Community Health Needs Assessment

2019 Report

Stanford
HEALTH CARE
STANFORD MEDICINE

Acknowledgments

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1. Executive Summary

COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

The Community Health Needs Assessment (CHNA) is designed as a tool for guiding policy, advocacy, and program-planning efforts. For hospitals, it also supports the development of community benefit plans mandated by California State Senate Bill 697 and meets the IRS requirements for Community Health Needs Assessment and Implementation Strategies mandated by the 2010 Affordable Care Act. The report is available to the public for review and comment.

To identify and address the critical health needs of the community, coalitions formed in Santa Clara and San Mateo counties in 1995. The Santa Clara County Community Benefit Hospital Coalition (CBHC) and the Healthy Community Collaborative of San Mateo County (HCC) bring together representatives of nonprofit hospitals, public health departments, and other local organizations. Every three years since 1995, Stanford Health Care (SHC) has collaborated with these two groups to conduct an extensive community health needs assessment. The 2019 CHNA builds upon the earlier assessments.

The 2019 CHNA distills qualitative and quantitative research, prioritizes local health needs, and identifies areas for improvement. Using this information, coalition members will individually and collectively develop strategies to address critical health needs and to improve the health and well-being of community members. As with prior CHNAs, this assessment also highlights Santa Clara and San Mateo counties' assets and resources.

PROCESS AND METHODS

The CBHC and the HCC began 2019 CHNA planning in fall 2017 and started collecting data in early 2018. In both counties, the research firm Actionable Insights (AI) obtained community input through interviews with local experts and focus groups with community residents and people who serve residents. AI culled secondary data from various sources, including the public Community Commons data platform and the county public health departments. (See Attachments 1 and 2: Secondary Data Indicators for details.)

For the purposes of this assessment, the CBHC and the HCC went beyond traditional measures to define "community health," including indicators about the physical health of the county's residents, as well as broader social and environmental determinants of health, such as access to health care, affordable housing, child care, education, and employment. This more inclusive definition reflects SHC's understanding that many factors impact community health. SHC is committed to supporting community health improvement through upstream (social determinants of health) and downstream (health condition) interventions.

AI identified health needs by (1) synthesizing primary qualitative research and secondary data and (2) filtering those needs against a set of criteria. SHC's Community Partnerships Program Steering Committee (CPPSC) met on February 1, 2019, to learn about the health needs identified

during the CHNA process and participate in the prioritization process. (The CPPSC members who participated are listed in Section 5: Process and Methods.)

The CPPSC used these criteria to prioritize the list of health needs:

- **Clear disparities or inequities.** Recognizable differences exist in health outcomes among subgroups of people (based on geography, language, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or other factors).
- **Community priority.** The high frequency with which the community prioritized the issue over others it expressed concern about during the CHNA primary data collection process.
- **Multiplier effect.** A successful solution to the health need has the potential to solve multiple problems. (For example, if obesity rates decline, heart attack rates may too.)
- **Opportunity to leverage collaboratives for impact.** There is an opportunity to collaborate with existing partners working to address the need, or to build on current programs, emerging opportunities, or other community assets.

PRIORITIZED 2019 COMMUNITY HEALTH NEEDS

Based on the criteria described above, the CPPSC members reached consensus and prioritized six health needs (for summarized descriptions of each one, see Section 6: Prioritized 2019 Community Health Needs):

1. **Housing and Homelessness**
2. **Behavioral Health**
3. **Health Care Access and Delivery**
4. **Diabetes and Obesity**
5. **Economic Stability**
6. **Oral/Dental Health**

NEXT STEPS

SHC will make its board-approved 2019 CHNA report publicly available on the Community Benefits Page of its website in May 2019 and solicit written comments until two subsequent reports are published.[1] The hospital will also develop an implementation plan based on the CHNA results, which will be filed with the IRS by November 2019. The countywide coalitions CBHC and HCC will continue to meet to explore opportunities for coordinated interventions around shared health needs.

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[1] See https://stanfordhealthcare.org/about-us/community-partnerships.html. Stanford Health Care's fiscal year 2018 ends August 31, 2019, which is the IRS deadline for posting.

2. Introduction/Background

CHNA PURPOSE

In 2018, the Santa Clara County Community Benefit Hospital Coalition (CBHC) and the Healthy Community Collaborative (HCC) reconvened for the purpose of identifying and addressing critical health needs of the community.

The CBHC is a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern and Central California (a nonprofit hospital and health system trade association), the Santa Clara County Public Health Department, and the Palo Alto Medical Foundation (a nonprofit multi-specialty medical group). The HCC consists of representatives from nine nonprofit hospitals, the San Mateo County health and human services departments, and other public agencies. Both coalitions formed in 1995. Every three years since inception, Stanford Health Care has collaborated with the CBHC and the HCC to conduct an extensive Community Health Needs Assessment (CHNA) in compliance with all state and federal requirements.

The 2019 CHNA builds upon earlier assessments, using prior years' findings as a foundation for refining research protocols, refocusing the scope of various health needs, and filling information gaps. The CHNA also distills new qualitative and quantitative research, prioritizes current local health needs, and identifies areas for improvement. Using the information collected, coalition members will individually and collectively develop strategies to address critical health needs and to improve the health and well-being of community members. As with prior CHNAs, the 2019 assessment also highlights Santa Clara and San Mateo counties' assets and resources.

The CHNA process, completed in fiscal year 2019 and described in this report, was conducted collaboratively by CBHC and HCC members in compliance with all current state and federal requirements. The 2019 CHNA will serve as the basis for implementation strategies that are required to be filed with the IRS as part of Stanford Health Care's 2019 Form 990, Schedule H, four and a half months into the next taxable year.

AFFORDABLE CARE ACT REQUIREMENTS

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a community health needs assessment every three years. The CHNA report must document how the assessment was done, including the community served, who was involved in the assessment, the process and methods used to conduct the assessment, and the community's health needs that were identified and prioritized as a result of the assessment. Final requirements were published in December 2014.

The definition of a community health need includes the social determinants of health in addition to morbidity and mortality. For the purposes of this assessment, the CBHC and the HCC went

beyond traditional measures to define "community health," including indicators about the physical health of the county's residents, as well as broader social and environmental determinants of health, such as access to health care, affordable housing, child care, education, and employment. This more inclusive definition reflects SHC's understanding that many factors impact community health. SHC is committed to supporting community health improvement through upstream (social determinants of health) and downstream (health condition) interventions.

In addition to providing a national set of standards and definitions related to community health needs, the ACA has had an impact on upstream factors. For example, the ACA created more incentives for health care providers to focus on prevention of disease by including lower or no co-payments for preventative screenings. Also, funding has been established to support community-based primary and secondary prevention efforts.

SB 697 AND CALIFORNIA'S HISTORY OF ASSESSMENTS

California Legislative Senate Bill (SB) 697, enacted in 1994, stipulates that private nonprofit hospitals submit an annual report to the Office of Statewide Health Planning and Development (OSHPD) that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken to address identified community needs within its mission and financial capacity. Additionally, hospitals shall describe the process by which they involved the community (community groups and local government officials) in helping identify and prioritize community needs to be addressed. This community needs assessment shall be updated at least once every three years.[2]

The 2019 CHNA meets both State of California (SB 697) and federal (IRS) requirements mandated by the ACA.

BRIEF SUMMARY OF 2016 CHNA CONDUCTED

In 2016, the hospital participated in a collaborative process to identify significant community health needs and to meet the IRS and SB 697 requirements. The resulting 2016 CHNA report is posted on the Community Partnerships page of Stanford Health Care's website.[3] The health needs that were identified and prioritized through the 2016 CHNA process were (in prioritized order, highest to lowest): Behavioral Health, Cancer, Communicable Diseases, Diabetes and Obesity, and Health Care Access and Delivery.

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[2] California Office of Statewide Health Planning and Development (1998). Not-for-Profit Hospital Community Benefit Legislation (Senate Bill 697), Report to the Legislature. Retrieved November 2018 from https://oshpd.ca.gov/wp-content/uploads/2018/07/SB-697-Report-to-the-Legislature-Community-Benefit.pdf

[3] https://stanfordhealthcare.org/about-us/community-partnerships.html

WRITTEN PUBLIC COMMENTS TO 2016 CHNA

To offer the public a means to provide written input on the 2016 CHNA report, Stanford Health Care maintains an email account at communitypartnerships@stanfordhealthcare.org. A link to this inbox is posted on the Community Partnerships page of the hospital's website.[4]

At the time this CHNA report was completed, SHC had not received written comments about the 2016 CHNA report. The hospital will continue to track any submissions made and will ensure that all relevant comments are reviewed and addressed by appropriate hospital staff.

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[4] https://stanfordhealthcare.org/about-us/community-partnerships.html

3. About Stanford Health Care

Stanford Health Care (SHC) is dedicated to providing leading-edge and coordinated care to each and every patient. It is internationally renowned for expertise in areas such as cancer treatment, neuroscience, surgery, cardiovascular medicine and organ transplant, as well as for translating medical breakthroughs into patient care. Throughout its history, Stanford has been at the forefront of discovery and innovation, as researchers and clinicians work together to improve health on a global level. SHC's vision is healing humanity through science and compassion, one patient at a time. Its mission is to care, to educate, to discover.

Stanford Health Care is creating new delivery models, leveraging advanced resources to create seamless continuity of care for every patient. From its suite of virtual care services to its primary and specialty care offices throughout the Bay Area, SHC offers people from across the region and around the world comprehensive solutions to meet all of their health care needs.

At the center of our health system will be the most advanced hospital in the world. The new Stanford Hospital, opening in late 2019, will make our bold vision for compassionate, coordinated, personalized, and leading-edge care a reality for more people than ever before.

SHC'S COMMUNITY BENEFIT PROGRAM

Stanford Health Care dedicates considerable resources to improve the health and well-being of the community through its Community Partnership Program. The program is a multiyear, strategic investment in community health based on the latest CHNA findings. From 2017 to 2019, SHC's Community Partnership Program adopted two major health initiatives:

- Improve access and delivery of care, particularly through the prevention and treatment of behavioral health, obesity/diabetes, and infectious diseases.
- Reduce cancer-related health disparities.

In addition to providing financial and other support for these initiatives, SHC invests in many other hospital and community-based programs that promote the health of community members.

COMMUNITY SERVED

Stanford Health Care is a regional referral center for an array of adult specialties, drawing patients from throughout California, across the country, and internationally. However, due to its location in Palo Alto, at the northern end of Santa Clara County bordering San Mateo County, more than half of SHC's patients reside in San Mateo and Santa Clara counties. Therefore, for purposes of its community benefit initiatives, SHC has identified these two counties as its target community.

Santa Clara County comprises 18 cities and large areas of unincorporated rural land. In 2017, approximately 1.94 million people lived there, making it the sixth largest county in California by

population.[5] San Jose is its largest city, with over 1.03 million people (53% of the total). Nearly 17% of Santa Clara County's residents are under the age of 18, and 12% are 65 years or older. The median age is 36.8 years old.

San Mateo County comprises 19 cities and more than two dozen unincorporated towns and areas.[6] It is far less populous than Santa Clara County, with approximately 771,410 residents in 2017. Daly City is San Mateo County's largest city by population, with over 107,000 people (14% of the total). Nearly 22% of the county's residents are under the age of 18, and 15% are 65 years or older. The median age is 39.5 years old.

The ethnic makeup of both counties is extremely diverse.

RACE/ETHNICITY IN OUR SERVICE AREA

Race/Ethnicity	Santa Clara County Total Percent of County (Alone or in Combination with Other Races)*	San Mateo County Total Percent of County (Alone or in Combination with Other Races)*
White	50.8	57.8
Asian	37.2	30.1
Latinx (of Any Race)	26.3	25.1
Black/African Ancestry	3.4	3.4
American Indian/Alaskan Native	1.3	1.0
Native Hawaiian/Pacific Islander	0.8	2.0
Some Other Race	11.7	11.3
Two or More Races	4.8	5.0

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2012–2016.
*Percentages do not add to 100% because they overlap.

More than 33% of residents in Santa Clara and San Mateo counties are foreign-born, and about 10% live in linguistically isolated households.[7] The latter is marked by wide geographic

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[5] Santa Clara County Public Health Department. "City and Small Area/Neighborhood Profiles." https://www.sccgov.org/sites/sccphd/enus/Partners/Data/Pages/City-Profiles.aspx
[6] San Mateo County Assessor-County Clerk-Recorder and Chief Elections Officer. (2015). Roster of Towns and Cities Located in San Mateo County.
[7] Defined as a household where no one aged 14 years or older speaks English "very well." U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-2016.

differences. For example, in Santa Clara County less than 1% of the population in Lexington Hills is linguistically isolated, compared with more than 50% in the Alum Rock neighborhood of San Jose. In San Mateo County, less than 1% of the population in parts of Woodside lives in linguistically isolated households, compared with more than 50% in parts of Daly City, South San Francisco, and Redwood City/North Fair Oaks.

Income, as a key social determinant, has a significant impact on health outcomes. Our community not only earns one of the highest annual median incomes in the U.S., but also bears some of the highest costs of living. Median household incomes are $101,173 in Santa Clara County and $98,546 in San Mateo County, both far higher than California's $63,783.[8]

Yet the California Self-Sufficiency Standard,[9] set by the Insight Center for Community Economic Development, indicates that approximately 30% of households in Santa Clara and San Mateo counties are unable to meet their basic needs. (The Standard in 2018 for a two-adult family with two children was nearly $107,000 in Santa Clara County and $126,000 in San Mateo County.[10]) Housing costs are high: In 2018, the median home price was $1.3 million and the median rent was $3,600 in Santa Clara County; this compares to $1.4 million and $4,150 in San Mateo County.[11] In both counties, about one third of the children are eligible for free or reduced-price lunch.[12] At least one of every 13 people in our community is uninsured.[13]

The minimum wage was $13–$13.50 per hour in 2018, where self-sufficiency requires an estimated $50–$60 per hour. California Self-Sufficiency Standard data show a 25% increase in the cost of living in both counties between 2015 and 2018, while the U.S. Bureau of Labor Statistics reports only a 4% per year average increase in wages in the San Jose-San Francisco-Oakland metropolitan area during that time period.

In 2018, the Insight Center published *The Cost of Being Californian*, which cites significant income, ethnic, and gender disparities exist across California. Some key findings of that report:

- California households of color are twice as likely as White households to lack adequate income to meet their basic needs.
- 52% of Latinx households in California are struggling to get by compared with 23% of White households.
- California households of color make up 57% of all households statewide but 72% of households that fall below the California Self-Sufficiency Standard.

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[8] U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-2016.

[9] The Federal Poverty Level, the traditional measure of poverty in a community, does not take into consideration local conditions such as the high cost of living in the San Francisco Bay Area. The California Self-Sufficiency Standard provides a more accurate estimate of economic stability in both counties.

[10] The Insight Center for Community Economic Development. *Self-Sufficiency Standard Tool.* Retrieved March 2019 from https://insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/

[11] Zillow, data through May 31, 2018: https://www.zillow.com/santa-clara-county-ca/home-values/

[12] National Center for Education Statistics. NCES-Common Core of Data. 2015-2016.

[13] U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-2016.

- Women in California are more economically disadvantaged than men across many factors, including earning lower pay, taking unpaid time to care for children or family members, being underemployed, and experiencing occupational segregation.
- Having children nearly doubles the chance of living below California Self-Sufficiency Standard.
- Policy change to increase wages, institute comprehensive paid family leave, curb rising housing costs, and establish universal child care are needed.

4. Assessment Team

HOSPITALS AND OTHER PARTNER ORGANIZATIONS

Stanford Health Care collaborated with the following health systems and organizations, as part of Santa Clara County's Community Benefit Hospital Coalition (CBHC) and San Mateo County's Healthy Community Collaborative (HCC), respectively, to prepare the 2019 CHNA:

SANTA CLARA COUNTY

- El Camino Health
- Hospital Council of Northern and Central California
- Kaiser Permanente (San Jose and Santa Clara Kaiser Foundation Hospitals)
- Lucile Packard Children's Hospital Stanford
- Santa Clara County Public Health Department
- Sutter Health (Palo Alto Medical Foundation)
- Verity Health System (O'Connor Hospital and St. Louise Regional Hospital)

SAN MATEO COUNTY

- County of San Mateo Human Services Agency
- Dignity Health Sequoia Hospital
- Hospital Consortium of San Mateo County
- Kaiser Permanente (Redwood City and South San Francisco Kaiser Foundation Hospitals)
- Lucile Packard Children's Hospital Stanford
- Peninsula Health Care District
- San Mateo County Health
- Sutter Health (Menlo Park Surgical Hospital and Mills-Peninsula Medical Center)
- Verity Health System (Seton Medical Center and Seton Coastside)

IDENTITY AND QUALIFICATIONS OF CONSULTANTS

Actionable Insights (AI), LLC, an independent local research firm, completed the CHNA.

For this assessment, AI assisted with CHNA planning, conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the processes of identifying community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

The project managers for this assessment were Jennifer van Stelle, PhD, and Melanie Espino, the co-founders and principals of Actionable Insights. They were assisted by Robin Dean, MA, MPH; Alexandra Fiona Dixon; Rebecca Smith Hurd; Franklin Hysten; Jenjii Hysten; Heather Imboden, MCP; Susana Morales, MA; Olivia Murillo; Kit Strong, MPH, MSW; and Margaret Tamisiea.

Actionable Insights helps organizations discover and act on data-driven insights. The firm specializes in research and evaluation in the areas of health, STEM (science, technology, engineering, and math) education, youth development, and community collaboration efforts. AI conducted community health needs assessments for over 25 hospitals during the 2018–19 CHNA cycle.

More information about Actionable Insights is available on the company's website.[14]

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[14] http://actionablellc.com/

5. Process and Methods

The Santa Clara County Community Benefit Hospital Coalition (CBHC) and Healthy Community Collaborative of San Mateo County (HCC) worked together on the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over seven months in 2018 and culminated in this report, written in early 2019.

The CBHC and the HCC contracted research firm Actionable Insights (AI) to collect primary qualitative data (through key informant interviews and focus groups) and secondary qualitative and statistical data. The phases of the CHNA process are depicted below and described in this section.

Secondary Data Collection → Primary Data Collection → Data Synthesis → Health Needs List → Prioritization → Report Writing

SECONDARY DATA COLLECTION

Data sources were selected to understand general county-level health, specific underserved and/or unrepresented populations, and to fill previously identified information gaps.

SANTA CLARA COUNTY

AI analyzed over 200 quantitative health indicators to assist the CBHC with understanding the health needs in Santa Clara County and assessing priorities in the community. AI collected data from existing sources using the Community Commons CHNA Data Platform[15] and other online sources. AI also used findings from the previous community health needs assessment (2016) and collected sub-county data (cities and neighborhoods) whenever it was available.

In addition, AI collected quantitative and qualitative secondary data from multiple Santa Clara County Public Health Department sources:

- Partners for Health Santa Clara County: Community Health Assessment-Community Health Improvement Plan 2015–2020
- Santa Clara County 2017 Asian and Pacific Islander Health Assessment
- Status of African/African Ancestry Health: Santa Clara County 2014 Report
- Status of LGBTQ Health: Santa Clara County 2013

SAN MATEO COUNTY

AI analyzed over 400 quantitative health indicators to assist the HCC with understanding the health needs in San Mateo County and assessing priorities in the community. AI collected data

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[15] Powered by University of Missouri's Center for Applied Research and Environmental System (CARES) System. www.communitycommons.org

from existing sources using the Community Commons data platform,[16] the CHNA.org data platform, and other online sources, such as the California Department of Public Health and the U.S. Census Bureau.

San Mateo County Health provided AI with data from its systems, including data on infectious diseases, chronic diseases, births and deaths, and emergency room visits. San Mateo County Health also provided AI with data from its 2018 Health and Quality of Life survey, as well as associated state and national benchmarks from the Centers for Disease Control and Prevention's Behavioral Risk Factors Surveillance System and other sources.

In addition, AI collected quantitative and qualitative secondary data from multiple San Mateo County sources, including:

- County of San Mateo Adolescent Report, 2014-15
- Get Healthy San Mateo County, End Hunger Workgroup 2016
- San Mateo County Health, Behavioral Health and Recovery Services Survey 2016

HEALTHY PEOPLE 2020

Healthy People, an endeavor of the U.S. Department of Health and Human Services, sets 10-year objectives for improving the health of Americans based on scientific data spanning three decades. The most recent targets for improvement are for the year 2020 (i.e., HP2020). The objectives for 2030 are currently being developed.[17]

For the CNHA, local data was compared to HP2020's national benchmarks to help determine the severity of a health problem and to identify disparities. The following questions were asked:

- How do these indicators perform against accepted benchmarks (HP 2020 objectives and statewide averages)?
- Are there disparate outcomes and conditions for people in the community?

INFORMATION GAPS AND LIMITATIONS

A lack of secondary data limited AI, the CBHC, and the HCC in their ability to fully assess additional topics that were identified as community health needs. Statistical information related to these health issues was scarce:

- Adult use of illegal drugs and misuse/abuse of prescription medications
- Alzheimer's disease and dementia diagnoses
- Breastfeeding practices at home
- Diabetes among children

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[16] Powered by University of Missouri's Center for Applied Research and Environmental System (CARES) System. www.communitycommons.org
[17] U.S. Department of Health and Human Services. Healthy People 2020. http://www.healthypeople.gov

- Experiences of discrimination among vulnerable populations
- Health of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in survey data)
- Hepatitis B and C
- Infrastructure (sewerage, electrical grid, etc.) adequacy in the community
- Mental health disorders
- Oral/dental health
- Suicide among LGBTQ youth

PRIMARY DATA COLLECTION (COMMUNITY INPUT)

Actionable Insights conducted primary research for this assessment. AI used three strategies for collecting community input: key informant interviews with health experts and community service experts, focus groups with residents, and focus groups with professionals who represent and/or serve the community or residents. Individuals representing high-need populations (low-income, minority, medically underserved, homeless, older adult, and youth) were included.[18]

Primary research protocols were generated by AI in collaboration with the CBHC and the HCC. Both coalitions sought to build upon prior CHNAs by focusing the primary research on the community's perception of mental health and their experience with health care access and delivery. Behavioral Health and Health Care Access and Delivery were identified as a major health needs in the 2016 CHNA. Relatively little quantitative data exists on these subjects.

AI recorded each interview and focus group. Recordings were transcribed and qualitative research software tools were used to analyze the transcripts for common themes. AI also tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in a key informant interview. The CBHC and the HCC used this tabulation to help assess community health priorities.

In all, AI solicited input from more than 100 community leaders and representatives of various organizations and sectors. These representatives either work in the health field or in a community-based organization that focuses on improving health and quality-of-life conditions by serving those from high-need populations. The CBHC also distributed a community priority survey to several organizations in Santa Clara County that did not participate in interviews or focus groups.

KEY INFORMANT INTERVIEWS

Between January and June 2018, Actionable Insights spoke with 27 experts from various organizations in San Mateo and Santa Clara counties. Interviews were conducted in person or by telephone for approximately one hour.

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[18] The IRS requires that community input include the low-income, minority, and medically underserved populations.

The discussions centered around five questions, which AI also asked focus groups (and modified appropriately for each audience):

- What are the most important/pressing health needs in the community?
- What drivers or barriers are impacting the top health needs?
- To what extent is health care access a need in the community?
- To what extent is mental health a need in the community?
- What policies or resources are needed to impact health needs?

See Attachments 3 and 4: Community Leaders, Representatives, and Members Consulted for a list of key informants and focus group or interview details. See Attachments 5 and 6: Qualitative Research Protocols for protocols and questions.

SANTA CLARA COUNTY FOCUS GROUPS

AI conducted eight focus groups in Santa Clara County with a total of 46 professionals and 20 residents in March and April 2018. Nonprofit hosts recruited participants for the groups. The questions were the same as those asked of key informants.

Topic	Focus Group Host/ Partner	Date	Number of Participants
Homelessness	Medical Respite Program, Santa Clara Valley Medical Center	3/7/18	8
Senior population, low socioeconomic status*	Portuguese Organization for Social Services and Opportunities (POSSO)	3/22/18	11
Healthcare safety net	Community Health Partnership	3/28/18	8
Substance use	Caminar for Mental Health	4/10/18	7
Senior population, middle-income socioeconomic status*	Avenidas	4/16/18	9
Social determinants of health	Stanford Health Care	4/20/18	6
Youth mental health	Community Health Awareness Council (CHAC)	4/25/18	7
Community and family safety	East San José PEACE Partnership	4/26/18	10

* Indicates resident group.

SAN MATEO COUNTY FOCUS GROUPS

Professionals and Community Leaders

AI conducted four focus groups in San Mateo County with a total of 45 professionals and community leaders between April and May 2018. The questions were the same as those asked of key informants.

Topic	Focus Group Host/ Partner	Date	Number of Participants
Social determinants of health	San Mateo County Human Services Agency	4/27/18	18
Community and family safety	Before Our Very Eyes/Bay Area Anti-Trafficking Coalition	5/8/18	9
Older adults	Sequoia Wellness Center	5/10/18	11
Homeless population	LifeMoves	5/24/18	7

Resident Participants

AI conducted five focus groups in San Mateo County with a total of 45 residents between April and June 2018. Nonprofit hosts recruited participants for the groups. The questions were the same as those asked of key informants.

Topic	Focus Group Host/Partner	Date	Number of Participants
Older adults	The Villages of San Mateo County	4/18/18	8
Young adults	Cañada College	5/9/18	5
Spanish-speaking older adults	Peninsula Family Services Agency, North Fair Oaks Senior Center	5/16/18	12
LGBTQ issues	San Mateo County Pride Center	5/17/18	10
Pacific Islanders	Peninsula Conflict Resolution Center	6/12/18	10

DATA SYNTHESIS: IDENTIFICATION OF COMMUNITY HEALTH NEEDS

In the analysis of quantitative and qualitative data, many health issues surfaced.

To be identified as one of the community's prioritized health needs, an issue had to meet the following criteria:

1. Fits the definition of a "health need." (See Definitions box at right.)

2. At least two data sources were consulted.

3. Must be prioritized by key informants or focus groups.

Actionable Insights analyzed data on a variety of issues, including statistics from the Santa Clara and San Mateo County health departments, as well as other secondary data and qualitative data from focus groups or key informant interviews.

AI then synthesized these data for each issue and applied the criteria listed above to evaluate whether each issue qualified as a prioritized health need. In 2019, this process led to the identification of six community health needs that fit all three criteria. The list of needs, in priority order, is found on page 23.

For further details about each of these health needs, including statistical data, see Section 6: Prioritized 2019 Community Health Needs, or contact Stanford Health Care.

