2008 Community Assessment

Health & Quality of Life in San Mateo County

EXECUTIVE REPORT

Sponsored by
The Healthy Community Collaborative of San Mateo County

March 2008

We are pleased to deliver the fifth Community Needs Assessment of the San Mateo County community. This needs assessment identifies opportunities and challenges for government agencies, community organizations, and health care providers to modify policy to improve the health and quality of life in San Mateo County. It is our hope that the report will be used to help guide the efforts of the many excellent and effective programs and services currently provided in our community, as well as inspire new programs that focus on the most critical health care needs of our diverse population. The needs assessment could not have been completed without the tremendous input and many hours of dedication from our members.

The assessment affirms that San Mateo County compares favorably to our state and the nation on many health and quality of life measures. For the majority of San Mateo County residents, our community is viewed as a wonderful place to live, work, raise a family, and lead a healthy life.

However, the report shows that there are certain segments of the population in San Mateo County that do not experience good health and a high quality of life. It also shows that some less than optimal health and quality of life issues are more prevalent here than in other parts of the state and country. We hope that from this needs assessment, the community can build on its strengths and focus its ongoing efforts on the key health problems experienced by people living here.

One recurring theme of the report is that economic status has a significant effect on many health and quality of life indicators. Individuals with lower incomes report more difficulty accessing community assets and greater obstacles to fulfilling basic needs. Additionally, we found that even those with adequate means do not have adequate environmental and social support to take advantage of simple lifestyle activities that would promote health, reduce chronic disease, and prolong life.

While many of the health issues presented here are complex and interrelated and require changes in public policy, the environment, and the healthcare system, there are many things individuals can do to be healthier. We strongly encourage every resident to take at least these five steps toward a healthier future:

1) Eat at least five servings of fruits and vegetables per day.
2) Exercise at least 20-30 minutes on most days of the week.
3) Don't smoke.
4) Maintain a proper weight.
5) If you drink alcohol, drink in moderation, no more than 1-2 drinks per day.

A copy of the executive summary and the complete report with detailed statistical findings and analysis is available at various public and health libraries. It can also be downloaded on the Internet at:

http://www.plsinfo.org/healthysmc

The complete assessment report has a wealth of information and we encourage you to review it.

Sincerely,

The Healthy Community Collaborative of San Mateo County

ACKNOWLEDGEMENTS

As noted previously, this assessment process was a collaborative effort on the part of many organizational leaders throughout the county, and we wish to acknowledge their contributions to promoting the health and well-being of San Mateo County. The following organizations and their representatives comprise the Healthy Community Collaborative of San Mateo County:

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INTRODUCTION

SCOPE OF THIS ASSESSMENT

About the Assessment Effort

The Healthy Community Collaborative of San Mateo County is a group of San Mateo County organizations interested in the community's health. As in 1995, 1998, 2001 and 2004, the Collaborative has come together once again to conduct a community needs assessment of San Mateo County as a follow-up to these earlier studies. Note that, for the purposes of this assessment, "community health" is not limited to traditional health measures. This definition includes indicators relating to the quality of life (e.g., affordable housing, child care, education and employment), environmental and social factors that influence health, as well as the physical health of the county's residents. This reflects the Collaborative's view that community health is affected by many factors and cannot be adequately understood without consideration of trends outside the realm of health care.

The **2008 Community Assessment: Health & Quality of Life in San Mateo County** is designed to serve as a tool for guiding policy and planning efforts, and the information provided here should be used to formulate strategies to improve our quality of life. For participating not-for-profit hospitals, this assessment will also serve to assist in developing Community Benefit Plans pursuant to Legislative Bill 697. In conducting this assessment, the goals of the Healthy Community Collaborative are twofold:

- To produce a functional, comprehensive community needs assessment that can be used for strategic planning of community programs and as a guideline for policy and advocacy efforts; and

- To promote collaborative efforts in the community and develop collaborative projects based on the data, community input, and group consensus.

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

About This Report

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

This report is a comprehensive assessment of our county's health and quality of life. It contains:

- An Executive Summary of key findings;
- A description of the assessment process and research methodology; and
- The body of the document which contains an integration and analysis of primary and secondary quantitative data.

A copy of this report is available at various public and health libraries. It can also be downloaded on the Internet at **http://www.plsinfo.org/healthysmc**. If you have questions about this report, please contact Dr. Scott Morrow at (650) 573-2519.

METHODS

Two distinct research phases were integrated to produce the final analyses found in this report, including secondary data collection and quantitative primary research activities.

Secondary Research

The first research phase involved collection of existing data about San Mateo County. This involved consolidation of numerous planning studies, needs assessments and published reports developed for San Mateo County in recent years; this report attempts to build on previous research efforts by including key findings from these efforts into this assessment. This phase also involved collection of vital statistics and unpublished or raw data from community organizations and county, state and national agencies. Together, these sources yielded a wealth of health and human services, demographic, and quality of life data.

A list of the resources reviewed for this assessment include the following:

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San Mateo County Health & Quality of Life Survey

The second research phase involved primary research activities. This primary research was gathered through a telephone survey of adults in San Mateo County. The *2008 Health & Quality of Life Survey* addressed a variety of issues, including:

- Measures of health risk behaviors (e.g., smoking, physical inactivity, high blood pressure, overweight prevalence) and prevention services (e.g., cancer screenings and access to medical care), using many questions from the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System; and

- Quality of life indicators, including such items as housing, social capital, child care, transportation, and education.

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

The *2008 Health & Quality of Life Survey* was conducted among a random sample of 1,000 adults in San Mateo County. In addition to the countywide random sampling, the Healthy Community Collaborative contracted to conduct:

- A total of 300 additional interviews in Coastside ZIP Codes in order to augment samples and enhance reliability within that area and to make it comparable to data collected in previous surveys.

- An oversample of African American residents to allow for analysis of this important subsample (168 additional interviews were conducted; these, along with those achieved in the random sample, yielded a total of 182 interviews among African Americans in San Mateo County).

- An additional 100 interviews were conducted by cell phone: in this sample, respondents were screened for those who do not have a landline telephone, are aged 18 and older, and who currently live in San Mateo County. This sample was included to minimize any potential bias attributed to the growing number of cellphone-only households in the area. In this case, respondents were offered a $10 giftcard in exchange for their participation.

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

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

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

For questions asked of all respondents, the maximum error rate associated with the survey samples is ±2.5% at the 95 percent confidence level (p=.05).

The estimated adult (18+) population of San Mateo County is 564,548 residents. Therefore, among survey questions asked of all respondents, each percentage point in the survey represents roughly 5,645 persons (e.g., a 15.0% response represents approximately 84,675 adults). The following table also describes the confidence intervals and population estimates associated with key demographic and geographic segments.

Numbers of Actual Interviews, Weighted Responses, Confidence Intervals & Populations Estimates for Demographic/Geographic Segments

	2008 Health & Quality of Life Survey			
	Interviews Conducted*	**Weighted Responses**	**Maximum Error Rate**	**Population Equivalent (1%= # Adults)**
Gender				
Male	774	776	±3.5%	2,794
Female	794	792	±3.5%	2,852
Age				
18 to 39 Years	384	613	±5.0%	2,240
40 to 64 Years	705	682	±3.7%	2,492
65 Years or Older	453	250	±4.6%	914
Education				
High School or Less	362	340	±5.2%	1,228
Postsecondary Education	1,201	1,223	±2.8%	4,417
Poverty Status				
<200% Poverty Level	231	201	±6.5%	914
200%-400% Poverty Level	275	288	±5.9%	1,310
>400% Poverty Level	715	752	±3.7%	3,421
Race/Ethnicity				
White	947	741	±3.2%	2,656
Hispanic	308	378	±5.6%	1,355
Asian/Pacific Islander	137	395	±8.4%	1,416
Black	204	81	±6.9%	294
Region				
North County	412	594	±4.8%	2,165
Mid-County	392	503	±5.0%	1,833
South County	430	395	±4.7%	1,440
Coastside	316	57	±5.5%	208
TOTAL SAMPLE	**1,568***	**1,568**	**±2.5%**	**5,645**

- Note that some categories may not add to the total number of interviews due to non-response/non-classification, or in the case of race/ethnicity, because respondents may fall within more than one classification.
- Error rate estimates are made at the 95% confidence level (p= .05). Population equivalents are based on estimates of the adult population (aged 18 and older). Estimates for education, poverty and race/ethnicity status are based on proportions achieved through random sampling.

* Includes the following samples: 1,000 countywide random interviews; an oversample of 300 Coastside residents; an oversample of 168 Black residents; and an oversample of 100 cellphone-only households.

Poverty Status

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2007 guidelines place the poverty threshold for a family of four at $20,650 annual household income or lower)*.

In sample segmentation: "<200% Pov" (or <200% of the Federal Poverty Level [FPL]) refers to community members living in a household earning up to twice the poverty threshold (e.g., $41,300 for a family of four); "200%-400%" refers to households with incomes more than twice and up to four times the poverty threshold; "<400% Pov" refers to households with incomes more than four times the poverty threshold for their household size (e.g., $82,600 for a family of four). The 400% Federal Poverty Level (FPL) is used throughout because it is equivalent to the San Mateo County self-sufficiency standard.

Race/Ethnicity

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

Statistical Significance

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

Benchmark Comparisons

To further provide context to the data presented in this report, comparisons to benchmark data are provided where available. These include comparisons to state-level data and Year 2010 objectives (as outlined in Healthy People 2010, a description of national health goals, or as prescribed by the California Department of Health Services).

EXECUTIVE SUMMARY

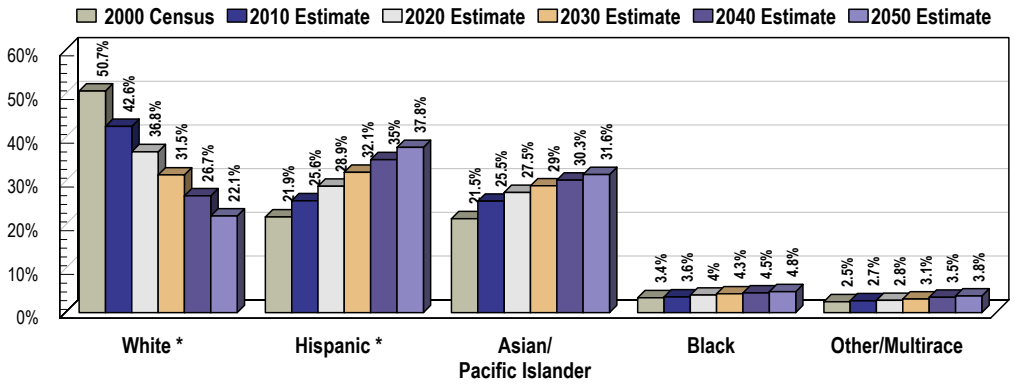
Community Description

KEY FINDING: San Mateo County is among the most culturally and ethnically diverse counties. Asian and Hispanic residents, along with seniors, are expected to continue to become increasingly greater proportions of the population. We are not adequately prepared for this enormous demographic shift.

- In California, San Mateo County is one of the highest cost counties to live in, with a household median income of $85,500. The demographics of its citizenry are racially/ethnically diverse including Caucasian, Hispanic, African-American, Asian, Pacific Islander, and other ethnicities. 711,031 residents live within 531 square miles along a peninsula with 54 miles of ocean coastline. It is a mix of urban and suburban regions, with a coastside community, most of which is accessible by public transportation (with the exception of certain regional isolated areas).

- The San Mateo County population is growing modestly, but becoming much more diverse racially and ethnically. It is also becoming increasingly older. Still, the percentage change in the San Mateo County population due to natural increase (more births than deaths) is the highest in the state. The percentage change due to foreign immigration, 2000 to 2004, is the second highest. The county also experienced domestic migration out of the county, mitigating the overall population increase.

Race/Ethnicity, San Mateo County



Source: P3 Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050. State Department of Finance. July 2007.

Note: * Hispanics may be of any race, and might be represented in race categories as well (e.g., White). In other words, these race/ethnicity groupings are not mutually exclusive.

KEY FINDING: There are two San Mateo Counties: one for the economic "haves" and one for the economic "have nots." The gap between these two is growing.

- Economically, San Mateo County thrived in the late 1990s during the technology boom in California and the rapid rise in visitor and business travel through San Francisco International Airport. However, after the dotcom bust of 2000, the county experienced significant job loss. For low-income individuals and families, the overall economy does not translate to improved economic security. In order to subsist, low-income residents

sometimes work two or three jobs, working longer hours with fewer benefits. They live paycheck to paycheck, leaving them vulnerable to transportation emergencies, medical crises, and insecure housing circumstances. Low-income individuals and families live on the verge of instability.

Health in San Mateo County

HEALTHY BEHAVIORS

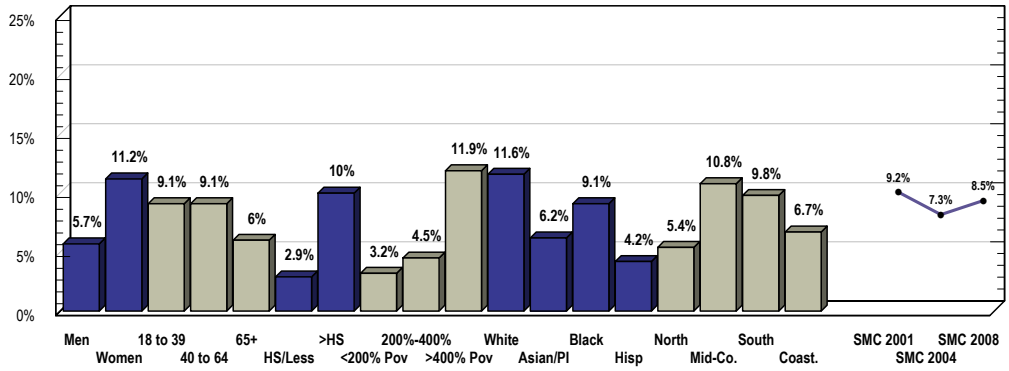
KEY FINDING: The actual causes of premature death are rooted in behavior, and it is estimated that as many as 50% of premature deaths are due to health risk behaviors such as tobacco use, poor diet, a lack of exercise, alcohol use, etc. Despite this, the vast majority of our community do not exhibit the most basic healthy behaviors.

KEY FINDING: Individual health behaviors are deeply influenced by public policy and place (i.e., neighborhood conditions) to a far greater degree than we recognize. The health of San Mateo County can be improved through a greater focus by all organizations on public policy changes and place-based strategies.

- Fewer than one in 10 San Mateo County adults exhibit multiple general healthy behaviors typically associated with the prevention of chronic disease.
  - Men, seniors, persons with lower education levels, those with lower incomes, and Asian and Hispanic respondents demonstrate the lowest proportions with all of these healthy behaviors. North County residents report the lowest prevalence among the four county regions.

Exhibit Healthy Behaviors

Do Not Smoke, Not Overweight, Exercise Adequately, and Eat Adequate Fruits/Vegetables

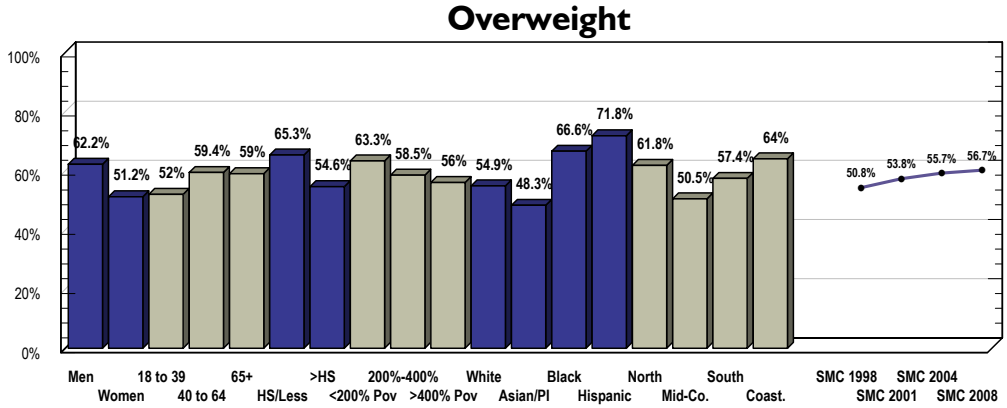


Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).

Note: Includes respondents satisfying ALL of the following criteria: do not smoke cigarettes; is not overweight based on body mass index; exercises at least three times per week for at least 20 minutes; eats five or more servings per day of fruits and/or vegetables.

- Currently, a majority of San Mateo County adults are overweight. While overweight prevalence remains below the national average, it has increased significantly in the county over the past decade.
  - Based on reported heights and weights, 56.7% of San Mateo County respondents are overweight. This represents a *statistically significant increase* in overweight prevalence when compared to the 50.8% found in 1998. Nationwide, however, an even higher proportion (66.1%) of adults are overweight.

— Most San Mateo County respondents (54.0%) do not participate in regular, vigorous physical activity, meaning they do not engage in activities that cause heavy sweating or large increases in breathing or heart rate at least three times a week for 20 or more minutes on each occasion. This finding is *significantly better* than the 64.1% found in 2001 but similar to 2004 findings. Still, the prevalence of inactivity in San Mateo County is notably higher among: persons aged 65 and older (67.5%); persons with a high school education or less (59.0%); those with annual household incomes <400% poverty (approximately 62%); and non-white respondents (approximately 58%).



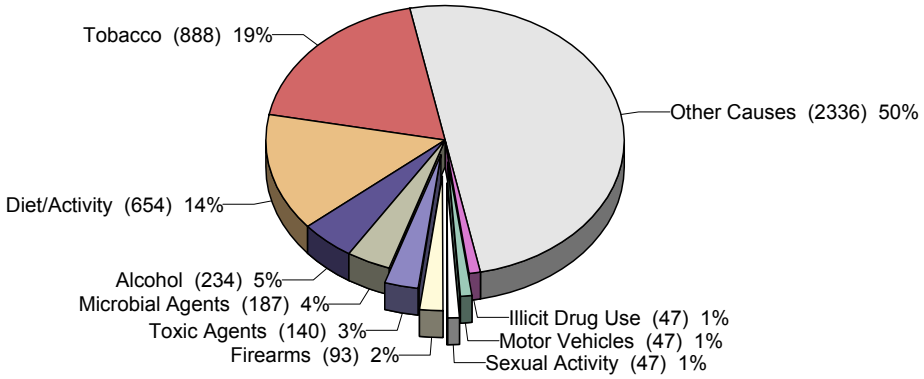
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. "Overweight" is defined as having a Body Mass Index (BMI, a ratio of height to weight) equal to or greater than 25.

- This year's survey found that TV/video watching or video gaming was greatest among 16- to 17-year-olds (35.5% of whom were reported to watch three or more hours of TV, videos or video games per day).

- The environment is shaped by public policy. It is estimated that as many as half of all premature deaths in the county are due to health risk behaviors such as poor diet a lack of exercise, tobacco use, alcohol use, etc. These risk behaviors are influenced by public policies that shape community and neighborhood environments. Family history and genetics are also strong and non-modifiable predictors of mortality.

Actual Causes of Death in San Mateo County

(Estimated Number of 2002-2004 Annual Average Deaths Presented in Parentheses)



Sources: 1. U.S. Department of Health and Human Services, as Presented in the Journal of American Medical Association (McGinnis & Foege, 1993).
2. County Health Status Profiles 2006. California Department of Health Services and California Conference of Local Health Officers.

HEALTHCARE SERVICES

KEY FINDING: Quality health care services in the county are, for the most part, not a problem. Access and affordability are a significant problem. The lack of a comprehensive healthcare "system" is a failing, unsustainable model.

KEY FINDING: More than one out of four San Mateo County adults believe access to mental health, substance abuse, and dental services in the county are "fair" or "poor."

- Evaluations of the health care services received in the county appear to be improving, and most give favorable evaluations of the ease of accessing local health care (61.2% "excellent/very good," 25.1% "good"). The majority of those living in San Mateo County consider their own health to be "excellent" or "very good." However, it does appear that health status is declining somewhat as our population ages, with more reporting health that is only "good" or "fair," and more residents reporting health-related activity limitations.

- Lower-income residents have poorer utilization of and access to health care, particularly dental care, but also physician care and other types of health care services. Most area residents have a physician to whom they go for medical services. Still, access to health care services remains a concern. In particular, mental health and substance abuse services are seen as increasingly difficult to access.

  — Among surveyed parents of children aged 1 to 17, 75.7% report that their child has visited a dentist for a routine checkup in the past year. This proportion is lower among Mid-County respondents (67.4%).

- This year, an estimated 67,000 non-elderly adults are without health insurance in San Mateo County, representing a significantly higher proportion of the adult population than reported in previous years. In addition to lack of insurance, appointment availability, lack of transportation, and cost of prescriptions are significant barriers for many San Mateo County residents.

- Among 2008 survey respondents who are employed for wages or who are self-employed, 23.7% report that their job does not offer health benefits to employees, *up significantly* from 19.8% in 2001, but similar to 1998 and 2004 findings. The lack of job-based health insurance has an uneven impact across the county:

  — Women, seniors, those with less than a high school education, and respondents living below the 200% poverty threshold much more often report that health benefits are not available to them through their employer.

  — Nearly one out of three Hispanic respondents (31.5%) report having jobs that do not offer health benefits.

  — Coastside residents more often report that health benefits are not available to them through their employer (36.1%).

- Access to healthcare for children is *significantly better* than 2001 findings (16.4% and 21.7% "fair/poor" ratings, respectively). Again, sharp differences are found between lower-income and higher-income adults with regard to perceived access to child health services.

- Over two-thirds of 2008 survey respondents have some type of insurance coverage that pays for some or all of their routine dental care. However, 31.7% do not (representing nearly 180,000 county adults). The dental uninsured prevalence has *increased significantly* since the 1998 survey.

KEY FINDING: The Internet is likely to replace physicians in the near future as the place where most people get most of their healthcare information.

- When asked where they get most of their health care information, 30.2% of survey respondents mentioned their **physician**, while 25.0% mentioned the **Internet**. Use of the Internet to obtain health-related information continues to grow dramatically in San Mateo County, although older adults and lower-income residents are less likely to have used this informational tool.

MATERNAL & INFANT HEALTH

KEY FINDING: The proportion of births with adequate prenatal care has risen steadily among Black and Hispanic women, lessening the racial health disparities that have persisted in prenatal care.

- Regarding maternal and infant health in San Mateo County, mortality and prenatal care indicators are improving, especially among Blacks, lessening the racial disparity that has persisted. Still, while rates of early and adequate prenatal care show consistent improvement, Black women and Hispanic women have the highest proportions of births receiving less than adequate prenatal care, late or no prenatal care.

KEY FINDING: The rise in C-section rates is a disturbing trend.

- The proportion of births delivered by C-section has dramatically increased 43.8% since 1990, from 17.6% in 1990 to 25.3% in 2004.

- Also of concern is that the proportion of low-weight births has increased in the county over the past decade. San Mateo County has not seen the targeted improvement in the prevalence of low-birthweight and very low-birthweight births, and concern remains about the associated health and economic costs. It is important that we understand and continue to address this issue.

- Breastfeeding initiation rates are consistently good, particularly in comparison to California rates. Breastfeeding duration rates need to be improved.

CHILD & ADOLESCENT HEALTH

- Childhood immunization is crucial in the prevention of many infectious diseases once considered commonplace. The Healthy People 2010 target is to increase the percentage of two-year-olds who are current on their immunizations to 90% or more. Currently, we can document eight in 10 San Mateo County children who are adequately covered and up-to-date at age 24 months; using other data analysis techniques, it is likely that we are very close to the 90% targeted coverage level. Vaccine coverage/immunization rates have consistently improved in our county compared to California and other regions in the state.

KEY FINDING: Our children are not doing much better than adults in exhibiting healthy behaviors. This will severely impact their future health.

- In addition to protecting children from disease, it is just as important to instill habits of healthy living early on. Still, more San Mateo County low-income children aged 5 through 19 are overweight or to be at risk for being overweight than seen among low-income children statewide. On a positive note, San Mateo County children appear to be spending less time watching television or playing video games than found in previous assessments. However, there remain significant disparities in the physical fitness standards results between races/ethnicities.

- Watching television, videos or video games is a leading sedentary behavior in youth. In the 2008 San Mateo County Health & Quality of Life Survey, 15.5% of parents report that their child watches less than one hour per day (*significantly higher* than found in 2004). In contrast, 22.1% report that he/she watches three hours or more per day. Overall usage appears to be *decreasing* in comparison with previous years, but remains far from optimal.

- In 2006, only 37.3% of San Mateo County 7th graders met basic fitness requirements, as determined by the California Department of Education, although this proportion is better than the statewide average. Six in 10 students do not meet the basic requirements. There is a notable difference among students by gender and by race/ethnicity, with boys and Black and Latino students demonstrating the lowest prevalence of physical fitness.

KEY FINDING: Adolescents engage in a variety of risky behaviors such as alcohol and drug use, tobacco use, violence, and sexual behavior. It is important to encourage in our children and adolescents those assets which will deter harmful behaviors and promote healthy development.

KEY FINDING: Key adolescent assets where additional effort should be placed are: 1) increasing the amount of sustained caring and supportive adult/youth relationships; and 2) increasing meaningful participation of youth in community activities.

- Only 5.9% of parents of children aged 11 to 17 state that, to the best of their knowledge, their child is currently sexually active. This differs greatly (by a factor of between five and 10) from responses from children aged 11 to 17 when asked if they, themselves, are sexually active.

- Adolescent pregnancies, a majority of which are among Hispanic females, continue to decline in San Mateo County, and remain well below the statewide rate. The disparity between prenatal care among pregnant teens and older pregnant women has narrowed due to a favorable increase in proper prenatal care among adolescent mothers. Still, working to reduce teen pregnancies remains important because, not only are adolescents at greater risk for poor birth outcomes, but teen pregnancy is also a leading contributor to the cycle of poverty in young families.

- The California Healthy Kids Survey (CHKS) was designed to measure the 41 developmental assets as defined by the Search Institute and Project Cornerstone. These are a set of "building blocks" that help shape adolescents into "healthy, caring and responsible" adults. Analysis of CHKS results correlates various risk behaviors with having a low, moderate or high number of these developmental assets. In other words, students reporting a "moderate" or "high" level of external assets are much less likely to take part in risky behaviors.

- In the 2003-04 survey, San Mateo County 7th graders more often score a "high" level of both external and internal assets than found among students statewide. However, asset levels among 9th and 11th graders are similar to, or even slightly below, California averages.

- In the 2008 San Mateo County Health & Quality of Life Survey, only 3.6% of parents reported that they were aware of the 40 Developmental Assets for Youth Initiative (similar to 3.9% reported in 2004). Awareness this year was higher among Black (7.8%) and Hispanic (6.0%) parents.

SENIOR HEALTH

KEY FINDING: The proportion of adults aged 60 and older is expected to roughly double over the next four decades, and Hispanics and Asians are projected to increase their representation considerably in the older population. As the fastest-growing population segment, the health and social needs of older adults require increasing attention.

- Currently, more than one out of three area seniors lives alone, and nearly one out of five lives below the 200% poverty threshold. Further, seniors in San Mateo County report much higher prevalence of debilitating chronic conditions, such as arthritis, diabetes, heart disease, high cholesterol, high blood pressure, and chronic lung disease. Rates of diabetes, asthma and chronic lung disease are increasing among the senior population, and this is something which needs to be explored further.

- In recent years, there seems to be an improvement in pneumonia vaccine coverage among seniors in San Mateo County.

KEY FINDING: Falls are a key issue leading to hospitalization, loss of independence, and death among seniors. More resources should be directed toward this preventable condition.

- 77.6% of deaths due to unintentional falls occurred among people aged 65 years and older.

MORTALITY

KEY FINDING: Looking at mortality rates, we are healthier now than any time in the past. However, there are storm clouds on the horizon and, unless things change, our children will lead shorter lives than ours.

- Area death rates are declining for many of the leading causes of death in San Mateo County and many remain below rates for the State of California. Many are also approaching the Healthy People 2010 targets. Despite this, there remain large disparities in death rates by race/ethnicity.

- Years of potential life lost (YPLL) is an important indicator for the aggregate impact of early deaths on population dynamics and productivity. It is a measure, by death category, of the number years of life cut short, relative to the average life expectancy of the population (75 years was used for this report). The total number of YPLL for all causes in San Mateo County has declined from 43,674 in 1990 to 31,191 in 2004.

CANCER

KEY FINDING: Cancers are a leading cause of death in San Mateo County. Area incidence and mortality rates vary dramatically by race/ethnicity.

- Overall cancer mortality rates in San Mateo County declined slightly from 1990-1994 to 2000-2004. The mortality rates in San Mateo County remain higher than the Healthy People 2010 target of 159.9, but they are anticipated to reach the target by 2010.

- Lung cancer is by far the leading cause of cancer death, followed by colorectal cancer, female breast cancer and prostate cancer.

  - The overall incidence rate of lung cancer for 1999-2003 was 53.7 and the rate in males was significantly higher than in females; however, incidence rates have declined more dramatically in males in recent years.

  - The Healthy People 2010 target for female breast cancer mortality is 22.3 deaths. From 2000-2004, the average county mortality rate due to female breast cancer was 23.8. Overall, the mortality rate declined by 25.6% from 32.0 in 1990-1994 to 23.8 in 2000-2004. The highest average rates (2000-2004) were in White females and Black females; conversely, the lowest average rates were among Hispanic and Asian females. San Mateo County is likely to reach the Healthy People 2010 objective by 2010.

  - In San Mateo County, the mortality rate due to prostate cancer in males has declined in the previous decade, mainly due to a recent decline (13.0% from 28.4 in 1998-2002 to 24.7 in 2000-2004). In San Mateo County from 2000-2004, the average overall mortality rate (24.7) meets the Healthy People 2010 target of 28.8 deaths. Black males have consistently had the highest prostate cancer mortality rates in comparison with males of other race/ethnicities in San Mateo County. From 2000-2004 the average Black mortality rate was 71.5, more than twice the rate of White, Asian, and Hispanic males in San Mateo County, as well as the Healthy People 2010 target.

  - Overall colorectal cancer mortality rates declined significantly from 22.4 in 1990-1994 to 16.9 in 2000-2004, a trend also observed nationally. Asians and Hispanics had the lowest colorectal cancer mortality rates, and Blacks and Whites had the highest rates. Only the colorectal cancer mortality rates for Hispanics satisfy the Healthy People 2010 objective (13.9).

- In terms of risk-reduction, one in ten San Mateo County respondents is classified as a "current" smoker, similar to 2004 and 2001 findings, but significantly below levels recorded in the initial 1998 assessment.

- Costs of tobacco use:

  - Average retail price of a pack of cigarettes in California (taxes included): $4.34

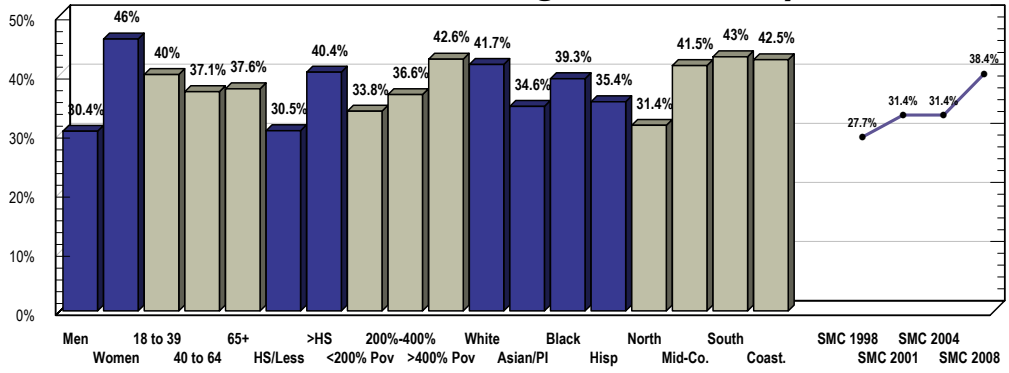
  - California state cigarette and sales taxes per pack: $1.16

  - Smoking attributable medical costs in California per pack of cigarettes sold: $15.10

KEY FINDING: Few residents consume adequate amounts of fruits/vegetables, however, this appears to be slowly improving. Access to fresh fruits and vegetables is still an issue in some areas.

- Survey respondents report eating an average of 4.19 servings of fruits (2.12 servings) and vegetables (2.07 servings) per day, well below the recommended five daily servings. Only 38.4% eat the recommended level, though this is much higher than previous findings. Men, persons with a high school education or less, Asians, Hispanics, and North County residents report among the lowest fruit/vegetable consumption.

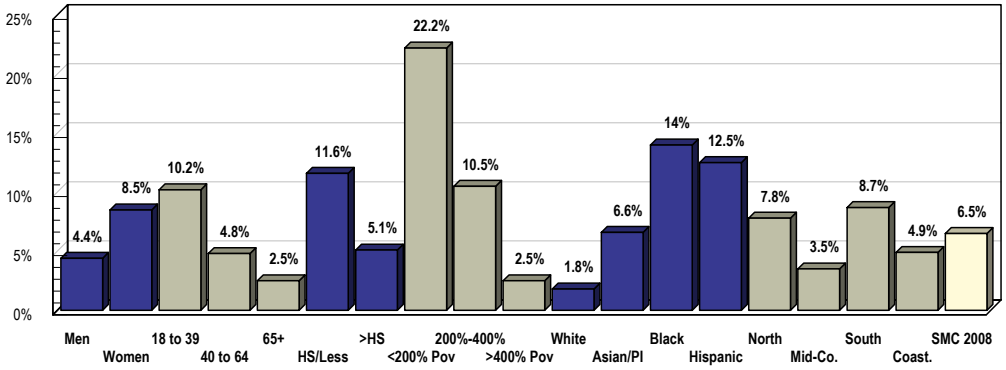
Eat Five or More Servings of Fruits and/or Vegetables Per Day



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Overall, 77.0% of San Mateo County survey respondents rate the ease of accessing affordable fresh fruits and vegetables as "excellent" or "very good." Another 16.5% rate it as "good." In contrast, 6.5% of respondents believe that access to affordable fresh fruits and vegetables is "fair" or "poor." Higher "fair/poor" evaluations are noted among women, young adults, persons with a high school education or less, those living below the 200% poverty threshold, Blacks, Hispanic respondents, and residents living in the North County and South County regions.

Access to Affordable Fresh Fruits and Vegetables Is "Fair/Poor"



Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Percentages represent combined "fair" or "poor" responses.

HEART DISEASE & STROKE

KEY FINDING: Heart disease and stroke death rates continue to decline, while reported prevalence of high blood pressure and high blood cholesterol continues to rise.

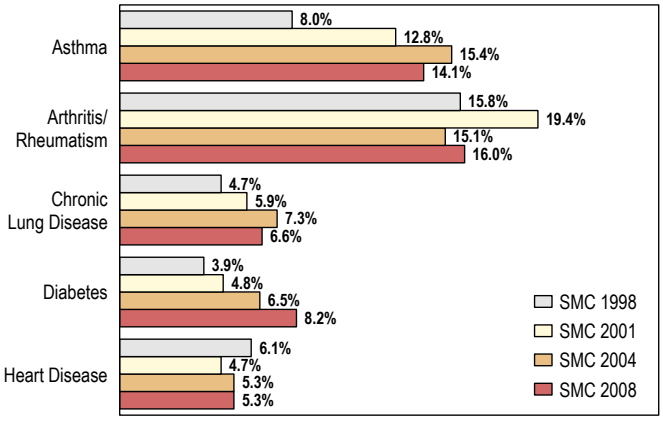
- Although it is a leading cause of death in San Mateo County, the death rate due to coronary heart disease is well below the statewide rate and satisfies the Healthy People 2010 objective.
  - The 2000-2004 San Mateo County rate for all heart disease (172.2, including coronary heart disease and other disease of the heart) approaches the Healthy People 2010 goal of 166.0 and will likely meet the objective by 2010. Because heart disease accounts for 1 in 4 deaths in San Mateo County, it heavily influences the overall mortality rate. Thus, the heart disease mortality rates also decreased from 1990-1994 to 2000-2004, and the distribution by gender and racial/ethnic groups mirrored the overall mortality rate.
- In all, 85.3% of San Mateo County adults exhibit one or more risk factors for heart disease and stroke, marking an unfavorable increase in cardiovascular risk since the initial 1998 assessment.
  - A total of 28.5% of San Mateo County adults say they have been told more than once by a health care professional that they have high blood pressure. This prevalence is statistically similar to the national prevalence (27.1%), it has *increased significantly* in San Mateo County since the 1998 study and it remains approximately 78% above the Healthy People 2010 target (≤16%).
  - A total of 30.7% of San Mateo County adults report that a doctor or other health professional has diagnosed them with high blood cholesterol. This rate has *increased significantly* in the county since 1998 and is about 80.6% higher than the Healthy People 2010 target (17≤%).

CHRONIC DISEASE

KEY FINDING: Since 1998, there have been significant increases in the prevalence of asthma, chronic lung disease and diabetes among San Mateo County adults.

- There has been a *statistically significant trend in higher prevalence* of diabetes, asthma and chronic lung disease specifically among San Mateo County seniors since 1998.
- The 2008 San Mateo County Health & Quality of Life Survey revealed 8.2% of the adult population with diabetes

Prevalence of Chronic Illness



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

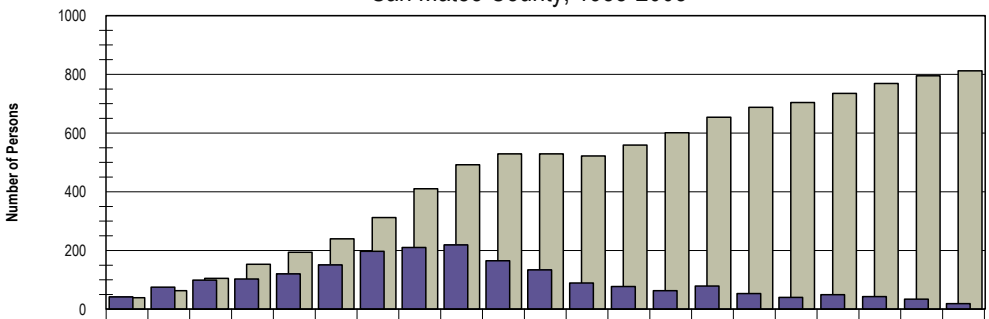
(excluding diabetes experienced only during pregnancy), representing approximately 46,500 San Mateo County adults. This percentage is comparable to the 2004 findings, but is *significantly higher* than the level reported in 1998 and 2001.

COMMUNICABLE DISEASE

- The number of newly diagnosed AIDS cases peaked in 1993 and has declined steadily through 2005. The number of individuals living with AIDS has consistently increased over time. By the end of 2005, approximately 800 people in San Mateo County were living with AIDS. Note, this does not include those living with HIV that has not progressed to AIDS.

Incidence and Prevalence of AIDS by Year

San Mateo County, 1985-2005



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Newly Diagnosed (Incidence)	42	75	99	103	120	151	197	210	219	165	134	89	77	63	79	53	40	49	43	34	19
Living with AIDS (Prevalence)	39	63	105	153	194	240	312	410	492	529	529	522	559	601	654	688	704	735	769	795	812

Source Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, HIV/AIDS Reporting System (HARS)

KEY FINDING: After decreasing for several years, we are beginning to see a disturbing rise in both gonorrhea and chlamydia.

- Chlamydia is the most frequently-reported infectious disease in San Mateo County and in the United States as a whole. San Mateo county rates of reported cases of gonorrhea and syphilis continue to fall, yet still do not satisfy Healthy People 2010 targets. There appear to be huge disparities in chlamydia infection by race and age. The biggest race difference is between Whites and Blacks. The most notable age disparity within a race was seen in the White female population; the incidence in 15-24 year olds (518.7) was over four times the incidence in 25 to 34 year olds (125.0).

- While county tuberculosis rates have declined in recent years, San Mateo County maintains the 13th highest tuberculosis incidence rate of the 58 California counties, and the local rate continues to be higher than the national rate. MostTB cases reported in San Mateo County occur among Asians and Pacific Islanders, most of whom are foreign-born.

- Vaccines continue to provide effective, long-lasting protection against communicable diseases. In San Mateo County, for the period between 1990 and 2006, the annual incidence of various vaccine-preventable diseases including Diphtheria, Haemophilus influenzae, Hepatitis A, Measles, Mumps, Poliomyelitis, Rubella and Tetanus has decreased or remained very low.

- Cases of pertussis have been generally on the rise and increased 550% from 6 cases in 1990 to 39 in 2006, with a high of 72 cases in 2005.

- In 2005, the most commonly reported enteric disease in San Mateo County was campylobacteriosis, followed by salmonella, then giardia and shigella. Between 1990 and 2005, rates for campylobacteriosis, salmonellosis, shigellosis, hepatitis A, and giardia decreased, while rates for E. coli O157:H7 remained stable.

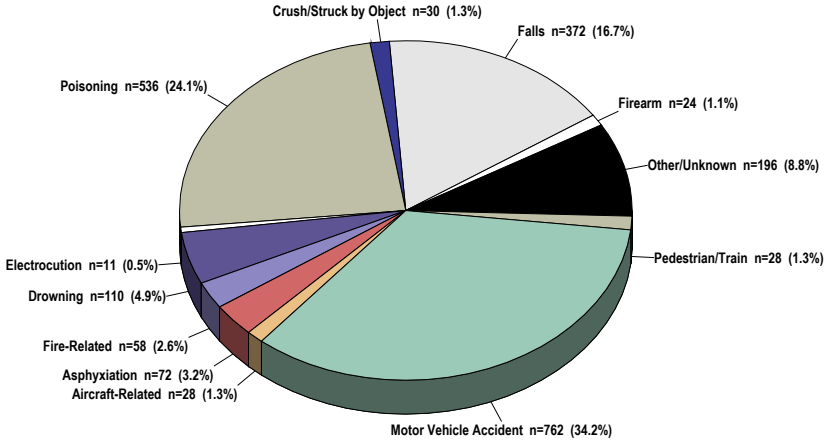
INJURIES

KEY FINDING: Poisonings (including drug overdoses), firearms and motor vehicle accidents are the leading causes of injury deaths in San Mateo County.

- Firearms, motor vehicle crashes and poisonings (including drug overdoses) are the leading causes of injury deaths in San Mateo County (accounting for approximately 20% each). Unintentional injury death rates in San Mateo County decreased in recent years, but still fail to satisfy the Healthy People 2010 objective, and rates continue to be higher for males than for females.

Major Causes of Deaths Due to Unintentional Injury

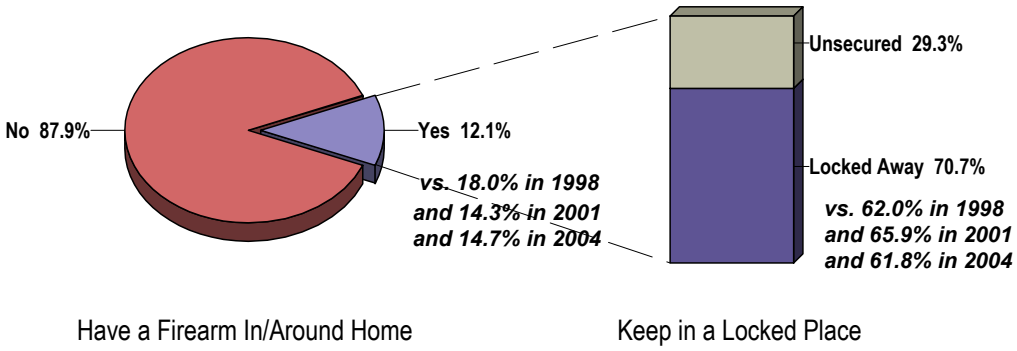
Cumulative Data, San Mateo County, 1990-2004



There were 2,227 total deaths due to unintentional injury from 1990-2004 (numbers have not been adjusted for comparability ratios)
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

- In the 2008 San Mateo County Health & Quality of Life Survey, 12.1% of households report keeping a firearm in or around their home. This percentage is less than the 18.0% reported in 1998. Of those survey respondents keeping firearms, 70.7% say these are kept in locked places, such as locked drawers, cabinets or closets (statistically better than 1998 findings).

Firearms in the Home



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

- Area homicide and suicide rates continue to decline, but have yet to satisfy Healthy People 2010 objectives. The county homicide rate decreased 41.7% from 6.0 between 1990 to 1994 to 3.5 between 2000 to 2004. Interestingly, the homicide trend is inversely related to the economic growth curve for the 1990s, with homicide less likely during the economic boom. The rates among Whites and Asians reached the Healthy People 2010 target of 3.0 in 2000-2004. Rates were highest among Blacks; the Hispanic homicide rate was also consistently above the Healthy People 2010 goal in recent years. The homicide rate in Blacks is 15-18 times higher than in Whites.

ADDICTIONS & SUBSTANCE USE

KEY FINDING: Substance use (alcohol, tobacco and other drugs) is one of the most serious threats to the health of our community. Substance use carries a significant social impact, contributing to such social conditions as homelessness, violence, poverty and disease. Youth substance use is a particular concern.

- Substance abuse and its related problems are among our society's most pervasive health and social concerns. Tobacco, alcohol and illicit drugs are serious contributing factors to numerous leading causes of death, disease and disability including: cancer, motor vehicle crashes, maternal and infant complications and many more. Substance abuse has a huge local economic impact of over $500 million per year. Substance abuse also carries a significant social impact, contributing to such social ills as homelessness, violence and poverty.

- A total of 14.7% of San Mateo County adults are "binge" drinkers, meaning that there has been at least one occasion in the month preceding the interview on which they consumed five or more alcoholic drinks. This is similar to findings from previous years. Binge drinking in San Mateo County is highest among men (25.4%) and young adults (20.9% among those aged 18 to 39), and particularly young men aged 18 to 24 (44.8%). Persons living above the 400% poverty threshold (17.8%) also show increased incidence of binge drinking.

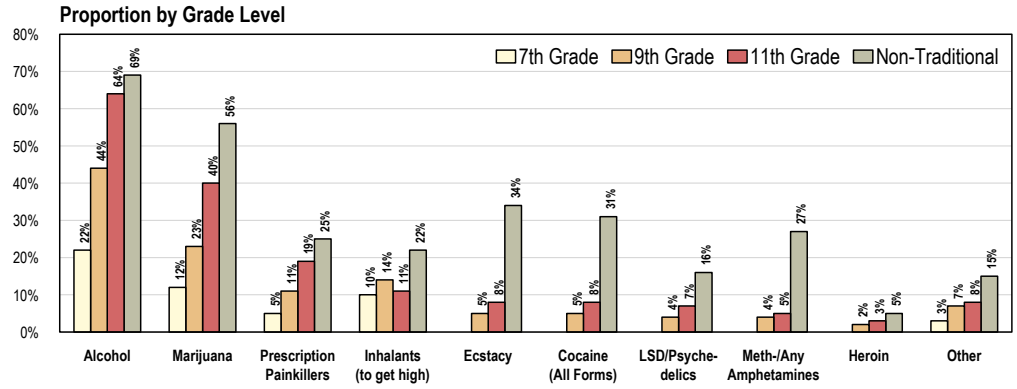
KEY FINDING: Binge drinking among young adults, especially males aged 18 to 24, has increased significantly over the last several years.

- Substance abuse – which crosses geographic, age and racial/ethnic lines – is often initiated in adolescence, with a majority of San Mateo County 11th graders having tried alcohol and marijuana.

  — Overall drug use among adolescents in 7th, 9th and 11th grader followed showed a positive correlation with age for many of the drugs asked about in the 2004 to 2006 San Mateo County Healthy Kids Survey, including alcohol, marijuana, prescription painkillers, ecstasy, cocaine, LSD, amphetamines, and heroin. Note that 64% of 11th grade students have tried alcohol, and 40% have tried marijuana.

Adolescent Lifetime Use of Illegal Drugs by Grade Level

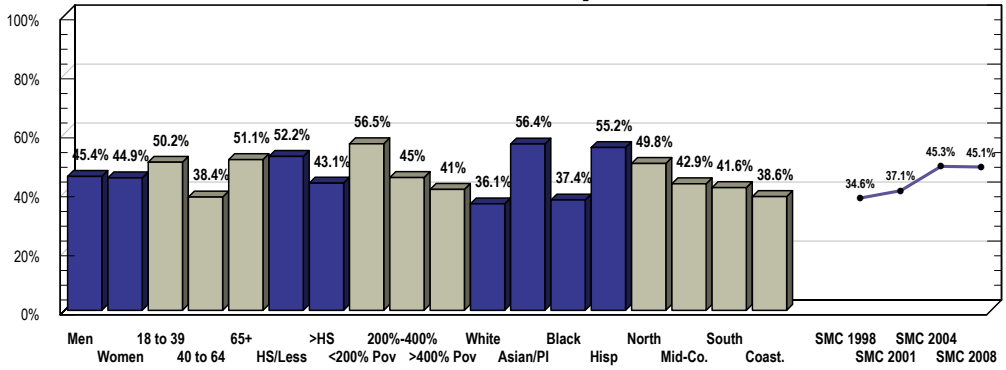
San Mateo County, 2004-2006



Source: 2004-2006 San Mateo County Healthy Kids Survey.

- Nearly one-half of San Mateo County adults say they would not know where to access treatment for a drug-related problem for themselves or a family member if needed. This proportion has *increased significantly* in comparison to the 1998 and 2001 surveys. Furthermore, this uncertainty is notably higher among younger and older adults, adults without a college education, lower-income adults, Asians/Pacific Islanders and Hispanics, and residents of the North County area

Would Not Know Where to Access Treatment for Drug-Related Problems for Self or Family Member if Needed



Source: 1998/2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

MENTAL HEALTH

KEY FINDING: Depression, isolation and loneliness are prevalent in San Mateo County. Mental health services to deal with depression are inadequate, as are the variety of community structures needed to deal with loneliness and isolation.

- Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. In San Mateo County, 6.2% of area residents report a history of mental or emotional problems, while one in four experience bouts of chronic depression (this proportion is lower than found in the baseline 1998 assessment).

- A total of 25.2% of surveyed adults reported having had a period lasting two years or longer during which he or she was sad or depressed on most days. This proportion is significantly *higher* than found in 1998 and 2004, but is similar to the 2001 finding.

- A total of 6.1% of survey respondents report experiencing high stress on a daily basis, with these perceptions higher among Blacks. In addition, roughly 25% of adults experience some degree of difficulty with feelings of isolation or loneliness. Similarly, one out of four experiences some degree of difficulty with fear, anxiety or panic.

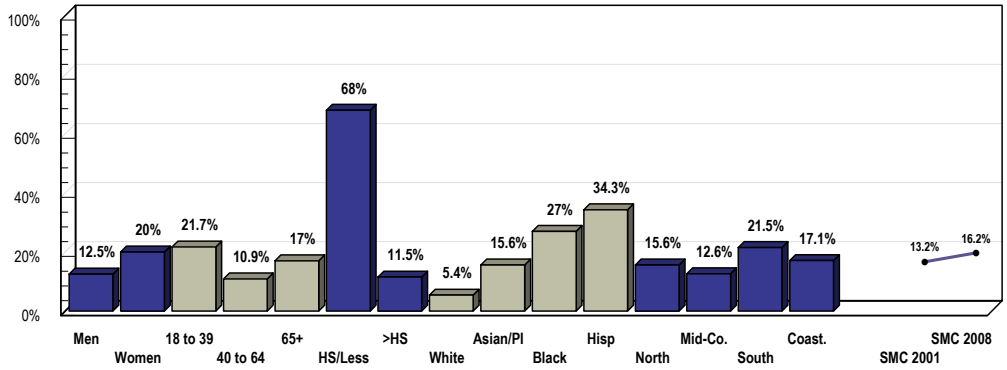
FAMILY ISSUES

KEY FINDING: While San Mateo County excels by most conventional measures, there are subgroups within the population who do not share the wealth. The prosperity of recent years has led to an extremely high cost of living that significantly impacts low- and middle-income families.

- Despite high average incomes and education levels, many San Mateo County families face significant challenges. The cost of living continues to be community members' top concern for their families. While many families are financially secure and thriving, there are a considerable number who struggle simply to make ends meet. It is estimated that the total number of people "touched" by hunger in San Mateo County exceeds 160,000 (or about 22%). A racial/ethnic and economic divide also remains within the county, with minorities and lesser-educated individuals bearing the brunt of family economic hardship. Given the amount of wealth in the County, the high percentage of residents touched by hunger and issues of affordable and safe housing indicates the need to address underlying socioeconomic factors that place some residents at higher risk of poor health.

- A total of 16.2% of San Mateo County adults live below 200% of the Federal Poverty Level (FPL), according to reported household incomes and household sizes. Among respondents with less than a high school education, nearly 70% report living below the 200% FPL threshold, compared to only 11.5% of those with a high school diploma. Black and Hispanic respondents also demonstrate higher proportions than White or Asian/Pacific Islander respondents. This year's countywide finding represents a *significant increase* from the 13.2% reported in 2001 (note that 1998 and 2004 survey data are not comparable because a 185% FPL threshold was used for those data).

Adults Living Below 200% of the Federal Poverty Level



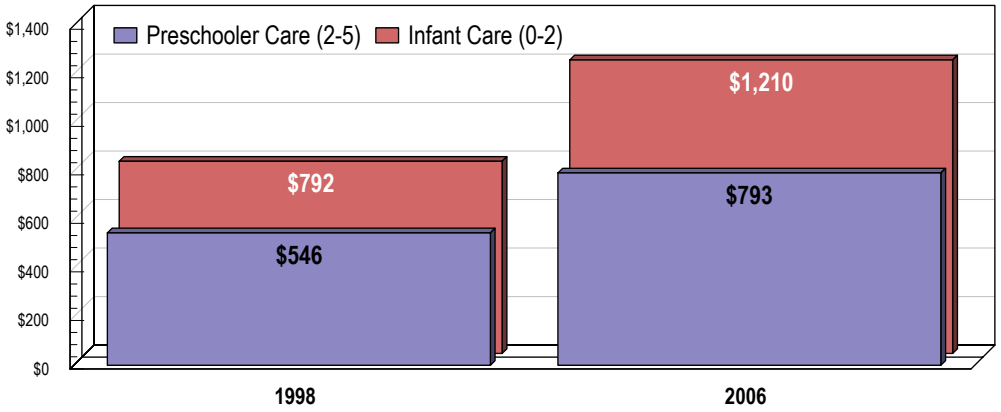
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent respondents living below 200% of the federal poverty level, according to reported incomes and household sizes.

- Over one-third (34.2%) of respondents report that they or a family member have seriously considered leaving the county because of the cost of living, similar to 2004 findings, but *significantly lower* than the 41.6% found in 2001. Higher levels of dissatisfaction this year can be found among young adults, people living below the 400% poverty threshold, and Hispanic respondents.

KEY FINDING: A minimum-wage income in San Mateo County would be entirely consumed by child care costs for one infant.

- The cost of child care in San Mateo County continues to be among the highest in the state, making lower- and middle-incomes families struggle to find affordable alternatives for their children in order to work. Further exacerbating the issue, there are now only enough licensed childcare spaces for roughly one out of four County children with parents in the labor force.

Average Monthly Cost of Child Care in a Licensed Child Care Center
(San Mateo County)

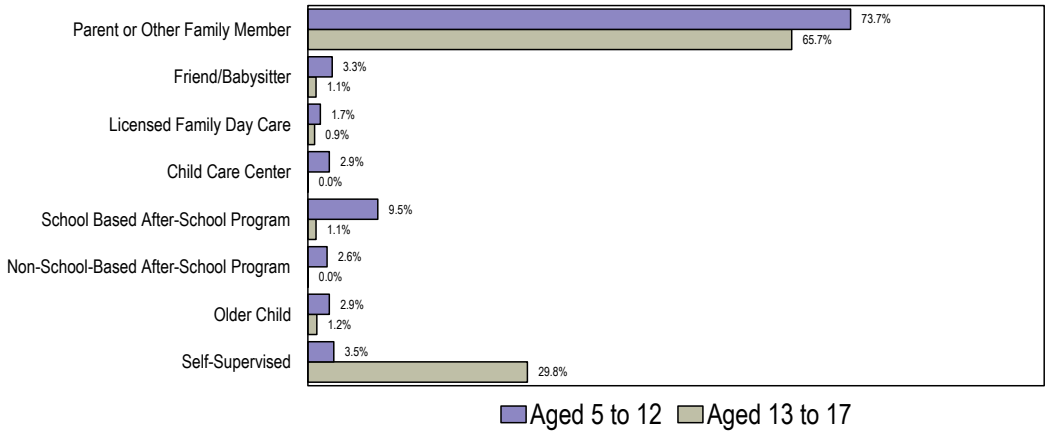


Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

KEY FINDING: Nearly a third of youth aged 13 to 17 have no supervision after school.

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

After-School Supervision
San Mateo County 2008

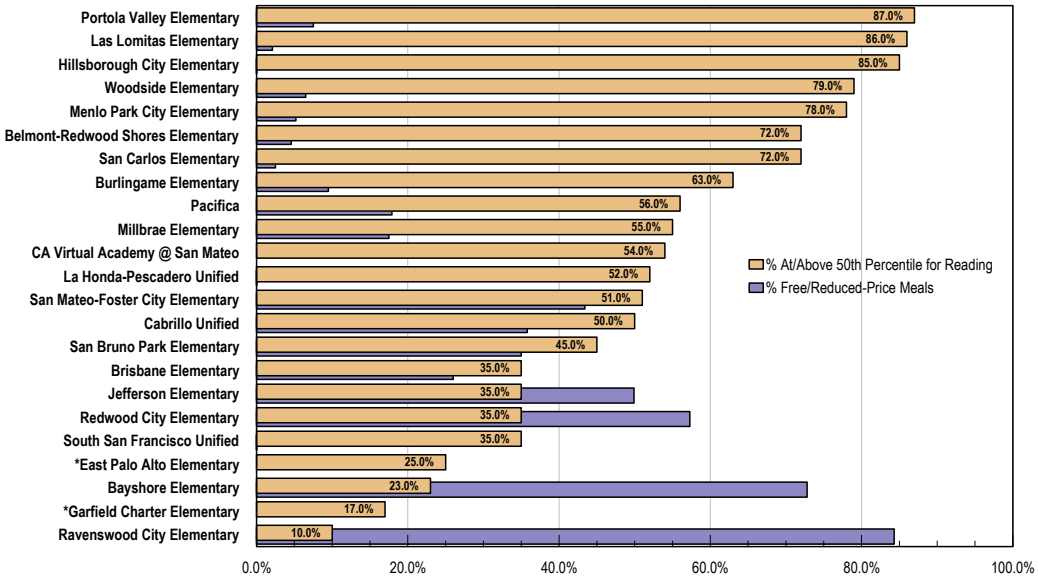


Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August2007. (Professional Research Consultants).
Note: Asked of respondents with children aged 5-17 at home.

KEY FINDING: Disparities in childhood opportunities lead to lifelong and even multi-generational disparities in health and economic success. There is a need to increase the access of high quality comprehensive early childhood education and care to low-income families and families of color.

- Education indicators reveal that San Mateo County students generally perform better than students statewide, but again, this is not equal for all students. Nor is investment in education equal for all students. Economically disadvantaged children and English Learners generally score much lower on standardized tests, but scores also tend to be low in schools or districts with lower per-pupil spending or fewer fully credentialed teachers.

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

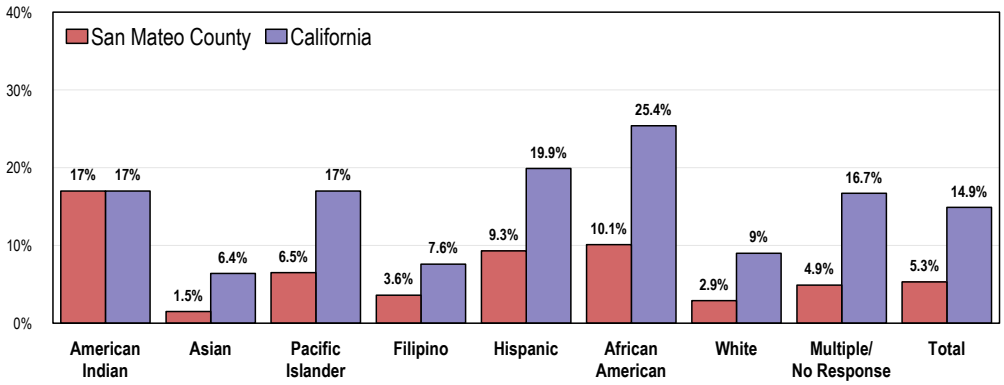


Source: California Department of Education, CAT/6 Test Scores. California Standardized Testing and Reporting (STAR), 2007.
* Charter School
California Department of Education, Educational Demographics Unit. Prepared: 7/30/2007.

- Even though the County had a higher proportion of 3rd grade students reading at grade level than the state, it is important to note that ethnicity and income are key factors in school performance. For instance, some of the lowest test scores are found in those county districts with lower-income students.

- In 2005-06, it was estimated that 5.3% of San Mateo County high school students would drop out within a four-year period. Asian, White and Filipino students have the lowest four-year dropout rates. On the other hand, African American, Hispanic and Pacific Islander students have much higher rates; still, each of these groups is well under statewide averages.

4-Year Dropout Rate by Race/Ethnicity
(2005-06)



Source: California Department of Education, DataQuest. Data extracted August 2007. http://api.cde.ca.gov/reports/dataquest.asp
Note: The 4-year derived dropout rate is an estimate of the percent of students who would drop out in a four year period based on data collected for a single year.
In 2002-03 the California Department of Education started using the National Center for Education Statistics dropout criteria.

- Family violence is also an issue that touches too many lives in San Mateo County, disproportionately impacting children of color. While domestic violence and child abuse rates are much lower than found statewide, hundreds of cases are substantiated each year. Continued prevalence of domestic violence and child abuse – the two most troubling indicators of social and environmental stressors – are still at similar levels to the previous two surveys. We need to reexamine our strategies for addressing these issues' root causes.

KEY FINDING: We have criminalized biology.

- The majority of women inmates are confined in San Mateo County Jail for non-violent drug possession and property offenses, only 12% are housed for violent/weapons charges. In fact, there are a higher percentage of women confined in San Mateo County on drug possession and theft/property offenses than in the nation's jails.

- 80% of all women inmates are confined in San Mateo County Jail reported that they had moderate to severe alcohol or drug problems.

- Most women inmates are confined in San Mateo County Jail were not lawfully employed (69%) at the time of admission to jail indicating the high rate of unemployment among these women.

- More than one-half of the pretrial women and one-third of the sentenced women housed in the San Mateo County Jail are responsible for young children. Numerous studies on female offenders and their children document that the separation of mothers from their children contributes to:

  — Five to six times higher delinquency rates among their children.

- Inability for children who are separated from their mothers to form trusting relationships and attachments to society's standards.
- More children in foster care.
- Additional welfare costs to society.
- Higher rates of recidivism for women offenders.

- Men housed in the San Mateo County Jail have the following characteristics:
  - The most frequent offense for which they were confined was for personal drug use and possession.
  - Almost 60% were employed at the time of this current jail admission and most reported that they expect to be employed upon release.
  - More than one-half report using drugs and four out of ten report using them daily or several times a week.
  - Methamphetamines were the number one drug of choice.
  - Combined with drug use, nearly two thirds of the men report drug and/or alcohol abuse.
  - Only 17.2% reported being involved in treatment at the time of this arrest and few reported ever receiving treatment.
  - Almost one-third of the males are assessed by Correctional Health Services as needing residential treatment for their psychiatric disorder.

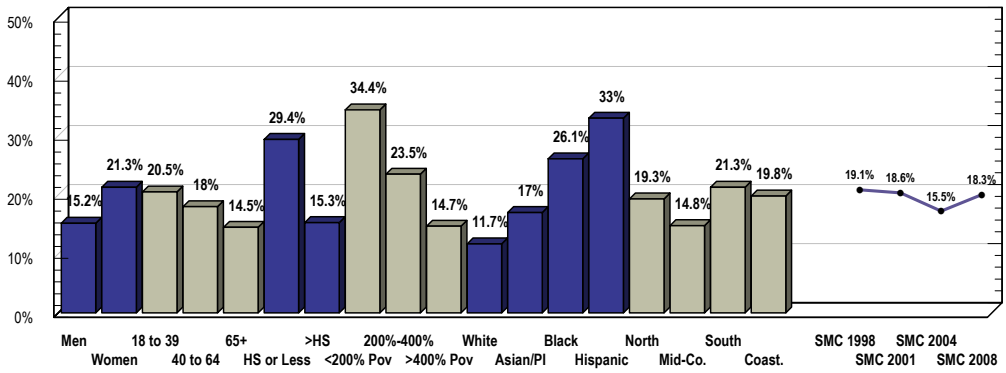
- The latest data from the Bureau of Justice Statistics confirm that 64.2% of the inmates in local jails have an emotional problem as evidenced by a psychiatric disorder (Diagnostic and Statistical Manual of Mental Disorders). Teplin, L. (1994) found in her study of 728 male detainees at the Cook County, IL Department of Corrections in Chicago, IL that 62.4% of male detainees were assessed as having a psychiatric disorder.

COMMUNITY ISSUES

KEY FINDING: More than one out of four Black and Hispanic respondents believe racial and cultural tolerance in San Mateo County is "fair" or "poor," and these proportions are increasing.

- San Mateo County's population reflects wide racial and ethnic diversity. In 2007, 49.5% of residents rate racial and cultural tolerance as excellent or very good, which is significantly lower than the 56.6% reported in 2004. In addition, perceptions of San Mateo County's racial and cultural tolerance varies significantly between racial/ethnic groups. Whites overwhelmingly rate San Mateo County's racial and cultural tolerance higher than Blacks and Hispanics.

Perceive Racial/Cultural Tolerance to Be "Fair" or "Poor"



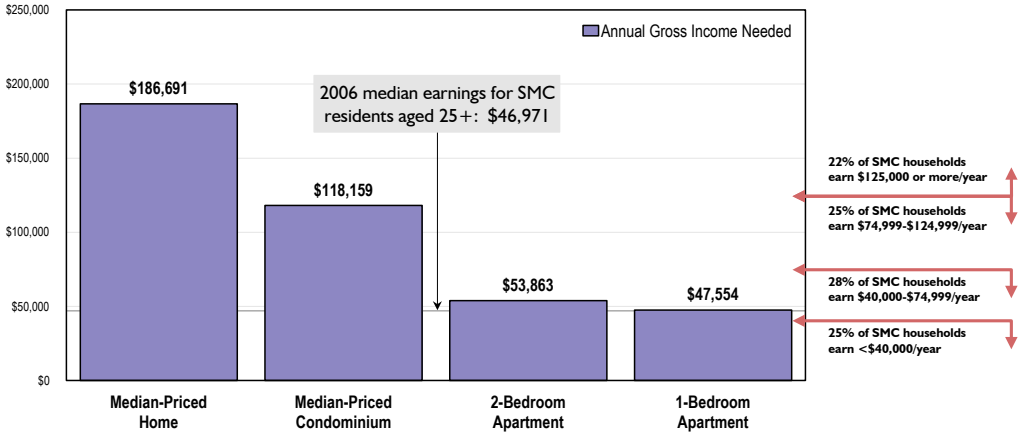
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

- In all, 14.2% of San Mateo County surveyed adults in 2008 reported experiencing some kind of **physical symptoms** (e.g., a headache, an upset stomach, tensing of your muscles, pounding heart) as a result of how they were treated based on their race at some time in the past 12 months. This proportion is notably higher among non-White respondents: Black (28.9%); Hispanic (27.2%); Asian (17.5%). Significant shares report experiencing these types of symptoms at least on a monthly basis.

- Housing and homelessness remain critical concerns for San Mateo County. Median home prices continue to climb above the state average, and it is estimated that only one out of five first-time buyers can afford home ownership. Soaring housing costs have further contributed to homelessness and displacement, and many who work in San Mateo County cannot afford to live here and, instead, commute from neighboring counties. This only increases difficulties with traffic flow and congestion.

- "Fair market rent" (as determined by the U.S. Department of Housing & Urban Development) for a two-bedroom apartment in San Mateo County in 2005 was $1,539. This would constitute 57.4% of the income of a family living at 200% of the federal poverty level.

Annual Gross Income Needed to Afford Median-Priced Home, Condominium, and Rents in San Mateo County, 2006



Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. U.S. Census Bureau. Census 2000. 2006 American Community Survey.

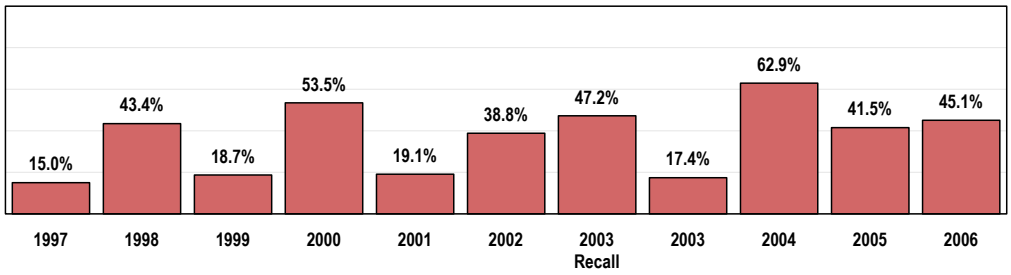
KEY FINDING: While public transit use is up, it remains underutilized. We should implement appropriate incentives to encourage use of public transportation.

- As found previously, most commuters to and from the county drive alone, and although public transit ridership is up, it is still used only minimally. Further, traffic congestion and waste generated by increasing numbers of people and industries continue to threaten the quality of the region's air, water, and land. Energy consumption and availability continues to be a concern in all of California, and San Mateo County is no exception.

- In 2006, Caltrain achieved its highest annual average weekday ridership level in its history, with more than 35,000 daily rides. This was a 25% increase in daily rides from 2003, the last full year before the Baby Bullets were introduced.

- In the past decade, voter turnout has ranged from a low of 15% in the 1997 off-year election to a high of 62.9% during the 2004 election. Turnout is typically highest in even years when federal and state offices are on the ballot and lowest during odd years when elections consist primarily of local offices and issues.

Percentage of Eligible Voters Who Voted in San Mateo County



Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007.

- San Mateo County crime rates continue to be well below both state and regional averages. Crime rates, including juvenile violent crimes, decreased considerably in the late 1990s, but now appear to be leveling off. Still, most residents feel San Mateo County is a safe place to live and work.

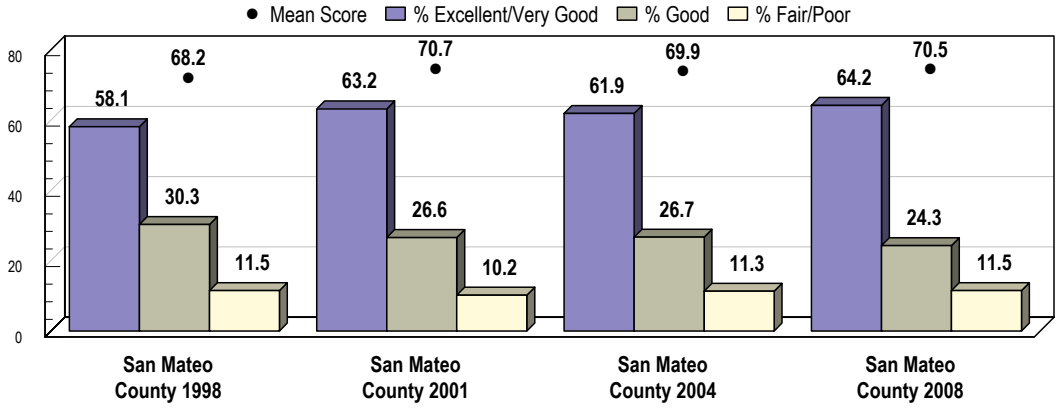
KEY FINDING: Most people feel very safe in their neighborhoods, but this varies significantly by race/ethnicity.

- When asked how safe they feel walking in their neighborhood, 64.2% of San Mateo County residents expressed "excellent" or "very good" responses, similar to 2001 and 2004 findings, and better than the baseline 1998 findings. "Fair/poor" comments continue to place just over 10%.

- In 2008, 21.8% of survey respondents indicate they feel "very connected" to their community, while 44.8% respond "somewhat connected." A total of 22.7% say they are "not very connected" to their community and 10.7% feel "not at all connected." Compared to 2004 and 2001 responses, residents' feelings about their connection to the community have not changed significantly.

- A total of 46.7% of 2008 survey participants say that spirituality is "very important," while 19.3% say it is "not important" in their lives (this marks a *significant increase* in the perceived importance of spiritually compared with 2004 findings; these findings are, however, similar to those reported in 2001).

Community Evaluations of Neighborhood Safety



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County . August 1998/2001/2004/2007. (Professional Research Consultants).

Notes: 1. Asked of all respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

COMMUNITY DESCRIPTION

OVERVIEW

In California, San Mateo County is one of the highest cost counties to live in, with a household median income of $85,500. The demographics of its citizenry are diverse including Caucasian, Hispanic, African-American, Asian, Pacific Islander, and other ethnicities. 711,031 residents live within 531 square miles along a peninsula with 54 miles of coastline. It is a mix of urban and suburban regions, with a coastside community, most of which is easily accessible by public transportation (with the exception of certain regional isolated areas).[1]

The San Mateo County population is growing modestly, but becoming much more diverse racially and ethnically. It is also becoming increasingly older. Still, the percentage change in the San Mateo County population due to natural increase (more births than deaths) is the highest in the state.[2] The percentage change due to foreign immigration, 2000 to 2004, is the second highest. The county also experienced domestic migration out of the county, mitigating the overall population increase.[3]

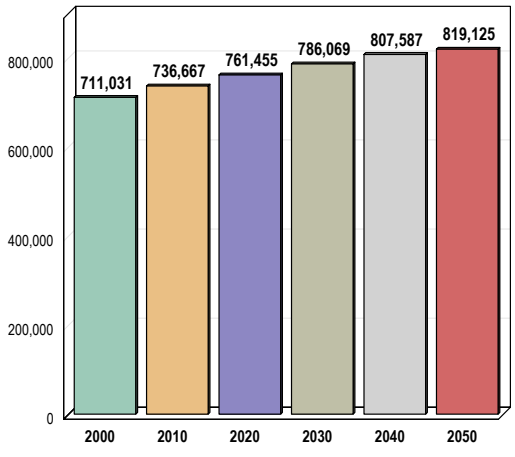
Economically, San Mateo County thrived in the late 1990s during the technology boom in California and the rapid rise in visitor and business travel through San Francisco International Airport. However, since the dotcom bust of 2000, the county has had severe job loss.[4] For low-income individuals and families, the overall economy does not translate to a better way of life. In order to make ends meet, low-income residents sometimes work two or three jobs, working longer hours with fewer benefits resulting in less time spent with their children. Further, they live paycheck to paycheck, leaving them vulnerable to transportation emergencies, medical crises, and insecure housing circumstances. Low-income individuals and families live on the verge of instability.[5]

Demographic Description

Population & Population Growth

- With a Census count of 711,031 population in 2000, San Mateo County's population is expected to increase 15.2% by the year 2050.[6]
- The percentage change in the San Mateo County population due to natural increase (more births than deaths) is the highest in the state, and the percentage change due to foreign immigration, 2000 to 2004, is the second highest. The county also experienced domestic migration out of the county, mitigating the overall population increase.[7]

Projected
San Mateo County Population



Source: P3 Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050. State Department of Finance. July 2007.
Note: Projections are for the month of July each year.

- Population growth remains positive in San Mateo County, but the annual rate of growth is a scant 0.5% (2004). No cities grew by more than 1.0% in 2004. The largest city in the county, Daly City, grew 0.6%.[8]

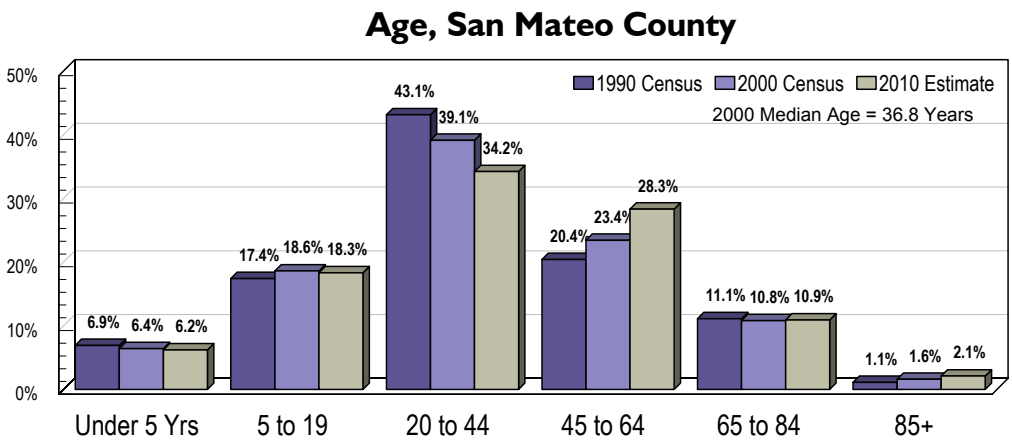
- The population will grow at a rate of approximately 0.6% in 2006. Annual growth in the 2006 to 2010 period is forecast to increase slightly, averaging 0.7% per year. Net migration is expected to remain negative in 2006 for the sixth consecutive year. Over the next five years net migration is expected to trend closer to zero.[9]

Gender

- Of the residents identified in Census 2000 as living in San Mateo County, 49.4% were males and 50.6% were females.[10]

Age Distribution & Trends

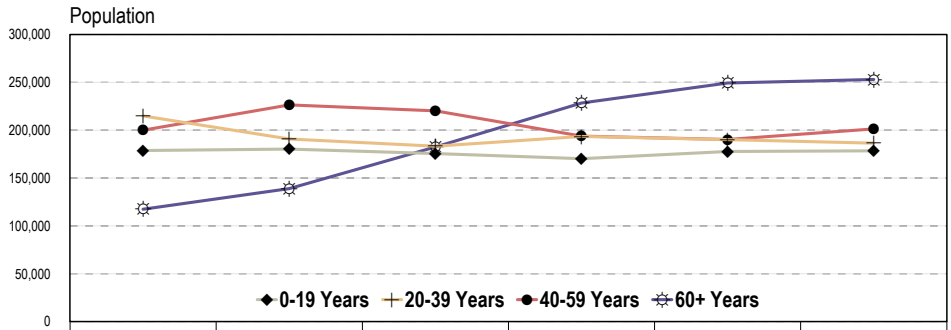
- In terms of percentage composition, the most notable change in the age distribution of San Mateo County between 1990 and 2010 appears as the baby-boomers age out of the 20-to-44 age group and into the 45-to-64 age group.[11]



Sources: U.S. Census Bureau. 1990/2000 Census.
P3 Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050.
State Department of Finance. July 2007.

- Projections anticipate notable increases in population over the next several decades among those aged 60 and older. This age segment of older adults will make up nearly 30% of the population by the year 2030.[12]

Population by Age, San Mateo County



	2000	2010	2020	2030	2040	2050
0-19 Years	178,740	180,357	175,546	170,231	177,838	178,353
20-39 Years	214,934	190,844	183,263	193,550	190,037	186,474
40-59 Years	200,008	226,434	220,202	193,875	190,304	201,367
60+ Years	117,349	139,032	182,444	228,413	249,408	252,931
0-19 Years	*25.1%*	*24.5%*	*23.1%*	*21.7%*	*22.0%*	*21.8%*
20-39 Years	*30.2%*	*25.9%*	*24.1%*	*24.6%*	*23.5%*	*22.8%*
40-59 Years	*28.1%*	*30.7%*	*28.9%*	*24.7%*	*23.6%*	*24.6%*
60+ Years	*16.5%*	*18.9%*	*24.0%*	*29.1%*	*30.9%*	*30.9%*

Source: P3 Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050. State Department of Finance. July 2007.

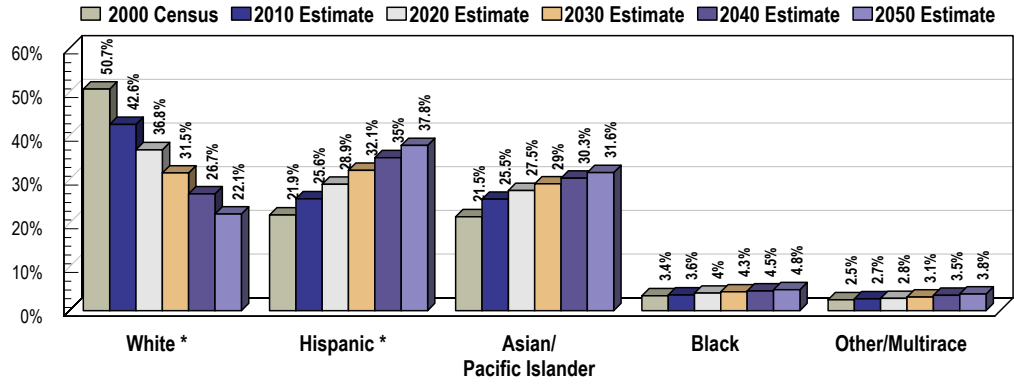
Race/Ethnicity Distribution & Trends

- The county has the fourth-highest percentage (32.3%) of foreign-born residents in the state (228,118 foreign-born residents among a total population of 707,161 in the 2000 Census).[13]

- San Mateo County has the third-highest percentage of households (15.0%; 38,021 out of 254,219 total households) speaking an Asian language at home in the state. The percentage of households speaking a language other than English, Spanish, or an Asian language ranks second in the state.[14]

- Over the next several decades, the White population is expected to decrease considerably (decreasing nearly 50% between 2000 and 2040), while Hispanic and Asian/Pacific Islander populations are expected to increase dramatically. By the year 2040, each of these will represent a greater share than the White population, with Hispanics representing a plurality.[15]

Race/Ethnicity, San Mateo County

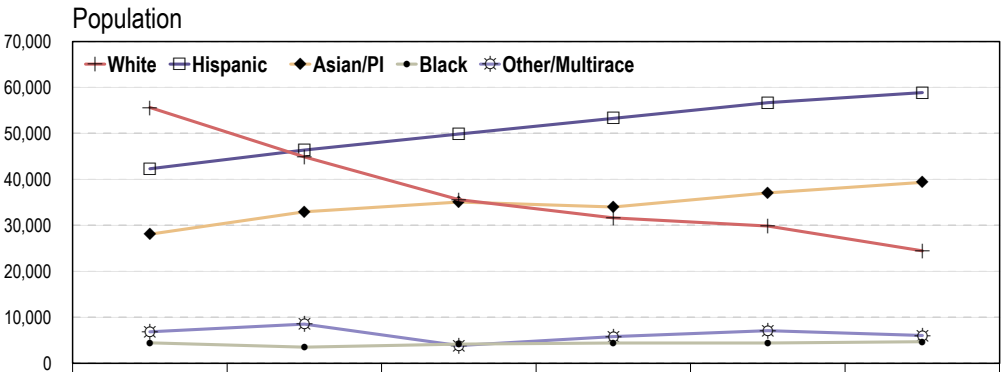


Source: P3 Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050. State Department of Finance. July 2007.

Note: * Hispanics may be of any race, and might be represented in race categories as well (e.g., White). In other words, these race/ethnicity groupings are not mutually exclusive.

- The child population of San Mateo County is more diverse than the adult population. Currently, no individual racial or ethnic group has a majority. By the year 2010, Hispanic children are expected to make up a plurality of those under the age of 15. Hispanic and Asian/Pacific Islander child populations are expected to continue to grow over the next several decades, while the White child population will decrease markedly.[16]

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

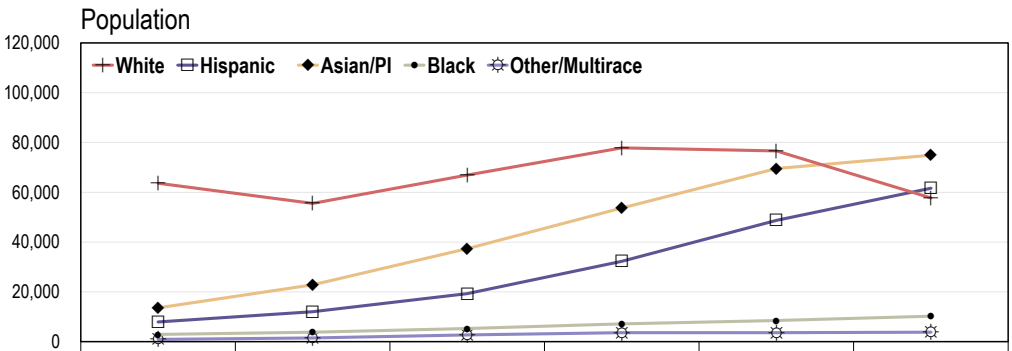


	2000	2010	2020	2030	2040	2050
White	40.5%	32.9%	27.7%	24.5%	22.1%	18.3%
Hispanic	30.8%	34.0%	38.8%	41.3%	41.9%	44.1%
Asian/PI	20.4%	24.2%	27.3%	26.3%	27.4%	29.5%
Black	3.3%	2.6%	3.2%	3.4%	3.3%	3.5%
Other/Multirace	5.0%	6.3%	3.0%	4.5%	5.3%	4.5%

Source: P3 Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050. State Department of Finance. July 2007.

- Among the senior population, Asian/Pacific Islander residents are projected to increase their representation considerably over the coming decades, followed by Hispanic residents.[17]

Projected Population Aged 65+ by Race/Ethnicity, San Mateo County



	2000	2010	2020	2030	2040	2050
White	71.5%	58.0%	50.9%	44.6%	37.0%	27.7%
Hispanic	8.9%	12.6%	14.7%	18.5%	23.5%	29.6%
Asian/PI	15.3%	23.8%	28.4%	30.7%	33.6%	35.9%
Black	3.3%	4.0%	4.0%	4.1%	4.1%	4.9%
Other/Multirace	1.0%	1.6%	2.0%	2.1%	1.7%	1.8%

Source: P3 Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050. State Department of Finance. July 2007.

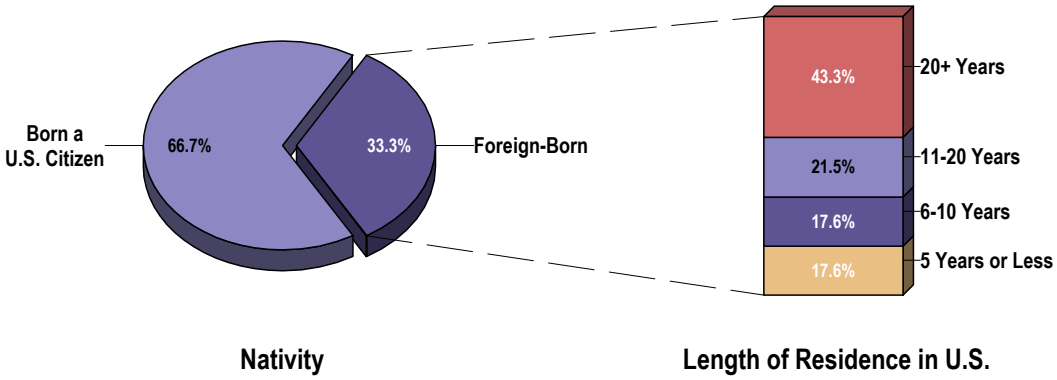
- According to the 2000 Census, a total of 32.3% of San Mateo County residents are foreign-born; statewide, 26.2% of California's population is foreign-born. More than one-third (36.5%) of foreign-born County residents entered after 1990. More than half (51.0%) of the county's foreign-born population are not citizens.[18]

- Almost half of San Mateo County's legal immigrants come from the Philippines, China, India, Iran, Korea and Taiwan; the remainder is primarily from Latin American nations. We do not know the number of illegal immigrants living in the county.[19]

- From 2008 survey findings, one-third of adult county respondents (age 18 and older) were born outside the United States. Among foreign-born respondents, 43.3% have lived in the U.S. for more than 20 years, while 35.2% have lived here less than 10 years.[20]

Nativity

San Mateo County, 2008



Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants; August 2007.)

Economy

Description of the Local Economy

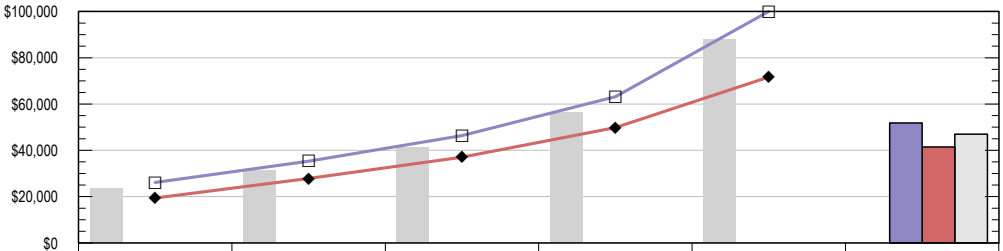
- San Mateo County thrived in the late 1990s during the technology boom in California and the rapid rise in visitor and business travel through San Francisco International Airport. However, since the dotcom bust of 2000, the county has had severe job loss and is only now showing signs of recovery.[21]

- Nationwide and in the San Francisco Bay Area, the economy has improved. The economy may be on the upswing with improved employment numbers, but depending on where one lives, different economic pictures emerge. For low-income individuals and families, the overall improved economy does not translate to a better way of life. In order to make ends meet, low-income residents sometimes work two or three jobs, working longer hours with fewer benefits resulting in less time spent with their children. Further, they live paycheck to paycheck, leaving them vulnerable to transportation emergencies, medical crises, and insecure housing circumstances. Low-income individuals and families live on the verge of instability.[22]

- In 2006, median earnings for San Mateo County residents aged 25 years and older was $46,971 (in 2006 inflation-adjusted dollars). The median for men was more than $10,000 higher than the median for women. Further, the following chart illustrates the sharply increasing earning potential that comes with higher education levels.[23]

Median Earnings in the Past 12 Months by Sex by Educational Attainment

(2006 Inflation-Adjusted Dollars, Population 25 Years and Over, San Mateo County)



	Less Than High School Graduate	High School Graduate (Includes Equivalency)	Some College or Associate's Degree	Bachelor's Degree	Graduate or Professional Degree	All Education Levels
Male	$26,123	$35,326	$46,365	$63,205	$100,000 +	$51,842
Female	$19,460	$27,847	$37,071	$49,827	$71,678	$41,448
Overall	$23,497	$31,468	$41,348	$56,311	$88,051	$46,971

Source: 2006 American Community Survey. U.S. Census Bureau.

Employment

- San Mateo County has a population of more than 721,000 people and approximately 327,000 wage and salary jobs.[24]

- Major employers in San Mateo County are outlined below.[25]

20 Largest Employers in San Mateo County

(By Number of SMC Employees; As of January 2002)

Employer	Type of Business	Number of SMC Employees
United Airlines	Airline	13,300
Oracle Corporation	Software	8,000
County of San Mateo	Government	5,234
Genentech Inc.	Biotechnology	4,129
Siebel Systems	Software	1,926
Applied Biosystems	Biotechnology	1,762
United States Postal Service	Mail Services	1,637
Stanford Linear Accelerator	Research	1,450
San Francisco International Airport	Transportation	1,429
SRI International	Research/Consulting	1,200
Catholic Healthcare West	Health Care	1,154
Franklin Templeton	Investments	1,100
Visa USA/Visa International	Financial	900
Electronics for Imaging	Medical	900
Gap Inc.	Retail	870
Mervyns/Target Stores	Retail	750
SamTrans District	Transportation	741
Electronic Arts	Software	697
PG&E	Utilities	681
SBC Communication	Communications	576

Source: San Francisco Business Times 2004 Book of Lists.

- The 2008 San Mateo County Quality of Life Survey found that those currently employed (or those self-employed) in San Mateo County work an average of 40.7 hours each week (31.0% of respondents report working over 40 hours/week). In 2004, this average was 41.2 hours per week (40.2 in 2001).[26]

Job Loss/Growth

- Although not nearly as robust as Southern California, employment growth in Northern California was strong in 2005, compared to the previous four years. Employment in the greater Bay Area increased by 0.8%. In 2005, job growth was flat in San Mateo County, but the net creation of 400 wage and salary jobs reversed four consecutive years of job losses.[27]

- The only sector that created a significant number of jobs in 2005 was professional services, which grew by 2,000 jobs, meaning that the rest of economy had a net loss of 1,600 jobs. The transportation (largely SFO airport), manufacturing and information sectors lost a combined total of 2,700 jobs.[28]

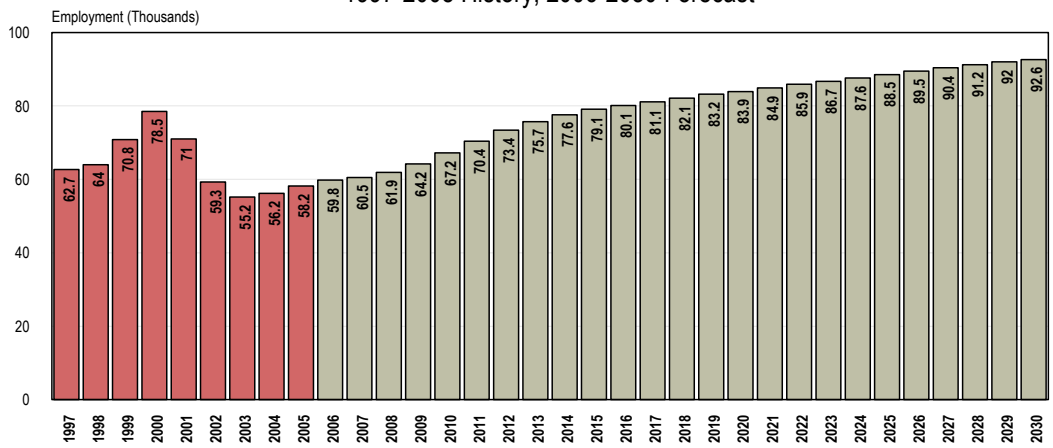
- Employment growth is forecast to accelerate modestly in San Mateo County in 2006 and 2007. In 2008 and beyond, the county will return to healthier levels of job creation and slightly higher population growth. Job growth is forecast to reach 0.7% in 2006. Over the next five years, job growth in the county will gain momentum, and the annual growth rate is expected to average 1.1% per year.[29]

- Industrial production is forecast to rise 2.6% in 2006. Over the next five years the growth rate of industrial production will average 2.3% per year, due largely to rising levels of industrial (transportation) employment.[30]

- Between 2006 and 2010, the momentum for employment growth is in professional services and information services. These sectors are forecast to contribute 61% of all jobs created in the county over the next five years, with nearly 46% coming from the professional services sector.[31]

San Mateo County Employment in Professional Services

1997-2005 History, 2006-2030 Forecast



Source: San Mateo County Economic Forecast. California Department of Transportation (CalTRANS), Division Of Transportation Planning, Division of Transportation Planning Offices, Office of Transportation Economics (OTE). 2007.

- Most of the forecasted fasting-growing occupations are science and computer jobs.[32]

Fastest Growing Occupations: 2004-2014[33]

San Francisco-San Mateo-Redwood City Metropolitan Division (Marin, San Francisco & San Mateo Counties)

Occupational Title	Annual Average Employment		Percent Change	Median Hourly Wage [1]	Education & Training Levels [3]
	2004	2014			
Medical Scientists, Except Epidemiologists	3,080	5,210	69.2	$41.76	PHD Degree
Network Systems and Data Communications Analysts	3,790	5,540	46.2	$35.68	BA/BS Degree
Biochemists and Biophysicists	720	1,040	44.4	$39.77	PHD Degree
Home Health Aides	2,660	3,640	36.8	$10.16	30-Day OJT
Computer Software Engineers, Applications	10,760	14,440	34.2	$46.78	BA/BS Degree
Computer Software Engineers, Systems Software	5,560	7,350	32.2	$46.21	BA/BS Degree
Chemists	940	1,220	29.8	$31.88	BA/BS Degree
Biological Technicians	1,340	1,730	29.1	$20.38	AA Degree
Network and Computer Systems Administrators	3,380	4,310	27.5	$37.77	BA/BS Degree
Database Administrators	1,490	1,860	24.8	$38.24	BA/BS Degree

March 2005 Benchmark.

Table includes the self-employed, unpaid family workers, and farm employment. Occupations with employment below 400 are excluded.

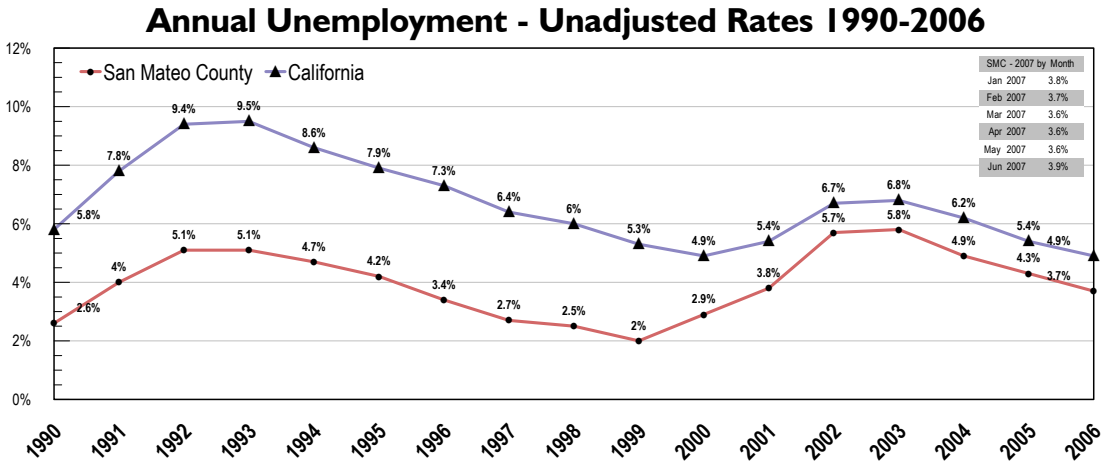
[1] Median Hourly Wage is the estimated 50th percentile of the distribution of wages; 50% of workers in an occupation earn wages below, and 50% earn wages above the median wage. The wages are from the first quarter of 2006 and do not include self-employment nor unpaid family workers.

[2] In occupations where workers do not work full-time, or year-round, it is not possible to calculate an hourly wage.

