# Table of Contents

Methodology .................................................................................................................................................. 1  
Employment and Fiscal Outlook .................................................................................................................. 2  
Government Assistance ............................................................................................................................... 5  
Housing, Household Overcrowding, and Homelessness ............................................................................. 8  
Healthcare Access ...................................................................................................................................... 12  
Cardiovascular/Physical Health Risk .......................................................................................................... 16  
Traffic and Congestion ................................................................................................................................. 20  
Crime, Safety, and Tolerance ......................................................................................................................... 22  
Hunger .......................................................................................................................................................... 25  
Children and Childcare ................................................................................................................................. 27  
Mental Health ............................................................................................................................................... 31  
Household Safety ....................................................................................................................................... 34  
Smoking ....................................................................................................................................................... 36
Methodology

The statistical data presented in the Neighbors in Need reports reflect a point-in-time study of San Mateo County residents. Using a phone survey as the data collection tool enabled a high response rate and assured statistically valid representation of the following identified sample groups.

San Mateo County General Population
In June 2001, two samples were drawn for this study, a general population sample and a sample of Human Services Agency (HSA) clients. All surveys were conducted randomly over the telephone. 1,453 respondents in the general population completed the Behavioral Risk Factor Survey (BRFS); 1,411 respondents in the general population completed the Quality of Life Survey (QOL). In order to achieve greater statistical representativeness, surveys were “weighted” by several key demographic and geographic characteristics. Once weighted, results for both surveys were represented by 1,050 responses in the general population sample.

Low-Income
For purposes of this study, “low-income” is defined as income at or below 400% of the Federal Poverty Level (FPL). San Mateo County has a very high cost of living; therefore, the concept of low-income was expanded. At the time of the survey, HSA estimated that a family of three (one parent, one infant, and one school-aged child) would need to have an income of $63,489 to remain self-sufficient; 400% of the FPL for a family of three was $57,076.

Human Services Clients Below 400% of the FPL
600 telephone surveys of HSA clients were randomly conducted based upon telephone numbers supplied by HSA. The HSA client sample is not intended to be statistically representative of the County, but representative of the HSA client population; therefore, the 600 HSA client surveys (300 BRFS, 300 QOL) conducted were not weighted. To control for surveys that may have been completed by non-HSA clients (e.g., a changed phone number, a non-eligible roommate/family member completing the survey), respondents who did not report an income or reported an income over 400% of the FPL were excluded from the analysis. 168 HSA clients completed the BRFS, 173 HSA clients completed the QOL.

Questions regarding report material should be directed to James Miller, Human Services Agency, Research Analyst (650) 802-7980. Additional reports may be obtained by contacting Natasha Quinn, Human Services Agency, Research Analyst (650) 802-5101. All reports are available in electronic format upon request.

[i] The methodology was derived from the “2001 Community Assessment: Health and Quality of Life in San Mateo County” and HSA gratefully acknowledges the contribution of the Healthy Community Collaborative of San Mateo County and Professional Research Consultants, Inc.
In 2001, the Healthy Community Collaborative of San Mateo County and the Human Services Agency (HSA) commissioned a telephone survey of over 2,800 San Mateo residents and 600 HSA clients to better understand Health and Quality of Life in the County. Analyses of these surveys suggest many areas of need identified by the low income population in these specific target areas:

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- Smoking

This paper compares differences in need and perceptions of economic issues between the general population, people with higher incomes, people with lower incomes, and HSA clients.

**Employment**

About two-thirds (65.7%) of San Mateo County’s adults were employed. Not surprisingly, residents with higher incomes (76.7%) were significantly more likely to be employed than residents with lower incomes (57.1%). At a rate significantly lower than the low income population, nearly half of HSA clients (48.8%) reported that they were employed.

Nearly one-quarter (22.6%) of HSA clients who were unemployed reported they were unable to find work. It is much harder for HSA clients to find employment due to a wide variety of barriers including physical and/or mental disability, child care needs, lack of education, English as a second language, and geographic isolation.

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**Footnote:** People with “higher incomes” make more than 400% of the Federal Poverty Level (FPL); people with lower incomes make less than 400% of the FPL; HSA clients participating in a financial assistance and/or publicly funded health insurance program. At the time of the survey, 400% of the FPL for a family of three was $57,076, well below the HSA Family Self-Sufficiency standard of $63,489.
Fiscal Outlook
Nearly half of the low income population (47.0%) described their personal or family financial situation as “fair” or “poor”. This was nearly four times the rate of dissatisfaction expressed by people in the higher income category. HSA clients (42.8%) fared slightly better than the low income population; this may be attributed to the additional support services these clients receive while participating in HSA economic assistance/self sufficiency programs. Approximately 18.3% of the respondents reported that they were financially worse off than they were the year before. This response was most prevalent among the low-income population (24.0%).

Discussion
At the time of the survey, San Mateo County’s unemployment rate was 2.9%; in December 2002 unemployment had increased to 4.5%. The economic downturn in San Mateo County affects families at all income levels; the hardest hit are the low income population and HSA clients. With the County’s largest employers in financial hardship, proactive measures are essential to sustaining economic stability. Through ongoing collaborative efforts with community and business partners, HSA continues to support programs and initiatives that encourage economic self-sufficiency, family strength and community capacity building.

San Mateo County (SMC), along with several local counties and community partners, collaborated to obtain several federally funded employment training grants over the past year. The grants include:

- The Airport Project, a $2.5 million award from the Governor’s Discretionary Funds, to provide new skills and retraining to more than 500 dislocated workers laid-off by the airline and related travel industries. Partners in the project include San Mateo County Central Labor Council, Employment Development Department, San Mateo College District and several other community agencies. A satellite PeninsulaWorks site was established near the San Francisco Airport to make resources more readily accessible to the target population of displaced workers.

- SMC Workforce Investment Board collaborated with nine counties and twelve regional Workforce Investment Boards to obtain a grant totaling 7.2 million dollars for the Regional Technologies Employment Consortium Project (RE-TEC). This project will provide employment and training services to 900 workers affected by business closures and layoffs in the high tech industry. Services will include core, intensive and training services, in addition to co-enrollment in Workforce Investment Act services. San Mateo County is responsible for serving approximately 100 displaced workers in achieving re-employment.

- The Caregiver Training Initiative (CTI) was a San Mateo County Workforce Investment Board (WIB) partnership with San Francisco County Private Industry Council. This funding was awarded by the state and used to provide employment training, career counseling, career ladder information and job search assistance to current and future employees of the healthcare industry. While the program ended in December 2002, CTI staff members identified as ‘healthcare specialists’ have been out posted to PeninsulaWorks sites to continue providing career assessment and job training
assistance to displaced workers. This project is now funded by the Career Pathways Initiative, through a grant awarded by the State to provide individuals training on career ladder pathways in high growth industries, like healthcare and bioscience.

- HSA, in collaboration with local non-profit and government agencies, provides job training assistance and employment services at four regional PeninsulaWorks one-stop centers. Centers located in Daly City, Redwood City, San Carlos and Menlo Park operate with the goal of assisting County residents to experience real gains in income. On-site partners provide services to participants that include; job listings, workshops on required job skills (i.e. resume writing, interview skills, introduction to computers, etc), access to computers with internet capabilities, GED preparation, English as a second language instruction, job fairs and vocational training. The PeninsulaWorks centers offer evening hours two nights each week as well as on-site childcare to better facilitate the specific needs of the diverse client base. PeninsulaWorks clients who meet specific eligibility requirements may access additional support through assistance programs such as; California Work Opportunities and Responsibility to Kids (CalWORKs), Workforce Investment Act (WIA), General Assistance (GA), Food Stamps and Vocational Rehabilitation Services (VRS) for individuals with disabilities.

