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## Health in San Mateo County

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Introduction
May 15, 2002

We are pleased to deliver this third triennial Community Assessment to 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. This needs assessment could not have been completed without the tremendous input and many hours of dedication from our members. 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

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
Introduction

Scope of This Assessment

About The Assessment Effort

The 2001 Community Assessment: Health & Quality of Life in San Mateo County is a systemic, data-driven approach to determining the needs of our community. This document 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.

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 in 2001 to conduct this community needs assessment as a follow-up to assessments conducted in 1995 and 1998. 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.

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 assessment, 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:

- Bay Area Housing Crisis Continues. Home Builders Association of Northern California.
- California Association of REALTORS®.
- California Child Care Resource & Referral Network.
- California Department of Education, Educational Demographics Unit, CBEDS.
California Department of Health Services.
California Department of Justice, Criminal Justice Statistics Center.
California Department of Social Services.
California Employment Development Department, Labor Market Information Division.
California Environmental Protection Agency, Air Resources Board.
Center for the Study of Learning and Attention, Yale University.
Commute Profile 2000: A Survey of San Francisco Bay Area Commute Patterns. Metropolitan Transportation Commission. RIDES for Bay Area Commuters, Inc.
County Health Status Profiles. Department of Health Services and California Conference of Local Health Officers. 1998-2001 Profile Reports.
Ed-Data: Education Data Partnership. From Education Demographics Unit Language Census.

Hazelden Foundation, National Institute of Child Health and Human Development.


Human Services Agency of San Mateo County, Housing Division.


Metropolitan Transportation Commission Forecasts/ABAG Projections ‘98.


National Longitudinal Transition Study.

Northern California Cancer Center Data, 2001. California Cancer Registry (9/00) and CDHS Center for Health Statistics, Death Certificate Master Files.

REALFACTS.


San Mateo County Association of REALTORS®.


San Mateo County Health Services Disease Control and Prevention Unit, Confidential Morbidity Reports (1990-96 Data). California Department of Health Services, STD Control Branch (1997-99 Data).

San Mateo County Immunization Branch - Selected School Sample.


Senior Housing in San Mateo County. A Project of the San Mateo/Hillsborough/Burlingame/ Foster City Leadership Program 1997-98.

Silicon Valley 1999 Environmental Index: Taking the Pulse of Silicon Valley’s Environment. Silicon Valley Environmental Partnership.

Silicon Valley Association of REALTORS®.


Silicon Valley Projections 2000. Silicon Valley Manufacturing Group and the Association of Bay Area Governments.

Socio-Economic Regional Report of San Francisco Metropolitan Statistical Area. Urban and Regional Analysis, University of Illinois at Urbana-Champaign.

Student Profile. California Postsecondary Education Commission.


U.S. Department of Commerce
Quantitative Primary Research: Health & Quality of Life Surveys

The second research phase involved primary research activities. Primary research was gathered via two independent telephone surveys — the 2001 San Mateo County Quality of Life Survey and the 2001 San Mateo County Behavioral Risk Factor Survey. Findings from each of these surveys are addressed throughout this report.

- The **2001 San Mateo County Quality of Life Survey** addressed numerous quality of life indicators (including such items as housing, social capital, child care, transportation, 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.

- The **2001 San Mateo County Behavioral Risk Survey**, based on the Center for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance System, was designed to measure risk behaviors among San Mateo County residents (including such items as smoking, physical inactivity, high blood pressure, overweight prevalence), as well as prevention services (such as cancer screenings and access to medical care).

Each of these surveys was customized to reflect the unique needs of San Mateo County, and each was then conducted with a random sample of 1,050 adults in San Mateo County. In addition to the countywide random sampling, Healthy Community Collaborative partnered with the Coastside Health Committee’s Partnership for the Public’s Health Activities to conduct additional interviews for each survey in Coastside ZIP Codes in order to augment samples and enhance reliability within that area. [Additional interviews were also conducted among residents of South San Francisco and among a sample of clients of the Human Services Agency of San Mateo County. 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>
</tr>
</thead>
<tbody>
<tr>
<td>94005</td>
<td>94002</td>
<td>94025</td>
<td>94018</td>
</tr>
<tr>
<td>94015</td>
<td>94016</td>
<td>94027</td>
<td>94019</td>
</tr>
<tr>
<td>94030</td>
<td>94065</td>
<td>94028</td>
<td>94020</td>
</tr>
<tr>
<td>94044</td>
<td>94070</td>
<td>94061</td>
<td>94021</td>
</tr>
<tr>
<td>94066</td>
<td>94401</td>
<td>94062</td>
<td>94037</td>
</tr>
<tr>
<td>94080</td>
<td>94402</td>
<td>94063</td>
<td>94038</td>
</tr>
<tr>
<td></td>
<td>94404</td>
<td>94303</td>
<td>94060</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>94074</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Numbers of Actual Interviews/Weighted Responses by Geography/Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life Survey</td>
</tr>
<tr>
<td>Interviews Conducted [Weighted Responses]</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>18 to 39 Years</td>
</tr>
<tr>
<td>40 to 64 Years</td>
</tr>
<tr>
<td>65 Years or Older</td>
</tr>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>High School or Less</td>
</tr>
<tr>
<td>Postsecondary Education</td>
</tr>
<tr>
<td><strong>Poverty Status</strong></td>
</tr>
<tr>
<td>&lt;200% Poverty Level</td>
</tr>
<tr>
<td>200%-400% Poverty Level</td>
</tr>
<tr>
<td>&gt;400% Poverty Level</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td><strong>Region</strong></td>
</tr>
<tr>
<td>North County</td>
</tr>
<tr>
<td>Mid-County</td>
</tr>
<tr>
<td>South County</td>
</tr>
<tr>
<td>Coastside</td>
</tr>
<tr>
<td><strong>TOTAL SAMPLE</strong></td>
</tr>
</tbody>
</table>

* 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.

*For definition of the poverty thresholds referenced above and throughout this report, refer to the “Income” section, page 65.*
For questions asked of all respondents, the maximum error rate associated with the survey samples is ±3.0% at the 95 percent confidence level (p=.05).

The 2000 estimated adult population of San Mateo County is 544,002 residents aged 18 and older. Therefore, among questions asked of all respondents, each percentage point in the survey represents roughly 5,440 persons (e.g., a 15.0% response represents approximately 81,600 adults). The following table further describes the confidence intervals and population estimates associated with key segments.

<table>
<thead>
<tr>
<th></th>
<th>Quality of Life Survey</th>
<th>Behavioral Risk Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Max Error</td>
<td>Population Equiv</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>±3.9%</td>
<td>1% = 2,682 Adults</td>
</tr>
<tr>
<td>Female</td>
<td>±3.4%</td>
<td>1% = 2,758 Adults</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 39 Years</td>
<td>±4.4%</td>
<td>1% = 2,166 Adults</td>
</tr>
<tr>
<td>40 to 64 Years</td>
<td>±3.8%</td>
<td>1% = 2,342 Adults</td>
</tr>
<tr>
<td>65 Years or Older</td>
<td>±5.8%</td>
<td>1% = 932 Adults</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School or Less</td>
<td>±5.1%</td>
<td>1% = 1,333 Adults</td>
</tr>
<tr>
<td>Postsecondary</td>
<td>±3.0%</td>
<td>1% = 4,107 Adults</td>
</tr>
<tr>
<td><strong>Poverty Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;400% Poverty Level</td>
<td>±5.2%</td>
<td>1% = 1,844 Adults</td>
</tr>
<tr>
<td>&gt;400% Poverty Level</td>
<td>±3.6%</td>
<td>1% = 3,596 Adults</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>±3.0%</td>
<td>1% = 3,617 Adults</td>
</tr>
<tr>
<td>Hispanic</td>
<td>±6.1%</td>
<td>1% = 1,180 Adults</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>±7.7%</td>
<td>1% = 1,159 Adults</td>
</tr>
<tr>
<td>African-American</td>
<td>±16.6%</td>
<td>1% = 288 Adults</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North County</td>
<td>±5.0%</td>
<td>1% = 2,037 Adults</td>
</tr>
<tr>
<td>Mid-County</td>
<td>±5.2%</td>
<td>1% = 1,887 Adults</td>
</tr>
<tr>
<td>South County</td>
<td>±5.8%</td>
<td>1% = 1,317 Adults</td>
</tr>
<tr>
<td>Coastside</td>
<td>±4.7%</td>
<td>1% = 199 Adults</td>
</tr>
<tr>
<td><strong>TOTAL SAMPLE</strong></td>
<td>±2.6%</td>
<td>1% = 5,440 Adults</td>
</tr>
</tbody>
</table>

* 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 and poverty status are based on proportions achieved through random sampling.
**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). Furthermore, data is also provided wherever possible for neighboring Santa Clara County as a “peer” comparison, in that Santa Clara County and San Mateo County share similar demographic and economic characteristics, as well as many of the same health and social challenges.

**Post-September 11th Survey Administration.** Certainly, the tragic events of September 11, 2001, have impacted us in San Mateo County, as they did communities across the country. Because the survey research which contributed to this Community Assessment report was conducted in the Summer of 2001, the Healthy Community Collaborative of San Mateo County believed it was necessarily to conduct a follow-up survey to test what changes had occurred in selected survey indicators after September 11.

Thus, a focused survey instrument was developed and administered to 400 random adults in San Mateo County in February 2002. This survey addressed topics which were likely to be most impacted by the recent events (e.g., such perceptions of the economy, mental health, relationships and support, etc.). Results of this survey administration are provided as an appendix to this report.
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 comprise the Healthy Community Collaborative of San Mateo County:

Carole Groom, Chair  
**Mills-Peninsula Health Services**

Scott Morrow, M.D.  
**San Mateo County Health Services Agency/ San Mateo County Health Center**

Srija Srinivasan  
**Peninsula Community Foundation**

James Miller, Ursula Bischoff  
**San Mateo County Human Services Agency**

Marie Violet, JoAnn Kemist  
**Sequoia Hospital**

Janet Hofmann, Libbie Horn  
**Community Information Project/ Peninsula Library System**

Sherri R. Sager  
**Lucile Packard Children’s Hospital/ Stanford Hospital and Clinics**

Judy Macias, Sister Marjory Ann Baez  
**Seton Medical Center**

Lisa Jafferis  
**Kaiser Permanente of Redwood City**

Deborah Harper  
**Kaiser Permanente South San Francisco**

Vanita Bhargava, Stephani Becker  
**Lucile Packard Foundation for Children’s Health**

Michael W. Murray, Ellen Dunn-Malhotra  
**Health Plan of San Mateo**

Lisa Christian  
**Peninsula Family YMCA**

Timothy B. McMurod  
**Hospital Consortium of San Mateo County**

Nancy Frank  
**Children’s and Families First Commission, Evaluator**

Russ Hayward  
**United Way of the Bay Area**
Executive Summary
Quality of Life in San Mateo County

**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.

- In the 2000 Census, Hispanics and Asians each represented over 20% of the San Mateo County population. By the year 2040, it is expected that Hispanics will make up 40% of the population, and Asians will make up 36%. Non-Hispanic Whites will decline as a proportion of the population, from 50% to an estimated 22%.\(^1\)

- 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. The child population is approximately 41% White; 30% Hispanic; 23% Asian/Pacific Islander; 5% African American and 1% Native American.\(^2\)

- 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.\(^3\)

---


\(^2\) 2000-2005 San Mateo County Child Care Strategic Plan. Child Care Partnership Council.

\(^3\) U.S. Census Bureau, Census 2000, 1990 Census.
KEY FINDING: Consumer confidence in the local economy and job opportunities is decidedly shaken versus three years ago (notwithstanding changes in economic confidence as a result of the events of September 11, 2001, which occurred after these data were collected).

Over one-third (34.6%) of 2001 survey participants view the local economy’s strength and growth as “fair” or “poor.” This is three times higher than the “fair/poor” response in 1998 (11.0%). There has been a significant decrease in consumer confidence since 1998.

Perceptions of the Local Economy, San Mateo County

- The upswing in unemployment since the beginning of 2001 (from a low of 1.2% in December 2000 to 3.4% in December 2001) signals a remarkable shift, although as of yet, unemployment remains below the peak levels experienced in the early to mid-1990s. Survey respondents’ “fair/poor” ratings of local employment opportunities grew significantly from 20.4% in 1998 to 39.5% in August 2001.

- While 43.2% of survey respondents believe there are more opportunities for themselves and those of similar background than in the past, a growing number (23.5%) believe there are fewer opportunities for them (significantly higher than the 16.4% reported in 1998). This is particularly true among middle-aged adults (29.3% believe there are fewer opportunities) and those living below 200% poverty (30.4%).


Note: Asked of all respondents.

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6 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
7 Ibid.
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.

- Whereas the hourly rate for minimum wage is $6.25 ($6.75 in 2002), a San Mateo single parent of two needs to earn $29.49 per hour to be self-sufficient (about $61,300 per year). Almost half of the jobs with the greatest projected growth pay less than $10.00 per hour, less than what is needed for family self-sufficiency.

- In 2000, one in four children in San Mateo County, or 40,076 children, live in low-income families — families whose annual income is at or below 75% of the state’s median ($37,600 for a family of four). The 2000 median household income in San Mateo County was $74,900.

- The “number-one” problem facing families in San Mateo County, according to survey respondents, is finances or cost of living. Further, 41.6% of respondents report that they or a family member have seriously considered leaving the county because of the cost of living. This includes over 50% of those aged 18 to 39, those living below the 200% poverty threshold, and Hispanic respondents.

- In 2001, 18.4% of San Mateo County survey respondents believe they are financially worse off than a year ago, a statistically significant increase from the 7.8% reported in 1998.

- A total of 2.7% of surveyed adults report that their family does not have enough food on a regular basis, representing about 14,700 families.

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8 Human Services Agency of San Mateo County, Fiscal Year 2001 — 2002 Budget Presentation.
12 Ibid.
13 Ibid.
KEY FINDING: Community relationships and community connectedness need improvement.

Most surveyed adults feel at least somewhat connected to their community, especially those living on the Coastside and seniors; however, 31.9% do not, particularly young adults (43.1%), those below the 200% poverty threshold (38.9%), Asian respondents (37.4%) and Hispanic respondents (35.4%).

Feelings of Connection to the Community
San Mateo County, 2001

Not Very/Not at All Connected Somewhat Connected Very Connected

(Professional Research Consultants).
Note: Asked of all respondents.

In a place where business and technology networks are strong, the personal ties that bind us to each other and to our community are weak:

— In comparable communities individuals “visit relatives or have them visit” about 15 percent more than we do; in the nation as a whole they do this 27 percent more than us.

— We are less likely to serve as an officer or on the committee of a local organization, or to attend a club meeting or any public meeting.

While our social ties and community engagement are weak, we tend to trust each other—including people from other ethnic or life-style backgrounds.

16 Ibid.
— Overall social trust and inter-racial trust are higher here than in comparable communities.

— We are more likely to be friends with individuals of a different race, or to have a gay friend.

Survey participants were asked to express the degree of difficulty they are experiencing with various aspects of their lives. The greatest troubles were noted for satisfaction with life. One in 10 also expressed difficulty with isolation or loneliness, feeling close to others, or relationships with family members. 17

— We are remarkably diverse in the religious communities with which we identify, but overall our involvement in faith communities appears to be much weaker here than it is elsewhere. 18

— Nationally, 84 percent of respondents say religion is important in their lives, only 69 percent say this here.

**KEY FINDING:** While community perceptions of quality of public education have improved in recent years, there remains wide disparity in academic investment and achievement between affluent and low-income areas in San Mateo County.

Among surveyed parents with children in public schools, 67.8% rate their child’s education as "excellent" or "very good," significantly higher than the 52.5% found in 1998. Further, 52.4% of San Mateo County parents with children in public schools believe that local public schools are doing an "excellent/very good" job preparing students for college or the job market, significantly better than the 41.5% reported in 1998. 19

However, in San Mateo County, the four-year drop-out rate of high school students, after decreasing to a low of 6.4% in 1997-98, has been on the rise,


increasing to 9.5% in 1999-00. African American and Latino students were the most likely to drop out in school year 1999-00, more than twice as likely as any other race or ethnicity.  

- A total of 45.2% of San Mateo County students completed UC/CSU required course work in 1999-2000, higher than Santa Clara County (43.1%) and the statewide average (35.6%). Performance, however, varies widely by ethnicity. Only 14.7% of African-American, 15.0% of Pacific Islander, 16.7% of Native American and 19.4% of Hispanic students completed these courses in 1999-2000, compared to 65.3% of Asian students and 49.5% of White students.  

- The 2000-01 San Mateo County public school student population was 38.5% White, 31.8% Hispanic, 10.4% Asian, 9.3% Filipino, 4.7% African-American, 3.3% Pacific Islander, 0.3% Native American, and 1.7% of multiple races. For educators, a particular challenge of increasing diversity is that more children begin school speaking a primary language other than English. In 2001: 41% of San Mateo County students were not native English speakers (versus 36.8% statewide); 23% of students continue to have limited English skills.  

**KEY FINDING:** The cost of child care in San Mateo County is the third-highest in the state. For some, child care costs may exceed what they pay for housing. In addition, the demand for child care continues to outstrip supply in San Mateo County, especially for infant care.  

- The county has the highest percentage in the state of children aged 0-5 years who have two working parents or a single parent who works (66%, compared to the state average of 55%). For children 6 to 13 years, the rate is 69% countywide. San Mateo County is the “workingest” county in the state from the perspective of families with young children and their child care and early learning needs.  

- The gap between the demand for all forms of child care and the supply of formal child care has grown over the last several years. In 1993, formal child care spaces were available to meet the needs of 29% of children who required care. Today, the supply of formal child care meets the needs of only 25% of children who require care (25,911 formal child care spaces to serve 102,575 children in need of child care and early learning programs).  

- The county is one of the most expensive counties in California for infant care. The cost of child care has been increasing at a rapid rate throughout the county. Between 1993 and

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20 California Department of Education, Education Demographics Unit.  
21 Ibid.  
22 California Basic Education Data System (CBEDS).  
2000, rates increased approximately 44% in family child care homes and between 27% and 30% in center-based child care programs.\textsuperscript{27}

- Average cost for full-time infant care in a licensed child care center is $888 per month (center-based care for one infant would consume 82% of a minimum wage earner’s income), $696 per month in a licensed family child care home.\textsuperscript{28}

- Full-time preschool care is $623 per month in a licensed child care center and $654 per month in a licensed family care center home.

  - There are eight eligible children for every subsidized slot.\textsuperscript{29}

- The 2001 survey found that use of after-school programs is highest (15.1%) among children aged 5 to 8; in contrast, 18.9% of 13- to 17-year-olds are self-supervised after school. Nearly all surveyed adults (95.6%) agree that there should be some type of organized activity for children and teens after school everyday.\textsuperscript{30}

**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. While housing costs have subsided slightly in 2001, home ownership remains out of reach for a majority of county residents.

- The rate of increase for prices of single-family homes from 1991-1995 was a mere 1.6%. The rate of increase from 1996-2000 was 83.7% (26% increase between 1999 and 2000 alone). Meanwhile the median household income grew steadily at a moderate rate of 5% per year for all 10 years.\textsuperscript{31} Median housing prices have subsided a little in 2001, declining 11.6% between January and December 2001.\textsuperscript{32}

- The median price for a single-family detached home in San Mateo County in 2001 was $600,604, compared to $533,063 in Santa Clara County and a statewide median of $266,930 (June 2001). [The average price of a home in San Mateo County is even higher — $807,454.]\textsuperscript{33}

- In October 2001, San Mateo County had a housing affordability index of 19% — meaning that only 19% of San Mateo County households were able to afford the median-priced home

\textsuperscript{27} 2000-2005 San Mateo County Child Care Strategic Plan. Child Care Partnership Council.
\textsuperscript{28} Indicators for a Sustainable San Mateo County: A Yearly Report Card on Our County’s Quality of Life. Sustainable San Mateo County. May 2001.
\textsuperscript{29} Ibid.
\textsuperscript{30} 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
\textsuperscript{31} Indicators for a Sustainable San Mateo County: A Yearly Report Card on Our County’s Quality of Life. Sustainable San Mateo County. May 2001.
\textsuperscript{32} Ibid.
\textsuperscript{33} Silicon Valley Association of REALTORS\textsuperscript{35}.
in the county. This compares to 30% in Santa Clara County, 34% statewide, and 54% nationwide. 34

Between 1995 and 2000, there were 6 new jobs added for every new housing unit. 35

Nearly nine out of 10 San Mateo County adults (88.9%) participating in the 2001 San Mateo County Quality of Life Survey rate the availability of affordable housing in the community as “fair” or “poor,” a statistically significant increase over the 80.2% recorded in 1998. 36

The 2001 survey finds that 15.0% of respondents (representing approximately 81,000 adults in the county) currently share housing costs with someone other than a spouse or partner in order to limit expenses. Nearly one-third of respondents living below the 200% poverty threshold share living expenses, as do approximately one-fourth of young adults, Hispanic respondents and Asian respondents. 37

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34 California Association of REALTORS®.
37 Ibid.
An estimated 6,500 San Mateo County residents experienced episodes of homelessness in the past two years.

- Data documents 3,694 homeless adults living with 851 children for a total of 4,545 homeless individuals in San Mateo County in 1998. A majority (76.9%) of San Mateo County survey respondents rate the availability of local homeless programs and shelters as “fair” or “poor,” a significant increase over 1998 findings (71.2% “fair/poor”).

- In the 2001 San Mateo County Quality of Life Survey, 1.2% 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, representing approximately 6,500 adults.

- Displacement, even if only temporary, is a more common problem in San Mateo County. A total of 6.9% of surveyed adults say that they have had to go live with a friend or family member in the past year, if only temporarily, due to a housing emergency (representing approximately 37,500 residents).

- Only the median-income families in Belmont, East Palo Alto and South San Francisco could afford the average rent for a one- or two-bedroom apartment in their own city. In most other peninsula cities, the rent for a two-bedroom unit exceeded median city income; in Menlo Park, Redwood City and San Bruno, city median-income families could not even afford the average 1-bedroom apartment.

Sources:
2. 2001 Santa Clara County Quality of Life Survey. Professional Research Consultants.

Note: Asked of all respondents.

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40 Ibid.
41 Ibid.
A total of 58% of renters in San Mateo County are unable to afford Fair Market Rent (FMR, currently $1,154 for a one-bedroom unit and $1,459 for a two-bedroom unit).\footnote{43}

**KEY FINDINGS:** As traffic congestion in the county worsens, commuters are looking at commutes that are longer in both time and distance, at slower rates of speed. Between 1994 and 1998, driver delays increased 600% in San Mateo County.

When survey respondents were asked the number-one problem facing the San Mateo County community, **traffic and transportation** earned the highest response. Nearly two-thirds (64.9%) of survey respondents give “fair/poor” ratings of local traffic in terms of being free of congestion, a slight increase from 1998 findings.\footnote{44}

Congestion in San Mateo County increased by 600% between 1994 and 1998 (40% between 1996 and 1998).\footnote{45} Like the rest of the Bay Area, San Mateo County commutes are taking more time and increasing in length. The average miles per hour dropped from 34.2 to 30.6 between 1999 and 2000 because the increase in distance was less than the increase in time.\footnote{46}

San Mateo County’s drive-alone rate is nearly 5% higher than the regional average.\footnote{47}

San Mateo County survey respondents’ “fair/poor” ratings of local public transportation increased significantly from 32.6% in 1998 to 37.3% in 2001. “Fair/poor” are particularly high in 2001 (71.8%) on the Coastside.\footnote{48}

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\footnote{43}{Human Services Agency of San Mateo County, Housing Division.}
\footnote{44}{2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.}
\footnote{46}{Commute Profile 2000: A Survey of San Francisco Bay Area Commute Patterns. Metropolitan Transportation Commission. RIDES for Bay Area Commuters, Inc.}
\footnote{47}{Ibid.}
\footnote{48}{2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.}
**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.

- Between 1997 and 1999, San Mateo County experienced a rate of 303.6 violent crimes per 100,000 population (including homicide, forcible rape, robbery and aggravated assault). This rate is lower than recorded in neighboring Santa Clara County, and much lower than the state rate for the same period. 49

- San Mateo County crime rates for both violent crime and property crime (burglary and motor vehicle theft) have declined steadily since 1991. 50

- San Mateo County’s juvenile felony arrest rate is significantly lower — 4 percentage points — than the statewide rate. In fact, the county has lower rates than the neighboring Bay Area counties of Santa Clara, San Francisco, and Alameda. 51

- Most San Mateo County survey respondents (59.9%) believe neighborhood crime control is “excellent” or “very good” (significantly higher than reported in 1998 and higher than in Santa Clara County); 11.2% believe it is “fair/poor” (similar to 1998 findings, but increasing in 2001 to 20.6% among South County residents, 32.2% among low-income respondents, and 28.6% among Hispanic respondents). 52

**Community Evaluations of Neighborhood Crime Control**

San Mateo County, 1998 vs. 2001

<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</td>
<td>52.4</td>
<td>63.4</td>
<td>59.9</td>
<td>28.8</td>
</tr>
<tr>
<td>San Mateo County</td>
<td>59.9</td>
<td>67.6</td>
<td>52.3</td>
<td>34.3</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td>64</td>
<td>64</td>
<td>64</td>
<td>64</td>
</tr>
</tbody>
</table>

2. 2001 Santa Clara County Quality of Life Survey. (Professional Research Consultants).
Notes:
1. Asked of all respondents.
2. Mean scores are calculated on a scale where “excellent”=100, “very good”=75, “good”=50, “fair”=25, and “poor”=10.

49 Criminal Justice Statistics Department, California Department of Justice.
52 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
KEY FINDING: Trust in government has improved over the past few years.

Survey respondents’ trust in local government to “always” or “most of the time” work for the community's best interest increased significantly from 43.4% in 1998 to 47.7% in 2001. At the same time, the percentage “seldom” or “never” trusting government decreased significantly (from 18.6% in 1998 to 14.2% in 2001).

There are regional differences in responses: 22.6% of Coastside respondents say that they believe local government works for the best interest of the community “seldom” or “never.” Interestingly, no meaningful differences are found by economic or racial/ethnic characteristics.

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**Trust Local Government to Work for the Community’s Best Interest, 1998 vs. 2001**

<table>
<thead>
<tr>
<th>Always/Most the Time</th>
<th>SMC 1998</th>
<th>SMC 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43.4%</td>
<td>47.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Some of the Time</th>
<th>SMC 1998</th>
<th>SMC 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38.0%</td>
<td>38.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seldom/ Never</th>
<th>SMC 1998</th>
<th>SMC 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18.6%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>


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54 Ibid.
Health in San Mateo County

KEY FINDING: Ratings of health care access, especially for specialty services and mental health services, and ratings of health care quality are declining.

- A total of 21.1% of 2001 survey respondents identified issues of access to health care as the number-one health concern in San Mateo County (the top response).55

- Overall, 50.5% of San Mateo County survey respondents rate the health care services available in their community as “excellent” or “very good.” However, 19.4% rate these as “fair” or “poor,” a significant increase from 1998 findings (12.8%).56

- San Mateo County survey respondents were most critical of access to mental health services (31.5% rate this as “fair/poor”) and substance abuse services (27.0% “fair/poor”). These “fair/poor” ratings increase to nearly 40% among low-income respondents.57

- Ratings of access to dental care, child health services and vision care each received approximately 20% “fair/poor” responses. However, there is a much wider discrepancy in “fair/poor” evaluations among those living below the 400% poverty threshold: among these respondents, access to dental care earned higher “fair/poor” evaluations than even mental health or substance abuse services (a statistically significant increase since 1998 among this subsegment).58

- Overall, access to specialty services appears to be declining across the board.

Perceive "Fair/Poor" Access to Health Care Services, San Mateo County, 2001

<table>
<thead>
<tr>
<th>Overall Access</th>
<th>Vision Care</th>
<th>Dental Care</th>
<th>Child Health</th>
<th>Substance Abuse</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMC 1998</td>
<td>14%</td>
<td>14.5%</td>
<td>15.2%</td>
<td>17.3%</td>
<td>23.2%</td>
</tr>
<tr>
<td>SMC 2001</td>
<td>15.8%</td>
<td>20.1%</td>
<td>22.9%</td>
<td>21.7%</td>
<td>27%</td>
</tr>
<tr>
<td>&lt;400% Poverty 1998</td>
<td>17.2%</td>
<td>19%</td>
<td>21.1%</td>
<td>22.3%</td>
<td>27.6%</td>
</tr>
<tr>
<td>&lt;400% Poverty 2001</td>
<td>22%</td>
<td>28.3%</td>
<td>38.9%</td>
<td>20.1%</td>
<td>31.5%</td>
</tr>
<tr>
<td>&gt;400% Poverty 1998</td>
<td>11.3%</td>
<td>15%</td>
<td>15.9%</td>
<td>15%</td>
<td>21.1%</td>
</tr>
</tbody>
</table>
| >400% Poverty 2001 | 13.1%    | 15.7%       | 15.9%        | 22.2%           | 24.4%         | 32%


Note: Asked of all respondents. Excludes uncertain responses.

56 Ibid.
57 Ibid.
58 Ibid.
A total of 80.8% of surveyed adults have visited a dentist or dental clinic within the past year. However, dental care is much lower among those living below 200% poverty (54.9%), those with no postsecondary education (64.5%), Hispanic respondents (69.8%) and young adults (72.7%).

Among 2001 survey respondents who are employed for wages or who are self-employed, 80.2% report that their job offers health benefits to employees; 19.8% report that such benefits are not available to them.

— Women more often report that health benefits are not available to them through their employer (24.8% vs. 14.5% of men).

— Those working part-time hours much more often do not have health benefits available to them through their employer (44.6% vs. 11.3% of full-time employees).

— Respondents living below the 200% poverty threshold much more often report that health benefits are not available to them through their employer (45.1%).

Other barriers to access to health services identified in the survey:

— **Difficulty getting in to see a doctor** (this prevented 27.7% of respondents from receiving care in the past year, *significantly higher* than the 15.4% found in 1998)

— **Inconvenient office hours** (this prevented 17.4% of respondents from receiving care in the past year)

— **Cost of prescription medicine** (this prevented 11.4% of respondents from obtaining a needed prescription in the past year, a *significant increase* over the 6.3% reported in 1998)

— **Cost of medical care** (this prevented 9.1% of respondents from seeing a doctor in the past year, a *significant increase* over the 6.2% reported in 1998)

60 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
61 Ibid.
62 Ibid.
63 Ibid.
KEY FINDING: The uninsured, as well as low-income residents and communities of color, face limited access to the county’s public and private health care delivery systems due to cost, as well as a variety of other barriers.

- A total 9.3% of surveyed adults aged 18 to 64 do not have any type of job-based, privately purchased, or government-sponsored health insurance (representing approximately 41,900 county adults aged 18 to 64). Note that this figures excludes children, of whom a greater share may be uninsured. 64

- A total of 31.7% of surveyed adults do not have any type of insurance coverage to pay for some or all of their routine dental care (representing approximately 172,000 county adults), significantly higher than the 26.6% found in the 1998 survey. 65

- Uninsured respondents and households living below the 200% poverty threshold more often report “fair” or “poor” health status than do privately insured respondents or those at higher income levels. In addition, those without health insurance coverage report markedly lower prevalence of preventive health services when compared to privately insured individuals. 66

### Implications of Poor Access to Health Care Services
(San Mateo County 2001 by Low-Income and Insured Status)

![Implications of Poor Access to Health Care Services](image)


KEY FINDING: Recent trends affecting health care delivery include an increase in use of alternative or complementary medical care and a growing reliance on the Internet for health-related information.

- In 2001, 20.1% 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

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66 Ibid.
nurse, a significant increase from the 12.0% reported in 1998. The types of alternative/complementary care used most often include chiropractic care (51.4%), massage therapy (27.6%) or acupuncture (12.9%). 67

- A similar share of surveyed adults report that they rely on the Internet (21.5%) for health care information as those that rely on physicians (25.7%) or hospitals (19.8%). Reliance on the Internet for health care information is notably higher among men, those under age 65, persons with incomes over 400% poverty, Asian and White respondents, and Mid-County respondents. 68

- In the 2001 San Mateo County Quality of Life Survey, 79.2% of adults report having a computer in their home, a significant increase from the 68.7% recorded in 1998. But not everyone has access: there is a digital divide depending on income, class and race. Nine out of 10 households with incomes over the 400% poverty threshold (90.4%) currently have a computer in the home, compared to only 47.0% of those below the 200% poverty threshold. Seniors, residents with no postsecondary education, and Hispanics also demonstrate lower computer ownership. 69

**KEY FINDING:** Only one in seven births in San Mateo County does not receive adequate prenatal care. Although there has been improvement across the board, currently only Whites and Asians satisfy the Healthy People 2010 target for timely prenatal care.

- In 2000, 14% of San Mateo County births did not receive adequate prenatal care using the Kessner Index. Adequate prenatal care increased from 79% to 86% of total births between 1989 and 2000. The percentage of women receiving first trimester prenatal care increased from 80.7% to 86.5%. Adolescents have lower rates of adequate prenatal care. 70

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68 Ibid.
69 Ibid.
The rate of late or no prenatal care decreased in Whites and Hispanics, while remaining stable in other race/ethnic groups from 1989 to 2000. African-American, Hispanic, and Filipino mothers’ care ranges from 65% to 85%. Pacific Islanders are improving, but occupy the lowest segment, fluctuating around 55%.  

A total of 8.8% surveyed adults with children report that they or someone in their household smoked during pregnancy with their youngest child.

**KEY FINDING:** Adolescents also 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.

- In this 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.
- 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.

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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>
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</table>


Watching television, videos or video games is a leading sedentary behavior in youth. In the 2001 San Mateo County Quality of Life Survey, 37.1% of parents of children over the age of one year report that their child watches three hours or more per day, significantly higher than the 27.5% reported in 1998. TV watching increases significantly with age: greater than 57% of 16- to 17-year-olds watch more than three hours of television per day.\(^5\)

Helps Others at Least 1 Hour Each Week (San Mateo County, 2000)

<table>
<thead>
<tr>
<th>Students Responding &quot;Yes&quot;</th>
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KEY FINDING: While the proportions of births to teens have decreased somewhat among Hispanics and African Americans, they remain considerably higher than among other racial groups.

- Nationwide, teen birth rates are on the decline for all ethnic groups and have reached the lowest point in decades. Adolescents birth rates decreased in San Mateo County between the 1994-96 and 1997-99 reporting periods, as they have both statewide and in Santa Clara County.

- Between 1997 and 1999, there were 32.9 births to mothers aged 15 to 19 per 1,000 female population aged 15 to 19, equivalent to approximately one birth for every 30 adolescent females. The San Mateo County adolescent birth rate compares favorably to those recorded statewide (53.6) and in neighboring Santa Clara County (40.3) during this period.

- By race/ethnicity, San Mateo County adolescent births are highest among Hispanic adolescents (89.9 per 1,000 females 15 to 19 between 1995 and 1997) — equivalent to approximately one birth for every 11 Hispanic adolescent females — although lower than among Hispanics statewide.

- African-American adolescents experience the second-highest rate (57.3) — roughly equivalent to one birth for every 17 African-American adolescent females — although again lower than found among African-American adolescents statewide.

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78 Ibid.
79 1999 California County Data Book. Children Now.
80 Ibid.
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. For example, adolescents had low rates of first trimester prenatal care and adequate prenatal care. However, there is a slowly improving trend in adequacy of prenatal care among pregnant adolescents. ¹¹

In the 1998 San Mateo County Youth Risk Factor Survey, 36.6% of high school students report being sexually active. Of these students, just over one-half (56.8%) report using a condom during sex, while 12.7% withdraw, and 9.6% use the “pill” to avoid pregnancy. More than one in 10 (11.3%) uses no kind of protection against pregnancy or sexually transmitted diseases. ¹²

In the 2001 San Mateo County Quality of Life Survey, almost all survey participants under the age of 65 (94.2%) indicate that, if they had a child who they thought to be sexually active, they would encourage him or her to use a condom (1.4% would not, and 4.4% would give other advice). This distribution is similar to that recorded in the 1998 survey. ¹³

Survey respondents under the age of 65 were presented with eight options to help prevent teen pregnancy and asked which they believe would be most helpful. The majority (63.0%) referenced “more parental involvement in the lives of youth,” followed distantly by “counseling for teens about sex and contraception” (11.8%) and “speakers in the schools about sex and contraception” (9.9%). ¹⁴

**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 needs for in-home supportive services, long-term care arrangements and respite care services.

Projections illustrate anticipated increases in both young and older age segments over the next several decades, most notably among those aged 60 and older. This age segment of older adults is expected to increase as a proportion of the population, from 17% (2000) to 24% by the year 2020. ¹⁵

Among the senior population (65 and older), Asian residents are projected to increase their representation considerably over the coming decades (from 15% to 34% of the senior population). ¹⁶

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¹⁴ Ibid.
population between 2000 and 2040), followed by Hispanic residents (from 11% to 27% of the senior population).  

- Nearly one-half (47.7%) of seniors report some impairment that limits their activities (compared to 29.0% nationwide). Furthermore:
  - 25.3% of seniors responding to the survey report that they need the help of others with routine needs (e.g., household chores, necessary business, shopping).
  - 2.8% of seniors report that they need the help of others with personal care needs (e.g., eating, bathing, dressing, getting around the house).

- When asked to indicate the number-one problem for local seniors, San Mateo County survey participants mentioned issues relating to: cost of living (28.9%), access to medical care (13.2%), transportation (7.8%), loneliness/isolation (5.3%) and housing (5.0%).

**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.

- While the leading causes of death indicate the primary pathophysiological conditions identified at the time of death, they do not speak to the root causes that lead to death. Conditions causing death include a combination of hereditary and external factors such as risk behaviors and injuries. Thus, it is estimated that an annual average of approximately 937 persons (19%) died in San Mateo County each year between 1997 and 1999 because of tobacco use. Another 690 (14%) died each year due to poor diet and/or lack of exercise. Another 246 (5%) died because of alcohol use.

- There are four simple lifestyle risk reduction activities that everyone can participate in. Disturbingly, only 9.2% of the overall adult population participates in all four of these:
  - In 2001, 12.7% of San Mateo County survey respondents reported smoking cigarettes, significantly lower than the 16.6% found in 1998. A total of 13.9% report that they or

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87 Ibid.
88 Ibid.
89 Ibid.
90 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
91 County Health Status Profiles, 2001. Department of Health Services and California Conference of Local Health Officers.
another member of their household currently smokes in their home (significantly lower than the 17.5% reported in 1998). 92

- A total of 53.8% of San Mateo County respondents are overweight (similar to 1998 findings, and compared to 54.8% statewide and 56.9% nationwide). 93

- Survey respondents report eating an average of 3.9 servings of fruits (1.9) and vegetables (2.0) per day, well below the recommended five daily servings. Only 31.2% eat the recommended level. 94

- A total of 11.7% report no leisure-time physical activity in the past month (compared to 21.0% nationwide). Most San Mateo County respondents (64.1%) 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+ minutes on each occasion. 95

![Exhibit Healthy Behaviors](chart)

**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.

❄ 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. In the 2001 survey, nearly nine in 10 San Mateo County adults (86.7%) exhibit at least one cardiovascular risk factor (i.e., smoking, no leisure-time physical activity,

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93 Ibid.
94 Ibid.
95 Ibid.
high blood pressure, high cholesterol, or being overweight). This is a significant increase over the 80.1% found in the 1998 survey.\(^{96}\)

**KEY FINDING:** Cancers are a leading cause of death in San Mateo County, and the leading cause of death among those aged 35 to 74.

- The leading causes of cancer deaths by site were, in order: lung, colorectal and breast cancers. In each year between 1992-2000, lung cancer on average claimed almost 3 times as many lives (319) as colorectal cancer (110), the second leading cause of cancer death. Gender-specific cancers of female breast cancer and prostate cancer are the third and fourth leading causes of cancer deaths.\(^{97}\)
  - A positive finding this year is that significantly fewer adults in San Mateo County report smoking cigarettes.

- The 1997-99 annual average age-adjusted death rate for female breast cancer in San Mateo County was 28.1 deaths per 100,000 population, not meeting the Healthy People 2010 target of 22.3 or lower. However, breast cancer death rates have been slowly declining over the past decade.\(^{98}\)
  - In San Mateo County, 81.2% of women aged 40 and older have had a mammogram in the past two years, satisfying the Healthy People 2010 target of 70% or higher.\(^{99}\)
  - 42.1% of female respondents 18 and older perform a breast self-exam at least once monthly. This proportion is similar to national findings, as well as 1998 San Mateo County findings.\(^{100}\)

- 9 out of 10 (89.1%) area women have had a Pap smear within the last 3 years, similar to 1998 findings. This is higher than the 84% recorded nationwide and just about meets the Year 2010 goal (≥90%).\(^{101}\)

- Prostate cancer is the most common type of cancer among men. Between 1994 and 1998, the annual average age-adjusted incidence rate of male prostate cancer cases in San Mateo

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\(^{98}\) County Health Status Profiles, 2001. California Department of Health Services and California Conference of Local Health Officers.


\(^{100}\) Ibid.

\(^{101}\) Ibid.
County was 127.5 new cases per 100,000 (down from 138.7/100,000 in 1990-1994). This incidence rate is very close to the statewide rate (128.6 per 100,000).  

— 44.4% of San Mateo County men aged 40 and older have had a PSA (prostate-specific antigen) test in the past year to check for prostate cancer, similar to 1998 findings and national average (49.3%).  

— 55.7% of men aged 50 and older have had a digital rectal exam in the past year.  

✦ A total of 52.7% of San Mateo County residents aged 50 and older have had a fecal occult blood test in the past two years, satisfying the Healthy People 2010 target and higher than the US proportion, but significantly lower than the 61.9% reported in 1998.

**KEY FINDING:** Compared to U.S. rates, San Mateo County residents generally report lower prevalence of chronic conditions. However, we see increases in self-reported prevalence of for arthritis/ rheumatism, asthma, cancer and stroke between 1998 and 2001.

✦ The 2001 San Mateo County Behavioral Risk Factor Survey found the following prevalence levels (the percentage of the population with a given condition at a single point in time) of selected chronic illness in San Mateo County among adults aged 18 and older, as compared to the 1998 survey findings. Statistically significant increases in prevalence were found for arthritis/ rheumatism, asthma, cancer and stroke.

✦ A total of 12.8% of 2001 survey respondents report having asthma, representing approximately 69,600 San Mateo County adults. This is a significant increase from the 8.0% reported in 1998. One in ten (10.9%) San Mateo County children suffers from asthma, according to parents participating in the 2001 survey.

✦ 2001 survey findings show that diabetes prevalence increases considerably with age, from 1.6% among young adults to 10.8% among those 65 and older. There is also an inverse relationship with income: diabetes affects 9.7% of persons living below the 200% poverty threshold, compared to 2.5% of those living at the 400% poverty threshold or above. North County respondents also express a statistically higher prevalence of diabetes (7.1%).

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102 Northern California Cancer Center Data, 2001. California Cancer Registry (9/00) and CDHS Center for Health Statistics, Death Certificate Master Files.


104 Ibid.

105 Ibid.

106 Ibid.

107 Ibid.

108 Ibid.
KEY FINDING: 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 new diagnoses have decreased significantly and are expected to continue decreasing, the number of persons living with AIDS in San Mateo County is increasing. For the year 2000, there were 23 new diagnoses and 695 persons known to be living with AIDS in San Mateo County.\textsuperscript{109}

- In the 2001 survey, 47.4% of adults 18-64 in San Mateo County have been tested for HIV, apart from testing done when donating blood (\textit{significantly higher} than the 40.9% found in 1998).\textsuperscript{110}

- Three-fourths (77.9%) of adult survey respondents between the ages of 18 and 64 believe that HIV/AIDS education should begin during the elementary school years (Kindergarten through 6\textsuperscript{th} grade). A total of 14.0% believe HIV/AIDS education should begin in the 7\textsuperscript{th} or 8\textsuperscript{th} grades, while 6.1% believe it should begin in the high school years (9\textsuperscript{th}-12\textsuperscript{th} grades). A total of 1.8% believe it should not be taught at all.\textsuperscript{111}

\textsuperscript{109} Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2001.

\textsuperscript{110} 2001 Behavioral Risk Factor Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

\textsuperscript{111} Ibid.
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.

- Reported cases of gonorrhea have declined in 2000 to 28% of the 1990 level. Gonorrhea cases rates are below the California and US averages and, at 30.1/100,000 in 2000 are slightly above the Year 2010 Objective of 19/100,000, but are increasing.  

