



Stanford
HEALTH CARE

**Community Health
Needs Assessment**

2016

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This report is the result of contributions from many individuals and organizations:

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1. EXECUTIVE SUMMARY

Community Health Needs Assessment (CHNA) Effort

In 1995 local collaboratives were formed in San Mateo and Santa Clara counties for the purpose of identifying and addressing critical health needs of the community. The Healthy Community Collaborative of San Mateo County (HCC) and the Santa Clara County Community Benefit Coalition (CBC) are groups of organizations that include nonprofit hospitals, public health departments and other community organizations. Every three years since 1995, Stanford Health Care (SHC) has worked together with these two groups to conduct an extensive community health needs assessment (CHNA). This 2016 CHNA builds upon those earlier assessments.

The 2016 CHNA is designed to serve as a tool for guiding policy and program planning efforts and is available to the public. For hospitals members, it will also serve to assist in developing community benefit plans pursuant to California State Senate Bill 697, as well as assist in meeting IRS requirements for Community Health Needs Assessment and Implementation Strategies pursuant to the 2010 Affordable Care Act (Section §1.501(r)(3)).

Through this process, the collaboratives used statistical data to identify health needs so that they can continue to address significant community health needs. The federal definition of health needs includes traditional physical health conditions and drivers and also social factors that influence the health of residents. As with prior CHNAs, this assessment also takes into consideration the strengths, assets and resources available in the community. With this assessment, HCC and CBC members (individually and collectively) will develop strategies to tackle these needs and improve the health and well-being of community members.

Process & Methods

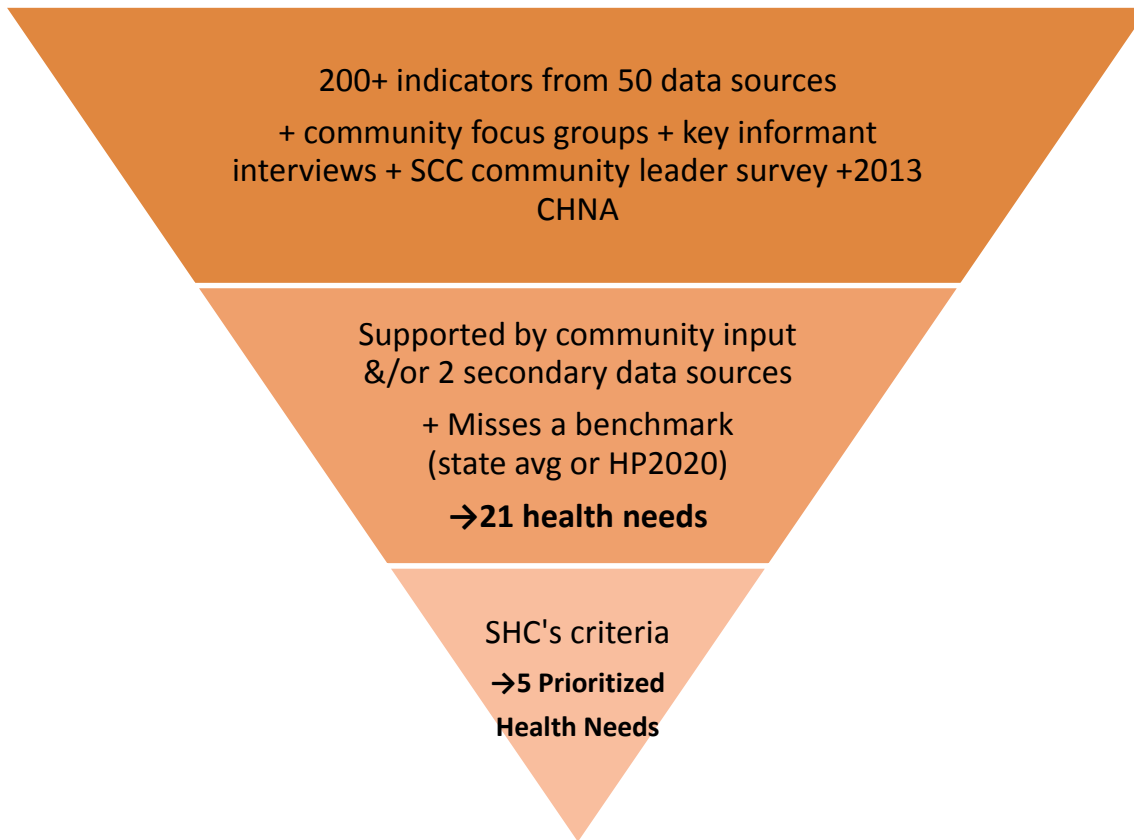
The HCC and CBC began planning their respective 2016 CHNA assessments in the fall of 2014, and began collecting data in early 2015. The goal was to collectively gather community feedback, understand existing data about health status, and prioritize local health needs in each county.

In both counties, community input was gathered through interviews with local health experts, focus groups with community leaders and representatives, and resident focus groups. Secondary data was obtained from a variety of sources. (See Attachments 2 and 3 for secondary data sources).

Identification of Significant Health Needs

In the fall of 2015, ASR identified health needs by synthesizing primary qualitative research and secondary data, and then filtering those needs against a set of criteria. The HCC and CBC then reviewed their respective lists. The collaboratives then met again to identify the community resources available to address the health needs identified through the CHNA process, including hospitals, clinics, and community-based programs and services. The 21 identified health needs are listed later in this executive summary and described in detail in Section 6.

2016 CHNA Needs Identification & Prioritization Process



Prioritization of Health Needs

In February 2016, the SHC Community Partnership Program Steering Committee (CPPSC) met to review the data collected for the CHNA. The purpose of the meeting was to prioritize the identified significant health needs, which would form the basis for SHC's community benefit plan and implementation strategies.

The CCPSC prioritized the 21 health needs by applying the following criteria.

- Criterion 1: Cuts across both San Mateo and Santa Clara counties (impacts SHC's community)
- Criterion 2: Identified as a priority health need by community input
- Criterion 3: SHC has the required expertise and resources to make an impact
- Criterion 4: Magnitude/Scale – affects a large number of individuals
- Criterion 5: Although not a need in the general population, disparities or inequities exist

The table below lists the health needs identified in the 2016 CHNA and indicates which were prioritized by the SHC CCPSC.

2016 Identified Significant Health Needs by Prioritization

PRIORITIZED	CHNA IDENTIFIED HEALTH NEEDS
YES (MET ALL 5 PRIORITIZATION CRITERIA)	Behavioral Health
	Cancer
	Communicable Diseases
	Diabetes & Obesity
	Healthcare Access & Delivery
NO (DID NOT MEET ALL 5 PRIORITIZATION CRITERIA)	Alzheimer's Disease & Dementia
	Arthritis
	Birth Outcomes
	Cerebrovascular Diseases
	Climate Change
	Diet/Fitness/Nutrition
	Economic Security
	Housing & Homelessness
	Learning Disabilities
	Oral/Dental Health
	Respiratory Conditions
	Sexual Health
	Tobacco Use
	Transportation & Traffic
Unintentional Injuries	
Violence & Abuse	

Next Steps

SHC will develop its implementation strategies for fiscal years 2017 – 2019 for investments in improving the health and well-being of the community based on:

- The health needs identification and prioritization process conducted in each county, which synthesized primary and secondary data.
- The health needs prioritization and selection process undertaken by the SHC Community Partnership Program Steering Committee.
- A review of SHC’s current community health improvement initiatives.

The CHNA will be publicly available on SHC’s website as of May 2016. The Implementation Strategy Report will be published following board approval in September 2016.

In addition, the countywide collaboratives will continue to meet to explore opportunities for coordinated interventions around shared health needs.

2. INTRODUCTION/BACKGROUND

Community Health Needs Assessment (CHNA) Effort

Every three years since 1995, Stanford Health Care has worked together with two groups to conduct an extensive community health needs assessment (CHNA) for the purpose of identifying and addressing critical health needs of the community. This 2016 CHNA builds upon those earlier assessments.

The Healthy Community Collaborative of San Mateo County (HCC) is a group of representatives of San Mateo County organizations that includes seven nonprofit hospital community benefit staff, San Mateo County health department and human services representatives and community-based organizations. The Santa Clara County Community Benefit Coalition (CBC) is a group of organizations that includes seven nonprofit hospitals, a nonprofit multispecialty medical group and the Public Health Department.

The 2016 CHNA is designed to serve as a tool for guiding policy and program planning efforts and is available to the public. For hospitals members, it will also serve to assist in developing Community Benefit Plans pursuant to California State Senate Bill 697, as well as assist in meeting IRS requirements for Community Health Needs Assessment and Implementation Strategies pursuant to the Affordable Care Act of 2010.

Through this process, the collaboratives used statistical data to identify health trends so members can continue to address significant community health needs. Note that for the purposes of this assessment, “community health” is not limited to traditional health measures. The IRS regulations set forth a broad definition that includes physical health and indicators relating to the quality of life (e.g., access to health care, affordable housing, child care, education, and employment), the physical environment, and social factors that influence health of the county’s residents. This reflects the philosophy of the HCC and CBC that community health is affected by many factors and cannot be adequately understood without consideration of trends outside the realm of health care. As with prior CHNAs, this assessment also takes into consideration the strengths, assets and resources available in the community.

3. ABOUT STANFORD HEALTH CARE

About Our Hospital

Stanford Health Care (SHC) is dedicated to providing leading-edge and coordinated care to each and every patient. It is internationally renowned for expertise in areas such as cancer treatment, neuroscience, surgery, cardiovascular medicine and organ transplant, as well as for translating medical breakthroughs into patient care. Throughout its history, Stanford has been at the forefront of discovery and innovation, as researchers and clinicians work together to improve health on a global level. SHC's vision is healing humanity through science and compassion, one patient at a time. Its mission is to care, to educate, to discover.

Hospital

Licensed beds	613 (475 staffed)
Licensed ICU beds	67 (66 operating)
Operating rooms	49

Hospital Staff

Employees:	10,034
Residents and Fellows:	1,162
Medical staff:	2,556
Volunteers:	1,480

Hospital visits

Outpatient Visits:	689,417
Inpatient Visits:	152,218
ED Visits:	68,643

Community Served

SHC is a regional referral center for an array of adult specialties, drawing patients from throughout California, across the country, and internationally. However, due to its location in Palo Alto, on the northern end of Santa Clara County and bordering San Mateo County, the majority of SHC's patients (nearly 65%) are residents of San Mateo and Santa Clara counties. Therefore, for purposes of its community benefit program, SHC has identified these two counties as its target community. SHC maintains a strong commitment to the health of its community members and dedicates considerable resources to support its community benefit program.

San Mateo County

San Mateo County (SMC), located on the San Francisco Peninsula, is made up of 20 cities and towns, bordered by the City of San Francisco on the north, the San Francisco Bay on the east, Santa Clara County on the south, and the Pacific Ocean on the west. SMC is a mix of urban and suburban industrial, small business, and residential use. The coastal area is a mix of suburban and rural areas with significant agricultural, fishing, small business, and tourism land use. According to the U.S. Census, the estimated 2014 population of the county was 739,837. SMC's population is expected to increase by 14% between 2010 and 2050.

SMC is among the richest counties in California in terms of ethnic diversity. Of those who reported one race, more than half (56%) are White alone, which is expected to decrease over the next four decades by nearly 50%. Currently, one quarter of the population (26%) is Asian and 3% are Black/African American. Approximately 8% selected “some other race” and 5% selected “more than one race.” In SMC the largest subgroups of Asian residents are Chinese and Filipino (both 38% of the Asian population), followed by the Asian Indian group (28%). More than a quarter (27%) reported being of Latino ethnicity (distinct from race). One third (34%) of the county population is foreign born and nearly half (46%) of those aged five and older spoke a language other than English at home. In SMC, approximately 34% of the population was born outside of the United States. By the year 2050, the ethnic makeup of the county is projected to be 38% Hispanic, 32% Asian/Pacific Islander, 22% White, 5% Black/African American, and 4% other/multi-race.

Those aged 60 and older will increase from 20.0% (in 2014) to 30.9%. Asian/Pacific Islander and Hispanic seniors will comprise the largest proportion of seniors in SMC in 2050. At the other end of the age spectrum, the ethnic makeup of children aged 14 and younger is projected to be Hispanic, Asian/Pacific Islander, White, Black/African American, and multi-race in 2050.

The U.S. Census Bureau estimates that in 2014 the median income for SMC residents was \$91,421. While this median income is the third highest in California¹, one in ten children aged 18 and younger living below the Federal Poverty Level (FPL) and 8% of all of SMC individuals live below FPL. However, because the FPL does not take into consideration local conditions such as cost of living, agencies use other measures of economic security to provide a more realistic measure of poverty in SCC. According to the 2014 Family Self-Sufficiency Standard (FSSS)², a single parent with two children³ living in SMC must earn approximately \$97,200 annually to meet the family’s basic needs, the equivalent of five full-time minimum-wage jobs in SMC.

Santa Clara County

With 1.8 million residents, Santa Clara County (SCC) is the sixth most populated of California’s 58 counties, and the most populated county in the Bay Area. More than half of the residents live in San José. SCC’s population is projected to grow from the current level to more than 2.2 million by 2030.

The North County area is extensively urbanized. Thirteen of the county’s 15 cities and more than 88 % of the county’s residents live in the North County. Gilroy and Morgan Hill, with approximately 5% of the county’s population, are located in the South County, which remains predominantly rural, with low-density residential developments scattered though the valley and foothill areas. More than half of the county’s population live in San José.

¹ <http://www.countyhealthrankings.org/app/california/2014/measure/factors/63/data>

² Developed by the Insight Center for Community Economic Development, the FESSS is a comprehensive measure of how much it costs for working families to live, adjusted for regional differences in prices and the ages of the children in the household.

³ One infant and one preschool-aged child.

According to U.S. Census 2014 estimates, approximately 37% of the population in SCC was born outside of the United States, outpacing the rate for California by nearly 10%. Of those who reported one race, more than half (49%) are White alone, 33% are Asian, and 3% are Black/African American. Approximately 10% selected “some other race” and 5% selected “more than one race.” The predominantly reported sub-groups of the Asian population are Chinese (27% of the Asian population), Vietnamese (22%), Asian Indian (22%) and Filipino (15%). More than one in four (27%) reported a Hispanic/Latino ethnicity (distinct from race).⁴ SCC residents in total speak more than 100 languages and dialects.

Latinos represent the fastest-growing demographic. According to the 2012 Silicon Valley Latino Report Card, 82% of Latinos (both native-born and foreign-born) in Silicon Valley are from Mexico, with another 8.5% from Central America. The Vietnamese population is another demographic that is growing rapidly in SCC. While there are currently more Chinese (27%) in SCC than Vietnamese (22%), the Vietnamese population has grown very quickly in the last few decades, from 11,717 in 1980 to 134,525 in 2010. The population is the second largest of any county in the U.S., surpassed only by Orange County, California. San Jose has the largest Vietnamese population of any U.S. city.

People aged 60 and older currently make up slightly less of the population in SCC than in California as a whole (16.6% vs. 22.6%).⁶ However, according to the local Area Agency on Aging (Sourcewise)⁵, seniors will comprise a larger and larger share of the local population. In 1990, fewer than one in eight county residents was age 60 or older. By 2030, more than one in four county residents will be aged 60 and older.⁶

The SCC median income in 2014 was \$93,854—the highest in California. However, like San Mateo County, one in ten SCC children and 14% of adults were living below the Federal Poverty Level (FPL) in 2014.⁷ In addition, more Hispanic/Latino and Black/African American children are living in poverty compared to children of other racial/ethnic groups and the county overall. In SCC, a single parent with two children⁸ living in SMC must earn approximately \$90,700 annually to meet the family’s basic needs, the equivalent of four full-time SCC minimum-wage jobs.

⁴ U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

⁵ Formerly known as Council on Aging Silicon Valley

⁶ Sourcewise, /2016-2020 Area Plan on Aging.

⁷ In 2014, the national FPL for a family of four was \$23,850.

⁸ One infant and one preschool-aged child.

4. 2013 CHNA RESULTS & IMPACT

In 2013, SHC participated in a collaborative process to identify significant community health needs and meet the IRS and SB 697 requirements. The 2013 CHNA is posted on the community partnerships page of SHC's public website⁹ along with a link to a dedicated inbox for fielding questions and comments. This inbox is checked daily by the Executive Director of the Community Partnerships Program. At the time of this CHNA report, SHC has not received any written comments about the 2013 CHNA report.

In 2013, the SHC Community Partnership Program Steering Committee met to select health needs for SHC to address for fiscal years 2014-2016 from a list of 11 health needs identified through the CHNA process.

Stanford Health Care 2013 Prioritized Health Needs

CHNA IDENTIFIED HEALTH NEED	HEALTH NEED CHOSEN BY SHC
1. Access to healthcare	Yes
2. Alzheimer's disease	No
3. Arthritis	Indirectly
4. Cancer	Yes
5. Cardiovascular disease	Indirectly
6. Chronic diseases	Yes
7. Diabetes	Indirectly
8. Mental health	No
9. Obesity/overweight	No
10. Respiratory conditions	Indirectly
11. Unintentional injuries/Falls	Yes

For the 2016 CHNA, the two coalitions built upon this work by starting with lists of previously identified health needs. Updated secondary data were collected for these health needs, and community input was used to add health needs to the list and to delve deeper into questions about healthcare access, delivery, barriers to care and solutions. The CHNA team also specifically sought to understand how the full implementation of the Affordable Care Act impacted community members' access to healthcare.

2014-2016 Implemented Strategies and Evaluation Findings

The 2013 CHNA, which surfaced significant health needs, formed the foundation for SHC's implementation strategies for fiscal years 2014-2016. Those strategies were initiated in SHC's fiscal year 2014 (September 2013). In December 2014, the IRS published its final regulations, which require that hospitals report on the impact of the implementation strategies.

The following are highlights of FY14 and FY15 community benefit strategies and evaluation findings. Due to timing constraints that require adoption and public posting of this report by the end of the fiscal year, evaluation results for FY 2016 are not yet available. For more information, please see <https://stanfordhealthcare.org/about-us/community-partnerships.html>.

⁹ <https://stanfordhealthcare.org/about-us/community-partnerships.html>.

FY14 & FY15 Community Benefit (CB) Investments Overall

- Over \$487 million in community benefit, excluding uncompensated Medicare
- Over \$367 million—almost three quarters of all SHC CB investments—to serve vulnerable populations
- More than \$358 million in charity care and unreimbursed Medi-Cal
- Nearly \$7.7 million in programs that benefit the larger community
- Almost \$112 million to train the next generation of physicians and other healthcare professionals

FY15 Access to Care Strategies

- Provided approximately 22,000 visits to community members by the Stanford Health Library. An additional 800 individuals were provided services by library staff and volunteers via e-mail and phone, and 3,500 more were reached by other library programs such as its lecture series. The five branches of the health library provide free medical librarian services to research prevention, management and treatment options. The East Palo Alto branch, located at Ravenswood Family Health Center, has a bilingual librarian to assist clients of the clinic and community members.
- Funded seven community clinics and a transitional medical unit in a homeless shelter as part of its Improve Access to Care health initiative. The goal of this strategy is to build community capacity to deliver quality primary and preventive health care. Community partners include Cardinal Free Clinics (Arbor and Pacific), Ravenswood Family Health Center, MayView Community Health Center, Samaritan House Redwood City Free Clinic, Peninsula HealthCare Connection, Asian Americans for Community Involvement (AACI) Health Center and the Medical Respite Center at Home First's Boccardo Regional Center in San Jose.
- Partnered with San Mateo and Santa Clara counties in a program designed to link uninsured pediatric patients treated in the emergency department with assistance programs such as Medi-Cal, Healthy Families and Healthy Kids. SHC's Emergency Department Registration Unit referred 438 children to county staff. Of those referrals, 240 children were enrolled in some type of health insurance program.
- Transported over 400 adult and pediatric patients to major Bay Area medical center via LifeFlight, a SHC-operated air medical and critical care transport program.

FY15 Cancer Strategies

- Funded five projects that provided access to community-appropriate cancer education and supportive services for minorities, women, and underserved populations with the goal of reducing cancer health disparities:
 - ◆ St. James Community Foundation: education about preparing healthy foods for at-risk communities, primarily African-American, Hispanic and Pacific Islander
 - ◆ Latinas Contra Cancer: psychosocial support for Spanish-speaking cancer patients
 - ◆ Hep B Free Santa Clara: cancer education and Hepatitis B screening, education and promotion for the Chinese and Vietnamese communities of Santa Clara County

- ◆ Heart of Hope Hospice: end-of-Life (palliative care) seminar for Chinese-speaking patients, family members and caregivers
- ◆ Ethiopian Community Services: cancer education for Ethiopian community immigrants about risk reduction, cancer screening, cancer treatment options and clinical trials
- Provided over 34,000 encounters to individuals whose lives were affected by cancer. The Stanford Cancer Supportive Care Program provided 55 different services including support groups for many types of cancer, classes on topics related to the effects of cancer treatment and clinical trials, caregiver workshops, exercise and yoga classes, art and writing workshops, Healing Touch classes, Healing Partners and guided imagery workshops. All activities are provided free of charge and are open to the community.

FY15 Chronic Conditions Strategies

- Conducted three, six-week Chronic Disease Self-Management workshops (CDSM). CDSM is a free, evidence-based program that teaches older adults how to manage their chronic conditions. Participants learn to do appropriate exercises, eat better, manage stress and pain, manage their medications, and better communicate with their families and health care providers.

FY15 Unintentional Injuries (Falls) Strategies

- Provided 11 eight-session Matter of Balance classes (MOB) at sites in Menlo Park, Mountain View, Sunnyvale and Belmont. MOB is a free, evidence-based program in which SHC Trauma Services staff work with older adults in a group setting to help reduce the fear of falling. Participants learn to view falls as controllable, set goals for increasing activity, learn tips to make home modifications, and practice exercises to increase strength and balance.
- Provided the Strong for Life program (SFL) to more than 200 individuals at eight senior centers, five of which serve primarily low-income older adults. SFL is a free, group exercise program whose goals are to help older adults increase strength, balance and mobility, and reduce isolation.

FY14 Access to Care Strategies

- Funded six community clinics and a transitional medical unit in a homeless shelter as part of its Improve Access to Care health initiative. Clinics included Cardinal Free Clinics (Arbor and Pacific); Ravenswood Family Health Center; MayView Community Health Center; Samaritan House Redwood City Free Clinic; Peninsula HealthCare Connection; and the Medical Respite Center at Home First's Boccardo Regional Center in San Jose. The goal of this initiative was to build community capacity to deliver quality primary and preventive health care to low-income, medically underserved populations.
- Provided trained experts to assist low-income, under- and uninsured patients research and enroll in health insurance programs. SHC's subsidy of this program was \$1.5 million in FY14.

FY14 Cancer Strategies

- Funded six projects that provided access to community-appropriate cancer education and supportive services for minorities, women, and underserved populations:
 - ◆ African-American Community Health Advisory Committee: healthy cooking classes and nutrition education on the link between cancer and poor nutrition
 - ◆ Joylife Club: caregiving for late-stage cancer patients in the Asian American community
 - ◆ HealthWays: culturally responsive education and support services on cancer detection and treatment in the Filipino community
 - ◆ Latinas Contra Cancer: psychosocial support for Spanish-speaking cancer patients
 - ◆ Hep B Free: cancer education and Hepatitis B screening education and promotion for the Chinese and Vietnamese communities of Santa Clara County
 - ◆ Special Services for Groups (Saath): breast and cervical cancer outreach program for South Asians
- Funded the cancer clinical trials information website and phone line. Staffed by topic experts, this program's goal is to increase awareness of cancer clinical trials and link cancer patients to appropriate trials. In FY 2014, the website was visited by more than 13,000 individuals and staff fielded more than 750 calls to the cancer clinical trials information and referral phone line.

FY14 Chronic Conditions Strategies

- Conducted five, six-week Chronic Disease Self-management workshops. This free program teaches older adults how to manage their chronic conditions. Participants learn to do appropriate exercises, eat better, manage stress and pain, manage their medications, and better communicate with their families and health care providers.

FY14 Unintentional Injuries (Falls) Strategies

- Enrolled 245 older adults in the Farewell to Falls program (FTF), a no-cost, evidence-based fall prevention program. Occupational therapists provide home visits and review multiple risk factors for falls. Regular follow-up phone calls encourage compliance with exercise and action plans. One year after the initial home visit, therapists evaluate participants' progress.
- Conducted four seven-session Stepping On programs. The goal of this program is to empower older adults to change behaviors that can help reduce the risk of falling. Participants work with a physical therapist on strength and balance exercises, hear lectures from a pharmacist and vision specialist, and participate in discussions facilitated by an occupational therapist.

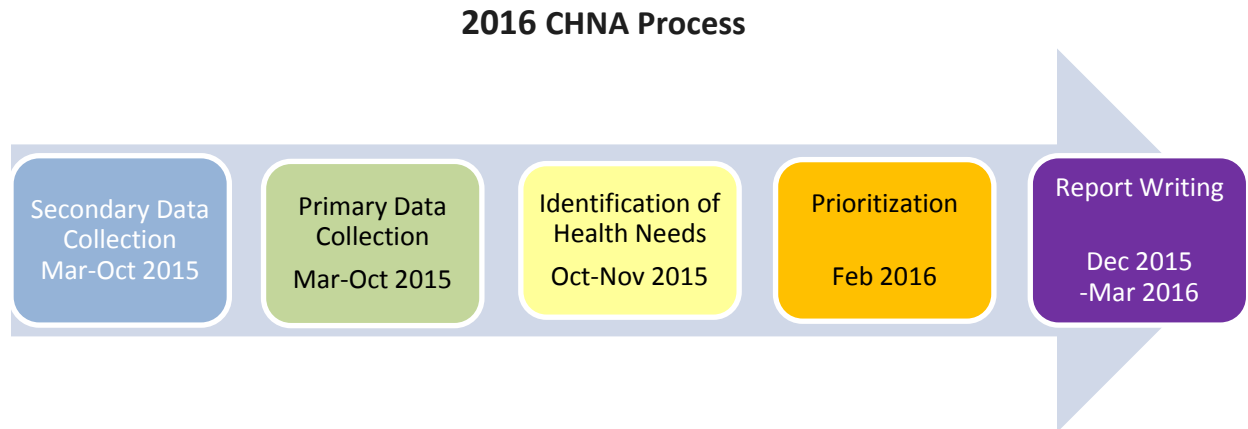
The following table provides examples of evaluation of the strategies for the 2013 health need *Access to Care*:

2013 HEALTH NEED	Access to Care
STRATEGY #1	Expand access to primary and preventive care
<i>Activities/services to address this strategy</i>	<ul style="list-style-type: none"> • Awarded a total of \$140,000 in FY14 and FY15 to Mayview Community Health Center. • Mayview facilitated patient enrollment in government insurance programs to increase the number of patients with healthcare coverage.
<i>Evaluation results</i>	<ul style="list-style-type: none"> • 11,911 encounters provided (exceeded goal by 25%). • In FY15, 73% of patients had health care coverage (n=1,740) with an increase by more than five times in Covered California coverage (n=55) and a 34% increase in Medi-Cal coverage (total n=1,403).
STRATEGY #2	Expand access to care for homeless patients who are discharged from the hospital
<i>Activities/services to address this strategy</i>	<ul style="list-style-type: none"> • Awarded a total of \$110,000 in FY14 and FY15 to Hospital Council of Northern & Central California for the Medical Respite Program (MRP).
<i>Evaluation results</i>	<ul style="list-style-type: none"> • 329 served. • In FY15, connected 91% of patients to a medical home for continuous access to primary care. • In FY15, discharged 70% of the patients who completed the MRP to temporary or permanent housing. • In FY15, avoided 670 hospital days due to discharge of patients to the MRP.
STRATEGY #3	Expand access to primary and preventative healthcare for individuals and families who are homeless or at risk for becoming homeless
<i>Activities/services to address this strategy</i>	<ul style="list-style-type: none"> • Awarded a total of \$50,000 in FY14 and FY15 to Peninsula Healthcare Connection (PHC) for Healthcare Access Initiative for the Homeless. • Assisted PHC clients with enrolling in healthcare insurance. • Provided vaccinations.
<i>Evaluation results</i>	<ul style="list-style-type: none"> • Served 456 individuals with benefit enrollment assistance. • Provided 558 vaccinations (43% for flu, 58% for TB screenings, 8% for Hepatitis B, 6% for Hepatitis A, and 7% for pneumococcal). • Provided 1,958 visits: 41% for primary care, 33% psychiatry, 6% lab and maintenance services, 4% diabetes management/prevention, and 2% for dermatology. In FY14, 337 unique patients were served and in FY15 310 unique patients were served.

2013 HEALTH NEED	Access to Care
STRATEGY #4	Expand access to comprehensive diabetes care
<i>Activities/services to address this strategy</i>	<ul style="list-style-type: none"> • Awarded \$100,000 to Samaritan House Free Clinic of Redwood City for Diabetes Care Days in FY14 & FY15 for Diabetes Days. • Selected patients who had not been seen in the clinic regularly due to their inability to take time off work. • Contracted with a nurse practitioner, medical assistant, and nurse to assess patients, perform foot checks and education, and administer immunizations. • Nutritionist and volunteer bilingual nutritionist educated patients about nutrition and exercise and led exercise activities. • Ophthalmologist performed checks for diabetic retinopathy. • Tested patients for HbA1c. • Provided diabetes medications and supplies.
<i>FY15 Evaluation results</i>	<ul style="list-style-type: none"> • Provided monthly Diabetes Care Day events. • Served 295 uninsured and low-income participants. • 95% of survey respondents reported an increase in knowledge about diabetes. • In FY15, 99% had plans to make a positive dietary or activity change. • In FY15, 100% felt the session had improved their ability to manage their diabetes.

5. 2016 CHNA PROCESS & METHODS

The collaboratives in both counties have been working together for several years on prior assessments and joint projects. The data collection process for this Community Health Needs Assessment (CHNA) took place over an eight-month period as illustrated below.



Community Assessment Teams

Stanford Health Care worked with the Community Benefit Coalition in Santa Clara County and with the Healthy Community Collaborative of San Mateo County on two countywide CHNA processes. Each of these coalitions collaborated and pooled resources to decide on a common set of data indicators, to choose which community experts and residents should be consulted, to define the criteria for identifying significant health needs, and to craft common primary data collection protocols. By pooling resources and leveraging collective wisdom, the collaboratives realized economies of scale and reduced redundant information requests of local health experts.

Qualifications of Consultants

The collaboratives commissioned Applied Survey Research (ASR), a social research firm, to assist with both county assessments. ASR conducted primary research, collected secondary data, synthesized primary and secondary data for a final health needs list, and documented the process and findings in this report.

