2025
Community Health Needs Assessment

Stanford MEDICINE
Children's Health

Acknowledgments

The 2025 Community Health Needs Assessment report was prepared by the research firm Actionable Insights, LLC.

Jennifer van Stelle Brozzo, PhD, Co-founder and Principal

Melanie Espino, Co-founder and Principal

Emma Schifsky, Research & Evaluation Manager

Actionable Insights and Lucile Packard Children's Hospital Stanford would like to recognize the following individuals and organizations for their contributions to this report:

El Camino Health

Jon Cowan, Executive Director, Government Relations & Community Partnerships

Tim Daubert, Director of Community Partnerships

Stephanie Cash, PhD, MPH, Population Health Program Manager

Lucile Packard Children's Hospital Stanford

Joey Vaughan, Manager of Community Partnerships

Melissa Burke, MPH, Director of Community Relations

Dani Rey-Ardila, MPH, Community Partnerships Program Manager

Stanford Health Care

Colleen Haesloop Johnson, MPA-HSA, Sr. Director, Community Health & Partnerships

Sharan Johal Sidhu, MPH, Program Manager, Community Health & Partnerships

Sutter Health Mills-Peninsula Medical Center and Palo Alto Medical Foundation

Kelly Brenk, Senior Director of Government Affairs, External Affairs

Lisa Hom, Community Health Manager, External Affairs

Helping organizations discover and act on data-driven insights.

1346 The Alameda, Suite 7-507
San Jose, CA 95126
www.ActionableLLC.com
(408) 384-4955 | (408) 384-4956

Table of Contents

1. Executive Summary

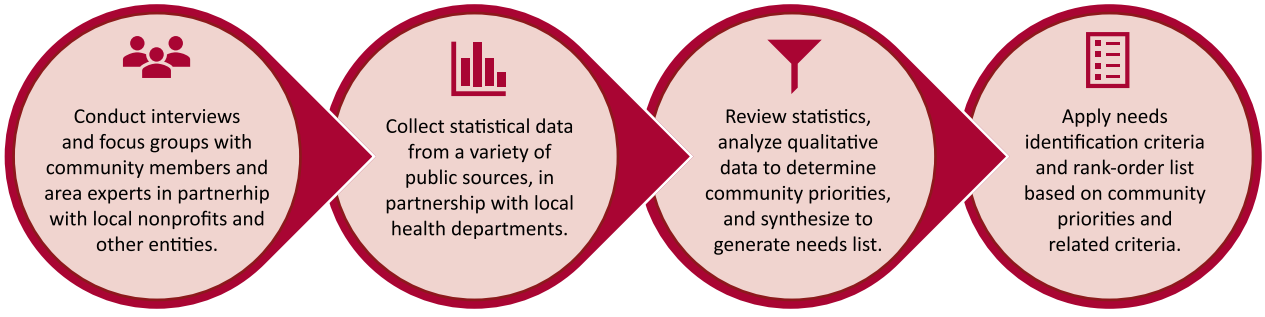
Community Health Needs Assessment Guiding Principles

These principles guided the approach and methodology of the CHNA, ensuring that it is comprehensive, inclusive, and effective in achieving its intended outcomes:

- Community-informed
- Inclusive and representative
- Disparity- and equity-focused
- Data-driven and evidence-based
- Collaborative and coordinated
- Accountable
- Compliant

CHNA Process and Methods

The core of the CHNA process comprises data collection, analysis, and synthesis, culminating in the development of a community health needs list.

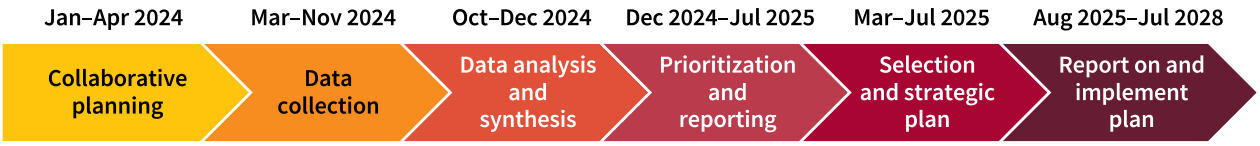


Lucile Packard Children's Hospital Stanford collaborated with:

- El Camino Health
- Stanford Health Care
- Sutter Health Mills-Peninsula Medical Center and Palo Alto Medical Foundation

...as well as partnering informally with other hospitals/health systems and consultants to those entities.

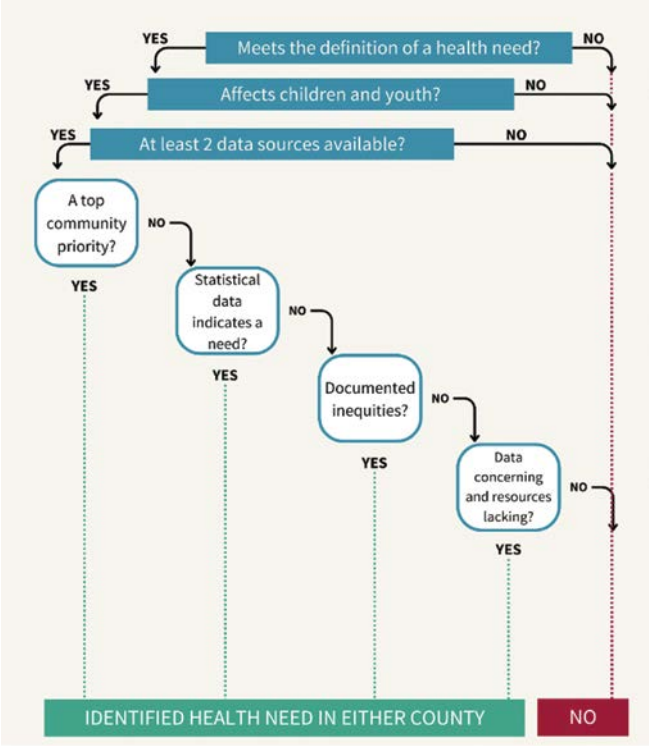
The full assessment and implementation process stretches across the arc of a three-year cycle.



Prioritized 2025 Community Health Needs

1. Economic Stability
2. Behavioral Health
3. Health Care Access & Delivery
4. Healthy Lifestyles
5. Oral/Dental Health
6. Community & Family Safety
7. Cancer
8. Education (tied with Cancer)
9. Sexual Health (tied with Cancer)
10. Communicable Diseases
11. Maternal & Infant Health (tied with Communicable Diseases)
12. Respiratory Health (tied with Communicable Diseases)
13. Unintended Injuries/Accidents (tied with Communicable Diseases)
14. Climate/Natural Environment

Health needs were identified using a set of collaboratively agreed-upon criteria.



Next Steps

- Make publicly available the board-approved 2025 CHNA report on Packard Children's Community Benefits webpage and solicit written comments until two subsequent reports are published.
- Develop an implementation plan based on the CHNA results, which will be filed with the IRS by Jan. 15, 2026.

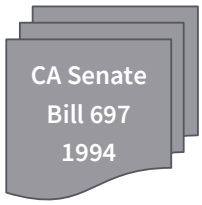
2. CHNA Regulatory Requirements, Purpose, and Guiding Principles

This CHNA, completed in fiscal year 2025 and described in this report, meets and exceeds all current State of California (SB 697) and federal (IRS) requirements.

Federal Requirements[1]

501(c)(3) hospitals must conduct a CHNA every three years and must document:

- Community served
- Partners involved
- Process and methods
- Identified and prioritized needs



State Requirements[2]

Private, nonprofit hospitals must conduct a CHNA every three years and annually describe in a report:

- How community was involved in identifying and prioritizing needs
- Activities hospital has taken to address identified needs

The purpose of Lucile Packard Children's Hospital Stanford's triennial Community Health Needs Assessment (CHNA) is to identify the critical health needs of the community and then to use the findings as the basis of its community partnership interventions and measures. For not-for-profit hospitals, the CHNA is regulated by federal and state requirements, with which Packard Children's is fully compliant. However, the commitment of Packard Children's to a comprehensive, responsive, and actionable CHNA goes well beyond the regulatory requirements through the following actions:

Adopt Guiding Principles

- Community-informed: Solicit, elevate, and incorporate community voice and lived experience to identify community priority health needs, including health-related social needs, and resources available to address them.
- Inclusive and representative: Seek to meaningfully include a broad range of community voices and lived experience, particularly those from historically marginalized or underrepresented groups.
- Disparity and equity-focused: Employ health equity and community partnership–focused best practices.
- Data-driven and evidence-based: Rely on robust data collection and analysis, including qualitative and quantitative data; employ equity-focused best practices.

1 U.S. Federal Register. (2014). Department of the Treasury, Internal Revenue Service, 26 CFR Parts 1, 53, and 602. Vol. 79, No. 250, Dec. 31, 2014. See Attachment 6 for IRS Regulations Compliance Checklist. The CHNA serves as the basis for implementation strategies that are required to be filed with the IRS as part of Stanford Health Care's Form 990, Schedule H, four and a half months into the next taxable year.

2 California Department of Health Care Access and Information (formerly OSHPD). (1998). *Not-for-Profit Hospital Community Benefit Legislation (Senate Bill 697), Report to the Legislature.*

- Collaborative and coordinated: Engage in sharing knowledge, resources, and expertise to foster collective impact across multisector community health improvement organizations, efforts, and initiatives.
- Accountable: Serve as a tool for guiding policy, advocacy, and programmatic efforts to address critical community needs and to improve the health and well-being of community members.
- Compliant: Meet all community benefit and community health needs assessment federal (IRS) and state (CA SB697) regulatory requirements of tax-exempt hospitals.

Align Across the Health System

- Align CHNA process and decision-making across Stanford Medicine

Partner and Engage deeply with community stakeholders and collaboratives, including:

- Public health departments
- Local health systems and safety-net care providers
- Social services providers, including county agencies
- Nonprofits, community-based organizations, and community health organizations
- Foundations and philanthropic organizations
- Organizations advancing health equity and addressing community health needs

Brief Summary of the 2022 CHNA Report

In 2022, Packard Children's participated in a collaborative process with San Mateo and Santa Clara counties' hospitals/health care systems to identify significant community health needs in order to meet the aforementioned IRS and SB 697 requirements. The resulting 2022 CHNA report is posted on the Packard Children's website.[3]

The health needs that were identified and prioritized through the 2022 CHNA process were:

1. Economic Stability
2. Housing and Homelessness
3. Health Care Access and Delivery
4. Behavioral Health
5. Diabetes and Obesity
6. Asthma
7. Maternal and Infant Health
8. Climate/Natural Environment
9. Cancer
10. Community Safety
11. Unintended Injuries/Accidents
12. Sexually Transmitted Infections

3 https://www.stanfordchildrens.org/en/about/community-benefit

Written Public Comments to 2022 CHNA and Implementation Strategy

Packard Children's welcomes community input and feedback on its Community Health Needs Assessment as well as its community health improvement and partnership activities. To offer the public a means to provide written input on the CHNA reports and most recently adopted implementation strategies, Packard Children's maintains a Contact Us form on our website.[4]

Public Feedback Received on the 2022 CHNA	Packard Children's Action
Collect and use disaggregated data	For many years, Packard Children's has collected disaggregated quantitative and qualitative data, when available. Disaggregated data helps to identify and elevate health disparities as well as prioritize equity-focused interventions. Packard Children's prioritizes data sources that provide disaggregated data, seeks out alternative data sources when disaggregated data is unavailable, and tracks data indicators and raises data gaps for which disaggregated data is unavailable.
Center marginalized communities by including community organizations and key stakeholders as co-designers to the engagement process and maintain community partner engagement throughout the process	Packard Children's elevates the voices of individuals with lived experience, members of marginalized communities, and key community leaders. Community priority is the first and most important criterion of Packard Children's in identifying community health needs.
Develop a language access policy that is standardized across all hospitals	Packard Children's adheres to all regulatory language access requirements. In the CHNA, Packard Children's, alongside Public Health and collaborating health systems, makes a special effort to engage and gather input from individuals with limited English proficiency.
Strengthen coordination between hospitals and public health departments	Packard Children's prioritizes collaboration in our community health improvement initiatives and community partnerships. Packard Children's plans and executes the CHNA by working alongside and seeking input from the Public Health Department; other health systems; public, private, and nonprofit community-based organizations; and residents. Within each assessment, Packard Children's builds in debrief of the previous lessons learned and advancement of coordination, collaboration, and best practices.

At the time the 2025 CHNA report was completed, Packard Children's had not received any other written comments about the 2022 CHNA report.[5] We will continue to accept submissions and ensure that all relevant feedback is reviewed and addressed by the appropriate hospital staff.

4 https://www.stanfordchildrens.org/en/about/government-community/benefits-reports

5 https://www.stanfordchildrens.org/en/about/government-community/benefits-reports

3. About Lucile Packard Children's Hospital Stanford

Lucile Packard Children's Hospital Stanford is a 361-bed pediatric and obstetric facility located on the Stanford University campus in Palo Alto, California. Packard Children's also operates 27 pediatric acute care licensed beds at El Camino Health. In addition, Packard Children's operates six intensive-care nursery licensed beds at Sequoia Hospital.

Community Health Initiatives

For more than 30 years, Packard Children's Hospital has been committed to improving the health of our community. Providing exceptional services, programs, and funding far beyond our hospital walls has been part of the vision and mission of Packard Children's since its founding. As part of that original commitment, we provide direct health care services to some of our community's most vulnerable members, and we partner with government and local community-based organizations to fund programs that improve the health of our community.

Packard Children's Hospital adopted four Community Health Initiatives for 2023–2025:

1. Supporting children, adolescents, and young adults in experiencing good social and emotional health (mental health) and being able to cope with life's stressors
2. Increasing the number of infants, children, adolescents, and young adults who experience economic stability and related improved health outcomes
3. Increasing the number of infants, children, adolescents, and young adults who have access to needed health care services
4. Improving the health of infants and new mothers, with a particular focus on reducing health disparities

In addition to providing financial and other support for these initiatives, Packard Children's invests in many other hospital- and community-based programs that promote the health of children, teens, and expectant mothers.

Community Served

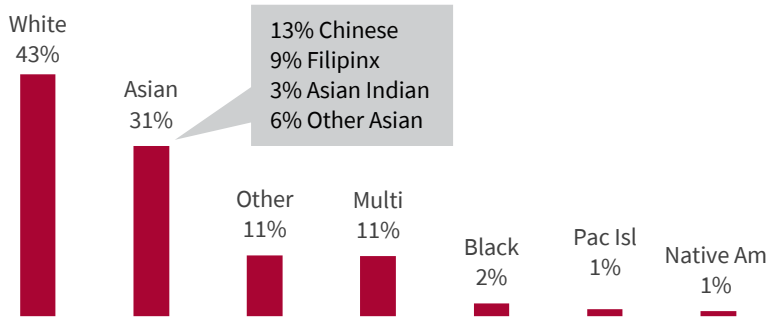
Because of our international reputation for providing outstanding care to babies, children, adolescents, and expectant mothers, Packard Children's serves patients and their families around the entire San Francisco Bay Area. Within our primary service area, which encompasses the 13-county Northern California region, Packard Children's ranks first for pediatrics, with 11.4% market share, and second for obstetrics, with 4.9% market share (2023 HCAI).

Our fiscal year 2024 discharge data show that slightly less than half (47.4%) of Packard Children's inpatient pediatric cases (excluding normal newborns) and 82.6% of obstetrics cases come from San Mateo and Santa Clara counties. So, for purposes of our community benefit initiatives, Packard Children's has identified these two counties as its target community. Our hospital ranks first in market share (22.0%) for pediatrics and second for obstetrics (10.4%) in our primary service area.

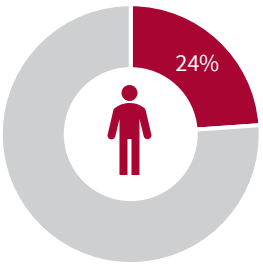
Hospital Primary Service Area

SAN MATEO COUNTY

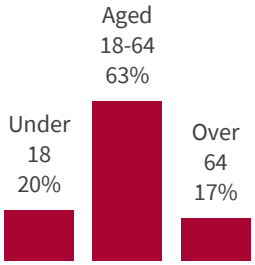
A majority of residents are nonwhite.



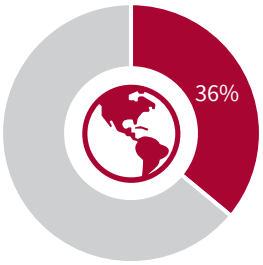
About one quarter are Latine.



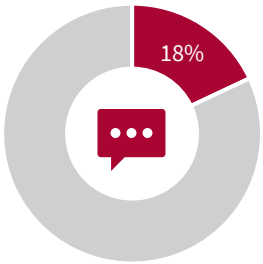
One in six residents are older adults.



More than one in three residents are foreign-born.



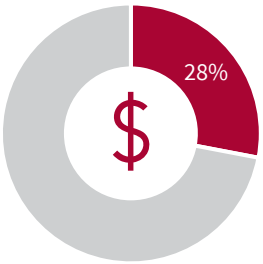
Close to one in five over age 5 speak limited English.



$141,316
4-person household
Real Cost Measure (RCM)

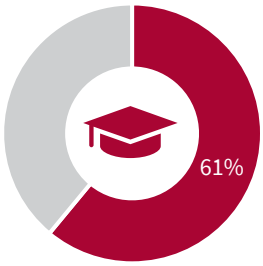
$1.5M
median home sale price

On average, more than one in four households live below the Real Cost Measure.



One in 10 residents live with a disability.

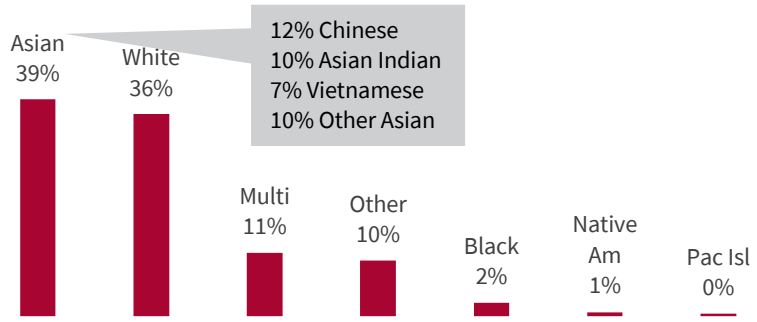
About three in five residents aged 25+ have earned at least a bachelor's degree.



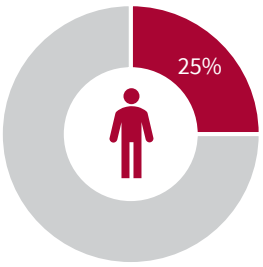
Sources: United Way: Real Cost Measure, 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: race and age, 2017–2022, other demographics, 2023.

SANTA CLARA COUNTY

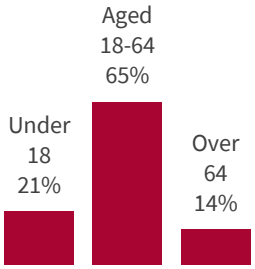
A majority of residents are nonwhite.



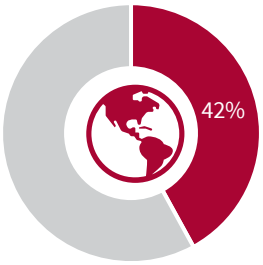
One quarter are Latine.



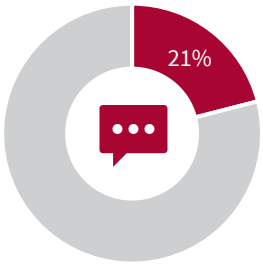
About one in five residents are children.



Over two in five residents are foreign-born.



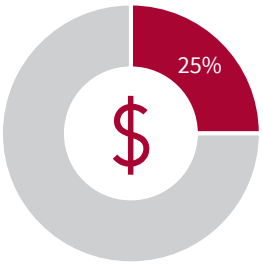
About one in five over age 5 speak limited English.



$128,176
4-person household Real Cost Measure (RCM)

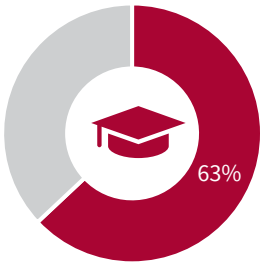
$1.7M
median home sale price

On average, one in four households live below the Real Cost Measure.



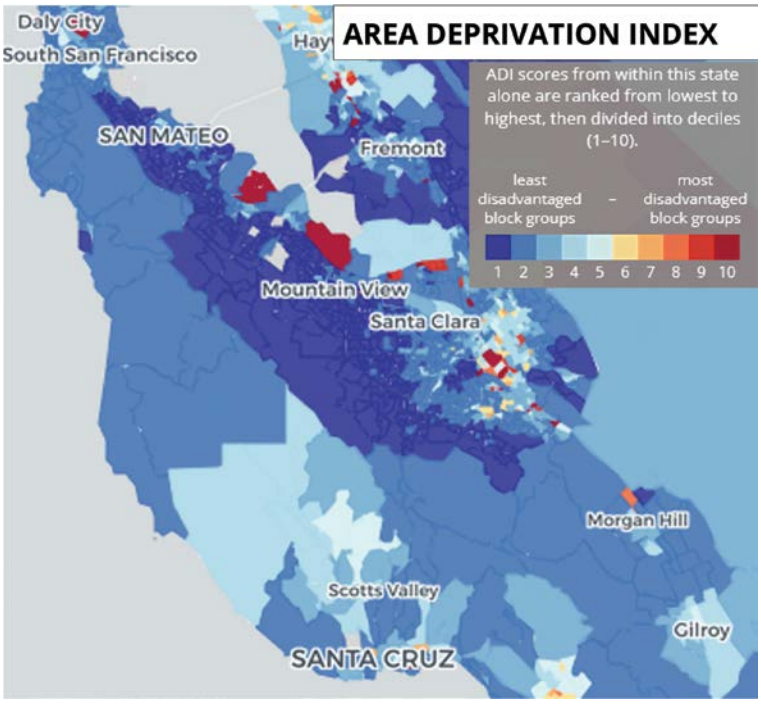
Almost one in 10 residents live with a disability.

Over three in five residents aged 25+ have earned at least a bachelor's degree.



Sources: United Way: Real Cost Measure, 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: race and age, 2017–2022, other demographics, 2023.

In this assessment of health needs in the community, there is a particular focus on disparities and inequities within the community rather than simply in comparison with California or the nation as a whole. The health needs descriptions in Section 6 of this report include discussions of racial, economic, and geographic disparities. As an introduction to these issues, we reflect on the Area Deprivation Index (ADI), a composite of measures by neighborhood composed of factors related to social determinants of health, including.[6]

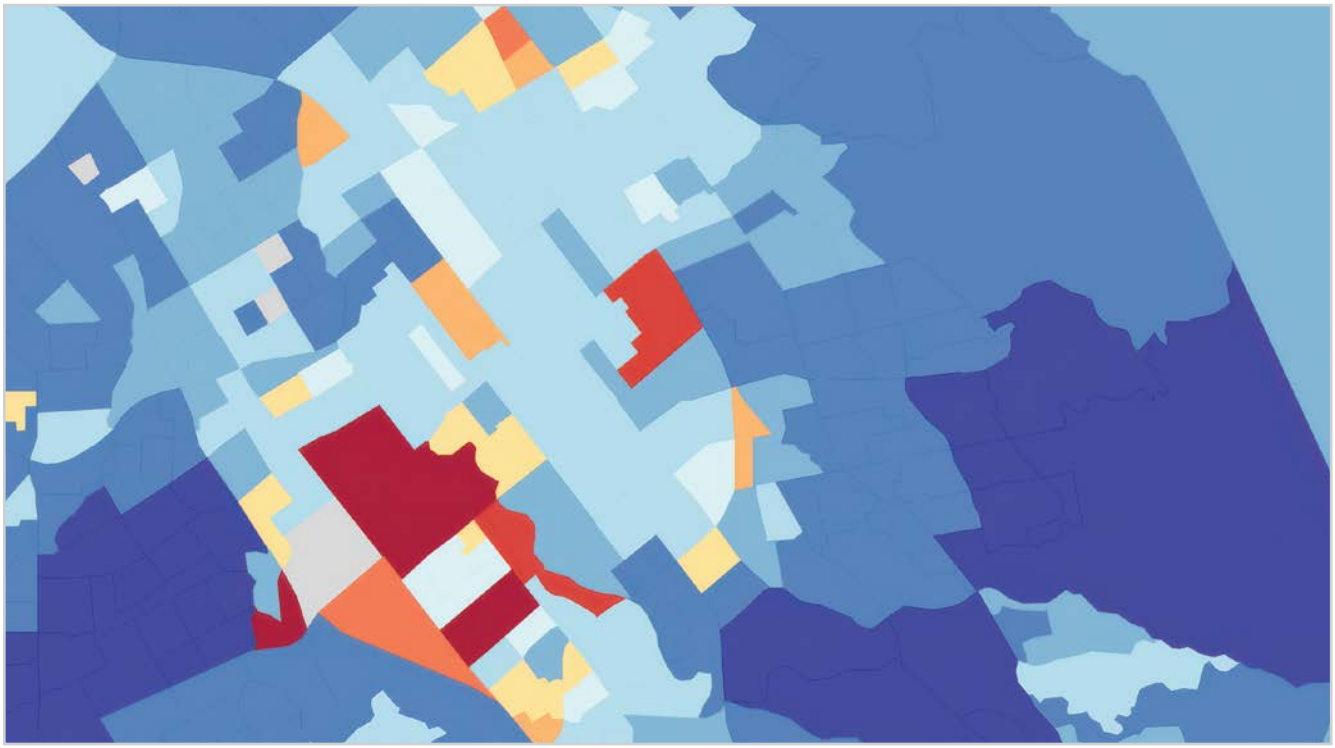


- Educational attainment
- Households without a motor vehicle
- Housing costs
- Housing units without complete plumbing
- Median family income
- Overcrowded housing
- Poverty rate
- Single-parent households
- Unemployment rate

The counties that make up the Packard Children's community do much better than California overall. The counties themselves have substantial resources *(see Attachment 5: Community Assets and Resources)*. However, there are real needs, as can be seen by the notable differences in subcounty ADI metrics (see map above). For example, educational achievement and median income are lower in areas that are colored yellow, orange, and red on the map, including neighborhoods east of Palo Alto and Mountain View, parts of central and east San Jose, and a portion of Morgan Hill. This is in comparison with swaths of the two counties that are the least disadvantaged, shown in dark blue on the map. Selected details are shown below.

6 The Area Deprivation Index ranks each Census block group in deciles from 1 to 10, compared with all other California Census block groups; higher deciles are considered worse. For more information, see originators:
Kind, AJH, and Buckingham, W. Making Neighborhood-Disadvantage Metrics Accessible: The Neighborhood Atlas. *New England Journal of Medicine*, 2018. 378: 2456–2458. DOI: 10.1056/NEJMp1802313. PMCID: PMC6051533. Also University of Wisconsin School of Medicine and Public Health. 2022 Area Deprivation Index v4. Downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/, November 2024.

Certain parts of San Jose experience greater disadvantage compared to other parts of the city.



The worse a neighborhood's Area Deprivation Index is, the worse its residents' health outcomes are likely to be. To address these inequities, Packard Children's is committed to supporting community health improvement through upstream (social determinants of health) and downstream (health condition) interventions.

4. Assessment Team

Hospitals and Other Partner Organizations

Lucile Packard Children's Hospital Stanford collaborated with the following health systems and organizations to prepare the 2025 CHNA:

- El Camino Health
- Stanford Health Care
- Sutter Health (Mills-Peninsula Medical Center and Palo Alto Medical Foundation)

The members of this group (collectively, "the collaborative") all contracted with the same consulting firm.

Identity and Qualifications of Consultants

Actionable Insights, LLC, an independent local research firm, conducted the CHNA on behalf of the collaborative. This consulting firm managed the assessment process, from planning and conducting primary and secondary research through facilitating the identification and prioritization of community health needs and ultimately writing this report. Actionable Insights also shared data collection protocols and secondary qualitative data with CHNA consultants serving other hospitals in the same service areas in order to extend the reach of the assessment while not increasing community burden.

In addition, Packard Children's has partnered with Actionable Insights to provide strategic planning support to ensure that its community benefit investments are addressing identified community health needs. This has become especially important in recent CHNA cycles, as the community focuses more on social determinants of health. The firm has also worked with Packard Children's grantees to improve the rigor of reporting for purposes of including information about the impact of those grants in this CHNA.

For the 2025 CHNA, Actionable Insights fielded a team led by Jen van Stelle Brozzo, PhD, and Melanie Espino, the firm's co-founders and principals, along with Emma Schifsky, the firm's research and evaluation manager. Actionable Insights specializes in community health needs assessments, conducting 12 CHNAs for hospitals in the greater Bay Area during the 2024–2025 cycle. The firm also specializes in research and evaluation, helping organizations discover and act on data-driven insights.

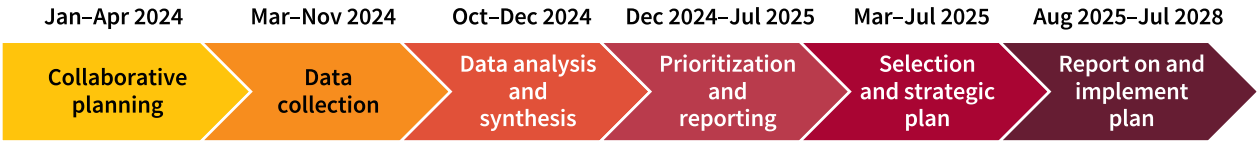
More information about Actionable Insights is available on the company's website.[7]

7 https://www.actionablellc.com

5. Process and Methods

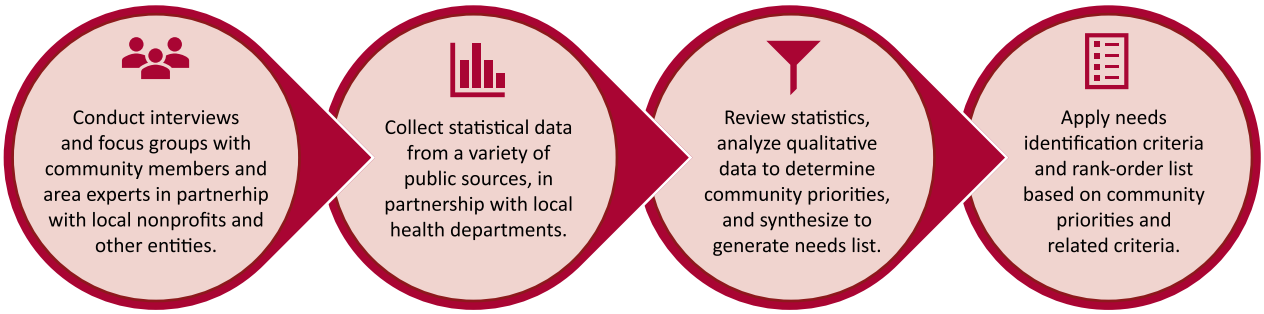
The hospitals and health systems listed in Section 4 formed a collaborative to address the primary and secondary data requirements of the CHNA. The members of this collaborative contracted Actionable Insights to collect community input through primary qualitative data—key informant interviews and focus groups—and secondary qualitative data, as well as collecting secondary statistical data. Together, Actionable Insights and the members of the collaborative ("the study team") conducted the assessment. The CHNA data collection process took place over seven months in 2024 and culminated in this report, written in late 2024 and early 2025. The phases of the CHNA process and the follow-on implementation strategy phase are depicted below and described in this section.

The full assessment and implementation process stretches across the arc of a three-year cycle.



While continuing efforts with the local CHNA collaborative, Packard Children's has also worked in concert with Stanford Health Care on the CHNA process, methods, and analysis as part of the larger Stanford Medicine enterprise.

The core of the CHNA process comprises data collection, analysis, and synthesis, culminating in the development of a community health needs list.



Primary and Secondary Qualitative Data Collection (Community Input)

- Primary research was conducted through 68 key informant interviews and 31 focus groups. Three strategies for collecting community input were used:
  - Key informant interviews with health experts and community service experts
  - Focus groups with professionals who represent and/or serve the community
  - Focus groups with community members
- Individuals representing vulnerable populations[8] were included (e.g., unhoused, low-income, "minority" groups such as Black, LGBTQ+, or individuals with disabilities, and medically underserved[9]).

8 "Vulnerable" populations, communities, and individuals were formerly referred to as "high-need" populations, communities, and individuals. This term has changed due to statewide regulatory changes under AB 1204. California Department of Health Care Access and Information (2022). *HCAI Factsheet—Hospital Community Benefits Plans: Vulnerable Populations.* Retrieved from https://hcai.ca.gov/wp-content/uploads/2022/03/Hospital-Community-Benefits-Plans-Program-Vulnerable-Populations-Fact-Sheet-February-2022-ADA.pdf

9 The IRS requires that community input include the "low-income, minority, and medically underserved populations." Retrieved from https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

- Input from over 170 community members, community leaders, health experts, and representatives of various organizations and sectors informed the 2025 CHNA. These representatives work either directly in the health field or in a community-based organization that focuses on improving health and quality-of-life conditions by serving those of vulnerable populations.
- In generating primary research protocols, prior CHNAs were consulted and built up-on by focusing the primary research on topics and subpopulations that are not well understood through the statistical data.[10]
- Transcripts of eight interviews conducted by Kaiser Foundation Hospitals (San Jose, Santa Clara, South San Francisco, and Redwood City) were included in the Packard Children's CHNA. While discussion questions were the same, participants were different from and enhanced community input collected by Packard Children's.
- Both primary and secondary interviews and focus groups were recorded and transcribed into English.

CHNA INTERVIEWS AND FOCUS GROUPS

- From March to November of 2024, 22 key informant interviews were held with 30 experts from various organizations in San Mateo and Santa Clara counties. Interviews were conducted virtually via Zoom for approximately one hour.
- Prior to each interview, participants were asked to complete a short online survey:
  - They were asked to identify the health needs they felt were the most pressing among the people they serve. Interviewees could choose up to five needs from the list presented to them, which had been identified in their counties in 2022, or could submit needs that were not on the 2022 list.
  - The survey also explained to interviewees how their data would be used and asked them to consent to participate and be recorded.[11]
  - Finally, participants were offered the option of being listed in the report and were asked, but not required, to provide some basic demographic information.
- The discussions centered around five questions for each health need that was prioritized by interviewees in the online pre-survey:
  1. How do you see this need playing out; what do you think creates these issues here?
  2. Which populations or geographic areas in the community are affected more than others?
  3. How has this community need changed in the past few years?
  4. What are the biggest challenges to addressing this need?
  5. What is needed in the community (including models/best practices/key resources) to better address this need?
- Across San Mateo and Santa Clara counties, 17 focus groups were conducted with a total of 41 professionals and 102 community members/leaders between May and September 2024.

10 For example, the experiences of the Black population in Bay Area counties are often obscured by statistics that represent an entire county's population rather than the Black population as a particular subgroup. The 2025 CHNA convened focus groups of Black community members in each county to better understand the health needs of the Black populations in each county.

11 Only individuals who consented to be recorded were interviewed.

- Focus group participants also provided responses to a pre-survey,[12] and discussions centered on the needs that had received the most votes from prospective participants in the pre-survey. The questions were identical to those asked of key informants, but language was modified appropriately for each audience.

List of Focus Groups Conducted for CHNA 2025

County	Topic/Population	Focus Group Host/Partner	Date	Number of Participants
San Mateo	Housing, unhoused community*	LifeMoves	6/13/24	9
San Mateo	Pregnant people*	San Mateo County Health: Nurse Family Partnership	7/25/24	5
San Mateo	Spanish speakers*	Latinos United for a New America	7/26/24	10
San Mateo	Social determinants of health	Actionable Insights	8/1/24	10
San Mateo	Pacific Islander community*	Samoan Solutions	8/14/24	9
San Mateo	Black community*	San Mateo County Health	9/24/24	4
Santa Clara	Social determinants of health	Actionable Insights	5/28/24	8
Santa Clara	Spanish speakers*	Casa Circulo Cultural	6/19/24	11
Santa Clara	Black community*	African American Community Services Agency	6/26/24	11
Santa Clara	Teen parents*	Shine Together	7/17/24	9
Santa Clara	Asian community*	Asian Americans for Community Involvement	7/24/24	8
Santa Clara	Housing, unhoused community*	Amigos de Guadalupe	7/27/24	5
Dual county	Youth, behavioral health	Actionable Insights	5/28/24	8
Dual county	Health equity	Actionable Insights	6/3/24	6
Dual county	Health care access, safety net	Actionable Insights	6/6/24	9
Dual county	Individuals with disabilities*	Actionable Insights	7/15/24	13
Dual county	LGBTQ+ community*	Actionable Insights	7/23/24	8

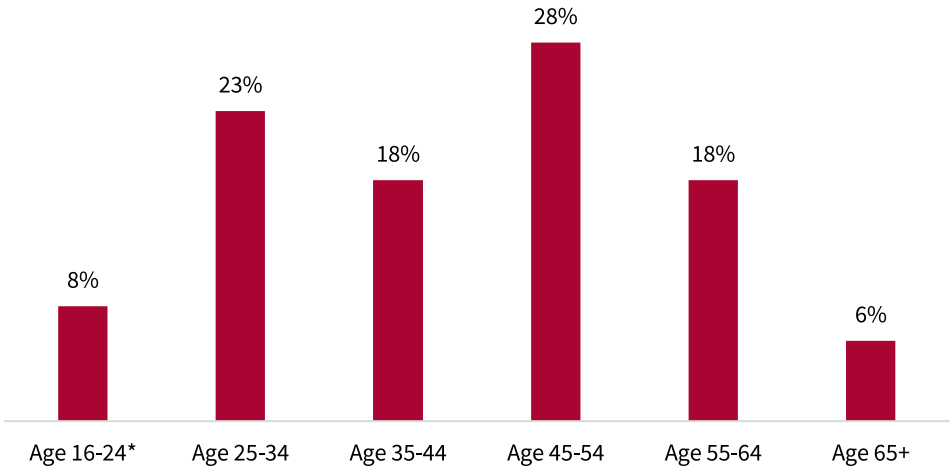
** Indicates resident/community member group.*

12 Only individuals who consented to be recorded were included in focus groups. To preserve their anonymity, community members are not listed in the report. Participants in community-member focus groups could take the pre-survey online or on paper. In some cases, participants in the focus groups that were conducted by the public health departments were not asked to provide any demographic information.

CHNA PARTICIPANT DEMOGRAPHICS

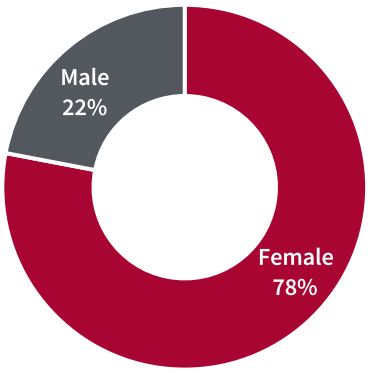
A total of 173 people participated in focus groups or interviews for the CHNA. About one-third (34%) participated in dual-county research (i.e., represented both San Mateo and Santa Clara counties). The remainder represented either San Mateo County only (32%) or Santa Clara County only (35%). The charts below show the age ranges, gender, and race/ethnicity of respondents (note that individuals could choose more than one race).

On average, CHNA participants were 44 years old. (N=119)

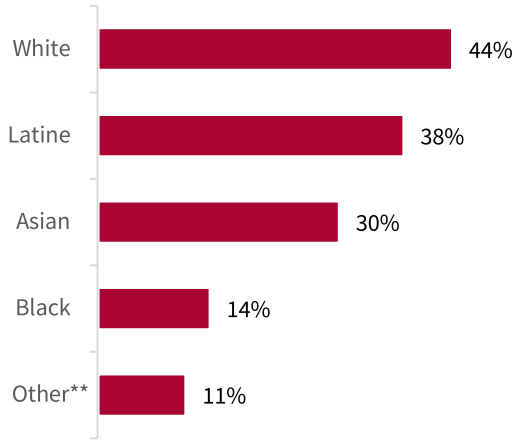


* Written consent of a parent/guardian was required for minors.

More than three-quarters of respondents identified as female. (N=117)



Close to two in five respondents were of Hispanic/Latine ethnicity. (N≅110)



** "Other" includes American Indian/AK Native & Native HI/Pacific Islander.

COMMUNITY ASSETS

Professionals who participated in key informant interviews and focus groups were asked to review the assets list from the prior cycle's CHNA report relating to their area of expertise and to provide updates. This feedback was consolidated by Actionable Insights, and the updated assets lists are provided in *Attachment 5: Community Assets and Resources*. These updated lists were consulted to assess the sufficiency of assets for each health need (see Data Synthesis section on page 21).

Secondary Statistical Data Collection

Data sources were selected to understand general county-level health, to look at specific vulnerable populations, and to fill previously identified information gaps. Data were also sought out regarding children, youth, and pregnant mothers, as they are the target populations of Packard Children's. For this reason, particular attention was paid to disaggregated data by age whenever available. Additional data on potential health disparities by geographic area and ethnicity were also analyzed.

SECONDARY STATISTICAL DATA SOURCES

The study team collected and analyzed more than 425 quantitative health indicators to assist with understanding health needs in San Mateo and Santa Clara counties and assessing priorities of the communities. County Health Rankings & Roadmaps, which is a public dataset supported by the Robert Wood Johnson Foundation and developed by the University of Wisconsin Population Health Institute, was the main statistical data source for the CHNA.[13] Supplementary data, including sub-county data when available, were collected from other online and public health sources, including:

- California Department of Public Health
- KidsData.com
- U.S. Census Bureau
- Counties' public health departments[14]

Local quantitative data were compared with state benchmarks (California averages and rates) to help determine the severity of a health issue and to identify disparities. The following questions were asked:

- How do these indicators perform against accepted benchmarks?
- What are the inequitable outcomes and conditions for community members?