- Chlamydia rates declined in San Mateo County during the early 1990s. However, this decline may represent a reduction in screening and reporting rather than a true decline. We are currently seeing a disturbing increase in the chlamydia rate.

KEY FINDING: Tuberculosis case rates have declined in recent years, but are still among the highest in the state and remain far from reaching the Healthy People 2010 target.

- Between 1997 and 1999, there was an annual average tuberculosis case rate of 10.5 per 100,000 population in San Mateo County, below the statewide rate (11.5).  

- Tuberculosis case rates increased considerably from the mid-1980s to the mid-1990s. Tuberculosis case numbers and rates have declined in recent years, but remain far from reaching the Healthy People 2010 target of 1.0 per 100,000 or lower.

Incidence Rates for Tuberculosis
U.S., California and San Mateo County, 1985-2000

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S.</th>
<th>California</th>
<th>San Mateo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>9.3</td>
<td>13.2</td>
<td>5.2</td>
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<tr>
<td>1995</td>
<td>6.8</td>
<td>13.5</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Morbidity Data: Morbidity and Mortality Weekly Report (MMWR), California DHS and San Mateo County Health Services. Disease Control and Prevention Unit, Reports of Verified Case of Tuberculosis (RVCT). The 2000 U.S. rate was not yet available at the time of publication.

Population Data: California Department of Finance, Demographic Research Unit.


113 Ibid.


San Mateo County ranks 45 out of the 58 California counties in a rank ordering of countywide tuberculosis case rates (where “1” is the lowest case rate).  

The race distribution of TB cases is significantly different from the overall race distribution in the population of the county, with Asians much more heavily represented among cases. The majority of cases in San Mateo County continue to occur in those born outside of the United States, in particular in individuals born and formerly residing in the Philippines, Mexico, China and Southeast Asia.

**KEY FINDING:** It is estimated that 1.5% to 2.3% of the general population have been exposed to the Hepatitis C virus (HCV).

- It is estimated that 1.5% to 2.3% of the general population (11,000 to 17,000 people) have been exposed to Hepatitis C (HCV). Approximately 30% of those with HIV are co-infected with HCV. Upwards of 90% of injection drug users (IDUs) are HCV-positive.

- 2001 survey findings reveal that 39.1% of adults aged 18 to 64 have had their blood tested for Hepatitis C, outside of testing done when donating blood. The proportions reporting having been tested for Hepatitis C are highest among young adults aged 18 to 39 (45.8%), men (42.1%) and respondents with postsecondary education (41.2%).

- Most high-risk individuals (80%) have not been previously tested for hepatitis C.

- Community members show strong support (73.5%) for a syringe exchange program as an effective strategy to reduce HIV and hepatitis C transmission in injected drug using populations.

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

- Accidental injury death rates are highest among older populations, but for children and younger adults (aged 5 through 34), they are the number-one cause of death.

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118 Ibid.
The three leading causes of injury deaths from 1992-95 were firearms, poisonings and overdoses, and motor vehicle accidents. From 1996-99, poisonings and overdoses overtook firearms as the leading cause of injury deaths. Overall, there was a 12.4% decrease in the number of injury deaths from the period 1992-95 to 1996-99.  

- Over the period 1992 to 1999, rates for motor vehicle deaths have declined steadily and have been well under the Healthy People 2010 target of 9.2 per 100,000.

- The rates for poisonings, however, have been 3.5 to 4 times the Healthy People 2010 target of 1.5 per 100,000.  

### Injury Deaths, Intentional and Unintentional


![Pie chart showing injury deaths](image)

1992-95 (N=1,090)

- Firearm 25%
- MVA 19%
- Poisoning/OD 20%
- Fall 8%
- Burned 2%
- Drowned 4%
- Other 10%

1996-99 (N=955, -12.4%)

- Firearm 19%
- MVA 18%
- Poisoning/OD 21%
- Cut/Stab 1%
- Fall 12%
- Burned 2%
- Drowned 4%
- Suffocated/Strangled 7%
- Other 17%


Firearms are a leading non-genetic external factor contributing to mortality. Roughly 70% of homicides in the 1990s were committed using a firearm.  

- In the 2001 San Mateo County Behavioral Risk Factor Survey, one out of seven households (14.3%) reports keeping a firearm in or around their home (including pistols, shotguns, rifles and other types of guns, but excluding starter pistols, BB guns or guns that cannot fire). This percentage is *significantly lower* than the 18.0% reporting a firearm in the home in 1998.  

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124 Ibid.

125 Ibid.

The prevalence of households with firearms is higher among men (16.7%), adults aged 40 to 64 (17.9%), persons living at higher incomes (17.2%) and White respondents (16.9%). Also, a much higher proportion (23.3%) of Coastside respondents report keeping a firearm in or around their home.\(^{127}\)

When compared to females, a much larger proportion of males carried weapons to school during 1998. The most commonly carried weapon was a knife.\(^{128}\)

**KEY FINDING:** Substance use is the most serious threat 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 drug use is a particular concern.

- The total number of people treated for alcohol or substance abuse during the 1999/2000 fiscal year showed an unexpected upturn, as the three previous fiscal years posted modest declines or negligible growth.\(^{129}\)

- A total of 12.7\% 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 similar to the 1998 findings.

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**Binge Drinkers, San Mateo County**

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>18 to 24</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>HS/Less Hs</th>
<th>&lt;200% Pov</th>
<th>200-400% Pov</th>
<th>&gt;400% Pov</th>
<th>White</th>
<th>Asian</th>
<th>North Mid-Co.</th>
<th>South</th>
<th>CA 2001</th>
<th>SMC 1998</th>
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<tbody>
<tr>
<td>20.9%</td>
<td>6.4%</td>
<td>9.6%</td>
<td>2.2%</td>
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<td></td>
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<td>12.1%</td>
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<td>24.3%</td>
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<td>14.8%</td>
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<td>16.6%</td>
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<td>13.7%</td>
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</tbody>
</table>

Sources: 
2. Behavioral Risk Factor Surveillance System. Centers for Disease Control, 1999 State Data 
3. 2000 PRC National Health Survey. Professional Research Consultants 

Note: Binge drinkers are those who have had 5 alcoholic beverages on any one occasion during the past month.


In an average month there are 40 people on the waiting list for outpatient services, 8 people for methadone maintenance, 29 people for methadone detoxification, 337 people for residential detoxification, 365 people for residential treatment, and 16 people for intensive day treatment services.\(^{130}\)

The proportion of African-Americans in San Mateo County represented among total admissions to alcohol and drug treatment programs in 1998 (18.2%) was nearly four times their representation in the county in 1998 (4.7%). Asians/Pacific Islanders were a relatively small percentage of admissions to treatment programs.\(^{131}\)

As for the drug of choice of clients who sought treatment, the county saw a 21% increase in marijuana users and a 14% increase in methamphetamine users during FY 1999/2000. Increases were also recorded for all other major forms of drugs.\(^{132}\)

In a 1998 survey of high school students:

- 52.0% of males in 9\(^{th}\) through 11\(^{th}\) grades and 43.2% of females in these grades reported having tried or used marijuana ("pot") at some time in their lives.\(^{133}\)

- More than 10% of surveyed 9\(^{th}\) through 11\(^{th}\) graders have also tried or used inhalants, cocaine, crack and other illegal drugs.\(^{134}\)

- While fewer San Mateo County high school students drank, smoked cigarettes or smoked marijuana in the past month as compared to the national average, they were more likely to use cocaine. 6% had used cocaine in the past 30 days, compared to 4% statewide and 3.3% nationally.\(^{135}\)

Among surveyed parents of school-aged children, 6.1% suspect that they child has used alcohol or drugs during the past year. This percentage increases to 11.4% among responding parents of children aged 10 to 17 (114 parents responding), and 22.0% among responding parents of children aged 14 to 17 (55 parents responding).\(^{136}\)

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\(^{131}\) California Department of Health Services.


\(^{133}\) 1998 San Mateo County Youth Risk Behavior Survey.

\(^{134}\) Ibid.


KEY FINDING: While most mental health indicators addressed in the survey are generally comparable or slightly more favorable than national benchmarks, 2001 saw increases in the proportions of adults experiencing prolonged depression or isolation.

- One out of four surveyed adults (25.4%) reports 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. This proportion is significantly higher than the 19.5% reported in 1998.¹³⁷

- While most 2001 survey respondents say they have had someone in the past month to whom they could turn if they needed or wanted help, 13.7% have not. This is a significant increase over the 9.1% reported in the 1998 survey. Persons living below the 200% poverty threshold, Hispanic respondents and Asian respondents more often report not have this type of support network.¹³⁸

- Over one-fourth of surveyed adults (29.8%) report experiencing some degree of difficulty in their lives with feelings of isolation or loneliness (a “little,” “moderate amount,” “quite a bit” or “extreme” difficulty). These indications were highest among lower-income respondents, young adults and North County and Coastside residents. Over one-fourth (27.4%) report experiencing some degree of difficulty in their lives with fear, anxiety or panic.¹³⁹

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Experience Some Degree of Difficulty With Feelings of Isolation or Loneliness

![Bar Chart]


Note: Asked of all respondents.

¹³⁷ 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
¹³⁸ Ibid.
• While just under 6% of surveyed adults report that they have a “history” of mental or emotional illness, more than one-fourth (27.5%) have sought some type of professional help for a mental or emotional problem (such as depression, stress, and anxiety).\textsuperscript{140}

• 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. Young adults (under 40) report a greater number of days of poor rest or sleep, as do respondents with higher incomes, White respondents and Coastside residents.\textsuperscript{141}

\textsuperscript{140} 2001 Behavioral Risk Factor Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
\textsuperscript{141} Ibid.
Quality of Life in San Mateo County
Community Description

OVERVIEW

Most San Mateo County residents continue to enjoy a very high quality of life, having participated in the prosperity realized over the past several years. Census data show San Mateo County to be among the most culturally and ethnically diverse counties in America, and Asian and Hispanic residents are expected to continue to become an increasingly greater proportion of the population. Seniors are the fastest growing age group, with the population aged 65 and older expected to double between 2000 and 2030.

Jobs continue to grow, albeit at a slowing pace compared to record growth in the late 1990s. However, consumer confidence in the local economy and job opportunities is decidedly shaken versus three years ago, notwithstanding changes in economic confidence as a result of the events of September 11, 2001, after these data were collected (note that a follow-up survey was administered in February 2002 with selected survey indicators; the results of this follow-up administration are provided as an appendix to this report).

While the county excels by most conventional measures, there are subgroups within the population who do not share the wealth. The prosperity of recent years has also led to an extremely high cost of living that significantly impacts low- and middle-income families as they struggle to try to afford the basics of life, such as housing, food and child care.

In many ways, quality of life in San Mateo County is a study in extremes: while many benefit from high-paying jobs in high-tech industries, among the fastest growing job segments are jobs that pay below a subsistence wage; in a county with a very high median income, one in four children lives in relative poverty; and while most residents give the county high marks as a place to live, many are considering leaving because of the high cost of living.

Demographic Description

Population & Population Growth

- Census 2000 revealed a total population of 707,161 residents in San Mateo County, an 8.9% increase over the 1990 population.  

Based on population projections for the county (which do not as of yet reflect Census 2000 data), San Mateo County is expected to increase 6.7% between 2000 and 2005, and increase 10.7% between 2000 and 2010.  

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%).

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.

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Percent Change in Population 1990-2000
Incorporated Cities


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145 1999-2000 County-to-County Migration Inflows/Outflows. Internal Revenue Service.
Length of Residence

In the 2001 San Mateo County Quality of Life Survey, 24.1% of respondents report that they have lived in the county for more than 30 years. Another 35.0% have lived here for between 10 and 30 years.¹⁴⁶

Residence in San Mateo County, 2001

A total of 40.9% of survey respondents have lived in the county less than 10 years. The reasons for relocating to San Mateo County predominantly related to a job or spouse’s job (20.9%), affordability (16.3%) because they had friends or family here (15.4%), because it is a nice, quiet area (14.0%), convenient location (8.8%) or because of the climate/environment (7.5%).¹⁴⁷

Gender

The population of San Mateo County is 50.6% female, 49.4% male.¹⁴⁸

Age Distribution & Trends

Since 1990, the population for children from birth through 13 years old has increased by 26%, faster than the county population as a whole. Most of that increase has been among school-age children, ages six through 13 years old.¹⁴⁹

¹⁴⁶ 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
¹⁴⁷ Ibid.
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.

Projections illustrate anticipated increase in both young and older age segments over then next several decades, most notably among those aged 60 and older. This age segment of older adults will make up nearly one-fourth of the population by the year 2020. The proportion of young adults (those aged 20 to 39) is expected to represent a declining proportion of the population.


Note: Department of Finance numbers have not been updated to reflect the 2000 Census findings.

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Race/Ethnicity Distribution & Trends

In the 2000 Census, the racial composition of San Mateo County changed considerably from 10 years earlier. White residents (which in this case includes both Hispanic and non-Hispanic Whites, as current census information about non-Hispanic Whites is not yet available), comprise a much narrower majority, while Hispanics and Asians have increased their representation within the county. 152

![Race/Ethnicity, San Mateo County](chart)

Over the next several decades, the non-Hispanic White population is expected to decrease considerably, while Hispanic and Asian populations are expected to have the greatest representation. [Note in the following chart that these California Department of Finance projections have not yet been updated to reflect the Census 2000 figures.] 153

![Projected Population by Race/Ethnicity, San Mateo County](chart)

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From 2001 survey findings, one out of four adult county residents was born outside the United States. Among foreign-born residents, 37.3% have lived in the U.S. for more than 20 years, while 38.0% have lived here less than 10 years.\textsuperscript{154}

\begin{center}
\textbf{Nativity, San Mateo County, 2001}
\end{center}

\begin{itemize}
\item Born a U.S. Citizen: 74.7%
\item Foreign-Born: 25.3%
\end{itemize}

\begin{itemize}
\item 20+ Years: 37.3%
\item 11-20 Years: 24.7%
\item 6-10 Years: 18.1%
\item 5 Years or Less: 19.9%
\end{itemize}

Source: 2001 San Mateo County Quality of Life Survey. Healthy Community Collaborative of San Mateo County. (Professional Research Consultants; August 2001.)

\textsuperscript{154} 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
Demographic Trends Among Children

- Population numbers for children under 15 are expected to increase 16.6% between the years 2000 and 2030.\(^{155}\)

- San Mateo is the third most ethnically diverse county in the United States. Over half of the county’s families are non-White and many of the current residents are first generation immigrants.\(^{156}\)

- 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. The child population is approximately 41% white; 30% Hispanic; 23% Asian/Pacific Islander; 5% African American and 1% Native American.\(^{157}\)

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>122,464</td>
<td>156,881</td>
<td>157,367</td>
<td>163,386</td>
<td>182,941</td>
<td>193,549</td>
</tr>
<tr>
<td>Non-Hisp White (%)</td>
<td>47.9</td>
<td>39.3</td>
<td>28.5</td>
<td>21.5</td>
<td>18.4</td>
<td>12.3</td>
</tr>
<tr>
<td>Asian/Pac Isl (%)</td>
<td>19.6</td>
<td>23.3</td>
<td>29.2</td>
<td>31.6</td>
<td>32</td>
<td>33.7</td>
</tr>
<tr>
<td>Hispanic (%)</td>
<td>25.7</td>
<td>32.8</td>
<td>38.8</td>
<td>43.8</td>
<td>47.3</td>
<td>52.2</td>
</tr>
<tr>
<td>African-Am (%)</td>
<td>6.5</td>
<td>4.4</td>
<td>3.3</td>
<td>2.9</td>
<td>2.1</td>
<td>1.6</td>
</tr>
<tr>
<td>American Indian (%)</td>
<td>0.4</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Notes: 1. Department of Finance numbers have not been updated to reflect the 2000 Census findings.
2. For the purposes of this projection, the five race/ethnic categories are mutually exclusive.

- Projections show that the populations of White (non-Hispanic) and African American children are expected to decrease considerably over the coming decades, both in numbers and representation within the child population. Sizable increases are anticipated for Hispanic and Asian children.\(^{158}\)

\(^{156}\) 2000-2005 San Mateo County Child Care Strategic Plan. Child Care Partnership Council.
\(^{157}\) Ibid.
\(^{158}\) County Population Projections With Age, Sex and Race/Ethnic Detail California State Department of Finance. December 1998.
Demographic Trends Among Older Adults

- Population numbers for seniors are expected to more than double between the years 2000 and 2030 (108.4% increase). ¹⁵⁹
- Among the senior population, Asian residents are projected to increase their representation considerably over the coming decades, followed by Hispanic residents. ¹⁶⁰

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

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>79,412</td>
<td>94,647</td>
<td>112,011</td>
<td>149,220</td>
<td>197,224</td>
<td>209,779</td>
</tr>
<tr>
<td>White (%)</td>
<td>81.9</td>
<td>70.9</td>
<td>62.5</td>
<td>56.7</td>
<td>48.1</td>
<td>35.5</td>
</tr>
<tr>
<td>Asian/Pac Isl (%)</td>
<td>8.3</td>
<td>14.5</td>
<td>20.1</td>
<td>24.4</td>
<td>28.3</td>
<td>34.2</td>
</tr>
<tr>
<td>Hispanic (%)</td>
<td>6.5</td>
<td>10.7</td>
<td>13.2</td>
<td>14.7</td>
<td>19.6</td>
<td>26.6</td>
</tr>
<tr>
<td>African-Am (%)</td>
<td>3</td>
<td>3.4</td>
<td>3.6</td>
<td>3.6</td>
<td>3.4</td>
<td>3</td>
</tr>
<tr>
<td>American Indian (%)</td>
<td>0.2</td>
<td>0.4</td>
<td>0.5</td>
<td>0.6</td>
<td>0.6</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Notes: 1. Department of Finance numbers have not been updated to reflect the 2000 Census findings.
  2. For the purposes of this projection, the five race/ethnic categories are mutually exclusive.

¹⁶⁰ Ibid.
Economy

Perceptions of the Local Economy

It should be noted that the findings presented in this report, including survey findings and changes in consumer confidence in the local economy, reflect findings prior to the events of September 11, 2001.

While almost one-third of 2001 survey participants view the local economy’s strength and growth as “excellent” (8.6%) or “very good” (21.4%), a greater share view it as “fair” (24.3%) or “poor” (10.3%). This represents a significant decrease in consumer confidence in the San Mateo economy in comparison to 1998 findings. [Note that testing for statistical significance was performed using Chi Square statistics at the 95% confidence level.] 161

Perceptions of the Local Economy, San Mateo County

In the 10 days of September before terrorists struck the World Trade Center and the Pentagon, consumer confidence plunged more sharply than at any time since the last recession ... suggesting that the nation was moving quickly toward a recession even before the attacks. New reports of falling retail sales suggested that the attacks contributed to damage to consumer spending, which had already weakened before September 11 in response to rising unemployment and declining stock prices. 162

“Fair/poor” evaluations of the local economy are particularly high among those earning incomes below the 200% poverty threshold (52.9% “fair/poor”), as well as among those

with no education beyond high school. “Fair/poor” evaluations are also much higher in South County than in other parts of the county. 163

Strength/Growth of Local Economy is "Fair/Poor," San Mateo County, 2001

Employment

Employment Base

✦ As of July 2001, businesses in San Mateo County employ 408,600 workers. A total of 46% of workers work at businesses located in Daly City, San Mateo, Redwood City, and South San Francisco. 164

✦ United Airlines and Oracle continue to be the largest employers in San Mateo County, but small and medium-sized businesses are still predominant in the county with 98% employing less than 100 people and 63% less than 5 people. 165

✦ Within a month following the terrorist attacks of September 11th, more than 3,000 local workers were furloughed by United Airlines. 166

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163 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County, Professional Research Consultants, Inc.
164 State of California Employment Development Department, Labor Market Information Division.
In 1998, San Mateo County employment was dominated by the services, retail trade, and transportation and public utilities sectors. ¹⁶⁷

Among survey respondents in 2001, 39.4% report working in professional, specialty or technical occupations, followed by executive, administrative or managerial occupations (20.6%). ¹⁶⁸

Survey participants who work for salary or wages report working an average of 40.2 hours per week. Over one-fourth (29.8%) report working more than 40 hours during a typical week. ¹⁶⁹

Job Growth

San Mateo County nonagricultural wage and salary employment showed strong growth between 1994 and 1998. Payroll employment in 1998 grew by 3.3% or 10,900 jobs with services accounting for almost one-fourth of the growth. ¹⁷⁰

While small, agriculture and forestry continue to be important to the county, 1999 showed a decrease in total gross production of 1% from 1998 (a 16% decrease from 1997) due to the effects of weather. Floral and nursery crops are still dominant, providing 76% of the total agricultural income. ¹⁷¹

¹⁶⁷ State of California Employment Development Department, Labor Market Information Division.
¹⁶⁸ 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
¹⁶⁹ Ibid.
¹⁷⁰ State of California Employment Development Department, Labor Market Information Division.
Between 1995 and 2000, there was a 33% increase in the number of jobs since 1995 (101,400), higher than that of any prior recorded 5-year period.\(^{172}\)

The services sector accounts for 31% of all jobs and grew by 13% in the past year, making it the largest and fastest-growing industry. Nearly 60% of that gain occurred in business services, which includes software development and related computer services.\(^{173}\)

The 5-year growth rate for services was 30.1%, the highest ever recorded, which includes 9,300 new computer programming jobs. The expansion in the high-tech sectors included rapid advancements in biotechnology, leading to 3,400 new positions in biotechnology and bioscience research. A steady gain of 1,100 jobs in hotel services and 400 jobs in amusement, private educational services, legal services, and social services point to continued growth in those areas.\(^{174}\)

San Mateo’s County’s growing economy, led by technology-driven industries, requires an increasingly large workforce. From 1993 to 1996, there were 30,000 new jobs, and from 1990 to 1996, there was an increase of 24% in new businesses. Between 2000 and 2010, San Mateo County will add almost 33,500 jobs. Nearly half of these jobs will be in the service sector.\(^{175}\)

### Percentage Employment Growth (Non-Farm)

<table>
<thead>
<tr>
<th>Year</th>
<th>San Mateo County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>2.5%</td>
<td>2.1%</td>
</tr>
<tr>
<td>1991</td>
<td>1.1%</td>
<td>-1.1%</td>
</tr>
<tr>
<td>1992</td>
<td>-3.6%</td>
<td>-1.7%</td>
</tr>
<tr>
<td>1993</td>
<td>-1.3%</td>
<td>-0.9%</td>
</tr>
<tr>
<td>1994</td>
<td>0.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>1995</td>
<td>3.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>1996</td>
<td>4.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>1997</td>
<td>4.5%</td>
<td>3%</td>
</tr>
<tr>
<td>1998</td>
<td>3.3%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

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

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\(^{173}\) Ibid.

\(^{174}\) Ibid.

\(^{175}\) 2000-2005 San Mateo County Child Care Strategic Plan. Child Care Partnership Council.
During the forecast period of 1995-2002, it is expected that 80% of job growth in the county will be in services, manufacturing, and retail trade. 176

Services is also the fastest growing industry with a seven-year projected growth rate of 30.1%. The largest growth in this area is due to gains in software development and related computer services. 177

In July 2001, San Mateo County reported 415,400 wage and salary jobs, which represents an increase of 6,200 jobs from the previous month. However, because the labor force grew faster during this time, the number of unemployed also grew: up 800 to 12,700 in July 2001, the highest number of unemployed in the county since 1996. 178

Cycles of difficult times and layoffs are almost inevitable, particularly in the high-tech industry. Overall, however, the area is expected to continue to add jobs. The long-term forecast shows another 183,000 new jobs in San Mateo County and Santa Clara County by 2010. 179

Unemployment

The unemployment rate in San Mateo County in 2001 was 2.8%. This is notably higher than reported for 2000, but remains below neighboring Santa Clara County (4.5%) and well below the statewide unemployment rate (5.3%). 180

— East Palo Alto and North Fair Oaks remain above that rate, with Half Moon Bay and San Carlos showing the lowest rates. 181

Unemployment Rate

Note: The annual average unemployment rates are calculated using rounded data, and are not seasonally adjusted.

177 Ibid.
178 Ibid.
179 Silicon Valley Projections 2000. Silicon Valley Manufacturing Group and the Association of Bay Area Governments.
181 Ibid.
The upswing in unemployment since the beginning of 2001 (from a low of 1.2% in December 2000) signals a remarkable shift, although as of yet, unemployment remains well below the peak levels experienced in the early 1990s. 182

Unemployment Rate, San Mateo County 1990-2001

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

Perceptions of Job Opportunities & Work Training

Just under one-fourth of survey participants in 2001 rate local employment opportunities as “excellent” or “very good,” a significant decrease from 1998 findings. Furthermore, 39.5% this year rate local employment opportunities as “fair” or “poor,” a statistically significant increase from 20.4% “fair/poor” in 1998. 183

“Fair/poor” responses in 2001 were particularly high (over 40%) among women, adults aged 40 to 64, those living below the 200% poverty threshold, Hispanic respondents, Asian respondents, and residents of the Coastside region. 184

184 Ibid.
Local Employment Opportunities Are "Fair/Poor,"
San Mateo County, 2001

A total of 30.1% of survey respondents believe they need additional work skills or job training to remain competitive in San Mateo County. This belief is particularly held among those at lower income levels, as well as among men, young adults (18 to 39), non-White respondents, and North County residents.  

Need Additional Work Skills or Job Training, San Mateo County, 1998 vs. 2001

185 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
Additionally, 46.3% of survey respondents report that they have attended a work-related training class within the past year; this is highest among Whites and those at higher income or education levels.  

**Attended Work-Related Training Classes in Past Year, San Mateo County, 2001**

![Bar chart showing the percentage of people who attended work-related training classes in San Mateo County, 2001.]


**Income**

In 2001, according to Housing and Urban Development (HUD) figures, countywide median income for a family of four increased 6.9% over the previous year to $80,100. This compares to a median income of $52,500 nationwide and $58,400 in California. It should be noted that the overall cost of living in San Mateo County is far above the state average.

**Financial Self-Sufficiency**

San Mateo County is an expensive place to live. Barbara Maynard, an Oakland economist, has developed an Inverse Index for calculating how expensive it is to live in the San Francisco Bay Area. According to that Index, a dollar in San Mateo County will buy only 64 cents worth of what it would buy elsewhere in the Bay Area. In Santa Clara County, the dollar is worth only 78 cents. In Marin, it’s 76 cents. In Solano County it is worth the most, $1.26.

Single parents face an even greater challenge. The Human Services Agency of San Mateo County estimates that a single parent with one infant and one school-aged child must have an annual income of $61,344 to be self-sufficient. Whereas the hourly rate for minimum

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187 U.S. Department of Housing and Urban Development.

wage is $6.25 ($6.75 in 2002), a San Mateo County single parent of two needs to earn $29.49 per hour to be self-sufficient. 189

❖ By the year 2001, almost half of the jobs with the greatest projected growth will pay less than $10.00 per hour, less than what is needed for family self-sufficiency. 190

❖ In the 2001 San Mateo County Quality of Life Survey, 41.6% of respondents report that they or a family member have seriously considered leaving the county because of the cost of living. This includes over 50% of those aged 18 to 39, those living below the 200% poverty threshold, and Hispanic respondents. 191

Have Considered Leaving County Because of Cost of Living, San Mateo County, 2001


Low-Income Families

❖ In the year 2000, one in four children in San Mateo County, or 40,076 children, live in low-income families — families whose annual income is at or below 75% of the state’s median ($37,600 for a family of four). There is a tremendous gap between this figure and the estimated income needed to meet basic needs in the Bay Area, and a huge discrepancy compared to the 2000 median household income in San Mateo County of $74,900. 192

A total of 6.6% of San Mateo County residents live below the federal poverty level ($16,050 for a family of four at the time of this estimate, 1997), including 9.5% of children (15,354 children). While these percentages are lower than found regionally, statewide or nationally, the very high cost of living makes it nearly impossible for families at this income level to survive in San Mateo County. 193

### 2002 Health & Human Services Poverty Guidelines

<table>
<thead>
<tr>
<th>Household Members</th>
<th>100% Poverty (Annual $)</th>
<th>200% Poverty (Annual $)</th>
<th>400% Poverty (Annual $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$8,860</td>
<td>$17,720</td>
<td>$35,440</td>
</tr>
<tr>
<td>2</td>
<td>$11,940</td>
<td>$23,880</td>
<td>$47,760</td>
</tr>
<tr>
<td>3</td>
<td>$15,020</td>
<td>$30,040</td>
<td>$60,080</td>
</tr>
<tr>
<td>4</td>
<td>$18,100</td>
<td>$36,200</td>
<td>$72,400</td>
</tr>
<tr>
<td>5</td>
<td>$21,180</td>
<td>$42,360</td>
<td>$84,720</td>
</tr>
<tr>
<td>6</td>
<td>$24,260</td>
<td>$48,520</td>
<td>$97,040</td>
</tr>
<tr>
<td>7</td>
<td>$27,340</td>
<td>$54,680</td>
<td>$109,360</td>
</tr>
<tr>
<td>8</td>
<td>$30,420</td>
<td>$60,840</td>
<td>$121,680</td>
</tr>
<tr>
<td>Each additional member, add:</td>
<td>$3,080</td>
<td>$6,160</td>
<td>$12,320</td>
</tr>
</tbody>
</table>

### Persons Living in Poverty

1997 Model-Based Estimate

- San Mateo County: 6.6%
- Santa Clara County: 9%
- California: 16%
- U.S.: 13.3%

- All Ages: 24.6%
- Under 18: 19.9%

Source: U.S. Census Bureau.

193 U.S. Census Bureau.
Children living in poverty are much more prevalent in some parts of the county than in others. For example, approximately one in four school-aged children in the Ravenswood City Elementary and Bayshore Elementary School Districts lives below the federal poverty level.

In addition, senior households make up a significant portion of the low-income households in San Mateo County. A total of 42% of low-income households are senior households.

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194 U.S. Census Bureau.

195 Senior Housing in San Mateo County. A Project of the San Mateo/Hillsborough/Burlingame/Foster City Leadership Program 1997-98.
Personal Financial Situation

In 2001, 50.1% of San Mateo County survey respondents characterize their personal financial situation as "excellent" or "very good," in terms of being able to afford adequate food and housing, and pay the bills they currently have. However, 21.8% described their personal financial situation as "fair" or "poor," a statistically significant increase over 1998 findings. Furthermore, 67.1% of those living below the 200% poverty threshold believe their financial situation to be "fair/poor." 196

Nearly one out of five San Mateo County survey respondents (18.4%) believes he or she is financially worse off than a year ago, a dramatic increase from the 7.8% reported in 1998. Among those below the 200% poverty threshold, 34.3% believe they are worse off financially. 197


197 Ibid.
Evaluations of the Community as a Place To Live

Perceptions of Community Life

Survey ratings of the community as a place to live have not changed significantly since the 1998 survey was conducted: this year, 69.7% rate their community as "excellent" or "very good," and three-fourths believe life in their community is "much" or "somewhat" better than most other communities throughout the country. (7.7% rate their community as a "fair" or "poor" place to live, and 5.7% believe it is worse than most other U.S. communities). 198

Evaluation of the Community as a Place to Live, 1998 vs. 2001

One-third of San Mateo County residents express optimism that their community's quality of life will get better in coming years (34.2% in 2001 versus 31.6% in 1998). A total of 47.2% believe it will stay the same, while 18.6% believe it will get worse. 199

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199 Ibid.
Community Involvement, Attachment & Pride

Two-thirds of 2001 survey respondents believe they, as individuals, are able to affect quality of life in their community; one-third do not. Over 40% of seniors (65 and older) and respondents living below the 200% poverty threshold do not believe they are able to affect quality of life in San Mateo County.¹⁰⁰

Do Not Feel Able to Affect Quality of Life in Community
San Mateo County, 2001

¹⁰⁰ 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
Most surveyed adults feel at least somewhat connected to their community, especially those living on the Coastside and seniors; however, 31.9% do not, particularly young adults (43.1%), those below the 200% poverty threshold (38.9%), Asian respondents (37.4%) and Hispanic respondents (35.4%).

Feelings of Connection to the Community
San Mateo County, 2001

In 2001, one-half of surveyed adults feel that community pride in their area is “excellent” or “very good,” similar to 1998 findings. A total of 18.0% believe it is “fair/poor.”

Community Attachment and Pride

Note: Asked of all respondents.

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201 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
202 Ibid.
Perceived Attributes & Challenges

- According to 2001 survey respondents, the top five “best things” about living in San Mateo County (ranked in order of frequency and comprising three-fourths of all responses) include: the quiet, rural or small-town feel; the climate/weather; the people; the environment; and safety.  

- When asked about the number-one problem facing San Mateo County, survey respondents cited (ranked in order of frequency and comprising three-fourths of all responses): traffic and transportation; housing; cost of living; growth and overcrowding; and crime and violence. 

\[203\ \text{Ibid.} \]
\[204\ \text{Ibid.} \]
Family Issues

OVERVIEW

San Mateo County families continue to face many challenges. Many community members cite the cost of living as the number one problem facing their families. And though San Mateo County is an affluent community overall, there are many families in need.

The cost of child care in San Mateo County is the third-highest in the state, and low- and middle-income working families are especially hard hit. For some, child care and early learning costs may exceed what they pay for housing; center–based care for one infant consumes 82% of a minimum wage earner’s income. In addition, the demand for child care continues to outstrip supply in San Mateo County, especially for infant care. As the population ages, the demands of caring for older dependents is also a strain on family life.

Another area of concern for families is how to maintain educational excellence for our children. While community perceptions of quality of public education have improved in recent years, there remains wide disparity in academic investment and achievement between affluent and low-income areas in San Mateo County.

San Mateo County as a Place to Raise a Family

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, 59.0% view it as an "excellent" or "very good" place to raise a family; 14.2% view it as "fair" or "poor" (for the purposes of the survey, what constitutes a “family” was self-defined by each respondent).  

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205 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
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): housing; health care; education; lack of quality family time; traffic/transportation; caring for children; and crime.206

**Parenting Support**

- A total of 8.4% of parents participating in the 2001 survey say their ability to manage their child’s behavior is “fair/poor.” “Fair/poor” evaluations are highest (12.6%) among parents of 9- to 12-year-olds.207

- In 2001, 38.4% of San Mateo County parents participating in the survey have attended parenting classes or support groups in the past; this proportion is fairly consistent among parents with children in various age groups.208

- In the past year, nearly one-half of parent respondents report that they have been taught about parenting and/or received parenting support from one of the following: friends or family (22.8%); classes or groups at a hospital, library or other program (9.7%); a doctor’s visit (5.0%); child care providers (3.6%); religious organization (3.5%); school (2.1%); or nurse or social/community worker (1.8%).209

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206 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
207 Ibid.
208 Ibid.
209 Ibid.
Amount of Family Time

Most San Mateo County parents appear satisfied with the amount of time they spend with their children. Seven out of 10 parents participating in the 2001 survey rate the amount of time spent with their child as "excellent" or "very good." Only 7.1% offered "fair/poor" evaluations ("fair/poor" evaluations were higher among men than women, and among those living below the 200% poverty threshold versus those with higher incomes). 210

Caring for Grandchildren

A total of 3.6% of survey respondents in 2001 (those aged 30 or older) report that they or their spouse are the primary caregiver for a grandchild or great-grandchild. Indications are highest among older adults, those living at lower incomes, and Hispanic and Asian/Pacific Islander respondents. 211
Children’s Education

Evaluation of Children’s Education

Among surveyed parents with children in public schools, 67.8% rate their child’s education as “excellent” or “very good,” significantly higher than found in 1998 and in Santa Clara County in 2001. Among parents with children in private or parochial schools, “excellent/very good” evaluations are at 94% (also higher than 1998 and Santa Clara County 2001 evaluations). ²¹²

In the 2001 survey, 52.4% of San Mateo County parents with children in public schools (aged 5 to 17) believe that local public schools are doing an "excellent/very good" job preparing students for college or the job market, significantly better than the 41.5% reported in 1998 and significantly better than the 41.0% reported in Santa Clara County in 2001. In 2001 in San Mateo County, one in five public school parents (21.5%) believes public schools are doing a “fair/poor” job in this regard. ²¹³

Perceive Child’s Education to Be "Excellent/Very Good"
(by Type of School Attended by Child)

![Bar chart showing the percentage of parents perceiving their child's education as excellent/very good by type of school attended by child.]

2. 2001 PRC Santa Clara County Quality of Life Survey. (Professional Research Consultants).
Note: Asked among respondents with children aged 5 and older.

²¹³ Ibid.
Public Schools
Are Doing an "Excellent/Very Good"
Job Preparing Students for College/Job Market
(Among Parents With Children in Public Schools)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998 SMC</td>
<td>41.5%</td>
</tr>
<tr>
<td>2001 SMC</td>
<td>52.4%</td>
</tr>
<tr>
<td>2001 SCC</td>
<td>41%</td>
</tr>
</tbody>
</table>

2. 2001 PRC Santa Clara County Quality of Life Survey. (Professional Research Consultants).
Note: Asked among respondents with children attending public schools.

Enrollment

✦ During the 2000-01 school year, San Mateo County has 107 elementary schools; 27 middle schools; 20 high schools; 8 charter schools; 6 continuation schools; 4 community day schools; 2 alternative schools; 1 special education school; and 1 juvenile court school. In addition, there are 79 private schools, and 121 homes in which children are home schooled. 214

✦ There were 91,206 students enrolled in public schools in San Mateo County for the 2000-01 school year (64,950 elementary school students and 26,256 secondary school students). There were 17,298 students enrolled in private schools in 2000-01, and 220 children who were home schooled. 215

✦ It is estimated that public school enrollment will increase a modest 1.4% between the 2000-01 and 2005-06 school years (compared to 3.0% statewide). 216

✦ Total public school enrollment for K-12 decreased 1.8% between the 1998-99 and 2000-01 school years. 217

214 CBEDS (Public Schools) and R-4 Private School Affidavit Enrollment. 2000-01.
215 Ibid.
217 California Department of Education, Educational Demographics Unit. 2001.
Based on 2000-01 enrollment, 83.9% of San Mateo County students (K-12) attend public schools in the county. A total of 15.9% attend a private or parochial school, and 0.2% (220 children) are home schooled. \(^{218}\)

In the 2001 survey sample, attendance at public schools is highest in the Coastside region, as well as among Hispanic respondents and those at lower income levels. These findings are similar to those from the 1998 survey. \(^{219}\)

### Per-Pupil Revenue & Spending

In 1997, California ranked 14\(^{th}\) in the nation in per capita income, but 45\(^{th}\) in the percentage of income going toward public education. California continues to be among the worst states in the nation in per-pupil spending, averaging $5,627 per pupil in 1997-98. \(^{220}\)

**Revenue per Student per Average Daily Attendance by District, San Mateo County, 2000-00**

- Average revenues per annual ADA (average daily attendance) for grades K-12 in 1998/99 in San Mateo County were $6,225; average expenditures were $6,065. Total revenues for 1998/99 were $535,117,560; total expenditures were $521,385,553. \(^{221}\)

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\(^{218}\) CBEDS (Public Schools) and R-4 Private School Affidavit Enrollment. 2000-01.

\(^{219}\) 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.


In looking at per-pupil revenue by school district, we see a wide range of monies available. 2000-01 per-pupil revenues range from a high of $9,505 in the Woodside Elementary School District to a low of $5,578 in the Jefferson Elementary School District.

Inadequate funding combined with the high cost of living in Silicon Valley results in sub-standard school facilities and insufficient support services, including counselors, nurses, library books and usable computers. Education experts agree that we must increase spending per pupil to at least the national average. 222

Class Size & Teacher Supply

Class Size Reduction

Class size reductions occurred in certain subject areas at the high school level, first introduced in the 1998-99 school year, will be expanded in the coming years. 223

The pupil-to-teacher ratio in San Mateo County was below state levels in 1999-2000, with a ratio of 19.0 students per teacher in elementary school districts, 22.0 per teacher in high school districts, and 20.5 per teacher in unified school districts. 224

Pupil-Teacher Ratio,
Public School Districts 1999-2000

Source: Countywide Profile, Fiscal Year 1999-00. Ed-Data: Education Data Partnership.
Note: Numbers represent the ratio of students per teacher enrolled during the school year.

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Teacher Supply

- Class size reductions, along with growing enrollments, will compound the shortage of teachers, particularly among math and science teachers who are already in short supply. During the 2000-01 school year, average class size in San Mateo County was 26.1 students (compared to 26.5 statewide). [This number varies from that reported previously because the data are from different sources that may used different methods of calculation.]

- The area’s high housing costs and limited supply of affordable homes reduce the competitiveness of its school districts in the educational job market. In San Mateo County, a teacher needed 5½ times his/her salary to afford an average-priced new home in 1999.

Drop-Out Rates

- Nationally as well as locally, the high school dropout rate has been declining over the past few years. San Mateo County fares well compared to the State dropout rate, and even below the surrounding Bay Area counties of Santa Clara, San Francisco, and Alameda.

Annual Drop-Out Rates

- The “annual drop-out rate” represents the percent of dropouts during a single year, calculated from actual data submitted. It is also called the "annual" or "event" rate and it is the dropout rate used by the National Center for Education Statistics to compare states and school districts. The annual drop-out rate in San Mateo County for the 1999-2000 school year was 2.4%. However, there remain large differences among racial/ethnic groups: San Mateo County African-American, Hispanic and Pacific Islander students experience higher drop-out rates than Asian and White students, matching or exceeding rates statewide among these subgroups.

![1999-2000 High School Annual Dropout Rate as a Percent of Enrollment](image)

Source: State of California, Department of Education, Education Demographic Unit.

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225 Silicon Valley Projections 2000. Silicon Valley Manufacturing Group and the Association of Bay Area Governments.
226 State of California, Department of Education, Educational Demographic Unit.
228 “Bay Area Housing Crisis Continues.” Home Builders Association of Northern California.
230 State of California, Department of Education, Educational Demographic Unit.
By district, single-year drop-out rates for the 1999-2000 school year were highest in the Sequoia Union High School District and lowest in the Cabrillo Unified and La Honda-Pescadero Unified School Districts.\(^{231}\)

In 1999-2000, there were three dropouts among 8th graders, and none among 7th graders.\(^ {232}\)

1999-2000 Annual Drop-Out Rate for Grades 9-12 by San Mateo County School District

Four-Year Drop-Out Rates

It is not possible to track a 9th grade cohort until they graduate to determine a “true” four-year drop-out or graduation rate. This is because it is too difficult to account for mobility/transfer between schools, counties, states, etc.\(^ {233}\)

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\(^{231}\) Annual Dropout Rates for Grades 9-12 in California Public School Districts. CBEDS Data Collection. California Department of Education.

\(^{232}\) Ibid.

\(^{233}\) California Department of Education, Education Demographics Unit.
It is true that the 9th grade enrollment numbers exceed 12th grade enrollment numbers—they have been that way for decades. Three top reasons may be:

- “True” dropouts, particularly females of certain ethnic groups.
- Youth who ‘test’ out early, via the GED, to become emancipated or go on to college.
- Youth who move into adult education, private education, or some other education institution not administered by the California Department of Education (CDE).

For the above reasons, it is not possible to view the difference between 9th grade enrollment and aggregate 12 grade enrollment as “drop-outs.”

The CDE 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 percent of 9th grade students drop out along the way to 12th grade. This is the closest the state can get to “true” drop-out rates.

In San Mateo County, the four-year derived drop-out rate of high school students has consistently been lower than the statewide rate. However, after decreasing to a low of 6.4% in 1997-98, the local rate has been on the rise, increasing to 9.5% in 1999-00.

![Percent of Students Who Drop Out of High School](chart)


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234 California Department of Education, Education Demographics Unit.
235 Ibid.
236 Ibid.
237 Ibid.
African American and Latino students were the most likely to drop out in school year 1999-00, more than twice as likely as any other race or ethnicity.  

Percent of Students Who Drop Out of High School

Student Performance

Standardized Testing and Reporting (STAR), Reading

Third grade reading test scores have improved in San Mateo County over the past few years (58% at or above the national average in 2000-01) and far exceed the statewide average.  