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

Communities recently assessed by ASR include Arizona (six regions), Alaska (three regions), the San Francisco Bay Area including San Mateo, Santa Clara, Alameda, Contra Costa, Santa Cruz, and Monterey

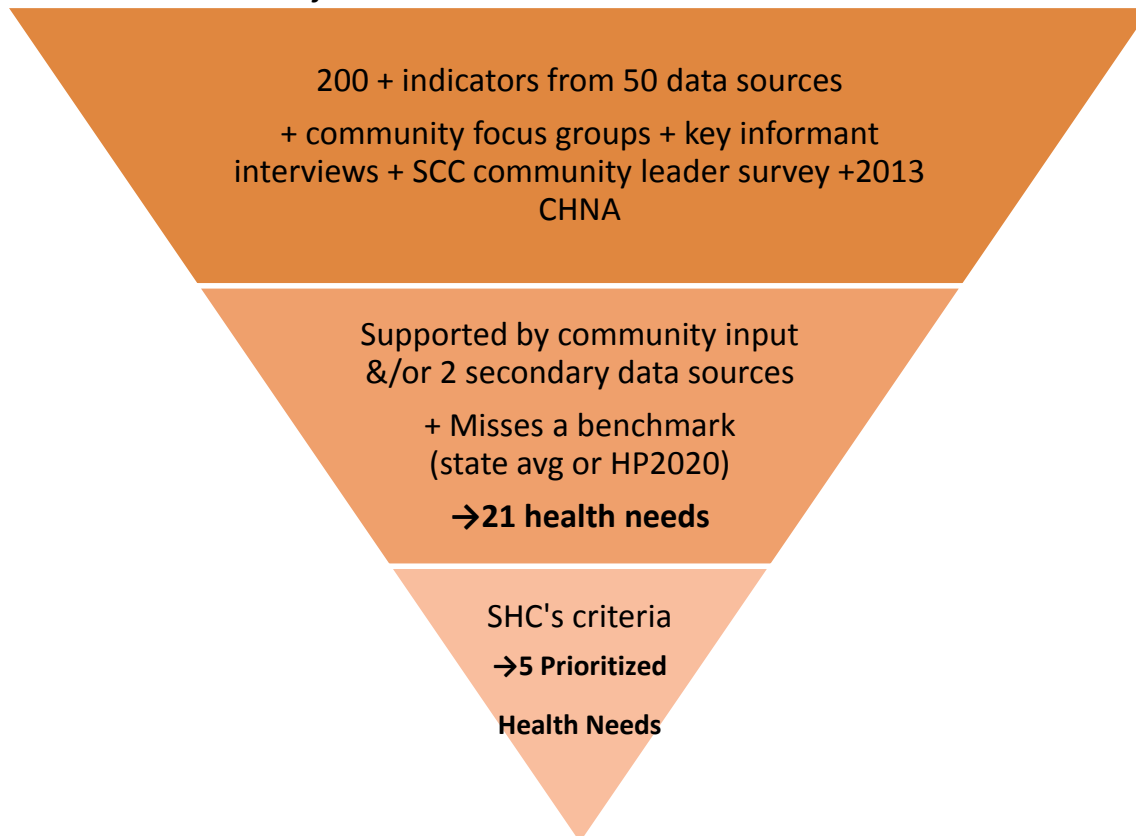
counties, San Luis Obispo County, the Central Valley area including Stanislaus and San Joaquin Counties, Marin County, Nevada County, Pajaro Valley, Solano, and Napa Counties.

The ASR team for this project was led by Jennifer van Stelle, PhD, and Melanie Espino.

6. 2016 IDENTIFICATION & PRIORITIZATION OF HEALTH NEEDS

The CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. These persons included local public health departments, those who are medically underserved, low-income individuals, minority populations, and professionals whose organizations serve or represent the interests of those populations. In addition to this primary qualitative input, quantitative data was analyzed to identify poor health outcomes, health disparities, and health trends.

2016 CHNA Needs Identification & Prioritization Process



Secondary Data Collection

In both SCC and SMC, ASR collected secondary data from the publicly available Community Commons data platform. This data platform includes over 150 indicators and served as a common foundation for statistical data gathering on community health. In addition, ASR reviewed the most recent and comprehensive Santa Clara County Public Health Department reports. In San Mateo County, ASR also

reviewed secondary data from the Healthy Community Collaborative 2013 Community Health Needs Assessment (CNA). Other data sources are listed in Attachments 2 and 3.

ASR compiled the statistical data and provided comparisons against Healthy People 2020 benchmarks. Healthy People is an endeavor of the U.S. Department of Health and Human Services, which has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets objectives or targets for improvement for the nation. The most recent set of objectives are for the year 2020 (HP2020), and were updated in 2012 to reflect the most accurate population data available.¹⁰ Where Healthy People 2020 benchmarks were not available, statewide averages and rates were used as benchmarks.

Information Gaps & Limitations

The collaboratives were limited in their ability to assess some of the identified community health needs due to a lack of secondary data. There were also limitations on how the collaboratives were able to understand the needs of special populations including LGBTQI individuals and undocumented immigrants. Due to the small numbers of these community members, many data are statistically unstable and do not lend themselves to predictability.

Quantitative data for SCC and SMC were particularly scarce for the following issues:

- Alzheimer's disease and dementia diagnoses
- Mental health including mental health disorders, bullying, and suicide among LGBTQI youth
- Oral/dental health (particularly, rates of dental caries)
- Substance abuse (particularly, use of illegal drugs and misuse of prescription medication)
- Tobacco use through e-cigarettes and vaporizers
- Consumption of sugar-sweetened beverages in SMC
- Diabetes among children in SCC
- Breastfeeding practices at home in SCC
- Community violence (especially officer-involved shootings) in SCC
- Health needs of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in survey data)

Another limitation is related to the local and national Behavioral Risk Factor Surveillance System (BRFSS). In 2011 BRFSS data collection, structure, and weighting methodology changed to allow the addition of data collection by cellphones. Because the CDC changed the methods for the BRFSS, trend comparisons for both national and locally implemented BRFSS surveys (such as the 2014 Santa Clara County Public Health Department BRFSS) are not feasible.

¹⁰ <http://www.healthypeople.gov>.

Primary Data (Community Input)

In SMC and SCC, ASR conducted the primary research using three strategies for collecting community input: interviews with health experts, focus groups with community leaders and stakeholders, and resident focus groups. To provide a voice to the community, and in alignment with IRS regulations, the focus groups targeted residents who are medically underserved, in poverty, and of minority populations.

ASR conducted focus groups and key informant interviews in San Mateo and Santa Clara counties which centered around two core questions. These questions were modified appropriately for the group (professionals or residents):

- What are the top or “priority” health needs in the community that are not being well-met now (compared to 2013)?
- What are the issues around access to healthcare and how has the Affordable Care Act impacted access to healthcare for the community?

See Attachments 6 and 7 (Community Leaders and Representatives) for the titles and expertise of key stakeholders along with the date and mode of consultation. See Attachments 8 and 9 (Focus Group and Key Informant Interview Protocols) for detailed protocols and questions.

Focus Groups

Focus group discussions in SCC and SMC included 10 people on average and lasted one hour. Nonprofit hosts, including Community Health Partnership in San Jose (which serves the uninsured) and Maple Street Shelter in Redwood City (which serves those experiencing homelessness) recruited residents for the focus groups. For input from health experts and those who represent the target populations, HCC and CBC members recruited focus group hosts and professional participants for the groups based on their knowledge of the community.

San Mateo County

ASR held nine focus groups in SMC, primarily with residents, and one with professionals from organizations that serve the focus population. In addition to the two core topics about health priorities and access, SMC community members engaged in a discussion on these topics:

- How often do community members use technologies for health activities?
- How has the physical environment impacted health in SMC?
- (For residents only) How much of a priority is health in your life?

POPULATION FOCUS	RESIDENT/ PROFESSIONAL	FOUCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
Older adults (low-income)	Professional	Sequoia Wellness Center	03/11/15	9
Youth	Resident	Carlmont High School	03/31/15	11
Older adults (low-income) (Spanish)	Resident	Fair Oaks Activity Center	04/02/15	11
Homeless adults	Resident	Maple Street Shelter	04/09/15	8
Youth with behavioral health issues	Resident	El Centro de Libertad	04/21/15	4
LGBTQI	Resident	PRIDE Initiative at Congregational Church of San Mateo	05/13/15	8
Tongan/Samoan	Resident	Pacific Islander Initiative at Peninsula Conflict Resolution Center	05/20/15	8
Medically underserved	Resident	Ravenswood Health Center	05/27/15	10
Coastside residents	Resident	Boys & Girls Club of Half Moon Bay	05/27/15	5

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

- 34% of respondents are White, 28% are Latino, 20% are Asian or Pacific Islander, 8% are Black, and the rest reported being of multiple ethnicities.
- 25% of respondents are under 20 years old and 12% are 70 years or older.
- 5% are uninsured, while 59% have benefits through Medi-Cal, Medicare, or another public health insurance program. Almost four in ten (39%) are privately insured.
- Residents live in various areas of SMC: East Palo Alto (19%), Redwood City (17%), San Mateo (13%), Half Moon Bay (8%), San Carlos (6%), and 5% or fewer in each of Belmont, Daly City, Foster City, Menlo Park, Millbrae, Pacifica, San Bruno, South San Francisco, and other locations that are not identified.
- 69% reported having an annual household income of under \$45,000 per year, which is below the 2014 California Self-Sufficiency Standard for San Mateo County for two adults with no children (\$47,364). The majority (56%) earn under \$25,000 per year, which is below Federal Poverty Level for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.

Santa Clara County

Ten focus groups were held in SCC between April and September 2015. Half of the groups were held with professionals from organizations that serve the focus population, and half were held with residents themselves. Sixty-eight professionals and forty non-professional residents participated in a focus group. Three out of five focus groups with residents were conducted in languages other than English. In addition to answering the core questions about health priorities and access, ASR asked SCC focus group participants to share their suggestions for improvement of health, including how new or existing resources could best help, and whether policies could be developed to impact the need.

FOCUS	RESIDENT/ PROFESSIONAL	FOCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
Family caregivers of older adults	Resident	Family Caregiver Alliance (Avenidas, Palo Alto)	4/16/15	4
Homeless adults	Professional	Destination Home	4/28/15	24
New and pregnant mothers (Spanish)	Resident	Columbia Neighborhood Center (Sunnyvale)	5/5/15	6
High school youth	Resident	Los Altos High School (Los Altos)	5/12/15	12
Medically underserved (Spanish)	Resident	Community Health Partnership (San Jose)	5/13/15	8
Medically underserved	Professional	Community Health Partnership	5/15/15	8
Older adults	Professional	Alzheimer's Association	5/19/15	10
Mental health/Substance use	Professional	Behavioral Health Contractors' Association of Santa Clara County	5/28/15	12
South County residents	Professional	Community Solutions	9/18/15	14
Vietnamese adults (Vietnamese)	Resident	Asian Americans for Community Involvement (San Jose)	10/4/15	10

Resident Participant Demographics

Forty residents participated in the focus group discussions across SCC. Most participants completed an anonymous demographic survey, the results of which are described below.

- 63% of participants are Hispanic/Latino. 25% are Vietnamese, 10% are White, and 3% reported an "other" race.
- Vietnamese participants' ages range from 34 to 81 years, with the average being 59 years. 40% of other participants (12) are under 20 years old, and 13% are 65 years or older.
- 13% are uninsured, while 82% have benefits through Medi-Cal, Medicare or Health Kids/Healthy Families public health insurance programs. Five percent have private insurance.
- Of the 30 respondents (75%) who provided a city of residence, Mountain View as the most common (12). Other cities of residence include Sunnyvale (5), San Jose (4), Palo Alto (3), and one each in Santa Clara and Menlo Park.

- 68% of those who responded to a question about income reported having an annual household income of under \$45,000 per year, which is below the 2014 California Self-Sufficiency Standard for Santa Clara for two adults with no children (\$45,802). The majority (64%) earn under \$25,000 per year, which is below Federal Poverty Level (FPL) for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.

Key Informant Interviews

ASR interviewed various professionals in SCC and SMC who either work in the health field or improve health and quality of life conditions by serving those from IRS-identified high-need populations and also community leaders or representatives. Experts were interviewed in person or by telephone for approximately one hour. In both counties, ASR asked informants to identify the top needs of their constituencies and to give their perceptions about how access to healthcare has changed in the post-Affordable Care Act environment. These interviews took place in the spring of 2015.

San Mateo County

In SMC, ASR conducted 29 key informant interviews. In addition to the core questions about health priorities and access described above, informants were asked to discuss how the built/physical environment in SMC impacts health and how technology may be used to improve health.

Santa Clara County

ASR interviewed five SCC experts from various organizations in the health sector. In addition to the core questions about health priorities and access, they were asked to explain which barriers to good health or addressing health needs exist, and to share which solutions may improve health (including existing resources and policy changes).

Community Health Needs Ranking Survey (Santa Clara County)

ASR invited 65 community leaders with expertise in serving the community to participate in an online survey in July 2015. The survey asked participants to rank a list of health needs in Santa Clara County and invited them to add other needs to the list. There were 49 responses to the survey, which reflected a range of expertise. Participants' organizations included behavioral health agencies, agencies that help families with basic needs, school systems, and other nonprofit organizations. ASR combined the results of the survey with input gathered through focus groups and key informant interviews to determine the community's priorities. Participants also contributed information about the current assets and resources available to meet health needs, which was incorporated into the information found in Attachment 13 (Community Assets and Resources — SCC).

Health Needs Prioritization

In February 2016, the Stanford Health Care Community Partnership Program Steering Committee (CPPSC) met to review the data collection and prioritization process that occurred in the community. The committee consists of Chairperson Nancy Lee, Chief Nursing Officer and Vice President of Patient Care Services; Bryan Bohman, MD, Chief Medical Officer University Healthcare Alliance; Jason Wong,

MD, Medical Director of Samaritan House Free Clinics; Andy Coe, Chief Government and Community Relations Officer; Eric Williams, Vice President Solid Organ Transplant Services; Nora Cain, Director of the Stanford Health Library; and Sharon Keating-Beauregard, Executive Director of Community Partnerships.

The purpose of the meeting was to prioritize significant health needs. Furthermore, this prioritization will serve as the basis for the selection of needs that SHC will address for the next three fiscal years. The committee reviewed a synthesis of secondary data and community input for the health needs identified by the two county collaboratives.

The CCPSC prioritized the 21 health needs by applying the following criteria (Attachment 10):

- Criterion 1: Cuts across both San Mateo and Santa Clara counties (impacts SHC’s community)
- Criterion 2: Identified as a priority health need by community input
- Criterion 3: SHC has the required expertise and resources to make an impact
- Criterion 4: Magnitude/Scale – affects a large number of individuals
- Criterion 5: Although not a need in the general population, disparities or inequities exist

As show in the table below, five health needs met all five prioritization criteria.

2016 Identified Significant Health Needs by Prioritization

PRIORITIZED	CHNA IDENTIFIED HEALTH NEED
YES (MET ALL 5 PRIORITIZATION CRITERIA)	Behavioral Health
	Cancer
	Communicable Diseases
	Diabetes & Obesity
	Healthcare Access & Delivery
NO (DID NOT MEET ALL 5 PRIORITIZATION CRITERIA)	Alzheimer's Disease & Dementia
	Arthritis
	Birth Outcomes
	Cerebrovascular Diseases
	Climate Change
	Diet/Fitness/Nutrition
	Economic Security
	Housing & Homelessness
	Learning Disabilities
	Oral/Dental Health
	Respiratory Conditions
	Sexual Health
	Tobacco Use
	Transportation & Traffic
	Unintentional Injuries
	Violence & Abuse

Summarized Descriptions: San Mateo County and Santa Clara County and County Significant Health Needs

Each descriptive paragraph below includes data and statistics from various data sources¹¹ and community input. Community members gave input about the health needs that reflect their experiences and observations and, therefore, are not necessarily based on data or statistics, but are based on their perceptions.

Alzheimer's disease and dementia were identified as health needs in SMC and SCC.

Alzheimer's disease was the third leading cause of death in SMC in 2012. The SMC mortality rate from Alzheimer's is higher than the state. It is the fastest-growing cause of death in California and the number of people living with Alzheimer's disease is also growing rapidly. In addition, the median age of the population in SMC is higher than the state, which impacts the magnitude of this issue. Several key informants and focus groups identified dementia and/or Alzheimer's disease as unmet needs in SMC.

Alzheimer's disease was also the third leading cause of death in SCC in 2012.¹² The age-adjusted death rate of Alzheimer's disease in SCC in 2011 was considerably higher than California. In the next 10 years, nearly one in five local residents will be 65 years or older, which puts the population at higher risk for dementia and Alzheimer's disease. Also, the county population is slightly older than the state overall.

Local professionals in both counties who serve seniors expressed concern over the lack of dementia and Alzheimer's diagnoses. There are a lack of countywide data on the prevalence of dementia and Alzheimer's disease, which is a concern given the increasing proportion of older adults.

Arthritis is an identified health need in San Mateo County.

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

Behavioral health is an identified health need in SMC and SCC. This health need includes mental health, well-being (such as stress, depression, and anxiety), and substance abuse.

In SMC there was a rise between 1998 and 2013 in the percentage of self-reported mental and emotional problems. Suicide was the tenth leading cause of death in SMC in 2013. There is also a higher percentage of students in middle school and high school with depressive symptoms compared to

¹¹ See Attachments 2 and 3 for a full list of data sources.

¹² Note that the California Department of Public Health acknowledged an anomaly in 2013 SCC Alzheimer's deaths data which indicates a significant decrease in the number of deaths from the previous year, a trend which is not seen in California or SMC. This may be due to a change in how deaths were reported in 2013.

their counterparts in the state as a whole. Countywide, depression is more common among Latinos, low-income residents, and those with a high school diploma or less. There are also disparities among surveyed adults who reported feeling worried, tense, or anxious, with Black, Latino, and low-income residents reporting these feelings most often. Finally, among surveyed county adults, difficulty with feeling satisfied with one's life and with relationships to family members has been getting worse over time. With regard to alcohol and substance use, the level of binge drinking among young adult males in SMC rose between 1998 and 2013, and excessive alcohol consumption among all adults is higher in SMC than in the state. The community reported there is a limited supply of mental healthcare providers and substance abuse treatment options in SMC as well as inadequate insurance coverage for these behavioral health benefits among those who are insured. Participants in SMC expressed concerns about behavioral health for populations of all ages, from teens to adults and older adults. The SMC community identified a variety of factors that cause stress and thus have a negative impact on well-being, including lack of affordable housing, inadequate green spaces, commuting long distances, experiencing food insecurity, being unemployed or under-employed or having multiple jobs, living in an unsafe neighborhood, facing family conflict up to and including domestic violence, having undocumented status, experiencing economic disparities, and being the subject of racism, sexism, or gender inequality. There were also indications from the community that the level of stigma associated with behavioral health issues may make it harder for individuals with such issues to seek and obtain help, and that these individuals are often discriminated against in their communities and in healthcare settings.

In SCC behavioral health was prioritized as a top need of the community. Many adults in the county report having poor mental health, especially those who are LGBTQI. The community discussed the stigma that persists for those who experience mental illness. They also expressed concern about older adults, LGBTQI residents, and those of particular ethnic cultures where stigma is worse. Community feedback indicates that there is a lack of health insurance benefits for those who do not have formal diagnoses and insufficient services for those who do. Providers of behavioral health services cited poor access to such services when funding does not address the co-occurring conditions of addiction and mental illness. The community expressed concern about the documented high rates of youth marijuana use and rising youth methamphetamine use. While the magnitude of binge drinking among adults and youth is low, it is a contributor to liver disease/cirrhosis, which is the ninth leading cause of death in the county.

Birth outcomes are identified health needs in SMC and SCC.

In SMC the percentage of low birthweight babies is slightly worse than the state average. In SMC Blacks and Asian/Pacific Islanders are disproportionately affected, with an even higher percentage of low birthweight babies than the SMC average. Black SMC residents also have higher proportions of pre-term births and of infant mortality compared to county residents overall. These problems are more likely to occur when mothers do not receive early prenatal care. While this is not an issue in SMC overall, a disproportionately smaller percentage of Black women receive early prenatal care in comparison to other ethnic groups in SMC. In SMC overall, breastfeeding figures are lower for Black mothers than for

mothers in the state overall. Community concerns focused on teen pregnancy, although the data show that the rate of teen births in SMC is less than half that of the state.

In SCC the percentage of low birthweight babies is no better than the state average, though below Healthy People 2020 targets. Blacks are disproportionately affected, with a higher percentage of low birthweight babies than the Healthy People 2020 target. The problem of low birthweight is worst in Alviso, parts of Milpitas, Sunnyvale, and Gilroy. While infant mortality is not a concern countywide, some subgroups (e.g., Black infants) are disproportionately affected. The health need is likely impacted by certain social determinants of health (such as food insecurity being experienced by pregnant mothers) and by the percentage of women receiving early prenatal care. On a countywide level, the percentage of women who receive early prenatal care is worse than California overall, with Blacks having the lowest rates in comparison to other ethnic groups.

Cancer is an identified health need in SMC and SCC.

In SMC cancer was the second leading cause of death in 2013. Cancer mortality rates are higher among Black and Pacific Islander SMC residents than the Healthy People 2020 objective. The incidence rate of colorectal cancer and mortality rate of female breast cancer are both higher in SMC than Healthy People 2020 targets. Cervical, colorectal, lung, and prostate cancer disproportionately affect Blacks in SMC. Cervical cancer also disproportionately affects SMC's Latino residents. The health need is likely impacted by health behaviors such as rates of adult smoking that surpass the Healthy People 2020 target among various county populations, including men and low-income individuals. Alcohol consumption is also associated with higher risk of certain cancers, and the rates of binge drinking among adults is higher in SMC than in the state. Participants reported particular concern about smoking as a cause of cancer.

Cancer is the top leading cause of death in SCC. Data show that incidence rates of prostate and colorectal cancer are higher than Healthy People 2020 targets. Breast and cervical cancers disproportionately affect Whites, lung cancer disproportionately affects Blacks, and a high proportion of Vietnamese residents have liver cancer. Blacks have higher overall cancer mortality rates compared with other racial/ethnic groups. Hepatitis B, a driver of liver cancer, is higher in SCC compared to the state. Asian and Pacific Islander residents are more likely to have Hepatitis B than other racial/ethnic groups and are therefore at higher risk of liver cancer. In addition, public health experts expressed concern about youth tobacco use (as smoking has also been shown to have an impact on various types of cancer).

Cerebrovascular diseases are identified health needs in SMC and SCC.

In SMC data show rising percentages of adults reporting high cholesterol and hypertension. In addition, mortality rates due to these diseases are higher than Healthy People 2020 targets. Heart disease was the top leading cause of death in SMC in 2013, and other cerebrovascular diseases, such as stroke, were the fourth leading cause of death that year, accounting for 30% of all deaths. Black county residents disproportionately experience mortality from these diseases compared to other county residents. The

percentage of adults in SMC who drink to excess is higher than in the state overall; this impacts the health need because excessive alcohol consumption is a cardiovascular risk factor. The health need is also likely being impacted by health behaviors such as rates of smoking among men and low-income individuals that do not meet the Healthy People 2020 target. The community expressed concern about hypertension, smoking, the lack of nutrition education, and the availability of fast food in comparison to healthy, fresh food.

Cerebrovascular diseases are responsible for more than one quarter of all deaths in SCC. Whites and Blacks have higher rates of heart disease deaths than the county overall, and Pacific Islanders have a higher rate of stroke death than the county overall. Youth consumption of fruits and vegetables is worse in SCC compared with California. Compared with California overall, there are more fast food restaurants, fewer grocery stores, and fewer WIC-authorized stores in SCC. Cardiovascular diseases are driven by high blood pressure and hypertension, which impact many county residents. Older residents and men are more likely to be diagnosed with both conditions. Whites have higher blood cholesterol and blood pressure than the county overall. Blacks have the highest rates of high blood pressure, and multiracial residents also have higher rates of high blood pressure than the county overall. The rate of heart disease deaths is the worst in Santa Clara County in Gilroy.

Climate change is an identified health need in SMC.

Evidence shows that the county is among the top U.S. metropolitan areas with the highest short-term particle pollution and areas most polluted by ground-level ozone. Poor air quality can aggravate asthma and other respiratory conditions, while high levels of ground-level ozone can damage plants and ecosystems on which human health depends. Additionally, carbon emissions in the county have risen slightly over time. These emissions can affect climate change, which in turn impacts food security and water resources that are key to human health. Although water consumption is trending down countywide, which is especially crucial during drought years, more-affluent communities use disproportionately more water than less-affluent communities. Finally, SMC will be the California county most affected by rising sea level.¹³ Community input included apprehension that air pollution from increased traffic is negatively impacting health. The community also expressed concern over access to parks in the county, noting that higher-density urban areas have fewer green spaces.

Infectious diseases (not including sexually transmitted infections) are identified health needs in SMC and SCC.

In SMC the health need is evident in the rise in the incidence rate of tuberculosis (TB) and rising numbers of deaths from pneumonia and influenza over the past decade. The latter two diseases combined were the sixth leading cause of death in SMC in 2013. The TB incidence rate is higher in SMC than the state. Disparities by race in TB incidence occur among county Asian/Pacific Islanders. Also, the incidence rates of campylobacteriosis (a gastrointestinal illness) and salmonella have been trending

¹³ California Climate Change Center. 2009. The Impacts of Sea-Level Rise on the California Coast.

upward in SMC in recent years. Older adults in SMC are vaccinated against influenza and pneumonia in smaller proportions than the Healthy People 2020 target dictates. The community expressed concern about overcrowding in homes, as infectious diseases spread faster in crowded environments.

Infectious diseases are a health need in SCC as evidenced by high rates of Hepatitis B (which is worse than the state) and tuberculosis (which fails to meet the Healthy People 2020 target). Ethnic disparities are also seen in tuberculosis rates, with the rate for Asian and Pacific Islanders more than double that of the county overall. Specifically, Vietnamese residents comprise a large proportion of all tuberculosis cases. The community expressed concern about the lack of screenings for these diseases, especially among Asian immigrants who come from countries where TB is more common than in the U.S. In addition, professionals cited the lack of referrals and follow-up with patients who are diagnosed with TB and/or Hepatitis B. Also, influenza is the eighth leading cause of death in SCC.

Diabetes and obesity are identified health needs in SMC and SCC.

In SMC there was a rise between 1998 and 2013 in the percentage of self-reported diabetics. The overall adult diabetes rate in SMC, based on self-report, is higher than the Healthy People 2020 target, with Blacks and low-income residents disproportionately reporting being diabetic. Diabetes was the eighth leading cause of death in SMC in 2013. With regard to obesity, there are slightly higher rates of overweight and obese 2- to 4-year-olds countywide, and slightly higher rates of overweight youth in 5th, 7th, and 9th grades in the northern part of SMC, compared to state averages. There are disproportionalities among youth in SMC, with Black and Latino youth more likely to be obese or overweight and to be physically inactive than youth overall. Rates of diabetes management are slightly lower in SMC than in the state. With respect to diabetes specifically, the community expressed concern about the complications that can result from diabetes, the magnitude of the problem (more people living with and dying from chronic conditions such as diabetes than from acute conditions), and the relative lack of doctors and caregivers available to treat chronic diseases such as diabetes.

In SCC the proportion of obese children younger than six is higher than the state and Healthy People 2020 targets. SCC's Latino and Black adolescents are more likely to be overweight and obese, and these rates fail Healthy People 2020 targets. While overall adult obesity is less grave in the county than in the state, Latino and Black adult obesity rates fail Healthy People 2020 targets. While adult diabetes rates in SCC are no worse than in California, there is a perception in the community that childhood diabetes diagnoses are increasing (which is not confirmed with extant data).

Diet, fitness and nutrition are identified health needs in San Mateo County.

There was a substantial drop over time in the percentage of SMC adults who exhibited a set of healthy behaviors (did not smoke, were not overweight, exercised adequately, and ate adequate fruits and vegetables). Adult and child fruit and vegetable consumption in the county is not much better than the state average, with disproportionate percentages of low-income, Black, and Latino county adults reporting fair or poor access to affordable fresh produce. Fitness among county adults improved between 2001 and 2013 but is still far from optimal. Smaller percentages of county seventh-graders

met the fitness standards than in prior years, with Latino, Black, and American Indian students disproportionately not meeting the standards. Few children walk or bike to school on a regular basis in the county. Community concerns included the relative availability of fast food restaurants compared to healthy/fresh foods, the cost of healthy food, inadequate access to grocery stores in low-income neighborhoods, not enough nutrition education, and neighborhoods with few safe places to play.

Economic security is an identified health need in SMC and SCC.

In SMC there are rising percentages of adults living below 200% of the Federal Poverty Level (FPL). In the southern part of SMC, Blacks and those of “some other race” (i.e., those who do not identify as belonging to one of the main U.S. Census race/ethnicity categories) are more likely to live below the FPL than those of other ethnicities, and in the northern part of SMC, Native Americans are more likely to live below the FPL than others. Although per-capita earnings among county residents are higher than among state residents overall, the annual median income of county residents is not enough to pay for a median-priced single family home. While educational indicators (high school exit exam performance, educational attainment) are better in SMC as a whole than in the state, disparities are evident for Latinos, Blacks, and low-income residents. Community input reflected this, making the connection between low income and poor health outcomes. The community identified low-income county residents as having less access to basic needs such as affordable, healthy food, and housing. The community discussed low-income neighborhoods having fewer sidewalks or bike lanes (leading to more accidents) and having fewer parks and safe places to recreate. There were concerns that economic disparities continue to grow and that some simply cannot afford to continue to live in SMC.

Economic security is a need in SCC because of the ethnic disparities seen in rates of poverty, unemployment, and lack of a high school education. By these measures, Latinos and Blacks have worse economic security than their White counterparts and Californians overall. The community expressed concern that income inequality and the wage gap contribute towards poor health outcomes. Residents and professionals alike stated that financial stress about the cost of housing, food, and healthcare is a driver of poor health.

Healthcare access and delivery are identified health needs in SMC and SCC.

In SMC disproportionalities in the population of insured residents illustrate the health need. For example, there are greater proportions of uninsured Latinos and those of “some other race” in SMC than in the state overall. In addition, the proportion of county residents who report visiting a doctor for a routine check-up has been trending down, while the proportion who report that the cost of care prevents them from visiting the doctor has been trending up. Low-income residents, Latinos, and Blacks disproportionately experience transportation as a barrier to seeing a doctor. The percentage of the population in SMC that lives within one-half mile of a transit stop is lower than in the state overall, and is acknowledged by coastsiders as particularly problematic. Access to both dental insurance and mental health services are also getting worse in SMC. Community participants indicate that more individuals are enrolled in health insurance, but do not use it and continue to visit the ER or community clinics instead due to issues of affordability, a lack of primary and specialty practitioners who accept

their insurance, and long wait times to obtain an appointment. Residents and providers both indicated that patients need help navigating the healthcare system. The community identified discrimination and lack of cultural competence as delivery barriers that affect minority populations in SMC.

In SCC the proportion of Latinos who are less likely to be insured, less likely to see a primary care physician, and more likely to go without healthcare due to cost is worse than the county overall. The community indicates that healthcare access is a top priority; specifically, affordability of insurance is an issue for those who do not qualify for Covered California subsidies. The lack of general and specialty practitioners, especially in community clinics, results in long wait times for appointments. The community also lacks health system literacy and is in need of patient navigators and advocates (especially immigrants). The community reported that access to healthcare for those experiencing homelessness as a concern, especially behavioral health treatment and treatment for conditions that require rehabilitation and follow-up care. The LGBTQI and Black communities cited a lack of culturally competent providers as an access barrier. In addition, linguistic isolation is a concern in the county, which also impacts healthcare access.

Housing is an identified health need in SMC and SCC. The lack of safe, stable housing is related to poor physical and mental health outcomes. Overcrowded housing can cause stress and facilitates the spread of infectious diseases. When the lack of sufficient housing leads to homelessness, residents are at even greater risk for infectious diseases, malnutrition, and other health problems.

There is less affordable housing in SMC compared to the state and a concurrent increase in the percentage of surveyed adults who share housing costs with someone other than a spouse. Median housing prices nearly doubled between 2011 and 2015. Low-income individuals and non-Whites in SMC are disproportionately impacted by the high cost of housing. Blacks, Latinos, and military veterans are disproportionately represented in the SMC homeless population. The community identified the lack of affordable housing as a concern, indicating that it can lead to stress and poor mental health. Community members expressed concern about overcrowded housing. In addition, input from the community included discussions of various factors related to poor housing conditions, such as lack of insulation, pest infestations, and mold problems.

Data on the cost of rent and median home values in SCC indicate that SCC is one of the most expensive places to live throughout California. The stress of being able to afford housing can lead to poor mental health. Data indicate that Black and Latino mortgage holders spend a greater percentage of household income on housing than their White counterparts. Homelessness has increased in Gilroy, Mountain View, and Palo Alto. Housing and homelessness were top concerns among community focus group participants.

Learning disabilities are identified health needs in SCC. This health need includes attention deficit disorder (ADD), attention deficit-hyperactivity disorder (ADHD) and autism.

The proportion of county public school children who are receiving special education services is increasing and is slightly greater than the state proportion. Learning disabilities are the most common

type of disability among those receiving special education. Children with ADHD are at increased risk for antisocial disorders, drug abuse, and other risky behaviors. While data are lacking about the prevalence of specific learning disabilities, the community expressed concern about the lack of diagnoses of learning disabilities and special needs, specifically among those experiencing homelessness and immigrant children (especially those who enter the country unaccompanied).

Oral/dental health is an identified health need in SMC and SCC. The health need is likely impacted by the cost of dental care and the lack of dental providers that take Denti-Cal.

