severe alcohol or drug problems. Most women inmates confined in San Mateo County Jail were not lawfully employed at the time of admission to jail. More than one-half of the pretrial women and one-third of the sentenced women housed in the San Mateo County Jail are responsible for young children under the age of 18.
- ❑ **More than one-half (54%) of the pretrial women and one-third of the sentenced women housed in the San Mateo County Jail are responsible for young children under the age of 18.** Numerous studies on female offenders and their children document that the separation of mothers from their children contributes to:
 - Five to six times higher delinquency rates among their children.
 - Inability for children who are separated from their mothers to form trusting relationships and attachments to society’s standards.
 - More children in foster care.
 - Additional welfare costs to society.
 - Higher rates of recidivism for women offenders.
- ❑ **Men housed in the San Mateo County Jail have the following characteristics:**
 - The most frequent offense for which they were confined was for personal drug use and possession.
 - While drug use or possession is the most common single charge, this is not the majority of men in custody.
 - Almost 60% were employed at the time of this current jail admission and most reported that they expect to be employed upon release.
 - More than one-half report using drugs and four out of ten report using them daily or several times a week.
 - Methamphetamines were the number one drug of choice.
 - Nearly two thirds of the men report drug and/or alcohol abuse.
 - Only 17.2% reported being involved in treatment at the time of this arrest and few reported ever receiving treatment.
 - Almost one-third of the males are assessed by Correctional Health Services as needing residential treatment for their psychiatric disorder.

Key Finding #11 – Health insurance coverage has been declining over the last 15 years. The Affordable Care Act, also known as Obamacare, is likely to stem the long sustained decline in health insurance coverage. Access to mental health and dental services remain problematic.

Perceive “Fair/Poor” Access to Health Care Services San Mateo County, 2013

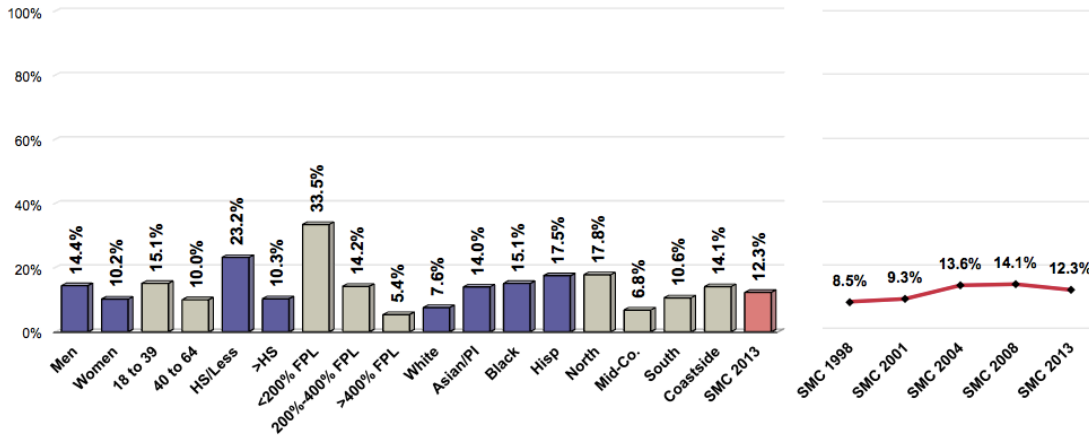


Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

☐ **Because of good policy design and implementation there is almost universal childhood access to health care in San Mateo County, unlike almost any other county in the country.**

- **For adults, there are still a large percentage of individuals without health insurance.** Men, young adults, those with no postsecondary education, and respondents living below the 200% poverty threshold demonstrate greater lack of health insurance. More than 15% of Blacks and Hispanics report being uninsured, roughly twice the prevalence reported among Whites represented in the survey. North County residents also report a notably higher rate of being uninsured.