INFORMATION GAPS AND LIMITATIONS

In this CHNA cycle, our study team had access to more statistical data than ever before. This was due in part to local public health departments' efforts to make their data more accessible to the public, as well as their partnership in working with us to obtain that information in a format that was easy to use. However, there were some limitations to the data that we received, which affected our ability to fully assess some health issues that were identified as community needs during the 2025 CHNA process:

1. Differing local measures. Overall, the study team was challenged with comparing local Emergency Department (ED) visit rates and hospitalization rates across the two counties and to readily available California benchmarks due to differing local measures. However, local public health departments are working on these issues for future assessments.

2. Childhood diabetes prevalence. Because childhood obesity has been a topic of concern in previous cycles, hospitals continue to seek data about childhood diabetes as well, but these data are not publicly available.

13 County Health Rankings & Roadmaps. (2024). Health Data. Retrieved from https://www.countyhealthrankings.org/health-data

14 Santa Clara County Public Health Department (SCCPHD) conducted analyses on behalf of Packard Children's and its partners, and provided these data to Actionable Insights via personal correspondence. San Mateo County Health (SMCH) hosts a public data portal with health data and provided Actionable Insights with a download from the platform (also inclusive of data by race/ethnicity and for Daly City where available) to facilitate the analysis.

Both datasets included mortality (through 2023 for Santa Clara County; SMCH provided limited mortality data through 2020 or 2021), births, and some morbidity data by race/ethnicity and for subcounty areas where possible. SCCPHD and SMCH also provided emergency department visit and hospitalization rates and some California data for comparison (benchmarking).

3. Oral health data. Santa Clara County lacked oral health data, including the number of dentists per capita who accept Denti-Cal, individuals with dental insurance, and prevalence of recent dental visits. These data were available in San Mateo County via the "Quality of Life" survey.

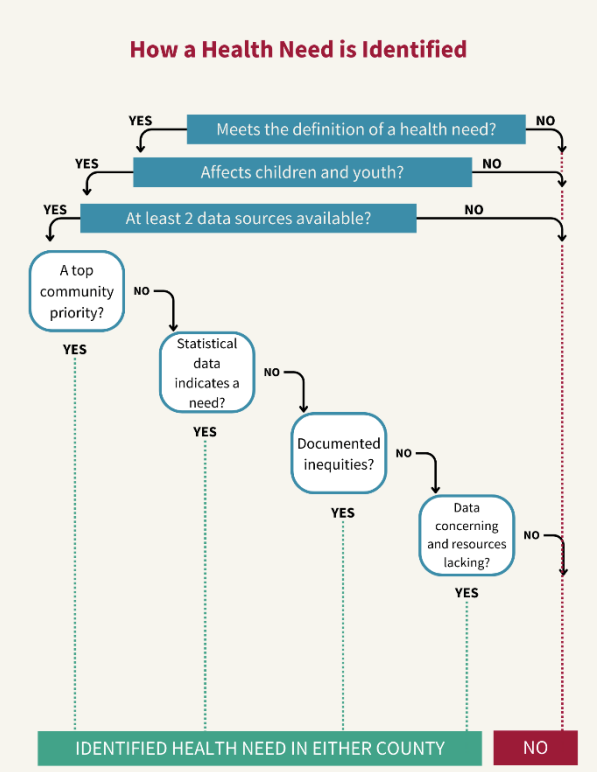
4. Emerging or difficult-to-measure topics. Lastly, some indicators are difficult to measure or are just emerging. For example, statistical information related to adult marijuana use is scarce. Additionally, health-related data are rarely broken out by income/socioeconomic status, limiting our ability to understand disparities by income level.

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 certain criteria (depicted in the diagram and detailed below):

1. Fits the definition of a "health need." (See "Definitions" box below.)
2. Must affect children and/or youth.
3. Must be prioritized by multiple focus groups or key informants, or:
   a. two or more indicators must fail the benchmark by 5% or more; or
   b. two or more indicators must exhibit documented inequities by race, income level, or geography; or
   c. one indicator must show worse or worsening data, and the need must have few available resources.

CRITERIA



DEFINITIONS

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.

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

Actionable Insights analyzed and synthesized the data for each issue and then applied those criteria to evaluate whether each issue qualified as a prioritized health need.

In 2025, this process led to the identification of 13 community health needs that fit all of the criteria. The list of needs, in priority order, appears below.

See the health needs descriptions in *Section 6: Prioritized 2025 Community Health Needs* for further details about each of these health needs and *Attachment 2: Secondary Data Tables* for detailed statistical data.

Prioritization of Health Needs

Per IRS requirements, Packard Children's used the priorities expressed by the community to rank the health needs list generated from the Community Health Needs Assessment. Needs are rank-ordered by the extent to which they were prioritized as one of the top five needs by all focus groups and key informants combined. The following 12 health needs are presented in priority order (with 1 being the highest priority). The table below shows the change from the prior cycle's list of health needs (2022). *(See Section 6: Prioritized 2025 Community Health Needs for a summarized description of each.)*

Health Need	2022 Rank	2025 Rank	Relative Change
Economic Stability	1	**1**	⇔
Housing *(included in Economic Stability in 2025)*	2	*Included in Economic Stability*	
Behavioral Health	4	**2**	⇧
Health Care Access & Delivery *(included Oral Health in 2022)*	3	**3**	⇩
Healthy Lifestyles *(Diabetes and Obesity in 2022)*	5	**4**	⇔
Oral/Dental Health	*Included in Access*	**5**	
Community & Family Safety	10	**6**	⇧
Cancer	9	**7**	⇧
Education (tied with Cancer)	*Included in Economic Stability*	**7**	
Sexual Health (tied with Cancer)	12	**7**	⇧
Communicable Diseases	*Not enough benchmarked data*	**10**	
Maternal & Infant Health (tied with Communicable Diseases)	7	**10**	⇩
Respiratory Health *(Asthma in 2022)* (tied with Communicable Diseases)	6	**10**	⇩
Unintended Injuries/Accidents (tied with Communicable Diseases)	11	**10**	⇔
Climate/Natural Environment	8	*Not enough benchmarked data*	

6. Prioritized 2025 Community Health Needs

The processes and methods described in *Section 5: Process and Methods* resulted in the prioritization of 13 community health needs *(see list on page 21)*. Each need description below summarizes the data, statistics, and community input collected during the Community Health Needs Assessment.

As stated in the introduction to this report, the definition of "community health" in this assessment goes beyond traditional measures of the physical health of community members to include broader social determinants of health, such as access to health care, affordable housing, education, and employment. This more inclusive definition reflects the understanding that many factors impact community health.

The assessment found that social determinants of health underlie many of the health needs in addition to being identified as needs in and of themselves. CHNA participants frequently mentioned economic challenges, including low-wage jobs, food insecurity, and housing instability, as underlying factors contributing to poor health outcomes. Many participants highlighted the difficulty in accessing health care services, particularly for marginalized communities, due to economic barriers, lack of local facilities, and cultural or language differences.

Participants in both counties, when describing those who were most greatly affected by the needs, frequently named low-income individuals and families, youth, new parents, older adults, BIPOC (Black, Indigenous, and people of color, in particular Latine and Pacific Islander) communities, immigrants (including the undocumented), people not proficient in English (especially those who also did not speak Spanish), LGBTQ+ communities, children and others with disabilities, and individuals experiencing homelessness.

Economic Stability

What is the issue?

Economic stability has been defined as the ability of people to cover their basic needs sustainably, in a manner that allows them dignity and self-respect.[15] Higher income and social status, often achieved through attainment of higher education, have each been linked to greater health. Research shows that access to economic stability programs such as SNAP (formerly called food stamps) results in better long-term health outcomes.[16] The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the well-being, educational achievement, and economic success of those who live inside it.[17] Poor health can lead to homelessness, and vice versa. People experiencing homelessness suffer from preventable illnesses at a greater rate, require longer hospital stays, and have a greater risk of premature death than their peers with housing security.[18]

15 International Committee of the Red Cross. (2020). *Economic Security Strategy 2020–2023.*

16 Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits.*

17 Pew Trusts/Partnership for America's Economic Success. (2008). *The Hidden Costs of the Housing Crisis.*

18 O'Connell, J.J. (2005). *Premature Mortality in Homeless Populations: A Review of the Literature.* Nashville, TN: National Health Care for the Homeless Council.

Key data:

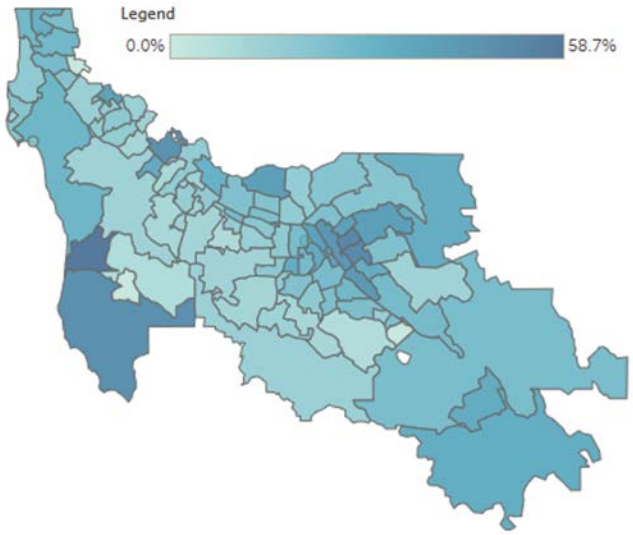
- Economic stability, including income, education, housing and food security, was the highest-priority health need in interviews and focus group discussions.
- Economic statistics vary by race/ethnicity; for example, in Santa Clara County, median household income among Asian households is nearly double that of Latine households.
- A higher proportion of homeless public school students are unsheltered in Santa Clara County compared with California overall, and both counties have higher proportions of homeless public school students in temporary shelter compared with their peers statewide.
- A smaller percentage of eligible people are receiving CalFresh benefits in San Mateo County than in Santa Clara County, and both counties compare unfavorably with the state.

How was economic stability identified as a need?

Economic stability, including housing and food security, was the highest-priority health need in interviews and focus group discussions. CHNA participants said that the high cost of living and insufficient wages are significant issues, making it difficult for individuals to afford basic necessities like housing and food. In addition, participants felt that there are financial barriers to education and job training for those living here, effectively deterring community members' long-term economic prospects. CHNA participants indicated that immigrants face additional challenges due to documentation issues, limiting their employment opportunities.

Household income inequality reached an all-time high in 2022. In both counties, statistics show that Latine and multiracial families with children are disproportionately more likely to be in poverty than their white peers. This is also true of Black families with children in Santa Clara County.[19] Geographically speaking, notably higher proportions of low-income individuals are located in San Jose's urban center and East Side as well as San Mateo County's Coastside.[20]

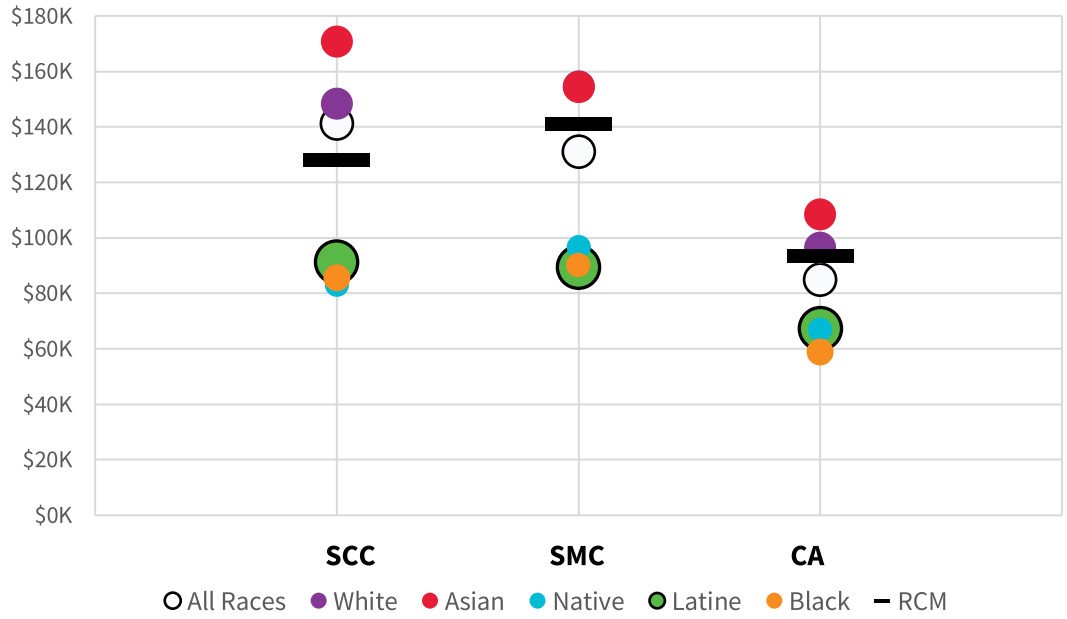
East San Jose and the Coastside have the highest proportions of people earning less than 300% of the Federal Poverty Level.



19 Comparable data for Black families with children are not available for San Mateo County.

20 California Food Banks Research based on U.S. Census ACS five-year estimates, 2018–2022. Map and data retrieved from https://public.tableau.com/app/profile/cafb.research/viz/EconomicIndicators_17268626910250/Home

There are substantial disparities in median income by race/ethnicity within both counties.



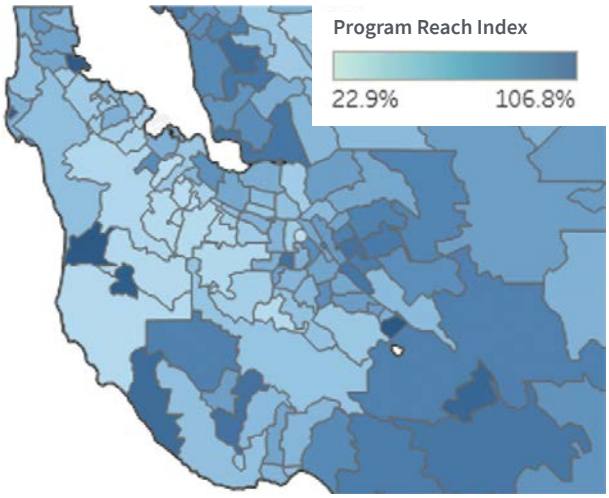
Notes: Dot size varies to show overlap. RCM is the Real Cost Measure calculated for a family of four: two adults, one preschool-aged child, and one school-aged child. Sources: U.S. Census Bureau Small Area Income and Poverty Estimates, 2021 (retrieved from County Health Rankings, June 2024); United Ways of California Real Cost Measure Interactive Data Dashboard, 2023.

Food deserts were also mentioned by CHNA participants, especially when discussing remote areas of the counties (e.g., San Mateo County Coastside). Statistical data show that the need for food assistance is rising in San Mateo County. The proportion of eligible individuals who are receiving CalFresh benefits (supplemental nutrition assistance) is much lower in San Mateo County (52%) and somewhat lower in Santa Clara County (71%) than the state (77%).[21] CHNA participants said that those who rely on food donations are often faced with unhealthy food options, contributing to poor health outcomes.

"Economic security here is bad. The reason is that the salary is very low. Every time you go to Cárdenas, to any grocery store, the groceries are through the roof. You have to decide whether you eat or pay the rent."

—Spanish-speaking community member, Santa Clara County

A smaller percentage of eligible people are receiving CalFresh benefits in San Mateo County than in Santa Clara County.



21 California Department of Social Services. (2021). Program Reach Index, CalFresh Data Dashboard. Map and data retrieved from https://public.tableau.com/app/profile/california.department.of.social.services/viz/CFdashboard-PUBLIC/PRI

Housing quality has been shown to directly affect residents' health. For example, contact with lead from peeling paint in older homes can be very harmful to children's development. Larger proportions of children and youth/young adults ages 0–5 and 6–20 tested in Santa Clara County have very high blood lead levels (at least 9.5 mcg/dL), compared with children statewide, while San Mateo County has lower proportions than the state for children ages 0–5 and has succeeded in eradicating this issue entirely for 6- to 20-year-olds.

CHNA participants said rising rent costs and lack of affordable housing options are major issues, leading to overcrowded living conditions or homelessness. Overcrowded housing is notably more common in the Daly City area compared with San Mateo County overall or California. Data on overcrowded housing was not provided for Santa Clara County. In both counties, at least seven out of every 10 very low-income households are housing-cost burdened, and data show that BIPOC populations are disproportionately represented among those who are rent-burdened.

"We are seeing multigenerational families living in one home. They might not have access to a kitchen. We are seeing a lot of families living in a garage with a microwave."

"People are cutting costs on their medication, not going to the doctor's, nothing … and then also living in situations which [are] uninhabitable or not recommended, where there are three families, five families, people are huddled together, couch surfing and sleeping in their cars."

—Spanish-speaking community member, Santa Clara County

13%

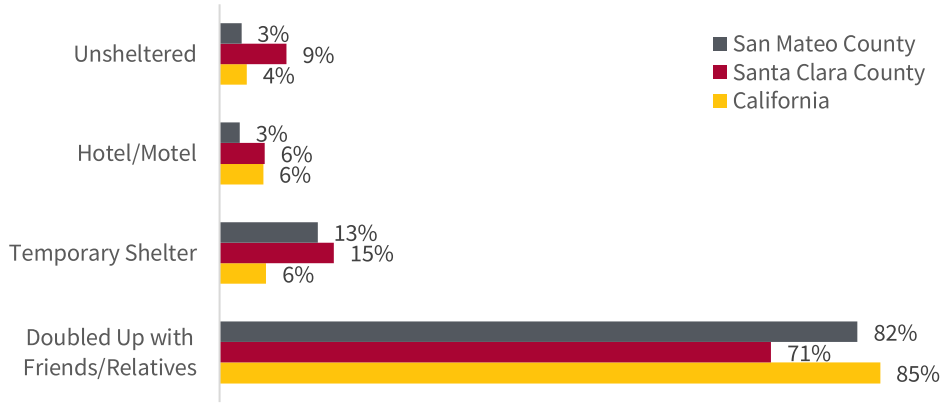
Proportion of overcrowded housing in Daly City sub-county area, more than 50% worse than the statewide figure (8%)

Economic precariousness can force people to choose between paying rent and accessing health care; it can also lead to homelessness and the many barriers to health that unhoused individuals face. Among public school students experiencing homelessness in both counties, a much higher proportion in San Mateo County and Santa Clara County are in a temporary shelter compared with their peers statewide. Also, more than twice the proportion of students experiencing homelessness in Santa Clara County are unsheltered compared with their San Mateo County counterparts or the state overall.

2X

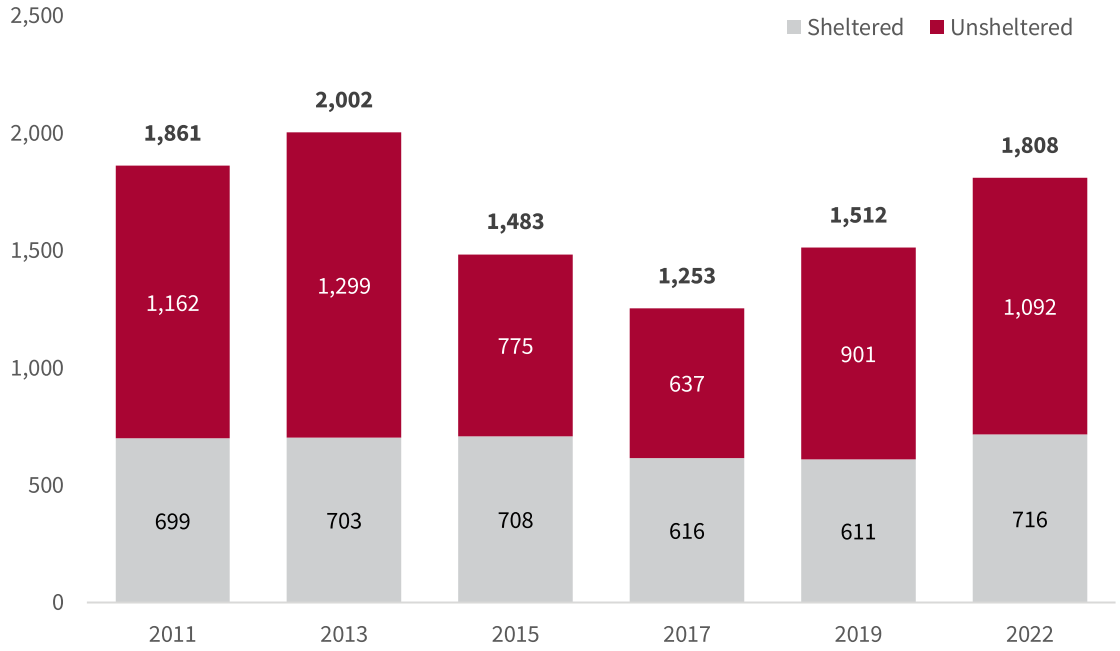
Proportion of unhoused public school students who are ***unsheltered*** in Santa Clara County compared with California

Both counties have higher proportions of homeless public school students in temporary shelter compared with their peers statewide.



Source: California Dept. of Education, Coordinated School Health and Safety Office custom tabulation 2021 (February 2023).

Homelessness has risen in San Mateo County since 2017.



Source: 2022 San Mateo County One Day Homeless Count and Survey.

Behavioral Health

What is the issue?

Behavioral health refers to both mental health and substance use. Mental health—defined as social, emotional, and psychological well-being—plays a key role in a person's overall wellness, ability to have healthy and maintain healthy relationships, and function in society.[22] The use of substances such as alcohol, marijuana, and other legal or illegal drugs affects not only the individuals who use them, but also their families and communities.

Key data:

- Behavioral health was one of the highest-priority health needs in interviews and focus group discussions.
- There are more students per school psychologist in Santa Clara County (1,119 students per school psychologist) than there are statewide (1,041 students per school psychologist).
- In both counties, mental diseases and disorders represent the highest proportions of youth hospital discharges.
- In both counties, there are notable differences in the proportions of alcohol and drug use among students by parental education level, a generally accepted proxy for income. Over all, students whose parents have less formal education report higher proportions of alcohol and drug use than students whose parents have more formal education.

How was behavioral health identified as a need?

Behavioral health includes mental health and trauma, as well as poor coping mechanisms such as substance use and domestic violence. Behavioral health was one of the highest-priority health needs in interviews and focus group discussions.

Increased feelings of loneliness and disconnection, exacerbated by the COVID-19 pandemic, were frequently mentioned by CHNA participants as issues for both youth and adults. Participants noted that virtual education and lack of face-to-face interaction have negatively impacted youth mental health.

"One of the things that is missing right now specifically for youth mental health is we don't know whether we will see youth recover socially in our generation. The adults really did a number on stunting their ability to connect with each other."

—Youth mental health provider

Mental health care access is somewhat worse overall in Santa Clara County than in San Mateo County, and especially poor for youth. For example, there are more students per school psychologist in the county compared with the San Mateo County ratio or that of the state. Santa Clara County also has Mental Health Professional Shortage Areas (HPSAs) in Gilroy and Milpitas, whereas there are no mental health HPSAs in San Mateo County.

22 Substance Abuse and Mental Health Services Administration. (2023). *What Is Mental Health?*

CHNA participants said that there is a shortage of qualified therapists and treatment beds for youth. They also felt that many youth lack the confidence or knowledge to navigate the mental health system. Participants indicated that there is a need for more culturally sensitive approaches in mental health and addiction treatment.

Participants expressed the need for upstream interventions to prevent addiction and mental health issues before they start. Some participants highlighted the impact of ACEs (Adverse Childhood Experiences) on later mental health issues and substance use disorders, and urged that there be better screening and resources to address ACEs early on.

Students per School Psychologist

994:1
San Mateo County

1,119:1
Santa Clara County

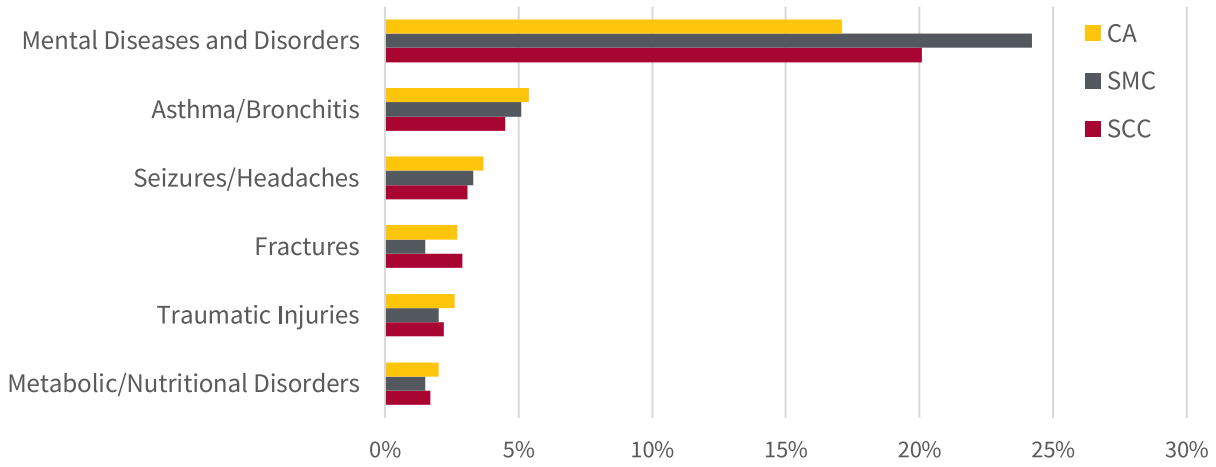
1,041:1
California

"The time-sensitive nature of mental health needs, with youth especially, I don't think that's emphasized enough with hospitals." *—Youth mental health provider*

According to San Mateo County's Public Health Department, mental diseases and disorders represented the highest proportions of youth hospital discharges (19.9 per 100,000), more than double the next-highest primary diagnosis and 40% higher than California's rate (11.9). Specifically, a greater percentage of San Mateo County 11th graders "seriously considered" suicide (18%), compared with their peers statewide (16%). No data on suicidal ideation were available for Santa Clara County youth.

"The introduction of smartphones, in addition to social media, is the greatest neurological rewiring of human brains that's ever occurred. … I don't think we've been able to establish causation, but there's something going on neurologically in the generation of kids who are now presenting with these mental health issues that occurred earlier, that we need to understand better." *—Youth mental health provider*

Mental diseases and disorders represent the highest proportions of youth hospital discharges in both counties and are higher than the state's proportion.

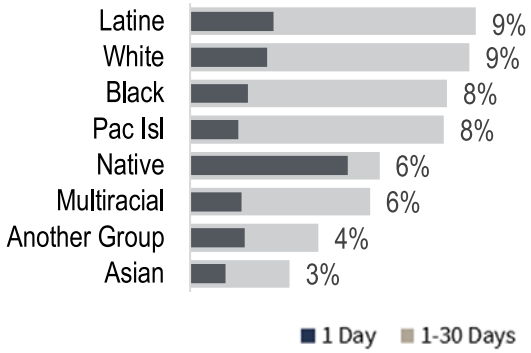


Source: California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org, 2020.

Although the opioid overdose mortality rates in each county are not worse than California's rate, the opioid hospitalization rate in Santa Clara County is notably higher than the state's. CHNA participants noted an increase in substance use among youth, particularly with potent substances like fentanyl and methamphetamines. They said cannabis and alcohol use are also prevalent among youth. Recent alcohol use by youth (measured as use within the past month) is higher in San Mateo County than in the state or Santa Clara County.

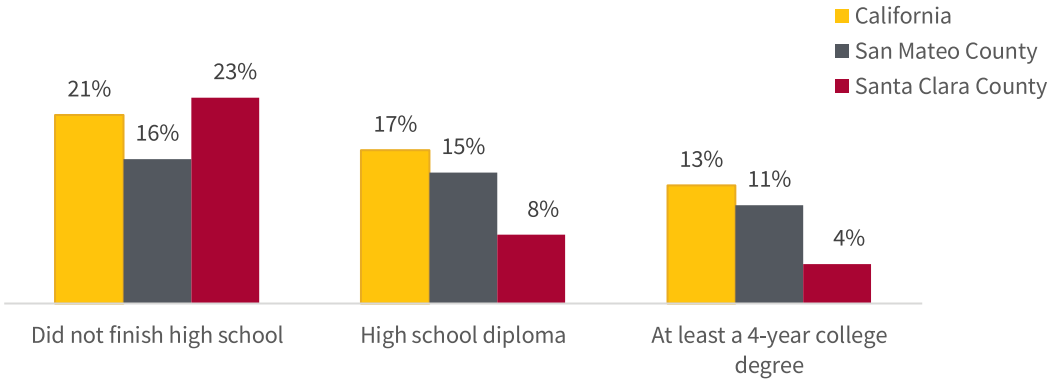
Data indicate notable differences in the proportions of alcohol and drug use among students by parental education level, a generally accepted proxy for income.[23] Differences are more striking in Santa Clara County, where—among students who reported using any drugs or alcohol in the past month—the proportion whose parent had not finished high school was more than five times the proportion whose parent had at least a four-year college degree.

In San Mateo County, Latine and white students were the most likely to have used marijuana in the past month versus their peers of other groups.



Source: WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. CA Dept. of Education (Aug. 2020).

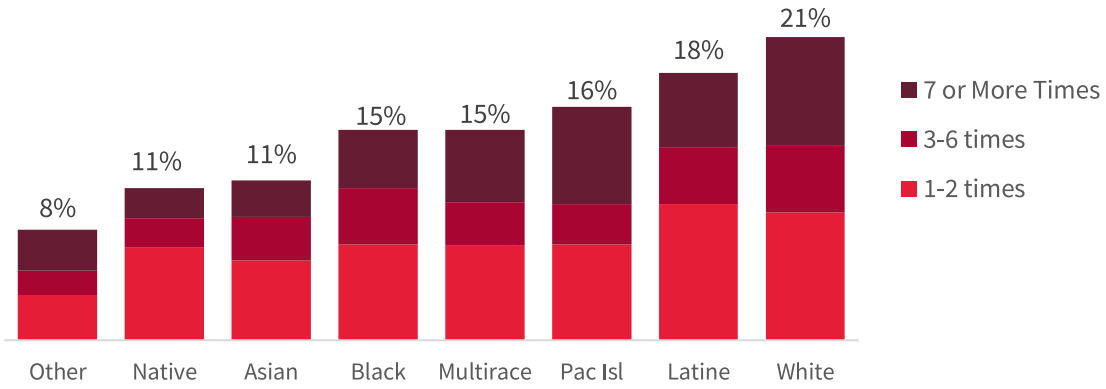
Youth whose most-educated parent had lower levels of educational attainment were more likely to report using any drugs or alcohol in the prior month than youth whose parent had at least a four-year college degree.



Source: WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education (Aug. 2020).

23 Bartley, M. (2004). *Health Inequality. An Introduction to Theories, Concepts and Methods.* Cambridge, UK: Polity Press.

In San Mateo County, white students were more likely to have tried alcohol in their lifetimes compared with students of other races/ethnicities.



Source: WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education (Aug. 2020).

CHNA participants linked a variety of stressors to poor mental/behavioral health, including unemployment, racism, loneliness, and climate change. For example, they said that economic challenges contribute to mental health issues, with many youth feeling uncertain and anxious about their future. Participants indicated that this financial hardship is linked to increased stress and substance use. As another example, in Telling Our Story: The African American Community Assessment Report, published in 2023 by the Bay Area Community Health Advisory Council in partnership with San Mateo County Health, Black youth related that high levels of stress related to racism, community unrest, and lack of connection contributed to their substance use. Other groups that experience discrimination are also at risk. For example, one Santa Clara County expert stated that the LGBTQ community faces higher rates of substance use (particularly cannabis and alcohol) due to ongoing stigma and prejudice against their population.

"There is this despondency among youth around feeling like they have [no] control of their futures. … Our youth are presenting some serious mental health concerns to us over the climate crisis." *—Health equity focus group participant*

Health Care Access and Delivery

What is the issue?

Access to affordable, comprehensive, quality health care is important for improving health and increasing quality of life.[24] For most people, access to care means having insurance coverage, being able to find an available primary or specialty care provider nearby, and receiving timely delivery of care. Delivery of care involves the quality, transparency, and cultural competence/humility with which services are rendered. Limited access to care and compromised delivery affect people's ability to reach their full potential, diminishing their quality of life.

Key data:

- Health care access and delivery was prioritized in more than half of all interviews and focus groups.
- In both counties, the rates of preventable hospitalizations are highest for the Black population, followed by the Latine population.
- The ratio of community members to non-physician primary care providers is worse in San Mateo County (1,620 residents per provider) compared with California overall (1,160 per provider).
- There are far more students per school nurse in both counties than there are statewide.

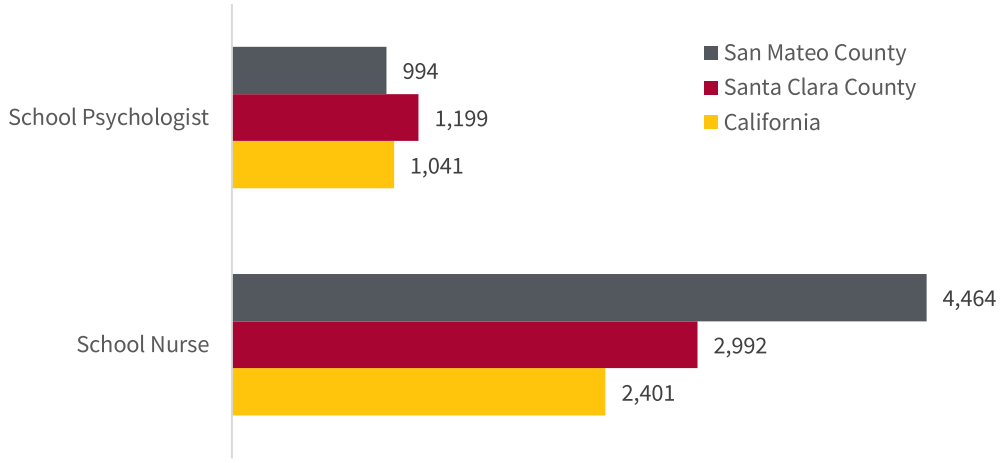
How was health care access and delivery identified as a need?

Health care access and delivery, which affects various other community health needs, was one of the highest-priority health needs in interviews and focus group discussions. High health care costs, inadequate insurance coverage, and financial instability were frequently mentioned by CHNA participants as major obstacles preventing individuals from accessing necessary medical services. It was noted that support for transitional-age youth, especially those in college, is necessary to ensure that they maintain health coverage and access to health care services.

CHNA participants also felt there was a shortage of health care providers, especially in primary care and specialized fields, leads to long wait times and difficulty in obtaining timely care. Statistics show that access among public school students to school nurses is worse in both San Mateo County and Santa Clara County, compared with the state. As mentioned in the Behavioral Health need description, mental health care access is also somewhat worse overall in Santa Clara County than in San Mateo County and is especially poor for youth. For example, there are far more students per school psychologist in the county, compared with the state ratio or that of San Mateo County.

24 County Health Rankings & Roadmaps. (2024). Access to Care.

There are far more students for each school nurse to care for at public schools in both counties compared with the ratio at public schools statewide.



Source: California Dept. of Education, Coordinated School Health and Safety Office custom tabulation 2021 (Feb. 2023).

While ratios of community members to primary care providers are better in both counties than the ratio among Californians overall, ratios of community members to other primary care professionals (e.g., physician assistants) are worse in San Mateo County (1,620:1) compared with the state (1,160:1).

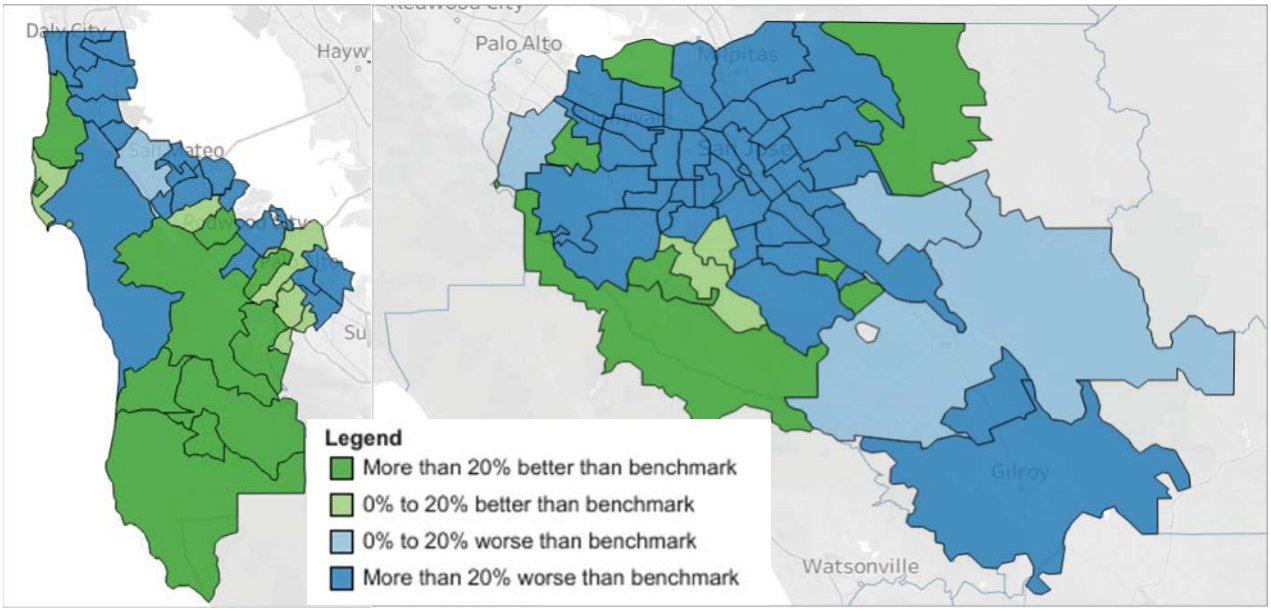
CHNA participants noted that rural and underserved urban areas face significant challenges in accessing health care facilities, often requiring long travel distances to reach medical services. They highlighted the lack of reliable transportation options as a significant barrier, particularly for those living far from health care facilities or those with special health needs. Some participants in coastal San Mateo County and East San Jose raised concerns about the potential closure of essential health care facilities in certain areas, which would exacerbate existing access issues.

CHNA participants indicated that limited understanding of medical information, language barriers, and difficulty navigating the health care system impede individuals' ability to make informed health decisions. Over 9% of children in Santa Clara County live in a limited-English-speaking household, a higher proportion than in neighboring San Mateo County or California overall (both around 7%).

1,620
Residents to Each Provider

Ratio of community members to "other" primary care professionals, 40% higher (worse) in San Mateo County compared with California

English proficiency is low in much of Santa Clara County and some parts of San Mateo County.



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017–2021 (retrieved from Kaiser Permanente Community Health data platform).

"Most nurses or medical practitioners do not know ASL [American Sign Language]. … I do not feel good always going with the translator or having to write [things] down or wait longer periods just to be attended to."

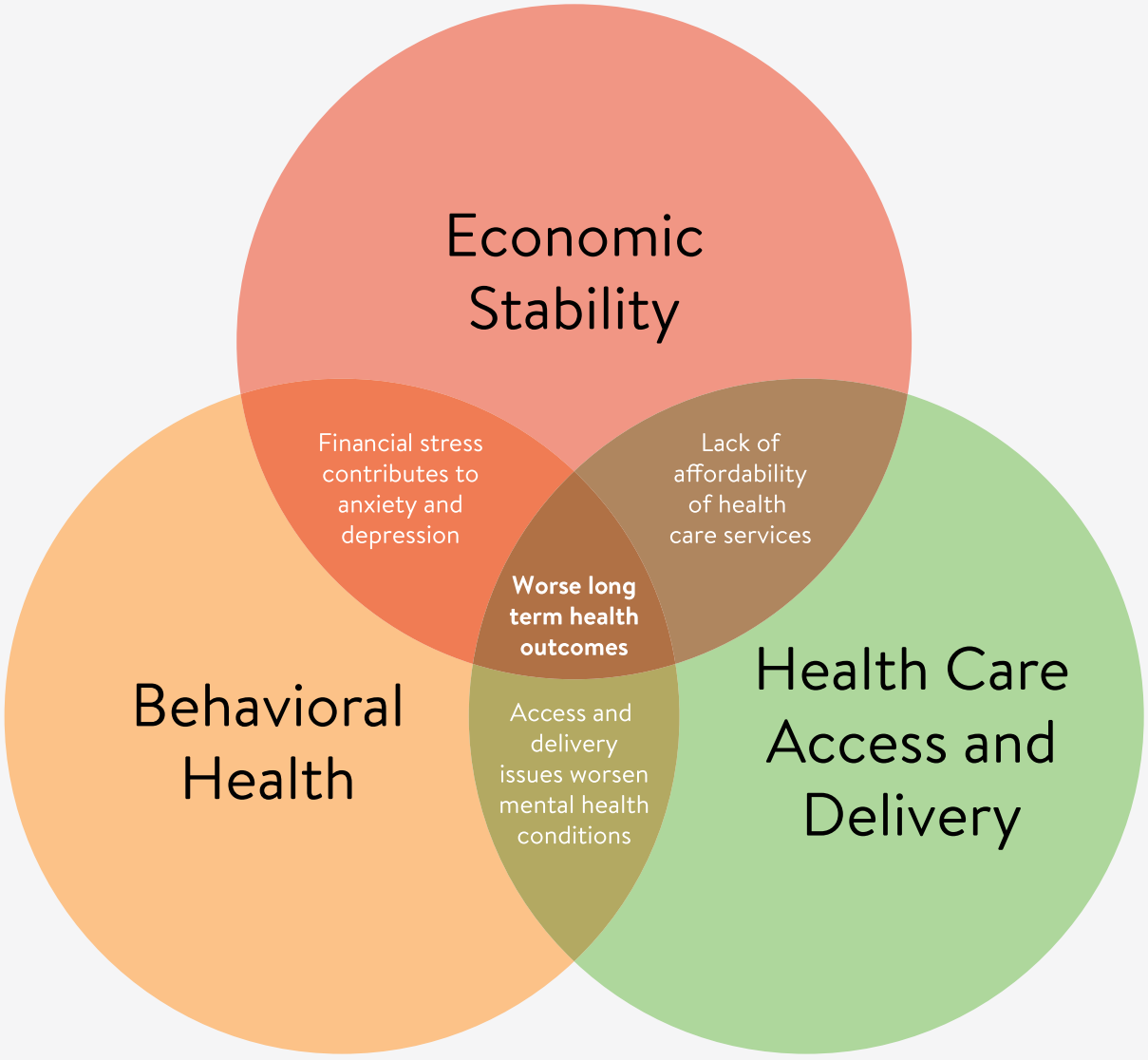
—Health equity focus group participant

CHNA participants further described the lack of cultural concordance, or at least cultural competence, as a significant issue in health care delivery, with certain populations experiencing discrimination that hindered access to care. Concerns about the quality of care were raised, including issues with being heard by health care providers and receiving respectful treatment. In addition, participants emphasized the need for culturally sensitive health care practices that respect diverse backgrounds and traditional health practices.

