ACKNOWLEDGEMENTS

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The majority of the data analyzed in this report was sponsored by the Healthy Community Collaborative of San Mateo County and used in their 2001 and 2004 Community Assessments. The co-chairs of the Collaborative, Mayor Carole Groom (Mills-Peninsula Health Services) and Dr. Scott Morrow (San Mateo County Health Services Agency), have provided the enthusiasm and insight to make data collection exciting; their dedication to this information has made a significant contribution to implementing successful programs in San Mateo County based on empirical analysis.

A grateful thank you is due to the following individuals who provided substantial input for this Report: Toby Douglas and Emily Lam (San Mateo County Health Services Agency) for the Physical Health Supports section and Gale Bataille (San Mateo County Mental Health Services) for the Mental Health Supports section. P&E would also like to thank Jeanie McLoughlin of Preschool for All and Jessica Mihaly at First 5 San Mateo County, for providing information for the Children & Childcare Supports section of this report. Additional support came from within HSA including (in alphabetical order) Clara Boyden, Steve Cervantes, Judy Davila, Elsa Dawson, April Dunham, Wendy Goldberg, Susan Henkin-Haas, Fred Slone, Lorna Strachan, and Mary Ann Tse.

All of P&E’s staff contributed directly or indirectly to the completion of this report. Of special note are Camille Leung and Natasha Quinn who developed and researched the “Supports” sections cited throughout the document. Selina Toy-Lee, as always, provided excellent input and necessary insights. The primary researcher for this report is James V. Miller who can be reached at: jvmiller@smchsa.org.

These assessments can be found on the internet at: www.plsinfo.org/healthysmc.
Barriers to self-sufficiency within families are varied and complex. Strong, self-reliant families can be disrupted or diminished based on individual frailties, family dynamics, and structural impediments. Attempts at eliminating these barriers include self-help, family supports, and assistance from external institutions such as churches, schools, community organizations, and the government. This report monitors the characteristics of low-income families that seek the support of the Human Services Agency and contrasts them with other low-income families, high-income families, and the San Mateo County population as a whole. As shown throughout the report, having less income is related to a wide variety of individual and family issues; some of these issues tend to be amplified among HSA clients.

The report begins with a brief demographic description of the income groups studied in this report, and then describes the most significant problems they face, at both family and community levels. The largest part of this report addresses structural issues that are most significant to the lives of San Mateo County residents, such as the economy and government assistance, family issues such as children, child care, and housing, and individual issues such as health and healthy behaviors. These areas are addressed individually within 14 sections of this report, with each section containing a brief and partial description of community supports related to the section’s content area.

The following is a brief summary of the findings of this report:

**Population and Needs**

- People with low incomes and HSA clients are more likely to be female parents who are slightly younger, Hispanic or African American, and who have not graduated from college.

- The most common community problems cited by people with low incomes and HSA clients include economics and unemployment, crime and violence, lack of activities for children, illegal immigration and housing/homelessness. Education is also mentioned as a community-wide problem.

- The most common family problems cited by people with low incomes and HSA clients include cost of living, family economics/unemployment, childcare, the community, education (the cost of education), and communication. Issues related to health, healthcare and health insurance are reported as one of the top five family problems for all populations.
Executive Summary - (continued)

Economics and Government Assistance

- In the general population about two-thirds of residents are employed; only about half of people with low incomes and HSA clients are employed. More than half of HSA clients report that their family financial situation is fair or poor; this is a significant increase since 2001.

- About one-in-ten County residents report receiving some kind of government assistance; this is primarily social security. In addition to Social Security, HSA clients are much more likely to receive Medi-Cal.

- About one-in-five HSA clients and people with low incomes report that they rarely trust the government. About one-third of HSA clients report that the ease in accessing social services is excellent or very good.

Children and Childcare

- About thirty percent of residents describe their community as an excellent place to raise a family; this is significantly higher than the ratings given by the low-income and HSA client populations.

- During the past three years, dissatisfaction with their child's education has decreased for parents within the low-income and HSA client populations.

- Parents in low-income families report that their children spend more than two and a half hours per day in front of the television.

- Since 2001, the proportion of HSA clients using a family member to provide child care has significantly decreased. When compared to other populations, HSA clients are more likely to report that their child care situation made it easier to accept a better job.

Housing, Homelessness, and Hunger

- While about half of the County's low-income population owns a home, fewer than one-in-five HSA clients are homeowners. People with low incomes are more likely to share their homes with extended family and share their expenses with roommates.

- When compared to other residents, people with low incomes and HSA clients are two-to-three times as likely to have been displaced from their home over the past two years. About seventy percent of residents grade the availability of homeless shelters and programs as fair or poor.

- One-in-ten HSA clients do not have enough food on a regular basis; this is slightly higher than the low-income population. When compared to the low-income population, HSA clients are almost four times as likely to have received free meals in the past year.
Healthcare Access

- There has been a significant decrease in the proportion of residents reporting health insurance coverage over the past three years. While this decrease has not impacted high-income residents, both low-income residents and HSA clients have seen significant decreases in healthcare coverage. All populations have seen a decrease in employer-funded insurance.

- When compared to other residents, people with low incomes and HSA clients are two-to-three times as likely to forego healthcare for themselves or their children due to cost. Similarly, these populations are two-to-three times as likely to forego healthcare due to transportation. HSA parents are seven times as likely to not see a doctor for their child due to transportation issues. When compared to the low-income population, HSA clients have twice as many emergency room visits per year.

Health

- Over ninety-three percent of HSA clients have at least one cardiovascular risk factor (i.e., smoking, lack of exercise, high blood pressure, high cholesterol, overweight); this is significantly higher than the general and low-income populations.

- HSA clients report higher rates of hypertension/high blood pressure, heart disease, high cholesterol, arthritis, chronic lung disease, and diabetes.

- People with low incomes and HSA clients are more likely to be overweight, obese and sedentary (although these rates have decreased).

- More than one-quarter of HSA clients currently smoke; this is more than twice the rate for the low-income population. People with low incomes and HSA clients are significantly more likely to smoke within their homes.

Alcohol and Other Drugs

- Over the past three years, residents report increased difficulty in knowing where to access drug treatment for themselves or their families.

- Fewer than half of HSA clients currently drink; this is a significantly lower rate than the general population, people with high incomes, and people with low incomes. Among current drinkers, HSA clients are as likely to be chronic drinkers, but are less likely than the high-income population to be binge drinkers.

- Regardless of income, only about 4% of San Mateo County residents used an illegal drug in the past year. However, HSA clients were more than three times as likely to have sought help for a drug problem in the past.
Executive Summary - (continued)

Mental Health
◆ When compared to residents as a whole, HSA clients are twice as likely to report a history of mental problems/illness and had twice as many days with poor mental health in the past month.
◆ People with low incomes and HSA clients report significantly higher levels of depression and anxiety.

Supports: e.g., Network of Care, Functional Family Therapy, Dual Diagnosis Services, Mental Health Services Division

Crime, Safety, and Tolerance
◆ When compared to the general population, a higher proportion of the low-income and HSA client populations see crime as both getting better and getting worse.
◆ The high-income population is two-to-four times more likely to own a gun than people with low incomes and HSA clients, respectively.
◆ The low-income and HSA client populations are more likely to report community tolerance for racial and lifestyle differences as fair or poor.

Supports: e.g., Violence in Families Initiative Program, Peninsula Conflict Resolution Center, Juvenile Delinquency Mediation Program, Multi-option Appropriate Dispute Resolution, Small Claims Mediation Program, Project Childsafe, Fire Safe San Mateo County

Conclusion
As shown throughout the report, the community and government of San Mateo County make significant investments in supporting families who are having difficulties maintaining financial security. The County's "Shared Vision 2010" has made a commitment to "create opportunities for every household to participate in our prosperity", "sow the seeds of our future prosperity", and encourage "responsive, effective, and collaborative government." Hopefully, this report provides information to support these commitments and constructively contributes to the ongoing discourse regarding County priorities and the dedication of resources.

Although this report does not evaluate specific initiatives or assess specific programs, it provides a context for understanding people in San Mateo County who are struggling to remain self-sufficient. This information creates a better understanding of the needs of our Clients and low-income families, identifies areas for improvement, and dispels some myths and misunderstandings. Over time, monitoring this data will help the Human Services Agency assess trends in their client population relative to the low-income and San Mateo County populations.

Areas of concern include:
◆ Economics and Unemployment - The most frequently mentioned family and community problem is concern with economics and employment. San Mateo County's low-income community is being savaged by unemployment, underemployment and an increasing cost of living. One-in-ten HSA families report that they did not have enough food on a regular basis. HSA clients see their financial situation deteriorating at a significant rate.
Conclusion

◆ **Childcare** - HSA clients express that their number one family need is for childcare and that their community lacks activities for children. HSA clients perceive difficulties in managing their children's behavior and rely heavily on other family members to provide childcare. HSA clients' employment success is particularly impacted by their access to childcare.

◆ **Crime and Safety** - Crime and safety is a high ranking community problem for the County's low-income population. HSA clients and people with low incomes are much more likely to talk about crime getting worse in their neighborhoods.

◆ **Housing** - San Mateo County and the low-income population identify housing and homelessness as a significant problem. While the low income population has seen an increase in homeownership, HSA clients have seen a significant downturn in ownership and an movement toward rental homes. People with low incomes share their space and expenses and are extremely vulnerable to episodes of homelessness. In general, the community assesses the availability of homeless shelters and programs as fair or poor.