In SMC, there was a decrease in the percentage of surveyed adults who visited a dentist for a routine check-up in the past year and an increase in the percentage of surveyed adults who lack dental insurance. Low-income county residents are disproportionately affected, with lower percentages of dental insurance and routine dental check-ups than other resident groups. Participants indicated that even when dental insurance is available, it often does not cover anything but the basics (e.g., extractions), and preventive dental care is lacking for many county residents.

Oral/dental health is a health need in SCC as illustrated by the number of adults who have had tooth loss and teeth removed due to tooth decay. There are also disparities in rates of tooth loss for Black adults. Youth dental utilization is worse than in California overall. Although data indicate that there is no shortage of dental providers in the county, the community expressed concern about the lack of access to dental care. Specifically, they were concerned about the proportion of adults who lack dental insurance, the lack of providers who accept Denti-Cal, and the costs of dental care for those who do not have it. The community also reported that some dental insurance benefits are not sufficient for those who need services beyond cleaning and extraction.

Respiratory conditions are identified health needs in SMC and SCC. The health need is likely impacted by health behaviors such as percentage of youth smoking and by issues in the physical environment such as air quality levels. Also, asthma is associated with obesity, which is a problem for both SMC and SCC children.

There was a substantial increase in the proportion of SMC adults who report being diagnosed with asthma, exceeding the Healthy People 2020 objective. Disparities exist among Blacks, younger adults, low-income residents, and those in the northern part of SMC. Asthma can be aggravated by poor air quality and SMC is among the top 10 metropolitan areas with the highest short-term particle pollution. Respiratory disease was the third leading cause of death in SMC in 2013. The community mainly expressed concern about asthma, naming drivers of the disease such as mold and mildew, airborne particles, second-hand smoke, and smog from traffic.

In SCC, there is disproportionality among non-Whites who have been diagnosed with asthma. Specifically, Blacks and multiracial adults have a higher prevalence of asthma. Also, those earning between \$50,000 and \$75,000 have higher rates of asthma than counterparts earning higher incomes. Although there are lower asthma hospitalization rates in SCC compared with California, there are ethnic

and geographical disparities. Blacks are twice as likely as Whites to be hospitalized for asthma, as are those living in East San Jose, North San Jose (95134 zip code), and Palo Alto (94303)¹⁴.

Sexual health is an identified health need in SMC and SCC. This health need includes sexually transmitted infections (STIs) and teen pregnancy.

In SMC, data show rising incidence rates of chlamydia, gonorrhea, and syphilis. Although the number of new AIDS cases diagnosed annually has been dropping over time in SMC, there has been an increase in the percentage of women living with AIDS in SMC. There are ethnic disparities in HIV prevalence in SMC, with Blacks having much higher prevalence rates than other ethnic populations. The rate of adults not screened for HIV is higher in SMC than in the state overall. The community expressed concern about STIs among teens and indicated a need for teen- and LGBTQI-specific sexual education and healthcare.

Sexual health is a health need in SCC as demonstrated by high incidence rates of HIV among Black and Latino men. Male primary and secondary syphilis incidence rates are higher than those in California. Women are twice as likely to contract chlamydia, the most common sexually transmitted infection (STI) in SCC. Community participants suggested that the health need is perceived as primarily affecting youth, LGBTQI, and single people, which may drive low screening rates for those who think they are low risk. The LGBTQI community cited fear of diagnosis and a lack of time as reasons they have not been tested for STIs. Regarding teen births, over time the teen birth rate has been declining in the county, but teen births to Latina mothers are six times higher than those to White mothers.

Tobacco use is an identified health need in SCC.

SCC public health experts are concerned about tobacco use because it is a driver of cancer and respiratory conditions. While tobacco use in SCC is less prevalent than in California overall, data suggest that groups who are disproportionately more likely to smoke include men and Blacks. Specifically among men, Vietnamese and Filipinos are more likely to smoke than men of other ethnicities. Specifically among Latinos, those who are foreign-born are more likely to smoke than those born in the U.S. Latino and Black adolescents are disproportionately more likely to smoke than teens overall. Smoking among both these groups as well as Asian and Pacific Islander youth rose between 2005 and 2010. Public health reports cite a lack of education about tobacco prevention in schools as a driver of tobacco use.

Transportation and traffic are identified health needs in SMC.

The total vehicle miles of travel in SMC has been rising and is correlated with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. Latinos and Blacks in the county are more likely to be the victims of pedestrian and motor vehicle crashes than those of other ethnic groups. Most county residents drive to work alone rather than using an alternative mode of transportation. Low-income residents, Latinos, and Blacks are more likely than other groups to cite transportation as a barrier to seeing a doctor. The coastside communities have less access to public transit than the rest of the county. Community members expressed concerns about the impacts of excessive traffic, including

¹⁴ 94303 is a zip code that encompasses the area east of highway 101 and is a zip code shared with East Palo Alto.

stress from commuting, poor air quality from vehicular exhaust, and motor vehicle accidents resulting from speeding.

Unintentional injuries are identified health needs in SMC and SCC. This category includes drownings, pedestrian and motor vehicle accidents and accidental falls.

In SMC disparities in mortality rates are seen for various types of unintentional injuries. The rate of deaths from pedestrian accidents among Latinos and from motor vehicle accidents among Blacks both exceed their respective Healthy People 2020 targets. The overall rate of deaths due to unintentional injuries is higher than the Healthy People 2020 target for Black and White county residents. Finally, the rate of adult drownings in SMC is higher than the state average. The community expressed concern about poor health outcomes (including mortality and limited mobility) due to falls, which impacts the older adult population more than any other. Because the percentage of older adults is rising across the country and is particularly high in SMC compared to the state overall, the magnitude of this problem is expected to increase. The community also expressed concern about motor vehicle accidents that involve pedestrians or bicyclists due to a lack of sidewalks or bike lanes.

SCC data show high rates of deaths due to adult drownings in the overall population, failing Healthy People 2020 targets. The older population is at the highest risk for deaths due to accidental falls. In addition, in other injury categories, rates for certain ethnic populations are higher than Healthy People 2020 targets. For example, Latino and Asian residents are more likely to die due to pedestrian accidents, and a higher proportion of Black deaths are due to “all unintentional injuries” than in the county overall.

Violence and abuse are identified health needs in SMC and SCC.

The percentage of surveyed SMC adults who believe the problem of crime in their neighborhood has gotten worse increased between 1994 and 2013. Additionally, the percentage of surveyed adults who evaluate their neighborhood’s safety as “fair/poor” has not changed over time. These results demonstrate that although almost all statistical measures of abuse and violence, including violent crime, are trending down, the community’s perception of violence remains relatively constant. While homicide rates in SMC are decreasing, Black and Pacific Islander residents have disproportionately high rates of homicide mortality compared to the state rate. In addition, while overall countywide levels of child abuse and domestic violence are favorable compared to the state overall, the percentage of child abuse among Blacks in SMC is much higher than the state average. Factors that are associated with increased violence include alcohol use, and excessive alcohol consumption among all adults is higher in SMC than in the state. Community input indicates that violence and abuse are seen as urgent health needs. Some expressed concern about the increased potential for violence, child abuse, and trauma associated with overcrowded living conditions. The community identified certain county populations as particularly vulnerable, including LGBTQI individuals, elders, and victims of sexual trafficking.

Violence is a health need in SCC as marked by ethnic disparities in adult homicide mortality and domestic violence deaths. The rate of rape is no better than the state average. The majority of youth (of every race/ethnicity) report having been victims of bullying at school. 2013 CHNA community input

indicated that the health need is also affected by the following factors: the cost and/or lack of activity options for youth, financial stress, poor family models, unaddressed mental and/or behavioral health issues among perpetrators, cultural/societal acceptance of violence, linguistic isolation, and lack of awareness of support and services for victims. Community members also suggested that violence is underreported by victims, possibly due to stigma and/or cultural norms.

7. CONCLUSION

SHC worked with its collaborative partners between the fall of 2014 and the spring of 2016 to conduct the 2016 Community Health Needs Assessment (CHNA). The 2016 CHNA builds upon years of health assessments dating back to 1995. It also meets the new federally-mandated requirements as well as California state regulations.

Through pooled expertise and resources to conduct a shared assessment, the two collaboratives were able to understand how health data indicators compared against Healthy People 2020 benchmarks and state benchmarks. This approach, coupled with the collection of primary data (community input), not only assisted in identifying significant health needs and poor health outcomes but lead to a better understanding of what the communities believe are the top health concerns.

Next steps:

- CHNA adopted by the Finance Committee of the hospital board and made publicly available on SHC's website (May 2016).
- Collect community comments on the 2016 CHNA (ongoing, beginning May 2016).
- Select the priority health needs SHC will address over the next three fiscal years and develop Implementation Strategies to address those needs (August 2016).
- Implementation Strategies adopted by the Finance Committee of the hospital board and made publically available on SHC's website (September 2016).

Stanford Health Care works to improve community health through its partnerships with hospitals, county agencies and community-based organizations. Stanford Health Care's Implementation Strategy and OSHPD Community Benefit reports¹⁵ describe the investments made in the community including programming and partnerships.

¹⁵ See all SHC community benefit reports at <https://stanfordhealthcare.org/about-us/community-partnerships.html>.

8. LIST OF ATTACHMENTS

SMC=San Mateo County | SCC=Santa Clara County

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| Attachment 1. | IRS Checklist |
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Attachment 1. IRS CHECKLIST 2016

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

Federal Requirements Checklist	Regulation Section Number	Report Section / Attachment
A. ACTIVITIES SINCE PREVIOUS CHNA(s)		
Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Sec. 4
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(6)(F)	Sec. 4
B. PROCESS & METHODS		
Background Information		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Sec. 5
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Sec. 5
Defines the community it serves, which:	(b)(i)	Sec. 3
<ul style="list-style-type: none"> • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May <i>not</i> exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. 	(b)(3) (b)(6)(i)(A)	Sec. 6
Describes how the community was determined.	(b)(6)(i)(A)	Sec. 3
Describes demographics and other descriptors of the hospital service area.	(b)(3)	Sec. 3
Health Needs Data Collection		
Describes data and other information used in the assessment:	(b)(6)(ii)	Sec. 6
<ul style="list-style-type: none"> a. Cites external source material (rather than describe the method of collecting the data). 	(b)(6)(F)(ii)	Sec. 6 Att. 2 & 3
<ul style="list-style-type: none"> b. Describes methods of collecting and analyzing the data and information. 	(b)(6)(ii)	Sec. 6 Att. 6 & 7

Federal Requirements Checklist	Regulation Section Number	Report Section / Attachment
Describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Sec. 6 Att. 6 & 7
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Sec. 6 Att. 6 & 7
a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Sec. 6 Att. 6 & 7
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Sec. 6 Att. 6 & 7
I. Medically underserved populations		
II. Low-income populations		
III. Minority populations	(b)(5)(i)(B)	
c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(ii)	Sec. 6
Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Sec. 5 Sec. 6
Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Sec. 6
Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Sec. 6 Att. 8 & 9

C. CHNA NEEDS DESCRIPTION & PRIORITIZATION

Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Sec. 6 Att. 11
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Sec. 6 Att. 11
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Att. 11 & 12
Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community,	(b)(4) (b)(6)(E)	Att. 12 & 13

Federal Requirements Checklist	Regulation Section Number	Report Section / Attachment
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including those of the hospital facility.

D. FINALIZING THE CHNA

CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Exec Sum Sec. 7
CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	May 2016
Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	May 2016
a. May not be a copy marked "Draft".	(b)(7)(ii)	
b. Posted conspicuously on website (either the hospital facility's website or a conspicuously-located link to a web site established by another entity).	(b)(7)(i)(A)	
c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

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Attachment 4. DATA INDICATORS — SAN MATEO COUNTY

“County of San Mateo Health System 2013” = “2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County,” sponsored by The HCC,
<http://smchealth.org/sites/default/files/docs/HPP/2013FullReport%28low%29.pdf>.

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

Indicator	Data Source	Source Page (If Appropriate)
Access to local healthcare services is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)	214
Access to mental health services is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)	216
Affordable fresh produce access is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)	199
Age of population, median	County of San Mateo Health System 2013	Exec Sum 29
Alzheimer’s disease mortality	California Department of Public Health (CDPH), County Health Profiles 2012 and Srebotnjak et al. 2012, Senior Health in San Mateo County – Current Status and Future Trends	38-39
Arthritis or rheumatism (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)	259, 293
Arthritis-only prevalence (adults)	Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS) 2009	
Asthma diagnosis (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)	297
Asthma prevalence (child), parent self-report	County of San Mateo Health System 2013 (PRC 2012)	299-300
At risk for overweight Child Health & Disability Program 5-19 year olds	County of San Mateo Health System 2013	242

Indicator	Data Source	Source Page (If Appropriate)
Binge drinking (young adults), self-report	County of San Mateo Health System 2013 (PRC 2012)	342
Blood cholesterol is high, self-report (told more than once that BP was high)	County of San Mateo Health System 2013 (PRC 2012)	289-290
Blood pressure, self-report (told more than once that BP was high)	County of San Mateo Health System 2013 (PRC 2012)	289-290
Breast cancer incidence	County of San Mateo Health System 2013	281
Breast cancer mortality	County of San Mateo Health System 2013	281
Breastfeeding at any time while in hospital	CDPH - Breastfeeding Statistics 2012	
Carbon emissions	County of San Mateo Health System 2013	162, Exec Sum 51
Cerebrovascular disease mortality	County of San Mateo Health System 2013	286-287
Child abuse	County of San Mateo Health System 2013	138
Child access to medical care	County of San Mateo Health System 2013	Exec Sum 43
Child spends 2+ hours per day on screen time (TV, videos, video games), parent self-report	County of San Mateo Health System 2013 (PRC 2012)	244
Child walked or biked to school in past year (at all), parent self-report	County of San Mateo Health System 2013 (PRC 2012)	246
Chlamydia incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014	6-10
Colorectal cancer incidence	County of San Mateo Health System 2013	269; 278
Colorectal cancer mortality	County of San Mateo Health System 2013	278
Community's lifestyle tolerance is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)	142-4
Community's racial/cultural tolerance is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)	142-3

Indicator	Data Source	Source Page (If Appropriate)
Cost of medical care prevented doctor visit, self-report	County of San Mateo Health System 2013 (PRC 2012)	222
Could rely on public transportation if necessary, self-report	County of San Mateo Health System 2013 (PRC 2012)	179
Crime problem in their neighborhood has gotten worse in past two years, self-report	County of San Mateo Health System 2013 (PRC 2012)	194
Current drinker (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)	340
Currently have a computer at home, self-report	County of San Mateo Health System 2013 (PRC 2012)	119
Dental insurance coverage lacking, self-report	County of San Mateo Health System 2013 (PRC 2012)	211
Depression (youth), self-report	California Healthy Kids Survey (CHKS) 2009-10	
Depression symptoms lasting 2+ years, self-report	County of San Mateo Health System 2013 (PRC 2012)	350
Diabetic (adults), self-report	County of San Mateo Health System 2013 (PRC 2012)	296
Did not receive care because they could not get an appointment	California Healthy Kids Survey (CHKS) 2014 cited by California Healthcare Foundation	
Domestic violence calls for assistance	County of San Mateo Health System 2013	137
Drive to work alone, self-report	County of San Mateo Health System 2013 (PRC 2012)	177
Educational attainment	US Census Bureau American Community Survey 5-Year Estimates 2010-2014, Table S1501	
Educational attainment (low)	County of San Mateo Health System 2013	118
English language arts/literacy standards (third grade)	California Department of Education 2015	

Indicator	Data Source	Source Page (If Appropriate)
English language arts/literacy standards (third grade)	County of San Mateo Health System 2013	107-108
Enteric disease incidence (campylobacteriosis)	County of San Mateo Health System 2013	321
Entry-level home affordability	Sustainable San Mateo County 2015	
Exhibit 1+ cardiovascular risk factors, self-report	County of San Mateo Health System 2013 (PRC 2012)	288
Exhibit healthy behaviors, self-report	County of San Mateo Health System 2013 (PRC 2012)	195
Express difficulty in their lives, self-report	County of San Mateo Health System 2013 (PRC 2012)	146
Falls deaths	Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013	
Family participated in food stamps in the past year	County of San Mateo Health System 2013	133-134
Family received food from a food bank, etc. in the past year, self-report	County of San Mateo Health System 2013 (PRC 2012)	133-134
Feel "not at all" connected to community, self-report	County of San Mateo Health System 2013 (PRC 2012)	91
Felt worried, tense, or anxious in past month (# days), self-report	County of San Mateo Health System 2013 (PRC 2012)	351
First-time buyer housing affordability index	Sustainable San Mateo County 2015	
Flu shot in past year (adults 65+), self-report	County of San Mateo Health System 2013 (PRC 2012)	257
Fruit/vegetable consumption, adequate (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)	Exec Sum 21
Fruit/vegetable consumption, inadequate (youth), self-report	California Health Interview Survey (CHIS) 2009	

Indicator	Data Source	Source Page (If Appropriate)
Gonorrhea incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014	11-15
Ground-level ozone (smog) pollution	County of San Mateo Health System 2013	160-161
Have priest, minister, rabbi, or other person for spiritual support	County of San Mateo Health System 2013 (PRC 2012)	147
Heart disease mortality	County of San Mateo Health System 2013	286-287
High school dropout rate	California Department of Education 2015	
High school exit exam (10th graders passing)	County of San Mateo Health System 2013	112
High stress experienced daily, self-report	County of San Mateo Health System 2013 (PRC 2012)	350
History of mental or emotional problems, self-report	County of San Mateo Health System 2013 (PRC 2012)	349
HIV incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014	21-26
Homeless count (single night)	2015 data from: San Mateo County Human Services Agency, Center on Homelessness 2013 data from: San Mateo County Human Services Agency, Center on Homelessness, 2013 San Mateo County Homeless Census and Survey, Final Report, May 2013 and U.S. Department of Housing & Urban Development HUD Exchange: PIT and HIC Data Since 2007	for 2015: 2 & 11
Homeless households	San Mateo County Human Services Agency, Center on Homelessness 2015	2
Hospitalizations due to falls (adults)	Calculated based on state & county injury non-fatal hospitalization data for adults aged 50+: CDPH EpiCenter: California Injury Data Online 2014 and calculated based on state & county population projections age	

Indicator	Data Source	Source Page (If Appropriate)
	50+: California Department of Finance, 2014 Projections of Population and Births, Report P-3	
Income, annual median	Sustainable San Mateo County 2015	
Infant mortality rate	CDC National Vital Statistics System; Accessed via CDC WONDER (CDC, Wide-Ranging Online Data for Epidemiologic Research) 2006-10	
Influenza/ pneumonia deaths (trend)	County of San Mateo Health System 2013	261
Insurance coverage lacking (long-term), self-report	County of San Mateo Health System 2013 (PRC 2012)	218
Issues with access	County of San Mateo Health System 2013	225
Job opportunities are fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)	80
Juvenile felony arrests for violent offenses	County of San Mateo Health System 2013	188
Lack of transportation prevented medical care in past year, self-report	County of San Mateo Health System 2013 (PRC 2012)	223
Leading causes of death	CDPH Table 5-20, 2013	
Lived with a friend/relative due to housing emergency any time in past two years, self-report	County of San Mateo Health System 2013 (PRC 2012)	150-151
Low birth-weight	CDPH Birth Profiles by ZIP Code 2011	
Lung cancer incidence	County of San Mateo Health System 2013	273
Lung cancer mortality	County of San Mateo Health System 2013	273
Meet all six basic fitness standards (% of 7th grade students)	County of San Mateo Health System 2013	243
Motor vehicle crash deaths	University of Missouri, Center for Applied Research and Environmental Systems. CDPH Death Public Use Data 2010-12	

Indicator	Data Source	Source Page (If Appropriate)
Neighborhood safety is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)	192-3
Obese adults	County of San Mateo Health System 2013	291-292
Obese Child Health & Disability Program 2-4 year olds	County of San Mateo Health System 2013	242
Older adult proportion of population (estimated)	County of San Mateo Health System 2013	69, 256
Overweight adults	County of San Mateo Health System 2013	291-292
Overweight Child Health & Disability Program 2-4 year olds	County of San Mateo Health System 2013	242
Overweight Child Health & Disability program 5-19 year olds	County of San Mateo Health System 2013	242
Pedestrian deaths	University of Missouri, Center for Applied Research and Environmental Systems. CDPH Death Public Use Data 2010-12	
Physical inactivity (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)	201
Pneumonia vaccine ever (adults 65+), self-report	County of San Mateo Health System 2013 (PRC 2012)	257
Population below 200% Federal Poverty Level	US Census Bureau American Community Survey 3-Year Estimates 2006-2008	
Population below 200% Federal Poverty Level (adults), self-report	County of San Mateo Health System 2013 (PRC 2012)	88
Prenatal care inadequate	CDPH Birth Profiles by ZIP Code 2011	
Preschool enrollment	County of San Mateo Health System 2013	18, 36
Pre-term births	California Department of Public Health (CDPH), 2011 Birth Cohort File (BCF) at http://www.ipodr.org	
Prostate cancer incidence	County of San Mateo Health System 2013	283

Indicator	Data Source	Source Page (If Appropriate)
Prostate cancer mortality	County of San Mateo Health System 2013	283
Real per capita income	County of San Mateo Health System 2013	Exec Sum 34
Renewable energy use	County of San Mateo Health System 2013	168
Rent for 1-bedroom apartment, average	County of San Mateo Health System 2013 and County of San Mateo Department of Housing HCD 2015, Housing Indicators	for 2013: 154-155
Rent for 2-bedroom apartment, average	County of San Mateo Health System 2013 and County of San Mateo Department of Housing HCD 2015, Housing Indicators	for 2013: 154-155
Respiratory disease deaths (trend)	County of San Mateo Health System 2013	261
Salmonella incidence	County of San Mateo Health System 2013	322
Self-Sufficiency Standard (California)	Insight Center for Community Economic Development 2014	
Sharing housing costs with someone other than spouse/partner to limit expenses, self-report	County of San Mateo Health System 2013 (PRC 2012)	158
Short-term particle pollution	County of San Mateo Health System 2013	160-161
Single-family home cost, median	County of San Mateo Department of Housing HCD 2015, Housing Indicators	
Smoking (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)	275
Sought help for a mental or emotional problem, self-report	County of San Mateo Health System 2013 (PRC 2012)	353
Spirituality in their lives is very important, self-report	County of San Mateo Health System 2013 (PRC 2012)	146
Substance abuse-related hospitalizations	County of San Mateo Health System 2013	344
Syphilis incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014	16-20

Indicator	Data Source	Source Page (If Appropriate)
Teen birth rate	CDPH Birth Profiles by ZIP Code 2011	
Tuberculosis incidence	County of San Mateo Health System 2013	314-17
Unemployment rate	California Employment Development Department October 2015	82
Unintentional drowning deaths	Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013	
Unintentional injury deaths	CDPH Vital Statistics 2009	
Unsheltered homeless	San Mateo County Human Services Agency, Center on Homelessness 2015	2
Vaccine coverage with all required immunizations among children ages 2-4 years in licensed childcare (estimated)	County of San Mateo Health System 2013	240
Vehicle miles of travel, total annual	County of San Mateo Health System 2013	176
Veteran homeless population	County of San Mateo and Applied Survey Research 2014	ix
Veteran population	County of San Mateo and Applied Survey Research 2014	ix
Violent crime rate	County of San Mateo Health System 2013	187
Visited a dentist for a routine check-up in the past year (child), parent self-report	County of San Mateo Health System 2013 (PRC 2012)	210
Visited a doctor for a routine check-up in the past year, self-report	County of San Mateo Health System 2013 (PRC 2012)	208
Water consumption	County of San Mateo Health System 2013	164
Would not know where to access treatment for drug-related problems if needed, self-report	County of San Mateo Health System 2013 (PRC 2012)	346-347