COMMUNITY PRIORITIES

The top three community priorities—economic stability, behavioral health, and health care access and delivery—contain overlapping concerns. The lack of affordability of health care services implicates economic stability when community members must choose between health care and basic needs such as food or shelter. Community members have said that financial stress contributes to mental health conditions such as anxiety and depression. Poor access to care can worsen behavioral health issues, as can experiences of less than respectful treatment. All of these elements contribute to worse long-term health outcomes for community members.

The top three community priority needs overlap.



Healthy Lifestyles

What is the issue?

Being obese, or even just overweight, not only raises a child's risk of diabetes, stroke, and other causes of preventable death later in life, but also can contribute to poor mental health and social isolation. It's a growing concern: About one in five children in the U.S. are obese, a statistic that's tripled since the 1970s.[25] Childhood obesity often results from leading a sedentary lifestyle, maintaining an unhealthy diet, or both. Certain ethnic groups (Black, Latine, Native American or Alaskan Native, some Pacific Islander groups, and some Asian groups) are also at a higher risk.[26] Regular exercise can help reduce the risk of obesity, strengthen the body, and promote a longer life. Similarly, eating a nutritious, balanced diet can help lower the risk of obesity and contribute to a child's physical growth and cognitive function. Children's activity levels depend, at least in part, on the environment in which they live, including whether their neighborhood's sidewalks, bike paths, parks, and fitness facilities are "available, accessible, attractive and safe."[27] A household's eating habits depend, at least in part, on the number of local stores selling fresh produce. Families are more likely to experience food insecurity in areas where grocery stores are fewer and farther away and transportation options are limited.

Key data:

- Diabetes mellitus was among the top 10 causes of death in both counties in 2023.
- Statistical data for diabetes by race/ethnicity and by geography, and youth fitness by race/ethnicity, indicate substantial disparities.

How was healthy lifestyles identified as a need?

Just under half of key informants and focus groups identified healthy lifestyles as a top need. This included concerns related to the causes and consequences of diabetes, obesity, and heart disease.

Healthy lifestyles play a fundamental role in preventing diabetes and obesity. More than a few CHNA participants noted the high rates of diabetes in their communities, particularly among specific ethnic groups such as Latine and Native Americans. Diabetes mortality is 50% higher in Santa Clara County (21.7 per 100,000), compared with the state rate (14.4). Statistics show there are disparities in diabetes and obesity rates by race/ethnicity and geography. For example, diabetes mortality is highest in East San Jose (33.9), and also high in the northern part of the county (25.2). Deaths from diabetes are much higher among both the Black (41.0) and Hispanic (37.0) communities in Santa Clara County in comparison with other ethnic populations in the county. Tracking with the mortality rate, emergency department visit rates and hospitalizations for diabetes are also highest in East San Jose and among both Black and Hispanic residents of the county.

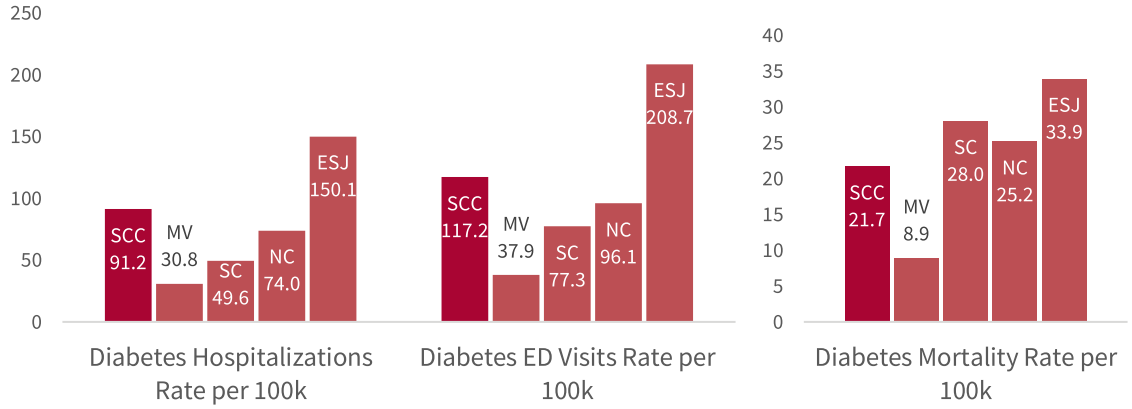
41.0
per 100,000
Diabetes mortality among Black residents of Santa Clara County, nearly triple the overall state rate

25 Centers for Disease Control and Prevention. (2018). *Overweight and Obesity.*

26 Centers for Disease Control and Prevention. (2024). *Childhood Obesity Facts.*

27 Centers for Disease Control and Prevention. (2009). *Healthy Places.*

Diabetes morbidity and mortality rates (per 100,000) are worse in East San Jose than Santa Clara County overall and worse than the other sub-county target areas.



Source: Santa Clara County Public Health Department. ED Visits and Hospitalizations are 2017–2021; Mortality 2019–2023.
SCC=Santa Clara County; MV=Mountain View Corridor; NC=North County; ESJ=East San Jose.

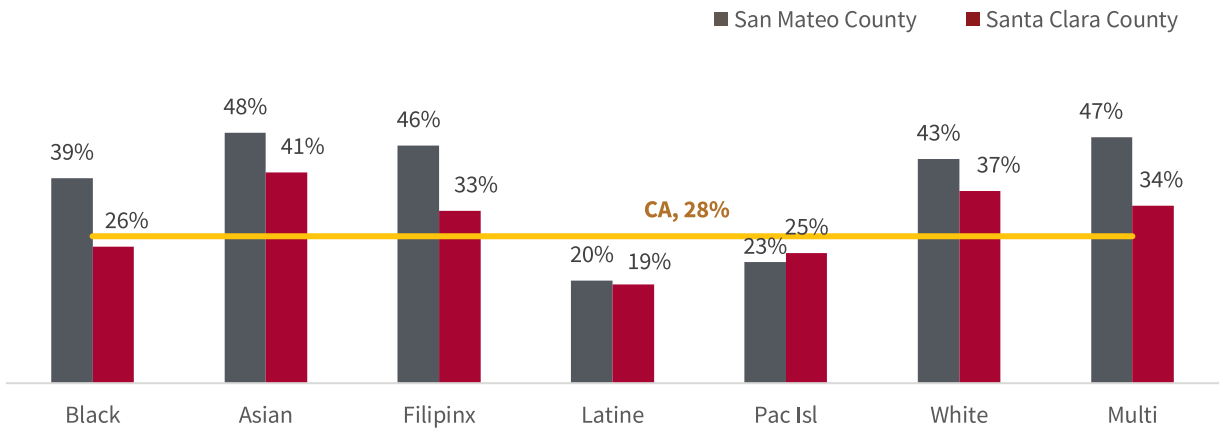
Participants linked unstable housing situations to poor health outcomes, including diabetes, as individuals struggle to maintain a healthy lifestyle without a stable living environment. They also frequently mentioned the high cost of healthy foods like fruits and vegetables compared with cheaper, unhealthy options like fast food, making it difficult for low-income families to maintain a healthy diet. There was a consensus among participants that structural inequities, such as poverty or lack of access to health care, can exacerbate the prevalence of diabetes and obesity in certain communities. Research has found clear associations between the extent to which people experience poor social determinants of health and the extent to which they experience obesity and diabetes-related outcomes.[28]

"Many of our students live in what we would call a food desert, and so their access to fresh and healthy food is limited just in terms of how close they are in proximity to a fresh grocery store." *—Service provider interviewee*

It was noted by CHNA participants that high stress levels and mental health issues contribute to unhealthy eating habits and lifestyles. There was also recognition among some participants that cultural habits and generational trauma contribute to unhealthy eating patterns and higher rates of diabetes and obesity in certain communities. Both counties' Latine and Pacific Islander students, as well as Santa Clara County's Black students, are much less likely to meet fitness standards than students statewide.

28 **Obesity:** Javed, Z., Valero-Elizondo, J., Maqsood, M.H., Mahajan, S., Taha, M.B., Patel, K.V., Sharma, G., Hagan, K., Blaha, M.J., Blankstein, R., Mossialos, E., Virani, S.S., Cainzos-Achirica, M., & Nasir, K. (2022). Social determinants of health and obesity: Findings from a national study of US adults. *Obesity.* 30(2):491–502. **Diabetes:** Hill-Briggs, F., Adler, N.E., Berkowitz, S.A., Chin, M.H., Gary-Webb, T.L., Navas-Acien, A., Thornton, P.L., & Haire-Joshu, D. (2020). Social Determinants of Health and Diabetes: A Scientific Review. *Diabetes Care.* 44(1):258–279.

Latine and Pacific Islander seventh-graders in both counties are less likely to meet physical fitness standards than their peers of other ethnicities.



Source: California Dept. of Education, Physical Fitness Testing Research Files (Jan. 2020).

Oral/Dental Health

What is the issue?

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions.[29] However, oral diseases, from cavities to oral cancer, cause pain and disability. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include tobacco use, excessive alcohol use, and poor dietary choices. Barriers that can limit a person's use of preventive interventions and treatments include limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures. There are also social determinants that affect oral health. People with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of oral diseases. Additionally, people with disabilities and other health conditions are more likely to have poor oral health.

Key data:

- CHNA participants indicated that access to oral/dental care is an issue, especially for individuals who are low-income.
- San Mateo County youth (ages 1–17) from Pacific Islander, white, and Black communities are the least likely to have had a routine dental check-up in the prior year.

How was oral/dental health identified as a need?

CHNA participants indicated that community-based clinics and programs providing direct health care services are beneficial but underfunded. In particular, participants focused on difficulties in accessing dental care, especially

29 Healthy People 2020. Office of Disease Prevention and Health Promotion.

for low-income individuals and those on Medi-Cal. They explained that there is a significant lack of providers who accept Denti-Cal, saying that many providers who are listed as accepting it actually do not. There was also specific mention of the challenges faced by children and adults with special needs in accessing appropriate dental care.

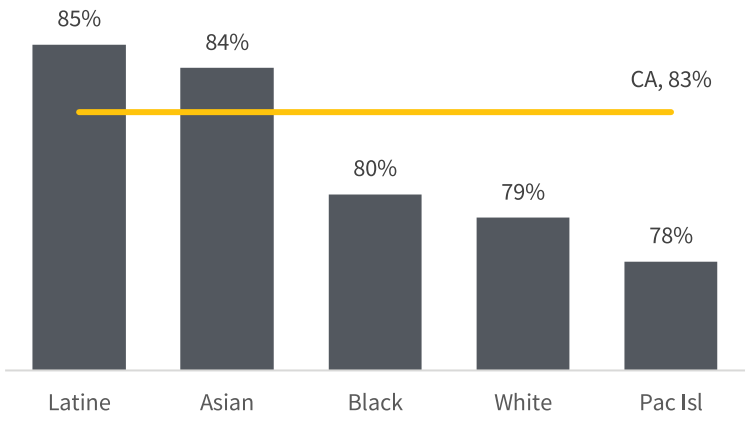
Participants said that even basic dental care can be prohibitively expensive, leading patients to delay or forgo treatment altogether. They emphasized a lack of preventive dental care, which leads to more severe health issues over time. Participants particularly noted this concern as affecting children and pregnant women.

"It's very expensive. Not all people have access. Especially children. I see children without teeth, and they are still small." *—Spanish-speaking community member focus group participant*

Dental care providers who serve primarily low-income populations indicated that among newcomer immigrant families whose children are over the age of 5, the children nearly always have dental needs, some of them quite urgent.

Statistical data on oral/dental health was available primarily for San Mateo County in this CHNA cycle. These data indicate that when it comes to oral health, the county's Pacific Islanders are more disadvantaged than their peers of other ethnicities. Among all ethnic groups, San Mateo County's Pacific Islander population has the lowest reported levels of routine check-ups for youth and adults, is the least likely to have a regular/routine source of dental care, and is the most likely to have had teeth removed due to tooth decay or gum disease.

San Mateo County youth (ages 1–17) from Pacific Islander, white, and Black communities are the least likely to have had a routine dental check-up in the prior year.



62%

Pacific Islander adults in Santa Mateo County who have **had teeth removed due to tooth decay or gum disease,** much higher than the county's population overall (37%)

Source: San Mateo County Public Health, personal correspondence, 2022 data.

Lack of dental insurance appears to affect San Mateo County's Black population more than other ethnic groups. For example, the county's Black population has the highest rate of emergency department visits due to dental problems and the highest rate of unmanaged dental problems reported to be due to lack of dental insurance.

Community and Family Safety

What is the issue?

Crime, violence, and intentional injury are related to poorer physical and mental health for the victims, the perpetrators, and the community at large.[30] As reported by the World Health Organization, even apart from any direct physical injury, victims of violence have been shown to suffer from a higher risk of depression, substance use, anxiety, reproductive health problems, and suicidal behavior.[31] Additionally, exposure to violence has been linked to negative effects on an individual's mental health, including post-traumatic stress disorder, as well as a greater propensity to exhibit violent behavior themselves.[32]

Key data:

- Juvenile felony arrests (of youth ages 10–17) are higher in Santa Clara County than the state, and much higher for Black youth and slightly higher for Latine youth in both counties.
- In both counties, bias-related bullying of Black youth is notably high.
- Domestic-violence-related 911 calls are higher in Santa Clara County than in San Mateo County.
- The rate of substantiated child abuse/neglect cases in Santa Clara County is more than double that of San Mateo County.

How was community and family safety identified as a need?

CHNA participants linked economic instability and housing issues to family safety concerns. They noted that financial stress and lack of stable housing contribute to unsafe environments. Participants identified immigrant communities and low-income families as particularly vulnerable to these issues. They said the stress from unsafe environments affects family dynamics and overall well-being.

Statistics show that domestic-violence-related 911 calls are higher in Santa Clara County (4.7 per 1,000 people ages 18–69) than in neighboring San Mateo County (4.0). In addition, the rate of substantiated child abuse/neglect cases in Santa Clara County is more than double that of San Mateo County. There are disparities in these statistics: Black children ages 0–17 in Santa Clara County are more likely to be the subjects of a substantiated child abuse case than children statewide. Some researchers attribute these disparities to differences in family circumstances that put children at greater risk of abuse (e.g., being young and/or single parents, experiencing poverty), while others highlight systemic racism, especially in the child welfare system.[33]

Building on the contrasts in child abuse statistics, both counties' Black children (ages 0–20) are also more likely to be in foster care than are California children on average. Many researchers have noted that children placed in

30 Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A.B. (2002). The World Report on Violence and Health. *The Lancet*, 360(9339):1083–1088.

31 World Health Organization. (2017). *10 Facts About Violence Prevention.*

32 Ozer, E.J., & McDonald, K.L. (2006). Exposure to Violence and Mental Health Among Chinese American Urban Adolescents. *Journal of Adolescent Health*, 39(1):73–79.

33 Font, S.A., Berger, L.M., & Slack, K.S. (2012). Examining racial disproportionality in child protective services case decisions. *Children and Youth Services Review*, 34(11):2188–2200. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3439815/. See also: Thomas, M.M.C., Waldfogel, J., and Williams, O.F. (2023). Inequities in Child Protective Services Contact Between Black and White Children. *Child Maltreat*, 28(1):42–54. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC9325927/

foster care are at greater risk of contact with the juvenile justice system.[34] Statistics demonstrate that juvenile felony arrests (ages 10–17) are higher in Santa Clara County than the state and, specifically, much higher for Black youth and slightly higher for Latine youth in both counties. These disparities for young people can lead to inequities, not just in their experience of community safety but in their ability to succeed in school and in life.[35]

Safety concerns varied significantly by geographic area and population within the counties. For example, some Asian participants highlighted historical discrimination against Chinese immigrants as a factor contributing to ongoing feelings of a lack of safety within these communities. As another example, LGBTQ+ participants in both counties noted the existence of anti-LGBTQ+ hate. Although it does not usually result in physical violence, there was agreement among the participants that it creates a sense of feeling unsafe.

Juvenile Felony Arrests
per 1,000 children

2.1
San Mateo County

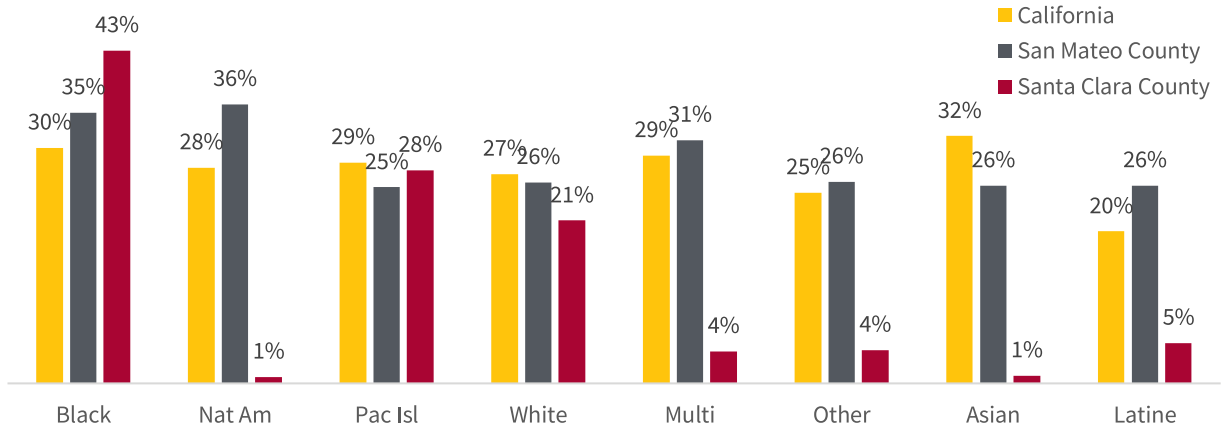
3.0
Santa Clara County

2.7
California

"Morgan Hill and Gilroy are very conservative. So someone who is trans down here is going to feel a lot less safe. … It does not feel like a safe spot to be openly queer most of the time." *–LGBTQ+ focus group participant*

San Mateo County's 11th graders are more likely to fear being beaten up at school than all California 11th graders.[36] In San Mateo County, the bias-related bullying and harassment rate is notably higher for youth of all ethnic groups in ninth grade (27%) than among all the state's ninth graders (23%). Rates of bias-related bullying and harassment at school are higher for Black youth in both counties versus the state, and also for Native American youth in San Mateo County.

In both counties, bias-related bullying of Black youth is notably high.



Source: WestEd and California Department of Education, California Healthy Kids Survey (2017–19). Public school students in grades 7, 9, 11, and nontraditional programs.

34 See, for example Cutuli, J.J., Goerge, R.M., Coulton, C., Schretzman, M., Crampton, D., Charvat, B.J., Lalich, N., Raithel, J., Gacitua, C. and Lee, E.L., 2016. From foster care to juvenile justice: Exploring characteristics of youth in three cities. *Children and Youth Services Review*, 67:84–94. Retrieved from https://www.aisp.upenn.edu/wp-content/uploads/2020/11/From-Foster-Care-to-Juvenile-Justice.pdf. See also: Yi, Y., & Wildeman, C. (2018). Can foster care interventions diminish justice system inequality? *The Future of Children*, 28(1):37–58. Retrieved from https://files.eric.ed.gov/fulltext/EJ1179175.pdf

35 Gallegos, A.H., & White, C.R. (2013). Preventing the School-Justice Connection for Youth in Foster Care. *Family Court Review*, 51(3):460–468.

36 Note: Comparable data are not available for Santa Clara County.

Cancer

What is the issue?

Cancer is the second-leading cause of death in the U.S., following heart disease.[37] High-quality screening can serve to reduce cancer rates, but various factors contribute to disparities in cancer incidence and death rates among different ethnic, socioeconomic, and otherwise vulnerable groups of people. The most important risk factors for cancer are lack of health insurance and low socioeconomic status.[38]

Key data:

- Cancer was the No. 1 cause of death in Santa Clara County in 2023 and the second-leading cause of death in San Mateo County.
- Cancer incidence rates among children ages 0–14 are higher in both counties than in California.
- Statistical data for cancer mortality by race/ethnicity indicate substantial disparities.

How was cancer identified as a need?

Cancer proved to be the No. 1 cause of death in Santa Clara County and the No. 2 cause in San Mateo County. The rate of cancer incidence among children ages 0–14 is higher in both counties than the state. Rates of cancer incidence are also higher among white and Asian/Pacific Islander children in both counties, compared with their Latine peers.[39]

Although both counties' overall cancer mortality rates are better than the state's, mortality by race/ethnicity indicates substantial disparities. In Santa Clara County, overall cancer mortality among the Black population is much higher compared with other ethnic groups. In San Mateo County, the county's white population has a higher overall cancer mortality rate than its Black population, and both are higher than the state rate.

In both counties, overall cancer incidence rates are higher for whites and Blacks compared with their Latine and Asian/Pacific Islander peers (see chart below).

Childhood Cancer Incidence
per 100,000 children aged 0–14

19.9
San Mateo County

17.4
Santa Clara County

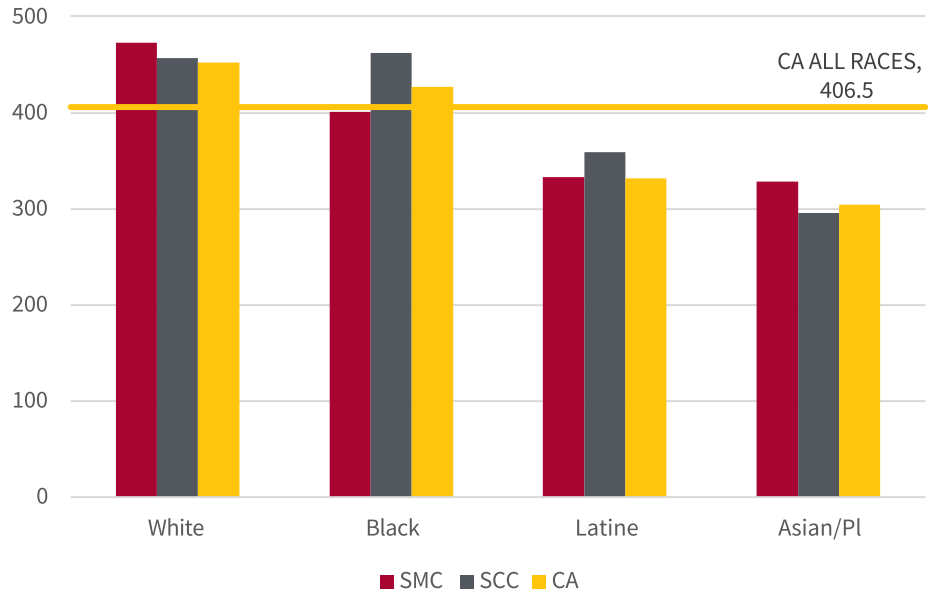
16.5
California

37 Centers for Disease Control and Prevention. (2017). *Leading Causes of Death.*

38 National Cancer Institute. (2018). *Cancer Disparities.*

39 Data are suppressed for Black and Indigenous children in these counties because the populations are too small for the statistical data to be reliable.

Whites and Blacks have higher cancer incidence rates than Latine or Asian/Pacific Islanders.

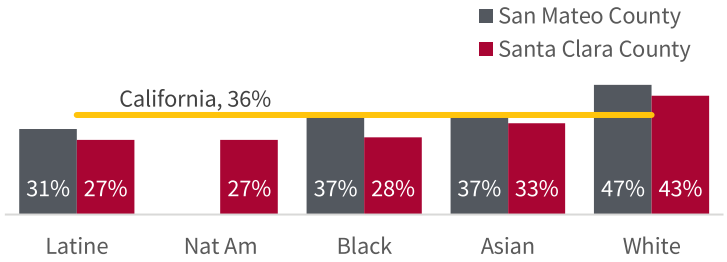


Source: California Health Maps, 2012–2021.

In addition, San Mateo County's incidence rates for both thyroid and urinary tract cancer are worse than the corresponding California rates. Melanoma incidence is also worse than the state in San Mateo County, while liver cancer incidence fails the benchmark in Santa Clara County. There appear to be fewer assets and resources to address cancer in San Mateo County than there are in Santa Clara County, even after the difference in population sizes is taken into account.

CHNA participants indicated that there are significant barriers to cancer screening and diagnosis, in part due to differences in insurance policies and because a lack of cancer research on certain ethnic populations has led to health care providers' lack of knowledge about those specific communities' risks, resulting in later-stage cancer detection. For example, statistics show that disparities exist in mammography screening levels (an early cancer detection measure). They are lower (worse) for Latinas in both counties, and for Santa Clara County's Black, Asian, and Native American women, than for California women overall (see chart below). CHNA participants emphasized the need for more workshops and educational resources about cancer prevention and screening to increase community awareness.

In Santa Clara County, breast cancer screening rates are lower than in the state for women of most racial/ethnic groups.



Source: Mapping Medicare Disparities Tool, 2021. Note: San Mateo County data suppressed for some races/ethnicities.

The National Cancer Institute acknowledges socioeconomic and racial/ethnic disparities in cancer detection, treatment, and outcomes. It attributes these to a variety of factors, including institutional racism and conscious or unconscious bias among care providers, as well as barriers such as low income, low health literacy, lack of insurance, and lack of transportation. It also acknowledges the role of neighborhoods in cancer risks (e.g., when a neighborhood has poor access to affordable healthy food, residents are more likely to be obese, which is a cancer risk factor). The Institute states, "Reducing or eliminating some cancer disparities in the pursuit of health equity will require policy changes to overcome systemic social, racial, and/or institutional inequalities."[40]

Education

What is the issue?

Preschool education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime.[41] The relationships among educational attainment, employment, wages, and health have been well documented. Individuals with at least a high school diploma do better on a number of measures than high school dropouts, including income, health outcomes, life satisfaction, and self-esteem.[42] The National Poverty Center reports that increased education is associated with decreased rates of most acute and chronic diseases.[43] Additionally, research has found that wealth among families in which the head of household has a high school diploma is 10 times greater than that of families in which the head of household dropped out of high school.[44] Finally, the majority of jobs in the U.S. require more than a high school education.

Key data:

- In both counties, BIPOC students, including Pacific Islander students in San Mateo County, are less likely to meet or exceed grade-level math and English-language-arts standards than their statewide peers.
- The high school graduation rate among Santa Clara County students was lower (83%) than the state rate (88%). In both counties, Latine students were the most likely to drop out.
- BIPOC high school graduates in both counties, including Pacific Islanders, are less likely to complete college-preparatory courses compared with high school graduates statewide.

How was education identified as a need?

CHNA participants viewed education as crucial for achieving economic stability and better job opportunities.

40 National Cancer Institute. (2020). *Cancer Disparities.* Retrieved from https://www.cancer.gov/about-cancer/understanding/disparities

41 Barnett, W.S., & Hustedt, J.T. (2003). Preschool: The Most Important Grade. *Educational Leadership*, 60(7):54–57.

42 Insight Center for Community Economic Development. (2014). Retrieved from www.insightcced.org

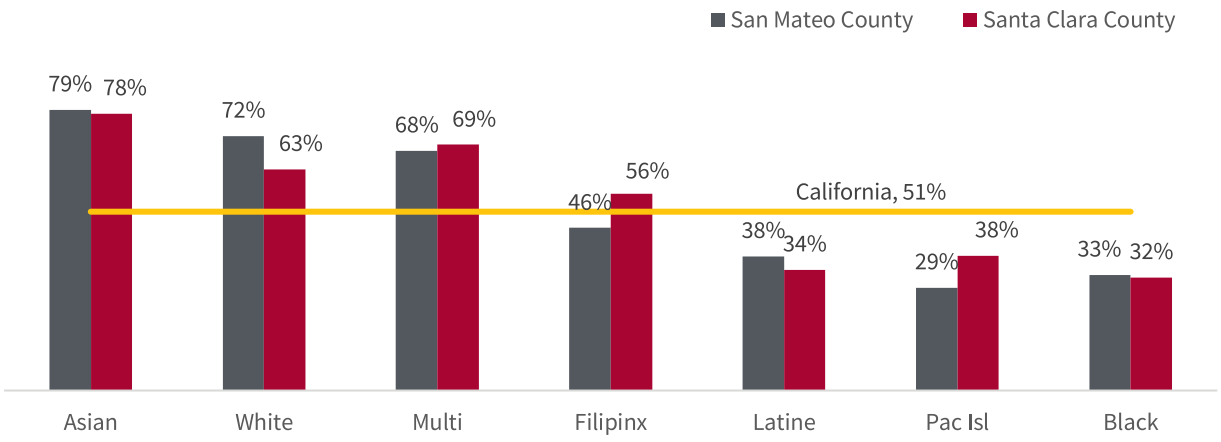
43 Cutler, D.M., & Lleras-Muney, A. (2006). *Education and Health: Evaluating Theories and Evidence* (No. w12352). National Bureau of Economic Research.

44 Gouskova, E., & Stafford, F. (2005). Trends in Household Wealth Dynamics, 2001–2003. *Panel Study of Income Dynamics. Technical Paper Series*, 05–03.

"[In] service-oriented [industries], income and wages are not moving as fast as in other industries. … And we're also noting that in terms of educational attainment, it's not getting better. So I think in a generation or two, when these children [of parents in service industries] become employees or join whatever industries, I think they're not going to have access to the jobs that other students may be having access to." *—Social services provider focus group participant*

In both counties, smaller percentages of Latine and Black students, as well as Pacific Islander students in San Mateo County, are able to meet or exceed grade-level math and English-language-arts standards versus their statewide peers. Notably smaller proportions of both counties' Black, Latine, and Pacific Islander high school graduates, and San Mateo County's Filipinx high school graduates, completed college-preparatory courses, compared with high school graduates statewide.

BIPOC high school graduates in both counties are less likely to complete college-prep courses than their non-BIPOC peers.



Source: California Dept. of Education, Adjusted Cohort Graduation Rate and Outcome Data (Jun. 2020).

Santa Clara County public school students had less access to a school (academic) counselor than their counterparts in San Mateo County and students statewide. Perhaps related to this, the high school graduation rate among Santa Clara County students was lower (83%) than the state rate (88%). In both counties, Latine students were markedly more likely than students of other ethnic groups to drop out before graduation.

CHNA participants identified socioeconomic disadvantages and language barriers as significant inequities affecting educational attainment. Some highlighted the need for better accommodations and support within the school system, including improved cultural competency among educators to better serve diverse populations.

Students per Academic Counselor

563:1
San Mateo County

746:1
Santa Clara County

626:1
California

"In my experience, my daughter has been discriminated against for being autistic at school, in the school itself." *—Spanish-speaking focus group participant*

Research found that educational inequities, often related to neighborhood segregation,[45] lead to educational disparities that begin at an early age. Education has generally and historically correlated directly with income, so educational statistics that differ by race/ethnicity are particularly concerning to CHNA participants.

Sexual Health

What is the issue?

Sexual health depends on individuals' access to complete and factual information about sex and sexuality, access to sexual health care, and knowledge of the risks and consequences of unprotected sex, such as sexually transmitted infections (STIs). An environment that is supportive of sexual health contributes to this access and knowledge. STIs are caused by germs (e.g., viruses, bacteria) that are mainly passed on by direct sexual contact, while some, such as HIV/AIDS, can also be blood-borne. All STIs can be treated with medication, but not all can be cured. Protective barriers such as condoms are the primary means of prevention, but vaccination is a strong deterrent against some STIs as well, most notably human papilloma virus (HPV).[46]

Key data:

- In San Mateo County, rates of chlamydia are on the rise among young adults (ages 15–19).
- Teen births are much higher among Latinas in both counties, compared with their peers.
- There appear to be fewer assets and resources to address sexual health in San Mateo County than in Santa Clara County, even accounting for the difference in population size.

How was sexual health identified as a need?

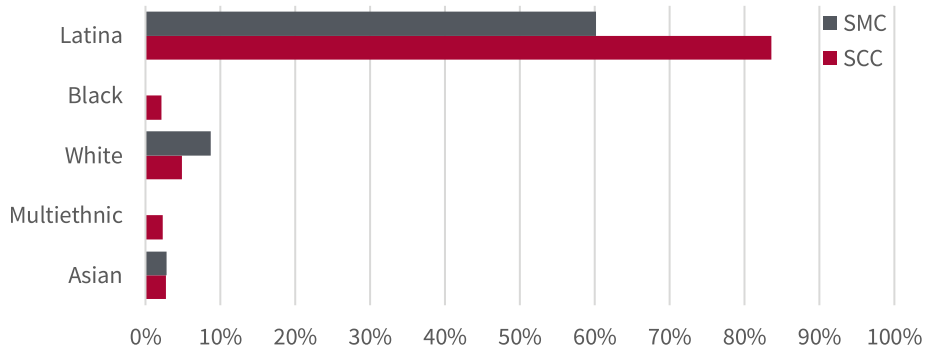
Teen births are highest among Santa Clara County's Latinas (16 per 1,000 females ages 15–19), compared with young women statewide (7 per 1,000) or their peers of other ethnicities in Santa Clara County. San Mateo County's Latinas also have the highest teen birth rate, compared with their peers locally.[47]

45 Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity.* Diversitydatakids.org, Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA. Retrieved from https://www.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2.pdf

46 Centers for Disease Control and Prevention. (2024). Sexually Transmitted Infections (STIs).

47 Confidence intervals are too wide to determine whether San Mateo County Latinas' teen births rate is also higher than the state rate.

Among teens who have given birth, a far larger percentage in both counties are Latinas, compared with their peers of other ethnicities.



Source: California Department of Public Health, Adolescent Births Dashboard. 2020–2022. Ages 15–19.
Note: San Mateo County data suppressed for some races/ethnicities.

310.2
per 100,000
Chlamydia incidence rate in San Mateo County in 2021, higher than in 2020

CHNA participants highlighted the need for better access to contraception and sexual health resources, including emergency contraceptives and HIV prevention methods. Some participants noted insufficient sex education in schools, which impacts awareness and prevention of sexually transmitted diseases. One mentioned the need for culturally sensitive approaches in sexual health education and services, particularly for diverse populations.

Although statistics on sexually transmitted infections (STIs) overall are better than the state for both counties, there are certain concerning trends. For example, in San Mateo County, chlamydia is on the rise again among youth after dropping in 2020.[48] CHNA participants perceived a lack of engagement from health care providers in discussing sexual health during routine visits, often due to time constraints or discomfort. Two health experts emphasized the importance of regular testing for sexually transmitted diseases (STDs), especially for pregnant women, to prevent congenital infections.

"For syphilis, chlamydia, and gonorrhea, we do see more male cases than we do females, but we still see a lot of female cases. So if you're only asking males [about STDs], then we're missing females; that could have been an opportunity to test, to treat, to prevent, say, syphilis as an example. … And there's the concern of congenital syphilis rates going up in the population. So [instead] of just asking questions to the people you think are high-risk, making it more of a standard of asking [everyone]." *—Health expert interviewee*

There appear to be fewer assets and resources to address sexual health in San Mateo County than there are in Santa Clara County, even after the difference in population size is considered.

The Centers for Disease Control and Prevention suggest that income inequality, poverty, lack of employment, relative lack of education, and distrust of the health care system (whether due to shame or stigma, experience or fear of discrimination, or other reasons) affect the ability of individuals to "stay sexually healthy."[49]

48 Comparable data were not made available for Santa Clara County.

49 Centers for Disease Control and Prevention. (2020). *STD Health Equity*. Retrieved from https://www.cdc.gov/std/health-disparities/default.htm [The page is now at this location: https://www.cdc.gov/sti/php/projects/health-equity.html?CDC_AAref_Val=https://www.cdc.gov/std/health-disparities/default.htm]

Communicable Diseases

What is the issue?

Infectious diseases are caused by germs (e.g., viruses, bacteria) that can infect the body and can be spread through direct or indirect physical contact with bodily fluids like saliva, mucus, or blood. Various forms of protection from communicable diseases include hygiene, vaccination, and other protective barriers such as face masks. At a more basic level, sanitation (effective sewer systems) and a clean water supply are key to preventing the proliferation of infectious diseases.

How was communicable diseases identified as a need?

See Respiratory Health and Sexual Health needs descriptions for details.

Maternal and Infant Health

What is the issue?

Improving the well-being of mothers, infants, and children continues to be an important public health goal, especially as women in the U.S. now have a higher mortality rate from childbirth than their peers in other developed countries.[50] The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality pre-conception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Key data:

- In both counties, the rate of severe maternal morbidity was higher than the state rate.
- The proportions of premature and low-birth-weight births in Santa Clara County (7%) are higher than the respective proportions in California overall.
- Maternal and infant health statistics are worse among certain racial/ethnic groups compared with the state rates.

How was maternal and infant health identified as a need?

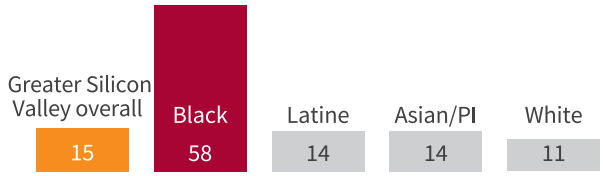
Certain maternal and infant health statistics are worse in one or both counties compared with California overall. The proportion of low-birth-weight births in Santa Clara County (7%) is almost twice the proportion statewide (4%). The proportion of premature births in Santa Clara County (10%) is also higher than the proportion in California overall (7%). These two statistics appeared worse in San Mateo County as well, although the data were not stable. Maternal morbidity was noticeably higher in Santa Clara County (136.7 per 100,000), compared with the state (108.0), while it was only slightly higher in San Mateo County (111.1).

Inequities in maternal and infant health also exist; for example, in both counties, strikingly smaller proportions of Pacific Islander mothers (less than 75%) receive early prenatal care, compared with all California mothers (87%).

50 *Healthy People 2030*. (2024). Office of Disease Prevention and Health Promotion.

The infant mortality rate is highest for Black and Latine babies in Santa Clara County, while low-birth-weight births are proportionally more frequent among the county's Asian and Black populations than the state benchmark.[51] Likewise, pregnancy-related maternal mortality in greater Silicon Valley remains highest among the Black population, nearly four times the overall rate (see chart below).[52]

In Silicon Valley, Black women have had a much higher maternal mortality rate per 100,000 live births than their peers of other races/ethnicities.



Source: United States Department of Health and Human Services (US DHHS), Centers of Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Vital Statistics Cooperative Program, CDC WONDER online database. (1999–2020).

8.0
per 1,000 births
Black infant mortality in Santa Clara County, double the overall California rate

Several CHNA participants specifically mentioned inequities in care provided to Black community members, including inadequate maternal care. Access to critical maternal health services, including prenatal and perinatal care, was a recurring issue corroborated among participants consulted during the CHNA as well.

Infant mortality and preterm births in Santa Clara County are highest for Black and Hispanic babies. The county's low-birth-weight babies are disproportionately born to Black mothers. Maternal morbidity in Santa Clara County is highest among the Black population (193.9 per 10,000 delivery hospitalizations), compared with the overall rate (136.7 per 10,000), including issues such as preeclampsia, hypertension at delivery, and postpartum depression.[53]

"We lose a lot of Black babies because of people having the wrong concept about Black people being able to take more pain than other people."

—Black community member focus group participant

Young mothers and mothers of color who participated in the CHNA reported feeling judged and stereotyped by health care providers, which they said affected their general care experience and the quality of the care they received (see quotes below).

"Right away, they believed that I wasn't ready [to be a mom]. They assumed I wanted adoption. I don't know if it's because of the community I lived in or if that was very common for young moms around me." *—Teen mom focus group participant*

51 Confidence intervals for these maternal and infant health statistics by ethnic group in San Mateo County were too wide to interpret with certainty.

52 Greater Silicon Valley is defined as San Mateo, Santa Clara, Alameda, and San Francisco counties.

53 Data by race were not provided for San Mateo County.

"What I really want the health care system to improve on is explaining to the patient what's going on and give them that patient education that they need, because not everybody knows what's wrong. Not everybody knows terminology they're throwing at us, and being a young teen mom or even some adults, they don't know everything that's going on. Like for example, that placental bleed. … I had to do research on my own to know what that was. And that's not right."