DEFINITIONS

Data source: Either a statistical data set, such as those found throughout the California Cancer Registry, or a qualitative data set, such as the material resulting from interviews and focus groups.

Health risk: A behavioral, social, environmental, economic, or clinical care factor that impacts health. May be a social determinant of health.

Health need: A poor health *outcome* and its associated *risk(s)*, or a risk that may lead to a poor health outcome.

Health outcome: A snapshot of a disease/health event in a community that can be described in terms of both morbidity (illness or quality of life) and mortality (death).

Health indicator: A characteristic of an individual, a population, or an environment that can be measured (directly or indirectly) and used to describe one or more aspects of the health of an individual or population.

PRIORITIZATION OF HEALTH NEEDS

The hospital's Community Partnerships Program Steering Committee (CPPSC) met on February 1, 2019 to learn about the health needs identified during the CHNA and participate in the prioritization process.

The CPPSC members who participated were:

- Amy Andonian, CEO, Avenidas
- Bryan Bohman, MD, Chief Medical Officer, University HealthCare Alliance, Stanford Medicine
- Nora Cain, Director, Stanford Health Library

- Sang-ick Chang, MD, Associate Dean of Primary Care and Population Health, Stanford University
- Anita Girard, Associate Chief Nursing Officer, Stanford Health Care[19]
- Nancy Olson, Chief Government and Community Relations Officer, Stanford Health Care
- Peter Shih, Senior Manager of Delivery System Planning, San Mateo County Health System
- Jason Wong, MD, Medical Director of Health Services, Samaritan House

The CPPSC used these criteria to prioritize the list of community health needs:

- **Clear disparities or inequities.** Recognizable differences exist in health outcomes among subgroups of people (based on geography, language, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or other factors).
- **Community priority.** The high frequency with which the community prioritized the issue over others it expressed concern about during the CHNA primary data collection process.
- **Multiplier effect.** A successful solution to the health need has the potential to solve multiple problems. (For example, if obesity rates decline, heart attack rates may too.)
- **Opportunity to leverage collaboratives for impact.** There's an opportunity to collaborate with existing partners working to address the need, or to build on current programs, emerging opportunities, or other community assets.

Based on the criteria described above, the CPPSC members reached consensus and prioritized the following six health needs. (See Section 6: Prioritized Community Health Needs for a summarized description of each need.)

1. **Housing and Homelessness**
2. **Behavioral Health**
3. **Health Care Access and Delivery**
4. **Diabetes and Obesity**
5. **Economic Stability**
6. **Oral/Dental Health**

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[19] Not a committee member but participated in the prioritization process.

6. Prioritized 2019 Community Health Needs

The processes and methods described in Section 5 resulted in the prioritization of six community health needs (see list on previous page). Each description below summarizes the data, statistics, and community input collected during the community health needs assessment.

HOUSING AND HOMELESSNESS

Housing and Homelessness was identified as a top health need by more than half of all focus groups and key informants in Santa Clara and San Mateo counties. Participants described stress over the high costs of housing and lack of affordable rent.

In Santa Clara County, professionals serving families reported an increase in those seeking help from food banks and making difficult choices about how to spend remaining funds (healthy food, medicine, doctor visits, therapeutic services). It was noted that families are moving within or leaving the area due to increased cost of living. Santa Clara County has a much lower rate of available HUD-assisted housing units than the state average. The number of people experiencing homelessness has recently increased, as has the proportion of people experiencing homelessness who are minors. A Santa Clara County health official noted that a lack of stable housing can prolong recovery time from diseases and surgical procedures.

In San Mateo County, housing was mentioned in conjunction with mental health in more than two thirds of focus groups and key informant interviews. Many people in underserved populations may be experiencing either homelessness or housing instability. Community input also surfaced a growing call for help with basic needs among those with middle incomes for whom services are lacking because they do not qualify for most assistance programs.

BEHAVIORAL HEALTH

Behaviorial Health, including mental health and substance use, is a high priority in Santa Clara and San Mateo counties. In focus groups and interviews, residents and representatives of vulnerable groups—e.g., LGBTQ, Pacific Islanders, people experiencing homeless—expressed a greater need for mental health care. Community members identified stigma, both in acknowledging the need for care and in seeking and receiving care, as a barrier to mental health care and substance use treatment. Economic insecurity, such as housing instability, also came up as a driver of poor mental health and substance use.

In Santa Clara County, the community prioritized behavioral health as a top health need in over two-thirds of discussions. A common theme was the co-occurrence of mental health and substance use. The community cited a lack of services for behavioral health, including preventative mental health and detox centers, as a major concern. Professionals who work in behavioral health described access challenges for people experiencing these conditions due to siloed systems that do not treat both conditions holistically.

Adult men in Santa Clara County are more likely to binge drink than women, but adolescent females are more likely to binge drink than adolescent males. Latinx adults experience high rates of binge drinking compared with other racial groups. Adults of African or Latinx ancestry

are most likely to use marijuana. Students of African or Latinx ancestry are more likely than their counterparts to use substances other than alcohol. In focus groups and interviews, LGBTQ residents of Santa Clara County expressed a need for mental health care and suicide prevention assistance. Some adolescent Asian populations reported high levels of suicidality compared with county residents overall. Hospitalization rates for attempted suicide are much higher among females than males.

In San Mateo County, the community prioritized behavioral health as a top health need in almost all focus groups and key informant interviews. Rates of depression, poor mental health, binge drinking, deaths from drug overdoses, and the adult substance-related emergency department use have all been increasing locally. The proportions of county residents who currently drink alcohol or have used marijuana/hashish recently are significantly higher than state benchmarks. Chronic liver disease and cirrhosis was the ninth leading cause of death in San Mateo County, followed by drug-induced death (10th); both were higher than suicide (11th) between 2013 and 2015.

Depression among Latinx and African ancestry residents of San Mateo County, as well as people who live on the Coastside, is significantly higher than the state average. The county's Health and Quality of Life Survey found that residents who were low socioeconomic status experienced depression more often than residents of higher status. These survey results suggest that various mental health and well-being indicators are worsening, from insufficient sleep and inadequate social/emotional support to feelings of loneliness/isolation, fear, anxiety, and panic. Inadequate social/emotional support was disproportionately experienced by residents of low socioeconomic status. Survey results also indicated that residents are seeking professional help for mental/emotional problems at a higher rate than in the past.

It is important to note that although adolescent suicide is a topic of great concern, suicide is actually highest among middle-aged adults (ages 45–64). Nearly three quarters of the suicides in San Mateo County between 2010 and 2015 were male.

HEALTH CARE ACCESS AND DELIVERY

Health Care Access and Delivery, particularly health care availability and affordability, is a priority community health need. In San Mateo and Santa Clara counties, residents with low socioeconomic status are more likely than higher-status groups to have access issues, such as absence of health insurance, inability to afford medication, inadequate transportation to medical appointments, and lack of recent health screenings. People of Latinx, Pacific Islander, and "Other" [20] ancestries have the lowest rates of health insurance. Participants in numerous focus groups and interviews said they believe undocumented immigrants have accessed health care less often in recent years for fear of being identified and deported; professionals specifically cited a drop in patient visits. Some community members also called for greater patience, empathy, training, diversity, and cultural competence among health care providers.

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[20] "Other" is a U.S. Census category for ethnicities not specifically called out in data sets.

In Santa Clara County, despite generally high rates of insurance and available providers, the community says health care is often unaffordable. People who do not receive health insurance subsidies, such as undocumented immigrants, often lack the means to pay for medical care. Even for Santa Clara County residents with health insurance, medication may be unaffordable. The community expressed concern about the ability of older adults to pay for health care. The county's rate of Federally Qualified Health Centers is below the state average, as is access to mental health care providers. One in 10 households has limited English proficiency,[21] which can restrict access to care. Health clinic professionals are concerned with attracting and retaining staff, especially those who are bilingual, because of the high cost of living in the Bay Area.

In San Mateo County, access to "other" primary care providers (e.g., nurse practitioners and physician assistants) is significantly poorer than the state average. The proportion of employed county residents whose jobs offer health benefits has declined. County residents who do not receive health insurance subsidies, such as undocumented immigrants or those with middle incomes who do not qualify for government assistance programs, may lack the resources to pay for medical care, despite the availability of the county's Affordable Care for Everyone (ACE) program.

Since 2013, the proportion of children who have a usual place for medical check-ups in San Mateo County has decreased. Ease of access to specialty care (e.g., dental, mental health, and substance use treatment) has declined as well. Qualitative data indicates a lack of public knowledge about where to get answers to questions about health insurance and systems as well as a lack of patients' understanding of information provided by doctors.

DIABETES AND OBESITY

Diabetes and Obesity were prioritized as health needs. Adult diabetes prevalence is higher in Santa Clara and San Mateo counties than the California average—and is trending up, locally and statewide. Overall obesity rates are high in both counties but do not exceed state benchmarks.

In San Mateo County, diabetes ranks among the top 10 causes of death. The death rate is highest among residents of African ancestry and low socioeconomic status. Residents of African and Pacific Islander ancestry visited emergency rooms for diabetes at rates higher than other ethnic groups. Diabetes management among the San Mateo County's older adults is slightly worse than the state benchmark. Diabetes was identified as a top health need by various key informants, some of whom expressed concern about the rising number of children and youth being diagnosed with diabetes. Others identified diabetes management as an issue among individuals experiencing homelessness (e.g., keeping insulin cool can be difficult without a refrigerator).

In Santa Clara County, half of all key informant interviews and a third of focus groups prioritized Diabetes and Obesity as health needs. The community discussed environmental

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[21] Limited English proficiency is based on the percentage of population aged 5 or older considered linguistically isolated (speaks English less than "very well" and a language other than English at home). U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-2016.

factors that contribute to diabetes and obesity, such as the built environment, stress, and poverty. Data indicate that Santa Clara County has high proportions of fast food restaurants and low proportions of grocery stores and WIC-authorized stores.[22]

Although the overall obesity rates do not exceed state benchmarks, Latinx residents in both Santa Clara and San Mateo counties have significantly higher than average proportions of overweight and obese youth and adults. This is driven, in part, by low fruit/vegetable consumption (based on statistical data) and possibly by physical inactivity (reported by the community).

In Santa Clara County, African ancestry youth also miss the benchmarks for physical activity and fruit/vegetable consumption. Youth overweight and obesity is also a problem among Pacific Islanders. Males are almost twice as likely as females to be obese. Significant proportions of LGBTQ survey respondents in Santa Clara County also report being overweight or obese. In San Mateo County, African ancestry adults fail state benchmarks for obesity and overweight, as do adults of low socioeconomic status.

ECONOMIC STABILITY

Economic Stability was identified as a health need in Santa Clara County. The high cost of living in the area, particularly for lower-income residents, came up in the majority of focus groups and key informant interviews.

Despite lower than (state) average rates of poverty and income inequality, disparities exist. Residents of African ancestry residents and those of "Other"[23] races have rates of poverty that fail California benchmarks. The proportion of individuals (including children) who are food insecure but do not qualify for federal food assistance is higher than the state average. More than one in 10 households of African ancestry, and one in four Latinx households, have received food from a food bank in recent years.

Additionally, the community is concerned with the costs of long-term care for middle-income older adults with fixed incomes. Mental health care costs are also difficult for middle-income parents, as reported by youth mental health providers.

Education is included in this category as a predictor of economic stability. High school graduation rates overall are high and stable, rates are lower for Santa Clara County residents of Latinx, Native American, and African ancestry. The proportion of fourth-graders reading below grade level is significantly worse than the Healthy People benchmark for African ancestry, Latinx, Pacific Islander, and Native American populations.

Economic security is crucial for stable housing. Economic insecurity and housing instability were discussed as drivers of poor mental health and substance use in both counties.

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[22] https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx
[23] "Other" is a U.S. Census category for ethnicities not specifically called out in data sets.

In San Mateo County, economic stressors that affect housing instability and food insecurity were also identified by multiple sources as drivers of domestic violence. Human trafficking is an emerging issue in the county, which experts similarly rooted in chronic homelessness/housing issues and related economic stressors, as well as chronic alcohol and drug use or exposure to the same in the home, domestic violence, abuse, neglect, and/or poor mental health/self-esteem issues that are not being appropriately addressed.

See also Behavioral Health and Housing and Homelessness health need descriptions.

ORAL/DENTAL HEALTH

Oral Health was prioritized as a health need by the community in Santa Clara and San Mateo counties, but more strongly in the latter.

In San Mateo County, community feedback related to oral health usually concerned a lack of access to high-quality dental services (for everyone) and/or dental insurance (for young adults and older adults). More than one in four adults does not have dental insurance, but that beats the state average; however, the proportion of residents who report having no dental insurance coverage for routine dental care has been rising since 2008. Insurance that covers routine dental care and surgery (e.g., wisdom-tooth extraction or root canal) is perceived as expensive. Wait times for appointments can be long.

The supply of oral health providers in San Mateo County is perceived to be low, especially providers who accept Denti-Cal; key informants stated that low reimbursement rates and complicated billing procedures have driven many oral health providers away from accepting it. Although reported ease of accessing dental care has worsened, statistics show the ratio of dentists-to-residents has improved. Key informants also noted that Federally Qualified Health Centers (FQHCs) are the only organizations that receive a higher reimbursement rate for dental services. However, that the ratio of FQHCs-to-residents is significantly worse in San Mateo County than it is statewide. The situation is most problematic on the Coastside, where residents have access to only one FQHC and one private dental clinic accepting new Denti-Cal patients.

Disparities exist: About half of county residents with low socioeconomic status have not received a recent dental exam, which is significantly worse than the state average. According to a key informant, more than half of the children on Medi-Cal/Denti-Cal have not seen a dentist in more than a year. Community professionals also suspect residents are unaware of how important oral health is to overall health and thus do not visit the dentist.

A final driver of poor oral health in San Mateo County is drinking water violations. Contaminated water can be associated with a rise in sugar-sweetened beverage consumption. The drinking water violations indicator was significantly higher for the San Mateo County than the state average.

In Santa Clara County, community feedback related to oral health usually concerned the perceived lack of access to dental insurance. More than one in three adults does not have dental insurance, but that beats the state average. However, professionals acknowledge that oral health is difficult to access for those of low socioeconomic status because they lack dental insurance or,

for Medi-Cal patients, they are often unaware that Medi-Cal provides dental benefits. An oral health expert ascribed the relatively few providers who accept Denti-Cal benefits to the low reimbursement rate for Denti-Cal patients (a situation similar to San Mateo County).

Ethnic disparities exist: A significantly higher proportion of Santa Clara County children had not received a recent dental exam compared with the state average; White and Latinx kids fared the worst. More than half of African ancestry, Asian, and Latinx residents have had dental decay or gum disease, which is worse than the county overall.

7. Evaluation Findings from 2017–19 Implemented Strategies

STANFORD HEALTH CARE'S 2016 PRIORITIZED HEALTH NEEDS

In 2015–16, Stanford Health Care participated in a Community Health Needs Assessment similar to the collaborative 2019 effort. The hospital's 2016 CHNA report is posted on the Community Benefits Page of its public website.[24] As noted in that report, SHC's Community Partnerships Program Steering Committee in 2016 prioritized the health needs listed below. It chose to address all five in subsequent years through strategic initiatives.

2016 Identified Significant Health Needs by Prioritization

PRIORITIZED	CHNA IDENTIFIED HEALTH NEED
YES (MET ALL 5 PRIORITIZATION CRITERIA)	Behavioral Health
	Cancer
	Communicable Diseases
	Diabetes and Obesity
	Health Care Access and Delivery

IMPLEMENTATION STRATEGIES FOR FISCAL YEARS 2017 AND 2018

The 2016 CHNA formed the foundation for SHC's implementation strategies for fiscal years 2017 (September 1, 2016–August 31, 2017) and 2018 (September 1, 2017–August 31, 2018), which were initiated in FY17. The IRS requires hospitals to report on the impact of implementation strategies. The following sections describe the evaluation of community benefit programs put forth in the implementation strategies. Due to timing constraints that require the adoption and public posting of this report by the end of the fiscal year, evaluation results for fiscal year 2019 (September 1, 2018–August 31, 2019) are yet not available for inclusion. For more information, see the Community Partnerships page of our public website.[25]

COMMUNITY BENEFIT INVESTMENTS IN FISCAL YEARS 2017 AND 2018

SHC's annual community investment focuses on improving the health of our community's most vulnerable populations. To accomplish this goal, all community grant investments in FY17– FY19 supported the five prioritized community health needs: Behavioral Health, Cancer, Communicable Diseases, Obesity and Diabetes, and Health Care Access and Delivery.

- Over $815 million in community benefit, excluding uncompensated Medicare.
- More than $575 million in charity care and other financial assistance programs.

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[24] https://stanfordhealthcare.org/about-us/community-partnerships.html
[25] https://stanfordhealthcare.org/about-us/community-partnerships.html

- $214 million in community health improvement research and training of the next generation of physicians and other health care professionals.
- Nearly $126 million in community programs that support the underserved and community health improvement activities.

IMPACT OF IMPLEMENTED STRATEGIES IN FISCAL YEARS 2017 AND 2018

This section describes the impact of SHC's community benefit investments in FY17 and FY18, based on its implementation strategies for the 2016 prioritized health needs.

BEHAVIORAL HEALTH: FY17

Partner	Program	Program Details and FY17 Impact
Asian Americans for Community Involvement (AACI)	Integrated Behavioral Health Program (IBH)	This program provides integrated primary care and behavioral health services to all AACI patients. · 48% of patients received depression screening at their primary care physician (PCP) visit and follow-up services were offered for patients with positive screening results. · 90% of patients that participated in the "Better Choices, Better Health" (chronic disease self-management curriculum) program reported "improved a lot" in their confidence and ability to self-manage their chronic health condition(s). · 146 behavioral health referrals from PCPs. Individuals served: 91 through 367 IBH visits
MayView Community Health Center	Integrated Behavioral Health Program (IBH)	This program supports the design and implementation of an evidence-based IBH program, which offers behavioral health services in tandem with primary care. · Administer depression screenings by primary care physicians (PCP) during all visits. · Administer suicide risk assessment as needed. · Increase screening and support groups for domestic violence. · Provide same-day behavioral health follow-up from PCP visit. Individuals served: 652
Medical Respite Program	Behavioral Health testing and therapy	Through a full-time psychologist/post-doctoral fellow and 0.5 FTE caseworker, this program administers psychologic and neurologic testing, conducts 1:1 cognitive behavioral therapy sessions on-site, and increases behavioral health follow-up appointment attendance. · 80% of patients received MoCA testing within days of admission. · 100% of patients received neuropsychiatric testing as indicated by MoCA score. · 74% of patients received PA1 testing within 10 days of admission. · 389 individual cognitive behavioral therapy sessions conducted. · Reduced appointment no-show rate from 60% to 37%. Individuals served: 261

Partner	Program	Program Details and FY17 Impact
Peninsula Healthcare Connection	Behavioral Health Outreach and Prevention Program	This program increases access to behavioral health services for homeless and at-risk individuals in north Santa Clara County. · 150 behavioral health visits provided. · 60 previously uninsured individuals were enrolled in health insurance through Covered California. Individuals served: 434

BEHAVIORAL HEALTH: FY18

Partner	Program	Program Details and FY18 Impact
Asian Americans for Community Involvement (AACI)	Integrated Behavioral Health Program (IBH)	This program provides integrated primary care and behavioral health services to all AACI patients. · 44% of patients received depression screening at their primary care physician (PCP) visit and follow-up services were offered for patients with positive screening results. · 90% of patients that participated in the "Better Choices, Better Health" (chronic disease self-management curriculum) program reported "improved a lot" in their confidence and ability to self-manage their chronic health condition(s). · 175 behavioral health referrals from PCPs (a 20% increase from the previous year). Individuals served: 51
MayView Community Health Center	Integrated Behavioral Health Program (IBH)	This program supports the design and implementation of an evidence-based IBH program, which offers behavioral health services in tandem with primary care. · 100% of providers participated in IBH training. · 94% of patients received depression screenings. · 513 patients received 1+ IBH visit. · 217 diabetic patients received 1+ IBH visit. · 386 patients with moderate to severe mental health conditions received referral to community provider for treatment. Individuals served: 7,450
Medical Respite Program	Behavioral Health testing and therapy	Through a full-time psychologist/post-doctoral fellow and 0.5 FTE caseworker, this program administers psychologic and neurologic testing, conducts 1:1 cognitive behavioral therapy sessions onsite, and increases behavioral health follow-up appointment attendance. · 97% of patients received MoCA testing within days of admission. · 96% of patients received neuropsychiatric testing as indicated by MoCA score. · 597 individual cognitive behavioral therapy sessions conducted. · Reduced appointment no-show rate by 90%. Individuals served: 256

Partner	Program	Program Details and FY18 Impact
Peninsula Healthcare Connection	Behavioral Health Outreach and Prevention Program	This program increases access to behavioral health services for homeless and at-risk individuals in northern Santa Clara County. · 344 behavioral health visits provided. · 195 previously uninsured individuals were enrolled in health insurance through Covered California. Individuals served: 398
National Alliance on Mental Illness (NAMI)	Community-Based Mental Health Support Programs	This program links patients with mental health disorders with peer mentors to aid in treatment and recovery. · 89 hours of mentoring provided. · 134 community resource and health education packets distributed. Individuals served: 165
Mental Health America of California (MHAC)	Peer mentoring for dual diagnosis patients	This program links people with co-morbid mental health and substance use disorders with peer mentors to aid in treatment and recovery. · Established referral mechanism for local health care providers · Peer mentors provide council and support for patients in the community and at emergency department admission. Individuals served: N/A as funding supported program development
Kara	Subsidies for complex grief counseling services	This program provides grief counseling for low-income patients whose grief is complicated by higher degrees of trauma and/or additional relational or emotional complications. · 1,322 complex grief counseling sessions provided. Individuals served: 67

CANCER: FY17

Partner	Program	Program Details and FY17 Impact
Community Health Partnership	Community Mammography Access Project (CMAP)	This program increases access to mammography for low-income, uninsured, and underinsured women age 40 years+ in Santa Clara County. Program interventions include: 1) provider training to monitor and increase breast cancer screening rates, 2) community outreach and health education, 3) patient navigation services. ·2,020 women received breast health education. ·513 women received patient navigation services linking them to health coverage and a medical home for preventive breast care. ·107 women reported receiving preventive breast care services at their medical home. Individuals served: 2,020

Partner	Program	Program Details and FY17 Impact
Asian Liver Center	Viral Hepatitis and Liver Cancer Public Awareness and Education Project	This program reduces the transmission and burden of viral hepatitis and liver cancer in the Vietnamese community in Santa Clara County. · Three outreach and health education events were held, which reached approx. 3,700 individuals from February to July 2017. · Four new community partnerships were formed to increase health education and outreach across Santa Clara County. · Nine Vietnamese-speaking volunteers were recruited and trained to administer health education. · Public service announcements were broadcast on local Vietnamese radio and television for a six-month period. Individuals served: 3,700
St. James Foundation	Eat Well, Be Well	This program is a nutrition and cooking education program geared to help survivors of cancer, especially colorectal cancer, maximize recovery during and post treatment and prevent recurrence. The program provides hands-on, culturally competent cooking classes. As a result of program participation: · 75% of participants reported better understanding of the link between cancer and poor nutrition. · 75% of participants reported positive attitudes toward practicing healthy cooking and eating habits at home. · 75% of participants demonstrated better awareness of the importance of colorectal cancer screenings. · 50% of participants reported increased practice of healthy cooking at home. · 50% of participants reported that they intend to improve their nutrition and healthy eating habits. Individuals served: 106
Latinas Contra Cancer	Increasing Cervical Cancer Awareness and Screening in the Latina Community	This program increases cervical cancer screening among low-income, Spanish-Speaking Latinas ages 16-23. · Six Promotores (patient outreach and health education coordinators) were recruited and trained in cervical cancer and HPV (human papillomavirus) education and outreach. · 90 women received education about cervical cancer screening and HPV vaccines. Individuals served: 90

Partner	Program	Program Details and FY18 Impact
Community Health Partnership	Community Mammography Access Project (CMAP)	This program increases access to mammography for low-income, uninsured and underinsured women age 40 years+ living in Santa Clara County. Program interventions include: 1) provider training to monitor and increase screening rates, 2) community outreach and health education, 3) patient navigation services. · 1,690 women received breast health education. · 154 women received patient navigation services linking them to health coverage and a medical home for preventive breast care. · 101 women reported receiving preventive breast care services at their medical home. Individuals served: 1,690
Asian Liver Center	Viral Hepatitis and Liver Cancer Public Awareness and Education Project	This program reduces the transmission and burden of viral hepatitis and liver cancer in the Vietnamese community in Santa Clara County. · Five outreach and health education events were held, which reached approx. 2,350 individuals. · Four new community partnerships were formed to increase health education and outreach across Santa Clara County. · 12 Vietnamese-speaking volunteers were recruited and trained to administer health education. · Public service announcements were broadcast on local Vietnamese radio and television for a six-month period. · New culturally and linguistically-appropriate health education brochure developed. Individuals served: 3,550
St. James Foundation	Eat Well, Be Well	This program is a nutrition and cooking education program geared to help survivors of cancer, especially colorectal cancer, maximize recovery during and post treatment and prevent recurrence. The program provides hands-on, culturally competent cooking classes. As a result of program participation, · Educated the African American community on the link between cancer and poor nutrition, including education on plant-based diets. Individuals served: 118
Latinas Contra Cancer	Increasing Cervical Cancer Awareness and Screening in the Latina Community	This program increases cervical cancer screening among low-income, Spanish-Speaking Latinas ages 16–23. · 174 women received education about cervical cancer screening and HPV vaccines. Individuals served: 174

Stanford Health Care's interventions to improve communicable disease outcomes are focused on the following diseases: Influenza, Pneumonia, Hepatitis B (HepB), and Tuberculous (TB).

