# TABLE OF CONTENTS

INTRODUCTION ................................................................................................................................. 9  
SCOPE OF THIS ASSESSMENT ........................................................................................................... 9  
   About the Assessment Effort ........................................................................................................... 9  
   About this Report ........................................................................................................................... 9  
   Acknowledgements ....................................................................................................................... 10  
METHODS ........................................................................................................................................ 10  
   San Mateo County Health and Quality of Life Survey .................................................................. 10  
      Poverty Status .............................................................................................................................. 12  
      Race/Ethnicity ............................................................................................................................. 12  
      Statistical Significance ................................................................................................................ 12  
      Benchmark Comparisons ........................................................................................................... 13  
KEY FINDINGS FROM THE HEALTH OFFICER .......................................................................... 14  
QUALITY OF LIFE IN SAN MATEO COUNTY ................................................................................. 17  
   COMMUNITY DESCRIPTION ......................................................................................................... 17  
      Demographic Description ........................................................................................................... 17  
         Population and Population Growth ......................................................................................... 17  
         Gender ..................................................................................................................................... 18  
         Age Distribution and Trends .................................................................................................... 18  
         Race/Ethnicity Distribution and Trends .................................................................................... 19  
   Nativity ......................................................................................................................................... 22  
   Economy ....................................................................................................................................... 22  
   Description of the Local Economy ............................................................................................... 23  
   Employment ................................................................................................................................. 23  
   Income ......................................................................................................................................... 24  
   San Mateo County as a Place to Live ............................................................................................ 28  
      Community Attachment ............................................................................................................. 34  
FAMILY ISSUES ............................................................................................................................... 36  
   Children’s Education ...................................................................................................................... 36  
   Enrollment ..................................................................................................................................... 37  

San Mateo County Health 2023 COMMUNITY HEALTH NEEDS ASSESSMENT | 08.16.2023 | 2
COMMUNITY ISSUES

School Readiness ........................................................................................................ 38
Resources ..................................................................................................................... 38
Class Size & Teacher Supply ...................................................................................... 39
Drop-Out Rates ........................................................................................................... 41
Testing ........................................................................................................................... 43
College Preparedness ................................................................................................. 48
Ethnic Diversity & English Proficiency .................................................................... 50
Educational Attainment ............................................................................................... 52
Library Usage .............................................................................................................. 54
Computer Usage ......................................................................................................... 55
Child Care .................................................................................................................. 55
Availability of Child Care ......................................................................................... 55
Cost of Child Care .................................................................................................... 56
Current Child Care Arrangements ............................................................................ 57
Older Dependents ..................................................................................................... 59
Families in Need .......................................................................................................... 60
Government Assistance ........................................................................................... 60
Foster Families .......................................................................................................... 64
Families in Hunger ...................................................................................................... 66
Family Violence .......................................................................................................... 69
Domestic Violence ..................................................................................................... 69
Child Abuse ................................................................................................................. 71
COMMUNITY ISSUES ............................................................................................... 73
Social Environment ..................................................................................................... 73
Racial & Cultural Tolerance ..................................................................................... 73
Relationships & Support .......................................................................................... 78
Spirituality .................................................................................................................. 79
Homelessness ............................................................................................................. 80
Estimates of Homelessness ..................................................................................... 80
Homeless Shelters & Programs ............................................................................... 82
Experiences of Homelessness ................................................................................... 83
Housing ...................................................................................................................... 83
Housing Affordability ............................................................................................... 83
Housing Situations ..................................................................................................... 88
Housing Supply ......................................................................................................... 91
Physical Environment ............................................................................................... 91
Air & Water Quality .................................................................................................................. 91
Resource Consumption ............................................................................................................. 94
Land Use .................................................................................................................................. 100
Transportation & Traffic .......................................................................................................... 102
Vehicle Miles of Travel ............................................................................................................. 102
Commute Mode ....................................................................................................................... 103
Public Transportation ............................................................................................................... 104
Government .............................................................................................................................. 105
Civic Participation .................................................................................................................... 105
Trust in Government ................................................................................................................ 108
Social Services ......................................................................................................................... 110
Crime & Violence ..................................................................................................................... 111
Crime Indices ........................................................................................................................... 111
Violent Crime .......................................................................................................................... 113
Juvenile Crime & Violence ....................................................................................................... 113
Incarceration ............................................................................................................................. 116
Neighborhood Safety ............................................................................................................. 117
Nutrition .................................................................................................................................... 120
Physical Activity ....................................................................................................................... 122
DESCRIPTION OF COMMUNITY HEALTH CARE SERVICES ............................................. 123
Personal Health Evaluations .................................................................................................... 123
Self-Reported Health Status .................................................................................................... 123
Living With Pain ...................................................................................................................... 126
Routine Medical & Dental Care ............................................................................................... 127
Dental Care ............................................................................................................................... 127
Access to Health Care Services ............................................................................................... 130
Ease of Access to Local Health Care Services ....................................................................... 130
Health Insurance Coverage .................................................................................................... 132
Other Potential Barriers to Access .......................................................................................... 135
Implications of Poor Access .................................................................................................... 139
MATERNAL AND INFANT HEALTH ....................................................................................... 140
Birth Rates ................................................................................................................................ 140
Adequacy of Prenatal Care ....................................................................................................... 142
Late or No Prenatal Care ........................................................................................................... 142
Low Birthweight ...................................................................................................................... 149
Breastfeeding .......................................................................................................................... 149
Senior Health

Child and Adolescent Health

Cancer Rates

Age

Leading Causes of Death

Demographic Overview

Population Growth & Makeup

Low-income Seniors

Senior Health Issues

Preventive Health Services

Chronic Conditions

Mental Health

Activity Limitation

Mortality

Leading Causes of Death

Years of Potential Life Lost

Age-Adjusted Death Rates

Death Rate for All Causes

Death Rates for Selected Causes

Cancer

Cancer Rates

Cancer Incidence

Most Common Types of Cancers

Cancer Deaths

Lung Cancer

Lung Cancer Incidence

Tobacco Use

Tobacco Use Among Adolescents

Colorectal Cancer

Colorectal Cancer Incidence
SCOPE OF THIS ASSESSMENT

About the Assessment Effort

The San Mateo Health & Quality of Life Survey, a follow-up to similar studies conducted in 1998, 2001, 2004, 2008, 2013, and 2018, is a systematic, data-driven approach to determining the health needs and quality of life of residents in San Mateo County. For the purposes of this assessment, note that “community health” is not limited to traditional health measures. This definition includes indicators relating to the quality of life (e.g., affordable housing, childcare, education, and employment), environmental and social factors that influence health, as well as the physical health of the county’s residents. This reflects the view that community health is affected by many factors and cannot be adequately understood without consideration of trends outside the realm of health care.

The 2022 San Mateo County Health & Quality of Life Survey is designed to serve as a tool for guiding policy and planning efforts, and the information provided here should be used to formulate strategies to improve the quality of life of county residents. In conducting this assessment, the goals are twofold:

▪ To produce a comprehensive community needs assessment that can be used for strategic planning for community programs, and as a guide for policy and advocacy efforts; and
▪ To promote partnerships in the community and develop collaborative projects based on the data and community input.

As with prior community assessment efforts, it is anticipated that we will be able to identify not only what problems need to be addressed, but also the strengths of San Mateo County. This assessment builds on previous studies conducted to this end.

This assessment was conducted on behalf of the San Mateo County Health Office of Epidemiology and Evaluation (OEE), by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting community health needs assessments in hundreds of communities across the United States since 1994.

About this Report

This report brings together a wide array of community health and quality of life indicators in San Mateo County gathered from both primary and secondary data sources. For this report, survey data analysis and evaluation, secondary data collection and analysis, and integration was conducted by staff from OEE.

The full report can be downloaded at [https://www.smcalltogetherbetter.org/](https://www.smcalltogetherbetter.org/). Written comments or questions regarding this report can be submitted to OEE staff at Epidemiology@smcgov.org.
Acknowledgements
A special thanks to OEE staff for conducting this report:
- Madelyn Sather, MPA MPH
- Sydney Browder, BS
- Aracely Tamayo, MSW MPH PhD
- Corina Chung, MS
- Karen Pfister, MS
- Asa Ohsaki, MPH
- Deidre Patterson, MPH MAS
- Elizabeth Jump, MPH
- Heather Eastwood, PhD
- Katie Lei, MPH
- Ankita Bhalla, BDS MPH
- Sayema Badar, MPH
- Troy Beckon, MPH
- Dawson Coblin, MPH
- Edwina Williams, MPH

METHODS

San Mateo County Health and Quality of Life Survey

The primary research for this project was gathered through a survey of adults in San Mateo County. The 2022 Health & Quality of Life Survey addressed a variety of issues, including:
- Measures of health risk behaviors (e.g., smoking, physical inactivity, high blood pressure, overweight prevalence) and prevention services (e.g., cancer screenings and access to medical care), using many questions from the Center for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance System; and
- Quality of life indicators, including such items as housing, social capital, childcare, transportation, and education.

This survey was designed to gather information from the population, which is not readily available elsewhere. Many questions in this survey were also administered in the 1998, 2001, 2004, 2008, 2013, and/or 2018 community assessments, allowing for trending of these indicators.

The 2022 Health & Quality of Life Survey was conducted among 3,053 adults in San Mateo County. To ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone), through online questionnaires, as well as a community outreach component promoted by County Health through social media postings and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 1,000 surveys at random among the various geographic strata.

OVERSAMPLE TELEPHONE SURVEYS (PRC) ► In addition, in order to bolster samples among specific segments of the population, PRC conducted oversample telephone interviews (above those achieved through the random sampling above) among residents of the Coastside area, as well as low-income respondents, and members of certain race or ethnic groups (Latino, Asian, African American, and Pacific Islander). These surveys were
targeted from households represented in county records with known characteristics. In all, 886 surveys were completed among these oversampled groups.

COMMUNITY OUTREACH SURVEYS (OEE) ► PRC also created a link to an online version of the survey, and OEE promoted this link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 1,167 surveys to the overall sample.

Throughout this report, survey findings are segmented into four regions within the county. The zip code composition of these regions is as follows:

<table>
<thead>
<tr>
<th>North County</th>
<th>Mid-County</th>
<th>South County</th>
<th>Coastside</th>
</tr>
</thead>
<tbody>
<tr>
<td>94005</td>
<td>94002</td>
<td>94025</td>
<td>94018*</td>
</tr>
<tr>
<td>94014</td>
<td>94010</td>
<td>94027</td>
<td>94019</td>
</tr>
<tr>
<td>94015</td>
<td>94065</td>
<td>94028</td>
<td>94020</td>
</tr>
<tr>
<td>94030</td>
<td>94070</td>
<td>94061</td>
<td>94021</td>
</tr>
<tr>
<td>94044</td>
<td>94401</td>
<td>94062</td>
<td>94037</td>
</tr>
<tr>
<td>94066</td>
<td>94402</td>
<td>94063</td>
<td>94038</td>
</tr>
<tr>
<td>94080</td>
<td>94403</td>
<td>94303</td>
<td>94060</td>
</tr>
<tr>
<td></td>
<td>94404</td>
<td></td>
<td>94074</td>
</tr>
</tbody>
</table>

Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent San Mateo County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC. The final sample achieved for this survey mirrors the actual population of San Mateo County for gender, age, race, ethnicity, and income (based on poverty status). The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence. For statistical purposes, for questions asked of all respondents, the maximum error rate associated with a sample size of 3,053 respondents is ±1.8% at the 95 percent confidence level (p=.05).

The estimated adult (18+) population of San Mateo County is 600,223 residents. Therefore, among survey questions asked of all respondents, each percentage point in the survey represents roughly 6,002 persons (e.g., a 15% response represents approximately 90,033 adults). The following table also describes the confidence intervals and population estimates associated with key demographic and geographic segments.

<p>| Number of Actual Interviews, Weighted Responses, Confidence Intervals &amp; Population Estimates for Demographic/Geographic Segments | 2022 San Mateo County Health &amp; Quality of Life Survey |  |
|---|---|---|---|---|---|---|---|
| Interviews Conducted* | Weighted Responses | Maximum Error Rate | Population Equivalent (1% = # Adults) |
| <strong>GENDER</strong> | | | | |
| Male | 1,167 | 1,423 | ±2.9 | 2,919 |
| Female | 1,832 | 1,566 | ±2.3 | 3,084 |
| Nonbinary/Nonconforming | 35 | 46 | N/A | N/A |
| <strong>AGE</strong> | | | | |
| 18 to 39 Years | 824 | 1,099 | ±3.4 | 1,125 |
| 40 to 64 Years | 1,267 | 1,355 | ±2.7 | 2,689 |
| 65 Years or Older | 918 | 542 | ±3.2 | 1,105 |
| <strong>EDUCATION</strong> | | | | |</p>
<table>
<thead>
<tr>
<th>High School or Less</th>
<th>473</th>
<th>454</th>
<th>±4.5</th>
<th>896</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postsecondary Education</td>
<td>2,566</td>
<td>2,586</td>
<td>±1.9</td>
<td>5,106</td>
</tr>
</tbody>
</table>

**POVERTY STATUS**

<table>
<thead>
<tr>
<th>&lt;200% Poverty Level</th>
<th>521</th>
<th>487</th>
<th>±4.3</th>
<th>1,166</th>
</tr>
</thead>
<tbody>
<tr>
<td>200%-400% Poverty Level</td>
<td>526</td>
<td>573</td>
<td>±4.3</td>
<td>1,372</td>
</tr>
<tr>
<td>&gt;400% Poverty Level</td>
<td>1,512</td>
<td>1,446</td>
<td>±2.5</td>
<td>3,463</td>
</tr>
</tbody>
</table>

**RACE/ETHNICITY**

<table>
<thead>
<tr>
<th>White</th>
<th>1,366</th>
<th>1,407</th>
<th>±2.6</th>
<th>3,369</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latinx</td>
<td>597</td>
<td>656</td>
<td>±4.0</td>
<td>1,341</td>
</tr>
<tr>
<td>Black</td>
<td>471</td>
<td>168</td>
<td>±4.5</td>
<td>163</td>
</tr>
<tr>
<td>Asian</td>
<td>435</td>
<td>821</td>
<td>±4.7</td>
<td>1,678</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>191</td>
<td>83</td>
<td>±7.0</td>
<td>105</td>
</tr>
</tbody>
</table>

**GENDER/SEXUAL IDENTITY**

| LGBTQ+ | 231 | 247 | N/A | N/A |

**AREA**

<table>
<thead>
<tr>
<th>North County</th>
<th>900</th>
<th>1,176</th>
<th>±3.3</th>
<th>2,322</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-County</td>
<td>765</td>
<td>998</td>
<td>±3.5</td>
<td>1,953</td>
</tr>
<tr>
<td>South County</td>
<td>597</td>
<td>760</td>
<td>±4.0</td>
<td>1,499</td>
</tr>
<tr>
<td>Coastside</td>
<td>791</td>
<td>118</td>
<td>±3.4</td>
<td>229</td>
</tr>
</tbody>
</table>

**TOTAL SAMPLE**

3,053* ±1.8%

**Notes:**
- Note that some categories may not add to the total number of interviews due to non-response/non-classification, or in the case of race/ethnicity and area, because respondents may fall within more than one classification.
- Error rate estimates are made at the 95% confidence level (p=.05). Population equivalents, age groupings, race/ethnicity, and area are based on estimates of the adult population (age 18 and older). Estimates for education and income respondents are based on proportions achieved through random sampling.
- Includes the interviews gathered through the countywide random sample, as well as the additional surveys in the Coastside area and among Latino, Asian, African American, Pacific Islander, and low-income households.

### Poverty Status

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at $26,500 annual household income or lower).

In sample segmentation: “<200% of the Federal Poverty Level (FPL) refers to community members living in a household earning up to twice the poverty threshold (e.g., below $53,000 for a family of four); “200%-400% FPL” refers to households with incomes of twice and up to just below four times the poverty threshold; “>400% FPL” refers to households with incomes more than four times the poverty threshold for their household size (e.g., above $106,000 for a family of four). The 400% FPL is used throughout this report because it is more reflective of the San Mateo County self-sufficiency standard.

### Race/Ethnicity

Note that race/ethnicity breakouts of survey data represent self-identified race/ethnicity. Multiple classifications were allowed; thus, race/ethnicity breakouts do not represent mutually exclusive groups. “Black” and “African American” are used interchangeably throughout the report, as are “Latino” and “Hispanic.”

### Statistical Significance

Where differences in survey findings are noted in this report, these represent statistically significant differences based on estimates of confidence intervals (for the corresponding sample sizes and response rates) at the 95 percent confidence level (p=.05).
Benchmark Comparisons

To further provide context to the data presented in this report, comparisons to benchmark data are provided where available. These include comparisons to state-level data and Year 2030 objectives (as outlined in Healthy People 2030, a description of national health goals).
The 2023 Community Assessment: Health & Quality of Life in San Mateo County is a comprehensive community needs assessment that should be used as strategic planning for community programs and as a guideline for policy* and advocacy efforts by all individuals, businesses, organizations, and systems in the County.

Key Finding #1: All subsequent key findings are the way they are because we have chosen them to be that way. They are the result of the myriad of systems (or non-systems) we create. We have designed all the outcomes we are now seeing.

Key Finding #2: No one is in charge of all of the many things (e.g., climate, water, food, housing) that are our biggest problems. What is required to solve them is a multi-disciplinary, multi-sectoral approach. While there are a plethora of rudimentary, non-comprehensive activities directed at these issues, no one is pulling all the required systems together to solve these complex problems.

Key Finding #2a: Many things have gone right in San Mateo County, in fact, amazingly so. As a whole, the county is doing very well, having taken advantage of several key assets including location, economic policies, support for education at all levels, and support for diversity. But there are signs of trouble ahead and many things are going the wrong way and if we don’t pay attention to them, we do so at our peril. Air, water, food, shelter, safety; these are the things we need to get absolutely right. Everything else is gravy. There is strong and growing evidence that we are not getting these things right. We are not paying attention to the “basics” and if we are going to succeed, we must get back to the basics.

Key Finding #2b: While we live in a geographic area that can be thought of as a “magnet place” that has a self-reinforcing economic and social ecology that concentrates and multiplies innovation, creativity, wealth, and health, this benefits the majority of people, although not everyone. There are large and significant disparities and inequities in our community.

Key Finding #2c: We are losing our middle. This relates to our age distribution, income distribution, and political bent. The difference between the haves and the have-nots are increasing and this is by design. Understand the basis for many of these disparities is structural racism (mainly related to unequal access to capital and unequal access to education), built into the very fabric (every system we use) of our everyday lives. Only by addressing this will we make progress on reducing disparities.
Key Finding #2d: The economic model we've chosen to govern ourselves by, while it has brought us great benefit, it is also built on maximizing externalities and massive unaccounted for cost shifts to future generations. It is not sustainable. If this model is not significantly modified it is likely to destroy us (our species, the earth, our future prosperity, the future of our children…). We need to plan in a systematic level and at time frames much longer than a human life and in geographies much bigger than individual property lines. We seem to be in a reality where a fundamental design element is cycles which repeat at various periodicities.

Key Finding #3: Human society has been in a great transition since the industrial revolution. Change and transitions have accelerated during the 21st century mostly driven by technological advancement and the internet. These changes have caused instability, insecurity, and distress.

Key Finding #4: The internet, and related technology, have the ability to break our world, and indeed, may already have. All mental health measures are declining across all sociodemographic strata. The world currently exists in a state of global overstimulation and a detachment from reality. We are currently all experiencing a chronic state of hyper-arousal, isolation and loss of quality human relationships, massive information overload, and an increasing difficulty in ascertaining basic “truth”, resulting in a severe mental health crisis. Companies that create tech solutions to problems, particularly social media, need to understand these trends and not only look at their bottom line. If they don’t, government regulations seem like the only viable solution.

Key Finding #4a: We are not doing well by our children. Our children are less healthy, as a whole, than children were in decades past. Current adult generations have benefitted from a large number of good policy decisions. However, today, our policies, across diverse sectors, are making our children less healthy and adversely impacting our future generation’s health, well-being, and lifespan.

Key Finding #4b: The profusion and inescapability of tech has had a pronounced negative effect on the physical and emotional health of our children.

- American Academy of Pediatrics (AAP) policy statement: Children and adolescents should be encouraged to get the suggested 1 hour of physical activity/day and 8-12 hours of sleep/night; to not sleep with devices in the bedroom; and to avoid using devices at least 1 hour before going to bed.
- AAP policy statement: Families should discourage using media for entertainment while performing academic tasks, and should have assigned times (i.e., during meals) and places (i.e., bedrooms) that media use is not allowed. Positive activities (i.e., reading, talking) that have the potential to aid in development and health should be encouraged.

Key Finding #4c: We must take extra care in providing for the emotional wellness of our population, with special emphasis on those who experience trauma and those who care for them.

Key Finding #5: Soil health is the main condition that allows humans, and most other plant and animal life, to exist on this planet. Loss of prime soils is a serious threat to our continued existence and is not getting the attention it needs. There should be a focus on the redesign of local, community-based food systems.

Key Finding #6: Unfortunately, in this country, we don’t have a healthcare system, but rather distinct fragmented players consisting of insurers, providers, employers and individuals/families, each with their own agendas. This results in significant economic inefficiency for the health outcomes achieved. Another result of this is uneven and unfair access to care, particularly dental, mental health, and substance use services. In addition, healthcare is a business, and inherent in the decisions these businesses make is a conflict between their bottom line and your health.

Key Finding #7: The long and sustained cycle of declining mortality rates is ending and is likely to reverse in the next 5-10 years, unless action is taken now. We have completely failed in getting individuals to maintain healthy behaviors. Continued emphasis on individual behavior change is a dead-end street. We need to stop focusing on individual behavior change and move to policies (at work, at school, at home, by government, in the community) that promote health. The four major priorities for policies are to improve consumption of healthy food, increase
activity by walking or biking, improving population emotional well-being, and improving neighborhood safety. Strong evidence exists that suggests only economic incentives are likely to change a population’s behavior. A taxation model, such as an added sugar and carbon tax, is likely the only model sufficient enough to keep our mortality rates declining.

**Key Finding #8:** Racial and age demographic shifts are continuing.

**Key Finding #9:** Education remains the single most important factor in future success and health. Length and quality of education is highly correlated (highly predictive) with increasing wealth and health.

**Key Finding #10:** As a society, we have decided to criminalize biology and diseases of the brain. A large portion of our inmate population is mentally ill, substance users, or both. Both of these conditions are now known to be diseases of the brain. We have chosen, as a matter of ingrained public policy, to incarcerate as “treatment” for these conditions instead of employing evidence-based mental health and substance use treatments. This public policy is inefficient, inhumane, and will ultimately fail.

**Key Finding #11:** The lack of systemic support for parents, i.e., inadequate leave policies, inadequate childcare supply and subsidies, inadequate childcare worker conditions and salaries, etc, is holding back our economic growth.

**Key Finding #12:** Home ownership is out of reach for most and, while always challenging, is significantly worsening. This is primarily due to locally controlled land use policies.

**Key Finding #13:** Cannabis use is likely to increase in all age groups.

**Key Finding #14:** There has been a rapid increase in all sexually transmitted infections (STIs).

**Key Finding #15:** Healthcare coverage is high and stable.

**Key Finding #16:** There has been improvement in lack of dental insurance, although 1 in 5 (20%) still don’t have access.

**Key Finding #17:** There has been a doubling of limitations of activity due to mental health and pain.

**Key Finding #18:** While we have had many disasters befall us recently, history tells us the worse is yet to come.

* Policy is more than law. It is an agreement (formal or informal) on how an institution, governing body or community will address shared problems or attain shared goals.
Population and Population Growth

- With a population count of 762,488 in 2021, San Mateo County’s population is expected to increase 11.7% from 2010 to 2060.¹
- Although San Mateo County’s population is projected to increase overall from 2010 to 2060, the annual growth rate has been declining and is projected to slowly decrease. There was incremental population growth between 2010 and 2019, with the population then declining in 2020 and 2021. This decline in 2020 is attributed to decreased births, increased deaths, and migration out of the county. In 2021, while births were still down, the county experienced fewer deaths than in 2020, and a slight increase in migration into the county. The future population decline expected in 2047 and beyond is fueled by a projected decrease in births coupled with increases in deaths.
Overall, population growth remains positive in San Mateo County with the annual rate of growth at 0.23% (2010-2060). Considering the annual growth rate of all California counties, San Mateo falls near the middle with about half of California counties having a higher growth rate, and half expected to have a smaller or negative growth rate.