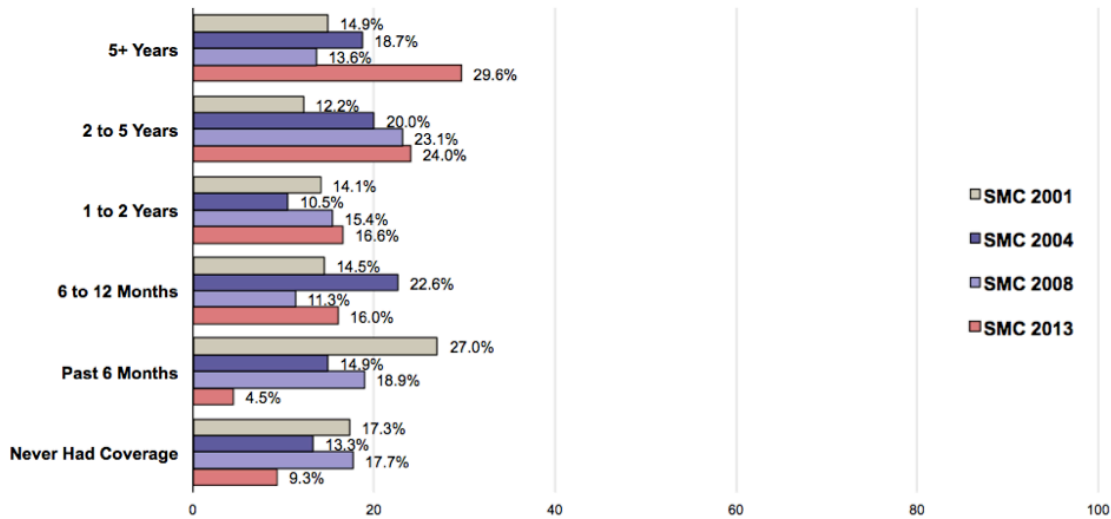
Lack Health Care Insurance Coverage (18-64) San Mateo County, 2013



Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents under 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- **For adults, there has been a large increase in those without insurance for over five years.** Among those without any type of health insurance coverage, 9.3% report that they have never had coverage. A full 29.6% have been without coverage for more than five years (a *significant increase* over time).

Length of Time Without Coverage
 Among Respondents <65 Without Health Insurance Coverage
 San Mateo County

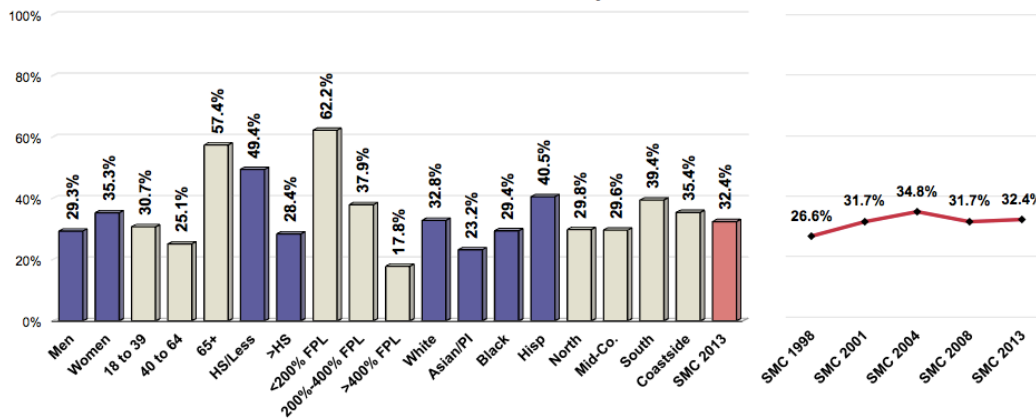


Source: • 2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents under 65 who are without health care insurance coverage.

- Lack of dental insurance and access remains an issue.** 32.4% do not (representing more than 185,000 county adults). The prevalence of community members without dental coverage has *increased significantly* since the 1998 survey. Among those without dental insurance, 34.3% report that they or a family member have dental problems which they cannot take care of because of a lack of insurance (up from 22.4% in 2008). Income level is the primary correlation with lack of dental insurance: 62.2% of those living below the 200% poverty threshold are without dental insurance coverage, compared to 17.8% of those living above the 400% poverty threshold. Note also that 57.4% of seniors, one-half of those without a college education, and over 40% of Hispanics are without full or partial dental insurance.

