

2013 Community Health Needs Assessment

Health & Quality of Life
in San Mateo County



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

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	14
-------------------------	-----------

INTRODUCTION	16
---------------------	-----------

SCOPE OF THIS ASSESSMENT	16
---------------------------------	-----------

About the Assessment Effort	16
-----------------------------------	----

About this Summary	17
--------------------------	----

METHODS	18
----------------	-----------

San Mateo County Health & Quality of Life Survey	18
--	----

EXECUTIVE SUMMARY	22
--------------------------	-----------

QUALITY OF LIFE IN SAN MATEO COUNTY	68
--	-----------

COMMUNITY DESCRIPTION	68
------------------------------	-----------

Demographic Description	68
-------------------------------	----

Population & Population Growth	68
--------------------------------	----

Gender	69
--------	----

Age Distribution & Trends	69
---------------------------	----

Race/Ethnicity Distribution & Trends	70
--------------------------------------	----

Nativity	73
----------------	----

Economy	74
---------------	----

Description of the Local Economy	74
----------------------------------	----

Employment	77
------------	----

Income	83
--------	----

San Mateo County as a Place to Live	91
Community Attachment	91
FAMILY ISSUES	96
San Mateo County as a Place to Raise a Family.....	96
Caring for Grandchildren	96
Children’s Education	97
Enrollment	98
School Readiness	98
Evaluation of Child’s Education	100
Resources	101
Class Size & Teacher Supply	103
Drop-Out Rates	105
Testing	106
College Preparedness	110
Ethnic Diversity & English Proficiency	114
Educational Attainment	116
Library Usage	118
Computer Usage	119
Child Care	120
Availability of Child Care	120
Cost of Child Care	121
Current Child Care Arrangements	123
Older Dependents	125
Families in Need.....	127
Government Assistance	127

Foster Families	131
Families in Hunger	132
Family Violence	136
Domestic Violence	136
Child Abuse	138
COMMUNITY ISSUES	141
Social Environment	141
Racial & Cultural Tolerance	141
Relationships & Support	145
Spirituality	146
Homelessness	148
Estimates of Homelessness	148
Homeless Shelters & Programs	149
Experiences of Homelessness	150
Homeless Shelters & Programs	151
Housing	152
Housing Affordability	152
Housing Situation	157
Housing Supply	159
Physical Environment.....	160
Air & Water Quality	160
Resource Consumption	163
Land Use	170
Ease of Access to Parks and Recreational Facilities	174

Transportation & Traffic	176
Vehicle Miles of Travel	176
Commute Mode	177
Public Transportation	178
Government	179
Civic Participation	179
Rating of Government in Creating Ease of Access	181
Trust in Government	183
Social Services	184
Crime & Violence.....	186
Crime Indices	186
Violent Crime	187
Juvenile Crime & Violence	187
Incarceration	190
Neighborhood Safety	192

HEALTH IN SAN MATEO COUNTY	195
-----------------------------------	------------

HEALTHY BEHAVIORS	195
--------------------------	------------

Nutrition	196
Ease of Access to Affordable Fresh Fruits & Vegetables	198
Physical Activity	200

DESCRIPTION OF COMMUNITY HEALTH CARE SERVICES	202
--	------------

Personal Health Evaluations.....	202
Self-Reported Health Status	202
Activity Limitations	206

Living With Pain	207
Routine Medical & Dental Care	208
Physician Care	208
Dental Care	209
Health Care Information	211
Access to Health Care Services	213
Ease of Access to Local Health Care Services	213
Health Insurance Coverage	216
Other Potential Barriers to Access	220
Implications of Poor Access	224

MATERNAL & INFANT HEALTH	226
-------------------------------------	------------

Birth Rates	226
Adequacy of Prenatal Care.....	227
Low Birthweight.....	235
Breastfeeding	236
Infant Mortality	238

CHILD & ADOLESCENT HEALTH	240
--------------------------------------	------------

Childhood Immunization	240
Childhood Overweight & Fitness.....	242
Overweight	242
Physical Fitness	242
Television/Video Watching & Video Gaming	243
Local Resources Designed Specifically for Youth	245

Adolescent Sexuality	247
Adolescent Pregnancy	248
Consequences of Adolescent Pregnancy	248
Adolescent Births	248
SENIOR HEALTH	256
Demographic Overview	256
Population Growth & Makeup	256
Low-Income Seniors	256
Seniors Living Alone	257
Senior Health Issues	257
Preventive Health Services	257
Chronic Conditions	258
Mental Health	260
Activity Limitations	260
MORTALITY	261
Leading Causes of Death	261
Years of Potential Life Lost	262
Age-Adjusted Death Rates	264
Death Rate for All Causes	264
Death Rates for Selected Causes	265
CANCER	267
Cancer Rates	267
Cancer Incidence	267
Most Common Types of Cancers	268
Cancer Deaths	269

Lung Cancer	272
Lung Cancer Incidence	272
Tobacco Use	274
Cigarette Smoking Among Adolescents	276
Colorectal Cancer	277
Colorectal Cancer Incidence & Mortality	277
Female Breast Cancer	281
Female Breast Cancer Incidence	281
Female Breast Cancer Deaths	281
Breast Self Exams	282
Prostate Cancer	283
Prostate Cancer Incidence	283
HEART DISEASE & STROKE	285
Heart Disease & Stroke Deaths	285
Heart Disease Deaths	285
Cerebrovascular Disease (Stroke) Deaths	287
Cardiovascular Risk Factors	288
High Blood Pressure	288
High Blood Cholesterol	289
Overweight Prevalence	290
CHRONIC DISEASE	293
Prevalence of Chronic Illness	293
Diabetes	294
Asthma	297
Adults with Asthma	297

Children with Asthma	299
Avoidable Hospitalizations	300
COMMUNICABLE DISEASE	304
HIV/AIDS	304
People Living With AIDS	304
AIDS Case Rates	307
HIV/AIDS Education in Children	309
Encouragement of Condom Use in Sexually-Active Teens	309
Sexually Transmitted Diseases	310
Chlamydia	311
Gonorrhea	312
Syphilis	313
Tuberculosis	314
Tuberculosis Case Rates	314
Vaccine-Preventable Disease	318
Incidence of Vaccine-Preventable Disease	318
Hepatitis C	320
Enteric Disease	321
Salmonella	321
Shigella	322
INJURIES	324
Injury Deaths.....	324
Unintentional Injury.....	325
Unintentional Injury Deaths	325

Intentional Injury.....	327
Homicide	327
Assault	328
Firearms & Other Weapons	329
Suicide	331
Self-Inflicted Injury	332
Children & Physical Fights	333
Disaster Preparedness	334
Emergency Provisions	334
Pandemic Flu Preparation Recommendations	335
ADDICTIONS & SUBSTANCE USE	337
Substance Abuse	337
Drug Use	337
Alcohol Use & Abuse	339
Driving Under the Influence (DUI)	342
Addictions Treatment.....	343
Substance Abuse Hospitalizations	343
County-Funded Alcohol/Drug Treatment	345
Seeking Help for Addictions	346
MENTAL HEALTH	348
Mental Health Status	348
Days of Poor Mental Health	348
History of Mental Health Problems	348
Depression	350
Stress & Lack of Sleep	350

APPENDIX I: NORTH FAIR OAKS 354

Quality of Life 354

Health 355

APPENDIX II: SURVEY INSTRUMENT 358

ENDNOTES 434

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:

www.smchealth.org

www.plsinfo.org/healthsmc

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.

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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 Legislative 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.

METHODS

San Mateo County Health & Quality of Life Survey

The primary research for this project was gathered through a telephone survey of adults in San Mateo County. The *2013 Health & Quality of Life Survey* addressed a variety of issues, including:

- Measures of health risk behaviors (e.g., smoking, physical inactivity, high blood pressure, overweight prevalence) and prevention services (e.g., cancer screenings and access to medical care), using many questions from the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System; and
- Quality of life indicators, including such items as housing, social capital, child care, transportation, and education.

This survey was designed to gather information from the population which is not readily available elsewhere, particularly items which do not naturally lend themselves to database collection. Many questions in this survey were also administered in the 1998, 2001, 2004 and/or 2008 community assessments, allowing for trending of these indicators.

The *2013 Health & Quality of Life Survey* was conducted among a random sample of 1,000 adults in San Mateo County; of these surveys, 80% were conducted via landline telephones and 20% were conducted via cell phones. In addition to the countywide random sampling, the Healthy Community Collaborative contracted to conduct additional surveys as follows (resulting in a total of 1,724 total interviews):

- A total of 300 additional interviews in Coastside ZIP Codes in order to augment samples and enhance reliability within that area and to make it comparable to data collected in previous surveys.
- An oversample of African American residents to allow for analysis of this important subsample (85 additional interviews were conducted; these, along with those achieved in the random sample, yielded a total of 125 interviews among African Americans in San Mateo County).
- An oversample of low-income residents (those living below 400% of federal poverty guidelines) to allow for better analysis of this segment (150 additional interviews were conducted; these, along with those

achieved in the random sample, yielded a total of 655 interviews among low-income residents in San Mateo County).

Throughout this report, survey findings are segmented by regions within the county. The ZIP Code composition of these regions is as follows:

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

The interviews were conducted randomly; the final responses were then “weighted” by several key geographic and demographic characteristics to more closely match the countywide and sub-county populations, and achieve greater statistical representativeness. The numbers of actual interviews conducted by key demographic segments are outlined in the following chart, as well as the distribution of weighted respondents.

For questions asked of all respondents, the maximum error rate associated with the survey sample is ±2.4% at the 95 percent confidence level (p=.05).

The estimated adult (18+) population of San Mateo County is 571,301 residents. Therefore, among survey questions asked of all respondents, each percentage point in the survey represents roughly 5,713 persons (e.g., a 15.0% response represents approximately 85,695 adults). The following table also describes the confidence intervals and population estimates associated with key demographic and geographic segments.

Numbers of Actual Interviews, Weighted Responses, Confidence Intervals & Populations Estimates for Demographic/Geographic Segments				
	2013 Health & Quality of Life Survey			
	Interviews Conducted *	Weighted Responses	Maximum Error Rate	Population Equivalent (1% = # Adults)
Gender				
Male	747	833	±3.6%	2,760
Female	977	891	±3.1%	2,953
Age				
18 to 39 Years	298	631	±5.7%	2,142
40 to 64 Years	832	773	±3.4%	2,624
65 Years or Older	547	279	±4.2%	947
Education				
High School or Less	340	301	±5.3%	1,002
Postsecondary Education	1,374	1,415	±2.6%	4,711
Poverty Status				
<200% Poverty Level	298	250	±5.7%	1,080
200%-400% Poverty Level	357	321	±5.2%	1,386
>400% Poverty Level	670	752	±3.8%	3,247
Race/Ethnicity				
White	1,145	850	±2.9%	2,835
Hispanic	345	377	±5.3%	1,257
Asian/Pacific Islander	149	431	±8.1%	1,437
Black	125	55	±8.8%	183
Region				
North County	476	663	±4.5%	2,194
Mid-County	390	563	±5.0%	1,866
South County	512	433	±4.3%	1,435
Coastside	346	66	±5.2%	219
TOTAL SAMPLE	1,724*	1,724	±2.4%	5,713
<ul style="list-style-type: none"> Note that some categories may not add to the total number of interviews due to non-response/non-classification, or in the case of race/ethnicity and region, because respondents may fall within more than one classification. Error rate estimates are made at the 95% confidence level (p= .05). Population equivalents are based on estimates of the adult population (aged 18 and older). Estimates for education, poverty and race/ethnicity status are based on proportions achieved through random sampling. * Includes the following samples: 1,000 countywide random interviews; an oversample of 300 Coastside residents; an oversample of 189 North Fair Oaks residents; an oversample of 85 Black residents; and an oversample of 150 low-income households. 				

Poverty Status

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status

by household income level and number of persons in the household (e.g., the 2013 guidelines place the poverty threshold for a family of four at \$23,050 annual household income or lower).

In sample segmentation: “<200% Pov” (or <200% of the Federal Poverty Level [FPL]) refers to community members living in a household earning up to twice the poverty threshold (e.g., below \$46,100 for a family of four); “200%–400%” refers to households with incomes of twice and up to four times the poverty threshold; “>400% Pov” refers to households with incomes more than four times the poverty threshold for their household size (e.g., above \$92,200 for a family of four). The 400% Federal Poverty Level (FPL) is used throughout this report because it is more reflective of the San Mateo County self-sufficiency standard.

Race/Ethnicity

Note that race/ethnicity breakouts of survey data represent self-identified race/ethnicity. Multiple classifications were allowed; thus, race/ethnicity breakouts do not represent mutually exclusive groups. “Black” and “African American” are used interchangeably throughout the report, as are “Latino” and “Hispanic.” Note that some health outcomes for subgroups may be masked by the larger population; this is particularly true for the Asian/Pacific Islander population.

Statistical Significance

Where differences in survey findings are noted in this report, these represent *statistically significant* differences based on estimates of confidence intervals (for the corresponding sample sizes and response rates) at the 95 percent confidence level ($p=.05$).

Benchmark Comparisons

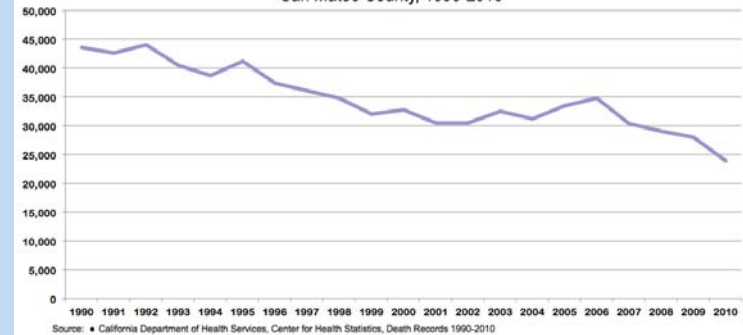
To further provide context to the data presented in this report, comparisons to benchmark data are provided where available. These include comparisons to state-level data and Year 2020 objectives (as outlined in Healthy People 2020, a description of national health goals).

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.

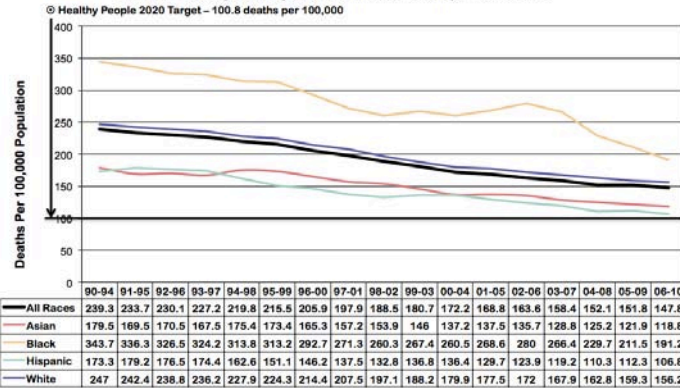
- **Years of Potential Life Lost (YPLL) have decreased dramatically.** The total number of YPLL for all causes has declined from 43,674 in 1990 to 23,914 in 2010 in San Mateo County.

Total Years of Potential Life Lost – All Causes
San Mateo County, 1990-2010



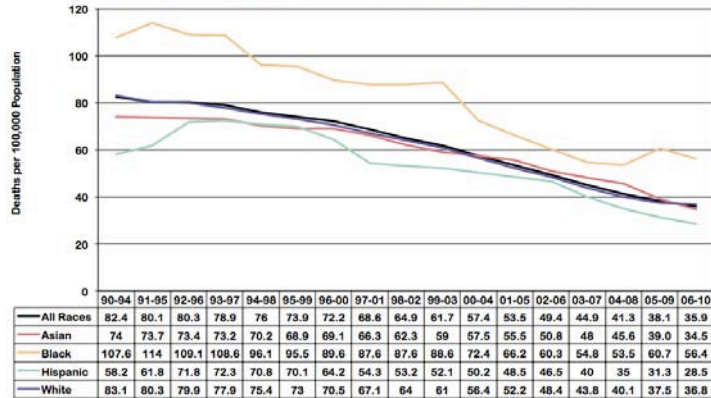
- **Heart disease and cerebrovascular disease mortality have decreased dramatically.** The heart disease mortality rates distribution by gender and racial/ethnic groups mirrored the overall mortality rate. The heart disease mortality rates for Blacks decreased from 343.7 in 1990–1994 to 191.2 during 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.

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

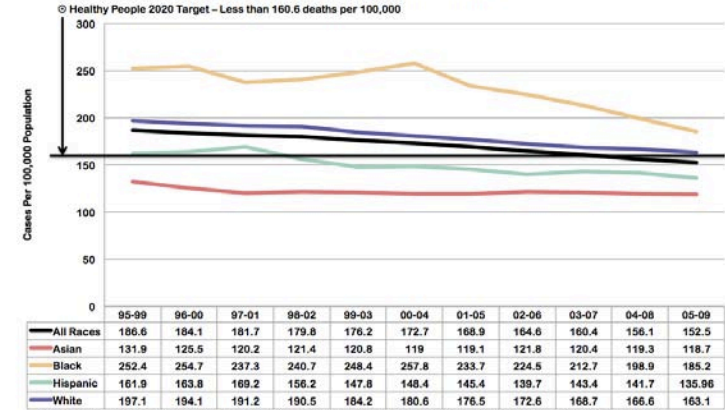
Cerebrovascular Disease Mortality by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1990-2010



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.

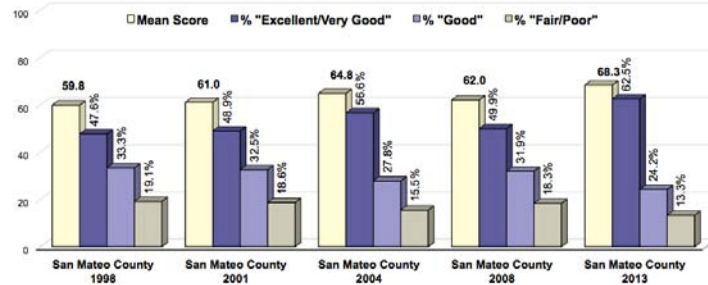
Cancer Mortality by Race/Ethnicity (All Cancer Sites) 5-Year Moving Averages, San Mateo County, 1995-2009



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/>
Notes: Rates and age-adjusted and standardized to Year 2000 population

- Racial and cultural tolerance is increasing even among minorities** after declining in 2008. 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). In contrast, a total of 13.3% give “fair/poor” evaluations, similar to 2004 findings and lower than the remaining survey results.

Ratings of Racial/Cultural Tolerance

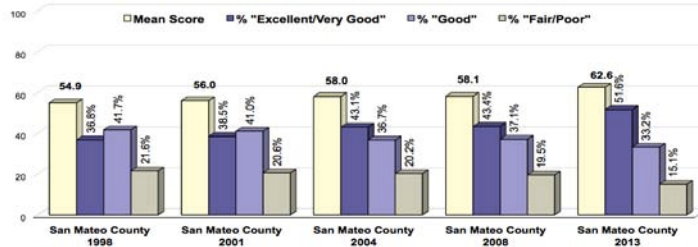


Source: 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

- 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

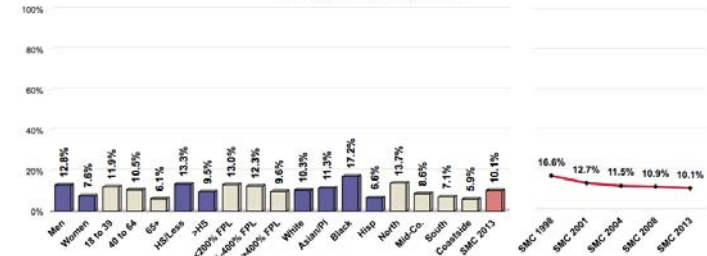


Source: 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

- 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%).

Current Smoker San Mateo County, 2013

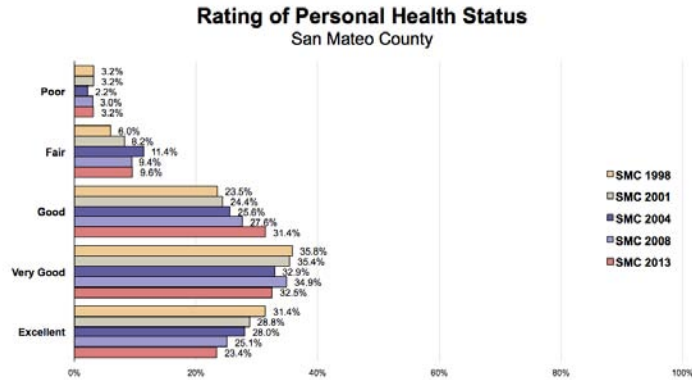


Source: 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

- 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.

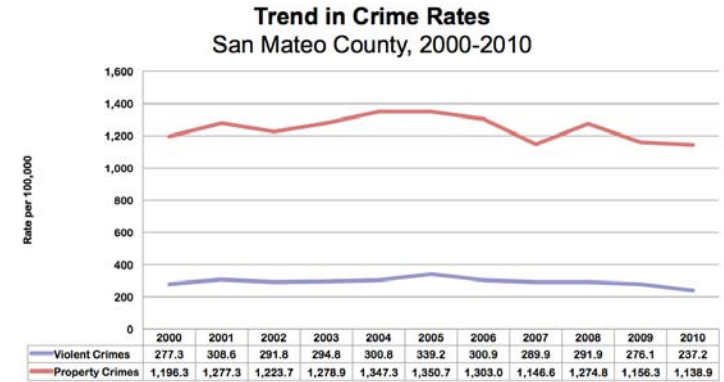
Key Finding #2 – There is a mismatch between perception and reality, which creates anxiety. We're better off than you think.

- 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” or “very good” (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.”



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

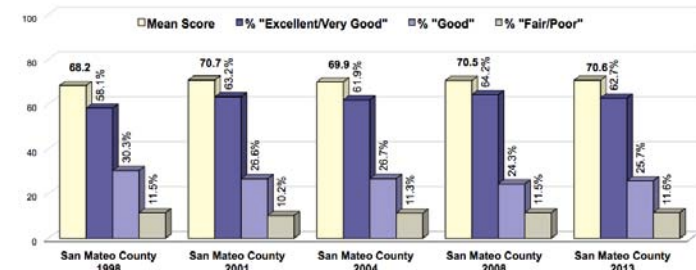
- Property crimes and violent crimes are down. Following a high in 2005 in both property crimes and violent crimes, crime rates in both areas were lower in 2010.



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%.

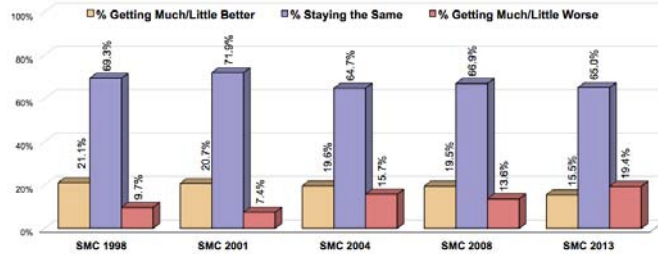
Community Evaluations of Neighborhood Safety San Mateo County



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.

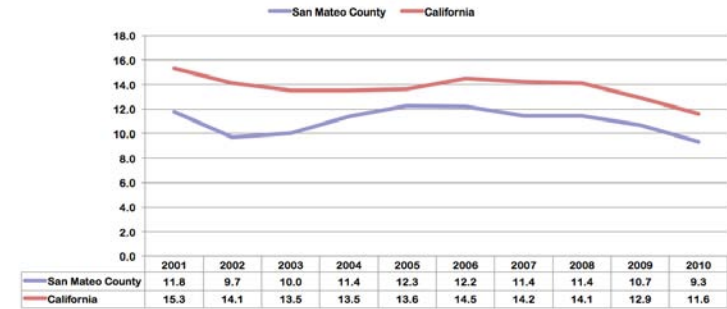
**Perceptions of Neighborhood
Over the Past 2 Years
San Mateo County, 2013**



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. In 2010, there were 9.3 felony arrests for every 1,000 juveniles aged 10 to 17 in the County.

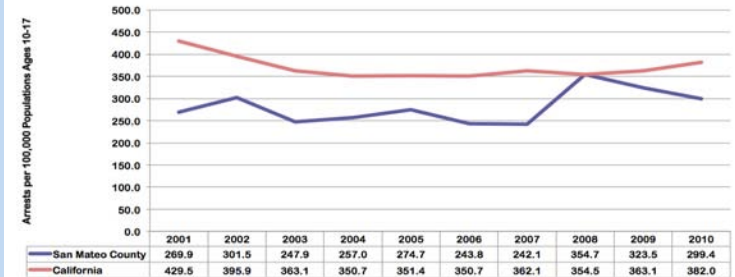
**Juvenile Felony Arrests per 1000 Population, Ages 10-17
San Mateo County, 2001-2010**



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

San Mateo County juvenile misdemeanor arrests for drug offenses have slightly fluctuated over the past decade. In 2008, the San Mateo County rate of 354.7 per 100,000 slightly surpassed the state rate or 354.5 per 100,000 for that year only.

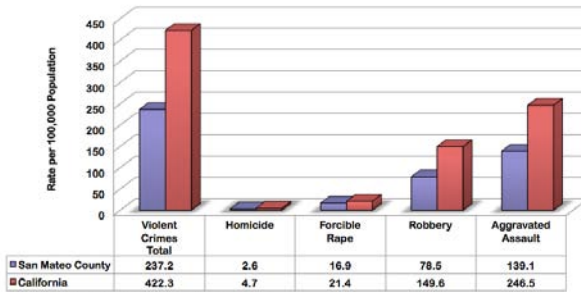
**Juvenile Misdemeanor Drug Arrests per 100,000 Population
Ages 10-17, San Mateo County, 2001-2010**



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

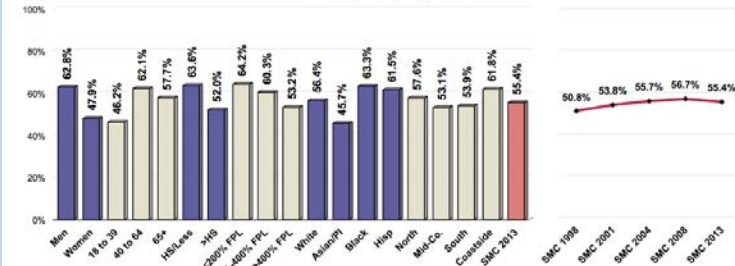


Source: State of California, Department of Justice, 2012

Key Finding #3 – Primary prevention efforts directed towards combating obesity are beginning to show some effect after more than a decade.

- Overweight is declining but obesity is increasing.** 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.

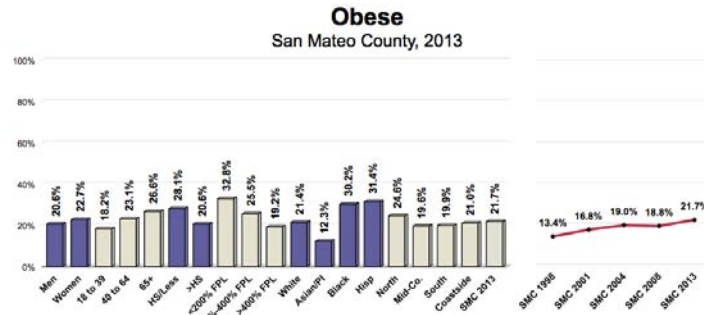
Overweight
San Mateo County, 2013



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.

☐ **People have a health trajectory that is established very early, even pre-natally. It is far easier, more effective, and cheaper to intervene earlier in this trajectory than later.**

Key Finding #4 – 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 to improve the population’s health.

☐ Encouraging healthy behaviors or discouraging unhealthy behaviors should be a matter of all public and private policy. Health should be considered and included in all policies.

Key Finding #5 – 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. This is a dead-end street.**

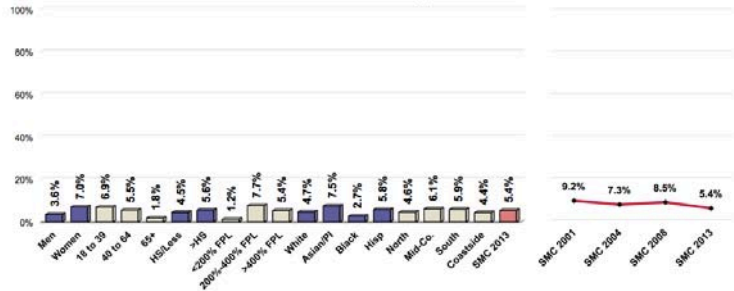
☐ **We need to stop trying to get individual behavior change and move to policies that promote health.**

☐ **The three major priorities for policies are to improve consumption of healthy food, increase activity by walking or biking, and improving neighborhood safety.**

☐ **Only economic fixes are likely to change behavior.**

■ A taxation model, such as soda taxes and carbon taxes, is likely the only model to help us keep our declining mortality rates. 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.

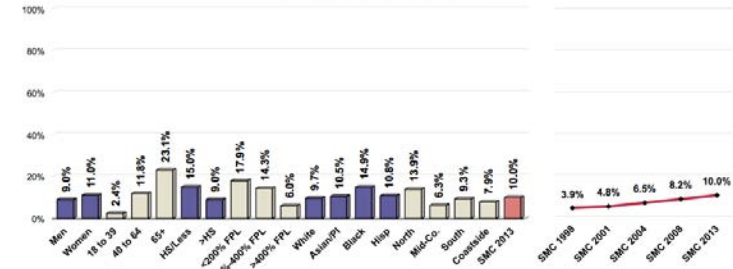
Exhibit Healthy Behaviors
Do Not Smoke, Not Overweight, Exercise Adequately, and Eat Adequate Fruits/Vegetables
San Mateo County, 2013



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 increase has 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.

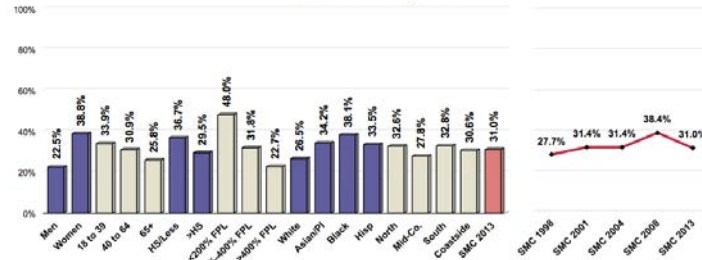
Diabetic
San Mateo County, 2013



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



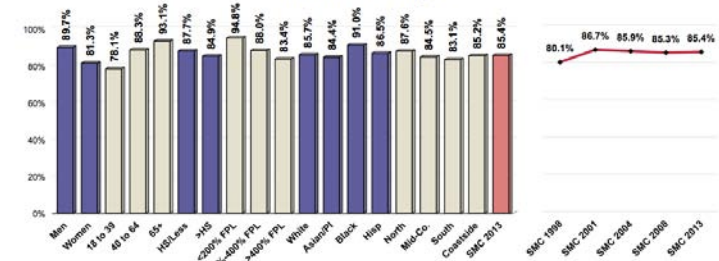
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

■ **The levers for improving the health of the population exist in every organization.**

■ **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

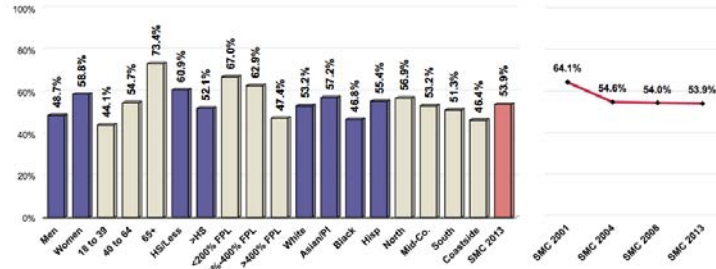


Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• 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%)

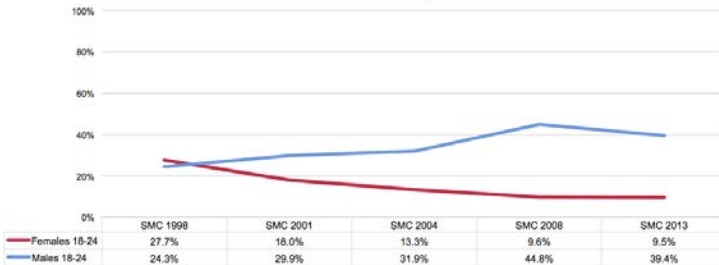
Do Not Participate in Regular Vigorous Activities San Mateo County, 2013



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%).

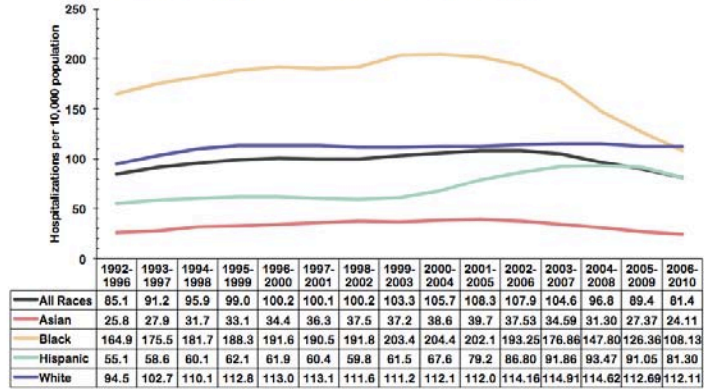
Percentage of Binge Drinkers Among Adults Aged 18-24 San Mateo County



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

- **Substance abuse hospitalization rates have been declining in recent years.** During 2006 to 2010, the substance abuse-related average annual hospitalization rate for all hospitalizations was 81.4 hospitalizations per 10,000 people. The hospitalization rate was highest among Whites who have historically been lower than Blacks, however, the rates of hospitalizations in blacks has been steadily declining since 2000–2004 and has recently gone below the White rate, which has remained relatively constant. Asians continue to have the lowest rates of substance abuse related hospitalizations.

Substance Abuse-Related Hospitalizations by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1992-2010



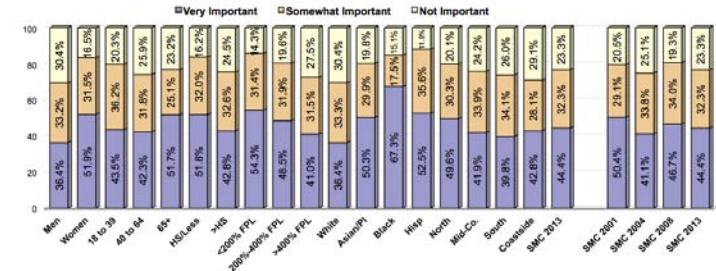
Sources: • California Office of Statewide Planning and Development, Patient Discharge Data, 1992-2010
 Notes: • Rates are age-adjusted and standardized to Year 2000 population

Key Finding #6 – 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 instability and insecurity.

- **Current generations have benefitted from a large number of good policy decisions, however our decisions are adversely impacting the health and well-being of future generations.**
- **A rapid increase in knowledge and the ability to access knowledge has not translated into a concomitant increase in wisdom.**
- **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 affliction is arising, that of being constantly “on.”**
- **Technology is becoming a master of us instead of the other way around.**
- **People are having difficulty getting ahead of 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.

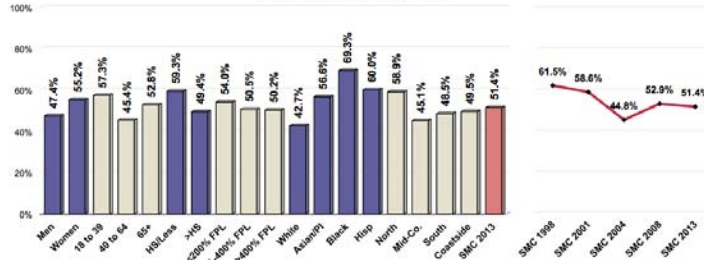
Importance of Spirituality in Respondents' Lives
San Mateo County, 2013



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.** While difficulty with satisfaction in one's life and family relationships both *increased* since 2008, problems controlling temper *decreased* significantly during this time.

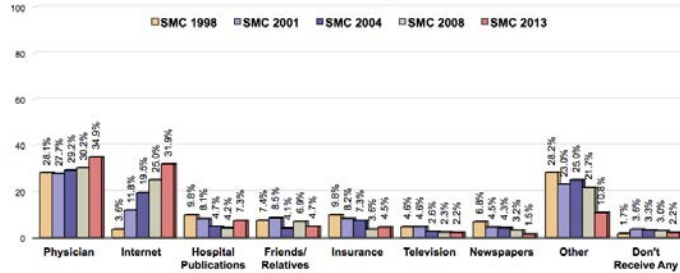
Percentage of Adults Expressing Difficulty in Their Lives San Mateo County

	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

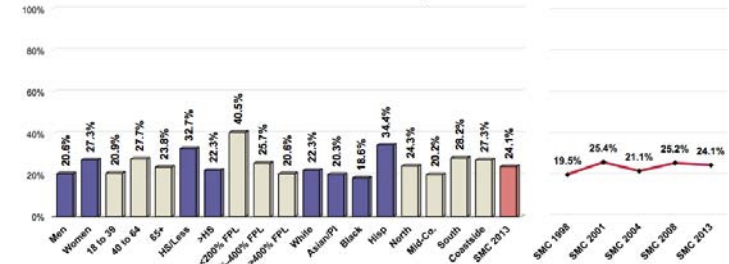


Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- **As we replace more direct human interaction with electronic, it is important to understand the costs of this. Two related aspects to this are the need for instant gratification for information, which has all the hallmarks of an addiction, and the loss of social support and human contact. Both of these increase anxiety and stress.**

- **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.

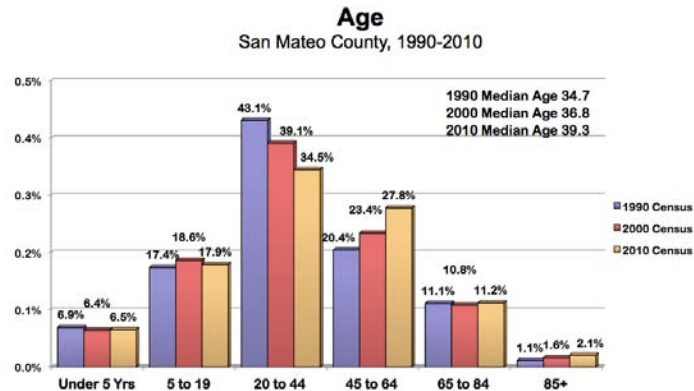
Experienced Symptoms of Depression Lasting 2+ Years
San Mateo County, 2013



Source: • 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.

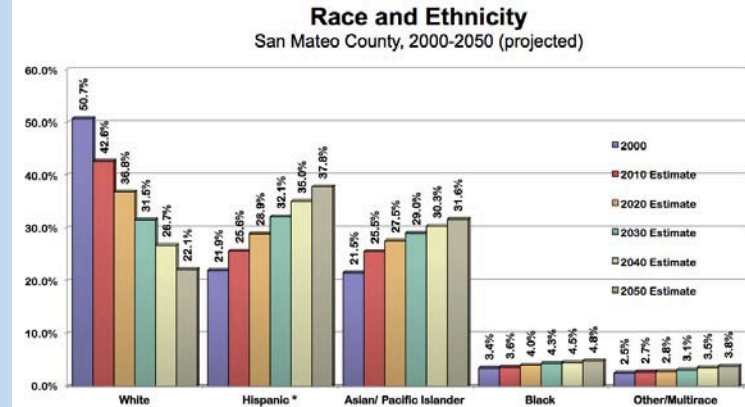
Key Finding #7 – We are losing the middle.

- **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.** The San Mateo County of the near future will look very different than the San Mateo County of today. The county make-up is different than it has been in the past and is changing more all the time.



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.

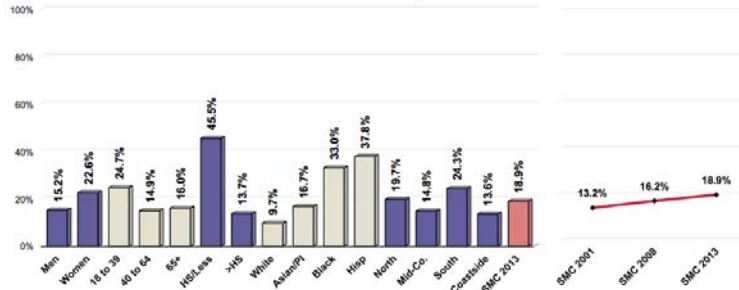


Sources: • US Census 2000, California State Department of Finance, 2007

- **All sectors (business, education, government, healthcare, transportation, etc.) must adapt to these demographic changes.**
- **Disparities in Health Outcomes are significant.**

■ **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).

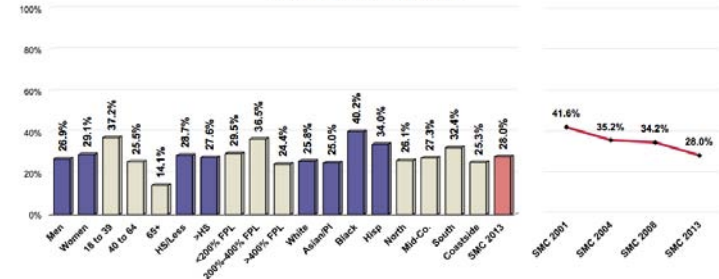
Adults Living Below 200% of the Federal Poverty Level
San Mateo County, 2013



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.

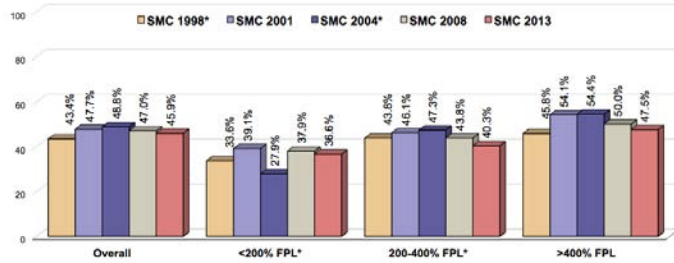
Have Considered Relocating Due to Cost of Living
San Mateo County, 2013



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.

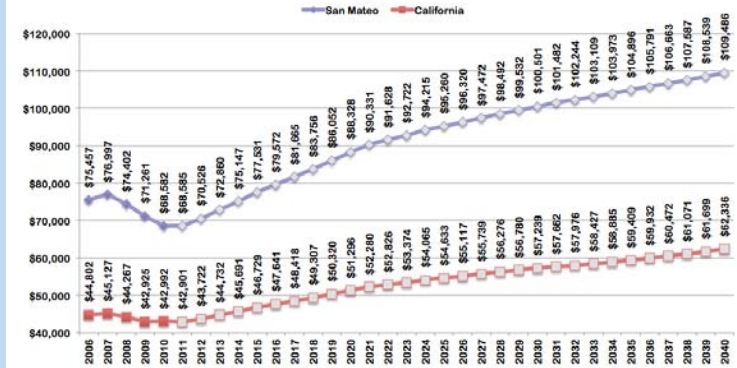
**"Always" or "Most of the Time" Trust
Local Government to Work for the Community's Best Interest
By Income, San Mateo County, 2013**



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 155% 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**

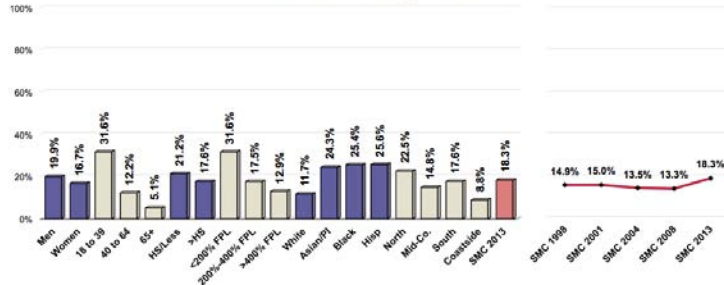


Source: • California Department of Transportation, Office of Transportation Economics, 2011

- 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.

- There is a mismatch of housing and jobs. The housing Affordability Index in the county is increasing. Housing policy needs to change.
- A minimum age income is entirely consumed by the childcare costs of one infant.

Key Finding #8 – 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. (This may lead to a lower life 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

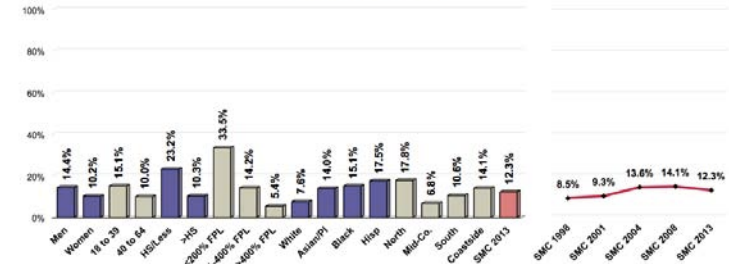
- Disparities in school funding have long-term consequences, including higher long-term costs when the opportunity for primary prevention is lost.
- We have criminalized biology and diseases of the brain. A large portion of our inmate populations are mentally ill, substance abusers, or both. Both of these conditions are diseases of the brain.

■ **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 offenses 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.

Key Finding #9 – Health insurance coverage has been declining over the last 15 years. The Affordable Care Act is likely to stem the long sustained decline in health insurance coverage.

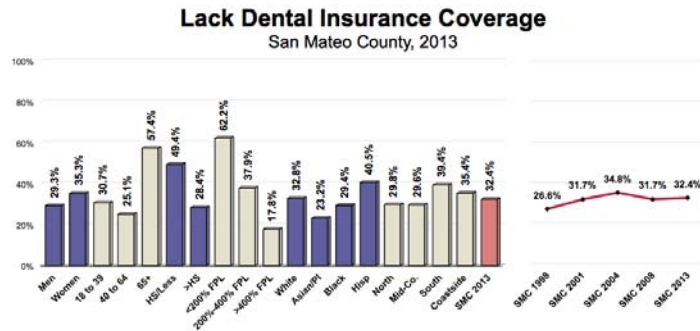
- **Because of good policy implementation there is almost universal childhood access to health care.**
- **For adults, there are still a large percentage of individuals without health insurance.** Men, young adults, those with no postsecondary education, and respondents living below the 200% poverty 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 respondents' household income as a ratio to the federal poverty level (FPL) for their household size.

■ **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.

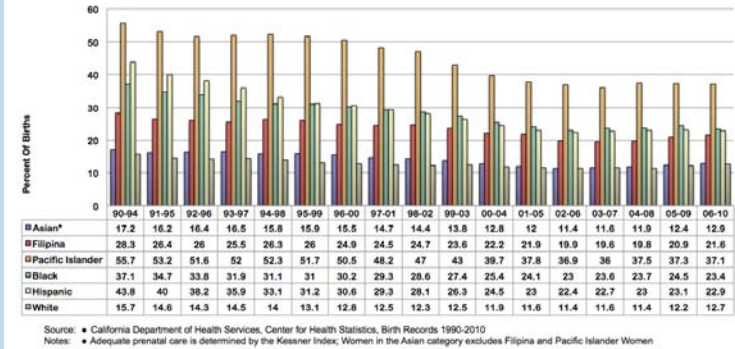


Sources: ■ 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: ■ Aired of all respondents.
■ Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

■ **Access to 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.

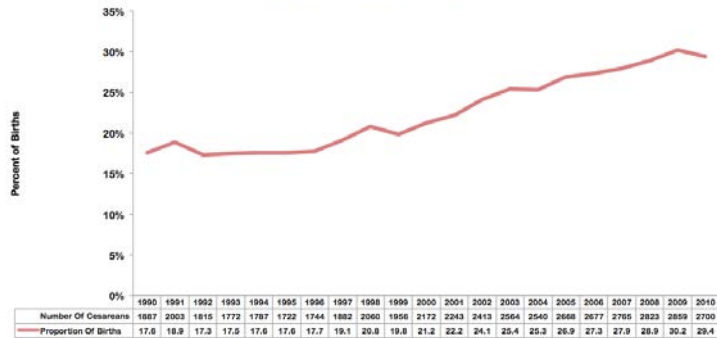
■ **There are racial/ethnic disparities in adequacy of prenatal care received as well. The adequacy of prenatal care for Pacific Islander women is very low compared to other groups.** The most substantial decrease occurred in Hispanic women from 43.8% in 1990–1994 to 22.9% in 2006–2010, a 47.7% decrease. 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



- There has been an 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

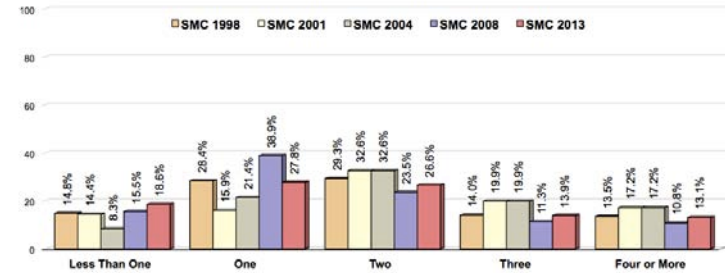


Source: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010

Key Finding #10 – We are not doing well by our children.

- 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.

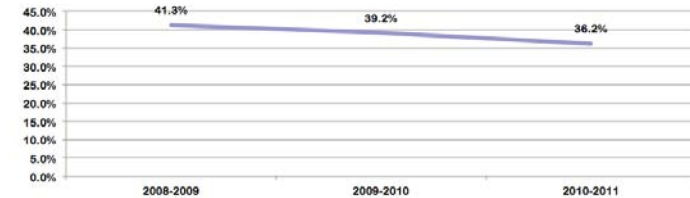
Number of Hours Child Spends on Screen Time (Television, Videos, Video Games) Per Day
San Mateo County, 2013



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 for the eight years prior, 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

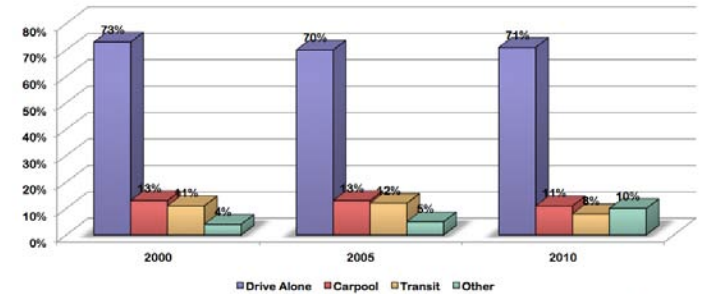


Source: • California Department of Education, DataQuest, 2012.

Key Finding #11 – Primary prevention activities around obesity prevention and activities to reduce GHG emissions and climate change are one in the same.

- **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

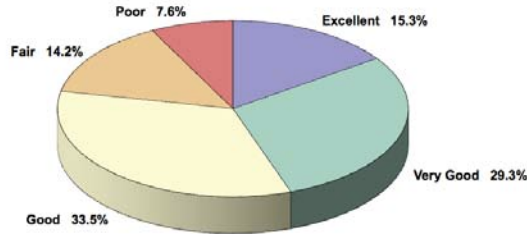


Source: • Metropolitan Transportation Commission, 2000, 2005, US Census, American Community Survey, Sustainable San Mateo, 2012

- **Active transportation also has significant health co-benefits.**

- **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.

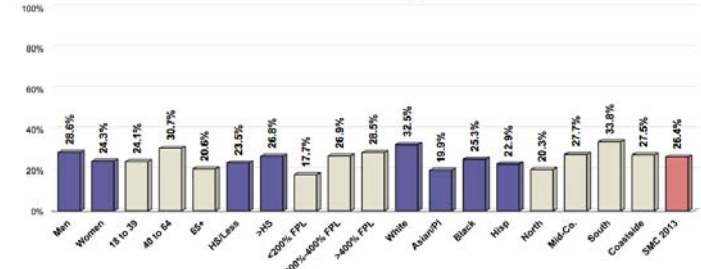
Rating of Local Government on Creating Bikeable and Walkable Streets and Sidewalks for Ease of Accessibility
San Mateo County, 2013



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.**

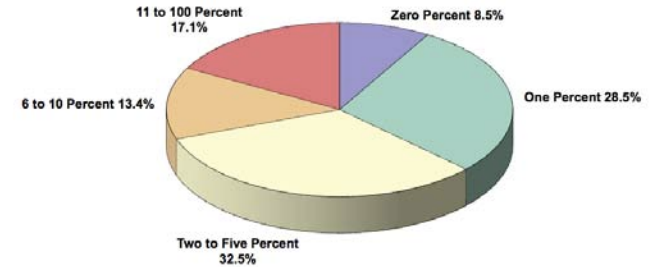
Respondent Grows Food for Consumption
San Mateo County, 2013



Source: • 2013 PHC 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

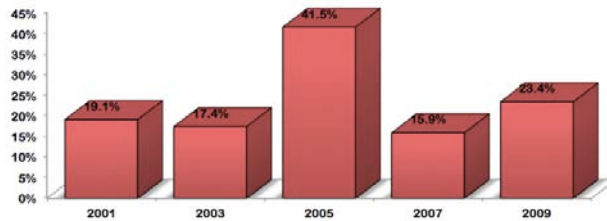


Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents who grow their own food for consumption.

Key Finding #12 – Civic participation in San Mateo County is low.

- **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.

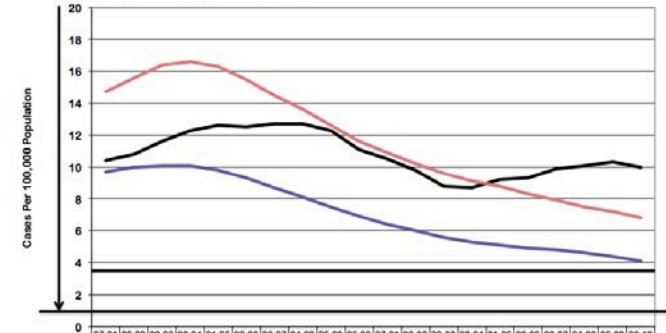
Other finding – Tuberculosis rates are increasing.

- 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



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.

QUALITY OF LIFE IN SAN MATEO COUNTY

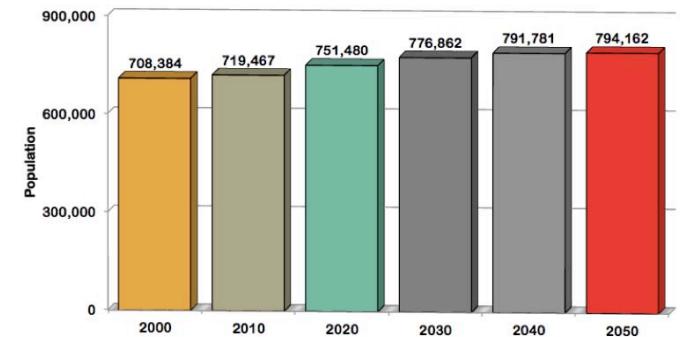
COMMUNITY DESCRIPTION

Demographic Description

Population & Population Growth

- With a Census count of 719,467 population in 2010, San Mateo County's population is expected to increase 10.4% from 2010–2050.¹
- The percentage change in the San Mateo County population due to natural increase (more births than deaths) has remained relatively constant since 1999 adding about 5000 people per year. The county also experienced domestic migration out of the county, until 2006 mitigating the overall population increase. However, beginning in 2007 net out-migration has slowed considerably, fueling population increase.

Projected Population
San Mateo County, 2000-2050



Sources: • US Census 2000, 2010, California State Department of Finance, 2012

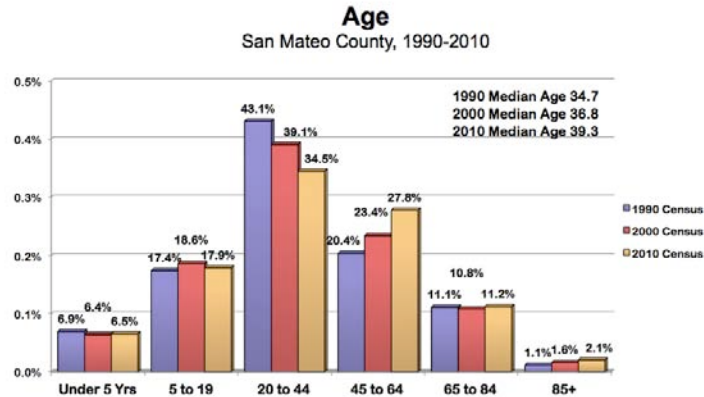
- Population growth remains positive in San Mateo County, the annual rate of growth is 1.2% (2011). San Mateo County remains near the bottom of the list in overall population growth at 3.5% since 1999, and is in the bottom ten counties with a projected growth of only 10.4% from 2010–2050.²

Gender

- Of the residents identified in Census 2010 as living in San Mateo County, 49.2% were males and 50.8% were females.³

Age Distribution & Trends

- In terms of percentage composition, the most notable change in the age distribution of San Mateo County between 1990 and 2010 appears as the baby-boomers age out of the 20–to–44 age group and into the 45–to–64 age group.⁴

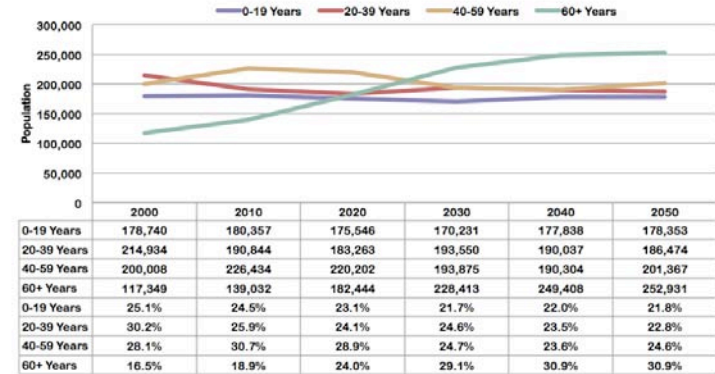


Sources: • US Census 1990, 2000, 2010.