COMMUNICABLE DISEASES: FY17

Partner	Program	Program Details and FY17 Impact
Peninsula Healthcare Connection	Infectious Disease Outreach and Prevention Program	This program offers health education regarding disease transmission, treatment, and prevention practices as well as referrals to clinic-based health care services. · 333 patients received screening, vaccination, and referral services for TB, HepB, Influenza, and Pneumonia. · 203 individuals received health education and referrals to follow-up care as needed. · 60 previously uninsured individuals were enrolled in health insurance through Covered California. Individuals served: 433
Santa Clara County Public Health Department & Asian Americans for Community Involvement	Tuberculosis Prevention and Chronic Hepatitis B Virus Screening and Management Program	This program 1) improves targeted testing and treatment for latent TB infection to prevent patients from developing TB disease in future, 2) improves screening for chronic HepB infection among at-risk persons, 3) improves management of patients with chronic HepB infection. · Baseline data gathered for patients currently diagnosed with latent TB. · Baseline data gathered for patients who completed treatment for TB. · Baseline data collected for HepB screening rates by primary care physician (PCP). · Develop electronic health record notifications to alert PCPs of patients at high risk for TB or HepB. Individuals served: N/A as funding supported program development
SF HepB Free – Bay Area	Program expansion into San Mateo County	Within San Mateo County, this program 1) creates public and provider awareness of HepB and dire liver cancer consequences if left untreated, 2) promotes routine HepB testing and vaccination within the primary care community, and 3) ensures linkage to care for chronically infected individuals. FY17 funding supports upstart costs associated with program expansion. · Hired Program Coordinator to lead San Mateo County program expansion efforts. · Established public private partnerships with primary stakeholders, including hospitals, clinics, community groups, businesses, and political groups. Individuals served: N/A as funding supported program development

COMMUNICABLE DISEASES: FY18

Partner	Program	Program Details and FY18 Impact
Peninsula Healthcare Connection	Infectious Disease Outreach and Prevention Program	This program offers health education regarding disease transmission, treatment, and prevention practices as well as referrals to clinic-based health care services. · 300 patients received screening, vaccination, and referral services for TB, HepB, Influenza, and Pneumonia. · 515 individuals received health education and referrals to follow-up care as needed. · 195 previously uninsured individuals were enrolled in health insurance through Covered California. Individuals served: 398
Santa Clara County Public Health Department & Asian Americans for Community Involvement	Tuberculosis Prevention and Chronic Hepatitis B Virus Screening and Management Program	This program 1) improves targeted testing and treatment for latent TB infection to prevent patients from developing TB disease in future, 2) improves screening for chronic HepB infection among at-risk persons, 3) improves management of patients with chronic HepB infection. · Baseline assessment in progress. · Electronic health record alerts for PCPs developed and tested. Individuals served: N/A as funding supported program development
SF HepB Free – Bay Area	Program expansion into San Mateo County	This program supports Hepatitis B awareness, prevention, and treatment for at-risk populations in San Mateo County. · 270 hepatitis screenings conducted. · 2,100 people directly educated on risk factors, diagnosis, and treatment for Hepatitis B. Individuals served: 2,100

DIABETES AND OBESITY: FY17

Partner	Program	Program Details and FY17 Impact
Ravenswood Family Health Center (RFHC)	Diabetes Education and Management	This program helps diabetic and pre-diabetic patients successfully manage their conditions, adopt health lifestyles, and achieve improved health outcomes. · Developed and implemented diabetes medicine guidelines for primary care physicians (PCP). · 228 unduplicated adult diabetic patients completed the Diabetes Education and Management Program (DEMP). · 93% of DEMP participants either decreased their A1c level by 2%+ or met their A1c goal in their health management plan. · Developed job descriptions for new Health Coach positions. · Health Coaches will be responsible for providing health education and counseling to all RFHC chronic disease patients, including

Partner	Program	Program Details and FY17 Impact
		patients with diabetes. · Initiated update to diabetes education curriculum. Individuals served: 228
Samaritan House Free Clinic, Redwood City	Diabetes Care Days+ Program (DCD+)	This program offers monthly multi-station group visits for comprehensive diabetes care. · 130 patients participated in the DCD+ program. · 98% of patients expressed an intention to change their diet or exercise after completing the program. · 91% of participants report increased knowledge about diabetes after completing the program. · 232 patients met with a nurse practitioner for diabetes-related care · 100% of participants with HbA1c level <=7.0 maintained their level at <=7.0. · Participants with uncontrolled diabetes decreased their A1c level 0.2% on average. Individuals served: 130

DIABETES AND OBESITY: FY18

Partner	Program	Program Details and FY18 Impact
Ravenswood Family Health Center (RFHC)	Diabetes Education and Management	This program helps diabetic and pre-diabetic patients successfully manage their conditions, adopt healthy lifestyles, and achieve improved health outcomes. · 243 unduplicated patients completed the program. · 72% of patients decreased their A1c level by 2% or met their personal A1c goal. · Blood pressure clinic established, operating two days per week bimonthly. Individuals served: 243
Samaritan House Free Clinic, Redwood City	Diabetes Care Days 2.0 (DCD 2.0)	This program offers monthly multi-station group visits for comprehensive diabetes care. · 281 patients participated in the DCD+ program. · 99% of participants increased knowledge of diabetes after completing the program. · 650 patients met with a nurse practitioner for diabetes-related care. · 9.5% improvement in HbA1c levels among participants after three months. · 0.5% mean weight loss among obese participants. · 2.4% mean weight loss among overweight participants. · 18 participants attended a healthy lifestyle education course. · 82% of participants were screened for depression.

Partner	Program	Program Details and FY18 Impact
		· 20 new referrals to behavioral health serves were made. Individuals served: 281

HEALTH CARE ACCESS AND DELIVERY: FY17

Partner	Program	Program Details and FY17 Impact
Cardinal Free Clinics (CFC)	Free Laboratory and Radiology services	This program provides laboratory and radiology services free of charge to uninsured and underinsured individuals. In 2017, approximately 93% of CFC clients are uninsured. · 2,818 free lab tests were provided. · 41 free X-rays were provided. Individuals served: 2,848
Ravenswood Family Health Center (RFHC)	Care Coordination for Complex Patients	Through a half-time social worker, this program provides community-based care coordination for high-risk, complex patients. · Improve health care access. · Strengthen RFHC medical home engagement. · Provide care plans and connect with social services as needed. Individuals served: 21

HEALTH CARE ACCESS AND DELIVERY: FY18

Partner	Program	Program Details and FY18 Impact
Cardinal Free Clinics (CFC)	Administrative and Technology Support	This program provides access to care for the medically underserved, mainly the uninsured and LGBTQ+ populations, in San Mateo and Santa Clara counties. · Developed a culturally competent health screening tool for LQBTG+ population at the SMC Pride Center. · Reduced patient wait times from 60 to 30 minutes by adopting a new online patient scheduling tool. · Developed a food insecurity screening and referral tool for patients. Individuals served: 1,129

Partner	Program	Program Details and FY18 Impact
Cardinal Free Clinics (CFC)	Free Laboratory and Radiology Services	This program provides laboratory and radiology services free of charge to uninsured and underinsured individuals. In 2017, approximately 93% of CFC clients were uninsured. · 2,989 free lab tests were provided. · 35 free X-rays were provided. Individuals served: 3,024
Ravenswood Family Health Center (RFHC) & MayView Community Health Center (MCHC)	Care Coordination for Complex Patients	Through a full-time social worker, this program provides community-based care coordination for high-risk, complex patients. · Improve health care access. · Strengthen medical home engagement. · Provide care plans and connect with social services as needed. · Reduced Emergency Department (ED) use by 55%. Individuals served: 45
Medical Respite Program (MRP)	Purchase of Wheelchair Accessible Vehicle	One-time grant funding for MRP to purchase a vehicle to support all transportation needs of MRP clients, including from hospital (upon discharge) to MRP, pick up medications, attend follow-up medical and mental health appointments, register and/or collect payments from the General Assistance/Social Security office/ Food Stamps, apply for housing and employment, evaluate Board and Care options, etc. Individuals served: N/A
Operation Access	Care Navigation and Access to Specialty Care and Outpatient Surgical Services for the Uninsured and Underinsured	Program partners with local hospitals and health systems to link donated surgical preventive care to uninsured and underinsured patients in San Mateo and Santa Clara Counties at no charge to patients. · 134 surgical procedures and diagnostic services completed. · 90% of patients reported improved health and quality of life as a result of services provided. Individuals served: 103
Avenidas– Rose Kleiner Center	Nurse Navigator/ Community-Based Home Health Program	Program provides intensive care coordination for low-income seniors with highly complex medical, cognitive, and behavioral health conditions. · Reduced ED visits by 80%. · Reduced hospital stays by 80%. · No 30-day readmissions for 90% of participants. Individuals served: 16

8. Conclusion

Stanford Health Care worked with its CBHC and HCC partners, pooling expertise and resources, to conduct the 2019 Community Health Needs Assessment. By gathering secondary data and conducting new primary research as a team, the partners were able to understand the community's perception of health needs as well as prioritize health needs with an understanding of how each compares against benchmarks. SHC further prioritized health needs in its area based on a set of defined criteria.

The 2019 CHNA, which builds upon prior assessments dating to 1995, meets federal (IRS) and California state requirements.

Next steps for our hospital:

- CHNA adopted by our hospital board and made publicly available on our website in May 2019.[26]
- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address using a set of criteria.
- Develop strategies to address priority health needs.
- Strategies are adopted by the hospital board and filed with the IRS by November 2019.[26]

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[26] See https://stanfordhealthcare.org/about-us/community-partnerships.html. Stanford Health Care's fiscal year 2018 ends August 31, 2019, which is the IRS deadline for posting.

9. List of Attachments

1. Secondary Data Indicators, Santa Clara County
2. Secondary Data Indicators, San Mateo County
3. Community Leaders and Representatives Consulted, Santa Clara County
4. Community Leaders and Representatives Consulted, San Mateo County
5. Qualitative Research Protocols, Santa Clara County
6. Qualitative Research Protocols, San Mateo County
7. Community Assets and Resources, Santa Clara County
8. Community Assets and Resources, San Mateo County
9. IRS Checklist

Attachment 1. Secondary Data Indicators, Santa Clara County

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Absence of Dental Insurance Coverage	Access	Percent Adults Without Dental Insurance	University of California Center for Health Policy Research, California Health Interview Survey. 2009.	2009
Access to Dentists	Access	Dentists, Rate per 100,000 Pop.	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.	2015
Access to Mental Health Providers	Access	Mental Health Care Provider Rate (Per 100,000 Population)	University of Wisconsin Population Health Institute, County Health Rankings. 2018.	2018
Access to Primary Care	Access	Primary Care Physicians, Rate per 100,000 Pop.	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.	2014
Federally Qualified Health Centers	Access	Federally Qualified Health Centers, Rate per 100,000 Population	US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018.	2018
Health Professional Shortage Area - Primary Care	Access	Percentage of Population Living in a HPSA	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Services Administration. April 2016.	
Insurance - Uninsured Population	Access	Percent Uninsured Population	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Lack of a Consistent Source of Primary Care	Access	Percentage Without Regular Doctor	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	2011-2012
Preventable Hospital Events	Access	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Asthma - Hospitalizations	Asthma	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Asthma - Prevalence	Asthma	Percent Adults with Asthma	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.	2011-2012
Alcohol - Excessive Consumption	Behavioral Health	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.	2006-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	
Lack of Social or Emotional Support	Behavioral Health	Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	2006-2012
Liquor Store Access	Behavioral Health	Liquor Stores, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Mental Health - Depression Among Medicare Beneficiaries	Behavioral Health	Percentage of Medicare Beneficiaries with Depression	Centers for Medicare and Medicaid Services,2015.	2015
Mental Health - Frequent mental distress	Behavioral Health	Percentage of adults who report frequent mental distress (14 or more mentally unhealthy days) in the past 30 days	Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey	2013-2014
Mental Health - Needing Mental Health Care	Behavioral Health	Percentage with Poor Mental Health	University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.	2013-2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Mental Health - Poor Mental Health Days	Behavioral Health	Average Number of Mentally Unhealthy Days per Month	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12.	2006-2012
Mental Health - Suicidality	Behavioral Health	Percent of youth who seriously considered suicide in the past year	California Healthy Kids Survey, 2013-14	2013-2014
Mental Health - Suicide Attempts	Behavioral Health	Hospitalization discharge rate for suicide attempts	Office of Statewide Planning and Development, 2007-2014 Patient Discharge Data	2007-2014
Mental Health - Suicide Attempts	Behavioral Health	Rate of hospitalizations (per 100,000 people) due to suicide attempts and suicide ideation	Office of Statewide Planning and Development, 2007-2014 Patient Discharge Data.	2007-2014
Mental Health - Suicide Attempts Youth)	Behavioral Health	Percent of youth self-reported suicide attempts	California Healthy Kids Survey, 2013-14	2013-2014
Mortality - Suicide	Behavioral Health	Suicide, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.	2010-2012
PTSD prevalence	Behavioral Health	Percent of adults who were ever diagnosed with Post Traumatic Stress Disorder	Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey	2013-2014
Tobacco - Smoking (adult)	Behavioral Health	Percentage of adults who are current smokers	UCLA Center for Health Policy Research,	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			AskCHIS 2007-2015.	
Tobacco - Smoking (youth)	Behavioral Health	Cigarette use (youth) 1+ days in the past 30 days	California Healthy Kids Survey, 2006-2016.	2016
Tobacco - Smoking (youth)	Behavioral Health	E-Cigarette use (youth) 1+ times in the past 30 days	California Healthy Kids Survey, 2013-2016.	2016
Tobacco Usage	Behavioral Health	Percentage of Adults Smoking Cigarettes	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	2006-12
Cancer Incidence - All Sites	Cancer	Annual Cancer Incidence Rate (Per 100,000 Pop.)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer Registry (Oct 2016 Extract.)	2010-2014
Cancer Incidence - Breast	Cancer	Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer Registry (Oct 2016 Extract.)	2010-2014
Cancer Incidence - Cervical	Cancer	Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer Registry (Oct 2016 Extract.) Healthy People 2020 (benchmark).	2010-2014
Cancer Incidence - Colon and Rectum	Cancer	Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)	Greater Bay Area Cancer Registry, 2010-2014;	2010-2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			California Cancer Registry (Oct 2016 Extract.) Healthy People 2020 (benchmark).	
Cancer Incidence - Lung	Cancer	Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer Registry (Oct 2016 Extract.)	2010-2014
Cancer Incidence - Prostate	Cancer	Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer Registry (Oct 2016 Extract.)	2010-2014
Cancer Screening - Mammogram	Cancer	Percent Female Medicare Enrollees with Mammogram in Past 2 Year	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.	2014
Cancer Screening - Pap Test	Cancer	Percent Adults Females Age 18+ with Regular Pap Test (Age-Adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	2006-12
Cancer Screening - Sigmoid/Colonoscopy	Cancer	Percent Adults Screened for Colon Cancer (Age-Adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health	2006-12

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	
Mortality - Breast Cancer	Cancer	Cancer, Age-Adjusted Mortality Rate (per 100,000 Female Population)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer Registry (Oct 2016 Extract.)	2010-2014
Mortality - Cancer (All Sites)	Cancer	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	Greater Bay Area Cancer Registry, 1995-2014; California Cancer Registry (Oct 2016 Extract.)	1995-2014
Mortality - Cervical	Cancer	Cancer, Age-Adjusted Mortality Rate (per 100,000 Female Population)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer Registry (Oct 2016 Extract.) Healthy People 2020 (benchmark).	2010-2014
Mortality - Colon and Rectum	Cancer	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer Registry (Oct 2016 Extract.)	2010-2014
Mortality - Lung	Cancer	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer Registry (Oct 2016 Extract.)	2010-2014
Mortality - Prostate	Cancer	Cancer, Age-Adjusted Mortality Rate (per 100,000 Male Population)	Greater Bay Area Cancer Registry, 2010-2014; California Cancer	2010-2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Registry (Oct 2016 Extract.)	
Flu vaccinations (Adults)	Communicable Diseases	Percent of adults who received flu shot	Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey	2013-2014
Flu vaccinations (Children)	Communicable Diseases	Percent of children who received flu shot or nasal vaccine	Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey	2013-2014
Pertussis Incidence	Communicable Diseases	Pertussis rates per 100,000 people, 2007-2016	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2007-2011) & California Reportable Disease Information Exchange (CalREDIE) (2011-2016), data are provisional as of 1/4/2018.	2011-2016
Senior Pneumonia Vaccinations	Communicable Diseases	Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	2006-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Stayed Home Due to Flu (Adults)	Communicable Diseases	Percent of adults who stayed home due to flu	Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey	2013-2014
Tuberculosis Incidence	Communicable Diseases	Tuberculosis rates per 100,000 people, 2008-2017	Santa Clara County Public Health Department, California Reportable Disease Information Exchange, 2017, data as of February 12, 2018, and are provisional.	2013-2014
Homicide Rate	Community & Family Safety	Homicide, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.	2010-2012
Violence - All Violent Crimes	Community & Family Safety	Violent Crime Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14.	2012-2014
Violence - Assault (Crime)	Community & Family Safety	Assault Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the	2012-2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14.	
Violence - Assault (Injury)	Community & Family Safety	Assault Injuries, Rate per 100,000 Population	California Department of Public Health, California EpiCenter. 2013-14.	2013-2014
Violence - Domestic Violence	Community & Family Safety	Domestic Violence Injuries, Rate per 100,000 Population (Females Age 10+)	California Department of Public Health, California EpiCenter. 2013-14.	2013-2014
Violence - Rape (Crime)	Community & Family Safety	Rape Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14.	2012-2014
Violence - Robbery (Crime)	Community & Family Safety	Robbery Rate (Per 100,000 Pop.)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14.	2012-2014
Violence - School Expulsions	Community & Family Safety	Rate of Expulsions (per 100 Students)	California Department of Education, 2014-15.	2014-15

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Violence - School Suspensions	Community & Family Safety	Rate of Suspensions (per 100 Students)	California Department of Education, 2014-15.	2014-15
Violence - Youth Intentional Injury	Community & Family Safety	Intentional Injuries, Rate per 100,000 Population (Youth Age 10 - 19)	California Department of Public Health, California EpiCenter. 2013-14.	2013-2014
Change in Total Population	Demographics	Percent Population Change, 2000-2010	US Census Bureau, Decennial Census. 2000 - 2010.	2010
Female Population	Demographics	Percent Female Population	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Hispanic Population	Demographics	Percent Population Hispanic or Latino	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Households by Income Range	Demographics	Income in the past 12 months	U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2012-16. Table S1901.	2012-2016
Insurance - Population Receiving Medicaid	Demographics	Percent of Insured Population Receiving Medicaid	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Male Population	Demographics	Percent Male Population	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Median Age	Demographics	Median Age	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Population Age 0-4	Demographics	Percent Population Age 0-4	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Population Age 18-24	Demographics	Percent Population Age 18-24	US Census Bureau, American Community Survey. 2012-16.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Population Age 25-34	Demographics	Percent Population Age 25-34	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Population Age 35-44	Demographics	Percent Population Age 35-44	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Population Age 45-54	Demographics	Percent Population Age 45-54	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Population Age 5-17	Demographics	Percent Population Age 5-17	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Population Age 55-64	Demographics	Percent Population Age 55-64	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Population Age 65+	Demographics	Percent Population Age 65+	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Population in Limited English Households	Demographics	Percent Linguistically Isolated Population	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Population with Limited English Proficiency	Demographics	Percent Population Age 5+ with Limited English Proficiency	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Total Population	Demographics	Population Density (Per Square Mile)	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Commute Over 60 Minutes	Diabetes & Obesity	Percentage of Workers Commuting More than 60 Minutes	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Commute to Work - Alone in Car	Diabetes & Obesity	Percentage of Workers Commuting by Car, Alone	US Census Bureau, American Community Survey. 2012-16.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Commute to Work - Walking/Biking	Diabetes & Obesity	Percentage Walking or Biking to Work	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Diabetes Hospitalizations	Diabetes & Obesity	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Diabetes Management (Hemoglobin A1c Test)	Diabetes & Obesity	Percent Medicare Enrollees with Diabetes with Annual Exam	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.	2014
Diabetes Prevalence	Diabetes & Obesity	Percent Adults with Diagnosed Diabetes (Age-Adjusted)	UCLA Center for Health Policy Research, AskCHIS 2007-2016	2007-2016
Diabetes Prevalence	Diabetes & Obesity	Percentage of adults who were ever diagnosed with diabetes	UCLA Center for Health Policy Research, AskCHIS 2007-2016	2007-2016
Fast Food Restaurants Rate	Diabetes & Obesity	Fast Food Restaurants, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Food Desert Population	Diabetes & Obesity	Percent Population with Low Food Access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.	2015
Grocery Stores Rate	Diabetes & Obesity	Grocery Stores, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			analysis by CARES. 2016.	
Low Fruit/Vegetable Consumption (Adult)	Diabetes & Obesity	Percent Adults with Inadequate Fruit / Vegetable Consumption	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09.	2005-2009
Low Fruit/Vegetable Consumption (Youth)	Diabetes & Obesity	Percent Population Age 2-13 with Inadequate Fruit/Vegetable Consumption	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	2011-2012
Obese Youth (Grades 5, 7 ,9)	Diabetes & Obesity	Percentage of middle and high school students who are obese	California Healthy Kids Survey, 2006-2016; Healthy People 2020 (benchmark).	2006-2016
Overweight or Obese Adults	Diabetes & Obesity	Percentage of adults who are overweight or obese	UCLA Center for Health Policy Research, AskCHIS 2007-2016.	2016
Overweight or Obese Youth	Diabetes & Obesity	Percentage of middle and high school students who are overweight or obese	California Healthy Kids Survey, 2006-2015; retrieved from kidsdata.org.	2007-2016
Overweight Youth (Grades 5, 7 ,9)	Diabetes & Obesity	Percentage of middle and high school students who are overweight	California Healthy Kids Survey, 2006-2016	2007-2016
Park Access	Diabetes & Obesity	Percent Population Within 1/2 Mile of a Park	US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.	2010

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Physical Inactivity (Adult)	Diabetes & Obesity	Percent Population with no Leisure Time Physical Activity	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.	2013
Physical Inactivity (Youth)	Diabetes & Obesity	Percent Physically Inactive	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.	2013-2014
Recreation and Fitness Facility Access	Diabetes & Obesity	Recreation and Fitness Facilities, Rate (Per 100,000 Population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Walking/Biking/Skating to School	Diabetes & Obesity	Percentage Walking/Skating/Biking to School	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	2011-2012
WIC-Authorized Food Stores Rate	Diabetes & Obesity	WIC-Authorized Food Stores, Rate (Per 100,000 Population)	US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011.	2011
Children Eligible for Free/Reduced Price Lunch	Economic Security	Percent Students Eligible for Free or Reduced-Price Lunch	National Center for Education Statistics, NCES - Common Core of Data. 2015-16.	2015-2016
Economic Security - Households with No Vehicle	Economic Security	Percentage of Households with No Motor Vehicle	US Census Bureau, American Community Survey. 2012-16.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Economic Security - Unemployment Rate	Economic Security	Unemployment Rate	US Department of Labor, Bureau of Labor Statistics. 2018 - March.	2018
Education - Head Start Program Facilities	Economic Security	Head Start Programs Rate (Per 10,000 Children Under Age 5)	US Department of Health & Human Services, Administration for Children and Families. 2018.	2018
Education - High School Graduation Rate	Economic Security	Cohort Graduation Rate	California Department of Education,2014-15.	2014-2015
Education - Less than High School Diploma (or Equivalent)	Economic Security	Percent Population Age 25+ with No High School Diploma	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Education - Reading Below Proficiency	Economic Security	Percentage of Grade 4 ELA Test Scores Below Standard	California Department of Education, 2015-16.	2015-2016
Education - School Enrollment Age 3-4	Economic Security	Percentage of Population Age 3-4 Enrolled in School	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Food Security - Food Insecurity Rate	Economic Security	Percentage of Total Population with Food Insecurity	Feeding America.,2014.	2014
Food Security - Population Receiving SNAP	Economic Security	Percent Population Receiving SNAP Benefits	US Census Bureau, Small Area Income & Poverty Estimates. 2015.	2015
Housing - Assisted Housing	Economic Security	HUD-Assisted Units, Rate per 10,000 Housing Units	US Department of Housing and Urban Development, 2016.	2016
Housing - Cost Burdened Households	Economic Security	Percentage of Households where Housing Costs Exceed 30% of Income	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Housing - Substandard Housing	Economic Security	Percent Occupied Housing Units with One or More Substandard Conditions	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Housing - Vacant	Economic Security	Vacant Housing Units, Percent	US Census Bureau,	2012-

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Housing			American Community Survey. 2012-16.	2016
Income Inequality	Economic Security	Gini Index Value	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Poverty - Children Below 100% FPL	Economic Security	Percent Population Under Age 18 in Poverty	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Poverty - Population Below 100% FPL	Economic Security	Percent Population in Poverty	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Poverty - Population Below 200% FPL	Economic Security	Percent Population with Income at or Below 200% FPL	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Received Food	Economic Security	Percent of families that received food from a church, food pantry, or food bank in previous 12 months	Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey	2013-2014
Death - Causes	General Health	Percent of deaths by cause	Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017	2007-2016
Mortality - Premature Death	General Health	Years of Potential Life Lost, Rate per 100,000 Population	University of Wisconsin Population Health Institute, County Health Rankings. 2014-16.	2014-2016
Poor General Health	General Health	Percent Adults with Poor or Fair Health (Age-Adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.	2006-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.	
Population with Any Disability	General Health	Percent Population with a Disability	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Heart Disease Prevalence	Heart & Stroke	Percent Adults with Heart Disease	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	2011-2012
High Blood Pressure - Unmanaged	Heart & Stroke	Percent Adults with High Blood Pressure Not Taking Medication	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.	2006-2010
Mortality - Ischaemic Heart Disease	Heart & Stroke	Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data. 2010-12.	2010-2012
Mortality - Stroke	Heart & Stroke	Stroke, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data. 2010-12.	2010-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Breastfeeding (Any)	Maternal & Infant Health	Percentage of Mothers Breastfeeding (Any)	California Department of Public Health,CDPH - Breastfeeding Statistics. 2012.	2012
Breastfeeding (Exclusive)	Maternal & Infant Health	Percentage of Mothers Breastfeeding (Exclusively)	California Department of Public Health,CDPH - Breastfeeding Statistics. 2012.	2012
Infant Mortality	Maternal & Infant Health	Infant Mortality Rate (Per 1,000 Births)	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10.	2006-2010
Infant Mortality	Maternal & Infant Health	Infant Mortality Rate (Per 1,000 Births)	Santa Clara County Public Health Department, VRBIS, 2007-2015. Data as of 05/26/2017; Santa Clara County Public Health Department, Birth Statistical Master File, 2007-2015	2007-2015
Low Birth Weight	Maternal & Infant Health	Percentage of live births with birth weight of less than 2,500 grams (5 lbs, 8oz), 2006-2015	Santa Clara County Public Health Department, Birth Statistical Master File, 2006-2015	2006-2015
Teen Births (Under Age 20)	Maternal & Infant Health	Teen birth rate is number of births per 1,000 females ages 15 to 19 years	Santa Clara County Public Health Department, Birth Statistical Master File, 2006-2015	2006-2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Air Quality - Ozone (O3)	Natural Environment	Percentage of Days Exceeding Standards, Pop. Adjusted Average	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.	2012
Air Quality - Particulate Matter 2.5	Natural Environment	Percentage of Days Exceeding Standards, Pop. Adjusted Average	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.	2012
Canopy Cover	Natural Environment	Population Weighted Percentage of Report Area Covered by Tree Canopy	Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011.	2011
Drought Severity	Natural Environment	Percentage of Weeks in Drought (Any)	US Drought Monitor, 2012-14.	2012-2014
Exposed to Unsafe Drinking Water	Natural Environment	Percentage of Population Potentially Exposed to Unsafe Drinking Water	University of Wisconsin Population Health Institute, County Health Rankings. 2012-13.	2012-2013
Heat Index Days	Natural Environment	Percentage of Weather Observations with High Heat Index Values:%	National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC WONDER. Additional data analysis by CARES. 2014.	2014
Heat Stress Events	Natural Environment	Heat-related Emergency Department Visits, Rate per 100,000 Population	California Department of Public Health, CDPH -	2005-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Tracking. 2005-12.	
Dental Care - Lack of Affordability (Youth)	Oral Health	Percent Population Age 5-17 Unable to Afford Dental Care	University of California Center for Health Policy Research, California Health Interview Survey. 2009.	2009
Dental Decay/Gum Disease (Adult)	Oral Health	Dental Decay/Gum Disease (Adults 45-64	Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey	2013-2014
Living in Dental Health Professional Shortage Area	Oral Health	Percentage of Population Living in a HPSA	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	2016
No Recent Dental Exam (Adult)	Oral Health	Percent Adults Without Recent Dental Exam	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.	2006-2010
No Recent Exam (Children)	Oral Health	Percent Youth Without Recent Dental Exam	University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.	2013-2014
Poor Dental Health (Adult)	Oral Health	Percent Adults with Poor Dental Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.	2006-2010