—Teen mom focus group participant

Economic instability and income disparities were mentioned as factors affecting access to maternal and infant health care, including the affordability of doulas and other support services. There was also a call among CHNA participants for increased access to mental health services for new mothers, particularly to address postpartum depression and anxiety.

Respiratory Health

What is the issue?

Communicable respiratory diseases such as coronavirus (COVID-19), tuberculosis, and influenza are caused by germs (e.g., viruses, bacteria) that can infect the respiratory system. These germs are spread from an infected person's mouth or nose through small airborne particles of mucus and saliva.[54] Asthma is another respiratory disorder, involving chronic inflammation of the airways characterized by episodes of reversible breathing problems due to temporary narrowing of the air passages. These episodes can range in severity from mild to life-threatening.[55] Triggers include air pollution, tobacco smoke, and mold. Obesity can increase the risk of asthma.

Key data:

- Both counties list chronic lower respiratory diseases in 2022's top 10 causes of death.
- Tuberculosis (TB) case rates in both counties are higher than the state. In Santa Clara County, experts noted a significant increase in TB rates.
- Child asthma diagnoses are higher in San Mateo County, compared with the state. In Santa Clara County, emergency department visits for child asthma are highest among children from East San Jose.

How was respiratory health identified as a need?

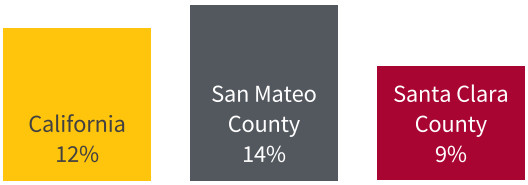
Both counties list chronic lower respiratory diseases among their top 10 causes of death in 2022. Tuberculosis (TB) case rates in both counties are higher than in the state. In Santa Clara County, experts noted a significant increase in TB rates, particularly among individuals who have been in the country for over 10 years. The pandemic made this issue worse due to reduced testing/diagnosis. CHNA participants expressed concerns about the quality and accessibility of health care services for respiratory conditions, with some noting long wait times and inadequate care.

54 World Health Organization. (2024). Coronavirus disease (COVID-19).

55 World Health Organization. (2024). Asthma.

Among participants, there was also concern about the high rate of asthma among children, particularly in areas with poor air quality. Child asthma diagnoses are higher in San Mateo County than for all California children. In Santa Clara County, emergency department visits for child asthma are highest among children from East San Jose. Our 2022 CHNA report indicated that asthma emergency department visits were much higher for Black and Latine children than children of other ethnicities in San Mateo and Santa Clara counties, while the Black Santa Clara County child population had a rate higher than the state's. These inequities are, in part, related to the neighborhoods in which low-income and BIPOC community members live, which are in turn related to historical systemic discrimination such as redlining.[56]

Child asthma diagnoses are higher in San Mateo County, compared with the state.



Source: UCLA Center for Health Policy Research, California Health Interview Survey (Feb. 2022).

423.0
per 100,000 children

Asthma ED visit rate in East San Jose, more than 70% higher than among all Santa Clara County children (245.6)

56 Iton, A., & Ross, R.K. (2017). Understanding How Health Happens: Your Zip Code Is More Important Than Your Genetic Code. In *Public Health Leadership*, Callahan, R.F., & Bhattacharya, D., eds., 83–99. New York, NY: Routledge. Retrieved from https://zums.ac.ir/files/socialfactors/files/Public_Health_Leadership-Strategies_for_Innovation_in_Population_Health_and_Social_Determinants-2.pdf#page=84. See also: Duncan, D.T., & Kawachi, I. (Eds.). (2018). *Neighborhoods and Health*. Oxford, UK: Oxford University Press.

Unintended Injuries/Accidents

What is the issue?

As UC Berkeley health expert Tony Iton, MD, has said, "When it comes to your health, your zip code matters more than your genetic code."[57] The built environment refers to the places where people live and work, the neighborhoods in which they spend their time. This can include services and utilities, such as sewerage or transportation, housing quality, and elements such as sidewalks and streetlights.[58] The lack of sidewalks and streetlights can lead to motor vehicle crashes that cause unintended injuries and deaths. Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. Unintentional injury is the third-leading cause of death for all ages in the U.S.[59]

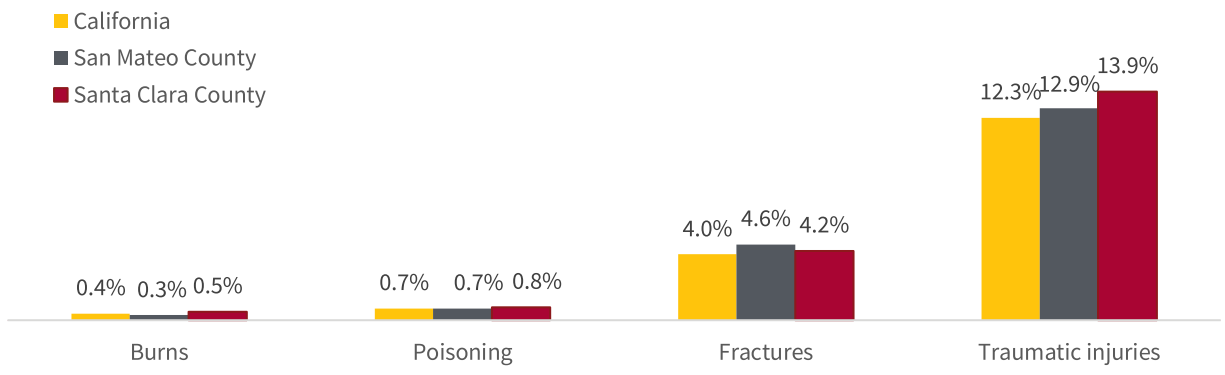
Key data:

- Compared with California overall, the rates of pedestrian deaths are notably higher in Alameda, Contra Costa, and Santa Clara counties.
- In all four counties, motor vehicle crash mortality rates show disparities by race/ethnicity.

How was built environment identified as a need?

The rates of child emergency department (ED) visits for fractures and for all traumatic injuries were higher in both counties, compared with these rates for children in California overall. ED visits among children for burns and poisoning in Santa Clara County were also slightly higher versus their peers statewide.

Children in both counties were more likely to visit the emergency department for fractures or other traumatic injuries than their peers statewide.



Source: California Dept. of Health Care Access and Information custom tabulation (Feb. 2021).

57 Iton, Tony B. (2021). When It Comes to Your Health, Does Your Zip Code Matter More Than Your Genetic Code? (Speech to the Texas Primary Care Consortium.) Retrieved from https://www.youtube.com/watch?v=7OAYAN0u5V0

58 *Healthy People 2030*. (2024). Neighborhood and Built Environment.

59 Centers for Disease Control and Prevention, National Center for Health Statistics. (2022). Accidents or Unintentional Injuries.

In addition, the proportion of child hospitalizations for poisoning, including accidental overdose, was somewhat higher in Santa Clara County (1.7%), compared with child hospitalizations for poisoning statewide (1.4%). Accidental poisonings among young adults (ages 18–24) have been on the rise in the U.S. due to the increase in accidental drug overdoses.[60]

Percentage of Hospitalizations for Poisoning
children aged 0–17

1.2%
San Mateo County

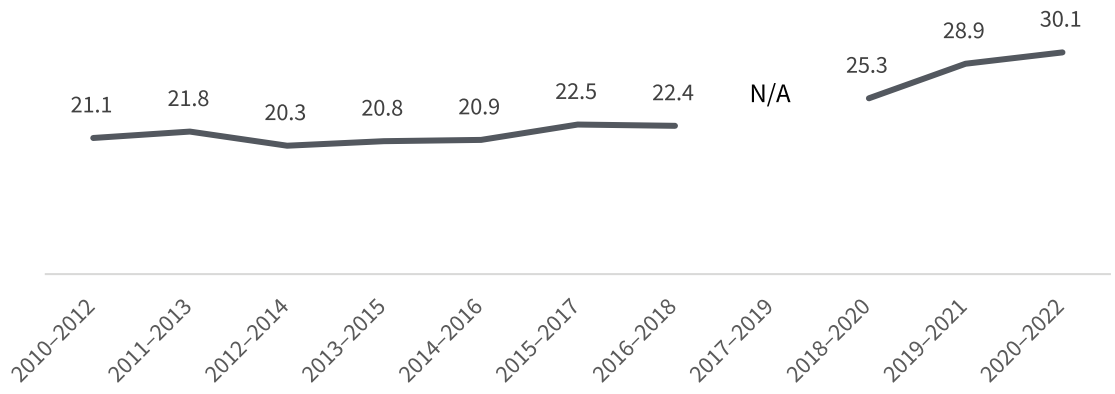
1.7%
Santa Clara County

1.4%
California

Traffic volume remained notably higher in both counties than state averages. One consequence of high traffic volume can be pedestrian accidents. This can be seen especially in Santa Clara County, where the rate of pedestrian deaths (2.5 per 100,000) is much higher than the state rate (0.4). Updated data on pedestrian mortality was not available for San Mateo County. Racial inequities in accident rates have been found nationwide and are attributed in part to unequal access to safe transportation.[61] The absence of sidewalks in low-income neighborhoods is another factor related to inequities in pedestrian accident rates nationally.[62]

The unintended injury mortality rate has been rising in San Mateo County. Mortality rates from all injuries (both intentional and unintentional) were highest for the Black population in both counties: 99 per 100,000 in San Mateo County and 82 per 100,000 in Santa Clara County, compared with the overall statewide rate of 59 per 100,000. Santa Clara County's injury mortality rate among its white population (68 per 100,000) also exceeds the state's rate, while this was not the case in San Mateo County. *For information on intentional injury, see the Community and Family Safety health need description.*

The rate of deaths from all unintended injuries has been rising in San Mateo County.



Source: California Department of Public Health.

For additional statistical data, see Attachment 2: Secondary Data Tables.

60 Jarosz, B., & van Orman, A. (2016). *Accidental Poisoning Deaths Exceed Homicides of U.S. Young Adults.*

61 Hamann, C., Peek-Asa, C., & Butcher, B. (2020). Racial disparities in pedestrian-related injury hospitalizations in the United States. *BMC Public Health*, 20(1):1–7.

62 Lu, W., McKyer, E.L.J., Lee, C., Ory, M.G., Goodson, P., & Wang, S. (2015). Children's active commuting to school: an interplay of self-efficacy, social economic disadvantage, and environmental characteristics. *International Journal of Behavioral Nutrition and Physical Activity*, 12(1):29.

PACKARD CHILDREN'S IS MONITORING CLIMATE AND NATURAL ENVIRONMENT

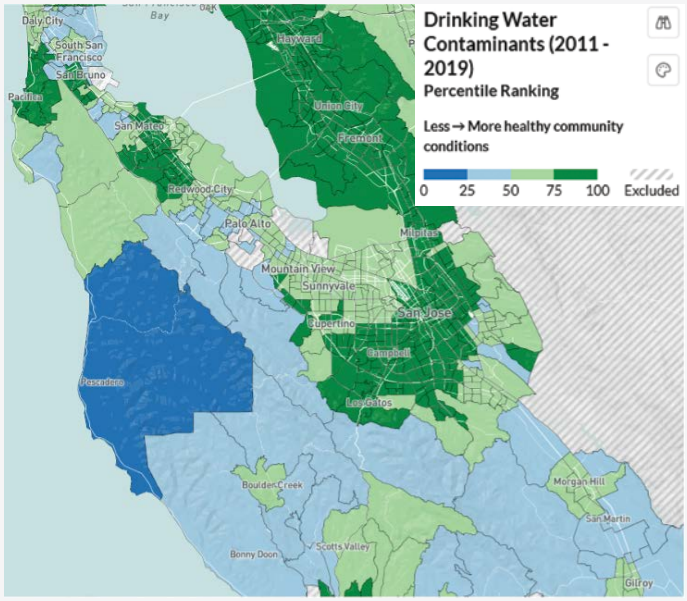
Although climate and natural environment did not rise to the level of a health need in the 2025 CHNA, it is an issue that Packard Children's is monitoring. The Office of Disease Prevention and Health Promotion reports that, worldwide, nearly 12 million deaths each year can be attributed to environmental issues.[63] Those environmental issues include air, water, food, and soil contamination, as well as natural and technological disasters. For those whose health is already compromised, exposure to negative environmental issues can compound their problems.[64]

CHNA participants in both counties spoke about climate change concerns, and 15% of interviews and focus group discussions prioritized the natural environment as a need. Those who mentioned it mainly referenced either poor air quality or increasing days of extreme heat. A health expert tied both issues to increasing rates of asthma.

Participants expressed concerns around environmental justice. They noted that low-income communities and communities of color are often disproportionately affected by extreme weather and environmental hazards and have fewer resources to cope with them.

Drinking-water quality is poor in a number of places across the two counties but is especially bad on the Coastside near Pescadero. In addition, both counties have a major risk of flooding, with more than one-quarter of all properties in San Mateo County and over one-third of all Santa Clara County properties at risk of flooding in the next 30 years. The city of San Mateo itself is one of the California cities with the greatest percentage of properties currently at risk (44% of properties).[65]

Drinking-water quality is poor in a number of places across the two counties, but especially bad on the Coastside.



Properties at Risk of Flooding

30-year estimates

26%
San Mateo County

34%
Santa Clara County

63 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2024). Environmental Health.

64 Morris, G., & Saunders, P. (2017). The Environment in Health and Well-Being, Oxford Research Encyclopedias.

65 Flooding data obtained from First Street, a public benefit corporation connecting climate risk to financial risk via advanced climate science: https://firststreet.org/county/san-mateo-county-ca/6081_fsid/flood and https://firststreet.org/county/santa-clara-county-ca/6085_fsid/flood

The likelihood of a heat wave lasting three or more days has risen substantially in both counties today compared with 30 years ago, more than doubling for San Mateo County (from 34% of 88%) and increasing by over 60% for Santa Clara County (from 39% to 63%). Across the dual-county area, the urban center of San Jose is the most vulnerable to extreme heat.[66]

Heat Wave (3+ Days)
current likelihood
88%
San Mateo County
63%
Santa Clara County

Regarding air quality, participants spoke to the effects of wildfire smoke and vehicle-related air pollution, the latter also associated with where people live. Diesel air pollution was found to be especially high near the San Jose airport in Santa Clara County and the San Francisco International Airport in San Mateo County.[67] Additionally, measures of traffic volume were higher for both counties versus the state.

Finally, Santa Clara County is at major risk of wildfire, with a history of 18 wildfires in the past 35+ years, including the SCU Lightning Complex fire of 2020, which burned nearly 1,650 square miles of land and more than a dozen properties. Nearly 40% of all properties in the county are at some risk of being affected by wildfire in the next 30 years. San Mateo County has a similar proportion of properties at risk, but a more moderate level of risk based on its history of wildfires, with only two in the past 35+ years, both of which were small and quickly extinguished.[68]

66 Information in this paragraph retrieved from First Street (see above): https://firststreet.org/county/santa-clara-county-ca/6085_fsid/heat and https://firststreet.org/county/san-mateo-county-ca/6081_fsid/heat

67 Although the latest diesel particulate matter data are from 2016, the Healthy Places Index is the standard relied upon by HCAI in determining communities that are vulnerable to air pollution.

68 Information in this paragraph retrieved from https://firststreet.org/county/santa-clara-county-ca/6085_fsid/fire and https://firststreet.org/county/san-mateo-county-ca/6081_fsid/fire

7. Evaluation Findings from 2023–2025 Implemented Strategies

2022 Prioritized Health Needs

In 2021–2022, Lucile Packard Children's Hospital Stanford participated in a Community Health Needs Assessment similar to our collaborative 2025 effort. Our 2022 CHNA report is posted on the Community Benefits page of our public website. As noted in that report, Packard Children's met in February 2022 and prioritized the health needs listed below. Our hospital chose to address the top four (merging Economic Stability and Housing and Homelessness) as well as Maternal and Infant Health in subsequent years through implementation strategies.

1. Economic Stability
2. Housing and Homelessness
3. Health Care Access and Delivery (AKA Access to Care)
4. Behavioral Health (AKA Social/Emotional Health)
5. Diabetes and Obesity
6. Asthma
7. Maternal and Infant Health
8. Climate/Natural Environment
9. Cancer
10. Community Safety
11. Unintended Injuries
12. Sexually Transmitted Infections

Implementation Strategies for Fiscal Years 2023 and 2024

The 2022 CHNA formed the foundation for the Packard Children's implementation strategies for fiscal years 2023 through 2025, which were initiated in fiscal year 2023 (FY23). The IRS requires hospitals to report on the impact of their 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 FY25 (Sept. 1, 2024–Aug. 31, 2025) were not yet available for inclusion. For more information, see the "Community Benefit Reporting & Assessment" page of our public website.[69]

Community Benefit Investments in Fiscal Years 2023 and 2024

Lucile Packard Children's Hospital Stanford is dedicated to meeting the health needs of our community's most vulnerable populations. As a nonprofit organization, Lucile Packard Children's Hospital Stanford is dedicated to improving the health of our community. As part of that commitment, we provide direct services to some of our community's most vulnerable members, and we partner with government and local community–based organizations on programs and funding.

The following program guidelines drive our community work:

Meaningful and sustainable community investment

Partnering to build stronger, healthier communities

Services that meet the needs of vulnerable populations

Continued advocacy for children's health issues

69 https://www.stanfordchildrens.org/en/about/government-community/benefits-reports

At Lucile Packard Children's Hospital Stanford, we believe that every family is deserving of quality, nurturing care. As part of that commitment, we provide financial assistance to families who qualify. We're proud to be part of the safety net that provides care to our community's most vulnerable.

Lucile Packard Children's Hospital Stanford's most recent previous CHNA was conducted between March 2021 and February 2022. The 2022 CHNA, which identified significant community health needs, formed the foundation for Lucile Packard Children's Hospital Stanford's implementation strategies for fiscal years 2023–2025.

The following are highlights of Lucile Packard Children's Hospital Stanford's community benefit strategies and their implementation. As mentioned above, due to time constraints that require adoption and public posting of this report by the end of the fiscal year, evaluation results for fiscal year 2025 are not yet fully available. For more information, visit our website.[70]

FY23–FY25 COMMUNITY BENEFIT (CB) INVESTMENT HIGHLIGHTS

- Over **$469 million** in charity care, excluding uncompensated Medicare[71]
- Nearly **$70 million** to train the next generation of physicians and other health care professionals
- **$5.3 million** in community investment grants to CBOs, such as:

Second Harvest Food Bank

Services: Distribution of nutritious foods through various methods, prescreening for CalFresh eligibility, and application assistance.

FY25 Investment: $300,000

FY24* Unduplicated Served: 138,887

Puente de la Costa Sur

Services: Access to economic security and health resources for families and children on the rural South Coast through direct financial assistance and more.

FY25 Investment: $125,000

FY24* Unduplicated Served: 1,238

Adolescent Counseling Services

Services: Distribution of nutritious foods through various methods, prescreening for CalFresh eligibility, and application assistance.

FY25 Investment: $125,000

FY24* Unduplicated Served: 15,225

Ravenswood Family Health

Services: RFH's Pediatric Services Program intends to improve access to primary and preventive health care services for pediatric and maternal populations.

FY25 Investment: $250,000

FY24* Unduplicated Served: 8,486

70 https://www.stanfordchildrens.org/en/about/community-benefit.html

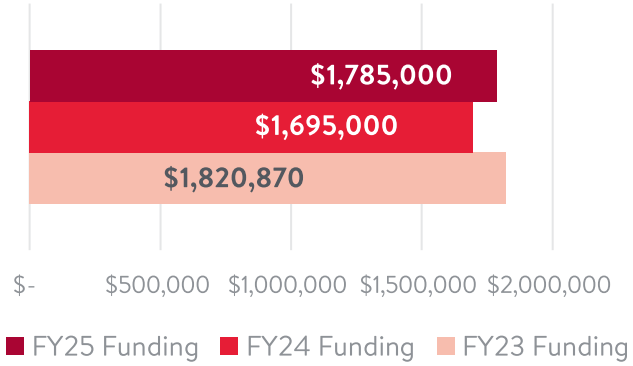
71 Only FY23–FY24; data not yet available for FY25.

COMMUNITY INVESTMENT GRANTS

Lucile Packard Children's Hospital Stanford seeks to meet community benefit standards through multiple initiatives specifically addressing identified community health needs. These initiatives range from services and activities conducted by the hospital organization itself to programs funded by the hospital and conducted by community nonprofits and government agencies in the community we serve. The evaluation results section of this report specifically addresses Lucile Packard Children's Hospital Stanford's funding of externally conducted programs.

Lucile Packard Children's Hospital Stanford presides over a yearly grant program that funds nonprofit organizations and government agencies working on shared unmet health needs. Our Community Investment Grant program allows Lucile Packard Children's Hospital Stanford to provide support for community-based organizations with programs or services that align with our Community Health Initiatives:

Grant Funding Over Time



Our FY23–FY25 Community Investment Grant recipients are listed in the table below.

List of Community Investment Grants, FY23–FY25

Organization and Program	FY23 Funding	FY24 Funding	FY25 Funding	Health Need
Acknowledge Alliance	$50,000	$50,000	$75,000	Mental Health
Adolescent Counseling Services	$100,000	$100,000	$125,000	Mental Health
Fresh Approach	$75,000	$75,000	$75,000	Economic Security
HEARD Alliance	$50,000	—	—	Mental Health
Legal Aid of SMC	$50,000	$50,000	$75,000	Economic Security
LifeMoves	$100,000	$100,000	$100,000	Economic Security
LPCH Food Insecurity	$75,870	—	—	Economic Security
My Digital TAT2	$50,000	$50,000	$75,000	Mental Health
Puente	$100,000	$100,000	$125,000	Economic Security
Ravenswood	$250,000	$250,000	$250,000	Access
Roots Community Health Center	$75,000	$75,000	$100,000	Maternal Health
Sacred Heart	$100,000	$100,000	$100,000	Economic Security
Santa Cruz Community Health Centers	$100,000	$100,000	$125,000	Access
Second Harvest Food Bank	$250,000	$250,000	$300,000	Economic Security
Shine Together	$75,000	$75,000	$75,000	Maternal Health
Sonrisas	$75,000	$75,000	$10,000	Access
Stanford Early Life Stress and Resilience Program	$50,000	$50,000	$75,000	Mental Health
Stanford Office of Child Health Equity	$75,000	$75,000	—	Economic Security
Stanford Psychiatry Center for Youth Mental Health & Wellbeing	$120,000	$120,000	$100,000	Mental Health

EVALUATION OF GRANTS PROGRAM OVERALL

Lucile Packard Children's Hospital Stanford has engaged Actionable Insights for support with a robust evaluation of the Community Investment Grants program overall. Together, the team worked to identify strategies to address needs, used criteria to make choices about strategic investments, and improved grantmaking policies and procedures for alignment with the CHNA. Additionally, the team sought to improve the capacity of its nonprofit partners to assess the impact of their own programs for improved reporting and provided individual technical assistance for some existing grantees. These collective efforts have improved Lucile Packard Children's Hospital Stanford's own reporting to its stakeholders and increased transparency and accountability of the mechanisms by which it provides community health benefits.

Access to Health Care

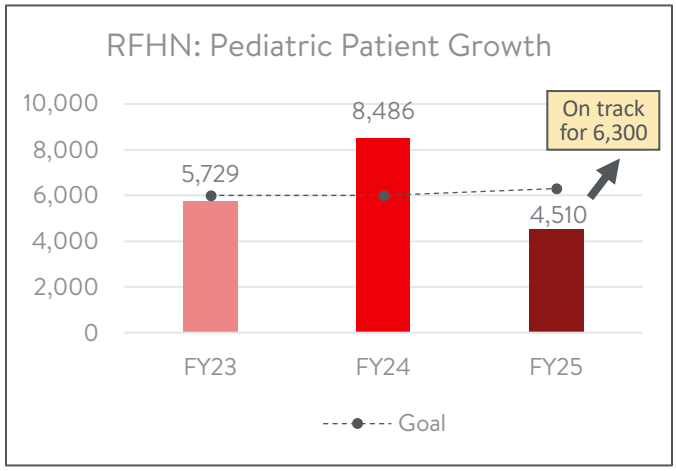
INITIATIVES AND RESULTS

Note: All FY25 data only includes midyear report.

Health Initiative 1: Improve Access to Primary Health Care Services for Children, Teens, and Expectant Mothers

Grantee: Ravenswood Family Health Network

Over the three-year cycle, Ravenswood Family Health Network (RFHN) has made remarkable progress in expanding and enhancing its pediatric services. The number of pediatric patients receiving primary medical services increased significantly, with 8,486 served in FY24 alone, reflecting sustained efforts to enhance access to health care.



The implementation of the Nutritional Insecurity Questionnaire and the standardization of referral processes have been critical in addressing and meeting the varied needs of the pediatric population. The focus on oral health services has also been steady, with 3,972 patients served in FY24 and 2,815 already served mid-year FY25.

Social services visits and integrated behavioral health services have also shown notable growth and standardization, ensuring that patients receive not only medical care but also holistic support addressing social and behavioral health needs.

These results are a testament to the dedication of RFHN to provide coordinated, comprehensive, and patient-centered care across all its clinic sites spanning East Palo Alto, Mountain View, Sunnyvale, and Palo Alto.

FY23–FY25 Midyear Combined Highlights

18,725 pediatric patients received primary medical services.

88% average utilization of the nutritional insecurity screen.

9,804 pediatric patients received oral health care services.

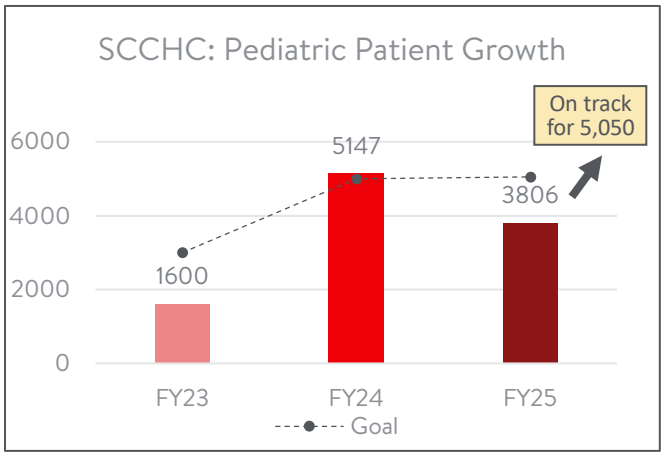
662 social services visits were conducted.

572 pediatric patients received integrated behavioral health services.

Access to Health Care

Grantee: Santa Cruz Community Health Center

Over the three-year cycle, Santa Cruz Community Health Center (SCCHC) has shown remarkable progress in expanding and enhancing services for children, youth, and young adults. The number of pediatric patients served continues to rise, reflecting SCCHC's unwavering commitment to increasing health care access. During the mid-year of FY25, SCCHC served 3,806 pediatric patients, with significant improvements in vaccination rates.



Behavioral health services, notably family therapy, and broader behavioral health care, also saw substantial progress. The partnership with Live Oak School District has notably improved service accessibility at school sites, reaching more individuals in need.

A standout achievement has been the implementation of the PRAPARE and ACE screening tools. These tools have enabled SCCHC to systematically address the social determinants of health for their patients, ensuring comprehensive, individualized care that targets health disparities effectively. Over the three-year period, SCCHC has conducted more than 1,200 screenings.

The transition to the OCHIN Epic EHR system, though challenging, has positioned SCCHC to offer higher-quality care moving forward. These efforts underscore SCCHC's role as a pivotal community health care provider, committed to holistic and accessible health services.

FY23–FY25 Midyear Combined Highlights

12,612 pediatric patients received primary medical services.

228 individuals received family therapy.

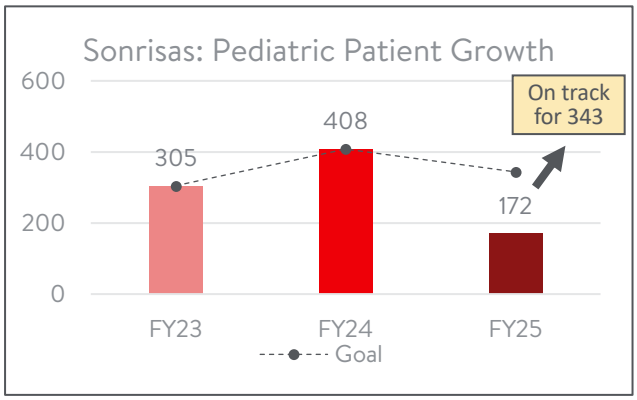
712 pediatric patients received integrated behavioral health services.

1,125 pediatric patients screened using PRAPARE and ACE tools.

Access to Health Care

Grantee: Sonrisas Dental Health

Sonrisas Dental Health has made significant progress in improving oral health care for children in San Mateo County. By midyear FY25, Sonrisas had screened 2,093 children at 20 events across 19 schools, with 42% exhibiting untreated cavities. Every child received personalized oral health education and Oral Health Toolkits, thanks to the hands-on approach taken during screenings.



Grant funding specifically empowered Sonrisas to prioritize students with urgent dental needs, providing critical services to 172 children in FY25 (on track to meet the 343 goal), 408 children in FY24, and 305 children in FY23. These efforts have been crucial in ensuring timely and targeted dental care for vulnerable students.

Family engagement was another priority, with 63% of parents involved in reviewing screening results, confirming dental home status, and navigating Medi-Cal Dental eligibility. Sonrisas established or maintained dental homes for 1,475 pediatric Medi-Cal patients by midyear FY25, reflecting a strong commitment to comprehensive and continuous care.

Collaborations, such as with the Live Oak School District, have enhanced service accessibility. Their holistic approach, combining screenings, care coordination, and consistent education effectively addresses the oral health gap among vulnerable children.

FY23–FY25 Midyear Combined Highlights

9,782 children received school-based oral health screenings.

100% of screened children received oral health education and Oral Health Toolkits.

3,586 pediatric Medi-Cal patients established or maintained dental homes.

6,898 total clinic encounters provided comprehensive oral health services.

65% average family engagement in care coordination.

Economic Stability

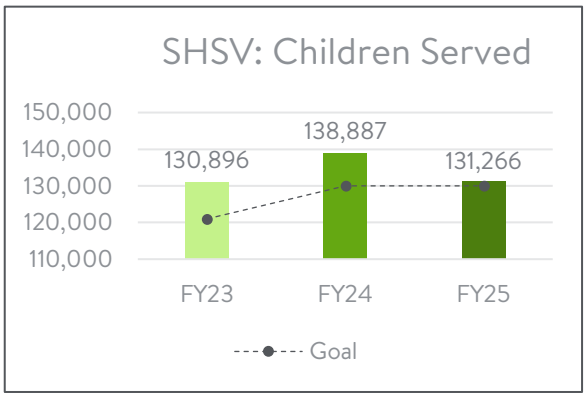
INITIATIVES AND RESULTS

Note: All FY25 data only includes midyear report.

Health Initiative 2: Increase the number of infants, children, adolescents, and young adults who experience economic stability and related improved health outcomes.

Grantee: Second Harvest of Silicon Valley

Second Harvest of Silicon Valley (SHSV), through our Economic Stability initiative, has profoundly impacted low-income children and families in Santa Clara and San Mateo counties from FY23 to FY25. Partnering with 1,223 nonprofit agencies and operating 2,760 distribution sites, they distributed 59.95 million pounds of nutritious food to 401,419 unduplicated children.



The food included 35.65 million pounds (59%) of fresh produce, 11.3 million pounds (19%) of proteins, and 11.8 million pounds (20%) of whole grains. Second Harvest also prescreened 20,493 client households for CalFresh eligibility, submitting 4,333 applications, which included 1,288 households with children. This support provided essential long-term food security for many families.

Innovative methods like pre-boxed packages, drive-through distributions, and home deliveries ensured easy access to food. Tools like the Interactive Food Locator helped clients find nutritious food in their communities. These efforts addressed immediate hunger needs and established a consistent source of nourishment.

FY23–FY25 Midyear Combined Highlights

1,223 nonprofit partners at 2,760 distribution sites.

59.95m pounds of nutritious food distributed to 401,419 unduplicated children.

1,288 households with children aged 17 and under prescreened for CalFresh eligibility.

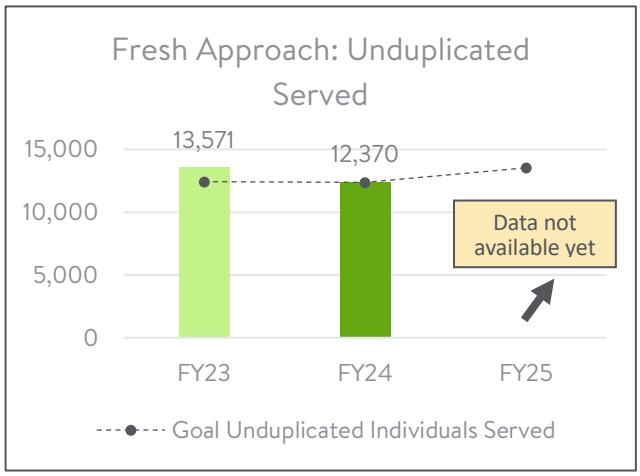
Interactive Food Locator Tool ensured that clients could easily find nutritious food in their communities.

Economic Stability

Grantee: Fresh Approach

Over the three-year cycle, Fresh Approach has made significant strides in enhancing food security and promoting healthy eating habits among low-income populations throughout the Bay Area. Thanks to the generous support from Stanford Children's Hospital, Fresh Approach has been able to scale its initiatives and broaden its impact, particularly in San Mateo and Santa Clara counties.

In FY23, the organization distributed $69,118 in food incentives across its various market platforms. This initiative saw a 14% increase in incentive distribution compared with the same period in the previous year. The community engagement efforts were also formidable, reaching 5,369 individuals through various campaigns and providing crucial information in three different languages.



In FY24, the efforts saw further growth. Fresh Approach managed emergency food distribution and expanded its marketing reach through 96 community-based organizations. This outreach significantly contributed to the strategic success, with an achieved target of 12,370 unique individuals served. The Mobile Farmers' Market, vital for its accessibility, saw daily sales double before an unfortunate truck fire hampered operation.

By mid-FY25, Fresh Approach had already made substantial contributions, supporting over 3,500 unique shoppers, facilitating $55,000 in fruit and vegetable sales to low-income households, and bolstering nine local businesses. Moreover, the region's economy saw an infusion of $1.5 million through partnerships with 27 farmers supported by the Second Harvest Food Bank.

FY23–FY25 Midyear Combined Highlights

3,500 unique shoppers supported at the East Palo Alto Farmers' Market in FY25.

$125,753 total food incentives distributed across all programs.

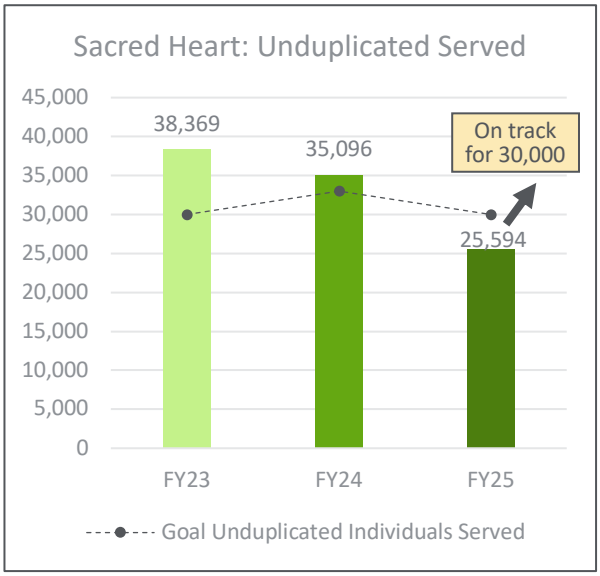
39,472 unique individuals served across the three years.

27 farmers in the region supported in accessing new market channels in FY25.

Economic Stability

Grantee: Sacred Heart Community Service

Over the three-year cycle, Sacred Heart Community Service (SHCS) has shown outstanding commitment to reducing food insecurity in the community. Through dedicated efforts and strategic initiatives, SHCS has significantly impacted thousands of individuals' lives.



In FY23, the Essential Services Pantry program served 38,369 unique households, surpassing the goal of 30,000 households. The Pantry distributed daily lunches and essential food items despite reduced donations from partners.

In FY24, SHCS served 35,096 individuals across various age groups and supported 17,887 households, including 5,087 experiencing homelessness. The program delivered 747,735 meals through 249,245 visits, demonstrating a robust commitment to its mission.

Midway through FY25, SHCS has served 25,594 individuals and is on track to meet its goal of 30,000 unduplicated individuals by the end of the year. The program continues to provide daily lunches and nutrient-dense foods, leveraging Salesforce to monitor and adapt to community needs effectively.

FY23–FY25 Midyear Combined Highlights

98,986 unduplicated individuals served.

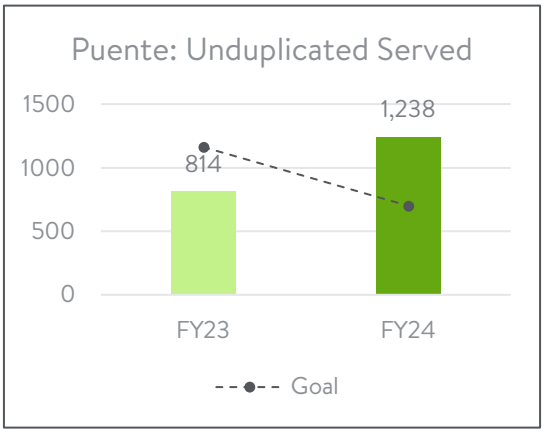
300+ daily lunches consistently served each fiscal year.

747,735 meals served in FY24.

17,887 households including individuals experiencing homelessness supported in FY24.

Economic Stability

Grantee: Puente de la Costa Sur



Puente de la Costa Sur has significantly impacted the rural communities of San Mateo County's South Coast. From FY23 to FY25, Puente served 2,880 unique individuals through health care, financial aid, and community support services. Additionally, Puente disbursed over $671,000 in financial assistance for essentials like rent, utilities, and medical expenses. Nearly 3,700 grocery gift cards were also distributed to support families during income loss periods, particularly assisting farmworkers. In FY23, Puente served 814 unduplicated individuals, which was then improved to 1,238 in FY24, reflecting effective outreach and rising community needs. Health care access was improved with over 500 health insurance enrollments or renewals. The Community Health team delivered 4,206 units of service, including medical appointment coordination, dental programs, and health classes, to address health disparities and ensure that community members receive necessary care.

FY23–FY25 Midyear Combined Highlights

2,880 individuals served with health care, financial aid, and community support services.

$671,212.44 disbursed in financial assistance for rent, utilities, medical bills, and other critical needs.

3,692 grocery gift cards distributed to families for basic grocery needs.

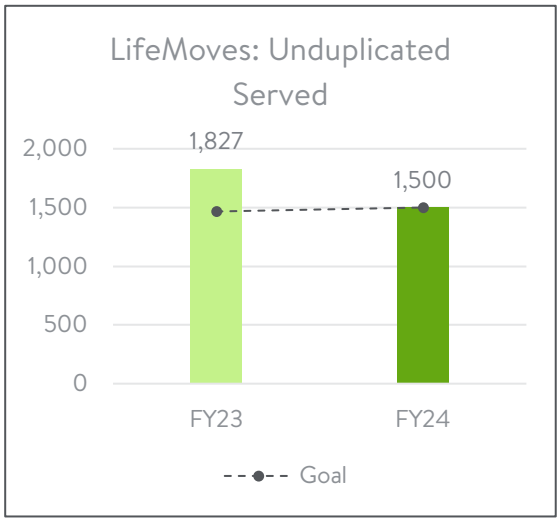
500+ enrollments or renewals into health insurance programs.

4,206 units of service delivered by the Community Health team, including medical appointment coordination, dental assistance, and health classes.

Economic Stability

Grantee: LifeMoves

Over the course of fiscal years 2023 through midyear 2025, the LifeMoves Children's Services Coordinator (CSC) program made substantial progress in supporting the educational and socio-emotional well-being of homeless families in Santa Clara and San Mateo counties.



In FY23, the program served 550 families comprising 1,827 individuals (989 minors), providing 223,925 shelter nights and 670,000 meals, resulting in 84% of families moving to stable housing.

In FY24, services expanded with new community partnerships and the introduction of bilingual support, enhancing the Teen Wellness and Parenting programs. Over half of the CSC staff began offering services in Spanish.

By mid-2025, the program continued to grow, introducing initiatives like the Stanford Winter Enrichment Experience for Teens and various field trips, further supporting children's academic and emotional development.

FY23–FY25 Midyear Combined Highlights

550 families served per year.

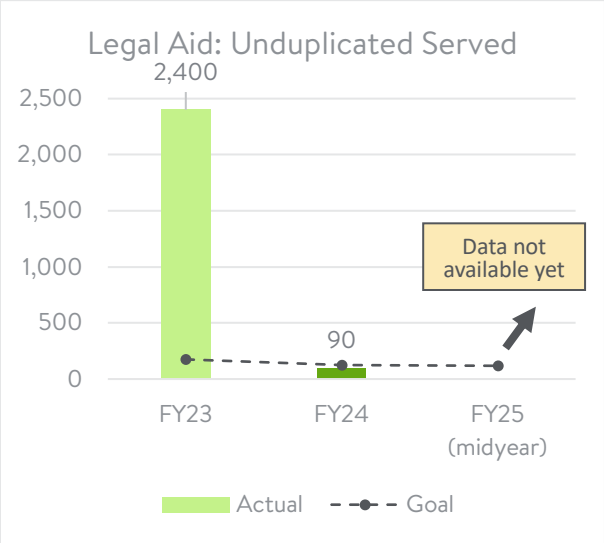
84% exited to stable housing in FY23.