- Projections anticipate notable increases in population over the next several decades among those aged 60 and older. This age segment of older adults will make up nearly 30% of the population by the year 2030.⁵

Projected Population by Age

San Mateo County, 2000-2050

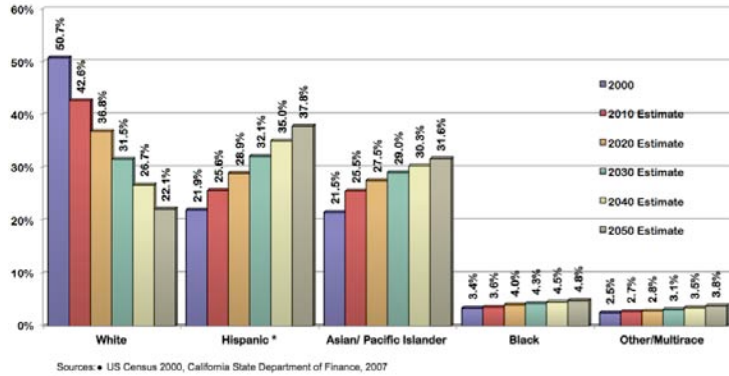


Sources: • US Census 2000, California State Department of Finance, 2007

Race/Ethnicity Distribution & Trends

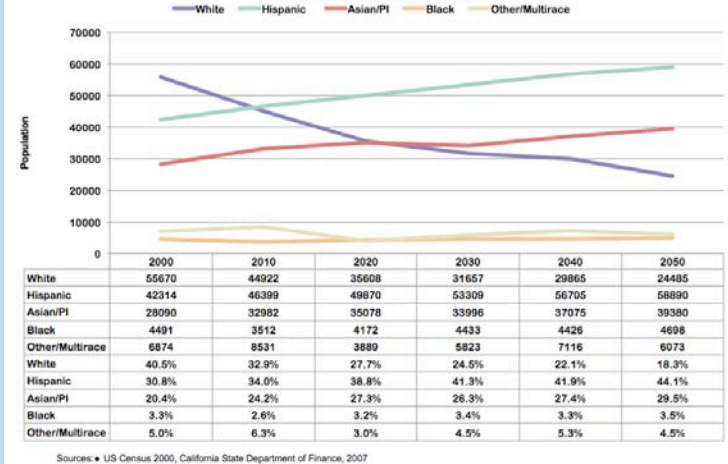
- From 2006–2010, 34% of the county population was foreign born. This was higher than the state percentage of 27.2%.⁶
- San Mateo County has 44.7% of persons over the age of 5 speaking a language other than English at home. This is higher than the state percentage of 43.0%.⁷
- Over the next several decades, 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.⁸

Projected Race and Ethnicity San Mateo County, 2000-2050



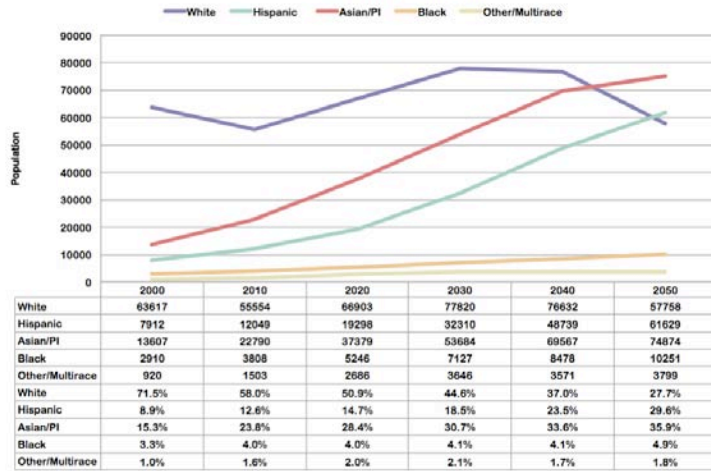
- The child population of San Mateo County is more diverse than the adult population. Currently, no individual racial or ethnic group has a majority. By the year 2010, Hispanic children were expected to make up a plurality of those under the age of 15 (projections from 2007). Hispanic and Asian/Pacific Islander child populations are expected to continue to grow over the next several decades, while the White child population will decrease markedly.⁹

Projected Population of Children Under Age 15 by Race/Ethnicity San Mateo County, 2000-2050



- Among the senior population, Asian/Pacific Islander residents are projected to increase their representation considerably over the coming decades, followed by Hispanic residents.¹⁰

Projected Population 65+ By Race/Ethnicity San Mateo County, 2000-2050

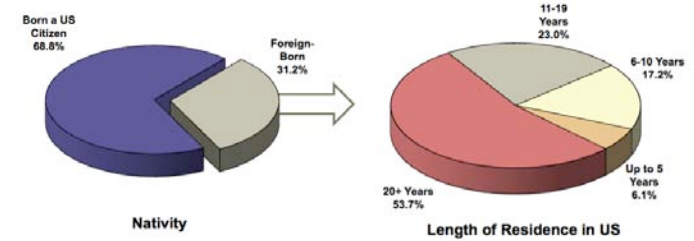


Sources: • US Census 2000, California State Department of Finance, 2007

Nativity

- Almost one-quarter (23.3%) of foreign-born County residents entered after 2000. Less than half (45.1%) of the county's foreign-born population consists of non-citizens.¹¹
- Almost half of San Mateo County's foreign-born population comes from Asia. The remainder (over 35%) of the foreign born population primarily comes from Latin America. The remaining 15% come primarily from Europe (10%), with the remainder coming from African, Oceania, and Northern America.¹²
- From 2013 survey findings, 31.2% of adult respondents (age 18 and older) were born outside the United States. Among foreign-born respondents, 53.7% have lived in the US for at least 20 years, while 23.3% have lived here for 10 years or less.¹³

Nativity San Mateo County, 2013



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

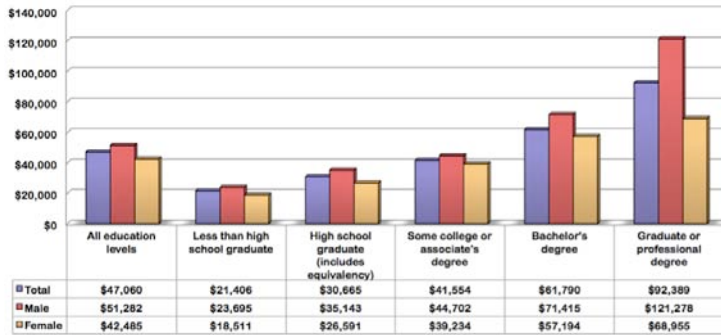
Economy

Description of the Local Economy

- San Mateo County thrived in the late 1990s during the technology boom in California and the rapid rise in visitor and business travel through San Francisco International Airport. Median household income continues to increase consistently from year to year despite the dotcom bust of the early 2000s and the housing crisis from 2006–2008 and the recession in recent years.¹⁴
- Nationwide and in the San Francisco Bay Area, the economy has improved. The economy may be on the upswing with improved employment numbers, but depending on where one lives, different economic pictures emerge. For low-income individuals and families, the overall improved economy does not translate to a better way of life. In order to make ends meet, low-income residents sometimes work two or three jobs, working longer hours with fewer benefits resulting in less time spent with their children. Further, they live paycheck to paycheck, leaving them vulnerable to transportation emergencies, medical crises, and insecure housing circumstances. Low-income individuals and families live on the verge of instability.¹⁵

- In 2010, median earnings for San Mateo County residents aged 25 years and older was \$47,060. The median for men was almost \$9,000 higher than the median for women. Further, the following chart illustrates the sharply increasing earning potential that comes with higher education levels. Looking at the median earnings, men with graduate or professional degrees earn over \$50,000 more than women with the same education¹⁶

Median Earnings in the Past 12 Months by Sex by Educational Attainment
San Mateo County, 2010

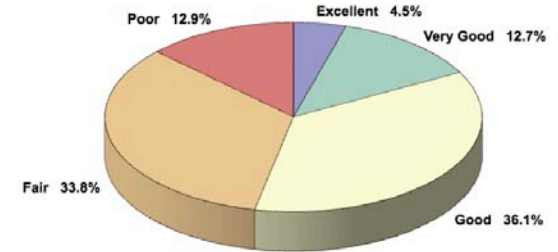


Source: • US Census Bureau American Community Survey, 2010

Strength and Growth of Local Economy

- Just 17.2% of survey participants in 2013 rate the strength and growth of the local economy as “excellent” or “very good” (a total of 36.1% said gave “good” ratings). In contrast, 46.7% this year rate the local economy as “fair” or “poor.”¹⁷

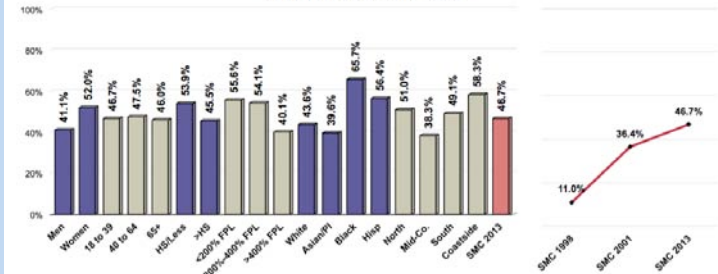
Rating of the Strength and Growth of Local Economy
San Mateo County, 2013



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

- Low ratings of the local economy were highest among women, adults without postsecondary education, those living below the 400% poverty threshold, Blacks, Hispanics, North County and Coastside residents. Over time, “fair/poor” ratings have increased dramatically.¹⁸

Strength and Growth of Local Economy is “Fair/Poor”
San Mateo County, 2013

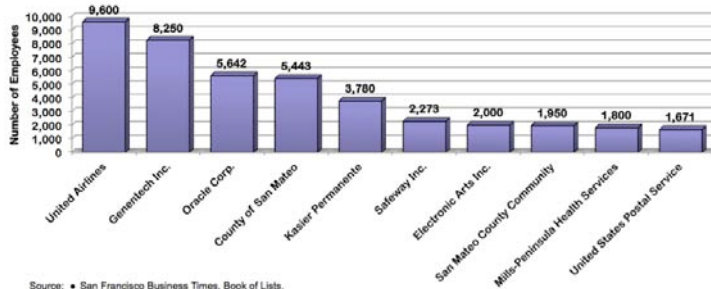


Source: • 1998/2001/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

Employment

- San Mateo County has approximately 314,500 wage and salary jobs as estimated by the department of Transportation in 2011.¹⁹ This is 3.8% fewer jobs than estimated in 2007 by the Department of Transportation.²⁰
- Major employers in San Mateo County are listed below.²¹

Principal Employers
San Mateo County, 2008



Source: • San Francisco Business Times, Book of Lists.

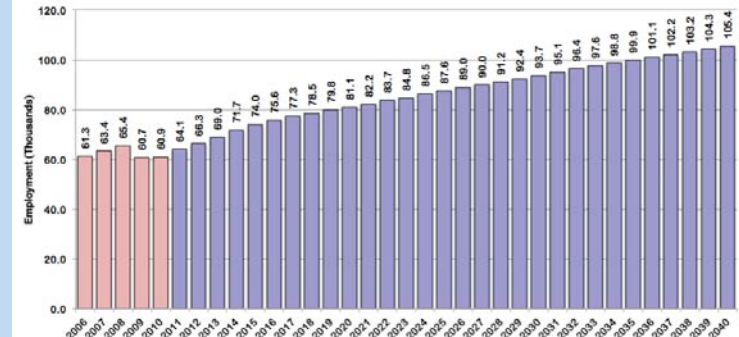
Employer	2008 - Number of Employees	2000 - Number of Employees
United Airlines	9,600	17,700
Genentech Inc.	8,250	3,700
Oracle Corp.	5,642	7,400
County of San Mateo	5,443	4,944
Kaiser Permanente	3,780	
Safeway Inc.	2,273	
Electronic Arts Inc.	2,000	
San Mateo County Community College District	1,950	
Mills-Peninsula Health Services	1,800	2,474
United States Postal Service	1,671	1,898
Visa USA/Visa International		2,677
Applied Biosystems		1,765
Siebel Systems Inc.		1,626
San Francisco International Airport		1,497

Source: • San Francisco Business Times, Book of Lists.

Job Loss/Growth

- Employment growth in Northern California was negative in 2010. Employment in the greater Bay Area declined by 1.4% that year. In San Mateo County, employment declined by 4,800 jobs (1.5%).²²
- Professional services and leisure and hospitality were the only sectors to create jobs during 2010, though in both cases gains were very minor. Job declines were greatest in the construction (1300 jobs), retail trade (1000 jobs), financial activities (700 jobs) and government (600 jobs) sectors.²³
- Positive employment growth is forecast to return in San Mateo County starting in 2011. Total wage and salary jobs are not forecast to reach the 2000 peak until approximately 2019. Population growth will remain low during the forecast.²⁴
- 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.²⁵

Employment in Professional Services
San Mateo County, 2006-2010 History, 2011-2040 Forecast



Source: • California Department of Transportation, Office of Transportation Economics, 2012.

- Most of the forecasted fastest-growing occupations are science and computer jobs.²⁶

Fastest Growing Occupations San Francisco-San Mateo-Redwood City Metropolitan Division Marin, San Francisco & San Mateo Counties, 2008-2018

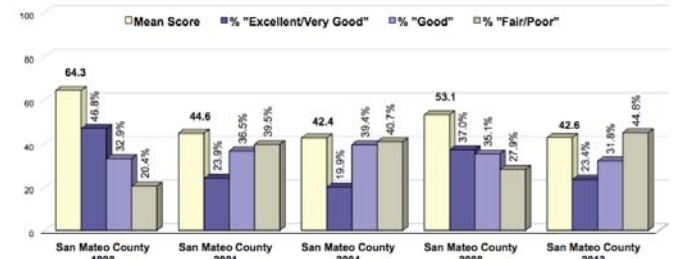
Occupational Title	Annual Average Employment		Percent Change	Median Hourly Wage	Education & Training Levels
	2008	2018			
Biomedical Engineers	510	990	94.1	\$49.13	BA/BS Degree
Biochemists and Biophysicists	960	1,410	46.9	\$43.93	PHD Degree
Medical Scientists, Except Epidemiologists	3,800	5,570	46.6	\$43.35	PHD Degree
Network Systems and Data Communications Analysts	4,420	6,400	44.8	\$44.85	BA/BS Degree
Personal and Home Care Aides	24,270	34,730	43.1	\$10.98	Short-Term OJT
Financial Examiners	690	910	31.9	\$50.68	BA/BS Degree
Computer Software Engineers, Applications	11,010	14,420	31.0	\$51.20	BA/BS Degree
Computer and Information Scientists, Research	790	1,020	29.1	\$56.10	PHD Degree
Fitness Trainers and Aerobics Instructors	3,300	4,220	27.9	\$22.28	Vocational Training
Computer Software Engineers, Systems Software	7,290	9,280	27.3	\$54.06	BA/BS Degree

Source: California Employment Development Office, 2012. Occupations in Demand.
Notes: March 2009 Benchmark. Table includes the self-employed, unpaid family workers, private household workers and farm employment. Median Hourly Wage is the estimated 50th percentile of the distribution of wages; 50% of workers in an occupation earn wages below, and 50% earn wages above the median wage. The wages are from the first quarter of 2006 and do not include self-employment nor unpaid family workers.

Perceptions of Job Opportunities

- A total of 23.4% of survey participants in 2013 rate local employment opportunities as “excellent” or “very good” (a marked decrease from the 46.8% first reported in 1998). Furthermore, 44.8% this year rate local employment opportunities as “fair” or “poor,” marking a statistically significant increase from the 20.4% “fair/poor” in 1998 (also significantly higher than found in 2008).²⁷

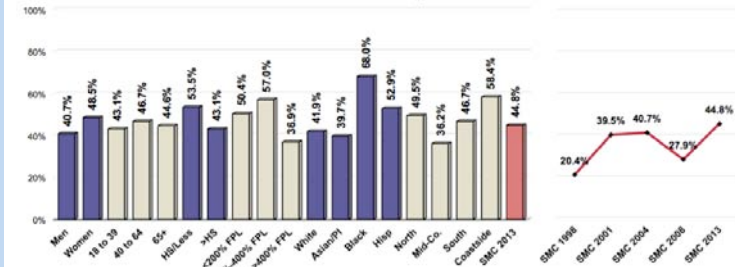
Rating of Local Employment Opportunities San Mateo County



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.

- “Fair/poor” responses in 2013 were particularly high among women, adults without education beyond high school, those living below the 400% poverty threshold, Blacks, Hispanics, and Coastside residents.²⁸

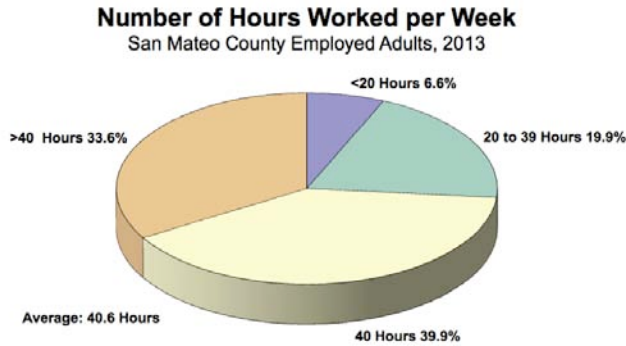
Local Employment Opportunities Are “Fair/Poor” San Mateo County, 2013



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

Work Hours

- The 2013 San Mateo County Quality of Life Survey found that those currently employed (or those self-employed) in San Mateo County work an average of 40.6 hours each week (33.6% of respondents report working over 40 hours/week). In 2008, this average was 40.7 hours per week (41.2 in 2004, 40.2 in 2001).²⁹

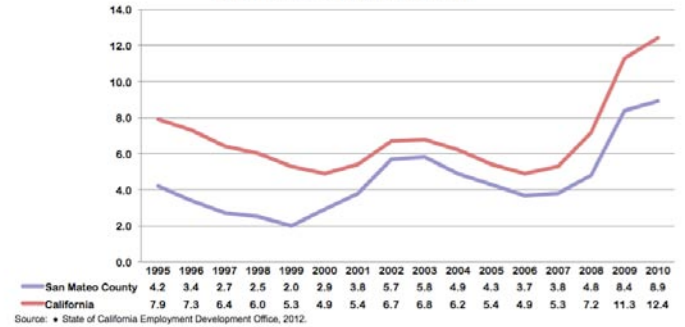


Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents who are employed (whether for wages or self-employed).

Unemployment

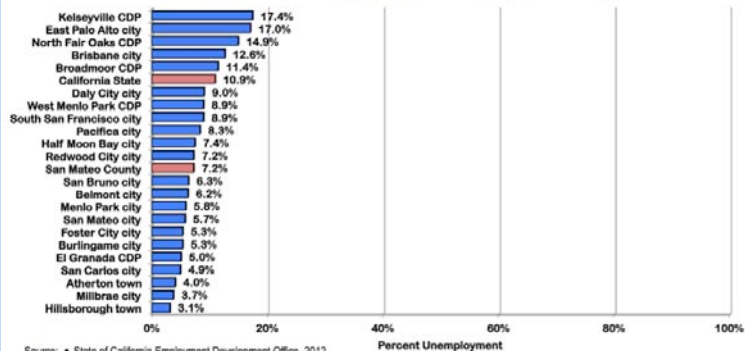
- From a low 2% in 1999, San Mateo County's unemployment rate rose to a high of 5.8% in 2003; and to another high of 8.9% in 2010, all the while, remaining below the statewide unemployment rate.³⁰

Annual Unemployment – Unadjusted Rates
San Mateo County, 1995-2010



- Unemployment estimates by city vary widely within the county, ranging from 3.1% in Hillsborough to 17.0% in East Palo Alto (June 2011).³¹

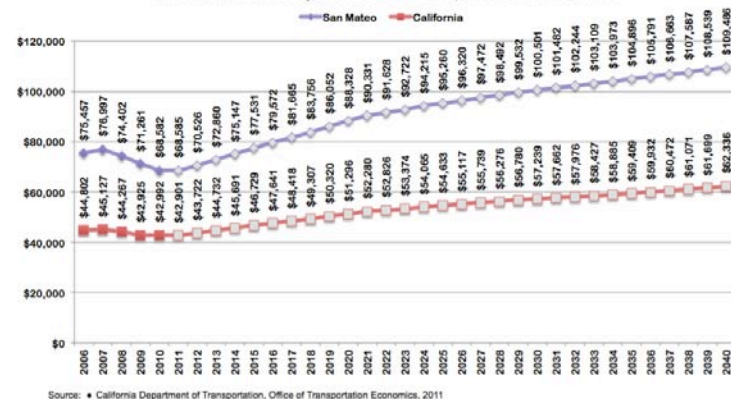
Unemployment Rates by City, San Mateo County, December 2011 (Preliminary)



Income

- Median household income in San Mateo County was \$91,450 in 2011.³²
- 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 2000.³³
- 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.³⁴

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



- Average salaries, adjusted for inflation, are currently well above the California average, and will remain so over the forecast horizon. Real average salaries are forecast to rise to above \$77,000 by 2015.³⁵

Very Low Income

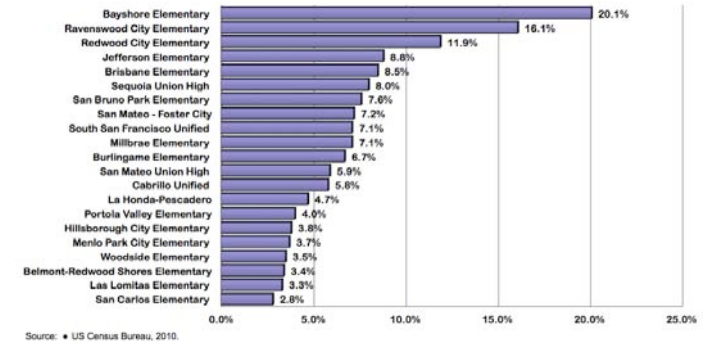
Persons in Family	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,890	\$13,600	\$12,540
2	14,710	18,380	16,930
3	18,530	23,160	21,320
4	22,350	27,940	25,710
5	26,170	32,720	30,100
6	29,990	37,500	34,490
7	33,810	42,280	38,880
8	37,630	47,060	43,270
For each additional person, add	3,820	4,780	4,390

Source: • US Department of Health and Human Services, 2011.

The above chart illustrates 2011 Health & Human Services Poverty Guidelines for the 48 contiguous states and D.C.

- According to the *American Community Survey* (U.S. Census Bureau), from 2006–2010, the percentage of San Mateo County individuals below poverty level was 7% and 9.1% of children under the age of 18 were below the poverty level.³⁶
- By school district, the percentages of children aged 5 to 17 in families living below poverty can vary widely. In 2010, the proportion was particularly high (20.1%) in the Bayshore Elementary district.

Estimated Children (5-17) in Poverty
by San Mateo County School District, 2010



Financial Self-Sufficiency

The cost of living is higher in San Mateo County than almost anywhere else in the nation; therefore, the federal poverty level is not an adequate measure of the income needed to meet basic needs. The local self-sufficiency standard is a more realistic measure of the true cost of living because it takes into account the higher costs of necessities, such as housing, child care and food. The local self-sufficiency standard, as calculated by the San Mateo County Human Services Agency, is the minimum amount of income needed to meet the basic needs of a three-person family (parent, infant, and school-aged child) in San Mateo County, independent of any forms of public or private assistance.³⁷

- 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. In 2011, San Mateo County's projected rent for an apartment was \$1,916 and child care costs were \$1,715 for a single parent family with an infant and a school-aged child.

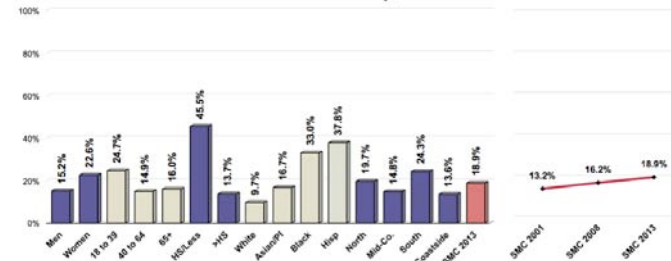
Family Income Needed for Self-Sufficiency San Mateo County, 2011

	2011
Rent	\$1,916.00
Childcare	\$1,715.00
Food	\$594.00
Transportation	\$165.00
Health Care	\$396.00
Miscellaneous	\$548.00
Taxes	\$1,531.00
Total Monthly Expenses	\$8,876.00
Gross Yearly Income Needed	\$78,347.00
Federal Poverty Level	\$18,530.00
Hourly Wage Needed	\$37.10

Source: • Insight Center for Community Economic Development, 2011.
Note: • Estimate is for a family of three (one adult, one preschooler and one school-age child)

- In order to receive most State and Federal social services, a family of three can earn no more than \$18,530 annually which is 100% Federal Poverty Level.³⁸
- 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).³⁹

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

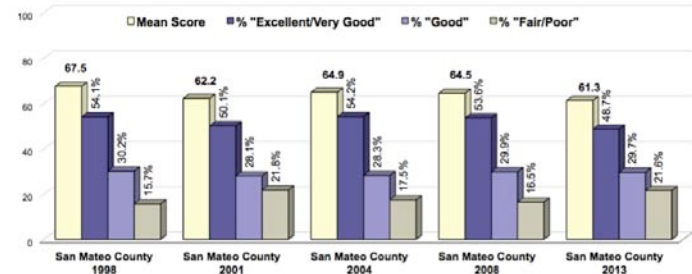


Source: • 2001/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Evaluations of Personal Financial Situation

- In 2013, 48.7% of San Mateo County survey respondents characterize their personal financial situation as "excellent" or "very good," in terms of being able to afford adequate food and housing, and pay the bills they currently have. However, 21.6% described their personal financial situation as "fair" or "poor," *statistically higher* than 2008, 2004 and 1998 findings (similar to that found in 2001).⁴⁰

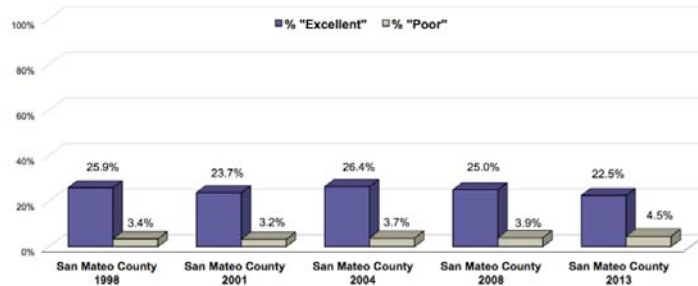
Rating of Personal Financial Situation San Mateo County



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.
• In this case the term "personal financial situation" refers to the ability to afford adequate food and housing and to pay current bills.

- The following chart outlines the highest (“excellent”) and lowest (“poor”) responses to this inquiry over time. As shown, “poor” responses have not changed significantly since the 1998 survey was conducted, while “excellent” ratings have *decreased significantly*.⁴¹

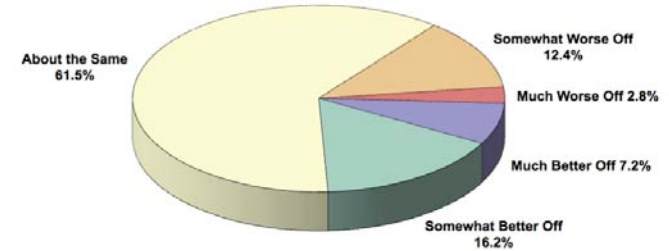
Rating of Personal Financial Situation
San Mateo County



Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• In this case the term “personal financial situation” refers to the ability to afford adequate food and housing and to pay current bills.

- Most surveyed adults in 2013 (61.5%) consider themselves to be “doing about the same” financially as a year ago. A total of 23.4% feel they are actually “better off” financially, while 15.2% feel they are “worse off” financially than a year ago.⁴²

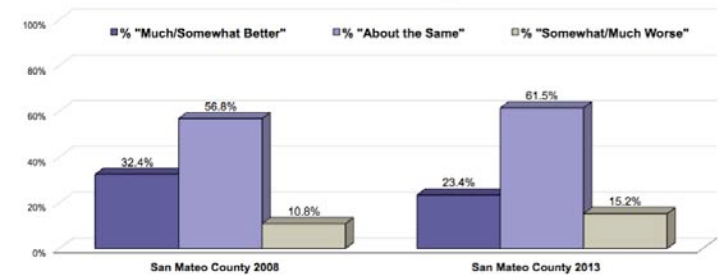
Family’s Financial Situation Compared to One Year Ago
San Mateo County, 2013



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

- Compared with 2008 survey findings, San Mateo County residents are less likely to feel they are financially better off now than in years past.⁴³

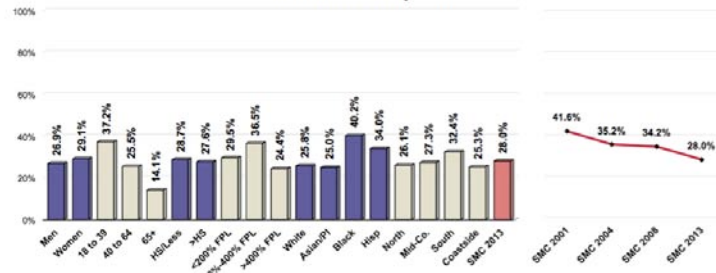
Family’s Financial Situation Compared to One Year Ago
San Mateo County



Source: • 2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• In this case the term “financial situation” refers to the ability to afford adequate food and housing and to pay current bills.

- Most survey respondents report that the primary source of their household income is from a job (either their own or a spouse's, 73.4%). A total of 8.8% rely mainly on Social Security benefits, and 6.0% rely on retirement or pension plans. 4.0% stated that "investments" are their primary source of income.⁴⁴
- In the 2013 San Mateo County Health & Quality of Life Survey, 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.⁴⁵

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



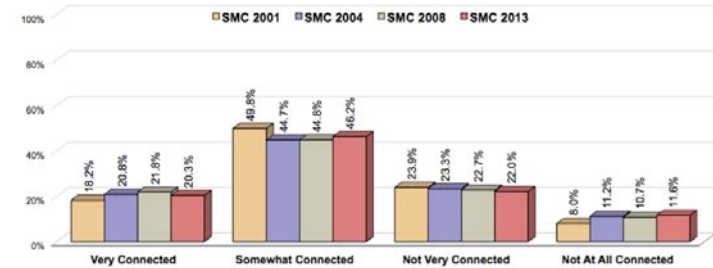
Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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

San Mateo County as a Place to Live

Community Attachment

- In 2013, 20.3% of survey respondents indicate they feel "very connected" to their community, while 46.2% respond "somewhat connected." A total of 22.0% say they are "not very connected" to their community and 11.6% feel "not at all connected." Compared to baseline 2001 findings, the percentage of county residents who feel "not at all connected" to the community has *increased significantly*.⁴⁶

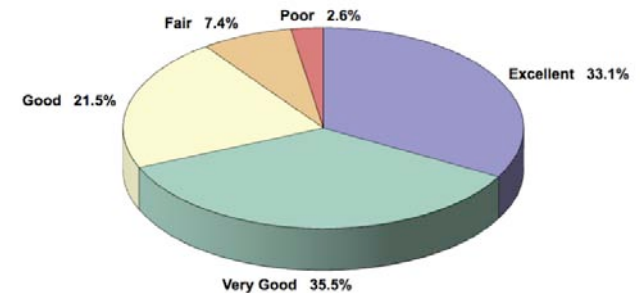
Feel "Connected" to the Community San Mateo County



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

- When asked to rate the community as a place in which to live, more than two in three survey respondents (68.6%) gave "excellent" or "very good" ratings. Another 21.5% of residents consider the community to be a "good" place in which to live. On the other hand, one in 10 adults gave "fair/poor" ratings.⁴⁷

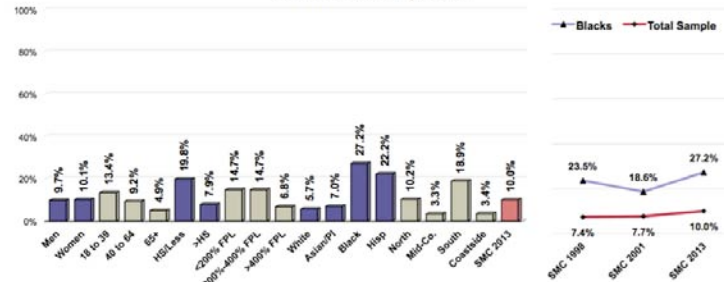
Rating of the Community as a Place to Live San Mateo County, 2013



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

- Population segments more likely to consider the community to be a “fair” or “poor” place in which to live include young adults, residents without postsecondary education, those living below 400% of the poverty threshold, Blacks, Hispanic adults, and residents of the South County area. Note the significant increase in total sample “fair/poor” ratings since 1998. Among Blacks in San Mateo County, the prevalence of low ratings has increased from 2001 survey findings.

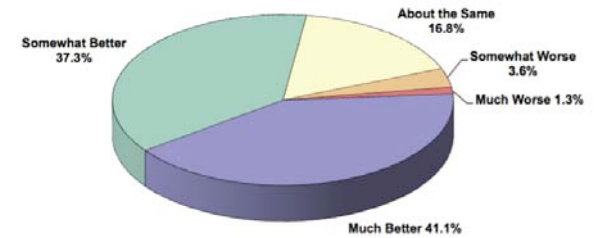
Community is a “Fair/Poor” Place in Which to Live San Mateo County, 2013



Source: • 1998/2001/2013 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).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

- Compared to the US as a whole, most San Mateo County survey respondents consider the community’s quality of life to be better (including 41.1% “much better” and 37.3% “somewhat better” responses). On the other hand, while 16.8% of survey respondents consider their local quality of life to be “about the same” as it is nationally, 4.9% gave “somewhat” or “much worse” responses.

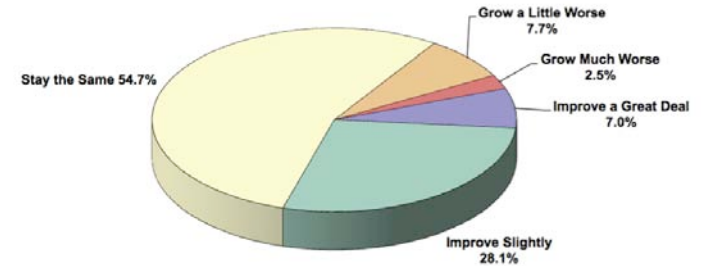
Community’s Quality of Life Compared to the Nation as a Whole San Mateo County, 2013



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

- Looking ahead to the next few years, most (54.7%) survey respondents feel that the community’s quality of life will stay the same. On the other hand, 35.1% of San Mateo County adults feel their quality of life will improve over the next few years, and 10.2% foresee it decreasing.

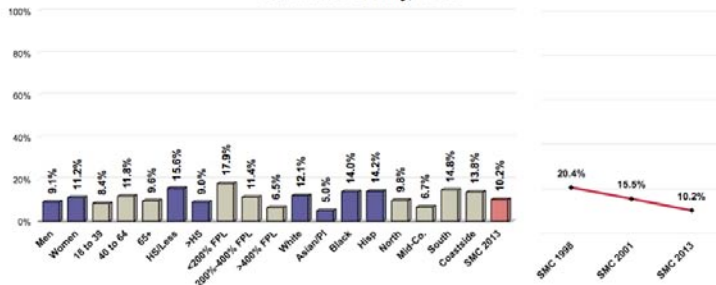
Anticipated Quality of Life Over the Next Few Years San Mateo County, 2013



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

- Residents more likely to feel that the community's quality of life will worsen over the next few years include adults without postsecondary education, those living in the lower income brackets, non-Asian respondents and people living in the South region. Since 1998, the percentage of residents who foresee the local quality of life worsening has decreased by half.⁵¹

Quality of Life Will Worsen Over the Next Few Years San Mateo County, 2013



Source: 1998/2001/2013 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).
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
 Percentages represent combined "grow a little worse" and "grow much worse" responses.

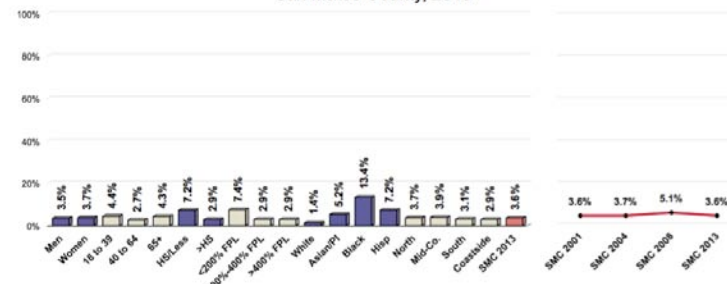
FAMILY ISSUES

San Mateo County as a Place to Raise a Family

Caring for Grandchildren

- A total of 3.6% of survey respondents in 2013 report that they or their spouse are the primary caregiver for a grandchild or great-grandchild, identical to 2001 findings (and similar to other prior findings). Indications are highest among those without education beyond high school, those living below the 200% poverty threshold, and Black or Hispanic respondents.⁵²

Act as Primary Caregiver for a Grandchild/Great-Grandchild San Mateo County, 2013



Source: 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.

Children's Education

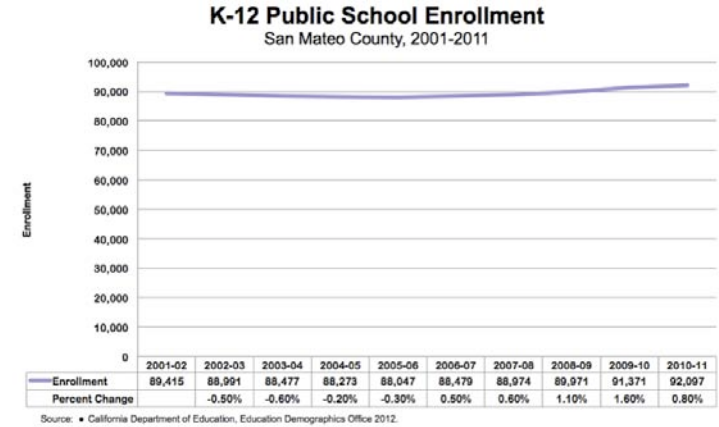
A good education provides a foundation for children to become productive members of society, obtain high-quality jobs, and contribute towards their community's general welfare. By providing equal access to a good education, schools can play a large role in creating a level playing field for all children, regardless of their socioeconomic status. The outcome of a good education is the ability for children to fully reach their human potential. By contrast, a poor educational foundation can make children more vulnerable to crime, substance abuse, and poverty. Further, a highly skilled and educated work force will attract businesses to the area with resulting economic benefits.⁵³

San Mateo County, 2010-11		
Public Schools by Type	Number of Schools	Enrollment
Elementary	107	46,385
Middle	28	16,789
High School	20	25,017
K-12	3	1,445
Alternative	2	772
Special Education	1	264
Continuation	6	1,023
County Community	5	170
Juvenile Court	3	113
Total	175	92,097

This does not include non-public, nonsectarian schools and pre-schools.
Source: California Department of Education, Education Demographics Office, 2012.

Enrollment

- There are 175 public schools in San Mateo County, with a total enrollment in 2010-11 of 92,097 students.⁵⁴
- Since the 2005-2006 school year, San Mateo County public school enrollment has increased.⁵⁵



School Readiness

- 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%. There is wide disparity in San Mateo County preschool enrollment by race/ethnicity: African American and children of other races have lower participation rates.⁵⁶

Preschool Enrollment Ages 3 and 4

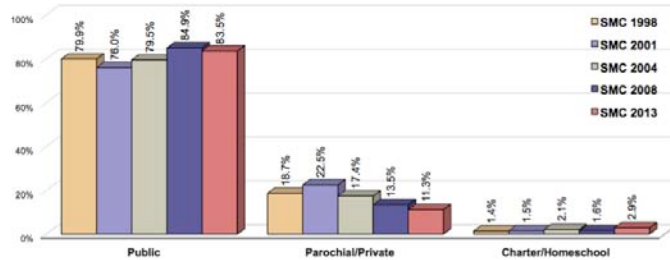
San Mateo County, 2009

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

- In the 2013 survey, 83.5% of respondents with school-aged children indicated their child attends a public school, while 11.3% attend parochial or private schools. Proportionally, public school attendance has *increased significantly* since 1998 and especially since 2001.⁵⁷

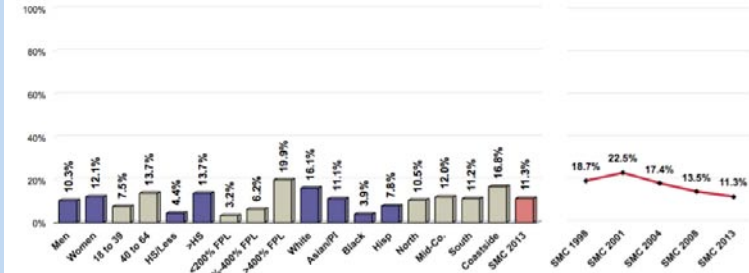
Type of School Attended by Child
Among San Mateo County Respondents with School-Aged Children



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 school-aged children at home.

- According to survey results, parochial/private school utilization is down since 1998 (and especially since 2001, when 22.5% sent their children to such schools outside of the public system). Currently, indications of having a child who attends a parochial or private school are highest among older parents, households with higher incomes, those with higher educational levels, Whites, and respondents on the Coastsides.⁵⁸

Child Attends Parochial or Private School
San Mateo County Households with School-Aged Children, 2013

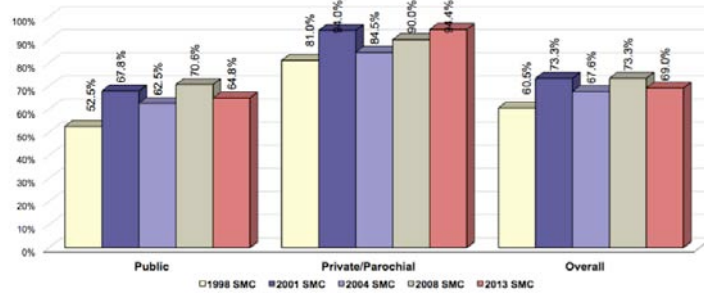


Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with school-aged children at home.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects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

Evaluation of Child's Education

- Among parents of school-aged children (5–17), overall evaluations of their children's education have decreased since 2008, although the 2013 rating is much higher than initially reported in 1998.⁵⁹
- Among surveyed parents with children in public schools, 64.8% rate their child's education as "excellent" or "very good." Among parents with children in private or parochial schools, "excellent/very good" evaluations are at 94.4% (statistically similar to 2001 findings but more favorable than other previous findings).⁶⁰

Perceive Child's Education to be "Excellent/Very Good" By Type of School Attended by Child, 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 with school-aged children at home.

Technology

- San Mateo County public schools offer students better access to technology than found statewide. The number of students per computer is lower than the statewide ratio in elementary, middle and high school grade levels.⁶¹

	Students per Computer by School Type San Mateo County, 2010-11	
	San Mateo County	California
Elementary	6.0	6.3
Middle	4.5	5.2
High	4.4	5.7
Continuation	6.2	3.3
Alternative	8.0	6.2

Source: California Department of Education, Education Demographics Office, 2012.

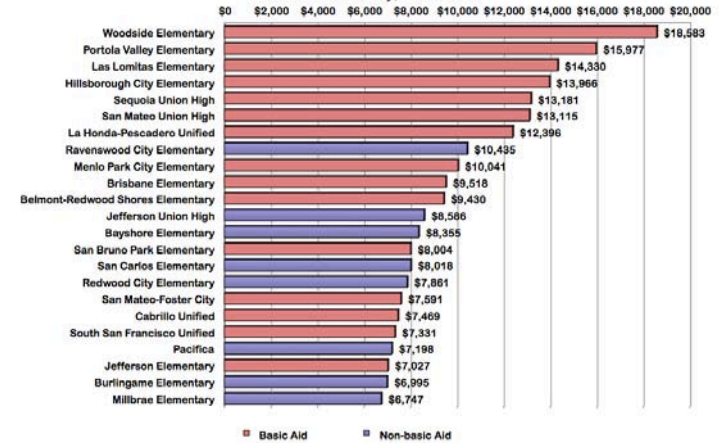
Resources

Per-Pupil Revenue & Spending

- 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.⁶²

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.

Class Size & Teacher Supply

Average Class Size (Public Schools)

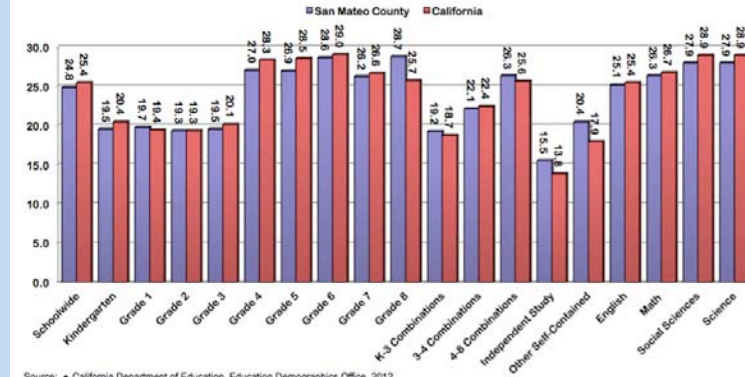
- Average class size in San Mateo County dropped in the latter half of the 1990s; however, it increased slightly in 2003 before declining again. In 2010, the San Mateo County average class size moved above the statewide average.⁶³



- San Mateo County class size is at or below state averages at most grade levels – grades 1 and 8 are exceptions.⁶⁴

Average Class Size by Grade/Type

San Mateo County, 2008-09

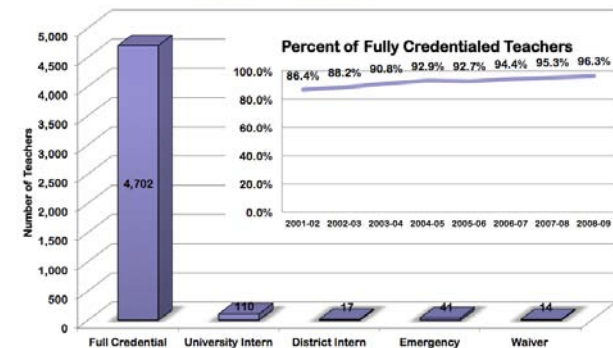


Source: • California Department of Education, Education Demographics Office, 2012.

Teacher Qualifications (Public Schools)

- The level and quality of resources dedicated to individual schools and districts also impact student achievement. During the 2008-09 school year, 96.3% of the 4,884 teachers employed in county schools were fully credentialed, having fulfilled all state requirements including the California Basic Educational Standards Test, which assesses a teacher's English and Mathematics skills. This is higher than the state average (95.0%) of fully credentialed teachers.⁶⁵
- The percentage of fully credentialed teachers has improved in San Mateo County in recent years.⁶⁶

Types of Teacher Credentials San Mateo County, 2008-2009

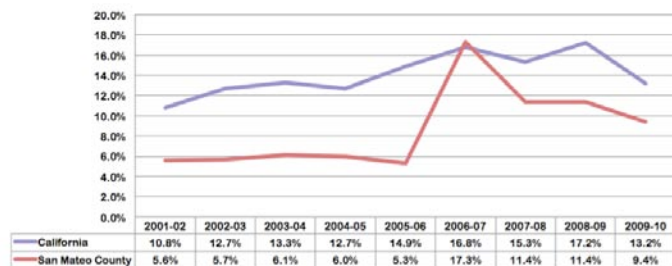


Source: • California Department of Education, Education Demographics Office, 2012.

Drop-Out Rates

- In 2009–10, it was estimated that 9.4% of San Mateo County high school students would drop out within a four-year period. This percentage has dropped over the few years following a spike in 2006–07 and is below the California four-year dropout rate of 13.2%.⁶⁷

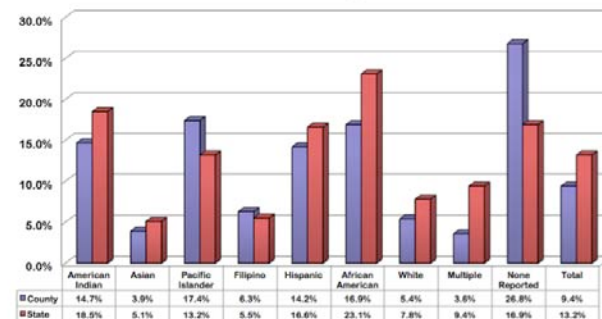
Percentage of Students Who Drop Out of School San Mateo County, 2001-2010



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

- Asian, White and Filipino students have the lowest four-year dropout rates. On the other hand, African American, Hispanic and Pacific Islander students have much higher rates.⁶⁸

4-Year Dropout Rate by Race/Ethnicity San Mateo County, 2009-2010



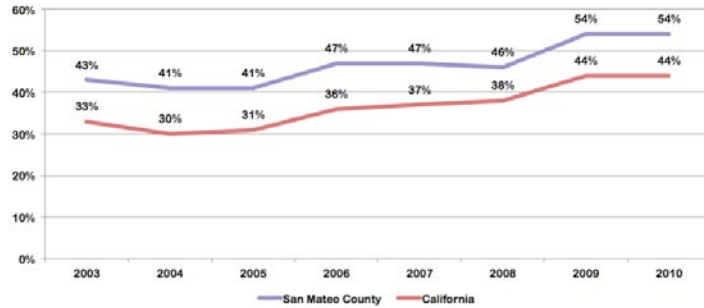
Source: • California Department of Education, DataQuest, 2012.

Testing

Standardized Testing and Reporting (STAR)

- 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.⁶⁹

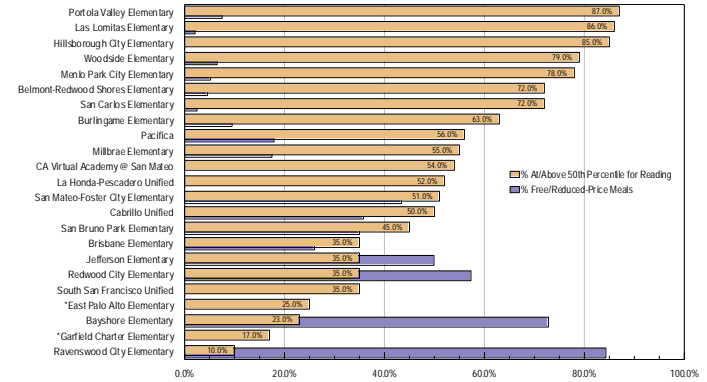
Third Grade Literacy San Mateo County, 2003-2010



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

- 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).⁷⁰

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.

- STAR testing of 7th graders in various subject areas also shows that San Mateo County students score consistently above the state averages.⁷¹
- Again, income is a key factor in school performance. STAR results for San Mateo County show stark difference between students who are considered economically disadvantaged versus those who are not.⁷²

CST Performance 2008-2011 by subgroup: Percent Proficient and Above

		English Language Arts (Grades 2-11)			
		2008	2009	2010	2011
Ethnicity	Asian	76%	79%	79%	81%
	White	74%	78%	79%	80%
	Filipino	55%	59%	62%	61%
	African American	33%	38%	40%	41%
	Hispanic/Latino	32%	37%	40%	42%
	Pacific Islander	31%	36%	37%	39%
Economic Status	Economically Disadvantaged	30%	35%	38%	39%
Student Classification	Students with Disabilities	23%	27%	30%	32%
	Students Without Disabilities	58%	62%	63%	65%
Language Fluency	English Learners	18%	23%	26%	28%
	English Only	66%	71%	73%	74%

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

- By race/ethnicity, STAR results for San Mateo County are dramatically lower among African American and Latino students than among students of other race/ethnicity.⁷³ By language fluency, English language learners as a group are one of the lowest scoring groups of individuals.

College Preparedness

SAT and ACT Assessment Scores

For the SAT (Scholastic Aptitude Test), students receive a critical reading score, a math score and a writing score. Each score ranges from 200 to 800. The average for all three is 500. Thus, the average total score is 1,500. On the ACT (American College Test), for each of four sections (English, Math, Reading and Science), a score between 1 (the worst) and 36 (perfect) is earned by the test taker. In addition, the ACT gives a composite, rather than a total, score (it will average scores in all four areas).⁷⁴

- In 2009–10, 44.4% of San Mateo County high school seniors participated in SAT testing; 18.3% took the ACT assessment.⁷⁵
- In San Mateo County, 60.5% of students taking the SAT met the criterion score of 1500 or higher.⁷⁶
- The following chart shows SAT scores for individual school districts in San Mateo County. Average scores were highest at Menlo–Atherton High School, and lowest at Jefferson High School.⁷⁷

SAT Test Takers and Average Scores San Mateo County by District, 2009-2010

		Takers as a % of Grade 12	Avg Verbal	Avg Math	Avg Writing	Avg Total
Cabrillo Unified	Pilarcitos Alternative High	n/a	n/a	n/a	n/a	n/a
	Half Moon Bay High	35.98%	535	515	540	1590
Jefferson	Jefferson High	41.02%	410	417	409	1236
	Oceana High	55.88%	487	516	494	1497
Union High	Terra Nova High	44.44%	517	545	502	1564
	Thorntan High	n/a	n/a	n/a	n/a	n/a
	Westmoor High	38.85%	494	558	504	1556
La Honda-Pescardo Unified	Pescadero High	52.00%	515	533	489	1537
	Aragon High	64.99%	555	593	569	1717
San Mateo Union High	Burlingame High	61.02%	559	583	561	1703
	Capuchino High	42.91%	478	481	477	1436
	Hillsdale High	44.24%	531	556	541	1628
	Mills High	69.00%	545	595	556	1696
	Peninsula High	0.68%	n/a	n/a	n/a	n/a
	San Mateo High	57.97%	558	589	552	1699
	Carlmont High	55.94%	551	586	548	1685
	Menlo-Atherton High	56.10%	590	600	595	1785
Sequoia Union High	Redwood High	n/a	n/a	n/a	n/a	n/a
	Summit Preparatory Charter High	98.94%	532	540	536	1608
	Sequoia High	35.93%	476	508	480	1464
	Woodside High	42.07%	514	524	522	1560
	Baden High	n/a	n/a	n/a	n/a	n/a
South San Francisco Unified	El Camino High	52.92%	467	492	459	1418
	South San Francisco High	34.42%	482	516	484	1482

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

California High School Exit Exam

- San Mateo County 10th-graders perform above statewide averages on the California High School Exit Exams. However, within the county, students vary by race/ethnicity, and English Learner and Special Education students pass at significantly lower rates.⁷⁸

California High School Exit Exam Pass Rate by Subgroup 2010-2011		
	English Language	
	Arts	Math
All Students	86%	87%
Male	82%	86%
Female	90%	89%
African American	74%	70%
Asian	92%	97%
Filipino	89%	93%
Hispanic/Latino	76%	78%
Pacific Islander	72%	75%
White	95%	95%
English Learners	46%	62%
Economically Disadvantaged	72%	76%
Special Education	45%	46%

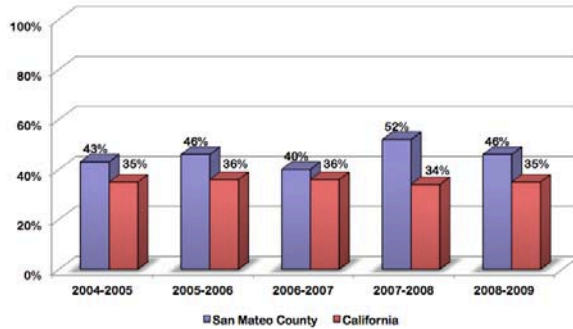
Source: • California Department of Education, DataQuest, 2012.

Meeting UC/CSU Entrance Requirements

- In 2009, 46% of the county's high school graduating classes met University of California and California State University eligibility

requirements, compared with 35% for the state. San Mateo County consistently has a higher percentage than the state average.⁷⁹

Percent of High School Students Who Meet UC/CSU Requirements San Mateo County Public High School Students, 2004-2009

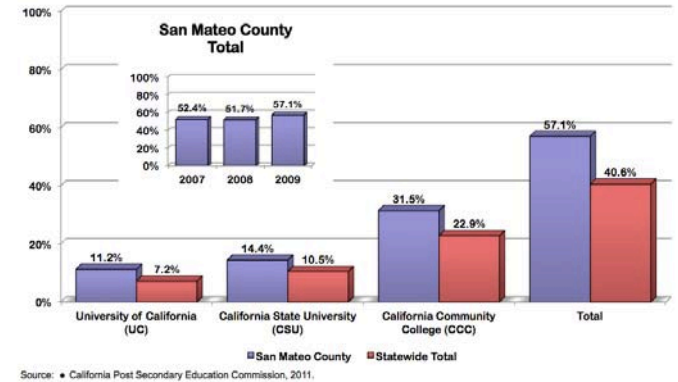


Source: California Department of Education, Sustainable San Mateo, 2011.

College Entry Rates

- In 2009, 57.1% of San Mateo County public high school students entered a California public college or university. Of these students, 31.5% entered community colleges, 14.4% went to CSU schools, and 11.2% entered the UC system.⁸⁰

College-Going Rates to California Public Colleges and Universities San Mateo County Public High School Students, 2009

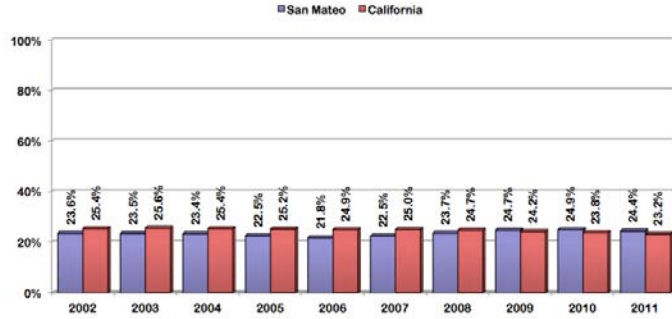


Ethnic Diversity & English Proficiency

English Learner (EL) Students

- In 2011, 24.4% of San Mateo County enrollees were designated as English Learners (EL), compared to 23.2% statewide.⁸¹ 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.

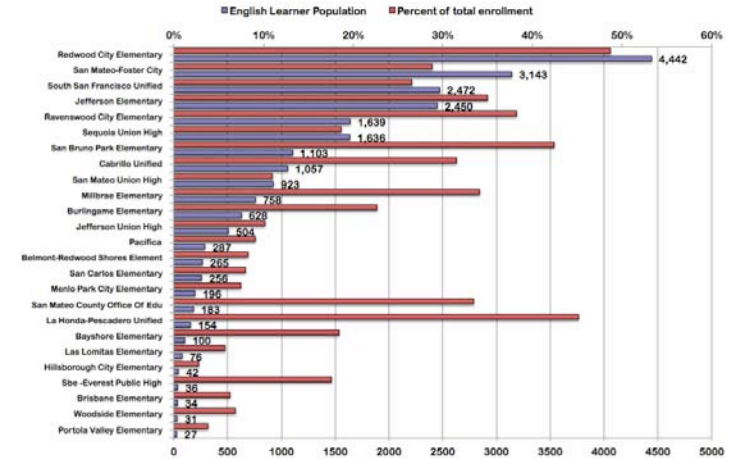
English Learner Students San Mateo County, 2002-2011



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.⁸²

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



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

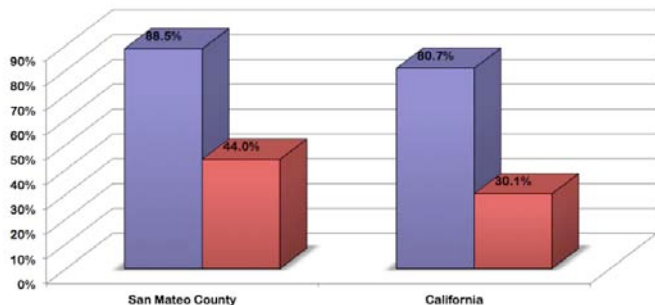
- English Learner students are at a significant disadvantage in terms of student achievement, with markedly lower test scores in English Language Arts and Math (2nd-11th grades), and on the California High School Exit Exam (10th graders).⁸³

Educational Attainment

- Census findings pertaining to educational attainment in San Mateo County show that during 2006-2010, Educational attainment in San Mateo County was higher than the state average in both the high school and college levels.⁸⁴

Educational Attainment San Mateo County, 2006-2010

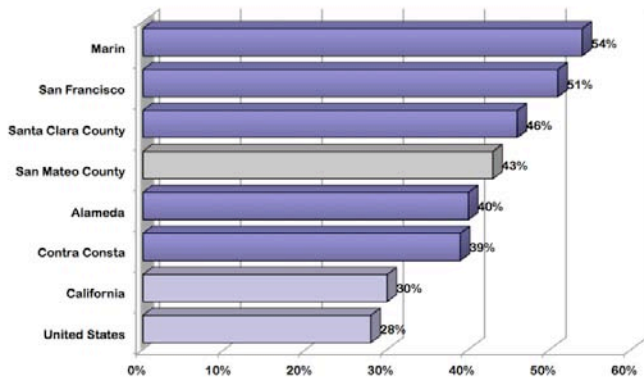
■ High school graduates, percent of persons age 25+ ■ Bachelors degree or higher, percent of persons age 25+



Source: • US Census Bureau, 2012.

- In 2010, San Mateo County ranked fourth among Bay Area counties in percentage of the population with at least a bachelors degree.

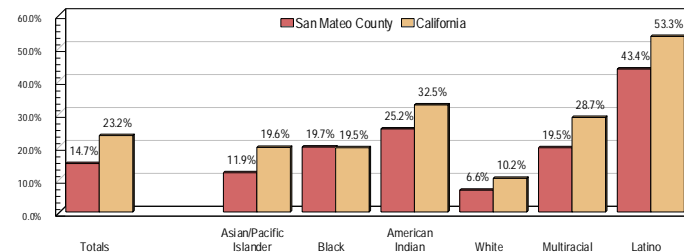
Percent of Residents Age 25 and Over with Bachelors Degree or Higher, 2010



Source: • US Census Bureau, American Community Survey, 2010.

- The extent to which San Mateo County residents have education beyond high school continues to be driven by ethnicity. A total of 20% of San Mateo County Black residents over the age of 25 do not have a college education, similar to the statewide average of 23.2%. Approximately 43.4% of San Mateo County Latinos (aged 25 and older) have no college coursework.⁸⁵

Percent of Population With No College, By Ethnic Origin (Among People 25 and Older)



Source: • California Postsecondary Education Commission, Educational and Demographic Profile: San Mateo County, U.S. Census Bureau, Census 2000.

Library Usage

The San Mateo County Library is comprised of 12 community libraries in the following 11 cities and towns: Atherton, Belmont, Brisbane, East Palo Alto, Foster City, Half Moon Bay, Millbrae, Pacifica, Portola Valley, San Carlos, Woodside. The Library also serves the unincorporated areas of San Mateo County.⁸⁶

San Mateo County Public Library			
	2007-2008	2008-2009	2009-2010
Book Volumes Held per Capita	2.2	2.22	2.14
Hours open per 100 population	11.21	11.03	10.83
Population Served/FTE Staff	2,498	2,512	2,505
Circulation Per Capita	14.47	14.71	15
Library Attendance	2,328,091	2,335,776	2,334,661
Visits Per Capita	8.28	8.25	8.15
Expenditures per Capita	\$59.54	\$61.47	\$65.44
Computers per 1000 Population	1.12	1.14	1.16

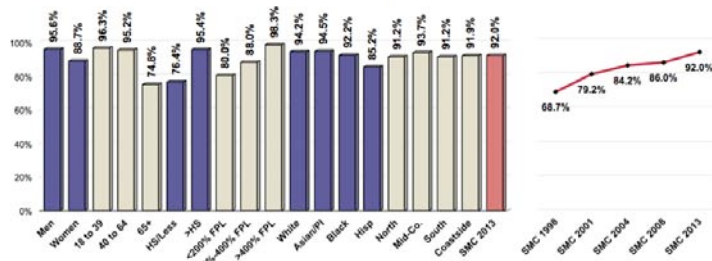
Source: • California State Library, 2009, 2010, 2011.

- In recent years, library expenditures per capita have been increasing at a rate higher than services per capita. Book volumes held per capita, hours open per 100 population, and visits per capita have all decreased during the same period of time.⁸⁷

Computer Usage

- The home personal computer is a tool that is fast becoming as common as the household television and radio. In the 2013 San Mateo County Quality of Life Survey, 92.0% of adults report having a computer in their home, continuing the *significant upward trend* since the initial 68.7% recorded in 1998.⁸⁸
- But not everyone has access: there is a digital divide depending on education, income, age and race. Nearly all households with incomes over the 400% poverty threshold (98.3%) currently have a computer in the home, compared to 80.0% of those below the 200% poverty threshold. Women, seniors, residents without postsecondary education, and Hispanics also demonstrate lower computer ownership.⁸⁹

Currently Have a Computer at Home
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.

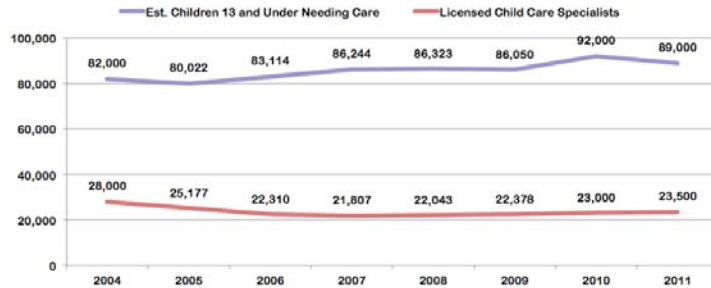
Child Care

The quality of child care, including preschool, during a child's early years influences socio-emotional and cognitive development, including language learning, problem solving, self control, social skills, and school readiness. Consistent, quality child care can be a stabilizing force for children and their families during times of change. The availability of quality child care also impacts employers' ability to utilize the county's highly skilled work force and maintain economic competitiveness. Further, child care is indispensable to the many families who need two incomes to afford San Mateo County's high cost of living.⁹⁰

Availability of Child Care

- In 2009, **licensed child care** (spaces in family child care homes and infant, preschool, and school-age child care centers) **was available for only 26% of San Mateo County children with parents in the labor force.** (Note that some families choose friends and relatives – license-exempt caregivers – to care for their children, and programs for school age children are often not licensed by the state).⁹¹
- Overall, the number of children needing care in San Mateo County remained fairly constant from 2005. The supply of licensed child care spaces dropped more than 20% from 2004 – 2006, and has remained relatively constant in recent years. The California Early Care and Education Workforce Study (2006) points to the impact of low salaries on the retention of providers. In counties such as San Mateo where housing costs are high, family child care providers have trouble owning their own homes, complicating their ability to do business.⁹²

Child Care Demand Versus Supply San Mateo County, 2004-2011



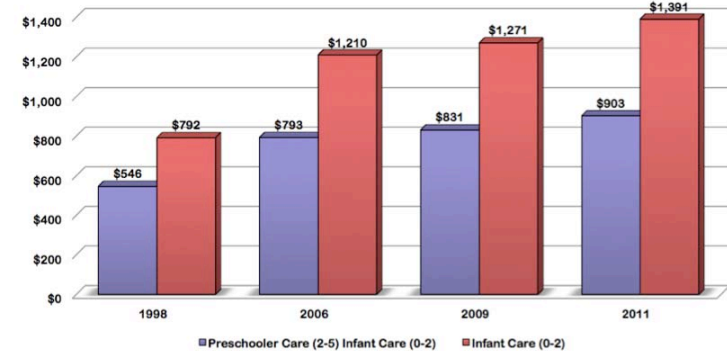
Source: • State of California Department of Finance, US Census Bureau, American Community Survey, Sustainable San Mateo, 2012.