Attachment 5. DATA INDICATORS — SANTA CLARA COUNTY

Santa Clara County = Santa Clara County | PHD = Public Health Department

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Access—Usual Place of Care	Percent of children (0-11) who have a usual place of care	Percent of children (0-11) who have a usual place of care	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Alcohol - Excessive Consumption	Estimated adults drinking excessively (age-adjusted percentage)	This indicator reports the percentage of adults age 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women).	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse.	2006-12	Community Commons
Alcohol Use (Adults)	Percent of adults who drank alcohol 1+ times in the past 30 days	Percent of adults who drank alcohol 1+ times in the past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Alcohol Use (Youth)	Percent of middle school and high school students who drank alcohol 1+ times in the past 30 days	Percent of middle school and high school students who drank alcohol 1+ times in the past 30 days	CHKS	2010	SCC PHD CHA or BRFS Data Tables
Asthma - Hospitalizations	Age-adjusted discharge rate (per 10,000 pop.)	This indicator reports the patient discharge rate (per 10,000 total population) for asthma and related complications.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data	2011	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Asthma - Prevalence	Percent of adults with asthma	This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; additional data analysis by CARES. 2011-12.	2011-12	Community Commons
Asthma Children ER Visits	Rate of asthma-related ER visits by children 0-17	Rate of asthma-related ER visits by children 0-17	SCC Patient Discharge Database, 2012	2011	SCC PHD CHA or BRFs Data Tables
Asthma Prevalence (Adult)	Percent of adults ever diagnosed with asthma	Percent of adults ever diagnosed with asthma	SCC BRFs	2014	SCC PHD CHA or BRFs Data Tables
Asthma Prevalence (Children)	Percent of children (0-11) ever diagnosed with asthma	Percent of children (0-11) ever diagnosed with asthma	SCC BRFs	2014	SCC PHD CHA or BRFs Data Tables
Binge Drinking (Adults)	Percent of adults binge drinking in the last 30 days	Percent of adults binge drinking in the last 30 days	SCC BRFs	2014	SCC PHD CHA or BRFs Data Tables
Binge Drinking (Youth)	Percent of adolescents binge drinking in the last 30 days	Percent of adolescents binge drinking in the last 30 days	CHKS	2010	SCC PHD CHA or BRFs Data Tables
Breastfeeding (Any)	Percentage of Mothers Breastfeeding (Any)	This indicator reports the percentage of mothers who breastfeed their infants at birth. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may lower infant mortality rates.	California Department of Public Health, CDPH - Breastfeeding Statistics	2012	Community Commons
Breastfeeding (Exclusive)	Percentage of Mothers Breastfeeding (Exclusively)	This indicator reports the percentage of mothers who exclusively breastfeed their infants during their post-partum hospital stay. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may	CDPH - Breastfeeding Statistics	2012	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
		lower infant mortality rates.			
Cancer Incidence - Breast	Annual breast cancer incidence rate (per 100,000 pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons
Cancer Incidence - Cervical	Annual cervical cancer incidence rate (per 100,000 pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons
Cancer Incidence - Colon And Rectum	Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons
Cancer Incidence - Liver	Age-adjusted cancer incidence rate (per 100,000 adults) by site, race/ ethnicity and sex	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of liver cancer adjusted to 2000 U.S. standard population age groups.	Greater Bay Area Cancer Registry; U.S. Census Bureau American Community Survey 3-Year Estimates	2007-2009	SCC PHD Vietnamese Report 2011
Cancer Incidence - Prostate	Annual prostate cancer incidence rate (per 100,000 pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Cancer Incidence - Lung	Annual lung cancer incidence rate (per 100,000 pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons
Cancer Mortality	Percent of deaths due to cancer	Percent of deaths due to cancer	SCC PHD Death Statistical Master File; CA Vital Stats	2012	SCC PHD CHA or BRFs Data Tables
Cancer Mortality	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because cancer is a leading cause of death in the U.S.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Cancer Mortality (All Types)	Age-adjusted mortality rate due to all cancers	Age-adjusted mortality rate due to all cancers	SCC PHD Death Statistical Master File; CA Vital Stats	2012	SCC PHD CHA or BRFs Data Tables
Cancer Screening - Mammogram	Percent female Medicare enrollees with mammogram in past 2 years	This indicator reports the percentage of female Medicare enrollees, age 67-69 or older, who have received one or more mammograms in the past two years.	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care	2012	Community Commons
Cancer Screening - Pap Test	Percent of adult females age 18+ with Regular Pap Test (Age-Adjusted)	This indicator reports the percentage of women age 18 and older who self-report that they have had a Pap test in the past three years.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse.	2006-12	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Cancer Screening - Sigmoid/Colonoscopy	Percent of adults screened for colon cancer (age-adjusted)	This indicator reports the percentage of adults age 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse.	2006-12	Community Commons
Child Abuse	Rate of substantiated allegations of child maltreatment	Rate of substantiated allegations of child maltreatment	UC Berkeley Child Welfare Indicators Project	2013	SCC PHD CHA or BRFS Data Tables
Chlamydia Incidence Rate	Chlamydia incidence rate	Chlamydia incidence rate	SCC PHD	2013	SCC PHD CHA or BRFS Data Tables
Chlamydia Rate	Chlamydia infection rate (per 100,000 pop.)	This indicator reports incidence rate of chlamydia cases per 100,000 population.	U.S. Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012	Community Commons
Cocaine Use (Youth)	Percent of high school students who have ever used cocaine	Percent of high school students who have ever used cocaine	CHKS	2010	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Commute To Work - Alone In Car	Percentage of Workers Commuting by Car, Alone	This indicator reports the percentage of the population that commutes to work on a daily basis using a motor vehicle, and commutes as the only occupant of the vehicle. This indicator is relevant because it conveys information about the efficiency of the public transportation network, potential impacts on the environment (e.g. air pollution), and can inform policy, system and environmental strategies to address potential climate and health impacts (e.g. active transportation and improving public transportation networks).	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Commute To Work - Walking/Biking	Percentage Walking or Biking to Work	This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle. This indicator is relevant because an active commute to work can reduce risk of cardiovascular disease, obesity, and hypertension. Active transportation is also a climate change mitigation strategy.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Dental Care - Lack of Affordability (Youth)	Percent Population Age 5-17 Unable to Afford Dental Care	This indicator reports the percentage of children and teens who self-report that during the past 12 months, there was any time when they needed dental care but could not afford it. This indicator is relevant because it is a measure of access to dental health services; lack of healthcare access to regular primary care, specialty care, and other health services contributes to poor health status.	University of California Center for Health Policy Research, California Health Interview Survey	2009	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Dental Care - No Recent Exam (Adult)	Percent of adults without recent dental exam	This indicator reports the percentage of adults age 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System	2006-10	Community Commons
Dental Care - No Recent Exam (Youth)	Percent of youth without recent dental exam	This indicator reports the percentage of children age 2-13 who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.	University of California Center for Health Policy Research, California Health Interview Survey	2013-14	Community Commons
Dental Decay (Adult)	Percent of adults (45-64) who have had 1+ permanent teeth removed due to tooth decay or gum disease	Percent of adults (45-64) who have had 1+ permanent teeth removed due to tooth decay or gum disease	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Dental Decay (Adult)	Percent of adults with tooth loss due to gum problems or tooth decay	Percent of adults with tooth loss due to gum problems or tooth decay	SCC PHD BRFS, CDC BRFS	2009	SCC PHD CHA or BRFS Data Tables
Dental Decay (Older Adults)	Percent of adults (65-74) who lost all teeth due to tooth decay or gum disease	Percent of adults (65-74) who lost all teeth due to tooth decay or gum disease	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Dental Health —Poor	Percent of adults with Poor Dental Health	This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; additional data analysis by CARES.	2006-10	Community Commons
Dental Health Professional Shortage Area -	Percentage of Population Living in a HPSA	This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of dental health professionals. This indicator is relevant because lack of access to health care, including regular primary care, dental care, and other	U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration	2015	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
		specialty health services, contributes to poor health status.			
Dental Insurance	Percent of adults with dental insurance	Percent of adults with dental insurance	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Dental Insurance — Absence of Coverage	Percent of adults without dental insurance	This indicator reports the percentage of adults who self-report having no dental insurance for some or all of the past 12 months.	University of California Center for Health Policy Research, California Health Interview Survey	2009	Community Commons
Dentist Access	Dentists, Rate per 100,000 Pop.	This indicator reports the rate of licensed, qualified dentists per 100,000 population (dental surgery or dental medicine).	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File	2013	Community Commons
Dentist Utilization (Adult)	Percent of adults who went to the dentist in the last year	Percent of adults who went to the dentist in the last year	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Dentist Utilization (Children)	Percent of children (1-11) who visited the dentist in the past 12 months	Percent of children (1-11) who visited the dentist in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Depression (Adults)	Percent of adults who have ever been diagnosed with depression	Percent of adults who have ever been diagnosed with depression	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Diabetes Hospitalization (Adult)	Diabetes hospitalizations (adult)	Diabetes hospitalizations (adult)	SCC Patient Discharge Database, 2012	2012	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Diabetes Hospitalizations	Age-adjusted discharge rate (per 10,000 pop.)	This indicator reports the patient discharge rate (per 10,000 total population) for diabetes-related complications. This indicator is relevant because diabetes is a prevalent problem in the U.S. as it may indicate an unhealthy lifestyle, places individuals at risk for further health issues, and increases an individual's vulnerability to climate change.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data	2011	Community Commons
Diabetes Prevalence	Percent of adults with Diagnosed Diabetes (Age-Adjusted)	This indicator reports the percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes.	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2012	Community Commons
Diabetes Prevalence (Adult)	Percent of adults ever diagnosed with diabetes	Percent of adults ever diagnosed with diabetes	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Discrimination - Physical Symptoms	Percent of adults who had physical symptoms as a result of treatment based on their race in past 30 days	Percent of adults who had physical symptoms as a result of treatment based on their race in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Doctor Visit (Adults)	Percent of adults who saw a doctor for a routine checkup in the past 12 months	Percent of adults who saw a doctor for a routine checkup in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Doctor Visit (Children)	Percent of children (0-11) who saw a doctor for a routine checkup in the past 12 months	Percent of children (0-11) who saw a doctor for a routine checkup in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Domestic Violence Mortality	Rate of domestic violence-related deaths	Rate of domestic violence-related deaths	SCC Domestic Violence Council, Domestic Violence Death Review Committee	2010	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Domestic Violence—Recent	Percent of adults who experienced physical violence or had unwanted sex in past 12 months with intimate partner	Percent of adults who experienced physical violence or had unwanted sex in past 12 months with intimate partner	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Economic Security - Commute Over 60 Minutes	Percentage of Workers Commuting More than 60 Minutes	This indicator reports the percentage of the population that commutes to work for over 60 minutes each direction. This indicator is relevant because the amount of time spent commuting impacts health-related activities such as sleeping, engaging in physical activity, and ability to prepare healthy meals.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Economic Security - Households With No Vehicle	Percentage of Households with No Motor Vehicle	This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. This indicator is relevant because individuals from households without access to a vehicle may lack access to health care, child care services, and employment opportunities.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Economic Security - Unemployment Rate	Unemployment rate	This indicator reports the percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.	U.S. Department of Labor, Bureau of Labor Statistics	2015	Community Commons
Ecstasy Use (Youth)	Percent of high school students who have ever used ecstasy	Percent of high school students who have ever used ecstasy	CHKS	2010	SCC PHD CHA or BRFSS Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Education - Head Start Program Facilities	Head start programs rate (per 10,000 children under age 5)	This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data are acquired from the U.S. Department of Health and Human Services (HHS) 2015 Head Start locator. Population data are from the 2010 U.S. Decennial Census. This indicator is relevant because access to education is a primary social determinant of health, and is associated with increased economic opportunity, access to social resources (i.e. food access and spaces and facilities for physical activity), and positive health status and outcomes.	U.S. Department of Health & Human Services, Administration for Children and Families	2014	Community Commons
Education - High School Graduation Rate	Cohort graduation rate	This indicator reports the cohort high school graduation rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health.	California Department of Education	2013	Community Commons
Education - Less Than High School Diploma (Or Equivalent)	Percent Population Age 25+ with No High School Diploma	This indicator reports the percentage of the population age 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant because educational attainment is a key driver of population health.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Emotional Support	Percent of adults who "usually" or "always" receive the emotional support they need	Percent of adults who "usually" or "always" receive the emotional support they need	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Falls	Percent of adults (45+) who have had a fall in the past 3 months	Percent of adults (45+) who have had a fall in the past 3 months	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Falls That Caused An Injury	Percent of adults (45+) who have had one or more falls that caused an injury in the past 3 months	Percent of adults (45+) who have had one or more falls that caused an injury in the past 3 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fast Food Consumption (Adult)	Percent of adults who ate fast food at least weekly in past 30 days	Percent of adults who ate fast food at least weekly in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fast Food Consumption (Children)	Percent of children (2-11) who ate fast food 1+ times in past week	Percent of children (2-11) who ate fast food 1+ times in past week	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Food Environment - Fast Food Restaurants	Fast food restaurants, rate (per 100,000 population)	This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.	U.S. Census Bureau, County Business Patterns; additional data analysis by CARES	2011	Community Commons
Food Environment - Grocery Stores	Grocery stores, rate (per 100,000 population)	This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. This indicator is relevant because it provides a measure of healthy food access and environmental influences	U.S. Census Bureau, County Business Patterns; additional data analysis by CARES	2011	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
		on dietary behaviors.			
Food Environment - WIC-Authorized Food Stores	WIC-authorized food stores, rate (per 100,000 population)	This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC program benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.	U.S. Department of Agriculture, Economic Research Service, U.S.D.A - Food Environment Atlas	2011	Community Commons
Food Security - Food Desert Population	Percent Population with Low Food Access	This indicator reports the percentage of the population living in areas designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.	U.S. Department of Agriculture, Economic Research Service, U.S.D.A - Food Access Research Atlas	2010	Community Commons
Fresh Grocers	Percent of adults who shop for fresh fruits and vegetables within their community/neighborhood	Percent of adults who shop for fresh fruits and vegetables within their community/neighborhood	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fruit And Vegetable Consumption (Adults)	Percent of adults who ate 2+ servings of fruits and 3+ servings of vegetables per day in past 30 days	Percent of adults who ate 2+ servings of fruits and 3+ servings of vegetables per day in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Fruit And Vegetable Consumption (Children)	Percent of children (2-11) who ate/drank 2+ servings of fruit/100 percent juice and ate 3+ servings of vegetables the previous day	Percent of children (2-11) who ate/drank 2+ servings of fruit/100 percent juice and ate 3+ servings of vegetables the previous day	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fruit And Vegetable Consumption (Teens)	Percent of teens who ate 5+ servings of fruits and vegetables yesterday	Percent of teens who ate 5+ servings of fruits and vegetables yesterday	CHIS	2012	SCC PHD CHA or BRFS Data Tables
Fruit Consumption (Adults)	Percent of adults who ate 2+ servings of fruit per day in past 30 days	Percent of adults who ate 2+ servings of fruit per day in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fruit Consumption (Children)	Percent of children (2-11) who ate/drank 2+ servings of fruit/100 percent juice the previous day	Percent of children (2-11) who ate/drank 2+ servings of fruit/100 percent juice the previous day	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fruit/Vegetable Consumption — Low (Adult)	Percent of adults with Inadequate Fruit/Vegetable Consumption	This indicator reports the percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day.	CDC Behavioral Risk Factor Surveillance System.; accessed via the Health Indicators Warehouse. U.S. DHSS, Health Indicators Warehouse.	2005-09	Community Commons
Fruit/Vegetable Consumption — Low (Youth)	Percent Population Age 2-13 with Inadequate Fruit/Vegetable Consumption	This indicator reports the percentage of children age 2 and older who are reported to consume fewer than five servings of fruits and vegetables each day.	University of California Center for Health Policy Research, California Health Interview Survey	2011-12	Community Commons
Fruit/Vegetable Expenditures	Fruit/Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures	This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total household expenditures. This indicator is relevant because current behaviors are	Nielsen, Nielsen SiteReports	2014	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
		determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.			
Gonorrhea Incidence Rate	Gonorrhea incidence rate	Gonorrhea incidence rate	SCCPHD	2012	SCC PHD CHA or BRFs Data Tables
Health Insurance	Percent of adults (18-64) with healthcare coverage	Percent of adults (18-64) with healthcare coverage	SCC BRFs	2014	SCC PHD CHA or BRFs Data Tables
Health Insurance	Percent of children with healthcare coverage (0-11)	Percent of children with healthcare coverage (0-11)	SCC BRFs	2014	SCC PHD CHA or BRFs Data Tables
Health Status	Percent of adults who reported their general health status as fair or poor	Percent of adults who reported their general health status as fair or poor	SCC BRFs	2014	SCC PHD CHA or BRFs Data Tables
Heart Disease Mortality (Rate)	Age-adjusted rate of heart disease	Age-adjusted rate of heart disease	SCC Death Statistical File; cited by 2014 CHA	2012	SCC PHD CHA or BRFs Data Tables
Heart Disease Prevalence	Percent of adults with Heart Disease	This indicator reports the percentage of adults age 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.	University of California Center for Health Policy Research, California Health Interview Survey	2011-12	Community Commons
Hepatitis B Infection Rate	Chronic hepatitis B rate	Chronic hepatitis B rate	SCC PHD	2012	SCC PHD CHA or BRFs Data Tables
Hepatitis B Or C —Tested	Percent of adults who have ever been tested for hepatitis B or C	Percent of adults who have ever been tested for hepatitis B or C	SCC BRFs	2014	SCC PHD CHA or BRFs Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
High Blood Cholesterol	Percent of adults ever diagnosed with high blood cholesterol	Percent of adults ever diagnosed with high blood cholesterol	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
High Blood Pressure	Percent of adults ever diagnosed with high blood pressure	Percent of adults ever diagnosed with high blood pressure	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Hispanic Population	Percent Population Hispanic or Latino	This indicator reports the percentage of population that is of Hispanic, Latino, or Spanish origin. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
HIV Hospitalizations	Age-adjusted discharge rate (per 10,000 pop.)	This indicator reports the patient discharge rate (per 10,000 total population) for HIV-related complications.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data	2011	Community Commons
HIV Infection Rate	Rate of adults and adolescents newly infected with HIV	Rate of adults and adolescents newly infected with HIV	SCCPHD, Enhanced HIV/AIDS Reporting System	2012	SCC PHD CHA or BRFS Data Tables
HIV Infections	Number living with AIDS	Number living with AIDS	SCC PHD eHars; CDPH Office of AIDS, HIV/AIDS Surveillance Section; CDC HIV Surveillance Report	2012	SCC PHD CHA or BRFS Data Tables
HIV Prevalence Rate	Population with HIV/AIDS, Rate (Per 100,000 Pop.)	This indicator reports prevalence rate of HIV per 100,000 population.	U.S. DHSS, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2010	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
HIV— Tested	Percent of adults (18-64) who have ever been tested for HIV	Percent of adults (18-64) who have ever been tested for HIV	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
HIV/AIDS Mortality	Number of HIV/AIDS Deaths	Number of HIV/AIDS deaths	SCCPHD, Enhanced HIV/AIDS Reporting System	2012	SCC PHD CHA or BRFSS Data Tables
Homelessness — Total	Number of homeless individuals	Number of homeless individuals enumerated during point-in-time count	SCC Homeless PIT Census & Survey	2013	County of Santa Clara
Homelessness — Unsheltered (Point-In-Time)	Number of homeless individuals living on the street, in abandoned buildings, cars/vans/RVs, or encampment areas	Number of homeless individuals living on the street, in abandoned buildings, cars/vans/RVs, or encampment areas	SCC Homeless PIT Census & Survey	2013	SCC PHD CHA or BRFSS Data Tables
Homelessness — At Any Point In Year	Number reporting homelessness over the course of a year	Number reporting homelessness over the course of a year	SCC Homeless PIT Census & Survey	2013	SCC PHD CHA or BRFSS Data Tables
Homicide (Adults)	Homicide rate overall	Homicide rate overall	SCC PHD Death Statistical Master File 2010-2012; CA PHD Vital Stats Query System 2012	2012	SCC PHD CHA or BRFSS Data Tables
Homicide Mortality	Homicide, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to assault (homicide) per 100,000 population, age-adjusted to the year 2000 standard. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.	University of Missouri, Center for Applied Research and Environmental Systems, CDPH - Death Public Use Data	2010-12	Community Commons
Housing – Cost-Burdened Households	Percentage of Households where Housing Costs Exceed 30% of Income	This indicator reports the percentage of households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. This indicator is relevant	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
		because it offers a measure of housing affordability and excessive shelter costs that may prohibit an individual's ability to financially meet basic life needs, such as healthcare, child care, healthy food purchasing, and transportation costs.			
Housing - Substandard Housing	Percent Occupied Housing Units with One or More Substandard Conditions	This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Housing - Vacant Housing	Vacant housing units, percent	This indicator reports the number and percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied and are classified as "vacant." This indicator is relevant because the presence of vacant houses can have adverse effects on community safety, social cohesion and relationships, community economic security, and opportunity.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Housing Costs (Renter-Occupied)	Percent renter occupied units spending 30% or more of household income on housing	Percent renter occupied units spending 30% or more of household income on housing	U.S. Census Bureau, 2010-2012 ACS 3-year estimates	2012	SCC PHD CHA or BRFSS Data Tables
Housing Costs (With A Mortgage)	Percent housing units with a mortgage spending 30% or more of household income on housing	Percent housing units with a mortgage spending 30% or more of household income on housing	U.S. Census Bureau, 2010-2012 ACS 3-year estimates	2012	SCC PHD CHA or BRFSS Data Tables
Housing—Overcrowding	Percent of households with more than one persons per room	Percent of households with more than one person per room	U.S. Census Bureau, 2010-2012 ACS 3-year estimates	2012	SCC PHD CHA or BRFSS Data Tables
Housing—Severe Overcrowding	Percent of households with more than 1.5 person per room	Percent of households with more than 1.5 persons per room	U.S. Census Bureau, 2010-2012 ACS 3-year estimates	2012	SCC PHD CHA or BRFSS Data Tables
Infant Mortality	Infant mortality rate (per 1,000 births)	This indicator reports the rate of deaths to infants younger than 1 year of age per 1,000 births.	CDC National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10.	2006-10	Community Commons
Inhalant Use (Youth)	Percent of high school students who have ever used inhalants	Percent of high school students who have ever used inhalants	California Healthy Kids Survey	2010	SCC PHD CHA or BRFSS Data Tables
Insurance - Uninsured Population	Percent uninsured population	The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
		care, and other health services that contributes to poor health status.			
Ischemic Heart Disease Mortality	Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to coronary heart disease per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the U.S.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Lack of A Consistent Source of Primary Care	Percentage without regular doctor	This indicator reports the percentage of children, teenagers, and adults who self-report that they do not have a usual place to go when sick or needing health advice. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.	University of California Center for Health Policy Research, California Health Interview Survey	2011-12	Community Commons
Lack of Prenatal Care	Percent Mothers with Late or No Prenatal Care	This indicator reports the percentage of women who do not obtain prenatal care during their first or second trimesters of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	CDPH - Birth Profiles by ZIP Code	2011	Community Commons
Linguistically Isolated Households	Percent linguistically isolated population	This indicator reports the percentage of the population age 5 and older that lives in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks English "very well."	U.S. Census Bureau, American Community Survey	2006-2010	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Low Birthweight	Percent low birthweight births	This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low birthweight infants are at high risk for health problems.	CDPH - Birth Profiles by ZIP Code	2011	Community Commons
Marijuana Use (Adult)	Percent of adults who have used marijuana in the past 12 months	Percent of adults who have used marijuana in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Marijuana Use (Youth)	Percent middle school and high school students who used marijuana at least once past 30 days	Percent middle school and high school students who used marijuana at least once past 30 days	CHKS	2010	SCC PHD CHA or BRFS Data Tables
Medical Costs	Percent of adults who needed to see a doctor in the past 12 months but could not because of cost	Percent of adults who needed to see a doctor in the past 12 months but could not because of cost	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Mental Distress	Percent of adults who reported frequent mental distress (14 or more mentally unhealthy days) in past 30 days	Percent of adults who reported frequent mental distress (14 or more mentally unhealthy days) in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Mental Health - Needing Mental Health Care	Percentage with Poor Mental Health	This indicator reports the percentage of adults who self-report that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. This indicator is relevant because it is a measure of general poor mental health status and demand for mental and behavioral health services.	University of California Center for Health Policy Research, California Health Interview Survey	2013-14	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Mental Health - Poor Mental Health Days	Average Number of Mentally Unhealthy Days per Month	This indicator reports the average number of mentally unhealthy days (during past 30 days) among survey respondents age 18 and older. This indicator is relevant because it provides a measure of mental health status and health-related quality of life. Poor mental health is also associated with climate change.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.; accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse.	2006-12	Community Commons
Mental Health Problems (Adult)	Percent of adults reporting poor mental health on at least one day in last 30 days	Percent of adults reporting poor mental health on at least one day in last 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Mental Health Providers Access	Mental healthcare provider rate (per 100,000 population)	This indicator reports the rate of mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors) that specialize in mental healthcare per 100,000 total population.	University of Wisconsin Population Health Institute, County Health Rankings	2014	Community Commons
Motor Vehicle Accident Mortality	Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, age-adjusted to year 2000 standard. Motor vehicle crashes include collisions with other motor vehicles, non-motorists, fixed objects, non-fixed objects, overturns, and other non-collisions. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Number Living With HIV	Number of people living with HIV infection	Number of people living with HIV infection	SCC PHD, Enhanced HIV/AIDS Reporting System; CDPH, Office of AIDS, HIV/AIDS Surveillance Section	2012	SCC PHD CHA or BRFS Data Tables
Number of TB Infections	Number of TB cases	Number of TB cases	SCC PHD, CA Reportable Disease Information Exchange System; CADPH TB Control Branch	2013	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Obesity (Adolescents)	Percent of adolescents who are overweight or obese	Percent of adolescents who are overweight or obese	CDE	2012	SCC PHD CHA or BRFSS Data Tables
Obesity (Adult)	Percent of adults with BMI > 30.0 (Obese)	This indicator reports the percentage of adults age 20 and older who self-report that they have a body mass index (BMI) score greater than 30.0 (obese).	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2012	Community Commons
Obesity (Adult)	Percent of adults considered obese	Percent of adults considered obese	SCC BRFSS; CDC 2012 BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Obesity (Young Children)	Percent of children aged 2-5 who are obese	Percent of children aged 2-5 who are obese	CA DHHS, Child Health and Disability Prevention Program, Pediatric Nutrition Surveillance Data tables	2010	SCC PHD CHA or BRFSS Data Tables
Obesity (Youth)	Percent obese	This indicator reports the percentage of children in grades 5, 7, and 9 ranking within the "High Risk" category (Obese) for body composition on the Fitnessgram physical fitness test.	California Department of Education, FITNESSGRAM® Physical Fitness Testing	2013-14	Community Commons
Overweight (Adolescents)	Percent of adolescents who are overweight	Percent of adolescents who are overweight	CDE	2012	SCC PHD CHA or BRFSS Data Tables
Overweight (Adult)	Percent of adults overweight	This indicator reports the percentage of adults age 18 and older who self-report that they have a body mass index (BMI) score between 25.0 and 30.0 (overweight).	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.; additional data analysis by CARES.	2011-12	Community Commons
Overweight (Adults)	Percent of adults who are overweight	Percent of adults who are overweight	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Overweight (Youth)	Percent overweight	This indicator reports the percentage of children in grades 5, 7, and 9 ranking within the "Needs Improvement" category	California Department of Education, FITNESSGRAM® Physical Fitness Testing	2013-14	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
		(Overweight) for body composition on the Fitnessgram physical fitness test.			
Overweight Or Obese (Adults)	Percent of adults who are overweight or obese	Percent of adults who are overweight or obese	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Park Access	Percent Population Within 1/2 Mile of a Park	This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.	U.S. Census Bureau, Decennial Census, ESRI Map Gallery	2010	Community Commons
Park, Playground, Open Space Access	Percent of children (1-11) who have a park, playground, or open space within 30 min walking distance of home	Percent of children (1-11) who have a park, playground, or open space within 30 minutes walking distance of home	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Park/ Playground Safety	Percent of parents (of children 0-11) who agree or strongly agree that the closest park and playground is safe	Percent of parents (of children 0-11) who agree or strongly agree that the closest park and playground is safe	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Pedestrian Accident Mortality	Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of pedestrians killed by motor vehicles per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Personal Doctor (Adult)	Percent of adults with a personal doctor	Percent of adults with a personal doctor	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Personal Doctor (Children)	Percent of children with a personal doctor	Percent of children with a personal doctor	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Physical Activity	Percent of adults who participated in physical activities or exercises other than for regular job duties in the past month	Percent of adults who participated in physical activities or exercises other than for regular job duties in the past month	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Physical Activity—Travel Home From School (5 Days)	Percent of children (5-11) who walked, biked, or skateboarded home from school on 5 days in the past week	Percent of children (5-11) who walked, biked, or skateboarded home from school on 5 days in the past week	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Physical Activity—Travel Home From School (Once)	Percent of children (5-11) who walked, biked, or skateboarded home from school at least once in the past week	Percent of children (5-11) who walked, biked, or skateboarded home from school at least once in the past week	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Physical Activity—Walking/Biking/Skating To School	Percentage Walking/Skating/Biking to School	This indicator reports the percentage of children and teens who reported that they walked, biked, or skated to school in the past week (at the time of the interview). This indicator is relevant because an active commute to school is associated with improvements in physical activity levels and obesity prevention among youth. Active transportation is also a climate change mitigation strategy.	University of California Center for Health Policy Research, California Health Interview Survey	2011-12	Community Commons
Physical Inactivity (Adult)	Percent Population with no Leisure Time Physical Activity	This indicator reports the percentage of adults age 20 and older who self-report that they perform no leisure time activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2012	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Physical Inactivity (Youth)	Percent physically inactive	This indicator reports the percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the Fitnessgram physical fitness test.	California Department of Education, FITNESSGRAM® Physical Fitness Testing	2013-14	Community Commons
Physically Active (Children)	Percent of children (5-11) who were physically active for at least 60 minutes a day in past 7 days	Percent of children (5-11) who were physically active for at least 60 minutes a day in past 7 days	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Physically Active (Teen)	Percent of teens who were physically active for at least 60 minutes a day in past 7 days	Percent of teens who were physically active for at least 60 minutes a day in past 7 days	CHIS	2012	SCC PHD CHA or BRFSS Data Tables
Physically Hurt By Partner (Adult)	Percent of adults ever hit, slapped, kicked, or hurt in any way by an intimate partner	Percent of adults ever hit, slapped, kicked, or hurt in any way by an intimate partner	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Pneumonia Shots	Percent of adults (ages 65+) who ever had a pneumonia shot	Percent of adults (ages 65+) who ever had a pneumonia shot	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Population (Total)	Population density (per square mile)	This indicator reports total population and the population density. Population density is defined as the number of persons per square mile.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Population Age 55-64	Percent population age 55-64	This indicator reports the percentage of the population age 55-64 in the designated geographic area.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Population Age 65+	Percent population age 65+	This indicator reports the percentage of the population age 65 and older in the designated geographic area.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Population — Female	Percent female population	This indicator reports total female population.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Population With Limited English Proficiency	Percent Population Age 5+ with Limited English Proficiency	This indicator reports the percentage of the population age 5 and older that speaks a language other than English at home and speaks English less than "very well."	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Population— Median Age	Median age	This indicator reports population median age based on the 5-year American Community Survey estimate.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Poverty	Percent of people living at 100 Percent FLP	Percent of people living at 100 Percent FLP	ACS 1-year	2012	SCC PHD CHA or BRFSS Data Tables
Poverty - Children Below 100% FPL	Percent Population Under Age 18 in Poverty	This indicator reports the percentage of children age 0-17 living in households with income below the Federal Poverty Level (FPL).	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Poverty - Population Below 100% FPL	Percent Population in Poverty	Poverty is considered a key driver of health status. This indicator reports the percentage of the population living in households with income below the Federal Poverty Level (FPL).	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Poverty - Population Below 200% FPL	Percent Population with Income at or Below 200% FPL	This indicator reports the percentage of the population living in households with income below 200% of the Federal Poverty Level (FPL).	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Poverty (Children)	Percent of children living at 100 Percent FLP	Percent of children living at 100 percent FLP	ACS 1-year	2012	SCC PHD CHA or BRFSS Data Tables
Prediabetes	Percent of adults ever diagnosed with prediabetes	Percent of adults ever diagnosed with prediabetes	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Prescription Costs	Percent of adults who could not take prescribed medication in the past 12 months because of cost	Percent of adults who could not take prescribed medication in the past 12 months because of cost	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Prescription Medicine Use (Adults)	Percent of adults who have used any prescription medicines not prescribed to them in the past 12 months	Percent of adults who have used any prescription medicines not prescribed to them in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Prescription Pain Killer Use (Youth)	Percent of high school students who have ever used prescription pain killers without a doctor's order	Percent of high school students who have ever used prescription pain killers without a doctor's order	CHKS	2010	SCC PHD CHA or BRFS Data Tables
Preventable Hospital Events	Age-adjusted discharge rate (per 10,000 pop.)	This indicator reports the patient discharge rate (per 10,000 total population) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions that could have been prevented if adequate primary care resources were available and accessed by those patients.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data	2011	Community Commons
Primary Care Access	Percent of adults with one or more primary medical providers	Percent of adults with one or more primary medical providers	SCC BRFS	2009	SCC PHD CHA or BRFS Data Tables
Primary Care Health Professional Shortage Area -	Percentage of Population Living in a HPSA	This indicator reports the percentage of the population living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.	U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration	2015	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Primary Care Physician Access	Primary Care Physicians, Rate per 100,000 Pop.	This indicator reports the rate of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs.	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File	2012	Community Commons
Psychological Distress	Percent of adults experiencing serious psychological distress in the past 30 days	Percent of adults experiencing serious psychological distress in the past 30 days	SCC BRFs	2014	SCC PHD CHA or BRFs Data Tables
Recreation And Fitness Facility Access	Recreation and Fitness Facilities, Rate (Per 100,000 Population)	This indicator reports the number of recreation and fitness facilities per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.	U.S. Census Bureau, County Business Patterns; additional data analysis by CARES	2012	Community Commons
Smoking (Adults)	Percent of adults who are current smokers	Percent of adults who are current smokers	SCC BRFs	2014	SCC PHD CHA or BRFs Data Tables
Smoking (Youth)	Percent of adolescents who smoked cigarettes on 1+ days in last 30 days	Percent of adolescents who smoked cigarettes on 1+ days in last 30 days	CHKS	2010	SCC PHD CHA or BRFs Data Tables
Smoking In Lifetime (Youth)	Percent of youth who have ever smoked a whole cigarette 1+ times	Percent of youth who have ever smoked a whole cigarette 1+ times	CHKS	2010	SCC PHD CHA or BRFs Data Tables

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Soft Drink Expenditures	Soda Expenditures, Percentage of Total Food-At-Home Expenditures	This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total household expenditures.	Nielsen, Nielsen SiteReports	2014	Community Commons
Stress (Financial)	Percentage of adults who are somewhat or very stressed about financial concerns	Percentage of adults who are somewhat or very stressed about financial concerns	SCC CAP	2012	SCC PHD CHA or BRFSS Data Tables
Stress (Food)	Percent of adults who are usually or always worried or stressed about having enough money to buy nutritious meals in past 12 months	Percent of adults who are usually or always worried or stressed about having enough money to buy nutritious meals in past 12 months	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Stress (Health)	Percentage of adults who are somewhat or very stressed about health concerns	Percentage of adults who are somewhat or very stressed about health concerns	SCC CAP	2012	SCC PHD CHA or BRFSS Data Tables
Stress (Rent Or Mortgage)	Percent of adults who are usually or always worried or stressed about having enough money to pay rent or mortgage in past 12 months	Percent of adults who are usually or always worried or stressed about having enough money to pay rent or mortgage in past 12 months	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Stress (Work)	Percentage of adults who are somewhat or very stressed about work-related concerns	Percentage of adults who are somewhat or very stressed about work-related concerns	SCC CAP	2012	SCC PHD CHA or BRFSS Data Tables
Stroke Mortality	Stroke, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because strokes are a leading cause of death in the U.S.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Suicide Ideation (Adults)	Percent of adults who seriously considered attempting suicide in the past 12 months	Percent of adults who seriously considered attempting suicide in the past 12 months	SCC BRF5	2014	SCC PHD CHA or BRF5 Data Tables
Suicide Rate	Suicide, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population, age-adjusted to the year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Suspensions Rate Due to Violence	Percent of suspensions related to weapons possession, violent incidents, or drugs	Percent of suspensions related to weapons possession, violent incidents, or drugs	CDE DQ	2014	SCC PHD CHA or BRF5 Data Tables
Syphilis Incidence Rate	Primary and secondary syphilis incidence rate	Primary and secondary syphilis incidence rate	SCCPHD	2012	SCC PHD CHA or BRF5 Data Tables
TB Infection Rate	TB case rate	TB case rate per 100,000	SCC PHD; CDPH Reportable Disease Information Exchange System; CDPH Tuberculosis Control Branch Provisional Data; CDC	2013	SCC PHD CHA or BRF5 Data Tables
Teen Births (Under Age 20)	Teen birth rate (per 1,000 female pop. Under age 20)	This indicator reports the rate of total births to women under the age of 20 per 1,000 females under age 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.	CDPH - Birth Profiles by ZIP Code	2011	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Tobacco Usage	Percent population smoking cigarettes(age-adjusted)	This indicator reports the percentage of adults age 18 and older who self-report currently smoking cigarettes some days or every day.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse	2006-12	Community Commons
Unemployed	Percent of unemployed	Percent of unemployed	ACS 1-year	2012	SCC PHD CHA or BRFSS Data Tables
Vegetable Consumption (Adults)	Percent of adults who ate 3+ servings of vegetables per day in past 30 days	Percent of adults who ate 3+ servings of vegetables per day in past 30 days	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Vegetable Consumption (Adults)	Percent of children (2-11) who ate 3+ servings of vegetables the previous day	Percent of children (2-11) who ate 3+ servings of vegetables the previous day	SCC BRFSS	2014	SCC PHD CHA or BRFSS Data Tables
Violence - All Violent Crimes	Violent crime rate (per 100,000 pop.)	This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports; additional analysis by the National Archive of Criminal Justice Data, accessed via the Inter-university Consortium for Political and Social Research	2010-12	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Violence - Assault (Crime)	Assault rate (per 100,000 pop.)	This indicator reports the rate of assault (reported by law enforcement) per 100,000 residents. This indicator is relevant because violent crime, including rate of assaults, can be used as a measure of community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports; additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research	2010-12	Community Commons
Violence - Assault (Injury)	Assault Injuries, Rate per 100,000 Population	This indicator reports the number and rate of non-fatal emergency department visits for assault per 100,000 population. Data are 3-year averages for 2011-2013 generated using the California EpiCenter data platform for Overall Injury Surveillance.	N/A	2011-13	Community Commons
Violence - Domestic Violence	Domestic Violence Injuries, Rate per 100,000 Population (Females Age 10+)	This indicator reports the number and rate of non-fatal emergency department visits among females aged 10+ for domestic violence per 100,000 population. Domestic violence incidents are coded using ICD-9 classification E-9673: batter by spouse/partner. Data are 3-year averages for 2011-2013 generated using the California EpiCenter data platform for Overall Injury Surveillance.	N/A	2011-13	Community Commons
Violence - Rape (Crime)	Rape rate (per 100,000 pop.)	This indicator reports the rate of rape (reported by law enforcement) per 100,000 residents. This indicator is relevant because violent crime, including assaults, can be used as a measure of community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports; additional analysis by the National Archive of Criminal Justice Data, accessed via the Inter-university Consortium for Political and Social Research	2010-12	Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
Violence - Robbery (Crime)	Robbery rate (per 100,000 population)	This indicator reports the rate of robbery (reported by law enforcement) per 100,000 residents. This indicator is relevant because violent crime, including assaults, can be used as a measure of community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports; additional analysis by the National Archive of Criminal Justice Data, accessed via the Inter-university Consortium for Political and Social Research	2010-12	Community Commons
Violence - School Expulsions	Expulsion rate	This indicator reports the rate of expulsions per 100 enrolled students. Data are acquired from the California Department of Education from student-level data reported to the California Longitudinal Pupil Achievement Data System (CALPADS). This indicator is relevant because exclusionary school discipline policies, including suspensions and expulsions, are associated with lower educational attainment, higher dropout rates, engagement with the juvenile justice system, incarceration as an adult, decreased economic security as an adult, and poor mental health outcomes, including experiences of stress and trauma.	California Department of Education		Community Commons
Violence - School Suspensions	Suspension rate	This indicator reports the rate of suspensions per 100 enrolled students. Data are acquired for the 2013-14 school year from the California Department of Education from student-level data reported to the California Longitudinal Pupil Achievement Data System (CALPADS). This indicator is relevant because exclusionary school discipline policies, including suspensions and expulsions, are associated with lower educational attainment, higher dropout rates, engagement with the	California Department of Education		Community Commons