**Gender**
- Of the 762,488 residents identified in 2021 as living in San Mateo County, 49.8% were males and 50.2% were females.²

**Age Distribution and Trends**
- Between 2000 and 2020, the most notable change in the age distribution of San Mateo County appeared as the baby boomers aged out of the 20-to-44 and 45-to-64 age groups and into the 45-to-64 and 65-84 aged groups, respectively.²-⁴
Projections anticipate notable increases in population over the next several decades among those aged 60 and older. This age segment of older adults will make up nearly 36.2% of the population by the year 2060.\(^5\)

**Race/Ethnicity Distribution and Trends**

- From 2017-2021, 35.1% of the county population was foreign-born. This was higher than the state percentage of 26.5%.\(^6\)
- San Mateo County has 45.3% of persons over the age of 5 years speaking a language other than English at home. This is higher than the state percentage of 43.9%.\(^6\)
- Non-Hispanic (NH) White, Hispanic/Latinx, and NH Asian populations make up the largest racial/ethnic groups in San Mateo County, followed by NH Multirace, NH Black, NH Pacific Islander (PI), and NH American Indian/Alaska Native (AIAN). Over the next several decades, the NH White population is expected to decrease considerably (approximately 12% between 2010 and 2060), while Hispanic/Latinx populations are expected to increase approximately 12% between 2010 and 2060.\(^7\)

![Projected Population by Race/Ethnicity](chart.png)

The child population of San Mateo County is more diverse than the adult population. Currently, no individual racial or ethnic group has a majority. However, by the year 2060, the gap between NH White children, the most populous racial/ethnic group, and Hispanic/Latinx, the second most populous race/ethnicity group, is expected to widen, partly due to a rise in NH White child populations and a decline in Hispanic/Latinx child populations. NH Asian child populations are estimated to decline from 2020-2040, followed by an increase in population from 2040-2060.\(^7\)
Among the senior population, Hispanic/Latinx residents are projected to increase their representation considerably over the coming decades, surpassing the NH Asian population in 2060 to become the second most populous race/ethnicity group. NH Asian residents are also projected to see a dramatic increase from 2010 to 2050, with the population stabilizing after 2050. From 2010 to 2040, NH White residents are expected to see an increase in population, followed by a rapid decline in population from 56% in 2040 to 36% in 2060.⁷
Nativity

- Almost one-quarter (22.3%) of foreign-born County residents entered the U.S. after 2010. Less than half (40.7%) of the county’s foreign-born population consists of non-citizens.
- More than half of San Mateo County’s foreign-born population comes from Asia (55.6%). The next largest group of the foreign-born population comes from Latin America (28.9%) and Europe (10.0%), with the remainder coming from Oceania (2.7%), North America (1.6%), and Africa (1.3%).
- From 2022 survey findings, 31.1% of adult respondents (age 18 and older) were born outside of the United States. Among foreign-born respondents, 51.6% have lived in the US for at least 20 years, while 24.5% have lived here for 10 years or less.
Economy

Description of the Local Economy

- San Mateo County thrived in the 2000s during the technology boom in California and the rapid rise in visitor and business travel through San Francisco International Airport. Median household income continued to increase consistently from year to year despite the dotcom bust of the early 2000s and the housing crisis from 2006-2008 and subsequent recession.
- The San Francisco Bay Area experienced unprecedented changes to the regional economy during the COVID-19 pandemic. With a thriving tech sector, world-renowned higher education system, and the concentration of venture capital, the Bay Area had years of economic growth leading up to the COVID-19 pandemic. However, low-income individuals and families live on the verge of instability. The COVID-19 pandemic led to significant increases in unemployment and job loss.9
- In 2021, median earnings for San Mateo County residents aged 25 years and older was $69,684. The median for men was approximately $15,000 higher than the median for women. Further, the following chart illustrates the sharply increasing earning potential that comes with higher education levels. Looking at the median earnings, men with graduate or professional degrees earn over $50,000 more than women with the same education.10
In 2021, San Mateo County had approximately 400,200 wage and salary jobs, a 1.7% increase from 2017 (393,500 wage and salary jobs). As of December 2022, the San Mateo County labor force is comprised of 457,600 individuals, 449,000 employed individuals, and 8,600 unemployed.¹¹

Major employers in San Mateo County are listed below.¹²
52.5% of 2022 survey respondents are employed for wages, 8.9% are self-employed, and 12.3% are currently out of work or unable to work.\(^8\)

**Employment Status**  
San Mateo County, 2022

- Employed for wages, 52.5%
- Self-employed, 8.9%
- Student, 4.3%
- Homemaker, 3.9%
- Out of work <1 year, 2.8%
- Out of work >1 year, 4.4%
- Retired, 18.1%
- Unable to work, 5.1%

**Job Loss/Growth**

- As of December 2022, the number of employed residents expanded by 4.1% from the previous year during that month.\(^13\) Employment is expected to grow by 120,200 jobs, an increase of 8.9%, from 2018 to 2028.\(^14\)
- Service Providing, Leisure and Hospitality, Financial Activities, and Accommodation and Food Services were the sectors with the largest gains in employment over the course of 2021 (from January 2021 to December 2021). The only sectors that had job declines in 2021 were Educational Services (2,200) and Durable Goods (500).
- Following a slight decrease in employment in 2008 and 2009, positive employment growth returned to San Mateo County, reaching a peak in 2019 with 416,600 wage and salary jobs (well exceeding the 2021 benchmark).\(^1\) However, with the beginning of the COVID-19 pandemic and response effort, employment declined drastically in 2020 to 386,000 wage and salary jobs.\(^2\) However, positive employment growth returned to San Mateo County in 2021 with 400,200 wage and salary jobs.\(^3\)
- Between 2018 and 2028, employment growth, led by the Professional and Business services industry, is expected to grow by 11.6%.\(^14\) The farm and manufacturing sectors are expected to have moderate declines in employment during this period.\(^14,15\) However, it should be noted that these projections did not include the impacts of the COVID-19 pandemic and response efforts, as employment models are based on historical data.\(^14\)
- The fastest growing occupations during these same years are forecasted to be health specialties teachers (postsecondary), information security analysts, statisticians, software developers, and personal care aides.\(^14\)

**Fastest Growing Occupations**
San Francisco-Redwood City-South San Francisco Metropolitan Division  
San Francisco County, San Mateo County, 2018-2028

---

**Sources:**  
* 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

**Notes:**  
* Asked of all respondents.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Specialties Teachers, Postsecondary</td>
<td>3,260</td>
<td>4,860</td>
<td>49.1</td>
<td>$65.42*</td>
<td>PhD/Professional Degree</td>
</tr>
<tr>
<td>Information Security Analysts</td>
<td>1,290</td>
<td>1,850</td>
<td>43.4</td>
<td>$56.77</td>
<td>BA/BS Degree</td>
</tr>
<tr>
<td>Nursing Instructors and Teachers, Postsecondary</td>
<td>260</td>
<td>370</td>
<td>42.3</td>
<td>$52.23*</td>
<td>MA/MS Degree</td>
</tr>
<tr>
<td>Statisticians</td>
<td>1,190</td>
<td>1,660</td>
<td>39.5</td>
<td>$58.60</td>
<td>MA/MS Degree</td>
</tr>
<tr>
<td>Software Developers, Applications</td>
<td>31,990</td>
<td>43,960</td>
<td>37.4</td>
<td>$67.39</td>
<td>BA/BS Degree</td>
</tr>
<tr>
<td>Personal Care Aides</td>
<td>31,460</td>
<td>42,540</td>
<td>35.2</td>
<td>$12.16</td>
<td>Short-Term OTJ Training</td>
</tr>
<tr>
<td>Film and Video Editors</td>
<td>760</td>
<td>1,020</td>
<td>34.2</td>
<td>$31.54</td>
<td>BA/BS Degree</td>
</tr>
<tr>
<td>Mathematical Scientists</td>
<td>3,000</td>
<td>4,000</td>
<td>33.3</td>
<td>$36.19</td>
<td>BA/BS Degree</td>
</tr>
<tr>
<td>Computer and Information Research Scientists</td>
<td>1,420</td>
<td>1,890</td>
<td>33.1</td>
<td>$64.04</td>
<td>MA/MS Degree</td>
</tr>
<tr>
<td>Operations Research Analysts</td>
<td>1,540</td>
<td>2,010</td>
<td>30.5</td>
<td>$53.98</td>
<td>BA/BS Degree</td>
</tr>
<tr>
<td>Sociologists</td>
<td>100</td>
<td>130</td>
<td>30</td>
<td>$54.64</td>
<td>MA/MS Degree</td>
</tr>
<tr>
<td>Cooks, Restaurant</td>
<td>13,910</td>
<td>18,100</td>
<td>30.1</td>
<td>$16.35</td>
<td>Moderate-Term OTJ Training</td>
</tr>
</tbody>
</table>

Sources:
- California Employment Development Department, 2023. [https://labormarketinfo.edd.ca.gov/data/employment-projections.html](https://labormarketinfo.edd.ca.gov/data/employment-projections.html);
  [https://www.bls.gov/oes/current/oes_41860.htm](https://www.bls.gov/oes/current/oes_41860.htm)

Notes:
- Fastest growing occupations are ranked by projected percentage change growth between 2018 and 2028. Wages are from the 2020 first quarter and do not include self-employed or unpaid family workers. Excludes “All Other” categories. These are residual codes that do not represent a detailed occupation. Occupations with employment below 400 in 2018 are excluded. *An estimate not provided but calculated from median annual wage (May 2021 estimates).

**Work Hours**
- The 2022 San Mateo County Quality of Life Survey found that those currently employed (or those self-employed) in San Mateo County work an average of 38.3 hours each week (29.3% of respondents report working over 40 hours/week). In 2013 and 2018, this average was 40.6 and 38.4 hours per week, respectively.⁸
Unemployment

- Of 2022 survey respondents, 4.4% have been out of work for more than one year, 2.8% have been out of work for less than one year, and 5.1% report that they are unable to work.⁸
- From 2.8% in 2000, San Mateo County’s unemployment rate rose to a high of 8.6% in 2009 and 2010, falling to a low of 2.1% in 2019. With the beginning of the COVID-19 pandemic in 2020, the unemployment rate in San Mateo County increased to 7%, later decreasing to 4.6% in 2021. Among the counties in the Bay Area, San Mateo County consistently has one of the lowest unemployment rates, well below the statewide unemployment rate.¹⁶,¹⁷
Unemployment estimates by city vary widely within the county, ranging from 1.5% in Half Moon Bay to 9.9% in Brisbane and 6.4% in East Palo Alto.¹⁷

Income
- Median household income in San Mateo County was $136,837 from 2017-2021.¹⁸
- Real per capita income in San Mateo County in 2020 was $137,135, and the average weekly wage was $3,615 in 2021 (fourth quarter).\(^\text{19}\)
- Real per capita incomes increased at a rate of 14.1% from 2015 to 2020.\(^\text{15}\) Real per capita incomes are forecast to increase 15.1% from 2020 to 2025.\(^\text{15}\)
- Average salaries, adjusted for inflation, are currently well above the California average, and will remain so over the forecast horizon.\(^\text{15}\) Real average salaries are forecast to rise to $219,759 by the year 2050.\(^\text{15}\)

### Real Per Capita Income

**San Mateo County, 2015-2050**

<table>
<thead>
<tr>
<th>Year</th>
<th>SMC</th>
<th>CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$64,976</td>
<td>$65,872</td>
</tr>
<tr>
<td>2016</td>
<td>$65,647</td>
<td>$66,912</td>
</tr>
<tr>
<td>2017</td>
<td>$67,883</td>
<td>$67,985</td>
</tr>
<tr>
<td>2018</td>
<td>$72,365</td>
<td>$70,184</td>
</tr>
<tr>
<td>2019</td>
<td>$73,396</td>
<td>$71,374</td>
</tr>
<tr>
<td>2020</td>
<td>$73,507</td>
<td>$71,781</td>
</tr>
<tr>
<td>2025</td>
<td>$219,759</td>
<td>$214,061</td>
</tr>
</tbody>
</table>

Sources:
- San Mateo County Economic Forecast, California Department of Transportation (CalTRANS), Division Of Transportation Planning, Division of Transportation Planning Offices, Office of Transportation Economics (OTE), 2020 data.

Notes:
- 2015-2020 is historical data; 2021-2050 is forecasted data.

### Very Low Income

<table>
<thead>
<tr>
<th>Persons in Family</th>
<th>48 Contiguous States and D.C.</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,880</td>
<td>$16,090</td>
<td>$14,820</td>
</tr>
<tr>
<td>2</td>
<td>$17,420</td>
<td>$21,770</td>
<td>$20,040</td>
</tr>
<tr>
<td>3</td>
<td>$21,960</td>
<td>$27,450</td>
<td>$25,260</td>
</tr>
<tr>
<td>4</td>
<td>$26,500</td>
<td>$33,130</td>
<td>$30,480</td>
</tr>
<tr>
<td>5</td>
<td>$31,040</td>
<td>$38,810</td>
<td>$35,700</td>
</tr>
<tr>
<td>6</td>
<td>$35,580</td>
<td>$44,490</td>
<td>$40,920</td>
</tr>
<tr>
<td>7</td>
<td>$40,120</td>
<td>$50,170</td>
<td>$46,140</td>
</tr>
<tr>
<td>8</td>
<td>$44,660</td>
<td>$55,850</td>
<td>$51,360</td>
</tr>
</tbody>
</table>

For each additional person, add $4,540

### 2021 HHS Poverty Guidelines

Sources:

The above chart illustrates 2021 Health & Human Services Poverty Guidelines for the 48 contiguous states and D.C., along with Alaska and Hawaii.
- According to the American Community Survey (U.S. Census Bureau), from 2017-2021, the percentage of San Mateo County individuals living below the poverty level was 6.17%, and 6.20% of children under the age of 18 were below the poverty level.\(^\text{20}\)
By school district, the percentages of children aged 5 to 17 in families below the poverty line vary widely. From 2017-2021, the proportion was particularly high in La Honda-Pescadero Unified (19.8%) and Ravenswood City Elementary (17.7%).

Estimated Children (Ages 5-17) in Poverty by School District
San Mateo County, 2017-2021

- La Honda-Pescadero Unified: 19.8%
- Ravenswood City Elementary: 17.7%
- Millbrae Elementary: 11.1%
- Redwood City Elementary: 9.4%
- Sequoia Union High: 7.6%
- Brisbane Elementary: 7.5%
- Woodside Elementary: 7.5%
- South San Francisco Unified: 7.2%
- Cabrillo Unified: 6.4%
- Bayshore Elementary: 6.2%
- San Bruno Park Elementary: 5.2%
- San Mateo Union High: 4.8%
- Jefferson Union High: 4.8%
- San Mateo-Foster City Elementary: 4.7%
- Belmont-Redwood Shores Elementary: 4.7%
- Jefferson Elementary: 4.7%
- Pacifica: 4.2%
- Portola Valley Elementary: 3.8%
- San Carlos Elementary: 3.5%
- Las Lomitas Elementary: 2.9%
- Hillsborough City Elementary: 2.0%
- Burlingame Elementary: 1.8%
- Menlo Park City Elementary: 1.0%

Financial Self-Sufficiency

- The cost of living is higher in San Mateo County than almost anywhere else in the nation; therefore, the federal poverty level is not an adequate measure of the income needed to meet basic needs. The local self-sufficiency standard is a more realistic measure of the true cost of living because it considers the higher costs of necessities, such as housing, childcare, and food. The local self-sufficiency standard, as calculated by the San Mateo County Human Services Agency, is the minimum amount of income needed to meet the basic needs of a three-person family (parent, infant, and school-aged child) in San Mateo County, independent of any forms of public or private assistance.
- A single parent with two children must earn approximately $163,000 to meet the family’s basic needs. San Mateo County’s rental and childcare costs exceed the state’s average. In 2021, San Mateo County’s projected rent for an apartment was $3,543.30 and childcare costs were $3,334.73 for a single parent family with an infant and a school-aged child.

<table>
<thead>
<tr>
<th>Family Income Needed for Self-Sufficiency</th>
<th>San Mateo County, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$3,543.30</td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td>$3,334.73</td>
</tr>
<tr>
<td>Health Care</td>
<td>$897.71</td>
</tr>
</tbody>
</table>

Sources:
- ACS 5YR Estimates, 2017-2019; B17001.
To receive most State and Federal social services, a family of three can earn no more than $21,960 annually which is 100% of the Federal Poverty Level.  

A total of 19.4% of San Mateo County adults live below 200% of the Federal Poverty Level (FPL), according to reported household incomes and household sizes. Among respondents with a high school education or less, 48.7% report living below the 200% FPL threshold, compared to only 14.5% of those with education beyond high school. Hispanic respondents and Pacific Islanders also demonstrate higher proportions than White, Black, or Asian respondents and 28.0% of LGBTQ+ respondents live below 200% of the FPL. This year’s countywide finding is higher than in 2008, but similar to 2013 and 2018.

### Adults Living Below 200% of the Federal Poverty Level

San Mateo County, 2022

![Adults Living Below 200% of the Federal Poverty Level](image)

### Evaluations of Personal Financial Situation

In 2022, 54.5% of San Mateo County survey respondents characterized their personal financial situation as “excellent” or “very good,” in terms of being able to afford adequate food and housing and pay the bills.
they currently have. However, 20.9% describe their personal financial situation as “fair” or “poor,” similar to that found in 2013 and 2018, but higher than 2004 and 2008.⁸

### Rating of Personal Financial Situation
San Mateo County, 2004-2022

<table>
<thead>
<tr>
<th>Year</th>
<th>Mean Score</th>
<th>% &quot;Excellent/Very Good&quot;</th>
<th>% &quot;Good&quot;</th>
<th>% &quot;Fair/Poor&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMC 2004</td>
<td>64.9%</td>
<td>54.2%</td>
<td>28.3%</td>
<td>17.5%</td>
</tr>
<tr>
<td>SMC 2008</td>
<td>64.5%</td>
<td>53.6%</td>
<td>29.9%</td>
<td>16.5%</td>
</tr>
<tr>
<td>SMC 2013</td>
<td>61.3%</td>
<td>48.7%</td>
<td>29.7%</td>
<td>16.6%</td>
</tr>
<tr>
<td>SMC 2018</td>
<td>65.8%</td>
<td>55.7%</td>
<td>25.2%</td>
<td>19.1%</td>
</tr>
<tr>
<td>SMC 2022</td>
<td>65.0%</td>
<td>54.5%</td>
<td>24.6%</td>
<td>20.9%</td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
* Asked of all respondents. Mean scores are calculated on a scale where "excellent" = 100, "very good" = 75, "good" = 50, "fair" = 25, and "poor" = 0. In this case, the term "personal financial situation" refers to the ability to afford adequate food and housing and to pay current bills.

- The following chart outlines the highest ("excellent") and lowest ("poor") responses to this inquiry over time. As shown, both "excellent" and "poor" responses have increased over time; however, "excellent" responses have increased more dramatically.⁸

### Rating of Personal Financial Situation
San Mateo County, 2004-2022

<table>
<thead>
<tr>
<th>Year</th>
<th>% &quot;Excellent&quot;</th>
<th>% &quot;Poor&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMC 2004</td>
<td>26.4%</td>
<td>3.7%</td>
</tr>
<tr>
<td>SMC 2008</td>
<td>25.0%</td>
<td>3.9%</td>
</tr>
<tr>
<td>SMC 2013</td>
<td>22.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>SMC 2018</td>
<td>31.3%</td>
<td>4.6%</td>
</tr>
<tr>
<td>SMC 2022</td>
<td>32.0%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
* Asked of all respondents. In this case, the term "personal financial situation" refers to the ability to afford adequate food and housing and to pay current bills.
Most surveyed adults in 2022 (57.0%) consider themselves to be “doing about the same” financially as a year ago. A total of 28.1% feel they are actually “better off” financially, while 14.9% feel they are “worse off” financially than a year ago.\(^8\)

Compared to 2018 survey findings, San Mateo County residents are more likely to feel financially worse off.\(^8\)
Most survey respondents report that the primary source of their household income is from a job (either their own or a spouse's, 67.0%). A total of 14.7% rely mainly on Social Security benefits, and 4.8% rely on retirement or pension plans. 7.4% stated that "investments" are their primary source of income. In the 2022 San Mateo County Health & Quality of Life Survey, 44.7% of respondents report that they or a family member have seriously considered leaving the county because of the high cost of living, significantly higher than previous survey results. Young adults, people living <400% of the federal poverty threshold, Blacks, Pacific Islanders, Hispanic respondents, and residents of the South County area all have considered relocating at higher levels than other groups.

### Have Considered Relocating Due to Cost of Living
San Mateo County, 2022

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18-99</th>
<th>40-64</th>
<th>65+</th>
<th>HS/Less</th>
<th>&gt;HS</th>
<th>&lt;200% FPL</th>
<th>200-400% FPL</th>
<th>&gt;400% FPL</th>
<th>Hispanic/Latinx</th>
<th>NH-Asian</th>
<th>NH-Black</th>
<th>NH-White</th>
<th>North County</th>
<th>Mid County</th>
<th>South County</th>
<th>Crestside</th>
<th>LGBTQ+</th>
<th>SMC 2004</th>
<th>SMC 2008</th>
<th>SMC 2013</th>
<th>SMC 2018</th>
<th>SMC 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All Connected (%)</td>
<td>10.8%</td>
<td>10.8%</td>
<td>9.7%</td>
<td>9.7%</td>
<td>9.7%</td>
<td>9.7%</td>
<td>9.7%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Not Very Connected (%)</td>
<td>10.8%</td>
<td>10.8%</td>
<td>9.7%</td>
<td>9.7%</td>
<td>9.7%</td>
<td>9.7%</td>
<td>9.7%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Somewhat Connected (%)</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3</td>
<td>36.3%</td>
<td>36.3</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
<td>36.3%</td>
</tr>
<tr>
<td>Very Connected (%)</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2</td>
<td>51.2%</td>
<td>51.2</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
<td>51.2%</td>
</tr>
</tbody>
</table>

Sources:

Notes:
* Asked of all respondents.

---

### San Mateo County as a Place to Live

#### Community Attachment

- In 2022, 20.3% of survey respondents indicate they feel “very connected” to their community, while 43.5% respond “somewhat connected.” A totally of 25.4% say they are “not very connected” to their community and 10.8% feel “not at all connected.” Findings for feeling “not at all connected” has stayed relatively consistent from 2004 to 2022.
When asked to rate the community as a place in which to live, more than three in five survey respondents (61.9%) gave “excellent” or “very good” ratings. Another 27.5% of residents consider the community to be a “good” place in which to live. On the other hand, over 1 in 10 adults gave a “fair” or “poor” rating.
Population segments more likely to consider the community to be a “fair” or “poor” place in which to live include young adults, residents without postsecondary education, those living below 200% of the poverty threshold, Black residents, Hispanic adults, LGBTQ+ respondents and residents of the North and South County areas. The percentage of “fair/poor” ratings has remained relatively consistent over time. Among Hispanic residents in San Mateo County, the prevalence of low ratings has decreased from 2013 findings.⁸

Community as a "Fair/Poor" Place to Live
San Mateo County, 2022

FAMILY ISSUES

Children’s Education

A good education provides a foundation for children to become productive members of society, obtain high-quality jobs, and contribute towards their community’s general welfare. By providing equal access to a good education, schools can play a large role in creating a level playing field for all children, regardless of their socioeconomic status. The outcome of a good education is the ability for children to fully reach their human potential. By contrast, a poor educational foundation can make children more vulnerable to crime, substance abuse, and poverty. Further, a highly skilled and educated work force will attract businesses to the area with resulting economic benefits.²³
### Census Day Enrollment by School Type
San Mateo County, 2021-2022

<table>
<thead>
<tr>
<th>Schools by Type</th>
<th>Number of Schools</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>105</td>
<td>41,006</td>
</tr>
<tr>
<td>Middle</td>
<td>25</td>
<td>15,279</td>
</tr>
<tr>
<td>High School</td>
<td>25</td>
<td>26,643</td>
</tr>
<tr>
<td>K-12</td>
<td>1</td>
<td>1,125</td>
</tr>
<tr>
<td>Alternative</td>
<td>5</td>
<td>1,213</td>
</tr>
<tr>
<td>Special Education</td>
<td>1</td>
<td>89</td>
</tr>
<tr>
<td>Continuation</td>
<td>5</td>
<td>603</td>
</tr>
<tr>
<td>County Community</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Community Day</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Juvenile Court</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>171</strong></td>
<td><strong>85,993</strong></td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Does not include Preschool, Nonpublic Nonsectarian, and District Office schools.

### Enrollment

- There are 23 public school districts and 171 public schools in San Mateo County, with a total enrollment of 85,993 students in the 2021-2022 school year.  

- San Mateo County public school enrollment increased from school years 2012-2013 to 2016-2017, followed by a decline in enrollment. Starting in the 2020-2021 school year, public school enrollment declined more rapidly, with a 3.6% decrease in the 2020-2021 from the previous year. In the 2021-2022 school year, public school enrollment dropped to 85,993 students, decreasing 4.6% from the previous year.

### K-12 Public School Enrollment
San Mateo County, 2012-2021

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>93,712</td>
</tr>
<tr>
<td>2013-2014</td>
<td>94,445</td>
</tr>
<tr>
<td>2014-2015</td>
<td>94,986</td>
</tr>
<tr>
<td>2015-2016</td>
<td>95,277</td>
</tr>
<tr>
<td>2016-2017</td>
<td>95,381</td>
</tr>
<tr>
<td>2017-2018</td>
<td>94,908</td>
</tr>
<tr>
<td>2018-2019</td>
<td>94,017</td>
</tr>
<tr>
<td>2019-2020</td>
<td>93,174</td>
</tr>
<tr>
<td>2020-2021</td>
<td>89,972</td>
</tr>
<tr>
<td>2021-2022</td>
<td>85,993</td>
</tr>
</tbody>
</table>

Percent Change: 0.8%, 0.6%, 0.3%, 0.1%, -0.5%, -0.9%, -0.9%, -3.6%, -4.6%

Sources:
- California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS), 2023.

Notes:
- Census day enrollment. Does not include Preschool, Nonpublic Nonsectarian, and District Office schools.
School Readiness

- From 2017-2021, 71.7% of 3 and 4-year-olds in San Mateo County were enrolled in preschool or nursery school. There is wide disparity in San Mateo County preschool enrollment by race/ethnicity: NH AIAN and Hispanic/Latinx children have lower participation rates.

<table>
<thead>
<tr>
<th>Preschool Enrollment Ages 3 and 4</th>
<th>San Mateo County, 2017-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Preschool or Nursery School</td>
<td>Hispanic/Latinx</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td>60.6%</td>
</tr>
</tbody>
</table>

Sources:
- Uses person weighting.

Resources

Technology

- From 2017 to 2021, approximately 97% of enrolled students ages 3 and older had access to a computer and internet, higher than the state percentage of approximately 95%.

<table>
<thead>
<tr>
<th>Percent of Enrolled Students with Computer and Internet Access by Grade Level</th>
<th>San Mateo County, 2017-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-K to 4th Grade</td>
<td>96.7%</td>
</tr>
<tr>
<td>5th to 8th Grade</td>
<td>97.1%</td>
</tr>
<tr>
<td>9th to 12th Grade</td>
<td>96.7%</td>
</tr>
</tbody>
</table>

Sources:

Per-Pupil Expenditures

- By district, the adjusted expenditures are divided by the total average daily attendance (ADA) to arrive at the Current Expense of Education per ADA. ADA is defined as the total days of student attendance divided by the total days of instruction.
During the 2020-2021 school year, there was wide variability across county school districts in expenditures per ADA. Woodside Elementary and Portola Valley Elementary School Districts had the highest per ADA expenditures at over $34,025.45 and $27,030.47 per ADA respectively. Woodside Elementary’s figure was more than double the per student revenue of more than half (12) of other county school districts. Much of the differential in the county is driven by the availability of local revenue sources to supplement state and federal dollars. It could also reflect revenues received for specific services, such as special education dollars.

Class Size & Teacher Supply

**Average Class Size (Public Schools)**

- San Mateo County class size is above state averages at most grade levels, except for Grade 6.
Teacher Qualifications (Public Schools)

- The level and quality of resources dedicated to individual schools and districts also impact student achievement. During the 2018-2019 school year, 95.8% of the 5,116 teachers employed in county schools were fully credentialed, having fulfilled all state requirements including the California Basic Educational Standards Test, which assesses a teacher’s English and Mathematics skills. This is higher than the state average (95.0%) of fully credentialed teachers.

Type of Teacher Credentials

San Mateo County, 2018-2019

Sources:
The percentage of fully credentialed teachers has decreased in San Mateo County in recent years from 98.6% in 2012-2013 to 95.8% in 2018-2019.\textsuperscript{29}

Drop-Out Rates

In 2020-2021, it was estimated that 4.7% of San Mateo County high school students would drop out within a four-year period.\textsuperscript{30} This percentage has dropped following a spike in 2018-2019 and 2019-2020.\textsuperscript{30} The percentage of high school students who drop out in San Mateo County has remained consistently below the California four-year dropout rate.\textsuperscript{30}
Asian and White students had the lowest four-year dropout rates in San Mateo County and California during the 2021-2022 school year. Hispanic/Latinx, Black, and PI students had the highest four-year dropout rates in San Mateo County, with Hispanic/Latinx students having the highest rate at 8.7%. San Mateo County four-year dropout rates were below statewide rates among all race/ethnicity groups.
Testing

California Assessment of Student Performance and Progress (CAASPP)

- The California Assessment of Student Performance and Progress (CAASPP) System was established in 2014, replacing the Standardized Testing and Reporting (STAR) Program. The CAASPP includes the Smarter Balanced assessment system for English language arts/literacy (ELA) and mathematics, the California Science Test (CAST), the California Alternate Assessments (CAAs) for ELA, mathematics, and science, and the optional California Spanish Assessment (CSA). The Smarter Balanced Summative Assessments for ELA and mathematics are administered in Grade 3 through Grade 8 and Grade 11, in which all students are required to participate (except for students who participate in the alternate assessments and English Learners in their first 12 months of attending school).

- The Smarter Balanced Summative Assessments are delivered by computer and consist of two sections: a computer adaptive test and a performance task based on the Common Core State Standards for ELA and mathematics. The Smarter Balanced Summative Assessments for ELA consist of the following sections: Reading, Writing, Listening, and Research/Inquiry. The Smarter Balanced Summative Assessments for mathematics consist of the following sections: Concepts and Procedures, Problem Solving and Modeling/Data Analysis, and Communicating Reasoning.

- In the 2021-2022 school year, across all grades, 58.8% of students met or exceeded standards for Smarter Balanced Summative Assessments for ELA. Higher percentages of met standards generally increased with increasing grade level.