Lack Dental Insurance Coverage

San Mateo County, 2013



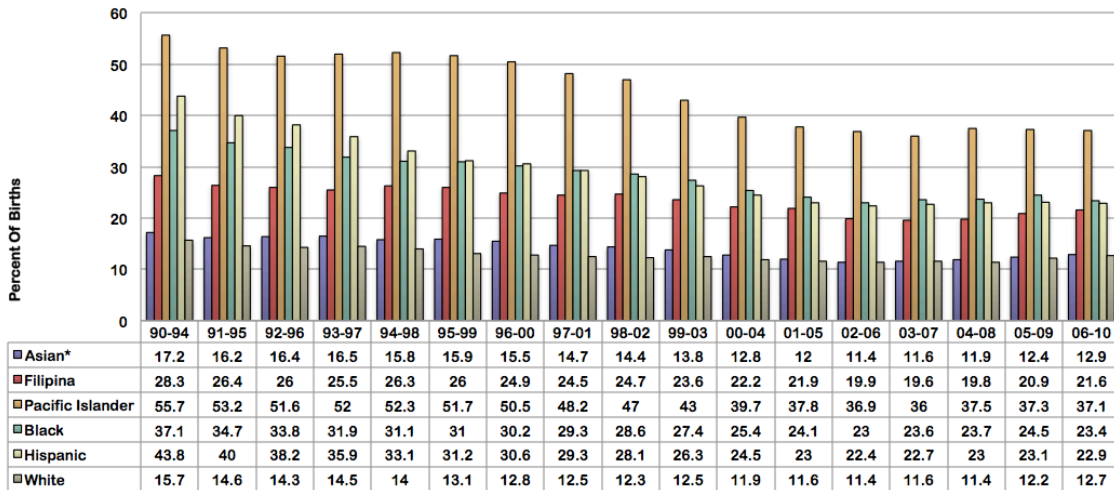
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- Access to dental care is among the lowest of all types of access to healthcare service.** No systematic effort to identify needs or plan for future needs exist in the county.
- Access to mental health services continues to deteriorate.** San Mateo County respondents were most critical of access to **mental health services** (36.3% rate this as "fair/poor"); evaluations this year are *significantly worse* than found in 1998 and 2001, but statistically similar to 2004 and 2008 findings.

- **There are racial/ethnic disparities in adequacy of prenatal care received as well.** The adequacy of prenatal care for Pacific Islander women is very low compared to other groups. The most substantial decrease occurred in Hispanic women from 43.8% in 1990-1994 to 22.9% in 2006-2010, a 47.7% decrease. Asian women other than Filipinas and Pacific Islanders received adequate prenatal care in similar proportions to White women. Pacific Islander women consistently had the highest proportions of less than adequate prenatal care compared to other race/ethnicities.

Proportion of Births Receiving Less Than Adequate Prenatal Care By Maternal Race/Ethnicity

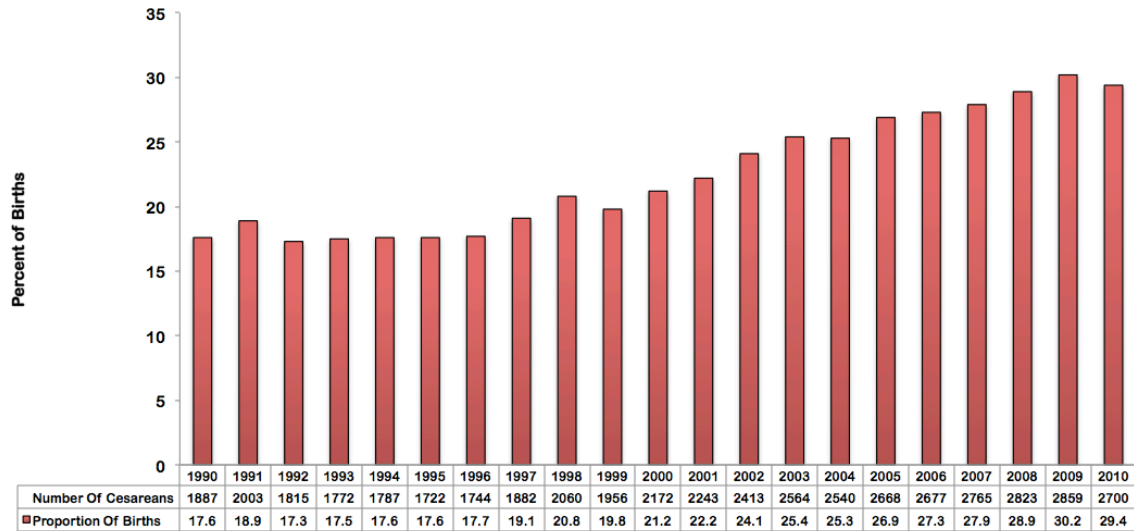
5 – Year Moving Averages, San Mateo County, 1990-2010