Indicator	Indicator variable	Description	Data Source	Year	Data Source
		juvenile justice system, incarceration as an adult, decreased economic security as an adult, and poor mental health outcomes, including experiences of stress and trauma.			
Violence - Youth Intentional Injury	Intentional Injuries, Rate per 100,000 Population (Youth Age 13-20)	This indicator reports the number and rate of non-fatal emergency department visits among youth, age 13-20, for intentional injury per 100,000 population. Intentional injuries include injuries due to both assault and self-harm. Data are 3-year averages for 2011-2013 generated using the California EpiCenter data platform for Overall Injury Surveillance. This indicator is relevant because youth intentional injury can be used as a measure of community safety, individual mental health, and/or substance abuse prevalence.	N/A	2011-13	Community Commons
Violent Crime (Adults)	Adult Felony Arrest Rate for Violent Offenses	Adult Felony Arrest Rate for Violent Offenses	CA DOJ, Criminal Justice Statistics Center	2012	SCC PHD CHA or BRFSS Data Tables
Weapons In School—Guns	Percent of middle school and high school students who carried a gun on school property in past 12 months	Percent of middle school and high school students who carried a gun on school property in past 12 months	CHKS	2010	SCC PHD CHA or BRFSS Data Tables

Attachment 6. COMMUNITY LEADERS AND REPRESENTATIVES — SAN MATEO COUNTY

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

#	Sector	Organization	Target Group Role (Leader/Representative/Member)	Title	Target Group Represented*	Expertise	Consultation Method	Date Consulted (2015)
1	County Health	San Mateo County Health & Hospital System	Representative	Chief Executive Officer	2	Local health agency, Medicaid, Health Plan, Medically underserved	Interview	Thu 04/16
2	City Parks & Recreation	Redwood City Parks, Recreation and Community Services	Representative	Director	3	Chronic conditions (older adults), youth	Interview	Thu 04/09
3	Nonprofit	StarVista	Representative	Director of Clinical/Community Svc.	3	Children/youth	Interview	Fri 03/06
4	Nonprofit	Mills-Peninsula Health Services African	Representative	Co-Founder and Community Benefit Outreach Coordinator	3	Minority (African Americans)	Interview	Tue 03/10

* Target group represented:

- 1: Public health knowledge/expertise
- 2: Federal, tribal, regional, state, or local health departments/agencies
- 3: Represent target populations: a) medically underserved, b) low-income, c) minority

#	Sector	Organization	Target Group Role (Leader/Representative/Member)	Title	Target Group Represented*	Expertise	Consultation Method	Date Consulted (2015)
		American Community Health Advisory Committee						
5	Nonprofit	Ravenswood Family Health Center	Representative	Chief Executive Officer	3	Low-income, minority	Interview	Mon 03/30
6	Faith-Based	American Methodist Episcopal Zion Church	Representative	Pastor	3	Faith community	Interview	Mon 03/30
7	County Government	County of San Mateo	Leader	Deputy County Manager	2	Local health agency (human services), victims of human trafficking	Interview	Fri 05/29
8	Nonprofit	Redwood City Fair Oaks Community Center	Representative	Human Services Manager	3	Low-income	Interview	Thu 5/21
9	County Health	Daly City Youth Health Center (part of San Mateo Medical Center)	Representative	FNP	3	Youth	Interview	Thu 03/05
10	Nonprofit	Samaritan House	Representative	Program Manager, Your House South	3	Low-income (homeless)	Interview	Tue 03/10

#	Sector	Organization	Target Group Role (Leader/Representative/Member)	Title	Target Group Represented*	Expertise	Consultation Method	Date Consulted (2015)
11	County Board of Directors & Commissioners	LGBTQ Commission	Representative	Co-Chair	3	Minority (LGBTQ)	Interview	Thu 05/28
12	Nonprofit	InnVision – Shelter Network	Representative	Director	3	Low-income (homeless)	Interview	Fri 04/17
13	County Board of Directors & Commissioners	San Mateo County Board of Supervisors	Leader	President, Board of Supervisors	2	Government policies regarding health	Interview	Tue 04/07
14	Nonprofit	Peninsula Family Service	Representative	Director, Older Adult Services	3	Low-income, minority, older adults	Interview	Wed 04/01
15	County Health	SMC Health System (BHRS)	Representative	Director of Behavioral Health	3	Behavioral health	Interview	Thu 03/26
16	Nonprofit	Puente	Representative	Executive Director	3	Low-income, minority, underserved (Coastside)	Interview	Fri 03/27
17	Nonprofit	First 5	Representative	Executive Director	3	Children ages 0-5 years	Interview	Tue 04/07
18	County Health	SMC Health System; Aging and Adult Services	Representative	Director	3	Chronic disease (older adults)	Interview	Wed 04/08
19	Nonprofit	Multicultural Institute	Representative	Dir., Day Laborer Program	3	Minority (Latino immigrants), low-income	Interview	Tue 04/07

#	Sector	Organization	Target Group Role (Leader/Representative/Member)	Title	Target Group Represented*	Expertise	Consultation Method	Date Consulted (2015)
20	County Health	San Mateo County Health Department	Leader	County Health Officer	1	Public health	Interview	Fri 03/27
21	County Government	San Mateo County Health & Hospital System	Representative	Director of Children & Family Services	3	Local human services agency, underserved populations	Interview	Fri 03/20
22	Faith-Based	Congregational Church of San Mateo	Representative	Senior Minister	3	Underserved, low-income	Interview	Tue 04/14
23	Nonprofit	Samaritan House	Representative	Operations Director	3	Homeless (underserved)	Interview	Tue 03/10
24	City Parks & Recreation	South San Francisco Parks/Rec Dept.	Representative	Director	3	Older adults, youth	Interview	Tue 03/17
25	Nonprofit	Adolescent Counseling Services	Representative	Executive Director	3	Behavioral health (youth)	Interview	Tue 03/17
26	County Government	SMC Human Services Agency	Leader	Executive Director	3	Underserved populations (access & delivery)	Interview	Fri 03/20
27	Nonprofit	Catholic Charities	Representative	Division Dir, Refugee & Immigrant Svc	3	Minority (immigrants)	Interview	Thu 06/04
28	Nonprofit	Coastside Hope	Representative	Executive Director	3	Minority (immigrants), low-income	Interview	Wed 04/08

#	Sector	Organization	Target Group Role (Leader/Representative/Member)	Title	Target Group Represented*	Expertise	Consultation Method	Date Consulted (2015)
29	Nonprofit	Lincoln Street Center	Representative	Recreation Program Coordinator	3	Minority older adults (Chinese and Filipino)	Interview	Tue 3/17
30	Nonprofit	Second Harvest Food Bank	Representative	Office Manager	3	Older adults	Focus group	Wed 3/11
31	Nonprofit	Catholic Charities Adult Day Services	Representative	Case Management Coordinator	3	Older adults	Focus group	Wed 3/11
32	Nonprofit	Peninsula Volunteers Meals on Wheels	Representative	Director, Meals on Wheels Program	3	Older adults	Focus group	Wed 3/11
33	Nonprofit	San Mateo Japanese-American Community Center	Representative	Executive Director	3	Older adults, minority (Japanese-Americans)	Focus group	Wed 3/11
34	Nonprofit	Community Gatepath	Representative	Manager, Learning & Employment Campus	3	Older adults	Focus group	Wed 3/11
35	Nonprofit	Lesley Senior Communities	Representative	Director, Resident Services	3	Older adults	Focus group	Wed 3/11
36	Nonprofit	MidPen Resident Services Corp.	Representative	Program Director, Senior Services	3	Older adults	Focus group	Wed 3/11
37	For-Profit Business	Synergy HomeCare	Representative	Director, Marketing	3	Older adults	Focus group	Wed 3/11

#	Sector	Organization	Target Group Role (Leader/Representative/Member)	Title	Target Group Represented*	Expertise	Consultation Method	Date Consulted (2015)
38	For-Profit Business	Home Safety Services	Representative	Founder & President	3	Older adults	Focus group	Wed 3/11

Attachment 7. COMMUNITY LEADERS AND REPRESENTATIVES — SANTA CLARA COUNTY

Leaders were consulted for their expertise in the community. They were identified based on their professional expertise and knowledge of target groups including children, youth, older adults, low-income populations, minorities, and the medically underserved. The Coalition involved leaders from health systems including the Santa Clara County Public Health Department, nonprofit hospital representatives, local government employees, appointed county government leaders, and nonprofit organizations. The list below includes the roles and titles of those consulted.

Public Health Experts and Local Health Departments/Agencies

Sector	Organization	Title	Focus/Expertise	Consultation Method
County	Santa Clara County Public Health Dept.	Public Health Officer	Public Health	Interview May 2015
County	Santa Clara County Public Health Dept.	Injury and Violence Prevention	Alzheimer's/Older Adult Providers	Focus Group May 2015
County	Santa Clara County Public Health Dept.	Health Care Program Manager	Public Health	Survey July 2015
Nonprofit	South County Collaborative	Board Chairperson	Public health South County	Focus Group September 2015

Representatives of Target Populations (by Sector, Organization)

Sector	Organization	Title	Focus/Expertise	Consultation Method
County	Adult Protective Services	Public Guardian	Older Adults	Focus Group May 2015
County	Gilroy Library	Community Librarian	South County	Focus Group September 2015
County	Public Health Department	Injury and Violence Prevention	Alzheimer's/Older Adult Providers	Focus Group May 2015
County	Santa Clara County Department of Aging and Adult Services	Project Manager	Alzheimer's/Older Adult Providers	Focus Group May 2015

Sector	Organization	Title	Focus/Expertise	Consultation Method
County	Santa Clara County Office of Education	Board Member	South County	Focus Group September 2015
County	Santa Clara County Office of Housing & Homeless Support Services	Staff	Homeless	Focus Group April 2015
County	Santa Clara County Office of Housing & Homeless Support Services	Staff	Homeless	Focus Group April 2015
County	Valley Health Center Gilroy	MD Family Medicine, Department of OBGYN	South County	Focus Group September 2015
Education	Campbell Union School District	Associate Superintendent	Youth	Survey July 2015
Education	Cupertino Union School District	Mental Health Program Manager	Behavioral Health - Youth	Survey July 2015
Education	Cupertino Union School District	School Nurse	Health - Youth	Survey July 2015
Education	Fremont Union High School District	Director of Educational and Special Services	Youth	Survey July 2015
Education	Gavilan College	College Health Nurse	Youth	Focus Group September 2015
Education	Gilroy Unified School District	School Linked Services Coordinator	Youth	Focus Group September 2015
Education	Mountain View Whisman School District	Assistant Superintendent	Youth	Survey July 2015
Medical	County of Santa Clara Health & Hospital System	Employee Wellness Senior Program Manager	Wellness	Survey July 2015
Medical	El Camino Hospital; Stanford Adjunct Faculty	Physician/Child & Adolescent Psychiatrist	Behavioral Health	Survey July 2015
Medical	Gardner Health Services	CEO	Health	Survey July 2015
Medical	Good Samaritan Hospital	Registered Nurse	Health	Survey July 2015
Medical	Lucile Packard Children's Hospital	Professor	Health	Survey July 2015

Sector	Organization	Title	Focus/Expertise	Consultation Method
	Stanford			
Medical	Lucile Packard Children's Hospital Stanford	Clinical Professor	Health	Survey July 2015
Medical	Pediatric Healthy Lifestyle Center (Sunnyvale)	Director	Pediatric Diabetes	Interview May 2015
Medical	Santa Clara County Behavioral Health Services	Senior Manager	Behavioral Health	Survey July 2015
Medical	School Health Clinics of Santa Clara County	Director of Clinic Services	Health - Children	Interview June 2015
Medical	Stanford University School of Medicine	Chief, Division of Adolescent Medicine	Health - Youth	Survey July 2015
Medical	Stanford University School of Medicine	Clinical Professor, Division of Adolescent Medicine	Health - Youth	Survey July 2015
Nonprofit	Abode Services	Staff	Homeless	Focus Group April 2015
Nonprofit	Abode Services	Staff	Homeless	Focus Group April 2015
Nonprofit	Advent Group Ministries	Retired - Executive Director	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Alum Rock Counseling Center	Clinical Director	Behavioral Health	Survey July 2015
Nonprofit	Alzheimer's Activity Center	Interim Executive Director	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Alzheimer's Association	Education Services Manager	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Alzheimer's Association, Northern CA and Northern NV	Medical Outreach Specialist	Health – Older Adults	Survey July 2015
Nonprofit	Asian American Recovery Services	Managing Director for Santa	Mental health/Substance Abuse	Focus Group May

Sector	Organization	Title	Focus/Expertise	Consultation Method
		Clara County		2015
Nonprofit	Asian Americans for Community Involvement	EVP Mental Health and Community Programs	Behavioral Health	Survey July 2015
Nonprofit	Asian Americans for Community Involvement	OA Division Program Manager	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Catholic Charities	Staff	Homeless	Focus Group April 2015
Nonprofit	Community Health Awareness Council (CHAC)	Executive Director	Behavioral Health	Survey July 2015
Nonprofit	Community Health Partnership	CEO	Un/Underinsured	Interview May 2015
Nonprofit	Community Services Agency	Associate Director	Behavioral Health	Survey July 2015
Nonprofit	Community Solutions	Chief Development Officer	South County	Focus Group September 2015
Nonprofit	Community Solutions	Clinical Program Manager - Adult Behavioral Services Division	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Community Solutions	Staff	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Community Solutions	Staff	Homeless	Focus Group April 2015
Nonprofit	Downtown Streets Team	Case Manager	Homeless	Focus Group April 2015
Nonprofit	Downtown Streets Team	Staff	Homeless	Focus Group April 2015
Nonprofit	Eating Disorders Resource Center	Board Member	Behavioral Health	Survey July 2015
Nonprofit	Eating Disorders Resource Center	Executive Director	Behavioral Health	Survey July 2015

Sector	Organization	Title	Focus/Expertise	Consultation Method
Nonprofit	Eating Disorders Resource Center	LMFT	Behavioral Health	Survey July 2015
Nonprofit	EMQ Families First	Executive Director	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Episcopal Senior Communities	Director, Senior Resources Santa Clara County	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Family & Children Services of Silicon Valley	Director of Grants	Safety – Children & Youth	Survey July 2015
Nonprofit	Family & Children Services of Silicon Valley	Director of Operations	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Family & Children Services of Silicon Valley	Director of Substance Use Disorder Services	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Family Caregiver Alliance	Family Consultant	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Fresh Lifelines for Youth	Director of Programs	Behavioral Health	Survey July 2015
Nonprofit	Health Trust	Director of Healthy Aging	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Health Trust	Intensive Medical Case Manager	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Case Manager	Homeless	Focus Group May 2015
Nonprofit	HomeFirst	Case Manager	Homeless	Focus Group May 2015
Nonprofit	HomeFirst	Case Manager	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Case Manager	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Program Manager	Homeless	Focus Group May

Sector	Organization	Title	Focus/Expertise	Consultation Method
				2015
Nonprofit	HomeFirst	Staff	Homeless	Focus Group May 2015
Nonprofit	HomeFirst	Staff	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Staff	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Staff	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Veterans Case Manager	Homeless	Focus Group May 2015
Nonprofit	InnVision Shelter Network	Housing Services	Homeless	Focus Group April 2015
Nonprofit	Institute on Aging	Regional Director of Community Living Services	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Law Foundation of Silicon Valley	CEO	Legal	Survey July 2015
Nonprofit	Momentum for Mental Health	Community Coordinator/Case Manager	Homeless	Focus Group April 2015
Nonprofit	Montgomery Street Inn	Staff	Homeless	Focus Group April 2015
Nonprofit	NAMI Santa Clara County (National Alliance on Mental Illness)	Executive Director	Behavioral Health	Survey July 2015
Nonprofit	NAMI Santa Clara County (National Alliance on Mental Illness)	Former President, Current Volunteer	Behavioral Health	Survey July 2015
Nonprofit	New Directions	Social Work Case Manager	Homeless	Focus Group April 2015
Nonprofit	Peninsula Healthcare Connection New	Clinical Director	Health - Homeless	Survey July 2015

Sector	Organization	Title	Focus/Expertise	Consultation Method
	Directions			
Nonprofit	Playworks	Executive Director	Health - Youth	Survey July 2015
Nonprofit	Rebekah Children's Services	Chief Clinical Officer, Community and Outpatient Services	Child Mental Health South County County	Focus Group September 2015
Nonprofit	Rebekah Children's Services	Chief Operations Officer, Education Services	Child Mental Health South County County	Focus Group September 2015
Nonprofit	San Benito Health Foundation	Operations Director	South County	Focus Group September 2015
Nonprofit	Santa Clara County Dental Society	Executive Director	Oral Health	Interview May 2015
Nonprofit	Santa Clara Family Health Plan	Operations Director	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Seneca Family of Agencies	Director	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Silicon Valley Council of Nonprofits	Executive Director	Nonprofits	Survey July 2015
Nonprofit	Silicon Valley Healthy Aging Partnership	Program Coordinator	Older Adults	Survey July 2015
Nonprofit	St Joseph's Family Center	Services Coordinator	South County	Focus Group September 2015
Nonprofit	St. Joseph's Family Center	Case Manager	Homeless	Focus Group April 2015
Nonprofit	St. Joseph's Family Center	Program Manager and Homeless Outreach	Homeless South County	Focus Group September 2015
Nonprofit	St. Louise Regional ED	Emergency Department Medical Director	South County	Focus Group September 2015
Nonprofit	Valley Health Center Gilroy	Assistant Nurse Manager	South County	Focus Group September 2015

Sector	Organization	Title	Focus/Expertise	Consultation Method
Private	La Ventana Treatment Programs (Southern California)	Director of Intake	Behavioral Health	Survey July 2015
Private	Private Practice	LMFT	Behavioral Health	Survey July 2015
Private	Private Practice	Psychologist	Behavioral Health	Survey July 2015
Private	The Healthy Teen Project	Program Director	Eating Disorders (Youth)	Survey July 2015

Attachment 8. PRIMARY DATA COLLECTION PROTOCOLS — SAN MATEO COUNTY

Professionals (Providers) Focus Group Protocol

Introductory remarks

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

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

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

Focus Group Questions

1. Prioritizing Health Needs

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

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

2. Access to Healthcare

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

- a) Based on your observations and interactions with the clients you serve, to what extent your clients aware of how to obtain health care? (*Explain if needed: Where to find a clinic, how to make an appointment, etc.*)
- b) To what extent are clients aware of how to obtain health insurance?
- c) What barriers to access still exist? (Focus on comparison pre- and post-ACA)

- i. Is the same proportion still medically uninsured/under-insured?
- ii. Do more people or fewer people have a primary care physician?
- iii. Are people using the ER as primary care to the same degree?
- iv. Is the same proportion of the community facing difficulties affording health care?

3. Impact of physical environment/infrastructure – 15 min.

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

4. Impact of new technologies – 15 min.

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

For example...

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

Concluding Remarks

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information

Residents (Non-Professionals) Focus Group Protocol

Introductory remarks

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

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

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

Focus Group Questions

1. Prioritizing Health Needs

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

[Explain definition of "unmet" health needs]

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

2. Impact of physical environment/infrastructure – 15 min.

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

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

3. Individual Health – 10 min.

Now we're going to talk about how much of a priority we place on our physical and emotional or mental health

By “priority” we mean that you spend your time and resources on it, and you sometimes make choices that favor your health even though you might have other things competing for your time, energy, and resources (like work, family, or other obligations, hobbies, or pastimes).

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

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

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

▪

4. Access to Care – 10 min.

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

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

5. Technology — 10 min.

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

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

- Tracking/monitoring progress towards your health goals (like blood sugar levels, exercise, or weight)

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

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

Those who have, what have you used it for?

Concluding Remarks

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

Key Informant Interview Protocol

Introduction

What the project is about:

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

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

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

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

Preamble

Our questions relate to four topics.

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

1. Health needs

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

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

2. Access to healthcare – post-ACA

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

- a) Based on your observations and interactions with the clients you serve, to what extent are clients aware of how to obtain health care? *(Explain if needed: Where to find a clinic, how to make an appointment, etc.)*
- b) To what extent are clients aware of how to obtain health insurance?
- c) What barriers to access still exist? *(Focus on comparison pre- and post-ACA)*

- i. Is the same proportion still medically uninsured/under-insured?
- ii. Do more people or fewer people have a primary care physician?
- iii. Are people using the ER as primary care to the same degree?
- iv. Is the same proportion of the community facing difficulties affording health care?

3. Impact of physical environment/infrastructure

Our next question is related to the physical environment.

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

4. Impact of new technologies

Our final question is related to technology.

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

For example...

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

Concluding Remarks

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

Attachment 9. PRIMARY DATA COLLECTION PROTOCOLS — SANTA CLARA COUNTY

Santa Clara CHNA 2015-16 Professionals Focus Group Questions

Community Health Needs & Prioritization – 10 min.

When this county did its Community Health Needs Assessment in 2013, these are the health needs that came up. (Emphasize that it includes behavioral health, oral health, etc.) *(Show flipchart list.)*

- e. We'd like you to let us know if you think there are any health needs (broadly defined, including social determinants of health) not on there that should be added.

Unmet health needs are those that are not being addressed. For example, maybe we don't know how to prevent these problems, or we don't have enough medicines or treatments, or maybe there aren't enough doctors to treat these problems, or maybe health insurance does not cover the treatment. These are unmet because there needs to be more done about this problem.

- f. Please think about the three from the list (including the added needs, if any) you believe are the most important to address in Santa Clara County – the **unmet needs**.

You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

- g. Any other **trends** you are seeing in the past 5 years or so? How are the needs changing?
[We will discuss your ideas on how these might be able to be addressed later in our conversation.]

Access — Health Insurance Changes

Since ACA was implemented...

- a. Do you see an increase in the number or proportion of those enrolled in health insurance?
 - a. For the first time?
 - b. After a lapse in insurance?
- b. From what you have observed, is the cost of insurance keeping consumers from enrolling or from getting better coverage?

Access — Insurance Benefits/Coverage

Since ACA was implemented...

- a. Do you see an increase in the number or proportion with better insurance "coverage" or benefits?
- b. From what you have observed, is the cost of getting medical care keeping consumers from getting care
Prompts: appointment co-pays, co-insurance, and prescriptions

For professionals providing health services only:

- c. Do you see an increase in the number or proportion who visit a primary care doctor for preventative care like physicals or regular check-ups?
- d. Are patients more likely than before to visit a doctor instead of using urgent care or the ER now compared to before ACA?
- e. Are consumers more able than before to make timely appointments with a PCP or specialist? Are there enough providers?
- f. Any other things you would like to share about changes due to ACA?

Other Access Issues

Are there any other drivers or barriers that are contributing to the unmet health needs that we listed earlier?

Prompts:

Transportation

Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things

Policies/laws

- Cultural norms
- Stigma
- Lack of awareness/education
- Socio-economic status (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

Suggestions/Improvements/Solutions

Now that we have discussed unmet health needs and issues related to access to care, we are going to ask you about some possible solutions.

For the unmet needs you prioritized earlier...

- a. Are there any policy changes you would recommend that could address these issues?
- b. Are there existing resources available to address these needs that people are not using? Why?
- c. What other resources are needed?

Resource question prompts:

- Specific new/expanded programs or services?
- Increase knowledge/understanding?
- Address underlying drivers like poverty, crime, education?
- Facilities (incl. hospitals/clinics)
- Infrastructure (transportation, technology, equipment)

- Staffing (incl. medical professionals)
- Information/educational materials
- Funding
- Collaborations and partnerships
- Expertise

Santa Clara CHNA 2015-16 Residents Focus Group Questions

1. Community Health Needs & Prioritization

When this county did its Community Health Needs Assessment in 2013, these are the health needs that came up. (Emphasize that it includes mental health – stress and depression, oral health, etc.)

- a. We'd like you to let us know if you think there are any health needs not listed that should be added.
[Write them on the list]

Define unmet health needs: Those that are not being addressed. For example, maybe we don't know how to prevent these problems, or we don't have enough medicines or treatments, or maybe there aren't enough doctors to treat these problems, or maybe health insurance does not cover the treatment. These are unmet because there needs to be more done about this problem.

- b. Please think about the three from the list (including the added needs, if any) you believe are the most important to address in Santa Clara County – the unmet needs.

You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

Health Insurance Changes

We are interested in your access to health services in Santa Clara County.

First, a little about health insurance.

- a. How many of you have heard about the "Affordable Care Act" (ACA), also called "Obamacare" by some, which made health insurance available to U.S. residents about 2 years ago?
- b. How many of you enrolled in health insurance in the last two years (since the ACA went into place) For the first time?
After a lapse in insurance?
- c. For how many has the cost of insurance kept you from enrolling or from getting better coverage?

Access Barriers

Now, some questions about the "coverage" (benefits, like lower-cost appointments with doctors, lower-cost prescription medicine, being able to see a dentist, mental health counselor, eye doctor, etc.) that you do have.

- a. Do you have more or better insurance "coverage" than you had 2 years ago?
- b. Is the cost of getting medical/healthcare keeping you from getting care (like appointment co-pays, co-insurance, prescriptions)?

Now a few questions about other ways your access to healthcare may have changed in the past 2 years:

[Emphasize the comparison of before ACA and now]

- a. Show of hands: how many of you have a **Primary Care Physician (PCP)**? Have you had to make a change in your PCP? If so, why?
- b. Are you more likely now than two years ago to visit a PCP for **preventative care** like regular check-ups, mammograms, or cholesterol screenings?
- c. Are you more likely now than two years ago to visit a doctor instead of using **urgent care or the ER**?
- d. Do you have any trouble getting a **timely appointments**? If you had a doctor two years ago: Has this gotten better than it was two years ago?

Suggestions/Improvements/Solutions

Now we are going to ask you to do some "magic wand" thinking about what it would take to improve these things...

If you had a "magic wand" what would you have local leaders or the "powers that be" do to improve the health conditions we just talked about?

Prompts:

- New/expanded programs or services (ask for specificity)?
- Increase knowledge/understanding (i.e., more health education)?
- Address more basic issues like poverty, crime, or education, which could also be impacting health?

Santa Clara County Professionals Key Informant Interview Questions

1. Access — Insurance Changes

First, a little about insurance. Please speak to your experience with [health need].
Since ACA was implemented...

- a. Do you see an increase in the number or proportion of those enrolled in insurance...?
 - a. For the first time?
 - b. After a lapse in insurance?
- b. From what you have observed, is the cost of insurance (i.e., premiums) keeping consumers from enrolling or from getting better coverage?

Access — Coverage/Benefits

Now, some questions about the “coverage” (benefits) for the people you serve. Please speak to your experience with [health need].

Since ACA was implemented...

- a. Do you see an increase in the number or proportion with better [dental/health] insurance “coverage” or benefits?
- b. From what you have observed, is the cost of [health need] care keeping consumers from getting care (like appointment co-pays, co-insurance, and prescriptions)?

Supplemental Questions:

Since ACA was implemented...

- a. Do you see an increase in the number or proportion who visit a primary care doctor for preventative care like physicals or regular check-ups?
- b. Are patients more likely than before to visit a doctor instead of using urgent care or the ER?
- c. Are consumers more able than before to make timely appointments with a PCP or specialist? Are there enough providers?

Other Issues

Are there any other drivers or barriers that are contributing to health needs?
We will talk about solutions in just a minute.

Prompts:

Transportation
Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
Policies/laws
Cultural norms
Stigma
Lack of awareness/education
Socio-economic status (income, education)
Mental health and/or substance abuse issues
Being victims of abuse, bullying, or crime

Suggestions/Improvements/Solutions

Now that we have discussed health needs and issues related to access to care, we are going to ask you about some possible solutions.

Regarding [health needs/specialty] ...

- a. Are there any policy changes you would recommend that could address these issues?

- b. Are there existing resources available to address these needs? If so, why aren't people using them?
- c. What other resources are needed?

Resource prompts: Staffing? Infrastructure? Facilities? Collaborations and partnerships? (See focus group protocol.)

Attachment 10. IDENTIFIED AND PRIORITIZED HEALTH NEEDS

Health Need (Listed by criterion rating)	Met Prioritization Criteria (Yes/No)					
	Prioritized	Both Counties	Community Priority	SHC Expertise Resources	Magnitude/Scale	Disparities Exist
Behavioral Health	Yes	Yes	Yes	Yes	Yes	Yes
Cancer	Yes	Yes	Yes	Yes	Yes	Yes
Diabetes & Obesity	Yes	Yes	Yes	Yes	Yes	Yes
Healthcare Access & Delivery	Yes	Yes	Yes	Yes	Yes	Yes
Infectious Diseases	Yes	Yes	Yes	Yes	Yes	Yes
Housing	No	Yes	Yes	No	Yes	Yes
Oral & Dental Health	No	Yes	Yes	No	Yes	Yes
Violence & Abuse	No	Yes	Yes	No	No	Yes
Alzheimer's Disease & Dementia	No	Yes	No	Yes	Yes	No
Birth Outcomes	No	Yes	No	No	Yes	Yes
Cerebrovascular Diseases	No	Yes	No	Yes	Yes	Yes
Economic Security	No	Yes	No	No	Yes	Yes
Respiratory Conditions	No	Yes	No	Yes	Yes	Yes
Sexual Health	No	Yes	No	No	No	Yes
Diet/Fitness/Nutrition	No	No	Yes	No	No	No
Learning Disabilities	No	No	Yes	No	No	No
Tobacco Use	No	No	Yes	No	No	No
Transportation & Traffic	No	No	Yes	No	No	No
Arthritis	No	No	No	No	No	No
Climate Change	No	No	No	No	No	No
Unintentional Injuries	No	No	No	Yes	No	No

Definitions:

- A. **Both Counties:** The health need is an issue in both San Mateo and Santa Clara Counties
- B. **Magnitude/scale of the need:** The number of people affected by the health need.
- C. **Disparities exist:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- D. **Community priority:** The community prioritizes the issue over other issues on which it has expressed concern, either through prior studies, forums, or CHNA primary data collection.
- E. **SHC expertise/resources:** Stanford Health Care possess(es) existing expertise and resources in this particular area, which can be brought to bear in addressing the health need.

Attachment 11. HEALTH NEED PROFILES LIST & INTRODUCTION

The health need profiles attached to this report are listed in alphabetical order. All five health needs have a separate health profile for each county - Santa Clara and San Mateo.

Each health need profile includes a section containing data and statistics from various sources¹ and a section titled “Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA” or “What the Community Said.” These sections contain comments from community members about the health needs that reflect their experiences and observations and, therefore, are not necessarily based on data or statistics but are based on their perceptions.

1. Access & Delivery of Healthcare—Santa Clara County
2. Access & Delivery of Healthcare—San Mateo County
3. Behavioral Health—Santa Clara County
4. Behavioral Health— San Mateo County
5. Cancer—Santa Clara County
6. Cancer—San Mateo County
7. Diabetes—San Mateo County
8. Childhood Obesity—San Mateo County
9. Obesity & Diabetes—Santa Clara County
10. Infectious Diseases—Santa Clara County
11. Infectious Diseases—San Mateo County

¹ See Attachments 1 and 2 for a full list of those sources.



HEALTHCARE ACCESS & DELIVERY

How Do We Know There Is a Problem?