[3] Education & Training Levels: PhD Degree=Doctoral Degree; BA/BS Degree=Bachelor's Degree; AA Degree=Associate Degree; 30-Day OJT=Short-Term On-the-Job Training

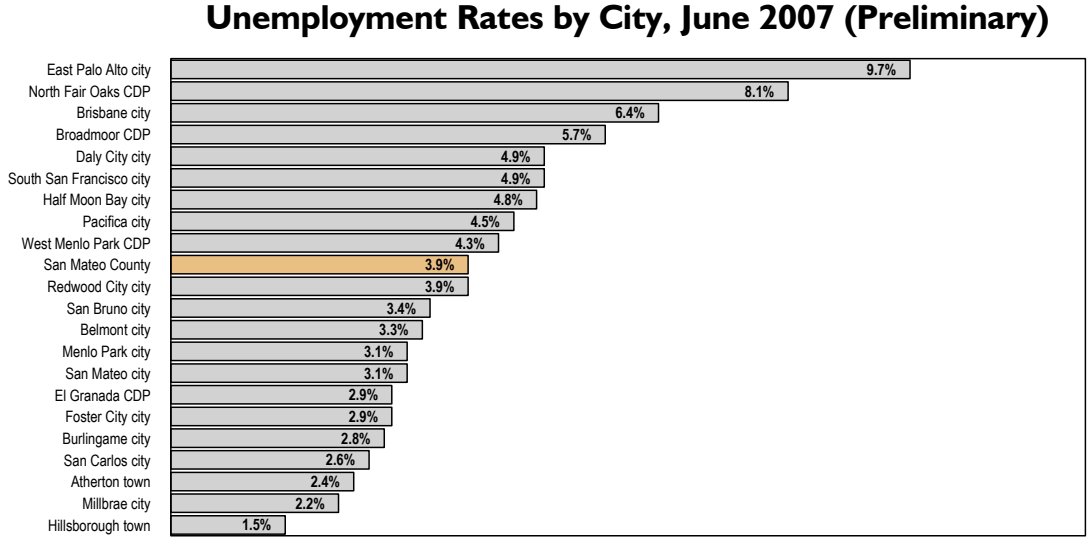
Unemployment

- From a low 2% in 1999, San Mateo County's unemployment rate rose to a high of 5.8% in 2003; this rate has since begun to decline (to 3.7% in 2006), remaining below the statewide unemployment rate.[34]



Source: State of California Employment Development Department, Labor Market Information Division. August 2007.
http://www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/AreaSelection.asp?tableName=Labforce
Note: The annual average unemployment rates are calculated using unrounded data, and are not seasonally adjusted.

- Unemployment estimates by city vary widely within the county, ranging from 1.5% in Hillsborough to 9.7% in East Palo Alto (June 2007).[35]



Source: State of California Employment Development Department, Labor Market Information Division.

* Monthly sub-county data are derived by multiplying current estimates of county-wide employment and unemployment by the respective employment and unemployment shares (percentages) in each sub-county area at the time of the 2000 household Census. Sub-county labor force is then obtained by summing employment and unemployment, and the result is divided into unemployment to calculate the unemployment rate.

This method assumes that the rates of change in employment and unemployment, since 2000, are exactly the same in each sub-county area as at the county level (i.e., that the shares are still accurate). If this assumption is not true for a specific sub-county area, then the estimates for that area may not be representative of the current economic conditions. Since this assumption is untested, caution should be employed when using these data.

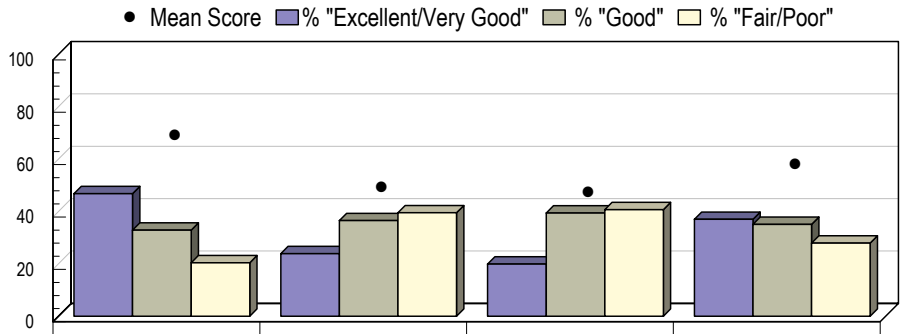
1) All unemployment rates shown are calculated on unrounded data.
2) These data are not seasonally adjusted.
3) Labor force data for all geographic areas for 2000 to 2007 now reflect the March 2006 annual revision (or benchmark) and Census 2000 population controls at the state level. Labor force data produced using older benchmarks are no longer comparable to data based on the 2006 benchmark.

These data, as well as other labor market data, are available via the Internet at http://www.labormarketinfo.edd.ca.gov. CDP stands for Census Designated Place. County Data are for June (Preliminary) 2007.

Perceptions of Job Opportunities

- A total of 37.0% of survey participants in 2008 rate local employment opportunities as "excellent" or "very good" (a *marked improvement* from the 19.9% in 2004). Furthermore, 27.9% this year rate local employment opportunities as "fair" or "poor," down from 40.7% in 2004 and 39.5% in 2001 (although still a *statistically significant increase* from 20.4% "fair/poor" in 1998). [Note that testing for statistical significance was performed at the 95 percent confidence level.][36]

Rating of Local Employment Opportunities



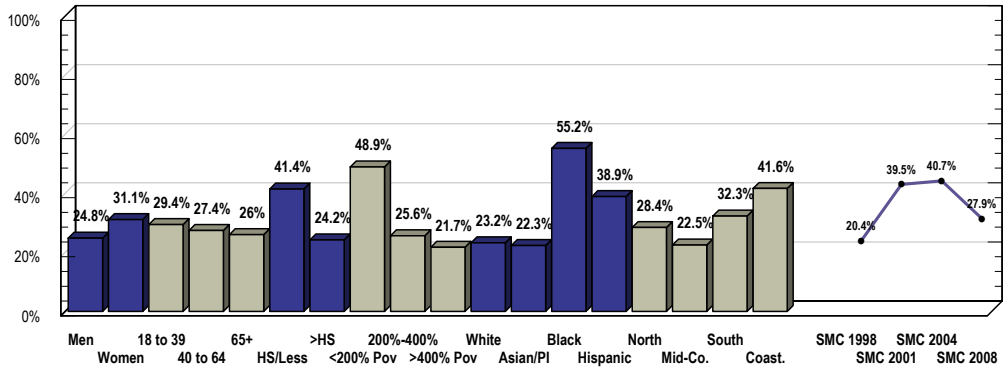
	San Mateo County 1998	San Mateo County 2001	San Mateo County 2004	San Mateo County 2008
Mean Score	64.3	44.6	42.4	53.1
% "Excellent/Very Good"	46.8	23.9	19.9	37
% "Good"	32.9	36.5	39.4	35.1
% "Fair/Poor"	20.4	39.5	40.7	27.9

Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

- "Fair/poor" responses in 2008 were particularly high among those living below the 200% poverty threshold, those with lower education levels, Blacks and Coastside residents.[37]

Local Employment Opportunities Are "Fair/Poor"

San Mateo County, 2008

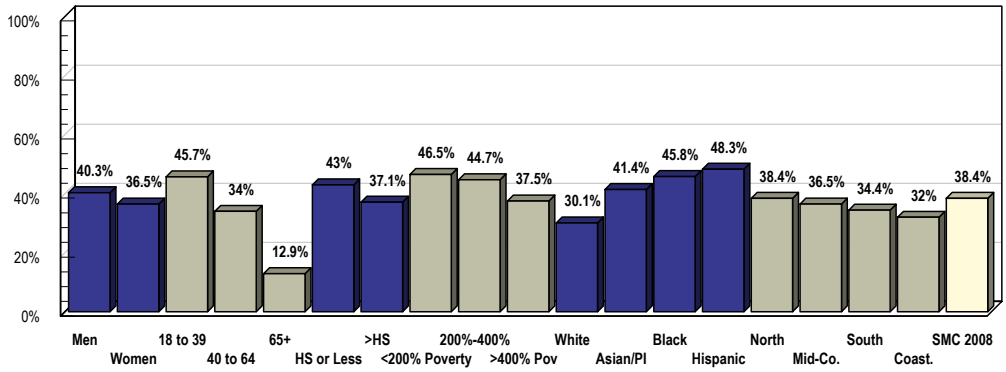


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent combined "fair/poor" responses.

Work Skills & Training

- A total of 38.4% of 2008 survey respondents feel that they need additional work skills or job training. This perception is highest among young adults, those living at lower incomes or with lower education levels, as well as non-White respondents.[38]

Needs Additional Work Skills or Job Training

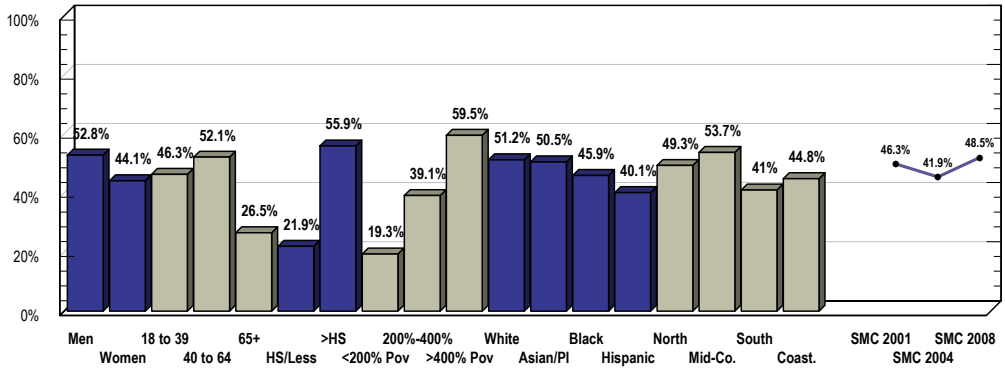


Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).

- A total of 48.5% of 2008 survey respondents report that they have attended a work-related training class within the past year, higher than the 41.9% reported in 2004, but similar to 2001 findings. The incidence of having attended work-related training is highest among men, adults aged 40 to 64, Whites and Asians/Pacific Islanders, as well as those at higher income or education levels. It is also higher in the North County and Mid-County regions.[39]

Attended Work-Related Training Classes in Past Year

San Mateo County, 2008



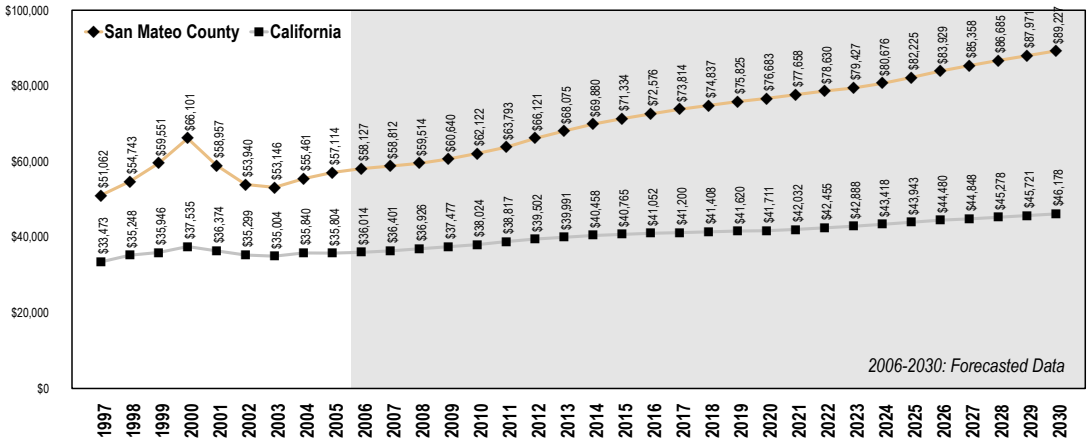
Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).

Income

- Real per capita income in San Mateo County in 2005 was $57,114, and the average salary per worker was among the highest in the state at $74,191.[40]

- Real per capita incomes increased at a rate of 1.8% in 2006. Over the next five years, real per capita incomes are forecast to increase 1.7% per year.[41]

Real Per Capita Income (Dollars)



Sources: California Department of Transportation, Office of Transportation Economics
California Department of Finance

- Average salaries adjusted for inflation are currently well above the California average, and will remain so over the forecast horizon. Real average salaries are forecast to rise an average of 1.3% per year over the next 5 years.[42]

Very Low Income

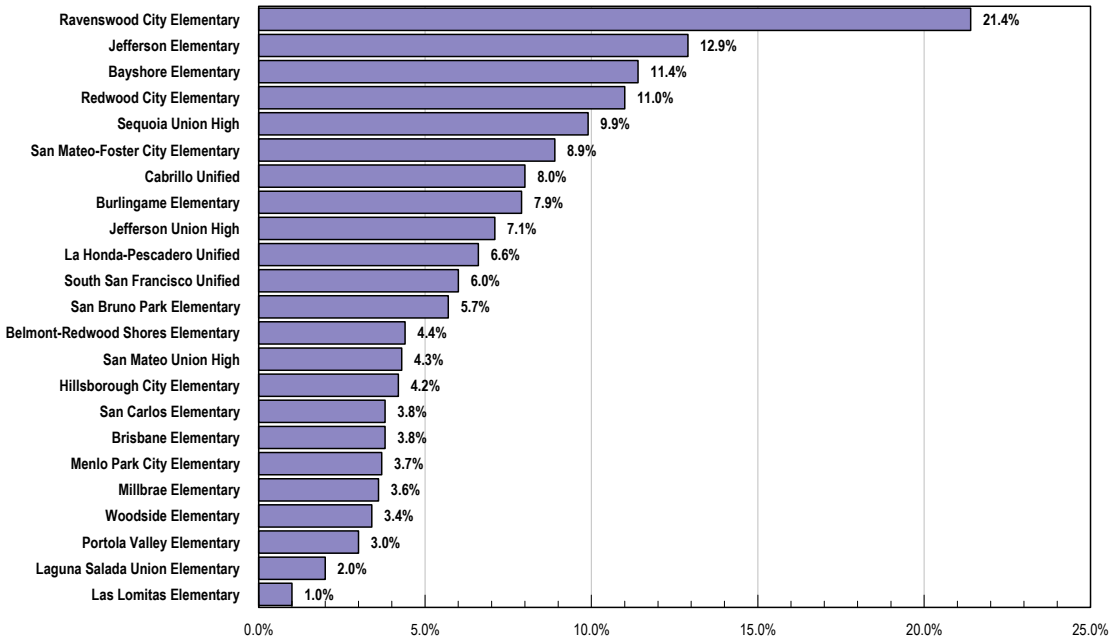
The adjacent chart illustrates 2007 Health & Human Services Poverty Guidelines for the 48 contiguous states and D.C.

- According to the *2005 American Community Survey* (U.S. Census Bureau), the number of San Mateo County individuals below poverty level was 50,625 in 2005, including 15,508 children under the age of 18.[43]

2007 Health & Human Services Poverty Guidelines	
Household Members	**100% Poverty (Annual $)**
1	$10,210
2	$13,690
3	$17,170
4	$20,650
5	$24,130
6	$27,610
7	$31,090
8	$34,570
For each additional person, add:	*$3,480*
Source: US Department of Health & Human Services	

- By school district, the percentages of children aged 5 to 17 in families living below poverty can vary widely. The proportion is particularly high (21.4%) in the Ravenswood City Elementary district (as has historically been the case).[44]

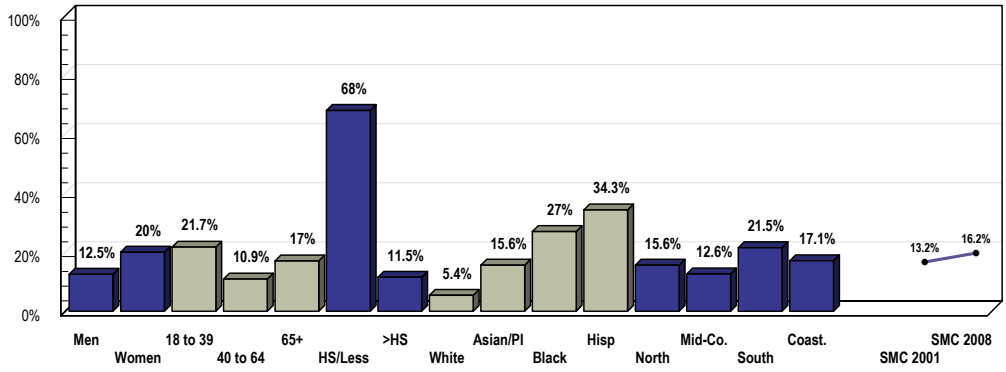
Estimated Children (5-17) in Poverty by San Mateo County School District



Source: Small Area Income & Poverty Estimates: Estimates for California School Districts, 2006. U.S. Census Bureau.

- A total of 16.2% of San Mateo County adults live below <u>200%</u> of the Federal Poverty Level (FPL), according to reported household incomes and household sizes. Among respondents with less than a high school education, nearly 70% report living below the 200% FPL threshold, compared to only 11.5% of those with a high school diploma. Black and Hispanic respondents also demonstrate higher proportions than White or Asian/Pacific Islander respondents. This year's countywide finding represents a *significant increase* from the 13.2% reported in 2001 (note that 1998 and 2004 survey data are not comparable because a 185% FPL threshold was used for those data).[45]

Adults Living Below 200% of the Federal Poverty Level



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent respondents living below 200% of the federal poverty level, according to reported incomes and household sizes.

Financial Self-Sufficiency

The cost of living is higher in San Mateo County than almost anywhere else in the nation; therefore, the federal poverty level is not an adequate measure of the income needed to meet basic needs. The local self-sufficiency standard is a more realistic measure of the true cost of living because it takes into account the higher costs of necessities, such as housing, child care and food. The local self-sufficiency standard, as calculated by the San Mateo County Human Services Agency, is the minimum amount of income needed to meet the basic needs of a three-person family (parent, infant, and school-aged child) in San Mateo County, independent of any forms of public or private assistance.[46]

- A single parent with two children must earn approximately $72,000 annually to meet the family's basic needs. San Mateo County's rental and child care costs exceed the state's average. In San Mateo County in 2007, rent for an average two-bedroom apartment is $1,643 and child care costs are $1,848 for an infant and a school-aged child. In order to receive most State and Federal social services, a family of three can earn no more than $17,170 annually which is 100% Federal Poverty Level.[47]

Family Income Needed for Self-Sufficiency[48]

San Mateo County

	2005	2006	2007
Rent	$1,427	$1,490	$1,643
Utilities	111	111	111
Food	393	399	408
Transportation	360	419	440
Personal Care	50	54	55
Housekeeping Supplies	43	54	53
Clothing	183	193	199
Healthcare	215	231	231
Childcare	1,663	1,663	1,848
Total Monthly Expenses	**$4,445**	**$4,614**	**$4,988**
Gross Yearly Income Needed	**$64,008**	**$66,442**	**$71,827**
Federal Poverty Level	$16,090	$16,600	$17,170
Hourly Wage Needed	**$30.77**	**$31.94**	**$34.53**
WIA** Average Entry Wage	$15.21	$16.29	$19.72

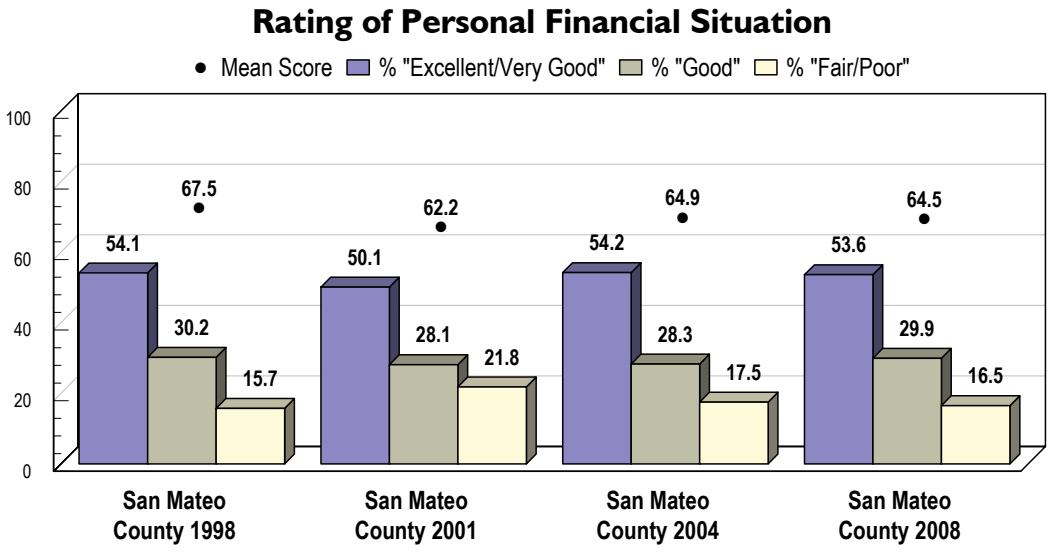
* Family of three (mother, infant, school-aged child)
** Workforce Investment Act

- The yearly income necessary for a family of three to maintain self-sufficiency is more than four times the federal poverty level. **In 2003, it was estimated that more than one-third of San Mateo County families earned household incomes less than the annual self-sufficiency wage.**[49]

- Six of the top 10 growth occupations are lower-paying, lower-skilled service jobs which pay less than what a single wage earner with two children needs to be self-sufficient.[50]

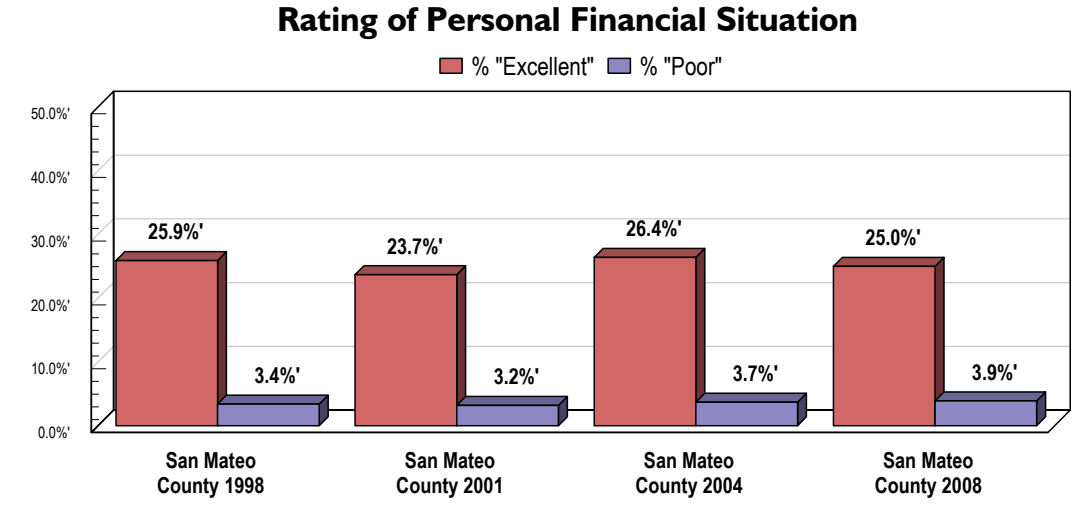
Evaluations of Personal Financial Situation

- In 2008, 53.6% of San Mateo County survey respondents characterize their personal financial situation as "excellent" or "very good," in terms of being able to afford adequate food and housing, and pay the bills they currently have. However, 16.5% described their personal financial situation as "fair" or "poor," *statistically similar* to 2004 and 1998 findings (albeit better than found in 2001).[51]



Source: . 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

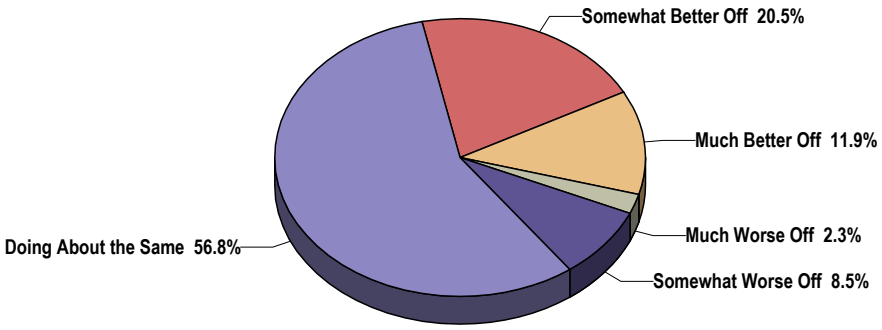
- The following chart outlines the highest ("excellent") and lowest ("poor") responses to this inquiry over time. As shown, these responses have not changed significantly since the 1998 survey was conducted.[52]



Source: . 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.

- Most surveyed adults in 2008 (56.8%) consider themselves to be "doing about the same" financially as a year ago. A total of 32.4% feel they are actually "better off" financially, while 10.8% feel they are "worse off" financially than a year ago.[53]

Family Financial Situation in Comparison to a Year Ago



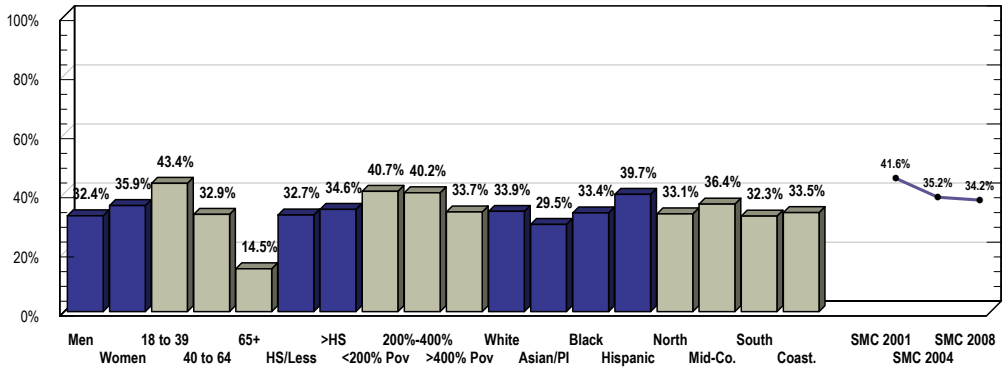
Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 2007.

- Most survey respondents report that the primary source of their household income is from a job (either their own or a spouse's, 77.6%). A total of 7.3% rely mainly on Social Security benefits, and 4.6% rely on retirement or pension plans. 5.1% stated that "investments" are their primary source of income.[54]

- In the 2008 San Mateo County Health & Quality of Life Survey, 34.2% of respondents report that they or a family member have seriously considered leaving the county because of the cost of living, similar to 2004 findings, but *significantly lower* than the 41.6% found in 2001. Higher levels of dissatisfaction this year can be found among young adults, people living below the 400% poverty threshold, and Hispanic respondents.[55]

Have Considered Leaving County Because of Cost of Living

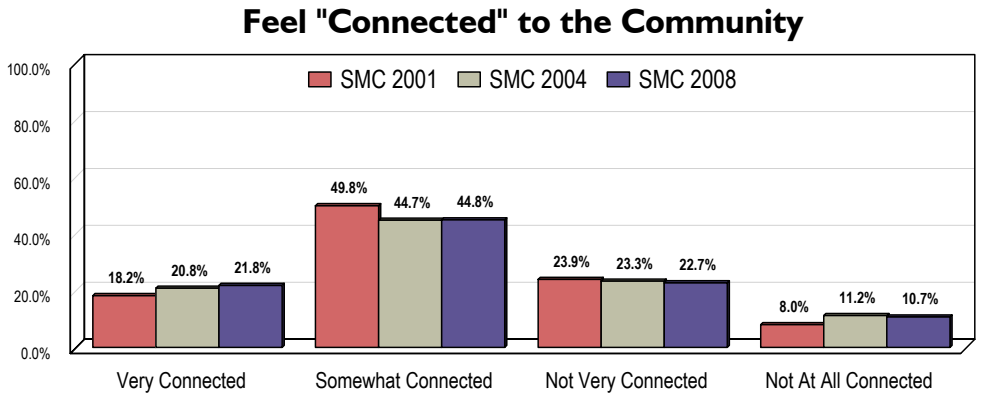
San Mateo County, 2008



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).

Community Attachment

- In 2008, 21.8% of survey respondents indicate they feel "very connected" to their community, while 44.8% respond "somewhat connected." A total of 22.7% say they are "not very connected" to their community and 10.7% feel "not at all connected." Compared to 2004 and 2001 responses, residents' feelings about their connection to the community have not changed significantly.[56]

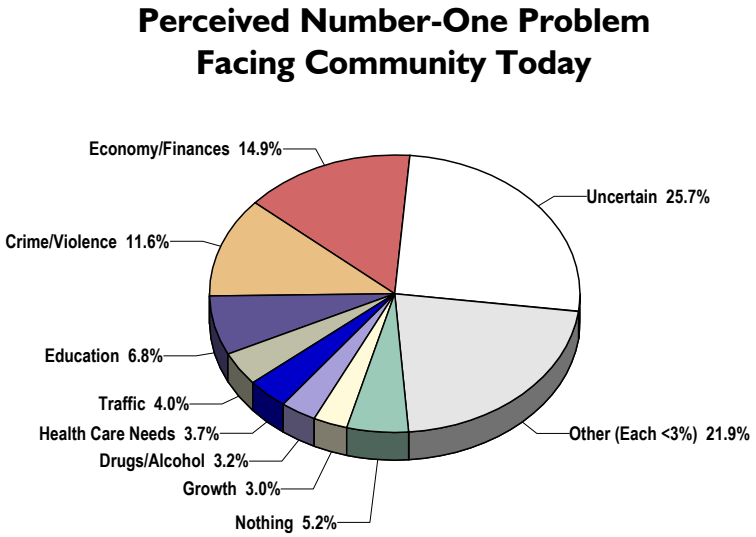


Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007 (Professional Research Consultants).
Note: Asked of all respondents.

Perceived Challenges

- When asked about the number-one problem facing San Mateo County, survey respondents most often cited: **the economy or finances** (14.9%); **crime and violence** (11.6%) and **education** (6.8%).

[This is similar to the distribution reported in 2004.][57]



Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 2007.

FAMILY ISSUES

OVERVIEW

Despite high average incomes and education levels, many San Mateo County families face significant challenges. The cost of living continues to be community members' top concern for their families. While many families are financially secure and thriving, there are a considerable number who struggle simply to make ends meet. It is estimated that the total number of people "touched" by hunger in San Mateo County exceeds 160,000 (or about 22%).* A cultural divide concerning prosperity also remains within the county, with minorities and lesser-educated individuals bearing the brunt of family economic hardship.

The cost of child care in San Mateo County continues to be among the highest in the state, making lower- and middle-incomes families struggle to find affordable alternatives for their children in order to work. A minimum-wage income in San Mateo County would be entirely consumed by child care costs for one infant. Further exacerbating the issue, there are now only enough licensed childcare spaces for roughly one out of four County children with parents in the labor force.

Education indicators reveal that San Mateo County students generally perform better than students statewide, but again, this is not equal for all students. Nor is investment in education equal for all students. Economically disadvantaged children and English Learners generally score much lower on standardized tests, but scores also tend to be low in schools or districts with lower per-pupil spending or fewer fully credentialed teachers.

Family violence is also an issue that touches too many lives in San Mateo County, disproportionately impacting children of color. While domestic violence and child abuse rates are much lower than found statewide, hundreds of cases are substantiated each year.

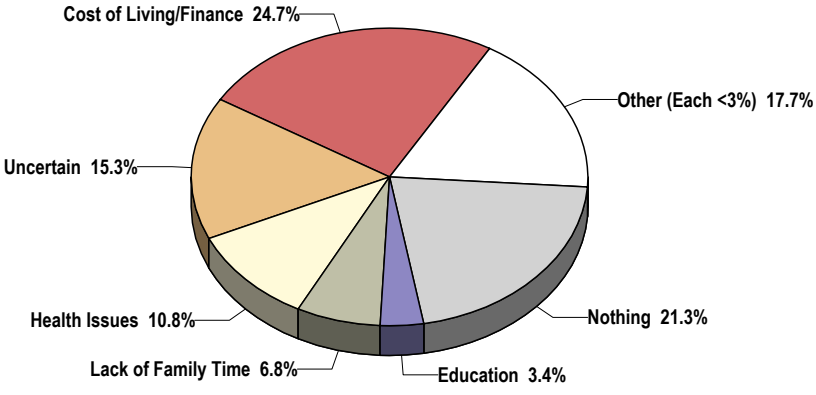
* Data on the number of people "touched by hunger" were obtained from the California Food Policy Advocate's *2005 Touched By Hunger: A County-by-County Report on Food Insecurity and Hunger in California*. The number of individuals "touched" by hunger is estimated by adding the number of individuals reporting hunger or food insecurity and the total number of other people living in those households. [http://cfpa.net/2005TouchedByHunger/PDF%20Reports/San%20Mateo.pdf]

San Mateo County as a Place to Raise a Family

Top Concerns for Families

- The "number-one" problem facing families in San Mateo County, according to survey respondents, is **finances or cost of living**. Other "number-one" problems identified less frequently include (ranked in order of frequency): health issues; lack of family time; and education. [These are similar to 2001 findings.][58]

Perceived Number-One Problem Facing Respondent's Family Today



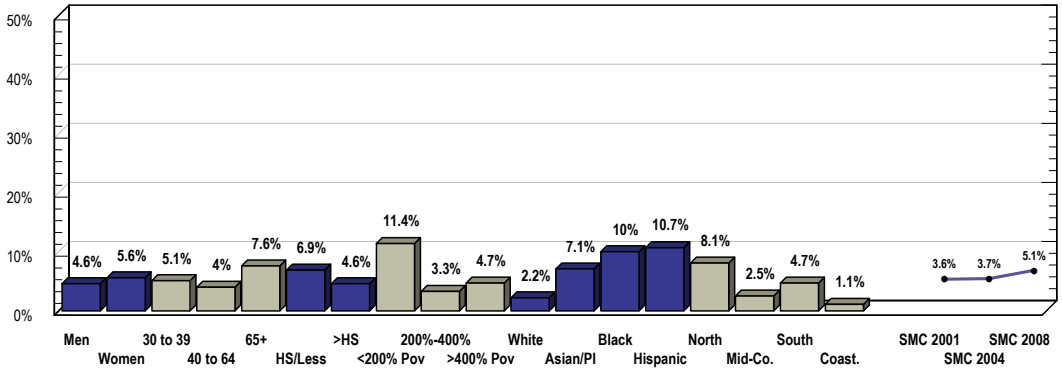
Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 2007.

Caring for Grandchildren

- A total of 5.1% of survey respondents in 2008 (those aged 30 or older) report that they or their spouse are the primary caregiver for a grandchild or great-grandchild, similar to 2004 and 2001 findings. Indications are highest among those living at lower incomes, and Black or Hispanic respondents.[59]

Act as the Primary Caregiver for a Grandchild/Great-Grandchild

San Mateo County, 2008



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Reflects respondents 30 years or older.

Children's Education

A good education provides a foundation for children to become productive members of society, obtain high-quality jobs, and contribute towards their community's general welfare. By providing equal access to a good education, schools can play a large role in creating a level playing field for all children, regardless of their socioeconomic status. The outcome of a good education is the ability for children to fully reach their human potential. By contrast, a poor educational foundation can make children more vulnerable to crime, substance abuse, and poverty. Further, a highly skilled and educated work force will attract businesses to the area with resulting economic benefits.[61]

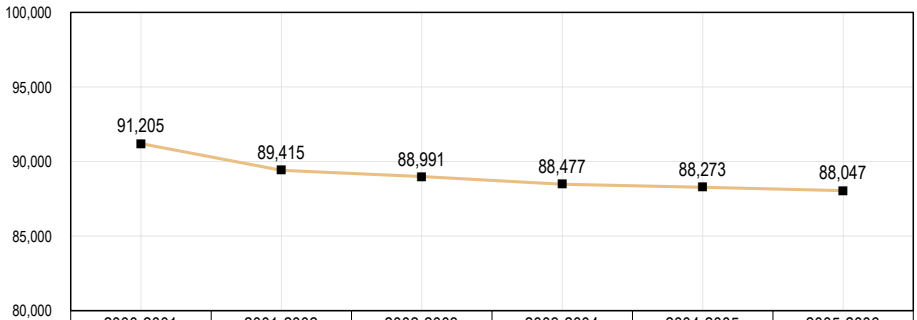
San Mateo County, 2005-06[60]		
Schools by Type	**Number of Schools**	**Enrollment**
Elementary	109	43,318
Middle	28	16,930
High School	18	25,048
Alternative	3	924
Special Education	1	619
Continuation	6	840
Community Day	1	4
Juvenile Court	1	364
Total	**167**	**88,047**

Source: California Department of Education, Educational Demographics Office (CBEDS, assign05 8/18/06, pubschls 8/4/06, sfib0506 8/22/06)

Enrollment

- There are 167 public schools in San Mateo County, with a total enrollment in 2005-06 of 88,047 students.[62]
- Over the past few years, San Mateo County school enrollment has declined.[63]

K-12 Public School Enrollment for San Mateo County



	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006
K-12 Enrollment	91,205	89,415	88,991	88,477	88,273	88,047
Percent Change		-2%	-0.5%	-0.6%	-0.2%	-0.3%

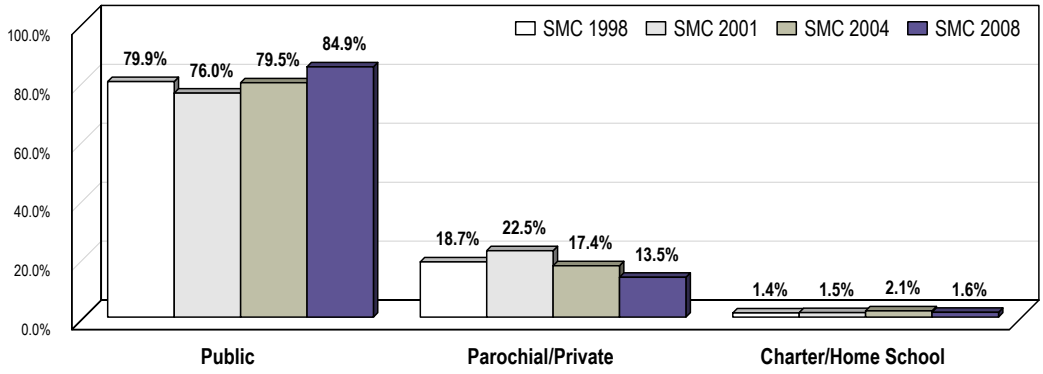
Source: Countywide Profile, 2000-2006. Ed-Data: Education Data Partnership.

- In 2005, 92% of San Mateo County children aged 3 to 17 were enrolled in school. Among teens aged 16 to 19, 7% were neither in school nor working.[64]

2005 Indicator[65]	San Mateo County	Greater Bay Area Region	Statewide
Households with children under 18 years old	46%	48%	51%
Children (3-17) who are in school	92%	91%	90%
Teens (16-19) neither in school nor working	7%	7%	8%

- In the 2008 survey, 84.9% of respondents with school-aged children indicated their child attends a public school, while 13.5% attend parochial or private schools. Proportionally, public school attendance has *increased significantly* since 2004.[66]

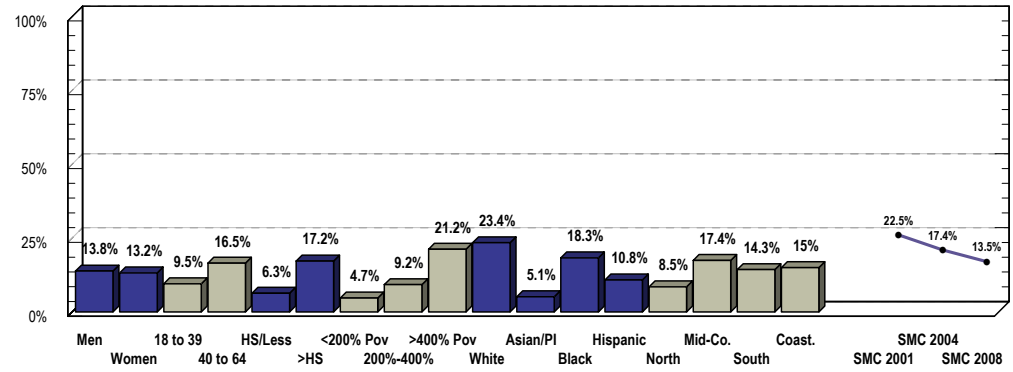
Type of School Attended by Child



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of respondents with children aged 5 and over.

- According to survey results, parochial/private school utilization is down since 2001 (when 22.5% sent their children to such schools outside of the public system). Currently, indications of having a child who attends a parochial or private school are highest among households with higher incomes, those with higher educational levels, and White respondents.[67]

Child Attends Parochial or Private School



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents with children aged 5 and older.

School Readiness

- More than two-thirds of 3- and 4-year-olds in San Mateo County are in preschool or nursery school, much higher than the proportions found both regionally and statewide. However, there is wide disparity in San Mateo County preschool enrollment by both race/ethnicity and by family income: African American, Asian and Latino children have lower participation rates, and participation is particularly low among families with incomes between 100% and 299% of the Federal Poverty Level.[68]

2006 Preschool Enrollment, Ages 3 and 4[69]

By Region	San Mateo County	Greater Bay Area	Statewide
Children in preschool or nursery school	68%	53%	42%

San Mateo County by Race/Ethnicity	African American	Asian	Latino	White	Other
Children in preschool or nursery school	49%	49%	61%	83%	83%

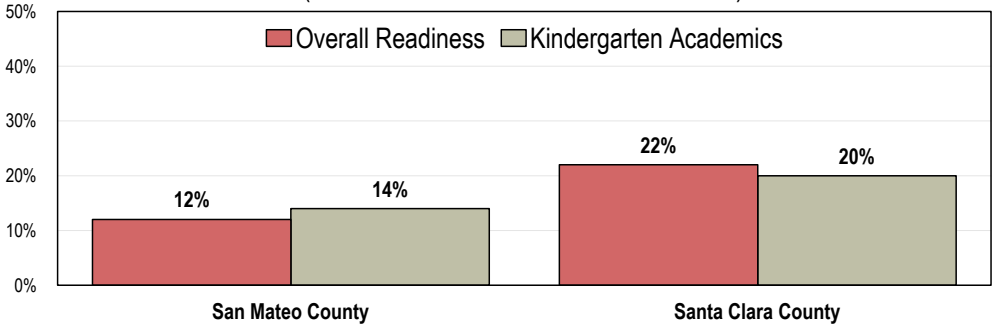
San Mateo County by Family Income (Percentage of Federal Poverty Level)	<100% FPL	100%-199% FPL	200%-299% FPL	300%+ FPL
Children in preschool or nursery school	75%	38%	44%	84%

- In 2005, the Peninsula Partnership for Children, Youth, and Families, along with the Santa Clara County Partnership for School Readiness, assessed children in San Mateo and Santa Clara Counties on their readiness for school, both socially and academically. The assessment was based on teacher evaluations of kindergartners in 20 skills grouped in five categories. These categories (physical well being and motor development, social and emotional development, approaches toward learning, communications and language usage, and cognition and general knowledge) correspond to the National Education Goals Panel framework for measuring kindergartners' school readiness. Among the findings of the assessment were that students coming from very low-income families are nearly four times more likely to be considered unready for kindergarten than their counterparts. Additionally, children without any sort of preschool experience are two and a half times more likely to perform below teacher expectations for readiness than those who had some preschool education.[70]

- Overall kindergarten readiness in **San Mateo County** increased 8% from 2001 to 2005, while readiness in Santa Clara County fell 1.5% from 2004 to 2005.[71]

Percent of Children Entering Kindergarten Significantly Below Teacher's Expectations

(San Mateo & Santa Clara Counties, 2005)



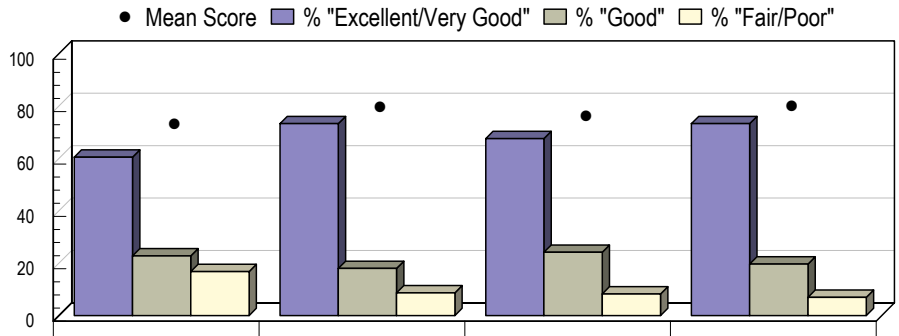
Source: 2007 Index of Silicon Valley. Joint Venture, Silicon Valley Network. 2007.
Note: Kindergarten Academics reflects a child's ability to engage with books and recognize letters among other skills. Readiness scores along this dimension were lower than overall readiness scores in both counties, but showed improvement in San Mateo County since 2001, the year it first conducted the assessment.

- According to the 2003 First 5 San Mateo County Family Survey, the majority of parents with children ages 0-5 had provided activities for their child that would help further development. For instance, between 55% and 63% of parents reported that they had read or shown picture books to their children ages 2-5 at least one or more times a day in the prior week. Forty-nine percent of parents had been to the library in the past month. Over 67% of parents reported that they had played with their children one or more times a day in the past week.[72]

Evaluation of Child's Education

- For school-aged children (5-17), parents' overall evaluations of their children's education have not changed significantly in recent years, although 2001, 2004 and 2008 evaluations are all higher than initially reported in 1998.[73]

Rating of Child's Education



	San Mateo County 1998	San Mateo County 2001	San Mateo County 2004	San Mateo County 2008
Mean Score	68.3	75	71.5	75.2
% "Excellent/Very Good"	60.5	73.3	67.6	73.3
% "Good"	22.8	18	24.2	19.7
% "Fair/Poor"	16.8	8.7	8.3	7

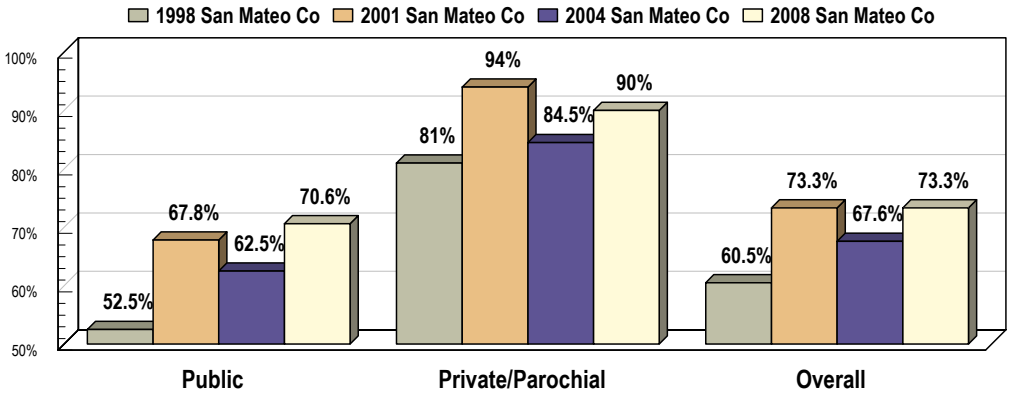
Source: . 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

Notes: 1. Among respondents with children aged 5 and older.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

- Among surveyed parents with children in public schools, 70.6% rate their child's education as "excellent" or "very good" (*significantly better* than reported in 1998 and 2004; statistically similar to 2001 findings). Among parents with children in private or parochial schools, "excellent/very good" evaluations are at 90.0% (statistically similar to previous findings).[74]

Perceive Child's Education to Be "Excellent/Very Good"

By Type of School Attended by Child



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked among respondents with children aged 5 and older.

Technology

- San Mateo County offers students better access to technology than found statewide. The number of students per computer is lower than the statewide ratio in elementary, middle and high school grade levels.[75]

Students per Computer by School Type San Mateo County, 2005-06

	San Mateo County	California
Elementary	4.0	4.9
Middle	4.3	4.6
High	3.9	4.2
Continuation	3.2	2.8
Alternative	2.4	4.3
Community Day	0.8	2.3

Source: California Department of Education, Educational Demographics Office (CBEDS, sifade05 8/23/06, sifgl05 9/6/06, pubschls 8/4/06)

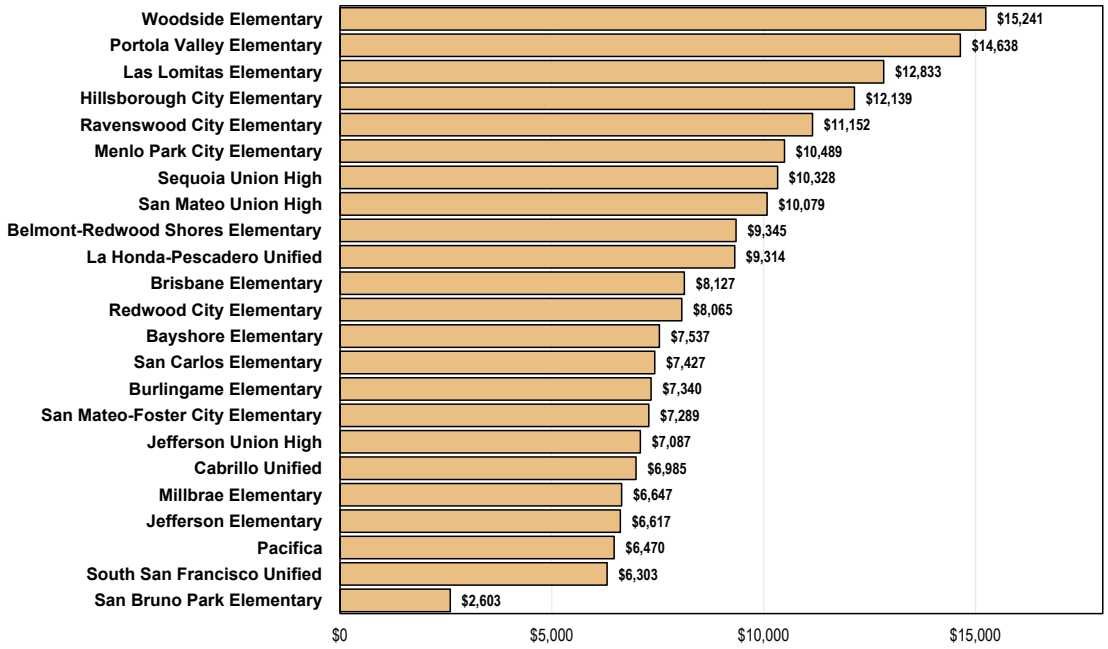
Resources

Per-Pupil Revenue & Spending

- During the 2005-06 school year, there was wide variability across county school districts in per-student revenue. Woodside Elementary and Portola Valley Elementary School Districts had the highest per student revenue at over $14,000 per student. Woodside Elementary's figure was more than double the per student revenue of 10 other county school districts. Much of the differential in the county is driven by the availability of local revenue sources to supplement state and federal dollars. It could also reflect revenues received for specific services, such as special education dollars.[76]

- Note, however, that per-student revenue for the Ravenswood City Elementary School District has increased significantly in recent years.[77]

Revenue per Student per Average Daily Attendance by District, San Mateo County, 2005-06



Source: California Department of Education, Educational Demographics Unit.
Note: Includes Charter Schools.

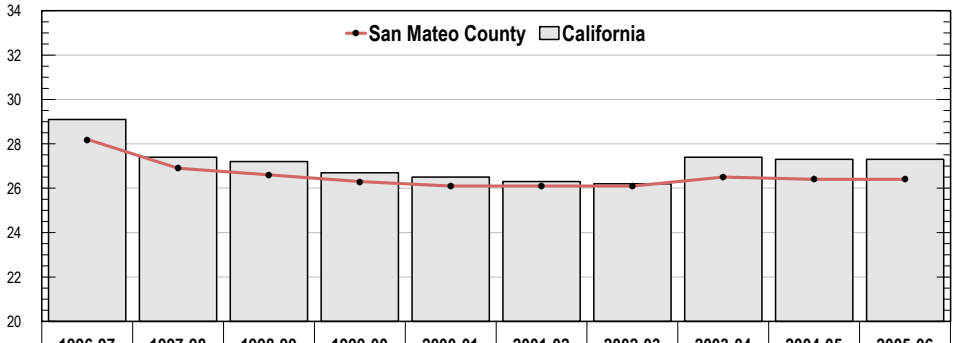
- In 2004-05, the seven districts with the highest per student expenditures also had the highest average teacher salaries, ranging from $67,294 at Woodside Elementary to $77,246 at Los Lomitas Elementary. On the other end, the districts with four of the five lowest average teacher salaries also had the lowest expenditures per student; none of the average teacher salaries among this group was higher than $56,000.[78]

Class Size & Teacher Supply

Average Class Size (Public Schools)

- Average class size in San Mateo County dropped in the latter half of the 1990s; however, it increased slightly in 2003. Still San Mateo County average class size has remained below the statewide average.[79]

Average Class Size, 1996-2006

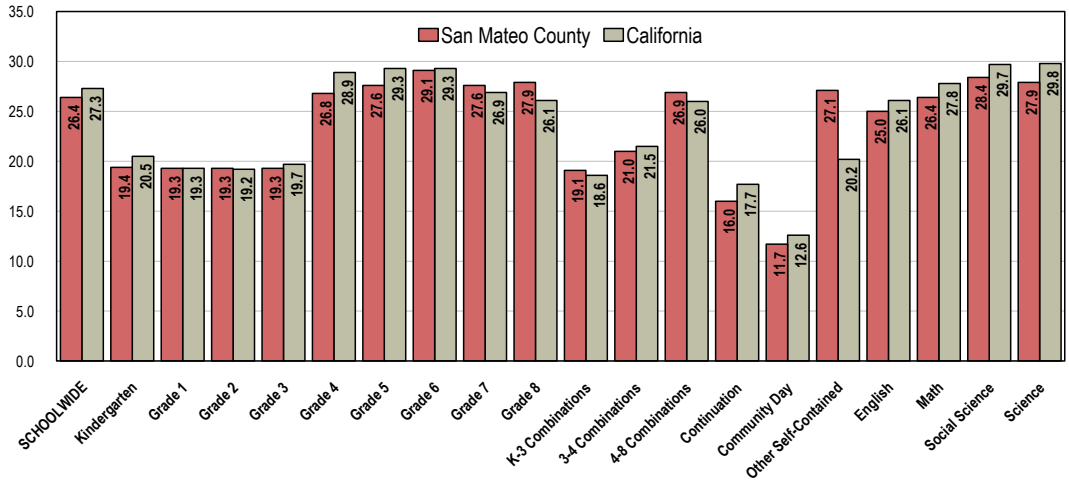


	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
San Mateo County	28.2	26.9	26.6	26.3	26.1	26.1	26.1	26.5	26.4	26.4
California	29.1	27.4	27.2	26.7	26.5	26.3	26.2	27.4	27.3	27.3

Source: California Department of Education, Educational Demographics Office (CBEDS, assign05 8/18/06, pubschls 8/4/06, sifb0506 8/22/06)

- San Mateo County class size is below state averages at most grade levels – grades 1, 2, 7 and 8 are exceptions.[80]

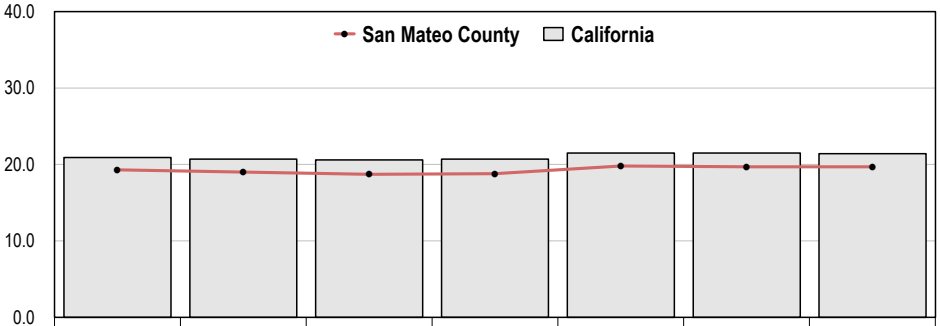
Average Class Size by Grade/Type of Classroom
(2005-06)



Source: Educational Demographics Office, CBEDS. 2007.
Note: Includes schoolwide, selected subjects, and selected self-contained classes.
Counts exclude special education classes, classes with zero enrollment or enrollment over 50, and other minor items.

- Similarly, pupil-to-teacher ratios increased in 2003, but remain below statewide ratios.[81,82]

Pupil-Teacher Ratio, Public School Districts 1999-2006

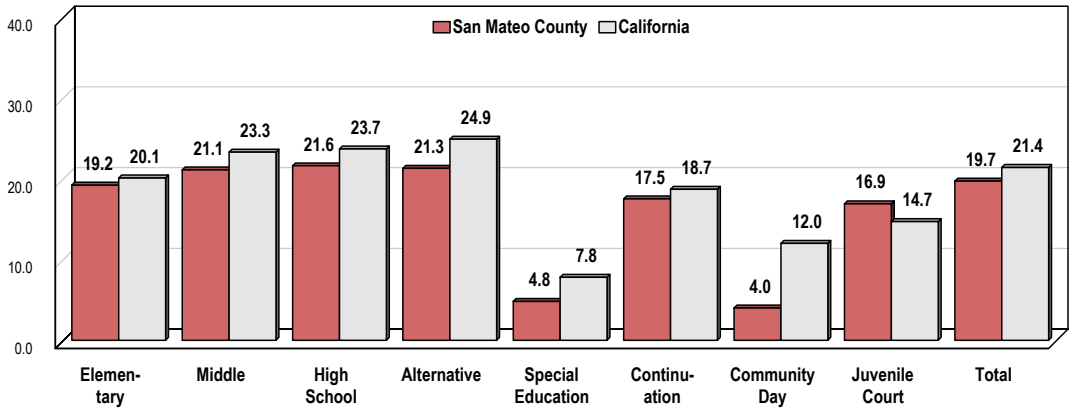


	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006
San Mateo County	19.3	19.0	18.7	18.8	19.8	19.7	19.7
California	20.9	20.7	20.6	20.7	21.5	21.5	21.4

Source: California Department of Education. Educational Demographics Unit. 2007.
Note: The Pupil-Teacher Ratio is enrollment divided by the number of full-time equivalent teachers. Because some teachers are not assigned to a classroom, the Pupil-Teacher Ratio is usually smaller than the average class size

- The following chart outlines pupil-to-teacher ratios in San Mateo County by school district type.[83,84]

Pupil-Teacher Ratio by Type, Public School Districts 2005-06



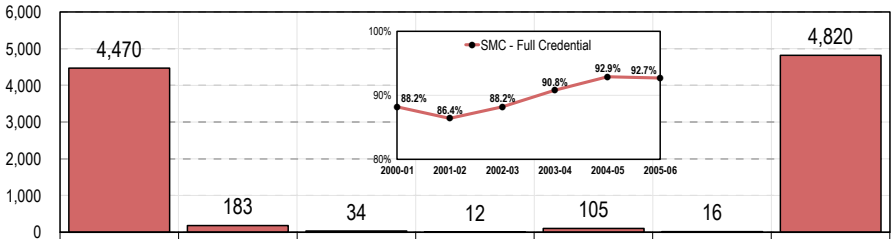
Source: California Department of Education. Educational Demographics Unit. 2007.
Note: The Pupil-Teacher Ratio is enrollment divided by the number of full-time equivalent teachers. Because some teachers are not assigned to a classroom, the Pupil-Teacher Ratio is usually smaller than the average class size

Teacher Qualifications (Public Schools)

- The level and quality of resources dedicated to individual schools and districts also impact student achievement. During the 2005-06 school year, 92.7% of the 4,470 teachers employed in county schools were fully credentialed, having fulfilled all state requirements including the California Basic Educational Standards Test which assesses a teacher's English and Mathematics skills. This is identical to the state average of fully credentialed teachers.[85]

- The percentage of fully credentialed teachers has improved in San Mateo County in recent years.[86]

Teaching Credentials
(2005-06)



	Full Credential	University Intern	District Intern	Pre-Intern	Emergency	Waiver	Total
SMC - Number of Credentials	4,470	183	34	12	105	16	4,820
San Mateo County - % of Total	92.7%	3.8%	0.7%	0.2%	2.2%	0.3%	100%
California - % of Total	92.7%	2.5%	0.9%	0.4%	3.2%	0.4%	100%

Source: California Department of Education, Educational Demographics Office (CBEDS, paif05 8/18/06)

- San Mateo County's teachers have remained in their districts for an average of 9.6 years. This is just under the state average district tenure of 10.4 years.[87]

- There is a strong correlation between teacher qualifications and student achievement. In all geographic sections of Silicon Valley and California, schools with Academic Performance Index (API) scores below 800 have much higher percentages of under-credentialed teachers than schools with API scores over 800.[88]

Teacher Salaries

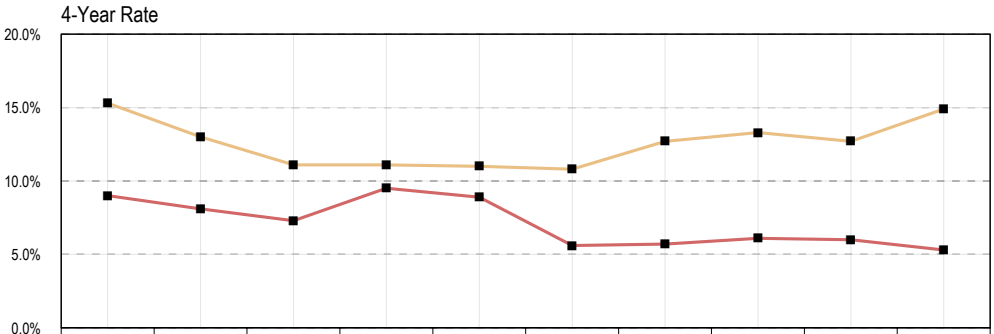
- Average teacher salaries in Silicon Valley are higher than national and state averages, and have risen more rapidly over the past several years. From 1996 through 2001, average teacher salaries rose about 13% nationally, and rose more than 22% in California. In Silicon Valley (which includes both San Mateo County and Santa Clara County), average salaries rose even faster, due to both a rising economy (as seen in rising beginning teacher salaries) and to a higher percentage of teachers moving into the high end of the teacher salary schedule. However, when adjusted for "cost of living" factors, local teacher pay falls below state and national averages.[89]

Drop-Out & Truancy Rates

Four-Year Derived Dropout Rate

- In 2005-06, it was estimated that 5.3% of San Mateo County high school students would drop out within a four-year period. This percentage has dropped over the past decade and is well below the California four-year dropout rate of 14.9%.[90]

Percentage of Students Who Drop Out of School

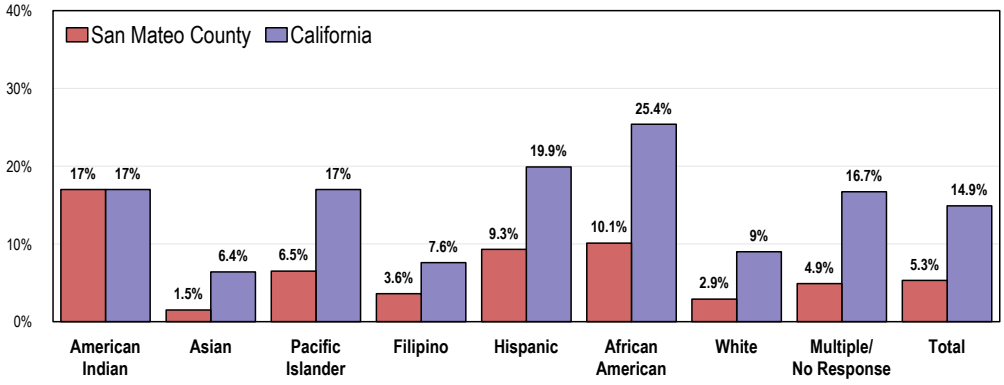


	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
California	15.3%	13.0%	11.1%	11.1%	11.0%	10.8%	12.7%	13.3%	12.7%	14.9%
San Mateo County	9.0%	8.1%	7.3%	9.5%	8.9%	5.6%	5.7%	6.1%	6.0%	5.3%

Source: California Department of Education, 2007.

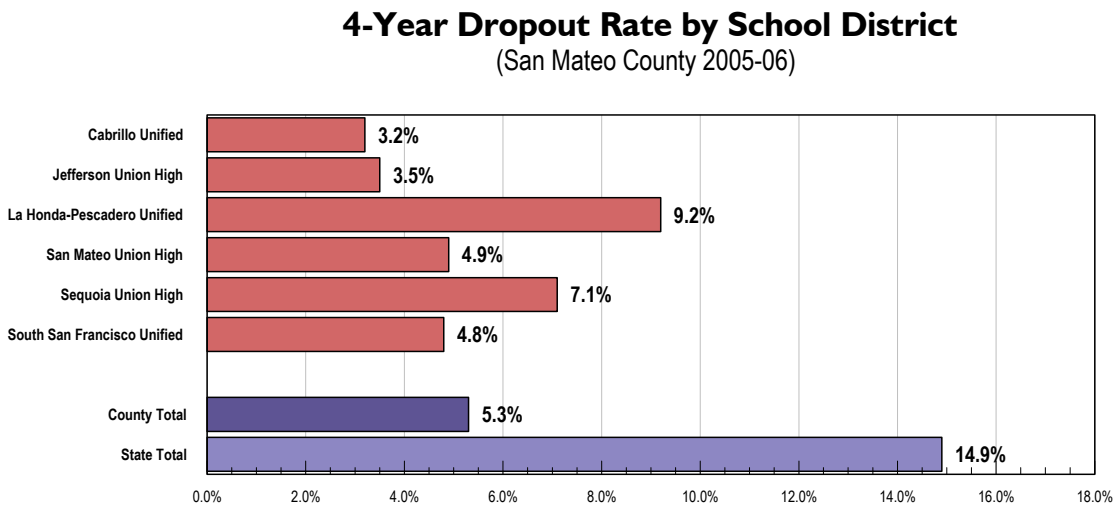
- Asian, White and Filipino students have the lowest four-year dropout rates. On the other hand, African American, Hispanic and Pacific Islander students have much higher rates; still, each of these groups is well under statewide averages.[91]

4-Year Dropout Rate by Race/Ethnicity
(2005-06)



Source: California Department of Education, DataQuest. Data extracted August 2007. http://api.cde.ca.gov/reports/dataquest.asp
Note: The 4-year derived dropout rate is an estimate of the percent of students who would drop out in a four year period based on data collected for a single year.
In 2002-03 the California Department of Education started using the National Center for Education Statistics dropout criteria.

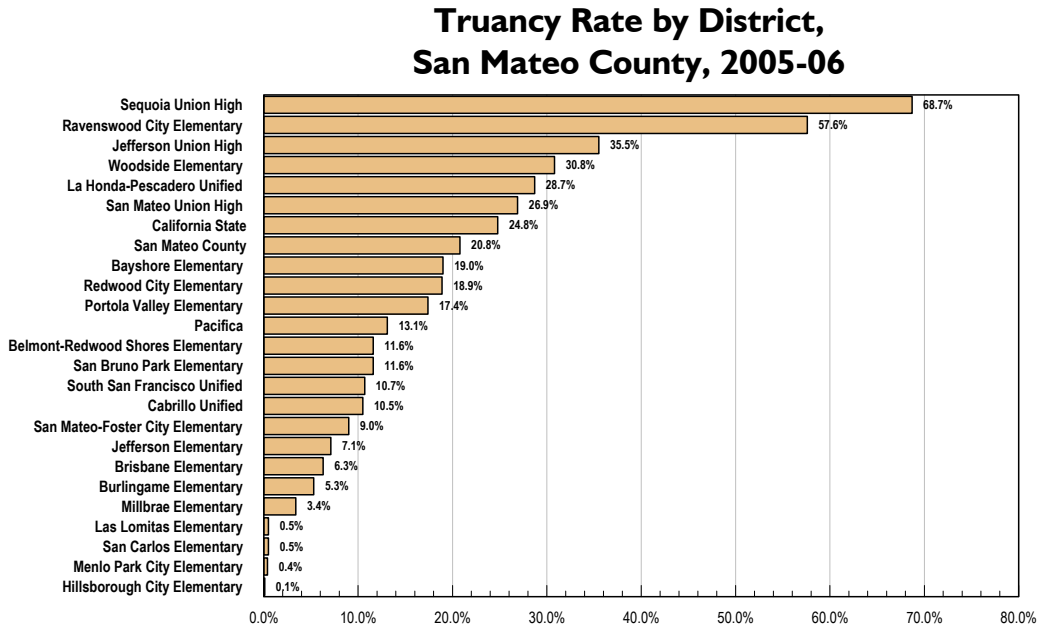
- By district, four-year dropout rates vary from 3.2% in the Cabrillo Unified School District to 9.2% in the La Honda-Pescardero Unified School District.[92]



Source: California Department of Education, DataQuest. Data extracted August 2007. http://api.cde.ca.gov/reports/dataquest.asp
Note: Based on 4-Year Derived Rate (9-12).

Truancy Rate

- Poor school attendance also limits a child's ability to learn. Truancy rates (defined as having 3 or more unexcused tardies, absences, or missed periods of 30-minute or more during the school year) vary widely by district within San Mateo County. Note that over 50% of students in the Sequoia Union High and Ravenswood City Elementary School Districts are considered truants.[93,94]



Source: California Department of Education, DataQuest. Data extracted August 2007. http://api.cde.ca.gov/reports/dataquest.asp
Safe & Healthy Kids Program Office. Prepared: 7/26/2007

Note: A student missing more than 30 minutes of instruction without an excuse three times during the school year must be classified as a truant and reported to the proper school authority.
EC Section 48260 (a): Any pupil subject to compulsory full-time education or compulsory continuation education who is absent from school without a valid excuse three full days or tardy or absent more than any 30-minute period during the school day without a valid excuse on three occasions in one school year, or any combination thereof, is a truant and shall be reported to the attendance supervisor or the superintendent of the school district.

Student Performance

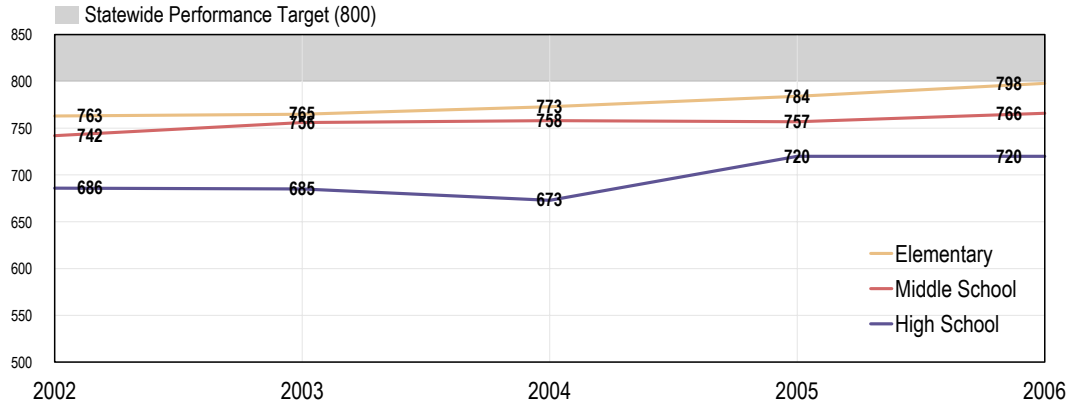
Academic Performance Index (API)

The Academic Performance Index (API) is the cornerstone of California's Public Schools Accountability Act of 1999. The API is a numeric index ranging from 200 to 1,000 that indicates a school's or local educational agency's performance level based on the results of statewide testing. The performance target for all California schools is 800.[95]

- In 2006, the median API for elementary schools in the county was 798. For middle and high schools, the median API figures were 766 and 720 respectively. The county has seen improvement in each school category since 2002.[96]

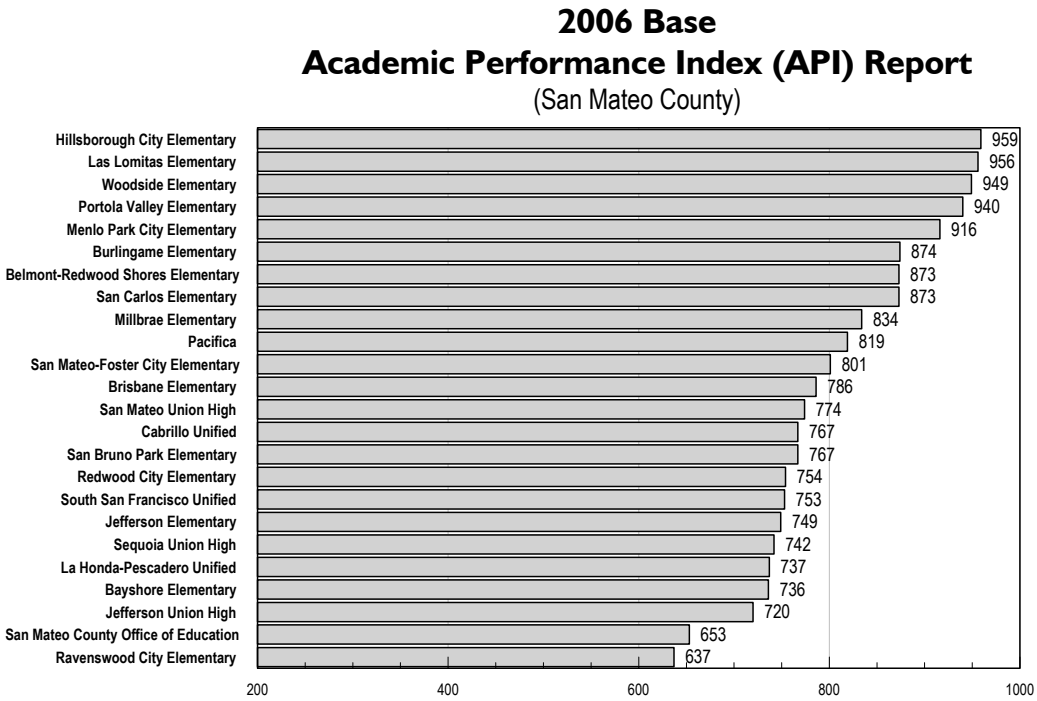
- In every category, San Mateo County schools compared favorably with the statewide API figures of 751 for elementary, 715 for middle, and 679 for high schools. Making direct comparisons like these is problematic, however, because schools and districts serve different student populations. A high proportion of socioeconomically disadvantaged students or English learners will have a negative impact on a school's or district's API as these students generally score lower than other students. For example, the median API for San Mateo County school districts was 783 for 2006, whereas the district level median API for socioeconomically disadvantaged students and English learners was 674 and 667 respectively.[97]

San Mateo County Median
Academic Performance Index (API) by School Category



Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

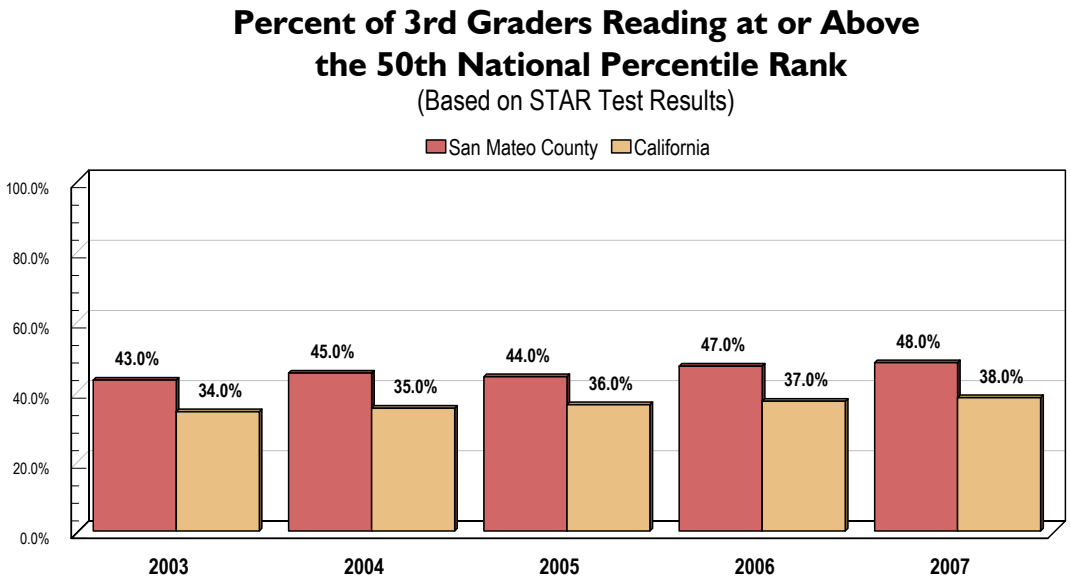
- The following chart further outlines 2006 API figures for San Mateo County school districts.[98]



Source: California Department of Education. California Standardized Testing and Reporting (STAR), 2006.
Note: The 2006 Base API summarizes a school's performance on the spring 2006 Standardized Testing and Reporting (STAR) Program [CST, CAPA and CAT/6 tests] and 2006 California High School Exit Examination (CAHSEE). It serves as the baseline score, or starting point, of performance. The API is on a scale of 200 to 1000.

Standardized Testing and Reporting (STAR)

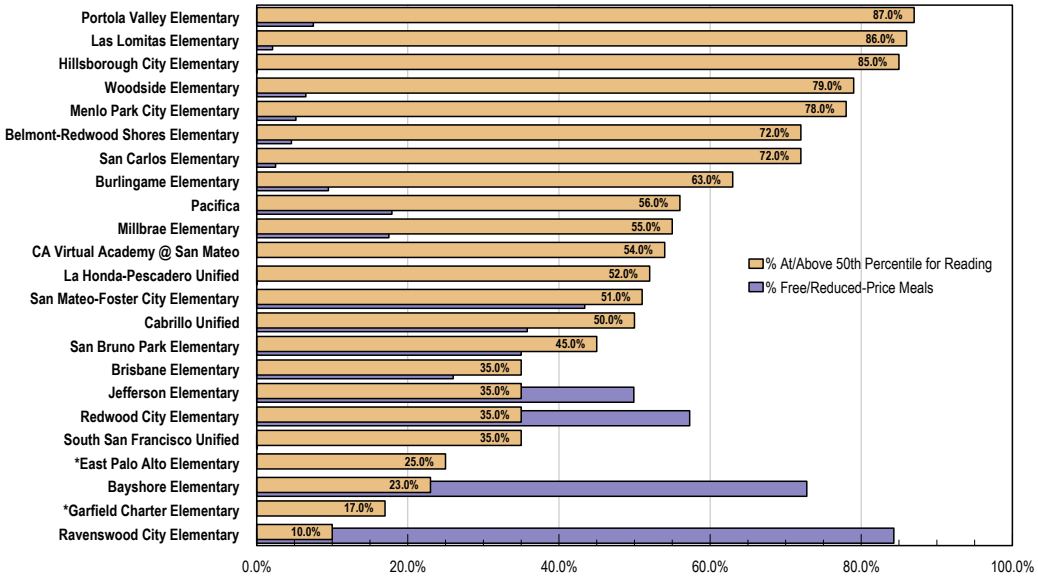
- In San Mateo County in 2007, 48.0% of 3rd graders read at or above the 50th National Percentile Rank based on STAR test results, compared to 38.0% for the State of California. The county percentage of 3rd graders reading at or above the 50th National Percentile Rank has increased over the past several years.[99]



Source: California Department of Education, CAT/6 Test Scores. California Standardized Testing And Reporting (STAR) Program (2003-07)

- Even though the County had a higher proportion of 3rd grade students reading at grade level than the state, it is important to note that ethnicity and income are key factors in school performance. For instance, some of the lowest test scores are found in those county districts with lower-income students (as indicated by their eligibility for the free or reduced-price meal program).[100]

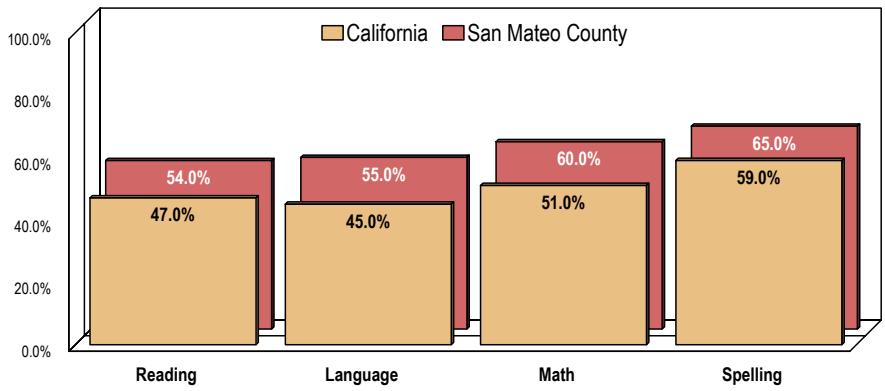
Percent of 3rd Graders Reading At or Above the 50th National Percentile Rank by District
(San Mateo County 2007)



Source: California Department of Education, CAT/6 Test Scores. California Standardized Testing and Reporting (STAR), 2007.
* Charter School
California Department of Education, Educational Demographics Unit. Prepared: 7/30/2007.

- STAR testing of 7th graders in various subject areas also shows that San Mateo County students score consistently above the state averages.[101]

Percent of 7th Graders Scoring At or Above the 50th National Percentile Rank, 2007



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

- Again, income is a key factor in school performance. 2005-06 STAR results for San Mateo County show stark difference between students who are considered economically disadvantaged versus those who are not.[102]

Student Achievement by Family Income[103]	Economically Disadvantaged	Not Economically Disadvantaged
2nd-6th Grade		
Proficient/Advanced in English Language Arts	30%	69%
Proficient/Advanced in Math	40%	72%
7th-11th Grade		
Proficient/Advanced in English Language Arts	27%	62%
Proficient/Advanced in Math	24%	45%

- By race/ethnicity, 2005-06 STAR results for San Mateo County are dramatically lower among African American and Latino students than among students of other race/ethnicity.[104]

Student Achievement by Race/Ethnicity[105]	African American	Asian	Latino	White	Other
2nd-6th Grade					
Proficient/Advanced in English Language Arts	34%	64%	29%	74%	64%
Proficient/Advanced in Math	35%	71%	40%	77%	65%
7th-11th Grade					
Proficient/Advanced in English Language Arts	29%	57%	29%	69%	55%
Proficient/Advanced in Math	18%	47%	21%	49%	41%

Stanford Achievement Test (SAT) and ACT Assessment Scores

For the SAT test, students receive a verbal score and a math score. Each score ranges from 200 to 800. The average for both is 500. Thus, the average total score is 1,000. On the ACT, for each of four sections (English, Math, Reading and Science), a score between 1 (the worst) and 36 (perfect) is earned by the test taker. In addition, the ACT gives a composite, rather than a total, score (it will average scores in all four areas).[106]

- In 2004-05, 46.5% of San Mateo County high school seniors participated in SAT testing; 8.2% took the ACT assessment.[107]

- In San Mateo County, 28.9% of students taking the SAT met the criterion score of 1000 or higher. An average of 5.7% of those taking the ACT test met the criterion score of 21 or higher. The incidence of meeting the criterion score for either the SAT or ACT was notably lower among Hispanic/Latino and Black/African American students.[108]

Average SAT and ACT Test Scores for 2004-05 (San Mateo County) by Gender and Ethnic Group

	Total	Male	Female	Asian	Hispanic/ Latino	Black	White
SAT Test							
Test Takers (%)	**46.5%**	**42.1%**	**51.6%**	**52.5%**	**21.6%**	**31.0%**	**43.6%**
Average Verbal Score	517	523	512	498	458	434	553
Average Math Score	545	565	526	554	474	442	566
Average Total Score	1,062.0	1,088.0	1,038.0	1,052.0	932.0	876.0	1,119.0
Meeting Criteria (>= 1000)-Number	1,784	946	838	514	146	26	753
Meeting Criteria (>= 1000)-Rate	**28.9%**	**28.8%**	**28.9%**	**31.1%**	**8.0%**	**8.4%**	**32.4%**
ACT Test							
Test Takers (%)	**8.2%**	**5.6%**	**10.9%**	**6.5%**	**3.7%**	**6.8%**	**8.2%**
Average Composite Score	23.1	23.6	22.7	23.4	19.6	17.9	24.6
Meeting Criteria (>=21)-Number	350	133	213	83	26	5	157
Meeting Criteria (>=21)-Rate	**5.7%**	**4.0%**	**7.4%**	**5.0%**	**1.4%**	**1.6%**	**6.8%**

Source: California Department of Education, Office of Policy and Evaluation. 2007.

- The following chart shows SAT scores for individual high schools in San Mateo County.[109]

SAT Data File for 2005-06[110]

		Takers as a % of Grade 12	Avg Verbal Score	Avg Math Score	Avg Writing Score *	Avg Total Score *
Cabrillo Unified	Half Moon Bay High	46%	532	549	522	**1603**
Jefferson Union High	Jefferson High	44%	419	436	433	**1288**
	Oceana High	55%	501	512	495	**1508**
	Terra Nova High	47%	530	552	526	**1608**
	Westmoor High	44%	460	518	467	**1445**
La Honda-Pescadero Unified	Pescadero High	19%	--	--	--	**--**
San Mateo Union High	Aragon High	61%	559	592	563	**1714**
	Burlingame High	67%	546	571	546	**1663**
	Capuchino High	39%	504	540	505	**1549**
	Hillsdale High	60%	506	544	495	**1545**
	Mills High	78%	520	588	523	**1631**
	Peninsula High Continuation	4%	--	--	--	**--**
	San Mateo High	56%	552	581	560	**1693**
Sequoia Union High	Carlmont High	60%	545	570	541	**1656**
	Menlo-Atherton High	55%	564	571	564	**1699**
	Redwood High	1%	--	--	--	**--**
	Sequoia High	33%	482	522	490	**1494**
	Woodside High	43%	508	511	515	**1534**
South San Francisco Unified	El Camino High	45%	472	511	472	**1455**
	South San Francisco High	37%	477	515	477	**1469**

Source: California Department of Education, Policy and Evaluation Division.
* The 2005 SAT includes the new Writing section; thus, total scores are not directly comparable to earlier scores.

College Preparedness

California High School Exit Exam

- San Mateo County 10th-graders perform above regional and statewide averages on the California High School Exit Exams. However, fewer African American or Latino students pass the exam when compared to students of other race/ethnicity.[111]

Student Achievement 2005-06[112]	San Mateo County	Greater Bay Area Region	Statewide
Percent of 10th-graders who passed the California High School **English** Exit Exam	83%	81%	77%
Percent of 10th-graders who passed the California High School **Math** Exit Exam	83%	80%	75%

San Mateo County by Race/Ethnicity	African American	Asian	Latino	White	Other
Percent of 10th-graders who passed the California High School **English** Exit Exam	71%	88%	70%	93%	91%
Percent of 10th-graders who passed the California High School **Math** Exit Exam	59%	91%	69%	92%	90%

- Economically disadvantaged students pass the exam at lower rates than other students.[113]

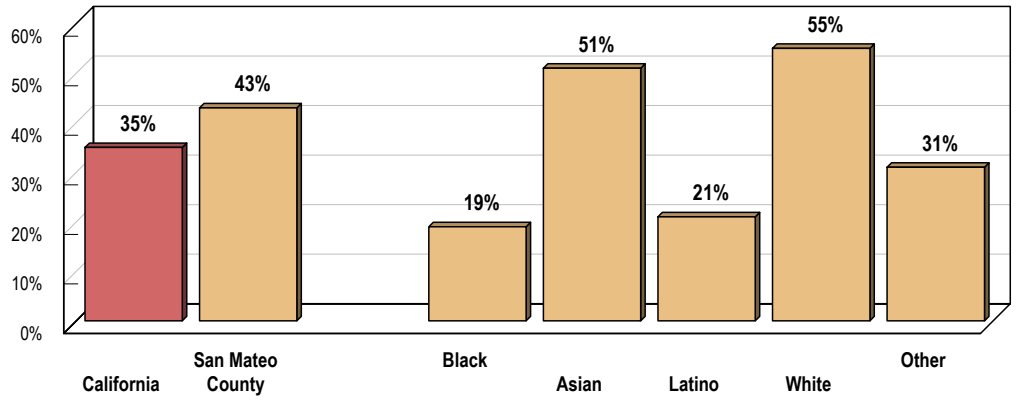
Student Achievement 2005-06: San Mateo County by Family Income[114]	Economically Disadvantaged	Not Economically Disadvantaged
Percent of 10th-graders who passed the California High School **English** Exit Exam	67%	91%
Percent of 10th-graders who passed the California High School **Math** Exit Exam	67%	90%

Meeting UC/CSU Entrance Requirements

- In 2004-05, 43.1% of the county's high school graduating classes met University of California and California State University eligibility requirements, compared with 35.2% for the state. San Mateo Union High (50.9%) and Cabrillo Unified (48.4%) had the highest percentages among districts in the county. South San Francisco Unified (35.2%) and Jefferson Union High (36.4%) had the lowest percentages among districts.[115]

- 51% of Asian and 55% of White students met UC/CSU entrance requirements, compared to only about 20% of African American and Latino students.[116]

Percent of San Mateo High School Students Who Meet UC/CSU Requirements (2004-05)



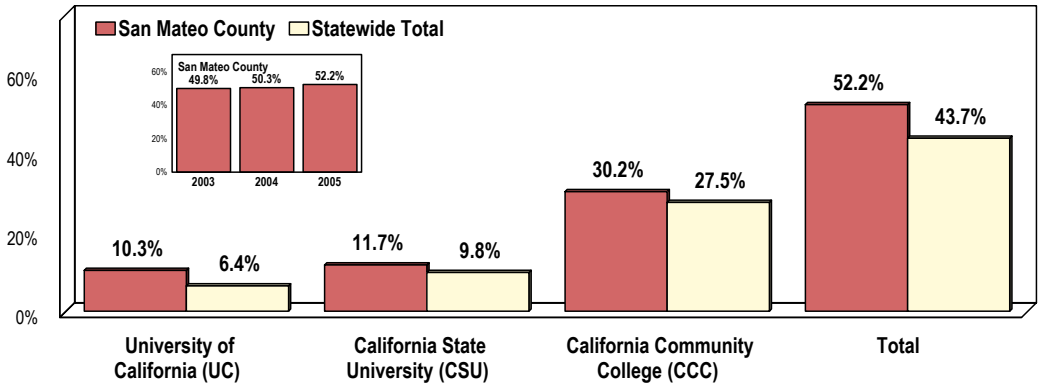
Source: California County Data Book 2007. Children Now. http://publications.childrennow.org/assets/pdf/policy/cdb07/cdb07_sanmateo.pdf

College Entry Rates

- In 2005, 52.2% of San Mateo County high school students entered a California college or university. Of these students, 30.2% entered community colleges, 11.7% went to CSU schools, and 10.3% entered the UC system.[117]

- In San Mateo County, the percentage of students entering a California college or university increased between 2003 and 2005.[118]

2005 College-Going Rates to Public Colleges and Universities



Source: College-Going Rates to Public Colleges and Universities. California Postsecondary Education Commission. 2007. http://www.cpec.ca.gov/

Note: College-going rates were calculated by dividing the number of entering freshmen aged 19 and younger from public high schools in the county by the total number of graduates from public high schools in the county. Data regarding high school graduates were obtained from the California Department of Education. Rates do not entail longitudinal tracking of individual students.

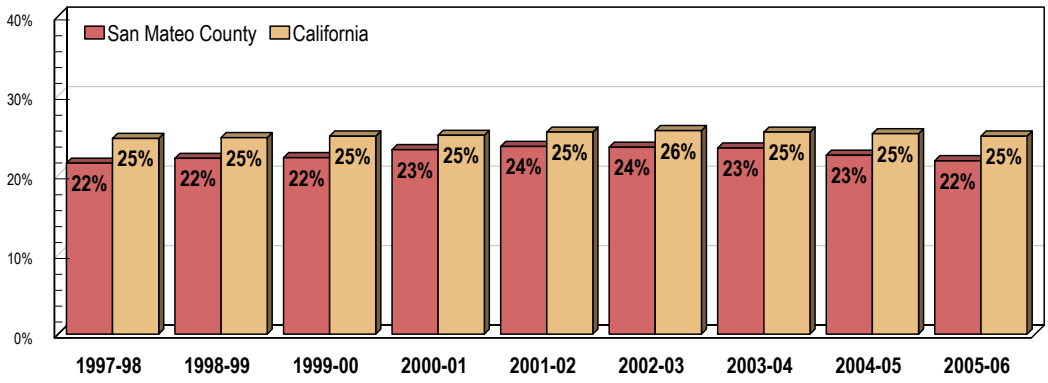
Ethnic Diversity & English Proficiency

English Learner (EL) Students

- In 2006-07, 22% of San Mateo County enrollment (a total of 19,866 students) was designated as English Learners (EL), compared to 25% statewide.[119]

English Learner Students, 1997-2006

(Formerly Limited English Proficiency)

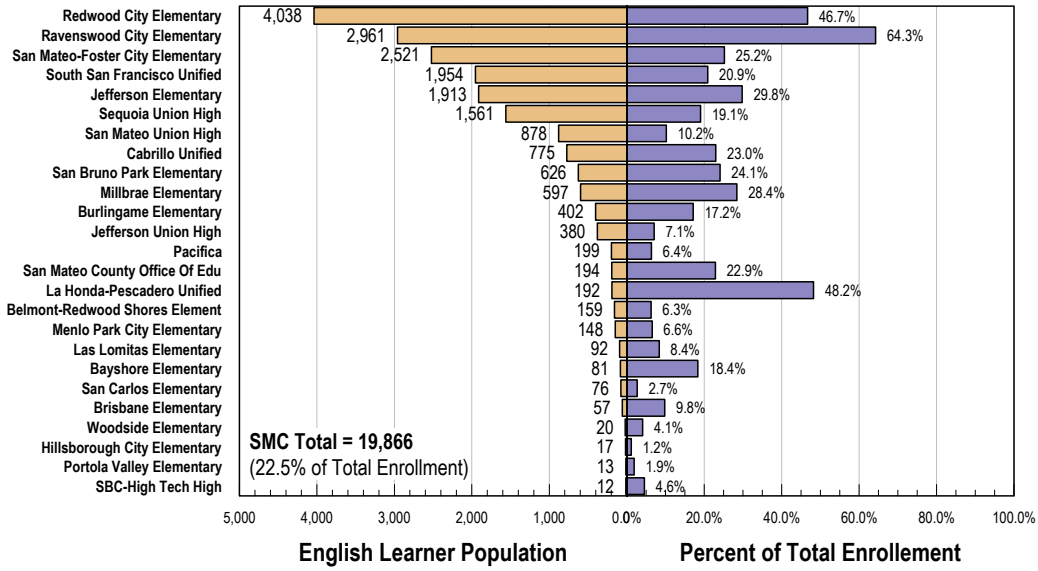


Source: Kidsdata.org. Lucile Packard Foundation for Children's Health. 2007.

Note: Percentage of public school students who are identified as English Learners, a term used to describe students who have a primary language other than English and who lack the clearly defined English language skills of listening comprehension, speaking, reading, and writing necessary to succeed in a school's regular instructional programs.

- Redwood City Elementary, Ravenswood City Elementary, and San Mateo-Foster City Elementary have the highest populations of EL students in San Mateo County. Proportionally, Ravenswood City Elementary, La Honda-Pescadero Unified, and Redwood City Elementary have the highest percentages of total enrollment made of English Learner students.[120]

English Learner Populations by School District (2006-07)



Source: California Department of Education, DataQuest. Data extracted August 2007. http://api.cde.ca.gov/reports/dataquest.asp

- English Learner students are at a significant disadvantage in terms of student achievement, with markedly lower test scores in English Language Arts and Math (2nd-11th grades), and on the California High School Exit Exam (10th graders).[121]

Adult Education

- 2000 Census findings pertaining to educational attainment in San Mateo County versus statewide totals are provided in the following chart. Note that educational attainment in San Mateo County is considerably higher than the state averages at every age level.[122]

- The extent to which San Mateo County residents have education beyond high school continues to be driven by ethnicity. A total of 20% of San Mateo County Black residents over the age of 25 do not have a college education, similar to the statewide average of 23.2%. Approximately 43.4% of San Mateo County Latinos (aged 25 and older) have no college coursework to their credit.[123]

Educational Attainment Among San Mateo County Residents

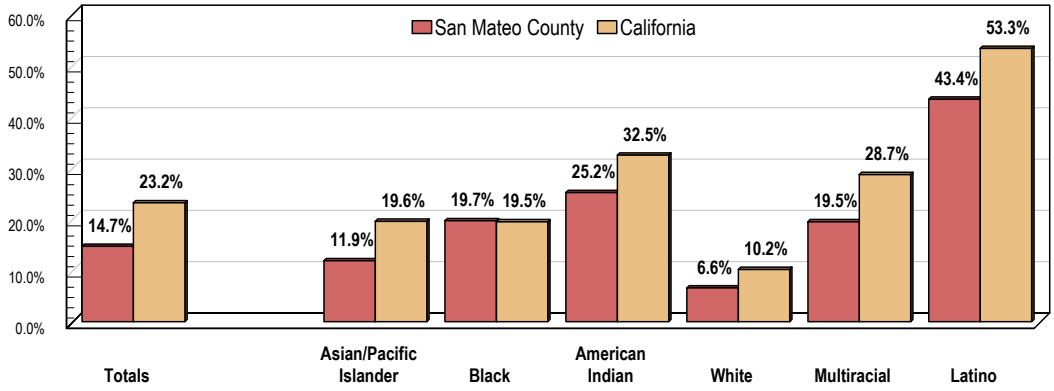
(Percent of Age Group for Both Sexes, by Level of Education)

	California	San Mateo County
High School Graduate or Higher		
25 to 34	75.2%	**84.8%**
35 to 44	78.0%	**87.2%**
45 to 64	80.5%	**88.2%**
65/Over	70.1%	**77.8%**
Bachelor's Degree or Higher		
25 to 34	26.3%	**43.5%**
35 to 44	27.0%	**42.7%**
45 to 64	30.1%	**40.3%**
65/Over	19.8%	**25.7%**

Source: U.S. Census Bureau, Census 2000 Summary File, Matrices P37 and PCT25.