Source: • California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010
 Notes: • Adequate prenatal care is determined by the Kessner Index; Women in the Asian category excludes Filipina and Pacific Islander Women

- **There has been an enormous increase in the number of cesarean section births and this remains above the national objective.** One third of private births are now done by cesarean section. Policies or health plans that promote cesarean section births should be changed. The proportion of births delivered by C-section (to women both with and without a prior C-section) has dramatically increased 67% since 1990, from 17.6% in 1990 to 29.4% in 2010. The Healthy People 2020 objective is 23.9% of births to low-risk females with no prior C-section birth.

Proportion of Births Delivered by Cesarean Section
San Mateo County, 1990-2010

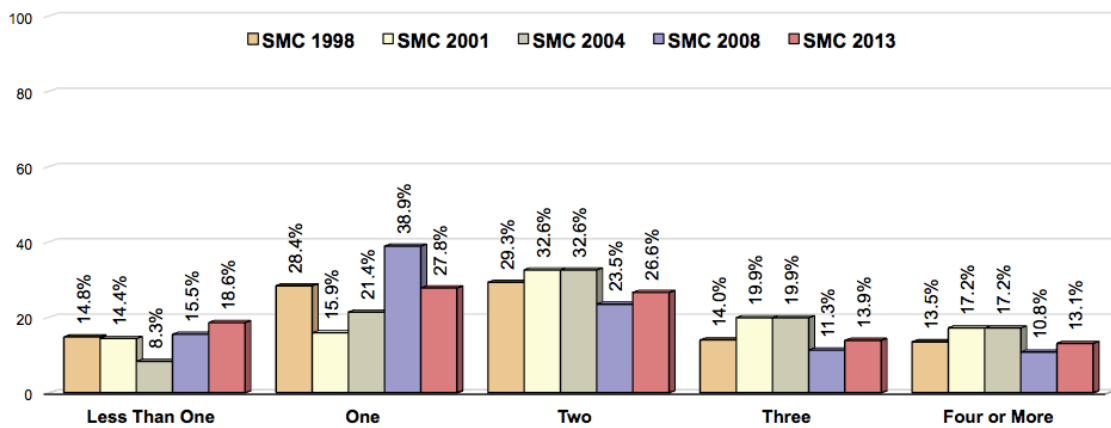


Source: • California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010

Key Finding #12 – We are not doing well by our children. Our children are less healthy, as a whole, than children were in decades past. Current adult generations have benefitted from a large number of good policy decisions. However, today, our policies, across diverse sectors, are making our children less healthy and adversely impacting our future generation’s health, well-being, and lifespan.

- **Overall decrease in television and video watching for children is hopeful, but more needs to be done.** Screen time is decreasing for 13-17 year olds, but it is increasing for those 12 and under. A total of 18.6% report that their child watches less than one hour per day (*significantly higher* than previous findings). In contrast, 27.0% report that he/she watches three hours or more per day.

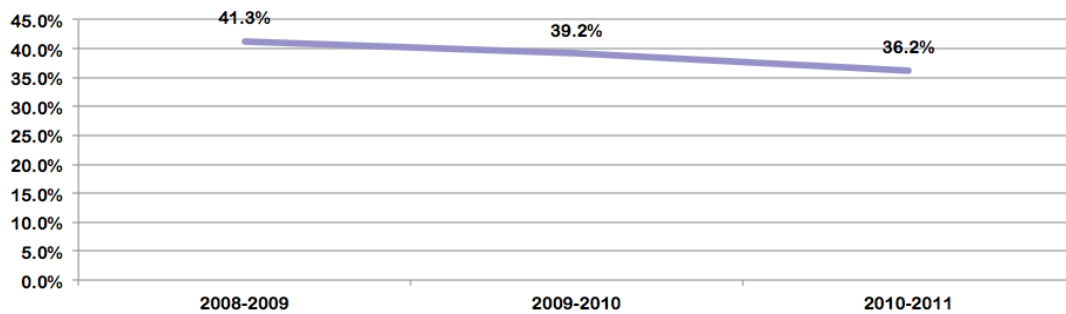
Number of Hours Child Spends on Screen Time (Television, Videos, Video Games) Per Day
San Mateo County, 2013



Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children aged 1-17 at home.

