We are pleased to deliver this fourth Community Assessment of the San Mateo County community. 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 in our county.

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

This report includes indicators relating to the physical health of the county’s residents, as well as quality of life. The needs assessment could not have been completed without the tremendous input and many hours of dedication from our members. A copy of the executive summary and the complete technical 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 report assessment has a wealth of information and we encourage you to review it.

This needs assessment identifies opportunities and challenges for government agencies, community organizations, and health care providers 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.

Sincerely,

The Healthy Community Collaborative of San Mateo County.
ACKNOWLEDGMENTS

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:

- Carole Groom, Co-Chair, Director of Community Relations
  Mills-Peninsula Health Services
- Scott Morrow, MD, MPH, Co-Chair, Health Officer
  San Mateo County Health Services Agency/San Mateo Medical Center
- Ellen Dunn-Malhorta, Director, Planning & Evaluation Services
  Health Plan of San Mateo
- Michael W. Murray, Executive Director
  Health Plan of San Mateo
- Francine Serafin-Dickson, Executive Director
  Hospital Consortium of San Mateo County
- Barbara Harrelson, Regional Vice President
  Hospital Council of Northern & Central California
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- Stephan Wahl, Public Affairs/Community & Government Relations Specialist
  Kaiser Permanente, South San Francisco
- Candace Roney, Executive Director, Community Partnerships
  Lucile Packard Children's Hospital
- JoAnna Caywood, Associate Director of Research
  Lucile Packard Foundation for Children's Health
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  Peninsula Community Foundation
- Libbie Horn, Mapping & Information Specialist
  Peninsula Library System Community Information Program
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  Youth & Family Enrichment Services
- Emily Roberts, Community Outreach Coordinator
  Youth & Family Enrichment Services
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INTRODUCTION

SCOPE OF THIS ASSESSMENT

About The Assessment Effort

With a commitment to community wellness, Healthy Community Collaborative of San Mateo County, a group of San Mateo County organizations interested in the community’s health, came together once again to conduct a community needs assessment of San Mateo County as a follow-up to assessments conducted in 1995, 1998 and 2001. For the purposes of this assessment, our definition of “community health” is one that 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), as well as the physical health of the county’s residents. This decision 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 2004 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 what is best about the county and move forward to build on those strengths. This assessment is intended to draw on the wealth of data housed in the county and build 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 the 1998 and 2001 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](http://www.plsinfo.org/healthysmc).
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. Of particular benefit were:

- 1999-2000 County to County Migration Inflows/Outflows. Internal Revenue Service.
- California Association of REALTORS®.
- California Department of Education, Office of Policy and Evaluation, 2002-03.
- California Department of Education. 2004 Accountability Progress Report.
- California Department of Justice, Criminal Justice Statistics Center.
- California Institute for County Government, CSAC 2003 California County Fact Book.
- California Postsecondary Education Commission. Educational and Demographic Profile, San Mateo County. September 2004
• CBEDS (Public Schools) and R-4 Private School Affidavit Enrollment. 2002-03.
• Center for the Study of Learning and Attention, Yale University.
• CHDP California Pediatric Nutrition Surveillance System (PedNSS), 2002, Table 6B.
• Commute Profile 2000: A Survey of San Francisco Bay Area Commute Patterns. Metropolitan Transportation Commission. RIDES for Bay Area Commuters, Inc.
• County of San Mateo Housing Authority. San Mateo County Housing Indicators (as of June 30, 2004).
• Criminal Justice Statistics Center, California Department of Justice.
• “Deadly Days Continue in Nation’s Schools.” Greg Toppo, USA TODAY (October 27, 2003).
• Hazelden Foundation, National Institute of Child Health and Human Development.
- Joint Venture’s 2004 Index of Silicon Valley. Measuring Progress Toward the Goals of Silicon Valley 2010.
- National Center for Learning Disabilities.
- National Institute of Mental Health.
- National Longitudinal Transition Study.
- San Mateo County Human Services Agency.
- Silicon Valley Projections 2000. Silicon Valley Manufacturing Group and the Association of Bay Area Governments.
- State of California Employment Development Department, Labor Market Information Division. County Snapshots: San Mateo County
- U.S. Census Bureau, Census 2000 Summary File, Matrices P37 and PCT25.
The second research phase involved primary research activities. Primary research was gathered through a telephone survey of adults in San Mateo County. The 2004 Health & Quality of Life Survey addressed a variety of issues, including:

- Measures of 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. Each question of this survey was also administered in the 1998 and 2001 community assessments, allowing for the best possible trending potential.

The 2004 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 350 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 2001.
- An oversample of African American residents to allow for analysis of this important subsample (98 additional interviews were conducted; these, along with those achieved in the random sample, yielded a total of 133 interviews among African Americans in San Mateo County).
- [Additional interviews were also conducted among a sample of clients of the San Mateo County Human Services Agency. These data will be analyzed and reported separately.]

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

<table>
<thead>
<tr>
<th>North County</th>
<th>Mid-County</th>
<th>South County</th>
<th>Coastside</th>
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<tr>
<td>94005</td>
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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 ±2.7% at the 95 percent confidence level (p=.05).

The estimated adult (18+) population of San Mateo County is 566,643 residents. Therefore, among survey questions asked of all respondents, each percentage point in the survey represents roughly 5,666 persons (e.g., a 15.0% response represents approximately 84,990 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 |
|---|---|---|---|---|
| **Interviews Conducted*** | **Weighted Responses** | **Maximum Error Rate** | **Population Equivalent (1%= # Adults)** |
| **Gender** | | | | |
| Male | 709 | 669 | ±3.7% | 2,802 |
| Female | 739 | 681 | ±3.6% | 2,864 |
| **Age** | | | | |
| 18 to 39 Years | 372 | 522 | ±5.1% | 2,263 |
| 40 to 64 Years | 683 | 597 | ±3.8% | 2,474 |
| 65 Years or Older | 371 | 213 | ±5.1% | 929 |
| **Education** | | | | |
| High School or Less | 329 | 301 | ±5.4% | 1,264 |
| Postsecondary Education | 1,115 | 1,045 | ±2.9% | 4,402 |
| **Poverty Status** | | | | |
| <185% Poverty Level | 168 | 152 | ±7.6% | 816 |
| 185%-400% Poverty Level | 288 | 267 | ±5.8% | 1,433 |
| >400% Poverty Level | 653 | 636 | ±3.8% | 3,417 |
| **Race/Ethnicity** | | | | |
| White | 917 | 809 | ±3.2% | 3,395 |
| Hispanic | 246 | 289 | ±6.3% | 1,213 |
| Asian/Pacific Islander | 143 | 198 | ±8.2% | 831 |
| Black | 133 | 56 | ±8.5% | 235 |
| **Region** | | | | |
| North County | 382 | 516 | ±5.0% | 2,166 |
| Mid-County | 324 | 437 | ±5.5% | 1,834 |
| South County | 354 | 347 | ±5.2% | 1,457 |
| Coastside | 388 | 50 | ±5.0% | 209 |
| **TOTAL SAMPLE** | 1,448* | 1,350 | ±2.7% | 5,666 |

- 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 rates are based on Chi square statistics 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 oversample of 98 interviews among Black residents.
For definition of the poverty thresholds referenced above and throughout this report, refer to the “Income” section, page 40.

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

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.

- Only 7.3% of San Mateo County survey respondents report a combination of healthy behaviors which limit cardiovascular and cancer risk (statistically similar to the 9.2% found in 2001).¹
- A total of 11.5% of San Mateo County respondents are classified as “current” smokers. Smoking prevalence remains comparatively higher in certain populations, including: men (15.1%), those with a high school education or less (17.6%) and Hispanic respondents (15.9%).²
- Survey respondents report eating an average of 3.8 servings of fruits (1.9 servings) and vegetables (1.9 servings) per day, well below the recommended five daily servings. Only 31.4% eat the recommended level (similar to 2001 and 1998 findings).³
- Most San Mateo County respondents (54.6%) do not participate in regular, vigorous physical activity. This finding is, however, significantly better than the 64.1% found in 2001.⁴
- Based on reported heights and weights, 55.7% 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. Further, 19.0% of San Mateo County adults were found to be obese, also a significant increase since 1998 (13.4%).⁵

² Ibid.
³ Ibid.
⁴ Ibid.
⁵ Ibid.
CHILDHOOD OVERWEIGHT & FITNESS

**KEY FINDING:** Our children are not doing much better than adults in exhibiting healthy behaviors.

- In 2003, only 28.5% of San Mateo County 7th graders met basic fitness requirements, as determined by the California Department of Education; this proportion is similar to the statewide average. However, in San Mateo County, there is a notable difference among students by race and ethnic group, with Black, American Indian/Alaska Native, Latino and Pacific Islander students demonstrating the lowest prevalence of physical fitness.  

- Watching television, videos or video games is a leading sedentary behavior in youth. In the 2004 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. Overall, 4.2% report that their child watches less than one hour per day (significantly lower than found in 1998 and 2001). In contrast, 37.9% report that he/she watches three hours or more per day.

YOUTH DEVELOPMENTAL ASSETS

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

- The Healthy Kids Survey is a survey of 9th and 11th graders designed to measure 40 developmental assets; these assets are a set of “building blocks” that help shape adolescents into “healthy, caring and responsible” adults.

---

PERCEPTIONS OF HEALTH & HEALTH CARE

KEY FINDING: While those with access to health care are generally satisfied with the care they receive, self-reported health status, ability to purchase medications, and overall health care coverage are all declining.

- Overall, 62.7% of San Mateo County survey respondents rate their satisfaction with health care as “excellent” or “very good.” However, 11.2% rate it as “fair” or “poor.”

- However, nearly one out of three respondents living at lower incomes (defined as 185% of the Federal Poverty Level or below) rates satisfaction with his/her health care as “fair” or “poor” (31.4%). In addition, Hispanics and non-White race groups more often report “fair/poor” evaluations, as compared to White respondents.

- A majority (60.9%) of San Mateo County survey respondents report their general health as “excellent” (28.0%) or “very good” (32.9%) general health. Another 25.6% report that their general health status is “good.” However, 13.6% of surveyed adults report their general health status as “fair” or “poor.” These self-reported health status findings are more favorable than found nationally, but are significantly less favorable than reported in San Mateo County in 1998.

- This year, 36.5% (representing approximately 207,000) local adults currently experience some type of activity limitation, including back or neck limitations, arthritis or rheumatism, and problems with fractures, bones, and joints. This is significantly higher than found nationally, and is particularly noted among seniors (61.1%), among Black (44.7%) and White (42.1%) respondents, and among Coastside residents (44.4%).

ACCESS TO HEALTH CARE SERVICES

- The majority (83.5%) of surveyed adults have a regular physician’s office or clinic that they use when in need of medical care. Among surveyed parents, 98.8% report that they have a regular place they take their child for medical checkups.

- A total of 86.4% of San Mateo County respondents aged 18 to 64 report that they currently have some type of health insurance coverage, down significantly from 2001 findings (90.7%).

- Among 2004 survey respondents who are employed for wages or who are self-employed, 23.8% report that their job does not offer health benefits to employees, up significantly from 19.8% in 2001, but similar to 1998 findings. Poor availability is particularly noted among low-income, Hispanic or Coastside residents.

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10 Ibid.
11 Ibid.
12 Ibid.
13 Ibid.
14 Ibid.
15 Ibid.
Furthermore, 10.2% 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. Cost is particularly prohibitive for those with low incomes, young adults, and non-White respondents. [Note that the relatively low percentage found among those aged 65 and older is in line with what is typically seen nationwide.]16

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 (33.9% rate this as “fair/poor”); evaluations this year are significantly less favorable than found in 1998. Whereas dental care received the third-highest “fair/poor” response in 1998 and 2001, evaluations of dental care access deteriorated significantly and it earned the second-highest “fair/poor” evaluation this year (27.4%). There is a much wider discrepancy among “fair/poor” evaluations between those living below and those living above the 400% poverty threshold: among lower-income respondents, access to dental care earned higher “fair/poor” evaluations than even mental health and much higher than found among higher-income respondents (39.1% vs. 19.8% among those at higher incomes).17

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. Those without health insurance coverage report notably lower prevalence of preventive health services when compared to privately insured individuals. A total of 28.5% of those below 185% poverty report “fair/poor” health (versus 5.5% of those over 400% poverty). Higher “fair/poor” health status is also noted among Hispanics (24.9%) and Blacks (18.3%) in particular, compared to Whites (9.2%) and Asians (12.7%).18

A total of 26.7% of adults have sought medical care in a hospital emergency room in the past year (averaging 2.0 visits each), significantly lower than reported in 2001 or 1998. ER use is notably higher among Black respondents (50.6%).19

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17 Ibid.
18 Ibid.
19 Ibid.
Two-thirds of 2004 survey respondents have some type of insurance coverage that pays for some or all of their routine dental care. However, 34.8% do not (representing approximately 197,000 county adults). The dental uninsured prevalence has increased significantly since the 1998 survey.²⁰

When asked where they get most of their health care information, 29.2% of survey respondents mentioned their physician, while 19.5% mentioned the Internet. This represents a significant increase in reliance on the Internet for health care information (up from 11.8% in 2001).²¹

### Adequacy of Prenatal Care & Adolescent Pregnancy

**KEY FINDING:** The proportion of births with adequate prenatal care has risen steadily, while teen births have declined significantly.

- The proportion of births with adequate prenatal care has risen steadily from 68.1% in 1990 to 80.9% in 2002, but remains significantly below the Healthy People 2010 target for adequate prenatal care (90.0%).²²
- There are racial/ethnic disparities in adequacy of prenatal care received. Black women and Hispanic and Pacific Islander women have the highest proportions of births receiving less than adequate care.²³
- The proportion of births occurring in adolescent females aged 17 and younger has decreased significantly by 33.3%, from 2.4% in 1990 to 1.6% in 2002.²⁴

### Years of Potential Life Lost

**KEY FINDING:** An important measure of community health, years of potential life lost (YPLL), has declined remarkably in the last decade.

- The total number of YPLL for all causes has declined from 43,674 in 1990 to 30,519 in 2001 in San Mateo County. YPLL due to cancer deaths was approximately 25%, while approximately 15% of YPLL were due to heart disease deaths.²⁵

**KEY FINDING:** Significant health disparities exist in San Mateo County. Culture, behavior, education, income, class, race, and racism are among the major factors that contribute to these differences in health status.

### Cancer

- The overall incidence rate of lung cancer for 1996-2000 was 58.7 and the rate in males was significantly higher than in females; however, incidence rates have declined in males in recent years, while females do not exhibit a similar decline. The highest lung cancer rate in both sexes was in the Black population (76.6), and a similar rate was observed in Whites (65.2). Asians (39.6) and Hispanics (42.7) had significantly lower rates.²⁶

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²¹ Ibid.
²³ Ibid.
²⁴ Ibid.
²⁵ Ibid.
²⁶ Ibid.
- Total colorectal cancer incidence rates were relatively stable in San Mateo County for both males and females. Overall colorectal cancer mortality rates declined significantly from 26.3 in 1990 to 17.8 in 2001, a trend also observed nationally. Asians and Hispanics had the lowest colorectal cancer mortality rates, and Blacks and Whites had the highest rates.\(^\text{27}\)

- The overall rate of female breast cancer increased significantly by 22.6% from 160.5 in 1990 to 196.8 in 2000. This increase was mostly attributable to increased rates in White females from 175.4 in 1990 to 225.9 in 2000. Overall, the mortality rate declined by 17.1% (although not significantly) from 32.8 in 1990 to 25.1 in 2001.\(^\text{28}\)

- The overall rate of prostate cancer in San Mateo County remained stable in the past decade, averaging 159.7 from 1996-2000, while the national prostate cancer incidence rates have increased 2.3% per year beginning in 1995.\(^\text{29}\)

HEART DISEASE & STROKE

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

- The heart disease mortality rates for Blacks decreased significantly 44.9% from 380.2 in 1990 to 209.5 in 2001, and the rates for Whites decreased significantly 24.5% from 257.9 in 1990 to 194.6 in 2001. While the rate for Asians (148.4) remained significantly lower than the rate for Whites in 2001 (194.6), no other racial or ethnic group comparison was statistically different from one another. Heart disease death rates between Blacks and Whites have not been statistically different since 1996.\(^\text{30}\)

- The rate of cerebrovascular disease mortality among Whites declined significantly 32.8% from 91.1 in 1990 to 61.2 in 2001. Rates among Asians, Blacks and Hispanics did not change significantly from 1990-2001. By 2001, none of the racial/ethnic groups had reached the Healthy People 2010 target of 48.0; but the Hispanic rate was close at 49.6 in 2001.\(^\text{31}\)

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\(^{28}\) Ibid.

\(^{29}\) Ibid.

\(^{30}\) Ibid.

\(^{31}\) Ibid.
A total of 25.7% of San Mateo County adults say they have been told more than once by a health care professional that they have \textit{high blood pressure}. While this prevalence is more favorable than the national prevalence, it has \textit{increased significantly} in San Mateo County since the 1998 study and it remains approximately 60% above the Healthy People 2010 target ($\leq 16\%$).\footnote{2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.}

A total of 24.8% of San Mateo County adults report that a doctor or other health professional has diagnosed them with \textit{high blood cholesterol}. While this rate is better than the statewide rate, it has \textit{increased significantly} in the county since 1998 and is about 45% higher than the Healthy People 2010 target ($\leq 17\%$).\footnote{Ibid.}

**SENIOR HEALTH & CHRONIC ILLNESS**

**KEY FINDING:** Seniors are the fastest growing age group. As more seniors need assistance to retain their independence, and as more are themselves becoming caregivers for spouses or family members, there will be greater need for in-home supportive services, long-term care arrangements and respite care services. Chronic illnesses continue to rise.

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.\footnote{Ibid.}

A total of 61.1\% of seniors report some type of impairment that limits their activities, \textit{up significantly} from 47.7\% in 2001 and 50.2\% in 1998. Of those reporting an impairment, arthritis was most commonly identified, followed by walking problems, and neck or back problems.\footnote{Ibid.}

In the 2004 San Mateo County Health & Quality of Life Survey, 40.8\% of responding seniors (aged 65 and older) lived alone.\footnote{Ibid.}

\[ \begin{array}{c c c c c c c c c c c}
\text{Prevalence of Chronic Illness, Seniors, 1998 to 2004} \\
\hline
\text{Illness} & \text{SMC 1998} & \text{SMC 2001} & \text{SMC 2004} & \text{US} & \text{HP2010 Goal=17\%} \\
\hline
\text{Arthritis/Rheumatism} & 11.3\% & 10.8\% & 10.8\% & 11.3\% & 10.8\% \\
\text{Heart Disease} & 13.5\% & 13.5\% & 14.5\% & 13.5\% & 14.5\% \\
\text{Diabetes} & 7.3\% & 10.8\% & 14.5\% & 7.3\% & 14.5\% \\
\text{Asthma} & 7.3\% & 11.3\% & 13.5\% & 7.3\% & 13.5\% \\
\text{Chronic Lung Disease} & 6.6\% & 11.3\% & 11.3\% & 6.6\% & 11.3\% \\
\hline
\end{array} \]


Note: Asked of all respondents.
The 2004 San Mateo County Health & Quality of Life Survey found statistically significant increases in prevalence of asthma, chronic lung disease and diabetes since 1998.\textsuperscript{37}

Fifty-nine percent of avoidable hospitalizations (31,821 total hospitalizations) occurred in persons aged 65 years and older.\textsuperscript{38}

### INFECTIOUS DISEASE

**KEY FINDING:** After decreasing for several years, we are beginning to see a disturbing rise in both gonorrhea and chlamydia. Our rates do not yet satisfy Healthy People 2010 targets.

- *Chlamydia trachomatis* is the most frequently reported infectious disease in San Mateo County and throughout the United States. The incidence of reported chlamydia has risen steadily since 2000 with a significant 52.5% increase from 139.5 in 1999 to 212.8 in 2002.\textsuperscript{39}

- The proportion of infection with HIV by injection drug use (IDU) accounted for 45.1% of Black male cases and was significantly higher than the proportion of men infected by IDU in any other racial/ethnic group.\textsuperscript{40}

- In 2000-2002, San Mateo County had the 14\textsuperscript{th}-highest tuberculosis incidence rate of the 58 California counties. Since 1985, the proportion of TB cases born outside the United States increased from 65.6% to 93.5% in 2000.\textsuperscript{41}

- Cases of pertussis are on the rise.\textsuperscript{42}

### INJURY

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

- There were 2,950 deaths due to injury between 1990-2001. Deaths through use of a firearm were the highest percentage of deaths (21.9%) followed by motor vehicle accidents (20.1%). Other major causes were poisonings (20.0%), falls (9.5%), hanging or strangulation (7.2%), and drowning (3.9%).\textsuperscript{43}

- The county homicide rate declined by almost 50% from 1990 to 2001. Homicides in Blacks are about seven times the county average.\textsuperscript{44}


\textsuperscript{39} Ibid.

\textsuperscript{40} Ibid.

\textsuperscript{41} Ibid.

\textsuperscript{42} Ibid.

\textsuperscript{43} Ibid.

\textsuperscript{44} Ibid.
Nearly 70% of homicides during 1990-2001 were the result of the use of firearms. In the 2004 San Mateo County Health & Quality of Life Survey, 14.7% of households report keeping a firearm in or around their home (including pistols, shotguns, rifles and other types of guns; excluding starter pistols, BB guns or guns that cannot fire). This percentage is similar to 2001 findings, but remains below the 18.0% reported in 1998.

The suicide rate did not change from 1990-2001 for any of the race/ethnicity groups. Whites had the highest suicide rate in the county. In 2001, the White rate of 9.6 was three to four times higher than either the Asian rate of 3.2 or the Hispanic rate of 0.5. The rate was consistently lowest among Hispanics.

The rate of hospitalization due to injury from unintentional fall is lowest for adolescents and adults age 15 to 34 years (average annual rate=6.4). After age 25, the rates increase with increasing age. Those 85 years and older (average annual rate=514.2) have the highest rates of hospitalizations due to injury from unintentional falls.

**EMERGENCY FOOD & WATER STORES**

A total of 66.9% 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 2001 findings).

**SUBSTANCE ABUSE**

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 ills as homelessness, violence, poverty and disease. Youth substance use is a particular concern.

A total of 16.2% of surveyed 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 significantly higher than found in 2001 (12.7%).

In 2003, there were 64 felony DUI arrests and 3,626 misdemeanor arrests in San Mateo County. Arrests for DUI reached a ten year low in 2001 of 3,423, since then there has been an 8% decrease in DUI arrests.

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48 Ibid.


50 Ibid.

Approximately 34,400 substance abuse-related hospitalizations occurred in San Mateo County between 1992-2000. Persons aged 75 to 84 years were more likely to be hospitalized with a substance abuse diagnosis than other age groups.\textsuperscript{52}

Nearly one-half (45.3\%) 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 lower-income adults, Asians/Pacific Islanders and Hispanics, and residents of Mid-County or South County.\textsuperscript{53}

**MENTAL HEALTH**

**KEY FINDING:** Depression, isolation and loneliness are prevalent in San Mateo County.

Over one-fourth of surveyed adults (26.1\%) 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 and non-White respondents.\textsuperscript{54}

A total of 21.1\% of surveyed adults reported that he or she has had a period lasting two years or longer during which he or she was sad or depressed on most days (43.3\% among persons living below the 185\% poverty threshold). This countywide proportion is significantly better than found in 2001, but is similar to the 1998 finding.\textsuperscript{55}

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\textsuperscript{54} Ibid.

\textsuperscript{55} Ibid.
DEMOGRAPHIC DESCRIPTION

KEY FINDING: San Mateo County is among the most culturally and ethnically diverse counties, and Asian and Hispanic residents are expected to continue to become an increasingly greater proportion of the population.

- Although the county is geographically the third smallest county in California, it is the 13th most populous. The total population of the county from the 2000 United States Census was 710,493 persons, representing an 9.4% increase from 1990 (649,623), compared to a 13.8% growth statewide for the same period.

- The county’s population is ethnically diverse. In 2000, 38% were White (non-Hispanic), 22% were Hispanic, 20% were Asian, 4% were Black, 1% was Native Hawaiian and other Pacific Islander, less than 1% was American Indian and Alaska Native, 10% were some other race and 5% were two or more races. Almost one-third of the county’s residents are foreign born, and, of those, 42% speak a language other than English at home. The child population of San Mateo County is much more diverse than the adult population. Currently, no individual racial or ethnic group has a majority.

- Over the next several decades, the White population is expected to decrease considerably, while Hispanic and Asian populations are expected to increase. By the year 2050, Hispanics will represent a plurality. Among the senior population, Asian residents are projected to increase their representation considerably over the coming decades, followed by Hispanic residents.


In terms of percentage composition, the most notable change in the age distribution of San Mateo County between 1990 and 2000 appears as a shift from the 20-to-44 to the 45-to-64 age groupings.  

The proportion of adults aged 60 and older is expected to roughly double over the next four decades.

**ECONOMY**

**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.

The cost of living in San Mateo County is higher than in most counties throughout the nation; therefore, the federal poverty level is not an adequate measure of the income needed to meet basic needs in the county. The local self-sufficiency level 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. In San Mateo County in 2004, the yearly income necessary for a family of three to maintain self-sufficiency was $62,568, whereas the federal poverty level for a family of three was $15,670.

Of the ten jobs with the greatest projected growth in the Bay Area by the year 2004, four do not currently pay a livable wage. A livable wage can be defined as the amount needed for an individual or family to meet basic needs without relying on public or private assistance.

In 2004, 54.2% 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, 17.5% described their personal financial situation as "fair" or "poor," statistically more favorable than 2001 findings.

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**Self-Sufficiency Income & Wage for Family of Three (Parent, Infant, and School-Aged Child)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td>$1,850</td>
<td>$1,597</td>
<td>$1,468</td>
</tr>
<tr>
<td>Utilities</td>
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<td>114</td>
<td>114</td>
</tr>
<tr>
<td>Food</td>
<td>356</td>
<td>366</td>
<td>371</td>
</tr>
<tr>
<td>Transportation</td>
<td>366</td>
<td>363</td>
<td>370</td>
</tr>
<tr>
<td>Personal care</td>
<td>58</td>
<td>51</td>
<td>46</td>
</tr>
<tr>
<td>Housekeeping supplies</td>
<td>50</td>
<td>48</td>
<td>43</td>
</tr>
<tr>
<td>Clothing</td>
<td>261</td>
<td>231</td>
<td>202</td>
</tr>
<tr>
<td>Health care</td>
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<td>181</td>
<td>196</td>
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<tr>
<td>Child care</td>
<td>1,657</td>
<td>1,657</td>
<td>1,535</td>
</tr>
<tr>
<td><strong>Total Monthly Expenses</strong></td>
<td>$4,883</td>
<td>$4,608</td>
<td>$4,345</td>
</tr>
<tr>
<td><strong>Gross Yearly Income Needed</strong></td>
<td>$70,315</td>
<td>$66,356</td>
<td>$62,568</td>
</tr>
<tr>
<td><strong>Hourly Wage Needed</strong></td>
<td>$33.81</td>
<td>$30.72</td>
<td>$28.97</td>
</tr>
</tbody>
</table>


This compares to:

- Eligibility for Healthy Kids: $62,680
- 400% Federal Poverty Level
- Eligibility for subsidized child care: $39,000
- Eligibility for reduced cost school meals: $28,990
- 185% Federal Poverty Level
- Eligibility for free school meals: $20,371
- 130% Federal Poverty Level
- Federal Poverty Level for Family of 3: $15,670

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64 San Mateo County Human Services Agency.
In the 2004 San Mateo County Health & Quality of Life Survey, 35.2% of respondents report that they or a family member have seriously considered leaving the county because of the cost of living, significantly lower than the 41.6% found in 2001. Higher levels of dissatisfaction can be found among people living below the 185% poverty threshold (45.8%), Black respondents (47.8%) and those living in the Coastside region (46.1%).

Just under one-fifth (19.9%) of survey participants in 2004 rate local employment opportunities as “excellent” or “very good.” Furthermore, 40.7% this year rate local employment opportunities as “fair” or “poor,” similar to the 39.5% found in 2001, but a statistically significant increase from 20.4% “fair/poor” in 1998.

EVALUATIONS OF THE COMMUNITY AS A PLACE TO LIVE

In 2004, 20.8% of survey respondents indicate they feel “very connected” to their community, while 44.7% respond “somewhat connected.” Nearly one-quarter (23.3%) say they are not very connected to their community and 11.2% feel not at all connected.” Compared to 2001 responses, residents’ feelings about their connection to the community has not changed significantly.

San Mateo County residents generally give positive evaluations of the community as place to raise a family. Specifically, 60.4% view it as an "excellent" or "very good" place to raise a family; 13.7% view it as "fair" or "poor." Note that these findings represent a statistically significant increase in “excellent/very good” responses when compared to 1998 findings.

CHILDREN’S EDUCATION

A wide disparity in per-pupil spending exists within San Mateo County school districts. Per-pupil spending in 2001-02 ranged from $5,564 at Laguna Salada Union Elementary to almost twice as much ($9,480) at Portola Valley Elementary.

The derived rate of students who drop out of school in San Mateo County rose in 2000-2001 to 9.5%. However, dropout rates have declined since that time, showing 5.6% for 2002-2003.

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68 Ibid.
69 Ibid.
70 Ibid.
72 Ibid.
- In San Mateo County, wide disparity exists in the percentage of high school dropouts when comparing schools. Nearly one-quarter (23.3%) of 9-12 students from La Honda-Pescadero Unified were identified as dropouts for 2002-03 using the 4-year derived rate. This compares to 2.5% from South San Francisco Unified.73

- Between 1999 and 2002, 59% of San Mateo County high school students entered a college or university. Of these students, 35% entered community colleges, 12% went to CSU, 10% entered UC, 2% went to independent colleges or universities.74

- The general increase in college preparation rates has not closed the gap between ethnic groups. Rates of Latinos, American Indians and Blacks are significantly lower than the rates for Whites or Asians. The college preparation rate for Blacks has fallen in recent years.75

- The percentage of “English learner students,” or those designated by the school system as having limited proficiency in English, continues to increase in San Mateo County (from 21% in 1996 to 24% in 2001).76

**ADULT EDUCATION**

- The number of certificates awarded by community colleges grew 50% since 1998, with those in the health field jumping 60% in just the last year.77

- The home personal computer is a tool that is fast becoming as common as the household television and radio. In the 2004 San Mateo County Quality of Life Survey, 84.2% of adults report having a computer in their home, continuing the significant upward trend from 79.2% in 2001 and the 68.7% recorded in 1998. But not everyone has access: there is a digital divide depending on education, income, age and race.78

**CHILD CARE**

- Among surveyed parents with school-aged children in 2004 (ages 5-17), most (45.9%) report that a parent supervises the child after school, and 20.8% rely on another family member, and 3.6% rely on an older child. A total of 5.1% rely on day care services or child care centers. A total of 7.3% use after-school programs, while 14.1% say their child watches him/herself (representing roughly 16,500 school-aged children)—this represents a significant increase in the proportion of school-age children who have no supervision after school.79

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75 Ibid.
77 Joint Venture’s 2004 Index of Silicon Valley. Measuring Progress Toward the Goals of Silicon Valley 2010.
79 Ibid.
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 60.8% in 2004 say these arrangements have made it easier for them to keep or accept a job.\(^8\)

San Mateo County is experiencing a critical shortage of licensed child care spaces. Nearly 80,000 children are estimated to need child care, yet there are only about 24,000 licensed child care spaces available. Furthermore, licensed child care spaces declined 10% between 2001 and 2003. Many child care providers are either closing their centers or moving out of the county due, in part, to the high cost of living in this area and the difficulty earning a sufficient income as a child care provider.\(^8\)

Sending an infant to a child care center costs a family nearly six times more than the annual tuition for a California State University and 33% more than a University of California school.\(^8\)

### SOCIAL ENVIRONMENT

**KEY FINDING:** While tolerance for others seems to be improving, spirituality and those with spiritual support appear to be declining.

- Perceptions of racial and cultural tolerance in San Mateo County have continued to improve. In 2004, 56.6% of San Mateo County respondents rate community tolerance for people of different races and cultures as “excellent” or “very good” (significantly better than the 48.9% reported in 2001). A total of 15.5% give “fair/poor” evaluations, the lowest found since 1998.\(^8\)

- Evaluations of tolerance for people with different viewpoints and lifestyles are less favorable than found for race/culture, although still significantly better (in terms of “excellent/very good” ratings) than found previously. A total of 43.1% this year rate lifestyle tolerance as “excellent/very good,” compared to 20.2% who rate this as “fair/poor.”\(^8\)

- While most 2004 survey respondents say they have had someone in the past month to whom they could turn if they needed or wanted help, 13.1% have not (similar to 2001 survey findings). Persons with lower education or income levels, as well as Asians, Hispanic and South County residents, more often report they do not have this type of support network.\(^8\)

- The proportion of San Mateo County adults who say that spirituality is an important part of their lives has decreased significantly since 2001. A total of 41.1% of 2004 survey participants say that spirituality is “very important,” while 25.1% say it is “not important” in their lives. Certain population segments, such as women, low-income adults and Black respondents much more often acknowledge the role of spirituality in their lives.\(^8\)

- In 2004, 44.8% of surveyed San Mateo County adults have a priest, minister, rabbi, or other person they can turn to for spiritual support when needed (significantly lower than 2001 findings—58.6%). Those without such spiritual support are best represented among men, young adults (aged 18 to 39), persons at higher incomes, Whites, and Asians or Pacific Islanders.\(^8\)


\(^8\) Child Care Coordinating Council of San Mateo County. SmartKids Fact Sheet. 2003.


\(^8\) Ibid.

\(^8\) Ibid.

\(^8\) Ibid.

\(^8\) Ibid.
FAMILIES IN NEED

KEY FINDING: Despite our affluence, there are still many people in our community who do not have enough to eat.

- An estimated 25,000 county residents are hungry or food insecure. 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 is estimated to be 105,000, or about 15%. 88
- A total of 2.2% of 2004 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 185% poverty threshold, this percentage is 10.4%. Responses are also notably higher among Hispanic and Black respondents, and among those living in South County and on the Coastside. 89
- The Food Stamp program provides electronic benefits for eligible low-income households. As of July 2004, this federally-funded program served 3,937 people in 1,983 cases. The Food Stamp caseload has increased 127.4% since January 2002. 90
- The CalWORKs program helps families achieve self-sufficiency through employment services and temporary cash assistance. 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 of 1,526 cases were served; this number has increased 61.5% to 2,465 cases receiving CalWORKS in July 2004. 91
- The number of first entries into foster care increased between 1998 and 2003, with 169 children first entering the system in 1998, and 202 first entries in 2003. However, in 2003, San Mateo County had the fifth lowest rate of first entries of all California counties. 92

HOUSING

KEY FINDING: Median home prices in San Mateo County are higher than the nation, state and Bay Area, and have increased dramatically in recent years. Home ownership remains out of reach for a majority of county residents.