◆ **Health and Access to Health Care** - Health, health care, and health insurance are a priority problem for our families and community. HSA clients and people with low incomes are more prone to have high blood pressure, heart disease, high cholesterol, arthritis, chronic lung diseases, and diabetes. This community is also more prone to have at least one cardiovascular risk factor including smoking, being overweight, or being sedentary. Fewer families have health insurance and people with low-incomes are facing fiscal and transportation barriers to receiving treatment and medication. Not surprisingly, HSA clients use the emergency room more frequently.

◆ **Child Health and Access to Health Care** - Children of HSA clients and people with low incomes share the household with parents who are more likely to have the health issues listed above. Additionally, the survey denotes that low-income parents are more likely to smoke in the home, and their children spend more time watching television and playing video games. Parents are not taking their children to the doctor due to the cost of treatment and the difficulties of transportation.

◆ **Alcohol and Other Drugs** - The low-income and HSA client populations, as a whole, are less likely to drink and binge on alcohol than higher income populations. However, the lower income populations report chronic drinking and drug use at approximately the same rate as the rest of the community. HSA clients are more likely to have sought help for a drug problem; this may be related to a tendency toward seeking service or the provision of integrated services. Over the past three years, less funding for alcohol and drug services has been available for outreach to clients and for services to clients outside the criminal justice system - this may be reflected in the community's decreased knowledge regarding access to alcohol and drug services.

◆ **Mental Health** - As with other health issues, people with low incomes and HSA clients are more likely to have a history of mental illness. These populations suffer disproportionate challenges with depression and anxiety. This health issue creates another significant barrier to family self-sufficiency.

◆ **Tolerance** - HSA clients and people with low incomes denote problems with communication, community involvement, selfishness, society, and manners. This part of our community is more likely to feel that there is less tolerance for their point-of-view and their lifestyle. Additionally, they are significantly more likely to report that community racial tolerance is fair or poor.
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INTRODUCTION

Barriers to self-sufficiency within families are varied and complex. Strong, self-reliant families can be disrupted or diminished based on individual frailties, family dynamics, and structural impediments. Attempts at eliminating these barriers include self-help, family supports, and assistance from external institutions such as churches, schools, community organizations, and the government. This report monitors the characteristics of low-income families that seek the support of the Human Services Agency and contrasts them with other low-income families, high-income families, and the San Mateo County population as a whole. As shown throughout the report, having less income is related to a wide variety of individual and family issues; some of these issues tend to be amplified among HSA clients.

In 2001, the Human Services Agency, in collaboration with the Healthy Community Collaborative of San Mateo County (HCCSMC), began to compile information on the HSA client population to compare with information on the County population used in the HCCSMC’s triennial Community Assessment on the Health and Quality of Life in San Mateo County. This comprehensive Community Assessment provides a rich source of information for understanding the individual and community context for vulnerable families. While the Assessment primarily focuses on health, this focus compliments the Agency’s focus on self-sufficiency, as healthy people are more likely to be self-sufficient, and individuals in ill health have significant barriers to earning a living wage.

Collaboration between the two organizations continues, with similar data collected in 2004. On March 30, 2005 the HCCSMC released the “2004 Community Assessment: Health & Quality of Life in San Mateo County.”

This report includes findings from both the first (2001) and second (2004) surveys and their corresponding HSA client comparison group. To create the HSA client comparison group, 300 telephone surveys were randomly conducted based upon telephone numbers supplied by the Human Services Agency. To control for surveys that may have been completed by non-HSA clients (e.g., a changed phone number, a non-eligible roommate or family member completing the survey) respondents who did not report an income or reported an income over the 400% Federal Poverty Level (FPL) were excluded from the analysis. 180 HSA clients under the 400% FPL completed the Survey.

For purposes of this report, "low income" is defined as at or below the 400% FPL and high income is above 400% FPL. At the time of the survey, the 100% FPL for a family of three was $15,670. Unfortunately, even with supports, very few families can afford to live in this high-cost area at the 100% FPL. The Human Services Agency of San Mateo County estimated that a family of three (one parent, one infant, and one school-aged child) would need to have an income of $62,568 to remain self-sufficient; the 400% FPL for a family of three is $62,680.

The report begins with a brief demographic description of the income groups studied in this report, and then describes the most significant problems they face, at both family and community levels. The largest part of this report addresses structural issues that are most significant to the lives of San Mateo County residents, such as the economy and government assistance, family issues such as children, child care, and housing, and individual issues such as health and healthy behaviors. To balance out the somewhat somber tone that evidenced-based analysis can often provide, within each section is a brief and partial description of community supports related to the section’s content area. Ultimately, it is these strength-based solutions that will eliminate some of the disparity in outcomes.

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2 This report is available at http://www.plsinfo.org/healthysmc.
4 HSA Budget Presentation to the County Manager’s Office June 2004
HSA clients and people with low incomes are more likely to be female parents who are slightly younger, and Hispanic or African American. Additionally, these groups are less likely to have attained a college degree.

- As noted in the chart below, when compared to San Mateo County’s low-income population (56.9%), HSA clients are disproportionately more female (65.0%).
- On average, HSA clients are younger (43.3 years) than high-income (45.8 years) and low-income residents (44.7 years).
- HSA clients include a higher proportion of adults ages 40 to 64 than the low-income population.
- When compared to the low-income population, HSA clients are disproportionately more likely to be African American (13.3%) and less likely to be Asian or Pacific Islander (12.8%).
- When compared to the high-income population, low-income and HSA clients are disproportionately more likely to be Hispanic and less likely to be White.
- Approximately two-thirds of HSA client households (65.6%) have children, significantly higher than the low-income (51.6%) and high-income populations (30.6%).
- Nearly one-in-five (18.9%) HSA clients never completed a high school diploma; three-quarters (75.0%) have a high school diploma or less education. About one-in-three (30.2%) people in the County’s general population, one-in-four (25.1%) people with low incomes, and one-in-eleven (9.4%) HSA clients have a college degree.

<table>
<thead>
<tr>
<th></th>
<th>General Population</th>
<th>High Income</th>
<th>Low Income</th>
<th>HSA Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>49.6%</td>
<td>56.4%</td>
<td>43.1%</td>
<td>*** 35.0%</td>
</tr>
<tr>
<td>Female</td>
<td>50.4%</td>
<td>43.6%</td>
<td>56.9%</td>
<td>*** 65.0%</td>
</tr>
<tr>
<td>Average Age</td>
<td>48.8</td>
<td>45.8</td>
<td>44.7</td>
<td>*** 43.3 ***</td>
</tr>
<tr>
<td>Age 18-39</td>
<td>39.2%</td>
<td>38.3%</td>
<td>47.8%</td>
<td>*** 40.7%</td>
</tr>
<tr>
<td>Age 40-64</td>
<td>44.8%</td>
<td>51.3%</td>
<td>34.4%</td>
<td>*** 48.6%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>16.0%</td>
<td>10.4%</td>
<td>17.8%</td>
<td>*** 10.7%</td>
</tr>
<tr>
<td>African American</td>
<td>4.1%</td>
<td>3.1%</td>
<td>7.1%</td>
<td>** 13.3%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>14.7%</td>
<td>14.6%</td>
<td>17.4%</td>
<td>12.8% *</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21.4%</td>
<td>11.9%</td>
<td>37.0%</td>
<td>*** 40.0%</td>
</tr>
<tr>
<td>White</td>
<td>59.9%</td>
<td>71.1%</td>
<td>39.9%</td>
<td>*** 40.6%</td>
</tr>
<tr>
<td>Households with Children</td>
<td>37.5%</td>
<td>30.6%</td>
<td>51.6%</td>
<td>*** 65.6%</td>
</tr>
<tr>
<td>Less than a High School Diploma</td>
<td>6.7%</td>
<td>1.4%</td>
<td>13.6%</td>
<td>*** 18.9% *</td>
</tr>
<tr>
<td>High School Graduate/Some College</td>
<td>45.1%</td>
<td>36.9%</td>
<td>56.9%</td>
<td>*** 66.1% **</td>
</tr>
<tr>
<td>College Graduate</td>
<td>30.2%</td>
<td>36.2%</td>
<td>25.1%</td>
<td>*** 9.4% ***</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>18.0%</td>
<td>25.5%</td>
<td>4.3%</td>
<td>*** 5.6%</td>
</tr>
</tbody>
</table>
San Mateo County survey respondents were asked about the number one problem facing their community. As with the general (22%), high-income (22%) and low-income (20%) populations, HSA clients (16%) noted that the number one problem facing the community were issues of economics and unemployment. HSA clients were similar to the other populations in that they noted that the community has problems related to healthcare, health insurance, alcohol and drugs.

The HSA client population noted that there is a lack of activities for children and problems with parenting. HSA clients observe that there are problems with illegal immigration, community selfishness, and manners. This population is sensitive to local difficulties such as urbanization and environmental problems.

Unlike the other populations, HSA clients have not cited crime and violence, education, housing/homelessness, and lack of communication as a top community problem.

The most common community problems cited by HSA clients and people with low incomes include economics and unemployment, crime and violence, activities for children, illegal immigration and housing/homelessness. Education is also mentioned as a community-wide problem.
The most common family problems cited by HSA clients and people with low incomes include cost of living, family economics and unemployment, childcare, the community, education (the cost of education), and communication. Issues of health, healthcare and health insurance are reported as one of the top five family problems for all populations.