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Additional data analysis by CARES. 2006-10.	
Chlamydia	STD	Chlamydia rates per 100,000 people, 2007-2016, Santa Clara County	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2007-2011) & California Reportable Disease Information Exchange (CalREDIE) (2011-2016), data are provisional as of 5/5/2017. STD Control Branch, California Department of Public Health.	2011-2016
Early syphilis	STD	Early syphilis rates (per 100,000 people)	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2007-2011) & California Reportable Disease Information Exchange (CalREDIE) (2011-2016), data are provisional as of 5/5/2017. STD Control Branch, California Department of Public Health, Sexually Transmitted Diseases in California 2016 Executive Summary.	2011-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Gonorrhea	STD	Gonorrhea rates per 100,000 people, 2007-2016, Santa Clara County	Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2007-2011) & California Reportable Disease Information Exchange (CalREDIE) (2011-2016), data are provisional as of 5/5/2017. STD Control Branch, California Department o	2011-2016
HIV	STD	HIV rates (Per 100,000 Pop.)	Santa Clara County Public Health Department, enhanced HIV/AIDS reporting system (eHARS), 2007-2016, data are provisional as of April 30, 2017 and subject to change;	2007-2016
HIV Hospitalizations	STD	Age-Adjusted Discharge Rate (Per 10,000 Pop.)	California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
No HIV Screening	STD	Percent Adults Never Screened for HIV / AIDS	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.	2011-12

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Public Transit within 0.5 Miles	Transportation & Traffic	Percentage of Population within Half Mile of Public Transit	Environmental Protection Agency, EPA Smart Location Database. 2011.	2011
Road Network Density	Transportation & Traffic	Total Road Network Density (Road Miles per Acre)	Environmental Protection Agency, EPA Smart Location Database. 2011.	2011
Fatal Motor Vehicle Accident Rate	Unintentional Injury	Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.	2011-12
Fatal Pedestrian Accident Rate	Unintentional Injury	Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.	2011-12
Motor Vehicle Hospitalization Rate	Unintentional Injury	Motor Vehicle Hospitalization Rate (per 100,000 Population)	Office of Statewide Health Planning and Development, 2014 Patient Discharge Data; State of California, Department of Finance, State and County Population Projection, 2010-2060. Sacramento, California, February, 2017	2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Senior Falls Mortality Rate	Unintentional Injury	Age-Adjusted Rate of deaths due to falls (per 100,000 aged 65 and older)	Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census.	2007-2016
Unintentional injury Deaths	Unintentional Injury	Age-Adjusted Rate of unintentional injury deaths (per 100,000)	Santa Clara County Public Health Department, VRBIS, 2007-2016. Data as of 05/26/2017; U.S. Census Bureau; 2010 Census, Accessed June 20, 2017.	2007-2016

Attachment 2. Secondary Data Indicators, San Mateo County

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
30-Day Readmissions	Health Care Access & Delivery	Percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization discharge	Dartmouth Atlas of Health Care. 2014.	2014
Absenteeism Due to Cyberbullying	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of youth who reported being bullied or harassed via the internet, who missed one or more days of school in the past month	County of San Mateo, Board of Supervisors. Adolescent Report 2014-15.	2014-2015
Access to Dentists Rate	Health Care Access & Delivery; Oral/Dental Health	Number of dentists per 100,000 population	Area Health Resource File/National Provider Identification file. 2016.	2016
Access to Mental Health Care Providers Rate	Health Care Access & Delivery; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Mental health care provider rate (Per 100,000 Population)	University of Wisconsin Population Health Institute, County Health Rankings. 2018.	2018
Access to Other Primary Care Providers Rate	Health Care Access & Delivery	Other primary care provider (e.g., nurse practitioner, physician assistant) rate per 100,000 population	CMS, National Provider Identification. 2017	2017
Access to Primary Care Rate	Health Care Access & Delivery	Number of primary care physicians per 100,000 population	Area Health Resource File/American Medical Association. 2015. Trend: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Accidents (Unintentional Injuries) Death Rate	Unintended Injuries/Accidents	Accidents (unintentional injuries) rate per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Acute Hepatitis B Cases Rate	Infectious Diseases	Incidence of acute Hepatitis B cases per 100,000 population	California Department of Public Health Immunization Branch. 2015	2015
Adequate Fruit/Vegetable Consumption (Adults)	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Cancer; Heart Disease/Stroke	Percentage of survey respondents reporting that they eat the recommended number of daily servings of fruits and vegetables	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Adequate/Adequate Plus Prenatal Care	Birth Outcomes	Percentage of births for which prenatal care was begun by the 4th month of pregnancy and 80% or more of recommended visits received	California Department of Public Health: 2009-2014 Birth Cohort-Perinatal Outcome Files.	2013-2015
Adults Age 65+ Living Alone	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being); Neighborhood & Built Environment (Community & Family Safety)	Percentage of respondents who were adults age 65+ who indicated they were living alone	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Adults Needing and Receiving Behavioral Health Care Services	Health Care Access & Delivery; Mental Health & Well-Being (Mental Health/Emotional Well-Being; Tobacco/Substance Use)	Percentage of adults needing and receiving behavioral health care services	California Health Interview Survey. 2015-2016.	2015-2016
Adults with an Associate's Degree or	Education & Literacy; Poverty, Income &	Percentage of the population aged 25 years and older with an Associate's	US Census Bureau, American Community	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Higher	Employment	degree or higher	Survey. 2012-2016.	
Adults with Less than High School Diploma (or Equivalent)	Education & Literacy; Poverty, Income & Employment	Percentage of the population age 25 and older without a high school diploma (or equivalency) or higher.	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Adults with Some Post-Secondary Education	Education & Literacy; Poverty, Income & Employment	Percentage of adults aged 25 to 44 years with at least some post-secondary education	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Air Quality - Ozone (O3)	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Asthma & Respiratory Conditions	Percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb)	National Environmental Public Health Tracking Network. 2014.	2014
Air Quality - Particulate Matter 2.5	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Asthma & Respiratory Conditions; Cancer	Percentage of days per year with fine particulate matter 2.5 (PM2.5) levels above the National Ambient Air Quality Standard of 35 micrograms per cubic meter	National Environmental Public Health Tracking Network. 2014.	2014
Alcohol – Binge Drinker	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Unintended Injuries/Accidents	Percentage of survey respondents who reported that they have had 5 or more drinks on an occasion (men) or 4 or more drinks on an occasion (women)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Alcohol – Current Drinker11 QoL† & 24	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who reported that they have had one or more drinks in the past month.	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance	2016, 2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			System. 2016.	
Alcohol-Impaired Driving Deaths	Mental Health & Well-Being (Tobacco/Substance Use); Unintended Injuries/Accidents	Percentage of driving deaths with alcohol involvement	Fatality Analysis Reporting System. 2012-2016.	2012-2016
All Causes of Death Rate	General Health	Age-adjusted rate of death due to all causes per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2013-2015
All Violent Crimes Rate	Neighborhood & Built Environment (Community & Family Safety)	Violent crime rate (per 100,000 population)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-2014.	2012-2014
Alzheimer's Disease (Prevalence)	Dementia & Cognitive Decline	Percentage of the adult population with Alzheimer's Disease	Centers for Medicaid & Medicaid Services. 2015.	2015
Alzheimer's Disease Mortality Rate	Dementia & Cognitive Decline	Age-adjusted rate of death due to Alzheimer's per 100,000 population per year	California County Health Status Profiles. 2013-2015	2013-2015
Ambulance Transport, Behavioral Health	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of all ambulance transports initiated by a call to 911 in which behavioral health issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Cardiac Issues	Heart Disease/Stroke	Percentage of all ambulance transports initiated by a call to 911 in	County of San Mateo Emergency Medical	2016-2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
		which cardiac issues were the primary impression (main reason for the call)	Services. 911 Calls. 2016-2017.	
Ambulance Transport, Neurological Issues	General Health	Percentage of all ambulance transports initiated by a call to 911 in which neurological issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Pain	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of all ambulance transports initiated by a call to 911 in which pain was the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Respiratory Issues	Asthma & Respiratory Conditions	Percentage of all ambulance transports initiated by a call to 911 in which respiratory issues were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Toxicological Issues	Unintended Injuries/Accidents; Oral/Dental Health	Percentage of all ambulance transports initiated by a call to 911 in which toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Toxicological Issues	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of all ambulance transports initiated by a call to 911 in which toxicological issues (accidental or intentional poisoning by alcohol, drugs, or other toxins) were the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport, Trauma (Injury)	Unintended Injuries/Accidents	Percentage of all ambulance transports initiated by a call to 911 in which trauma (injury) was the primary impression (main reason for the call)	County of San Mateo Emergency Medical Services. 911 Calls. 2016-2017.	2016-2017
Ambulance Transport,	Heart Disease/Stroke	Percentage of all ambulance	County of San Mateo	2016-

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Vascular Issues		transports initiated by a call to 911 in which vascular issues were the primary impression (main reason for the call)	Emergency Medical Services. 911 Calls. 2016-2017.	2017
Area with Tree Canopy Cover (pop.-weighted)	Neighborhood & Built Environment (Natural Environment/Climate)	Percentage of land within the report area that is covered by tree canopy	National Land Cover Database. 2011.	2011
Arthritis/Rheumatism	Arthritis	Percentage of survey respondents answering "yes" when asked: "Have you ever suffered from or been diagnosed with any of the following medical conditions: Arthritis or Rheumatism?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Assault (Crime) Rate	Neighborhood & Built Environment (Community & Family Safety)	Assault injuries, rate per 100,000 population	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14.	2012-2014
Assault (Injury) Rate	Neighborhood & Built Environment (Community & Family Safety)	Assault Injuries, Rate per 100,000 Population	California Department of Public Health, California EpiCenter. 2013-14.	2013-2014
Assisted Housing Units Rate (per 10,000)	Housing & Homelessness; Neighborhood & Built Environment (Community Infrastructure & Housing Quality)	HUD-assisted units, rate per 10,000 housing units	US Department, of Housing and Urban Development. 2016.	2016
Asthma Hospitalizations Rate (per 10,000 Medicare	Health Care Access & Delivery; Neighborhood & Built Environment (Natural	Patient discharge rate per 10,000 total population for asthma and related complications	Mapping Medicare Disparities tool. 2015.	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Beneficiaries)	Environment/Climate); Asthma & Respiratory Conditions			
Asthma Patient Discharges, Children/Youth (age 1-19)	Housing & Homelessness; Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Patient discharge rate (per 10,000 total population) for asthma and related complications for children/youth ages 1-19.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Asthma Patient Discharges, Older Adults (age 65+)	Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Patient discharge rate (per 10,000 total population) for asthma and related complications for adults age 65+.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Asthma Prevalence, Adults	Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Percentage of the adult population with asthma	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Asthma Prevalence, Children/Youth	Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Percentage of children and teens with asthma	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Banking Institutions Rate (per 10,000 pop.)	Housing & Homelessness	Number of banking institutions (commercial banks, savings institutions and credit unions) per 10,000 population	County Business Patterns. 2015.	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Breast Cancer Death Rate	Cancer	Age-adjusted rate of death among females due to breast cancer per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Breast Cancer Incidence Rate	Cancer	Annual breast cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2010-2014.	2010-2014
Breastfeeding (Any)	Birth Outcomes; Healthy Lifestyles (Obesity)	Percentage of mothers breastfeeding (any); total in-hospital births.	California Department of Public Health, California Department of Public Health - Breastfeeding Statistics. 2012.	2012
Breastfeeding (Exclusive)	Birth Outcomes; Healthy Lifestyles (Obesity)	Percentage of mothers breastfeeding (exclusively); total in-hospital births.	California Department of Public Health, California Department of Public Health - Breastfeeding Statistics. 2012.	2012
Cancer Mortality Rate (All Types)	Cancer	Age-adjusted rate of death due to malignant neoplasm (cancer) per 100,000 population per year	California Department of Public Health. 2014-2016. Trend: California Department of Public Health: 2010-2015 Death Records.	2014-2016
Cancer Prevalence	Cancer	Percentage of the adult population with cancer	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cancer Prevalence (Medicare Population)	Cancer	Percentage of Medicare population with cancer	US Department of Health & Human Services, Centers for Medicare & Medicaid Services. 2015.	2015
Cancer Screening – Fecal Occult Blood	Health Care Access & Delivery; Cancer	Percentage of survey respondents, adults age 50+, answering "yes" when	San Mateo County Health, Health and	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Stool Test		asked "Have you had a blood stool test in the past two years?"	Quality of Life Survey. 2018.	
Cancer Screening – FOBT/Sigmoid/Colonoscopy	Health Care Access & Delivery; Cancer	Percentage of survey respondents, adults age 50-75, answering "yes" when asked "Have you ever had a colorectal cancer screening (FOBT/sigmoidoscopy/colonoscopy)?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cancer Screening – Mammogram	Health Care Access & Delivery; Cancer	Percentage of survey respondents, women age 50-74, answering "yes" when asked "Have you had a mammogram in the past 2 years?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cancer Screening – Mammogram, Medicare Population	Health Care Access & Delivery; Cancer	Percent female Medicare enrollees with mammogram in past 2 years	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: The Dartmouth Atlas of Health Care. 2015	2015, 2018
Cancer Screening - Pap Test	Health Care Access & Delivery; Cancer	Percentage of females age 18+ with regular pap test (age-adjusted)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.	2006-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Cancer Screening - Sigmoid/Colonoscopy, Adults 50+	Health Care Access & Delivery; Cancer	Percentage of survey respondents, adults age 50+, answering "yes" when asked "Have you ever had a colonoscopy/sigmoidoscopy?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cervical Cancer Incidence Rate	Cancer	Annual cervical cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2009-2013.	2009-2013
Child Had Recent Dental Exam	Health Care Access & Delivery; Oral/Dental Health	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their child had visited a dentist within the past year	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Child Has Usual Place for Medical Check-ups	Health Care Access & Delivery; Birth Outcomes	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that they have a regular place they take their child for medical check-ups	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Child Mortality Rate	General Health	Number of deaths among children under age 18 per 100,000	CDC WONDER mortality data. 2013-2016.	2013-2016
Childcare Arrangement Has Made It Easier for Parent to Accept a Better Job	Poverty, Income, & Employment	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to accept a better job	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Childcare Arrangement Has Made It Easier for Parent to Accept a Job	Poverty, Income, & Employment	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to accept a job	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Childcare Arrangement	Education & Literacy;	Percentage of survey respondents	San Mateo County	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Has Made It Easier for Parent to Attend Education/Training	Poverty, Income, & Employment	with at least one child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to attend education/training	Health, Health and Quality of Life Survey. 2018.	
Childcare Arrangement Has Made It Easier for Parent to Keep a Job	Poverty, Income, & Employment	Percentage of survey respondents with at least one child under the age of 18 living at home, who reported that their childcare arrangement has made it easier for them to keep a job	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Children Below 100% FPL	Poverty, Income & Employment	Percent Population Under Age 18 in Poverty	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Children Eligible for Free/Reduced Price Lunch	Food Insecurity; Healthy Lifestyles (Diet, Fitness & Nutrition; Obesity)	Percentage of public school students eligible for free or reduced-price lunches	National Center for Education Statistics, NCES - Common Core of Data. 2015-2016.	2015-2016
Children in Single-Parent Households	Food Insecurity	Percentage of children that live in households with only one parent present	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Children Walking or Biking to School	Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Percentage of children walk, bike or skate to school at least occasionally, according to their parent/guardian	California Health Interview Survey. 2015-2016.	2015-2016
Chlamydia Cases (Incidence) Rate	Sexually Transmitted Infections	Chlamydia cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Chronic Liver Disease and Cirrhosis Death Rate	Mental Health & Well-Being (Tobacco/Substance Use)	Chronic liver disease and cirrhosis age-adjusted death rate per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Chronic Lower Respiratory Disease Death Rate	Asthma & Respiratory Conditions	Chronic lower respiratory disease age-adjusted death rate per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Climate & Health -	Neighborhood & Built	Percentage of Weeks in Drought	US Drought Monitor.,	2012-