670,000 shelter nights provided in FY23.

90+ wellness groups in San Mateo and Santa Clara counties in FY24.

Economic Stability

Grantee: Legal Aid Society of San Mateo County



From FY23 to FY25, the Peninsula Family Advocacy Program (FAP) by the Legal Aid Society of San Mateo County made remarkable strides, supported by funding from Stanford Medicine Children's Health. FAP provided crucial legal services, securing financial benefits and ensuring access to therapies and special education for low-income families with children with special health care needs. Their dual focus on individual legal support and systemic change significantly improved the economic stability and health care access for these families.

In FY23, FAP opened 140 new cases, continuing this progress into FY24 and FY25 and consistently meeting its objectives. Collaborations with organizations such as IHSS and Health Plan leaders led to systemic improvements, including hiring care coordinators and integration of autism support services. Their educational efforts, like distributing benefit guides, empowered families and enhanced community support. FAP's work has had a profound impact on health care and educational support for vulnerable populations in San Mateo County.

FY23–FY25 Midyear Combined Highlights

100 students with disabilities were provided with legal services to access education and health services.

20 families received legal advocacy for increased income through government benefits.

59 children with disabilities received necessary outpatient therapies.

257 health care providers received technical assistance via "curbside consults."

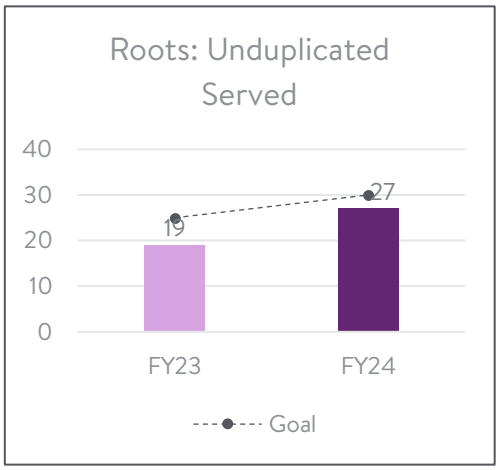
Maternal and Infant Health

INITIATIVES AND RESULTS

Note: All FY25 data only includes midyear report.

Health Initiative 4: Improve the health of infants and new mothers.

Grantee: Roots Community Health Center



Roots Community Health Center has focused on enhancing the wellness of African American women and young children in Santa Clara County. Through dedicated endeavors, these efforts addressed both perinatal and infant mental health and provided culturally congruent birth and labor education. Their efforts included organizing focus groups, community meetings, and comprehensive educational programs.

In FY23, the Perinatal and Infant Mental Wellness Project organized focus groups and community meetings with health care professionals. Despite outreach challenges, 100% of participants felt more knowledgeable about postpartum care and self-care, while maternal check-ins reinforced healthy lifestyle choices. FY24 introduced a pioneering birth and labor education program, certifying staff and leading multiple educational sessions. The curriculum dramatically increased knowledge about healthy pregnancies and awareness of critical health indicators. Strong engagement led to 46 participants signing up and 27 unduplicated attendees.

FY23–FY25 Midyear Combined Highlights

100% of participants were more knowledgeable about postpartum care and self-care overall in FY23.

91% of participants indicated they knew how to prepare nutritious food after receiving access to the health meal kit delivery program in FY23.

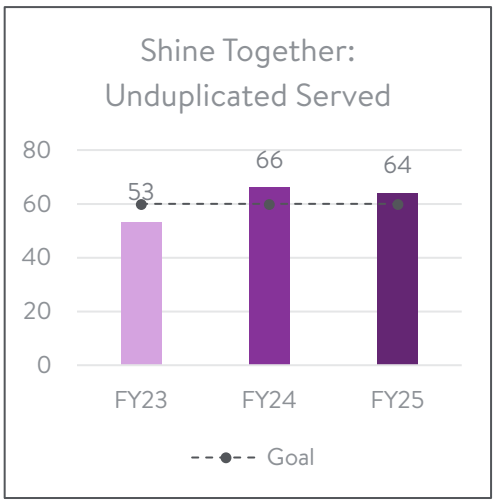
33.33% improved knowledge of balanced diet and regular exercise in FY24.

39 attendees anticipated in the first complete round of childbirth education classes in FY24.

Maternal and Infant Health

Grantee: Shine Together

Over the past three fiscal years, Shine Together's San José Program has significantly impacted the emotional, mental, and physical health of young mothers by delivering comprehensive services such as peer learning, workshops, and individual coaching. Throughout FY23 to FY25, Shine served a collective total of 178 young mothers directly, surpassing their goals each year. In FY23, Shine supported 53 young mothers, while FY24 saw an increase to 66 participants, and FY25, midyear, has already recorded 64 participants.



Educational attainment was a significant focus for Shine, with 87% of participants in FY23 completing high school or being on track to graduate. By FY24, 64% had completed high school, and 60% had enrolled in postsecondary programs. Moreover, 86% demonstrated decreased parenting stress after participating in the program, illustrating the emotional and psychological support provided. Each fiscal year marked cumulative achievements and improvements in health and wellness stability, showcasing the effectiveness of Shine's approach in empowering young mothers and improving their quality of life. With extensive support from community and health partners, Shine Together continues to foster resilience, education, and well-being among its members.

FY23–FY25 Midyear Combined Highlights

178 young mothers served.

64% participants completed high school or equivalent in FY24.

93% enrolled in postsecondary programs for those who graduated high school in FY24.

86% achieved stable or thriving in health and wellness components after program participation in FY24.

Social/Emotional Health

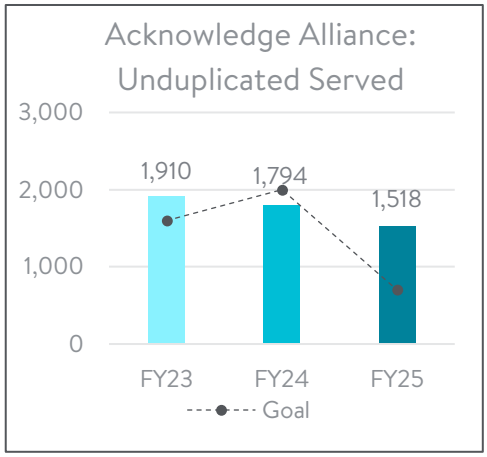
INITIATIVES AND RESULTS

Note: All FY25 data only includes midyear report.

Health Initiative 1: Children, adolescents, and young adults experience good social and emotional health (mental health) and are able to cope with life's stressors.

Grantee: Acknowledge Alliance

Acknowledge Alliance's Resilience Consultation Program (RCP) has significantly impacted student and educator well-being in Santa Clara County from FY23 to FY25. The program's integration of Social Emotional Learning (SEL) lessons and extensive educator consultation services has facilitated emotional resilience and supportive environments in schools.



In FY23, RCP exceeded its goal by serving 1,910 individuals, laying a strong foundation for further growth. FY24 saw the program further support 1,794 individuals, slightly below the goal but reflecting substantial service reach amid ongoing post-pandemic challenges. By FY25, as of March 1, RCP had impacted 1,518 individuals through various service occurrences, including SEL lessons, consultations, classroom observations, and crisis interventions. Despite challenges such as inflation and staffing difficulties, RCP continued to adapt and meet the dynamic needs of students and educators, fostering resilience and emotional well-being across school communities.

FY23–FY25 Midyear Combined Highlights

2,123 unique educators served.

4,329 students directly received SEL lessons.

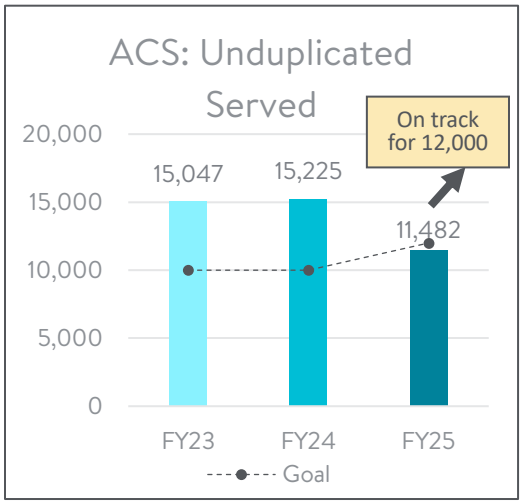
5,498 individual educator consultation sessions.

10,379 combined service occurrences.

872 hours of student counseling provided.

Social/Emotional Health

Grantee: Adolescent Counseling Services



Adolescent Counseling Services (ACS) has substantially impacted mental health support through its Mental Health Access for Youth Initiative (MHAYI) from FY23 to FY25 for youth in Santa Clara and San Mateo counties. In FY23, ACS served 15,047 individuals, exceeding the goal of 10,000 by 50%. This upward trend continued in FY24, with 15,225 individuals served, surpassing the same goal. As of mid-FY25, ACS had already reached 11,482 clients, achieving 96% of the annual goal of 12,000.

The variety and inclusiveness of ACS's services, including individual and group therapy, educational workshops, and substance misuse treatment, have been pivotal in addressing the evolving mental health needs. Enhanced parent support groups, more Spanish-speaking clinicians, and strong partnerships with schools have contributed to the positive outcomes observed. The majority of clients have engaged well with the therapy process, reflecting ACS's effectiveness in fostering a supportive environment.

FY23–FY25 Midyear Combined Highlights

41,754 individuals served.

90% of LGBTQIA+ clients reported increased understanding and connectedness.

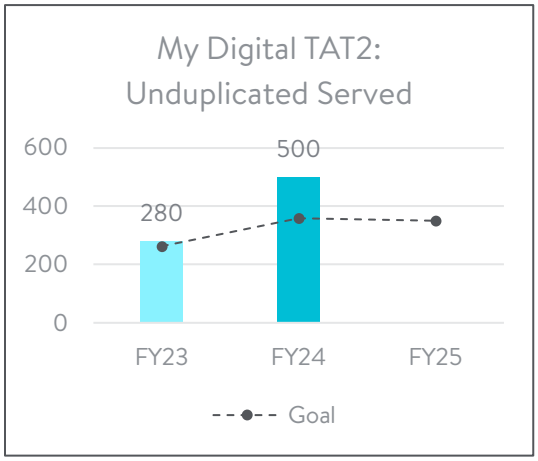
100% of FY23 clients with treatment plans achieved their therapy goals.

86% of clients in FY23 increased understanding of LGBTQIA+ issues.

Social/Emotional Health

Grantee: My Digital TAT2

From FY23 to FY25, the My Digital TAT2 program has demonstrated consistent growth and adaptation to support the mental health community of San Mateo and Santa Clara counties.



Across these years, the program has partnered with notable health care providers, including Stanford Medicine Children's Health, Ravenswood Family Health, Menlo Park City School District, Kaiser Santa Clara, and more. Each year, the program has continued to refine its workshops and materials to address current digital challenges faced by youth and their families. Key updates include the integration of recent literature reviews on "Media Use Interventions" and "Parent Monitoring," which have provided essential insights for tailoring the training sessions.

In FY25, the program served 138 counselors/clinicians and 22 parents up to the midyear point, marking an ongoing commitment to community engagement and education. Results from surveys highlight positive outcomes: 100% of respondents agreed that they gained a clearer understanding of the psychological impacts of digital use, along with practical strategies to support youths. This success builds on the foundation laid in FY23 and FY24, where the program served 263 and 359 unduplicated individuals, respectively. The feedback collected demonstrates the effectiveness and necessity of these initiatives in adapting to the ever-changing digital landscape for the benefit of young people's mental health.

FY23–FY25 Midyear Combined Highlights

1,392 encounters facilitated through workshops and training sessions.

100% of FY25 respondents gained clear understanding of recent research on digital use psychological impacts on youth.

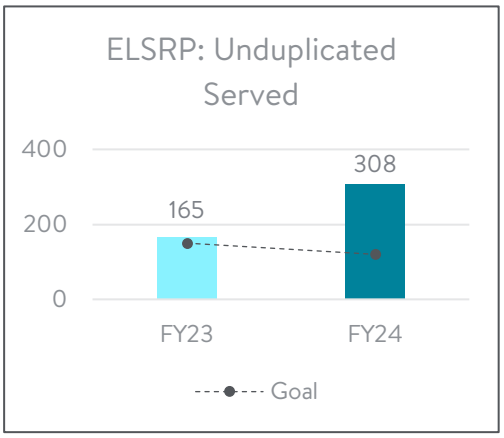
95% of FY24 respondents felt prepared to engage in dialogue about digital use and develop digital agency skills in youths.

25% increase in health care partners from FY23 to FY25.

Social/Emotional Health

Grantee: Stanford Early Life Stress and Resilience Program (ELSRP)

From FY23 to mid-FY25, the Immigrant Child Health Program has significantly advanced its support for newcomer immigrant children in the Bay Area. By offering interdisciplinary, trauma-informed services and training, the program has effectively coordinated health care, legal, educational, and social service providers to address complex community needs. The initiative has consistently exceeded annual goals, serving a cumulative total of 473 individuals against a combined goal of 470.



In FY24 alone, the program reached 308 individuals, more than doubling the target of 120. Key activities included training sessions on topics such as trauma in immigration advocacy and mental health evaluations in asylum cases. These trainings were highly rated, reflecting the program's success in capacity-building for service providers. The ongoing efforts in FY25 continue to build on this strong foundation, aiming to meet or exceed the goal of serving 200 individuals by the end of the fiscal year.

FY23–FY25 Midyear Combined Highlights

473 encounters facilitated through workshops and training sessions.

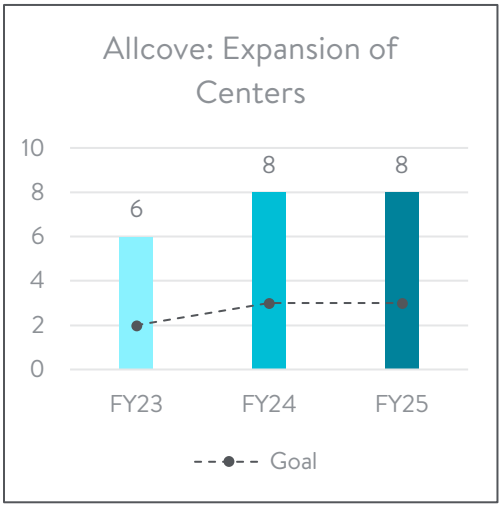
4.6 out of 5 average satisfaction rating for training sessions.

34% increase in individuals served, compared with cumulative goal of 470.

Social/Emotional Health

Grantee: ADELSHEIM PENDING

From FY23 to FY25, the Stanford Center for Youth Mental Health and Wellbeing has made remarkable progress toward improving youth mental health services. Over these years, the allcove network expanded to three operational centers with eight others in development, enhancing accessibility and intervention for mental health issues. This period saw the successful launch of datacove, a data collection system designed to inform evaluation and support sustainability. Youth engagement took center stage with the formation of the Center Youth Collective, a diversified advisory body, and the allcove learning community delivered extensive implementation assistance.



The Indigenous Youth Wellbeing team strengthened tribal partnerships and facilitated the Native American Youth Mental Health ECHO Series, creating robust support systems for Native youth. The Media and Mental Health Initiative (MMHI) continued its impactful work by training journalists on responsible suicide reporting and collaborating on predictive modeling algorithms. Meanwhile, the GoodforMEdia program tackled social media's impact on youth mental health, producing youth-developed conversation starter cards and hosting interactive events. Together, these initiatives signify the center's unwavering commitment to fostering a supportive environment for youth mental health.

FY23–FY25 Midyear Combined Highlights

3 operational allcove centers with **8** in development.

1,500+ hours of implementation assistance provided.

220 attendees at the 2025 allcove conference.

8. Conclusion

Lucile Packard Children's Hospital Stanford worked with local hospital and health system partners, pooling expertise and resources, to conduct the 2025 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. Packard Children's further prioritized health needs in its area based on a set of defined criteria.

The 2025 CHNA, which builds upon prior assessments dating back to 1995, meets federal (IRS) and California state requirements.

Next steps for our hospital:

- Make the CHNA report, adopted by our hospital board on April 23, 2025, publicly available on our website by Aug. 31, 2025.[72]
- 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 our hospital board and filed with the IRS by Jan. 15, 2026.

72 https://www.stanfordchildrens.org/en/about/government-community/benefits-reports

9. List of Attachments

1. Secondary Data Indicators Index
2. Secondary Data Tables
3. Community Leaders, Representatives, and Members Consulted
4. Qualitative Research Materials
5. Community Assets and Resources
    a. San Mateo County
    b. Santa Clara County
6. IRS Checklist

ATTACHMENT 1: SECONDARY DATA INDICATORS INDEX

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH	Adults Needing and Receiving Behavioral Health Care Services	Percentage of adults needing care for emotional or mental health or substance abuse issues who stated that they did obtain help for those issues in the past year.	San Mateo County Health All Together Better Platform	2021–2022
BEHAVIORAL HEALTH	Knowledgeable About Resources, San Mateo County Black/African Americans	Survey responses about knowledge of behavioral health services.	San Mateo County African American Community Assessment 2023	2023
BEHAVIORAL HEALTH	Knowledgeable About Resources, San Mateo County Latinos	Survey responses about knowledge of behavioral health services.	San Mateo County Latino Community Assessment	2023
BEHAVIORAL HEALTH	Knowledgeable About Resources, San Mateo County Tongans	Survey responses about knowledge of behavioral health services.	San Mateo County Latino Community Assessment	2023
BEHAVIORAL HEALTH: ATOD[72]	Adult Alcohol Use Hospitalizations	Average annual age-adjusted hospitalization rate due to acute or chronic alcohol abuse per 10,000 population aged 18 years and older. "Alcohol abuse" includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol. Diseases of the nervous system, digestive system, and circulatory system caused by alcohol are also included.	San Mateo County Health All Together Better Platform	2018–2020
BEHAVIORAL HEALTH: ATOD	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: ATOD	Alcohol and Drug Use Frequency (by substance), San Mateo County Black/African Americans	Survey responses about frequency of alcohol and drug use.	San Mateo County African American Community Assessment 2023	2023

[72] ATOD=Alcohol, Tobacco, and Other Drugs.

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: ATOD	Alcohol and Drug use, First Age, San Mateo County African Americans	Average age of first use for tobacco, marijuana, and alcohol, San Mateo County African Americans (survey responses).	San Mateo County African American Community Assessment 2023	2023
BEHAVIORAL HEALTH: ATOD	Alcohol and Drug Use, Lifetime (by substance), San Mateo County Black/African Americans	Survey responses about whether they had ever used alcohol, drugs in their lives.	San Mateo County African American Community Assessment 2023	2023
BEHAVIORAL HEALTH: ATOD	Alcohol and Drug Use, Lifetime, San Mateo County Tongans	Survey responses about whether they had ever used alcohol, drugs in their lives.	San Mateo County Latino Community Assessment	2023
BEHAVIORAL HEALTH: ATOD	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	Fatality Analysis Reporting System	2016–2020
BEHAVIORAL HEALTH: ATOD	Chronic Liver Disease and Cirrhosis Among Leading Causes of Death	Rank within county.	California Department of Public Health, 2024 Death Statistics File	2024
BEHAVIORAL HEALTH: ATOD	Current Smokers	The percentage of the adult population in a county who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime, age adjusted.	California Health Interview Survey (CHIS)	2022
BEHAVIORAL HEALTH: ATOD	Drug and Opioid-Involved Overdose Death Rate	Age-adjusted drug and opioids-involved death rate.	San Mateo County Health All Together Better Platform	2018–2020
BEHAVIORAL HEALTH: ATOD	Drug Overdose Deaths	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics—Mortality Files	2018–2020
BEHAVIORAL HEALTH: ATOD	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: ATOD	Mental Health Service Utilization, San Mateo County Tongans	Not available.	San Mateo County Latino Community Assessment	2023
BEHAVIORAL HEALTH: ATOD	Opioid Overdose ED Visits Hospitalizations, Deaths	Age-adjusted rates per 100,000.	Santa Clara County Public Health Department. Deaths: 2021–2023; Hospitalizations: 2017–2021	See source column for dates
BEHAVIORAL HEALTH: ATOD	Reasons for Alcohol and Drug Use, San Mateo County Black/African Americans	Survey responses about reasons for using alcohol and drugs.	San Mateo County African American Community Assessment 2023	2023

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: ATOD	Student Drinking	Students Who Have Consumed Alcohol 7 or More Times in Their Lifetimes (7th Graders, 9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
BEHAVIORAL HEALTH: ATOD	Student Recent Alcohol or Drug Use	Students Who Used Alcohol or Drugs in the Previous Month (7th Graders, 9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
BEHAVIORAL HEALTH: ATOD	Students Recent Marijuana Use	Students Who Used Marijuana 20–30 Days in the Previous Month (7th Graders, 9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
BEHAVIORAL HEALTH: ATOD	Substance Use ED Visits and Hospitalizations, San Mateo County	The age-adjusted emergency department visit rate due to substance use disorders per 10,000 population aged 18 years and older. Substance-related disorders include the use, abuse, and dependence of opioids, cannabis, sedatives, hypnotics, anxiolytics, cocaine, other stimulants, hallucinogens, nicotine, inhalants, and other psychoactive substances. Cases of abuse of non-psychoactive substances; maternal care for (suspected) damage to fetus by drugs; and drug use complicating pregnancy, childbirth, and the puerperium are also included. Cases of alcohol-related disorders and poisoning due to intentional self-harm (if primary diagnosis) are excluded.	San Mateo County Health All Together Better Platform	2018–2020
BEHAVIORAL HEALTH: ATOD	Adolescent Alcohol Use	ER and Hospitalization Rates per 10,000 population 10–17 years.	San Mateo County Health All Together Better Platform	2018–2020
BEHAVIORAL HEALTH: MH [73]	Adult Mental Health ED and Hospitalization Rates, San Mateo County	ED and Hospitalization Rates per 10,000 population 18 years and older.	San Mateo County Health All Together Better Platform	2018–2020
BEHAVIORAL HEALTH: MH	Adults with 1–3 Adverse Childhood Experiences 2017	Adults with 1–3 Adverse Childhood Experiences 2017.	UC Davis Violence Prevention Research Program, tabulation	2020

[73] MH=Mental Health

Category	Indicator	Description	Source	Year(s)
			of data from the CA Behavioral Risk Factor Surveillance System and American Community	
BEHAVIORAL HEALTH: MH	Adults with 1–3 Adverse Childhood Experiences 2019	Adults with 1–3 Adverse Childhood Experiences 2019.	California Department of Public Health, Injury and Violence Prevention Branch, California Behavioral Risk Factor Surveillance System Custom tabulation	2022
BEHAVIORAL HEALTH: MH	Adults with 4 or More Adverse Childhood Experiences 2017	Adults with 4 or More Adverse Childhood Experiences 2017.	UC Davis Violence Prevention Research Program, tabulation of data from the California Behavioral Risk Factor Surveillance System and American Community Survey	2020
BEHAVIORAL HEALTH: MH	Adults with 4 or More Adverse Childhood Experiences 2019	Adults with 4 or More Adverse Childhood Experiences 2019	California Department of Public Health, Injury and Violence Prevention Branch, California Behavioral Risk Factor Surveillance System custom tabulation	2022
BEHAVIORAL HEALTH: MH	Adults with Likely Serious Psychological Distress	Percentage of adults who have likely had serious psychological distress in the last year based on the Kessler 6 scale.	San Mateo County Health All Together Better Platform	2021–2022
BEHAVIORAL HEALTH: MH	Children with 2 or More Adverse Experiences	Children Ages 0–17 with 2 or More Adverse Experiences (Parent Reported).	Population Reference Bureau, analysis of National Survey of Children's Health and the American Community Survey	2017–2021
BEHAVIORAL HEALTH: MH	Deaths of Despair	Deaths due to alcohol, drug abuse, and suicide counts, crude rates, and age-adjusted rates per 100,000 population.	Santa Clara County Public Health Department, California Integrated Vital Records System (CalIVRS), California Comprehensive Death Files, 2021–2023	2021–2023

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: MH	Depression: Medicare Population	Percentage of Medicare beneficiaries who were treated for depression (persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease).	San Mateo County Health All Together Better Platform	2022
BEHAVIORAL HEALTH: MH	Difficulty in Isolation or Feelings of Loneliness	Percentage of adults 18 years and older who reported having difficulty with isolation or feelings of loneliness.	San Mateo County Health All Together Better Platform	2022
BEHAVIORAL HEALTH: MH	Experiencing Sadness and Loneliness, San Mateo County Latinos	Not available.	San Mateo County Latino Community Assessment	2023
BEHAVIORAL HEALTH: MH	Feelings of Anxiety	Average number of days adults 18 years and older reported feeling worried, tense, or anxious in the past 30 days.	San Mateo County Health All Together Better Platform	2022
BEHAVIORAL HEALTH: MH	Feelings of Depression	Average number of days adults 18 years and older reported feeling sad, blue, or depressed in the past 30 days.	San Mateo County Health All Together Better Platform	2022
BEHAVIORAL HEALTH: MH	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: MH	Health Provider Shortage Areas: Mental Health	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health and Human Services, Health Resources and Services Administration	2022
BEHAVIORAL HEALTH: MH	Mental Health Hospitalizations Among Children	Mental Health Hospitalization Discharges Among Children Ages 5–14, 15–19.	California Department of Health Care Access and Information custom tabulation, as cited on KidsData.org	2021
BEHAVIORAL HEALTH: MH	Mental Health Providers	Ratio of population to mental health providers.	Centers for Medicare and Medicaid Services, National Provider Identification	2022
BEHAVIORAL HEALTH: MH	Mental Health, Children ED Visits and Hospitalizations	Age-adjusted emergency department visit rate and hospitalization rate due to mental health per 10,000 population under 18 years. Cases include adjustment disorders; anxiety disorders; attention deficit conduct and disruptive behavior disorders; delirium, dementia, amnestic, and other cognitive disorders; disorders	San Mateo County Health All Together Better Platform	2018–2020

Category	Indicator	Description	Source	Year(s)
		usually diagnosed in infancy, childhood, or adolescence; mood disorders; personality disorders; schizophrenia and other psychotic disorders; and impulse control disorders not elsewhere classified.		
BEHAVIORAL HEALTH: MH	Poor Mental Health—Latino	Percent rating mental health not "good" for 1+ days in last month, Silicon Valley.	Latino Report Card Survey	2022–2023
BEHAVIORAL HEALTH: MH	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: MH	Racial Discrimination—Emotional Symptoms	Percentage of adults 18 years and older who reported feeling emotionally upset (angry, sad, or frustrated) because of how they were treated based on their race in the past 30 days.	San Mateo County Health All Together Better Platform	2022
BEHAVIORAL HEALTH: MH	Ratio of Students to School Psychologists	Ratio of Students to School Psychologists.	California Department of Education, Staff Assignment and Course Data and DataQuest	2019
BEHAVIORAL HEALTH: MH	Ratio of Students to School Social Workers	Ratio of Students to School Social Workers.	California Department of Education, Staff Assignment and Course Data and DataQuest	2019
BEHAVIORAL HEALTH: MH	Received Mental Health Supports they needed—Latino	Latin vs. non-Latino, Silicon Valley.	Latino Report Card Survey	2022–2023
BEHAVIORAL HEALTH: MH	Screen Time (Youth)	Percentage of parents with children ages 1 to 17 who reported their child spending three or more hours per day watching screens for entertainment.	San Mateo County Health All Together Better Platform	2022
BEHAVIORAL HEALTH: MH	Self-Harm (Suicide) Among Leading Causes of Death	Rank among reasons for death within counties.	California Department of Public Health, 2024 Death Statistics File	2024
BEHAVIORAL HEALTH: MH	Self-Harm ED Visits and Hospitalizations	ED Visits or Hospitalizations with an intentional self-harm/injury diagnosis per 100,000 population.	Santa Clara County Public Health Department	2017–2021
BEHAVIORAL HEALTH: MH	Self-Injury, San Mateo County Latino Youth	Youth Engaged in Self-injury who are not receiving services, San Mateo County Latinos.	San Mateo County Latino Community Assessment	2023
BEHAVIORAL HEALTH: MH	Severe Mental Illness ED Visits and Hospitalizations	Age-adjusted ED Visits or Hospitalizations rates per 100,000. ICD-10 Codes: F2[0-9]|F30[1-3,8-9]| F31[0-	California Department of Health Care Access and	2017–2021

Category	Indicator	Description	Source	Year(s)
		6]|F317[0-1,3,5,7]|F31[8-9]|F32[2-4]|F32[8-9]|F33[1-3]|F334[0-1]|F33[8-9]|F34|F39|F400|F4[1-2]|F431|F4[4-5]|F48[1-2]|F60|F50|F53|F91.	Information (HCAI), Patient Discharge Data	
BEHAVIORAL HEALTH: MH	Severe Mental Illness Related to Drug and Alcohol ED Visits and Hospitalizations	ED Visits or Hospitalizations per 100,000 population. ICD-10 Codes: F101[4-5]|F10180|F102[4-5] |F10280|F109[4-5]|F10980|F111[4-5]|F112[4-5]|F119[4-4],|F12150|F12180|F1225|F12280|F1295|F12980|F131[4-5]|F13180|F132[4-5]|F13280|F139[4-5]|F13980|F141[4-5]|F14180|F142[4-5]|F14280|F149[4-5]|F14980|F151[4-5]|F15180|F152[4-5]|F15280|F159[4-5]|F15980|F161[4-5]|F16180|F162[4-5]|F16280|F169[4-5]|F16980|F181[4-5]|F18180|F182[4-5]|F18280|F189[4-5]|F18980|F191[4-5]|F19180|F192[4-5]|F19280|F199[4-5]|F19980	California Department of Health Care Access and Information (HCAI), Patient Discharge Data	2017–2021
BEHAVIORAL HEALTH: MH	Social Associations	Number of membership associations per 10,000 population.	County Business Patterns	2020
BEHAVIORAL HEALTH: MH	Student Depression	Students Who Had Depression-Related Feelings in the Previous (Year 7th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
BEHAVIORAL HEALTH: MH	Student Depression	9th Graders Who Had Depression-Related Feelings in the Previous Year.	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
BEHAVIORAL HEALTH: MH	Student Suicidal Ideation the Previous Year	Students Who Seriously Considered Attempting Suicide in the Previous Year (9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
BEHAVIORAL HEALTH: MH	Students with a Low Level of Caring Relationships with Adults at School	Students with a Low Level of Caring Relationships with Adults at School (7th Graders, 9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
BEHAVIORAL HEALTH: MH	Suicidal Ideation, Adults	Percentage of adults who ever seriously thought about committing suicide.	San Mateo County Health All Together Better Platform	2021–2022
BEHAVIORAL HEALTH: MH	Suicide Deaths	Age-adjusted rates per 100,000 population.	Santa Clara County Public Health Department	2013–2023

Category	Indicator	Description	Source	Year(s)
CANCER	Breast Cancer (Female) Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Cancer Among Leading Causes of Death	Rank within county.	California Department of Public Health, 2024 Death Statistics File	2024
CANCER	Cancer Deaths (overall and by site)	Age-adjusted mortality rate due to all cancers and by site per 100,000.	Santa Clara County Public Health Department	2019–2023
CANCER	Cancer Incidence Among Children Ages 0–19	Cancer Incidence Among Children Ages 0–19.	National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program Research Data; U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool	2018
CANCER	Cancer Incidence, All Sites	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Colorectal Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Kidney Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Liver Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Lung Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Lymph Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021

Category	Indicator	Description	Source	Year(s)
CANCER	Mammography Screening	Percentage of female Medicare enrollees ages 65–74 that received an annual mammography screening.	Mapping Medicare Disparities Tool	2020
CANCER	Melanoma Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Pancreas Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Prostate Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Thyroid Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Urinary Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site. Corpus and Uterus Not Otherwise Specified (NOS).	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Uterine Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CLIMATE/ NATURAL ENV[74]	Air Pollution	Yearly average of fine particulate matter concentration (very small particles from vehicle tailpipes, tires and brakes, power plants, factories, burning wood, construction dust, and many other sources), measured in micrograms/meter.	Environmental Public Health Tracking Network	2017
CLIMATE/ NATURAL ENV	Air Pollution—Diesel	Average daily amount of particulate pollution from diesel sources.	CalEnviroScreen 4.0	2016
CLIMATE/ NATURAL ENV	Air Pollution—Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	Environmental Public Health Tracking Network	2019
CLIMATE/ NATURAL ENV	Air Pollution—Particulate Matter	Annual average amount of fine particulate matter (PM2.5).	National Institute for Minority Health and Health Disparities	2015–2017

[74] ENV=Environment.

Category	Indicator	Description	Source	Year(s)
CLIMATE/ NATURAL ENV	Change in Average Daily Temperature	Change in Average Daily Temperature (Degrees Fahrenheit).	First Street Technology	2025
CLIMATE/ NATURAL ENV	Drinking Water Contaminants	Index score combining information about 13 contaminants and 2 types of water quality violations found during drinking water sample testing. California Environmental Protection Agency (CalEPA) and is included in the CalEnviroScreen (CES).	California Environmental Protection Agency (CalEPA)	2011–2019
CLIMATE/ NATURAL ENV	Drinking Water Violations	Indicator of the presence of health-related drinking water violations. “Yes” indicates the presence of a violation, “No” indicates no violation.	Safe Drinking Water Information System	2021
CLIMATE/ NATURAL ENV	Driving Alone to Work	Percentage of the workforce that drives alone to work.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
CLIMATE/ NATURAL ENV	Environmental Sustainability	Grade of A to F (based on 3 measures), Latinos.	Latino Report Card Survey	2022–2023
CLIMATE/ NATURAL ENV	Extreme Heat Days (Projected)	Projected number of extreme heat days annually for 2050 and 2085. Extreme heat refers to 90 degrees or more.	CDPH California Building Resilience Against Climate Effects (CalBRACE)	2022
CLIMATE/ NATURAL ENV	Flood Risk	Flood risk now and in 30 years (minor to severe) by type (residential, commercial, infrastructure, social, and roads)	First Street Technology	2025
CLIMATE/ NATURAL ENV	Greenhouse Gas Emissions, Silicon Valley	Greenhouse gas emissions in Silicon Valley from sources such as transportation, electricity and natural gas use, and solid waste.	Silicon Valley Index 2024	2022
CLIMATE/ NATURAL ENV	High Temperature Days	Number of Days in Excess of 95° (Projected).	First Street Technology	2025
CLIMATE/ NATURAL ENV	Long Commute—Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
CLIMATE/ NATURAL ENV	Per Capita Transit Use Silicon Valley	Number of rides per capita on regional public transportation systems.	Altamont Corridor Express, Caltrain, SamTrans, Santa Clara Valley Transportation Authority, California Department of Finance with	2023

Category	Indicator	Description	Source	Year(s)
			analysis by Analysis: Silicon Valley Institute for Regional Studies	
CLIMATE/ NATURAL ENV	Poor Air Quality	The likely number of days with air quality considered to be “Unhealthy” or “Unhealthy for Sensitive Groups,” based on the U.S. Environmental Protection Agency’s Air Quality Index (AQI), for both today and 30 years in the future under the influence of climate change.	First Street Technology	2025
CLIMATE/ NATURAL ENV	Traffic Volume	Regional Studies.	EJSCREEN: Environmental Justice Screening and Mapping Tool, as cited by Community Health Rankings	2019
CLIMATE/ NATURAL ENV	Wildfire Risk	Wildfire risk now and in 30 years (1=minimal; 10=extreme).	First Street Technology	2025
CLIMATE/ NATURAL ENV	Workers Commuting by Public Transportation	Percentage of workers aged 16 years and over who commute to work by public transportation.	San Mateo County Health All Together Better Platform	2018–2022
COMMUNICABLE DISEASES	Community Acquired Pneumonia	ER and Hospitalization Rates per 10,000 population 18 years and older.	San Mateo County Health All Together Better Platform	2018–2020
COMMUNICABLE DISEASES	COVID-19 Case Rate, Santa Clara County	New case rate per 100,000 population.	Santa Clara County Public Health Department	2023
COMMUNICABLE DISEASES	COVID-19 Death Rate, Santa Clara County	Age-adjusted rate per 100,000 population.	Santa Clara County Public Health Department	2023
COMMUNICABLE DISEASES	Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Mapping Medicare Disparities Tool	2020
COMMUNICABLE DISEASES	Flu Vaccinations: Medicare Population	Percentage of Medicare beneficiaries who received the influenza vaccination (persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease).	San Mateo County Health All Together Better Platform	2022
COMMUNICABLE DISEASES	Hepatitis	Age-adjusted emergency department visit rate and hospitalization rate due to hepatitis per 10,000 population aged 18 years and older. Cases with a primary diagnosis of acute or chronic viral hepatitis, acute or chronic toxic liver disease with hepatitis, cytomegaloviral hepatitis, mumps hepatitis,	San Mateo County Health All Together Better Platform	2018–2020

Category	Indicator	Description	Source	Year(s)
		toxoplasma hepatitis, alcoholic hepatitis, autoimmune hepatitis, and chronic hepatitis not elsewhere classified are included.		
COMMUNICABLE DISEASES	Immunization-Preventable Pneumonia and Influenza	Age-adjusted emergency department visit rate due to immunization-preventable pneumonia and influenza per 10,000 population aged 18 years and older.	San Mateo County Health All Together Better Platform	2018–2020
COMMUNICABLE DISEASES	Influenza and Pneumonia Among Leading Causes of Death	Rank within county.	California Department of Public Health, 2024 Death Statistics File	2024
COMMUNICABLE DISEASES	Kindergarteners with All Required Immunizations	Kindergartners with All Required Immunizations.	California Department of Public Health, Immunization Branch, Reporting Data for Kindergarten and 7th Grade	2022
COMMUNICABLE DISEASES	Pneumonia Vaccinations: Medicare Population	Percentage of Medicare beneficiaries who received the pneumococcal (pneumonia) vaccine (persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease).	San Mateo County Health All Together Better Platform	2022
COMMUNICABLE DISEASES	Tuberculosis Case Rate and Rank	Tuberculosis Cases, Rates per 100,000 Population, and Rank.	California Department of Public Health, Tuberculosis Control Branch	2022
COMMUNITY SAFETY	Adult Arrest Rate	The number of felony and misdemeanor arrests per 1,000 adults ages 18 and over.	San Mateo County Health All Together Better Platform	2022
COMMUNITY SAFETY	Assault (Homicide) Among Leading Causes of Death	Rank within county.	California Department of Public Health, 2024 Death Statistics File	2024
COMMUNITY SAFETY	Assault ED Visits, Hospitalizations, Deaths (Homicide)	Rates per 100,000 Population.	Santa Clara County Public Health Department	2017–2021
COMMUNITY SAFETY	Children Ages 0–17 with Substantiated Cases of Abuse or Neglect	Children Ages 0–17 with Substantiated Cases of Abuse or Neglect.	California Child Welfare Indicators Project, CCWIP Reports. University of California, Berkeley, California Department of Social Services.	2021

Category	Indicator	Description	Source	Year(s)
COMMUNITY SAFETY	Children Ages 0–21 in Foster Care	Children Ages 0–21 in Foster Care.	California Child Welfare Indicators Project, CCWIP Reports. University of California, Berkeley, and California Department of Social Services 2024); California Department of Finance, Population Estimates and Projections	2024
COMMUNITY SAFETY	Domestic Violence-Related Calls for Assistance Among Adults Ages 18–69	Domestic Violence-Related Calls for Assistance Among Adults Ages 18–69.	California Department of Justice Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance; California Department of Finance, Population Estimates and Projections	2021
COMMUNITY SAFETY	Felony Arrests Among Juveniles Ages 10–17	Felony Arrests Among Juveniles Ages 10–17.	California Department of Justice, Crime Statistics: Arrests; California Department of Finance, Population Estimates and Projections	2021
COMMUNITY SAFETY	Firearm-Related Deaths	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics—Mortality Files, as cited by County Health Rankings	2016–2020
COMMUNITY SAFETY	Firearm-Related Deaths, Santa Clara County	Number of deaths due to firearms per 100,000 population.	Santa Clara County Public Health Department	2019–2023
COMMUNITY SAFETY	Foster Care—Length of Stay	Median Length of Stay in Foster Care Among Children Ages 0–17 Entering Foster Care.	California Child Welfare Indicators Project, CCWIP Reports. University of California, Berkeley, and California Department of Social Services	2024

Category	Indicator	Description	Source	Year(s)
COMMUNITY SAFETY	Homicide	The age-adjusted death rate per 100,000 population due to homicides.	San Mateo County Health All Together Better Platform	2018–2020
COMMUNITY SAFETY	Homicide	Age-adjusted mortality per 100,000 population.	Santa Clara County Public Health Department	2019–2023
COMMUNITY SAFETY	Homicides	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics—Mortality Files	2014–2020
COMMUNITY SAFETY	Juvenile Arrest Rate	Number of felony and misdemeanor arrests per 1,000 children ages 17 and younger.	San Mateo County Health All Together Better Platform	2022
COMMUNITY SAFETY	Juvenile Arrests	Rate of delinquency cases per 1,000 juveniles.	Easy Access to State and County Juvenile Court Case Counts	2019
COMMUNITY SAFETY	Neighborhood Safety—Low	Percentage of adults 18 years and older who reported the safety, security, and crime control in their neighborhood as fair or poor.	San Mateo County Health All Together Better Platform	2022
COMMUNITY SAFETY	Possession of Firearms	Percentage of adults 18 years and older who reported having firearms kept now in or around their home.	San Mateo County Health All Together Better Platform	2022
COMMUNITY SAFETY	Student Gang Affiliation	Students Who Consider Themselves Gang Members (7^{th} Graders, 9^{th} Graders, 11^{th} Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
COMMUNITY SAFETY	Students Bullied or Harassed at School	Students Bullied or Harassed at School in the Previous Year (7^{th} Graders, 9^{th} Graders, 11^{th} Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
COMMUNITY SAFETY	Students Bullied or Harassed at School because of Race/Ethnicity or National Origin	Students who were bullied or harassed at school in the previous year on the basis of their race/ethnicity or national origin, by race/ethnicity and number of occasions (7^{th} Graders, 9^{th} Graders, 11^{th} Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2017–2019
COMMUNITY SAFETY	Students Cyberbullied	Students Cyberbullied 4 or More Times in the Previous Year (7^{th} Graders, 9^{th} Graders, 11^{th} Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020