Percent of 3rd Graders Reading At or Above the 50th National Percentile Rank

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238 California Department of Education, Education Demographics Unit.
These averages, however, hide disparities between school districts, ranging widely from 33% to 97% scoring above the national average, as described below. \(^{240}\)

When looking at state and local test scores compared to the national average, it is important to consider that the student population used to establish national norms for the SAT-9 test is very different from the San Mateo County student population: for example, in 1998-99, 22.1% of San Mateo County public school students have limited proficiency in English, in contrast to 1.8% of the national group. \(^{241}\)

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**Percent of 3rd Graders Reading At or Above the 50th National Percentile Rank by District, San Mateo County, 2000-01**

<table>
<thead>
<tr>
<th>School District</th>
<th>Percent Above 50th National Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillsborough City Elementary</td>
<td>97%</td>
</tr>
<tr>
<td>Portola Valley Elementary</td>
<td>97%</td>
</tr>
<tr>
<td>Woodside Elementary</td>
<td>96%</td>
</tr>
<tr>
<td>Los Lomitas Elementary</td>
<td>86%</td>
</tr>
<tr>
<td>Menlo Park City Elementary</td>
<td>86%</td>
</tr>
<tr>
<td>San Carlos Elementary</td>
<td>83%</td>
</tr>
<tr>
<td>Burlingame Elementary</td>
<td>79%</td>
</tr>
<tr>
<td>Millbrae Elementary</td>
<td>78%</td>
</tr>
<tr>
<td>Belmont-Redwood Shores Elementary</td>
<td>68%</td>
</tr>
<tr>
<td>Laguna Salada Union Elementary</td>
<td>67%</td>
</tr>
<tr>
<td>San Mateo-Foster City Elementary</td>
<td>66%</td>
</tr>
<tr>
<td>Cabrillo Unified</td>
<td>64%</td>
</tr>
<tr>
<td>San Bruno Park Elementary</td>
<td>58%</td>
</tr>
<tr>
<td>Bayshore Elementary</td>
<td>57%</td>
</tr>
<tr>
<td>Brisbane Elementary</td>
<td>56%</td>
</tr>
<tr>
<td>La Honda-Pescadero Unified</td>
<td>55%</td>
</tr>
<tr>
<td>South San Francisco Unified</td>
<td>51%</td>
</tr>
<tr>
<td>Jefferson Elementary</td>
<td>51%</td>
</tr>
<tr>
<td>Redwood City Elementary</td>
<td>50%</td>
</tr>
<tr>
<td>Ravenswood City Elementary</td>
<td>43%</td>
</tr>
<tr>
<td>Lunde Elementary</td>
<td>33%</td>
</tr>
</tbody>
</table>


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\(^{240}\) San Mateo County - Statewide Testing Results, Star Program - Stanford Achievement Test Series, 9th Edition.


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2001 Community Assessment — Health & Quality of Life in San Mateo County
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.  

- As with students statewide, the greatest shares of San Mateo County students scoring above national averages were in the subject areas of math and science.  

Stanford Achievement Test (SAT) and ACT Assessment Scores

- In 2000, 2,570 San Mateo County students participated in SAT testing; 335 took the ACT assessment.  

- In 2000, the following composite scores were found statewide and for San Mateo County and nearby counties:

<table>
<thead>
<tr>
<th>County</th>
<th>SAT Total</th>
<th>ACT Average Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Mateo County</td>
<td>1043</td>
<td>22.8</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td>1071</td>
<td>23.1</td>
</tr>
<tr>
<td>Santa Cruz County</td>
<td>1029</td>
<td>22.4</td>
</tr>
<tr>
<td>Alameda County</td>
<td>1021</td>
<td>21.5</td>
</tr>
<tr>
<td>Statewide</td>
<td>1008</td>
<td>21.3</td>
</tr>
</tbody>
</table>

- However, there are wide disparities among students by race/ethnicity, both in terms of the percentage of students taking SAT or ACT tests and the percentage achieving target scores. In 2000, Asian students demonstrate the highest percentage taking the SAT and/or ACT (unduplicated records) and also demonstrate the highest percentage meeting the scoring criteria (1000 or higher on the SAT and/or 21 or higher on the ACT). Hispanic and African-

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243 Ibid.
244 California Department of Education, Office of Policy and Evaluation.
245 Ibid.
American students, in contrast, demonstrate the lowest test-taking and performance levels.  

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 course work that often exceeds graduation requirements.  

- A total of 45.2% of San Mateo County students completed UC/CSU required course work in 1999-2000, higher than Santa Clara County (43.1%) and the statewide average (35.6%).  

- Performance, however, varies widely by ethnicity. Only 14.7% of African-American, 15.0% of Pacific Islander, 16.7% of Native American and 19.4% of Hispanic students completed these courses in 1999-2000, compared to 65.3% of Asian students and 49.5% of White students.

\[246\] California Department of Education, Office of Policy and Evaluation.  
\[248\] California Department of Education, Educational Demographics Unit - CBEDS.  
\[249\] Ibid.
College track (i.e., UC/CSU required) course work also varies widely by school district: from 54.9% in the Cabrillo Unified School District to 31.1% in the South San Francisco Unified School District.  

UC/CSU Attendance

In 1999, 55.0% of San Mateo County public and private high school graduates enrolled as freshman in California higher education (11.8% in the UC system; 12.1% in the CSU system; 28.2% in a California community college; and 2.8% in an independent institution). This compares to 52.8% of Santa Clara County graduates, and 50.5% of graduates statewide.

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250 California Department of Education, Educational Demographics Unit.
251 Student Profile. California Postsecondary Education Commission.
**Ethnic Diversity & English Proficiency**

**Diversity**

- The 2000-01 San Mateo County public school student population was 38.5% White, 31.8% Hispanic, 10.4% Asian, 9.3% Filipino, 4.7% African-American, 3.3% Pacific Islander, 0.3% Native American, and 1.7% of multiple races. ²⁵²

**English Learner (EL) Students**

- For educators, a particular challenge of increasing diversity is that more children begin school speaking a primary language other than English. In 2001: 41% of San Mateo County students were not native English speakers (versus 36.8% statewide); 23% of students continue to have limited English skills (18% have achieved fluency). ²⁵³

- Limited English Proficiency varies widely by school district — for example, from 1% in the Portola Valley and San Carlos Elementary School Districts to 67% in the Ravenswood City Elementary School District and 51% in the Redwood City Elementary School District. ²⁵⁴

**Percentage of English Learner Students by District, San Mateo County, 2001**

(Formerly Limited English Proficiency or LEP)

![Bar chart showing percentage of English Learner students by district.](chart)


²⁵² California Basic Education Data System (CBEDS).
²⁵⁴ Ibid.
Learning Disabilities

Unlike other disabilities, such as paralysis or blindness, a learning disability (LD) is a hidden handicap. A learning disability doesn't disfigure or leave visible signs that would invite others to be understanding or offer support. LD is a disorder that affects people's ability to either interpret what they see and hear or to link information from different parts of the brain. These limitations can show up in many ways — as specific difficulties with spoken and written language, coordination, self-control, or attention. Such difficulties extend to schoolwork and can impede learning to read or write, or to do math. 255

Learning disabilities can be lifelong conditions that, in some cases, affect many parts of a person's life: school or work, daily routines, family life, and sometimes even friendships and play. In some people, many overlapping learning disabilities may be apparent. Other people may have a single, isolated learning problem that has little impact on other areas of their lives. 256

Facts About Learning Disabilities

swire From the National Center for Learning Disabilities: 257

— 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.258

— 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.259

— 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.260

— Several studies have shown that between 50-60% of adolescents in treatment for substance abuse have learning disabilities.261

Prevalence of Learning Disabled Children

According to the U.S. Department of Education, more than 1 in 6 children nationwide (17.5%) will encounter a problem learning to read during the first three years in school. These estimates

255 National Institute of Mental Health.
256 Ibid.
257 National Center for Learning Disabilities.
259 Center for the Study of Learning and Attention, Yale University.
260 National Longitudinal Transition Study.
261 Hazelden Foundation, National Institute of Child Health and Human Development.
are consistent with data from ongoing studies at the National Institute of Child Health and Human Development (NICHD). 262

In the 2001 San Mateo County Quality of Life Survey, roughly one out of five school-aged children has been tested for learning disabilities. Among those tested, one in three was found to have some kind of learning disability. 263

**Learning Disabilities, San Mateo County**

Child Has Been Tested

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>78.4%</td>
<td>21.6%</td>
</tr>
</tbody>
</table>

vs. 1998 SMC = 16.4%
2001 SCC = 16.8%

Results of Testing

- No Disability: 63.6%
- Has Disability: 36.4%


Note: Asked of respondents with children aged 5 and older.

**School Safety**

One out of four parents (24.2%) participating in the 2001 San Mateo County Quality of Life Survey rate local public schools as "fair" or "poor" in terms of being a safe environment for our children (similar to 1998 findings). 264

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263 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
264 Ibid.
Overall, school crime rates are quite low (3.18 crimes against persons per 1,000 students) and rates vary widely. It is important to note that there are wide variations in reporting by school district. The greatest reported rates of violent crime (battery, assault with a deadly weapon, homicide, robbery/extortion, sex offenses) during 1999-2000 were in the Sequoia Union High, Belmont-Redwood Shores Elementary, San Mateo Union High and Jefferson Elementary School Districts. [Note that the following chart excludes the San Mateo County Office of Education which reported an extremely high rate of 41.67 per 1,000; this is likely due to very strict interpretation of reporting criteria.]^265

Reported rates of weapons possession during the 1999-2000 school year were highest in Sequoia Union High School District with 4.28 incidences per 1,000 students, compared to a county average of 1.28 per 1,000.  

For information about weapons carrying among adolescents, refer to the "Injuries" section, page 292.

For information about juvenile crime, including drug arrests, refer to page 162.

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Adult Education

Evaluations of Adult Education

- San Mateo County is a highly educated community. Three-fourths of survey participants report having some education beyond high school, with 29.0% holding a Bachelor's degree, and 20.0% holding postgraduate degrees. 267

- Nearly one-half (48.1%) of San Mateo County survey respondents believe the adult education opportunities in their community are "excellent" or "very good" (similar to that found in 1998). 268

Ratings of Local Adult Educational Opportunities, San Mateo County, 1998 vs. 2001

<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>45.1</td>
<td>42.1</td>
<td>12.8</td>
<td>12.6</td>
</tr>
<tr>
<td>San Mateo County 2001</td>
<td>48.1</td>
<td>37.1</td>
<td>14.7</td>
<td>12.6</td>
</tr>
<tr>
<td>Santa Clara County 2001</td>
<td>48.1</td>
<td>39.4</td>
<td>14.7</td>
<td>12.6</td>
</tr>
</tbody>
</table>

2. 2001 Santa Clara County Quality of Life Survey. (Professional Research Consultants).
Notes: 1. Mean scores are calculated on a scale where “excellent”=100, “very good”=75, “good”=50, “fair”=25, and “poor”=0.
2. Asked of all respondents.

- A total of 14.7% rate adult education opportunities as “fair/poor,” increasing to 29.9% among Coastside respondents and 28.5% among those living below the 200% poverty threshold. 269
"Fair/Poor" Ratings of Local Adult Educational Opportunities


- A total of 46.8% of survey participants rate local colleges as "excellent/very good" in preparing students for future employment in their fields of training (similar to 1998).  

Library Usage

- A total of 66.2% of San Mateo County 2001 survey participants (adults) have used a local library in the past year, down significantly from 72.1% in 1998. Library usage is lowest among those with lower education and income levels. Usage is highest in the Mid-County and Coastside regions.

Used a Local Library in the Past Year


Note: Asked of all respondents.

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270 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

271 Ibid.
In 1998, county libraries were open an average of 9.1 hours per 100 young children per month (compared to 5.5 in Santa Clara County, and 5.0 statewide).\textsuperscript{272}

In 1998-99, the total combined annual expenditure for all library systems in the county rose 11.8% to an all-time high of $39.65 per capita. Redwood City had the highest expenditure per capita ($66.43) while Daly City had the lowest ($16.82). Community support for public libraries is high in the county.\textsuperscript{273}

Circulation per capita (average number of items borrowed per capita) in 1998-99 was 8.07 in the county, compared to 4.84 in the state. Circulation statistics reveal a wide variety of community utilization levels around San Mateo County.

- The communities with the lowest utilization were: East Palo Alto (1.9), Pacifica (3.4), Daly City (3.7) and San Bruno (5.6).
- In contrast, areas with the highest usage per capita were Half Moon Bay (24.6), Burlingame (15.9), Menlo Park (14.0), and Foster City (12.4).\textsuperscript{274}

**Computer Usage**

The home personal computer is a tool that is fast becoming as common as the household television and radio. In the 2001 San Mateo County Quality of Life Survey, 79.2% of adults report having a computer in their home, a significant increase from the 68.7% recorded in 1998.\textsuperscript{275, 276}

But not everyone has access: there is a digital divide depending on income, class and race. Nine out of 10 households with incomes over the 400% poverty threshold (90.4%) currently have a computer in the home, compared to only 47.0% of those below the 200% poverty threshold. Seniors, residents with no postsecondary education, and Hispanics also demonstrate lower computer ownership.\textsuperscript{277, 278}

\textsuperscript{272}California County Data Book ’99. Children Now.


\textsuperscript{275} Silicon Valley Projections 2000. Silicon Valley Manufacturing Group and the Association of Bay Area Governments.

\textsuperscript{276} 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

\textsuperscript{277} Silicon Valley Projections 2000. Silicon Valley Manufacturing Group and the Association of Bay Area Governments.

\textsuperscript{278} 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
Currently Have a Computer at Home

Child Care

Current Child Care Arrangements

Infant & Pre-Schooler Care

▫ Among 2001 survey participants with children aged 0 to 5 years, 6.4% rely on a child care center for child day care, and 10.3% rely on a licensed family day care. 279

▫ Over one-half (52.3%) of surveyed parents of children 0-5 years report that their child stays home with a parent, while 16.3% say their child stays with another family member, and 8.0% say the child stays with a friend or babysitter. 280

Type of Child Care Arrangement Used Most Often
(Among Parents With Children 0-5 Years of Age)

Note: Asked of respondents with children 0-5 at home.

▫ Countywide, an estimated 76,000 children, or three out of every four children, whose parents work, are in informal child care settings, including relative care, either because their parents have chosen those arrangements or because no formal child care and early learning spaces were available or affordable. 281

280 Ibid.
After-School Care

- Among surveyed parents with school-aged children in 2001 (ages 5-17), most (61.7%) report that a parent supervises the child after school; 8.8% rely on another family member, 6.9% rely on day care services, and 3.4% have a friend or babysitter supervise the child. 282

- A total of 11.0% use an after-school program, while 6.8% say their child watches him/herself. Use of after-school programs is highest (15.1%) among children aged 5 to 8; by contrast, 18.9% of 13- to 17-year-olds are self-supervised after school. These findings are basically statistically similar to 1998 findings. 283

**Primary Type of After-School Care Arrangements for Children Ages 5-17, San Mateo County (By Age of Child)**

![Graph showing primary type of after-school care arrangements by age of child]


Note: Asked among respondents with children aged 5 and older.

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283 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: more than 70% say these have made it easier for them to keep or accept a job, and over 50% said it as made it easier for them to attend education/training or accept a better job.\(^{284}\)

**Impact of After-School Child Care Arrangement**

(Among Those With Children Aged 5-18 at Home)

- Arrangement Makes it Easier to Keep Current Job: 76.2%
- Arrangement Made it Easier to Accept Current Job: 72.4%
- Arrangement Made it Easier to Attend Ed./Training: 59.7%
- Arrangement Made it Easier to Accept Better Job: 56.5%


Note: Asked of those residents who have children aged 5 through 18 at home.

In 2001, nearly all surveyed adults (95.6%) agree that there should be some type of organized activity for children and teens after school everyday.\(^ {285}\)

**Demand for Child Care**

- The county has the highest percentage in the state of children aged 0-5 years who have two working parents or a single parent who works (66%, compared to the state average of 55%). For children 6 to 13 years, the rate is 69% countywide, making it the second-highest in the state. In other words, San Mateo County is the “workingest” county in the state from the perspective of families with young children and their child care and early learning needs.\(^ {286}\)

- The participation rate of women in the workforce continues to grow and is double the rate for men. By the year 2005, women are expected to account for 60% of the new labor force entrants. Women with very young children also are entering the work force at dramatic rates.\(^ {287}\)

\(^{284}\) 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

\(^{285}\) Ibid.

\(^{286}\) 2000-2005 San Mateo County Child Care Strategic Plan. Child Care Partnership Council.

\(^{287}\) Ibid.
In San Mateo County, the overall demand for child care has increased 26% since 1990, by 23% among preschool-age children, by 35% among school-age children, and by 6% among infants. San Mateo County has more than 150,000 children ages 0 to 13, ages at which children need care. There are 30,803 infants, 31,755 preschoolers and 91,541 school-age children. ²⁸⁸,²⁸⁹

Supply of Child Care Services

Changes in Supply of Licensed (or Formal) Child Care

- **Child Care Centers.** Between 1993 and 1998, there was a 15% increase in the overall supply of center-based care. The greatest increases were in school-age capacity (24%), followed by a 14% increase in full-time spaces for preschoolers. Full-time center-based care for infants has actually decreased by 3%. ²⁹⁰

- **Family Child Care Homes.** Between 1993 and 1998, there was a 37% increase in the total number of spaces in family child care homes, bringing the total to 7,556. About 74% of the increase in family child care spaces between 1993 and 1998 can be accounted for by the School-age/+2 Option, a licensing regulation implemented in 1997. The regulation allows a small family child care provider who is licensed for six children, to add two school age children if she limits the number of infants in her care to two, so that she can actually care for a total of eight children. ²⁹¹

Available Spaces

- While the number of formal child care spaces has increased, the population of San Mateo County children has increased at an even faster rate. Overall, the number of formal spaces in centers and licensed family child care homes has gone up by about 20% to 25,911 (including 18,355 spaces in child care centers and 7,556 spaces in child care homes). But the demand by San Mateo County children for child care has risen at an even faster rate (26%) for a total of 102,575 children who need child care and early learning programs in the county. ²⁹²
The gap between the demand for all forms of child care and the supply of formal child care has grown over the last several years. In 1993, formal child care spaces were available to meet the needs of 29% of children who required care. Today, the supply of formal child care meets the needs of only 25% of children who require care.  

The most plentiful type of care by far, with 8,669 full-time spaces and 2,842 part-time spaces, is preschool care. Spaces for preschoolers make up 63% of all center-based spaces. Only 4% of center-based spaces are devoted to infant care, while 33% of center-based spaces are used for caring part-time for school-age children.

**Shortages**

The greatest shortfall of child care in San Mateo County is in infant care. Based on the increase in population, there has been a 6% growth in the demand for child care for infants between 1993 and 1998. But at the same time, full-time infant care spaces in child care centers have decreased by 3%. **The result is that there are enough center-based infant spaces to care for only 4% of the county’s infants whose parents are working.**

Further, there are only enough center-based spaces to care for 10% of 63,000 school-age children who need care and 57% of the 20,000 preschool children needing care.

The shortage in formal child care spaces is due to a number of factors besides the relatively rapid growth in children’s population in San Mateo County. Other factors include the exorbitant cost of real estate and the labor intensive nature of child care, which translates

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295 Ibid.

into significant labor costs for a potential provider. For centers that are established, those costs, where possible, are passed on to parents. The high costs of doing business, however, make it difficult for new centers to establish themselves.  

Furthermore, most child care and early learning programs have been developed in inexpensive, underutilized school and church spaces which are no longer available and, in some cases, are being lost to class-size reduction or other church uses.  

**Cost of Child Care**

The cost of child care has been increasing at a rapid rate throughout the county. Between 1993 and 2000, rates increased approximately 44% in family child care homes and between 27% and 30% in center-based child care programs.  

The county is one of the most expensive counties in California for infant care:

- Average cost for full-time infant care in a licensed child care center is $888 per month, $696 per month in a licensed family child care home.

- Full-time preschool care is $623 per month in a licensed child care center and $654 per month in a licensed family child care center home.  

![Average 1998 Monthly Cost of Child Care in a Licensed Child Care Center](chart)

2. Child Care Partnership Council.

299 Ibid.
Throughout the county, the costs of child care reflect the income levels of the areas in which they are located. Lower rates can be found in Brisbane, Daly City and East Palo Alto where higher concentrations of low-income families reside and the cost of real estate is lower. The average cost for full-time infant care at centers in Daly City, for instance, is $8,040 per year. In contrast, higher income cities such as Atherton and Hillsborough tend to have among the highest averages of child care costs. The cost for full-time infant care at the center in Half Moon Bay, for instance, is $12,324 per year. 301

Comparison of Highest and Lowest 1998 Monthly Child Care Center Rates in San Mateo County

<table>
<thead>
<tr>
<th>Infant Care: Child Care Center</th>
<th>Half Moon Bay</th>
<th>$670/mo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschooler: Child Care Center</td>
<td>Atherton</td>
<td>$415/mo.</td>
</tr>
<tr>
<td></td>
<td>East Palo Alto</td>
<td>$645/mo.</td>
</tr>
<tr>
<td>School-Ager (Part-Time): Child Care Center</td>
<td>Montara</td>
<td>$477/mo.</td>
</tr>
<tr>
<td></td>
<td>Brisbane</td>
<td>$136/mo.</td>
</tr>
<tr>
<td>Infant Care: Family Child Care Home</td>
<td>Hillsborough</td>
<td>$866/mo.</td>
</tr>
<tr>
<td>Preschooler: Family Child Care Home</td>
<td>Hillsborough</td>
<td>$455/mo.</td>
</tr>
<tr>
<td>School-Ager (Part-Time): Family Child Care Home</td>
<td>Moss Beach</td>
<td>$433/mo.</td>
</tr>
</tbody>
</table>

Source: Child Care Coordinating Council.

Subsidized Child Care

Welfare reform has focused attention on the important contribution that child care makes to the health of local economies and its role in enabling families to become self-sufficient. It has also brought much needed funding into the system, through child care subsidies and support for quality improvement and supply building. 302

Altogether, San Mateo County has 4,940 subsidized child care spaces (including 599 spaces for infants, 2,793 spaces for pre-schoolers, and 1,548 spaces for school-age children) to serve all of its 40,076 low-income children. Thus, only 12% of low-income children (8% of infants, 33% of preschoolers and 7% of school-age children) are receiving subsidized child care. In other words, there are eight eligible children for every subsidized slot. 303

302 California Child Care Resource & Referral Network.
The number of families who qualify for subsidies based on the statewide definition of need likely understates the magnitude of need in San Mateo County. Because San Mateo County families face higher costs of living, many with incomes above the threshold for subsidized child care cannot afford the cost of such care on their incomes alone.

Quality of Child Care

Staffing

To make matters worse, for the past several years, the child care industry has been experiencing a crisis in terms of a lack of facilities to house child care centers and an increasing shortage in staffing. 304

In San Mateo County, a starting child care and early learning teacher, with specialized training, who works full time, would earn $18,740 in a county where median household income is $74,900 per year. 305 Most do not receive medical or dental benefits. Some do not even earn vacation or sick leave. On average, child care teachers earn 60% less than public school teachers. 306

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. 307

Children With Special Needs

✅ Based on a survey by the San Mateo County Child Partnership Council in the fall of 1998, there are at least 11,649 children with special needs, from birth to 21 years old, in San Mateo County. Of those children, 394 are 0 to 3 years old. At least 1,153 are 3 to 5 years old. 308

Migrant Populations

✅ 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. 309

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309 Ibid.
Older Dependents

Among San Mateo County adults under 65 surveyed in 2001, 8.1% have an older dependent such as a parent, aunt or uncle living in their household because he or she is unable to live alone (this percentage is statistically similar to that found in 1998). By demographic characteristics, higher responses are noted among those aged 18 to 39, those with no postsecondary education, respondents living below 400% of poverty, Hispanic respondents and Asian respondents. 310

An Older Dependent Lives in the Household
(Among Those Under Age 65)

In addition, among surveyed adults aged 65 and older, 2.8% report that they live in the home of one of their adult children, grandchildren or other relative (lower than found for Santa Clara County). 311

2. 2001 Santa Clara County Quality of Life Survey. (Professional Research Consultants, Inc.).
Note: Reflects respondents under the age of 65.

311 Ibid.
A total of 3.6% of seniors surveyed say that, to remain safely in their own home, they need part- or full-time assistance from a paid caregiver or from a paid or unpaid family member or friend (lower than found for Santa Clara County). 312

See also the "Senior Health" section, page 225.

312 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
Families in Need

Government Assistance

- A total of 13.0% of survey participants in 2001 receive some type of government assistance (similar to 1998 findings), including 26.8% among those living below the 200% poverty threshold. \(^{313}\)

Government Assistance
San Mateo County, 2001

- The average wage of a welfare “leaver” in April 2000 was $8.99 per hour – far less than the wage a single parent of two needs to make ends meet ($29.49 per hour in 2001). \(^{314}\)

CalWORKs (California Work Opportunity and Responsibility to Kids) Program

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. \(^{315}\)

\(^{313}\) 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.


\(^{315}\) Ibid.
Unlike the previous welfare system, all parents receiving or applying for financial assistance under CalWORKs are subject to a 5-year (60-month) lifetime time limit on aid. In addition, new applicants are limited to 18 months of job training/education services before they are required to work or engage in community service activities. County welfare offices are charged with providing CalWORKs recipients with the necessary job skills and supportive services (e.g., childcare and transportation) that will allow them to achieve self-sufficiency within the given timeframe.  

- In 2000, the poverty level for a family of four was considered to be $1,421 per month.  
- Between 1996 and 2000, the County of San Mateo had a steadily declining rate of families on public assistance compared to California as a whole. Fund savings from caseload decline were shifted to provide supportive services for low-income families who struggle to attain self-sufficiency in a high-cost-of-living area. Additional supports were also provided to assist remaining clients with multi-barriers to self-sufficiency. Moreover, prevention and early intervention services were expanded in the area of children services.  
- Between 1996 and 2000, San Mateo County's CalWORKs rate decreased twice the rate of the state. Between 1996 and 2000, the total number of CalWORKs participants in the County decreased by 71.3% (statewide, the number of recipients decreased 38.7%). The County has increased the proportion of CalWORKs recipients under age 18 from 72% of all recipients in 1996 to 83% in 2000. Statewide in 2000, only 75% of CalWORKs recipients were under age 18.  
- Welfare-to-Work is a new assistance program that links families on public assistance with housing, helping them become self-sufficient. Between 1999 and 2000 San Mateo's caseload nearly tripled from 349 to 1,003 (statewide, the Welfare-to-Work caseload decreased by 7.5%).  
- In comparison to the state, San Mateo County and Santa Clara County have lower proportions of the population receiving CalWORKs benefits. However, this is largely due to the fact that it is more difficult for families to qualify for CalWORKs yet be able to afford to live in either county.

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319 Ibid.
320 Ibid.
Among child CalWORKs recipients in 1998, there are significant discrepancies among racial/ethnic groups. In particular, a disproportionate number of African-American children are in the CalWORKs system, albeit at lower percentages than found statewide.\(^{321}\)

By count, the San Mateo County CalWORKs population is predominantly female and between the ages of 21 and 44, and largely Hispanic.  

### Selected Characteristics of CalWORKs Recipients Aged 16 and Older, San Mateo County, July 2000

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19%</td>
</tr>
<tr>
<td>Female</td>
<td>41.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>22.9%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>27.5%</td>
</tr>
<tr>
<td>White</td>
<td>4.6%</td>
</tr>
<tr>
<td>African-American</td>
<td>3.3%</td>
</tr>
<tr>
<td>Filipino</td>
<td>1.3%</td>
</tr>
<tr>
<td>16-20</td>
<td>20.9%</td>
</tr>
<tr>
<td>21-44</td>
<td>71.2%</td>
</tr>
<tr>
<td>45-54</td>
<td>5.9%</td>
</tr>
<tr>
<td>55+</td>
<td>81%</td>
</tr>
</tbody>
</table>

Source: California Department of Social Services; U.S. Department of Commerce, Bureau of the Census. Detailed data by sex, age, and race/ethnicity are extrapolations based on aggregate figures provided by the Department of Social Services.

### Foster Families

- In 2000, 261 children entered foster care in San Mateo County. In the 10 previous years, foster care entry peaked in 1992 at 579 entries; this is a 55% decrease.  

- As of July 1, 2001, 116 foster children were in probation-supervised foster care.

- Due to a lack of Foster Parents, many children with a need for an out-of-home placement were placed outside of San Mateo County during Fiscal Year 2000-2001. These placements include 37.2% (71 of 91) of children placed with other family members, 20.6% (20 of 97) of children placed in non-relative Foster Families, 61.5% (64 of 104) of children going to Foster Family Agencies (FFAs), and 89.9% (40 of 44) of children placed in group homes.

### Families in Hunger

- Hunger is a reality for far too many families in San Mateo County. A total of 2.7% of surveyed adults report that their family does not have enough food on a regular basis, representing about 14,700 families. A total of 10.8% of persons living below the 200% 

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322 California Department of Social Services; U.S. Department of Commerce; Bureau of the Census.  
324 Ibid.  
poverty threshold and 7.6% of Hispanic adults report that their family does not have enough food on a regular basis. 326

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

A total of 2.4% of San Mateo County survey respondents say they have received food from a food bank, church or other organization in the past year. Among those living below the 200% poverty threshold, this percentage is 11.2%. Responses are also notably higher among Hispanic and Asian respondents, and among those living in South County. 327

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

327 Ibid.
A total of 70.4% of surveyed adults in 2001 describe the availability of grocery stores in their neighborhood as “excellent” or “very good.” However, 8.3% describe the availability as “fair” or “poor.” “Fair/poor” responses are higher among women, those in lower education and income categories, as well as Hispanic respondents. By region, these response range widely, with a high of 17.8% “fair/poor” responses in the Coastside region.328

"Fair/Poor" Ratings of the Availability of Neighborhood Grocery Stores

San Mateo County


Note: Percentages represent "yes" responses.

Food Stamp Program

A total of 0.6% of San Mateo County residents received Food Stamp benefits in 2000, compared to 1.9% of Santa Clara County residents and 4.7% of California residents.329

Between 1996 and 2000, the total number of Food Stamps recipients in the County decreased by 73.2% from 16,862 to 4,526 (statewide, the number of recipients decreased 48.1%).330

Subsidized School Lunches

According to 2001 survey results, 18.0% of parents with school-aged children report that their child receives free or reduced-price school lunches. This percentage increases to 62.1% among those living below the 200% poverty threshold, and to more than 30% among Hispanic and Asian parents.331

328 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
330 Ibid.
331 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
Subsidized school lunch participation ranges broadly from school district to school district within the county, from a high of 71% receiving free lunch in the Ravenswood Elementary School District to a low of 0% of students receiving neither free nor reduced-price lunches in the Hillsborough Elementary or Portola Valley Elementary School Districts (1999 data).³³²

<table>
<thead>
<tr>
<th>CBEDS 10/99</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></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Bayshore Elementary</td>
<td>461</td>
<td>23</td>
<td>5%</td>
</tr>
<tr>
<td>Belmont-Redwood Shores Elem.</td>
<td>2,481</td>
<td>21</td>
<td>1%</td>
</tr>
<tr>
<td>Brisbane Elementary</td>
<td>659</td>
<td>16</td>
<td>2%</td>
</tr>
<tr>
<td>Burlingame Elementary</td>
<td>2,317</td>
<td>5</td>
<td>0%</td>
</tr>
<tr>
<td>Cabrillo Unified</td>
<td>3,827</td>
<td>36</td>
<td>1%</td>
</tr>
<tr>
<td>Hillsborough Elementary</td>
<td>1,374</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Jefferson Elementary</td>
<td>7,476</td>
<td>303</td>
<td>4%</td>
</tr>
<tr>
<td>Jefferson Union High</td>
<td>5,566</td>
<td>141</td>
<td>3%</td>
</tr>
<tr>
<td>Laguna Salada Elementary</td>
<td>3,633</td>
<td>71</td>
<td>2%</td>
</tr>
<tr>
<td>La Honda-Pescadero Unified</td>
<td>440</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Los Lomitas Elementary</td>
<td>999</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Menlo Park City Elementary</td>
<td>1,975</td>
<td>8</td>
<td>0%</td>
</tr>
<tr>
<td>Millbrae Elementary</td>
<td>2,256</td>
<td>38</td>
<td>2%</td>
</tr>
<tr>
<td>Portola Valley Elementary</td>
<td>694</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Ravenswood Elementary</td>
<td>5,393</td>
<td>788</td>
<td>15%</td>
</tr>
<tr>
<td>Redwood City Elementary</td>
<td>9,299</td>
<td>549</td>
<td>6%</td>
</tr>
<tr>
<td>San Bruno Elementary</td>
<td>2,804</td>
<td>67</td>
<td>2%</td>
</tr>
<tr>
<td>San Carlos Elementary</td>
<td>2,698</td>
<td>62</td>
<td>2%</td>
</tr>
<tr>
<td>San Mateo-Foster City Elem.</td>
<td>10,582</td>
<td>244</td>
<td>2%</td>
</tr>
<tr>
<td>San Mateo Union High</td>
<td>8,322</td>
<td>98</td>
<td>1%</td>
</tr>
<tr>
<td>Sequoia Union High</td>
<td>7,238</td>
<td>244</td>
<td>3%</td>
</tr>
<tr>
<td>South San Francisco Unified</td>
<td>10,116</td>
<td>220</td>
<td>2%</td>
</tr>
<tr>
<td>Woodside Elementary</td>
<td>475</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>91,085</strong></td>
<td><strong>2,937</strong></td>
<td><strong>3%</strong></td>
</tr>
</tbody>
</table>

Since 1995, San Mateo County and Santa Clara County have experienced decreases in the number of children eligible for subsidized lunches, while the state as a whole has experienced a slight increase. This difference is not surprising considering our region’s economic prosperity and high median household income.³³³

³³² CBEDS Data.
Family Violence

Domestic Violence

During the years 1997 to 1999, the number of domestic violence-related calls for assistance declined in San Mateo County. However, the volume of calls increased to 3,006 in 2000.\(^{334}\)

![Domestic Violence-Related Calls for Assistance, San Mateo County](chart)

In 2000, there were 567 arrests for domestic violence in San Mateo County, an increase from 1999 (497 arrests). One-half of 2000 arrests were in Redwood City, Daly City, San Mateo or South San Francisco. A total of 82% of the arrested parties were male, 18% were female.\(^{335}\)

![Domestic Violence Arrests (1988-2000)](chart)

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\(^{334}\) Criminal Justice Statistics Center, California Department of Justice.

\(^{335}\) Ibid.
Child Abuse

✦ At this time [2000], there are 994 active and open Child Protective Services (CPS) cases for children birth to 13 years old who have been identified by the Children and Family Services division as abused, neglected or at-risk. Of these children, 188 are infants, 215 are preschoolers, and 591 are school-age children. 336

✦ Reported child abuse (physical, mental and sexual) has been on a downward trend since 1992, but increased in 1998/99. Between 1992 and 1999, the number of service referrals for child abuse cases has been reduced from 8,318 to 5,451 cases. Reducing child abuse remains important in improving the lives of children in San Mateo County. 337

✦ In 2000, San Mateo County experienced 4,688 allegations of neglect or abuse; 25.4% of referrals were for physical abuse, 20.8% for general neglect, 12.5% for sexual abuse, and 9.4% for emotional abuse. Approximately 21% (850) were substantiated [These data are from a different source than those reported above, and are not necessarily comparable.] 338

✦ In 2000, San Mateo County had the second lowest incidence of substantiated child abuse cases in California with 4.6 cases per 1,000 children. Santa Clara was higher with a rate of 5.6, but well below the state rate of 11.6 per 1,000. 339

339 Ibid.
Community Issues

OVERVIEW

Volunteerism and charitable contributions in San Mateo County remain high, and most see this as a tolerant and accepting community. Community residents generally feel positive about San Mateo County, although fewer see opportunities for themselves compared to three years ago.

However, the cost of living, housing, and traffic congestion are serious concerns facing San Mateo County in the coming years. Median home prices are higher than the nation, state and Bay Area, and have increased 83% between 1996 and 2000; rents are likewise high and rising. As housing demand and costs continue to escalate, 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, lengthening commutes and contributing to the growing traffic congestion on our roads.

On weekday commutes, the number of trips to and from other counties now exceeds the number within San Mateo County. As traffic congestion in the county worsens, commuters are looking at commutes that are longer in both time and distance, at slower rates of speed. Between 1994 and 1998, driver delays increased 600% in San Mateo County. Most commuters 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.

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.

Social Environment

Evaluation of Community Social Environment

In the 2001 San Mateo County Quality of Life Survey, the “social environment” of the community was described as the friendliness of its people, the way people respect and help one another, and the willingness of people to work for the good of the community.
In 2001, 45.8% of surveyed adults rate their community’s social environment as “excellent” or “very good” (similar to 1998 findings). In contrast, 20.9% see the local social environment as “fair” or poor,” increasing to 37.4% among persons living below the 200% poverty threshold and 32.5% among Hispanic respondents. 340

Community Ties

In a place where business and technology networks are strong, the personal ties that bind us to each other and to our community are weak. 341

— In comparable communities individuals socialize with co-workers outside of work about 10 percent more than we do; in the nation as a whole they do this 22 percent more than us.

— In comparable communities individuals “visit relatives or have them visit” about 15 percent more than we do; in the nation as a whole they do this 27 percent more than us.

— We are less likely to serve as an officer or on the committee of a local organization, or to attend a club meeting or any public meeting.

— Only 26 percent are involved in a social welfare organization here, compared with 32 percent in comparable communities.

Opportunity

While 43.2% of survey respondents believe there are more opportunities for themselves and those of similar background than in the past, a growing number (23.5%) believe there are fewer opportunities for them (significantly higher than the 16.4% reported in 1998). This is particularly true among middle-aged adults (29.3% believe there are fewer opportunities) and those living below 200% poverty (30.4%). 342

342 Ibid.
Opportunities Available in the Community to Persons of Similar Background vs. in the Past
San Mateo County, 1998 vs. 2001

- Many More: 14.1% (SMC 1998), 14% (SMC 2001)
- Somewhat More: 25.3% (SMC 1998), 29.2% (SMC 2001)
- Same Opportunities: 44.2% (SMC 1998), 33.3% (SMC 2001)
- Somewhat Fewer: 12.6% (SMC 1998), 17.5% (SMC 2001)
- Far Fewer: 3.8% (SMC 1998), 6% (SMC 2001)


Perceive "Somewhat" or "Far Fewer" Opportunities Available to Persons of Similar Background

It is important to note that Hispanic and Asian respondents more often believe there to be more opportunities available to themselves and those like them (49.4% and 52.6%, respectively, said there are more opportunities available to them than in the past). 343

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 are similar to 1998 findings, but lower than found in neighboring Santa Clara County. In 2001, 48.9% of San Mateo County respondents rate community tolerance for people of different races and cultures as “excellent” or “very good” (compared to 57.3% in Santa Clara County). A total of 18.6% give “fair/poor” evaluations. 344

- Note that more than 30% of Hispanic respondents believe racial/cultural tolerance in San Mateo County is “fair” or “poor.” “Fair/poor” evaluations are also highest in South County. 345

### Perceive Racial/Cultural Tolerance to Be "Fair" or "Poor", San Mateo County, 2001

[Graph showing percentage of respondents per category who perceive racial/cultural tolerance as "fair" or "poor"].


343 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
344 Ibid.
345 Ibid.
Viewpoint & Lifestyle

- Evaluations of tolerance for people with different viewpoints and lifestyles are less favorable. A total of 38.5% rate this as "excellent/very good," compared to 20.6% who rate this as "fair/poor." These evaluations are similar to those found in 1998. 346

- In this case, "fair/poor" evaluations are highest among those aged 65 and older, those living below the 200% poverty threshold, Hispanic respondents and South County residents. 347

Perceive Viewpoint/Lifestyle Tolerance to Be "Fair" or "Poor", San Mateo County, 2001

- While our social ties and community engagement are weak, we tend to trust each other—including people from other ethnic or life-style backgrounds. 348

  — Overall social trust and inter-racial trust are higher here than in comparable communities.
  — We are more likely to be friends with individuals of a different race, or to have a gay friend.

- Economics is the great divider in our community. 349

  — Our friendships — though ethnically diverse — are less likely to cut across class lines.
  — Those with lower household income and less education are more likely to be cut off from networks that could lead to a better life.

347 Ibid.
349 Ibid.
— With lower levels of college education and lower household incomes, many Hispanic-Americans in Silicon Valley face additional barriers to increasing informal, civic, and other community ties.

**Relationships & Support**

יפים While most 2001 survey respondents say they have had someone in the past month to whom they could turn if they needed or wanted help, 13.7% have not. *This is a significant increase over the 9.1% reported in the 1998 survey.* Persons living below the 200% poverty threshold, Hispanic respondents and Asian respondents more often report not have this type of support network. 350

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

 carta Survey participants were asked to express the degree of difficulty they are experiencing with various aspects of their lives. The greatest troubles were noted for satisfaction with life. 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 difficult ("moderate," “quite a bit” or “extreme” difficulty) are as follows:

— Feeling satisfied with one’s life 19.4%
— Isolation or feelings of loneliness 12.5%
— Being able to feel close to others 11.3%

— Relationships with family members 10.6%
— Fear, anxiety or panic 8.9%
— Controlling temper, outbursts, anger, violence 8.9%
— Getting along with people outside the family 5.5% 351

**Spirituality**

† We are remarkably diverse in the religious communities with which we identify, but overall our involvement in faith communities is much weaker here than it is elsewhere. 352
— Seventy three percent of the national sample was Protestant or Catholic; here it was only 55 percent.
— Nationally, 84 percent of respondents say religion is important in their lives, only 69 percent say this here.
— Only 27 percent attend weekly religious services here compared with 41 percent of those in the national sample, and 33 percent of these in comparable communities.

† Spirituality is an important part of many residents’ lives. One-half of 2001 survey participants say that spirituality is “very important,” and 29.1% say it is “somewhat important.” The remaining 20.5% say spirituality is “not important” in their lives. Spirituality appears to be most important to women, persons living at lower incomes, and Hispanic respondents. 353

**Importance of Spirituality in Respondents' Lives**

(Professional Research Consultants).

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More than one-half of surveyed San Mateo County adults have a priest, minister, rabbi, or other person they can turn to for spiritual support when needed (similar to 1998 findings). Those without such spiritual support are best represented among men, young adults (18 to 39), those living at higher incomes, and Mid-County and Coastside residents.  

Charitable Donations & Volunteerism

Charitable Donations

2001 survey results show that 82.4% of San Mateo County households donated money and/or property to a charitable organization, excluding religious organizations, in the past year. The average total dollar value of donations was $1,576; the median (middle) and mode (most frequent) responses were $500.  

Notes: 1. Asked of all respondents; percentages represent "yes" responses.
2. In this case, the phrase "someone to turn to for spiritual support" might include a priest, minister, or rabbi, etc.
Volunteering Time

- The 2001 survey shows that 58.3% of adults in the county have volunteered time to a charitable cause in the past year, averaging 96 hours each. Volunteerism is highest among Coastside residents, those with postsecondary education, those aged 40 to 64, those earning over 400% of the poverty level, women, and White respondents. 356

- Other research shows that 42% of adults and 51% of teens did volunteer work, averaging 3.5 hours per week. Education and health services were the areas most often chosen to serve in. 357

Volunteered Time to a Charitable Cause in the Past Year

- San Mateo County residents give less time and resources to our community than do others nationwide. 358
  - Giving as a percent of household income is 31% less here.
  - We are much less likely to volunteer our time in a place of worship, for a health or disease cause, to help the poor or elderly, or to assist in a neighborhood or civic group.

Homelessness

Estimates of Homeless

Homeless

- Data documents 3,694 homeless adults living with 851 children for a total of 4,545 homeless individuals in San Mateo County in 1998. 359

- Overall, total number of homeless has remained fairly steady from 1994 to 1998, although, compared to 1994 and 1996, the number of homeless adults had increased while the number of homeless children had significantly decreased. Children as a group may have been undercounted. 360

- Based on one-night counts conducted in the summer and winter since 1998, the Office of Housing estimates that between 500 and 800 people are homeless on a given night, and over 150 are on the street or living in cars each night. 361

Experiences of Homelessness & Displacement

- In the 2001 San Mateo County Quality of Life Survey, 1.2% 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, representing approximately 6,500 adults. 362

- Displacement, even if only temporary, is a more common problem in San Mateo County. A total of 6.9% of surveyed adults say that they have had to go live with a friend or family member in the past year, if only temporarily, due to a housing emergency (representing approximately 37,500 residents). 363

360 Ibid.
363 Ibid.
Episodes of Homelessness or Displacement

<table>
<thead>
<tr>
<th></th>
<th>SMC 2001</th>
<th>SCC 2001</th>
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<tr>
<td>Lived on Street/Car/Shelter in Past Two Years</td>
<td>1.2%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Lived With Friend/Rel in Past Yr Due to Emergency</td>
<td>6.9%</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

2. 2001 Santa Clara County Quality of Life Survey. (Professional Research Consultants).
Note: Asked of all respondents.