- Housing in the county remains very unaffordable, despite the low-interest rate climate of 2003. 93 In May 2004, San Mateo County had a housing affordability index of 15% — meaning that only 15% of San Mateo County households were able to afford the median-priced home in the county, compared to 19% statewide, and 55% nationwide during the same period. 94

90 San Mateo County Human Services Agency.
91 Ibid.
92 Ibid.
94 California Association of REALTORS®.
A total of 79.4% of San Mateo County adults participating in the 2004 San Mateo County Health & Quality of Life Survey rate the availability of affordable housing in the community as “fair” or “poor,” **significantly better** than the 88.9% recorded in 2001, and similar to 1998 findings.95

The 2004 survey finds that 13.5% 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 185% poverty threshold share living expenses, as do approximately one-fourth of young adults, and Hispanic respondents. The percentage indicating they share housing costs to limit expenses is similar to what was found in 1998 and 2001.96

**PHYSICAL ENVIRONMENT**

**KEY FINDING:** The people of San Mateo County have a long way to go to achieve sustainability, both locally and globally.

- Over the past 13 years, the cities and the County of San Mateo have implemented a variety of waste reduction programs that have helped to divert materials away from the landfill. The percentage of waste diverted ranges from a high of 71% to East Palo Alto to 32% in Daly City and Portola Valley based on the latest figures reported. Most of the cities that have not yet met the 50% diversion goal have been granted a time extension by the state or have shown a good faith effort to reach the goal.97

- Carbon monoxide and nitrogen dioxide levels continue to remain below state standards. Carbon emissions, caused largely by the combustion of fossil fuels for electricity and transportation, have increased from 2.3 tons per person in 1993 to 2.7 tons per person in 2000, an increase of 17%.98

- Highway gasoline use in San Mateo County increased 2.2% between 1993 and 2001 to an estimated 406 million gallons of gasoline. Usage remained relatively unchanged from 2000 to 2001 as the economy cooled. On a per-capita basis, gasoline use in San Mateo County was 517 gallons in 1998, 13% greater than the 1997 national average and 4 to 52 times greater than 1997 usage in other countries such as Germany, Japan, and China.99

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96 Ibid.
SOCIAL SERVICES

- A total of 35.9% of survey respondents rate the ease of obtaining social services as “excellent” or “very good” (significantly higher than found in 2001).  

GOVERNMENT

- Trust in local government has improved over the past few years. In 2004, 48.8% of survey participants said they trusted local government to “always” or “most of the time” work for the community’s best interest; this percentage is similar to 2001 findings and appears to continue a steady increase since 1998; the percentage “seldom” or “never” trusting government is lower than 1998 findings, but similar to 2001 findings.  

CRIME & VIOLENCE

KEY FINDING: While crime and violence remain a concern, San Mateo County crime rates are well below both state and regional rates. Crime rates, including juvenile violent crimes, have been following a downward trend over the past several years.

- When asked how safe they feel walking in their neighborhood, 61.9% of San Mateo County residents expressed “excellent” and “very good” responses, similar to the 63.2% found in 2001 and the 58.1% recorded in 1998. Fair/poor comments continue to range around 10%.  

- San Mateo County crime rates for both violent crime and property crime (burglary and motor vehicle theft) have followed a general decline since 1991.  

- Juvenile arrests for violent crimes have been following a downward trend over the past several years, both statewide and in San Mateo County.  

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101 Ibid.

102 Ibid.

103 Criminal Justice Statistics Department, California Department of Justice.

104 Ibid.
COMMUNITY DESCRIPTION

OVERVIEW

San Mateo County, although the third-smallest county in California, is the thirteenth most populous. In large part, this continuing growth can be attributed to the magnificent landscapes, cultural amenities, educational institutions, and the rich diversity of the people who live there. The county’s population increased 21% between 1980 and 2003, adding almost 125,000 new residents in 23 years. San Mateo County truly is a unique and exciting place to live.

Like many growing communities, however, San Mateo County faces serious challenges: unemployment, struggles to afford food, housing and childcare, and inequitable distribution of the benefits of the thriving economy. What’s more, San Mateo County was directly impacted by the economic slowdown in Silicon Valley. Coupled with the events of September 11, 2001, and the war in Iraq, San Mateo County’s economy and its residents have not gone unscathed.

Unemployment rates in San Mateo County remain below statewide averages, but are still among the highest found in over 10 years. And, a great deal of wealth disparity exists in San Mateo County. Along with the high cost of living in the region, San Mateo County residents could be described as “those who have” and “those who have not.”

Over the past few years, San Mateo County has worked diligently to address quality of life issues for its residents and to find ways to make it an even better place for everyone to live. Current research results find residents perceiving their personal financial situations to be significantly more favorable than reported two years ago and significantly fewer have considered leaving the area because of economic concerns.

Demographic Description

Population & Population Growth

- Although the county is geographically the third smallest county in California, it is the thirteenth most populous. The total population of the county from the 2000 United States Census was 710,493 persons, representing an 9.4% increase from 1990 (649,623), compared to a 13.8% growth statewide for the same period.

- San Mateo County’s population increased 21% between 1980 and 2003, adding almost 125,000 new residents in 23 years. The vast majority—89%—of the growth has been from births rather than new residents.

- Within San Mateo County, the greatest percentage population growth between 1990 and 2000 was seen in Half Moon Bay (33.3% increase), followed by East Palo Alto (25.8%) and Brisbane (21.8%).

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In 1998-99, there were 23,002 new residents to San Mateo County, and 24,443 residents who left the county. Most new residents (72.9%) moved to San Mateo County from elsewhere in California, mostly San Francisco, Santa Clara and Alameda Counties; 24.1% moved from other states; and 3.0% were new immigrants to the U.S.\(^{109}\)

**Gender**

- Of the residents identified in Census 2000 as living in San Mateo County, 49.4% were males and 50.6% were females.\(^{110}\)

**Age Distribution & Trends**

- In terms of percentage composition, the most notable change in the age distribution of San Mateo County between 1990 and 2000 appears as a shift from the 20-to-44 to the 45-to-64 age groupings.\(^{111}\)

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 2040.\(^{112}\)

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\(^{109}\) 1999-2000 County to County Migration Inflows/Outflows. Internal Revenue Service.


The county’s population is ethnically diverse. In 2000, 38% were White (non-Hispanic), 22% were Hispanic, 20% were Asian, 4% were Black, 1% was Native Hawaiian and other Pacific Islander, less than 1% was American Indian and Alaska Native, 10% were some other race and 5% were two or more races. Almost one-third of the county’s residents are foreign born, and, of those, 42% speak a language other than English at home.\(^\text{113}\)

The racial and ethnic diversity of San Mateo County also continues to expand. The proportion of Hispanics has increased from 17.8% in 1990 to 21.9% in 2000. During the same time period, the Asian and Pacific Islander population increased from 16.4% to 20.3% and the Black population decreased slightly from 5.2% to 3.4%. [In 2000, the United States Census allowed for the reporting of multiple races for individuals. In San Mateo County, 2.3% of residents classified themselves as multiracial.]\(^\text{114, 115}\)

Over the next several decades, the White population is expected to decrease considerably, while Hispanic and Asian populations are expected to increase. By the year 2050, Hispanics will represent a plurality.\(^\text{116}\)

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\(^\text{116}\) Ibid.
The racial and ethnic change in San Mateo County mirrors that of California, except the Black population across the state is increasing. The growth of the Hispanic population is largely attributed to natural increase (i.e., births minus deaths) rather than immigration. Migration is responsible for most of the increase in the Asian and Pacific Islander population in San Mateo County.\textsuperscript{117}

The child population of San Mateo County is much more diverse than the adult population. Currently, no individual racial or ethnic group has a majority.\textsuperscript{118}

Among the senior population, Asian residents are projected to increase their representation considerably over the coming decades, followed by Hispanic residents.\textsuperscript{119}

\begin{itemize}
\item The racial and ethnic change in San Mateo County mirrors that of California, except the Black population across the state is increasing. The growth of the Hispanic population is largely attributed to natural increase (i.e., births minus deaths) rather than immigration. Migration is responsible for most of the increase in the Asian and Pacific Islander population in San Mateo County.\textsuperscript{117}
\item The child population of San Mateo County is much more diverse than the adult population. Currently, no individual racial or ethnic group has a majority.\textsuperscript{118}
\item Among the senior population, Asian residents are projected to increase their representation considerably over the coming decades, followed by Hispanic residents.\textsuperscript{119}
\end{itemize}


\textsuperscript{118} 2000-2005 San Mateo County Child Care Strategic Plan. Child Care Partnership Council.


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\section*{Projected Population by Race/Ethnicity, San Mateo County}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{Projected_Population_Chart.png}
\caption{Projected Population by Race/Ethnicity, San Mateo County.}
\end{figure}

\begin{table}
\centering
\begin{tabular}{|l|c|c|c|c|c|c|}
\hline
\hline
White & 50.4\% & 46.1\% & 42.4\% & 39.2\% & 36.4\% & 34.0\% \\
Hispanic & 21.9\% & 25.8\% & 29.1\% & 32.1\% & 35.0\% & 38.1\% \\
Asian & 20.3\% & 21.4\% & 21.7\% & 21.8\% & 21.7\% & 21.3\% \\
Pacific Islander & 1.4\% & 1.5\% & 1.5\% & 1.5\% & 1.5\% & 1.4\% \\
Black & 3.4\% & 2.1\% & 2.0\% & 1.9\% & 1.8\% & 1.7\% \\
American Indian & 0.2\% & 0.4\% & 0.5\% & 0.4\% & 0.4\% & 0.4\% \\
Multirace & 2.3\% & 2.7\% & 2.9\% & 3.0\% & 3.2\% & 3.1\% \\
\hline
\end{tabular}
\caption{Projected Population by Race/Ethnicity, San Mateo County.}
\end{table}

Immigration

- 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.\(^{120}\)

- In 2002, San Mateo County had 6,992 legal immigrants, 2.4% of the state total. Almost half of legal immigrants come from the Philippines, China, India, Iran, Korea and Taiwan. The remainder is primarily from Latin American nations.\(^{121}\)

- From 2004 survey findings, nearly one-third of adult county respondents (age 18 and older) were born outside the United States. Among foreign-born respondents, 40.1% have lived in the U.S. for more than 20 years, while 32.7% have lived here less than 10 years.\(^{122}\)

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**Nativity, San Mateo County, 2004**

![Diagram showing nativity and length of residence in U.S.]

Source: 2004 San Mateo County Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants; August 2004.)

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Economy

Description of the Local Economy

San Mateo County was directly impacted by the economic slowdown in Silicon Valley. It, along with neighboring counties, supplied much of the workforce related to the technology sector. Coupled with the events of September 11, 2001, these events have left their mark on San Mateo County.

- The economy is diverse, including the computer, biotechnology, airlines and finance industries. The problems for technology companies became evident in March 2000, but the diversity of the local economy helped to ameliorate the impact. However, the subsequent economic downturn has posed more of a challenge. The airline industry laid off thousands in the months after September 11, 2001. The ripple effect on travel and tourist-related businesses was enormous.123

- In the economic forecast published by the State of California’s Employment Development Department in July of this year, the prediction is that the national and state economies will strengthen this year. The domestic and world-wide demand for semi-conductors, computers, communications devices, and electrical equipment and apparatus is rising again.124

Employment

- The 2004 San Mateo County Quality of Life Survey found that those currently employed (or those self-employed) in San Mateo County work an average of 41.2 hours each week. In 2001, this average was 40.2 hours per week.125

- Respondents participating in the 2004 Health & Quality of Life Survey said they missed work for a personal illness an average of 4.2 days last year. This is lower than the 4.9 reported in 2001.126

Job Loss/Growth

- The major employers in San Mateo County include computer-related services, but also professional/commercial equipment manufacturers, non-residential building construction, security brokers/dealers, pharmaceuticals, hospitals and retail services (to name just a few). The County is also a major employer.

- After losing 31,900 jobs in two years, job loss appears to have subsided in 2003.127

- Silicon Valley lost approximately 5% of its jobs between the second quarter of 2002 and the second quarter of 2003. The rate of job loss slowed from the same period during 2001 to 2002, when Silicon Valley lost about 10% of its jobs.128

- Led by the “Biomedical” industry, five Silicon Valley industry clusters lost a smaller percentage of jobs than the nation during 2001 to 2002.129

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125 2001 and 2004 Health & Quality of Life Surveys. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004
The industry that added the most jobs in Silicon Valley between 2002 and 2003 was “Health Services,” which added 1,400 employees. The “Corporate Offices” cluster added nearly 400 jobs. All remaining clusters and other industries in the region lost jobs over the last year.\footnote{Ibid.}

San Mateo County industry projections for the period 1999-2006 forecast the three largest growth industries during those years will be services, retail trade and manufacturing.\footnote{Joint Venture’s 2004 Index of Silicon Valley. Measuring Progress Toward the Goals of Silicon Valley 2010.}

### Major Employers in San Mateo County

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Location</th>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Biosystems</td>
<td>Foster City</td>
<td>Professional &amp; Commercial Equipment</td>
</tr>
<tr>
<td>DPR Construction, Inc.</td>
<td>Redwood City</td>
<td>Nonresidential Building Construction</td>
</tr>
<tr>
<td>Electronic Arts, Inc.</td>
<td>Redwood City</td>
<td>Computer Programming, Data Processing, Other Computer-Related Services</td>
</tr>
<tr>
<td>Franklin Templeton</td>
<td>San Mateo</td>
<td>Security Brokers &amp; Dealers</td>
</tr>
<tr>
<td>Genentech, Inc.</td>
<td>S San Francisco</td>
<td>Drugs, Proprietaries &amp; Sundries</td>
</tr>
<tr>
<td>Mills-Peninsula Med Ctr</td>
<td>Burlingame</td>
<td>Hospitals</td>
</tr>
<tr>
<td>Oracle Corp</td>
<td>Redwood City</td>
<td>Computer Programming, Data Processing, Other Computer-Related Services</td>
</tr>
<tr>
<td>Raychem Corp</td>
<td>Menlo Park</td>
<td>Electronic Components &amp; Accessories</td>
</tr>
<tr>
<td>San Mateo County</td>
<td>Redwood City</td>
<td>Government</td>
</tr>
<tr>
<td>Sequoia Hospital</td>
<td>Redwood City</td>
<td>Hospitals</td>
</tr>
<tr>
<td>Seton Medical Center</td>
<td>Daly City</td>
<td>Hospitals</td>
</tr>
<tr>
<td>Siebel Systems, Inc.</td>
<td>San Mateo</td>
<td>Computer Programming, Data Processing, Other Computer-Related Services</td>
</tr>
<tr>
<td>SRI International, Inc.</td>
<td>Menlo Park</td>
<td>Research &amp; Testing Services</td>
</tr>
<tr>
<td>United Airlines</td>
<td>S San Francisco</td>
<td>Air Transportation, Scheduled, &amp; Air Counter Services</td>
</tr>
<tr>
<td>UPS</td>
<td>S San Francisco</td>
<td>Freight Transportation Arrangement</td>
</tr>
<tr>
<td>Visa International</td>
<td>Foster City</td>
<td>Business Credit Institutions</td>
</tr>
</tbody>
</table>


### Largest Projected Growth Industries for San Mateo County 1999-2006

<table>
<thead>
<tr>
<th>Industry</th>
<th>Percent Growth</th>
<th>Job Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services</td>
<td>28.8%</td>
<td>35,100</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>9.2%</td>
<td>5,500</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>4.9%</td>
<td>1,800</td>
</tr>
</tbody>
</table>

Source: State of California Employment Development Department, Labor Market Information Division. County Snapshots: San Mateo County
Unemployment

- San Mateo County is well diversified across industries and company sizes, helping it to weather economic cycles and maintain lower unemployment than state or national averages despite recent job losses.\(^{132}\)

- The average annual unemployment rate in the county was 3.9% in 2004, a large decrease since 2003, but up considerably since a low of 1.6% in 2000. This translates into a monthly average of 14,467 county residents unemployed in 2004.\(^{133}\)

Unemployment Rate, San Mateo County 1990-2003

Notes:
1. Unemployment rates are calculated using unrounded data and are not seasonally adjusted.
2. 2001 rates are based on January-July rates.
3. Reflects civilian labor force, employment and unemployment.

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\(^{133}\) Ibid.
Perceptions of Job Opportunities

- Just under one-fifth (19.9%) of survey participants in 2004 rate local employment opportunities as “excellent” or “very good.” Furthermore, 40.7% this year rate local employment opportunities as “fair” or “poor,” similar to the 39.5% found in 2001, but 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.]\(^{134}\)

\[\text{Rating of Local Employment Opportunities, San Mateo County, 1998 to 2004}\]

- Mean Score  % "Excellent/Very Good"  % "Good"  % "Fair/Poor"

<table>
<thead>
<tr>
<th></th>
<th>San Mateo County 1998</th>
<th>San Mateo County 2001</th>
<th>San Mateo County 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Score</td>
<td>64.3</td>
<td>44.6</td>
<td>42.4</td>
</tr>
<tr>
<td>% &quot;Excellent/Very Good&quot;</td>
<td>46.8</td>
<td>23.9</td>
<td>19.9</td>
</tr>
<tr>
<td>% &quot;Good&quot;</td>
<td>32.9</td>
<td>36.5</td>
<td>39.4</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot;</td>
<td>20.4</td>
<td>39.5</td>
<td>40.7</td>
</tr>
</tbody>
</table>


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 2004 were particularly high among those living below the 400% poverty threshold, Blacks and Coastside residents.\(^{135}\)

Local Employment Opportunities Are "Fair/Poor," San Mateo County, 2004


Note: Percentages represent combined "fair/poor" responses.


\(^{135}\) Ibid.
Work Training

- A total of 41.9% of 2004 survey respondents report that they have attended a work-related training class within the past year, lower than the 46.3% found in 2001. The incidence of having attending work-related training is highest among Whites and those at higher income or education levels.136

Income

- Average salaries of San Mateo County residents, despite some reversal in 2001 and 2002, are still near the highest in California at $63,620 per worker.137

- The median income of households in San Mateo County in 2003 was $69,219. Eighty-five percent of the households received earnings and 15 percent received retirement income other than Social Security. Twenty-three percent of the households received Social Security. The average income from Social Security was $13,905. These income sources are not mutually exclusive; that is, some households received income from more than one source.138

- The 2003 per capita income in San Mateo County ($35,304) was far higher than the statewide average of $24,420.139

- Real per capita personal incomes fell sharply in 2001. Incomes began rising again in 2004. The annual compound rate of growth over the next five years is 3.0%. Between 1995 and 2000, real per capita personal income increased an average of 3.6% per year.140

Income Inequity

- A great deal of wealth disparity exists in San Mateo County. In 2002, about 37% of households earned less than $50,000 per year, while 31% earned $100,000 or more.141

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139 Ibid.
On average, personal and household incomes increased in the Bay Area during the 1990s and were among the highest in the state, the nation and the world. Between 1993 and 1998, income equality in the Bay Area increased 7\%, based on the international standard statistical formula for measuring income distribution, the GINI coefficient. However, despite the increase, income inequality in the Bay Area was still higher than in Japan and Western Europe.\textsuperscript{142}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{GINI.pdf}
\caption{GINI Coefficient of Income Distribution, Bay Area Counties}
\end{figure}

The GINI Index is the difference between actual distribution and equal distribution by income quintiles. The index ranges from 0.0, when every household has the same income, to 1.0, when one household has all the income. Thus the higher the Gini index the greater the income inequality, or the greater the portion of aggregate income earned by the top household income bracket. It incorporates detailed aggregate income shares data into a single statistic, which summarizes the dispersion across the entire income distribution. It compares current income distribution with an ideal equal distribution of aggregate income, giving equal weight to all income levels by calculating the square root of the sum of the squared differences of each quintile from a 20 percent share.

\textsuperscript{142} Bay Area Indicators: Measuring Progress Toward Sustainability. Bay Area Alliance for Sustainable Communities. January 2003.
Financial Self-Sufficiency

- The cost of living in San Mateo County is higher than in most counties throughout the nation; therefore, the federal poverty level is not an adequate measure of the income needed to meet basic needs in the county. The local self-sufficiency level 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. In San Mateo County in 2004, the yearly income necessary for a family of three to maintain self-sufficiency was $62,568, whereas the federal poverty level for a family of three was $15,670.143

### Self-Sufficiency Income and Wage for Family of Three (Parent, Infant, and School-Aged Child)

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td>$1,850</td>
<td>$1,597</td>
<td>$1,468</td>
</tr>
<tr>
<td>Utilities</td>
<td>114</td>
<td>114</td>
<td>114</td>
</tr>
<tr>
<td>Food</td>
<td>356</td>
<td>366</td>
<td>371</td>
</tr>
<tr>
<td>Transportation</td>
<td>368</td>
<td>363</td>
<td>370</td>
</tr>
<tr>
<td>Personal care</td>
<td>58</td>
<td>51</td>
<td>46</td>
</tr>
<tr>
<td>Housekeeping supplies</td>
<td>50</td>
<td>48</td>
<td>43</td>
</tr>
<tr>
<td>Clothing</td>
<td>261</td>
<td>231</td>
<td>202</td>
</tr>
<tr>
<td>Health care</td>
<td>169</td>
<td>181</td>
<td>196</td>
</tr>
<tr>
<td>Child care</td>
<td>1,657</td>
<td>1,657</td>
<td>1,535</td>
</tr>
<tr>
<td><strong>Total Monthly Expenses</strong></td>
<td><strong>$4,883</strong></td>
<td><strong>$4,608</strong></td>
<td><strong>$4,345</strong></td>
</tr>
<tr>
<td><strong>Gross Yearly Income Needed</strong></td>
<td><strong>$70,315</strong></td>
<td><strong>$66,356</strong></td>
<td><strong>$62,568</strong></td>
</tr>
<tr>
<td><strong>Hourly Wage Needed</strong></td>
<td><strong>$33.81</strong></td>
<td><strong>$30.72</strong></td>
<td><strong>$28.97</strong></td>
</tr>
</tbody>
</table>


- Of the ten jobs with the greatest projected growth in the Bay Area by the year 2004, four do not currently pay a livable wage. A livable wage can be defined as the amount needed for an individual or family to meet basic needs without relying on public or private assistance.144

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143 San Mateo County Human Services Agency. 
Very Low-Income Families

- The following chart illustrates 2004 Health & Human Services Poverty Guidelines for the 48 contiguous states and D.C.

<table>
<thead>
<tr>
<th>Household Members</th>
<th>100% Poverty (Annual $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$9,310</td>
</tr>
<tr>
<td>2</td>
<td>$12,490</td>
</tr>
<tr>
<td>3</td>
<td>$15,670</td>
</tr>
<tr>
<td>4</td>
<td>$18,850</td>
</tr>
<tr>
<td>5</td>
<td>$22,030</td>
</tr>
<tr>
<td>6</td>
<td>$25,210</td>
</tr>
<tr>
<td>7</td>
<td>$28,390</td>
</tr>
<tr>
<td>8</td>
<td>$31,570</td>
</tr>
</tbody>
</table>

*Each additional member, add:* $3,180

Source: US Department of Health & Human Services

- In 2003, 6.9% of San Mateo County residents lived below the federal poverty threshold which was $15,260 for a family of three. The countywide poverty rate was far lower than the rate in California, 13.4%, and the nation, 12.7%.145
- The percentage of Bay Area seniors living in poverty increased from 6.9% in 1990 to 7.1% in 2000.146
- Despite the local economic prosperity, 6.8% of San Mateo County households with school-aged children (5 to 17) live in poverty.147

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Children living in poverty are more prevalent in some parts of the county than in others. For example, 16% of school-aged children in the Ravenswood City Elementary and roughly 8%-9% of school-aged children in the Redwood City Elementary, Bayshore Elementary and Sequoia Union High school districts live below the federal poverty level.\textsuperscript{148}

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

![Diagram showing estimated percentages of children in poverty by San Mateo County School Districts.](source)

*Evaluations of Personal Financial Situation*

In 2004, 54.2\% 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, 17.5\% described their personal financial situation as "fair" or "poor," statistically more favorable than 2001 findings.\textsuperscript{149}

\textsuperscript{148} U.S. Census Bureau.
\textsuperscript{149} 2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.
In the 2004 San Mateo County Health & Quality of Life Survey, 35.2% of respondents report that they or a family member have seriously considered leaving the county because of the cost of living, significantly lower than the 41.6% found in 2001. Higher levels of dissatisfaction can be found among people living below the 185% poverty threshold (45.8%), Black respondents (47.8%) and those living in the Coastside region (46.1%).

**Have Considered Leaving County Because of Cost of Living, San Mateo County, 2004**


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.

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Evaluations of the Community as a Place to Live

Community Attachment

- In 2004, 20.8% of survey respondents indicate they feel “very connected” to their community, while 44.7% respond “somewhat connected.” Nearly one-quarter (23.3%) say they are “not very connected” to their community and 11.2% feel “not at all connected.” Compared to 2001 responses, residents feelings about their connection to the community has not changed significantly.\textsuperscript{151}

**Feel "Connected" to the Community, San Mateo County**

<table>
<thead>
<tr>
<th>Feel Connected</th>
<th>SMC 2001</th>
<th>SMC 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Connected</td>
<td>18.2%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Somewhat Connected</td>
<td>49.8%</td>
<td>44.7%</td>
</tr>
<tr>
<td>Not Very Connected</td>
<td>23.9%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Not At All Connected</td>
<td>8.0%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>


Note: Asked of all respondents.

Perceived Challenges

- When asked about the number-one problem facing San Mateo County, survey respondents cited (ranked in order of frequency and comprising more than one-third of all responses): the economy or unemployment (19.4%); crime and violence (9.3%) and education (6.6%). [In 2001, traffic, housing and the cost of living earned the highest frequency responses.]\textsuperscript{152}

- Very few respondents indicated that the primary problems of the community pertain to terrorism or issues arising from recent national security. In all, 0.3% mentioned “national security” as the primary problem, while 0.1% specifically referred to “the war [in Iraq]” and 0.1% mentioned “world problems.”\textsuperscript{153}

\textsuperscript{151} 2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.

\textsuperscript{152} Ibid.

\textsuperscript{153} Ibid.
FAMILY ISSUES

OVERVIEW

More than ever before, San Mateo County is perceived by its residents as a good place to raise a family. While the cost of living and family economics remain a primary concern, the county and its residents are among the wealthiest and most highly educated in the nation.

Still, San Mateo County families continue to face many challenges. Community members, as in past years, cite the cost of living as the number one problem facing 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 100,000 (or about 15%). 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. The supply of child care in the area also continues to be a problem, with the number of licensed child care facilities in the county being sufficient for only one in three children under the age of 13 who need non-parental care. To make matters worse, an increasing shortage in child care workers has manifested in the past few years, due primarily to low wages and high teacher turnover characteristic of this industry.

San Mateo County as a Place to Raise a Family

- 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): employment issues and/or the economy; health care issues; and lack of quality family time.

[These are similar to 2001 findings.][154]

Perceived Number-One Problem Facing Respondent's Family Today

- Cost of Living 21.0%
- Employment/Economy 8.0%
- Health Issues 5.6%
- Lack of Family Time 4.9%
- Communication 3.3%
- Uncertain 9.4%
- Other (Each <3%) 25.3%
- Nothing 22.3%


Community as a Place to Raise a Family

- San Mateo County residents generally give positive evaluations of the community as place to raise a family. Specifically, 60.4% view it as an "excellent" or "very good" place to raise a family; 13.7% view it as "fair" or "poor" (for the purposes of the survey, what constitutes a “family” was self-defined by each respondent). Note that these represent a statistically significant increase in “excellent/very good” responses when compared to 1998 findings.155

```
Rating of the Community as a Place to Raise a Family,
San Mateo County, 1998 to 2004
```

```
<table>
<thead>
<tr>
<th></th>
<th>San Mateo County 1998</th>
<th>San Mateo County 2001</th>
<th>San Mateo County 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Score</td>
<td>55.9</td>
<td>59</td>
<td>60.4</td>
</tr>
<tr>
<td>% &quot;Excellent/Very Good&quot;</td>
<td>28.4</td>
<td>26.8</td>
<td>25.9</td>
</tr>
<tr>
<td>% &quot;Good&quot;</td>
<td>15.7</td>
<td>14.2</td>
<td>13.7</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot;</td>
<td>13.3</td>
<td>12.7</td>
<td>13%</td>
</tr>
</tbody>
</table>
```


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 regarding the community as a place to raise a family are much higher among young adults, those with less education and income, Blacks, Hispanics, and Coastside residents.156

```
View Community as a "Fair/Poor" Place in Which to Raise a Family, San Mateo County, 1998 to 2004
```


Note: Asked of all respondents.

156 Ibid.
Parenting Support

- A total of 6.3% of parents participating in the 2004 survey say their ability to manage their child’s behavior is “fair/poor” (similar to 2001 findings). “Fair/poor” evaluations are highest (18.7%) among parents with children aged 16 to 17.157

Rating of Ability to Manage Child’s Behavior, San Mateo County, 1998 to 2004

<table>
<thead>
<tr>
<th></th>
<th>San Mateo County 2001</th>
<th>San Mateo County 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Score</td>
<td>64.4</td>
<td>70.4</td>
</tr>
<tr>
<td>% “Excellent/Very Good”</td>
<td>27.2</td>
<td>8.4</td>
</tr>
<tr>
<td>% “Good”</td>
<td>8.4</td>
<td>26.8</td>
</tr>
<tr>
<td>% “Fair/Poor”</td>
<td>6.1%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>


Notes: 1. Asked of residents with children under 18 at home.

Caring for Grandchildren

- A total of 3.5% of survey respondents in 2004 (those aged 30 or older) report that they or their spouse are the primary caregiver for a grandchild or great-grandchild, similar to the 2001 finding of 3.6%. Indications are highest among those living at lower incomes, and Black respondents.158

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


Note: Asked of residents aged 30 and older.


158 Ibid.
Children’s Education

Enrollment

- During the 2002-03 school year, San Mateo County had 23 school districts, 111 elementary schools; 28 middle schools; 19 high schools; 12 charter schools; 6 continuation schools; 3 community day schools; 2 alternative schools; 1 special education school; and 1 juvenile court school. In addition, there are 71 private schools, and well over 100 homes in which children are home schooled.\(^{159}\)

- There were 88,991 students enrolled in public schools in San Mateo County for the 2002-03 school year (53,086 elementary school students and 21,305 secondary school students). There were 13,571 students enrolled in private schools in 2002-03.\(^{160}\)

- Total public school enrollment for K-12 decreased from 91,205 for the 2000-01 school year, to 89,415 in 2001-02. Total enrollment further decreased to 88,991 during the 2002-03 school years.\(^{161}\)

### K-12 Public School Enrollment for San Mateo County

<table>
<thead>
<tr>
<th>Year</th>
<th>K-12 Enrollment</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2001</td>
<td>91,205</td>
<td></td>
</tr>
<tr>
<td>2001-2002</td>
<td>89,415</td>
<td>-2%</td>
</tr>
<tr>
<td>2002-2003</td>
<td>88,991</td>
<td>-0.5%</td>
</tr>
</tbody>
</table>

Source: Countywide Profile, Fiscal Year 1999-00. Ed-Data: Education Data Partnership.

- In the 2004 survey, 79.5% of respondents with school-aged children indicated their child attends a public school, while 17.4% attend parochial or private schools.\(^{162}\)

- 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 income, higher educational levels, and parents in South County.\(^{163}\)

- California Department of Education data show a decline in total private school enrollment between the 2000-01 and 2002-03 school years (from 16,979 to 16,407 students); this follows a steady increase in private school enrollment throughout the 1990s.\(^{164}\)

\(^{159}\) CBEDS (Public Schools) and R-4 Private School Affidavit Enrollment. 2002-03.

\(^{160}\) Ibid.

\(^{161}\) California Department of Education, Educational Demographics Unit. 2004.


\(^{163}\) Ibid.

Evaluation of Children’s Education

- Parents’ ratings of their children’s education declined slightly since 2001 in terms of “excellent/very good” evaluations.


<table>
<thead>
<tr>
<th>Mean Score</th>
<th>68.3</th>
<th>75</th>
<th>71.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Excellent/Very Good&quot;</td>
<td>60.5</td>
<td>73.3</td>
<td>67.6</td>
</tr>
<tr>
<td>% &quot;Good&quot;</td>
<td>22.8</td>
<td>18</td>
<td>24.2</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot;</td>
<td>16.8</td>
<td>8.7</td>
<td>8.3</td>
</tr>
</tbody>
</table>


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, 62.5% rate their child's education as "excellent" or "very good," slightly lower than the 67.8% found in 2001. Among parents with children in private or parochial schools, “excellent/very good” evaluations are at 84.5% (also down from 2001 evaluations of 94%).

### Per-Pupil Revenue & Spending

- For the first time in a decade, per-pupil spending during 2001-02 was greater in San Mateo County ($8,136) than the national average ($8,087) and substantially greater than the state average ($7,324). Per-pupil spending in the county increased 87% from 1992-93 to 2001-02.

- California has historically had a lower than average per-pupil expenditure. However, fueled by a healthy economy and concerns about school performance, California’s investment in K-12 education began to grow in the mid-90’s. Over the next six years, the state’s investment—as measured by expenditures per student (based on average daily attendance)—increased 49% compared to 32% for the U.S. average. California was spending $4,924 per student in 1995-96. That figure grew to $7,324 in 2001-02.

- A wide disparity in per-pupil spending exists within San Mateo County school districts. Per-pupil spending in 2001-02 ranged from $5,564 at Laguna Salada Union Elementary to almost twice as much ($9,480) at Portola Valley Elementary. The following chart itemizes the revenue per student per average daily attendance as of June 2002.

---

The continuing weak economy, competing demands on the state budget, and the priorities of state lawmakers make it unlikely that California will invest more per pupil in the near future.\(^{170}\)

### Class Size & Teacher Supply

#### Class Size Reduction

- The average class size in San Mateo County continues to decline, from a high of 28.2 pupils per class in 1996 to an average of 26.3 in 2004. The current average continues to fall below the statewide mean of 26.7.\(^{171}\)

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\(^{171}\) California Department of Education, Educational Demographics Unit. May 2004.
- In 2001-02, California moved from several years of being second highest to third highest in the ratio of students enrolled per teacher: 20.6 compared to the U.S. Average of 15.9. California was at the top of the list until 1996-1997 when the state’s Class Size Reduction program began.\textsuperscript{172}

\begin{center}
\textbf{Pupil-Teacher Ratio,}
\textbf{Public School Districts 1999-2003}
\end{center}

![Bar graph showing pupil-teacher ratio for San Mateo County and California from 1999-2000 to 2002-2003.](image)

Note: Numbers represent the ratio of students per teacher enrolled during the school year.