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Drought Severity	Environment (Natural Environment/Climate)	(Any)	2012-14.	2014
Climate & Health - Heat Index Days	Neighborhood & Built Environment (Natural Environment/Climate)	Percentage of recorded weather observations with heat index values over 103 degrees Fahrenheit.	National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC WONDER. Additional data analysis by CARES. 2014.	2014
Climate & Health - Heat Stress Events	Neighborhood & Built Environment (Natural Environment/Climate)	Heat-related Emergency Department Visits, Rate per 100,000 Population	California Department of Public Health, California Department of Public Health - Tracking. 2005-2012.	2005-2012
Climate-Related Mortality Impacts	Neighborhood & Built Environment (Natural Environment/Climate)	median estimated economic impacts from changes in all-cause mortality rates, across all age groups, as a percentage of county GDP	Climate Impact Lab. 2016.	2016
College Preparedness, High School Graduates	Education & Literacy	Percentage of high school graduates who reported taking college preparatory courses in high school	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Colorectal Cancer Death Rate	Cancer	Age-adjusted rate of death due to colorectal cancer per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Colorectal Cancer Incidence Rate	Cancer	Annual colon and rectum cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2010-2014.	2010-2014
Community Connectedness – Feel Not Very or Not at All Connected	Neighborhood & Built Environment (Community & Family Safety); Social & Community Context; Mental Health & Well	Percentage of survey respondents who reported that they felt not very or not at all connected to their community	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Being (Mental Health/ Emotional Well-Being)			
Community is Fair/Poor Place to Live	Social & Community Context	Percentage of survey respondents who rated their community as a fair or poor place to live	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Community Tolerance for Racial/Cultural Differences is Fair/Poor	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who rated their community's tolerance for racial/cultural differences as a fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Commute >60 Min.	Housing & Homelessness; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of workers commuting more than 60 minutes	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Commute to Work - Alone in Car	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of workers commuting by car, alone	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Commute to Work – By Public Transit	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of workers commuting by public transit	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Commute to Work - Walking/Biking	Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Reports the percentage of the population that commutes to work by either walking or riding a bicycle	US Census Bureau, American Community Survey. 2012-2016.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Computer in Household	Education & Literacy; Poverty, Income, & Employment	Percentage of survey respondents who answered "yes" when asked, "Do you currently have a computer in your household?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2016
COPD, Bronchitis, Emphysema	Asthma & Respiratory Conditions	Percentage of survey respondents answering "yes" when asked: "Have you ever suffered from or been diagnosed with any of the following medical conditions: COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis or Emphysema?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Coping and Drug Use, Youth	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of youth who engaged in positive coping strategies, based on self-reported drug use	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Coronary Heart Disease Death Rate	Heart Disease/Stroke	Age-adjusted rate of death due to coronary heart disease per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2010-2015
Cost Burden – Renters	Housing & Homelessness; Poverty, Income & Employment	Renters Spending 30% or More of Household Income on Rent	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Cost Burdened Households	Housing & Homelessness; Poverty, Income & Employment	Percentage of households where housing costs exceed 30% of income	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Crime in Neighborhood is Getting Much/a Little Worse	Neighborhood & Built Environment (Community & Family Safety)	Percentage of survey respondents indicating that the problem of crime in their neighborhood over the past two years has gotten much/a little worse	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Current Smoker	Asthma & Respiratory Conditions; Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes); Oral/Dental Health	Percentage of survey respondents answering "yes" when asked: "Do you smoke cigarettes now?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Current User of E-Cigarettes (Vaping)	Asthma & Respiratory Conditions; Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents answering "Every Day" or "Some Days" when asked: "Do you NOW use e-cigarettes or other electronic "vaping" products "Every Day," "Some Days," or "Not At All"?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Cyberbullying	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of youth who reported being bullied or harassed via the internet	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Deaths by Suicide, Drug, or Alcohol Poisoning (Rate)	Mental Health & Well-Being (Mental Health/Emotional Well-Being; Tobacco/Substance Use)	Age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population	National Vital Statistics System. 2011-2015.	2011-2015
Delayed or Had Difficulty Obtaining Care	Health Care Access & Delivery	Percentage of adults who reported delaying or having difficulty obtaining care for any reason	California Health Interview Survey. 2013-14.	2013-2014
Dental Insurance	Health Care Access & Delivery; Oral/Dental Health	Percentage of survey respondents reporting they have dental insurance	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Depression Among	Mental Health & Well-	Percentage of Medicare beneficiaries	US Department of Health	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Medicare Beneficiaries	Being (Mental Health/Emotional Well-Being)	with depression	& Human Services, Centers for Medicare and Medicaid Services. 2015.	
Diabetes Death Rate	Healthy Lifestyles (Diabetes; Obesity)	Age-adjusted rate of death due to diabetes per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Diabetes Discharges (% of Total Discharges)	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Percentage of total patient discharges for diabetes-related complications.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Diabetes Discharges, Children/Youth (age 1-19)	Healthy Lifestyles (Diabetes; Obesity)	Percentage of total patient discharges among children and teens (age 1-19) for diabetes-related complications	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Diabetes Discharges, Older Adults (age 65+)	Healthy Lifestyles (Diabetes; Obesity)	Percentage of total patient discharges among older adults (age 65+) for diabetes-related complications	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Diabetes Hospitalizations Rate (per 10,000)	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Age-adjusted discharge rate (per 10,000 population) for diabetes	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Diabetes Management (Medicare Patients with Hemoglobin A1c Test)	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014.	2014
Diabetes Prevalence, Adults	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Obesity)	Percentage of the adult population with diabetes	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Did Not Eat Breakfast	Food insecurity	Percentage of students reporting not having eaten breakfast in the past day	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Difficulty Getting in to See a Doctor	Health Care Access & Delivery	Percentage of survey respondents who reported that they had difficulty getting in to see a doctor.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Diphtheria, Tetanus, and Pertussis Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving the Diphtheria, Tetanus, and Pertussis Vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016-2017
Disconnected Youth	Neighborhood & Built Environment (Community & Family Safety); Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being); Unintended	Percentage of teens and young adults ages 16-24 who are neither working nor in school	Measure of America. 2010-2014.	2010-2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Injuries/Accidents			
Discrimination Due to Mental Health Problems, Youth	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Likelihood of youth feeling discriminated against based on one or more mental health problems	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Discrimination Due to Physical Disabilities, Youth	General Health, Social & Community Context	Likelihood of youth feeling discriminated against based on one or more physical disabilities	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Doctor's Visit – Could Not Afford	Health Care Access & Delivery; Poverty, Income & Employment	Percentage of survey respondents answering "yes" when asked, "Was there a time during the past 12 months when: You needed to see a doctor, but could not because of the cost?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Domestic Violence Hospitalizations Rate	Neighborhood & Built Environment (Community & Family Safety)	Rate of non-fatal hospitalizations for domestic violence incidents among females aged 10 years and older per 100,000 population	California EpiCenter. 2013-2014.	2013-2014
Domestic Violence Rate	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Domestic violence injuries, rate per 100,000 population (females age 10+)	California Department of Public Health, California EpiCenter. 2013-2014.	2013-2014
Drinking Water Violations	Neighborhood & Built Environment (Access to Food/Recreation; Community Infrastructure & Housing Quality); Healthy Lifestyles (Diabetes); Oral/Dental	Presence or absence of health-based violations in community water systems over a specified time frame	Safe Drinking Water Information System. 2015.	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Health			
Driving Alone to Work, Long Distances	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of the civilian non-institutionalized population with long commutes to work, over 60 minutes each direction	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Drug-Related Death Rate	Mental Health & Well-Being (Tobacco/Substance Use); Unintended Injuries/Accidents	Age-adjusted drug overdose mortality rate (from all drugs) per 100,000 people; separate for includes both ICD 10 codes and coroner cases, and only ICD 10 codes	CDC WONDER mortality data. 2014-2016.	2014-2016
Early Latent Syphilis Cases (Incidence) Rate	Sexually Transmitted Infections	Early latent syphilis cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Early Syphilis Rates (Men)	Sexually Transmitted Infections	Early syphilis rates (primary, secondary, early latent)	Trend: San Mateo County Health. 2016.	2016
Effective Drug/Alcohol Prevention, Youth	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of teen survey respondents who reported that their schools provided effective drug and alcohol prevention services	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Effective Sex Education	Birth Outcomes; Sexually Transmitted Infections	Percentage of teen survey respondents who reported that they feel they are making informed decisions about sex and their sexuality	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Elder Index, Single Older Adult Renter	Poverty, Income, & Employment	The total annual income needed for an older adult living alone in a rental property in San Mateo County in 2011	Insight Center for Community Economic Development, 2014.	2014
Eligible Students Not Participating in School Breakfast Programs	Food insecurity	Percentage of eligible students not participating in school breakfast programs	Get Healthy San Mateo County. Food Insecurity in San Mateo County.	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			End Hunger Workgroup, October 14, 2016.	
Eligible Students Not Participating in School Lunch Programs	Food insecurity	Percentage of eligible students not participating in school lunch programs	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Engage in Healthy Behaviors	Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity), Heart Disease/Stroke; Cancer	Percentage of survey respondents who reported they engage in "healthy behaviors" (do not smoke cigarettes, are not overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, eat five or more servings of fruit/vegetables per day)	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
ER Visit Rate, Asthma	Asthma & Respiratory Conditions	Average crude Emergency Room visit rate (per 1,000 people) for asthma	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, COPD	Asthma & Respiratory Conditions	Age-adjusted rate of emergency department visits for COPD per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2013-2015
ER Visit Rate, Diabetes	Healthy Lifestyles (Diabetes)	Average crude Emergency Room visit rate (per 1,000 people) for diabetes	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, Heart Failure	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for heart failure	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, Hypertension	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for hypertension	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, Ischemic Heart Disease	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for ischemic heart disease	San Mateo County Health. 2012-2014.	2012-2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
ER Visit Rate, Myocardial Infarction	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for myocardial infarction	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate, Stroke	Heart Disease/Stroke	Average crude Emergency Room visit rate (per 1,000 people) for stroke	San Mateo County Health. 2012-2014.	2012-2014
ER Visit Rate: Mental Health Issues	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Age-adjusted rate of Emergency Room visits due to mental health issues per 100,000 population	Office of Statewide Health Planning and Development. 2013-2015.	2013-2015
Ethnic Discrimination – Emotional Upset	Social & Community Context	Percentage of survey respondents who answered "yes" when asked, "Within the past 30 days, have you felt emotionally upset--for example, angry, sad, or frustrated--as a result of how you were treated based on your race?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Ethnic Discrimination – Physical Symptoms	Social & Community Context	Percentage of survey respondents who answered "yes" when asked, "Within the past 30 days, have you experienced any physical symptoms--for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart--as a result of how you were treated based on your race?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Exercise Opportunities	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of population with adequate access to locations for physical activity.	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files. 2010, 2016.	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Experienced Depressive Symptoms (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Average number of days per month that survey respondents reported that they felt sad, blue, or depressed	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Experiencing Difficulty in Fear, Anxiety, or Panic	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents indicating they are experiencing difficulty in the area of fear, anxiety, or panic	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Experiencing Difficulty in Getting Along with People Outside the Family	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents indicating they are experiencing difficulty in the area of getting along with people outside the family	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Experiencing Difficulty in Isolation or Feelings of Loneliness	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents indicating they are experiencing difficulty in the area of isolation or feelings of loneliness	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Experiencing Difficulty in Relationships with Family Members	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents indicating they are experiencing difficulty in relationships with family members	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Expulsions Rate (per 100 students)	Education & Literacy; Neighborhood & Built Environment (Community & Family Safety); Social & Community Context	Rate of expulsions per 100 enrolled students	California Department of Education. 2016-2017.	2016-2017
Fair/Poor Access to Affordable Housing	Housing & Homelessness	Percentage of respondents who rated the availability of affordable housing in their community as fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Child Health Services	Health Care Access & Delivery	Percentage of respondents who rated the ease with which they are able to get child health services in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Fair/Poor Access to Dental Care	Health Care Access & Delivery; Oral/Dental Health	Percentage of respondents who rated the ease with which they are able to get dental care in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Health Care	Health Care Access & Delivery	Percentage of respondents who rated the ease with which they are able to get the health care services they need as fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Help for Substance Abuse	Health Care Access & Delivery; Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of respondents who rated the ease with which they are able to get help for substance abuse in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Mental Health Services	Health Care Access & Delivery; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of respondents who rated the ease with which they are able to get mental health services in their community is fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fair/Poor Access to Social Services	Health Care Access & Delivery; Social & Community Context	Percentage of respondents who rated the ease with which they are able to get social services in their community as fair/poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Falls Among Older Adults: Deaths	Unintended Injuries/Accidents	Deaths due to unintentional falls among older adults (age 65+) per 100,000	San Mateo County Health. 2016.	2016
Falls Among Older Adults: ED Visits	Unintended Injuries/Accidents	Emergency department visits due to unintentional falls among older adults (age 65+) per 100,000	San Mateo County Health. 2016.	2016
Falls Among Older Adults: Hospitalizations	Unintended Injuries/Accidents	Hospitalizations due to unintentional falls among older adults (age 65+) per 100,000	San Mateo County Health. 2015.	2015
Family's Financial Situation is Fair/Poor	Poverty, Income, & Employment	Percentage of survey respondents who rated as fair or poor their personal or family's financial situation, in terms of being able to afford	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
		adequate food and housing, and to pay the bills they currently have		
Family's Financial Situation is Somewhat/Much Worse than Prior Year	Poverty, Income, & Employment	Percentage of survey respondents who indicated that, compared to a year ago, they and their family are financially somewhat or much worse	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Fast Food Restaurants Rate	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Fast food restaurants, rate (per 100,000 population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Federally Qualified Health Centers Rate	Health Care Access & Delivery	Federally qualified health centers, rate per 100,000 population	US Department of Health & Human Services, Centers for Medicare & Medicaid Services, Provider of Services File. March 2018.	2018
Felt Healthy and Full of Energy (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being); General Health	Average number of days per month survey respondents indicated they felt healthy and full of energy	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Felt Worried/Tense/ Anxious (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Average number of days per month that survey respondents reported feeling worried, tense, or anxious	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Firearm Kept in or around Home	Neighborhood & Built Environment (Community & Family Safety); Unintended Injuries/Accidents	Percentage of survey respondents answering "yes" when asked: "Do you have a firearm kept in or around the home (including garage, outdoor storage area, truck, or car)?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Firearm-Related Death Rate	Neighborhood & Built Environment (Community	Number of deaths due to firearms per 100,000 population	CDC WONDER mortality data. 2012-2016.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	& Family Safety); Unintended Injuries/Accidents			
First Trimester Prenatal Care	Birth Outcomes	Percentage of mothers who received prenatal care within the first 14 weeks of their pregnancy	California Department of Public Health: 2009-2014 Birth Cohort-Perinatal Outcome Files.	2013-2015
Flood Vulnerability	Neighborhood & Built Environment (Natural Environment/Climate)	Estimated number of housing units within the special flood hazard area (SFHA) per county	National Flood Hazard Layer. 2011.	2011
Flu Shot in Past Year – Adults 65+	Health Care Access & Delivery; Asthma & Respiratory Conditions; Infectious Diseases	Percentage of survey respondents age 65+ answering "yes" when asked, "Have you had a flu shot in the past year?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Food Assistance Program Participation	Food insecurity	Percentage of eligible food- insecure individuals participating in food assistance programs, by city	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Food Desert Population	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percent population with low food access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.	2015
Food Environment Index	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	US Department of Agriculture Food Environment Atlas, Map the Meal Gap from Feeding America. 2015.	2015
Food Insecure	Food Insecurity	Estimated percentage of the total	Feeding America. 2014.	2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Population Ineligible for Assistance		population that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance		
Food Insecure Population Ineligible for Assistance - Children	Food Insecurity	Estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance	Feeding America. 2014.	2014
Food Insecurity Rate	Food Insecurity; Birth Outcomes; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Estimated percentage of the population that experienced food insecurity at some point during the year.	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Feeding America. 2016	2016, 2018
Food Insecurity Rate – Children under 18	Food Insecurity; Birth Outcomes; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Estimated percentage of the population under age 18 that experienced food insecurity at some point.	Feeding America. 2014.	2014
Food Store Quality/Affordability	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors)	Percentage of food stores meeting basic quality and affordability standards	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Form of Marijuana Use	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who indicated they had used each of various forms of marijuana	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Frequent Mental Distress	Mental Health & Well-Being (Mental Health/Emotional Well-	Percentage of adults reporting 14 or more days of poor mental health per month	Behavioral Risk Factor Surveillance System. 2016.	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Being)			
Frequent Physical Distress	General Health	Percentage of adults reporting 14 or more days of poor physical health per month	Behavioral Risk Factor Surveillance System. 2016.	2016
Future Cost of Living	Neighborhood & Built Environment (Transportation & Traffic); Housing & Homelessness	Estimated percentage of annual income that households will spend on housing and transportation	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Gonorrhea Cases (Incidence) Rate	Sexually Transmitted Infections	Gonorrhea cases (incidence) rate per 100,000 population	California Department of Public Health, Sexually Transmitted Diseases Control Branch. 2016.	2016
Grocery Stores Rate	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Grocery stores, rate (per 100,000 population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Handling Conflict	Neighborhood & Built Environment (Community & Family Safety)	Percentage of teen respondents who did not know non-violent ways to deal with conflict	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Have Ever Felt Depressed for 2 Years or More	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents answering "yes" when asked "Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Have Ever Sought Professional Help for	Health Care Access & Delivery; Mental Health &	Percentage of survey respondents who reported they ever sought	San Mateo County Health, Health and	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Drug Related Problem	Well-Being (Tobacco/Substance Use)	professional help for a drug-related problem	Quality of Life Survey. 2018.	
Have Ever Sought Professional Help for Mental/Emotional Problem	Mental Health & Well Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who reported they ever sought professional help for a mental/emotional problem	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Have No Dental Insurance Coverage that Pays for Some or All of Routine Dental Care	Oral/Dental Health	Percentage of survey respondents answering "no" when asked, "Do you have any kind of dental insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Health Plan of San Mateo/MediCal?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Head Start Program Facilities Rate (per 10,000 pop. 0-5)	Education & Literacy	Head start programs rate (per 10,000 children under age 5)	US Department of Health & Human Services, Administration for Children and Families. 2018.	2018
Health Professional Shortage Area – Dental	Health Care Access & Delivery; Oral/Dental Health	Percentage of the population that is living in a geographic area designated as a dental "Health Professional Shortage Area" (HPSA), defined as having a shortage of dental health professionals.	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	2016
Health Care Costs (Medicare Reimbursements per Enrollee)	Health Care Access & Delivery	Average Medicare reimbursements, in dollars, per enrollee	Dartmouth Atlas of Health Care. 2015	2015
Heart Disease Death Rate	MAIN: Neighborhood & Built Environment (Natural Environment/Climate);	Age-adjusted rate of death due to heart disease per 100,000 population per year	California Department of Public Health. 2014-2016.	2014-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Mental Health & Well-Being (Tobacco/Substance Use); Heart Disease/Stroke			
Heart Disease Hospitalizations Rate (per 1,000 pop.)	Heart Disease/Stroke	Hospitalization rate for coronary heart disease among Medicare beneficiaries aged 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population	Interactive Atlas of Heart Disease and Stroke. 2012-2014.	2012-2014
Heart Disease Prevalence	Neighborhood & Built Environment (Natural Environment/Climate); Mental Health & Well-Being (Tobacco/Substance Use); Heart Disease/Stroke	Percentage of adults aged 18 and older that self-report having been diagnosed with heart disease by a doctor	California Health Interview Survey. 2014.	2014
Heart Disease, Heart Attack – Ever Had/Diagnosed	Heart Disease/Stroke	Percentage of survey respondents who answered "yes" when asked "Have you ever suffered from or been diagnosed with any of the following medical conditions: Heart Disease, Such as Congestive Heart Failure, Angina, or a Heart Attack?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Heart Failure (Medicare Population)	Heart Disease/Stroke	Percentage of Medicare enrollees treated for heart failure in year	US Department of Health & Human Services, Centers for Medicare & Medicaid Services. 2015.	2015
Heart Failure Emergency Room Visit Rate (per 10,000 pop.)	Heart Disease/Stroke	Emergency room visits due to heart failure, age-adjusted, per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2013-2015
Heart Failure	Heart Disease/Stroke	Hospitalization rate for heart failure,	California Office of	2013-

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Hospitalizations Rate (per 10,000 pop.)		age-adjusted, per 10,000 population	Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2015
Hepatitis B Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving the Hepatitis B Vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016-2017
High Blood Pressure - Unmanaged	Heart Disease/Stroke	Percent adults with high blood pressure not taking medication	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.	2006-2010
High Blood Pressure Medication Use	Heart Disease/Stroke	Percentage of survey respondents who reported having hypertension, who indicated that they are currently taking medication to control high blood pressure	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
High Cholesterol Medication Use	Heart Disease/Stroke	Percentage of survey respondents who reported having high cholesterol, who indicated that they are currently taking medication to lower their blood cholesterol level	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
High Cholesterol Prevalence, Adults	Heart Disease/Stroke	Percentage of survey respondents answering "yes" when asked, "Has a doctor, nurse or other health care professional ever told you that you have high cholesterol?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
High School Graduation Rate (percent of cohort)	Education & Literacy	On-time high school graduation rate per cohort	National Center for Education Statistics, NCES -CHR EDFacts. 2014-2015. Trend: California Department of Education. 2014-2015.	2014-2015
High Speed Internet	Education & Literacy; Neighborhood & Built Environment (Community Infrastructure & Housing Quality); Poverty, Income & Employment	Percentage of population with access to high-speed internet	FCC Fixed Broadband Deployment Data. 2016.	2016
High Stress on Typical Day	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents identifying their stress level as "high" on a "typical" day	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
History of Mental Health Issues	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who reported a history of problems with mental/emotional illness	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
HIV Hospitalizations Rate	Sexually Transmitted Infections	Age-adjusted discharge rate (per 10,000 population) for HIV	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
HIV Prevalence	Sexually Transmitted Infections	Number of persons aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2015.	2015
HIV/AIDS Deaths Rate	Sexually Transmitted Infections	Rate of death due to HIV and AIDS per 100,000 population	National Vital Statistics System. 2008-2014.	2008-2014
Home Ownership	Housing & Homelessness;	Percentage of self-reported home	San Mateo County	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	Poverty, Income & Employment	owners	Health, Health and Quality of Life Survey. 2018.	
Homicide Rate	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data. 2010-2016.	2010-2016
Households with No Vehicle	Poverty, Income & Employment	Percentage of households with no motor vehicle	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Housing Costs	Housing & Homelessness	Cost of housing	Get Healthy San Mateo County. in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Housing Unstable in Past 2 Years	Housing & Homelessness	Percentage of survey respondents who reported that they had been homeless at least once in the past two years	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Hypertension/High Blood Pressure Prevalence, Adults	Heart Disease/Stroke	Percentage of the adult population with hypertension/high blood pressure	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016. Data without benchmark: California Health Interview Survey. 2016.	2016, 2018
Importance of Spirituality	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who answered, "Very important" when asked, "How important is spirituality in your life?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Inadequate Prenatal Care	Birth Outcomes	Percentage of mothers who, on their child's birth certificate, reported receiving prenatal care only in the third trimester of their pregnancy	San Mateo County Health. 2010-2015.	2010-2015
Income Inequality (Gini Coefficient)	Poverty, Income & Employment; Social & Community Context	This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Infant Mortality Rate (per 1,000 births)	Birth Outcomes	Number of all infant deaths (within 1 year), per 1,000 live births	CDC WONDER mortality data. 2010-2016.	2010-2016
Influenza/Pneumonia Death Rate	Asthma & Respiratory Conditions; Infectious Diseases	Age-adjusted rate of death due to influenza/pneumonia per 100,000 population per year	California Department of Public Health. 2014-2016. Cause of Death: California Department of Public Health: 2010-2015 Death Records.	2014-2016.
Injury Deaths Rate	Neighborhood & Built Environment (Community & Family Safety); Unintended Injuries/Accidents	Number of deaths due to injury per 100,000 population	CDC WONDER mortality data. 2012-2016.	2012-2016
Insufficient Sleep	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of adults who report fewer than 7 hours of sleep on average	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Ischemic Heart Disease	Heart Disease/Stroke	Percentage of Medicare population	US Department of Health	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
(Medicare Population)		with ischemic heart disease	& Human Services, Centers for Medicare & Medicaid Services. 2015.	
Job Does Not Offer Health Benefits	Health Care Access & Delivery; Poverty, Income, & Employment	Percentage of employed respondents who reported that their job offered no health benefits	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Job Offers Health Benefits for Employee Dependents	Health Care Access & Delivery; Poverty, Income, & Employment	Percentage of employed respondents who reported that their job offered health benefits for their dependents	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Juvenile Arrest Rate	Neighborhood & Built Environment (Community & Family Safety)	Arrests of individuals under age 18 per 100,000	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Juvenile Felony Arrests	Neighborhood & Built Environment (Community & Family Safety)	Percentage of arrests of individuals under age 18 for felonies	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Kindergarteners with All Required Immunizations	Infectious Diseases	Percentage of kindergarten students who reported receiving all required immunizations	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016-2017
Kindergarteners with Overdue Immunizations	Infectious Diseases	Percentage of kindergarten students who reported having overdue immunizations	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016-2017
Know Where to Access Treatment for a Drug-Related Problem if Needed	Health Care Access & Delivery; Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who indicated they knew where to access treatment for a drug-related problem if they or someone in their	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
		family needed it		
Lack of Affordable Housing	Housing & Homelessness	Percentage of households with "unaffordable housing"	Get Healthy San Mateo County. Food Insecurity in San Mateo County. End Hunger Workgroup, October 14, 2016.	2016
Lack of Consistent Source of Primary Care	Health Care Access & Delivery	Percentage without regular doctor	University of California Center for Health Policy Research, California Health Interview Survey. 2011-2012.	2011-2012
Lack of Dental Insurance Coverage	Health Care Access & Delivery; Oral/Dental Health	Percentage of adults aged 18 years and older that self-report they do not have dental insurance.	California Health Interview Survey. 2015-2016.	2015-2016
Lack of Health Care Coverage	Health Care Access & Delivery; Poverty, Income & Employment	Percent of survey respondents answering "No" when asked, "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Lack of Healthy Food Stores	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of the population that do not live in close proximity to a large grocery store or supermarket	US Department of Agriculture. USDA Food Access Research Atlas. 2014.	2014
Lack of Insurance Prevented Dental Care	Oral/Dental Health; Health Care Access & Delivery	Percentage of survey respondents indicating that they or a family member(s) have dental problems they cannot take care of because of a lack of insurance	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Lack of Meaningful Connections to Community (Youth)	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Student self-reported rate of "meaningful connections" in their community	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Lack of Social or Emotional Support	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of adults aged 18 years and older that self-report having insufficient social and emotional support.	Behavioral Risk Factor Surveillance System. 2006-2012.	2006-2012
Lack of Transportation Interfered with Access to Health Care	Health Care Access & Delivery; Neighborhood & Built Environment (Transportation & Traffic)	Percentage of respondents who answered "yes" when asked, "Was there a time during the past 12 months when lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Lack Support	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents who reported that they had someone they could turn to if they needed or wanted help "little/none of the time."	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Level of Stress	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of survey respondents reporting various levels of stress during their typical day	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
LGBTQI	Social & Community Context	Percentage of survey respondents who identified as gay, lesbian, or bisexual	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Life Expectancy at Birth (in Years)	Health Care Access & Delivery; Social & Community Context;	Average life expectancy at birth in years	Institute for Health Metrics and Evaluation. 2014.	2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
	General Health			
Liquor Store Access Rate	Neighborhood & Built Environment (Community & Family Safety; Transportation & Traffic); Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Unintended Injuries/Accidents	Liquor stores, rate (per 100,000 population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016
Living in Health Professional Shortage Area - Primary Care	Health Care Access & Delivery	Percentage of the population living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals.	US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.	2016
Living in Owner-Occupied Housing	Housing & Homelessness; Poverty, Income & Employment	Percentage of homeowners	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Local Employment Opportunities are Fair/Poor	Poverty, Income, & Employment	Percentage of survey respondents who considered the employment opportunities that exist in this area to be fair or poor.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Low Birth Weight	Neighborhood & Built Environment (Natural Environment/Climate); Mental Health & Well-Being (Tobacco/Substance Use); Birth Outcomes	Percentage of total births that are low birthweight (under 2500 grams)	National Center for Health Statistics - Natality files. 2010-2016. Data without benchmark: San Mateo County Health, 2010-2015.	2010-2016
Low Fruit/Vegetable Consumption (Adult)	Cancer; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity; Diabetes)	Percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.	2005-2009

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-2009.	
Low Fruit/Vegetable Consumption (Youth)	Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity; Diabetes)	Percent population age 2-13 with inadequate fruit/vegetable consumption	University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.	2011-2012
Lung Cancer Death Rate	Cancer; Mental Health & Well-Being (Tobacco/Substance Use)	Age-adjusted rate of death due to lung cancer per 100,000 population per year	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Lung Cancer Incidence Rate	Mental Health & Well-Being (Tobacco/Substance Use); Cancer	Age-adjusted incidence rate of lung cancer per 100,000 population per year	State Cancer Profiles. 2010-14.	2010-2014
May Move Due to Cost of Living	Housing & Homelessness Poverty, Income, & Employment	Percentage of survey respondents reporting that they had considered leaving the county in the past year due to the cost of living	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Measles, Mumps, and Rubella Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving Measles, Mumps, and Rubella Vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2016-2017
Median Age	Dementia & Cognitive Decline	Population median age	US Census Bureau, American Community Survey. 2012-16.	2012-2016
Median Household Income	Poverty, Income & Employment	Median Household Income is the income where half of households in a county earn more and half of households earn less	Small Area Income and Poverty Estimates. 2016.	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Median Rent, 2 Bedroom ($)	Housing & Homelessness	Median rent, in dollars, for a two-bedroom unit	Zilpy.com, Rental Market Trends. October 2018.	Oct-18
Medication – Could Not Afford	Health Care Access & Delivery; Poverty, Income & Employment	Percentage of survey respondents answering "yes" when asked, "Was there a time during the past 12 months when: You Needed to Purchase Medication, But Could Not Because of the Cost?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Melanoma Incidence Rate in Men	Cancer	Age-adjusted incidence rate of melanoma among males per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012
Melanoma Incidence Rate in Women	Cancer	Age-adjusted incidence rate of melanoma among females per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012
Mental Health Emergency Room Visit Rate (per 10,000 pop.)	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Emergency room visits due to mental health, age-adjusted, per 10,000 population	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2013-2015
Mortality – Premature Deaths (Years of Potential Life Lost)	Health Care Access & Delivery; Social & Community Context; General Health	Years of potential life lost, rate per 100,000 population	University of Wisconsin Population Health Institute, County Health Rankings. 2014-2016.	2014-2016
Motor Vehicle Accidents	Neighborhood & Built Environment (Transportation & Traffic); Unintended Injuries/Accidents	Counts of injuries due to motor vehicle collisions	County of San Mateo Emergency Medical Services. 2016-2017.	2016-2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Motor Vehicle Crash Death Rate	Neighborhood & Built Environment (Transportation & Traffic); Unintended Injuries/Accidents	Number of motor vehicle crash deaths per 100,000 population	CDC WONDER mortality data. 2010-2016. Data without benchmark: County of San Mateo Emergency Medical Services. 2016-2017.	2010-2016, 2016-2017
Needing Mental Health Care	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of adults who self-report that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs.	University of California Center for Health Policy Research, California Health Interview Survey. 2013-2014.	2013-2014
Neighborhood Safety is Fair/Poor	Neighborhood & Built Environment (Community & Family Safety)	Percentage of survey respondents who rated the safety, security, and crime control in their neighborhood to be fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
No HIV Screening	Sexually Transmitted Infections	Percentage of adults age 18-70 who self-report that they have never been screened for HIV	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-2012.	2011-2012
No Recent Dental Exam (Youth)	Health Care Access & Delivery; Oral/Dental Health	Percent Youth Without Recent Dental Exam	University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.	2013-2014
Number of Years Without Health Coverage	Health Care Access & Delivery	Average number of years that survey respondents were without health insurance	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Obesity (Adult)	Asthma & Respiratory Conditions; Cancer; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of survey respondents who are obese (Body Mass Index [BMI] greater than or equal to 30.0, based on self-reported height and weight)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Obesity (Youth)	Asthma & Respiratory Conditions; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of children in grades 5, 7, and 9 ranking within the "High Risk" category for body composition on the Fitnessgram physical fitness test	FITNESSGRAM® Physical Fitness Testing. 2016-2017.	2016-2017
Older Dependents in Home who Cannot Live Alone	General Health; Housing & Homelessness	Percentage of survey respondents who answered "yes" when asked, "Do you currently have any older dependents, such as parents, aunts, or uncles living in your household because they are unable to live alone?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Opioid Prescription Drug Claims	Mental Health & Well-Being (Tobacco/Substance Use)	Number of Medicare Part D prescription claims for opiates as a percentage of total Medicare Part D prescription drug claims	US Department of Health & Human Services, Centers for Medicare and Medicaid Services. 2015.	2015
Opportunity Index (score 1-100)	Poverty, Income & Employment; Social & Community Context	Opportunity Index score, a measure of community well-being, for which scores range between 0 (indicating no opportunity) and 100 (indicating maximum opportunity)	Opportunity Nation. 2017.	2017
Other Drugs	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who reported having used any illicit drugs	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Ovarian Cancer Death Rate	Cancer	Age-adjusted rate of death among females due to ovarian cancer per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of	2008-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
			Public Health, 2008-2012.	
Overweight (Adult)	Cancer; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of adults age 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.	2011-2012
Overweight (Youth)	Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of children in grades 5, 7, and 9 ranking within the "Needs Improvement" category (Overweight) for body composition on the Fitnessgram physical fitness test	California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.	2013-2014
Overweight Adults	Healthy Lifestyles (Obesity)	Percentage of survey respondents who are overweight (calculated Body Mass Index based on self-reported height and weight)	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Overweight/Obese Adults	Asthma & Respiratory Conditions; Cancer; Heart Disease/Stroke; Healthy Lifestyles (Obesity)	Percentage of adults who are overweight or obese (calculated Body Mass Index based on self-reported height and weight)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Pain Interfered with Usual Activities (Average Days/Month)	Mental Health & Well-Being (Mental Health/Emotional Well-Being); General Health	Average number of days per month survey respondents indicated that pain made it hard for them to engage in their usual activities	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Pancreatic Cancer Mortality in Men	Cancer	Age-adjusted rate of death among males due to pancreatic cancer per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012
Pancreatic Cancer Mortality in Women	Cancer	Age-adjusted rate of death among females due to pancreatic cancer per	California Cancer Registry Fact Sheet,	2008-2012