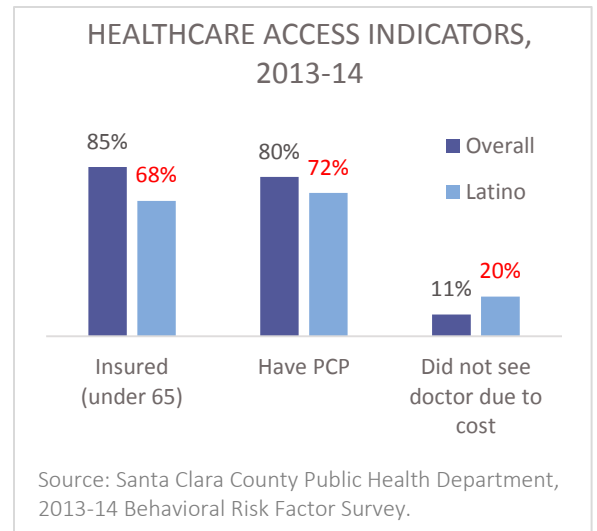
The community ranked healthcare access as a top health need in half of CHNA focus groups. While health insurance has been made more accessible since the Covered California Healthcare Exchange was implemented in 2013, community residents and leaders expressed that the costs of insurance, copays, and co-insurance were still too expensive for many. In addition, the community expressed concern over the lack of health system literacy. In a community where 12% of county households are linguistically isolated¹, this becomes even more crucial. While more than 8 in 10 have a personal doctor and health insurance in Santa Clara County, access to healthcare is worse for Latinos, as show in the chart below.

HEALTHCARE STILL TOO EXPENSIVE FOR MANY

Many residents still find health insurance and the costs of care (such as copays and medication) too expensive.

What do the Data Say?

- Healthcare access indicators show that Latinos have worse access to healthcare compared to residents in the county overall (see chart).
- LGBTQ community members said health professionals are not adequately trained to work with LGBTQ people. Also, 42% said they were treated differently because they are LGBTQ.²
- One in 10 LGBTQ community members said that health professionals had refused to touch them or used excessive precautions, or used harsh/abusive language. Transgender respondents reported the highest levels of discrimination; 18% said they had been refused care compared to 6% other LGBTQ.²



¹ US Census Bureau, American Community Survey, 2009-13.

² Santa Clara County Public Health Department, *Status of LGBTQ Health: Santa Clara County 2013*.

What the Community Said about Access & Delivery

Insurance

- Ranked as a top health need in half (4) of focus groups.
- Health insurance is not affordable.
- Access is lacking for many types of care, including oral/dental health access, long-term care, and acute/urgent care.
- Insurance is unaffordable for many undocumented immigrants, who are not eligible for Covered California subsidies.
- The community lacks health system literacy and is in need of patient navigators and advocates (also cited by African Ancestry report).³ Specifically, the community wants more information about available services and billing.
- Those who participated in the African Ancestry community conversations expressed frustration with the high costs of healthcare services; one participant said, “We aren’t poor but we can’t afford [ambulances].”³

Healthcare Delivery

- More integrated physical and mental healthcare is needed. (See Behavioral Health Profile.)
- There is a lack of timely appointments; the emergency room is still being used when people can’t get timely appointments. This results in some waiting until issues are grave before they seek care. Wait times in the office are too long, even for those with appointments.
- Many have difficulty understanding some of the information they are receiving during appointments, even when the information is given in their primary language. The problem is worse for those who do not receive care in their primary language.
- Doctors do not spend enough time with patients, nor do they address all of the needs patients have. This is of special concern for seniors and those experiencing homelessness.
- African immigrants are unfamiliar with the health care system, which exacerbates mistrust.³
- Discrimination was cited as a common experience for Blacks. For example, some female participants said that health professionals had assumed they were poor or single mothers, and these Black patients felt that birth control was being forced upon them.³
- The community perceives that homeless people are being discharged from the hospital without a place to go, reflecting the small number of available shelter beds; this impacts the ability of those individuals to recuperate and maintain good health.

³ Santa Clara County Public Health Department, *Status of African/African Ancestry Health: Santa Clara County 2014*.



⁺ Profile of San Mateo County Health Needs HEALTHCARE ACCESS & DELIVERY

What Is the Issue & Why Is It Important?

Access to comprehensive, quality healthcare is important for health and for increasing the quality of life for everyone.¹

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

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

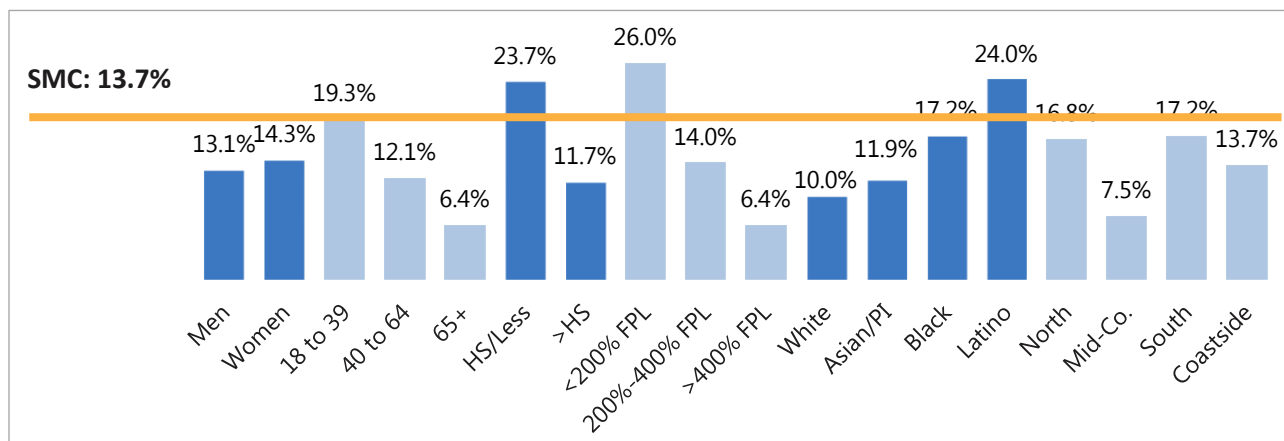
Statistical Data That Support the Health Need

- A number of healthcare access-related indicators in San Mateo County have gotten worse over time:²
 - ➔ **Routine check-ups:** A smaller percentage of surveyed adults visited a doctor for a routine check-up in 2013 (72%) compared to 1998 (81%). Those who were least likely to have had a check-up were men (63%), adults aged 18-29 (64%), and Asian/Pacific Islanders (66%).
 - ➔ **Lack of coverage:** In 2013, the proportion of surveyed adults under age 65 who had been without health insurance coverage for more than five years doubled from 2001 (30% compared to 15%, respectively). This situation was most common for low-income residents (34%).
 - ➔ **Dental coverage:** A greater percentage of surveyed adults lacked dental insurance coverage in 2013 (32%) than in 1998 (27%). Those who were most likely to lack dental insurance were low-income (62%), older adults (57%), and Latinos (40%).
 - ➔ **Mental health services:** A larger proportion of surveyed adults rated their access to mental health services as "fair" or "poor" in 2013 (36%) than in 1998 (28%).
- **Who has access issues?** Overall, 68% of surveyed county adults rated the "ease of accessing local health care" as "excellent" or good," a significant increase from prior years. Among those who viewed healthcare

HEALTHCARE STILL TOO EXPENSIVE

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

access as “fair” or “poor,” those giving the lowest ratings were low-income, Latino, and those without a postsecondary education. (See chart for details.)²



SAN MATEO COUNTY ADULTS WHO RATED ACCESS TO LOCAL HEALTH SERVICES AS FAIR/POOR, 2013²

- **Children have access:** While access is problematic for certain adult populations, children are almost universally accessing healthcare in the county, attributed to public policy and effective implementation.²

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

Health System Literacy (Navigation)

- Community members who participated in focus groups and key informant interviews stated that health systems are “quite complicated,” and people must “jump through hoops” and be their own advocates; not everyone is “appropriately educated” about how to get healthcare. Those with language/literacy barriers have more difficulty accessing care and need advocates: “We need more than a translator; we need someone that helps us explain what we need and how we feel.”
- Participants indicated that information about health insurance is more difficult to access for those of less-populous monolingual groups (e.g., Russian, Korean, Japanese, Farsi, Mayan), undocumented immigrants, and victims of human trafficking. Also, participants mentioned that those with dementia or mental health disorders may have practical barriers to enrolling in health insurance programs.
- Community members stated that youth need help learning to manage their own health and navigate systems (including filling prescriptions, getting lab tests, and appointment etiquette).
- Some participants noted that when moving to San Mateo County from elsewhere, patients have to “start over” and need assistance getting connected to the healthcare system.

Availability of Doctors and Services

- Clinic staff members who participated in focus groups and/or key informant interviews said they were worried about the medical staff pipeline; clinics regularly compete with hospitals that pay staff more, which makes it difficult to retain qualified staff. Some providers rely on nurse practitioners or physician assistants to deliver care; providers are “close to maximum capacity” to provide care for new patients.

- Participants stated that there are fewer primary care providers on the coast and other rural areas. Similarly, they noted that specialty care doctors are few and far between (e.g., mental health clinicians, oral health providers, geriatricians, neurologists, orthopedists, and dermatologists). They also said there is a dearth of services such as substance use treatment, transgender healthcare clinics, laboratories for testing, and chemotherapy providers – especially on the coast.
- There may not be enough providers practicing complementary care (i.e., Eastern medicine).
- Residents shared that they experience the shortage of clinicians as frustration with long wait times to get primary care appointments (three to six months), and even longer waits (up to a year) to obtain an appointment with a specialty care doctor. This is a trend statewide (the percentage who did not receive care because they could not get an appointment increased from 5% in 2013 to 8% in 2014).³
- The consensus among providers in focus groups and key informant interviews was that more patients in San Mateo County are enrolled in insurance. However, participants said patients are still accessing care through the emergency department or clinics because there are not enough doctors to handle higher demand, who take Medi-Cal, Denti-Cal, or Covered California plans, and have flexible hours. Still others are using non-certified/unlicensed doctors for similar reasons of supply, coverage, and hours.

Affordability & Coverage

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

Cultural Competence

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

Healthcare Delivery

- Community members who participated in focus groups and key informant interviews said there is a need for better integration of behavioral health with primary care.
- Focus group and key informant interview participants raised concerns about providers not giving thorough care, including missing medication interactions/conflicts, not attending to child development, and not recognizing mental health/substance use issues. Participants said that some doctors don't believe a patient is sick, misdiagnose, and/or give bad advice. In addition, they suggested that clinicians need help identifying victims of human trafficking so that appropriate care can be provided.
- Similarly, some said doctors are not paying attention because there has been a “de-humanization of doctor-patient relationship” due to electronic health records. Participants stated that doctors are “focused on the device and not the patient and make them feel unimportant.” These issues have negative effects on the doctor-patient relationship.
- Clinicians said they find it difficult to reach patients who have disposable cell phones/unstable mobile phone access, and data systems make it hard for both residents and providers to send text messages to each other.
- Other delivery issues include:
 - ↳ Help/advice lines that “do not give good advice.”
 - ↳ Patients feeling they are receiving different (“worse”) level of care in the county system versus private systems (“better”).
 - ↳ Patients experiencing rushed appointments and appointments with nurses/physician assistants as “not what I paid for.”
 - ↳ Appointments being cancelled without notification to patients.
 - ↳ Doctors breaking confidentiality with youth patients; this is especially frustrating/upsetting to youth when youth are not a danger to themselves or others, and is very problematic when issues relate to LGBTQI identity and family.
 - ↳ Physicians dismissing health concerns due to “old age” rather than addressing gerontological issues.
 - ↳ Providers giving low-income patients with Covered California “a very, very hard time.”

Other Barriers to Healthcare Access

- Participants noted that those who do not drive (and older adults in particular) lack reliable, convenient public transit. This is especially an issue on the coast. Lack of transportation can prevent residents from keeping appointments. Participants in focus groups and key informant interviews raised this as a concern, although data show that only 5% of county residents surveyed in 2013 said it was an issue.²
- Community members said that undocumented immigrants fear deportation, so they do not access services. Key informants noted that day laborers may have even less access to specialty care than others.

¹ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

² County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

³ California Health Interview Survey (CHIS). healthpolicy.ucla.edu/chis. 2014



How Do We Know There is a Problem?

Mental health (including sub-clinical stress, anxiety, and depression in addition to diagnosed mental health disorders) and substance abuse are co-occurring problems that are a substantial concern to the community. Substance abuse is related to mental health because many cope with mental health issues by using drugs or abusing alcohol. In the community input phase of the CHNA, it was clear that the community sees the need for addressing these co-occurring conditions in a coordinated approach.

MENTAL HEALTH A TOP COMMUNITY CONCERN

While those with diagnosed mental health disorders might have access to treatment, those with sub-clinical anxiety and depression may not be receiving care.

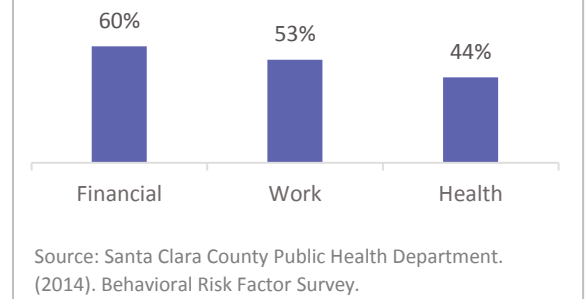
Mental Health Data

- 38% of county adults report poor mental health on at least one day in last 30 days.ⁱ
- Suicide was the tenth leading cause of death in Santa Clara County in 2013 (156 or 2% of deaths).ⁱⁱ The suicide rate is 7.9, lower than CA (9.8) and the HP2020 benchmark (10.2).ⁱⁱⁱ

Substance Abuse Data

- Liver disease/cirrhosis was the ninth leading cause of death in Santa Clara County in 2013 (168 or 2% of deaths).ⁱⁱ
- 14% of adults and 11% of youth binge drink.^{i iv}
- 29% of high school youth say they have used marijuana.⁴
- 7% of high school youth say they have used cocaine.⁴
- 10-11% of high school youth say they have used ecstasy, inhalants and prescription pain medication.^{iv}

PERCENTAGE OF SCC ADULTS WHO ARE SOMEWHAT OR VERY STRESSED, BY TOPIC, 2014



Who Is Most Affected?

- The death rate from suicide is highest among residents aged 45 and older; 58% of deaths by suicide are among that age group.^v
- Nearly one quarter (23%) of LGBTQ respondents have seriously considered attempting suicide or physically harming themselves within the past 12 months.^{vi}
 - ↳ Suicidal ideation among LGBTQ respondents is highest among transgender respondents (47%), Latinos, (28%), and young adults aged 18 to 24 (37%).

- ➔ LGBTQ individuals with annual household incomes of less than \$40,000 (27%) and \$40,000 to \$74,999 (28%) more often reported self-harm ideation than those in households with incomes of \$75,000 or more (15%).

What the Community Said About Behavioral Health

- Six out of eight focus groups ranked behavioral health as a top three need in the county in, and three out of five key informants mentioned it in their interviews. Substance abuse was mentioned in four out of eight focus groups.
- Depression, stress, and anxiety were the mental health issues mentioned most often in focus groups and in the LGBTQ report. Also, hoarding was mentioned in more than one group or key informant interview.

Populations

- **LGBTQ** community members and **Black** community members noted that discrimination contributes to mental health issues in their respective communities.^{vi,vii}
- Providers of **older adult** services recommended increasing awareness about the high suicide rate among older adults and said that this population is depressed because of isolation and financial struggles, including housing costs.
- Substance abuse treatment providers expressed concerned about increasing numbers of **youth** with methamphetamine and marijuana dependency; this is exacerbated by the legalization of marijuana for those with medical cards (i.e., some youth have increased access through their parents).
- Parents may be contributing to stress among **adolescents** by putting pressure on them to succeed.
- **Immigrant children** experience physical and mental trauma from experiences such as witnessing drug cartel crime and violence during the journey to U.S.
- Stigma about mental health results in issues being swept under the rug, and more so among older adults and in some ethnic **cultures** (such as Vietnamese).
- There is a lack of knowledge about mental health issues in **homeless** populations.

Insurance and Services

- Mental health services that are available are often unaffordable or not adequate, especially for those who have not been formally diagnosed with a mental health disorder.
- There are a lack of substance use services countywide, but especially for women and teens; specifically there is a lack of residential treatment facilities.
- There are insufficient mental health staff in schools.

ⁱ Santa Clara County Public Health Department, *Behavioral Risk Factor Survey, 2013-2014*.

ⁱⁱ California Department of Public Health, *Leading Causes of Death; California Counties and Selected City Health Department, 2013*.

ⁱⁱⁱ California Department of Public Health, *Death Public Use Data, 2010-12*.

^{iv} California Department of Education, *California Healthy Kids Survey, 2009-2010*.

^v Santa Clara County Public Health Department, *Santa Clara County: Suicide, 2015*.

^{vi} Santa Clara County Public Health Department, *Status of LGBTQ Health: Santa Clara County 2013*.

^{vii} Santa Clara County Public Health Department, *Status of African/African Ancestry Health: Santa Clara County 2014*.



What Is the Issue & Why Is It Important?

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

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.¹ It is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to the community or to society. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.¹

The abuse of substances, including alcohol, tobacco, and other drugs, has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases.² The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime, and suicide.² Advances in research have led to the development of effective evidence-based strategies to address substance abuse and other addictions. Improvements in brain-imaging technologies and the development of medications that assist in treatment have shifted the research community's perspective on substance abuse. Substance abuse is now understood as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.²

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

Statistical Data That Support the Health Need

Mental Health

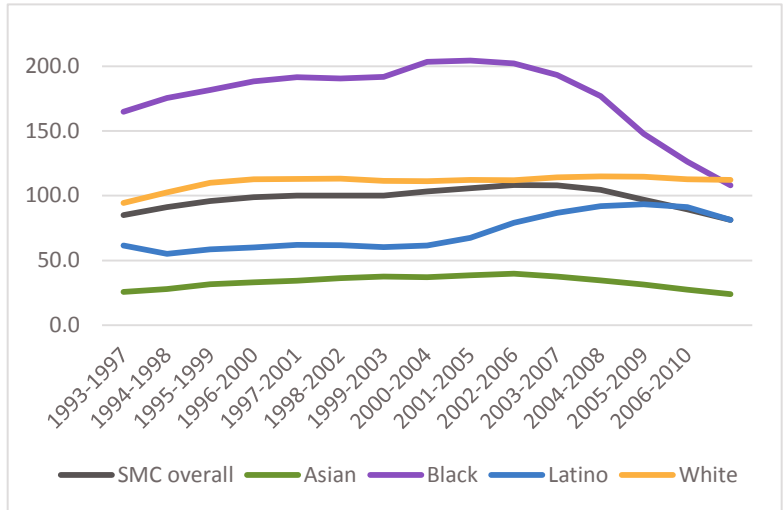
- Suicide was the county's #10 cause of death (54 deaths in 2013), down from #9 in 2010 (70 deaths).³ Whites have a higher suicide rate than others. In the 2010-12 period, suicide among Whites in the county was 11.6 per 100,000, which is higher than county overall (8.3) and the Healthy People 2020 target of 10.2.⁴

SUICIDE A TOP 10 CAUSE OF DEATH

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

- The percentage of surveyed county adults reporting a history of mental or emotional problems is trending up, from 5% in 1998 to 8% in 2013.⁵ In particular, Blacks in the **southern half of the county** disproportionately reported needing mental health care (32.2% versus 11.2% overall).⁶
- In 2013, the percentage of county adults reporting they had sought help for a mental or emotional problem was the highest of all years surveyed (29%).⁵ Nearly one quarter (24%) of surveyed adults overall report experiencing symptoms of depression on most days over a period of two or more years.⁵ Similarly, nearly one-third (31%) of San Mateo County middle school and high school students reported having depressive symptoms (which is close to the state figure).⁷

SUBSTANCE ABUSE-RELATED HOSPITALIZATIONS IN SAN MATEO COUNTY, 1999-2010



- Data reveal certain trends related to life difficulties among surveyed adults countywide:⁵
 - ➔ Difficulty with feeling satisfied with one’s life rose (i.e., got worse) between 2001, when it was 40%, and 2013, when it rose to 46%.
 - ➔ Difficulty with family relationships also rose (i.e., got worse) between 2001 (29%) and 2013 (34%).
 - ➔ Difficulty with controlling anger/violence dropped (i.e., got better), between 2001 and 2013 (33% and 26%, respectively).
- About 7% of surveyed adults in San Mateo County report a daily experience of high stress, with Blacks reporting this most often (10%). County adults report feeling worried, tense, or anxious about 12% of the time overall (an average of 3.7 days in the preceding month). These feelings occur more often among Blacks (5.1 days), low-income respondents (5.0 days), women (4.3 days), Latinos (4.2 days), and middle-aged adults (4.0 days).⁵

Substance Abuse

- Chronic liver disease was the #9 cause of death in the county in 2013 (80 deaths).³
- The percentage of surveyed adults who are current drinkers has been decreasing, from 67% in 1998 to 59% in 2013.⁵ However, binge drinking has been rising among young adult males (aged 18-24) in the county, from 24% in 1998 to 39% in 2013.⁵ Overall, self-reported excessive consumption of alcohol by adults is higher in the county (18.9%) than it is in the state (17.2%).⁸
- Substance abuse-related hospitalizations in the county overall peaked in 2001-2005, but have been declining since. The overall decline seems mainly to have been driven by a steady reduction in rates for Blacks (from 204 per 100,000 in 2000-2004 to 108 per 100,000 in 2006-2010). Conversely, rates rose for Latinos (from 55 to 81 per 100,000) between 1992-1996 and 2006-2010. The substance abuse-related hospitalization rate for Whites, which has remained relatively constant, was the highest in 2006-2010 (112.1 per 100,000), and was also higher than the rate for any other group in that period.⁵

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

- Affects all ages:** Community members participating in focus groups and key informant interviews expressed concerns about behavioral health that covered all ages, from teen substance abuse and suicide, to PTSD, alcoholism, eating disorders, and other serious behavioral health conditions among adults and older adults. Many mentioned the co-occurrence of mental health issues and substance abuse as a key concern. Youth in the **northern half of the county** felt that substance abuse was a more pressing, “scary,” real issue in their community than any other health conditions, and felt that mental health is a bigger and more serious issue than people think. One expert noted that sexual trafficking victims are particularly vulnerable to mental health issues.
- Barriers to getting help:** Participants stated that most insurance, except Medi-Cal, still does not cover mental health and/or substance abuse treatment. Many said that there are not enough providers in the county to address the level of need. Some said that individuals who are unable to access mental health or substance abuse treatment in a timely manner may turn to substance use as another way to cope. Others focused on the stigma associated with behavioral health issues, which makes it harder for individuals to seek and obtain help. Several noted that these individuals are often discriminated against in their communities and in healthcare settings. While this stigma can be experienced by anyone, some stated it is particularly problematic for those from certain cultures (e.g., Latinos). Youth in the **northern half of the county** identified school attitudes/policies towards mental health as problematic, citing confidentiality concerns and a policy of treating mental health hospitalization as truancy.
- Public policy issue:** As stated by the County Health Officer, “A large portion of our inmate population is mentally ill, substance abusers, or both. Both of these conditions are now known to be diseases of the brain. We have chosen, as a matter of ingrained public policy, to incarcerate as ‘treatment’ for these conditions instead of employing evidence-based mental health and substance use treatments. This public policy will ultimately fail.”⁵

¹ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

² Centers for Disease Control and Prevention. *Smoking and Tobacco Use, Health Effects*. 2015.

³ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

⁴ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2010-2012.

⁵ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

⁶ California Health Interview Survey (CHIS). 2013-14.

⁷ California Healthy Kids Survey (CHKS). 2011-13.

⁸ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-12.



CANCER

How Do We Know There is a Problem?

Cancer was the leading cause of death in Santa Clara County in 2013, accounting for 2,372 deaths.ⁱ Indicator data show that colorectal and prostate cancer prevalence rates are higher than both the Healthy People 2020 target and the state average. Also, data show that members of some ethnic groups in Santa Clara County are more likely to be diagnosed or die from cancer than residents from other ethnic groups.

CANCER THE LEADING CAUSE OF DEATH
One quarter (25%) of deaths in Santa Clara County were due to cancer in 2013.

COUNTYWIDE CANCER DATA FAILING BENCHMARKS

Indicator	Santa Clara County	Benchmark
Cause of death due to cancer	#1 cause (25%)	#2 cause (23%) (CA)
Colon/rectum cancer incidence	40.0	38.7 (HP2020)
Prostate cancer incidence	148.3	136.4 (CA)

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11; California Department of Health Death Statistical Tables. 2013, Table 5-20.

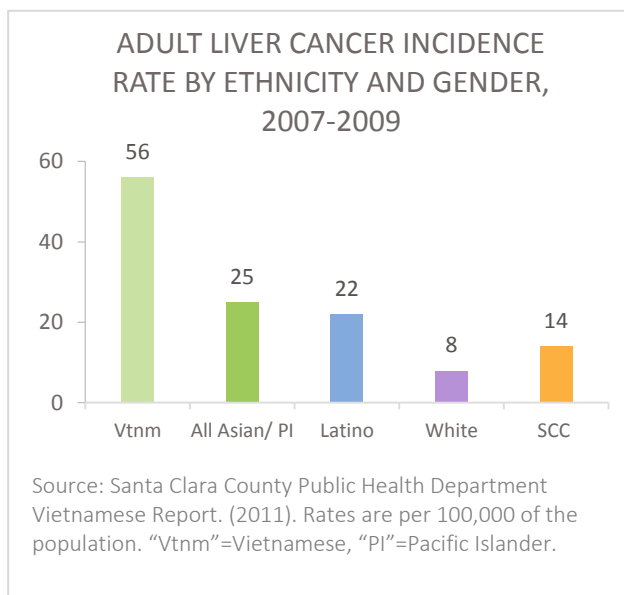
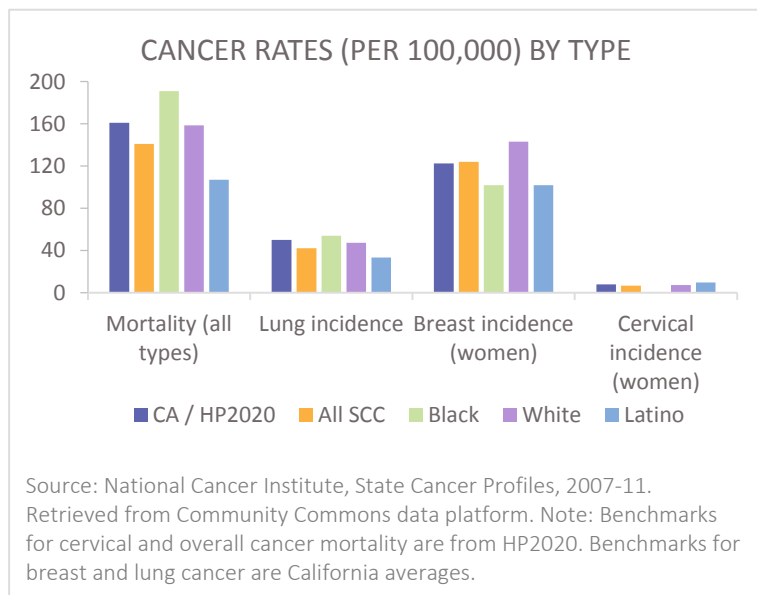
What Else Contributes to Cancer?

- **Hepatitis B** is a risk factor for liver cancer, and Santa Clara County rates are nearly double California rates: 50.1 compared with 27.4 per 100,000.ⁱⁱ
- **Alcohol consumption** is a driver of cancer. In Santa Clara County 13% of adults report that they are heavy drinkers (consuming one or more drinks per day for women and two drinks or more for men).ⁱⁱⁱ
- Poor **fruit and vegetable consumption** is related to some types of cancer. More than two thirds of adults (69%)^{iv} and 60%^v of youth report inadequate fruit and vegetable consumption.
- **Cancer screening** can help prevent cancer and allow for intervention early enough to prevent death in some cases. Screening rates for breast cancer and colon cancer are better in Santa Clara County than in California.
- **Air quality** contributes to lung cancer. Air quality is good in Santa Clara County, with an average of 3.71% of days where particulate matter is 2.5 levels above the standard,^{vi} which is better than California overall.

- **Tobacco use** also contributes to lung cancer. In Santa Clara County, rates of tobacco use are similar to that in California. Ten percent (10%) of Santa Clara County adults and 8% of youth smoke cigarettes.^{vii}

Who Is Most Affected?

- Whites, Blacks, Latinos, and Vietnamese are disproportionately affected by cancer as demonstrated by incidence and/or mortality rates. (See following charts.)



ⁱ California Department of Public Health, *Leading Causes of Death; California Counties and Selected City Health Department*, 2013.

ⁱⁱ Santa Clara County Public Health Department, *2014 Community Health Assessment*.

ⁱⁱⁱ Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2006-2012.

^{iv} Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2005-2009.

^v UCLA Center for Health Policy Research, *California Health Interview Survey*, 2011-2012.

^{vi} Centers for Disease Control and Prevention, *National Environmental Public Health Tracking Network*, 2008.

^{vii} Santa Clara County Public Health Department, *Tobacco Use in Santa Clara County 2014*.



CANCER

What Is the Issue & Why Is It Important?

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. There are more than 100 kinds of cancer.¹ Cancer is the second most common cause of death in the United States.² Behavioral and environmental factors play a large role in reducing the nation's cancer burden, along with the availability and accessibility of high-quality screening.

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

Complex and interrelated factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most salient factors are associated with a lack of healthcare coverage and low socioeconomic status (SES).³

Statistical Data That Support the Health Need

- Cancer is the second leading cause of death in the county, accounting for 25% of all deaths in 2013.⁴
- Excessive alcohol consumption, a factor that contributes to various types of cancer, rose substantially among young adult males (ages 18-24) in the county between 1998 (24%) and 2013 (39%).⁵

Colorectal Cancer

- The overall age-adjusted colorectal cancer incidence rate for the county (46.6 per 100,000) surpassed the HP2020 maximum target for colorectal cancer incidence (38.6 per 100,000). Additionally, the age-adjusted mortality rate for colorectal cancer is slightly higher in San Mateo County (15.0 per 100,000) than the HP2020 objective (14.5 per 100,000). However, the trend in the county overall shows incidence and mortality rates of colorectal cancer going down.⁵
- There are ethnic disparities in the incidence rates of colorectal cancer in San Mateo County. Incidence rates for Black men and women and for Asian men have been increasing in recent years, while rates have been flat or declining for other groups.⁵

Prostate Cancer

- Incidence rates of prostate cancer for Black men have been rising in recent years. However, the county's overall rate of prostate cancer incidence is generally trending down.⁵
- The county's prostate cancer mortality rate is generally trending down. The overall age-adjusted rate (19.9 per 100,000 men) is not higher than the HP2020 objective (21.8 per 100,000 men).⁵

CANCER A LEADING CAUSE OF DEATH

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

Breast Cancer

- The county’s breast cancer mortality rate (21.1) slightly surpasses the HP2020 objective (20.7). However, San Mateo County’s mortality rate for breast cancer is trending down.⁵
- Overall, breast cancer incidence rates in the county are rising, and particularly steeply for Black women.⁵

Lung Cancer

- Mortality rates for lung cancer are trending down in the county. The overall age-adjusted rate (35.8 per 100,000) is below the HP2020 objective (45.5 per 100,000).⁵
- Black men have the highest lung cancer incidence rates compared with others in the county (87.8 per 100,000 individuals, compared to 49.5 per 100,000 overall). Lung cancer incidence rates for Black women in the county have been trending up since 2006.⁵
- There are disparities among certain populations in the county with respect to adult smoking, a factor that contributes to various types of cancer, including lung cancer. The HP2020 objective for adult smoking is 12%. In San Mateo County, Black, North County, less-educated (those with a high school diploma or less), low-income, and male residents surpass this objective.⁵

CANCER INCIDENCE RATES BY SUB-COUNTY AREA

Rates (per 100,000 population)	San Mateo County	State or Healthy People 2020
Female breast cancer incidence	136.8	122.4 (state)
Cervical cancer incidence	6.0	7.8 (state)
Colorectal cancer incidence	42.5	38.6 (HP2020)
Lung cancer incidence	47.9	49.5 (state)
Prostate cancer incidence	152.8	136.4 (state)

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

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

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

¹ Centers for Disease Control and Prevention. *How to Prevent Cancer or Find It Early*. 2015.

² Centers for Disease Control and Prevention. *Fast Stats, Leading Causes of Death*. 2015.

³ National Cancer Institute. *Cancer Health Disparities*. 2015.

⁴ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

⁵ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.



DIABETES

What Is the Issue & Why Is It Important?