As the state continues to cut budget allocations for social services, programs offered by the Human Services Agency will be negatively impacted. Despite the challenges presented by the current economic environment, HSA is committed to ensuring the availability of services that help to eliminate employment barriers and assist families achieve and maintain self-sufficiency.
In 2001, the Healthy Community Collaborative of San Mateo County and the Human Services Agency (HSA) commissioned a telephone survey of over 2,800 San Mateo residents and 600 HSA clients to better understand Health and Quality of Life in the County. Analyses of these surveys suggest many areas of need identified by the low income population in these specific target areas:

- Employment and Fiscal Outlook
- **Government Assistance**
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- Household Safety
- Smoking

This paper compares differences in need and perceptions of government assistance between the general population, people with higher incomes, people with lower incomes, and HSA clients.\(^1\)

**Government Assistance**

Thirteen percent of San Mateo residents surveyed said they received some type of government assistance. More than one in five people with low incomes (21.8%) reported they received government assistance. 38.2% of HSA clients said they received assistance (respondents may have transitioned off aid, moved from their listed phone number, or failed to consider the assistance they received).

Federal, state, and county governments fund a wide range of services to residents in need. The mix of services in which County residents participate varies based on individual need. The most frequently reported assistance survey respondents received was Social Security. HSA clients were significantly less likely to receive Social Security, suggesting that they were a younger segment of the general population that received other types of government supports. The next most frequently reported type of assistance received by the general population was MediCal (11.2%), the federal and state funded health insurance program; this rate did not vary much among the groups based on income.

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\(^1\) People with “higher incomes” make more than 400% of the Federal Poverty Level (FPL); people with lower incomes make less than 400% of the FPL; HSA clients participating in a financial assistance and/or publicly funded health insurance program. At the time of the survey, 400% of the FPL for a family of three was $57,076, well below the HSA Family Self-Sufficiency standard of $63,489.
The second most frequently cited form of assistance received by HSA clients was Supplemental Security Income (SSI). SSI is a federal income supplement program for aged, blind, and disabled people; the program provides cash assistance to meet basic needs for food, clothing, and shelter. People in the low income category may be excluded from receiving SSI due to their age or lack of disability. HSA clients often have health issues and other disabilities\(^{ii}\) and about one-in-six clients receive SSI.

Consistent with health trends traditionally related to poverty, HSA clients were very likely to receive health insurance services such as MediCal or Healthy Families. One in five HSA clients (21.2%) reported relying on the government to provide this type of health insurance coverage.

One in seven San Mateo residents (14.2%) reported a distrust of government. People with lower incomes (17.4%) were even more likely to “seldom” or “never” trust government. HSA clients reported a lower level of distrust in government (12.6%). Their higher level of trust may be attributed to two dynamics: 1) people who trust government may be more likely to seek government assistance and, 2) people who have worked with HSA develop more trust in their government.

**Discussion**

San Mateo County has streamlined the process of obtaining financial supports through centralization and integration of services. Four PeninsulaWorks sites are now located throughout the County. PeninsulaWorks sites are one-stop offices where assistance with Medi-Cal, Food Stamp, CalWORKs, GA, employment, and job training services may be obtained. On-site evaluations allow for faster eligibility determination and emergency aid. PeninsulaWorks clients may also obtain referrals to various community agencies in their area as part of the needs assessment and career planning process.

HSA’s partnerships with community based organizations and Core Agencies have further increased accessibility of services. Core Service Agencies are community-based social service providers that work with the County to provide emergency and outreach assistance (e.g., food, transportation, transportation, etc.).

\(^{ii}\) For a full discussion of health issues among HSA clients see “Health, Income, and Human Services: A Synopsis of Research Highlights from the Healthy Community Collaborative Community Assessment, 2003”, (Working Title), to be released May, 2003.
housing, and clothing) in their area. This local connection equips Core providers with the ability to identify specific service needs based on knowledge of their community. Referrals to County agencies as well as to providers outside of their specific region are available.

San Mateo County has embraced the technological advances of service delivery. Health insurance applications (Medi-Cal, Healthy e-App, One e-App) have been automated to streamline the eligibility and enrollment process. The Electronic Benefits Transfer (EBT) system allows HSA clients receiving financial assistance to access funds using an ATM swipe card. EBT minimizes County costs, while ensuring safe delivery of aid to clients with the elimination of paper checks. Program information for County administered programs can now be accessed through the internet. Eligibility requirements, program descriptions and contact information are samples of resources available via the County web page.
In 2001, the Healthy Community Collaborative of San Mateo County and the Human Services Agency (HSA) commissioned a telephone survey of over 2,800 San Mateo residents and 600 HSA clients to better understand Health and Quality of Life in the County. Analyses of these surveys suggest many areas of need identified by the low income population in these specific target areas:

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This paper compares differences in need and perceptions of housing issues between the general population, people with higher incomes, people with lower incomes, and HSA clients.¹

**Housing**

In general, most San Mateo County residents (88.9%) in this study reported they perceived the availability of affordable housing as “fair” or “poor”. Surprisingly, HSA clients were significantly less likely to view housing availability negatively (76.6%). Among people with low incomes, about half (48.3%) rented a house or apartment, 41.4% owned a home, and 8.0% lived with other family members. When compared to the low income population, HSA clients were significantly less likely to own a home (29.7%) and were significantly more likely to live with family (12.8%). Approximately 2.7% of people with low incomes and 4.7% of HSA clients lived in subsidized housing.

¹ People with “higher incomes” make more than 400% of the Federal Poverty Level (FPL); people with lower incomes make less than 400% of the FPL; HSA clients participating in a financial assistance and/or publicly funded health insurance program. At the time of the survey, 400% of the FPL for a family of three was $57,076, well below the HSA Family Self-Sufficiency standard of $63,489.
More than one in four people with low incomes (26.7%) reported they shared their household expenses with a roommate or non-spouse family member. This is significantly higher than the rate among higher income residents (9.6%).

About one in five (19.8%) people with low incomes rated the condition of homes in their neighborhood as “fair” or “poor”. By contrast, about one in fourteen (6.9%) of higher income respondents reported they had a negative view of the homes in their community.

**Household Composition**

People with low incomes and HSA clients were significantly more likely to report they lived with extended family. Nearly one in five HSA clients (19.1%) reported older dependents lived with them. When compared to the general population, HSA clients were twice as likely to report they lived with an adult relative (6.2% and 13.9%, respectively).
**Homelessness**

About one in fourteen (6.9%) San Mateo residents surveyed, reported they were temporarily displaced, i.e. forced to live with a friend or a relative due to an emergency, in the two years prior to the time the survey was conducted. This occurred significantly more frequently among the lower income population (13.7%) than among the higher income population (3.3%). Additionally, people with lower incomes were five times as likely to report they had lived on the street, in a car, or in a homeless shelter.

![Graph showing data on temporary displacement and living situations](image)

The majority of San Mateo County residents (76.9%) surveyed reported they perceived the availability of homeless shelters as “fair” or “poor”. As with affordable housing, HSA clients were significantly less likely to report they viewed homeless shelter and homeless program availability negatively (66.9%).

**Discussion**

In San Mateo County, employment opportunities are diminishing, while rental and homeownership prices remain among the highest in the country. Because many people with low incomes lack financial resources that would allow them to secure adequate, stable housing, they are experiencing increased household density as a result of extended families and multiple households living together. In an effort to offset the rising demand for housing assistance, the County and numerous community partners have taken steps to assist individuals and families with various types of housing and homeless issues. Current housing initiatives include:

- The Board of Supervisors has identified as critical the need to maintain the current level of service in Countywide shelters. The Safe Harbor Shelter in South San Francisco transitioned from a winter care facility to year-round services and additional onsite job training and substance abuse services have been added. The Housing Authority increased the supply of permanent supportive housing by securing funding for 21 additional housing units. A partnership between the Clara-Mateo Alliance, the Housing and Community Development Unit, and several community stakeholders aims to expand transitional housing from 6 to 30 units for individuals and families at the Clara-Mateo center. The Elsa Segovia Center, on the Clara-Mateo campus was recently opened to the public. The comprehensive day center will provide services for homeless women, children, and families.