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
		100,000 population per year	California Department of Public Health, 2008-2012.	
Parent/Family Supervises Child After School	Neighborhood & Built Environment (Community & Family Safety); Social & Community Context	Percentage of survey respondents with at least one child under the age of 18 living with them, who reported that a parent or family member supervises their child after school	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Park Access	Heart Disease/Stroke	Percent population within 1/2 mile of a park	US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.	2010
Pedestrian Accident Death Rate	Neighborhood & Built Environment (Transportation & Traffic); Unintended Injuries/Accidents	Pedestrian accident, age-adjusted mortality rate (per 100,000 population)	University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, California Department of Public Health - Death Public Use Data. 2010-2012.	2010-2012
Pediatric Asthma Hospitalizations Rate (per 10,000 pop.)	Neighborhood & Built Environment (Natural Environment/Climate); Asthma & Respiratory Conditions	Age-adjusted hospitalization rate (per 10,000 population) due to pediatric asthma	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2013-2015.	2013-2015
Perception of Safety, Youth	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of teen survey respondents who reported feeling safe in their community	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Persons Age 65+ in Poverty	Poverty, Income & Employment	Percentage of adults age 65+ in poverty	US Census Bureau, American Community Survey. 2012-2016.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Persons Under 18 in Poverty	Poverty, Income & Employment	Percentage of children under age 18 in poverty	Small Area Income and Poverty Estimates. 2016.	2016
Pertussis Cases Rate	Asthma & Respiratory Conditions; Infectious Diseases	Pertussis rates per 100,000 population	California Department of Public Health Immunization Branch. 2016.	2016
Physical Environment of Community is Fair/Poor	Neighborhood & Built Environment (Community Infrastructure & Housing Quality)	Percentage of survey respondents rating the physical environment of the community as fair or poor	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Physical Inactivity (Adult)	Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of adults age 20 and over reporting no leisure-time physical activity	CDC Diabetes Interactive Atlas. 2014. Trend: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.	2013, 2014
Physical Inactivity (Youth)	Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or 'Needs Improvement' zones for aerobic capacity on the Fitnessgram physical fitness test	FITNESSGRAM® Physical Fitness Testing. 2016-2017.	2016-2017
Pneumonia Vaccine Ever Received (Age 65+)	Health Care Access & Delivery; Asthma & Respiratory Conditions; Infectious Diseases	Percentage of survey respondents age 65+ answering "yes" when asked, "Have you ever received the pneumonia vaccine?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Polio Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving the polio vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2015-2016, 2016-2017
Poor Dental Health	Oral/Dental Health	Percent adults with poor dental health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-2010.	2006-2010
Poor Mental Health (Average Days/Month)	Mental Health & Well Being (Mental Health/Emotional Well-Being)	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Poor or Fair Health	Health Care Access & Delivery; General Health	Percentage of adults that self-report having poor or fair health	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Poor Physical Health (Average Days/Month)	General Health; Health Care Access & Delivery	Average number of days per month survey respondents indicated their physical health was not good	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Poor Physical or Mental Health Interfered with	Mental Health & Well-Being (Mental	Average number of days per month survey respondents indicated that	San Mateo County Health, Health and	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Usual Activities (Average Days/Month)	Health/Emotional Well-Being); General Health	poor physical or mental health made it hard for them to engage in their usual activities	Quality of Life Survey. 2018.	
Poor Sleep (Average Days/Month)	Mental Health & Well Being (Mental Health/Emotional Well-Being)	Average number of days in the past month that survey respondents reported they felt they didn't get enough sleep	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Population Below 100% FPL	Poverty, Income & Employment	Percentage of the population living in households with income below the Federal Poverty Level (FPL)	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Population Below 200% FPL	Poverty, Income & Employment	Percentage of population with income at or below 200% FPL	US Census Bureau, American Community Survey. 2012-2016. Trend: San Mateo County Health, Health and Quality of Life Survey. 2016	2012-2016, 2018
Population Below 200% FPL, Adults 65+	Poverty, Income & Employment	Percentage of survey respondents who are older adults (age 65+) whose income is at or below 200% FPL	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Population in Linguistically Isolated Households	Education & Literacy; Social & Community Context	Percent of population living in households in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English.	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Population Receiving Medicaid	Health Care Access & Delivery; Poverty, Income & Employment	Percent of insured population receiving Medicaid	US Census Bureau, American Community Survey. 2012-2016.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Population with Any Disability	Health Care Access & Delivery; Social & Community Context; General Health	Percent population with a disability	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Population with Limited English Proficiency (age 5+)	Education & Literacy; Health Care Access & Delivery; Poverty, Income & Employment	Population above the age of 5 who reported speaking English less than "very well," as classified by the U.S. Census Bureau	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Premature Death, Racial/Ethnic Disparity Index	Health Care Access & Delivery; Social & Community Context	Summary measure of disparity (Index of Disparity) in premature death on the basis of race and ethnicity	National Vital Statistics System. 2004-2010.	2004-2010
Pre-Term Births	Birth Outcomes	Percentage of total births that are pre-term (occurring before 37 weeks of pregnancy)	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012-2014.	2012-2014
Preventable Hospital Events (% of Total Discharges)	Health Care Access & Delivery	Age-adjusted discharge rate (per 10,000 population)	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.	2011
Preventable Hospital Events Rate (per 1,000 Medicare Beneficiaries)	Health Care Access & Delivery	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Dartmouth Atlas of Health Care. 2015. Trend: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011	2011, 2015
Primary & Secondary	Sexually Transmitted	Primary & secondary syphilis cases	California Department of	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Syphilis Cases (Incidence) Rate	Infections	(incidence) rate per 100,000 population	Public Health, Sexually Transmitted Diseases Control Branch. 2016.	
Prostate Cancer Death Rate	Cancer	Age-adjusted rate of death among males due to prostate cancer per 100,000 population	California Department of Public Health: 2010-2015 Death Records.	2013-2015
Prostate Cancer Incidence Rate	Cancer	Annual prostate cancer incidence rate (per 100,000 population)	State Cancer Profiles. 2010-14.	2010-2014
Public Transit Stops	Neighborhood & Built Environment (Access to Food/Recreation; Community Infrastructure & Housing Quality; Natural Environment/Climate; Transportation & Traffic); Healthy Lifestyles (Diet, Fitness, & Nutrition; Obesity)	Percentage of the population living within 0.5 miles of a transit stop	EPA Smart Location Database. 2013.	2013
Rape (Crime) Rate	Neighborhood & Built Environment (Community & Family Safety)	Rape rate (per 100,000 population)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-2014.	2012-2014
Reading At or Above Proficiency	Education & Literacy	Percentage of grade 4 ELA test scores at or above standard	California Department of Education. 2015-2016.	2015-2016
Receiving Government Assistance	Food insecurity; Health Care Access & Delivery; Poverty, Income, & Employment	Percentage of respondents who answered "yes" when asked, "Do you currently receive any type of government assistance?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Recent Dental Exam	Health Care Access & Delivery; Oral/Dental Health	Percent of survey respondents answering "Visit[ed] in past year" when asked "About how long has it been since you last visited a dentist for a routine check-up?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Recent Marijuana Use	Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who reported that they had used marijuana in the past month	San Mateo County Health, Behavioral Health and Recovery Services. Knowledge, Attitudes, and Behaviors Regarding Marijuana. 2016.	2016
Recent Primary Care Visit (at least 1 visit past year)	Health Care Access & Delivery	Percentage of adults aged 18 years and older that visited a primary care clinician at least once within the past year	California Health Interview Survey. 2015-2016.	2015-2016
Received Informal Food Support	Food Insecurity; Birth Outcomes; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of survey respondents who indicated that they had gone to a food bank or otherwise received free meals in the past year	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Recreation and Fitness Facilities Rate	Neighborhood & Built Environment (Access to Food/Recreation); Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Recreation and fitness facilities, rate (per 100,000 population)	US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Regular Vigorous Physical Activity (Adults)	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Cancer; Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness & Nutrition; Obesity)	Percentage of survey respondents who indicated that they engage in vigorous physical activity three or more times per week.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Reliability of Public Transit	Neighborhood & Built Environment (Transportation & Traffic)	Percentage of survey respondents reporting they could rely on public transit to get to work, appointments, and shopping	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Residential Segregation Index—Black/White (score 0-100)	Social & Community Context	Residential Segregation is the index of dissimilarity where higher values indicate greater residential segregation between black and white county residents. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation)	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Residential Segregation Index—Non-White/White (score 0-100)	Social & Community Context	Residential segregation is the index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation)	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Respiratory Hazard Index (score)	Neighborhood & Built Environment (Natural Environment/Climate; Transportation & Traffic); Asthma & Respiratory Conditions	Respiratory Hazard Index, for which scores greater than 1.0 mean respiratory pollutants are likely to increase risk of non-cancer adverse health effects over a lifetime	EPA National Air Toxics Assessment. 2011.	2011

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	Arthritis	Percentage of the Medicare population with rheumatoid arthritis or osteoarthritis	US Department of Health & Human Services, Centers for Medicare & Medicaid Services. 2015.	2015
Road Network Density (Acres)	Neighborhood & Built Environment (Community Infrastructure & Housing Quality; Natural Environment/Climate; Transportation & Traffic)	Total road network density (road miles per acre)	Environmental Protection Agency, EPA Smart Location Database. 2011.	2011
Robbery (Crime) Rate	Neighborhood & Built Environment (Community & Family Safety)	Robbery rate (per 100,000 population)	Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-2014.	2013-2014
School Enrollment Age 3-4	Education & Literacy	Percentage of population age 3-4 enrolled in school	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Self-Sufficiency Standard, Single Parent Family	Poverty, Income, & Employment	The self-sufficiency standard (dollar amount) for a single parent with two children (one preschool-aged and one school-aged) in San Mateo County in 2014	Insight Center for Community Economic Development, 2014.	2014
Seriously Considered Suicide	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of adults aged 18 years and older that self-report having seriously thought about committing suicide	California Health Interview Survey. 2015-2016.	2015-2016
Severe Housing Problems	Housing & Homelessness	Percentage of households with one or more of the following housing problems: Housing unit lacks	US Census Bureau, American Community Survey. 2011-2015.	2011-2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
		complete kitchen facilities; Housing unit lacks complete plumbing facilities; Housing unit is severely overcrowded (> 2 persons per room); or Household is severely cost burdened (all housing costs represent >50% of monthly income)		
Share Housing Costs with Non-Partner for Affordability	Housing & Homelessness	Percentage of respondents who reported sharing housing costs with someone other than a spouse or partner in order to limit expenses	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Smoking in Home	Asthma & Respiratory Conditions; Cancer	Percentage of survey respondents who answered "yes" when asked "Do you or does another member of your household currently smoke in your home?"	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
SNAP Benefits (Households)	Food Insecurity; Healthy Lifestyles (Diet, Fitness, & Nutrition; Obesity)	Estimated percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Social Associations (per 10,000 pop.)	Social & Community Context; Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Number of social associations (e.g. civic organizations, recreational clubs and facilities, political organizations, labor organizations, business associations, professional organizations) per 10,000 population	County Business Patterns. 2015.	2015
Soft Drink Consumption	Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity); Oral/Dental Health	Percentage of adults that self-report drinking a soda or sugar sweetened beverage at least once daily	California Health Interview Survey. 2014.	2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Stroke Death Rate	Heart Disease/Stroke	Age-adjusted rate of death due to cerebrovascular disease (stroke) per 100,000 population	California Department of Public Health. 2014-2016. Cause of Death: California Department of Public Health: 2010-2015 Death Records.	2010-2015, 2014-2016
Stroke Hospitalizations (per 1,000 Medicare Beneficiaries)	Heart Disease/Stroke	Hospitalization rate for Ischemic stroke among Medicare beneficiaries aged 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population.	Interactive Atlas of Heart Disease and Stroke. 2012-2014.	2012-2014
Stroke Prevalence	Heart Disease/Stroke	Percentage of population diagnosed with stroke	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Stroke Prevalence (Medicare Population)	Heart Disease/Stroke	Percentage of the Medicare fee-for-service population diagnosed with stroke	Centers for Medicare and Medicaid Services. 2015.	2015
Substance-Related Emergency Department Visits Rate	Mental Health & Well-Being (Tobacco/Substance Use)	Emergency Department visit rate (per 100,000 people) for substance-related issues	California Department of Public Health EpiCenter California injury data online. 2014.	2014
Substandard Housing Units	Housing & Homelessness; Neighborhood & Built Environment (Community Infrastructure & Housing Quality)	Percent occupied housing units with one or more substandard conditions	US Census Bureau, American Community Survey. 2012-2016.	2012-2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Sugar-Sweetened Beverage Consumption (Adults)	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Oral/Dental Health	Percentage of survey respondents reporting that they consume sugar-sweetened beverages daily	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Sugar-Sweetened Beverage Consumption (Youth)	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Oral/Dental Health	Percentage of youth age 12-17 drinking one or more sugar-sweetened beverages per day	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Suicidal Ideation	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of teen survey respondents who reported having suicidal thoughts	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Suicide Death Rate	Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Age-adjusted rate of death due to intentional self-harm (suicide) per 100,000 population	National Vital Statistics System. 2011-2015.	2011-2015
Suspensions Rate (per 100 students)	Education & Literacy; Neighborhood & Built Environment (Community & Family Safety); Social & Community Context	Rate of suspensions per 100 enrolled students	California Department of Education. 2016-2017.	2016-2017
Taking Prescription Medication for Asthma	Asthma & Respiratory Conditions	Percentage of survey respondents who indicated that they are taking prescription medication for asthma	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Teen Births Rate	Birth Outcomes	Number of births per 1,000 female population ages 15-19 Number of births per 1,000 female population ages 12-14 (trend and data without benchmark)	National Center for Health Statistics - Natality files. 2010-2016. Trend and data without benchmark: San Mateo County Health, 2015.	2010-2016, 2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Teeth Removed Due to Poor Oral Health	Healthy Lifestyles (Obesity/Overweight & Diabetes Related Factors); Oral/Dental Health	Percentage of survey respondents who reported that three or more of their permanent teeth had been removed due to tooth decay or gum disease	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Truancy	Neighborhood & Built Environment (Community & Family Safety); Education & Literacy	Percentage of students who reported being truant during the school year	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Trust Local Government Seldom/Never	Social & Community Context	Percentage of survey respondents who indicated that they seldom or never trusted local government to work for the best interest of their community.	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Tuberculosis Cases Rate	Asthma & Respiratory Conditions; Infectious Diseases	Tuberculosis incidence rate per 100,000 population	California Department of Public Health Tuberculosis Branch. 2016.	2016
Unemployment Rate	Poverty, Income & Employment	Percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted)	US Department of Labor, Bureau of Labor Statistics. 2018 - March.	2018
Uninsured Children	Health Care Access & Delivery; Poverty, Income & Employment	Percentage of children aged less than 18 years of age without health insurance coverage	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Uninsured Population	Health Care Access & Delivery; Poverty, Income & Employment	Percent uninsured population	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Unintentional Drowning/Submersion Death Rate	Unintended Injuries/Accidents	Unintentional deaths due to drownings/submersions, rate per 100,000 population	California Department of Public Health EpiCenter California injury data online. 2013.	2013

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Unintentional Poisoning Death Rate	Unintended Injuries/Accidents	Unintentional poisoning deaths, rate per 100,000 population	California Department of Public Health EpiCenter California injury data online. 2013.	2013
Use Other Tobacco Products	Mental Health & Well-Being (Tobacco/Substance Use); Cancer; Heart Disease/Stroke; Oral/Dental Health	Percentage of survey respondents who answered "yes" when asked, "Do you currently use other tobacco products such as cigars, pipes, chewing tobacco, or snuff?"	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Used Marijuana or Hashish Recently	Asthma & Respiratory Conditions; Mental Health & Well-Being (Tobacco/Substance Use)	Percentage of survey respondents who reported that they had used marijuana or hashish in the past month	San Mateo County Health, Health and Quality of Life Survey. 2018. Benchmark: Behavioral Risk Factor Surveillance System. 2016.	2016, 2018
Usual Source of Dental Care	Health Care Access & Delivery; Oral/Dental Health	Percentage of respondents who reported having a usual source of dental care	San Mateo County Health, Health and Quality of Life Survey. 2018.	2018
Uterine Cancer Incidence Rate	Cancer	Age-adjusted incidence rate of uterine cancer among females per 100,000 population per year	California Cancer Registry Fact Sheet, California Department of Public Health, 2008-2012.	2008-2012
Vacant Housing Units	Housing & Homelessness	Vacant housing units, percent	US Census Bureau, American Community Survey. 2012-2016.	2012-2016
Varicella Vaccine (% of All Kinder)	Infectious Diseases	Percentage of kindergarten students who reported receiving the varicella vaccine	California Department of Public Health, Kindergarten Immunization Assessment, 2015-2016 & 2016-2017.	2015-2016, 2016-2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Walkable Destinations	Neighborhood & Built Environment (Access to Food/Recreation; Transportation & Traffic); Heart Disease/Stroke; Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	Percentage of the population that live in close proximity to a park, playground, library, museum or other destinations of interest	Center for Applied Research and Environmental Systems. 2012-2015.	2012-2015
WIC-Authorized Food Stores Rate	Neighborhood & Built Environment (Access to Food/Recreation); Healthy Lifestyles (Diabetes; Diet, Fitness, & Nutrition; Obesity)	This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories	US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011.	2011
Witnessing Violence at School	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of teen survey respondents who reported seeing violence at their schools	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Witnessing Violence in Community	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Percentage of teen survey respondents who reported seeing violence in their community	County of San Mateo, Board of Supervisors. Adolescent Report 2014-2015.	2014-2015
Youth Experiencing Bullying, Prevalence	Neighborhood & Built Environment (Community & Family Safety)	Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether in the past 12 months they have been harassed or bullied at school for any reason	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd). 2011-2013.	2011-2013

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Youth Intentional Injury Rate	Neighborhood & Built Environment (Community & Family Safety)	Intentional injuries, rate per 100,000 population (youth age 10-19)	California Department of Public Health, California EpiCenter. 2013-14.	2013-2014
Youth Intentional Self-Harm-ER Visits (per 10,000 pop.)	Neighborhood & Built Environment (Community & Family Safety); Mental Health & Well-Being (Mental Health/Emotional Well-Being)	Emergency department visit rate per 10,000 for intentional self-harm in youth ≤18 years old	California Office of Statewide Health and Planning (OSPHD). 2014.	2014

Attachment 3. Community Leaders, Representatives, and Members Consulted, Santa Clara County

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved. The group included leaders from the Santa Clara County Health & Hospital System, nonprofit hospital representatives, local government employees, and nonprofit organizations.

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
Organizations							
1	Interview	Dr. Sara Cody, Public Health Officer, Santa Clara County Public Health Department	Youth health	1	Health department representative	Leader	1/30/18
2	Interview	Laura Brunetto, Maternal Health Director, Santa Clara County Public Health Department	Oral health	1	Health department representative	Leader	1/30/18
3	Interview	Candace Roney, Executive Director, Santa Clara County Dental Society	Public health	1	Medically underserved	Leader	2/1/18
4	Interview	Anne Ehresman, Executive Director, Project Cornerstone	Community Safety and mental health	1	Medically underserved	Leader	2/6/18
5	Interview	Erin O'Brien, President/CEO, Community Solutions	Community Safety and mental health	1	Medically underserved	Leader	4/16/18
6	Interview	Bruno Pillet, VP of Programs & Services, Second Harvest Food Bank of Santa Clara and San Mateo Counties	Food insecurity/hunger	1	Low income	Leader	5/7/18
7	Interview	Camille Llanes-Fontanilla, Executive Director, Somos Mayfair	Immigrant population	1	Minority, low income	Leader	2/27/18
8	Interview	Dr. Peter Coehlo, Private practice	South County	1	Low income	Leader	3/26/18

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
1	Focus Group	**Host:** Community Health Partnership	Safety net health services	8	Low income	Leader	3/28/18
		Attendees:					
		Kent Imai, Medical Director, Community Health Partnership			Low income	Leader	
		Lynn Liu, Associate Medical Director, Northeast Medical Services			Low income	Leader	
		Wangping Zhao, Physician-in-Charge, AACI Health Center			Low income	Leader	
		Anu Balabruan, CMU, Indian Health center			Low income	Leader	
		Claude Roge, Medical Director, School Health Clinic of SCC			Low income	Leader	
		Laura Dalton, CMO, PPMM			Low income	Leader	
		Ranjani Chandramouli, MD, Medical Director, Gardner Family Health			Low income	Leader	
		Ravenswood Family Health Center			Low income	Leader	
2	Focus Group	**Host:** Medical Respite Program	Homeless population	10	Low income	Leader	3/7/18
		Attendees:					
		Amber Frymier, Healthcare Program, Valley Homeless Clinic			Low income	Leader	
		Emma Vidal, Valley Homeless Clinic			Low income	Leader	
		Lorna Lindo, Valley Homeless Clinic			Low income	Leader	
		Marisela Villarreal, Valley Homeless Clinic			Low income	Leader	
		Sara Jeevanjee, Medical Director,			Low income	Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Medical Respite Program					
		Vanessa Beretta, Development Officer, City of San Jose, Homeless Response Team			Low income	Leader	
		Malinda Mitchell, Hospital Council, Medical Respite Program			Low income	Leader	
		Aleksandra Ceprnic, Psychology, Medical Respite			Low income	Leader	
		Dana Schuster, Outreach Specialist, Home First			Low income	Leader	
		Linda Jones, Home First			Low income	Leader	
4	Focus Group	**Host:** Caminar	Substance use	7	Medically underserved	Leaders	4/10/18
		Attendees:					
		Cheryl Blankenship, Quality Improvement Coordinator, Santa Clara County Behavioral Health			Medically underserved	Leader	
		Michael Hutchinson, MFT, Executive Director, Family and Children Services, a Division of Caminar			Medically underserved	Leader	
		Neidy Lozada, Associate Director of Programs, Pathways Society			Medically underserved	Leader	
		Tianna Nelson, Ph.D., LMFT, Behavioral Health Division Director, Quality Improvement, Santa Clara County Behavioral Health Services			Medically underserved	Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Tina Sentner LAADC CA, Program Director, Mission Street Sobering Center			Medically underserved	Leader	
		Ursula King, SUTS Supervisor, LMFT			Medically underserved	Leader	
		Ashwini Gupta, Sr. Program Director, LMFT			Medically underserved	Leader	
5	Focus Group	**Host:** Stanford Health Care	Social determinants of health	6	Low income Leaders	Leaders	4/20/18
		Attendees:					
		Grace Benlice, Director of Care Coordination , El Camino			Low income	Leader	
		Karen Nelson, MSW, MBA, Director, Social Work, Case Management, Spiritual Care, Aging Adult Services, Stanford Healthcare			Low income	Leader	
		Michele Lew, CEO, The Health Trust			Low income	Leader	
		Nicole Fargo-Nosich, Associate Director, Community Services Agency of Mountain View and Los Altos			Low income	Leader	
		Rhonda McClinton-Brown, Executive Director, Office of Community Engagement - Stanford			Low income	Leader	
		Robert Mevicocci, Director, Santa Clara County Social Services Agency			Low income	Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
6	Focus Group	**Host:** Santa Clara County PEACE partnership		10	Minority	Leaders	4/26/18
		Attendees:					
		Kelsey Pennington, Program Officer, FIRST 5			Minority		
		Laura Buzo, Deputy Chief, FIRST 5			Minority		
		Lidia Doniz, Santa Clara County Violence Prevention			Minority		
		Malaya Arevalo, Wellness Services Manager, AACI Health & Wellness			Minority		
		Mariana Jimenez-Alvarez, Santa Clara County			Minority		
		Neil Kozuma, Public Affairs Director, Foothill Community Health Center			Minority		
		Vanessa Bolton, Health Education Specialist, Santa Clara County Public Health Department			Minority		
		Mario Maciel, City of San Jose, Mayor's Gang Prevention Task Force			Minority		
		Neil Rufino, City of San Jose, PRNS			Minority		
		René Santiago, Santa Clara County Executive's Office			Minority		
7	Focus Group	**Host:** Community Health Awareness Council (CHAC)	Youth mental health	8	Medically underserved	Leaders	4/25/18
		Attendees:					

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Kathleen King, CEO, Healthier Kids Foundation			Medically underserved	Leader	
		Katy Carter, Executive Director, Almaden Valley Counseling			Medically underserved	Leader	
		Tasha Dean, Assit. Supt, Sunnyvale			Medically underserved	Leader	
		Barbara Avery, Director of Community Benefit, El Camino Hospital			Medically underserved	Leader	
		Lauren Olaiz, Community Mental Health Relations, El Camino Hospital			Medically underserved	Leader	
		Marsha Deslauriers, Executive Director, CHAC			Medically underserved	Leader	
		Susan Flatmo, Clinical Servicess Coordinator, Mountain View/Los Altos School District			Medically underserved	Leader	
		Chris Barley, Licensed Alcohol & Drug Counselor, Family and Children Services, a Division of Caminar			Medically underserved	Leader	

Community Residents

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
3	Focus Group	**Host:** POSSO	Senior health	11	Minority, medically underserved	Members	3/22/18
8	Focus Group	**Host:** Avenidas	Senior health	9	Medically underserved	Members	4/16/18
		Attendees: RESIDENT FOCUS GROUPS (Attendee names not collected.)					

Attachment 4. Community Leaders, Representatives, and Members Consulted, San Mateo County

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved. The group included leaders from the San Mateo County Health System, nonprofit hospital representatives, local government employees, and nonprofit organizations.