- In 2011, the 23,965 licensed child care spaces were enough to cover only 27 percent of the children potentially needing care. It is unknown to what extent the gap in supply and potential need for licensed care is met by unlicensed or informal child care arrangements such as those with extended family members or siblings.⁹³
- The largest gap is for school aged children, with licensed spaces for only 10 percent of those potentially needing care. The gap is smallest among preschool age children, with spaces available for an estimated 83 percent of those potentially needing care.⁹⁴
- The county percentage of child care centers with staff speaking Chinese (17%) and Tagalog (14%) is higher than the state percentage of child care centers with staff speaking Chinese (6%) and Tagalog (3%).⁹⁵

Cost of Child Care

- For a family in California earning minimum wage (\$14,040/year), the combined costs of housing and child care add up to more than 200% of that family's annual income.⁹⁶
- In 2011, the average monthly cost for care *in a family child care home* was \$1,017 for infants and \$948 for preschoolers. For school age children, the hourly cost in a family child care home was \$8.79 per hour.⁹⁷
- For *center based care*, the average monthly costs were \$1,391 for infants, \$903 for preschoolers, and \$396 for school-aged children.⁹⁸

Average Monthly Cost of Child Care in a Licensed Child Care Center San Mateo County, 1998-2011



Source: • Child Care Coordinating Council of San Mateo County, Sustainable San Mateo, 2007, 2010, 2012.

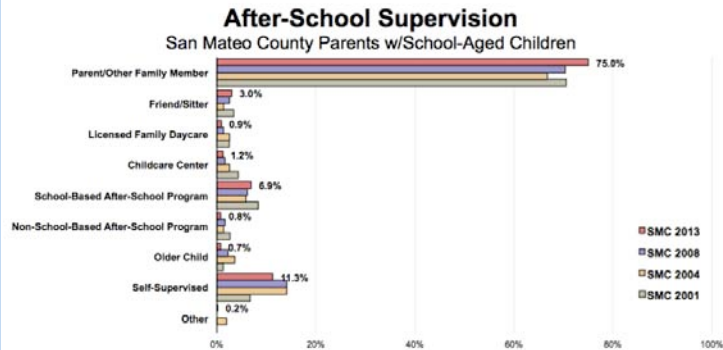
Subsidized Child Care

- Middle- and low-income families face a particularly difficult time affording child care. To qualify for child care subsidies, a family's income must fall below state or federal guidelines that are not in alignment with the county's high cost of living. As governmental funding for subsidies has decreased, families who meet very low-income guidelines for subsidized care are not assured of assistance, often remaining unserved for years on the county's Centralized Eligibility List (CEL). In 2006, countywide participation with the CEL was mandated by the legislature for all state subsidized child care. As the separate lists of 32 contractors were merged and parent outreach was conducted, the number of children on the CEL climbed from 782 in 2005 to 4,528 in 2006, providing a more accurate and compelling indication of parental need in our county.⁹⁹
- Many lower income families in San Mateo County do not qualify for child care subsidies because state and federal guidelines do not align with San Mateo County's high cost of living. Only 40% of the preschoolers and infants who need child care subsidies actually get them.¹⁰⁰

Current Child Care Arrangements

After-School Care

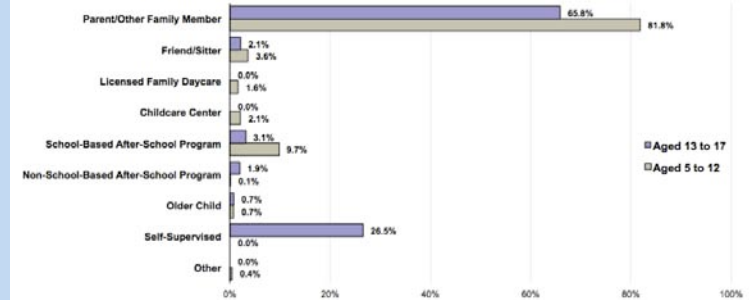
- Among surveyed parents with school-aged children in 2013 (ages 5–17), most (75.0%) report that a parent or other adult family member supervises the child after school, and 0.7% rely on an older child. A total of 2.1% rely on day care services or child care centers. A total of 7.7% use after-school programs, while 11.3% say their child watches him/herself — since 2008, this represents an **increase** in parental/family supervision and a **decrease** in the percentage of children who are self-supervised after school from 14% to 11%.¹⁰¹



Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with school-aged children.
 • 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. "Low income" includes households with incomes up to 200% of the federal poverty level; "Mid/High income" includes households with incomes at 200% or more of the federal poverty level.

- By age, younger children (aged 5 to 12) are more likely to be supervised after school by a family member or to participate in an after-school program than are older children. More than 26% of teens, on the other hand, self-supervise after school, down from 30% in 2008.¹⁰²

After-School Supervision San Mateo County Parents with School-Aged Children, 2013



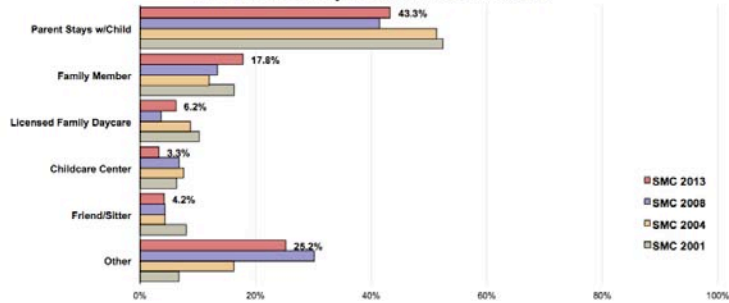
Sources: • 2013 PRC Community Health & Quality of Life Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with school-aged children.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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Infant & Preschool Care

- In 2013, 43.3% of surveyed parents of children 0–5 years report that their child stays home with a parent, while 17.8% say their child stays with another family member, and 4.2% say the child stays with a friend or babysitter. A total of 6.2% rely on a licensed family day care for child day care, and 3.3% rely on a child care center. Compared to 2008 findings, this represents *increases* in mentioning either "family member" or "licensed family day care," and a subsequent *decrease* in the use of childcare centers.¹⁰³

Type of Childcare Arrangements Used Most Often

San Mateo County Parents with Children 0-5



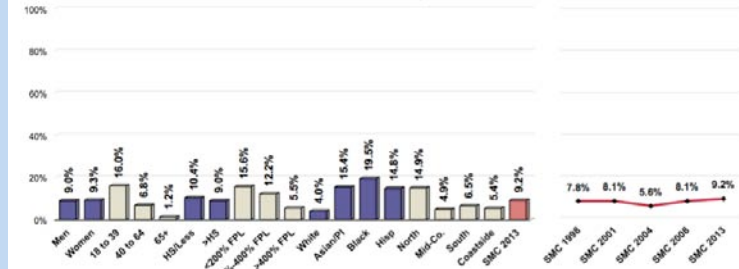
Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0-5 at home.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Older Dependents

- In 2013, 9.2% of San Mateo County adults have an older dependent such as a parent, aunt or uncle living in their household because he or she is unable to live alone (*higher* than reported in 2004, but similar to 1998, 2001 and 2008 findings). By demographic characteristics, higher responses are noted among young adults, respondents living below 400% of poverty, and non-Whites. It is also highest in the North County region.¹⁰⁴

An Older Dependent Lives in the Household

San Mateo County, 2013

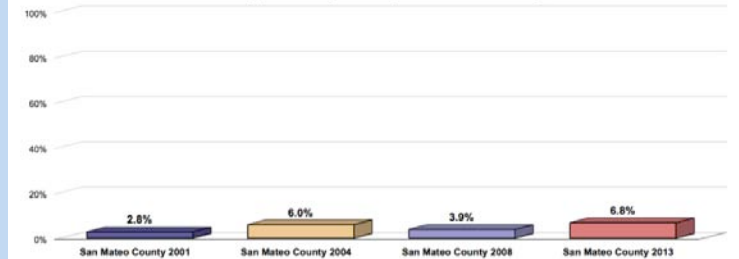


Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
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 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

- In addition, among surveyed adults aged 65 and older, 6.8% report that they live in the home of one of their adult children, grandchildren or other relative (*significantly higher* than 2001 and 2008 findings, but similar to 2004 findings).¹⁰⁵

Live in Home of Adult Child/Grandchild/Relative

Among Adults Aged 65+, San Mateo County



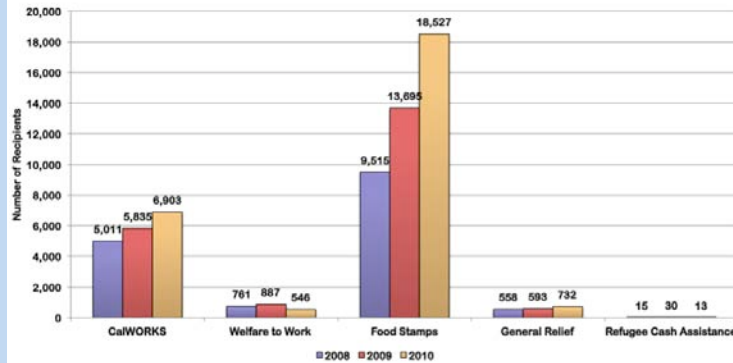
Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents aged 65 and older.

Families in Need

Government Assistance

- In 2011, San Mateo County provided:¹⁰⁶
 - CalWORKs support for 6,903 individual participants.
 - Food Stamp (CalFresh) benefits for 18,527 individual participants.
 - General Assistance to 732 individual participants.
- There was an increase in the number of participants receiving CalWORKs, Food Stamps and General Assistance from 2008–2010.¹⁰⁷
- Total annual food stamp participants almost doubled from the year 2008 to the year 2010.¹⁰⁸

Public Assistance Recipients by Program
San Mateo County, 2008-2010



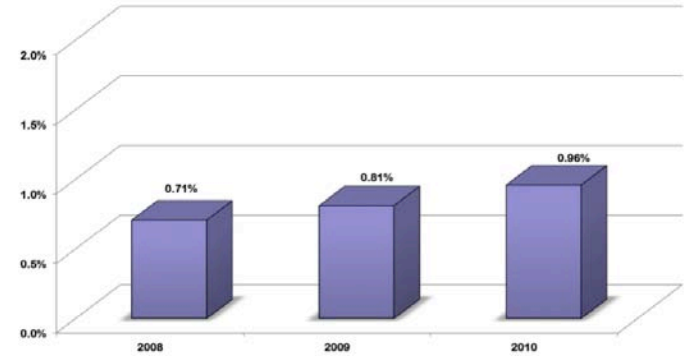
Source: • California Department of Social Services, 2011

CalWORKs (California Work Opportunity and Responsibility to Kids)

The CalWORKs program helps families achieve self-sufficiency through employment services and temporary cash assistance.

- In 2010, 0.96% of the San Mateo County population received CalWORKs supports, and has increased over the preceding several years. However, the county proportion is well below the state proportions.

Percentage of Population Receiving CalWORKs
San Mateo County, 2008-2010

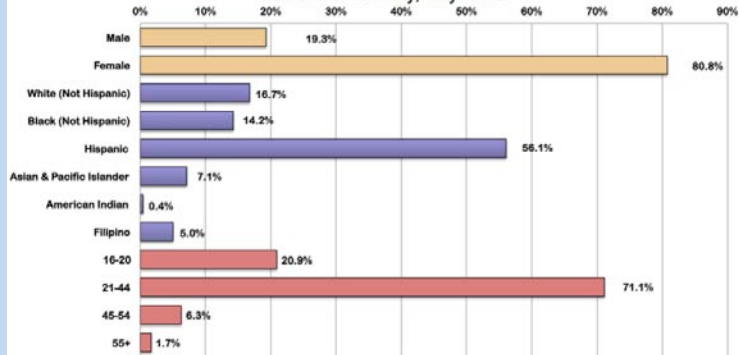


Source: • California Department of Social Services, US Census Bureau, 2011

- Demographic characteristics of CalWORKs recipients (July 2006) reveal that a majority are female and/or between the ages of 21 and 44. Hispanics and Blacks are also disproportionately represented in the CalWORKs population.¹⁰⁹

Selected Characteristics of CalWORKs Recipients

San Mateo County, July 2010



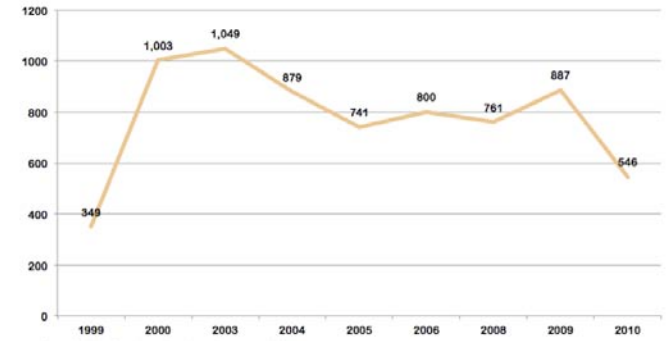
Source: • State of California Employment Development Department, 2012

Welfare-to-Work

California's Welfare-to-Work program is designed to assist CalWORKs participants find employment and/or acquire the necessary job skills to obtain employment.¹¹⁰

Number of Welfare to Work Recipients

San Mateo County 1999-2010

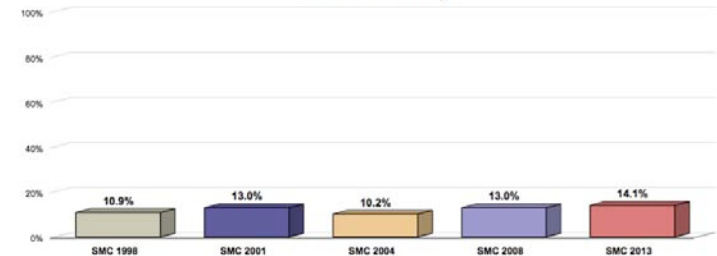


Source: • State of California Employment Development Department, 2011.
Note: • Data are not available for 2007

- ☐ In 2010, the number of welfare to work recipients dropped down to 546. This is the lowest number since 1999.¹¹¹
- ☐ A total of 14.1% of survey participants in 2013 receive some type of government assistance (*significantly higher* than 1998 and 2004 findings).¹¹²

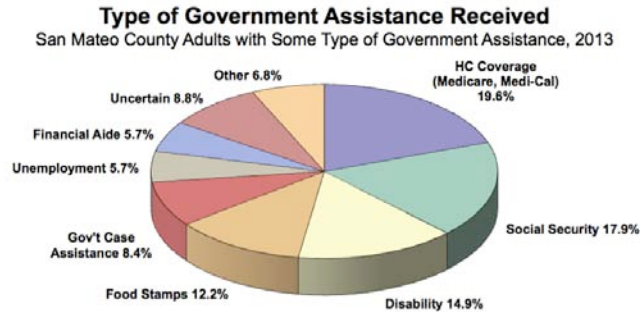
Currently Receive Some Type of Government Assistance

San Mateo County



Sources: • 1999/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Most often, the type of assistance received by survey respondents is in the form of health care coverage like Medicare or MediCal (19.6%), followed by Social Security or SSI benefits (17.9%), disability assistance (14.9%) and food stamps (12.2%). Other forms of assistance mentioned less often include government case assistance, unemployment aid and unspecified financial assistance.¹¹³



Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents who currently receive some type of government assistance.

Foster Families

Foster care is providing a temporary home for children who cannot safely be at home with their birth families. The San Mateo County Human Services Agency requires that all foster parents be licensed. Starting January 1, 2012, youth are allowed to remain in care after the age of 18 following the passage of the California Fostering Connections to Success bill (AB 12). Participating youth can receive help with educational and employment goals, as well as gain access to new housing options.¹¹⁴

- In San Mateo County, the rates of children entering foster care in 2011 for the first time was 1.1 per 1,000 children which was below the statewide rate of 3.2 per 1,000 children.¹¹⁵ However, the foster care population is disproportionately made up of children of color.
- As of July 1, 2011, San Mateo County had 288 children in foster care.¹¹⁶ No single indicator can give a full picture of trends in child welfare, and various policies and conditions, including the capacity of the system and

changing responses to child abuse, can affect the rate of entry into the foster care system.

Further note the following foster care findings for San Mateo County:¹¹⁷

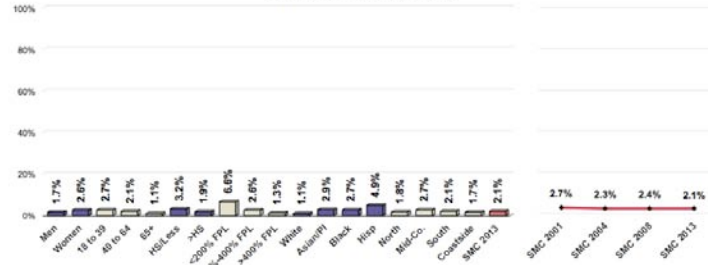
- **Exits to Permanency:** This is a measure of how quickly the foster care system is able to secure a permanent, safe home for foster children in long term care. The most recent data (April 2011 to March 2012) for San Mateo County shows that for children in care 24 months or longer, 28.7% exited to permanency by the end of the March 2012 and before they turned 18. This number was slightly higher than in California as a whole (30.1%).
- **Placement Stability:** It can be traumatic for foster children to move from one foster care home to another. In San Mateo County, the most recent data (April 2011 to March 2012) shows that 80.9% of children who had been in foster care for less than one year had two or fewer placements, compared to 85.0% statewide. The national standard for this indicator is at least 86% of children in foster care less than 12 months have two or fewer placements.
- **Family Reunification and Adoption:** The most recent reunification data (April 2011 to March 2012) shows that 68.4% of San Mateo County foster children who were last placed with kin were reunited with their families within 12 months, which exceeds the Statewide rate of 64.1%. The national standard is that at least 75.2% of children in foster care are reunified with their families within 12 months. In San Mateo County, of children who exited foster care to a finalized adoption during the period of April 2011 to March 2012, 40.7% were adopted within 24 months of entering foster care, meeting the national standard of at least 36.6%.
- **Demographics:** The foster care population in San Mateo County is disproportionately made up of children of color. This is similar to what exists statewide and nationally. Hispanic, African American, Asian/Pacific Islander children are over-represented in the foster care system. As of July 1, 2011, Black (22.3 per 1000) and Native American (20.1 per 1000) children were in care at much higher rates than the overall population (1.8 per 1000). A total of 115 foster children out of the total 288 in care in San Mateo County were Hispanic.

Families in Hunger

- According to the California Food Policy Advocates, 35,000 county adult residents were either hungry or food insecure in 2010.¹¹⁸

- A total of 2.1% of surveyed adults report that their family does not have enough food on a regular basis (statistically similar to previous findings). A total of 6.6% of persons living below the 200% poverty threshold, 4.9% of Hispanic adults, and 3.2% of adults without postsecondary education report that their family does not have enough food on a regular basis.¹¹⁹

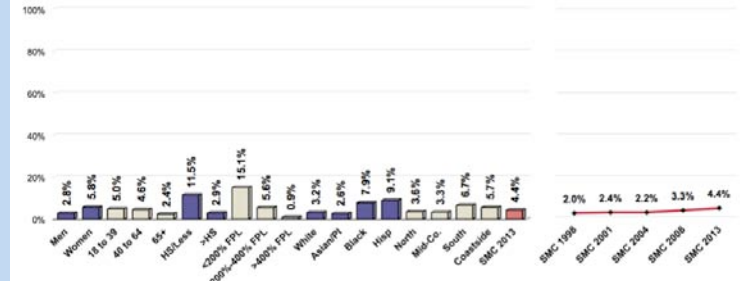
Family Does Not Have Enough Food on a Regular Basis San Mateo County, 2013



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.

- A total of 4.4% of 2013 San Mateo County survey respondents say they have received food from a food bank, church or other organization in the past year, similar to 2008 survey findings but marking a **statistically significant increase** over previous findings. Among those living below the 200% poverty threshold, this percentage is 15.1%. Responses are also notably higher among women, adults under 65, those without education beyond high school, Hispanic and Black respondents, and among those living in the South.¹²⁰

Received Food from a Food Bank, Church or Other Organization in the Past Year San Mateo County, 2013



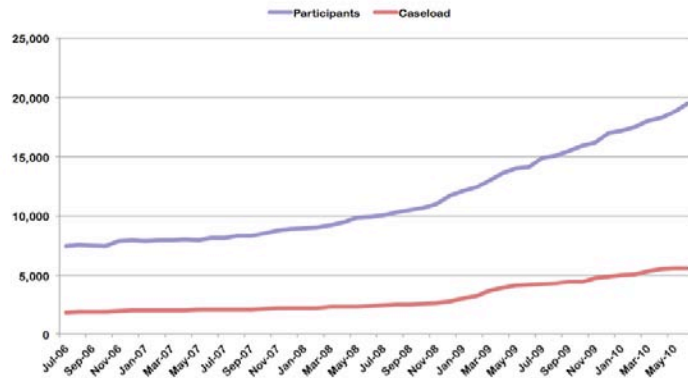
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

Food Stamp Program (CalFresh)

The Food Stamp program provides electronic benefits for eligible low-income households. Food Stamp benefits can be used to buy food at most grocery stores (they may not be traded for money or used to buy non-food items, such as alcohol and tobacco products, pet food, soap, or paper products). The Food Stamp Program in California is now called CalFresh.¹²¹

- In 2008, a monthly average of 9,761 individuals received food stamp benefits. Nevertheless, federal nutrition programs to address hunger are severely underutilized in our county. In 2008, it was estimated that 82% of county residents eligible for the federal Food Stamp Program did not use it because of the social stigma surrounding food stamps, burdensome paperwork and recordkeeping, and a lack of knowledge about eligibility. Full participation in the program could have generated an estimated \$99 million in economic activity for the county.¹²²
- The Food Stamp caseload has been steadily increasing month by month since 2008 to over 20,000 participants at the end of 2010.¹²³

Food Stamp Cases San Mateo County, July 2006-June 2010



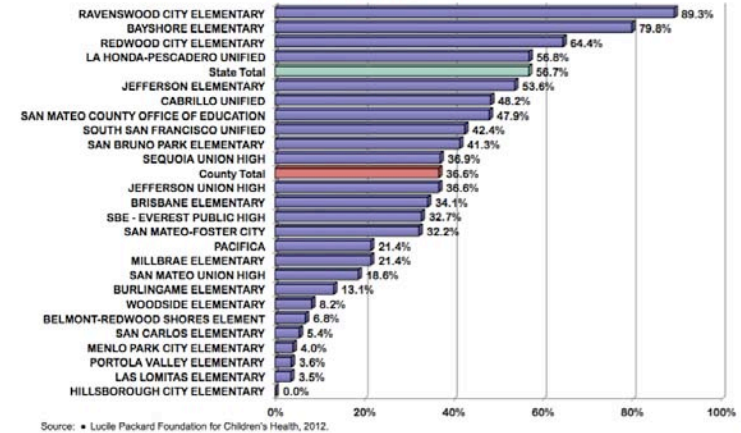
Sources: • San Mateo County Human Services Agency, 2010.

Subsidized School Lunches

School-based programs are a critical means to assure that children's nutritional needs are met. Low-income children participating in the free or reduced-price National School Breakfast Program (NSBP) perform better on standardized tests than eligible children who do not participate. Moreover, children participating in the NSBP have less absenteeism and tardiness compared to non-participants.¹²⁴

- In the 2010–2011 school year, 36.6% of San Mateo County school children received free or reduced-cost school meals.¹²⁵
- 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. (2010–11 data).¹²⁶

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



Family Violence

Domestic Violence

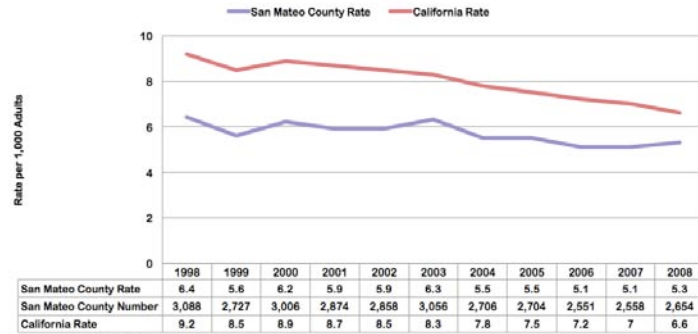
Calls for Assistance

In 30% to 60% of families that experience domestic violence, children also are abused (some estimates of this co-occurrence are even higher). In addition, children who witness domestic violence – even if they are not targets of the violence – tend to exhibit the same emotional, behavioral, and academic problems – as abused children. Children raised in violent family environments also are at risk of becoming abusers or victims themselves during adolescence or adulthood.¹²⁷

Domestic violence occurs in families of all incomes, cultures, and education levels. However, a number of factors put families more at risk, the most significant of which is substance abuse. Poverty, social isolation, and language barriers also are risk factors. Victims may fail to report the violence because they fear retribution, deportation, or that their children will be taken away.¹²⁸

- From 1998 to 2008, the rate of domestic violence calls to law enforcement decreased 14% in San Mateo County to 5.3 calls per 1,000 adults ages 18–69. The statewide rate decreased between 1998 and 2009 to 6.6, but consistently remained higher than San Mateo County.¹²⁹
- The number of domestic violence calls in 2008 was 5.3 per 1000 adults. There were 6.6 calls per 1000 adults statewide in 2008.¹³⁰

Number of Domestic Violence Calls for Assistance per 1,000 Adults, Ages 18-69 San Mateo County, 1998-2008



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

- In total numbers, South San Francisco had the largest number of domestic violence-related calls for assistance in 2009 in San Mateo County with 574. Firearms were only involved in six calls for all of San Mateo County in 2009.¹³¹

DOMESTIC VIOLENCE-RELATED CALLS FOR ASSISTANCE, 2009

County	Total calls			Type of weapon ¹				
	Total	No weapon involved or reported	Weapon involved	Total	Type of weapon ¹			
					Firearm	Knife or cutting instrument	Other dangerous weapon	Personal weapon ²
Total	2,828	2,510	318	318	6	41	113	158
Sheriff's Department	113	77	36	36	2	0	17	17
Unincorporated	113	77	36	36	2	0	17	17
Atherton	8	4	4	4	0	0	0	4
Belmont	35	32	3	3	0	1	0	2
Brisbane	14	13	1	1	0	0	1	0
Broadmoor	12	10	2	2	0	0	0	2
Burlingame	84	67	17	17	0	2	12	3
Colma	5	0	5	5	0	0	0	5
Daly City	321	287	34	34	0	5	10	19
East Palo Alto	223	212	11	11	0	5	5	1
Foster City	35	34	1	1	0	0	0	1
Half Moon Bay	68	64	4	4	0	0	0	2
Hillsborough	5	0	5	5	0	0	0	5
Menlo Park	128	119	9	9	0	5	3	1
Millbrae	43	29	14	14	0	2	1	11
Pacifica	101	94	7	7	0	1	5	1
Redwood City	302	254	48	48	0	4	3	41
San Bruno	375	355	20	20	1	0	6	13
San Carlos	38	36	2	2	0	0	1	1
San Mateo	340	282	58	58	1	12	38	7
South San Francisco	574	538	36	36	2	4	9	21
Bay Area DPR	1	0	1	1	0	0	0	1
BART	3	3	0	0	0	0	0	0
Union Pacific Railroad	0	0	0	0	0	0	0	0
CA Highway Patrol	0	0	0	0	0	0	0	0

¹Penal Code section 13730 does not require that the type of weapon involved in a domestic violence-related call be reported.
²Hands, feet, etc.

Child Abuse

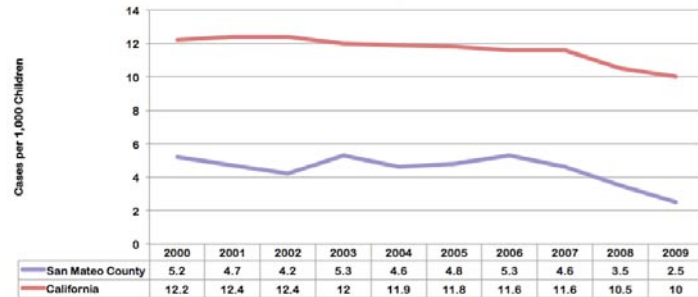
Children who are abused or neglected, including those who witness domestic violence, often exhibit emotional, cognitive, and behavioral problems, such as depression, suicidal behavior, difficulty in school, use of alcohol and other drugs, and early sexual activity. Children who are abused or neglected also are more likely to repeat the cycle of violence by entering into violent relationships as teens and adults or abusing their own children.¹³²

Child abuse/neglect is underreported, and is found in families of all socioeconomic levels and ethnic groups. A variety of risk factors exist for child abuse/neglect. Primary among them is parental substance abuse. Another risk factor is domestic violence. Research shows that in 30% to 60% of families that experience domestic violence, children also are abused. Other contributing factors include parental mental illness, poverty, and child disability. Prevention of child abuse and neglect requires public education and commitment from communities to provide emotional, social, and financial support systems for families.¹³³

The trauma of child abuse often results in lifelong impairment in social, academic, and occupational functioning. Many incarcerated adults were victims of child abuse, and most perpetrators of child abuse experienced abuse during their childhood. Early intervention in the lives of abused children can lead to fewer physical, psychological, and emotional problems and help to reduce the continuation of abuse in future generations.¹³⁴

- From 2000 to 2009, the rate of substantiated child abuse cases decreased by over 50% in San Mateo County. Overall, the state saw a smaller decrease in the rate of substantiated child abuse cases from 2000 to 2009. The 2.5 cases of substantiated child abuse/neglect per 1,000 children in San Mateo County were far below the statewide rate of 10 cases in 2009.¹³⁵

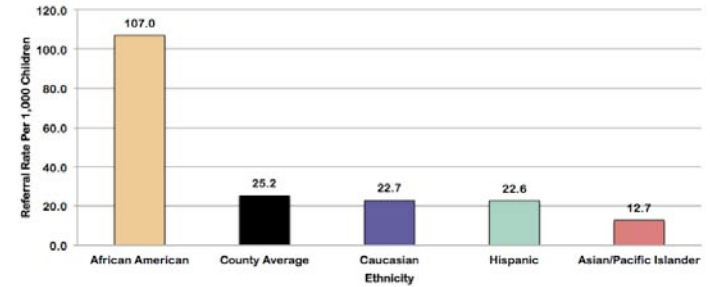
Substantiated Cases of Child Abuse per 1,000 Children, Ages 0-17 San Mateo County, 2000-2009



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

- In San Mateo County, note:
 - Type of Maltreatment:** In San Mateo County, the most common type of maltreatment was neglect (severe and general neglect), accounting for almost half (47.5%) of substantiated cases in 2011. One in four substantiated cases (25.0%) was due to physical abuse. Another 14.3% were due to emotional abuse.¹³⁶
 - Child Race/Ethnicity:** In San Mateo County, child abuse and neglect disproportionately affects African American Children.¹³⁷

Child Abuse Referrals by Race San Mateo County, 2009



Source: UC Berkeley School of Social Welfare, Center for Social Services Research, 2012.

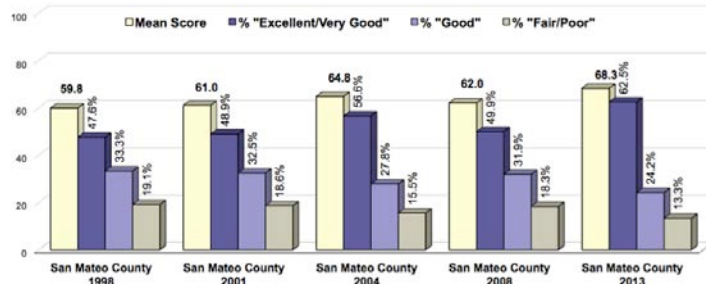
COMMUNITY ISSUES

Social Environment

Racial & Cultural Tolerance

- Perceptions of racial and cultural tolerance in San Mateo County improved this year after declining in 2008. 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). In contrast, a total of 13.3% give “fair/poor” evaluations, similar to 2004 findings and lower than the remaining survey results.¹³⁸

Ratings of Racial/Cultural Tolerance

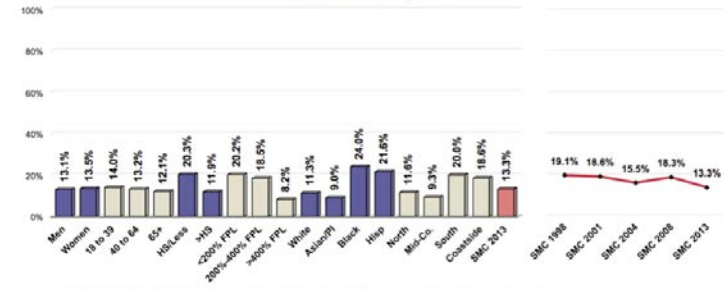


Source: 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

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

- However, 24.0% of Black respondents and 21.6% of Hispanic respondents believe racial/cultural tolerance in San Mateo County is only “fair” or “poor” (significantly higher than reported by Whites or Asians/Pacific Islanders). “Fair/poor” evaluations are also significantly higher among persons with lower incomes or education levels and those living in the South region.¹³⁹

Perceive Racial/Cultural Tolerance to be “Fair/Poor” San Mateo County, 2013

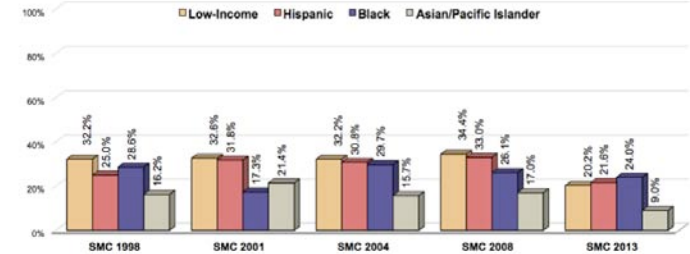


Source: 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

- 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.

- When looking at the trend in “fair/poor” responses among persons who are low-income, Hispanic, Black or Asian/Pacific Islander, it appears that these negative perceptions **decreased significantly** this year after previously increasing.¹⁴⁰

Trend in Perceptions of Racial/Cultural Tolerance as “Fair/Poor” Among Low-Income, Black, Hispanic or Asian/Pacific Islander Respondents, San Mateo County



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

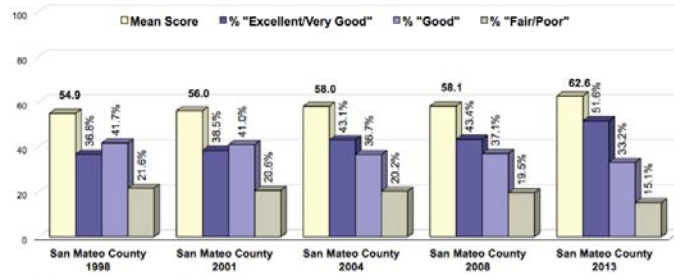
- Asked of all respondents.

Tolerance of Viewpoints & Lifestyles

- Evaluations of tolerance for people with different viewpoints and lifestyles are lower than found for race/culture, but appear to improving consistently. 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.¹⁴¹

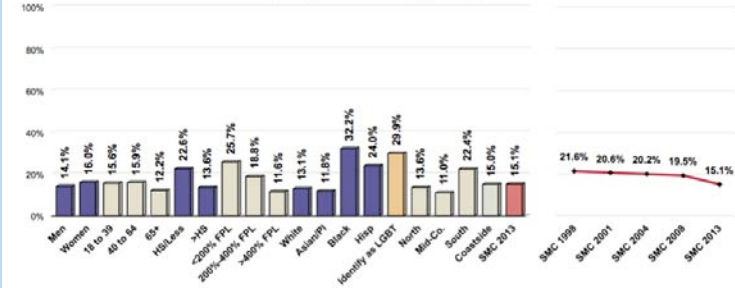
Ratings of Lifestyle/Viewpoint Tolerance San Mateo County



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.

- In this case, “fair/poor” evaluations are highest among adults under 65, those with no postsecondary education, those living on lower incomes, and Black and Hispanic respondents. South County residents also much more often report “fair” or “poor” evaluations compared to other parts of the county.¹⁴²

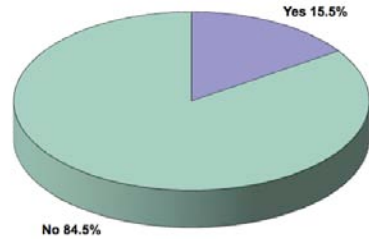
Perceive Lifestyle/Viewpoint Tolerance to be “Fair/Poor” San Mateo County, 2013



Source: • 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.

- Note that, among the relatively small sample of respondents (n=57) who identify themselves as lesbian, gay, bisexual or transgender (LGBT), 29.9% rate San Mateo County's tolerance for persons with different viewpoints or lifestyles as “fair” or “poor.” Among the LGBT population, 15.5% report having been discriminated against due to their sexual orientation.¹⁴³

Have Been Discriminated Against Due to Sexual Orientation San Mateo County Adults Who Identify as Lesbian, Gay, Bisexual or Transgender, 2013

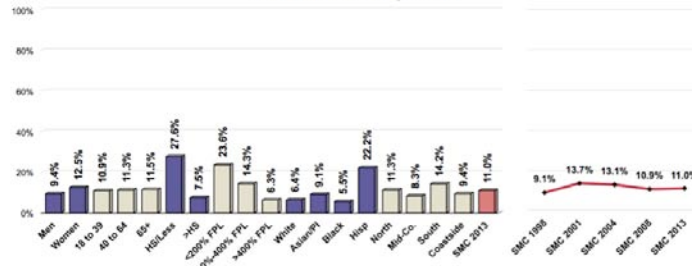


Source: 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: Asked of non-heterosexual respondents who identify as lesbian, gay, bisexual, transgender or "other" (n=57)

Relationships & Support

- While most 2013 survey respondents say they have had someone in the past month to whom they could turn if they needed or wanted help, 11.0% do not (*significantly better* than found in 2001). Adults with lower education or income levels, Hispanics and residents in the South more often report they do not have this type of support network.¹⁴⁴

Have Had Someone Available to Turn to "None/Little of the Time" During the Past Month San Mateo County, 2013



Source: 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.

- Survey participants in 2013 were asked to express the degree of difficulty they are experiencing with various aspects of their lives. In this series, the greatest troubles were noted for **feeling satisfied with one's life** (45.6% report "little," "moderate," "quite a bit" or "extreme" difficulty with this). A total of 34.0% expressed difficulty with family relationships, and between 23%-29% also expressed difficulty with: isolation or loneliness; feeling close to others; fear/anxiety/panic; or trouble controlling temper/outbursts/anger/violence.
- While difficulty with satisfaction in one's life and family relationships both *increased* since 2008, problems controlling temper *decreased* significantly during this time. The percentages expressing some degree of difficulty ("moderate," "quite a bit" or "extreme" difficulty) are as follows:¹⁴⁵

Percentage of Adults Expressing Difficulty in Their Lives San Mateo County

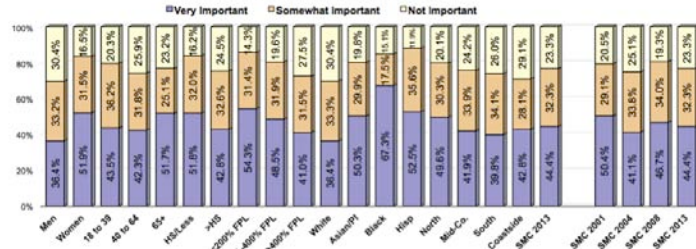
	2001 (Pre-9/11)	2001 (Post-9/11)	2004	2008	2013
Feeling Satisfied With One's Life	40.5%	43.7%	37.1%	39.5%	45.6%
Relationships With Family Members	29.3%	38.9%	26.2%	29.1%	34.0%
Fear, Anxiety or Panic	27.4%	31.7%	26.9%	27.4%	28.6%
Being Able to Feel Close to Others	27.9%	31.5%	21.7%	27.2%	27.0%
Controlling 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).

Spirituality

- 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. This is also true among residents in the North County region.¹⁴⁶

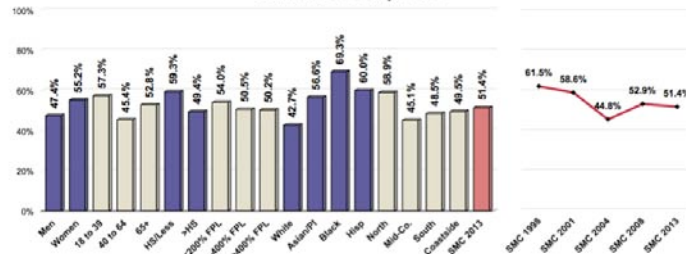
Importance of Spirituality in Respondents' Lives San Mateo County, 2013



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). Those without such spiritual support are best represented among men, adults 40 to 64, persons at higher education levels, Whites, and residents living outside the North region.¹⁴⁷

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



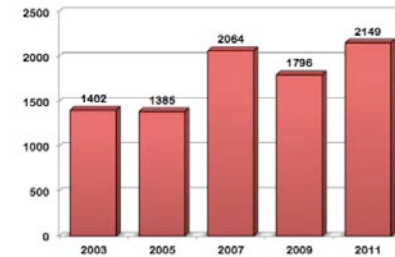
Sources: 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
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• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Homelessness

Estimates of Homelessness

- A 2011 census count determined that there were 2,149 homeless people in San Mateo County, 53% of whom were unsheltered (not in emergency shelters, transitional housing, motel voucher programs, residential treatment, jails or hospitals).
- Using the "annualization" formula developed by the Corporation for Supportive Housing, an estimated 6,737 people were homeless at some time during the year in San Mateo County.¹⁴⁸
- Compared to the 2005 Homeless Census/HOPE Plan, the 2007 Homeless Census identified approximately 49% more homeless people on any given night and about 65% more people over the course of a year. The main reason for this significant increase in the numbers is the improved data collection methodologies used in 2007, rather than any actual increase in the numbers of homeless people over that two year period.¹⁴⁹

Single Night Homeless Count San Mateo County, 2007-2011



Source: San Mateo County Human Services Agency, Center on Homelessness, 2003-2011.

- From 2009-2011 the census identified 19.7% more homeless individuals using the single night homeless count.¹⁵⁰

Characteristics of the Homeless

The 2011 Homeless Census identified the following demographic profile of San Mateo's homeless population:¹⁵¹

- The 2,149 homeless people counted comprised 1,789 households: 92% (1,640) were households without dependent children; 8% (149) were “family” households, i.e., with dependent children.¹⁵²
- African Americans are disproportionately overrepresented and Caucasians are disproportionately underrepresented among the homeless population in San Mateo County:¹⁵³
 - 40% are Caucasian (64.4% of the county’s population is Caucasian according to the US Census in 2011).
 - 22% are African American (3.2% of the county’s population is African American according to the US Census in 2011).
 - Other racial/ethnic breakouts in 2011 include: 21% Hispanic/Latino; 3% Asian; 5% Hawaiian or Pacific Islander; 3% American Indian/Alaskan Native; and 5% Multi-Ethnic/Other.
- 12% of the 2007 Homeless Census respondents reported having served in the US Armed Forces.¹⁵⁴
- The 2007 Homeless Census confirmed that a significant number (46%) of homeless people have been homeless for long periods of time and/or many times within the past 3 years (“chronically homeless,” having been homeless 4 times or more in the past three years).¹⁵⁵
- The population of sheltered individuals looks different than the population of unsheltered individuals. However, it is still primarily single and male. 63% of sheltered individuals are men, but a growing proportion (21%) is part of a family unit.¹⁵⁶
- Further, the 2011 Homeless Census provided the following data:¹⁵⁷
 - 46% reported alcohol or drug problems.
 - 43% reported chronic health problems.
 - 32% reported a physical disability.
 - 28% reported mental illness.
 - 21% reported post-traumatic stress disorder.

Homeless Shelters & Programs

- The San Mateo County Human Services Agency oversees the County’s Center on Homelessness which: coordinates the provisions of homeless services administered throughout the county, including those by non-governmental entities; provides information and referral; administers the county’s continuum of care, as a service system to assist homeless

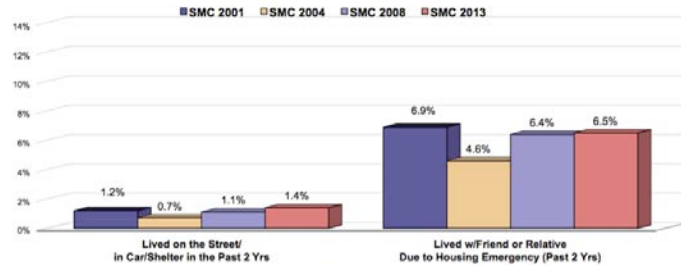
individuals and families attain self-sufficiency; and develops resources to help the homeless individuals and families.¹⁵⁸

- Housing Our People Effectively (HOPE): The Plan to Prevent and End Homelessness in San Mateo County is a ten-year action plan that brings together the business, nonprofit, and public sector communities to address the challenging issue of homelessness at its core, rather than manage it at the margins. This plan reflects the Board of Supervisors’ goal that housing should exist in our community for people at all income levels and all generations of families – including those who are extremely low income or who are homeless. HOPE is based on a belief that we can achieve this goal through proactive, coordinated action and investments in cost-effective initiatives that solve homelessness. The plan was implemented in 2006 and the County of San Mateo Human Services Agency reports good progress in the early years towards their 2015 goals.¹⁵⁹
- Since 1992, the San Mateo County Homeless Fund has awarded more than \$2 million to shelter and homeless service providers. Some of these grants have funded the following: the Safe Harbor Shelter in South San Francisco; the Maple Street Shelter in Redwood City and the First Step for Families Shelter in San Mateo; the Catholic Worker Hospitality House in San Bruno; the Clara-Mateo Shelter in Menlo Park; the Bethsaida Family Living Home in Redwood City; and Free At Last’s Walker House in East Palo Alto. The Homeless Fund also provides grants for additional homelessness prevention programs and permanent housing projects and opens temporary overnight warming shelters on freezing nights.¹⁶⁰
- Due to the County’s housing challenges, the need for more shelter beds is greater than ever.¹⁶¹

Experiences of Homelessness

- In the 2013 San Mateo County Health & Quality of Life Survey, 1.4% of respondents (who are currently housed) report having had to live on the streets, in a car, or in a shelter at some time in the past two years (statistically similar to 2001, 2004 and 2008 findings).¹⁶²
- Displacement, even if only temporary, is a more common problem in San Mateo County. A total of 6.5% of surveyed adults say that they have had to go live with a friend or family member in the past year, even if only temporarily, due to a housing emergency (*higher* than reported in 2004, but similar to that reported in 2001 and 2008).¹⁶³

Episodes of Homelessness or Displacement San Mateo County



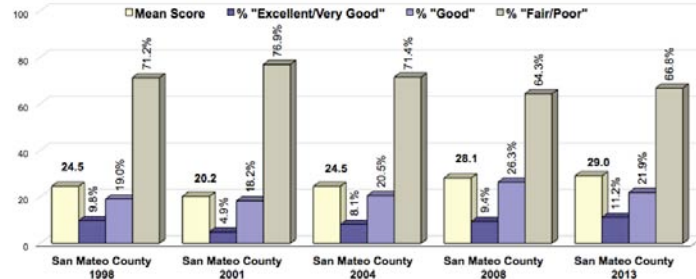
Source: • 2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Homeless Shelters & Programs

Community Perceptions

- Two-thirds (66.8%) of San Mateo County survey respondents rate the availability of local homeless programs and shelters as “fair” or “poor.” While high, this prevalence is *significantly better* than reported in 1998, 2001 or 2004 (similar to 2008 survey results).¹⁶⁴

Rating of the Availability of Local Programs and Shelters for the Homeless 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.

Housing

Housing Affordability

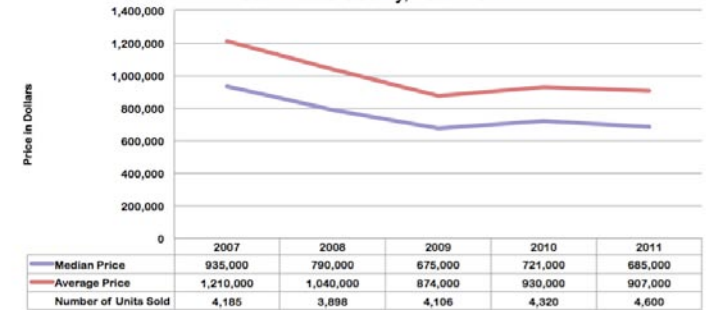
A lack of affordable housing limits the ability of people to live in San Mateo County and employers to recruit qualified workers. Therefore, families are left with the options of living in another county and facing long commutes, or paying more than they can comfortably afford for housing.¹⁶⁵

- In 2011, the annual income needed to afford a median-priced **home** was \$116,727 a 30% decrease from the peak of the market in 2005, but still well above the median household income in San Mateo County of \$91,450.¹⁶⁶
- A household income of \$62,198 was needed to purchase a median-priced **condominium**, a 43% decrease from its peak in 2007.¹⁶⁷

Median Home Price

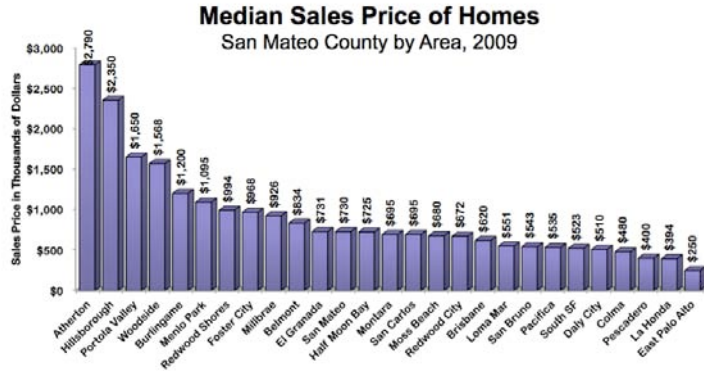
- In 2011, the median price of a single-family home in San Mateo County was \$685,000, a decline of 8% from 2010.¹⁶⁸

Median and Average Home Price Sales San Mateo County, 2007-2011



Source: • MLS Listings Inc. 2012.

- Homes in the cities of Atherton, Hillsborough, Portola Valley and Woodside continued to be the least affordable in the county; the most affordable homes were in East Palo Alto, La Honda, Pescadero, Colma, and Daly City.¹⁶⁹

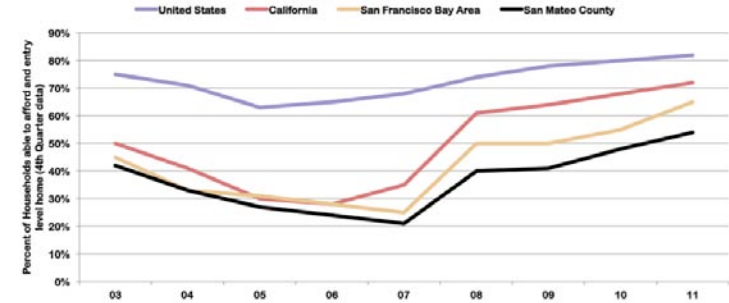


Source: • San Mateo County Association of Realtors, 2012.

First-Time Buyer Housing Affordability Index

- In the fourth quarter of 2011, 54% of households could afford an entry-level home in San Mateo County, the highest percentage in over 10 years. This is up from a low of 21% in 2007. San Mateo County still lags behind the Bay Area (65%), California (73%) and the US (83%).¹⁷⁰

First-Time Buyer Housing Affordability Index, 2003-2011



Source: • State of California Association of Realtors, 2012.

Foreclosures and Housing Costs

- Foreclosures in 2011 received less attention than they did in 2009, but they are still a problem for San Mateo County. Foreclosures in the county peaked in 2009, and have lowered slightly, but are still higher than the numbers reported during the relatively low year of 2007, prior to the height of the crisis. Though estimates are unknown, a large number of San Mateo County residents are under water, owing more on their mortgage than the price of their home. Additionally, another side effect of lowered property values is lower government revenues from property taxes.¹⁷¹

Rent

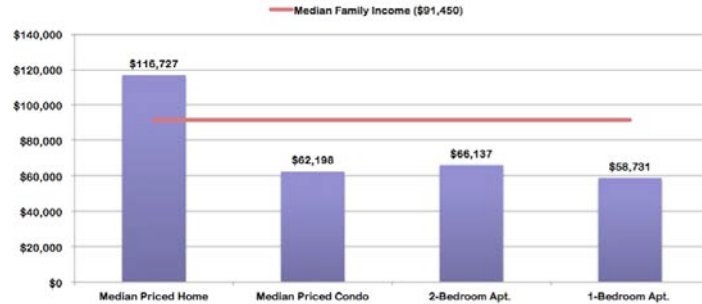
- Rising housing costs have left many residents with only the option of renting, though rents throughout the county continued to rise as well. In June 2011, average rental costs of a 1-bedroom apartment in San Mateo County were \$1,638/month, a 33.4% increase since June 2004. For a 2-bedroom apartment, average rental costs increased 28.0%, from \$1,436/month to \$1,838/month in June 2011.¹⁷²

Average Apartment Rent								
	Jun-04	Jun-05	Jun-06	Jun-07	Jun-08	Jun-09	Jun-10	Jun-11
1 Bedroom	\$1,228	\$1,244	\$1,348	\$1,487	\$1,583	\$1,493	NA	\$1,638
2 Bedroom	\$1,436	\$1,432	\$1,515	\$1,682	\$1,870	\$1,681	NA	\$1,838

Source: • County of San Mateo Housing Authority

- In order to rent a one- or two-bedroom apartment in the county, households needed an income of \$58,731 and \$66,137, respectively.¹⁷³
- “Fair market rent” (as determined by the U.S. Department of Housing & Urban Development) for a two-bedroom apartment in San Mateo County in 2012 was \$1,905. This would constitute 59.8% of the income of a family of three living at 200% of the federal poverty level.¹⁷⁴

Annual Household Income Needed to Afford Median-Priced Home, Condominium, and Rent San Mateo County, 2011



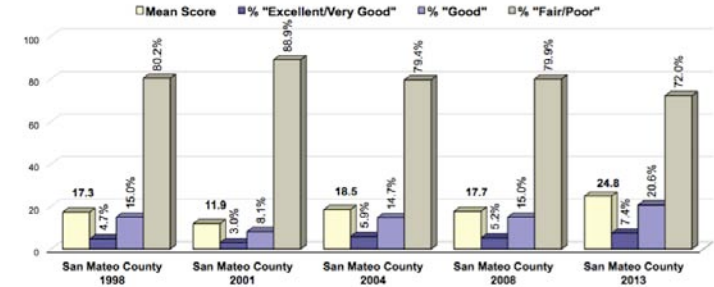
Source: • San Mateo County Association of Realtors, San Mateo County Department of Housing, Freddie Mac, Sustainable San Mateo, 2012.

- In 2011, median family income for San Mateo County residents aged 25 years and older was \$91,450.¹⁷⁵
- The National Low Income Housing Coalition found that San Mateo County was tied with San Francisco and Marin Counties as the least affordable counties in the United States in 2006, based on the hourly wage required to rent a two-bedroom apartment.¹⁷⁶

Community Perceptions of Affordability

- A total of 72.0% of San Mateo County adults participating in the 2013 San Mateo County Health & Quality of Life Survey rate the availability of affordable housing in the community as “fair” or “poor.” This is *significantly better* than previous survey findings.¹⁷⁷

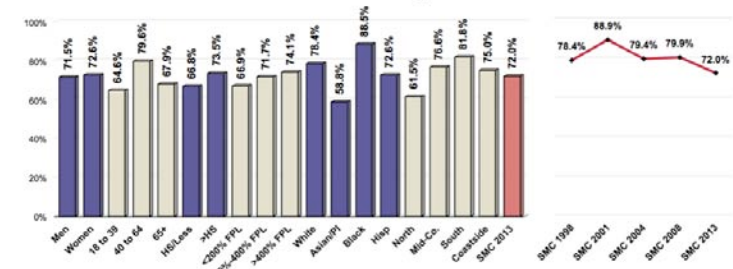
Rating of the Availability of Affordable Local Housing San Mateo County



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.

- “Fair/poor” evaluations of housing affordability in 2013 are higher among adults aged 40 to 64, those with more education or income, and Black respondents. Residents in the North County region reported the lowest “fair/poor” evaluations.¹⁷⁸

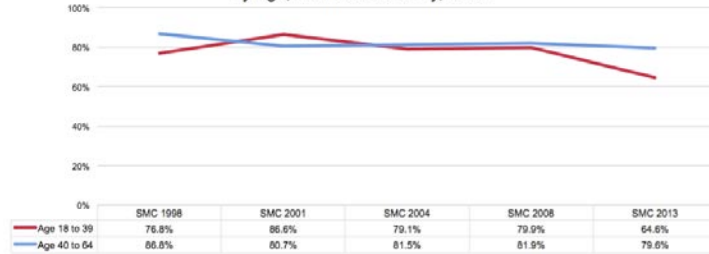
Perceive the Availability of Affordable Local Housing to be “Fair/Poor” San Mateo County, 2013



Source: • 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.

- Over time, low ratings among young adults (those aged 18 to 39) have decreased, as have those given within the 40–64 age group (although less noticeably than in the younger population).¹⁷⁹

Perceive the Availability of Affordable Local Housing to be “Fair/Poor” By Age; San Mateo County, 2013

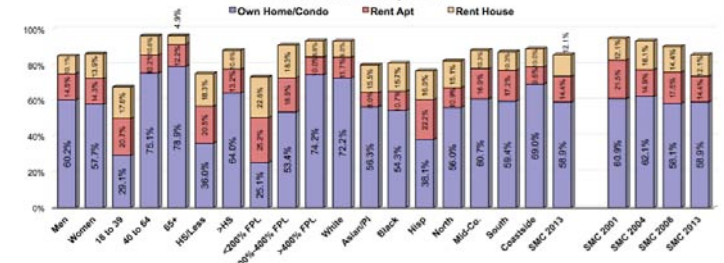


Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Housing Situation

- According to 2013 San Mateo County Quality of Life Survey results, 58.9% of respondents own their own home or condominium, 14.4% rent an apartment, and 12.1% rent a house. Home ownership has not changed significantly since the 2001 survey was conducted, but apartment rentals are down from the initial 2001 results (and down from 2008 findings as well). The proportion of adults living with parents or other relatives has grown considerably and consistently (4.9% in 2001; 5.9% in 2004; 9.4% in 2008; 13.9% in 2013).¹⁸⁰
- Further, house renting has decreased since 2004 in San Mateo County. These data also find that home ownership is realized by fewer than 3 in 10 young adults and adults with lower incomes, and fewer than 4 in 10 Hispanics and adults with lower education levels.¹⁸¹

Living Situation San Mateo County, 2013

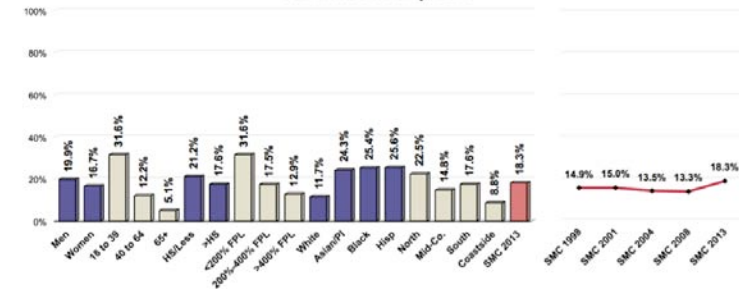


Source: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
• Individuals not represented on graph above reported living in subsidized housing, with relatives, or did not state.

Doubled-Up Households

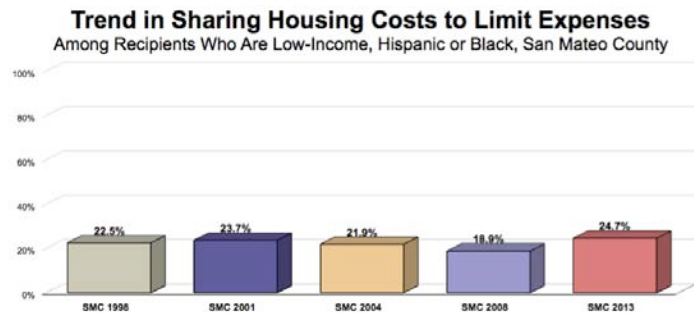
- In the wake of the housing bubble, the 2013 survey finds that 18.3% of respondents currently share housing costs with someone other than a spouse or partner in order to limit expenses, marking a *significant increase* in shared housing over previous years. Over 31% of young adults and residents living below the 200% poverty threshold share living expenses, as do 24% or more of non-White respondents.¹⁸²

Share Housing Costs With Someone Other Than a Spouse/Partner to Limit Expenses San Mateo County, 2013



Source: • 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.