- After increasing from 1998-2006, 7th grade physical fitness has been declining for the past five years. In 2010-2011, only 36.2% of San Mateo County 7th graders met basic fitness requirements, as determined by the California Department of Education, although this proportion is better than the statewide average. However, in San Mateo County, there is a notable difference among students by gender and by race and ethnic group, with boys and Black and Latino students demonstrating the *lowest* prevalence of physical fitness.

Percentage of 7th Grade Students Meeting 6 of 6 Basic Fitness Standards, San Mateo County, 2008-2011



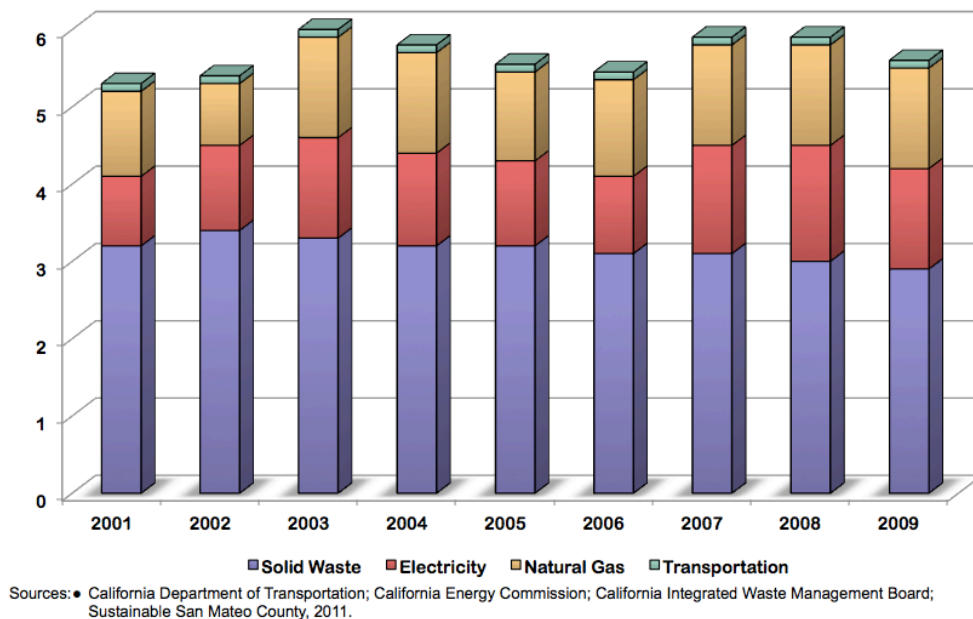
Source: • California Department of Education, DataQuest, 2012.

- Resources directed at early learning and reducing childhood trauma are inadequate.
- We have created a society where far too many children are obese.
- Access to mental health services for children is inadequate.

Key Finding #13 – Primary prevention activities around obesity prevention and activities to reduce greenhouse gas emissions and climate change are one and the same.

- ▣ **The total estimated carbon emissions from gasoline, electricity, and natural gas use in San Mateo County were 5.58 million metric tons in 2009.** Since 2001, total carbon emissions from these sources have varied year to year, but increased slightly. The transportation sector has consistently accounted for more than half of total carbon emissions in the county.

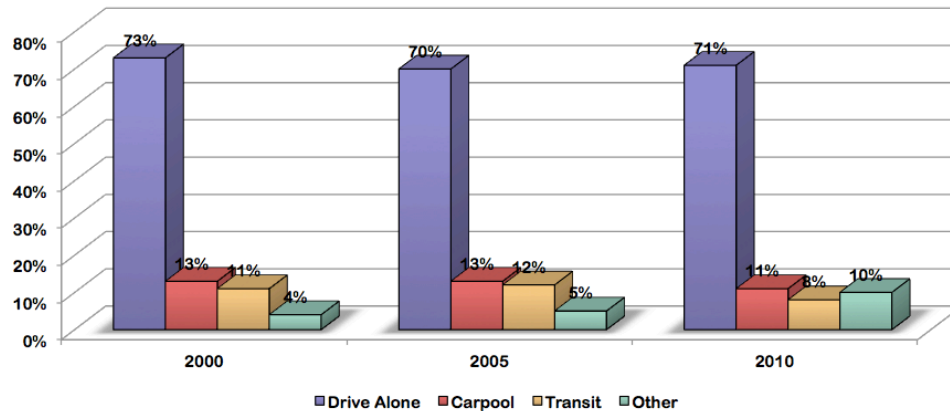
Total Greenhouse Gas Emissions
San Mateo County, 2001-2009



- ▣ **A major way to limit greenhouse gas emissions and reduce climate change is to promote active transportation.**

- There has been no real change in travel modes to work in the past decade. The vast majority of residents are still driving alone.