**Teacher Supply**

- In 2002-03, an overwhelming majority of teacher credentials continued to be full credentials (85% statewide). However, the teaching shortage in California — prompted in large part by the K-3 class size reduction program — contributed to a notable amount of other types of credentials, particularly emergency credentials (8% statewide).\textsuperscript{173}

- In San Mateo County, 88.2% (4,410) of teachers in 2002-03 were fully-credentialed, and 7.9% (395) have emergency permits.\textsuperscript{174}

\begin{center}
\textbf{Teaching Credentials (San Mateo County, 2002-03)}
\end{center}

<table>
<thead>
<tr>
<th></th>
<th>Full Credential</th>
<th>University Intern</th>
<th>District Intern</th>
<th>Pre-Intern</th>
<th>Emergency</th>
<th>Waiver</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>4,410</td>
<td>33</td>
<td>13</td>
<td>85</td>
<td>395</td>
<td>66</td>
<td>5,002</td>
</tr>
<tr>
<td>Percent of Total</td>
<td>68.2%</td>
<td>0.7%</td>
<td>0.3%</td>
<td>1.7%</td>
<td>7.9%</td>
<td>1.3%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Educational Demographics Office, CBEDS. May 2003.

\textsuperscript{173} California Department of Education, Educational Demographics Unit. May 2004.
\textsuperscript{174} Ibid.
The number of teachers with emergency permits is increasing because of statewide class reduction measures put into place in 1996 for kindergarten through third grade classes. There are now more classrooms, and school districts are hard-pressed to find the extra teachers they need. With more job options, teachers are more likely to choose the more affluent districts, which have more resources. As a result, low-income districts are increasingly dependent on non-credentialed teachers. Those districts often find themselves with more non-accredited teachers who may not have the skills (or resources) to help the students who need it the most.\(^\text{175}\)

### Drop-Out Rates

#### Annual Dropout Rate

The county’s **annual** high school dropout rate is 1.4%, half the state level and down 53% from 1991-92. Students who are Hispanic, Pacific Islander, or Black have notably higher dropout rates, while Asians, Filipinos and Whites have the lowest dropout rates. [Note that this is not considered accurate because it doesn’t take into account those who start, but do not finish, high school.\(^\text{176}\)]

#### Four-Year Derived Dropout Rate

The California Department of Education calculates its best attempt at a four-year drop-out rate, called a “derived rate.” It actually is a calculation of the drop-out rates for each of the grades in a given year. This provides a snapshot of what percentage of 9\(^{th}\) grade students drop out along the way to 12\(^{th}\) grade. This is the closest the state can get to “true” drop-out rates.\(^\text{177}\)

The derived rate of students who drop out of school in San Mateo County rose in 2000-2001 to 9.5%. However, dropout rates have declined since that time, showing 5.6% for 2002-2003.\(^\text{178}\)

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\(^{177}\) California Department of Education, Education Demographics Unit.

\(^{178}\) Ibid.
In San Mateo County, a wide disparity exists between schools in the percentage of high school dropouts. Nearly one-quarter (23.3%) of 9-12 students from La Honda-Pescadero Unified were identified as dropouts for 2002-03 using the 4-year derived rate. This compares to 2.5% from South San Francisco Unified.\(^\text{179}\)

### San Mateo County High School Dropouts by School District Data (2002-03)

<table>
<thead>
<tr>
<th>School District</th>
<th>Dropout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Honda-Pescadero Unified</td>
<td>23.3%</td>
</tr>
<tr>
<td>Sequoia Union High</td>
<td>4.7%</td>
</tr>
<tr>
<td>San Mateo Union High</td>
<td>10.0%</td>
</tr>
<tr>
<td>Cabrillo Unified</td>
<td>3.8%</td>
</tr>
<tr>
<td>Jefferson Union High</td>
<td>3.2%</td>
</tr>
<tr>
<td>South San Francisco Unified</td>
<td>2.5%</td>
</tr>
<tr>
<td>County Total</td>
<td>5.6%</td>
</tr>
<tr>
<td>State Total</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

Note: Based on 4-Year Derived Rate (9-12).

### Student Performance

**Standardized Testing and Reporting (STAR), Reading**

School achievement is measured by scores from the Standardized Testing and Reporting (STAR) program, which began in California in 1998. This program requires that every year, almost all students in grades 2 through 11, take a nationally standardized test. In April 2002, the State Board of Education designated the California Achievement Tests, Sixth Edition Survey (CAT/6) to replace the Stanford Achievement Test, ninth edition (Stanford 9) as the national norm-referenced test for the STAR Program. Thus, historical comparisons are not available for this measure.\(^\text{180}\)

- In San Mateo County in 2003, 43.0% of 3rd graders read at or above the 50th National Percentile Rank based on STAR test results, compared to 34.0% for the State of California.\(^\text{181}\)

- Even though the Bay Area had a higher proportion of third 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, in the Bay Area counties with lower income students (as indicated by their eligibility for the free or reduced cost meal program), the students generally had the lowest test scores.\(^\text{182}\)

- Similarly, in San Mateo County, scores range widely from 9% to 87% scoring above the national average, as described below.\(^\text{183}\)

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181 Ibid.  
182 Ibid.  
Standardized Testing and Reporting (STAR), 10th Grade Subject Areas

- STAR testing of 10th graders in various subject areas shows that San Mateo County students score consistently above the state averages.184

### Percent of 10th Graders Scoring At or Above the 50th National Percentile Rank, 2003

<table>
<thead>
<tr>
<th>Subject</th>
<th>California</th>
<th>San Mateo County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>57.0%</td>
<td>58.0%</td>
</tr>
<tr>
<td>Language</td>
<td>49.0%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Math</td>
<td>56.0%</td>
<td>58.0%</td>
</tr>
<tr>
<td>Science</td>
<td>49.0%</td>
<td>47.0%</td>
</tr>
</tbody>
</table>


---

Stanford Achievement Test (SAT) and ACT Assessment Scores

- In 2002-03, 2,725 San Mateo County students participated in SAT testing; 483 took the ACT assessment. Based on total grade-12 enrollment for the county, these numbers amount of 48.9% of students taking the SAT and 8.7% taking the ACT.185

- In San Mateo County, 29.8% of students taking the SAT met the criterion score of 1000 or higher. An average of 6.1% 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 higher among females and Asian students.186

- 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).187

### Average SAT and ACT Test Scores for 2002-03 (San Mateo County) by Gender and Ethnic Group

<table>
<thead>
<tr>
<th>SAT Test</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Asian</th>
<th>Hispanic/Latino</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Verbal Score</td>
<td>512</td>
<td>520</td>
<td>505</td>
<td>496</td>
<td>459</td>
<td>445</td>
<td>550</td>
</tr>
<tr>
<td>Average Math Score</td>
<td>541</td>
<td>560</td>
<td>525</td>
<td>555</td>
<td>467</td>
<td>462</td>
<td>561</td>
</tr>
<tr>
<td>Average Total Score</td>
<td>1,053</td>
<td>1,080</td>
<td>1,030</td>
<td>1,051</td>
<td>917</td>
<td>907</td>
<td>1,111</td>
</tr>
<tr>
<td>Number Meeting Criteria (&gt;=1000)</td>
<td>1,663</td>
<td>828</td>
<td>835</td>
<td>463</td>
<td>84</td>
<td>24</td>
<td>553</td>
</tr>
<tr>
<td>Percent Meeting Criteria (&gt;=1000)</td>
<td>29.8%</td>
<td>28.9%</td>
<td>30.8%</td>
<td>29.6%</td>
<td>5.8%</td>
<td>10.4%</td>
<td>23.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACT Test</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Composite Score</td>
<td>23.1</td>
<td>23.4</td>
<td>23.0</td>
<td>23.5</td>
<td>19.8</td>
<td>18.5</td>
<td>24.0</td>
</tr>
<tr>
<td>Number Meeting Criteria (&gt;=21)</td>
<td>338</td>
<td>115</td>
<td>213</td>
<td>90</td>
<td>19</td>
<td>5</td>
<td>150</td>
</tr>
<tr>
<td>Percent Meeting Criteria (&gt;=21)</td>
<td>6.1%</td>
<td>4.0%</td>
<td>8.0%</td>
<td>5.8%</td>
<td>1.3%</td>
<td>2.2%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>


### Academic Performance Index Scores and “No Child Left Behind”

Each year, every California school and district gets an Academic Performance Index (API) score ranging from 200 to 1,000, derived from tests taken the previous spring. The tests are the California Standards Test (with science for the first time); the CAT 6; the Exit Exam for grade 10; and, for the first time, the California Alternate Performance Assessment for students with learning disabilities. Even schools and districts with an API below 800 are considered successful if they meet performance targets in the year to come. That target is set each year at this time at approximately 5% of the difference between their actual API and 800.188

Schools that fail to meet their targets two years in a row enter the state's school-improvement program. Persistent failure to improve leads schools and districts into "corrective action," and closures and takeovers are possible after five years. (Corrective action is part of the federal

185 California Department of Education, Office of Policy and Evaluation, 2002-03.
186 Ibid.
187 2004 Kaplan, Inc.
188 California Department of Education. 2004 Accountability Progress Report.
education act of 2001 known as ‘No Child Left Behind.’ No schools have yet been closed under the law.\textsuperscript{189}

- The following chart illustrates the 2003 and 2004 API scores for San Mateo County school districts. Note the wide differences in API scores among San Mateo County school districts.\textsuperscript{190}

### 2004 Accountability Progress Report Data (San Mateo County)

<table>
<thead>
<tr>
<th>School District</th>
<th>2003 API</th>
<th>2004 API</th>
<th>Growth 03-04</th>
<th>At Risk for Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillsborough City Elementary</td>
<td>935</td>
<td>948</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Portola Valley Elementary</td>
<td>817</td>
<td>937</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Las Lomitas Elementary</td>
<td>831</td>
<td>922</td>
<td>-9</td>
<td>*</td>
</tr>
<tr>
<td>Woodside Elementary</td>
<td>901</td>
<td>909</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Menlo Park City Elementary</td>
<td>888</td>
<td>895</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Burlingame Elementary</td>
<td>840</td>
<td>844</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>San Carlos Elementary</td>
<td>845</td>
<td>844</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Belmont-Redwood Shores Elementary</td>
<td>821</td>
<td>820</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Millbrae Elementary</td>
<td>815</td>
<td>818</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>San Mateo-Foster City Elementary</td>
<td>782</td>
<td>781</td>
<td>-1</td>
<td>*</td>
</tr>
<tr>
<td>Brisbane Elementary</td>
<td>748</td>
<td>755</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>San Bruno Park Elementary</td>
<td>739</td>
<td>751</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Cabrillo Unified</td>
<td>724</td>
<td>733</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Jefferson Elementary</td>
<td>722</td>
<td>732</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Bayshore Elementary</td>
<td>743</td>
<td>728</td>
<td>-15</td>
<td>*</td>
</tr>
<tr>
<td>South San Francisco Unified</td>
<td>727</td>
<td>725</td>
<td>-2</td>
<td></td>
</tr>
<tr>
<td>La Honda-Pescadero Unified</td>
<td>677</td>
<td>722</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Redwood City Elementary</td>
<td>704</td>
<td>719</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Jefferson Union High</td>
<td>680</td>
<td>691</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Sequoia Union High</td>
<td>661</td>
<td>668</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Ravenswood City Elementary</td>
<td>592</td>
<td>593</td>
<td>1</td>
<td>*</td>
</tr>
</tbody>
</table>


### College Preparedness

#### College Track Coursework

In order to be eligible to attend California public colleges and universities (the University of California system and the California State University system) high school students must take specified coursework that often exceeds graduation requirements.\textsuperscript{191}

- The proportion of graduates meeting UC-CSU requirements is rising.\textsuperscript{192}
- Using 1998-2001 averages, a total of 43.0\% of San Mateo County high school students met UC-CSU requirements. The percentage increases to 68.7\% among Asian students, and is over 50\% among Whites. The lowest percentage meeting UC-CSU requirements, when examined by ethnicity, was found among Black students (19.1\%).\textsuperscript{193}

\textsuperscript{189} California Department of Education. 2004 Accountability Progress Report.

\textsuperscript{190} California Department of Education, Office of Policy and Evaluation, 2002-03.


\textsuperscript{192} Joint Venture’s 2004 Index of Silicon Valley. Measuring Progress Toward the Goals of Silicon Valley 2010.

\textsuperscript{193} California County Data Book 2003. Children Now.
The general increase in college preparation rates has not closed the gap between ethnic groups. Rates of Latinos, American Indians and Blacks are significantly lower than the rates for Whites or Asians. The college preparation rate for Blacks has fallen in recent years.\textsuperscript{194}

### College Entry Rates

Between 1999 and 2002, 59% of San Mateo County high school students entered a college or university. Of these students, 35% entered community colleges, 12% went to CSU, 10% entered UC, 2% went to independent colleges or universities.\textsuperscript{195}

### Percent of Recent Public High School Graduates Entering Colleges and Universities (1999-2002)

In San Mateo County, 22% of recent high school graduates entered CSU or UC, compared to 18% statewide (1999-2002).\textsuperscript{196}


\textsuperscript{195} Ibid.

\textsuperscript{196} Ibid.
Ethnic Diversity & English Proficiency

**English Learner (EL) Students**

- The percentage of “English learner students,” or those designated by the school system as having limited proficiency in English, continues to increase in San Mateo County (from 21% in 1996 to 24% in 2001).  

  

- Among students not proficient in English, the languages spoken at home include Spanish (75%), Asian/Pacific languages (17%) and other languages (8%).  

- In 1990, 23% of San Mateo County school-age children were bilingual. In 2000, that number increased to 27%.  

- A total of 10% of San Mateo County school-age children (ages 5 to 17) were classified as “linguistically isolated” in 1990. “Linguistically isolated” means that no one age 14 or older in the household speaks English “very well.” In 2000, this percentage was still 10%.  

**Learning Disabilities**

“Specific Learning Disability” means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an impaired ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems that are primarily the result of visual, hearing, or motor handicaps, of mental retardation of emotional disturbance or of environmental, cultural, or economic disadvantage.  

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200 Ibid.  
In San Mateo County, 4,437 children enrolled in the public school system are identified as having a specific learning disability.202

**Facts About Learning Disabilities**

- From the National Center for Learning Disabilities:203
  - 44% of parents who noticed their child exhibiting signs of problems with learning waited a year or more before acknowledging their child might have a serious problem.204
  - While equal numbers of girls and boys have been found to have reading disabilities, boys are three times more likely to be evaluated and treated.205
  - 35% of children with learning disabilities drop out of high school. This is twice the rate of students without learning disabilities. Of those who do graduate, less than 2% attend a four-year college, despite the fact that many are above average in intelligence.206
  - Several studies have shown that between 50%-60% of adolescents in treatment for substance abuse have learning disabilities.207

**School Safety**

Many articles and reports have been published recently on the issue of violence in U.S. schools. All public California schools, K-12, are required to report such data quarterly to the State Department of Education California Safe Schools Assessment (CSSA) unit.208

- More than two-thirds of the public high schools in San Mateo County reported at least one threat made against members of the staff or students during the 2001 academic year, according to a report released by the county's civil grand jury. But most schools have safety programs already in place, the report said, and administrators believe that their campuses are safe for their students.209

- According to a 2001 San Mateo County civil grand jury report:
  - Only one San Mateo County high school noted the confiscation of a firearm.210
  - More than half of [San Mateo County school administrators] surveyed reported a need for a part-time on-campus police officer to help keep their schools safe.211
  - 81% of the county's 18 public high schools have an emergency action plan.212
  - Nearly 90% of schools surveyed offered and completed safety training for their staffs during the 2000-2001 academic year.213

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203 National Center for Learning Disabilities.
205 Center for the Study of Learning and Attention, Yale University.
206 National Longitudinal Transition Study.
207 Hazelden Foundation, National Institute of Child Health and Human Development.
209 Ibid.
210 Ibid.
211 Ibid.
212 Ibid.
213 Ibid.
− 60% of schools have conducted a lock-down drill to help prepare the students and staff for violent incidents.\(^{214}\)

### Incidence of Crimes Against Persons in School Districts

**With More than 999 Students Enrolled, By District**

<table>
<thead>
<tr>
<th>School District</th>
<th>Per 1,000 Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequoia Union High</td>
<td>17.63</td>
</tr>
<tr>
<td>San Mateo Union High</td>
<td>16.46</td>
</tr>
<tr>
<td>South San Francisco Unified</td>
<td>13.65</td>
</tr>
<tr>
<td>Cabrillo Unified</td>
<td>9.29</td>
</tr>
<tr>
<td>Belmont-Redwood Shores Elementary</td>
<td>6.43</td>
</tr>
<tr>
<td>Menlo Park City Elementary</td>
<td>5.10</td>
</tr>
<tr>
<td>Redwood City Elementary</td>
<td>4.24</td>
</tr>
<tr>
<td>Laguna Salada Union Elementary</td>
<td>2.47</td>
</tr>
<tr>
<td>Ravenswood City Elementary</td>
<td>2.44</td>
</tr>
<tr>
<td>Jefferson Elementary</td>
<td>2.41</td>
</tr>
<tr>
<td>San Carlos Elementary</td>
<td>1.57</td>
</tr>
<tr>
<td>San Mateo-Foster City Elementary</td>
<td>1.15</td>
</tr>
<tr>
<td>Cabrillo Unified</td>
<td>1.15</td>
</tr>
<tr>
<td>Burlingame Elementary</td>
<td>0.85</td>
</tr>
<tr>
<td>Hillsborough City Elementary</td>
<td>0.71</td>
</tr>
<tr>
<td>San Bruno Park Elementary</td>
<td>0.34</td>
</tr>
<tr>
<td>Milbrae Elementary</td>
<td>0.00</td>
</tr>
</tbody>
</table>


Note: When drawing conclusions from individual rates or rate changes, remember that improved reporting practices by some local educational agencies may have resulted in apparent increases in the crime rate that may not represent actual increases in crime.

### Possession of a Weapon in San Mateo County School Districts With More than 999 Students Enrolled

<table>
<thead>
<tr>
<th>School District</th>
<th>Per 1,000 Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Mateo Union High</td>
<td>2.59</td>
</tr>
<tr>
<td>Jefferson Elementary</td>
<td>2.28</td>
</tr>
<tr>
<td>Sequoia Union High</td>
<td>2.15</td>
</tr>
<tr>
<td>South San Francisco Unified</td>
<td>1.52</td>
</tr>
<tr>
<td>Belmont-Redwood Shores Elementary</td>
<td>1.20</td>
</tr>
<tr>
<td>Burlingame Elementary</td>
<td>1.20</td>
</tr>
<tr>
<td>San Bruno Park Elementary</td>
<td>1.01</td>
</tr>
<tr>
<td>Laguna Salada Union Elementary</td>
<td>0.93</td>
</tr>
<tr>
<td>San Mateo-Foster City Elementary</td>
<td>0.58</td>
</tr>
<tr>
<td>Redwood City Elementary</td>
<td>0.54</td>
</tr>
<tr>
<td>Ravenswood City Elementary</td>
<td>0.19</td>
</tr>
<tr>
<td>Cabrillo Unified</td>
<td>0.00</td>
</tr>
<tr>
<td>Hillsborough City Elementary</td>
<td>0.00</td>
</tr>
<tr>
<td>Menlo Park City Elementary</td>
<td>0.00</td>
</tr>
<tr>
<td>Milbrae Elementary</td>
<td>0.00</td>
</tr>
<tr>
<td>San Carlos Elementary</td>
<td>0.00</td>
</tr>
</tbody>
</table>


Note: When drawing conclusions from individual rates or rate changes, remember that improved reporting practices by some local educational agencies may have resulted in apparent increases in the crime rate that may not represent actual increases in crime.

While programs and policies may help in reducing crime and violence in schools, some factors serve as limitations to crime reduction or prevention efforts. In 1999-2000, principals reported that a wide variety of factors limited their schools’ efforts to reduce or prevent crime. Among those limited factors, principals were most likely to report the lack of alternative placements or programs for disruptive students as a limitation to reducing or preventing crime. Inadequate funding, federal policies on disciplining students and lack of adequate teacher training were named as other top limiting factors (each mentioned by more than 50%).

### Percentage of Public Schools Reporting That Specific Factors Limited Their Ability to Reduce or Prevent Crime (1999-2000)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate alternative programs</td>
<td>67%</td>
</tr>
<tr>
<td>Inadequate funds</td>
<td>62%</td>
</tr>
<tr>
<td>Federal policies on disciplining disabled students</td>
<td>60%</td>
</tr>
<tr>
<td>Lack of or inadequate teacher training</td>
<td>50%</td>
</tr>
<tr>
<td>Lack of parental support for school policies</td>
<td>42%</td>
</tr>
<tr>
<td>Fear of litigation</td>
<td>39%</td>
</tr>
<tr>
<td>Lack of or inadequate teacher training</td>
<td>39%</td>
</tr>
<tr>
<td>Other federal policies on discipline &amp; safety</td>
<td>36%</td>
</tr>
<tr>
<td>State or District policies on discipline &amp; safety</td>
<td>32%</td>
</tr>
<tr>
<td>Likelihood of complaints from parents</td>
<td>32%</td>
</tr>
<tr>
<td>Inconsistent application of school policies</td>
<td>32%</td>
</tr>
<tr>
<td>Teacher contracts</td>
<td>19%</td>
</tr>
<tr>
<td>Teachers’ fear of student reprisal</td>
<td>19%</td>
</tr>
<tr>
<td>Lack of parental support for school policies</td>
<td>19%</td>
</tr>
<tr>
<td>Fear of District or State reprisal</td>
<td>19%</td>
</tr>
</tbody>
</table>

Adult Education

- San Mateo County is a highly educated community. Well over three-fourths of survey participants (77.7%) report having some education beyond high school, with 30.2% holding a Bachelor's degree, and 18.0% holding postgraduate degrees.\textsuperscript{216}

- 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.\textsuperscript{217}

- The extent to which San Mateo County residents have education beyond high school continues to be driven by ethnicity. The percentage of San Mateo County Black residents with no college nears one-fifth of the population of residents age 25 and over, 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.\textsuperscript{218}

- San Mateo County has seven degree-granting institutions: three community college campuses (Canada College, College of San Mateo, and Skyline College); three WASC [Western Association of Schools and Colleges]-accredited private institutions (Menlo College, Notre Dame de Namur University, and Saint Patrick’s Seminary); and one other degree-granting institution (Northern California Graduate University).\textsuperscript{219}

- The number of certificates awarded by community colleges grew 50% since 1998, with those in the health field jumping 60% in just the last year.\textsuperscript{220}

### Educational Attainment Among San Mateo County Residents

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

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


### Percent of Population With No College, By Ethnic Origin

(Among People 25 and Older)


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\textsuperscript{216} 2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.
\textsuperscript{217} U.S. Census Bureau, Census 2000 Summary File, Matrices P37 and PCT25.
\textsuperscript{219} Ibid.
\textsuperscript{220} Joint Venture’s 2004 Index of Silicon Valley. Measuring Progress Toward the Goals of Silicon Valley 2010.
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.  

- Average countywide circulation per capita has increased substantially in the last two years to 8.81 materials borrowed in 2002-03, up 8% from 2001-02 and 43% from 1989-90.

- Library use in San Mateo County varies widely by location. The highest library utilization between 1999 and 2001 occurred in Half Moon Bay, where an average of more than 21 items were checked out per resident. East Palo Alto has the lowest library circulation, with an average of less than 2 items checked out per resident.

- The total number of hours that public libraries were open fell a slight 1% in 2002-03 because two branches of the San Mateo City Library were closed part of the year for renovation. Despite the slight decline, the total number of hours that public libraries were open is up 7% from 13 years ago.

### Average Number of Library Items Borrowed Per Capita, By Selected City

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Half Moon Bay</td>
<td>21.4</td>
<td>20.7</td>
</tr>
<tr>
<td>Burlingame</td>
<td>16.0</td>
<td>16.1</td>
</tr>
<tr>
<td>Foster City</td>
<td>14.1</td>
<td>14.7</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>14.1</td>
<td>14.6</td>
</tr>
<tr>
<td>San Carlos</td>
<td>10.1</td>
<td>12.2</td>
</tr>
<tr>
<td>Portola Valley</td>
<td>11.3</td>
<td>11.8</td>
</tr>
<tr>
<td>Brisbane</td>
<td>11.5</td>
<td>10.7</td>
</tr>
<tr>
<td>Redwood City</td>
<td>10.2</td>
<td>10.5</td>
</tr>
<tr>
<td>Woodside</td>
<td>9.4</td>
<td>10.5</td>
</tr>
<tr>
<td>Millbrae</td>
<td>9.9</td>
<td>9.8</td>
</tr>
<tr>
<td>Atherton</td>
<td>9.1</td>
<td>9.4</td>
</tr>
<tr>
<td>County Total</td>
<td>7.3</td>
<td>7.5</td>
</tr>
<tr>
<td>South San Francisco</td>
<td>6.4</td>
<td>6.9</td>
</tr>
<tr>
<td>Belmont</td>
<td>6.3</td>
<td>6.8</td>
</tr>
<tr>
<td>San Mateo</td>
<td>6.0</td>
<td>6.3</td>
</tr>
<tr>
<td>San Bruno</td>
<td>5.4</td>
<td>5.4</td>
</tr>
<tr>
<td>Daly City</td>
<td>3.8</td>
<td>4.1</td>
</tr>
<tr>
<td>Pacifica</td>
<td>3.5</td>
<td>3.3</td>
</tr>
<tr>
<td>East Palo Alto</td>
<td>1.7</td>
<td>1.6</td>
</tr>
</tbody>
</table>


Computer Usage

- The home personal computer is a tool that is fast becoming as common as the household television and radio. In the 2004 San Mateo County Quality of Life Survey, 84.2% of adults report having a computer in their home, continuing the significant upward trend from 79.2% in 2001 and the 68.7% recorded in 1998.

- 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 (93.2%) currently have a computer in the home, compared to only 67.2% of those below the 185% poverty threshold. Seniors and Hispanics also demonstrate lower computer ownership.
Currently Have a Computer at Home


For findings related to use of the Internet as a health care information source, see page 121.
Child Care

Current Child Care Arrangements

Infant and Preschool Care

- Over one-half (51.3%) of surveyed parents of children 0-5 years report that their child stays home with a parent, while 11.9% say their child stays with another family member, and 4.3% say the child stays with a friend or babysitter. A total of 7.6% rely on a child care center for child day care, and 8.7% rely on a licensed family day care. These are similar to 2001 findings.227

After-School Care

Quality before and after-school programs are a key component of promoting school readiness; they provide a safe and nurturing environment for school-age children to participate in activities such as music, sports, crafts and studying, while also enabling their parents to work. With more than 2.9 million California children ages 5-14 living in households with both parents or the single parent working at least 30 hour per week, the need for before and after-school programs is significant. However, the cost of a quality before and after-school program strains many working families’ budgets.228 In 2002, California voters passed Proposition 49, which will triple the state’s investment in after-school programs when implemented.229

- Among surveyed parents with school-aged children in 2004 (ages 5-17), most (45.9%) report that a parent supervises the child after school, and 20.8% rely on another family member, and 3.6% rely on an older child. A total of 5.1% rely on day care services or child care centers. A total of 7.3% use after-school programs, while 14.1% say their child watches him/herself (representing roughly 16,500 school-aged children)— this represents a significant increase in the proportion of school-age children who have no supervision after school.230

After-School Supervision

(Among Parents With Children 5-17 Years of Age)

<table>
<thead>
<tr>
<th>Supervision Type</th>
<th>SMC 2001</th>
<th>SMC 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent or Other Family Member</td>
<td>14.1%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Self-Supervised</td>
<td>14.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>School Based After-School Program</td>
<td>6.8%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Older Child</td>
<td>2.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Licensed Family Day Care</td>
<td>2.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Child Care Center</td>
<td>4.4%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Non-School-Based After-School Program</td>
<td>3.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Friend/Babysitter</td>
<td>2.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other</td>
<td>1.9%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

Note: Asked of respondents with children aged 5-17 at home.

229 Ibid.
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 60.8% in 2004 say these arrangements have made it easier for them to keep or accept a job.\(^\text{231}\)

Recently, the California Department of Education and the University of California at Irvine evaluated California’s Before and After School Learning and Safe Neighborhoods Partnership Program (BASLSNPP), a state-funded program serving about 95,000 students. They found that children participating in the program in 2000 and 2001 improved their reading scores by 4.2% between 2000 and 2001, an increase of more than twice the statewide average (4.2% compared to 1.9%).\(^\text{232}\)

## Availability of Child Care

Licensed, quality child care has been shown to have a positive impact on children’s academic achievement and later success in life. Studies show that for every $1 dollar invested in quality child care, approximately $7 is saved in future public costs related to crime, special education, and welfare.\(^\text{233}\)

In the Bay Area, the lack of availability and high cost of child care are serious and ongoing concerns. Licensed child care spaces, especially for infants, were in short supply compared to the demand. Counties report that only 3% to 7% of spaces in child care centers were for infants and babies under age two, although requests for infant care make up 31% to 47% of child care referral calls.\(^\text{234}\)

In 2003, the supply of licensed child care facilities in San Mateo County was sufficient to meet the needs of only one in three children under age 13 needing non-parental care. Despite the huge gap, this is a significant improvement over 2001 when the county’s licensed supply met the needs of fewer than one in four such children. The improvement is because of a 22% decrease in demand (children 13 and younger needing care) offset by a 2% decrease in licensed child care spaces. While there has been an 18% increase in the supply of licensed child care since a decade ago, supply has been decreasing since 1999, in part because the high cost of living in San Mateo County has reduced the supply of licensed family child care homes.\(^\text{235}\)

### Supply of Licensed Child Care Spaces, San Mateo County 1998/2003

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Center Spaces</td>
<td>18,355</td>
<td>15,489</td>
</tr>
<tr>
<td>Family Child Care Home Spaces</td>
<td>7,556</td>
<td>6,464</td>
</tr>
<tr>
<td>Maximum Spaces</td>
<td>25,911</td>
<td>21,953</td>
</tr>
<tr>
<td>Children Needing Child Care</td>
<td>102,575</td>
<td>79,714</td>
</tr>
</tbody>
</table>


\(^{233}\) Child Care Coordinating Council of San Mateo County. SmartKids Fact Sheet. 2003.


San Mateo County is experiencing a critical shortage of licensed child care spaces. Nearly 80,000 children are estimated to need child care, yet there are only about 24,000 licensed child care spaces available. Furthermore, licensed child care spaces declined 10% between 2001 and 2003. Many child care providers are either closing their centers or moving out of the county due, in part, to the high cost of living in this area and the difficulty earning a sufficient income as a child care provider.\(^{236}\)

San Mateo County faces a potentially devastating loss of high-quality early care and education staff from the field, due to the extremely low average wage paid child care workers and the especially high cost of living. This has a tremendous impact on quality and stability of care, in a County already struggling with a supply of child care that doesn’t come close to meeting demand.\(^{237}\)

In 2002, the Child Care Coordinating Council of San Mateo County, Inc. developed the Child Care Facilities Expansion Fund to finance start-up costs of new child care centers, expansions of existing child care centers, and the development of small and large family child care homes. The goal of the Fund is to increase the number of licensed child care slots in San Mateo County by 700 new spaces by the end of 2005. SmartKids will continue beyond 2005, adding approximately 200 new child care spaces annually and providing ongoing business and program consulting to all funded sites.

With initial funding of $1 million from the San Mateo County Human Services Agency, it is expected that these funds will be leveraged by an additional $5 million to $7 million from local cities, project capital campaigns, grant funding, and in-kind contributions (e.g., land, building shells, equipment, and services). Funds and resources from both the public and private sectors will be pooled and strategically used to expand the supply of child care throughout San Mateo County, particularly those areas serving low- and moderate-income families.\(^{238}\)

### Cost of Child Care

- Californians pay 20% more for child care than the national average.\(^{239}\)
- Sending an infant to a child care center costs a family nearly six times more than the annual tuition for a California State University and 33% more than a University of California school.\(^{240}\)
- For a family in California earning minimum wage ($14,040/year), the combined costs of housing and child care add up to more than 100% of that family’s annual income. Families that earn $30,000/year spend more than half their income on housing and child care costs.\(^{241}\)
- Child care costs in San Mateo County remain higher than in most parts of the state and continue to increase. The average monthly cost for infant care in 2003 was $800 (family child care home) to $1,170 (center-based care), up 23% and 48%, respectively from 1998. Preschooler care averaged $616 (center-based care) to $739 per month (family child care home), up 13% and 20% respectively in the last five years.\(^{242}\)

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\(^{236}\) Child Care Coordinating Council of San Mateo County. SmartKids Fact Sheet. 2003.
\(^{238}\) Child Care Coordinating Council of San Mateo County. SmartKids Fact Sheet. 2003.
\(^{242}\) Indicators for a Sustainable San Mateo County: 2004 Report Card on Our County's Quality of Life. Eighth Annual Edition. 2004
Subsidized Child Care

- Public subsidies for child care are available to low-income working families and families transitioning off of the CalWORKs welfare program. However, the eligibility for subsidies is based on a family earning less than $39,769, which is 75% of the state median income. In high-cost areas such as the Bay Area, the income eligibility criteria are set too low to sufficiently help the working poor. Child care represents a significant amount of the family budget for working families, especially low-income families.243

- Available subsidized child care for low-income families remains a critical issue, particularly for those families transitioning off public assistance. As of December 2000, the number of available publicly subsidized child care spaces in San Mateo County remained at less than 5,000 for the estimated 40,076 children eligible, a ratio of one space for every eight eligible children.244

- Demand for subsidized child care is fueled by job growth in lower-paying service and transportation sectors, escalating housing costs and welfare reform.245

Quality of Child Care

Staffing

- The child care field is characterized by low wages and high teacher turnover which contributes to worse outcomes in children’s education. The median hourly wage for a child care worker with three years or more experience in the North Bay counties was $11.00 for 2001, the equivalent of $22,880 per year. A recent study by the Center for the Child Care Workforce and U.C. Berkeley’s Institute of Industrial Relations showed that three-quarters of child care center teachers who were on the job in 1996 were no longer there in 2000.246

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Special Needs

**Non-Traditional Needs**

- Many families in San Mateo County are employed in the service sector and have schedules that do not adhere to traditional work week hours. Families need child care and early learning services:
  - during extended hours,
  - during weekends,
  - for evening and night schedules, and
  - for children who are mildly ill.\(^{247}\)

**Migrant & Immigrant Populations**

- Children in immigrant families face special challenges, often in addition to their experiences as members of a particular racial group. Approximately 46% of California children live in immigrant families.\(^{248}\)

- There are at least 700 children of migrant or agricultural workers, birth through 14 years old, in San Mateo County. It is important to note that 700 is a conservative figure. Despite this, there are no state-subsidized Migrant Child Care programs within the county at this time. San Mateo County workers do not fall within the state’s guidelines for Migrant Child Care funding, as the county’s workers tend to remain within the county and are not as mobile as the traditional migrant population.\(^{249}\)

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\(^{247}\) 2000-2005 San Mateo County Child Care Strategic Plan. Child Care Partnership Council.


Among San Mateo County adults under age 65 surveyed in 2004, 5.6% have an older dependent such as a parent, aunt or uncle living in their household because he or she is unable to live alone (a statistically significant variance from the 8.1% found in 2001). By demographic characteristics, higher responses are noted among those aged 18 to 39, those with no postsecondary education, respondents living below 185% of poverty, Hispanic respondents and Asian respondents.250

In addition, among surveyed adults aged 65 and older, 6.0% report that they live in the home of one of their adult children, grandchildren or other relative (interestingly, this is significantly higher than found in 2001—2.8%).251

Senior health issues are further addressed in this report, beginning on page 154.