Homeless Shelters & Programs

- For the past 13 years, the county had used the National Guard Armory in the city of San Mateo as the Emergency Winter Homeless Shelter. Traditionally, the emergency winter shelter run by Samaritan House is open from the Monday before Thanksgiving through the end of March to provide food and a place to sleep for 90 men and women. 364

- On December 15, 2000, the county opened Safe Harbor, the new Emergency Winter Homeless Shelter in South San Francisco. 365

- A majority (76.9%) of San Mateo County survey respondents rate the availability of local homeless programs and shelters as “fair” or “poor,” a significant increase over 1998 findings (71.2% “fair/poor”) and less favorable than found in neighboring Santa Clara County. Furthermore, “fair/poor” evaluations increase to 91.4% among Coastside residents (77.0%, in fact, giving the lowest possible evaluation, “poor”). 366

365 Ibid.
Realities of Homelessness

✦ A 1998 study found that approximately 50% of the homeless population were in the 18–40 year old age range. 367

✦ The majority (85.2%) have been homeless between one month and one year. 368

✦ During fiscal year 2000-2001, 329 people used the Safe Harbor Winter Shelter. One quarter of clients (24.6%) stayed just 1 night; 20% stayed from 2 to 6 nights; 16.8% stayed from 1 to 2 weeks; 15.5% stayed from 15 to 30 days; 21.6% stayed longer than 30 days, but less than the whole season; and 5 clients (1.5%) stayed for the entire time Safe Harbor was open. [While there are several shelter programs, data happens to be available for Safe Harbor]. 369

✦ The 2000-2001 shelter at South San Francisco’s Safe Harbor reported that upon entering the Winter Shelter, 25% of clients reported having employment, up 6% from 1999-2000 and up 12.5% from 1998-1999. In February 2001, 45.5% of Safe Harbor survey respondents had employment of some kind. Of the other 54.5% that stated they had no employment, 29%

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368 Ibid.
stated they had no income at all, while the other 71% reported they had income from various county, state and/or federal sources.  

In September 2000, the Human Services Agency of San Mateo County conducted a survey of 1,798 single mothers receiving services in San Mateo County. More than one-in-five (20.9%) reported that they had housing issues including living temporarily with a relative or friend (36.7%), overcrowding (36.2%), living in a temporary shelter (15.2%), dealing with a rent increase (12.2%), unsafe housing (4.7%), or living on the street (2.9%). One in eight of the women with housing issues (12.2%) was currently pregnant.

\footnote{Human Services Agency of San Mateo County, Office of Housing, 2001.}  
\footnote{Ibid.}
Housing

San Mateo County continues to be one of the least affordable housing and rental markets in the United States. Housing demand has far outpaced supply, making home ownership increasingly unaffordable. As prices and rents rise, it becomes more and more difficult to hire and retain employees. For those that do work in the county, many commute long distances to areas outside the county to find a house they can afford. It is nearly impossible for teachers, nurses, childcare workers, firefighters and services workers to live in the county. 372

Housing Supply

✦ Between 1995 and 2000, there were 6 new jobs added for every new housing unit. 373

✦ Census 2000 shows a total of 260,576 housing units in San Mateo County, with very low homeowner vacancy rate of 0.5% and a rental vacancy rate of 1.8%. 374

✦ According to the Association of Bay Area Governments (ABAG), the projected need between 1999 and 2006 will be 16,305 units (including 4,781 low-income units — priced for families earning less than $54,880 per year). This translates to an average yearly need of 2, 174 units. 375

✦ REALFACTS reports a 4.7% apartment vacancy rate between June 2000 and June 2001. During the second quarter of 2001, the apartment vacancy rate was 5.7%.376

Community Perceptions of Neighborhoods

✦ Most San Mateo County surveyed adults (62.0%) rate the condition of homes in their neighborhood as “excellent” or “very good.” Only 11.3% give “fair/poor” evaluations; this perception increases, however, among those living below the 200% poverty threshold (33.5%), Hispanic respondents (27.6%) and South County respondents (18.5%). 377

374 Census 2000, U.S. Census Bureau.
376 REALFACTS.
Housing Affordability

The high cost of housing in the county contributes to a number of ills that affect sustainability such as traffic congestion, air pollution and a limited housing option for low-income and elderly residents.  

Median Home Price

- The median price for a single-family detached home in San Mateo County in 2001 (January through July) was $600,604, compared to $533,063 in Santa Clara County and a statewide median of $266,930 (June 2001). [The average price of a home in San Mateo County is even higher — $807,454.]  

- A breakdown by city indicates a wide range of median prices (January through June 2001), from a low of $348,000 in Brisbane to a high of $2,935,000 in Atherton.  

Median Home Purchase Price for a Single-Family Dwelling

- The rate of increase for prices of single-family homes from 1991-1995 was a mere 1.6%. The rate of increase from 1996-2000 was 83.7% (26% increase between 1999 and 2000 alone). Meanwhile the median household income grew steadily at a moderate rate of 5% per year for all ten years.

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379 Silicon Valley Association of REALTORS®

380 San Mateo County Association of REALTORS®

Affordability Index

In May 2001, San Mateo County had a housing affordability index of 16% — meaning that only 16% of San Mateo County households were able to afford the median-priced home in the county. This compares to 21% in Santa Clara County, 33% statewide, and 55% nationwide during the same period. In 2001, there was a slight increase in affordability across the board (in October 2001, the affordability index in San Mateo County increased to 19%). 382

Community Perceptions of Affordability

Nearly nine out of 10 San Mateo County adults (88.9%) participating in the 2001 San Mateo County Quality of Life Survey rate the availability of affordable housing in the community as “fair” or “poor,” a statistically significant increase over the 80.2% recorded in 1998 and similar to current Santa Clara County findings. 383

382 California Association of REALTORS®.
383 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County: Professional Research Consultants, Inc.
Ratings of Availability of Affordable Housing in the Community, 1998 vs. 2001

<table>
<thead>
<tr>
<th></th>
<th>Mean Score</th>
<th>% &quot;Excellent/Very Good&quot;</th>
<th>% &quot;Good&quot;</th>
<th>% &quot;Fair/Poor&quot;</th>
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<tr>
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<td>17.3</td>
<td>4.7</td>
<td>15</td>
<td>80.2</td>
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<tr>
<td>San Mateo County 2001</td>
<td>11.9</td>
<td>3</td>
<td>8.1</td>
<td>88.9</td>
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<tr>
<td>Santa Clara County 2001</td>
<td>10.8</td>
<td>2.4</td>
<td>9.5</td>
<td>88.1</td>
</tr>
</tbody>
</table>

Sources: 1. 1998 and 2001 San Mateo County Quality of Life Surveys. Healthy Community Collaborative of San Mateo County.
3. 2001 Santa Clara County Quality of Life Survey. (Professional Research Consultants).

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

“Fair/poor” evaluations of housing affordability in 2001 are higher among South County and Mid-County residents, as well as among White respondents. 384

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


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

Rent

Rents have jumped more than 60% in the past five years in San Mateo and Santa Clara counties. Rising rents are especially hard on households with fixed incomes and on the many workers whose wages are not rising as fast as their expenses. As a result, the current economic expansion is frequently seen as more of a curse than a blessing for low-wage earners.  

- According to REALFACTS, between June 2000 and June 2001, the countywide average monthly rent for a vacant apartment increased 4.9% for a one-bedroom apartment to $1,624, and increased 12.3% for a two-bedroom apartment to $1,938. 

- A breakdown of rents by city ranges from a low of $1,117 for a 1-bedroom and $1,293 for a 2-bedroom apartment in East Palo Alto to a high of $2,330 (1 BR) and $2,684 (2 BR) in Menlo Park (December 2000). 

- Only the median-income families in Belmont, East Palo Alto and South San Francisco could afford the average rent for a one- or two-bedroom apartment in their own city. In most other peninsula cities, the rent for a two-bedroom unit exceeded median city income; in Menlo Park, Redwood City and San Bruno, city median-income families could not even afford the average 1-bedroom apartment. 

- Note the following (December 2000): 

  - A very low-income household of four (earning no more than 50% of adjusted median income) can afford monthly rent of no more than $936; 
  - 58% of renters in San Mateo County are unable to afford Fair Market Rent (FMR, currently $1,154 for a one-bedroom unit and $1,459 for a two-bedroom unit); 
  - In San Mateo County, a worker earning the minimum wage of $5.75/hour (since raised to $6.25/hour) has to work 195 hours per week to afford a two-bedroom unit at Fair Market Rent (which is well below average rent); 
  - The Housing Wage in San Mateo County is $28.06. This is the hourly wage a worker would have to earn in order to be able to work 40 hours/week and afford a two-bedroom unit at FMR. 

- Families on the Section 8 waitlist can wait up to 10 years for vouchers. San Mateo County has 10,740 households on its waitlist, while Santa Clara County has 27,320 households.

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385 Silicon Valley Projections 2000, Silicon Valley Manufacturing Group and the Association of Bay Area Governments.  
386 REALFACTS.  
388 Ibid. 
389 Human Services Agency of San Mateo County, Housing Division. 
Housing Situation

The 2001 San Mateo County Quality of Life Survey shows 60.9% of respondents who own their own home or condominium, 21.5% who rent an apartment, and 12.1% who rent a home. The average length of residence in the same home was 13 years. 391

In the survey sample, home ownership is highest among respondents aged 65 and older, those living at higher income levels, White respondents and Coastside residents. Homeownership is lowest among young adults, those living below 200% poverty and Hispanic respondents. 392

Living Situation

Doubled-Up Households

The number of doubled-up households has increased significantly based on client self-reporting — from 613 in 1996 to 7,221 in 1997 to 18,769 in 1998. The latter situation probably reflects the difficulties in finding affordable housing in the county. 393

The 2001 survey finds that 15.0% of respondents (representing approximately 81,000 adults in the county) currently share housing costs with someone other than a spouse or partner in order to limit expenses. Nearly one-third of respondents living below the 200% poverty

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392 Ibid.
threshold share living expenses, as do approximately one-fourth of young adults, Hispanic respondents and Asian respondents.  

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

Note: Percentages represent "yes" responses.

**Seniors & Housing**

Because of a lack of affordable housing and support services, seniors may be forced to move out of the county. The prospect of moving from long-term support networks such as family, friends, and caregivers is devastating to seniors; they are sustained by a strong sense of place and familiarity with certain locations.

- Compared to the overall population, a far greater number of seniors own their own homes. A total of 75% of senior households own their housing (compared to 60% of the total population). Of senior homeowners, 37% have incomes below $25,000, indicating that many seniors are house-rich, but cash-poor. Their housing problems are typically entirely cost-related and are compounded when they live in older housing on fixed incomes. [Although these data are somewhat old (1997-98), they are the latest available.]

- In the current housing market, seniors who rent are experiencing $200 to $400 rent increases or 30-day eviction notices, and are being forced to move from long-term residences.

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295 Senior Housing in San Mateo County. A Project of the San Mateo/Hillsborough/Burlingame/Foster City Leadership Program 1997-98.  
296 Ibid.  
297 Ibid.
The greatest need for senior housing continues to be affordable housing for independent seniors and assisted living facilities for seniors who need some assistance, but are not suited for skilled nursing. As the population of low- and very low-income seniors grows, so does the need for adequate affordable senior facilities, if we want seniors to live independently with dignity.  

There are no affordable assisted living facilities in San Mateo County. Among existing facilities, only 17 affordable assisted living units are available. Although the industry is developing models for affordable assisted living facilities, there are few existing models. Neither Medicare nor Medi-Cal covers the cost of assisted living. 

398 Senior Housing in San Mateo County. A Project of the San Mateo/Hillsborough/Burlingame/Foster City Leadership Program 1997-98.
399 Ibid.
Physical Environment

Community Evaluations

Six out of 10 survey 2001 respondents rate the physical environment of their community as “excellent” or “very good” in terms of having clean streets and yards and attractive neighborhoods and buildings. A total of 12.0% of respondents this year rate their local environment as “fair” or “poor,” similar to 1998 findings. “Fair/poor” ratings are somewhat higher (19.4%) among South County respondents, as well as among low-income respondents (24.7%) and Hispanic respondents (25.1%).

![Ratings of the Physical Environment of the Community, San Mateo County, 1998 vs 2001](chart)


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.
3. In this case, the term “physical environment” refers to the community being free of pollution, having clean streets and yards, and having attractive neighborhoods and buildings.

Waste

In 1999, only 3% of San Mateo County solid waste was disposed of in landfills outside of San Mateo County, compared to approximately 10% in 1998. Despite this additional 7% of solid waste remaining within the county, we can boast that we reduced our total solid waste from the previous year.

In 1999, San Mateo County sent approximately 1.3% less waste to county landfills than in 1998 (Assembly Bill 939 requires cities and counties to decrease the amount of solid waste...
sent to landfills by 50%.) The 958,185 tons in 1998 has been reduced to 945,673 tons in 1999. Optimistically, this can be compared to the 9% increase in landfill waste between 1997 and 1998.  

**Air Quality**

Overall, the region’s air quality has improved notably since the 1980s, however, we must guard against potential increases in bad air days.  

**Ozone**

Ozone is this region’s greatest problem. It is the result of a chemical reaction with NO2 and other organic gases caused by ultraviolet light. Ozone in the upper atmosphere is beneficial to block cancer-causing ultra-violet radiation. At ground level, ozone causes respiratory disease, eye irritation, and vegetation damage.  

San Mateo County experiences relatively few days on which ozone levels exceed state or federal standards. In 1997 and 1998, the county experienced 0 days above either standard. However, the county’s cleaner air may be largely due to prevailing winds which carry pollution elsewhere.

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**Days Per Year That San Mateo County Air Quality Exceeds State & Federal Ozone Standards**

![Graph showing days per year that San Mateo County air quality exceeds state and federal ozone standards from 1980 to 1998.](graph)

Source: Air Resources Board. California Environmental Protection Agency.

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403 Silicon Valley 1999 Environmental Index: Taking the Pulse of Silicon Valley’s Environment. Silicon Valley Environmental Partnership.


406 Air Resources Board. California Environmental Protection Area.
In the greater Bay Area, however, the national standards for ozone were not met on 3 days in 1999 and the stricter state standards were not met on 20 days. The Bay Area Air Quality Management District (BAAQMD) is implementing new programs to bring the area into compliance.\textsuperscript{407}

In 1998, the Bay Area experienced eight exceedances of the national standard. This means that the region cannot claim clean air status by 2000 because three exceedance-free years are needed to attain this status. But ozone concentrations have declined an average of 1.4% per year since the passage of the California Clean Air Act in the mid-1980s.\textsuperscript{408}

**Particulate Matter**

PM\(_{10}\) (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. PM\(_{10}\) also causes visibility reduction. PM\(_{10}\) are reported as 24-hour average concentrations in \(\mu g/m^3\) (weight of particles in micrograms per one cubic meter of air).

San Mateo County has not exceeded the national standard for PM\(_{10}\) in the past decade. However, the county did experience two days above the state standard in 1997 (zero in 1995 or 1996).\textsuperscript{409}

**PM\(_{10}\) Air Quality: Percent of Samples Above State 24-Hour Standard and Days Over Standard**

![PM\(_{10}\) Air Quality Chart]

Source: Air Resources Board, California Environmental Protection Agency.


\textsuperscript{408}Ibid.

\textsuperscript{409}Air Resources Board. California Environmental Protection Agency.
The Bay Area has met the national standard since 1991. It does not meet the more stringent California standards, but the California Clean Air Act does not require a plan for attainment of this standard as it does for the ozone standard.  

Water Quality & Consumption

Drinking Water

Drinking water of the county is essentially pollutant free:

- Lead concentrations in the county water are very low.  

- MTBE (a gasoline additive), which has proven problematic in neighboring Santa Clara County, is virtually nonexistent in the drinking water of major suppliers to San Mateo County, but probably does exist in well water.  

- However, levels of trihalomethanes (THMs) appear to be approaching the standard maximum level. The average level of THMs for 1999 was 64.3 parts per billion (ppb), which is 64.3% of the 100 ppb MCL. The level of THMs in the water supplied by the SFPUC varied from community to community. To comply with stricter federal regulations, the SFPUC will use new disinfectant chloramines in early 2003 to further lower THMs levels.  

Consumption

- Annual water consumption in San Mateo County for FY 1998/99 was 45,504,776 ccf (1 ccf = 748 gallons) or about 34,000 million gallons. This is 93.1 million gallons per day.  

- Per capita consumption of water increased from 125 gallons per day 97/98 to 131.7 gallons per day in 98/99, about 5.4% (although it is a 2.2% decrease when compared to FY 1996/97). The Bay Area average is 155.2 gallons per capita per day.

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411 Ibid.
412 Ibid.
413 Ibid.
414 Ibid.
415 Ibid.
Energy

Because of the volatile nature of electrical power supply and usage in the past year, little data is yet available that reflects the current situation.

- One June 14, 2000, PG&E was required by the California Independent System Operator (CA ISO) to intentionally interrupt nearly 100,000 Bay Area customers (residential and small business) for the first time in its history. This remarkable event was a result of insufficient electric supply in California and instability in the Bay Area’s power grid. Electric service was interrupted to prevent instability from spreading across a wider geographic area, causing a general shutdown of service. 416

- Wholesale prices for electrical power in California have increased on average 270% when compared to 1999. While wholesale prices have been deregulated, the retail prices in the region are still subject to retail rate freezes, scheduled to expire no later than March 31, 2002. 417

- Currently, the region imports approximately 80% of its power needs from other areas. Of an estimated electricity demand of 1,800 Megawatts (MW), there are only 300 MW of local generation capacity. Growth in the region is likely to increase electricity demand by about 50 MW per year. Demand for electricity is growing by about 5% a year, compared with about 2% a year in the rest of the state. 418

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417 Ibid.
418 Ibid.
- Residential use of electricity is increasing with 4 cities in the county using more than twice that of other cities. Commercial and industrial demand has increased 20% since 1994, accounting for 66% of the county’s electricity consumption.  

Land Use

Open Spaces

- Among the 20 cities surveyed in 2000, the amount of city park land ranged from 0.00 acres in Woodside to 84 acres in Portola Valley. East Palo Alto reported no open space outside of its city parks, while Portola Valley reported 1,591 acres of open space. All cities reported that they are adjacent to county park lands, state park lands, or watershed lands except Portola Valley.

- Countywide, the mean numerical acreage of developed park lands is 2.72 acres per 1,000 residents. The average amount of undeveloped open space countywide is 108.6 acres per 1,000 residents, an average that drops to 16.36 if the two cities with the largest amount of open space—Colma and Portola Valley—are omitted from the calculation. During the time of the surveys (1999-2000) parkland has increased somewhat.

Developed Park Lands and Open Space
(Acres per 1,000 Population, 2000, By Jurisdiction)


Notes:
1. *To preserve a readable scale, this chart does not show acres of open space for Colma (1.531.00 acres/1,000) or Portola Valley (346.60 acres/1,000).
2. **The countywide average acres of open space excludes Colma and Portola Valley.


421 Ibid.

421 Ibid.
Wildlife Habitat

- For the year of 1999 San Mateo County served as the home for nine federally listed endangered plants, one threatened species, and 20 species of concern. 422

Environmental Health Effects

- Three out of 10 surveyed adults report that a household member has health problems — such as asthma, allergies or sinus problems — related to dust or smog (similar to 1998 findings). Such problems are more prevalent among women, those aged 40 to 64, persons living below the 200% poverty threshold, and Hispanic respondents. 423

Household Member Has Health Problems Related to Environmental Dust or Smog, San Mateo County


Note: Health problems were described as breathing problems, asthma, allergies or sinus problems.


Transportation & Traffic

- San Mateo County survey respondents offer a nearly even split in evaluations of local roads and highways as “excellent/very good” (31.4%) or “fair/poor” (28.0%), similar to 1998 findings. Coastside respondents are most critical of local roads and highways (50.2% “fair/poor.”)

Commuting

Commute Destinations

- Many workers are opting to commute long distances to find a house they can afford. This phenomenon has led to daily commutes that are two and three-hours each way.
- Highway gasoline consumption rose 11% from 1995 to 1998.

- A total of 132,557 workers commute to San Mateo County from outside the county. The majority (60.6%) of commuters who live in San Mateo County remain within the county, while 21.2% commute to San Francisco County, 13.2% commute to Santa Clara County, and 5.0% commute to other counties.
- On weekday commutes, the number of trips to and from other counties now exceeds the number within the county.

![2000 Projected Commute Destinations](image)

Sources: MTC Forecasts based on ABAG Projections ‘98.

References:
- 427 Metropolitan Transportation Commission Forecasts/ABAG Projections ’98.
- 428 Ibid.
Commute Times & Distances

- Like the rest of the Bay Area, San Mateo County commutes are taking more time and increasing in length. The average miles per hour dropped from 34.2 to 30.6 between 1999 and 2000 because the increase in distance was less than the increase in time. 429

- VMT (vehicle miles traveled) increased 7% from 1995 to 1998. 430

- 2001 survey participants reported an average one-way commute distance of 12.8 miles, and an average one-way commute time of 22.7 minutes. 431

Commute Mode

- San Mateo County’s drive-alone rate is nearly 5% higher than the regional average (although not as high as neighboring Santa Clara County). 432

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429 Commute Profile 2000: A Survey of San Francisco Bay Area Commute Patterns. Metropolitan Transportation Commission. RIDES for Bay Area Commuters, Inc.


432 Commute Profile 2000: A Survey of San Francisco Bay Area Commute Patterns. Metropolitan Transportation Commission. RIDES for Bay Area Commuters, Inc.
Traffic Congestion

Traffic congestion translates into long commutes, frazzled nerves, wasted fuel, air and water pollution and, of course, lost time.

Community Perceptions

Nearly two-thirds (64.9%) of San Mateo County survey respondents give “fair/poor” ratings of local traffic in terms of being free of congestion, a slight increase from 1998 findings.  

![Ratings of Traffic as Being Free of Congestion](chart)

Mean Score | % “Excellent/Very Good” | % “Good” | % “Fair/Poor”
---|---|---|---
San Mateo County 1998 | 31.4 | 13.4 | 61.2 | 30.2 | 11.1 | 64.9 | 62.5 | 21.2
San Mateo County 2001 | 28.9 | 25.3 | 66.2 | 28.9 | 23.9 | 66.2 | 29.8 | 16.8
Santa Clara County 2001 | 21.2 | 6.8 | 76.8 | 21.2 | 6.8 | 76.8 | 21.2 | 6.8

2. 2001 Santa Clara County Quality of Life Survey. (Professional Research Consultants).
Notes: 1. Asked of all respondents.
2. Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

---

South County and Mid-County residents are most critical (75.4% and 74.1% “fair/poor,” respectively). Asian respondents and those living in North County are least critical.  

"Fair/Poor" Ratings of Traffic as Being Free of Congestion

Traffic Delays

“Congestion” is defined as a condition where the average speed drops below 35 mph for 15 minutes or more on a typical weekday. The magnitude of traffic delay in San Mateo County is expressed in daily vehicle-hours of delay (the difference in travel time between 35 mph and the lower congested speed).  

Congestion in San Mateo County increased by about 2,800 vehicle-hours of delay in 1998 compared to 1996, representing an increase of about 40%.  

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 increased from 14 in 1993 to 33 in 1998.

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436 Ibid.
437 Ibid.
Congestion Sites

A 1998 study identified the county's most congested areas: Eastbound congestion on the San Mateo-Hayward Bridge continues to increase during the evening peak period, accounting for approximately one-third of the total added congestion in San Mateo County. Other areas experiencing significant increased congestion include the morning commutes on southbound Route 101 between San Bruno and Burlingame and on southbound Route 280 from Daly City to Route 380. New recurrent congestion was observed on northbound Route 280 between Sandhill Road and Woodside Road during the evening peak period.\(^{438}\)

Addressing the Problem

Governor Gray Davis and the California legislature gave transportation its biggest cash infusion in over a decade during the formulation of the 2000-01 state budget. A $6.8 billion, five-year spending plan, aimed at helping the state’s urban areas deal with rapidly worsening traffic congestion, was enacted. The Bay Area’s share of the funding is approximately $1.7 billion, with 84% of the regional total ($1.4 billion) earmarked to finance public transit improvements.\(^{439}\)
San Mateo County’s plan to ease congestion emphasizes increasing the efficiency of the existing highway system, rebuilding certain interchanges and building auxiliary lanes on Highway 101.  

**Public Transportation**

Like San Francisco and Alameda counties, San Mateo County offers several transit alternatives, including Caltrain, buses and BART.

**Transit Utilization**

- Ridership percentage was distributed among the transit systems as follows: SamTrans, 50% of total transit ridership; CalTrain, 27%; and BART, 23%. SamTrans bus ridership decreased 4% from 1995 to 1998. CalTrain ridership increased 30% from 1995 to 1998. BART ridership increased 17% from 1995 to 1998. SamTrans bus ridership decreased slightly.

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**Use of Regional Transportation**

(Combined CalTrain, BART and/or SamTrans)

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Number of Rides per Capita</th>
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</thead>
<tbody>
<tr>
<td>1990</td>
<td>31.8</td>
</tr>
<tr>
<td>1991</td>
<td>33.8</td>
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<td>1992</td>
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<tr>
<td>1997</td>
<td>34.2</td>
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<td>1999</td>
<td>33.3</td>
</tr>
<tr>
<td>2000</td>
<td>34.3</td>
</tr>
</tbody>
</table>

**Source:** Joint Venture's 2001 Index of Silicon Valley: Measuring Progress Toward the Goals of Silicon Valley 2010. Joint Venture: Silicon Valley Network. (CalTrain, Valley Transit Authority, SamTrans).

**Notes:**
1. Includes both Santa Clara County and San Mateo County.
2. 2000 finding represents 84.6 million rides.
3. Bus systems account for 81% of the total annual rides.

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> Silicon Valley Projections 2000. Silicon Valley Manufacturing Group and the Association of Bay Area Governments.
> Commute Profile 2000: A Survey of San Francisco Bay Area Commute Patterns. Metropolitan Transportation Commission. RIDES for Bay Area Commuters, Inc.
Perceptions of Public Transportation

While 29.8% of San Mateo County survey respondents in 2001 rate local public transportation as “excellent” or “very good,” 37.3% rate it as “fair” or “poor.” “Fair/poor” evaluations have increased significantly since the 1998 survey was conducted, and are particularly high (71.8%) among Coastside residents.  

"Fair/Poor" Ratings of Local Public Transportation

Just over one-half (54.9%) of surveyed adults believe they could rely on public transportation to get them to and from work, appointments and shopping, if needed. This is similar to 1998 findings. Only one out of four Coastside residents (26.7%) believes he/she could rely on public transportation, compared to two out of three North County residents (63.7%).

Could Rely on Public Transportation for Work, Appointments, and/or Shopping

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444 Ibid.
Community Services

Government

Participation in the Political Process

✦ In the 2000 primary, 32% of the total adult population voted and 46% in the general election. 445

✦ In the 2000 primary, 55% of the adult population registered to vote (57% of whom actually voted). 446

✦ In the 2000 general election 59% of the adult population registered to vote (77% of whom actually voted). 447

Trust in Government

✦ Trust in local government has improved over the past few years. In 1998, 43.4% of survey participants said they trusted local government to “always” or “most of the time” work for the community’s best interest; this percentage increased significantly to 47.7% in 2001. At the same time, the percentage “seldom” or “never” trusting government decreased significantly (from 18.6% in 1998 to 14.2% in 2001). 448

✦ There are regional differences in responses, however. For example, 22.6% of Coastside respondents say that they believe local government works for the best interest of the community “seldom” or “never.” Interestingly, no meaningful differences are found by economic or racial/ethnic characteristics. 449

![Trust Local Government to Work for the Community’s Best Interest, 1998 vs. 2001]


446 Ibid.
447 Ibid.
448 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
449 Ibid.
Accessibility of Community Services

Social Services

- A total of 29.1% or survey respondents rate the ease of obtaining social services as “excellent” or “very good” (similar to 1998 findings). However, “fair/poor” evaluations for the ease of obtaining social services in the community have increased in San Mateo County (from 21.5% in 1998 to 27.6% in 2001) and are greater than found this year in neighboring Santa Clara County. 450

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

- "Fair/poor” evaluations are particularly high among women, those with lower education or income, Hispanic respondents, as well as South County and Coastside respondents. 451

Improving Accessibility

- Survey respondents’ most common suggestions for improving accessibility of community services included better transportation (19.1%, up from 15.1% in 1998), more collaboration (14.8%) and more culturally-appropriate services (11.0%). 452

450 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
451 Ibid.
452 Ibid.
Recommended Means of Making Community Services More Accessible, SMC, 1998 vs. 2001


Note: "More Culturally-Appropriate Services" was not given as a response option in 1998.
Entertainment & Enrichment

Recreation & Entertainment

✦ A total of 41.3% of surveyed San Mateo County residents rate local recreation and entertainment offerings as "excellent" or "very good." In contrast, 22.7% rate the recreation and entertainment offerings in the county as "fair" or "poor" (significantly higher than the 17.4% reported in 1998). "Fair/poor" evaluations are notably higher among Coastside residents (45.0%) and among low-income individuals (31.9%).

![Ratings of Recreation/Entertainment Offerings, San Mateo County, 1998 vs 2001](chart)

2. 2001 Santa Clara County Quality of Life Survey. (Professional Research Consultants)

Note: Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

Outdoor Recreation

✦ Similar evaluations are given to the availability of outdoor recreational options in the area: 43.9% "excellent/very good," 20.3% "fair/poor" (an increase in "fair/poor" responses from 16.5% in 1998). Low-income respondents are more critical of San Mateo County’s outdoor recreational options, giving a 34.5% "fair/poor" response (little difference was noted by region).
A total of 85.2% of San Mateo County adults surveyed have visited a local park or public recreation facility in the past year (similar to 1998 findings). Use of local parks and recreation facilities is higher among younger adults and those with higher incomes. \(^{455}\)

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\(^{455}\) 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
Youth Recreation

Regarding recreation and entertainment offerings specifically for youth in the community, 44.6% rate these as "excellent/very good," while 17.9% rate them as "fair/poor" (similar to 1998 findings). "Fair/poor" evaluations of youth recreational programs are particularly high among Coastside residents (42.6%) and low-income individuals (30.8%).

Ratings of Youth Recreation/Entertainment Offerings, San Mateo County, 1998 vs 2001

Cultural Offerings

A total of 35.5% of San Mateo County survey respondents give the variety of arts and cultural offerings in the community "excellent" or "very good" evaluations. A total of 28.8% of residents give "fair/poor" evaluations (significantly higher than found in 1998).

2. 2001 Santa Clara County Quality of Life Survey. (Professional Research Consultants)

Note: Mean scores are calculated on a scale where "excellent"=100, "very good"=75, "good"=50, "fair"=25, and "poor"=0.

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457 Ibid.
"Fair/poor" ratings of arts and cultural offerings are highest among Hispanic respondents (41.3%) and those living below the 200% poverty threshold (40.4%).


Note: Asked of all respondents.
Crime & Violence

- The county has shown a decrease in overall reported crimes, adult and juvenile felonies and misdemeanors throughout the decade. ⁴⁵⁹

Community Evaluations

Crime Control

- Most San Mateo County survey respondents (59.9%) believe neighborhood crime control is "excellent" or "very good" (significantly higher than reported in 1998 and higher than in Santa Clara County), while 11.2% believe it is "fair/poor" (similar to 1998 findings, but increasing in 2001 to 20.6% among South County residents, 32.2% among low-income respondents, and 28.6% among Hispanic respondents). ⁴⁶⁰

Neighborhood Safety

- When asked how safe they feel walking in their neighborhood, San Mateo County residents give an even higher evaluation: 63.2% "excellent/very good," 10.2% "fair/poor." ⁴⁶¹

Community Evaluations of Neighborhood Safety, San Mateo County, 1998 vs. 2001

<table>
<thead>
<tr>
<th></th>
<th>1998 Mean Score</th>
<th>1998 % Excellent/VG</th>
<th>1998 % Good</th>
<th>1998 % Fair/Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Mateo County</td>
<td>58.1</td>
<td>68.2</td>
<td>11.5</td>
<td>10.2</td>
</tr>
<tr>
<td>San Mateo County</td>
<td>63.2</td>
<td>70.7</td>
<td>26.6</td>
<td>10.2</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td>58.3</td>
<td>67.8</td>
<td>29.2</td>
<td>12.5</td>
</tr>
</tbody>
</table>

2. 2001 Santa Clara County Quality of Life Survey. Professional Research Consultants.

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

⁴⁶⁰ 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
⁴⁶¹ Ibid.
“Fair/poor” evaluations of perceived safety are more prevalent among those living below 200% poverty (25.6%), those with no education beyond high school (20.2%), Hispanic respondents (22.0%), South County respondents (16.0%), adults 18 to 39 (13.4%) and women (12.7% vs. 7.1% of men).  

"Fair/Poor" Ratings of Neighborhood Safety

Most county survey respondents this year (71.9%) believe the problem of crime has stayed about the same in their neighborhood over the past year or two. In fact, more believe the situation has gotten better (20.7%) than worse (7.4%), similar to 1998 findings.  

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663 Ibid.
Violent Crime

Between 1997 and 1999, San Mateo County experienced a rate of 303.6 violent crimes per 100,000 population (including homicide, forcible rape, robbery and aggravated assault). This rate is lower than recorded in neighboring Santa Clara County, and much lower than the state rate for the same period. Comparatively speaking, San Mateo County experienced a particularly low rate of aggravated assault. 464

Violent Crime Rates per 100,000 Population, 1997-1999

Source: Criminal Justice Statistics Department, California Department of Justice.
Note: Data reflect 1997-1999 annual average rates.

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). 465

464 Criminal Justice Statistics Department, California Department of Justice.
### Trend in Crime Rates
San Mateo County, 1990-2000

![Graph showing trend in crime rates](image)

<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>
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<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>1,267.1</td>
<td>1,764.8</td>
<td>4,383.2</td>
</tr>
<tr>
<td>1993</td>
<td>503.8</td>
<td>1,196</td>
<td>1,701.8</td>
<td>4,149.6</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>3,769.3</td>
</tr>
<tr>
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<td>763</td>
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</tr>
<tr>
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<td>785</td>
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<td>3,210.8</td>
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</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>922.6</td>
<td>2,605.9</td>
</tr>
</tbody>
</table>

Source: California Criminal Justice Statistics Center, California Criminal Justice Profile, 2000.

The following chart outlines detailed San Mateo County rates by crime between 1990 and 2000 (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).

### Trend in Crime Rates, San Mateo 1990-2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Violent Crimes</th>
<th>Property Crimes</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>
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<td>1,356.8</td>
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</tr>
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<td>1,196</td>
<td>1,701.8</td>
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<tr>
<td>1994</td>
<td>488.5</td>
<td>1,043.9</td>
<td>1,532.4</td>
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</tr>
<tr>
<td>1995</td>
<td>407.1</td>
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<td>277.3</td>
<td>645.2</td>
<td>922.6</td>
<td>2,605.9</td>
</tr>
</tbody>
</table>

Source: California Criminal Justice Statistics Center, California Criminal Justice Profile, 2000.

Note: Data reflect crime rates per 100,000 population.

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Violent Crimes Against Seniors

In 1999, there were 75 violent crimes committed against seniors in San Mateo County, the highest number reported since 1995. Most of these crimes were aggravated assaults (61.3%) or robberies (32%). 467

![Violent Crimes Committed Against Senior Citizens, by County (1988-1999)](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>San Mateo County</th>
<th>Santa Clara County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>63</td>
<td>160</td>
<td>9,710</td>
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<td>60</td>
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<td>1994</td>
<td>116</td>
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<td>93</td>
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<td>1999</td>
<td>75</td>
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<td>6,567</td>
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</tbody>
</table>

Source: California Criminal Justice Statistics Center; Report on Violent Crimes Committed Against Senior Citizens in California, 1999.

Juvenile Crime & Violence

San Mateo County’s juvenile felony arrest rate is significantly lower — 4 percentage points — than the statewide rate. In fact, the county has lower rates than the neighboring Bay Area counties of Santa Clara, San Francisco, and Alameda. 468

Violent Offenses

Further, juvenile arrests for violent crimes have been following a downward trend over the past several years. 469

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469 Criminal Justice Statistics Department, California Department of Justice.
Juvenile Felony Arrest Rate, 1990-1999
Violent Offenses

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000</th>
</tr>
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<tbody>
<tr>
<td>1990</td>
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<tr>
<td>1991</td>
<td>448.4</td>
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<tr>
<td>1992</td>
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<td>1997</td>
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<tr>
<td>1998</td>
<td>462.7</td>
</tr>
<tr>
<td>1999</td>
<td>399.2</td>
</tr>
</tbody>
</table>

Source: California Criminal Justice Statistics Center.

- Juvenile arrests for violent crime are a small proportion (7.7%) of the total number of juvenile arrests. The rate for violent offenses is 3.7 per 1,000 youth, as compared to property offenses (8.6), drug offenses (2.1), and the overall rate for all offenses (16.7). 470

- However, juvenile arrests make up a disproportionate amount of the total arrests for violent crime; juveniles are 12.8% of the population, yet make up 17.4% of arrests for violent crime. The violent crime arrest rate also varies markedly among ethnic groups, with the lowest among Caucasians (2.2 per 1,000 youth), followed by Latinos (4.8) and African Americans (14.6). 471

- In San Mateo County, juveniles are less likely to be arrested for weapons-related offenses than in the rest of the state. The rate of weapons-related arrests has been decreasing both locally and statewide. 472

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471 Ibid.
472 Ibid.
Drug Offenses

- Juvenile arrests for drug offenses increased between 1995 and 1997, but decreased between 1997 and 1999. 473

Juvenile Felony Arrest Rate, 1990-1999
Drug Offenses

<table>
<thead>
<tr>
<th>Year</th>
<th>Santa Clara County</th>
<th>San Mateo County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>125.6</td>
<td>143.8</td>
<td>627.9</td>
</tr>
<tr>
<td>1991</td>
<td>62.2</td>
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<td>1992</td>
<td>52.5</td>
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<td>564.9</td>
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<td>1993</td>
<td>52.2</td>
<td>213</td>
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<tr>
<td>1995</td>
<td>137.3</td>
<td>174.5</td>
<td>593.1</td>
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<tr>
<td>1996</td>
<td>188.7</td>
<td>209.2</td>
<td>547</td>
</tr>
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<td>1997</td>
<td>243.9</td>
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<td>1998</td>
<td>200.9</td>
<td>209.3</td>
<td>561.2</td>
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<tr>
<td>1999</td>
<td>170.6</td>
<td>152.8</td>
<td>519</td>
</tr>
</tbody>
</table>

Source: California Criminal Justice Statistics Center.

For information about school safety, refer to the "Education" section, page 90.

473 Criminal Justice Statistics Department, California Department of Justice.
Health in San Mateo County
Survey/Population Estimates

Again, the 2000 estimated adult population of San Mateo County is 544,002 residents aged 18 and older. Therefore, among survey questions asked of all respondents, each percentage point in the survey represents roughly 5,440 persons (e.g., a 15.0% response represents approximately 81,600 adults). The following table further describes the confidence intervals and population estimates associated with key segments.

| Confidence Intervals & Populations Estimates for Demographic/Geographic Segments |
|---------------------------------------------|---------------------------------------------|
| Quality of Life Survey | Behavioral Risk Survey |
| Max Error | Population Equiv | Max Error | Population Equiv |
| Gender | | | |
| Male | ±3.9% | 1%= 2,682 Adults | ±4.1% | 1%= 2,682 Adults |
| Female | ±3.4% | 1%= 2,758 Adults | ±3.4% | 1%= 2,758 Adults |
| Age | | | |
| 18 to 39 Years | ±4.4% | 1%= 2,166 Adults | ±4.4% | 1%= 2,166 Adults |
| 40 to 64 Years | ±3.8% | 1%= 2,342 Adults | ±3.9% | 1%= 2,342 Adults |
| 65 Years or Older | ±5.8% | 1%= 932 Adults | ±6.0% | 1%= 932 Adults |
| Education | | | |
| High School or Less | ±5.1% | 1%= 1,333 Adults | ±5.2% | 1%= 1,333 Adults |
| Postsecondary Education | ±3.0% | 1%= 4,107 Adults | ±3.0% | 1%= 4,107 Adults |
| Poverty Status | | | |
| <400% Poverty Level | ±5.2% | 1%= 1,844 Adults | ±5.2% | 1%= 1,844 Adults |
| >400% Poverty Level | ±3.6% | 1%= 3,596 Adults | ±3.9% | 1%= 3,596 Adults |
| Race/Ethnicity | | | |
| White | ±3.0% | 1%= 3,617 Adults | ±3.2% | 1%= 3,617 Adults |
| Hispanic | ±6.1% | 1%= 1,180 Adults | ±5.5% | 1%= 1,180 Adults |
| Asian/Pacific Islander | ±7.7% | 1%= 1,159 Adults | ±6.8% | 1%= 1,159 Adults |
| African-American | ±16.6% | 1%= 288 Adults | ±15.9% | 1%= 288 Adults |
| Region | | | |
| North County | ±5.0% | 1%= 2,037 Adults | ±4.6% | 1%= 2,037 Adults |
| Mid-County | ±5.2% | 1%= 1,887 Adults | ±5.3% | 1%= 1,887 Adults |
| South County | ±5.8% | 1%= 1,317 Adults | ±5.8% | 1%= 1,317 Adults |
| Coastside | ±4.7% | 1%= 199 Adults | ±4.9% | 1%= 199 Adults |
| TOTAL SAMPLE | ±2.6% | 1%= 5,440 Adults | ±2.6% | 1%= 5,440 Adults |

* 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 and poverty status are based on proportions achieved through random sampling.
Description of Community Health

OVERVIEW

The overall health status of most San Mateo County residents is quite good. While ratings of local health care have declined over the past few years, they remain generally positive. The county compares favorably for utilization of routine medical care. San Mateo County residents remain particularly critical or ambiguous regarding access to specialized services such as mental health care and substance abuse services, and are finding it more difficult to access dental and vision care.

As found in the previous assessment, concerns with health care services in San Mateo County are not so much issues of quality or availability, but rather ones of access and disparity. An estimated 41,900 adults are without health insurance in San Mateo County. The uninsured, as well as low-income residents and communities of color, face limited access to the county’s public and private health care delivery systems due to cost, as well as a variety of other barriers, and these limitations in access have a discernible impact on the health status of these residents and in the way that health care is delivered in the community.

Public Perception

Evaluations of Local Health Care

Overall, 50.5% of San Mateo County survey respondents rate the health care services available in their community as “excellent” or “very good.” However, 19.4% rate these as “fair” or “poor,” a significant increase from 1998 findings (12.8%).

This year, “fair/poor” evaluations of local health care availability are notably higher among Coastside residents (42.3%), low-income respondents (32.5%) and Hispanic respondents (30.8%). The Coastside rate probably reflects the uncertain future of a prominent healthcare provider during the time of the survey.  

Perceive Available Local Health Care to be "Fair/Poor"


Note: Percentages represent combined “fair” or “poor” responses.
Top Health Concerns of the Community

- The top five “number-one” health concerns mentioned by 2001 survey respondents include: access to health care (21.1%); pollution/environmental concerns (12.5%); caring for the elderly (11.2%); heart disease and cardiovascular risk (10.9%) and cancer (8.1%). ⁴⁷⁶
Personal Health Evaluations

Self-Reported Health Status

- On average, survey respondents report that they felt very healthy and full of energy on 19.1 days in the month preceding the interview. 477

- Nearly two-thirds of San Mateo County survey respondents report “excellent” (28.8%) or “very good” (35.4%) general health. Another 24.4% report that their general health status is “good.” 478

- However, 11.4% of surveyed adults report their general health status as “fair” or “poor.” This proportion is lower than found statewide (15.8% “fair/poor”) and similar to what is found nationwide (12.3%). 479

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**Evaluations of Personal Health, San Mateo County 1998 vs. 2001**

<table>
<thead>
<tr>
<th>Category</th>
<th>SMC 1998</th>
<th>SMC 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>31.4%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Very Good</td>
<td>35.8%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Good</td>
<td>23.5%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Fair</td>
<td>8.2%</td>
<td>6%</td>
</tr>
<tr>
<td>Poor</td>
<td>3.2%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Sources:  
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1997 State Data
Note: Asked of all respondents.