- The percent of test scores meeting or exceeding standards were lower for Smarter Balanced Summative Assessments for mathematics compared to ELA assessments. In the 2021-2022 school year, across all grades, 49.1% of students met or exceeded standards for Smarter Balanced Summative Assessments for mathematics. As opposed to ELA test scores, higher percentages of met standards generally decreased with increasing grade level.
By race/ethnicity, Smarter Balanced Summative Assessments for ELA results for San Mateo County are dramatically lower among NH Black, NH AIAN, and Hispanic/Latinx students than among students of other race/ethnicities. Large disparities in test scores were seen among students with disabilities, students considered economically disadvantaged, and English Learner students.34
### Smarter Balanced Summative Assessments for ELA: Percent Met/Exceeding Standards (All Grades)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latinx</td>
<td>33.0%</td>
<td>37.0%</td>
<td>37.3%</td>
<td>38.3%</td>
<td>36.3%</td>
<td>42.1%</td>
<td>33.3%</td>
<td></td>
</tr>
<tr>
<td>NH AIAN</td>
<td>40.0%</td>
<td>51.0%</td>
<td>55.1%</td>
<td>50.6%</td>
<td>42.5%</td>
<td>52.2%</td>
<td>55.3%</td>
<td></td>
</tr>
<tr>
<td>NH Asian</td>
<td>79.0%</td>
<td>81.0%</td>
<td>80.9%</td>
<td>81.8%</td>
<td>81.2%</td>
<td>80.4%</td>
<td>82.6%</td>
<td></td>
</tr>
<tr>
<td>NH Black</td>
<td>31.0%</td>
<td>31.0%</td>
<td>34.6%</td>
<td>32.8%</td>
<td>39.5%</td>
<td>34.2%</td>
<td>34.4%</td>
<td></td>
</tr>
<tr>
<td>NH Filipino</td>
<td>59.0%</td>
<td>63.0%</td>
<td>62.1%</td>
<td>64.2%</td>
<td>64.0%</td>
<td>59.2%</td>
<td>62.9%</td>
<td></td>
</tr>
<tr>
<td>NH Multirace</td>
<td>71.0%</td>
<td>76.0%</td>
<td>73.9%</td>
<td>76.6%</td>
<td>78.3%</td>
<td>73.5%</td>
<td>76.6%</td>
<td></td>
</tr>
<tr>
<td>NH PI</td>
<td>29.0%</td>
<td>34.0%</td>
<td>32.2%</td>
<td>30.9%</td>
<td>33.8%</td>
<td>32.8%</td>
<td>34.3%</td>
<td></td>
</tr>
<tr>
<td>NH White</td>
<td>75.0%</td>
<td>77.0%</td>
<td>76.7%</td>
<td>77.8%</td>
<td>77.1%</td>
<td>73.8%</td>
<td>74.7%</td>
<td></td>
</tr>
<tr>
<td>Economic Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Disadvantaged</td>
<td>29.0%</td>
<td>34.0%</td>
<td>33.9%</td>
<td>35.9%</td>
<td>36.5%</td>
<td>31.7%</td>
<td>32.5%</td>
<td></td>
</tr>
<tr>
<td>Not Economically Disadvantaged</td>
<td>70.0%</td>
<td>74.0%</td>
<td>73.9%</td>
<td>75.3%</td>
<td>75.8%</td>
<td>71.6%</td>
<td>72.3%</td>
<td></td>
</tr>
<tr>
<td>Student Classification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students with Disabilities</td>
<td>18.0%</td>
<td>21.0%</td>
<td>19.8%</td>
<td>20.1%</td>
<td>21.9%</td>
<td>20.9%</td>
<td>21.8%</td>
<td></td>
</tr>
<tr>
<td>Students without Disabilities</td>
<td>60.0%</td>
<td>64.0%</td>
<td>64.0%</td>
<td>65.7%</td>
<td>66.2%</td>
<td>65.1%</td>
<td>63.4%</td>
<td></td>
</tr>
<tr>
<td>Language Fluency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Learner</td>
<td>15.0%</td>
<td>16.0%</td>
<td>14.2%</td>
<td>16.5%</td>
<td>14.2%</td>
<td>15.0%</td>
<td>12.8%</td>
<td></td>
</tr>
<tr>
<td>English Only</td>
<td>68.0%</td>
<td>71.0%</td>
<td>70.8%</td>
<td>72.0%</td>
<td>72.6%</td>
<td>69.8%</td>
<td>70.4%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:

Notes:
- No data available for the 2019-2020 school year.

---

**Third Grade Literacy**

- Among third graders, while the percent of students exceeding standards has grown/remained the same, the percent of students meeting the standards has decreased from the 2018-2019 school year to the 2021-2022 school year. Additionally, the percent of students not meeting standards has increased during this same timeline.34
When comparing with the state, San Mateo County has a higher percent of third grade students who met or exceeded standards. In the 2021-2022 school year, 55.1% of third graders met or exceeded standards in ELA/Literacy, compared to just 42.2% of third grade students statewide. The impact of the COVID-19 pandemic on student test scores is demonstrated in the trend graph, where test scores were trending up before the pandemic and have since been trending down. However, while on the state level third grade test scores dropped drastically following the first year of the COVID-19 pandemic (from 2018-2019 to 2020-2021), San Mateo County third grade test scores saw a less drastic decline.34
Even though the County had a higher proportion of third grade students meeting Smarter Balanced Summative Assessment ELA standards than the state, it is important to note that ethnicity and income are key factors in school performance. Note the strong negative correlation between third grade ELA test scores and household income (as indicated by eligibility for free or reduced-price meals).33
**Grade 11 Test Scores**

- Smarter Balanced Summative Assessment performance among eleventh graders can be a good indicator for college preparedness. Smarter Balanced Summative Assessments for ELA results for San Mateo County eleventh graders were higher than mathematics scores. Scores are dramatically lower among NH Black, NH PI, and Hispanic/Latinx students than among students of other race/ethnicities. Large disparities in test scores were seen among students with disabilities, students considered economically disadvantaged, and English Learner students.33

<table>
<thead>
<tr>
<th>Smarter Balanced Summative Assessments: Percent Met/Exceeding Standards (Grade 11)</th>
<th>San Mateo County, 2021-2022</th>
<th>ELA</th>
<th>Mathematics</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Students</td>
<td>67.6%</td>
<td>41.6%</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>72.8%</td>
<td>41.6%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>62.6%</td>
<td>41.7%</td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>48.1%</td>
<td>18.1%</td>
<td></td>
</tr>
<tr>
<td>NH AIAN</td>
<td>72.7%</td>
<td>54.5%</td>
<td></td>
</tr>
<tr>
<td>NH Asian</td>
<td>87.8%</td>
<td>75.6%</td>
<td></td>
</tr>
<tr>
<td>NH Black</td>
<td>36.7%</td>
<td>8.1%</td>
<td></td>
</tr>
<tr>
<td>NH Filipino</td>
<td>72.8%</td>
<td>39.2%</td>
<td></td>
</tr>
<tr>
<td>NH Multirace</td>
<td>82.0%</td>
<td>57.8%</td>
<td></td>
</tr>
<tr>
<td>NH PI</td>
<td>38.8%</td>
<td>11.0%</td>
<td></td>
</tr>
<tr>
<td>NH White</td>
<td>82.6%</td>
<td>57.6%</td>
<td></td>
</tr>
<tr>
<td>Economic Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically Disadvantaged</td>
<td>45.8%</td>
<td>17.0%</td>
<td></td>
</tr>
<tr>
<td>Not Economically Disadvantaged</td>
<td>78.1%</td>
<td>53.8%</td>
<td></td>
</tr>
<tr>
<td>Student Classification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students with Disabilities</td>
<td>26.3%</td>
<td>8.0%</td>
<td></td>
</tr>
<tr>
<td>Students without Disabilities</td>
<td>72.2%</td>
<td>45.3%</td>
<td></td>
</tr>
<tr>
<td>Language Fluency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Learner</td>
<td>8.9%</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>English Only</td>
<td>78.2%</td>
<td>52.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:

**College Preparedness**

**Meeting UC/CSU Entrance Requirements**

- In 2019-2020, 60.5% of the county’s high school graduating class met University of California and California State University eligibility requirements, compared with 46.1% for the state. San Mateo County consistently has a higher percentage than the state percentage.35
College Entry Rates

- In 2019-2020, 75.5% of San Mateo County public high school graduates attended a post-secondary institution. This percentage has remained consistent across the past few years in the county, with a slight decrease from 79.3% in 2017-2018. The San Mateo County college going rate is consistently higher than the statewide rate.35
In 2019-2020, among San Mateo County public high school completers, 36.1% entered community colleges, 12% went to CSU schools, and 12.1% entered the UC system. A higher percentage of San Mateo County high school graduates enter the UC system compared to the state overall.36

**Ethnic Diversity & English Proficiency**

**English Learner (EL) Students**

- In 2021-2022, 21.3% of San Mateo County enrollees were designated as English Learners (EL), compared to 19.1% statewide. Historically, San Mateo County has had a higher percentage than the state.35
San Mateo-Foster City and Redwood City Elementary had the highest populations of English learner students in San Mateo County in the 2021-2022 school year. Proportionally, Ravenswood City Elementary and Redwood City Elementary had the highest percentages of total enrollment made of English Learner students in the 2021-2022 school year.31

Sources:
- English Learner students are at a significant disadvantage in terms of student achievement, with markedly lower test scores in CAASPP ELA and mathematics assessments.

**Educational Attainment**

- In San Mateo County from 2017-2021, educational attainment among persons aged 25 and older was higher than the state percentage at both the high school and college levels.\(^{37}\)

### Educational Attainment

San Mateo County, 2017-2021

<table>
<thead>
<tr>
<th></th>
<th>High School Graduate or Higher</th>
<th>Bachelor’s Degree or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMC</td>
<td>90.8%</td>
<td>52.5%</td>
</tr>
<tr>
<td>CA</td>
<td>84.2%</td>
<td>35.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- American Community Survey (ACS), SYR (2017-2021), S1501.

- From 2017-2021, San Mateo County ranked fourth highest among Bay Area counties in percentage of the adults 25 years and older with at least a bachelor’s degree.\(^{37}\)
The extent to which San Mateo County residents have education beyond high school continues to be driven by ethnicity. From 2017-2021, the percentage of residents with no college attendance is highest among NH AIAN, Hispanic/Latinx, NH NHPI, and NH Black residents and lowest among NH White residents both state- and county-wide. A total of 30% of San Mateo County Black residents over the age of 25 have not attended college, similar to the statewide percentage of 33%. Over half (51.6%) of San Mateo County Hispanic/Latinx residents (aged 25 and older) have no college coursework, which is less than the statewide percentage of 59.3%. San Mateo County has lower percentages of residents with no college coursework compared to the state overall among all racial/ethnic categories except for NH AIAN, where 57.9% San Mateo County NH AIAN residents have not attended college compared to 52.6% of California NH AIAN residents.\(^{38}\)

---

**Percent of Population Age 25 and Over with Bachelor's Degree or Higher**  
**San Mateo County, 2017-2021**

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marin County</td>
<td>60.1%</td>
</tr>
<tr>
<td>San Francisco County</td>
<td>59.5%</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td>54.4%</td>
</tr>
<tr>
<td>San Mateo County</td>
<td>52.5%</td>
</tr>
<tr>
<td>Alameda County</td>
<td>49.6%</td>
</tr>
<tr>
<td>Contra Costa County</td>
<td>44.1%</td>
</tr>
<tr>
<td>California</td>
<td>35.3%</td>
</tr>
<tr>
<td>United States</td>
<td>33.7%</td>
</tr>
</tbody>
</table>

**Sources:**  
* American Community Survey (ACS), 5YR (2017-2021), S1501.*
Library Usage

The San Mateo County Library is comprised of 12 community branch libraries in the following cities and towns: Atherton, Belmont, Brisbane, East Palo Alto, Foster City, Half Moon Bay, Millbrae, North Fair Oaks, Pacifica, Portola Valley, San Carlos, and Woodside.39

San Mateo County Public Libraries
San Mateo County, 2018-2021

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Served</td>
<td>285,263</td>
<td>284,138</td>
<td>280,386</td>
</tr>
<tr>
<td>Library Visits Per Capita</td>
<td>7.53</td>
<td>5.10</td>
<td>0.19</td>
</tr>
<tr>
<td>Expenditures Per Population</td>
<td>$114.86</td>
<td>$110.13</td>
<td>$115.99</td>
</tr>
<tr>
<td>Served Hours Open Per 100</td>
<td>10.91</td>
<td>8.18</td>
<td>0.82</td>
</tr>
<tr>
<td>Population Served/FTE Staff</td>
<td>2583.90</td>
<td>2591.32</td>
<td>2443.03</td>
</tr>
<tr>
<td>Number of Internet Terminals</td>
<td>1.68</td>
<td>1.63</td>
<td>1.73</td>
</tr>
<tr>
<td>Per 1,000 Population Served</td>
<td>1.42</td>
<td>1.36</td>
<td>1.41</td>
</tr>
<tr>
<td>Total Print Materials Held</td>
<td>13.81</td>
<td>11.17</td>
<td>8.79</td>
</tr>
<tr>
<td>Per Population Served</td>
<td>2,155</td>
<td>1,286</td>
<td>177</td>
</tr>
<tr>
<td>Library Program Attendance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per 1,000 Population Served</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• California State Library, 2023. <a href="https://www.library.ca.gov/stats/">https://www.library.ca.gov/stats/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Library visits per capita, hours open per 100 population, population served per FTE staff, total collection use per population served, and library program attendance per 1,000 population have all decreased from 2018-2019 to 2020-2021. Library expenditures per population served decreased in 2019-2020 during the beginning
of the COVID-19 pandemic but have increased in 2020-2021 at a rate higher than 2018-2019. A similar trend was seen in the number of internet terminals per 1,000 population served.\textsuperscript{a,0}

**Computer Usage**

- The home personal computer is a tool that is becoming as common as the household television. In the 2022 San Mateo County Quality of Life Survey, 90.1% of adults report having a computer in their home, which is consistent with recent years and higher than in 2004 and 2008.\textsuperscript{b,8}
- However, not everyone has access: there is a digital divide depending on education, income, age and race. Nearly all households with incomes above 400% of the federal poverty level (FPL) currently have a computer in the home (97.5%), compared to 69.6% of those below 200% FPL. Residents without a college education, Pacific Islander and Hispanic adults, and LGBTQ+ respondents also demonstrate lower computer ownership.\textsuperscript{8}

![Currently Have a Computer at Home](chart)

**Child Care**

The quality of child care, including preschool, during a child’s early years influences socio-emotional and cognitive development, including language learning, problem solving, self-control, social skills, and school readiness. Consistent, quality child care can be a stabilizing force for children and their families during times of change. The availability of quality child care also impacts employers’ ability to utilize the county’s highly skilled work force and maintain economic competitiveness. Further, child care is indispensable to the many families who need two incomes to afford San Mateo County’s high cost of living.

**Availability of Child Care**

- In 2021, licensed child care (licensed spaces in family child care homes and infant, preschool, and school-age child care centers) was available for only 33% of San Mateo County children (aged 0-12) with parents.
In 2021, the 24,732 licensed child care spaces available were enough to cover only 20.4% of the children 13 and under potentially needing care. It is unknown to what extent the gap in supply and potential need for licensed care is met by unlicensed or informal child care arrangements such as those with extended family members or siblings.\(^\text{41}\)

- The largest gap is for school aged children, with licensed spaces only for 10% of those potentially needing care. The gap is smallest among preschool age children, with spaces available for an estimated 83% of those potentially needing care.\(^\text{41}\)

- The county percentage of child care centers with at least one staff speaking Chinese (16%) and Tagalog (13%) is higher than the state percentage of child care centers with at least one staff speaking Chinese (3%) and Tagalog (3%) in 2021.\(^\text{41}\)

### Cost of Child Care

- For a family in San Mateo County earning minimum wage ($32,490/year) the combined costs of housing and child care add up to more than 200% of that family’s annual income.\(^\text{42}\)

- In 2021, the average monthly cost for care in a licensed family child care home was $1,572 for infants, $1,389 for preschoolers, and $1,013 for school-aged children.\(^\text{41,42}\)

- For licensed center-based care, the average monthly costs in 2021 were $1,847 for infants, $1,575 for preschoolers, and $972 for school-aged children.\(^\text{41,43}\)
Subsidized Child Care

- Middle- and low-income families face a particularly difficult time affording child care. To qualify for child care subsidies, a family’s income must fall below state of federal guidelines that are not in alignment with the county’s high cost of living. As governmental funding of subsidies has decreased, families who meet very low-income guidelines for subsidized care are not assured of assistance, often remaining unserved for years on the county’s Centralized Eligibility List (CEL), a waitlist for families waiting to receive subsidized child care. In 2005, countywide participation with the CEL was mandated by the legislature for all state subsidized child care. However, in 2011, funding for CEL was discontinued. In response, several counties in California resumed the maintenance of a local child care waiting list based through local funding.

- While San Mateo County does not have a centralized eligibility list, some providers do keep wait lists. Subsidized child care programs in the county include California State Preschool Program, CalWORKS, and alternative payment programs offered by the Child Care Coordinating Council of San Mateo County (4Cs). In 2022, 7,098 children aged 0-12 years (409 aged 0-2; 2,895 aged 3-4; 3,794 aged 5-12) received subsidized child care in the county which reflects 17% of the total estimated supply of subsidized child care spaces for these ages. This falls short of the proportion of child care spaces which currently are subsidized – 14% of infant spaces, 15% of preschool age spaces, and 19% of school age spaces. Furthermore, about 33,000 children aged 0-12 years may be eligible for subsidized care. According to data from 4Cs, 2,103 children aged 0-12 years were on the waitlist for its alternative payment program.

- Many lower income families in San Mateo County do not qualify for child care subsidies because state and federal guidelines do not align with San Mateo County’s high cost of living. In 2022, only 4.3% of infants (aged 0-2), 51.9% of preschoolers (aged 3-4) and 21.3% of school-age children (aged 5-12) who needed subsidized care spaces received them.

Current Child Care Arrangements

- The majority of 2022 respondents with children report that a parent stays with their child (45.5%) as their main form of child care.
After-School Care

- Among surveyed parents with school-aged children in 2020 (ages 5-17), most (77.1%) report that a parent or other adult family member supervises the child after school, and 1.2% rely on an older child. A total of 2.3% rely on day care services or child care centers. A total of 6.3% use after-school programs, while 8.4% say their child watches him/herself. 

After-School Supervision

San Mateo County Parents with School-Aged Children, 2004-2022
• By age, younger children (aged 5 to 12) are slightly more likely to be supervised after school by a family member or to participate in an after-school program than are older children. 18% of teens, on the other hand, self-supervise after school, down from 26% in 2013.\textsuperscript{8}

![After-School Supervision Diagram](image)

After-School Supervision
San Mateo County Parents with School-Aged Children, 2022

<table>
<thead>
<tr>
<th>Arrangement</th>
<th>Aged 5-12</th>
<th>Aged 13-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>0.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Self-Supervised</td>
<td>1.1%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Older Child</td>
<td>1.9%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Non-School-Based After-School Program</td>
<td>1.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>School-Based After-School Program</td>
<td>9.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Childcare Center</td>
<td>1.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Licensed Family Daycare</td>
<td>2.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Friend/Sitter</td>
<td>5.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Parent/Other Family Member</td>
<td>77.5%</td>
<td>76.7%</td>
</tr>
</tbody>
</table>

Sources:
* 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
* Asked of all respondents with a child aged 5-17.

• 76.4% of 2022 respondents with children say that these after school child care arrangements have made it easier for them to accept or keep a job, or attend education or training, which is an increase from 2018 (66.5%).\textsuperscript{8}

Older Dependents

• In 2022, 11.2% of San Mateo County adults have an older dependent such as a parent, aunt or uncle living in their household because he or she is unable to live alone (\textit{higher} than 2004, 2008, and 2013 but similar to 2018). By demographic characteristics, higher responses are noted among young adults, respondents living below 400% poverty, NH Asian, NH PI, and Hispanic/Latinx respondents, and LGBTQ+ respondents. It is also highest in the North County region.\textsuperscript{8}
In 2022, San Mateo County provided:

- CalWORKs support for an average of 1,559 monthly participants.
- Food Stamp (CalFresh) benefits for an average of 31,352 monthly participants.
- General Assistance to an average of 224 monthly participants.

Since 2015, the average number of monthly participants in the CalWORKS, Welfare to Work and General Assistance programs has declined.

The average number of monthly CalFRESH beneficiaries reached a low in 2019 but has since rebounded to almost the same number of participants as in 2015.
CalWORKs (California Work Opportunity and Responsibility to Kids)

- The CalWORKs program helps families achieve self-sufficiency through employment services and temporary cash assistance.
- In 2022, 0.2% of the San Mateo County population received CalWORKs supports. This has decreased in recent years. The percentage of the San Mateo County population that receives CalWORKS supports is lower than the state percentage (2.0%).

Sources:
- California Department of Social Services, CalWORKs Cash Grant Caseload Movement Report, 2015-2022.
The most recent demographic data we have for CalWORKS cases is from July 2021. The majority of CalWORKS recipients are Female, identify as Latinx and speak English as a primary language.

### Selected Characteristics of CalWORKS Recipients

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3.7%</td>
</tr>
<tr>
<td>Female</td>
<td>67.5%</td>
</tr>
<tr>
<td>Spanish</td>
<td>31.4%</td>
</tr>
<tr>
<td>English</td>
<td>62.7%</td>
</tr>
<tr>
<td>White</td>
<td>26.9%</td>
</tr>
<tr>
<td>Latinx</td>
<td>50.8%</td>
</tr>
<tr>
<td>Black</td>
<td>9.1%</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

Sources:
- California Department of Social Services, Annual Recipient Report, July 2021.
- Data not available for Asian and PI separately.
- California’s Welfare-to-Work program is designed to assist CalWORKs participants find employment and/or acquire the necessary job skills to obtain employment.\(^{51}\)

- The number of people enrolled in the Welfare-to-Work program has declined from 753 average monthly enrollees in 2015 to 195 average monthly enrollees in 2021.\(^{50}\) The number of average monthly enrollees in 2022 is higher than it was 2021. This trend mirrors the statewide trend.

- A total of 18.1% of survey participants in 2022 receive some type of government assistance (continuing the upward trend in receiving government assistance starting in 2004).\(^{49}\)
Foster Families

Foster care is providing a temporary home for children who cannot safely be at home with their birth families. The San Mateo County Human Services Agency requires that all foster parents be licensed. Starting January 1, 2012, youth are allowed to remain in care after the age of 18 following the passage of the California Fostering Connections to Success bill (AB 12). Participating youth can receive help with educational and employment goals, as well as gain access to new housing options.\textsuperscript{52}
In San Mateo County, the rates of children entering foster care for the first time in 2021 was 0.3 per 1,000 children which was below the statewide rate of 1.9 per 1,000 children and the lowest among the counties in the Bay Area. However, the foster care population is disproportionately made up of children of color, specifically Black youth. Although decreasing, the rate of Black children in foster care is significantly higher than children of other race/ethnic groups. As of October 1, 2022, San Mateo County had 140 children in foster care. No single indicator can give a full picture of trends in child welfare, and various policies and conditions, including the capacity of the system and changing responses to child abuse, can affect the rate of entry into the foster care system.

Further note the following foster care findings for San Mateo County:

- **Exits to Permanency:** This is a measure of how quickly the foster care system can secure a permanent, safe home for foster children in long term care. The most recent data (October 2020-September 2021) for San Mateo County shows that for children in care 24 months or longer, 43.2% exited to permanency. This number was higher than in California as a whole (33.8%).

- **Placement Stability:** It can be traumatic for foster children to move from one foster care home to another. In San Mateo County, the most recent data (October 2021 to September 2022) shows that the placement moves per 1,000 days is 3.31. This is lower than the statewide rate of 3.79 moves per 1,000 days.

- **Family Reunification and Adoption:** The most data we have for last exits from foster care (October 2021-September 2022) shows that 30.6% of San Mateo children who left the foster care system were reunited with their families. The percent of children who exited foster care to an adoption during this period was 18.8%. This is also lower than the statewide percentage of 24.6%.

- **Demographics:** The foster care population in San Mateo is disproportionately made up of children of color. The most recent race/ethnicity data (August 2021 to July 2022) shows that the rate of Black children in care was 6.6 per 1,000 children and the rate of Latinx children in care was 1.6 per 1,000 children. Both of these rates are higher than the county rate of 0.9 per 1,000 children. Of the 143 children in care as of July 1, 2022, 80 (56%) identified as Latinx.
Families in Hunger

- According to Feeding America, 7.1% of county adult residents were either hungry or food insecure in 2020.\(^5\)
- A total of 5.1% of surveyed adults report that their family does not have enough food on a regular basis. A total of 16.3% of persons living below the 200% poverty threshold, 13.0% and 7.7% of Pacific Islanders and Hispanic adults, respectively, 12.2% of adults without postsecondary education, and 8.5% of LGBTQ+ respondents report that their family does not have enough food on a regular basis.\(^8\)

![Family Does Not Have Enough Food on a Regular Basis](image)

Sources:

Notes:
- \(^8\) Asked of all respondents.

- A total of 12.5% of 2022 San Mateo County survey respondents say they have received food from a food bank, church, or other organization in the past year, significantly higher than previous years and nearly 6 times higher than in 2004. Among those living below the 200% poverty threshold, this percentage is 35.1%. Responses are also notably higher among those aged 40-64, those without education beyond high school, Pacific Islander and Hispanic respondents, LGBTQ+ respondents and among those living in the North and South County regions.\(^8\)
Food Stamp Program (CalFresh)

The Food Stamp program provides electronic benefits for eligible low-income households. Food Stamp benefits can be used to buy food at most grocery stores (they may not be traded for money or used to buy non-food items, such as alcohol and tobacco products, pet food, soap, or paper products). The Food Stamp Program in California is now called CalFresh.\textsuperscript{56}

- In 2020, an average of 26,238 San Mateo residents received CalFresh benefits each month. The California Department of Social Services (CDSS) estimates that only 48\% of San Mateo residents who were eligible for the program were enrolled. The percent of eligible San Mateo residents receiving CalFresh benefits was much lower than the Statewide estimate of 80\%.\textsuperscript{57}
- From 2014 to 2020, the percentage of eligible San Mateo residents receiving CalFresh benefits has oscillated between 37\% and 55\% and has always been below the statewide percentage.
- The average number of people receiving CalFresh benefits each month dipped in 2019 to 19,382 but increased to 31,251 in 2022.\textsuperscript{57}
- In 2022, the average number of households enrolled in CalFresh each month was 18,995, which is the highest number in the available data that we have.\textsuperscript{57}
Subsidized School Lunches

School-based programs are a critical means to assure that children’s nutritional needs are met. Low-income children participating in the free or reduced-price National School Breakfast Program (NSBP) perform better on standardized tests than eligible children who do not participate. Moreover, children participating in the NSBP have less absenteeism and tardiness compared to non-participants.
- In the 2021-2022 school year, 30.6% of San Mateo County school children received free or reduced-cost school meals.\textsuperscript{58}
- Subsidized school lunch participation ranges broadly within school districts in the county, with a high of 78% receiving free lunch in the Ravenswood Elementary School District and a low of 2% receiving free lunch in the Hillsborough City Elementary District.\textsuperscript{58}

### Percent of Enrolled Students Eligible for Free/Reduced Price Meals (K-12) by School District
San Mateo County, 2021-2022

<table>
<thead>
<tr>
<th>School District</th>
<th>Percent of Enrolled Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ravenswood City Elementary</td>
<td>78.0%</td>
</tr>
<tr>
<td>Redwood City Elementary</td>
<td>57.8%</td>
</tr>
<tr>
<td>Bayshore Elementary</td>
<td>53.1%</td>
</tr>
<tr>
<td>San Mateo County Office of Education</td>
<td>50.7%</td>
</tr>
<tr>
<td>Jefferson Elementary</td>
<td>49.2%</td>
</tr>
<tr>
<td>Cabrillo Unified</td>
<td>39.6%</td>
</tr>
<tr>
<td>La Honda-Pescadero Unified</td>
<td>37.8%</td>
</tr>
<tr>
<td>South San Francisco Unified</td>
<td>34.4%</td>
</tr>
<tr>
<td>Sequoia Union High</td>
<td>29.9%</td>
</tr>
<tr>
<td>San Mateo-Foster City</td>
<td>28.4%</td>
</tr>
<tr>
<td>San Bruno Park Elementary</td>
<td>27.6%</td>
</tr>
<tr>
<td>Jefferson Union High</td>
<td>27.2%</td>
</tr>
<tr>
<td>Millbrae Elementary</td>
<td>25.0%</td>
</tr>
<tr>
<td>San Mateo Union High</td>
<td>23.2%</td>
</tr>
<tr>
<td>Brisbane Elementary</td>
<td>19.8%</td>
</tr>
<tr>
<td>Pacifica</td>
<td>17.4%</td>
</tr>
<tr>
<td>Burlingame Elementary</td>
<td>15.2%</td>
</tr>
<tr>
<td>Woodside Elementary</td>
<td>15.2%</td>
</tr>
<tr>
<td>Menlo Park City Elementary</td>
<td>9.3%</td>
</tr>
<tr>
<td>San Carlos Elementary</td>
<td>8.0%</td>
</tr>
<tr>
<td>Belmont-Redwood Shores Elementary</td>
<td>7.1%</td>
</tr>
<tr>
<td>Portola Valley Elementary</td>
<td>6.3%</td>
</tr>
<tr>
<td>Las Lomitas Elementary</td>
<td>6.2%</td>
</tr>
<tr>
<td>Hillsborough City Elementary</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Sources:

## Family Violence

### Domestic Violence

**Calls for Assistance**

In 30% to 60% of families that experience domestic violence, children also are abused (some estimates of this co-occurrence are even higher). In addition, children who witness domestic violence – even if they are not targets of the violence – tend to exhibit the same emotional, behavioral, and academic problems as abused children. Children raised in violent family environments also are at risk of becoming abusers or victims themselves during adolescence or adulthood.\textsuperscript{59}

Domestic violence occurs in families of all incomes, cultures, and education levels. However, a number of factors put families more at risk, the most significant of which is substance abuse. Poverty, social isolation, and language barriers also are risk factors. Victims may fail to report the violence because they fear retribution, deportation, or that their children will be taken away.\textsuperscript{59}
- From 2010 to 2021, the rate of domestic violence calls to law enforcement in San Mateo County decreased from 5.6 to 3.8 calls per 1,000 adults aged 18-69. During this same period, the statewide rate hovered between 5.8 and 6.6 calls per 1,000 adults aged 18-69 and consistently remained higher than San Mateo County.60
- The number of domestic violence calls in San Mateo County 2021 was 3.8 per 1,000 adults. There were 6.2 calls per 1,000 adults statewide in 2021.60

### Domestic Violence Related Calls for Assistance by City and Type of Weapon
San Mateo County, 2021

<table>
<thead>
<tr>
<th>City</th>
<th>Total</th>
<th>No Weapon Involved</th>
<th>Weapon Involved</th>
<th>Firearm</th>
<th>Knife or Cutting Instrument</th>
<th>Other Dangerous Weapon</th>
<th>Personal Weapon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atherton</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Belmont</td>
<td>37</td>
<td>4</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td>Brisbane</td>
<td>16</td>
<td>13</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Broadmoor</td>
<td>15</td>
<td>9</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Burlingame</td>
<td>93</td>
<td>81</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>CA Highway Patrol - San Mateo</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Colma</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Daly City</td>
<td>238</td>
<td>197</td>
<td>41</td>
<td>1</td>
<td>8</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>East Palo Alto</td>
<td>132</td>
<td>106</td>
<td>26</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Foster City</td>
<td>34</td>
<td>19</td>
<td>15</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Sources:
- Department of Justice (DOJ), Criminal Justice Statistics Center (CJSC), Domestic Violence Related Calls for Service (DVRCS) data, 2010-2021.