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251 Ibid.
Government Assistance

- In July 2004, San Mateo County provided CalWORKs supports to 5,573 people comprising 2,465 cases. Also during this month, 3,937 people were enrolled in the Food Stamp Program and 403 people received General Assistance (GA). When compared to July 1998 (when welfare reform was being enacted), the CalWORKs caseload has declined 11.4% and the GA caseload has decreased 8.6%. When compared to July 2000 (when local unemployment reached historic lows), the CalWORKs caseload has increased 39.3% and the GA caseload has increased 96.2%.

- A total of 10.2% of survey participants in 2004 receive some type of government assistance (similar to 1998 findings, but slightly lower than 2001 findings). Most often, the type of assistance received is in the form of Social Security (44.0%), while 12.4% receive Medicare and 8.7% depend on SSI.

**Government Assistance San Mateo County, 2004**

Currently Receive Some Type of Govt Assistance

| Yes (vs. 10.9% in 1998 and 13.0% in 2001) | 10.2% |

| Social Security | 44.0% |
| Other | 29.4% |
| Food Stamps | 2.6% |
| SSI | 8.7% |
| Medicare | 12.4% |
| MediCal | 2.1% |


Note: Asked of all respondents.

**CalWORKs (California Work Opportunity and Responsibility to Kids) and Welfare-to-Work Programs**

In 1996, the federal government replaced Aid to Families with Dependent Children (AFDC), the primary cash aid program for families, as well as JOBS (the work and training program for welfare recipients) with Temporary Assistance for Needy Families (TANF). In California, this program is called California Work Opportunity and Responsibility to Kids (CalWORKs), and was instituted in January 1998.

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The CalWORKs program helps families achieve self-sufficiency through employment services and temporary cash assistance. 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 has increased 61.5% to 2,465 cases receiving CalWORKS in July 2004.\(^\text{255}\)

The General Assistance (GA) program provides assistance for all eligible low-income residents of San Mateo County who are unemployed or unable to work. As of July 2004, this County-funded program served 403 people. San Mateo County’s General Assistance grant is approximately $309 per month with a maximum of $58 in cash (the remainder is provided in two-party checks).\(^\text{256}\)

Average hourly wage at placement for Human Services Agency (HSA) customers enrolled in training programs during Fiscal Year 03/04 is $15.52; this is down from FY02/03, when the average placement wage was $16.60.\(^\text{257}\)


\(^{256}\) Ibid.

\(^{257}\) Ibid.
California’s Welfare-to-Work program is designed to assist CalWORKs participants find employment and/or acquire the necessary job skills to obtain employment. Between 1999 and 2000 San Mateo County’s caseload nearly tripled from 349 to 1,003. As of July 2003, the number of Welfare-to-Work cases in San Mateo County was 1,049.258

### Number of Welfare-to-Work Recipients in San Mateo County, 1999-2003

![Graph showing number of Welfare-to-Work Recipients](image)

- **Statewide, there were 217,663 WTW Recipients as of July 2003**


Note: Numbers include both two-parent and all other families.

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Foster Families

Foster care is providing a temporary home for children who cannot safely be at home with their birth families. The children stay in a foster home for a few weeks or as long as a year, depending on which type of foster care is provided. The San Mateo County Human Services Agency requires that all foster parents be licensed.259

- The number of first entries into foster care increased between 1998 and 2003, with 169 children first entering the system in 1998, and 202 first entries in 2003. However, in 2003, San Mateo County had the fifth lowest rate of first entries of all California counties.260

- The child welfare system tries to reunify children with their families. The most recent available data indicates that in 2003, 126 children out of 174 children (72%) were reunified with their families within 12 months. San Mateo County reunifies a greater proportion of children with their families than California as a whole, but has not achieved the national standard of 76% reunification. From April 2001 to March 2002, about 19% of San Mateo County children who were reunified with their families re-entered the system compared to 13% statewide.261

![Percent of Foster Care Children Ages 0-17 Reunified Within 12 Months](chart)

Some children who cannot be reunited with their families may be adopted out of the foster care system. In 2002-2003 in San Mateo County, 55% of adopted foster children were adopted within 24 months of the latest removal from their home, more than twice the percentage in California (25%).262

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261 Ibid.
262 Ibid.
Families in Hunger

- An estimated 25,000 county residents are hungry or food insecure. 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 is estimated to be 105,000, or about 15%.

- A total of 2.3% of surveyed adults report that their family does not have enough food on a regular basis. A total of 9.9% of persons living below the 185% poverty threshold and 7.2% of Black adults report that their family does not have enough food on a regular basis.

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

- A total of 2.2% of 2004 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

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the 185% poverty threshold, this percentage is 10.4%. Responses are also notably higher among Hispanic and Black respondents, and among those living in South County and on the Coastside.265

**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). As of July 2004, this federally-funded program served 3,937 people in 1,983 cases. The Food Stamp caseload has increased 127.4% since January 2002, when efforts were taken to increase the visibility of this benefit.266

![Food Stamp Cases, San Mateo County](chart)


**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.267

- In the 2001-2002 school year, 28% of Bay Area school children were eligible for free or reduced cost school breakfast and lunch.268

- Subsidized school lunch participation ranges broadly within school districts in the county, from a high of 84% receiving free lunch in the Ravenswood Elementary School District to a low of 0% of students receiving neither free or reduced-price lunches in the Hillsborough Elementary or Portola Valley Elementary School Districts (2003-04 data).269

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269 California Department of Education, Educational Demographics Unit.
<table>
<thead>
<tr>
<th>School Districts</th>
<th>Students Enrolled in Public Schools</th>
<th>Students Receiving CalWORKs</th>
<th>Students Receiving Free/Reduced-Price Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ravenwood Elementary</td>
<td>5,019</td>
<td>652</td>
<td>4,233</td>
</tr>
<tr>
<td>Bayshore Elementary</td>
<td>422</td>
<td>44</td>
<td>277</td>
</tr>
<tr>
<td>La Honda-Pescadero Unified</td>
<td>365</td>
<td>6</td>
<td>227</td>
</tr>
<tr>
<td>Redwood City Elementary</td>
<td>8,834</td>
<td>404</td>
<td>4,927</td>
</tr>
<tr>
<td>Jefferson Elementary</td>
<td>6,636</td>
<td>272</td>
<td>3,413</td>
</tr>
<tr>
<td>San Bruno Elementary</td>
<td>2,717</td>
<td>91</td>
<td>882</td>
</tr>
<tr>
<td>South San Francisco Unified</td>
<td>9,362</td>
<td>280</td>
<td>2,942</td>
</tr>
<tr>
<td>San Mateo-Foster City Elem.</td>
<td>10,069</td>
<td>251</td>
<td>3,079</td>
</tr>
<tr>
<td>Brisbane Elementary</td>
<td>659</td>
<td>32</td>
<td>194</td>
</tr>
<tr>
<td>Cabrillo Unified</td>
<td>3,633</td>
<td>39</td>
<td>965</td>
</tr>
<tr>
<td>Jefferson Union High</td>
<td>5,384</td>
<td>109</td>
<td>1,304</td>
</tr>
<tr>
<td>Sequoia Union High</td>
<td>7,782</td>
<td>249</td>
<td>1,668</td>
</tr>
<tr>
<td>Laguna Salada Elementary</td>
<td>3,169</td>
<td>80</td>
<td>587</td>
</tr>
<tr>
<td>Millbrae Elementary</td>
<td>2,096</td>
<td>21</td>
<td>221</td>
</tr>
<tr>
<td>San Mateo Union High</td>
<td>8,351</td>
<td>96</td>
<td>509</td>
</tr>
<tr>
<td>Woodside Elementary</td>
<td>426</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Burlingame Elementary</td>
<td>2,368</td>
<td>27</td>
<td>110</td>
</tr>
<tr>
<td>Menlo Park City Elementary</td>
<td>2,019</td>
<td>2</td>
<td>79</td>
</tr>
<tr>
<td>Belmont-Redwood Shores Elem.</td>
<td>2,460</td>
<td>37</td>
<td>84</td>
</tr>
<tr>
<td>Las Lomitas Elementary</td>
<td>1,007</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>San Carlos Elementary</td>
<td>2,696</td>
<td>4</td>
<td>69</td>
</tr>
<tr>
<td>Hillsborough Elementary</td>
<td>1,365</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Portola Valley Elementary</td>
<td>677</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTALS</td>
<td>88,474</td>
<td>2,696</td>
<td>26,075</td>
</tr>
</tbody>
</table>
Domestic Violence

Between 1997 and 1999, the number of domestic violence-related calls for assistance declined in San Mateo County. Calls for assistance rose again in 2000 to 3,006 and were 3,056 for 2003. Of the calls made for assistance in 2003, 2,285 involved no weapon, although 771 were made as the result of some weapon involved (9 were firearms, 48 involved a knife or cutting instrument and 107 involved some other type of dangerous weapon).

In 2003, there were 577 arrests for domestic violence in San Mateo County, similar to the rates found the past three years. A total of 80.2% of the arrested parties were male, 19.8% were female.

Although the number of domestic violence deaths increased between 1999 and 2002 within the State of California, the number in San Mateo County remained at zero.

The American Bar Association estimates that 87% of children in homes where domestic violence occurs witness the abuse.

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270 Criminal Justice Statistics Center, California Department of Justice.
271 Ibid.
272 Ibid.
The Center for Social Services Research (CSSR) at the University of California, Berkeley (UCB), reports that there was an increase in child maltreatment referrals in 2003 (26.7 per 1000 children) compared to 2002 (25.5 per 1000 children) in San Mateo County (SMC). In 2003, SMC had the second lowest rate of referrals among all California counties.

SMC also experienced an increase in the rate of substantiated child maltreatment cases in the past year (from 4.2 in 2002 to 5.3 in 2003 per 1000 children). In 2003, SMC had the fourth lowest rate of substantiated cases among all California counties.

Of the 869 children for whom abuse or neglect was substantiated, 26.6% of the cases were for general neglect, 17.8% for caretaker incapacity or abuse, 15.1% of children were under a substantial risk for abuse or neglect, 13.0% had emotional abuse, 11.5% were physically abused, 6.0% were sexually abused, 6.0% were undergoing severe neglect, and 3.7% were in a household where their sibling was abused/neglected.

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**Incidence of Child Maltreatment Referrals and Substantiated Child Maltreatment Cases**

San Mateo County, 1998-2003

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275 Ibid.
276 Ibid.
COMMUNITY ISSUES

OVERVIEW

San Mateo County is made up of such a diverse population, and a growing percentage of residents believe San Mateo County is racially and culturally tolerant. In this same spirit, residents of San Mateo County are more likely than other California residents to have voluntarily completed civic responsibilities, such as registering to vote.

The county’s homeless population continues to be a concern, especially since two-thirds of the homeless count includes families with children. The county’s work to address this issue through continuing programs and the construction of new shelters is not going unnoticed. More residents on average feel the availability of such services and facilities for the homeless is better than found in 2001.

Median home prices continue to be higher than the nation, state and Bay Area, and have in fact, increased at a rate higher than the median income. As housing demand and costs continue to increase, home ownership is out of reach for a majority of county residents. 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 public transit is used 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, have been following a downward trend over the past several years, and most residents feel San Mateo County is a safe place to live and work.

Social Environment

Social Tolerance

San Mateo County enjoys a rich mix of diversity which contributes much to the character of the region. Important to this character is the degree of social tolerance found among its people.

Race & Culture

- Perceptions of racial and cultural tolerance in San Mateo County have continued to improve. In 2004, 56.6% of San Mateo County respondents rate community tolerance for people of different races and cultures as “excellent” or “very good” (significantly better than the 48.9% reported in 2001). A total of 15.5% give “fair/poor” evaluations, the lowest found since 1998.277

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Note, however, that approximately 30% of Black and Hispanic respondents believe racial/cultural tolerance in San Mateo County is “fair” or “poor.” “Fair/poor” evaluations are also higher among women, lesser-educated respondents, and people below the 185% poverty level.\textsuperscript{278}

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.\textsuperscript{279}

\textsuperscript{278} 2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.

\textsuperscript{279} Ibid.
 Evaluations of tolerance for people with different viewpoints and lifestyles are less favorable than found for race/culture, although still significantly better (in terms of “excellent/very good” ratings) than found previously. A total of 43.1% this year rate lifestyle tolerance as “excellent/very good,” compared to 20.2% who rate this as “fair/poor."280

**Ratings of Lifestyle/Viewpoint Tolerance**


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In this case, “fair/poor” evaluations are highest among women, younger adults, those with no postsecondary education, those living below 400% of poverty, and Black and Hispanic respondents. South County residents also much more often report “fair/poor” evaluations compared to other parts of the county.  

Perceive Viewpoint/Lifestyle Tolerance to Be "Fair" or "Poor," San Mateo County, 2004


**Relationships & Support**

While most 2004 survey respondents say they have had someone in the past month to whom they could turn if they needed or wanted help, 13.1% have not (similar to 2001 survey findings). Persons with lower education or income levels, as well as Asians, Hispanic and South County residents, more often report they do not have this type of support network.  

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


Note: Asked of all respondents.

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282 Ibid.
As in 2001, survey participants in 2004 were asked to express the degree of difficulty they are experiencing with various aspects of their lives. The greatest troubles were noted for feeling satisfied with one’s life. Approximately one in 10 also expressed difficulty with isolation or loneliness, feeling close to others, or relationships with family members. The percentages expressing some degree of difficulty (“moderate,” “quite a bit” or “extreme” difficulty) are as follows (note that none of these differences from 2001 to 2004 is statistically significant)."

<table>
<thead>
<tr>
<th>% of Adults Expressing Difficulty in Their Lives With:</th>
<th>2001</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling Satisfied With One’s Life</td>
<td>19.4%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Isolation or Feelings of Loneliness</td>
<td>12.5</td>
<td>10.8</td>
</tr>
<tr>
<td>Being Able to Feel Close to Others</td>
<td>11.3</td>
<td>8.2</td>
</tr>
<tr>
<td>Relationships With Family Members</td>
<td>10.6</td>
<td>9.2</td>
</tr>
<tr>
<td>Fear, Anxiety or Panic</td>
<td>8.9</td>
<td>9.5</td>
</tr>
<tr>
<td>Controlling Temper, Outbursts, Anger, Violence</td>
<td>8.9</td>
<td>6.2</td>
</tr>
<tr>
<td>Getting Along With People Outside the Family</td>
<td>5.5</td>
<td>6.4</td>
</tr>
</tbody>
</table>
 Estimates of Homeless

- From 1999 to 2003, San Mateo County conducted counts of the homeless each year. These surveys found as few as 666 (1999) and as many as 1,402 (2003) homeless individuals on a given night. Prior to 2002, semiannual counts of the homeless population were conducted; beginning in 2002, the methodology was changed to a one-day count and includes people in temporary shelters. The data collected was from over 50 shelter facilities and programs serving homeless persons (operated by 34 different non-profit providers and local government agencies. The count conducted in 2003 found 1,402 homeless individuals, 304 of whom were in temporary shelters.

- In 2003, one in 511 county residents was homeless, more than twice the rate in 1999, but down slightly from 2002. Two-thirds of homeless people in San Mateo County are families with children. More than half of the adults that are homeless have jobs when they become homeless, and the vast majority has never been homeless before.286

- Special needs groups that have a high risk of becoming homeless include those who are mentally ill, those with substance abuse problems, homeless youth, those with AIDS, and those fleeing domestic abuse.287

 Experiences of Homelessness & Displacement

- In the 2004 San Mateo County Quality of Life Survey, 0.7% of respondents (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.288

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Displacement, even if only temporary, is a more common problem in San Mateo County. A total of 4.6% 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.\(^{289}\)

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\(^{289}\) Ibid.
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; develops resources to help the homeless individuals and families; and administers the San Mateo County Homeless Fund.290

- Since 1992, the Homeless Fund has awarded more than 2 million dollars to shelter and homeless service providers. Some of these grants have funded the following: the San Mateo County Winter Shelter; 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.291

- On June 8, 2004, following a three-year $6.1 million capital campaign, Shelter Network announced the grand opening of the newly reconstructed First Step for Families program in San Mateo. Each year an estimated 4,000 children and parents on the San Francisco Peninsula become homeless. As the primary provider of housing and services for the Peninsula's homeless population, Shelter Network could previously house 94 families each night through five family programs. Unfortunately, on any given night there were 40-50 homeless families that were turned away for lack of space. First Step is the only family transitional housing program in the Central County area.292

- Among the major accomplishments identified in the City of San Mateo’s Consolidated Annual Performance and Evaluation report for 2003-04 (in draft form) was First Step for Families. This was completed and opened for operation, consisting of 15 transitional and 24 emergency shelter units for homeless families. It also provides a free Head Start day care center onsite. Another identified accomplishment mentioned 536 individuals or families who were assisted by 9 different non-profit organizations, preventing them from becoming homeless. Programs included rental assistance grants, home sharing, home accessibility modifications, and transitional housing.293

291 Ibid.
Community Perceptions

- A majority (71.4%) of San Mateo County survey respondents rate the availability of local homeless programs and shelters as “fair” or “poor.” This is significantly better than reported in 2001, but nearly identical to 1998 findings.294

![Ratings of the Availability of Local Programs and Shelters for the Homeless](chart)

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

Housing

Housing Supply

- Housing is costly in the Bay Area largely because it is in short supply. In the nine Bay Area counties job growth has increased by 45% since 1980, while the housing supply has increased by only 24%. For example:

  - In South San Francisco in 2000, there were 19,677 households, 15,783 housing units short of the supply needed to support 53,190 jobs.

  - In Redwood City in 2000, there were 28,060 households, 13,073 housing units short of the supply needed to support 61,700 jobs.

Housing Affordability

Median Home Price

- To afford the $650,000 cost of a median-priced county home in 2003, home buyers needed to earn $133,046 a year—94% more than a decade ago. Homes are least affordable in Atherton, Hillsborough, Woodside, and Portola Valley and most affordable in East Palo Alto, Pacifica, Daly City, South San Francisco, San Bruno, and Brisbane.

- The primary housing need for San Mateo is affordability. Since 1970 (when the median price of a house was $32,600), property values have risen astronomically. In July 2004, the median purchase price of an owner-occupied single-family home was $779,000.

Median Home Purchase Price for a Single-Family Dwelling


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296 Ibid.
297 Ibid.
300 2004 Annual Real Estate Report: San Mateo County, California.
Affordability Index

- Housing in the county remains very unaffordable, despite the low-interest rate climate of 2003.\textsuperscript{301} In May 2004, San Mateo County had a housing affordability index of 15% — meaning that only 15% of San Mateo County households were able to afford the median-priced home in the county, compared to 19% statewide, and 55% nationwide during the same period.\textsuperscript{302}

![Housing Affordability Index](image)

According to the National Association of Home Builders’ Housing Opportunity Index, the major metropolitan areas within the Bay Area consistently rank among the top 10 least affordable places to live in the country.\textsuperscript{303}

\textsuperscript{301} Indicators for a Sustainable San Mateo County. 2004 Report Card on Our County’s Quality of Life. Eighth Annual Edition.
\textsuperscript{302} California Association of REALTORS®.
\textsuperscript{303} Bay Area Indicators: Measuring Progress Toward Sustainability. Bay Area Alliance for Sustainable Communities. January 2003.
Community Perceptions of Affordability

- A total of 79.4% of San Mateo County adults participating in the 2004 San Mateo County Health & Quality of Life Survey rate the availability of affordable housing in the community as “fair” or “poor,” significantly better than the 88.9% recorded in 2001, and similar to 1998 findings.\(^\text{304}\)

### Ratings of Availability of Affordable Housing in the Community, 1998 to 2004

<table>
<thead>
<tr>
<th></th>
<th>San Mateo County 1998</th>
<th>San Mateo County 2001</th>
<th>San Mateo County 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Score</td>
<td>17.3</td>
<td>11.9</td>
<td>18.5</td>
</tr>
<tr>
<td>% &quot;Excellent/Very Good&quot;</td>
<td>4.7</td>
<td>3</td>
<td>5.9</td>
</tr>
<tr>
<td>% &quot;Good&quot;</td>
<td>15</td>
<td>8.1</td>
<td>14.7</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot;</td>
<td>80.2</td>
<td>88.9</td>
<td>79.4</td>
</tr>
</tbody>
</table>


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 2004 are higher among those with more education or income, and among White respondents. By region, North County residents reported the lowest “fair/poor” evaluations. Among respondents who are low-income, Hispanic or Black, these perceptions have not changed significantly since 1998.\(^\text{305}\)

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


Note: Percentages represent combined "fair" and "poor" responses.


\(^{305}\) Ibid.
Rent

- Rental housing affordability has improved. Between June 2003 and June 2004 the average apartment rental rates at turnover dropped 1.0% for a one bedroom apartment ($1,234 per month) and 5.2% for a two bedroom apartment ($1,436). Over a three year period the cost of a one-bedroom decreased 20.9% and the cost of a two bedroom decreased 24.8%.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>One Bedroom</td>
<td>$1,560</td>
<td>$1,327</td>
<td>$1,247</td>
<td>$1,234</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Two Bedroom</td>
<td>$1,909</td>
<td>$1,620</td>
<td>$1,515</td>
<td>$1,436</td>
<td>-5.2%</td>
</tr>
</tbody>
</table>

- HUD-defined “very low-income households” comprised of four people can afford monthly housing costs of no more than $1,272.

- In San Mateo County, a worker earning the minimum wage of $6.75 per hour has to work more than 225 hours per week to afford a 2-bedroom unit at the Section 8 Payment Standard and 213 hours per week to afford an average two bedroom apartment. There are only 168 hours in a week.

- The Housing Wage in San Mateo County is $36.94 — this is the amount a worker would have to earn per hour in order to be able to work 40 hours/week and afford a two-bedroom unit at the Section 8 Payment Standard.

Housing Situation

- The 2004 San Mateo County Quality of Life Survey shows that 62.1% of respondents own their own home or condominium, 14.9% rent an apartment, and 16.1% rent a home. These data find that home ownership is realized by less than one-half of young adults, those with lower income or education levels, Blacks and Hispanics.

Doubled-Up Households

Living Situation

(Professional Research Consultants).

The 2004 survey finds that 13.5% 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 185% poverty threshold share living expenses, as do approximately one-fourth of young adults, and Hispanic respondents. The percentage indicating they share housing costs to limit expenses is similar to what was found in 1998 and 2001.

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


(Professional Research Consultants).
Note: Percentages represent "yes" responses.

---

Waste

- The amount of solid waste generated in San Mateo County and disposed into landfills has been declining since 2000, dropping 13% to 797,000 tons in 2002. It is too soon to determine, however, whether this is a sustained reduction or temporary because of the decline in economic activity and population growth.  

- Over the past 13 years the cities and the County of San Mateo have implemented a variety of waste reduction programs that have helped to divert materials away from the landfill. The percentage of waste diverted ranges from a high of 71% in East Palo Alto to 32% in Daly City and Portola Valley based on the latest figures reported. Most of the cities that have not yet met the 50% diversion goal have been granted a time extension by the state or have shown a good faith effort to reach the goal.  

- Construction and demolition debris is a major source of disposal in the county. Recycling and salvage efforts include: ordinances or conditions that must be met before demolition or construction is allowed in 14 cities and the county; diversion programs at some locations; and publications about construction site recycling.  

- More than 360 tons of electronic waste were kept out of the landfill in 2003 thanks to six electronics recycling drop-off locations, a countywide “e-waste” recycling educational program, and other events. Some cities recently started food waste and organic collection programs. Efforts are underway to promote waste reduction to special populations, such as apartment dwellers, that might not be reached by current programs. A five-year countywide implementation plan has been established as part of the Five Year Review Report for the Countywide Integrated Waste Management Plan.  

Air Quality

- San Mateo County enjoys relatively 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 due to prevailing winds that carry pollution elsewhere. The county’s proximity to the ocean helps to generate breezy weather in the warm season, with the prevailing wind transporting air from the ocean, which is generally a clean source.  

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310 Ibid.  
311 Ibid.  
312 Ibid.  
313 Ibid.
Ozone

- The state ozone standard was exceeded one day in 2003, and has not exceeded more than five days per year since at least 1993.\(^{314}\)
- Carbon monoxide and nitrogen dioxide levels continue to remain below state standards. Carbon emissions, caused largely by the combustion of fossil fuels for electricity and transportation, have increased from 2.3 tons per person in 1993 to 2.7 tons per person in 2000, an increase of 17%.\(^{315}\)

Particulate Matter

PM10 (Particulate Matter) is a major air pollutant consisting of tiny solid or liquid particles of soot, dust, smoke, fumes, or mists. The size of the particles (10 microns or smaller, about .0004 inches or less) allows them to enter the air sacs deep in the lungs where they may be deposited to result in adverse health effects. PM10 also causes visibility reduction. PM10 are reported as 24-hour average concentrations in ug/m\(^3\) (weight of particles in micrograms per one cubic meter of air).\(^{316}\)

- Exceedences of the PM10 standard continued a three-year decline, with no exceedences in 2003.\(^{317}\)

Water Quality & Consumption

Drinking Water

- San Mateo County’s drinking water is essentially pollutant-free:
  - Of the 21 contaminants found in water supplied by the county’s two largest suppliers—the San Francisco Water Department (SFWD) and the California Water Service Company (CalWater)—only TTHMs (total trihalomethanes), produced as byproducts of chlorination, surpass 50% of the Maximum Contaminant Level. To comply with the stricter federal TTHM regulations, SFWD replaced the chlorine currently in use with another disinfectant, chloramine, beginning February 2, 2004.\(^{318}\)
  - While no Maximum Contaminant Level has been established for lead, the contaminant remains within acceptable limits. SFWD and CalWater have tested for MTBE, Chromium 6+, and Arsenic and reported that none was detected in treated water.\(^{319}\)

Consumption

- While total water consumption increased 7% in the Bay Area between 1985 and 1995, the population increased twice as fast. As a result, per capita consumption decreased by 12% during that period.\(^{320}\)

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\(^{317}\) Ibid.

\(^{318}\) Ibid.

\(^{319}\) Ibid.

Energy

- Electricity use in San Mateo County increased 23% from 1996 to 2000 to 5.1 billion kilowatts per hour. Residents used about one-third of the county’s electricity in 2001, while non-residential users accounted for the remaining two-thirds. From 1996 to 2000, electricity use grew twice as fast among non-residential users as among residents.\(^{321}\)

### Average Residential Electricity Use Per Household, 2002 San Mateo County

<table>
<thead>
<tr>
<th>City</th>
<th>kWh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atherton</td>
<td>5,723</td>
</tr>
<tr>
<td>Woodside</td>
<td>6,174</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>7,042</td>
</tr>
<tr>
<td>Portola Valley</td>
<td>4,859</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>5,758</td>
</tr>
<tr>
<td>Half Moon Bay</td>
<td>5,649</td>
</tr>
<tr>
<td>San Carlos</td>
<td>5,407</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>5,423</td>
</tr>
<tr>
<td>Foster City</td>
<td>5,238</td>
</tr>
<tr>
<td>Belmont</td>
<td>5,245</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>5,238</td>
</tr>
<tr>
<td>Pacifica</td>
<td>5,245</td>
</tr>
<tr>
<td>Redwood City</td>
<td>5,963</td>
</tr>
<tr>
<td>Burlingame</td>
<td>4,929</td>
</tr>
<tr>
<td>San Bruno</td>
<td>4,902</td>
</tr>
<tr>
<td>Daly City</td>
<td>5,721</td>
</tr>
<tr>
<td>South San Francisco</td>
<td>4,400</td>
</tr>
<tr>
<td>Brisbane</td>
<td>4,319</td>
</tr>
</tbody>
</table>

**The Countywide Average Use Per Household is 5,723 kWh**

Sources: Indicators for a Sustainable San Mateo County. 2004 Report Card on Our County’s Quality of Life. Eighth Annual Edition. PG & E Statistical Research Unit.

- Seventy-one percent of California’s home heating and 43% of its electricity is from natural gas. The state’s heavy reliance on natural gas, a cleaner-burning fuel, helps to avoid acid rain problems, but makes it vulnerable to wide fluctuations in price as occurred during the state’s

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2001 energy crisis. In San Mateo County 55% of natural gas is used by residents while 45% is for non-residential use.322

- Average household use of natural gas and electricity in San Mateo County generally correlates with affluence and varies widely by city. The four most affluent cities—Atherton, Woodside, Hillsborough, and Portola Valley—consumed almost two to four times more natural gas and electricity per household than other cities in 2002.323

### Average Residential Natural Gas Use Per Household, 2002 San Mateo County

<table>
<thead>
<tr>
<th>City</th>
<th>Therms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atherton</td>
<td>1,764</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>1,548</td>
</tr>
<tr>
<td>Woodside</td>
<td>1,528</td>
</tr>
<tr>
<td>Portola Valley</td>
<td>1,258</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>665</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>614</td>
</tr>
<tr>
<td>San Carlos</td>
<td>597</td>
</tr>
<tr>
<td>Millbrae</td>
<td>589</td>
</tr>
<tr>
<td>Half Moon Bay</td>
<td>573</td>
</tr>
<tr>
<td>Burlingame</td>
<td>567</td>
</tr>
<tr>
<td>Pacifica</td>
<td>560</td>
</tr>
<tr>
<td>Belmont</td>
<td>552</td>
</tr>
<tr>
<td>Foster City</td>
<td>548</td>
</tr>
<tr>
<td>San Bruno</td>
<td>541</td>
</tr>
<tr>
<td>San Mateo</td>
<td>533</td>
</tr>
<tr>
<td>East Palo Alto</td>
<td>530</td>
</tr>
<tr>
<td>South San Francisco</td>
<td>501</td>
</tr>
<tr>
<td>Daly City</td>
<td>492</td>
</tr>
<tr>
<td>Redwood City</td>
<td>479</td>
</tr>
<tr>
<td>Colma</td>
<td>466</td>
</tr>
<tr>
<td>Brisbane</td>
<td>453</td>
</tr>
</tbody>
</table>

Sources: Indicators for a Sustainable San Mateo County. 2004 Report Card on Our County’s Quality of Life. Eighth Annual Edition. PG & E Statistical Research Unit.

### Solar Energy

Solar Energy

- Use of solar energy, a renewable energy source, is growing in San Mateo County, although it still represents only a small fraction of the county’s total energy use. Annual installation of solar photovoltaics in San Mateo County has surged more than 23-fold since 1998, increasing to almost 240,000 watts in 2003. The increase has been prompted by state rebates and state/federal tax credits that make solar photovoltaics more affordable.324

### Solar Photovoltaic Systems in San Mateo County


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323 Ibid.
324 Ibid.
Gasoline Use

- Highway gasoline use in San Mateo County increased 2.2% from 1993 to 2001 to an estimated 406 million gallons of gasoline. Usage remained relatively unchanged from 2000 to 2001 as the economy cooled. On a per-capita basis, gasoline use in San Mateo County was 517 gallons in 1998, 13% greater than the 1997 national average and 4 to 52 times greater than 1997 usage in other countries such as Germany, Japan, and China. 325

- In 2002, California imported 30% of its crude oil; about 20% of this imported crude oil came from Iraq and about 20% came from Saudi Arabia. 326

- The recent popularity of fuel-inefficient sport utility vehicles (SUVs) means national fuel efficiency rates have reverted back to 1980 levels, although SUVs are somewhat less popular in the Bay Area than in other parts of the country. Congressional efforts to significantly increase fuel efficiency standards for light trucks have failed because of heavy opposition from the automobile industry, the Bush administration, and the Congressional Republican leadership. 327

Cars and trucks account for more than half of the state’s greenhouse gas emissions. In 2002, California passed the Greenhouse Gas Emissions Act requiring that by 2009, all passenger vehicles sold in the state must reduce their emissions to the maximum extent that is economically feasible. The automobile industry and the Bush administration plan to file legal action against this legislation. 328

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326 Ibid.
327 Ibid.
Land Use

- Land use in San Mateo County has remained fairly stable over the past 12 years. Nevertheless, the proportion of urban land (excluding rural residential) has expanded from 24% of the county’s acreage in 1990 to 25% in 2000—an increase of 1,688 acres. Land suitable for grazing agriculture accounts for 3%.  

- About half of the county’s urban land is used for residential purposes, more than a quarter is for major infrastructure such as roads, and about 10% is for commercial and industrial uses.  

Open Spaces

- In 2003, 36%, or 104,500 acres, of San Mateo County’s land was protected open space. The county’s open space lands include numerous habitats supporting a variety of native species and are particularly rich in birds, waterfowl, amphibians, vegetation, and rare plants.  

- The most important habitat issues facing San Mateo County’s open space agencies:  
  - Protecting habitats of endangered, threatened, and rare species;  
  - Controlling invasive, non-native species;  
  - Loss and fragmentation from development and conversion;  
  - Competing demands for water;  
  - Conflicts between natural resources and recreation or incompatible human uses;  
  - Insufficient funding;  
  - Erosion from trails and gullies.

Biodiversity

- Preserving open space alone will not preserve local biodiversity. Protecting and restoring habitats in our open space lands is essential to preserving the county’s biodiversity. Although difficult to detect with the untrained eye, habitats in the county’s open spaces have been compromised from a variety of factors.  