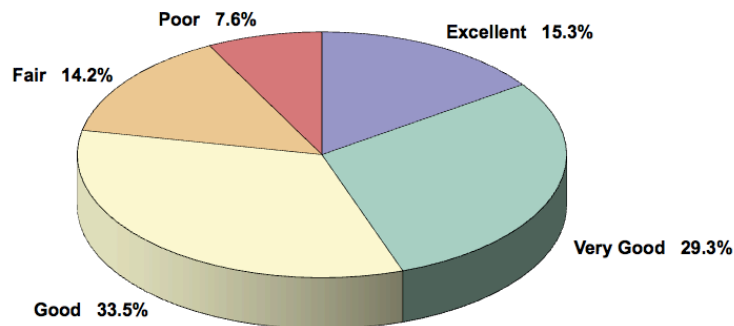
Travel Modes to Work
San Mateo County Residents 2000, 2005, 2010



Source: • Metropolitan Transportation Commission, 2000, 2005, US Census, American Community Survey, Sustainable San Mateo, 2012

- Promoting and supporting active transportation produces significant health co-benefits among the population, especially related to weight reduction and increasing physical activity.
- Cities are only doing an average job in promoting biking and walking in their communities. 44.6% of survey participants gave “excellent” or “very good” ratings of the local government in creating bikeable and walkable streets and sidewalks that provide easy access to public transit and daily needs and services. Another one-third (33.5%) gave “good” ratings. In contrast, 21.8% of San Mateo County adults gave “fair/poor” ratings of the local government’s creation of easy access to public transit and daily needs and services.

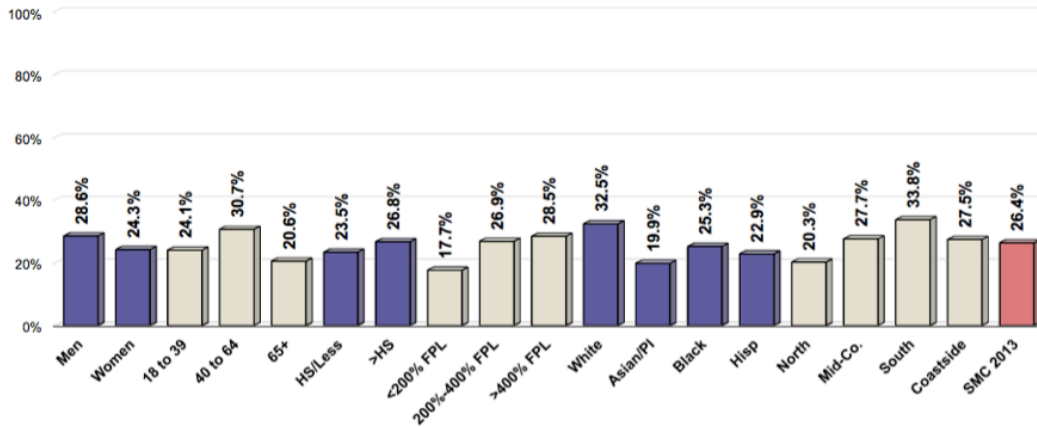
Rating of Local Government on Creating Bikeable and Walkable Streets and Sidewalks for Ease of Accessibility
San Mateo County, 2013



Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- ☐ Just over one in four survey respondents (26.4%) currently grows some of their own food.