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

Diabetes is the seventh leading cause of death in the United States.² According to the Centers for Disease Control, 29.1 million people, or one out of every 11 people in the United States have diabetes. More than one in three people, or 86.1 million, have prediabetes, a condition in which one's blood sugar level is higher than normal but not high enough yet to be diagnosed as type 2 diabetes. The risk of death for adults with diabetes is 50% higher than for adults without diabetes. Additionally, having diabetes is costly. In 2014, the total medical costs and lost work and wages for people with diagnosed diabetes was \$245 billion, and the medical costs for people with diabetes are twice as high as for people without diabetes.³

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

Statistical Data That Support the Health Need

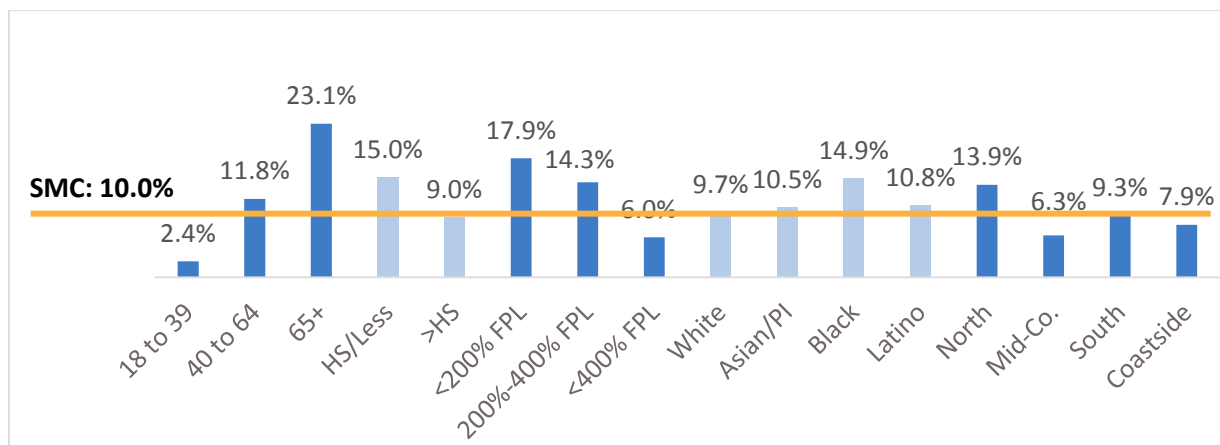
- **A leading cause of death:** Diabetes was the eighth leading cause of death in the county in 2013 (111 or 2% of all deaths countywide).⁴
- **Prevalence rising:** Diabetes prevalence in the county more than doubled between 1998 (4%) and 2013 (10%), a significant rise. The greatest increases were among Whites, women, and those aged 65 or older.⁵
- **Worse in county than in state:** In 2013, one in 10 adults in the county said they had been diagnosed with diabetes (excluding gestational diabetes), which is higher than the Healthy People 2020 (HP2020) objective of 8%. Greater percentages of low-income, Black, older, and North County respondents

DIABETES PREVALENCE INCREASING

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

indicated they had been diagnosed with diabetes, compared to the county overall. (See chart below for 2013 countywide diabetes prevalence statistics.)⁵

DIABETES PREVALENCE, 2013⁵



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

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

¹ Mayo Foundation for Medical Education and Research. *Definition of Diabetes*. 2016.

² Centers for Disease Control and Prevention. *Diabetes Fact Sheet*. 2016.

³ Centers for Disease Control and Prevention. *Infographics on Diabetes. A Snapshot: Diabetes in the United States*. 2015.

⁴ California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

⁵ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.



What Is the Issue & Why Is It Important?

Childhood obesity occurs when a child is well above the normal weight for his or her age and height. In children and adolescents aged 2 to 19 years, obesity is defined as a body mass index (BMI) at or above the 95th percentile of the sex-specific CDC BMI-for-age growth charts. Childhood obesity often leads to health problems that were once confined to adults, such as diabetes, high blood pressure, and high cholesterol. It can also lead to poor self-esteem and depression. Risk factors include regularly eating high-calorie foods, lack of exercise, family factors, psychological factors, and socio-economic factors. Obesity has more than doubled in children and quadrupled in adolescents in the past 30 years.¹ Approximately 17% (or 12.7 million) of U.S. children and adolescents aged 2 to 19 years are obese. In the United States in 2011-2012, 8% of children aged 2 to 5 years were obese compared with 18% of children aged 6 to 11 years and 21% of adolescents aged 12 to 19 years. Childhood obesity is also more common among certain racial and ethnic groups. In 2011-2012, the prevalence of obesity among U.S. children and adolescents was higher among Latinos (22%) and Blacks (20%) than among Whites (14%).²

CHILD/ADOLESCENT OBESITY WORSE THAN CA

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

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

Statistical Data That Support the Health Need

A slightly greater percentage of children aged 2 to 4 years reported in San Mateo County's Child Health and Disability Prevention (CHDP) are overweight (18%) or obese (18%) compared to the state overall (16% and 17%, respectively). Similarly, a slightly greater percentage of CHDP children and adolescents aged 5 to 19 years are overweight (24%) or at-risk for overweight (20%) compared to the state overall (23% and 19%, respectively).³

Physical Activity

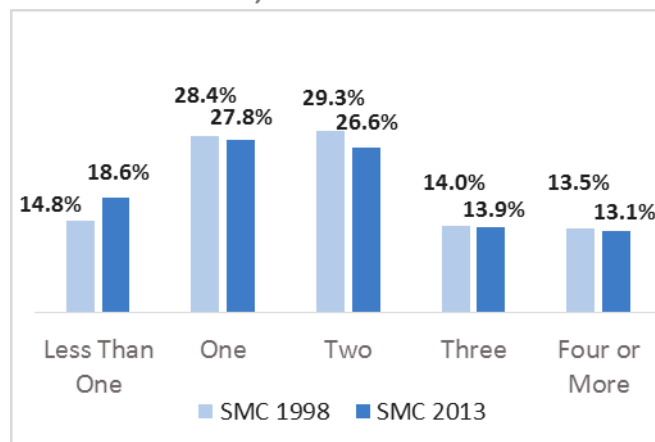
- A smaller percentage of San Mateo County's seventh graders met all six basic fitness standards in 2011 (36%) than in 2009 (41%). Latino (20%), Black (26%), and American Indian (31%) students were least likely to meet the standards in 2011.³
- According to a survey of adults with school-aged children, 60% of those children neither biked nor walked to school at all in the prior year. Only 15% of school-aged children had biked or walked to school more than half of the time.³

- Between 1998 and 2013, overall screen time (the amount of time per day children watched television, watched videos, or played video games) decreased slightly in San Mateo County, but it remains “far from optimal.”³

Diet & Nutrition

- While the diet of San Mateo County children is not worse than that of California children overall, healthy eating is not as prevalent among the county’s children as it could be. Just over half (54%) of San Mateo County children aged two years and older consume five or more servings of fruits and vegetables daily, compared to just under half (48%) of children aged 2+ years in the state overall.⁴

NUMBER OF HOURS PER DAY CHILD SPENDS ON SCREEN TIME, 1998 AND 2013³



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

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

¹ National Center for Chronic Disease Prevention and Health Promotion. *Childhood Obesity Facts*. 2016.

² Centers for Disease Control and Prevention. *Prevalence of Childhood Obesity in the United States, 2011-2012*. 2012.

³ County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

⁴ California Health Interview Survey (CHIS). healthpolicy.ucla.edu/chis. 2009.



Profile of Santa Clara County Health Needs DIABETES & OBESITY

How Do We Know There is a Problem?

Diabetes and obesity are related health conditions that are health needs in Santa Clara County in part because one in five adults are obese. By race/ethnicity, one in three Latinos and more than one in four Black adults are obese.

As illustrated in the graph below, obesity rates for both Latino and Black adolescents and adults are worse than the state.

While adult diabetes rates in Santa Clara County are no worse than in California, there is a perception in the community that childhood diabetes diagnoses are increasing. Also, the proportion of obese children under six years of age is higher than California overall and the Healthy People 2020 target. The health need is likely being impacted by health behaviors such as low fruit and vegetable consumption and soda consumption, as well as environmental factors; indicators of proximity of fast food establishments, a lack of grocery stores, and a lack of WIC-authorized food sources are all unfavorable compared to the state overall.

1 IN 5 ADULTS ARE OBESE

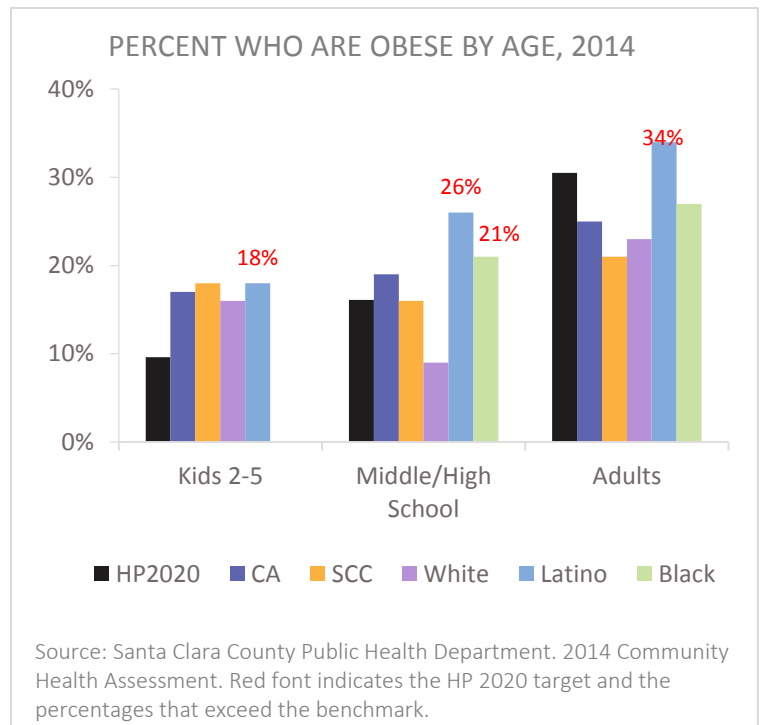
Obesity rates for Latino and Black adults are higher than rates for adults in the county overall.

Obesity Data

- While the overall percentage of adolescents who are overweight or obese does not exceed the HP2020 target (16%), Latino and Black adolescents are worse off (see chart).¹
- Overall, one in five adults are obese. By race/ethnicity, one in three Latinos and more than one in four Black adults are obese.²
- One in four LGBTQ survey respondents is obese. Among the LGBTQ community, obesity is most common among lesbian, older, and Latino and White respondents.³

Healthy Eating¹

- 60% of youth have *inadequate* fruit/vegetable consumption (worse than CA at 47%).
- Adults have higher rates of *inadequate* fruit/vegetable consumption (69%) than youth, but do better than CA (72%).



- While Santa Clara County residents are less likely to live in a food desert⁴ (10% compared with 14% in CA), they have slightly worse access to grocery stores than Californians (19 stores per 100,000 residents compared with 22 in California). Santa Clara County also has worse access to WIC-authorized food stores (9 stores per 100,000 compared to 16 in California).
- County residents have more access to fast food restaurants (79 per 100,000 people) than Californians overall (75). Thirty-eight percent (38%) report eating fast food weekly, with Latinos doing so most (47%) compared with other ethnic populations.⁵
- 97% of Santa Clara County infants born in the hospital were breastfed in the hospital. Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight children.⁶

Physical Activity¹

Santa Clara County indicators of physical activity are better than in California overall by these measures:

- Percent physically *inactive* adults: 15%
- Percent of adults who bike/walk to work: 3.7%
- Percent physically *inactive* youth: 25%
- Percent of youth who bike/walk to school: 48%
- Percent who live within a half mile of a park: 71%
- Number of fitness/recreation facilities per 100,000 residents: 12

What Did the Community Say?

Diet and nutrition came up in four focus groups and in one key informant interview with a diabetes expert. Their comments relate to:

- Lack of access to healthy food including high costs
- The need for improved nutrition and nutrition education in schools
- The need for education about the nutritional needs of infants

¹ University of Missouri, Center for Applied Research and Environmental Systems. Community Commons Data Platform.

² Santa Clara County Public Health Department, *2014 Santa Clara County Community Health Assessment*.

³ Santa Clara County Public Health Department, *Status of LGBTQ Health: Santa Clara County 2013*.

⁴ Defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.

⁵ Santa Clara County Public Health Department, *Behavioral Risk Factor Survey, 2013-2014*.

⁶ World Health Organization, http://www.who.int/elena/titles/bbc/breastfeeding_childhood_obesity.



INFECTIOUS DISEASES

How Do We Know There Is a Problem?

Santa Clara County has high rates of tuberculosis (TB) and Hepatitis B compared to the state. Ethnic disparities are also seen in TB rates, with the rate for Asian and Pacific Islanders more than double that of the county overall. Influenza is the eighth leading cause of death in Santa Clara County.

HIGH RATES OF TB AND HEPATITIS B

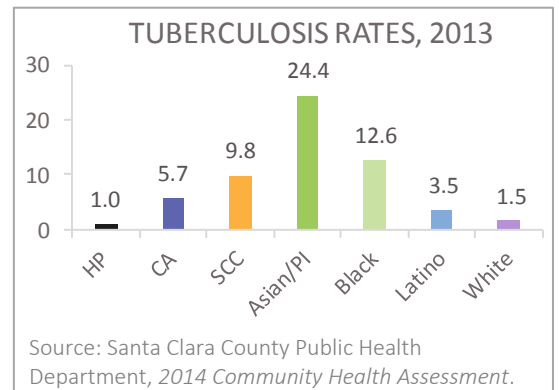
Rates of tuberculosis and Hepatitis B in Santa Clara County are worse than benchmarks.

Hepatitis B

- Santa Clara County Hepatitis B rates are nearly double those in California overall: 50.1 vs. 27.4 per 100,000.¹
- Community participants expressed concern about the increased risk for liver cancer for Hepatitis B patients.
- Respondents also expressed concern about the lack of Hepatitis B screenings and the lack of systems for referrals, follow-ups, and screening of each patient’s contacts. This is especially concerning given the large county population of Asian immigrants from countries where Hepatitis B is common.

Tuberculosis (TB)

- 2013 tuberculosis rates (per 100,000) fail the Healthy People 2020 target, and ethnic disparities are prevalent. (See chart.)¹
- In 2010, Vietnamese-born residents represented 26% of all county TB cases—the highest of any other country of birth.²
- An expert noted that TB screening is covered by insurance, but treatment is not. Participants also expressed concern about active TB patients who can’t be discharged because they lack a home environment where they can safely be isolated.



Other Communicable Disease Data

- Influenza was the eighth leading cause of death in 2013 (244 or 3% of deaths).³
- Ebola concerns: one professional indicated that some undocumented immigrants are concerned and fearful of accessing care because of the stigma of being diagnosed with Ebola, so they do not access care or delay access.

¹ Santa Clara County Public Health Department, 2014 Community Health Assessment.

² Santa Clara County Public Health Department, Status of Vietnamese Health 2011.

³ California Department of Public Health, Leading Causes of Death; California Counties and Selected City Health Department, 2013.





What Is the Issue & Why Is It Important?

Infectious diseases are primarily transmitted through direct contact with an infected individual or their discharge (such as blood). Infectious diseases remain a major cause of illness, disability, and death. People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.¹ Various agencies closely monitor communicable diseases to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and allocate resources effectively.

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

TB RATES HIGHER THAN STATE

Asian/Pacific Islander residents are far more likely to have tuberculosis.

Statistical Data That Support the Health Need

- **Leading cause of death:** Deaths from pneumonia/influenza have been on the rise since 1990, and the combination is currently the seventh leading cause of death in the county.^{2,3}
- **Older adult vaccination rates too low:** Among county older adults surveyed, only 76% had a flu shot in the prior year and only 68% had a pneumonia vaccination, both lower than the Healthy People 2020 targets of 90% for each.²
- **Child vaccination rates acceptable:** Estimated vaccine coverage with all required immunizations among children aged 2-4 years in licensed childcare in the county was nearly 95% in 2007-08, slightly higher than the state overall (94%).²
- **Tuberculosis incidence rates high and rising:** There has been an increase in the incidence rate of tuberculosis (TB) in San Mateo County in the past decade (8.7 per 100,000 in 2000-04, 10.0 in 2006-10), and it remains higher than the state average.²
 - ➔ Disparities by race in TB incidence occur among Asian/Pacific Islanders (26.0 per 100,000 in 2006-10), and the County of San Mateo Health System suggests that “foreign-born persons account for rising annual case counts in San Mateo County in recent years.”²

- **Campylobacteriosis rates rising:** The incidence rate of campylobacteriosis (an infectious gastrointestinal illness) in the county has been trending upward in recent years (161 cases in 2006, 247 cases in 2011) after a period of decline from mid-1990s highs.²
- **Salmonella rates rising:** Salmonella incidence, after declining from 1993-97 highs, has plateaued and appears to be on the rise again; the county rate of 15.2 per 100,000 in 2007-11 is higher than the Healthy People 2020 target of 11.4.²

VACCINATION AND SCREENING DATA

Indicator	South County	North County	County Overall	State or Healthy People 2020
Percent of older adults who got flu vaccine	N/A	N/A	76%	90% (HP2020)
Percent of adults 65+ who got pneumonia vaccine	64.1%	63.7%	N/A	63.4% (state)
Percent of adults who were <u>not</u> screened for HIV	62.7%	62.5%	N/A	60.8% (state)

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

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

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

¹ Office of Disease Prevention and Health Promotion. www.healthypeople.gov. 2015.

² County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. 2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County. 2013.

³ California Department of Public Health (CDPH). www.cdph.ca.gov. 2013.

Attachment 12. Community ASSETS & RESOURCES — SAN MATEO COUNTY

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

Alzheimer's Disease & Dementia

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

Mills-Peninsula Health Services

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

Sequoia Healthcare District

- Funds Adult Day Programs at Rosener House including Catholic Charities

Sequoia Hospital

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

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

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

Arthritis

San Mateo County Hospitals' Investments/Assets

Mills-Peninsula Health Services

- Provides Arthritis/Fibromyalgia support services
- Supports the Arthritis Foundation

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

- Arthritis Foundation

Behavioral Health

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

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

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

Mills-Peninsula Health Services

- Provides help for people with substance abuse problems through its self-help, recovery, and healing programs
- Supports mental health concerns through grant funding of non-profit organizations including Rape Trauma Services, Pyramid Alternatives, El Centro de Libertad, Women's Recovery Services and senior mental health programs
- Grants to Pyramid Alternatives, El Centro de Libertad, Sitike Counseling Center, and Women's Recovery Association
- Provides physician psychiatry training
- Provides support for addiction recovery

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

Sequoia Healthcare District

- Funding for various community programs:
 - El Centro de Libertad Youth and Adult Program
 - Substance abuse education programs in area schools
 - Hope House with Service League
 - Mental health program at CORA
 - Adolescent Counseling Services
 - Caminar
 - StarVista’s Day Break Program
 - Various school based mental health programs
 - Corbett Homes program for sexually exploited children
 - Veteran’s Horse Therapy program with Jasper Ridge
 - Mental Health Association

Sequoia Hospital

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

Seton Medical Center/Seton Coastside

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

Stanford Health Care

- Psychiatry and Behavioral Sciences – inpatient and outpatient clinics

San Mateo County Community Partner Investments/Assets

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

Birth Outcomes

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

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

Mills-Peninsula Health Services

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

Sequoia Hospital

- Prenatal classes

San Mateo County Community Partner Investments/Assets

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

Cancer

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

Lucile Packard Children's Hospital Stanford

- Indirectly through access to care initiatives

Mills-Peninsula Health Services

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

Sequoia Hospital

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

Seton Medical Center/Seton Coastside

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

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

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

Childhood Obesity

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

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

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

Mills-Peninsula Health Services

- Through the African American Community Health Advisory Committee, offers educational events for diverse communities including the annual Soul Stroll for Health Walk and Resource Fair
- Supports the HEAL Project with grant funding (Health Environment, Agriculture and Learning Project)
- Offers "Fitness is My Witness" physical fitness program at AACHAC's partnering congregations
- Provides a series of nutrition and health programs to diverse communities
- Provides ongoing blood pressure, glucose, and cholesterol screenings at AACHAC's partnering congregations

- Oversees an Anti-Bullying Campaign with middle and high school teens
- Supports San Mateo Police Activities League
- Partner with San Mateo YMCA to offer a series of basic nutrition classes

Sequoia Healthcare District

- Manger and funder of PE+ in Redwood City schools

Sequoia Hospital

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

Seton Medical Center/Seton Coastside

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

San Mateo County Community Partner Investments/Assets

- BANPAC (Bay Area Nutrition and Physical Activity Collaborative)
- Fair Oaks Intergenerational Center Breakfast Program
- Get Healthy San Mateo County
- Heal Project: Health Environment Agriculture Learning
- Local Parks and Recreation Departments
- Over Eaters Anonymous

- Police Athletic League
- Pre-to-3 Program
- SafeKids Coalition of Santa Clara and San Mateo Counties
- San Mateo County Streets Alive! Parks Alive!
- San Mateo Police Activities League
- Sheriff's Activity League

Diabetes

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

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

- Indirectly through out prevention of pediatric obesity health initiative

Mills-Peninsula Health Services

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

Sequoia Healthcare District

- Fund Food pharmacy for diabetic patients with Samaritan House

Sequoia Hospital

- Diabetes Treatment Center and Health & Wellness Center
- Community lectures and workshops
- Glucose Screening Clinics
- Health & Wellness Center

- Senior and Community Centers
- Support Group/Individual counseling
- Free meter instruction clinic at Samaritan House Redwood City Free Clinic
- Bilingual “LIVE WELL with DIABETES” Classes

Seton Medical Center/Seton Coastside

Diabetes Institute

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

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

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

Fitness, Diet, & Nutrition

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

- Healthy Hospital Advocacy

Mills-Peninsula Health Services

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

Sequoia Healthcare District

- Funds various fitness, diet and nutrition programs including:
 - Adaptive P.E.
 - Peninsula Family Services Fitness/Nutrition Program
 - Enhance Fitness with YMCA
 - Living Healthy Workshops

San Mateo County Community Partner Investments/Assets

- St. James Community Foundation
- The Heal Project

Global Warming/ Climate Change

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

- Indirectly through Advocacy Initiative

Healthcare Access & Delivery

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

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

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

Mills-Peninsula Health Services

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

- Puente de la Costa Sur
- Home & Home
- San Mateo Medical Association Community Service Foundation
- The Latino Commission
- Community Gatepath

Sequoia Healthcare District - Improved Access to Primary Care

- Supporter of Samaritan House Redwood City (underwrites the majority of operations budget) and Children’s Health Initiative- Healthy Kids
- Provides financial support for Ravenswood Family Clinic and SMMC Clinic in RWC/NFO
- Provided major grant to help rebuild SMMC Clinic in RWC/NFO
- Supports Apple Tree Dental
- Major donor to Mission Hospice House

Sequoia Hospital

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

Seton Medical Center/Seton Coastside

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

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

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

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

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

Heart disease and stroke

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

Mills-Peninsula Health Services

- Provides annual heart health screenings through the African American Community Health Advisory Committee and in collaboration with local churches
- Bi-monthly cholesterol screenings and monthly blood pressure screenings are offered through the Senior Focus program
- Hosts Aphasia and Heart Partners support groups
- Monthly blood pressure screenings and education at the following centers:
 - East Palo Alto
 - East Menlo Park
 - Senior Coastsiders
 - Martin Luther King Center
 - San Bruno Senior Center
 - Lincoln Park, Daly City
 - Magnolia Center, South San Francisco

Sequoia Healthcare District

- Manages HeartSafe Program

Sequoia Hospital

- Congestive Heart Failure Classes
- Stroke Center
- Monthly Community Screenings for Blood Pressure:
 - Fair Oaks Adult Activity Center
 - Redwood City
 - Little House– The Roslyn G. Morris Activity Center (Menlo Park)

- San Carlos Adult Community Center
- Twin Pines Senior and Community Center (Belmont)
- Veterans Memorial Senior Center (Redwood City)
- Adaptive Physical Education Center (Redwood City)
- Individual Cardiovascular counseling
- Cardiac Rehabilitation

Seton Medical Center/Seton Coastside

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

Stanford Health Care

- Stroke education and support groups
- Comprehensive Stroke Center
- Chronic disease, self-management workshops for older adults
- Access to free, medical librarian for research/information on stroke, CVD, etc.
- Stroke Rehabilitation Program
- Heart Failure & Cardiomyopathy Clinic
- Valvular Heart Disease Clinic
- Women’s Heart Health Clinic
- Heart Surgery Clinic
- Heart Transplant Program
- Cardiac Rehabilitation
- Heart Transplant Program
- Stanford South Asian Translational Heart Initiative
- Adult Congenital Heart Program

San Mateo County Community Partner Investments/Assets

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

Housing & Homelessness

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

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

Mills-Peninsula Health Services

- Supports HIP Housing
- Rebuilding Together Peninsula

Sequoia Healthcare District

- PSHCD
- Fund InnVision Shelter Network

Sequoia Hospital

- Collaborates with InnVision Shelter Network Outreach team

San Mateo County Community Partner Investments/Assets

- HIP Housing
- Rebuilding Together Peninsula

Stanford Health Care

- Medical Respite Program: Housing for homeless patients

Income & Employment

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

- Indirectly through Advocacy Initiative

Mills-Peninsula Health Services

- Provides Health Insurance counseling

Infectious/ Communicable Diseases (not STIs)

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

- Partners with Stanford University to fund Office of Emergency Management

Mills-Peninsula Health Services

- Supports the San Mateo County Hepatitis B Initiative through grant funding and in-kind support
- Supports Health Connected

Sequoia Hospital

- Vaccination clinics

Seton Medical Center/Seton Coastside

- Vaccination Clinics

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

- Health Connected
- San Mateo County Hepatitis B Initiative

Oral/dental health

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente

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

Lucile Packard Children's Hospital Stanford

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

Mills-Peninsula Health Services

- Provides grant support to Sonrisas Community Dental Center
- Supports the Ravenswood Dental Program

Sequoia Healthcare District

- Funding for Samaritan House, Ravenswood, and SMMC Clinic is for dental services
- Funds Apple Tree Dental

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

- Ravenswood Family Health Center
- Ravenswood Family Health Center dental clinic
- Samaritan House Redwood City Free Clinic
- Sonrisas Dental Clinic

Respiratory conditions

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

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

Sequoia Hospital

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

Seton Medical Center/Seton Coastside

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

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

- American Lung Association

Sexually-Transmitted Infections (STIs)

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

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

- Beginning in FY13, LPCH is funding Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in San Mateo County communities with high violence rates (East Palo Alto and East Menlo Park)
- Community Health Education Program:
 - To address drivers of substance abuse, including lack of coping skills and mental health issues
 - Topics are determined through community needs identified by our community partners or hospital staff
- Mobile Adolescent Health Program -Teen Van delivers services to homeless youth throughout the Bay Area
- Partnership with Peer Health Exchange - funding to provide health education (including sexual health) to high school aged students
- Indirectly through access to care initiatives

Sequoia Healthcare District

- HIV-Planned Parenthood

Stanford Health Care

- Improving access to care initiative (financial support for free & community-based clinics)
- Stanford Positive Care Clinic
- Access to free medical library/librarians for research/info

Transportation and Traffic

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

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

Mills-Peninsula Health Services

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

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

- Get Up & Go Escorted Senior Transportation Item
- Redi-Wheels

Unintended injuries

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

Mills-Peninsula Health Services

- Funds and participates in the Fall Prevention Task Force of San Mateo County
- Provides Fall Proof fall prevention classes
- Provides Seniors in Motion classes

Sequoia Hospital

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

Seton Medical Center/Seton Coastside

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

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

- San Mateo County Fall Prevention Task Force

Violence & Abuse

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

Lucile Packard Children’s Hospital Stanford

- Beginning in FY13, LPCH is funding Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in San Mateo County communities with high violence rates (East Palo Alto and East Menlo Park)
- SafeKids Coalition: as the leading cause of death of children ages 1-14, SafeKids works to prevent:
 - Unintentional injury, particularly with a “Purple Crying” initiative to prevent Shaken Baby Syndrome
- Community Health Education Programs:
 - To address drivers of violence, including lack of coping skills, developmental delays, and mental health issues
 - Topics are determined through community needs identified by our community partners or hospital staff
- Mental Health Dissemination Initiative

Mills-Peninsula Health Services

- Through its grants program, supports CORA, Rape Trauma Services, Cleo Eulau Center, and Acknowledge Alliance
- Participates in Elder Abuse Prevention Task Force
- Supports ASK Academy, Peace Development Fund
- Supports El Centro de Libertad

Sequoia Healthcare District

- Funds CORA

Sequoia Hospital

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

San Mateo County Community Partner Investments/Assets

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

Well-Being

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

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

Stanford Health Care

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

Attachment 13. Community ASSETS & RESOURCES — SANTA CLARA COUNTY

Santa Clara County is rich in health resources. This section lists facilities, clinics, and general resources available to the public to address health needs.

Existing Healthcare Facilities

- El Camino Hospital – Los Gatos*
- El Camino Hospital – Mountain View*
- Good Samaritan Hospital
- Kaiser Foundation Hospital – San Jose*
- Kaiser Foundation Hospital – Santa Clara*
- Lucile Packard Children’s Hospital Stanford*
- O’Connor Hospital*
- Regional Medical Center of San Jose
- Santa Clara Valley Medical Center
- Saint Louise Regional Hospital*
- Stanford Health Care*
- VA Palo Alto Health (U.S. Department of Veterans Affairs)
- VA Hospital Menlo Park (U.S. Department of Veterans Affairs)

In addition to providing excellent clinical care to their members, non-profit hospitals (marked with an asterisk [*] above) in Santa Clara County invest in the community with a variety of strategies, including:

- Providing in-kind expertise, training and education for health professionals
- Financial assistance (charity care)
- Subsidies for qualified health services
- Covering unreimbursed Medi-Cal costs
- Community benefit grants for promising and evidence-based strategies that impact health needs identified through the CHNA

Existing Clinics

MANY COMMUNITY HEALTHCARE CLINICS IN SANTA CLARA COUNTY ARE FUNDED IN PART BY NONPROFIT HOSPITALS, PRIVATE DONORS, AND HEALTHCARE DISTRICTS.

- Santa Clara Valley Medical Center Express Care Clinics
 - Gilroy
 - Milpitas
 - San Jose: Alexian, Bascom, East Valley, HomeFirst, Lenzen, Tully, Silver Creek, Moorpark
 - Sunnyvale

- Mayview Community Health Centers
 - Palo Alto
 - Mountain View
 - Sunnyvale
- Lucile Packard Children’s Hospital Teen Health Van

Other Existing Community Resources and Programs

On the following pages are lists of programs and resources available to meet each identified health need, which are organized in the following categories:

- Alliances, initiatives, campaigns and general resources
- Public/government services
- School-based services
- Community-based organization services
- Clinical hospitals and clinic services

Access & Delivery

All nonprofit hospitals provide charity care and cover the cost of unreimbursed Medi-Cal for underinsured patients.