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478 Ibid.
479 Ibid.
“Fair/poor” ratings in San Mateo County increase to more than 20% among older respondents (65+), or among those with no more than a high school education or who live below the 200% poverty threshold. Elevated “fair/poor” responses are also noted among those without health insurance coverage, Hispanic respondents, and residents of the North County or South County regions.  

During the month preceding the interview, survey respondents report an average 3.4 days on which their physical health was not good (2.5 in 1998). Days of poor health are notably higher among certain subgroup within the sample: those aged 65 and older (4.6); those living between 200% and 400% of poverty (4.5).  

During the month preceding the interview, survey respondents report an average 2.2 days on which poor physical or mental health prevented them from conducting their regular activities, such as self-care, work or recreation (1.6 in 1998). Days of limited activity are higher among: those with no postsecondary education (2.9); those living below 200% poverty (2.8); and those living between 200% and 400% poverty (2.9).


Note: Asked of all respondents.

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481 Ibid.
482 Ibid.
Activity Limitations

- A total of 29.9% or approximately 163,600 local adults currently experience some type of activity limitation, including back or neck limitations, arthritis or rheumatism, and problems with fractures, bones, and joints. Reports of impairments are highest among seniors (47.7%) and among those living between 200% and 400% of poverty (35.9%).

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

- Among those reporting some type of impairment or health problem:
  - 16.9% say that, because of this, they need the help of other persons with routine needs (e.g., chores and running errands). This represents an estimated 27,600 local adults.
  - 3.2% need assistance with personal care (including such activities as eating, bathing, dressing, and getting around the house). This represents an estimated 5,200 local adults.

Living With Pain

- During the month preceding the interview, survey respondents report an average 2.6 days on which pain made their usual activities difficult (e.g., self-care, work, and recreation). This average is highest among seniors (3.7 days) and among those between 200% and 400% of poverty (3.4).
Developmental Disabilities

A total of 9.8% of survey respondents report that they or a member of their family are affected by developmental disabilities. These included autism, cerebral palsy, down syndrome, and epilepsy, although most identified other types of disabilities.  \(^{486}\)
Routine Medical & Dental Care

Physician Care

Physician Relationships

The majority (84.2%) of surveyed adults have a regular physician’s office or clinic that they use when in need of medical care. Those without physician relationships are most represented among: Asian respondents (26.1% without); respondents aged 18 to 39 (25.7%); men (23.8%); and those living below 200% poverty (22.0%).

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

Of all those who do not have a physician’s office or clinic, the largest share (38.2%) report that they "have not needed a doctor.”

A total of 64.3% of surveyed adults with a physician’s office or clinic rate the convenience of getting to this place (in terms of travel time or distance) as “excellent” or “very good.” On the other hand, 9.9% rate this as “fair” or “poor.” Among Coastside residents, the percentage of “fair/poor” evaluations increases to 24.4%.

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688 Ibid.
689 Ibid.
Perceive the Convenience of Getting to Physician's Office or Clinic as "Excellent/Very Good" Among San Mateo County Adults With a Physician/Clinic Relationship

Note: Percentages represent "excellent/very good" responses.

- Most respondents with a physician office or clinic relationship say there is one (75.0%) or more than one (11.9%) particular doctor or health professional they see for routine medical care. The remaining 13.1% say they see no one particular doctor or health professional at this office/clinic. 490

♀ Among surveyed parents, 96.2% report that they have a regular place they take their child for medical checkups. 491

Change in Physicians

♀ Among survey respondents with a physician or clinic relationship, 52.8% report that they have changed physicians within the past 5 years; 18.4% have changed physicians within the past year (representing approximately 63,000 adults). 492

- Among those who have changed physicians, reasons primarily related to having a physician who retired or moved (mentioned by 23.6%), changing health care coverage (18.1%), or changing residence/moving (17.1%). 493

491 Ibid.
492 Ibid.
493 Ibid.
Reasons for Changing Physicians
(Among Adults Who Have Changed Physicians)

- Health Coverage Change 18.1%
- Doctor Moved/Retired 23.6%
- Patient Moved/Relocate 17.1%
- Other Reasons 41.2%

Note: Asked of respondents who have ever changed physicians.

Routine Medical Care

- The majority (70.3%) of survey respondents have visited a physician for a routine checkup within the past year. These indications are fairly consistent among various demographic subgroups, with the exceptions of seniors, 84.9% of whom have had a routine checkup in the past year. 494

- A total of 92.4% of local parents report that their children saw a physician for regular medical care in the past year, fairly consistent among key demographic subgroups. 495

Dental Care

- A total of 63.1% of surveyed adults have visited a dentist for a routine checkup within the past six months (statistically similar to the 66.3% reported in 1998). 496

- A total of 80.8% of surveyed adults have visited a dentist or dental clinic (including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists) for any reason within the past year. 497

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495 Ibid.
496 Ibid.
497 Ibid.
However, dental care is particularly low among those living below 200% poverty (54.9%), those with no postsecondary education (64.5%), Hispanic respondents (69.8%) and young adults (72.7%).

Visited a Dentist or Dental Clinic for Any Reason in the Past Year, San Mateo County 2001

Among surveyed parents, 70.9% report that their child has visited a dentist for a routine checkup in the past 6 months. This proportion, however, is lower among South County and Coastside respondents (58.0% and 63.8%, respectively), as well as among parents of children aged 1 to 5 (54.8%), parents living below 200% of poverty (58.4%), and Hispanic parents (60.9%).

Note: In this case, dentists include orthodontists, oral surgeons, and all other dental specialists and dental hygienists.
Dental Insurance

Two-thirds of 2001 survey respondents have some type of insurance coverage that pays for some or all of their routine dental care. However, 31.7% do not (representing approximately 172,000 county adults), significantly higher than the 26.6% found in the 1998 survey.

Among those without dental insurance, 28.1% report that they or a family member have dental problems which they cannot take care of because of a lack of insurance.

Other than age, income level is the primary correlation with lack of dental insurance: 61.1% of those living below the 200% poverty threshold are without dental insurance coverage, compared to 16.3% of those living above the 400% poverty threshold.

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500 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
Eye Care

A total of 72.7% of surveyed adults have had an eye exam at some point within the past two years. This percentage is lower among: young adults (61.7%, as might be expected, eye exams have a strong positive correlation with age); Hispanic respondents (63.7%); Costaside residents (64.0%); and those living below 200% poverty (68.1%).  

Alternative/Complementary Medical Care

In 2001, 20.1% 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, a significant increase from the 12.0% reported in 1998.  

The types of alternative/complementary care used most often include chiropractic care (51.4%), massage therapy (27.6%) or acupuncture (12.9%).

Use of Alternative or Complementary Health Care
San Mateo County, 2001

Note: Asked of all respondents.
Emergency Room Utilization

A total of 30.6% of adults have sought medical care in a hospital emergency room in the past year (averaging 2.0 visits each), similar to the proportion reported in 1998. ER use is notably higher among those living below 200% poverty (37.9%) and among Hispanic respondents (41.1%).

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Have Been to an Emergency Room for Medical Care in Past Year, San Mateo County

Healthcare Information

Health Care Information Sources

✦ When asked where they usually go for health care information, 25.7% of survey respondents mentioned their physician, while 21.5% mentioned the Internet, and 19.8% mentioned a hospital. (Note below that this question was asked slightly differently in 1998, and does not lend itself to direct comparison.)

![Primary Source for Health Information (2001)](chart)


Note: Asked of all respondents.

![Primary Source of Health Advice (1998)](chart)


Note: Asked of all respondents.

✦ Survey findings reveal that reliance on the Internet for health care information is notably higher among men, those under age 65, persons with incomes over 400% poverty, Asian and White respondents, and Mid-County respondents.

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508 Ibid.
Potential for Internet Health Services

- Most surveyed adults (53.9%) have used the Internet to access health care information in the past year. ⁵⁰⁹

Use of the Internet in Accessing Health Care Services

- Further, most surveyed adults (57.4%) also report that they would be “very” or “somewhat” likely to use the Internet to actually obtain health care services if possible. A total of 42.6% would be “not likely” to use such services (67.3% among those aged 65 and older). ⁵¹⁰

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²⁰⁰¹ Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
³¹⁰ Ibid.
Access to Health Care Services

Access to health care services is a concern in communities across the United States. Some of the potential barriers to access include a lack of health insurance, under-insurance, and a lack of providers accepting all forms of health care coverage. Other issues such as language or cultural barriers, transportation, inadequate child care options, or restrictive hours of service, further complicate the situation.

Furthermore, access restrictions are disparately felt among community members, disproportionately affecting those in lower socio-economic strata, those without insurance, and communities of color. Difficulties in addressing access issues for recent immigrants and undocumented residents are compounded by a lack of data about these population groups.

Ease of Access to Local Health Care Services

- Overall, 58.3% of San Mateo County survey respondents rate the ease of accessing local health care as “excellent” or “very good.” Another 26.0% rate it as “good.” These evaluations are similar to those recorded in 1998. ⁵¹¹

- In contrast, 15.8% of respondents believe that access to local health care is “fair” or “poor.” Higher “fair/poor” evaluations are noted among Coastside residents, persons living below the 200% poverty threshold, Hispanic respondents, uninsured respondents and Asian respondents. [Again, the Coastside response probably reflects the uncertain future of a prominent healthcare provider during the time of the survey.] ⁵¹²

Perceive Access to Local Health Care as "Fair/Poor"

Notes: 1. Percentages represent "fair/poor" responses.
2. Asked of all respondents.

⁵¹² Ibid.
Accessibility of Specialized Care

- As in 1998, survey respondents in 2001 were asked to evaluate the ease of access to each of five specific types of health care services. Of the listed services, San Mateo County respondents were most critical of access to mental health services (31.5% rate this as “fair/poor”), similar to 1998 findings. A total of 37.8% of those living below the 200% poverty threshold give access to mental health “fair” or “poor” evaluations.  

- As in 1998, access to substance abuse services received the second-highest “fair/poor” response among San Mateo County respondents overall (27.0%), higher, in fact, than found in 1998. Among the low-income this year, this response increases to 39.5%.  

- Evaluations of access to dental care, child health services and vision care followed, with each receiving approximately 20% “fair/poor” responses. However, there is a much wider discrepancy among “fair/poor” evaluations among those living below the 400% poverty threshold: among these respondents, access to dental care earned higher “fair/poor” evaluations than even mental health or substance abuse services (a statistically significant increase since 1998 among this subsegment). Overall access to these specialty services appears to be declining across the board.

Perceive "Fair/Poor" Access to Health Care Services, San Mateo County, 2001

<table>
<thead>
<tr>
<th></th>
<th>Overall Access</th>
<th>Vision Care</th>
<th>Dental Care</th>
<th>Child Health</th>
<th>Substance Abuse</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMC 1998</td>
<td>14%</td>
<td>14.5%</td>
<td>15.2%</td>
<td>17.3%</td>
<td>23.2%</td>
<td>28.1%</td>
</tr>
<tr>
<td>SMC 2001</td>
<td>15.8%</td>
<td>20.1%</td>
<td>22.9%</td>
<td>21.7%</td>
<td>27%</td>
<td>31.5%</td>
</tr>
<tr>
<td>&lt;400% Poverty 1998</td>
<td>17.2%</td>
<td>19%</td>
<td>21.1%</td>
<td>22.3%</td>
<td>27.6%</td>
<td>29%</td>
</tr>
<tr>
<td>&lt;400% Poverty 2001</td>
<td>22%</td>
<td>28.3%</td>
<td>38.9%</td>
<td>20.1%</td>
<td>31.5%</td>
<td>34.8%</td>
</tr>
<tr>
<td>&gt;400% Poverty 1998</td>
<td>11.3%</td>
<td>11%</td>
<td>10.9%</td>
<td>15%</td>
<td>21.1%</td>
<td>30.2%</td>
</tr>
<tr>
<td>&gt;400% Poverty 2001</td>
<td>13.1%</td>
<td>15.7%</td>
<td>15.9%</td>
<td>22.2%</td>
<td>24.4%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Source: 2001 San Mateo County Quality of Life Survey. Healthy Community Collaborative of San Mateo County (Professional Research Consultants).

Note: Asked of all respondents. Excludes uncertain responses.

514 Ibid.
515 Ibid.
Health Insurance Coverage

Nine out of 10 San Mateo County respondents aged 18 to 64 (90.7%) report that they currently have some type of health insurance coverage.\[516\]

- Among those with coverage, most say this is provided through their own employer (61.5%) or someone else’s (20.5%). A total of 8.9% say they have a health insurance plan they purchase on their own. Another 4.4% have a government-sponsored plan (e.g., Medi-Cal/Health Plan of San Mateo, Medicare, military health benefits). The remaining 4.7% did not specify a source.\[517\]

- Among employed respondents with insurance, 90.0% receive their health care insurance coverage through their own or someone else’s employer. The remaining 10.0% have coverage through other sources.\[518\]

![Health Care Insurance Coverage (18-64), San Mateo County, 2001](image)


Note: Asked of all respondents under the age of 65.

- 9.0% of those with coverage say that there has been a time in the past year when they were without health insurance coverage.\[519\]

Lack of Health Insurance Coverage

A total of 9.3% of adults aged 18 to 64 do not have any type of job-based, privately purchased, or government-sponsored health insurance (representing approximately 41,900 adults aged 18 to 64). Note that this figures excludes children, of whom a greater share may be uninsured.\[520\]


\[517\] Ibid.

\[518\] Ibid.

\[519\] Ibid.

\[520\] Ibid.
The percentage of adults 18 to 64 without insurance in 2001 is similar to that found in a 1998 survey. 521

Among respondents with children in the household, 11.6% are without coverage (although this does not necessarily mean that children are without coverage). 522

Among those without any type of health insurance coverage, 17.3% report that they have never had coverage. Another 27.0% have been without coverage for less than six months, while 14.9% have been without coverage for more than five years. 523

![Pie chart showing the length of time without coverage in San Mateo County, 2001](image)

Note: Asked of those respondents under 65 who are without health care insurance coverage.

African-American respondents had the highest prevalence of being uninsured (21.1%), followed by Hispanics (17.7%), Asians/Pacific Islanders (10.4%) and Whites (6.3%). [Note, however, that the percentage for African-Americans carries a relatively high error rate because the sample size was small.] 524

Respondents living below the 200% poverty threshold demonstrate a much more prevalent lack of health insurance (26.5%). 525

North County and South County respondents are more often without health insurance than those in Mid-County. 526
Availability of Health Insurance Coverage

Among 2001 survey respondents who are employed for wages or who are self-employed, 80.2% report that their job offers health benefits to employees; 19.8% report that such benefits are not available to them. In looking at those without health benefits: 527

— Women more often report that health benefits are not available to them through their employer (24.8% vs. 14.5% of men). 528

— The percentage varies little between those in professional/executive/ technical occupations (17.8%) and those in service or “blue collar” occupations (23.4%). 529

— Those working part-time hours much more often do not have health benefits available to them through their employer (44.6% vs. 11.3% of full-time employees). 530

— Respondents living below the 200% poverty threshold much more often report that health benefits are not available to them through their employer (45.1%). 531

— Coastside residents more often report that health benefits are not available to them through their employer (28.6%). 532

527 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
528 Ibid.
529 Ibid.
530 Ibid.
531 Ibid.
532 Ibid.
Nearly all of those respondents with health benefits through their job (93.9%) report that benefits are also available to employees' dependents.  

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 2001 San Mateo County Quality of Life Survey, five additional potential barriers to access were addressed.

Getting in to See a Physician

More than one out of four surveyed adults (27.7%) have experienced difficulty getting in to see a doctor in the past year, significantly higher than found in 1998 (15.4%). 534 Women, those at higher incomes, respondents aged 40 to 64 and Mid-County residents more often report difficulty getting in to see a physician. 535

532 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
533 Ibid.
534 Ibid.
535 Ibid.
Inconvenient Office Hours

A total of 17.4% of surveyed adults in San Mateo County report that there has been a time in the past year when they needed to see a doctor, but could not because the office hours were not convenient. Further, this barrier to access more often impacts the following segments:  

- Inconvenient office hours are more often reported to be a barrier to access for Hispanic respondents, adults under 65, women and those living below 200% of poverty.  


Note: Percentages represent “yes” responses.

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536 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

537 Ibid.
Inconvenient Office Hours
Prevented a Physician Visit in the Past Year

Cost of Medical Care

A total of 9.1% 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 a significant increase from the 6.2% reporting such difficult in 1998. Cost is more often reported as a barrier for those living below the 200% poverty threshold, uninsured persons, those with a high school education or less, Hispanic respondents and women.\(^{538}\)

Cost Prevented a Physician Visit in the Past Year

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

\(^{538}\) 2001 Quality of Life Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
A total of 5.3% 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. 539

Cost of Medications

Furthermore, 11.4% of survey respondents say that they were unable to purchase a needed medication in the past year because of the cost, a significant increase over the 6.3% reported in 1998. Cost is particularly prohibitive for those at low-income and Hispanic respondents. [Note that the relatively low percentage found among those aged 65 and older is in line with what is typically seen nationwide.] 540

Cost Prevented Getting a Needed Prescription in the Past Year

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

Lack of Transportation

A total of 5.7% of surveyed adults report that a lack of transportation made it difficult or prevented them from seeing a doctor or making a medical appointment in the past year (similar to 1998 findings). A lack of transportation has greater impact on uninsured respondents, women, those with lower education and incomes, Coastside respondents, and Hispanic and Asian respondents. 541

541 Ibid.
A total of 2.5% of San Mateo County parents participating in the survey report that a lack of transportation actually prevented them from taking their child to a doctor or health care facility in the past year.  

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


Note: Asked of all respondents.
Implications of Poor Access

Limitations in access have a discernible impact on the health status of county residents and in the way that health care is delivered in the community.

- Uninsured respondents and households living below the 200% poverty threshold more often report “fair” or “poor” health status than do privately insured respondents or those at higher income levels.
  - 22.5% of those below 200% poverty report “fair/poor” health (versus 5.1% of those over 400% poverty).\(^{543}\)
  - 19.0% of uninsured respondents report “fair/poor” health (versus 6.0% of privately insured respondents).\(^{544}\)

- Higher “fair/poor” health status is also noted among African-Americans (13.9%) and Hispanics (13.0%) in particular, compared to Whites (10.7%) and Asians (7.2%).\(^{545}\)

Self-Reported "Fair/Poor" Health Status

Uninsured respondents are much less satisfied with the health care they receive (24.2% rate this as “fair/poor”) versus privately insured respondents (14.4%).\(^{546}\)

\(^{544}\) Ibid.
\(^{545}\) Ibid.
\(^{546}\) Ibid.
Those without health insurance coverage report the lowest prevalence of preventive health services when compared to privately insured individuals.\(^{547}\)

![Preventive Health Services by Insurance Status](image)

Note: Asked of all respondents.

A total of 24.6% of uninsured respondents rate access to local health care services as “fair” or “poor,” compared to 14.8% of those privately insured.\(^{548}\)
Maternal & Infant Health

OVERVIEW

Concerns for maternal and infant health in San Mateo County lie primarily in the discrepancies found across racial/ethnic populations. Infant mortality in the county is decreasing and currently satisfies the Healthy People 2010 target, however, rates remain particularly high among African Americans. Low-weight births are just short of the Healthy People 2010 target, and are particularly high among African Americans as well.

Early, high-quality prenatal care is critical to improving pregnancy outcomes. However, one in seven births did not receive adequate prenatal care. Only Whites and Asians currently satisfy the Healthy People 2010 target for timely prenatal care.

Birth Rates

- Between 1989 and 2000, the number of births to San Mateo County residents remained relatively stable, with birth totals around 10,000 each year. The crude birth rate has also remained relatively stable during this span of time. Births to all racial/ethnic groups have declined or shown little change. (Crude birth rates are calculated by dividing the total number of births by the total population for a given year.) 549

- 2000 preliminary records show that there was a fertility rate of 67.8 births for every 1,000 women aged 15 to 44 years old in San Mateo County. As of 2000, Hispanics have a general fertility rate 13 - 117% higher than other race/ethnic groups. 550

550 Ibid.
General Fertility Rates By Race/Ethnicity
San Mateo County, 1989 - 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian/Pacific</th>
<th>Total</th>
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<td>1989</td>
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<td>1994</td>
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<td>55.9</td>
<td>93.3</td>
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<td>54.6</td>
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<td>83.9</td>
<td>69.8</td>
<td>66</td>
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<tr>
<td>2000*</td>
<td>59.9</td>
<td>37.4</td>
<td>81.2</td>
<td>66.2</td>
<td>67.8</td>
</tr>
</tbody>
</table>

General Fertility Rate=# of births/1,000 women aged 15-44 years.
Data: CA DHS Birth File and CA DOF/DRU Population Estimates. *Year 2000 Birth and population data are provisional.
Infant Mortality

- The San Mateo County infant mortality rate declined from 6.3 deaths per 1,000 births in 1990 to 3.8 deaths per 1,000 births in 1999. San Mateo County has met the Year 2010 objective for infant mortality of 4.5 deaths per 1,000 births since 1998.\(^{551}\)

- Blacks had the highest infant mortality rate among racial and ethnic groups each year through 1996. However, the rate has declined from 18.7 per 1,000 births to 6.6 per 1,000 births. Due to the small number of deaths among Black infants, the rates are considered unreliable and may exhibit extreme fluctuations in any one year. Despite this limitation, the overall trend in Black infant mortality appears to be declining. An increase in Pacific Islander infant mortality has been seen since 1998, replacing blacks as the racial/ethnic group with the highest infant mortality.\(^{552}\)

### Infant Mortality Rates by Race
San Mateo County, 1990 - 1999

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<tbody>
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<tr>
<td>Black</td>
<td>18.7</td>
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<td>21.4</td>
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<tr>
<td>Hispanic</td>
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<td>4.3</td>
<td>4.3</td>
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<tr>
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<tr>
<td>PechIndr</td>
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<tr>
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<td>20.6</td>
<td>20.6</td>
<td>20.6</td>
<td>20.6</td>
</tr>
</tbody>
</table>

Rates equal to number of infant deaths per year divided by the number of births in year of death report. Rate is not a cohort tracking measure and is thus subject to possible distortion by residence changes and other factors.


\(^{551}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.

\(^{552}\) Ibid.
Low-Weight Births

- Among total births, the proportion of low birth weight deliveries was slightly in excess of 5% most years from 1989 to 2000 and has remained relatively stable. This is just short of the Year 2000 and Healthy People 2010 objectives. Black and Filipino women, however, had the highest proportion of low birth weight deliveries. 553

- The rate of low birth weight infants among Blacks exceeded the Year 2000 objective of 9.0% each year between 1989 and 2000. Infants born to Black women were more likely to be of low birth weight when compared to those born to other racial/ethnic groups, with low birth weight infants accounting for 10% or more of Black births each year. 554

### Low Birthweight Deliveries By Race/Ethnicity
San Mateo County, 1989 - 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Filipino</th>
<th>Asian</th>
<th>Total</th>
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<tbody>
<tr>
<td>1989</td>
<td>4.7%</td>
<td>13.6%</td>
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<td>1990</td>
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<td>5.3%</td>
<td>5.2%</td>
</tr>
<tr>
<td>1991</td>
<td>5%</td>
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<td>4.7%</td>
<td>6.6%</td>
<td>5.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>1992</td>
<td>4.8%</td>
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<td>4.9%</td>
<td>8%</td>
<td>4.8%</td>
<td>5.3%</td>
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<td>1993</td>
<td>4.4%</td>
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<td>5.4%</td>
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<td>5.3%</td>
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<tr>
<td>1994</td>
<td>5%</td>
<td>10.6%</td>
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<td>6.4%</td>
<td>5.5%</td>
<td>5.3%</td>
</tr>
<tr>
<td>1995</td>
<td>5.3%</td>
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<td>6.7%</td>
<td>5.5%</td>
<td>5.9%</td>
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<tr>
<td>1996</td>
<td>4.8%</td>
<td>11.9%</td>
<td>4.7%</td>
<td>8.7%</td>
<td>6.5%</td>
<td>5.9%</td>
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<tr>
<td>1997</td>
<td>5.2%</td>
<td>11.5%</td>
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<tr>
<td>1998</td>
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<td>5.8%</td>
<td>9.9%</td>
<td>6%</td>
<td>6.8%</td>
</tr>
<tr>
<td>1999</td>
<td>5.6%</td>
<td>9.3%</td>
<td>5%</td>
<td>7.5%</td>
<td>6%</td>
<td>6.8%</td>
</tr>
<tr>
<td>2000*</td>
<td>5.8%</td>
<td>10%</td>
<td>5%</td>
<td>7.8%</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Low birthweight deliveries are those weighing less than 2500 grams at birth.
Data: CA DHS Birth Tape*Year 2000 Birth and population data are provisional.

554 Ibid.
Adequacy of Prenatal Care

Late or No Prenatal Care

- The percentage of women receiving first trimester prenatal care increased from 80.7% to 86.5%. The proportion of mothers with no prenatal care declined remarkably from 2.0% in 1989 to 0.6% in 2000.\(^{555}\)

**Trimester Prenatal Care Began**
San Mateo County Births, 1989-2000

- A total of 2.7% of 2000 San Mateo County births (provisional data) did not receive prenatal care until the third trimester, if at all. This percentage has leveled, following a general decline over the past several years.\(^{556}\)

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\(^{555}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.

The rate of late or no prenatal care decreased in Whites and Hispanics, while remaining stable in other race/ethnic groups from 1989 to 2000. African-American, Hispanic, and Filipino mothers’ care ranges from 65% to 85%. Pacific Islanders are improving, but occupy the lowest segment, fluctuating around 55%. After 1996, the rate of late or no prenatal care stabilized across all race/ethnic groups. 557,558

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Late* or No Prenatal Care By Race/Ethnicity
San Mateo County, 1989 - 2000

<table>
<thead>
<tr>
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<th></th>
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<tbody>
<tr>
<td>White</td>
<td>10.4%</td>
<td>9.4%</td>
<td>8.7%</td>
<td>7%</td>
<td>8%</td>
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<td>8.3%</td>
<td>6.5%</td>
<td>8.2%</td>
<td>7.2%</td>
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<td>Black</td>
<td>27.7%</td>
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<td>25.9%</td>
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<td>24.6%</td>
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<td>Hispanic</td>
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<td>20.5%</td>
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<td>Filipino</td>
<td>20.8%</td>
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<td>15.2%</td>
<td>19.5%</td>
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<td>17.2%</td>
<td>18.5%</td>
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<tr>
<td>Asian</td>
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<td>11.5%</td>
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<td>9.6%</td>
<td>9.2%</td>
<td>9.6%</td>
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<tr>
<td>Pacisindr</td>
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<td>46.7%</td>
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<td>43.4%</td>
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<td>41.4%</td>
<td>45.9%</td>
<td>46.1%</td>
<td>38.1%</td>
</tr>
</tbody>
</table>

*Care started after 1st trimester
Data: CA DHS Birth Tape *Year 2000 Birth and population data are provisional.

 conseils Only Whites and Asians reached the Healthy People 2010 Objective of 90% of births with first trimester prenatal care during this time period. Between 1989 and 2000 Hispanic women showed the greatest improvement in first trimester prenatal care (+10%), followed by Blacks (+9%).559

Adequate Prenatal Care

Another measure to monitor the adequacy of prenatal care is the Kessner Index, which defines “not adequate” prenatal care as: no prenatal care at all; care begun in the third trimester; or care for which the number of patient visits was less than half the number recommended by the American College of Obstetricians and Gynecologists. By this measure:

 conseils Adequate prenatal care increased from 79% to 86% of total births between 1989 and 2000.560

560 Ibid.
Blacks showed the greatest improvement in adequacy of prenatal care (+16%) followed by Hispanics (+13%). All groups had better rates in 2000 than in 1996 and 1989.561
Prenatal Care & Low Birthweight

During 1989-2000 the incidence of low weight births to women with adequate prenatal care was, on average, 20% less than that of low weight births to women with inadequate care. However there was very little difference between the incidences of very low weight births (<1,500 grams) to women with adequate prenatal care and women with inadequate care.\(^{562}\)

Low Birthweight Deliveries Among Women Receiving Adequate and Less Than Adequate Prenatal Care
San Mateo County, 1989 - 2000

![Chart showing the percentage of births by adequacy of care from 1989 to 2000.]

Adequacy of care is determined by the Kessner Index.
Low birthweight deliveries are those weighing less than 2500 grams at birth.
Data: CA DSH Birth Tape* Year 2000 Birth and population data are provisional.

During 1989-2000 the incidence of low weight births to Black women with adequate prenatal care was, on average, 42% less than that of low weight births to Black women with inadequate care.\(^{563}\)

Smoking During Pregnancy

A total of 8.8% surveyed adults with children report that they or someone in their household smoked during pregnancy with their youngest child.\(^{564}\)

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\(^{562}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.

\(^{563}\) Ibid.

Child & Adolescent Health

OVERVIEW

The status of our children’s health is influenced by a host of factors, including environmental integrity, support from the community, immunization against disease, individual behavior (such as active vs. sedentary lifestyles or nutritious diets), and the presence of special needs.

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.

It is important to focus attention on building in our children and adolescents those assets which will deter harmful behaviors and promote healthy development. Adolescents face a host of risk behaviors such as alcohol and drug use, tobacco use, and sexual behavior.

Adolescent pregnancies have declined in San Mateo County in recent years, as they have nationwide, and are well below the statewide rate. And, while the proportions of births to teens have decreased somewhat among Hispanics and African Americans, they remain considerably higher than among other racial groups. 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

In the 1996 county-wide samples in selected schools, complete immunization coverage by age two for the DTP4/OPV3/MMR1 series was found to be 71.3%. These rates have remained relatively stable and are well short of the Healthy People 2000 and 2010 Objectives of 90%.  
South County shows the lowest proportion of children immunized at age two (66.2%), compared to Coastside (74.7%), Mid-County (80.6%), and North County (74.4%).

566 Ibid.
Vaccine Coverage at Two Years of Age (All Series: DTP4, OPV3 and MMR1)

Kindergarten Retrospective Surveys, San Mateo County, 1996-2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Coastside</th>
<th>Mid-County</th>
<th>North County</th>
<th>South County</th>
<th>Total</th>
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<tr>
<td>1996% IZ Covg</td>
<td>75</td>
<td>76.5</td>
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<tr>
<td>1997 % IZ Covg</td>
<td>75.5</td>
<td>69.8</td>
<td>66.8</td>
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<td>68.6</td>
</tr>
<tr>
<td>1998 % IZ Covg</td>
<td>79.3</td>
<td>78.6</td>
<td>78</td>
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<td>76.8</td>
</tr>
<tr>
<td>1999 % IZ Covg</td>
<td>83.2</td>
<td>83.8</td>
<td>72.7</td>
<td>70.2</td>
<td>75.5</td>
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<tr>
<td>2000 % IZ Covg</td>
<td>74.7</td>
<td>80.6</td>
<td>74.4</td>
<td>66.2</td>
<td>72.8</td>
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</tbody>
</table>

**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.\(^{567}\)

- 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.\(^{568}\)

- In the current 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.\(^{569}\)

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\(^{568}\) Ibid.

\(^{569}\) 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>

<table>
<thead>
<tr>
<th>Empowerment</th>
<th>7. <strong>Community values youth</strong> – Young person perceives that adults in the community value youth.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8. <strong>Youth as resources</strong> – Young people are given useful roles in the community.</td>
</tr>
<tr>
<td></td>
<td>9. <strong>Service to others</strong> – Young person serves in the community one hour or more per week.</td>
</tr>
<tr>
<td></td>
<td>10. <strong>Safety</strong> – Young person feels safe at home, at school, and in the neighborhood.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Boundaries &amp; Expectations</th>
<th>11. <strong>Family boundaries</strong> – Family has clear rules and consequences and monitors the young person’s whereabouts.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12. <strong>School boundaries</strong> – School provides clear rules and consequences.</td>
</tr>
<tr>
<td></td>
<td>13. <strong>Neighborhood boundaries</strong> – Neighbors take responsibility for monitoring young people’s behavior.</td>
</tr>
<tr>
<td></td>
<td>14. <strong>Adult role models</strong> – Parent(s) and other adults model positive, responsible behavior.</td>
</tr>
<tr>
<td></td>
<td>15. <strong>Positive peer influence</strong> – Young person’s best friends model responsible behavior.</td>
</tr>
<tr>
<td></td>
<td>16. <strong>High expectations</strong> – Both parent(s) and teachers encourage the young person to do well.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Constructive Use of Time</th>
<th>17. <strong>Creative activities</strong> – Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18. <strong>Youth programs</strong> – Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.</td>
</tr>
<tr>
<td></td>
<td>19. <strong>Religious community</strong> – Young person spends one or more hours per week in activities in a religious institution.</td>
</tr>
<tr>
<td></td>
<td>20. <strong>Time at home</strong> – Young person is out with friends “with nothing special to do” two or fewer nights per week.</td>
</tr>
</tbody>
</table>

## INTERNAL ASSETS

<table>
<thead>
<tr>
<th>Commitment to Learning</th>
<th>21. <strong>Achievement motivation</strong> – Young person is motivated to do well in school.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22. <strong>School engagement</strong> – Young person is actively engaged in learning.</td>
</tr>
<tr>
<td></td>
<td>23. <strong>Homework</strong> – Young person reports doing at least one hour of homework every day of school.</td>
</tr>
<tr>
<td></td>
<td>24. <strong>Bonding to school</strong> – Young person cares about her or his school.</td>
</tr>
<tr>
<td></td>
<td>25. <strong>Reading for pleasure</strong> – Young person reads for pleasure three or more hours per week.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Values</th>
<th>26. <strong>Caring</strong> – Young person places high value on helping other people.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27. <strong>Equality and social justice</strong> – Young person places high value on promoting equality and reducing hunger and poverty.</td>
</tr>
<tr>
<td></td>
<td>28. <strong>Integrity</strong> – Young person acts on convictions and stands up for her or his beliefs.</td>
</tr>
<tr>
<td></td>
<td>29. <strong>Honesty</strong> – Young person “tells the truth even when it is not easy.”</td>
</tr>
<tr>
<td></td>
<td>30. <strong>Responsibility</strong> – Young person accepts and takes personal responsibility.</td>
</tr>
<tr>
<td></td>
<td>31. <strong>Restraint</strong> – Young person believes it is important not to be sexually active or to use alcohol or other drugs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Competencies</th>
<th>32. <strong>Planning and decision making</strong> – Young person knows how to plan ahead and make choices.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33. <strong>Interpersonal competence</strong> – Young person has empathy, sensitivity, and friendship skills.</td>
</tr>
<tr>
<td></td>
<td>34. <strong>Cultural competence</strong> – Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.</td>
</tr>
<tr>
<td></td>
<td>35. <strong>Resistance skills</strong> – Young person can resist negative peer pressure and dangerous situations.</td>
</tr>
<tr>
<td></td>
<td>36. <strong>Peaceful conflict resolution</strong> – Young person seeks to resolve conflict nonviolently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Identity</th>
<th>37. <strong>Personal power</strong> – Young person feels he or she has control over “things that happen to me.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38. <strong>Self-esteem</strong> – Young person reports having a high self-esteem.</td>
</tr>
<tr>
<td></td>
<td>39. <strong>Sense of purpose</strong> – Young person reports that “my life has a purpose.”</td>
</tr>
<tr>
<td></td>
<td>40. <strong>Positive view of personal future</strong> – Young person is optimistic about her or his personal future.</td>
</tr>
</tbody>
</table>
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>Number of Assets</th>
<th>Students Responding &quot;Yes&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 15</td>
<td>26.3%</td>
</tr>
<tr>
<td>16 to 25</td>
<td>39.9%</td>
</tr>
<tr>
<td>More Than 25</td>
<td>70.2%</td>
</tr>
</tbody>
</table>

Sedentary Behavior

Television Viewing

Watching television, videos or video games is a leading sedentary behavior in youth. In the 2001 San Mateo County 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, 14.4% report that their child watches less than one hour per day. In contrast, 37.1% report that he/she watches three hours or more per day, significantly higher than reported in 1998.\(^{571}\)

![Number of Hours Child Watches Television, Videos or Video Games per Day](image)


Note: Asked of respondents with children aged 1 to 18 at home.

TV watching increases significantly with age, with 57% of 16- to 17-year-olds watching more than three hours of TV per day.\(^{572}\)

---


\(^{572}\) Ibid.
Child Spends Three or More Hours per Day Watching Television, Videos or Video Games (By Age, San Mateo County, 2001)


Note: Asked of all respondents with children under 18 at home.
Children With Special Needs

Special Equipment & Services

❖ Among local parents, 3.8% indicate that their child needs special equipment in order to breathe, eat, walk, and/or communicate. Most of these parents (8 out of 13 responding) report that they have been able to obtain all the care that they have needed for their children; however, 5 of the 13 say they have not. 573

❖ Another 4.5% of local parents report that their child currently receives special services such as speech therapy, or therapy for physical or sensory problems. 574

574 Ibid.
Adolescent Pregnancy

Consequences of Adolescent Pregnancy

Teenage parents and their children face a lifetime of disadvantages. The consequences of adolescent childbearing have been widely reported:

- Adolescent mothers have a higher than average chance of suffering pregnancy complications, including toxemia, anemia, bleeding, cervical trauma, and premature delivery. 575

- Teenage girls who give birth are less likely to ever complete a high school education than their non-parenting peers. 576

- Teenage mothers earn about half the lifetime income of women who first give birth in their 20’s. 577

- Teenage fathers, in general, have lower incomes, less education, and more children than men who postpone having children until their 20s. 578

Preventing Adolescent Pregnancy

- In the 2001 San Mateo County Quality of Life Survey, almost all survey participants under the age of 65 (94.2%) indicate that, if they had a child who they thought to be sexually active, they would encourage him or her to use a condom (1.4% would not, and 4.4% would give other advice). This distribution is similar to that recorded in the 1998 survey. 579

- Survey respondents under the age of 65 were presented with eight options to help prevent teen pregnancy and asked which they believe would be most helpful. The majority (63.0%) referenced “more parental involvement in the lives of youth,” followed distantly by “counseling for teens about sex and contraception” (11.8%) and “speakers in the schools about sex and contraception” (9.9%). 580

- Among survey participants with children between the ages of 10 and 17, 87.5% report that they have talked with their child about issues of relationships and sexuality; this figure increases to 90.1% among parents of teens aged 14 through 17. 581

575 Adolescent Pregnancy Fact Sheet. The American College of Obstetricians and Gynecologists.
580 Ibid.
581 Ibid.
Adolescent Births

Adolescent Birth Rates

- Between 1997 and 1999, there were 32.9 births to mothers aged 15 to 19 per 1,000 female population aged 15 to 19, equivalent to approximately one birth for every 30 adolescent females. The San Mateo County adolescent birth rate compares favorable to those recorded statewide (53.6) and in neighboring Santa Clara County (40.3) during this period.\(^{582}\)

- Nationwide, teen birth rates are on the decline for all ethnic groups and have reached the lowest point in decades.\(^{583}\) Adolescent birth rates decreased in San Mateo County between the 1994-96 and 1997-99 reporting periods, as they have both statewide and in Santa Clara County.\(^{584}\)

**Adolescent Birth Rates**

Births per 1,000 Females Aged 15-19 Years

\[
\begin{array}{ccc}
\text{San Mateo County} & \text{Santa Clara County} & \text{California} \\
\text{1994-1996} & \text{1997-1999} & \\
39.8 & 32.9 & 40.3 \\
50.5 & 66.6 & 53.6 \\
\end{array}
\]

Sources:  County Health Status Profiles, 1998 and 2001. Dept of Health Services and California Conference of Local Health Officers.

Notes:
1. Rates are per 1,000 girls aged 15 to 19.
2. County and state data are 1994-1996 annual averages.

- By race/ethnicity, San Mateo County adolescent births are highest among Hispanic adolescents (89.9 per 1,000 females 15 to 19 between 1995 and 1997) — equivalent to approximately one birth for every 11 Hispanic adolescent females — although lower than among Hispanics statewide.\(^{585}\)

\(^{582}\) County Health Status Profiles, 1998 and 2001. Department of Health Services and California Conference of Local Health Officers.


\(^{584}\) County Health Status Profiles, 1998 and 2001. Department of Health Services and California Conference of Local Health Officers.

\(^{585}\) 1999 California County Data Book. Children Now.
African-American adolescents experience the second-highest rate (57.3) — roughly equivalent to one birth for every 17 African-American adolescent females — although again lower than found among African-American adolescents statewide.  

Teen Birth Rates (Ages 15-19 Years)  
by Race Ethnicity, 1995-1997 Annual Averages

Births per 1,000 Females Aged 15-19 Years

Percentage of Births to Adolescents

In 1998, 6.8% of all births in San Mateo County were to mothers aged 15 to 19. This proportion is lower than found statewide (11.2%) or in neighboring Santa Clara County (7.6%). In San Mateo County, this proportion has remained fairly constant over the past several years. 587

![Percentage of Births to Teens Aged 15-19 by County, 1990-1998](chart)

<table>
<thead>
<tr>
<th>Year</th>
<th>San Mateo</th>
<th>Santa Clara</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>6.6%</td>
<td>8.6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>1991</td>
<td>6.9%</td>
<td>8.8%</td>
<td>11.5%</td>
</tr>
<tr>
<td>1992</td>
<td>6.5%</td>
<td>8.6%</td>
<td>11.5%</td>
</tr>
<tr>
<td>1993</td>
<td>7.3%</td>
<td>8.5%</td>
<td>11.7%</td>
</tr>
<tr>
<td>1994</td>
<td>7.0%</td>
<td>9.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>1995</td>
<td>7.2%</td>
<td>8.5%</td>
<td>12.1%</td>
</tr>
<tr>
<td>1996</td>
<td>7.0%</td>
<td>8.0%</td>
<td>11.7%</td>
</tr>
<tr>
<td>1997</td>
<td>6.7%</td>
<td>8.1%</td>
<td>11.4%</td>
</tr>
<tr>
<td>1998</td>
<td>6.8%</td>
<td>7.6%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

*Source:* State of California, Department of Health Services, Birth Records.

*Note:* Numbers represent percents of all live births for the year listed.

In looking at births to mothers aged 17 and younger, Black females had the highest proportion of adolescent births between 1996-2000, 5% of births in 2000. Whites and Asians have adolescent birth proportions consistently at or less than 1%, while Pacific Islanders and Filipinos have proportions that vary widely between 1-3%. 588

Geographic analysis reveals that in 2000 the highest local proportions of births to adolescents in San Mateo County occurred in the zip codes 94303 (East Palo Alto) and 94063 (Redwood City/North Fair Oaks). 589

587 Birth Records, California Department of Health Services.
588 Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit, March 2002. 589 Ibid.
Proportion of Births to Adolescents by Race
San Mateo County 1989 - 2000

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>0.9%</td>
<td>0.9%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>0.8%</td>
<td>1.1%</td>
<td>1.2%</td>
<td>0.9%</td>
<td>0.8%</td>
<td>0.9%</td>
<td>0.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Black</td>
<td>6.3%</td>
<td>7%</td>
<td>7%</td>
<td>8%</td>
<td>5.9%</td>
<td>7.1%</td>
<td>8.3%</td>
<td>9%</td>
<td>7.4%</td>
<td>7.9%</td>
<td>6.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.8%</td>
<td>5.6%</td>
<td>5.8%</td>
<td>5.5%</td>
<td>7%</td>
<td>5.9%</td>
<td>5.9%</td>
<td>5.7%</td>
<td>5.4%</td>
<td>5.8%</td>
<td>4.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Filipino</td>
<td>1.8%</td>
<td>1.3%</td>
<td>1.2%</td>
<td>0.8%</td>
<td>1.4%</td>
<td>1.7%</td>
<td>2%</td>
<td>1.9%</td>
<td>2.3%</td>
<td>2.7%</td>
<td>1.8%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.5%</td>
<td>0.4%</td>
<td>0.5%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.4%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Pacific</td>
<td>1.5%</td>
<td>2.2%</td>
<td>2%</td>
<td>0.9%</td>
<td>2.2%</td>
<td>3.1%</td>
<td>1.3%</td>
<td>1.5%</td>
<td>2.2%</td>
<td>2.6%</td>
<td>1.8%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

- Adolescents defined as age 17 and younger.
- Data: CA DHIS Birth File
- *Year 2000 Birth and population data are provisional.