- The Federal Department of Housing and Urban Development (HUD) increased Section 8 rental eligibility caps to better reflect the region’s rental costs and further expand housing opportunities. The Housing Authority opened the Section 8 housing waiting list and received 10,129 new applications.
• The Family Self-Sufficiency Program provides Section 8 participants with case management and education to help clients move toward economic independence. The program is a 5-year commitment where clients have part of their income placed in interest earning escrow accounts; access to these funds is available at the completion of the program.

• The Human Investment Project (HIP) is a non-profit organization that creates permanent housing solutions for individuals and families. HIP facilitates home sharing arrangements in which two or more unrelated people share a home or apartment. HIP’s Home Equity Conversion Program provides seniors with information and educational counseling regarding the equity in their homes. They are shown ways they can turn their accumulated home value into liquid assets so they can remain independent in their homes and “age in place”.

• Community groups are working closely with public agencies to make improvements around the County. An example of such a collaborative effort is the Friendly Acres Neighborhood in Redwood City. The neighborhood plan involves the Redwood City Redevelopment Agency purchasing several blighted properties and transferring them to Peninsula Habitat for Humanity for development of 36 ownership units.

• A recruitment effort to establish a Joint Powers Authority (JPA) to govern the Housing Endowment and Trust of San Mateo County was initiated in January 2003. The endowment would allow local governments to address the housing shortage on a regional level by combining resources. The JPA formation is supported by the County Board of Supervisors as a crucial link between the County, local governments, businesses and community stakeholders. 3 million dollars in seed money was placed in a trust fund by the County last year and the JPA will look to resources from the individual cities as well as allocations from Proposition 46 bond measure that allowed for $10 million in housing funding statewide.

• Over the past years, 15 city governments in San Mateo together with the County have established an “entitlement jurisdiction”. This action enables the County to be classified as an Urban County, making all participating cities eligible for allocations from Community Development Block Grant funding allocated by HUD for affordable housing projects.
In 2001, the Healthy Community Collaborative of San Mateo County and the Human Services Agency (HSA) commissioned a telephone survey of over 2,800 San Mateo residents and 600 HSA clients to better understand Health and Quality of Life in the County. Analyses of these surveys suggest many areas of need identified by the low income population in these specific target areas:

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This paper compares differences in healthcare access between the general population, people with higher incomes, people with lower incomes, and HSA clients.

**Health Insurance**

Access to health insurance and health services was significantly different between the higher income and low income populations. Over 92% of San Mateo County residents reported having health insurance or health care coverage. There was an income gap in coverage, with the County’s low income population less likely to report having coverage (88% among low income, 96% among people with higher incomes). Although the instruments used to conduct the survey generated mixed results, it is estimated that the proportion of HSA clients who reported they had health care coverage was similar to that of the low-income population (in the range of 86% to 96% coverage).

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**Have Health Care Coverage (QOL)**

<table>
<thead>
<tr>
<th></th>
<th>General Population</th>
<th>Above 400% FPL</th>
<th>Below 400% FPL</th>
<th>HSA Clients Below 400% FPL</th>
</tr>
</thead>
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<tr>
<td>Coverage</td>
<td>96.2%</td>
<td>98.3%</td>
<td>91.2%</td>
<td>95.9%</td>
</tr>
</tbody>
</table>

***p<=.001  **p<=.050  *p<=.100

**Have Health Insurance (BRFS)**

<table>
<thead>
<tr>
<th></th>
<th>General Population</th>
<th>Above 400% FPL</th>
<th>Below 400% FPL</th>
<th>HSA Clients Below 400% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>92.2%</td>
<td>95.5%</td>
<td>88.4%</td>
<td>85.7%</td>
</tr>
</tbody>
</table>

***p<=.001  **p<=.050  *p<=.100

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People with “higher incomes” make more than 400% of the Federal Poverty Level (FPL); people with lower incomes make less than 400% of the FPL; HSA clients participating in a financial assistance and/or publicly funded health insurance program. At the time of the survey, 400% of the FPL for a family of three was $57,076, well below the HSA Family Self-Sufficiency standard of $63,489.

Two separate surveys were used for this study, a Quality of Life Survey (QOL) and a Behavioral Risk Factor Survey (BRFS). Unfortunately, the questions vary slightly between the two surveys; as a result an exact comparison between surveys results is not possible.
Of all respondents reporting they had health insurance, 75% to 80% had insurance supplied by their employer, someone else’s employer, or had purchased insurance themselves. This proportion was significantly less for the low income group; 59% to 69% reported their insurance was supplied by an employer or self-bought. Of HSA clients who reported they had health insurance, only 40% to 47% was employer-based or self-bought, nearly half the rate in the general population. Approximately 80% of higher income residents had dental insurance. Only about half of the low income and HSA client populations had dental insurance. Among respondents who reported they lacked dental insurance in the year prior to the survey, 16% of individuals with higher incomes, 45% of individuals with lower incomes, and 58% of HSA clients ignored their dental problems because they lacked insurance.

**Affordability**

About one in five low income and HSA clients reported cost as a barrier to receiving health care. Approximately one in twenty-five higher income respondents reported this barrier.

When compared to higher income families, low income families were fifteen times as likely to forego healthcare for their children because of the cost. Nearly one in ten low income and one in six HSA client families reported they did not take their child to a doctor because it was too expensive.

More than one quarter (25%) of the low income and HSA client populations could not afford medication in the past year. Approximately 6% of higher income residents reported that over the past year they could not afford medication.
Transportation
Three percent of higher income respondents reported they did not see a doctor in the year before the survey because they lacked transportation to the doctor’s office or clinic. About 12% of people with low incomes and 18% of HSA clients reported a lack of transportation prevented their access to healthcare.

None of the parents in the higher income population reported they could not take their child to the doctor because they lacked transportation. About one in twenty parents among the low income and HSA client populations reported they did not take their child to see a doctor because they lacked transportation.

Emergency Room
HSA clients reported they had been to the emergency room twice as often as the general population in the year prior to the survey. HSA clients were more likely to visit an emergency room than the low income population.

Discussion
In San Mateo County, the combined range of eligibility for the Medi-Cal, Healthy Families, and Healthy Kids programs provides health insurance for children in families up to 400% of the Federal Poverty Level (FPL). It is estimated that over 40,000 adults in San Mateo County could not see a doctor in the past year due to the cost and 10,000 parents could not afford to bring their child(ren) to a doctor. Approximately 32,000 adults in San Mateo County do not have any health coverage; about half of these adults (16,000) earn below 200% of the FPL.

Greater enrollment in Medi-Cal, Healthy Families, and Healthy Kids may improve an individual’s health knowledge and decrease out-of-pocket health costs. Additionally, enrollment may increase the use of lower-cost preventative services (e.g., dieting/exercise support groups, smoking cessation) and decrease the use of expensive interventions (e.g., emergency room visits, intensive care).
The Human Services Agency is involved in five major initiatives aimed at increasing health care coverage in San Mateo County:

- A broad-based local coalition has addressed the community’s concern for the lack of health insurance among the County’s children by launching the San Mateo County Children’s Health Initiative (CHI), a locally led, primarily locally funded effort to provide 100% coverage for San Mateo County children age 0-18 who live in households with annual incomes below 400% of the FPL. Starting January 2, 2003, the CHI will seek to achieve its goal of universal health insurance through maximizing enrollment in Medi-Cal and Healthy Families and offering a new “Healthy Kids” health insurance product for children who do not qualify for Medi-Cal or Healthy Families and fall under 400% of the FPL.

- CORE (County Outreach, Retention and Enrollment) is a project of six California counties working to streamline their enrollment and retention process for children’s public health insurance programs. Over the next two years, the collaborative aims to improve the re-enrollment process, assist families complete the application, and provide families with effective information about how to access and why to obtain health care.