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- Santa Clara County Public Health Department Nurse-Family Partnership Program helps young, low-income, expectant mothers have healthier pregnancies, become better parents, have emotionally and physically healthier children, and gain greater self-sufficiency (home visit model)
- Santa Clara Family Health Plan

SANTA CLARA COUNTY SERVICES

- Valley Health Plan
- Valley Homeless Healthcare Program

SCHOOL-BASED SERVICES

- School Health Centers

HOSPITALS AND COMMUNITY CLINICS

- **O’Connor:**
 - Baby Gateway Program providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
 - Health Benefits Resource Center provides insurance and CalFresh enrollment assistance and referrals social services to low-income, underinsured or uninsured individuals

- **Kaiser Permanente Graduate Medical Education and Residency program at School Health Clinics and Indian Health Center**
 - Pediatric Center for Life provides comprehensive care and referrals to low-income children

- **Kaiser Permanente Subsidized Health Insurance and Medical Care Services including:**
 - Child Health Program
 - Healthy Families Program
 - Steps Health Plan for Adults

- **Saint Louise:**
 - Baby Gateway Program providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
 - Health Benefits Resource Center provides MediCal application assistance

- **Stanford Health Care:**
 - Emergency department registration unit enrolls uninsured pediatrics patients in various assistance and insurance programs
 - Health Advocates subsidized program to help individuals research and enroll in health insurance programs
 - Cancer Information & Referral website and phone line
 - Mayview Community Health Center (financial support)
 - Medical education: subsidized training for residents/interns
 - Medical Respite Program a public/private partnership, provides beds, case management, housing support, etc for homeless patients’ (financial support)
 - Pacific Free Clinic (financial support, pro bono clinical services)
 - Stanford Health Library: free and open to all; librarians do health-related research for individuals requesting help (e.g., research conditions and put together info packets for anyone requesting; medical info; info on where to get care, etc.; Health Insurance

Counseling & Advocacy Program lectures for seniors; bilingual medical librarian at branch in East Palo Alto

- Stanford Lifeflight: subsidized air ambulance service
 - Stanford University Community Health Advocacy Program: medical students do capacity building projects at community clinics (financial support)
- Valley Medical Center - Baby Gateway Program providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician

COMMUNITY-BASED ORGANIZATIONS

- Asian Americans for Community Involvement Patient Navigator Program
- Community Health Partnership and related clinics
- FIRST 5 Santa Clara County: Funds Healthy Families Insurance Program
- Gardner Family Health Network: Public Benefit Screening and Enrollment (establish a Community Services Referral System that links patients to needed services by providing referrals and navigation support)
- Health insurers (Blue Cross, Aetna, etc.)
- Healthy Outcomes project
- InnVision Shelter Network: HealthCare for the Homeless (expanded services to include health support programs and increase patient utilization of scheduled medical visits)
- Mayview Community Health Center: Quality Improvement Initiative (support for staffing, processes, tools, and infrastructure to improve both access and quality of care provided to disadvantaged patients).
- RotaCare Bay Area: A Way Home: Clinic Patient Navigator (to help low-income, uninsured residents find a medical home and connect patients to other local health-related services)
- Santa Clara County Public Health Department Nurse-Family Partnership Program home visitation model
- Santa Clara Family Health Foundation: Community Outreach Program (develop/sustain/refine relationships with nonprofit agencies to identify hard-to-reach uninsured children and refer parents to apply for health coverage)
- School Health Clinics of Santa Clara County: Quality Improvement Initiative (at safety net organizations, support for staffing, processes, tools and infrastructure that enable organizations to improve both access and quality of care provided to disadvantaged patients)
- Transportation Services
- Avenidas
- Cal Train
- City Team Ministries
- Community Services Agency
- El Camino Hospital Roadrunners
- Heart of the Valley Escorted Transportation (nonprofit)
- Love Inc.
- Mountain View Community Shuttle
- Outreach & Escort, Inc.
- Santa Clara Valley Transit Authority (VTA)

ADD/ADHD/Learning Disabilities

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- First 5 Santa Clara (info, help finding CBOs)
- Santa Clara County Office of Education Inclusion Collaborative

GOVERNMENT SERVICES (CITY OR SANTA CLARA COUNTY OR CALIFORNIA)

- San Andreas Regional Center—developmental assessments

SCHOOL-BASED SERVICES

- After-school academic tutoring (through school districts)
- Special Education services through public school districts and private schools

COMMUNITY-BASED ORGANIZATIONS

- After-school tutoring services available through private agencies
- Morgan Center - Applied Behavior Analysis for autism
- Pacific Autism Center for Education (PACE) - Applied Behavior Analysis for autism
- Stepping Stones Triple P Curriculum- Applied Behavior Analysis for autism
- Autism Society of San Francisco Bay Area—information regarding ways for families to get involved, gain knowledge and support, and meet other individuals affected by autism
- Behavioral health agencies with expertise in ADHD (various)
- Children’s Health Council community clinic
- EMQ Families First — serves children on the autism spectrum disorder and other developmental disabilities and their families at home, in school or in clinic.
- EvoLibri
- In-home behavioral therapy and bio-feedback from private practitioners
- Parents Helping Parents
- Social Thinking Center

HOSPITALS AND CLINICS

- Lucile Packard Children’s Hospital Stanford Brain and Behavioral Center

Alzheimer's Disease & Dementia

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- Sourcewise (formerly the Council on Aging Silicon Valley)
- The Health Trust – Healthy Aging Initiative

HOSPITALS AND CLINICS

El Camino Hospital

- monthly learning circle for Chinese caregivers of those with Alzheimer's disease and other forms of dementia (in partnership with the Alzheimer's Association and ECH Chinese Health Initiative)

Stanford/Veteran's Administration

- Alzheimer's Research Center

Stanford Health Care:

- Aging Adult Services
- Alzheimer's disease clinical trials
- Neuropsychology Clinic
- Senior Care Clinic
- The Stanford Center for Memory Disorders

COMMUNITY-BASED ORGANIZATIONS

- Adult day care programs such as Avenidas Rose Kleiner Center and Alzheimer's Activity Center
- Alzheimer's Association of Northern California and Northern Nevada
- Catholic Charities Daybreak Centers

Behavioral Health

See Tobacco Use for tobacco-specific resources.

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- Community Transformation Grants funding for school-based mental health and wellness in South County, including education for staff at youth-serving organizations on social/emotional assets in youth and young adults
- GoNoodle: online health curriculum for all K-12 public schools in Santa Clara County.
- HEARD (Health Care Alliance for Response to Adolescent Depression) is a community alliance of healthcare professionals, including primary care and mental health providers working in various settings including clinics, hospitals, private practices, schools, government, and private organizations.

- Network of Care provider directory
- Project Safety Net (Palo Alto)

SANTA CLARA COUNTY SERVICES

- Behavioral Health Department Central Wellness & Benefits Center
- Behavioral Health Department South County Self-Help Center (Gilroy)
- Behavioral Health Department Zephyr Self-Help Center (San Jose)
- Department of Alcohol & Drug Services Gateway program
- Department of Family & Children Services
- Early Head Start Program provides access to mental health services for families of children 0-5
- Santa Clara County Behavioral Health Department (suicide and crisis services)
- Valley Health Center and all ambulatory clinics

SCHOOL-BASED SERVICES

- ASPIRE youth mental health program
- Counseling at Mountain View Whisman School District (CHAC)
- Counseling services at all Cupertino Union School District Schools
- Counseling services at all high schools in Campbell School District (EMQ Families First)
- Counseling services at all Santa Clara Unified School District schools
- Counseling services at all Sunnyvale School District schools (CHAC)
- Counseling services at Mountain View Los Altos School District (CHAC)
- Counseling Services at Palo Alto School District — counseling and substance abuse treatment
- Mental Health Department Prevention & Early Intervention programs
- OATS older adult mental health program
- Palo Alto Unified School District Sources of Strength

HOSPITALS AND COMMUNITY CLINICS

- Asian Americans for Community Involvement (AACI) — center for victims of torture and trauma
- Gardner Family Health Center
- Gardner Health Centro de Bienestar
- Lucile Packard Children’s Hospital Stanford Mobile Adolescent Health Services for homeless and/or uninsured teens; services include risk behavior reduction counseling and substance abuse counseling and referrals
- Lucile Packard Children’s Hospital Stanford Teen Van at Mountain View Los Altos School District (counseling services)
- Mobile Adolescent Health Services
- RotaCare Clinic Mountain View — counseling services for uninsured patients
- San Jose Foothill Family Clinic
- Santa Clara Valley Medical Center Sunnyvale Behavioral Health Center
- Stanford Psychiatry and Behavioral Sciences inpatient and outpatient clinics

COMMUNITY-BASED ORGANIZATIONS:

- 12-step recovery programs
- Alum Rock Counseling Center —Ocala MS Mentoring & Support Services Program (drug, violence, and risk prevention curriculum and emotional health services for at-risk students)
- Asian Americans for Community Involvement (AACI) Project PLUS (14-week life skills development program, providing prevention services for high-risk students at two high schools)
- Bill Wilson Center
- Billy DeFrank LGBT Community Center
- Casa de Clara, a Catholic volunteer group, offers services to women and children in downtown San Jose including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling
- Catholic Charities OASIS program provides case management, medication support and counseling
- Chamberlain’s Mental Health
- Community Health Awareness Council
- Community Solutions
- Discovery Counseling Center (Morgan Hill)
- Eastern European Services Agency
- Eating Disorder Resource Center of Silicon Valley
- EMQ Families First
- InnVision counseling
- Jewish Family & Children’s Services
- Josefa Chaboya de Narvaez Mental Health
- Law Foundation of Silicon Valley Mental Health Advocacy Project — legal services for people with mental health or developmental disabilities
- Mekong Community Center
- Momentum for Mental Health (includes psychiatric care, medication management, and medications)
- Momentum-Alliance for Community Care
- NAMI (National Alliance on Mental Illness) Peer Pals program
- Peninsula Healthcare Connection —psychiatric care and medication management for primarily homeless individuals
- Peninsula Healthcare New Directions
- Rebekah’s Children’s Services (Gilroy)

Birth OutcomesGOVERNMENT SERVICES (CITY OR SANTA CLARA COUNTY OR CALIFORNIA)

- First 5 Santa Clara County New Parent Kits
- Santa Clara County Department of Public Health Black Infant Health (BIH) Program
- Santa Clara County Public Health Department Nurse-Family Partnership Program home visitation model
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COMMUNITY-BASED ORGANIZATIONS

- Informed Choices (Gilroy)
- March of Dimes
- Real Options — prenatal care

SCHOOL-BASED SERVICES

- Continuation schools (parenting classes)

HOSPITALS AND CLINICS

- O'Connor Hospital Health Benefits Resource Center's Baby Gateway Program, providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
- Packard Teen Van

Planned Parenthood

- Valley Med high-risk OB clinic

CancerCOMMUNITY-BASED ORGANIZATIONS

- American Cancer Society
- Bonnie J. Addario Lung Cancer Foundation
- Breast Cancer Connections
- Cancer CAREpoint
- Cancer Support Community
- Latinas Contra Cancer
- Leukemia & Lymphoma Society
- Vietnamese Reach for Health Coalition

HOSPITALS AND COMMUNITY CLINICS

In addition to hospitals and clinics that provide cancer care and outpatient chemotherapy, these cancer-specific resources can be found in the community:

- El Camino Hospital:
 - Free skin cancer screenings
 - Hepatitis B awareness campaign and screenings to prevent liver cancer in at-risk Asian population
 - Women's services at RotaCare Clinics
- O'Connor Hospital cancer support groups

- **Stanford**
 - Blood and Bone Marrow Transplant Program
 - Cancer clinical trials info/referral website and phone line
 - Stanford Medicine Asian Liver Center
 - Stanford Cancer Institute
 - Stanford Cancer Supportive Care Program — 55 non-medical services for cancer patients, family and caregivers regardless of where they receive treatment.
- **Valley Medical Center Sobrato Cancer Center**

Cerebrovascular Disease

Includes heart disease and stroke.

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- Community Health Partnership Specialty Care Initiative supports community clinics by increasing access and reducing demand for specialty care among uninsured and underinsured populations. The initiative targets access to care in various specialties such as gastroenterology, orthopedics, neurology, ophthalmology, and cardiology.
- Free blood pressure, cholesterol, and glucose screenings:
 - American Heart Association
 - Health fairs
 - YMCA screenings
- PHASE Initiative — protocols for community clinics

COMMUNITY-BASED ORGANIZATIONS

- Community Service Agency Mountain View — nurse case management and social work case management to help older adults better manage chronic health conditions such as congestive heart failure and hypertension
- Peninsula Stroke Association (symposium)
- Stroke Awareness Foundation

HOSPITALS AND COMMUNITY CLINICS

- **El Camino Hospital**
 - Cardiac rehabilitation: Weekly, free blood pressure screening at Health Resource Center
 - Certified stroke center
 - El Camino Hospital South Asian Heart Center – screening and consultations, physician and community awareness initiative focused on prevalence of heart disease in the South Asian population

- O’Connor Hospital:
 - Free blood pressure screenings
 - Stroke support group
 - Certified stroke center
 - Cardiac Rehab Center
 - Community lectures on stroke, hypertension, heart disease

- Primary care, hypertension, and heart disease case management at community clinics:
 - Asian Americans for Community Involvement
 - Mayview Community Health Center
 - RotaCare Clinic Mountain View
 - Valley Health Center Sunnyvale

- Saint Louise Hospital
 - Certified stroke center

- Stanford Hospital & Clinics:
 - Stroke education and support groups
 - Comprehensive Stroke Center
 - Stroke Rehabilitation Program
 - Heart Failure & Cardiomyopathy Clinic
 - Valvular Heart Disease Clinic
 - Women’s Heart Health Clinic
 - Heart Surgery Clinic
 - Heart Transplant Program
 - Cardiac Rehabilitation
 - Heart Transplant Program
 - Stanford South Asian Translational Heart Initiative
 - Adult Congenital Heart Program

Communicable Diseases

See Sexual Health for sexually transmitted infections assets and resources.

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- ECH Chinese Health Initiative focused on hepatitis B awareness and screenings
- Santa Clara County Needle Exchange Program
- SCC Hepatitis B Free Initiative
- Vietnamese Reach for Health Coalition

GOVERNMENT SERVICES (CITY OR SANTA CLARA COUNTY OR CALIFORNIA)

- Santa Clara County Pediatric TB Clinic
- Santa Clara County Public Health Department ESSENCE program
- Santa Clara County TB/Refugee Health Clinics

SCHOOL-BASED SERVICES

- Lucile Packard Teen Health Van (including STIs and HPV)
- School health clinics of Santa Clara County

HOSPITALS AND CLINICS

- ECH Chinese Health Initiative—hepatitis B screenings and awareness
- Foothill Community Health
- Peninsula Healthcare Connection (clinic and homeless shelter)
- Stanford Health Care Infectious Disease Clinic
- Valley Homeless Healthcare Mobile Van

Diabetes & Obesity

See Economic Security for free food resources.

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- Bay Area Nutrition and Physical Activity Collaborative (BANPAC)
- California Food Policy Advocates
- Communities Putting Prevention to Work (CPPW) Obesity Prevention Program
- Community Alliance with Family Farmers (CAFF) Foundation: Expanding Farm to School (at Sunnyvale Elementary School District including Harvest of the Month in ASPs, integrating locally-sourced food in school meals and increasing procurement of locally-sourced produce)
- Community Transformation Grants (CDC)
 - healthy meeting guidelines / healthy vending machine guidelines
 - increasing healthy food and beverages and increased opportunities for physical activity
 - increasing number of cities in South County that offer increased opportunities for healthy eating/active living as well as healthy food and beverage procurement policies
- Green Belt Alliance (collaborative)
- Pacific Institute (public health & environmental justice in land use and transportation planning)
- Partners in Health (PIH)
- SCC Diabetes Prevention Initiative
- Sunnyvale Collaborative (obesity focused)

GOVERNMENT SERVICES

- California WALKS Program
- Children’s Health Plan (diabetic services)
- County of Santa Clara Parks and Recreation Department—Healthy Trails Program, bilingual outreach
- Healthy Kids weight management classes
- Nutrition education through Santa Clara County Public Health Department
- San Jose Department of Parks, Recreation, & Neighborhood Services exercise programs at 21 senior centers
- Santa Clara County Public Health Department Breastfeeding Program (education, training public educators, and lactation consultant)
- School-Based Services
- 5210 Health awareness Initiative at 9 elementary schools (includes information on nutrition and physical activity for students and parents)
- Alum Rock Union School District: Healthy Eating Active Living (ReThink Your Drink, water station at schools, health messaging on school campus)
- BAWSI Girls in Campbell (physical activity for 3rd-5th grade girls with athlete mentors at six schools)
- District School Wellness policies
- GoNoodle nutrition and fitness health curriculum lessons in numerous school districts
- Healthier Kids Foundation—10 Steps to a Healthier You parent education series
- Kaiser Permanente Educational Theatre Program—obesity prevention programming and messaging to schools and in the community
- Nutrition education in the School Health Clinics of Santa Clara County
- Playworks at eight low-income elementary schools
- Santa Clara County Office of Education’s Coordinated School Health Advisory Council
- Santa Clara County Office of Education’s Coordinated School Health Advisory Council
- School nurses and health clerks in five school districts who manage care for diabetic students.
- Community-Based Organizations
- Breathe CA: Let’s Get Moving to School (at five schools, increasing number of students who walk and bicycle to school)
- Children’s Discovery Museum: Rainbow Market Project (new exhibit to support children and families in exploring healthy eating)
- Choices for Children: 5 Keys for Child Care (online training module for child care providers to improve feeding knowledge and behaviors)
- Community Service Agency Mountain View—provides nurse case management and social work case management to help older adults better manage diabetes
- FIRST 5 Family Resource Centers (nutrition and physical activity programming)
- Happy Hollow Park and Zoo Eat Like a Lemur Project (provide healthy foods in their cafe and showcase opportunities for increased physical activity around the park)
- Our City Forest fruit tree stewardship programs (benefits community by promoting growing one’s own food and giving away food)
- Silicon Valley HealthCorps developing community and school-based gardens, and farm to school programs

- Somos Mayfair: In Our Hands, Family Wellness Initiative (foster daily exercise, guided by Promotores, in San Jose Mayfair neighborhood)
- Sunnyvale Community Services: Fresh From the Farm (provides low-income families fresh produce, nutrition education, farm and gardening experiences, and community-building activities)
- Various organizations: Early childhood feeding practices parenting classes (“5 Keys to Raising a Happy, Healthy Eater”)
- Various senior centers: Chronic disease self-management workshops
- Veggielution: Healthy Food Access and Engagement for Low-Income Families (hands-on learning, physical activity, fresh fruits and vegetables for individuals and families in low-income East San Jose neighborhoods)
- West Valley Community Services (includes the Raising a Healthy Eater Program)

HOSPITALS AND COMMUNITY CLINICS

In addition to health education and chronic disease clinical care provided to members, Hospitals and Community Clinics offer the following services available to the public:

- Asian Americans for Community Involvement Clinic—diabetic case management
- Gardner Clinic—Down with Diabetes program
- Indian Health Center of Santa Clara Valley
 - Health Intervention Program including education, coaching, and fitness training
 - Weight Management Program (health education)
 - Diabetes Prevention Program for pre-diabetic adults including coaching and nutrition counseling
 - Diabetes Prevention & Management Program for type 2 diabetics including medication management and nutrition counseling
- Kaiser Permanente Educational Theatre Program—obesity prevention programming and messaging to schools and in the community
- Kaiser Permanente Farmer’s Markets (open to the community)
- Lucile Packard Children’s Hospital Mobile Adolescent Health Services for homeless and/or uninsured teens—In addition to acute care and injury prevention, the Teen Van provides primary care services and nutrition counseling
- Lucile Packard Children’s Hospital Pediatric Weight Control Program – tuition scholarships for low-income families
- Mayview Clinic in Mountain View—diabetic case management
- O’Connor Hospital Health Benefits Resource Center, insurance and CalFresh coverage for uninsured at hospital and in the community
- O’Connor Hospital—diabetes support group
- RotaCare Clinic in Mountain View diabetic case management
- Stanford Health Care Diabetes Care Program
- Stanford Hospital and Clinics Strong for Life—free exercise classes at senior centers
- Stanford Transplant Diabetes Program

- Stanford University Pacific Free Clinic: Access to Preventive Health Care for the Uninsured (health education, pharmacy program including protocols and dispensing of medications, adult immunization program for uninsured adults in San Jose area)
- The Health Trust
 - Medical Nutritional Therapy for type 2 diabetics
 - Diabetes Self-Management Program (available in multiple languages)
 - Better Choices, Better Health chronic disease self-management workshops (online or small group, available in multiple languages)
- Timpany Center Diabetes Prevention Study
- Valley Health Center on Bascom and in Sunnyvale—diabetic case management
- YMCA National Diabetes Prevention Program (health education)

Economic Security

This need includes education, employment and poverty. Housing is a separate health need.

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- 2-1-1 (information/referral)

GOVERNMENT SERVICES (CITY OR SANTA CLARA COUNTY OR CALIFORNIA)

- CalFresh
- City of San José employment resource center
- Connect Center CA (Pro-match and Nova job centers)
- Employment Development Department (in partnership with NOVA)
 - CONNECT Center
 - ProMatch career resource center
- Medi-Cal
- Veterans Administration employment center
- WIC
- Women, Infants, and Children (WIC) Nutrition Services
- Work 2 Future—a County of Santa Clara, City of San José, and SJSU collaborative program

SCHOOL-BASED SERVICES

- Community colleges
- Salad bars (funded through SVLG—nutrition)

COMMUNITY-BASED ORGANIZATIONS

- American Vets Career Center
- Community Service Agency (Mountain View, Sunnyvale, West Valley)
- Day Worker Center (Mountain View)
- Dress for Success, a nonprofit organization that provides interview suits and job development

Food resources:

- Loaves and Fishes
- Meals on Wheels (The Health Trust and Sourcewise)
- Salvation Army
- St. Joseph’s Cathedral
- St. Joseph's Family Center—food bank and hot meals (Gilroy)
- Sunnyvale Community Services
- Second Harvest Food Bank
- The Health Trust farmer’s market
- Valley Medical Center farmers’ market
- Goodwill Silicon Valley
- Hope Services—employment for adults with developmental disabilitiesNOVA Workforce development
- Sacred Heart Community Services
- Salvation Army
- Unity Care—foster youth employment assistance

HOSPITALS AND CLINICS

- Summer youth programs (Medical EMP and College Access)
- Stanford Medicine Summer Youth Program (introduces low income, minority students to careers in healthcare; college application assistance)

Housing**ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES**

- “All the Way Home” Campaign to End Veteran Homelessness – City of San Jose, Santa Clara County and the Housing Authority have set a goal of housing all of the estimated 700 homeless veterans by 2017 (new)
- Community plan to end homelessness in Santa Clara County
- Destination Home
- MyHousing.org
- Santa Clara County Housing Task Force
- Santa Clara County Medical Respite for the Homeless
- VA Housing Initiative

PUBLIC/SANTA CLARA COUNTY SERVICES

- Abode Services—supportive housing- county paying for success initiative for chronic homelessness
- City of San Jose Housing Department and Homelessness Response Team
- County mental health housing through MHSA
- County Office of Supportive Housing
- Housing Authority of SCC

- Housing Trust
- Santa Clara County Valley Health and Hospital System—myhousing.org
- SJC Housing and Homelessness Services Department

COMMUNITY-BASED ORGANIZATIONS – LEGAL

- Asian Law Center
- Family Advocacy Program (Legal Aid Society)
- Law Foundation of Silicon Valley Mental Health Advocacy Project—legal services for people with mental health or developmental disabilities
- Legal Aid
- Project Sentinel and other dispute resolution providers

COMMUNITY-BASED ORGANIZATIONS – EMERGENCY & TRANSITIONAL HOUSING

- 211 (information/referral)
- Bill Wilson Center emergency shelter for youth
- Casa de Clara (Catholic volunteer group—services to women and children in downtown San Jose including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling)
- Catholic Charities Housing—affordable housing units
- Chinese Community Center of the Peninsula
- Community Services Agency emergency shelter
- Destination Home
- Downtown Streets Team
- EHC Life Builders Emergency Housing Consortium
- Foster youth group home providers
- Gilroy Compassion Center
- HomeFirst
- Housing Opportunities for Persons with AIDS
- InnVision the Way Home
- Love Inc.
- New Hope House
- Palo Alto Housing Corporation
- Rebuilding Together (repairs to keep people in homes)
- Sacred Heart Community Services emergency assistance
- Senior Housing Solutions
- St. Joseph emergency assistance
- Sunnyvale Community Services—housing and emergency assistance
- The Health Trust Housing for Health
- Unity Care—Foster youth housing
- West Valley Community Services emergency assistance

SCHOOL-BASED SERVICES

- College/university housing offices

Oral/Dental HealthALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- California Dental Association Fund—Santa Clara Fluoridation Initiative
- Health Teacher program (oral health education for kids)
- Onsite Dental Foundation for HIV/AIDS patients

GOVERNMENT SERVICES (CITY OR SANTA CLARA COUNTY OR CALIFORNIA)

- Superior Court of CA Santa Clara County orthodontic care for foster youth

SCHOOL-BASED SERVICES

- School nurses coordinate dental screenings at schools

COMMUNITY-BASED ORGANIZATIONS

- Healthier Kids Foundation (Kids)
- InnVision Shelter Network—Health Care for the Homeless (medical and dental care)
- SCC Dental Society

HOSPITALS AND COMMUNITY CLINICS

- Alviso Health Center
- Children’s Dental Center (Sunnyvale)
- Children's Dental Center in East San Jose (through The Health Trust)
- CompreCare Clinic
- Dental mobile unit site
- EHC Lifebuilders dental mobile unit site
- FIRST 5 Santa Clara County distributed New Parent Kit and additional oral healthcare kits
- Foothill Clinic (Gilroy)
- Gardner Dental Clinic (South County)
- Gardner Family Health Clinic (Alum Rock)
- Indian Health Center
- St. James Health Center
- ToothMobile (Head Start & Preschools)
- Valley Homeless Healthcare clinics—dental services and dental van

Respiratory ConditionsALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- Drug assistance programs through pharmaceutical companies
- Stanford Health Library: info and librarian assistant for treatment/management

- Tobacco Free Coalition Santa Clara County

SCHOOL-BASED SERVICES

- Asthma case management by school nurses in five school districts

COMMUNITY-BASED ORGANIZATIONS

- Allergy & Asthma Associates of Santa Clara Valley Research Center
- Breathe California
- California Smokers Helpline
- Respiratory equipment companies
- Second-Hand Smoke Helpline
- Vietnamese Reach for Health Coalition

HOSPITALS AND CLINICS

- El Camino Hospital Cardiac & Pulmonary Wellness Program
- O'Connor Hospital
- Saint Louise Pulmonary Rehabilitation Program
- Stanford Health Care
 - Center for Advanced Lung Disease
 - Chest Clinic
 - Pulmonary Rehabilitation Program

Sexual Health - including STIs/HIV/AIDS

GOVERNMENT SERVICES (CITY OR SANTA CLARA COUNTY OR CALIFORNIA)

- Santa Clara County HIV Planning council
- Santa Clara County Needle Exchange Program

SCHOOL-BASED SERVICES

- College health centers (public and private universities, community colleges)
- Lucile Packard Children's Hospital Stanford Teen Van
- School health clinics (San Jose High, Overfelt, Washington, Franklin-McKinley Neighborhoods)

COMMUNITY-BASED ORGANIZATIONS

- Asian American Recovery Services
- Billy DeFrank LGBT Community Center
- Community Health Awareness Council (CHAC) Outlet program
- Community Health Partnership—Transgender Health

- Planned Parenthood Mar Monte (including Foster Youth Healthcare Services & Coverage Access, which provides pregnancy prevention/education services to current and former foster youth throughout Santa Clara County)
- The Health Trust AIDS Services
- The Health Trust: Asian Americans for Community Involvement
- Valley Health Center PACE Clinic—HIV services

HOSPITALS AND CLINICS

- Lucile Packard Children’s Hospital Mobile Adolescent Health Services for homeless and/or uninsured teens; services include counseling and treatment for HIV and STDs, family planning services, pregnancy testing, and risk behavior reduction counseling
- Stanford Health Care Positive Care Clinic (HIV and AIDS)

Tobacco Use

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- Tobacco Free Coalition Santa Clara County

HOSPITALS AND COMMUNITY CLINICS:

- RotaCare clinic tobacco cessation programs
- Santa Clara County Public Health Department partnerships with Valley Medical Center South County clinic and Gardner to screen for tobacco use)

Unintentional Injuries

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

Safe Routes to School
 SafeKids Santa Clara County
 Santa Clara County Fall Prevention Task Force
 Santa Clara County Public Health Department Falls Prevention Collaborative
 SJSU Research Foundation Falls Prevention Collaborative
 The Health Trust Healthy Aging Partnership

GOVERNMENT SERVICES (CITY OR SANTA CLARA COUNTY OR CALIFORNIA)

- City departments of transportation
- County poison control
- PHD Center for Chronic Disease and Injury Prevention

COMMUNITY-BASED ORGANIZATIONS

- Matter of Balance fall prevention program for older adults
- Stepping On fall prevention program for older adults
- Strong for Life free group exercise program for seniors promoting strength, mobility, balance
- The Health Trust Agents for Change promoting older adult pedestrian safety
- YMCA (free camps and scholarships for swim lessons)

HOSPITALS AND CLINICS

- Packard Safely Home car seat fitting station
- Stanford Healthcare:
 - Farewell to Falls free, in-home program including home assessments, exercise program facilitated by occupational therapists, and pharmacist assistance
 - Chronic Disease Self-Management workshops senior centers (pain management, management of conditions causing loss of balance)
 - Provides Lifeline in-home emergency response service to seniors regardless of their ability to pay

Violence and Abuse

ALLIANCES, INITIATIVES, & CAMPAIGNS AND GENERAL RESOURCES

- South County United for Health Leadership Team focus on active and safe parks
- Violence Prevention Taskforce

GOVERNMENT SERVICES (CITY OR SANTA CLARA COUNTY OR CALIFORNIA)

- City of Gilroy Gang Taskforce
- City of San Jose BEST-funded programs
- Domestic Violence Intervention Program for foster children through the Superior Court of California Santa Clara County
- San Jose Mayor's Gang Taskforce
- Santa Clara County Child Abuse Council
- Santa Clara County Domestic Violence Council
- Santa Clara County Juvenile Probation Department programs
- Santa Clara County Office of Human Relations
- Santa Clara County Office of Women's Policy
- Santa Clara County Public Health Department Anti-bullying Community Transformation Grants in South County school districts

- Santa Clara County Public Health Department Violence Prevention Program
 - Healthy Teen Relationships Campaign (social marketing strategies and programming to prevent teen domestic violence) in South San Jose/South County
 - We All Play a Role in Safe and Peaceful Communities Campaign

SCHOOL-BASED SERVICES

- GoNoodle online lessons on bullying awareness

COMMUNITY-BASED ORGANIZATIONS

- AACI: Victims & violence (torture/trauma center)
- Alum Rock Counseling Center CAPA program
- Asian Women's Home
- CHAC (Community Health Awareness Counseling) provided at all Sunnyvale School District schools, for Mountain View Whisman School District and Mountain View Los Altos School District
- Community Solutions Touch with Teens Program at school sites in South County
- Community Solutions: Healthy Communities Program (violence prevention and intervention services to high-conflict/ underserved children, youth, and families, Morgan Hill & Gilroy)
- Discovery: Community Solutions
- Domestic violence shelters
 - Asian Americans for Community Involvement
 - YWCA Support Network
 - Next Door Solutions
- EMQ Families First counseling for all high schools in the Campbell Union High School District
- EMQ Families First Crisis Intervention Program for northern Santa Clara County
- Girl Scouts of Northern California Got Choices program—prevention/ intervention program to reduce risky behaviors and support informed decision-making in high-risk, disconnected, gang-impacted and court-involved middle- and high-school girls
- ICAN (Vietnamese parenting class focusing on infant/child brain development)
- Next Door Solutions to Domestic Violence Healing Families Pilot Project—for those who have either experienced or been exposed to domestic violence
- Peace Builders Program
- PlayWorks: Youth development program in elementary school that has positive impact on reducing violence
- Rebekah Children's Services School-Based Violence and Substance Abuse Prevention Program (elementary school students in Gilroy Unified School District)
- SafeCare Home Visitation Services
- Sunday Friends violence prevention classes
- Triple P parenting program

- YMCA Silicon Valley / Project Cornerstone Creating Caring Schools to Reduce Violence program—partnership with 10 high-need schools and preschools

HOSPITALS AND CLINICS

- Kaiser Permanente Educational Theatre Program that delivers violence prevention programming and messaging to schools and in the community
- Lucile Packard Children’s Hospital health education programs with topics including cyber bullying
- Lucile Packard Children’s Hospital residents’ community advocacy projects
- Lucile Packard Children’s Hospital Suspected Child Abuse and Neglect (SCAN) team, a collaboration between Packard Children’s and the Santa Clara Valley Medical Center – Center for Child Protection. The team consults on child abuse cases, reviews all CPS referrals and consultations, provides inpatient and outpatient consultation services, and education for residents, medical students, and staff.
- Lucile Packard Children’s Hospital Safe Kids Coalition

Other Community Provider Resources

END OF LIFE CARE

- Coda Alliance
- Home health aides
- Hospice programs
- Palliative Care Programs at the Veterans Administration, Valley Medical Center
- Respite care home health services