Percent of Population With No College, By Ethnic Origin

(Among People 25 and Older)



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

Library Usage

The San Mateo County Library is comprised of 12 community libraries in the following 11 cities and towns: Atherton, Belmont, Brisbane, East Palo Alto, Foster City, Half Moon Bay, Millbrae, Pacifica, Portola Valley, San Carlos, Woodside. The Library also serves the unincorporated areas of San Mateo County.[124]

2005-2006 Library Usage, San Mateo County Libraries

	Fiscal Year 2005-2006
Number of New Items Added	90,105
People in Service Area	274,807
Registered Library Borrowers	144,709
Number of Items Borrowed	2,922,080
Items Borrowed per Capita	10.63

Source: San Mateo County Library. 2005-2006 Annual Accomplishments Report. http://www.smcl.org/about/organization/report.pdf

- In Fiscal Year 2005-06, San Mateo County Libraries had nearly 3 million items borrowed among 144,709 registered library borrowers.[125]

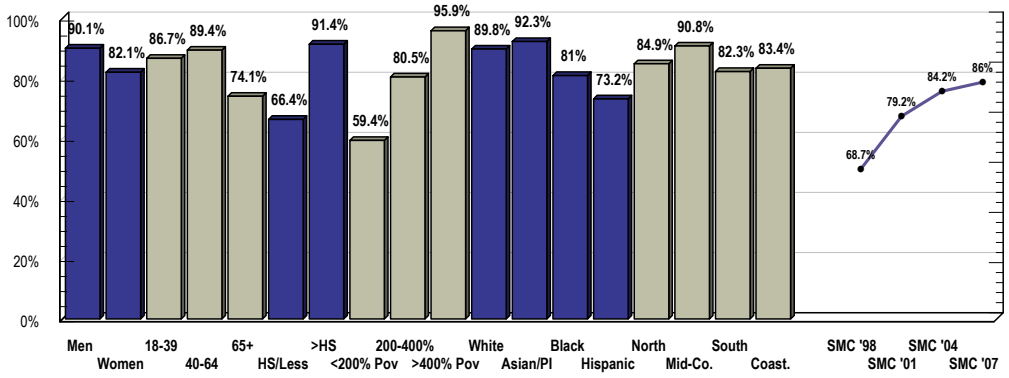
- According to the 2003 First 5 San Mateo County Family Survey, 49% of parents had been to the library in the past month.[126]

Computer Usage

- The home personal computer is a tool that is fast becoming as common as the household television and radio. In the 2008 San Mateo County Quality of Life Survey, 86.0% of adults report having a computer in their home, continuing the *significant upward trend* since the initial 68.7% recorded in 1998.[127]

- But not everyone has access: there is a digital divide depending on education, income, age and race. Nine out of 10 households with incomes over the 400% poverty threshold (95.9%) currently have a computer in the home, compared to only 59.4% of those below the 200% poverty threshold. Seniors and Hispanics also demonstrate lower computer ownership.[128]

Currently Have a Computer at Home



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

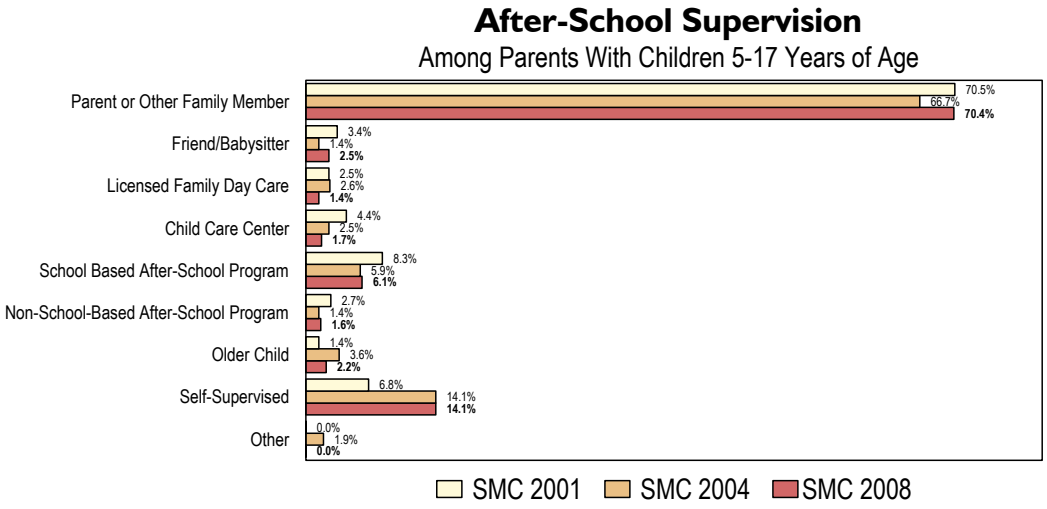
Child Care

The quality of child care, including preschool, during a child's early years influences socio-emotional and cognitive development, including language learning, problem solving, self control, social skills, and school readiness. Consistent, quality child care can be a stabilizing force for children and their families during times of change. The availability of quality child care also impacts employers' ability to utilize the county's highly skilled work force and maintain economic competitiveness. Further, child care is indispensable to the many families who need two incomes to afford San Mateo County's high cost of living.[129]

Current Child Care Arrangements

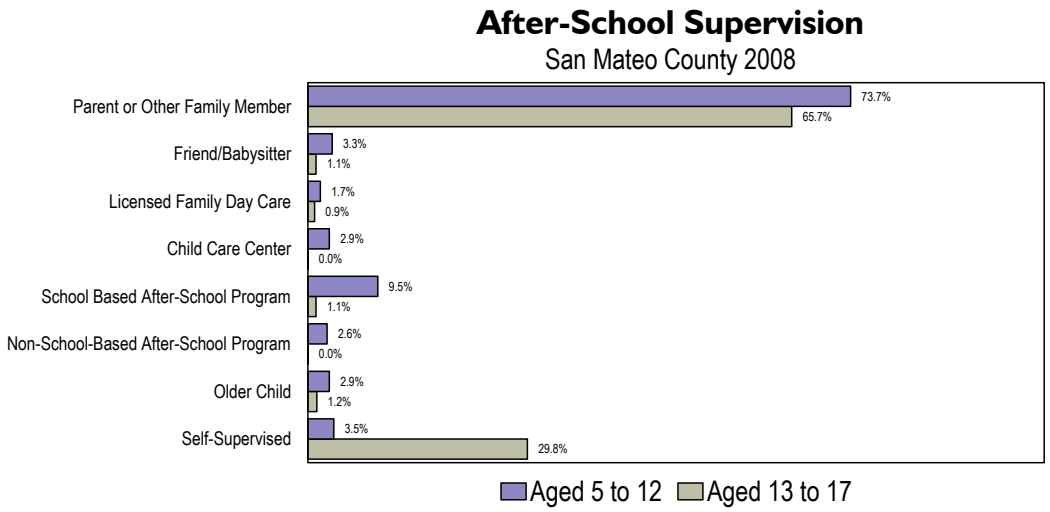
After-School Care

- Among surveyed parents with school-aged children in 2008 (ages 5-17), most (70.4%) report that a parent or other adult family member supervises the child after school, and 2.2% rely on an older child. A total of 3.1% rely on day care services or child care centers. A total of 7.7% use after-school programs, while 14.1% say their child watches him/herself — this represents no statistical change in findings since 2004, when a significant increase in the proportion of school-age children with no after-school supervision was first reported.[130]



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of respondents with children aged 5-17 at home.

- By age, younger children (aged 5 to 12) are more likely to be supervised after school by a family member or to participate in an after-school program than are older children. Nearly 30% of teens, on the other hand, self-supervise after school.[131]

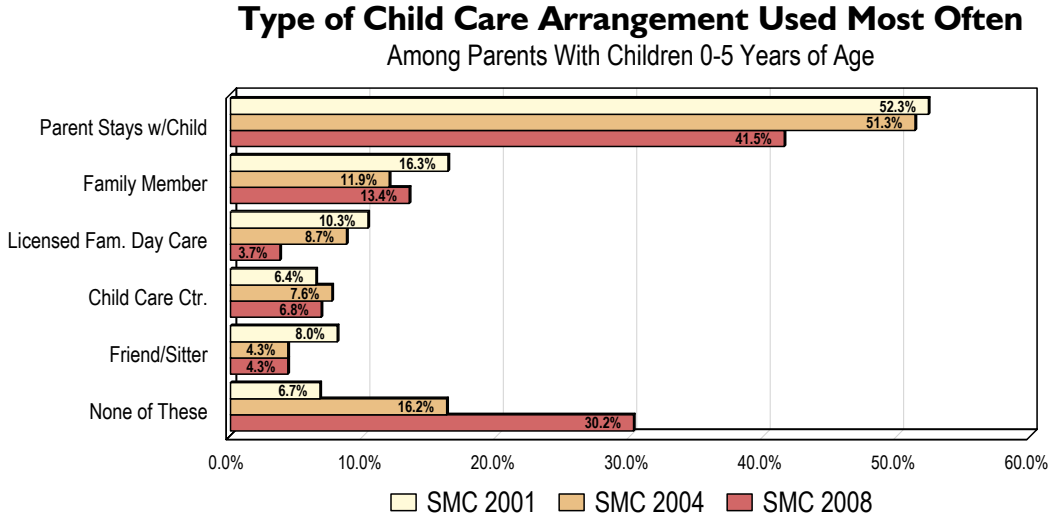


Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August2007. (Professional Research Consultants).
Note: Asked of respondents with children aged 5-17 at home.

- Among surveyed parents with a school-aged child (excluding those whose children are self-supervised after school), most say that their after-school arrangements have been beneficial: a total of 70.0% in 2008 say these arrangements have made it easier for them to accept a job (*up significantly* from 60.8% in 2004).[132]

Infant & Preschool Care

- In 2008, 41.5% of surveyed parents of children 0-5 years report that their child stays home with a parent, while 13.4% say their child stays with another family member, and 4.3% say the child stays with a friend or babysitter. A total of 6.8% rely on a child care center for child day care, and 3.7% rely on a licensed family day care. Compared to 2004 findings, this represents *decreases* in mentioning either "parents" or "licensed family day care," but a *significant increase* in the non-descript "none of these" category.[133]



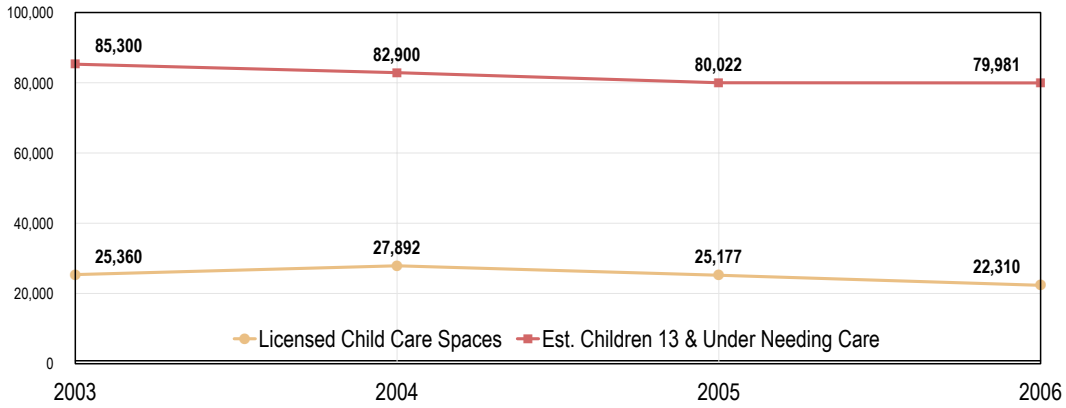
Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of respondents with children aged five and under at home.

Availability of Child Care

- In 2006, **licensed child care** (spaces in family child care homes and infant, preschool, and school-age child care centers) **is available for only 27% of San Mateo County children with parents in the labor force.** *(Note that some families choose friends and relatives – license-exempt caregivers – to care for their children, and programs for school age children are often not licensed by the state).*[134]

- Overall, the number of children needing care in San Mateo County remained fairly constant from 2005. The supply of licensed child care spaces dropped by 11.4%, however. Including previous year losses, the supply of licensed child care spaces has dropped by 20% since 2004. The California Early Care and Education Workforce Study (2006) points to the impact of low salaries on the retention of providers. In counties such as San Mateo where housing costs are high, family child care providers have trouble owning their own homes, complicating their ability to do business.[135]

Child Care Demand Versus Supply in San Mateo County



Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

- The gap in care, however, is not spread evenly across all age groups. While the number of licensed spaces for preschoolers met the needs of 85% of those needing child care, the needs of only 14.5% of infants and 11.4% of school-age children were met in 2006, respectively. The gap in school age care is made up for, in part, by a variety of license-exempt programs through school districts or city recreation programs. Additionally, programs will be able to grow through the availability of Proposition 49 funding in 2007. Similar funding and attention are lacking for infant and toddler care, making that gap in licensed care particularly troublesome.[136]

- Despite the high demand for child care in the county, providers surveyed in 2004 reported vacancies, with 47% of child care centers citing a family's inability to afford child care the reason. With too many vacancies, programs may be forced to close.[137]

- The county ranks in the top four in the state in its percentage of child care centers with staff speaking Chinese (9%) and Tagalog (8%); and family child care homes speaking Chinese (3%) and Tagalog (7%).[138]

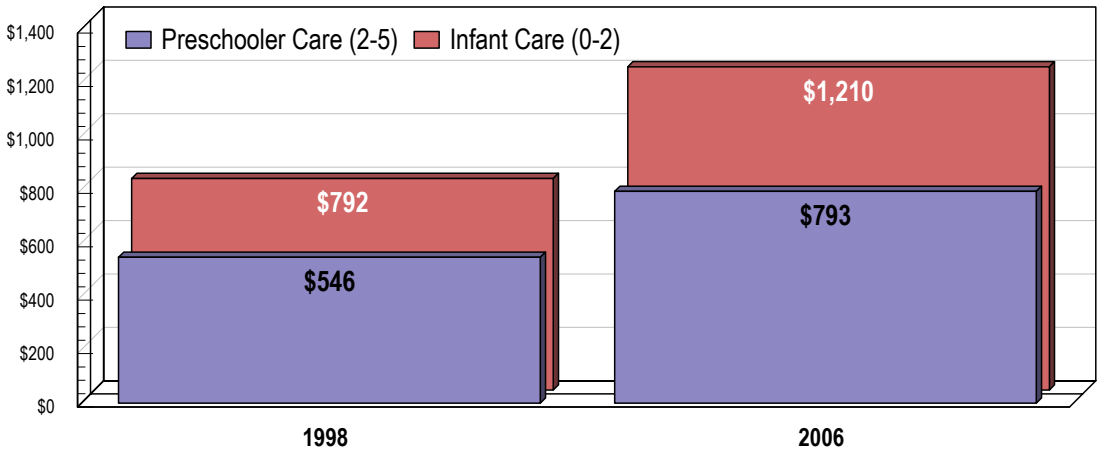
Cost of Child Care

- For a family in California earning minimum wage ($14,040/year), the combined costs of housing and child care add up to more than 200% of that family's annual income.[139]

- In 2006, the average monthly cost for care *in a family child care home* was $899 for infants (a 38% increase from 1998) and $840 for preschoolers (a 36% increase from 1998). For school age children, the hourly cost in a family child care home was $7.40 per hour (a 77% increase from 1998).[140]

- For *center based care*, the average monthly costs were $1,210 for infants (a 53% increase from 1998), $793 for preschoolers (a 45% increase from 1998), and $364 for school-aged children (an 11% increase from 1998).[141]

Average Monthly Cost of Child Care in a Licensed Child Care Center
(San Mateo County)



Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007.
http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

Subsidized Child Care

- Middle- and low-income families face a particularly difficult time affording child care. To qualify for child care subsidies, a family's income must fall below state or federal guidelines that are not in alignment with the county's high cost of living. As governmental funding for subsidies has decreased, families who meet very low- income guidelines for subsidized care are not assured of assistance, often remaining unserved for years on the county's Centralized Eligibility List (CEL). In 2006, countywide participation with the CEL was mandated by the legislature for all state subsidized child care. As the separate lists of 32 contractors were merged and parent outreach was conducted, the number of children on the CEL climbed from 782 in 2005 to 4,528 in 2006, providing a more accurate and compelling indication of parental need in our county.[142]

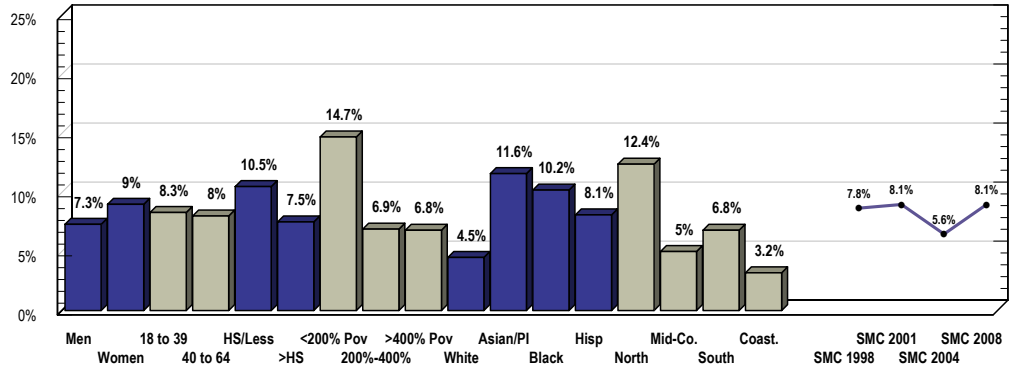
- In April 2003, there were 4,622 San Mateo County low-income children who received subsidized child care, but another 2,120 eligible children from 1,514 families were on the waiting list for subsidized care.[143]

Older Dependents

- Among San Mateo County adults under age 65 surveyed in 2008, 8.1% have an older dependent such as a parent, aunt or uncle living in their household because he or she is unable to live alone *(higher* than reported in 2004, but similar to 1998 and 2001 findings). By demographic characteristics, higher responses are noted among those with no postsecondary education, respondents living below 200% of poverty, Black respondents and Asian respondents. It is also highest in the North County region.[144]

An Older Dependent Lives in the Household

Among Those Under Age 65

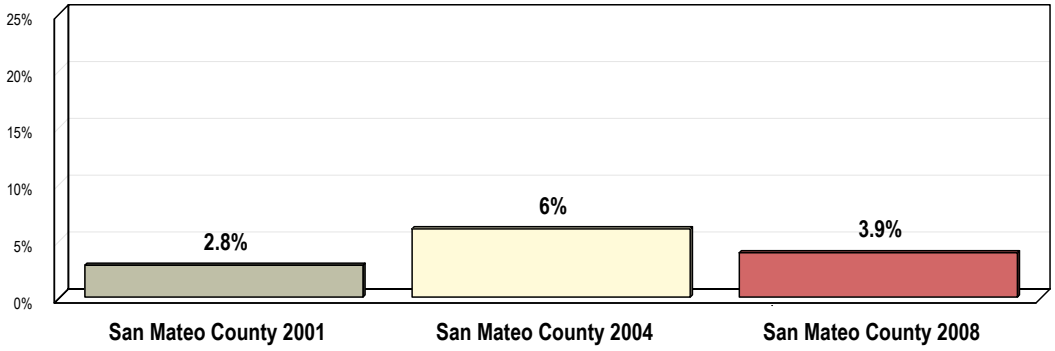


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Reflects respondents under the age of 65.

- In addition, among surveyed adults aged 65 and older, 3.9% report that they live in the home of one of their adult children, grandchildren or other relative (*significantly lower* than found in 2004, but similar to 2001 findings).[145]

Live in Home of Adult Child/Grandchild/Relative

Among Adults Aged 65 and Older



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Notes: 1. Reflects residents aged 65 and older.

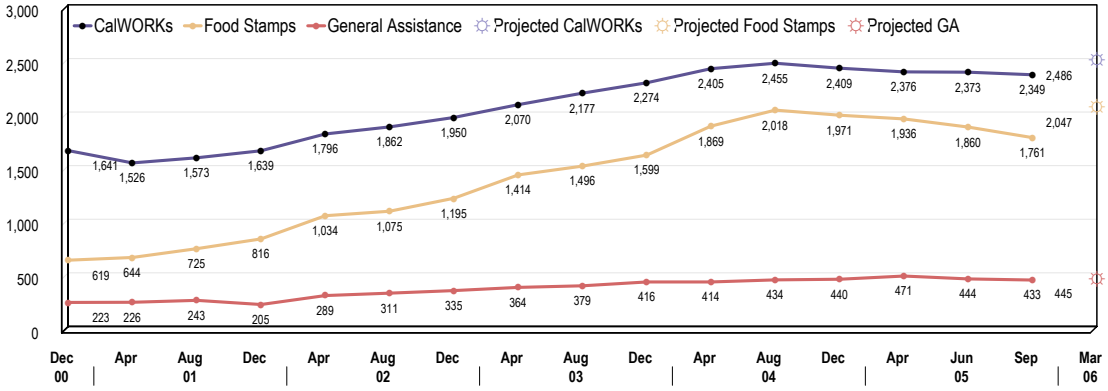
Government Assistance

- As of September 2005, San Mateo County provided:[146]
  - CalWORKs supports for 2,349 cases.
  - Food Stamp benefits for 1,761 cases.
  - General Assistance to 433 cases.

- Coinciding with the rise in unemployment and economic downturn in 2002, there was a significant increase in the number of families receiving CalWORKs. In April 2001, a historic low 1,526 cases were served; this number increased 61.5% to 2,465 cases receiving CalWORKs in July 2004.[147]

- Since 2000 (when local unemployment reached historic lows), Food Stamp caseloads also increased considerably through mid-2004, but have since begun to decline slightly.[148]

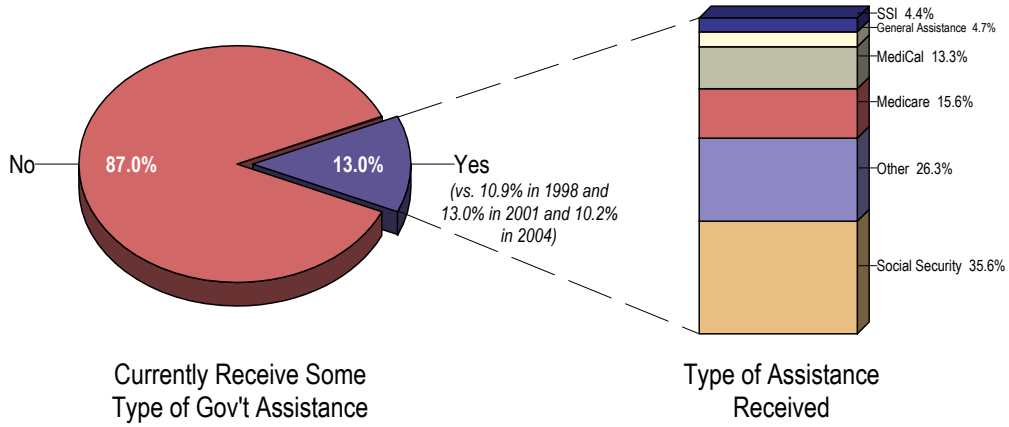
CalWORKs, Food Stamps, General Assistance Caseloads, San Mateo County



Source: Annual Report. Fiscal Year 2004-2005. Human Services Agency. County of San Mateo.
Annual Report. Fiscal Year 2005-2006. Human Services Agency. County of San Mateo.

- A total of 13.0% of survey participants in 2008 receive some type of government assistance (slightly *higher* than 2004 findings). Most often, the type of assistance received is in the form of Social Security or SSI benefits (40.0%), while 15.6% receive Medicare, 13.3% receive MediCal, and 4.7% receive General Assistance benefits.[149]

Government Assistance



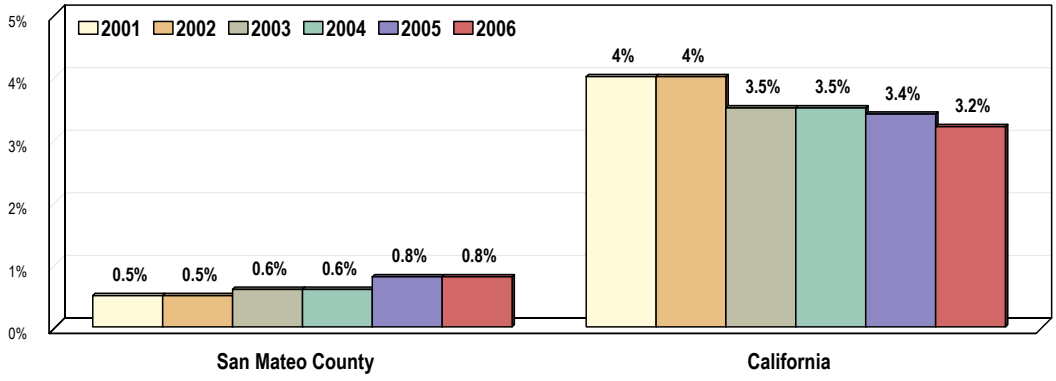
Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Asked of all respondents.

CalWORKs (California Work Opportunity and Responsibility to Kids)

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

- In January 2006, 0.8% of the San Mateo County population received CalWORKs supports, a percentage that matches the 2005 figure, but had increased over the preceding several years. However, the county proportion is well below the state proportions, although these are decreasing statewide.

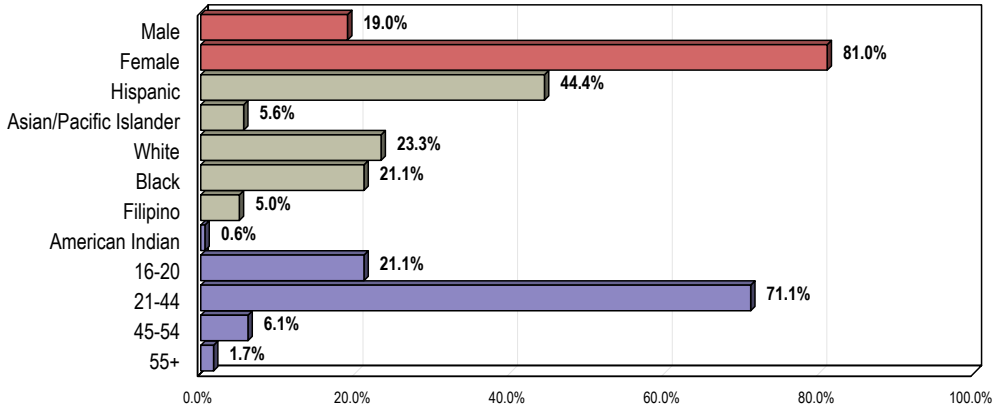
Percent of Population Receiving CalWORKs, 2001-2006



Source: Department of Social Services, Research and Development Division. Data Systems and Survey Design Bureau.
Notes: CalWORKs is the State name for the federal program Temporary Assistance for Needy Families (TANF) which replaced AFDC in 1997.
Percentages Calculated for January Each Year.

- Demographic characteristics of CalWORKs recipients (July 2006) reveal that a majority are female and/or between the ages of 21 and 44. Hispanics and Blacks are also disproportionately represented in the CalWORKs population.[150]

Selected Characteristics of CalWORKs Recipients Aged 16 and Older, San Mateo County, July 2006



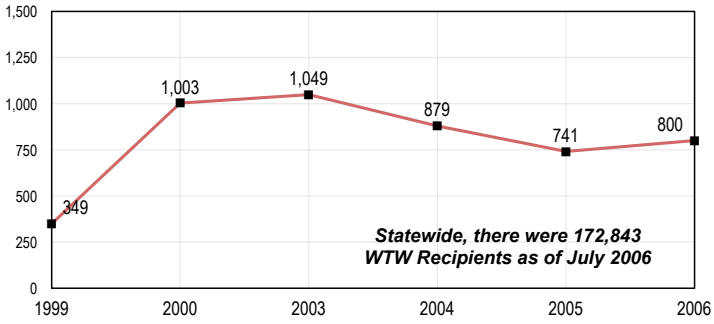
Source: Planning Information Packet, San Mateo County. State of California Employment Development Department, Labor Market Information Division. March 2007. http://www.calmis.ca.gov/htmlfile/county/smateo.htm

Welfare-to-Work

California's Welfare-to-Work program is designed to assist CalWORKs participants find employment and/or acquire the necessary job skills to obtain employment.[151]

- Between 1999 and 2003 San Mateo County's Welfare-to-Work caseload tripled from 349 to 1,049. Since 2003, the number of Welfare-to-Work cases in San Mateo County declined to 800 in 2006.[152]

Number of Welfare-to-Work Recipients in San Mateo County, 1999-2006



Source: Planning Information Packet, San Mateo County. State of California Employment Development Department, Labor Market Information Division. March 2007. http://www.calmis.ca.gov/htmlfile/county/smateo.htm

Foster Families

Foster care is providing a temporary home for children who cannot safely be at home with their birth families. The San Mateo County Human Services Agency requires that all foster parents be licensed.

- In San Mateo County, the rates of children entering foster care in 2006 for the first time was 1.7 per 1,000 children which was below the statewide rate of 4.1 per 1,000 children.[153] However, the foster care population is disproportionately made up of children of color.

- As of April 1, 2007, San Mateo County had 457 children in foster care.[154] No single indicator can give a full picture of trends in child welfare, and various policies and conditions, including the capacity of the system and changing responses to child abuse, can affect the rate of entry into the foster care system.

Further note the following foster care findings for San Mateo County:[155]

- **Exits to Permanency**: This measures how quickly the foster care system is able to secure a permanent, safe home for foster children in long term care. The most recent data (April 2006 to March 2007) for San Mateo County shows that for children in care 24 months or longer, 16.7% exited to permanency by the end of the March 2007 and before they turned 18. This number was slightly lower than in California as a whole (17.4%).

- **Placement Stability**: It can be traumatic for foster children to move from one foster care home to another. In San Mateo County, the most recent data (April 2006 to March 2007) shows that 78.4% of children who had been in foster care for less than one year had two or fewer placements, compared to 82.2% statewide. The national standard for this indicator is at least 86% of children in foster care less than 12 months have two or fewer placements.

- **Family Reunification and Adoption**: The most recent reunification data (April 2006 to March 2007) shows that 61.4% of San Mateo County foster children who were last placed with kin were reunited with their families within 12 months, which exceeds the Statewide rate of 59.7%. In San Mateo County, during the same time period, 80% of foster children who entered non-kin care were reunified with their family after twelve months, which compares favorably to the state as a whole (67%).The national standard is that at least 75.2% of children in foster care are reunified with their families within 12 months. In San Mateo County, of children who exited foster care to a finalized adoption during the period of April 2006 to March 2007, 41.4% were adopted within 24 months of entering foster care, meeting the national standard of at least 36.6%.

- **Re-Entry into Foster Care**: Repeated abuse or neglect can mean that children reunited with family must re-enter the foster care system. In San Mateo County, that tends to happen more frequently for children in non-kin placements (re-entry rate after 12 months was 20% for non-kin placements in the April 2005 to March 2006 timeframe versus 8% for kin placements).

- **Demographics**: The foster care population in San Mateo County is disproportionately made up of children of color. This is similar to what exists statewide and nationally. Hispanic, African American, Asian/Pacific Islander children are over-represented in the foster care system. During the period of April 2006 to March 2007 first entries to foster care with 8 days or more in care were mostly composed of Hispanic (53.3%) and African American (20.1%) children. Of total first entries with 8 days or more in care, 49% were children ages 0-5, 18% were ages 6-10, and 26% were ages 11-15 and 7% were ages 16-17.

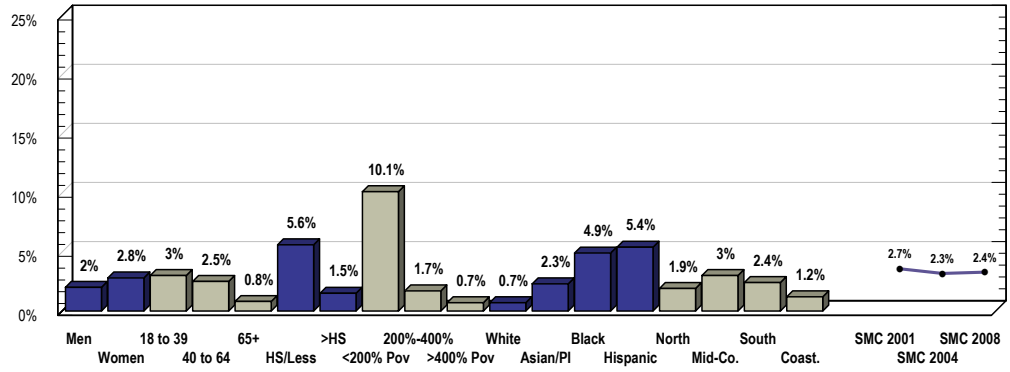
- **Improvements**: As a result of long-standing problems with the foster care system, new laws and regulations at the state and federal levels aim to reduce the number of children who are abused and/or neglected, as well as the number of children in foster care. In California, a statewide effort is in place to improve services and focus on prevention and early intervention for child abuse and neglect.

Families in Hunger

- According to the Second Harvest Food Bank, 43,218 county residents were either hungry or food insecure in 2005. Because hunger of one adult almost always indicates a problem for the rest of the household, the total number of people "touched" by hunger in San Mateo County was estimated to be 160,761 or roughly 22% of the population.[156]

- A total of 2.4% of surveyed adults report that their family does not have enough food on a regular basis (statistically similar to 2001 and 2004 findings). A total of 10.1% of persons living below the 200% poverty threshold, 4.9% of Black adults, and 5.4% of Hispanic adults report that their family does not have enough food on a regular basis.[157]

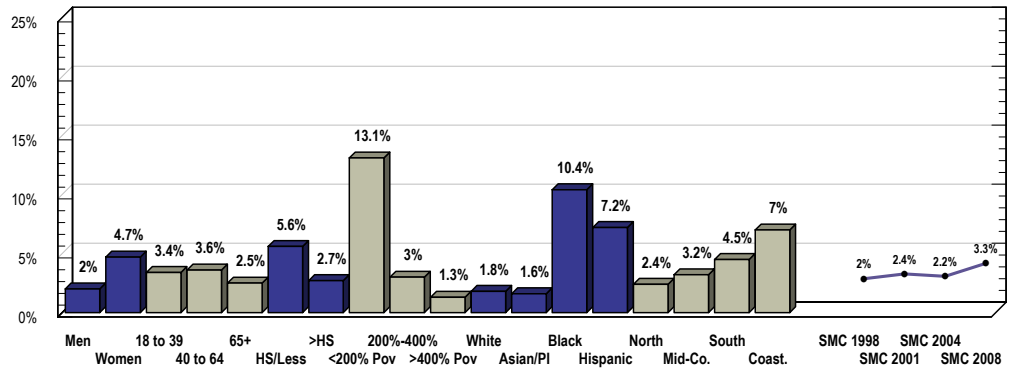
Family Does Not Have Enough Food on a Regular Basis



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "no" responses.

- A total of 3.3% of 2008 San Mateo County survey respondents say they have received food from a food bank, church or other organization in the past year. Among those living below the 200% poverty threshold, this percentage is 13.1%. Responses are also notably higher among Hispanic and Black respondents, and among those living on the Coastside.[158]

Have Received Food From a Food Bank, Church, or Other Organization in the Past Year



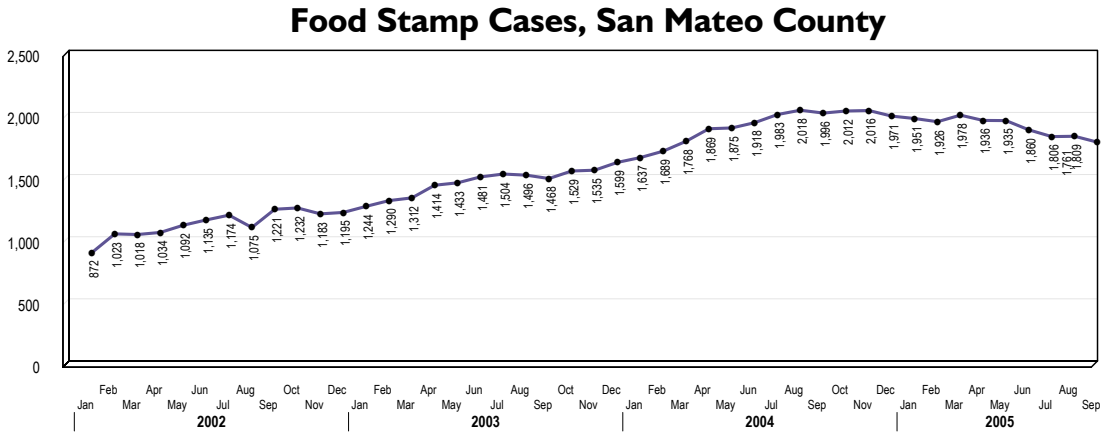
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

Food Stamp Program

The Food Stamp program provides electronic benefits for eligible low-income households. Food Stamp benefits can be used to buy food at most grocery stores (they may not be traded for money or used to buy non-food items, such as alcohol and tobacco products, pet food, soap, or paper products).[159]

- In 2005, 4,239 households received food stamp benefits (just under 2,000 cases). Nevertheless, federal nutrition programs to address hunger are severely underutilized in our county. In 2005, it was estimated that 55% of county residents eligible for the federal Food Stamp Program did not use it because of the social stigma surrounding food stamps, burdensome paperwork and recordkeeping, and a lack of knowledge about eligibility. Full participation in the program could have brought nearly $12 million of federal funds to the county to fight hunger.[160]

- The Food Stamp caseload increased sharply between 2002 and 2004, but has since declined slightly.[161]



Source: Human Services Agency. County of San Mateo. 2007.

Subsidized School Lunches

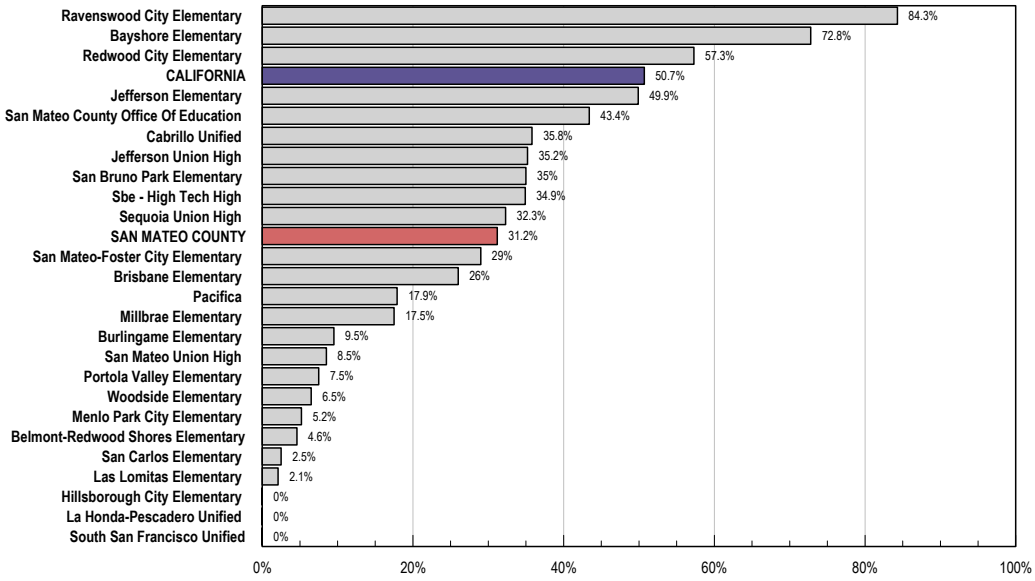
School-based programs are a critical means to assure that children's nutritional needs are met. Low-income children participating in the free or reduced-price National School Breakfast Program (NSBP) perform better on standardized tests than eligible, but not participating, children. Moreover, children participating in the NSBP have less absenteeism and tardiness compared to non-participants.[162]

- In the 2005-2006 school year, 31.2% of San Mateo County school children were enrolled in the free or reduced-cost school breakfast and lunch program.[163]

- Subsidized school lunch participation ranges broadly within school districts in the county, with highs of 84.3% receiving free lunch in the Ravenswood Elementary School District and 72.8% in the Bayshore Elementary School District. (2005-06 data).[164]

Percent of Enrolled Students Receiving Free or Reduced-Priced Meals

San Mateo County 2006-07



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

Domestic Violence

Calls for Assistance

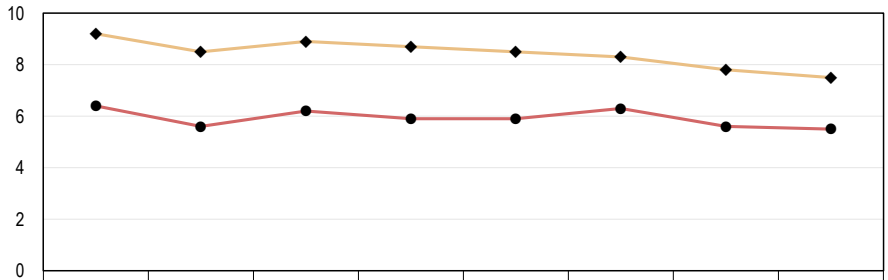
In 30% to 60% of families that experience domestic violence, children also are abused (some estimates of this co-occurrence are even higher). In addition, children who witness domestic violence – even if they are not targets of the violence – tend to exhibit the same emotional, behavioral, and academic problems as abused children. Children raised in violent family environments also are at risk of becoming abusers or victims themselves during adolescence or adulthood.[165]

Domestic violence occurs in families of all incomes, cultures, and education levels. However, a number of factors put families more at risk, the most significant of which is substance abuse. Poverty, social isolation, and language barriers also are risk factors. Victims may fail to report the violence because they fear retribution, deportation, or that their children will be taken away.[166]

- From 1998 to 2005, the rate of domestic violence calls to law enforcement decreased 14% in San Mateo County to 5.5 calls per 1,000 adults ages 18-69. The statewide rate decreased by 18% between 1998 and 2005 to 7.5, but consistently remained higher than San Mateo County.[167]

- The total number of domestic violence calls to law enforcement in 2005 was 2,704 in San Mateo County. There were 181,632 domestic violence calls to law enforcement statewide in 2005.[168]

Rate of Domestic Violence Calls for Assistance



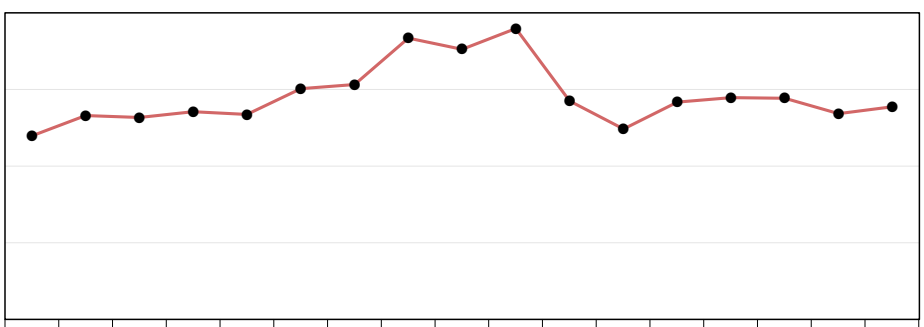
	1998	1999	2000	2001	2002	2003	2004	2005
San Mateo County Rate	6.4	5.6	6.2	5.9	5.9	6.3	5.6	5.5
San Mateo County Number	3,088	2,727	3,006	2,874	2,858	3,056	2,706	2,704
California Rate	9.2	8.5	8.9	8.7	8.5	8.3	7.8	7.5

Source: www.kidsdata.org
Note: Number of domestic violence calls for assistance per 1,000 adults ages 18-69.

Arrests

- In 2005, there were 555 arrests for domestic violence offenses in San Mateo County, down from a high of 759 in 1997.[169]

Domestic Violence Arrests



	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2003	2004	2005
San Mateo County	479	532	527	542	535	602	613	734	705	759	570	497	567	579	577	537	555
California	31,886	38,200	43,760	45,677	49,547	50,982	56,919	60,279	59,828	63,636	56,892	52,128	50,479	52,392	48,854	46,353	45,083

Source: California Attorney General's Crime and Violence Prevention Center. www.safestate.org

- In 2005, there were 4 homicide deaths in San Mateo County with domestic violence as the precipitating event. This is the highest single-year count occurring in the past several years.[170]

Domestic Violence: Willful Homicide, 1997-1999

	1997	1998	1999	2002	2003	2004	2005
San Mateo County	2	3	0	0	2	3	4
California	128	120	128	181	187	163	160

Source: California Attorney General's Crime and Violence Prevention Center. www.safestate.org

Child Abuse

Children who are abused or neglected, including those who witness domestic violence, often exhibit emotional, cognitive, and behavioral problems, such as depression, suicidal behavior, difficulty in school, use of alcohol and other drugs, and early sexual activity. Children who are abused or neglected also are more likely to repeat the cycle of violence by entering into violent relationships as teens and adults or abusing their own children.[171]

Child abuse/neglect is underreported, and is found in families of all socioeconomic levels and ethnic groups. A variety of risk factors exist for child abuse/neglect. Primary among them is parental substance abuse. Another risk factor is domestic violence. Research shows that in 30% to 60% of families that experience domestic violence, children also are abused. Other contributing factors include parental mental illness, poverty, and child disability. Prevention of child abuse and neglect requires public education and commitment from communities to provide emotional, social, and financial support systems for families.[172]

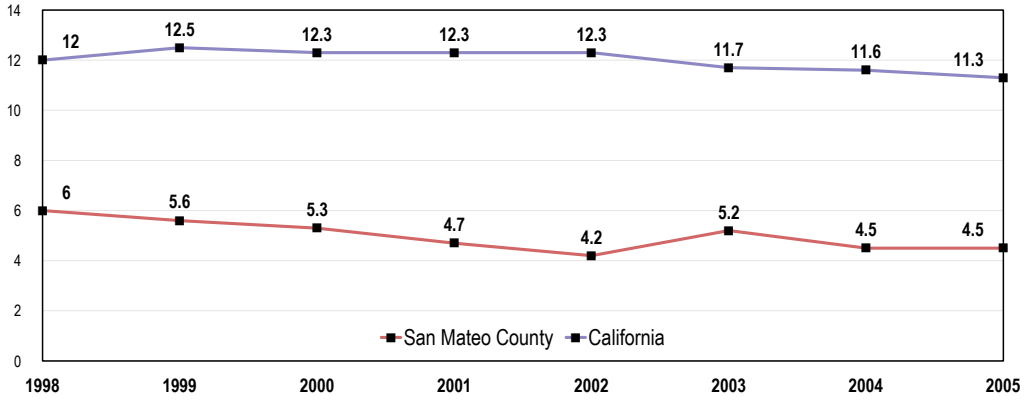
The trauma of child abuse often results in lifelong impairment in social, academic, and occupational functioning. Many incarcerated adults were victims of child abuse, and most perpetrators of child abuse experienced abuse during their childhood. Early intervention in the

lives of abused children can lead to fewer physical, psychological, and emotional problems and help to reduce the continuation of abuse in future generations.[173]

- The rate of child abuse/neglect reports in San Mateo County stayed relatively steady between 1998 and 2005. The San Mateo County's rate in 2005 (24.5 reports of child abuse per 1,000 children) was below the statewide rate of 50.1. Not all child abuse/neglect allegations are substantiated after a social worker investigates. In fact, substantiated cases represent less than one-fifth of all reports in San Mateo County.[174]

- From 1998 to 2005, the rate of substantiated child abuse cases decreased by 25% in San Mateo County. Overall, the state saw a decrease of 6% in the rate of substantiated child abuse cases from 1998 to 2005. The 4.5 cases of substantiated child abuse/neglect per 1,000 children in San Mateo County was far below the statewide rate of 11.3 cases in 2005.[175]

Substantiated Cases of Child Abuse (Rate per 1,000)



Source: www.kidsdata.org.
Note: Rate of substantiated child abuse cases per 1,000 children ages 0 - 17.

- In San Mateo County, note:

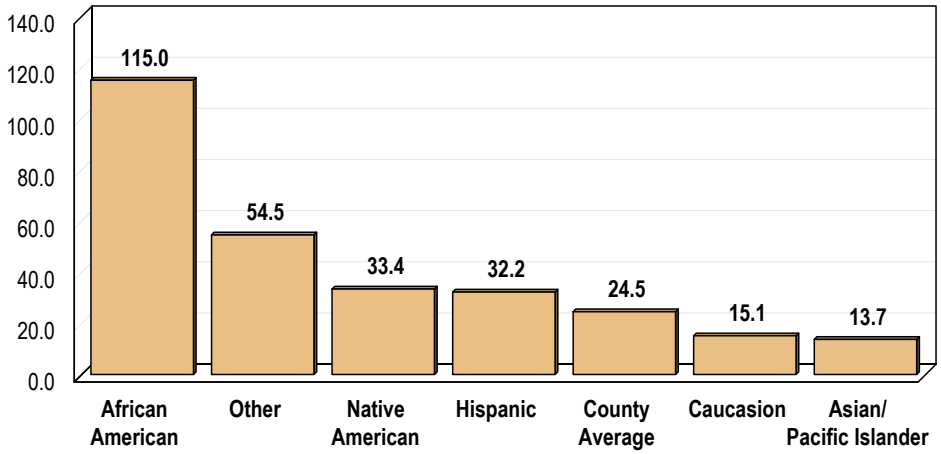
  — **Type of Maltreatment**: In San Mateo County, the most common type of maltreatment was neglect (severe and general neglect), accounting for 35% of substantiated cases in 2005. More than one in four substantiated cases (27%) was due to children being at risk of abuse/neglect (for example, a sibling is abused). Another 16% were due to physical abuse, and 10% were due to caretaker absence/incapacity. Emotional abuse and sexual abuse each accounted for 6% of substantiated cases.[176]

  — **Child Age**: Typically, child abuse disproportionately affects young children, but that's not the case in San Mateo County, where 38% of substantiated cases were for children ages 0-5, which is nearly equal to their proportion of the child population in 2005.[177]

  — **Child Race/Ethnicity**: In San Mateo County, child abuse and neglect disproportionately affects children of color. For example, Hispanic/Latino children made up 45% of substantiated child abuse/neglect cases in 2005, but comprised only 31% of the child population. African American/Black children made up 12% of cases, but only 2% of the child population.[178] The rate of child abuse referrals per 1,000 African American children in the county was 115, meaning more than one in 10 African American children were referred to Child Protective Services in 2005. Referral rates among Native American and Hispanic children were also higher than

the county average. The lowest referral rate was among Asian/Pacific Islander children (13.7). The largest change in referral rates from 2004 was among Native American children, dropping from 42.7 to 33.4 per 1,000 children.[179]

Child Abuse Referrals per 1,000 Children in San Mateo County by Race/Ethnicity, 2005



Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

COMMUNITY ISSUES

OVERVIEW

San Mateo County is rich in social capital. Civic participation and volunteerism appear high. It is a diverse population that is typically seen as tolerant of different peoples, viewpoints and lifestyles. However, for communities of color, many still feel that they are treated differently than Whites.

Housing and homelessness remain critical concerns for San Mateo County. Median home prices continue to climb above the state average, and it is estimated that only one out of five first-time buyers can afford home ownership. Soaring housing costs have further contributed to homelessness and displacement, and many who work in San Mateo County cannot afford to live here and, instead, commute from neighboring counties. This only increases difficulties with traffic flow and congestion.

As found previously, most commuters to and from the county drive alone, and although public transit ridership is up, it is still used only minimally. Further, traffic congestion and waste generated by increasing numbers of people and industries continue to threaten the quality of the region's air, water, and land. Energy consumption and availability continues to be a concern in all of California, and San Mateo County is no exception.

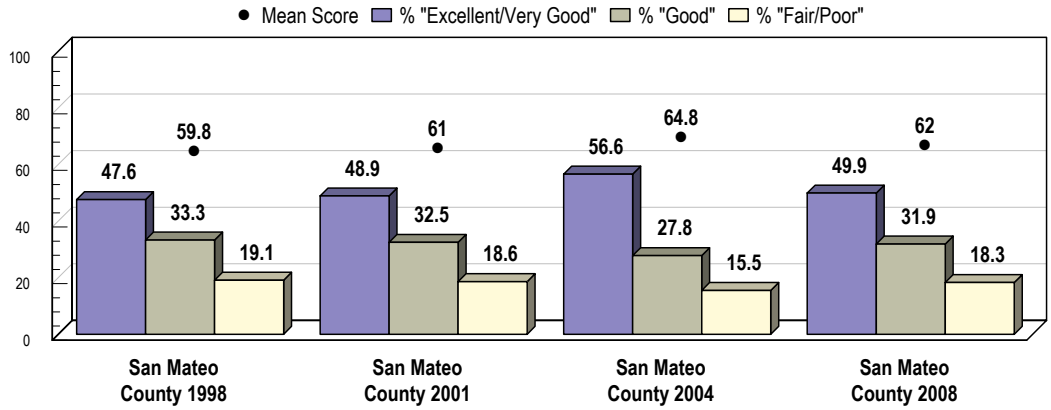
San Mateo County crime rates continue to be well below both state and regional averages. Crime rates, including juvenile violent crimes, decreased considerably in the late 1990s, but now appear to be leveling off. Still, most residents feel San Mateo County is a safe place to live and work.

Social Environment

Racial & Cultural Tolerance

- Perceptions of racial and cultural tolerance in San Mateo County declined this year after having improved in previous surveys. In 2008, 49.9% of San Mateo County respondents rate community tolerance for people of different races and cultures as "excellent" or "very good" (*significantly lower* than the 56.6% reported in 2004, but similar to 2001 and 1998 findings). A total of 18.3% give "fair/poor" evaluations, higher than reported in 2004.[180]

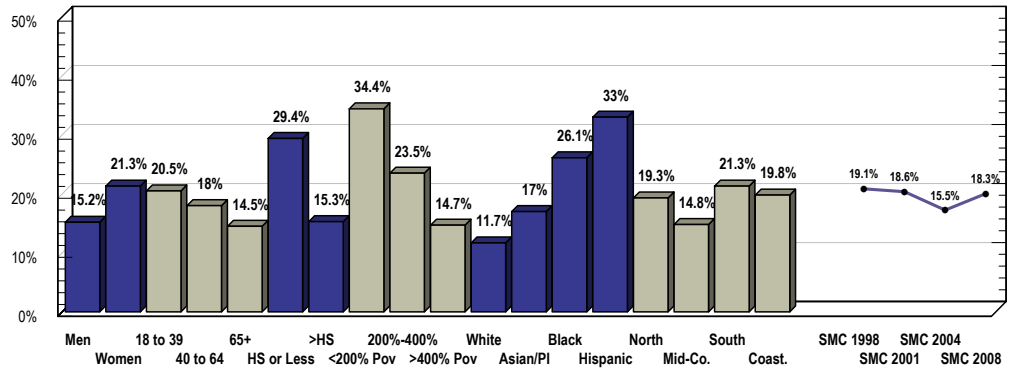
Ratings of Racial/Cultural Tolerance



Sources: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.
2. Asked of all respondents.

- Note, however, that more than one out of four Black and Hispanic respondents believe racial/cultural tolerance in San Mateo County is only "fair" or "poor" (significantly higher than for Whites or Asians/Pacific Islanders). "Fair/poor" evaluations are also significantly higher among women and persons with lower incomes or education levels.[181]

Perceive Racial/Cultural Tolerance to Be "Fair" or "Poor"

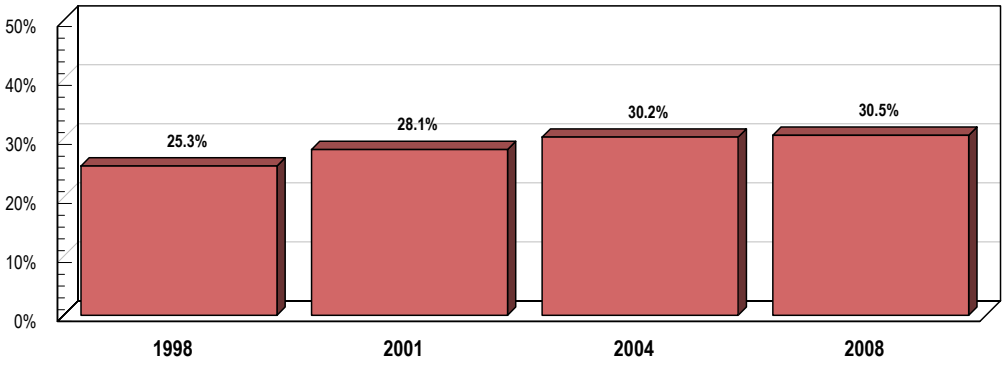


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

- When looking at the trend in "fair/poor" responses among persons who are low-income, Hispanic or Black, it appears that these perceptions are increasing; however, the differences noted in the following chart are not statistically significant.[182]

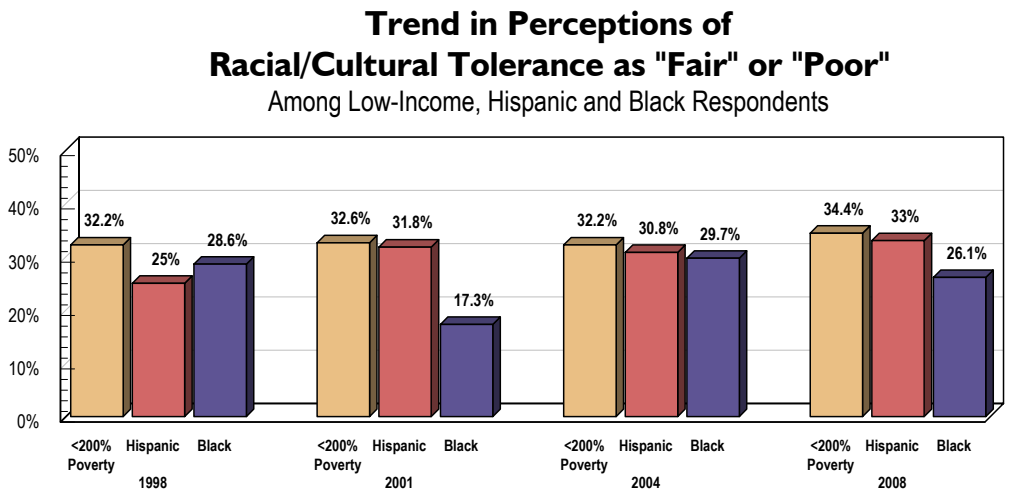
Trend in Perceptions of Racial/Cultural Tolerance as "Fair" or "Poor"

Among Respondents Who Are Low-Income, Hispanic or Black



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

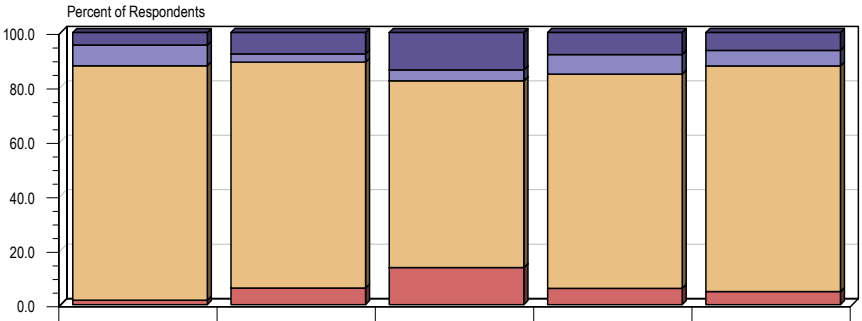
- The following chart outlines findings among these individual subgroups by year.[183]



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

Treatment At Work

- A majority of San Mateo County surveyed adults in 2008 say that they feel they are treated the same at work as people of other races. As one might expect, however, this perception is not universally held among all racial/ethnic segments. Note in the following chart that 13.6% of Black respondents believe that they are treated "worse than other races" at work, much higher than found among White, Asian and Hispanic respondents.[184]



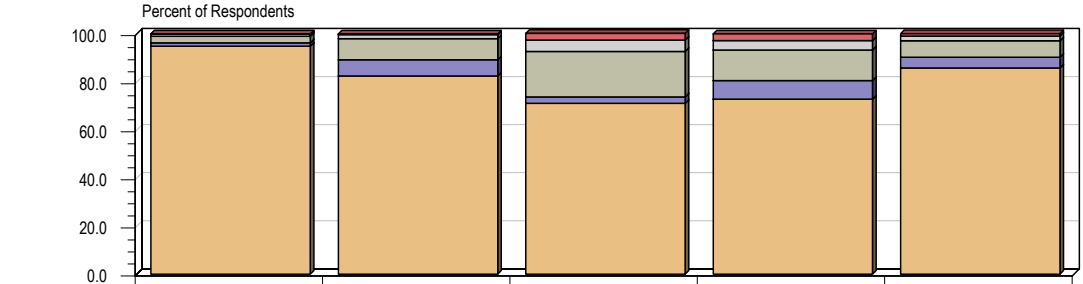
	White	Asian	Black	Hispanic	SMC 2008
Worse Than Some, Better Than Others	4.6	7.9	13.8	8.1	6.6
Better	7.6	3.0	4.0	7.2	5.7
The Same	86.2	83.0	68.6	78.7	82.9
Worse Than Other Races	1.6	6.1	13.6	6.0	4.8

Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).

Physical & Emotional Impact

- In all, 14.2% of San Mateo County surveyed adults in 2008 reported experiencing some kind of **physical symptoms** (e.g., a headache, an upset stomach, tensing of your muscles, pounding heart) as a result of how they were treated based on their race at some time in the past 12 months. This proportion is notably higher among non-White respondents: Black (28.9%); Hispanic (27.2%); Asian (17.5%). Significant shares report experiencing these types of symptoms at least on a monthly basis.[185]

Experienced Physical Symptoms in Past Year Due to Treatment Based on Race

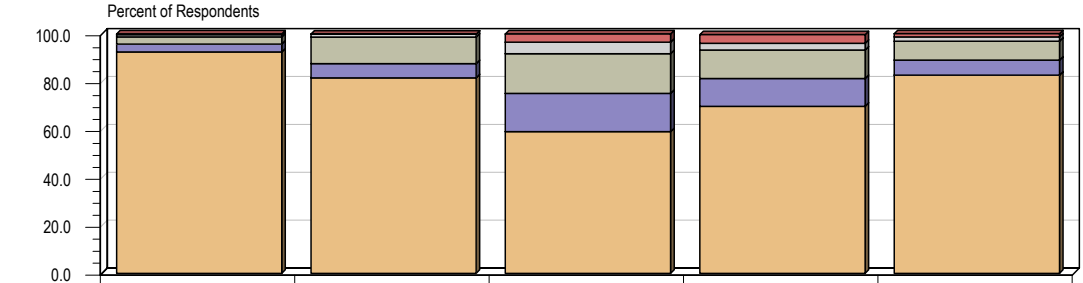


	White	Asian	Black	Hispanic	SMC 2008
Daily/Constantly	0.1	0.3	2.8	2.8	1.0
Weekly	0.9	1.7	4.7	3.9	2.0
Monthly	2.7	8.8	18.9	12.7	6.8
Once	1.4	6.7	2.7	7.8	4.5
Never	94.9	82.5	71.1	72.8	85.8

Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).

- Furthermore, 17.2% of San Mateo County surveyed adults in 2008 reported having felt **emotionally** upset, angry, sad, or frustrated a result of how they were treated based on their race in the past 12 months. This proportion is particularly high among Black respondents (40.8%) and Hispanic respondents (30.2%).[186]

Felt Emotionally Upset, Angry, Sad or Frustrated in the Past Year Due to Treatment Based on Race

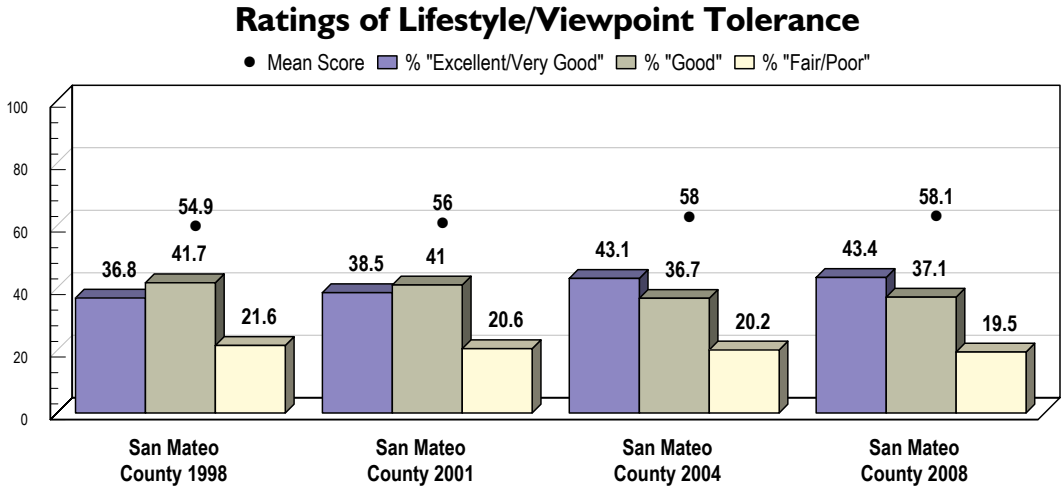


	White	Asian	Black	Hispanic	SMC 2008
Daily/More	0.3	0.0	3.4	3.6	1.3
Weekly	0.9	1.2	4.8	2.8	1.8
Monthly	3.0	11.1	16.6	11.9	7.9
Once	3.3	5.9	16.0	11.6	6.3
Never	92.5	81.7	59.2	69.8	82.8

Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).

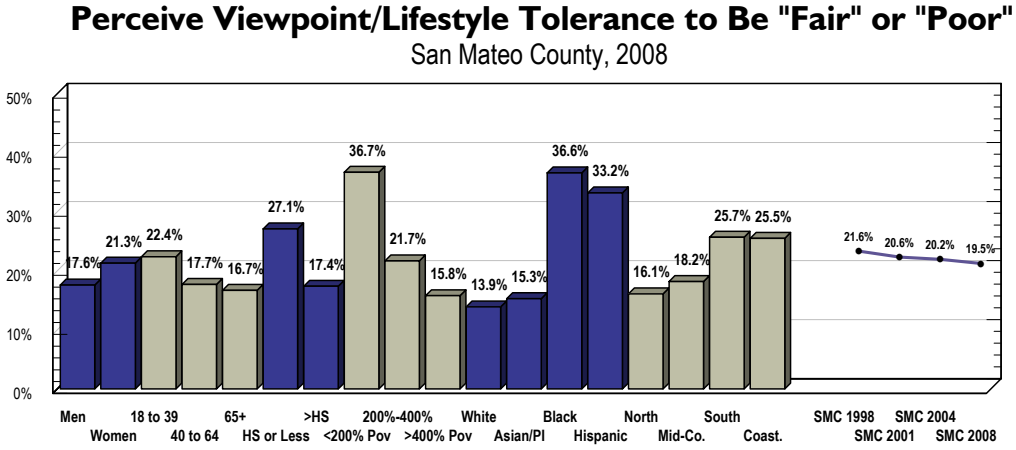
Tolerance of Viewpoints & Lifestyles

- Evaluations of tolerance for people with different viewpoints and lifestyles are lower than found for race/culture, but appear to improving consistently. A total of 43.4% this year rate lifestyle tolerance as "excellent/very good" (*significantly better* than reported in 1998 and 2001), compared to 19.5% who rate this as "fair/poor" this year.[187]



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.
2. Asked of all respondents.

- In this case, "fair/poor" evaluations are highest among women, younger adults, those with no postsecondary education, those living below 200% of poverty, and Black and Hispanic respondents. South County and Coastside residents also much more often report "fair/poor" evaluations compared to other parts of the county.[188]



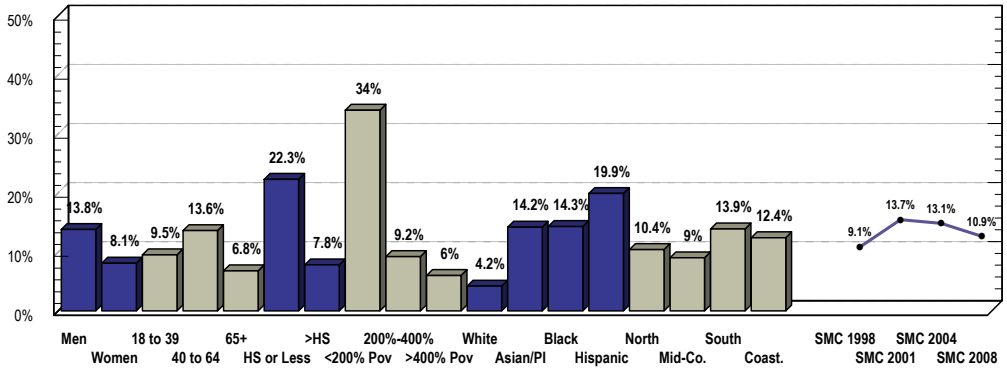
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

- Note that, among the relatively small sample of respondents (n=37) who identify themselves as gay, lesbian, bisexual or transgender, 35.3% rate San Mateo County's tolerance for persons with different viewpoints or lifestyles as "fair" or "poor" (compared to 33.0% rating it as "excellent/very good.").[189]

Relationships & Support

- While most 2008 survey respondents say they have had someone in the past month to whom they could turn if they needed or wanted help, 10.9% do not (*significantly better* than found in 2001 and 2004). Men, persons aged 40 to 64, those with lower education or income levels, as well as Asian and Hispanic residents, more often report they do not have this type of support network.[190]

Have Had Someone Available to Turn to "None/Little" of the Time During the Past Month



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Survey participants in 2008 were asked to express the degree of difficulty they are experiencing with various aspects of their lives. In this series, the greatest troubles were noted for **feeling satisfied with one's life** (39.5% report "moderate," "quite a bit" or "extreme" difficulty with this). Approximately 25%-30% also expressed difficulty with: isolation or loneliness; feeling close to others; relationships with family members; fear/anxiety/panic; or trouble controlling temper/outbursts/anger/violence.

  The only significant differences from 2004 findings were *increases* in percentages reporting trouble being able to feel close to others (although this is similar to what was found in early 2001) or with getting along with people outside the family. The percentages expressing some degree of difficulty ("moderate," "quite a bit" or "extreme" difficulty) are as follows:[191]

% of Adults Expressing Difficulty in Their Lives With:

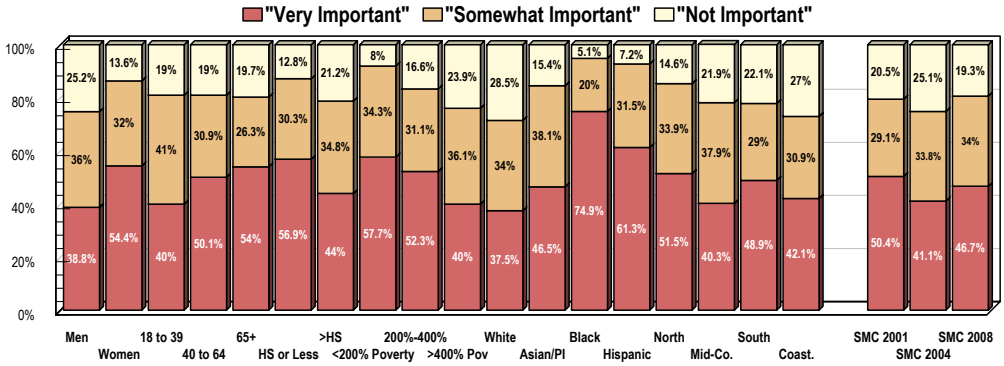
	2001 (Pre-9/11)	2001 (Post-9/11)	2004	2008
Feeling Satisfied With One's Life	40.5%	43.7%	37.1%	39.5%
Controlling Temper, Outbursts, Anger, Violence	33.3%	35.2%	27.6%	30.1%
Relationships With Family Members	29.3%	38.9%	26.2%	29.1%
Fear, Anxiety or Panic	27.4%	31.7%	26.9%	27.4%
Being Able to Feel Close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

Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Spirituality

- A total of 46.7% of 2008 survey participants say that spirituality is "very important," while 19.3% say it is "not important" in their lives (this marks a *significant increase* in the perceived importance of spiritually compared with 2004 findings; these findings are, however, similar to those reported in 2001). Certain population segments, such as women, older adults, low-income adults, and Black or Hispanic respondents much more often acknowledge the role of spirituality in their lives. This is also true among residents in the North County and South County regions.[192]

Importance of Spirituality in Respondents' Lives

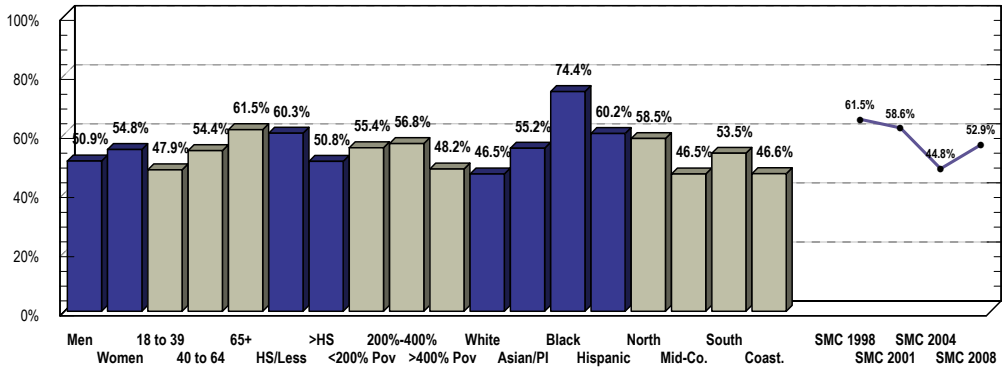


Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).

- In 2008, 52.9% of surveyed San Mateo County adults have a priest, minister, rabbi, or other person they can turn to for spiritual support when needed *(significantly higher* than 2001 findings, but *significantly lower* than 1998 and 2001 findings*)*. Those <u>without</u> such spiritual support are best represented among young adults (aged 18 to 39), persons at higher incomes or education levels, Whites, and Mid-County or Coastside residents.[193]

Have a Priest, Minister, Rabbi or Other Person for Spiritual Support

San Mateo County, 2008

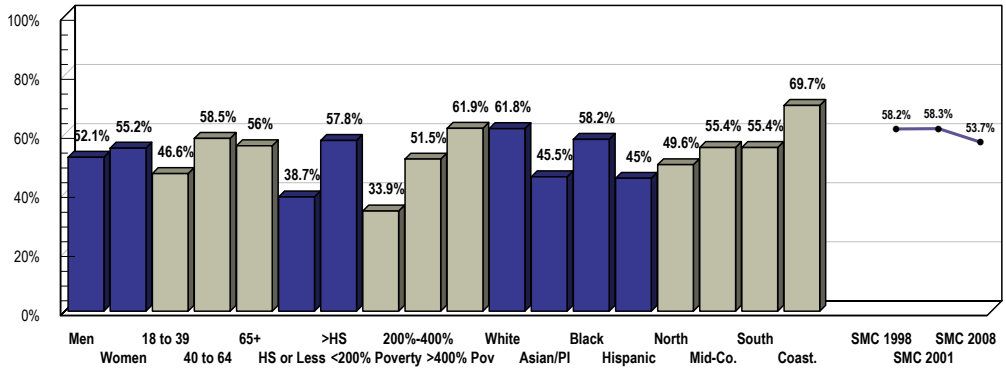


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

Volunteerism

- In 2008, 53.7% of surveyed San Mateo County adults report that they have volunteered time to a charitable cause, organization or event in the past year. Volunteerism appears highest among adults aged 40 and older, persons with higher incomes or education, White or Black respondents, and Coastside residents. The 2008 finding represents a *significant decrease* from what was reported in 1998 and 2001.[194]

Volunteered Time to Charitable Causes, Organizations or Events in the Past Year



Source: 1998/2001/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2007. (Professional Research Consultants).

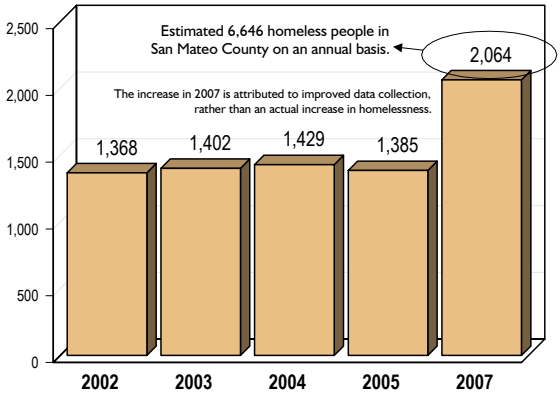
Estimates of Homelessness

- A 2007 census count determined that there were 2,064 homeless people in San Mateo County on the night of January 30, 2007, 53% of whom were unsheltered (not in emergency shelters, transitional housing, motel voucher programs, residential treatment, jails or hospitals).

- Using the "annualization" formula developed by the Corporation for Supportive Housing, an estimated 6,646 people were homeless at some time during the year in San Mateo County.[195]

- Compared to the 2005 Homeless Census/HOPE Plan, the 2007 Homeless Census identified approximately 49% more homeless people on any given night and about 65% more people over the course of a year. The main reason for this significant increase in the numbers is the improved data collection methodologies used in 2007, rather than any actual increase in the numbers of homeless people over the past two years.[196]

Single-Night Homeless Count, San Mateo County 2002-2005



Source: Annual Reports. Fiscal Years 2004-2005 and 2005-2006. Human Services Agency. County of San Mateo. 2007 San Mateo County Homeless Census and Survey Findings. HOPE, Applied Survey Research, Kate Bristol Consulting, Debbie Greiff Consulting. March 2007.

Characteristics of the Homeless

The 2007 Homeless Census identified the following demographic profile of San Mateo's homeless population: [197]

- The 2,064 homeless people counted comprised 1,775 households: 93% (1,649) were households without dependent children; 7% (126) were "family" households, i.e., with dependent children.[198]

- 92% of homeless people counted were between 21 – 60 years old. Only 3% were 18 to 21, and 5% were 60+ years old.[199]

- African Americans are disproportionately overrepresented and Caucasians are disproportionately underrepresented among the homeless population in San Mateo County: [200]

  — 41% are Caucasian (54% of the county's population is Caucasian according to the 2001 California Health Interview Survey).

  — 31% are African American (2.2% of the county's population is African American according to the 2001 California Health Interview Survey).

  — Other racial/ethnic breakouts include: 17% Hispanic/Latino; 3% Asian; 2% Pacific Islander; 1% American Indian/Alaskan Native; and 4% Multi-Ethnic/Other.

- 27% of the 2007 Homeless Census respondents reported having served in the US Armed Forces.[201]

- The 2007 Homeless Census confirmed that a significant number of homeless people have been homeless for long periods of time (41% for one year or longer) and/or many times within the past 3 years (30% are "chronically homeless," having been homeless 4 times or more in the past three years).[202]

- The 2007 Homeless Census confirmed that the majority of homeless people in San Mateo County have been in the community for a long time (66% lived in San Mateo County at the time they became homeless; of these, 73% had lived in the county for 3 or more years and 52% had lived in the county 10 or more years before becoming homeless).[203]

- Immediately before becoming homeless: 35% were renting a home or apartment; 28% were living with relatives or friends; 16% were in publicly funded institutions, i.e., jail or prison, hospital, treatment programs; 10% were living in a home owned by themselves or their partner.[204]

- The primary events or conditions for becoming homeless were both financial and behavioral: 31% reported alcohol or drug use as the cause leading to homelessness; 18% reported loss of a job; 7% reported being evicted due to non-payment of rent; 6% reported incarceration; and 6% reported mental health issues as the cause leading to homelessness.[205]

- The survey confirmed that the majority of homeless people have very little and in many cases no income. 80% reported being unemployed, 10% reported being employed full-time, and 10% were employed part-time.[206]

- The highest level of education completed by homeless people surveyed were: 39% had some college, no degree; 25% had an AA degree and 6% had a BA degree; and 19% had a high school diploma/GED.[207]

- Further, the 2007 Homeless Census provided the following data:[208]

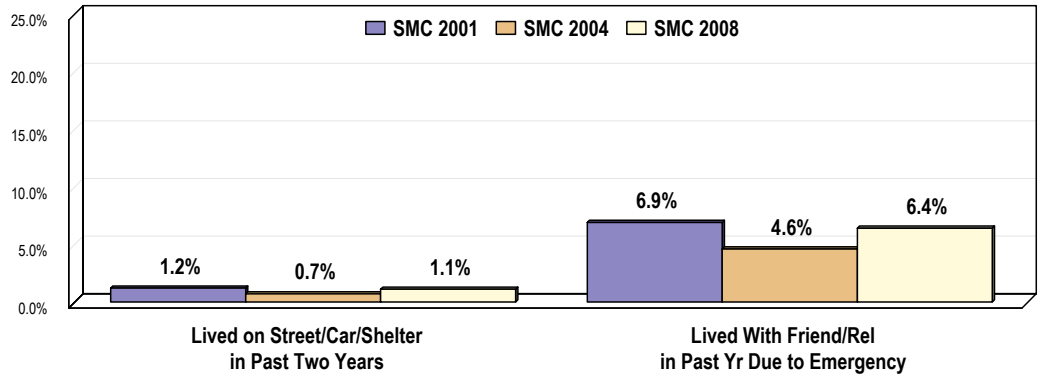
  - 57% reported having depression
  - 35% reported having a mental illness
  - 35% reported having a physical disability
  - 33% reported drug abuse
  - 31% reported alcohol abuse
  - 28% reported chronic health problems
  - 26% reported post traumatic stress disorder
  - 12% reported developmental disability
  - 2% reported HIV/AIDS

Experiences of Homelessness

- In the 2008 San Mateo County Health & Quality of Life Survey, 1.1% of respondents (who are currently housed) report having had to live on the streets, in a car, or in a shelter at some time in the past two years (statistically similar to 2001 and 2004 findings). This translates to approximately 2,900 persons, which estimate is similar to, but not predictably lower than the 2007 Homeless Census since respondents were currently housed.[209]

- Displacement, even if only temporary, is a more common problem in San Mateo County. A total of 6.4% of surveyed adults say that they have had to go live with a friend or family member in the past year, even if only temporarily, due to a housing emergency (*higher* than reported in 2004, but similar to that reported in 2001).[210]

Episodes of Homelessness or Displacement



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Homeless Shelters & Programs

- The San Mateo County Human Services Agency oversees the County's Center on Homelessness which: coordinates the provisions of homeless services administered throughout the county, including those by non-governmental entities; provides information and referral; administers the county's continuum of care, as a service system to assist homeless individuals and families attain self-sufficiency; and develops resources to help the homeless individuals and families.[211]

- Housing Our People Effectively (HOPE): The Plan to Prevent and End Homelessness in San Mateo County is a ten-year action plan that brings together the business, nonprofit, and public sector communities to address the challenging issue of homelessness at its core, rather than manage it at the margins. This plan reflects the Board of Supervisors' goal that housing should exist in our community for people at all income levels and all generations of families – including those who are extremely low income or who are homeless. HOPE is based on a belief that we can achieve this goal through proactive, coordinated action and investments in cost-effective initiatives that solve homelessness.[212]

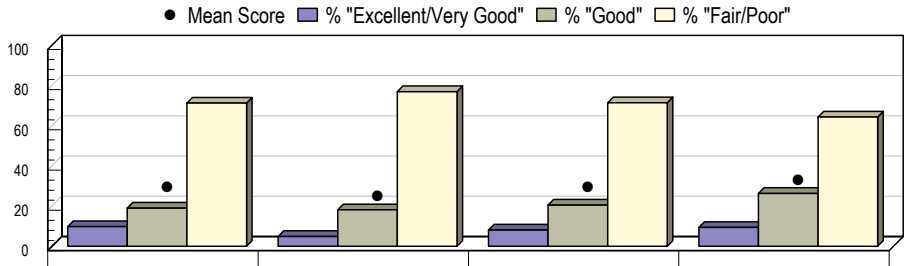
- Since 1992, the San Mateo County Homeless Fund has awarded more than $2 million to shelter and homeless service providers. Some of these grants have funded the following: the Safe Harbor Shelter in South San Francisco; the Maple Street Shelter in Redwood City and the First Step for Families Shelter in San Mateo; the Catholic Worker Hospitality House in San Bruno; the Clara-Mateo Shelter in Menlo Park; the Bethsaida Family Living Home in Redwood City; and Free At Last's Walker House in East Palo Alto. The Homeless Fund also provides grants for additional homelessness prevention programs and permanent housing projects and opens temporary overnight warming shelters on freezing nights.[213]

- Due to the County's severe housing crisis, the need for more shelter beds is greater than ever.[214]

Community Perceptions

- A majority (64.3%) of San Mateo County survey respondents rate the availability of local homeless programs and shelters as "fair" or "poor." This is, however, *significantly better* than reported in 1998, 2001 or 2004.[215]

Ratings of the Availability of Local Programs and Shelters for the Homeless



	San Mateo County 1998	San Mateo County 2001	San Mateo County 2004	San Mateo County 2008
Mean Score	24.5	20.2	24.5	28.1
% "Excellent/Very Good"	9.8	4.9	8.1	9.4
% "Good"	19	18.2	20.5	26.3
% "Fair/Poor"	71.2	76.9	71.4	64.3

Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

Housing Affordability

Housing affordability in San Mateo County and the Bay Area in general is at an all-time low. A lack of affordable housing limits the ability of people to live here and employers to recruit qualified workers. Therefore, families are left with the options of living in another county and facing long commutes, paying more than they can comfortably afford for housing, living in overcrowded conditions, or moving out of the area entirely.[216]

- In 2006, the annual income needed to afford a median-priced **home** was $186,691, a 6.7% increase from the previous year, and a 134.2% increase over the past decade.[217]

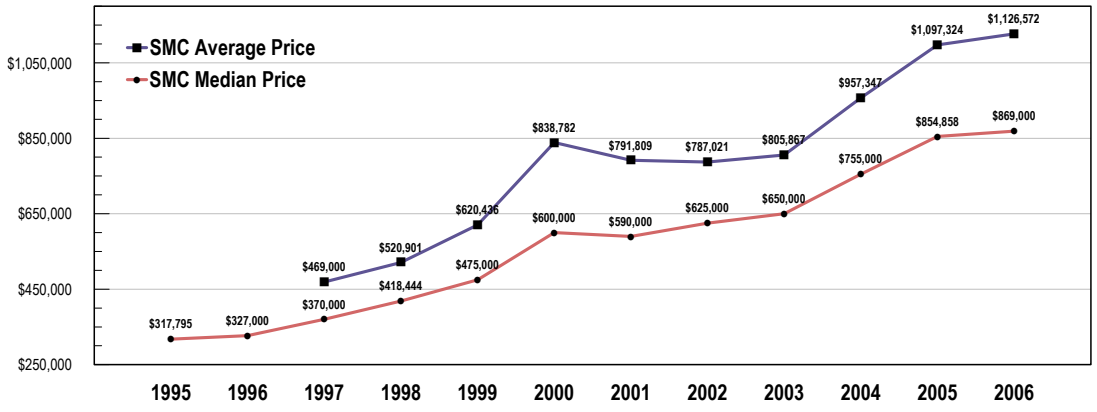
- Furthermore, a household income of $118,159 was needed to purchase a median-priced **condominium**, a 6.9% increase from 2005 and well above the median family income of $91,200.[218]

Median Home Price

- According to U.S. Department of Housing and Urban Development (HUD) estimates, the median family income for the San Francisco Metropolitan area in 2006 was $91,200, down from a high of $91,500 in 2003. During that same time span, however, the median price of a single-family home grew by 33.7%.[219]

- In 2006, the median price of a single-family home in San Mateo County was $869,000, up from $854,858 in 2005.[220]

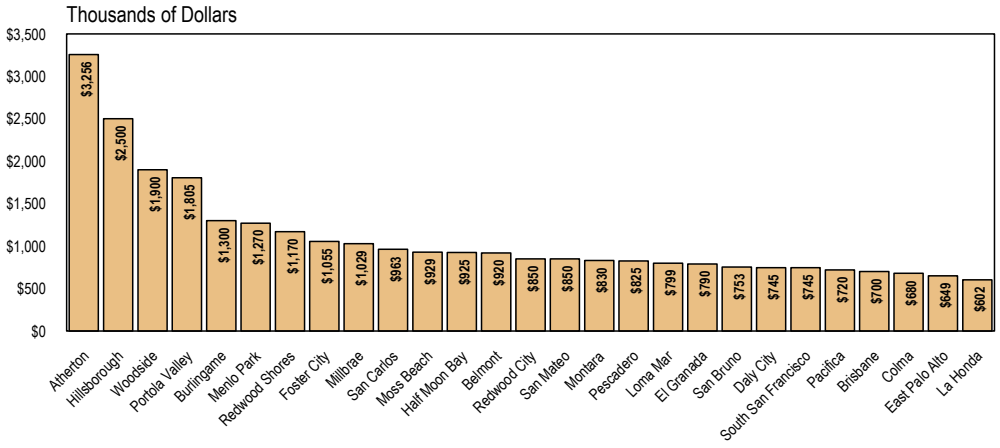
Home Purchase Price for a Single-Family Dwelling (House), San Mateo County



Source: 2006 Annual Real Estate Report, San Mateo County, California.

- Homes in the cities of Atherton, Hillsborough, Woodside, and Portola Valley continued to be the least affordable in the county; the most affordable homes were in La Honda, East Palo Alto, Colma, Brisbane, and Pacifica.[221]

Median Sales Price of Home in the County by Area, 2006



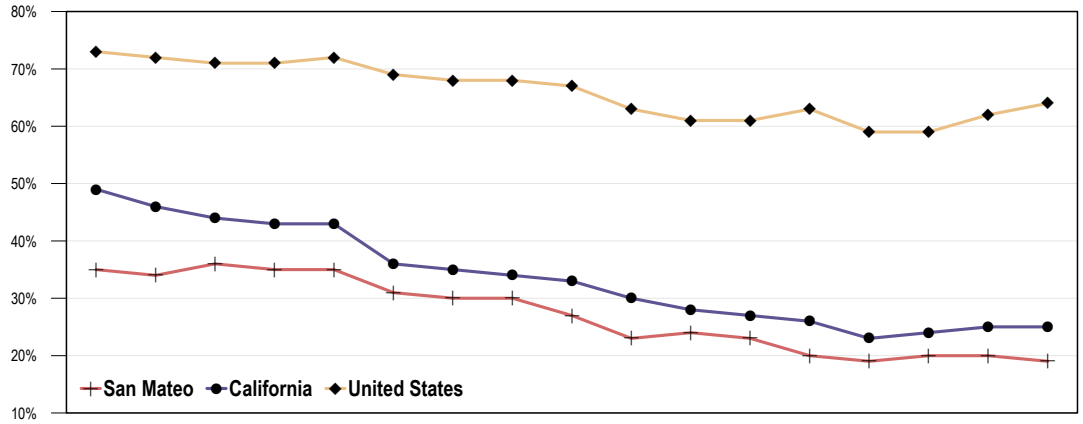
Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007.

First-Time Buyer Housing Affordability Index

- In the first quarter of 2007, only 19% of first-time buyers are estimated to be able to afford a median-priced home in San Mateo County. This is below the 25% found for California, and dramatically below the national average of 64%. By this measure, housing affordability in San Mateo County has dropped considerably in just the past few years.[222]

Housing Affordability Index for First-Time Buyers

(Percentage of First-Time Home BuyersThat Can Afford to Purchase a Home)



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	2003				2004				2005				2006				2007
San Mateo	35%	34%	36%	35%	35%	31%	30%	30%	27%	23%	24%	23%	20%	19%	20%	20%	19%
California	49%	46%	44%	43%	43%	36%	35%	34%	33%	30%	28%	27%	26%	23%	24%	25%	25%
United States	73%	72%	71%	71%	72%	69%	68%	68%	67%	63%	61%	61%	63%	59%	59%	62%	64%

Source: California Association of REALTORS®.
Note: A first-time buyer is assumed to purchase a home at a price equal to 85 percent of the prevailing median price for existing homes. The percent of the households with incomes greater than or equal to the minimum income needed to qualify for a loan becomes the Housing Affordability Index for First-Time Buyers (HAI-FTB).

Existing Homeowners & Foreclosures

In 2006, housing affordability even affected existing homeowners. According to Freddie Mac, average monthly mortgage rates increased nationally from 5.9% in 2005 to 6.4% in 2006. For many homeowners with adjustable-rate or interest-only mortgages, this rate increase resulted in a significant spike in their monthly payments.[223]

The subprime market provides home loans to households with limited or blemished credit. The subprime market currently represents nearly a quarter of the total mortgage originations in the United States. The Center for Responsible Lending notes that the dominant type of subprime loan today is an adjustable-rate mortgage, sometimes referred to as an "exploding ARM," that features semi-annual interest rate adjustments after a two-year fixed period. The "exploding ARM" is just one of the features often found in subprime loans that can increase a borrower's risk of foreclosure.[224]

- According to a recent report by the Center for Responsible Lending, foreclosure rates in California's subprime market are projected to be 21.4% for loans originated in 2006, a huge jump from the 4.5% for similar loans originated from 1998-2001. For the San Francisco Metropolitan Area, the foreclosure rate for 2006 subprime loans is expected to be 16.7%, compared with the 3% foreclosure rate for subprime loans originated from 1998-2001.[225]

Rent

- Rising housing costs have left many residents with only the option of renting, though rents throughout the county continued to rise as well. In June 2006, average rental costs of a 1-bedroom apartment in San Mateo County were $1,348/month, a 9.8% increase since June 2004. For a 2-bedroom apartment, average rental costs increased 5.8%, from $1,436/month to $1,515/month in June 2006.[226]

	Average Apartment Rent				
	June 2004	June 2005	June 2006	1-Year Change	3-Year Change
1 Bedroom	$1,228	$1,244	$1,348	+8.4%	+9.8%
2 Bedroom	$1,436	$1,432	$1,515	+5.8%	+5.8%

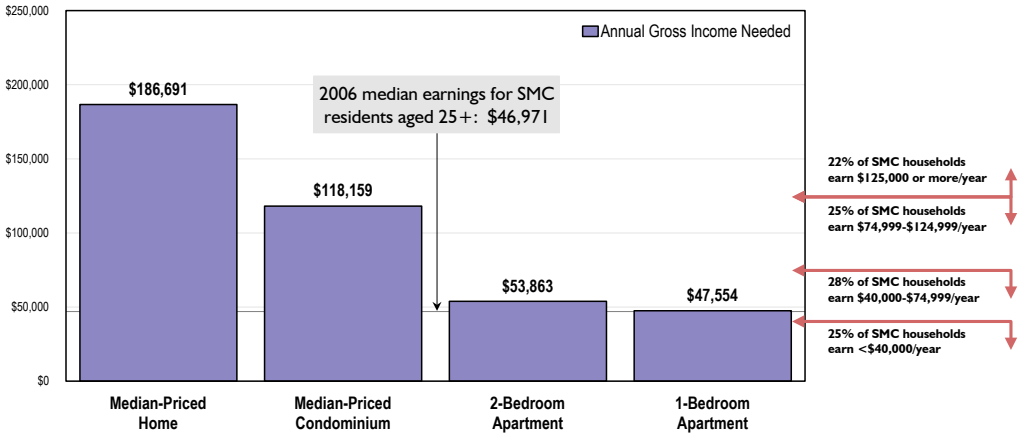
San Mateo County Housing Indicators 2004-2006. County of San Mateo Housing Authority.

- In order to rent a one- or two-bedroom apartment in the county, households needed an income of $47,554 and $53,863, respectively.[227]

- "Fair market rent" (as determined by the U.S. Department of Housing & Urban Development) for a two-bedroom apartment in San Mateo County in 2005 was $1,539. This would constitute 57.4% of the income of a family living at 200% of the federal poverty level.[228]

- From 2005 to 2006, the income necessary to rent a one-bedroom apartment rose at roughly the same rate as the income necessary to buy (7.2%), and rose at a slightly higher rate for two-bedroom apartments (8.4%). Since 1996, rents of one- and two-bedroom apartments in the county have increased by 49.1% and 43.5%, respectively.[229]

Annual Gross Income Needed to Afford Median-Priced Home, Condominium, and Rents in San Mateo County, 2006



Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007.
U.S. Census Bureau. Census 2000. 2006 American Community Survey.

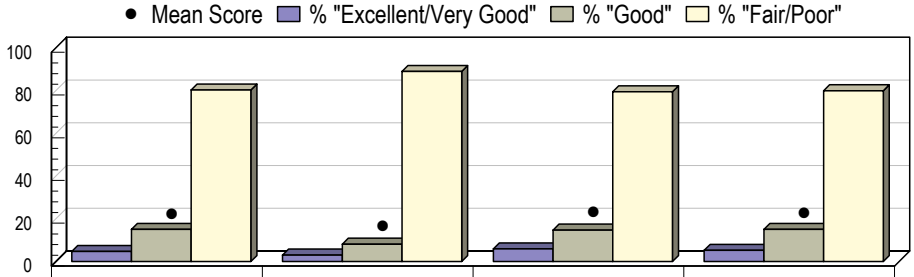
- In 2006, median earnings for San Mateo County residents aged 25 years and older was $46,971 (in 2006 inflation-adjusted dollars).[230]

- The National Low Income Housing Coalition found that San Mateo County was tied with San Francisco and Marin Counties as the least affordable counties in the United States in 2006, based on the hourly wage required to rent a two-bedroom apartment.[231]

Community Perceptions of Affordability

- A total of 79.9% of San Mateo County adults participating in the 2008 San Mateo County Health & Quality of Life Survey rate the availability of affordable housing in the community as "fair" or "poor." This is *significantly better* than the 88.9% recorded in 2001, but similar to 2004 and 1998 findings.[232]

Ratings of Availability of Affordable Housing in the Community

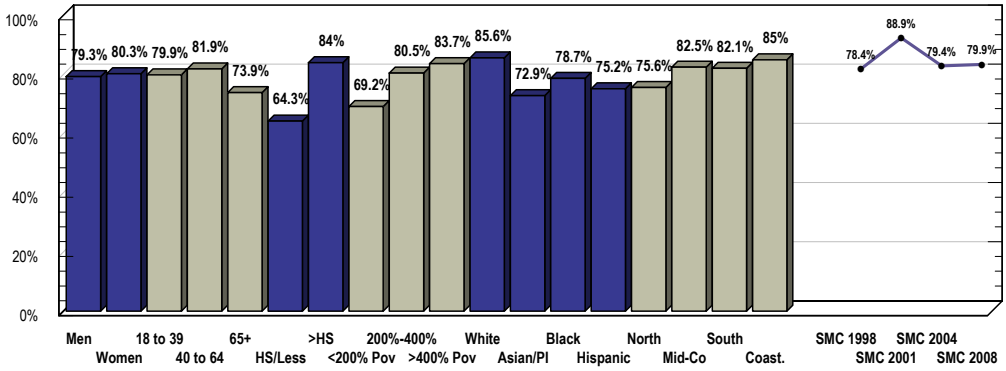


	San Mateo County 1998	San Mateo County 2001	San Mateo County 2004	San Mateo County 2008
Mean Score	17.3	11.9	18.5	17.7
% "Excellent/Very Good"	4.7	3	5.9	5.2
% "Good"	15	8.1	14.7	15
% "Fair/Poor"	80.2	88.9	79.4	79.9

Source: . 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

- Fair/poor" evaluations of housing affordability in 2008 are higher among adults under age 65, those with more education or income, White respondents, and Coastside residents. North County residents reported the lowest "fair/poor" evaluations.[233]

Perceive the Availability of Affordable Housing in the Community to Be "Fair/Poor"



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent combined "fair" and "poor" responses.