- The following shows a *significant increase* in these county findings among low-income Hispanic or Black respondents since 2008.¹⁸³



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

Housing Supply

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.¹⁸⁴

- 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.¹⁸⁵ In 2008, San Mateo County issued 932 housing permits, and of those, only 43 fell into the Restricted Affordable Category.¹⁸⁶

Physical Environment

Air & Water Quality

Clean air is essential to human and environmental health. Certain air pollutants, such as particulate matter, ground-level ozone, carbon monoxide, and nitrogen dioxide are of particular concern. San Mateo County enjoys clean air, thanks in part to regulations for cleaner burning gasoline and public education efforts aimed at reducing polluting activities. The county’s clean air also results from prevailing winds that carry pollution elsewhere. The county’s proximity to the ocean helps to generate breezy weather in the warm season, with the onshore winds transporting clean air from the ocean inland.¹⁸⁷

Particulate Matter

Suspended particulate matter of 10 microns or less in size (PM10)—dust, smoke, and soot—is associated with serious health effects such as asthma and premature death, contributes to haze, and harms the environment. Generators of PM10 include vehicles, construction sites, unpaved roads, factories, wood burning, and fuel combustion at power plants and in industrial processes. Seasons play a role as well, as the American Lung Association (ALA) reports that during winter months wood smoke from fireplaces is the largest stationary source of air pollution in the Bay Area. The ALA considers these small particles to be a greater health risk than ozone or other commonly monitored air pollutants because they can lodge deep in the lungs where they can remain embedded for long periods of time. Also, some particles are small enough to pass through the lung into the blood stream.¹⁸⁸

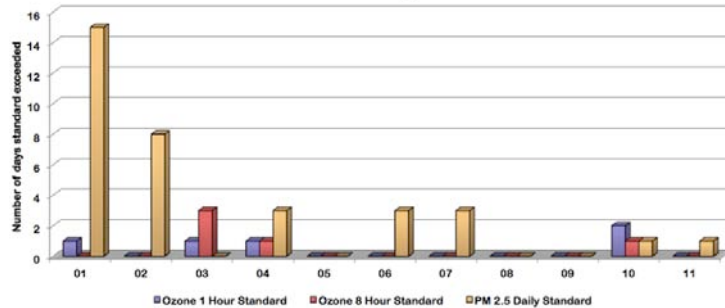
- Although the county received a “B” grade in the American Lung Association’s (ALA) State of the Air 2012 report for short-term particle pollution, the ALA noted that the Bay Area ranked 27 among 277 Metropolitan Areas most polluted by short-term particle pollution in the United States.¹⁸⁹

Ozone

Ground-level ozone increases the risk of death, triggers a variety of health problems including asthma even at very low levels, may cause permanent lung damage after long-term exposure, damages plants and ecosystems, and is the main component of smog. Vehicles are the primary source of the pollutants that create ozone.¹⁹⁰

- In 2012, the county received a “B” grade by the ALA for ground-level ozone. The Bay area was ranked 33 out of 277 Metropolitan Areas most polluted by ground level ozone.¹⁹¹
- Ozone, which is monitored daily, did not exceed state standards since 2004, and has not exceeded state standards more than one day per year since 1995 with the exception of 2010 in which the 1-hour standard was exceeded on two days, and the 8 hour standard was exceeded on one day.

Ozone and PM2.5 Exceedences, San Mateo County, 2001-2011



Source: California Air Resources Board, Sustainable San Mateo, 2012

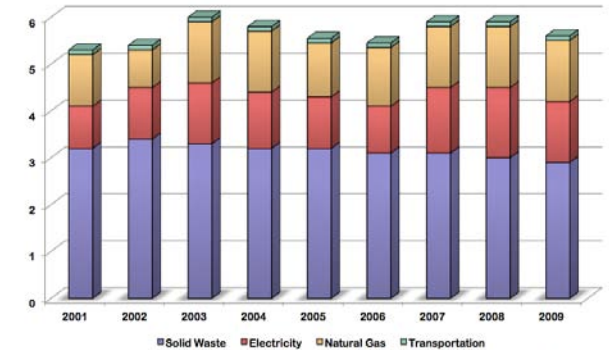
Carbon Emissions

Carbon emissions are changing the chemistry of the atmosphere and leading to global climate change. Scientists tell us that climate change, including global warming, will be detrimental to human health, ecosystems, food security, and water resources. The main source of manmade carbon emissions is the combustion of fossil fuels. Carbon emissions from electricity production fluctuate based on the sources of electricity; in years when a deep snow pack fills the Sierra’s reservoirs, more hydroelectric power is available. This power is carbon emission free and renewable. In other years, the deficit in hydroelectric power is replaced with electricity from carbon-heavy fossil fuels.¹⁹²

- 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.¹⁹³

Total Greenhouse Gas Emissions San Mateo County, 2001-2009



Sources: California Department of Transportation; California Energy Commission; California Integrated Waste Management Board; Sustainable San Mateo County, 2011.

Water Pollution

San Mateo County is bordered by the San Francisco Bay to the east and 54 miles of Pacific Ocean coastline to the west. Human activity affects water quality as it flows from creeks, streams, and wastewater systems to the Bay and ocean. Protecting Bay and ocean water quality is vitally important as these water bodies support marine and Bay ecosystems, local economies, recreational activities, tourism, and food resources.¹⁹⁴

Among the most significant issues impacting the region’s water quality are urban and agricultural runoff; decline of watershed habitats through construction, development, and overuse; the release of sewage and untreated stormwater; and human population growth.¹⁹⁵

- A large portion of pollution now entering the Bay comes from stormwater runoff from paved areas. Non-point source pollution accounts for many potential pollutants: oil, heavy metals, and particulate matter from cars; medications and chemical products poured down drains and flushed down toilets; and construction debris, trash, and hazardous waste that is dumped or washed into local storm drains and creeks.¹⁹⁶

- Of the 242,193 pounds of pesticides applied in San Mateo County during 2009—excluding residential use – 57%, or 138,050 pounds, were classified as most toxic by the Pesticide Action Network. Use of the most toxic pesticides was down 17% from 2008, compared to the 3.1% increase between 2007 and 2008. The largest portion of the most toxic pesticides used in the county during 2009 – excluding residential use – were for agriculture use (30%), with structural pest control and landscape maintenance having the second and third largest pesticide use. Structural pest control includes primarily mosquito control.¹⁹⁷
- Sanitary sewer overflows are a significant problem in San Mateo County, leading to contamination of the Bay and Ocean. The number of sanitary sewer overflows in the County decreased from 468 in 2009 to 391 in 2010.¹⁹⁸
- Pacific beach closures spiked in 2010 at 97 days of closure compared to only 26 days in 2009. These closures were due to high levels of indicator bacteria, which are frequently tested by San Mateo County.¹⁹⁹

Drinking Water

High quality drinking water is essential to human health. Contaminated water can cause acute disease, birth defects, infant mortality, and increased cancer rates. Federal and state safe drinking water regulations aim to assure the high quality of public water supplies.²⁰⁰

- Twenty water districts in San Mateo County are members of the Bay Area Water Supply and Conservation Agency (BAWSCA). The water districts serving the county publish annual water quality reports presenting the results of monitoring for various contaminants. Monitoring is done by sampling water at various locations in each district’s distribution system over time. The reports indicate that the water delivered by these water districts met state and federal drinking water regulations.²⁰¹

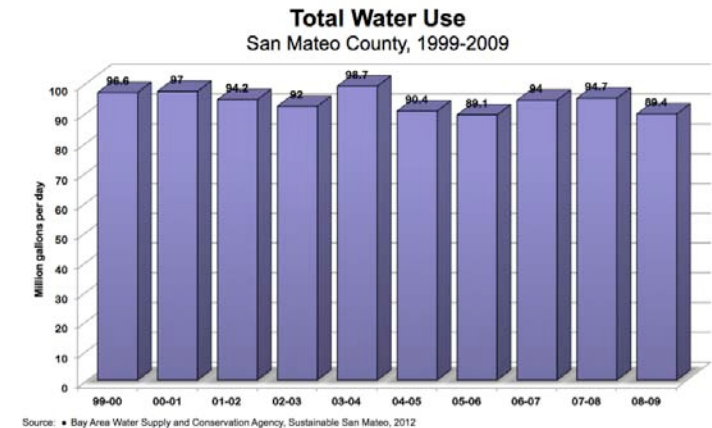
Resource Consumption

Water Consumption

The county’s water comes primarily from the San Francisco Public Utilities Commission (SFPUC), drawing heavily from the Hetch Hetchy Reservoir, which is fed by snowmelt from the Sierra Nevada. SFPUC also supplements with water from local watersheds. Seven percent of the water used in San Mateo County does not come from SFPUC, but rather from local sources such as groundwater

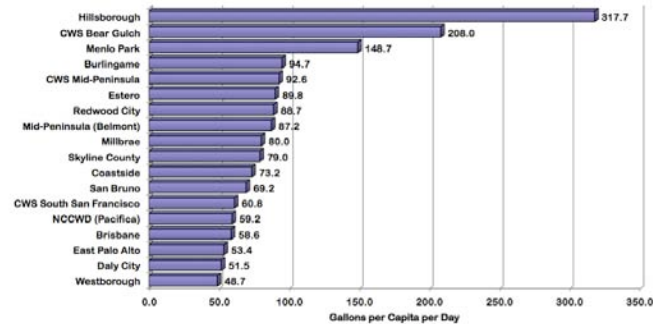
created by rain percolating through the soil, surface water, recycled and other sources.²⁰²

- Water use in San Mateo County decreased 7.5% from fiscal year 1999–2000, to fiscal year 2008–09.²⁰³ A possible factor may be the increased prevalence of low volume toilets: a change in the plumbing codes in the 1990’s reduced the maximum flushing volume of new toilets. Also, there has been increased emphasis by many water agencies on water efficiency education programs, particularly relating to outdoor water use.²⁰⁴
- Because of expected population growth, however, water use in the county is projected to grow to over 111 million gallons per day by 2030—a 23% increase from current usage.²⁰⁵



- The trend of less affluent cities using less residential water per capita than more affluent communities continued during 2007–08. Hillsborough remained the largest per capita water user in the county using 317.7 gallons per day per capita.²⁰⁶
- Affluent neighborhoods tend to use a significantly higher percentage of water outdoors (approximately 53%–56%) than less affluent ones (approximately 16%–22%), suggesting homeowners in these neighborhoods use more water for landscaping. The San Francisco Public Utilities Commission’s predictions suggest that this will not change significantly in the future.²⁰⁷

Per Capita Residential Water Use by Agency San Mateo County, Fiscal Year 2007-2008



Source: Bay Area Water Supply and Conservation Agency, 2009.

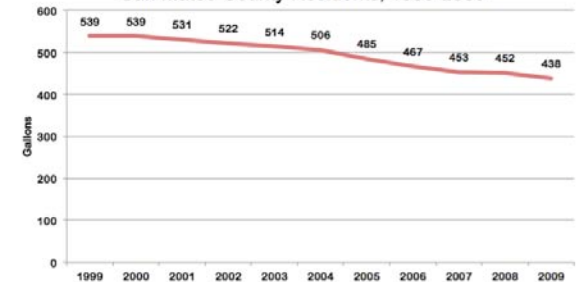
Gasoline Consumption

In addition to carbon emissions, gasoline-powered vehicles spew chemicals that produce smog and contribute to water pollution from the wearing of brake pads, engine emissions, and runoff from roads and parking lots. Americans' high consumption of gasoline also contributes to dependence on foreign oil from unstable and undemocratic countries and makes us vulnerable to price shocks and supply disruptions. Further, Californians are spending more of their household income on gasoline than ever before, and prices for all goods are affected by the higher cost of gasoline.²⁰⁸

Both San Mateo County and the state rely almost exclusively on petroleum to support its transportation needs. As a result, the single largest source of pollution in the Bay Area is the motor vehicle. In San Mateo County, the transportation sector accounts for more than half of estimated total carbon emissions, a greenhouse gas linked to climate change. Reducing transportation related gasoline consumption is crucial to reducing total carbon emissions and mitigating potentially catastrophic climate change.²⁰⁹

- Per capita gasoline consumption has been on a consistent downward trend since 2000. In 2009, the annual per capita gasoline consumption was 438 gallons.²¹⁰

Per Capita Gasoline Consumption San Mateo County Residents, 1999-2009



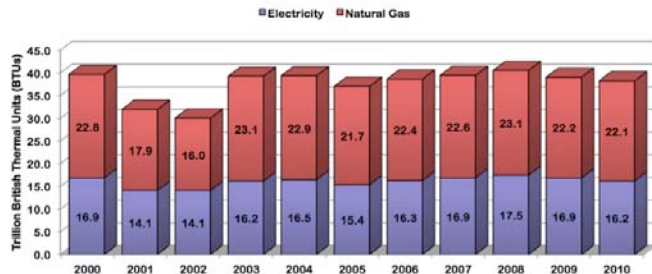
Source: California Department of Transportation, California Department of Finance, Sustainable San Mateo, 2011.

- Nationally the average fuel economy for all vehicles on the road has slightly increased since 2004 to approximately 17.4 miles per gallon (mpg). San Mateo County has consistently been above the national average over the same period at approximately 19.6mpg.²¹¹
- As of 2009, at 1.54 hybrids per 1,000 residents, California ranked second in the nation in hybrid popularity. However, California ranked as number one for state with highest hybrid sales at 55,553.²¹²

Energy Consumption

- In 2009, 57% of the county's electricity was generated from natural gas, while nuclear and large hydroelectric generation comprised 20% and 13% respectively.²¹³

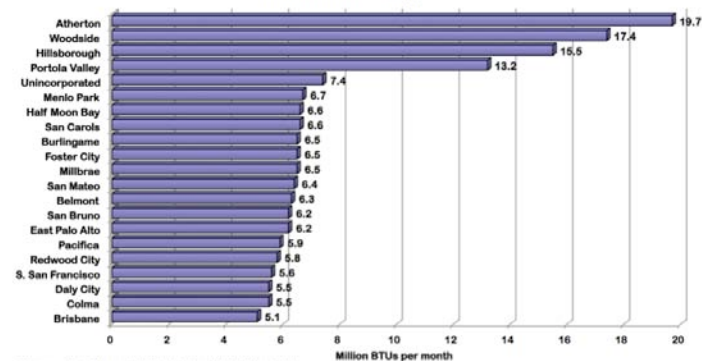
Electricity & Natural Gas Use San Mateo County, 2000-2010 (does not include energy used for transportation)



Source: California Energy Commission, Sustainable San Mateo, 2012.

- In 2010, energy from electricity and natural gas in San Mateo County totaled 38.3 trillion British thermal units. Natural gas accounted for 57.7% of that energy, a proportion that has not changed much over recent years.²¹⁴
- In 2009, 34.6% of the county's electricity was generated from natural gas, while nuclear and large hydroelectric generation comprised 20% and 13% respectively.²¹⁵
- Residential use accounted for 47% of the county's energy from electricity and natural gas in 2008.²¹⁶
- As in previous years, average household use of electricity and natural gas varied by city and was generally greater in more affluent neighborhoods. Atherton, Woodside, Hillsborough, and Portola Valley consumed two to three times more energy per household than the countywide average. Brisbane, Colma, and Daly City had the lowest average household energy use.²¹⁷

Average Monthly Residential Energy Use By Household, San Mateo County, 2009



Source: Pacific Gas and Electric, Sustainable San Mateo, 2012.

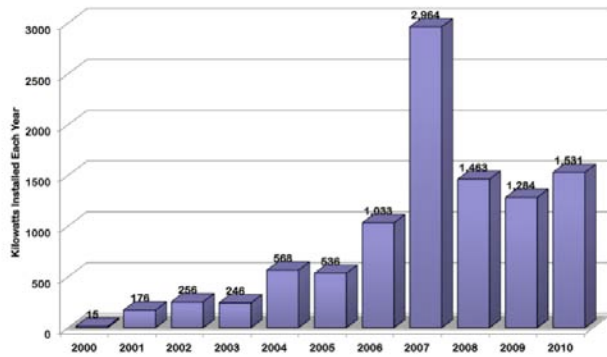
Renewable Energy

- Renewable energy sources, including biomass and waste, geothermal, small hydroelectric, wind, and solar, accounted for 17.7% of the county's electricity in 2010. Of note, installation of solar projects has tripled over the last five years, the majority of which were installed in the past three years.²¹⁸
- Although it did not constitute a majority of our energy sources, renewable energy made up a greater proportion of the energy in San Mateo County than the state overall, which received 11.6% of its electricity from renewable sources in 2009.²¹⁹

Following deregulation of the electric utilities in 1998, the California Energy Commission (CEC) began offering rebates for eligible grid-connected renewable energy systems under 30 kilowatts through its Emerging Renewables Program (ERP). The technologies eligible to participate in the ERP are photovoltaic (PV) systems, solar thermal electric systems, fuel cell technologies that utilize renewable fuels, and small wind systems.²²⁰

- Through the ERP, there have been an increasing number of solar energy systems installed yearly, peaking in 2007 with 2964 kilowatts installed that year. The numbers have ebbed in recent years, but have increased slightly in 2010 from 2009 with 1541 kilowatts installed in 2010.²²¹

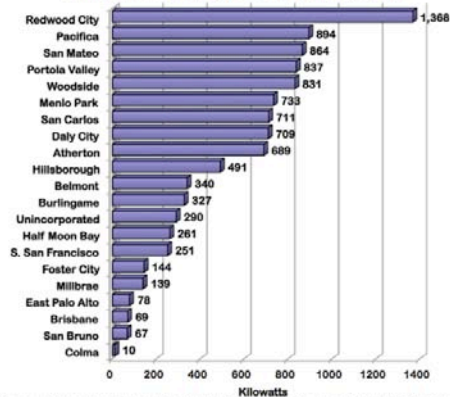
Solar Photovoltaic Capacity Installed Per Year, San Mateo County, 2000-2010



Source: California Energy Commission, California Public Utilities Commission, Sustainable San Mateo, 2012.

- The installed solar capacity differs from municipality to municipality, with the most capacity installed in Redwood City, and the least installed in Colma.

Total Installed Solar Capacity, San Mateo County, December 31, 2010

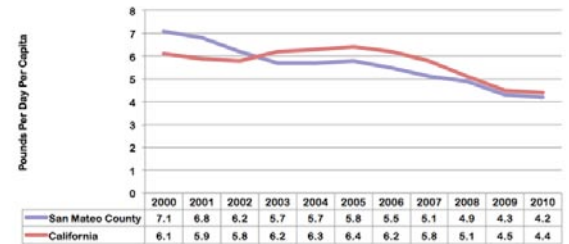


Source: California Energy Commission, California Public Utilities Commission, Sustainable San Mateo, 2012.

Waste

San Mateo County’s quality of life depends upon the availability and use of natural resources such as timber, metals, petroleum, and others. Many of these resources are renewable, but our consumption may outpace nature’s ability to replenish them. Waste reduction and recycling efforts focus on ways to achieve a balance between resource consumption and renewal, and ensures the highest end use for our resources. In spite of the fact that San Mateo County has over two decades of landfill space available, landfill space is still finite.²²²

Total Waste Disposed Per Capita, San Mateo County, 2000-2010



Source: California Integrated Waste Management Board, California department of Finance, Sustainable San Mateo, 2012.

- The amount of solid waste generated per capita in San Mateo County and disposed of in landfills totaled 4.2 pounds per day, a decrease of 27.6% since 2005. Overall, per capita wasted has declined since 2000.
- Roughly one-third of the waste in the county in 2010 was residential waste. The largest component of this was food and another 10% is organic waste such as leaves and grass.²²³
- In the commercial sector, paper and food are the largest components of the waste stream. Restaurants and retail establishments are the largest generators of waste (an estimated 10% and 9% respectively).²²⁴

Land Use

Urbanization

- Land use in San Mateo County has been fairly stable since 2008.²²⁵ About 62% is zoned open space/other; 32% is zoned residential, and 6% percent is zoned commercial and industrial.²²⁶

- By 2050, the county is projected to add nearly 90,000 new residents.²²⁷ Absent good policies to accommodate this growth, the county's recent history of stable land use may be disrupted.

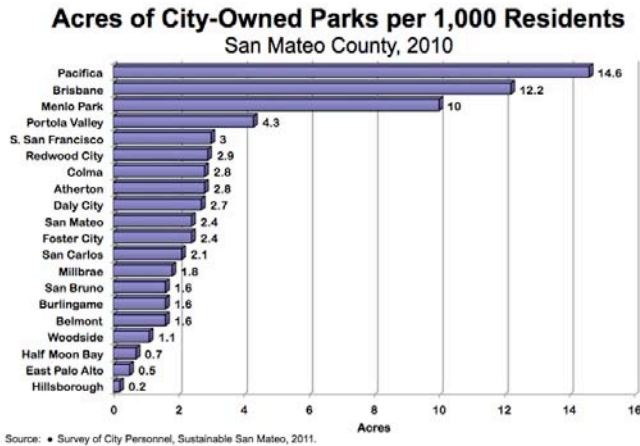
Agriculture

- The gross production value of all crops in 2009 was \$149.2 million, a 9% decrease from 2008 and a 40% decrease from 2000. Although relatively little farmland is used for floral and nursery crops, these generated 83% (about \$126 million) of the total crop production value. Vegetable crops, along with fruit and nut crops and livestock generated \$16 million and \$2.3 million respectively.²²⁸
- The Map on the following page maps out agricultural land use in San Mateo County.²²⁹



Open Spaces

- In San Mateo County, the majority of parklands and protected open space are open to public use. City parks are generally the most accessible and most used park facilities. One way to measure the spread of city parks across the county is to look at the acreage of city parks per 1,000 residents in each city. At the high end, Pacifica has 14.6 acres of city parkland per 1,000 residents. On the lower end is Hillsborough with .2 acres of city parkland per 1,000 residents.²³⁰

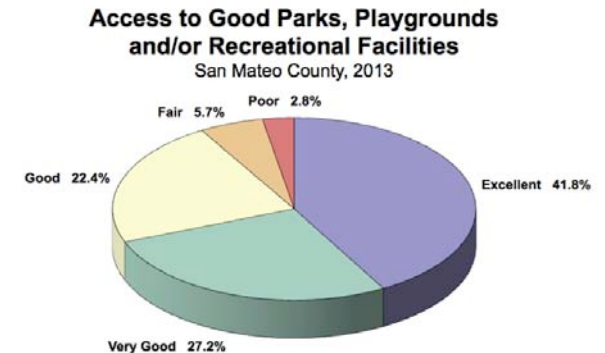


- This measure has limitations, however. First, it does not take into account other outdoor recreation facilities such as school playgrounds or county parks easily available to city residents. Second, it does not say anything about whether these parks are appropriately distributed or whether they meet the level of service desired by a particular community. Third, this measure is from a survey of city officials, and fluctuates as the reporting officials may change from year to year.²³¹
- In addition to city parks, the County Parks Department operates 16 parks and multiple trail systems totaling 15,680 acres.²³²
- The Bay Area Open Space Council reported 113,000 acres of protected open space in San Mateo County in 2010, 79% (or 89,270 acres) of which are available for public use.²³³

- The Mid Peninsula Open Space District offers many opportunities for hiking and other activities on its lands. The District has an active resource management program to enhance native species' habitat and reduce the influx of invasive plants, and a Coastside Protection Program to preserve agricultural lands and the coast's rural heritage. The district has preserved over 60,000 acres of land. The Coastside Protection Program will also open new coastland areas for public enjoyment.²³⁴
- The protected open space has increased by 7,000 acres since 2002 due to the efforts of the Mid Peninsula Open Space District, the Peninsula Open Space Trust, and individual city governments.²³⁵
- Total acres of parks per 1,000 residents were reported in the cities of San Mateo County, and these numbers have risen by 40% in the past four years, with an average of 3.4 acres per 1,000 residents in 2010.²³⁶

Ease of Access to Parks and Recreational Facilities

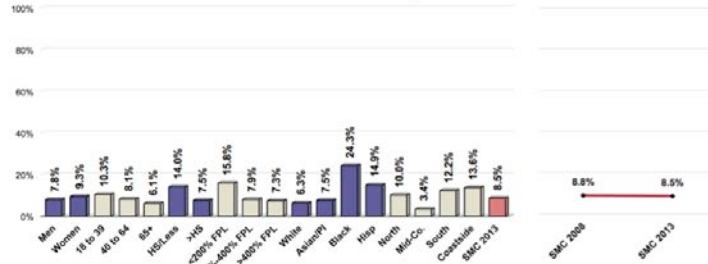
- Overall, 69.0% of San Mateo County survey respondents rate the ease of accessing good parks, playgrounds and recreational facilities as "excellent" or "very good." Further 22.4% rate it as "good."²³⁷



- However, 8.5% of respondents believe that access to good parks, playgrounds and recreational facilities is "fair" or "poor" (similar to the 8.8% reported in 2008). Higher "fair/poor" evaluations are noted among young adults, those without postsecondary education, residents living

below the 200% poverty threshold, Blacks, Hispanics, and residents living in the South County and Coastside regions.²³⁸

Access to Parks/Playgrounds/Recreational Facilities is “Fair/Poor” San Mateo County, 2013



Sources: • 2006/2013 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.

Biodiversity

- The county is home to over 25 species of plants and animals that are state or federally listed as endangered or threatened. The U.S. Fish and Wildlife Service has designated areas within the county as critical habitat for (essential to the conservation of) five of these species: the Bay checkerspot butterfly, the central California steelhead, the California red-legged frog, the marbled murrelet, and the western snowy plover.²³⁹

Transportation & Traffic

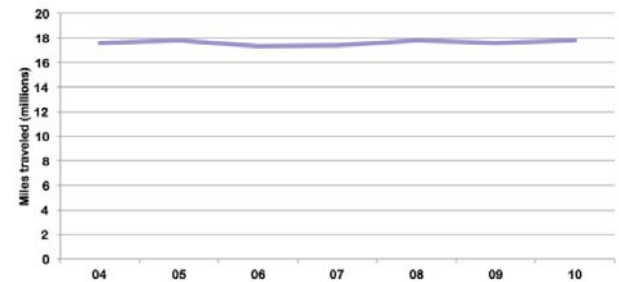
Transportation has a significant impact on the economy, environment, and quality of life. Traffic congestion causes costly delays resulting in lost productivity, less time with families, wasted resources, and stress. Vehicles pollute the air and water and are a significant contributor of greenhouse gas emissions that are linked to global climate change. An over-reliance on automobiles also encourages low-density land use patterns that can waste precious land and lead to habitat fragmentation.²⁴⁰

With housing increasingly unaffordable in the Bay Area, families wishing to own homes may be forced to live far from their jobs, resulting in two- to three-hour commutes. In San Mateo County, we have heavy traffic transiting the corridor between Santa Clara and San Francisco Counties.²⁴¹

Vehicle Miles of Travel

- Total vehicle miles of travel hit a low in 2006, but have increased in recent years.²⁴²

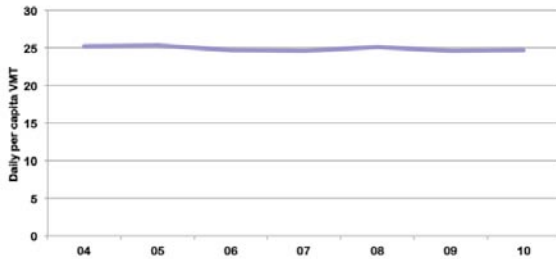
Total Vehicle Miles of Travel (VMT) San Mateo County, 2004-2010



Source: • California Department of Transportation, Sustainable San Mateo, 2012

- In 2010, the per capita vehicle miles driven in the county was 24.7 miles per day, a 2.0% decrease from 2004.²⁴³

Per Capita Daily Vehicle Miles of Travel (VMT) San Mateo County, 2004-2010

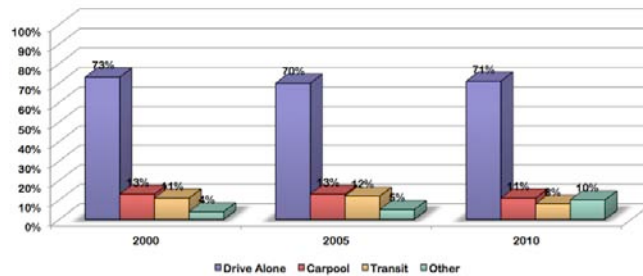


Source: California Department of Transportation, California Department of Finance, Sustainable San Mateo, 2012

Commute Mode

- The vast majority of San Mateo County Residents drive alone to work.²⁴⁴

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.

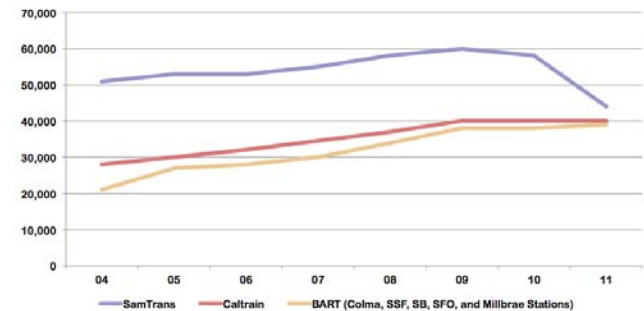
Commute Distance

- For San Mateo County commuters, the average one-way commute to work is 16 miles; this has remained fairly consistent over the past decade. By comparison, Solano County commuters face an average 24-mile commute, while San Francisco commuters commute an average of 10 miles one way.²⁴⁵

Public Transportation

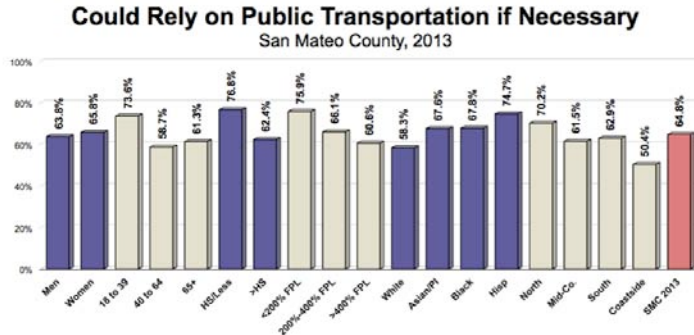
- The three major transit providers in San Mateo County are BART extension, Caltrain, and SamTrans. These three providers had 134,000 riders per average weekday in 2010, which is up 34% from 101,000 riders in 2004.²⁴⁶
- Caltrain runs 86 weekday San Francisco and San José or Gilroy trains with stops in a number of locations in San Mateo County. The Bay Area Rapid Transit District (BART) operates five stations in the county (Daly City, Colma, South San Francisco, San Bruno, and Millbrae), connecting residents to San Francisco and the East Bay. SamTrans, the most heavily used public transit provider in San Mateo County provides 43% of all ridership.²⁴⁷
- “Commute shuttles” connecting Caltrain and BART to local workplaces had 7,600 riders per day in 2010, which has increased 50% since 2005.²⁴⁸

Average Weekday Transit Ridership San Mateo County, 2004-2011



Source: SamTrans, Sustainable San Mateo, 2012.

- According to 2013 survey results, 64.8% of county residents feel they could rely on local public transportation if necessary to get them to work, appointments and shopping; in contrast, more than one-third of community members do not feel that local public transportation is reliable. Adults less likely to feel they can depend on the county's public transportation include those aged 40 and older, those with higher education or income levels, Whites and residents on the Coastside.²⁴⁹



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.

Government

Civic Participation

- In the 2010 General election, voter turnout—as 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.²⁵⁰

- Though a higher percentage of eligible voters are registered statewide, a higher percentage of those in San Mateo County actually vote.²⁵¹

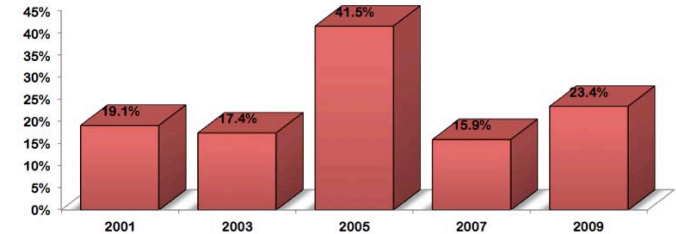
Civic Participation, 2010 General Election		
	San Mateo County	California
Percent of Eligible Voters Registered	70.89%	73.40%
Percent of Registered Voters who Voted	65.30%	59.59%
Percent of Eligible Voters who Voted	46.34%	43.74%

Source: • California Secretary of State, 2010.

- 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

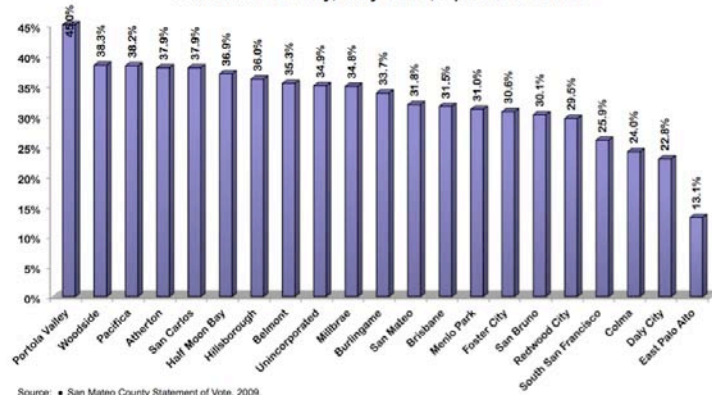
San Mateo County, 2001-2009



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

- During the May 2009 Special election, the percentage of registered voters voting was greatest in the most affluent cities and lowest in the least affluent cities, similar to past elections. Portola Valley had the highest percentage of its registered voters voting in 2009 with 45.0% compared with East Palo Alto and Daly City whose figures were 13.1% and 22.8% respectively.²⁵²

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

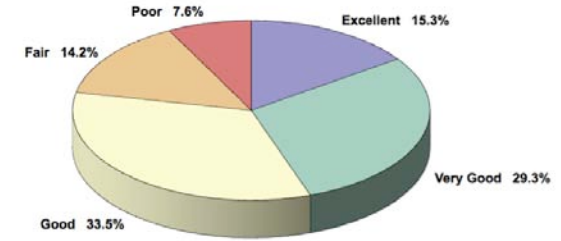


Source: • San Mateo County Statement of Vote, 2009.

Rating of Government in Creating Ease of Access

- In 2013, 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.²⁵³

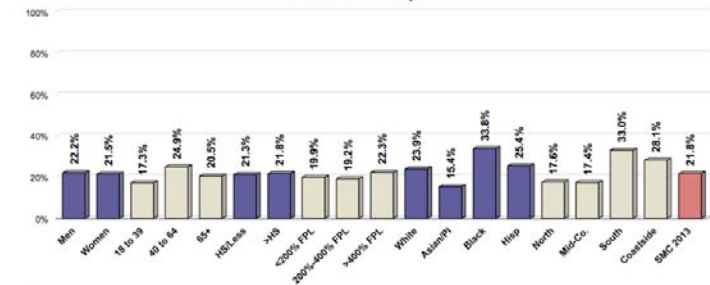
Rating of Local Government on Creating Bikeable and Walkable Streets and Sidewalks for Ease of Accessibility San Mateo County, 2013



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

- Survey respondents more likely to give low ratings regarding the local government’s creation of bikeable and walkable streets and paths are those aged 40 to 64, Black residents, and those living in the South County region.²⁵⁴

Local Government Does a “Fair/Poor” Job Creating Bikeable or Walkable Accessibility San Mateo County, 2013

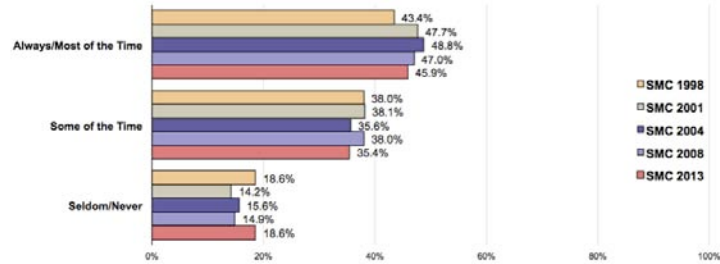


Sources: • 2013 PRC Community Health & Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories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

Trust in Government

- In 2013, 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.²⁵⁵

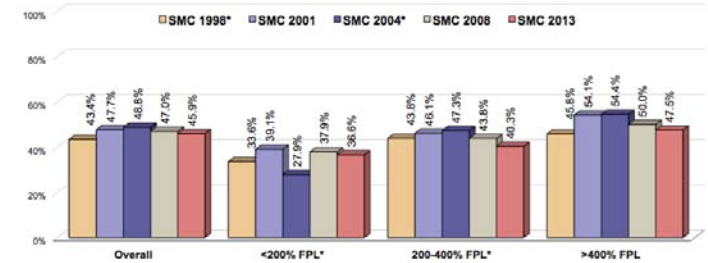
Trust Local Government to Work in the Community's Best Interest San Mateo County



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

- Trust in local government varies according to income level. Those living at lower incomes less often report trusting government "always" or "most of the time." [Note in the following chart that the 1998 and 2004 surveys used slightly different definitions for the lower and middle income categories.]²⁵⁶

"Always" or "Most of the Time" Trust Local Government to Work for the Community's Best Interest By Income, San Mateo County, 2013

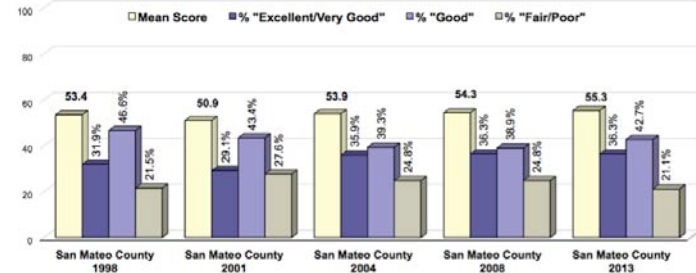


Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
• *In 1998 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.

Social Services

- A total of 36.3% of survey respondents rate the ease of obtaining social services in the community as "excellent" or "very good" (identical to 2008 findings and similar to 2004 findings, but *better* than found in 1998 or 2001).²⁵⁷

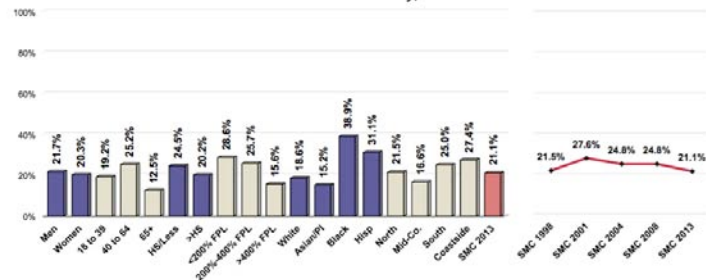
Ease of Obtaining Social Services in the Community San Mateo County



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.

- Fair/poor” evaluations of access to social services have *decreased significantly* over time, but are particularly high among adults under 65, respondents with lower incomes, and Black or Hispanic respondents.²⁵⁸

Perceived Ease of Obtaining Local Social Services is “Fair/Poor”
San Mateo County, 2013



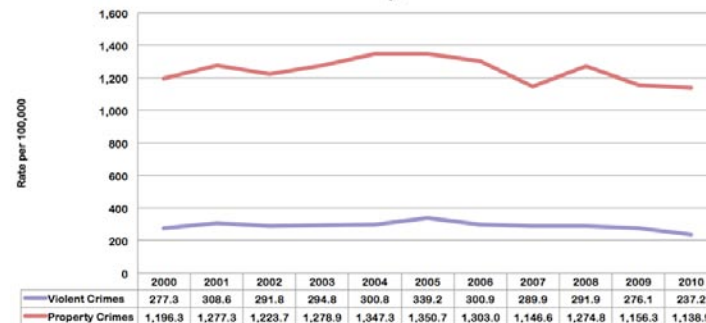
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).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

Crime & Violence

Crime Indices

- Following a high in 2005 in both property crimes and violent crimes, crime rates in both areas were slightly lower in 2010.²⁵⁹

Trend in Crime Rates
San Mateo County, 2000-2010



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

- The following table details these crime rates for individual offenses. The violent crime rate peaked in 2005 and has slowly declined since. Property crimes also peaked in 2004–2005 and declined through 2008 with a slight increase in burglary and arson observed in 2009.²⁶⁰

Trend in Crime Rates, Individual Offenses San Mateo County, 2000-2010

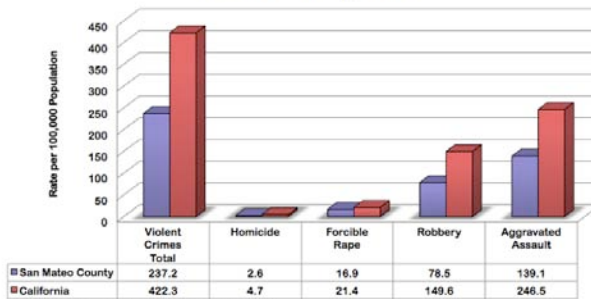
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Percent Change 2001-2010
Violent Crimes	308.6	291.8	294.8	300.8	339.2	300.9	289.9	291.9	276.1	237.2	-23.1%
Homicide	2.5	2.9	2.8	3.6	4.2	3	1.8	2.4	2.1	2.6	4.0%
Forcible Rape	24.6	21.6	23.6	21.6	21.5	21.3	19.6	19.1	17.1	16.9	-31.3%
Robbery	96.4	95.4	90.9	95	99.1	98.2	95.3	98.5	97.8	78.5	-18.6%
Aggravated Assault	185	171.9	177.5	180.5	214.4	178.5	173.2	171.9	159.1	139.1	-24.8%
Property Crimes	1277.3	1223.7	1278.9	1347.3	1350.8	1303	1146.7	1274.9	1156.3	1138.9	-10.8%
Burglary	408.7	370.6	409.4	407.2	462.3	407	346.8	384.5	409.4	408.5	0.0%
Motor Vehicle Theft	310.1	305.1	324.9	408.4	378.7	376.9	302.1	325.3	264.9	249.4	-19.6%
Larceny Theft	1650.7	1701.2	1771.3	1862.6	1741.2	1655.3	1466.8	1575.9	1427.5	1348.1	-18.3%
Arson	18.6	15.3	18.5	19.7	20.9	20.4	20.3	15.9	16.7	12.7	-31.7%

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

Violent Crime

- 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.²⁶¹

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



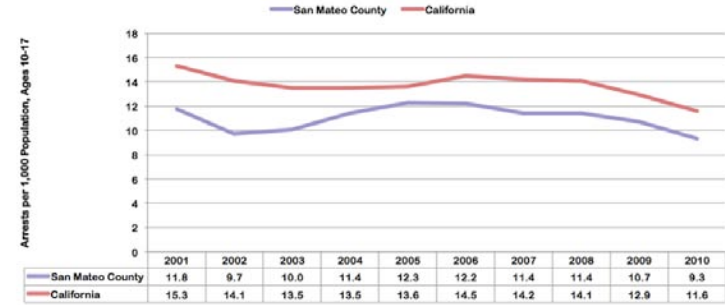
Source: • State of California, Department of Justice, 2012

Juvenile Crime & Violence

- Juvenile felony arrests in San Mateo County dropped considerably in the late 1990s; since that time, rates have been fairly stable. In 2010, there

were 9.3 felony arrests for every 1,000 juveniles aged 10 to 17 in the County.²⁶²

Juvenile Felony Arrests per 1,000 Population, Ages 10-17 San Mateo County, 2001-2010

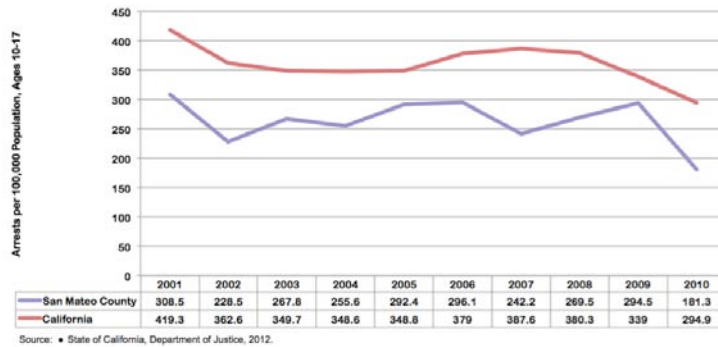


Source: • State of California, Department of Justice, 2012.

Violent Offenses

- Juvenile felony arrests for **violent** offenses in San Mateo County also dropped considerably in the late 1990s, and have fluctuated slightly in recent years. In 2010, there were 181.3 felony arrests for violent offenses for every 100,000 San Mateo County juveniles. This number is considerably lower than the observed rates in the previous years.²⁶³

Juvenile Arrests for Violent Offences per 100,000 Population Ages 10-17, San Mateo County, 2001-2010

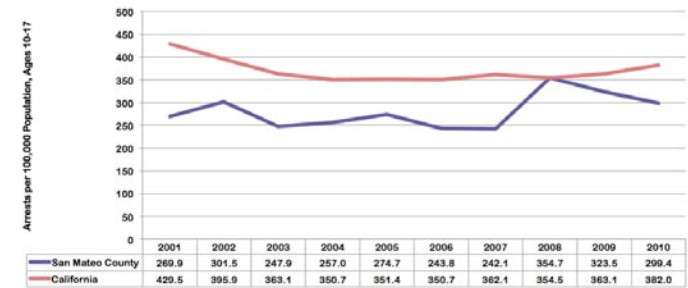


Source: • State of California, Department of Justice, 2012.

Drug Offenses

- San Mateo County juvenile misdemeanor arrests for drug offenses have slightly fluctuated over the past decade. In 2008, the San Mateo County rate of 354.7 per 100,000 slightly surpassed the state rate or 354.5 per 100,000 for that year only. Since then, rates in San Mateo County have declined and rates in California have risen.²⁶⁴

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



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

Incarceration

- Recent data from 2012 shows the majority of women inmates are confined in San Mateo County Jail for non-violent drug possession and property offenses. Only 16% are housed for violent or weapons charges.²⁶⁵
- 80% (60 out of 75 women confined) of all women inmates are confined in San Mateo County Jail reported that they had moderate to severe alcohol or drug problems.²⁶⁶
- Most women (69%) inmates confined in San Mateo County Jail were not lawfully employed at the time of admission to jail indicating the high rate of unemployment among these women. Only 30 percent of the pretrial inmates and 33 percent of the sentenced inmates reported that they were lawfully employed.²⁶⁷

- 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:²⁶⁸

- 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:²⁶⁹

- 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.

- Select Men's/Women's demographics for September 2012 are as follows:

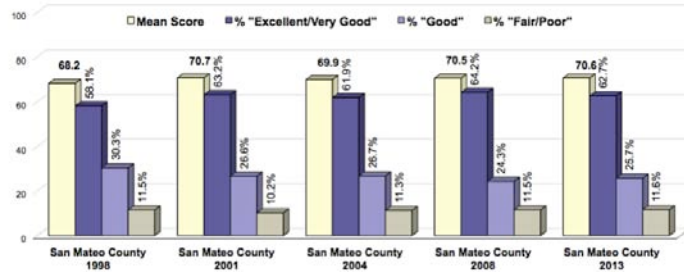
- Gang Affiliation 20.3%/4.5%
- Assaultive 21.5%/13.2%
- Suicide Risk 18.6%/26.7%
- Psych Monitor 2.5%/1.0%
- Protective Custody 22.5%/1.0%
- Escape Risk 0.5%/1.0%

- These characteristics, among others, describe men housed in the San Mateo County Jail as highly educated males who are charged/convicted of a nonviolent crime, most do not have pending charges and most have little criminal background. They are employed, expect to have a job upon release, will have a suitable home and will have family support upon release from jail. While these characteristics suggest a male population who is moderately functioning, their drug and alcohol use has negatively impacted their life.²⁷⁰
- The latest data from the Bureau of Justice Statistics confirm that 64.2% of the inmates in local jails have an emotional problem as evidenced by a psychiatric disorder (Diagnostic and Statistical Manual of Mental Disorders). Teplin, L. (1994) found in her study of 728 male detainees at the Cook County, IL Department of Corrections in Chicago, IL that 62.4% of male detainees were assessed as having a psychiatric disorder.²⁷¹
- More than one-half of the men admit to using drugs and more than four out of ten report using them daily or several times a week. This compares to 82.2% of the nation's jails ever using drugs and 52.6% report using drugs in the month before the offense. (Bureau of Justice Statistics, 2002). A large study of male detainees within the Cook County Department of Corrections, Chicago, IL found that 61.8% of the males confined had substance disorders within their lifetime using an objective assessment instrument (Teplin, Linda A. 1994).²⁷²
- San Mateo County inmates are considered to be under reporting their illegal drug use due to fear that their response might impact negatively on their case.²⁷³

Neighborhood Safety

- When asked how safe they feel walking in their neighborhood, 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%.²⁷⁴

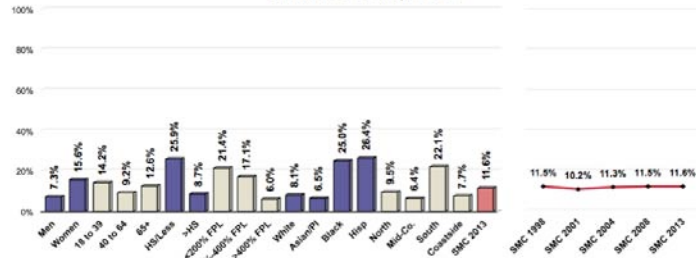
Community Evaluations of Neighborhood Safety San Mateo County



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.

- Compared with other county areas, "fair/poor" evaluations of neighborhood safety are found predominantly in the South County region. Women, young adults, persons with less education and income, and Black and Hispanic respondents also express higher "fair/poor" perceptions of neighborhood safety.²⁷⁵

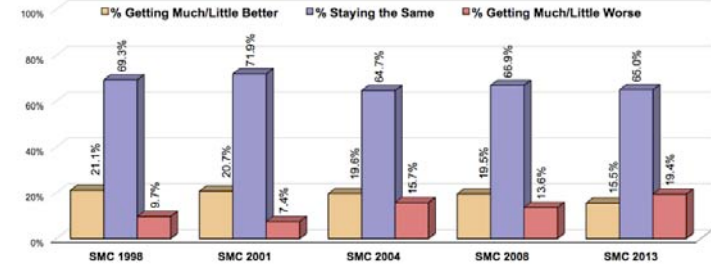
Ratings of Neighborhood Safety are "Fair/Poor" San Mateo County, 2013



Source: 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.

- 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.²⁷⁶

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

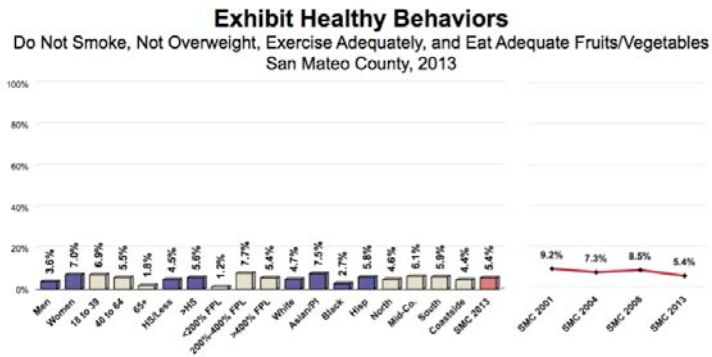


Source: 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

HEALTHY BEHAVIORS

The following chart illustrates the proportion of the San Mateo County adult population who demonstrate healthy behaviors — this includes respondents who do not smoke cigarettes, are not overweight, exercise at least three times a week for 20 minutes, and who eat an average of at least five servings of fruits and/or vegetables per day.

- 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).²⁷⁷
 - 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.²⁷⁸

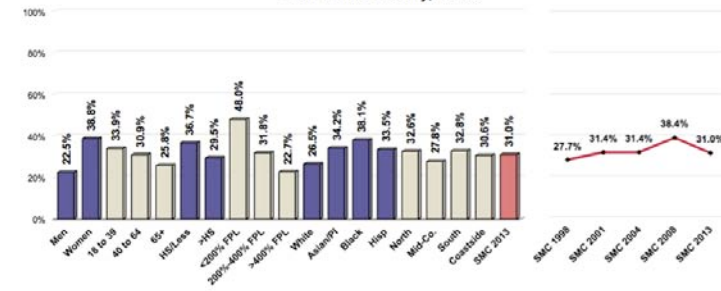


Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income 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.

Nutrition

- 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).²⁷⁹
 - Note that men, seniors, residents with higher education or income levels, and Whites report among the lowest fruit/vegetable consumption.²⁸⁰

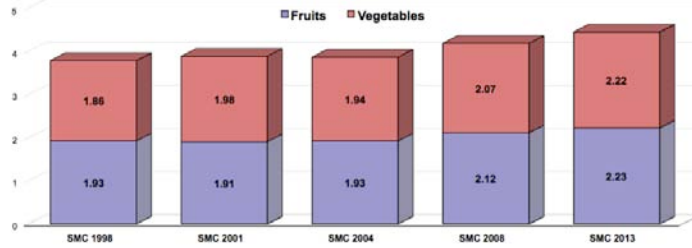
Eat 5+ Servings of Fruits and/or Vegetables per Day
San Mateo County, 2013



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.

- Note that the average servings of fruits and vegetables in the diets of San Mateo County adults have increased since 1998.²⁸¹

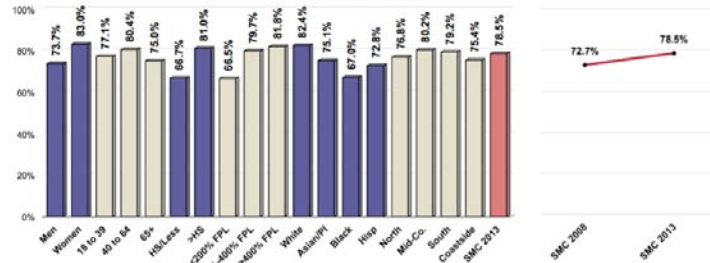
Average Servings of Fruits and Vegetables per Day San Mateo County



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.

- Nearly 8 in 10 area residents (78.5%) report generally using food labels to help make decisions about what foods to select (*higher* than the 2008 survey findings). This proportion is higher among women, adults 40 through 64, those with higher educational and income levels, and White residents.²⁸²

Read Food Labels When Making Grocery Selections San Mateo County, 2013

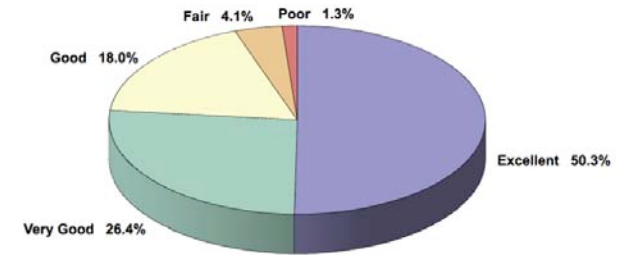


Sources: • 2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories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

Ease of Access to Affordable Fresh Fruits & Vegetables

- Overall, 76.7% of San Mateo County survey respondents rate the ease of accessing affordable fresh fruits and vegetables as "excellent" or "very good." Another 18.0% rate it as "good."²⁸³

Ease of Access to Affordable Fresh Produce San Mateo County, 2013

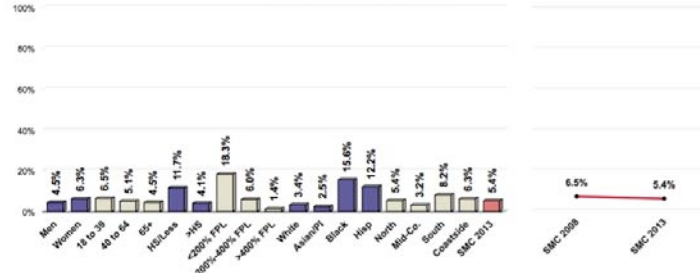


Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- In contrast, 5.4% of respondents believe that access to affordable fresh fruits and vegetables is "fair" or "poor" (statistically unchanged from the 6.5% in 2008). Higher "fair/poor" evaluations are noted among persons without education beyond high school, those living below the 200% poverty threshold, Blacks, Hispanic respondents, and residents living in the South County area.²⁸⁴

Access to Affordable Fresh Produce is “Fair/Poor”

San Mateo County, 2013

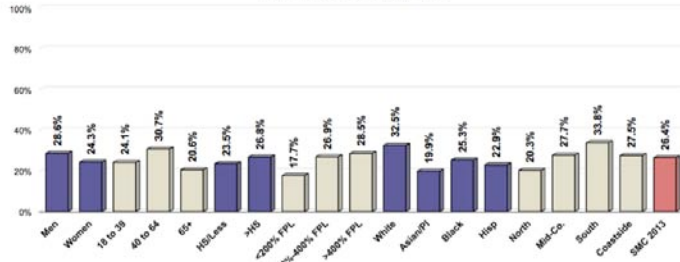


Sources: • 2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories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

- Just over one in four survey respondents (26.4%) currently grows some of their own food; the prevalence is highest among men, adults 40 to 64, those living above the 200% poverty threshold, and Whites. Viewed by area, the proportion is highest in the South County area.²⁸⁵

Respondent Grows Food for Consumption

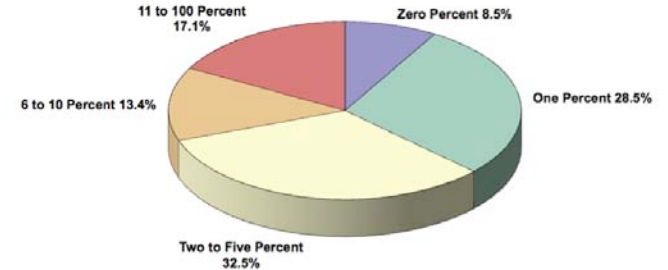
San Mateo County, 2013



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.²⁸⁶

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



Sources: • 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.

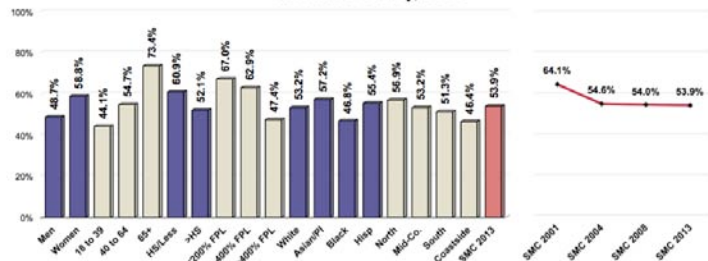
Physical Activity

Regular physical activity increases life expectancy, can help older adults maintain functional independence, and enhances quality of life at each stage of life. The benefits of physical activity are numerous: an active lifestyle can help to prevent and manage coronary heart disease, being overweight, hypertension, diabetes, osteoporosis, and depression. Because more people are at risk for coronary heart disease due to physical inactivity than to any other single risk factor, it has an especially great public health impact. Note the following findings of the 2013 San Mateo County Health & Quality of Life Survey:

- 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%)²⁸⁷
- Residents of North County area (approximately 57%)

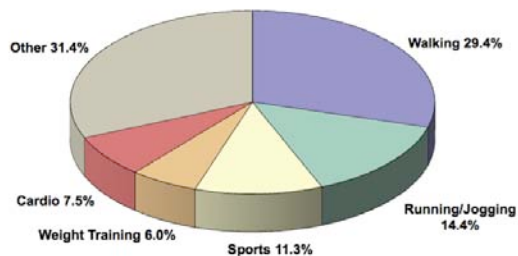
Do Not Participate in Regular Vigorous Activities San Mateo County, 2013



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.

- Among adults who do exercise, specific activities include walking, running/jogging, participation in various sports, weight training, and "cardio" exercise (such as aerobics, spinning, etc.).

Most Frequent Type of Physical Activity in the Past Month San Mateo County Adults Who Exercised Last Month; 2013



Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents who exercised in the past month.

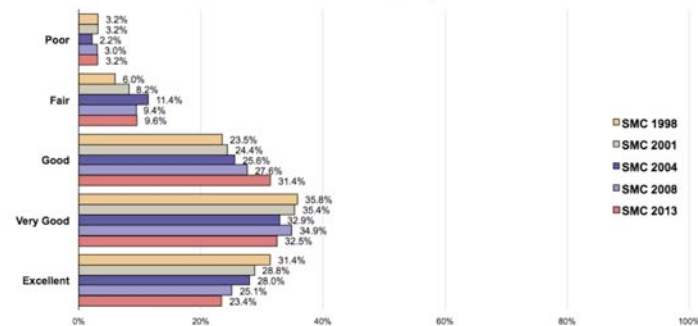
DESCRIPTION OF COMMUNITY HEALTH CARE SERVICES

Personal Health Evaluations

Self-Reported Health Status

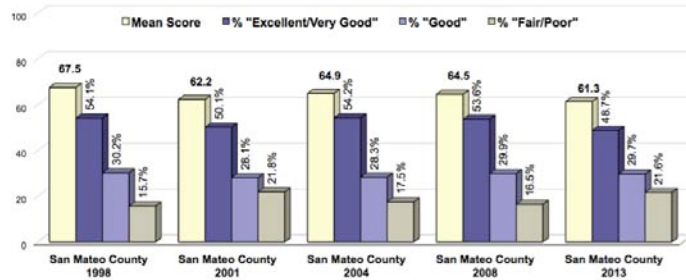
- More than one-half (55.9%) of San Mateo County survey respondents reports their general health as "excellent" (23.4%) or "very good" (32.5%). Another 31.4% report that their general health status is "good." However, 12.8% of surveyed adults report their general health status as "fair" or "poor." These self-reported health status findings are better than found nationally, but are *significantly lower* than reported in San Mateo County in 1998 and mark a steady decrease in overall health ratings for the county over time.²⁸⁸

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.

Rating of Personal Financial Situation San Mateo County

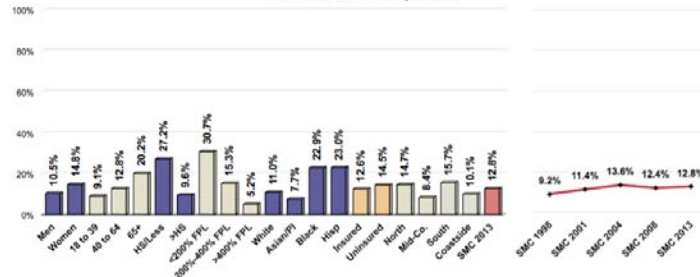


Source: 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

- Asked of all respondents.
- Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25 and "poor"=0.
- In this case the term "personal financial situation" refers to the ability to afford adequate food and housing and to pay current bills.

"Fair/poor" health ratings in San Mateo County increase to more than 20% among older respondents (aged 65+), those with no postsecondary education, and Black and Hispanic respondents. Further, low ratings are above 30% for adults living on less than twice the federal poverty level.²⁸⁹

Self-Reported Health Status is "Fair/Poor" San Mateo County, 2013



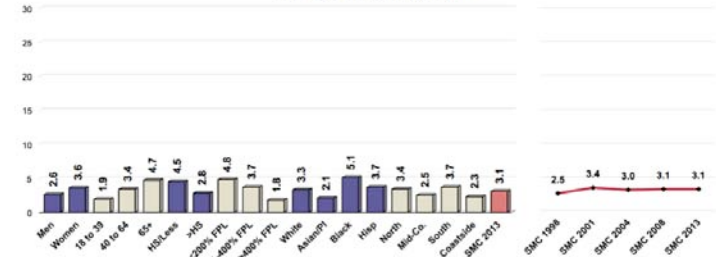
Source: 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

- 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.