Prenatal Care & Birth Outcomes Among Adolescents

っております Rates of adequacy of prenatal care in adolescents remain low. 590

 Adolescents had low rates of first trimester prenatal care and adequate prenatal care. There is a slowly improving trend in adequacy of prenatal care among pregnant adolescents. 591

---

591 Ibid.
Adequacy of Prenatal Care
San Mateo County, 1989 - 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Adolescents (17 and under)</th>
<th>SMC Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>44%</td>
<td>78.5%</td>
</tr>
<tr>
<td>1990</td>
<td>42%</td>
<td>78.7%</td>
</tr>
<tr>
<td>1991</td>
<td>53%</td>
<td>80.6%</td>
</tr>
<tr>
<td>1992</td>
<td>57%</td>
<td>81.6%</td>
</tr>
<tr>
<td>1993</td>
<td>59%</td>
<td>83.7%</td>
</tr>
<tr>
<td>1994</td>
<td>62%</td>
<td>82.1%</td>
</tr>
<tr>
<td>1995</td>
<td>66%</td>
<td>83.5%</td>
</tr>
<tr>
<td>1996</td>
<td>60%</td>
<td>84.6%</td>
</tr>
<tr>
<td>1997</td>
<td>59%</td>
<td>83.5%</td>
</tr>
<tr>
<td>1998</td>
<td>60%</td>
<td>85.5%</td>
</tr>
<tr>
<td>1999</td>
<td>60%</td>
<td>83.9%</td>
</tr>
<tr>
<td>2000*</td>
<td>64%</td>
<td>86.1%</td>
</tr>
</tbody>
</table>

Adolescent defined as 17 years of age and under.
Adequacy of prenatal care is determined by the Kessner Index.
Data: CA DHS Birth File *Year 2000 Birth and population data are provisional.

Low and very low birth weight deliveries among adolescents remain high. 592

Low Birth Weight Deliveries as a Percentage of Births
San Mateo County 1989 - 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Births &lt;2,500 grams</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adolescents</td>
</tr>
<tr>
<td>1989</td>
<td>8.8%</td>
</tr>
<tr>
<td>1990</td>
<td>9.4%</td>
</tr>
<tr>
<td>1991</td>
<td>9%</td>
</tr>
<tr>
<td>1992</td>
<td>9.6%</td>
</tr>
<tr>
<td>1993</td>
<td>7.4%</td>
</tr>
<tr>
<td>1994</td>
<td>7.1%</td>
</tr>
<tr>
<td>1995</td>
<td>11.9%</td>
</tr>
<tr>
<td>1996</td>
<td>8.2%</td>
</tr>
<tr>
<td>1997</td>
<td>7.1%</td>
</tr>
<tr>
<td>1998</td>
<td>10.7%</td>
</tr>
<tr>
<td>1999</td>
<td>10.5%</td>
</tr>
<tr>
<td>2000*</td>
<td>9%</td>
</tr>
</tbody>
</table>

Adolescent defined as 17 years of age and under.
Low birth deliveries are those weighing less than 2500 grams.
Data: CA DHS Birth File *Year 2000 Birth and population data are provisional.

The predominant payment source for adolescent deliveries is Medi-Cal, which accounted for nearly 65% of adolescent deliveries in 2000.  

The trend for Medi-Cal as a payor for deliveries is down for the last five years, from a high of 75% in 1995.

---

**Payment Source for Deliveries to Adolescents**

San Mateo County, 1989 - 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Adolescent Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>Medi-Cal: 50%</td>
</tr>
<tr>
<td>1990</td>
<td>HMO: 25.6%</td>
</tr>
<tr>
<td>1991</td>
<td>Private Ins: 11.3%</td>
</tr>
<tr>
<td>1992</td>
<td>HMO/Priv Ins: 36.9%</td>
</tr>
<tr>
<td>1993</td>
<td>Self-Pay/Other/Unk: 10.9%</td>
</tr>
<tr>
<td>1994</td>
<td>68.6%</td>
</tr>
<tr>
<td>1995</td>
<td>28.4%</td>
</tr>
<tr>
<td>1996</td>
<td>4.3%</td>
</tr>
<tr>
<td>1997</td>
<td>32.7%</td>
</tr>
<tr>
<td>1998</td>
<td>5.8%</td>
</tr>
<tr>
<td>1999</td>
<td>26.8%</td>
</tr>
<tr>
<td>2000</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Adolescent defined as 17 years of age and under.
Data: CA DHS Birth File *Year 2000 Birth and population data are provisional.

---

593 Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.
594 Ibid.
Youth Risk Behaviors

Tobacco Use

- Almost half of students who reported smoking cigarettes in the past month admitted to doing so on school property. Of the students surveyed, Hispanics had the highest proportion of smoking in the past year.\textsuperscript{595}

\textbf{Prevalence of Cigarette Smoking in 9th and 11th Graders by Gender and Race, San Mateo County 2000}

<table>
<thead>
<tr>
<th>Race</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>22.4%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Asian/Pacific</td>
<td>18.6%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>32.3%</td>
<td>29.5%</td>
</tr>
<tr>
<td>African-Am/Other</td>
<td>17.8%</td>
<td>23.7%</td>
</tr>
</tbody>
</table>

Note: African-Americans are included with others because of small numbers.

- Adolescents report a variety of sources for obtaining cigarettes in San Mateo County. Over half report getting cigarettes from friends or family. Among the 23.4% who reported purchasing cigarettes, 64.7% report no vendor verification of age.\textsuperscript{596}

- The trend in age of initiation of cigarette smoking was similar among all races of San Mateo County adolescents. Most begin smoking between the ages 11 – 14 years old. Fewer adolescents begin smoking after age 15 or before age 11.\textsuperscript{597}

- 7.6% of San Mateo County adolescents reported smoking cigarettes more than 9 days during the past month. Of those, 35.7% also report engaging in aerobic exercise five or more days during the past week.\textsuperscript{598}

\textsuperscript{596} Ibid.
\textsuperscript{597} Ibid.
\textsuperscript{598} Ibid.
Just under 15% (14.8%) of students sampled admitted to smoking cigars in the past month.\textsuperscript{599} 

Although the tobacco use rates have not changed much from 1990 to 2000, there has been a slight decrease and the trend of increased smoking with increasing age is apparent.\textsuperscript{600}

**Teenage Sexual Activity**

A total of 2.7% of survey participants with children between the ages of 10 and 17 believe that their child is sexually active (including 3.6% of teens aged 14 through 17).\textsuperscript{601}

In the 1998 San Mateo County Youth Risk Factor Survey, 36.6% of high school students report being sexually active. Of these students, just over one-half (56.8%) report using a condom during sex, while 12.7% withdraw, and 9.6% use the “pill” to avoid pregnancy. More than one in 10 (11.3%) uses no kind of protection against pregnancy or sexually transmitted diseases.\textsuperscript{602}

**Adolescent Sex and Contraceptive Use**

![Chart showing contraceptive use among teenagers.](chart)

<table>
<thead>
<tr>
<th>Had Sex in Lifetime</th>
<th>Contraceptive Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>63.4%</td>
<td>36.6%</td>
</tr>
</tbody>
</table>

**N** = 853  

---

\textsuperscript{600} Ibid.  
\textsuperscript{602} 1998 San Mateo County Youth Risk Behavior Survey.
Physical Fighting

† The proportion of students engaging in fights at school during the past year remained constant between 1998 and 1999, with a little over 25% of boys and around 10% of girls involved in at least one fight at school. 603

Child Was in a Physical Fight in the Past Year
(By Age, San Mateo County, 2001)

Notes: 1. Asked of all respondents with children under 18 at home.
2. Percentages represent “yes” responses.

† In the 2001 San Mateo County Quality of Life Survey, 5.4% of parents with children between the ages of 1 and 18 report that their child has been in a physical fight in the past year. This proportion is highest among parents of 9- to 12-year-olds. 604

For information about adolescent drug use, refer to the “Substance Abuse & Addictions” section, page 300.

Information about weapons-carrying among adolescents can be found in the “Injuries” section, page 292.

Senior Health

OVERVIEW

The San Mateo County population aged 65 and older is expected to double in the next 30 years, making older adults the fastest-growing segment of the population. As such, their health and social needs will demand greater attention. 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.

Other issues which are among the community’s top concerns for San Mateo County seniors include the high-cost of living, access to medical care, transportation, loneliness and housing.

Demographic Overview

Population Growth & Makeup

❖ As of 1995, there were 90,200 seniors in San Mateo County, representing 13% of the county’s total population. By the year 2010, it is projected that the number of seniors will increase to 105,000 or 14% of the county’s total population. 605

❖ Among the senior population, Asian residents are projected to increase their representation considerably over the coming decades, followed by Hispanic residents. 606

❖ Population numbers for seniors are expected to more than double between the years 2000 and 2030 (108.4% increase). 607

605 Senior Housing in San Mateo County. A Project of the San Mateo/Hillsborough/Burlingame/Foster City Leadership Program 1997-98.
607 Ibid.
Low-Income Seniors

- A significant number of San Mateo County seniors have low incomes. Of households where the senior is age 65 or older, 22,549 or 44.5% have annual incomes of less than $25,000. A total of 42% of low-income households are senior households.

Seniors Living Alone

- In the 2001 San Mateo County Quality of Life Survey, 41.1% of responding seniors (aged 65 and older) lived alone; 79.1% own their own home or condominium.
Senior Health Issues

When asked to indicate the number-one problem for local seniors, San Mateo County survey participants mentioned issues relating to: cost of living (28.9%), access to medical care (13.2%), transportation (7.8%), loneliness/isolation (5.3%) and housing (5.0%).

The 2001 San Mateo County Behavioral Risk Factor Survey addressed a number of health-related items which one can segment to reveal much information relative to the senior (65 and older) population of San Mateo County:

Preventive Health Services

Chronic Illness

55.5% of seniors currently suffer from arthritis or rheumatism (compared to 51.1% of seniors nationwide).

41.2% of seniors have been diagnosed with high blood pressure (compared to 49.4% nationwide).

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611 Ibid.
38.1% of seniors have high blood cholesterol levels (compared to 37.9% nationwide).  
19.7% of seniors have heart disease (compared to 25.7% nationwide).  
24.9% of seniors suffer from sciatica or chronic back pain (compared to 25.6% nationwide).  
20.3% of seniors are deaf or have difficulty hearing (compared to 26.4% nationwide).  
18.8% of seniors have been diagnosed with cancer (compared to 16.5% nationwide).  
10.2% of seniors are blind or have difficulty seeing, even with glasses (compared to 21.3% nationwide).  
10.4% of seniors have ulcers or gastrointestinal bleeding (compared to 11.9% nationwide).  
10.8% of seniors have diabetes (compared to 17.0% nationwide).
In comparing results among seniors between the 1998 and 2000 surveys, we see a statistically higher prevalence of stroke among San Mateo County seniors. All other prevalence changes do not represent statistically significant differences.  

### Mental Health

- 2.7% of seniors report that they have a history of mental illness.  
- 23.1% of seniors have experienced periods of depression lasting two or more years (compared to 22.6% nationwide).  
- 18.4% of seniors have sought help for a mental or emotional problem in the past (compared to 13.2% nationwide).

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621 Ibid.  
622 Ibid.  
623 Ibid.  
624 Ibid.
Activity Limitations

✦ 47.7% of seniors report some impairment that limits their activities (compared to 29.0% nationwide). 625

✦ Of those reporting an impairment, arthritis was most commonly identified, followed by neck or back problems, walking problems, and lung or breathing problems. 626

✦ 25.3% of seniors responding to the survey report that they need the help of others with routine needs (e.g., household chores, necessary business, shopping). 627

✦ 2.8% of seniors report that they need the help of others with personal care needs (e.g., eating, bathing, dressing, getting around the house). 628

✦ Seniors report an average of 3.4 days in the preceding month on which pain has made it difficult for them to do their usual activities, such as self care, work or recreation (74.2% reported no days). 629

Other senior issues are addressed in the "Older Dependents” section, page 105.

626 Ibid.
627 Ibid.
628 Ibid.
629 Ibid.
Mortality

OVERVIEW

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

Leading Causes of Death

From 1995-1999, heart disease and cancer were the most common causes of death among San Mateo County residents.  

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>1999 Number (N=4926)</th>
<th>1998 Number (N=4888)</th>
<th>1997 Number (N=4874)</th>
<th>1996 Number (N=4918)</th>
<th>1995 Number (N=5011)</th>
<th>% Change 99 vs 95 (-1.7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>1295</td>
<td>1312</td>
<td>1211</td>
<td>1271</td>
<td>1291</td>
<td>0.3</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>1388</td>
<td>1130</td>
<td>1152</td>
<td>1183</td>
<td>1165</td>
<td>19.1</td>
</tr>
<tr>
<td>Stroke</td>
<td>587</td>
<td>448</td>
<td>457</td>
<td>490</td>
<td>463</td>
<td>26.8</td>
</tr>
<tr>
<td>Pneumonia/Flu</td>
<td>204</td>
<td>385</td>
<td>323</td>
<td>277</td>
<td>292</td>
<td>-30.1</td>
</tr>
<tr>
<td>COPD</td>
<td>264</td>
<td>213</td>
<td>217</td>
<td>220</td>
<td>223</td>
<td>18.4</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>154</td>
<td>121</td>
<td>151</td>
<td>141</td>
<td>162</td>
<td>-4.9</td>
</tr>
<tr>
<td>AIDS</td>
<td>17</td>
<td>12</td>
<td>21</td>
<td>78</td>
<td>101</td>
<td>-83.2</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>60</td>
<td>65</td>
<td>86</td>
<td>79</td>
<td>98</td>
<td>-38.8</td>
</tr>
<tr>
<td>Suicide</td>
<td>64</td>
<td>78</td>
<td>62</td>
<td>78</td>
<td>87</td>
<td>-26.4</td>
</tr>
<tr>
<td>Homicide</td>
<td>22</td>
<td>30</td>
<td>30</td>
<td>21</td>
<td>44</td>
<td>-50</td>
</tr>
</tbody>
</table>

Data: San Mateo County, Department of Public Health, Disease Control and Prevention Unit, Death Records 1995-1999.

Leading Causes of Death by Age

- Injuries and cancer are consistently the leading causes of death among 15 to 44 years olds. From 1995 to 1999, AIDS, homicide, suicide, and unintentional injury deaths declined dramatically, whereas deaths due to heart disease rose sharply in this age group. 631

- Birth defects and Sudden Infant Death Syndrome (SIDS) were among the five leading causes of death for children under the age of one, while accidents, injuries and cancer were among the five leading causes of death for children ages 5 to 14. 632 A total of 40% of deaths among children ages 5-14 occur through accidents and injuries. 633

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>1999 Number (N=250)</th>
<th>1998 Number (N=279)</th>
<th>1997 Number (N=300)</th>
<th>1996 Number (N=338)</th>
<th>1995 Number (N=338)</th>
<th>% Change 95 vs 99 (-26%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>5</td>
<td>9</td>
<td>13</td>
<td>47</td>
<td>64</td>
<td>-92.2</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>64</td>
<td>43</td>
<td>53</td>
<td>65</td>
<td>88</td>
<td>-27.3</td>
</tr>
<tr>
<td>Cancer</td>
<td>47</td>
<td>70</td>
<td>51</td>
<td>65</td>
<td>49</td>
<td>-4.1</td>
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<tr>
<td>Suicide</td>
<td>24</td>
<td>42</td>
<td>30</td>
<td>41</td>
<td>37</td>
<td>-35.1</td>
</tr>
<tr>
<td>Homicide</td>
<td>15</td>
<td>18</td>
<td>22</td>
<td>17</td>
<td>33</td>
<td>-54.5</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>29</td>
<td>11</td>
<td>15</td>
<td>13</td>
<td>9</td>
<td>222</td>
</tr>
</tbody>
</table>

Data: San Mateo County, Department of Public Health, Disease Control and Prevention Unit, Death Records 1995-1999.

Ranked Causes of Death by Age Group

San Mateo County, 1994-6 Avg. (Rate per 100,000 population)

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-14</th>
<th>15-34</th>
<th>35-54</th>
<th>55-74</th>
<th>75-84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Congen Abnormality</td>
<td>94.0</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
<tr>
<td>2</td>
<td>SIDS</td>
<td>94.4</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
<tr>
<td>3</td>
<td>Birth Asphyxia</td>
<td>58.5</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
<tr>
<td>4</td>
<td>Prematurity</td>
<td>25.8</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
<tr>
<td>5</td>
<td>Induced Premature</td>
<td>6.4</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
<tr>
<td>6</td>
<td>Suicide</td>
<td>8.0</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
<tr>
<td>7</td>
<td>Stroke</td>
<td>13.0</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
<tr>
<td>8</td>
<td>COPD</td>
<td>5.1</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
<tr>
<td>9</td>
<td>Diabetes</td>
<td>4.0</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
<tr>
<td>10</td>
<td>Alzheimer's</td>
<td>4.0</td>
<td>2.4</td>
<td>12.6</td>
<td>34.2</td>
<td>34.2</td>
<td>43.0</td>
<td>43.0</td>
</tr>
</tbody>
</table>

Data: San Mateo County, Department of Public Health, Disease Control and Prevention, Death Records 1994-1996.

633 Ibid.
Age-Adjusted Death Rates

Death Rate for All Causes

Another means of comparing deaths among different populations is to use age-adjusted death rates. Age-adjusted rates compensate for varying population sizes by measuring deaths per 100,000, and compensate for bias against comparatively younger or older populations by adjusting death rates to a common age baseline. [NOTE, however, that age-adjusting practices have recently changed and limit our ability to compare death rates between methods: deaths prior to 1999 are age-adjusted to the 1940 US Standard Million population, whereas deaths in 1999 and later are age-adjusted to the 2000 US Population Standard.]

As can be seen in the adjacent chart, San Mateo County enjoys a relatively low age-adjusted death rate (356.1 deaths per year per 100,000 residents) compared to California as a whole. Further, the overall age-adjusted death rate has decreased in recent reporting periods, as it has statewide and in neighboring Santa Clara County. 634

### Age-Adjusted Death Rate per 100,000

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>San Mateo County</td>
<td>386.5</td>
<td>373.4</td>
<td>356.1</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td>381.1</td>
<td>366</td>
<td>356.6</td>
</tr>
<tr>
<td>California</td>
<td>454.2</td>
<td>439.9</td>
<td>425.7</td>
</tr>
</tbody>
</table>


Notes: 1. Figures are age-adjusted to the 1940 U.S. Standard Million population.
2. County and state data are annual averages of age-adjusted death rates due to all causes.

Death Rates by Selected Causes

- The following chart outlines the 1999 annual average age-adjusted death rates (adjusted to the 2000 standard) for selected causes of death in San Mateo County, as well as neighboring Santa Clara County and California. Also included are the Year 2010 targets set forth in Healthy People 2010.

- Whereas San Mateo County death rates satisfied most of the targets for the Year 2000 for the selected causes, 1999 death rates fall short of the new Healthy People 2010 targets for most of the causes listed (the exceptions being lung cancer, coronary heart disease, motor vehicle crashes and homicide). 635

- Of the causes listed for San Mateo County, only the death rate for stroke (also known as cerebrovascular disease) compares unfavorably to statewide death rates. 636

<table>
<thead>
<tr>
<th></th>
<th>San Mateo County</th>
<th>Santa Clara County</th>
<th>California</th>
<th>Y2010 Objective</th>
<th>Rank Among 58 CA Counties (1=Best)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancers</td>
<td>169.6</td>
<td>162.2</td>
<td>179.5</td>
<td>159.9</td>
<td>18</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>41.3</td>
<td>37.6</td>
<td>46.9</td>
<td>44.9</td>
<td>10</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>24.5</td>
<td>23.6</td>
<td>24.6</td>
<td>22.3</td>
<td>25</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>149.6</td>
<td>175.9</td>
<td>204.0</td>
<td>166.0</td>
<td>15</td>
</tr>
<tr>
<td>Stroke</td>
<td>68.1</td>
<td>63.4</td>
<td>63.3</td>
<td>48.0</td>
<td>41</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>20.8</td>
<td>19.2</td>
<td>27.5</td>
<td>17.5</td>
<td>8</td>
</tr>
<tr>
<td>Suicide</td>
<td>8.5</td>
<td>7.7</td>
<td>9.4</td>
<td>5.0</td>
<td>13</td>
</tr>
<tr>
<td>Drug-Related Deaths</td>
<td>7.6</td>
<td>4.3</td>
<td>9.1</td>
<td>1.0</td>
<td>21</td>
</tr>
<tr>
<td>Motor Vehicle Crashes</td>
<td>5.6</td>
<td>7.3</td>
<td>9.5</td>
<td>9.2</td>
<td>11</td>
</tr>
<tr>
<td>Firearm Injuries</td>
<td>5.4</td>
<td>5.1</td>
<td>9.0</td>
<td>4.1</td>
<td>12</td>
</tr>
<tr>
<td>Homicide</td>
<td>3.0</td>
<td>2.2</td>
<td>6.0</td>
<td>3.0</td>
<td>25</td>
</tr>
</tbody>
</table>

Sources: 1. County Health Status Profiles, 2001. Dept of Health Services and California Conference of Local Health Officers. 2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. 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. County and state data are 1999 numbers; these numbers cannot be compared with prior years’ figures because the age-adjusted rates are adjusted to the 2000 population, while previous years' data are adjusted to 1940 population figures.

- Among the 58 counties in the state, San Mateo County ranks among the top 10 for unintentional injury and lung cancer deaths. The county ranks most unfavorably for stroke (41st out of 58), female breast cancer (25th) and homicide death rates (25th). 637

635 County Health Status Profiles, 2001. Department of Health Services and California Conference of Local Health Officers.
636 Ibid.
637 Ibid.
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 937 persons died in San Mateo County each year between 1997 and 1999 because of tobacco use. Another 690 died each year due to poor diet and/or lack of exercise. Another 246 died because of alcohol use. 638

**Actual Causes of Death in San Mateo County**  
(Estimated Number of 1997-1999 Annual Average Deaths Presented in Parentheses)

![Pie chart showing actual causes of death in San Mateo County]

**Sources:**  

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638 County Health Status Profiles, 2001. Department of Health Services and California Conference of Local Health Officers.
Healthy Behaviors

Only 9.2% of San Mateo County survey respondents report a combination of healthy behaviors which limit cardiovascular and cancer risk. 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. Older adults, persons living below 200% poverty and Hispanic respondents demonstrate the lowest proportions with all of these healthy behaviors.639

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.
Cancer

OVERVIEW

Cancers claim more lives in San Mateo County than any other cause, and cancers are the leading cause of death among those aged 35 to 74.

A positive finding this year is that significantly fewer adults in San Mateo County report smoking cigarettes — this can have tremendous impact, given that lung cancer claims nearly three times as many lives as colorectal cancer, the second leading cause of cancer deaths. Gender-specific cancers of female breast cancer and prostate cancer are the third and fourth leading causes of cancer deaths.

Cancer Rates

Cancer Incidence

✦ 1994-98 age-adjusted cancer incidence rates (the occurrence of new cancer cases) are highest among men, especially White men (456.9 new cases per 100,000 vs. 432.8 for men overall). White women also experience higher rates than women of other races/ethnicities (375.9 new cases per 100,000 vs. 347.1 for women overall). [Note that African-American rates are not included in this analysis due to insufficient data.] 640

✦ Furthermore, in comparison to state averages, women in San Mateo County experience slightly higher cancer incidence rates. 641

✦ In comparing 1990-94 rates with 1994-98 rates, increases in incidence rates were noted for both male and female Hispanics. Further, decreases were noted for White and Asian/Pacific Islander males, but increases were noted for White and Asian/Pacific Islander females. 642

640 Northern California Cancer Center Data, 2001. California Cancer Registry (9/00) and CDHS Center for Health Statistics, Death Certificate Master Files.
641 Ibid.
642 Ibid.
Cancer Incidence by Race and Gender, All Sites  
San Mateo County, 1994-1998

Cancer Deaths

As mentioned earlier, cancers are the number-one killer in San Mateo County. The leading causes of cancer deaths by site were, in order: lung, colorectal and breast cancers.\(^{643}\)

Leading Causes of Cancer Deaths By Site  
Annual Average, San Mateo County, 1992-1999

\(^{643}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.
Between 1996 and 1998, there were 189.9 age-adjusted cancer deaths per 100,000 population in San Mateo County. Rates were highest among Blacks, although cancer death rates among Blacks have declined since 1991-93. Whites experience the second-highest rates.\(^{644}\)

### Cancer Death Rates By Race
San Mateo County, Moving Three-Year Average, 1990-98

<table>
<thead>
<tr>
<th></th>
<th>90-92</th>
<th>91-93</th>
<th>92-94</th>
<th>93-95</th>
<th>94-96</th>
<th>95-97</th>
<th>96-98</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>206.1</td>
<td>202.1</td>
<td>198</td>
<td>195.7</td>
<td>196.2</td>
<td>192.1</td>
<td>189.9</td>
</tr>
<tr>
<td>White</td>
<td>215.5</td>
<td>208.2</td>
<td>205.2</td>
<td>204.4</td>
<td>206.5</td>
<td>201</td>
<td>199.3</td>
</tr>
<tr>
<td>Black</td>
<td>254.6</td>
<td>278.6</td>
<td>252.3</td>
<td>235.2</td>
<td>221.7</td>
<td>215.6</td>
<td>208.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>149.2</td>
<td>134.2</td>
<td>126.8</td>
<td>120.2</td>
<td>122.9</td>
<td>128.5</td>
<td>141.3</td>
</tr>
<tr>
<td>Asian/Pacific</td>
<td>153.6</td>
<td>151.4</td>
<td>142.8</td>
<td>143.6</td>
<td>139.4</td>
<td>137</td>
<td>149.9</td>
</tr>
</tbody>
</table>

Rates are age-adjusted and standardized to the 2000 estimated U.S. population.
Data: San Mateo County Department of Public Health, Disease Control and Prevention Unit,

\(^{644}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.
**Lung Cancer**

**Lung Cancer Deaths**

- The 1999 annual average age-adjusted death rate for lung cancer in San Mateo County was 41.3 deaths per 100,000 population, just within the Healthy People 2010 target of 44.9 or lower.  

- In each year between 1992-2000, lung cancer on average claimed almost 3 times as many lives (319) as colorectal cancer (110), the second leading cause of cancer death.

**Lung Cancer Incidence**

- Between 1994 and 1998, the annual average age-adjusted incidence rate of lung cancer cases in San Mateo County was 57.8 per 100,000 for men, and 42.3 per 100,000 for women (each is slightly lower than 1990-94 incidence rates). In comparison to statewide rates, the 1994-98 San Mateo County male incidence is lower than the California rate, while the San Mateo County female rate is slightly higher.

- Further, lung cancer incidence rates in San Mateo County are highest among White men and women (61.0 and 49.3 cases per 100,000, respectively), followed by Asian/Pacific Islander men (48.6 cases per 100,000), and Hispanic men (34.0 cases per 100,000). Rates among Asian/Pacific Islander women and Hispanic women are somewhat lower. [Note that African-American rates are not included in this analysis due to insufficient data.]

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645 County Health Status Profiles, 2001. California Department of Health Services and California Conference of Local Health Officers.


647 Northern California Cancer Center Data, 2001. California Cancer Registry (9/00) and CDHS Center for Health Statistics, Death Certificate Master Files.

648 Ibid.
Lung Cancer Incidence by Race and Gender
San Mateo County, 1994-1998

Tobacco Use

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 2001 San Mateo County Behavioral Risk Factor Survey:

- A total of 12.7% of San Mateo County respondents are classified as “current” smokers (meaning that they have smoked at least 100 cigarettes in their lifetime, and they currently smoke). This is significantly lower than found in 1998. However, smoking prevalence remains higher among those with a high school education or less (17.3%) as well as North County respondents (16.7%). Among current smokers, most say they smoke 20 cigarettes (1 pack) or fewer per day (average of 12.4 cigarettes per day). 649

- Among current smokers, 91.9% say they smoke 20 cigarettes (1 pack) or fewer per day, while 8.1% smoke more than a pack a day. 650

650 Ibid.
34.3% of current smokers report that their physician or other health care provider has referred them to a program to help them quit smoking.\textsuperscript{651}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{current_smoker_san_mateo_county_2001.png}
\caption{Current Smoker, San Mateo County, 2001}
\end{figure}

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 State Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
Notes: 1. Includes regular and occasional smokers (everyday and some days).
2. State data does not distinguish between, but includes both, regular and occasional smokers.
3. Asked of all respondents.

\begin{itemize}
\item Of all respondents, 13.9% report that they or another member of their household currently smokes in their home (significantly lower than the 17.5% reported in 1998).\textsuperscript{652}
\item A total of 2.3% of respondents report use of cigars, pipes, chewing tobacco or snuff (significantly lower than the 5.2% reported in 1998).\textsuperscript{653}
\end{itemize}

\textsuperscript{651} 2001 Behavioral Risk Factor Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
\textsuperscript{652} Ibid.
\textsuperscript{653} Ibid.
Colorectal Cancer

Colorectal Cancer Incidence

- Between 1994 and 1998, colorectal cancer incidence was higher among men (48.4 cases per 100,000 population) than among women (37.2/100,000). In both genders, rates were highest among Whites, followed by Asian/Pacific Islanders and Hispanics (rates were not calculated for Blacks due to insufficient data).  

Colorectal Cancer Incidence, by Race and Gender
San Mateo County, Average Rates 1990-94 vs 1994-98

A digital rectal exam is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for colorectal cancer and other health problems. It is recommended that, by the year 2000, at least 40% of men and women over the age of 50 have a digital rectal exam annually.

- In all, 56.1% of San Mateo County residents have had a digital rectal exam in the past year, similar to the 57.16% found nationwide as well as 1998 San Mateo County findings.

---

Another method of screening for colorectal cancer is the proctoscopic examination, in which a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems.

- Over one-half (51.8%) of area residents over the age of 50 have ever had a proctoscopic exam, similar to the 1998 proportion and the US percentage of 48.7%. This proportion also satisfies the Healthy People 2010 target of 50% or higher. 656

A fecal occult blood test tests the bowel movement for blood. It is recommended that 50% or more of individuals aged 50 and older have a fecal occult blood test every two years.

### Colorectal Cancer Screening Prevalence

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital Rectal Exam in Past Year (50+)</td>
<td>59.3%</td>
<td>56.1%</td>
<td>57.1%</td>
<td></td>
</tr>
<tr>
<td>Proctoscopic Exam Ever (50+)</td>
<td>52.2%</td>
<td>51.8%</td>
<td>48.7%</td>
<td>50%</td>
</tr>
<tr>
<td>Fecal Occult Blood Test in Past 2 Yrs (50+)</td>
<td>61.9%</td>
<td>52.7%</td>
<td>47.1%</td>
<td>50%</td>
</tr>
</tbody>
</table>

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Asked of all respondents aged 50 and older.

- A total of 52.7% of San Mateo County residents aged 50 and older have had a fecal occult blood test in the past two years, satisfying the Healthy People 2010 target and higher than the US proportion, but significantly lower than the 61.9% reported in 1998. 657

### Nutrition

- Survey respondents report eating an average of 3.9 servings of fruits (1.9) and vegetables (2.0) per day, well below the recommended five daily servings. Only 31.2% eat the recommended level (similar to 1998 findings). 658

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657 Ibid.
658 Ibid.
A total of 38.2% of surveyed adults in San Mateo County report eating a diet that is low in fat. However, 61.8% report diets that are "high" or "medium" in fat content; this indication is relatively higher among men, younger adults, Asian respondents, and North County respondents.  

Self-Reported "High-" or "Medium-" Fat Diet, San Mateo County


Note: Asked of all respondents.

Female Breast & Cervical Cancer

Female Breast Cancer Deaths

- The 1997-99 annual average age-adjusted death rate for female breast cancer in San Mateo County was 28.1 deaths per 100,000 population, not meeting the Healthy People 2010 target of 22.3 or lower. However, breast cancer death rates have been slowly declining over the past decade.  

- Large differences in breast cancer death rates across races occur in the female residents of San Mateo County. There is an overall decline in breast cancer death rates in most race groups.

Breast Cancer Death Rates in Females By Race
San Mateo County, Moving Three Year Averages, 1990-1999

| Year 2010 Goal <= 22.3/100,000 |

<table>
<thead>
<tr>
<th>Deaths per 100,000 popn</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>90-92</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>35.2</td>
</tr>
<tr>
<td><strong>White</strong></td>
</tr>
<tr>
<td>48.4</td>
</tr>
<tr>
<td><strong>Black</strong></td>
</tr>
<tr>
<td>27.6</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
</tr>
<tr>
<td>10.3</td>
</tr>
<tr>
<td><strong>Asian/Pacific</strong></td>
</tr>
<tr>
<td>17.6</td>
</tr>
</tbody>
</table>

Data: San Mateo County Department of Public Health, Disease Control and Prevention Unit, 1990-99 Death Records and US Census population estimates with local adjustment.

660 County Health Status Profiles, 2001. California Department of Health Services and California Conference of Local Health Officers.
661 Ibid.
Female Breast Cancer Incidence

Between 1994 and 1998, the annual average age-adjusted incidence rate of female breast cancer cases in San Mateo County was 114.7 new cases per 100,000 (up slightly from 109.8 between 1990-1994). This incidence rate is just above both the California (108.1 per 100,000) and U.S. (108.1 per 100,000) incidence rates.  

Further, the female breast cancer incidence rate among White women in San Mateo County is markedly higher than that of Hispanic or Asian/Other women. [Note that African-American rates are not included in this analysis due to insufficient data.]

Female Breast Cancer Incidence by Race
San Mateo County, 1990-94 vs. 1994-98

Breast Cancer Screening

The effectiveness of preventive services in reducing morbidity and mortality in relation to breast cancer is well documented. Early detection, through screening, and treatment have been shown to successfully reduce the impact of cancer on women’s lives.

Sources:
2. California Cancer Registry (9/00) and CDHS Center for Health Statistics Death Certificate Master Files
Notes:
2. The U.S. rate is for the year 1995 only.

662 Northern California Cancer Center Data, 2001. California Cancer Registry (9/00) and CDHS Center for Health Statistics, Death Certificate Master Files.
663 Ibid.
One of the most effective screening tools for breast cancer is the mammogram, an x-ray of the breast; women over the age of 50 should have a mammogram annually. Another method of screening is the clinical breast exam; this is when a physician, nurse, or other health professional feels the breast for lumps. Used in conjunction with one another, these two screening procedures are a woman’s best defense against breast cancer, given that early detection and treatment bring the best chances for survival.

- In San Mateo County, 81.2% of women aged 40 and older have had a mammogram in the past two years, satisfying the Healthy People 2010 target of 70% or higher. 664

- Further, 79.5% of surveyed women aged 50 and older have had both a mammogram and a clinical breast exam in the past two years, similar to the 75.9% found nationwide and slightly lower than the 86.5% reported in 1998. 665

As a further means of early detection, it is recommended that women examine their own breasts each month to check for potentially cancerous lumps.

- A low 4.6% of surveyed women report that they do not know how to perform a breast self-exam. Despite this, only 42.1% of female respondents 18 and older perform a breast self-exam at least once monthly. This proportion is, however, similar to national findings, as well as 1998 San Mateo County findings. 666

### Breast Cancer Screening Prevalence

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram &amp; Breast Exam in Past 2 Yrs (Women 50+)</td>
<td>86.5%</td>
<td>79.5%</td>
<td>75.9%</td>
</tr>
<tr>
<td>Perform Breast Self-Exam Monthly (Women 18+)</td>
<td>44.1%</td>
<td>42.1%</td>
<td>47.1%</td>
</tr>
</tbody>
</table>

Sources:

Note: Asked of all women aged 40 and older.

665 Ibid.
666 Ibid.
Cervical Cancer Incidence

- Between 1994 and 1998, the annual average age-adjusted incidence rate of female cervical cancer cases in San Mateo County was 7.8 new cases per 100,000. This incidence rate is lower than the California incidence rate (9.0 per 100,000) and comparable to the U.S. rate (7.7 per 100,000 in 1995) incidence rates. 667

- The female cervical cancer incidence rate in San Mateo County is highest among Hispanic women, followed by Asian/Other women, and White women. [Note that African-American rates are not included in this analysis due to insufficient data.] 668

Cervical Cancer Incidence by Race
San Mateo County, 1990-94 vs. 1994-98

Sources: 1. Northern California Cancer Center Data, 2001.
2. California Cancer Registry (9/00) and CDHS Center for Health Statistics Death Certificate Master Files

2. The U.S. rate is for the year 1995 only.

667 Northern California Cancer Center Data, 2001. California Cancer Registry (9/00) and CDHS Center for Health Statistics, Death Certificate Master Files.
668 Ibid.
Cervical Cancer Screening

The most effective way of detecting cervical cancer in women is through a Pap smear test. Women should regularly undergo a Pap smear test. Early detection of cervical cancer through a Pap smear can dramatically increase a woman’s probability of long-term survival.

9 out of 10 (89.1%) area women have had a Pap smear within the last 3 years, similar to 1998 findings. This is higher than the 84% recorded nationwide and just about meets the Year 2010 goal (≥90%). 669

Have Had a Pap Smear in the Past Three Years, Women 18+, San Mateo County, 2001

Note: Asked of all female respondents.

Prostate Cancer

Prostate Cancer Incidence

- Prostate cancer is the most common type of cancer among men. Between 1994 and 1998, the annual average age-adjusted incidence rate of male prostate cancer cases in San Mateo County was 127.5 new cases per 100,000 (down from 138.7/100,000 in 1990-1994). This incidence rate is very close to the statewide rate (128.6 per 100,000). 670

- Further, the prostate cancer incidence rate in San Mateo County is highest among White men, followed by Hispanic men, and Asian/Pacific Islander men. [Note that African-American rates are not included in this analysis due to insufficient data.] 671

Prostate Cancer Incidence by Race
San Mateo County, 1990-94 vs. 1994-98

Rate per 100,000

<table>
<thead>
<tr>
<th>Race</th>
<th>1990-94</th>
<th>1994-98</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMC White</td>
<td>141.5</td>
<td>127.9</td>
</tr>
<tr>
<td>SMC Hispanic</td>
<td>109.8</td>
<td>105.3</td>
</tr>
<tr>
<td>SMC Asian/Pac. Isl.</td>
<td>79.5</td>
<td>86.6</td>
</tr>
<tr>
<td>SMC All Races</td>
<td>138.7</td>
<td>127.5</td>
</tr>
<tr>
<td>California All Races</td>
<td>145.1</td>
<td>128.7</td>
</tr>
</tbody>
</table>

Sources: 1. Northern California Cancer Center Data, 2001.
2. California Cancer Registry (9/00) and CDHS Center for Health Statistics, Death Certificate Master Files


670 Northern California Cancer Center Data, 2001. California Cancer Registry (9/00) and CDHS Center for Health Statistics, Death Certificate Master Files.
671 Ibid.
Prostate Cancer Screening

Among surveyed men in San Mateo County, 11.2% report that their brother or father has been diagnosed and/or treated for prostate cancer (lower among Asian men, 3.4%), compared to 8.4% nationwide. 672

Furthermore, 44.4% of men aged 40 and older in San Mateo County have had a PSA (prostate-specific antigen) test within the past year to check for prostate cancer, similar to 1998 findings and national average (49.3%). 673

In addition, 55.7% of men aged 50 and older in San Mateo County have had a digital rectal exam in the past year.674

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673 Ibid.
674 Ibid.
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 the second-leading cause of death in San Mateo County. Further, nine out of 10 San Mateo County adults exhibit one or more risk factors for heart disease and stroke — two-thirds lead sedentary lifestyles, and nearly as many are overweight.

Heart Disease Deaths

While the coronary heart disease death rate in San Mateo County 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, is high and rising in the county, above the state rate and fails to satisfy the Healthy People 2010 target.\(^{675}\)

1999 Heart Disease and Stroke Death Rates
2000 Age-Adjusted

Source: County Health Status Profiles 2001. California Department of Health Services and California Conference of Local Health Officers.
Cardiovascular Risk Factors

Nearly nine in 10 San Mateo County adults (86.7%) exhibit at least one cardiovascular risk factor (i.e., smoking, no leisure-time physical activity, high blood pressure, high cholesterol, or being overweight), as revealed in the 2001 San Mateo County Behavioral Risk Factor Survey. This is a significant increase over the 80.1% found in the 1998 survey.  

Exhibit One or More Cardiovascular Risk Factor

![Chart showing cardiovascular risk factors by age, gender, and race/ethnicity]


Note: Cardiovascular risk factors include smoking, no leisure-time physical activity, high blood pressure, high cholesterol and being overweight.

Information about tobacco use can be found in the "Lung Cancer" section, page 239.

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 2001 San Mateo County Behavioral Risk Factor Survey:

In the past month, 88.3% of respondents report taking part in some type of physical activity outside their regular job duties, mostly walking (40.7%), running/jogging (7.6%), using exercise equipment (6.4%), or bicycling (5%).  

A total of 11.7% report no leisure-time physical activity in the past month (compared to 21.0% nationwide).

No Leisure-Time Physical Activity, San Mateo County, 2001

(Professional Research Consultants); August 2001.
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
3. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

Most San Mateo County respondents (64.1%) 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. [Because of a change in the survey question wording, comparable results from 1998 are not available.] This percentage is somewhat higher among:

- Persons aged 65 and older (84.3%)
- Persons with a high school education or less (77.9%)
- Those in households with annual incomes <200% poverty (75.1%)
- Hispanic respondents (70.6%)
- Women (67.4%)  

678 Ibid.
679 Ibid.
Hypertension

Persons with hypertension, or high blood pressure, have three to four times the risk of developing coronary heart disease and as much as seven times the risk of a stroke as do those with normal blood pressure.

94.8% of San Mateo County adults responding to the 2001 San Mateo County Behavioral Risk Factor 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 compares to 92.0% statewide and 96.0% nationwide, and satisfies the Year 2010 objective (≥95%).

Sources:
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
3. 2000 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.
A total of 20.5% of San Mateo County adults say they have been told more than once by a health care professional that they have high blood pressure (compared to 23.0% nationwide and 23.4% statewide). 681

Of those with high blood pressure: 58.4% are both taking medication and dieting and exercising to help control their condition; 13.6% are taking medication only; and 17.7% are dieting/exercising only. A total of 10.3% are neither taking medication nor changing their diet/exercising to help control their high blood pressure. 682

High Blood Cholesterol

High cholesterol levels are also a contributor to heart disease:

A total of 81.2% of surveyed adults report that they have had their cholesterol level checked in the preceding five years. This figure is similar to the national average (82.2%), but is much higher than the statewide average (67.5%). It also satisfies the Year 2010 objective (≥80%). 683

---

682 Ibid.
683 Ibid.
A total of 22.9% of San Mateo County adults report that a doctor or other health professional has diagnosed them with high cholesterol, compared to 21.4% nationwide and 30.0% statewide.  

Of those with high blood cholesterol: 34.2% are both taking medication and dieting and exercising to help control their condition; 47.9% are dieting/exercising only; and 4.1% are taking medication only. A total of 13.8% are neither taking medication nor changing their diet/exercising to help control their high cholesterol.  

### Overweight Prevalence

Being overweight affects a considerable portion of the U.S. population and carries significant health risks. One of the more precise measurements of being overweight is body mass index (BMI), a ratio of weight to height (kg/m²). The current definition of overweight is having a BMI greater than or equal to 25.0; the definition of obesity is a BMI greater than or equal to 30.0. The rationale for these thresholds is that studies show that these are where increased risk for overweight co-morbidities (such as high blood pressure, high cholesterol, heart disease, etc.) occur. [Because the definition of overweight was revised after the 1998 study was completed, the 1998 San Mateo County overweight prevalence has been adjusted to match the new standard and allow for comparison.]

Based on reported heights and weights, 53.8% of San Mateo County respondents are overweight (similar to 1998 findings, and compared to 54.8% statewide and 56.9% nationwide).
Overweight, San Mateo County, 2001

Notes: 1. Asked of all respondents.
2. "Overweight" is defined as having a Body Mass Index (BMI, a ratio of height to weight) equal to or greater than 25.