San Mateo County residents were asked about the number one problem facing their family. The general (36%), high-income (31%), and low-income (44%) populations noted that the number one problem facing their family were economic issues such as the cost of living, family economics and unemployment. HSA clients noted that the number one problems facing their family were issues concerning childcare (24%) and the community (23%); economic issues were the fourth most frequently cited problem (7%) following education and the cost of education (8%).

Issues of health, healthcare and health insurance are reported as one of the top five family problems for all four populations. All of the populations also cited issues regarding education and the cost of education, and crime, violence, and safety.

### Top 10 Family Problems: General Population

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Living/Economics/ Unemployment</td>
<td>36%</td>
</tr>
<tr>
<td>Health, Healthcare and Insurance</td>
<td>7%</td>
</tr>
<tr>
<td>No Time/Too Busy</td>
<td>7%</td>
</tr>
<tr>
<td>Education/Cost of Education</td>
<td>5%</td>
</tr>
<tr>
<td>Cost of Housing</td>
<td>5%</td>
</tr>
<tr>
<td>Crime, Violence and Safety</td>
<td>5%</td>
</tr>
<tr>
<td>Communication</td>
<td>5%</td>
</tr>
<tr>
<td>No Family Close By</td>
<td>4%</td>
</tr>
<tr>
<td>Aging</td>
<td>4%</td>
</tr>
<tr>
<td>Teenagers</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Top 10 Family Problems: High-Income Population

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Living/Economics/ Unemployment</td>
<td>31%</td>
</tr>
<tr>
<td>No Time/Too Busy</td>
<td>11%</td>
</tr>
<tr>
<td>Health, Healthcare and Insurance</td>
<td>8%</td>
</tr>
<tr>
<td>Education/Cost of Education</td>
<td>7%</td>
</tr>
<tr>
<td>Cost of Housing</td>
<td>7%</td>
</tr>
<tr>
<td>Aging</td>
<td>5%</td>
</tr>
<tr>
<td>No Family Close By</td>
<td>4%</td>
</tr>
<tr>
<td>Crime, Violence and Safety</td>
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</tr>
<tr>
<td>Communication</td>
<td>4%</td>
</tr>
<tr>
<td>Politics and Government</td>
<td>2%</td>
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### Top 10 Family Problems: Low-Income Population

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Living/Economics/ Unemployment</td>
<td>44%</td>
</tr>
<tr>
<td>Communication</td>
<td>8%</td>
</tr>
<tr>
<td>Health, Healthcare and Insurance</td>
<td>7%</td>
</tr>
<tr>
<td>Crime, Violence and Safety</td>
<td>5%</td>
</tr>
<tr>
<td>Teenagers</td>
<td>3%</td>
</tr>
<tr>
<td>Education/Cost of Education</td>
<td>3%</td>
</tr>
<tr>
<td>Cost of Housing</td>
<td>3%</td>
</tr>
<tr>
<td>No Family Close By</td>
<td>3%</td>
</tr>
<tr>
<td>Aging</td>
<td>3%</td>
</tr>
<tr>
<td>War</td>
<td>2%</td>
</tr>
</tbody>
</table>

### Top 10 Family Problems: HSA clients

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare</td>
<td>24%</td>
</tr>
<tr>
<td>Community</td>
<td>23%</td>
</tr>
<tr>
<td>Education/Cost of Education</td>
<td>8%</td>
</tr>
<tr>
<td>Cost of Living/Economics/ Unemployment</td>
<td>7%</td>
</tr>
<tr>
<td>Society</td>
<td>5%</td>
</tr>
<tr>
<td>Health, Healthcare and Insurance</td>
<td>5%</td>
</tr>
<tr>
<td>Crime, Violence and Safety</td>
<td>5%</td>
</tr>
<tr>
<td>Immigration Issues</td>
<td>4%</td>
</tr>
<tr>
<td>Death of Family Member</td>
<td>3%</td>
</tr>
<tr>
<td>Teenagers</td>
<td>3%</td>
</tr>
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</table>
The most common community problems cited by HSA clients and people with low incomes include economics and unemployment, crime and violence, activities for children, illegal immigration and housing/homelessness. Education is also mentioned as a community-wide problem.

Survey Findings

According to the California Economic Development Department, in July 2004, 5.2% of the people in the County workforce seeking employment were unemployed.\(^5\) By contrast, the survey asks respondents (who may or may not be seeking employment) if they are employed. Countywide, 61.8% of respondents are working.

Not surprisingly, when compared to low-income residents (52.5%) and HSA clients (52.2%), a significantly higher proportion of high-income residents are employed (75.5%). Although there is a statistically significant decrease in the proportion of residents employed between 2001 and 2004, employment within the HSA client population has shown an increase over this time (though the change is not statistically significant).

HSA clients report significantly higher levels of dissatisfaction (57.3%) with their personal or family financial situation. Over the past three years, the level of dissatisfaction has grown 14.5%, a statistically significant increase.

Supports

Despite recent employment growth, economic challenges in San Mateo County continue to affect families at all income levels and some of the hardest hit are HSA clients and the low-income population. In these tight budget times, even greater importance is placed on the integration of both County and community resources to meet increasing service needs.

Over the past year, San Mateo County collaborated with several local counties and community partners to obtain several federally-funded employment training grants. These grants include:

- **BAY ABC Biotech Retraining Grant:** San Mateo County’s Workforce Investment Board (WIB) was awarded $900,000 to retrain laid-off workers for new careers in the field of biotechnology. The program is an accelerated 3-month training program, which includes intensive classroom and lab coursework, leading to a potential 3-month paid internship with an employer. Bay ABC operates in collaboration with partners including the Alameda Workforce Investment Board, as well as local companies and community colleges.

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Employment and Fiscal Outlook - (continued)

◆ Bay Area Funding Collaborative - Gateway Project: The Bay Area Funding Collaborative, a partnership between the State Economic Development Department and local foundations, awarded the San Mateo WIB over $700,000 to build a new program designed to help disadvantaged youth and adults access careers in the fields of healthcare and life sciences. Customers will have access to training, internships, and services supporting their pursuit of new careers.

◆ Jobs for Youth: The Jobs for Youth program partners with internal HSA programs and external community collaborators to help teens transition into adulthood with promising careers. Through PeninsulaWorks, the program links County youth with employment partners such as the Human Services Agency, the Employment Development Department, OICW, the Career Closet, Job Corps, and the County Office of Education, to provide employment resources to the youth in our community.

◆ Career Closet: The Career Closet of San Mateo provides working women with clothes needed to interview and enter the workforce. Since opening in October 2001, over 250 women referred from our PeninsulaWorks sites have been served. The program provides clothing through monthly boutiques, as well as seminars centered on work and presentation issues.
About one-in-ten County residents report receiving some kind of government assistance; this is primarily social security. In addition to Social Security, HSA clients are much more likely to receive Medi-Cal.

About one-in-five HSA clients and people with low incomes report that they rarely trust the government. About one-third of HSA clients report that the ease in accessing social services is excellent or very good.

Survey Findings

Between 2001 and 2004, San Mateo County residents reported a significant decrease in the proportion of people who receive assistance from the government (from 13.0% to 10.2%). When compared to higher income respondents (5.2%), people with lower incomes (15.5%) are significantly more likely to receive government assistance. More than a third (35.6%) of HSA clients report currently receiving assistance from the government, significantly higher than the low-income population.6

Among respondents who receive government assistance, a large proportion (44%) mostly receives Social Security benefits; by contrast, only one-in-five HSA clients (21.0%) receive Social Security. The second most frequently noted government assistance among HSA clients is the support of Medi-Cal (17.7%), which provides health care coverage for low-income families and elderly or disabled individuals who do not have health insurance.

Approximately one-in-six County residents (15.5%) report that they "seldom" or "never" trust the government. There is no statistically significant difference between the general, high-income, low-income, and HSA client populations. While the lower income populations tend to have a slightly higher rate, the rate for all groups increased between 2001 and 2004.

About one-third of the general population (35.9%) and HSA clients (34.6%) find the ease of obtaining social services "excellent" or "very good"; low-income clients are less likely to rate social service access this highly (28.4%). Between 2001 and 2004, there has been 6.8% increase (statistically significant) in the percentage of residents who view access to social services in a positive manner.

Only about one-quarter of residents (24.8%) view access to social services as "fair" or "poor", this is a decrease from 2001. About one-in-five high-income (19.0%) and one-in-three low-income residents (33.4%) have a negative view of access to social services. Between 2001 and 2004, HSA clients report an increase in these negative opinions, from 20.9% to 26.4%.

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6Although it would be expected that all HSA clients receive help from the government, survey respondents may not receive government assistance for a variety of reasons including: 1) they received government assistance in the past but no longer receive it, 2) the member of the household who answered the phone is not an HSA client, or 3) the respondent is not comfortable reporting government assistance.
Government Assistance - (continued)

Supports

The County’s Economic Self-Sufficiency programs promote self-sufficiency for individuals and families by providing employment, career-related support and services, and temporary financial assistance to those in need. At four PeninsulaWorks sites, clients can access free-of-charge employment services and job skills training, as well as assistance programs such as CalWORKs, Food Stamps, Medi-Cal, General Assistance (GA), Child Care, and Cash Assistance Program for Immigrants (CAPI). For residents with employment barriers and disabilities, the Vocational Rehabilitation Services (VRS) program helps clients to attain their maximum potential through counseling, case management, assessment, and vocational training.