Housing Supply

A significant shortage of housing supply remains the primary cause of the high housing costs in the county. This is inextricably connected with the limited supply of land available for development and strict zoning ordinances that limit the density of housing that can be built.[234]

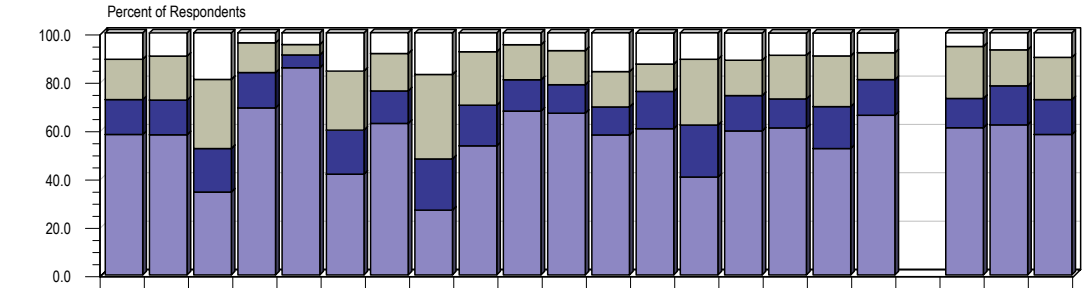
- According to the Association of Bay Area Governments (ABAG), between 1999-2006 San Mateo County issued permits for only 16% of the housing units needed for moderate-income households, 45% for low-income households, and 19% for very low-income households, as determined by the most recent Regional Housing Needs Allocation. As a result, in its 2006 Bay Area Housing Profile, the Bay Area Council gave the county an "F" in its housing production report card.[235]

- Currently local jurisdictions are in the midst of determining a new Regional Housing Needs Allocation, which will set housing production targets for all income levels for the next 5-10 years. Once these numbers are established, jurisdictions will enter into a process of updating their Housing Element, the part of every General Plan that outlines how each jurisdiction plans to meet their housing need. This process will continue through June 2009, when the Housing Elements must be approved by the state of California.[236]

Housing Situation

- The 2008 San Mateo County Quality of Life Survey shows that 58.1% of respondents own their own home or condominium, 17.5% rent an apartment, and 14.4% rent a house. Compared with 2004 data, home ownership appears to be down, while apartment rentals are up. These data also find that home ownership is realized by less than one-half of young adults, those with lower income or education levels, and Hispanics.[237]

Living Situation



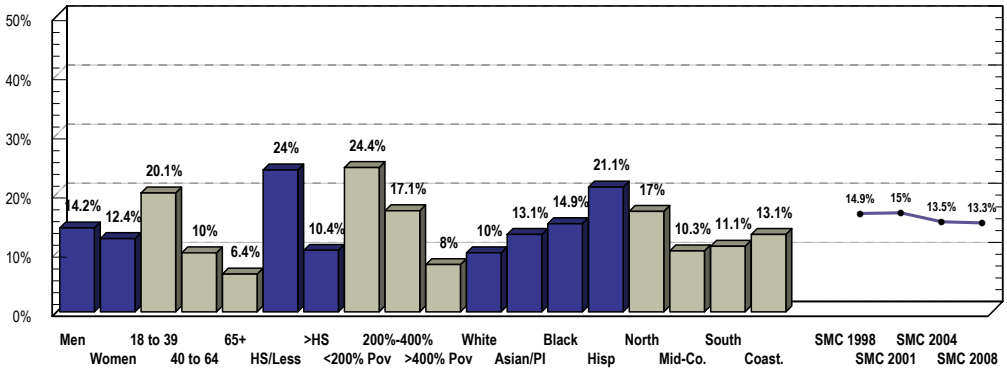
	Men	Wo-men	18-39	40-64	65+	HS/ Less	>HS	<200% Pov	200%-400%	>400% Pov	White	Asian/ PI	Black	Hisp.	North	Mid-Co.	South	Coast.		SMC 2001	SMC 2004	SMC 2008
Other	10.9	9.6	19.2	4.1	4.8	15.8	8.6	17.2	7.8	4.9	7.3	16.0	12.8	10.9	11.2	9.1	9.4	8.1		5.6	7.0	10.1
Rent Apt	16.7	18.2	28.6	12.3	4.3	24.4	15.5	34.9	22.1	14.5	14.1	14.6	11.3	27.2	14.6	18.1	21.0	11.1		21.5	14.9	17.5
Rent House	14.4	14.3	18.0	14.6	5.3	18.2	13.4	21.2	16.8	12.9	11.8	11.6	15.4	21.5	14.6	12.0	17.3	14.8		12.1	16.1	14.4
Own Home/ Condo	58.1	58.0	34.3	69.1	85.7	41.7	62.7	26.8	53.4	67.8	66.9	57.9	60.5	40.5	59.6	60.8	52.3	66.0		60.9	62.1	58.1

Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).

Doubled-Up Households

- The 2008 survey finds that 13.3% of respondents currently share housing costs with someone other than a spouse or partner in order to limit expenses. Roughly one out of four respondents living below the 200% poverty threshold or without education beyond high school share living expenses, as do 20% or more of young adults and Hispanic respondents. The percentage indicating they share housing costs to limit expenses did not change significantly between 1998 and 2008.[238]

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

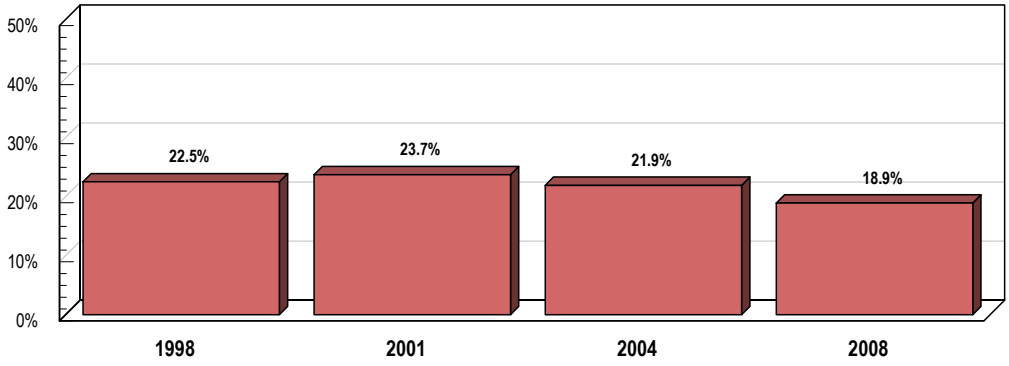


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

- The following shows no significant trend in these findings among low-income Hispanic or Black respondents in San Mateo County.[239]

Trend in Sharing Housing Costs to Limit Expenses

Among Respondents Who Are Low-Income, Hispanic or Black



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

Air & Water Quality

Clean air is essential to human and environmental health. Certain air pollutants, such as particulate matter, ground-level ozone, carbon monoxide, and nitrogen dioxide are of particular concern. San Mateo County enjoys clean air, thanks in part to regulations for cleaner burning gasoline and public education efforts aimed at reducing polluting activities. The county's clean air may also be a result of prevailing winds that carry pollution elsewhere. The county's proximity to the ocean helps to generate breezy weather in the warm season, with the onshore winds transporting clean air from the ocean inland.[240]

Particulate Matter

Suspended particulate matter of 10 microns or less in size (PM10)—dust, smoke, and soot—is associated with serious health effects such as asthma and premature death, contributes to haze, and harms the environment. Generators of PM10 include vehicles, construction sites, unpaved roads, factories, wood burning, and fuel combustion at power plants and in industrial processes. Seasons play a role as well, as the American Lung Association (ALA) reports that during winter months wood smoke from fireplaces is the largest stationary source of air pollution in the Bay Area. The ALA considers these small particles to be a greater health risk than ozone or other commonly monitored air pollutants because they can lodge deep in the lungs where they can remain embedded for long periods of time. Also, some particles are small enough to pass through the lung into the blood stream.[241]

- Although the county received a "B" grade in the American Lung Association's (ALA) State of the Air 2006 report for short-term particle pollution (an improvement from its "D" grade in 2005), the ALA noted that the Bay Area ranked among the top 25 Metropolitan Areas most polluted by short-term particle pollution in the United States.. [242]

- The number of days that the county exceeds state standards for individual pollutants is an indicator of air quality. In 2006, San Mateo County exceeded the state PM10 standard on 1.6% of the estimated 61 days for which it was monitored, less than the previous year's 3.3%.[243]

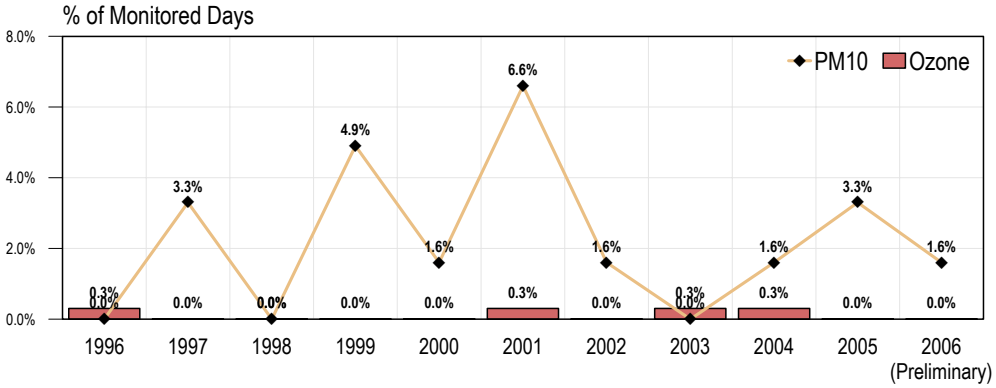
Ozone

Ground- level ozone increases the risk of death, triggers a variety of health problems including asthma even at very low levels, may cause permanent lung damage after long-term exposure, damages plants and ecosystems, and is the main component of smog. Vehicles are the primary source of the pollutants that create ozone.[244]

- Similar to 2005, the county received an "A" grade by the ALA for ground-level ozone. San Mateo County was one of 13 California counties ranked among the best in the country in this category.[245]

- Ozone, which is monitored daily, did not exceed state standards in 2006 or 2005, and has not exceeded state standards more than one day per year since 1995. Carbon monoxide and nitrogen dioxide levels also continue to remain below state standards.[246]

Percent of Monitored Days Exceeding State Particulate Matter (PM10) and Ozone Standards



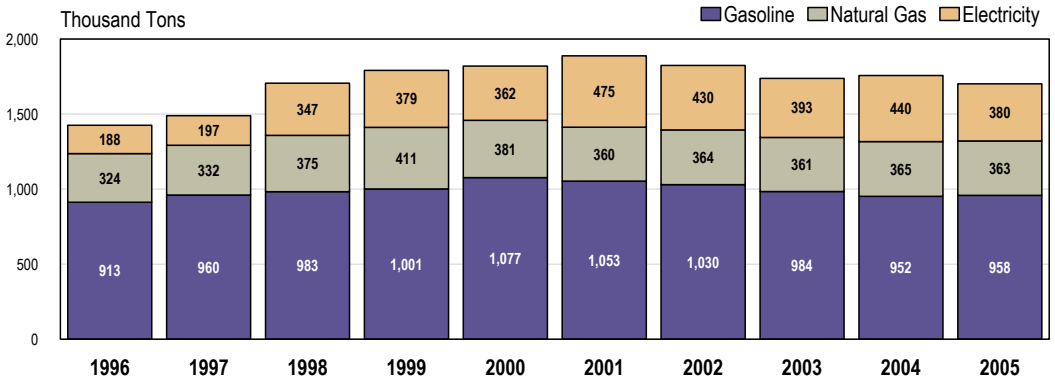
Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

Carbon Emissions

Carbon emissions are changing the chemistry of the atmosphere and leading to global climate change. Scientists tell us that climate change, including global warming, will be detrimental to human health, ecosystems, food security, and water resources. The main source of manmade carbon emissions is the combustion of fossil fuels. Carbon emissions from electricity production fluctuate based on the sources of electricity; in years when a deep snow pack fills the Sierra's reservoirs, more hydroelectric power is available. This power is carbon emission free and renewable. In other years, the deficit in hydroelectric power is replaced with electricity from carbon-heavy fossil fuels.[247]

- The total estimated carbon emissions from gasoline, electricity, and natural gas use in San Mateo County were 1.7 million tons in 2005, or nearly 4,700 pounds per person. Since 2001, total carbon emissions from these sources have decreased 9.9% (11.1% per capita). The transportation sector accounts for more than half (56.3%) of total carbon emissions in the county. The decrease from 2001 is primarily because of a reduction in the proportion of electricity derived from coal and a decrease in gasoline use. [248]

Estimated Carbon Emissions in San Mateo County by Source



Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

Water Pollution

San Mateo County is bordered by the San Francisco Bay to the east and 54 miles of Pacific Ocean coastline to the west. Human activity affects water quality as it flows from creeks, streams, and wastewater systems to the Bay and ocean. Protecting Bay and ocean water quality is vitally important as these water bodies support marine and Bay ecosystems, local economies, recreational activities, tourism, and food resources.[249]

Among the most significant issues impacting the region's water quality are urban and agricultural runoff; decline of watershed habitats through construction, development, and overuse; the release of sewage and untreated stormwater; and human population growth.[250]

- 80% of pollution now entering the Bay comes from stormwater runoff. Non-point source pollution accounts for many potential pollutants: oil, heavy metals, and particulate matter from cars; medications and chemical products poured down drains and flushed down toilets; and construction debris, trash, and hazardous waste that is dumped or washed into local storm drains and creeks.[251]

- Of the 275,231 pounds of pesticides applied in San Mateo County during 2005—excluding residential use – 59.7%, or 164,437 pounds, were classified as most toxic by the Pesticide Action Network. Use of the most toxic pesticides was up 22.2% from 2004, and 23% from 1995. The overwhelming majority of the most toxic pesticides used in the county during 2005 – excluding residential use – were for agriculture (46.4%), structural pest control (32.1%), and landscape maintenance (10%). Structural pest control includes measures such as termite, ant, and roach control.[252]

Drinking Water

High quality drinking water is essential to human health. Contaminated water can cause acute disease, birth defects, infant mortality, and increased cancer rates. Federal and state safe drinking water regulations aim to assure the high quality of public water supplies.[253]

- Twenty water districts in San Mateo County are members of the Bay Area Water Supply and Conservation Agency (BAWSCA). The water districts serving the county publish annual water quality reports presenting the results of monitoring for various contaminants. Monitoring is done by sampling water at various locations in each district's distribution system over time. The reports indicate that the water delivered by these water districts met state and federal drinking water regulations.[254]

The U.S. Environmental Protection Agency places special emphasis on trihalomethanes and lead because of risks associated with these contaminants. Trihalomethanes, chemicals that form as a byproduct of chlorination, are suspected to be human carcinogens and mutagens and may cause damage to human DNA. Lead can cause severe learning disabilities in children, elevated blood pressure and neurological ailments in adults, and complications in pregnancy.[255]

- Most of the water delivered to the county's BAWSCA member water districts comes from the San Francisco Public Utilities Commission (SFPUC). During 2005 the state and federal standard for total trihalomethanes (TTHMs) was 80 parts per billion (ppb) based upon a running average of results. While no district exceeded 80 ppb, average TTHM concentrations ranged from a low of 22.2 from the San Bruno Water District to a high of 69.0 from the Bear Gulch Water District managed by CalWater.[256]

In February 2004, the SFPUC and the San Mateo County water agencies switched from chlorine to choloramine to disinfect the water as chloramine is a more stable disinfectant, lasts longer in water, and produces lower levels of TTHMs as a byproduct. The switch has resulted in a significant decrease of TTHM levels.[257]

- In 2005, the average TTHM concentration of all water districts in the county was 34.4% lower than 2003, the last full year before the switch from chlorine. Some people are concerned about the public health effects of the change. No scientific evidence exists that chloramine-treated water is more harmful than chlorine-treated water.[258]

The water districts also test for lead.

- Lead test results at the 90th percentile level must be less than the Action Level in order to meet water quality standards. All water districts reported that the 90th percentile concentrations of lead were below the Action Levels. There were also no detectable levels in the SFPUC transmission system of three other compounds with potential health risks: arsenic, methyl tertiary-butyl ether (MTBE), or chromium 6+. The Coastside County Water District did detect arsenic in water from two of its local treatment plants; the concentrations (two and three ppb), however, were well below the MCL of 10 ppb.[259]

Resource Consumption

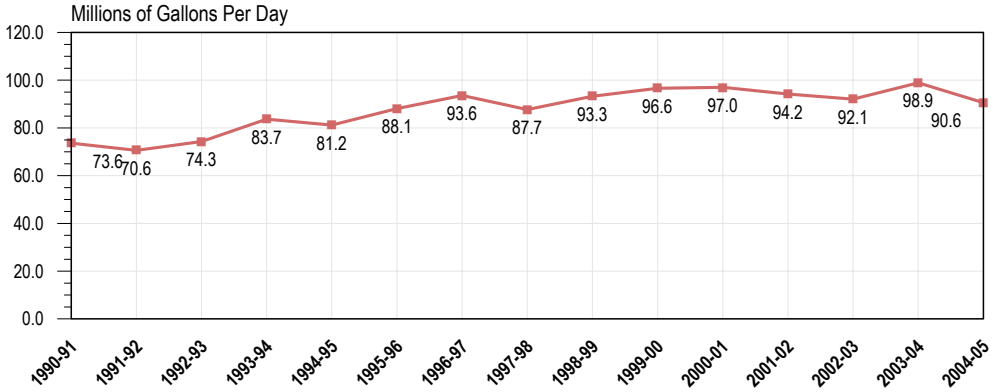
Water Consumption

The county's water comes primarily from the Hetch Hetchy Reservoir, which is fed by snowmelt from the Sierra Nevada. Less than 4% comes from local sources such as groundwater created by rain percolating through the soil, and less than 1% comes from recycled water or other sources.[260]

- Water use in San Mateo County decreased in fiscal year 2004-05, down 8.4% from 2003-04. In 2004-05, 90.6 million gallons of water per day were used in the county compared with nearly 99 million gallons per day in 2003-04. The main reason for this was likely the unusually cool and wet winter the county experienced. The cool weather lingered into the spring and summer and may have led to lower water use, especially for landscape irrigation purposes. Another possible factor may be the increased prevalence of low volume toilets: a change in the plumbing codes in the 1990's reduced the maximum flushing volume of new toilets. Also, there has been increased emphasis by many water agencies on water efficiency education programs, particularly relating to outdoor water use.[261]

- Because of expected population growth, however, water use in the county is projected to grow to over 111 million gallons per day by 2030—a 23% increase from current usage.[262]

Total Water Use, San Mateo County

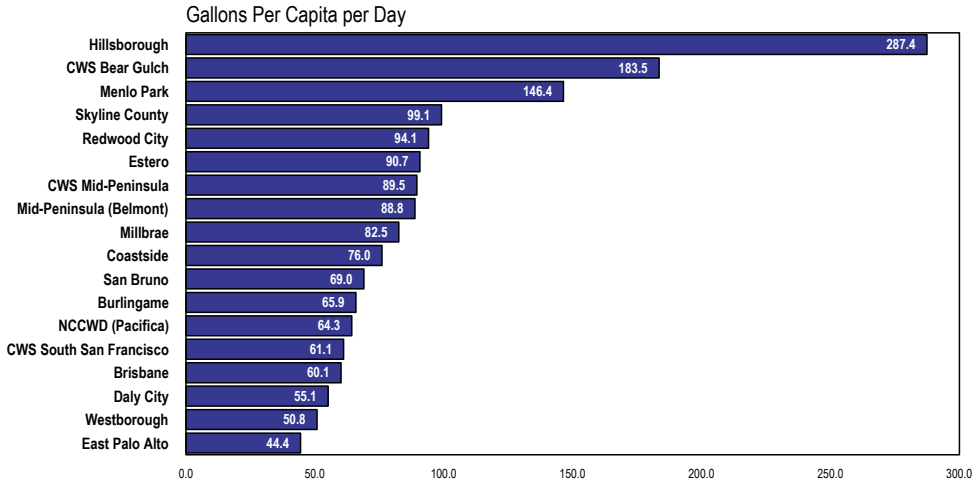


Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

- Residential water use accounted for 60.8 million gallons of water per day in 2004-05, or roughly two-thirds of the county's total. The trend of less affluent cities using less residential water per capita than more affluent communities continued during 2004-05. Although Hillsborough reduced its per capita water usage by 13.4% from 2003-04 (from 331.9 to 287.4 gallons per capita per day), it remained the largest per capita water user in the county. The lowest per capita user, East Palo Alto, used 44.4 gallons of water per capita per day.[263]

- Affluent neighborhoods tend to use a significantly higher percentage of water outdoors (approximately 53%-56%) than less affluent ones (approximately 16%-22%), suggesting homeowners in these neighborhoods use more water for landscaping. The San Francisco Public Utilities Commission's predictions suggest that this will not change significantly in the future.[264]

Per Capita Residential Water Use by Agency in FY 2004-2005



Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

Gasoline Consumption

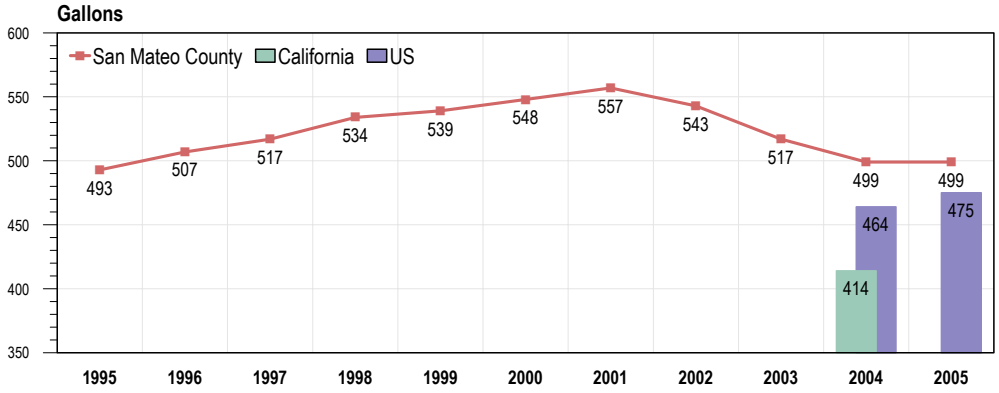
In addition to carbon emissions, gasoline-powered vehicles spew chemicals that produce smog and contribute to water pollution from the wearing of brake pads, engine emissions, and runoff from roads and parking lots. Americans' high consumption of gasoline also contributes to dependence on foreign oil from unstable and undemocratic countries and makes us vulnerable to price shocks and supply disruptions. Further, Californians are spending more of their household income on gasoline than ever before, and prices for all goods are affected by the higher cost of gasoline.[265]

Both San Mateo County and the state rely almost exclusively on petroleum to support its transportation needs. As a result, the single largest source of pollution in the Bay Area is the motor vehicle. In San Mateo County, the transportation sector accounts for more than half of estimated total carbon emissions, a greenhouse gas linked to climate change. Reducing transportation related gasoline consumption is crucial to reducing total carbon emissions and mitigating potentially catastrophic climate change.[266]

- In 2005, San Mateo County broke a three-year downward trend in gasoline consumption. Total highway gasoline consumption was 361 million gallons, up from 359 million gallons in 2004; per capita gasoline consumption was 499 gallons, the same as in 2004.[267]

- While per capita gasoline consumption has decreased by 10.4% since a 2001 high of 557 gallons, it remains 1.2% higher than 1995's figures. In 2005, San Mateo County's per capita gasoline consumption was 5.1% higher than the national per capita gasoline consumption of 475 gallons.[268]

Per Capita Gasoline Consumption



Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/
California Energy Commission.

- Nationally the average fuel economy for all vehicles on the road has remained flat from 1999 through 2004, hovering at approximately 17 miles per gallon (mpg). San Mateo County has consistently been above the national average over the same period at approximately 20 mpg. A recent report has revealed that national sales of low-mpg vehicles have begun to slow down. Minivans and SUVs accounted for 56% of total sales in 2004. The percentage dropped to 55% in 2005 and 53% in 2006. The decline in low-mpg vehicle sales may be a promising sign for national average vehicle fuel economy.[269]

- Hybrid vehicle sales have seen substantial increases in the last two years. Nationally, sales grew from 84,199 in 2004 to 205,710 in 2005, a 144% increase. At 1.42 hybrids per 1,000 residents, California ranks first in the nation in hybrid popularity. This only represents a small percentage of the 29 million cars and trucks registered statewide, however. The San Francisco Metropolitan Area ranks second in the nation to Portland, Oregon, in hybrid vehicle popularity.[270]

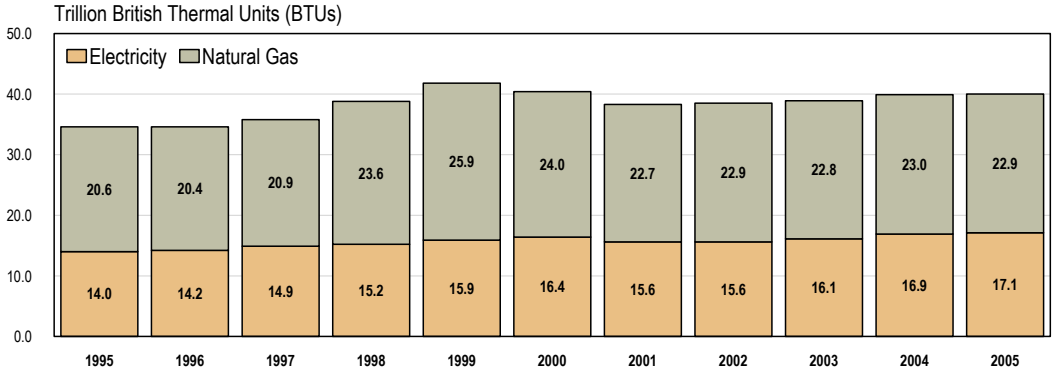
Energy Consumption

- In 2005, 42% of the county's electricity was generated from natural gas, while nuclear and large hydroelectric generation comprised 24% and 20% respectively.[271]

- In 2005, energy from electricity and natural gas in San Mateo County totaled 40 trillion British thermal units. This was an increase of 0.1% from 2004 and 15.6% from 1995. Natural gas accounted for 57.3% of that energy, a similar proportion to 2004 (57.8%).[272]

  - Total natural gas usage in the county decreased slightly (0.4%) from 2004 but this was offset by a 0.8% increase in electricity usage. Natural gas usage increased 11.1% and electricity usage increased 22.3% since 1995.[273]

Electricity & Natural Gas Use in San Mateo County



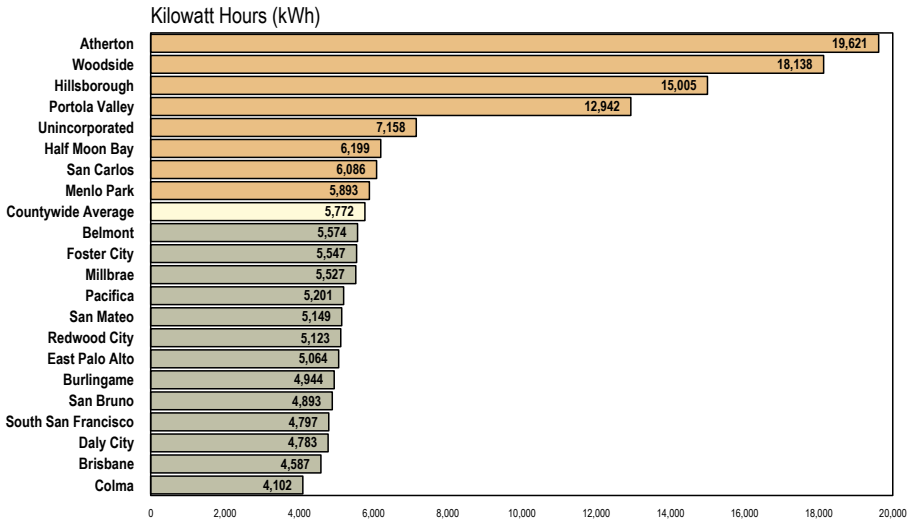
Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

- Residential use accounted for 47.1% of the county's energy from electricity and natural gas in 2005. Commercial enterprises consumed roughly 70% of nonresidential energy, industrial users roughly 29%, and agricultural users the remaining 1%.[274]

- The average household in San Mateo County used 5,772 kilowatts of electricity in 2005, up slightly from 5,766 kilowatts in 2004. The average household in 2005 used 539 therms of natural gas, down 5% from the 568 therm average in 2004.

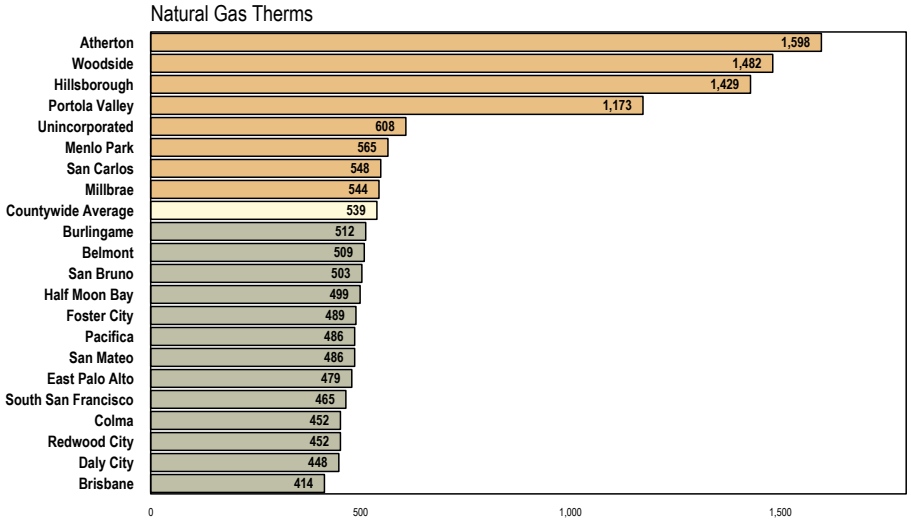
  - As in previous years, average household use of electricity and natural gas varied by city and was generally greater in more affluent neighborhoods. Atherton, Woodside, Hillsborough, and Portola Valley consumed two to three times more electricity and natural gas per household than the countywide average. Colma, Brisbane, and Daly City had the lowest average household electricity and natural gas consumption.[275]

Average Residential Electricity Use Per Household, 2005 San Mateo County



Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

Average Residential Natural Gas Use Per Household, 2005 San Mateo County



Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

Renewable Energy

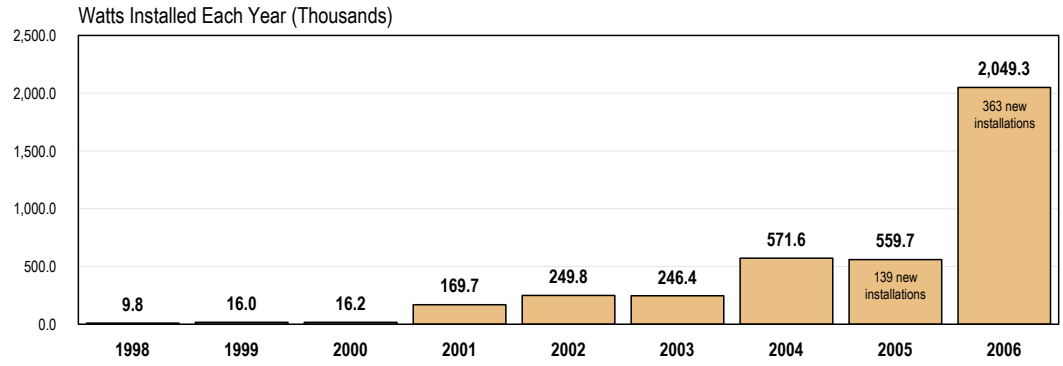
- Renewable energy sources, including biomass and waste, geothermal, small hydroelectric, wind, and solar, accounted for 12% of the county's electricity in 2005. Although it did not constitute a majority of our energy sources, renewable energy made up a greater proportion of the energy in San Mateo County than the state overall, which received 10.7% of its electricity from renewable sources.[276]

Following deregulation of the electric utilities in 1998, the California Energy Commission (CEC) began offering rebates for eligible grid-connected renewable energy systems under 30 kilowatts through its Emerging Renewables Program (ERP). The technologies eligible to participate in the

ERP are photovoltaic (PV) systems, solar thermal electric systems, fuel cell technologies that utilize renewable fuels, and small wind systems.[277]

- Through the ERP, there have been 879 solar projects installed in the county (1998-2006), providing a cumulative 3.9 megawatts (millions of watts) of electricity. In 2006, there were 363 new individual solar installations providing over two megawatts, an increase of more than 150% from the 139 installations during 2005.[278]

Solar Photovoltaic Systems in San Mateo County



Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

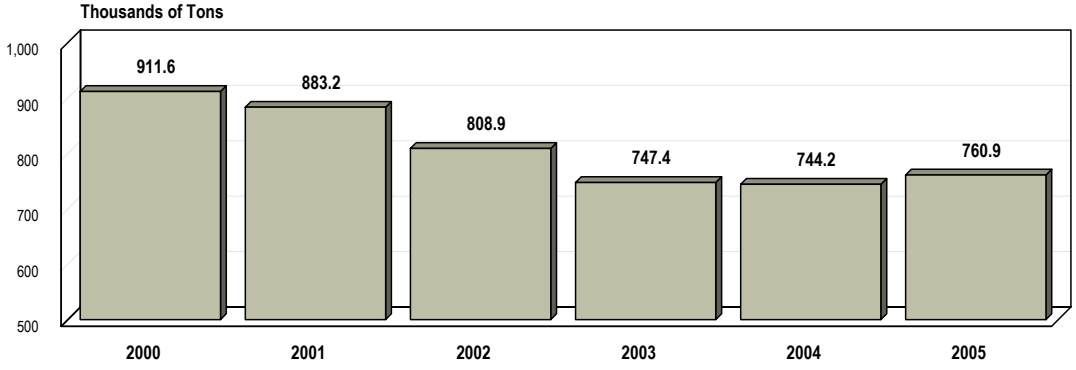
Waste

San Mateo County's quality of life depends upon the availability and use of natural resources such as timber, metals, petroleum, and others. Many of these resources are renewable, but our consumption may outpace nature's ability to replenish them. Waste reduction and recycling efforts focus on ways to achieve a balance between resource consumption and renewal, and ensures the highest end use for our resources. In spite of the fact that San Mateo County has over two decades of landfill space available, landfill space is still finite.[279]

- The amount of solid waste generated in San Mateo County and disposed of in landfills totaled 760.9 thousand tons in 2005, an increase of 2.3% from 2004. Although disposal is still 16.5% below the 911.6 thousand tons of solid waste generated in 2000, this increase ended a four-year decline.[280]

Solid Waste Disposed

(Generated in San Mateo County and Disposed Either Within or Outside the County)



Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

- Roughly one-third of the waste in the county in 2005 was residential waste, a similar proportion as 2004. The largest component of this was food and other organic waste such as leaves and grass. On average, every county resident generated 1.9 pounds of household waste each day.[281]

- In the commercial sector, paper and food are the largest components of the waste stream. Restaurants and retail establishments are the largest generators of waste, followed by the construction and medical/health services industries.[282]

Land Use

Urbanization

- Land use in San Mateo County has been fairly stable since 1990. Urban land, however, has grown from 24.2% of the county's total land in 1990 to 24.8% in 2004. This growth represents over 1,800 acres of new urban land. In order to create this new urban environment, other land was lost, the largest portion of which came from low-density rural developments, brush/timber/wetland/riparian areas, and open space.[283]

- By 2040, the county is projected to add nearly 100,000 new residents. Absent good policies to accommodate this growth, the county's recent history of stable land use may be disrupted.[284]

Agriculture

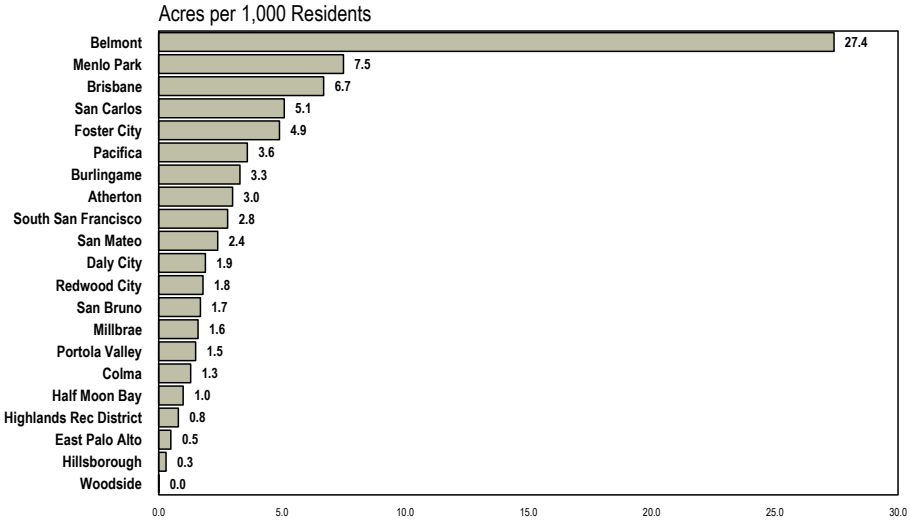
- About 19% of the county's land is agricultural, of which 3% is cultivated and another 16% is suitable for grazing. In 2005, the vast majority of farmland—89%—was used for field crops (beans, grain, and hay) or pasture; 7% was used for vegetable, fruit, and nut crops; and 4% was used for floral and nursery crops.[285]

- The gross production value of all crops in 2005 was $162 million, a 10.7% decrease from 2004 and a 22.5% decrease from 1992. Although relatively little farmland is used for floral and nursery crops, these generated 86% of the total crop production value. Vegetable crops generated 8% of the total production value, with forest products, livestock and apiary products, fruit and nut crops, and field crops generating the remaining 6%.[286]

Open Spaces

- In total, there are over 110,000 acres of parklands and protected open space in the county, the majority of which are open to public use. City parks are generally the most accessible and most used park facilities. One way to measure the spread of city parks across the county is to look at the acreage of city parks per 1,000 residents in each city. At the high end, Belmont has 27.4 acres of city parkland per 1,000 residents. On the lower end is Woodside which currently does not have any city parks, but plans to open the six-acre Barkley Field and Park in 2007.[287]

Acres of City Parks per 1,000 Residents



Sources: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007. http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/

- This simple measure has limitations, however. First, it does not take into account other outdoor recreation facilities such as school playgrounds or county parks easily available to city residents. Second, it does not say anything about whether these parks are appropriately distributed or whether they meet the level of service desired by a particular community.[288]

- In addition to city parks, the County Parks Department operates 16 parks and multiple trail systems totaling 15,680 acres. The parks accommodate roughly 2.25 million visits annually.[289]

- The Midpeninsula Regional Open Space District manages over 20,000 acres of open space in the county. The District offers many opportunities for hiking and other activities on its lands. The District has an active resource management program to enhance native species' habitat and reduce the influx of invasive plants, and a Coastside Protection Program to preserve agricultural lands and the coast's rural heritage. The Coastside Protection Program will also open new coastland areas for public enjoyment. In 2006, the District purchased roughly 3,600 acres of land, the Driscoll Ranch, from the Peninsula Open Space Trust (POST), adding significantly to its land holdings. POST itself owns or manages over 14,000 acres of open space, roughly a quarter of which is open for public use.[290]

- Other major parcels of protected space in the county include parklands and ecological reserves managed by the state, Golden Gate Recreational Area lands managed by the National Park Service, and watersheds managed by the San Francisco Public Utilities Commission. Not all of these lands are available for public use, however.[291]

Biodiversity

- The county is home to over 30 species of plants and animals that are state or federally listed as endangered or threatened. The U.S. Fish and Wildlife Service has designated areas within the county as critical habitat for (essential to the conservation of) six of these species: the central California coastal coho salmon, the Bay checkerspot butterfly, the central California steelhead, the California red-legged frog, the marbled murrelet, and the western snowy plover.[292]

Transportation & Traffic

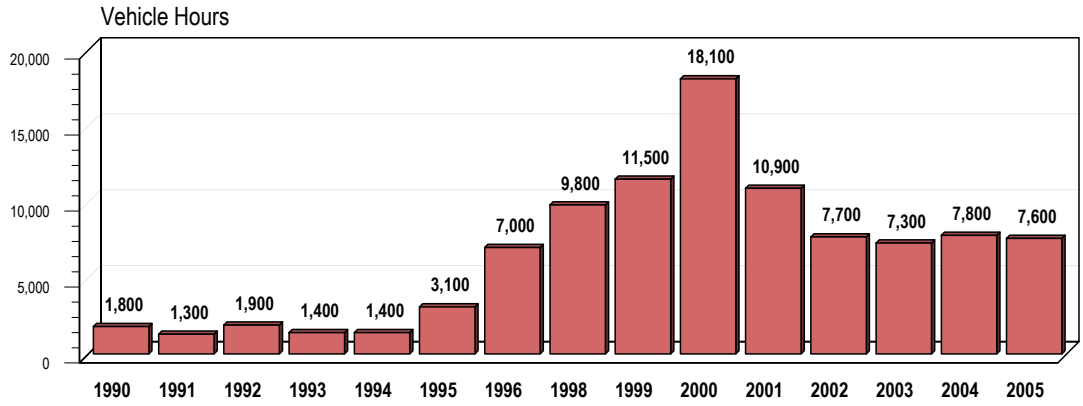
Transportation has a significant impact on the economy, environment, and quality of life. Traffic congestion causes costly delays resulting in lost productivity, less time with families, wasted resources, and stress. Vehicles pollute the air and water and are a significant contributor of greenhouse gas emissions that are linked to global climate change. An over-reliance on automobiles also encourages low-density land use patterns that can waste precious land and lead to habitat fragmentation.[293]

With housing increasingly unaffordable in the Bay Area, families wishing to own homes may be forced to live far from their jobs, resulting in two- to three-hour commutes. In San Mateo County, we have heavy traffic transiting the corridor between Santa Clara and San Francisco Counties.[294]

Traffic Congestion & Delays

- Traffic congestion in San Mateo County decreased in 2005. The average daily vehicle hours of delay on county freeways dropped from 7,800 hours in 2004 to 7,600 hours in 2005, a 2.6% reduction. This also represented a 30.3% reduction from the 10,900 vehicle hours of daily delay in 2001.[295]

Daily (Weekday) Freeway Delay, San Mateo County



Source: California Department of Transportation, District 4, Office of Highway Operation.
Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007.
http://www.sustainablesanmateo.org/indicators-report/reports/2007-indicators-report/
Note: 1997 data not available.

- In 2005, the per capita vehicle miles driven in the county was 25.9 miles per day, an 8.9% decrease from 2001. Part of these decreases was likely because of job losses in the county between 2001 and 2004.[296]

Commute Mode

- Another possible factor for the decrease in the average daily delay on county freeways was commuter choice. Based on surveys of commuters conducted by RIDES Associates for the Metropolitan Transportation Commission, between 2001 and 2005 transit riders grew from 9% of all commuters to 12%. The percentage of survey respondents reporting using other modes of commute, including bicycling, walking, riding a motorcycle, and telecommuting, grew from 2% to 5%. According to the survey **driving**

alone was still by far the predominant mode of commute, however, with 70% of respondents reporting that as their commuting choice in 2005.[297]

Clustered Commute Modes Over Time, San Mateo County

	Drive Alone	Carpool	Transit	Other
1999	75%	12%	9%	4%
2000	73%	13%	11%	4%
2001	75%	14%	9%	2%
2002	74%	17%	7%	3%
2003	68%	17%	9%	6%
2004	68%	18%	9%	5%
2005	70%	13%	12%	5%

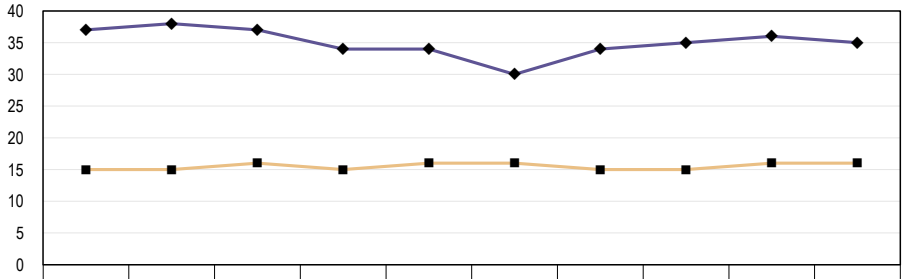
Source: Commute Profile 2004/2005: Regional Reports. The Metropolitan Transportation Commission's Regional Rideshare Program, RIDES Associates. 2004/2005. http://bayareacensus.org/library/commute_profile/commuteprofile_2005.pdf

Commute Speed & Distance

- For San Mateo County commuters, the average one-way commute to work is 16 miles; this has remained fairly consistent over the past decade. By comparison, Solano County commuters face an average 24-mile commute, while San Francisco commutes commute an average of 10 miles one way.[298]

- San Mateo County commuters travel an average estimated speed of 35 miles per hour during their commute. This is faster than commuters in other area counties (e.g., San Francisco, Marin, Alameda and Santa Clara Counties), but slower than in others (e.g., Solano, Napa and Sonoma Counties).[299]

Commute Distance & Speed, San Mateo County



	1993	1994	1996	1999	2000	2001	2002	2003	2004	2005
Average One-Way Miles	15	15	16	15	16	16	15	15	16	16
Average Miles Per Hour	37	38	37	34	34	30	34	35	36	35

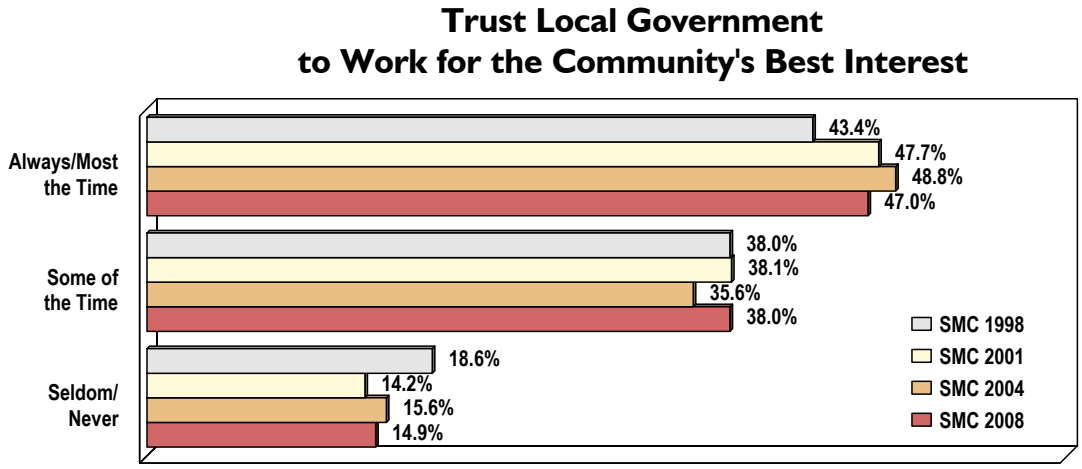
Source: Commute Profile 2005: Regional Report. The Metropolitan Transportation Commission's Regional Rideshare Program, RIDES Associates. June 2005 . http://bayareacensus.org/library/commute_profile/commuteprofile_2005.pdf

Public Transportation

- Caltrain runs 96 weekday trains, including 22 daily Baby Bullet trains between San Francisco and San José with stops in a number of locations in San Mateo County. In 2006, Caltrain achieved its highest annual average weekday ridership level in its history, with more than 35,000 daily rides. This was a 25% increase in daily rides from 2003, the last full year before the Baby Bullets were introduced. The Bay Area Rapid Transit District (BART) operates five stations in the county (Daly City, Colma, South San Francisco, San Bruno, and Millbrae), connecting residents to San Francisco and the East Bay.[300]

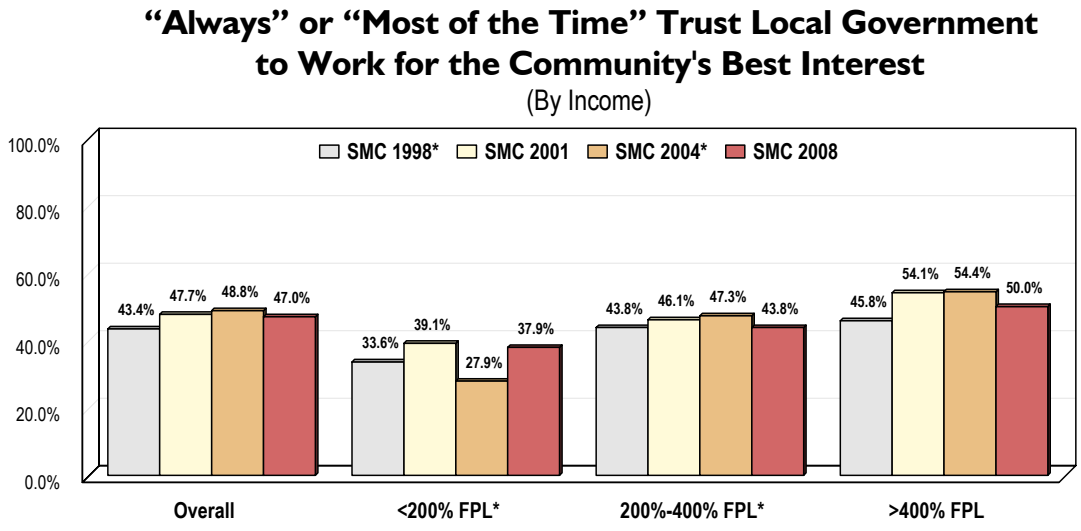
Trust in Government

- In 2008, 43.4% of survey participants said they trusted local government to "always" or "most of the time" work for the community's best interest; in contrast, 14.9% responded "seldom" or "never." These findings are similar to those reported in 2001 and 2004, but better than initially reported in the 1998 survey.[301]



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

- Trust in local government varies according to income level. Those living at lower incomes less often report trusting government "always" or "most of the time." [Note in the following chart that the 1998 and 2004 surveys used slightly different definitions for the lower and middle income categories.][302]



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: *In 1998 and 2004, the lower income category was defined as below 185% of the Federal Poverty Level (FPL), and the middle income category was defined as 185%-400% of the Federal Poverty Level.

Civic Participation

- In the 2006 midterm election, voter turnout—as expressed as the percentage of eligible voters who voted—was 45.1% in San Mateo County, compared with 39.3% statewide. This number was both higher than the countywide turnout for the 2005 special statewide election (when 41.5% of eligible adults voted) and the last midterm election in 2002 (when only 38.8% of eligible adults voted). Still, less than half of the eligible voters in the county made decisions for the entire community.[303]

- Despite a slight increase in eligible voters from 2005, the number of registered voters in San Mateo County decreased slightly from 351,506 in 2005 to 350,427 in 2006. Countywide, 60.1% of registered voters voted in 2006, compared with a statewide figure of 56.2%.[304]

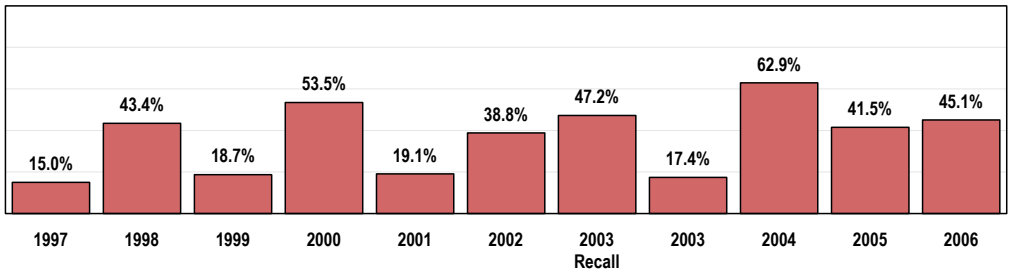
Civic Participation

	San Mateo Co.	California
Percent of Eligible Voters Registerd (October 2006)	75.0%	69.9%
Percent of Registered Voters Who Voted in 2006 General Election	60.1%	56.2%
Percent of Eligible Voters Who Voted in 2006 General Election	45.1%	39.3%

Source: California Secretary of State, Elections Division. Complete Statement of Vote - Voter Participation Statistics byCounty, November 7, 2006

- In the past decade, voter turnout has ranged from a low of 15% in the 1997 off-year election to a high of 62.9% during the 2004 election. Turnout is typically highest in even years when federal and state offices are on the ballot and lowest during odd years when elections consist primarily of local offices and issues. The 2006 election followed this trend.[305]

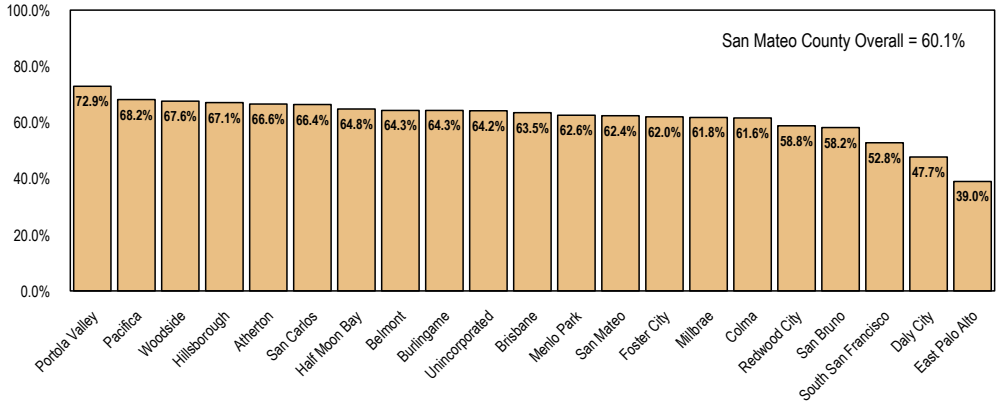
Percentage of Eligible Voters Who Voted in San Mateo County



Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007.

- The percentage of registered voters voting was greatest in the most affluent cities and lowest in the least affluent cities, similar to past elections. Portola Valley had the highest percentage of its registered voters voting in 2006 with 72.9% compared with East Palo Alto and Daly City whose figures were 39% and 47.7% respectively.[306]

Percentage of Registered Voters Voting in 2006 Statewide Election



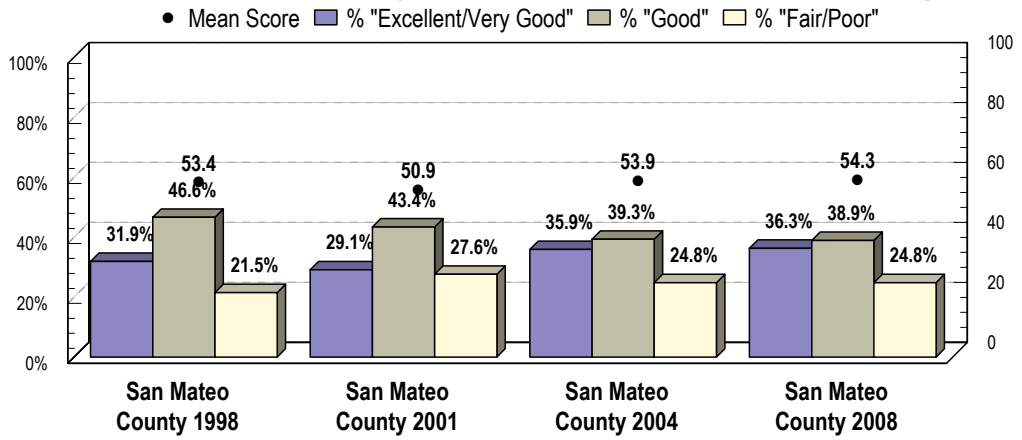
Source: Indicators for a Sustainable San Mateo County. Eleventh Annual Report Card. April 2007.

- Voter registration rates are higher among older voters than younger voters. In 2006, 26.5% of county residents were age 56 and over, but they represented 35.5% of registered voters. In contrast, 20.7% of county residents were 18 to 29 years old, but they made up just 14.9% of registered voters. Residents ages 30 to 55 accounted for 52.8% of the county population and 49.6% of registered voters.[307]

Social Services

- A total of 36.3% of survey respondents rate the ease of obtaining social services in the community as "excellent" or "very good" (statistically similar to 2004 findings, but *better* than found in 1998 or 2001).[308]

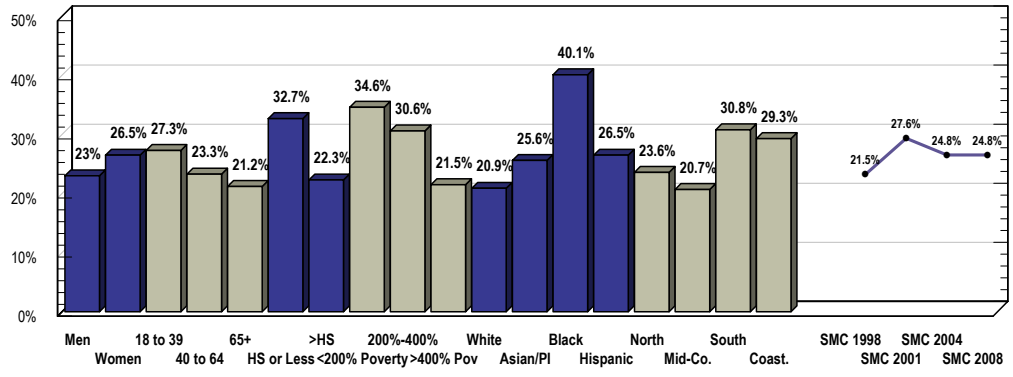
Ease of Obtaining Social Services in the Community



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

- Fair/poor" evaluations of access to social services are particularly high among those aged 18 to 39, respondents with lower education or income, Black respondents, as well as South County and Coastside respondents.[309]

Perceive Ease of Obtaining Social Services in the Community to Be "Fair/Poor"

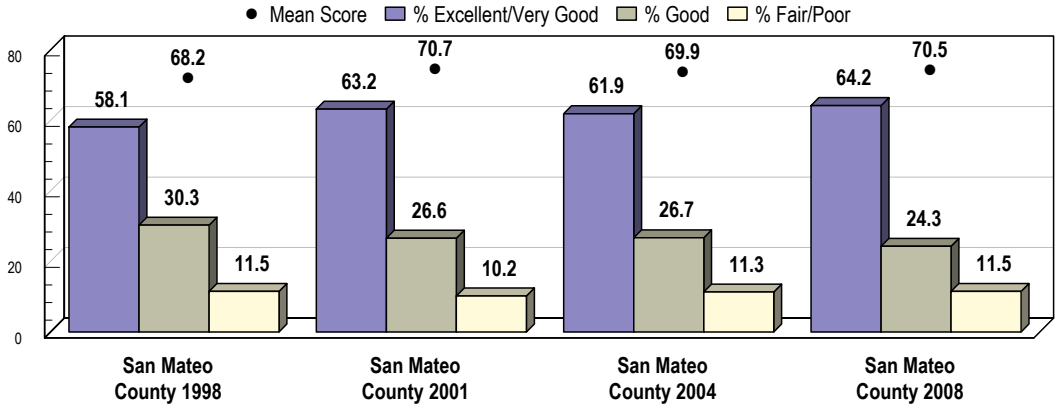


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

Neighborhood Safety

- When asked how safe they feel walking in their neighborhood, 64.2% of San Mateo County residents expressed "excellent" or "very good" responses, similar to 2001 and 2004 findings, and better than the baseline 1998 findings. "Fair/poor" comments continue to place just over 10%.[310]

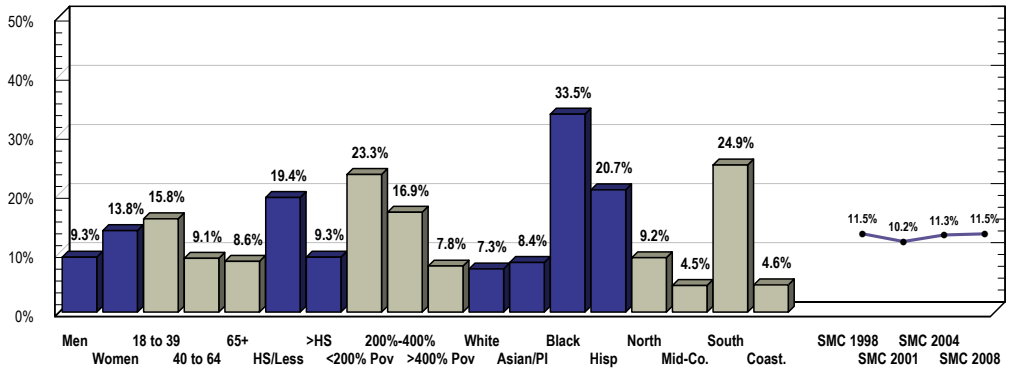
Community Evaluations of Neighborhood Safety



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

- "Fair/poor" evaluations of neighborhood safety are found predominantly in South County, compared to other parts of the county. Women, young adults, persons with less education and income, and Black and Hispanic respondents also express higher "fair/poor" perceptions of neighborhood safety.[311]

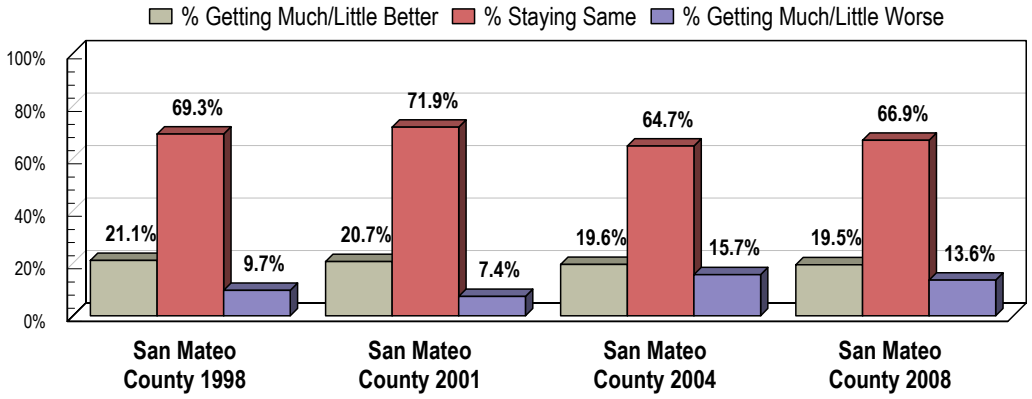
"Fair/Poor" Ratings of Neighborhood Safety



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

- Most surveyed adults in 2008 (66.9%) believe the problem of crime has stayed about the same in their neighborhood over the past year or two (similar to 2004 findings). In contrast, 13.6% believe the situation has gotten worse, similar to that reported in 2004, but *significantly worse* than found in 1998 and 2001.[312]

Perceptions of Neighborhood Crime Over the Past Two Years

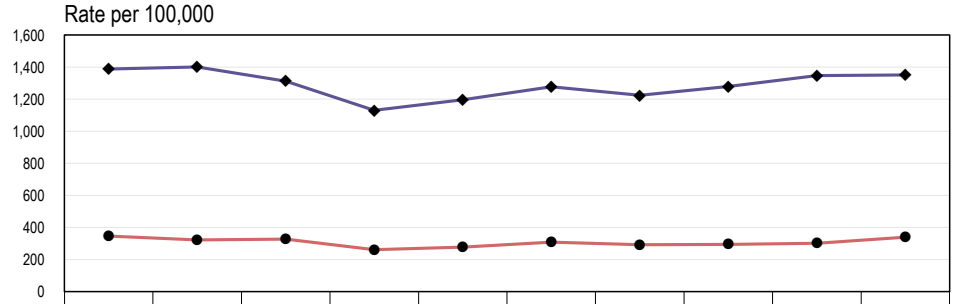


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Crime Indices

- In the latest reporting years (2002-2005) San Mateo County crime rates for both violent crime and property crime have *increased*. This contrasts with the significant decreases experienced in the 1990s.[313]

Trend in Crime Rates
San Mateo County, 1996-2005



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Violent Crime	346.8	322.3	327.3	261.2	277.3	308.6	291.8	294.8	300.8	339.2
Property Crime	1,387.1	1,400.6	1,312	1,130.1	1,196.3	1,277.3	1,223.7	1,278.9	1,347.3	1,350.7

Source: Crime Statistics. Office of the Attorney General. State of California Department of Justice. http://stats.doj.ca.gov/cjsc_stats/prof05/index.htm

- The following table details these crime rates for individual offenses. Note that the 2005 violent crime rate is 36.5% below that reported in 1990. Property crimes such as burglary, motor vehicle theft and larceny theft have also decreased substantially since 1990.[314]

Trend in Crime Rates, San Mateo 1990-2005

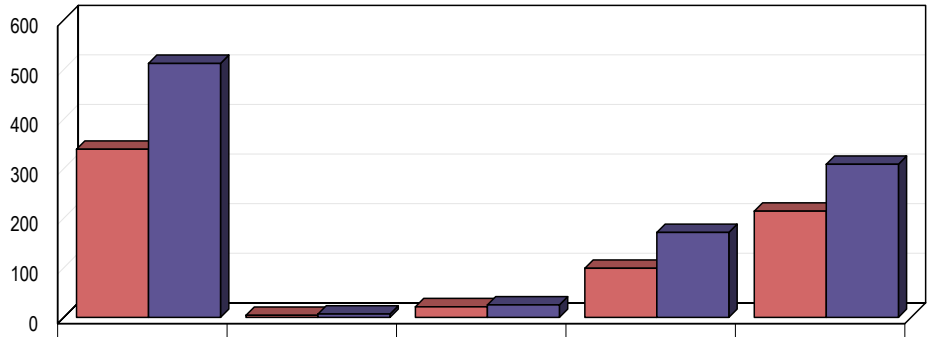
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	% Change 1990-2005
Violent Crimes	**462.9**	**449.1**	**497.7**	**503.8**	**488.5**	**407.1**	**346.8**	**322.3**	**327.3**	**261.2**	**277.3**	**308.6**	**291.8**	**294.8**	**300.8**	**339.2**	**-36.5**
Homicide	6.6	6.8	8.1	4.8	3.8	5.1	1.6	3.9	3.2	2.5	1.4	2.5	2.9	2.8	3.6	4.2	-57.1
Forcible Rape	21.2	17.9	24.8	21.1	21.2	21.9	17.0	19.7	18.4	22.0	20.6	24.6	21.6	23.6	21.6	21.5	1.4
Robbery	140.7	144.7	164.8	150.1	146.0	135.7	120.2	108.6	94.5	68.7	83.4	96.4	95.4	90.9	95.0	99.1	-42.0
Aggravated Assault	294.4	279.6	300.0	327.8	317.6	244.5	208.0	190.1	211.1	168.0	171.9	185.0	171.9	177.5	180.5	214.4	-37.3
Property Crimes																	
Burglary	673.0	729.3	700.2	649.3	619.5	590.1	403.0	425.7	442.1	345.9	335.3	408.7	370.6	409.4	407.2	462.3	-45.6
Motor Vehicle Theft	558.5	627.5	566.9	548.7	424.4	397.1	360.0	359.3	323.1	266.2	309.9	310.1	305.1	324.9	408.4	378.7	-47.5
Larceny Theft	2,841.2	2,787.6	2,597.8	2,427.5	2,425.4	2,354.6	2,141.0	2,086.3	1,923.9	1,760.2	1,668.3	1,650.7	1,701.2	1,771.3	1,862.6	1,741.2	-63.2
Arson	21.2	23.7	20.6	20.4	19.4	20.3	20.1	17.1	19.8	15.3	15.0	18.6	15.3	18.5	19.7	20.9	-1.4

Source: Crime Statistics. Office of the Attorney General. State of California Department of Justice. http://stats.doj.ca.gov/cjsc_stats/prof05/index.htm
Note: Data reflect crime rates per 100,000 population.

Violent Crime

- In 2005, the violent crime rate in San Mateo County (339.2 violent crimes per 100,000 population) was well below the statewide rate (512.3). This is also true for individual violent offenses of homicide, forcible rape, robbery and aggravated assault.[315]

Violent Crime Rates per 100,000 Population, 2005



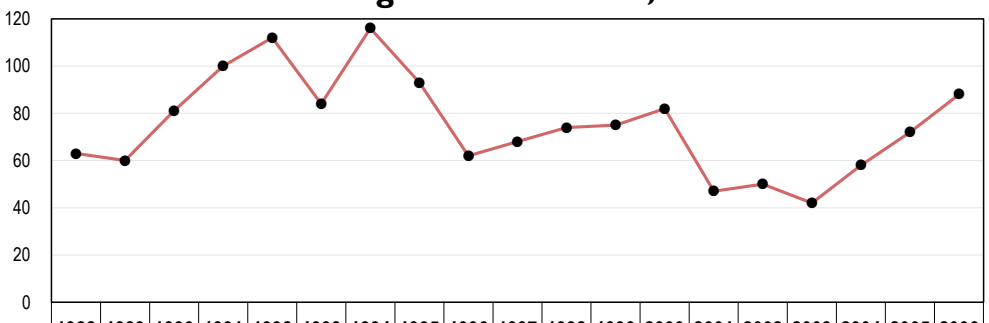
	Violent Crimes Total	Homicide	Forcible Rape	Robbery	Aggravated Assault
San Mateo County	339.2	4.2	21.5	99.1	214.4
California	512.3	6.8	25.3	171.4	308.9

Source: Crime Statistics. Office of the Attorney General. State of California Department of Justice. http://stats.doj.ca.gov/cjsc_stats/prof05/index.htm

Crimes Against Seniors

- In 2006, there were 88 violent crimes committed against seniors (aged 60 and older) in San Mateo County; this represents a sharp increase in actual case counts over the past few years (from a low of 42 documented crimes in 2003).[316]

Violent Crimes Committed Against Citizens Aged 60 and Older, 1988-2006



	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
San Mateo County	63	60	81	100	112	84	116	93	62	68	74	75	82	47	50	42	58	72	88
California	9,710	10,208	11,096	11,651	12,590	12,500	10,834	9,728	9,058	8,519	7,333	6,567	6,608	6,425	7,251	7,962	7,765	7,487	8,106

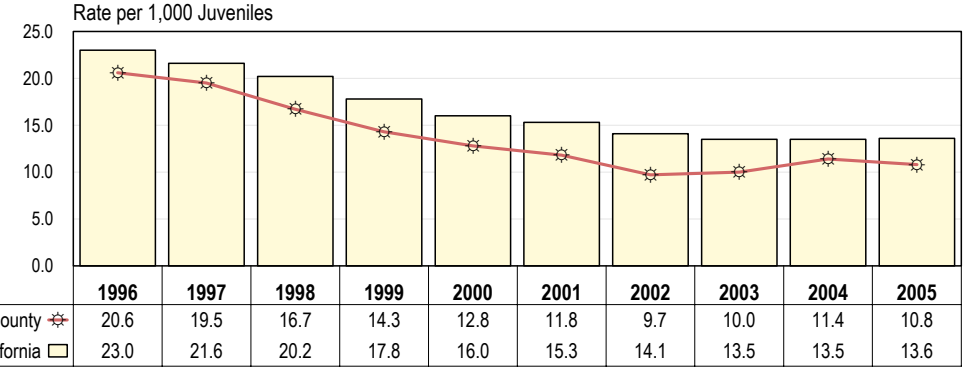
Source: California Department of Justice, Criminal Justice Statistics Center. 2007.

- These 2006 crimes against seniors primarily included **robberies** (53.4%) or **aggravated assaults** (39.8%), followed by homicide (5.7%) and forcible rape (1.1%).[317]

Juvenile Crime & Violence

- Juvenile felony arrests in San Mateo County dropped considerably in the late 1990s; since that time, rates have been fairly stable. In 2005, there were 10.8 felony arrests for every 1,000 juveniles aged 10 to 17 in the County.[318]

Juvenile Arrest Rate for Felony Crimes, Ages 10 -17



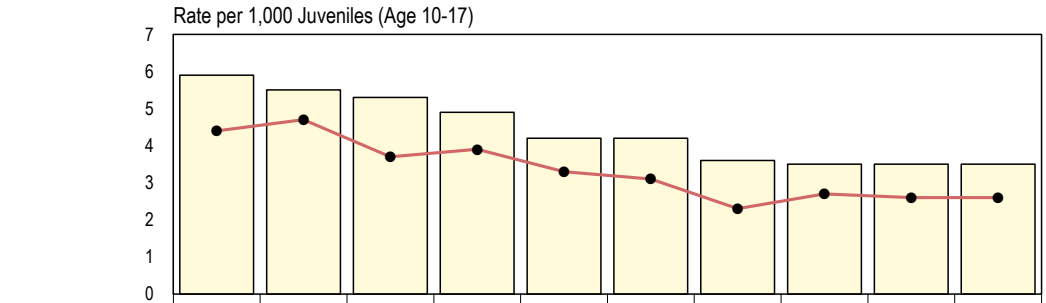
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
San Mateo County	20.6	19.5	16.7	14.3	12.8	11.8	9.7	10.0	11.4	10.8
California	23.0	21.6	20.2	17.8	16.0	15.3	14.1	13.5	13.5	13.6

Source: Crime Statistics. Office of the Attorney General. State of California Department of Justice. http://stats.doj.ca.gov/cjsc_stats/prof05/index.htm

Violent Offenses

- Juvenile felony arrests for **violent** offenses in San Mateo County also dropped considerably in the late 1990s, and have remained fairly stable in recent years. In 2005, there were 2.6 felony arrests for violent offenses for every 1,000 San Mateo County juveniles.[319]

Juvenile Felony Arrests for Violent Offenses, 1996-2005



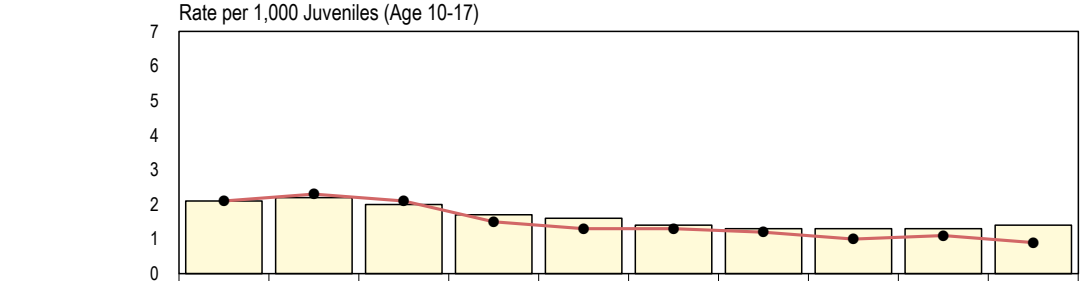
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
San Mateo County	4.4	4.7	3.7	3.9	3.3	3.1	2.3	2.7	2.6	2.6
California	5.9	5.5	5.3	4.9	4.2	4.2	3.6	3.5	3.5	3.5

Source: Crime Statistics. Office of the Attorney General. State of California Department of Justice. http://stats.doj.ca.gov/cjsc_stats/prof05/index.htm

Drug Offenses

- San Mateo County juvenile arrests for drug offenses have decreased over the past decade[320]

Juvenile Felony Arrests for Drug Offenses, 1996-2005



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
San Mateo County	2.1	2.3	2.1	1.5	1.3	1.3	1.2	1	1.1	0.9
California	2.1	2.2	2	1.7	1.6	1.4	1.3	1.3	1.3	1.4

Source: Crime Statistics. Office of the Attorney General. State of California Department of Justice. http://stats.doj.ca.gov/cjsc_stats/prof05/index.htm

Incarceration

- The majority of women inmates are confined in San Mateo County Jail for non-violent drug possession and property offenses, only 12% are housed for violent/weapons charges. In fact, there are a higher percentage of women confined in San Mateo County on drug possession and theft/property offenses than in the nation's jails. [321]

- 80% of all women inmates are confined in San Mateo County Jail reported that they had moderate to severe alcohol or drug problems. [322]

- Most women inmates are confined in San Mateo County Jail were not lawfully employed (69%) at the time of admission to jail indicating the high rate of unemployment among these women. [323]

- More than one-half of the pretrial women and one-third of the sentenced women housed in the San Mateo County Jail are responsible for young children. Numerous studies on female offenders and their children document that the separation of mothers from their children contributes to: [324]

  - Five to six times higher delinquency rates among their children.
  - Inability for children who are separated from their mothers to form trusting relationships and attachments to society's standards.
  - More children in foster care.
  - Additional welfare costs to society.
  - Higher rates of recidivism for women offenders.

- Men housed in the San Mateo County Jail have the following characteristics: [325]

  - The most frequent offense for which they were confined was for personal drug use and possession.
  - Almost 60% were employed at the time of this current jail admission and most reported that they expect to be employed upon release.
  - More than one-half report using drugs and four out of ten report using them daily or several times a week.
  - Methamphetamines were the number one drug of choice.
  - Combined with drug use, nearly two thirds of the men report drug and/or alcohol abuse.
  - Only 17.2% reported being involved in treatment at the time of this arrest and few reported ever receiving treatment.
  - Almost one-third of the males are assessed by Correctional Health Services as needing residential treatment for their psychiatric disorder.

- These characteristics, among others, describe men housed in the San Mateo County Jail as a highly addictive educated male that is charged/convicted of a nonviolent crime, most do not have pending charges and most have little criminal background. They are employed, expect to have a job upon release, will have a suitable home and will have family support upon release from jail. While these characteristics suggest a male population who is moderately functioning, their drug and alcohol use has negatively impacted their life. [326]

- The latest data from the Bureau of Justice Statistics confirm that 64.2% of the inmates in local jails have an emotional problem as evidenced by a psychiatric disorder (Diagnostic and Statistical Manual of Mental Disorders). Teplin, L. (1994) found in her study of 728 male detainees at the Cook County, IL Department of Corrections in Chicago, IL that 62.4% of male detainees were assessed as having a psychiatric disorder. [327]

- More than one-half of the men admit to using drugs and more than four out of ten report using them daily or several times a week. This compares to 82.2% of the nation's jails ever using drugs and 52.6% report using drugs in the month before the offense. (Bureau of Justice Statistics, 2002). A large study of male detainees within the Cook County Department of Corrections, Chicago, IL found that 61.8% of the males confined had substance disorders within their lifetime using an objective assessment instrument (Teplin, Linda A. 1994). [328]

- San Mateo County inmates are considered to be under reporting their illegal drug use due to fear that their response might impact negatively on their case. [329]

HEALTHY BEHAVIORS

OVERVIEW

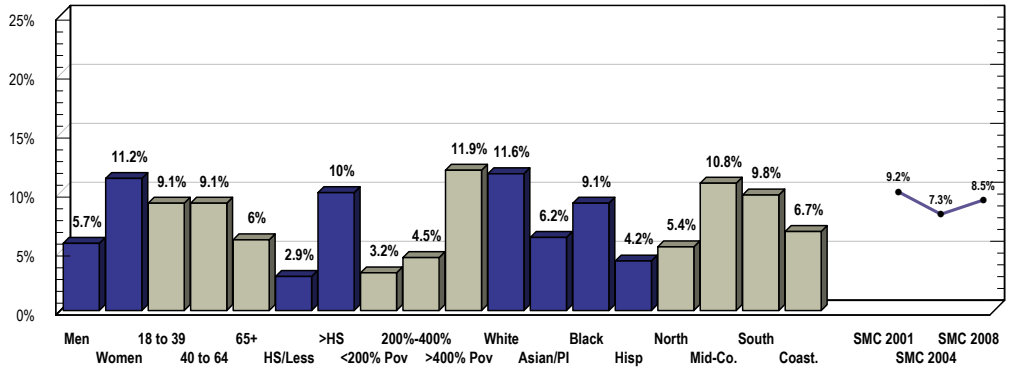
The actual causes of premature death are rooted in behavior, and it is estimated that as many as 50% of premature deaths are due to health risk behaviors such as tobacco use, poor diet, a lack of exercise, alcohol use, etc. Despite this, the vast majority of our community do not exhibit the most basic healthy behaviors. Fewer than one in 10 San Mateo County adults exhibit multiple general healthy behaviors typically associated with the prevention of chronic disease. Individual health behaviors are deeply influenced by public policy and place (i.e., neighborhood conditions) to a far greater degree than we recognize. Inadequate appreciation of public policy and place-based (i.e., zoning) strategies have been applied in San Mateo County.

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

- Only 8.5% of San Mateo County survey respondents report a combination of healthy behaviors which limit cardiovascular and cancer risk (statistically similar to 2001 and 2004 findings).[330]
  - Men, seniors, persons with lower education levels, those living at the lower income levels, and Asian and Hispanic respondents demonstrate the lowest proportions with all of these healthy behaviors.[331]
  - North County residents report the lowest prevalence among the four county regions (South County respondents reported the lowest prevalence in 2004).[332]

Exhibit Healthy Behaviors

Do Not Smoke, Not Overweight, Exercise Adequately, and Eat Adequate Fruits/Vegetables



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).

Note: Includes respondents satisfying ALL of the following criteria: do not smoke cigarettes; is not overweight based on body mass index; exercises at least three times per week for at least 20 minutes; eats five or more servings per day of fruits and/or vegetables.

DESCRIPTION OF COMMUNITY HEALTH CARE SERVICES

OVERVIEW

Evaluations of the health care services received in the county appear to be improving, and the majority of those living in San Mateo County consider their own health to be "excellent" or "very good." However, it does appear that health status is declining somewhat as our population ages, with more reporting health that is only "good" or "fair," and more residents reporting health-related activity limitations.

Most area residents have a physician to whom they go for medical services. Still, access to health care services remains a concern. In particular, mental health and substance abuse services are seen as increasingly difficult to access. Lower-income residents have poorer utilization of and access to health care, particularly dental care, but also physician care and other types of health care services.

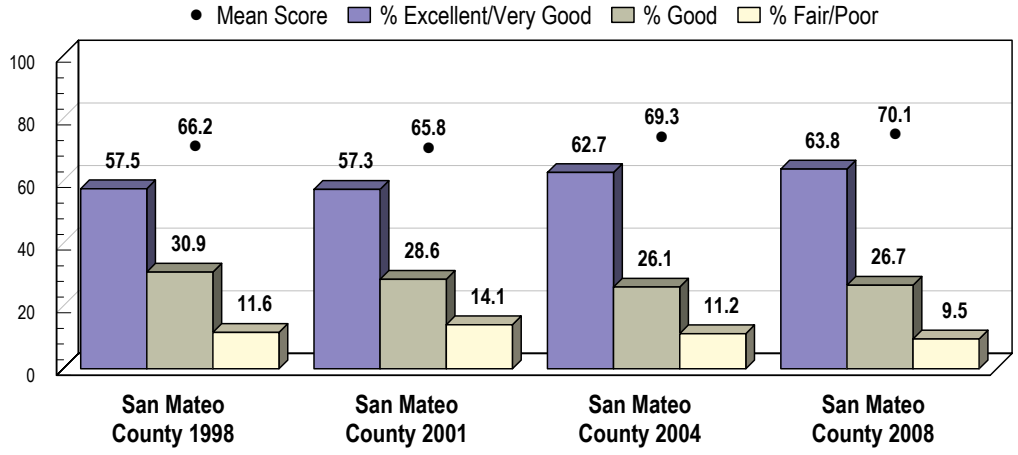
Quality health care services in the county are, for the most part, not the problem. Access and affordability are. This year, an estimated 67,000 non-elderly adults are without health insurance in San Mateo County, representing a significantly higher share than reported in previous years. In addition to lack of insurance, appointment availability, lack of transportation, and cost of prescriptions are also significant barriers for many San Mateo County residents. Use of the Internet to obtain health-related information continues to grow dramatically in San Mateo County, although older adults and lower-income residents are less likely to have used, or have access to, this informational tool.

Public Perceptions

Evaluation of Health Care Services

- Overall, 63.8% of San Mateo County survey respondents rate their satisfaction with the health care they receive as "excellent" or "very good." However, 9.5% rate it as "fair" or "poor"(statistically similar to 1998 and 2004 findings, *lower* than area findings from 2001).[333]

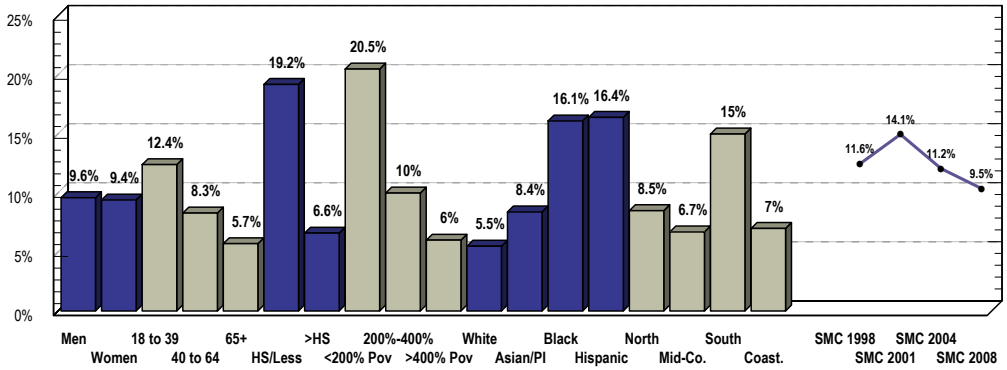
Rating of Satisfaction With Health Care Received



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked among total sample of respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

- One out of five respondents living at lower incomes (defined as 200% of the Federal Poverty Level or below) rates satisfaction with his/her health care as "fair" or "poor" (20.5%). There is also a negative correlation with age. In addition, respondents at lower education levels, Blacks and Hispanics more often report "fair/poor" evaluations. Residents living in the South County area are also more likely to give "fair/poor" evaluations. [334]

Satisfaction With Health Care Received Is "Fair/Poor"

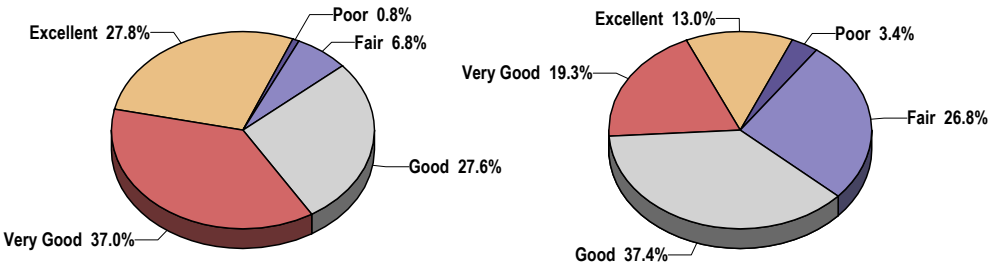


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent combined "fair" or "poor" responses.

- For those without health insurance coverage, satisfaction is considerably lower. Among San Mateo County adults aged 18-64 without any type of coverage, 30.2% rate the healthcare they receive as "fair" or "poor" (compared to only 7.4% among insured adults aged 18 to 64). [335]

Satisfaction With Health Care Received

(By Health Insurance Coverage, Adults Aged 18 to 64; San Mateo County 2008)



Among Insured Adults **Among Uninsured Adults**

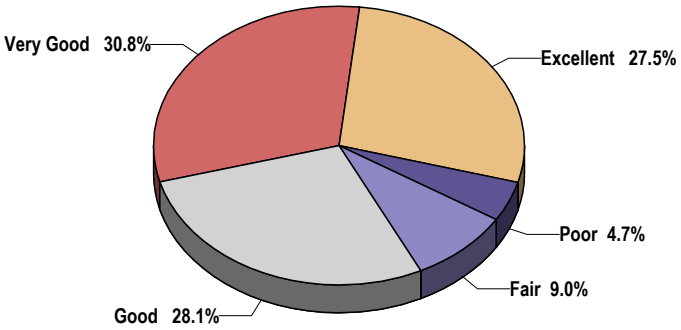
Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Percentages represent combined "fair" or "poor" responses.

Evaluations of Local Healthcare

- Overall, 58.3% of San Mateo County survey respondents rate their satisfaction with the local healthcare in general as "excellent" or "very good." However, 13.7% rate it as "fair" or "poor."[336]

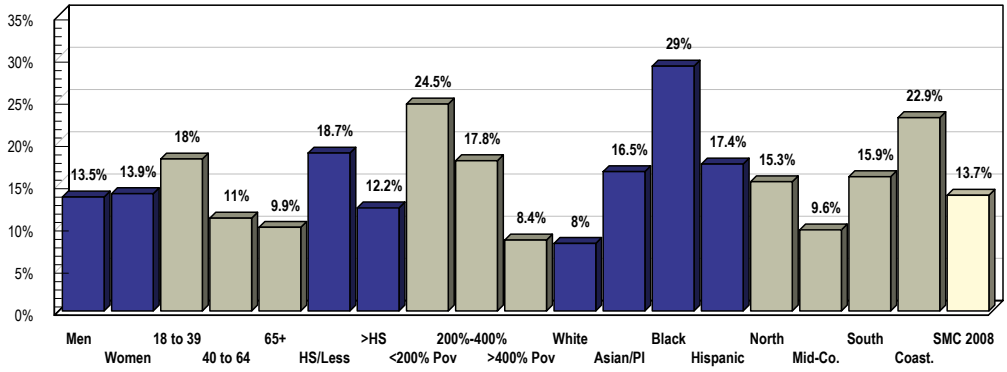
- One out of four respondents living at the lower income level rates satisfaction with the healthcare available in the community as "fair" or "poor" (24.5%). In addition, young adults, respondents at lower education levels, and non-White respondents more often report "fair/poor" evaluations. Residents living in the Coastside area are also more likely to give "fair/poor" evaluations.[337]

Local Healthcare Ratings



Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 2007.

Local Healthcare Rating Is "Fair/Poor"

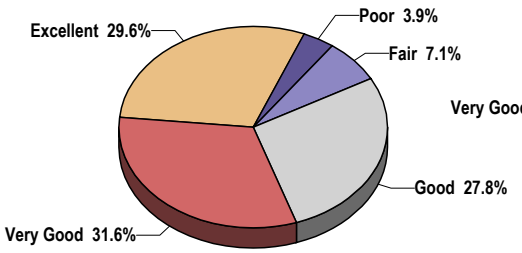


Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Percentages represent combined "fair" or "poor" responses.

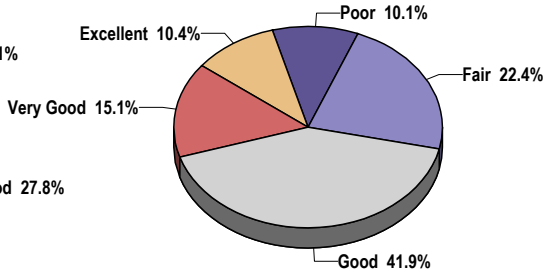
- Again, those without health insurance coverage give considerably lower ratings. Among San Mateo County adults aged 18-64 without any type of coverage, 32.5% rate local healthcare as "fair" or "poor" (compared to 11.0% among those adults aged 18 to 64 who have health insurance coverage).[338]

Rating of Local Healthcare

(By Health Insurance Coverage, Adults Aged 18 to 64; San Mateo County 2008)



Among Insured Adults



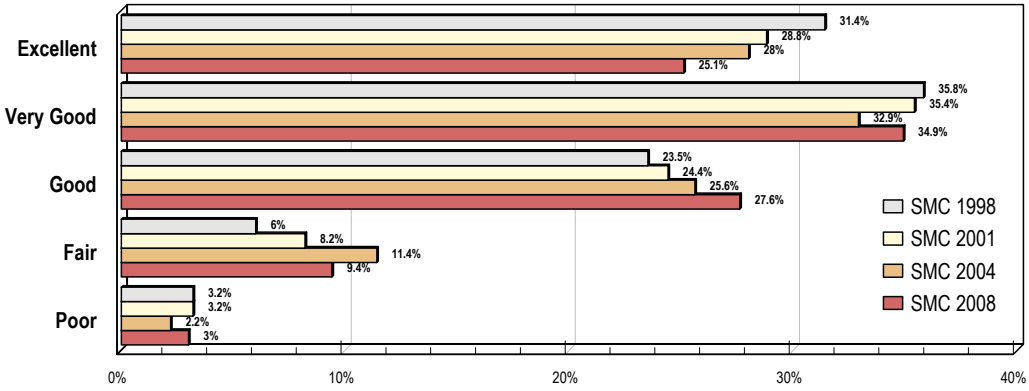
Among Uninsured Adults

Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Percentages represent combined "fair" or "poor" responses.

Self-Reported Health Status

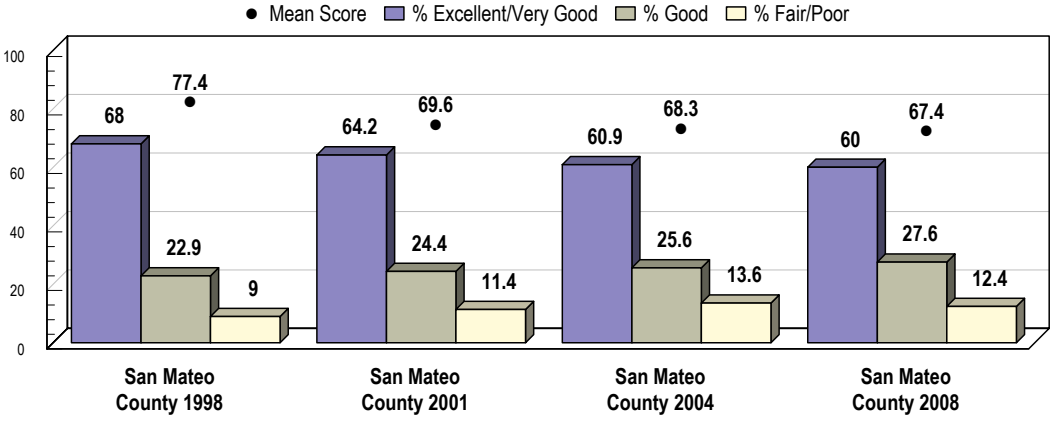
- A majority (60.0%) of San Mateo County survey respondents report their general health as "excellent" (25.1%) or "very good" (34.9%). Another 27.6% report that their general health status is "good." However, 12.4% of surveyed adults report their general health status as "fair" or "poor." These self-reported health status findings are higher than found nationally, but are *significantly lower* than reported in San Mateo County in 1998.[339]

Rating of Personal Health Status



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County.
August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

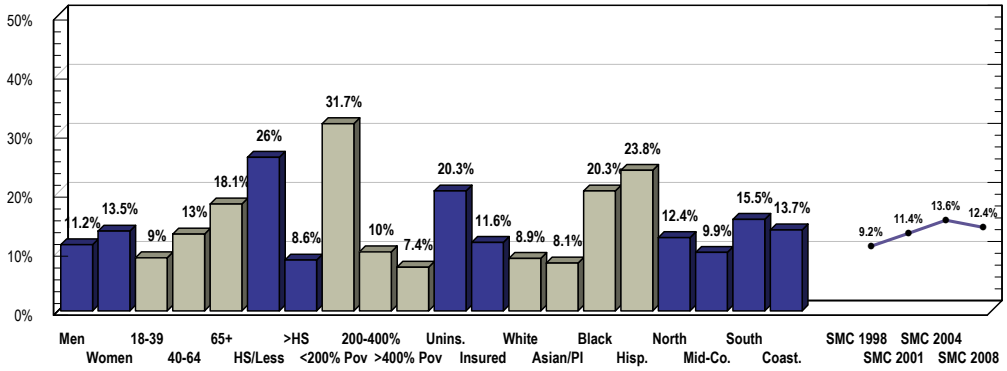
Rating of Personal Health Status



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County.
August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked among total sample of respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

- "Fair/poor" health ratings in San Mateo County increase to more than 18% among older respondents (aged 65+), those with no more than a high school education, those who live below the 200% poverty threshold, those without health insurance coverage, and Black and Hispanic respondents. Elevated "fair/poor" responses are also noted among residents of the South County and Coastside regions.[340]

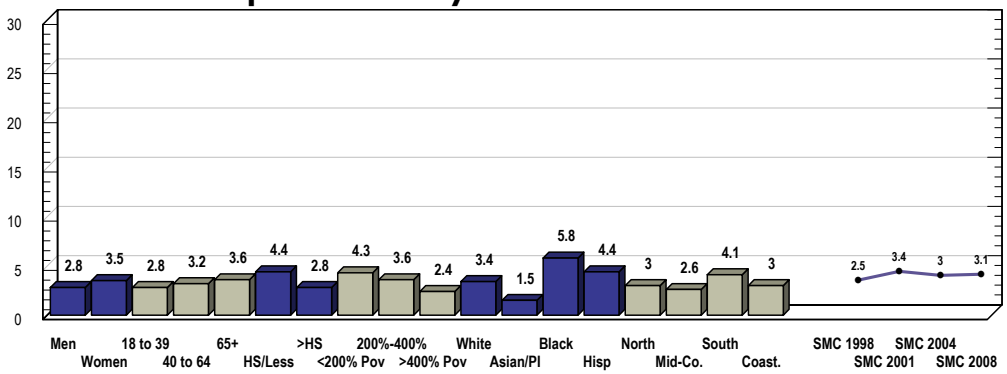
Self-Reported "Fair/Poor" Health Status



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- During the month preceding the interview, survey respondents report an average 3.1 days on which their physical health was not good (2.5 in 1998, 3.4 in 2001, and 3.0 in 2004). Days of poor health are notably higher among certain subgroups within the sample: women (3.5); those aged 65 and older (3.6); those with high school education or less (4.4); those living below 200% of poverty (4.3); Black respondents (5.8); and those living in the South County area (4.1).[341]

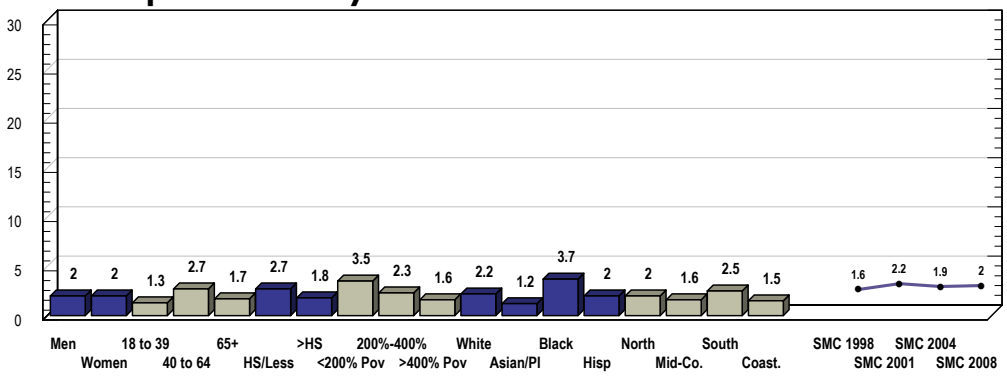
Average Number of Days in Past Month on Which Respondents' Physical Health Was Not Good



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- During the month preceding the interview, survey respondents report an average 2.0 days on which poor physical or mental health prevented them from conducting their regular activities, such as self-care, work or recreation (1.6 in 1998, 2.2 in 2001, and 1.9 in 2004). Days of limited activity are higher among: middle-aged respondents (2.7); those with high school education or less (2.7); those living below 200% of poverty (3.5); Black respondents (3.7) and residents living in the South County region (2.5).[342]

Average Number of Days in Past Month on Which Respondents' Physical or Mental Health Limited Activities



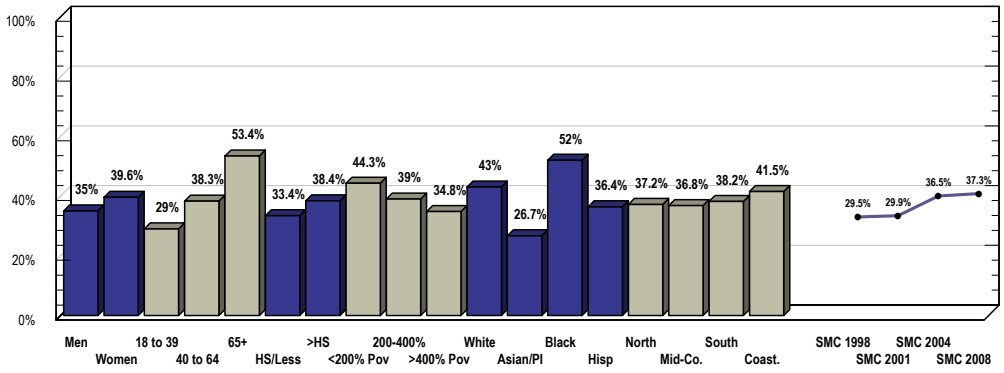
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- On average, survey respondents report that they felt very healthy and full of energy on 19.0 days in the month preceding the interview.[343]

Activity Limitations

- This year, 37.3% (representing over 210,000 local adults) currently experience some type of activity limitation, including back or neck limitations, arthritis or rheumatism, walking problems and problems with fractures, bones, and joints. This is significantly higher than found in 1998 and 2001 (29.5% and 29.9%, respectively). Reports of impairments are highest among seniors (53.4%), and among Black (52.0%) and White (43.0%) respondents.[344]

Limited in Some Way in Some Activity Due to an Impairment or Health Problem

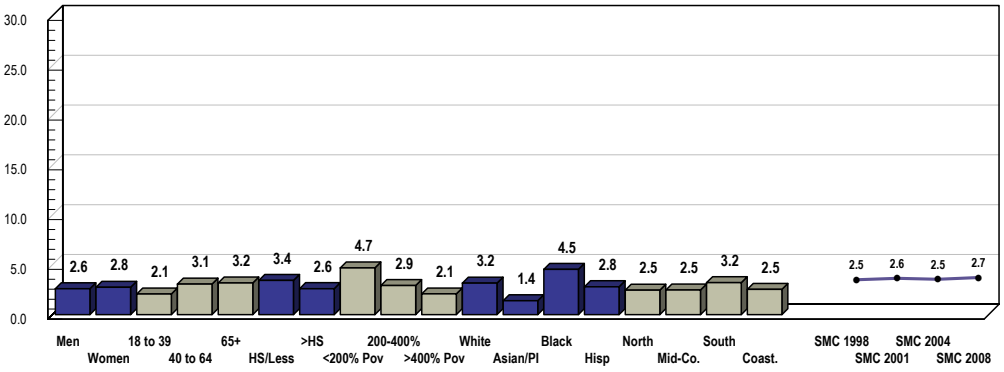


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Living With Pain

- During the month preceding the interview, survey respondents reported an average 2.7 days during which pain made their usual activities difficult (e.g., self-care, work, and recreation). This average is highest among those living at the lowest income level and among Blacks.[345]

Average Number of Days in the Past 30 Days on Which Pain Limited Usual Activities



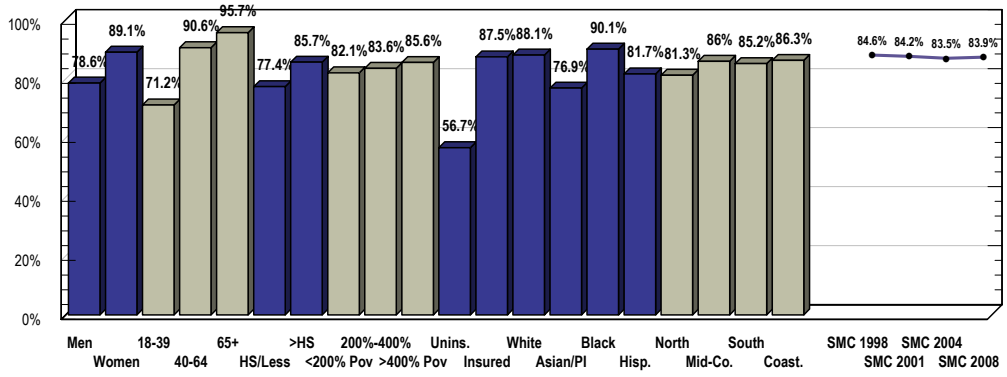
Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Asked of all respondents.