Category	Indicator	Description	Source	Year(s)
COMMUNITY SAFETY	Students Fear Being Beaten Up at School	Students Who Feared Being Beaten Up at School on 4 or More Occasions in the Previous Year (7th Graders, 9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
COMMUNITY SAFETY	Students Who Feel Very Unsafe at School	Students Who Feel Very Unsafe at School (7th Graders, 9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
COMMUNITY SAFETY	Substantiated Child Abuse Rate	The number of children under 18 years of age that experienced abuse or neglect in cases per 1,000 children. Rates are based on children with a substantiated maltreatment allegation.	San Mateo County Health All Together Better Platform	2022
COMMUNITY SAFETY	Violent Crime Rate	Definition not found.	Community Health Rankings	2007–2016
DEMOGRAPHICS	Birth Rate Trend	Definition not provided.	Silicon Valley Institute for Regional Studies	2023
DEMOGRAPHICS	Foreign Born Persons	The estimated percentage of the population who are foreign born (persons not born in the United States). The percentage includes all foreign-born persons, regardless of whether they are naturalized U.S. citizens.	San Mateo County Health All Together Better Platform	2018–2022
DEMOGRAPHICS	Kids Ages 0–17 Living in LEP Households	Children Ages 0–17 living in limited English-speaking households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2024
DEMOGRAPHICS	Percent Not Proficient in English	Percentage of population aged 5 and over who reported speaking English less than “well."	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
DEMOGRAPHICS	Percent of Population by Age 65 and Older	Percentage of population ages 0–18, 65 and older.	Census Population Estimates	2021
DEMOGRAPHICS	Percent of Population by Gender	Percentage of population by gender.	Census Population Estimates	2021
DEMOGRAPHICS	Percent of Population by Race	Percentage of population self-identifying as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black, or White.	Census Population Estimates	2021

Category	Indicator	Description	Source	Year(s)
DEMOGRAPHICS	Percent of Population, Hispanic	Percentage of population self-identifying as Hispanic.	Census Population Estimates	2021
DEMOGRAPHICS	Percent Rural	Percentage of population living in a rural area.	Census Population Estimates	2010
DEMOGRAPHICS	Population	Resident population.	Census Population Estimates	2021
ECONOMIC STABILITY	Adults Receiving Food Stamp Benefits	Percentage of low-income adults who live in households participating in the CalFresh Program. Low-income persons are defined as people living in a household with an income at or below 200 percent of the federal poverty level.	San Mateo County Health All Together Better Platform	2021
ECONOMIC STABILITY	Annual Cost of Childcare for Infants	Annual Cost of Childcare for Infants Ages 0–2 in a Childcare Center.	California Child Care Resource and Referral Network, California Child Care Portfolio	2023
ECONOMIC STABILITY	Annual Cost of Childcare for Preschoolers	Annual Cost of Childcare for Preschoolers Ages 3–5 in a Childcare Center.	California Child Care Resource and Referral Network, California Child Care Portfolio	2023
ECONOMIC STABILITY	Apartment rental cost	Funds needed to rent a 2-bedroom apartment (U.S.).	Siliconvalleyindicators.org	2024
ECONOMIC STABILITY	Average home value, San Jose Area	Average home value in dollars.	National Association of Realtors (NAR)	2024
ECONOMIC STABILITY	Broadband Access	Age of households with broadband internet connection.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Child Care Cost Burden	Childcare costs for a household with two children as a percent of median household income.	The Living Wage Calculator; Small Area Income and Poverty Estimates	2022 & 2021
ECONOMIC STABILITY	Child Poverty by Race	Percentage of people under age 18 in poverty, by race.	States Department of Commerce, Bureau of Economic Analysis | Analysis: Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Children Ages 0–17 Living in Crowded Households	Children Ages 0–17 Living in Crowded Households.	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2022

Category	Indicator	Description	Source	Year(s)
ECONOMIC STABILITY	Children Ages 0–17 Living in Food Insecure Households	Children Ages 0–17 Living in Food Insecure Households.	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2021
ECONOMIC STABILITY	Children Ages 0–17 Without Secure Parental Employment	Children Ages 0–17 Without Secure Parental Employment.	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2022
ECONOMIC STABILITY	Children Eligible for Free or Reduced-Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch.	National Center for Education Statistics	2020–2021
ECONOMIC STABILITY	Children in Poverty	Percentage of people under age 18 in poverty.	Small Area Income and Poverty Estimates	2021
ECONOMIC STABILITY	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Disconnected Youth	Percentage of teens and young adults ages 16–19 who are neither working nor in school.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Experiencing Financial Hardship, San Mateo County Latinos	Not available.	San Mateo County Latino Community Assessment	2023
ECONOMIC STABILITY	Experiencing Financial Hardship, San Mateo County Tongans	Not available.	San Mateo County Latino Community Assessment	2023
ECONOMIC STABILITY	Families Living Below Poverty Level	Percentage of Medicare beneficiaries who received the influenza vaccination (persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease).	San Mateo County Health All Together Better Platform	2018–2022
ECONOMIC STABILITY	Females in Tech	Female Share of Employees in SV's Largest Tech Companies.	Individual company EEO-1 Consolidated Reports; www.linkedin.com; www.bizjournals.com/sanjose; United States Census Bureau, American Community Survey Analysis: Silicon Valley Institute for Regional Studies	2022

Category	Indicator	Description	Source	Year(s)
ECONOMIC STABILITY	Financial Stability Grade	Grade of A to F (based on 7 measures) for Silicon Valley Latinos.	Latino Report Card Survey	2022–2023
ECONOMIC STABILITY	Food Assistance	Percentage of adults 18 years and older who reported having gone to a food bank or received free meals provided by churches or other organizations in the past year.	San Mateo County Health All Together Better Platform	2022
ECONOMIC STABILITY	Food Insecurity	Percentage of adults 18 years and older who reported not having enough food available on a regular basis.	San Mateo County Health All Together Better Platform	2022
ECONOMIC STABILITY	Food Insecurity	Percentage of population who lack adequate access to food.	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2020
ECONOMIC STABILITY	Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Going without food—Latinos	In the past year, Latinos vs. non-Latinos. Also, percent change since 2018 (points). Silicon Valley.	Latino Report Card Survey	2023
ECONOMIC STABILITY	Going without healthcare—Latinos	In the past year, Latinos vs. non-Latinos. Also, percent change since 2018 (points). Silicon Valley.	Latino Report Card Survey	2023
ECONOMIC STABILITY	Going without housing—Latinos	In the past year, Latinos vs. non-Latinos. Also, percent change since 2018 (points).	Latino Report Card Survey	2023
ECONOMIC STABILITY	Home Ownership	Percentage of adults 18 years and older who reported owning property.	San Mateo County Health All Together Better Platform	2022
ECONOMIC STABILITY	Homeless trend vs. previous year	Percent increase in homeless persons from 2023.	San Mateo County Homelessness Dashboard	2024
ECONOMIC STABILITY	Homelessness, San Mateo County	Point-in-time count of homeless individuals, sheltered and unsheltered, with demographics (e.g., race and age).	San Mateo County Homelessness Dashboard	2024
ECONOMIC STABILITY	Homelessness, Santa Clara County	Point-in-time count of homeless individuals, sheltered and unsheltered, with demographics (e.g., race and age).	County of Santa Clara Point-in-Time Report on Homelessness, Census and Survey Results	2023
ECONOMIC STABILITY	Homeownership	Percentage of owner-occupied housing units.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021

Category	Indicator	Description	Source	Year(s)
ECONOMIC STABILITY	Homeownership—Latino	Percent of population who are homeowners, Latino vs. non-Latino, Silicon Valley.	Latino Report Card Survey	2022–2023
ECONOMIC STABILITY	Homeownership Affordability	Annual income needed to afford to buy a home, San Jose area.	National Association of Realtors (NAR)	2024
ECONOMIC STABILITY	Household Income Inequality	Absolute Gini Coefficients of Income Inequality.	United States Census Bureau, American Community Survey with analysis by Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Households Below the Real Cost Measure	Percentage of households that are below the Real Cost Measure. The Real Cost Measure represents the minimum income necessary for a household to afford basic living expenses specific to each community in California such as housing, food, health care, child care, and transportation. Households led by people with disabilities are excluded.	San Mateo County Health All Together Better Platform	2021
ECONOMIC STABILITY	Housing Affordability	Least affordability housing ranking among U.S. areas.	National Association of Realtors (NAR)	2024
ECONOMIC STABILITY	Housing Grade	Grade of A to F (based on 5 measures) for Silicon Valley Latinos.	Latino Report Card Survey	2022–2023
ECONOMIC STABILITY	Housing Quality	Percent of Latinos vs. non-Latinos who feel like their race/ethnicity has impacted the quality or availability of housing in the county where they currently live, Silicon Valley.	Latino Report Card Survey	2023
ECONOMIC STABILITY	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Kids in Working Families for Whom Licensed Childcare Is Available	Children Ages 0–12 in Working Families for Whom Licensed Childcare Is Available.	California Child Care Resource and Referral Network, California Child Care Portfolio; U.S. Census Bureau, American Community Survey public use microdata	2022
ECONOMIC STABILITY	Median Household Income	Median household income. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older.	San Mateo County Health All Together Better Platform	2018–2022

Category	Indicator	Description	Source	Year(s)
ECONOMIC STABILITY	Median Household Income	The income where half of households in a county earn more and half of households earn less.	Small Area Income and Poverty Estimates	2021
ECONOMIC STABILITY	Meeting Costs of Living	Percent of Bay Area residents who can consistently afford to pay their monthly expenses.	2023 Silicon Valley Poll	2023
ECONOMIC STABILITY	Overcrowded Households	Percent of households where there are more people than rooms of all types, besides bathrooms. Numerator is total estimate of housing units with 1.01 or more occupants per room. Denominator is total estimate of occupied housing units.	San Mateo County Health All Together Better Platform	2018–2022
ECONOMIC STABILITY	People 65+ Living Below Poverty Level	Percentage of people aged 65 years and over living below the federal poverty level. Numerator is total estimate of persons aged 65+ who had income in the past 12 months that was below the poverty level. Denominator is total population estimate aged 65+ with poverty status determined.	San Mateo County Health All Together Better Platform	2018–2022
ECONOMIC STABILITY	People Living Below Poverty Level	Percentage of people living below the federal poverty level. Numerator is total estimate of persons who had income in the past 12 months that was below the poverty level. Denominator is total population estimate with poverty status determined.	San Mateo County Health All Together Better Platform	2018–2022
ECONOMIC STABILITY	Per Capita Personal Income by Educational Attainment, Silicon Valley	Individual Median Income, by Educational Attainment	United States Census Bureau, American Community Survey with analysis by Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Per Capita Personal Income, Silicon Valley	Sum of wage and salary disbursements (including stock options), supplements to wages and salaries, proprietors' income, dividends, interest, rental income, and personal current transfer receipts, less contributions for government social insurance.	United States Department of Commerce, Bureau of Economic Analysis | Analysis: Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Percent change in household earning $100k or more—Latinos	Percent change in households earning $100k or more, Latinos, between 2016 and 2021.	Latino Report Card	2016–2021
ECONOMIC STABILITY	Point-in-Time Count of Homeless Children Ages 0–17	Point-in-Time Count of Homeless Children Ages 0–17 (multiple counties and California).	U.S. Department of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S.	2023

Category	Indicator	Description	Source	Year(s)
ECONOMIC STABILITY	Point-in-Time Count of Homeless Youth Ages 18–24	Point-in-Time Count of Homeless Youth Ages 18–24 (multiple counties and California).	U.S. Department of Housing and Urban Development, Point-in-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2023
ECONOMIC STABILITY	Point-in-Time Count of Unsheltered Homeless Children Ages 0–17	Point-in-Time Count of Unsheltered Homeless Children (multiple counties and California) Ages 0–17 (multiple counties and California).	U.S. Department of Housing and Urban Development, Point-in-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2023
ECONOMIC STABILITY	Point-in-Time Count of Unsheltered Homeless Youth Ages 18–24	Point-in-Time Count of Unsheltered Homeless Youth Ages 18–24 (multiple counties and California).	U.S. Department of Housing and Urban Development, Point-in-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2023
ECONOMIC STABILITY	Population Dependency Ratio	Proportion of the non-working or economically dependent population (ages <15, 65+) to the working-age population (ages 16–64). Silicon Valley.	Silicon Valley Index, Joint Venture Silicon Valley	2022
ECONOMIC STABILITY	Population Dependency Ratio Trend	Proportion of the non-working or economically dependent population (ages <15, 65+) to the working-age population (ages 16–64). Silicon Valley.	United States Census Bureau, American Community Survey with analysis by Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Real Cost Measure	Funds needed to afford the cost of living based on the cost of housing, childcare, food, health care, transportation, taxes, and other miscellaneous things.	United Ways of California, Real Cost Measure Interactive Data Dashboard. United Way, https://unitedwaysca.org/realcost.	2023
ECONOMIC STABILITY	Receive Government Assistance	Percentage of adults 18 years and older who reported receiving any type of government assistance.	San Mateo County Health All Together Better Platform	2022
ECONOMIC STABILITY	Rent-Burdened	Percent of residents who are rent-burdened, including severely rent-burdened (by race, socioeconomic status).	California Housing Partnership	2022
ECONOMIC STABILITY	Renters	Percentage of adults 18 years and older who reported renting.	San Mateo County Health All Together Better Platform	2022

Category	Indicator	Description	Source	Year(s)
ECONOMIC STABILITY	Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC STABILITY	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	Comprehensive Housing Affordability Strategy (CHAS) data	2015–2019
ECONOMIC STABILITY	Share of Employees in Silicon Valley's Largest Tech Companies by Race/Ethnicity	Various populations.	United States Census Bureau, American Community Survey with analysis by Silicon Valley Institute for Regional Studies	2022
ECONOMIC STABILITY	Students Recorded as Homeless at Some Point During the School Year	Students Recorded as Homeless at Some Point During the School Year.	California Department of Education, Coordinated School Health and Safety Office custom tabulation and DataQuest	2023
ECONOMIC STABILITY	Unemployed	Percentage of adults 18 years and older who reported being currently out of work.	San Mateo County Health All Together Better Platform	2018–2020
ECONOMIC STABILITY	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Bureau of Labor Statistics	2021
EDUCATION	Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010–2022
EDUCATION	College Educated, Latino	BA or Higher—Latinos vs. non-Latinos, Silicon Valley	Latino Report Card Survey	2022–2023
EDUCATION	Education grade	Grade of A to F (based on 7 measures) for Silicon Valley Latinos.	Latino Report Card Survey	2022–2023
EDUCATION	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
EDUCATION	High School Graduates Completing College Preparatory Courses	High School Graduates Completing College Preparatory Courses.	California Department of Education, Adjusted Cohort Graduation Rate and Outcome Data	2020
EDUCATION	High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	EDFacts	2019–2020

Category	Indicator	Description	Source	Year(s)
EDUCATION	Math Scores	Average grade level performance for 3rd graders on math standardized tests.	Stanford Education Data Archive	2018
EDUCATION	Ratio of Students to School Counselors	Ratio of Students to School Counselors.	California Department of Education, Staff Assignment and Course Data and DataQuest	2019
EDUCATION	Reading Scores	Average grade level performance for 3rd graders on English Language Arts standardized tests.	Stanford Education Data Archive	2018
EDUCATION	School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database	2020
EDUCATION	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics	2021–2022
EDUCATION	Some College	Percentage of adults ages 25–44 with some postsecondary education.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
EDUCATION	Students Meeting English Language Standards	11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in English Language Arts.	California Department of Education, Test Results for California's Assessments	2022
EDUCATION	Students Meeting Math Standards	11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in Mathematics.	California Department of Education, Test Results for California's Assessments	2022
EDUCATION	Students Not Completing High School	Students Not Completing High School.	California Department of Education, Dropouts by Race and Gender & Adjusted Cohort	2022

Category	Indicator	Description	Source	Year(s)
			Graduation Rate and Outcome Data	
EDUCATION	Students with a Low Level of Meaningful Participation at School	Students with a Low Level of Meaningful Participation at School (7th Graders, 9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
EDUCATION	Students with a Low Level of School Connectedness	Students with a Low Level of School Connectedness (7th Graders, 9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
EDUCATION	Tech Barriers to Education, Latino	Tech a barrier to children's education during pandemic, Silicon Valley Latinos vs. non-Latinos.	Latino Report Card Survey	2022–2023
GENERAL HEALTH/ MORTALITY	Accessing community resources, San Mateo County Tongans	Not available.	San Mateo Co. Latino Community Assessment	2023
GENERAL HEALTH/ MORTALITY	Adults 65+ with a Disability	Percentage of the population aged 65 years and over that are limited in any activities because of physical, mental, or emotional problems. Numerator is total estimate of Male and Female aged 65 and up with disability. Denominator is total population estimate of Male and Female aged 65 and up.	San Mateo County Health All Together Better Platform	2018–2020
GENERAL HEALTH/ MORTALITY	All-Cause Mortality	Age-adjusted mortality for all causes per 100,000 Population.	Santa Clara County Public Health Department, California Integrated Vital Records System (CalIVRS), California Comprehensive Death Files, 2019–2023.	2019–2023
GENERAL HEALTH/ MORTALITY	Child Mortality	Number of deaths among residents under age 18 per 100,000 population.	National Center for Health Statistics—Mortality Files	2017–2020
GENERAL HEALTH/ MORTALITY	Child/Youth Mortality (Ages 1–24)	Deaths Among Children and Youth Ages 1–24.	California Department of Public Health, Death Statistical Master Files; California Department of Finance, Population Estimates and Projections; CDC WONDER Online Database, Underlying	2020

Category	Indicator	Description	Source	Year(s)
			Cause of Death	
GENERAL HEALTH/ MORTALITY	Deaths (all causes)	Not available.	Santa Clara County Public Health Department	2019–2023
GENERAL HEALTH/ MORTALITY	Experiencing Illness/Health Issues, San Mateo County Tongans	Not available.	San Mateo County Latino Community Assessment	2023
GENERAL HEALTH/ MORTALITY	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH/ MORTALITY	Health Grade	Grade of A to F (based on 11 measures) for Silicon Valley Latinos.	Latino Report Card Survey	2022–2023
GENERAL HEALTH/ MORTALITY	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH/ MORTALITY	Life Expectancy	Average number of years a person can expect to live.	National Center for Health Statistics—Mortality Files, as cited by County Health Rankings	2018–2020
GENERAL HEALTH/ MORTALITY	Life Expectancy	The average number of years that a newborn could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.	Santa Clara County Public Health Department, California Integrated Vital Records System (CalIVRS), California Comprehensive Death Files.	2019–2023
GENERAL HEALTH/ MORTALITY	Mortality Rates and Rank, California and by County	Mortality counts and age-adjusted rates per 100,000, ranked.	California Department of Public Health, Death Statistical Master Files.	2022
GENERAL HEALTH/ MORTALITY	Persons with a Disability	Percentage of the population that is limited in any activities because of physical, mental, or emotional problems.	San Mateo County Health All Together Better Platform	2018–2022
GENERAL HEALTH/ MORTALITY	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
GENERAL HEALTH/ MORTALITY	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2020

Category	Indicator	Description	Source	Year(s)
GENERAL HEALTH/ MORTALITY	Premature Death	Years of Potential Life Lost before age 75 per 100,000 population.	San Mateo County Health All Together Better Platform	2019–2021
GENERAL HEALTH/ MORTALITY	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics—Mortality Files, as cited by County Health Rankings	2018–2020
GENERAL HEALTH/ MORTALITY	Premature Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics—Mortality Files	2018–2020
GENERAL HEALTH/ MORTALITY	Total Population	Total population of each county.	American Community Survey 5-year Estimates, 2017–2021.	2017–2021
HEALTHCARE ACCESS & DELIVERY	Access as Ranked Concern (out of 10) for San Mateo County Seniors	Learning about services and benefits for older adults.	County of San Mateo Healthy System New Beginning Coalition	2019
HEALTHCARE ACCESS & DELIVERY	Children Ages 0–18 with Health Insurance Coverage (2024)	Children Ages 0–18 with Health Insurance Coverage.	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2024
HEALTHCARE ACCESS & DELIVERY	Children in Limited English Households	Percent of Children Living in Limited English-Speaking Households.	U.S. Census Bureau, American Community Survey, as cited in KidsData.org	2021
HEALTHCARE ACCESS & DELIVERY	Difficulty Getting in to See a Doctor	Percentage of adults 18 years and older who reported having difficulty getting in to see a doctor in the past 12 months.	San Mateo County Health All Together Better Platform	2021–2022
HEALTHCARE ACCESS & DELIVERY	Difficulty Obtaining Medication Due to Cost	Percentage of adults 18 years and older who reported not being able to purchase medication due to cost in the past 12 months.	San Mateo County Health All Together Better Platform	2021–2022
HEALTHCARE ACCESS & DELIVERY	Difficulty Seeing a Doctor due to Cost	Percentage of adults 18 years and older who reported not being able to see a doctor due to cost in the past 12 months.	San Mateo County Health All Together Better Platform	2021–2022
HEALTHCARE ACCESS & DELIVERY	Difficulty Seeing a Doctor due to Lack of Transportation	Percentage of adults 18 years and older who reported having difficulty or were prevented from seeing a doctor or making a medical appointment due to lack of transportation in the past 12 months.	San Mateo County Health All Together Better Platform	2021–2022

Category	Indicator	Description	Source	Year(s)
HEALTHCARE ACCESS & DELIVERY	Health Provider Shortage Areas: Primary Care	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
HEALTHCARE ACCESS & DELIVERY	Healthcare Quality	Feeling that their race/ethnicity impacted quality of healthcare they received - Latino vs. non-Latino, Silicon Valley	Latino Report Card Survey	2022–2023
HEALTHCARE ACCESS & DELIVERY	Limited English Proficiency by ZIP Code	Map of Zip Codes Where the Proportion of Residents is More or Less than 20% of the California Benchmark	Kaiser Permanente Community Health Data Platform	2021
HEALTHCARE ACCESS & DELIVERY	Non-Physician Primary Care Providers Ratio	Ratio of population to primary care providers other than physicians.	CMS, National Provider Identification	2022
HEALTHCARE ACCESS & DELIVERY	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Mapping Medicare Disparities Tool	2020
HEALTHCARE ACCESS & DELIVERY	Preventable Hospital Stays: Medicare Population	the hospital discharge rate for ambulatory care-sensitive conditions (ACSC) per 100,000 Medicare enrollees.	San Mateo County Health All Together Better Platform	2022
HEALTHCARE ACCESS & DELIVERY	Primary Care Physicians	Ratio of population to primary care physicians.	Area Health Resource File/American Medical Association	2020
HEALTHCARE ACCESS & DELIVERY	Ratio of Students to School Nurses	Ratio of Students to School Nurses	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
HEALTHCARE ACCESS & DELIVERY	Ratio of Students to School Speech/Language/Hearing Specialists	Ratio of Students to School Speech/Language/Hearing Specialists.	California Department of Education, Staff Assignment and Course Data and DataQuest	2019
HEALTHCARE ACCESS & DELIVERY	Uninsured	Percentage of population under age 65 without health insurance.	Small Area Health Insurance Estimates	2020

Category	Indicator	Description	Source	Year(s)
HEALTHCARE ACCESS & DELIVERY	Uninsured Adults	Percentage of adults under age 65 without health insurance.	Small Area Health Insurance Estimates	2020
HEALTHCARE ACCESS & DELIVERY	Uninsured Children	Percentage of children under age 19 without health insurance.	Small Area Health Insurance Estimates	2020
HEALTHCARE ACCESS: ORAL HEALTH	Dentists	Ratio of population to dentists.	Area Health Resource File/National Provider Identifier Downloadable File	2021
HEALTHCARE ACCESS: ORAL HEALTH	Health Provider Shortage Areas: Dental Health	Designated Healthy Provider Shortage Areas within County.	U.S. Department of Health and Human Services, Health Resources and Services Administration	2022
HEALTHY LIFESTYLES	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles	2022 & 2020
HEALTHY LIFESTYLES	Access to Parks	People living within a half mile of a publicly accessible park.	San Mateo County Health All Together Better Platform	2020
HEALTHY LIFESTYLES	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
HEALTHY LIFESTYLES	Diabetes ED Visits, Hospitalizations, Deaths	Age-Adjusted Rate per 100,000. Regex codes: E0[8,9]|E1[0,1,3]|O24.	Deaths: 2019–2023 ED Visits, Hospitalizations: 2017–2021	See source dates
HEALTHY LIFESTYLES	Diabetes Mellitus Among Leading Causes of Death	Rank within county.	California Department of Public Health, 2024 Death Statistics File	2024
HEALTHY LIFESTYLES	Diabetes Prevalence	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
HEALTHY LIFESTYLES	Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2020
HEALTHY LIFESTYLES	Lack of Physical Activity	Percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted).	Behavioral Risk Factor Surveillance System	2020

Category	Indicator	Description	Source	Year(s)
HEALTHY LIFESTYLES	Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019
HEALTHY LIFESTYLES	Share of Hospitalizations Among Children Ages 0–17 for Diabetes	Share of Hospitalizations Among Children Ages 0–17 for Diabetes.	California Department of Health Care Access and Information custom tabulation	2021
HEALTHY LIFESTYLES	Students Meeting All Fitness Standards	5th Graders Meeting All Fitness Standards.	California Department of Education, Physical Fitness Testing Research Files	2020
HEALTHY LIFESTYLES	Students Meeting All Fitness Standards	Students Meeting All Fitness Standards (7th Graders, 9th Graders).	California Department of Education, Physical Fitness Testing Research Files	2020
HEALTHY LIFESTYLES	Students Who Did Not Eat Breakfast in the Previous Day	Students Who Did Not Eat Breakfast in the Previous Day (7th Graders, 9th Graders, 11th Graders).	WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education.	2020
HEALTHY LIFESTYLES	Sufficient Fruit and Vegetable Consumption, Children Ages 12–17	Children Ages 12–17 Who Ate 5 or More Servings of Fruits and Vegetables in the Previous Day.	UCLA Center for Health Policy Research, California Health Interview Survey	2020
HEALTHY LIFESTYLES	Sufficient Fruit and Vegetable Consumption, Children Ages 2–11	Children Ages 2–11 Who Ate 5 or More Servings of Fruits and Vegetables in the Previous Day.	UCLA Center for Health Policy Research, California Health Interview Survey	2020
MATERNAL/ INFANT HEALTH	Babies Breastfed in Hospital	Babies Breastfed in Hospital.	California Department of Public Health, In-Hospital Breastfeeding Initiation Data, as cited by KidsData.org	2021
MATERNAL/ INFANT HEALTH	Babies Breastfed in Hospital Exclusively	Babies Breastfed Exclusively in Hospital.	California Department of Public Health, In-Hospital Breastfeeding Initiation Data, as cited by KidsData.org	2021
MATERNAL/ INFANT HEALTH	Early Prenatal Care	Babies Born to Mothers Who Received Prenatal Care in the First Trimester.	California Department of Public Health, California Vital Data (Cal-ViDa) Query Tool and Birth Statistical Master Files	2022

Category	Indicator	Description	Source	Year(s)
MATERNAL/ INFANT HEALTH	Infant Mortality	Number of infant deaths (within 1 year) per 1,000 live births.	Santa Clara County Public Health Department	2019–2023
MATERNAL/ INFANT HEALTH	Infant Mortality	Number of infant deaths (within 1 year) per 1,000 live births.	National Center for Health Statistics—Mortality Files	2014–2020
MATERNAL/ INFANT HEALTH	Low Birthweight Babies	Percentage of live births with low birth weight (< 2,500 grams).	National Center for Health Statistics—Natality files, as cited by County Health Rankings	2014–2020
MATERNAL/ INFANT HEALTH	Low Birthweight Babies, Santa Clara County	Percentage of live births with low birth weight (< 2,500 grams).	Santa Clara County Public Health Department	2019–2023
MATERNAL/ INFANT HEALTH	Maternal Mortality by Race, by County	Rate per 10,000 live births. Pregnancy-related death is a death while pregnant or within one year of the end of pregnancy—regardless of the outcome, duration, or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.	The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/ INFANT HEALTH	Maternal Mortality by Race, Silicon Valley	Per 100,000 live births.	Latoya Hill, et al., Kaiser Family Foundation, “Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them,” as cited by Silicon Valley Index 2024	1999–2020
MATERNAL/ INFANT HEALTH	Premature Birth Rate, Santa Clara County	Rate of births less 37 weeks gestational age/total number of births.	Santa Clara County Public Health Department	2019–2023
MATERNAL/ INFANT HEALTH	Severe Maternal Morbidity by Race (per 10,000 labor hospitalizations)	Rate of SMM events per 10,000 labor hospitalizations among females, ages 12–55.	The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/ INFANT HEALTH	Teen Births	Number of births per 1,000 female population, ages 15–19.	National Center for Health Statistics—Natality files, as cited by County Health Rankings	2016–2022

Category	Indicator	Description	Source	Year(s)
MATERNAL/ INFANT HEALTH	Teen Births	Number of births per 1,000 female population, ages 15–19.	California Department of Public Health, Birth Statistical Master Files; CDC WONDER, Natality; California Department of Finance, Population Estimates and Projections, as cited by KidsData.org	2021
OBESITY & DIABETES	Diabetes Deaths, Santa Clara County	Diabetes age-adjusted death rate per 100,000 population.	Santa Clara County Public Health Department	2019–2023
OBESITY & DIABETES	Diabetes: Adults	Age-adjusted emergency department visit rate due to diabetes per 10,000 population aged 18 years and older. Cases include a primary diagnosis of Type 1 and Type 2 diabetes. Cases of gestational diabetes are excluded.	San Mateo County Health All Together Better Platform	2018–2020
OBESITY & DIABETES	Diabetes: Medicare Population	Percentage of Medicare beneficiaries who were treated for diabetes. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	San Mateo County Health All Together Better Platform	2022
OBESITY & DIABETES	Long-Term Complications of Diabetes	Age-adjusted emergency department visit rate and hospitalization rate due to long-term complications of diabetes per 10,000 population aged 18 years and older. Cases include a primary diagnosis of a long-term complication of diabetes. Long-term complications of diabetes include eye, renal, neurological, or circulatory complications or complications not otherwise specified. Cases of gestational diabetes are excluded.	San Mateo County Health All Together Better Platform	2018–2020
OBESITY & DIABETES	Obesity, San Mateo County	Percentage of adults 18 years and older with a body mass index classification of obese (based on reported height and weight).	San Mateo County Health All Together Better Platform	2022
OBESITY & DIABETES	Short-Term Complications of Diabetes, San Mateo County	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older. Cases include a primary diagnosis	San Mateo County Health All Together Better Platform	2018–2020

Category	Indicator	Description	Source	Year(s)
		of a short-term complication of diabetes. Short-term complications of diabetes include ketoacidosis, hyperosmolarity, or coma. Cases of gestational diabetes are excluded.		
OBESITY & DIABETES	Type 2 Diabetes Prevalence, San Mateo County	Percentage of adults 18 years and older who reported ever having been told by a doctor that they had diabetes.	San Mateo County Health All Together Better Platform	2022
OBESITY & DIABETES	Uncontrolled Diabetes, San Mateo County	Age-adjusted emergency department visit rate due to uncontrolled diabetes per 10,000 population aged 18 years and older. Cases include a primary diagnosis of uncontrolled diabetes. Uncontrolled diabetes is a nonspecific diagnosis, which indicates that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment routine. Cases of gestational diabetes, cases with mention of short-term complications, and cases with mention of long-term complications are excluded.	San Mateo County Health All Together Better Platform	2018–2020
ORAL/DENTAL	Dental Problems, San Mateo County	Age-adjusted emergency department visit rate due to dental problems per 10,000 population. Cases include a primary diagnosis of teeth or jaw disorders, jaw pain, diseases of oral soft tissues (excluding gum and tongue lesions), fitting and adjustment of dental prosthetic or orthodontic devices, orthodontics aftercare, and dental examination.	San Mateo County Health All Together Better Platform	2018–2020
ORAL/DENTAL	Lack of Dental Health Insurance Coverage, San Mateo County	This indicator shows the percentage of adults 18 years and older who reported not having dental health insurance coverage (including dental insurance, prepaid plans, or government plans).	San Mateo County Health All Together Better Platform	2022
ORAL/DENTAL	Regular Source of Dental Care, San Mateo County	This indicator shows the percentage of adults 18 years and older who reported having a specific dentist or dental office that is their usual source of dental care.	San Mateo County Health All Together Better Platform	2022
ORAL/DENTAL	Unmanaged Dental Problem Due to Lack of Dental Insurance, San Mateo County	This indicator shows the percentage of adults 18 years and older who reported themselves or a family member having dental problems that they could not take care of because of a lack of insurance.	San Mateo County Health All Together Better Platform	2022

Category	Indicator	Description	Source	Year(s)
ORAL/DENTAL	Visited a Dentist for Routine Check-up (Adults), San Mateo County	This indicator shows the percentage of adults 18 years and older who reported visiting a dentist for a routine check-up within the past 12 months. (Available by race, not overall county.)	San Mateo County Health All Together Better Platform	2022
RESPIRATORY HEALTH	Adult Asthma ED Visits and Hospitalizations	ED and Hospitalization Rates per 10,000 population 18 years and older. Asthma cases with a secondary diagnosis of cystic fibrosis or other respiratory anomalies are excluded.	San Mateo County Health All Together Better Platform	2022
RESPIRATORY HEALTH	Adult Asthma Prevalence	Percentage of adults 18 years and older who reported ever having been told by a doctor, nurse, or other health professional that they had asthma.	San Mateo County Health All Together Better Platform	2018–2020
RESPIRATORY HEALTH	Asthma Deaths (by Age), Santa Clara County	Age-adjusted mortality rate per 100,000. ICD_10 Codes: J45[2-5][0-2]|J459.	Santa Clara County Public Health Department	2017–2021
RESPIRATORY HEALTH	Asthma Hospitalizations Among Children Ages 0–4	Asthma Hospitalizations Among Children Ages 0–4.	California Breathing, tabulation of data from the California Department of Health Care Access and Information, as cited on KidsData.org	2021
RESPIRATORY HEALTH	Asthma Hospitalizations Among Children Ages 5–17	Asthma Hospitalizations Among Children Ages 5–17.	California Breathing, tabulation of data from the California Department of Health Care Access and Information, as cited on KidsData.org	2021
RESPIRATORY HEALTH	Asthma Hospitalizations, Children	Age-adjusted emergency department visit rate due to asthma per 10,000 population aged under 18 years. Asthma cases with a secondary diagnosis of cystic fibrosis or other respiratory anomalies are excluded.	San Mateo County Health All Together Better Platform	2018–2020
RESPIRATORY HEALTH	Asthma Prevalence	Percentage of adults who have ever been told by a health care provider that they have asthma.	San Mateo County Health All Together Better Platform	2022
RESPIRATORY HEALTH	Asthma/Bronchitis as Reason for Child Hospitalization	Based on percentage of hospital discharges among children ages 0–17 for the 11 most common primary diagnoses, excluding childbirth.	California Department of Health Care Access and Information custom	2021

Category	Indicator	Description	Source	Year(s)
			tabulation, as cited on KidsData.org	
RESPIRATORY HEALTH	Children Ages 1–17 Ever Diagnosed with Asthma	Children Ages 1–17 Ever Diagnosed with Asthma.	UCLA Center for Health Policy Research, California Health Interview Survey, as cited on KidsData.org	2022
RESPIRATORY HEALTH	Chronic Lower Respiratory Diseases Among Leading Causes of Death	Rank within county.	California Department of Public Health, 2024 Death Statistics File	2024
RESPIRATORY HEALTH	Cigarette Use	Percentage of adults 18 years and older who reported currently smoking cigarettes.	San Mateo County Health All Together Better Platform	2022
RESPIRATORY HEALTH	COPD ED Visits, Hospitalizations	ER and Hospitalization Rates per 10,000 population 18 years and older.	San Mateo County Health All Together Better Platform	2018–2020
RESPIRATORY HEALTH	COPD ED Visits, Hospitalizations	ER and Hospitalization Rates per 10,000 population 18 years and older.	Santa Clara County Public Health Department	2017–2021
RESPIRATORY HEALTH	E-Cigarette Use, Current	Percentage of adults 18 years and older who reported currently using e-cigarettes or other electronic vaping products either every day or some days.	San Mateo County Health All Together Better Platform	2022
RESPIRATORY HEALTH	E-Cigarette Use, Lifetime	Percentage of adults 18 years and older who reported having ever used an e-cigarette or other electronic vaping product, even just one time in their life.	San Mateo County Health All Together Better Platform	2022
RESPIRATORY HEALTH	Tobacco Use	Percentage of adults 18 years and older who reported currently using other tobacco products such as cigars, pipes, chewing tobacco, or snuff.	San Mateo County Health All Together Better Platform	2022
SEXUAL HEALTH	Chlamydia Incidence	Number of newly diagnosed chlamydia cases per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2020
SEXUAL HEALTH	Chlamydia Incidence among Youth Ages 10–19	Chlamydia Incidence Among Youth Ages 10–19.	California Department of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease	2023

Category	Indicator	Description	Source	Year(s)
			Surveillance; as cited by KidsData.org	
SEXUAL HEALTH	Chlamydia Rate	Number of new cases of chlamydia per 100,000 population.	Santa Clara County Public Health Department	2022
SEXUAL HEALTH	Gonorrhea Incidence Among Youth Ages 15–19	Number of new cases of gonorrhea per 100,000 population.	California Department of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance; as cited by KidsData.org	2020
SEXUAL HEALTH	Gonorrhea Rate	Number of new cases of gonorrhea per 100,000 population.	Santa Clara County Public Health Department	2022
SEXUAL HEALTH	HIV Prevalence+	Number of people 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	2020
SEXUAL HEALTH	HIV/AIDS Case Rate	Number of new cases of HIV/AIDS per 100,000 population.	Santa Clara County Public Health Department	2022
SEXUAL HEALTH	HIV/AIDS Deaths	Age-adjusted rate per 100,000 of deaths due to human immunodeficiency virus (HIV:ICD-9 042-044 and ICD-10 B20-B24) infection is also included in Infectious and Parasitic Diseases.	Santa Clara County Public Health Department	2022
STRUCTURAL RACISM	Residential Segregation	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
UNINTENDED INJURIES	Burn Injury ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021
UNINTENDED INJURIES	Fatalities from Crashes	Number and Rate of fatal crashes per 100 vehicle miles driven	Vitalsigns.mtc.ca.gov	2022

Category	Indicator	Description	Source	Year(s)
UNINTENDED INJURIES	Fracture Injury ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021
UNINTENDED INJURIES	Blood Lead Levels Among Kids	Blood Lead Levels Among Children tested. Ages 0-5, 6-20. High = 4.5-9.49 mcg/dL. Very high = at least 9.5 mcg/dL.	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch, California Blood Lead Data & California's Progress in Preventing and Managing Childhood Lead Exposure	2022
UNINTENDED INJURIES	Injury Deaths	Number of deaths due to injury per 100,000 population.	National Center for Health Statistics - Mortality Files	2016–2020
UNINTENDED INJURIES	Motor Vehicle Crash Deaths	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files	2014–2020
UNINTENDED INJURIES	Pedestrian Deaths	Age-Adjusted Rate per 100,000. Regex codes: V1[2-4][3-9]|V19[4-6]|V0[2-4]{1,9}|V092	Santa Clara County Public Health Department	2021–2023
UNINTENDED INJURIES	Poisoning ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021
UNINTENDED INJURIES	Share of Hospitalizations among children Ages 0–17 for Poisoning	Share of Hospitalizations among children Ages 0-17 for Poisoning	California Dept. of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021
UNINTENDED INJURIES	Traumatic Injuries Hospitalization, Kids	Share of Hospitalizations Among children Ages 0–17 for Traumatic Injuries.	California Department of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021
UNINTENDED INJURIES	Traumatic Injury ED Visits, Kids	Percent of emergency department visits among children ages 0–17 for the 11 most common primary diagnoses.	California Department of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021

Category	Indicator	Description	Source	Year(s)
UNINTENDED INJURIES	Unintentional Falls, San Mateo County	Age-adjusted ER rate and hospitalization rate due to nonfatal, unintentional falls per 10,000 population aged 18 years and older. Cases where the first-listed cause of injury is injury due to fall are included.	San Mateo County Health All Together Better Platform	2018–2020
UNINTENDED INJURIES	Unintentional Injuries (Accidents) Among Leading Causes of Death	Rank within county.	California Department of Public Health, 2024 Death Statistics File	2024
UNINTENDED INJURIES	Unintentional Injury Deaths	Age-adjusted mortality per 100,000 population.	Santa Clara County Public Health Department	2019–2023

ATTACHMENT 2: SECONDARY DATA TABLES

DATA TABLES: TABLE OF CONTENTS

Data tables related to identified Lucile Packard Children's Hospital Stanford service area health needs (alphabetical order):[75]

[75] Structural racism/discrimination is also a health need; for related info, see "School Segregation" in the housing data table.**[[It's in the "Economic Stability" table.]]**

INTRODUCTION

Statistical data tables compare county data with California state benchmarks. These data are for the overall county populations. Tables are provided in alphabetical order. The CHNA study team also collected and analyzed data by race/ethnicity where available. Readers may find most race/ethnicity data online from the sources listed at the end of this document. Indicator details, including the original sources and time periods for the data, may be found in "Attachment 1: Secondary Data Indicators Index." Please contact Stanford Health Care if your organization needs assistance with accessing this data for the purposes of improving community health.