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330 Ibid.  
331 Ibid.  
332 Ibid.  
333 Ibid.
Transportation & Traffic

Commute Mode

- The overwhelming majority of commuters who live in San Mateo County continue to drive to work alone. The drive-alone rate, however, after remaining relatively stable over the last four years, dropped by six percentage points to 68% in 2003. Seventeen percent commute via carpool, 9% via transit, and 6% use other modes such as telecommuting and walking.\(^{334}\)

- Commuters who live in San Mateo County are somewhat more likely to drive alone than commuters from the region as a whole. The percentage of commuters who drive alone to work in San Mateo County is five percentage points higher than the regional average.\(^{335}\)

Commute Times & Distances

- Between 2001 and 2002 as the economy cooled, there was a dramatic five-minute decrease in commute times and a four-mile-per-hour increase in travel speed. San Mateo County residents have some of the shortest commutes in the region.\(^{336}\)

### Primary Commute Mode

<table>
<thead>
<tr>
<th>Mode</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive Alone</td>
<td>68%</td>
</tr>
<tr>
<td>Carpool</td>
<td>17%</td>
</tr>
<tr>
<td>BART</td>
<td>4%</td>
</tr>
<tr>
<td>Bus</td>
<td>4%</td>
</tr>
<tr>
<td>Telecommute</td>
<td>3%</td>
</tr>
<tr>
<td>Walk</td>
<td>3%</td>
</tr>
<tr>
<td>Bicycle</td>
<td>1%</td>
</tr>
<tr>
<td>Caltrain</td>
<td>1%</td>
</tr>
<tr>
<td>Light Rail</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Vanpool</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>


### Commute Distance and Time, San Mateo County

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Minutes</th>
<th>Average One-Way Miles</th>
<th>Average Miles Per Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>24</td>
<td>15</td>
<td>37</td>
</tr>
<tr>
<td>1994</td>
<td>23</td>
<td>15</td>
<td>38</td>
</tr>
<tr>
<td>1996</td>
<td>25</td>
<td>16</td>
<td>37</td>
</tr>
<tr>
<td>1999</td>
<td>26</td>
<td>15</td>
<td>34</td>
</tr>
<tr>
<td>2000</td>
<td>30</td>
<td>16</td>
<td>34</td>
</tr>
<tr>
<td>2001</td>
<td>31</td>
<td>16</td>
<td>30</td>
</tr>
<tr>
<td>2002</td>
<td>26</td>
<td>15</td>
<td>34</td>
</tr>
<tr>
<td>2003</td>
<td>26</td>
<td>15</td>
<td>35</td>
</tr>
</tbody>
</table>


\(^{336}\) Ibid.
Traffic Congestion & Delays

- Traffic congestion translates into long commutes, frazzled nerves, wasted fuel, air and water pollution and, of course, lost time. In San Mateo County, however, vehicle-hours of delay dropped to 7,700 per day in 2002, a 57% decrease since peaking in 2000. Even though freeways are less congested than they have been in the past four years the ‘cost’ of congesting in 2002 was almost $33 million in wasted time and gas.\(^{337}\)

- The extent of traffic delay in San Mateo County is expressed in terms of *directional miles of congestion* (the length of freeway segment, by direction, experiencing speeds below 35 mph for 15 minutes or more). Directional miles of congestion decreased from 38 in 2001 to 33 in 2002.\(^{338}\)

Public Transportation

Like San Francisco and Alameda counties, San Mateo County offers several transit alternatives, including Caltrain, buses and BART.\(^{339}\)

- Fewer than 10% of San Mateo County commuters use public transportation options as their primary means of getting to and from work.\(^{340}\)

- Despite continued reliance on the automobile, several bright spots are on the horizon. BART opened four new stations in San Mateo County in July 2003, and Caltrain commenced operation of the “Baby Bullet” express train service in Spring 2004, allowing faster trains to pass slower ones at select locations.\(^{341}\)

San Mateo County cities are encouraging new “Transit Oriented Developments.” Some examples are Redwood City’s City Center Plaza and Colma’s BART Station Specific Plan, which is zoned for relatively high density, pedestrian friendly development near Colma BART station. Any housing within one-third mile of a Caltrain or BART station or SamTrans bus line encourages walking to and from that site. Many cities in San Mateo County are collaborating with a national urban planning group called Project for Public Spaces to develop a sense of place and more pedestrian-friendly connection to public transit.\(^{342}\)


\(^{339}\) Commute Profile 2000: A Survey of San Francisco Bay Area Commute Patterns. Metropolitan Transportation Commission. RIDES for Bay Area Commuters, Inc.

\(^{340}\) Ibid.


\(^{342}\) Ibid.
Trust in Government

- Trust in local government has improved over the past few years. In 2004, 48.8% of survey participants said they trusted local government to “always” or “most of the time” work for the community’s best interest; this percentage is similar to 2001 findings and appears to continue a steady increase since 1998; the percentage “seldom” or “never” trusting government is lower than 1998 findings, but similar to 2001 findings.343

Civic Participation

- Compared to statewide averages, San Mateo County residents devote more personal assets and time into civic responsibilities. Higher percentages are registered voters and actually exercise these voting privileges and more made voluntary contributions via their 2000 income tax returns. Further, higher percentages of San Mateo County residents responded to the 2000 U.S. Census by the mail deadline.344

### Civic Participation

<table>
<thead>
<tr>
<th></th>
<th>San Mateo Co.</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Eligible Voters Registered (October 2004)</td>
<td>80.3%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Percent of Registered Voters Who Voted in 2004 General Election</td>
<td>78.3%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Percent of Eligible Voters Who Voted in 2004 General Election</td>
<td>62.9%</td>
<td>57.0%</td>
</tr>
</tbody>
</table>

Source: California Secretary of State, Elections Division. Statement of Vote - Voter Participation Statistics by County, November 2, 2004ct Book

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344 California Institute for County Government, CSAC 2003 California County Fact Book.
Still, voter turnout (percentage of all adults, not just registered voters, voting in a given election) has ranged from 13% to 54% in San Mateo County since 1990. Turnout is highest when federal and state offices and issues are on the ballot (even years) and lowest during odd years when elections consist of primarily local offices and issues. In fact, since 1991, the percentage of San Mateo County adults voting during odd years has been less than 20%. Voter turnout also varies widely within the county, as shown in the following chart (note that turnout for the 2003 recall election was considerably higher than for the general local election shown here).  

![Estimated Voter Turnout in 2003 Local Election](chart)


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A total of 35.9% of survey respondents rate the ease of obtaining social services as "excellent" or "very good" (significantly higher than found in 2001).346

### Ease of Obtaining Social Services in the Community

- **Mean Score**
- **% "Excellent/Very Good"**
- **% "Good"**
- **% "Fair/Poor"**

<table>
<thead>
<tr>
<th></th>
<th>San Mateo County 1998</th>
<th>San Mateo County 2001</th>
<th>San Mateo County 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Score</td>
<td>31.9</td>
<td>29.1</td>
<td>35.9</td>
</tr>
<tr>
<td>% &quot;Excellent/Very Good&quot;</td>
<td>53.4</td>
<td>50.9</td>
<td>53.9</td>
</tr>
<tr>
<td>% &quot;Good&quot;</td>
<td>46.6</td>
<td>43.4</td>
<td>39.3</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot;</td>
<td>21.5</td>
<td>27.6</td>
<td>24.8</td>
</tr>
</tbody>
</table>


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 women, those aged 18 to 39, respondents with lower education or income, Hispanic or Black respondents, as well as South County and Coastside respondents.347

### Perceive Ease of Obtaining Social Services in the Community to Be "Fair/Poor," San Mateo County

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>&gt;65</th>
<th>HS or Less</th>
<th>&gt;HS</th>
<th>&lt;185% Poverty</th>
<th>&gt;185% Poverty</th>
<th>Poverty</th>
<th>White</th>
<th>Asian/PI</th>
<th>Black</th>
<th>Hispanic</th>
<th>South</th>
<th>Mid-Co.</th>
<th>North</th>
<th>South</th>
<th>SMC 2004</th>
<th>SMC 2001</th>
<th>SMC 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 SMC</td>
<td>20.3%</td>
<td>22.3%</td>
<td>19.1%</td>
<td>19.8%</td>
<td>19.8%</td>
<td>19.8%</td>
<td>19.8%</td>
<td>19.8%</td>
<td>19.8%</td>
<td>19.8%</td>
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<td>19.8%</td>
<td>19.8%</td>
<td>19.8%</td>
<td>19.8%</td>
<td>19.8%</td>
</tr>
</tbody>
</table>


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347 Ibid.
Neighborhood Safety

- When asked how safe they feel walking in their neighborhood, 61.9% of San Mateo County residents expressed “excellent” and “very good” responses, similar to the 63.2% found in 2001 and the 58.1% recorded in 1998. Fair/poor” comments continue to range around 10%.  

Community Evaluations of Neighborhood Safety, San Mateo County, 1998 to 2004

- “Fair/poor” evaluations of neighborhood safety are found more often in South County. Young adults, persons with less education and income, and Black and Hispanic respondents also express higher “fair/poor” perceptions of neighborhood safety.

"Fair/Poor" Ratings of Neighborhood Safety

- “Fair/poor” evaluations of neighborhood safety are more found in South County. Young adults, persons with less education and income, and Black and Hispanic respondents also express higher “fair/poor” perceptions of neighborhood safety.

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349 Ibid.
A lower percentage of county survey respondents this year (64.7%) believe the problem of crime has stayed about the same in their neighborhood over the past year or two. In fact, significantly more believe the situation has gotten worse (15.7%), when compared against 2001 and 1998 findings.\textsuperscript{350}

### Crime Indices

San Mateo County crime rates for both violent crime and property crime (burglary and motor vehicle theft) have followed a general decline since 1991 (the California Crime Index is the sum of violent and property crime rates).\textsuperscript{351}

#### Trend in Crime Rates

**San Mateo County, 1990-2002**

<table>
<thead>
<tr>
<th>Year</th>
<th>Violent Crime</th>
<th>Property Crime</th>
<th>CA Crime Index</th>
<th>FBI Crime Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>462.9</td>
<td>1,231.5</td>
<td>1,694.5</td>
<td>4,556.8</td>
</tr>
<tr>
<td>1991</td>
<td>449.1</td>
<td>1,356.8</td>
<td>1,805.8</td>
<td>4,617.1</td>
</tr>
<tr>
<td>1992</td>
<td>497.7</td>
<td>1,261.1</td>
<td>1,764.8</td>
<td>4,383.2</td>
</tr>
<tr>
<td>1993</td>
<td>503.8</td>
<td>1,198</td>
<td>1,701.8</td>
<td>4,449.6</td>
</tr>
<tr>
<td>1994</td>
<td>488.5</td>
<td>1,043.9</td>
<td>1,532.4</td>
<td>3,977.2</td>
</tr>
<tr>
<td>1995</td>
<td>407.1</td>
<td>987.2</td>
<td>1,394.4</td>
<td>3,270.9</td>
</tr>
<tr>
<td>1996</td>
<td>346.8</td>
<td>763</td>
<td>1,109.5</td>
<td>3,109.9</td>
</tr>
<tr>
<td>1997</td>
<td>322.3</td>
<td>785</td>
<td>1,107.3</td>
<td>3,036.2</td>
</tr>
<tr>
<td>1998</td>
<td>327.3</td>
<td>765.2</td>
<td>1,092.5</td>
<td>3,210.8</td>
</tr>
<tr>
<td>1999</td>
<td>261.2</td>
<td>612.1</td>
<td>873.4</td>
<td>2,648.8</td>
</tr>
<tr>
<td>2000</td>
<td>277.3</td>
<td>645.2</td>
<td>922.5</td>
<td>2,605.9</td>
</tr>
<tr>
<td>2001</td>
<td>308.6</td>
<td>718.8</td>
<td>1,027.4</td>
<td>2,696.7</td>
</tr>
<tr>
<td>2002</td>
<td>291.8</td>
<td>675.7</td>
<td>967.5</td>
<td>2,693.9</td>
</tr>
</tbody>
</table>

Source: California Criminal Justice Statistics Center; California Criminal Justice Profile, 2004.


\textsuperscript{351} Criminal Justice Statistics Department, California Department of Justice.
The following chart outlines detailed San Mateo County rates by crime between 1990 and 2002 (note that larceny-theft and arson rates are not included in either the property crime rate or the California Crime Index rate, but are included in the FBI Crime Index rate).352

### Trend in Crime Rates, San Mateo 1990-2002

<table>
<thead>
<tr>
<th>Year</th>
<th>Violent Crimes</th>
<th>% Change 1990-2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>462.9</td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>449.1</td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td>497.7</td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td>503.8</td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>488.5</td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>407.1</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>346.8</td>
<td></td>
</tr>
<tr>
<td>1997</td>
<td>322.3</td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td>327.3</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>261.2</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>277.3</td>
<td>-37.0%</td>
</tr>
<tr>
<td>2001</td>
<td>308.6</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>291.8</td>
<td></td>
</tr>
</tbody>
</table>

**Violent Crime**

Between 2000 and 2002, San Mateo County experienced a rate of 292.6 violent crimes per 100,000 population (including homicide, forcible rape, robbery and aggravated assault). This rate is considerably lower than the state rate for the same period.353

### Violent Crime Rates per 100,000 Population, 2000-2002

<table>
<thead>
<tr>
<th>Violent Crimes</th>
<th>Homicide</th>
<th>Forcible Rape</th>
<th>Robbery</th>
<th>Aggravated Assault</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Mateo County</td>
<td>292.6</td>
<td>2.3</td>
<td>22.3</td>
<td>91.7</td>
</tr>
<tr>
<td>California</td>
<td>601.8</td>
<td>6.4</td>
<td>28.5</td>
<td>180.1</td>
</tr>
</tbody>
</table>

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

Note: Data reflect 2000-2002 annual average rates.

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353 Criminal Justice Statistics Department, California Department of Justice.
Violent Crimes Against Seniors

- In 2002, there were 50 violent crimes committed against seniors in San Mateo County, down from the 75 reported in 1999. These crimes included aggravated assaults (36.0%) or robberies (64%).


<table>
<thead>
<tr>
<th>Year</th>
<th>San Mateo County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>63</td>
<td>9,710</td>
</tr>
<tr>
<td>1989</td>
<td>60</td>
<td>10,208</td>
</tr>
<tr>
<td>1990</td>
<td>81</td>
<td>11,096</td>
</tr>
<tr>
<td>1991</td>
<td>100</td>
<td>11,651</td>
</tr>
<tr>
<td>1992</td>
<td>112</td>
<td>12,590</td>
</tr>
<tr>
<td>1993</td>
<td>84</td>
<td>12,500</td>
</tr>
<tr>
<td>1994</td>
<td>116</td>
<td>10,834</td>
</tr>
<tr>
<td>1995</td>
<td>93</td>
<td>9,728</td>
</tr>
<tr>
<td>1996</td>
<td>62</td>
<td>9,058</td>
</tr>
<tr>
<td>1997</td>
<td>68</td>
<td>8,519</td>
</tr>
<tr>
<td>1998</td>
<td>74</td>
<td>7,333</td>
</tr>
<tr>
<td>1999</td>
<td>75</td>
<td>6,567</td>
</tr>
<tr>
<td>2000</td>
<td>82</td>
<td>6,608</td>
</tr>
<tr>
<td>2001</td>
<td>47</td>
<td>6,425</td>
</tr>
<tr>
<td>2002</td>
<td>50</td>
<td>7,251</td>
</tr>
</tbody>
</table>

Source: California Department of Justice, Criminal Justice Statistics Center. 2004.

Juvenile Crime & Violence

- Juvenile arrests in San Mateo County dropped 8% in 2002, continuing an impressive 51% general downward trend since 1993.

- It is important to note that drug- and alcohol-related offenses account for more than 50% of the cases now in Adult and Juvenile Probation.

- The rate of juveniles arrested for misdemeanor-level weapons offenses has been steadily declining (despite increases in the youth population), and has been consistently lower than the state rate. In 2000, the juvenile felony weapons arrest rate decreased by almost 20% from the previous year and remains lower than the state rate.

354 California Department of Justice, Criminal Justice Statistics Center.
357 Ibid.
Violent Offenses

- Juvenile arrests for violent crimes have been following a downward trend over the past several years, both statewide and in San Mateo County.\textsuperscript{358}

**Juvenile Felony Arrests for Violent Offenses, 1993-2001**

<table>
<thead>
<tr>
<th>Year</th>
<th>San Mateo County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>524</td>
<td>633</td>
</tr>
<tr>
<td>1994</td>
<td>613</td>
<td>644</td>
</tr>
<tr>
<td>1995</td>
<td>452</td>
<td>622</td>
</tr>
<tr>
<td>1996</td>
<td>438</td>
<td>593</td>
</tr>
<tr>
<td>1997</td>
<td>470</td>
<td>553</td>
</tr>
<tr>
<td>1998</td>
<td>368</td>
<td>526</td>
</tr>
<tr>
<td>1999</td>
<td>386</td>
<td>493</td>
</tr>
<tr>
<td>2000</td>
<td>332</td>
<td>418</td>
</tr>
<tr>
<td>2001</td>
<td>308</td>
<td>419</td>
</tr>
</tbody>
</table>

Source: California Criminal Justice Statistics Center.

Drug Offenses

- Juvenile arrests for drug offenses also continue to decrease.\textsuperscript{359}

**Juvenile Felony Arrests for Drug Offenses, 1993-2001**

<table>
<thead>
<tr>
<th>Year</th>
<th>San Mateo County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>213</td>
<td>230</td>
</tr>
<tr>
<td>1994</td>
<td>225</td>
<td>267</td>
</tr>
<tr>
<td>1995</td>
<td>174</td>
<td>243</td>
</tr>
<tr>
<td>1996</td>
<td>209</td>
<td>212</td>
</tr>
<tr>
<td>1997</td>
<td>228</td>
<td>222</td>
</tr>
<tr>
<td>1998</td>
<td>209</td>
<td>196</td>
</tr>
<tr>
<td>1999</td>
<td>153</td>
<td>171</td>
</tr>
<tr>
<td>2000</td>
<td>134</td>
<td>156</td>
</tr>
<tr>
<td>2001</td>
<td>128</td>
<td>143</td>
</tr>
</tbody>
</table>

Source: California Criminal Justice Statistics Center.

\textsuperscript{358} Criminal Justice Statistics Department, California Department of Justice.
\textsuperscript{359} Ibid.
HEALTHY BEHAVIORS

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

- Only 7.3% of San Mateo County survey respondents report a combination of healthy behaviors which limit cardiovascular and cancer risk (statistically similar to the 9.2% found in 2001). Men, older adults, persons with lower education levels, and Hispanic respondents demonstrate the lowest proportions with all of these healthy behaviors. South County residents report the lowest prevalence among the four county regions.\(^\text{360}\)

Exhibit Healthy Behaviors
(Do Not Smoke, Not Overweight, Exercise Adequately, and Eat Adequate Fruits/Vegetables)


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

OVERVIEW

Overall, residents of San Mateo County enjoy good health. Evaluations of the health care received in the county are significantly better than in previous assessments, and the majority of those living in San Mateo County consider their health to be “excellent” or “very good.”

Most area residents have a physician to whom they go for medical services. Still, lower-income residents continue to be at a disadvantage and tend to put off accessing (or have difficulty accessing) physician services, dental care or other types of health care services. San Mateo County residents gave significantly lower evaluations this year when asked to consider access to specialized health care services such as mental health care, dental services and substance abuse services. Again, lower-income residents are particularly impacted.

Quality health care services in the county are, for the most part, not the problem. Access and affordability are. This year, an estimated 77,000 non-elderly adults are without health insurance in San Mateo County, representing a significantly higher share than reported in 2001. Cost is the primary barrier to maintaining insurance coverage (co-existent with unemployment, the cost of living and wages), and more San Mateo County employers than ever before do not offer health benefits to their employees.

Use of the Internet to obtain health-related information is higher than ever among those living 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

Evaluations of Health Care Services

- Overall, 62.7% of San Mateo County survey respondents rate their satisfaction with the health care they receive as “excellent” or “very good.” However, 11.2% rate it as “fair” or “poor.”

Rating of Satisfaction With Health Care Received

Nearly one out of three respondents living at lower incomes (defined as 185% of the Federal Poverty Level or below) rates satisfaction with his/her health care as “fair” or “poor” (31.4%). There is also a negative correlation with age. In addition, Hispanics and other non-White race groups more often report “fair/poor” evaluations, as compared to White respondents.\(^{362}\)


Note: Percentages represent combined “fair” or “poor” responses.

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Self-Reported Health Status

- On average, survey respondents report that they felt very healthy and full of energy on 17.7 days in the month preceding the interview.\textsuperscript{363}

- A majority (60.9\%) of San Mateo County survey respondents report their general health as “excellent” (28.0\%) or “very good” (32.9\%). Another 25.6\% report that their general health status is “good.” However, 13.6\% of surveyed adults report their general health status as “fair” or “poor.” These self-reported health status findings are more favorable than found nationally, but are significantly less favorable than reported in San Mateo County in 1998.\textsuperscript{364}

```
Rating of Personal Health Status

<table>
<thead>
<tr>
<th></th>
<th>Mean Score</th>
<th>% Excellent/Very Good</th>
<th>% Good</th>
<th>% Fair/Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Mateo County 1998</td>
<td>68</td>
<td>77.4</td>
<td>9</td>
<td>22.9</td>
</tr>
<tr>
<td>San Mateo Country 2001</td>
<td>64.2</td>
<td>69.6</td>
<td>24.4</td>
<td>65.6</td>
</tr>
<tr>
<td>San Mateo County 2004</td>
<td>60.9</td>
<td>68.3</td>
<td>25.6</td>
<td>68.0</td>
</tr>
<tr>
<td>United States 2003</td>
<td>57.8</td>
<td>64.7</td>
<td>25.8</td>
<td>16.6</td>
</tr>
</tbody>
</table>
```


- “Fair/poor” health ratings in San Mateo County increase to more than 20\% among older respondents (aged 65+), those with no more than a high school education, those who live below the 400\% poverty threshold, those without health insurance coverage, and Hispanic respondents. Elevated “fair/poor” responses are also noted among residents of the North County or South County regions.\textsuperscript{365}

\textsuperscript{364} Ibid.
\textsuperscript{365} Ibid.
During the month preceding the interview, survey respondents report an average 3.0 days on which their physical health was not good (3.4 in 2001 and 2.5 in 1998). Days of poor health are notably higher among certain subgroups within the sample: Black respondents (6.0); those with high school education or less (4.5); those aged 65 and older (4.3); and those living below 185% of poverty (4.2).\(^{366}\)

During the month preceding the interview, survey respondents report an average 1.9 days on which poor physical or mental health prevented them from conducting their regular activities, such as self-care, work or recreation (2.2 in 2001 and 1.6 in 1998). Days of limited activity are higher among: Black respondents (3.8); those living below 185% of poverty (3.3); those with high school education or less (2.9); and those aged 65 and older (2.4).\(^{367}\)


\(^{367}\) Ibid.
Activity Limitations

This year, 36.5% (representing approximately 207,000) local adults currently experience some type of activity limitation, including back or neck limitations, arthritis or rheumatism, 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 (61.1%), among Black (44.7%) and White (42.1%) respondents, and among Coastside residents (44.4%).

Limited in Some Way in Some Activity Due to an Impairment or Health Problem, San Mateo County

Living With Pain

During the month preceding the interview, survey respondents reported an average 2.5 days during which pain made their usual activities difficult (e.g., self-care, work, and recreation). This average is highest among seniors (4.0 days) and among those between 185% and 400% of poverty (3.7).
Routine Medical & Dental Care

Physician Care

Physician Relationships

- The majority (83.5%) of surveyed adults have a regular physician’s office or clinic that they use when in need of medical care.\footnote{2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.}

- Most respondents with a physician office or clinic relationship say there is one (81.4%) or more than one (9.1%) particular doctor or health professional they see for routine medical care. The remaining 9.4% say they see no one particular doctor or health professional at this office/clinic.\footnote{Ibid.}

- Those without physician relationships are most represented among: Asian respondents (27.6% without); respondents aged 18 to 39 (25.7%); and those living below 185% poverty (24.3%).\footnote{Ibid.}

- Of all those who do not have a physician’s office or clinic, the largest share (31.7%) report that they “have not needed a doctor.”\footnote{Ibid.}

### Do Not Have a Doctor's Office or Clinic for Medical Care

Among surveyed parents, 98.8% report that they have a regular place they take their child for medical checkups.\footnote{Ibid.}

Change in Physicians

- Among survey respondents with a physician or clinic relationship, 50.1% report that they have changed physicians within the past 5 years; 12.3% have changed physicians within the past year (representing almost 70,000 adults). These are similar to the 2001 findings.\footnote{Ibid.}

- Among those who have changed physicians, reasons primarily related to having a physician who retired or moved (mentioned by 25.5%), changing health care...
coverage (21.7%), or changing residence/moving (13.3%). These reasons are very similar to those found in 2001.\textsuperscript{376}

### Reasons for Changing Physicians

(Among Adults Who Have Changed Physicians)

<table>
<thead>
<tr>
<th>Reason</th>
<th>SMC 2001</th>
<th>SMC 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Moved/Retired</td>
<td>23.6%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Health Coverage Changed</td>
<td>18.1%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Patient Moved/Relocated</td>
<td>13.3%</td>
<td>17.1%</td>
</tr>
<tr>
<td><strong>Other Reasons</strong></td>
<td><strong>41.2%</strong></td>
<td><strong>41.6%</strong></td>
</tr>
</tbody>
</table>


Note: Asked of respondents who have ever changed physicians.

### Routine Medical Care

- The majority (71.4\%) of survey respondents have visited a physician for a routine checkup within the past year. Women more often report having a recent routine checkup than men (78.0\% vs. 64.7\%), and Black respondents more often report a checkup when compared to other races (79.7\%). Further, 88.4\% of seniors have had a checkup in the past year.\textsuperscript{377}

#### Visited a Doctor for a Routine Checkup in the Past Year, San Mateo County 2004


Note: Asked of all respondents.

- A total of 90.3\% of surveyed San Mateo County parents report that their children saw a physician for regular medical care in the past year.\textsuperscript{378}

\textsuperscript{376} 2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.

\textsuperscript{377} Ibid.

\textsuperscript{378} Ibid.
Dental Care

- A total of 78.0% of surveyed adults have visited a dentist for a routine checkup within the past year (statistically similar to 1998 and 2001 findings). However, dental care is particularly low among Black respondents (57.1%) and those living below 185% poverty (59.2%).

Among surveyed parents of children aged 1 to 17, 95.2% report that their child has visited a dentist for a routine checkup in the past year. This proportion, however, is lower among South County respondents (82.2%), as well as among Black (89.2%) and Hispanic respondents (87.6%).
**Dental Insurance**

- Two-thirds of 2004 survey respondents have some type of insurance coverage that pays for some or all of their routine dental care. However, 34.8% do not (representing approximately 197,000 county adults). The dental uninsured prevalence has increased significantly since the 1998 survey.\(^{381}\)

  - Among those without dental insurance, 24.2% report that they or a family member have dental problems which they cannot take care of because of a lack of insurance.\(^{382}\)

  - Other than age, income level is the primary correlation with lack of dental insurance: 51.7% of those living below the 185% poverty threshold are without dental insurance coverage, compared to 24.2% of those living above the 400% poverty threshold.\(^{383}\)

![](lack_dental_insurance_coverage.png)

**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 White respondents (23.2%), those living above 400% of the poverty level (24.2%), and Coastside residents (27.5%).\(^{384}\)

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382 Ibid.

383 Ibid.

384 Ibid.
The types of alternative/complementary care used most often include chiropractic care (51.5%), massage therapy (26.5%) or acupuncture (13.9%).  

### Use of Alternative or Complementary Health Care 
San Mateo County, 2004

Have Used Alternative/Complementary Type of Care Received  
Health Care in Past Year  

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>HS or Less</th>
<th>&gt;HS</th>
<th>&lt;185% Pov</th>
<th>&gt;400% Pov</th>
<th>White</th>
<th>Asian/PI</th>
<th>Black</th>
<th>Hispanic</th>
<th>North</th>
<th>South</th>
<th>SMC 2004</th>
<th>SMC 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic</td>
<td>22.2%</td>
<td>19.3%</td>
<td>20.8%</td>
<td>19.2%</td>
<td>15%</td>
<td>16.1%</td>
<td>16.2%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.5%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>15%</td>
<td>15%</td>
<td>14.8%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>22.2%</td>
<td>19.3%</td>
<td>20.8%</td>
<td>19.2%</td>
<td>15%</td>
<td>16.1%</td>
<td>16.2%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.5%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>15%</td>
<td>15%</td>
<td>14.8%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>22.2%</td>
<td>19.3%</td>
<td>20.8%</td>
<td>19.2%</td>
<td>15%</td>
<td>16.1%</td>
<td>16.2%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>14.5%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>15%</td>
<td>15%</td>
<td>14.8%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>13.9%</td>
<td>15.0%</td>
<td>13.9%</td>
<td>15.0%</td>
<td>15%</td>
<td>15.5%</td>
<td>15%</td>
<td>16%</td>
<td>16%</td>
<td>15%</td>
<td>15.5%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
</tbody>
</table>


Note: Asked of all respondents.

### Emergency Room Utilization

- A total of 26.7% of adults have sought medical care in a hospital emergency room in the past year (averaging 2.0 visits each), significantly lower than reported in 2001 or 1998. ER use is notably higher among Black respondents (50.6%).  

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386 Ibid.
Health Care Information

Health Care Information Sources

- When asked where they get most of their health care information, 29.2% of survey respondents mentioned their **physician**, while 19.5% mentioned the **Internet**. This represents a **significant increase** in reliance on the Internet for health care information (up from 11.8% in 2001).387

### Primary Source for Health Information (2001/2004)

![Primary Source for Health Information (2001/2004)](image)


Note: Asked of all respondents.

Potential for Internet Health Services

- In all, 60.2% 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 53.9% in 2001. Survey findings reveal sharp differences in the use of the Internet for health care information by

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demographics: utilization is particularly low among respondents aged 65 and older, those with no education beyond high school, those living below the 400% poverty threshold, and Hispanics. North and South County residents also report lower use than residents of Mid-County or the Coastside.³⁸³

![Bar chart showing Have Used the Internet to Access Health Care Information in the Past Year](chart)

Ease of Access to Local Health Care Services

- Overall, 63.6% of San Mateo County survey respondents rate the ease of accessing local health care as “excellent” or “very good.” Another 24.1% rate it as “good.” These evaluations are better than 2001 findings, but similar to those recorded in 1998.\(^\text{389}\)

In contrast, 12.3% of respondents believe that access to local health care is “fair” or “poor.” Higher “fair/poor” evaluations are noted among persons with a high school education or less, those living below the 185% poverty threshold, Hispanic respondents, and young adults.\(^\text{390}\)

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\(^\text{390}\) Ibid.
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 (33.9% rate this as “fair/poor”); evaluations this year are significantly less favorable than found in 1998. Whereas dental care received the third-highest “fair/poor” response in 1998 and 2001, evaluations of dental care access deteriorated significantly and it earned the second-highest “fair/poor” evaluation this year (27.4%). There is a much wider discrepancy among “fair/poor” evaluations between those living below and those living above the 400% poverty threshold: among lower-income respondents, access to dental care earned higher “fair/poor” evaluations than even mental health and much higher than found among higher-income respondents (39.1% vs. 19.8% among those at higher incomes).391

Access to substance abuse services received the third-highest “fair/poor” response among San Mateo County respondents overall (26.8%), similar to that found in 2001, but still higher than in 1998. Again, sharp differences are found between lower-income and higher-income adults with regard to perceived access to substance abuse services.392

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392 Ibid.
A total of 86.4% of San Mateo County respondents aged 18 to 64 report that they currently have some type of health insurance coverage, down significantly from 2001 findings (90.7%).

- Among those with coverage, most say this is provided through their own or someone else’s employer (74.6%). A total of 11.7% say they have a health insurance plan they purchase on their own. Another 6.0% have a government-sponsored plan (e.g., Medi-Cal/Health Plan of San Mateo, Medicare, military health benefits). The remaining 7.7% did not specify a source or cited another type of coverage.\(^{393}\)

- Among employed respondents with insurance, 82.8% receive their health care insurance coverage through their own or someone else’s employer (down from 90.0% in 2001).\(^{394}\)

- 6.3% of those with coverage say that there has been a time in the past year when they were without health insurance coverage (similar to 2001 findings).\(^{395}\)

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\(^{394}\) Ibid.

\(^{395}\) Ibid.
Lack of Health Insurance Coverage

- A total of 13.6% of adults aged 18 to 64 do not have any type of job-based, privately purchased, or government-sponsored health insurance (representing approximately 77,000 adults aged 18 to 64). [Note that this figures excludes children.]\(^{396}\)
  - Although better than state and national levels, the percentage of San Mateo County adults aged 18 to 64 without insurance has worsened significantly since the 2001 survey (9.3% uninsured).\(^{397}\)
  - Among respondents with children in the household, 15.0% are without coverage (although this does not necessarily mean that children are without coverage); this is similar to 2001 findings.\(^{398}\)
  - Among those without any type of health insurance coverage, 13.3% report that they have never had coverage. Another 14.9% have been without coverage for less than six months, while 18.7% have been without coverage for more than five years.\(^{399}\)
  - Respondents living below the 185% poverty threshold demonstrate a much more prevalent lack of health insurance (40.7%), as well as those with no education beyond high school (34.5%).\(^{400}\)
  - One out of three Hispanic respondents (33.5%) reports being uninsured, much higher than reported among other races/ethnicities represented in the survey.\(^{401}\)
  - South County residents report a notably higher uninsured prevalence in comparison to North and Mid-County residents.\(^{402}\)
Availability of Health Insurance Coverage

- Among 2004 survey respondents who are employed for wages or who are self-employed, 23.8% report that their job does not offer health benefits to employees, up significantly from 19.8% in 2001, but similar to 1998 findings.\(^{403}\)
  
  - Respondents living below the 185% poverty threshold much more often report that health benefits are not available to them through their employer (48.9%).\(^{404}\)
  
  - Nearly one out of three Hispanic respondents (32.2%) report jobs that do not offer health benefits.\(^{405}\)
  
  - Coastside residents more often report that health benefits are not available to them through their employer (36.2%).\(^{406}\)
  
  - A total of 88.8% of those respondents with health benefits through their job report that benefits are also available to employees’ dependents, down from 93.9% in 2001.\(^{407}\)

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\(^{403}\) 2004 Health & Quality of Life Survey, Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.

\(^{404}\) Ibid.

\(^{405}\) Ibid.

\(^{406}\) Ibid.

\(^{407}\) Ibid.
Other Potential Barriers to Access

Other than 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 2004 San Mateo County Health & Quality of Life Survey, four additional potential barriers to access were addressed.

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

- Difficulty Getting In to See a Doctor
- Could Not Purchase Medication Because of Cost
- Cost Prevented Doctor Visit
- Difficulty Due to Lack of Transportation

Getting in to See a Physician

- A total of 14.2% of surveyed adults have experienced difficulty getting in to see a doctor in the past year, significantly better than found in 2001, but similar to 1998 findings. Women,
those at lower incomes, younger adults, Hispanics, and South County residents more often report difficulty getting in to see a physician.\textsuperscript{408}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{chart.png}
\caption{Have Experienced Difficulty Getting in to See a Physician in the Past Year}
\end{figure}

\textbf{Cost of Medical Care}

- A total of 7.2\% 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 2001 findings. Cost is more often reported as a barrier for those living below the 185\% poverty threshold, Hispanic respondents, young adults and women.\textsuperscript{409}

- A total of 4.1\% 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 2001 findings).\textsuperscript{410}

\textsuperscript{408} 2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.

\textsuperscript{409} Ibid.

\textsuperscript{410} Ibid.
Furthermore, 10.2% 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. Cost is particularly prohibitive for those with low incomes, young adults, and non-White respondents. [Note that the relatively low percentage found among those aged 65 and older is in line with what is typically seen nationwide.]

A total of 4.5% 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.
A lack of transportation has greater impact on persons with lower income or education levels, as well as Black respondents.\footnote{2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.}

- A total of 1.1% of San Mateo County parents participating in the survey report that a lack of transportation prevented them from taking their child to a doctor or health care facility in the past year.\footnote{Ibid.}

### Lack of Transportation Made It Difficult or Prevented a Physician Visit in the Past Year

![Graph showing the percentage of respondents by various demographics who experienced difficulty with transportation.]


Note: Percentages represent “yes” responses.