Physician Care

Physician Relationships

- The majority (83.9%) of surveyed adults have a regular physician's office or clinic that they use when in need of medical care (statistically similar to previous years' findings).[346]

Have a Usual Site for Medical or Health Care

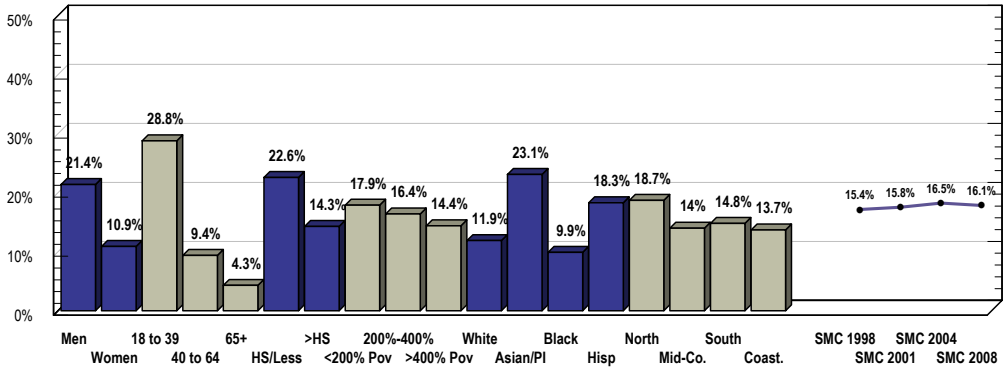


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Those <u>without</u> physician relationships are most represented among: men (21.4% without); respondents aged 18 to 39 (28.8%); those with no more than a high school education (22.6); Asian (23.1%) and (18.3%) Hispanic respondents; and residents of the North County region (18.7%).[347]

  — Of all those who do not have a physician's office or clinic, the largest share (37.4%) report that they "have not needed a doctor."[348]

Do Not Have a Doctor's Office or Clinic for Medical Care



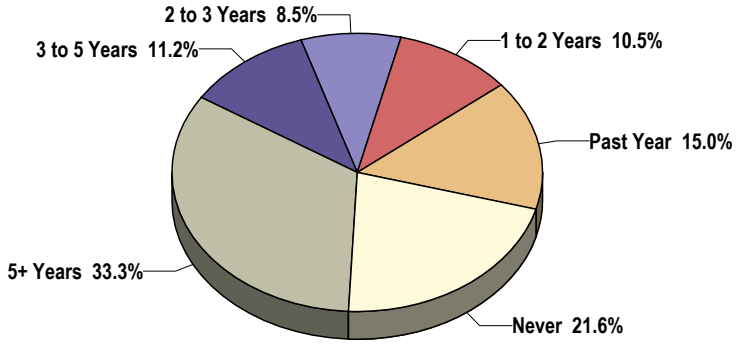
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

- Among surveyed parents, 97.6% report that they have a regular place they take their child for medical checkups.[349]

Change in Physicians

- Among survey respondents with a physician or clinic relationship, 45.1% report that they have changed physicians within the past 5 years including 15.0% who have changed physicians within the past year (representing almost 85,000 adults).[350]

Most Recent Change in Physicians

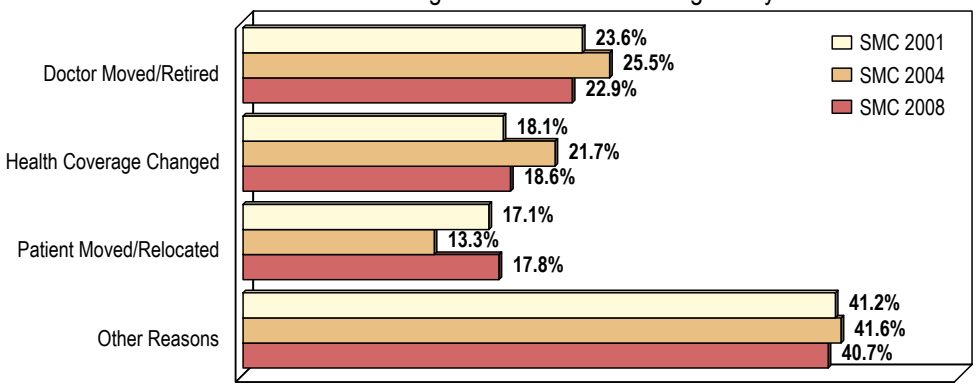


Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Asked of respondents with a physician/clinic relationship.

- Among those who have changed physicians, reasons primarily related to having a **physician who retired or moved** (mentioned by 22.9%), **changing health care coverage** (18.6%), or **changing residence/moving** (17.8%). These reasons are very similar to those found in 2001 but vary slightly from 2004 findings.[351]

Reasons for Changing Physicians

Among Adults Who Have Changed Physicians

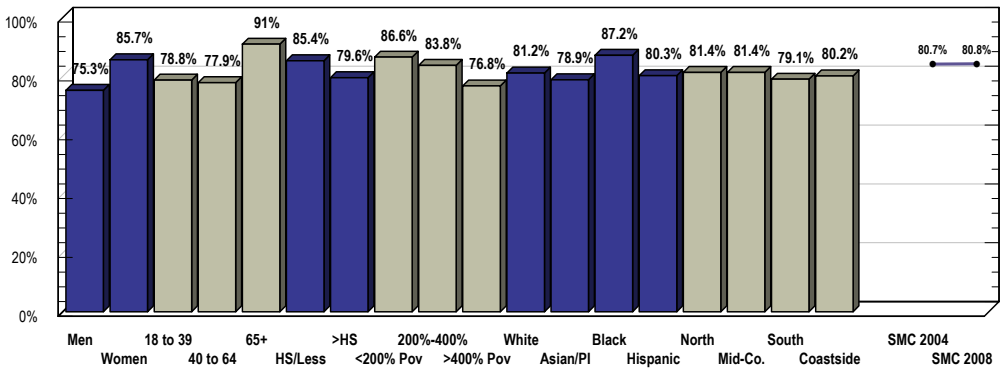


Source: 2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of respondents who have ever changed physicians.

Routine Medical Care

- The majority (80.8%) of survey respondents have visited a physician for a routine checkup within the past year (nearly identical to findings from 2004). Women more often report having recent routine checkup than men (85.7% vs. 75.3%), as well as those without postsecondary education (85.4%); and those at the lower income levels. Further, 91.0% of seniors have had a checkup in the past year.[352]

Visited a Doctor for a Routine Checkup in the Past Year



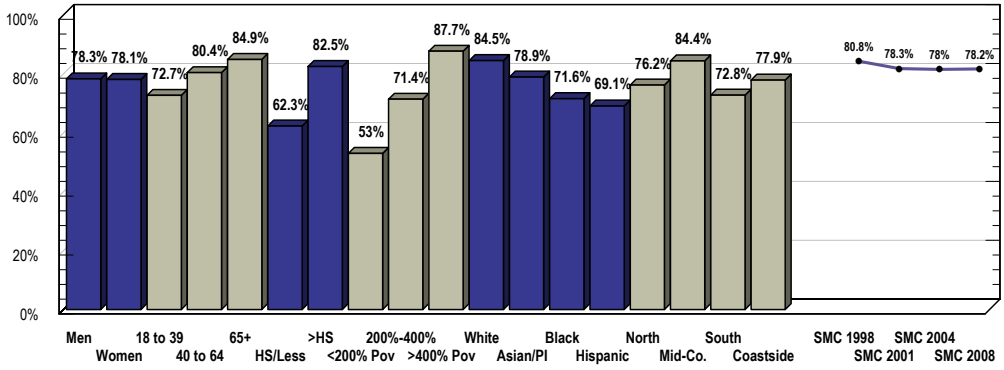
Source: 2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2004/2007. (Professional Research Consultants).
Note: Asked of all respondents with a usual source of care.

- A total of 88.2% of surveyed San Mateo County parents report that their children saw a physician for a routine checkup in the past year.[353]

Dental Care

- A total of 78.2% of surveyed adults have visited a dentist for a routine checkup within the past year (statistically similar to findings from the previous years). However, dental care is particularly low among those living below 200% of poverty (53.0%), those without no more than a high school education (62.3%); Black respondents (71.6%); Hispanic respondents (69.1%); and South County residents (72.8%). Note the positive correlation with income and with age.[354]

Visited a Dentist for a Routine Checkup in the Past Year

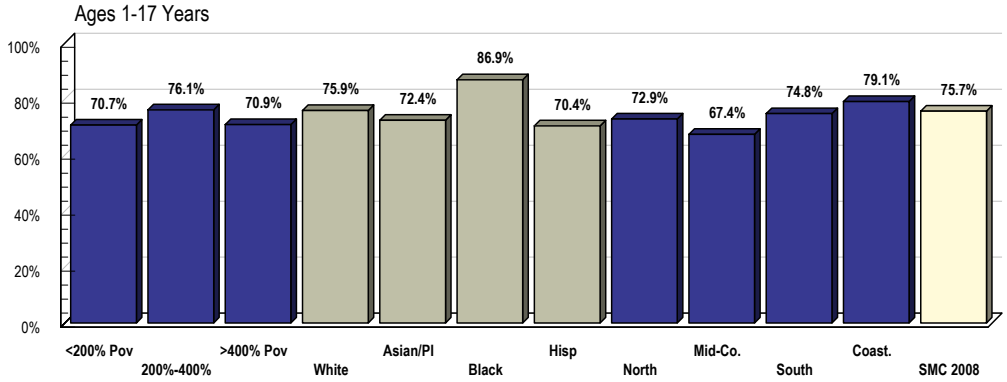


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Among surveyed parents of children aged 1 to 17, 75.7% report that their child has visited a dentist for a routine checkup in the past year. This proportion is lower among Mid-County respondents (67.4%).[355]

Child Has Visited a Dentist for a Routine Checkup in the Past Year

San Mateo County, 2008



Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).

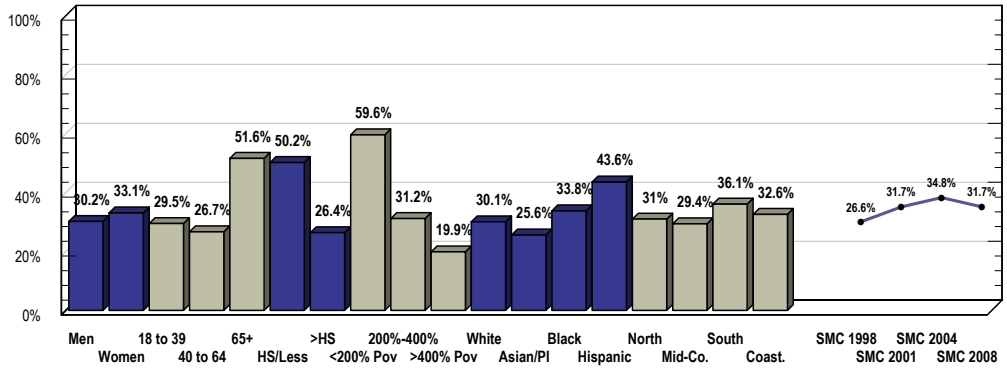
Dental Insurance

- Over two-thirds of 2008 survey respondents have some type of insurance coverage that pays for some or all of their routine dental care. However, 31.7% do not (representing nearly 180,000 county adults). The dental uninsured prevalence has *increased significantly* since the 1998 survey.[356]

  — Among those without dental insurance, 22.4% report that they or a family member have dental problems which they cannot take care of because of a lack of insurance.[357]

  — Income level is the primary correlation with lack of dental insurance: 59.6% of those living below the 200% poverty threshold are without dental insurance coverage, compared to 19.9% of those living above the 400% poverty threshold. Note that one-half of those without a college education and nearly 44% of Hispanics are without full or partial dental insurance.[358]

Lack Dental Insurance Coverage

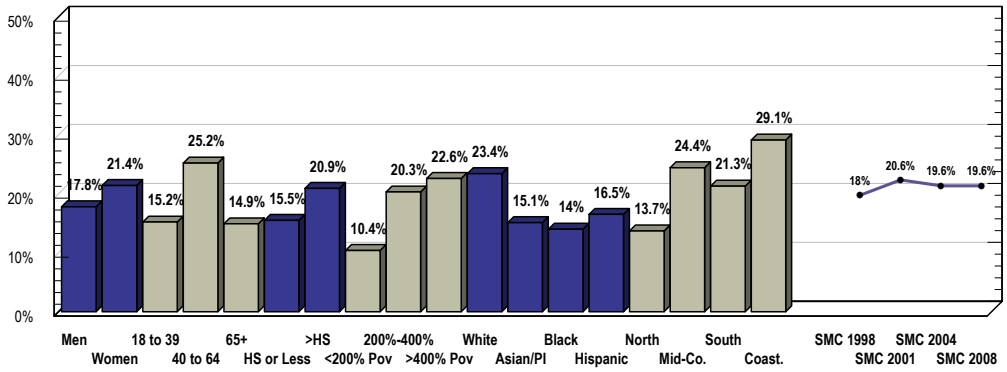


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

Alternative/Complementary Medical Care

- This year, 19.6% of San Mateo County Quality of Life Survey respondents report that they have received some kind of therapy or treatment from someone other than a physician or nurse, similar to previous findings. Use of alternative/complementary treatment is higher among middle-aged adults (25.2%); those with at least some college education (20.9); those living at higher incomes (20.3% and 22.6%, respectively); White respondents (23.4%); and Coastside and Mid-County residents (29.1% and 24.4%, respectively).[359]

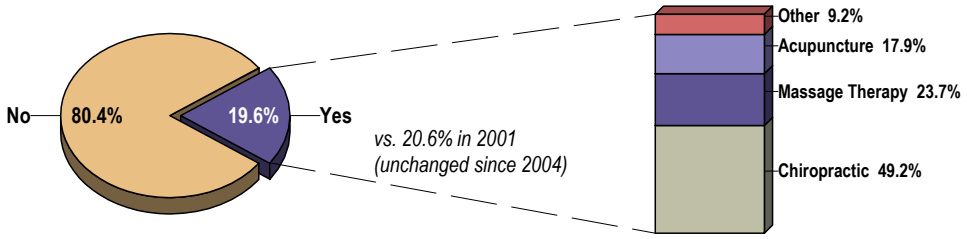
Have Used Alternative or Complementary Health Care in the Past Year



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

- The types of alternative/complementary care used most often include chiropractic care (49.2%), massage therapy (23.7%) or acupuncture (17.9%).[360]

Use of Alternative or Complementary Health Care

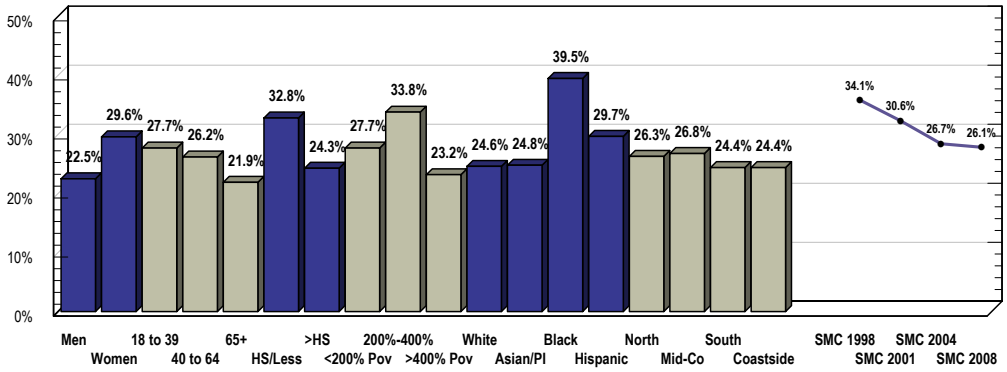


Source: 2008 San Mateo County Behavioral Risk Factor Survey. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Asked of all respondents.

Emergency Room Utilization

- A total of 26.1% of adults have sought medical care in a hospital emergency room in the past year (averaging 3.5 visits each), *significantly lower* than reported in 1998 or 2001. ER use is notably higher among women (29.6%); those with high school or less education (32.8%); those living between 200% and 400% of the Federal Poverty Level (33.8%); and Black respondents (39.5%).[361]

Have Been to an Emergency Room in Past Year



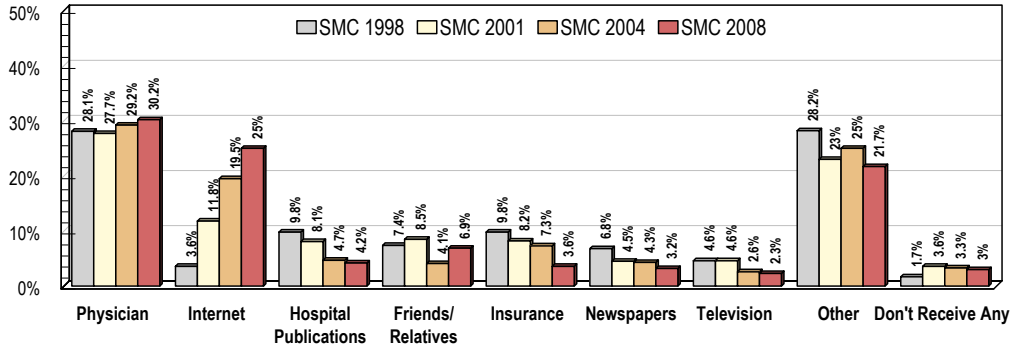
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

Health Care Information

Health Care Information Sources

- When asked where they get most of their health care information, 30.2% of survey respondents mentioned their **physician**, while 25.0% mentioned the **Internet**. This represents a *significant increase* in reliance on the Internet for health care information (up from 3.6% in 1998).[362]

Primary Source for Health Information

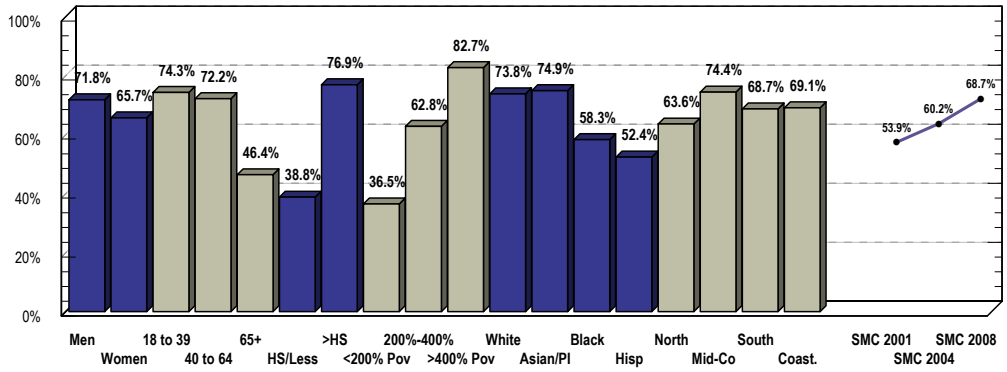


Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007 (Professional Research Consultants).
Note: Asked of all respondents.

Potential for Internet Health Services

- In all, 68.7% of surveyed adults report that they have used the Internet to access health care information at some time in the past year, *up significantly* from 1998 and 2004 findings. Survey findings reveal sharp differences in the use of the Internet for health care information by demographics: utilization is particularly low among women, respondents aged 65 and older, those with no education beyond high school, those living below the 200% poverty threshold, Blacks, Hispanics, and North County residents.[363]

Have Used the Internet to Access Health Care Information in the Past Year

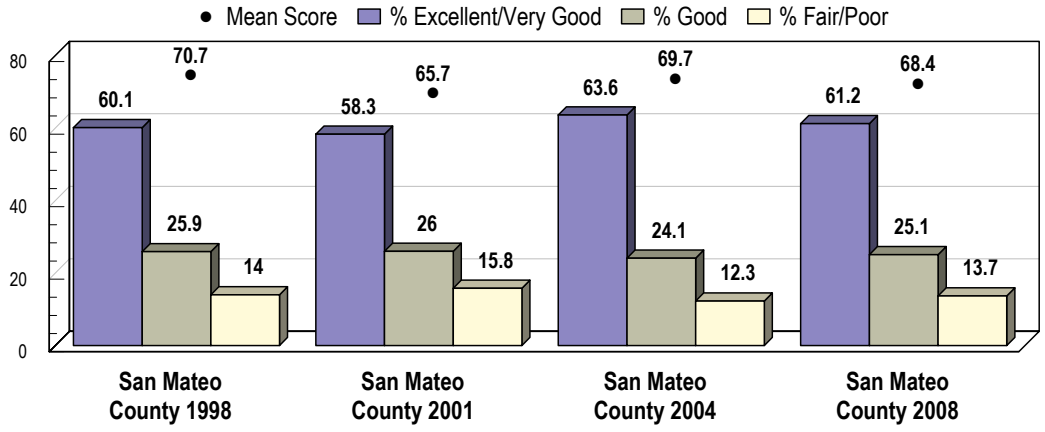


Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).

Ease of Access to Local Health Care Services

- Overall, 61.2% of San Mateo County survey respondents rate the ease of accessing local health care as "excellent" or "very good." Another 25.1% rate it as "good."[364]

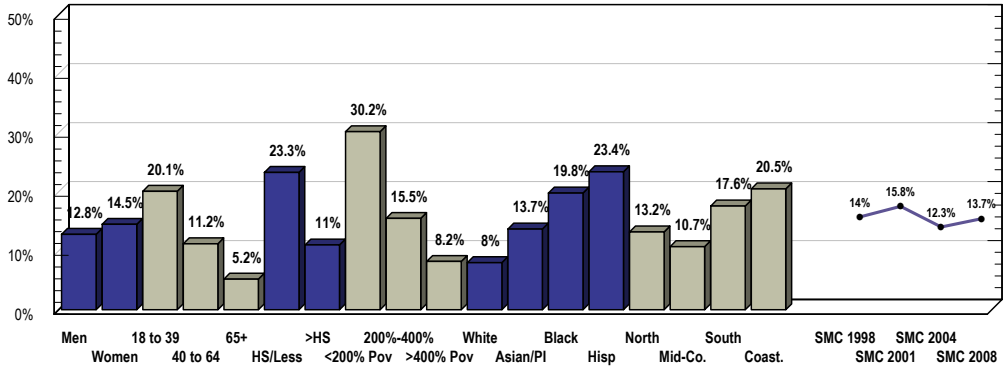
Rating of Overall Access to Health Care Services



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked among total sample of respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

- In contrast, 13.7% of respondents believe that access to local health care is "fair" or "poor." Higher "fair/poor" evaluations are noted among young adults, persons with a high school education or less, those living below the 200% poverty threshold, Blacks, Hispanic respondents, and residents living in the South County and Coastside regions.[365]

Perceive Access to Local Health Care as "Fair/Poor"

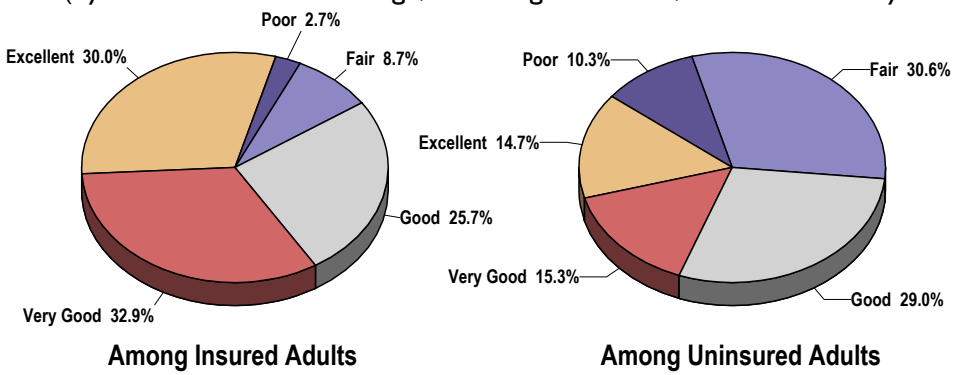


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Percentages represent "fair/poor" responses.
2. Asked of all respondents.

- Those without health insurance coverage again give much lower ratings. Among San Mateo County adults aged 18-64 without any type of coverage, 40.9% rate overall access to local health care services as "fair" or "poor" (compared to 11.4% among those adults aged 18 to 64 who have health insurance coverage).[366]

Rating of Access to Local Healthcare

(By Health Insurance Coverage, Adults Aged 18 to 64; San Mateo County 2008)



Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Percentages represent combined "fair" or "poor" responses.

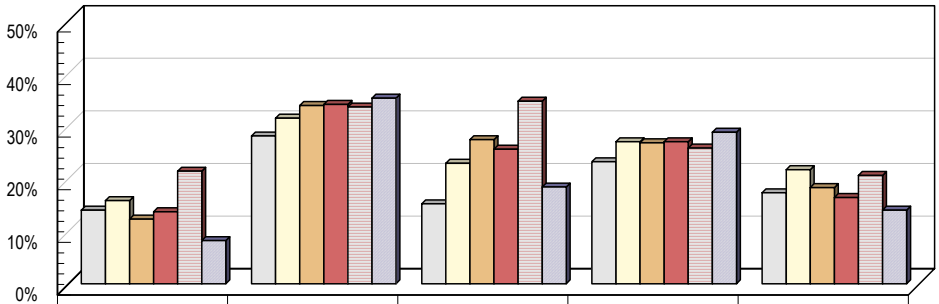
Accessibility of Specialized Care

- As in the previous surveys, respondents were asked to evaluate the ease of access to each of four specific types of health care services. Of the listed services, San Mateo County respondents were most critical of access to **mental health services** (34.1% rate this as "fair/poor); evaluations this year are *significantly worse* than found in 1998, but statistically similar to 2001 and 2004 findings. There is a much wider discrepancy among "fair/poor" evaluations between those living below and those living above the 400% poverty threshold: among lower-income respondents, access to **dental care** earned higher "fair/poor" evaluations than even mental health and much higher than found among higher-income respondents (34.7% vs. 18.4% among those at higher incomes).[367]

- Evaluations of **dental care** access also *deteriorated significantly* with higher "fair/poor" evaluation this year when compared to 1998 findings (25.6% and 15.2%, respectively). Again, sharp differences are found between lower-income and higher-income adults with regard to perceived access to dental care services.[368]

- Current evaluations of access to healthcare for children are *significantly better* than 2001 findings (16.4% and 21.7% "fair/poor" ratings, respectively). Again, sharp differences are found between lower-income and higher-income adults with regard to perceived access to child health services.[369]

Perceive "Fair/Poor" Access to Health Care Services



	Overall Access	Mental Health	Dental Care	Substance Abuse	Child Health
SMC 1998	14%	28.1%	15.2%	23.2%	17.3%
SMC 2001	15.8%	31.5%	22.9%	27%	21.7%
SMC 2004	12.3%	33.9%	27.4%	26.8%	18.3%
SMC 2008	13.7%	34.1%	25.6%	27%	16.4%
<400% Poverty 2008	21.4%	33.6%	34.7%	25.8%	20.6%
>400% Poverty 2008	8.2%	35.3%	18.4%	28.8%	14%

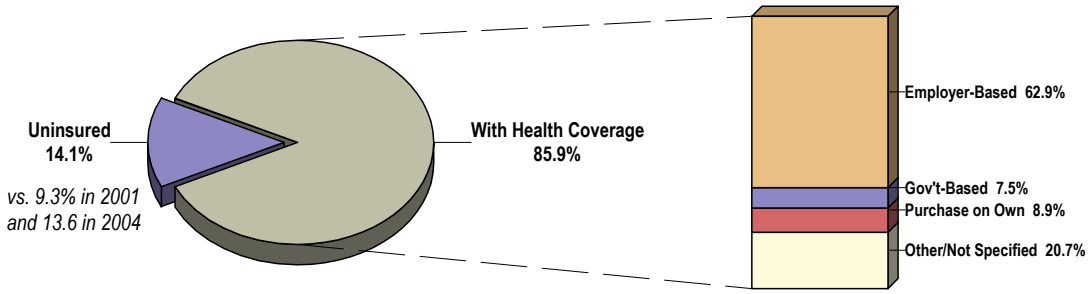
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents. Excludes uncertain responses.

Health Insurance Coverage

- A total of 85.9% of San Mateo County respondents aged 18 to 64 report that they currently have some type of health insurance coverage, *down significantly* from 1998 and 2001 findings (91.5% and 90.7%, respectively).

  — Among those with coverage, most say this is provided through their own or someone else's employer (62.9%). A total of 8.9% say they have a health insurance plan they purchase on their own. Another 7.5% have a government-sponsored plan (e.g., Medi-Cal/Health Plan of San Mateo, Medicare, military health benefits). The remaining 20.7% did not specify a source or cited another type of coverage.[370]

Health Care Insurance Coverage (18-64)



Source: 2008 San Mateo County Behavioral Risk Factor Survey. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Asked of all respondents under the age of 65.

  — Among employed respondents with insurance, 71.5% receive their health care insurance coverage through their own or someone else's employer.[371]

  — 6.0% of those with coverage say that there has been a time in the past year when they were without health insurance coverage.[372]

Lack of Health Insurance Coverage

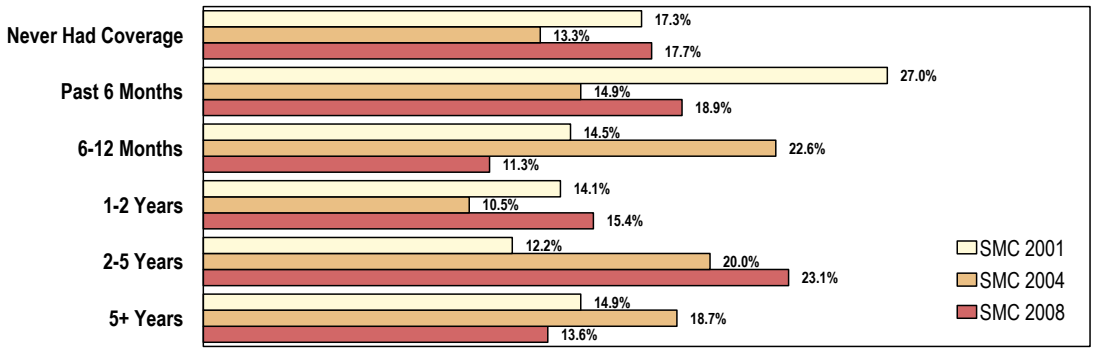
- A total of 14.1% of adults aged 18 to 64 do not have any type of job-based, privately purchased, or government-sponsored health insurance (representing nearly 67,000 adults aged 18 to 64). [Note that this figure excludes children and seniors 65+.][373]

  — Although better than national levels, the percentage of San Mateo County adults aged 18 to 64 without insurance has *worsened significantly* since the 1998 survey (8.5% uninsured).[374]

  — Among those without any type of health insurance coverage, 17.7% report that they have never had coverage. Another 18.9% have been without coverage for less than six months, while 13.6% have been without coverage for more than five years.[375]

Length of Time Without Coverage (<65)

Among Respondents Under Age 65 Without Health Insurance Coverage



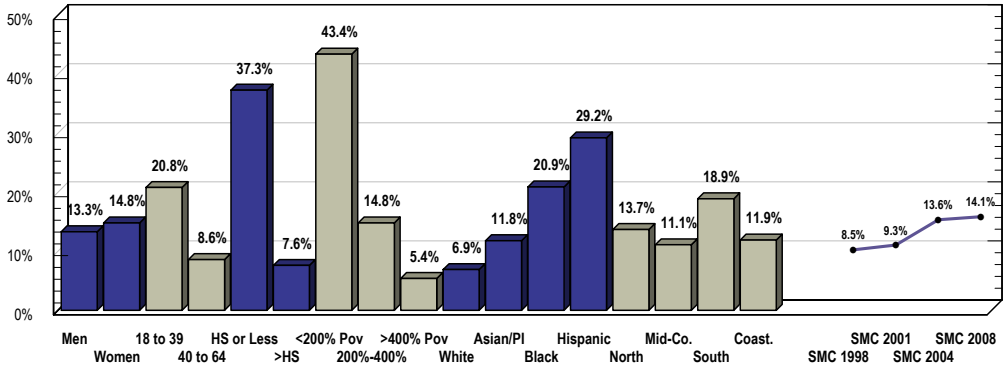
Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of those respondents under 65 who are without healthcare insurance coverage.

  — Young adults as well as respondents living below the 200% poverty threshold demonstrate greater lack of health insurance, as well as those with no education beyond high school.[376]

  — Nearly one out of three Hispanic respondents (29.2%) reports being uninsured, much higher than reported among other races/ethnicities represented in the survey.[377]

  — South County residents also report a notably higher rate of uninsurance.[378]

Lack Health Care Insurance Coverage (18-64)

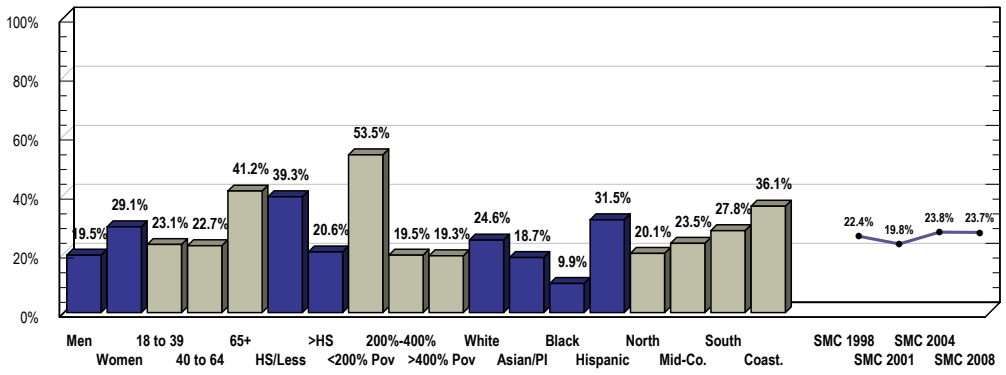


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents aged 18 through 64.

Availability of Health Insurance Coverage

- Among 2008 survey respondents who are employed for wages or who are self-employed, 23.7% report that their job does not offer health benefits to employees, *up significantly* from 19.8% in 2001, but similar to 1998 and 2004 findings:[379]
  - Women, seniors, those with no more than a high school education, respondents living below the 200% poverty threshold much more often report that health benefits are not available to them through their employer.[380]
  - Nearly one out of three Hispanic respondents (31.5%) report having jobs that do not offer health benefits.[381]
  - Coastside residents more often report that health benefits are not available to them through their employer (36.1%).[382]
- A total of 92.8% of those respondents with health benefits through their job report that benefits are also available to employees' dependents (compared with 88.8% in 2004 and 93.9% in 2001).[383]

Job Does Not Offer Health Benefits to Employees

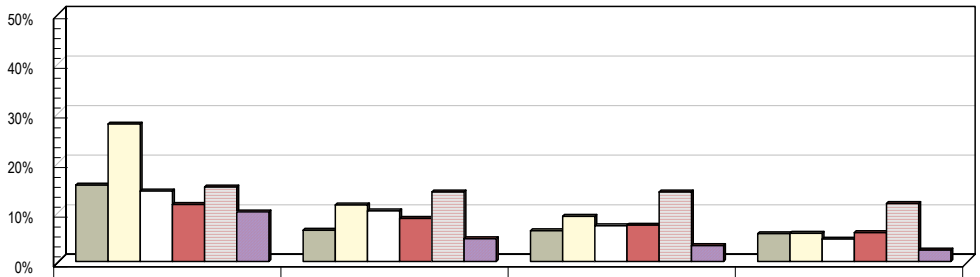


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Percentages represent "yes" responses.
2. Asked of employed respondents (employed for wages or self-employed).

Other Potential Barriers to Access

Besides lack of insurance coverage, a variety of other factors have the potential for restricting access to health care services for many community residents. In the 2008 San Mateo County Health & Quality of Life Survey, four additional potential barriers to access were addressed. These are illustrated in the following chart, and each is discussed in greater detail in the subsequent section.

Factors That Prevented or Restricted Medical Care in the Past Year



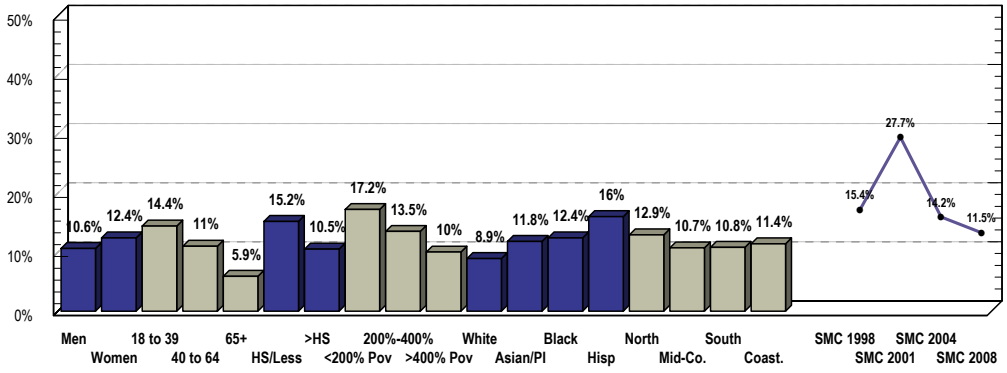
	Difficulty Getting in to See a Doctor	Could Not Purchase Medication Because of Cost	Cost Prevented Doctor Visit	Difficulty Due to Lack of Transportation
SMC 1998	15.4%	6.3%	6.2%	5.6%
SMC 2001	27.7%	11.4%	9.1%	5.7%
SMC 2004	14.2%	10.2%	7.2%	4.5%
SMC 2008	11.5%	8.7%	7.3%	5.8%
<400% Poverty 2008	15%	14%	14%	11.7%
>400% Poverty 2008	10%	4.6%	3.2%	2.3%

Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Getting in to See a Physician

- A total of 11.5% of surveyed adults have experienced difficulty getting in to see a doctor in the past year, *significantly better* than found in previous years. Younger adults, those with high school or less education, those at lower incomes, and non-White respondents more often report difficulty getting in to see a physician.[384]

Have Experienced Difficulty Getting in to See a Physician in the Past Year

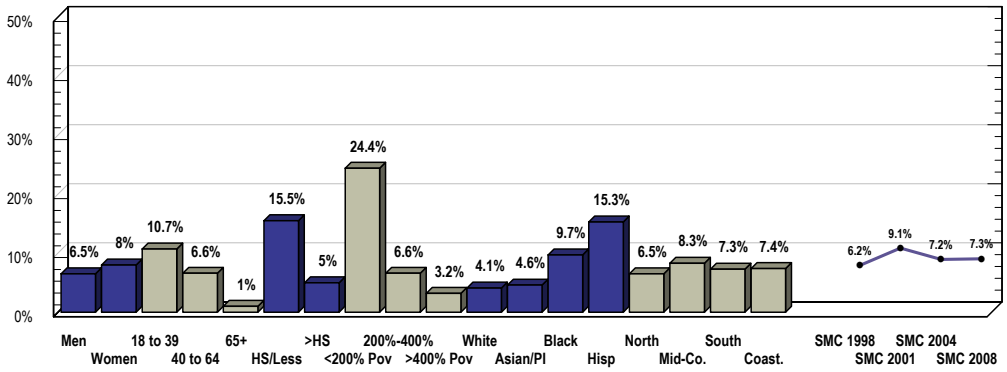


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

Cost of Medical Care

- A total of 7.3% of survey respondents say that there has been a time in the past year when they needed to see a doctor, but could not because of the cost; this is similar to previous findings. Cost is more often reported as a barrier for adults under 65, those with no more than a high school education, those living below the 200% poverty threshold, Blacks and Hispanic respondents.[385]

Cost Prevented a Physician Visit in the Past Year



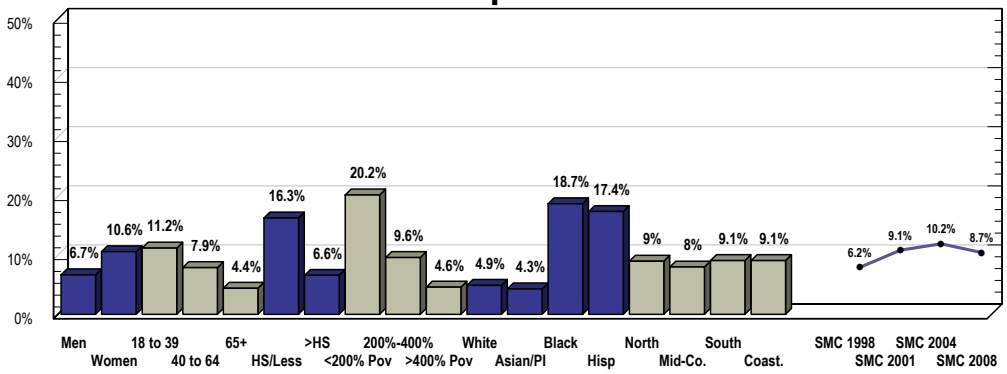
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

- A total of 5.7% of San Mateo County parents participating in the survey report that there was a time in the past year when they were unable to take their child to a doctor or health care facility because they did not have health insurance or could not afford it (similar to 2004 findings).[386]

Cost of Medications

- Furthermore, 8.7% of survey respondents say that they were unable to purchase a needed medication in the past year because of the cost; this proportion has *increased significantly* since 1998 (although similar to 2001 and 2004 findings). Cost of prescriptions is particularly prohibitive for women, young adults, those with at most a high school education, those with low incomes, and Black or Hispanic respondents. [Note that the relatively low percentage found among those aged 65 and older is in line with what is typically seen nationwide.][387]

Cost Prevented Getting a Needed Prescription in the Past Year

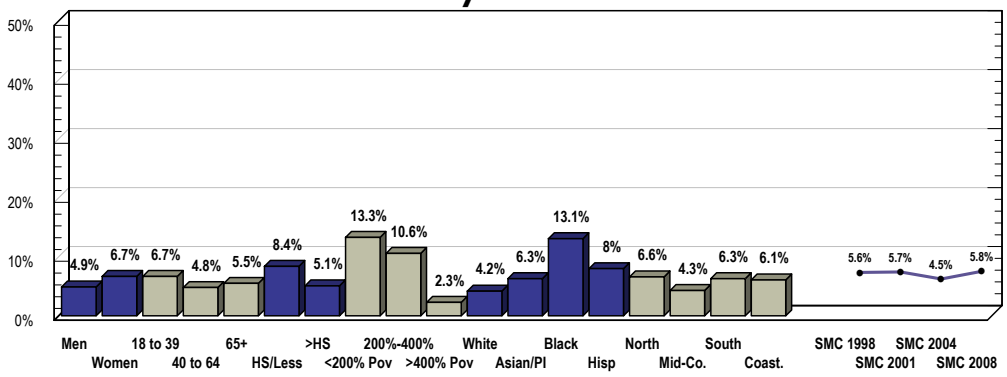


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

Lack of Transportation

- A total of 5.8% of surveyed adults report that a lack of transportation made it difficult or prevented them from seeing a doctor or making a medical appointment in the past year (similar to previous findings). A lack of transportation has greater impact on persons with lower income or education levels, as well as Black respondents.[388]

Lack of Transportation Made It Difficult or Prevented a Physician Visit in the Past Year



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent "yes" responses.

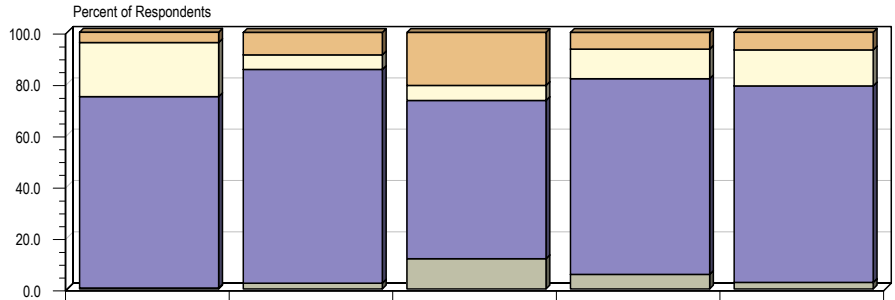
- A total of 2.8% of San Mateo County parents participating in the survey report that a lack of transportation prevented them from taking their child to a doctor or health care facility in the past year.[389]

Treatment Based on Race

- A total of 2.6% of San Mateo County respondents report that they are treated worse than other races when seeking healthcare, including 11.8% of Black respondents and 5.7% of Hispanic respondents.

- Note that 21.1% of White respondents and 11.5% of Hispanic respondents state that they are treated better than other races when seeking healthcare.[390]

Perceived Treatment Based on Race While Seeking Healthcare



	White	Asian	Black	Hispanic	SMC 2008
Worse Than Some, Better Than Others	4.0	8.7	20.6	6.5	6.9
Better	21.1	5.7	5.9	11.5	14.0
The Same	74.5	83.2	61.6	76.2	76.5
Worse Than Other Races	0.4	2.3	11.8	5.7	2.6

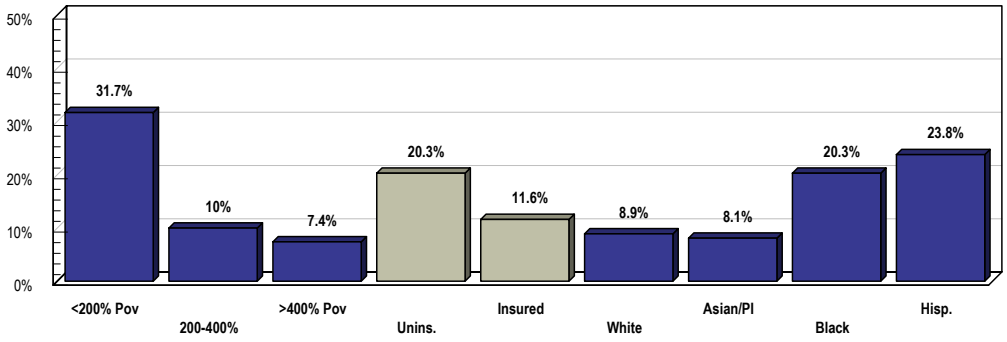
Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).

Implications of Poor Access

Limitations in access have a discernible impact on the health status of county residents and in the way that health care is delivered in the community.

- Uninsured respondents and households living below the 200% poverty threshold more often report "fair" or "poor" health status than do privately insured respondents or those at higher income levels.
  - 31.7% of those below 200% poverty report "fair/poor" health (versus 7.4% of those over 400% poverty).[391]
  - 20.3% of uninsured respondents report "fair/poor" health (versus 11.6% of insured respondents).[392]
  - Higher "fair/poor" health status is also noted among Hispanics (23.8%) and Blacks (20.3%) in particular, compared to Whites (8.9%) and Asians (8.1%).[393]

Self-Reported "Fair/Poor" Health Status

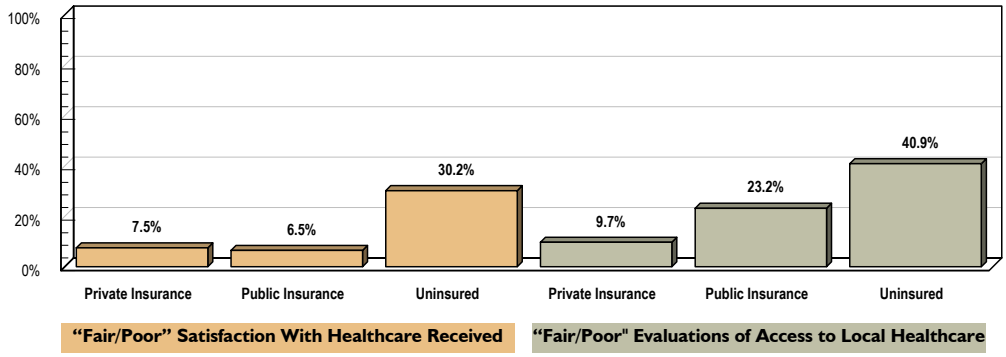


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Uninsured respondents are much less satisfied with the health care they receive (30.2% rate this as "fair/poor") versus privately or publicly insured respondents (7.5% and 6.5%, respectively). Further, 40.9% of uninsured respondents rate access to local health care services as "fair" or "poor," compared to 9.7% of those who are privately insured.[394]

"Fair/Poor" Evaluations of Healthcare Received & Access to Local Healthcare Services

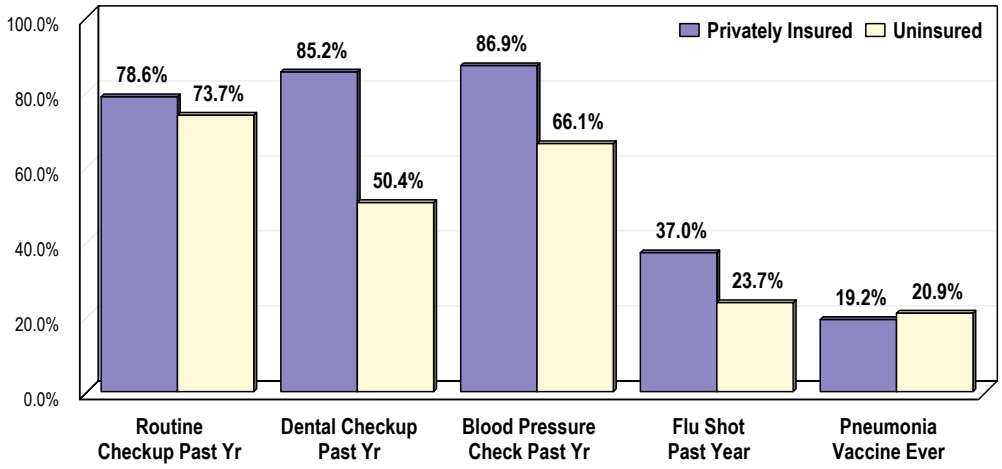
(By Insurance Type, San Mateo County 2008)



Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Those without health insurance coverage report notably lower prevalence of preventive health services when compared to privately insured individuals.[395]

Preventive Health Services by Insurance Status



Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Asked of all respondents.

MATERNAL & INFANT HEALTH

OVERVIEW

Regarding maternal and infant health in San Mateo County, mortality and prenatal care indicators are improving, especially among Blacks, lessening the racial disparity between certain racial and ethnic subgroups. Still, Black women and Hispanic women have the some of the highest proportions of births receiving less than adequate prenatal care, late or no prenatal care and infant mortality rates.

Also of concern is that the proportions of low-weight births and C-section births have increased in the county over the past decade.

Birth Rates

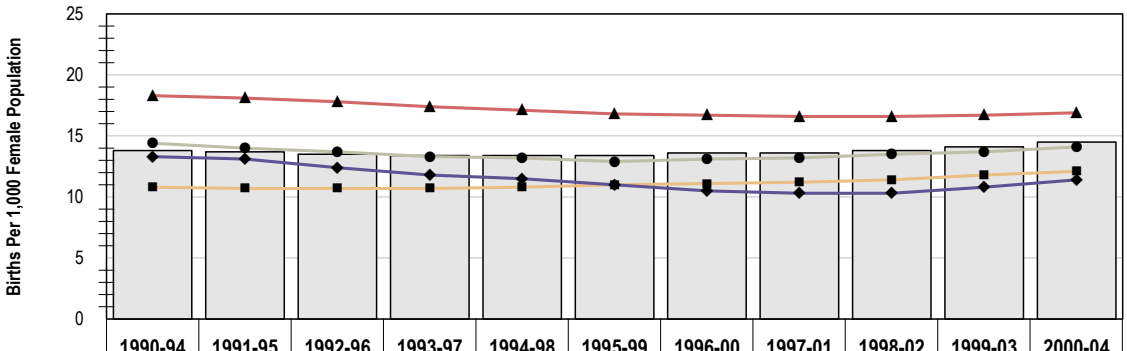
- Historically, the San Mateo County birth rate in Hispanic females has been significantly higher than rates in other racial/ethnic groups. Since 1990, these rates have declined, with the rate in Hispanic females decreasing 7.7% from an annual average of 18.3 births per 1,000 population between 1990-1994 to 16.9 between 2000-2004.

- The birth rate in Black females has declined 14.3% from 13.3 in 1990-1994 to 11.4 between 2000-2004.

- Historically the lowest, birth rates in Whites have shown a slight increase during this time, slightly surpassing rates for Blacks, with rates ranging from a low of 10.7 to 12.1 (a 13.1% increase).[396]

Race-Specific Birth Rate

5- Year Moving Averages, San Mateo County, 1990-2004



	1990-94	1991-95	1992-96	1993-97	1994-98	1995-99	1996-00	1997-01	1998-02	1999-03	2000-04
All Races	13.8	13.7	13.5	13.4	13.4	13.4	13.6	13.6	13.8	14.1	14.5
Asian	14.4	14	13.7	13.3	13.2	12.9	13.1	13.2	13.5	13.7	14.1
Black	13.3	13.1	12.4	11.8	11.5	11	10.5	10.3	10.3	10.8	11.4
Hispanic	18.3	18.1	17.8	17.4	17.1	16.8	16.7	16.6	16.6	16.7	16.9
White	10.8	10.7	10.7	10.7	10.8	11	11.1	11.2	11.4	11.8	12.1

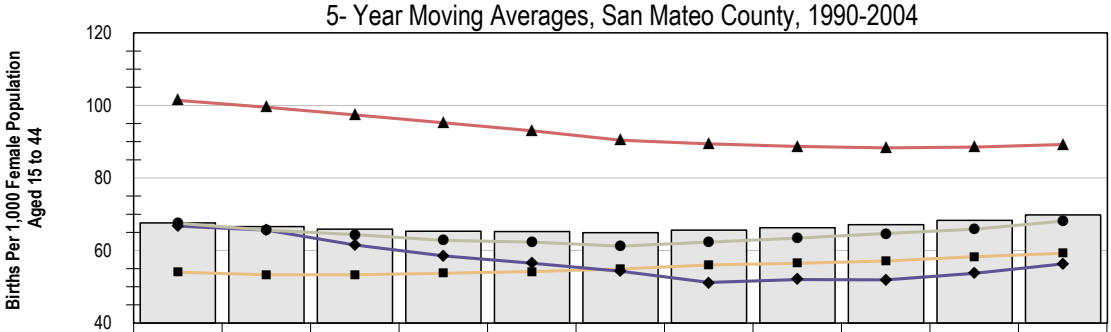
Rates are age-adjusted and standardized to Year 2000 population
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

The general fertility rate is calculated as the number of births to females aged 15 to 44 divided by the number of females aged 15 to 44 in the population. It is an unadjusted rate.[397]

- The general fertility rate in San Mateo County has not changed significantly since 1990. Among women in this demographic, the general fertility rate in Hispanics is much higher than in any other racial/ethnic group. The general fertility rate in Black women was significantly higher than in White women in the 1990s; however the decline in the fertility rate among Blacks and the increase in the fertility rate among White women has caused these two rates to become similar.[398]

General Fertility Rate by Maternal Race/Ethnicity

5- Year Moving Averages, San Mateo County, 1990-2004



	1990-94	1991-95	1992-96	1993-97	1994-98	1995-99	1996-00	1997-01	1998-02	1999-03	2000-04
All Races	67.6	66.6	65.9	65.3	65.2	64.9	65.6	66.3	67.1	68.3	69.8
Asian	67.5	65.6	64.4	62.8	62.3	61.2	62.3	63.4	64.7	65.9	68.1
Black	66.7	65.6	61.5	58.5	56.5	54.3	51.2	52	51.9	53.7	56.3
Hispanic	101.4	99.5	97.4	95.2	93	90.4	89.4	88.7	88.3	88.5	89.2
White	54	53.3	53.3	53.7	54.2	54.9	56	56.5	57.1	58.3	59.2

Rates are unadjusted
General fertility applies to births among women 15 to 44 years of age
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

Adequacy of Prenatal Care

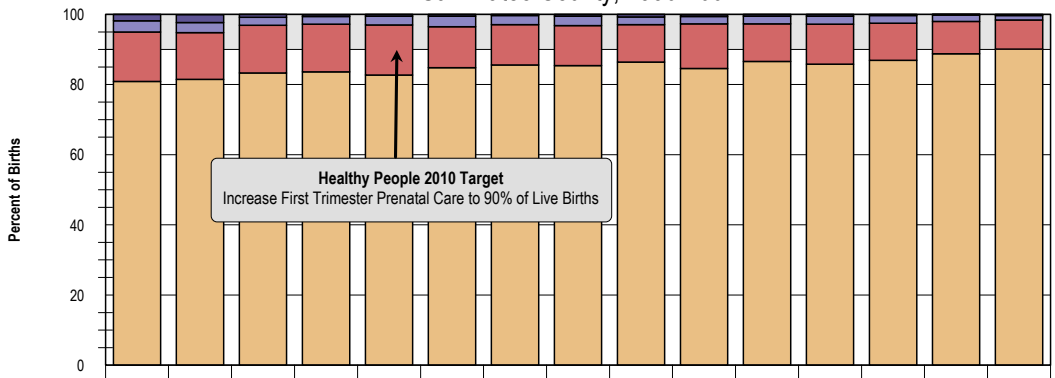
Early and regular prenatal care is important in promoting a healthy pregnancy. In addition to basic health screening and assessment, prenatal care often includes education about handling many aspects of pregnancy including nutrition, physical activity, and expectations during pregnancy and birth. Appropriate prenatal care is associated with improved nutrition status and increased weight gain, and longer duration of pregnancy. Ideally, prenatal care begins before conception or during the first trimester of pregnancy.[399]

Late or No Prenatal Care

- From 1990 to 2004, the proportion of births to women who received prenatal care during the first trimester of pregnancy increased from 80.9% to 90.1%. This is similar to the Healthy People 2010 target of 90% and better than the 2004 national baseline of 83.9%. The best improvement was among women receiving no prenatal care: in 1990, 1.8% of births were to women who had received no prenatal care, while in 2004 this proportion had decreased to 0.3%.[400]

Proportion of Births by Trimester of First Prenatal Care Visit

San Mateo County, 1990-2004

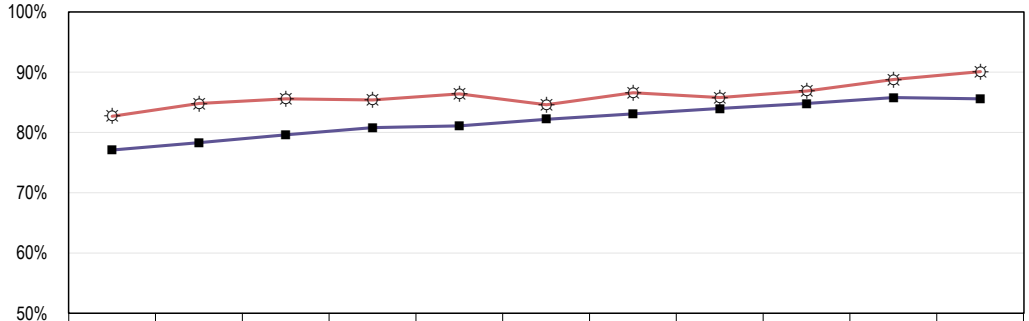


	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
No Prenatal Care	1.8	2.2	0.8	0.5	0.5	0.5	0.3	0.5	0.7	0.5	0.5	0.5	0.3	0.3	0.3
3rd Trimester	3.2	2.9	2.3	2.2	2.5	3	2.6	2.7	2.2	2.1	2.2	2.3	2.2	1.8	1.3
2nd Trimester	14.1	13.3	13.6	13.6	14.3	11.7	11.5	11.4	10.7	12.7	10.7	11.4	10.6	9.2	8.3
1st Trimester	80.9	81.5	83.3	83.6	82.7	84.8	85.6	85.4	86.4	84.6	86.6	85.8	86.9	88.8	90.1

Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

- From 1990 to 2004, the proportion of births to women who received prenatal care during the first trimester of pregnancy in San Mateo has been higher than that seen in California.[401]

Percent of Live Births With Prenatal Care Begun in the First Trimester



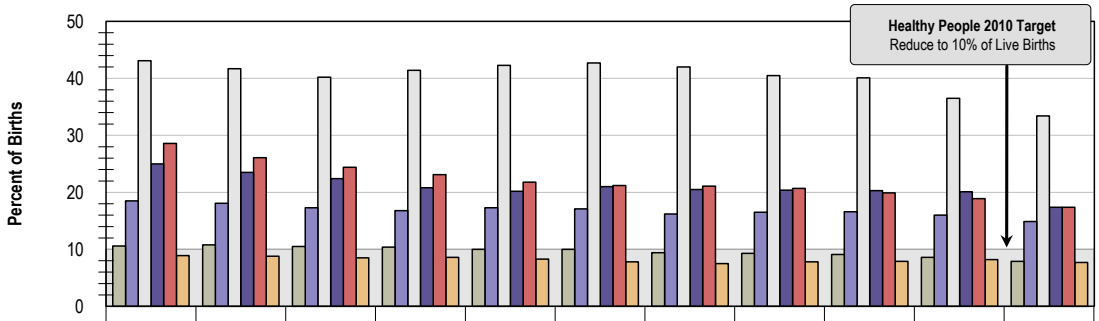
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
California	77.1%	78.3%	79.6%	80.8%	81.1%	82.2%	83.1%	84%	84.8%	85.8%	85.6%
San Mateo	82.7%	84.8%	85.6%	85.4%	86.4%	84.6%	86.6%	85.8%	86.9%	88.8%	90.1%

Source: State of California, Department of Health Services, Birth Records.
http://www.applications.dhs.ca.gov/vsq/default.asp

- Since 1990-1994, the proportion of births to women receiving late or no prenatal care has decreased significantly in all ethnic groups shown, nearing the Healthy People 2010 target of 10% for all race/ethnicities combined. Only White and (non-Filipina/Pacific Islander) Asian women were consistently achieving this target. By comparison, proportions are notably higher among Black, Hispanic, and especially Pacific Islander women. The proportion of births with late or no prenatal care in Pacific Islanders, however, historically has been significantly higher than any other racial/ethnic group. In 2000-2004, the proportion was over four times greater than in other Asians (non-Filipina/Pacific Islander) and Whites, and close to two times greater than in Blacks, Hispanics, and Filipinas.[402]

Proportion of Births Receiving Late Or No Prenatal Care by Maternal Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	1990-94	1991-95	1992-96	1993-97	1994-98	1995-99	1996-00	1997-01	1998-02	1999-03	2000-04
Asian*	10.6	10.8	10.5	10.4	10	10	9.4	9.3	9.1	8.6	7.9
Filipina	18.5	18.1	17.3	16.8	17.3	17.1	16.2	16.5	16.6	16	14.9
Pacific Islander	43.1	41.7	40.2	41.4	42.3	42.7	42	40.5	40.1	36.5	33.4
Black	25	23.5	22.4	20.8	20.2	21	20.5	20.4	20.3	20.1	17.4
Hispanic	28.6	26.1	24.4	23.1	21.8	21.2	21.1	20.7	19.9	18.9	17.4
White	8.9	8.8	8.5	8.6	8.3	7.8	7.5	7.8	7.9	8.2	7.7

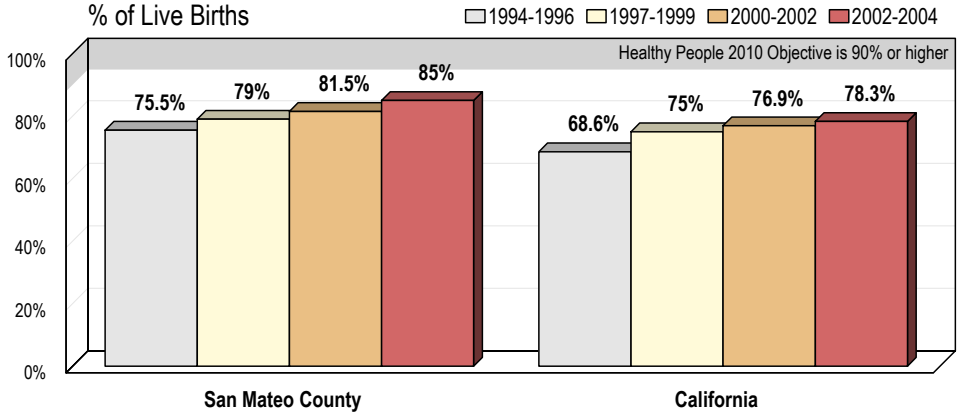
*Non Filipina/Pacific Islander Asians
Late prenatal care defined as first prenatal care visit occurring during the second or third trimester of pregnancy
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

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

One measure of the level of prenatal care is the adequacy of prenatal care use (APCU) index developed by Milton Kotelchuck, Ph.D., M.P.H. The APCU index measures the adequacy of prenatal care by a) the timing of the first prenatal visit and b) the appropriateness of the number of visits based on gestational age [i.e., at the first prenatal visit and at delivery].[403]

- The proportion of births in San Mateo County with adequate prenatal care as determined by the APCU index has risen steadily from 75.5% in 1994-1996 to 85.0% in 2002-2004, but remains below the Healthy People 2010 target for adequate prenatal care (90.0%).[404]

"Adequate/Adequate Plus" Prenatal Care
(Adequacy of Prenatal Care Utilization [APCU] Index)



Sources:
1. County Health Status Profiles, 1998-2006. Dept of Health Services and California Conference of Local Health Officers.
2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes:
1. "Adequate/Adequate Plus" prenatal care includes mothers who initiated prenatal care by the forth month of pregnancy and had greater than or equal to 80% of the expected number of prenatal care visits recommended by the American College of Obstetricians and Gynecologists.
2. County data are three-year annual averages.
3. Healthy People 2010 objective overall is 90%.

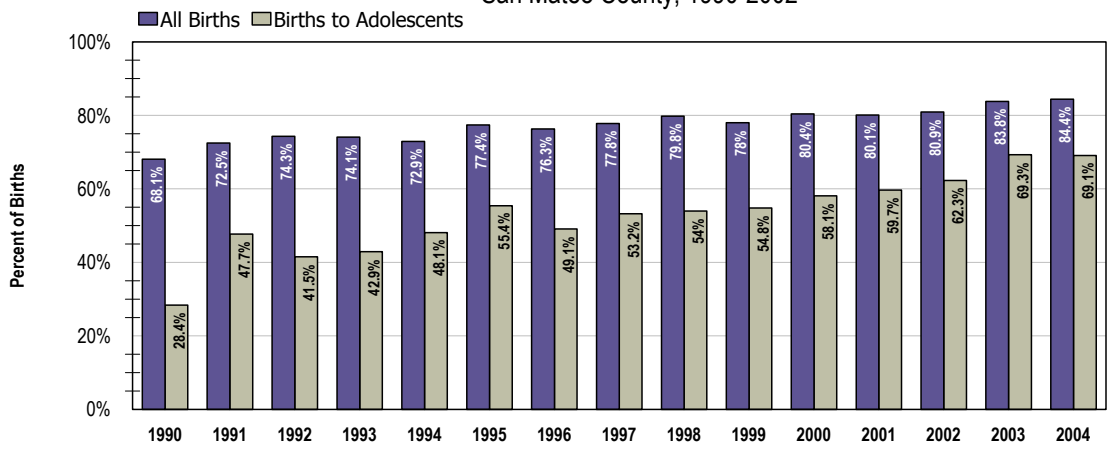
Adequate Prenatal Care – Kessner Index

Another measure of the adequacy of prenatal care is the Kessner Index. The Kessner Index is a method of categorizing adequacy of prenatal care, based on month of pregnancy care started, number of visits, and length of gestation. This index adjusts for the fact that women with short gestations have less time in which to make prenatal care visits.[405]

- Historically, San Mateo teens are much less likely than adult women to have received adequate prenatal care during pregnancy. In 1990, the discrepancy between teens and all women receiving adequate prenatal care was very pronounced. In 2004, the discrepancy between teens and all women is much less so (69.1% and 84.4%, respectively).[406]

Proportion of Births With Adequate Prenatal Care

San Mateo County, 1990-2002



Adequate prenatal care is determined by the Kessner Index
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

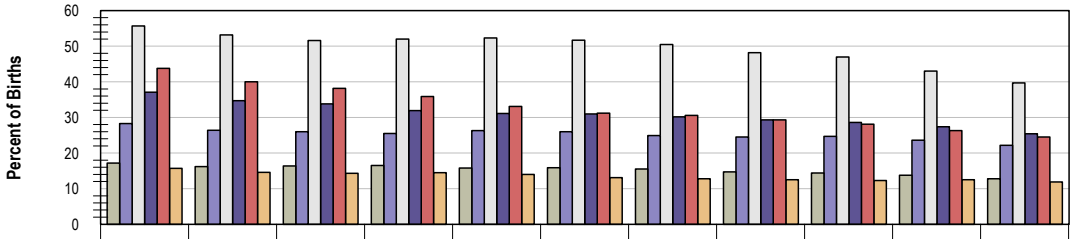
See also "Adolescent Pregnancy" in the Child & Adolescent Health section.

- There are racial/ethnic disparities in adequacy of prenatal care received as well. Black women and Hispanic and Pacific Islander women have the highest proportions of births receiving less than adequate care. The most substantial decrease occurred in Hispanic women from 43.8% in 1990-1994 to 24.5% in 2000-2004, a 44.1% decrease.[407]

  Asian women other than Filipinas and Pacific Islanders received adequate prenatal care in similar proportions to White women. Pacific Islander women consistently had the highest proportions of less than adequate prenatal care compared to other race/ethnicities.[408]

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

5-Year Moving Averages, San Mateo County, 1990-2002



	1990-94	1991-95	1992-96	1993-97	1994-98	1995-99	1996-00	1997-01	1998-02	1999-03	2000-04
Asian*	17.2	16.2	16.4	16.5	15.8	15.9	15.5	14.7	14.4	13.8	12.8
Filipina	28.3	26.4	26	25.5	26.3	26	24.9	24.5	24.7	23.6	22.2
Pacific Islander	55.7	53.2	51.6	52	52.3	51.7	50.5	48.2	47	43	39.7
Black	37.1	34.7	33.8	31.9	31.1	31	30.2	29.3	28.6	27.4	25.4
Hispanic	43.8	40	38.2	35.9	33.1	31.2	30.6	29.3	28.1	26.3	24.5
White	15.7	14.6	14.3	14.5	14	13.1	12.8	12.5	12.3	12.5	11.9

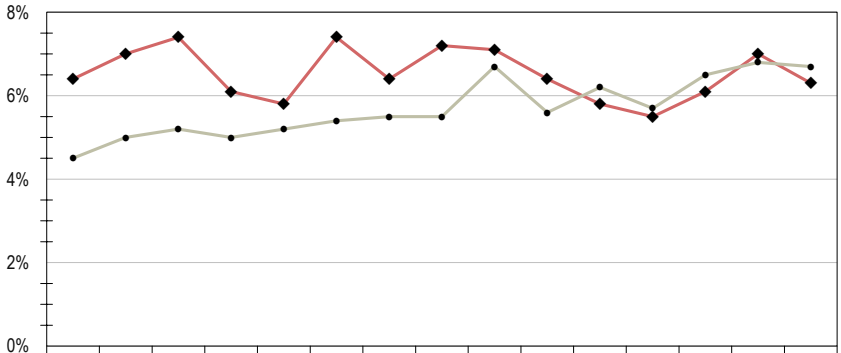
*Non Filipina/Pacific Islander Asians
Adequate prenatal care is determined by the Kessner Index
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

Prenatal Care & Low Birthweight

- The proportion of low-weight births among women receiving adequate prenatal care increased from 4.5% in 1990 to 6.7% in 2004. However, in the last seven years, the proportions of low birthweight newborns among women receiving adequate prenatal care and the proportions among women receiving less than adequate prenatal care are fairly similar and not significantly different from each other.[431]

Low Birthweight Deliveries by Adequacy of Prenatal Care

San Mateo County, 1990-2002



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
LBW With Adequate Care	4.5%	5%	5.2%	5%	5.2%	5.4%	5.5%	5.5%	6.7%	5.6%	6.2%	5.7%	6.5%	6.8%	6.7%
LBW With Less Than Adequate Care	6.4%	7%	7.4%	6.1%	5.8%	7.4%	6.4%	7.2%	7.1%	6.4%	5.8%	5.5%	6.1%	7%	6.3%

Low Birthweight (LBW): newborns weighing < 2500 grams or 5.5 pounds at birth (inclusive of very low birthweight)
Adequate prenatal care is determined by the Kessner Index
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

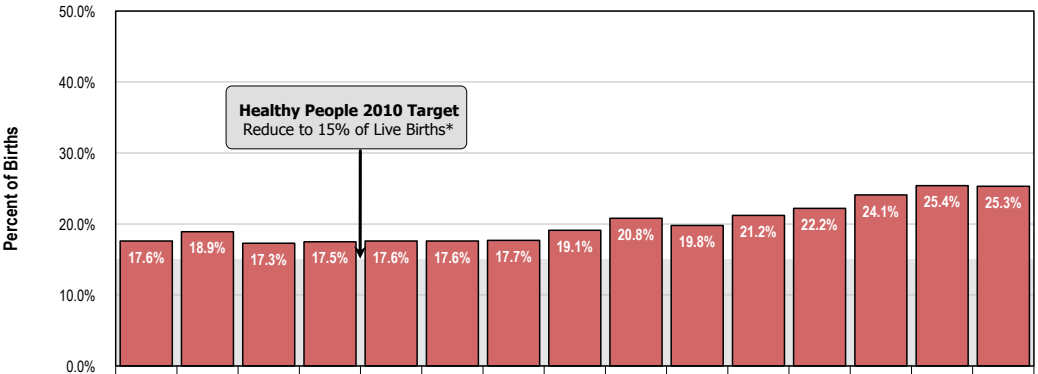
Cesarean Section Births

While Cesarean (surgical or C-section) deliveries are sometimes medically indicated, Cesarean birth can carry a greater risk for both the mother and the baby than a vaginal delivery. Some of the increased risks for the mother include possible infection of the uterus and nearby pelvic organs; increased bleeding; blood clots in the legs, pelvic organs and sometimes the lungs; and, in very rare situations, death. For babies, there is the risk of being born prematurely if the due date is not accurately calculated. This can mean difficulty breathing (respiratory distress) and low birthweight. The baby also may be sluggish as a result of the anesthesia. A cesarean birth also is more painful, is more expensive, and takes longer to recover from than a vaginal birth.[409]

- The proportion of births delivered by C-section has dramatically increased 43.8% since 1990, from 17.6% in 1990 to 25.3% in 2004.[410]

Proportion of Births Delivered By Cesarean Section

San Mateo County, 1990-2004



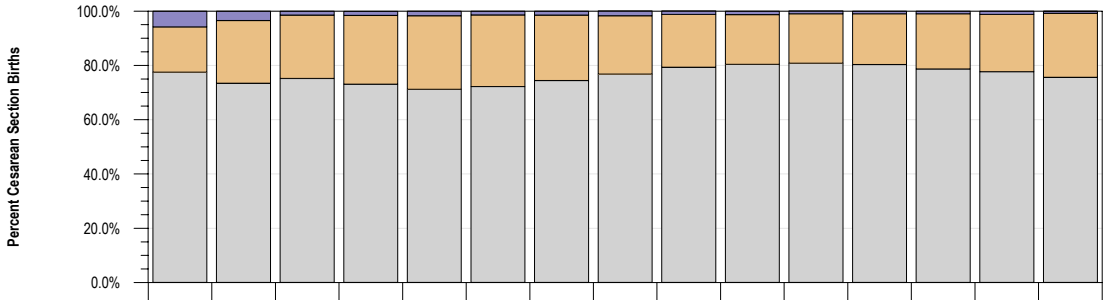
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Number Of Cesareans	1,887	2,003	1,815	1,772	1,787	1,722	1,744	1,882	2,060	1,956	2,172	2,243	2,413	2,564	2,540

*For women giving birth for the first time; if prior cesarean section, then target is 63.0%
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

- In 2004, three-fourths of C-section births in San Mateo County were among women with prepaid health plans or other private health insurance. Medi-Cal births made up 23.6% of C-section births, while only 0.8% were among women with neither private insurance nor Medi-Cal coverage (self-pay or other).[411]

Cesarean Section Deliveries by Principal Source of Payment

San Mateo County, 1990-2004



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Self-Pay/Other	5.8%	3.5%	1.5%	1.5%	1.7%	1.4%	1.5%	1.8%	1.3%	1.3%	1.1%	1.0%	1.0%	1.2%	0.8%
Medi-Cal	16.7%	23.1%	23.3%	25.3%	27.1%	26.4%	24.1%	21.5%	19.5%	18.3%	18.2%	18.7%	20.3%	21.1%	23.6%
Prepaid Plan/Private	77.5%	73.4%	75.2%	73.1%	71.2%	72.2%	74.4%	76.8%	79.3%	80.4%	80.8%	80.3%	78.7%	77.7%	75.6%

Prepaid inlcudes health maintenance organizations and Blue Cross/Blue Shield; Other includes Medicare, worker's compensation, Title V (MCH funds), other governmental programs, no charge, other non-governmental programs, medically indigent, and unknown.
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004.

Smoking During Pregnancy

- A total of 3.4% surveyed adults with children report that they or someone in their household smoked during pregnancy with their youngest child, *significantly lower* than the 8.8% found in 2001. This is important, given the association of smoking during pregnancy with increased incidence of low birthweight births.[412]

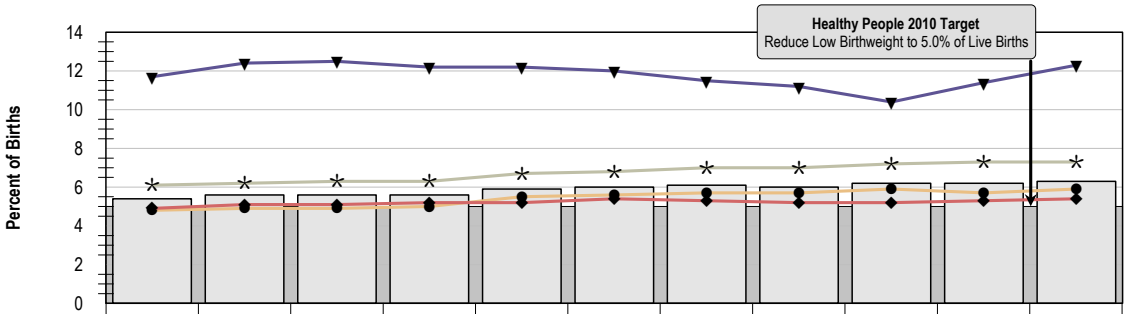
Low Birthweight

Whether children have been born full-term and of normal birthweight (5.5 pounds or more) can have profound long-term impacts on their well-being. On average, children born preterm (<37 weeks gestation) lag behind their peers in IQ, language development and school achievement.[413] They also have a higher incidence of learning disabilities and school failure.[414] About half the children born at low birthweight eventually require special education services.[415]

- The proportion of newborns with low birthweight (LBW) was significantly higher among Black mothers than mothers of other race/ethnicities from 1990 to 2004. LBW deliveries in Asian women significantly increased 19.7% from 6.1% in 1990-1994 to 7.3% in 2000-2004. In White women, the increase was 22.9% from 4.8% between 1990-1994 to 5.9% between 2000-2004. In Hispanic women the proportion of LBW births has remained relatively stable since 1990.[416]

Low Birthweight Deliveries by Maternal Race/Ethnicity

5- Year Moving Averages San Mateo County, 1990-2004



	1990-94	1991-95	1992-96	1993-97	1994-98	1995-99	1996-00	1997-01	1998-02	1999-03	2000-04
All Races	5.4	5.6	5.6	5.6	5.9	6	6.1	6	6.2	6.2	6.3
Asian	6.1	6.2	6.3	6.3	6.7	6.8	7	7	7.2	7.3	7.3
Black	11.7	12.4	12.5	12.2	12.2	12	11.5	11.2	10.4	11.4	12.3
Hispanic	4.9	5.1	5.1	5.2	5.2	5.4	5.3	5.2	5.2	5.3	5.4
White	4.8	4.9	4.9	5	5.5	5.6	5.7	5.7	5.9	5.7	5.9

Low Birthweight: newborns weighing < 2500 grams or 5.5 pounds at birth (inclusive of very low birthweight)
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

Breastfeeding

For infants, the most complete form of nutrition is breast milk. Breastfeeding is associated with reduced postneonatal infant mortality rates, decreased rates of obesity in later life, and improved cognitive, language and motor development.[417] The longer infants are exclusively breastfed, the better. For example, babies who are breastfed for six rather than four months have fewer respiratory illnesses and ear infections.[418]

- In San Mateo County, 93% of women initiated breastfeeding in 2004, higher than the average percentage in California (83.9%) and the U.S. Healthy People 2010 objective (75%). Breastfeeding duration rates need to be improved.[419]

- While in the hospital after giving birth, 72.4% of women in the county exclusively breastfed their infants, a decline in recent years but still much higher than the California average of 40.5%.[420]

Breastfeeding of Newborns	2000	2001	2002	2003	2004
Exclusive Breastfeeding	76.3%	76.8%	77.0%	73.6%	72.4%
Any Breastfeeding	91.9%	92.7%	92.7%	93.2%	93.0%

Definition: Percentage of mothers of newborns breastfeeding in the hospital after giving birth, by mother's county of residence.
Data Source: California Department of Health Services, Maternal and Child Health Branch. Genetic Disease Branch, Newborn Screening Data, 2004. http://www.mch.dhs.ca.gov/programs/bfp/default.htm. Retrieved 03/08/07.

- In 2004, Caucasian/white women in the county were most likely to exclusively breastfeed in the hospital (79.2%), in comparison to Asian, Latina/Hispanic and multiracial women (all about 70%), Pacific Islanders (52.3%) and African American women (47.1%).[421]

Exclusive Breastfeeding of Newborns, by Race/Ethnicity	2000	2001	2002	2003	2004
African American/Black	50.8%	55.9%	58.5%	66.0%	47.1%
Asian	71.0%	73.5%	73.4%	68.2%	70.3%
Caucasian/White	84.7%	84.1%	83.5%	82.2%	79.2%
Hispanic/Latina	70.7%	72.2%	72.9%	69.4%	69.4%
Native American	n/a	n/a	n/a	n/a	n/a
Pacific Islander	60.0%	60.7%	63.5%	59.3%	52.3%
Multiracial/Other	76.1%	74.7%	75.9%	69.0%	69.5%

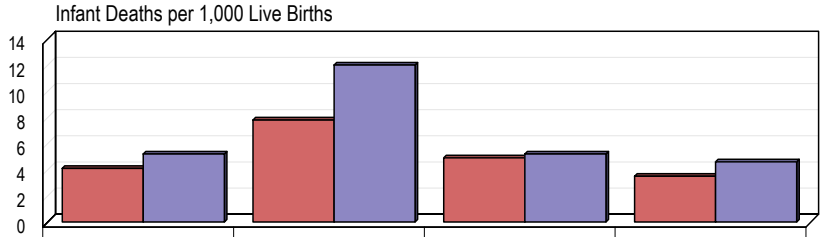
Definition: Percentage of mothers of newborns who breastfed exclusively in the hospital after giving birth, by mother's county of residence and race/ethnicity.
Data Source: California Department of Health Services, Maternal and Child Health Branch. Genetic Disease Branch, Newborn Screening Data, 2004. http://www.mch.dhs.ca.gov/programs/bfp/default.htm. Retrieved 03/08/07.

Infant Mortality

The three leading causes of infant mortality (congenital malformations, disorders related to short gestation and low birthweight, and sudden infant death syndrome) accounted for approximately 43% of all infant deaths in the United States in 2005.[422] Birthweight and gestational age are two major predictors of infant health and survival. In 2003, birth defects, as well as prematurely and low birthweight, remained the leading causes of infant death, according to the National Center for Health Statistics.[423] The percentage of infant deaths occurring to babies born premature (less than 37 weeks gestation) or with a low birthweight (less than 2500 grams or 5.5 pounds) increased 9 percent between 1995 and 2003, according to an analyses by the March of Dimes.[424]

- The average infant mortality rate in San Mateo County from 2000 to 2004 was 4.1 infant deaths per 1,000 live births, lower than the statewide rate of 5.2 and satisfying the Healthy People 2010 objective. This is highest among Blacks. [425]

Infant Mortality Rates by Race/Ethnicity, 2001-2003 Annual Averages



	All Races	Black	Hispanic	White
San Mateo County 2000-04	4.1	7.8	4.9	3.5
California 2004	5.2	12	5.2	4.6
Healthy People 2010	4.5			

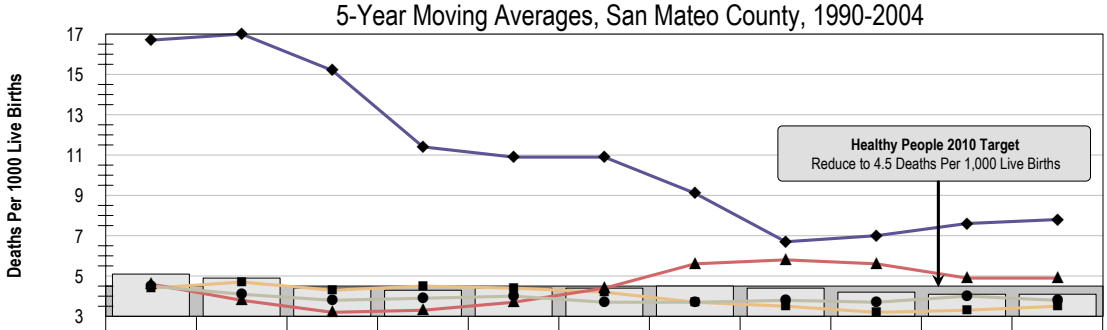
Sources: 1. California Department of Health Services, County Health Status Profiles 2006.
2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service.

Notes: 1. Infant death is the death of a liveborn infant under one year of age. Rates are per 1,000 live births.
2. Underlined death rates are unreliable, relative standard error is grater than or equal to 23%.

- In recent years the Black infant mortality rate has fallen from 16.7 between 1990 and 1994 to 7.8 between 2000 and 2004.[426]

Infant Mortality by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	1990-94	1991-95	1992-96	1993-97	1994-98	1995-99	1996-00	1997-01	1998-02	1999-03	2000-04
All Races	5.1	4.9	4.4	4.3	4.4	4.4	4.5	4.4	4.2	4.1	4.1
Asian	4.5	4.1	3.8	3.9	4	3.7	3.7	3.8	3.7	4	3.8
Black	16.7	17	15.2	11.4	10.9	10.9	9.1	6.7	7	7.6	7.8
Hispanic	4.6	3.8	3.2	3.3	3.7	4.4	5.6	5.8	5.6	4.9	4.9
White	4.4	4.7	4.3	4.5	4.4	4.2	3.7	3.5	3.2	3.3	3.5

Rates are unadjusted; infants defined as under one year of age
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

CHILD & ADOLESCENT HEALTH

OVERVIEW

Childhood immunization is crucial in the prevention of many infectious diseases once considered commonplace. The Healthy People 2010 target is to increase the percentage of two-year-olds who are current on their immunizations to 90% or more. Currently, while we can document only eight in 10 San Mateo County children who are adequately covered and up-to-date at age 24 months, using other data analysis techniques, it is likely that we are very close to the 90% coverage level.

In addition to protecting children from disease, it is just as important to instill habits of healthy living early on. Still, more San Mateo County low-income children aged 5 through 19 are overweight or to be at risk for being overweight than seen among low-income children statewide. On a positive note, San Mateo County children appear to be spending less time watching television or playing video games than found in previous assessments.

Adolescent pregnancies, a majority of which are among Hispanic females, continue to decline in San Mateo County, and remain well below the statewide rate. The disparity between prenatal care among pregnant teens and older pregnant women has narrowed due to a favorable increase in proper prenatal care among area adolescent mothers. Still, working to reduce teen pregnancies remains important because, not only are adolescents at greater risk for poor birth outcomes, but teen pregnancy is also a leading contributor to the cycle of poverty in young families.

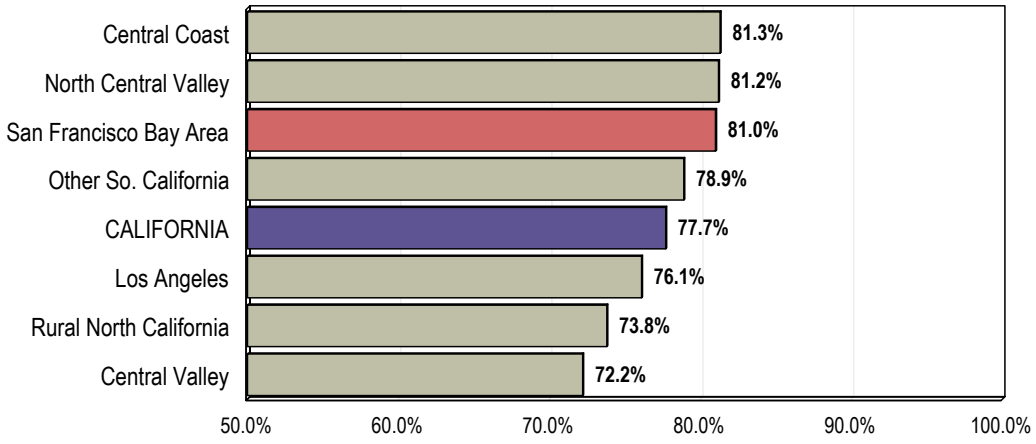
Childhood Immunization

The primary indicator for adequate vaccination coverage by age 24 months includes the complete 4-3-1 series: the fourth dose in the DTP/DTaP series, the third dose in the OPV/IPV series, and the first dose in the MMR series by age 24 months.[427]

- In 2006, a retrospective study of kindergartners found that 81.0% of Bay Area children had been up-to-date for immunizations at age 24 months. This prevalence is better than the statewide average, but is well below the Healthy People 2010 target of 90%.

Vaccine Coverage At Age 24 Months by Region

Complete 4-3-1 Series*



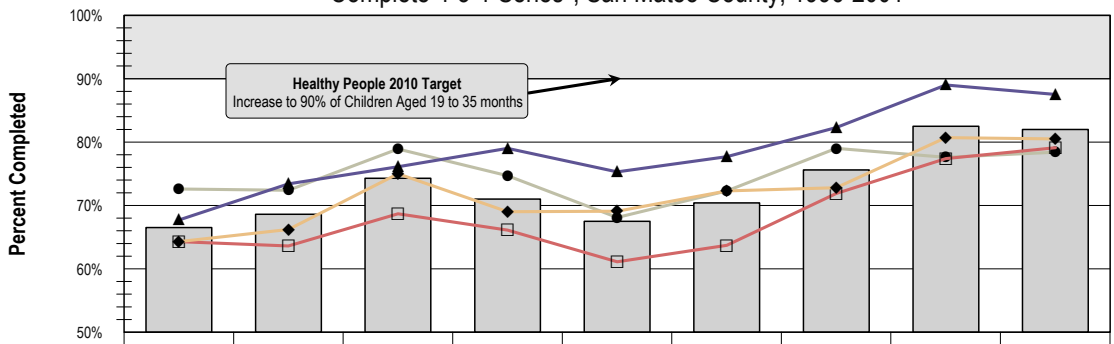
Source: 2006 Kindergarten Retrospective Survey Results. California Department of Health Services, Immunization Branch. 2007.
http://www.dhs.ca.gov/ps/dcdc/izgroup/shared/levels.htm
Note: *Complete 4-3-1 series refers to all DTP/DTaP4, OPV/IPV3, and MMR1

- Overall vaccine coverage in San Mateo County has increased significantly from 66.5% in 1996 to 82.0% in 2005.[428]

- Regional analysis shows that since 1999, children attending schools in Mid-County recorded the highest vaccine coverage. Schools in South County consistently had the lowest vaccination coverage until 2004 when Coastside showed less improvement. The Healthy People 2010 target of 90% was not met by any region of the county or by any individual school district.[429]

Vaccine Coverage At Age 24 Months by County Region

Complete 4-3-1 Series*, San Mateo County, 1996-2001



	1996	1997	1998	1999	2000	2001	2003	2004	2005
All County	66.5%	68.6%	74.3%	71%	67.5%	70.4%	75.6%	82.5%	82%
North-County	64.3%	66.2%	75%	69%	69.1%	72.3%	72.8%	80.7%	80.5%
Mid-County	67.7%	73.4%	76.1%	79%	75.3%	77.7%	82.3%	89%	87.5%
South-County	64.3%	63.6%	68.7%	66.1%	61.1%	63.7%	71.9%	77.4%	79.1%
Coastside	72.6%	72.4%	78.9%	74.7%	68.1%	72.3%	79%	77.6%	78.4%

*Complete 4-3-1 series refers to all DTP/DTaP4, OPV/IPV3, and MMR1
Note: Year indicates year of study sample, 2002 data unavailable
Source Data: San Mateo County Immunization Program, Kindergarten Retrospective Surveys

Childhood Overweight & Fitness

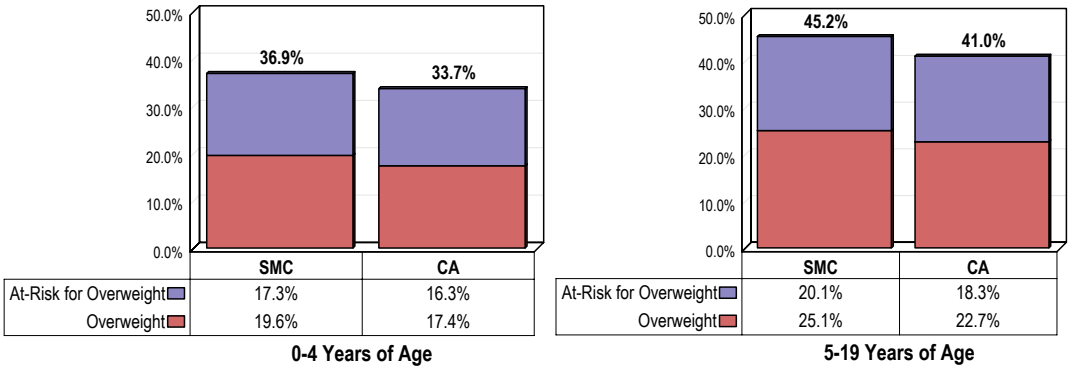
Excess weight and inactivity [during childhood] leads to higher risk of cardiovascular disease, type 2 diabetes, hypertension, stroke, certain types of cancer, as well as mental, emotional, and social stress.[430]

Overweight

- 2005 findings of the California Pediatric Nutrition Surveillance System found that 25.1% of low-income children aged 5 through 19 who participated in the San Mateo County Child Health and Disability Prevention (CHDP) Program* were overweight, and another 20.1% were at risk for being overweight; these proportions are higher than found among program participants in this age group statewide.[431]

- Among low-income children aged 0 to 4 years in the county CHDP program, over one-third were found to be overweight (19.6%) or at risk for being overweight (17.3%), also slightly higher than the statewide proportions.[432]

Low-Income Children in CHDP Program Who Are Overweight or At-Risk for Being Overweight (2005)



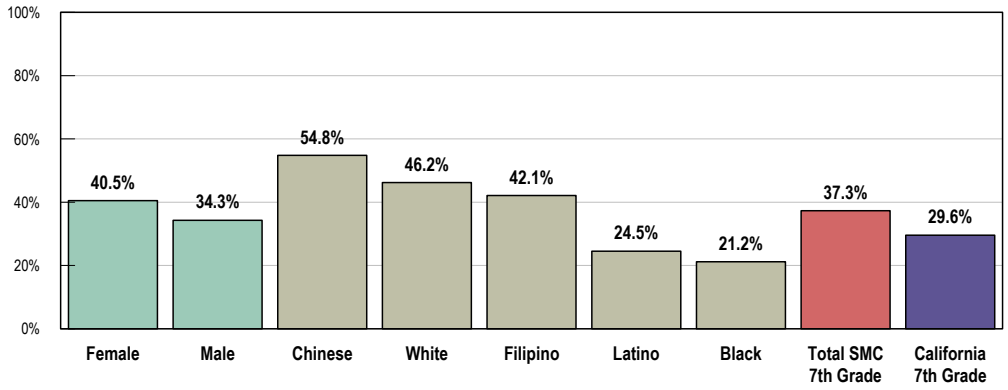
Source: CHDP California Pediatric Nutrition Surveillance System (PedNSS), 2005, Tables 8C & 16B. Children's Medical Services (CMS) Branch. http://dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/informationnotices/2006/chdpin06E/contents.htm

* The Child Health and Disability Prevention Program (CHDP) is a preventive health program serving San Mateo County's children and youth. CHDP assures that early and periodic health care is available to all eligible children. Through the CHDP Program, children and youth can obtain regular preventive health assessment to identify any health problems. CHDP coordinates efforts with a wide array of persons and organizations to insure that eligible children receive needed care. Children are eligible if they are Medi-Cal recipients, low-income, attend Head Start or state preschools, or are in foster care.