- Health-e-App and One-e-App are simple, interactive, internet based applications used to enroll low income children and expectant mothers in the state’s public health insurance programs. These programs streamline the Healthy Families, Healthy Kids and Medi-Cal application processes for applicants, counties, and program administrators.

- The Wellness Education Linkage Low-cost (WELL) program provides medical services to San Mateo County residents who are ineligible for coverage through traditional health assistance programs. The WELL program does not act as a health insurance program; services are available strictly through the San Mateo County Health Center and its satellite clinics. Families qualify by meeting eligibility criteria similar to those required by Medi-Cal as well as, having an income that is at or below 200% of the FPL.

- The San Mateo County Health Access Committee is a collaborative formed by HSA, the Health Services Agency, Health Plan of San Mateo, and community-based organizations. The Committee’s goals over the next three years include:
  
  o Designing an easy to use, one stop application process for Medi-Cal and Healthy Families
  o Creating a more integrated outreach and enrollment effort
  o Improving health coverage retention
  o Increasing preventive and appropriate health care utilization
  o Developing a plan that provides a comprehensive health care package for low income children and families not eligible for Medi-Cal and Healthy Families
  o Lobbying state and federal governments to simplify current Medi-Cal and Healthy Families outreach, enrollment and retention policies and procedure.

- The Health Services Agency and HSA hired Health Insurance Outreach Coordinators whose main function is to coordinate health insurance outreach and enrollment efforts throughout the community. The outreach coordinators ensure that health insurance programs are represented at community health-related events and provide community-based organizations with information about health insurance applications and utilization.
In 2001, the Healthy Community Collaborative of San Mateo County and the Human Services Agency (HSA) commissioned a telephone survey of over 2,800 San Mateo residents and 600 HSA clients to better understand Health and Quality of Life in the County. Analyses of these surveys suggest many areas of need identified by the low income population in these specific target areas:

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This paper compares differences in cardiovascular risk between the general population, people with higher incomes, people with lower incomes, and HSA clients.\(^1\)

**Health Risk Factors**

In San Mateo County, the occurrence of health issues varies among residents with different levels of income. When compared to the higher income population, the lower income population was significantly more likely to report at least one cardiovascular risk factor (i.e., smoking, no leisure-time physical activity, high blood pressure, high cholesterol, or being overweight). Approximately 85% of the higher income population, 92% of the low income population, and nearly all of the HSA client population (97%) reported having at least one cardiovascular risk factor.

**Hypertension**

One in five respondents (20.5%) reported that they suffered from, or had been diagnosed with, hypertension or high blood pressure. Twenty-three percent (23.0%) of people below 400% of the FPL reported having high blood pressure, significantly higher than the 12.2% reported by the higher income comparison group. When compared to the low income population, a significantly larger proportion of HSA clients (31.5%) suffered from hypertension or high blood pressure.

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Heart Disease
Nearly one in twenty respondents (4.7%) reported they suffered from, or had been diagnosed with, a heart disease such as congestive heart failure, angina, or a heart attack. Approximately 3.2% of respondents above 400% of the FPL reported they had heart disease; this was reported by a significantly larger proportion of the low-income population (6.2%), nearly twice the incidence. When compared to the low income population, HSA clients were more than twice as likely (13.7%) to report that they suffered from, or had been diagnosed with, heart disease.

Cholesterol Levels
Approximately one quarter of respondents (22.9%) reported they were told by a doctor or nurse that they had high cholesterol levels. There was no statistically significant difference between the higher income (22.6%) and low income populations (22.1%) in the proportion of people who reported they had high cholesterol. When compared with low income residents (22.1%), HSA clients were significantly more likely to report they had high cholesterol (29.2%).

Body Weight/Activity Levels
Using the Body Mass Index, a ratio of weight to height (kg/m2), it is estimated that 53.8% of respondents were overweight and 16.8% were obese. A Body Mass Index ratio of 25 or greater is considered overweight, a ratio of 30 or greater is considered obese.

Survey respondents with low incomes were significantly more likely to be overweight and obese. 62.6% of the low income population was overweight and 22.2% was obese. By comparison, 51.2% of higher income respondents were overweight and 13.3% were obese. There was no statistically significant difference between HSA clients and the low income population in the proportion of people who were overweight and people who were obese.
67.1% of respondents reported they had increased their physical activity to lose weight. There was no statistically significant difference in the proportion of people below 400% of the FPL (63.7%) and above 400% of the FPL (71.7%) who increased their physical activity. When compared to the population below 400% of the FPL (63.7%), HSA clients (50.0%) were significantly less likely to report they increased their physical activity to lose weight.

<table>
<thead>
<tr>
<th></th>
<th>General Population</th>
<th>Above 400% FPL</th>
<th>Below 400% FPL</th>
<th>HSA Clients Below 400% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trying to Lose Weight: Exercise/Physical Activity</td>
<td>67.1%</td>
<td>71.7%</td>
<td>63.7%</td>
<td>50.0%</td>
</tr>
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Nearly two-thirds (64.1%) of respondents were considered sedentary. Sedentary behavior is defined by the absence of vigorous physical activity (that causes sweating, increases in breathing or heart rate) for at least twenty minutes three times per week. Approximately seven in ten (69.9%) people below 400% of the FPL were considered sedentary; this was significantly higher than the share of people with income above 400% of the FPL (59.7%) which fell in that category. Approximately eight in ten (80.4%) HSA clients were classified as sedentary, a proportion significantly higher than the low income population (69.9%).

**Discussion**

Cardiovascular and physical health risk factors include smoking, sedentary behavior, high blood pressure, high cholesterol, weight issues and low activity levels. In the three years between community assessments, the proportion of people with at least one cardiovascular risk factor increased significantly, from 80% to 87% of the population. There seems to be a strong correlation between decreased income and increased likelihood of being at-risk for cardiovascular disease; 92% of the low income population and 97% of HSA clients reported at least one risk factor.

HSA clients are more likely to have high blood pressure (hypertension) and high cholesterol. Strategies for reducing the risk of high blood pressure include regular screening, attention to diet, and exercise. HSA clients are as likely as other populations to have regular screenings for high blood pressure and high cholesterol. The American Heart Association recommends that a doctor or other health professional should check blood pressure at least once every two years and more often if it is high. Regular screening for high cholesterol (lipid disorders) should be conducted for all men age 35 and older and all women age 45 and older. Younger adults should be tested for cholesterol if they have other cardiovascular risk factors.

HSA clients are more likely to smoke cigarettes or live in a household with someone who does. HSA’s Tobacco Prevention Program implements and offers a wide range of tobacco prevention interventions and services within the County. Currently, there are three community agencies that provide free

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**Footnotes:**

ii 1998 Community Assessment, Health and Quality of Life in San Mateo County; 2001 Community Assessment, Health and Quality of Life in San Mateo County

iii Additional information on smoking is available in “Neighbors in Need: Smoking (Report 12)”
assistance with smoking cessation: the American Lung Association of San Francisco and San Mateo Counties, Smoke Free Start For Families, and California’s Smokers Help-line.

Compared to the general population, HSA clients are significantly more likely to be sedentary (i.e., they get less than twenty minutes exercise three times per week). In 1995, the Surgeon General released a report entitled “Physical Activity and Health.” Here are some of the major conclusions:

- People of all ages benefit from regular physical activity.
- Significant health benefits can be obtained by including a moderate amount of physical activity on most, if not all, days of the week. Through a small increase in daily activity, most people can improve their health and quality of life.
- Physical activity reduces the risk of premature mortality in general, and of coronary heart disease, hypertension, colon cancer, and diabetes mellitus in particular.
- Physical activity improves mental health.