In January 2000, HSA formalized a tax assistance program to assist individuals and low-income families with tax preparation. In collaboration with the Internal Revenue Services and community partners, the Agency helped to maximize the use of tax credits specifically earmarked for low-income families, including the Earned Income Tax Credit, Homeowner and Renter Credit, Child Tax Credit, Child Care Credit, Dependent Care Credit, and Education Credit.

Over the past year, the Agency has continued to streamline and better integrate its programs and services through the following projects:

- HSA implemented the Employment Services Integration project, a continuation of Agency goals to further integrate CalWORKs, the Workforce Investment Act and General Assistance case management.
- The Agency is currently training all end users in CalWIN, a multi-year project involving 18 counties to develop, test, and implement an automated benefit determination system. The new system will assist with the determination of eligibility and benefits and will issue benefits for CalWORKs, Food Stamps, Medi-Cal, GA, CAPI, and Foster Care.
- HSA is currently developing Just an Outcome Based System (JOBS), a system for ensuring positive outcomes for CalWORKs clients by developing and implementing performance measurements for case management. JOBS will help staff and clients work together to identify barriers that can hamper a family’s ability to be self-sufficient, such as alcohol and/or drug abuse, domestic violence, mental health, or learning disabilities. JOBS is planned for implementation in October 2005.
- Also this year, the Agency joined the United Way of the Bay Area, IRS, Tax-Aid, Wells Fargo Bank, Central Labor Council, Association of Community Organizations for Reform Now, and local community based organizations, to form the San Mateo County Earn It! Keep It! Save It! Coalition. The shared goal of the coalition is to assist working families to claim the EITC and other tax credits, file their taxes at free tax assistance sites in their communities, and build assets through financial education and savings tools, such as Individual Development Accounts and the utilization of other community resources.

Footnote: For additional information on Medi-Cal see the section on Healthcare Access, page 18.
About thirty percent of residents describe their community as an excellent place to raise a family; this is significantly higher than the ratings given by the low-income and HSA client populations.

During the past three years, dissatisfaction with their child’s education has decreased for parents of both the low-income and HSA client populations.

Parents in low-income families report that their children spend more than two and a half hours per day in front of the television.

Since 2001, the proportion of HSA clients using a family member to provide child care has significantly decreased. When compared to other populations, HSA clients are more likely to report that their child care situation made it easier to accept a better job.

Survey Findings

Over the past three years there has been a significant increase in the proportion of San Mateo residents who note that their community is an “excellent” place to raise a family (from 24.5% to 29.9%). This increase is reflected across all income groups. Unfortunately, this rating of excellence is significantly less frequent among low-income (19.5%) and HSA client (17.4%) populations.

Approximately eight-in-ten of residents’ children attend public school. When compared to the higher income population (66.4%), a significantly higher percentage of parents in the low-income (86.0%) and HSA client (89.5%) populations have children in the public schools. In 2004, low-income and HSA client parents are less dissatisfied with the education their children receive than they were in 2001; during this period, parents with high incomes experienced increased dissatisfaction with their children’s education.

Overall, parents report that their children spend an average of 2.3 hours per day watching television, videos, or playing video games. Children of HSA clients have a similar rate of 2.2 hours per day, significantly less than the children in low-income families who watch 2.6 hours per day.

Only a small proportion of residents have difficulty managing their child’s behavior (6.3%). However, high-income parents (7.4%) are significantly more likely to report this difficulty than low-income parents (3.0%). HSA clients are on par with the general population (6.1%).

HSA clients (22.7%) are significantly more likely than the general (15.3%) and high-income populations (11.1%) to use a family member to provide child care. Between 2001 and 2004 there has been an across-the-board decrease in parents using relatives to prove child care from 19.1% to 15.3%. The largest decreases are among high-income parents (5.2% decrease) and HSA clients, which decreased from 37.5% in 2001 to 22.7% in 2004. A large percentage of HSA clients report that their child care arrangement has made it easier to accept a better job (71.2%).
Supports

In the past year, the Human Services Agency has undertaken significant efforts to ensure that our services effectively meet the changing needs of children and families in our community. In partnership with community-based organizations, the Agency undertook efforts in the following areas:

- In compliance with Assembly Bill 636, the Agency completed a Self-Assessment of the County's child welfare system and, with extensive community involvement, has drafted the Children and Family Services Improvement Plan (SIP), which sets the protection of children, reduction of re-entry into foster care, and the preservation of family relationships as appropriate, as its main priorities. The implementation of the SIP is already underway and involves every area of the Agency's Children and Family Services, Self-Sufficiency, Housing, and Alcohol, Tobacco & Other Drug Services programs, as well as non-profit and inter-agency partners.

- This year, the Agency has partnered with First 5 San Mateo County and other partners to prepare for the launch of the Pre-School for All (PFA) Initiative, scheduled for January 2005. The Initiative works to ensure access for all three and four year olds to high quality care and education that promotes success in school and life. The program will set higher quality standards in the areas of curriculum, assessments, class sizes, staffing qualifications, and Early Childhood Environmental Rating Scale scores. Classrooms in the Ravenswood and Redwood City School Districts will be the first to implement PFA, with plans to establish 34 new classrooms serving over 700 preschoolers by June 2005.

- This year, the Agency was chosen to plan and implement a five-year child care pilot program with State and local child care providers. The program, which restructures local eligibility criteria and provider reimbursement rates, addresses a need for greater flexibility in the delivery of child care services in areas like San Mateo County, where the cost of living is higher than in other counties in the state.

- In its continuing partnership with First 5 San Mateo County, the Agency has recently implemented the SmartKids Initiative. The SmartKids Initiative provides start-up funding for new and expanding child care programs across the County. The Initiative has provided start-up funds for the creation of 700 new child care spaces in child care centers and licensed family child care homes within the County.
Survey Findings

Nearly 31% of County residents rent a home and 62.1% own a home. Over the past three years there has been a slight increase in home ownership; however, HSA clients have seen a significant decrease from 29.7% home ownership in 2001 to 18.8% in 2004. During this time there has been a corresponding increase in renting, from 52.9% to 68.2%.

HSA clients (11.7%) are twice as likely to live in the home of an older relative as the population in general (6.0%). HSA clients (10.0%) are also twice as likely to have older dependents living at home (4.9% for the general population). It should be noted that the percent of HSA clients with older dependents at home has decreased significantly since 2001, when nearly one-in-twenty (19.1%) HSA clients lived with an older dependent.

More than one-quarter (28.3%) of HSA clients share expenses with someone other than a spouse or a partner (e.g., roommate, extended family). This is significantly higher than the proportion in the low-income (19.8%), high-income (10.4%), and general populations (13.5%).

Due to an emergency, 15.1% of HSA clients have lived with a friend or relative in the past two years. By contrast, this is significantly higher than the proportion in the low-income (9.1%), high-income (2.8%), and general populations (4.6%). This is an increase over the 11.0% of Clients displaced by an emergency in 2001.

Whereas approximately one-in-one hundred County residents (0.7%), people earning high incomes (0.8%) and people earning low incomes (1.0%) have lived on the street, in a car, or in a shelter in the past two years, one-in-twenty HSA clients (5.0%) has experienced this level of homelessness. This is an increase over 2001, when 4.1% of HSA clients were on the street, in a car, or in a shelter. Approximately seven-in-ten residents (71.4%) rate the availability of homeless shelters as “fair” or “poor”; this is a significant decrease since 2001 (76.9%).
Supports

In 2004, the average rent for a one-bedroom apartment in San Mateo County decreased by 1%, while median sales prices for a single family home, condominium or townhome in the area increased by over 18%. In a climate of high housing costs and shrinking State and Federal funding for housing services, the Office of Housing continues to offer critical housing and supportive services to HSA clients by forming public partnerships and leveraging limited funds.

The Office of Housing continues to expand housing alternatives for very low, low and moderate income County residents through partnerships with regional agencies, municipalities, community organizations, and private developers. The Office of Housing added seventy-two new units of affordable housing in East Palo Alto by working with community housing developers and created seven affordable homes in Daly City, through a partnership with Habitat for Humanity. In addition, the County continued to work with the Peninsula Policy Partnership, SAMCEDA, and cities, to develop Smart Growth housing options along transit corridors.

This year, the Office of Housing and the Housing Authority, have made strides to address homelessness in San Mateo County. Recent accomplishments include the following:

◆ Implementation of the Supportive Housing First program creates permanent housing with services to end homelessness. The Housing Authority partnered with County Mental Health Services to develop housing projects that focus on dual diagnosis and people in recovery, including up to fourteen (14) units of supportive housing. In addition, the Office has partnered with the County’s Alcohol and Drug Services for an additional twenty (20) units to support clients struggling with substance abuse.

◆ Last summer, the Safe Harbor Homeless Shelter in South San Francisco was awarded a $1 million Emergency Housing Assistance Program for the renovation of the shelter, including upgrading shelter beds, improving personal storage, and creating private offices for counseling and treatment. The award will also enhance counseling, health, vocational, and other services designed to help people transition to self-sufficiency or to more intensive treatment. Completed is anticipated by January 2006.