### 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 185% poverty threshold more often report “fair” or “poor” health status than do privately insured respondents or those at higher income levels.
  - 28.5% of those below 185% poverty report “fair/poor” health (versus 5.5% of those over 400% poverty).\footnote{Ibid.}
  - 32.0% of uninsured respondents report “fair/poor” health (versus 11.2% of insured respondents).\footnote{Ibid.}
  - Higher “fair/poor” health status is also noted among Hispanics (24.9%) and Blacks (18.3%) in particular, compared to Whites (9.2%) and Asians (12.7%).\footnote{Ibid.}
Uninsured respondents are much less satisfied with the health care they receive (33.0% rate this as “fair/poor”) versus privately insured respondents (8.6%).

A total of 36.4% of uninsured respondents rate access to local health care services as “fair” or “poor,” compared to 12.3% of those who are insured.

Those without health insurance coverage report notably lower prevalence of preventive health services when compared to privately insured individuals.

**Preventive Health Services by Insurance Status**

- **Routine Checkup Past Yr**
  - Privately Insured: 73.8%
  - Uninsured: 53.9%

- **Dental Checkup Past Yr**
  - Privately Insured: 81.7%
  - Uninsured: 52.0%

- **Blood Pressure Check Past Yr**
  - Privately Insured: 88.1%
  - Uninsured: 73.2%

- **Flu Shot Past Year**
  - Privately Insured: 39.4%
  - Uninsured: 9.9%

- **Pneumonia Vaccine Ever**
  - Privately Insured: 23.5%
  - Uninsured: 17.9%


Note: Asked of all respondents.
MATERNAL & INFANT HEALTH

OVERVIEW

Areas of concern surrounding infant health in San Mateo County continue to center around outcomes among racial and ethnic subgroups, although these have begun to show signs of improvement. The traditionally high infant mortality rate among Black births is declining, and while low-weight births are increasing overall, the racial/ethnic disparity in low-weight births is becoming less predominant. Still, Black women and Hispanic and Pacific Islander women have the highest proportions of births receiving less than adequate prenatal care, although these, too, are improving somewhat in these populations.

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 steadily, with the rate in Hispanic females decreasing 9.5% from 39.1 in 1990 to 35.4 in 2002.

The birth rate in Black females has declined 32.8% from 28.7 in 1990 to 19.3 in 2002. Birth rates in Asians have remained fairly stable since 1990 (ranging from 24.8 to 28.8). Birth rates in Whites have also had no significant change during this time, with rates ranging from 21.5 to 23.2.420

Birth Rate by Maternal Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2002

<table>
<thead>
<tr>
<th>Year</th>
<th>All Races</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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<td>22.2</td>
<td>35.9</td>
<td>23.1</td>
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</table>

Rates are age-adjusted and standardized to Year 2000 population
Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2002

- 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. There was a 7.1% decrease in the number of births to women aged 15 to 44 from 1990 to 2002, but 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 higher than in any other racial/ethnic group. The general fertility rate in Black women was

significantly higher than in White women from 1990 to 1994, when the rate began to decline steadily.\textsuperscript{421}

**General Fertility Rate by Maternal Race/Ethnicity**

5-Year Moving Averages, San Mateo County, 1990-2002

![General Fertility Rate by Maternal Race/Ethnicity](chart)

<table>
<thead>
<tr>
<th>Year</th>
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<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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<td>47.5</td>
<td>87.4</td>
<td>56.5</td>
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</table>

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 1990-2002

The average infant mortality rate in San Mateo County from 1990 to 2001 was 4.8 per 1,000 live births. Since 1997, the rate has been close to the Healthy People 2010 target of 4.5 per 1,000 live births. Racial disparities are most apparent between Blacks and all other race groups. In recent years the Black infant mortality rate has fallen and in 2001 there were no Black infant deaths. Of concern is an upward trend in Hispanic infant mortality beginning in 1997. Although part of this increase may be attributable to changes in the collection of Hispanic ethnicity data, it is important to more fully evaluate the causes of this increase in future studies.422

### Infant Mortality by Race/Ethnicity

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</tbody>
</table>

Rates are unadjusted; infants defined as under one year of age
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2001

Healthy People 2010 Target
Reduce to 4.5 Deaths Per 1,000 Live Births

The proportion of newborns with low birthweight (LBW) was significantly higher among Black mothers than mothers of other race/ethnicities from 1990 to 1999. From 1999 to 2002, however, the proportion of LBW newborns in Black mothers was not significantly different from that of other race/ethnicities. The narrowing of the racial/ethnic disparity in LBW proportions during these years is also due to increasing proportions of LBW newborns in Asian and White mothers. LBW deliveries in Asian women significantly increased 28.2% from 5.6% in 1990 to 7.8% in 2002. In White women, the increase was 37.0% from 4.6% in 1990 to 6.3% in 2002. In Hispanic women the proportion of LBW births has remained stable from 1990 to 2002, averaging 5.1%.\(^{423}\)

![Low Birthweight Deliveries by Maternal Race/Ethnicity](image)

Low Birthweight Deliveries by Maternal Race/Ethnicity
5-Year Moving Averages San Mateo County, 1990-2002

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 1990-2002

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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, longer duration of pregnancy, and higher infant birthweight. Ideally, prenatal care begins before conception or during the first trimester of pregnancy.\textsuperscript{424}

**Late or No Prenatal Care**

- From 1990 to 2002, the proportion of births to women who received prenatal care during the first trimester of pregnancy increased from 80.9\% to 86.9\%. This is close to the Healthy People 2010 target of 90.0\% and better than the 1998 national baseline of 83.0\%. 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 2002 this proportion had decreased to 0.3\%.\textsuperscript{425}

\begin{table}
\centering
\caption{Proportion of Births by Trimester of First Prenatal Care Visit}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline
\hline
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 \\
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 \\
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 \\
No Prenatal Care & 1.8 & 2.2 & 0.8 & 0.5 & 0.5 & 0.3 & 0.5 & 0.7 & 0.5 & 0.5 & 0.5 & 0.3 & \\
\hline
\end{tabular}
\end{table}

Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2002

- From 1990-2002, the proportion of births to women receiving late or no prenatal care has decreased significantly in Asians, Blacks, and Hispanics, yet remains significantly greater than the Healthy People 2010 target of 10.0\% for all race/ethnicities combined. Only White women were consistently achieving this target. Nonetheless, the overall proportion of women receiving late or no prenatal care is decreasing; from 19.1\% in 1990 to 13.1\% in 2002 and will perhaps meet the Healthy People 2010 goal within the decade.

When Filipinas and Pacific Islanders are removed from the Asian racial/ethnic group for analysis, Asian women consistently have a lower proportion of women receiving late or no prenatal care and have rates similar to White women. The proportion of births with late or


\textsuperscript{425} Ibid.
no prenatal care in Filipinas has historically remained stable, approximating the proportions among Black and Hispanic women in the late 1990s. 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 2002, the proportion was five times greater than in other Asians (non-Filipina) and Whites, and two times greater than in Blacks, Hispanics, and Filipinas.426

### Adequate Prenatal Care

Adequacy of prenatal care is equally as important as seeking prenatal care during early pregnancy. The Kessner Index is a measure that incorporates three indicators from a certificate of live birth: length of gestation, time of first prenatal care visit, and total number of prenatal care visits.427

- The proportion of births with adequate prenatal care as determined by the Kessner Index has risen steadily from 68.1% in 1990 to 80.9% in 2002, but remains significantly below the Healthy People 2010 target for adequate prenatal care (90.0%).428

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427 Ibid.

428 Ibid.
There are racial/ethnic disparities in adequacy of prenatal care received. Black women and Hispanic and Pacific Islander women have the highest proportions of births receiving less than adequate care. The proportions of women receiving less than adequate prenatal care have decreased significantly for all race/ethnicities from 1990 to 2002. The most substantial decrease of 50.2% occurred in Hispanic women from 50.8% in 1990 to 25.3% in 2002.

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.429

From 2000 to 2002, women with private health insurance and women participating in prepaid health plans were more likely to have received adequate prenatal care than women.

whose principal source of payment was Medi-Cal, self-pay, or other. Due to the structure of Medi-Cal, women do not qualify until they become pregnant; this often delays their receipt of adequate prenatal care. Women whose principal source of payment was self-pay were significantly more likely to have received inadequate prenatal care than women with other forms of payment.430

Prenatal Care & Low Birthweight

- The proportion of low birthweight infants among women receiving adequate prenatal care increased significantly from 4.5% in 1990 to 6.2% in 2000 and remained steady to 2002. However, in the last five years, the proportions of low and very low birthweight newborns receiving adequate or less than adequate prenatal care are fairly similar and not significantly different from each other. This suggests that factors other than adequacy of care may be having a greater impact on low and very low birthweight births.431

Low Birthweight Deliveries by Adequacy of Prenatal Care

San Mateo County, 1990-2002

![Graph showing Low Birthweight Deliveries by Adequacy of Prenatal Care]

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 1990-2002

Smoking During Pregnancy

- A total of 5.4% 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 2001.432

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431 Ibid.
CHILD & ADOLESCENT HEALTH

OVERVIEW

A number of influences affect children’s health, including environmental concerns, community commitment, immunization against disease and lifestyle characteristics.

Childhood immunization is a first-line defense against many preventable diseases. The Healthy People 2010 target is to increase the percentage of toddlers aged two who are up-to-date on their immunizations to 90% or more. Today, San Mateo County still falls short of this goal, with approximately 70% of its children adequately covered and up-to-date at age 24 months.

In addition to protecting children from disease, it is just as important to instill habits of healthy living early on. San Mateo County low-income children aged 5 through 19 were more likely than the state average to be overweight or to be at risk for being overweight. At the same time, it appears that San Mateo County children are spending more time than ever watching television or playing video games.

Adolescent pregnancies continue to decline in San Mateo County, as they have statewide and nationwide, and remain well below the statewide rate. Still, the proportion of adolescent births to Hispanics has increased considerably. Reducing teen pregnancies is 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.

- In 2003, a retrospective study of kindergartners found that 72.6% 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%.

- For 1996 to 1998, children attending schools on the Coastside recorded the highest vaccine coverage. For 1999 to 2001, children attending schools in Mid-County recorded the highest vaccine coverage. Schools in South-County consistently had the lowest vaccination coverage. The Healthy People 2010 target of 90.0% was not met by any region of the county or by any individual school district. Overall vaccine coverage has increased significantly from 66.5% in 1996 to 70.4% in 2001.\(^\text{434}\)

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\(^{434}\) Ibid.
For the complete 4-3-1 series of vaccines, the proportion of children with adequate coverage by age 24 months was highest in the White population (averaging 77.5% from 1997 to 2001) and lowest in the Black population (averaging 57.7% from 1997 to 2001). The proportions for Hispanic children (averaging 68.0% from 1997 to 2001) and Asian children (averaging 66.0% from 1997 to 2001) were similar to each other.\textsuperscript{435}

Youth Developmental Assets

San Mateo County Healthy Kids Survey 1999-2000

- The Healthy Kids Survey was a survey completed by more than 2,600 9th and 11th graders from public high schools throughout San Mateo County. The surveyed schools were selected to represent the diversity of the entire population of youth in San Mateo County. Thus, the results can be generalized to reflect the distribution of risk behaviors and assets in the county’s youth.436

- The survey was designed to measure the 40 developmental assets as defined by the Search Institute (see table on following page). These are a set of “building blocks” that help shape adolescents into “healthy, caring and responsible” adults.437

- In the survey, the percentage of San Mateo County adolescents who experienced each asset exceeded national averages for the majority of assets. Yet, there were a few assets where San Mateo County youth fell notably short of national averages: parental involvement in schooling; service to others; creative activities; youth programs; religious community; school engagement; bonding to school; reading for pleasure; and peaceful conflict resolution.438

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437 Ibid.
438 Ibid.
## 40 Developmental Assets

Search Institute has identified the following building blocks of health development that help young people grow up healthy, caring, and responsible.

### EXTERNAL ASSETS

<table>
<thead>
<tr>
<th>Support</th>
<th>1. <strong>Family Support</strong> – Family life provides high levels of love and support.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. <strong>Positive family communication</strong> – Young person and her or his parent(s) communicate positively and young person is willing to seek advice and counsel from parent(s).</td>
</tr>
<tr>
<td></td>
<td>3. <strong>Other adult relationships</strong> – Young person receives support from three or more nonparent adults.</td>
</tr>
<tr>
<td></td>
<td>4. <strong>Caring neighborhood</strong> – Young person experiences caring neighbors.</td>
</tr>
<tr>
<td></td>
<td>5. <strong>Caring school climate</strong> – School provides a caring, encouraging environment.</td>
</tr>
<tr>
<td></td>
<td>6. <strong>Parent involvement in schooling</strong> – Parent(s) are actively involved in helping young person succeed in school.</td>
</tr>
</tbody>
</table>

| 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 is 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 and 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. |
Analysis correlated certain risk behaviors and positive attitudes and behaviors with having a low, moderate or high number of these developmental assets:

- 24.5% of San Mateo County students demonstrated a High number of assets (31-40); those in this category much less often engaged in risky behavior such as violence or alcohol or tobacco use.
- Most San Mateo County students (57.3%) demonstrated a Moderate number of assets (16-30);
- 18.2% of San Mateo County students demonstrated a Low number of assets (31-40); those in this category much more often engaged in risky behavior.

### Percent of Students Who Responded "Yes" in Each Asset Group

<table>
<thead>
<tr>
<th>Behavior, Attitudes, Outcomes</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used alcohol frequently in the past month</td>
<td>34%</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>Smoked Cigarettes frequently in the past month</td>
<td>22%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Used drugs in the past month</td>
<td>44%</td>
<td>24%</td>
<td>15%</td>
</tr>
<tr>
<td>Fought or carried a weapon at school during the past year</td>
<td>30%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Ever belonged to a gang</td>
<td>24%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Skips school or has below a C average</td>
<td>49%</td>
<td>27%</td>
<td>14%</td>
</tr>
<tr>
<td>Gets good grades (mostly As) in school</td>
<td>30%</td>
<td>55%</td>
<td>74%</td>
</tr>
<tr>
<td>Resists involvement in dangerous situations</td>
<td>42%</td>
<td>73%</td>
<td>82%</td>
</tr>
<tr>
<td>Spends time helping others</td>
<td>26%</td>
<td>40%</td>
<td>70%</td>
</tr>
<tr>
<td>Values ethnic and cultural diversity</td>
<td>35%</td>
<td>78%</td>
<td>96%</td>
</tr>
</tbody>
</table>


### Helps Others at Least 1 Hour Each Week

(San Mateo County, 2000)

<table>
<thead>
<tr>
<th>Students Responding &quot;Yes&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 15</td>
</tr>
<tr>
<td>16 to 25</td>
</tr>
<tr>
<td>More Than 25</td>
</tr>
</tbody>
</table>


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Childhood Overweight & Fitness

- 2002 findings of the California Pediatric Nutrition Surveillance System found that 24.4% 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 20.8% were at risk for being overweight; these proportions are higher than found among program participants in this age group statewide.\textsuperscript{440}

- Among low-income children aged 2 to 5 years in the county CHDP program, over one-third were found to be overweight (18.0%) or at risk for being overweight (17.8%), slightly higher than the statewide proportions.\textsuperscript{441}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart}
\caption{Low-Income Children in CHDP Program \ Who Are Overweight or At-Risk for Being Overweight \ (San Mateo County, 2002)}
\end{figure}

Source: CHDP California Pediatric Nutrition Surveillance System (PedNSS), 2002, Table 6B.

- In 2003, only 28.5% of San Mateo County 7th graders met basic fitness requirements, as determined by the California Department of Education; this proportion is similar to the statewide average. However, in San Mateo County, there is a notable difference among students by race and ethnic group, with Black, American Indian/Alaska Native, Latino and Pacific Islander students demonstrating the lowest prevalence of physical fitness.\textsuperscript{442}

\textsuperscript{440} CHDP California Pediatric Nutrition Surveillance System (PedNSS), 2002, Table 6B.
\textsuperscript{441} Ibid.
### Percent of 7th Grade Students Meeting Basic Fitness Standards

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2002-2003 Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>21.7%</td>
</tr>
<tr>
<td>American Indian/AN*</td>
<td>18.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>41.2%</td>
</tr>
<tr>
<td>Filipino</td>
<td>29%</td>
</tr>
<tr>
<td>Latino</td>
<td>21.3%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>18.7%</td>
</tr>
<tr>
<td>White</td>
<td>32.6%</td>
</tr>
<tr>
<td>Total SMC 7th Grade</td>
<td>28.5%</td>
</tr>
<tr>
<td>California 7th Grade</td>
<td>27.1%</td>
</tr>
</tbody>
</table>


Note: * Only 32 students tested.
Television/Video Watching & Video Gaming

- Watching television, videos or video games is a leading sedentary behavior in youth. In the 2004 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 4.2% report that their child watches less than one hour per day (significantly lower than found in 1998 and 2001). In contrast, 37.9% report that he/she watches three hours or more per day.\(^{443}\)

**Number of Hours Child Watches Television, Videos or Video Games per Day**

(Ages 1 to 17)

<table>
<thead>
<tr>
<th>Hours</th>
<th>SMC 1998</th>
<th>SMC 2001</th>
<th>SMC 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than One</td>
<td>14.8%</td>
<td>14.4%</td>
<td>4.2%</td>
</tr>
<tr>
<td>One</td>
<td>28.4%</td>
<td>21.4%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Two</td>
<td>29.3%</td>
<td>32.6%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Three</td>
<td>36.5%</td>
<td>19.9%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Four or More</td>
<td>13.5%</td>
<td>17.2%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>


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 13- to 15-year-olds (50.0% of whom were reported to watch three or more hours of TV, videos or video games per day).\(^{444}\)

**Child Spends Three or More Hours per Day Watching Television, Videos or Video Games**

(By Age, San Mateo County, 2001 vs. 2004)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>SMC 2001</th>
<th>SMC 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>29.4%</td>
<td>25.4%</td>
</tr>
<tr>
<td>5-8</td>
<td>30.9%</td>
<td>30.9%</td>
</tr>
<tr>
<td>9-12</td>
<td>31.2%</td>
<td>32%</td>
</tr>
<tr>
<td>13-15</td>
<td>42.7%</td>
<td>47.5%</td>
</tr>
<tr>
<td>16-17</td>
<td>50%</td>
<td>57.9%</td>
</tr>
<tr>
<td>SMC Overall</td>
<td>33.3%</td>
<td>37.1%</td>
</tr>
</tbody>
</table>


Note: Asked of all respondents with children under 18 at home.

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\(^{444}\) Ibid.
Adolescent Pregnancy

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.\textsuperscript{445}

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.\textsuperscript{446}

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. One major concern is that of all age groups, pregnant teens are most likely to smoke during pregnancy, and unlike other age groups, smoking rates for pregnant teens have increased over the last five years. Smoking among pregnant and parenting teens appears to be highly related to pregnancy and early parenting-related stress, and is especially resistant to successful cessation. Even teen mothers who successfully quit smoking during pregnancy tend to relapse immediately or shortly after birth.\textsuperscript{447}

In spite of impressive declines [in teen birth rates in recent years], the teen birth rate in California is still unacceptably high. Rates for both the U.S. and California are higher than those for every other western democracy in the world. In fact, California’s rates are between 4 and 12 times higher than the rates for France, Spain, Italy, the Netherlands, and Japan.\textsuperscript{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 25.1 per 1,000 in 2000-2002).\textsuperscript{449}

\textsuperscript{446} Ibid.
\textsuperscript{447} Ibid.
\textsuperscript{448} Ibid.
Further, the proportion of births occurring in adolescent females aged 17 and younger has decreased significantly by 33.3% from 2.4% in 1990 to 1.6% in 2002.  

A geographic analysis by zip code of maternal residence for 2002 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).  

A geographic analysis by zip code of maternal residence for 2002 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).
The majority of births to adolescents have occurred consistently in Hispanic females from 1990 to 2002. This proportion has increased dramatically by 46.9% from 57.6% in 1990 to 84.6% in 2002. The proportions of births to adolescents in Asian, Black, and White females have declined from 1990 to 2002.\(^{452}\)

### Proportion of Births to Adolescents by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2002

<table>
<thead>
<tr>
<th>Year</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-94</td>
<td>7.7%</td>
<td>13.5%</td>
<td>61.3%</td>
<td>16.4%</td>
</tr>
<tr>
<td>1991-95</td>
<td>7.7%</td>
<td>12.9%</td>
<td>62.5%</td>
<td>15.8%</td>
</tr>
<tr>
<td>1992-96</td>
<td>8%</td>
<td>12.3%</td>
<td>64%</td>
<td>14.9%</td>
</tr>
<tr>
<td>1993-97</td>
<td>9.2%</td>
<td>10.7%</td>
<td>65.4%</td>
<td>14.1%</td>
</tr>
<tr>
<td>1994-98</td>
<td>10.3%</td>
<td>10.6%</td>
<td>64.6%</td>
<td>14.1%</td>
</tr>
<tr>
<td>1995-99</td>
<td>10.6%</td>
<td>10.1%</td>
<td>67.1%</td>
<td>12.1%</td>
</tr>
<tr>
<td>1996-00</td>
<td>10.3%</td>
<td>8.7%</td>
<td>69%</td>
<td>11.7%</td>
</tr>
<tr>
<td>1997-01</td>
<td>9.8%</td>
<td>7.6%</td>
<td>72.3%</td>
<td>10%</td>
</tr>
<tr>
<td>1998-02</td>
<td>8.5%</td>
<td>6.8%</td>
<td>75.9%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

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

Prenatal Care Among Births to Adolescents

- The proportion of births to adolescents who have received prenatal care during the first trimester of pregnancy has increased significantly by 63% from 44.0% in 1990 to 69.8% in 2002. Still, this proportion falls significantly short of the Healthy People 2010 target of 90.0% and the 1998 national baseline of 83.0%. The level of adolescent’s early access to prenatal care contrasts with the overall county rate, which is consistently over 80%.\(^{453}\)

![Proportion of Births to Adolescents by Trimester of First Prenatal Visit](San_Mateo_County_1990-2002)_

- Adequacy of prenatal care among births to adolescents have likewise improved considerably over the past several years (from 28.4% in 1990 to 62.3% in 2002). However, adequacy of prenatal care among births to adolescents continues to lag behind adequacy of prenatal care for all births by a considerable margin. The Healthy People 2010 target is 90.0% and the 1998 national baseline was 74.0%.\(^{454}\)

![Proportion of Births With Adequate Prenatal Care](San_Mateo_County_1990-2002)_

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\(^{454}\) Ibid.
Characteristics Among Births to Adolescents

- Historically, the proportion of LBW deliveries (exclusive of very low birthweight or VLBW) to adolescents has been almost double that of LBW deliveries to all women. VLBW deliveries to adolescents have averaged approximately 1.0% from 1990 to 2002, similar to births among all women. About 13% of births to adolescents occur pre-term; this has remained stable from 1990 to 2002 and is not significantly different from proportion of pre-term births among all women.\footnote{Ibid.}

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 by 25.5% from 59.5% in 1990 to 74.7% in 2002. During this period the proportion of deliveries paid by all other sources declined, though not significantly. In 2002 almost 75% of adolescent births were paid for by Medi-Cal, which paid for less than 25% of all births that year.\footnote{Healthy San Mateo 2010: A Report on the Health Status of San Mateo County Residents, 1990-2001. San Mateo County Health Services Agency, Department of Public Health. San Mateo, California. March 2004.}

![Graph of Low Birthweight Deliveries to Adolescents in San Mateo County, 1990-2002](image)

![Graph of Principal Source of Payment for Deliveries to Adolescents in San Mateo County, 1990-2002](image)
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 demand greater attention. San Mateo County older adults report much higher prevalence of debilitating chronic conditions, and a growing proportion report limitations in their activities due to impaired health. As more seniors need assistance to retain their independence, and as more are themselves becoming caregivers for spouses or family members, there will be greater needs for in-home supportive services, long-term care arrangements and respite care services.

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.457

- 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).458

Low-Income Seniors

- A significant number of San Mateo County seniors have low incomes. Of the households surveyed in 2004, 52.8% of seniors reported household incomes below 400% of the poverty level; 17.8% reported household incomes below 185% of the poverty level. Note that this reflects only current income, and does not reflect other assets.459

Seniors Living Alone

- In the 2004 San Mateo County Health & Quality of Life Survey, 40.8% of responding seniors (aged 65 and older) lived alone.460

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458 Ibid.
460 Ibid.
Senior Health Issues

The 2004 San Mateo County Health & Quality of Life Survey addressed a number of health-related items which one can segment to reveal much information relative to the senior population (age 65 and older) of San Mateo County, as demonstrated in the following section.

Preventive Health Services

- Nearly nine out of 10 surveyed seniors (88.4%) have visited a doctor for a routine checkup in the past year. Further:
  - 72.5% say they have had a flu shot in the past year (Healthy People 2010 target is 90% or higher).
  - 68.2% say that they have had a pneumonia vaccine at some time in the past (up significantly since 1998).
- Just over one-half (54.5%) 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 similar to 1998 findings.

Chronic Illness

- 53.7% of seniors have been diagnosed with high blood pressure (compared to 59.5% of seniors nationwide).\(^{461}\)
- 46.3% of seniors have high blood cholesterol levels (48.5% nationwide).\(^{462}\)
- 44.6% of seniors currently suffer from arthritis or rheumatism (54.8% nationwide).\(^{463}\)


\(^{462}\) Ibid.

\(^{463}\) Ibid.
- 22.3% of seniors have heart disease (22.0% nationwide).\textsuperscript{464}
- 14.5% of seniors have diabetes (19.1% nationwide).\textsuperscript{465}
- 13.5% of seniors have asthma (9.8% nationwide).\textsuperscript{466}
- 11.3% of seniors have chronic lung disease (11.3% nationwide).\textsuperscript{467}
- 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.\textsuperscript{468}

### Mental Health

- 3.7% of seniors report that they have a history of mental illness, although 22.8% of seniors have experienced periods of depression lasting two or more years (compared to 16.3% nationwide).\textsuperscript{469}
- 19.1% of seniors have sought help for a mental or emotional problem in the past (compared to 7.6% nationwide).\textsuperscript{470}

### Activity Limitations

- 61.1% of seniors report some type of impairment that limits their activities, up significantly from 47.7% in 2001 and 50.2% in 1998. Of those reporting an impairment, arthritis was most commonly identified, followed by walking problems, and neck or back problems.\textsuperscript{471}

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\textsuperscript{465} Ibid.
\textsuperscript{466} Ibid.
\textsuperscript{467} Ibid.
\textsuperscript{468} Ibid.
\textsuperscript{469} Ibid.
\textsuperscript{470} Ibid.
\textsuperscript{471} Ibid.
Seniors report an average of 4.0 days in the preceding month on which pain has made it difficult for them to do their usual activities, such as self care, work or recreation (67.1% reported no days).  

Other senior issues are addressed in the “Older Dependents” section, page 70.
MORTALITY

OVERVIEW

Death rates are declining for many of the leading causes of death in San Mateo County, and most compare favorably to statewide rates. Chronic diseases and degenerative conditions of the elderly play the major role among causes of death, while accidental injury and cancer are the major factors in deaths among young adult age groups. (AIDS and homicide, once leading killers in younger individuals, have declined.)

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 poor diet, a lack of exercise, tobacco use, alcohol use, etc.

Leading Causes of Death

- Heart disease is the leading cause of death in the county, state, and nation. It accounted for 28.5% of the county deaths during 1997-2001, followed by cancer, which accounted for 26.0%. The third-leading cause of death was cerebrovascular disease, accounting for slightly less than 10% of the annual average incidence. Respiratory disease, pneumonia, and influenza, and unintentional injuries were the fourth, fifth, and sixth leading causes of death respectively. These were the same six leading causes of death for all Californians in 2000, although statewide, unintentional injuries caused more deaths than did pneumonia and influenza.

Since 1990, deaths due to unintentional injuries, liver disease, AIDS, homicide, and suicide declined. Conversely, deaths attributable to diabetes mellitus and Alzheimer’s disease increased considerably. \(^{473}\)

### Frequency of Deaths by Cause and Year

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>1430</td>
<td>1414</td>
<td>1382</td>
<td>1496</td>
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</table>

1990-1998 numbers have been adjusted to relevant comparability ratios
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2001

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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 has declined from 43,674 in 1990 to 30,519 in 2001 in San Mateo County. YPLL due to cancer deaths was approximately 25%, while approximately 15% of YPLL were due to heart disease deaths.

### Total Years of Potential Life Lost by Cause of Death

#### Selected Causes of Death, San Mateo County, 1990-2001

<table>
<thead>
<tr>
<th></th>
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</table>

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 1990-2001

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475 Ibid.
**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.476

**Death Rate for All Causes**

- The overall age-adjusted death rate gradually declined from 827.9 in 1990 to 662.8 in 2001, declining significantly every four years (1990-1994; 1994-1998; and 1998-2001). In 2000, the death rate for San Mateo County was lower than the rate of 755 for California and 855 for the United States. The average annual male rate (834.8) during 1997-2001 was 42% greater than the female rate (588.8).477

**Mortality by Gender**

5-Year Moving Averages, San Mateo County, 1990-2001

- Overall mortality rates differ by race/ethnicity. The five-year moving average for Blacks was consistently higher than for all other racial/ethnic groups, though the disparity has lessened. In 2001, the Black rate (806.3) was no longer significantly higher than that for Whites (709.2). Between 1990 and 2001, the rate for Blacks declined 27.2%, compared with 23.2% for Asians, 16.8% for Whites, and 12.1% for Hispanics. The rates for Asians and Hispanics were nearly identical from 1990-2001 and were significantly lower than rates for Blacks or Whites.478

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477 Ibid.

478 Ibid.
The following chart further shows the 2000-2002 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:

- San Mateo County death rates for these causes compare favorably to statewide rates, and meet or are close to many of the Healthy People 2010 targets.

- The county’s stroke death rate is well above the Healthy People 2010 target, and ranks 35\textsuperscript{th} among the state’s 58 counties (with 1\textsuperscript{st} being best).

- The drug-related death rate is below the statewide rate, but remains many times the Healthy People 2010 target.

- The county’s suicide rate ranks best among California’s 58 counties, and is just above the Healthy People 2010 target.

- The county’s death rate due to motor vehicle crashes is second-best in the state and meets the Healthy People 2010 target.\cite{county_health_status_profiles_2004}

\cite{county_health_status_profiles_2004} County Health Status Profiles, 2004. Dept of Health Services and California Conference of Local Health Officers.
### Age-Adjusted Death Rates by Selected Causes, 2000-2002

<table>
<thead>
<tr>
<th>Cause</th>
<th>San Mateo County</th>
<th>California</th>
<th>HP2010 Objective</th>
<th>Rank Among 58 CA Counties</th>
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<td>All Cancers</td>
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<td>Lung Cancer</td>
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<td>Coronary Heart Disease</td>
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<td>Unintentional Injuries</td>
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<tr>
<td>Diabetes</td>
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<td>Drug-Related Deaths</td>
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2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Notes: 1. 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.)
2. Underlined death rates are unreliable; relative standard error is greater than or equal to 23%.
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.

- By applying this model to numbers of deaths, we can see that an annual average of approximately 896 persons died in San Mateo County each year between 2000 and 2002 because of tobacco use. Another 660 died each year due to poor diet and/or lack of exercise. Another 236 died because of alcohol use.

Actual Causes of Death in San Mateo County
(Estimated Number of 2000-2002 Annual Average Deaths Presented in Parentheses)

Tobacco (896) 19%
Diet/Activity (660) 14%
Alcohol (236) 5%
Microbial Agents (189) 4%
Toxic Agents (142) 3%
Motor Vehicles (47) 1%
Illicit Drug Use (47) 1%
Firearms (94) 2%
Sexual Activity (47) 1%
Other Causes (2358) 50%

2. County Health Status Profiles 2004. California Department of Health Services and California Conference of Local Health Officers.

481 County Health Status Profiles 2004. 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 cancer mortality site, followed by colorectal cancer and the gender-specific cancers of female breast cancer and prostate cancer. However, cancer incidence and mortality can vary dramatically by gender and by race or ethnicity.

In terms of risk-reduction, this year’s assessment finds similar cigarette smoking prevalence and fruit/vegetable consumption to what was found in 2001; however, this year’s findings remain significantly better than those found in 1998 for these indicators.

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 males decreased significantly by 10.5% from 606.1 in 1990 to 542.4 in 2000. In females there was a slight but insignificant increase in the incidence of cancer from 462.7 in 1990 to 483.0 in 2000. In the county and nationwide, the rate of cancer has remained consistently higher in males than in females.482

The incidence of cancer has consistently been significantly lower among Asians compared to other race/ethnicities. The highest rates of cancer occurred among Whites, followed by

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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 33.2% from 647.7 in 1990 to 432.6 in 2000. Among Whites the incidence rate increased slightly from 547.8 in 1990 to 575.6 in 2000.483

### Most Common Types Of Cancers

- From 1990-2000 the four most prevalent cancers were breast (invasive), prostate, colon/rectum, and lung. From 1996-2000 these cancers combined accounted for more than half of all cancers (55.8%). Breast cancer was the most common and had the highest incidence rate. From 1996-2000 the breast cancer incidence rate was 187.5 (females only). Prostate cancer was the second-most prevalent and the incidence rate among males was 159.6. Colorectal and lung cancers had similar prevalence, accounting for approximately 11% of all cancers during 1996-2000. The fifth most common cancer was melanoma (skin cancer), accounting for approximately 6% of all cancer cases from 1996-2000.484

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484 Ibid.
Cancer Deaths

- Overall cancer mortality rates in San Mateo County declined slightly (though not significantly) from 1990-2001. Nationwide cancer death rates have stabilized from 1998-2000. The overall cancer mortality rate in San Mateo County from 1999-2001 was 177.4, similar to the statewide cancer mortality rate of 176.1 for the same years. The mortality rates in San Mateo County remain higher than the Healthy People 2010 target of 159.9, but are lower than the 1998 national baseline of 202.4.\textsuperscript{485}

- Since 1990, cancer mortality was highest in the Black population, followed by the White population. From 1997-2001 the average annual mortality rate was 1.2 times greater in Blacks than in Whites, and almost twice as high compared to Asians and Hispanics. There were no significant increases or decreases in cancer mortality rates for any racial/ethnic group from 1990-2001.\textsuperscript{486}


\textsuperscript{486} Ibid.
The largest cause of cancer death from 1990-2001 was lung cancer, with an annual average number of 3,818 deaths during this time. The second-largest cause of cancer death was colorectal cancer (1,638 annual average deaths during 1990-2001), followed by breast cancer (1,285) and prostate cancer (925).  

### Cancer Mortality by Race/Ethnicity (All Cancer Sites)

5-Year Moving Averages, San Mateo County, 1990-2001

<table>
<thead>
<tr>
<th>Year Period</th>
<th>All Races</th>
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<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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<td>124.6</td>
<td>247.2</td>
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</tr>
</tbody>
</table>

Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 numbers and rates have been adjusted to comparability ratio 1.0068.