Obese, San Mateo County, 2001

Notes: 1. Asked of all respondents.
2. "Obese" is defined as having a Body Mass Index (BMI, a ratio of height to weight) equal to or greater than 30.
In all, 45.3% of all adult respondents are currently trying to lose weight, including 59.7% of those who are overweight (66.0% among overweight women). ⁶⁸⁷

A total of 53.0% of overweight persons are trying to lose weight through a combination of both diet and exercise. A total of 28.5% are modifying their diet only, and 14.7% are using exercise alone. A total of 3.8% report using other means to lose weight. ⁶⁸⁸

Methods Used to Lose Weight, San Mateo County 2001


Note: Asked of all respondents.


⁶⁸⁸ Ibid.
Chronic Disease

OVERVIEW

Compared to U.S. rates, San Mateo County residents generally report lower prevalence of chronic conditions. However, we see increases in self-reported prevalence of for arthritis/ rheumatism, asthma, cancer and stroke between 1998 and 2001.

Prevalence of Chronic Illness

The 2001 San Mateo County Behavioral Risk Factor Survey found the following prevalence levels (the percentage of the population with a given condition at a single point in time) of selected chronic illness in San Mateo County among adults aged 18 and older, as compared to the 1998 survey findings. Note that statistically significant increases in prevalence were found for arthritis/ rheumatism, asthma, cancer and stroke.689

![Prevalence of Chronic Illness, San Mateo County, 1998 vs. 2001]


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Diabetes

- The 2001 San Mateo County Behavioral Risk Factor Survey revealed 4.8% of the adult population with diabetes (excluding diabetes experienced only during pregnancy), representing approximately 26,000 San Mateo County adults. This percentage is comparable to 1998 survey findings and the national average (5.5%).

- 2001 survey findings also show that diabetes prevalence increases considerably with age, from 1.6% among young adults to 10.8% among those 65 and older. There is also an inverse relationship with income: diabetes affects 9.7% of persons living below the 200% poverty threshold, compared to 2.5% of those living at the 400% poverty threshold or above. North County respondents also express a statistically higher prevalence of diabetes (7.1%).

- Low reporting among Hispanic respondents is probably related to under-diagnosis.


Ibid.
Asthma

Adults With Asthma

- A total of 12.8% of 2001 survey respondents report having asthma, representing approximately 69,600 San Mateo County adults. This is a significant increase from the 8.0% reported in 1998. 692
  - Among adult respondents with asthma, 55.0% have used a prescription medication in the past year to treat their asthma. 693

Children With Asthma

- One in ten (10.9%) San Mateo County children suffers from asthma, according to parents participating in the 2001 survey. 694
  - Among children with asthma, 3.9% received urgent care or were hospitalized for breathing problems or asthma in the past year. 695

Prevalence of Asthma, San Mateo County, 2001

Have Taken a Prescription Medication for Asthma in the Past Year
(Among Adult Asthmatics)


693 Ibid.
694 Ibid.
695 Ibid.
Ambulatory Care Sensitive (ACS) Conditions

From 1992 to 1999 there have been both increases and decreases in average annual rates of ambulatory care sensitive diagnoses. These are conditions for which hospitalization rates could be reduced if there were improved access to primary care services. These rates are unstable due to small numerators. 696

Ambulatory Care Sensitive Diagnosis Rates
San Mateo County, 2 year averages 1992-99 (Rate per 100,000 popn)

<table>
<thead>
<tr>
<th>Diagnosis/ Age Group</th>
<th>1992-3 Avg Rate</th>
<th>1994-5 Avg Rate</th>
<th>1996-97 Avg Rate</th>
<th>1998-99 Avg Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angina</td>
<td>153.3</td>
<td>47.0</td>
<td>38.2</td>
<td>36.0</td>
</tr>
<tr>
<td>Asthma</td>
<td>120.4</td>
<td>93.6</td>
<td>83.7</td>
<td>82.5</td>
</tr>
<tr>
<td>Iron Deficiency Anemia</td>
<td>1.8</td>
<td>1.7</td>
<td>2.5</td>
<td>4.4</td>
</tr>
<tr>
<td>Cervical Cancer, Invasive</td>
<td>0.2</td>
<td>0.5</td>
<td>0.1</td>
<td>0.4</td>
</tr>
<tr>
<td>Convulsions</td>
<td>27.6</td>
<td>28.2</td>
<td>33.9</td>
<td>30.8</td>
</tr>
<tr>
<td>Grand Mal Epilepsy</td>
<td>16.6</td>
<td>16.9</td>
<td>10.4</td>
<td>10.3</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>38.9</td>
<td>68.4</td>
<td>96.6</td>
<td>115.9</td>
</tr>
<tr>
<td>Dehydration</td>
<td>70.2</td>
<td>71.6</td>
<td>104.4</td>
<td>102.4</td>
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<tr>
<td>Diabetes</td>
<td>52.3</td>
<td>48.8</td>
<td>53.2</td>
<td>55.7</td>
</tr>
<tr>
<td>Severe ENT Conditions</td>
<td>13.0</td>
<td>7.4</td>
<td>9.0</td>
<td>8.8</td>
</tr>
<tr>
<td>Failure to Thrive</td>
<td>1.7</td>
<td>2.0</td>
<td>2.3</td>
<td>2.6</td>
</tr>
<tr>
<td>Gastroenteritis, Non-infectious</td>
<td>23.7</td>
<td>17.3</td>
<td>16.9</td>
<td>19.1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>5.6</td>
<td>7.4</td>
<td>11.3</td>
<td>8.3</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>5.4</td>
<td>1.0</td>
<td>1.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Immunization-Related Conditions</td>
<td>1.5</td>
<td>0.8</td>
<td>1.1</td>
<td>1.6</td>
</tr>
<tr>
<td>Nutritional Deficiency</td>
<td>0.9</td>
<td>1.2</td>
<td>2.3</td>
<td>2.5</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease</td>
<td>19.0</td>
<td>15.1</td>
<td>10.7</td>
<td>9.8</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>150.5</td>
<td>157.9</td>
<td>220.9</td>
<td>271.4</td>
</tr>
<tr>
<td>Pulmonary Tuberculosis</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Other Tuberculosis</td>
<td>2.3</td>
<td>1.5</td>
<td>0.8</td>
<td>1.3</td>
</tr>
<tr>
<td>Kidney/ Urinary Tract Infections</td>
<td>56.4</td>
<td>53.8</td>
<td>71.3</td>
<td>83.0</td>
</tr>
</tbody>
</table>


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 African Americans has declined, it remains significantly higher than any other racial/ethnic group.

With regard to sexually transmitted diseases, 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.

Tuberculosis case rates have declined in recent years, but are still among the highest in the state and remain far from reaching the Healthy People 2010 target. Concern is particularly great for San Mateo County’s resident Asian population which experiences the county’s highest TB incidence rates.

HIV/AIDS

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. Because HIV is not reportable by name, we have to use indirect methods of monitoring HIV transmission. This leaves us with less than optimal knowledge of current HIV transmission in which to design and implement prevention programs. Prevention of HIV infection is complex, requiring targeted behavioral-based, culture- and age-specific risk reduction programs.

People Living With AIDS

Improved drug therapies have extended the lives of many persons living with AIDS. Now that many are living longer, challenges – such as concerns about insurance coverage and access to expensive drug therapies – are continuing. Furthermore, the need for affordable or supportive housing remains high.

❖ While new diagnoses have decreased significantly and are expected to continue decreasing, the number of persons living with AIDS in San Mateo County is increasing. For the year
2000, there were 23 new diagnoses and 695 persons living with AIDS in San Mateo County.  

**AIDS Cases Diagnosed**

**Yearly and Persons Living with AIDS**

San Mateo County, 1982-2000, Projected to 2003

Between 1993 and 1999 the numbers of AIDS cases diagnosed in San Mateo County residents dropped sharply from 221 to 56. The number of persons living with AIDS (PLWAs) continues to slowly increase, standing at just under 700 at the end of 2000. The racial distribution of persons living with AIDS has remained proportional during this increase.

When compared with historical AIDS case rate for San Francisco and California as a whole, San Mateo County rates more closely mirror California rates. Rates for all three have declined substantially since 1993.

When AIDS case rates are mapped by zip codes, the highest rates are found to be localized in East Palo Alto, Daly City/ Colma, Redwood City and Brisbane. Most other parts of the county range between 101-300 cases per 100,000 individuals during the time span 1982-1997.

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Data: San Mateo Health Services Agency, Disease Control and Prevention Unit, 03/01.

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698 Ibid.
699 Ibid.
700 Ibid.
Throughout the county, four out of 10 adults participating in the 2001 survey (38.9%) know someone who has been diagnosed with HIV (similar to 1998 survey findings).  

**AIDS Case Rates**

Since 1988, the Black population of San Mateo County has displayed substantially higher rates than other races in the County.  

**AIDS Case Rates by Race and Year of Diagnosis**

San Mateo County, 1982 - 2000

<table>
<thead>
<tr>
<th>Year of Diagnosis</th>
<th>White-Ed</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>Total-Ed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>0</td>
<td>0.7</td>
<td>1.3</td>
<td>0</td>
<td>0.2</td>
</tr>
<tr>
<td>1982</td>
<td>0.7</td>
<td>0</td>
<td>1.2</td>
<td>0</td>
<td>0.5</td>
</tr>
<tr>
<td>1983</td>
<td>3.2</td>
<td>0</td>
<td>1.2</td>
<td>0</td>
<td>2.3</td>
</tr>
<tr>
<td>1984</td>
<td>3.9</td>
<td>0</td>
<td>3.2</td>
<td>0</td>
<td>2.8</td>
</tr>
<tr>
<td>1985</td>
<td>8.1</td>
<td>0</td>
<td>7.1</td>
<td>0</td>
<td>6.9</td>
</tr>
<tr>
<td>1986</td>
<td>15.4</td>
<td>0</td>
<td>8.8</td>
<td>0</td>
<td>12.1</td>
</tr>
<tr>
<td>1987</td>
<td>20.6</td>
<td>0</td>
<td>11.3</td>
<td>0</td>
<td>16.5</td>
</tr>
<tr>
<td>1988</td>
<td>19.7</td>
<td>0</td>
<td>10.8</td>
<td>0</td>
<td>16.4</td>
</tr>
<tr>
<td>1989</td>
<td>21.6</td>
<td>0</td>
<td>10.4</td>
<td>0</td>
<td>19.1</td>
</tr>
<tr>
<td>1990</td>
<td>26.5</td>
<td>0</td>
<td>15.8</td>
<td>0</td>
<td>23.3</td>
</tr>
<tr>
<td>1991</td>
<td>34.7</td>
<td>0.7</td>
<td>26.2</td>
<td>0.5</td>
<td>30</td>
</tr>
<tr>
<td>1992</td>
<td>33.7</td>
<td>0.7</td>
<td>18.6</td>
<td>0.5</td>
<td>31.8</td>
</tr>
<tr>
<td>1993</td>
<td>32.6</td>
<td>0.7</td>
<td>17.3</td>
<td>0.5</td>
<td>32.7</td>
</tr>
<tr>
<td>1994</td>
<td>24.9</td>
<td>2.2</td>
<td>19.6</td>
<td>0.5</td>
<td>25.1</td>
</tr>
<tr>
<td>1995</td>
<td>19</td>
<td>2.2</td>
<td>12.3</td>
<td>0.5</td>
<td>19</td>
</tr>
<tr>
<td>1996</td>
<td>12.2</td>
<td>2.2</td>
<td>10.1</td>
<td>0.5</td>
<td>8.3</td>
</tr>
<tr>
<td>1997</td>
<td>8.2</td>
<td>2.2</td>
<td>6.6</td>
<td>0.5</td>
<td>7.6</td>
</tr>
<tr>
<td>1998</td>
<td>6.6</td>
<td>2.2</td>
<td>6.6</td>
<td>0.5</td>
<td>7.6</td>
</tr>
<tr>
<td>1999</td>
<td>2.4</td>
<td>2.2</td>
<td>2.4</td>
<td>0.5</td>
<td>3.1</td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Due to reporting delays, the data for the year 2000 is considered incomplete.

Data: San Mateo Health Services Agency, Disease Control and Prevention Unit, 3/01. Population data from CA Dept. of Finance.

---

Males make up almost 90% of AIDS cases in San Mateo County to date, and have shown a consistently higher AIDS case rate than females for the entire course of the epidemic, by at least a factor of four. Age distributions for AIDS cases are somewhat different across genders, with females more heavily afflicted in the 25-34 age bracket and less so in the 45-54 age group.  

AIDS Cases By Gender and Age
San Mateo County, 1982-2000

Data: San Mateo Health Services Agency, Disease Control and Prevention Unit, 3/01.

Exposure Mode

- Among male cases the predominant exposure category is men who have sex with men (63% in 1997-2000), followed by injection drug use (27% in 1997-2000). 704

### Adult AIDS Cases Among Males By Exposure Mode

San Mateo County, 1982 - 2000

![Graph showing number of AIDS cases by exposure mode.

- Injection drug use and heterosexual contact account for the majority of cases among females. Of the 35 female heterosexual exposure cases reported from 1997-2000, 51% were injection drug users and 35% were infected via heterosexual sex. 705

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705 Ibid.
The distribution of risk factor types was different across various age groups. The relatively small Asian portion of the sample was weighted more towards heterosexual and injection drug transmission than Whites and Hispanics cases. The most obvious difference was between Black cases and all others, as Blacks showing a majority of cases stemming from injection drug use. \(^{706}\)

**Perceptions of HIV Risk & HIV Testing**

Among 2001 survey participants between the ages of 18 and 64, 3.5% perceive themselves to be at “high” or “medium” risk for contracting HIV, the virus that causes AIDS (similar to 1998 findings). Hispanic respondents, those with no more than a high school education, and respondents living below the 200% poverty threshold more often report being at “high/medium” risk for HIV infection. \(^{707}\)

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\(^{706}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.

A total of 47.4% of adults 18-64 in San Mateo County have been tested for HIV, apart from testing done when donating blood (significantly higher than the 40.9% found in 1998). San Mateo County testing is somewhat lower among adults aged 40 to 64 (39.9%), persons living below the 200% poverty threshold (43.8%) and Asian respondents (34.9%).


Note: Asked of those respondents under the age of 65.
Perceptions of HIV Education

✦ In 2001, three-fourths (77.9%) of adult survey respondents between the ages of 18 and 64 believe that HIV/AIDS education should begin during the elementary school years (Kindergarten through 6th grade). \(^{709}\)

✦ A total of 14.0% of surveyed adults 18 to 64 believe HIV/AIDS education should begin in the 7th or 8th grades, while 6.1% believe it should begin in the high school years (9th through 12th grades). A total of 1.8% believe it should not be taught at all. [This distribution excludes 77 “uncertain” or “refused” responses, representing 9% of the sample asked this question.] \(^{710}\)

Grades During Which It Is Perceived That HIV/AIDS Education Should Begin

Note: Asked of all respondents.

\(^{710}\) Ibid.
Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are diseases resulting from unprotected sexual contact. Examples of diseases that can be transmitted sexually include syphilis, gonorrhea, Chlamydia trachomatis, hepatitis B, human immunodeficiency virus (HIV), genital herpes, and human papillomavirus (HPV). Co-infection with chlamydia and gonorrhea is not uncommon and infection with one STD can facilitate the transmission of another. Women often suffer from the most complications related to STDs such as pelvic inflammatory disease, infertility, ectopic pregnancy, and chronic pelvic pain. Medically underserved populations and youth carry a disproportionate share of STDs. Early detection and treatment is contingent upon individual/public awareness and availability of and access to diagnostic services.

Gonorrhea

Reported cases of gonorrhea have declined in 2000 to 28% of the 1990 level. Gonorrhea cases rates are below the California and US averages and, at 30.1/100,000 in 2000 are slightly above the Year 2010 Objective of 19/100,000 and are increasing.\(^{711}\)

Incidence Rates for Gonorrhea

U.S., California and San Mateo County, 1990-2000

<table>
<thead>
<tr>
<th>Year of Report</th>
<th>National</th>
<th>California</th>
<th>San Mateo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>277.4</td>
<td>181.7</td>
<td>125.3</td>
</tr>
<tr>
<td>1991</td>
<td>246.7</td>
<td>144.3</td>
<td>91.4</td>
</tr>
<tr>
<td>1992</td>
<td>197.1</td>
<td>122.4</td>
<td>58.9</td>
</tr>
<tr>
<td>1993</td>
<td>172.5</td>
<td>99.8</td>
<td>53.1</td>
</tr>
<tr>
<td>1994</td>
<td>165.7</td>
<td>92</td>
<td>37.3</td>
</tr>
<tr>
<td>1995</td>
<td>149.4</td>
<td>76</td>
<td>26.5</td>
</tr>
<tr>
<td>1996</td>
<td>123.2</td>
<td>54.6</td>
<td>21.3</td>
</tr>
<tr>
<td>1997</td>
<td>122</td>
<td>58.6</td>
<td>18.7</td>
</tr>
<tr>
<td>1998</td>
<td>131.6</td>
<td>55</td>
<td>24</td>
</tr>
<tr>
<td>1999</td>
<td>133.2</td>
<td>62.7</td>
<td>26.2</td>
</tr>
<tr>
<td>2000</td>
<td>133.2</td>
<td>62.7</td>
<td>30.1</td>
</tr>
</tbody>
</table>

Data: San Mateo County Health Services Agency, Disease Control and Prevention Unit, Confidential Morbidity Reports.

\(^{711}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.
Chlamydia

Chlamydia rates declined in San Mateo County during the early 1990s. However, this decline may represent a reduction in screening and reporting rather than a true decline. We are currently seeing a disturbing increase in the chlamydia rate.^[712]

Incidence Rates for Chlamydia
U.S., California and San Mateo County, 1990-2000

The incidence of chlamydia infection is six times greater in the 15-24 year age group than 25-34 year olds and the population as a whole.^[713]

---

^[713] Ibid.
**Syphilis**

The incidence rate for primary and secondary syphilis has remained stable, under 1%, since 1994. In 2000, San Mateo County was close to meeting the Healthy People 2010 Objective of 0.2/100,000.  

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**Trend in Primary and Secondary Syphilis Cases by County, 1994-1999**

![Graph showing trend in primary and secondary syphilis cases per 100,000 population for San Mateo, Santa Clara, and California, with data points for each year from 1994 to 1999.](image)

<table>
<thead>
<tr>
<th>Year of Diagnosis</th>
<th>San Mateo</th>
<th>Santa Clara</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994-1996</td>
<td>0.72</td>
<td>0.19</td>
<td>1.98</td>
</tr>
<tr>
<td>1995-1997</td>
<td>0.57</td>
<td>0.2</td>
<td>1.52</td>
</tr>
<tr>
<td>1996-1998</td>
<td>0.37</td>
<td>0.22</td>
<td>1.24</td>
</tr>
<tr>
<td>1997-1999</td>
<td>0.32</td>
<td>0.22</td>
<td>0.99</td>
</tr>
</tbody>
</table>


Notes:
1. Case rates are three-year averages.
2. County syphilis case rates are considered to be unreliable; the relative standard error is greater than or equal to 23%.

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*Information relating to adolescent sexual activity can be found under "Youth Risk Behaviors," refer to page 221.*

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*Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.*
Tuberculosis

**Tuberculosis Case Rates**

- Between 1997 and 1999, there was an annual average tuberculosis case rate of 10.5 per 100,000 population in San Mateo County, below the statewide rate (11.5). ¹¹⁵
- Tuberculosis case rates increased considerably from the mid-1980s to the mid-1990s. ¹¹⁶

**Incidence Rates for Tuberculosis**

U.S., California and San Mateo County, 1985-2000

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S.</th>
<th>California</th>
<th>San Mateo (r)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>9.3</td>
<td>13.2</td>
<td>5.2</td>
</tr>
<tr>
<td>1986</td>
<td>9.4</td>
<td>12.7</td>
<td>8.2</td>
</tr>
<tr>
<td>1987</td>
<td>9.3</td>
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<td>10.6</td>
</tr>
<tr>
<td>1988</td>
<td>9.1</td>
<td>12.2</td>
<td>9.1</td>
</tr>
<tr>
<td>1989</td>
<td>9.5</td>
<td>14.5</td>
<td>7.2</td>
</tr>
<tr>
<td>1990</td>
<td>10.3</td>
<td>16.3</td>
<td>11.4</td>
</tr>
<tr>
<td>1991</td>
<td>10.4</td>
<td>17.3</td>
<td>14.6</td>
</tr>
<tr>
<td>1992</td>
<td>10.5</td>
<td>17.3</td>
<td>12.3</td>
</tr>
<tr>
<td>1993</td>
<td>9.8</td>
<td>16.4</td>
<td>12.3</td>
</tr>
<tr>
<td>1994</td>
<td>9.4</td>
<td>15.3</td>
<td>11.1</td>
</tr>
<tr>
<td>1995</td>
<td>8.7</td>
<td>14.6</td>
<td>8.3</td>
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<td>1996</td>
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<td>13.3</td>
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<td>1997</td>
<td>7.4</td>
<td>12.3</td>
<td>8.2</td>
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<tr>
<td>1998</td>
<td>8.0</td>
<td>11.5</td>
<td>7.5</td>
</tr>
<tr>
<td>1999</td>
<td>6.8</td>
<td>10.6</td>
<td>8.3</td>
</tr>
<tr>
<td>2000</td>
<td>6.4</td>
<td>9.5</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Healthy People 2010 Objective = 1.0 case / 100,000 population

Morbidity Data: Morbidity and Mortality Weekly Report (MMWR), California DHS and San Mateo County Health Services, Disease Control and Prevention Unit, Reports of Verified Case of Tuberculosis (RVC/T). The 2000 U.S. rate was not yet available at the time of publication.

Population Data: California Department of Finance, Demographic Research Unit.

- Tuberculosis case numbers and rates have declined in recent years, but remain far from reaching the Healthy People 2010 target of 1.0 per 100,000 or lower. ¹¹⁷


¹¹⁷ Ibid.
San Mateo County ranks 45 out of the 58 California counties in a rank ordering of countywide tuberculosis case rates (where “1” is the lowest case rate).  

**Case Rates by Race/Ethnicity**

The race distribution of TB cases is significantly different from the overall race distribution in the population of the county, with Asians much more heavily represented among cases.

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**TB Cases & County Population by Race and Ethnicity**

San Mateo County 1995-2000

- **White**: 53.9%
- **Asian/PI**: 19.8%
- **Native Am**: 0.4%
- **Hispanic**: 21.2%
- **Black**: 6.2%

**TB Cases**

(N=452)

**County Population**

(N_{midpoint}=716,550)

---


Historically, case rates have been highest among Asians/Pacific Islanders, although this rate has declined somewhat since 1998. In 2000, only Whites and Blacks satisfied the Healthy People 2010 target of 1.0 or fewer cases per 100,000 population.\textsuperscript{720}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{incidence_rates.png}
\caption{Incidence Rates for TB by Race/Ethnicity \hfill San Mateo County, 1985-2000}
\end{figure}

\textbf{Year Counted}

Data: California DHS and San Mateo County Health Services, Disease Control and Prevention Unit, Reports of Verified Case of Tuberculosis (RVCT).

Note: There were no reported cases of TB among Native Americans during this time period.

\textsuperscript{720} Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.
Case Rates by Nativity

The majority of cases in San Mateo County continue to occur in those born outside of the United States, in particular individuals born and formerly residing in the Philippines, Mexico, China and Southeast Asia. ⁷²¹

Tuberculosis Cases by Place of Birth
San Mateo County, 1985-2000

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% Born Outside U.S.</td>
<td>65.6%</td>
<td>70.6%</td>
<td>72.7%</td>
<td>66.7%</td>
<td>80.4%</td>
<td>74.5%</td>
<td>71.9%</td>
<td>61.7%</td>
<td>73.5%</td>
<td>76%</td>
<td>70.9%</td>
<td>76.1%</td>
<td>62.4%</td>
<td>91.3%</td>
<td>85.7%</td>
<td>93.5%</td>
</tr>
<tr>
<td>U.S.-born</td>
<td>11</td>
<td>15</td>
<td>18</td>
<td>19</td>
<td>9</td>
<td>19</td>
<td>27</td>
<td>31</td>
<td>22</td>
<td>18</td>
<td>25</td>
<td>22</td>
<td>15</td>
<td>15</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Born Outside U.S.</td>
<td>21</td>
<td>36</td>
<td>48</td>
<td>38</td>
<td>37</td>
<td>55</td>
<td>69</td>
<td>50</td>
<td>61</td>
<td>57</td>
<td>61</td>
<td>70</td>
<td>70</td>
<td>65</td>
<td>54</td>
<td>43</td>
</tr>
</tbody>
</table>

Data: California DHS and San Mateo County Health Services, Disease Control and Prevention Unit, Reports of Verified Case of Tuberculosis (RVCT).

Country of Origin for TB Cases Born Outside U.S.
San Mateo County, 1993-2000

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast Asia/PI</td>
<td>80</td>
<td>16.6%</td>
</tr>
<tr>
<td>Mexico</td>
<td>64</td>
<td>13.3%</td>
</tr>
<tr>
<td>Latin America</td>
<td>46</td>
<td>9.6%</td>
</tr>
<tr>
<td>China</td>
<td>28</td>
<td>5.8%</td>
</tr>
<tr>
<td>Philippines</td>
<td>255</td>
<td>53.0%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Data: California DHS and San Mateo County Health Services, Disease Control and Prevention Unit, Reports of Verified Case of Tuberculosis (RVCT).

Of 610 San Mateo county cases counted during 1993-2000, 481 (78.9%) were born outside the U.S., as were 2,377 (72.1%) of 2000 cases in all of California.

Vaccine-Preventable Disease

Measles, Mumps, Pertussis, Rubella

❖ Reported measles cases declined dramatically from the outbreak levels of 1991 (15 cases) to 0 cases between 1998 and 2000. The Healthy People 2010 objective is zero cases. 722

❖ Pertussis (also known as whooping cough) reports have averaged about 5 cases each year, with the exceptions of 1998 and 1999 (23 and 20 cases, respectively). 723

❖ Rubella reports have averaged 0-1 cases annually, with the exception of 3 cases in 1997. 724

❖ Mumps declined from 9 to 1 case annually over the period 1991 to 2000. 725

Reported Cases of Vaccine-Preventable Diseases
San Mateo County, 1991-2000

Data: California DHS and San Mateo County Health Services, Disease Control and Prevention Unit, Confidential Morbidity Reports/AVSS.

723 Ibid.
724 Ibid.
725 Ibid.
Hepatitis C

- It is estimated that 1.5% to 2.3% of the general population have been exposed to Hepatitis C (HCV). Approximately 30% of those with HIV are co-infected with HCV. Upwards of 90% of injection drug users (IDUs) are HCV-positive.\(^{726}\)

- Most high-risk individuals (80%) have not been previously tested for hepatitis C.\(^{727}\)

- Community members show strong support (73.5%) for a syringe exchange program as an effective strategy to reduce HIV and hepatitis C transmission in injected drug using populations.\(^{728}\)

Testing

- 2001 survey findings reveal that 39.1% of adults aged 18 to 64 have had their blood tested for Hepatitis C, outside of testing done when donating blood. The proportions reporting having been tested for Hepatitis C are highest among young adults aged 18 to 39 (45.8%), men (42.1%) and respondents with postsecondary education (41.2%).\(^{729}\)

### Have Been Tested for Hepatitis C (18-64), San Mateo County 2001

![Graph showing the percentage of individuals tested for Hepatitis C by age, gender, and ethnicity in San Mateo County, 2001.](image)


Note: Asked of all respondents.

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\(^{726}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.


\(^{728}\) 2002 San Mateo County Follow-Up Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

Enteric Disease

Enteric diseases are gastrointestinal illnesses caused by bacteria, parasites or viruses. Transmission from person to person is via hand-to-mouth. A person must actually ingest the organism in order to become infected. Enteric diseases are among the most frequently reported diseases.

Salmonellosis

❖ Between 1990 and 1996, reported cases of Salmonella averaged about 150 a year, surging to just over 200 in 1997. This brought the salmonellosis case rate to 29.8/100,000 by 1997, well in excess of both the 1996 California and National rates. 730

❖ Recent years have seen a drop to an average 105 cases per year and case rate of 13.8 in 2000, aligning with California and National rates. San Mateo County is well above the Year 2010 Objective of 6.8/100,000. 731

Incidence Rates for Salmonellosis
U.S., California and San Mateo County, 1990-2000

<table>
<thead>
<tr>
<th>Year of Report</th>
<th>Rate/100,000 popn</th>
</tr>
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<tbody>
<tr>
<td>1990</td>
<td>19.5</td>
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<td>1991</td>
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<td>1995</td>
<td>17.2</td>
</tr>
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<td>15.7</td>
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<td>14.9</td>
</tr>
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<td>1999</td>
<td>12.3</td>
</tr>
<tr>
<td>2000</td>
<td>13.8</td>
</tr>
</tbody>
</table>


731 Ibid.
Shigellosis

Numbers and case rates for shigellosis followed a very similar pattern as that for both California and US rates, albeit at slightly higher levels. The spike in cases in 2000 represent a restaurant based outbreak, which produced over 200 cases of illness, 72 of which were laboratory-confirmed as *Shigella sonnei*.

**Incidence Rates for Shigellosis**

U.S., California and San Mateo County, 1990-2000

<table>
<thead>
<tr>
<th>Year of Report</th>
<th>National</th>
<th>California</th>
<th>San Mateo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
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<td>1993</td>
<td>12.5</td>
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<td>20.4</td>
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<tr>
<td>1994</td>
<td>11.4</td>
<td>12.4</td>
<td>15</td>
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<td>1995</td>
<td>12.3</td>
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<td>14.1</td>
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<tr>
<td>2000</td>
<td>6.5</td>
<td>6.9</td>
<td>17.3</td>
</tr>
</tbody>
</table>


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Campylobacter

- Campylobacter has generally decreased in incidence, from a high of 457 cases in 1994 to 203 in 2000. 733

Hepatitis A

- Hepatitis A case numbers and rates remained relatively stable from 1990-1995, peaked in 1996 and appear to have declined since. Throughout most of the period under study, local rates for HAV — at about 10/100,000 — were slightly lower than US rates and about half those for California. In 2000, San Mateo County’s case rate complies with the Year 2010 Objective of 4.5 cases/100,000 population. 734

- Hepatitis A decreased from a high of 106 cases in 1996 to 27 cases in 2000. This reduction in rate is probably related to the implementation of a Hepatitis A immunization campaign in children. 735

Incidence Rates for Hepatitis A

U.S., California and San Mateo County, 1990-2000


734 Ibid.
735 Ibid.
Injuries

OVERVIEW

Poisonings (including overdoses), firearms and motor vehicle accidents are the leading causes of injury deaths in San Mateo County. Accidental injury death rates are highest among older populations, but for children and younger adults (aged 5 through 34), they are the number-one cause of death.

Violence is also a concern for San Mateo County residents: while the overall homicide rate is relatively low, it is much higher for young adults and African-Americans in the county. Suicide, on the other hand, is highest among Whites, especially older White men. Males also show higher rates of suicide, while females show a much higher rate of hospitalization due to self-inflicted injuries.

Injury Deaths

The three leading causes of injury deaths from 1992-95 were firearms, poisonings and overdoses, and motor vehicle accidents. From 1996-99, poisonings and overdoses overtook firearms as the leading cause of injury deaths. Overall, there was a 12.4% decrease in the number of injury deaths from the period 1992-95 to 1996-99.736

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Injury Deaths, Intentional and Unintentional

1992-95 (N=1,090)
- MVA 19%
- Firearm 25%
- Cut/Stab 2%
- Poisoning/OD 20%
- Fall 8%
- Burned 2%
- Drowned 4%
- Suffocated/Strangled 9%
- Other 10%

1996-99 (N=955, -12.4%)
- MVA 18%
- Firearm 19%
- Cut/Stab 1%
- Poisoning/OD 21%
- Fall 12%
- Burned 2%
- Drowned 4%
- Suffocated/Strangled 7%
- Other 17%


* The average number of injury deaths annually from 1995 to 1999 totaled 922 countywide. North County had the highest number of injury deaths, followed by Mid- and South-County.\(^{337}\)

\(^{337}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.
Unintentional Injury

Unintentional Injury Deaths

Unintentional injury death rates increase dramatically for both males and females in those aged 65 and over. \(^{738}\)

Unintentional Injury Death Rates By Gender and Age
San Mateo County, 1997 - 1999 Average

Deaths per 100,000 population

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>0-4</th>
<th>5-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>5</td>
<td>3.9</td>
<td>23.3</td>
<td>28.4</td>
<td>28</td>
<td>33.1</td>
<td>28.3</td>
<td>38.3</td>
<td>79.7</td>
<td>190.8</td>
</tr>
<tr>
<td>Females</td>
<td>1.3</td>
<td>3.5</td>
<td>9.4</td>
<td>2.7</td>
<td>8.5</td>
<td>6.3</td>
<td>11.8</td>
<td>33</td>
<td>40.5</td>
<td>117.5</td>
</tr>
</tbody>
</table>

Deaths rates are based on the average of the annual rates over the three years in each age group.
Source: San Mateo County, Department of Public Health, Disease Control and Prevention Unit, Death Records.

\(^{738}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.
Motor Vehicle Accidents, Poisonings & Falls

- The most common causes of unintentional injury deaths were motor vehicle accidents, poisonings—which include drug overdoses—and falls.

  - Over the period 1992 to 1999, rates for motor vehicle deaths have declined steadily and been well under the Healthy People 2010 target of 9.2 per 100,000.
  
  - Rates for deaths due to falls have fluctuated, but are fairly close to the target of 3 per 100,000.
  
  - The rates for poisonings, however, have been 3.5 to 4 times the Healthy People 2010 target of 1.5 per 100,000.\(^{739}\)

- Rates for motor vehicle deaths and falls jump in persons 65 and over. Rates for poisonings are highest in the 35 to 54 age range. Drug overdoses make up the majority of these poisoning deaths.\(^{740}\)

Unintentional Injury Death Rates By Age
For Motor Vehicle Crashes, Poisonings,* and Falls
San Mateo County, 1997 - 1999 Average

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Deaths per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>0.2</td>
</tr>
<tr>
<td>5-14</td>
<td>3.7</td>
</tr>
<tr>
<td>15-24</td>
<td>7.4</td>
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<tr>
<td>25-34</td>
<td>10.5</td>
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<td>35-44</td>
<td>12.9</td>
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<tr>
<td>45-54</td>
<td>15.8</td>
</tr>
<tr>
<td>55-64</td>
<td>18.7</td>
</tr>
<tr>
<td>65-74</td>
<td>21.6</td>
</tr>
<tr>
<td>75-84</td>
<td>24.5</td>
</tr>
<tr>
<td>85+</td>
<td>27.4</td>
</tr>
</tbody>
</table>

*Poisonings include accidental drug overdoses.
Deaths rates are based on the average of the annual rates over the three years in each age group.
Source: San Mateo County, Department of Public Health, Disease Control and Prevention Unit, Death Records.

\(^{739}\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.

\(^{740}\) Ibid.
In the 2001 San Mateo County Behavioral Risk Factor Survey, 91.9% of adults report that they “always” use seat belts when driving or riding in a car, similar to 1998 findings and much higher than the national average (75.0%). This proportion is also very close to satisfying the Healthy People 2010 target of 92% or higher.  

A total of 97.0% of surveyed parents say that their child “always” wears a seat belt or appropriate child restraint when riding in a car (similar to 1998 findings).  

**Bicycle Safety**

Among surveyed parents of children between the ages of 5 and 18, 30.9% report that their child does not always wear a helmet when riding a bicycle (statistically similar to 1998 responses). A total of 7.9% say he/she “never” wears a bicycle helmet.

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742 Ibid.
743 Ibid.
Intentional Injury

- In general, 15 to 24-year olds had higher rates of hospitalization for assault injuries for male and female and all racial and ethnic groups, except in Blacks, where the rate peaked in the 25-34 age group. Overall, between 1992-1999, the assault injury hospitalization rates declined.\(^4^4\)

Homicide

- From 1990 to 1999, 356 San Mateo County residents were victims of homicide. Almost three-quarters of the victims of homicide were male. Roughly 70% of these homicides were committed using a firearm. The overall homicide rate declined in this time period.\(^4^5\)

- The homicide rate for Blacks in San Mateo County, while declining in the first half of the 1990s, has risen in the second half. Blacks have a higher homicide rate than other racial and ethnic groups in all age categories below the age of 65. The highest rates were among 35-44 year old Blacks (26.8 per 100,000), which was twice the rate among similarly aged Hispanics and 11 times the rate among similarly-aged Whites.\(^4^6\)

Homicide Death Rates by Race
San Mateo County, Moving Three Year Average, 1990-1999

![Homicide Death Rates by Race](image_url)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian/Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-92</td>
<td>6.6</td>
<td>6.6</td>
<td>6.6</td>
<td>5.8</td>
<td>4.8</td>
</tr>
<tr>
<td>91-93</td>
<td>6.6</td>
<td>6.6</td>
<td>6.6</td>
<td>4.8</td>
<td>4.7</td>
</tr>
<tr>
<td>92-94</td>
<td>6.6</td>
<td>6.6</td>
<td>6.6</td>
<td>4.8</td>
<td>4.7</td>
</tr>
<tr>
<td>93-95</td>
<td>6.6</td>
<td>6.6</td>
<td>6.6</td>
<td>4.8</td>
<td>4.7</td>
</tr>
<tr>
<td>94-96</td>
<td>6.6</td>
<td>6.6</td>
<td>6.6</td>
<td>4.8</td>
<td>4.7</td>
</tr>
<tr>
<td>95-97</td>
<td>6.6</td>
<td>6.6</td>
<td>6.6</td>
<td>4.8</td>
<td>4.7</td>
</tr>
<tr>
<td>96-98</td>
<td>6.6</td>
<td>6.6</td>
<td>6.6</td>
<td>4.8</td>
<td>4.7</td>
</tr>
<tr>
<td>97-99</td>
<td>6.6</td>
<td>6.6</td>
<td>6.6</td>
<td>4.8</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Total rates are age-adjusted and standardized to the 2000 estimated U.S. population.
Data: San Mateo County Department of Public Health, Disease Control and Prevention Unit, 1990-1999 Death Records and US Census population estimates with local adjustment.

\(^4^4\) Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.
\(^4^5\) Ibid.
\(^4^6\) Ibid.
Homicide death rates are highest among Blacks under the age of 45 years.\textsuperscript{747}

\begin{center}
\textbf{Homicide Death Rates By Age and Race/Ethnicity}
San Mateo County, 1997-1999 Average
\end{center}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{homicide_rates.png}
\end{figure}

Deaths rates are based upon the average annual number of deaths over the three years in each age group.
Source: San Mateo County, Department of Public Health, Disease Control and Prevention Unit, 1997-1999 Death Records.
Rates for Blacks are predicated on relatively small denominators and are therefore subject to variation given a small change in number of cases.
* Rate is derived from three homicides of black children aged 0-4 years; rate may be unstable and should be interpreted with caution.

\section*{Assault}

Regardless of race/ethnicity, assault hospitalizations are highest in the 15 to 24 age group (discounting a high, but unreliable, rate among Blacks aged 85 and older).\textsuperscript{748}

\textsuperscript{747} Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.

\textsuperscript{748} Ibid.
Assault Hospitalization Rate By Age and Race/Ethnicity
San Mateo County, 1997 - 1999 Average

Number of discharges per 100,000 population

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>White</th>
<th>Blacks</th>
<th>Hispanics</th>
<th>Asian/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>6.6</td>
<td>33.9</td>
<td>13.3</td>
<td>0</td>
</tr>
<tr>
<td>5-14</td>
<td>2.4</td>
<td>12.9</td>
<td>10.2</td>
<td>3</td>
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<tr>
<td>15-24</td>
<td>18.5</td>
<td>191</td>
<td>45.4</td>
<td>0</td>
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<td>25-34</td>
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<td>148.9</td>
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<td>1</td>
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<td>35-44</td>
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<td>11</td>
<td>11</td>
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<td>45-54</td>
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<td>60.8</td>
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<td>65-74</td>
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<td>0</td>
<td>0</td>
</tr>
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<td>75-84</td>
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<tr>
<td>85+</td>
<td></td>
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</table>

Data: CA DHSS, Office of Statewide Health Planning and Development, 1997-1999 Hospital Discharge Data, via San Mateo Disease Control and Prevention Unit.

* Rate for blacks in this age group derived from only 2 hospitalizations among a relatively small population; rate may be unstable and should be interpreted with caution.

Firearms & Other Weapons

Firearms are a leading non-genetic external factor contributing to mortality.

✦ Roughly 70% of homicides in the 1990s were committed using a firearm.749

✦ In the 2001 San Mateo County Behavioral Risk Factor Survey, 14.3% of households (representing over 36,000 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 significantly lower than the 18.0% reporting a firearm in the home in 1998.750

— Of those survey respondents keeping firearms in or around the home, two-thirds (65.9%) say these are kept in locked places, such as locked drawers, cabinets or closets.751

751 Ibid.
The number of households with firearms is highest among men (16.7%), adults aged 40 to 64 (17.9%), persons living at higher incomes (17.2%) and White respondents (16.9%). Also, a much higher proportion (23.3%) of Coastside respondents report keeping a firearm in or around their home.  

Weapons-Carrying Among Adolescents

When compared to females, a much larger proportion of males carried weapons to school during 1998. The most commonly carried weapon was a knife.\(^{753}\)

**Possession of Weapons, by Gender**

![Bar chart showing the percentage of students carrying different types of weapons by gender.]

Note: Survey question asked about carrying weapons at school during the past month.

Suicide

Cumulative data for suicide deaths from 1992 to 1999 indicate that firearms are the most common method resulting in death for males (47%), and among females, overdose is the most common method resulting in death (40%). 754

Suicide death rates were higher for males of all age groups. Annual trends from 1992 to 1999 show an overall decline of approximately 20% in suicide death rates for both males and females. 755

Suicide Death Rates By Gender and Age
San Mateo County, 1997-1999 Average

Overall, the average annual suicide death rate decreased slightly for the periods 1994-96 to 1997-99, from 10.0 per 100,000 to 9.2 per 100,000. 756

Whites have higher death rates from suicide, particularly among those 25 years and over, when compared to other racial and ethnic groups. While the suicide death rates in other ethnic groups decline in the older age groups, rates for Whites hold steady. Because of the small number of suicide deaths among Blacks, rates cannot be calculated. 757

755 Ibid.
756 Ibid.
757 Ibid.
Suicide Death Rates By Age and Race/Ethnicity
San Mateo County, 1997-1999 Average

Deaths rates are based upon the average annual number of deaths over the three years in each age group.
Insufficient data for calculation of rates for Blacks.

Self-Inflicted Injury

- On average from 1997 to 1999, compared to males, females had almost twice the rate of self-inflicted injury hospitalizations (55 per 100,000 vs. 29 per 100,000). Nonetheless, a substantial declining trend over time is evident for both sexes.

- Overall, the 15 to 24 year age group had self-inflicted injury hospitalization rates at least twice that of the general population. In recent years (96-99) the annual average rates declined for the general population and the 15-to-24 age group.\textsuperscript{758}

- Among females, 15- to 24-year-olds had the highest rate (128.4 per 100,000), almost 2.5 times that of the total female rate.\textsuperscript{759}

- Among self-inflicted injury hospitalizations, drug overdose was the most common for both males (73%) and females (86%).\textsuperscript{760}

\textsuperscript{758} Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.

\textsuperscript{759} Ibid.