◆ The Office of Housing, in conjunction with the San Mateo County Homeless Continuum of Care Steering Committee, is currently developing a San Mateo County Ten-Year Plan to End Homelessness. It will include the implementation of a county-wide Homeless Management Information System (HMIS), a five-year plan that focuses on short-term solutions, and a long-term strategy for increasing the supply of affordable housing. The development of the Plan will include a comprehensive community planning process and coordination with Bay Area regional planning efforts.

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While most residents acknowledge the need for more affordable housing in the County, resistance to the development of affordable housing units continues to be a significant obstacle. Through its participation and funding of the Housing Endowment and Regional Trust (HEART) Program of the San Mateo County Joint Powers Authority, the Office of Housing works with nine cities in the County to advocate for the development of affordable housing. Specifically, the primary goal of HEART is to bring new financial resources to the promotion of affordable housing development, through collaboration, consolidation of limited resources, and enhanced community support of affordable housing development.

In January 2005, the Board of Supervisors established a Department of Housing to create a more focused approach to increasing the supply of housing and a greater awareness of the activities of the Housing Authority. The mission of the new department is to serve as a catalyst for increasing access to affordable rental housing, supporting community development, and forging partnerships that increase the supply of housing, so that housing exists for people of all income levels in San Mateo County.
Supports

San Mateo County continues to work with its community partners to increase public awareness of the issues of hunger and nutrition in the County. Using legislative measures, education in schools, and community outreach functions, the County hopes to increase the number of individuals served by the Food Stamp (FS) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) programs, as well as programs and services provided by community based organizations.

The County and its partners acknowledge the importance of nutrition in promoting general health and physical development, as well as preventing obesity and other illnesses associated with a poor diet. The County continues to administer WIC at six County locations to provide comprehensive nutrition services to young families. These services include providing food vouchers for the purchase of nutritious foods, nutritional assessment and counseling, nutrition education classes, referral to other organizations and programs when needed, and coordination of service with primary care providers.

County residents may also receive food and nutrition assistance through services offered by the County’s Health Services Agency. The Child Development Nutrition Program, administered by the Health Services Agency’s Food and Nutrition Services, provides nutritious and ethnically diverse meals for toddler and preschool centers throughout San Mateo County. The Senior Nutrition Program, administered by the County's Aging and Adult Services, provides nutritious meals at group dining sites and through home delivery to homebound persons sixty years of age and their spouses, as well as adult individuals with disabilities.

Over the past year, the County’s Health Insurance TeleCenter (HIT) has implemented new services in food stamp assistance. Through HIT, food stamp assistance is now accessible to an ongoing caseload of 1,300 to 1,500 cases through an 800 number, through which clients can access a menu of services and talk to a live person if the automated system does not fit their needs. Services are offered in many languages including Spanish, Tagalog, and Chinese.

The Second Harvest Food Bank continues to provide critical food supplies to San Mateo County residents. The Food Bank coordinates with County service providers as well as local non-profit agencies to collect and distribute nutritious, high-quality food to low-income persons. The Food bank also operates food programs including the Family Harvest program (a self-help program that provides supplemental food for residents with minor children), Operation Brown Bag (provides low-income seniors a weekly bag of groceries), and Children’s Summer Feeding Programs.
Survey Findings

The proportion of San Mateo County residents ages 18 to 64 with health insurance has significantly decreased between 2001 (90.6%) and 2004 (86.4%). While the proportion of higher income residents has remained stable, the proportion of low-income residents has seen a significant decrease of 12.1% during this period. When compared to the high-income population (95.1%), the low-income population (72.6%) and HSA clients (76.3%) are significantly less likely to have health insurance.

Over the past three years, there has been a significant decrease in the proportion of County residents whose insurance is either self-paid or paid for by their employer; this was a decrease from 90.8% in 2001 to 86.3% in 2004. The proportion of the high-income population (92.2%) that has private insurance is significantly larger than in the low-income population (77.6%); similarly the proportion of the low-income population that has private insurance is significantly larger than in the HSA client population (48.3%).

More than one-in-five HSA clients (22.2%) could not see a doctor due to cost over the past year. This is significantly higher than the proportion in the general population (7.2%), high-income (2.5%), and low-income groups (15.2%). The pattern is similar for parents, whereas one-in-twenty-five residents (4.1%) could not take their child to see a doctor due to cost, more than one-in-seven HSA parents (13.2%) could not take their child to see a doctor. The HSA rate is nearly twice the rate for the low-income population (7.0%).

One-in-ten County residents (10.2%) could not afford to buy medicine in the past year. By contrast, approximately one-quarter of low-income residents (23.9%) and one-third of HSA clients (31.1%) found the cost of medication prohibitive.

HSA clients are significantly more likely to forego healthcare due to transportation barriers. Whereas 4.5% of the general population could not see a doctor due to lack of transportation, 9.8% of low-income residents and 13.9% of HSA clients were impeded to accessing health care by transportation issues. HSA parents (7.9%) are seven times more likely than the general population (1.1%) to miss health care for their children due to transportation.

There has been a significant decrease in the proportion of residents reporting health insurance coverage over the past three years. While this decrease has not impacted high-income residents, both low-income and HSA client populations have seen significant decreases in healthcare coverage. All populations have seen a decrease in employer-funded insurance.

When compared to other residents, people with low incomes and HSA clients are two-to-three times as likely to forego healthcare for themselves or their children due to cost. People with low incomes and HSA clients are two-to-three times as likely to forego healthcare due to transportation. HSA parents are seven times as likely to not see a doctor for their child due to transportation issues. When compared to the low-income population, HSA clients have twice as many emergency room visits per year.
Healthcare Access  - (continued)

In the past year, San Mateo County residents went to the hospital emergency room 0.5 times; this is similar to the high-income (0.5 per year) and low-income populations (0.6 per year). HSA clients are in the emergency room at twice the rate, or 1.3 times per year.

Supports

Approximately 32,000 adults in San Mateo County do not have any health coverage and about half of these adults earn below 200% of the Federal Poverty Level (FPL). San Mateo County believes that greater enrollment in Medi-Cal, Healthy Families, and Healthy Kids programs provides health insurance for children in families up to 400% of the FPL. 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).

This year, the Human Services Agency is involved in four major initiatives aimed at increasing health care coverage in San Mateo County:

◆ Health-e-App and One-e-App are simple, interactive internet-based applications that provide streamlined processes to enroll low-income children and expectant mothers in State and local health insurance and other programs. The County is one of three lead counties in the State to implement the One-e-App application.9

◆ The Children's Health Initiative provides children with easier access to Medi-Cal and Healthy Families, and in addition, provides Healthy Kids, an insurance program to serve children who don't qualify for Medi-Cal and Healthy Families. As of May 2004, approximately 4,900 children received coverage through Healthy Kids.

◆ Health Insurance Outreach Coordinators coordinate health insurance outreach and enrollment efforts throughout the community, including the expansion of food stamps outreach this year.

◆ The Wellness Education Linkage Low-cost (WELL) program provides Medi-Cal services to County residents who are ineligible for coverage through traditional health assistance, through the San Mateo County Health Center and its satellite clinics.

Over the past year, the Agency continues its efforts to improve access to healthcare and preventative care through the CORE (County Outreach, Retention and Enrollment) Collaborative and the Express Lane Eligibility (ELE) Program. The CORE Collaborative is composed of six California Counties10 working to streamline the 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 and why to obtain health care. The County was chosen to implement one of six pilot programs for the Express Lane Eligibility (ELE) Program, a statewide pioneering health care program for low-income kids. ELE streamlines the Medi-Cal health care enrollment process for eligible, uninsured children already enrolled in the National School Lunch Program.

10San Mateo, Alameda, Merced, San Francisco, Santa Cruz and Stanislaus Counties.
Over ninety-three percent of HSA clients have at least one cardiovascular risk factor (i.e., smoking, lack of exercise, high blood pressure, high cholesterol, overweight); this is significantly higher than the general and low-income populations.

HSA clients report higher rates of hypertension/high blood pressure, heart disease, high cholesterol, arthritis, chronic lung disease, and diabetes.

People with low incomes and HSA clients are more likely to be overweight, obese and sedentary (although these rates have been decreasing).

**Survey Findings**

At least one cardiovascular risk factor is reported by 85.9% of County residents. Cardiovascular risk factors include smoking, no leisure-time physical activity, high blood pressure, high cholesterol, or being overweight. Both the low-income (88.8%) and HSA client (93.3%) populations have a significantly higher rate of having cardiovascular risk factors.

One-in-four respondents (25.7%) report that they suffer from, or have been diagnosed with, hypertension or high blood pressure. The rate for hypertension/high blood pressure is slightly higher for the low-income (26.7%) and HSA client (28.9%) groups.

More than one-in-twenty residents (5.3%) report that they suffer from, or have been diagnosed with, a heart disease such as congestive heart failure, angina, or a heart attack. When compared to the low-income population, HSA clients are nearly twice as likely (9.4%) to report that they suffer from, or have been diagnosed with, heart disease.

Approximately one-quarter of respondents (24.8%) have been told by a doctor or nurse that they have high cholesterol levels. By contrast, 30.6% of HSA clients have been informed they have high cholesterol.

Among San Mateo County residents, 15.1% report that they suffer from, or have been diagnosed with, arthritis or rheumatism. HSA clients (22.8%) and people with low incomes (19.8%) report a significantly higher proportion of arthritis and/or rheumatism than the County as a whole.