- During the month preceding the interview, survey respondents report an average 3.1 days on which their physical health was not good (2.5 in 1998, 3.4 in 2001, 3.0 in 2004 and 3.1 in 2008). Days of poor health are

notably higher among certain subgroups within the sample: women (3.6); seniors (4.7); those without postsecondary education (4.5); those living below 200% of poverty (4.8); Black respondents (5.1); Hispanics (3.7); and residents of the South area (3.7).²⁹⁰

Average Number of Days in Past Month on Which Respondents' Physical Health Was Not Good San Mateo County, 2013

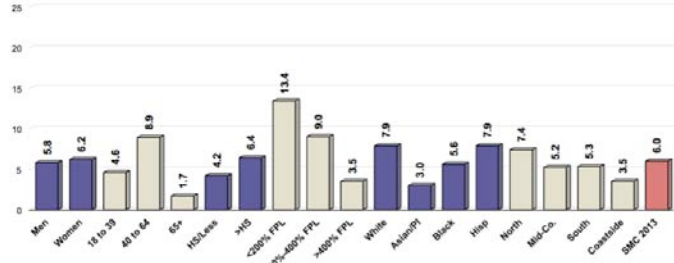


Source: 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes:

- Asked of all respondents.
- Hispanic 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.

- According to survey results, employed adults in San Mateo County missed an average of 6.0 workdays in the past year due to personal illness. Workdays missed are highest among residents aged 40 to 64 (8.9 workdays missed in the past year), those living below the 200% poverty threshold (13.4), Whites and Hispanics (both 7.9 days), and residents of the North County area (7.4).²⁹¹

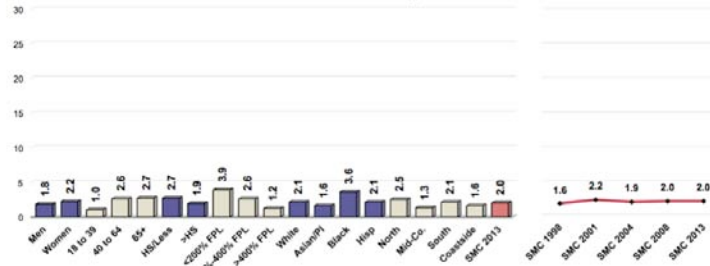
Average Number of Workdays Missed in the Past Year Due to Personal Illness Among San Mateo County Employed Adults, 2013



Sources: • 2013 PRC Community Health & Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all employed respondents (whether full- or self-employed).
• 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.

- During the month preceding the interview, survey respondents report an average 2.0 days on which poor physical or mental health prevented them from conducting their regular activities, such as self-care, work or recreation (1.6 in 1998, 2.2 in 2001, 1.9 in 2004 and 2.0 in 2008). Days of limited activity are higher among adults 40+, residents with lower education and/or income levels, Blacks and respondents in the North County area.²⁹²

Average Number of Days in Past Month on Which Respondents' Physical or Mental Health Limited Activities San Mateo County, 2013

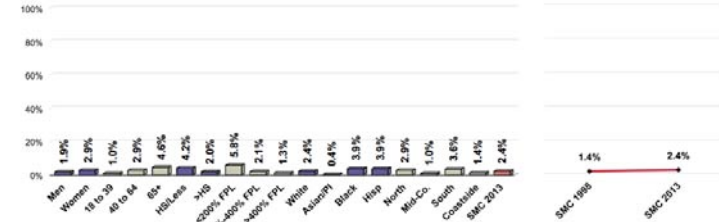


Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

Activity Limitations

- A total of 2.4% of survey respondents need help with **personal care** needs (such as eating, bathing, dressing or getting around the house) because of an impairment or health problem. The prevalence is higher among adults aged 40 and older (and especially those aged 65+) and those living below the 200% poverty threshold, and is statistically low among Asians/Pacific Islanders. No significant change from 1998 survey findings.²⁹³

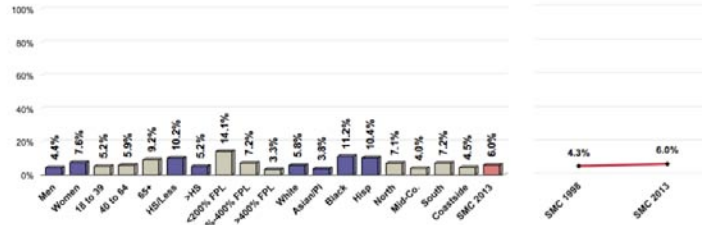
Need Help With Personal Care Due to Impairment/Health Problem San Mateo County, 2013



Sources: • 1998/2013 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.
• "Personal care" includes eating, bathing, dressing or getting around the house.

- A larger prevalence (6.0%) of San Mateo County residents needs help with **routine** needs (such as shopping, cooking, or managing household finances) because of an impairment or health problem. The prevalence is highest among women, seniors, residents with lower education or income levels, Blacks and Hispanics. This is statistically unchanged since 1998.²⁹⁴

Need Help With Routine Care Due to Impairment/Health Problem San Mateo County, 2013

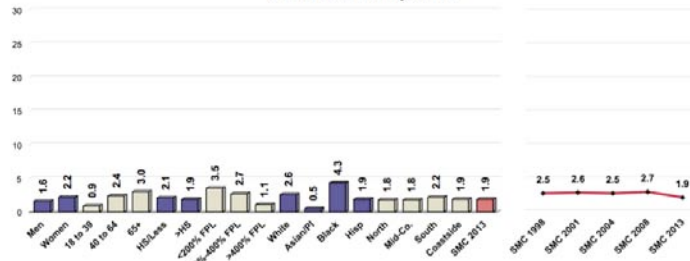


Sources: • 1998/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories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

Living With Pain

- During the month preceding the interview, survey respondents reported an average 1.9 days during which pain made their usual activities difficult (e.g., self-care, work, and recreation), marking a *significant decrease* from past survey results. The average increases with age, decreases with income, and is high among Blacks (4.3 days).²⁹⁵

Average Number of Days in Past Month on Which Pain Limited Usual Activities San Mateo County, 2013



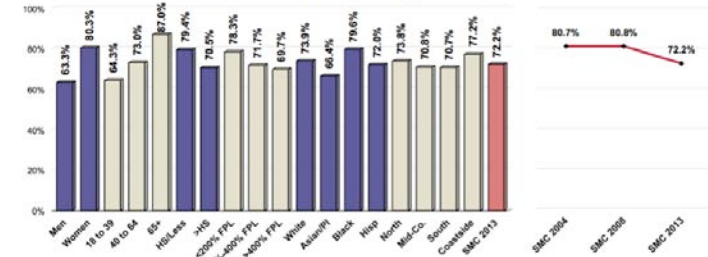
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

Routine Medical & Dental Care

Physician Care

- While most survey respondents (72.2%) have visited a physician for a routine checkup within the past year, the prevalence is *down significantly* from 2004/2008 survey findings. Women more often report having recent routine checkup (80.3% vs. 63.3% for men), as do seniors (87.0%), adults without postsecondary education (79.4%), and those at the lower income level (78.3%). Viewed by race, Asians/Pacific Islanders are least likely to report routine checkups in the past year (66.4%).²⁹⁶

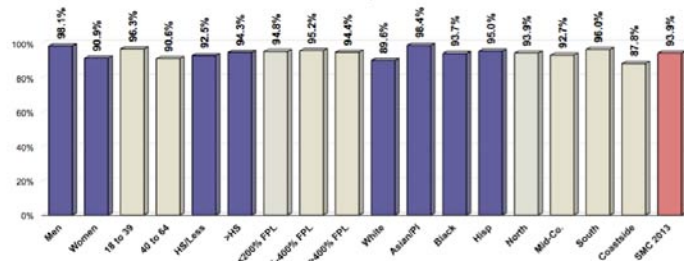
Visited a Doctor for a Routine Checkup in the Past Year San Mateo County, 2013



Sources: • 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 total of 93.9% of surveyed San Mateo County parents report that their children saw a physician for a routine checkup in the past year. Note that Whites are least likely to report recent checkups for their children.²⁹⁷

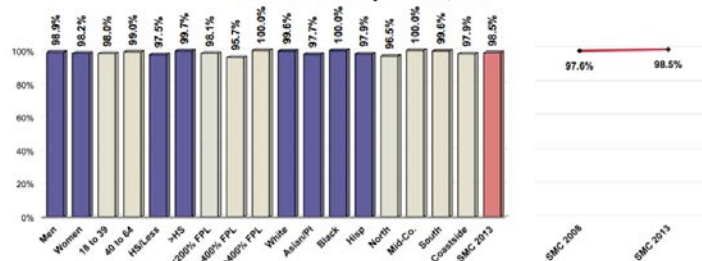
Child Had a Routine Checkup in the Past Year San Mateo County Parents, 2013



Sources: • 2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents whose children under 18 at home.
 • 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 surveyed parents, the vast majority (98.5%) reports that they have a regular place they take their child for medical checkups (similar to 2008 findings).²⁹⁸

Have a Regular Place for Child's Routine Medical Care San Mateo County Parents, 2013



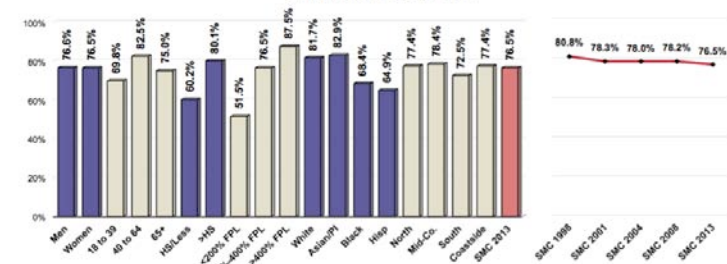
Sources: • 2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents whose children under 18 at home.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Dental Care

- A total of 76.5% of surveyed adults have visited a dentist for a routine checkup within the past year (marking a *significant decrease* from baseline 1998 survey findings). Dental care is particularly low among

young adults, those without postsecondary education, those living below 200% of poverty, Blacks and Hispanic respondents.²⁹⁹

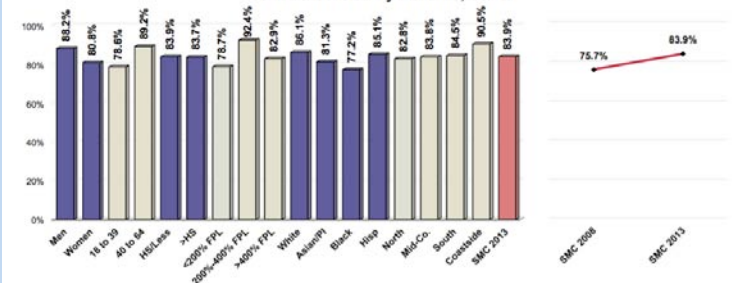
Visited a Dentist for a Routine Checkup in the Past Year San Mateo County, 2013



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.

- Among surveyed parents of children aged 1 to 17, 83.9% report that their child has visited a dentist for a routine checkup in the past year (up from 75.7% in 2008). This proportion is lower among young parents, residents living in the lower income breakout, and Blacks; viewed by region, the proportion is highest among residents on the Coastside.³⁰⁰

Child Had a Routine Dental Checkup in the Past Year San Mateo County Parents, 2013

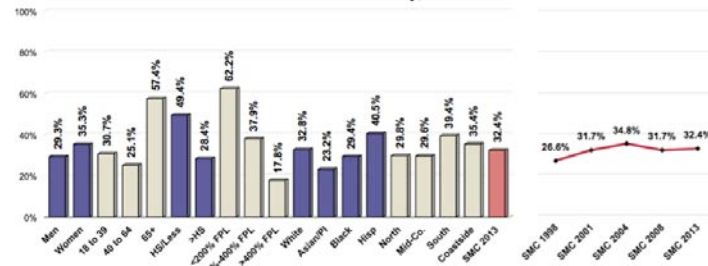


Sources: • 2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents whose children under 18 at home.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Dental Insurance

- Just over two-thirds of 2013 survey respondents have some type of insurance coverage that pays for some or all of their routine dental care. However, 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.³⁰¹
 - 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).³⁰²
 - 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.³⁰³

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.

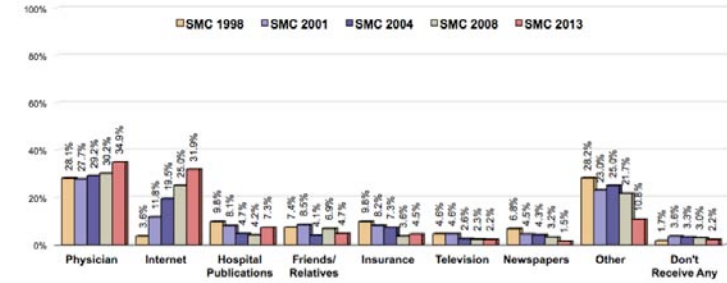
Health Care Information

Health Care Information Sources

- When asked where they get most of their 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).³⁰⁴

mentioned the **Internet**. This represents a *significant increase* in reliance on the Internet for health care information (up from 3.6% in 1998).³⁰⁴

Primary Source for Health Care Information San Mateo County, 2013

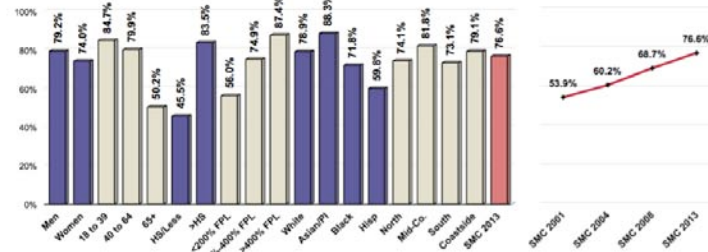


Sources: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Potential for Internet Health Services

- In all, 76.6% of surveyed adults report that they have used the Internet to access health care information at some time in the past year, *up significantly* from past years' findings. Survey findings reveal sharp differences in the use of the Internet for health care information by demographics: utilization is particularly **low** among seniors, those with no education beyond high school, those living below the 200% poverty threshold, Blacks and Hispanics.³⁰⁵

Have Used the Internet to Access Health Care Information in the Past Year San Mateo County, 2013



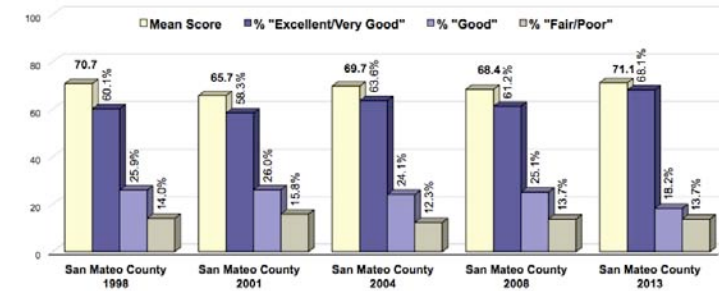
Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income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

Access to Health Care Services

Ease of Access to Local Health Care Services

- Overall, more than 2 in 3 San Mateo County survey respondents (68.1%) rate the ease of accessing local health care as "excellent" or "very good" (a **significant improvement** over past survey results). Another 18.2% rate it as "good."³⁰⁶

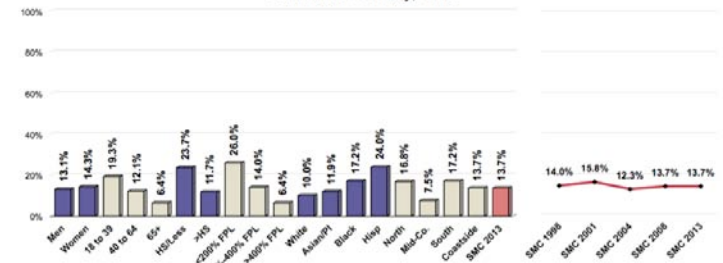
Rating of Overall Access to Health Care Services San Mateo County



Sources: • 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.

- In contrast, 13.7% of respondents believe that access to local health care is "fair" or "poor" (statistically unchanged over time). Note the negative correlation between "fair/poor" evaluations and age, education and income level. By race, Blacks and Hispanics are more likely to give low ratings of access to local health care. By region, low ratings are least likely among Mid-County residents.³⁰⁷

Perceive Access to Local Health Care Services as "Fair/Poor" San Mateo County, 2013

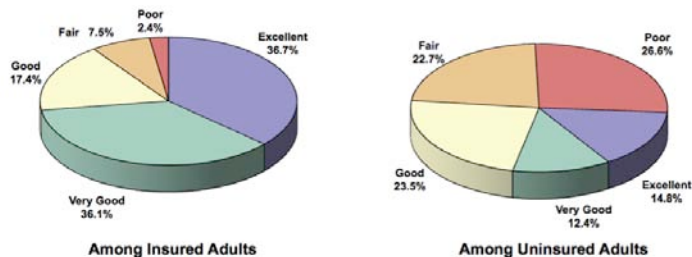


Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

- Those without health insurance coverage give much lower ratings regarding ease of access to local health care services. Among San Mateo

County adults aged 18–64 without any type of coverage, 49.3% rate overall access to local health care services as “fair” or “poor” (compared to 9.9% among those adults aged 18 to 64 who have health insurance coverage).³⁰⁸

Rating of Access to Local Health Care
Among Adults 18-64 By Health Insurance Coverage; San Mateo County, 2013



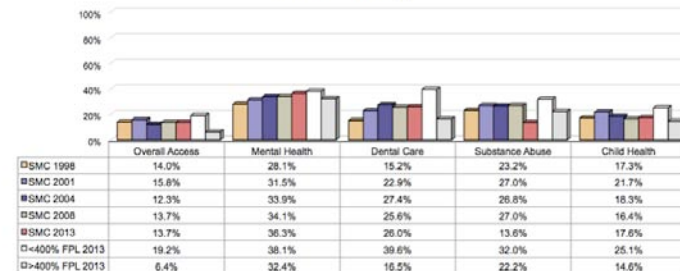
Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents age 18 to 64.

Accessibility of Specialized Care

- As in the previous surveys, respondents were asked to evaluate the ease of access to each of four specific types of health care services. Of the listed services, 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.
- For each of the services surveyed, there is a much wider discrepancy among “fair/poor” evaluations between those living *below* and those living *above* the 400% poverty threshold: among lower-income respondents, access to **dental care** earned higher “fair/poor” evaluations than even mental health and much higher than found among higher-income respondents (39.6% vs. 16.5% among those at higher incomes).³⁰⁹
- Evaluations of **dental care** access also continue to *deteriorate significantly*, with higher “fair/poor” evaluation this year when compared to 1998 findings (26.0% and 15.2%, respectively). Again, sharp differences are found between lower-income and higher-income adults with regard to perceived access to dental care services.³¹⁰
- Current evaluations of access to health care for children are *significantly better* than 2001 findings (17.6% and 21.7% “fair/poor” ratings,

respectively). Again, sharp differences are found between lower-income and higher-income adults with regard to perceived access to child health services.³¹¹

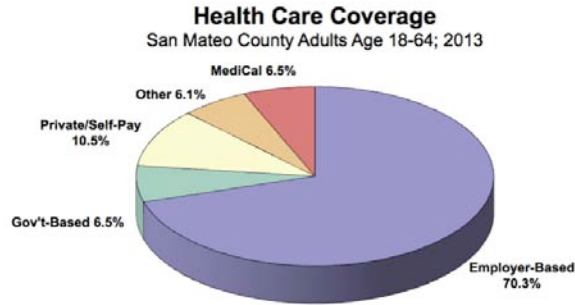
Perceive “Fair/Poor” Access to Health Care Services
San Mateo County, 2013



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

Health Insurance Coverage

- A total of 87.7% of San Mateo County respondents aged 18 to 64 report that they currently have some type of health insurance coverage, *down significantly* from 1998 findings (91.5%).
- Among those with coverage, most say this is provided through their own or someone else’s employer (70.3%). A total of 10.5% say they have a health insurance plan they purchase on their own. Another 13.0% have a government-sponsored plan (e.g., Medi-Cal/Health Plan of San Mateo, Medicare, military health benefits). The remaining 6.1% did not specify a source or cited another type of coverage.³¹²



Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents under 65 who currently have some type of health care insurance coverage.

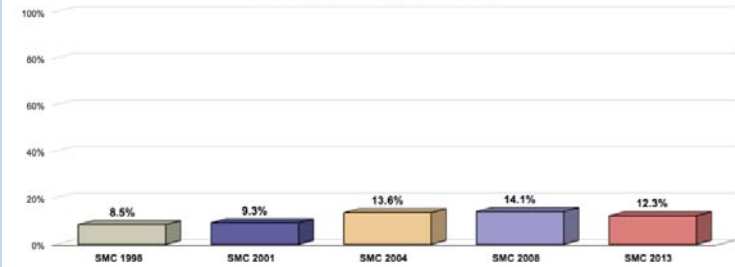
- Among employed respondents with insurance, 81.7% receive their health care insurance coverage through their own or someone else's employer.³¹³
- 9.1% of those with coverage say that there has been a time in the past year when they were without health insurance coverage.³¹⁴

Lack of Health Insurance Coverage

- A total of 12.3% of adults aged 18 to 64 do not have any type of job-based, privately-purchased, or government-sponsored health insurance (representing an estimated 58,622 adults aged 18 to 64 of the county's estimated 476,593 adults aged 18 to 64). [Note that this figure excludes children and seniors 65+.]³¹⁵
- Although better than national levels, the percentage of San Mateo County adults aged 18 to 64 without insurance has **worsened significantly** since the 1998 survey (8.5% uninsured).³¹⁶

Lack of Health Care Insurance Coverage

San Mateo County Adults 18-64

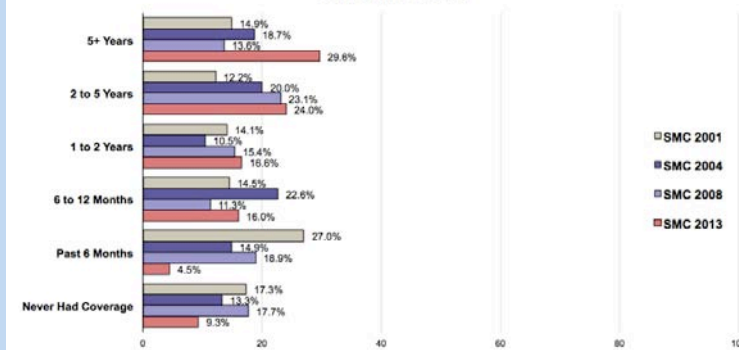


Source: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Represents all respondents age 18 to 64.

- 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).³¹⁷

Length of Time Without Coverage

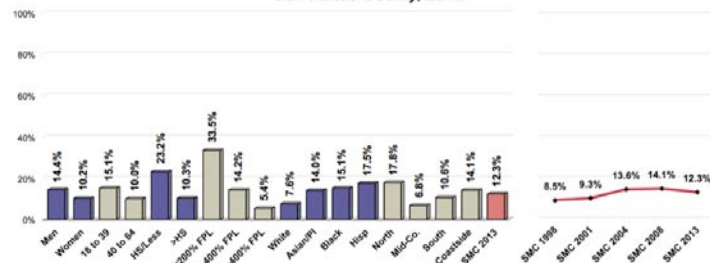
Among Respondents <65 Without Health Insurance Coverage
San Mateo County



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.

- Men, young adults, those with no postsecondary education, and respondents living below the 200% poverty threshold demonstrate greater lack of health insurance.³¹⁸
- More than 15% of Blacks and Hispanics report being uninsured, roughly twice the prevalence reported among Whites represented in the survey.³¹⁹
- North County residents also report a notably higher rate of being uninsured.³²⁰

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



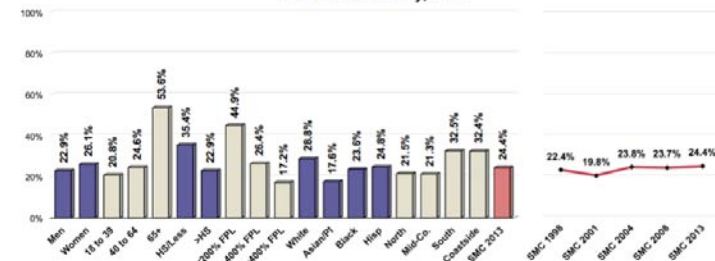
Sources: 1998/2001/2004/2008/2013 PRIC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes:

- 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.

Availability of Health Insurance Coverage

- Among 2013 survey respondents who are employed for wages or who are self-employed, 24.4% report that their job does not offer health benefits to employees, *up significantly* from 19.8% in 2001, but similar to 1998, 2004 and 2008 findings:³²¹
 - Seniors, adults without education beyond high school, and respondents living below the 200% poverty threshold much more often report that health benefits are not available to them through their employer.³²²
 - Nearly 3 in 10 White respondents (28.8%) report having jobs that do not offer health benefits.³²³
 - South County and Coastside residents more often report that health benefits are not available to them through their employer.³²⁴

Job Does Not Offer Health Benefits to Employees Among Respondents Who Are Employed for Wages or Self-Employed San Mateo County, 2013



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

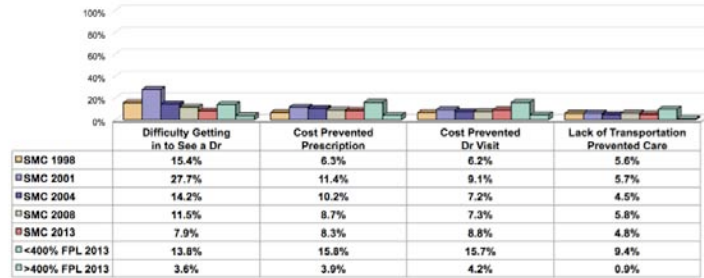
- Asked of employed respondents (whether for wages or self-employed).
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty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

- A total of 92.8% of those respondents with health benefits through their job report that benefits are also available to employees' dependents (identical to 2008 findings and compared with 88.8% in 2004 and 93.9% in 2001).³²⁵

Other Potential Barriers to Access

Besides lack of insurance coverage, a variety of other factors have the potential for restricting access to health care services for many community residents. In the 2013 San Mateo County Health & Quality of Life Survey, four additional potential barriers to access were addressed. These are illustrated in the following chart, and each is discussed in greater detail in the subsequent section.

Factors That Prevented or Restricted Medical Care in the Past Year San Mateo County, 2013

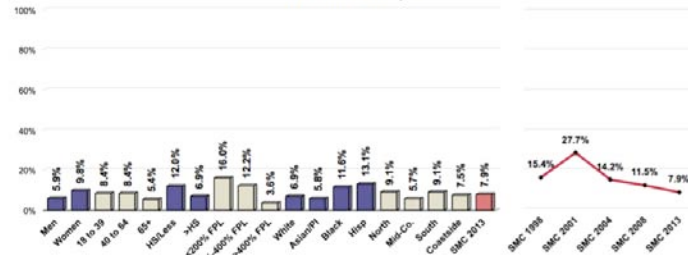


Source: • 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Getting in to See a Physician

- A total of 7.9% of surveyed adults have experienced difficulty getting in to see a doctor in the past year, **significantly better** than found in previous years. Women, adults under 65, those without postsecondary education, and residents at lower incomes **more** often report difficulty getting in to see a physician. Viewed by region, the prevalence is **lowest** in the Mid-County area.³²⁶

Have Experienced Difficulty Getting in to See a Physician in the Past Year San Mateo County, 2013

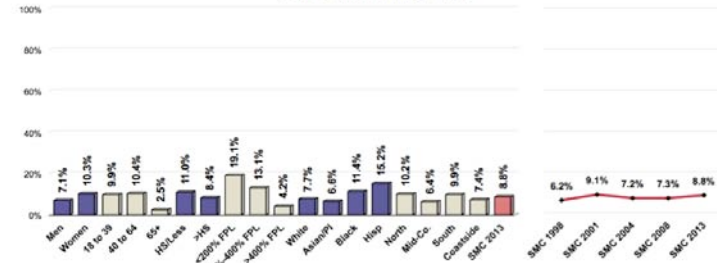


Source: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

Cost of Medical Care

- A total of 8.8% of survey respondents say that there has been a time in the past year when they needed to see a doctor, but could not because of the cost; this is **higher** than the initial 1998 baseline result. Cost is **more** often reported as a barrier for women, adults under 65, those living below the 400% poverty threshold, and Hispanic respondents.³²⁷

Cost Prevented a Physician Visit in the Past Year San Mateo County, 2013



Source: • 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.

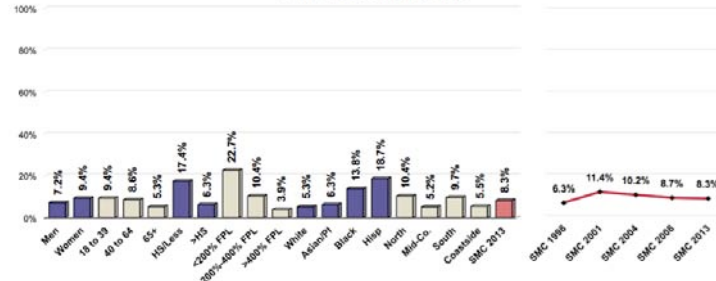
- A total of 4.0% of San Mateo County parents participating in the survey report that there was a time in the past year when they were unable to take their child to a doctor or health care facility because they did not have health insurance or could not afford it (similar to 2008 findings).³²⁸

Cost of Medications

- Furthermore, 8.3% of survey respondents say that they were unable to purchase a needed medication in the past year because of the cost; this proportion is **significantly lower** than 2001 findings but similar to 1998, 2004 and 2008 figures. Cost of prescriptions is particularly prohibitive for adults under 65, those with no postsecondary education, those with low incomes, and Black or Hispanic respondents. [Note that the relatively **low** percentage found among those aged 65 and older is in line with what is typically seen nationwide.] By region, the prevalence is **higher** in the North and South County areas.³²⁹

Cost Prevented a Prescription Medication in the Past Year

San Mateo County, 2013



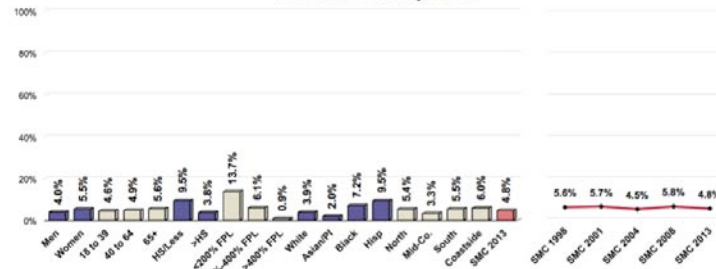
Sources: • 1998/2001/2004/2009/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Lack of Transportation

- A total of 4.8% of surveyed adults report that a lack of transportation made it difficult or prevented them from seeing a doctor or making a medical appointment in the past year (similar to previous findings). A lack of transportation has greater impact on persons with lower income or education levels, as well as Black and Hispanic respondents.³³⁰

Lack of Transportation Prevented Medical Care in the Past Year

San Mateo County, 2013



Sources: • 1998/2001/2004/2009/2013 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 total of 2.1% of San Mateo County parents participating in the survey report that a lack of transportation prevented them from taking their child to a doctor or health care facility in the past year (similar to the 2.8% reported among parents in 2008).³³¹

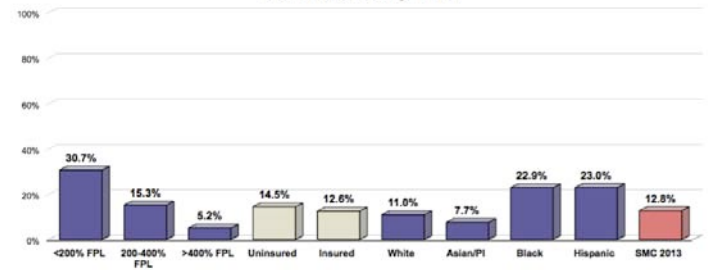
Implications of Poor Access

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).³³²
 - Higher "fair/poor" health status is also noted among Hispanics and Blacks (about 23%) in particular, compared to Whites (11.0%) and Asians/Pacific Islanders (7.7%).³³³

Self-Reported "Fair/Poor" Health Status

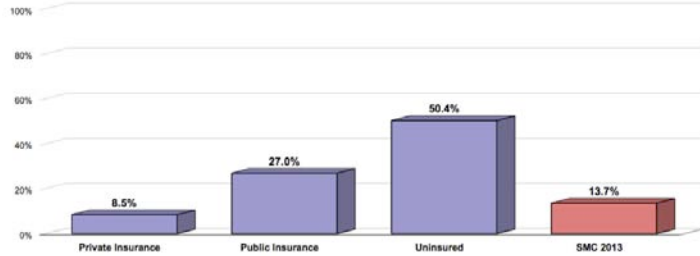
San Mateo County, 2013



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.

- 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).³³⁴

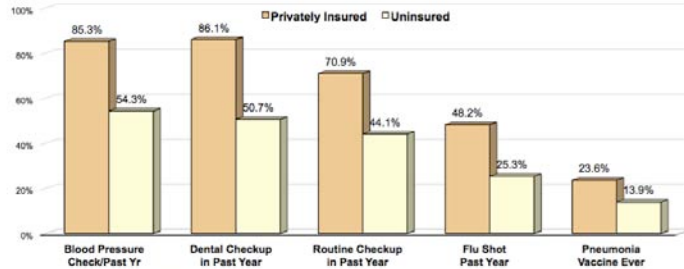
“Fair/Poor” Access to Local Health Care Services By Insurance Type; San Mateo County, 2013



Source: 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).

- As might be expected, adults without health insurance coverage report notably lower prevalence of preventive health services when compared to privately insured individuals.³³⁵

Preventive Health Services by Insurance Status San Mateo County, 2013



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

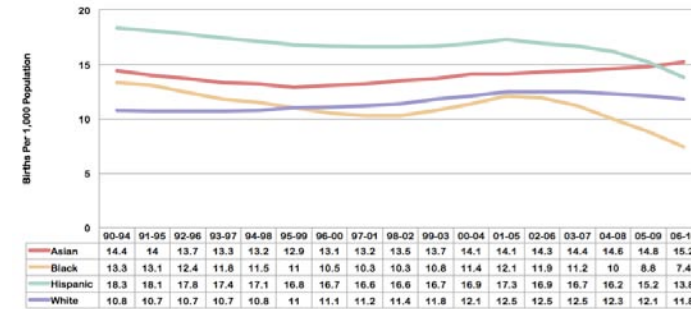
MATERNAL & INFANT HEALTH

Birth Rates

- Historically, the San Mateo County birth rate among Hispanic females has been significantly higher than rates in other racial/ethnic groups. Since 1990, these rates have declined, with the rate in Hispanic females falling below the rate of Asian females in recent years.
- The birth rate in Black females has declined rapidly from 2001–2005 through 2006–2010. Black females currently have the lowest birth rate.
- Historically the lowest, birth rates in Whites slightly increased in the early 2000s, surpassing rates for Blacks, with rates ranging from a low of 10.7 to a high of 12.5.³³⁶

Race/Ethnicity Specific Birth Rate

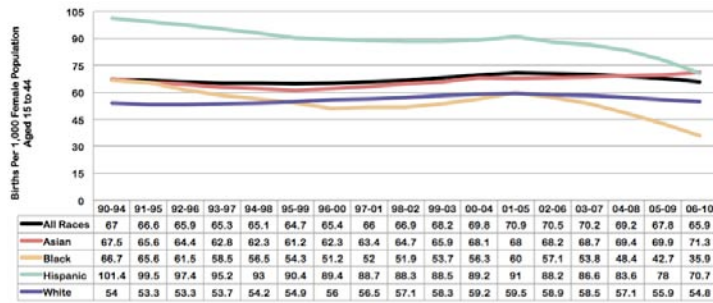
5 – Year Moving Average Rate, San Mateo County, 1990-2010



Source: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population.

- The general fertility rate is calculated as the number of births to females aged 15 to 44 divided by the number of females aged 15 to 44 in the population. It is an unadjusted rate.³³⁷

Race/Ethnicity Specific Fertility Rate 5 – Year Moving Averages, San Mateo County, 1990-2010



Source: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010
Notes: Rates are unadjusted. General fertility applies to births among women 15 and 44 years of age

- The general fertility rate in San Mateo County has not changed significantly since 1990. Among women in this demographic, the general fertility rate in Hispanics is has been much higher than in any other racial/ethnic group. However, there has been a gradual decline from 2001–2005, bringing the fertility rate below the rate for Asian women in 2006–2010. The general fertility rate in Black women was significantly higher than in White women in the 1990s; however the decline in the fertility rate among Blacks and the slight increase in the fertility rate among White women peaking in 2001–2005 has caused these two rates to invert.³³⁸

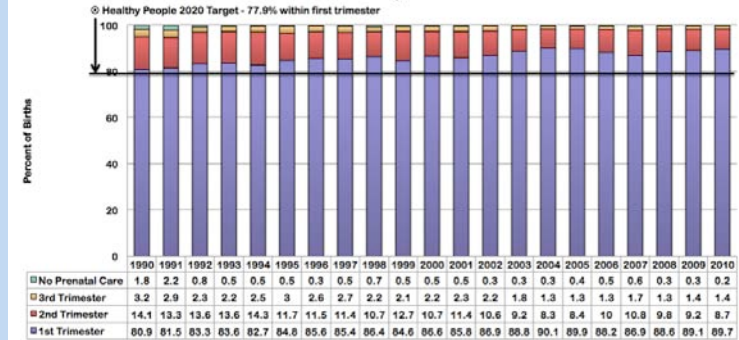
Adequacy of Prenatal Care

Early and regular prenatal care is important in promoting a healthy pregnancy. In addition to basic health screening and assessment, prenatal care often includes education about handling many aspects of pregnancy including nutrition, physical activity, and expectations during pregnancy and birth. Appropriate prenatal care is associated with improved nutrition status and increased weight gain, and longer duration of pregnancy. Ideally, prenatal care begins before conception or during the first trimester of pregnancy.³³⁹

Late or No Prenatal Care

- From 1990 to 2010, the proportion of births to women who received prenatal care during the first trimester of pregnancy increased from 80.9% to 89.7%. This is above to the Healthy People 2020 target of 77.9% and better than the 2007 national baseline of 70.8% women who received prenatal care during the first trimester of pregnancy.³⁴⁰ The best improvement was among women receiving no prenatal care: in 1990, 1.8% of births were to women who had received no prenatal care, while in 2010 this proportion had decreased to 0.2%.³⁴¹

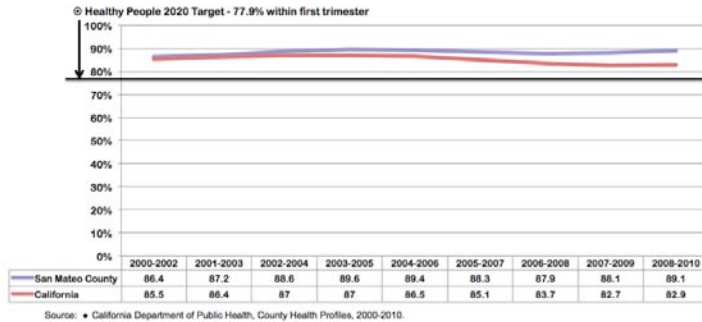
Proportion of Births by Trimester of First Prenatal Care Visit San Mateo County, 1990-2010



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

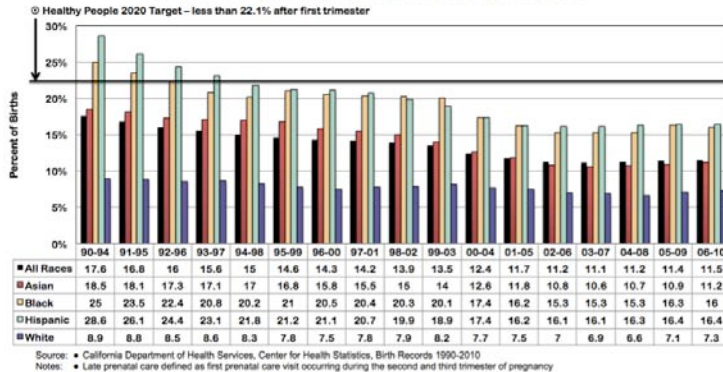
- From 1990 to 2010, the proportion of births to women who received prenatal care during the first trimester of pregnancy in San Mateo has been higher than that seen in California and this difference has been growing.³⁴²

Percent of Live Births With Prenatal Care Begun in the First Trimester San Mateo County, 3-Year Moving Averages, 2000-2010



- Since 1990–1994, the proportion of births to women receiving late or no prenatal care decreased significantly in all ethnic groups. The proportion reached a low between 2003 and 2008, nearing the Healthy People 2020 target of 22.1% for all race/ethnicities combined.

Proportion of Births With Late or No Prenatal Care By Maternal Race/Ethnicity 5 – Year Moving Averages, San Mateo County, 1990-2010



- In the last few years, there was a slight increase in the percent of births among those women with late or no prenatal care in all races. Only White

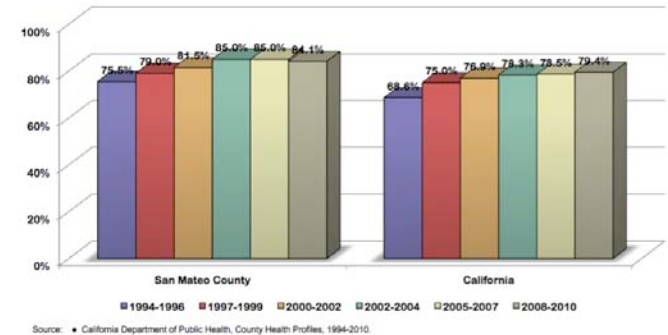
and (non-Filipina/Pacific Islander) Asian women were consistently achieving the Healthy People 2020 target. By comparison, proportions are notably higher among Black, Hispanic, and especially Pacific Islander women. The proportion of births with late or no prenatal care in Pacific Islanders, historically, has been significantly higher than any other racial/ethnic group. In 2006–2010, the proportion was over four times greater than in other Asians (non-Filipina/Pacific Islander) and Whites, over two times greater than Filipinas, and close to two times greater than in Blacks and Hispanics.³⁴³

Adequate Prenatal Care – Adequacy of Prenatal Care Utilization (APCU) Index

One measure of the level of prenatal care is the adequacy of prenatal care use (APCU) index developed by Milton Kotelchuck, Ph.D., M.P.H. The APCU index measures the adequacy of prenatal care by a) the timing of the first prenatal visit and b) the appropriateness of the number of visits based on gestational age [i.e., at the first prenatal visit and at delivery].³⁴⁴

- The proportion of births in San Mateo County with adequate prenatal care as determined by the APCU index rose steadily from 75.5% in 1994–1996 to 85.0% in 2005–2007, with a slight decline to 84.1% in 2008–2010.

Adequate/Adequate Plus Prenatal Care 3-Year Moving Averages, 1994-2010

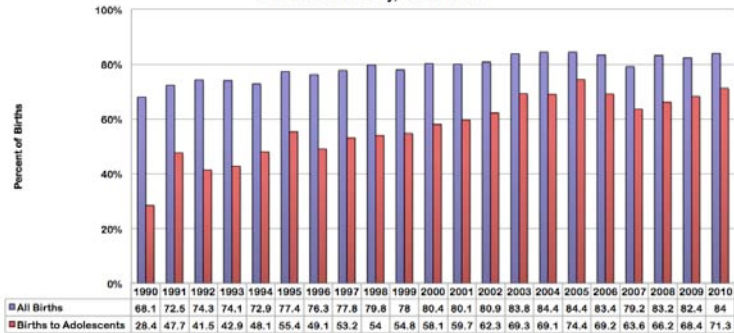


Adequate Prenatal Care – Kessner Index

Another measure of the adequacy of prenatal care is the Kessner Index. The Kessner Index is a method of categorizing adequacy of prenatal care, based on month of pregnancy care started, number of visits, and length of gestation. This index adjusts for the fact that women with short gestations have less time in which to make prenatal care visits.³⁴⁵

- Historically, San Mateo teens are much less likely than adult women to have received adequate prenatal care during pregnancy. In 1990, the discrepancy between teens and all women receiving adequate prenatal care was very pronounced. In 2010, the discrepancy between teens and all women is much less so (71.3% and 84%, respectively).³⁴⁶

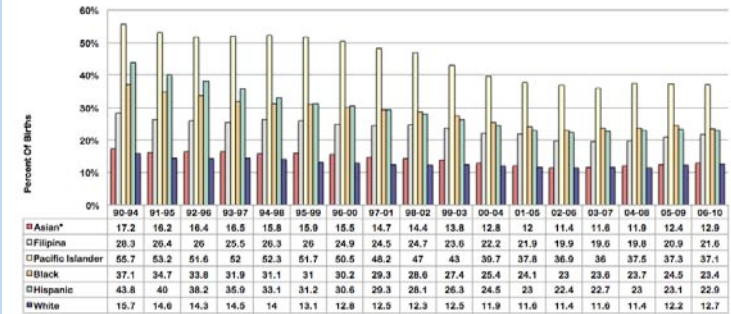
Proportion of Births With Adequate Prenatal Care By Mother's Age Group San Mateo County, 1990-2010



Source: • California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010
Notes: • Adequate prenatal care is determined by the Kessner Index; adolescents are defined as 17 years of age or younger

- There are racial/ethnic disparities in adequacy of prenatal care received as well. Pacific Islander women have the highest proportions of births receiving less than adequate care. The most substantial decrease occurred in Hispanic women from 43.8% in 1990–1994 to 22.9% in 2006–2010, a 47.7% decrease.³⁴⁷
- 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.³⁴⁸

Proportion of Births Receiving Less Than Adequate Prenatal Care By Maternal Race/Ethnicity 5 – Year Moving Averages, San Mateo County, 1990-2010

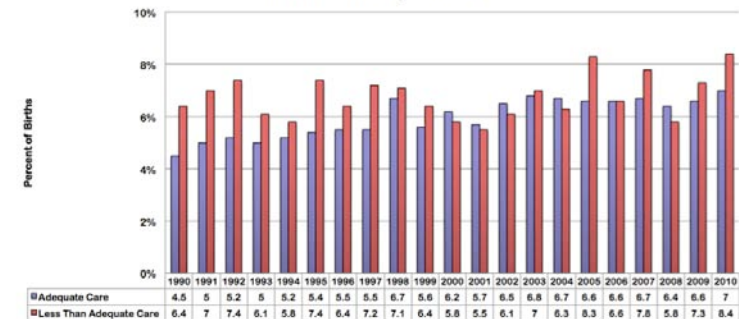


Source: • California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010
Notes: • Adequate prenatal care is determined by the Kessner Index; Women in the Asian category excludes Filipina and Pacific Islander Women

Prenatal Care & Low Birthweight

- The proportion of low-weight births among women receiving adequate prenatal care increased from 4.5% in 1990 to 7.0% in 2010. In recent years, the rates between the two categories have varied, with rates in “less than adequate care” being higher in 2009 and 2010.⁴³¹

Low Birthweight Deliveries by Adequacy of Prenatal Care San Mateo County 1990-2010



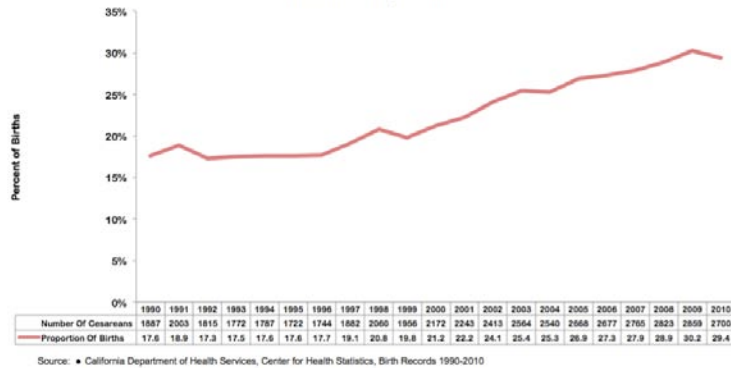
Source: • California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010
Notes: • Adequate prenatal care is determined by the Kessner Index; Low Birthweight (LBW): newborns weighing <2500 grams or 5.5 pounds at birth (exclusive of very low birthweight)

Cesarean Section Births

While Cesarean (surgical or C-section) deliveries are sometimes medically indicated, Cesarean birth can carry a greater risk for both the mother and the baby than a vaginal delivery. Some of the increased risks for the mother include possible infection of the uterus and nearby pelvic organs; increased bleeding; blood clots in the legs, pelvic organs and sometimes the lungs; and, in very rare situations, death. For babies, there is the risk of being born prematurely if the due date is not accurately calculated. This can mean difficulty breathing (respiratory distress) and low birthweight. The baby also may be sluggish as a result of the anesthesia. A cesarean birth also is more painful, is more expensive, and takes longer to recover from than a vaginal birth.³⁴⁹

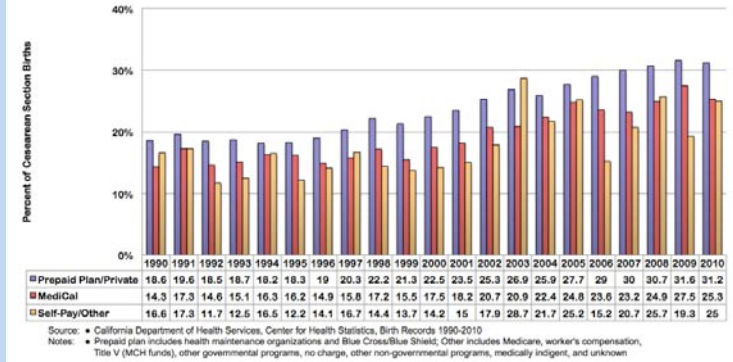
- The proportion of births delivered by C-section (to women both with and without a prior C-section) has dramatically increased 67% since 1990, from 17.6% in 1990 to 29.4% in 2010.³⁵⁰ The Healthy People 2020 objective is 23.9% of births to low-risk females with no prior C-section birth.

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



- Over the past 20 years, the proportion of C-section deliveries has increased among both prepaid plan/private births, as well as Medi-Cal births.³⁵¹ The percentage of C-section private births consistently remains higher than the percentage for Medi-Cal births.

Principal Source of Payment and Proportion of Cesarean Section Deliveries San Mateo County, 1990-2010

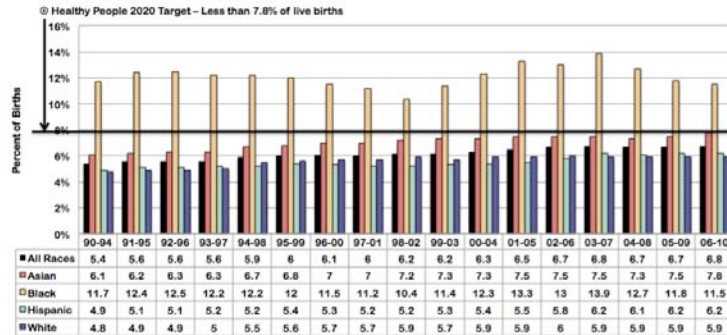


Low Birthweight

Whether children have been born full-term and of normal birthweight (5.5 pounds or more) can have profound long-term impacts on their well-being. On average, children born preterm (<37 weeks gestation) lag behind their peers in IQ, language development and school achievement.³⁵² They also have a higher incidence of learning disabilities and school failure.³⁵³ About half the children born at low birthweight eventually require special education services.³⁵⁴

- The proportion of newborns with low birthweight (LBW) was significantly higher among Black mothers than mothers of other race/ethnicities from 1990 to 2010. LBW deliveries in Asian women significantly increased from 6.1% in 1990-1994 to 7.8% in 2006-2010. In White women, the increase was 22.9% from 4.8% during 1990-1994 to 5.9% during 2000-2004. From 2000-2004 to 2006-2010, the rate in White women has remained relatively constant. In Hispanic women the proportion of LBW births has increased 26.5% from 1990-1994 to 2006-2010. Overall, low birthweight babies have increased over the last two decades, but remain below the Healthy People 2020 Objective or 7.8% of all births. In recent years, both Black and Asian rates have exceeded this objective.^{355,356}

Low Birthweight Deliveries 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
 Note: Low Birthweight (LBW): newborns weighing <2500 grams or 5.5 pounds at birth (exclusive of very low birthweight)

Breastfeeding

For infants, the most complete form of nutrition is breast milk. Breastfeeding is associated with reduced postneonatal infant mortality rates, decreased rates of obesity in later life, and improved cognitive, language and motor development.³⁵⁷ The longer infants are exclusively breastfed, the better. For example, babies who are breastfed for six rather than four months have fewer respiratory illnesses and ear infections.³⁵⁸

- In San Mateo County, 96.8% of mother's with newborns initiated breastfeeding in 2010, higher than the average percentage in California (90.8%) and the U.S. Healthy People 2020 objective (81.9%).³⁵⁹
- While in the hospital after giving birth, 78.8% of women in the county exclusively breastfed their infants, much higher than the California average of 56.6%.³⁶⁰

Breastfeeding of Newborns	2005	2006	2007	2008	2010
Exclusive Breastfeeding	74.1%	76.6%	76.6%	80.2%	78.8%
Any Breastfeeding	95.3%	95.6%	95.7%	96.2%	96.8%

Definition: Percentage of mothers of newborns breastfeeding in the hospital after giving birth, by mother's county of residence.
 Data not available for 2009. Data collection procedures were modified starting in 2010.
 Data Source: California Department of Public Health.

- In 2010, Caucasian/white women in the county were most likely to exclusively breastfeed in the hospital (85.1%), in comparison to all other race/ethnicities with exclusive breast feeding rates between 70% and 80%.³⁶¹

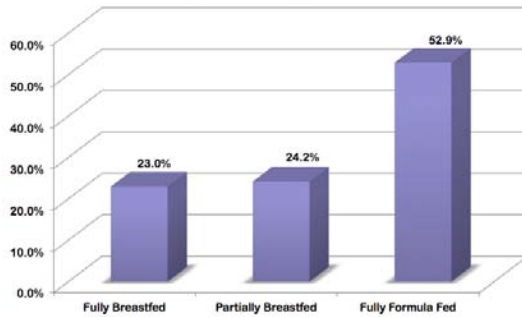
Exclusive Breastfeeding of Newborns, by Race/Ethnicity	2005	2006	2007	2008	2010
African American/Black	64.7%	65.0%	68.30%	73.90%	71.80%
Asian	68.5%	72.1%	71.40%	76.90%	73.20%
Caucasian/White	79.0%	80.2%	79.40%	84.50%	85.10%
Hispanic/Latina	74.2%	76.0%	77.40%	79.40%	78.50%
Pacific Islander	*	81.8%	66.70%	58.80%	76.80%
Multiracial	75.5%	80.1%	80.10%	81.40%	77.60%
Other	67.6%	75.8%	74.90%	77.10%	71.50%

Definition: Percentage of mothers of newborns who breastfed exclusively in the hospital after giving birth, by mother's county of residence and race/ethnicity.
 Data not available for 2009/Pacific Islanders in 2005. Data collection procedures were modified starting in 2010.
 Data Source: California Department of Public Health.

- In 2010, around 47% of Women, Infant and Children Program Recipients partially or fully breastfed their children.³⁶²

Breastfeeding Rates

San Mateo County Women, Infant and Children (WIC) Program Recipients
San Mateo County, 2010



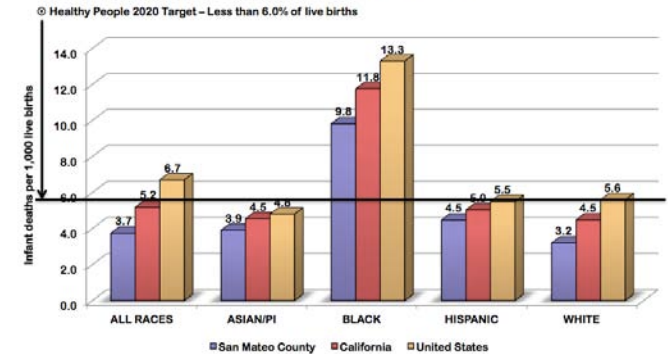
Source: • US Department of Agriculture, Women Infant and Children, 2010.

Infant Mortality

The three leading causes of infant mortality are congenital malformations, disorders related to short gestation and low birthweight, and sudden infant death syndrome. As of 2009, the number of infant deaths in the United States was 26,412, at a rate of 6.4 deaths per 1,000 live births.³⁶³ Birth weight and gestational age are two major predictors of infant health and survival. As of 2009, birth defects, as well as premature and low birth weight, remained the leading causes of infant death, according to the National Vital Statistics Report.³⁶⁴ The percentage of babies born premature (less than 37 weeks gestation) or with a low birth weight (less than 2500 grams or 5.5 pounds) peaked at 12.8% in 2006, but has dropped to 12% in 2012, according to an analysis by the March of Dimes. March of Dimes has set a goal of lowering this rate to 9.6% by 2020.³⁶⁵

- The average infant mortality rate in San Mateo County from 2008 to 2010 was 3.7 infant deaths per 1,000 live births, meeting the Healthy People 2020 objective of 6.0 deaths per 1,000 live births. Infant mortality rate was highest among Blacks.³⁶⁶

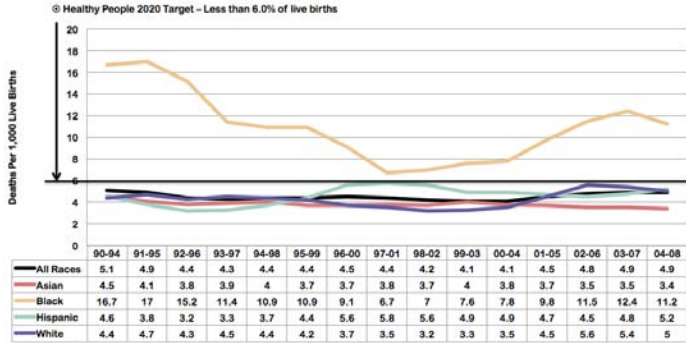
Infant Mortality Rates by Race/Ethnicity San Mateo County, 2008-2010



Source: • California Department of Public Health, Center for Health Statistics 2012.

- The Black infant mortality rate fell from 16.7 between 1990 and 1994 to 6.7 between 2000 and 2004, rising back up to 11.2 deaths per 1,000 live births from 2004–2008.³⁶⁷

Infant Mortality by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1990-2008



Source: • California Department of Health Services, Center for Health Statistics, Death Records 1990-2008
 Notes: • Rates are unadjusted; infants defined as under one year of age

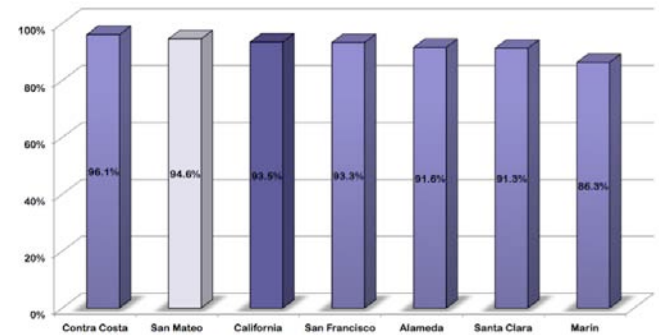
CHILD & ADOLESCENT HEALTH

Childhood Immunization

The primary indicator for adequate vaccination coverage by age 24 months includes the complete 4-3-1 series: the fourth dose in the DTP/DTaP series, the third dose in the OPV/IPV series, and the first dose in the MMR series by age 24 months.³⁶⁸

- In 2007-08, it was estimated that 94.6% of children aged 2-4 in licensed childcare had all completed vaccinations. This percentage was second amongst Bay Area counties. These numbers do not include children in other types of childcare.³⁶⁹

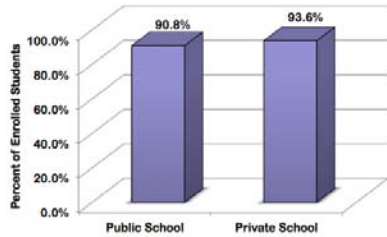
Estimated Vaccination Coverage with All Required Immunizations among Children Ages 2-4 Years in Licensed Childcare San Mateo County, 2007-2008



Source: • California Department of Public Health, Center for Infectious Disease, 2012.

- Private School Kindergarten Enrollees have a slightly higher rate of coverage than public school enrollees. Vaccinations have remained constant in Kindergarteners over recent years in San Mateo County.³⁷⁰

Children With Up-to-Date Vaccination Coverage San Mateo County Kindergarteners, 2011-2012



Source: • Kindergarten Retrospective Survey, California Department of Public Health, 2012.

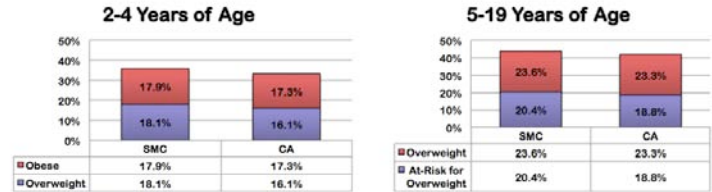
Childhood Overweight & Fitness

Excess weight and inactivity [during childhood] leads to higher risk of cardiovascular disease, type 2 diabetes, hypertension, stroke, certain types of cancer, as well as mental, emotional, and social stress.³⁷¹

Overweight

- 2010 findings of the California Pediatric Nutrition Surveillance System found that 23.6% of low-income children aged 5 through 19 who participated in the San Mateo County Child Health and Disability Prevention (CHDP) Program* were overweight, and another 20.4% were at risk for being overweight; these proportions are higher than found among program participants in this age group statewide.³⁷²

Percentage of Child Participants in County Child Health and Disability Program by Age and Weight Category, San Mateo County, 2010



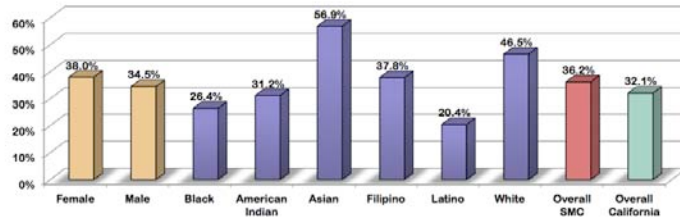
Source: • California Pediatric Nutrition Surveillance System, 2010.