- In total numbers, South San Francisco had the largest number of domestic violence-related calls for assistance in 2021 in San Mateo County with 266. Firearms were only involved in four calls for all of San Mateo County in 2021.60
<table>
<thead>
<tr>
<th>City</th>
<th>Menlo Park</th>
<th>Pacifica</th>
<th>Redwood City</th>
<th>San Bruno</th>
<th>San Mateo</th>
<th>San Mateo BART</th>
<th>San Mateo Sheriff's Department</th>
<th>South San Francisco</th>
<th>Union Pacific RR - San Mateo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55</td>
<td>249</td>
<td>242</td>
<td>76</td>
<td>263</td>
<td>1</td>
<td>240</td>
<td>266</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>231</td>
<td>230</td>
<td>63</td>
<td>198</td>
<td>0</td>
<td>150</td>
<td>222</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>90</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Child Abuse**

Children who are abused or neglected, including those who witness domestic violence, often exhibit emotional, cognitive, and behavioral problems, such as depression, suicidal behavior, difficulty in school, use of alcohol and other drugs, and early sexual activity. Children who are abused or neglected also are more likely to repeat the cycle of violence by entering into violent relationships as teens and adults or abusing their own children.59

Child abuse/neglect is underreported and is found in families of all socioeconomic levels and ethnic groups. A variety of risk factors exist for child abuse/neglect. Primary among them is parental substance abuse. Another risk factor is domestic violence. Research shows that in 30% to 60% of families that experience domestic violence, children also are abused. Other contributing factors include parental mental illness, poverty, and child disability. Prevention of child abuse and neglect requires public education and commitment from communities to provide emotional, social, and financial support systems for families.59

The trauma of child abuse often results in lifelong impairment in social, academic, and occupational functioning. Many incarcerated adults were victims of child abuse, and most perpetrators of child abuse experienced abuse during their childhood. Early intervention in the lives of abused children can lead to fewer physical, psychological, and emotional problems and help to reduce the continuation of abuse in future generations.59

- From 2010 to 2021, the rate of substantiated child abuse cases decreased by 41.6% in San Mateo County. Overall, the state saw a smaller decrease (30.5%) in the rate of substantiated child abuse cases from 2010 to 2021. The 1.4 cases of substantiated child abuse/neglect per 1,000 children in San Mateo County were far below the statewide rate of 6.6 cases in 2021.53

Sources:
- Department of Justice (DOJ), Criminal Justice Statistics Center (CJSC), Domestic Violence Related Calls for Service (DVRCS) data, 2021.
In San Mateo County, of note:

- **Type of Maltreatment**: The most common type of maltreatment was neglect (severe and general neglect), accounting for 38.5% of all allegations in 2021. Physical abuse accounted for 23% of all allegations, while emotional and child abuse accounted for 18.6% and 16.9% respectively. In 2018, general neglect made up 63.4% of all substantiated cases of child abuse, while severe neglect made up 10.5% and physical abuse made up 8.0%.

- **Child Race/Ethnicity**: Allegations of child abuse and neglect disproportionately affect NH Black and NH AIAN children.
COMMUNITY ISSUES

Social Environment

Racial & Cultural Tolerance

- Perceptions of racial and cultural tolerance in San Mateo County declined in 2022, compared to 2013 and 2018 reports. In 2022, 58.6% of San Mateo County respondents rated community tolerance for people of different races and cultures as “excellent” or “very good” (lower than previous findings in 2013 and 2018). In contrast, a total of 12.7% give “fair/poor” evaluations, higher than 2018, but lower than the other survey years. 

Sources:
- California Child Welfare Indicators Project (CCWIP), CWS/CMS 2022 Quarter 3 Extract.

Notes:
- Asian and Native Hawaiian/Pacific Islander were combined in the CCWIP database for this report.
However, 24.6% of Black respondents, 20.3% of LGBTQ+ respondents, and 15.1% of Hispanic respondents believe racial/cultural tolerance in San Mateo County is only “fair” or “poor” (significantly higher than reported by NH PI and NH White). “Fair/poor” evaluations are also higher among persons with lower incomes or education levels and those living in the Coastside region.8

## Perceive Racial/Cultural Tolerance to be "Fair/Poor"
San Mateo County, 2022

<table>
<thead>
<tr>
<th></th>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>FPL</th>
<th>Race/Ethnicity</th>
<th>Region</th>
<th>LGBTQ+</th>
<th>SMC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>18-29</td>
<td>30+</td>
<td>HS or less</td>
<td>40-64</td>
<td>65+</td>
<td>SMC</td>
</tr>
<tr>
<td></td>
<td>11.2</td>
<td>13.8</td>
<td>15.5</td>
<td>11.8</td>
<td>9.2</td>
<td>16.2</td>
<td>16.6</td>
<td>56.6</td>
</tr>
<tr>
<td></td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>16.6</td>
<td>16.6</td>
<td>16.6</td>
<td>56.6</td>
</tr>
<tr>
<td></td>
<td>11.2</td>
<td>13.8</td>
<td>15.5</td>
<td>11.8</td>
<td>9.2</td>
<td>16.6</td>
<td>16.6</td>
<td>56.6</td>
</tr>
<tr>
<td></td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>56.6</td>
</tr>
<tr>
<td></td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>56.6</td>
</tr>
<tr>
<td></td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>56.6</td>
</tr>
<tr>
<td></td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>56.6</td>
</tr>
<tr>
<td></td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>15.5</td>
<td>56.6</td>
</tr>
</tbody>
</table>

Sources:
Notes:
* Asked of all respondents.
- When looking at the trend in “fair/poor” responses among persons who are low-income, Hispanic, Black or Asian/Pacific Islander, it appears that these negative perceptions increased (significantly for Blacks and Asians/Pacific Islanders) in 2022 after previously decreasing.\(^8\)

### Trends in Perception of Racial/Cultural Tolerance as "Fair/Poor"

San Mateo County, 2004-2022

<table>
<thead>
<tr>
<th>Year</th>
<th>Low-Income</th>
<th>Hispanic/Latinx</th>
<th>NH Black</th>
<th>NH Asian/Pi</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMC 2004</td>
<td>32.2%</td>
<td>30.8%</td>
<td>29.7%</td>
<td>34.1%</td>
</tr>
<tr>
<td>SMC 2008</td>
<td>15.7%</td>
<td>17.0%</td>
<td>26.1%</td>
<td>22.5%</td>
</tr>
<tr>
<td>SMC 2013</td>
<td>20.2%</td>
<td>21.6%</td>
<td>24.0%</td>
<td>14.5%</td>
</tr>
<tr>
<td>SMC 2018</td>
<td>15.4%</td>
<td>15.0%</td>
<td>14.4%</td>
<td>11.1%</td>
</tr>
<tr>
<td>SMC 2022</td>
<td>16.5%</td>
<td>15.6%</td>
<td>23.6%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Asked of all respondents. To be consistent with prior years, Asians and Pacific Islanders were combined.

- Among 2022 survey respondents, 7.6% report experiencing physical symptoms like a headache, an upset stomach, tensing of their muscles, or a pounding heart as a result of how they were treated based on their race within the past 30 days. These reports were approximately 2-3 times the county average among those with lower income (14.3%) and those identifying as Black (21.0%) or Pacific Islander (17.0%).
11.0% of survey respondents report feeling emotionally upset – for example, angry, sad, or frustrated – as a result of how they were treated based on their race within the past 30 days. These reports were particularly high amongst individuals <200% FPL, Black respondents, and Pacific Islanders. Notably, those aged 65+ and White individuals were nearly half as likely to report feeling emotionally upset as a result of how they were treated based on their race compared to the SMC average.
Hate Crimes

- According to the California Department of Justice, hate crime acts involve the intent to cause physical injury, emotional suffering, or property damage where there is a reasonable cause to believe that the crime was motivated by the victim's race, ethnicity, religion, gender, sexual orientation, or physical or mental disability.  
- In 2021, 21 hate crime offenses were committed in San Mateo County. Following a peak in 2004 with 37 offenses, the number of hate crime offenses had been decreasing, reaching a low in 2014. However, the number of hate crimes have been increasing in recent years.
- The number of victims follows a similar trend as the number of offenses. In 2021, 28 individuals were victims of a hate crime in San Mateo County.

![Hate Crime Offenses and Victims](image)

San Mateo County, 2001-2021

**Sources:**
- State of California, Department of Justice, 2001-2021.

- When looking at the number of hate crime offenses by bias type, anti-Black, anti-Asian, anti-Gay, and anti-Hispanic/Latinx crimes tend to make up most of all hate crimes in San Mateo County. Starting in 2019, the number of anti-Asian hate crimes in San Mateo County started to increase from 0 in 2018 to 5 in 2021, following a national trend.
While most 2022 survey respondents say they have had someone in the past month to whom they could turn if they needed or wanted help, 16.1% do not (significantly worse than found in previous years). Men, adults with lower education or income levels, Asians, Pacific Islanders, Hispanics, LGBTQ+ respondents and residents of North County more often report they do not have this type of support network.
Survey participants in 2022 were asked to express the degree of difficulty they were experiencing with various aspects of their lives. In this series, the greatest troubles were noted for feeling satisfied with one’s life (52.5% report “little,” “moderate,” “quite a bit” or “extreme” difficulty with this). A total of 47.3% expressed difficulty with fear, anxiety or panic, and between 31%-45% also expressed difficulty with: family relationships; feeling close to others; trouble controlling temper/outbursts/anger/violence; isolation or loneliness; or getting along with people outside the family. A total of 35.6% of 2022 survey participants say that spirituality is “very important” in their lives, while 28.2% say it is “not important” (this marks a significant decrease in the perceived importance of spirituality).
spirituality compared with 2018 findings). Certain population segments, such as women, older adults, lower-education and lower-income adults, and Black or Hispanic respondents much more often acknowledge the role of spirituality in their lives. This is also true among residents of North County region.⁸

### Importance of Spirituality in Respondents' Lives

**San Mateo County, 2022**

<table>
<thead>
<tr>
<th>Category</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Important</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSI/Less</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥200% FPL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH/Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH/Black</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHPI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coastal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGBTQ+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SMC 2002</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
- Asked of all respondents.

### Homelessness

#### Estimates of Homelessness

- A 2022 census count determined that there were 1,808 people experiencing homelessness in San Mateo County on the night of February 23, 2022, 60.4% (1,092) of whom were unsheltered (not in emergency shelters, transitional housing, motel voucher programs, residential treatment, jails, or hospitals).⁷⁷
- Compared to the 2011 Homeless Census, the 2017 Homeless Census identified approximately 32.7% less people experiencing homelessness on any given night and about. Following a decrease from 2013-2017, the number people experiencing homeless captured by the one-night homeless census has been increasing in recent years.⁷⁸
The 2022 single night homeless census identified 19.6% more individuals experiencing homelessness than the previous census in 2019.

**Characteristics of People Experiencing Homelessness**

The 2022 Homeless Census identified the following demographic profile in San Mateo’s homeless population:

- The 1,808 people counted as experiencing homelessness were comprised 1,248 households:
  - 1,138 (91.2%) adult-only households (households with adults ages 18 and older without dependent),
  - 109 (8.7%) family households (households with dependent children), and
  - 1 (0.1%) child household (households with only children).
- African American, Hispanic/Latinx, and White populations are disproportionately overrepresented, while Asian populations are disproportionately underrepresented among the homeless population in San Mateo County. 61% are White (40.8% of the county’s population is White according to the 2020 US Census), 19% are African American (2.5% of the county’s population is African American according to the 2020 US Census), 47% are Hispanic/Latinx (26.2% of the county’s population is Hispanic/Latinx according to the 2020 US Census), 5% are AIAN (0.2% of the county’s population is AIAN according to the 2020 US Census), and 6% are Asian (25.3% of the county’s population is Asian according to the 2020 US Census).
- 5% of adults experiencing homelessness were veterans in the 2022 count.
- The 2022 Homeless Census confirmed that a significant number (39%) of people experiencing homelessness have been homeless for long periods of time and/or many times within the past 3 years (“chronically homeless,” having been homeless 4 times or more in the past three years).
- The population of sheltered individuals looks different than the population of unsheltered individuals. However, it is still primarily men. 59.6% of emergency sheltered individuals and 74% of unsheltered individuals are men, but 52% of people in transitional housing are women.
- Further, the 2022 Homeless Census provided the following data:
21% reported having a substance abuse disorder.
32% reported having a serious mental illness.
8% identified as survivors of domestic violence.
29% reported chronic health problems.
23% reported a physical disability.

Homeless Shelters & Programs

- The San Mateo County Human Services Agency (HSA) oversees the County’s Center on Homelessness which: coordinates the provisions of homeless services administered throughout the county, including those by non-governmental entities; provides information and referral; administers the county’s continuum of care, as a service system to assist homeless individuals and families attain self-sufficiency; and develops resources to help the homeless individuals and families.

- In 2016, a five-year strategic plan was published by the HSA for the County’s response to homelessness, setting a goal of reaching functional zero level of homelessness by 2020. The Plan set to achieve this goal through systems improvement efforts that embedded national best practices in the context of the local community of San Mateo County. The Plan was extended through June 2022 as a result of the COVID-19 pandemic. The July 2022-June 2025 San Mateo County Continuum of Care Strategic Plan on Homelessness builds upon and updates the 2016 Plan for the community's response to homelessness over the next three years. The new strategic plan will work through the Working Together to End Homelessness (WTEH) initiative, led by the County Executive’s Office. The WTEH initiative brings together City representatives, service provider agencies, partner agencies, business representatives, community members, and other partners to determine a framework for ending homelessness as a community.

- Over the past several years, the County has significantly expanded shelter for adults, including the addition of new beds at the Maple Street and Safe Harbor shelters, planned expansion of the WeHOPE shelter, and new non-congregate shelters in Half Moon Bay and Redwood City in former motel structures. A new Navigation Center in Redwood City and an additional non-congregate shelter in the City of San Mateo are slated to be completed by the end of 2022. HSA has also worked intensively with the shelter provider agencies to improve the effectiveness of shelter services in helping residents exit to permanent housing destinations, including expanded training, improved connections to housing resources, and enhancements to housing-focused case management and housing support services at shelters.

- The HSA has implemented various coordinated programs and interventions to support each individual experiencing homelessness on a path to a housing solution including the following:
  - Expanded the inventory of rapid rehousing – from 127 beds in 2016 to 733 beds in 2021, a nearly 600% increase. In 2021, 504 households received Rapid Rehousing assistance.
  - Launching a Housing Locator Program in 2016. In 2016, HSA partnered with the San Mateo County Housing Authority and a non-profit provider to launch a Housing Locator program.
  - Increasing inventory of Permanent Supportive Housing, driven primarily by the availability of a variety of federal funding sources leveraged through the County Housing Authority. In 2021, there were 1,208 households served in PSH.
  - Providing families in need with emergency financial assistance: In 2021, there were 1,891 households that received prevention assistance.
  - Launching the Vets at Home project in partnership with the local offices of the U.S. Department of Veteran Affairs (VA), homeless service providers, and the County’s Veterans Services Office, which provides Veterans Affairs Supportive Housing vouchers (VASH) or Supportive Services for Veteran Families rapid rehousing program (SSVF).
  - Expanding Youth-specific housing programs: in 2020, there was an addition of a new rapid rehousing program specifically for young adults.
  - Initiating a new standing Committee on Racial Equity to provide guidance in the evaluation of initiatives in order to understand the causes of disparities and provide strategies to address disparities.
Due to the County’s housing challenges, the need for more shelter beds is greater than ever.

**Experiences of Homelessness**

- In the 2022 San Mateo County Health & Quality of Life Survey, 3.6% of respondents (who are currently housed) report having had to live on the streets, in a car, or in a shelter at some time in the past two years (statistically higher than 2004, 2008, and 2013).8

![Episodes of Homelessness or Displacement](chart)

Sources:
- Asked of all respondents. Episodes of homelessness/displacement are defined as having lived on the street, in a car, or shelter at any point in the past 2 years.

**Housing**

**Housing Affordability**

The lack of affordable housing limits the ability of people to live in San Mateo County and employers to recruit qualified workers. Therefore, families are left with the options of living in overcrowded homes, paying more than they can comfortably afford for housing, or living in another county and facing long commutes.

- In 2022, the annual income needed to afford a median-priced home was $448,400, well above the median household income in San Mateo County of $136,837.18,73
- In 2022, the median price of a condominium in San Mateo County was $950,000, an increase of 15.6% from 2017.74

**Median Home Price**

- In 2022, the median price of a single-family home in San Mateo County was $1,910,000. This is an increase of 0.6% from 2021, but 12.4% from 2020, and 22.4% from 2019.74
Based on 2022 median home sale prices, homes in the cities of Atherton, Hillsborough, Portola Valley and Woodside continued to be the least affordable in the county; the most affordable homes were in East Palo Alto, La Honda, Pescadero, Colma, and Loma Mar.  

**First-Time Buyer Housing Affordability Index**

Sources:
* San Mateo County Association of Realtors (SAMCAR), 2018-2022. [https://www.samcar.org/member-resources/market-data/](https://www.samcar.org/member-resources/market-data/)

Notes:
* Includes single-family residential homes.
In the second quarter of 2022, 27% of households could afford an entry-level home in San Mateo County—this is down from a high of 36% in 2013. San Mateo County continues to lag behind California (36%) and the US (59%), which are also down from 2013.\textsuperscript{76}

### First-Time Buyer Housing Affordability Index

#### 2013-2022, Quarter 2

<table>
<thead>
<tr>
<th>Year</th>
<th>San Mateo County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>36%</td>
<td>56%</td>
<td>75%</td>
</tr>
<tr>
<td>2014</td>
<td>33%</td>
<td>53%</td>
<td>75%</td>
</tr>
<tr>
<td>2015</td>
<td>26%</td>
<td>51%</td>
<td>74%</td>
</tr>
<tr>
<td>2016</td>
<td>27%</td>
<td>50%</td>
<td>73%</td>
</tr>
<tr>
<td>2017</td>
<td>27%</td>
<td>47%</td>
<td>71%</td>
</tr>
<tr>
<td>2018</td>
<td>24%</td>
<td>45%</td>
<td>69%</td>
</tr>
<tr>
<td>2019</td>
<td>21%</td>
<td>47%</td>
<td>70%</td>
</tr>
<tr>
<td>2020</td>
<td>26%</td>
<td>50%</td>
<td>71%</td>
</tr>
<tr>
<td>2021</td>
<td>27%</td>
<td>40%</td>
<td>65%</td>
</tr>
<tr>
<td>2022</td>
<td>27%</td>
<td>36%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Sources:
- California Association of Realtors, FTB Historical Housing Affordability Index, 2013-2022.

### Rent

Rising housing costs have left many residents with only the option of renting, though rents throughout the county continued to rise as well. In 2022, median rental costs of a 1-bedroom apartment in San Mateo County were $2,278/month, a 59% increase since 2015. For a 2-bedroom apartment, average rental costs increased 53%, from $1,865/month to $2,858/month in 2021.\textsuperscript{77}

<table>
<thead>
<tr>
<th>Year</th>
<th>Median Gross Rent - 1-bedroom</th>
<th>Median Gross Rent - 2-bedroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$1,432</td>
<td>$1,865</td>
</tr>
<tr>
<td>2016</td>
<td>$1,518</td>
<td>$1,962</td>
</tr>
<tr>
<td>2017</td>
<td>$1,685</td>
<td>$2,141</td>
</tr>
<tr>
<td>2018</td>
<td>$1,856</td>
<td>$2,359</td>
</tr>
<tr>
<td>2019</td>
<td>$2,011</td>
<td>$2,549</td>
</tr>
<tr>
<td>2020</td>
<td>$2,151</td>
<td>$2,725</td>
</tr>
<tr>
<td>2021</td>
<td>$2,278</td>
<td>$2,858</td>
</tr>
</tbody>
</table>

Sources:
- American Community Survey (ACS), 5YR, 2015-2022 (B25031).

To rent a one- or two-bedroom fair market rent apartment in the county, households needed an income of $105,240 and $127,920, respectively.\textsuperscript{78}

“Fair market rent” (as determined by the U.S. Department of Housing & Urban Development) for a two-bedroom apartment in San Mateo County in 2022 was $3,198. This would constitute 83% of the income of a family of three living at 200% of the federal poverty level.\textsuperscript{79}
In 2021, median family income for San Mateo County residents aged 25 years and older was $159,133.\(^8\)

The National Low Income Housing Coalition found that San Mateo County was tied with San Francisco and Marin Counties as the least affordable counties in the United States in 2022, based on the hourly wage required to rent a two-bedroom apartment. The hourly wage needed to afford a 2-bedroom apartment in these areas was $61.50.\(^7\)

**Community Perceptions of Affordability**

A total of 77.9\% of San Mateo County adults participating in the 2022 San Mateo County Health & Quality of Life Survey rate the availability of affordable housing in the community as “fair” or “poor.” This is better than in 2004, 2008, and 2018, but significantly worse than 2013.\(^8\)
“Fair/poor” evaluation of housing affordability in 2022 are higher among adults age 40 and over, those with more education or income, White and Black respondents, and those living in South and Coastside County regions. Residents without a college education, Asian respondents, and those living in North County region reported the lowest “fair/poor” evaluations. 

Sources:

Notes:
- * Asked of all respondents. Mean scores are calculated on a scale where “excellent” = 100, “very good” = 75, “good” = 50, “fair” = 25, and “poor” = 0.
Over time, low ratings among young adults (those aged 18 to 39) reached a low of 64.6% in 2013 then increased to 73.6% in 2022. Low ratings among the 40-64 age group have remained relatively consistent over time.⁸

### Housing Situations

- According to 2022 San Mateo County Quality of Life Survey results, 48.2% of respondents own their own home or condominium, 23.4% rent an apartment, and 13.3% rent a house. Home ownership has decreased significantly since the 2004 survey was conducted, but apartment rentals have increased significantly. The proportion of adults living with parents or other relatives has grown considerably since 2004 (5.9% in 2004; 9.4% in 2008; 13.9% in 2013; 13.5% in 2018; 12.7% in 2022).⁸
- Further, house renting has decreased since 2004 in San Mateo County. These data also find that home ownership is notably low among young adults aged 18-39, adults with lower education and incomes, Hispanic respondents, and Pacific Islanders.⁸
Doubled-Up Households

- The San Mateo County 2022 HQOL Survey finds that 24.2% of respondents currently share housing costs with someone other than a spouse or partner in order to limit expenses, marking a significant increase in shared housing over previous years. Young adults, those without a postsecondary education, residents living below the 200% poverty threshold, Pacific Islanders, Hispanics/Latinos, LGBTQ+ respondents and North County residents are the most likely to share living expenses.\(^8\)
The following shows a significant increase in these county findings among low-income, Hispanic, or Black respondents since 2008, with a peak at 36.9% in 2018. 

Share Housing Costs with Someone Other Than Spouse/Partner to Limit Expenses
Among Low Income, Black, and Hispanic/Latinx Residents
San Mateo County, 2004-2022
Housing Supply

A significant shortage of housing supply remains the primary cause of the high housing costs in the county. This is inextricably connected with the limited supply of land available for development and strict zoning ordinances that limit the density of housing that can be built.  

- A shortage of affordable housing supply coupled with a historically increasing jobs-housing gap, led to increased commutes for San Mateo County workers and an increased housing burden for San Mateo County residents. The jobs-housing gap is the ratio of new jobs in San Mateo County compared to new housing built, which for years did not keep pace. As a result, housing became more expensive and those earning the lowest incomes were the ones burdened the most.  
- According to the Association of Bay Area Governments (ABAG), between 2015-2020 San Mateo County issued permits for only 26% of the housing units needed for moderate-income households, 44% for low-income households, and 23% for very low-income households, as determined by the most recent Regional Housing Needs Allocation. During this same time, San Mateo County issued 11,729 housing permits, and of those, only 1,694 fell into the Restricted Affordable Category.

Physical Environment

Air & Water Quality

Clean air is essential to human and environmental health. Certain air pollutants, such as particulate matter, ground-level ozone, carbon monoxide, and nitrogen dioxide are of particular concern. San Mateo County enjoys clean air, thanks in part to regulations for cleaner burning gasoline and public education efforts aimed at reducing polluting activities. The county’s clean air also results from prevailing winds that carry pollution elsewhere. The county’s proximity to the ocean helps to generate breezy weather in the warm season, with the onshore winds transporting clean air from the ocean inland.

**Particulate Matter**

Suspended particulate matter of 10 microns or less in size (PM10) – dust, smoke, and soot – is associated with serious health effects such as asthma and premature death, contributes to haze, and harms the environment. Generators of PM10 include vehicles, construction sites, unpaved roads, factories, wood burning, and fuel combustion at power plants and in industrial processes. Seasons play a role as well, as the American Lung Association (ALA) reports that during winter months wood smoke from fireplaces is the largest stationary source of air pollution in the Bay Area. The ALA considers these small particles to be a greater health risk than ozone or other commonly monitored air pollutants because they can lodge deep in the lungs where they can remain embedded for long periods of time. Also, some particles are small enough to pass through the lung into the bloodstream.

- In the ALA State of the Air 2022 report, San Mateo County received an “F” grade for 24-hour particle pollution. In the U.S., the Bay Area ranked 4 in most polluted by year-round particle matter and 4 in most polluted by short-term particle matter.

**Ozone**

Ground-level ozone increases the risk of death, triggers a variety of health problems including asthma even at very low levels, may cause permanent lung damage after long-term exposure, damages plants and ecosystems, and is the main component of smog. Vehicles are the primary source of the pollutants that create ozone.

- In 2022, the county received a “C” grade by the ALA for ozone air pollution. In the U.S., the Bay area ranked 13 in most polluted by ozone.
- Ozone 8-hour average exceedances were not observed in 2013, 2014, 2016, 2018, 2021, and 2022. In contrast, ozone 1-hour average exceedances were observed in 2014, 2015, 2016, 2017, 2019, 2020,
2021, and 2022. In 2013 and 2018, San Mateo County experienced neither a 1-hour nor 8-hour average exceedance for ozone concentrations. In each year from 2013 to 2022, at least one day had exceedances in the concentration of PM2.5 in San Mateo County, although the number of days in which the concentration level was exceeded has dropped in recent years. 2013 and 2018 had the highest number of days of PM2.5 concentration exceedances, while 2014 and 2017 had the highest number of days of ozone 1-hour concentration exceedances.81

![Ozone and PM2.5 Exceedances](chart)

**Ozone and PM2.5 Exceedances**
San Mateo County, 2013-2022

<table>
<thead>
<tr>
<th>Year</th>
<th>Ozone 1-Hour (&gt;70 ppb)</th>
<th>Ozone 8-Hour (&gt;70 ppb)</th>
<th>PM 2.5 Daily Standard (&gt;35.5 mcg/m3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>48</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>2014</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2015</td>
<td>18</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>2016</td>
<td>17</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2017</td>
<td>18</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2018</td>
<td>48</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>2019</td>
<td>48</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>2020</td>
<td>39</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>2021</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2022</td>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:

Notes:
• For PM2.5, any daily 24-hour average measurement of 35.5 micrograms per cubic meter or higher is an exceedance of the federal health standard. The 1-hour ozone standard is attained if, during the most recent three-year period, the average number of days per year with maximum hourly concentrations above the standard is equal to or less than one. The 8-hour ozone standard is attained when the 3-year average of the 4th highest daily concentrations is 0.070 ppm (70 ppb) or less.