About 15.4% of the general population reports that they have been told by a doctor that they have asthma; this rate is not significantly different across income groups. However, chronic lung disease including bronchitis and emphysema is reported by 7.3% of the population and differs significantly by income. The low-income population (9.1%) has a significantly higher rate of chronic lung disease than the high-income population (4.7%) and HSA clients have a higher rate (15.0%) than the low-income group.
Physical Health Risks - (continued)

One-in-fifteen residents (6.5%) report that they suffer from, or have been diagnosed with, diabetes. Among the high-income population, 4.2% report diabetes, whereas, a significantly higher proportion of people with low incomes (8.6%) and HSA clients (13.9%) report diabetes.

Using the Body Mass Index, a ratio of weight to height (kg/m²), it is estimated that 55.7% of San Mateo County residents are overweight and 19.1% are obese. The low-income population (59.5% overweight, 24.9% obese) and HSA clients (63.9% overweight, 27.2% obese) are more likely than the high-income population to be overweight (53.2%) or obese (15.9%).

More than half of the general population (54.6%) is 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. This is a significant decrease since 2001 when 64.1% of the population reported sedentary behavior. Although these rates are also decreasing, people with low incomes (57.1%) and HSA clients (62.6%) are significantly less active than people with high incomes.

Supports

The San Mateo County Health Department has a wide range of programs and partnerships for the treatment and prevention of chronic diseases. In 2004, the Health Department initiated the Community Health Improvement Initiative to eliminate health disparities and improve the health of all residents, focusing on major risk factors for cardiovascular disease, diabetes and other illnesses.

On May 21, 2004, the Health Department held the first Healthy Communities Summit to examine health issues that affect certain communities disproportionately. Several themes consistently emerged from the day including a call to action around collaboration, community education, access and cultural competence. Since this event, stakeholders have initiated several different community efforts with a focus on overweight/obesity issues and substance abuse.

As childhood overweight and obesity rates continue to grow throughout the County, several strategic planning efforts have been underway to reduce these rates. The childhood obesity planning process will be consolidated under the Health Disparities Collaborative to improve community-wide nutrition and physical activity. Developing a blueprint to reduce risks of childhood overweight and obesity will be the first phase of the Nutrition and Physical Activity Collaborative's effort.

Recommendations from the Collaborative aim to improve children's health and reduce health disparities through healthy eating, regular physical activity and changing community norms, environments, and policies. Adult and older adult overweight and obesity strategic planning will be developed in the second phase. Additionally, partnerships in South San Francisco and East Palo Alto are organizing around childhood obesity issues and are working in collaboration with local organizations to approach it.
In May 2005, the San Mateo County Public Health Department (CHDP, MCAH & Nutrition), California Nutrition Network, Kaiser Permanente, Health Plan of San Mateo, Palo Alto Medi-Cal Foundation will be convening San Mateo County’s 3rd Bi-Annual Childhood Overweight and Obesity Conference. This conference addresses strategies and tools for prevention of pediatric overweight and highlights speakers and workshops that address:

- Motivating low-income families to become physically active
- Model programs and educational materials designed to prevent childhood obesity
- Innovative methods to counsel ethnically diverse families
- The impact of breastfeeding, early feeding dynamics, and parenting
- Policy issues and the school environment
- The effects of the obesity epidemic on self-esteem
- Diabetes risk factors and management

Within the Health Department’s Public Health Division, a three-year grant from the California Nutrition Network which provides funding to improve the health of low-income families by promoting a healthy lifestyle that reduces the risk of chronic diseases and increases participation in federally funded nutrition assistance programs. Nutrition education classes reach 15,000 people each year and are offered at preschools, after-school programs, high schools, youth programs, and adult education classes. This funding is also used to promote healthy eating, physical activity, and food security through a variety of social marketing techniques including newsletters targeting teens and Latino families.

Also in 2004:

- The Active for Life program began to work with community based organizations to recruit and provide counseling to sedentary people over 50 to become more physically active.
- The Health Department’s Coastside partnership began working with Spanish-language residents to create a community leadership group and promote cultural awareness with community health service providers.
ALCOHOL AND OTHER DRUGS

Fewer than half of HSA clients currently drink; this is a significantly lower rate than the general population, people with high incomes, and people with low incomes. Among current drinkers, HSA clients are as likely to be chronic drinkers, but are less likely than the high-income population to be binge drinkers.

Regardless of income, only about 4% of San Mateo County residents reported use of an illegal drug in the past year. However, HSA clients were more than three times as likely to have sought help for a drug problem in the past.

Over the past three years, residents report increased difficulty in knowing where to access drug treatment for themselves or their families.

Survey Findings

In the month prior to the survey, HSA clients reported that they were significantly less likely to have an alcoholic drink than either the low-income or high-income populations. Over three-quarters of people in the high income category drank in the past month, by comparison only 54% of people with low incomes and 43% of HSA clients are current drinkers.

Among drinkers, on average, approximately one-in-sixteen had an average of two or more drinks per day in the past month. There is no significant difference in this rate across income categories.

For purposes of this study, binge drinking is defined by having five or more drinks on a given day during the past month. Approximately one-in-six drinkers self-identified this type of drinking binge. By contrast, people with high incomes (one-in-five) are significantly more likely to binge than people with low incomes (one-in-eight) and HSA clients (one-in-nine).

One-in-twenty-five San Mateo County respondents self-reported illegal drug use over the past year. Although HSA clients have a slightly lower rate of reporting, this difference is not statistically significant.

HSA clients are significantly more likely to have sought help for a drug problem. Approximately 2.6% of residents, 2.8% of the high-income population, and 1.7% of the low-income group report seeking help for a drug problem, whereas 8.9% (one-in-eleven) HSA clients report seeking help.

When respondents were asked, "Would you know where to access treatment for drug-related problems for yourself or a family member, if needed?" nearly half (45.3%) did not know where to access treatment. This is a significant increase over 2001, when only 37% of residents did not know where to access treatment. This increase is reflected across all income groups and both HSA clients and people with high incomes had statistically significant increases in this barrier to access indicator.
Supports

The Agency's Alcohol, Tobacco, and Other Drug (ATOD) Services program aims to help those who are in need recover from drug and/or alcohol addiction by directing them to helpful organizations and treatment programs, and promote awareness and education of drug and alcohol addiction through community action and legislation.

Through partnerships with community service providers, ATOD offers the following services to the community: Crisis and Information Hotlines, Referrals to Residential Substance Abuse Treatment Services, Referrals to Non-Residential Substance Abuse Treatment Services, Prevention/Early Intervention Services, Tobacco Prevention Program, Driving Under the Influence (DUI), and Drug Court-related programs. ATOD also provides assessment services to County residents involved in the following programs: Juvenile Dependency Court, Adult Drug Court (North and South County), Juvenile Drug Court, CalWORKs, Child Protective Services, Proposition 36, Shelter Network, other County programs.

In collaboration with the Courts, Probation Department, and community-based drug treatment providers, ATOD administers Proposition 36, the Substance Abuse and Crime Prevention Act of 2000 (SACPA), in San Mateo County. Under SACPA, first or second time non-violent adult drug offenders who use, possess, or transport illegal drugs for personal use will receive drug treatment rather than incarceration. Depending on the type and severity of client addiction, four levels of drug treatment are available to Proposition 36 clients through community-based treatment providers: Free Standing Residential Detoxification Program/Narcotic Replacement Therapy, Outpatient Treatment, Intensive Day Treatment/Intensive Outpatient, and Residential Treatment.

Over the past three years, the Agency's ATOD services have experienced funding cuts that have resulted in a decrease in the program's capacity to provide alcohol, tobacco, and other drug treatment services to County residents. In addition to limiting the availability of County-funded treatment services, funding cuts have also affected the financial stability of community-based treatment providers. Overall, funding challenges have strained community outreach efforts at both the Agency and community levels, possibly contributing to the growing lack of awareness within the County population of how to access treatment for drug-related problems. To address these issues, ATOD is currently working with a wide variety of stakeholders to develop a Strategic Plan for FY05-06. The Strategic Plan process, which includes a County-wide needs assessment, aims to stabilize and increase the capacity of community-based organizations and develop a linked continuum of drug treatment services, including primary prevention, treatment, and aftercare services.
SMOKING

More than one-quarter of HSA clients currently smoke; this is more than twice the rate for the low-income population. People with low incomes and HSA clients are significantly more likely to smoke within their homes.

Survey Findings

About one-in-nine adults (11.5%) in San Mateo County smoke cigarettes. The lower income population (12.9%) is significantly more likely to smoke than the higher income population (9.6%) and HSA clients (27.8%) are significantly more likely to be smokers than the low-income group. More than one-quarter of HSA clients smoke cigarettes.

When compared to the higher income population (8.5%), the low-income (16.5%) and HSA client populations (22.8%) are significantly more likely to live in a household with a cigarette smoker. About one-in-twelve people in the higher income group live with a smoker, whereas one-in-six lower income households, and one-in-four HSA client households have a cigarette smoker.