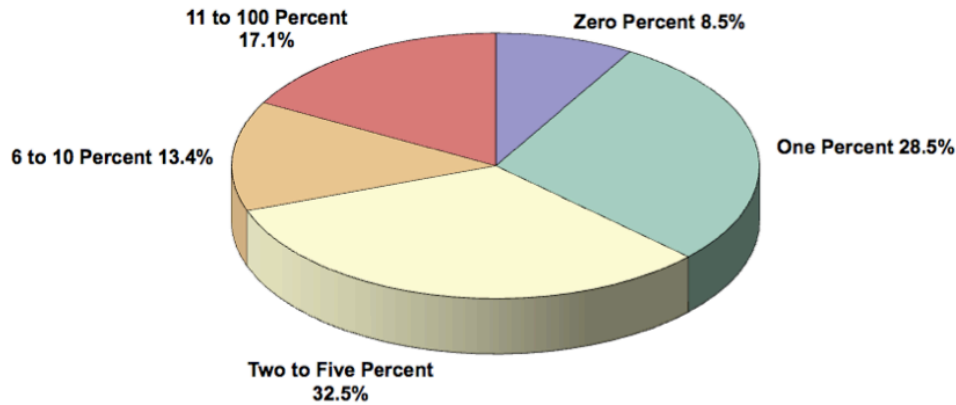
Respondent Grows Food for Consumption San Mateo County, 2013



Sources: • 2013 PRC Community Health & Quality of Life Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- ☐ Among those residents who grow some of their own food, most report growing less than 5% of their total food needs.

Percentage of Total Food Consumed Which is Self-Grown Among San Mateo County Respondents Who Grow Food for Consumption, 2013

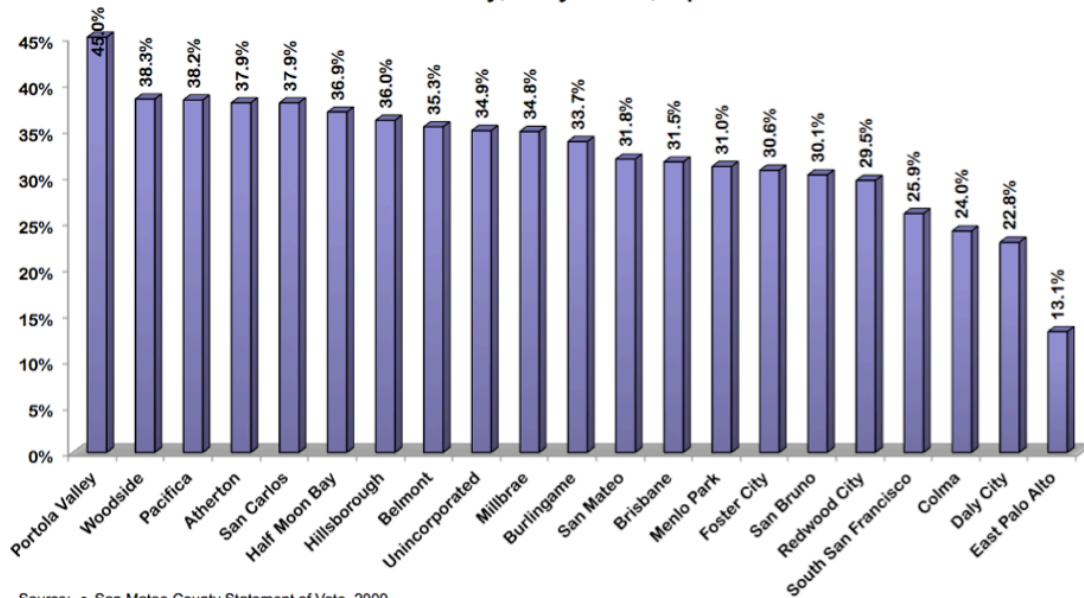


Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who grow their own food for consumption.

Key Finding #14 – Civic participation in San Mateo County is low.

- **In the 2010 General election, voter turnout—expressed as the percentage of eligible voters who voted—was 46.3% in San Mateo County, compared with 43.7% statewide.** This number was both higher than the countywide turnout for the 2005 special statewide election (when 41.5% of eligible adults voted) and the last midterm election in 2002 (when only 38.8% of eligible adults voted). Still, less than half of the eligible voters in the county made decisions for the entire community.