### Cancer Mortality by Selected Cancer Type

Cumulative Data, San Mateo County, 1990-2001

<table>
<thead>
<tr>
<th>Cancer Type</th>
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<th>Average Annual Number</th>
<th>1997-2001 Rate</th>
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<td>Colorectal</td>
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<td>Breast</td>
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<td>Prostate</td>
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<tr>
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<td>54</td>
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<tr>
<td>NHLymphoma</td>
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<td>48</td>
<td>7.3</td>
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<td>36</td>
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<td>427</td>
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<td>Cervix</td>
<td>378</td>
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<td>Multiple Myeloma</td>
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<tr>
<td>Hodgkin's</td>
<td>87</td>
<td>7</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Rates are age-adjusted, standardized to Year 2000 population, and are cumulative for the five-year period 1997-2001; 1990-1998 numbers and rates have been adjusted to relevant comparability ratios; per 100,000 population.

*Gender-specific counts and rates are shown for cancers affecting only males or only females (or female breast cancer).


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Lung Cancer

**Lung Cancer Incidence**

- The overall incidence rate of lung cancer for 1996-2000 was 58.7 and the rate in males was significantly higher than in females; however, incidence rates have declined in males in recent years, while females do not exhibit a similar decline. The highest lung cancer rate in both sexes was in the Black population (76.6), and a similar rate was observed in Whites (65.2). Asians (39.6) and Hispanics (42.7) had significantly lower rates of lung cancer during this time. During the years 1996-2000, the lowest rates of lung cancer were observed in Asian and Hispanic males while Black males exhibited the highest rate of lung cancer.\(^488\)

![Incidence of Male Lung Cancer by Race/Ethnicity](image)

**Incidence of Male Lung Cancer by Race/Ethnicity**

5-Year Moving Averages, San Mateo County, 1990-2000

- Among females the lowest rates of lung cancer were in Asians and Hispanics. There was no difference in the rate of lung cancer between Black females and White females during this time period.\(^489\)

![Incidence of Female Lung Cancer by Race/Ethnicity](image)

**Incidence of Female Lung Cancer by Race/Ethnicity**

5-Year Moving Averages, San Mateo County, 1990-2000

---


\(^{489}\) Ibid.
The largest cause of cancer death was lung cancer, with a cumulative mortality rate from 1997-2001 of 46.0. The mortality rate of lung cancer in males was significantly higher than for females, at 56.8 compared to 38.5.\textsuperscript{490}

**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.

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.

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.


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 2004 San Mateo County Health & Quality of Life Survey:

- A total of 11.5\% 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 the 2001 finding, but remains significantly lower than found in 1998. However, smoking prevalence remains comparatively higher in certain populations, including: men (15.1\%), those with a high school education or less (17.6\%) and Hispanic respondents (15.9\%).\textsuperscript{491}
  - Among current smokers, 88.7\% say they smoke 20 cigarettes (1 pack) or fewer per day, while 11.3\% smoke more than a pack a day.\textsuperscript{492}
  - Current smokers report smoking an average of 12 cigarettes per day.\textsuperscript{493}
  - 32.3\% of current smokers report that their physician or other health care provider has referred them to a program to help them quit smoking.\textsuperscript{494}
Of all respondents, 12.0% report that they or another member of their household currently smokes in their home (similar to 2001 findings).\textsuperscript{495}

A total of 3.6% of respondents report use of cigars, pipes, chewing tobacco or snuff (similar to 2001 findings).\textsuperscript{496}

\textsuperscript{495} 2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.

\textsuperscript{496} Ibid.
Colorectal Cancer

Colorectal Cancer Incidence & Mortality

- Total colorectal cancer incidence rates were relatively stable in San Mateo County for both males and females. The colorectal cancer rate in males was significantly higher than in females. The highest rates of colorectal cancer in both males and females were in Blacks and Whites, while the lowest rates occurred in the Asian population. In both males and females, the rate of colorectal cancer has been most stable through time in the White population. The prevalence of cases in other racial/ethnic groups has been low and unstable, reflected in the large differences in the annual incidence rate estimates and the wide confidence intervals.

Asian 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 from 1992-1995 rather than an increase in cases in more recent years.\(^{497}\)

### Incidence of Male Colorectal Cancer by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2000

<table>
<thead>
<tr>
<th>Period</th>
<th>All Races</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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</thead>
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<td>100.7</td>
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<td>1991-95</td>
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<td>82.1</td>
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<td>1992-96</td>
<td>71.7</td>
<td>57.4</td>
<td>84.1</td>
<td>39.7</td>
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<td>47.3</td>
<td>74.7</td>
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<tr>
<td>1994-98</td>
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<td>47.4</td>
<td>63.3</td>
<td>61.8</td>
<td>73.4</td>
</tr>
<tr>
<td>1995-99</td>
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<td>60.8</td>
<td>67.6</td>
<td>72.5</td>
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<td>1996-00</td>
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<td>45.4</td>
<td>71.5</td>
<td>72.8</td>
<td>73.1</td>
</tr>
</tbody>
</table>

Rates are age-adjusted and standardized to Year 2000 population
Source Data: Northern California Cancer Center Registry, 1990-2000

- From 1996-2000 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.\(^{498}\)


\(^{498}\) Ibid.
Overall colorectal cancer mortality rates declined significantly from 26.3 in 1990 to 17.8 in 2001, a trend also observed nationally. Asians and Hispanics had the lowest colorectal cancer mortality rates, and Blacks and Whites had the highest rates.\(^{499}\)

### Incidence of Female Colorectal Cancer by Race/Ethnicity

#### 5-Year Moving Averages, San Mateo County, 1990-2000

<table>
<thead>
<tr>
<th>Year</th>
<th>All Races</th>
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<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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<td>1991-95</td>
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<td>62.5</td>
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<td>1992-96</td>
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<td>75.6</td>
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<tr>
<td>1993-97</td>
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<td>1994-98</td>
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<td>1995-99</td>
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<td>1996-00</td>
<td>50.9</td>
<td>36.7</td>
<td>68.8</td>
<td>32.7</td>
<td>55.9</td>
</tr>
</tbody>
</table>

Rates are age-adjusted and standardized to Year 2000 population.
Source Data: Northern California Cancer Center Registry, 1990-2000

### Colorectal Cancer Mortality By Race/Ethnicity

#### 5-Year Moving Averages, San Mateo County, 1990-2001

<table>
<thead>
<tr>
<th>Year</th>
<th>All Races</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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<td>1992-96</td>
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<td>22.1</td>
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<tr>
<td>1994-98</td>
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<tr>
<td>1995-99</td>
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<td>15.5</td>
<td>29.4</td>
<td>13.3</td>
<td>21.6</td>
</tr>
<tr>
<td>1996-00</td>
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<td>14.2</td>
<td>25</td>
<td>12.6</td>
<td>21</td>
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<tr>
<td>1997-01</td>
<td>18.7</td>
<td>13.1</td>
<td>23</td>
<td>13</td>
<td>20.5</td>
</tr>
</tbody>
</table>

Rates are age-adjusted and standardized to Year 2000 population; 1990-1998 rates have been adjusted to comparability ratio 0.9993.
Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2001

Survey respondents report eating an average of 3.8 servings of fruits (1.9 servings) and vegetables (1.9 servings) per day, well below the recommended five daily servings. Only 31.4% eat the recommended level (similar to 2001 and 1998 findings).

- Note that men, persons with a high school education or less, Hispanic respondents, and South County residents report among the lowest fruit/vegetable consumption.

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


Note: Asked of all respondents.

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501 Ibid.
Female Breast Cancer

Female Breast Cancer Incidence

- The overall rate of female breast cancer increased significantly by 22.6% from 160.5 in 1990 to 196.8 in 2000. This increase was mostly attributable to increased rates in White females from 175.4 in 1990 to 225.9 in 2000. Nationally observed breast cancer incidence rates from 1996-2000 were 16% higher in White women than Black women. Locally incidence rates were lowest in Asian, Hispanic, and Black females.\(^{502}\)

![Incidence of Female Breast Cancer by Race/Ethnicity](image)

Rates are age-adjusted and standardized to Year 2000 population
Source Data: Northern California Cancer Center Registry, 1990-2000

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 1997-2001, the average county mortality rate due to female breast cancer was 25.8. This number is slightly higher than the statewide female breast cancer mortality rate (24.5). Overall, the mortality rate declined by 17.1% (although not significantly) from 32.8 in 1990 to 25.1 in 2001. The highest average rates (1997-2001) were in White females and Black females, although the rate in Black females was not significantly different from the rates in Asian females and Hispanic females. Statewide, female breast cancer death rates in women were significantly higher among Black women compared to women of other race/ethnicities.\(^{503}\)

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\(^{503}\) Ibid.
Female Breast Cancer Mortality by Race/Ethnicity
5-Year Moving Averages, San Mateo County, 1990-2001

<table>
<thead>
<tr>
<th>Year</th>
<th>All Races</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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<td>1997-01</td>
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<td>16.5</td>
<td>30.5</td>
<td>18.8</td>
<td>28.8</td>
</tr>
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</table>

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 1990-2001

Healthy People 2010 Target
Decrease to 22.3 deaths per 100,000 population
Prostate Cancer Incidence

- The overall rate of prostate cancer in San Mateo County remained stable in the past decade, averaging 159.7 from 1996-2000, while the national prostate cancer incidence rates have increased 2.3% per year beginning in 1995. Prostate cancer rates for specific race/ethnicities have also remained stable in San Mateo county for the past decade, with the highest rates in Blacks, followed by Whites, Hispanics, and Asians. Cumulative prostate cancer rates for 1996-2000 were statistically significantly different between all race/ethnicities, with the highest rates attributable to Blacks, while the lowest rates occurred in Asians. Nationally prostate cancer rates were also highest among Blacks compared with other race/ethnic groups.\(^{504}\)

![Incidence of Male Prostate Cancer by Race/Ethnicity](chart)

In San Mateo County, the mortality rate due to prostate cancer in males has not declined remarkably in the previous decade. Nationwide, prostate cancer death rates began declining in 1994. In San Mateo County from 1997-2001, the average overall mortality rate was 28.4, which meets the Healthy People 2010 target of 28.8 deaths. The 1998 baseline was 32.0 for males. Black males have consistently had the highest prostate cancer mortality rates in comparison with males of other race/ethnicities in San Mateo County and in California. From 1997-2001 the average mortality rate was 64.8, more than twice the rate of White, Asian, and Hispanic males in San Mateo County, as well as the Healthy People 2010 target.\(^{505}\)

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\(^{505}\) Ibid.
Male Prostate Cancer Mortality By Race/Ethnicity
5-Year Moving Averages, San Mateo County, 1990-2001

<table>
<thead>
<tr>
<th>Year</th>
<th>All Races</th>
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<th>Hispanic</th>
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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 1990-2001

Healthy People 2010 Target
Decrease to 28.8 deaths per 100,000 population
Trend in Cancer Incidence & Mortality

The following chart outlines the presence and direction of observed trends in cancer incidence or mortality in San Mateo County for leading cancer sites.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lung Cancer</strong></td>
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<tr>
<td>Female</td>
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<td>Female</td>
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<td>↔</td>
</tr>
<tr>
<td><strong>Prostate Cancer</strong></td>
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<td>Male</td>
<td>↔</td>
<td>↔</td>
</tr>
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<td>↓</td>
</tr>
<tr>
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<td>↔</td>
<td>↓</td>
</tr>
<tr>
<td>TOTAL</td>
<td>↔</td>
<td>↓</td>
</tr>
</tbody>
</table>

↑ indicates an increase in incidence/mortality; ↓ indicates a decrease in incidence/mortality; ↔ indicates no significant trend in incidence/mortality.
HEART DISEASE & STROKE

OVERVIEW

While the coronary heart disease death rate in San Mateo County is well below the statewide rate and satisfies the Healthy People 2010 objective, it remains a leading cause of death in San Mateo County. Further, 86% of San Mateo County adults exhibit one or more risk factors for heart disease and stroke — most do not get regular physical activity and most are overweight (and the proportion is increasing).

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, which shares many of the same risk factors as heart disease, compares less favorable to the state rate and Healthy People 2010 target.506

2000-2002 Age-Adjusted Coronary Heart Disease & Stroke Death Rates

- The 2001 San Mateo County rate for all heart disease (184.7, including coronary heart disease and other disease of the heart) was significantly lower than the national rate of 247.8, but higher than the Healthy People 2010 goal of 166.0. 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 1990-2001, and the distribution by gender and racial/ethnic groups mirrored the overall mortality rate. By gender, the annual rates for heart disease among males were significantly higher than for females during this time period. The male rate (annual average rate=251.9) from 1997-2001 was approximately 54% greater than the female rate (163.7).507

- The heart disease mortality rates for Blacks decreased significantly 44.9% from 380.2 in 1990 to 209.5 in 2001, and the rates for Whites decreased significantly 24.5% from 257.9 in 1990 to 194.6 in 2001.

506 County Health Status Profiles 2004. California Department of Health Services and California Conference of Local Health Officers.
While the rate for Asians (148.4) remained significantly lower than the rate for Whites in 2001 (194.6), no other racial or ethnic group comparison was statistically different from one another. Heart disease death rates between Blacks and Whites have not been statistically different since 1996.\(^\text{508}\)

### Stroke (Cerebrovascular Disease) Deaths

- The 2001 San Mateo County cerebrovascular disease mortality rate of 62.3 is comparable to both the state (58.9) and the national (57.9) rates and did not achieve the Healthy People 2010 target of 48.0. However, the local overall rate has decreased significantly 17% from 89.0 in 1990 to 62.3 in 2001.\(^\text{509}\)
- The rate of cerebrovascular disease mortality among Whites declined significantly 32.8% from 91.1 in 1990 to 61.2 in 2001. Rates among Asians, Blacks and Hispanics did not change significantly from 1990-2001. By 2001, none of the racial/ethnic groups had reached the Healthy People 2010 target of 48.0; but the Hispanic rate was close at 49.6 in 2001.\(^\text{510}\)
### Cerebrovascular Disease Mortality by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2001

<table>
<thead>
<tr>
<th>Year</th>
<th>All Races</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-94</td>
<td>82.4</td>
<td>74</td>
<td>107.6</td>
<td>58.2</td>
<td>83.1</td>
</tr>
<tr>
<td>1991-95</td>
<td>80.1</td>
<td>73.7</td>
<td>114</td>
<td>61.8</td>
<td>80.3</td>
</tr>
<tr>
<td>1992-96</td>
<td>80.3</td>
<td>73.4</td>
<td>109.1</td>
<td>71.8</td>
<td>79.9</td>
</tr>
<tr>
<td>1993-97</td>
<td>78.9</td>
<td>73.2</td>
<td>108.6</td>
<td>72.3</td>
<td>77.9</td>
</tr>
<tr>
<td>1994-98</td>
<td>76</td>
<td>70.2</td>
<td>96.1</td>
<td>70.8</td>
<td>75.4</td>
</tr>
<tr>
<td>1995-99</td>
<td>73.9</td>
<td>68.9</td>
<td>95.5</td>
<td>70.1</td>
<td>73</td>
</tr>
<tr>
<td>1996-00</td>
<td>72.2</td>
<td>69.1</td>
<td>89.6</td>
<td>64.2</td>
<td>70.5</td>
</tr>
<tr>
<td>1997-01</td>
<td>68.6</td>
<td>66.3</td>
<td>87.6</td>
<td>54.3</td>
<td>67.1</td>
</tr>
</tbody>
</table>

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 1990-2001

Year 2010 Target
48.0 Deaths Per 100,000
Cardiovascular Risk Factors

- A total of 85.9% 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 2004 San Mateo County Health & Quality of Life Survey. This is similar to 2001 findings, but remains significantly higher than found in 1998.\textsuperscript{511}

Exhibit One or More Cardiovascular Risk Factor

Information about tobacco use can be found in the “Lung Cancer” section, page 169.

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 2004 San Mateo County Health & Quality of Life Survey:

- Most San Mateo County respondents (54.6%) 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. Still, the prevalence of inactivity in San Mateo County is notably higher among:
  - Persons aged 65 and older (73.5%)
  - Persons with a high school education or less (62.6%)
  - Women (57.8%)

\textsuperscript{511} 2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.
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.


- 95.0% of San Mateo County adults responding to the 2004 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 satisfies the Healthy People 2010 target (≥95%).

- A total of 25.7% of San Mateo County adults say they have been told more than once by a health care professional that they have high blood pressure. While this prevalence is more favorable than the national prevalence, it has increased significantly in San Mateo County since the 1998 study and it remains approximately 60% above the Healthy People 2010 target (≤16%).

Have Been Told More Than Once That Blood Pressure Was High, 2004


Note: Asked of all respondents.

---


Ibid.

Ibid.
High blood pressure is most prevalent in San Mateo County among seniors (53.7% among those aged 65 and older), as well as among Blacks (50.2%).

Have Been Told More Than Once That Blood Pressure Was High, San Mateo County, 2004

High Blood Cholesterol

High blood cholesterol levels are also a contributor to heart disease:

- A total of 24.8% of San Mateo County adults report that a doctor or other health professional has diagnosed them with high blood cholesterol. While this rate is better than the statewide rate, it has increased significantly in the county since 1998 and is about 45% higher than the Healthy People 2010 target (≤17%).

- High blood cholesterol affects nearly one-half (46.3%) of seniors in San Mateo County. Further, it impacts a greater share of men than women, and greater shares of Whites and Blacks than Asians/Pacific Islanders or Hispanics.

Sources:
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2001 State Data
3. 2003 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Asked of all respondents.
**Overweight Prevalence**

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m$^2$). To estimate BMI using pounds and inches, use: 

\[
\text{BMI} = \frac{\text{weight (pounds)}}{\text{height squared (inches$^2$)}} \times 703.
\]

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m$^2$ and obesity as a BMI of $\geq 30$ kg/m$^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m$^2$. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m$^2$ is reached. For persons with a BMI of $\geq 30$ kg/m$^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m$^2$.

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 abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

### CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI

<table>
<thead>
<tr>
<th>BMI (kg/m²)</th>
<th>Underweight</th>
<th>Normal</th>
<th>Overweight</th>
<th>Obesity</th>
<th>Extreme Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 18.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.5 – 24.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.0 – 29.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.0 – 34.9</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35.0 – 39.9</td>
<td>II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥40</td>
<td>III</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


- Based on reported heights and weights, 55.7% 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 (62.0%) of adults are overweight.\(^{518}\)

- Further, 19.0% 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 San Mateo County among Blacks, as well as among persons with lower income or education levels.\(^{519}\)

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\(^{519}\) Ibid.
In all, 57.6% of overweight adult respondents are currently trying to lose weight. A total of 31.4% are using both diet and exercise to lose weight (similar to previous findings). 

---

**Overweight Persons Trying to Lose Weight Using Both Diet & Exercise**


Note: Reflects overweight respondents, those with a Body Mass Index (BMI, a ratio of height to weight) equal to or greater than 30.
Since 1998, there have been significant increases in the prevalence of asthma, chronic lung disease and diabetes among San Mateo County adults.

The 2004 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 2001 and 1998 survey findings. Note that, versus 1998 levels, statistically significant increases in prevalence were found for asthma, chronic lung disease and diabetes.\(^{521}\)

### Prevalence of Chronic Illness, San Mateo County, 1998 to 2004

<table>
<thead>
<tr>
<th>Condition</th>
<th>SMC 1998</th>
<th>SMC 2001</th>
<th>SMC 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>8.0%</td>
<td>12.8%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>15.8%</td>
<td>19.4%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
<td>4.7%</td>
<td>3.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4.8%</td>
<td>6.5%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>5.3%</td>
<td>4.7%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

The 2004 San Mateo County Health & Quality of Life Survey revealed 6.5% of the adult population with diabetes (excluding diabetes experienced only during pregnancy), representing approximately 36,800 San Mateo County adults. This percentage is comparable to the 2001 findings, but is significantly higher than the level reported in 1998.\(^{522}\)

2004 survey findings also show that diabetes prevalence increases considerably with age, from 2.4% among young adults to 14.5% among those aged 65 and older. Black respondents report a particularly high prevalence (16.6%). Diabetes was also more often reported among persons living between 185% and 400% of the poverty threshold and among those with no education beyond high school. Low reporting among Hispanic respondents is probably related to under-diagnosis.\(^{523}\)

Diabetic, San Mateo County, 2004


\(^{523}\) Ibid.
Asthma

**Adults With Asthma**

- A total of 15.4% of 2004 survey respondents report having asthma, representing approximately 87,000 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 women, young adults, persons living at lower incomes, and Blacks.\(^{524}\)

![Have Been Diagnosed With Asthma, San Mateo County, 2004](chart)

- Among adult respondents with asthma, 55.8% have used a prescription medication in the past year to treat their asthma.\(^{525}\)

**Children With Asthma**

- A total of 12.4% of San Mateo County children suffer from asthma, according to parents participating in the 2004 survey (statistically similar to 2001 findings).\(^{526}\)

![Prevalence of Asthma, San Mateo County, 2001 vs. 2004](chart)


\(^{525}\) Ibid.

\(^{526}\) Ibid.
Between 1992-2000, the top three causes of avoidable hospitalization were pneumonia (17,115 hospitalizations), congestive heart failure (16,174), and asthma (5,837). This is consistent with national trends.\footnote{527}

### Avoidable Hospitalizations by Specific Diagnoses

#### Ranked by Cumulative Frequency, San Mateo County, 1992-2000

<table>
<thead>
<tr>
<th>Rank</th>
<th>Specific Diagnosis Category</th>
<th>Cumulative Number</th>
<th>Average Annual Number</th>
<th>Average Annual Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pneumonia</td>
<td>17,115</td>
<td>1,902</td>
<td>27.8</td>
</tr>
<tr>
<td>2</td>
<td>Congestive Heart Failure</td>
<td>16,174</td>
<td>1,797</td>
<td>26.2</td>
</tr>
<tr>
<td>3</td>
<td>Asthma</td>
<td>5,837</td>
<td>649</td>
<td>9.5</td>
</tr>
<tr>
<td>4</td>
<td>Cellulitis</td>
<td>5,837</td>
<td>626</td>
<td>9.1</td>
</tr>
<tr>
<td>5</td>
<td>Perforated or Bleeding Ulcer</td>
<td>3,740</td>
<td>416</td>
<td>6.1</td>
</tr>
<tr>
<td>6</td>
<td>Pyelonephritis</td>
<td>1,883</td>
<td>209</td>
<td>3.1</td>
</tr>
<tr>
<td>7</td>
<td>Ruptured Appendix</td>
<td>1,717</td>
<td>191</td>
<td>2.8</td>
</tr>
<tr>
<td>8</td>
<td>Diabetic Ketoacidosis or Coma</td>
<td>1,592</td>
<td>177</td>
<td>2.6</td>
</tr>
<tr>
<td>9</td>
<td>Malignant Hypertension</td>
<td>365</td>
<td>41</td>
<td>0.6</td>
</tr>
<tr>
<td>10</td>
<td>Hypokalemia</td>
<td>313</td>
<td>35</td>
<td>0.5</td>
</tr>
<tr>
<td>11</td>
<td>Gangrene</td>
<td>106</td>
<td>12</td>
<td>0.2</td>
</tr>
<tr>
<td>12</td>
<td>Immunizable Conditions</td>
<td>57</td>
<td>6</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Rates are unadjusted  
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2000

Fifty-nine percent of avoidable hospitalizations (31,821 total hospitalizations) occurred in persons aged 65 years and older. Avoidable hospitalization rates were highest among the elderly and, more specifically, highest among those age 85 years and older (965.5), regardless of gender and race/ethnicity. Among those under age 65, the average annual rate is highest among infants under 1 year (121.4). After age 14, rates of avoidable hospitalizations increase with increasing age. With the exception of those aged 85 and older, the other age-specific rates were stable between 1992-2000. For those aged 85 and older, the rate fluctuated with a high of 1099.2 in 1999 to a low of 860.3 in 1997.\footnote{528}

### Avoidable Hospitalizations by Age

#### Average Annual Rate, San Mateo County, 1992-2000

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hospitalizations Per 10,000 Population</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>1,089</td>
<td>121.4</td>
</tr>
<tr>
<td>1-4</td>
<td>2,290</td>
<td>71.7</td>
</tr>
<tr>
<td>5-14</td>
<td>1,965</td>
<td>25.7</td>
</tr>
<tr>
<td>15-24</td>
<td>1,502</td>
<td>20.1</td>
</tr>
<tr>
<td>25-34</td>
<td>2,612</td>
<td>24.9</td>
</tr>
<tr>
<td>35-44</td>
<td>3,682</td>
<td>34.8</td>
</tr>
<tr>
<td>45-54</td>
<td>4,081</td>
<td>40.8</td>
</tr>
<tr>
<td>55-64</td>
<td>5,326</td>
<td>96.7</td>
</tr>
<tr>
<td>65-74</td>
<td>9,820</td>
<td>238.4</td>
</tr>
<tr>
<td>75-84</td>
<td>13,530</td>
<td>516.8</td>
</tr>
<tr>
<td>85+</td>
<td>8,471</td>
<td>965.5</td>
</tr>
</tbody>
</table>

Rates are unadjusted  
Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2000

\footnote{Ibid.}}
COMMUNICABLE DISEASE

OVERVIEW

As new cases and deaths attributed to AIDS continue to decrease, concerns now focus on the needs of the growing population of persons living with AIDS. While the case rate among Black residents has declined, it remains significantly higher than any other racial/ethnic group. While nearly two out of three AIDS cases in San Mateo County are in men who have sex with men, a significant share of cases among Blacks were through injection drug use and a significant share among women were through heterosexual contact.

With regard to sexually transmitted diseases, San Mateo County has seen a recent increase in chlamydia infection, which is the most frequently reported infectious disease in San Mateo County and throughout the United States. Further, county rates for gonorrhea and syphilis fail to satisfy Healthy People 2010 targets.

While tuberculosis case rates have declined in San Mateo County in recent years, the county maintains the 14th highest tuberculosis incidence rate of the 58 California counties. Concern is particularly great for San Mateo County's foreign-born, particularly Asian foreign-born, population which experiences the county's highest TB incidence rates.

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 for the past two decades. Mandatory reporting and active surveillance of HIV infection did not begin until July 1, 2002.529

Although there is no vaccine or cure, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV infection to AIDS. Prevention of HIV infection is complex, requiring targeted behavioral-based, culture- and age-specific risk reduction programs.

People Living With AIDS

- The number of newly diagnosed AIDS cases peaked in 1993 and has declined steadily through 2002. The number of individuals living with AIDS has consistently increased over time. By the end of 2002, approximately 0.1% of the San Mateo County population was living with AIDS.530

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530 Ibid.
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 80.4% from 23.5 in 1990 to 4.6 in 2002. The incidence rate in the county is now lower than statewide and national rates.  

Comparison of Annual AIDS Incidence Rates  
5-Year Moving Averages, San Mateo and San Francisco Counties, California and National, 1990-2002
In San Mateo County, males make up almost 90% of AIDS cases and until 2002 have had statistically higher incidence rates than females. Since its peak at 53.4 in 1992, the rate in males has decreased significantly 89.3%, to 5.7 in 2002. In the male population, the incidence in Black males has been significantly higher than in any other race.\footnote{Healthy San Mateo 2010: A Report on the Health Status of San Mateo County Residents, 1990-2001. San Mateo County Health Services Agency, Department of Public Health. San Mateo, California. March 2004.}

### Incidence of AIDS in Males by Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2002

<table>
<thead>
<tr>
<th>Years</th>
<th>Cases Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-94</td>
<td>47</td>
</tr>
<tr>
<td>1991-95</td>
<td>45.3</td>
</tr>
<tr>
<td>1992-96</td>
<td>35.2</td>
</tr>
<tr>
<td>1993-97</td>
<td>31.9</td>
</tr>
<tr>
<td>1994-95</td>
<td>24.5</td>
</tr>
<tr>
<td>1995-96</td>
<td>20.2</td>
</tr>
<tr>
<td>1996-97</td>
<td>16.2</td>
</tr>
<tr>
<td>1997-98</td>
<td>13.6</td>
</tr>
<tr>
<td>1998-99</td>
<td>11.4</td>
</tr>
</tbody>
</table>

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 in 1992. Although not statistically significant, the incidence dropped 51% from 10.0 to 4.9. In the female population, the incidence in Black females was significantly higher than in any other race until 1996. Historically, Asian females have had the lowest incidence of AIDS in the county.\footnote{Ibid.}

There is little difference between the incidence of AIDS in males and females among race/ethnicities of Asian, Black, or Hispanic background. For Whites, however, males have a significantly higher incidence than females, until this disparity narrows to no significant difference in 2002. In the peak year 1992, the incidence in White males was 57.2, eight times higher than in White females (7.3).\footnote{Ibid.}
The age distribution for AIDS cases in both males and females shows the largest proportion of cases between 35 to 39 years old. Females show a fairly normal distribution, with 75% of cases falling between 25 and 44 years of age. The distribution for males reflects more cases diagnosed later in life, with 70% of cases falling between 25 and 44 years of age.\(^{535}\)

### AIDS Cases by Gender and Age

**Cumulative Data, San Mateo County, 1982-2002**

<table>
<thead>
<tr>
<th>Number Female</th>
<th>6-12</th>
<th>13-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Male</td>
<td>2</td>
<td>1</td>
<td>38</td>
<td>177</td>
<td>336</td>
<td>388</td>
<td>287</td>
<td>209</td>
<td>134</td>
<td>82</td>
<td>52</td>
<td>34</td>
</tr>
</tbody>
</table>

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 decades, 1983 to 1992 and 1993 to 2003, 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 12% from 77.4% of cases in the first decade of the epidemic (1983-1992) to

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67.8% of cases in the second decade (1993-2002). 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 72% from 3.9% to 1.1% of cases. In contrast, the proportion of cases acquired through injection drug use (IDU) increased significantly from 9.8% of cases in 1983-1992 to 19.3% in 1993-2002. The proportion of cases linked to heterosexual contact more than tripled from 0.8% to 2.8%.

Some notable differences are found by exposure category within racial/ethnic groups from 1983-1992 and 1993-2002. For the 1983 to 1992 period, 83% of AIDS cases in Hispanic and White males were identified in MSM, significantly higher than any other risk category for these two groups. This was also significantly higher than the 43% of infected MSM in Blacks. Asian MSM comprised 68.8% of Asian cases, significantly higher than any other exposure category. MSM remained the primary risk group for Whites, Hispanics, and Asians for both decades.

The proportion of infection with HIV by injection drug use accounted for 45.1% of Black male cases and was significantly higher than the proportion of men infected by IDU in any other racial/ethnic group. Whereas from 1983 to 1992 AIDS cases in Black males were almost equally proportionate between MSM and IDU, for the 1993 to 2002 period, the proportion of Black cases infected by injection drug use rose significantly to 57.1%, double the proportion of men who have sex with men. From 1983 to 1992, exposure by injection drug use among White males significantly increased 129% from 4.4% to 10.1% from 1993 to 2002.536

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Primary risk factors in females remained stable from the periods 1983-1992 to 1993-2003. 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 1983-1992 and 1993-2002. From 1983-1992, 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 1993-2002, there was a significant increase in the proportions of infection by injection drug use in Asians and Hispanics. An increase, although not significant, was also seen in Whites and a 35% decrease from 84.4% to 62.5% in Blacks.\(^{537}\)

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Female AIDS Risk Factors by Race/Ethnicity
Cumulative Data, San Mateo County, 1983-1992

Female AIDS Risk Factors by Race/Ethnicity (cont.)
Cumulative Data, San Mateo County, 1983-1992

*Mother is HIV-positive or has sex with HIV-positive partner; Adult risk not classified were not reported during 1983-1992
Source Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, HIV/AIDS Reporting System (HARS)
Sexually Transmitted Diseases

Since the majority of STDs are asymptomatic in the early stages of infection, there is a low index of suspicion about them. A patient’s reluctance to address sexual health issues contributes to the situation of STDs going unnoticed and untreated. This situation results in not only adverse health outcomes but also the spread of disease. If untreated, sexually transmitted infections can cause pelvic inflammatory disease, infertility, pre-term birth, 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 it a critical target area for public health.\textsuperscript{538}

Gonorrhea

- Gonorrhea is the second most frequently reported communicable disease in San Mateo County and the United States. National rates of gonorrhea increased 7.8\% between 1997 and 1999. In 2002 the reported rate was 125.0, lower than in the previous four years. In San Mateo County, the reported incidence of gonorrhea declined significantly 75.8\% from 91.3 in 1991 to 22.1 in 1996. Since 1996 local incidence has remained stable but above the Healthy People 2010 goal of 19.0. There was no significant difference in reported cases of gonorrhea between males and females.\textsuperscript{539}

Comparison of Annual Gonorrhea Incidence Rates

5-Year Moving Averages, San Mateo County, California and National, 1991-2002

<table>
<thead>
<tr>
<th>Year 2010 Target</th>
<th>19 Cases per 100,000 Population</th>
</tr>
</thead>
</table>

<p>| | | | | | | | |</p>
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<td>0</td>
<td>50</td>
<td>100</td>
<td>150</td>
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</tbody>
</table>

San Mateo | 55.4 | 40.2 | 32.1 | 26.3 | 24.2 | 25.2 | 27.6 | 28.8 |
California | 106.8 | 89.5 | 75.9 | 67.9 | 60.6 | 58.2 | 60.1 | 63.2 |
National | 186.7 | 162.1 | 147.2 | 139 | 132 | 127.9 | 128.8 | 129.3 |

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)

Chlamydia

- \textit{Chlamydia trachomatis} is the most frequently reported infectious disease in San Mateo County and throughout the United States. In the 1990’s, the incidence of chlamydia was fairly stable. Beginning in the late 1990’s there has been an upward trend throughout California and the nation. In San Mateo County, however, a significant decrease of 69.5\% was observed from...\textsuperscript{538}


\textsuperscript{539} Ibid.
236.5 in 1991 to 139.5 in 1999. This decrease is believed to be a reporting artifact due to institutional changes in the county system, most notably the closing of public health clinics from 1993 to 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 public 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. With these efforts, the incidence of reported chlamydia has risen steadily since 2000 with a significant 52.5% increase from 139.5 in 1999 to 212.8 in 2002.540

### Comparison of Annual Chlamydia Incidence Rates

#### 5-Year Moving Averages, San Mateo County, California and National, 1991-2002

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>San Mateo</td>
<td>193.4</td>
<td>150.3</td>
<td>141.7</td>
<td>144</td>
<td>153.3</td>
<td>170.4</td>
<td>169.9</td>
<td>178.1</td>
</tr>
<tr>
<td>California</td>
<td>215.4</td>
<td>207.1</td>
<td>207.7</td>
<td>209.7</td>
<td>216</td>
<td>233</td>
<td>253.8</td>
<td>274.8</td>
</tr>
<tr>
<td>National</td>
<td>185.6</td>
<td>188.3</td>
<td>193.5</td>
<td>204.9</td>
<td>216.6</td>
<td>229</td>
<td>245.9</td>
<td>263.3</td>
</tr>
</tbody>
</table>

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, 1998-2002, the incidence of chlamydia has been significantly higher in 15 to 24 year olds, except in Black females. For Black females, the incidence in 25 to 34 year olds (1949.1) was significantly higher than the incidence in 15 to 24 year olds (1244.3). The most notable disparity was seen in the White female population; the incidence in 15-24 year olds (555.9) was over five times the incidence in 25 to 34 year olds (105.3).541

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541 Ibid.
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 (0.4 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 increased 9.1% from 2001 to 2002. In San Mateo County, reported cases dropped from 1990 to 1994; male and female cases and rates remained similar until recent years.