Research suggests that physicians are more likely to counsel patients already suffering from obesity, cardiac disease, and diabetes on the benefits of exercise; physicians are also more likely to offer this counsel to patients who earn more than $50,000. Consequently, doctors are less likely to counsel healthy, low income patients – people who may be at additional risk. While HSA does not provide direct medical services, assisting clients to achieve healthy life skills is a paramount concern. Resource referrals, community health and wellness fairs promoting health insurance enrollment, collaborative partnerships with the San Mateo County Health Services Agency and community outreach are all techniques utilized by HSA to promote health and wellness among those in need in San Mateo County.
In 2001, the Healthy Community Collaborative of San Mateo County and the Human Services Agency (HSA) commissioned a telephone survey of over 2,800 San Mateo residents and 600 HSA clients to better understand Health and Quality of Life in the County. Analyses of these surveys suggest many areas of need identified by the low income population in these specific target areas:

- Employment and Fiscal Outlook
- Government Assistance
- Healthcare Access
- Housing, Household Overcrowding and Homelessness
- Cardiovascular/Physical Health Risk
- Traffic and Congestion
- Crime, Safety and Tolerance
- Hunger
- Children and Childcare
- Mental Health
- Household Safety
- Smoking

This paper compares differences in perceptions of traffic and congestion between the general population, people with higher incomes, people with lower incomes, and HSA clients.

Traffic and Congestion
More than one third (37.4%) of San Mateo County residents reported they felt that public transportation was “fair” or “poor”; there was very little variation in this rate related to income. However, people with lower incomes (61.2%) and HSA clients (73.2%) were significantly more likely than the higher income population (52.8%) to report that public transportation is reliable.

About two-thirds (65.0%) of all residents reported they thought road traffic was “fair” or “poor”; once again, there was very little variation in this perception related to income. Although 27.9% of residents rated the local roads and highways as “fair” or “poor”, a larger proportion of the low income population viewed this aspect of transportation more critically. Whereas one in five (20.8%) higher income respondents rated the highways negatively, more than one in three HSA clients disapproved of the roadways.

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1 People with “higher incomes” make more than 400% of the Federal Poverty Level (FPL); people with lower incomes make less than 400% of the FPL; HSA clients participating in a financial assistance and/or publicly funded health insurance program. At the time of the survey, 400% of the FPL for a family of three was $57,076, well below the HSA Family Self-Sufficiency standard of $63,489.
Discussion
Identifying and implementing creative solutions to traffic and transportation issues in San Mateo County has been a high priority of the Board of Supervisors and the Human Services Agencies for the past several years. San Mateo County and several local city governments are working collaboratively with the Metropolitan Transportation Commission (MTC) to address the area’s ongoing transportation and accessibility issues. The Metropolitan Transportation Commission (MTC) is the transportation planning, coordinating and financing agency for the nine county San Francisco Bay Area. Created by the state Legislature in 1970, MTC functions as both the regional transportation planning agency, a state designation, and as the region's metropolitan planning organization (MPO) for federal purposes.

In 1998, MTC launched the Transportation for Livable Communities program (TLC). TLC aims to improve city centers, public transit hubs, and key streets as a way of fostering community vitality and recapturing some of the small-town atmosphere that has been lost in many Bay Area cities. The program provides planning grants, technical assistance and capital grants to help cities and nonprofit agencies develop transportation-related projects fitting the TLC profile. TLC is complemented by the Housing Incentive Program (HIP), an incentive program that encourages cities/counties to increase housing stock along established transportation corridors. Pedestrian and Transit Center Links on Main Street in San Mateo were funded through TLC to connect the downtown transit center with businesses and services in the area. A HIP grant also provided essential funding to the Nugent Square Housing Development in East Palo Alto. The development will add 39 unit of affordable housing in addition to office space for community based organizations. Site determination for this development relied heavily upon the close proximity of central bus lines, pedestrian, bicycle and other transit options.

The MTC recently created the Low Income Flexible Transportation (LIFT) program to help transit providers and public agencies finance new or expanded services to low income residents traveling to and from work. LIFT funded services include a mid-day shuttle service from Caltrain and SamTrans stops to the HSA's One Stop centers for job training and worker services and an Emergency Transportation program providing taxi or rental car vouchers for emergency transportation issues. LIFT monies were secured by HSA to fund a Mobility Coordinator position. This individual is involved in the coordination of HSA transportation related initiatives in addition, to acting as a community liaison on transportation issues.

MTC created Transportation Resource Guides and the Regional Transit Trip Planning System (TransStar) as resource tools for service providers assisting County program participants in the Bay Area. The San Mateo guide lists transit routes near San Mateo County social service agencies and program offices, schools, one-stop career centers and other related locations. The TransStar system enables a case worker to assist a client in obtaining a computer-generated itinerary to reach any destination served by public transit in the Bay Area based on point of origin, destination, the time the trip needs to be taken and the fare. This is helpful to planning public transit trips to jobs and social services, and helpful in determining whether alternative transportation options need to be created.

Despite the current economic downturn’s negative impact on availability of funding for local services, the Board of Supervisors is committed to implementing measures to maintain the current level of funding for County transportation projects. Measure A, a local tax passed in 1988 has been utilized as a means of leveraging funds for transit projects to attract match dollars from state and federal sources. Funds from this pool have successfully financed approximately 50 transit improvement projects, including auxiliary lanes on 101, SamTrans buses for disabled riders and new freeway interchanges. The Board of Supervisors and other government agencies are investigating alternatives to this current measure in an attempt to secure an adequate level of funding to meet the growing transit needs of the County. A new program slated to begin July 2003 will provide transportation assistance in the form of bus passes to HSA clients. The target population for this program will be low income individuals, specifically those with disabilities who do not meet the eligibility criteria for other transportation programs.
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- Smoking

This paper compares differences in perceptions of crime and safety between the general population, people with higher incomes, people with lower incomes, and HSA clients.

**Crime and Safety**
Most San Mateo County residents reported they felt their neighborhoods were safe and crime was controlled; however, this perception varied among groups with different levels of income. Individuals with low incomes were significantly more likely to report a negative opinion of safety and crime control (22.1%) than people with higher incomes (6.2%). People with low incomes were three times more likely (17.6%) than the higher income population (5.8%) to report they felt unsafe walking in their own neighborhoods.

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A majority of San Mateo County residents (71.9%) reported they felt the level of crime in the County remained about the same during the year prior to the survey. People with low incomes were significantly more likely to report their perception of crime had changed. The low income population was significantly more likely than the higher income group to report both improvements (35.2% and 15.3%, respectively) and deterioration (10.8% and 5.6%, respectively) in their perception of the crime level.

Tolerance

About one in five residents reported their community lacked an adequate amount of racial tolerance (18.6%) or tolerance for alternative lifestyles and viewpoints (20.6%). People with lower incomes reported higher levels of intolerance than people with higher incomes. People with low incomes (26.1%) reported nearly twice the rate of racial intolerance than people with higher incomes (13.5%). More than one quarter of low income residents (26.1%) reported intolerance of their lifestyles and viewpoints.

Discussion

From 1999 to 2001, there was an annual average of 282.4 violent crimes (i.e., murder, rape, robbery or aggravated assault) per 100,000 people in San Mateo County (compared to 609 statewide). Rates in Santa Clara County were higher, although both counties’ rates were significantly below the state average. Violent crime decreased by 4% in San Mateo County between 1997 and 2001; this was consistent with the trend for the entire Bay Area.

Community Policing is a philosophy of crime prevention that depends on partnerships between citizens, businesses, police, and other government agencies. These partnerships take a pro-active problem solving approach to issues challenging the quality of life within a community. Community Police Officers

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**State of California-Department of Justice**

**State of California-Department of Justice**
(CPOs) give presentations on crime prevention and safety, conduct home security surveys, and help start and maintain Neighborhood Watch blocks. Neighborhood Watch is a crime prevention program which enlists the active participation of residents in cooperation with local police to prevent and reduce crime in neighborhoods. Crime prevention education and implementation of important home and personal security strategies are the focal points of Neighborhood Watch. In addition, CPOs assist residents produce a quarterly newsletter for Neighborhood Watch members. General meetings are also held every quarter, as community involvement is essential to combat crime.