Definitions

- Case rate: Rate of new cases within a specific time period.
- Mortality rate: Rate of deaths from a given condition compared with a specified population.
- Prevalence: Proportion of a population with a given condition.

Conventions

- "Children" and "kids" refer to those ages 0–17 or 1–17 unless otherwise noted.
- Rates are per 100,000 unless otherwise noted. Rates are age-adjusted (statistically modified to eliminate the effect of different age distributions in the populations) unless otherwise noted.
- Data are rounded to the tenths if available.
- "S" indicates data that was suppressed due to small numbers/instability.
- Each county's respective public health departments provided rates for mortality, emergency department (ED) visits, and hospitalization unless otherwise noted.
- Caution: Rates provided by Santa Clara County were for 2019–2023, but time periods from San Mateo County varied (mostly 2018–2020). Refer to the Secondary Indicators Lists for specific definitions and dates for each indicator.
- Comparable California benchmarks were not available for every indicator, including mortality.

BEHAVIORAL HEALTH

Indicators	San Mateo County	Santa Clara County	California Benchmark
MENTAL HEALTH			
Deaths of Despair		30.8	—
Suicide Deaths		7.7	10.1
Self-Harm Hospitalization Rate	—	27.2	—
Self-Harm ED Visits Rate	—	19.3	—
Suicidal Ideation, Adults	15.1 [5]	—	—
Suicidal Ideation, 9th Graders [2]	16.3%	S	15.7%
Suicidal Ideation, 11th Graders [2]	17.6%	S	16.4%
Severe Mental Illness Hospitalization Rate	—	1,199.3	1,299.3 [1]
Severe Mental Illness ED Visits Rate	—	1,542.9	1,642.9 [1]
Mental Health ED Visit Rate, Kids	235	—	337 [5]
Mental Health Hospitalization Rate, Kids	199	—	119 [5]
Mental Health Hospitalization Rate, Kids Ages 5–14 [2]	2.8	1.9	2.5
Mental Health Hospitalization Rate, Youth Ages 15–19 [2]	9.9	8.4	9.1
Mental Health ED Visits Rate, Adults	51.3	—	—
Mental Health Hospitalization Rate, Adults	17.3	—	—
Adults with Likely Serious Psychological Distress	13.6 [5]	—	—
Depression, Medicare Population	11.0 [5]	—	—
Depression, 7th Graders [2]	23.3%	S	30.4%
Depression, 9th Graders [2]	30.2%	S	32.6%
Depression, 11th Graders [2]	35.1%	S	36.6%
Poor Mental Health (average days per month) [4]	4.2	4.0	4.0
Frequent Mental Distress, Adults (14+ days/month) [4]	13.2	11.9	11.5
Adults Needing and Receiving Behavioral Health Care Services	58.3 [5]	—	—
Adults with 1–3 Adverse Childhood Experiences [2]	44%	41%	N/A
Adults with 4 or More Adverse Childhood Experiences [2]	13%	11%	N/A
Kids with 2 or More Adverse Experiences [2]	11.9%	12.4%	14.7%
Low Level of Caring Relationships with Adults at School, 7th Graders [2]	10.6%	S	13.6%

Indicators	San Mateo County	Santa Clara County	California Benchmark
Low Level of Caring Relationships with Adults at School, 9th Graders [2]	11.2%	S	17.%
Low Level of Caring Relationships with Adults at School, 11th Graders [2]	10.9%	S	14.8%
Mental Health Provider Rate [4]	385.1	443.7	413.5
Mental Health Provider Ratio [4]	260	225	242
Ratio of Students to School Psychologists [2]	994	1,199	1,041
Ratio of Students to School Social Workers [2]	S	9,544	7,308
Social Associations [4]	5.6	6.0	6.1
SUBSTANCE USE			
Drug Overdose Deaths Rate	11.7	—	—
Drug Use ED Visits Rate	161	—	—
Opioid Overdose Deaths	—	10.6	18.7 [1]
Opioid Overdose Hospitalization Rate	—	34.3	12.8 [1]
Opioid Overdose ED Visits Rate	—	22.3	54.9 [1]
Alcohol-Impaired Driving Deaths [4]	29.1	21.2	25.4
Severe Mental Illness Due to Drug/Alcohol Hospitalization Rate	—	10.9	—
7th Graders Who Used Marijuana 20–30 Days in Previous Month [2]	0.3%	S	0.5%
9th Graders Who Used Marijuana 20–30 Days in Previous Month [2]	1.1%	S	2.0%
7th Graders Who Used Alcohol or Drugs in Previous Month [2]	24.6%	S	23.2%
9th Graders Who Used Alcohol or Drugs in Previous Month [2]	12.2%	S	14.6%
Excessive Drinking, Adults [4]	20.3	19	19.1
7th Graders Who Have Consumed Alcohol 7+ Times [2]	1.0%	S	1.3%
9th Graders Who Have Consumed Alcohol 7+ Times [2]	4.2%	S	5.7%
11th Graders Who Have Consumed Alcohol 7+ Times [2]	14.7%	S	15.3%
Current Smokers [4]	8.7%	8.4%	9.0%

CANCER

Caution: Mortality rates may not be comparable, as methodology used by each county may differ, as may the years that the data were provided. Comparable California benchmarks were not available for every condition.

Indicators	San Mateo County	Santa Clara County	California Benchmark
Deaths Due to All Cancers	98.8	112.0	119.8[1]
Cancer Incidence Among Children (ages 0–19)[2]	18.6	19.0	18.2
Cancer Incidence Among Children (ages 0–14)[2]	19.9	17.4	16.5
Cancer Incidence Among Children (ages 15–19)[2]	17.6	23.9	23.2
Breast Cancer Incidence (Female)	138.1	123.3	123.7
Breast Cancer Deaths (Female)	13.5	14.7	17.5
Colorectal Cancer Incidence	30.5	32.7	34.7
Colorectal Cancer Deaths	8.0	18.3	—
Liver Cancer Incidence	9.4	10.5	9.8
Lung Cancer Incidence	37.0	36.2	39.8
Lung Cancer Deaths	16.0	18.3	19.6
Prostate Cancer Incidence	98.5	93.3	98.3
Prostate Cancer Deaths	15.9	15.5	17.7[1]
Melanoma Incidence	27.4	23.4	19.2
Thyroid Cancer Incidence	14.1	12.4	10.3
Urinary Tract Cancer Incidence	17.7	15.4	14.6
Uterine Cancer (Corpus and Uterus Not Otherwise Specified) Incidence	26.2 (10-Year)	25.4 (10-Year)	26.5 (5-Year)
Mammograms, Medicare Recipients^[4]	31.0	31.0	30.0

Note: Cancer incidence data found at California Health Maps.

CLIMATE/NATURAL ENVIRONMENT

Indicators	San Mateo County	Santa Clara County	California Benchmark
Air Pollution: PM2.5 Concentration[4]	7.0	9.2	7.1
Air Pollution: Diesel PM (kg/day) *	0.191	0.240	0.219
Drinking Water Contaminant Index *	366.3	342.7	478.0

Indicators	San Mateo County	Santa Clara County	California Benchmark
Traffic Volume (per meter of roadway) [4]	1,936.6	1,616.0	1,319.3
Workers Driving Alone to Work [4]	63.5	61.5	66.8

* Healthy Places Index Map

Also see First Street Inc. Data for maps of risk for air quality, flooding, heat (temperatures), and fire risk.

COMMUNICABLE DISEASES

See "Respiratory Conditions" for communicable respiratory diseases and "Sexual Health" for sexually transmitted infections.

COMMUNITY AND FAMILY SAFETY

Indicators	San Mateo County	Santa Clara County	California Benchmark
Assault (Homicide) Mortality	1.8	2.3	5.9 [1]
Assault ED Visits Rate		160.8	311.8 [1]
Assault Hospitalization Rate		12.4	34.5 [1]
Firearm Related Deaths Rate		3.5	8.9 [1]
Adult Arrest Rate	25.2 [6]		25.1 [6]
Violent Crimes Rate (2016) [4]	343.4	212.4	280.6
Juvenile Arrest Rate (Felony and Misdemeanors)	2.6		2.8 [6]
Juvenile Arrest Rate, Felony [2]	2.1	3.0	2.7
Domestic Violence–Related Calls for Assistance [2]	4.0	4.7	6.1
Substantiated Cases of Child Abuse or Neglect [2]	1.5	3.8	6.8
7th Graders Who Feared Being Beaten Up at School [2]	4.5%	S	5.1%
9th Graders Who Feared Being Beaten Up at School [2]	2.6%	S	3.0%
11th Graders Who Feared Being Beaten Up at School [2]	1.6%	S	1.5%
7th Graders Who Feel Very Unsafe at School [2]	2.9%	S	3.7%
9th Graders Who Feel Very Unsafe at School [2]	1.0%	S	3.5%
7th Graders Bullied or Harassed at School [2]	6.6%	S	7.0%
9th Graders Bullied or Harassed at School [2]	4.6%	S	5.9%
11th Graders Bullied or Harassed at School [2]	5.3%	S	5.3%

Indicators	San Mateo County	Santa Clara County	California Benchmark
7th Graders Bullied or Harassed at School Because of Bias [2]	26.6%	S	26.4%
9th Graders Bullied or Harassed at School Because of Bias [2]	27.2%	S	23.4%
11th Graders Bullied or Harassed at School Because of Bias [2]	24.4%	S	21.6%
Non-Traditional School Students Bullied or Harassed at School Because of Bias [2]	S	8.0%	12.9%
7th Graders Cyberbullied 4+ Times [2]	6.6%	S	7.0%
9th Graders Cyberbullied 4+ Times [2]	4.6%	S	5.9%
11th Graders Cyberbullied 4+ Times [2]	5.3%	S	5.3%
7th Graders Gang Membership [2]	3.5%	S	4.0%
9th Graders Gang Membership [2]	3.1%	S	4.0%
11th Graders Gang Membership [2]	3.4%	S	4.1%
Children in Foster Care (per 1,000 ages 0–20) [2]	1.3	2.1	5.3
Children in Foster Care (per 1,000 ages 0–21) [2]	0.6	1.0	4.0
Median Length of Stay (Months) in Foster Care [2]	8.9	14.2	17.9

ECONOMIC STABILITY

Indicators	San Mateo County	Santa Clara County	California Benchmark
Median Household Income^ [4]	$131,151 $149,907 [6]	$141,161	$84,831 $147,286 [6]
Gender Pay Gap (Cents to the Dollar for Women vs. Men) [4]	$0.90	$0.73	$0.86
Unemployment Rate [4]	**2.4%**	3.0%	4.0%
Households Living Below Real Cost Measure	28%	25%	34%
Food Insecure [4]	7.1%	7.5%	9.1%
Children Without Secure Parental Employment [2]	19.8%	28.3%	22.8%
Children Living in Poverty [4]	11.3	6.5	7.40
Free and Reduced-Price Lunch Enrollment [4]	31.1%	32.5%	59.1%
Children Living in Food Insecure Households [2]	5.9%	6.5%	13.6%
Children in Working Families for Whom Licensed Childcare Is Available (ages 0–12) [2]	32.8%	32.6%	24.7%
Annual Cost of Infant (0–2) Childcare at a Center [2]	$23,646	$23,258	NA

Indicators	San Mateo County	Santa Clara County	California Benchmark
Children in Single-Parent Households [4]	19.0%	15.2%	16.0%
Annual Cost of Preschooler Childcare (3–5) at a Center [2]	$18,804	$18,008	NA
Homeownership Rate^ [4]	67.0%	59.8%	56.1%
Moderate Housing Cost Burden for Extremely Low Income **	89%	87%	89%
Severe Housing Cost Burden for Extremely Low Income **	76%	71%	79%
Overcrowded Housing [4]	5.1%	7.9%	8.2%
Severe Housing Problems (overcrowding, high costs, lack of kitchen, or lack of plumbing) [4]	20.3%	23.2%	22.7%
School Segregation (0=None, 1=Worst) [4]	0.20	0.18	0.21
Point-in-Time Count of Homeless Individuals *	1,808	9,903	
Point-in-Time Count of Homeless Individuals: Unsheltered (Percent of Homeless Population) *	1,092 (60%)	~7,427 (75%)	—
Point-in-Time Count of Homeless Kids *	1	56	544
Point-in-Time Count of Homeless Youth Ages 18–24 *	48	1,099	9,046
Point-in-Time Count of Unsheltered Homeless Kids *	0	46	314
Point-in-Time Count of Unsheltered Homeless Youth Ages 18–24 *	34	1,000	6,448
Students Recorded as Homeless at Some Point During the School Year [2]	2.0%	1.4%	3.8%
Children Living in Crowded Households [2]	21.6%	21.2%	27.1%
Children 0–5 with High Blood Lead Levels (4.5–9.49) [2]	0.9%	0.8%	1.0%
Children 0–5 with Very High Blood Lead Levels (9.49 or more) [2]	0.2%	0.3%	0.2%
Ages 6–20 with High Blood Lead Levels (4.5–9.49)	1.0%	1.4%	2.3%
Ages 6-20 with Very High Blood Lead Levels (9.5 or more) [2]	0.0%	0.7%	0.5%

* Homeless PIT Count data from respective counties (available online). ** California Housing Partnership.

EDUCATION

Indicators	San Mateo County	Santa Clara County	California Benchmark
Completed High School/GED (Adults 25+) [4]	90.8%	89.2%	84.2%
Adults with Some College (incl. Graduates) [4]	80.3%	81.0%	67.1%
High Schoolers Graduating in Four Years [4]	88.5%	82.9%	87.6%

Indicators	San Mateo County	Santa Clara County	California Benchmark
High School Graduates Completing College Prep Courses^[2]	56.5%	56.5%	50.5%
Average Math Grade Level, 3rd graders^[4]	3.2	3.2	2.7
Average Reading Grade Level, 3rd graders^[4]	3.2	3.2	2.9
11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in English Language Arts[2]	67.6%	72.5%	59.2%
11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in Mathematics[2]	42.0%	57.2%	34.4%
Students Not Completing High School[2]	4.9%	7.7%	9.4%
7th Graders with a Low Level of Meaningful Participation at School[2]	32.3%	S	36.8%
7th Graders with a Low Level of School Connectedness[2]	9.0%	S	9.3%
9th Graders with a Low Level of Meaningful Participation at School[2]	33.9%	S	41.2%
9th Graders with a Low Level of School Connectedness[2]	7.7%	S	10.8%
Ratio of Students to Academic Counselors (N students per counselor)[2]	563	746	626
Ratio of Students to School Speech/Language/Hearing Specialists[2]	1,072	1,126	1,093
School Funding Adequacy: Gap Between Actual and Required for Adequacy[4]	$(3,260)	$211	$(2,400)
Spending per Pupil^[4]	$17,293	$14,733	$13,412

HEALTH CARE ACCESS AND DELIVERY

Indicators	San Mateo County	Santa Clara County	California Benchmark
Households with Broadband Access[4]	94.0	93.4	94.13
Primary Care Physicians Rate^[4]	103.3	107.1	106.9
Primary Care Physicians Ratio[4] (Number of Patients: Providers)	934:1	936:1	1,234:1
Primary Care Providers: Non-Physicians Rate[4]	59.0	93.3	79.6
Primary Care Providers: Non-Physicians Ratio (Number of Patients: Providers)[4]	1,696:1	1,071:1	1,256:1
Ratio of Students to School Nurses[2]	4,464	2,992	2,410
Uninsured People[4]	5.4%	4.4%	5.0%

Indicators	San Mateo County	Santa Clara County	California Benchmark
Uninsured Adults [4]	6.5%	5.1%	6.0%
Uninsured Children [4]	2.6%	2.4%	2.2%
Children with Health Insurance Coverage [2]	97.3%	98.5%	96.5%
Preventable Hospital Stays Rate (Medicare Enrollees) [4]	2,168	1,415	1,868
Kindergartners with All Required Immunizations^ [2]	96.6%	96.4%	94.3%
Limited English Proficiency [4]	5.91	6.6	8.7
Children Living in Limited English–Speaking Households [2]	7.1%	9.1%	7.3%
Life Expectancy (Years) [4]	84.9	84.7	81.0
Premature Death (years of potential life lost) [4]	4,994.8	3,503.8	3,682.7
People Delayed or Had Difficulty Obtaining Care	18.9	—	16.5 [5]
Preventable Hospital Stays: Medicare Population [4]	1,415	1,868	2,809

HEALTHY LIFESTYLES

Indicators	San Mateo County	Santa Clara County	California Benchmark
Diabetes (Adult Prevalence) [4]	28.1%	21.1%	20.5%
Diabetes Age-Adjusted ED Rate	157.0	117.2	267.0
Diabetes: Medicare Population	19.0% [5]		21.0 [5]
Long-Term Complications of Diabetes Age-Adjusted ED Rate (per 10,000)	2.8		5.8
Long-Term Complications of Diabetes Hospitalization Rate (per 10,000)	4.0		8.3
Short-Term Complications of Diabetes ED Rate (per 10,000)	0.4		0.9
Short-Term Complications of Diabetes Hospitalization Rate (per 10,000)	3.3		6.0
Type 2 Diabetes ED Rate (per 10,000)	13.7		23.8
Type 2 Diabetes Hospitalization Rate (per 10,000)	6.4		13.2
Uncontrolled Diabetes Age-Adjusted ED Rate (per 10,000)	11.5		18.0
Uncontrolled Diabetes Age-Adjusted Hospitalization Rate (per 10,000)	1.2		2.6
Diabetes Mortality Rate	—	21.7	14.4 [1]

Indicators	San Mateo County	Santa Clara County	California Benchmark
Diabetes ED Visits Rate	157.0	117.2	267 [5]
Diabetes Hospitalization Rate	—	91.2	226.6 [1]
Share of Hospitalizations Among Kids for Diabetes	1.2%	1.9%	1.9%
Obesity (Adult Prevalence) [1]	8.8%	8.3%	8.6%
5th Graders Meeting All Fitness Standards [2]	31.6%	25.2%	23.1%
7th Graders Meeting All Fitness Standards [2]	35.6%	30.6%	28.2%
9th Graders Meeting All Fitness Standards [2]	35.9%	39.2%	33.0%
7th Graders Who Did Not Eat Breakfast in the Previous Day [2]	25.4%	S	33.6%
9th Graders Who Did Not Eat Breakfast in the Previous Day [2]	32.4%	S	39.9%
11th Graders Who Did Not Eat Breakfast in the Previous Day [2]	37.0%	S	41.7%
Kids Ages 2–11 Who Ate 5 or More Servings of Fruits and Vegetables in the Previous Day [2]	S	37.8%	26.9%

MATERNAL AND INFANT HEALTH

Indicators	San Mateo County	Santa Clara County	California Benchmark
Babies Born to Mothers with Early Prenatal Care [2]	92.3%	90.9%	86.8%
Babies Breastfed Exclusively in Hospital [2]	79.8%	81.0%	70.2%
Babies Breastfed in Hospital (at Any Time) [2]	97.3%	97.6%	93.8%
Teen Births (per 1,000 females ages 15–19)	8.3 [4] 5.7 [6]	8.5 [4]	15.6 [4]
Infant Deaths (per 1,000 live births)	—	2.8	9.1 [1]
Low Birthweight, 2014–2020 [4]	—	6.9%	6.9%
Low Birthweight (Other sources)	—	7.3% [1] Including multiples	4.1 [1] Including multiples
Preterm Births	—	9.8% Including multiples	7.4 [1] Including multiples

ORAL/DENTAL HEALTH

Indicators	San Mateo County	Santa Clara County	California Benchmark
Number of Dentists [4]	820	2,342	35,599
Dental Problems Age-Adjusted ER Rate [5]	20.9	—	30.4

Note: Oral/dental health is on the health needs list because of inequities by race/ethnicity. Several indicators were provided by race, but not for the overall county. See Section 6: Prioritized 2025 Community Health Needs for more information, and see Attachment 1: Secondary Data Indicators Index for sources.

RESPIRATORY CONDITIONS

Indicators	San Mateo County	Santa Clara County	California Benchmark
Asthma ED Visits	162	—	238
Asthma Hospitalization Rate	13	—	29
Asthma ED Visits Rate, Adults	146	—	206
Asthma Prevalence, Adults	16.9%	—	17.0%
Asthma Hospitalization Rate, Adults	14	—	24
Asthma Prevalence, Kids [2]	14.3%	9.3%	12.4%
Asthma ED Visits Rate, Kids	207	245.6	332 [6] 595.4 [1]
Asthma Hospitalization Rate, Kids	9 [5]	42.2 [1]	42 [5] | 90.0 [1]
Asthma Hospitalization Rate, Kids Ages 0–4 [2]	15.2	15.4	17.3
Asthma Hospitalization Rate, Kids Ages 5–17 [2]	2.1	4.0	5.9
COPD Hospitalization Rate	37	39.8	84 [6]
COPD ED Visits	67	45.9	148 [6]
COVID-19 Mortality Rate	—	18.0	84.2 [1]
Community Acquired Pneumonia ED Visits Rate	155	—	200
Community Acquired Pneumonia Hospitalization Rate	40	—	87
Pneumonia Vaccinations: Medicare Population	8.0%	—	8.0%
Immunization-Preventable Pneumonia and Influenza ED Visits Rate	249	—	219

Indicators	San Mateo County	Santa Clara County	California Benchmark
Flu Vaccinations: Medicare Population	59.0%	—	48.0%
Tuberculosis Case Rate	6.2	7.5	4.7

SEXUAL HEALTH

Indicators	San Mateo County	Santa Clara County	California Benchmark
Chlamydia New Case Rate	—	301.3	493.6[1]
Chlamydia Incidence Among Youth (Ages 10–19)[2]	322.7	248.0	572.6
Gonorrhea New Case Rate	—	123.7	205.6[1]
Gonorrhea Incidence, Youth (Ages 10–19)[2]	47.1	61.6	130.8
HIV/AIDS Deaths	—	2.6	5.4[1]
HIV/AIDS (New) Case Rate	—	10.0[1]	12.2[1]
HIV/AIDS Prevalence Rate (Ages 13+)[4]	257.4	212.7	406.0

UNINTENDED INJURIES/ACCIDENTS

Indicators	San Mateo County	Santa Clara County	California Benchmark
Unintentional Injury Deaths *	30.1	31.0	53.95[1]
Unintentional Falls Hospitalization Rate	260	—	356[5]
Unintentional Falls ED Visits Rate	1,457	—	1,725[5]
Motor Vehicle Crash Deaths[4]	5.1	6.7	9.9
Pedestrian Accident Deaths	—	2.5	0.4[1]
Burns, Percent of Child ED Visits[2]	0.3%	0.5%	0.4%
Fractures, Percent of Child ED Visits[2]	4.6%	4.2%	4.0%
Poisoning, Percent of Child ED Visits[2]	0.7%	0.8%	0.7%
Poisoning, Share of Kid Hospitalizations[2]	1.2%	1.7%	1.4%
Traumatic Injuries, Share of Hospitalizations Among Kids[2]	2.0%	2.2%	2.6%
Traumatic Injuries, Percent of Child ED Visits[2]	12.9%	13.9%	12.3%

LEADING CAUSES OF DEATH

Orange shading = Top 4

Indicators	San Mateo County Rank N / %	Santa Clara County Rank N / %
Cancer	#2 1,062 (20.4%)	#1 **2,391** (20.9%)
Diseases of heart	#1 1,080 (20.7%)	#2 **2,114** (18.4%)
Accidents (unintentional injuries)	#5 251 (4.8%)	#3 **763** (6.7%)
Cerebrovascular diseases	#3 384 (7.4%)	**#4** **734** (6.4%)
Alzheimer's disease	#4 369 (7.1%)	**#5** **574** (5.0%)
Essential hypertension and hypertensive renal disease	#8 114 (2.2%)	**#6** **469** (4.1%)
Diabetes mellitus	#6 140 (2.7%)	**#7** **413** (3.6%)
Chronic lower respiratory diseases	#7 132 (2.5%)	**#8** **327** (2.9%)
Parkinson's disease	#9 91 (1.7%)	**#9** **211** (1.8%)
Chronic liver disease and cirrhosis	#11 79 (1.5%)	**#10** **194** (1.7%)
Intentional self-harm (suicide)	#12 & #13 67 (1.3%)	#11 171 (1.5%)
Nephritis, nephrotic syndrome, and nephrosis	#10 86 (1.7%)	#12 146 (1.3%)
Influenza and pneumonia	#12 & #13 67 (1.3%)	#13 123 (1.1%)
Assault (homicide)	#14 14 (0.3%)	#14 41 (0.4%)

SUMMARY LIST OF SOURCES

Health needs data found in this document were collected primarily from two publicly available data platforms: Community Health Rankings and KidsData.org. Other data were obtained from the California Department of Public Health and the U.S. Census Bureau, as well as both county public health departments. Pertinent data points on health needs from these sources are included in data tables with superscript notation:

1 County of Santa Clara, Department of Public Health
2 KidsData.org, supported by the Population Reference Bureau (www.kidsdata.org)
3 California Department of Public Health
4 County Health Rankings & Roadmaps, Robert Wood Johnson Foundation
5 San Mateo County All Together Better (Department of Public Health)

For an index that lists full original sources and years as well as indicator descriptions, see *Attachment 1: Secondary Data Indicators Index*.

ATTACHMENT 3: COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS CONSULTED

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. Interviewees and focus group participants discussed health needs in both San Mateo and Santa Clara counties unless otherwise noted (i.e., designated "SCC" or "SMC").

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Organizations						
Interview	Kismet Baldwin-Santana, Health Officer, San Mateo County Health	SMC: Public health	1	Low-income, minorities, medically underserved	Leader, representative	3/25/2024
Interview	Mark Cloutier, Chief Executive Officer, Caminar	SMC: Behavioral health	1	Medically underserved	Leader	4/4/2024
Interview	Anand Chabra, MD, Medical Director, Family Health Services, San Mateo County Health	SMC: Maternal/ infant health	1	Medically underserved	Leader	4/16/2024
Interview	Jia Ren, Co-chair of Chinese Health Initiative, San Mateo County	SMC: Asian health	1	Minorities, medically underserved	Leader, representative	5/15/2024

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview	Clara Boyden, Deputy Director, Alcohol & Other Drug Services, San Mateo County Behavioral Health & Recovery Services	SMC: Substance use	1	Medically underserved	Leader	7/10/2024
Interview	Ophélie Vico, Community Health Director, Puente de la Costa Sur	SMC: Coastside health	1	Low-income, minorities, medically underserved	Leader, representative	7/17/2024
Interview	Elyse Brummer, Executive Director, Ombudsman Services of San Mateo County, Inc.	SMC: Older adult health	1	Low-income, medically underserved	Leader	8/12/2024
Interview	Tracey Carrillo Fecher, Chief Executive Officer, Sonrisas Dental Health	SMC: Oral health—children	1	Low-income, medically underserved	Leader	8/14/2024
Interview	Bonnie Jue, Chief Operating Officer, Dental Director, Sonrisas Dental Health	SMC: Oral health—children	1	Low-income, medically underserved	Leader	8/14/2024
Interview	Yogita Thakur, Chief Dental Officer, Ravenswood Family Health Network	SMC/SCC: Oral health	1	Low-income, medically underserved	Leader	4/11/2024

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview	Jack Mahoney, Senior Director, Silicon Valley Community Foundation	SMC/SCC: Wealth gap	1	Low-income	Leader	5/1/2024
Interview	Margaux Lazarin, DO, MPH, Senior Medical Director, Planned Parenthood Mar Monte	SMC/SCC: Reproductive health	1	Medically underserved	Leader	5/8/2024
Interview	Senior Program Manager, Family Medicine, Planned Parenthood Mar Monte	SMC/SCC: Reproductive health	1	Medically underserved	Leader	5/8/2024
Interview	Elizabeth McCraven, Chief Medical Officer, Indian Health Center of Santa Clara Valley	SCC: Native health	1	Minorities, medically underserved	Leader	3/20/2024
Interview	Senior Program Manager, Santa Clara County, Public Health Department	SCC: Public health	1	Low-income, minorities, medically underserved	Leader	4/3/2024
Interview	Bindu Khurana-Brown , Associate Director, Crisis Stabilization and Mobile Response, Momentum for Health	SCC: Behavioral health	1	Medically underserved	Leader	4/4/2024

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview	Charisse Feldman, Maternal, Child, and Adolescent Health Director and Public Health Nurse Manager, County of Santa Clara Public Health Department	SCC: Maternal/ infant health	1	Medically underserved	Leader	4/16/2024
Interview	Brandi Jothimani, Director of Client Programs, Community Services Agency of Mountain View, Los Altos and Los Altos Hills	SCC: Mountain View 94040 Corridor	1	Low-income, medically underserved	Leader	4/18/2024
Interview	Jean Yu, Manager, Chinese Health Initiative, El Camino Health	SCC: Asian health	1	Minorities, medically underserved	Leader, representative	5/15/2024
Interview	Cheryl J. Ho, MD, Behavioral Health Medical Director, Substance Use Treatment Services, County of Santa Clara	SCC: Substance use	1	Medically underserved	Leader	7/10/2024
Interview	Tylor Taylor, Chief Medical Officer, Successful Aging Solutions & Community Consulting (SASCC)	SCC: Older adult health	1	Medically underserved	Leader	8/12/2024
Interview—Secondary	Boys & Girls Club	SMC: Youth	1	Low-income	Leader	Spring 2024

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview—Secondary	Andrea Jones, Community Leader/Consultant, Thrive, The Alliance for Nonprofits in San Mateo County	SMC: Health equity	1	Low-income, medically underserved	Leader	Spring 2024
Interview—Secondary	Georgia Farooq, Executive Director, The Alliance for Nonprofits in San Mateo County	SMC: Health equity	1	Low-income, medically underserved	Leader	Spring 2024
Interview—Secondary	Sandra Winter, Executive Director, Senior Coastsiders	SMC: Older adults, Coastside	1	Low-income, medically underserved	Leader	Spring 2024
Interview—Secondary	Nancy Magee, Superintendent, San Mateo County Office of Education	SMC: Youth, education	1	Low-income	Leader	Spring 2024
Interview—Secondary	Community Health Partnership	SCC: Health	1	Low-income, medically underserved	Leader	7/3/24
Interview—Secondary	Family Caregiver Alliance	SCC: Health, families	1	Low-income, medically underserved	Leader	6/11/24
Interview—Secondary	Next Door Solutions to Domestic Violence	SCC: Community safety	1	Low-income, minorities	Leader	6/11/24

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview—Secondary	Roots Community Health Center	SCC: Black health	1	Low-income, minorities, medically underserved	Leader	7/30/24
Focus Group	Host: Actionable Insights	SMC: Black community	4[76]	Minority	(See below)	9/27/2024
Focus Group	Host: Actionable Insights	Health Equity	6	Minority, low-income, medically underserved	(See below)	5/30/2024
	Attendees:					
	Lauren Weston, Executive Director, Acterra: Action for a Healthy Planet				Leader	
	Lisa M. Tealer, Executive Director, Bay Area Community Health Advisory Council (BACHAC)				Leader	
	Leilani Michelle Jones, Executive Director, Office for Health Equity				Leader	

[76] Neither attendee gave permission to be listed in this appendix, and two attendees were community members who are not listed to preserve their anonymity.

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	and Improvement, County of Santa Clara					
	Kamilah Davis, Program Coordinator, County of Santa Clara Public Health Department—Perinatal Equity Initiative				Leader	
	Maria Lorente-Foresti, PhD, Office of Diversity and Equity Director, San Mateo County Behavioral Health and Recovery Services				Leader	
	Tamarra Jones, Director of Public Health, Policy & Planning, San Mateo County Health				Leader	
Focus Group	Host: Actionable Insights	Safety net clinics		Medically underserved, low-income	(See below)	6/6/2024
	Attendees:					
	Sarita Kohli, President and Chief Executive Officer, AACI				Leader	

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Harsha Ramchandani, MD, Chief Medical Officer, Bay Area Community Health				Leader	
	Ranjani Chandramouli, MD, Chief Medical Officer, Gardner Health Services				Leader	
	Daniela Arcienega, Director of Population Health, Indian Health Center of Santa Clara Valley				Leader	
	Medical Director, North East Medical Services				Leader	
	Ravenswood Family Health Network				Leader	
	Baldeep Singh, MD, Medical Director, Samaritan House				Leader	
	Tamara Montacute, Associate Medical Director, Samaritan House Free Clinics				Leader	
	Ria Paul, MD, Chief Medical Officer, Santa Clara Family Health Plan				Leader	

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Focus Group	Host: Actionable Insights	Social determi-nants of health	8	Low-income	(See below)	6/3/2024
	Attendees:					
	Marty Estrada, Director of Community Development, Community Agency for Resources, Advocacy and Services (CARAS)				Leader	
	Brooke Heymach, Directing Attorney, Law Foundation of Silicon Valley				Leader	
	Dalenna Ruelas Hughes, Associate Director, Sacred Heart Community Service				Leader	
	Alejandra Navarro, Director of Community Nutrition, Second Harvest of Silicon Valley				Leader	
	Saul Ramos, Co-executive Director, SOMOS Mayfair				Leader	

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	David Hernandez, Chief Programs Officer, Sunnyvale Community Services				Leader	
	Kelly Batson, Chief Community Impact Officer, United Way Bay Area				Leader	
	Sujatha Venkatraman, Executive Director, West Valley Community Services				Leader	
Focus Group	Host: Actionable Insights	Social determi-nants of health	11	Low-income	(See below)	8/1/2024
	Attendees:					
	Miguel Andrade, Human Services Specialist III, City of Redwood City/Fair Oaks Community Center					
	Executive Director, Coastside Hope					
	Veterans Services, County of San Mateo					

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Director of Client Services, Daly City Partnership					
	Human Services Agency—Employment Services					
	Michelle de Blank, Directing Attorney Family Advocacy Program, Legal Aid Society of San Mateo County					
	Anita M. Rees, Executive Director, Pacifica Resource Center					
	La Trice Taylor, Senior Director of Programs & Services, Samaritan House					
	Robyn Fischer, Associate Director of Client Services, Samaritan House					
	John Fong, Director of Children & Family Services, San Mateo County Human Services Agency					
	YMCA Community Resource Center					

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Focus Group	Host: Actionable Insights	Youth behavioral health	8	Medically underserved	(See below)	5/28/2024
	Attendees:					
	Marc Rappaport, Clinical Director, allcove San Mateo					
	Annya Shapiro, Executive Director, Daly City Youth Health Center					
	Kara					
	Patrick Neddersen, Clinical Program Manager, Pacific Clinics					
	Jennifer Grier, LCSW, Senior Chief Clinical Officer, Rebekah Children's Services					
	Veronica Amador, Director of Self-Sufficiency, Sacred Heart Community Service					
	Program Manager, Santa Clara County Public Health Department					

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Olivia Heffernan, Youth Services, Events & Communications Manager, the National Alliance on Mental Illness (NAMI) San Mateo County					
Community Members						
Focus Group	Host: LifeMoves	SMC: Housing, unhoused community	9	Low-income, medically underserved	Members	6/13/24
Focus Group	Host: San Mateo County Health: Nurse Family Partnership	SMC: Pregnant people	5	Medically underserved	Members	7/25/24
Focus Group	Host: Latinos United for a New America (LUNA)	SMC: Spanish speakers	10	Medically underserved, minority	Members	7/26/24
Focus Group	Host: Samoan Solutions	SMC: Pacific Islander community	9	Minority	Members	8/14/24
Focus Group	Host: San Mateo County Health	SMC: Black community	4	Minority	Members	9/24/24

Data Collection Method	Name, Title, Agency	Topic	No. of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Focus Group	Host: Actionable Insights	Individuals with disabilities	13	Medically underserved, minority	Members	7/15/24
Focus Group	Host: Actionable Insights	LGBTQ+ community	8	Medically underserved, minority	Members	7/23/24
Focus Group	Host: Casa Circulo Cultural	SCC: Spanish speakers	11	Medically underserved, minority	Members	6/19/24
Focus Group	Host: African American Community Services Agency	SCC: Black community	11	Minority	Members	6/26/24
Focus Group	Host: Shine Together	SCC: Teen parents	9	Low-income, medically underserved	Members	7/17/24
Focus Group	Host: Asian Americans for Community Involvement	SCC: Asian community	8	Minority	Members	7/24/24
Focus Group	Host: Amigos de Guadalupe	SCC: Housing, unhoused community	5	Low-income, medically underserved	Members	7/27/24

ATTACHMENT 4: QUALITATIVE RESEARCH MATERIALS

Santa Clara County's English-language pre-surveys and qualitative protocols are included on the following pages of this attachment. For pre-surveys and protocols in other languages or for other counties, please contact Actionable Insights, LLC (inquiries@actionableLLC.com).

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Welcome!

Thank you for clicking through to this survey. It will take about five minutes to complete. **Please respond at least two days before your scheduled interview or focus group.**

Health care organizations in San Mateo and Santa Clara counties, including El Camino Hospital, Lucile Packard Children's Hospital-Stanford, Mills-Peninsula Medical Center, and Stanford Health Care, are conducting a community health needs assessment (CHNA) in accordance with IRS guidelines for non-profit hospitals. For the 2025 CHNA, a combination of statistical data and community input are being collected by these organizations and their consultants, including Actionable Insights. This research will generate a list of community health needs.

The survey you are about to complete presents a list of health needs, including all that were prioritized by the community in San Mateo and Santa Clara counties in 2022. You are welcome to add any needs you feel are missing. As a local expert/community leader, **you are being asked to choose the five needs that you feel are the biggest health issues and/or conditions for the people whom you serve.** The results of this survey will be shared with the health care organizations and their consultants, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the counties' Public Health Departments. During your upcoming interview/focus group, the Actionable Insights facilitator will ask you to discuss the top needs you chose.

To proceed, please enter your name below and click "Next."

* 1. Your name:

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

List of Health Needs to Select

* 2. Below are listed health needs, including (in bold) those prioritized by the community during the 2022 Community Health Needs Assessment in San Mateo and Santa Clara counties. They are presented in alphabetical order. Feel free to add any needs you feel may be missing. Please choose up to five needs that you feel are the most pressing now for the people whom you serve. There may be overlap; please choose the five that best represent the needs you have in mind.

- [ ] **Asthma** and other respiratory diseases (including allergies, COPD)
- [ ] **Cancer**
- [ ] Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)
- [ ] **Community safety**/intentional injury (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)
- [ ] Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)
- [ ] **Economic insecurity/poverty** (including income, employment, education, digital access, and food insecurity)Economic stability (including income, employment, education, child care access, and food insecurity)
- [ ] **Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, transportation barriers, quality of care, and linguistic/cultural competence in care delivery)
- [ ] Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer's disease, aging-related vision and hearing loss, loss of mobility, falls)
- [ ] **Healthy environment/climate** (including extreme weather, environmental contaminants, safe air and drinking water)
- [ ] Healthy lifestyles (**diabetes and obesity**, including fitness and places to exercise; diet, nutrition, and access to fresh food)
- [ ] **Heart disease** and stroke (including heart attack, high cholesterol, and high blood pressure)
- [ ] **Housing and homelessness** (including safe, clean, and affordable housing, overcrowding, and tenant protections)
- [ ] **Maternal and infant health** (including prenatal care, premature births, and infant mortality)
- [ ] **Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)
- [ ] **Oral/dental health**
- [ ] **Sexual health** (including family planning and sexually-transmitted infections such as gonorrhea, chlamydia, or HIV)
- [ ] **Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)
- [ ] **Unintended injuries/accidents** (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)
- [ ] Other (please specify)

When you are done responding to the questions above, please click "Next" for your responses to be tallied.

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Consent

* 3. In order to capture your words accurately, your interview/focus group will be recorded and the recording will be transcribed. A transcript of the interview/focus group discussion will be sent to the health care organizations and their consultants, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the counties' Public Health Departments. If a quote from your transcript is used in the report, you will not be identified by name; only as a "local expert." Please indicate that you understand and agree to be recorded.

- ◯ Yes, I understand and agree to be recorded.
- ◯ No, I do not agree to be recorded. I will not participate in the interview/focus group.

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Report Acknowledgment

* 4. An appendix to the report will contain a list of experts consulted. Please indicate how you would like to be listed:

- ◯ By name, title, and organization
- ◯ Only my title and organization, not my name
- ◯ Only my organization, not my name or role
- ◯ Do not include me in the list at all

5. Please fill in the fields that correspond to your response above. If you agreed to be listed by name, we will use your name as you entered it at the beginning of this survey.

Title

Organization

* 6. In a few sentences, please tell us what your organization does and how it serves the community.

* 7. In a sentence or two, how would you describe the geographic areas and populations you serve or represent?

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Demographics

The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below, but responding is optional. We will only report these answers for experts as a group, not for individual participants.

8. What is your age? *(Please enter a number only.)*

9. Are you of Hispanic/Latinx ethnicity?

- ◯ Yes
- ◯ No

10. What is your race? (Please choose all that apply.)

- [ ] American Indian/Alaskan Native
- [ ] Asian (indicate specific ancestry, e.g., "Chinese," in Other field below)
- [ ] Black/African American
- [ ] Native Hawaiian/Other Pacific Islander
- [ ] White
- [ ] Some other race (please specify)

11. Which of the following most accurately describes you?

- ◯ Female
- ◯ Male
- ◯ Non-binary
- ◯ Transgender
- ◯ Intersex
- ◯ Let me type...