In 2000, for the first time in over ten years, San Mateo County received no reported cases of syphilis. In 2001, however, the incidence of syphilis was 1.1 per 100,000 population, higher than in the previous seven years; and in 2002 there was a 72.7% increase over 2001 with an incidence of 1.9 per 100,000.542

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Historically, males have had higher rates of syphilis than females. In 1999 the national male to female ratio was 1.5, with 50% more cases occurring in men than women. In San Mateo County, all reported cases in 2001 were males (2.1). While not significant, 2001 to 2002 saw a 71% increase in local syphilis rates, from 2.0 to 3.6 for males, while there have been no reported cases in females since 2000.

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.543

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.544

- In 2000-2002, San Mateo County had the 14th-highest tuberculosis incidence rate of the 58 California counties.545

- 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 fluctuated from 1990-2000 but did not change significantly. In 2002, the local rate (9.4) was similar to that for California (9.0) but greater than the national rate (5.6) in 2001. This rate is higher than the Healthy People 2010 target of 1.0.

California continued its gradual decline in incident cases, reporting 3,169 cases in 2002. This incidence was greater than that for any other state, and was about twice the incidence of the second highest burden state, New York. In 2001, the San Mateo County incidence rate ranked 14th among the 52 local health jurisdictions in California. The county also reported more cases than 17 states and reported higher rates than every state except Hawaii and the District of Columbia.546

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545 County Health Status Profiles, 2004. Dept of Health Services and California Conference of Local Health Officers.
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 about 2 out of 3 TB cases. About 75% of the Asian cases are Filipino. Conversely, Whites constitute more than half the county population, but account for only 1 of 10 TB cases. The proportion of cases for Blacks and Hispanics was approximately equal to the proportion of the county population these groups constitute.

The five-year moving average rate of TB in Asians and Pacific Islanders for 1985-2002 was the highest. During 1998-2002, it was approximately three times the rate for the total population and 21 times the rate for the White population. The rate among Hispanics closely mirrors that for the total population. From 1985-2002, only the rate for Whites met the Healthy People 2000 target of 3.5; the local incidence among Whites has historically been under 3.0. In the late 1980s, the rate for Blacks increased to greater than the total population rate, and peaked to 56.2 in 1992 due to an outbreak associated with known substance abusers.\textsuperscript{547}

The primary factor of rising annual case counts in San Mateo County in recent years are persons born outside the United States. 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 TB cases born outside the United States increased from 65.6% to 93.5% in 2000, when only three cases were born in the United States. The proportion of foreign-born cases then reverted to its approximate seven-year average (82%) in 2002.\textsuperscript{548}

\textbf{Tuberculosis Cases by Place of Birth}

San Mateo County, 1985-2002

<table>
<thead>
<tr>
<th>Year</th>
<th>All Cases</th>
<th>Number US-Born</th>
<th>Proportion US-Born</th>
<th>Number Foreign-Born</th>
<th>Proportion Foreign-Born</th>
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<td>32</td>
<td>11</td>
<td>34.4</td>
<td>21</td>
<td>65.6</td>
</tr>
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<td>66</td>
<td>18</td>
<td>27.3</td>
<td>48</td>
<td>72.7</td>
</tr>
<tr>
<td>1988</td>
<td>67</td>
<td>19</td>
<td>27.3</td>
<td>48</td>
<td>72.7</td>
</tr>
<tr>
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<td>57</td>
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<td>33.3</td>
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<td>46</td>
<td>9</td>
<td>19.6</td>
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<td>1991</td>
<td>74</td>
<td>27</td>
<td>25.7</td>
<td>55</td>
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<tr>
<td>1992</td>
<td>96</td>
<td>31</td>
<td>28.1</td>
<td>69</td>
<td>71.9</td>
</tr>
<tr>
<td>1993</td>
<td>81</td>
<td>22</td>
<td>28.3</td>
<td>69</td>
<td>71.9</td>
</tr>
<tr>
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<td>74.3</td>
</tr>
<tr>
<td>1995</td>
<td>75</td>
<td>18</td>
<td>24</td>
<td>61</td>
<td>74.3</td>
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<tr>
<td>1996</td>
<td>86</td>
<td>19</td>
<td>22</td>
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<td>92</td>
<td>22</td>
<td>29.1</td>
<td>61</td>
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<tr>
<td>1998</td>
<td>85</td>
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<td>17.6</td>
<td>61</td>
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<td>1999</td>
<td>90</td>
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<tr>
<td>2000</td>
<td>83</td>
<td>9</td>
<td>11.8</td>
<td>61</td>
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<tr>
<td>2001</td>
<td>84</td>
<td>10</td>
<td>11.8</td>
<td>61</td>
<td>74.3</td>
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<tr>
<td>2002</td>
<td>63</td>
<td>9</td>
<td>11.8</td>
<td>61</td>
<td>74.3</td>
</tr>
</tbody>
</table>

Source Data: RVCT (Report of Verified Case of Tuberculosis) 1985-2002

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 1993-2002 originated in the Philippines (50%). Other important regions of origin were the Western Pacific and Southeast Asia (other than the Philippines and China) (19%), Mexico (14%) and other Latin American countries (9%), and China (6%).

Differential rates of foreign birth were observed among racial/ethnic groups. Nearly all (94.6%) Asian cases and most (75%) Hispanic cases were foreign-born. Conversely, less than 40% of Whites were foreign-born and most (83.1%) Black cases were born in the United States. Since cases born in the United States more likely resulted from domestic transmission, Asian and Hispanic cases more frequently result from reactivation of imported infection than other racial/ethnic groups. While San Mateo County’s country of origin profile is similar to that for California, the proportion of foreign-born cases and the proportion of foreign-born cases from the Philippines is higher than other California jurisdictions.549

**Country of Origin of Foreign-Born Tuberculosis Cases**
Cumulative Data, San Mateo County, 1993-2002

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Vaccine-Preventable Disease

Incidence of Vaccine-Preventable Disease

- **Haemophilus influenzae type B**: Perhaps the best recent example of a disease eliminated by vaccination is *Haemophilus influenzae* type B (Hib). Since the Hib vaccine was licensed in 1985, national incidence has declined 99% from the pre-vaccine period. In California, Hib is now only reportable in individuals under 30 years of age. Only five cases were reported between 1995 and 2002 in San Mateo County.\(^{550}\)

- **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 1990-2002. 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.\(^{551}\)

- **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. The incidence of acute hepatitis B reported throughout the United States declined from approximately 21,000 cases in 1990 to fewer than 8,000 cases in 2001. The CDC estimates that 78,000 new infections were acquired in 2001. 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. The annual average incidence rose 60% from 219.0 during 1990-1996 to 351.0 during 1997-2002.

During 1990-2002, two infant cases were reported in San Mateo County. More than half (56%) of the cases occurred in persons aged 25-44 years. Many of these are believed to be immigrants who acquired hepatitis B infection in other parts of the world where the infection is much more common and not as easily prevented at birth. Inadequate protection during sexual activity contributes to the high prevalence in young adults. Appropriate use of condoms during sex is the best method of preventing sexually transmitted hepatitis B.

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%.\(^ {552}\)

- **Pertussis**: Cases of pertussis are on the rise. An average of nine pertussis cases is reported each year. 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. Although cases did not appear to be related in a

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\(^{551}\) Ibid.

\(^{552}\) Ibid.
common chain of transmission, cases were mostly White and some were clustered within households.553

- **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 1993-2002 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 two cases per year reported from 1993-2002. During 1993-2002, only five rubella cases were confirmed in San Mateo County.554

### Annual Incidence of Diseases Preventable by Common Vaccines

**Number of Cases, San Mateo County, 1990-2002**

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<tbody>
<tr>
<td>Diphtheria</td>
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</tr>
<tr>
<td><em>Haemophilus influenzae</em></td>
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<tr>
<td>Hepatitis A</td>
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<td>50</td>
<td>44</td>
<td>49</td>
<td>66</td>
<td>106</td>
<td>73</td>
<td>70</td>
<td>44</td>
<td>27</td>
<td>47</td>
<td>34</td>
</tr>
<tr>
<td>Hepatitis B (acute &amp; carrier)</td>
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<td>194</td>
<td>283</td>
<td>271</td>
<td>276</td>
<td>222</td>
<td>195</td>
<td>270</td>
<td>284</td>
<td>297</td>
<td>341</td>
<td>422</td>
<td>493</td>
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<tr>
<td>Measles (Rubeola)</td>
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<td>2</td>
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<td>Mumps</td>
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<td>4</td>
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<td>3</td>
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<td>Pertussis</td>
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<td>3</td>
<td>7</td>
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<td>9</td>
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<td>23</td>
<td>20</td>
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<td>Rubella</td>
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<tr>
<td>Tetanus</td>
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<td>1</td>
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</tr>
</tbody>
</table>

*Includes both meningitis and sepsis
Source Data: California Confidential Morbidity Reports, 1990-2002

### 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. HCV is spread by contact with the blood of an infected person.

- Current available data are not indicative of actual hepatitis C prevalence or incidence in San Mateo County.

**Testing**

- 2004 survey findings reveal that 41.8% of adults aged 18 to 64 have had their blood tested for hepatitis C, outside of testing done when donating blood. The proportions reporting

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554 Ibid.
having been tested for hepatitis C are highest among Blacks (51.5%), young adults aged 18 to 39 (46.2%), men (45.5%) and respondents with incomes over 400% of poverty (45.3%).

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Have Been Tested for Hepatitis C (18-64),
San Mateo County 2004


Note: Asked of all respondents aged 18 through 64.

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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.

**Salmonella**

- There are more than 2,000 recognized serotypes of *Salmonella*. 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 have been identified as a significant source of infection. The county, state, and national rates were comparable from 1990 to 2002. 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 in 2002.\(^{556}\)

**Shigella**

- During 1990 through 2002, the rate of disease for San Mateo County, California and the United States generally declined, though local annual rates were erratic across the years. Age-adjusted five-year moving average rates show a general decline in San Mateo County during this period to approximately 13, which is 66% greater than that for California. Between 1990 and 1999, the rate for San Mateo County decreased about 60%, 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*.\(^{557}\)

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\(^{557}\) Ibid.
Hepatitis A

The hepatitis A incidence for San Mateo County rose more sharply than the state or national rate to 15.2 in 1996, and for the first time was greater than the national rate. This peak resulted from several clusters among Hispanics, low-income families, and travelers to Mexico. By 1997, the San Mateo County rate began declining, similar to that for the United States. The San Mateo County rate of 4.0 reached the Healthy People 2010 target for hepatitis A in 2000, though more cases were reported in 2001 and 2002. The licensure of the first hepatitis A vaccine in 1995 and its incorporation into the recommended schedule of childhood immunizations in California in 1999 is largely responsible for these achievements. San Mateo County has historically maintained one of the lowest hepatitis A rates in California.558

### Incidence of Shigella

5-Year Moving Averages, San Mateo County, California and National, 1990-2002

<table>
<thead>
<tr>
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<th></th>
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<td>12.2</td>
<td>11.1</td>
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<td>8.2</td>
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<tr>
<td>National</td>
<td>10.7</td>
<td>11.1</td>
<td>10.9</td>
<td>10.2</td>
<td>9.2</td>
<td>8.3</td>
<td>7.8</td>
<td>*</td>
</tr>
</tbody>
</table>

Rates are unadjusted

Source Data: California Confidential Morbidity Reports, 1990-2002; CDC MMWR Summary of Notifiable Diseases 1990-2001
1999-2002 California data are provisional; *2002 national data not available at time of publication

### Incidence of Hepatitis A

5-Year Moving Averages, San Mateo County, California and National, 1990-2002

<table>
<thead>
<tr>
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<td>19.2</td>
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<tr>
<td>National</td>
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<td>10.1</td>
<td>10.5</td>
<td>10.9</td>
<td>10.8</td>
<td>10</td>
<td>8.5</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Rates are unadjusted

Source Data: California Confidential Morbidity Reports, 1990-2002; CDC MMWR Summary of Notifiable Diseases 1990-2001
1999-2002 California data are provisional; *2002 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 deaths are relatively low in San Mateo County, far better than the state as a whole and nearly satisfying the Healthy People 2010 target. Still, unintentional injuries are a leading cause of death for children and young adults.

Firearms are implicated in the majority of intentional injury deaths and represent a large portion of years of potential life lost. A positive finding is that this assessment continues to see declines in homicide and suicide deaths.

Injury Deaths

- There were 2,950 deaths due to injury between 1990-2001. Deaths through use of a firearm were the highest percentage of deaths (21.9%) followed by motor vehicle accidents (20.1%). Other major causes were poisonings (20.0%), falls (9.5%), hanging or strangulation (7.2%), and drowning (3.9%).

Major Causes of Deaths Due to Injury
Cumulative Data, San Mateo County, 1990-2001

![Pie chart showing the distribution of injury deaths by cause.](attachment:injury_deaths.png)

There were 2950 total injury deaths (1712 total deaths due to unintentional injury and 1238 total deaths due to intentional injury) from 1990-2001 (numbers have not been adjusted for comparability ratios)

Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2001

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Unintentional Injury

Unintentional Injury Deaths

- San Mateo ranked second-best among California counties and among large-population counties, most closely achieving the Healthy People 2010 target rate of 17.5. The 2001 county rate of 18.2 was significantly less than the California rate of 27.6.

The overall rate for unintentional injury deaths in San Mateo County significantly decreased 44% from 26.3 in 1990 to 18.2 in 2001. In 2001, the male rate of 28.6 was significantly higher than the female rate of 9.5, a trend observed for the duration of the years 1990-2001 (neither rates for males nor females changed significantly during this period).

Motor vehicle accidents accounted for the largest proportion of deaths due to unintentional injuries during 1990-2001, followed by poisonings and falls. Drowning, asphyxiation, fire-related accidents, firearms, pedestrian incidents involving a train, and electrocution caused the remainder. There were 1,712 unintentional deaths from 1990-2001.

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Ibid.

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2004 Community Assessment: Health & Quality of Life in San Mateo County 213
The rate of hospitalization due to injury from unintentional fall is lowest for adolescents and adults age 15 to 34 years (average annual rate=6.4). After age 25, the rates increase with increasing age. Those 85 years and older (average annual rate=514.2) have the highest rates of hospitalizations due to injury from unintentional falls.\textsuperscript{562}

### Hospitalizations Due To Injury From Unintentional Falls By Age

**Average Annual Rate, San Mateo County, 1992-2000**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hospitalizations Per 10,000 Population</th>
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</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>86</td>
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<tr>
<td>1-4</td>
<td>347</td>
</tr>
<tr>
<td>5-14</td>
<td>721</td>
</tr>
<tr>
<td>15-24</td>
<td>490</td>
</tr>
<tr>
<td>25-34</td>
<td>676</td>
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<tr>
<td>35-44</td>
<td>944</td>
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<tr>
<td>45-54</td>
<td>1065</td>
</tr>
<tr>
<td>55-64</td>
<td>1297</td>
</tr>
<tr>
<td>65-74</td>
<td>2690</td>
</tr>
<tr>
<td>75-84</td>
<td>5034</td>
</tr>
<tr>
<td>85+</td>
<td>4535</td>
</tr>
</tbody>
</table>

**Total Hospitalizations**: 86,347, 721, 490, 676, 944, 1065, 1297, 2690, 5034, 4535

**Average Annual Rate**: 9.6, 10.8, 9.5, 6.5, 6.4, 8.9, 13.1, 23.6, 64.5, 192.3, 514.2

*Rates are unadjusted*

*Source Data: Office of Statewide Planning and Development, Patient Discharge Data, 1992-2000*

The death rate due to unintentional falls increased from 1990 to 2001. Death rates due to unintentional falls were higher among males (5.8 for 1997-2001) than among females (2.0 for 1997-2001). 75.8% of deaths due to unintentional falls occurred among people aged 65 years and older (n=213).

### Mortality Due to Unintentional Falls by Age

**Cumulative Data, San Mateo County 1990-2001**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Deaths Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>1</td>
</tr>
<tr>
<td>1-4</td>
<td>1</td>
</tr>
<tr>
<td>5-14</td>
<td>6</td>
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<tr>
<td>15-24</td>
<td>11</td>
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<td>25-34</td>
<td>9</td>
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<td>35-44</td>
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<td>45-54</td>
<td>17</td>
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<td>55-64</td>
<td>52</td>
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<tr>
<td>65-74</td>
<td>77</td>
</tr>
<tr>
<td>75-84</td>
<td>84</td>
</tr>
<tr>
<td>85+</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total Deaths**: 1, 1, 6, 11, 9, 22, 17, 52, 77, 84

**Rate**: 0.8, 0.2, 0.1, 0.6, 0.8, 0.6, 2.1, 2.3, 9.4, 22.4, 73.5

*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 1990-2001*

Detailed information for 68.0% of deaths due to unintentional falls was non-specific or unknown cause of death. However, among unintentional fall deaths with known circumstances, the types of falls were evenly distributed.\textsuperscript{563}

**Children’s Safety**

**Children’s Motor Vehicle Safety**
- A total of 96.2\% of surveyed parents report that their child “always” wears a seat belt or appropriate child restraint when riding in a car (similar to 2001 and 1998 findings).\textsuperscript{564}

**Children’s Bicycle Safety**
- Among surveyed parents of children between the ages of 5 and 17, 36.3\% report that their child does not always wear a helmet when riding a bicycle (statistically similar to 2001 and 1998 responses). A total of 9.7\% say he/she “never” wears a bicycle helmet.\textsuperscript{565}
### Intentional Injury

**Homicide**

- The county homicide rate for Whites increased in the first part of the decade, reaching a high point of 7.2 in 1995, then dropped significantly to 1.6 by 2001. 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 2001. Rates were highest among Blacks; the Hispanic homicide rate was consistently above the Healthy People 2010 goal.566

![Homicides by Race/Ethnicity](image)

**Homicides by Race/Ethnicity**

5-Year Moving Averages, San Mateo County, 1990-2001

- 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 1990-2001

**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 2000.567

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567 Ibid.
Firearms & Other Weapons


- Nearly 70\% of homicides during 1990-2001 were the result of the use of firearms.\footnote{Ibid.}
- In the 2004 San Mateo County Health & Quality of Life Survey, 14.7\% of households report keeping a firearm in or around their home (including pistols, shotguns, rifles and other types of guns; excluding starter pistols, BB guns or guns that cannot fire). This percentage is similar to 2001 findings, but remains below the 18.0\% reported in 1998.\footnote{2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.}
  - Of those survey respondents keeping firearms in or around the home, 61.8\% say these are kept in locked places, such as locked drawers, cabinets or closets (similar to the 2001 finding).\footnote{Ibid.}
The proportions of households with firearms is higher among men (20.1%), persons living at higher incomes (19.0%), adults aged 40 to 64 (17.4%) and White respondents (18.7%). On the Coastside, nearly one out of four households (24.4%) reports keeping a firearm in or around the home.572

Suicide

The overall suicide rate in San Mateo County remained stable between 1990-2001; the rates for males and females also remained stable from 1990-2001. The 2001 county rate of 7.0 was ranked the lowest of all counties in California, which had an overall rate of 9.5. Nonetheless, it did not meet the Healthy People 2010 target of 5.0. Historically, males have a significantly

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higher incidence than females. In 2001, 51 suicides were documented in San Mateo County; the male rate (12.7) was four times higher than the female rate (2.9).\textsuperscript{573}

The suicide rate did not change significantly from 1990-2001 for any of the race/ethnicity groups. Whites had the highest suicide rate in the county. In 2001, the White rate of 9.6 was three to four times higher than either the Asian rate of 3.2 or the Hispanic rate of 0.5. The rate was consistently lowest among Hispanics.\textsuperscript{574}
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 (13%). 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 3% 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.\(^{575}\)

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Safety & Injury Control

Emergency Provisions

Three days’ worth of food and water is the standard recommended amount of provisions needed to be prepared for an unforeseen disaster.

- A total of 66.9% 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 2001 findings).\(^576\)

- Seniors, persons living at higher incomes, White respondents, and Coastside residents more often report keeping emergency food and water stores.\(^577\)

Have Three Days’ Worth of Emergency Food and Water Stored at Home


Note: Asked of all respondents.


\(^577\) Ibid.
ADDICTIONS & SUBSTANCE USE

OVERVIEW

Substance use is one of the most serious threats to the health of our community. 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 also carries a significant social impact, contributing to such social ills as homelessness, violence and poverty.

Substance abuse crosses geographic, age and racial/ethnic lines. This year’s assessment found higher binge drinking levels in the county, particularly in young adults. Further, there were approximately 34,400 substance abuse-related hospitalizations in San Mateo County between 1992 and 2000, with the highest hospitalization rates among older adults. While over the past two years, there has been a 6% increase in the number of people receiving County-funded alcohol and drug treatment, 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.

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.


Drug Use

Adult Drug Use

- In San Mateo County in 2003, there were 1,814 felony arrests for drug-related charges, representing 29% of all felony arrests. The number of felony drug-related arrests has been increasing since 2001.\(^\text{578}\)

- In San Mateo County, 4.0% of adult survey respondents this year acknowledge having taken an illegal drug in the past year, similar to 2001 and 1998 findings. In San Mateo County,

\(^{578}\) State of California Department of Justice, Office of the Attorney General, Criminal Justice Statistics Center. Misdemeanor Arrests Table 3A, January 2005.
responses were higher among men (5.7%), young adults aged 18 to 39 (8.1%), Hispanics (6.5%), and Coastside respondents (6.8%).

Self-Reported Use of an Illegal Drug in the Past Year, San Mateo County, 2004


Note: Asked of all respondents.

---

Alcohol Abuse

A substantial proportion 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.


Alcohol Use

Current Drinkers

- Two-thirds of surveyed adults (67.0%) are current drinkers; that is, they have consumed at least one alcoholic drink in the month preceding the interview. This is similar to 2001 and 1998 findings.580

Chronic Drinkers

- A total of 6.2% of San Mateo County adults participating in the 2004 survey 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 2001 and 1998 findings.

- This percentage is higher among men (8.5%), seniors (9.8%), those with no postsecondary education (7.7%), persons with incomes over 185% of poverty (approximately 7%), White respondents (7.1%), and Coastside respondents (8.8%).581

581 Ibid.
Binge Drinkers

- A total of 16.2% of surveyed 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 significantly higher than found in 2001 (12.7%).\textsuperscript{582}

- Binge drinking in San Mateo County is highest among men (24.3%) and young adults (25.7% among those aged 18 to 39), and particularly young men aged 18 to 24 (31.9%). Persons living above the 400% poverty threshold (19.5%) and White or Hispanic respondents (16.6% and 18.8%, respectively) also show heightened incidence of binge drinking.\textsuperscript{583}

\textsuperscript{582} 2004 Health & Quality of Life Survey. Healthy Community Collaborative of San Mateo County/Professional Research Consultants, Inc. August 2004.

\textsuperscript{583} Ibid.
Driving Under the Influence (DUI)

- In 2003, there were 64 felony DUI arrests and 3,626 misdemeanor arrests in San Mateo County. Arrests for DUI reached a ten-year low in 2001 of 3,423; since then, there has been an 8% decrease in DUI arrests.\(^5\)\(^8\)\(^4\)

### Felony and Misdemeanor DUI Arrests

**San Mateo County, 1993-2003**

<table>
<thead>
<tr>
<th>Year</th>
<th>Misdemeanor</th>
<th>Felony</th>
<th>Total</th>
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<tbody>
<tr>
<td>1993</td>
<td>5,010</td>
<td>183</td>
<td>5,193</td>
</tr>
<tr>
<td>1994</td>
<td>4,573</td>
<td>139</td>
<td>4,712</td>
</tr>
<tr>
<td>1995</td>
<td>4,200</td>
<td>117</td>
<td>4,317</td>
</tr>
<tr>
<td>1996</td>
<td>3,728</td>
<td>104</td>
<td>3,832</td>
</tr>
<tr>
<td>1997</td>
<td>3,452</td>
<td>126</td>
<td>3,578</td>
</tr>
<tr>
<td>1998</td>
<td>3,797</td>
<td>92</td>
<td>3,889</td>
</tr>
<tr>
<td>1999</td>
<td>3,629</td>
<td>110</td>
<td>3,739</td>
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<tr>
<td>2000</td>
<td>3,507</td>
<td>73</td>
<td>3,580</td>
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<tr>
<td>2001</td>
<td>3,423</td>
<td>80</td>
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<td>2002</td>
<td>3,603</td>
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</tr>
<tr>
<td>2003</td>
<td>3,626</td>
<td>64</td>
<td>3,690</td>
</tr>
</tbody>
</table>


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Addictions Treatment

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).\textsuperscript{585}

Leading Causes of Substance Abuse-Related Hospitalization

Ranked by Cumulative Frequency, San Mateo County, 1992-2000

<table>
<thead>
<tr>
<th>Rank</th>
<th>Type of Substance Abuse</th>
<th>Cumulative Number</th>
<th>Average Annual Number</th>
<th>Average Annual Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alcohol Dependence Syndrome (Chronic Alcoholism)</td>
<td>6,758</td>
<td>750.9</td>
<td>106.3</td>
</tr>
<tr>
<td>2</td>
<td>Chronic Alcoholic Liver Disease</td>
<td>5,754</td>
<td>639.3</td>
<td>92.2</td>
</tr>
<tr>
<td>3</td>
<td>Nondependent Alcohol Abuse</td>
<td>4,086</td>
<td>453.9</td>
<td>64.6</td>
</tr>
<tr>
<td>4</td>
<td>Alcoholic Psychoses</td>
<td>2,369</td>
<td>263.2</td>
<td>37.5</td>
</tr>
<tr>
<td>5</td>
<td>Self-Inflicted Poisoning</td>
<td>2,255</td>
<td>250.6</td>
<td>36.4</td>
</tr>
<tr>
<td>6</td>
<td>Alcohol Dependence Syndrome (Acute Alcohol Intoxication)</td>
<td>2,191</td>
<td>243.4</td>
<td>34.4</td>
</tr>
<tr>
<td>7</td>
<td>Nondependent Abuse of Drugs Other Than Cocaine and Opioids</td>
<td>2,092</td>
<td>453.9</td>
<td>32.8</td>
</tr>
<tr>
<td>8</td>
<td>Drug Psychoses</td>
<td>1,940</td>
<td>215.6</td>
<td>31.1</td>
</tr>
<tr>
<td>9</td>
<td>Opioid-Type Drug Dependence</td>
<td>1,197</td>
<td>133</td>
<td>18.4</td>
</tr>
<tr>
<td>10</td>
<td>Nondependent Abuse of Cocaine</td>
<td>1,121</td>
<td>124.6</td>
<td>16.8</td>
</tr>
</tbody>
</table>

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.\textsuperscript{586}


\textsuperscript{586} Ibid.
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.\textsuperscript{587}

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.\textsuperscript{588}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{substance_abuse_relatedHospitalizations_byRaceEthnicity.png}
\caption{Substance Abuse-Related Hospitalizations by Race/Ethnicity}
\end{figure}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{substance_abuse_relatedHospitalizations_byGender.png}
\caption{Substance Abuse-Related Hospitalizations by Gender}
\end{figure}


\textsuperscript{588} Ibid.
Persons aged 75 to 84 years were more likely to be hospitalized with a substance abuse diagnosis than other age groups (average annual rate=106.9). For those under 65 years of age, 35 to 44 year olds were more likely to be hospitalized than other age groups.  

### Substance Abuse-Related Hospitalizations by Age

**Average Annual Rate, San Mateo County, 1992-2000**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Hospitalizations</th>
<th>Average Annual Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>51</td>
<td>5.7</td>
</tr>
<tr>
<td>1-4</td>
<td>22</td>
<td>0.7</td>
</tr>
<tr>
<td>5-14</td>
<td>338</td>
<td>4.4</td>
</tr>
<tr>
<td>15-24</td>
<td>270</td>
<td>37.1</td>
</tr>
<tr>
<td>25-34</td>
<td>5149</td>
<td>48.8</td>
</tr>
<tr>
<td>35-44</td>
<td>8167</td>
<td>77.3</td>
</tr>
<tr>
<td>45-54</td>
<td>6073</td>
<td>73.8</td>
</tr>
<tr>
<td>55-64</td>
<td>3996</td>
<td>72.7</td>
</tr>
<tr>
<td>65-74</td>
<td>4184</td>
<td>101.6</td>
</tr>
<tr>
<td>75-84</td>
<td>2811</td>
<td>106.9</td>
</tr>
<tr>
<td>85+</td>
<td>606</td>
<td>68.5</td>
</tr>
</tbody>
</table>

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.

- The leading causes of substance abuse-related hospitalization were alcohol dependence syndrome (19.8% of all substance abuse-related hospitalizations; average annual rate per 10,000 population=106.3), chronic alcoholic liver disease (16.8%; average annual rate=92.2) and nondependent alcohol abuse (12.0%; average annual rate=64.6).

- 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.

- The population in treatment during fiscal year 2003-2004 is 46% White, 24% Hispanic/Latino, 17% African American, 8% Asian and Pacific Islander, and 5% other/unknown races and ethnicities.

- 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.

- 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

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590 Ibid.

591 Ibid.

592 Ibid.

593 Ibid.

594 Ibid.
primary drug of choice as alcohol, 25% methamphetamine, 16% marijuana/hashish, 14% cocaine/crack and 11% heroin.595

- 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%.596

- 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.597

### Seeking Help for Addictions

- A total of 2.6% of San Mateo County adults participating in the 2004 survey (representing nearly 15,000 San Mateo County adults) report that they have sought professional help for a drug-related problem at some time in the past (similar to 2001 findings).598

- Nearly one-half (45.3%) 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 lower-income adults, Asians/Pacific Islanders and Hispanics, and residents of Mid-County or South County.599

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>HSLess</th>
<th>185&lt;400</th>
<th>&gt;400Pov</th>
<th>Asian/PI</th>
<th>Black</th>
<th>North</th>
<th>South</th>
<th>SMC 2004</th>
<th>SMC 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would Not Know Where to Access Treatment for Drug-Related Problems for Self or Family Member if Needed</td>
<td>45.8%</td>
<td>44.9%</td>
<td>46.8%</td>
<td>42.7%</td>
<td>49.8%</td>
<td>47.3%</td>
<td>44.8%</td>
<td>53.9%</td>
<td>46.6%</td>
<td>40.9%</td>
<td>54.6%</td>
<td>53.3%</td>
<td>45.3%</td>
</tr>
</tbody>
</table>


Note: Asked of all respondents.

Perceptions regarding the ease of access to substance abuse services in San Mateo County can be found on page 124.

599 Ibid.
MENTAL HEALTH

OVERVIEW

Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. However, two out of three Americans with mental disorders do not receive treatment. In San Mateo County, roughly one out of four adults experiences some degree of difficulty with feelings of isolation or loneliness, and one out of five has had periods of prolonged depression in his or her life. Still these proportions are significantly lower than found in August 2001.

Mental Health Status

Mental Health Status Indicators

Survey findings reveal the following data relating to mental health in San Mateo County.

Days of Poor Mental Health

- Surveyed adults report an average of 1.9 days in the month preceding the interview on which their mental health was not good. Those living below the 400% poverty threshold express the highest average number of days of poor mental health per month (>2.6, versus 1.6 among those with incomes over 400% of poverty). In addition, Blacks (2.5 days) and Hispanics (2.4) report greater average numbers of days of poor mental health than do Whites (1.8) or Asians/Pacific Islanders (1.5). Over one-fourth of surveyed adults (26.1%) 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 and non-White respondents.

Experience Some Degree of Difficulty With Feelings of Isolation or Loneliness

![Experience Some Degree of Difficulty With Feelings of Isolation or Loneliness]


Note: Asked of all respondents.

601 Ibid.
History of Mental Health Problems

- A total of 5.5% of surveyed adults have a history of mental or emotional illness, representing approximately 31,000 county residents (similar to 2001 and 1998 findings). This proportion increases to 13.6% among lower-income respondents.\(^{602}\)

**Self-Reported History of Mental or Emotional Problems**

![Chart showing self-reported history of mental or emotional problems]


Note: Asked of all respondents.

**Depression**

- In San Mateo County in 2004, surveyed adults report an average of 2.0 days in the month preceding the interview on which they felt sad, blue or depressed. Blacks (3.3 days) and persons with lower incomes (3.0 days) averaged higher numbers of days of depression in the month preceding the interview.\(^{603}\)

- A total of 21.1% of surveyed adults reported having had a period lasting two years or longer during which he or she was sad or depressed on most days. This proportion is significantly better than found in 2001, but is similar to the 1998 finding.\(^{604}\)
  - The proportion of those who have experienced two or more years of depression increases to 43.3% among persons living below the 185% poverty threshold, and to nearly 30% among Black or Hispanic respondents, and persons with no education beyond high school.\(^{605}\)


\(^{603}\) Ibid.

\(^{604}\) Ibid.

\(^{605}\) Ibid.
Stress & Lack of Sleep

- A total of 7.0% of survey respondents report experiencing high stress on a daily basis. Perceptions of high stress are nearly twice as high among lower-income adults (13.7% among those living below 185% of poverty).

- Surveyed adults report an average of 3.7 days in the month preceding the interview on which they were worried, tense, or anxious. Days of anxiety increase to about 5.0 among persons with lower income levels, and to 4.9 among Hispanic respondents.

- Over one-fourth of surveyed adults (26.9%) 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 the 2001 findings.

Note: Asked of all respondents.

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607 Ibid.
608 Ibid.
Surveyed adults report an average of 7.6 days in the month preceding the interview on which they did not receive enough rest or sleep (similar to 2001 findings). Young adults (under 40) report a greater average number of days of poor rest or sleep, as do Black or Hispanic respondents.  

### Average Number of Days in Past Month That Respondents Did Not Get Enough Sleep or Rest

- **Men**: 6.3, 6.9, 7.5, 7.8, 8.2, 7.8, 8.2, 7.5, 7.5, 7.5, 7.5, 7.5, 7.5
- **Women**: 8.0, 8.0, 8.0, 8.0, 8.0, 8.0, 8.0, 8.0, 8.0, 8.0, 8.0, 8.0, 8.0
- **18 to 39**: 6.9, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8
- **40 to 64**: 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8
- **65+**: 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8, 7.8


*Note: Asked of all respondents.*
Seeking Help for Mental Health Issues

- While just 5.5% of surveyed adults report that they have a “history” of mental or emotional illness, one-fourth (24.4%) have sought some type of professional help for a mental or emotional problem (such as depression, stress, and anxiety), similar to 2001 findings.  

- Utilization of mental health services is particularly low among non-White respondents. It is also comparatively low among men, younger and older populations, persons with a high school education or less, and among North County residents.

Have Ever Sought Help for a Mental or Emotional Problem, San Mateo County


Note: Asked of all respondents.

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611 Ibid.