Supports

According to the Surgeon General, "tobacco use remains the leading preventable cause of death and disease in the United States". Each year, more than "440,000 adults die of a smoking-attributable illness in this country" and "for every person who dies, there are 20 people suffering with at least one serious illness". The Human Services Agency offers a wide range of tobacco prevention interventions and services throughout the County through its Tobacco Prevention Program (TPP). TPP conducts community-based tobacco education programs and services according to five 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, playgrounds, and in other outdoor venues.
- Reduce the availability of tobacco products.
- Promote tobacco cessation by educating the public about the hazards of tobacco use and supporting individuals attempting to quit.
- Promote enforcement of federal, state, and local tobacco control laws.
According to a study conducted in 2000, 21.6% of high school students and 6.7% of middle school students in California smoke.\textsuperscript{11} In San Mateo County, an estimated 21% of youth reported smoking cigarettes in the past month.\textsuperscript{12} To address smoking in the youth population, the County's Alcohol, Tobacco & Other Drug (ATOD) Services targets important influences such as peer behavior and local tobacco law enforcement to promote cessation.

\begin{itemize}
\item ATOD continues to work with Yo Mateo, a youth coalition for tobacco prevention within San Mateo County. Focused on policy change efforts, Yo Mateo has conducted “attempted” tobacco purchase surveys in local cities. Survey results are used to strengthen education and enforcement efforts of laws prohibiting the resale of tobacco to minors.
\item Through a Young Adult Grant from the State, local young adult advocates in the 18-24 age group are trained to affect peer behavior with regard to second-hand smoking where young adults live, work, and play. The grant will also fund a 600-person survey of County young adults to measure the effectiveness of the program.
\end{itemize}

Currently, free assistance with smoking cessation is offered throughout the County through the following agencies:

\begin{itemize}
\item American Lung Association of San Francisco and San Mateo Counties offers free cessation services to adult and youth residents at locations throughout the County, including free nicotine replacement therapy to qualified participants.
\item Smoke Free Start for Families helps pregnant women who have self-quit to prevent relapse, as well as new moms (up to 12 months postpartum) who have either relapsed or never quit to help reduce secondhand smoke exposure among newborns and other children.
\item California's Smokers Help-line provides free telephone counseling to adults and teens interested in quitting smoking or addressing other tobacco related addiction.
\end{itemize}

\textsuperscript{11}National Youth Tobacco Survey, 2000
Survey Findings

More than one-in-twenty (5.5%) of all survey respondents reported that they had a history of mental problems or a mental illness. When compared to the higher income group, HSA clients (11.7%) were twice as likely to report a history of mental problems or mental illness. There was a statistically significant difference between the high (5.3%) and low-income populations (7.6%) in reporting mental problems or mental illness; HSA clients were also significantly more likely to report mental illness than the low-income population.

On average, respondents reported their mental health was not good for 1.9 days in the past month. The low-income population (2.6 days) has a significantly higher number of days with poor mental health than the high-income population (1.6 days). 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 (3.8 days), twice the number of days than the general population.

More than one-fifth (21.1%) of all respondents reported they had two or more years in their life when they felt depressed or sad most days. When compared to people with high incomes (15.7%) respondents with low incomes (32.2%) were significantly more likely to report two years of depression. 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 with low incomes reported a two-year depression, 38.3% of HSA clients reported this depression.

On average, respondents reported they felt sad, blue, or depressed for 2.0 days in the past month. The low-income population reported significantly more days with depression (2.5 days) than the high-income group (1.9 days). When compared to people with low incomes, HSA clients reported a significantly greater number of days in the past month they felt sad, blue, or depressed (3.9 days).

More than one-quarter (26.9%) of people surveyed reported experiencing difficulty with fear, anxiety, or panic. In contrast to people with high-income (25.8%), a significantly greater proportion of people with low-income (30.7%) experienced difficulty with anxiety. When compared to the low-income population, HSA clients were significantly more likely to report they experienced difficulty with fear, anxiety, or panic (40.4%).
Supports

The Surgeon General has determined that "mental health is fundamental to health" and "mental disorders are real health conditions". Depression and anxiety disorders are the two most common mental illnesses¹³ and may affect up to 20% of individuals over their lifetime. However, up to 5% of our population experiences more severe and disabling conditions including psychosis and bi-polar disorder.

In partnership with community agencies, San Mateo County's Mental Health Services Division provides a broad range of mental health services, including outpatient services, residential treatment, rehabilitation and other services for adults and children. Priority populations include seriously mentally ill adults and children; older adults at risk of institutionalization; children involved in the justice system, special education or at risk of out-of-home placement; and people of any age in major crisis.

The following projects provide examples of recent efforts of the Mental Health Division to increase public information about mental health and to improve the effectiveness of services:

◆ Network of Care Web Site: In December 2004, San Mateo County Mental Health Services launched the Network of Care for Mental Health website (http://sanmateo.networkofcare.org), which offers comprehensive information about public and private mental health services in San Mateo County. Services include up-to-date news articles, access to an online mental health library, chat rooms, and secure and confidential folders for storing personal information related to individual users health care.

◆ Functional Family Therapy (FFT): San Mateo is one of eight California counties to be selected to receive training and assistance to implement Functional Family Therapy (FFT), an intensive in-home model for youth at risk for out-of-home placement through Juvenile Probation. FFT targets youth between the ages of 11 and 18 who are at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder or Disruptive Behavior Disorder.

◆ Dual Diagnosis Services for Individuals with Co-occurring Mental Health and Substance Abuse Problems: Studies indicate that individuals with substance abuse problems may also struggle with serious mental illness and vice versa.¹⁴ To respond to the co-occurrence of these problems within the client population, the Dual Diagnosis Team of the Mental Health ACCESS Unit works with newly referred clients to identify individual needs and resources for recovery. The Team differentiates clients who are seriously mentally ill with concurrent substance abuse problems/issues (current or in early recovery) from clients whose primary problem is substance abuse with lesser mental health issues (frequently related to early recovery). In addition, the Team partners with staff at regional clinics to offer education/early engagement and dual treatment groups.

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¹³National Institutes of Mental Health, 2000

¹⁴Studies indicate that between 8% and 12% of individuals with substance abuse problems also struggle with serious mental illness. Research also shows that 50 to 60% of seriously mentally ill individuals have co-occurring alcohol and/or drug problems. Source: “HeadsUp”, Mental Health Services, San Mateo County Health Services Agency, August 2004.
When compared to the general population, a higher proportion of people within the low-income and HSA client populations see crime as both getting better and getting worse.

The low-income and HSA client populations are more likely to report that community tolerance for racial and lifestyle differences are fair or poor.

The high-income population is two-to-four times more likely to own a gun than people in the low-income and HSA client populations, respectively.

Survey Findings

Between 2001 and 2004 there has been little change in the proportion of residents who report that crime has been getting better. However, the proportion of people who report crime has been getting worse has significantly increased from 7.4% in 2001 to 15.7% in 2004. This dissatisfaction rate has nearly doubled across all income groups.

When compared to the high-income (15.3%) and low-income groups (28.5%), HSA clients (36.1%) are significantly more likely to report that crime is getting better. The low-income (22.1%) and HSA client populations (19.3%) are also significantly more likely to report that crime is getting worse.

More than one-in-six residents (15.6%) reported their community lacked an adequate amount of racial tolerance. People with low incomes (23.3%) reported nearly three times the rate of racial intolerance than people with higher incomes (8.7%). More than one-fifth of HSA clients (21.1%) reported racial intolerance.

About one-fifth of residents (20.2%) reported their community’s tolerance for alternative lifestyles and viewpoints was fair or poor. The low-income population (30.7%) was the most likely group to assess the community’s tolerance of lifestyles and viewpoints as fair or poor. More than one-quarter of HSA clients (28.7%) gives the community a fair or poor rating.

About one-in-seven (14.7%) households in San Mateo County reported having a firearm. People with high incomes (19.0%) were most likely to report owning a gun, followed by people with low incomes (8.2%), and HSA clients (3.9%).
Supports

From 2002 to 2003, San Mateo County's crime rate increased in the areas of arson, property theft and larceny, while the violent crime rate has held relatively steady. In 2003, County and city law enforcement officials received 3,056 domestic violence-related calls for assistance, an increase of almost 7% from 2002.15

Started in 2002 with a grant from the David and Lucile Packard Foundation, the County's Violence in Families Initiative Program (VIP), brings together a multi-disciplinary team to address cases and provide a coordinated response to families affected by domestic violence, child abuse or neglect. The multi-disciplinary, collaborative program is comprised of representatives from County public and private agencies as well as non-profit, community-based organizations. In addition, the County continues to address domestic violence through the Domestic Violence Council which provides county-wide leadership to reduce the occurrence and impact of domestic violence.

This year, the Agency continued its ongoing partnership with the Peninsula Conflict Resolution Center (PCRC), offering several programs to promote conflict resolution, community involvement, and public dialogue. Programs from PCRC include:

◆ The Juvenile Delinquency Mediation Program: Through this program, PCRC and the San Mateo Superior Court provide no-cost mediation services to victims and offenders.

◆ Redwood City 2020: This program is a collaborative effort by the County, City of Redwood City, Redwood City and Sequoia Union High school districts, and community agencies (including PCRC), to create a vision and a plan for the City's future.

◆ The Multi-option Appropriate Dispute Resolution (ADR) Program: Through this program, PCRC, the San Mateo County Bar Association, and the Superior Court provide alternatives to litigation, such as mediation and arbitration.

◆ The San Mateo County Small Claims Mediation Program: This program provides on-site mediation services for litigants in South San Francisco, Central San Mateo and Redwood City.