**Carbon Emissions**

Carbon emissions are changing the chemistry of the atmosphere and leading to global climate change. Scientists tell us that climate change, including global warming, will be detrimental to human health, ecosystems, food security, and water resources. The main source of manmade carbon emissions is the combustion of fossil fuels. Carbon emissions from electricity production fluctuate based on the sources of electricity; in years when a deep snowpack fills the Sierra’s reservoirs, more hydroelectric power is available. This power is carbon emission free and renewable. In other years, the deficit in hydroelectric power is replaced with electricity from carbon-heavy fossil fuels.23

- The total estimated carbon emissions from transportation, energy, solid waste, wastewater, and water use in San Mateo County were 748,198 metric tons in 2015. Since 2010, total carbon emissions from these sources have varied year to year but decreased slightly from 2013. The transportation sector has consistently accounted for more than half of total carbon emissions in the county, followed by energy emissions.86
Water Pollution

San Mateo County is bordered by the San Francisco Bay to the east and 54 miles of Pacific Ocean coastline to the west. Human activity affects water quality as it flows from creeks, streams, and wastewater systems to the Bay and ocean. Protecting Bay and ocean water quality is vitally important as these water bodies support marine and Bay ecosystems, local economies, recreational activities, tourism, and food resources.\textsuperscript{87}

Among the most significant issues impacting the region’s water quality are urban and agricultural runoff; decline of watershed habitats through construction, development, and overuse; the release of sewage and untreated stormwater; and human population growth.\textsuperscript{87}

- A large portion of pollution now entering the Bay comes from stormwater runoff from paved areas. Non-point source pollution accounts for many potential pollutants: oil, heavy metals, and particulate matter from cars; medications and chemical products poured down drains and flushed down toilets; and construction debris, trash, and hazardous waste that is dumped or washed into local storm drains and creeks.\textsuperscript{87}
- In 2020, 186,053 pounds of pesticides were applied in San Mateo County, increasing from 167,509 pounds in 2019.\textsuperscript{88} In both years, San Mateo County ranked 43\textsuperscript{rd} in the state for total pounds of pesticides used.\textsuperscript{89}
- In water year 2016 (from October 2015 to September 2016), 1,658,316 gallons of raw or partially treated sewage spilled in San Mateo County, of which 691,199 gallons reached surface water.\textsuperscript{90} This is a decrease in total spill volume from the water year 2015, where 1,880,528 gallons were spilled. Compared to other Bay Area counties, San Mateo County had the highest total spill volume and the highest volume of spillage to reach surface water.\textsuperscript{91}
- According to the Heal the Bay 2021-2022 Beach Report Card, which provides annual water quality grades based on the concentration of pathogen-containing fecal matter measured at ocean beaches, only 68\% of San Mateo County beaches received an A or B grade for the Summer Dry weather, only 44\% received A or B grades for the Wet Weather, and only 78\% received A or B grades for Winter Dry weather. Erckenbrack Park, Marlin Park, and Lakeshore Park all received an F Grade, due to their proximity to urban runoff from surrounding development and little water circulation keeping pollution near shore. In 2021-2022, there
were 38 sewage spills into bodies of water, equating to a total volume of 3,950,039 gallons. Pacifica State Beach was closed after a 2.9-million-gallon spill, Linda Mar Beach was closed after a 44,000-gallon spill, and Aquatic Park had two spills totaling to 363,000 gallons.92

**Drinking Water**

High quality drinking water is essential to human health. Contaminated water can cause acute disease, birth defects, infant mortality, and increased cancer rates. Federal and state safe drinking water regulations aim to assure the high quality of public water supplies.23

- Twenty water districts in San Mateo County are members of the Bay Area Water Supply and Conservation Agency (BAWSCA). The water districts serving the county publish annual water quality reports presenting the results of monitoring for various contaminants. Monitoring is done by sampling water at various locations in each district’s distribution system over time. The reports indicate that the water delivered by these water districts met state and federal drinking water regulations.23

**Resource Consumption**

**Water Consumption**

The county’s water comes primarily from the San Francisco Public Utilities Commission (SFPUC), drawing heavily from the Hetch Hetchy Reservoir, which is fed by snowmelt from the Sierra Nevada. SFPUC also supplements with water from local watersheds. Seven percent of the water used in San Mateo County does not come from SFPUC, but rather from local sources such as groundwater created by rain percolating through the soil, surface water, recycled and other sources.

- Water use in San Mateo County decreased 21.6% from fiscal year 2007-2008 to fiscal year 2020-2021. However, after reaching a low in 2015-2016, water consumption has been increasing in recent years. Water use in the county is projected to grow to over 78.2 millions of gallons per day (mgd) by 2030 (a 5.8% increase from current usage) and 82.6 (mgd) by 2045 (a 11.8% increase from current usage).93

![Total Water Use](chart)

**Total Water Use**

San Mateo County, 2007-2021

Sources:  
The trend of less affluent cities using less residential water per capita than more affluent communities continued during 2020-2021. Hillsborough remained the largest per capita water user in the county using 219.2 gallons per capita per day.\(^{93}\)

### Residential Per Capita Water Consumption

San Mateo County, 2020-2021

<table>
<thead>
<tr>
<th>City</th>
<th>Per Capita Water Consumption (gal/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillsborough</td>
<td>219.2</td>
</tr>
<tr>
<td>CWS - Bear Gulch</td>
<td>164.3</td>
</tr>
<tr>
<td>Mid-Peninsula WD</td>
<td>102.6</td>
</tr>
<tr>
<td>Burlingame</td>
<td>70.9</td>
</tr>
<tr>
<td>CWS- Mid-Peninsula</td>
<td>68.3</td>
</tr>
<tr>
<td>Redwood City</td>
<td>66.9</td>
</tr>
<tr>
<td>BAWSCA Average</td>
<td>65.8</td>
</tr>
<tr>
<td>Estero MD</td>
<td>65.6</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>65.6</td>
</tr>
<tr>
<td>Millbrae</td>
<td>63.8</td>
</tr>
<tr>
<td>Coastside CWD</td>
<td>56.1</td>
</tr>
<tr>
<td>North Coast CWD</td>
<td>54.5</td>
</tr>
<tr>
<td>Brisbane/GVMD</td>
<td>49.0</td>
</tr>
<tr>
<td>San Bruno</td>
<td>48.4</td>
</tr>
<tr>
<td>Westborough WD</td>
<td>45.4</td>
</tr>
<tr>
<td>Daly City</td>
<td>43.7</td>
</tr>
<tr>
<td>East Palo Alto</td>
<td>43.6</td>
</tr>
<tr>
<td>CWS- South SF</td>
<td>35.8</td>
</tr>
</tbody>
</table>

**Sources:**

### Gasoline Consumption

In addition to carbon emissions, gasoline-powered vehicles spew chemicals that produce smog and contribute to water pollution from the wearing of brake pads, engine emissions, and runoff from roads and parking lots. Americans’ high consumption of gasoline also contributes to dependence on foreign oil from unstable and undemocratic countries and makes us vulnerable to price shocks and supply disruptions. Further, Californians are spending more of their household income on gasoline than ever before, and prices for all goods are affected by the higher cost of gasoline.

Both San Mateo County and the state rely almost exclusively on petroleum to support its transportation needs. As a result, the single largest source of pollution in the Bay Area is the motor vehicle. In San Mateo County, the transportation sector accounts for more than half of estimated total carbon emissions, a greenhouse gas linked to climate change. Reducing transportation related gasoline consumption is crucial to reducing total carbon emissions and mitigating potentially catastrophic climate change.

- Following a large decrease in gasoline consumption in 2014, per capita gasoline consumption has been stable over the last few years. In 2021, the annual per capita gasoline consumption was 211.8 gallons.\(^{94}\) Most of the gasoline consumption in San Mateo County is from residential use.
Nationally the average fuel economy for a car on the road was 24.2 miles per gallon (mpg) in 2020. In 2022, there were 15,513 newly registered zero emission vehicles in San Mateo County, making up 33.2% of all new light duty vehicles in 2022. This percentage is the third highest of all Bay Area counties, behind Santa Clara (34.0%) and Marin (33.7%) counties. At the end of 2021, there were 606,397 vehicles on the road in San Mateo County, including 573,973 (94.7%) non-zero emission vehicles and 32,424 (5.3%) zero emission vehicles.

**Energy Consumption**

In 2021, energy from electricity and natural gas in San Mateo County totaled 329.8 million therms. Natural gas accounted for 62.2% of that energy, a proportion that has not changed much over recent years.
Residential use accounted for 50.8% of the county’s energy from electricity and natural gas in 2021. As in previous years, average household use of electricity and natural gas varied by city and was generally greater in more affluent neighborhoods. Atherton (94027), Portola Valley (94028), and Redwood City (94062) consumed the most electricity and gas among San Mateo County zip codes. South San Francisco (94080) and North Fair Oaks (94063) had the lowest average household energy use.

Average Monthly Residential Energy Use by Zip Code
San Mateo County, 2022

Sources:
- California Energy Commission, Electricity and Natural Gas Consumption by County, 2010-2021.
Renewable Energy

Following deregulation of the electric utilities in 1998, the California Energy Commission (CEC) began offering rebates for eligible grid-connected renewable energy systems under 30 kilowatts through its Emerging Renewables Program (ERP). The technologies eligible to participate in the ERP are photovoltaic (PV) systems, solar thermal electric systems, fuel cell technologies that utilize renewable fuels, and small wind systems.  

- Through the ERP, there have been an increasing number of solar energy systems installed yearly. In 2015 and 2016 San Mateo County saw an increase in capacity installed, peaking at 11,776 kilowatts in 2015.  

![Solar Photovoltaic Capacity Installed Per Year](chart)

San Mateo County, 2008-2017

- The installed solar capacity differs from municipality to municipality, with the most capacity installed in San Mateo City and the least installed in Brisbane.

Sources:
Waste
San Mateo County’s quality of life depends upon the availability and use of natural resources such as timber, metals, petroleum, and others. Many of these resources are renewable, but our consumption may outpace nature’s ability to replenish them. Waste reduction and recycling efforts focus on ways to achieve a balance between resource consumption and renewal and ensures the highest end use for our resources. Although San Mateo County has over two decades of landfill space available, landfill space is still finite.  

Sources:
The amount of solid waste generated per capita in San Mateo County and disposed of in landfills totaled 4.4 pounds per day, an increase of 4.8% since 2010. Overall, per capita waste disposal has increased from 2010 to 2019.\textsuperscript{7,101}

**Land Use**

**Urbanization**

By 2060, the county is projected to add nearly 30,347 new residents from 2020 population numbers. Absent good policies to accommodate this growth, the county’s recent history of stable land use may be disrupted.\textsuperscript{102}

**Agriculture**

The gross production value of all crops in 2021 was nearly $98 million, a 5.2% increase from 2020.\textsuperscript{103} The county’s biggest agricultural products are floral and nursery crops, generating $60.2 million in crop production value (approximately 61% of total crop production value in the county), which was an increase of 3.8% from the 2020. Vegetable crops had the second highest gross production value, generating $21.2 million in 2021. Brussel sprouts continued to have the highest production value of all vegetable crops in San Mateo County at $8.8 million. Forest productions increased production values by 618% from 2020 due to the harvesting of timber in the CZU complex fire burn area. Fruit and nut crops generated $2.6 million and livestock generated $5.7 million in crop production value in 2021.\textsuperscript{102,104}

**Open Spaces**

In San Mateo County, most parklands and protected open space are open to public use. City parks are generally the most accessible and most used park facilities. One way to measure the spread of city parks across the county is to look at the acreage of city parks per 1,000 residents in each city. At the high end, Pacifica has 13.8 acres of city parkland per 1,000 residents. On the lower end is Hillsborough with 0.1 acres of city parkland per 1,000 residents.\textsuperscript{23}
In addition to city parks, the County Parks Department operates 24 parks and multiple trail systems totaling 35,647 acres.\(^{105}\)

The Midpeninsula Open Space District offers many opportunities for hiking and other activities on its lands. The District has an active resource management program to enhance native species' habitat and reduce the influx of invasive plants, and a Coastside Protection Program to preserve agricultural lands and the coast's rural heritage. The district has preserved over 70,000 acres of land. In 2014, SMC voters passed measure AA allocating more than $16 million for land preservation.\(^{106}\)

Between 2010 and 2018 an additional 8,049 acres of land were protected in San Mateo County.\(^{107}\)

 Acres of parks per 1,000 residents have increased over time. These numbers have risen by 31% since 2010, with an average of 4.5 acres per 1,000 residents in 2021.

In 2022, survey respondents rated the physical environment in their community, in terms of having clean streets and yards, and attractive neighborhoods and buildings, on average, as 68.3 (slightly lower than the average rating of 69.1 in 2018).\(^8\)

Overall, 13.0% of 2022 respondents rate their physical environment as “fair/poor.” Those with lower education and income, Hispanic/Latinx respondents, Pacific Islanders, LGBTQ+ respondents, and those living in North and South County were more likely to rate their physical environment as “fair/poor.”\(^8\)
Biodiversity

- The county is home to 195 species of plants and animals that are state or federally listed as endangered or threatened. The U.S. Fish and Wildlife Service has designated areas within the county as critical habitat for (essential to the conservation of) five of these species: the Bay checkerspot butterfly, the central California steelhead, the California red-legged frog, the marbled murrelet, and the western snowy plover.

Transportation & Traffic

Transportation has a significant impact on the economy, environment, and quality of life. Traffic congestion causes costly delays resulting in lost productivity, less time with families, wasted resources, and stress. Vehicles pollute the air and water and are a significant contributor of greenhouse gas emissions that are linked to global climate change. An over-reliance on automobiles also encourages low-density land use patterns that can waste precious land and lead to habitat fragmentation.

With housing increasingly unaffordable in the Bay Area, families wishing to own homes may be forced to live far from their jobs, resulting in two- to three-hour commutes. In San Mateo County, we have heavy traffic transiting the corridor between Santa Clara and San Francisco Counties.

Vehicle Miles of Travel

- Total vehicle miles of travel hit a low a 10-year low in 2020.
In 2020, the per capita vehicle miles driven in the county was 20.0 miles per day, a 16.3% decrease from 2019.\textsuperscript{110,111}

### Commute Mode

- The vast majority of San Mateo County residents drive alone to work.
San Mateo County Health 2023 COMMUNITY HEALTH NEEDS ASSESSMENT | 08.16.2023 | 104

### Commute Distance

- Among workers 16 years of age and over who did not work from home, 34.1% had a commute time of less than 20 minutes, 39.6% had a commute time between 20-39 minutes, and 26.3% had a commute time of 40 minutes and over in 2021.\(^\text{112}\) The most common commute times among San Mateo County residents were 30-34 minutes (15.6%), 15-19 minutes (15.0%), and 20-24 minutes (14.7%). Compared to other bay area counties the most common times are 30-34 minutes (14.1%) in Alameda County, 60-89 minutes (15.8%) in Contra Costa County, 15-19 minutes (12.9%) in Marin County, 30-34 minutes (19.4%) in San Francisco County, and 30-34 minutes (16.9%) in Santa Clara County.\(^\text{112}\)
- In 2020, there were 19,230 remote workers in San Mateo County. There are also 164,871 workers from other counties who commute to work in the county, 164,074 county residents that work in other counties, and 222,355 residents commute to work within the county.\(^\text{113}\)

### Public Transportation

- The three major transit providers in San Mateo County are BART extension, Caltrain, and SamTrans. These three providers had 160,200 riders per average weekday in April of 2019, which is up 1.9% from 157,200 riders in April of 2018.\(^\text{114}\)
- Caltrain runs weekday San Francisco and San José or Gilroy trains with 12 stops in San Mateo County.\(^\text{115}\) The Bay Area Rapid Transit District (BART) operates 6 stations in the county (Daly City, Colma, South San Francisco, San Bruno, Millbrae, and the San Francisco International Airport), connecting residents to San Francisco and the East Bay.\(^\text{116}\) Caltrain, the most heavily used public transit provider in San Mateo County provided 40.8% of all ridership in April of 2019.\(^\text{117}\)
- “Commute shuttles” connecting Caltrain and BART to local workplaces had a total of 254,370 riders for the month of April in 2019, equating to approximately 8,479 per day, which increased 0.6% from the previous year in April.\(^\text{117}\)
Civic Participation

- In the 2022 General election, voter turnout — as expressed as the percentage of eligible voters who voted — was 48.9% in San Mateo County, compared with 41.5% statewide. This number was higher than the countywide turnout for the 2014 general election (when 33.5% of eligible adults voted), but much lower than the 2016, 2018, and 2020 general elections. This is also lower than the 2021 gubernatorial recall election, when 58.7% of eligible voters voted. In fact, in the 2022 general election, less than half of the eligible voters in the county made decisions for the entire community.  

Sources:
San Mateo County has a higher percentage of eligible voters registered, registered voters who voted, eligible voters who voted, and voters who cast their ballots by mail than statewide.\textsuperscript{119}

- In odd number election years from 2013-2021, the percentage of San Mateo County registered voters who voted ranged from 25.4% in 2013 to 46.6% in 2021.\textsuperscript{120}
During the November 2022 general election, the percentage of registered voters voting was greatest in the most affluent cities and lowest in the least affluent cities, similar to past elections. Portola Valley had the highest percentage of its registered voters voting in 2022 with 75.9% compared with East Palo Alto and Daly City whose figures were 35.6% and 44.7% respectively.\textsuperscript{121}
**Trust in Government**

- In 2022, 53.2% of survey participants say they trust local government to work for the community’s best interest “always” or “most of the time” (higher compared to previous years). In contrast, 13.9% responded “seldom” or “never,” marking a **significant decrease** from the 2013 and 2018 survey findings.⁸

---

**Percent of Registered Voters Who Voted by City**

<table>
<thead>
<tr>
<th>City</th>
<th>Percent of Registered Voters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portola Valley</td>
<td>75.9%</td>
</tr>
<tr>
<td>San Carlos</td>
<td>71.4%</td>
</tr>
<tr>
<td>Woodside</td>
<td>70.6%</td>
</tr>
<tr>
<td>Belmont</td>
<td>66.7%</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>66.4%</td>
</tr>
<tr>
<td>Half Moon Bay</td>
<td>65.7%</td>
</tr>
<tr>
<td>Atherton</td>
<td>64.1%</td>
</tr>
<tr>
<td>Pacifica</td>
<td>63.5%</td>
</tr>
<tr>
<td>Burlingame</td>
<td>62.9%</td>
</tr>
<tr>
<td>Brisbane</td>
<td>62.2%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>62.1%</td>
</tr>
<tr>
<td>Foster City</td>
<td>61.1%</td>
</tr>
<tr>
<td>San Mateo</td>
<td>60.0%</td>
</tr>
<tr>
<td>Redwood City</td>
<td>59.7%</td>
</tr>
<tr>
<td>Millbrae</td>
<td>56.4%</td>
</tr>
<tr>
<td>San Bruno</td>
<td>53.1%</td>
</tr>
<tr>
<td>Colma</td>
<td>51.5%</td>
</tr>
<tr>
<td>South San Francisco</td>
<td>49.8%</td>
</tr>
<tr>
<td>Daly City</td>
<td>44.7%</td>
</tr>
<tr>
<td>East Palo Alto</td>
<td>35.6%</td>
</tr>
</tbody>
</table>

**Sources:**
California Secretary of State, 2022.
Trust in local government varies according to income level. Those living at lower incomes less often report trusting government “always” or “most of the time.” [Note in the following chart that the 2004 survey used slightly different definitions for the lower and middle income categories.]

"Always/Most of the Time" Trust Local Government to Work for Community's Best Interest by Income
San Mateo County, 2004-2022

Sources:

Notes:
• Asked of all respondents.
A total of 40.0% of survey respondents rate the ease of obtaining social services in the community as “excellent” or “very good” (better than found in 2004, 2008, and 2013).8

“Fair/Poor” evaluations of access to social services have decreased significantly over time, but are particularly high among young adults, respondents with lower incomes, Blacks, Pacific Islanders, and Hispanic respondents, LGBTQ+ respondents and Coastside area residents.8
Crime & Violence

Crime Indices

- Following a high in 2019, violent crime rates were slightly lower in 2020 and 2021. Property crimes have been relatively consistent since 2010.7,122
The following table details these crime rates for individual offenses. The violent crime rate peaked in 2017 and has slowly declined since. Property crimes peaked in 2019, primarily from a spike in larceny-theft. All crime categories have seen a decrease from 2010 to 2021, except for rape (increasing 112.3%) and motor vehicle theft (increasing 14.4%). It should be noted that, in 2013, the FBI’s Uniform Crime Reporting Program revised the definition of rape, and the California DOJ implemented this definition change in January 2014, leading to an increase in reported rapes.\(^7\)\(^{122}\)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Crimes</td>
<td>248.8</td>
<td>215.7</td>
<td>237.6</td>
<td>236.6</td>
<td>205.9</td>
<td>222.9</td>
<td>212.3</td>
<td>249.6</td>
<td>231.9</td>
<td>236.7</td>
<td>226.3</td>
<td>217.7</td>
<td>-12.5%</td>
</tr>
<tr>
<td>Homicide</td>
<td>2.8</td>
<td>2.2</td>
<td>1.3</td>
<td>1.5</td>
<td>1.5</td>
<td>1.8</td>
<td>1.2</td>
<td>0.9</td>
<td>1.5</td>
<td>1.3</td>
<td>2.1</td>
<td>2.3</td>
<td>-16.2%</td>
</tr>
<tr>
<td>Rape</td>
<td>17.7</td>
<td>18.5</td>
<td>14.3</td>
<td>17.6</td>
<td>29.3</td>
<td>28.6</td>
<td>33.0</td>
<td>42.1</td>
<td>38.8</td>
<td>41.5</td>
<td>36.5</td>
<td>37.7</td>
<td>112.3%</td>
</tr>
<tr>
<td>Robbery</td>
<td>82.3</td>
<td>67.4</td>
<td>68.4</td>
<td>66.9</td>
<td>64.2</td>
<td>70.3</td>
<td>60.4</td>
<td>73.4</td>
<td>72.8</td>
<td>71.1</td>
<td>67.1</td>
<td>67.4</td>
<td>-18.2%</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>146.0</td>
<td>127.7</td>
<td>153.5</td>
<td>150.7</td>
<td>110.9</td>
<td>122.2</td>
<td>117.7</td>
<td>133.2</td>
<td>118.7</td>
<td>122.8</td>
<td>120.6</td>
<td>110.3</td>
<td>-24.4%</td>
</tr>
<tr>
<td>Property Crimes</td>
<td>2,104.9</td>
<td>1,918.6</td>
<td>1,944.0</td>
<td>1,965.2</td>
<td>1,871.3</td>
<td>2,030.2</td>
<td>1,934.9</td>
<td>1,960.0</td>
<td>1,863.5</td>
<td>2,096.9</td>
<td>2,013.1</td>
<td>1,973.1</td>
<td>-6.3%</td>
</tr>
<tr>
<td>Burglary</td>
<td>428.6</td>
<td>437.5</td>
<td>440.8</td>
<td>413.9</td>
<td>410.6</td>
<td>431.6</td>
<td>392.0</td>
<td>321.1</td>
<td>312.2</td>
<td>286.3</td>
<td>278.0</td>
<td>286.3</td>
<td>-33.2%</td>
</tr>
<tr>
<td>Motor Vehicle Theft</td>
<td>261.7</td>
<td>203.7</td>
<td>210.9</td>
<td>216.8</td>
<td>222.0</td>
<td>249.8</td>
<td>211.4</td>
<td>207.9</td>
<td>211.5</td>
<td>196.1</td>
<td>283.7</td>
<td>299.4</td>
<td>14.4%</td>
</tr>
<tr>
<td>Larceny Theft</td>
<td>1,414.6</td>
<td>1,277.4</td>
<td>1,292.2</td>
<td>1,334.5</td>
<td>1,238.7</td>
<td>1,348.9</td>
<td>1,331.5</td>
<td>1,430.9</td>
<td>1,339.8</td>
<td>1,614.4</td>
<td>1,451.4</td>
<td>1,387.4</td>
<td>-1.9%</td>
</tr>
<tr>
<td>Arson</td>
<td>13.3</td>
<td>12.0</td>
<td>11.3</td>
<td>14.5</td>
<td>10.4</td>
<td>10.2</td>
<td>10.1</td>
<td>11.9</td>
<td>9.3</td>
<td>9.0</td>
<td>13.3</td>
<td>12.8</td>
<td>-4.0%</td>
</tr>
</tbody>
</table>

Sources:
- State of California, Department of Justice, 2010-2021.
Violent Crime

- In 2021, the violent crime rate in San Mateo County (217.7 violent crimes per 100,000 population) was well below the state rate (503.2). This is also true for individual violent offenses of homicide, rape, robbery, and aggravated assault.7,122

![Violent Crime Rates](chart.png)

**Violent Crime Rates**
San Mateo County, 2021

<table>
<thead>
<tr>
<th>Crime</th>
<th>Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Crime</td>
<td>217.7</td>
</tr>
<tr>
<td>Homicide</td>
<td>2.3</td>
</tr>
<tr>
<td>Rape</td>
<td>37.7</td>
</tr>
<tr>
<td>Robbery</td>
<td>67.4</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>110.3</td>
</tr>
</tbody>
</table>

*San Mateo County* vs *California*

<table>
<thead>
<tr>
<th>Crime</th>
<th>San Mateo County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Crime</td>
<td>217.7</td>
<td>503.2</td>
</tr>
<tr>
<td>Homicide</td>
<td>2.3</td>
<td>6.5</td>
</tr>
<tr>
<td>Rape</td>
<td>37.7</td>
<td>39.6</td>
</tr>
<tr>
<td>Robbery</td>
<td>67.4</td>
<td>119.6</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>110.3</td>
<td>337.6</td>
</tr>
</tbody>
</table>

Sources:
- State of California, Department of Justice, 2021.

Juvenile Crime & Violence

- Juvenile felony arrests in San Mateo County dropped considerably in the last decade, continuing a trend from mid-2000. In 2021, there were 1.5 felony arrests for every 1,000 juveniles aged 10-17 in the county.7,122
Juvenile misdemeanor arrests in San Mateo County also dropped considerably in the last decade. In 2021, there were 1.4 misdemeanor arrests for every 1,000 juveniles aged 10-17 in the county.\(^7\,^{122}\)

Juvenile felony arrests for violent offenses in San Mateo County declined over the past decade and remain below levels in the 2000s. In 2021, there were 57.6 felony arrests for violent offenses for every 100,000
San Mateo County juveniles aged 10-17. This number is considerably lower than the observed rates in the previous years.7,122

**Drug Offenses**

- San Mateo County juvenile felony arrests for drug offenses have drastically declined over the past decade and the county rates have been very similar to state rates. In 2021, the San Mateo County rate was 2.7 per 100,000 juveniles aged 10-17 and the California rate was 5.5 per 100,000.7,122
Incarceration

- By the end of 2020, there were 723 people in jail in San Mateo County – 229 of whom were serving out a sentence and 494 of whom were in pretrial, awaiting a court decision. Those serving sentences in county jails are typically serving brief sentences for misdemeanors. However, the sentenced population may also include people convicted of felonies who are awaiting transfer to state prisons or serving their sentence in county jail to reduce overcrowding in state prisons.
- In recent years, the pretrial (or unsentenced) population has been about 60-75% of the total jail population.
The number of women in jail has drastically decreased from 126 women in 2011 to 65 in 2020.

When asked how they feel about the safety, security, and crime control in their neighborhood, 55.3% of San Mateo County residents expressed “excellent” or “very good” responses, worse than previous findings. “Fair/poor” comments have increased significantly to 15.7%.8

Sources:
• Vera Institute of Justice.