2024 CHNA Survey to Identify Health Needs - Experts/Leaders (SMC/SCC)

Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled interview/focus group. If you are finished with this survey, please click "Done."

TEMPLATE 2024 CHNA Survey to Identify Health Needs - Community Members (SMC/SCC)

Welcome!

Thank you for clicking through to this survey. It will take less than than five minutes to complete. **Please respond at least two days before your scheduled focus group discussion.**

Health care organizations in San Mateo and Santa Clara Counties, including El Camino Hospital, Lucile Packard Children's Hospital-Stanford, Mills-Peninsula Medical Center, and Stanford Health Care, would like to understand the needs of the community better, including its physical, emotional, and environmental health. For this Community Health Needs Assessment, these organizations are collecting thoughts and opinions from people in the community with the help of their consultants, including Actionable Insights. This will help to make a list of community health needs.

This survey has a list of health needs, including the ones that were found in 2022 for San Mateo and Santa Clara counties. You are welcome to add any needs you feel are missing. As a community member, **you are being asked to choose up to five needs that you feel are the most important for your community right now.** The health care organizations and their consultants will receive the answers from this survey and then summarize them. They may also share them with a small number of other community based organizations and health care organizations, including the counties' Public Health Departments, **without using your name or email address**. The Actionable Insights facilitator will lead a conversation about the needs that were rated as the most important, or biggest, in your upcoming focus group.

To proceed, please enter your name and email address below and click "Next."

* 1. Your name:

* 2. Your email address:

* 3. At the end of the focus group, you will receive a gift card as a "thank you" for participating. Which company's gift card would you like?

- ◯ Amazon
- ◯ Target

* 4. In order to get everyone's words exactly right, your focus group will be recorded. A written copy of the discussion without people's names will be sent to the health care organizations and their consultants. They may also share it with a small number of other community based organizations and health care organizations, including the counties' Public Health Departments. If you are quoted, you will be identified only as a "community member" -- no names will be used. Please indicate that you understand and agree to be recorded.

- ◯ Yes, I understand and agree to be recorded.
- ◯ No, I do not agree to be recorded. I will not participate in the focus group.

TEMPLATE 2024 CHNA Survey to Identify Health Needs - Community Members (SMC/SCC)

List of Health Needs to Select

* 5. Below is a list of health needs. The ones in bold were identified by the community in San Mateo and Santa Clara counties in 2022. They are presented in random order. Please think about how important each need is for your community right now. Then, please choose up to five needs that you feel are the most important now for your community. There is a space at the bottom where you can add anything you feel may be missing. There may be overlap, but please do the best you can.

- [ ] **Asthma** and other respiratory diseases (including allergies, COPD)
- [ ] **Cancer**
- [ ] Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)
- [ ] **Community safety/intentional injury** (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)
- [ ] Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)
- [ ] **Economic stability**/poverty (including income, employment, education, digital access, and food insecurity)
- [ ] **Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, transportation barriers, quality of care, and linguistic/cultural competence in care delivery)
- [ ] Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer's disease, aging-related vision and hearing loss, loss of mobility, falls)
- [ ] **Healthy environment/climate** (including extreme weather, environmental contaminants, safe air and drinking water)
- [ ] Healthy lifestyles (**diabetes and obesity**, including fitness and places to exercise; diet, nutrition, and access to fresh food)
- [ ] Heart disease and stroke (including heart attack, high cholesterol, and high blood pressure)
- [ ] **Housing and homelessness** (including safe, clean, and affordable housing, overcrowding, and tenant protections)
- [ ] **Maternal and infant health** (including prenatal care, premature births, and infant mortality)
- [ ] **Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)
- [ ] **Oral/dental health**
- [ ] **Sexual health** (including family planning and sexually-transmitted infections (STIs) such as gonorrhea, chlamydia, or HIV)
- [ ] **Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)
- [ ] **Unintended injuries/accidents** (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)
- [ ] Other need (please describe)

When you are done responding to the questions above, please click "Next" for your responses to be tallied. You will soon receive an invitation with details about the focus group. We look forward to meeting you!

TEMPLATE 2024 CHNA Survey to Identify Health Needs - Community Members (SMC/SCC)

Demographics

Thank you for providing your responses to the survey questions! The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below. Answering is not required. We will only report these answers for community members as a group, not for individual participants.

* 6. Are you a resident of Santa Clara County or San Mateo County?

- ◯ Yes
- ◯ No

7. What city do you live in right now?

* 8. What is your age? *(Please enter a number only.)*

9. Are you of Hispanic/Latine ethnicity?

- ◯ Yes
- ◯ No

10. What is your race? (Please choose all that apply.)

- ☐ American Indian/Alaskan Native
- ☐ Asian (indicate specific ancestry, e.g., "Chinese," in Other field below)
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Some other race (please specify)

11. Which of the following most accurately describes you?

- ◯ Female
- ◯ Male
- ◯ Non-binary
- ◯ Transgender
- ◯ Intersex
- ◯ Let me type...

TEMPLATE 2024 CHNA Survey to Identify Health Needs - Community Members (SMC/SCC)

Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled focus group. Again, you will soon receive an invitation with details about the focus group.

If you are finished with this survey, please click "Done."

CHNA KII Protocol—Professionals (60 min.)

PREP

- Schedule call; send background, needs, consent, and demographics survey and main topics from page 2 [*minimum: 1 week ahead of time*]. [Insert QR code for survey.]
- 48 hours before:
    - Review the individual's background on LinkedIn and/or their organization's website; review their survey response (health needs they identified).
    - Send reminder email; remind them of their survey response (most pressing needs among those they serve) and the main questions.
        - If they didn't respond to the survey, include the link and ask them to respond ASAP before the interview.

INTRODUCTION (5 MIN.)

[Start recording from the beginning of the session.]

- WELCOME: Thank you for agreeing to do this interview today. My name is [NAME] with Actionable Insights. I will be conducting the interview today on behalf of local health care organizations as part of the Community Health Needs Assessment process for them in San Mateo and Santa Clara counties.
- [*If they didn't submit survey:*] In order to go ahead, we'll need you to take the survey we sent you. Here's the link; I'll wait while you complete it [*place in Zoom chat*].
- What the project is about:
    - Local nonprofit hospitals are conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in San Mateo and Santa Clara counties that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. The hospitals greatly value your input.
    - A CHNA is required of all nonprofit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.

- We expect this interview to last no longer than one hour; does that still work for you?
- **Today's main topics:**
    - Better understand the needs you identified as most pressing in your area.
    - Which populations are experiencing inequities related to the needs.
    - How things may have changed in the past few years (trends).
    - The biggest challenges you see in addressing the needs.
    - Key resources and any models or best practices you know of for addressing the needs.
    - Other areas of concern.
    - [*If not one of the needs is identified:*] Your expertise as it relates to the community's needs.
- What we'll do with the information you tell us today:
    - Will record so that we can get the most accurate information possible.
    - Will not share the audio itself; transcript will go to the health care organizations and their consultants, like me.
    - Hospitals will make decisions about which needs they can best address.
    - We can keep anything confidential; just let me know anytime.
    - The information you provide today will not be reported in a way that would identify you. [*Next part depends on their survey response:*] We plan to name *you/your organization* in the report where we list all the experts we consulted, but will not attach your name to any quotes we might use.
- Do you have any questions before we get started? [*If we don't have the answer, commit to finding it and sending later via email.*]

Kick on Zoom recording!

HEALTH NEEDS DISCUSSION (35 MIN.)

Could you please pronounce your name and share your preferred pronoun? OK, [name], before we get down to the issues you identified, I'd like to ask you:

1. What are the healthiest characteristics of this community? [*Prompt if needed:* For example, a strong transportation system, an active arts and culture sector, safe and accessible spaces for physical activity.]
    a. What strengths in the community amplify or support these healthy characteristics?

Thank you. Now, you identified [*read list from survey*] as the biggest health issues or conditions your community struggles with. For each of these needs, I'll ask you six things **[*read only bold text to introduce this section*]:**

1. Please briefly describe **how you see the need playing out**. What does it look like among the people you serve or represent?

2. **What** do **you think creates these issues**? [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime.]

3. This may overlap the previous question, but **are there certain people or geographic areas that have been affected by the issues** we've been talking about **more than others**? If so, in what ways? In other words, which specific groups of the

population, if any, should the hospitals focus on to reduce disparities and inequities related to race or other factors?
[*Prompts for populations if they are having trouble thinking of any:* Income/education level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender identity, disability status, geographic location; intersectionality of any of these.]

4. Next, **how may things have changed** in the last few years (since we know that the data always lag what is happening now)? What emerging trends or areas of concern have you seen since 2021? How has COVID-19 recovery influenced the characteristics of these needs?

5. What are **one or two of the biggest challenges to addressing** the need?

6. [*First time through only:* As you know, the hospitals will make decisions about which needs they can best address, and develop strategies to address them.] **What** do **you feel is needed to better address this need**, including **any models, best practices, or key community resources for addressing the need**? In other words, what are effective strategies to reduce health disparities and inequities in your community? [*Prompts if needed:* Is there work underway that is promising? Who is doing that work? Are there any best practices you have observed within your health system or organization, or in our county agencies; national practices you've heard about; or practices you've read about in literature?]

   Probes: How would you like to see health care organizations like these hospitals address these needs? Who are the individuals or organizations that are important in connecting the subgroups most affected by disparities to community resources that support this need?

OK, let's get started. For [*name first need*], [*start at Q1; address all six questions, then go back to Q1–6 with second need, again with third need, then go on to the questions below*].

***Only if* their expertise was not related to one or more of the needs chosen:**

FURTHER DISCUSSION: THEIR EXPERTISE (5–10 min.)

You were invited to share your expertise/experience about [*topic—e.g., substance use disorder, maternal health, or homelessness*]. Let's talk a little about that; how does it relate to the community's health needs?

[*Probe:* What services does your organization provide to help meet those needs?]

***Only if* structural inequities were not already discussed:**

FURTHER DISCUSSION: STRUCTURAL INEQUITIES (5–10 min.)

I know you didn't identify structural inequities as a specific need; would you mind…

- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum—that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs that we haven't already discussed? Any recent reports we should consult? Any other thoughts or comments we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this spring, which will be based on 211's list. **Would you be willing to review a list at that time, related to your area of expertise, and give us feedback?** [*Pause*] For example, we may ask whether the resources seem sufficient or if there are gaps; or if there are resources available that we have missed. [*Make a note as to whether they agree or not.*]

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025. If anything occurs to you later that you would like to add to this interview, please feel free to send me an email.

Thank you so much for contributing your expertise and experience to the CHNA.

CHNA FG Protocol—Professionals (90 min.)

PREP

- Schedule group of 8–10 participants.
- Ahead of time [*minimum: 1 week ahead of time*], send participants:
    - Pre-focus group **consent/demographic and health needs survey** [INSERT LINK] [depending on group] and QR code for survey: [INSERT QR CODE]
    - FG date, time, and Zoom log-in information.
    - Advise that the session will be recorded.
- Prepare:
    - Slide of agenda/questions.
    - Review pre-survey responses + create slide of top needs.
- 48 hours before:
    - Send reminder email.
        - If they didn't respond to the survey, include the link and ask them to respond ASAP before the interview.

INTRODUCTION (10 MIN.)

- Hello everyone. Thank you for agreeing to participate in this focus group today. Today we are hosting a discussion about health here in [____ COUNTY or COUNTIES]. This session will run until [*time*] (one hour).
- My name is ____ and I'm with [*organization name and description—e.g.,* "a local consulting firm"]. My colleague will also introduce [her/him/them]self. [*Pause for their introduction*.] We are doing this focus group on behalf of local health care organizations as part of the Community Health Needs Assessment process for them in [COUNTY or COUNTIES]. When we start our discussion in a few minutes, we will ask you to say your first name and your pronouns before speaking.
- What the project is about:
    - Local nonprofit hospitals are conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in [COUNTY or COUNTIES] that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. The hospitals greatly value your input.

    - A CHNA is required of all nonprofit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.
- **Today's main topics:** [*Show slide or point to agenda.*]
    - Better understand the needs you identified as most pressing in your area.
    - Which populations are experiencing inequities related to the needs.
    - How things may have changed in the past few years (trends).
    - The biggest challenges you see in addressing the needs.
    - Key resources and any models or best practices you know of for addressing the needs.
- Confidentiality:
    - As you saw in the survey, we asked everyone if it was OK to record this discussion, and you all said yes. We are recording so that we can make sure to take down your words as accurately as possible.
    - We will only use first names here. (If you want to use a pseudonym, that's OK too!)
    - We can keep anything confidential; just let me know anytime and we can delete it from the recording.
- What we'll do with the information you tell us today:
    - Hospitals will make decisions about which needs they can best address.
    - The information you provide today will not be reported in a way that would identify you. We plan to name *you/your organization* in the report where we list all the experts we consulted unless you told us in the pre-survey that you didn't want it to be included, or only wanted your organization to be listed. We will not attach your name to any quotes we might use.
    - When we are finished with all of the focus groups, we will read all of the transcripts and summarize the things we learn. We will also use some quotes so that the hospitals can read your own words. We will not use your name when we give them those quotes.
    - If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!
- Guidelines:
    - We know you have other things to do, and we really appreciate your taking the time out of your day to be here. It is my job to move us along to keep us on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.

    - We understand that you may have other things going on on your end; we ask that you do the best you can to stay present, and let us know through the chat if you absolutely need to step away.
    - It's OK to disagree, but please be respectful. We want to hear from everyone. Really want your personal opinions and thoughts, even—especially!—if they aren't the same as everyone else's.
- Do you have any questions before we get started? [*If we don't have the answer, commit to finding it and sending later via email.*]

Kick on Zoom recording!

HEALTH NEEDS DISCUSSION (35 MIN.)

OK, you identified [*read list from survey on PPT slide*] as the biggest health issues or conditions your community struggles with. For each of these needs, I'll ask this group six things [*read only **bold text** to introduce this section*]:

1. Briefly describe **how you see the need playing out**. What does it look like among the people you serve or represent? Remember, please say your name and your pronouns before speaking.

2. **What** do **you think creates these issues**?
   [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime.]

3. This may overlap the previous question, but **are there certain people or geographic areas that have been affected by the issues** we've been talking about **more than others**? If so, in what ways? In other words, which specific groups of the population, if any, should the hospitals focus on to reduce disparities and inequities related to race or other factors?

[*Prompts for populations if they are having trouble thinking of any*: Income/education level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender ID, disability status, geographic location; intersectionality of any of these.]

4. Next, **how may things have changed** in the last few years (since we know that the data always lag what is happening now)? What emerging trends or areas of concern have you seen since 2021? How has the COVID-19 recovery influenced the characteristics of these needs?

5. What are **one or two of the biggest challenges to addressing** the need?

6. **What** do **you feel is needed to better address this need**, including **any models, best practices, or key community resources for addressing the need**? [*Prompts if needed:* Is there work underway that is promising? Who is doing that work? Are there any best practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature?] [*Probe*: How would you like to see health care organizations like these hospitals address these needs?]
    a. What are effective strategies to reduce health disparities and inequities in your community? [*Probe*: Who are the individuals or organizations that are important in connecting the subgroups most affected by disparities to community resources that support this need?]

OK, let's get started. For [*name first need*], [*start at Q1; address all six questions, then go back to Q1–6 with second need, again with third need, then go on to the questions below*].

***Only if* their expertise was not related to one or more of the needs chosen:**

FURTHER DISCUSSION: THEIR EXPERTISE (5–10 min.)

You were invited to share your expertise/experience about [*topic—e.g., substance use disorder, maternal health, or homelessness*]. Let's talk a little about that; how does it relate to the community's health needs?

[*Probe:* What services do your organizations provide to help meet those needs?]

***Only if* structural inequities were not already discussed:**

FURTHER DISCUSSION: STRUCTURAL INEQUITIES (5–10 min.)

I know the group didn't prioritize structural inequities as a specific need; would you mind…

- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum—that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs that we haven't already discussed? **Any recent reports we should consult?** Any other thoughts or comments we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this spring, which will be based on 211's list. **Would you be willing to review a list at that time, related to your area of expertise, and give us feedback?** [*Pause*] For example, we may ask whether the resources seem sufficient or if there are gaps; or if there are resources available that we have missed. [*Launch Zoom poll.*]

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025.

If anything occurs to you later that you would like to add, please feel free to send me [or my colleague] an email.

Thank you so much for contributing your expertise and experience to the CHNA.

CHNA FG Protocol—Community Members (90 min.)

PREP

- Work with host to schedule group of 8–10 participants. If needed, create recruitment email/flyer for host. Ahead of time, have host send participants:
    - Pre-focus group **consent/demographics and health needs survey** [INSERT LINK] [depending on group] QR code for survey: [insert QR CODE].
    - FG date, time, and location [or Zoom log-in information].
    - Advise that the session will be recorded.
- Prepare:
    - PDF [or flip-chart] of agenda/questions.
    - PDF [or flip-chart] of prior cycle health needs list (including definition of health care access) [**if no pre-survey**].
    - Review pre-survey responses [depending on group] and create slide of top needs.
    - If in person: Consent and demographics survey and health needs paper survey [**if no pre-survey**].
    - If virtual: Consent language and Zoom poll of health needs [**if no pre-survey**].

INTRODUCTION (10 MIN.)

[*Start recording from the beginning of the session.*]

- Hello everyone. Thank you for agreeing to participate in this focus group today. Today we are hosting a discussion about health here in [____ COUNTY or COUNTIES]. This session will run until [*time*] (90 minutes).
- My name is ____ and I'm with [*organization name and description—e.g.,* "a local consulting firm"]. My colleague will also introduce [her/him/them]self. [*Pause for their introduction*.] We are doing this focus group for local hospitals, including [*list names of participating hospitals in the area*]. When we start our discussion in a few minutes, we will call on you and ask you to say your name and your pronouns before speaking.
- Purpose:
    - You are here today to let nonprofit hospitals [*if applicable:* and the health department] know what the biggest health needs are in your community.

These can include health conditions and the things that make those conditions better or worse.
    - This is called the Community Health Needs Assessment (CHNA), which is required every three years by the IRS, so it is an official, public report.
    - Hospitals will look at the numbers (statistics) and at what **you** say, to plan how they will use their resources to improve health and wellness in your county. So your thoughts are really important to them.
- Today's questions: [*Show slide or point to agenda.*]
    - What are the needs?
        - Which groups of people are doing better or worse when it comes to the needs?
        - What can hospitals/health systems do to improve health in the community?
    - Lastly, we will get your perspective about equity and cultural competence when it comes to health care.

- Confidentiality:
    - As you saw in the survey, we asked everyone if it was OK to record this discussion, and you all said yes. We are recording so that we can make sure to get your words right.
    - We will only use first names here—you will be anonymous. (If you want to use a fake name, that's OK too!)
    - We will not share the audio [and video, if on Zoom]; just the transcript will go to the health care organizations and their consultants [*if applicable:* like me].
    - When we are finished with all of the focus groups, [we *or* the consultants] will read all of the transcripts and summarize the things [we/they] learn. [We/They] will also use some quotes so that the hospitals can read your own words. [We/They] will not use your name when [we/they] give them those quotes.
    - If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!

- Guidelines:
    - We know you have other things to do, and we really appreciate your taking the time out of your day to be here. It is my job to move us along to keep us on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.

    - We understand that you may have other things going on [on your end]; we ask that you do the best you can to stay present and let us know [through the chat] if you absolutely need to step away.
    - If no pre-survey: You have a choice of a $50 credit to Amazon or [XYZ]. Please [mark your choice on the sign-in sheet *or* chat your email address to my colleague [*name*] now, along with your choice. If you don't tell [him/her/them] which one you prefer, we'll [give *or* send] you an Amazon credit.
    - It's OK to disagree, but please be respectful. We want to hear from everyone. We really want your personal opinions and thoughts, even—especially!—if they aren't the same as everyone else's.
- Any questions before we begin? [*If we don't have the answer, commit to finding it and sending later via email.*]

HEALTH NEEDS DISCUSSION (50–60 MIN.)

If no pre-survey: Here's a list of health needs in your area from 2022. [*Show slide or point to flip-chart list.*] You'll see that there are regular physical health conditions, like cancer, and other kinds of needs, like a healthy climate and housing. We're going to read the needs, then take a poll for you to choose the five you think are the most important, or pressing, in your community. [*Read off needs, then: Launch Zoom poll or give five sticky dots to each person in the room. Give people a few minutes to complete*.]

If collected by pre-survey, start here: As a group, you identified [*read list*] as the most important needs in your community—these are the needs that got the most votes in the pre-survey. For each of these needs, I'll ask you three things [*read only **bold text** in Q1–3 on the next page to introduce this section*].

But before we get down to the needs you all chose, I'd like to ask you to share:

> **What is one thing that you are proud of about your community? How might that relate to the overall health of your community?** [*Prompt if needed:* For example, maybe your community is a place where the people are welcoming to everyone, which could mean people feel safe living there; or maybe there are lots of ways to enjoy nature there, which could mean it's easy for people to be physically active; or there are good services for people who are in need, which could mean people generally have their basic needs taken care of.]

After each participant who wants to share has done so: OK, let's move on to talk about the needs you chose.

1. [*<u>If on Zoom</u>, facilitators call on participants one by one.*] "Please say your first name, and then describe **what the need looks like in your community**, **including what might get in the way** for people to [live healthier lives / have better outcomes: *Use "have better outcomes" language if need is homelessness, economic stability, violence/safety, or transportation; use "live healthier lives" for all other needs*]. You can choose to pass if you didn't vote for the need and don't have anything to say about it."

   [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime, poor access to resources.]

2. This may overlap the previous question, but I'll ask you to identify **what groups of people are better or worse off than others** for that need and explain how or why.
   [*Prompts for populations if they are having trouble thinking of any*: Income/education level, housing status, language, immigration status, age, ethnicity (***get specific***), sexual orientation, gender identity, disability status, geographic location.]

3. Finally, I'll ask you to describe, for that issue, **what you think is most needed** to help your community become healthier / improve everyone's lives [*use "improve lives" language if need is homelessness, economic stability, violence/safety, or transportation; use "help become healthier" for all other needs*].
   a. What is working already, that could be continued or expanded?
      i. What would make it easier for people to access these resources?
   b. Formal resources like government agencies and community organizations can help [*pause*]; so can informal resources like community elders, faith leaders, teachers, and coaches [*pause*]. They can support good programs that are already happening. Or they can help bring services to your community that aren't there already.
      Thinking of all these organizations and people in your community, **<u>which ones</u>** <u>do you think could best help</u> when it comes to this need?
   c. If you could choose a program, service, or other strategy that's <u>not already</u> in your community, that you think could help, what would it be? [*Probe if necessary:* How could it help?]

OK, let's get started. For [*name first need*], [*start at Q1; address all three questions, then go back to Q1–3 with second need, then again with third, then go on to the questions below.*]

YOUR PERCEPTION OF EQUITY ISSUES (20–25 min.)

You have probably heard the words "cultural competence" before; they mean being able to understand the values and beliefs of people who are different from yourself, so you can communicate with them respectfully.

1. We've heard that not all providers know how to care for people in a **culturally competent and respectful** way. What do you think those providers are missing? What do you think they need to learn?

As you probably know, people have been talking about issues of equity now more than ever. *Equity* means fairness and unbiased treatment. When it comes to health care, we'd like to ask about your opinion on equity and cultural competence:

2. What do you think gets in the way of everyone having the **same access** to health care?

3. What do you think gets in the way of everyone getting the **same quality** of health care?

4. What can **hospitals and health systems** do to best address equity for you and the people in your community?

OTHER COMMENTS (time permitting)

Are there any other thoughts or information you would like to share that we have not already talked about?

CLOSING (1 min.)

Thank you for contributing your opinions and experience to the CHNA. The hospitals' CHNA reports will be available on their websites in the second half of 2025. After the assessment, they will be working on their plan for how they will use their resources to improve health and wellness in your county, and those plans will be available in late 2025 or early 2026.

You can contact us if you want any more information about the assessment. If anything occurs to you later that you would like to add, please feel free to send us an email.

ATTACHMENT 5: COMMUNITY ASSETS AND RESOURCES

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

Attachment 5a: Community Assets and Resources, San Mateo County

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

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
AHMC Seton Medical Center/Seton Coastside	Daly City/Moss Beach
Kaiser Foundation Hospital Redwood City	Redwood City
Kaiser Foundation Hospital South San Francisco	South San Francisco
Lucile Packard Children's Hospital Stanford	Palo Alto
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
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 website.
Ravenswood Family Health Center	East Palo Alto
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 website.
Sequoia Teen Health Center/Sequoia High School Student Health Clinic	Redwood City Belle Air School (San Bruno Park School District)

*Does not include private health care services. Please utilize 211 for lists of those clinics.

Oral/Dental Health Resources

- Ravenswood Family Dentistry
- Samaritan House Dental Clinic
- San Mateo County Health: Dental Services
- San Mateo County Dental Society
- San Mateo County Oral Health Coalition
- Sonrisas Dental Health Half Moon Bay and San Mateo

Other General Health Care Resources

- CareSolace
- Community Gatepath
- Community Health Education Programs—*See Hospitals and Health Systems*
- Daly City PartnershipSocial 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 Senior Transportation
- Health Benefits Resource Center
- 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
- 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	CANCER	MATERNAL & INFANT HEALTH	RESPIRATORY HEALTH	SEXUAL HEALTH, COMMUNICABLE DISEASES	UNINTENDED INJURIES
SafeKids Coalition of Santa Clara and San Mateo Counties					X
San Mateo County Fall Prevention Coalition					X
San Mateo County Poison Control					X
American Cancer Society	X				
Bay Area Cancer Connections (incl. Gabriella Patser Program)	X				
Colon Cancer Community Awareness campaign	X				
Joy Luck Club	X				
Relay For Life	X				
Samaritan House, Breast Care Clinic	X				

AGENCY OR ORGANIZATION	CANCER	MATERNAL & INFANT HEALTH	RESPIRATORY HEALTH	SEXUAL HEALTH, COMMUNICABLE DISEASES	UNINTENDED INJURIES
“Look Good, Feel Better”	X				
American Lung Association			X		
Breathe California			X		
First 5 San Mateo County		X			
La Leche League		X			
March of Dimes		X			
Mid-Coastal CA Prenatal Outreach Program		X			
Nursing Mothers Counsel		X			
Preeclampsia Foundation		X			
San Mateo County Health Black Infant Health Project		X			
San Mateo County Health Nurse-Family Partnership program		X			

AGENCY OR ORGANIZATION	CANCER	MATERNAL & INFANT HEALTH	RESPIRATORY HEALTH	SEXUAL HEALTH, COMMUNICABLE DISEASES	UNINTENDED INJURIES
San Mateo County Health Department Pre-to-3 Program		X			
San Mateo County Health Department WIC		X			
Sequoia Hospital Lactation Center		X			
Health Connected				X	
Peer Health Exchange				X	
San Mateo County Health Communicable Disease Control (includes STDs and TB)				X	

RESOURCES THAT ADDRESS MULTIPLE HEALTH NEEDS (LIST B)

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	ECONOMIC STABILITY	HEALTHY LIFESTYLES
12-step recovery programs	X			X
Acknowledge Alliance	X			
Adolescent Counseling Services	X			
ALICE: Filipino organization		X		
American Board for Child Diabetics				X
Asian American Recovery Services	X	X		
Bay Area Community Health Advisory Council				X
Boys & Girls Clubs of North San Mateo County	X			
Caminar	X			
Catholic Charities	X			
Coastside Adult Day Health Center	X			

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	ECONOMIC STABILITY	HEALTHY LIFESTYLES
Coastside Hope			X	
Community Overcoming Relationship Abuse (CORA)	X	X	X	
Daly City Community Services Center	X	X	X	X
Daly City Peninsula Partnership Collaborative	X	X	X	X
Daly City Youth Health Center	X	X		X
Edgewood Center for Children & Families	X	X	X	
El Centro de Libertad	X	X		
Elder Abuse Prevention Task Force		X		
Fair Oaks Community Center			X	
Freedom House	X			
Fresh Lifelines for Youth	X	X	X	
Friends for Youth	X			

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	ECONOMIC STABILITY	HEALTHY LIFESTYLES
Health Right 360 San Mateo	X			
HIP Housing			X	
Home & Hope			X	
Job Train			X	
Latino Commission	X			
LifeMoves	X	X	X	
Mental Health Association of San Mateo County	X			
National Alliance on Mental Illness/San Mateo County	X			
Niroga Institute	X			
North Peninsula Food Pantry & Dining Center of Daly City			X	
One Life Counseling Center	X			
Pacific Stroke Association				X
Pacifica Resource Center			X	

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	ECONOMIC STABILITY	HEALTHY LIFESTYLES
Peace Development Fund		X		
Peninsula Bridge			X	
Peninsula Conflict Resolution Center		X		X
Peninsula Family Service	X		X	X
Peninsula Kidpower, Teenpower, Fullpower		X		
Pre-to-3 Program				X
Puente de la Costa Sur	X		X	X
Rape Trauma Services	X	X		
Ravenswood Family Health Center	X			X
Rebuilding Together Peninsula			X	
SafeKids Coalition of Santa Clara and San Mateo Counties		X		X
Samaritan House			X	X

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	ECONOMIC STABILITY	HEALTHY LIFESTYLES
San Mateo County Behavioral Health and Recovery Services Clinics	X			
San Mateo County Human Trafficking Initiative		X		
San Mateo County Pride Center	X	X		
San Mateo County Tobacco Education Coalition	X			
San Mateo Police Activities League				X
Second Careers Employment Program			X	
Second Harvest Food Bank			X	
Sequoia Strong	X			X
Sitike Counseling Center	X			
StarVista	X			
Streets Alive! Parks Alive!				X

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	ECONOMIC STABILITY	HEALTHY LIFESTYLES
Strong for Life				X
Via Heart Project				X
Women's Recovery Association	X			
YMCA	X		X	X
Youth Mental Health First Aid Training	X			
Community/Senior Centers				
Adaptive Physical Education Center (Redwood City)				X
Fair Oaks Adult Activity Center (Redwood City)			X	X
Little House Activity Center (Menlo Park)			X	X
San Carlos Adult Community Center				X
Twin Pines Senior & Community Center (Belmont)			X	X

AGENCY OR ORGANIZATION	BEHAVIORAL HEALTH	COMMUNITY & FAMILY SAFETY	ECONOMIC STABILITY	HEALTHY LIFESTYLES
Veterans Memorial Senior Center (Redwood City)				X

Attachment 5b: 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.

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
- Aunt Bertha, aka FindHelp.org
- Community Health Partnership
- Ethiopian Community Services
- 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
- Vietnamese-American Service Center

COMMUNITY HEALTH NEEDS

Behavioral Health

Assets

- ASPIRE—youth mental health program
- CareSolace
- 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
- Tobacco Free Coalition Santa Clara
- UJIMA Adult and Family Services
- Young Adult Transition Team—same as La Plumas Mental Health

Resources

- Adolescent Counseling Services
- allcove
- Alum Rock Counseling Center
- Asian Americans for Community Involvement (AACI)—support services for survivors of domestic violence
- Bay Area Children's Association (BACA)
- Bill Wilson Center
- Billy DeFrank LGBT Community Center
- California Department 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
- Counseling and Support Services for Youth (CASSY)
- Crestwood Behavioral Health
- County of Santa Clara Behavioral Health Services, including Mental Health Crisis Services and The Q Corner (LGBTQ+ support)
- 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
- Maitri—support services for survivors of domestic violence
- MayView Community Health Centers—members of Ravenswood Family Health Network (Mountain View, Palo Alto, Sunnyvale)
- Mekong Community Center
- Mental Health Urgent Care
- Momentum for Mental Health
- Momentum-Alliance for Community Care
- NAMI (National Alliance on Mental Illness)
- Next Door Solutions—support services for survivors of domestic violence and gender-based violence, therapy, counseling, support groups
- Parents Helping Parents
- Ravenswood Family Health Center
- Rebekah's Children's Services (Gilroy)
- Recovery Café
- San Jose Behavioral Health Hospital
- San Jose Vet Center
- Santa Clara Valley Medical Center Sunnyvale Behavioral Health Center
- Services for Brain Injury
- Silicon Valley Independent Living Center (SVILC)
- Sourcewise
- Supporting Mamas
- Uplift Family Services
- YMCA Silicon Valley Project Cornerstone and support services for survivors of domestic violence

Cancer

Assets

- American Cancer Society

- Bonnie J. Addario Lung Cancer Foundation
- Cancer Support Community
- Leukemia & Lymphoma Society
- Vietnamese Reach for Health Initiative

Resources

- Asian American Cancer Support Network
- Bay Area Cancer Connections
- Cancer CAREpoint
- Latinas Contra Cancer
- Real Options—mammograms

Climate/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
- Santa Clara County Parks
- Santa Clara Valley Open Space Authority
- Sierra Club—Loma Prieta Chapter

Communicable Diseases

Assets

- Santa Clara County HIV Commission

Resources

- Asian Americans for Community Involvement: HOPE Program
- Asian American Recovery Services
- Billy DeFrank LGBT Community Center

- Community Health Partnership—Every Woman Counts, Transgender Health
- The Health Trust AIDS Services
- The LGBTQ Youth Space
- Real Options
- Santa Clara County Needle Exchange Program
- Santa Clara County Public Health Department
- Teen Success

Community and Family Safety

Assets

- County of Santa Clara East San Jose Prevention Efforts Advance Community Equity Partnership—PEACE Partnership
- Promoting Healthy Relationships Campaign in South San Jose/South County
- SafeCare Home Visiting Services
- Safe Kids Santa Clara/San Mateo coalition
- Santa Clara County Child Abuse Prevention Council
- Santa Clara County Human Relations Commission
- Santa Clara County Office of Gender-Based Violence Prevention
- Santa Clara County Office of Women's Policy: Santa Clara County Domestic Violence Council
- Santa Clara County Public Health Department, including "We All Play a Role" in Violence Free Communities Campaign, Safe and Healthy Communities Division (violence and injury prevention), including anti-bullying resources for parents
- South County United for Health collaborative
- South County Youth Task Force

Resources

- Alum Rock Counseling Center
- Asian Americans for Community Involvement—Asian Women's Home, Center for Survivors of Torture
- Bill Wilson Center: Safe Place

- CHAC (Community Health Awareness Counseling)
- Community Solutions
- Family & Children Services of Silicon Valley: Domestic Violence Survivor Support Services
- GoNoodle online lessons on bullying awareness
- ICAN (Vietnamese parenting classes)
- Maitri: Anjali Transitional Housing Program
- Next Door Solutions to Domestic Violence: The Shelter Next Door
- Peace Builders Program (elementary schools)
- PlayWorks
- Rebekah Children's Services
- San Jose Mayor's Gang Prevention Task Force
- San Jose Police Department Family Violence Center
- Santa Clara County Juvenile Probation Department programs
- StrongHearts Native Helpline—domestic and sexual violence helpline
- Sunday Friends violence prevention classes
- Uplift Family Services counseling for all high schools in the Campbell Union High School District; Crisis Intervention Programs
- YMCA Silicon Valley / Project Cornerstone, Support Services, Emergency Shelter

Economic Stability

Includes education, housing, food, employment, and poverty.

Assets

- California Budget and Policy Center
- Silicon Valley Leadership Group

Resources

- African American Community Services Agency
- allcove
- Bay Area Legal Aid
- CalFresh
- CalWorks
- Catholic Charities

- Center for Employment Training (CET)
- City of San Jose 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
- Eritrean Community Center
- 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)
- Salvation Army
- Santa Maria Urban Ministries
- Second Harvest Food Bank
- The Society of St. Vincent de Paul
- St. Joseph's Cathedral
- St. Joseph's Family Center—food bank and hot meals (Gilroy)
- Valley Verde
- Vietnamese-American Service Center

Housing 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 Jose, 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 Authority
- Santa Clara County Housing Task Force
- Santa Clara County Office of Supportive Housing
- VA Housing Initiative

Housing Resources

- Asian Americans for Community Involvement (AACI)—domestic violence shelter
- 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 Jose 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
- CityTeam
- Community Services Agency emergency shelter
- Community Service Agency Homeless Prevention Services
- Community Solutions domestic violence shelter
- 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.
- Maitri—transitional housing for domestic violence survivors
- New Directions
- New Hope House
- Next Door Solutions—domestic violence shelter
- 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
- YWCA Silicon Valley domestic violence shelter

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 and 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
- Allcove—physical health consultation for youth 12–25
- Bay Area Community Health—formerly Foothill Community Health Center; multiple clinics
- Cardinal Free Clinics (including Pacific Free Clinic)
- Gardner Health Services
- Indian Health Center
- Mar Monte Community Clinic
- MayView Community Health Centers, members of Ravenswood Family Health Network (Mountain View, Palo Alto, Sunnyvale)
- Medical Respite Program
- Peninsula Healthcare Connection
- Planned Parenthood Mar Monte
- Ravenswood Family Health Center
- Roots Community Health Center
- RotaCare Bay Area
- School Health Clinics of Santa Clara County

Mobile Health Services

- County of Santa Clara Public Health Department Needle Exchange Program sites
- Gardner Mobile Health Center
- Health Mobile (Dental)
- Lucile Packard Children's Hospital Stanford Teen Van
- Santa Clara Valley Homeless Health Care Program Van

Other Access-Related Assets

- Caltrain

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

Other Access-Related Resources

- Avenidas
- City Team Ministries
- College health centers (public and private universities [4], community colleges [7])
- 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
- School health clinics (San Jose High, Overfelt, Washington, Franklin-McKinley neighborhoods)

Healthy Lifestyles

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
- Sunnyvale Collaborative
- YMCA National Diabetes Prevention Program

Resources

- African American Community Services Agency
- Asian Americans for Community Involvement Clinic
- Boys and Girls Clubs of Silicon Valley
- Breathe California
- 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 (including community centers)
- Eritrean Community Center
- Ethiopian Community Center
- 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 Stanford Pediatric Weight Control Program
- Playworks
- Project Access
- San Francisco Planning and Urban Research (SPUR) Double Up Food Bucks
- Santa Clara County Public Health Department Breastfeeding Program
- Second Harvest Food Bank
- Silicon Valley HealthCorps
- Somos Mayfair
- Sunnyvale Community Services
- THINK Together
- Veggielution: Healthy Food Access and Engagement for Low-Income Families
- West Valley Community Services

Maternal/Infant Health

Assets

- Healthier Kids Foundation
- March of Dimes

Resources

- Birthright of San Jose
- Casa Natal Birth and Wellness Center
- Continuation schools—parenting classes
- First 5 Santa Clara County New Parent Kits
- Grail Family Services
- Informed Choices (Gilroy)
- La Leche League (Campbell, San Jose, Santa Clara)
- Nursing Mothers Counsel
- Real Options—prenatal care
- San Juan Diego Women's Center / Birth and Beyond
- Santa Clara County Department of Public Health: Black Infant Health (BIH) Program, Breastfeeding Support Program, Nurse-Family Partnership Program home visitation model, WIC
- Supporting Mamas

Oral/Dental Health

Assets

- County of Santa Clara Public Health Department Oral Health Program
- First 5—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 Care Foundation

- Santa Clara Valley Medical Center Dental Clinics

Respiratory Health

Assets

- American Lung Association
- Tobacco-Free Coalition of Santa Clara County

Resources

- Breathe California
- California Smoker's Helpline
- Tuberculosis Prevention and Control Program, Santa Clara County Public Health Department
- Valley Health Center Lenzen TB Clinic

Sexual Health

Assets

- Santa Clara County HIV Commission

Resources

- Asian Americans for Community Involvement: HOPE Program
- Asian American Recovery Services
- Billy DeFrank LGBT Community Center
- Community Health Partnership—Every Woman Counts, Transgender Health
- The Health Trust AIDS Services
- The LGBTQ Youth Space
- Real Options
- Santa Clara County Needle Exchange Program
- Teen Success

Unintended Injuries/Accidents

Assets

- Santa Clara County Fire Department Safe Driving Awareness Campaign

- Valley Transportation Authority Local Roads Safety Plan
- Vision Zero

Resources

- Child Passenger Safety Program
- Santa Clara County Fire Department programs
- Santa Clara County Public Health, Healthy Communities Branch

ATTACHMENT 6: IRS CHECKLIST

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)	

Federal Requirements Checklist			Regulation Section Number	Report Reference
		a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Attachments 1 & 2
		b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Section #5
		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 & Attachment 3
		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 & Attachment 3
		I. Medically underserved populations	(b)(5)(i)(B)	Section #5 & Attachment 3
		II. Low-income populations	(b)(5)(i)(B)	Section #5 & Attachment 3
		III. Minority populations	(b)(5)(i)(B)	Section #5 & Attachment 3
		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 & Attachment 3
		Describes how such input was provided (e.g., through focus groups, interviews, or surveys).	(b)(6)(F)(iii)	Section #5 & Attachment 3
		Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Section #5 & Attachment 3
		Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Section #5 & Attachment 3

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)	Section #6
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Section #6
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 5a & 5b
D. Finalizing the CHNA		
The CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Section #2
The 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)	By 8/31/2025
a. May not be a copy marked "Draft."	(b)(7)(ii)	By 8/31/2025
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)	By 8/31/2025
c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	Section #8; by 8/31/2025
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)	By 8/31/2025
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	Section #8; by 8/31/2025

Federal Requirements Checklist			Regulation Section Number	Report Reference
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	By 8/31/2025

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.


Stanford
MEDICINE
Children's Health