ID#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
Organizations							
1	Interview	Dr. David Young, Director, San Mateo County Behavioral Health and Recovery Services	Behavioral health	1	Medically underserved	Leader	4/16/18
2	Interview	Bruno Pillet, Vice President of Programs & Services, Second Harvest Food Bank of Santa Clara and San Mateo Counties	Food insecurity	1	Low-income	Leader	4/16/18
3	Interview	Judith Guerrero, Executive Director, Boys & Girls Club of the Coastside	Youth health, coastside	1	Low-income, minority	Leader	4/16/18
4	Interview	Evan Jones, Executive Director, Mid-Peninsula Boys & Girls Club	Youth health, mid-county	1	Low-income, minority	Leader	4/17/18
5	Interview	Dr. Philippe Rey, Executive Director, Adolescent Counseling Services	Adolescent mental health	1	Medically underserved	Leader	4/18/18
6	Interview	Emily Roberts, Chair, San Mateo County Oral Health Coalition	Oral health	1	Medically underserved	Leader	4/18/18
7	Interview	Dr. Karen Li, Wellness Coordinator, Sequoia Union High School District	Youth health, south county	1	Medically underserved	Leader	4/23/18
8	Interview	Gloria Brown, Co-Founder and	African American	1	Medically	Leader,	4/26/18

ID#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Member, African American Community Health Advisory Committee	health		underserved, Minority	Representative	
9	Interview	Maya Altman, Chief Executive Officer, Health Plan of San Mateo	Health care access	1	Medically underserved	Leader	4/27/18
10	Interview	Dr. Anand Chabra, Medical Director at Family Health Services Division, San Mateo County Health System	Maternal-child health	1	Health department representative, Medically underserved	Leader	4/27/18
11	Interview	Rita Mancera, Executive Director, and Madeline Kane, Community Health Manager, Puente de la Costa Sur	South coast health	2	Low-income, Medically underserved, Minority	Leader	5/3/18
12	Interview	Kitty Lopez, Executive Director, First 5 San Mateo County	Children ages zero to five	1	Low-income	Leader	5/8/18
13	Interview	Dr. Janet Chaikind, Supervising Physician, Daly City Youth Health Center	Youth health, north county	1	Medically underserved	Leader	5/8/18
14	Interview	Pia Walker, Vice President of Resident Services, MidPen Housing	Housing	1	Low-income	Leader	5/14/18
15	Interview	Thomas N. Robinson, MD, MPH, Irving Schulman, MD Endowed Professor in Child Health, Professor of Pediatrics and of Medicine and, by courtesy, of Health Research and Policy, and Director of the Center for Healthy Weight, Stanford University and Lucile Packard Children's Hospital Stanford	Diabetes and obesity	1	Medically underserved	Leader	5/15/18
16	Interview	Dr. Helen Wong, Physician, North	North coast health	1	Medically underserved	Leader	5/21/18

ID#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		East Medical Services					
17	Interview	Jeneé Litrell, Associate Superintendent, San Mateo County Office of Education	K-12 student health	1	Medically underserved	Leader	5/31/18
18	Interview	Srija Srinivasan, Deputy Chief, San Mateo County Health System	Public health	1	Health department representative	Leader	6/11/18
19	Focus Group	**Host:** San Mateo County Human Services Agency	Social determinants of health	18	Low-income, Medically underserved	(see below)	4/27/18
		Attendees:					
		Becky Luong, Program Manager, Abode Services	Social determinants of health			Leader	
		Brian Eggers, Management Analyst, Center on Homelessness, San Mateo County Human Services Agency	Social determinants of health			Leader	
		Chelsea Tercero, Program Director, Redwood Family House & Family Crossroads, LifeMoves	Social determinants of health			Leader	
		Christiana Weidanz, Program Manager, Samaritan House	Social determinants of health			Leader	
		Donna Miller, Associate Program Director, LifeMoves	Social determinants of health			Leader	
		Fatima Soares, Executive Director, Coastside Hope	Social determinants of health			Leader	

ID#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Gloria Flores-Garcia, Associate Executive Director, El Concilio of San Mateo County	Social determinants of health			Leader	
		Heather Bucy, Director of Shelter Services, LifeMoves	Social determinants of health			Leader	
		Jessica Silverberg, Program Manager, San Mateo County Human Services Agency	Social determinants of health			Leader	
		Madeline Kane, Community Health Manager, Puente de la Costa Sur	Social determinants of health			Leader	
		Pastor Bains, Co-Founder/President, Project WeHope	Social determinants of health			Leader	
		Pat Bohm, Executive Director, Daly City Partnership	Social determinants of health			Leader	
		Peter Ehrhorn, Director of Youth Empowerment Services, StarVista	Social determinants of health			Leader	
		Prinsess Futrell, Executive Director, Home and Hope	Social determinants of health			Leader	
		Selina Toy Lee, Director of Collaborative Community Outcomes, San Mateo County Human Services Agency	Social determinants of health			Leader	
		Sylvia Dorsey, Human Services Specialist, Fair Oaks Community Center, City of Redwood City	Social determinants of health			Leader	
		Thuy Le, Medical Partnership	Social			Leader	

ID#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Coordinator, Second Harvest Food Bank of San Mateo and Santa Clara Counties	determinants of health				
		Whitney Genevro, Partnership Manager, Second Harvest Food Bank of Santa Clara and San Mateo Counties	Social determinants of health			Leader	
20	Focus Group	**Host:** Before Our Very Eyes/Bay Area Anti-Trafficking Coalition	Community & family safety	9	Low-income, Medically underserved	(see below)	5/8/18
		Attendees:					
		Amanda LeBlanc Freeman, Program Director, Rape Trauma Services	Community & family safety			Leader	
		Anthony Perkins, Detective, San Bruno Police Department	Community & family safety			Leader	
		Elisa Kuhl, Program Manager, Victim Services Division, San Mateo County DA's Office	Community & family safety			Leader	
		Janel Guinane, First Chance & DUI Services, StarVista	Community & family safety			Leader	
		Jerry Lindner, Program Manager, Children & Family Services, San Mateo County	Community & family safety			Leader	
		John Vanek, Human Trafficking Program Coordinator, San Mateo County	Community & family safety			Leader	
		Pamela Estes, Human Trafficking Advocacy Coordinator, San Mateo County	Community & family safety			Leader	
		Rosanna Anderson, Educational Liaison, Foster Youth Services	Community & family safety			Leader	

ID#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Program, San Mateo County Office of Education					
		Susan Houser, BSN, MSN, CPNP, Forensic Interviewer, Sexual Assault Forensic Examiner, Keller Center, San Mateo Medical Center	Community & family safety			Leader	
21	Focus Group	**Host:** Sequoia Wellness Center	Older adults	11	Low-income	(see below)	5/10/18
		Attendees:					
		Anna Kertel, Recreation Supervisor, City of San Carlos Parks and Recreation	Older adults			Leader	
		Bonnie Grim, Program Manager, Peninsula Volunteers, Meals on Wheels	Older adults			Leader	
		Christina Dimas-Kahn, Program Manager, HICAP of San Mateo County	Older adults			Leader	
		Diane Gillen, Clinical Outreach Nurse, Mission Hospice	Older adults			Leader	
		Kathleen Beasley, Branch Manager, Belmont Library	Older adults			Leader	
		Lynne Murphy, Director of Resident Services, Lesley Senior Communities	Older adults			Leader	
		Saili Gosula, Owner/Executive Director, SYNERGY HomeCare	Older adults			Leader	
		Susan Houston, Vice President of Older Adult Services, Peninsula Family Services	Older adults			Leader	
		Suyin Nichols, Resident Services	Older adults			Leader	

ID#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
		Coordinator, HIP Housing					
		Terri Neill, Principal, Director of Client Relations, Senior Assist of the Peninsula	Older adults			Leader	
		Tricia Halimah, Manager of Community Health, Health & Wellness Center, Sequoia Hospital	Older adults			Leader	
22	Focus Group	**Host:** LifeMoves	Homelessness	7	Low-income, Medically underserved	(see below)	5/24/18
		Attendees:					
		Catilin Esparza, Educational Initiatives Manager, LifeMoves	Homelessness			Leader	
		Corena Rosa, Veterans Care Manager, LifeMoves	Homelessness			Leader	
		Eileen Donovan, Case Manager, LifeMoves	Homelessness			Leader	
		Evelyn Reyes, Case Manager, LifeMoves	Homelessness			Leader	
		Johanna Mora, Case Manager, LifeMoves	Homelessness			Leader	
		Vitani Taamu, Housing Specialist, LifeMoves	Homelessness			Leader	
		William Gomez, Associate Program Director, First Step, LifeMoves	Homelessness			Leader	

ID#	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
Community Residents							
23	Focus Group	**Host:** The Villages of San Mateo County	Older adults	8	Low-income	Members	4/18/18
24	Focus Group	**Host:** Peninsula Family Services Agency, North Fair Oaks Senior Center	Spanish-speaking older adults	12	Low-income, Medically underserved, Minority	Members	5/16/18
25	Focus Group	**Host:** Pride Center	LGBTQI issues	10	Medically underserved, Minority	Members	5/17/18
26	Focus Group	**Host:** Cañada College	Young adults	5	Low-income	Members	5/9/18
27	Focus Group	**Host:** Peninsula Conflict Resolution Center	Pacific Islanders	10	Minority	Members	6/12/18
		Attendees: RESIDENT FOCUS GROUPS (Attendee names not collected.)					

Attachment 5. Qualitative Research Protocols, Santa Clara County

Prior to key informant interviews, professionals were provided with the 2016 CHNA health needs list to consider.

Table 1, 2016 Health Needs List

Priority	2016 Priority Health Need	Examples
	Alzheimer's Disease & Dementia	
	Behavioral Health	Anxiety, depression, drug/alcohol addiction, stress
	Mental Health	
	Substance Abuse	
	Birth Outcomes	Premature births, infant mortality
	Cancers	Breast cancer, leukemia
	Cerebrovascular Diseases	Heart attack, stroke
	Climate Change	Global warming, drought
	Communicable Diseases	TB, hepatitis, flu, pertussis (separate from STIs)
	Community & Family Safety	Domestic violence, crime, child abuse
	Diabetes	
	Diet/Fitness/Nutrition	Nutritious food, safe places to exercise
	Economic Security	Education, employment, poverty, cost of living
	Healthcare Access & Delivery	Health insurance, costs of medicine, availability of providers, getting appointments, patients being treated with respect
	Housing & Homelessness	
	Obesity	
	Oral/Dental Health	
	Respiratory Conditions	Asthma, COPD
	Sexual Health	Sexually-transmitted infections, teen births
	Tobacco Use	Smoking, vaping, chewing tobacco
	Transportation & Traffic	Public transportation, safe roads
	Unintentional Injuries	Car accidents, falls, drownings

Key Informant Protocol – Professionals

Introduction – 5 mins

- Welcome and thanks
- What the project is about:
    - Identifying health needs in our community
      (called the Community Health Needs Assessment or CHNA)
    - Required of all non-profit hospitals in the U.S. every three years
    - Here in Santa Clara County, the Community Benefit Hospital Coalition is working together to meet this requirement
    - Will inform the investments that hospitals make to address community needs
- Scheduled for one hour - does that still work for you?
- Today's questions:
    - Most pressing health needs in Santa Clara County
    - Your perspective on [expertise area]
    - How access to care and mental health play a part in those needs
    - Which populations may have different or worse needs or experiences
    - Your suggestions for improvement
- What we'll do with the information you tell us today
    - Notes will go to hospitals
    - Would like to record so that we can get the most accurate record possible
    - Will not share the audi itself
    - Can keep anything confidential – even the whole interview. Let me know at any time.
    - Permission to record?
- Any questions before I begin? *[If interviewer does not have the answer, commit to finding it and sending later via email.]*

Health Needs Prioritization – 6-10 min.

Part of our task today is to find out which health needs you think are most important. You may want to take a look at the list we sent you of the most common needs from the 2016 CHNAs. You can see that some of them are health conditions, and others reflect the social determinants of health (housing, education, cost of living, environment, etc.).

Thinking specifically about Santa Clara County …

1. Are there any needs that should be added to the list?

Expertise Area – 20 mins

You are here to share your expertise/experience about [e.g., senior health].

2. **Which three needs do you believe are the most _important_ to address here in the next few years for the population you serve?** [See table above.]

I am going to take you through a few questions about each of these needs.

3. **When you think about [health need 1]…**
   - What are people struggling with?
   - What barriers exist to seeing better health in this area?

4. **Are some people better or worse off?**
   Prompts: Differences by age, education level, disability status, income (affecting housing and transportation), etc.

[Repeat 3-4 for each health need they prioritized.]

5. **Lastly, are you seeing any trends related to these needs in the last three years?**

Access to Care – 5 mins

We know that access to care impacts all aspects of health.

6. **Would you say that health access [related to your specific expertise] is sufficient or not?**

7. **Do you see differences among any particular groups in your work?**
   Prompts: Differences by age, education level, disability status, language, those experiencing homelessness

Mental health – 5 mins

In recent assessments, mental health arose as a top health need. (By mental health, we mean everything ranging from anxiety to mental illness.)

8. **Do you agree? In your opinion, what are the specific mental health needs in our community?** (Conditions like depression/outcomes like suicide)

9. **In what ways are people struggling with mental health issues doing worse than others when it comes to health?** (Drivers)

Suggestions/Improvements/Solutions – 5-10 mins

In addition to what we have already talked about…

10. **Do you have any opinions on what should be in place in our community to address these needs?**

a. What types of services would you like to see in the community, that aren't already in place?
Prompt: Preventative care? Deep-end services? Workforce changes?

b. Are there new/revised policies or other public health approaches that are needed?
Prompt: program models

[Time permitting] Additional comments

We thank you so much for answering our questions. In the few minutes we have left, is there anything else you would like us to add regarding community health needs?

Closing

OK, if anything occurs to you later that you would like to add to this interview, please just let us know. Thank you for contributing your expertise and experience to the CHNA. You can look for the hospital CHNAs to be made publicly available in 2019.

Focus Group Protocols

During focus groups, facilitators presented the 2016 CHNA List (**Table 1** of this attachment). Questions found in these protocols refer to that list.

Focus Groups with Professional or Community Representatives

Introduction – 6 mins

- Welcome and thanks
- What the project is about:
    - Santa Clara County Community Health Needs Assessment
    - Identifying unmet health needs in our community
    - Ultimately, to plan on how to address health needs now and in future
- Today's questions (refer to agenda flipchart page):
- Introductions (name and organization)
- Confidentiality:
    - When we are finished with all of the focus groups, we will look at all of the transcripts and summarize the things we learn.
    - Would like to record so that we can be sure to get your words right.
    - Now that we have introduced ourselves, we will only use first names here to preserve your anonymity. However, if you want to keep a comment anonymous, you may not want to name your organization.

- We also will pull out some quotes so that the hospitals can hear your own words. We will not use your name when we give them those quotes.
    - Transcripts will go to hospitals if that is OK with you
    - Permission to record?
- What we'll do with the information you tell us today
    - Hospitals will report the assessment to the IRS
    - Hospitals will use information for planning future investments
- Logistics
    - We will end at ___:___.
    - It is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.
    - Cell phones: On vibrate; please take calls outside.
    - Bathroom location
- Guidelines: Be respectful, it's ok to disagree. We want to hear from everyone.

Health Needs Prioritization – 10 min.

You are here to share your experience as a professional serving [e.g. seniors, persons experiencing homelessness, young adults, etc.].

Part of our task today is to find out which health needs you think are most important for the population you serve. This poster has a list of the health needs that the community came up with when we did the Community Health Needs Assessment for Santa Clara County in 2016. Many of these we have already talked about.

[Read aloud from flipchart and define (e.g. "Access and Delivery" means insurance, having a primary care physician, prevention care instead of ED, being treated with dignity and respect, wait times, etc.).]

1. **Are there any that should be added to the list?**

2. **Please think about the three from the list you believe are the most _important_ to address here in the next 3-4 years.**

    a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next few years. There may be some needs that are very dire – like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments and medicines to address them. Others we may not understand as well, or

there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.

3. **Summarize voting results.** Explain that we will spend the rest of our time reflecting on these top priorities.

Expertise Area – 20 mins

You are here to share your expertise/experience about [e.g. substance abuse, senior health, or homelessness].

4. **When you think about this health need…**
   - What are people struggling with?
   - What barriers exist to seeing better health in this area?

5. **Which groups, if any, are better or worse off than others?**
   Prompts: Differences by age, education level, disability status, income (affecting housing and transpo), etc.

6. **What trends, if any, have you seen in the last three years?**

Access to Care – 5 mins

We know that access to care impacts all aspects of health.

7. **Would you say that health access [related to the specific population you serve] is sufficient? Why or why not?**

8. **What differences do you see, if any, among various groups in your work?**
   Prompts: Differences by age, education level, disability status, language, those experiencing homelessness, immigration status, sexual orientation (i.e., LGBTQ).

Mental health – 5 mins

In recent assessments, mental health arose as a top health need. (By mental health, we mean everything ranging from stress to mental illness.)

9. **Do you agree? In your opinion, what are the specific mental health needs in our community?** (Conditions like depression/outcomes like suicide)

10. **In what ways might people who are struggling with mental health issues be doing worse than others when it comes to health?** (Drivers)

Suggestions/Improvements/Solutions – 5-10 mins

In addition to what we have already talked about…

11. **What opinions, if any, do you have on what should be in place in our community to address these needs?**

a. **What types of services would you like to see in the community, that aren't already in place?**
   Prompts:
   - Preventative care? Deep-end services?
   - Workforce changes?
   - Are there any quick wins or low-hanging fruit?

b. **What new/revised policies or other public health approaches are needed, if any?**

IF TIME ALLOWS:

Cultural Competency – 5 mins

12. **To what extent do you think healthcare providers are culturally competent for the diverse population of Santa Clara County?** By "cultural competence" we mean that people who are providing healthcare know how to provide healthcare in a respectful way to everyone.

Closing – 5 mins
- Thank you
- Repeat - What we will do with the information
- Look for CHNA reports to be publicly available in 20

Focus Groups with Santa Clara County Residents

Introduction – 6 mins

- Welcome and thanks
- Conducting a Community Health Needs Assessment
    - Non-profit hospitals in Santa Clara County hired us
    - Identify unmet health needs in our community
    - Helps those hospitals to plan on how to invest their resources to address community health needs
- Today's questions are… (refer to agenda flipchart page)
- We would like to record
    - Important to get your words right.
    - We will only use first names here to preserve your anonymity
    - Transcripts will go to hospitals if that is OK with you
    - When we are finished with all of the focus groups, we will look at all of the transcripts and **summarize** the things we learn. We also will pull out some **quotes** so that the hospitals can hear your own words. We will not use your name when we give them those quotes.
- Logistics
    - We will end at ___:___.
    - Cell phones: On vibrate; please take calls outside.
    - Bathroom location
    - Incentives – please sign the sheet
- Guidelines: Be respectful, it's ok to disagree. We want to hear from everyone.
- Speaking of that… it is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.

Health Needs Prioritization – 10 min.

You are here to share your experience as a [e.g., young adult].

Part of our task today is to find out which health needs you think are most important. This poster has a list of the health needs that the community came up with when we did the Community Health Needs Assessment for Santa Clara County in 2016.
[Read aloud from flipchart and define (e.g., "Access and Delivery" means insurance, having a primary care physician, prevention care instead of ED, being treated with dignity and respect, wait times, etc.).]

1. **Are there any that should be added to the list?**

2. **Please think about the three from the list you believe are the most _important_ to address here in the next few years.**

a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next 3-4 years. There may be some needs that are very dire – like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments and medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.

3. **Summarize voting results.** Explain that we will spend the rest of our time reflecting on these top priorities.

Understanding the Needs – 15 mins

4. **When you think about this health need…**
   - What are people struggling with?
   - What barriers exist to people getting healthy or staying healthy?

5. **What about healthcare access?**
   - Is everyone able to get health insurance for their needs?
   - Is everyone able to afford to pay for health services and medication?
   - Is everyone able to get to the doctors they need when they need to?

6. **What about mental health?** Mental health was one of the top health needs last time. (By mental health, we mean everything ranging from stress to mental illness.)

   a. **In your opinion, what are the specific mental health needs in our community?** (Conditions like depression/outcomes like suicide)

   b. **Do you think that people who are struggling with mental health issues are doing worse than others when it comes to these other health issues we have listed? If so, how?** (Drivers)

7. **Do you think that things have been getting better, or worse, in the last three years or so? How?**

Equity & Cultural Competency – 15 mins

8. **Do you think that everyone in our community is getting the same health care, and has the same access to care? If not, what are the barriers for them?** Think about all of the people in our community… some have different ethnicities, languages, sexual orientations, and religions. They may be disabled or be low-income or be experiencing homelessness.

OPTIONAL IF TIME:

> We also want to know about cultural competency. That means that people who are providing healthcare <u>know how</u> to provide healthcare in a respectful way to everyone.
>
> **9. To what extent do you think healthcare providers have this knowledge?**

Suggestions/Improvements/Solutions – 5-10 mins

In addition to what we have already talked about…

10. What types of services, if any, does the community need more of?
   Prompt: Preventative care? Deep-end services? Workforce changes?

11. What kinds of changes could those in charge here in Santa Clara County make to help all of us stay healthy?

Closing – 5 mins

- Thank you
- Repeat - What we will do with the information
- Incentives – **after you turn in the survey**

Attachment 6. Qualitative Research Protocols, San Mateo County

Prior to key informant interviews, professionals were provided with the 2016 CHNA health needs list to consider.

Table 1, 2016 Health Needs List

2016 Priority Health Need	Examples
Alzheimer's Disease & Dementia	
Arthritis	
Behavioral Health	Depression, suicide, drug/alcohol addiction
Birth Outcomes	Premature births, infant mortality
Cancer	Breast cancer, leukemia
Childhood Obesity	
Climate Change	Global warming, drought
Communicable Diseases	TB, flu, salmonella (separate from STIs)
Diabetes	
Emotional Well-Being	Stress, worry, sub-clinical anxiety
Fitness/Diet/Nutrition	Nutritious food, safe places to exercise
Healthcare Access & Delivery	Health insurance, costs of medicine, availability of providers, getting appointments, patients being treated with respect
Heart Disease & Stroke	
Housing & Homelessness	
Income & Employment	
Oral/Dental Health	
Respiratory Conditions	Asthma, COPD
Sexually-Transmitted Infections	
Transportation & Traffic	Public transportation, safe roads
Unintended Injuries	Car accidents, falls, drownings
Violence & Abuse	Child abuse, violent crime, human trafficking

Other:

Key Informant Protocol – Professionals

Introduction – 5 mins

- Welcome and thanks
- What the project is about:
    - Identifying health needs in our community
      (called the Community Health Needs Assessment or CHNA)
    - Required of all non-profit hospitals in the U.S. every three years
    - The hospitals (Seton, Kaiser SSF and Redwood City, Peninsula, Sequoia, Stanford, and LPCH) who serve San Mateo County residents are working together to meet this requirement
    - Will inform the investments that hospitals make to address community needs
- Scheduled for one hour - does that still work for you?
- Today's questions:
    - Most pressing health needs in San Mateo County
    - Your perspective on [expertise area]
    - How access to care and mental health play a part in those needs
    - Which populations may have different or worse needs or experiences
    - Your suggestions for improvement
- What we'll do with the information you tell us today
    - Notes will go to hospitals
    - Would like to record so that we can get the most accurate record possible
    - Will not share the audio itself
    - Can keep anything confidential – even the whole interview. Let me know at any time.
    - Permission to record?
- Any questions before I begin? *[If interviewer does not have the answer, commit to finding it and sending later via email.]*

Health Needs Prioritization – 6-10 min.

Part of our task today is to find out which health needs you think are most important. You may want to take a look at the list we sent you of the most common needs from the 2016 CHNA. You can see that some of them are health conditions, and others reflect the social determinants of health (housing, education, cost of living, environment, etc.).

Thinking specifically about San Mateo County …

1. Are there any needs that should be added to the list?

Expertise Area – 20 mins

You are here to share your expertise/experience about [e.g., senior health].

2. **Which three needs (2016 and others added) do you believe are the most _important_ to address here in the next few years for the population you serve?** [See table above.]

I am going to take you through a few questions about each of these needs.

3. **When you think about [health need 1]…**
   - What are people struggling with?
   - What barriers exist to seeing better health in this area?

4. **Are some people better or worse off?**
   Prompts: Differences by age, education level, disability status, income (affecting housing and transportation), etc.

[Repeat 3-4 for each health need they prioritized.]

5. **Lastly, are you seeing any trends related to these needs in the last three years?**

Access to Care – 5 mins

We know that access to care impacts all aspects of health. (Access includes not only having insurance and being able to afford co-pays/premiums, but also having a primary care physician versus using urgent care or the ER, and being able to get timely appointments with various providers.)

6. **Would you say that health access [related to your specific expertise] is sufficient or not?**

7. **Do you see differences among any particular groups in your work?**
   Prompts: Differences by age, education level, disability status, language, those experiencing homelessness

Mental health – 5 mins

In recent assessments, mental health arose as a top health need. (By mental health, we mean everything ranging from sub-clinical issues like stress, substance use disorder through issues like anxiety or depression, all the way up to severe mental illness.)

8. **Do you agree? In your opinion, what are the specific mental health needs in our community?**
   Prompt: Conditions like stress or depression, outcomes like suicide, concerns about stigma

9. **a. In what ways might people who are struggling with mental health issues be doing worse than others when it comes to health?**
   Prompt: Mental health issues driving other health needs?

   b. In particular, how might stress be contributing to people's specific health issues?

Suggestions/Improvements/Solutions – 5-10 mins

In addition to what we have already talked about…

10. **What opinions, if any, do you have on what should be in place in our community to address these needs?**

    a. **What types of services would you like to see in the community, that aren't already in place?**
       Prompt: Preventative care? Deep-end services? Workforce changes? Are there any quick wins or low-hanging fruit?

    b. **What new/revised policies or other public health approaches are needed, if any?**
       Prompt: Program models?

[Time permitting] Additional comments

We thank you so much for answering our questions. In the few minutes we have left, is there anything else you would like us to add regarding community health needs?

Closing

OK, if anything occurs to you later that you would like to add to this interview, please just let us know. Thank you for contributing your expertise and experience to the CHNA. You can look for the hospital CHNAs to be made publicly available in 2019.

Focus Group Protocols

During focus groups, facilitators presented the 2016 CHNA List (**Table 1** of this attachment). Questions found in these protocols refer to that list.

Focus Groups with Professional or Community Representatives

Introduction – 6 mins

- Welcome and thanks
- What the project is about:
    - San Mateo County Community Health Needs Assessment
    - Identifying unmet health needs in our community
    - Ultimately, to plan on how to address health needs now and in future
- Today's questions (refer to agenda flipchart page)
- Introductions (name and organization)
- Confidentiality:
    - When we are finished with all of the focus groups, we will look at all of the transcripts and summarize the things we learn.
    - Would like to record so that we can be sure to get your words right.
    - Now that we have introduced ourselves, we will only use first names here to preserve your anonymity. However, if you want to keep a comment anonymous, you may not want to name your organization.
    - We also will pull out some quotes so that the hospitals can hear your own words. We will not use your name when we give them those quotes.
    - Transcripts will go to hospitals if that is OK with you.
    - Permission to record?
- What we'll do with the information you tell us today
    - Hospitals will report the assessment to the IRS
    - Hospitals will use information for planning future investments
- Logistics
    - We will end at ___:___.
    - It is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.
    - Cell phones: On vibrate; please take calls outside.
    - Bathroom location.
- Guidelines: It's OK to disagree, but be respectful. We want to hear from everyone.

Health Needs Prioritization – 10 min.

You are here to share your experience as a professional serving [e.g., seniors, persons experiencing homelessness, young adults, etc.].

Part of our task today is to find out which health needs you think are most important for the population you serve. This poster has a list of the health needs that the community came up with when we did the Community Health Needs Assessment for San Mateo County in 2016. Many of these we have already talked about.

[Read aloud from flipchart and define (e.g. "Access and Delivery" means insurance, having a primary care physician, preventive care instead of ED, being treated with dignity and respect, wait times, etc.).]

1. **Are there any that should be added to the list?**

2. **Please think about the three from the list you believe are the most _important_ to address here in the next 3-4 years.**

   a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next few years. There may be some needs that are very dire – like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments or medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.

3. **Summarize voting results.** Explain that we will spend the rest of our time reflecting on these top priorities.

Health Needs Discussion, Including Expertise Area – 20 mins

4. **When you think about this health need…**
   - What are people struggling with?
   - What barriers exist to seeing better health in this area?

5. **Which groups, if any, are better or worse off than others?**
   Prompts: Differences by age, education level, disability status, income (affecting housing and transportation), etc.