Neighborhood Safety
• When asked how they feel about the safety, security, and crime control in their neighborhood, 55.3% of San Mateo County residents expressed “excellent” or “very good” responses, worse than previous findings. “Fair/poor” comments have increased significantly to 15.7%.8
Compared with other county areas, “fair/poor” evaluation of neighborhood safety are found predominantly in the South County region. Women, young adults, persons with less education and income, NH PI and Hispanic/Latinx respondents, and LGBTQ+ respondents also express higher “fair/poor” perceptions of neighborhood safety. Overall county reports of “fair/poor” neighborhood safety have increased significantly compared to earlier years. \(^8\)

**Ratings of Neighborhood Safety are "Fair/Poor"**
San Mateo County, 2022

Sources:
• 2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
• Asked of all respondents.
Most surveyed adults in 2022 (53.6%) believe the problem of crime has stayed about the same in their neighborhood over the past year or two. In contrast, 30.1% believe the situation has gotten worse, significantly higher than previous survey findings in San Mateo County, and nearly double that in 2018.8

The following chart illustrates the proportion of the San Mateo County adult population who demonstrate healthy behaviors – this includes respondents who do not smoke cigarettes, are not overweight, exercise at least three times a week for 20 minutes, and who eat an average of at least five servings of fruits and/or vegetables per day.

Only 2.7% of San Mateo County survey respondents report each of four basic health behaviors, a combination which limits cardiovascular and cancer risk.8
  - Those with an income <200% of the poverty level, NH Asian respondents, NH Pacific Islanders, and North County area residents demonstrate the lowest proportions of these healthy behaviors. The prevalence has decreased significantly over time after peaking at 8.5% in 2008.8
Nutrition

- Survey respondents report eating an average of 2.7 servings of fruits and vegetables per day, below the recommended five daily servings. Only 12.5% eat the recommended level (significantly lower than 2004, 2008, and 2013).\(^8\)
  - Note that men, young adults, residents with lower incomes, NH PI respondents, and North County residents report the lowest fruit/vegetable consumption.\(^8\)
Note that the average servings of fruits and vegetables in the diets of San Mateo County adults have decreased since 2013. 8

Consumption of regular soda or pop that contains sugar (not including diet soda or diet pop) amongst survey respondents decreased from 2018 to 2022, while the consumption of sugar-sweetened fruit drinks,
such as KoolAid and lemonade, sweet tea, and sports or energy drinks, such Gatorade and Red Bull has remained consistent over time.a

Average Number of Sugary Beverages Consumed in Past Month
San Mateo County, 2004-2022

<table>
<thead>
<tr>
<th></th>
<th>SMC 2018</th>
<th>SMC 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Soda or Pop</td>
<td>11.9</td>
<td>8.4</td>
</tr>
<tr>
<td>Sugar-Sweetened Fruit Drinks/Sports or Energy Drinks</td>
<td>7.2</td>
<td>7.8</td>
</tr>
</tbody>
</table>

Sources:
* 2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
* Asked of all respondents.

Physical Activity

Regular physical activity increases life expectancy, can help older adults maintain functional independence, and enhances quality of life at each stage of life. The benefits of physical activity are numerous: an active lifestyle can help to prevent and manage coronary heart disease, being overweight, hypertension, diabetes, osteoporosis, and depression. Because more people are at risk for coronary heart disease due to physical inactivity than to any other single risk factor, it has an especially great public health impact. Note the following findings of the 2022 San Mateo County Health & Quality of Life Survey:

- Most San Mateo County respondents (60.6%) do not participate in regular, vigorous physical activity, meaning they do not engage in activities that cause heavy sweating or large increases in breathing or heart rate at least three times a week for 20 or more minutes on each occasion. This finding is higher than in 2004, 2008, and 2013, but similar to 2018. The prevalence of inactivity in San Mateo County is notably higher among:
  - Women (64.4%),
  - Persons aged 65 and older (66.0%),
  - Persons with a high school education or less (67.1%),
  - Those in households with annual incomes <200% poverty (66.3%),
  - Asians (69.1%),
  - LGBTQ+ respondents (70.2%), and
  - Residents of North County area (63.1%).
DESCRIPTION OF COMMUNITY HEALTH CARE SERVICES

Personal Health Evaluations

Self-Reported Health Status

- More than one-half (52.3%) of San Mateo County survey respondents report their general health as “excellent” (18.7%) or “very good” (33.6%). This is significantly lower than reported in 2004. Another 32.6% report that their general health status is “good.” However, 15.2% of surveyed adults report their general health status as “fair” or “poor.” This is higher than reported in 2004.8
“Fair/poor” health ratings in San Mateo County are elevated among older respondents (aged 65+), those with no postsecondary education, those with an income <200% of the poverty level, LGBTQ+ respondents, Pacific Islanders, and North County area residents.8

Self-Reported Health Status is "Fair/Poor"
San Mateo County, 2022

During the month preceding the interview, survey respondents report an average 4.0 days on which their physical health was not good (higher than previous years). Days of poor health are notably higher among certain subgroups within the sample: women (4.6); those aged 40+ (~5.0); those without a college
education (5.4); those living below 200% of poverty (6.8); White respondents (5.0); Pacific Islanders (5.3); and residents of the Mid-County area (4.5).  

**Average Number of Days in Past Month Physical Health Was Not Good**

San Mateo County, 2022

- During the month preceding the interview, survey respondents report an average 3.6 days on which poor physical or mental health prevented them from conducting their regular activities, such as self-care, work or recreation (higher than previous years). Days of limited activity are higher among adults 40+, residents with lower education and/or income levels, White respondents, Pacific Islanders, LGBTQ+ respondents and respondents living in the Mid-County area.  

Sources:

Notes:
• Asked of all respondents.
Living With Pain

- During the month preceding the interview, survey respondents reported an average 4.5 days during which pain made their usual activities difficult (e.g., self-care, work, and recreation), marking a significant increase from past survey results. The average increases with age, decreases with education and income, and is high among Pacific Islanders (5.9 days) and Whites (5.6 days).

Average Number of Days in Past Month Pain Limited Usual Activities
San Mateo County, 2022

Sources:
Notes:
• Asked of all respondents.
Dental Care

- A total of 70.3% of surveyed adults have visited a dentist for a routine checkup within the past year (significantly lower than previous years). This drop in routine dental checkups is likely a result of the COVID-19 pandemic and the stay-at-home orders put in place in 2020. Dental care is particularly low among men, young adults, those with lower education and income, Black and Pacific Islander respondents.\(^8\)

### Visited a Dentist for a Routine Checkup in the Past Year

<table>
<thead>
<tr>
<th>San Mateo County, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: 74.1%</td>
</tr>
<tr>
<td>Age: 77.6%</td>
</tr>
<tr>
<td>Education: 61.1%</td>
</tr>
<tr>
<td>FPL: 71.9%</td>
</tr>
<tr>
<td>Race/Ethnicity: 70.1%</td>
</tr>
<tr>
<td>Region: 78.0%</td>
</tr>
<tr>
<td>LGBTQ+: 66.8%</td>
</tr>
<tr>
<td>SMC 2008: 62.8%</td>
</tr>
<tr>
<td>SMC 2018: 55.6%</td>
</tr>
<tr>
<td>SMC 2022: 72.9%</td>
</tr>
</tbody>
</table>

Sources:
- * Asked of all respondents.

- 76.7% of 2022 survey respondents reported having a specific dentist or dental office as their usual source of dental care. This is lower than what was reported in 2018, where 81.8% of respondents reported having a specific dentist or dental office for their dental care.\(^8\)

- Among surveyed parents of children aged 1 to 17, 82.8% report that their child has visited a dentist for a routine checkup in the past year (significantly higher than in 2008, but lower than in 2013 and 2018). This proportion is lower among young parents, those with income less than 200% of the poverty level, and White and Pacific Islander respondents. Viewed by region, the proportion is highest among residents living in the South County area.\(^8\)
Dental Insurance

- Nearly 8 in 10 (78.3%) of 2022 survey respondents have some type of insurance coverage that pays for some or all of their routine dental care. However, 21.7% do not (representing more than 130,243 county adults). The prevalence of community members without dental coverage has decreased significantly since the 2004 survey.⁸
  - Among those without dental insurance, 28.0% report that they or a family member have dental problems which they cannot take care of because of a lack of insurance (down slightly from 29.3% in 2018).⁸
  - Income level is the primary correlation with lack of dental insurance: 31.9% of those living below the 200% poverty threshold are without dental insurance coverage, compared to 14.8% of those living above the 400% poverty threshold. Note also that 37.4% of seniors, 28.2% of those without a college education, and 26.2% of Whites are without full or partial dental insurance.⁸
Dental Outcomes

- 2022 survey respondents were both more likely to have lost no teeth or all of their teeth due to tooth decay or gum disease compared to 2018 survey respondents (64.2% and 1.6% versus 61.6% and 1.0%, respectively).  

Number of Permanent Teeth Removed Due to Tooth Decay or Gum Disease

San Mateo County, 2018-2022

Sources:
- 2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes:
* Asked of all respondents. Included teeth lost to infection, but did not include teeth lost for other reasons, such as injury or orthodontics.
Ease of Access to Local Health Care Services

- Overall, more than 3 in 5 San Mateo County survey respondents (61.1%) rate the ease of accessing local health care as “excellent” or “very good” (a significant decrease from the 2018 survey results). Another 25.6% rate it as “good.”

- In contrast, 13.3% of respondents believe the access to local health care is “fair” or “poor” (statistically higher than in 2018, but similar to previous years). Note the negative correlation between “fair/poor” evaluations and age, education, and income level. By race/ethnicity, Pacific Islanders and Hispanics are more likely to give low ratings of access to local health care. By region, low ratings are least likely among North County residents.
Those without health insurance coverage give much lower ratings regarding ease of access to local health care services. Among San Mateo County adults aged 18-64 without any type of coverage, 16.3% rate overall access to local health care services as “fair” or “poor” (compared to 14.5% among those adults aged 18 to 64 who have health insurance coverage).\(^8\)

**Rating of Access to Local Health Care by Health Insurance Coverage (Aged 18-64)**

San Mateo County, 2022

Sources:
- 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents <65 years of age.
Accessibility of Specialized Care

- As in previous surveys, respondents were asked to evaluate the ease of access to each of four specific types of health care services. Of the listed services, San Mateo County respondents were most critical of access to mental health services (40.1% rate this as “fair/poor”); evaluations this year are significantly worse than found in 2004 and 2008.

- For each of the services surveyed, there is a discrepancy among “fair/poor” evaluations between those living below and those living above the 400% poverty threshold: among lower-income respondents, access to dental care earned higher “fair/poor” evaluations than even mental health and much higher than found among higher-income respondents (40.8% vs. 23.3% among those at higher incomes).

- Evaluations of substance abuse service access also continue to deteriorate significantly, with a higher “fair/poor” evaluation this year compared to 2013 findings (34.4% and 13.6%, respectively). Unlike other services surveyed, we did not find a sharp difference between lower-income and higher-income adults with regard to perceived access to substance abuse services.

- Current evaluations of access to health care for children are significantly worse than 2004 findings (23.5% and 17.3% “fair/poor” ratings, respectively). There were no significant differences found between lower-income and higher-income adults with regard to perceived access to child health services.

Perceive "Fair/Poor" Access to Health Care Services
San Mateo County, 2004-2022

Health Insurance Coverage

Lack of Health Insurance Coverage

- A total of 8.5% of adults aged 18-64 do not have any type of job-based, privately purchased, or government-sponsored health insurance (representing an estimated 35,452 adults aged 18 to 64 of the county’s estimated 417,079 adults aged 18 to 64). [Note that this figure excludes children and seniors 65+].

  - In addition to being better than national levels, the percentage of San Mateo County adults aged 18 to 64 without insurance has improved significantly since the 2008 survey (14.1% uninsured).
Among those without any type of health insurance coverage, 11.1% report that they have never had coverage. A full 27.5% have been without coverage for more than five years (an increase since 2018).²

Men, young adults, those with no postsecondary education, and respondents living below the 200% poverty threshold demonstrate greater lack of health insurance.²
- Pacific Islanders (18.9%) and Hispanic respondents (10.9%) report the highest prevalence of being uninsured, roughly four times and two times the prevalence reported among NH Whites.
- North County residents also report a notable higher rate of being uninsured.

**Lack of Health Care Insurance Coverage (Aged 18-64)**
San Mateo County, 2022

**Availability of Health Insurance Coverage**
- Among 2022 survey respondents who are employed for wages or who are self-employed, 23.1% report that their job does not offer health benefits to employees, down from 26.0% in 2018. Other notable findings include:
  - Seniors, adults without education beyond high school, and respondents living below the 200% poverty threshold much more often report that health benefits are not available to them through their employer.
  - Over 3 in 10 Hispanic respondents (30.3%) report having jobs that do not offer health benefits.
  - South County and Coastside residents and LGBTQ+ respondents more often report that health benefits are not available to them through their employer.

Sources:
Notes:
* Asked of all respondents <65 years of age.
A total of 92.5% of those respondents with health benefits through their job report that benefits are also available to employee’s dependents (similar to 2018 and 2013 findings).

Other Potential Barriers to Access

Besides lack of insurance coverage, a variety of other factors have the potential for restricting access to health care services for many community residents. In the 2022 San Mateo County Health & Quality of Life Survey, four additional potential barriers to access were addressed. These are illustrated in the following chart, and each is discussed in greater detail in the subsequent section.
Getting in to See a Physician

A total of 19.7% of surveyed adults have experienced difficulty getting in to see a doctor in the past year, significantly worse than found in previous years. Women, young adults, those without a postsecondary education, residents making less than 200% of the poverty level, LGBTQ+ respondents and Pacific Islanders more often report difficulty getting in to see a physician. Viewed by region, the prevalence is lowest in the North County area.8

Have Experienced Difficulty Getting in to See a Physician in the Past Year
San Mateo County, 2022

Sources:
Notes:
• Asked of all respondents.
Cost of Medical Care

- A total of 7.5% of survey respondents say that there has been a time in the past year when they needed to see a doctor, but could not because of the cost; this is lower than the 2013 result, but higher than in 2018. Cost is more often reported as a barrier for young adults, those without a secondary education, those with lower income, Pacific Islanders, and Black and LGBTQ+ respondents.  

Cost Prevented a Physician Visit in the Past Year
San Mateo County, 2022

Cost of Medications

- Furthermore, 8.1% of survey respondents say that they were unable to purchase a needed medication in the past year because of the cost; this proportion is similar to 2008 and 2013, but lower than 2004 and slightly higher than 2018. Cost of prescriptions is particularly prohibitive for those with less education (10.4%) or lower incomes (17.9%), LGBTQ+ respondents (12.3%), Pacific Islanders (18.5%), and Hispanic (12.3%) respondents. [Note that the relatively low percentage found among those aged 65 and older is in line with what is typically seen nationwide.] By region, the prevalence is higher in the South County area.
Lack of Transportation

- A total of 8.3% of surveyed adults report that a lack of transportation made it difficult or prevented them from seeing a doctor or making a medical appointment in the past year (higher than previous findings). A lack of transportation has a greater impact on young adults, persons with lower income or education levels, Pacific Islanders, Hispanic respondents, LGBTQ+ respondents and those living in the South County area.\(^8\)
Implications of Poor Access

Limitations in access have a discernible impact on the health status of county residents and in the way that health care is delivered in the community.

- Respondents living below the 200% poverty threshold more often report “fair” or “poor” health status than do those at higher income levels.
  - 30.1% of those below twice the poverty level report “fair/poor” health (versus 9.4% of those living on more than four times the federal poverty threshold).
  - Higher “fair/poor” health status is also noted among Pacific Islander (25.7%) and Black respondents (17.4%).

Self-Reported Health Status is "Fair/Poor"
San Mateo County, 2022

<table>
<thead>
<tr>
<th>Category</th>
<th>FPL</th>
<th>Race/Ethnicity</th>
<th>LGBTQ+</th>
<th>SMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;200% FPL</td>
<td>30.1%</td>
<td>17.5%</td>
<td>9.4%</td>
<td></td>
</tr>
<tr>
<td>200-400% FPL</td>
<td>14.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;400% FPL</td>
<td>12.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td>17.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH Asian</td>
<td></td>
<td>25.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH Black</td>
<td></td>
<td>16.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH PI</td>
<td></td>
<td>17.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH White</td>
<td></td>
<td>15.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGBTQ+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMC 2022</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Uninsured respondents rate access to local health care services as “fair” or “poor” much more often (22.6%) than insured respondents (12.5%).

San Mateo County Health 2023 COMMUNITY HEALTH NEEDS ASSESSMENT | 08.16.2023 | 139
MATERNAL AND INFANT HEALTH

Birth Rates

- The number of births to San Mateo County residents has been declining for the last 20 years with 10,390 births occurring in 2000 and 7,749 births occurring in 2021. The birth rate among all racial/ethnic groups in San Mateo County has been trending downwards from 2010 to 2021.
- NH NHPI, NH Asian, and Hispanic/Latinx females have had the highest birth rates among all the racial/ethnic groups over the last 10 years. The birth rates among NH NHPI females were higher than rates in other racial/ethnic groups in 2010-2014. However, these rates have declined more than any other racial/ethnic group, with the rates in NH NHPI females falling from 15.4 in 2010-2014 to 10.2 in 2017-2021. The NH Asian birth rate has remained relatively constant throughout the decade, overtaking the rate of NH NHPI females starting in years 2013-2017. The birth rate among Hispanic/Latinx females has also seen a rapid decline from 2010-2014 through 2017-2021.\(^7,123\)
- The birth rate among NH White and NH Multirace females has remained relatively constant throughout the decade, ranging from 8.2 among NH White females and 7.5 among NH Multirace females in 2010-2014 to 7.3 for both in 2017-2021.\(^7,123\)
- Historically, NH AIAN and NH Black females have had the lowest birth rates among all racial/ethnic groups. Starting in 2013-2017, the birth rates among NH AIAN have declined from a high of 6.3 to a low of 3.5, falling below the rate of NH Black females. NH Black females currently have the lowest birth rate.\(^7,123\)
The general fertility rate is calculated as the number of births to females aged 15 to 44 divided by the number females aged 15 to 44 in the population. It is an unadjusted rate.

The general fertility rate in San Mateo County has not changed significantly since 2010, ranging from a high of 62.5 in 2010-2014 to a low of 58.3 in 2017-2021. For all racial/ethnic groups, except for NH Asian females, the general fertility rate has been trending downward from 2010 to 2021. The NH Asian general fertility rate has increased, bringing the rate much higher than any other racial/ethnic group in 2017-2021.
The NH PI general fertility rate has been rapidly declining starting in 2013-2017, bringing the fertility rate below the rate for both NH White and Hispanic/Latinx females. Historically, the general fertility rate is lowest for NH Multirace, NH AIAN, and NH Black females in San Mateo County, with rates remaining relatively constant for NH Multirace and NH Black females. The NH AIAN fertility rate rapidly declined from 2012-2016 to 2013-2017. NH AIAN females currently have the lowest fertility rate.7,123

### Adequacy of Prenatal Care

Early and regular prenatal care is important in promoting a healthy pregnancy, reducing the risk of pregnancy complications and improving the likelihood of a healthy birth. In addition to a basic health screening and assessment, prenatal care often includes education about handling many aspects of pregnancy including nutrition, physical activity, and expectations during pregnancy and birth. Appropriate prenatal care is associated with improved nutrition status, increased weight gain, and longer duration of pregnancy. Ideally, prenatal care begins before conception or during the first trimester of pregnancy.

### Late or No Prenatal Care

- From 2000 to 2021, the proportion of births to pregnant persons who received prenatal care during the first trimester of pregnancy increased from 86.6% to 92.3%. However, there was a slight decline in the proportion from 2019 to 2020 and 2021. With the start of the COVID-19 pandemic in 2020, recent studies have indicated that this decrease in early initiation of prenatal care was seen across the United States and could be due to limited appointment availability as a result of limited staff and clinic closures. The proportion of births to pregnant persons who received prenatal care in the second trimester, third trimester, and no prenatal care has decreased from 2000 to 2021.123

### Percent of Births by Trimester of First Prenatal Care Visit

San Mateo County, 2000-2021

From 2007 to 2020, the proportion of births to pregnant persons who received prenatal care during the first trimester of pregnancy in San Mateo has been higher than that seen in California. However, this difference has been lessening in recent years.123

Sources:
Late prenatal care is defined as the initiation of prenatal care after 6 months gestation. The total proportion of births to pregnant persons receiving late or no prenatal care decreased from 2.3% in 2000-2004 to 1.2% in 2017-2021.

The percent of births to pregnant persons receiving late or no prenatal care decreased from 2000-2004 to 2017-2021 for all racial/ethnic groups except NH AIAN pregnant persons. NH PI pregnant persons have the highest proportion of births receiving late or no prenatal care with a high of 10.5% in 2000-2004.
Although, NH PI pregnant persons have seen a rapid decline starting in 2011-2015. NH White and NH Asian pregnant persons have remained consistently under 2% over the last 20 years, while the proportion among Hispanic/Latinx parents dropped below 2% starting in 2008-2012. The proportion of births receiving late or no prenatal care among NH Black parents reached a low in 2017-2021 at 1.6%.  

**Adequate Prenatal Care – Adequacy of Prenatal Care Utilization (APNCU) Index**

One measure used to evaluate the level of prenatal care is the Adequacy of Prenatal Care Utilization (APNCU) index developed by Milton Kotelchuck, Ph.D., M.P.H. The APNCU Index measures the adequacy of prenatal care by both the expected number of visits based on the American College of Obstetricians and Gynecologists prenatal care standards for uncomplicated pregnancies and is adjusted for the timing of the first prenatal visit and the appropriateness of the number of visits based on gestational age. An observed visits over expected visits ratio is calculated and grouped into the following categories: Inadequate (received less than 50% of expected visits), Intermediate (50%-79%), Adequate (80%-109%), and Adequate Plus (110% or more of expected visits). The APNCU index offers a more accurate and comprehensive set of measures of prenatal care utilizations compared to the Kessner Index, another measure historically used to measure the adequacy of prenatal care.

- Historically, the proportion of births in San Mateo County residents with adequate/adequate plus prenatal care as determined by the APNCU Index has been higher than California residents and above the Healthy People 2030 Target. However, the proportion among San Mateo County residents has decreased from 83.2% in 2007-2009 to 76.4% in 2018-2020, falling below the Healthy People 2030 Target in 2017-2019 and below the proportion in California residents in 2018-2020.

- Historically, San Mateo County teens are less likely than adult pregnant persons to have received adequate prenatal care during pregnancy. However, in 2017, 2020, and 2021, the percent of teens to have received adequate prenatal care surpassed that of pregnant persons aged 20-34 years and pregnant persons aged 35 and older. From 2007 to 2020, the percent of pregnant persons receiving adequate prenatal care has
decreased for both pregnant persons aged 20-34 years and pregnant persons aged 35 and older, although these percentages increased slightly in 2021.\textsuperscript{123}

### Percent of Births with Adequate/Adequate Plus Prenatal Care by Mother's Age Group

**San Mateo County, 2007-2021**

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt;20 Years</th>
<th>20-34 Years</th>
<th>35+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>69.4%</td>
<td>81.3%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2008</td>
<td>81.2%</td>
<td>83.8%</td>
<td>88.2%</td>
</tr>
<tr>
<td>2009</td>
<td>76.2%</td>
<td>82.1%</td>
<td>86.2%</td>
</tr>
<tr>
<td>2010</td>
<td>78.8%</td>
<td>82.9%</td>
<td>87.4%</td>
</tr>
<tr>
<td>2011</td>
<td>77.4%</td>
<td>82.4%</td>
<td>87.7%</td>
</tr>
<tr>
<td>2012</td>
<td>82.5%</td>
<td>83.8%</td>
<td>87.4%</td>
</tr>
<tr>
<td>2013</td>
<td>79.0%</td>
<td>83.3%</td>
<td>86.9%</td>
</tr>
<tr>
<td>2014</td>
<td>79.4%</td>
<td>83.1%</td>
<td>86.5%</td>
</tr>
<tr>
<td>2015</td>
<td>77.2%</td>
<td>80.8%</td>
<td>85.1%</td>
</tr>
<tr>
<td>2016</td>
<td>78.3%</td>
<td>77.9%</td>
<td>83.1%</td>
</tr>
<tr>
<td>2017</td>
<td>84.2%</td>
<td>79.6%</td>
<td>83.5%</td>
</tr>
<tr>
<td>2018</td>
<td>75.6%</td>
<td>80.0%</td>
<td>82.3%</td>
</tr>
<tr>
<td>2019</td>
<td>71.5%</td>
<td>75.8%</td>
<td>78.5%</td>
</tr>
<tr>
<td>2020</td>
<td>78.0%</td>
<td>70.2%</td>
<td>73.3%</td>
</tr>
<tr>
<td>2021</td>
<td>80.5%</td>
<td>72.5%</td>
<td>76.3%</td>
</tr>
</tbody>
</table>

Sources:

- The total proportion of pregnant persons receiving less than adequate prenatal care increased from 15.2% in 2007-2011 to 22.5% in 2017-2021. The proportion has increased for every racial/ethnic group from 2007-2021. The NH PI pregnant persons have the highest proportions of births receiving less than adequate care, only overtaken by NH AIAN in 2013-2017 and 2014-2018. The most substantial increase occurred in NH Asian pregnant persons from 14.4% in 2007-2011 to 24.9% in 2017-2021. NH White pregnant persons have consistently had the lowest proportion of pregnant persons receiving less than adequate prenatal care compared to other race/ethnicities.\textsuperscript{123}
Prenatal Care & Low Birthweight

The proportion of low birthweight births tends to be higher in pregnant persons receiving less than adequate prenatal care compared to pregnant persons receiving adequate prenatal care. This proportion decreased from 4.5% in 2007 to 3.6% in 2021. In contrast, the proportion of low birthweight births among pregnant persons receiving adequate prenatal care increased from 2.7% in 2007 to 3.6% in 2021. The difference in the proportions between the two categories has narrowed in recent years. The proportion of low birthweight births was highest among pregnant persons receiving adequate plus prenatal care. It is worth noting that the APNCU Index is calculated using recommendations for low-risk pregnancies, meaning this index may not accurately measure the adequacy of care for high-risk pregnancies. Therefore, those with a high-risk pregnancy may often receive adequate plus prenatal care and may also be at a higher risk for low birthweight births.

Sources:
While cesarean (surgical or C-section) deliveries are sometimes medically indicated, cesarean birth can carry a greater risk for both the mother and the baby than a vaginal delivery. Some of the increased risks for the mother include possible infection of the uterus and nearby pelvic organs, increased bleeding, blood clots in the legs, pelvic organs and lungs, and, in very rare situations, death. For babies, there is the risk of being born prematurely if the due date is not accurately calculated. This can mean difficulty breathing (respiratory distress) and low birthweight. The baby also by be sluggish as a result of anesthesia. A cesarean birth also is more painful, is more expensive, and takes longer to recover from than a vaginal birth.125

- The proportion of births delivered by C-section (to pregnant persons both with and without a prior C-section) has remained relatively constant from 2005 to 2021, increasing slightly from 26.9% to 27.7%. The number of cesarean births has also remained relatively constant, with a slight decrease from 2,664 births in 2005 to 2,069 births in 2021.
Over the past 20 years, the proportion of C-section deliveries has increased among Medi-Cal births. The proportion of C-section non-Medi-Cal births consistently remains higher than the proportion of Medi-Cal births.
Low Birthweight

Whether children have been born full-term and of normal birthweight (5.5 pounds or more) can have profound long-term impacts on their well-being. On average, children born preterm (<37 weeks gestation) lag behind their peers in IQ, language, development, and school achievement. They also have a higher incidence of learning disabilities and school failure. About half the children born at low birthweight eventually require special education services.126

- The proportion of newborns with a low birthweight (LBW) among all births has increased slightly from 2000-2004 to 2017-2021. The proportion of newborns with a LBW was significantly higher among NH Black and NH AIAN mothers than mothers of other race/ethnicities from 2000-2004 to 2012-2016. The proportion among both groups, as well as NH NHPI pregnant persons, has decreased from 2000 to 2021, with a 4% decrease among NH Black pregnant persons and a 5.5% decrease among NH AIAN pregnant persons. The proportion of newborns with a LBW has increased for NH Asian and Hispanic/Latinx pregnant persons, with Hispanic/Latinx having the largest increase.123

Breastfeeding

For infants, the most complete form of nutrition is breast milk. Breastfeeding is associated with reduced post neonatal infant mortality rates, decreased rates of obesity later in life, and improved cognitive, language, and motor development. The longer infants are exclusively breastfed, the better. For example, babies who are breastfed for six rather than four months have fewer respiratory illnesses and ear infections.