In the past year, San Mateo County places of worship have experienced an assortment of hate crimes. San Mateo County Board of Supervisor Rose Jacobs Gibson initiated the County’s Hate Crimes Resolution and promises to not let these “random acts” go without notice. She feels the County needs to shine a spotlight of shame on hate and the crimes that come as a result. Supervisor Jacobs Gibson also asserts that we must continue to “educate our children on accepting differences and embracing the diversity that we are blessed to have around us.” Supervisor Jacobs Gibson started the Diversity in Leadership Initiative, which has developed a plan of action to increase the diversity within our various leadership positions. In the next year, San Mateo County will consider the best approach to respond to any future incidents of hate, oppression, or injustice.

There is probably no issue that has been more on the minds of Americans than public safety. Since September 11th, San Mateo County has worked in every capacity to prepare for possible threats of terrorism. Sheriff’s Office preparations include:

- Participating in the FBI's Joint Terrorism Task Force
- Implementing a new countywide radio system
- Conducting background checks on all individuals who take flight lessons at County airports
- Providing necessary training and education for hospitals and physicians regarding bioterrorism response
- Assisting in the development of a local stock of pharmaceuticals and nerve agent antidotes

In January 2003, a new state-of-the-art forensics laboratory was opened in Redwood City. The San Mateo County Forensics Lab will provide comprehensive forensic services to the District Attorney’s Office, 20 police and fire departments throughout San Mateo County, as well as state and federal law enforcement agencies.
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- Mental Health
- Household Safety
- Smoking

This paper compares differences in need for food between the general population, people with higher incomes, people with lower incomes, and HSA clients.¹

**Hunger**

About 2.7% of San Mateo’s general population who were surveyed noted that their family did not have enough food on a regular basis; this represents nearly 15,000 people. Individuals with lower incomes and HSA clients were disproportionately more likely to have reported a shortage of food. Approximately one in twenty people with low incomes and one in ten HSA clients reported they did not have enough food for their family on a regular basis.

Many families with low incomes reported they occasionally relied on a food bank or church to provide free meals (5.3%). Fifteen percent of HSA clients reported they needed and received a free meal in the previous year.

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More than one in six parents (18.2%) reported that their children received reduced-price or free meals at school. Thirty-nine percent of families with low income and 59.2% of HSA client families accessed subsidized school meals.

**Discussion**
San Mateo County and several community partners are working collectively to increase public awareness to issues of hunger in the County. Utilizing legislative measures, education in schools and community outreach functions, the County hopes to increase the number of individuals and families served by the Food Stamp (FS) and Women, Infant, Children (WIC) programs as well as by additional community based organizations.

Core Service Agencies are seven community-based organizations located throughout the County that provide services such as emergency food distribution and enrollment assistance for financial support programs. The individual sites develop networks of relationships with other service providers specific to their area that address the needs of the local communities they serve. Fair Oaks Community Center in Redwood City has partnered with St. Vincent de Paul, a nonprofit agency serving the needy of San Mateo County, to provide food bags once a week and clothing vouchers that can be used in the St. Vincent de Paul store. Samaritan House in San Mateo has collaborated with the Westside Church of Christ to provide hot meals to the needy daily.

California Legislature Assembly Bill (AB) 444 and AB 692 were passed in 2002. This legislation established a new system of income reporting on a quarterly basis by Food Stamp and California Work Opportunities and Responsibilities to Kids (CalWORKs) participants. These bills, in conjunction with implementation of the Electronic Benefits Transfer (EBT) system, are designed to streamline the enrollment process and increase utilization of food stamp benefits for current and future recipients.

Second Harvest Food Bank sponsors The Summer Feeding program, which was initiated in 2001 to provide free breakfast and lunch to children in need throughout summer vacation. The program has expanded in San Mateo County from the 7 start up sites opened in the summer of 2001 to 14 in 2002. Fliers distributed at Family Harvest centers, Food Stamp offices, and other agencies linked to Second Harvest provide information on reduced price school lunches, summer lunch programs, as well as additional food resource sites in various areas around the County.

The country’s economic downturn is affecting all aspects of government policy. The federal government has proposed as part of a reauthorization strategy for child nutrition programs (i.e. school breakfast and lunch programs, WIC, and summer feeding programs) implementation of stricter income verification procedures to determine eligibility. The administration contends that reducing the number of ineligible families will reduce the amount of funds inappropriately budgeted for the nutrition program and other entitlement programs that are funded based on the number of free or reduced price lunch enrollees. The eligibility determination process could be streamlined to more accurately reflect the number of needy families. Currently the U.S. Department of Agriculture is conducting pilot programs across the County to test various methods of income verification. In San Mateo County, approximately 22,000 students could be affected by the recertification requirements. School administrators and food service providers in San Mateo County recognize that currently there is no effective method of counting the number of impoverished children in schools.
In 2001, the Healthy Community Collaborative of San Mateo County and the Human Services Agency (HSA) commissioned a telephone survey of over 2,800 San Mateo residents and 600 HSA clients to better understand Health and Quality of Life in the County. Analyses of these surveys suggest many areas of need identified by the low income population in these specific target areas:

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- Traffic and Congestion
- Crime, Safety and Tolerance
- Hunger
- Children and Childcare
- Mental Health
- Household Safety
- Smoking

This paper compares differences in need and perceptions of caring for children between the general population, people with higher incomes, people with lower incomes, and HSA clients.\(^1\)

**Raising Children**

One quarter (24.5%) of County residents reported they felt their community was an excellent place to raise a family. When compared to people with higher incomes (26.8%), a significantly lower share of people with low incomes (16.1%) reported their community offered an excellent family environment.

About one in twelve (8.4%) County parents reported they had difficulty managing their child’s behavior. This rate was significantly higher for parents with low incomes (13%) than for parents with higher incomes (4.8%). Parents with lower incomes were also significantly less likely to report they attended parenting classes or support groups.

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School

One in twelve parents (8.5%) responded that the education their child received was “fair” or “poor”. Lower income families were four and one half times more likely (18.0%) than families with higher incomes (4.0%) to give their children’s education a negative rating.

The majority (75.4%) of families surveyed reported their children attended public school. Approximately 70% of the higher income families and 90% of the lower income families had children attending a public school. When comparing high income and low income families, low income families were four-and-a-half times less likely (6.6%) than higher income families (31%) to have a child in a private or parochial school.

Child Care

About one in five (19.1%) San Mateo County residents reported using another family member to provide child care. Although there was no significant difference in the responses based strictly on income, HSA clients (37.5%) were significantly more likely than either high income (16.3%) or low income parents (23.0%) to use their family as caregivers. HSA clients were most likely to report that their child care arrangement helped them accept a better job.
Electronic Devises
On average, parents in the County reported that their child spent about 2.3 hours per day watching television, videos, and video games. Parents with low incomes reported a significantly higher average (2.7 hours) than parents with high incomes (2.1 hours); HSA clients reported a significantly higher average (3.4 hours) than parents with low incomes.

Discussion
While budget cuts are occurring in every area of government, San Mateo County is committed to supporting children’s educational needs and parents’ capacity to provide a stable foundation upon which to raise a family. Services to support at-risk, low-income families are made accessible throughout the County in a variety of locations, from hospitals to neighborhood schools; below are a few examples.