- Among low-income children aged 2 to 4 years in the county CHDP program, over one-third were found to be overweight (18.1%) or obese (17.9%), both slightly higher than the statewide proportions.³⁷³

Physical Fitness

- 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.³⁷⁴

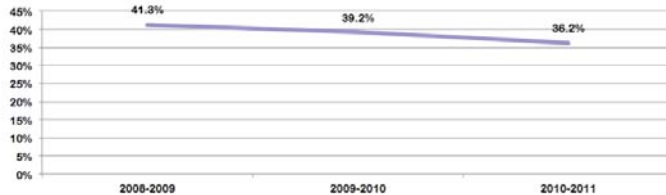
Percentage of 7th Grade Students Meeting 6 of 6 Basic Fitness Standards San Mateo County, 2010-2011



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

- Over recent years, the percentage of 7th graders meeting all 6 standards has been decreasing.³⁷⁵

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

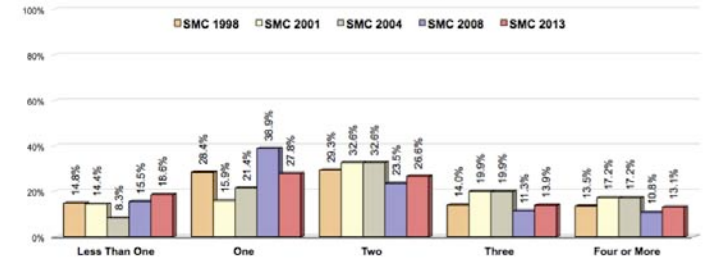


Source: • California Department of Education, DataQuest, 2012.

Television/Video Watching & Video Gaming

- Watching television, videos or video games is a leading sedentary behavior in youth. In the 2013 San Mateo County Health & Quality of Life Survey, parents of children over the age of one year were asked how many hours a day their child watches television, videos or video games. **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. Overall usage is lower than in previous years but remains far from optimal.³⁷⁶

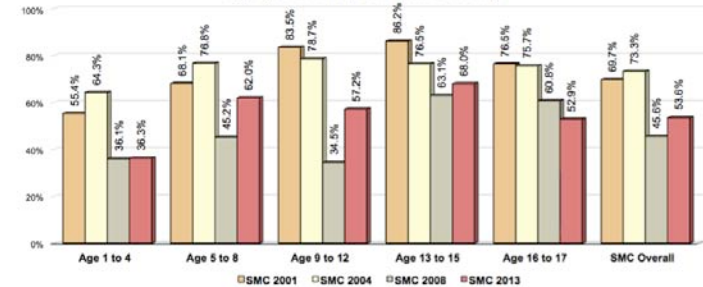
Number of Hours Child Spends on Screen Time (Television, Videos, Video Games) Per Day San Mateo County



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

- This year's survey found that TV/video watching or video gaming was greatest among 13- to 15-year-olds (68.0% of who were reported to watch two or more hours of TV, videos or video games per day).³⁷⁷

Child Spends 2+ Hours on Screen Time Daily By Age of Child, San Mateo County

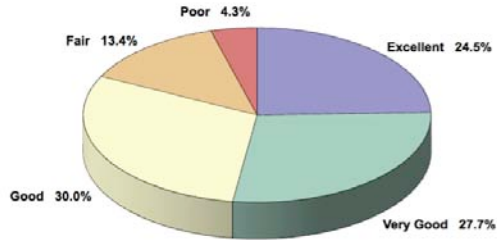


Source: • 2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children aged 1-17 at home.

Local Resources Designed Specifically for Youth

- When asked to rate the availability of local recreational facilities, activities and programs designed specifically for youth, 52.2% of survey respondents gave “excellent” or “very good” ratings. Another 30.0% gave “good” ratings of the availability of these resources specifically for local youth.³⁷⁸

Rating of the Availability of Local Recreational Facilities, Activities and Programs Designed for Youth
San Mateo County, 2013

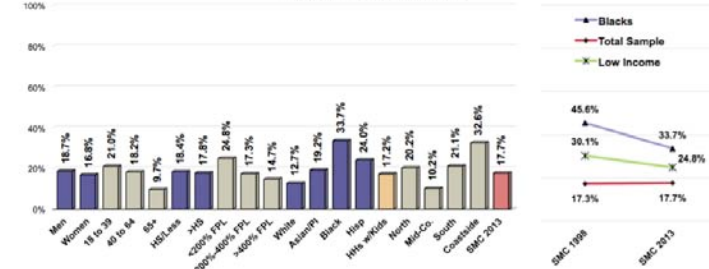


Source: 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

- In contrast, 17.7% of respondents believe that the availability of local recreational facilities, activities and programs for youth is “fair” or “poor.” This prevalence is notably high among adults under 65, those living below the 200% poverty threshold, Blacks, Hispanics, and residents in the Coastside community. The percentage among the total sample of SMC respondents is statistically unchanged over time, but notable improvements were made among Blacks (down from 45.6% in 1998) and low-income residents (30.1% in 1998; however, note that the “low-income” definition differs slightly).³⁷⁹

Local Recreational Facilities Designed for Youth Are “Fair/Poor”

San Mateo County, 2013

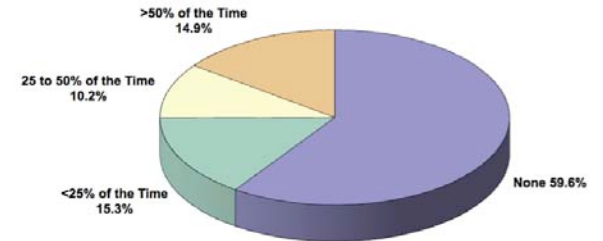


Source: 1998/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

- Among San Mateo County residents with school-aged children, most (59.6%) report that their child did not ride a bike or walk to school in the past year. On the other hand, 14.9% of parents with school-aged children report that their child walked or rode a bike to school more than 50% of the time in the past year.³⁸⁰

Percentage of School Days When Child Biked or Walked to School in the Past Year

San Mateo County Parents of School-Aged Children, 2013

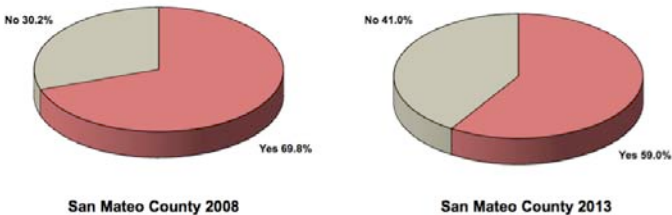


Source: 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with school-aged children.

Adolescent Sexuality

- Approximately 6 in 10 San Mateo County parents (59.0%) have spoken to their adolescents (aged 11 to 17) about issues dealing with relationships and sexuality (down from 69.8% among parents in 2008).³⁸¹

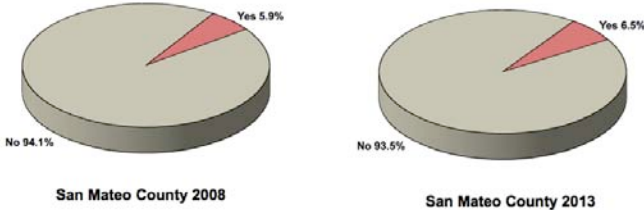
Parent Has Talked to Child About Relationships/Sexuality
San Mateo County Parents of Children 11-17



Source: • 2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children aged 11-17 at home.

- A total of 6.5% of parents of children aged 11 to 17 report that to the best of their knowledge, their child is currently sexually active (compared to 5.9% in 2008).³⁸²

To the Best of Parent's Knowledge, Child is Sexually Active
San Mateo County Parents of Children 11-17



Source: • 2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children aged 11-17 at home.

Consequences of Adolescent Pregnancy

Adolescent girls who become mothers tend to exhibit poorer psychological functioning, lower levels of educational attainment and high school completion, more single parenthood, and less stable employment than those with similar backgrounds who postpone childbirth. Although teen mothers who stay in school are just as likely to graduate as non-mothers, those who drop out before or shortly after childbirth are only half as likely to return to school and graduate as are non-mother drop-outs.³⁸³

Other potential negative consequences have not been sufficiently researched, such as potential consequences resulting from interruptions of key processes of emotional and social development of the teen mothers by early parenthood responsibilities. Based on well-established knowledge of adolescent developmental needs and progressions, however, researchers believe that these interruptions are likely to yield harmful consequences related to psychological distress and possible depression.³⁸⁴

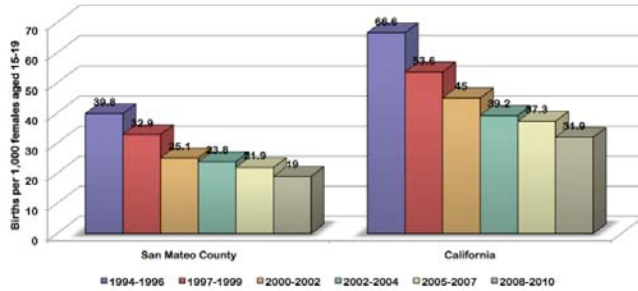
Relative to older mothers, teen mothers tend to experience more pregnancy-related problems and have less healthy infants, although these differences overall are small and decreasing over time, and are highly related to access to and use of prenatal care.³⁸⁵

Adolescent Births

Adolescent Birth Rates

- Adolescent birth rates have declined in San Mateo County over the past several years (down from 39.8 births per 1,000 females aged 15 to 19 in 1994-1996 to 19.0 per 1,000 in 2008-2010). San Mateo adolescent birth rates remain much lower than rates seen statewide.³⁸⁶

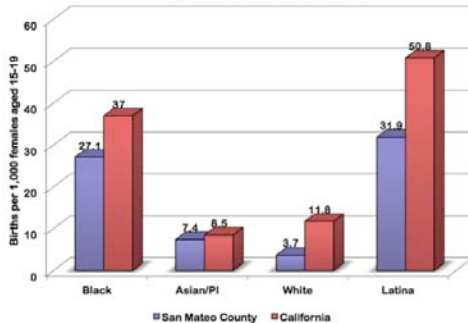
Adolescent Birth Rate 3-year Averages, San Mateo County, 1994-2010



Source: California Department of Public Health, County Health Profiles, 1994-2010.

- However, adolescent birth rates in San Mateo County in 2009 were much higher among Black and Latina women (27.1 and 31.9 per 1,000 females, respectively), when compared to women of other races/ethnicity. County rates by race/ethnicity are consistently lower than California rates by race/ethnicity.³⁸⁷

Adolescent Birth Rates by Race/Ethnicity San Mateo County, 2009

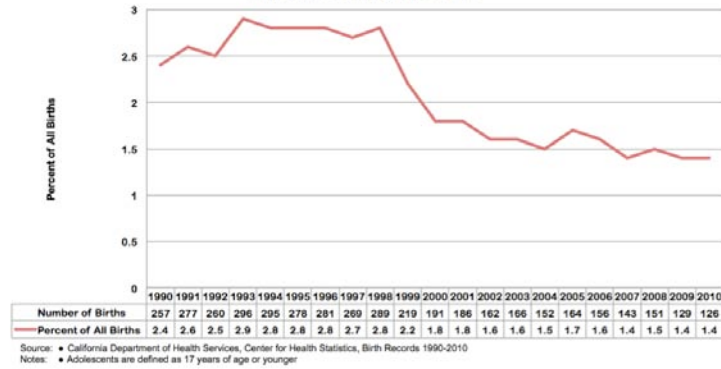


Source: California Department of Public Health, California Department of Finance, Lucile Packard Foundation for Children's Health, 2012.

Percentage of Births to Adolescents

- The proportion of births occurring in adolescent females aged 17 and younger has likewise decreased, from 2.4% in 1990 to 1.4% in 2010.³⁸⁸

Births to Adolescents San Mateo County, 1990-2010



- A geographic analysis by zip code of maternal residence (2008 data) shows that the highest proportion of births to adolescents in San Mateo County occurred in 94060 (Pescadero) and 94038 (Moss Beach) followed by 94303 (East Palo Alto).³⁸⁹

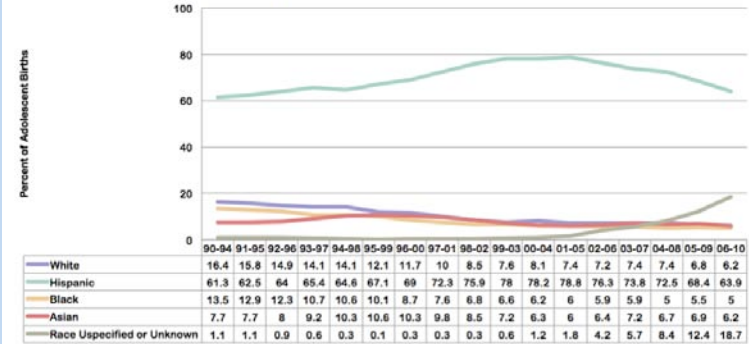
Births to Adolescent Females by Zip Code of Residence San Mateo County, 2010



Source: • California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010
Notes: • Adolescents are defined as those 17 years of age or younger

- The majority of San Mateo County births to adolescents have occurred consistently in Hispanic females. This proportion has increased dramatically from 61.3% in 1990–1994 to 63.9% in 2006–2010. However, in recent years, a noticeably large and growing segment of the population has been identifying as “race unspecified” or “unknown” making comparisons to earlier years less valid.³⁹⁰

Distribution of Births to Adolescents by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1990-2010

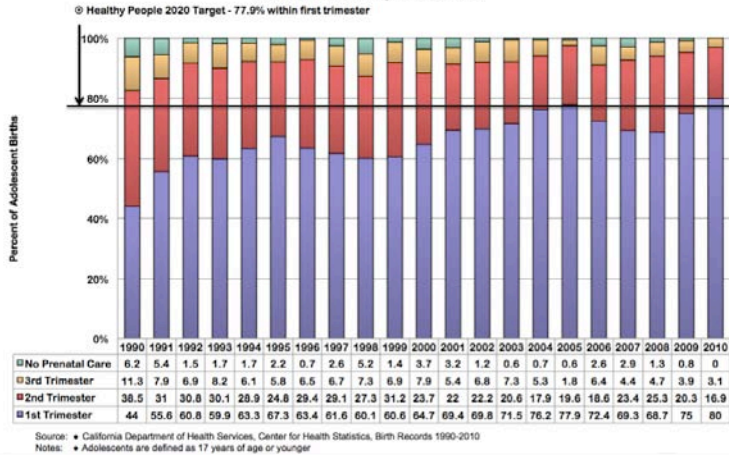


Source: • California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010
Notes: • Adolescents are defined as 17 years of age or younger

Prenatal Care among Births to Adolescents

- The proportion of births to adolescents who received prenatal care during the first trimester of pregnancy has *increased significantly* from 44.0% in 1990 to 80.0% in 2010. This proportion has met the Healthy People 2020 target of 77.9% in recent years. The level of adolescent’s early access to prenatal care contrasts with the overall county rate (84.1%).³⁹¹

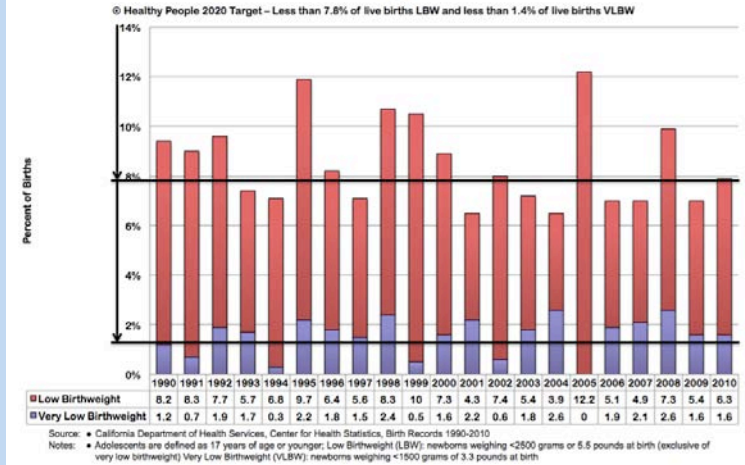
Proportion of Adolescent Births by Trimester of First Prenatal Visit San Mateo County, 1990-2010



Characteristics among Births to Adolescents

- Historically, the proportion of low birthweight (or LBW) deliveries to adolescents has been almost double that of LBW deliveries to all women. LBW and VLBW deliveries to adolescents vary from year to year. San Mateo proportions of low birthweight deliveries among teens currently satisfy LBW Healthy People 2020 objectives (7.8%) but exceed VLBW Health People 2010 objectives (1.4%).³⁹²

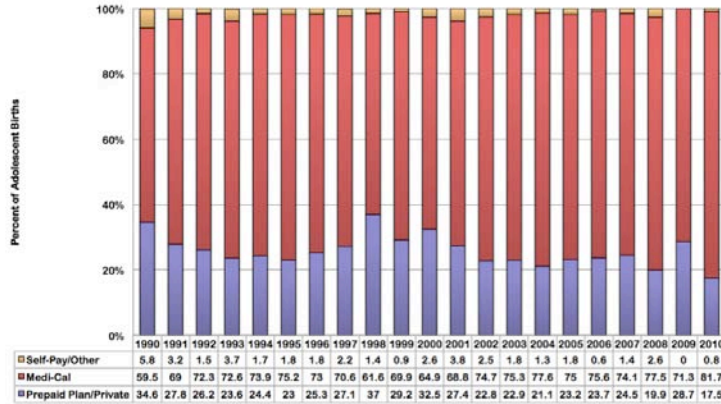
Low Birthweight Deliveries to Adolescents San Mateo County, 1990-2010



- The principal source of payment for deliveries to adolescents in San Mateo County is Medi-Cal. The proportion of deliveries to adolescents paid for by Medi-Cal has *increased* (from 59.5% in 1990 to 81.7% in 2010). During this period the proportion of deliveries paid by private insurance/pre-paid plans and other sources declined.³⁹³

Principal Source of Payment for Deliveries to Adolescents

San Mateo County, 1990-2010



Source: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2010
 Note: Adolescents are defined as 17 years of age or younger. Prepaid plan includes health maintenance organizations and Blue Cross/Blue Shield. Other includes Medicare, workers' compensation, Title V (MCH funds), other governmental programs, no charge, other non-governmental programs, medically indigent, and unknown.

SENIOR HEALTH

Demographic Overview

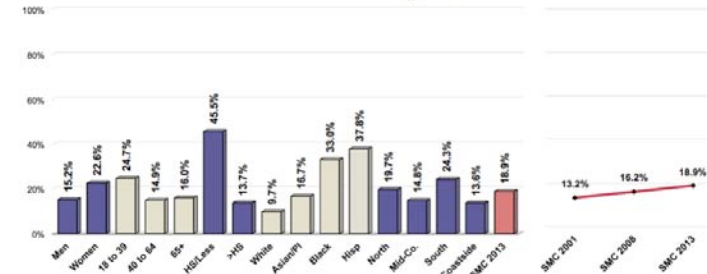
Population Growth & Makeup

- The proportion of adults aged 60 and older is expected to roughly double over the next four decades. As of the 2000 census, there were 116,770 adults aged 60 and older in San Mateo County, representing 16.4% of the county's total population. By the year 2040, it is projected that the number of adults 60+ will increase to 237,062 or 28.7% of the county's total population.³⁹⁴
- Among the older population (60+), Hispanics and Asians are projected to increase their representation considerably over the coming decades (the older Hispanic population is projected to increase 423% from 11,613 in 2000 to 60,732 in 2040; the older Asian population is projected to increase 243% from 18,787 in 2000 to 64,408 in 2040).³⁹⁵

Low-Income Seniors

- Many area seniors live on low incomes. Of the households surveyed in 2013, 16.0% of seniors reported household incomes below 200% of the federal poverty level. Note that this reflects only current household income, and does not reflect other assets.³⁹⁶

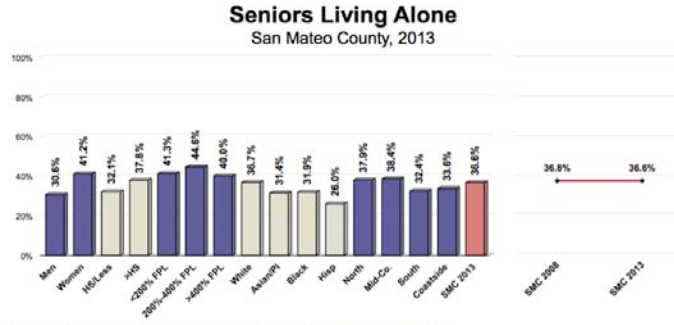
Adults Living Below 200% of the Federal Poverty Level San Mateo County, 2013



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).

Seniors Living Alone

- In the 2013 San Mateo County Health & Quality of Life Survey, 36.6% of responding seniors (aged 65 and older) lived alone (unchanged from the 2008 percentage). Note that greater shares of the following seniors live alone: women; adults with postsecondary education; and White seniors. Responses do not vary significantly by area.³⁹⁷



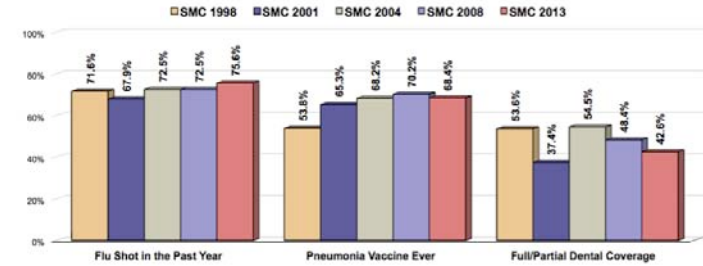
Source: ■ 2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: ■ Asked of all respondents.
■ Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
■ Income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

Senior Health Issues

Preventive Health Services

- Nearly 9 in 10 surveyed seniors (87.0%) have visited a doctor for a routine checkup in the past year (compared to 91.0% in 2008). Further:
 - 75.6% say they have had a flu shot in the past year (Healthy People 2020 target is 90% or higher), comparable to previous findings.
 - 68.4% say that they have had a pneumonia vaccine at some time in the past, *up significantly* since 1998 (Healthy People 2020 target is 90% or higher).
- Just over 4 in 10 seniors (42.6%) report that they have full or partial insurance coverage for dental care. This proportion is significantly *higher* than reported in 2001, but is *lower* than 1998, 2004 and 2008 findings.

Preventive Health Services Among Seniors 65+ San Mateo County

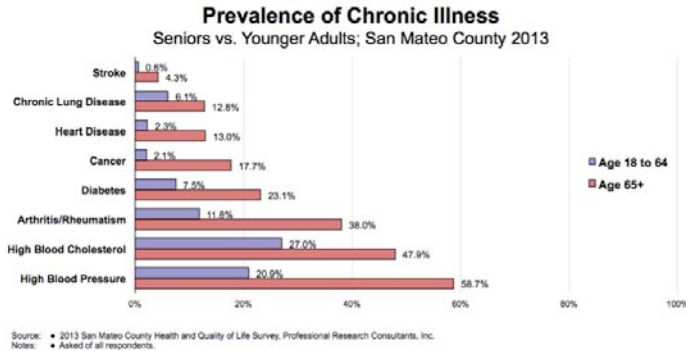


Source: ■ 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: ■ Represents senior respondents (aged 65+)

Chronic Conditions

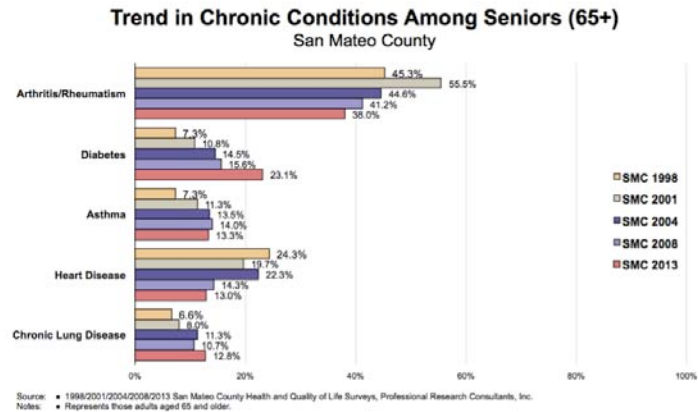
San Mateo County seniors (aged 65 and older) experience much higher prevalence of many chronic conditions than found among adults younger than 65:

- 58.7% of seniors have been diagnosed with **high blood pressure** (compared to 20.9% of adults under 65).³⁹⁸
- 47.9% of seniors have **high blood cholesterol** levels (vs. 27.0% of adults 18–64).³⁹⁹
- 38.0% of seniors currently suffer from **arthritis or rheumatism**.⁴⁰⁰
- 23.1% of seniors have **diabetes**.⁴⁰¹
- 17.1% of seniors have **cancer**.
- 13.0% of seniors have **chronic heart disease**.
- 12.8% of seniors have **chronic lung disease**.⁴⁰²
- 4.3% of seniors have had a **stroke**.



In comparing results among seniors with prior assessments:

- We see a **statistically significant trend in higher prevalence** of diabetes, asthma and chronic lung disease among San Mateo County seniors since 1998. On the other hand, the proportion of seniors with arthritis and chronic heart disease is **down significantly**.⁴⁰³



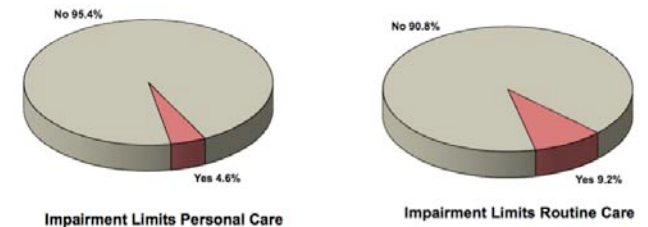
Mental Health

- 4.0% of seniors report that they have a history of mental illness, although 23.8% of seniors have experienced periods of depression lasting two or more years.⁴⁰⁴
- 21.2% of seniors have sought help for a mental or emotional problem in the past.⁴⁰⁵
- 11.5% of seniors have someone for emotional support “little” or “none” of the time.⁴⁰⁶

Activity Limitations

- 4.6% of seniors report some type of impairment which requires help with their personal needs, and 9.2% report an activity limitation requiring help with their routine needs.⁴⁰⁷

Prevalence of Activity Limitations Among Seniors San Mateo County Respondents Aged 65+; 2013



Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents aged 65+.

- Seniors report an average of 3.0 days in the preceding month on which pain has made it difficult for them to do their usual activities, such as self care, work or recreation (74.3% reported no days). This average compares to 3.2 days in 2008.⁴⁰⁸

MORTALITY

Leading Causes of Death

- Cancer and Heart disease are the leading causes of death in the county, accounting for 1,217 and 1,178 deaths in 2010, respectively. The third-leading cause of death was respiratory disease, accounting for 296 deaths. Cerebrovascular disease, Alzheimer's disease, and pneumonia/influenza were the fourth, fifth, and sixth leading causes of death, respectively.

Since 1990, numbers of deaths attributable to heart disease, stroke, liver disease, AIDS, homicide and atherosclerosis all declined. Conversely, deaths attributable to respiratory disease, pneumonia and influenza, diabetes mellitus, Parkinson's disease, and infectious disease increased.⁴⁰⁹

**Frequency of Deaths by Cause and Year
Leading and Selected Causes of Death
San Mateo County, 1990-2010**

Rank	Cause of Death	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
1	Heart Disease	1430	1414	1382	1496	1399	1437	1471	1457	1434	1422	1267	1331	1269	1291	1244	1249	1254	1163	1125	1174	1178
2	Cancer	1250	1256	1262	1218	1237	1297	1279	1217	1320	1263	1280	1236	1227	1222	1236	1206	1163	1188	1138	1195	1217
3	Cerebrovascular Disease	482	447	459	500	494	490	519	485	475	495	471	449	428	407	394	359	331	275	289	265	288
4	Respiratory Disease	272	269	257	288	300	276	266	263	286	366	311	352	333	324	319	310	299	299	279	276	296
5	Pneumonia & Influenza	175	164	180	182	190	204	193	226	269	202	196	187	232	217	201	198	205	202	193	182	180
6	Unintentional Injury	170	132	140	150	141	166	142	150	121	154	145	133	160	185	170	146	200	166	183	177	151
7	Alzheimer's Disease	62	54	69	62	71	76	70	68	89	118	113	132	151	166	143	160	174	174	248	284	269
8	Diabetes Mellitus	59	57	68	73	89	100	96	99	119	110	103	94	100	114	80	115	91	110	84	92	99
9	Liver Disease	105	104	111	102	109	110	90	100	78	60	60	71	80	77	91	77	67	107	97	103	83
10	Suicide	66	73	79	90	67	87	78	62	78	64	53	61	41	70	64	72	49	89	71	63	70
11	AIDS	89	106	104	127	124	107	83	22	13	17	10	27	24	21	18	18	23	10	9	11	8
12	Infectious Disease	49	59	48	59	49	57	59	59	44	62	55	57	44	54	34	56	54	77	80	84	72
13	Parkinson's Disease	29	22	25	27	26	32	29	27	21	32	39	43	38	38	49	47	64	46	42	47	57
14	Homicide	40	47	49	40	33	44	21	30	30	22	14	20	22	29	29	39	31	18	25	18	23
15	Atherosclerosis	37	43	26	39	37	29	36	36	36	30	16	21	19	23	22	25	13	12	7	8	1

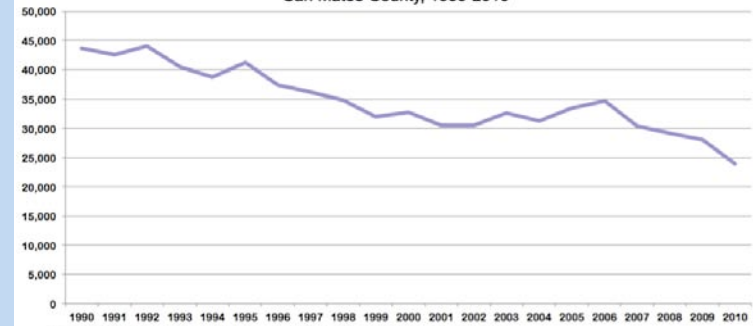
Source: • California Department of Health Services, Center for Health Statistics, Death Records, 1990-2010.

Years of Potential Life Lost

Years of potential life lost (YPLL) is an important indicator for the aggregate impact of early deaths on population dynamics and productivity. It is a measure, by death category, of the number years of life cut short, relative to the average life expectancy of the population (75 years was used for this report).⁴¹⁰

- The total number of YPLL for all causes has declined from 43,674 in 1990 to 23,914 in 2010 in San Mateo County.⁴¹¹

**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

- In 2010, cancer deaths accounted for 37.1% of all YPLL in the county, while heart disease accounted for 17.5%, and unintentional injuries accounted for 11.6%.⁴¹²

Annual Rates of Years of Potential Life Lost San Mateo County, 1990-2010

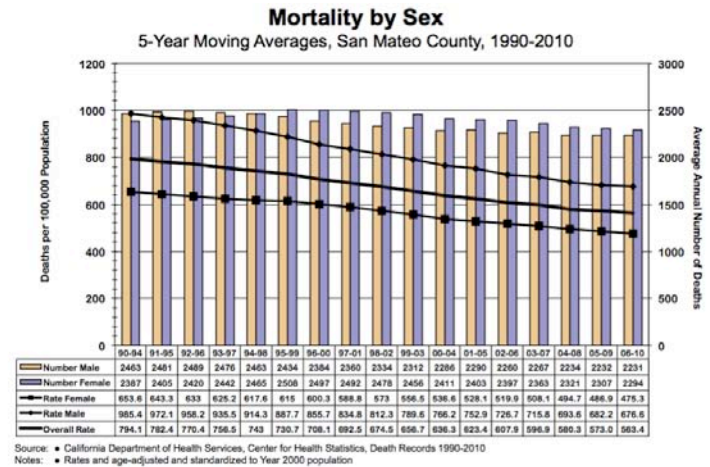
Rate	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Cancer	174.2	172.9	171.4	161.1	159.7	167.3	165.8	165.5	156.2	133.9	129.4	126.5	145.3	138.4	138.8	137.4	124.9	113.3	112.9	107.3	123.4
Cardiovascular	20.3	20.7	20.3	24.2	16.8	21.2	19.8	18.2	20.2	18.9	20.2	15.7	13.2	13.8	17.5	16.5	18.9	12.8	13.4	8.8	11.6
Diabetes	9.1	7.6	8.3	8.3	7.8	12.1	10.0	7.5	11.5	10.6	9.7	9.4	8.4	8.4	8.2	10.8	4.7	7.3	4.9	4.5	8.1
Heart Disease	99.3	100.2	98.5	94.9	85.0	80.4	83.3	75.8	80.7	79.3	74.7	73.0	68.0	73.1	71.1	68.7	94.7	65.7	60.3	52.9	58.2
HIV/AIDS	44.5	51.2	55.0	64.2	63.6	51.7	41.3	11.6	6.4	7.1	5.3	11.5	10.2	9.4	8.7	6.3	9.0	3.5	2.6	3.3	3.4
Homicide	28.0	32.4	36.2	26.3	24.8	30.1	12.5	21.9	17.7	11.2	8.6	11.4	16.3	21.0	19.2	26.2	17.0	12.6	17.0	10.0	15.4
Infectious Diseases	11.3	11.4	8.6	13.0	8.2	17.0	15.1	10.4	7.5	11.2	10.7	12.5	6.2	8.4	4.4	6.5	6.6	9.2	10.0	8.1	5.9
Liver Disease	27.5	30.7	27.5	27.2	29.1	25.6	22.6	23.2	16.9	12.6	14.2	15.2	18.6	18.0	22.2	17.3	12.8	20.8	21.3	25.2	15.9
Pneumonia & Influenza	10.2	8.6	9.5	14.3	8.5	12.4	9.8	13.2	13.4	8.4	10.0	5.0	7.5	7.8	4.6	7.9	10.4	4.5	7.4	9.3	5.7
Respiratory Disease	20.2	23.3	15.1	24.1	18.9	17.8	11.9	17.2	20.1	15.5	15.7	14.7	12.3	13.6	11.4	9.9	11.6	13.0	11.5	8.1	23.0
Suicide	31.4	30.0	37.0	38.9	34.9	37.0	36.7	26.5	34.8	25.9	22.5	16.9	17.6	26.5	26.1	26.7	20.8	26.6	23.6	24.4	23.0
Unintentional Injury	89.1	66.9	79.7	64.2	60.6	72.6	61.2	55.8	45.0	58.6	54.8	47.7	59.0	62.6	55.9	52.5	59.7	59.9	52.2	38.7	38.7
All Causes	705.2	683.2	701.1	640.5	608.4	642.3	579.8	555.6	531.9	485.4	493.0	460.1	464.8	497.4	476.9	511.5	508.7	441.9	419.7	382.2	332.6

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

Age-Adjusted Death Rates

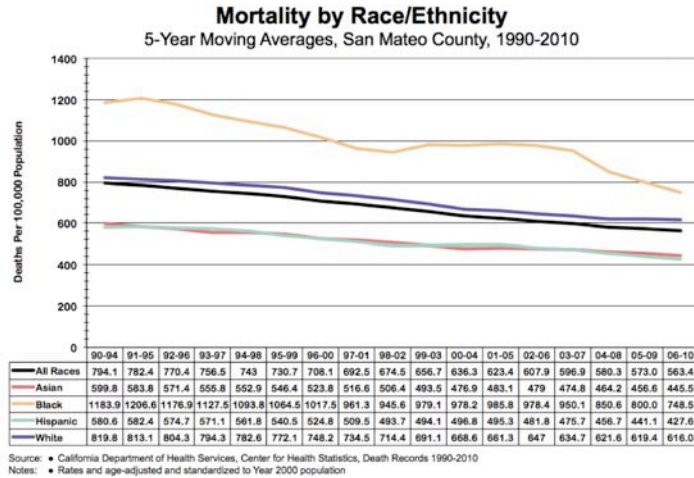
An age-adjusted rate is a summary measure that reflects what the overall rate of a disease or condition *would be* in a population *if that population were to have the same age distribution structure as the standard population*. The rationale for age-adjustment is to allow comparability of rates between different populations. When disease rates of different populations are adjusted to the same population standard, the rates can be compared directly to each other. Because age influences many health-related conditions and outcomes, and because different populations have different age structures, age-adjustment of disease occurrence allows comparisons to benchmarks.⁴¹³

Death Rate for All Causes



- The annual average San Mateo County age-adjusted death rate (all causes) declined from 794.1 during 1990–1994 to 563.4 during 2006–2010. The average annual male rate (676.6) during 2006–2010 was 42.4% greater than the female rate (475.3).⁴¹⁴

- Overall mortality rates differ by race/ethnicity. The five-year moving average mortality rate for Blacks has consistently remained higher than for other racial/ethnic groups. Still, between 1990–1994 and 2006–2010, the rate for Blacks declined 36.8%, compared with 26.4% for Hispanics, 25.7% for Asians, and 24.9% for Whites. The rates for Asians and Hispanics were similar in 2006–2010 and were significantly lower than rates for Blacks or Whites.⁴¹⁵



Death Rates for Selected Causes

- The following chart further shows the 2008–2010 age-adjusted death rates for selected causes of death in San Mateo County, compared to statewide rates and Healthy People 2020 targets. In particular, note the following:⁴¹⁶
 - San Mateo County death rates for most of these causes compare favorably to statewide rates, and many meet or are close to meeting many of the Healthy People 2020 targets.
 - The county's cancer rate (including female breast cancer) is similar to statewide rates and has yet to satisfy the Healthy People 2020 objective.

- The county's drug-related, firearm-related, suicide, and homicide death rates are all below statewide rates, but each has yet to satisfy the corresponding Healthy People 2020 target.

Age Adjusted Death Rates by Selected Causes				
2008–2010				
	San Mateo County	California	2020 Objective	Rank Among 58 Counties (1=Best)
ALL CANCERS	161.2	173.2	160.6	22
LUNG CANCER	35.6	48.5	45.5	11
FEMALE BREAST CANCER	24.6	22.3	20.6	24
CORONARY HEART DISEASE	103.9	126.0	100.8	8
CVD (STROKE)	38.2	38.9	33.8	18
DIABETES	12.5	20.9	65.8	13
VEHICLE TRAFFIC CRASHES	4.7	11.7	12.4	4
SUICIDE	9.3	11.8	10.2	10
DRUG-INDUCED DEATHS	7.4	12.6	11.3	6
FIREARM-RELATED DEATHS	5.8	10.1	9.2	13
HOMICIDE	3.0	5.5	5.5	29

*rates are per 100,000 population (100,000 females for breast cancer) and standardized to 2010 census population values.

Source: California Department of Public Health, County Health Profiles.

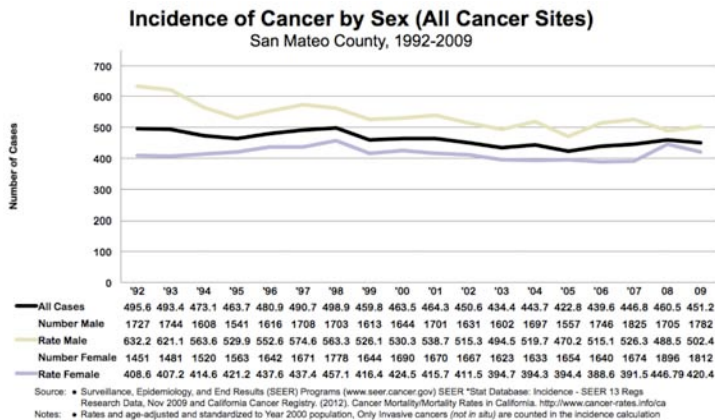
CANCER

Cancer Rates

Population disease indicators include both incidence and prevalence measures. *Incidence* describes the number of new cases that occur in a population during a specified period of time (e.g., per year). *Prevalence*, on the other hand, quantifies the proportion of individuals in a population who are diseased at a specific point in time (including both new and previously diagnosed cases). Thus, prevalence is affected by the incidence rate and the duration of disease.

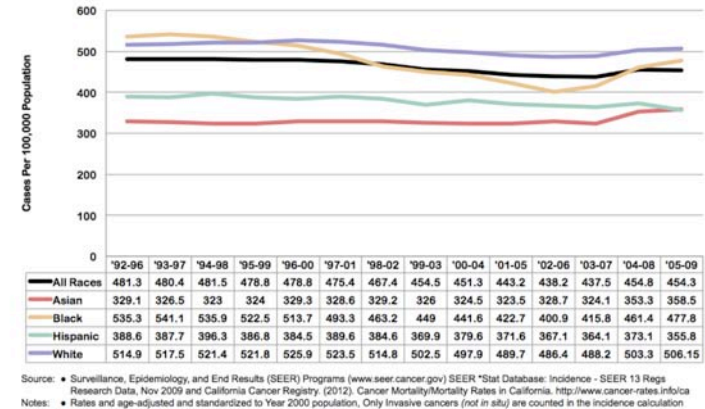
Cancer Incidence

- The incidence rate of all types of cancer decreased from 495.6 in 1992 to 451.2 in 2009. In the county and nationwide, the rate of cancer has remained consistently higher in males than in females.⁴¹⁷



- The incidence of cancer has consistently been significantly lower among Asians compared to other race/ethnicities; however, recently, rates in Asians have slightly surpassed those in Hispanics. More recently, the highest rates of cancer occurred among Whites, followed by Blacks. The incidence rate of cancer remained relatively stable for all race/ethnicities except among Blacks.⁴¹⁸

Incidence of Cancer by Race/Ethnicity (All Cancer Sites)
5-Year Moving Averages, San Mateo County, 1992-2009



Most Common Types of Cancers

- From 2000–2009 the four most prevalent cancers were female breast, prostate, lung, and colon/rectum. Breast cancer was the most prevalent and had the highest incidence rate. From 2005–2009 the breast cancer incidence rate was 180.8 (females only). Prostate cancer was the second-most prevalent and the incidence rate among males was 154.5. Lung and colorectal cancers were the third and fourth most prevalent, with incidence rates of 50.2 and 46.6, respectively. The fifth most common cancer was skin cancer (40.2).⁴¹⁹

Incidence of Cancer by Selected Cancer Type Cumulative Data, San Mateo County, 2000-2009

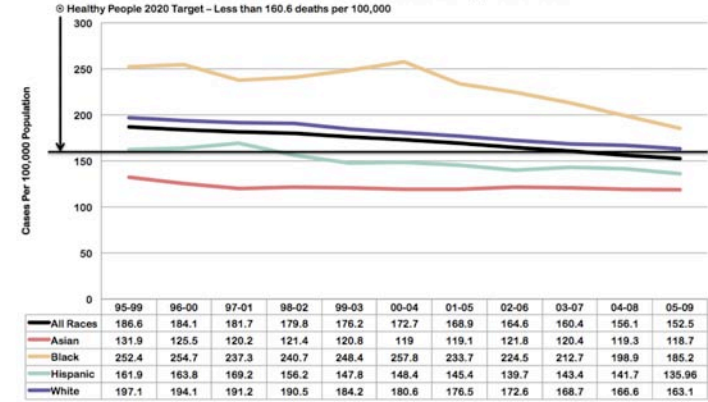
Type of Cancer	Total Cases 2000-2004	Total Cases 2005-2009	Average Annual Number 2000-2004	Average Annual Number 2005-2009	Age-Adjusted Rate (95% CI) 2005-2009
Breast (not in situ & in situ)*	3662	3746	732	749	180.8 (175.0 - 186.8)
Breast (in situ)*	816	856	163	171	41.7 (38.9 - 44.6)
Prostate*	2421	2643	484	529	154.5 (148.6 - 160.6)
Lung & Bronchus	1931	1910	386	382	50.2 (50.0 - 52.6)
Colorectal	1855	1798	371	360	46.8 (44.5 - 48.9)
Skin	1240	1555	248	311	40.2 (38.2 - 42.3)
NH Lymphoma	774	826	155	165	21.7 (20.3 - 23.3)
Bladder	720	759	144	152	19.9 (18.5 - 21.3)
Uterine*	490	529	98	106	25.0 (22.9 - 27.3)
Kidney	439	524	88	105	13.9 (12.7 - 15.1)
Pancreatic	411	463	82	93	12.0 (10.9 - 13.1)
Leukemia	454	452	91	90	12.1 (11.0 - 13.3)
Oropharyngeal	403	434	81	87	11.1 (10.1 - 12.2)
Liver	237	362	47	72	9.2 (8.3 - 10.2)
Thyroid	280	346	56	69	9.1 (8.2 - 10.2)
Stomach	319	309	64	62	8.0 (7.1 - 8.9)
Ovarian*	296	287	59	57	13.9 (12.3 - 15.7)
Brain	202	219	40	44	5.8 (5.1 - 6.7)
Multiple Myeloma	198	205	40	41	5.3 (4.6 - 6.1)
Esophageal	157	119	31	24	3.1 (2.6 - 3.7)
Hodgkin's Lymphoma	73	111	16	22	3.1 (2.6 - 3.8)
Cervical*	123	110	25	22	5.7 (4.7 - 6.9)

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>
 Notes: • Rates and age-adjusted and standardized to Year 2000 population and are cumulative for a 5-year period per 100,000 population. Sex specific counts for Prostate, Breast and Ovarian Cancers.

Cancer Deaths

- Overall cancer mortality rates in San Mateo County declined slightly from 1990–1994 to 2005–2009. The average mortality rates in San Mateo County met the Healthy People 2020 target of 160.6 in 2004–2008.
- 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>
 Notes: • Rates and age-adjusted and standardized to Year 2000 population

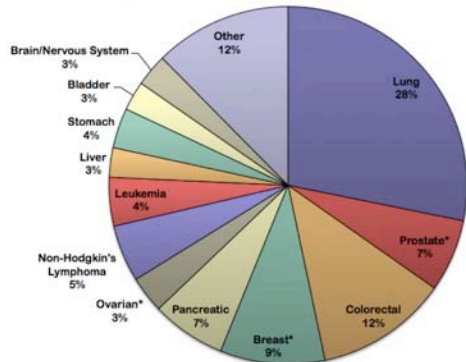
- The largest cause of cancer death from 1990–2009 was lung cancer, with an annual average number of 304 deaths during this time. The second-largest cause of cancer death was colorectal cancer (129 annual average deaths during 1990–2004), followed by breast cancer (102) and pancreatic cancer (73).⁴²⁰

Cancer Mortality by Selected Cancer Type Cumulative Data, San Mateo County, 1990-2009

Type of Cancer	Total Deaths 1990-2009	Average Annual Number	Age-Adjusted Rate 2005-2009
Lung	6088	304	35.8
Prostate*	1418	71	19.9
Colorectal	2576	129	15.0
Breast*	2046	102	11.9
Pancreatic	1451	73	10.3
Ovarian*	716	36	8.2
Non-Hodgkin's Lymphoma	1110	56	6.9
Leukemia	951	48	6.2
Liver	575	29	4.8
Stomach	783	39	4.1
Bladder	573	29	4.0
Brain/Nervous System	632	32	3.9
Kidney	453	23	3.1
Skin	466	23	3.0
Oropharyngeal	455	23	2.6
Multiple Myeloma	447	22	2.5
Esophageal	505	25	2.4
Uterine*	149	7	1.8
Cervical*	128	6	1.1
Thyroid	76	4	0.6

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>
Notes: • Rates and age-adjusted and standardized to Year 2000 population; Sex-specific mortality rates for Prostate, Ovarian and Breast Cancers.

Cancer Mortality by Selected Cancer Type Cumulative Data, San Mateo County, 1990-2009



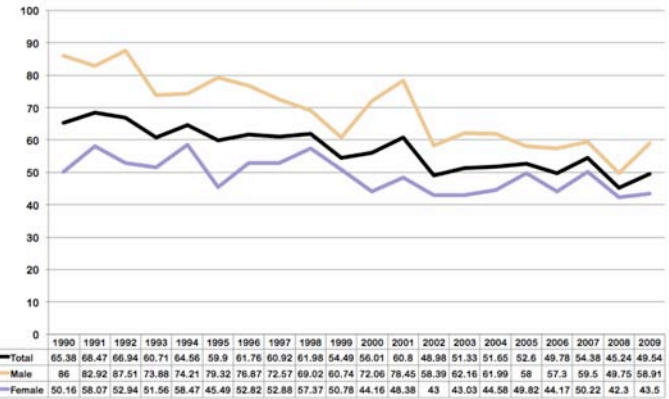
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Notes: • Rates and age-adjusted and standardized to Year 2000 population; Sex-specific mortality rates for Prostate, Ovarian and Breast Cancers.

Lung Cancer

Lung Cancer Incidence

- The overall incidence rate of lung cancer has declined over the past two decades.

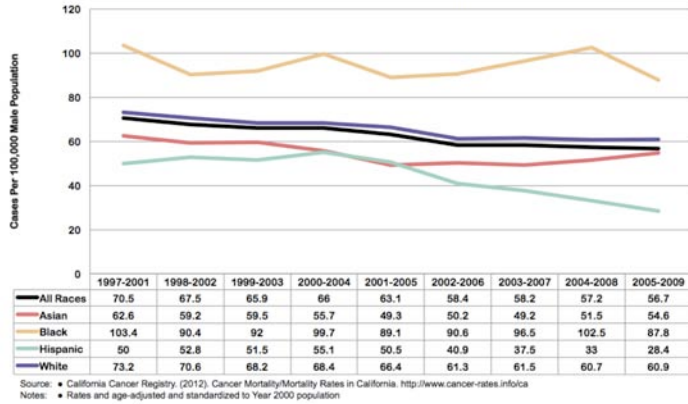
Incidence of Lung Cancer by Sex San Mateo County, 1990-2009



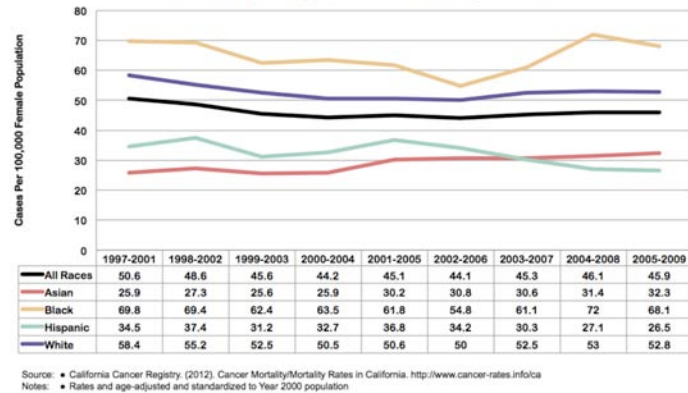
Source: • California Cancer Registry (2012). Cancer Mortality/Mortality Rates in California. <http://www.cancer-rates.info/ca>
Notes: • Rates and age-adjusted and standardized to Year 2000 population

- The overall incidence rate of lung cancer for 2005–2009 was significantly higher in males than in females; however, incidence rates have declined more dramatically in males in recent years.⁴²¹

Incidence of Male Lung Cancer by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1997-2009



Incidence of Female Lung Cancer by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1997-2009



- Among males the lowest rates of lung cancer were in Asians and Hispanics. Black males consistently had much higher incidence rates than White males.⁴²²
- Among females the lowest rates of lung cancer were in Asians and Hispanics. In recent years, Black females have exhibited an overall significant increase in lung cancer incidence, with rates remaining higher than White females.⁴²³

Tobacco Use

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.⁴²⁴

Tobacco use is responsible for more than 443,000 deaths per year among adults in the United States [about 20% of all deaths]. If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. In addition, tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity.⁴²⁵

Evidence is accumulating that shows maternal tobacco use is associated with premature birth, low birth weight, stillbirth and infant death. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 49,000 deaths are the result of secondhand smoke exposure.⁴²⁶

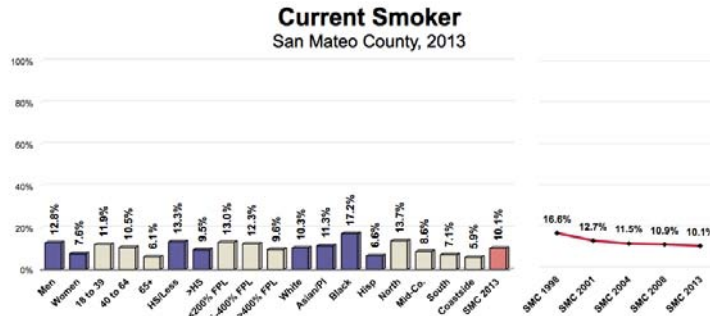
Further note:

- Estimated proportion of deaths attributable to smoking in San Mateo County in 2003-2004: 25.0%⁴²⁷
- Costs of tobacco use:⁴²⁸
 - Average retail price of a pack of cigarettes in California (taxes included): \$5.17
 - California state cigarette and sales taxes per pack: \$1.22

- Smoking attributable medical costs in California per pack of cigarettes sold: \$11.71

Tobacco is the single-most important preventable cause of death in the United States. Tobacco is one of the leading non-genetic external risk behaviors, and is a major risk factor for numerous heart and lung diseases and cancers. Note the following findings of the 2013 San Mateo County Health & Quality of Life Survey:

- 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%).⁴²⁹



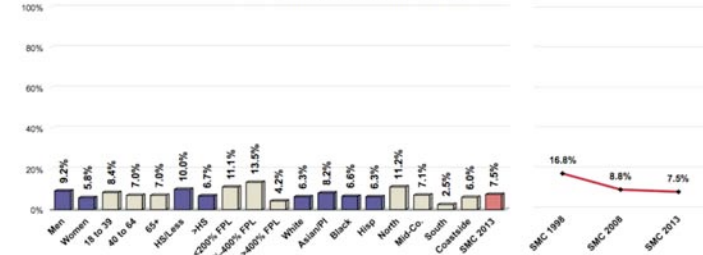
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (everyday and some days).
 • Hispanics can be of any race. Other race categories are non-Hispanic 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.

- Among current smokers, 95.5% say they smoke 20 cigarettes (1 pack) or fewer per day, while 4.5% smoke more than a pack a day (unchanged from 2008 findings).⁴³⁰
- Current smokers report smoking an average of 10.4 cigarettes per day.⁴³¹
- 43.7% of current smokers report that their physician or other health care provider has referred them to a program to help them quit smoking (comparable to the 44.3% reported in 2008).⁴³²

- Most smokers (76.4%) know of at least one service or program to help them quit smoking.

- Of all respondents, 7.5% report that they or another member of their household currently smokes in their home (*lower* than 1998 findings).⁴³³

Member of Household Currently Smokes in the Home
San Mateo County, 2013

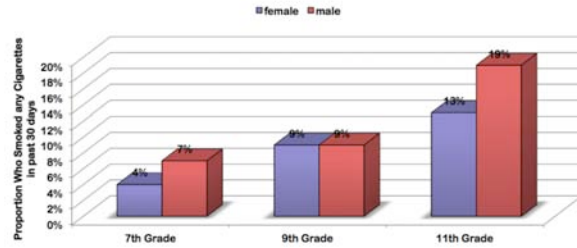


Sources: • 1998/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
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 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

Cigarette Smoking Among Adolescents

From 2007–09, smoking rates were higher with increasing grade levels. Smoking rates tended to be higher among boys.

Cigarette Smoking among Adolescents by Gender San Mateo County, 2007-2009



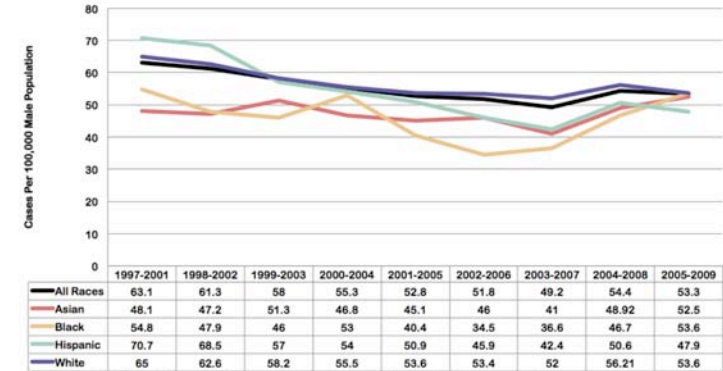
Source: California Healthy Kids Survey, 2007-2009.

Colorectal Cancer

Colorectal Cancer Incidence & Mortality

- Overall, the incidence of colorectal cancer is down from 1997.
- The colorectal cancer rate in males was significantly higher than in females in San Mateo County in 2005–2009.
- Historically, Asian and Black males had a significantly lower rate of colorectal cancer when compared to Hispanic and White males. In 2005–2009, rates among all races and ethnicities have converged around 53.3 cases with the exception of Hispanics who have a slightly lower rate.⁴³⁴

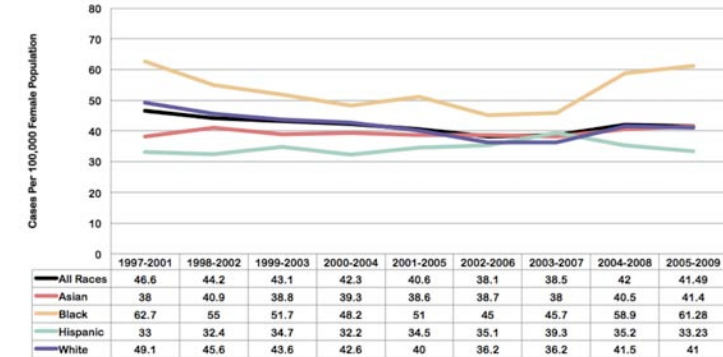
Incidence of Male Colorectal Cancer by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1997-2009



Source: California Cancer Registry. (2012). Cancer Mortality/Mortality Rates in California. <http://www.cancer-rates.info/ca>
Notes: Rates and age-adjusted and standardized to Year 2000 population

- From 1990 to 2004 the highest rates of colorectal cancer in females were in Blacks, while lower rates occurred in the Hispanic population.⁴³⁵

Incidence of Female Colorectal Cancer by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1997-2009

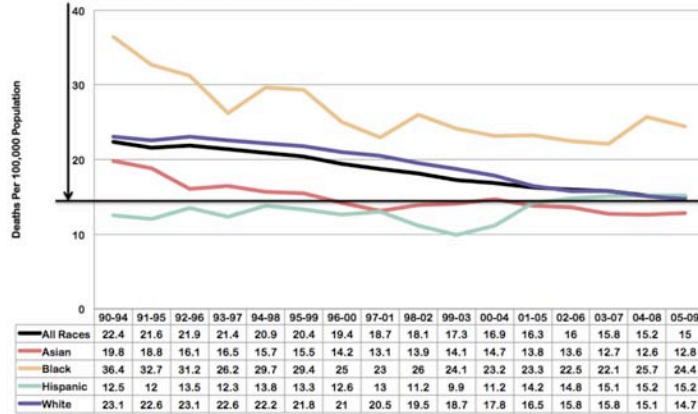


Source: California Cancer Registry. (2012). Cancer Mortality/Mortality Rates in California. <http://www.cancer-rates.info/ca>
Notes: Rates and age-adjusted and standardized to Year 2000 population

- Overall colorectal cancer mortality rates declined significantly from 22.4 in 1990–1994 to 15.0 in 2005–2009, a trend also observed nationally. Blacks have the highest rates. Only the colorectal cancer mortality rates for Asians currently satisfy the Healthy People 2020 objective (14.5).⁴³⁶

Colorectal Cancer Mortality by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1990-2009

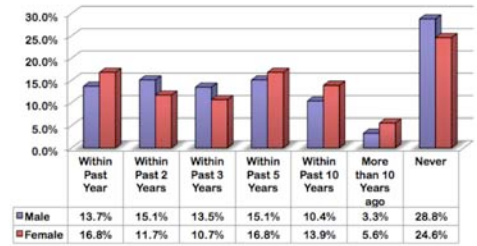
Healthy People 2020 Target – 14.5 deaths per 100,000



Source: California Cancer Registry, (2012). Cancer Mortality/Mortality Rates in California. <http://www.cancer-rates.info/cr>
Notes: Rates and age-adjusted and standardized to Year 2000 population.