- In San Mateo County, 97.2% of mothers with newborns initiated breastfeeding in 2020, higher than the average percentage in California (93.6%). The percentage of breastfed newborns in San Mateo County stayed relatively constant from 2016-2020 at approximately 97%.127
- While in the hospital after giving birth, 79.9% of pregnant persons in the county exclusively breastfed their infants, higher than the California average of 69.7%.

<table>
<thead>
<tr>
<th>Breastfeeding of Newborns</th>
<th>San Mateo County, 2016-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
</tr>
<tr>
<td>Any Breastfeeding</td>
<td>97.5%</td>
</tr>
<tr>
<td>Exclusive Breastfeeding</td>
<td>81.0%</td>
</tr>
</tbody>
</table>

Sources:
- California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2016-2020. https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Notes:
- Includes percentage of mothers of newborns breastfeeding in the hospital after giving birth, by mother’s county of residence.

- In 2020, White mothers in the county were most likely to exclusively breastfeed in the hospital (89.1%) in comparison to all other race/ethnicities, with exclusive breastfeeding percentages higher than the overall county percentage of 79.9% and the California percentage of 69.7%. NH PI mothers were the least likely to exclusively breastfeed in the hospitals (58.8%) compared to all other race/ethnicities, which is lower than the state-wide percentage of exclusive breastfeeding for NH PI mothers (64.4%).

<table>
<thead>
<tr>
<th>Exclusive Breastfeeding of Newborns by Race/Ethnicity</th>
<th>San Mateo County, 2016-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>76.4%</td>
</tr>
<tr>
<td>NH AIAN</td>
<td>*</td>
</tr>
<tr>
<td>NH Asian</td>
<td>81.0%</td>
</tr>
<tr>
<td>NH Black</td>
<td>61.9%</td>
</tr>
<tr>
<td>NH Multirace</td>
<td>83.4%</td>
</tr>
<tr>
<td>NH Other Race</td>
<td>74.5%</td>
</tr>
<tr>
<td>NH PI</td>
<td>70.0%</td>
</tr>
<tr>
<td>NH White</td>
<td>86.3%</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Includes percentage of mothers of newborns breastfeeding in the hospital after giving birth, by mother’s county of residence. *Percent not shown for <10 events.

- From 2010-2021, most recipients in the Women, Infant, and Children (WIC) Program fully formula fed their infants, with rates over 50% from 2010-2020. The percent of WIC Program recipients that chose to fully or partially breastfeed stayed relatively constant at roughly 23-24% from 2010 to 2019. Starting in 2020, the percent of WIC Program recipients that fully formula fed decreased and the percent that partially or fully breastfed increased, with the percent partially breastfed reaching a 10-year high in 2021 at 32.5%.
The three leading causes of infant mortality are congenital malformations, disorders related to short gestation and low birthweight, and sudden infant death syndrome. As of 2019, the number of infant deaths in the United States was 20,927 at a rate of 5.58 deaths per 1,000 live births. Birth weight and gestational age are two major predictors of infant health and survival. As of 2020, birth defects, preterm birth, sudden infant death syndrome, injuries (suffocation), and maternal pregnancy complications, remained the leading causes of infant death, according to the CDC. The percentage of babies born premature (less than 37 weeks gestation) was 10.5% in 2021, an increase from 10.1% in 2020. In 2020, preterm birth and low birthweight accounted for 16% of infant deaths.

In 2019, the infant mortality rate was 3.3 deaths per 1,000 live births in San Mateo County. This rate was below the statewide and national rates and met the Healthy People 2030 Target of 5.0. However, although the infant mortality rate is decreasing at the state and national level, San Mateo County has seen an increase in infant mortality rates in recent years.
The average infant mortality rate in San Mateo County from 2017 to 2019 was 3.2 infant deaths per 1,000 live births, meeting the Healthy People 2020 objective of 5.0 deaths per 1,000 live births. Rates were highest among Asian infants.131

In 2017-2019, Asian infants had the highest infant mortality rates at 3.21 deaths per 1,000 live births.
CHILD AND ADOLESCENT HEALTH

Childhood Immunization

The primary indicator for adequate vaccination coverage by age 24 months includes the complete 4-3-1 series: the fourth dose in the DTP/DTaP series, the third dose in the OPV/IPV series, and the first dose in the MMR series.

- In 2019-2020, it was estimated that 98.3% of children aged 2-5 in licensed childcare in San Mateo County had completed all required immunization vaccinations, increasing from 90.9% in 2012-2013. This percentage was the highest amongst Bay Area counties. All Bay Area counties and California overall have seen an increase in completed immunization vaccinations among children aged 2-5 in licensed childcare.\(^{132}\)
In 2019-2020, it was estimated that 96.6% of kindergarten students in San Mateo County had completed all required immunization vaccinations, increasing from 88.7% in the 2010-2011 school year. San Mateo County ranked the highest amongst Bay Area counties in 2019-2020. All Bay Area counties and California have seen an increase in the percentage of kindergarten students who have completed all required immunization vaccinations.132
Excess weight and inactivity during childhood leads to a higher risk of cardiovascular disease, type 2 diabetes, hypertension, stroke, certain types of cancer, as well as mental, emotional, and social stress.

### Physical Fitness Test

- The physical fitness test (PFT) is administered to students in grades five, seven, and nine in California schools. The PFT is composed of six parts, including aerobic capacity, body composition, abdominal strength and endurance, trunk extensor and flexibility, upper body strength and endurance, and overall flexibility. Students’ results for each of these six parts are categorized as being in The Healthy Zone (HFZ). A HFZ student is considered fit enough for good overall health, a Needs Improvement (NI) student has potential for future health risks if fitness does not improve, and a Needs Improvement – Health Risk (NI – Health Risk) student has a probability of future health problems if fitness does not improve.

- Body composition results provide an estimate of the percent of a student’s weight that is fat using the following tests: skinfold measurements, bioelectric impedance analyzer, and body mass index. The following chart displays the standards for each result category by age for both males and females.

<table>
<thead>
<tr>
<th>Age</th>
<th>NI - Health Risk</th>
<th>NI</th>
<th>HFZ</th>
<th>NI - Health Risk</th>
<th>NI</th>
<th>HFZ</th>
<th>NI - Health Risk</th>
<th>NI</th>
<th>HFZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>≥28.4</td>
<td>≥20.9</td>
<td>20.8-9.9</td>
<td>≥18.5</td>
<td>≥16.9</td>
<td>16.8-13.6</td>
<td>≥27.0</td>
<td>≥18.9</td>
<td>18.8-8.9</td>
</tr>
<tr>
<td>6</td>
<td>≥28.4</td>
<td>≥20.9</td>
<td>20.8-9.9</td>
<td>≥19.2</td>
<td>≥17.3</td>
<td>17.2-13.5</td>
<td>≥27.0</td>
<td>≥18.9</td>
<td>18.8-8.5</td>
</tr>
<tr>
<td>7</td>
<td>≥28.4</td>
<td>≥20.9</td>
<td>20.8-10.1</td>
<td>≥20.2</td>
<td>≥18.0</td>
<td>17.9-13.6</td>
<td>≥27.0</td>
<td>≥18.9</td>
<td>18.8-8.3</td>
</tr>
<tr>
<td>8</td>
<td>≥28.4</td>
<td>≥20.9</td>
<td>20.8-10.5</td>
<td>≥21.2</td>
<td>≥18.7</td>
<td>18.6-13.7</td>
<td>≥27.0</td>
<td>≥18.9</td>
<td>18.8-8.4</td>
</tr>
<tr>
<td>9</td>
<td>≥30.8</td>
<td>≥22.7</td>
<td>22.6-11.0</td>
<td>≥22.4</td>
<td>≥19.5</td>
<td>19.4-14.0</td>
<td>≥30.1</td>
<td>≥20.7</td>
<td>20.6-8.7</td>
</tr>
<tr>
<td>10</td>
<td>≥33.0</td>
<td>≥24.4</td>
<td>24.3-11.6</td>
<td>≥23.6</td>
<td>≥20.4</td>
<td>20.3-14.3</td>
<td>≥33.2</td>
<td>≥22.5</td>
<td>22.4-8.9</td>
</tr>
<tr>
<td>11</td>
<td>≥34.5</td>
<td>≥25.8</td>
<td>25.7-12.2</td>
<td>≥24.7</td>
<td>≥21.3</td>
<td>21.2-14.7</td>
<td>≥35.4</td>
<td>≥23.7</td>
<td>23.6-8.8</td>
</tr>
<tr>
<td>12</td>
<td>≥35.5</td>
<td>≥26.8</td>
<td>26.7-12.7</td>
<td>≥25.8</td>
<td>≥22.2</td>
<td>22.1-15.2</td>
<td>≥35.9</td>
<td>≥23.7</td>
<td>23.6-8.4</td>
</tr>
<tr>
<td>13</td>
<td>≥36.3</td>
<td>≥27.8</td>
<td>27.7-13.4</td>
<td>≥26.8</td>
<td>≥23.0</td>
<td>22.9-15.7</td>
<td>≥35.0</td>
<td>≥22.9</td>
<td>22.8-7.8</td>
</tr>
<tr>
<td>14</td>
<td>≥36.8</td>
<td>≥28.6</td>
<td>28.5-14.0</td>
<td>≥27.7</td>
<td>≥23.7</td>
<td>23.6-16.2</td>
<td>≥33.2</td>
<td>≥21.4</td>
<td>21.3-7.1</td>
</tr>
<tr>
<td>15</td>
<td>≥37.1</td>
<td>≥29.2</td>
<td>29.1-14.6</td>
<td>≥28.5</td>
<td>≥24.4</td>
<td>24.3-16.7</td>
<td>≥31.5</td>
<td>≥20.2</td>
<td>20.1-6.6</td>
</tr>
<tr>
<td>16</td>
<td>≥37.4</td>
<td>≥29.8</td>
<td>29.7-15.3</td>
<td>≥29.3</td>
<td>≥24.9</td>
<td>24.8-17.1</td>
<td>≥31.6</td>
<td>≥20.2</td>
<td>20.1-6.5</td>
</tr>
<tr>
<td>17</td>
<td>≥37.9</td>
<td>≥30.5</td>
<td>30.4-15.9</td>
<td>≥30.0</td>
<td>≥25.0</td>
<td>24.9-17.5</td>
<td>≥33.0</td>
<td>≥21.0</td>
<td>20.9-6.7</td>
</tr>
</tbody>
</table>
In the 2018-2019 school year, over 50% of students in grades 5, 7, and 9 were in the HFZ in the body composition category, which increased with age. In contrast, the percent of students in the NI – Health Risk zone decreased with age. In 2018-2019, 17.1% of students in grade 5, 15.0% of students in grade 7, and 13.0% of students in grade 9 had body composition results considered to be a health risk.

![Percent of Enrolled Students by Grade Level and Body Composition Category](chart.png)

There are disparities in childhood weight by economic status. When looking at body composition scores by economic status, economically disadvantaged children have higher percentages of “NI - Health Risk” results compared to students that are not economically disadvantaged.135
In 2018-2019, only 35.6% of San Mateo County 7th graders met basic fitness requirements, as determined by the California Department of Education, although this proportion is better than the statewide average. However, in San Mateo County, there is a notable difference among students by race and ethnic group, with NHPI and Hispanic/Latinx students demonstrating the lowest prevalence of physical fitness.  

Sources:
There is also a notable difference in the 5th and 7th grade among students by sex, with males generally demonstrating a lower prevalence of physical fitness.

**Percentage of Students Meeting 6 of 6 Basic Fitness Standards by Grade Level and Sex**
San Mateo County, 2018-2019

<table>
<thead>
<tr>
<th>Grade</th>
<th>Female</th>
<th>Male</th>
<th>San Mateo County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 5</td>
<td>35.4%</td>
<td>28.1%</td>
<td>31.6%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Grade 7</td>
<td>38.3%</td>
<td>33.0%</td>
<td>35.6%</td>
<td>28.2%</td>
</tr>
<tr>
<td>Grade 9</td>
<td>35.8%</td>
<td>36.0%</td>
<td>35.9%</td>
<td>33.0%</td>
</tr>
</tbody>
</table>

Sources:

Over recent years, the percentage of 7th graders meeting all 6 standards has been decreasing, while the percentage for 5th and 9th graders has remained relatively constant.136

**Percentage of Students Meeting 6 of 6 Basic Fitness Standards by Grade Level**
San Mateo County, 2010-2019

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31.0%</td>
<td>31.5%</td>
<td>31.6%</td>
<td>32.3%</td>
<td>32.5%</td>
<td>29.9%</td>
<td>31.8%</td>
<td>31.6%</td>
<td>31.6%</td>
<td>31.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>36.2%</td>
<td>35.3%</td>
<td>41.0%</td>
<td>38.9%</td>
<td>39.0%</td>
<td>39.8%</td>
<td>38.6%</td>
<td>37.0%</td>
<td>35.6%</td>
<td>35.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>32.1%</td>
<td>36.1%</td>
<td>36.7%</td>
<td>40.3%</td>
<td>41.0%</td>
<td>36.2%</td>
<td>35.6%</td>
<td>35.4%</td>
<td>35.9%</td>
<td>35.9%</td>
</tr>
</tbody>
</table>

Sources:
Television/Video Watching & Video Gaming

- Watching television, videos or video games is a leading sedentary behavior in youth. In the 2022 San Mateo County Health & Quality of Life Survey, parents of children over the age of one year were asked how many hours a day their child watches television, videos, or video games. A total of 11.8% report that their child watches less than one hour per day. In contrast, 44.3% report that he/she/they watch three hours or more per day. Overall usage is lower than in previous years but remains far from optimal.\(^8\)

### Number of Hours Child Spends on Screen Time Per Day
San Mateo County, 2004-2022

<table>
<thead>
<tr>
<th></th>
<th>SMC 2004</th>
<th>SMC 2008</th>
<th>SMC 2013</th>
<th>SMC 2018</th>
<th>SMC 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than One</td>
<td>8.3%</td>
<td>15.5%</td>
<td>18.6%</td>
<td>11.8%</td>
<td>21.4%</td>
</tr>
<tr>
<td>One</td>
<td>27.8%</td>
<td>21.4%</td>
<td>38.9%</td>
<td>27.8%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Two</td>
<td>32.6%</td>
<td>26.6%</td>
<td>25.8%</td>
<td>19.9%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Three</td>
<td>19.9%</td>
<td>13.9%</td>
<td>14.0%</td>
<td>13.1%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Four or More</td>
<td>13.1%</td>
<td>10.8%</td>
<td>17.2%</td>
<td>13.1%</td>
<td>30.3%</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Asked of respondents with children aged 1-17 at home. Screen time includes television, videos, and video games.

- This year’s survey found that TV/video watching or video gaming was greatest among 13- to 15-year-olds (85.9% of who were reported to watch two or more hours of TV, videos or video games per day).\(^8\)
Adolescent Sexuality

- Over 6 in 10 San Mateo County parents (65.8%) have spoken to their adolescents (aged 11 to 17) about issues dealing with relationships and sexuality (down from 70.5% among parents in 2018).  

Parent Has Talked to Child About Relationships/Sexuality

San Mateo County, 2018-2022

Sources:
- 2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes:
- Asked of all respondents with children aged 11-17.
A total of 4.0% of parents of children aged 11 to 17 report that to the best of their knowledge, their child is currently sexually active (compared to 6.1% in 2018).8

**Adolescent Pregnancy**

**Consequences of Adolescent Pregnancy**

Adolescent pregnant persons who become mothers tend to exhibit poorer psychological functioning, lower levels of educational attainment and high school completion, more single parenthood, and less stable employment than those with similar backgrounds who postpone childbirth. Although teen mothers who stay in school are just as likely to graduate as non-mothers, those who drop out before or shortly after childbirth are only half as likely to return to school and graduate as are non-mother dropouts.137

Other potential negative consequences have not been sufficiently researched, such as consequences resulting from interruptions of key processes of emotional and social development of the teen mothers by early parenthood responsibilities. Based on well-established knowledge of adolescent developmental needs and progressions, however, researchers believe that these interruptions are likely to yield harmful consequences related to psychological distress and possible depression.137

Relative to older mothers, teen mothers tend to experience more pregnancy-related problems and have less healthy infants, although these differences overall are small and decreasing over time and are highly related to access to and use of prenatal care.

**Adolescent Births**

**Adolescent Birth Rates**

- Adolescent birth rates have declined in San Mateo County over the past 20 years, down from 27.5 births per 1,000 females aged 15-19 in 2000-2002 to 7.2 births per 1,000 in 2017-2019. Historically, San Mateo
County adolescent birth rates have been much lower than statewide rates, with the gap closing in recent years. In 2019, adolescent birth rates among NH NHPI adolescents (14.4 births per 1,000 females) were much higher when compared to adolescents of other races/ethnicities, being the only San Mateo County birth rate to exceed the statewide rate in 2019. Besides NH NHPI and NH Asian birth rates, county rates by race/ethnicity are consistently lower than California rates by race/ethnicity.
The percentage of births occurring in adolescent females aged 19 and younger has decreased from 5.7% in 2000 to 1.7% in 2021. The number of births occurring in adolescent females has drastically decreased from 597 births in 2000 to 128 births in 2021.123
A geographic analysis by zip code of maternal residence (2021 data) shows that the highest proportion of births to adolescents in San Mateo County occurred in census tracts that include the cities of Half Moon Bay, South San Francisco, and East Palo Alto.\textsuperscript{123}
The majority of San Mateo County births to adolescents have occurred consistently in Hispanic/Latinx adolescents. This proportion saw a decline starting in 2001-2005 and started to increase again in 2009-2013, reaching a high of 74.9% of all adolescent births in 2013-2017. However, the proportion of adolescent births to Hispanic/Latinx adolescents has been trending downwards in recent years. Starting in 2000, the proportion of adolescent births to adolescents of an unknown racial/ethnic group has been increasing, reaching a high of 28.6% in 2009-2013. The percentage of unknown births decreased after this, but has recently started to increase once again, with 21.3% of adolescent births being among an unknown race/ethnicity in 2017-2021.\textsuperscript{123}

### Prenatal Care Among Births to Adolescents

The proportion of births to adolescents who received prenatal care during the first trimester of pregnancy increased from 71.2% in 2000 to 83.5% in 2020. However, this proportion decreased in 2021 to 73.4%.\textsuperscript{123}
Characteristics Among Births to Adolescents

- The proportion of low birthweight deliveries to adolescents varies from year to year. This proportion reached a high of 12.5% in 2017 with a drastic decrease in 2018 to 4.9%. Since 2018, the proportion of adolescent births with a low birthweight started to increase and was 6.3% in 2021.
The principal source of payment for deliveries to adolescents in San Mateo County is Medi-Cal. The proportion of deliveries to adolescents paid for by Medi-Cal has increased from 61.5% in 2000 to 87.5% in 2021.\(^\text{123}\)

---

**Principal Source of Payment for Deliveries to Adolescents**

San Mateo County, 2000-2021

---

**SENIOR HEALTH**

**Demographic Overview**

**Population Growth & Makeup**

- The proportion of adults aged 60 and older is expected to roughly double over the next four decades. As of the 2010 census, there were 138,652 adults aged 60 and older in San Mateo County, representing 19.2% of the county's total population. By the year 2060, it is projected that the number of adults 60+ will increase to 291,707 or 36.2% of the county's total population.\(^7\)

- Among the older population (60+), Hispanics and Asians are projected to increase their representation considerably over the coming decades (the older Hispanic population is projected to increase 522.9% from 11,409 in 2010 to 71,066 in 2060; the older Asian population is projected to increase 243% from 18,787 in 2000 to 64,408 in 2040.\(^7\)

**Low-income Seniors**

- Many area seniors live on low incomes. Of the households surveyed in 2022, 13.8% of seniors reported household incomes below 200% of the federal poverty level, lower than the overall county. Note that this reflects only current household income and does not reflect other assets.
Senior Health Issues

Preventive Health Services

- Just over 6 in 10 seniors (62.6%) report that they have full or partial insurance coverage for dental care. This proportion is significantly higher than reported in previous years.

Sources:

Notes:
• Asked of all respondents.
Chronic Conditions

San Mateo County seniors (aged 65 and older) experience much higher prevalence of many chronic conditions than found among adults younger than 65:

- 61.9% of seniors have been diagnosed with **high blood pressure** (compared to 23.8% of adults under 65). ⁸
- 54.2% of seniors have **high blood cholesterol** levels (vs. 24.5% of adults 18-64). ⁸
- 48.6% of seniors currently suffer from **arthritis or rheumatism**. ⁸
- 17.5% of seniors have **diabetes**. ⁸
- 19.5% of seniors have **cancer**. ⁸
- 14.8% of seniors have **chronic heart disease**. ⁸
- 12.7% of seniors have **chronic lung disease**. ⁸
- 7.1% of seniors have had a **stroke**. ⁸

In comparing results among seniors with prior assessments:

- We see an increase in arthritis/rheumatism, heart disease, and asthma among San Mateo County seniors compared to recent years. On the other hand, the proportion of diabetes is down since 2013 and the proportion of chronic lung disease is roughly the same. ⁸
Mental Health

- 10.5% of seniors report that they have a history of mental health issues, and 24.9% of seniors have experienced periods of depression lasting two or more years.
- 38.2% of seniors have sought help for a mental or emotional problem in the past.
- 15.6% of seniors have someone for emotional support “little” or “none” of the time.
Activity Limitation

- 44.2% of seniors report one or more times in the past 30 days where pain made it hard for them to do their usual activities, such as self-care, work, or recreation. This is significantly higher than reported in 2018 (38.4%).

Prevalence of Pain Limiting Usual Activities Among Seniors
San Mateo County, 2018-2022

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>61.6%</td>
<td>38.4%</td>
</tr>
<tr>
<td>2022</td>
<td>55.8%</td>
<td>44.2%</td>
</tr>
</tbody>
</table>

Sources:
- 2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
- Sources include data from various governmental and non-governmental health agencies.
- Notes: Asked of all respondents 65 years of age and older.

- Seniors report an average of 5.0 days in the preceding month in which pain made it difficult for them to do their usual activities, such as self-care, work, or recreation (55.8% reported no days). This average is lower than in 2018 (5.7 days).

MORTALITY

Leading Causes of Death

- Cancer and Heart disease are the leading causes of death in the county, accounting for 1,122 and 1,086 deaths in 2021, respectively. The third-leading cause of death was Alzheimer’s disease, accounting for 356 deaths, followed by COVID-19 with 346 deaths. Cerebrovascular diseases and unintentional injury were the fifth and sixth leading causes of death, respectively.
- Since 2002, numbers of deaths attributable to heart disease, cerebrovascular disease, cancer, pneumonia & influenza, and chronic lower respiratory disease all declined. Conversely, deaths attributable to kidney disease, Alzheimer's disease, unintentional injury, hypertension and Parkinson’s disease increased.138

<table>
<thead>
<tr>
<th>Frequency of Death by Cause and Year (Leading and Selected Causes of Death)</th>
<th>San Mateo County, 2002-2021</th>
</tr>
</thead>
</table>
Years of Potential Life Lost

Years of potential life lost (YPLL) is an important indicator for the aggregate impact of early deaths on population dynamics and productivity. It is a measure, by death category, of the number of years of life cut short, relative to the average life expectancy of the population (75 years was used for this report).138

- The total number of YPLL for all causes has increased from 29,716 in 2002 to 30,022 in 2021 in San Mateo County.138

### Total Years of Potential Life Lost (All Causes)
San Mateo County, 2002-2021

Sources:
In 2021, cancer deaths accounted for 22.6% of all YPLL in the county, while heart disease accounted for 12.3% and unintentional injuries accounted for 21.5%.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>12.9</td>
<td>12.1</td>
<td>12.4</td>
<td>12.3</td>
<td>11.9</td>
<td>11.1</td>
<td>11.0</td>
<td>10.9</td>
<td>12.2</td>
<td>10.9</td>
<td>10.3</td>
<td>9.6</td>
<td>10.2</td>
<td>9.9</td>
<td>9.1</td>
<td>7.6</td>
<td>8.6</td>
<td>8.5</td>
<td>8.1</td>
<td>8.8</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>5.8</td>
<td>6.4</td>
<td>6.2</td>
<td>6.0</td>
<td>6.3</td>
<td>6.2</td>
<td>5.8</td>
<td>6.0</td>
<td>5.7</td>
<td>5.4</td>
<td>5.1</td>
<td>4.2</td>
<td>4.9</td>
<td>4.3</td>
<td>5.0</td>
<td>4.6</td>
<td>4.8</td>
<td>4.4</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>5.5</td>
<td>5.8</td>
<td>5.2</td>
<td>4.9</td>
<td>5.5</td>
<td>5.7</td>
<td>4.9</td>
<td>5.0</td>
<td>3.8</td>
<td>4.4</td>
<td>4.8</td>
<td>5.2</td>
<td>3.6</td>
<td>5.4</td>
<td>4.9</td>
<td>4.6</td>
<td>4.1</td>
<td>5.4</td>
<td>7.2</td>
<td>8.3</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>1.6</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.6</td>
<td>2.3</td>
<td>2.4</td>
<td>2.4</td>
<td>2.3</td>
<td>2.1</td>
<td>1.7</td>
<td>1.9</td>
<td>2.2</td>
<td>2.2</td>
<td>2.1</td>
<td>2.1</td>
<td>2.0</td>
<td>2.6</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Liver Disease</td>
<td>1.4</td>
<td>1.5</td>
<td>1.9</td>
<td>1.5</td>
<td>1.0</td>
<td>1.6</td>
<td>1.9</td>
<td>2.2</td>
<td>1.4</td>
<td>2.0</td>
<td>1.5</td>
<td>1.8</td>
<td>1.8</td>
<td>1.5</td>
<td>1.6</td>
<td>1.1</td>
<td>1.3</td>
<td>1.2</td>
<td>1.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Homicide</td>
<td>1.5</td>
<td>1.9</td>
<td>1.8</td>
<td>2.4</td>
<td>1.7</td>
<td>1.2</td>
<td>1.7</td>
<td>1.0</td>
<td>1.5</td>
<td>1.6</td>
<td>0.9</td>
<td>0.9</td>
<td>0.7</td>
<td>0.9</td>
<td>0.7</td>
<td>1.1</td>
<td>0.5</td>
<td>0.6</td>
<td>0.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Cerebrovascular Diseases</td>
<td>1.2</td>
<td>1.2</td>
<td>1.5</td>
<td>1.5</td>
<td>1.2</td>
<td>1.2</td>
<td>1.3</td>
<td>1.6</td>
<td>1.2</td>
<td>1.1</td>
<td>1.1</td>
<td>1.2</td>
<td>0.7</td>
<td>1.0</td>
<td>1.1</td>
<td>1.0</td>
<td>1.2</td>
<td>0.8</td>
<td>1.3</td>
<td>0.8</td>
</tr>
<tr>
<td>Congenital Malformations</td>
<td>1.1</td>
<td>1.3</td>
<td>1.8</td>
<td>1.6</td>
<td>1.6</td>
<td>1.9</td>
<td>1.3</td>
<td>0.6</td>
<td>0.9</td>
<td>0.6</td>
<td>0.6</td>
<td>0.7</td>
<td>0.9</td>
<td>0.8</td>
<td>0.9</td>
<td>0.7</td>
<td>0.8</td>
<td>0.9</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>0.7</td>
<td>0.8</td>
<td>0.7</td>
<td>1.0</td>
<td>0.5</td>
<td>0.7</td>
<td>0.5</td>
<td>0.7</td>
<td>0.8</td>
<td>0.6</td>
<td>0.7</td>
<td>0.9</td>
<td>0.9</td>
<td>1.0</td>
<td>0.8</td>
<td>0.6</td>
<td>0.7</td>
<td>0.8</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>0.7</td>
<td>0.8</td>
<td>0.7</td>
<td>0.6</td>
<td>0.9</td>
<td>1.0</td>
<td>0.6</td>
<td>0.7</td>
<td>0.9</td>
<td>1.0</td>
<td>0.6</td>
<td>0.5</td>
<td>0.6</td>
<td>0.5</td>
<td>0.7</td>
<td>0.4</td>
<td>0.5</td>
<td>0.3</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>0.7</td>
<td>0.7</td>
<td>0.4</td>
<td>0.8</td>
<td>0.5</td>
<td>0.4</td>
<td>0.7</td>
<td>1.1</td>
<td>0.6</td>
<td>0.7</td>
<td>0.6</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.3</td>
<td>0.3</td>
<td>0.5</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>HIV</td>
<td>0.9</td>
<td>0.9</td>
<td>0.8</td>
<td>0.6</td>
<td>0.9</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.1</td>
<td>0.1</td>
<td>0.4</td>
<td>0.1</td>
<td>0.3</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td>Nephritis</td>
<td>0.3</td>
<td>0.3</td>
<td>0.1</td>
<td>0.4</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.3</td>
<td>0.1</td>
<td>0.1</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
<td>0.5</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>0.1</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.3</td>
<td>0.6</td>
<td>0.5</td>
<td>0.2</td>
<td>0.2</td>
<td>0.5</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Hypertensive Renal Disease</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.1</td>
<td>0.3</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.4</td>
</tr>
<tr>
<td>All Causes</td>
<td>42.2</td>
<td>44.9</td>
<td>43.5</td>
<td>47.0</td>
<td>42.8</td>
<td>43.1</td>
<td>40.5</td>
<td>40.4</td>
<td>39.9</td>
<td>37.8</td>
<td>36.6</td>
<td>34.6</td>
<td>33.2</td>
<td>36.4</td>
<td>34.8</td>
<td>32.0</td>
<td>33.1</td>
<td>31.7</td>
<td>37.3</td>
<td>38.7</td>
</tr>
</tbody>
</table>

Sources:

### Age-Adjusted Death Rates

An age-adjusted rate is a summary measure that reflects what the overall rate of a disease or condition would be in a population if that population were to have the same age distribution structure as the standard population. The rationale for age-adjustment is to allow comparability of rates between different populations. When disease rates of different populations are adjusted to the same population standard, the rates can be compared directly to each other. Because age influences many health-related conditions and outcomes, and because different populations have different age structures, age-adjustment of disease occurrence allows comparisons to benchmarks.