Physical Fitness

- In 2006, only 37.3% of San Mateo County 7th graders met basic fitness requirements, as determined by the California Department of Education, although this proportion is better than the statewide average. However, in San Mateo County, there is a notable difference among students by gender and by race and ethnic group, with boys and Black and Latino students demonstrating the lowest prevalence of physical fitness.[433]

Percent of 7th Grade Students Meeting 6 of 6 Basic Fitness Standards

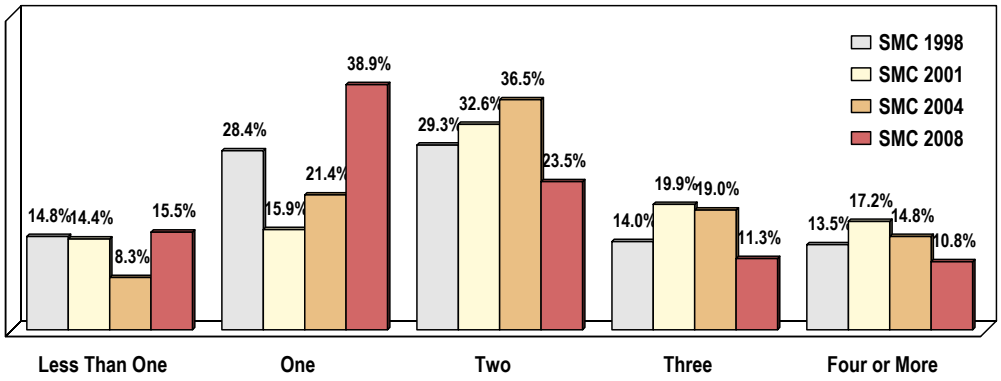


Source: California Department of Education, Physical Fitness Results, 2006. http://dq.cde.ca.gov/dataquest/
Note: Other racial/ethnic groups are not shown; n<100 tested.

Television/Video Watching & Video Gaming

- Watching television, videos or video games is a leading sedentary behavior in youth. In the 2008 San Mateo County Health & Quality of Life Survey, parents of children over the age of one year were asked how many hours a day their child watches television, videos or video games. Only 15.5% report that their child watches less than one hour per day (*significantly higher* than found in 2004). In contrast, 22.1% report that he/she watches three hours or more per day. Overall usage appears to be *decreasing* in comparison with previous years, but remains far from optimal.[434]

Number of Hours Child Watches Television, Videos or Video Games per Day
Ages 1 to 17

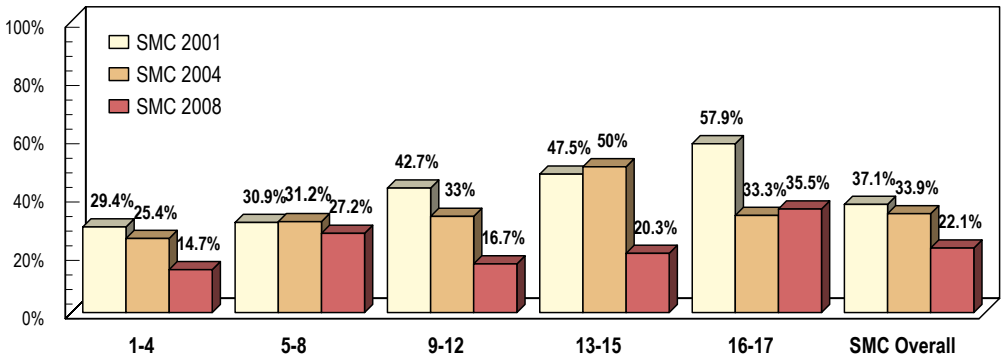


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of respondents with children aged 1 to 18 at home.

- This year's survey found that TV/video watching or video gaming was greatest among 16- to 17-year-olds (35.5% of whom were reported to watch three or more hours of TV, videos or video games per day).[435]

Child Spends Three or More Hours per Day Watching Television, Videos or Video Games

By Age



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County . August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents with children under 18 at home.

Youth Developmental Assets

San Mateo County Healthy Kids Survey 2003-04

- The California Healthy Kids Survey (CHKS) is an anonymous, confidential student and school staff report of attitudes, health risk behaviors, and protective factors. The survey gathers information on behaviors such as physical activity and nutritional habits; alcohol, tobacco, and other drug use; school safety; and environmental and individual strengths (youth developmental assets). Used by California schools since 1997, the CHKS consists of age-appropriate survey instruments for students in grades five, seven, nine, and eleven. Districts use the data on health risk and protective factors collected by the CHKS to plan and evaluate their alcohol, tobacco, and other drug programs and to report on their progress in achieving their performance indicator goals.[436]

- The CHKS survey in San Mateo County is administered to a sample based on enrollments within each district. Secondary school surveys included target samples for 7th, 9th, 11th, and non-traditional students. The only secondary school district not represented in the data is La Honda-Pescardero Unified on the Coastside. [Note that the total number of non-traditional students was very small and thus the target sample includes all non-traditional students in San Mateo County.] Only students who answered "most" or "all" to the question, "Did you answer the questions on this survey honestly and truthfully?" were included in the analysis. In all, the secondary school survey samples include more than 10,000 students in San Mateo County.[437]

- The survey was designed to measure the 41 developmental assets as defined by the Search Institute and Project Cornerstone (see table on following page). These are a set of "building blocks" that help shape adolescents into "healthy, caring and responsible" adults.[438] With respect to youth development, these indicators and goals include measures of caring relationships within the school, high expectations by teachers and other adults, meaningful opportunities for participation, and overall schools assets.[439]

- In the 2003-04 survey, San Mateo County 7th graders more often score a "high" level of both external and internal assets than found among students statewide. However, asset levels among 9th and 11th graders are similar to, or even slightly below, California averages.[440]

For more complete data on youth, please see the *San Mateo County Adolescent Report 2007* available at http://www.plsinfo.org/healthysmc/.

41 Developmental Assets

The 40 Developmental Assets have been identified through the research by the Search Institute (www.search-institute.org) of Minneapolis, Minnesota as the "building blocks of healthy development that help young people grow up healthy, caring, and responsible adults." Project Cornerstone (www.projectcornerstone.org) of Santa Clara County, California established the need for the *41st Asset through community outreach and input. The Youth Development Initiative has adapted the Developmental Assets as its guiding theory in advancing the Youth Development movement.[441]

EXTERNAL ASSETS	
Support	1. **Family support** – Family life provides high levels of love and support.
	2. **Positive family communication** – Young person and her or his parent(s) communicate positively and young person is willing to seek advice and counsel from parent(s).
	3. **Other adult relationships** – Young person receives support from three or more nonparent adults.
	4. **Caring neighborhood** – Young person experiences caring neighbors.
	5. **Caring school climate** – School provides a caring, encouraging environment.
	6. **Parent involvement in schooling** – Parent(s) are actively involved in helping young person succeed in school.
Empowerment	7. **Community values youth** – Young person perceives that adults in the community value youth.
	8. **Youth as resources** – Young people are given useful roles in the community.
	9. **Service to others** – Young person serves in the community one hour or more per week.
	10. **Safety** – Young person feels safe at home, at school, and in the neighborhood.
Boundaries & Expectations	11. **Family boundaries** – Family has clear rules and consequences and monitors the young person's whereabouts.
	12. **School boundaries** – School provides clear rules and consequences.
	13. **Neighborhood boundaries** – Neighbors take responsibility for monitoring young people's behavior.
	14. **Adult role models** – Parent(s) and other adults model positive, responsible behavior.
	15. **Positive peer influence** – Young person's best friends model responsible behavior.
	16. **High expectations** – Both parent(s) and teachers encourage the young person to do well.
Constructive Use of Time	17. **Creative activities** – Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
	18. **Youth programs** – Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
	19. **Religious community** – Young person spends one or more hours per week in activities in a religious institution.
	20. **Time at home** – Young person is out with friends "with nothing special to do" two or fewer nights per week.
INTERNAL ASSETS	
Commitment to Learning	21. **Achievement motivation** – Young person in motivated to do well in school.
	22. **School engagement** – Young person is actively engaged in learning.
	23. **Homework** – Young person reports doing at least one hour of homework every day of school.
	24. **Bonding to school** – Young person cares about her or his school.
	25. **Reading for pleasure** – Young person reads for pleasure three or more hours per week.
Positive Values	26. **Caring** – Young person places high value on helping other people.
	27. **Equality & social justice** – Young person places high value on promoting equality and reducing hunger and poverty.
	28. **Integrity** – Young person acts on convictions and stands up for her or his beliefs.
	29. **Honesty** – Young person "tells the truth even when it is not easy."
	30. **Responsibility** – Young person accepts and takes personal responsibility.
	31. **Restraint** – Young person believes it is important not to be sexually active or to use alcohol or other drugs.
Social Competencies	32. **Planning and decision making** – Young person knows how to plan ahead and make choices.
	33. **Interpersonal competence** – Young person has empathy, sensitivity, and friendship skills.
	34. **Cultural competence** – Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
	35. **Resistance skills** – Young person can resist negative peer pressure and dangerous situations.
	36. **Peaceful conflict resolution** – Young person seeks to resolve conflict nonviolently.
Positive Identity	37. **Personal power** – Young person feels he or she has control over "things that happen to me."
	38. **Self-esteem** – Young person reports having a high self-esteem.
	39. **Sense of purpose** – Young person reports that "my life has a purpose."
	40. **Positive view of personal future** – Young person is optimistic about her or his personal future.
	41. **Positive cultural identity** – Young person feels proud of her/his cultural background. *

- Analysis of CHKS results correlates various risk behaviors with having a low, moderate or high number of these developmental assets. As shown in the following chart, students reporting a "moderate" or "high" level of external assets are much less likely to take part in risky behaviors.[442]

Relation of External Assets to Risk Behaviors, San Mateo County

		Percent of Students in Each Asset Group Reporting Stated Behavior		
Behaviors	**Grade Level**	**Low**	**Moderate**	**High**
Current Smoking	7th Grade	15%	2%	0%
	9th Grade	7%	8%	1%
	11th Grade	15%	8%	4%
	Non-Traditional	44%	36%	27%
Binge Drinking	7th Grade	25%	5%	1%
	9th Grade	24%	11%	7%
	11th Grade	24%	25%	17%
	Non-Traditional	64%	48%	43%
Marijuana Use	7th Grade	20%	5%	1%
	9th Grade	17%	14%	7%
	11th Grade	35%	24%	12%
	Non-Traditional	50%	46%	43%
Truant At Least Once a Month	7th Grade	28%	2%	0%
	9th Grade	21%	7%	2%
	11th Grade	19%	14%	12%
	Non-Traditional	48%	40%	40%
Depression (2+ Weeks/Year)	7th Grade	30%	28%	15%
	9th Grade	29%	36%	26%
	11th Grade	65%	48%	31%
	Non-Traditional	25%	47%	46%
Fighting at School (4+ Fights/Year)	7th Grade	25%	7%	2%
	9th Grade	21%	7%	3%
	11th Grade	8%	3%	3%
	Non-Traditional	39%	25%	18%
Gang Membership	7th Grade	25%	10%	4%
	9th Grade	24%	12%	9%
	11th Grade	27%	9%	5%
	Non-Traditional	35%	45%	34%
School Vandalism	7th Grade	37%	14%	6%
	9th Grade	41%	20%	14%
	11th Grade	31%	21%	12%
	Non-Traditional	50%	45%	38%

Source: San Mateo County Adolescent Report 2007. San Mateo County Board of Supervisors. 2007.

Awareness of the Developmental Assets for Youth Initiative

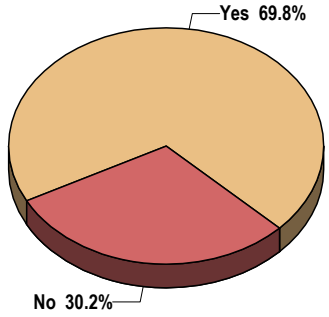
- For the 2008 San Mateo County Health & Quality of Life Survey, parents of children were asked whether they were aware of the 40 (now 41) Developmental Assets for Youth Initiative. Only 3.6% answered affirmatively (similar to 3.9% reported in 2004). Awareness this year was higher among Black (7.8%) and Hispanic (6.0%) parents.[443]

Adolescent Sexuality

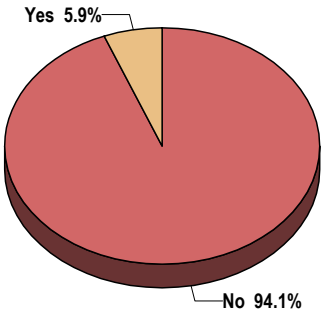
- Over two out of three parents (69.8%) have spoken to their adolescents (aged 11 to 17) about issues dealing with relationships and sexuality.[444]

- Only 5.9% of parents of children aged 11 to 17 state that, to the best of their knowledge, their child is currently sexually active. This differs greatly (by a factor of between five and 10) from responses from children aged 11 to 17 when asked if they, themselves, are sexually active.[445]

Issues of Adolescent Sexuality
Among Parents of Children Aged 11 to 17



Parent Has Talked to Child About Relationships/Sexuality



To Best of Parent's Knowledge, Child is Sexually Active

Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 2007.

Consequences of Adolescent Pregnancy

Adolescent girls who become mothers tend to exhibit poorer psychological functioning, lower levels of educational attainment and high school completion, more single parenthood, and less stable employment than those with similar backgrounds who postpone childbirth. Although teen mothers who stay in school are just as likely to graduate as non-mothers, those who drop out before or shortly after childbirth are only half as likely to return to school and graduate as are non-mother drop-outs.[446]

Other potential negative consequences have not been sufficiently researched, such as potential consequences resulting from interruptions of key processes of emotional and social development of the teen mothers by early parenthood responsibilities. Based on well-established knowledge of adolescent developmental needs and progressions, however, researchers believe that these interruptions are likely to yield harmful consequences related to psychological distress and possible depression.[447]

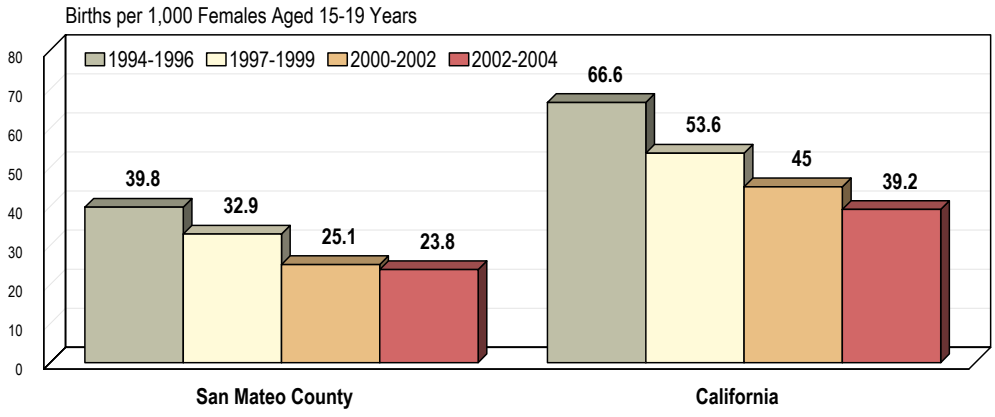
Relative to older mothers, teen mothers tend to experience more pregnancy-related problems and have less healthy infants, although these differences overall are small and decreasing over time, and are highly related to access to and use of prenatal care.[448]

Adolescent Births

Adolescent Birth Rates

- Adolescent birth rates have declined in San Mateo County over the past several years (down from 39.8 births per 1,000 females aged 15 to 19 in 1994-1996 to 23.8 per 1,000 in 2002-2004). San Mateo adolescent birth rates remain much lower than rates seen statewide.[449]

Adolescent Birth Rates

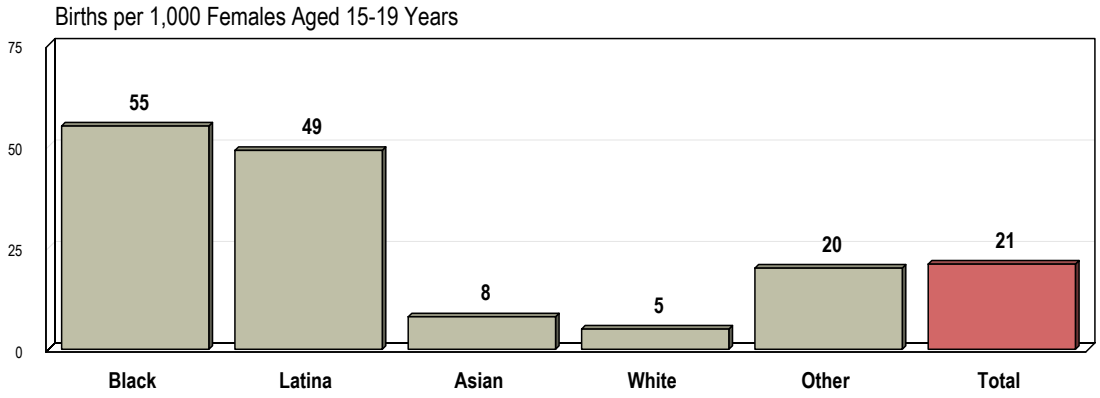


Sources: County Health Status Profiles, 1998-2006. Dept of Health Services and California Conference of Local Health Officers.
Notes: Rates are per 1,000 girls aged 15 to 19.

- However, adolescent birth rates in San Mateo County in 2005 are much higher among Black and Latina women (55 and 49 per 1,000 females, respectively), when compared to women of other races/ethnicity.[450]

Adolescent Birth Rates by Race/Ethnicity

San Mateo County, 2005)



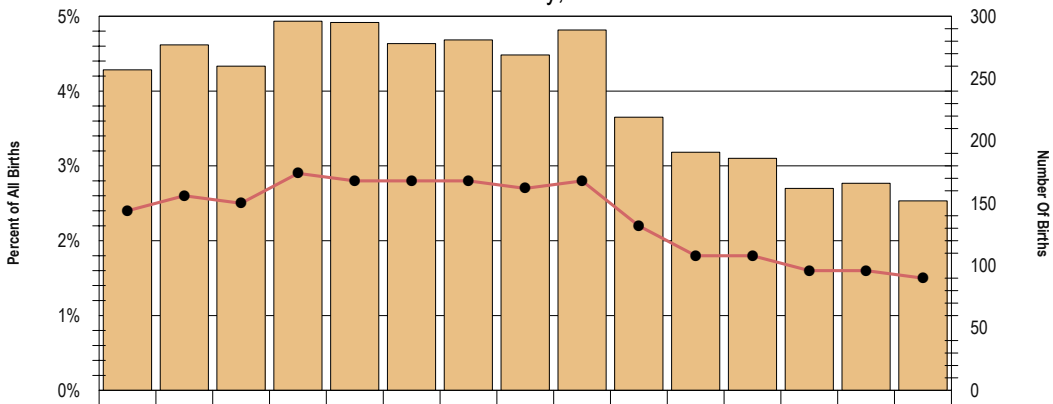
Source: California County Data Book. Children Now, 2007.

Percentage of Births to Adolescents

- In terms of percentage of county births to adolescents, the proportion of births occurring in adolescent females aged 17 and younger has likewise decreased, from 2.4% in 1990 to 1.5% in 2004.[451]

Proportion of Births to Adolescents

San Mateo County, 1990-2004



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Number of Births	257	277	260	296	295	278	281	269	289	219	191	186	162	166	152
Percent of All Births	2.4%	2.6%	2.5%	2.9%	2.8%	2.8%	2.8%	2.7%	2.8%	2.2%	1.8%	1.8%	1.6%	1.6%	1.5%

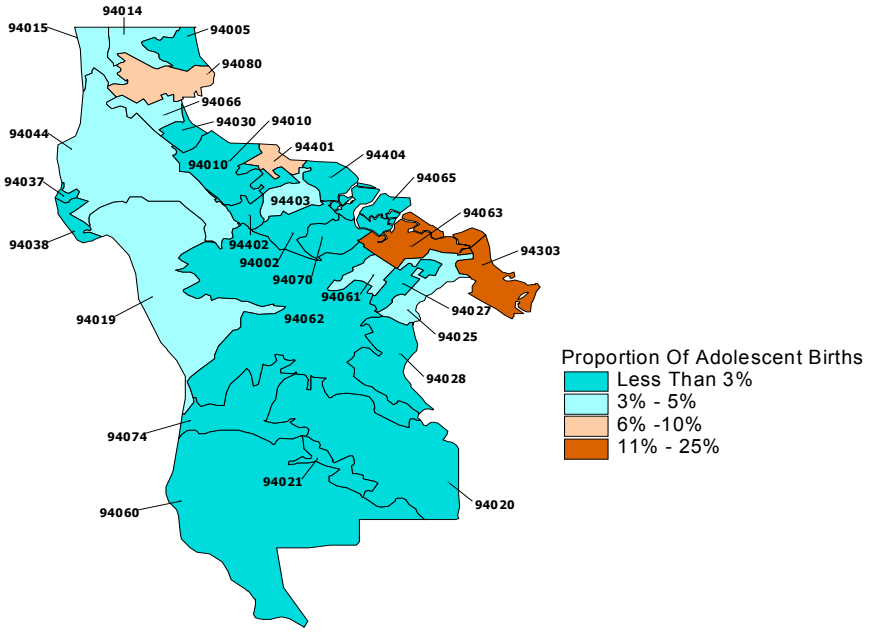
Adolescents are defined as 17 years of age or younger

Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

- A geographic analysis by zip code of maternal residence (2002 data) shows that the highest proportion of births to adolescents in San Mateo County occurred in 94303 (East Palo Alto) and 94063 (Redwood City/North Fair Oaks) followed by 94401 (San Mateo) and 94080 (South San Francisco).[452]

Births to Adolescent Females by Zip Code of Residence

San Mateo County, 2002

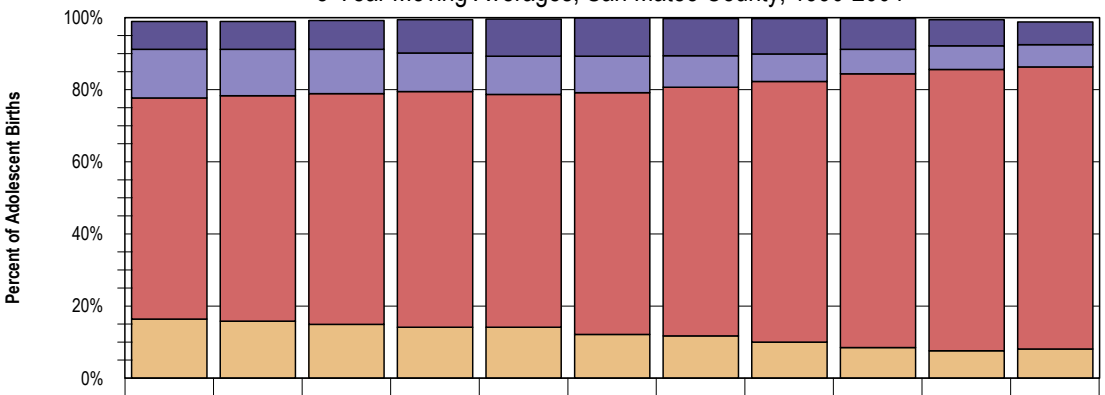


Adolescents are defined as 17 years of age or younger
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2002

- The majority of San Mateo County births to adolescents have occurred consistently in Hispanic females. This proportion has increased dramatically from 61.3% in 1990-1994 to 78.2% in 2000-2004. The proportions of births to adolescents in Asian, Black, and White females have declined from 1990-1994 to 2000-2004.[453]

Proportion of Births to Adolescents by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	1990-94	1991-95	1992-96	1993-97	1994-98	1995-99	1996-00	1997-01	1998-02	1999-03	2000-04
Asian	7.7%	7.7%	8%	9.2%	10.3%	10.6%	10.3%	9.8%	8.5%	7.2%	6.3%
Black	13.5%	12.9%	12.3%	10.7%	10.6%	10.1%	8.7%	7.6%	6.8%	6.6%	6.2%
Hispanic	61.3%	62.5%	64%	65.4%	64.6%	67.1%	69%	72.3%	75.9%	78%	78.2%
White	16.4%	15.8%	14.9%	14.1%	14.1%	12.1%	11.7%	10%	8.5%	7.6%	8.1%

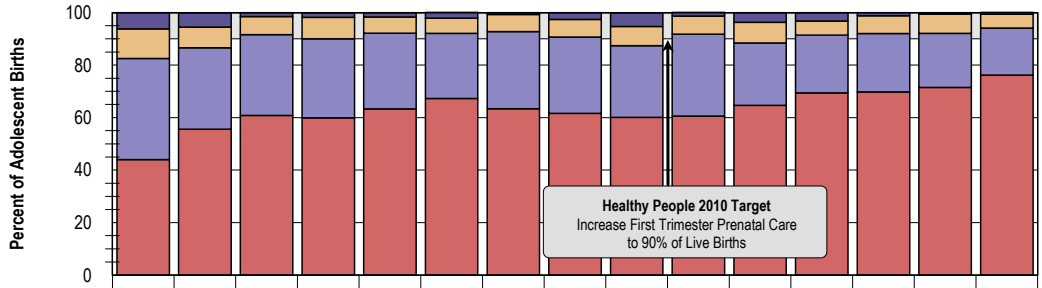
Adolescents are defined as 17 years of age or younger
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

Prenatal Care Among Births to Adolescents

- The proportion of births to adolescents who received prenatal care during the first trimester of pregnancy has *increased significantly* from 44.0% in 1990 to 76.2% in 2004. Still, this proportion falls significantly short of the Healthy People 2010 target of 90%. The level of adolescent's early access to prenatal care contrasts with the overall county rate (90.1%).[454]

Proportion of Births to Adolescents by Trimester of First Prenatal Visit

San Mateo County, 1990-2004



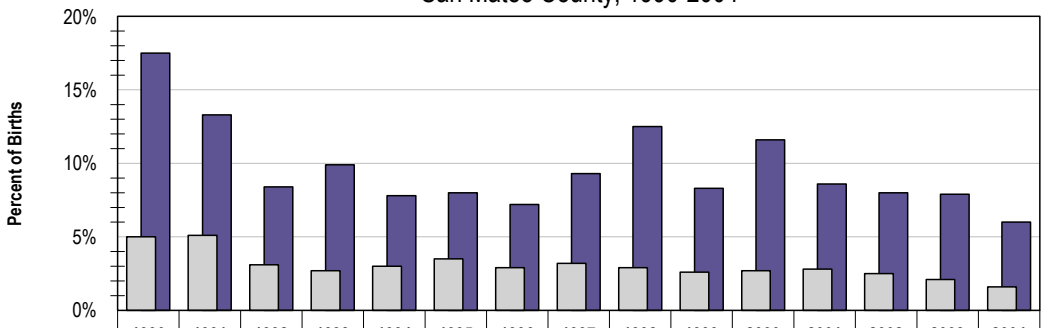
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
No Prenatal Care	6.2	5.4	1.5	1.7	1.7	2.2	0.7	2.6	5.2	1.4	3.7	3.2	1.2	0.6	0.7
3rd Trimester	11.3	7.9	6.9	8.2	6.1	5.8	6.5	6.7	7.3	6.9	7.9	5.4	6.8	7.3	5.3
2nd Trimester	38.5	31	30.8	30.1	28.9	24.8	29.4	29.1	27.3	31.2	23.7	22	22.2	20.6	17.9
1st Trimester	44	55.6	60.8	59.9	63.3	67.3	63.4	61.6	60.1	60.6	64.7	69.4	69.8	71.5	76.2

Adolescents are defined as 17 years of age or younger
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

- The best improvement was among teens receiving late or no prenatal care: in 1990, 17.5% of births were to teens who had received no prenatal care, while in 2004 this proportion had decreased to 6.0%.[455]

Proportion of Births With Prenatal Care Begun in the Third Trimester or Not at All

San Mateo County, 1990-2004



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
All Births	5%	5.1%	3.1%	2.7%	3%	3.5%	2.9%	3.2%	2.9%	2.6%	2.7%	2.8%	2.5%	2.1%	1.6%
Births to Adolescents	17.5%	13.3%	8.4%	9.9%	7.8%	8%	7.2%	9.3%	12.5%	8.3%	11.6%	8.6%	8%	7.9%	6%

Adolescents are defined as 17 years of age or younger
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

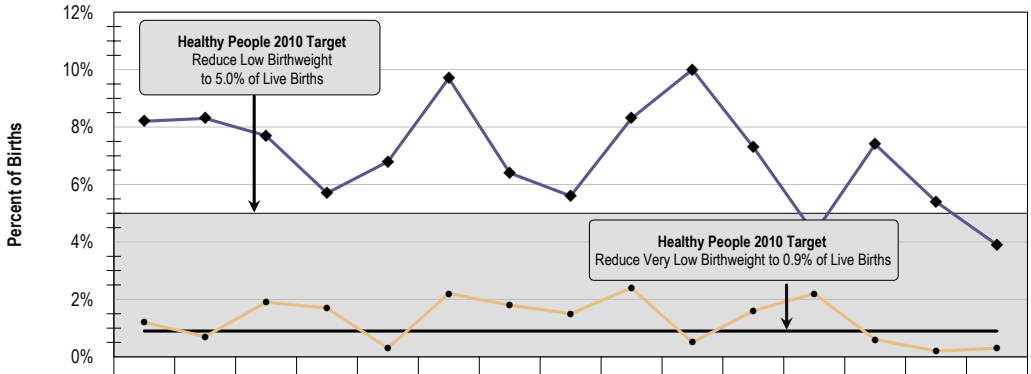
Historically, San Mateo teens are much less likely than adult women to have received adequate prenatal care during pregnancy (as measured using the Kessner Index). See also "Adequacy of Prenatal Care" in the Maternal & Infant Health section.

Characteristics Among Births to Adolescents

- Historically, the proportion of low birthweight (or LBW) deliveries to adolescents has been almost double that of LBW deliveries to all women. Very low birthweight (or VLBW) deliveries to adolescents have decreased from 1.2% in 1990 to 0.3% in 2004, similar to births among all women. San Mateo proportions of low birthweight deliveries among teens currently satisfy both LBW and VLBW Healthy People 2010 objectives (5.0% and 0.9%, respectively).[456]

Proportion of Adolescent Births That Are Low Birthweight

San Mateo County, 1990-2004



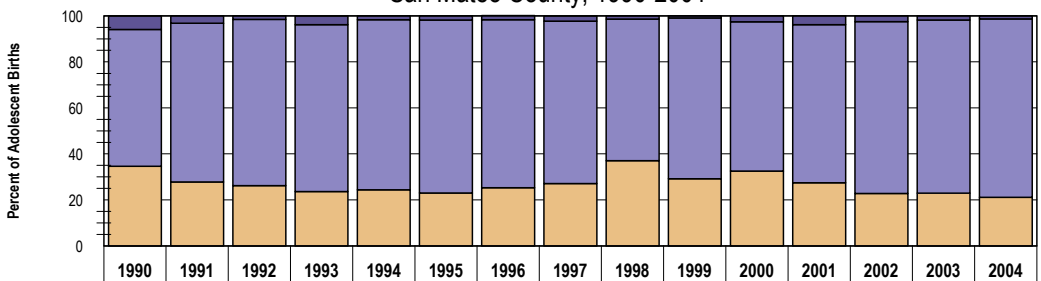
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Very Low Birthweight	1.2%	0.7%	1.9%	1.7%	0.3%	2.2%	1.8%	1.5%	2.4%	0.5%	1.6%	2.2%	0.6%	0.2%	0.3%
Low Birthweight	8.2%	8.3%	7.7%	5.7%	6.8%	9.7%	6.4%	5.6%	8.3%	10%	7.3%	4.3%	7.4%	5.4%	3.9%

Adolescents are defined as 17 years of age or younger
Low Birthweight: newborns weighing < 2500 grams or 5.5 pounds at birth (exclusive of very low birthweight)
Very Low Birthweight: newborns weighing < 1500 grams or 3.3 pounds at birth
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

- The principal source of payment for deliveries to adolescents in San Mateo County is Medi-Cal. The proportion of deliveries to adolescents paid for by Medi-Cal has *increased* (from 59.5% in 1990 to 77.6% in 2004). During this period the proportion of deliveries paid by private insurance/pre-paid plans and other sources declined.[457]

Principal Source of Payment for Deliveries to Adolescents

San Mateo County, 1990-2004



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Self-Pay/Other	5.8	3.2	1.5	3.7	1.7	1.8	1.8	2.2	1.4	0.9	2.6	3.8	2.5	1.8	1.3
Medi-Cal	59.5	69	72.3	72.6	73.9	75.2	73	70.6	61.6	69.9	64.9	68.8	74.7	75.3	77.6
Prepaid Plan/Private	34.6	27.8	26.2	23.6	24.4	23	25.3	27.1	37	29.2	32.5	27.4	22.8	22.9	21.1

Adolescents are defined as 17 years of age or younger; Pre-Paid includes health maintenance organizations and Blue Cross/Blue Shield; Other includes Medicare, worker's compensation, V (MCH funds), other governmental programs, no charge, other non-governmental programs, medically indigent, and unknown
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

SENIOR HEALTH

OVERVIEW

The proportion of adults aged 60 and older is expected to roughly double over the next four decades, and Hispanics and Asians are projected to increase their representation considerably in the older population. As the fastest-growing population segment, the health and social needs of older adults need greater attention.

Currently, more than one out of three area seniors lives alone, and nearly one out of five lives below the 200% poverty threshold. Further, seniors in San Mateo County report much higher prevalence of debilitating chronic conditions, such as arthritis, diabetes, heart disease, high cholesterol, high blood pressure, and chronic lung disease.

Demographic Overview

Population Growth & Makeup

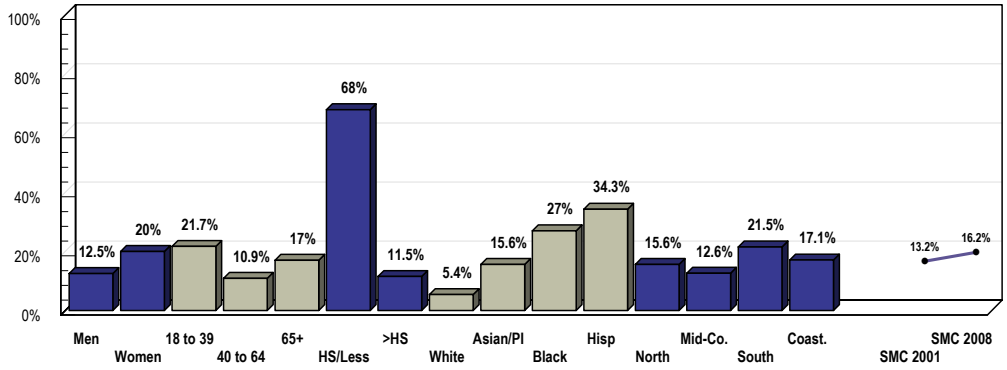
- The proportion of adults aged 60 and older is expected to roughly double over the next four decades. As of the 2000 census, there were 116,770 adults aged 60 and older in San Mateo County, representing 16.4% of the county's total population. By the year 2040, it is projected that the number of adults 60+ will increase to 237,062 or 28.7% of the county's total population.[458]

- Among the older population (60+), Hispanics and Asians are projected to increase their representation considerably over the coming decades (the older Hispanic population is projected to increase 423% from 11,613 in 2000 to 60,732 in 2040; the older Asian population is projected to increase 243% from 18,787 in 2000 to 64,408 in 2040).[459]

Low-Income Seniors

- A significant number of San Mateo County seniors have low incomes. Of the households surveyed in 2008, 17.0% of seniors reported household incomes below 200% of the federal poverty level. Note that this reflects only current household income, and does not reflect other assets.[460]

Adults Living Below 200% of the Federal Poverty Level

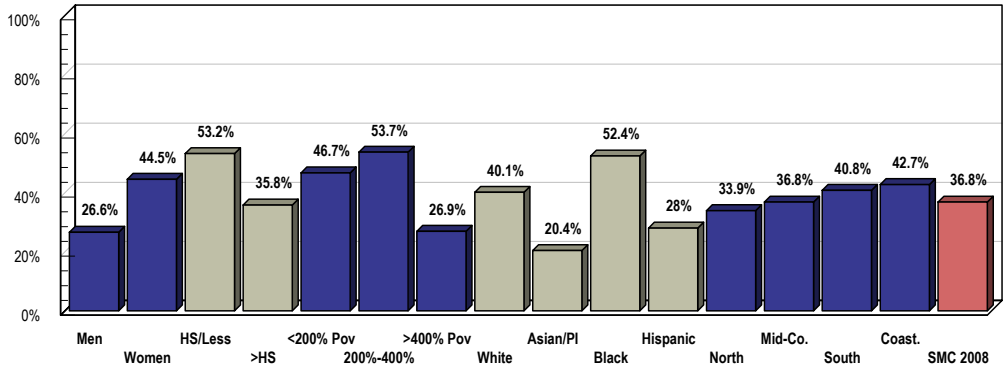


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent respondents living below 200% of the federal poverty level, according to reported incomes and household sizes.

Seniors Living Alone

- In the 2008 San Mateo County Health & Quality of Life Survey, 36.8% of responding seniors (aged 65 and older) lived alone. Note that greater shares of the following San Mateo County seniors live alone: women; those with high school or less education; those living below 400% of the Federal Poverty Level; White seniors; and Black seniors. Responses do not vary significantly by county area.[461]

Seniors Living Alone

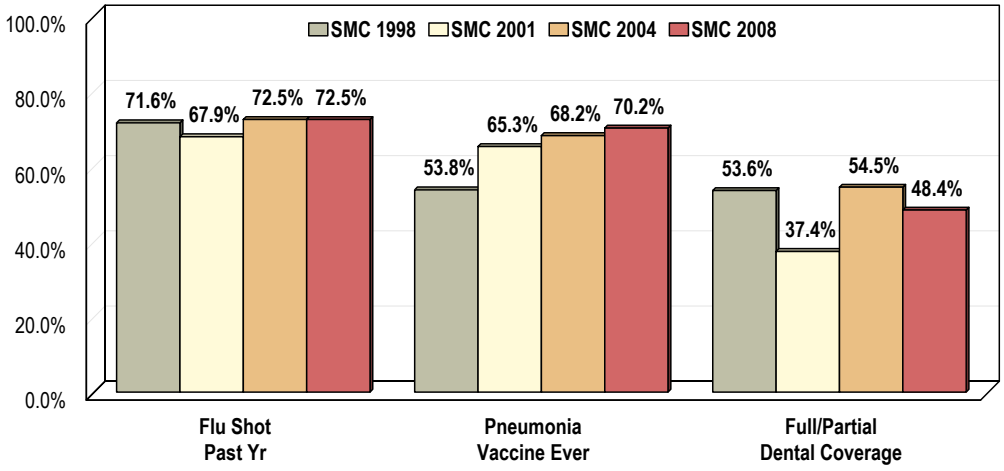


Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. 2007. (Professional Research Consultants).
Note: Reflects the percentage of respondents aged 65 and older who state that there is only one adult and no children living in the household.

Preventive Health Services

- Over nine out of 10 surveyed seniors (91.0%) have visited a doctor for a routine checkup in the past year (among those with a usual source of care). Further:
  - 72.5% say they have had a flu shot in the past year (Healthy People 2010 target is 90% or higher).
  - 70.2% say that they have had a pneumonia vaccine at some time in the past, *up significantly* since 1998 (Healthy People 2010 target is 90% or higher).
- Nearly one-half (48.4%) of seniors report that they have full or partial insurance coverage for dental care. This proportion is significantly higher than reported in 2001, but is statistically similar to 1998 and 2004 findings.

Preventive Health Services Among Seniors 65+



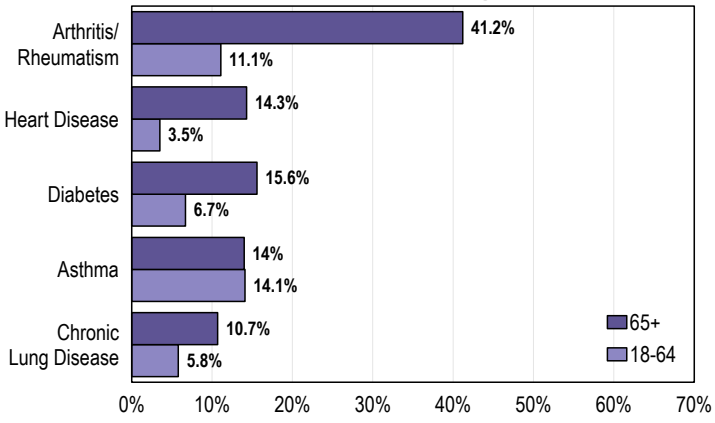
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Represents seniors aged 65 and older.

Chronic Illness

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

- 56.7% of seniors have been diagnosed with **high blood pressure**.[462]
- 54.3% of seniors have **high blood cholesterol** levels.[463]
- 41.2% of seniors currently suffer from **arthritis or rheumatism**.[464]
- 15.6% of seniors have **diabetes**.[465]
- 14.3% of seniors have **heart disease**.[466]
- 14.0% of seniors have **asthma**.[467]
- 10.7% of seniors have **chronic lung disease**.[468]

Prevalence of Chronic Illness, Seniors vs. Younger Adults

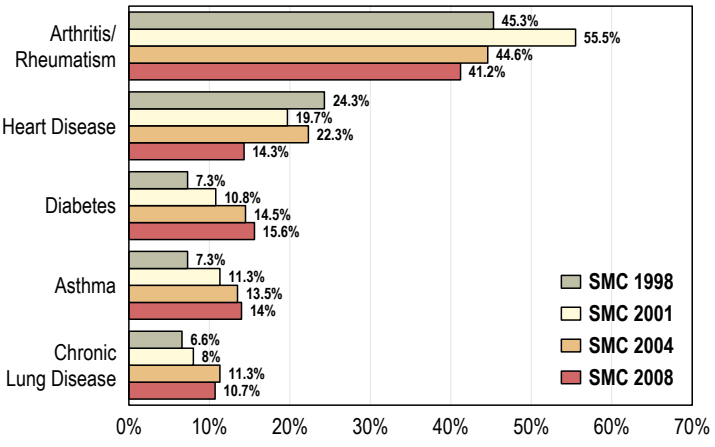


Source: 2008 San Mateo County Health/Quality of Life Survey (Professional Research Consultants), August 2007.

In comparing results among seniors with prior assessments:

- We see a *statistically significant trend in higher prevalence* of diabetes, asthma and chronic lung disease among San Mateo County seniors since 1998.[469]

Prevalence of Chronic Illness, Seniors



Source: 2008 San Mateo County Health/Quality of Life Surveys (Professional Research Consultants), August 2007.
Note: Represents adults aged 65+.

Mental Health

- 3.4% of seniors report that they have a history of mental illness, although 20.2% of seniors have experienced periods of depression lasting two or more years.[470]

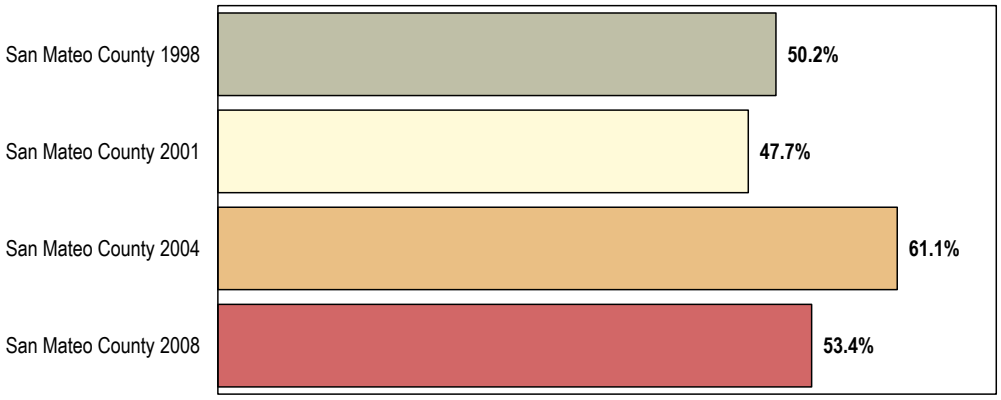
- 19.6% of seniors have sought help for a mental or emotional problem in the past.[471]

For more comparison data, see the "Mental Health" section.

Activity Limitations

- 53.4% of seniors report some type of impairment that limits their activities, *down significantly* from 2004 (although similar to 1998 and 2001 findings). Of those reporting an impairment, arthritis was most commonly identified, followed by walking problems, and neck or back problems.[472]

Limitations in Activities Due to Impairments or Health Problems Among Seniors (65+)



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Percentages represent adults aged 65+.

- Seniors report an average of 3.2 days in the preceding month on which pain has made it difficult for them to do their usual activities, such as self care, work or recreation (75.4% reported no days).[473]

Note: Other senior issues are addressed in the "Older Dependents" section.

MORTALITY

OVERVIEW

Area death rates are declining for many of the leading causes of death in San Mateo County and many remain below rates for the State of California. Many are also approaching the Healthy People 2010 targets. Despite this, there remain large disparities in death rates among races.

The actual causes of premature death are rooted in behavior that is strongly influenced by the environment in which people live. The environment is determined by public policy. It is estimated that as many as half of all premature deaths in the county are due to health risk behaviors such as poor diet a lack of exercise, tobacco use, alcohol use, etc. These risk behaviors are either increased or decreased by public policy. Family history and genetics are also strong and non-modifiable predictors of mortality.

Leading Causes of Death

- Heart disease and cancer are the leading causes of death in the county, accounting for 1,244 and 1,236 deaths in 2004, respectively. The third-leading cause of death was cerebrovascular disease, accounting for 384 deaths. Respiratory disease, pneumonia and influenza, and unintentional injuries were the fourth, fifth, and sixth leading causes of death, respectively.

  Since 1990, numbers of deaths attributable to heart disease, stroke, liver disease, AIDS, infectious disease, homicide and atherosclerosis all declined. Conversely, deaths attributable to respiratory disease, pneumonia and influenza, diabetes mellitus, Parkinson's disease, and Alzheimer's disease increased.[474]

Frequency of Deaths by Cause and Year

Leading and Selected Causes of Death, San Mateo County, 1990-2004

Rank	Cause of Death	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
1	Heart Disease	1,430	1,414	1,382	1,496	1,399	1,437	1,471	1,457	1,434	1,422	1,267	1,331	1,269	1,291	1,244
2	Cancer	1,250	1,266	1,282	1,218	1,237	1,297	1,278	1,217	1,320	1,263	1,280	1,236	1,227	1,222	1,236
3	Cerebrovascular Disease	482	447	459	500	494	490	519	485	475	495	471	449	428	407	384
4	Respiratory Disease	272	269	257	288	300	276	266	263	286	366	311	352	333	324	319
5	Pneumonia & Influenza	175	184	180	182	190	204	193	226	269	202	196	187	232	217	201
6	Unintentional Injury	170	132	148	150	141	166	142	150	121	154	145	133	160	185	170
7	Alzheimer's Disease	62	54	59	62	71	76	70	68	89	115	113	132	151	165	143
8	Diabetes Mellitus	59	57	68	73	89	100	96	99	119	110	103	94	100	114	80
9	Liver Disease	105	104	111	102	109	110	90	100	78	60	60	71	80	77	91
10	Suicide	66	73	79	90	67	87	78	62	78	64	53	51	41	70	64
11	AIDS	89	105	104	127	124	107	83	22	13	17	10	27	24	21	18
12	Infectious Disease	49	59	48	59	49	57	59	59	44	62	55	57	44	54	34
13	Parkinson's Disease	29	22	25	27	25	32	29	27	21	32	39	43	38	38	49
14	Homicide	40	47	49	40	33	44	21	30	30	22	14	20	22	29	29
15	Atherosclerosis	37	43	26	39	37	29	36	38	38	30	16	21	19	23	22

1990-1998 numbers have been adjusted to relevant comparability ratios
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

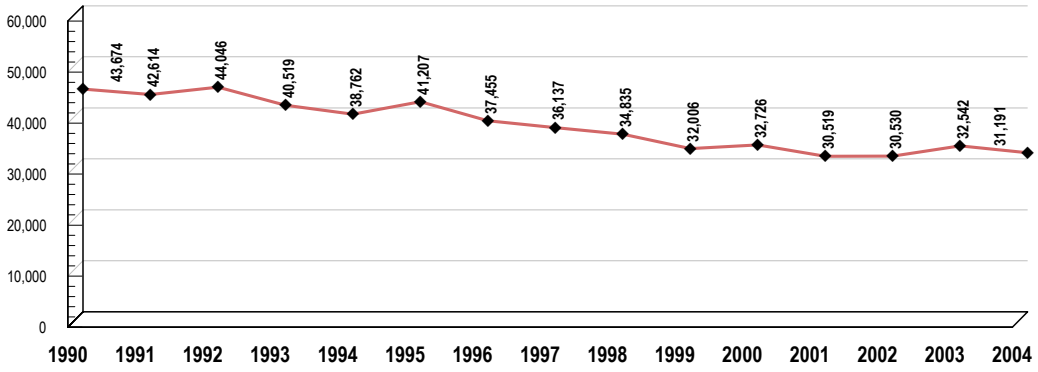
Years of Potential Life Lost

Years of potential life lost (YPLL) is an important indicator for the aggregate impact of early deaths on population dynamics and productivity. It is a measure, by death category, of the number years of life cut short, relative to the average life expectancy of the population (75 years was used for this report).[475]

- The total number of YPLL for all causes has declined from 43,674 in 1990 to 31,191 in 2004 in San Mateo County. [476]

Total Years of Potential Life Lost - All Causes

San Mateo County, 1990-2004



Years of potential life lost was calculated for life expectancy to age 75
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

- In 2004, cancer deaths accounted for 29.1% of all YPLL in the county, while heart disease accounted for 14.9%, and unintentional injuries accounted for 11.7%.[477]

Total Years of Potential Life Lost by Cause of Death

Selected Causes of Death, San Mateo County, 1990-2004

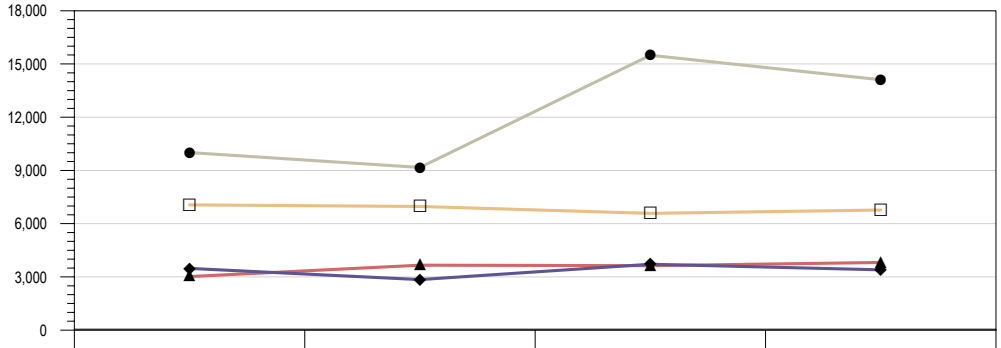
Cause of Death	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
All Causes	43,674	42,614	44,046	40,519	38,762	41,207	37,455	36,137	34,835	32,006	32,726	30,519	30,530	32,542	31,191
Cancer	10,790	10,785	10,765	9,561	10,177	10,089	10,064	9,466	10,233	8,828	8,589	8,389	9,545	9,058	9,076
Heart Disease	6,149	6,253	6,186	6,004	5,414	5,161	5,382	4,933	5,285	5,232	4,960	4,840	4,464	4,783	4,648
Unintentional Injury	5,518	4,175	5,006	4,064	3,862	4,658	3,956	3,631	2,944	3,863	3,640	3,166	3,873	4,097	3,657
Suicide	1,947	1,874	2,327	2,459	2,224	2,372	2,369	1,724	2,276	1,705	1,492	1,119	1,158	1,734	1,708
Liver Disease	1,704	1,914	1,725	1,718	1,857	1,640	1,458	1,508	1,109	832	943	1,011	1,222	1,180	1,452
Homicide	1,735	2,018	2,275	1,661	1,578	1,928	807	1,422	1,156	741	573	755	1,072	1,374	1,258
Cerebrovascular	1,255	1,289	1,276	1,528	1,056	1,359	1,268	1,187	1,321	1,248	1,341	1,044	867	903	1,142
Respiratory Disease	1,249	1,454	948	1,522	1,206	1,139	769	1,120	1,319	1,019	1,039	976	806	889	743
HIV/AIDS	2,758	3,192	3,453	4,060	4,050	3,314	2,666	752	417	466	351	762	672	616	569
Diabetes	565	477	520	525	497	775	647	486	753	700	644	625	554	551	535
Pneumonia & Influenza	631	536	595	902	543	793	633	860	876	555	667	331	492	513	300
Infectious Diseases	702	713	540	820	525	1,092	974	679	493	736	710	831	408	551	288

Years of potential life lost was calculated for life expectancy to age 75
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

- As shown in the chart below, in 2004, Blacks in San Mateo County experienced a rate of YPLL more than twice that of Whites, and roughly four times that of Asians or Hispanics.[478]

Rate of YPLL in San Mateo County by Race/Ethnicity

2001-2004



	2001	2002	2003	2004
White	7,056	6,973	6,578	6,769
Black/African American	10,008	9,170	15,485	14,111
Asian	3,475	2,845	3,707	3,397
Hispanic	3,025	3,663	3,631	3,810

Age-Adjusted Death Rates

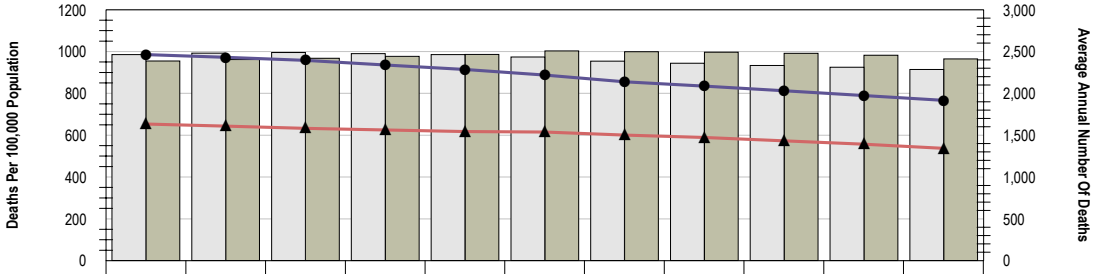
An age-adjusted rate is a summary measure that reflects what the overall rate of a disease or condition *would be* in a population *if that population were to have the same age distribution structure as the standard population*. The rationale for age-adjustment is to allow comparability of rates between different populations. When disease rates of different populations are adjusted to the same population standard, the rates can be compared directly to each other. Because age influences many health-related conditions and outcomes, and because different populations have different age structures, age-adjustment of disease occurrence is critical in most instances.[479]

Death Rate for All Causes

- The annual average San Mateo County age-adjusted death rate (all causes) declined from 794.1 between 1990 and 1994 to 636.3 between 2000 and 2004. The average annual male rate (766.2) during 2000-2004 was 42.8% greater than the female rate (536.6).[480]

Mortality by Gender

5-Year Moving Averages, San Mateo County, 1990-2004



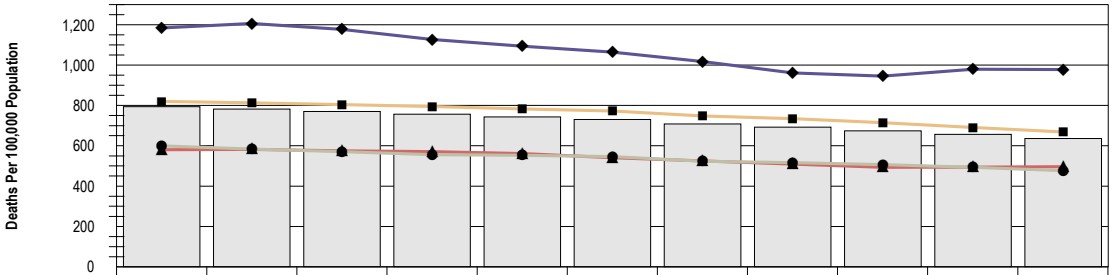
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
Overall Rate	794.1	782.4	770.4	756.5	743	730.7	708.1	692.5	674.5	656.7	636.3
Number Male	2,463	2,481	2,489	2,476	2,463	2,434	2,384	2,360	2,334	2,312	2,286
Rate Male	985.4	972.1	958.2	935.5	914.3	887.7	855.7	834.8	812.3	789.6	766.2
Number Female	2,387	2,405	2,420	2,442	2,465	2,508	2,497	2,492	2,478	2,456	2,411
Rate Female	653.6	643.3	633	625.2	617.6	615	600.3	588.8	573	556.5	536.6

Rates are age-adjusted and standardized to Year 2000 population
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

- Overall mortality rates differ by race/ethnicity. The five-year moving average mortality rate for Blacks has consistently remained higher than for other racial/ethnic groups. Still, between 1990-1994 and 2000-2004, the rate for Blacks declined 17.4%, compared with 20.5% for Asians, 18.4% for Whites, and 14.4% for Hispanics. The rates for Asians and Hispanics were similar in 2000-2004 and were significantly lower than rates for Blacks or Whites.[481]

Mortality By Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
All Races	794.1	782.4	770.4	756.5	743	730.7	708.1	692.5	674.5	656.7	636.3
Asian	599.8	583.8	571.4	555.8	552.9	546.4	523.8	516.6	506.4	493.5	476.9
Black	1,183.9	1,206.6	1,176.9	1,127.5	1,093.8	1,064.5	1,017.5	961.3	945.6	979.1	978.2
Hispanic	580.6	582.4	574.7	571.1	561.8	540.5	524.8	509.5	493.7	494.1	496.8
White	819.8	813.1	804.3	794.3	782.6	772.1	748.2	734.5	714.4	691.1	668.6

Rates are age-adjusted and standardized to Year 2000 population
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

Death Rates for Selected Causes

- The following chart further shows the 2002-2004 age-adjusted death rates for selected causes of death in San Mateo County, compared to statewide rates and Healthy People 2010 targets. In particular, note the following:[482]

  - San Mateo County death rates for most of these causes compare favorably to statewide rates, and many meet or are close to meeting many of the Healthy People 2010 targets.

  - The county's cancer rate (including female breast cancer) is similar to statewide rates and has yet to satisfy the Healthy People 2010 objective.

  - The county's stroke death rate is well above the Healthy People 2010 target, and ranks 27th among the state's 58 counties (with 1st being best).

  - The county's drug-related, firearm-related, suicide, and homicide death rates are all below statewide rates, but each has yet to satisfy the corresponding Healthy People 2010 target.

Age-Adjusted Death Rates by Selected Causes, 2002-2004

	San Mateo County	California	HP2010 Objective	Rank Among 58 CA Counties (1=Best)
All Cancers	164.6	164.1	158.6	18
Lung Cancer	39.4	41.8	43.3	9
Female Breast Cancer	23.1	22.8	21.3	32
Coronary Heart Disease	122.6	164.7	162.0	5
Stroke	52.7	52.4	50.0	27
Unintentional Injuries	22.2	29.3	17.1	4
Diabetes	13.1	21.3		7
Motor Vehicle Crashes	7.9	12.1	8.0	5
Suicide	7.8	9.4	4.8	6
Drug-Induced Deaths	6.8	10.0	1.2	8
Firearm Injuries	6.0	9.4	3.6	9
Homicide	4.0	6.7	2.8	29

Sources: County Health Status Profiles, 2006. Dept of Health Services and California Conference of Local Health Officers. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Million population. (Breast cancer rates are per 100,000 female population.)

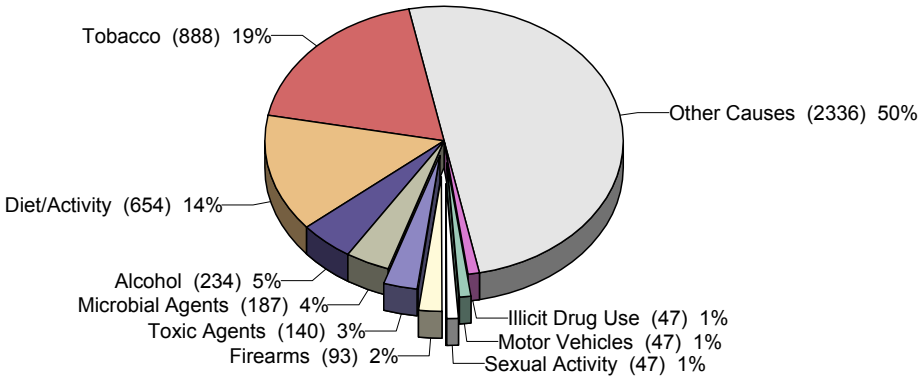
Actual Causes of Death

While the leading causes of death discussed previously indicate the primary pathophysiological conditions identified at the time of death, they do not speak to the root causes of death. Conditions causing death include a combination of hereditary and external factors such as risk behaviors and injuries. A model has been developed by the U.S. Department of Health and Human Services, as presented in the Journal of American Medical Association (McGinnis & Foege, 1993), to identify and quantify the major external (non-genetic) factors that contribute to death in the United States.[483]

- By applying this model to numbers of deaths, we can see that an annual average of approximately 888 persons died in San Mateo County each year between 2002 and 2004 because of **tobacco** use. Another 654 died each year due to **poor diet and/or lack of exercise**. Another 234 died because of **alcohol** use.[484]

Actual Causes of Death in San Mateo County

(Estimated Number of 2002-2004 Annual Average Deaths Presented in Parentheses)



Sources: 1. U.S. Department of Health and Human Services, as Presented in the Journal of American Medical Association (McGinnis & Foege, 1993).
2. County Health Status Profiles 2006. California Department of Health Services and California Conference of Local Health Officers.

CANCER

OVERVIEW

Cancers are a leading cause of death in San Mateo County. Lung cancer is by far the leading cause of cancer death, followed by colorectal cancer, female breast cancer and prostate cancer. Area incidence and mortality rates vary dramatically by race/ethnicity, with Blacks generally having the highest mortality rates.

In terms of risk-reduction, one in ten San Mateo County respondents is classified as a "current" smoker, similar to 2004 and 2001 findings, but significantly below levels recorded in the initial 1998 assessment. And, while not nearly enough residents have adequate fruit/vegetable consumption, this appears to be improving.

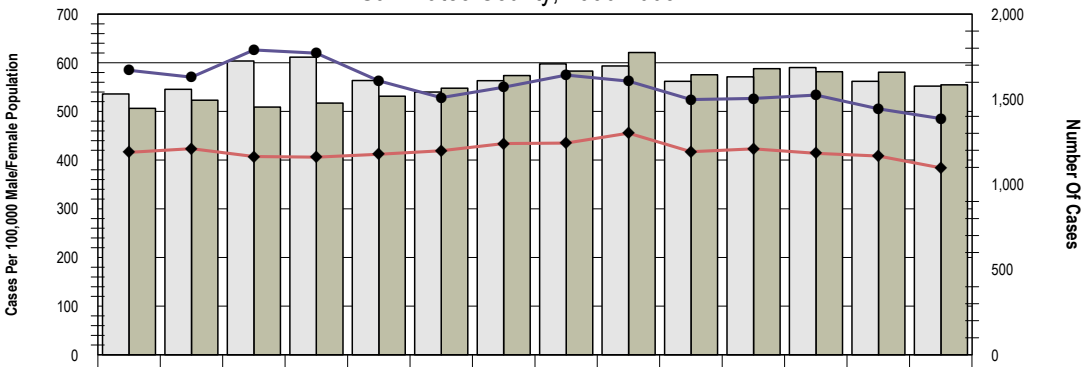
Cancer Rates

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

Cancer Incidence

- The incidence rate of all types of cancer in decreased significantly by 11.3% from 478.2 in 1990 to 424.0 in 2003. In the county and nationwide, the rate of cancer has remained consistently higher in males than in females.[485]

Incidence of Cancer by Gender (All Cancer Sites)
San Mateo County, 1990-2003



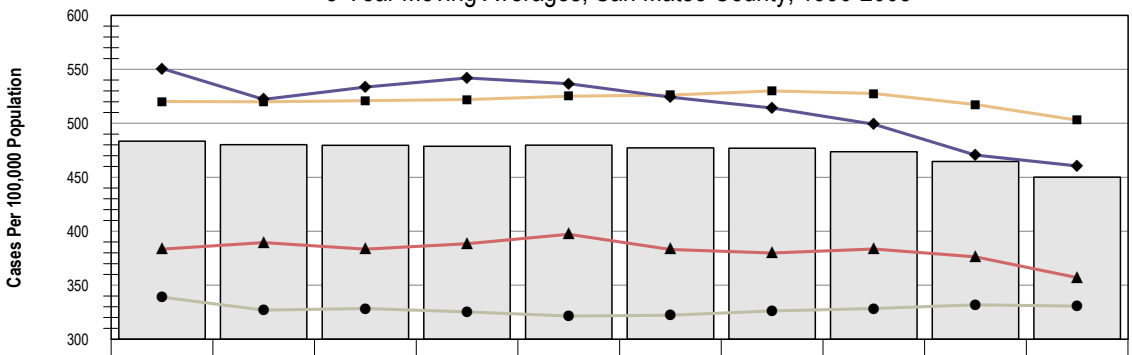
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
All Cases	478.2	480.8	493.8	492.4	471.9	462.3	477.8	489.5	497	459.2	461.6	461.2	444.4	424
Number Male	1,531	1,559	1,725	1,747	1,610	1,542	1,609	1,708	1,695	1,605	1,631	1,686	1,605	1,577
Rate Male	584.6	570.4	626.3	619.7	562.9	528.2	549.6	574.8	562.1	524.5	526.6	533.6	505.2	485.2
Number Female	1,447	1,495	1,454	1,477	1,518	1,565	1,639	1,666	1,774	1,644	1,680	1,662	1,659	1,585
Rate Female	416	423.5	407.5	406	412.2	419.2	434.1	435.2	455.4	417.1	423	414	408.5	384

Rates are age-adjusted and standardized to Year 2000 population. Only invasive cancers (not *in situ*) are counted in the incidence calculation.
Source Data: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov)
SEER*Stat Database: Incidence - SEER 17 Regs Public-Use, Nov 2005.

- The incidence of cancer has consistently been significantly lower among Asians compared to other race/ethnicities. More recently, the highest rates of cancer occurred among Whites, followed by Blacks and Hispanics. The incidence rate of cancer remained stable for all race/ethnicities except among Blacks. In Blacks the incidence rate decreased significantly by 16.4% from 550.8 in 1990-1994 to 460.5 in 1999-2003.[486]

Incidence of Cancer by Race/Ethnicity (All Cancer Sites)

5-Year Moving Averages, San Mateo County, 1990-2003



	'90-94	'91-95	'92-96	'93-97	'94-98	'95-99	'96-00	'97-01	'98-02	'99-03
All Races	483.4	480.3	479.6	478.8	479.7	477.2	477	473.7	464.7	450.1
Asian	338.9	327	328.4	325.3	321.5	322.2	326.2	328.4	331.9	330.6
Black	550.8	522.2	533.6	542	536.7	524.2	514.1	499.1	470.6	460.5
Hispanic	383.4	389.5	383.4	388.5	397.2	383.2	379.9	383.6	376.4	357.1
White	520.3	519.9	521	522	525.2	526.2	530	527.7	517.4	502.9

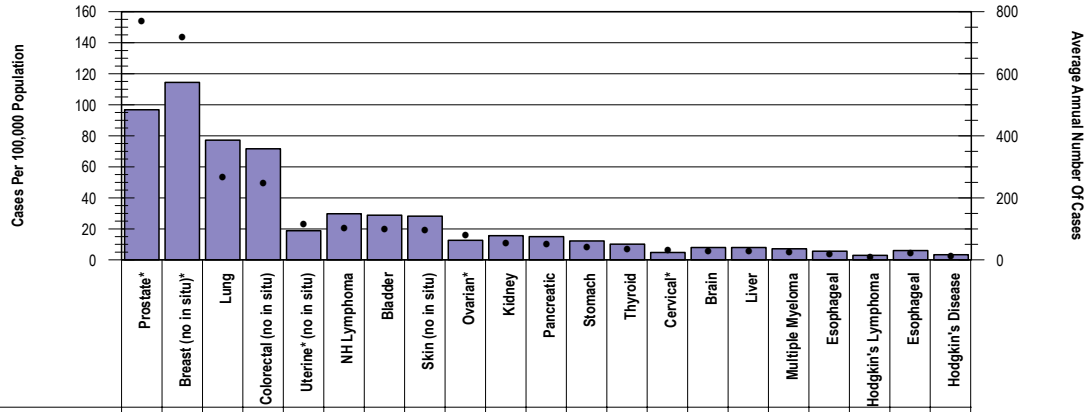
Rates are age-adjusted and standardized to Year 2000 population. Only invasive cancers (not *in situ*) are counted in the incidence calculation.
Source Data: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov)
SEER*Stat Database: Incidence - SEER 17 Regs Public-Use, Nov 2005.

Most Common Types Of Cancers

- From 1990-2003 the four most prevalent cancers were female breast, prostate, lung, and colon/rectum. Breast cancer was the most prevalent and had the highest incidence rate. From 1999-2003 the breast cancer incidence rate was 143.8 (females only). Prostate cancer was the second-most prevalent and the incidence rate among males was 154.2. Lung and colorectal cancers were the third- and fourth-most prevalent, with incidence rates of 53.7 and 49.4, respectively. The fifth most common cancer was Non-Hodgkin's Lymphoma (20.5).[487]

Prevalence of Cancer by Selected Cancer Type

Cumulative Data, San Mateo County, 1999-2003



	Prostate*	Breast (no in situ)*	Lung	Colorectal (no in situ)	Uterine* (no in situ)	NH Lymphoma	Bladder	Skin (no in situ)	Ovarian*	Kidney	Pancreatic	Stomach	Thyroid	Cervical*	Brain	Liver	Multiple Myeloma	Esophageal	Hodgkin's Lymphoma	Esophageal	Hodgkin's Disease
Cumulative Cases	2,419	2,860	1,928	1,788	469	746	721	705	316	391	375	306	255	122	200	202	182	140	75	335	192
Average Annual Number	484	572	386	358	94	149	144	141	63	78	75	61	51	24	40	40	36	28	15	30	17
Rate	154.2	143.8	53.7	49.4	23.5	20.5	20.1	19.1	16.1	10.7	10.4	8.5	6.9	6.3	5.6	5.5	5	3.9	2.2	4.3	2.4

Rates are age-adjusted, standardized to Year 2000 population, and are cumulative for the five-year period 1999-2003
*Sex-specific counts and rates are shown for cancers affecting only males or only females (or female breast cancer)
Source Data: Surveillance, Epidemiology, and End Results (SEER) Program SEER*Stat Database: Incidence - SEER 17 Regs Public-Use, Nov 2005

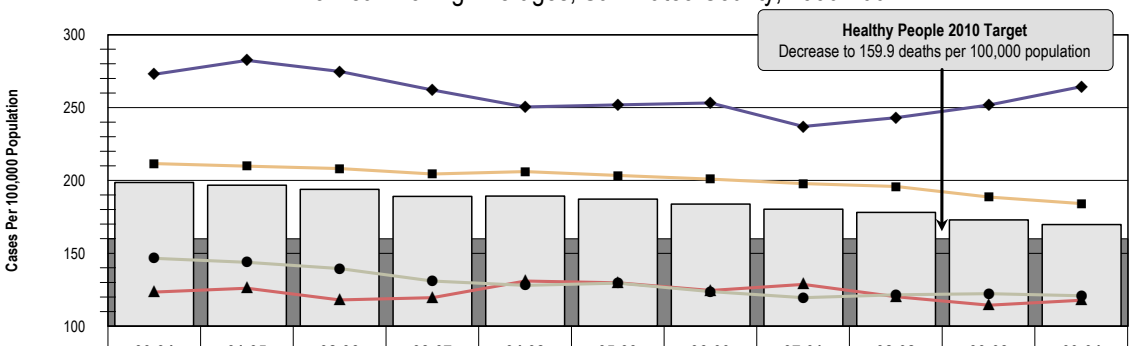
Cancer Deaths

- Overall cancer mortality rates in San Mateo County declined slightly from 1990-1994 to 2000-2004. The mortality rates in San Mateo County remain higher than the Healthy People 2010 target of 159.9, but they are anticipated to reach the target by 2010.

- Since 1990-1994, cancer mortality was highest in the Black population, followed by the White population. Cancer mortality rates remain lowest in the Hispanic and Asian population. The only significant increase or decrease in cancer mortality rates in recent years is the increase in cancer mortality rates among Blacks, 11.6%, from 237.0 in 1997-2001 to 264.4 in 2000-2004.

Cancer Mortality by Race/Ethnicity (All Cancer Sites)

5-Year Moving Averages, San Mateo County, 1990-2004



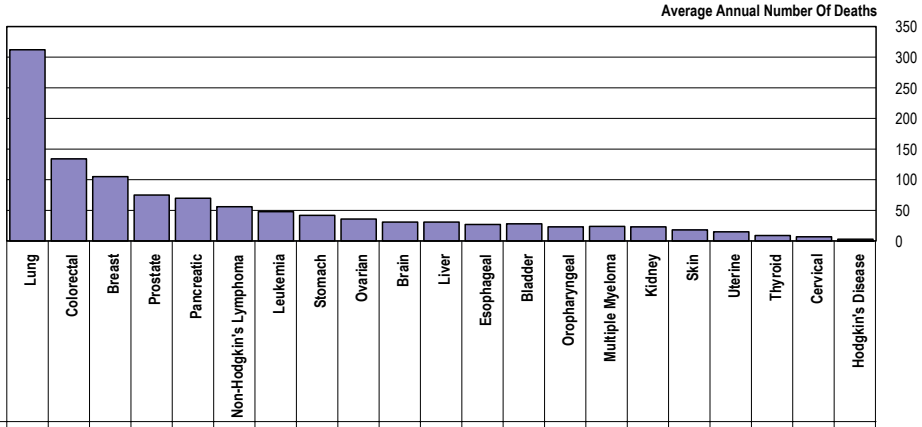
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
All Races	198.6	196.7	193.9	189	189.2	187.2	183.8	180.3	178	172.9	169.7
Asian	146.5	143.8	139.5	131	128	129.5	123.7	119.6	121.5	122.2	120.9
Black	272.8	282.4	274.8	262	250.4	251.9	253.2	237	243	251.7	264.4
Hispanic	123.4	126	118	119.6	131	129.7	124.5	128.6	120.2	114.4	117.8
White	211.5	209.8	208.1	204.4	206	203.4	200.9	197.8	195.8	188.6	184.1

Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 1.0068
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

- The largest cause of cancer death from 1990-2004 was lung cancer, with an annual average number of 312 deaths during this time. The second-largest cause of cancer death was colorectal cancer (134 annual average deaths during 1990-2004), followed by breast cancer (105) and prostate cancer (75).[488]

Cancer Mortality by Selected Cancer Type

Cumulative Data, San Mateo County, 1990-2004



	Lung	Colorectal	Breast	Prostate	Pancreatic	Non-Hodgkin's Lymphoma	Leukemia	Stomach	Ovarian	Brain	Liver	Esophageal	Bladder	Oropharyngeal	Multiple Myeloma	Kidney	Skin	Uterine	Thyroid	Cervical	Hodgkin's Disease
Cumulative Cases	4,686	2,008	1,579	1,121	1,051	835	714	626	539	465	469	410	415	344	362	349	275	227	131	104	50
Average Annual Number	312	134	105	75	70	56	48	42	36	31	31	27	28	23	24	23	18	15	9	7	3

Rates are age-adjusted, standardized to Year 2000 population, and are cumulative for the five-year period 2000-2004; 1990-1998 numbers and rates have been adjusted to relevant comparability ratios; per 100,000 population

*Sex-specific counts and rates are shown for cancers affecting only males or only females(or female breast cancer)

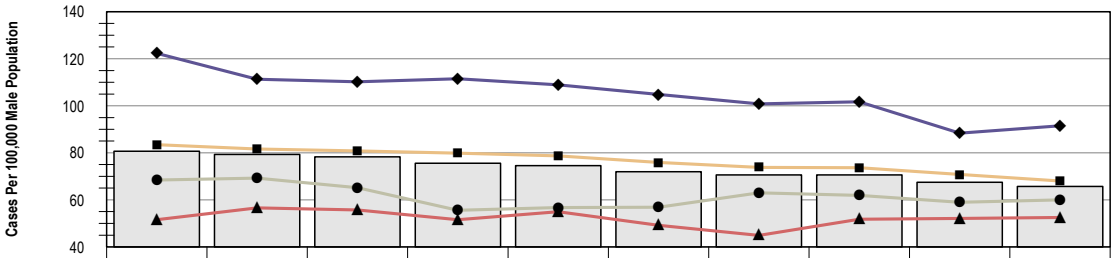
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

Lung Cancer Incidence

- The overall incidence rate of lung cancer for 1999-2003 was 53.7 and the rate in males was significantly higher than in females; however, incidence rates have declined more dramatically in males in recent years. [489]

Incidence of Male Lung Cancer by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2003



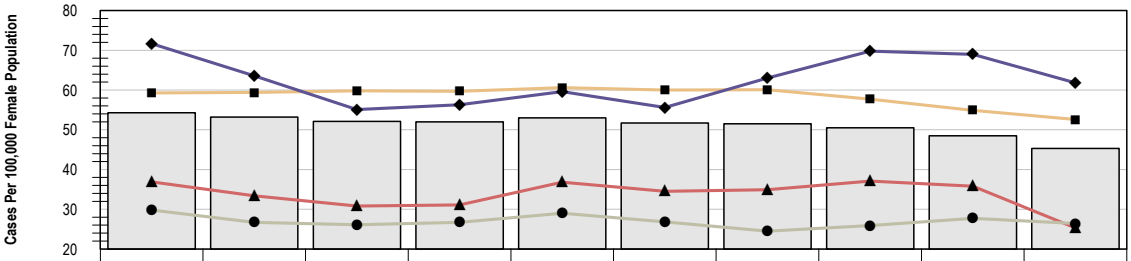
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03
All Races	80.7	79.3	78.3	75.6	74.6	72	70.6	70.6	67.5	65.7
Asian	68.4	69.3	65.2	55.6	56.7	56.9	63	61.9	59	60
Black	122.3	111.3	110.2	111.5	108.9	104.8	100.8	101.7	88.4	91.5
Hispanic	51.6	56.6	55.7	51.6	55	49.2	44.9	51.8	52.1	52.5
White	83.5	81.6	80.8	79.9	78.7	75.9	73.8	73.7	70.8	68

Rates are age-adjusted and standardized to Year 2000 population. Only invasive cancers (not *in situ*) are counted in the incidence calculation.
Source Data: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov)
SEER*Stat Database: Incidence - SEER 17 Regs Public-Use, Nov 2005

- Among males the lowest rates of lung cancer were in Asians and Hispanics. Black males consistently had much higher incidence rates than White males.[490]

Incidence of Female Lung Cancer by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2000



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03
All Races	54.3	53.2	52.1	52	53	51.7	51.5	50.5	48.5	45.3
Asian	29.8	26.7	26.1	26.7	29	26.8	24.5	25.9	27.7	26.4
Black	71.7	63.6	55.1	56.3	59.6	55.6	63	69.8	69	61.8
Hispanic	36.9	33.4	30.8	31.1	36.8	34.5	34.9	37.1	35.8	25.3
White	59.3	59.4	59.8	59.7	60.6	60	60.1	57.7	54.9	52.6

Rates are age-adjusted and standardized to Year 2000 population. Only invasive cancers (not in situ) are counted in the incidence calculation.
Source Data: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov)
SEER*Stat Database: Incidence - SEER 17 Regs Public-Use, Nov 2005

- Among females the lowest rates of lung cancer were in Asians and Hispanics. In recent years Black females have exhibited an overall significant increase in lung cancer incidence, with rates remaining higher than White females in recent years.[491]

Tobacco Use

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.[492]

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]… If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least $50 billion per year [other sources estimate more than $75 billion in 1998 (about 8% of the personal health care expenditures in the U.S.)]; direct medical costs related to smoking during pregnancy are approximately $1.4 billion per year.[493]

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.[494]

Further note:

- Estimated proportion of deaths attributable to smoking in San Mateo County in 2003-2004: 25.0%* [495]
- Costs of tobacco use: [496]
  - Average retail price of a pack of cigarettes in California (taxes included): $4.34
  - California state cigarette and sales taxes per pack: $1.16
  - Smoking attributable medical costs in California per pack of cigarettes sold: $15.10

* Use caution when interpreting smoking-attributable mortality. Smoking-attributable mortality estimates are based on self-reported smoking prevalence and deaths from smoking-related diseases from the 2004 San Mateo County Health Quality of Life Survey and 2004 San Mateo County vital statistics death data, respectively.

Smoking-attributable deaths of people younger than 35 were not included.

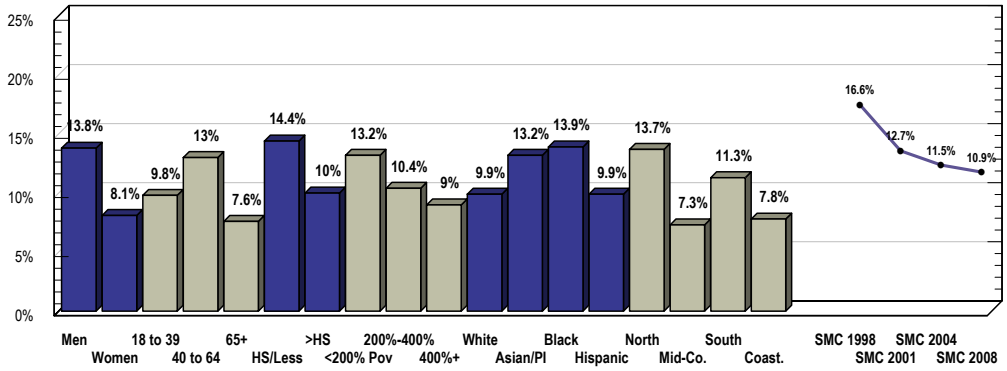
Source of formulae: Tanuseputro P, Manuel DG, Schultz SE and Colleagues (2005): Improving Population Attributable Fraction Methods: Examining Smoking-attributable Mortality for 87 Geographic Regions in Canada. American Journal of Epidemiology 161:8 pg 787.

Source of Relative Risk of smoking-attributable mortality: CPS–II(82-88) Smoking and Tobacco Control Monograph 8. Bethesda, MD: US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute 1997; 305–382. NIH Publication no. 97–1213.

Tobacco is the single-most important preventable cause of death in the United States. Tobacco is one of the leading non-genetic external risk behaviors, and is a major risk factor for numerous heart and lung diseases and cancers. Note the following findings of the 2008 San Mateo County Health & Quality of Life Survey:

- A total of 10.9% of San Mateo County respondents are classified as "current" smokers (meaning that they have smoked at least 100 cigarettes in their lifetime, and they currently smoke). This is similar to 2001 and 2004 findings, but remains significantly lower than found in 1998. However, smoking prevalence remains comparatively higher in certain populations, including: men (13.8%), middle-aged adults (13.0%), those with a high school education or less (14.4%), those at the lowest income level (13.2%), and respondents living in the North County and South County areas (13.7% and 11.3%, respectively).[497]

Current Smoker



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Includes regular and occasional smokers (everyday and some days).
2. Asked of all respondents.

  - Among current smokers, 95.4% say they smoke 20 cigarettes (1 pack) or fewer per day, while 4.6% smoke more than a pack a day.[498]
  - Current smokers report smoking an average of 10.5 cigarettes per day.[499]
  - 44.3% of current smokers report that their physician or other health care provider has referred them to a program to help them quit smoking.[500]

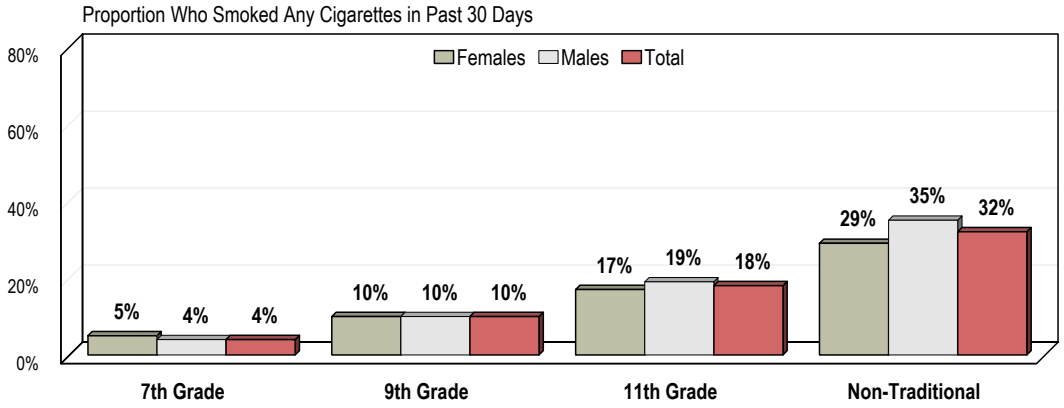
- Of all respondents, 8.8% report that they or another member of their household currently smokes in their home (*lower* than 1998 findings).[501]

- A total of 4.0% of respondents report use of cigars, pipes, chewing tobacco or snuff (similar to 2004 findings).[502]

Cigarette Smoking Among Adolescents

From the 2005-06 San Mateo County Healthy Kids Survey, 4% of 7th graders, 10% of 9th graders and 18% of 11th graders report having smoked any cigarettes in the past month. Among traditional students, smoking appears to increase with age and no statistical difference is seen among boys and girls. Non-traditional students (32%) are more likely to engage in cigarette smoking in the past month, including one in three (35%) boys. [503]

Cigarette Smoking Among Adolescents by Gender, San Mateo County 2005-2006



Source: San Mateo County Healthy Kids Survey 2005-2006.
http://www.wested.org/cs/chks/view/chks_results/3?x-layout=reports

See also "Heart Disease & Stroke" and "Addictions & Substance Abuse."

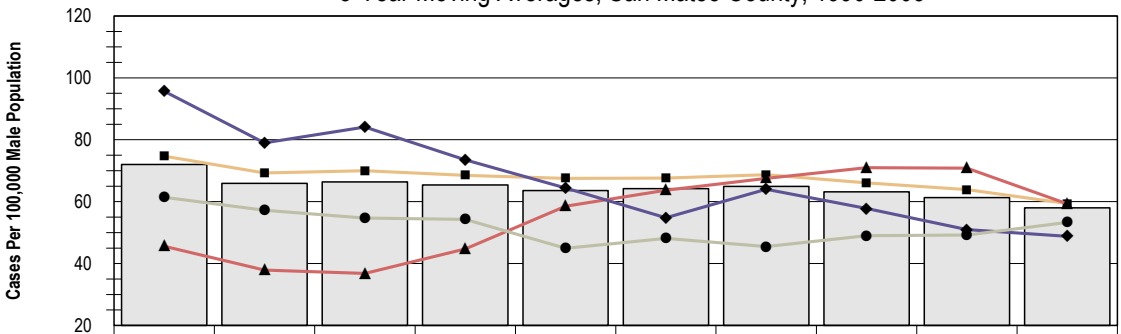
Colorectal Cancer Incidence & Mortality

- The colorectal cancer rate in males was significantly higher than in females in San Mateo County in 1999-2003.

- Asian and Black males had a significantly lower rate of colorectal cancer when compared to Hispanic and White males. The rate of colorectal cancer in Hispanic males appears to have increased in the past five years, but this trend may be more related to the low incidence of cases rather than an increase in cases in more recent years.[504]

Incidence of Male Colorectal Cancer by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2003



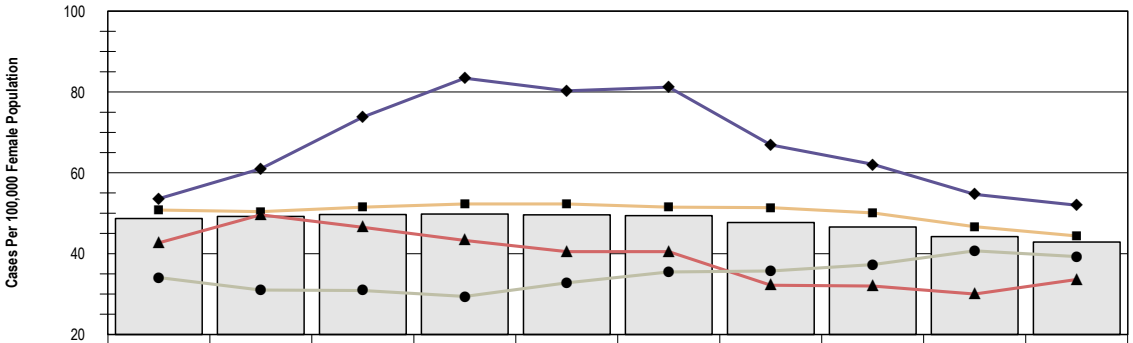
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03
All Races	72	65.9	66.4	65.4	63.6	64.2	64.9	63.2	61.3	58
Asian	61.4	57.2	54.7	54.3	44.9	48.1	45.5	49	49.2	53.3
Black	95.7	79	84.1	73.5	64.4	54.8	64	57.8	51	48.8
Hispanic	45.6	37.9	36.8	44.7	58.5	63.7	67.5	71	70.8	59.3
White	74.7	69.3	70	68.5	67.5	67.6	68.7	66.1	63.9	59.4

Rates are age-adjusted and standardized to Year 2000 population. Only invasive cancers (not in situ) are counted in the incidence calculation.
Source Data: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov)
SEER*Stat Database: Incidence - SEER 17 Regs Public-Use, Nov 2005

- From 1990 to 2004 the highest rates of colorectal cancer in females were in Blacks and Whites, while lower rates occurred in the Asian population and in the Hispanic population. Statistically significant differences were observed between the Black and White female colorectal cancer populations and the Hispanic and Asian female colorectal cancer populations.[505]

Incidence of Female Colorectal Cancer by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2003



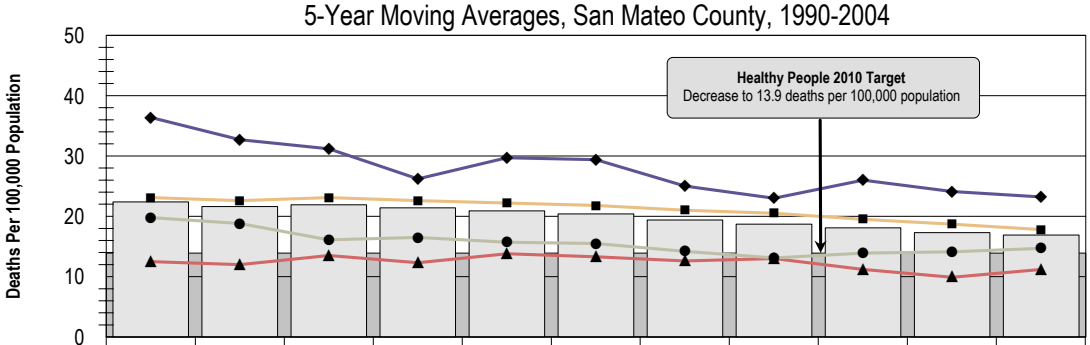
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03
All Races	48.7	49.2	49.7	49.8	49.6	49.4	47.7	46.6	44.2	42.9
Asian	34.1	31	30.9	29.4	32.8	35.5	35.7	37.3	40.7	39.3
Black	53.6	61	73.8	83.4	80.3	81.2	66.9	62.1	54.7	52
Hispanic	42.7	49.6	46.5	43.3	40.5	40.5	32.2	32	30	33.6
White	50.8	50.4	51.5	52.3	52.3	51.5	51.4	50.1	46.7	44.4

Rates are age-adjusted and standardized to Year 2000 population. Only invasive cancers (not in situ) are counted in the incidence calculation.
Source Data: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov)
SEER*Stat Database: Incidence - SEER 17 Regs Public-Use, Nov 2005

- Overall colorectal cancer mortality rates declined significantly from 22.4 in 1990-1994 to 16.9 in 2000-2004, a trend also observed nationally. Asians and Hispanics had the lowest colorectal cancer mortality rates, and Blacks and Whites had the highest rates. Only the colorectal cancer mortality rates for Hispanics satisfy the Healthy People 2010 objective (13.9).[506]

Colorectal Cancer Mortality By Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
All Races	22.4	21.6	21.9	21.4	20.9	20.4	19.4	18.7	18.1	17.3	16.9
Asian	19.8	18.8	16.1	16.5	15.7	15.5	14.2	13.1	13.9	14.1	14.7
Black	36.4	32.7	31.2	26.2	29.7	29.4	25	23	26	24.1	23.2
Hispanic	12.5	12	13.5	12.3	13.8	13.3	12.6	13	11.2	9.9	11.2
White	23.1	22.6	23.1	22.6	22.2	21.8	21	20.5	19.5	18.7	17.8

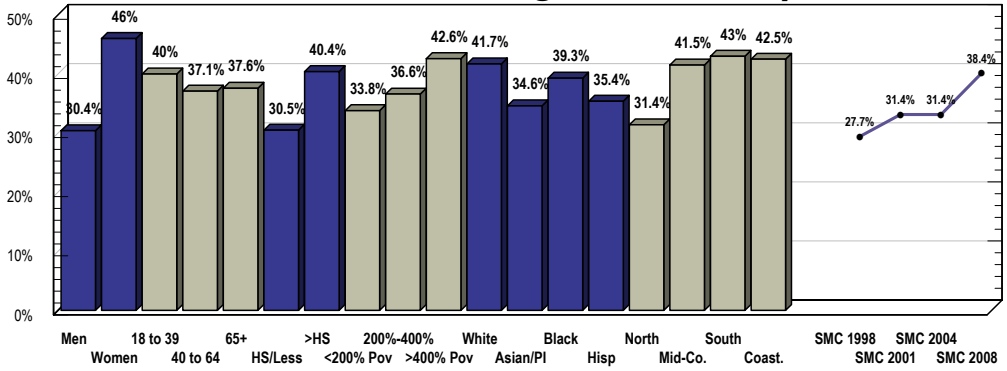
Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 rates have been adjusted to compaaibility ratio 0.9993
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

Nutrition

- Survey respondents report eating an average of 4.19 servings of fruits (2.12 servings) and vegetables (2.07 servings) per day, well below the recommended five daily servings. Only 38.4% eat the recommended level (much higher than previous findings).[507]

  — Note that men, persons with a high school education or less, Asians, Hispanics, and North County residents report among the lowest fruit/vegetable consumption.[508]

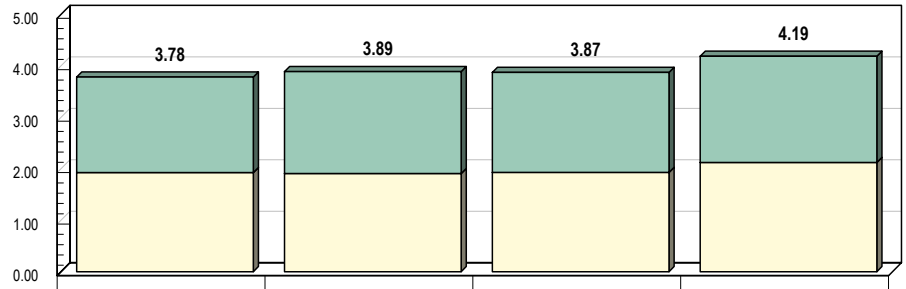
Eat Five or More Servings of Fruits and/or Vegetables Per Day



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Note that the average numbers of servings of fruits and vegetables in the diets of San Mateo County adults have increased since 1998.[509]

Average Number of Servings of Fruits and Vegetables Per Day

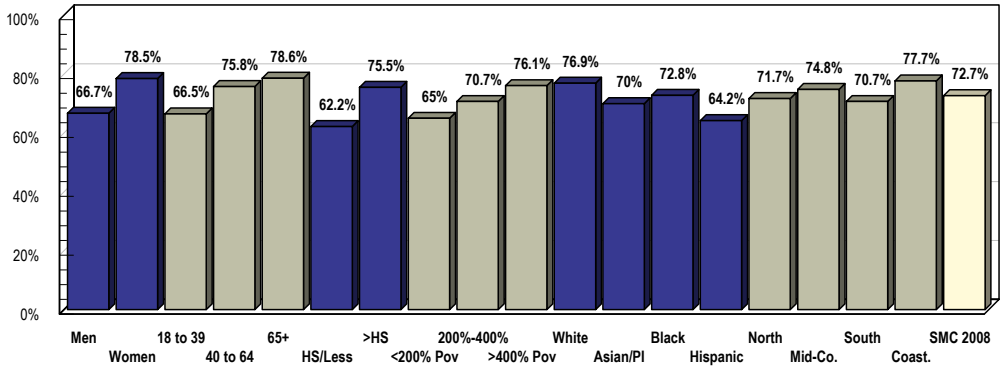


	SMC 1998	SMC 2001	SMC 2004	SMC 2008
Vegetables	1.86	1.98	1.94	2.07
Fruits	1.93	1.91	1.93	2.12

Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Three in four (72.7%) of area residents report generally using food labels to help make decisions about what foods to select. This proportion is higher among women, adults 40 and older, those with higher educational and income levels, Whites and Coastside residents.[510]

Use Food Labels to Make Decisions Which Food to Select

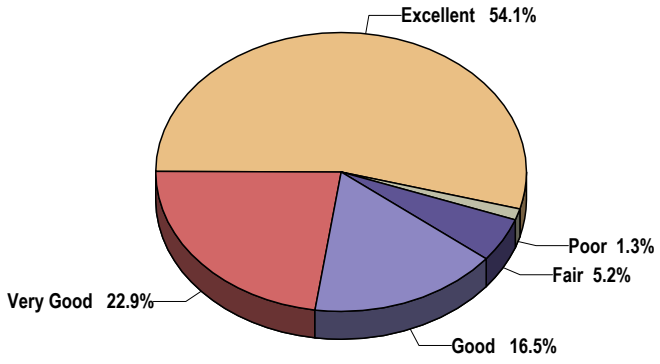


Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. 2007. (Professional Research Consultants).

Ease of Access to Affordable Fresh Fruits & Vegetables

- Overall, 77.0% of San Mateo County survey respondents rate the ease of accessing affordable fresh fruits and vegetables as "excellent" or "very good." Another 16.5% rate it as "good."[511]

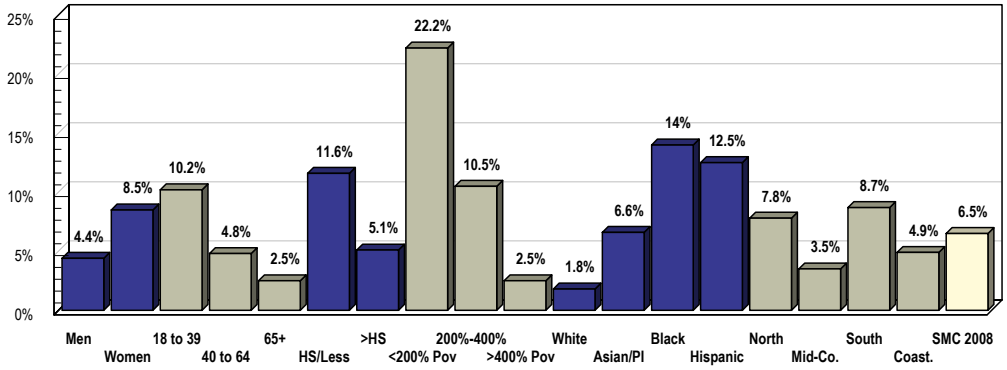
Access to Affordable Fresh Fruits and Vegetables



Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 2007.