- Overall, slightly more women than men have been screened for colorectal cancer, with 28.8% of men reporting that they have never been screened, and 24.6% of women reporting the same.⁴³⁷

Colorectal Cancer Screening by Sex San Mateo County, 2013



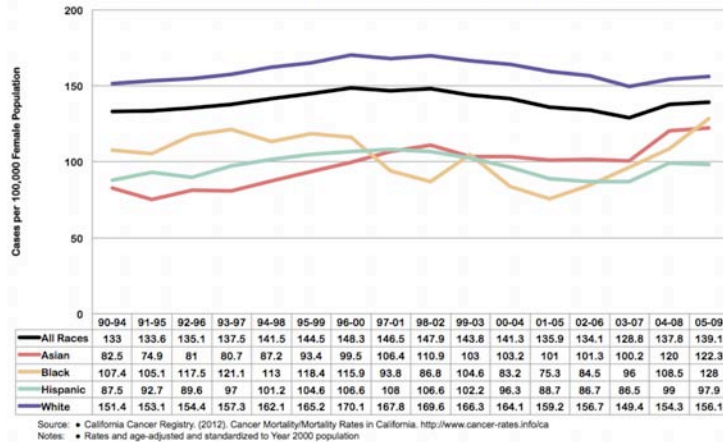
Source: 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Female Breast Cancer

Female Breast Cancer Incidence

- Breast Cancer incidence increased in the 1990s, followed by a decline in the first half of the 2000s. Incidence has risen again in recent years. The racial and ethnic incidence of breast cancer has shifted in recent years, with rates increasing in Black women, surpassing Asian and Hispanic women for the first time since 1999–2003.⁴³⁸

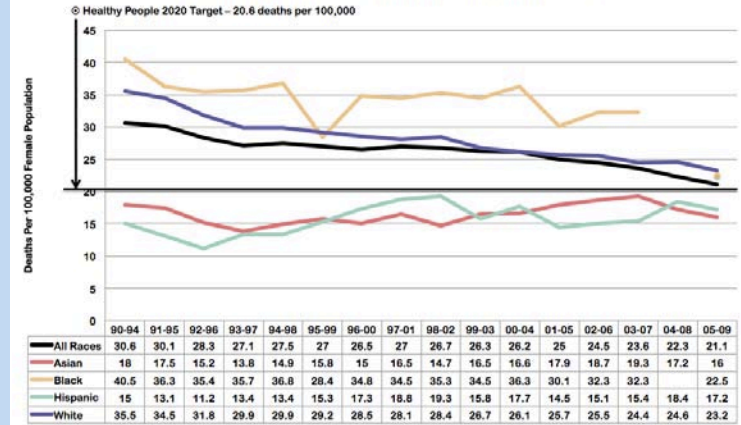
Incidence of Female Breast Cancer by Race/Ethnicity
5-Year Moving Averages, San Mateo County, 1990-2009



Female Breast Cancer Deaths

- The Healthy People 2020 target for female breast cancer mortality is 20.6 deaths per 100,000 women. Overall, the mortality rate declined from 30.6 in 1990–1994 to 21.1 in 2005–2009. The highest average rates were in White females and Black females, conversely the lowest average rates were among Hispanic and Asian females. Although Asian and Hispanic women have rates below the Healthy People 2020 threshold, San Mateo County as a whole has not met this objective.^{439 440}

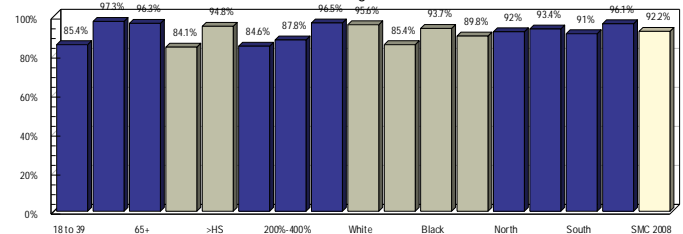
Female Breast Cancer Mortality by Race/Ethnicity
5-Year Moving Averages, San Mateo County, 1990-2009



Breast Self Exams

- In the 2008 San Mateo County Health & Quality of Life Survey, 92.2% of women knew how to perform a breast self exam. Awareness is highest among women 40 and older, those at higher education and income levels, Whites, and Coastside women.⁴⁴¹

Know How to Perform a Breast Self Exam
Among Women

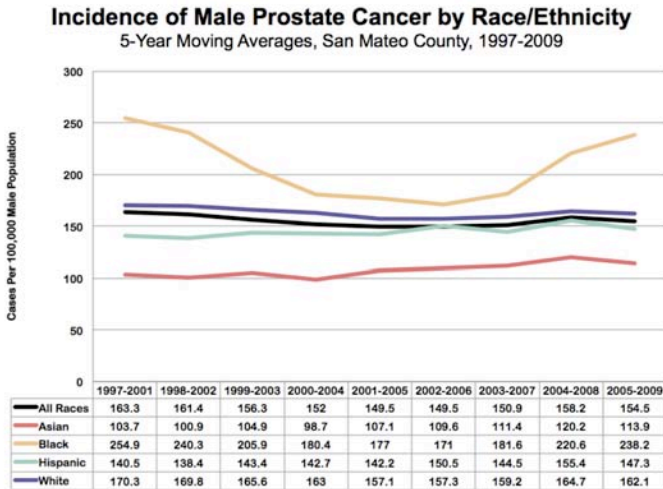


Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).

Prostate Cancer

Prostate Cancer Incidence

- The overall rate of prostate cancer in San Mateo County has declined in the past 2 decades, averaging 154.5 from 2005–2009, down from 177.5 in 1990–1994. Prostate rates for Blacks declined from the 1990–1994 period, however, rates in recent years have increased. Prostate cancer rates for other specific race/ethnicities have remained stable in San Mateo County for the past decade.⁴⁴²

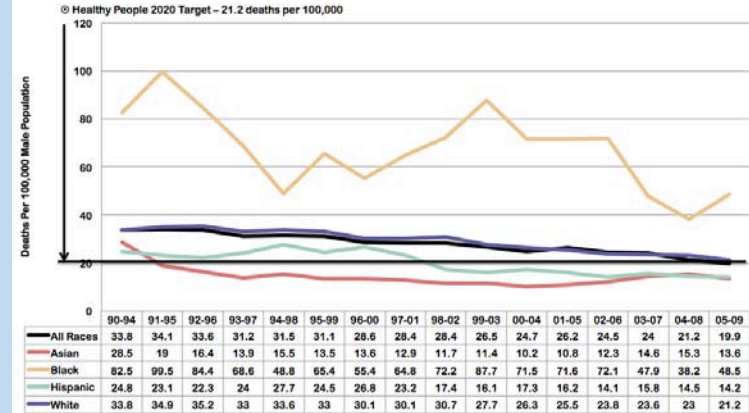


Source: • California Cancer Registry. (2012). Cancer Mortality/Mortality Rates in California. <http://www.cancer-rates.info/ca>
Notes: • Rates and age-adjusted and standardized to Year 2000 population

- In San Mateo County, the mortality rate due to prostate cancer in males has declined in the previous two decades. In San Mateo County from 2002–2006, the average overall mortality rate meets the Healthy People 2020 target of 21.2 deaths. Black males have consistently had the highest prostate cancer mortality rates in comparison with males of other race/ethnicities in San Mateo County.⁴⁴³

Male Prostate Cancer Mortality by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2009



Source: • California Cancer Registry. (2012). Cancer Mortality/Mortality Rates in California. <http://www.cancer-rates.info/ca>
Notes: • Rates and age-adjusted and standardized to Year 2000 population

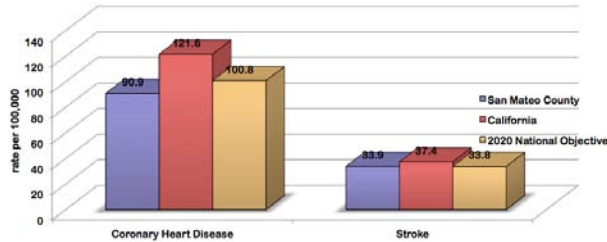
HEART DISEASE & STROKE

Heart Disease & Stroke Deaths

Heart Disease Deaths

- While the coronary heart disease death rate in San Mateo County is well below the statewide rate and satisfies the Healthy People 2020 target, heart disease remains a leading cause of death in the county. Stroke, which shares many of the same risk factors as heart disease, is slightly lower in prevalence at the county level than the state level. San Mateo County meets the objective for coronary heart disease deaths, and slightly exceeds the objective for stroke deaths.⁴⁴⁴

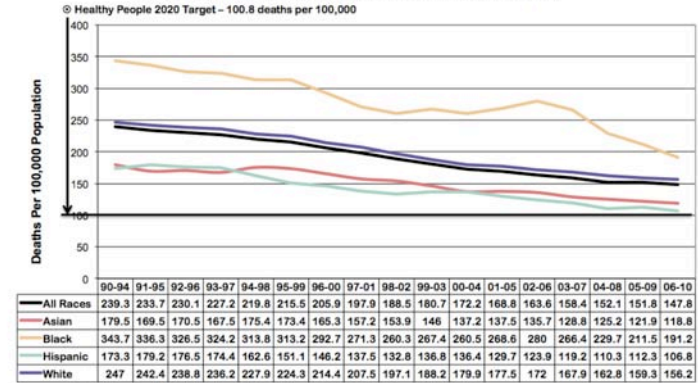
Age-Adjusted Coronary Heart Disease and Stroke Death Rates
San Mateo County, 2008-2010



Source: California Department of Public Health, County Health Profiles, 2012.

- 2006–2010 San Mateo County rate for all heart disease (147.8, including coronary heart disease and other disease of the heart) does not meet the Healthy People 2020 goal of 100.8. Because heart disease accounts for 1 in 4 deaths in San Mateo County, it heavily influences the overall mortality rate. Thus, the heart disease mortality rates also decreased from 1990–1994 to 2006–2010, and the 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 2006–2010.⁴⁴⁵

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

Cerebrovascular Disease (Stroke) Deaths

- 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 2006–2010.⁴⁴⁶
- 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.⁴⁴⁷

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

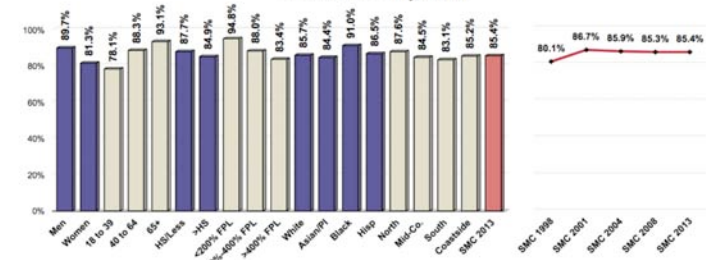


Source: California Department of Health Services, Center for Health Statistics, Death Records 1990-2010
Notes: Rates and age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 1.0588

Cardiovascular Risk Factors

- 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 1998.⁴⁴⁸
- 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



Source: 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.

High Blood Pressure

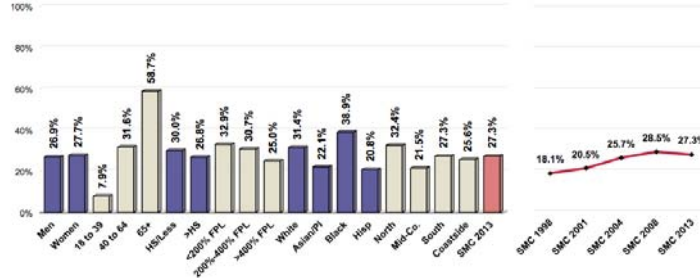
High blood pressure is known as the "silent killer" and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 67 million adults in the United States have high blood pressure.⁴⁴⁹

- 93.8% of San Mateo County adults responding to the 2013 San Mateo County Health & Quality of Life Survey report that they have had their blood pressure taken by a doctor, nurse or other health care professional

within the past two years. This testing prevalence is comparable to the Healthy People 2020 target ($\geq 94.9\%$).⁴⁵⁰

- A total of 27.3% of San Mateo County adults say they have been told more than once by a health care professional that they have high blood pressure. Though this prevalence is statistically similar to the national prevalence (25.5%) and meets the Healthy People 2020 target ($\leq 26.9\%$)⁴⁵¹, it has *increased significantly* in San Mateo County since the 1998 survey.
- High blood pressure is most prevalent in San Mateo County among seniors (58.7% among those aged 65 and older), adults living below the 200% threshold (32.9%), Whites (31.4%), Blacks (38.9%), and North County residents (32.4%).⁴⁵²

Told More Than Once That Blood Pressure Was High
San Mateo County, 2013



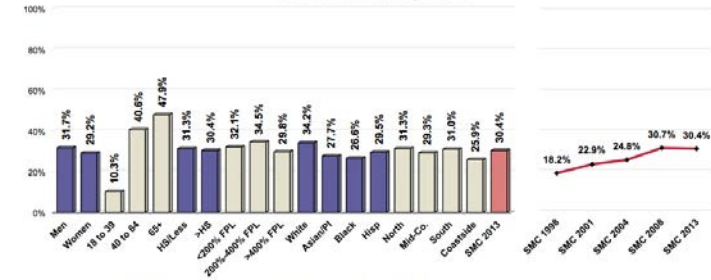
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

High Blood Cholesterol

High blood cholesterol levels are a significant contributor to heart disease:

- A total of 30.4% of San Mateo County adults report that a doctor or other health professional has diagnosed them with high blood cholesterol. This rate has *increased significantly* in the county since 1998 and is more than twice the Healthy People 2020 target ($\leq 13.5\%$).⁴⁵³
- High blood cholesterol affects more than 4 in 10 residents aged 40+ in San Mateo County.⁴⁵⁴

Have Been Told That Blood Cholesterol Was High
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.

Overweight Prevalence

While not a perfect predictor, Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.⁴⁵⁵

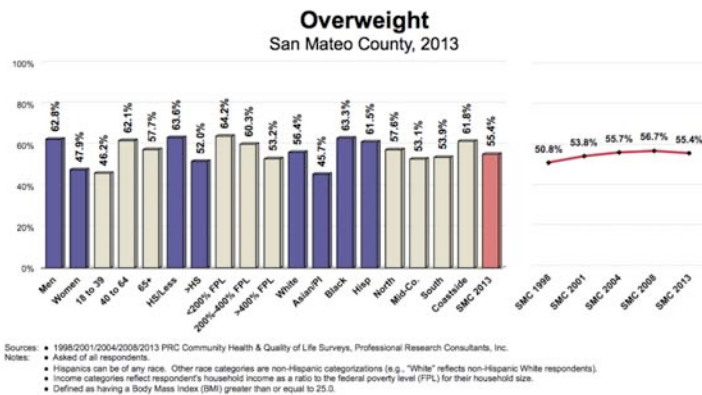
In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .⁴⁵⁶

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to cheap and abundant food. ⁴⁵⁷

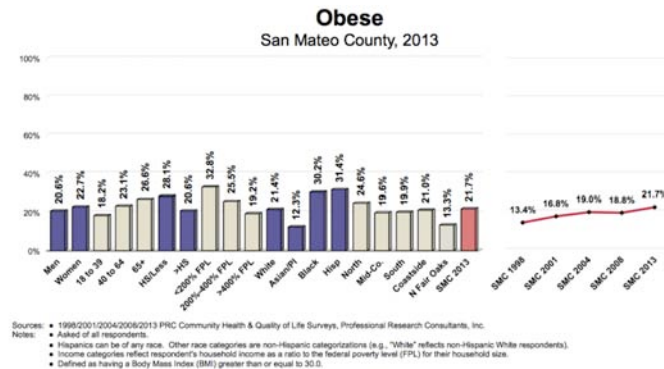
CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	
	BMI (kg/m ²)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obesity	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

- 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. Nationwide, however, an even higher proportion (66.9%) of adults are overweight.⁴⁵⁸

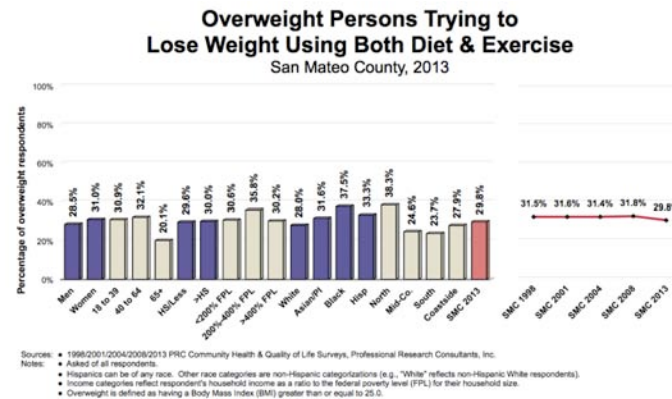


- Additionally, 21.7% of San Mateo County adults were found to be obese, having a body mass index of 30 or higher. This again represents a *significant increase* since 1998 (13.4%). The obesity prevalence increases with age and decreases with education and income levels. The prevalence is highest among Blacks and Hispanics, and is most often reported in the North County region.⁴⁵⁹



Trying to Lose Weight

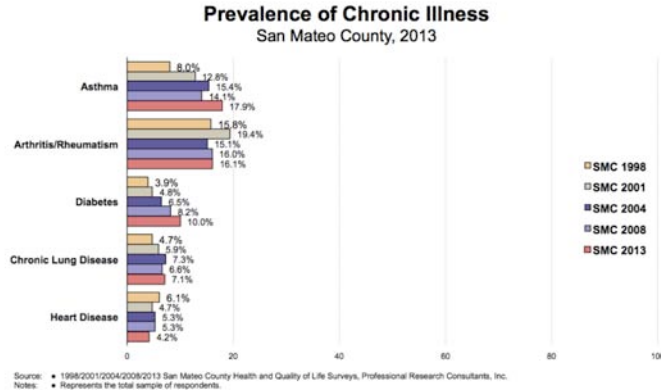
- In all, 29.8% of overweight adult respondents are currently trying to lose weight by using both diet and exercise to lose weight (similar to previous findings). Overweight persons more likely to use a combination of diet and exercise to lose weight include those under 65, Blacks, and residents of the North County area.⁴⁶⁰



CHRONIC DISEASE

Prevalence of Chronic Illness

- The 2013 San Mateo County Health & Quality of Life Survey found the following prevalence levels (the percentage of the population with a given condition at a single point in time) of selected chronic illnesses in San Mateo County among adults aged 18 and older, as compared to 1998, 2001, 2004 and 2008 survey findings. Note that, versus 1998 levels, *statistically significant increases in prevalence were found for asthma, chronic lung disease and diabetes.*⁴⁶¹



Diabetes

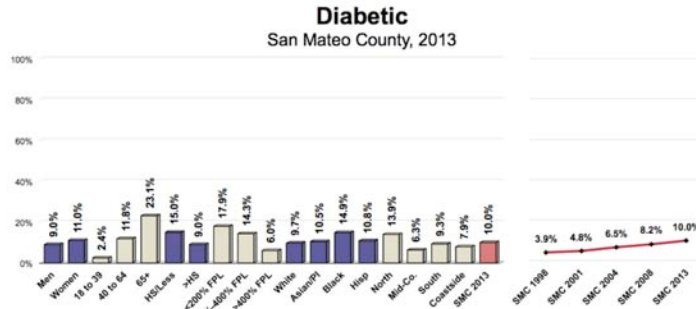
Type 1 diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age. Type 1 diabetes may account for 5% of all diagnosed cases of diabetes. Risk factors for type 1 diabetes may include autoimmune, genetic, and environmental factors.

Type 2 diabetes was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. Type 2 diabetes may account for about 90% to 95% of all diagnosed cases of diabetes. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or Other Pacific Islanders are at particularly high risk for type 2 diabetes. Type 2 diabetes is increasingly being diagnosed in children and adolescents.

Gestational diabetes is a form of glucose intolerance that is diagnosed in some women during pregnancy. Gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and American Indians. It is also more common among obese women and women with a family history of diabetes. During pregnancy, gestational diabetes requires treatment to normalize maternal blood glucose levels to avoid complications in the infant.

Other types of diabetes can result from specific genetic conditions, surgery, medications, infections, pancreatic disease, and other illnesses. Such types account for approximately 1% to 5% of all diagnosed cases.⁴⁶²

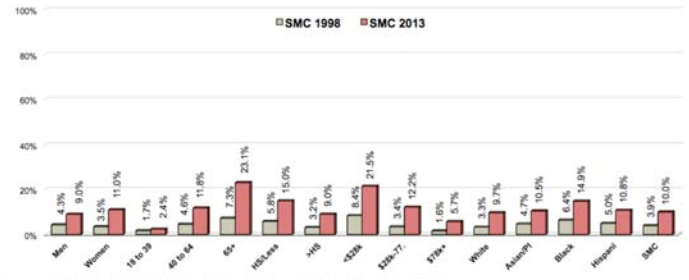
- The 2013 San Mateo County Health & Quality of Life Survey finds that 10.0% of the adult population has diabetes (excluding diabetes experienced only during pregnancy), representing approximately 57,130 San Mateo County adults. This percentage is **significantly higher** than the previous levels.⁴⁶³
- 2013 survey findings also show that diabetes prevalence increases considerably with age, ranging from 2.4% among young adults to 23.1% among those aged 65 and older. Black 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.⁴⁶⁴



Sources: • 1998/2001/2004/2008/2013 PHC 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.

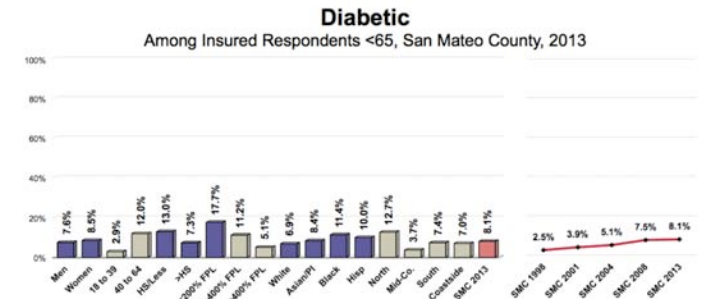
- Note the considerable increases in diabetes prevalence occurring within many of the population breakouts over time. In particular, the 65+ age segment and the segment earning less than \$28,000 per year realized considerably higher percentage increases.⁴⁶⁵

Trend in Diabetes By Demographic Characteristics, San Mateo County 1998 and 2013

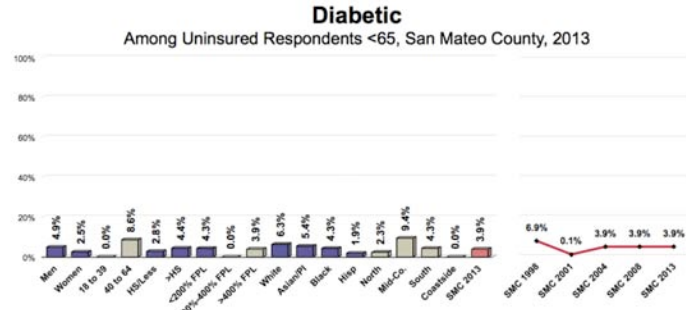


Sources: • 1998/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • *The 1998 and 2013 income breakouts differ slightly.

- The following two charts outline demographic findings among insured and uninsured populations aged 18 to 64 in San Mateo County. Note that sample sizes associated with some of these subgroups, particularly for the chart of uninsured findings, are quite small.⁴⁶⁶



Sources: • 1998/2001/2004/2008/2013 PHC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all insured 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.

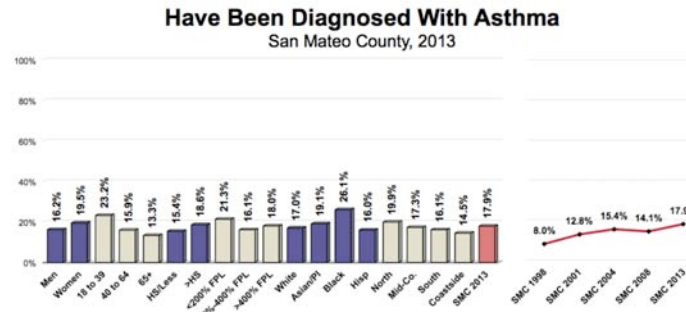


Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all uninsured respondents under 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic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

Asthma

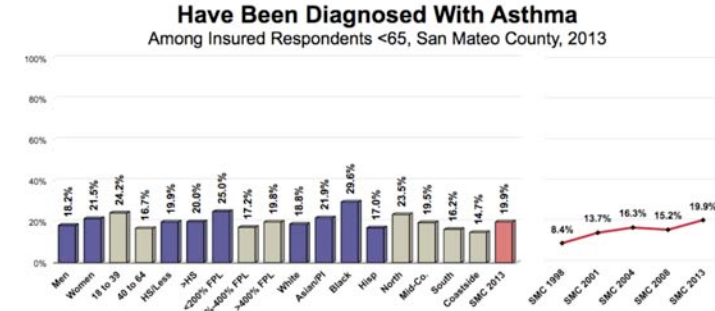
Adults with Asthma

- A total of 17.9% of 2013 survey respondents report having asthma, representing approximately 102,263 San Mateo County adults. This is a *significant increase* compared to the 8.0% reported in 1998. In San Mateo County, asthma appears to be more prevalent among young adults, Blacks, and residents in the North County region.⁴⁶⁷

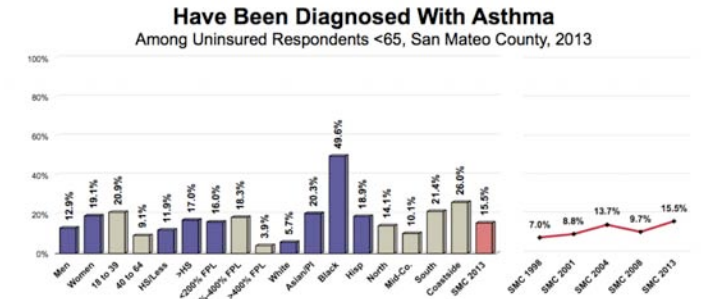


Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

- The following charts outline demographic findings among insured and uninsured populations aged 18 to 64 in the county. Note that sample sizes associated with some of these subgroups, particularly for the chart of uninsured findings, are quite small.⁴⁶⁸



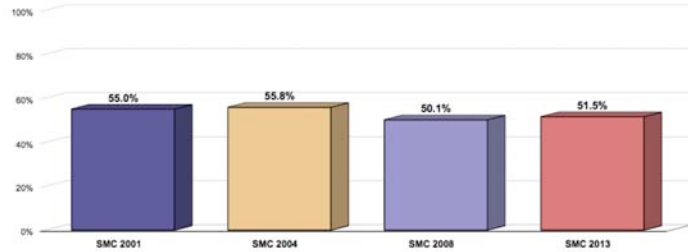
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all insured respondents under 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic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



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

- Among adult respondents with asthma, 51.5% have used a prescription medication in the past year to treat their asthma (comparable to previous years' findings).⁴⁶⁹

Took a Prescription Medication for Asthma in the Past Year San Mateo County Asthmatics

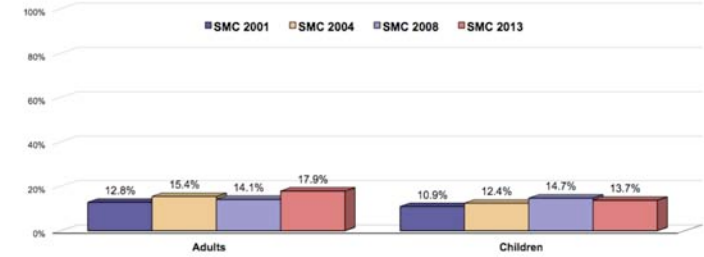


Sources: • 2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Represents all respondents who have been diagnosed with asthma.

Children with Asthma

- A total of 13.7% of San Mateo County children suffer from asthma, according to parents participating in the 2013 survey (*higher* than 2001 findings).⁴⁷⁰
- Furthermore, a total of 3.6% of San Mateo County children have sought urgent care or have been hospitalized for breathing problems or for asthma in the past year, according to parents participating in the 2013 survey. This is comparable to 3.9% reported in 2001 and 4.1% in 2008 (this question was not asked in the 1998 or 2004 surveys).⁴⁷¹

Prevalence of Asthma San Mateo County



Sources: • 2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Represents the total sample of respondents.

Avoidable Hospitalizations

“Avoidable hospitalizations” are defined by a set of conditions for which timely and effective ambulatory care can help prevent or avoid the need for hospitalization (Weissman et al. 1992).

- During 1992–2010, the top three causes of avoidable hospitalization were **pneumonia** (32,897 hospitalizations), **congestive heart failure** (31,024), and **cellulitis** (13,721).⁴⁷²

Avoidable Hospitalizations by Specific Diagnosis

Ranked by Cumulative Frequency, San Mateo County, 1992-2010

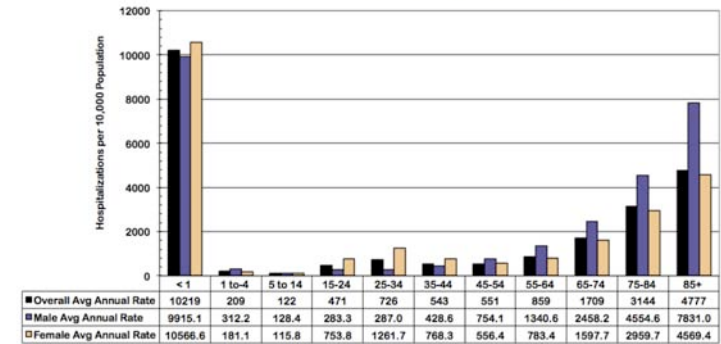
Specific Diagnosis Category	Total Avoidable Hospitalizations	Average Annual Number	Average Annual Rate Per 10,000 Pop
Pneumonia	32897	1731	24.5
Congestive Heart Failure	31024	1633	23.1
Cellulitis	13721	722	10.2
Perforated or Bleeding Ulcer	6700	353	5.0
Asthma	6501	342	4.8
Pyelonephritis	3828	201	2.8
Ruptured Appendix	3790	199	2.8
Diabetic Ketoacidosis or Coma	3137	165	2.3
Malignant Hypertension	685	36	0.5
Hypokalemia	557	29	0.4
Gangrene	158	8	0.1
Immunizable Conditions	101	5	0.1

Source: • California Office of Statewide Planning and Development, Patient Discharge Data, 2002-2010
Notes: • Rates are unadjusted

- The Majority of avoidable hospitalizations between 1992 and 2010 occurred in persons aged 65 years and older. Avoidable hospitalization rates were highest among the elderly and, more specifically, highest among those age 85 years and older. Among those under age 65, the average annual rate is highest among infants under 1 year (95.7) followed by those aged 55-64 (93.0). After age 44, rates of avoidable hospitalizations increase with age.⁴⁷³

Hospitalizations by Age Group and Sex

Average Annual Rate, San Mateo County, 1992-2010

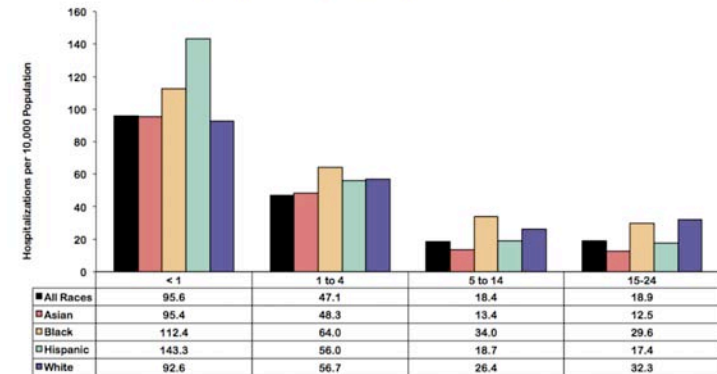


Source: • California Office of Statewide Planning and Development, Patient Discharge Data, 2002-2010
Notes: • Rates are unadjusted

- For races and ethnicities shown in the following charts, avoidable hospitalization rates are highest in Whites and Blacks for every age grouping except in infants one year of age or younger (for which Hispanics have a higher rate).⁴⁷⁴

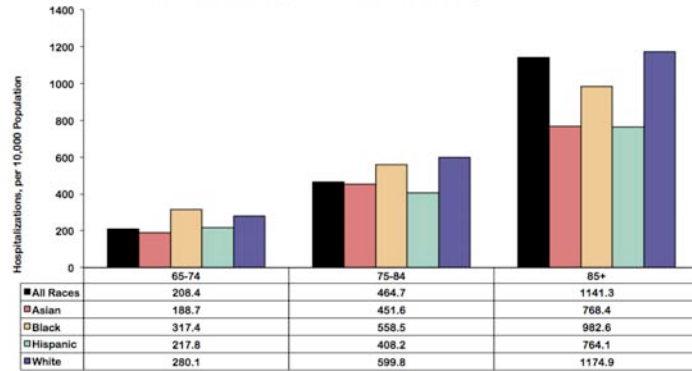
Avoidable Hospitalizations by Race/Ethnicity and Age Group

Cumulative Data Under 25 Years, San Mateo County, 1992-2010



Source: • California Office of Statewide Planning and Development, Patient Discharge Data, 2002-2010
Notes: • Rates are unadjusted

Avoidable Hospitalizations by Race/Ethnicity and Age Group Cumulative Data Age 65+, San Mateo County, 1992-2010



Source: California Office of Statewide Planning and Development, Patient Discharge Data, 2002-2010
Notes: Rates are unadjusted

COMMUNICABLE DISEASE

HIV/AIDS

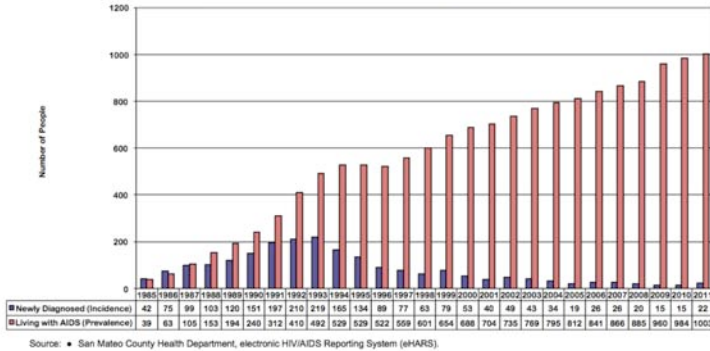
Acquired Immune Deficiency Syndrome (AIDS) was identified as an epidemic in the early 1980's. It is the end stage and most severe phase of infection with the Human Immunodeficiency Virus (HIV). In California, AIDS surveillance has been ongoing since 1983. In July 2002, HIV became a code-based reportable condition. California passed Senate Bill 699 which requires California healthcare providers and laboratories to report cases of HIV infection by name to local health departments, and requires local health departments to report this information to the California Department of Public Health. This became effective April 17, 2006.⁴⁷⁵

Although there is no vaccine or cure, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV infection to AIDS. Prevention of HIV infection is complex, requiring targeted behavioral-based, culture- and age-specific risk reduction programs.

People Living With AIDS

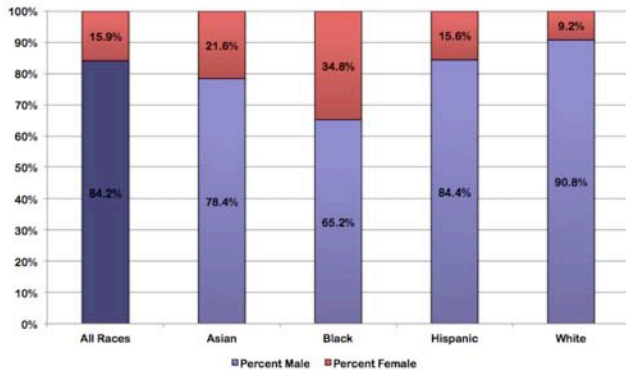
- The number of newly diagnosed AIDS cases peaked in 1993 and has declined steadily through 2010. The number of individuals living with AIDS has consistently increased over time. By the end of 2010, approximately 984 people in San Mateo County were living with AIDS. However, this does not include those living with HIV that has not progressed to AIDS.⁴⁷⁶ At the end of 2008, it was estimated that 1152 persons were living with HIV or HIV/AIDS.⁴⁷⁷

Incidence and Prevalence of AIDS by Year San Mateo County, 1985-2011



- Between 1990 and 2010, the proportion of men living with AIDS decreased from 90% to 84.6% (indicating an increase in the proportion of women living with AIDS). This decrease was seen across all ethnic groups represented except Hispanics (this proportion by gender remained stable).⁴⁷⁸

People Living With AIDS, By Gender and Race/Ethnicity San Mateo County, 2011

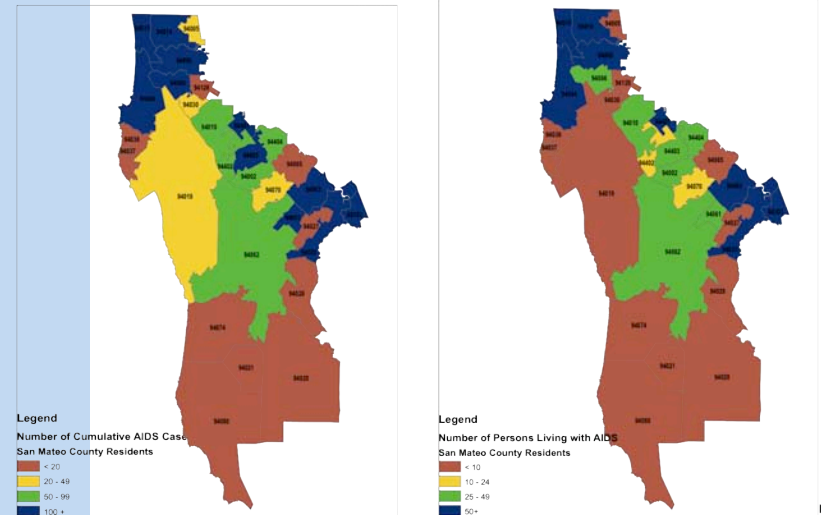


Source: San Mateo County Health Department, electronic HIV/AIDS Reporting System (eHARS).
Note: Less than 0.01% of county respondents living with HIV reported as transgender.

The San Mateo zip codes with the most cumulative AIDS cases (100 or more cases) as of December 2010 are 94014 (Daly City), 94015 (Daly City), 94025 (Menlo Park), 94044 (Pacifica), 94061 (Redwood City), 94063 (Redwood City), 94066 (San Bruno), 94080 (South San Francisco), 94303 (East Palo Alto), 94401 (San Mateo), and 94403 (San Mateo).⁴⁷⁹

- Similarly the zip codes with the most persons living with AIDS (50 or more persons) include 94014 (Daly City), 94015 (Daly City), 94025 (Menlo Park), 94044 (Pacifica), 94061 (Redwood City), 94063 (Redwood City), 94080 (South San Francisco), 94303 (East Palo Alto), and 94401 (San Mateo).⁴⁸⁰

San Mateo County AIDS Cases, By Zip Code, San Mateo County, 1985 - 2010

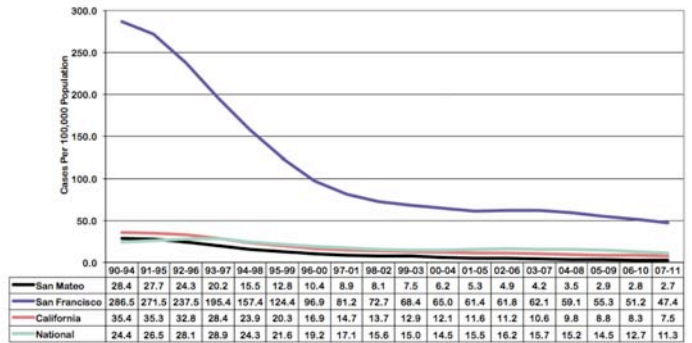


Source: San Mateo County Health Department, electronic HIV/AIDS Reporting System.

AIDS Case Rates

- During the early years of the epidemic, incidence rates of AIDS in San Mateo County were expected to mirror those of San Francisco County because of the close physical proximity between the two regions. Historical trends, however, have shown that incidence rates in San Mateo County have remained considerably lower and have been closer to national incidence rates. Incidence rates have declined significantly nationally, statewide, in San Francisco County, and San Mateo County since the early 1990's. The unadjusted incidence rate in San Mateo County declined from 28.4 in 1990–1994 to 3.3 in 2006–2010. The incidence rate in the county is lower than statewide and national rates.⁴⁸¹

Comparison of Annual AIDS Incidence Rates
5-Year Moving Averages, San Mateo and San Francisco Counties, California and National, 1990-2011

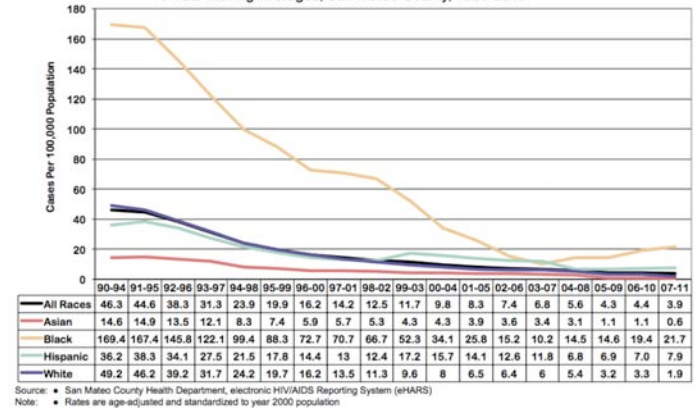


Source: • San Mateo County Health Department, electronic HIV/AIDS Reporting System (eHARS), San Francisco Department of Public Health, AIDS Quarterly Surveillance Report, Summary of San Francisco Residents with AIDS, California AIDS Surveillance Report, US CDC HIV/AIDS Surveillance Report.
Note: • Rates are Unadjusted

- In San Mateo County, males make up almost 90% of the cumulative AIDS cases and have had statistically higher incidence rates than females. From the cumulative rate 46.3 from 1990–1994, the rate in males has decreased significantly to 3.3 from 2006–2010. In the male population, the incidence in Black males has been significantly higher than in any other race, although this discrepancy is narrowing due to the dramatic decline in AIDS incidence among area Black males.⁴⁸²

Incidence of AIDS in Males by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2011



Source: • San Mateo County Health Department, electronic HIV/AIDS Reporting System (eHARS)
Note: • Rates are age-adjusted and standardized to year 2000 population

- The incidence of AIDS in females, as in males, also decreased from its peak during 1991–1995, dropping from 7.1 in 1991–1995 to 0.4 in 2006–2010. In the female population, the incidence in Black females was significantly higher than in any other race. In recent years, Asian and White females have had the lowest incidence of AIDS in the county.⁴⁸³

Incidence of AIDS in Females by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2011

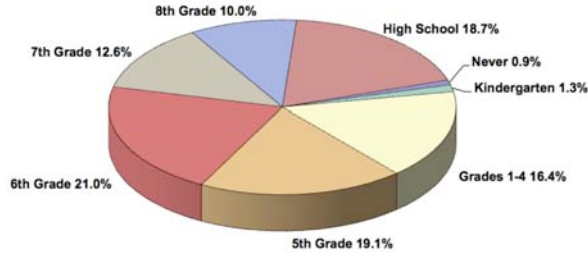


Source: • San Mateo County Health Department, electronic HIV/AIDS Reporting System (eHARS)
Note: • Rates are age-adjusted and standardized to year 2000 population

HIV/AIDS Education in Children

- More than one-half (57.8%) of area residents believe that children should begin HIV/AIDS education before 7th grade. (80.4% believe HIV/AIDS education should begin before high school).⁴⁸⁴

Grade Level at Which It Is Believed Children Should Begin HIV/AIDS Education
San Mateo County, 2013

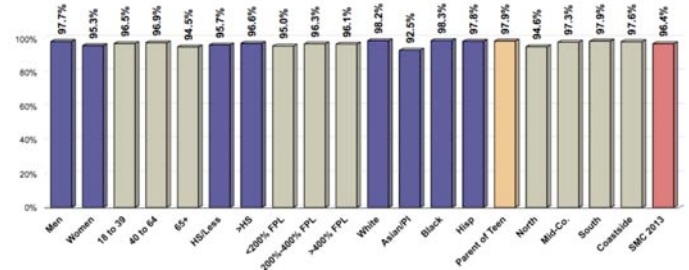


Source: • 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Encouragement of Condom Use in Sexually-Active Teens

- The vast majority of survey respondents (96.4%) say they would encourage condom use if they had a teen who was sexually active. Among actual parents of teens, the prevalence was 97.9%.⁴⁸⁵

Would Encourage Teen's Condom Use if Sexually Active
San Mateo County, 2013



Sources: • 2013 PRC Community Health & Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Represents the total sample of 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.

Sexually Transmitted Diseases

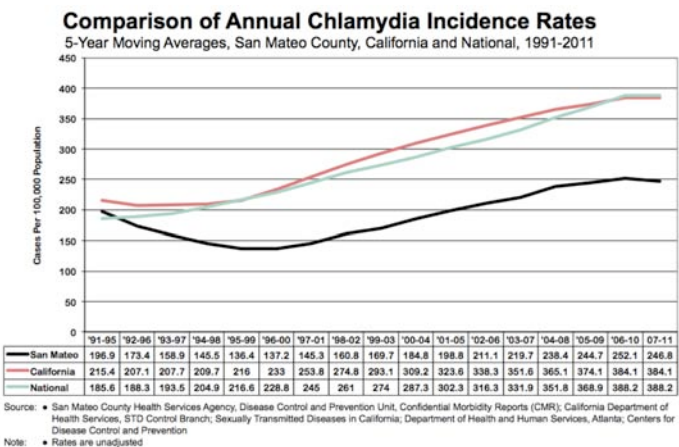
Since many STDs can be asymptomatic in the early stages of infection, there needs to be a high index of suspicion for them to be diagnosed. A patient's reluctance to address sexual health issues contributes to the problem of STDs going unnoticed and untreated. This situation results in not only adverse health outcomes for the patient but also spread of the disease to others. The most frequently-reported STD in San Mateo County is chlamydia, followed by gonorrhea. If untreated, sexually transmitted infections can cause pelvic inflammatory disease, infertility, pre-term births, neonatal infections, and increased sexual transmission of HIV.

The impact of STDs on the health of women and their infants, adolescents and young adults, and the role STDs play in the sexual transmission of HIV infection make this a critical target area for public health prevention efforts. Many cases of STDs go undiagnosed, and some highly prevalent viral pathogens such as human papillomavirus (HPV) and genital herpes (HSV) are not reportable. Nationwide, it is estimated that approximately 20 million people are currently infected with HPV and that at least 45 million people ages 12 and older have had a genital HSV infection.⁴⁸⁶

In 2012, San Mateo County along with several other Bay Area counties launched the "I Know SF Bay" study, testing the effectiveness of home STD testing in the county. The study was underway at the time of publication of this document.⁴⁸⁷

Chlamydia

- Chlamydia trachomatis* is the most frequently reported infectious disease in San Mateo County and throughout the United States. Since the late 1990's there has been an upward trend in San Mateo County, throughout California and the nation (The decrease seen in the 1990's in San Mateo County is believed to be a reporting artifact due to institutional changes in the county system, most notably the closing of public health clinics in 1995 and underreporting by physicians).
- Over the last several years San Mateo County has instituted a range of campaign efforts including participation in the National Chlamydia Awareness Project (CAP), and a local endorsement from the Health Officer to physicians in private practice encouraging reporting of infectious diseases. In January 2001, the San Mateo County Health Department also established a weekly walk-in evening STD clinic. More recently, San Mateo County has partnered with the California Department of Health Services (CDHS) in the Chlamydia Screening Project at Hillcrest Juvenile Hall to screen high-risk females. These efforts have improved surveillance and reporting, and the incidence of reported Chlamydia in San Mateo County significantly increased 35.5% from 136.4 in 1995-1999 to 184.8 in 2000-2004. The true incidence of Chlamydia in San Mateo County is not known.⁴⁸⁸ The "I Know SF Bay" home STD study cites rising Chlamydia rates in young women aged 15-24 as a motivation for the study.⁴⁸⁹

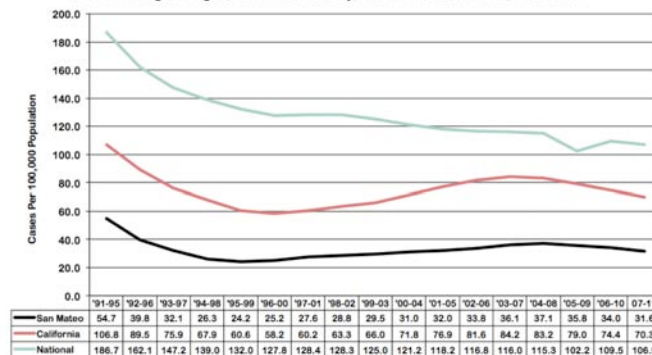


- Over the last five years, 2006-2010, the incidence of Chlamydia has been significantly higher in 15 to 24 year olds, and decreases with age.
- There appear to be huge disparities in Chlamydia infection by race and age. The most notable age disparity within a race was seen in the White female population. Highest rates overall are observed in Blacks.
- Higher rates in females are most likely due to a screening artifact, in that they are more likely to undergo screening.⁴⁹⁰

Gonorrhea

- Gonorrhea is the second most frequently reported communicable disease in San Mateo County and the United States. National rates of gonorrhea decreased between 1991-1995 and 2006-2010. During 2006-2010, the reported rate was lower than the California rate, which itself was lower than the national rate.⁴⁹¹

Comparison of Annual Gonorrhea Incidence Rates
5-Year Moving Averages, San Mateo County, California and National, 1991-2011



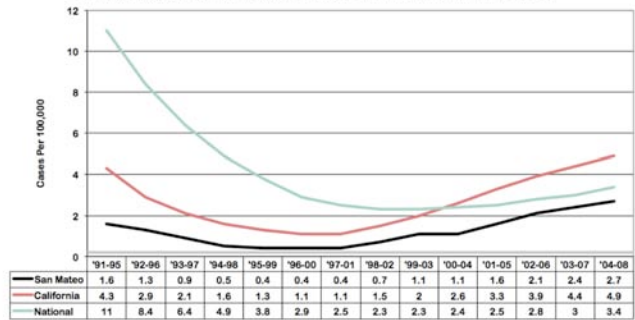
Source: • San Mateo County Health Services Agency, Disease Control and Prevention Unit, Confidential Morbidity Reports (CMR); California Department of Health Services, STD Control Branch; Sexually Transmitted Diseases in California; Department of Health and Human Services, Atlanta; Centers for Disease Control and Prevention
Note: • Rates are unadjusted

Syphilis

- In 1999, the CDC initiated the Syphilis Elimination Project, with elimination defined as the absence of sustained transmission in the United States. At the local level, syphilis elimination is defined as the absence of new cases within the jurisdiction except within 90 days of report of an imported index case. The campaign goals are to reduce the annual number of primary and secondary syphilis cases to less than 1,000 cases (0.2 per 100,000 population) and to increase syphilis-free counties to 90% by 2005.
- The overall syphilis rate decreased for the first time in a decade, and is down 1.6 percent since 2009.⁴⁹² In 2001, several outbreaks of syphilis emerged across the country, primarily in HIV-infected men who have sex with men. The rate of primary and secondary syphilis in the United States declined 89.7% during 1990–2000, the rate increased annually during 2001–2009 before decreasing in 2010. Overall increases in rates were observed primarily among men (increasing from 3.0 cases per 100,000 population in 2001 to 7.9 cases in 2010). After persistent declines during 1992–2003, the rate among women increased from 0.8 cases (in 2004) to 1.5 cases (in 2008) per 100,000 population, declining to 1.1 cases per 100,000 population in 2010.⁴⁹³ In San Mateo County, reported cases dropped from 31.3% 1991–1995 to 2000–2004.⁴⁹⁴
- The increase in male cases and recent outbreaks of syphilis in MSM raise warning flags to public health officials. In recent years as HIV rates have dropped and treatments have become better tolerated, prevention messages toward some MSM have become more widely disregarded. This shift in attitude and behaviors may precede the beginning of another wave of the HIV epidemic because ulcerative chancre sores facilitate HIV transmission. Although the number of syphilis cases in San Mateo County is relatively low, the diversity of the population and proximity to the San Francisco epidemic requires public health officials and physicians to be alert and diligent in treating and targeting prevention messages to high-risk populations.⁴⁹⁵

Comparison of Annual Primary and Secondary Syphilis Incidence Rates

5-Year Moving Averages, San Mateo County, California and National, 1991-2008



Source: • San Mateo County Health Services Agency, Disease Control and Prevention Unit, Confidential Morbidity Reports (CMR); California Department of Health Services, STD Control Branch; Sexually Transmitted Diseases in California, Department of Health and Human Services, Atlanta; Centers for Disease Control and Prevention

Note: • Rates are unadjusted

Tuberculosis

Tuberculosis Case Rates

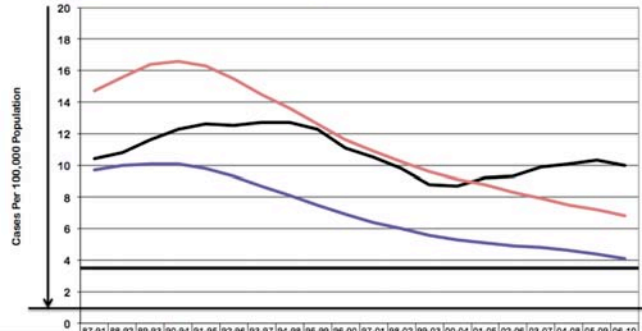
Like most other urban/suburban regions in the United States, San Mateo County experienced a resurgence of TB in the early 1990's. Nationally, this increase was attributed to several factors: increased immigration from regions where TB is highly endemic, association with HIV transmission, increased transmission among homeless populations, increased transmission in congregate settings such as prisons and jails, and a general reduction in the national public health infrastructure supporting TB control activities.⁴⁹⁶

- 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.

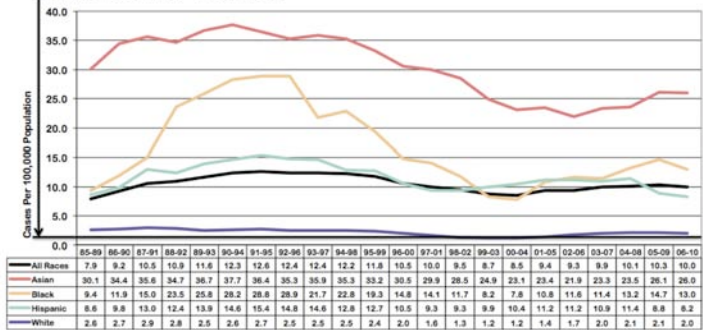
Case Rates by Race/Ethnicity

- The burden of TB is distributed unevenly between racial and ethnic groups. Asian or Pacific Islanders account for a majority of TB cases.

Incidence of Tuberculosis by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1985-2010

Healthy People 2020 Target – 1 case per 100,000

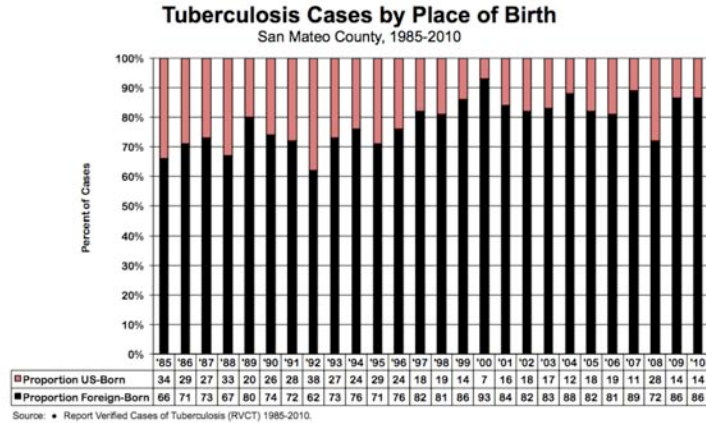


Source: Report Verified Cases of Tuberculosis (RVCT) 1985-2010.

- The five-year moving average rate of TB in Asians and Pacific Islanders for 1985–2010 was the highest. During 2006–2010, it was over two times the rate for the total population and 13 times the rate for the White population. The rate among Hispanics closely mirrors that for the total population. From 1985–2010, no races met the Healthy People 2020 target of 1.0; the local incidence among Whites has historically been under 3.0. In the late 1980s, the rate for Blacks increased to greater than the total population rate, and peaked to 56.2 in a one-year period (1992) due to a large outbreak associated with known substance abusers.⁴⁹⁷

Case Rates by Nativity

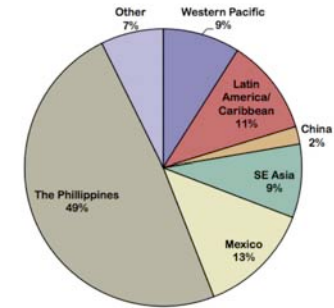
- Foreign-born persons account for rising annual case counts in San Mateo County in recent years. Birth in another country, particularly in high incidence nations, is an indicator of infection acquired outside this country and reactivation of disease after immigration. Since 1985, the proportion of foreign-born TB cases increased from 66% to 86% in 2010.⁴⁹⁸



- Country of origin for foreign-born TB cases was evaluated according to world region classifications defined by the World Health Organization (WHO). The majority of foreign-born cases recorded during 1993–2010 in San Mateo County originated in the Philippines (49%). Other important regions of origin were Mexico (13%), other Latin American or Caribbean Countries (11%) the Western Pacific Region (9%) and Southeast Asia (9%).⁴⁹⁹

Country of Origin of Foreign-Born Tuberculosis Cases

Cumulative Data, San Mateo County, 1993-2010



Source: Report Verified Cases of Tuberculosis (RVCT) 1993-2010.
Note: Western Pacific excludes the Philippines and China, Latin America excludes Mexico

Vaccine-Preventable Disease

Incidence of Vaccine-Preventable Disease

- Haemophilus influenzae type B:** Perhaps the best recent example of a disease eliminated by vaccination is *Haemophilus influenzae* type B (Hib). Since the Hib vaccine was licensed in 1985, national incidence has declined 99% from the pre-vaccine period. In California, Hib is now only reportable in individuals under 30 years of age. Only 10 cases were reported between 1995 and 2010 in San Mateo County.⁵⁰⁰
- Polio:** Since 1979, all incidents of domestically acquired polio were caused by the live attenuated oral polio vaccine (OPV). One case of a vaccine-associated paralytic poliomyelitis (VAPP) occurred in San Mateo County during 1990–2010. Because the risk of VAPP was determined to be greater than the acquisition of natural polio infection in the United States, inactivated polio vaccine (IPV) replaced the oral vaccine on the schedule of recommended childhood immunizations beginning in 2000.⁵⁰¹
- Hepatitis B:** Between 30% and 90% of young children and 2% to 10% of adults [with hepatitis B] develop chronic infection. At present, there is no cure for the disease. About 15–25% of people chronically infected die prematurely of severe liver disease including cirrhosis and cancer. Chronic and acute cases of hepatitis B were not reliably distinguished in local reporting process over the course of the observation period, and are combined in this report. The frequency of reported hepatitis B (both

chronic and acute detection) in San Mateo County increased approximately five-fold between 1990 and 2002, and has remained relatively high through 2010. In August 1997, hepatitis B vaccination was included in the legally mandated vaccine schedule for school entry in California.⁵⁰²

■ **Pertussis:** San Mateo County experienced a large outbreak of Pertussis in 2009–2010. Pertussis cases increased 550% from 6 cases in 1990 to 175 in 2010. In 1998 and 1999, when 43 cases were reported, pertussis appeared in inadequately immunized infants under one year of age (n=16, 37.2%), young children aged 1 to 5 (n=5, 11.6%), children aged 5 to 14 (n=14, 32.6%), and in adults aged 15 and older (n=8, 18.6%), a group in which mild infections are likely undiagnosed. Vaccine efficacy begins to wane at about 12 years of age. While unable to verify a common chain of transmission, cases were mostly White and some were clustered within households.⁵⁰³ The increasing numbers observed from 2007–2010 were mirrored statewide and nationally.⁵⁰⁴ The very high rates observed in 2010 were part of a nationwide outbreak, with higher observed numbers in the United States than any of the previous 60 years, more than 9000 cases, more than 800 hospitalizations, and 10 deaths. This outbreak led to legally mandated re-vaccination of seventh graders commencing in 2011.⁵⁰⁵

■ **Measles, mumps and rubella:** Measles, mumps, and rubella are viral rash illnesses prevented through routine vaccination. The incidence of each dropped in the United States after the respective introduction of each vaccine. Pockets of unvaccinated children and adults have however led to the nationwide outbreak of measles during 1989–1991. During this period, the incidence in California jumped from an annual average of about 500 cases to a high of 12,656 in 1990 before subsiding. The county experience was similar. From 1993–2006 San Mateo County has had an annual average of one case of measles reported per year. Mumps is rarely seen in San Mateo County, with an average of 2.7 cases per year reported from 1990–2006. During 1990–2006, only eleven rubella cases were confirmed in San Mateo County. Since 2006, no case of measles, one case of mumps and one case of rubella have been reported.⁵⁰⁶

■ **Diphtheria:** Diphtheria is only sporadically reported in the US; the last case occurred in an elderly traveler immediately following his return to the US from a country with endemic diphtheria. Diphtheria is prevented through vaccination which is recommended during infancy. Diphtheria cases in the U.S. have declined by 99.9% since vaccine became available around 1921. San Mateo County has had no cases of Diphtheria since 1990.⁵⁰⁷

- **Hepatitis A:** Hepatitis A rates in the U.S. have declined by 89% since hepatitis A vaccine first became available in 1995. In 2006, the estimated number of new infections with Hepatitis A was 32,000 the U.S. In San Mateo County incidence of Hepatitis A decreased from 65 cases in 1990 to 5 cases in 2008, with a high of 106 cases in 1996.⁵⁰⁸
- **Tetanus:** Tetanus cases in the U.S. have decreased by 98.5% since vaccine became available in 1924, with death occurring in about 10–20% of cases, with an even higher percentage in cases occurring in elderly patients. Incidence in San Mateo County remains sporadic at a low of 0–1 cases per year since 1990.⁵⁰⁹

Annual Incidence of Disease Preventable by Common Vaccines
Number of Cases, San Mateo County, 1990-2011

Disease	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae*	7	4	2	1	1	0	0	3	1	0	0	1	0	0	0	0	0	2	1	2	0	2
Hepatitis A	65	61	50	44	49	66	106	73	70	44	27	47	34	18	16	13	6	13	5	7	7	8
Hepatitis B (acute & carrier)	92	194	283	271	276	222	195	270	284	297	341	422	493	369	294	478	191	464	439	364	370	628
Measles (Rubella)	39	15	1	2	2	1	0	2	0	0	3	1	0	1	0	0	0	0	0	0	0	1
Mumps	7	9	4	4	4	2	3	1	2	2	1	2	1	0	0	0	4	0	1	0	0	0
Pertussis	6	5	9	3	7	5	9	5	23	20	6	10	15	24	30	72	39	16	25	10	175	41
Poliomyelitis	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	3	3	0	0	1	0	0	3	0	0	1	0	0	0	0	0	0	0	1	0	0	0
Tetanus	1	0	1	0	1	0	0	0	1	0	1	0	0	0	0	1	0	0	0	1	0	0

Source: * California Confidential Morbidity Reports, 1990-2011
Note: * Includes both meningitis and sepsis

Hepatitis C

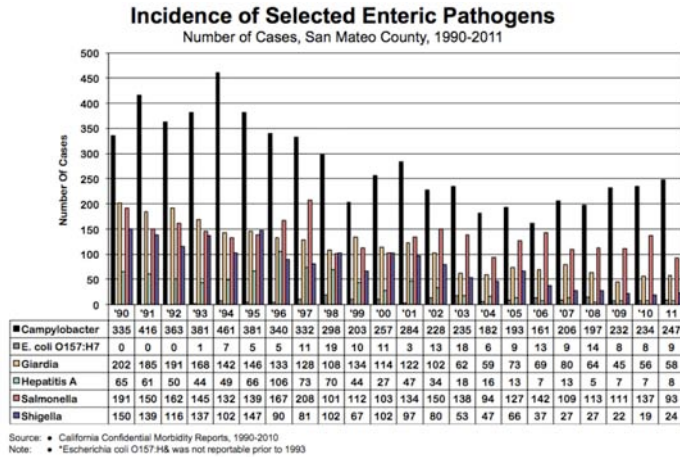
Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. It is a serious infection that can lead to death. It is not vaccine-preventable. HCV is spread by contact with the blood of an infected person; it is also sexually transmitted, although that is not a major route of exposure.

- Current available data are not indicative of actual hepatitis C prevalence or incidence in San Mateo County.