6. **What trends, if any, have you seen in the last three years?**

Repeat questions 4-6 for each of the top health needs prioritized by the group.

7. **[If their expertise was not related to one or more of the needs chosen:] You are here to share your expertise/experience about [e.g., senior health]. Let's talk a little about that; how does it relate to the community's health needs?**

Access to Care – 5 mins

We know that access to care impacts all aspects of health. (Access includes not only having insurance and being able to afford co-pays/premiums, but also having a primary care physician versus using urgent care or the ER, and being able to get timely appointments with various providers.)

8. **Would you say that healthcare access [related to the specific population you serve] is sufficient? Why or why not?**

9. **What differences do you see, if any, among various groups in your work?**
   Prompts: Differences by age, education level, disability status, language, those experiencing homelessness, immigration status, sexual orientation (i.e., LGBTQ).

Mental health – 5 mins

In recent assessments, mental health arose as a top health need. (By mental health, we mean everything ranging from stress to mental illness.)

10. **Do you agree? In your opinion, what are the specific mental health needs in our community?**
    Prompt: Conditions like stress or depression, outcomes like suicide, concerns about stigma

    a. In what ways might people who are struggling with mental health issues be doing worse than others when it comes to health?
    Prompt: Mental health issues driving other health needs?

    b. In particular, how might stress be contributing to people's specific health issues?

Suggestions/Improvements/Solutions – 5-10 mins

In addition to what we have already talked about…

11. **What opinions, if any, do you have on what should be in place in our community to address these needs?**

    a. **What types of services would you like to see in the community, that aren't already in place?**
       Prompts:

- Preventative care? Deep-end services?
- Workforce changes?
- Are there any quick wins or low-hanging fruit?

b. What new/revised policies or other public health approaches are needed, if any?

Closing – 5 mins

- Thank you
- Repeat - What we will do with the information
- Look for CHNA reports to be publicly available in 2019

Focus Groups with San Mateo County Residents

Introduction – 6 mins

- Welcome and thanks
- What the project is about:
    - San Mateo County Community Health Needs Assessment
    - Identifying unmet health needs in our community
    - Ultimately, to plan on how to address health needs now and in future
- Today's questions (refer to agenda flipchart page)
- Confidentiality:
    - Would like to record so that we can be sure to get your words right.
    - We will only use first names here to preserve your anonymity.
    - Transcripts will go to hospitals if that is OK with you.
    - When we are finished with all of the focus groups, we will look at all of the transcripts and summarize the things we learn. We also will pull out some quotes so that the hospitals can hear your own words. We will not use your name when we give them those quotes.
- What we'll do with the information you tell us today:
    - Hospitals will report the assessment to the IRS
    - Hospitals will use information for planning future investments
- Logistics
    - We will end at ___:___.
    - It is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.
    - Cell phones: On vibrate; please take calls outside.
    - Bathroom location

- Incentives – please sign the sheet
- Guidelines: It's OK to disagree, but be respectful. We want to hear from everyone.

Health Needs Prioritization – 10 min.

You are here to share your experience as a [e.g., young adult].

Part of our task today is to find out which health needs you think are most important. This poster has a list of the health needs that the community came up with when we did the Community Health Needs Assessment for San Mateo County in 2016. Many of these we have already talked about.

[Read aloud from flipchart and define (e.g. "Access and Delivery" means insurance, having a primary care physician, preventive care instead of ED, being treated with dignity and respect, wait times, etc.).]

1. **Are there any that should be added to the list?**

2. **Please think about the three from the list you believe are the most _important_ to address here in the next few years.**

   a. What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next 3-4 years. There may be some needs that are very dire – like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments and medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Then we will discuss the results of your votes.

3. **Summarize voting results.** Explain that we will spend the rest of our time reflecting on these top priorities.

Understanding the Needs – 15 mins

4. **When you think about [health need1]…**
   - What are people struggling with?
   - What barriers exist to people getting healthy or staying healthy?

   [Repeat question 4 for each top health need.]

5. **What about healthcare access?**
   - Is everyone able to get health insurance for their needs?
   - Is everyone able to afford to pay for health services and medication?
   - Is everyone able to get to the doctors they need when they need to?

- Do people mostly have a primary care doctor, or do they mostly use urgent care or the ER instead? [If the latter: Why?]

6. **What about mental health?** Mental health was one of the top health needs last time.

(By mental health, we mean everything ranging from stress, substance use disorder to mental illness.)

   a. **In your opinion, what are the specific mental health needs in our community?** Prompt: Conditions like stress or depression, outcomes like suicide, concerns about stigma

   b. **Do you think that people who are struggling with mental health issues are doing worse than others when it comes to these other health issues we have listed? If so, how?** (Drivers)

7. **Do you think that things have been getting better, stayed the same, or gotten worse, in the last three years or so?** [If things have changed: How?]

Equity & Cultural Competency – 15 mins

8. **Do you think that everyone in our community is getting the same health care, and has the same access to care? If not, what are the barriers for them?** Prompt: Think about all of the people in our community… some have different ethnicities, languages, sexual orientations, and religions. They may be disabled or be low-income or be experiencing homelessness.

Suggestions/Improvements/Solutions – 5-10 mins

In addition to what we have already talked about…

9. **What types of services, if any, does the community need more of?** Prompt: Preventative care? Deep-end services? Workforce changes?

10. **What kinds of changes could those in charge here in San Mateo County make to help all of us stay healthy?**

Closing – 5 mins

- Thank you
- Repeat - What we will do with the information
- Incentives – **after you turn in the demographic survey**

Attachment 7. Community Assets and Resources, Santa Clara County

Programs and resources available to meet identified community health needs are listed on the following pages, organized in two categories:

- **Assets**. Includes alliances, initiatives, campaigns, and general resources
- **Resources.** Includes public/government services, school-based services, community-based organization services, and clinical hospitals and clinic services

CONTENTS

GENERAL RESOURCES

- 211 (United Way). A free, confidential referral and information service that helps people find local health and human services by web, phone, and text.
- Community Health Partnership
- FIRST 5 Santa Clara County (children 0-5)
- The Health Trust
- Listing of Santa Clara County programs and services
- Santa Clara County Public Health Department

COMMUNITY HEALTH NEEDS

HEALTH CARE ACCESS AND DELIVERY

Health Care Facilities and Systems
- El Camino Hospital – Los Gatos
- El Camino Hospital – Mountain View
- Good Samaritan Hospital
- Kaiser Foundation Hospital – San Jose
- Kaiser Foundation Hospital – Santa Clara
- Lucile Packard Children's Hospital Stanford
- O'Connor Hospital
- Regional Medical Center of San Jose
- Saint Louise Regional Hospital
- Santa Clara Valley Health & Hospital System
- Stanford Health Care
- VA Hospital Menlo Park (U.S. Department of Veterans Affairs)
- VA Palo Alto Health (U.S. Department of Veterans Affairs)

Community Clinics
- Asian Americans for Community Involvement
- Cardinal Free Clinics
- Foothill Community Health Centers
- Gardner Health Services
- Indian Health Center
- Mar Monte Community Clinic
- MayView Community Health Centers
- Medical Respite Program
- Planned Parenthood Mar Monte
- Peninsula Healthcare Connection

- Ravenswood Family Health Center
- RotaCare Bay Area
- School Health Clinics of Santa Clara County

Mobile Health Services
- Gardner Mobile Health Center
- Health Mobile (Dental)
- Lucile Packard Children's Hospital Teen Van
- Santa Clara Valley Homeless Health Care Program Van

ECONOMIC STABILITY

Education, employment, and poverty. See also Housing and Homelessness.

Assets
- California Budget & Policy Center
- Silicon Valley Leadership Group

Resources
- Bay Area Legal Aid
- CalFresh
- CalWorks
- Catholic Charities
- Center for Employment Training (CET)
- City of San José employment resource center
- Community Service Agencies (Mountain View/Los Altos, Sunnyvale, West Valley)
- Connect Center CA (Pro-match and Nova job centers)
- Day Worker Center (Mountain View)
- Emergency Assistance Network of Santa Clara County
- Employment Development Department
- Occupational Training Institute
- Social Services Agency of Santa Clara County
- SparkPoint
- United Way Bay Area
- Veterans Administration employment center
- Women, Infants, and Children (WIC) Nutrition Services
- Work 2 Future

Food Resources
- The Food Connection
- Fresh Approach –mobile food pantry

- Hope's Corner
- Loaves and Fishes
- Meals on Wheels (The Health Trust and Sourcewise)
- Santa Maria Urban Ministries
- St. Joseph's Cathedral
- St. Joseph's Family Center—food bank and hot meals (Gilroy)
- St. Vincent De Paul
- Salvation Army
- Second Harvest Food Bank
- Valley Verde

HOUSING & HOMELESSNESS

Assets
- Abode Services—supportive housing- county paying for success initiative for chronic homelessness
- "All the Way Home" Campaign to End Veteran Homelessness – City of San José, Santa Clara County and the Housing Authority have set a goal of housing all of the estimated 700 homeless veterans by 2017 (new)
- Catholic Charities
- Community plan to end homelessness in Santa Clara County
- Destination Home
- MyHousing.org
- Palo Alto Housing Corporation
- Santa Clara County Housing Task Force
- Santa Clara County Housing Authority
- Santa Clara County Office of Supportive Housing
- VA Housing Initiative

Resources
- American Vets Career Center
- Bill Wilson Center emergency shelter for youth
- Casa de Clara (Catholic volunteer group—services to women and children in downtown San José including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling
- Catholic Charities Housing—affordable housing units
- Chinese Community Center of the Peninsula
- Community Services Agency emergency shelter
- Community Service Agency Homeless Prevention Services
- Destination Home
- Downtown Streets Team

- Dress for Success—interview suits and job development
- EHC Life Builders Emergency Housing Consortium
- Foster youth group home providers
- Gilroy Compassion Center
- Goodwill Silicon Valley
- The Health Trust Housing for Health
- HomeFirst
- Hope Services—employment for adults with developmental disabilities
- Housing Opportunities for Persons with AIDS
- InnVision the Way Home
- Life Moves (Homeless Housing)
- Love Inc.
- New Directions
- New Hope House
- NOVA Workforce development
- Rebuilding Together (repairs to keep people in homes)
- Sacred Heart Community Services
- Sacred Heart Community Services emergency assistance
- St. Joseph emergency assistance
- Salvation Army
- Senior Housing Solutions
- Sunnyvale Community Services—housing and emergency assistance
- Unity Care—Foster youth housing
- Unity Care—foster youth employment assistance Community-Based Organizations - Employment
- West Valley Community Services emergency assistance

NATURAL ENVIRONMENT

Assets

- Acterra
- Audubon Society of Santa Clara County
- California League of Conservation Voters
- Canopy
- Committee for Green Foothills
- Midpeninsula Regional Open Space District
- Peninsula Open Space Trust
- San Francisquito Watershed Council
- The Santa Clara Valley Open Space Authority
- Sierra Club – Loma Prieta Chapter

TRANSPORTATION & TRAFFIC

Assets

- Caltrain
- Santa Clara Valley Bicycle Coaltion
- Santa Clara Valley Transit Authority (VTA)
- Silicon Valley Leadership Group – Advocacy
- Silicon Valley Bicycle Coalition – Advocacy
- SPUR – Advocacy

Resources

- Avenidas
- City Team Ministries
- Community Services Agency
- El Camino Hospital Roadrunners
- Heart of the Valley Escorted Transportation (nonprofit)
- Love Inc.
- Mountain View Community Shuttle
- Outreach & Escort, Inc.
- Peninsula Family Services – Ways to Work

BEHAVIORAL HEALTH

Assets

- ASPIRE youth mental health program
- Corporation/El Centro de Bienestar
- Depression and Bipolar Support Alliance (DBSA)
- Gardner Family Care
- Gilroy Behavioral Health
- HEARD (Health Care Alliance for Response to Adolescent Depression)
- Hope Counseling Center Services
- NAMI
- Project Safety Net (Palo Alto) youth suicide prevention coalition
- South Bay Project Resource
- Susanna Farina, Behavorial Health Coordinator
- Susan Detrick, Manager
- Tobacco Free Coalition Santa Clara
- UJIMA Adult & Family Services
- Young Adult Transition Team same as La Plumas Mental Health

Resources

- Alum Rock Counseling Center

- Bay Area Children's Association (BACA)
- Bill Wilson Center
- Billy DeFrank LGBT Community Center
- CA Dept of Rehabilitation, San Jose District
- Caminar
- Casa de Clara
- Catholic Charities
- Chamberlain's Mental Health (Gilroy)
- Child Advocates of Silicon Valley
- Community Health Awareness Council (CHAC)
- Community Solutions
- Crestwood Behavioral Health
- Discovery Counseling Center (Morgan Hill)
- Eastern European Services Agency
- Eating Disorder Resource Center of Silicon Valley
- Ethnic Cultural Community Advisory Committees (ECCAC)
- Grace Community Center
- In-Home Supportive Services (IHSS)
- Jewish Family Services of Silicon Valley
- Josefa Chaboya de Narvaez Mental Health
- Law Foundation of Silicon Valley Mental Health Advocacy Project
- LGBT Youth Space Drop-In Center
- LifeMoves counseling
- Mekong Community Center
- Momentum for Mental Health
- Momentum-Alliance for Community Care
- NAMI (National Alliance on Mental Illness
- Mental Health Urgent Care
- Parents Helping Parents
- Rebekah's Children's Services (Gilroy)
- Recovery Café
- San Jose Behavioral Health Hospital
- Santa Clara Valley Medical Center Sunnyvale Behavioral Health Center
- Services for Brain Injury
- Silicon Valley Independent Living Center (SVILC)
- Sourcewise
- Uplift Family Services
- YMCA Silicon Valley Project Cornerstone

COGNITIVE DECLINE

Including dementia, Alzheimer's disease

Assets

- Alzheimer's Association 24/7 Helpline
- Sourcewise Community Resource Solutions
- El Camino Hospital's Chinese Health Initiative, Asian Dementia Initiative and Latino Family Connections in partnership with the Alzheimer's Association
- Family Caregiver Alliance
- Respite and Research for Alzheimer's Disease
- Stanford/Veteran's Administration Alzheimer's Research Center
- United Way 211

Resources

- Adult day care and respite programs
  - Avenidas Rose Kleiner Center
  - Alzheimer's Activity Center
  - Catholic Charities Senior Activity Centers (Daybreak)
- Alzheimer's Association of Northern California and Northern Nevada information
- Catholic Charities John XXIII Multi-Service Center Alzheimer's Program for Asian seniors and families

COMMUNICABLE DISEASES

Hepatitis, pertussis, and tuberculosis

Assets

- SCC Hepatitis B Free Initiative
- Vietnamese Reach for Health Coalition

Resources

- Santa Clara County Needle Exchange Program
- Santa Clara County Pediatric TB Clinic
- Santa Clara County TB/Refugee Health Clinics School-Based Services

DIABETES & OBESITY

See Economic Stability for free food resources.

Assets

- Bay Area Nutrition and Physical Activity Collaborative (BANPAC)
- California WALKS Program
- Community Alliance with Family Farmers (CAFF) Foundation:
- Green Belt Alliance

- Pacific Institute
- Santa Clara County Diabetes Prevention Initiative
- Santa Clara County Office of Education's Coordinated School Health Advisory Council
- Santa Clara County Office of Education's Coordinated School Health Advisory Council
- Sunnyvale Collaborative
- YMCA National Diabetes Prevention Program

Resources

- Asian Americans for Community Involvement Clinic
- Boys and Girls Clubs of Silicon Valley
- Breathe CA
- Challenge Diabetes Program
- Children's Discovery Museum:
- Choices for Children: 5 Keys for Child Care
- Community Service Agency Mountain View
- County of Santa Clara Parks and Recreation Department
- FIRST 5 Family Resource Centers
- Fit Kids Foundation
- Gardner Clinic
- Healthier Kids Foundation
- Kaiser Permanente Farmer's Markets (open to the community)
- Lucile Packard Children's Hospital Pediatric Weight Control Program
- Playworks
- Project Access
- San Francisco Planning & Urban Research (SPUR) Double Up Food Bucks
- Santa Clara County Public Health Department Breastfeeding Program
- Silicon Valley HealthCorps
- Second Harvest Food Bank
- Somos Mayfair
- Sunnyvale Community Services
- THINK Together
- Veggielution: Healthy Food Access and Engagement for Low-Income Families
- West Valley Community Services

ORAL/DENTAL HEALTH

Assets

- First Five – oral health education and referral services
- Santa Clara County Dental Society
- Women, Infants, and Children (WIC)

Resources

- Children's Dental Center
- Foothill Community Health Center
- Head Start
- Health Mobile
- Healthier Kids Foundation
- Onsite Dental Foundation
- Superior Court of CA Santa Clara County

Attachment 8. Community Assets and Resources, San Mateo County

Programs and resources available to meet identified community health needs are listed on the following pages.

CONTENTS

ACCESS TO HEALTH CARE RESOURCES

HEALTH CARE FACILITIES AND AGENCIES

In addition to assets and resources available to address specific health needs, the following health care facilities are available in the county. Many hospitals provide charity care and cover Medi-Cal shortfalls.

Hospitals and Health Systems	City/Region
Kaiser Foundation Hospital Redwood City	Redwood City
Kaiser Foundation Hospital South San Francisco	South San Francisco
Lucile Packard Children's Hospital Stanford	Palo Alto
Menlo Park Surgical Hospital	Menlo Park
Mills Health Center	San Mateo
Mills-Peninsula Medical Center	Burlingame
Peninsula Healthcare District	
San Mateo County Medical Center	San Mateo
Sequoia Healthcare District	
Sequoia Hospital	Redwood City
Seton Medical Center/Seton Coastside	Daly City/Moss Beach
Stanford Health Care	Palo Alto

Clinics*	City/Region
Arbor Free Clinic, Cardinal Free Clinics	Menlo Park
Belle Air School Health Clinic	San Bruno
Clinic by the Bay	San Francisco
Daly City Youth Health Center	Daly City
Lucile Packard Children's Hospital Stanford	Mobile Health Services
Planned Parenthood	Multiple locations. See:
https://www.plannedparenthood.org/health-center?	
Ravenswood Family Health Center EPA	
RotaCare Bay Area	Half Moon Bay and Daly City
Samaritan House Free Clinic	San Mateo and Redwood City
San Mateo Medical Center Clinics	Multiple locations; see
https://www.smchealth.org/smmc-guide-clinics	
Sequoia Teen Health Center/Sequoia High School	Redwood City
Student Health Clinic	Belle Air School (San Bruno Park School District)

*Does not include private health care services. Please utilize 2-1-1 for lists of those clinics.

OTHER GENERAL HEALTH CARE RESOURCES

- Health Benefits Resource Center
- Community Gatepath
- Community Health Education Programs
    - See Hospitals and Health Systems
- Daly City Partnership Social Services
- Daly City Peninsula Partnership Collaborative, Health Aging Response Team
- Edgewood Center for Children and Families
- Family Caregiver Alliance (FCA)
- Get Healthy San Mateo County
- Get Up & Go, Escorted senior transportation
- The Latino Commission
- Kaiser Permanente Education Theater Program
- Mental Health Association of San Mateo County
- Mid-Peninsula Boys & Girls Club
- Mission Hospice & Home Care
- Northeast Medical Services (NEMS)
- Ombudsman Services of San Mateo County
- Pacifica Collaborative
- Pathways & Home Health & Hospice
- Peninsula Library System
- Puente de la Costa Sur
- Redi-wheels program
- San Mateo County Paratransit Coordinating Council
- San Mateo County Access and Care for Everyone (ACE) health plan
- San Mateo County Access to Care for Everyone Program Supports
- San Mateo Medical Association Community Service Foundation
- SCAN Foundation
- STEPS dues subsidy program

RESOURCES BY IDENTIFIED HEALTH NEED (LIST A)

AGENCY OR ORGANIZATION	ARTHRITIS	ASTHMA	CANCER	MATERNAL & INFANT HEALTH	UNINTEN-TIONAL INJURIES	ORAL HEALTH	INFECTIOUS DISEASES
Northern California Arthritis Foundation	●						
American Lung Association		●					
Breathe California Smoking Cessation Classes		●					
American Cancer Society			●				
Bay Area Cancer Connections			●				
Breast Cancer Connections, Gabriella Pastor Program			●				

AGENCY OR ORGANIZATION	ARTHRITIS	ASTHMA	CANCER	MATERNAL & INFANT HEALTH	UNINTEN-TIONAL INJURIES	ORAL HEALTH	INFECTIOUS DISEASES
Colon Cancer Community Awareness campaign			●				
Joy Luck Club			●				
Relay For Life			●				
Samaritan House			●				
"Look Good, Feel Better"			●				
March of Dimes				●			
Mid-Coastal California Prenatal Outreach Program				●			
Preeclampsia Foundation				●			
San Mateo County Health Department				●			

AGENCY OR ORGANIZATION	ARTHRITIS	ASTHMA	CANCER	MATERNAL & INFANT HEALTH	UNINTEN-TIONAL INJURIES	ORAL HEALTH	INFECTIOUS DISEASES
Nurse-Family Partnership program							
San Mateo County Health Department Pre-to-3 Program				●			
Sequoia Hospital Lactation Center				●			
San Mateo County Fall Prevention Coalition					●		
Sonrisas Dental Health Half Moon Bay and San Mateo						●	
San Mateo County Oral Health Coalition						●	

AGENCY OR ORGANIZATION	ARTHRITIS	ASTHMA	CANCER	MATERNAL & INFANT HEALTH	UNINTEN-TIONAL INJURIES	ORAL HEALTH	INFECTIOUS DISEASES
Health Connected							●
SF HepB Free – Bay Area							●

RESOURCES THAT ADDRESS MULTIPLE HEALTH NEEDS (LIST B)

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
70 Strong	●				●	
12-step recovery programs	●				●	
Acknowledge Alliance	●					
African American Community Health Advisory Committee					●	●
ALICE: Filipino organization		●				
American Board for Child Diabetics					●	
Asian American Recovery Services	●	●				
Boys & Girls Clubs of North San Mateo County	●					
Caminar	●					
Catholic Charities	●					

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
Cleo Eulau Center	●					
Coastside Adult Day Health Center	●					
Coastside Hope			●	●		
Community Overcoming Relationship Abuse (CORA)	●	●				
Daly City Community Services Center			●	●		
Daly City Peninsula Partnership Collaborative	●					
Daly City Youth Health Center	●	●			●	
Edgewood Center for Children & Families	●	●	●			
El Centro de Libertad	●	●				
Elder Abuse Prevention Task Force		●				
Freedom House	●					

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
Friends for Youth	●					
Health Right 360 San Mateo	●					
HIP Housing				●		
Home & Hope				●		
Latino Commission	●					
LifeMoves	●	●	●	●		
Mental Health Association of San Mateo County	●					
National Alliance on Mental Illness/San Mateo County	●					
Niroga Institute	●					
North Fair Oaks Community Center			●	●		
North Peninsula Food Pantry & Dining Center of Daly City			●			

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
Pacific Stroke Association					●	●
Pacifica Resource Center			●	●		
Peace Development Fund		●				
Peninsula Conflict Resolution Center		●			●	
Peninsula Family Service	●					
Peninsula Kidpower, Teenpower, Fullpower		●				
Pre-to-3 Program					●	
Puente dela Costa Sur			●	●		
Pyramid Alternatives	●					
Rape Trauma Services	●	●				
Rebuilding Together Peninsula				●		
SafeKids Coalition of Santa Clara and San Mateo Counties		●			●	

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNESS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
Samaritan House	●		●	●	●	
Second Careers Employment Program			●			
Streets Alive! Parks Alive!					●	
Youth Mental Health First Aid Training	●					
San Mateo County Human Trafficking Initiative		●				
San Mateo Police Activities League					●	
Second Harvest Food Bank			●			
Sitike Counseling Center	●					
Strong for Life					●	
StarVista	●					
Via Heart Project						●
Women's Recovery Association	●					

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	EMPLOYMENT/ FOOD INSECURITY	HOUSING/ HOMELESSNE SS	HEALTHY LIFESTYLES	HEART DISEASE/ STROKE
YMCA	●		●	●	●	
Community/Senior Centers						
Adaptive Physical Education Center (Redwood City)					●	●
Fair Oaks Adult Activity Center (Redwood City)					●	●
Little House Activity Center (Menlo Park)					●	●
San Carlos Adult Community Center					●	●
Twin Pines Senior & Community Center (Belmont)					●	●
Veterans Memorial Senior Center (Redwood City)					●	●

Attachment 9. IRS Checklist, Stanford Health Care

Section §1.501(r)(3) of the Internal Revenue Service code describes the requirements of the CHNA.

Federal Requirements Checklist	Regulation Section Number	Report Reference
A. Activities Since Previous CHNA(s)		
Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Section 2
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(6)(F)	Section 7
B. Process & Methods		
Background Information		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Section 4
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Section 4
Defines the community it serves, which: • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May *not* exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.	(b)(i) (b)(3) (b)(6)(i)(A)	Section 3
Describes how the community was determined.	(b)(6)(i)(A)	Section 3
Describes demographics and other descriptors of the hospital service area.		Section 3
Health Needs Data Collection		
Describes **data and other information** used in the assessment:	(b)(6)(ii)	
a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Attachments 1 and 2
b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Section 5

Federal Requirements Checklist	Regulation Section Number	Report Reference
CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Section 5
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Section 5
a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Section 5, Attachments 3 and 4
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Section 5, Attachments 3 and 4
I. Medically underserved populations	(b)(5)(i)(B)	Section 5, Attachments 3 and 4
II. Low-income populations	(b)(5)(i)(B)	Section 5, Attachments 3 and 4
III. Minority populations	(b)(5)(i)(B)	Section 5, Attachments 3 and 4
c. Additional sources (optional) – (e.g. health care consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, health care providers and community health centers).	(b)(5)(ii)	Section 5, Attachments 3 and 4
Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Section 5, Attachments 3 and 4
Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Section 5, Attachments 3 and 4
Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Section 5

Federal Requirements Checklist	Regulation Section Number	Report Reference
C. CHNA Needs Description & Prioritization		
Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Sections 5 and 6
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Section 5
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Section 5
Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility.	(b)(4) (b)(6)(E)	Attachments 7 and 8
D. Finalizing the CHNA		
CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Section 2
CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	Section 8
Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a website" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	Date(s) on which a-f below were done:
a. May not be a copy marked "Draft."	(b)(7)(ii)	
b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	
c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

Further IRS requirements available:

- §1.501(r)-3(b)(iv) and (v): separate and joint CHNA reports
- §1.501(r)-3(d): requirements that apply to new hospital facilities, transferred or terminated hospital facilities, and newly acquired hospital facilities
- §1.501(r)-3(a)(2) and (c): implementation strategy requirements