\textsuperscript{760} Ibid.
Self-Inflicted Injury
Hospitalization Rate By Gender and Age
San Mateo County, 1997 - 1999 Average

The 15-24 year age group has the highest self-inflicted injury hospitalization rates, regardless of race/ethnicity. 761

Self-Inflicted Injury
Hospitalization Rate By Age and Race/Ethnicity
San Mateo County, 1997 - 1999 Average

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>Whites</th>
<th>Blacks</th>
<th>Hispanics</th>
<th>Asian/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-14</td>
<td>13.5</td>
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<td>7.8</td>
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</tr>
<tr>
<td>15-24</td>
<td>100.9</td>
<td>85.3</td>
<td>62.6</td>
<td>117.8</td>
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<tr>
<td>25-34</td>
<td>61.1</td>
<td>74.2</td>
<td>30.9</td>
<td>63.5</td>
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<td>45-54</td>
<td>44</td>
<td>61</td>
<td>24.1</td>
<td>11</td>
</tr>
<tr>
<td>55-64</td>
<td>28.5</td>
<td>32.7</td>
<td>7.8</td>
<td>2.8</td>
</tr>
<tr>
<td>65-74</td>
<td>20.4</td>
<td>0</td>
<td>11.9</td>
<td>16.8</td>
</tr>
<tr>
<td>75-84</td>
<td>40.2</td>
<td>37.5</td>
<td>12.9</td>
<td>9.3</td>
</tr>
<tr>
<td>85+</td>
<td>23.6</td>
<td>0</td>
<td>70.4</td>
<td>0</td>
</tr>
</tbody>
</table>

Data: CA DHS, Office of Statewide Health Planning and Development, Hospital Discharge Data, 1997-1999 via San Mateo Disease Control and Prevention Unit.
Safety & Injury Control

Further note the following findings from the 2001 San Mateo County Behavioral Risk Factor Survey:

Fire Safety

⇒ Nearly three-fourths (72.6%) of San Mateo County adults participating in the survey have a fire extinguisher in their homes. 762

⇒ A total of 70.3% of survey respondents have deliberately tested all of the smoke detectors in their home in the past year. 763

⇒ A total of 59.4% of surveyed parents have discussed with their children a specific plan for fire escape from the family home. 764

First Aid & CPR Training

⇒ A total of 54.7% of San Mateo County adult survey respondents relate that they have had first aid or CPR training. These responses are lower among:

  — Hispanics (46.6%)
  — Asians/Pacific Islanders (44.0%)
  — Persons in households with annual incomes <200% poverty (42.0%)
  — Those with a high school education or less (36.8%)
  — Those aged 65 and older (32.3%) 765

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 70.0% 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. Responses were notably higher among older adults, those living at higher income levels, White respondents, and Coastside residents. 766
Have Three Days' Worth of Emergency Food and Water Stored at Home


Note: Asked of all respondents.
Addictions & Substance Use

OVERVIEW

Substance use is the most serious threat 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. Youth drug use is a particular concern: nearly one-half of high schoolers in 1998 report having tried or used marijuana; in 2001, one out of five surveyed parents of children aged 14 to 17 suspect that their child has used alcohol or drugs in the past year.

Substance Abuse

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.

Drug Use

Adult Drug Use

❖ In San Mateo County, 3.6% of adult survey respondents this year acknowledge having taken an illegal drug in the past year, similar to 1998 findings. In San Mateo County, responses were higher among young adults 18 to 39 (7.0%), men (6.8%) and Whites (4.8%), and particularly high among Coastside respondents (9.2%). 767

❖ In San Mateo County in 1999, there were 1,756 felony arrests for drug-related charges, representing over one-third of all felony arrests. Most (83.3%) drug-related felony arrests in the county were among males. 768

768 California Department of Justice. California Criminal Justice Profiles, 1999.
Youth Drug Use

- In a 1998 survey, 52.0% of males in 9th through 11th grades and 43.2% of females in these grades reported having tried or used marijuana ("pot") at some time in their lives.\textsuperscript{769}

- More than 10% of surveyed 9th through 11th graders have also tried or used inhalants, cocaine, crack and other illegal drugs.\textsuperscript{770}

- While fewer San Mateo County high school students drank, smoked cigarettes or smoked marijuana in the past month as compared to the national average, they were more likely to use cocaine. 6% had used cocaine in the past 30 days, compared to 4% statewide and 3.3% nationally.\textsuperscript{771}

- Among surveyed parents of school-aged children, 6.1% suspect that they child has used alcohol or drugs during the past year. This percentage increases to 11.4% among responding parents of children aged 10 to 17 (114 parents responding), and 22.0% among responding parents of children aged 14 to 17 (55 parents responding).\textsuperscript{772}

\textsuperscript{769} 1998 San Mateo County Youth Risk Behavior Survey.
\textsuperscript{770} Ibid.
\textsuperscript{772} 2001 Behavioral Risk Factor Survey. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.
Drugs of Choice

❖ For the drug of choice of clients who sought treatment, the county saw a 21% increase in marijuana users and a 14% increase in methamphetamine users during FY 1999/2000. Increases were also recorded for all other major forms of drugs. 773

Alcohol Abuse

Alcohol Use

Alcohol and drugs are closely associated to a host of social and health problems such as liver disease, early unwanted pregnancy, delinquency, and school failure. Alcohol is a factor in about half of all homicides, suicides, and motor vehicle fatalities. Nationally, Fetal Alcohol Syndrome is the leading preventable cause of birth defects. It has been estimated that one in four American adolescents is at a very high risk of alcohol and other drug use.

Current Drinkers

◆ Two-thirds of surveyed adults (67.1%) are current drinkers; that is, they have consumed at least one alcoholic drink in the month preceding the interview. 774

Chronic Drinkers

◆ A total of 6.1% of San Mateo County adults participating in the 2001 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 1998 findings. This percentage is higher among men (10.6%), Coastside respondents (8.3%), White respondents (8.2%) and those with no postsecondary education (7.7%). 775

Chronic Drinkers, San Mateo County, 1998


Note: Chronic drinkers are those who have had 60 or more alcoholic beverages during the past month.


775 Ibid.
Binge Drinkers

ém A total of 12.7% 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 again similar to the 1998 findings. Binge drinking in San Mateo County is highest among men (20.9%) and young adults (24.3% among those aged 18 to 24). Coastside respondents (16.0%) and persons living above the 400% poverty threshold (16.6%) also show heightened incidence of binge drinking. 776

Binge Drinkers, San Mateo County

![Binge Drinkers Chart]

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 State Data
3. 2000 PRC National Health Survey, Professional Research Consultants
Note: Binge drinkers are those who have had 5 alcoholic beverages on any one occasion during the past month.

Driving Under the Influence (DUI)

ém In 1998, 10 people were killed and 320 were injured in accidents involving alcohol. In all automobile accidents in 1998, 42 people were killed and 5,276 were injured. 777

ém A total of 3,739 DUI arrests were recorded in 1999. Of these, 3,629 were misdemeanors, and 110 were felony arrests. The majority of the DUI arrests occurred in the 30-39 year old age group. There has been a decrease of DUI arrests of 42.1% from 1990 to 1999 (from 6,453 in 1990 to 3,739 arrests in 1999), but this trend is slowing in recent years. 778

ém Juveniles had 44 DUI arrests in 1999, which is 1.2% of the total. However, the juvenile arrest rate has not exhibited the gradual decrease noted in DUI arrests overall. 779

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778 Ibid.
779 Ibid.
Addictions Treatment

Seeking Help for Addictions

❖ A total 3.0% of adults participating in the 2001 survey have ever sought treatment for a drug problem (representing over 16,000 San Mateo County adults). These indications were highest among respondents with less education and lower income levels. Indications were lowest among seniors and Asian respondents. 780

Have Ever Sought Help for a Drug-Related Problem

❖ When asked to rate the ease with which people in the community are able to get help for substance abuse, nearly four out of 10 surveyed adults (37.1%) were uncertain or unable to offer an evaluation. This percentage increases to approximately 50% of seniors. 781

❖ As in 1998, access to substance abuse services received the second-highest “fair/poor” response among San Mateo County respondents overall (27.0%), higher, in fact, than found in 1998. Among the low-income this year, this response increases to 39.5%. From these evaluations, access to these services appears to be declining. 782

Note: Asked of all respondents.

782 Ibid.
Residents Receiving Treatment

- The total number of people treated for alcohol or substance abuse during the 1999/2000 fiscal year showed an unexpected upturn, as the three previous fiscal years posted modest declines or negligible growth.\(^ {783}\)

  - From FY 1998/99 to FY 1999/2000, the total number of unduplicated (counted once, regardless of the number of treatment visits) persons in the county who sought substance abuse treatment increased 11%, compared to a <1% increase between the previous two fiscal years. Substantial increases, demographically reported, are Native Americans (57%), Asian-Americans/Pacific Islanders (46%), Latinos (30%), and patients who sought help only for drug problems (22%).\(^ {784}\)

- Over the past five years, the number of people treated for alcohol or substance abuse has been in fluctuation, so no apparent trend can be established. One reason for the recent increase may be the growing population of the county.\(^ {785}\)

- Proposition 36 (Substance Abuse Crime and Prevention Act of 2000) was approved by 61% of California voters in November 2000. This initiative allows nonviolent drug offenders to receive treatment instead of prison. It allocated $120 million a year to be divided among the 58 counties. Due to this policy change, it is expected that in fiscal year 2001-2002, the Alcohol and Other Drugs Services Department of the San Mateo County Human Services Agency will serve over 1,700 additional clients.\(^ {786}\)

- The Alcohol and Other Drugs Services Department of the San Mateo County Human Services Agency reports that during fiscal year 2000-2001, a total of 4,033 clients entered the treatment system. Approximately one-third (32.9%) of patients received outpatient services, 41.5% received residential detoxification, 22.5% received residential treatment, and 3.1% received intensive day treatment.\(^ {787}\)

- In fiscal year 2000-2001, the average client waiting time for outpatient services was 13 days, 3 days for methadone maintenance, 5 days for methadone detoxification, 1 day for residential detoxification, 22 days for residential treatment, and 16 days for intensive day treatment services.\(^ {788}\)

- In an average month there are 40 people on the waiting list for outpatient services, 8 people for methadone maintenance, 29 people for methadone detoxification, 337 people for

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\(^ {784}\) Ibid.

\(^ {785}\) Ibid.

\(^ {786}\) Human Services Agency of San Mateo County, Alcohol and Drug Services, 2001.


\(^ {788}\) Ibid.
residential detoxification, 365 people for residential treatment, and 16 people for intensive day treatment services.789

Below are the year-end percentages of clients receiving services from the public treatment system who completed services or were referred to a more appropriate level of care:

Outpatient Services: 47%
Residential Detoxification: 75%
Residential Treatment: 59%
Intensive Day Treatment: 44%790

The proportion of African-Americans in San Mateo County represented among total admissions to alcohol and drug treatment programs in 1998 (18.2%) was nearly four times their representation in the county in 1998 (4.7%). Asians/Pacific Islanders were a relatively small percentage of admissions to treatment programs.791

Percent of 1998 Admissions to Alcohol/Drug Programs vs. County Population by Race/Ethnicity, San Mateo County

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>% of Admissions</th>
<th>% of County Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>55.6%</td>
<td>53.5%</td>
</tr>
<tr>
<td>African-American</td>
<td>18.2%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>19.9%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Asian/Pl</td>
<td>3.6%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: State of California, Department of Health Services

790 Ibid.
791 California Department of Health Services.
Substance Abuse Hospitalizations

The following analysis is based on records which included admissions related to short-term toxicity and long-term sequelae of substance abuse. Discharges citing an involvement of tobacco without the presence of other substance use were not included. Readers should note that cost figures understate medical expenses by as much as 50% due to the fact that Kaiser system charges are not included.792

During the 3-year period of 1997-1999, annual average charges exceeded $9.5 million for substance-use related hospitalizations in San Mateo County. This reflects an 8.1% increase in charges compared to the period 1994-1996. During the period 1997-99, an increased proportion of charges was covered by private insurance (45.9%) or Medi-Cal (17.1%), compared to charges from 1994-1996 (36.2%, 8.4% respectively). Coverage by worker’s compensation decreased dramatically during the same time periods (17.1% in 1994-96 vs. 0.3% in 1997-99).793

Substance Use Hospitalization Charges, by Expected Source of Payment*
San Mateo County, 1997-99 vs 1994-96 averages

1997-99 Average Annual Charges
Substance Use Related = $9,575,575
Total Hospitalizations = $1,127,080,832

1994-96 Average Annual Charges
Substance Use Related = $8,856,065
Total Hospitalizations = $826,539,542

Based on a primary diagnosis of substance use or related diagnosis.
Data: CA DHS, Office of Statewide Health Planning and Development, Hospital Discharge Data, via San Mateo Disease Control and Prevention Unit.
*Data does not include charges from Kaiser System or Shriners Hospitals.

792 Healthy San Mateo 2010. San Mateo County Public Health Department, Disease Control & Prevention Unit. March 2002.
793 Ibid.
Substance use related hospitalization rates were higher for males than females in all races and over time. When compared to the average annual rates for 1994-96, average annual hospitalization rates for 1997-99 showed increases for Whites, Hispanics and Blacks.  

Rates of Substance Use-Related Hospitalizations By Race/Sex
San Mateo County, Average Rates 1994-96 vs 1997-99

Based on primary diagnosis of substance use or related diagnosis.
Data: CA DHIS, Office of Statewide Health Planning and Development Patient Discharge Data, via San Mateo Disease Control and Prevention Unit.

For all races, substance use related hospitalization rates were highest for those in the 35 to 54 year old age groups. The hospitalization rates for Blacks 85 and over is unusually high because of the small population in that age group. 795

Annual Substance Use Hospitalizations by Age/Race
San Mateo County, 1997-99 Average

Rate per 100,000

0 100 200 300 400 500 600

0-04 5-14 15-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Age Group

White
Black
Hispanic
Asian/Oth

Based on primary diagnosis of substance use or related diagnosis.
Data: CA DHS, Office of Statewide Health Planning and Development Patient Discharge Data, via San Mateo Disease Control and Prevention Unit.
*This rate is unusually high because of the very small denominator (total number of blacks over 85+).

Mental Health

OVERVIEW

Mental health is a general term used to refer not only to the absence of mental disorders, but also to the ability of an individual to negotiate the daily challenges and social interactions of life without experiencing cognitive, emotional, or behavioral dysfunction. A large proportion of individuals with mental disorders, including those with depression, do not receive treatment. Early identification and specific treatment and rehabilitation measures can significantly reduce the duration and level of disability associated with mental disorders.

In San Mateo County, mental health indicators addressed in the survey are generally comparable or slightly more favorable than national benchmarks. However, the proportion of surveyed adults reporting bouts of prolonged depression increased considerably between 1998 and 2001. Further, area residents are often uncertain how to access mental health services, or see it as difficult.

Mental Health Status

Mental Health Status Indicators

Survey findings reveal the following data relating to the mental health of San Mateo County residents.

Days of Poor Mental Health

Surveyed adults report an average of 2.2 days in the month preceding the interview on which their mental health was not good. Those living below the 200% poverty threshold express the highest average number of days (3.3) of poor mental health per month. 796

History of Mental Health Problems

A total of 5.7% of surveyed adults have a history of mental or emotional illness, representing approximately 31,000 county residents. 797

797 Ibid.
**Depression**

- Over one-fourth of surveyed adults (29.8%) report experiencing some degree of difficulty in their lives with feelings of isolation or loneliness. These indications were highest among lower-income respondents, young adults and North County residents.  

**Experience Some Degree of Difficulty With Feelings of Isolation or Loneliness**

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>HS/Less</th>
<th>&lt;200% Pov</th>
<th>200%-400%</th>
<th>&gt;400% Pov</th>
<th>White</th>
<th>Asian</th>
<th>North</th>
<th>Mid-Co.</th>
<th>South</th>
<th>SMC</th>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>31.3%</td>
<td>28.6%</td>
<td>29.2%</td>
<td>25%</td>
<td>33%</td>
<td>28.8%</td>
<td>29.6%</td>
<td>27.9%</td>
<td>29.8%</td>
<td>30.9%</td>
<td>32.9%</td>
<td>32.2%</td>
<td>28.3%</td>
<td>29.8%</td>
<td></td>
</tr>
</tbody>
</table>


Note: Asked of all respondents.

- In San Mateo County in 2001, surveyed adults report an average of 2.5 days in the month preceding the interview on which they felt sad, blue or depressed. Persons with lower incomes averaged about 4.5 days of depression in the month preceding the interview.  

- One out of four surveyed adults (25.4%) reports 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. This proportion is significantly higher than the 19.5% reported in 1998.  

- This year in San Mateo County, the proportion of those who have experienced two or more years of depression increases to more than 30% among persons living below the 200% poverty threshold, Hispanic respondents, persons with no postsecondary education, and North County respondents.
Stress & Lack of Sleep

✦ A total of 7.9% of survey respondents report experiencing high stress on a daily basis. Perceptions of high stress are strongly correlated with income level; perceptions of “high” daily stress are more prevalent among those with higher incomes. 802

✦ Surveyed adults report an average of 3.9 days in the month preceding the interview on which they were worried, tense, or anxious. Days of anxiety increase to about 5.4 among persons with lower income levels. 803

✦ Over one-fourth of surveyed adults (27.4%) report experiencing some degree of difficulty in their lives with fear, anxiety or panic (“extreme,” “quite a bit,” “a moderate amount” or a “little” difficulty). 804

✦ 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. Young adults (under 40) report a greater number of days of poor rest or sleep, as do respondents with higher incomes, White respondents and Coastside residents. 805

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803 Ibid.
804 Ibid.
805 Ibid.
Average Number of Days in Past Month That Respondents Did Not Get Enough Sleep or Rest

Note: Asked of all respondents.

Seeking Help for Mental Health Issues

While just under 6% of surveyed adults report that they have a “history” of mental or emotional illness, more than one-fourth (27.5%) have sought some type of professional help for a mental or emotional problem (such as depression, stress, and anxiety). This figure increases to 48.5% among respondents who have experienced two or more years of depression, to 81.3% among those reporting a history of mental problems, and to 41.8% among respondents reporting high daily stress levels.\(^\text{806}\)

Self-Reported History of Mental or Emotional Problems

Note: Asked of all respondents.

Appendices
Post-September 11th Survey Administration

Certainly, the tragic events of September 11, 2001, have impacted us in San Mateo County, as they did communities across the country. Because the survey research which contributed to this Community Assessment report was conducted in the Summer of 2001, the Healthy Community Collaborative of San Mateo County believed it was necessarily to conduct a follow-up survey to test what changes had occurred in selected survey indicators after September 11.

Thus, a focused survey instrument was developed and administered to 400 random adults in San Mateo County in February 2002. This survey addressed topics which were likely to be most impacted by the recent events (e.g., such perceptions of the economy, mental health, relationships and support, etc.).

The following section compares survey results between the pre- and post-September 11th administrations.

Overview

In comparing the two survey administrations, the key areas for which statistically significant differences were noted include:

- **Mental Health.** A significantly greater share of respondents surveyed after September 11th noted “high/moderate” stress levels on a typical day. Further, a significantly greater share reported experiencing worry, tension or anxiety in the previous month.

- **Relationships.** San Mateo County adults surveyed following September 11th reported greater difficulty in their relationships with family members.

- **Economy.** Perceptions of the strength and growth of the local economy deteriorated further after September 11th.

- **Community Life.** On a positive note, a greater number of adults surveyed after September 11th report feeling “very connected” to their community. Perceptions of race/cultural relations also improved, as did perceptions of neighborhood crime control.

Health Status

Most health status indicators tested in the follow-up survey (February 2002) produced results statistically similar to those found in the Summer of 2001. Exceptions include:

- 53.0% of San Mateo County adults in February 2002 reported that they experience a “high” or “moderate” stress levels on a typical day (significantly higher than the 44.2% reported in August 2001).
More than two-thirds (67.9%) report one or more days in the preceding month on which they felt worried, tense or anxious (significantly higher than the 62.2% reported in August 2001). In the latest administration, the responses averaged to 4.6 days of worry, tension or anxiety in the past month (versus an average of 3.9 among respondents in August 2001).

Health Status

While the proportion of adults reporting days of depression in the previous month remained stable, a smaller share reported ever experiencing prolonged depression (18.6% versus 25.4% in August 2001).

Respondents in February 2002 reported an average of 20.1 days in the previous month on which they felt healthy and full of energy (similar to the 19.1 days reported in August 2001).

Exercise levels appear to be similar between August 2001 and February 2002.

Difficulties With Daily Life

In testing respondents’ difficulties with daily life, the following difference was found to be statistically significant:

A significantly greater share of respondents in February 2002 reported some degree of difficulty in their relationships with family members (38.9%, versus 29.3% in August 2001).
The importance of spirituality in respondents’ lives appears to be unchanged: in August 2001, 79.5% of San Mateo County adults stated that spirituality is “very/somewhat” important in their lives, similar to the 80.8% reported in February 2002.

Tobacco/Alcohol Use

The proportion of adults who had had at least one alcoholic drink in the previous month decreased in the latest survey (61.4% versus 67.1% in August 2001).
Community Life

Tested indicators about community life yielded some positive findings:

- Since August 2001, the proportion of adults who feel “very connected” to the community has improved (increasing from 18.2% to 24.8% in February 2002).
- San Mateo County adults offer improved evaluations of tolerance of people of different races or cultural backgrounds (56.4% “excellent/very good” in February 2002, versus 48.9% in August 2001).
- Neighborhood safety, security and crime control are perceived to be improved (65.7% “excellent/very good” in February 2002, versus 59.9% in August 2001).

![Perceptions of Community Life graph]

Notes: Asked of all respondents.

Economy & Employment

- Perceptions of the strength and growth of the local economy worsened significantly since August 2001 (19.9% “excellent/very good” in February 2002, versus 30.0% in August 2001). Keep in mind that the August 2001 results already represented a significant deterioration from the survey administered in 1998.
- Interestingly, no significant changes were noted in perceptions of local employment opportunities or changes in personal financial situations (although these, too, had deteriorated significantly between 1998 and the August 2001 survey).
Economy and Employment

Local Economy "Excellent/Very Good"
Employment Opportunities "Excellent/Very Good"
Family Financially "Better Off" Than Year Ago

Notes: Asked of all respondents.
Survey Question Guide: Behavior Risk Factor Survey

Questions 1-11 are administrative variables used internally for sample selection and geographic designation.

HEALTH STATUS

12. Would you say that in general your health is excellent, very good, good, fair or poor? (See page 170.)
13. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (See page 171.)
14. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (See page 171.)

ACCESS TO HEALTH SERVICES

15. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (See page 186.)
16. What type of health care coverage do you use to pay for most of your medical care? (See page 186.)
17. There are some types of coverage you may not have considered. Please tell me if you have any coverage through: (See page 186.)
18. During the past 12 months, was there any time that you did not have any health insurance or coverage? (See page 187.)
19. About how long has it been since you had health care coverage? (See page 187.)
20. Now I am going to ask you some questions about the health care you receive. How would you rate your satisfaction with your overall health care? Would you say excellent, very good, good, fair or poor? (See page 167.)
21. Is there a doctor’s office or clinic you regularly go to for medical care? (See page 174.)
22. What is the main reason you do not have a usual source of medical care? (See page 174.)
23. Thinking of the distance or time you travel to get to the place you usually go for medical care, how would you rate the convenience of that place? Would you say excellent, very good, good, fair or poor? (See page 174.)
24. Is there one particular doctor or health professional who you usually go to when you need routine medical care? (See page 174.)
25. When did you last change doctors? (See page 175.)
26. Why did you change doctors? (See page 175.)
27. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (See page 191.)
28. Was there a time during the last 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment? (See page 192.)
29. About how long has it been since you last visited a doctor for a routine checkup? (See page 176.)
30. Do you have any kind of dental insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Health Plan of San Mateo/MediCal? (See page 178.)
31. Do you or does a family member have dental problems that you can not take care of because of lack of insurance? (See page 178.)
32. About how long has it been since you last visited a dentist for a routine check-up? (See page 176.)
33. When was the last time you had an eye exam? (See page 179.)
34. In the past year, have you used any type of alternative or complementary health care, such as chiropractic, acupuncture, massage therapy, etc? (See page 179.)
35. What type of complementary medicine was that? (See page 179.)

CHRONIC ILLNESS

Would you please tell me if you have ever suffered from or been diagnosed with any of the following medical conditions:
36. Chronic Lung Disease, Including Bronchitis or Emphysema? (See page 259.)
37. Blindness or Trouble Seeing, Even When Wearing Glasses? (See page 259.)
38. Deafness or Trouble Hearing? (See page 259.)
39. Ulcer or Gastrointestinal Bleeding, Other Than Hemorrhoids? (See page 259.)
40. Arthritis or Rheumatism? (See page 259.)
41. Sciatica or Chronic Back Pain? (See page 259.)
42. Heart Disease, Such as Congestive Heart Failure, Angina, or a Heart Attack? (See page 259.)
43. Stroke? (See page 259.)
44. Kidney Disease? (See page 259.)
45. Cancer? (See page 259.)

ASThma

46. Have you ever been told by a doctor that you have asthma? (See page 260.)
47. Have you taken a prescription medication for asthma in the past year? (See page 260.)

DIABETES

48. Have you ever been told by a doctor that you have diabetes? (See page 260.)

HYPERTENSION

49. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (See page 254.)
50. Has a doctor, nurse or other health care professional told you more than once that you have hypertension or high blood pressure? (See page 254.)
51. Are you currently taking medication to help control your high blood pressure? (See page 254.)
52. Are you currently exercising or changing your diet to help control your high blood pressure? (See page 254.)

CHOLESTEROL

53. Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked? (See page 255.)
54. Has a doctor, nurse or other health care professional ever told you that you have high cholesterol? (See page 255.)
55. Are you currently taking medication to help lower your blood cholesterol level? (See page 255.)
56. Are you currently exercising or changing your diet to help lower your blood cholesterol level? (See page 255.)

INJURY CONTROL

57. How often do you use seat belts when you drive or ride in a car? Would you say always, sometimes, seldom or never? (See page 286.)
58. Do you have a fire extinguisher in your household? (See page 297.)
59. When was the last time you or someone else deliberately tested all of the smoke detectors in your home? (See page 297.)
60. Have you ever had first aid or CPR training? (See page 297.)
61. The next questions are about safety and the availability of firearms, which can sometimes lead to injury. Firearms include pistols, shotguns, rifles, and other types of guns. This does not include starter pistols, BB guns, or guns that cannot fire. Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? (See page 290.)
62. Are all firearms kept in locked places, such as locked drawers, cabinets, or closets? (See page 290.)
63. Do you have three day’s worth of emergency food and water stored at home? (See page 297.)

TOBACCO USE

64. Have you smoked at least 100 cigarettes in your entire life? (See page 239.)
65. Do you smoke cigarettes now? (See page 239.)
66. On the average, about how many cigarettes a day do you now smoke? (See page 239.)
67. Has your doctor or health care provider ever referred you to a program to help you quit smoking? (See page 239.)
68. Do you or does another member of your household currently smoke in your home? (See page 239.)
69. Do you currently use other tobacco products such as cigars, pipes, chewing tobacco or snuff? (See page 239.)

ALCOHOL CONSUMPTION

70. The next few questions are about alcohol use. For these questions, keep in mind that a drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past month, on how many days did you drink any alcoholic beverages, such as beer, wine, wine coolers or liquor? (See page 302.)
71. On the day(s) when you drank, about how many drinks did you drink? (See page 302.)
72. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (See page 302.)

DRUG USE

73. During the past year, have you used an illegal drug? (See page 299.)
74. Have you ever sought professional help for a drug-related problem? (See page 299.)
75. Do you know where to access treatment for a drug-related problem if you or someone in your family needed it? (See page 299.)
DEMOGRAPHICS

76. Age.
77. Hispanic.
78. Race/Ethnicity. FIRST Mention.
79. Race/Ethnicity. SECOND Mention.
80. Were you born a United States citizen?
81. How many years have you been living in the U.S.?
82. Marital Status.
83. Sexual Orientation.
84. What is the highest grade or year of school you have completed?
85. Employment Status.
86. In the past year, how many days have you missed from work due to personal illness?
87. About how much do you weigh without shoes? (See page 256.)
88. About how tall are you without shoes? (See page 256.)
89. How much would you like to weigh? (See page 256.)

WOMEN’S HEALTH

90. A mammogram is an x-ray of the breast to look for cancer. How long has it been since you had your last mammogram? (See page 245.)
91. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. How long has it been since you had your last clinical breast exam? (See page 245.)
92. Do you know how to perform a breast self exam? (See page 245.)
93. How often do you perform a breast self exam? (See page 245.)
94. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear? (See page 248.)
95. Have you had a hysterectomy, that is, an operation to remove the uterus/womb? (See page 248.)

MEN’S HEALTH

96. A prostate-specific antigen (or PSA) exam is a test for prostate cancer in men. How long has it been since you had your last PSA test? (See page 249.)
97. Has your father or brother been diagnosed and/or treated for prostate cancer? (See page 249.)

IMMUNIZATION

98. During the past 12 months, have you had a flu shot? (See page 225.)
99. Have you ever had a pneumonia vaccination? (See page 225.)

COLORECTAL CANCER SCREENING (AGES 50 AND OLDER)

100. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. When did you have your last digital rectal exam? (See page 241.)
101. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. When did you have your last blood stool test? (See page 241.)
102. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. When did you have your last sigmoidoscopy or proctoscopy? (See page 241.)

AIDS KNOWLEDGE AND TESTING (AGES 18-64)

103. What are your chances of getting the AIDS virus? Would you say high, medium, low or none? (See page 268.)
104. Do you personally know someone who has been infected with the AIDS virus? (See page 268.)
105. Except for donating or giving blood, have you ever had your blood tested for the AIDS virus infection? (See page 269.)
106. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (See page 270.)

HEPATITIS C

107. Except for donating or giving blood, have you ever had your blood tested for Hepatitis C? (See page 279.)

TEEN PREGNANCY AND SEXUALITY

108. Which of the following do you think would be most useful in preventing teen pregnancies? (See page 213.)
109. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (See page 213.)

NUTRITION

110. Generally speaking, do you read food labels to help you make decisions about which foods to select? (See page 242.)
111. Overall, when you think about the foods you eat, would you say your diet is high, medium, or low in fat? (See page 242.)
112. How many servings of fruit do you usually eat per day? (See page 242.)
113. How many servings of vegetables do you usually eat per day? (See page 242.)

EXERCISE

114. The next few questions are about exercise, recreation, or physical activities other than your regular job duties. What type of physical activity or exercise did you spend the most time doing during the past month? (See page 253.)
115. How many days per week or per month do you do vigorous activities that cause heavy sweating or large increases in breathing or heart rate for at least 10 minutes? (See page 253.)
116. And when you took part in vigorous physical activity, for how many minutes did you usually keep at it? (See page 253.)

WEIGHT CONTROL

117. Are you now trying to lose weight? (See page 256.)
118. Are you currently watching the amount of fat or calories you eat to lose weight? (See page 256.)
119. Have you increased your physical activity to lose weight? (See page 256.)
RELATIONSHIPS AND SUPPORT

To what extent are you experiencing difficulty in the area of:
120. Relationships With Family Members? (See page 121.)
121. Getting Along With People Outside of the Family? (See page 121.)
122. Isolation or Feelings of Loneliness? (See page 121.)
123. Being Able to Feel Close to Others? (See page 121.)
124. Fear, Anxiety or Panic? (See page 121.)
125. Controlling Temper, Outbursts, Anger or Violence? (See page 121.)
126. Feeling Satisfaction With Your Life? (See page 121.)
127. In the past month, how often have you had someone you could turn to if you needed or wanted help? (See page 122.)
128. Do you have a priest, minister, rabbi, or other person you can turn to for spiritual support when needed? (See page 122.)
129. How important is spirituality in your life? (See page 122.)

MENTAL HEALTH

130. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (See page 310.)
131. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes? (See page 311.)
132. Do you have a history of problems with mental or emotional illness? (See page 310.)
133. On a typical day, would you say that your stress level is: (See page 312.)
134. Have you ever sought help from a professional for a mental or emotional problem? (See page 310.)
135. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (See page 312.)
136. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (See page 312.)
137. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (See page 312.)
138. During the past 30 days, for about how many days have you felt very healthy and full of energy? (See page 170.)

ACTIVITY LIMITATIONS

139. These next few questions are about limitations you may have in your daily life. What is the major impairment or health problem, if any, that limits your activities? (See page 172.)
140. For how long have your activities been limited because of your major impairment or health problem? (See page 172.)
141. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (See page 172.)
142. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (See page 172.)
143. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (See page 172.)

144. What type of developmental disability, if any, do you or does someone in your family have? (See page 173.)

145. And, how old is this person? (See page 173.)

HEALTH CARE INFORMATION

146. Where do you get most of your healthcare information? (See page 182.)

147. Total Family Household Income.

148. Neighborhood.

CHILDREN'S HEALTH

149. Number of Children: Less Than 6 Years Old.

150. Number of Children: 6 Through 13 Years Old.

151. Number of Children: 14 Through 17 Years Old.

152. Age.

153. Have you discussed with your child a specific plan for how you would escape from your house or apartment in case of fire? (See page 297.)

154. About how long has it been since your child visited a dentist for a routine check-up? (See page 177.)

155. About how long has it been since your child last visited a doctor for a routine checkup? (See page 176.)

156. Do you have a regular place you take your child for medical check-ups? (See page 175.)

157. In the past year, were you unable to take your child to a doctor or health care facility because you did not have transportation? (See page 193.)

158. In the past year, were you unable to take your child to a doctor or health care facility because you did not have health insurance or could not afford it? (See page 192.)

159. Have you ever been told that your child has asthma? (See page 261.)

160. Has your child received urgent care or been hospitalized for breathing problems or asthma in the past year? (See page 261.)

161. Does your child need any type of special equipment to breathe, eat, walk or communicate? (See page 212.)

162. Which of the following statements most closely reflects your situation? (See page 212.)

163. Is your child receiving any special services, therapies or early interventions for speech, physical or sensory problems? (See page 212.)

164. How often does your child wear a child restraint or seat belt when riding in a car? (See page 287.)

165. In the past year, how often has this child worn a bicycle helmet when riding a bicycle? (See page 287.)

166. Have you ever talked with your child about issues of relationships and sexuality? (See page 213.)

167. To the best of your knowledge, is your child sexually active? (See page 221.)

168. Now thinking about your youngest child, did you or anyone else in your household smoke during the pregnancy? (See page 204.)
Survey Question Guide: Quality of Life Survey

Questions 1-11 are administrative variables used internally for sample selection and geographic designation.

QUALITY OF LIFE

12. Overall, how would you describe your community as a place to live? (See page 105.)
13. Compared to the nation as a whole, would you say that living in your community is excellent, very good, good, fair or poor? (See page 68.)
14. Over the next few years, do you think that living in your community will improve or get worse? (See page 68.)
15. Do you believe that you, as an individual, are able to affect the quality of life in your community? (See page 69.)
16. How connected do you feel to your community? Would you say very connected, somewhat connected or not very connected? (See page 69.)
17. How would you rate community pride in the area? Would you say excellent, very good, good, fair or poor? (See page 70.)
18. What do you like best about living in your community? (See page 71.)
19. What do you feel is the number-one problem facing your community today? (See page 71.)

FAMILIES, CHILDREN, & CHILDREN’S EDUCATION

20. How would you describe your community as a place to raise a family? Would you say excellent, very good, good, fair or poor? (See page 72.)
21. What do you feel is the number-one problem facing your family today? (See page 73.)
22. Do you know about the 40 Developmental Assets for Youth Initiative?
23. What do you feel is the number-one problem facing seniors in your community today? (See page 72.)

SOCIAL ENVIRONMENT

24. Overall, how would you rate the social environment in your community, meaning the friendliness of its people, the way people respect and help one another, and the willingness of people to work for the good of the community? (See page 117.)
25. In the past month, how often have you had someone you could turn to if you needed or wanted help? (See page 121.)
26. Do you have a priest, minister, rabbi or other person you can turn to for spiritual support when needed? (See page 72.)
27. Now I would like to ask you how fair you think things are for people like you in your community right now. Do you think a person in your community from the same background as you has (a great deal more, somewhat more, about the same/fewer or far fewer) opportunities now than in the past? (See page 117.)
28. How would you rate tolerance in your community for people of different races or cultural backgrounds? (See page 119.)
29. How would you rate tolerance in your community for people with different viewpoints or lifestyles? (See page 120.)
30. In the past year, have you volunteered any time to charitable causes, organizations or events? (See page 124.)
31. About how many hours did you volunteer in the past year? (See page 124.)
32. In the last twelve months, approximately how much money and/or property, in total dollars, have you and members of your household contributed to charitable organizations, not including religious organizations? (See page 123.)
33. How would you recommend that community services be made more accessible? (See page 152.)

**HEALTH**

34. What do you feel is the number-one health concern in your community today? (See page 169.)
35. How would you rate the health care available in your community? (See page 167.)
36. Would you say that, in general, your health is excellent, very good, good, fair or poor? (See page 170.)
37. And how would you rate how easy it is or the ease with which you are able to get the health care services you need? (See page 184.)
38. How would you rate how easy it is or the ease with which people in your community are able to get: Mental Health Services? (See page 185.)
39. How would you rate how easy it is or the ease with which people in your community are able to get: Help for Substance Abuse? (See page 185.)
40. How would you rate how easy it is or the ease with which people in your community are able to get: Child Health Services? (See page 185.)
41. How would you rate how easy it is or the ease with which people in your community are able to get: Dental Care? (See page 185.)
42. How would you rate how easy it is or the ease with which people in your community are able to get: Vision Care? (See page 185.)
43. And how many times in the past year have you gone to a hospital emergency room for medical care? (See page 181.)
44. Was there a time during the last 12 months when: You Had Difficulty Getting in To See a Doctor? (See page 189.)
45. Was there a time during the last 12 months when: You Needed to See a Doctor, But Could Not Because of the Cost? (See page 191.)
46. Was there a time during the last 12 months when: You Needed to Purchase a Medication, But Could Not Because of the Cost? (See page 192.)
47. Was there a time during the last 12 months when: A Lack of Transportation Made it Difficult or Prevented You From Seeing a Doctor or Making a Medical Appointment? (See page 192.)
48. Was there a time during the last 12 months when: You Needed to See a Doctor, But Could Not Because the Office Hours Were Not Convenient? (See page 189.)
49. Where do you usually go when you need medical or health care? (See page 185.)
50. Where do you usually go for health information? (See page 182.)
51. Within the past 12 months, have you received any kind of therapy or treatment from someone other than a physician or nurse? (See page 179.)
52. What kind of care was that? (See page 179.)
53. What type of health care coverage do you use to pay for most of your medical care? (See page 186.)
54. About how long has it been since you had health care coverage? (See page 187.)
Do you have any kind of insurance coverage that pays for some or all of your routine dental care? (See page 178.)

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, about how long has it been since you last visited a dentist or dental clinic? (See page 176.)

GOVERNMENT

Would you say that you trust local government to work for the best interest of your community? (See page 151.)

How would you rate the ease with which you are able to get social services in your community? (See page 152.)

Do you currently receive any type of government assistance? (See page 107.)

What type of assistance do you receive most? (See page 107.)

Does your family have enough food available on a regular basis? (See page 110.)

Have you gone to a food bank or received free meals provided by churches or other organizations in the past year? (See page 111.)

How would you rate the availability of grocery stores within your own community? (See page 112.)

THE ECONOMY & EMPLOYMENT

Overall, how would you rate the strength and growth of the local economy? (See page 56.)

How would you rate the employment opportunities that exist in this area? (See page 61.)

Employment Demographic 1

Employment Demographic 2

How would you characterize your occupation? (See page 58.)

How many hours a week do you work? (See page 58.)

How many miles do you travel to get to work one way? (See page 145.)

And how many minutes does it take you to travel to work one way? (See page 145.)

Does your job offer health benefits? (See page 188.)

Does your employer offer health benefits to employee dependents? (See page 189.)

Do you need additional work skills or job training? (See page 62.)

In the past year, have you attended any work-related training classes? (See page 63.)

Overall, how would you rate your personal or your family’s financial situation, in terms of being able to afford adequate food and housing, and to pay the bills you currently have? (See page 67.)

Would you say that you and your family are financially (Insert Responses), now compared to a year ago? (See page 67.)

Total Family Household Income.

Primary Source of Income.

TRANSPORTATION

Overall, would you say that public transportation in your community is excellent, very good, good, fair or poor? (See page 150.)

If you needed to, do you think you could rely on public transportation to get you to work, appointments, and shopping? (See page 150.)
82. Would you say that the roads and highways in your community are excellent, very good, good, fair or poor? (See page 144.)

83. And how would you describe traffic flow in your community in terms of being free of congestion? (See page 146.)

**HOUSING**

84. Overall, how would you rate the availability of affordable housing in your community? (See page 131.)

85. How would you rate the availability of programs and shelters available for the homeless in your community? (See page 126.)

86. Has there been any time in the past two years when you were living on the street, in a car, or in a temporary shelter? (See page 125.)

87. Because of an emergency, have you had to go live with a friend or relative in the past two years, even if this was only temporary? (See page 125.)

88. To limit your expenses, do you share housing costs with someone other than a spouse or partner? (See page 134.)

89. In the past year, have you or has a family member seriously considered leaving the county because of the cost of living? (See page 64.)

90. Home Ownership. (See page 134.)

91. How long have you lived in your home or apartment? (See page 134.)

92. Overall, how would you describe the condition of the homes in your neighborhood? (See page 129.)

93. Neighborhood Name.

**PHYSICAL ENVIRONMENT**

94. Overall, how would you rate the physical environment in your community, in terms of having clean streets and yards, and attractive neighborhoods and buildings? (See page 137.)

95. Do you or does someone in your household have difficulty with breathing problems, asthma, allergies, or sinus problems due to dust or smog? (See page 143.)

**COMMUNITY SAFETY**

96. Overall, how would you rate the safety, security, and crime control in your neighborhood? (See page 158.)

97. Over the past year or two, do you think that the problem of crime in your neighborhood has been getting better or worse? (See page 159.)

98. How would you rate the safety and security you feel walking in your neighborhood? (See page 158.)

**ADULT EDUCATION & ENRICHMENT**

99. How would you rate the job the colleges and community colleges are doing to prepare students for future employment in their fields of training? (See page 93.)

100. How would you rate the adult educational opportunities for residents in your community? (See page 92.)

101. In the past year, have you used a local public library? (See page 93.)

102. Do you currently have a computer in your household? (See page 94.)
103. Have you used the Internet to access health care information in the past year? (See page 183.)
104. If you were actually able to obtain health care services through the Internet, how likely would you be to use this type of service? (See page 183.)

RECREATION & ENTERTAINMENT

105. How would you rate the variety of arts and cultural offerings in your community? (See page 156.)
106. How would you rate the availability of recreational facilities, activities, and entertainment offerings in this community? (See page 154.)
107. How would you rate the availability of outdoor recreational options available to community residents? (See page 154.)
108. In the past year, did you visit a local park or make use of any public recreational facility? (See page 155.)
109. And how would you rate the availability of recreational facilities, activities, and programs designed specifically for the youth in this community? (See page 156.)
110. Do you agree or disagree that there should be some type of organized activity for children and teens after school every day? (See page 98.)

DEMOGRAPHICS

111. Age.
112. Do you currently have any older dependents, such as parents, aunts, or uncles living in your household because they are unable to live alone? (See page 105.)
113. Are you or your spouse the primary caregiver for a grandchild or great grandchild? (See page 74.)
114. Do you currently live in the home of one of your adult children, grandchildren, or other relative? (See page 105.)
115. In order to remain safely in your own home, do you need part or full-time assistance from a paid caregiver or paid or unpaid family member or friend? (See page 105.)
116. How long have you lived in this community? (See page 50.)
117. Why did you choose to live in this community? (See page 50.)
118. Marital Status.
119. Sexual Orientation.
120. Hispanic Origin.
121. Race. FIRST Mention.
122. Race. SECOND Mention.
123. Language.
124. Were you born a U.S. citizen? (See page 53.)
125. How long have you been living in the United States? (See page 53.)
126. What is the highest grade or year of school you have completed? (See page 92.)
127. Number of Children.

CHILDREN'S ISSUES

128. Child Age.
129. How would you rate the amount of time you spend with your child? (See page 74.)
130. How would you rate how well you are able to manage your child’s behavior? (See page 73.)
131. During the last 12 months has your child been in a physical fight? (See page 222.)
132. Have you ever attended any parenting classes or parent support groups? (See page 73.)
133. In the past 12 months, have you been taught about parenting and/or received parenting support from ______________? (See page 73.)
134. How many hours a day would you say your child watches television, videos, or video games? (See page 210.)
135. What type of child care arrangements do you use most for this child? (See page 96.)
136. Who supervises your child after school? (See page 97.)
137. Has this arrangement made it easier for you to accept a job? (See page 97.)
138. Has this arrangement made it easier for you to keep a job? (See page 97.)
139. Has this arrangement made it easier for you to accept a better job? (See page 97.)
140. Has this arrangement made it easier for you to attend education or training? (See page 97.)
141. What type of school does your child attend? (See page 77.)
142. How would you rate the education your child receives? (See page 75.)
143. Does your child receive reduced price or free lunch at school? (See page 112.)
144. How well do you think public schools in your community prepare our children for college or facing the job market? (See page 75.)
145. How would you rate local public schools as safe environments for the education of our children? (See page 89.)
146. Do you suspect that your child has used alcohol or drugs during the last 12 months? (See page 300.)
147. Has your child ever been tested for learning disabilities? (See page 89.)
148. Was your child found to have any learning disabilities? (See page 89.)