Enteric Disease

Enteric diseases are gastrointestinal illnesses caused by bacteria, parasites or viruses. Transmission from person to person is via hand-to-mouth. A person must actually ingest the organism in order to become infected.

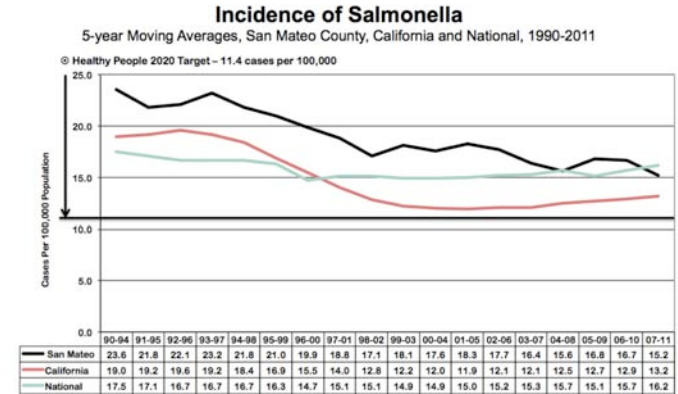
- In 2010, the most common enteric disease in San Mateo County was campylobacteriosis, followed by salmonellosis, giardiasis and shigellosis. In recent years, rates for campylobacteriosis have increased.⁵¹⁰



Salmonella

- There are more than 2,000 recognized serotypes of *Salmonella* (not including *S. typhi*, the cause of typhoid fever). A number of animal species serve as reservoirs for *Salmonella* species, and infection is commonly associated with consuming unpasteurized dairy and other contaminated animal products. In California, eggs from infected chickens has been identified as a significant source of infection. The county rate decreased 22.5% from 23.6 between 1990 and 1994 to 18.3 from 2001 to 2005. In 1997, the local rate doubled due to two outbreaks of *S. typhimurium* DT104, each linked to Mexican-style raw-milk cheese. The sharp rise in cases reported in 2001 and 2002 may reflect a continuing problem with contaminated dairy products. Salmonella in San Mateo County has risen in

recent years, and is still above both the state rate and mirrors the national rate. The Healthy People 2020 target rate of 11.4 was not achieved by the nation, state or county between 2001 and 2011.⁵¹¹

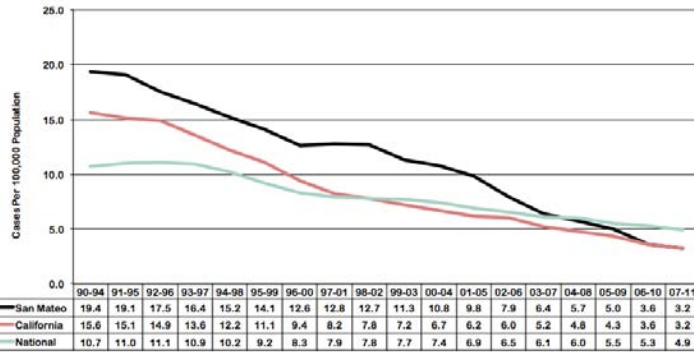


Shigella

- From 1990 through 2011, the rate of shigella in San Mateo County, California and the United States has generally declined. Five-year moving average rates show a general decline in San Mateo County during this period to approximately 3.6, which is the same as the rate for California. Currently, both California rates and San Mateo County rates are below national rates. No national target has been established for *Shigella*.⁵¹²

Incidence of Shigella

5-year Moving Averages, San Mateo County, California and National, 1990-2011



Source: California Confidential Morbidity Reports, 1990-2011, CDC MMWR Summary of Notifiable Diseases, 1990-2011

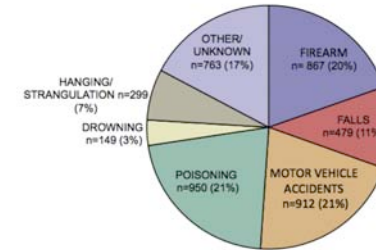
Note: Rates and unadjusted

INJURIES

Injury Deaths

- There were 4,877 deaths due to injury during 1990–2010. Motor vehicle accidents, poisoning, and use of a firearm were the leading causes of death, accounting for 21%, 21% and 20% of deaths, respectively.⁵¹³

Major Causes of Death Due to Injury Cumulative Data, San Mateo County, 1992-2010



Source: California Department of Health Services, Center for Health Statistics, Death Records 1991-2010

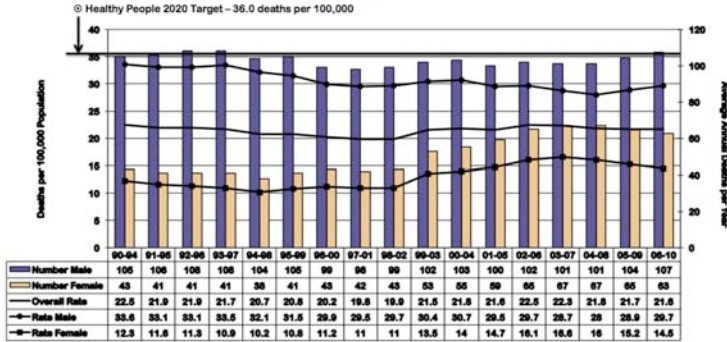
Notes: There were 4,877 total injury deaths (3,063 total deaths due to unintentional injury and 1,784 total deaths due to intentional injury) from 1991-2010 (numbers have not been adjusted for comparability ratios)

Unintentional Injury

Unintentional Injury Deaths

- The overall rate for unintentional injury deaths in San Mateo County was 21.6 during 2006–2010, meeting the Healthy People 2020 objective (36.0). From 2006 to 2010, the male rate of 29.7 was significantly higher than the female rate of 14.5, a trend observed for the duration of the years from 1990 to 2010.⁵¹⁴

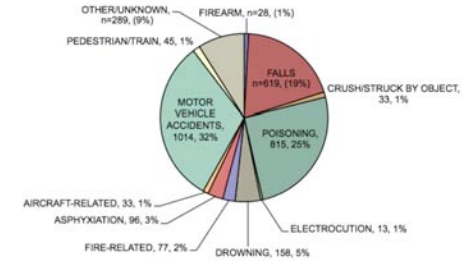
Unintentional Injury Mortality by Sex
5-Year Moving Averages, San Mateo County, 1990-2010



Source: California Department of Health Services, Center for Health Statistics, Death Records 1990-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 1.0305

- Motor vehicle accidents** accounted for the largest proportion of deaths due to unintentional injuries during 1990–2010, followed by **poisonings** and **falls**.⁵¹⁵

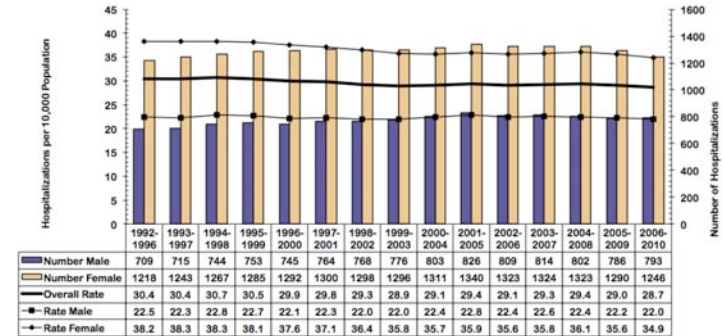
Major Causes of Death Due to Unintentional Injury
Cumulative Data, San Mateo County, 1990-2010



Source: California Department of Health Services, Center for Health Statistics, Death Records 1991-2010
Notes: There were 3,220 total deaths due to unintentional injury from 1991-2010 (numbers have not been adjusted for comparability ratios)

- The rate of hospitalization due to injury from unintentional falls was lower among males (22.0 for 2006–2010) than among females (34.9 for 2006–2010).

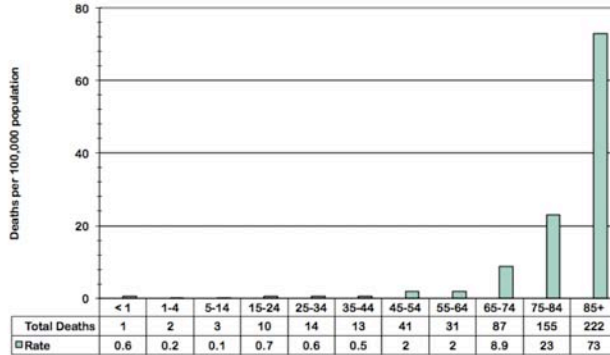
Hospitalizations Due to Injury from Unintentional Falls by Sex
5-Year Moving Averages, San Mateo County, 1992-2010



Source: California Office of Statewide Planning and Development, Patient Discharge Data, 1992-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population

- The vast majority of deaths due to unintentional falls occurred among people aged 65 years and older, with increasing rates in those above 75 and above 85 respectively.⁵¹⁶

Mortality Due to Unintentional Falls by Age
Cumulative Data, San Mateo County, 1990-2010



Source: California Department of Health Services, Center for Health Statistics, Death Records 1990-2010
Notes: Rates are not age-adjusted; 1990-1996 numbers and rates have been adjusted to comparability ratio 0.8409

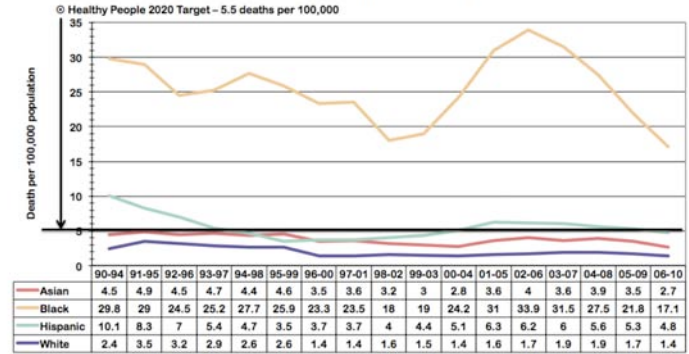
Intentional Injury

Homicide

- The county homicide rate has remained below the Healthy People 2020 target of 5.5 deaths per 100,000 people in Asians, Hispanics, and Whites, with the rate in Blacks fluctuating at a rate well above the target. There has been a recent decline in homicide rates in blacks following a peak in 2002–2006.⁵¹⁷

Homicides by Race/Ethnicity

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

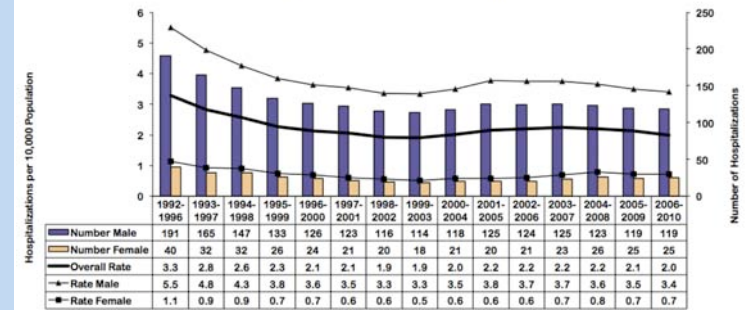


Source: California Department of Health Services, Center for Health Statistics, Death Records 1990-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 0.9983

Assault

- Hospitalizations due to injury purposely inflicted by someone else has decreased from 3.3 per 10,000 in 1992–1996 to 2.0 per 10,000 in 2006–2010. The rates in males have historically been much higher than the rates in females.⁵¹⁸

Hospitalizations Due to Injury Purposely Inflicted by Other by Sex
5-Year Moving Averages, San Mateo County, 1992-2010

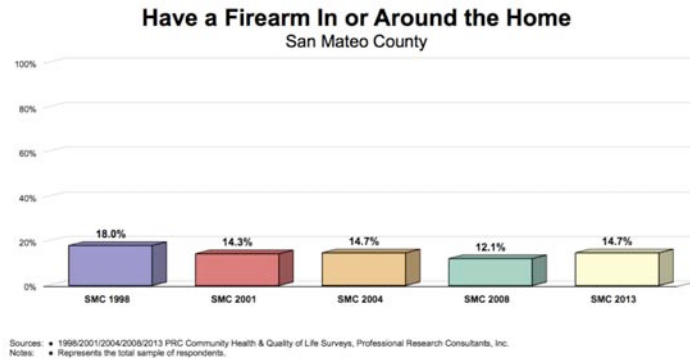


Source: California Office of Statewide Planning and Development, Patient Discharge Data, 1992-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population

Firearms & Other Weapons

Firearms are implicated in the majority of intentional injury deaths in the county and represent a large portion of years of potential life lost.⁵¹⁹

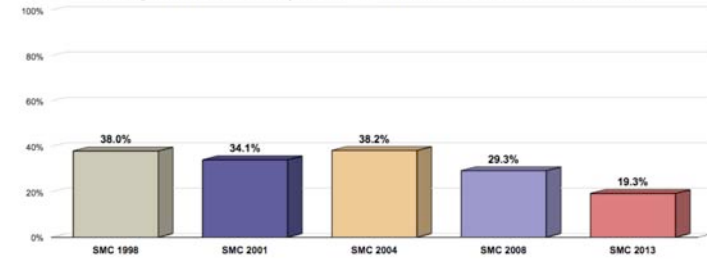
- In the 2013 San Mateo County Health & Quality of Life Survey, 14.7% of households report keeping a firearm in or around their home (including pistols, shotguns, rifles and other types of guns; excluding starter pistols, BB guns or guns that cannot fire). This percentage is *lower than* the 18.0% reported in 1998.⁵²⁰



- Of those survey respondents keeping firearms in or around the home, 80.7% say these are kept in locked places, such as locked drawers, cabinets or closets (*statistically better* than 1998 findings).⁵²¹

Firearm is Kept Unsecured

Among San Mateo County Adults With Firearms in or Around the Home

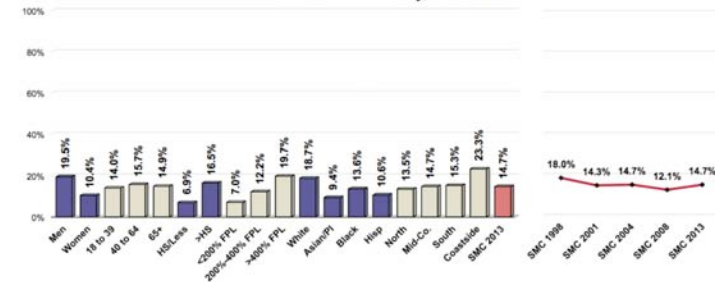


Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Represents those respondents with firearms kept in or around the home.

- The proportion of households with firearms is higher among men (19.5%), persons living at higher incomes (19.7%) and education levels (16.5%), and White (18.7%) respondents. On the Coastside, nearly one in four households (23.3%) reports keeping a firearm in or around the home.⁵²²

Have a Firearm In or Around the Home

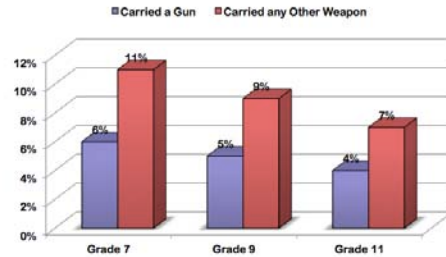
San Mateo County, 2013



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

- From 2007–2009, between 4–6% of children in the 7th, 9th and 11th graders admit to carrying a gun at school in the past year, and between 7–11% admit to carrying another kind of weapon.⁵²³

Possession of Weapons by Grade Level San Mateo County, 2007-2009

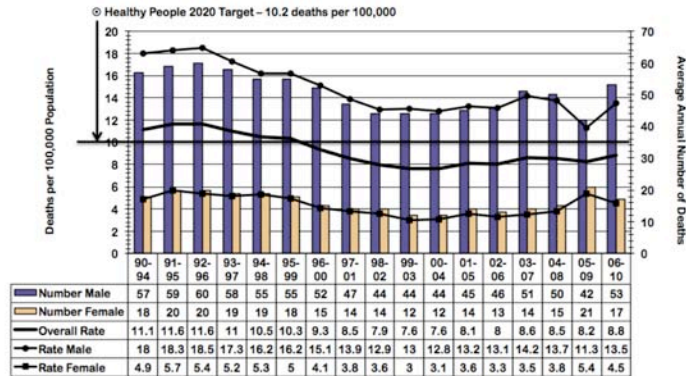


Source: California Healthy Kids Survey, 2007-2012.

Suicide

- The overall suicide rate in San Mateo County has declined 20.7% from 11.1 between 1990 and 1994 to 8.8 between 2006 and 2010; the rates for males showed a similar pattern. Males remain above the Healthy People 2020 target. However, the total and the female rate currently meet the objective of 10.2.

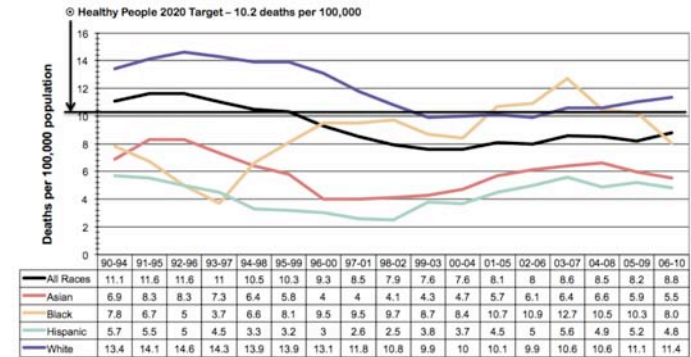
Suicides by Sex 5-Year Moving Averages, San Mateo County, 1990-2010



Source: California Department of Health Services, Center for Health Statistics, Death Records 1990-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 0.9962

- The White, Asian and Hispanic suicide rate all declined in the 1990s mirroring the overall county rate. The rate in Blacks was increasing over that time period, peaking in 2003-2007, and declining again. Following the peak and decline in rates among Blacks, whites again had the highest suicide rate in the county.⁵²⁴

Suicides by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1990-2010

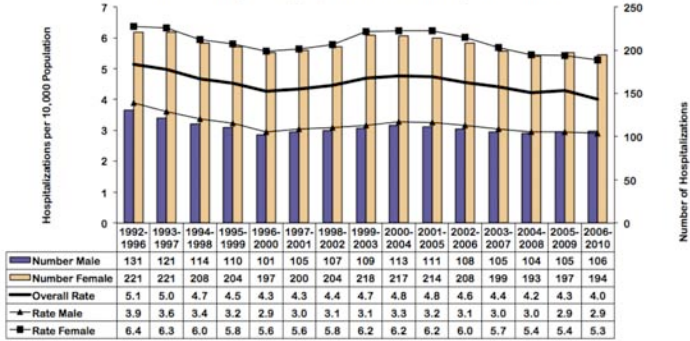


Source: California Department of Health Services, Center for Health Statistics, Death Records 1990-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 0.9962

Self-Inflicted Injury

- Hospitalizations due to *suicide and self-inflicted injury* rates were significantly higher among females (average annual rate=5.3) than males (average annual rate=2.9) from 2006-2010.⁵²⁵

Hospitalizations due to Self-Inflicted Injury by Sex
5-Year Moving Averages, San Mateo County, 1992-2010

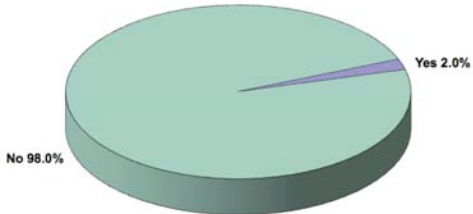


Source: California Office of Statewide Planning and Development, Patient Discharge Data, 1992-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population

Children & Physical Fights

- Among parents of school-aged children, 2.0% report that their child was in a physical fight at some point in the past year.⁵²⁶

Child Was in a Physical Fight in the Past Year
San Mateo County, 2013



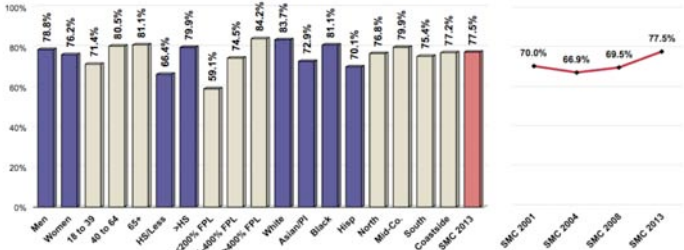
Source: 2013 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with school-aged children.

Emergency Provisions

Three days' worth of food and water has been the standard recommended amount of provisions needed to be prepared for an unforeseen disaster. However, with pandemic flu preparation, those recommendations increased to having two weeks' to two months' worth of food stored for your family.

- A total of 77.5% of survey respondents report that they had three day's worth of emergency food and water stored at home at the time of the interview (a significant increase over previous findings).⁵²⁷
- Adults aged 40 and older, those with postsecondary education, persons living at higher incomes, and White and Black respondents more often report keeping emergency food and water stores.⁵²⁸

Have 3+ Days' Worth of Emergency Food and Water at Home
San Mateo County, 2013

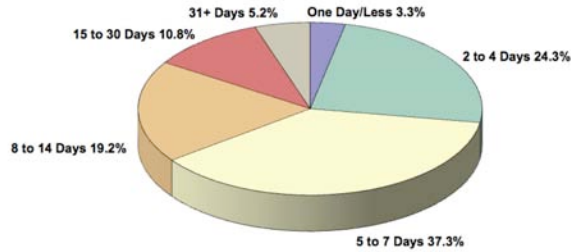


Source: 2001/2004/2008/2013 PHC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: Asked of all respondents. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (i.e., "White" reflects non-Hispanic White respondents). Income categories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

- When asked to estimate how long their families could last on their existing food supply in the event of an emergency (without electricity or gas), most respondents (61.6%) estimated between two and seven days. Note that while 5.2% of San Mateo County residents feel their families could survive on their current food and water supply for more than one month, 3.3% of residents do not think they would make it past one day in the event of an emergency.⁵²⁹

Estimated Length of Survival on Family's Current Food Supply During a Disaster (No Electricity or Gas)

San Mateo County, 2013



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

Pandemic Flu Preparation Recommendations

Pandemic Flu Planning Checklist for Individuals & Families ⁵³⁰

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1) To plan for a pandemic:

- Store a two-week to two-month supply of food, and at least a one-week supply of water. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.

- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

2) To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior.
- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

ADDICTIONS & SUBSTANCE USE

Substance Abuse

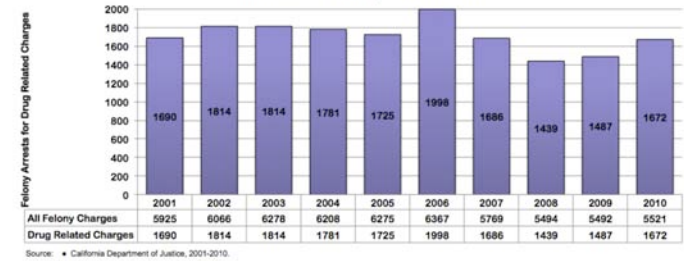
Substance abuse and its related problems are among society’s most pervasive health and social concerns. Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections. Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use. Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.⁵³¹

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.⁵³²

Drug Use

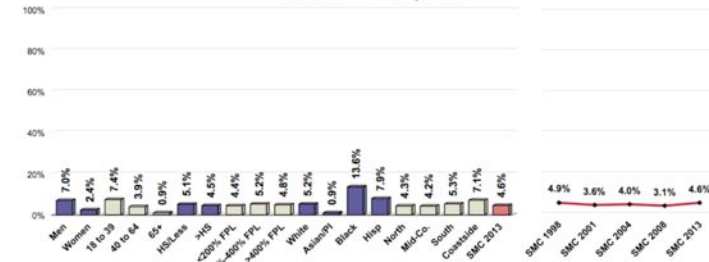
- In San Mateo County in 2009, there were 1,487 felony arrests for drug-related charges, representing 21.3% of all felony arrests. The number of felony drug-related arrests increased between 2006 and 2006, but subsequently decreased between 2006 and 2008.⁵³³

Felony Arrests for Drug-Related Charges
San Mateo County, 2001-2010



- In San Mateo County, 4.6% of adult survey respondents this year acknowledge having taken an illegal drug in the past year, similar to previous findings. Responses were higher among men (7.0%), young adults (7.4%) and Blacks (13.6%). We are unsure of the accuracy of self-reported drug use; it invariably underreports actual use.⁵³⁴

Self-Reported Use of an Illegal Drug in the Past Year
San Mateo County, 2013



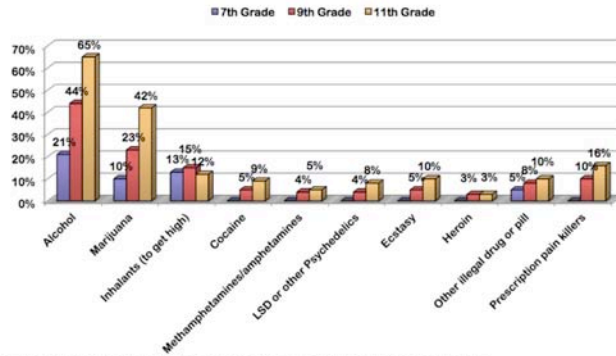
Source: 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes:

- Added 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.

Drug Use Among Adolescents

- 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.⁵³⁵

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.

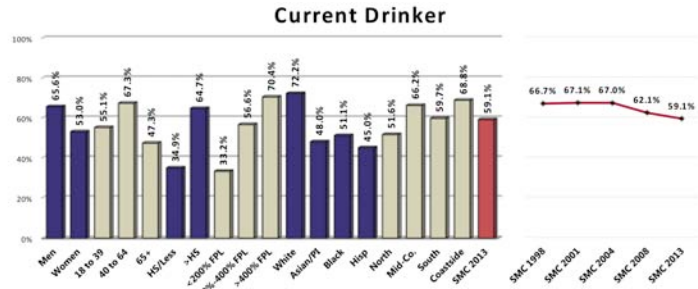
Alcohol Use & Abuse

Alcohol abuse is the most serious substance abuse problem we face. A majority of the population drinks alcohol. Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences. Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls,

fires and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior.⁵³⁶

Current Drinkers

- Nearly 6 in 10 adults (59.1%) are current drinkers; that is, they have consumed at least one alcoholic drink in the month preceding the interview. This is lower than 1998, 2001 and 2004 findings (similar to the 2008 prevalence).⁵³⁷
- Alcohol use is notably higher among men, residents aged 40 to 64, adults with higher education/higher income, Whites, and residents of the Mid-County or Coastside regions.⁵³⁸

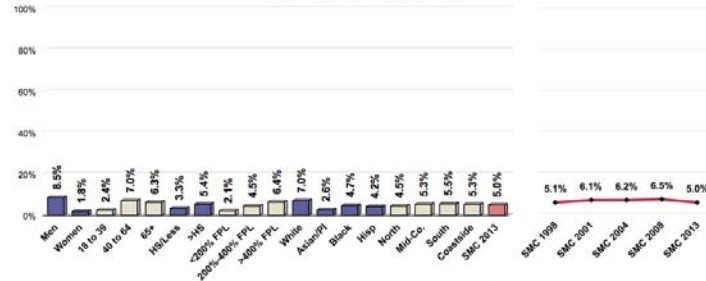


Sources: • 1998/2001/2004/2008/2013 FRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc. [Item 17K]
Notes:
• Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categories (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondents' household income as a ratio to the federal poverty level (FPL) for their household size.
• Defined as those reporting any alcohol use in the past month.

Chronic Drinkers

- A total of 5.0% of San Mateo County adults are "chronic" drinkers, meaning that they averaged two or more drinks per day in the month preceding the interview (total of 60+ alcoholic drinks in 30 days), similar to previous findings.
- This percentage is higher among men (8.5%), residents 40 and older (6-7%), persons with incomes over 400% of poverty (6.4%), and White respondents (7.0%).⁵³⁹

Chronic Drinker San Mateo County, 2013

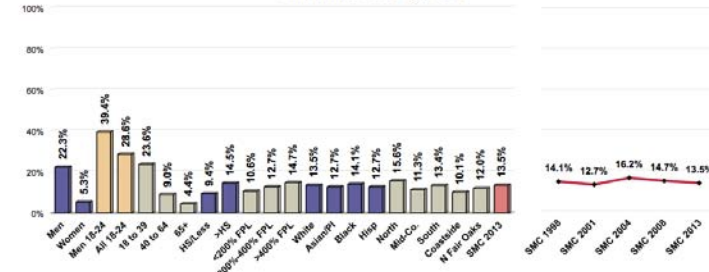


Sources: 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: Asked of all respondents.
 Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
 Defined as those reporting 60+ alcoholic beverages in the past month.

Binge Drinkers

- A total of 13.5% of San Mateo County adults are "binge" drinkers, meaning that there has been at least one occasion in the month preceding the interview on which they consumed five or more alcoholic drinks. This is similar to findings from previous years.⁵⁴⁰
- Binge drinking in San Mateo County is highest among men (22.3%) and young adults (23.6% among those aged 18 to 39), and particularly young men aged 18 to 24 (39.4%). Persons with postsecondary education (14.5%) and residents of the North County region (15.6%) also show increased incidence of binge drinking.⁵⁴¹

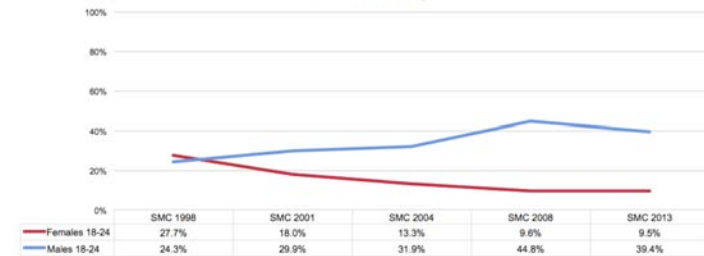
Binge Drinker San Mateo County, 2013



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 those reporting 5+ alcoholic beverages on any one occasion in the past month.

- In looking at binge drinking among young adults over the past several years, data show that binge drinking has **increased significantly** among males aged 18 to 24 while **decreasing significantly** among females in this age group.⁵⁴²

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

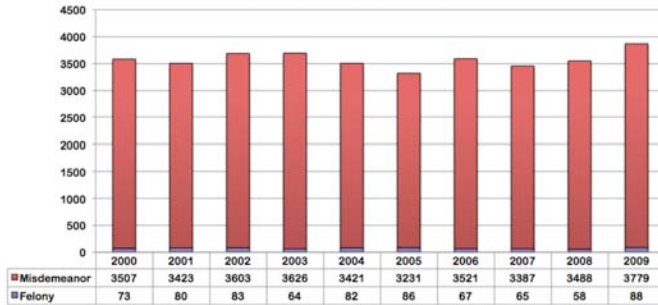


Sources: 1998/2001/2004/2008/2013 San Mateo County Health and Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: Asked of all respondents.

Driving Under the Influence (DUI)

- In 2009, there were 88 felony DUI arrests and 3,779 misdemeanor arrests in San Mateo County. Arrests for DUI reached a ten-year low, 3,317 in 2005; however, rates in recent years have been once again, rising.⁵⁴³

Felony and Misdemeanor DUI Arrests San Mateo County, 2000-2009



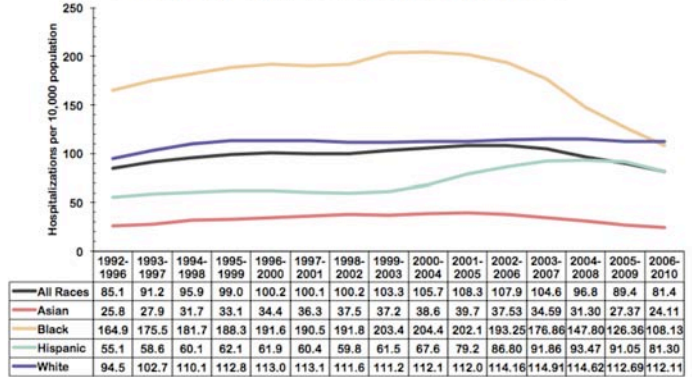
Source: California Department of Justice, 2000-2009.

Addictions Treatment

Substance Abuse Hospitalizations

- During 2006 to 2010, the substance abuse-related average annual hospitalization rate for all hospitalizations was 81.4 hospitalizations per 10,000 people. The hospitalization rate was highest among Whites who have historically been lower than Blacks, however, the rates of hospitalizations in blacks has been steadily declining since 2000-2004 and has recently gone below the White rate, which has remained relatively constant. Asians continue to have the lowest rates of substance abuse related hospitalizations.

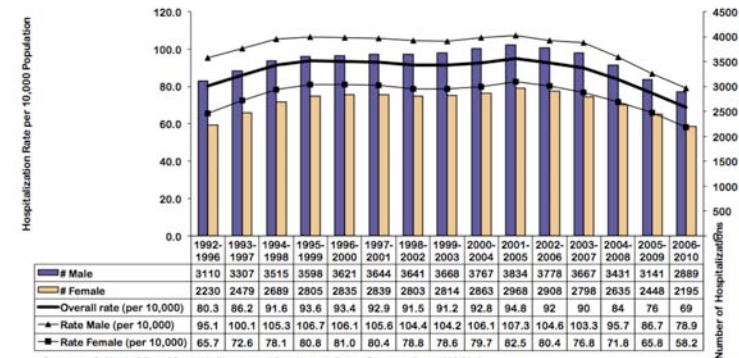
Substance Abuse-Related Hospitalizations by Race/Ethnicity 5-Year Moving Averages, San Mateo County, 1992-2010



Source: California Office of Statewide Planning and Development, Patient Discharge Data, 1992-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population

- Substance abuse hospitalization rates in both males and females peaked from 2001-2005, and have been declining since.⁵⁴⁴
- Between 2006 and 2010, males had an average annual rate of 78.9 hospitalizations per 10,000 people. Females had an average annual rate of 58.2.⁵⁴⁵

Substance Abuse-Related Hospitalizations by Sex 5-Year Moving Averages, San Mateo County, 1992-2010



Source: California Office of Statewide Planning and Development, Patient Discharge Data, 1992-2010
Notes: Rates are age-adjusted and standardized to Year 2000 population

County-Funded Alcohol/Drug Treatment

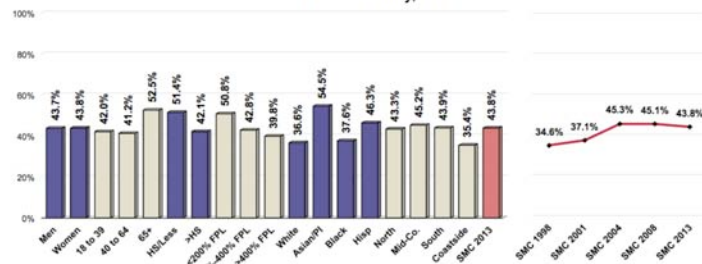
- Between fiscal year 2001–2002 and fiscal year 2003–2004, there was a 6% increase in the number of clients receiving alcohol and other drug services from 4,938 to 5,258 clients. Over this same period, treatment episodes decreased 8% from 6,529 to 6,022. Much of the decrease occurred in residential detoxification and residential treatment.⁵⁴⁶
 - In fiscal year 2006–2007, there were 3,726 clients receiving alcohol and other drug services funded by San Mateo County and provided via contract (5,248 treatment episodes).⁵⁴⁷
- The percentage of adolescents (18 and younger) in treatment has decreased 19% between these two fiscal years. There were 552 adolescent clients in 2003–2004 as compared with 680 in 2001–2002.⁵⁴⁸
 - In fiscal year 2006–2007, there were 385 adolescent clients under the age of 18 receiving county-funded substance abuse services.⁵⁴⁹
- The population in treatment during fiscal year 2003–2004 was 46% White, 24% Hispanic/Latino, 17% African American, 8% Asian and Pacific Islander, and 5% other/unknown races and ethnicities.⁵⁵⁰
 - In fiscal year 2006–2007, the population in county-funded treatment was 41% White, 27% Hispanic/Latino, 17% African American, 6% Asian/Pacific Islander, and 9% other/unknown races and ethnicities.⁵⁵¹
- In fiscal year 2003–2004, 33% of the clients receiving alcohol and other drug services report being homeless; in fiscal year 2001–2002, 25% of the clients reported homelessness. The rise in homelessness reported by clients receiving treatment services is an indication of the economic situation in the county, as well as a change in the definition of homelessness during this time.⁵⁵²
 - In fiscal year 2006–2007, 37% the population in county-funded treatment was homeless.⁵⁵³
- The primary drug of choice in San Mateo County continues to be alcohol although there was a slight decrease from 2001–2002. In fiscal year 2003–2004, 31% of clients identified their primary drug of choice as alcohol, 25% methamphetamine, 16% marijuana/hashish, 14% cocaine/crack and 11% heroin.⁵⁵⁴

- In fiscal year 2006–2007, however, meth was the most common primary drug of choice among county-funded services: methamphetamine (30%); alcohol (27%); cocaine/crack (16%); heroin (9%); marijuana/hashish (14%); and other (4%).⁵⁵⁵
- Between 2001 and 2003, San Mateo County misdemeanor arrests increased by 7% and the percentage of alcohol and other drug-related arrests increased by 6%. Among adults, misdemeanor arrests increased by 9% and the percentage of alcohol and other drug-related arrests increased by 7%. Among juveniles, misdemeanor arrests did not change and the percentage of alcohol and other drug-related arrests increased by 3%.⁵⁵⁶
- During 2003–2004, Proposition 36 treatment services in San Mateo County went through significant changes due to fiscal reasons. From November 2003 through June 2004 very few Proposition 36 clients received residential treatment services.⁵⁵⁷
 - In fiscal year 2006–2007, there were 980 Proposition 36 admissions, including 100 receiving residential treatment services.⁵⁵⁸

Seeking Help for Addictions

- More than 4 in 10 San Mateo County adults (43.8%) would not know where to access treatment for a drug-related problem if needed for themselves or a family member. This proportion has *increased significantly* in comparison to the 1998 and 2001 surveys. Furthermore, this uncertainty is notably higher among seniors, adults without a college education, lower-income adults, and Asians/Pacific Islanders and Hispanics. Regionally, the prevalence is lowest on the Coastside.⁵⁵⁹

Would Not Know Where to Access Treatment for Drug-Related Problems if Needed 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.

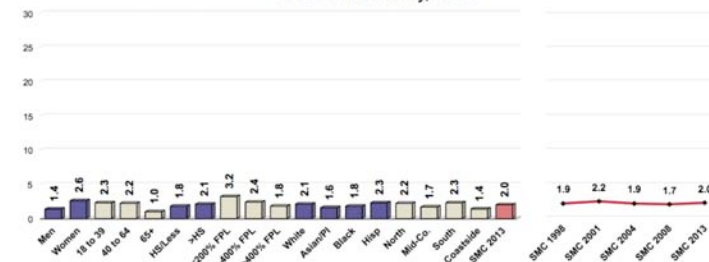
MENTAL HEALTH

Mental Health Status

Days of Poor Mental Health

- Surveyed adults report an average of 2.0 days in the month preceding the interview on which their mental health was not good. Those living below the 200% poverty threshold express the highest average number of days of poor mental health per month (3.2 days, versus 1.8 days among those with incomes over 400% of poverty). In addition, averages are higher among women, residents under 65, Hispanics and residents in the South County region.⁵⁶⁰

Average Number of Days in Past Month on Which Respondents' Mental Health Was Not Good San Mateo County, 2013

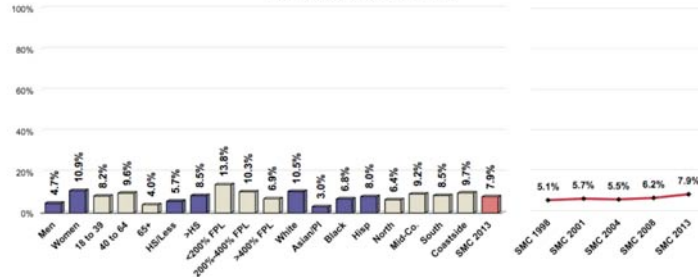


Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

History of Mental Health Problems

- A total of 7.9% of surveyed adults have a history of mental or emotional illness, representing approximately 45,133 county residents (higher than 1998, 2001 and 2004 findings). This proportion is 10.9% among women, 8% among adults under 65, 13.8% among respondents living below the 200% poverty threshold, and 10.5% of Whites. Note the lower prevalence among local Asians/Pacific Islanders (3.0%).⁵⁶¹

Self-Reported History of Mental or Emotional Problems San Mateo County, 2013



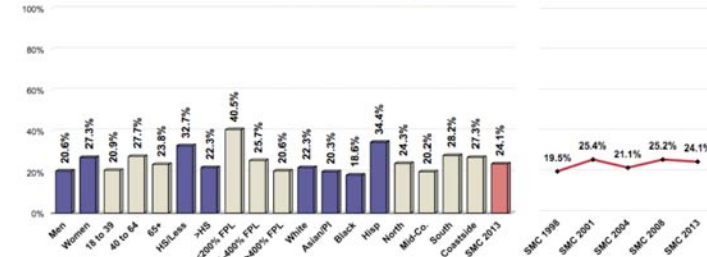
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

Depression

- In 2013, surveyed adults report an average of 2.1 days in the month preceding the interview on which they felt sad, blue or depressed (similar to 2008 findings). Women (2.7), persons with lower incomes (3.5 days), Blacks (2.8) and residents in the South County region (2.6) averaged higher numbers of days of depression in the month preceding the interview.⁵⁶²
- 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 2008.⁵⁶³

– The proportion of those who have experienced two or more years of depression increases to 27.3% among women, 27.7% among adults 40–64, 32.7% among adults without postsecondary education, 40.5% among persons living below the 200% poverty threshold, 34.4% among Hispanic respondents, 28.2% among South County adults and 27.3% on the Coastside.⁵⁶⁴

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



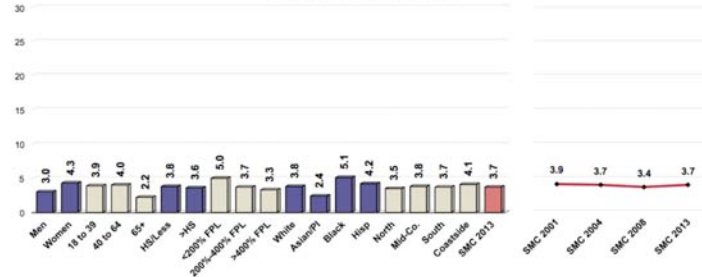
Sources: • 1998/2001/2004/2008/2013 PRC Community Health & Quality of Life Surveys, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).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

Stress & Lack of Sleep

- A total of 7.3% of survey respondents report experiencing high stress on a daily basis. Perceptions of high stress are highest among Blacks (10.5%).⁵⁶⁵

- Surveyed adults report an average of 3.7 days in the month preceding the interview on which they were worried, tense, or anxious. Days of anxiety increase to 4.3 among women, 4.0 among adults age 40 to 64, 5.0 among adults living below the 200% poverty threshold, 5.1 among Blacks and 4.2 among Hispanics.⁵⁶⁶

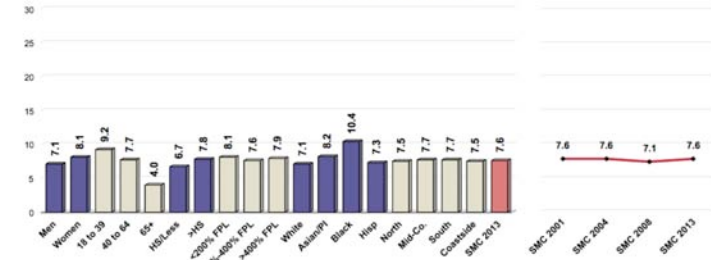
Average Number of Days in Past Month on Which Respondent Felt Worried, Tense or Anxious
San Mateo County, 2013



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.

- Surveyed adults report an average of 7.6 days in the month preceding the interview on which they did not receive enough rest or sleep (similar to previous findings). Women, adults under 65, residents with postsecondary education, and Blacks report a greater average number of days of poor rest or sleep.⁵⁶⁷

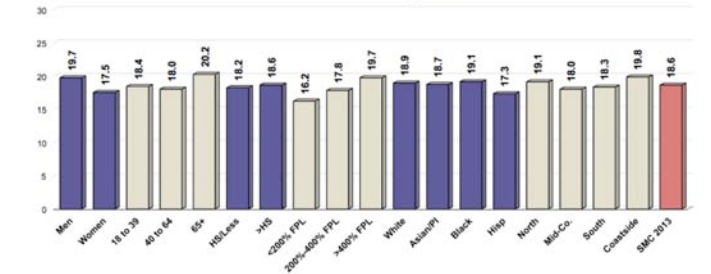
Average Number of Days in Past Month on Which Respondent Did Not Get Enough Sleep or Rest
San Mateo County, 2013



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.

- San Mateo County adults averaged 18.6 days in the month preceding the interview on which they felt very healthy and full of energy. Populations with higher averages include men, seniors, adults in the highest income breakout, non-Hispanics, and residents on the Coastside.⁵⁶⁸

Average Number of Days in Past Month on Which Respondent Felt Very Healthy and Full of Energy
San Mateo County, 2013

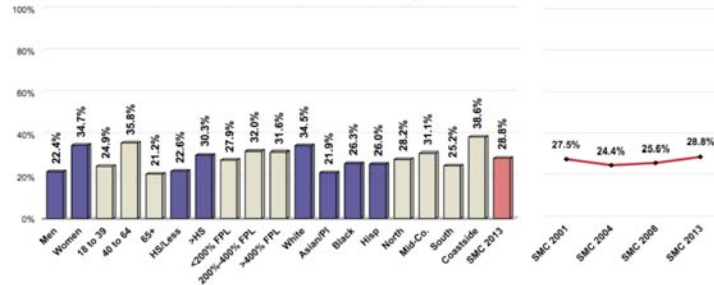


Sources: • 2013 PRC Community Health & Quality of Life Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories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

Mental Health Treatment

- While 7.9% of surveyed adults report that they have a “history” of mental or emotional illness, more than one in four (28.8%) have sought some type of professional help for a mental or emotional problem (such as depression, stress, and anxiety), *higher than 2004 findings*.⁵⁶⁹
- 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.⁵⁷⁰

Have Sought Help for a Mental or Emotional Problem 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.

APPENDIX I: NORTH FAIR OAKS

A total of 189 additional interviews in the North Fair Oaks area (ZIP Code 94025, as well as unincorporated parts of 94063) were conducted in order to augment samples and enhance reliability within that area. In all, 248 interviews were conducted in the North Fair Oaks area. Findings for the North Fair Oaks area are outlined in the following charts.

Quality of Life

Community Description	North Fair Oaks	San Mateo County
% Local Employment Opportunities are “Fair/Poor”	27.3	44.8
% Strength/Growth of Local Economy is “Fair/Poor”	30.4	46.7
% Living Below 200% of the Federal Poverty Level	10.2	18.9
% Have Considered Relocating Due to Cost of Living	25.0	28.0
% Community is a “Fair/Poor” Place in Which to Live	8.5	10.0
% Quality of Life Will Worsen in the Next Few Years	9.1	10.2

Family Issues	North Fair Oaks	San Mateo County
% Caregiver for Grandchild/Great-Grandchild	2.8	3.6
% [Parents] Child Attends Private/Parochial School	11.1	11.3
% Have a Computer in the Home	92.6	92.0
% An Older Dependent Lives in the Home	2.4	9.2
% Family Regularly Does Not Have Enough Food	0.6	2.1
% Rec’d Food From Food Bank in Past Year	3.8	4.4
% Seniors Living Alone	40.3	36.6

Community Issues	North Fair Oaks	San Mateo County
% Racial/Cultural Tolerance is “Fair/Poor”	16.2	13.3
% “Fair/Poor” Tolerance for Other Lifestyles/Viewpoints	14.4	15.1
% Had Someone to Talk To “None/Little” of the Time	6.9	11.0
% Spirituality is “Very Important”	30.6	44.4
% Have a Priest, Minister, etc. for Support	37.4	51.4
% Availability of Affordable Housing is	85.7	72.0

"Fair/Poor"		
% Own Home	70.5	58.9
% Share Housing Costs for Affordability	7.5	18.3
% Could Rely on Public Transportation if Needed	58.2	64.8
% Local Gov't Does "Fair/Poor" Job Creating Bikeable or Walkable Accessibility	25.3	21.8
% Ease of Obtaining Social Svcs is "Fair/Poor"	13.3	21.1
% Neighborhood Safety is "Fair/Poor"	11.1	11.6

Health

Healthy Behaviors	North Fair Oaks	San Mateo County
% Exhibit Healthy Behaviors	6.0	5.4

Description of Health Care Services	North Fair Oaks	San Mateo County
% "Fair/Poor" Physical Health	10.2	12.8
Avg. Days of Poor Physical Health in the Past Month	2.5	3.1
[Employed Adults] Workdays Missed in the Past Year	6.1	6.0
Avg. Days of Limited Activities in the Past Month	1.2	2.0
% Need Help With Personal Care Needs	4.4	2.4
% Need Help With Routine Needs	9.5	6.0
Avg. Days on Which Pain Limited Activities in the Past Month	1.9	1.9
% [Parents] Have a Place for Child's Routine Care	100.0	98.5
% Had a Routine Checkup in the Past Year	74.4	72.2
% [Parents] Child Had a Checkup in the Past Year	93.9	93.9
% Had a Dental Checkup in the Past Year	79.0	76.5
% [Parents] Child Had a Dental Checkup in the Past Year	79.6	83.9
% Lack Dental Coverage	37.0	32.4
% Used the Internet to Access Healthcare Info/Past Year	83.4	76.6
% Access to Local Healthcare Svcs is "Fair/Poor"	5.9	13.7
% [18-64] Lack Healthcare Insurance Coverage	10.6	12.3
% [Employed] Job Doesn't Offer Benefits	30.3	24.4
% Difficulty Getting in to See a Dr. in the Past Year	7.1	7.9
% Cost Prevented a Physician Visit in the Past Year	3.4	8.8
% Cost Prevented Prescription in the Past Year	4.2	8.3

% Lack of Transportation Prevented Dr. Visit/Past Year	2.6	4.8
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Cancer	North Fair Oaks	San Mateo County
% Current Smoker	3.7	10.1
% Member of Household Smokes at Home	2.4	7.5
% Eat 5+ Servings of Fruits/Vegetables per Day	29.0	31.0
% Generally Read Food Labels When Buying Groceries	82.6	78.5
% Accessibility of Affordable Produce is "Fair/Poor"	2.5	5.4
% Grow Food for Consumption	40.9	26.4

Heart Disease & Stroke	North Fair Oaks	San Mateo County
% Exhibit 1+ Cardiovascular Risk Factor	83.8	85.4
% Don't Participate in Regular, Vigorous Activity	57.4	53.9
% Access to Parks/Rec Facilities is "Fair/Poor"	6.9	8.5
% Rec. Facilities Designed for Youth are "Fair/Poor"	9.1	17.7
% Diagnosed w/Hypertension More Than Once	29.4	27.3
% Diagnosed w/High Blood Cholesterol	30.3	30.4
% Overweight	49.5	55.4
% Obese	13.3	21.7
% [Overweight] Trying to Lose Weight w/Diet and Exercise	27.3	29.8

Chronic Disease	North Fair Oaks	San Mateo County
% Diabetes	9.0	10.0
% Asthma	12.6	17.9

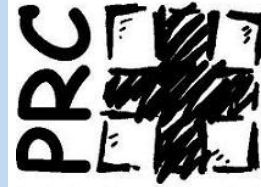
Communicable Disease	North Fair Oaks	San Mateo County
% Would Encourage Teens' Condom Use	98.6	96.4

Injuries	North Fair Oaks	San Mateo County
% Firearm In or Around the Home	10.3	14.7
% Have 3+ Days' Worth of Food & Water	73.8	77.5

Addictions & Substance Abuse	North Fair Oaks	San Mateo County
% Used an Illegal Drug in the Past Year	1.9	4.6
% Current Drinker	65.5	59.1
% Chronic Drinker	5.4	5.0
% Binge Drinker	12.0	13.5

Mental Health	North Fair Oaks	San Mateo County
Avg. Days of Poor Mental Health in the Past Month	2.0	2.0
% Have a History of Mental Health Problems	7.0	7.9
% Chronic Depression	17.1	24.1
Avg. Days Without Enough Sleep in the Past Month	7.9	7.6
Avg. Days Feeling Healthy/Energetic in Past Month	18.1	18.6
% Sought Professional Help for a Mental Issue	32.5	28.8

APPENDIX II: SURVEY INSTRUMENT



Professional Research Consultants

Date _____

Interviewed by _____ ID# _____

2011-1322-02

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

Hello, this is _____ with Professional Research Consultants. The Hospital Consortium of San Mateo County has asked us to conduct a survey '+adtemp+' 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) 573-2757 during regular business hours.

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

2. Would you please tell me which ZIP Code area you live in?

- 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
- All Others

NOTE: If Q2 is "All Others", THANK & TERMINATE.

3. Service Area.

North County
Mid-County
South County
Coastside

SCRIPTING NOTE: If Q2 is 94303, ASK Q4.

All Others, SKIP to NOTE before 5.

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

(SKIP to [NOTE before 5](#))

San Mateo
All Others
[Terminate Interview]

NOTE: THANK AND TERMINATE.

NOTE: If Run 1 OR Run 2, SKIP to RECORD BOX.

If Run 3 OR 4 AND Q3 is "Coastside", SKIP to RECORD BOX.

If Run 5 OR 6 AND Q2 is "94025", SKIP to RECORD BOX.

If Run 5 OR 6 AND Q2 is "94063", ASK Q5.

All Others, THANK AND TERMINATE.

5. 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
(SKIP to [RECORD BOX](#)) Unincorporated/North Fair Oaks
[Terminate Interview]

NOTE: THANK AND TERMINATE.

OVERSAMPLE STARTS HERE

**SCRIPTING NOTE: Use CHA San Mateo Oversample Screeners.
Set CHAName = Dr. Scott Morrow
Set CHANumb = (650) 573-2757**

NOTE: If Run 7 OR Run 8, Force Response from SQ11 into Q1.

Force Q2 & Q3 from the Phone File.

Then, CONTINUE with RECORD BOX.

This survey may be recorded for quality assurance.

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

Male
Female

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]

SCRIPTING NOTE: Recode 0 to 888. Add 888 [None] to the Coding Table.

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

- 0 to 365
- [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 (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]

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

- 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 5 Years (2 Years but Less Than 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
[Not Applicable]
[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, 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]

SURVEY NOTE:The following question does not match the base precodes so it was not put into the base question category for most recent dental routine checkup.

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

- 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]

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. A 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
- No
- (SKIP to [35](#))
- (SKIP to [35](#))
- (SKIP to [35](#))
- [Don't Know/Not Sure]
- [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
- Pre-Diabetes or Borderline Diabetes
- [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 (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]

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]

SURVEY NOTE: The following question does not match the base precodes so it was not put into the base question category for length of time since last time blood cholesterol was checked.

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)

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

45. Do you smoke cigarettes now?

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

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

- (SKIP to [50](#))
- (SKIP to [50](#))
- (SKIP to [50](#))
- (SKIP to [50](#))
- (SKIP to [50](#))
- (SKIP to [50](#))
- (SKIP to [50](#))
- (SKIP to [50](#))
- (SKIP to [50](#))
- 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]

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. "Less Than One" = 0. "Don't Smoke Regularly" = 888.)

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

48. In the past year, has your doctor or health care provider referred you to a program 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. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

(NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

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. Considering all types of alcoholic beverages, how many TIMES during the past month did you have 5 or more drinks on an occasion?

0 to 30
[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]

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

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

57. Have you ever had a pneumonia vaccination?

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

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

What is your age?

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

NOTE: If PHTYPE is "Traditional Phone Order" OR "Land Line Labeled as Cell Phone",

SKIP to SCRIPTING NOTE before 79.

If PHTYPE is "Cell Phone Order" OR "Cell Phone Labeled as Land Line",

CONTINUE with CELLQ.

CELLQ. Do you have a regular home telephone in addition to this cell phone?

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

AHHD. Including yourself, how many adults, 18 and over, live in this household?

One
Two
Three
Four
Five
Six or More
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: Force Responses from AHHD Back Into Q1.

SCRIPTING NOTE: If Qlang is "Spanish", Set Q59 to "Sí" and SKIP to 60.

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

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

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

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

- (SKIP to [62](#)) [Don't Know/Not Sure]
- (SKIP to [62](#)) [Refused]
- (SKIP to [62](#)) [None]
- African-American/Black
- American Indian, Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Pacific Islander
- Samoan
- Tongan
- Vietnamese
- Other Asian
- Latino/Latina/Central American
- Caucasian/White
- Other (Specify)

61. 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]
- [None]
- African-American/Black
- American Indian, Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Pacific Islander
- Samoan
- Tongan
- Vietnamese
- Other Asian
- Latino/Latina/Central American
- Caucasian/White
- Other (Specify)

62. Were you born a United States citizen?

- (SKIP to [64](#)) Yes
- (SKIP to [64](#)) No
- (SKIP to [64](#)) [Don't Know/Not Sure]
- (SKIP to [64](#)) [Refused]
- [Terminate Interview]

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

63. 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]

64. Are you:

- Married
- Divorced
- Widowed
- Separated
- Never Been Married
- In a Domestic Partnership
- or Living with an Unmarried
- Partner
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

65. Are you currently:

- Employed for Wages
- Self-Employed
- Out of Work for More Than 1
- Year
- Out of Work for Less Than 1
- Year
- A Homemaker
- A Student
- Retired
- or Unable to Work
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

66. Do you identify yourself as:

- (SKIP to [68](#))
- Heterosexual
- Gay or Lesbian
- or Bisexual
- [Other]
- (SKIP to [68](#))
- [Don't Know/Not Sure]
- (SKIP to [68](#))
- [Refused]
- [Terminate Interview]

67. 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]

68. 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.)
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

69. Now I would like to ask, about how much do you weigh without shoes?

(INTERVIEWER: Round Fractions Up)

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

70. How much would you like to weigh?

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

71. 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]

NOTE: If Q6 is "Male", SKIP to NOTE before 74.

If Q6 is "Female", CONTINUE.

72. 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]

73. 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]

NOTE: If Q58 is 50 Years of Age or Older, ASK Q74.

All Others, SKIP to 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?

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

SCRIPTING NOTE: Recode 0 to 888. Add 888 [None] to the Coding Table.

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?

- (SKIP to [IVAR83B](#)) DAYS PER WEEK
- (SKIP to [86](#)) DAYS PER MONTH
- (SKIP to [86](#)) [No Vigorous Activity]
- (SKIP to [86](#)) [Unable To Do Vigorous Activity]
- (SKIP to [85](#)) [Don't Know/Not Sure]
- (SKIP to [85](#)) [Refused]
- [Terminate Interview]

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

- 1 to 7
- [Don't Know/Not Sure]
- [Refused]

NOTE: SKIP to 84.

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

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

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
[Not Trying to Lose Weight]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

SCRIPTING NOTE: If Q88 is "Not Trying to Lose Weight", Force Q89 to "Not Trying to Lose Weight" and SKIP to READ BOX before 90.

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?

- [Don't Know/Not Sure]
- [Refused]
- Family Physician
- Friends/Relatives
- Hospital Publications
- Insurance
- Newspaper
- Internet
- Television
- [Don't Receive Any]
- Other (Specify)

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
- The Same
- Somewhat Worse
- or Much Worse
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

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]
[Terminate Interview]

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 Q65 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: Using Custom San Mateo Income Levels. Please Update Accordingly. Survey is a Complete At This Point.

SURVEY NOTE: The following question does not match the base precodes so it was not put into the base question category income.

149. Total Family Household Income.

Under \$22,300
 \$22,300 to \$30,299
 \$30,300 to \$38,199
 \$38,200 to \$45,399
 \$45,400 to \$53,999
 \$54,000 to \$61,199
 \$61,200 to \$69,899
 \$69,900 to \$77,099
 \$77,100 to \$85,699
 \$85,700 to \$92,899
 \$92,900 to \$101,499
 \$101,500 to \$108,799
 \$108,800 to \$123,899
 \$123,900 to \$139,699
 \$139,700 to \$155,599
 \$155,600 to \$171,399
 \$171,400 to \$187,199
 \$187,200 to \$203,099
 \$203,100 to \$218,899
 \$218,900/Over
 [Don't Know/Not Sure]
 [Refused]
 [Terminate Interview]

(SKIP to [GOODBYE](#))

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

(SKIP to [GOODBYE](#))

(SKIP to [GOODBYE](#))

NOTE: If Q151 Is "1", SKIP to 152.

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.)

(SKIP to [GOODBYE](#)) 0 to 17
[Refused]

**SCRIPTING NOTE: If Qlang is "Spanish", Display Qgen.
All Others, SKIP to 153.**

gen. Is this child a boy or a girl?

(INTERVIEWER: Code "Boy" = "Male". Code "Girl" = "Female".)

Male
Female

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

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]
(SKIP to [GOODBYE](#)) [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 (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]
(SKIP to [GOODBYE](#)) [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 [GOODBYE](#)) [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 [GOODBYE](#)) [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 [GOODBYE](#)) [Terminate Interview]

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

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

NOTE: If Q152 is *10 Years Old or Older*, 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 [GOODBYE](#)) [Terminate Interview]

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

Yes

No

[Don't Know/Not Sure]

[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]

NOTE: If Q152 is "0" (Under One Year Old), 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 [GOODBYE](#))

[Terminate Interview]

NOTE: If Q152 is 5 Years Old or Older, ASK Q164.

All Others, SKIP to GOODBYE.

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 [167](#)) [Not Applicable/Not in School]
[Don't Know/Not Sure]
[Refused]
(SKIP to [GOODBYE](#)) [Terminate Interview]

SCRIPTING NOTE: If Q164 is "Not Applicable/Not in School", Force Q165 to "Not In School" and SKIP to 167.

All Others, ASK Q165.

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

- Public School
 - Parochial or Private School
 - Charter School
 - or Home School
- (SKIP to [167](#)) [Not In School]
[Don't Know/Not Sure]
[Refused]
(SKIP to [GOODBYE](#)) [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]
- (SKIP to [GOODBYE](#)) [Terminate Interview]

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

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

SCRIPTING NOTE: Recode 0 to 888. Add 888 [None] to the Coding Table.

168. And finally, in the past year, what percentage of the time has this child either biked or walked to or from school?

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

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!

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