- In contrast, 6.5% of respondents believe that access to affordable fresh fruits and vegetables is "fair" or "poor." Higher "fair/poor" evaluations are noted among women, young adults, persons with a high school education or less, those living below the 200% poverty threshold, Blacks, Hispanic respondents, and residents living in the North County and South County regions.[512]

Access to Affordable Fresh Fruits and Vegetables Is "Fair/Poor"



Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).
Note: Percentages represent combined "fair" or "poor" responses.

See also "Heart Disease & Stroke."

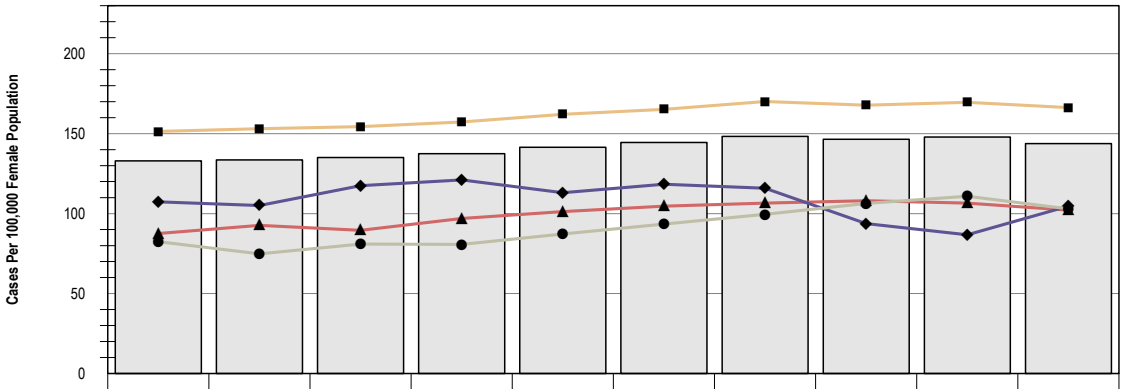
Female Breast Cancer

Female Breast Cancer Incidence

- The overall rate of female breast cancer increased significantly by 8.1% from 133.0 between 1990-1994 to 143.8 between 1999-2003. This increase was mostly attributable to increased rates in White females from 151.4 between 1990-1994 to 166.3 between 1999-2003. San Mateo incidence rates were lowest in Asian, Hispanic, and Black females.[513]

Incidence of Female Breast Cancer by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2003



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03
All Races	133	133.6	135.1	137.5	141.5	144.5	148.3	146.5	147.9	143.8
Asian	82.5	74.9	81	80.7	87.2	93.4	99.5	106.4	110.9	103
Black	107.4	105.1	117.5	121.1	113	118.4	115.9	93.8	86.8	104.6
Hispanic	87.5	92.7	89.6	97	101.2	104.6	106.6	108	106.6	102.2
White	151.4	153.1	154.4	157.3	162.1	165.2	170.1	167.8	169.6	166.3

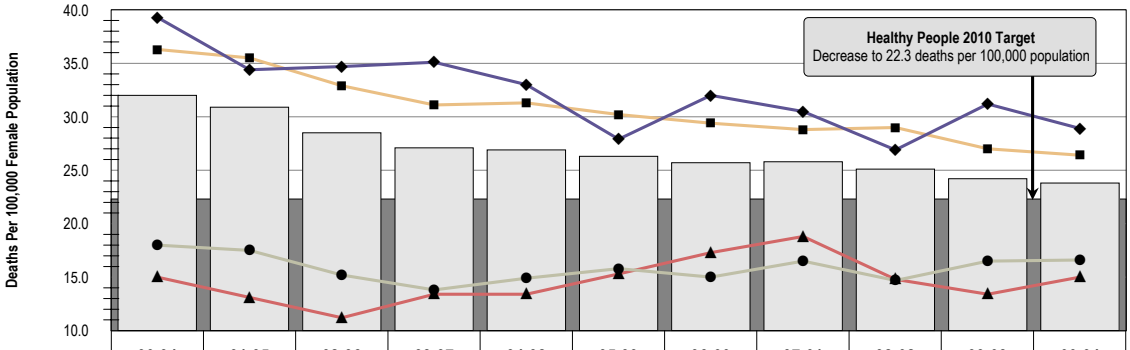
Rates are age-adjusted and standardized to Year 2000 population. Only invasive cancers (not in situ) are counted in the incidence calculation.
Source Data: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov)
SEER*Stat Database: Incidence - SEER 17 Regs Public-Use, Nov 2005

Female Breast Cancer Deaths

- The Healthy People 2010 target for female breast cancer mortality is 22.3 deaths from a baseline of 27.9 female breast cancer deaths in 1998. From 2000-2004, the average county mortality rate due to female breast cancer was 23.8. Overall, the mortality rate declined by 25.6% from 32.0 in 1990-1994 to 23.8 in 2000-2004. The highest average rates (2000-2004) were in White females and Black females, conversely the lowest average rates were among Hispanic and Asian females. San Mateo County is likely to reach the Healthy People 2010 objective by 2010.[514]

Female Breast Cancer Mortality by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
All Races	32.0	30.9	28.5	27.1	26.9	26.3	25.7	25.8	25.1	24.2	23.8
Asian	18.0	17.5	15.2	13.8	14.9	15.8	15.0	16.5	14.7	16.5	16.6
Black	39.3	34.4	34.7	35.1	33.0	27.9	32.0	30.5	26.9	31.2	28.9
Hispanic	15.0	13.1	11.2	13.4	13.4	15.3	17.3	18.8	14.8	13.4	15.0
White	36.3	35.5	32.9	31.1	31.3	30.2	29.4	28.8	29.0	27.0	26.4

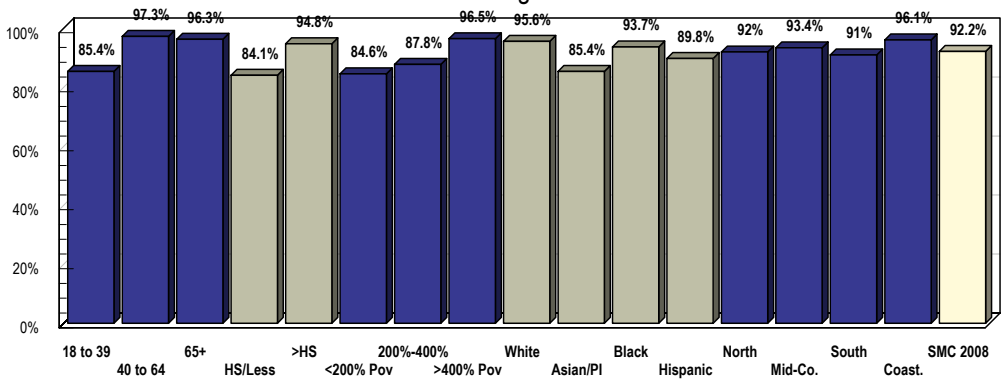
Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 rates have been adjusted to comparability ratio 1.0056
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

Breast Self Exams

- In the 2008 San Mateo County Health & Quality of Life Survey, 92.2% of women know how to perform a breast self exam. Awareness is highest among women 40 and older, those at higher education and income levels, Whites, and Coastside women.[515]

Know How to Perform a Breast Self Exam

Among Women



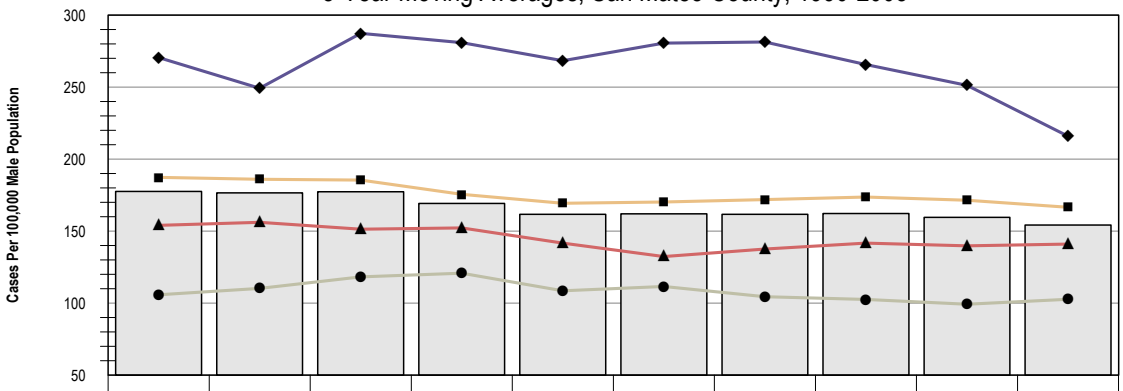
Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2007. (Professional Research Consultants).

Prostate Cancer Incidence

- The overall rate of prostate cancer in San Mateo County has declined 13.1% in the past decade, averaging 154.2 from 1999-2003, down from 177.5 in 1990-1994. Prostate rates for Blacks have declined since the 1990-1994 period, mainly due to recent drop in prostate cancer incidence among Blacks (since the 1996-2000 period). Prostate cancer rates for other specific race/ethnicities have remained stable in San Mateo County for the past decade. Cumulative prostate cancer rates for 1999-2003 were statistically significantly different between all race/ethnicities, with the highest rates attributable to Blacks, while the lowest rates occurred in Asians.[516]

Incidence of Male Prostate Cancer by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2003



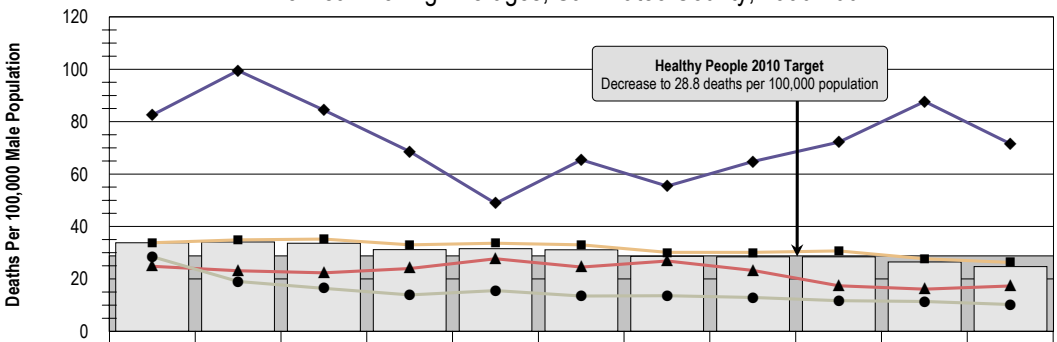
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03
All Races	177.5	176.5	177.3	169.2	161.6	162	161.7	162.2	159.5	154.2
Asian	105.8	110.3	118.2	120.8	108.6	111.6	104.4	102.5	99.2	102.7
Black	270.6	249.2	287.3	280.9	268.4	280.5	281.3	265.7	251.3	215.9
Hispanic	154	156.1	151.4	152.3	141.7	132.4	137.5	141.6	139.8	141
White	187.3	186	185.5	175.5	169.4	170.3	171.9	173.7	171.5	166.6

Rates are age-adjusted and standardized to Year 2000 population. Only invasive cancers (not in situ) are counted in the incidence calculation.
Source Data: Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov)
SEER*Stat Database: Incidence - SEER 17 Regs Public-Use, Nov 2005

- In San Mateo County, the mortality rate due to prostate cancer in males has declined in the previous decade, mainly due to a recent decline (13.0% from 28.4 in 1998-2002 to 24.7 in 2000-2004). In San Mateo County from 2000-2004, the average overall mortality rate (24.7) meets the Healthy People 2010 target of 28.8 deaths. Black males have consistently had the highest prostate cancer mortality rates in comparison with males of other race/ethnicities in San Mateo County. From 2000-2004 the average Black mortality rate was 71.5, more than twice the rate of White, Asian, and Hispanic males in San Mateo County, as well as the Healthy People 2010 target.[517]

Male Prostate Cancer Mortality By Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
All Races	33.8	34.1	33.6	31.2	31.5	31.1	28.6	28.4	28.4	26.5	24.7
Asian	28.5	19	16.4	13.9	15.5	13.5	13.6	12.9	11.7	11.4	10.2
Black	82.5	99.5	84.4	68.6	48.8	65.4	55.4	64.8	72.2	87.7	71.5
Hispanic	24.8	23.1	22.3	24	27.7	24.5	26.8	23.2	17.4	16.1	17.3
White	33.8	34.9	35.2	33	33.6	33	30.1	30.1	30.7	27.7	26.3

Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 rates have been adjusted to comparability ratio 1.0134
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

HEART DISEASE & STROKE

OVERVIEW

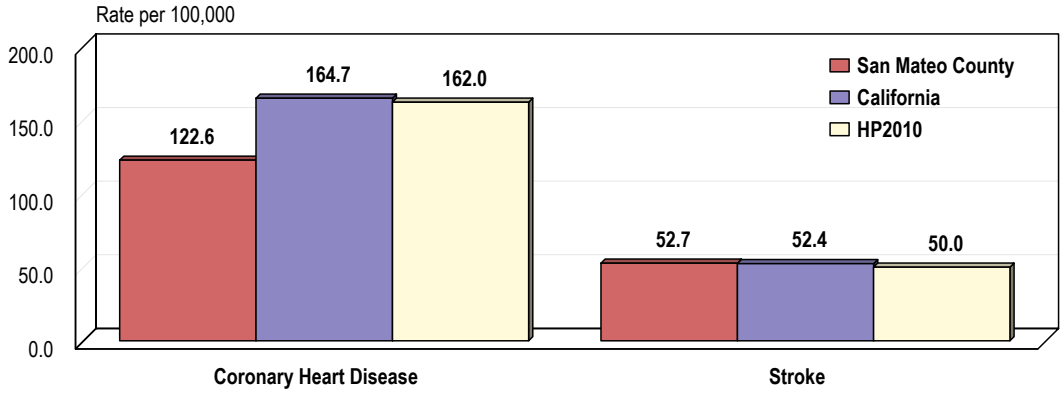
Although it is a leading cause of death in San Mateo County, the death rate due to coronary heart disease is well below the statewide rate and satisfies the Healthy People 2010 objective. Currently, a majority of San Mateo County adults are overweight. While overweight prevalence remains below the national average, it is something that has increased significantly in the county over the past decade. In all, 85.3% of San Mateo County adults exhibit one or more risk factors for heart disease and stroke, marking an unfavorable increase in cardiovascular risk since the initial 1998 assessment.

Heart Disease & Stroke Deaths

Heart Disease Deaths

- While the coronary heart disease death rate in San Mateo County is well below the statewide rate and satisfies the Healthy People 2010 target, heart disease remains a leading cause of death in the county. Stroke rates in the county, which shares many of the same risk factors as heart disease, are similar to the state rate and approach the Healthy People 2010 target.[518]

2002-2004 Age-Adjusted
Coronary Heart Disease & Stroke Death Rates



Source: County Health Status Profiles 2006. California Department of Health Services and California Conference of Local Health Officers.
Note: Rate is per 100,000 population, age-adjusted to the 2000 U.S. Population.

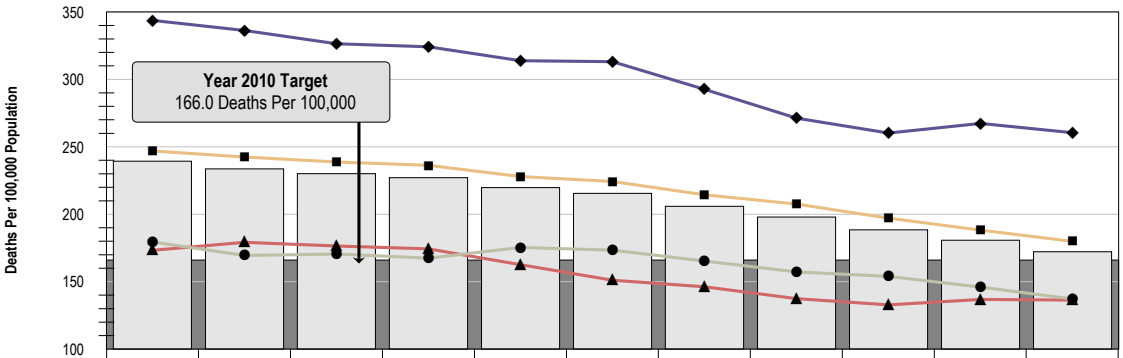
- The 2000-2004 San Mateo County rate for all heart disease (172.2, including coronary heart disease and other disease of the heart) approaches the Healthy People 2010 goal of 166.0 and will likely meet the objective by 2010. Because heart disease accounts for 1 in 4 deaths in San Mateo County, it heavily influences the overall mortality rate. Thus, the heart disease mortality rates also decreased from 1990-1994 to 2000-2004, and the distribution by gender and racial/ethnic groups mirrored the overall mortality rate.

- The heart disease mortality rates for Blacks decreased significantly 24.2% from 343.7 from 1990-1994 to 260.5 from 2000-2004, and the rates for Whites decreased significantly 27.2% from 247.0 in 1990-1994 to 179.9 in 2000-2004.

- The rate for Asians (137.2) and Hispanics (136.4) remained significantly lower than the rate for Black (260.5) and Whites (179.9) from 2000-2004.[519]

Heart Disease Mortality by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
All Races	239.3	233.7	230.1	227.2	219.8	215.5	205.9	197.9	188.5	180.7	172.2
Asian	179.5	169.5	170.5	167.5	175.4	173.4	165.3	157.2	153.9	146	137.2
Black	343.7	336.3	326.5	324.2	313.8	313.2	292.7	271.3	260.3	267.4	260.5
Hispanic	173.3	179.2	176.5	174.4	162.6	151.1	146.2	137.5	132.8	136.8	136.4
White	247	242.4	238.8	236.2	227.9	224.3	214.4	207.5	197.1	188.2	179.9

Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 rates have been adjusted to comparability ratio 0.9981
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

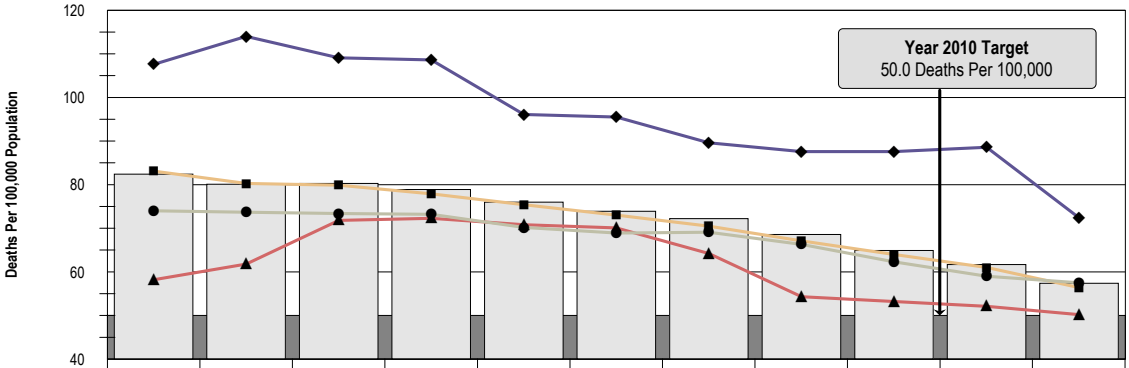
Stroke (Cerebrovascular Disease) Deaths

- From 2000-2004, the San Mateo County cerebrovascular disease mortality rate of 57.4 did not achieve the Healthy People 2010 target of 48.0. However, the local overall rate has decreased significantly 30.3% from 82.4 in 1990-1994 to 57.4 in 2000-2004.[520]

- The rate of cerebrovascular disease mortality among Blacks declined significantly 32.7% from 107.6 between 1990-1994 to 72.4 between 2000-2004. The rate of cerebrovascular disease mortality among Whites declined significantly 32.1% from 83.1 in 1990-1994 to 56.4 in 2000-2004. By 2000-2004, Only the Hispanic rate had reached the Healthy People 2010 target of 50.0.[521]

Cerebrovascular Disease Mortality by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
All Races	82.4	80.1	80.3	78.9	76	73.9	72.2	68.6	64.9	61.7	57.4
Asian	74	73.7	73.4	73.2	70.2	68.9	69.1	66.3	62.3	59	57.5
Black	107.6	114	109.1	108.6	96.1	95.5	89.6	87.6	87.6	88.6	72.4
Hispanic	58.2	61.8	71.8	72.3	70.8	70.1	64.2	54.3	53.2	52.1	50.2
White	83.1	80.3	79.9	77.9	75.4	73	70.5	67.1	64	61	56.4

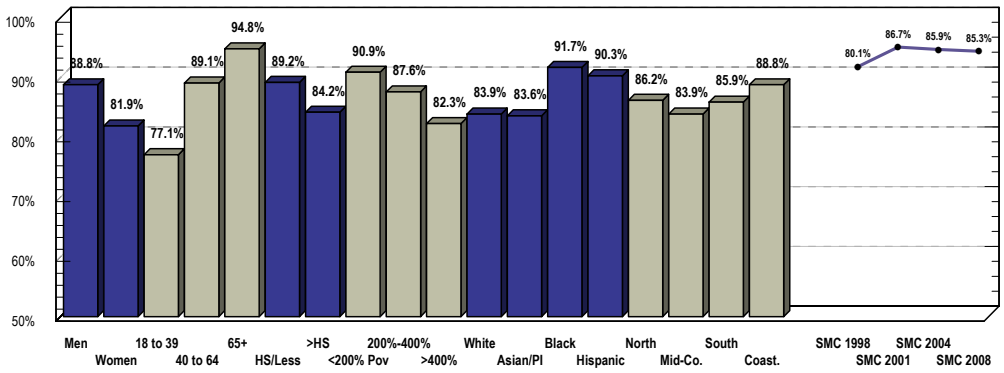
Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 rates have been adjusted to comparability ratio 1.0588
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

Cardiovascular Risk Factors

- A total of 85.3% of San Mateo County adults exhibit at least one cardiovascular risk factor (i.e., smoking, no regular physical activity, high blood pressure, high cholesterol, or being overweight), as revealed in the 2008 San Mateo County Health & Quality of Life Survey. This is similar to 2001 and 2004 findings, but remains significantly higher than found in 1998.[522]

- Persons more likely to exhibit cardiovascular risk factors include men, older adults, those living at lower educational and income levels, and Black and Hispanic residents.

Exhibit One or More Cardiovascular Risk Factor



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Cardiovascular risk factors include smoking, physical inactivity, high blood pressure, high cholesterol or being overweight.

Information about tobacco use can be found in the "Lung Cancer" section.

Physical Activity

Regular physical activity increases life expectancy, can help older adults maintain functional independence, and enhances quality of life at each stage of life. The benefits of physical activity are numerous: an active lifestyle can help to prevent and manage coronary heart disease, being overweight, hypertension, diabetes, osteoporosis, and depression. Because more people are at risk for coronary heart disease due to physical inactivity than to any other single risk factor, it has an especially great public health impact. Note the following findings of the 2008 San Mateo County Health & Quality of Life Survey:

- Most San Mateo County respondents (54.0%) do not participate in regular, vigorous physical activity, meaning they do not engage in activities that cause heavy sweating or large increases in breathing or heart rate at least three times a week for 20 or more minutes on each occasion. This finding is *significantly better* than the 64.1% found in 2001 but similar to 2004 findings. Still, the prevalence of inactivity in San Mateo County is notably higher among:

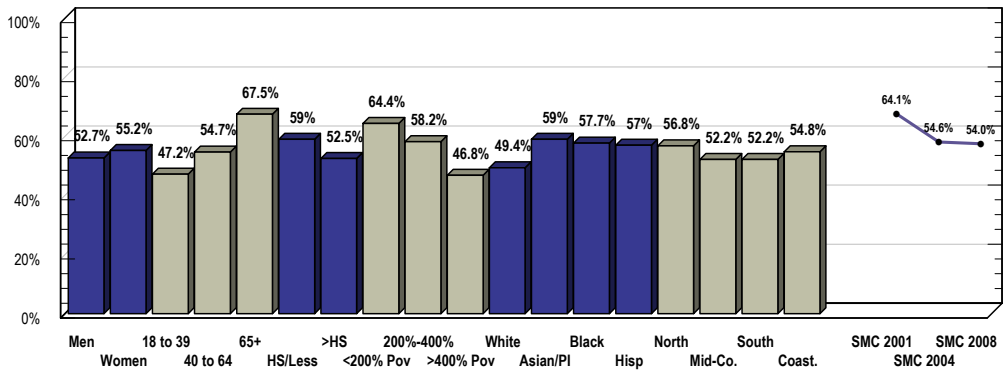
  — Persons aged 65 and older (67.5%)

  — Persons with a high school education or less (59.0%)

— Those in households with annual incomes <400% poverty (approximately 62%)[523]

— Non-white respondents (approximately 58%)

Do Not Participate in Regular Vigorous Activities



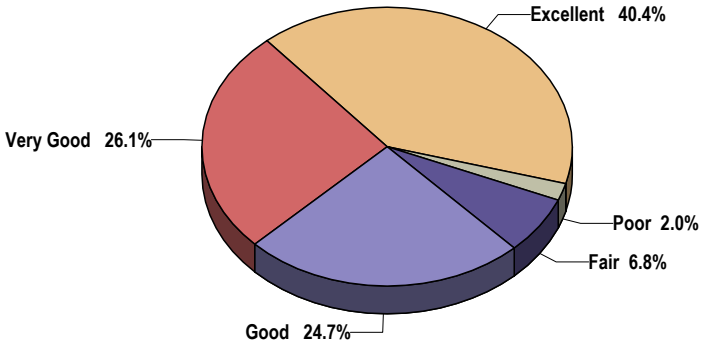
Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Ease of Access to Parks and Recreational Facilities

- Overall, 66.5% of San Mateo County survey respondents rate the ease of accessing good parks, playgrounds and recreational facilities as "excellent" or "very good." Another 24.7% rate it as "good."[524]

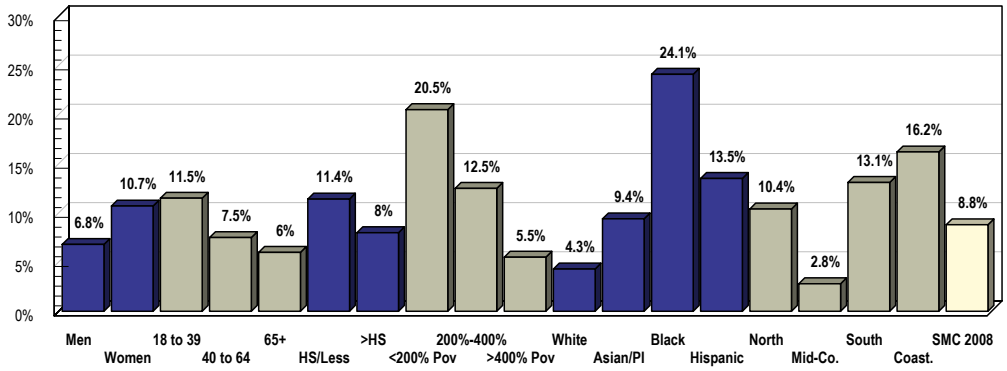
- In contrast, 8.8% of respondents believe that access to good parks, playgrounds and recreational facilities is "fair" or "poor." Higher "fair/poor" evaluations are noted among women, young adults, those living below the 200% poverty threshold, Blacks, and residents living in the South County and Coastside regions. Location, physical accessibility, and safety issues are the main components of the perceived ease of access.[525]

Access to Good Parks/Playgrounds/ Recreational Facilities



Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 2007.

Access to Good Parks/Playgrounds/ Recreational Facilities Is "Fair/Poor"



Source: 2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. 2007. (Professional Research Consultants).
Note: Percentages represent combined "fair" or "poor" responses.

See also information related to land use in the "Physical Environment" section.

High Blood Pressure

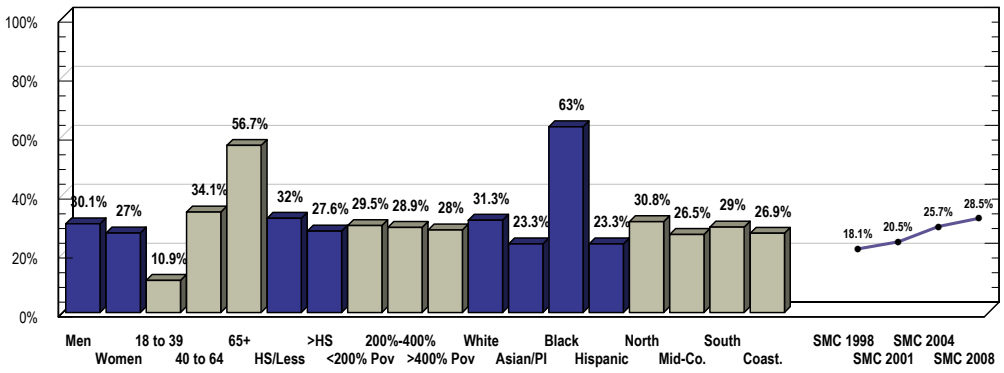
High blood pressure is known as the "silent killer" and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.[526]

- 94.7% of San Mateo County adults responding to the 2008 San Mateo County Health & Quality of Life Survey report that they have had their blood pressure taken by a doctor, nurse or other health care professional within the past two years. This testing prevalence is near the Healthy People 2010 target (≥95%).[527]

- A total of 28.5% of San Mateo County adults say they have been told more than once by a health care professional that they have high blood pressure. This prevalence is statistically similar to the national prevalence (27.1%), it has *increased significantly* in San Mateo County since the 1998 study and it remains approximately 78% above the Healthy People 2010 target (≤16%).[528]

- High blood pressure is most prevalent in San Mateo County among seniors (56.7% among those aged 65 and older), as well as among Blacks (63.0%).[529]

Told More Than Once That Blood Pressure Was High



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

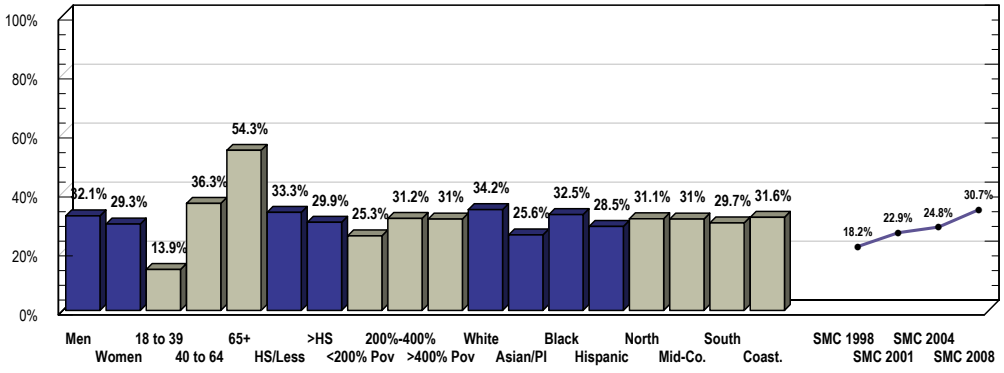
High Blood Cholesterol

High blood cholesterol levels are also a contributor to heart disease:

- A total of 30.7% of San Mateo County adults report that a doctor or other health professional has diagnosed them with high blood cholesterol. This rate has *increased significantly* in the county since 1998 and is about 80.6% higher than the Healthy People 2010 target (17≤%).[530]

- High blood cholesterol affects over one-half (54.3%) of seniors in San Mateo County.[531]

Have Been Told That Blood Cholesterol Level Was High



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Overweight Prevalence

While not a perfect predictor, Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as

weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.[532]

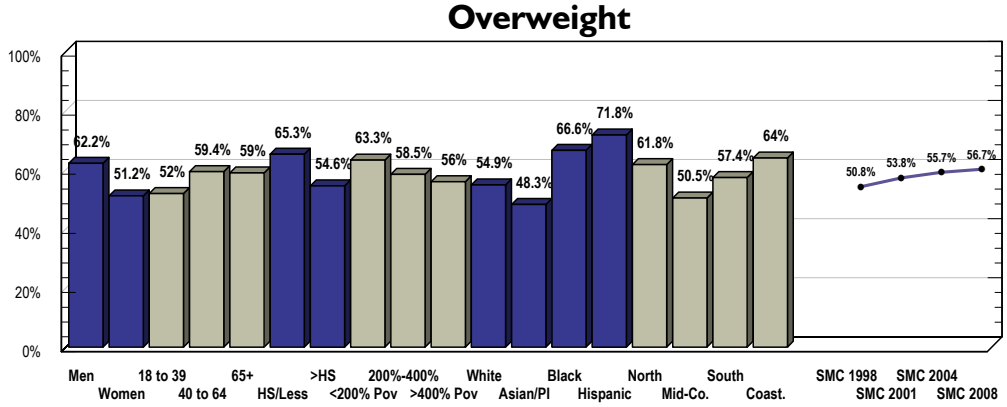
In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of ≥ 30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of ≥ 30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.[533]

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to cheap and abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve. [534]

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	
	BMI (kg/m2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obesity	≥30.0

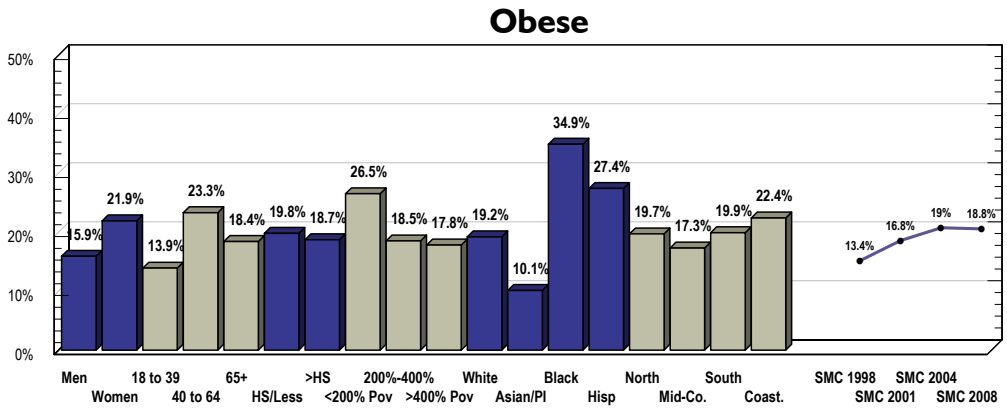
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health.
National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

- Based on reported heights and weights, 56.7% of San Mateo County respondents are overweight. This represents a *statistically significant increase* in overweight prevalence when compared to the 50.8% found in 1998. Nationwide, however, an even higher proportion (66.1%) of adults are overweight.[535]



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. "Overweight" is defined as having a Body Mass Index (BMI, a ratio of height to weight) equal to or greater than 25.

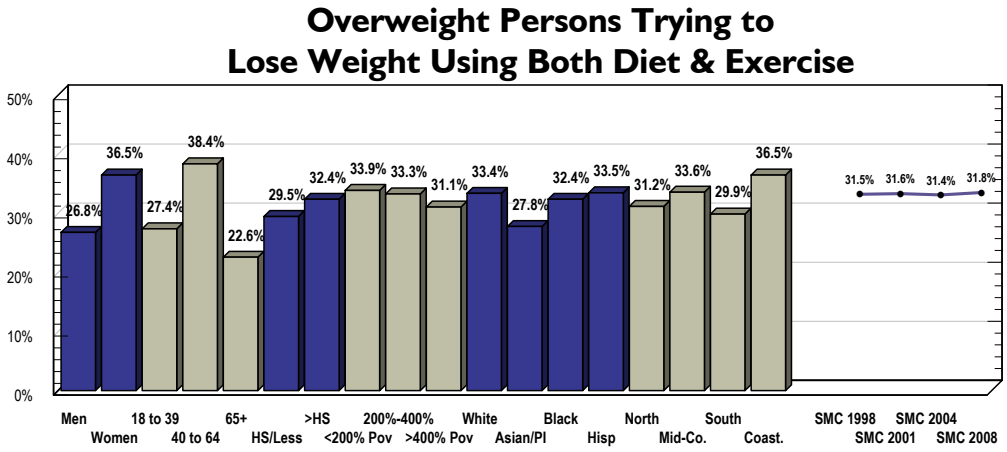
- Further, 18.8% of San Mateo County adults were found to be obese, having a body mass index of 30 or higher. This again represents a *significant increase* since 1998 (13.4%). Obesity prevalence is notably higher in women, middle-aged adults, persons living at the lowest income level, and Blacks or Hispanics.[536]



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. "Obese" is defined as having a Body Mass Index (BMI, a ratio of height to weight) equal to or greater than 30.

Trying to Lose Weight

- In all, 31.8% of overweight adult respondents are currently trying to lose weight by using both diet and exercise to lose weight (similar to previous findings). Overweight persons more likely to use a combination of diet and exercise to lose weight include women and middle-aged adults.[537]



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Reflects overweight respondents, those with a body mass index of 25 or higher.

For an analysis of policy recommendations to reduce the obesity epidemic, please see the *Blueprint for Prevention of Childhood Obesity: A Call to Action* report, available at www.plsinfo.org/healthysmc.

CHRONIC DISEASE

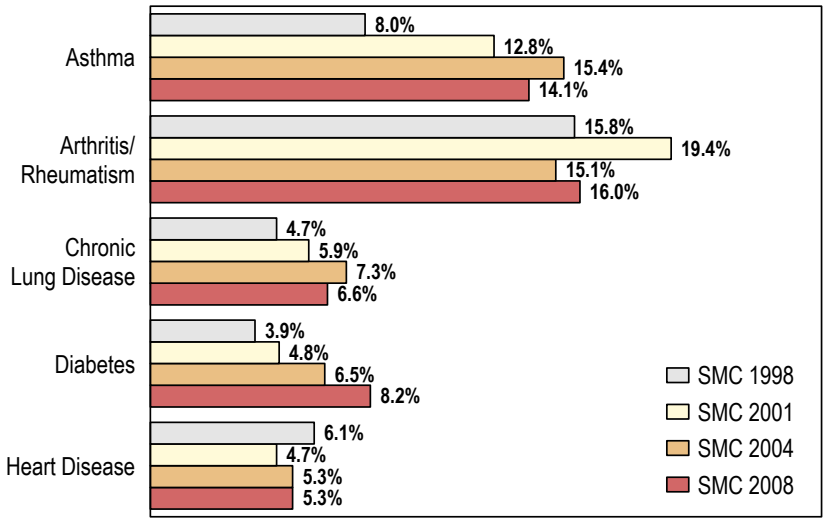
OVERVIEW

Since 1998, there have been significant increases in the prevalence of asthma, chronic lung disease and diabetes among San Mateo County adults.

Prevalence of Chronic Illness

- The 2008 San Mateo County Health & Quality of Life Survey found the following prevalence levels (the percentage of the population with a given condition at a single point in time) of selected chronic illnesses in San Mateo County among adults aged 18 and older, as compared to 1998, 2001 and 2004 survey findings. Note that, versus 1998 levels, *statistically significant increases in prevalence were found for **asthma**, **chronic lung disease** and **diabetes**.*[538]

Prevalence of Chronic Illness



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

Diabetes

Type 1 diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age. Type 1 diabetes may account for 5% to 10% of all diagnosed cases of diabetes. Risk factors for type 1 diabetes may include autoimmune, genetic, and environmental factors.

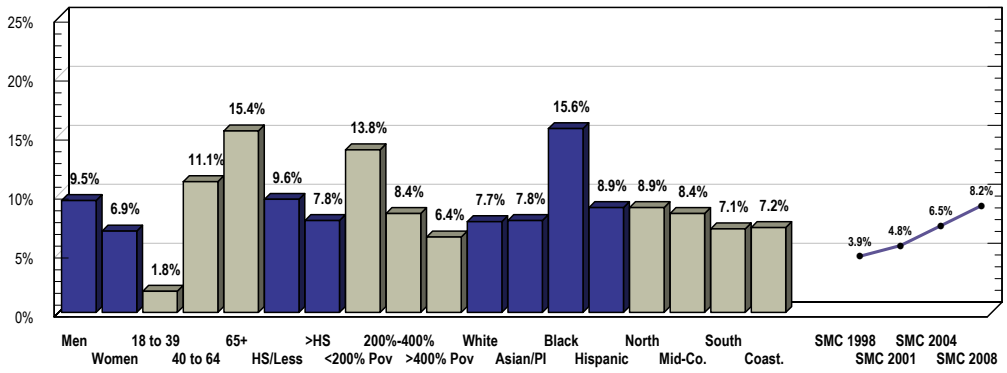
Type 2 diabetes was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. Type 2 diabetes may account for about 90% to 95% of all diagnosed cases of diabetes. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or Other Pacific Islanders are at particularly high risk for type 2 diabetes. Type 2 diabetes is increasingly being diagnosed in children and adolescents.

Gestational diabetes is a form of glucose intolerance that is diagnosed in some women during pregnancy. Gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and American Indians. It is also more common among obese women and women with a family history of diabetes. During pregnancy, gestational diabetes requires treatment to normalize maternal blood glucose levels to avoid complications in the infant. After pregnancy, 5% to 10% of women with gestational diabetes are found to have type 2 diabetes. Women who have had gestational diabetes have a 20% to 50% chance of developing diabetes in the next 5-10 years. [539]

- The 2008 San Mateo County Health & Quality of Life Survey revealed 8.2% of the adult population with diabetes (excluding diabetes experienced only during pregnancy), representing approximately 46,500 San Mateo County adults. This percentage is comparable to the 2004 findings, but is *significantly higher* than the level reported in 1998 and 2001.[540]

- 2008 survey findings also show that diabetes prevalence increases considerably with age, from 1.8% among young adults to 15.4% among those aged 65 and older. Black respondents report a particularly high prevalence (15.6%). Diabetes was also more often reported among persons living under 200% of the poverty threshold (13.8%). Low reporting among Hispanic respondents may be related to a higher degree of under-diagnosis in this population.[541]

Diabetic

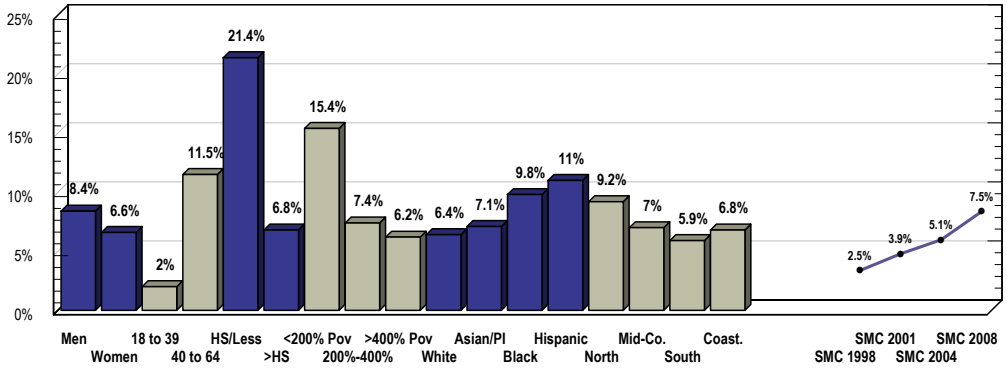


Source: 1998/2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 1998/2001/2004/2007.

- The following two charts outline demographic findings among insured and uninsured populations aged 18 to 64 in San Mateo County. Note that sample sizes associated with some of these subgroups, particularly for the chart of uninsured findings, are quite small.[542]

Diabetic

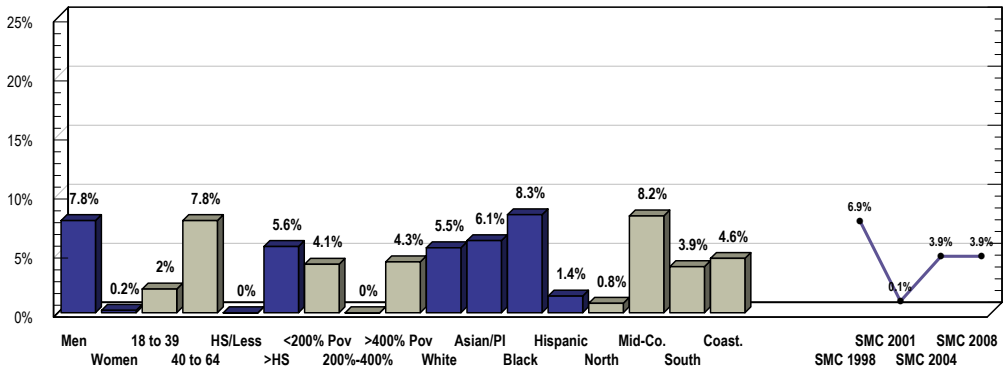
(Among Insured Respondents Aged 18-64)



Source: 1998/2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 1998/2001/2004/2007.

Diabetic

(Among Uninsured Respondents Aged 18-64)

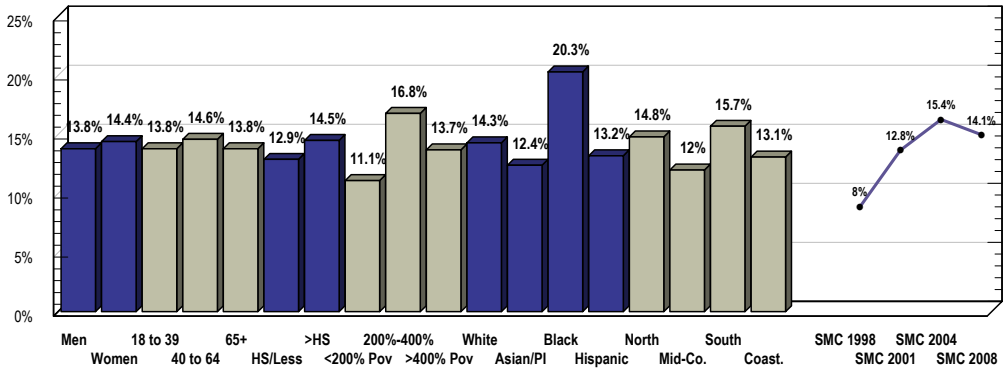


Source: 1998/2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 1998/2001/2004/2007.

Adults With Asthma

- A total of 14.1% of 2008 survey respondents report having asthma, representing approximately 79,900 San Mateo County adults. This is a *significant increase* from the 8.0% reported in 1998. In San Mateo County, asthma appears to be more prevalent among Blacks.[543]

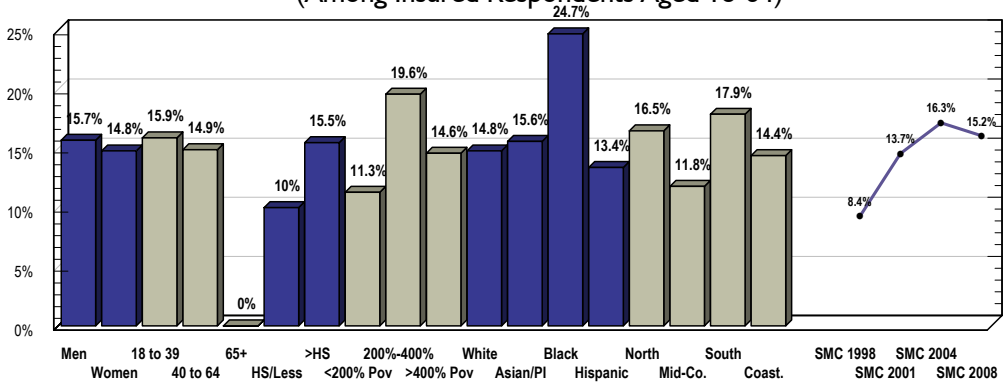
Have Been Diagnosed With Asthma



Source: 1998/2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 1998/2001/2004/2007.

- The following charts outline demographic findings among insured and uninsured populations aged 18 to 64 in San Mateo County. Note that sample sizes associated with some of these subgroups, particularly for the chart of uninsured findings, are quite small.[544]

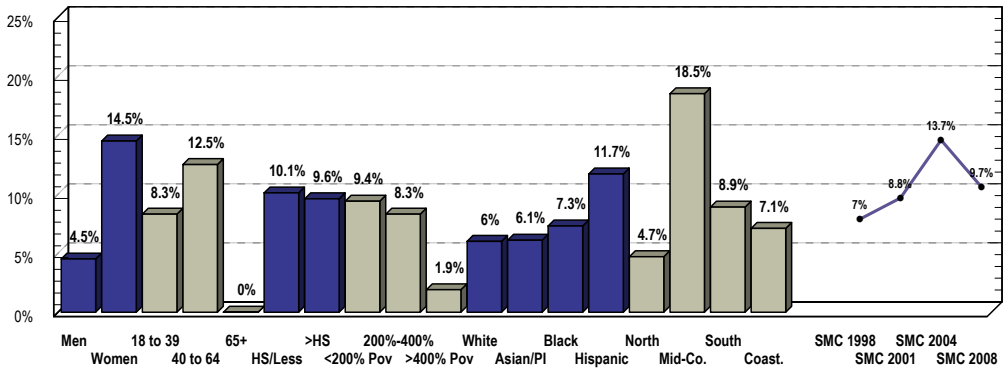
Have Been Diagnosed With Asthma
(Among Insured Respondents Aged 18-64)



Source: 1998/2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 1998/2001/2004/2007.

Have Been Diagnosed With Asthma

(Among Uninsured Respondents Aged 18-64)

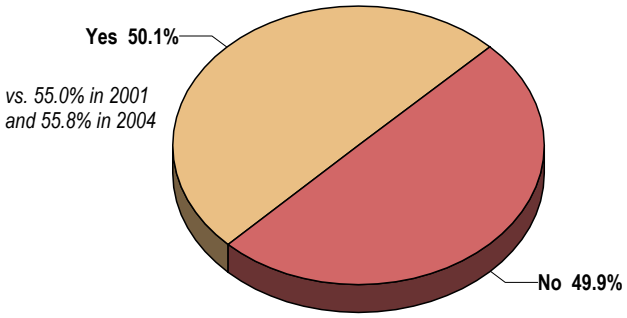


Source: 1998/2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 1998/2001/2004/2007.

- Among adult respondents with asthma, 50.1% have used a prescription medication in the past year to treat their asthma.[545]

Have Taken a Prescription Medication for Asthma in the Past Year

(Among Adult Asthmatics)



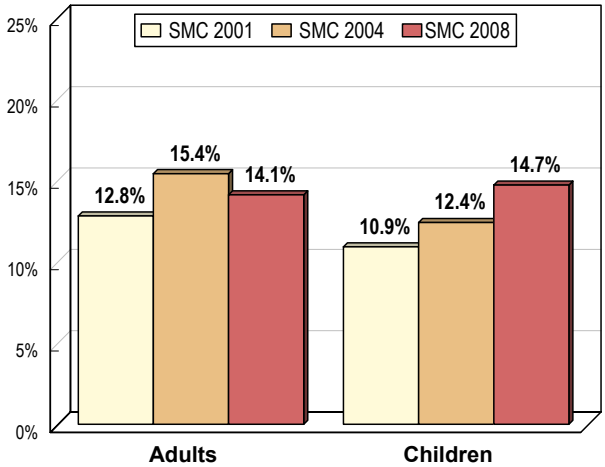
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

Children With Asthma

- A total of 14.7% of San Mateo County children suffer from asthma, according to parents participating in the 2008 survey (*higher* than 2001 findings).[546]

- Furthermore, a total of 4.1% of San Mateo County children have sought urgent care or have been hospitalized for breathing problems or for asthma in the past year, according to parents participating in the 2008 survey. This compares to a similar 3.9% reported in 2001 (this question was not asked in the 1998 or 2004 surveys).[547]

Prevalence of Asthma



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).

Avoidable Hospitalizations

"Avoidable hospitalizations" are defined by a set of conditions for which timely and effective ambulatory care can help prevent or avoid the need for hospitalization (Weissman et al. 1992).

- Between 1992-2005, the top three causes of avoidable hospitalization were **pneumonia** (25,024 hospitalizations), **congestive heart failure** (23,392), and **cellulitis** (9,599).[548]

Avoidable Hospitalizations by Specific Diagnoses

Ranked by Cumulative Frequency, San Mateo County, 1992-2005

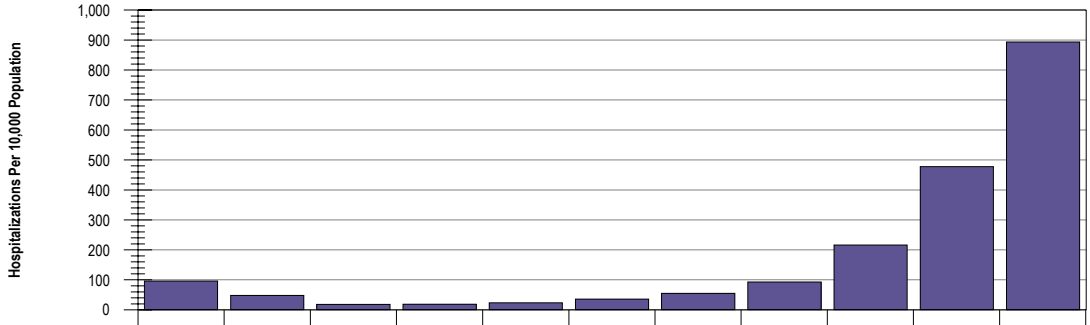
Rank	Specific Diagnosis Category	Cumulative Number	Average Annual Number	Average Annual Rate
1	Pneumonia	25,024	1,787	25.3
2	Congestive Heart Failure	23,392	1,671	23.6
3	Cellulitis	9,599	686	9.7
4	Perforated or Bleeding Ulcer	5,463	390	5.5
5	Asthma	4,958	354	5
6	Pyelonephritis	2,907	208	2.9
7	Ruptured Appendix	2,832	202	2.9
8	Diabetic Ketoacidosis or Coma	2,336	167	2.4
9	Malignant Hypertension	495	35	0.5
10	Hypokalemia	436	31	0.4
11	Gangrene	141	10	0.1
12	Immunizable Conditions	12	1	0

Rates are unadjusted
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2005

- Fifty-eight percent of avoidable hospitalizations between 1992 and 2005 occurred in persons aged 65 years and older (53,182 out of 91,231 total hospitalizations). Avoidable hospitalization rates were highest among the elderly and, more specifically, highest among those age 85 years and older (893.3). Among those under age 65, the average annual rate is highest among infants under 1 year (95.7) followed by those aged 55-64 (93.0). After age 24, rates of avoidable hospitalizations increase with increasing age.[549]

Avoidable Hospitalizations by Age

Average Annual Rate, San Mateo County, 1992-2005



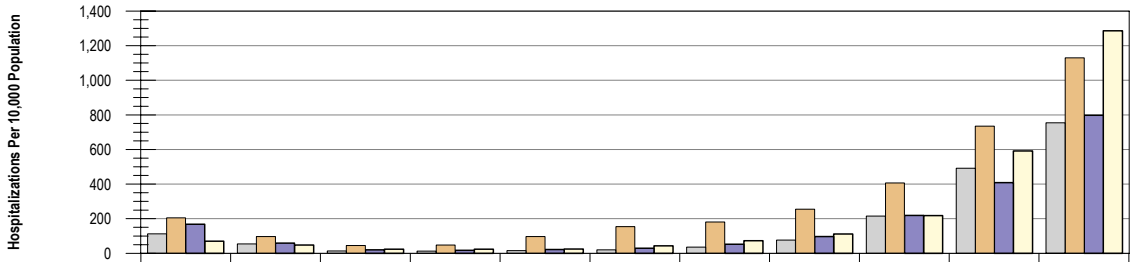
	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Hospitalizations	1,560	2,797	2,512	2,421	4,186	6,694	8,229	9,650	15,728	22,589	14,865
Rate	95.7	48	18.4	18.5	23.6	35.7	54.6	93	216.2	477.9	893.3

Rates are unadjusted
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2005

- For races and ethnicities shown in the following chart, avoidable hospitalization rates are highest in Blacks for every age grouping except 85+ (for which Whites have a higher rate).[550]

Avoidable Hospitalization Rates by Race/Ethnicity & Age

Average Annual Rate, San Mateo County, 1992-2005



	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Asian	113.1	54.6	14	12.4	15.8	19.8	35.9	76.7	215	492.1	754.3
Black	204.9	97.3	45.7	47.9	96.6	153.9	181.5	254.7	406.5	735.4	1,129.5
Hispanic	167.9	58.5	19.9	17.5	22.5	29.8	52.5	97.3	219.6	409	798
White	70.2	48.1	23.7	23.7	24.5	43	72.7	111.6	218	592.1	1,285.9

Rates are unadjusted
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2005

COMMUNICABLE DISEASE

OVERVIEW

New AIDS cases and deaths attributed to AIDS continue to decrease, yet an estimated 40,000 persons in the U.S. become infected with HIV each year.* Concerns now focus on the needs of the growing population of persons living with AIDS and on continued prevention of transmission of HIV. HIV and AIDS affect persons of all ethnicities, age, socioeconomic status, and genders although certain groups are disproportionately affected by the disease. For example, In San Mateo County, AIDS incidence rates among Blacks continue to decline, but remain higher than any other racial or ethnic group. While nearly two-thirds of San Mateo County AIDS cases are in men who have sex with men (MSM), a significant proportion of cases among Blacks are associated with injection drug use and a significant proportion of women were infected through heterosexual sex.

In terms of other sexually transmitted diseases, San Mateo County has seen a recent increase in Chlamydia incidence; Chlamydia is now the most frequently-reported infectious disease in San Mateo County and in the United States as a whole. San Mateo county rates of reported cases of gonorrhea and syphilis continue to fall, yet still do not satisfy Healthy People 2010 targets.

While county tuberculosis rates have declined in recent years, San Mateo County maintains the 13th highest tuberculosis incidence rate of the 58 California counties, and the local rate continues to be higher than the national rate. Most TB cases reported in San Mateo County occur among Asians and Pacific Islanders, most of whom are foreign-born.

Vaccines continue to provide effective, long-lasting protection against communicable diseases. In San Mateo County, for the period between 1990 and 2006, the annual incidence of various vaccine-preventable diseases including Diphtheria, Haemophilus influenzae, Hepatitis A, Measles, Mumps, Poliomyelitis, Rubella and Tetanus has decreased or remained very low. The frequency of both chronic and acute cases of Hepatitis B increased approximately five-fold between 1990 and 2002 from 92 cases to 478 cases in San Mateo County, then decreased only two-fold to 191 cases by 2006. Cases of pertussis have been generally on the rise and increased 550% from 6 cases in 1990 to 39 in 2006, with a high of 72 cases in 2005.

In 2005, the most commonly reported enteric disease in San Mateo County was campylobacteriosis, followed by salmonella, then giardia and shigella. Between 1990 and 2005, rates for campylobacteriosis, salmonellosis, shigellosis, hepatitis A, and giardia decreased, while rates for E. coli O157:H7 remained stable.

HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) was identified as an epidemic in the early 1980's. It is the end stage and most severe phase of infection with the Human Immunodeficiency Virus (HIV). In California, AIDS surveillance has been ongoing since 1983. In July 2002, HIV became a code-based reportable condition. California recently passed Senate Bill 699 which requires California healthcare providers and laboratories to report cases of HIV infection by name to local health departments, and requires local health departments to report this information to the California Department of Public Health. This became effective April 17, 2006.[551]

Although there is no vaccine or cure, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV infection to AIDS. Prevention of HIV infection is complex, requiring targeted behavioral-based, culture- and age-specific risk reduction programs.

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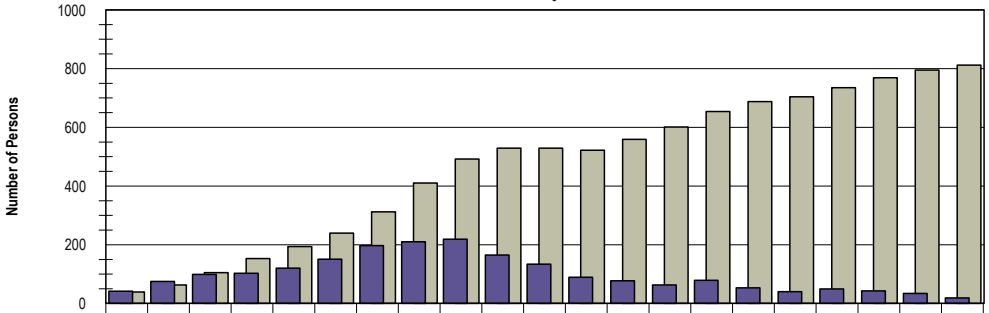
* CDC. Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome. MMWR 1999;48(RR-13):1–28.

People Living With AIDS

- The number of newly diagnosed AIDS cases peaked in 1993 and has declined steadily through 2005. The number of individuals living with AIDS has consistently increased over time. By the end of 2005, approximately 800 people in San Mateo County were living with AIDS. Note, this does not include those living with HIV that has not progressed to AIDS.[552]

Incidence and Prevalence of AIDS by Year

San Mateo County, 1985-2005



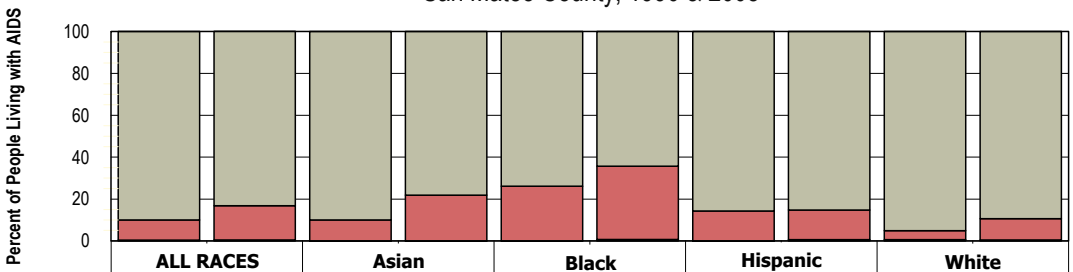
	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Newly Diagnosed (Incidence)	42	75	99	103	120	151	197	210	219	165	134	89	77	63	79	53	40	49	43	34	19
Living with AIDS (Prevalence)	39	63	105	153	194	240	312	410	492	529	529	522	559	601	654	688	704	735	769	795	812

Source Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, HIV/AIDS Reporting System (HARS)

- Between 1990 and 2005, the proportion of men living with AIDS decreased from 90% to 83.3% (indicating an increase in the proportion of women living with AIDS). This decrease was seen across all ethnic groups represented except Hispanics (this proportion by gender remained stable).[553]

People Living with AIDS, by Gender within Race/Ethnicity

San Mateo County, 1990 & 2005



	ALL RACES		Asian		Black		Hispanic		White	
	1990	2005	1990	2005	1990	2005	1990	2005	1990	2005
Total Cases	240	812	10	64	46	143	21	169	163	434
# Male	216	676	9	50	34	92	18	144	155	388
% Male	90	83.3	90	78.1	73.9	64.3	85.7	85.2	95.1	89.4
# Female	23	132	1	14	12	50	3	24	7	44
% Female	9.6	16.3	10	21.9	26.1	35	14.3	14.2	4.3	10.1
# Transgender	1	4	0	0	0	1	0	1	1	2
% Transgender	0.4	0.5	0	0	0	0.7	0	0.6	0.6	0.5

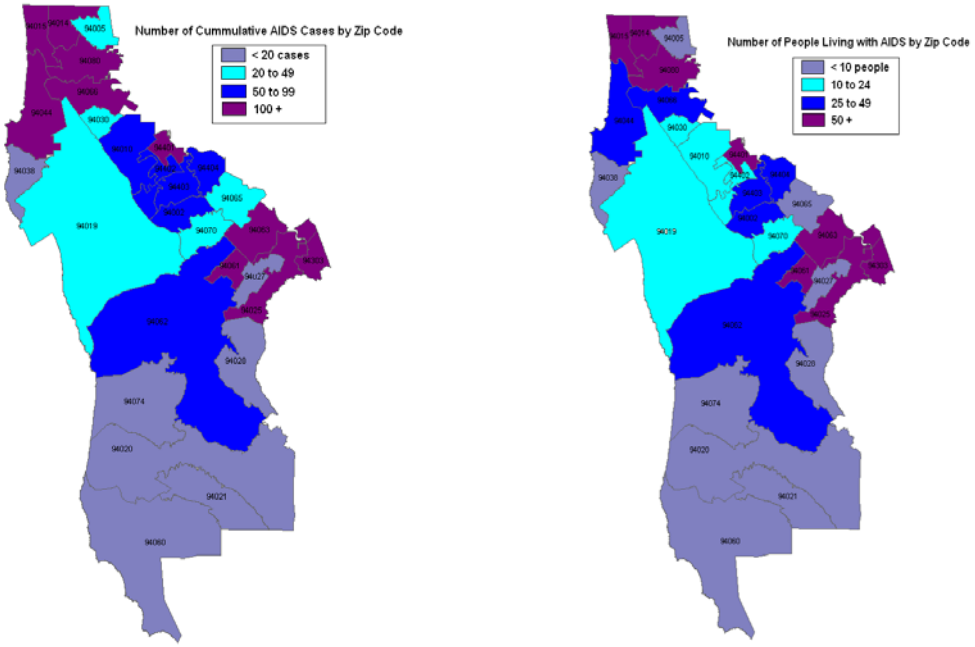
Source Data: San Mateo County Health Department, HIV/AIDS Reporting System (HARS)

- The San Mateo zip codes with the most cumulative AIDS cases (100 or more cases) as of December 2005 are 94014 (Daly City), 94015 (Daly City), 94025 (Menlo Park), 94044 (Pacifica), 94061 (Redwood City), 94063 (Redwood City), 94066 (San Bruno), 94080 (South San Francisco), 94303 (East Palo Alto), and 94401 (San Mateo).[554]

- Similarly the zip codes with the most persons living with AIDS (50 or more persons) include 94014 (Daly City), 94015 (Daly City), 94025 (Menlo Park), 94061 (Redwood City), 94063 (Redwood City), 94080 (South San Francisco), 94303 (East Palo Alto), and 94401 (San Mateo).[555]

San Mateo County AIDS Cases By Zip Code

Cumulative Data, San Mateo County, 1985-2005



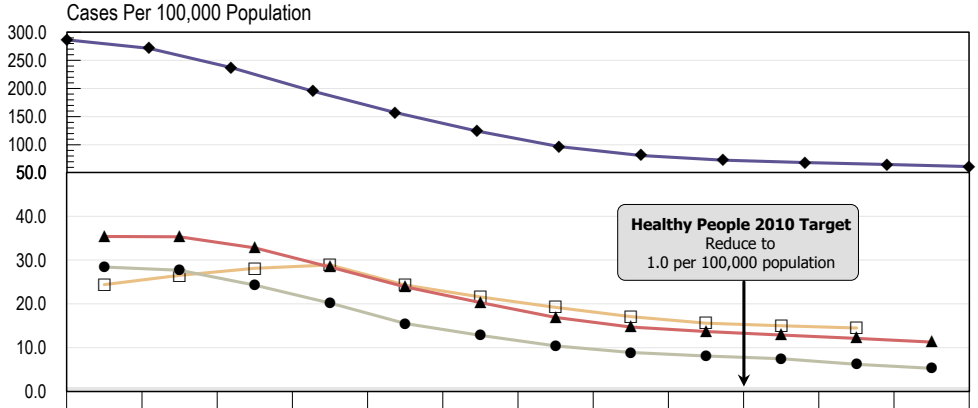
Cumulative cases of AIDS and people living with AIDS as of December 2005
Data Source: San Mateo County Health Department, HIV/AIDS Reporting System (HARS)

AIDS Case Rates

- During the early years of the epidemic, incidence rates of AIDS in San Mateo County were expected to mirror those of San Francisco County because of the close physical proximity between the two regions. Historical trends, however, have shown that incidence rates in San Mateo County have remained considerably lower and have been closer to national incidence rates. Incidence rates have declined significantly nationally, statewide, in San Francisco County, and San Mateo County since the early 1990's. The unadjusted incidence rate in San Mateo County declined by 81.3% from 28.4 in 1990-1994 to 5.3 in 2001-2005. The incidence rate in the county is lower than statewide and national rates.[556]

Comparison of Annual AIDS Incidence Rates

5-Year Moving Averages, San Mateo and San Francisco Counties, California and National, 1990-2005



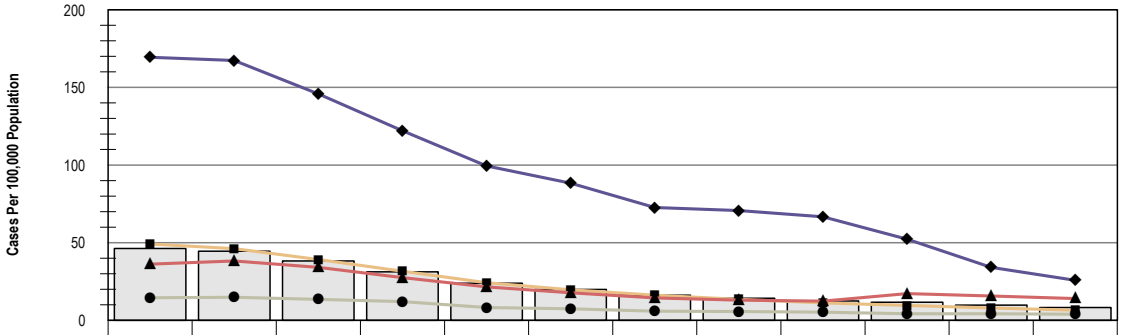
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04	01-05
San Mateo	28.4	27.7	24.3	20.2	15.5	12.8	10.4	8.9	8.1	7.5	6.2	5.3
San Francisco	286.5	271.5	237.5	195.4	157.4	124.4	96.9	81.2	72.7	68.4	65.0	61.4
California	35.4	35.3	32.8	28.4	23.9	20.3	16.9	14.7	13.7	12.9	12.1	11.3
National	24.4	26.5	28.1	28.9	24.3	21.6	19.2	17.1	15.6	15.0	14.5	*

* National data for 2005 were not available at press time. Rates are unadjusted.
Sources: San Mateo County: HIV/AIDS Reporting System (HARS).
San Francisco: San Francisco Department of Public Health. AIDS Quarterly Surveillance Report, Summary of San Francisco Residents with AIDS. Reported as of 09/30/06. Available online at: www.dph.sf.ca.us/PHP/AIDSSurvUnit.htm.
California: California AIDS Surveillance Report, Cumulative Cases as Of October 31, 2006. Available online at: www.dhs.ca.gov/AIDS/Statistics/.
National: U.S. CDC. HIV/AIDS Surveillance Report, 2004. Vol. 16. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2005. Available at: http://www.cdc.gov/hiv/stats/hasrlink.htm.
Population: U.S. Census Bureau, Population Estimates Program. GCT-T1-R. 2005 Population Estimates, California -- County. Available online at: factfinder.census.gov.

- In San Mateo County, males make up almost 90% of the cumulative AIDS cases and have had statistically higher incidence rates than females. Since its peak at the cumulative 46.3 from 1990-1994, the rate in males has decreased significantly 82.1%, to 8.3 from 2001-2005. In the male population, the incidence in Black males has been significantly higher than in any other race, although this discrepancy is narrowing due to the dramatic decline in AIDS incidence among area Black males.[557]

Incidence of AIDS in Males by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2005



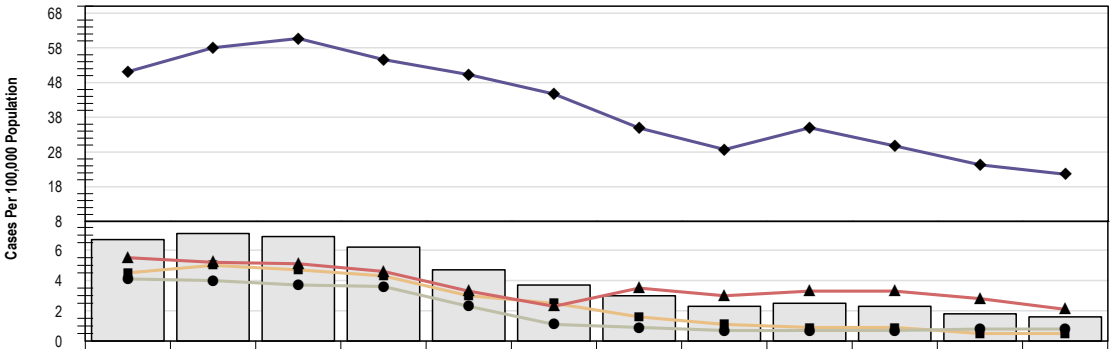
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04	01-05
All Races	46.3	44.6	38.3	31.3	23.9	19.9	16.2	14.2	12.5	11.7	9.8	8.3
Asian	14.6	14.9	13.5	12.1	8.3	7.4	5.9	5.7	5.3	4.3	4.3	3.9
Black	169.4	167.4	145.8	122.1	99.4	88.3	72.7	70.7	66.7	52.3	34.1	25.8
Hispanic	36.2	38.3	34.1	27.5	21.5	17.8	14.4	13	12.4	17.2	15.7	14.1
White	49.2	46.2	39.2	31.7	24.2	19.7	16.2	13.5	11.3	9.6	8	6.5

Rates are age-adjusted and standardized to Year 2000 population
Source Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, HIV/AIDS Reporting System (HARS)

- The incidence of AIDS in females, as in males, also decreased from its peak between 1991-1995, dropping 77.5% from 7.1 in 1991-1995 to 1.6 in 2001-2005. In the female population, the incidence in Black females was significantly higher than in any other race. In recent years, Asian and White females have had the lowest incidence of AIDS in the county.[558]

Incidence of AIDS in Females by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2005



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04	01-05
All Races	6.7	7.1	6.9	6.2	4.7	3.7	3	2.3	2.5	2.3	1.8	1.6
Asian	4.1	4	3.7	3.6	2.3	1.1	0.9	0.7	0.7	0.7	0.8	0.8
Black	51.1	58	60.7	54.6	50.3	44.7	34.9	28.7	35	29.7	24.3	21.6
Hispanic	5.5	5.2	5.1	4.6	3.3	2.3	3.5	3	3.3	3.3	2.8	2.1
White	4.5	5	4.7	4.3	3	2.5	1.6	1.1	0.9	0.9	0.5	0.5

Rates are age-adjusted and standardized to Year 2000 population
Source Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, HIV/AIDS Reporting System (HARS)

Exposure Mode & Risk Factors

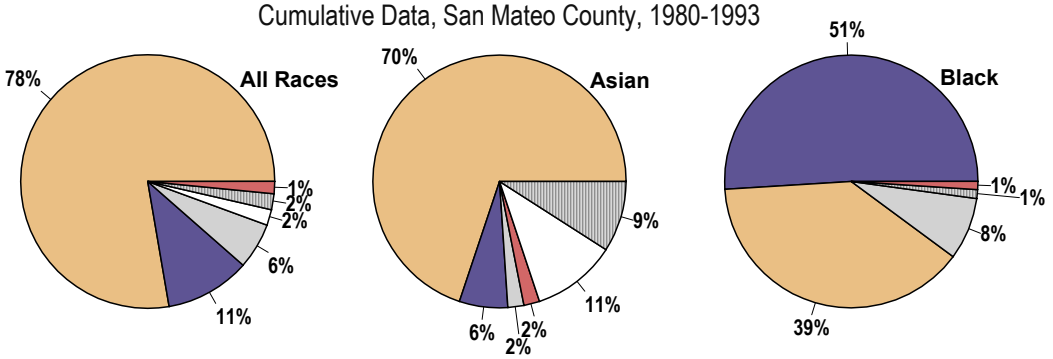
- Risk factors and transmission modes make AIDS an epidemiologically different disease in males and females. When dividing the AIDS epidemic into two time periods, 1980 to 1993 and 1994 to 2005, the primary modes of infection for males change significantly from the first decade to the second.

  The proportion of cases linked to men who have sex with men (MSM) decreased significantly (15.4%) from 78% of cases in the first time period of the epidemic (1980-1993) to 66% of cases between 1994-2005. AIDS cases due to blood transfusion and organ transplant also have dropped significantly as the United State blood supply began being screened for the presence of HIV. The proportion of male cases infected by transfusion and transplant dropped 50% from 2% to 1% of cases. In contrast, the proportion of cases acquired through injection drug use (IDU) increased significantly from 11% of cases in 1983-1993 to 18% in 1994-2005. **The proportion of cases linked to heterosexual contact quadrupled from 1% to 4%.**

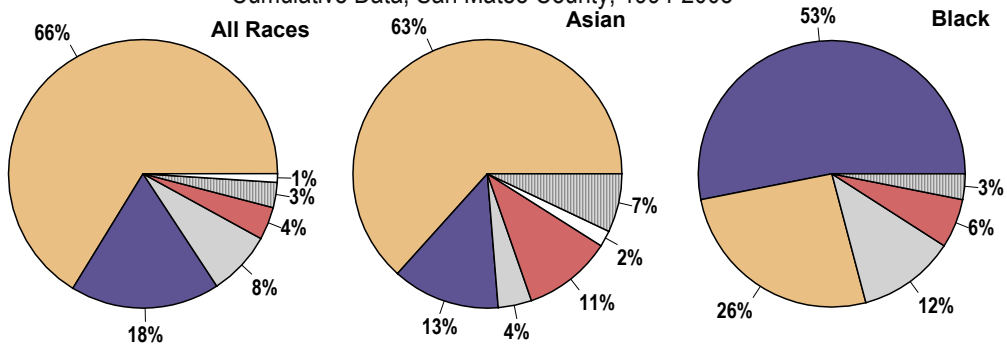
  Some notable differences are found by exposure category within racial/ethnic groups from 1980-1993 and 1994-2005. MSM remained the primary risk **factor** for Whites, Hispanics and Asians for both time periods and was significantly higher than the MSM risk factor in Blacks. The proportion of infection with HIV by IDU accounted for 53% of Black male cases in the period from 1994-2005, double the proportion of MSM and significantly higher than the proportion of men infected by IDU in any other racial/ethnic group. From 1980 to 1993, exposure by IDU among White males significantly increased 100% from 5% to 10% from 1994 to 2005.[559]

Male AIDS Risk Factors By Race/Ethnicity

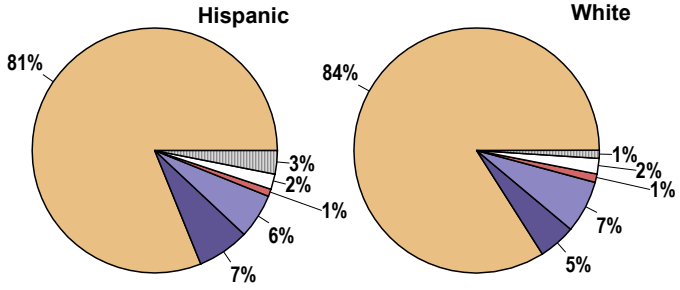
Cumulative Data, San Mateo County, 1980-1993



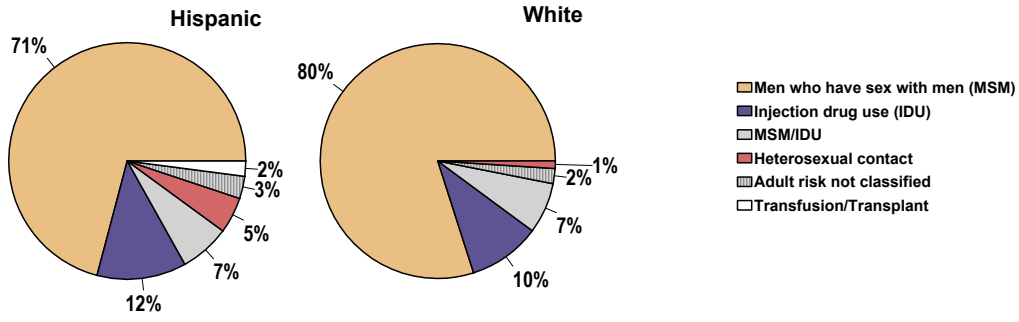
Cumulative Data, San Mateo County, 1994-2005



Cumulative Data, San Mateo County, 1980-1993



Cumulative Data, San Mateo County, 1994-2005



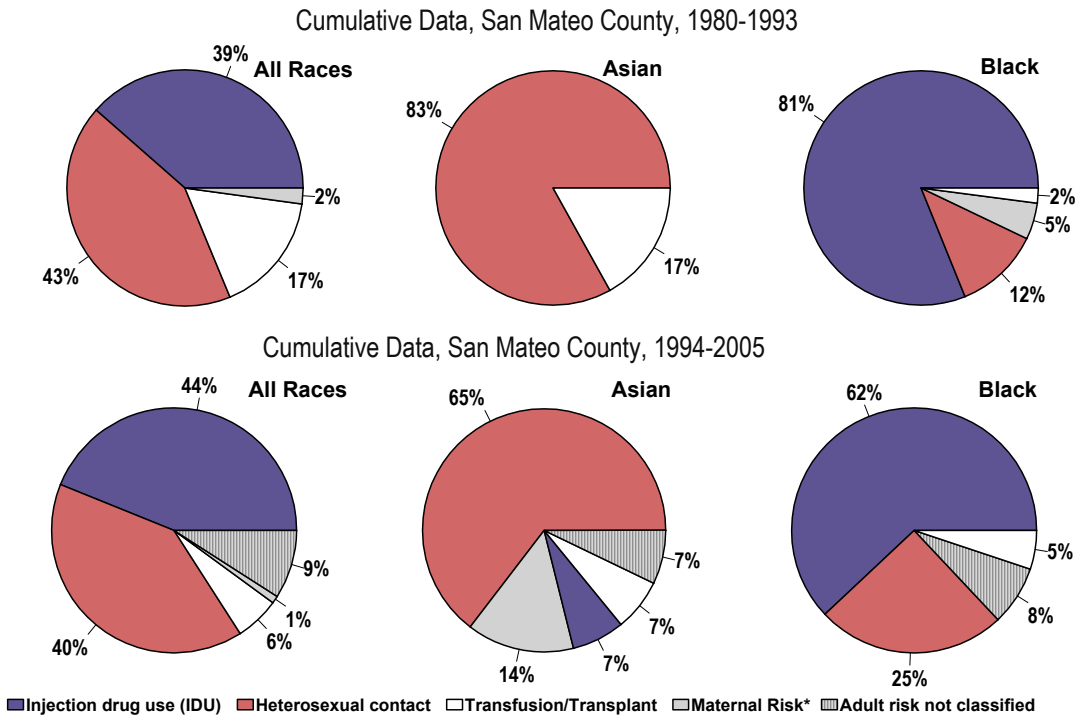
Source Data: San Mateo County Health Department, HIV/AIDS Reporting System (HARS)

- Primary risk factors in females remained stable from the periods 1980-1993 to 1994-2005. (**In the female population, heterosexual contact has been the primary exposure category in all races, except for Blacks, in whom the predominant mode of transmission is injection drug use.**)

  Some notable differences in risk factors are seen between racial/ethnic groups from 1980-1993 and 1994-2005. From 1980-1993, heterosexual contact was identified as the primary risk factor in Asian, Hispanic, and White females. Black females, however, had a significantly higher proportion of infection by IDU than any other transmission mode. In fact, the proportion of cases acquired through IDU was notably higher in Black females than in other racial/ethnic groups.

  In the period 1994-2005, there was a significant increase in the proportions of infection by injection drug use in Asians, Whites and Hispanics. A decrease was seen from 81% to 62% in Blacks.[560]

Female AIDS Risk Factors By Race/Ethnicity

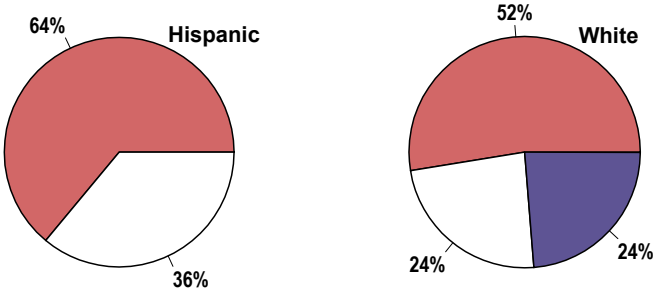


*Mother is HIV-positive or has sex with HIV-positive partner; Adult risk not classified were not reported before 1994.
Source Data: San Mateo County Health Department, HIV/AIDS Reporting System (HARS)

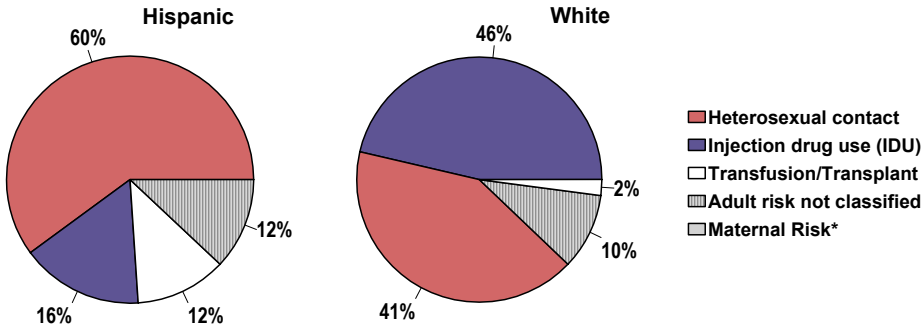
Female AIDS Risk Factors By Race/Ethnicity

Continued

Cumulative Data, San Mateo County, 1980-1993



Cumulative Data, San Mateo County, 1994-2005

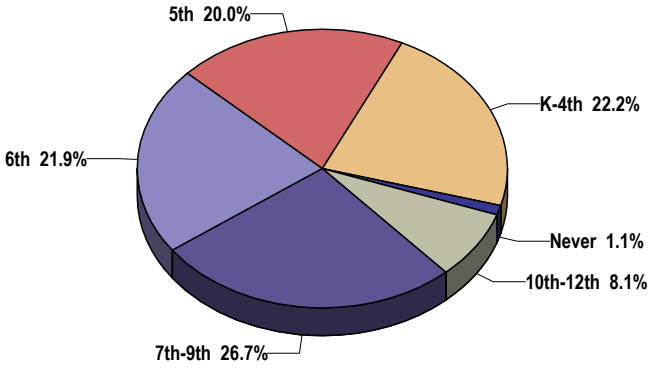


*Mother is HIV-positive or has sex with HIV-positive partner; Adult risk not classified were not reported before 1994.
Source Data: San Mateo County Health Department, HIV/AIDS Reporting System (HARS)

HIV/AIDS Education in Children

- Almost two-thirds (64.1%) of area residents believe that children should begin HIV/AIDS education by the 6th grade. (90.8% believe HIV/AIDS education should begin before the 10th grade).[561]

Grade Level at Which It Is Believed Children Should Begin HIV/AIDS Education



Source: 2008 San Mateo County Health/Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants); August 2007.

Sexually Transmitted Diseases

Since many STDs can be asymptomatic in the early stages of infection, there needs to be a high index of suspicion for them to be diagnosed. A patient's reluctance to address sexual health issues contributes to the problem of STDs going unnoticed and untreated. This situation results in not only adverse health outcomes for the patient but also spread of the disease to others. The most frequently-reported STD in San Mateo County is chlamydia, followed by gonorrhea. If untreated, sexually transmitted infections can cause pelvic inflammatory disease, infertility, pre-term births, neonatal infections, and increased sexual transmission of HIV.

The impact of STDs on the health of women and their infants, adolescents and young adults, and the role STDs play in the sexual transmission of HIV infection make this a critical target area for public health prevention efforts. Many cases of STDs go undiagnosed, and some highly prevalent viral pathogens such as human papillomavirus (HPV) and genital herpes (HSV) are not reportable. Nationwide, it is estimated that approximately 20 million people are currently infected with HPV and that at least 45 million people ages 12 and older have had a genital HSV infection. [562]

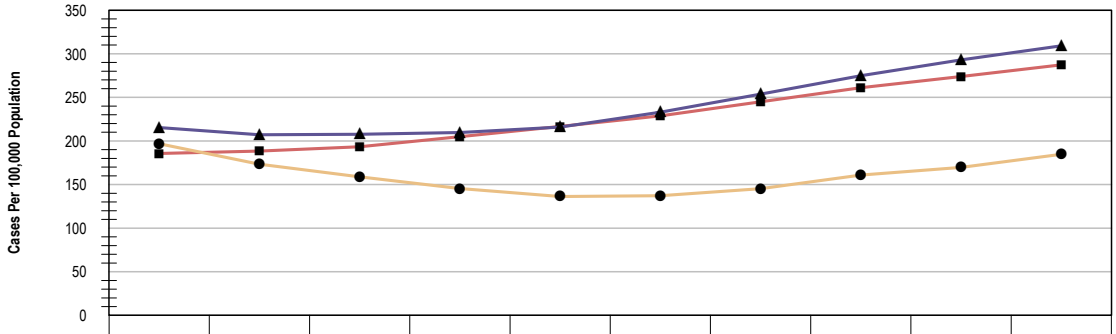
Chlamydia

- *Chlamydia trachomatis* is the most frequently reported infectious disease in San Mateo County and throughout the United States. Since the late 1990's there has been an upward trend in San Mateo County, throughout California and the nation (The decrease seen in the 1990's in San Mateo County is believed to be a reporting artifact due to institutional changes in the county system, most notably the closing of public health clinics in 1995 and underreporting by physicians).

  Over the last several years San Mateo County has instituted a range of campaign efforts including participation in the National Chlamydia Awareness Project (CAP), and a local endorsement from the Health Officer to physicians in private practice encouraging reporting of infectious diseases. In January 2001, the San Mateo County Health Department also established a weekly walk-in evening STD clinic. More recently, San Mateo County has partnered with the California Department of Health Services (CDHS) in the Chlamydia Screening Project at Hillcrest Juvenile Hall to screen high-risk females. These efforts have improved surveillance and reporting, and the incidence of reported chlamydia in San Mateo County significantly increased 35.5% from 136.4 in 1995-1999 to 184.8 in 2000-2004. The true incidence of chlamydia in San Mateo County is not known.[563]

Comparison of Annual Chlamydia Incidence Rates

5-Year Moving Averages, San Mateo County, California and National, 1991-2004



	'91-95	'92-96	'93-97	'94-98	'95-99	'96-00	'97-01	'98-02	'99-03	'00-04
San Mateo	196.9	173.4	158.9	145.5	136.4	137.2	145.3	160.8	169.7	184.8
California	215.4	207.1	207.7	209.7	216	233	253.8	274.8	293.1	309.2
National	185.6	188.3	193.5	204.9	216.6	228.8	245	261	274	287.3

Rates are unadjusted

Source Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, Confidential Morbidity Reports (CMR); California Department of Health Services, STD Control Branch; Sexually Transmitted Disease Surveillance 2002, Department of Health and Human Services, Atlanta: Centers for Disease Control and Prevention (CDC)

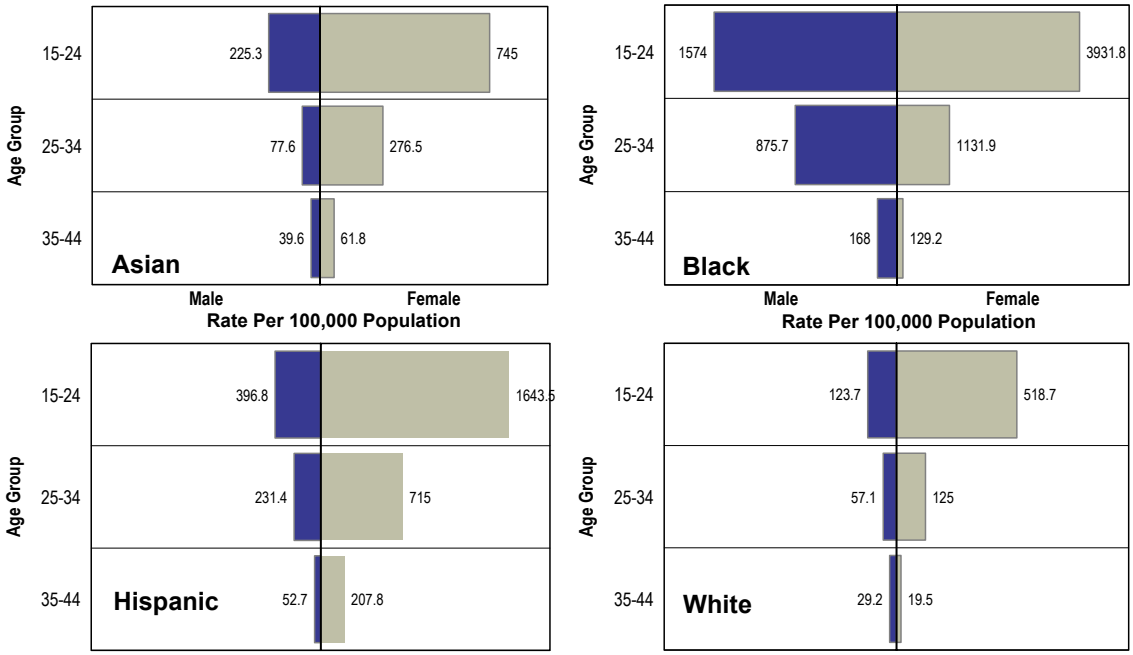
- Over the last five years, 2001-2005, the incidence of chlamydia has been significantly higher in 15 to 24 year olds, and decreases with age.

- There appear to be huge disparities in chlamydia infection by race and age. The biggest race difference is between Whites and Blacks. The most notable age disparity within a race was seen in the White female population; the incidence in 15-24 year olds (518.7) was over four times the incidence in 25 to 34 year olds (125.0).[564]

- Higher rates in females are most likely due to a screening artifact, in that they are more likely to undergo screening.[565]

Incidence Of Chlamydia By Sex, Age, And Race/Ethnicity

Cumulative Data, San Mateo County, 2001-2005



Rates are unadjusted and cumulative for 2001-2005

Source Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, Confidential Morbidity Reports (CMR)

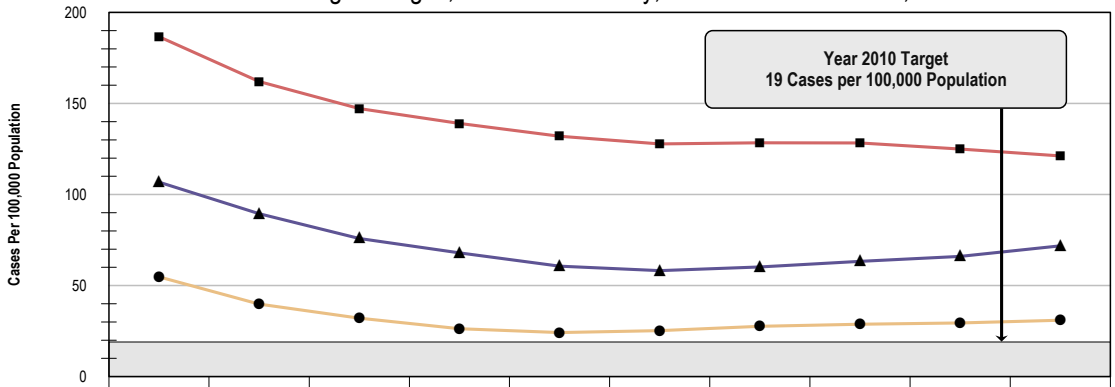
Note: Each chart is on a different scale for ease of comparison within a race.

Gonorrhea

- Gonorrhea is the second most frequently reported communicable disease in San Mateo County and the United States. National rates of gonorrhea decreased 34.8% between 1991-1995 and 2000-2004. In 2000-2004 the reported rate was 121.2, lower than in previous years. In San Mateo County, the reported incidence of gonorrhea declined significantly 43.3% from 54.7 in 1991-1995 to 31.0 in 2000-2004. Since 1994-1998 local incidence has remained stable but above the Healthy People 2010 goal of 19.0.[566]

Comparison of Annual Gonorrhea Incidence Rates

5-Year Moving Averages, San Mateo County, California and National, 1991-2004



	'91-95	'92-96	'93-97	'94-98	'95-99	'96-00	'97-01	'98-02	'99-03	'00-04
San Mateo	54.7	39.8	32.1	26.3	24.2	25.2	27.6	28.8	29.5	31
California	106.8	89.5	75.9	67.9	60.6	58.2	60.2	63.3	66	71.8
National	186.7	162.1	147.2	139	132	127.8	128.4	128.3	125	121.2

Rates are unadjusted

Source Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, Confidential Morbidity Reports (CMR); California Department of Health Services, STD Control Branch; Sexually Transmitted Disease Surveillance 2002, Department of Health and Human Services, Atlanta: Centers for Disease Control and Prevention (CDC)

Syphilis

- In 1999, the CDC initiated the Syphilis Elimination Project, with elimination defined as the absence of sustained transmission in the United States. At the local level, syphilis elimination is defined as the absence of new cases within the jurisdiction except within 90 days of report of an imported index case. The campaign goals are to reduce the annual number of primary and secondary syphilis cases to less than 1,000 cases (0.2 per 100,000 population) and to increase syphilis-free counties to 90% by 2005.