Established by the California Children and Families First Initiative, the First 5 San Mateo County Commission set forth the mission that “All children in San Mateo County will be healthy, eager and ready to learn, have a loving attachment to a parent or other adult, and able to reach their fullest potential.” The Commission focuses on the following goals:

- Family Support and Parent Education
- Child Care and Early Learning
- Health and Well-Being

The Peninsula Partnership for Children, Youth and Families is a Countywide public-private collaborative advancing children’s issues in San Mateo County. The Partnership, originally created with funding from HSA and the Peninsula Community Foundation, has initiated or collaborated on projects such as:

- San Mateo County Children’s Report: a comprehensive report on critical issues related to the well being of children in San Mateo County. Teen pregnancy rates, infant mortality, child abuse, child care availability, and reading proficiency are a few of the many issues addressed in the study. The report is an informational tool to assist leaders in policy making and sharpening focus on the state of all children in the County.
- Child Care Action Campaign: The campaign was established as a result of the child care findings published in the San Mateo County January 2000 Children’s Report, which uncovered large deficits in the availability of quality child care in the County. The campaign focuses on educating private industry about the benefits to production linked to the availability of quality childcare for employees; the necessity for strong public-private partnerships to support development of additional child care facilities; and the advantage of workforce incentives directly linked to recruiting and retaining quality early education professionals. Strategies such as the Peninsula Quality Fund for Childhood Facilities, Child Care Facilities Expansion Fund and SAMCARES, which provides recruitment incentives for child care professionals, were developed as various strategies to support the effort.
- The Prenatal to Three Initiative (Pre-to-Three): This initiative is a collaborative program of the San Mateo County Health Services Agency and the Health Plan of San Mateo with the support of additional community organizations. Healthcare providers join with families to promote the healthy growth and development of young children. This is accomplished in several ways: building parenting skills and confidence, facilitating early identification and treatment of potential problems, and improving the health care system to better assist families. Available services in the program are: home visits by a Pre-to-Three staff person (i.e., Community Workers, Public Health Nurses, Psychiatric Social Workers or other service providers), parenting support...
groups, training seminars on child development, a 13 week course on parenting for expectant parents or parents of children aged 0-5 years and a toll-free referral line for parents.

The San Mateo Adult Learning School offers year-round courses in child development and parenting skills courses. These classes are free of charge and cover critical areas of development such as: support and education around parenting a special needs child, parenting techniques for dealing with adolescents, and building positive parent-child relationships while learning ways to involve family and community in raising children.

The Community Learning Center in South San Francisco has instituted a variety of youth programs. The Homework Club is for children in the third to fifth grade who are assisted by staff and volunteers to complete their homework. Parents participate in workshops every six weeks that assist them in helping their children succeed in school. There is also Start Now, a parent/child homework assistance program for first and second graders that focuses on helping parents and children learn together in a fun and supportive environment.

Daly City and the Mid-Peninsula Boys and Girls Club are currently constructing a multi-use community facility that includes a new library and a youth recreational center in the Bayshore neighborhood of Daly City. The recreation center will serve many of the 700 community youth that are currently without after school facilities. The entire community center will be able to accommodate 500-750 children and adults per day.

The East Palo Alto Kids Foundation (EPAK) is a nonprofit organization that assists with fundraising for neighborhood schools. Direct cash grants are provided to teachers for a variety of projects, such as books, field trips and supplemental materials. During the 2001-2002 school year, 318 grants totaling over $115,950 were given to teachers at 18 educational organizations.

The Coastside Opportunity Center of Half Moon Bay has established a scholarship fund for local high school graduates. Graduating students from both Half Moon Bay High School and Pescadero High School are eligible to apply. Applicants may have any vocational goal and enroll in any institute of higher learning with the stipulation that without financial assistance they would be unable to continue their education. Coastside Opportunity Center awarded $6,000 to Half Moon Bay High School graduates and $1,500 to Pescadero High School graduates in the graduating class of 2002.

The Human Services Agency Alcohol and Other Drug Services has strengthened ties with community-based Family Resource Centers (FRCs) to provide school-based drug prevention and early intervention services to children and families in San Mateo County. School campus and community-based sites greatly increase the accessibility of services also provided at FRCs to families and members of the community. With after-school tutoring, parent education workshops, peer discussion groups, and mentoring opportunities, HSA strives to support and encourage community efforts to contain exposure to and the effects of substance use that currently affect the families of San Mateo County.
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- Smoking

This paper compares differences in mental health issues between the general population, people with higher incomes, people with lower incomes, and HSA clients.¹

**Mental Illness**

When compared to the higher and low income groups, HSA clients were twice as likely to report a history of mental problems or mental illness. More than one in twenty (5.7%) of all survey respondents reported that they had a history of mental problems or a mental illness. There was no statistically significant difference between the populations above 400% of the Federal Poverty Level (FPL) and below 400% of the FPL in reporting mental problems or mental illness. However, HSA clients were more than twice as likely (12.2%) to report mental illness than the low income population (5.8%).

On average, respondents reported their mental health was not good for 2.2 days in the past month. There was no statistically significant difference between the populations above 400% of the FPL (2.0%) and below 400% of the FPL (2.7%). When compared to the low income population, HSA clients reported a significantly greater number of days in the past month when their mental health was not good. On average, the low income population reported 2.7 days of poor mental health, while HSA clients reported 4.0 days.

¹ People with “higher incomes” make more than 400% of the Federal Poverty Level (FPL); people with lower incomes make less than 400% of the FPL; HSA clients participating in a financial assistance and/or publicly funded health insurance program. At the time of the survey, 400% of the FPL for a family of three was $57,076, well below the HSA Family Self-Sufficiency standard of $63,489.
Depression and Anxiety
More than one quarter (25.4%) of all respondents reported they had two or more years in their life when they felt depressed or sad most days. Respondents with incomes below 400% of the FPL were significantly more likely to report two years of depression. Nearly one third (32.2%) of people below 400% of the FPL reported a two year bout of depression or sadness; 21.3% of people above 400% of the FPL reported this history. HSA clients were significantly more likely to report two years or more in their life when they felt depressed or sad most days. Whereas 32.2% of people below 400% of the FPL reported a two-year depression, 42.4% of HSA clients reported this depression.

On average, respondents reported they felt sad, blue, or depressed for 2.4 days in the past month. People below 400% of the FPL reported significantly more days with depression (3.1) than people above 400% of the FPL (2.2 days). When compared to the low income population, HSA clients reported a significantly greater number of days in the past month they felt sad, blue, or depressed. On average, the low income population reported 3.1 days of poor mental health; HSA clients reported 4.9 days, or almost a full workweek.

More than one quarter (27.3%) of people surveyed reported experiencing difficulty with fear, anxiety, or panic. A significantly greater proportion of people with income below 400% of the FPL experienced difficulty with anxiety. About one quarter (24.7%) of people with higher incomes and 30.4% of people with lower incomes reported difficulty with fear, anxiety, or panic. When compared to the low income population, HSA clients were significantly more likely to report they experienced difficulty with fear, anxiety, or panic (45.2%).

Discussion
People with mental health issues engage in a daily struggle. Depending upon the nature of the illness, a wide range of assistance, from inpatient care to group therapy sessions, may be needed to assist them to accomplish routine daily activities. San Mateo County recognizes the need for services to residents with mental health concerns. Using an integrated service model that builds on partnerships with community agencies, the County is working tirelessly to provide mental health services, and redesign current methods of service delivery to enhance programs.
Family Self-Sufficiency Teams (FSSTs) were developed by the Human Services Agency as a means of assisting HSA clients to resolve obstacles to self-sufficiency. FSSTs consist of HSA and other County department staff and community stakeholders from various areas of expertise (i.e. child welfare, financial assistance, mental health, housing). Clients may be referred to FSSTs from within HSA programs as well as by community agencies. The teams review client self-sufficiency issues and make collective referrals to assist individuals and families in overcoming self-sufficiency barriers.

HSA Alcohol and Other Drug Services (AOD) has partnered with the Family and Community Enrichment Center (FACES) to create an innovative program specifically for women. The Women’s Recovery Association (WRA) provides short and longer term day treatment for dually diagnosed women who have a history of mental illness and substance abuse, and who are often victims of domestic violence. Medication and special treatment plans are managed through the cooperative efforts of Dual Diagnosis Specialists and mental health physicians; the women and their children are also assisted by case managers to access other support services that help them toward independence.

The Young Adult Independent Living (YAIL) Program is a joint effort between the County Mental Health Services, Mental Health Association of San Mateo County and Caminar, Inc. The program provides support to young adults with mental illnesses in San Mateo County. Services include, residential and off-site supportive housing, case management, social activities, and life skills and employment training.