The San Mateo County Sheriff's Office, in partnership with Project Chidsafe, is participating in a growing nationwide effort to promote firearm safety education to all gun owners. This year, as a part of this effort, the Office will give away more than 2,500 gun locks to help residents safely store their firearms.16

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15Department of Justice, Criminal Justice Profiles, 2003.
Crime, Safety & Tolerance - (continued)

This year, the County of San Mateo continued its efforts to maintain the safety of its residents through the following partnerships:

◆ Funded through a Joint Powers Agreement between the 20 incorporated cities and the County of San Mateo, the Sheriff's Office of Emergency Services (OES) provides planning and training services to all cities in the County, including an ongoing training program for city and County employees on the new Standardized Emergency Management System (SEMS). Currently, all 20 cities have emergency plans that are compliant with SEMS. The OES also maintains a variety of emergency response resources including a ground station for the Operational Area Satellite Information System (OASIS), an amateur radio repeater, and a fleet of support vehicles to respond to emergencies.

◆ The Sheriff's Office of Emergency Services also participates in the regional Hazardous Materials Response Team. This team consists of the South County Fire Hazmat Team, the Environmental Health Division of the County Health Services Agency, and Sheriff's Office of Emergency Services. Together, these three agencies respond to hazardous materials emergencies anywhere in San Mateo County.

◆ In order to secure the County, which is in a high hazard fire environment, and collaborate Statewide resources, the San Mateo County Sheriff's Office contributes manpower to Fire Safe San Mateo County, an organization working with State-wide Fire Safe organizations to maintain the quality of life and property for the citizens living in the wildland-urban intermix zones. Wildland-urban intermix zones are neighborhoods that are surrounded by dense vegetation and which may be highly susceptible to fire hazard. The main goals of the organization are to reduce hazardous vegetation, create of defensible space around structures, and educate citizens regarding fire hazards and fire behavior through the guidance of local agencies.
As shown throughout the report, the community and government of San Mateo County make significant investments in supporting families who are having difficulties maintaining financial security. The County’s “Shared Vision 2010” has made a commitment to “create opportunities for every household to participate in our prosperity”, “sow the seeds of our future prosperity”, and encourage “responsive, effective, and collaborative government.” Hopefully, this report provides information to support these commitments and constructively contributes to the ongoing discourse regarding County priorities and the dedication of resources.

Although this report does not evaluate specific initiatives or assess specific programs, it provides a context for understanding people in San Mateo County who are struggling to remain self-sufficient. This information creates a better understanding of the needs of our Clients and low-income families, identifies areas for improvement, and dispels some myths and misunderstandings. Over time, monitoring this data will help the Human Services Agency assess trends in their client population relative to the low-income and San Mateo County populations.

Areas of concern include:

- **Economics and Unemployment** – The most frequently mentioned family and community problem is concern with economics and employment. San Mateo County’s low-income community is being savaged by unemployment, underemployment and an increasing cost of living. One-in-ten HSA families report that they did not have enough food on a regular basis. HSA clients see their financial situation deteriorating at a significant rate.

- **Childcare** – HSA clients express that their number one family need is for childcare and that their community lacks activities for children. HSA clients perceive difficulties in managing their children’s behavior and rely heavily on other family members to provide childcare. HSA clients’ employment success is particularly impacted by their access to childcare.

- **Crime and Safety** – Crime and safety is a high ranking community problem for the County’s low-income population. HSA clients and people with low incomes are much more likely to talk about crime getting worse in their neighborhoods.

- **Housing** – San Mateo County and the low-income population identify housing and homelessness as a significant problem. While the low income population has seen an increase in homeownership, HSA clients have seen a significant downturn in ownership and an movement toward rental homes. People with low incomes share their space and expenses and are extremely vulnerable to episodes of homelessness. In general, the community assesses the availability of homeless shelters and programs as fair or poor.

- **Health and Access to Health Care** – Health, health care, and health insurance are a priority problem for our families and community. HSA clients and people with low incomes are more prone to have high blood pressure, heart disease, high cholesterol, arthritis, chronic lung diseases, and diabetes. This community is also more prone to have at least one cardiovascular risk factor including smoking, being overweight, or being sedentary. Fewer families have health insurance and people with low-incomes are facing fiscal and transportation barriers to receiving treatment and medication. Not surprisingly, HSA clients use the emergency room more frequently.
Conclusion - (continued)

◆ **Child Health and Access to Health Care** – Children of HSA clients and people with low incomes share the household with parents who are more likely to have the health issues listed above. Additionally, the survey denotes that low-income parents are more likely to smoke in the home, and their children spend more time watching television and playing video games. Parents are not taking their children to the doctor due to the cost of treatment and the difficulties of transportation.

◆ **Alcohol and Other Drugs** – The low-income and HSA client populations, as a whole, are less likely to drink and binge on alcohol than higher income populations. However, the lower income populations report chronic drinking and drug use at approximately the same rate as the rest of the community. HSA clients are more likely to have sought help for a drug problem; this may be related to a tendency toward seeking service or the provision of integrated services. Over the past three years, less funding for alcohol and drug services has been available for outreach to clients and for services to clients outside the criminal justice system – this may be reflected in the community’s decreased knowledge regarding access to alcohol and drug services.

◆ **Mental Health** – As with other health issues, people with low incomes and HSA clients are more likely to have a history of mental illness. These populations suffer disproportionate challenges with depression and anxiety. This health issue creates another significant barrier to family self-sufficiency.

◆ **Tolerance** – HSA clients and people with low incomes denote problems with communication, community involvement, selfishness, society, and manners. This part of our community is more likely to feel that there is less tolerance for their point-of-view and their lifestyle. Additionally, they are significantly more likely to report that community racial tolerance is fair or poor.
In June 2004, the Healthy Community Collaborative of San Mateo County commissioned Professional Research Consultants, Inc. to conduct a telephone survey of San Mateo County residents. The 2004 San Mateo County Health and Quality of Life is designed to measure health risk factors such as smoking, physical inactivity, and high blood pressure, and preventative measures such as health insurance access and exercise. Additionally, the 2001 survey addresses indicators such as housing, childcare, and education.

Two samples are compared in this study, a general population sample and a sample of HSA clients. All surveys were conducted randomly over the telephone. The general population sample is comprised of 1,448 surveys with 1,000 randomly selected adults and an oversample of the Coastside (350 surveys) and African-American populations (98 surveys). In order to more achieve greater statistical representativeness, general population surveys were weighted by several key demographic and geographic characteristics. Once weighted, each survey contains 1,350 responses in the general population sample.

From a sample frame of over 16,000 phone numbers, between August and October 2004, three hundred HSA clients were randomly included in the study. The HSA client sample is not intended to be statistically representative of the County, but representative of the HSA client population; therefore, the 300 HSA client surveys remained unweighted.

For questions asked of all respondents, the maximum error rate is ±2.7% for the general population sample and ±5.6% for the HSA client sample at the 95% confidence level (p=.05).

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17 Much of the methodology derived from "2004 Community Assessment: Health and Quality of Life in San Mateo County" and we would like to gratefully acknowledge the contribution of the Healthy Community Collaborative of San Mateo County and Professional Research Consultants, Inc.
Population Charts

1. **General Population:** This is the overall rate for San Mateo County. In the chart below, 30.9% of the County population rents a house or apartment.

2. **High-income Population:** This is the rate for San Mateo County residents whose household income is more than four times the Federal Poverty Level (FPL). For example, the 400% FPL for a family of three is $62,680. In the chart below, 28.8% of the high-income population rents a house or apartment.

3. **Low-income Population:** This is the rate for San Mateo County residents whose household income is less than four times the FPL (e.g., $62,680 for a family of three). In the chart below, 39.4% of the low-income population rents a house or apartment.

4. **HSA client Population:** These are households that have an income less than four times the Federal Poverty Level and a household member has received services from the Human Services Agency. In the chart below, 68.2% of the HSA client population rents a house or apartment.

5. **Level of Significance:** This is a statistic for describing how different two population rates may be. The more asterisks next to a population the better. Three asterisks suggest that the difference between the populations has a 1-in-1,000 chance that the difference is simply a random accident (two asterisks is a 1-in-20 chance, one asterisk is a 1-in-10 chance).

6. **Difference Between the High-income and Low-income Populations:** This compares the high and low-income populations. In the chart below, the low-income population has a significantly higher percent (39.4%) of the population renting than the high-income population (28.8%). There is less than a 1-in-1,000 probability that this is difference occurred by chance.

7. **Difference Between the Low-income and HSA client Populations:** This compares the high and low-income populations. In the chart below, the low-income population has a significantly higher percent (39.4%) of the population renting than the high-income population (28.8%). There is less than a 1-in-1,000 probability that this is difference occurred by chance.
Population Over Time

This is the second “Neighbors in Need Report,” the first survey of HSA clients was conducted in June 2001 and the initial report was released in 2002. Changes in indicators are provided when available.

8. **Rate for 2001:** The white columns denote the rate for 2001. In the chart below, in 2001, 33.7% of the general population rented a house or apartment and 30.4%, 48.3%, and 52.9% of the high-income, low-income, and HSA client populations rented a house or apartment, respectively.

9. **Rate for 2004:** The gray columns denote the rate for 2004. As noted below, 30.9% of the general population, 28.8% of the high-income, 39.4% of the low-income, and 68.2% of HSA clients rent their house or apartment.