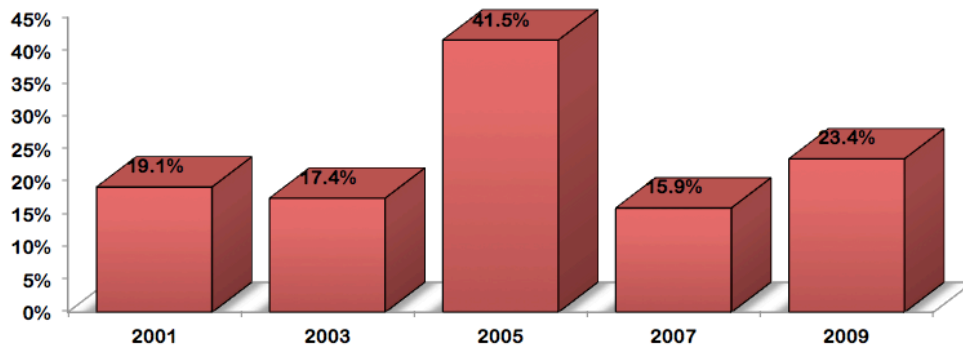
Percentage of Registered Voters Who Voted
San Mateo County, May 2009, Special Election



Source: • San Mateo County Statement of Vote, 2009.

- ☐ **Frequently less than 25% of eligible voters determine the outcome of an election.** In odd number election years from 2001-2009, the percentage of San Mateo County Eligible voters who voted ranged from 15.9% in 2007 to 41.5% in 2005.

Percentage of Eligible Voters Who Voted San Mateo County, 2001-2009



Source: • State of California Secretary of State, San Mateo County Statement of Vote, Sustainable San Mateo, 2010.

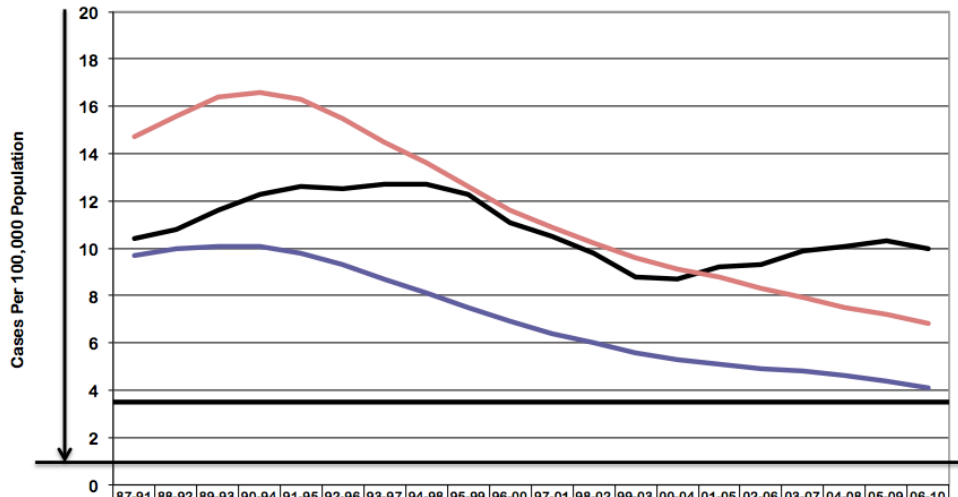
Key Finding #15 – Tuberculosis rates are increasing and are disproportionate to declines seen in the rest of the state and the nation.

- With population shifts in San Mateo County, rates of Tuberculosis are higher in San Mateo County than in California, and both rates are higher than the national average.

Incidence of Tuberculosis

5-Year Moving Averages, San Mateo County California and National, 1987-2010

Healthy People 2020 Target – 1 case per 100,000



	87-91	88-92	89-93	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04	01-05	02-06	03-07	04-08	05-09	06-10
5-yr average SMC	10.4	10.8	11.6	12.3	12.6	12.5	12.7	12.7	12.3	11.1	10.5	9.8	8.8	8.7	9.2	9.3	9.9	10.1	10.3	10.0
5-yr average CA	14.7	15.6	16.4	16.6	16.3	15.5	14.5	13.6	12.6	11.6	10.9	10.2	9.6	9.1	8.8	8.3	7.9	7.5	7.2	6.8
5-yr average National	9.7	10	10.1	10.1	9.8	9.3	8.7	8.1	7.5	6.9	6.4	6.0	5.6	5.3	5.1	4.9	4.8	4.6	4.4	4.1

Source: • Report Verified Cases of Tuberculosis (RVCT) 1985-2010; CDC Morbidity and Mortality Weekly Report; Report on Tuberculosis in California, 2010
 Notes: • Rates are unadjusted. New cases (bars) represent number of new cases in the last year of the five year period.