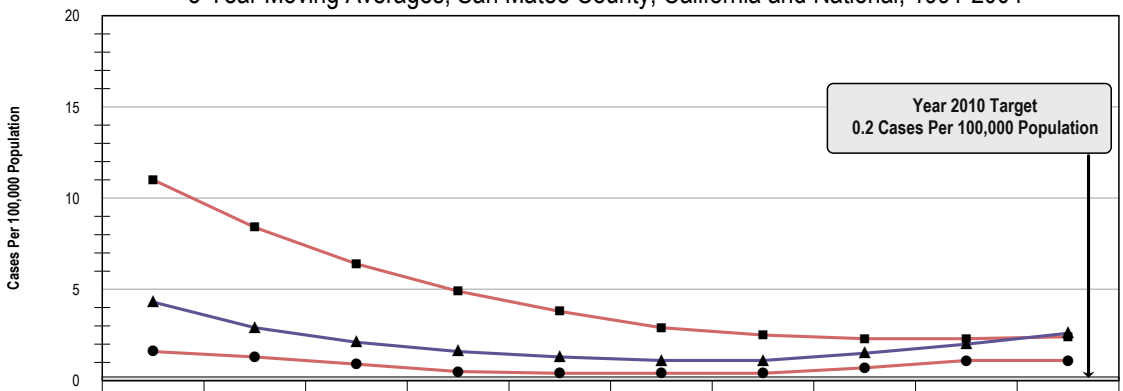
  Since 1990, numbers of primary and secondary syphilis cases have declined steadily nationally, statewide, and locally. In 2001, several outbreaks of syphilis emerged across the country, primarily in HIV-infected men who have sex with men. Nationally, the incidence of primary and secondary syphilis decreased 78.2% from 1991-1995 to 2000-2004. In San Mateo County, reported cases dropped from 31.3% 1991-1995 to 2000-2004.[567]

- The increase in male cases and recent outbreaks of syphilis in MSM raise warning flags to public health officials. In recent years as HIV rates have dropped and treatments have become better tolerated, prevention messages toward some MSM have become more widely disregarded. This shift in attitude and behaviors may precede the beginning of another wave of the HIV epidemic because ulcerative chancre sores facilitate HIV transmission. Although the number of syphilis cases in San Mateo County is relatively low, the diversity of the population and proximity to the San Francisco epidemic requires

public health officials and physicians to be alert and diligent in treating and targeting prevention messages to high-risk populations. [568]

Comparison of Annual Primary and Secondary Syphilis Incidence Rates

5-Year Moving Averages, San Mateo County, California and National, 1991-2004



	'91-95	'92-96	'93-97	'94-98	'95-99	'96-00	'97-01	'98-02	'99-03	'00-04
San Mateo	1.6	1.3	0.9	0.5	0.4	0.4	0.4	0.7	1.1	1.1
California	4.3	2.9	2.1	1.6	1.3	1.1	1.1	1.5	2	2.6
National	11	8.4	6.4	4.9	3.8	2.9	2.5	2.3	2.3	2.4

Rates are unadjusted

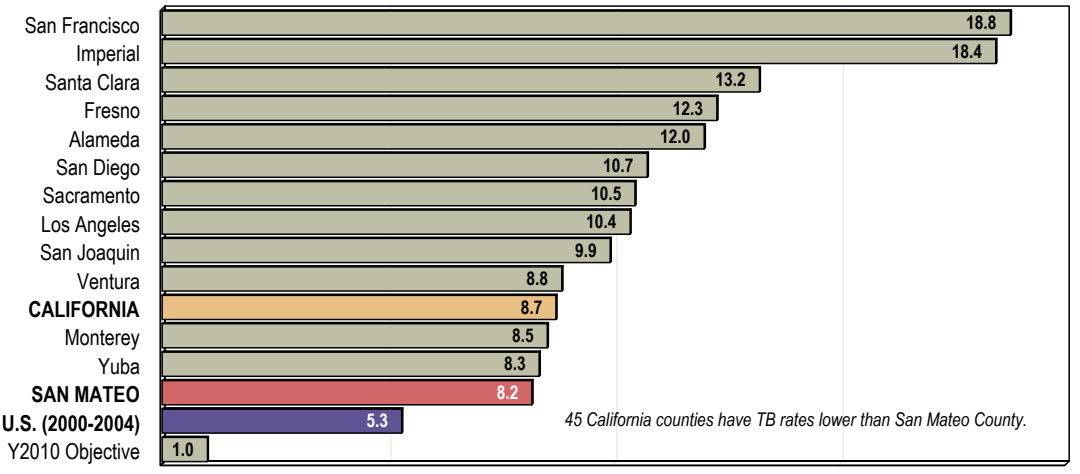
Source Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, Confidential Morbidity Reports (CMR); California Department of Health Services, STD Control Branch; Sexually Transmitted Disease Surveillance 2002, Department of Health and Human Services, Atlanta: Centers for Disease Control and Prevention (CDC)

Tuberculosis Case Rates

Like most other urban/suburban regions in the United States, San Mateo County experienced a resurgence of TB in the early 1990's. Nationally, this increase was attributed to several factors: increased immigration from regions where TB is highly endemic, association with HIV transmission, increased transmission among homeless populations, increased transmission in congregate settings such as prisons and jails, and a general reduction in the national public health infrastructure supporting TB control activities.[569]

- In 2002-2004, San Mateo County had the 13th-highest tuberculosis incidence rate of the 58 California counties.[570]

Tuberculosis Case Rates Among Counties With Rates Higher Than San Mateo County, 2002-2004 Annual Average

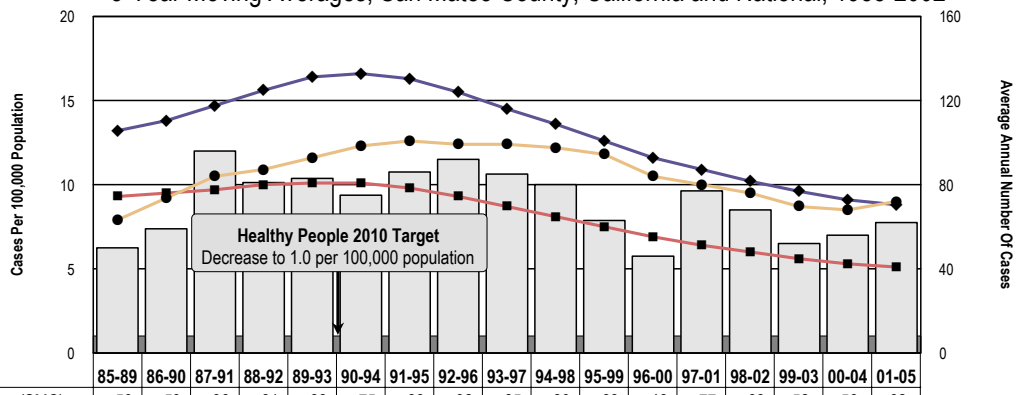


Source: County Health Status Profiles, 2006. Dept of Health Services and California Conference of Local Health Officers.
Note: Rates are per 100,000 population.

- The pattern of disease in San Mateo County since 1985 is similar to California, and to a lesser extent, the nation. The local incidence rate has recently declined, remaining stable since the 1999-2003 reported. From 2001 to 2005, the local rate (9.0) was similar to that for California (8.8), but greater than the national rate (5.1), and nine times the Healthy People 2010 target of 1.0.

Incidence of Tuberculosis

5-Year Moving Averages, San Mateo County, California and National, 1985-2002



	85-89	86-90	87-91	88-92	89-93	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04	01-05
New Cases (SMC)	50	59	96	81	83	75	86	92	85	80	63	46	77	68	52	56	62
5 yr Avg. SMC Rate	7.9	9.2	10.5	10.9	11.6	12.3	12.6	12.4	12.4	12.2	11.8	10.5	10	9.5	8.7	8.5	9
5 yr Avg Cali Rate	13.2	13.8	14.7	15.6	16.4	16.6	16.3	15.5	14.5	13.6	12.6	11.6	10.9	10.2	9.6	9.1	8.8
5 yr Avg National Rate	9.3	9.5	9.7	10	10.1	10.1	9.8	9.3	8.7	8.1	7.5	6.9	6.4	6	5.6	5.3	5.1

Rates are unadjusted. New cases (bars) represent number of new cases in the last year of the five year period (i.e. 2005 for 01-05)
Source Data: RVCT (Report of Verified Case of Tuberculosis) 1985-2005; CDC *Morbidity and Mortality Weekly Report*; Report on Tuberculosis in California, 2005

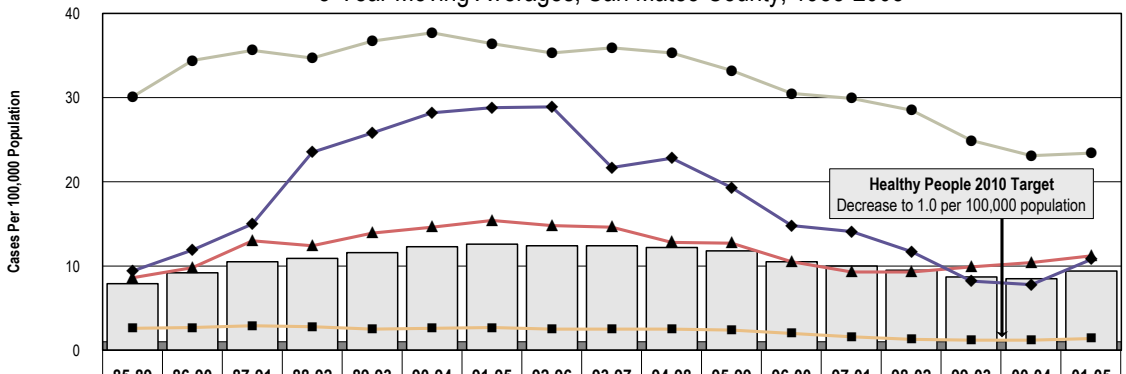
Case Rates by Race/Ethnicity

- The burden of TB is distributed unevenly between racial and ethnic groups. While 1 in 5 San Mateo County residents is Asian or Pacific Islander, this group accounts for a majority of TB cases.

  The five-year moving average rate of TB in Asians and Pacific Islanders for 1985-2005 was the highest. During 2001-2005, it was over two times the rate for the total population and 16 times the rate for the White population. The rate among Hispanics closely mirrors that for the total population. From 1985-2005, only the rate for Whites met the Healthy People 2010 target of 3.5; the local incidence among Whites has historically been under 3.0, most recently approaching 1.0. In the late 1980s, the rate for Blacks increased to greater than the total population rate, and peaked to 56.2 in a one-year period (1992) due to a large outbreak associated with known substance abusers.[571]

Incidence of Tuberculosis by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1985-2005



	85-89	86-90	87-91	88-92	89-93	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04	01-05
All Races	7.9	9.2	10.5	10.9	11.6	12.3	12.6	12.4	12.4	12.2	11.8	10.5	10	9.5	8.7	8.5	9.4
Asian	30.1	34.4	35.6	34.7	36.7	37.7	36.4	35.3	35.9	35.3	33.2	30.5	29.9	28.5	24.9	23.1	23.4
Black	9.4	11.9	15	23.5	25.8	28.2	28.8	28.9	21.7	22.8	19.3	14.8	14.1	11.7	8.2	7.8	10.8
Hispanic	8.6	9.8	13	12.4	13.9	14.6	15.4	14.8	14.6	12.8	12.7	10.5	9.3	9.3	9.9	10.4	11.2
White	2.6	2.7	2.9	2.8	2.5	2.6	2.7	2.5	2.5	2.5	2.4	2	1.6	1.3	1.2	1.2	1.4

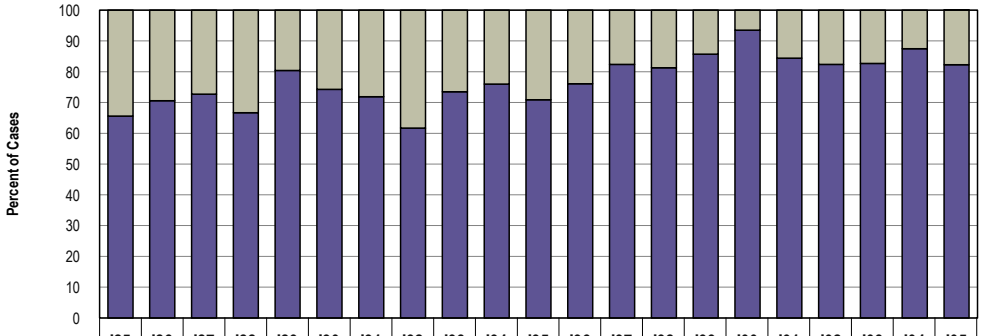
Rates are unadjusted
Source Data: RVCT (Report of Verified Case of Tuberculosis) 1985-2005; CDC *Morbidity and Mortality Weekly Report*

Case Rates by Nativity

- The primary factor of rising annual case counts in San Mateo County in recent years are foreign-born persons. Birth in another country, particularly in high incidence nations, is an indicator of infection acquired outside this country and reactivation of disease after immigration. Since 1985, the proportion of foreign-born TB cases increased from 65.6% to 82.3% in 2005, when only 11 cases were U.S.-born. The proportion of foreign-born cases then reverted to its approximate seven-year average (82.3%) in 2005.[572]

Tuberculosis Cases by Place of Birth

San Mateo County, 1985-2005



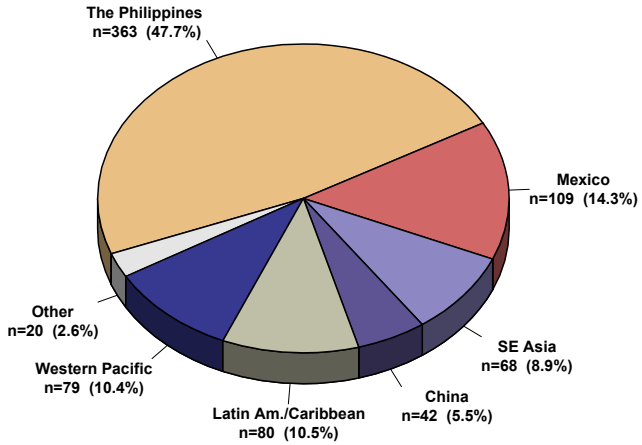
	'85	'86	'87	'88	'89	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05
All Cases	32	51	66	57	46	74	96	81	83	75	86	92	85	80	63	46	77	68	52	56	62
Number US-Born	11	15	18	19	9	19	27	31	22	18	25	22	15	15	9	3	12	12	9	7	11
Proportion US-Born	**34.4**	**29.4**	**27.3**	**33.3**	**19.6**	**25.7**	**28.1**	**38.3**	**26.5**	**24**	**29.1**	**23.9**	**17.6**	**18.7**	**14.3**	**6.5**	**15.6**	**17.6**	**17.3**	**12.5**	**17.7**
Number Foreign-Born	21	36	48	38	37	55	69	50	61	57	61	70	70	65	54	43	65	56	43	49	51
Proportion Foreign-Born	**65.6**	**70.6**	**72.7**	**66.7**	**80.4**	**74.3**	**71.9**	**61.7**	**73.5**	**76**	**70.9**	**76.1**	**82.4**	**81.3**	**85.7**	**93.5**	**84.4**	**82.4**	**82.7**	**87.5**	**82.3**

Source Data: RVCT (Report of Verified Case of Tuberculosis) 1985-2005

- Country of origin for foreign-born TB cases was evaluated according to world region classifications defined by the World Health Organization (WHO). The majority of foreign-born cases recorded during 1993-2005 originated in the Philippines (47.7%). Other important regions of origin were the Western Pacific and Southeast Asia (other than the Philippines and China) (19.3%), Mexico (14.3%) and other Latin American countries.[573]

Country Of Origin Of Foreign-Born Tuberculosis Cases

Cumulative Data, San Mateo County, 1993-2005



World region classifications adopted from *World Health Organization. Global Tuberculosis Control: Surveillance, Planning, Financing. WHO Report 2002*
*Western Pacific excludes the Philippines and China; **Latin America excludes Mexico
Source Data: RVCT (Report of Verified Case of Tuberculosis); 1993-2005

Incidence of Vaccine-Preventable Disease

- ***Haemophilus influenzae* type B:** Perhaps the best recent example of a disease eliminated by vaccination is *Haemophilus influenzae* type B (Hib). Since the Hib vaccine was licensed in 1985, national incidence has declined 99% from the pre-vaccine period. In California, Hib is now only reportable in individuals under 30 years of age. Only five cases were reported between 1995 and 2006 in San Mateo County.[574]

- **Polio:** Since 1979, all incidents of domestically acquired polio were caused by the live attenuated oral polio vaccine (OPV). One case of a vaccine-associated paralytic poliomyelitis (VAPP) occurred in San Mateo County during 1990-2006. Because the risk of VAPP was determined to be greater than the acquisition of natural polio infection in the United States, inactivated polio vaccine (IPV) replaced the oral vaccine on the schedule of recommended childhood immunizations beginning in 2000.[575]

- **Hepatitis B:** Between 30% and 90% of young children and 2% to 10% of adults [with hepatitis B] develop chronic infection. At present, there is no cure for the disease. About 15-25% of people chronically infected die prematurely of severe liver disease including cirrhosis and cancer. Chronic and acute cases of hepatitis B were not reliably distinguished in local reporting process over the course of the observation period, and are combined in this report. The frequency of reported hepatitis B (both chronic and acute detection) in San Mateo County increased approximately five-fold between 1990 and 2002, decreasing to only two-fold by 2006.

  In August 1997, hepatitis B vaccination was included in the legally mandated vaccine schedule for school entry in California. The San Mateo County Kindergarten Retrospective Survey determined that between 1996 and 1998, the proportion of children immunized with the third dose in the hepatitis B vaccine series increased from 80.0% to 84.2%.[576]

- **Pertussis:** Cases of pertussis are on the rise. Pertussis cases increased 550% from 6 cases in 1990 to 39 in 2006 (note a high of 72 cases in 2005). In 1998 and 1999, when 43 cases were reported, pertussis appeared in inadequately immunized infants under one year of age (n=16, 37.2%), young children aged 1 to 5 (n=5, 11.6%), children aged 5 to 14 (n=14, 32.6%), and in adults aged 15 and older (n=8, 18.6%), a group in which mild infections are likely undiagnosed. Vaccine efficacy begins to wane at about 12 years of age. While unable to verify a common chain of transmission, cases were mostly White and some were clustered within households.[577]

- **Measles, mumps and rubella**: Measles, mumps, and rubella are viral rash illnesses prevented through routine vaccination. The incidence of each dropped in the United States after the respective introduction of each vaccine. Pockets of unvaccinated children and adults, however, led to the nationwide outbreak of measles during 1989-1991. During this period, the incidence in California jumped from an annual average of about 500 cases to a high of 12,656 in 1990 before subsiding. The county experience was similar. From 1993-2006 San Mateo County has had an annual average of one case of measles reported per year. Mumps is rarely seen in San Mateo County, with an average of 2.7 cases per year reported from 1990-2006. During 1990-2006, only eleven rubella cases were confirmed in San Mateo County.[578]

- **Diphtheria:** Diphtheria is only sporadically reported in the US ; the last case occurred in an elderly traveler immediately following his return to the US from a country with endemic diphtheria. Diphtheria is prevented through vaccination which is recommended during infancy. Diphtheria cases in the U.S. have declined by 99.9% since vaccine became available around 1921. San Mateo County has had no cases of Diphtheria since 1990.[579]

- **Hepatitis A:** Hepatitis A rates in the U.S have declined by 89% since hepatitis A vaccine first became available in 1995. In 2006, the estimated number of new infections with Hepatitis A was 32,000 the U.S. In San Mateo County incidence of Hepatitis A decreased 91% from 65 cases in 1990 to 6 cases in 2006, with a high of 106 cases in 1996.[580]

- **Tetanus:** Tetanus cases in the U.S. have decreased by 98.5% since vaccine became available in 1924, with death occurring in about 10-20% of cases, with an even higher percentage in cases occurring in elderly patients. Incidence in San Mateo County remains sporadic at a low of 0-1 cases per year since 1990.[581]

Annual Incidence of Diseases Preventable by Common Vaccines

Number of Cases, San Mateo County, 1990-2006

Disease	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
*Haemophilus influenzae**	7	4	2	1	1	0	0	3	1	0	0	1	0	0	0	0	0
Hepatitis A	65	61	50	44	49	66	106	73	70	44	27	47	34	18	16	13	6
Hepatitis B (acute & carrier)	92	194	283	271	276	222	195	270	284	297	341	422	493	369	294	478	191
Measles (Rubeola)	39	15	1	2	2	1	0	2	0	0	3	1	0	1	0	0	0
Mumps	7	9	4	4	4	2	3	1	2	2	1	2	1	0	0	0	4
Pertussis	6	5	9	3	7	5	9	5	23	20	6	10	15	24	30	72	39
Poliomyelitis	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	3	3	0	0	1	0	0	3	0	0	1	0	0	0	0	0	0
Tetanus	1	0	1	0	1	0	0	0	1	0	1	0	0	0	0	1	0

*Includes both meningitis and sepsis
Source Data: California Confidential Morbidity Reports, 1990-2006

Hepatitis C

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. It is a serious infection that can lead to death. It is not vaccine-preventable. HCV is spread by contact with the blood of an infected person; it is also sexually transmitted, although that is not a major route of exposure.

- Current available data are not indicative of actual hepatitis C prevalence or incidence in San Mateo County.

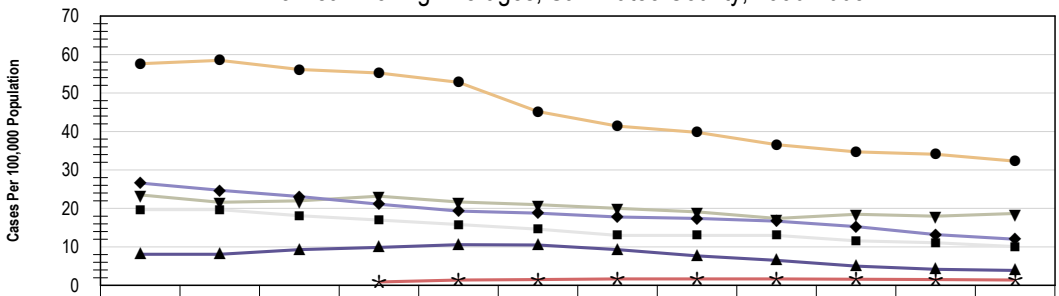
Enteric Disease

Enteric diseases are gastrointestinal illnesses caused by bacteria, parasites or viruses. Transmission from person to person is via hand-to-mouth. A person must actually ingest the organism in order to become infected.

- In 2005, the most common enteric disease in San Mateo County was campylobacteriosis, followed by salmonella, then giardia and shigella. Between 1990 and 2005, rates for campylobacteriosis, salmonellosis, shigellosis, hepatitis A, and giardia have decreased, while rates of E. coli O157:H7 have remained stable.[582]

Incidence Of Selected Enteric Pathogens

5-Year Moving Averages, San Mateo County, 1990-2005



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04	01-05
Campylobacter	57.6	58.5	56.1	55.2	52.8	45.2	41.4	39.8	36.6	34.7	34.1	32.3
E. coli O157:H7	*	*	*	0.9	1.4	1.5	1.7	1.7	1.7	1.6	1.5	1.4
Giardia	26.6	24.7	23.1	21.1	19.3	18.8	17.8	17.4	16.7	15.3	13.2	12
Hepatitis A	8.1	8.1	9.3	9.9	10.6	10.5	9.3	7.7	6.5	5	4.2	3.9
Salmonella	23.5	21.6	22	23.2	21.7	21	20	19.1	17.4	18.5	18	18.7
Shigella	19.7	19.7	18.1	17	15.8	14.6	13	13	13	11.6	11.1	10.1

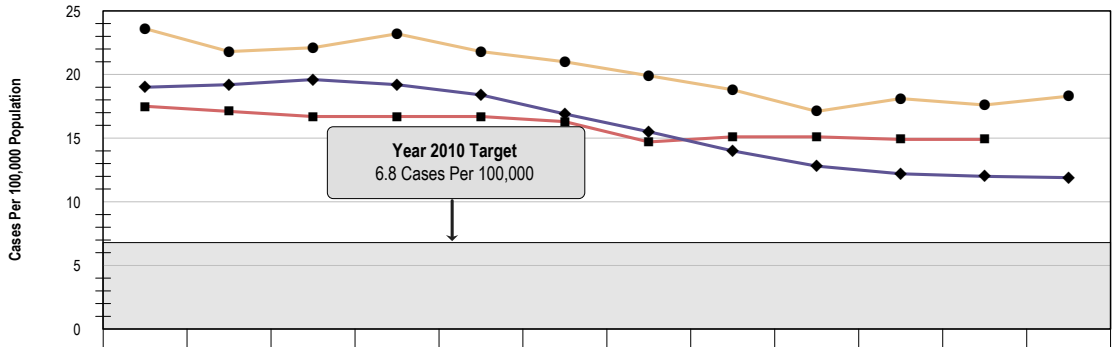
Rates are age-adjusted and standardized to Year 2000 United States population
**Escherichia coli* O157:H7 was not reportable prior to 1993
Source Data: California Confidential Morbidity Reports, 1990-2005

Salmonella

- There are more than 2,000 recognized serotypes of *Salmonella* (not including *S. typhi*, the cause of typhoid fever). A number of animal species serve as reservoirs for *Salmonella* species, and infection is commonly associated with consuming unpasteurized dairy and other contaminated animal products. In California, eggs from infected chickens has have been identified as a significant source of infection. The county rate decreased 22.5% from 23.6 between 1990 and 1994 to 18.3 from 2001 to 2005. In 1997, the local rate doubled due to two outbreaks of *S. typhimurium* DT104, each linked to Mexican-style raw-milk cheese. The sharp rise in cases reported in 2001 and 2002 may reflect a continuing problem with contaminated dairy products. The Healthy People 2010 target rate of 6.8 was not achieved by the nation, state or county between 2001 and 2005.[583]

Incidence of Salmonella

5-Year Moving Averages, San Mateo County, California and National, 1990-2005



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04	01-05
San Mateo	23.6	21.8	22.1	23.2	21.8	21	19.9	18.8	17.1	18.1	17.6	18.3
California	19	19.2	19.6	19.2	18.4	16.9	15.5	14	12.8	12.2	12	11.9
National	17.5	17.1	16.7	16.7	16.7	16.3	14.7	15.1	15.1	14.9	14.9	*

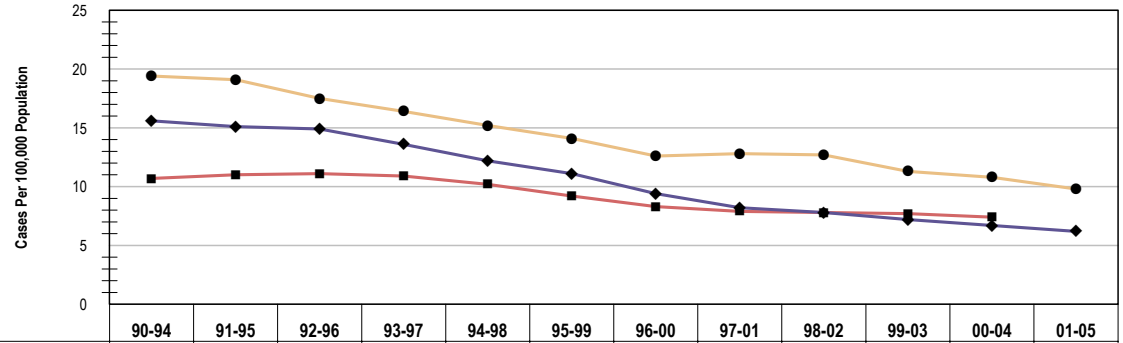
Rates are unadjusted
Source Data: California Confidential Morbidity Reports, 1990-2005; CDC MMWR *Summary of Notifiable Diseases* 1990-2004
2004-2005 California data are provisional; *2005 national data not available at time of publication

Shigella

- During 1990 through 2005, the rate of disease for San Mateo County, California and the United States generally declined, though local annual rates were erratic across the years. Five-year moving average rates show a general decline in San Mateo County during this period to approximately 9.8, which is 58.1% greater than that for California. Between 1990 and 2005, the rate for San Mateo County decreased about 49.5%, yet remained higher than that for both the state and nation. The markedly higher rate in 2000 was largely the result of a single food-borne outbreak. No national target has been established for *Shigella*.[584]

Incidence of Shigella

5-Year Moving Averages, San Mateo County, California and National, 1990-2005



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04	01-05
San Mateo	19.4	19.1	17.5	16.4	15.2	14.1	12.6	12.8	12.7	11.3	10.8	9.8
California	15.6	15.1	14.9	13.6	12.2	11.1	9.4	8.2	7.8	7.2	6.7	6.2
National	10.7	11	11.1	10.9	10.2	9.2	8.3	7.9	7.8	7.7	7.4	*

Rates are unadjusted
Source Data: California Confidential Morbidity Reports, 1990-2005; CDC MMWR *Summary of Notifiable Diseases* 1990-2004
2004-2005 California data are provisional; *2005 national data not available at time of publication

INJURIES

OVERVIEW

Firearms, motor vehicle crashes and poisonings (including drug overdoses) are the leading causes of injury deaths in San Mateo County (accounting for approximately 20% each). Unintentional injury death rates in San Mateo County decreased in recent years, but still fail to satisfy the Healthy People 2010 objective, and rates continue to be higher for males than for females.

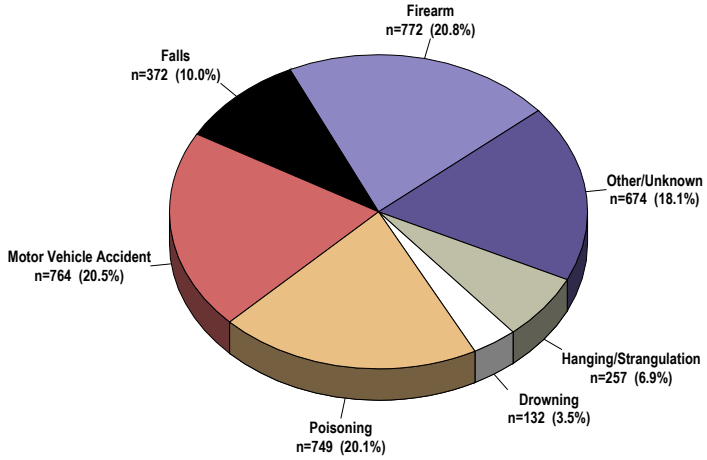
Area homicide and suicide rates continue to decline, but have yet to satisfy Healthy People 2010 objectives.

Injury Deaths

- There were 3,720 deaths due to injury between 1990-2004. Deaths through use of a firearm were the highest percentage of deaths (20.8%) followed by motor vehicle accidents (20.5%). Other major causes were poisonings (20.1%), falls (10.0%), hanging or strangulation (6.9%), and drowning (3.5%).[585]

Major Causes of Deaths Due to Injury

Cumulative Data, San Mateo County, 1990-2004



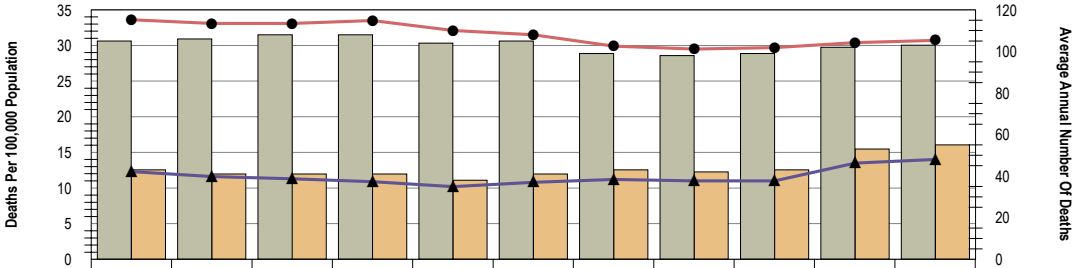
There were 3720 total injury deaths (2227 total deaths due to unintentional injury and 1493 total deaths due to intentional injury) from 1990-2004 (numbers have not been adjusted for comparability ratios)
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

Unintentional Injury Deaths

- The overall rate for unintentional injury deaths in San Mateo County decreased 3.1% from 22.5 in 1990-1994 to 21.8 in 2000-2004, failing to satisfy the Healthy People 2010 objective (17.5). From 2000 to 2004, the male rate of 30.7 was significantly higher than the female rate of 14.0, a trend observed for the duration of the years 1990 to 2004 (neither rates for males nor females changed significantly during this period).[586]

Unintentional Injury Mortality by Gender

5-Year Moving Averages, San Mateo County 1990-2004



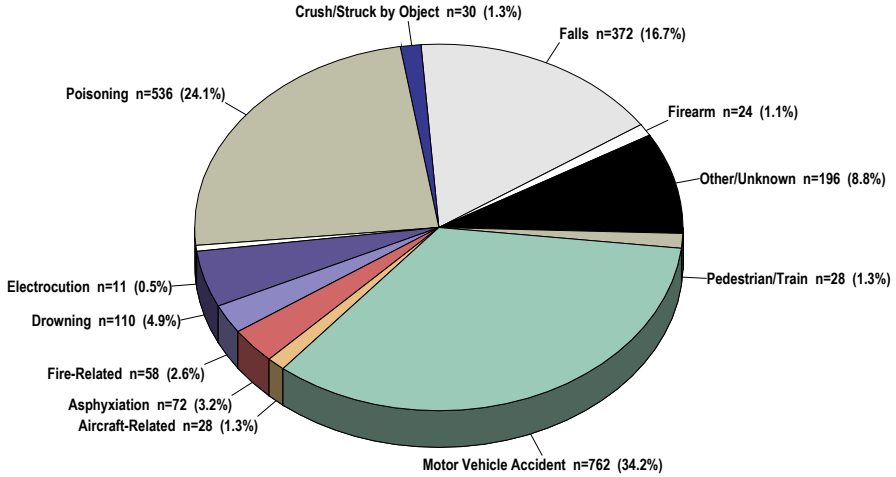
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
Overall Rate	22.5	21.9	21.9	21.7	20.7	20.8	20.2	19.8	19.9	21.5	21.8
Number Male	105	106	108	108	104	105	99	98	99	102	103
Rate Male	33.6	33.1	33.1	33.5	32.1	31.5	29.9	29.5	29.7	30.4	30.7
Number Female	43	41	41	41	38	41	43	42	43	53	55
Rate Female	12.3	11.6	11.3	10.9	10.2	10.8	11.2	11	11	13.5	14

Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 1.0305
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

- **Motor vehicle accidents** accounted for the largest proportion of deaths due to unintentional injuries during 1990-2004, followed by **poisonings** and **falls**. Drowning, asphyxiation, fire-related accidents, firearms, pedestrian incidents involving a train, and electrocution caused much of the remainder of deaths. There were 2,227 unintentional deaths from 1990-2004.[587]

Major Causes of Deaths Due to Unintentional Injury

Cumulative Data, San Mateo County, 1990-2004

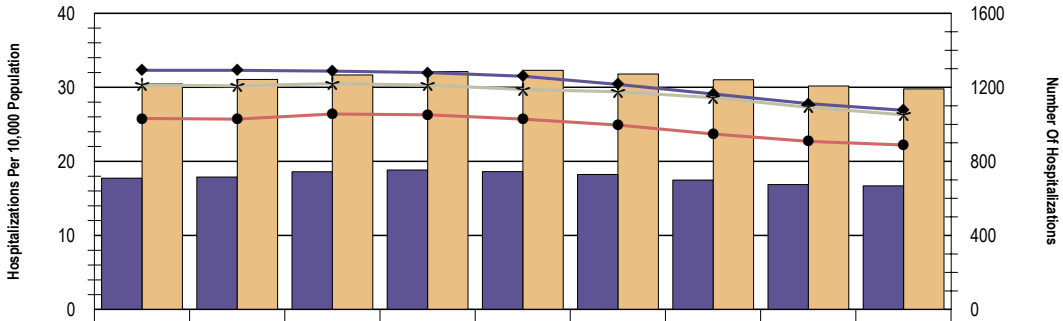


There were 2,227 total deaths due to unintentional injury from 1990-2004 (numbers have not been adjusted for comparability ratios)
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

- The rate of hospitalization due to injury from unintentional falls were lower among males (22.2 for 2000-2004) than among females (26.9 for 2000-2004). The overall rate has decreased 13.2% from 1992-1996 to 2000-2004.

Hospitalizations Due To Injury From Unintentional Falls By Sex

5-Year Moving Averages, San Mateo County, 1992-2004



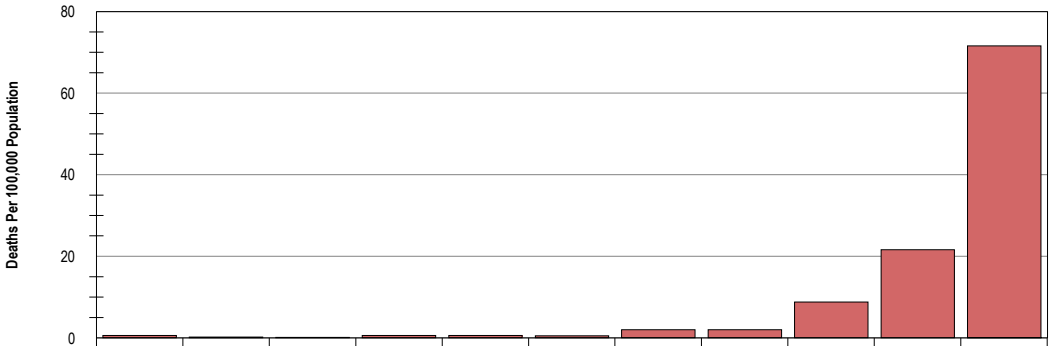
	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004
Overall Rate	30.3	30.2	30.5	30.3	29.7	29.4	28.6	27.3	26.3
Number Male	709	715	744	753	745	729	699	675	668
Male Rate	25.8	25.7	26.4	26.3	25.7	24.9	23.7	22.7	22.2
Number Female	1218	1243	1267	1285	1292	1272	1241	1207	1192
Female Rate	32.3	32.3	32.2	32	31.5	30.4	29.1	27.8	26.9

Rates are age-adjusted and standardized to Year 2000 population
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2004

- 77.6% of deaths due to unintentional falls occurred among people aged 65 years and older (n=264).[588]

Mortality Due to Unintentional Falls by Age

Cumulative Data, San Mateo County 1990-2004



	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Deaths	1	1	1	7	10	9	28	19	60	95	109
Rate	0.6	0.2	0.1	0.6	0.6	0.5	2	2	8.8	21.6	71.6

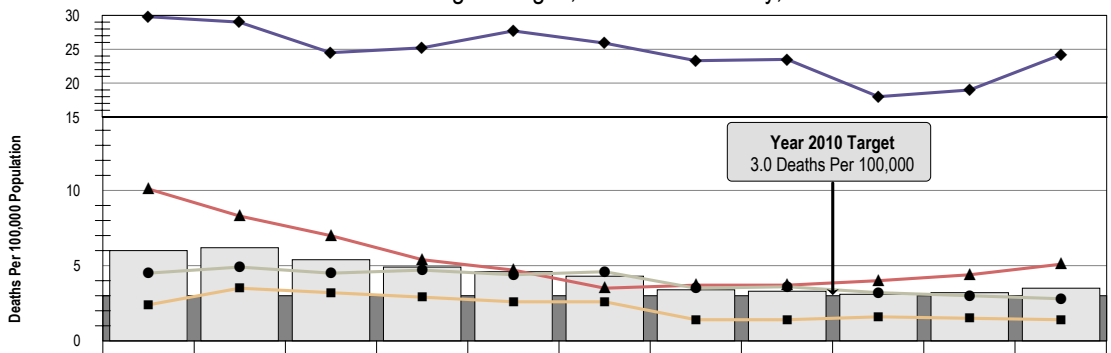
Rates are not age-adjusted; 1990-1998 numbers and rates have been adjusted to comparability ratio 0.8409
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

Homicide

- The county homicide rate decreased 41.7% from 6.0 between 1990 to 1994 to 3.5 between 2000 to 2004. Interestingly, the homicide trend is inversely related to the economic growth curve for the 1990s, with homicide less likely during the economic boom. The rates among Whites and Asians reached the Healthy People 2010 target of 3.0 in 2000-2004. Rates were highest among Blacks; the Hispanic homicide rate was also consistently above the Healthy People 2010 goal in recent years. The homicide rate in Blacks is 15-18 times higher than in Whites.[589]

Homicides by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
All Races	6	6.2	5.4	4.9	4.6	4.3	3.4	3.3	3.1	3.2	3.5
Asian	4.5	4.9	4.5	4.7	4.4	4.6	3.5	3.6	3.2	3	2.8
Black	29.8	29	24.5	25.2	27.7	25.9	23.3	23.5	18	19	24.2
Hispanic	10.1	8.3	7	5.4	4.7	3.5	3.7	3.7	4	4.4	5.1
White	2.4	3.5	3.2	2.9	2.6	2.6	1.4	1.4	1.6	1.5	1.4

Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 0.9983
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

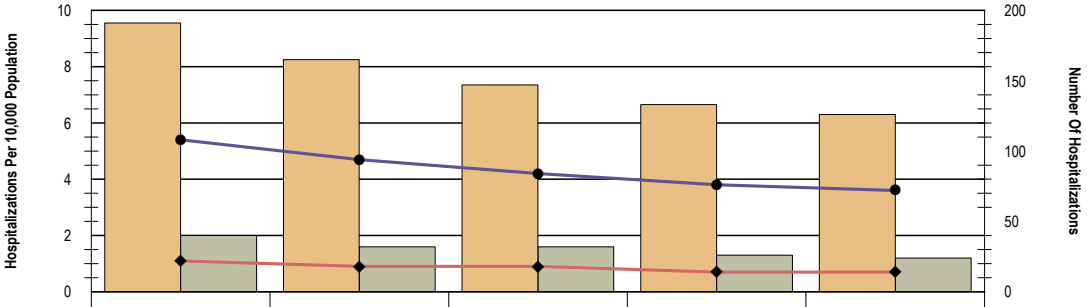
Assault

- Among hospitalizations due to injury purposely inflicted by other, 30% were attributed to *fight, brawl, rape* followed by *assault by firearms and explosives* (23%); *assault by other and unspecified means* (23%) and *assault by cutting and piercing instrument* (19%). *Late effects of injury purposely inflicted by other person*; *child and adult battering and other maltreatment*; *assault by poisoning*; *assault by hanging and strangulation*; and *assault by submersion* attributed to less than 3% each.

  Hospitalization rates were significantly higher among males (average annual rate=4.3) than females (average annual rate=0.9) from 1992-2002. Although the hospitalization rate among females remained relatively stable from 1992-2000, the hospitalization rate among males declined significantly from 7.7 in 1992 to 3.1 in 2000.[590]

Hospitalizations Due to Injury Purposely Inflicted by Other by Gender

5-Year Moving Averages, San Mateo County, 1992-2000



	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
Overall Rate	3.3	2.8	2.6	2.3	2.2
Number Male	191	165	147	133	126
Male Rate	5.4	4.7	4.2	3.8	3.6
Number Female	40	32	32	26	24
Female Rate	1.1	0.9	0.9	0.7	0.7

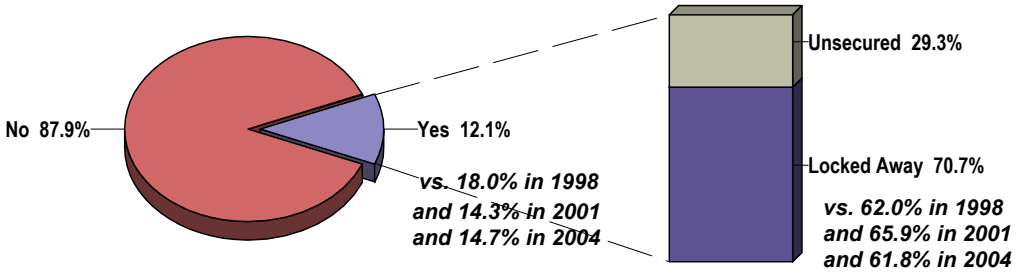
Rates are age-adjusted and standardized to Year 2000 population
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2000

Firearms & Other Weapons

Firearms are implicated in the majority of injury deaths in the county and represent a large portion of years of potential life lost.[591]

- Nearly 70% of homicides during 1990-2001 were the result of the use of firearms.[592]
- In the 2008 San Mateo County Health & Quality of Life Survey, 12.1% of households report keeping a firearm in or around their home (including pistols, shotguns, rifles and other types of guns; excluding starter pistols, BB guns or guns that cannot fire). This percentage is less than the 18.0% reported in 1998.[593]
  - Of those survey respondents keeping firearms in or around the home, 70.7% say these are kept in locked places, such as locked drawers, cabinets or closets (statistically better than 1998 findings).[594]

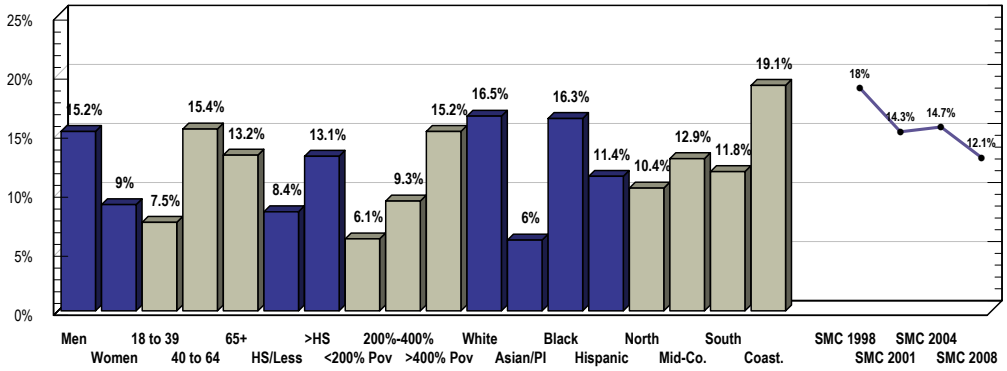
Firearms in the Home



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).

- The proportions of households with firearms is higher among men (15.2%), persons living at higher incomes (15.2%) and education levels (13.1%), adults aged 40 to 64 (15.4%) and White (16.5%) and Black (16.3%) respondents. On the Coastside, nearly one out of five households (19.1%) reports keeping a firearm in or around the home.[595]

Firearms in the Home

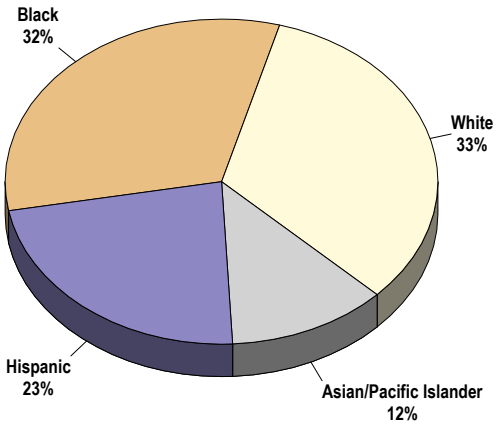


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. Firearms include pistols, shotguns, rifles, and other types of guns. This does not include starter pistols, BB guns, or guns that cannot fire.

- The distribution of firearms in homes by race/ethnicity is shown below. As can be seen, Whites (33%) and Blacks (32%) make up the majority of homes with firearms, followed by Hispanics (23%) and Asians/Pacific Islanders (12%).[596]

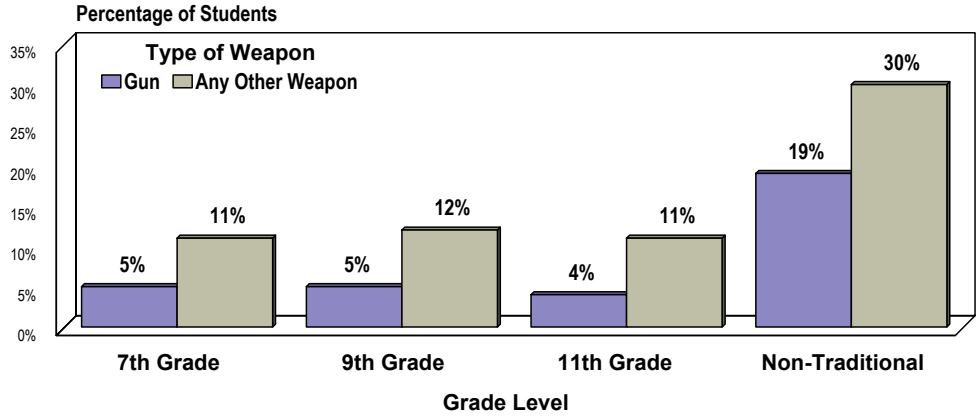
Firearms in the Home by Race/Ethnicity

San Mateo County, 1998-2008



- From the 2005-2006 San Mateo County Healthy Kids Survey, between 4-5% of children in the 7th, 9th and 11th graders admit to carrying a gun at school in the past year, and between 11-12% admit to carrying another kind of weapon. In addition, one in five non-traditional students admit carrying a gun to school and nearly one in three (30%) admit to carrying some other kind of weapon to school in the past 12 months. [597]

Possession of Weapons by Grade Level



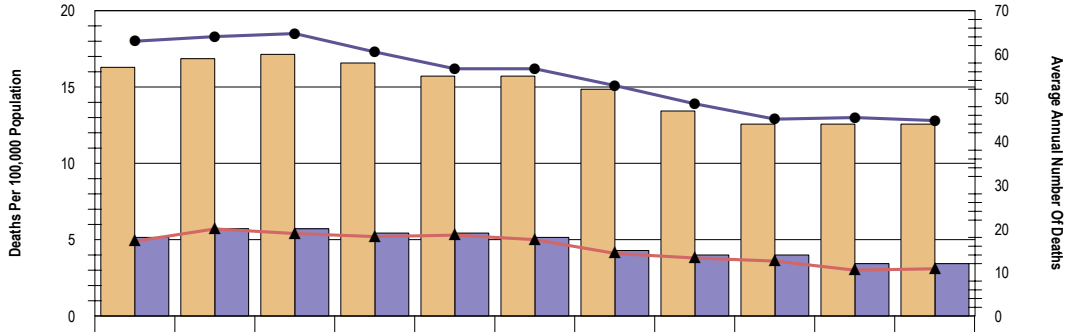
Source: San Mateo County Healthy Kids Survey, 2005-2006
Note: Survey question asked about carrying weapons at school during the past 12 months.

Suicide

- The overall suicide rate in San Mateo County has declined 31.5% in the past decade from 11.1 between 1990 and 1994 to 7.6 between 2000 and 2004; the rates for males showed a similar pattern. Nonetheless, only the female rate meets the Healthy People 2010 target of 5.0. The 2000-2004 county rate (a total of 56 suicides were documented during this period) of 12.8 for males was over three times the rate for females (3.1) during the same time period.

Suicides by Gender

5-Year Moving Averages, San Mateo County 1990-2004



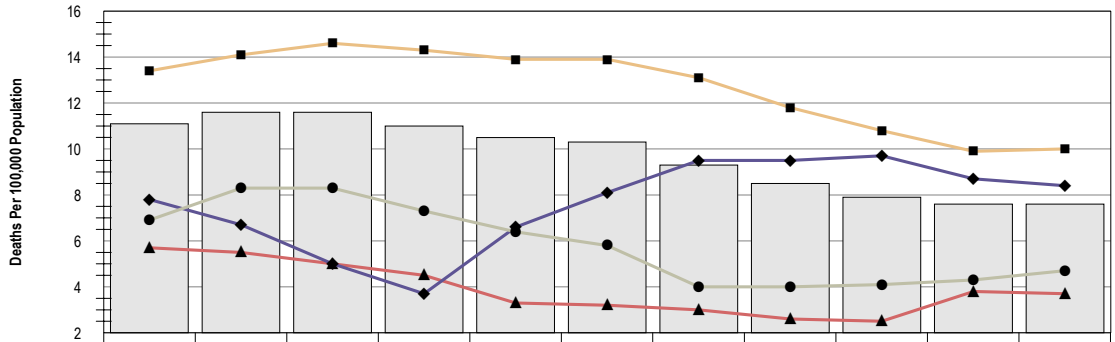
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
Overall Rate	11.1	11.6	11.6	11	10.5	10.3	9.3	8.5	7.9	7.6	7.6
Number Male	57	59	60	58	55	55	52	47	44	44	44
Rate Male	18	18.3	18.5	17.3	16.2	16.2	15.1	13.9	12.9	13	12.8
Number Female	18	20	20	19	19	18	15	14	14	12	12
Rate Female	4.9	5.7	5.4	5.2	5.3	5	4.1	3.8	3.6	3	3.1

Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 0.9962
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

- The White, Asian and Hispanic suicide rate all declined in the past decade mirroring the overall county rate. Whites had the highest suicide rate in the county, followed closely by Blacks. From 2000 to 2004, the White rate of 10.0 was two to three times higher than either the Asian rate of 4.7 or the Hispanic rate of 3.7. The rate was consistently lowest among Hispanics.[598]

Suicides by Race/Ethnicity

5-Year Moving Averages, San Mateo County 1990-2004



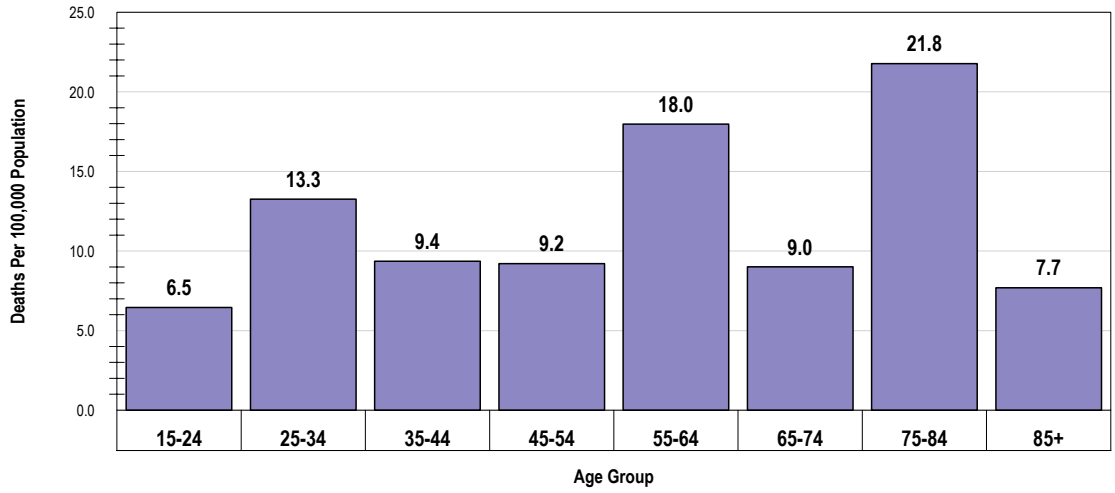
	90-94	91-95	92-96	93-97	94-98	95-99	96-00	97-01	98-02	99-03	00-04
All Races	11.1	11.6	11.6	11	10.5	10.3	9.3	8.5	7.9	7.6	7.6
Asian	6.9	8.3	8.3	7.3	6.4	5.8	4	4	4.1	4.3	4.7
Black	7.8	6.7	5	3.7	6.6	8.1	9.5	9.5	9.7	8.7	8.4
Hispanic	5.7	5.5	5	4.5	3.3	3.2	3	2.6	2.5	3.8	3.7
White	13.4	14.1	14.6	14.3	13.9	13.9	13.1	11.8	10.8	9.9	10

Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 0.9962
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

- In 2004, suicide rates were highest in the 75-84 age group, followed by the 55-64 and 25-34 age groups.[599]

Suicides by Age Group

San Mateo County, 2004



Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 0.9962
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 2004

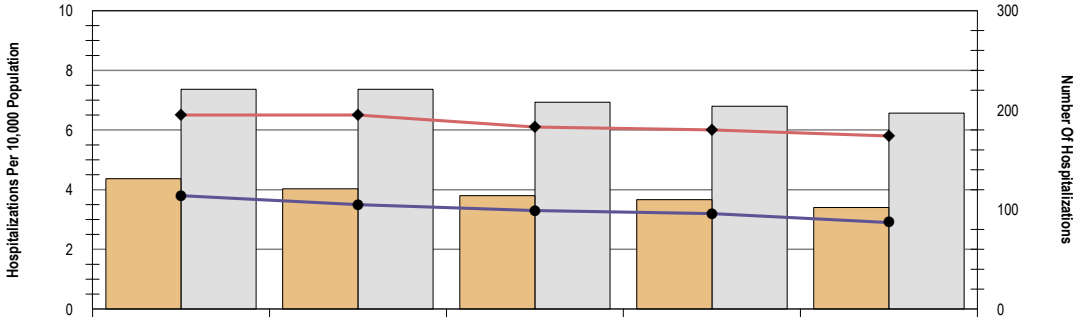
Self-Inflicted Injury

- Hospitalizations due to *suicide and self-inflicted injury* were the fourth leading cause of injury-related hospitalizations. Within this category, 79% were attributed to *poisoning by solid or liquid substance*, followed by *cutting and piercing instrument* (46%). Subcategories including *other and unspecified means; firearms, air guns and explosives; hanging, strangulation, and suffocation; jumping from a high place; poisoning by other gases and vapors; late effects of self-inflicted injury; poisoning by gases in domestic use;* and *submersion* accounted for less than 6% each of hospital discharges due to *suicide and self-inflicted injury*. Suicide-related hospitalizations by gender remained relatively stable between 1992-

2000. Rates were significantly higher among females (average annual rate=6.2) than males (average annual rate=3.3) from 1992-2002.[600]

Hospitalizations Due to Self-Inflicted Injury by Gender

5-Year Moving Averages, San Mateo County, 1992-2000



	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
Overall Rate	5.1	5	4.7	4.6	4.3
Number Male	131	121	114	110	102
Rate Male	3.8	3.5	3.3	3.2	2.9
Number Female	221	221	208	204	197
Rate Female	6.5	6.5	6.1	6	5.8

Rates are age-adjusted and standardized to Year 2000 population
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2000

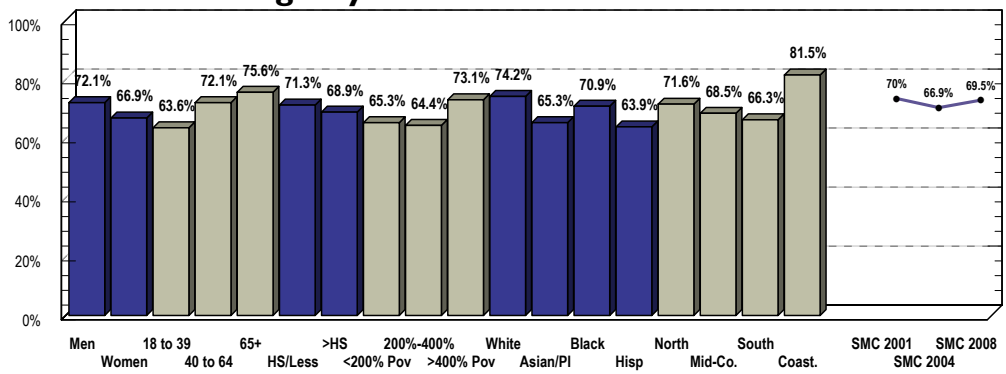
Emergency Provisions

Three days' worth of food and water has been the standard recommended amount of provisions needed to be prepared for an unforeseen disaster. However, with pandemic flu preparation, those recommendations have increased to having two weeks' to two months' worth of food stored for your family.

- A total of 69.5% of survey respondents report that they had three day's worth of emergency food and water stored at home at the time of the interview (statistically similar to previous findings).[601]

- Men, seniors, adults 40 and older, persons living at higher incomes, White respondents, and Coastside residents more often report keeping emergency food and water stores.[602]

Have Three Days' Worth of Emergency Food and Water Stored at Home



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Pandemic Flu Preparation Recommendations

Pandemic Flu Planning Checklist for Individuals & Families [603]

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1) To plan for a pandemic:

- Store a two-week to two-month supply of food, and at least a one-week supply of water. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.

- Periodically check your regular prescription drugs to ensure a continuous supply in your home.

- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.

- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.

- Volunteer with local groups to prepare and assist with emergency response.

- Get involved in your community as it works to prepare for an influenza pandemic.

2) To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior.

- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.

- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

ADDICTIONS & SUBSTANCE USE

OVERVIEW

Substance abuse and its related problems are among our society's most pervasive health and social concerns. Tobacco, alcohol and illicit drugs are serious contributing factors to numerous leading causes of death, disease and disability including: cancer, motor vehicle crashes, maternal and infant complications and many more. Substance abuse has a huge local economic impact of over $500 million per year in San Mateo County. Substance abuse also carries a significant social impact, contributing to such social ills as homelessness, violence and poverty.

Substance abuse – which crosses geographic, age and racial/ethnic lines – is often initiated in adolescence, with a majority of San Mateo County 11th graders having tried alcohol and marijuana. Nearly one-half of San Mateo County adults say they would not know where to access treatment for a drug-related problem for themselves or a family member if needed.

Substance Abuse

Substance abuse and its related problems are among society's most pervasive health and social concerns. Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections… Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use. Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.[604]

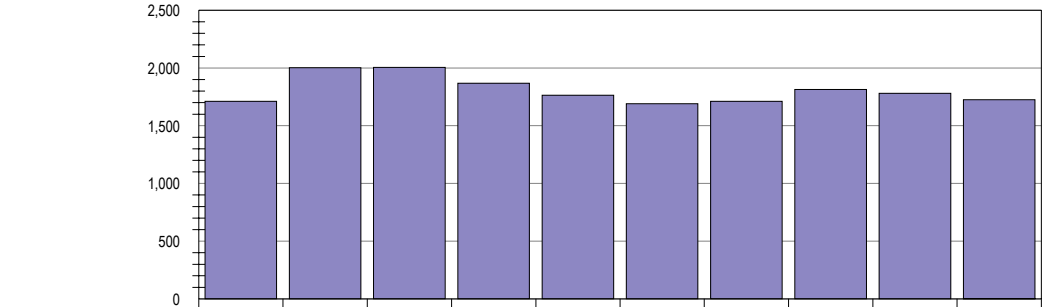
The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.[605]

Drug Use

Adult Drug Use

- In San Mateo County in 2005, there were 1,725 felony arrests for drug-related charges, representing 27.5% of all felony arrests. The number of felony drug-related arrests increased between 2001 and 2003, but subsequently decreased in 2004 and 2005.[606]

Felony Arrests for Drug-Related Charges
(San Mateo County)

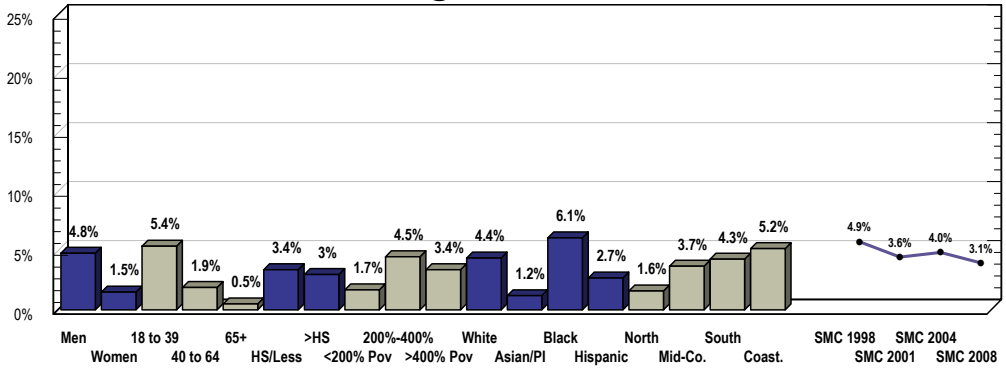


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Drug-Related Charges	1,711	2,002	2,006	1,868	1,765	1,690	1,711	1,814	1,781	1,725
All Felony Charges	6,531	6,926	6,529	6,011	5,923	5,925	6,066	6,278	6,208	6,275

Source Data: State of California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center. Felony Arrests Table 3A, January 2005.

- In San Mateo County, 3.1% of adult survey respondents this year acknowledge having taken an illegal drug in the past year, *lower* than 1998 findings. In San Mateo County, responses were higher among men (4.8%), and young adults aged 18 to 39 (5.4%). Note the lower prevalence among Asians (1.2%) and North County residents (1.6%). We are unsure of the accuracy of self-reported drug use; it invariably underreports actual use.[607]

Self-Reported Use of an Illegal Drug in the Past Year



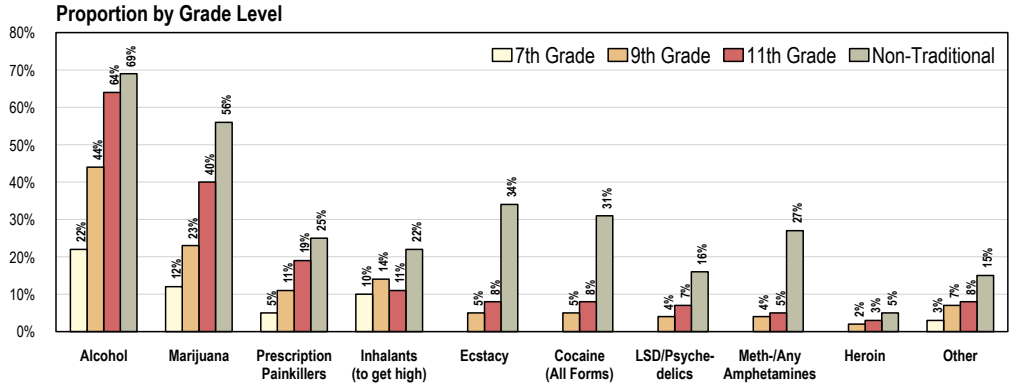
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Drug Use Among Adolescents

- Overall drug use among adolescents in 7th, 9th and 11th grader followed showed a positive correlation (unfavorable relationship) with age for many of the drugs asked about in the 2004 to 2006 San Mateo County Healthy Kids Survey, including alcohol, marijuana, prescription painkillers, ecstasy, cocaine, LSD, amphetamines, and heroin. Note that the use among non-traditional (of any age) students is higher than use among traditional students for all drugs presented. Note also that 64% of 11th grade students have tried alcohol, and 40% have tried marijuana.[608]

Adolescent Lifetime Use of Illegal Drugs by Grade Level

San Mateo County, 2004-2006



Source: 2004-2006 San Mateo County Healthy Kids Survey.

Alcohol Use & Abuse

Alcohol abuse is the must serious substance abuse problem we face. A majority of the population drinks alcohol. Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences. Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior. [609]

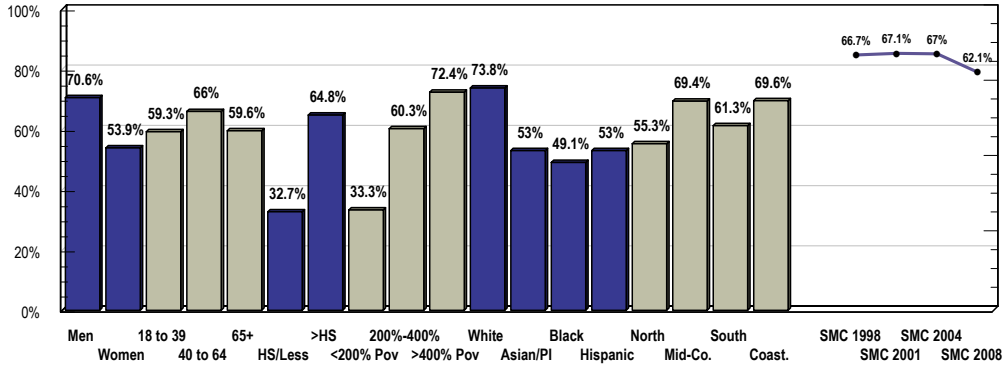
Alcohol Use

Current Drinkers

- Nearly two-thirds of adults (62.1%) are current drinkers; that is, they have consumed at least one alcoholic drink in the month preceding the interview. This is lower than 2004 findings (67.0%).[610]

- Alcohol use is notably higher among men, adults with higher education/higher income, Whites, and residents of the Mid-County or Coastside regions.[611]

Current Drinkers



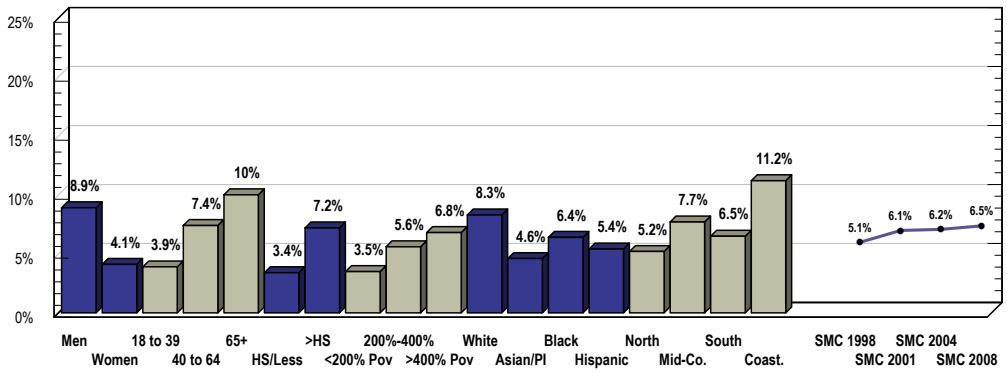
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Current drinkers are those who report any alcohol use in the past month.

Chronic Drinkers

- A total of 6.5% of San Mateo County adults are "chronic" drinkers, meaning that they averaged two or more drinks per day in the month preceding the interview (total of 60 alcoholic drinks in 30 days), similar to previous findings.

- This percentage is higher among men (8.9%), seniors (10.0%), those with a college education (7.2%), persons with incomes over 400% of poverty (6.8%), White respondents (8.3%), and Coastside respondents (11.2%).[612]

Chronic Drinkers



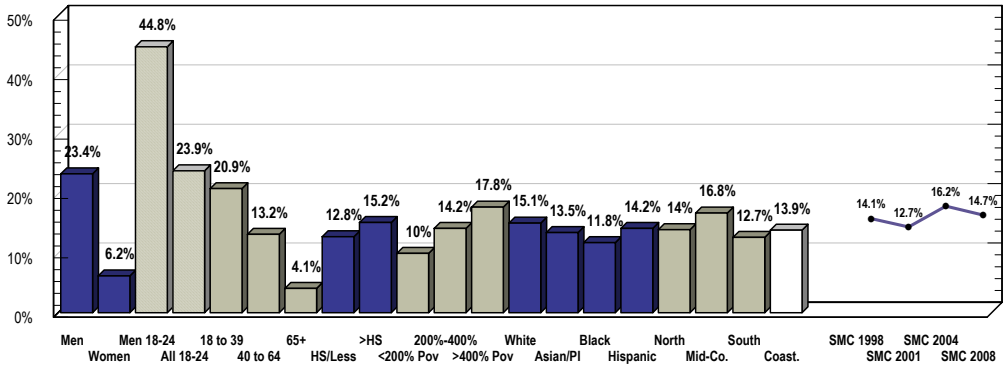
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Chronic drinkers are those who have had 60 or more alcoholic beverages during the past month.

Binge Drinkers

- A total of 14.7% of San Mateo County adults are "binge" drinkers, meaning that there has been at least one occasion in the month preceding the interview on which they consumed five or more alcoholic drinks. This is similar to findings from previous years.[613]

- Binge drinking in San Mateo County is highest among men (25.4%) and young adults (20.9% among those aged 18 to 39), and particularly young men aged 18 to 24 (44.8%). Persons living above the 400% poverty threshold (17.8%) also show increased incidence of binge drinking.[614]

Binge Drinkers

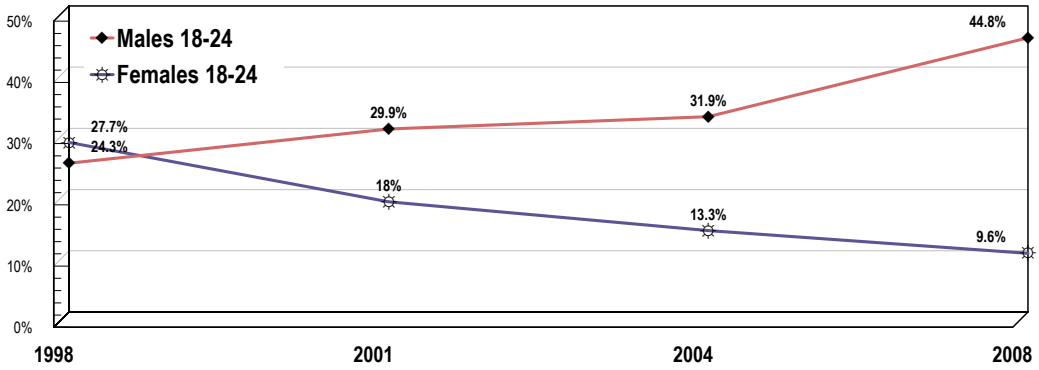


Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Binge drinkers are those who have had 5 alcoholic beverages on any one occasion during the past month.

- In looking at binge drinking among young adults over the past several years, data show that binge drinking has *increased significantly* among males aged 18 to 24. While reports among females aged 18 to 24 decreased during this time, the difference between 1998 and 2008 findings is not statistically significant.[615]

Binge Drinkers Among Adults Aged 18 to 24 Years

(San Mateo County)



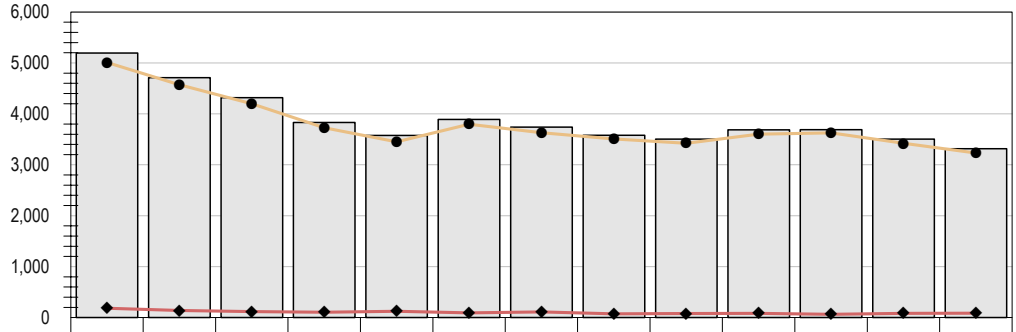
Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Binge drinkers are those who have had 5 alcoholic beverages on any one occasion during the past month.

Driving Under the Influence (DUI)

- In 2005, there were 86 felony DUI arrests and 3,231 misdemeanor arrests in San Mateo County. Arrests for DUI reached a ten-year low, 3,317 in 2005 marking a 23.2% decrease since 1995.[616]

Felony & Misdemeanor DUI Arrests

San Mateo County, 1993-2005



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Misdemeanor	5,010	4,573	4,200	3,728	3,452	3,797	3,629	3,507	3,423	3,603	3,626	3,421	3,231
Felony	183	139	117	104	126	92	110	73	80	83	64	82	86
Total	5,193	4,712	4,317	3,832	3,578	3,889	3,739	3,580	3,503	3,686	3,690	3,503	3,317

Source: State of California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center. Felony/Misdemeanor Arrests Tables 3A, 4A, August 2007.

Substance Abuse Hospitalizations

- The leading causes of substance abuse-related hospitalization were alcohol dependence syndrome also known as chronic alcoholism (19.8% of all substance abuse-related hospitalizations; average annual rate per 100,000 population=106.3), followed by chronic alcoholic liver disease (16.8%; average annual rate=92.2) and nondependent alcohol abuse (12.0%; average annual rate=64.6).[617]

Leading Causes of Substance Abuse-Related Hospitalization

Ranked by Cumulative Frequency, San Mateo County, 1992-2000

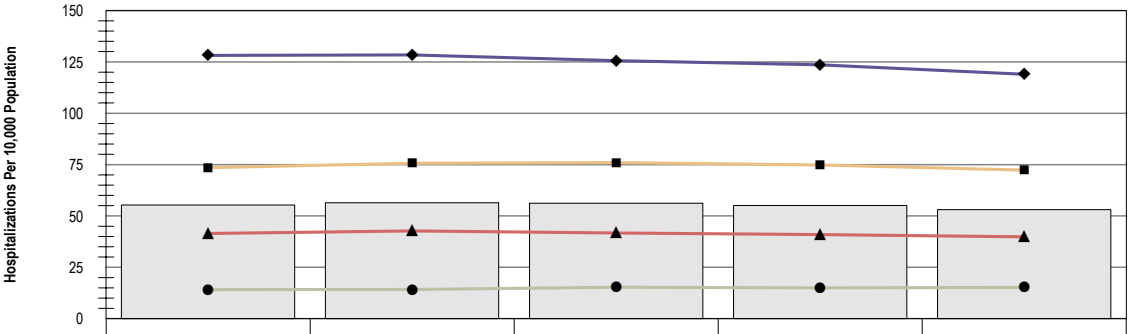
Rank	Type of Substance Abuse	Cumulative Number	Average Annual Number	Average Annual Rate
1	Alcohol Dependence Syndrome (Chronic Alcoholism)	6,758	750.9	106.3
2	Chronic Alcoholic Liver Disease	5,754	639.3	92.2
3	Nondependent Alcohol Abuse	4,086	453.9	64.6
4	Alcoholic Psychoses	2,369	263.2	37.5
5	Self-Inflicted Poisoning	2,255	250.6	36.4
6	Alcohol Dependence Syndrome (Acute Alcohol Intoxication)	2,191	243.4	34.4
7	Nondependent Abuse of Drugs Other Than Cocaine and Opioids	2,092	453.9	32.8
8	Drug Psychoses	1,940	215.6	31.1
9	Opioid-Type Drug Dependence	1,197	133	18.4
10	Nondependent Abuse of Cocaine	1,121	124.6	16.8

Source Data: Office of Statewide Health Planning and Development, Patient Discharge Data, 1992-2000. Rates are age-adjusted per 10,000 population.

- Between 1996 and 2000 the substance abuse-related average annual hospitalization rate for all hospitalizations was 53.1 hospitalizations per 10,000 people. The hospitalization rate was highest among Blacks (average annual rate=119.0), followed by Whites (average annual rate=72.3), Hispanics (average annual rate=39.8), and Asians (average annual rate=15.2). Rates for Whites, Hispanics, and Asians were stable from 1992-2000 rates for Blacks declined from 128.2 in 1992-1996 to 119.0 in 1996-2000.[618]

Substance Abuse-Related Hospitalizations by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1992-2000



	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
All Races	55.3	56.4	56.2	55.1	53.1
Asian	14.1	14.2	15.3	15	15.2
Black	128.2	128.4	125.6	123.6	119
Hispanic	41.5	42.7	41.7	40.9	39.8
White	73.5	75.7	76	74.8	72.3

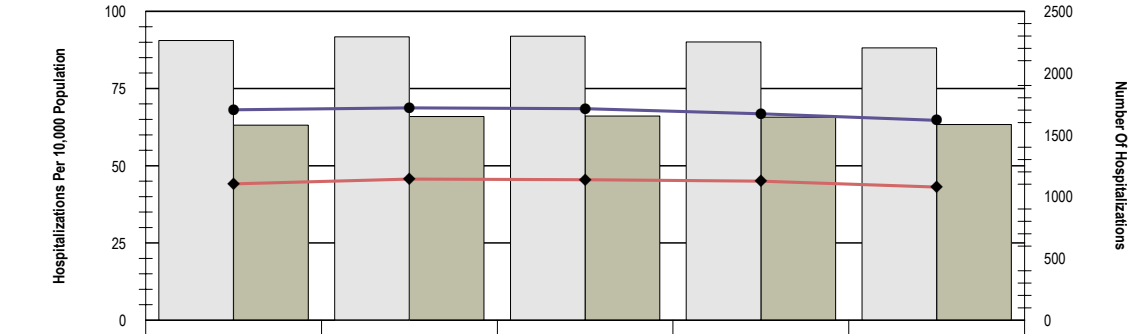
Rates are age-adjusted and standardized to Year 2000 population
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2000

- Approximately 34,400 substance abuse-related hospitalizations occurred between 1992-2000. The overall average annual hospitalization rate was 53.9, and the overall gender-specific rates remained relatively stable during that time. Hospitalization rates were significantly higher among males (average annual rate=66.1) than females (average annual rate=43.3) each year. Nationally, males have higher alcohol-related hospital discharge rates than females.[619]

- Between 1996 and 2000, males comprised 58% of the substance abuse-related hospitalizations and had an average annual rate of 64.7 hospitalizations per 10,000 people. A total of 42% of hospitalizations were female, with an average annual rate of 43.1.[620]

Substance Abuse-Related Hospitalizations by Gender

5-Year Moving Averages, San Mateo County, 1992-2000



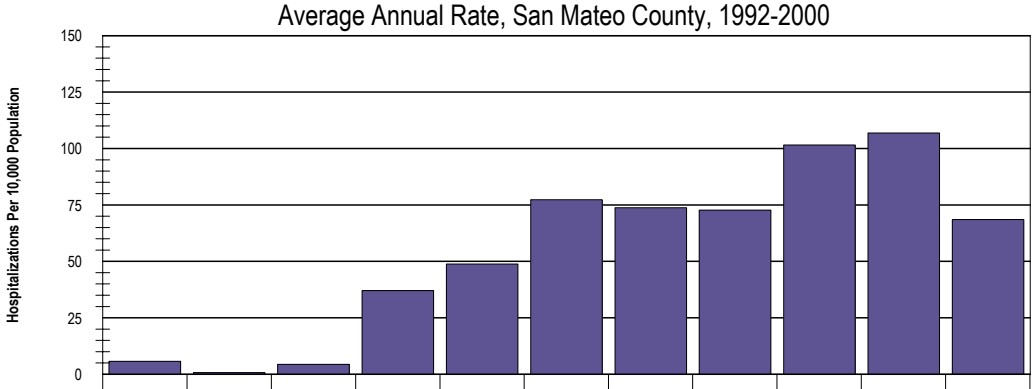
	1992-1996	1993-1997	1994-1998	1995-1999	1996-2000
Overall Rate	55.3	56.4	56.2	55.1	53.1
Number Male	2263	2293	2298	2252	2204
Rate Male	68.1	68.7	68.5	66.8	64.7
Number Female	1579	1648	1652	1643	1584
Rate Female	44.1	45.7	45.5	45	43.1

Rates are age-adjusted and standardized to Year 2000 population
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2000

- Persons aged 65 to 84 years were more likely to be hospitalized with a substance abuse diagnosis than other age groups. For those under 65 years of age, 35 to 44 year olds were more likely to be hospitalized than other age groups.[621]

Substance Abuse-Related Hospitalizations by Age

Average Annual Rate, San Mateo County, 1992-2000



	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Hospitalizations	51	22	338	2770	5149	8167	6073	3996	4184	2811	606
Average Annual Rate	5.7	0.7	4.4	37.1	48.8	77.3	73.8	72.7	101.6	106.9	68.5

Rates are unadjusted

Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2000

County-Funded Alcohol/Drug Treatment

- Between fiscal year 2001-2002 and fiscal year 2003-2004, there was a 6% increase in the number of clients receiving alcohol and other drug services from 4,938 to 5,258 clients. Over this same period, treatment episodes decreased 8% from 6,529 to 6,022. Much of the decrease occurred in residential detoxification and residential treatment.[622]

  — In fiscal year 2006-2007, there were 3,726 clients receiving alcohol and other drug services funded by San Mateo County and provided via contract (5,248 treatment episodes).[623]

- The percentage of adolescents (18 and younger) in treatment has decreased 19% between these two fiscal years. There were 552 adolescent clients in 2003-2004 as compared with 680 in 2001-2002.[624]

  — In fiscal year 2006-2007, there were 385 adolescent clients under the age of 18 receiving county-funded substance abuse services.[625]

- The population in treatment during fiscal year 2003-2004 was 46% White, 24% Hispanic/Latino, 17% African American, 8% Asian and Pacific Islander, and 5% other/unknown races and ethnicities.[626]

  — In fiscal year 2006-2007, the population in county-funded treatment was 41% White, 27% Hispanic/Latino, 17% African American, 6% Asian/Pacific Islander, and 9% other/unknown races and ethnicities.[627]

- In fiscal year 2003-2004, 33% of the clients receiving alcohol and other drug services report being homeless; in fiscal year 2001-2002, 25% of the clients reported homelessness. The rise in homelessness reported by clients receiving treatment services is an indication of the economic situation in the county, as well as a change in the definition of homelessness during this time.[628]

  — In fiscal year 2006-2007, 37% the population in county-funded treatment was homeless.[629]

- The primary drug of choice in San Mateo County continues to be alcohol although there was a slight decrease from 2001-2002. In fiscal year 2003-2004, 31% of clients identified their primary drug of choice as alcohol, 25% methamphetamine, 16% marijuana/hashish, 14% cocaine/crack and 11% heroin.[630]

  - In fiscal year 2006-2007, however, meth was the most common primary drug of choice among county-funded services: methamphetamine (30%); alcohol (27%); cocaine/crack (16%); heroin (9%); marijuana/hashish (14%); and other (4%).[631]

- Between 2001 and 2003, San Mateo County misdemeanor arrests increased by 7% and the percentage of alcohol and other drug-related arrests increased by 6%. Among adults, misdemeanor arrests increased by 9% and the percentage of alcohol and other drug-related arrests increased by 7%. Among juveniles, misdemeanor arrests did not change and the percentage of alcohol and other drug-related arrests increased by 3%.[632]

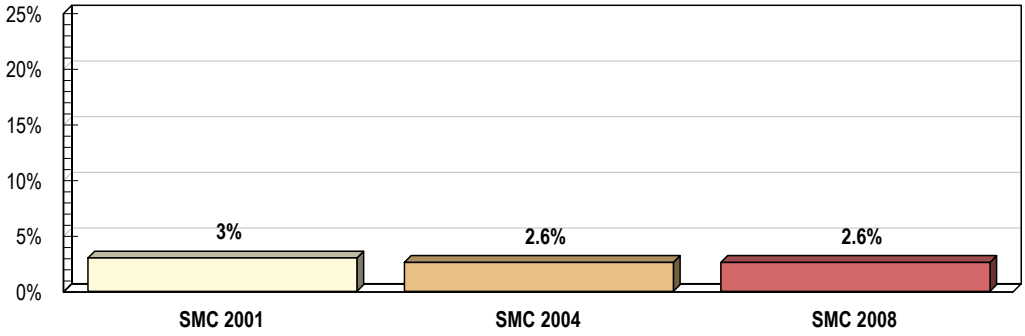
- During 2003-2004, Proposition 36 treatment services in San Mateo County went through significant changes due to fiscal reasons. From November 2003 through June 2004 very few Proposition 36 clients received residential treatment services.[633]

  - In fiscal year 2006-2007, there were 980 Proposition 36 admissions, including 100 receiving residential treatment services.[634]

Seeking Help for Addictions

- A total of 2.6% of San Mateo County adults participating in the 2008 survey (representing over 14,700 San Mateo County adults) report that they have sought professional help for a drug-related problem at some time in the past (similar to previous findings).[635]

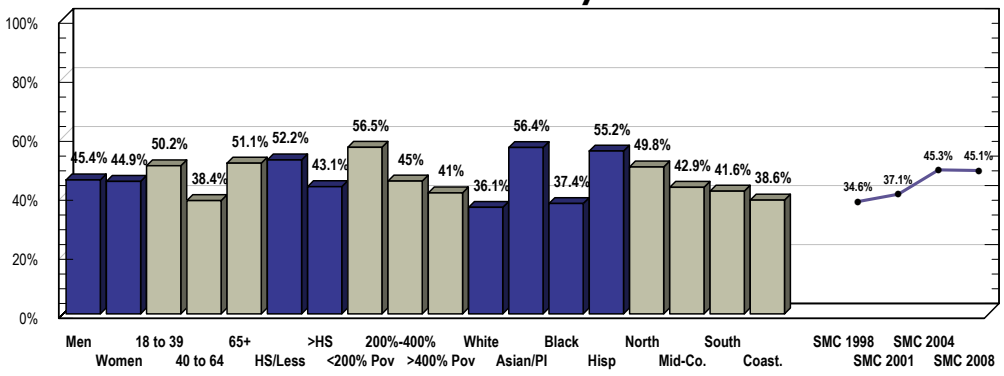
Have Ever Sought Help for a Drug-Related Problem



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Nearly one-half (45.1%) of San Mateo County adults would not know where to access treatment for a drug-related problem if needed for themselves or a family member. This proportion has *increased significantly* in comparison to the 1998 and 2001 surveys. Furthermore, this uncertainty is notably higher among younger and older adults, adults without a college education, lower-income adults, Asians/Pacific Islanders and Hispanics, and residents of the North County area.[636]

Would Not Know Where to Access Treatment for Drug-Related Problems for Self or Family Member if Needed



Source: 1998/2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Perceptions regarding the ease of access to substance abuse services in San Mateo County can be found in the "Description of Community Health" section, under "*Access to Specialized Care*."

MENTAL HEALTH

OVERVIEW

Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. In San Mateo County, 6.2% of area residents report a history of mental or emotional problems, while one in four experience bouts of chronic depression (this proportion is lower than found in the baseline 1998 assessment).

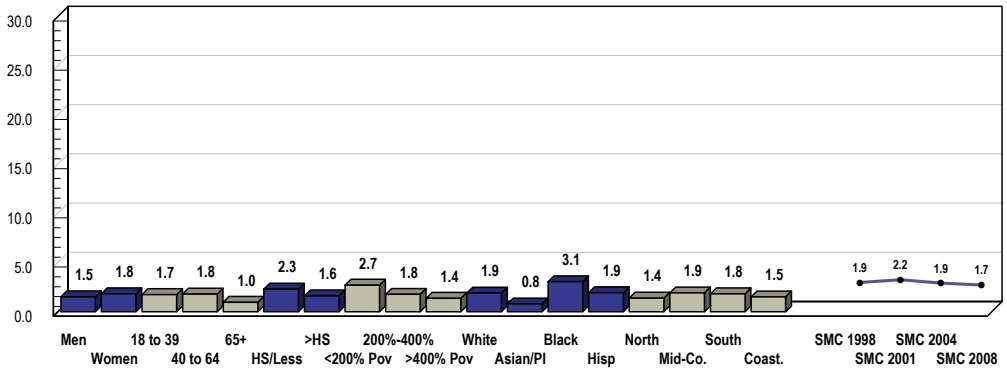
A total of 6.1% of survey respondents report experiencing high stress on a daily basis, with these perceptions higher among Blacks. In addition, roughly 25% of adults experience some degree of difficulty with feelings of isolation or loneliness. Similarly, one out of four experiences some degree of difficulty with fear, anxiety or panic.

Mental Health Status

Days of Poor Mental Health

- Surveyed adults report an average of 1.7 days in the month preceding the interview on which their mental health was not good. Those living below the 200% poverty threshold express the highest average number of days of poor mental health per month (2.7 days, versus 1.4 days among those with incomes over 400% of poverty). In addition, Blacks (3.1 days) report greater average numbers of days of poor mental health than do Whites (1.9), Hispanics (1.9), or Asians/Pacific Islanders (0.8).[637]

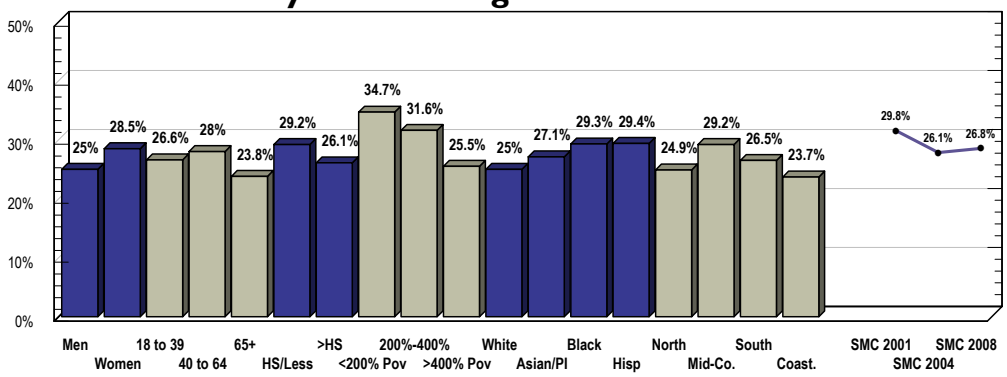
Average Number of Days in Past Month That Respondents' Mental Health Was Not Good



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Over one-fourth of surveyed adults (26.8%) report experiencing some degree of difficulty in their lives with feelings of isolation or loneliness. This is *significantly lower* than reported in 2001. However, these indications were notably higher among lower-income respondents.[638]

Experience Some Degree of Difficulty With Feelings of Isolation or Loneliness

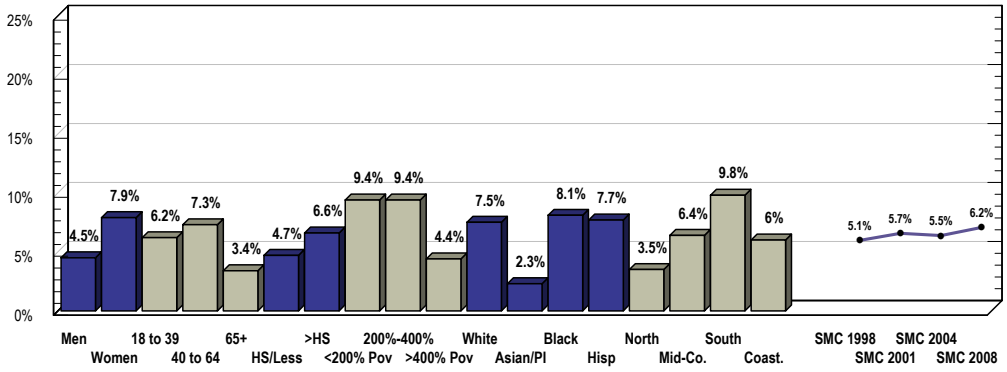


Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

History of Mental Health Problems

- A total of 6.2% of surveyed adults have a history of mental or emotional illness, representing approximately 35,120 county residents (similar to previous findings). This proportion increases to 7.9% among women, approximately 9.4% among lower-income respondents and 9.8% among Coastside residents. Note the lower prevalence among local Asians (2.3%).[639]

Self-Reported History of Mental or Emotional Problems



Source: 1998/2001/2004/2008 San Mateo County Behavioral Risk Factor Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

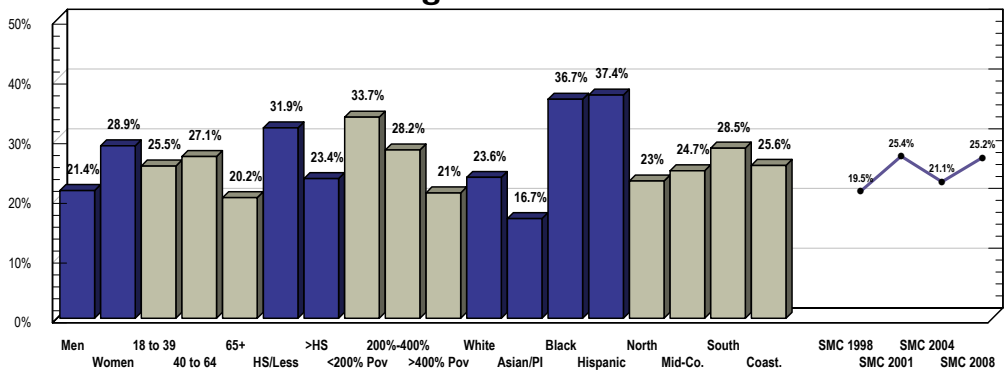
Depression

- In San Mateo County in 2008, surveyed adults report an average of 2.0 days in the month preceding the interview on which they felt sad, blue or depressed. Blacks (2.6 days) and persons with lower incomes (3.1 days) averaged higher numbers of days of depression in the month preceding the interview.[640]

- A total of 25.2% of surveyed adults reported having had a period lasting two years or longer during which he or she was sad or depressed on most days. This proportion is significantly *higher* than found in 1998 and 2004, but is similar to the 2001 finding.[641]

— The proportion of those who have experienced two or more years of depression increases to 26.9% among women, approximately 26% among adults under 65, 33.7% among persons living below the 200% poverty threshold, and to nearly 37% among Black or Hispanic respondents, and 31.9% among persons with no education beyond high school.[642]

Have Experienced Depression Lasting Two or More Years



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

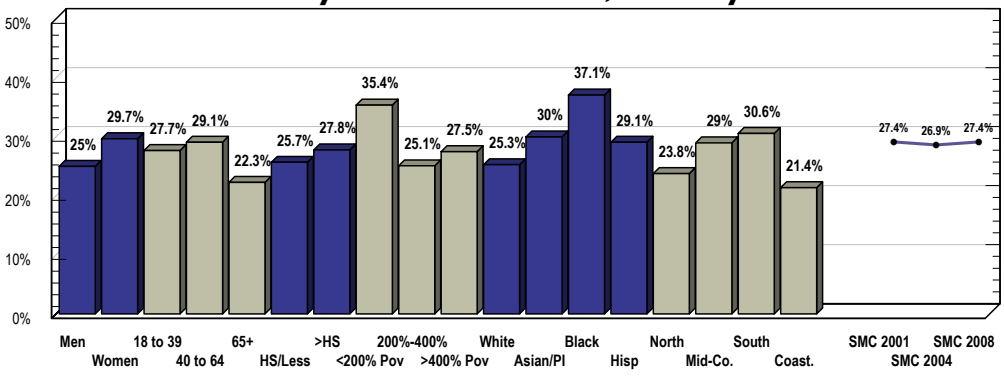
Stress & Lack of Sleep

- A total of 6.1% of survey respondents report experiencing high stress on a daily basis. Perceptions of high stress are higher among Blacks (12.8%).[643]

- Surveyed adults report an average of 3.4 days in the month preceding the interview on which they were worried, tense, or anxious. Days of anxiety increase to about 4.0 among persons with lower educational levels, and to 3.8 among Black respondents.[644]

- Over one-fourth of surveyed adults (27.4%) report experiencing some degree of difficulty in their lives with fear, anxiety or panic ("extreme," "quite a bit," "a moderate amount" or a "little" difficulty). This is similar to 2001 and 2004 findings.[645]

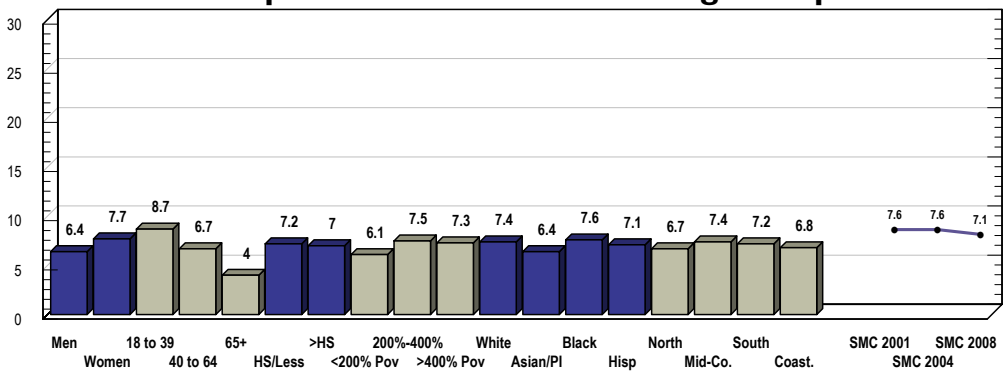
Experience Some Degree of Difficulty in Life With Fear, Anxiety or Panic



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

- Surveyed adults report an average of 7.1 days in the month preceding the interview on which they did not receive enough rest or sleep (similar to previous findings). Women, young adults (under 40) report a greater average number of days of poor rest or sleep, as do Black or White respondents.[646]

Average Number of Days in Past Month That Respondents Did Not Get Enough Sleep or Rest



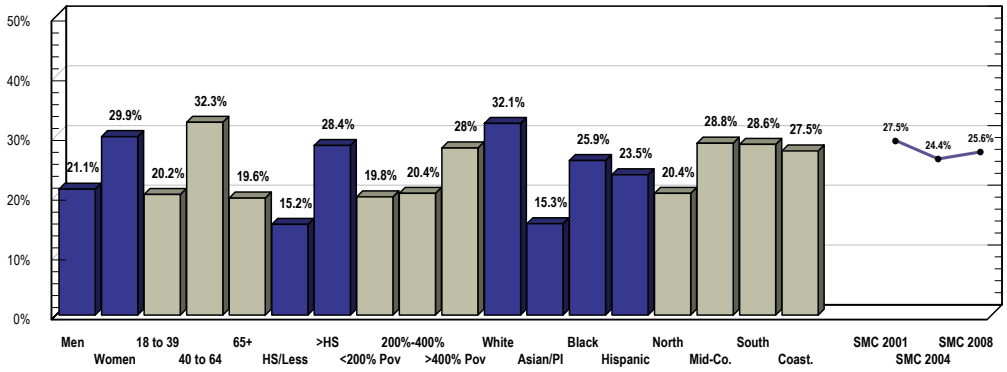
Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
Note: Asked of all respondents.

Mental Health Treatment

- While just 6.2% of surveyed adults report that they have a "history" of mental or emotional illness, one-fourth (25.6%) have sought some type of professional help for a mental or emotional problem (such as depression, stress, and anxiety), similar to 2001 and 2004 findings.[647]

- Utilization of mental health services is particularly low among men, younger and older populations, persons with a high school education or less, those living at the lower income levels, Asians, and among North County residents.[648]

Have Ever Sought Help for a Mental or Emotional Problem



Source: 2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 2001/2004/2007. (Professional Research Consultants).
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