The recent merger of the Mental Health Access Unit and Dual Diagnosis Unit was a step toward improving County Mental Health services. The newly constituted group now facilitates better linkages to Medi-Cal providers, conducts assessments for regional treatment, and assists with referrals to community resources throughout San Mateo County.

The Peninsula Network of Mental Health Clients (NETWORK) provides assistance to individuals suffering from various types of mental illness. With support from San Mateo County Mental Health Services, NETWORK offers clients peer counseling groups, access to computer and nutrition classes, free clothing and lunch distributions, social activities, as well as motivational and health and wellness speakers. The three centers that NETWORK operates throughout San Mateo County allow increased service accessibility to more effectively address clients’ mental health and basic needs issues.
In 2001, the Healthy Community Collaborative of San Mateo County and the Human Services Agency (HSA) commissioned a telephone survey of over 2,800 San Mateo residents and 600 HSA clients to better understand Health and Quality of Life in the County. Analyses of these surveys suggest many areas of need identified by the low income population in these specific target areas:

- Employment and Fiscal Outlook
- Government Assistance
- Housing, Household Overcrowding and Homelessness
- Healthcare Access
- Cardiovascular/Physical Health Risk
- Traffic and Congestion
- Crime, Safety and Tolerance
- Hunger
- Children and Childcare
- Mental Health
- **Household Safety**
- Smoking

This paper compares differences in household safety between the general population, people with higher incomes, people with lower incomes, and HSA clients.¹

### Gun Ownership
About one in seven (14.3%) households in San Mateo County reported having a firearm. When compared to people with lower incomes (9.6%), people with higher incomes were significantly more likely to report owning a gun (17.2%).

![Firearm Ownership Chart]

### Fire Safety
Nearly all (97.3%) San Mateo County homes reported having at least one smoke detector; approximately 13.6% of these smoke detectors had never had their batteries tested or checked. 72.6% of homes reported having a fire extinguisher; however, people in lower income households were significantly less likely to report having this equipment (65.9%).

![Fire Extinguisher Ownership Chart]

¹ People with “higher incomes” make more than 400% of the Federal Poverty Level (FPL); people with lower incomes make less than 400% of the FPL; HSA clients participating in a financial assistance and/or publicly funded health insurance program. At the time of the survey, 400% of the FPL for a family of three was $57,076, well below the HSA Family Self-Sufficiency standard of $63,489.
Emergency Response Training

More than half of the respondents surveyed (58.4%) reported they had some training in cardiopulmonary resuscitation (CPR). People with lower incomes (45.0%) were much less likely to report they had this training compared to individuals with higher incomes (62.1%).

Discussion

An ordinance banning guns on San Mateo County-owned property was unanimously approved by the Board of Supervisors at the end of 2002. The measure outlaws most types of firearms on the County’s public land, including the Expo Center which holds several gun tradeshows a year. Additionally, the San Mateo County Sheriff’s Department pledged to buy its firearms from Smith and Wesson after they took the lead in agreeing to put child safety trigger locks on all guns. Some cities within the County are offering free gun locks to residents. For example, the City of Foster City, in conjunction with Lucile Packard Children’s Hospital, is providing free gun locks to all residents of Foster City.

Heart disease is a leading cause of death in San Mateo County with about 70 to 80 percent of the incidents of cardiac arrest occurring at home. This is why learning Cardiopulmonary Resuscitation (CPR) is so important. Firefighters know that the odds of survival are dramatically improved when they arrive to find CPR is in progress. San Mateo County offers many programs and classes to learn CPR ranging in price and location. The various city fire departments offer classes ranging from $10 to $35. Other agencies such as Mills-Peninsula Hospital, Sequoia Hospital, and the American Red Cross also offer classes. For those individuals who want CPR training but are unable to pay for it, the American Heart Association, San Mateo County Emergency Medical Services, the Health Services Agency, American Medical Response of San Mateo, San Mateo County Fire Chief’s Association, and Tanforan Mall occasionally provide free, non-certified CPR training.

Many cities in the County offer free classes that teach the basic information you need to prepare for an emergency. These courses help you think through your basic needs and assist you in taking the first steps to emergency planning.
In 2001, the Healthy Community Collaborative of San Mateo County and the Human Services Agency (HSA) commissioned a telephone survey of over 2,800 San Mateo residents and 600 HSA clients to better understand Health and Quality of Life in the County. Analyses of these surveys suggest many areas of need identified by the low income population in these specific target areas:

- Employment and Fiscal Outlook
- Government Assistance
- Housing, Household Overcrowding and Homelessness
- Healthcare Access
- Cardiovascular/Physical Health Risk
- Traffic and Congestion
- Crime, Safety and Tolerance
- Hunger
- Children and Childcare
- Mental Health
- Household Safety
- Smoking

This paper compares differences in smoking behavior between the general population, people with higher incomes, people with lower incomes, and HSA clients.

### Cigarettes

About one in eight (12.7%) survey respondents reported currently smoking cigarettes. There was no statistically significant difference in the proportion of cigarette smokers above (14.3%) and below (12.4%) 400% of the Federal Poverty Level (FPL). HSA clients were significantly more likely to report they smoked cigarettes (22.0%) than people below 400% of the FPL in the general population (12.4%).

![Current Smoker](chart1)

![Smoker in Household](chart2)

Approximately 13.9% of all respondents reported that someone in their household was a cigarette smoker. People with income below 400% of the FPL (18.9%) were significantly more likely to report a cigarette smoker in their household than their counterparts above 400% of the FPL (12.7%). Although HSA clients (24.4%) were more likely to have a cigarette smoker at home than the low income population (18.9%), due to the size of the sample, this finding was not statistically significant.

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1 People with “higher incomes” make more than 400% of the Federal Poverty Level (FPL); people with lower incomes make less than 400% of the FPL; HSA clients participating in a financial assistance and/or publicly funded health insurance program. At the time of the survey, 400% of the FPL for a family of three was $57,076, well below the HSA Family Self-Sufficiency standard of $63,489.
Discussion
According to the Surgeon General, “smoking causes lung cancer, heart disease, emphysema, and may complicate pregnancy”. Additionally, “tobacco smoke increases the risk of lung cancer and heart disease even in nonsmokers”. Survey results support the fact that HSA clients were more likely to smoke cigarettes or live in a household with someone who does than the general population of survey respondents.

HSA recognizes the continued health risks associated with tobacco use and offers a wide range of tobacco prevention interventions and services throughout the County. Tobacco prevention interventions and services address community or environmental indicators that help identify tobacco control change at the community level. Strategies fall into four priority areas:

- Counter pro-tobacco influences through implementation of a media campaign and youth after school programs.
- Reduce secondhand smoke exposure in the workplace, homes, parks and playgrounds and in other recreational venues within the County.
- Reduce tobacco availability and increase enforcement of laws prohibiting the sale of tobacco to minors.
- Promote tobacco cessation by educating the public about the hazards of tobacco use and supporting individuals attempting to quit.

Currently there are three community agencies that provide free assistance with smoking cessation:

- American Lung Association of San Francisco and San Mateo Counties offers free cessation services to adult and youth residents of San Mateo County at locations throughout the County. A trained cessation counselor leads participants through a series of seven smoking cessation sessions. Nicotine replacement therapy is provided to qualified participants free of cost. Cessation classes are available in English and in Spanish.
- Smoke Free Start For Families offers free smoking cessation services to families with a child under age six living in the home. Services are also available to pregnant women. Trained cessation specialists provide linguistically and culturally appropriate one-on-one smoking cessation services and/or reduction education. Relapse prevention for those who have quit by themselves is also provided. Cessation services are available in English, Spanish, Tagalog, Mandarin and Cantonese. California's Smokers Help-line provides free telephone counseling to adults and teens interested in quitting smoking or addressing other tobacco related addiction. Trained cessation counselors provide information in multiple languages on how to quit and stay tobacco free.