### Death Rate for All Causes
The 5-year annual average San Mateo County age-adjusted death rate (all causes) declined from 618.1 during 2003-2007 to 442.8 during 2018-2022.

Overall mortality rates differ by race/ethnicity. Between 2003-2007 and 2018-2022, the rates of mortality for all race/ethnicity groups decreased, except for Multirace individuals, and the overall rate decreased by 28.4%. The rate for NH PI decreased 39.3% and the rate for Blacks declined 38.4%, compared with 32.6% for Whites, 26.4% for Hispanic/Latinx and 18.0% for Asians. Rates are consistently highest among those who identify as NH White or NH Black.
Death Rates for Selected Causes

The following chart further shows the 2018-2020 age-adjusted death rates for selected causes of death in San Mateo County, compared to statewide rates and Healthy People 2020 targets. Note the following:

- San Mateo County death rates for all the selected causes compared are lower than the statewide rates and meet all the Healthy People 2020 targets, with the exception of drug-induced deaths.

### Age-Adjusted Death Rates by Selected Cause

<table>
<thead>
<tr>
<th></th>
<th>San Mateo County</th>
<th>California</th>
<th>HP 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank Order</td>
<td>Age-Adjusted Rate</td>
<td>Age-Adjusted Rate</td>
</tr>
<tr>
<td>All Cancers</td>
<td>4</td>
<td>104.0</td>
<td>128.3</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>7</td>
<td>17.9</td>
<td>22.9</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>12</td>
<td>13.9</td>
<td>18.2</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>4</td>
<td>50.0</td>
<td>80.7</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>8</td>
<td>30.4</td>
<td>37.0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6</td>
<td>10.3</td>
<td>22.3</td>
</tr>
<tr>
<td>Motor Vehicle Traffic Crashes</td>
<td>2</td>
<td>4.4</td>
<td>10.0</td>
</tr>
<tr>
<td>Suicide</td>
<td>6</td>
<td>8.5</td>
<td>10.5</td>
</tr>
<tr>
<td>Homicide</td>
<td>6</td>
<td>1.9</td>
<td>5.2</td>
</tr>
<tr>
<td>Firearm Related Deaths</td>
<td>2</td>
<td>3.9</td>
<td>7.8</td>
</tr>
<tr>
<td>Drug Induced Deaths</td>
<td>5</td>
<td>12.0</td>
<td>17.8</td>
</tr>
</tbody>
</table>

**Sources:**
- California Department of Public Health, County Health Profiles.

**Notes:**
- Rates are per 100,000 population (100,000 females for breast cancer), age-adjusted, and standardized to Year 2000 population. Ranking among 58 counties in California. The Healthy People 2020 Target for diabetes mortality does not apply as it requires analysis of multiple causes of death.
CANCER

Cancer Rates

Population disease indicators include both incidence and prevalence measures. *Incidence* describes the number of new cases that occur in a population during a specific period of time (e.g., per year). *Prevalence* quantifies the proportion of individuals in a population who have a disease at a specific point in time (including both new and previously diagnosed cases). Thus, prevalence is affected by the incidence rate and the duration of disease.

**Cancer Incidence**

- The overall age-adjusted incidence rate of all types of cancer in San Mateo County decreased from 453.0 in 2000 to 400.8 in 2017. Compared to other Bay Area counties, the incidence rate of cancer in San Mateo County is lower than counties such as Contra Costa and Marin, but higher than San Francisco, Santa Clara, and Alameda counties. San Mateo County has higher incidence rates of cancer compared to California as a whole.\(^{139}\)

- The incidence rate among both males and females decreased from 2000 to 2017 as well. The rate of cancer has remained consistently higher in males than in females, with females staying consistently below the overall county rate and males consistently staying above the overall county rate.\(^{139}\)
The incidence of cancer has been consistently lower among NH Asian/PI and Hispanic/Latinx communities compared to other race/ethnicities, and staying consistently below the overall rate. Historically, NH White communities have had the highest rates of cancer, staying above the overall rate, only being surpassed by NH Black communities from 2007 to 2009. The incidence rates of cancer remained relatively stable for all race/ethnicities except among NH Black communities which saw a spike from 2007 to 2009, reaching a high of 594.3 cases per 100,000 persons, but has since decreased below the overall rate.¹³⁹
Most Common Types of Cancers

- From 2008-2017, the four most prevalent cancers were female breast, prostate, lung, and colon/rectum. Breast cancer was the most prevalent and had the highest incidence rate. From 2008-2012 the breast cancer incidence rate was 137.5 (females only). Prostate cancer was the second-most prevalent and the incidence rate among males was 92.3. Lung and colorectal cancers were the third and fourth most prevalent, with incidence rates of 37.7 and 31.4, respectively. The fifth most common cancer was skin cancer (30.5).\(^\text{139}\)

### Incidence of Cancer by Selected Cancer Type

#### Cumulative Data, San Mateo County, 2008-2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast (all types)</td>
<td>3030</td>
<td>3268</td>
<td>606</td>
<td>654</td>
<td>137.5 (132.8, 142.5)</td>
</tr>
<tr>
<td>(Females only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast (in situ)</td>
<td>956</td>
<td>1025</td>
<td>191</td>
<td>205</td>
<td>43.8 (41.1, 46.7)</td>
</tr>
<tr>
<td>(Females only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate (Males only)</td>
<td>2569</td>
<td>2016</td>
<td>514</td>
<td>403</td>
<td>92.3 (88.2, 96.5)</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>1813</td>
<td>1713</td>
<td>363</td>
<td>343</td>
<td>37.7 (36.0, 39.6)</td>
</tr>
<tr>
<td>Colorectal</td>
<td>1607</td>
<td>1433</td>
<td>321</td>
<td>287</td>
<td>31.4 (29.8, 33.1)</td>
</tr>
<tr>
<td>Skin</td>
<td>1070</td>
<td>1371</td>
<td>214</td>
<td>274</td>
<td>30.5 (28.8, 32.1)</td>
</tr>
<tr>
<td>NH Lymphoma</td>
<td>873</td>
<td>856</td>
<td>175</td>
<td>171</td>
<td>19.2 (17.9, 20.6)</td>
</tr>
<tr>
<td>Bladder</td>
<td>766</td>
<td>818</td>
<td>153</td>
<td>164</td>
<td>18.1 (16.8, 19.4)</td>
</tr>
<tr>
<td>Uterine (Females only)</td>
<td>594</td>
<td>657</td>
<td>119</td>
<td>131</td>
<td>26.4 (24.4, 28.5)</td>
</tr>
<tr>
<td>Kidney</td>
<td>569</td>
<td>649</td>
<td>114</td>
<td>130</td>
<td>14.4 (13.3, 15.5)</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>473</td>
<td>556</td>
<td>95</td>
<td>111</td>
<td>12.2 (11.2, 13.3)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>502</td>
<td>463</td>
<td>100</td>
<td>93</td>
<td>10.7 (9.8, 11.8)</td>
</tr>
<tr>
<td>Oropharyngeal</td>
<td>15</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Liver</td>
<td>374</td>
<td>427</td>
<td>75</td>
<td>85</td>
<td>9.0 (8.1, 9.9)</td>
</tr>
<tr>
<td>Thyroid</td>
<td>491</td>
<td>572</td>
<td>98</td>
<td>114</td>
<td>13.6 (12.5, 14.8)</td>
</tr>
<tr>
<td>Stomach</td>
<td>342</td>
<td>335</td>
<td>68</td>
<td>67</td>
<td>7.4 (6.6, 8.3)</td>
</tr>
<tr>
<td>Ovarian (Females only)</td>
<td>297</td>
<td>232</td>
<td>59</td>
<td>46</td>
<td>9.8 (8.5, 11.2)</td>
</tr>
<tr>
<td>Brain</td>
<td>220</td>
<td>249</td>
<td>44</td>
<td>50</td>
<td>5.8 (5.1, 6.6)</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>234</td>
<td>253</td>
<td>47</td>
<td>51</td>
<td>5.5 (4.9, 6.3)</td>
</tr>
<tr>
<td>Esophageal</td>
<td>138</td>
<td>168</td>
<td>28</td>
<td>34</td>
<td>3.6 (3.0, 4.2)</td>
</tr>
<tr>
<td>Hodgkin’s Lymphoma</td>
<td>102</td>
<td>90</td>
<td>20</td>
<td>18</td>
<td>2.4 (1.9, 2.9)</td>
</tr>
<tr>
<td>Cervical (Females only)</td>
<td>128</td>
<td>101</td>
<td>26</td>
<td>20</td>
<td>4.8 (3.9, 5.9)</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Rates are age-adjusted, standardized to Year 2000 population, and cumulative for a 5-year period per 100,000 population. Excludes cases reported by the Department of Veterans Affairs. Only invasive cancers are counted in the incidence calculation. Sex specific counts and rates for Breast, Prostate, Uterine, Ovarian, and Cervical cancers. Based on Dec 2019 data.

Cancer Deaths

- Overall cancer mortality rates in San Mateo County have declined from 2000 to 2017. The overall mortality rates in San Mateo County met the Healthy People 2030 target of 122.7 in recent years from 2015 to 2017.
Cancer mortality rates have decreased for all race/ethnicity groups from 2000 to 2017. Historically, cancer mortality has been highest among NH Black residents (peaking at 314.1 in 2004) but was surpassed by the NH White residents starting in 2015 with a mortality rate of 131.1 in 2017. However, the mortality rate among NH Black residents has seen the largest decrease among all race/ethnicities from 2000 to 2017. Cancer mortality rates among Hispanic/Latinx and NH Asian/PI populations are lowest among all the racial/ethnic groups in San Mateo County, with NH Asian/PI residents consistently having the lowest rates. NH White and NH Black residents are the only groups that exceeded the Healthy People 2030 target of 122.7 in 2017.\(^\text{139}\)

### Cancer Mortality by Race/Ethnicity (All Cancer Sites)
San Mateo County, 2000-2017

![Cancer Mortality by Race/Ethnicity (All Cancer Sites) Graph](chart)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast (all types) (Females only)</td>
<td>1,659</td>
<td>92</td>
<td>20.2 (19.2, 21.2)</td>
</tr>
<tr>
<td>Prostate (Males only)</td>
<td>1,153</td>
<td>64</td>
<td>19.6 (18.5, 20.8)</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>4,766</td>
<td>265</td>
<td>32.9 (32.0, 33.9)</td>
</tr>
<tr>
<td>Colorectal</td>
<td>2,015</td>
<td>112</td>
<td>13.6 (13.0, 14.2)</td>
</tr>
<tr>
<td>Skin</td>
<td>482</td>
<td>27</td>
<td>3.2 (3.0, 3.6)</td>
</tr>
<tr>
<td>NH Lymphoma</td>
<td>919</td>
<td>51</td>
<td>6.2 (5.8, 6.7)</td>
</tr>
<tr>
<td>Bladder</td>
<td>569</td>
<td>32</td>
<td>3.9 (3.5, 4.2)</td>
</tr>
<tr>
<td>Uterine (Females only)</td>
<td>174</td>
<td>10</td>
<td>2.1 (1.8, 2.4)</td>
</tr>
<tr>
<td>Kidney</td>
<td>133</td>
<td>7</td>
<td>1.6 (1.3, 1.9)</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>1,457</td>
<td>81</td>
<td>9.9 (9.4, 10.4)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>837</td>
<td>47</td>
<td>5.8 (5.4, 6.2)</td>
</tr>
</tbody>
</table>

The largest cause of cancer death from 2000-2017 was lung cancer, with an annual average number of 265 deaths during this time. The second largest cause of cancer death was colorectal (112 annual average deaths during 2000-2017), followed by breast cancer (92) and pancreatic cancer (81).\(^\text{139}\)
<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Cases</th>
<th>Deaths</th>
<th>Rate (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oropharyngeal</td>
<td>25</td>
<td>1</td>
<td>0.2 (0.1, 0.3)</td>
</tr>
<tr>
<td>Liver</td>
<td>956</td>
<td>53</td>
<td>6.4 (6.0, 6.8)</td>
</tr>
<tr>
<td>Thyroid</td>
<td>90</td>
<td>5</td>
<td>0.6 (0.5, 0.8)</td>
</tr>
<tr>
<td>Stomach</td>
<td>610</td>
<td>34</td>
<td>4.2 (3.9, 4.5)</td>
</tr>
<tr>
<td>Ovarian (Females only)</td>
<td>638</td>
<td>35</td>
<td>7.7 (7.1, 8.4)</td>
</tr>
<tr>
<td>Brain/Nervous System</td>
<td>583</td>
<td>32</td>
<td>4.1 (3.7, 4.4)</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>391</td>
<td>22</td>
<td>2.7 (2.4, 3.0)</td>
</tr>
<tr>
<td>Esophageal</td>
<td>447</td>
<td>25</td>
<td>3.1 (2.8, 3.4)</td>
</tr>
<tr>
<td>Hodgkin’s Lymphoma</td>
<td>35</td>
<td>2</td>
<td>0.2 (0.2, 0.3)</td>
</tr>
<tr>
<td>Cervical (Females only)</td>
<td>96</td>
<td>5</td>
<td>1.3 (1.0, 1.5)</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Rates are age-adjusted, standardized to Year 2000 population, and cumulative for the period per 100,000 population. Sex specific counts and rates for Breast, Prostate, Uterine, Ovarian, and Cervical cancers. Based on 2000-2017 death master files.

---

Cancer Mortality by Selected Cancer Type
Cumulative Data, San Mateo County, 2000-2017

- Lung & Bronchus, 22.3%
- Skin, 2.3%
- Bladder, 2.7%
- Colorectal, 9.4%
- Pancreatic, 6.8%
- Liver, 4.5%
- Stomach, 2.9%
- Ovarian (Females only), 3.0%
- Brain/Nervous System, 2.7%
- Multiple Myeloma, 1.8%
- Esophageal, 2.1%
- Prostate (Males only), 5.4%
- Breast (all types) (Females only), 7.8%
- Other, 18.2%

Sources:

Notes:
- Rates are age-adjusted and standardized to Year 2000 population. Based on 2000-2017 death master files. Sex specific counts and rates for Breast, Prostate, Uterine, Ovarian, and Cervical cancers.

---

**Lung Cancer**

**Lung Cancer Incidence**

- The overall age-adjusted incidence rate of lung cancer in San Mateo County has declined from 53.9 cases per 100,000 population in 2000 to 35.6 cases per 100,000 population in 2017. Compared to other Bay Area counties in 2017, the incidence rate of lung cancer in San Mateo County is lower than counties such as Contra Costa and San Francisco, but higher than Santa Clara County. San Mateo County has a lower incidence rate of lung cancer compared to California as a whole. Lung cancer incidence rates have been decreasing across all Bay Area counties and statewide from 2000 to 2017.\(^{139}\)
From 2000 to 2017, the incidence rate of lung cancer was higher in males than in females, except for years 2012 and 2013 when the female incidence rate surpassed that of the male incidence rate. In 2017, the incidence rate in males and females was very similar, with the male incidence rate being slightly higher at 36.1 compared to the female incidence rate of 35.5. The incidence rates have declined more dramatically in males in recent years.\(^{139}\)
- From 2000 to 2017, the incidence of lung cancer has decreased for all race/ethnicities. NH Black populations have seen the largest decrease, having the highest rate among all race/ethnicities in 2000-2004 at 80.4 cases per 100,000 but then dropping to 46.3 in 2013-2017. NH White residents have the second highest rates, consistently remaining above the county-wide rate from 2000 to 2017. From 2013-2017, the age-adjusted incidence rate of lung cancer among NH White residents was 41.6. Historically, Hispanic/Latinx populations have had the lowest lung cancer incidence rates. NH Asian/PI residents have the second lowest rates of lung cancer in San Mateo County.  

- Among females the lowest rates of lung cancer were among Hispanic/Latinx and NH Asian/PI residents. NH White female residents have the highest incidence rates of lung cancer among the racial/ethnic groups shown below. In recent years, all racial/ethnic groups have seen a decrease in lung cancer incidence.  

[Incidence of Lung Cancer by Race/Ethnicity graph]

Sources:

Notes:
- Rates are age-adjusted and standardized to Year 2000 population. Based on December 2019 data. Excludes cases reported by the Department of Veterans Affairs. Only invasive cancers are counted in the incidence calculation. Data were not available for NH Asian and NH PI separately.
Among males the lowest rates of lung cancer were in Hispanic/Latinx residents, although rates have been generally climbing since 2005-2009. Historically, NH White males have had some of the highest incidence rates of lung cancer, but these rates have dropped significantly from 63.8 in 2000-2004 to 37.6 in 2013-2017. NH Asian/PI male rates of lung cancer have stayed fairly constant, surpassing NH White males as having the highest incidence rates beginning in 2006-2010.

Incidence of Male Lung Cancer by Race/Ethnicity
5-Year Moving Averages, San Mateo County, 2000-2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latinx</td>
<td>51.4</td>
<td>48.5</td>
<td>41.2</td>
<td>36.2</td>
<td>30.5</td>
<td>26.1</td>
<td>27.5</td>
<td>29.0</td>
<td>31.1</td>
<td>32.4</td>
<td>36.8</td>
<td>37.4</td>
<td>37.2</td>
<td>35.4</td>
</tr>
<tr>
<td>NH Asian/PI</td>
<td>55.6</td>
<td>49.7</td>
<td>50.8</td>
<td>50.2</td>
<td>49.8</td>
<td>53.3</td>
<td>55.8</td>
<td>56.1</td>
<td>55.4</td>
<td>53.6</td>
<td>49.7</td>
<td>47.8</td>
<td>47.3</td>
<td>44.2</td>
</tr>
<tr>
<td>NH White</td>
<td>63.8</td>
<td>62.0</td>
<td>58.0</td>
<td>58.7</td>
<td>56.8</td>
<td>56.1</td>
<td>54.4</td>
<td>51.2</td>
<td>46.7</td>
<td>43.5</td>
<td>39.1</td>
<td>37.4</td>
<td>37.6</td>
<td>37.6</td>
</tr>
<tr>
<td>SMC</td>
<td>62.1</td>
<td>59.5</td>
<td>55.8</td>
<td>56.0</td>
<td>53.7</td>
<td>52.8</td>
<td>52.1</td>
<td>49.9</td>
<td>47.3</td>
<td>45.0</td>
<td>41.6</td>
<td>40.5</td>
<td>40.5</td>
<td>39.3</td>
</tr>
</tbody>
</table>

Sources:

Notes:
* Rates are age-adjusted and standardized to Year 2000 population. Based on December 2019 data. Excludes cases reported by the Department of Veterans Affairs. Only invasive cancers are counted in the incidence calculation. Data were not available for NH Asian and NH PI separately. Data suppressed for NH Black male residents (risk population < 200,000).
Tobacco Use

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes. Since 2014, e-cigarettes have been the most used tobacco product among youth.\textsuperscript{140} Using e-cigarettes, or vaping, is unsafe for kids, teens, young adults, and adults, as it contains harmful substances, such as nicotine and others, affecting brain development.\textsuperscript{141}

Cigarette smoking is responsible for 20\% of all deaths in the U.S. each year, which equates to more than 480,000 deaths annually.\textsuperscript{142} If current tobacco use patterns persist in the United States, an estimated 5.6 million persons under age 18 years, 1 in every 13 Americans, will die prematurely from a smoking-related disease.\textsuperscript{140} In addition, cigarette smoking costs the U.S. more than $600 billion in 2018 in healthcare spending and lost productivity.\textsuperscript{143}

Evidence is accumulating that shows maternal tobacco use is associated with premature birth, low birth weight, stillbirth and infant death. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 7,000 chemicals in tobacco smoke; of these, at least 70 cause cancer in humans and animals.\textsuperscript{144} Each year, because of exposure to secondhand smoke, an estimated 34,000 premature deaths from heart disease are the result of secondhand smoke exposure.\textsuperscript{145}

Further note:

- Costs of tobacco use:
  - Average retail price of a pack of cigarettes in California (taxes included): $9.63.\textsuperscript{146}
  - California state cigarette and sales taxes per pack: $2.87/pack of 20s.\textsuperscript{147}
  - Smoking costs the state of California $18.1 billion in health care costs and lost productivity.\textsuperscript{148}

Tobacco is the single-most important preventable cause of death in the United States. Tobacco is one of the leading non-genetic external risk behaviors and is a major risk factor for numerous heart and lung diseases and cancers. Note the following findings of the 2022 San Mateo County Health & Quality of Life Survey:

- A total of 8.4\% of San Mateo County respondents are classified as “current” smokers (meaning that they have smoked at least 100 cigarettes in their lifetime, and they currently smoke). This is lower than 2004, 2008, and 2013, but higher than 2018 results. Smoking prevalence remains comparatively higher in certain populations, including men (10.9\%), adults under 65 (>9\%), those with less education and a lower income (>18\%), Pacific Islanders (12.5\%), and respondents living in the South County area (10.2%).\textsuperscript{8}
Among current smokers, 88.4% say they smoke 20 cigarettes (1 pack) or fewer per day, while 11.6% smoke more than a pack a day (higher than 2018 findings, 5.7%).

Current smokers report smoking an average of 7.8 cigarettes per day (slightly higher than reported in 2018, 7.2 cigarettes, but lower than 2013, 10.4 cigarettes).

17.3% of 2022 survey respondents report using marijuana/hashish. Men, those aged 18-39, those with lower education and lower income, Hispanic and White respondents, LGBTQ+ respondents and those living in the Coastside area report using marijuana/hashish more days per month than other groups.
A total of 3.1% of San Mateo County residents report currently using cigars, pipes, chewing tobacco, or snuff. Reports are highest amongst men, young adults, those with lower education and income, Hispanic respondents, LGBTQ+ individuals, and those living in the South County area.  

**Currently Use Cigars, Pipes, Chewing Tobacco, or Snuff**

San Mateo County, 2022

**Vaping Use**

San Mateo County Health 2023 COMMUNITY HEALTH NEEDS ASSESSMENT | 08.16.2023 | 186
A total of 22.8% of 2022 survey respondents report having ever used an electronic “vaping” product, such as electronic cigarettes (e-cigarettes). Over time, the prevalence of e-cigarette use in San Mateo County respondents has increased. Vaping appears to be more prevalent in men, young adults, those with lower education and income, Hispanic respondents, LGBTQ+ respondents, and those living in North and South County areas. Notably, the prevalence of vaping is low among those aged 65 and older.8

### Ever Used Electronic "Vaping" Products
San Mateo County, 2022

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>FPL</th>
<th>Race/Ethnicity</th>
<th>Region</th>
<th>LGBTQ+</th>
<th>SMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>18-39</td>
<td>40-64</td>
<td>65+</td>
<td>HSLess</td>
<td>Rural</td>
<td>Latino</td>
<td>NHAsian</td>
</tr>
<tr>
<td></td>
<td>26.8%</td>
<td>18.9%</td>
<td>18.3%</td>
<td>6.4%</td>
<td>28.7%</td>
<td>30.4%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td>18.9%</td>
<td>40-64</td>
<td>65+</td>
<td>HSLess</td>
<td>28.7%</td>
<td>30.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

**Notes:**
- *Asked of all respondents.

Overall frequency of current e-cigarette use has increased and those who smoke some days has more than doubled since 2018.8
Tobacco Use Among Adolescents

**Cigarette Smoking**

- In the 2020-2021 school year, current cigarette smoking rates (smoking within the last month) were highest in grade 11.

### Current Cigarette Smoking Among Adolescents

San Mateo County, 2020-2021

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percent of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 7</td>
<td>0.4%</td>
</tr>
<tr>
<td>Grade 9</td>
<td>0.3%</td>
</tr>
<tr>
<td>Grade 11</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Sources:
* California Healthy Kids Survey (CHKS), 2020-2021.
Vaping

- In the 2020-2021 school year, current vaping rates were higher with increasing grade levels. In 2020-2021, 6.1% of 11th graders had used e-cigarette vaping products within the last month.\textsuperscript{149}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{current_vaping.png}
\caption{Current Vaping among Adolescents}
\end{figure}

Colorectal Cancer

Colorectal Cancer Incidence

- The overall age-adjusted incidence rate of colorectal cancer in San Mateo County has declined from 48.3 cases per 100,000 population in 2000 to 32.1 cases per 100,000 population in 2017. The incidence rate of colorectal cancer in San Mateo County was the second lowest of all the Bay Area Counties in 2017. San Mateo County has lower incidence rates of colorectal cancer compared to California as a whole. Colorectal cancer incidence rates have been decreasing across all Bay Area counties and statewide from 2000 to 2017.\textsuperscript{139}
The colorectal cancer rate in males was significantly higher than in females in San Mateo County in all years from 2000 to 2017.

Historically, NH Black residents had the highest rate of age-adjusted colorectal cancer incidence compared to NH White, Hispanic/Latinx, and NH Asian/PI residents, however this rate has dropped below the overall rate in recent years and the rate for NH Whites. NH White residents had the highest colorectal
Cancer incidence rate in 2013-2017 at 33.5. Hispanic/Latinx residents have the lowest rate of colorectal cancer incidence. Incidence rates of colorectal cancer have decreased for all race/ethnicities from 2000 to 2017.\textsuperscript{139}

![Incidence of Colorectal Cancer by Race/Ethnicity](image)

**Incidence of Colorectal Cancer by Race/Ethnicity**

5-Year Moving Averages, San Mateo County, 2000-2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latinx</td>
<td>40.4</td>
<td>40.8</td>
<td>39.3</td>
<td>40.3</td>
<td>36.7</td>
<td>35.8</td>
<td>34.4</td>
<td>32.4</td>
<td>31.3</td>
<td>29.4</td>
<td>27.0</td>
<td>27.9</td>
<td>26.9</td>
<td>26.0</td>
<td></td>
</tr>
<tr>
<td>NH Asian/PI</td>
<td>43.7</td>
<td>42.7</td>
<td>43.2</td>
<td>41.8</td>
<td>41.6</td>
<td>43.0</td>
<td>43.5</td>
<td>40.3</td>
<td>38.1</td>
<td>35.5</td>
<td>31.5</td>
<td>29.5</td>
<td>28.3</td>
<td>28.7</td>
<td></td>
</tr>
<tr>
<td>NH Black</td>
<td>52.3</td>
<td>52.2</td>
<td>45.8</td>
<td>48.9</td>
<td>50.1</td>
<td>54.5</td>
<td>52.3</td>
<td>51.4</td>
<td>42.9</td>
<td>37.8</td>
<td>31.7</td>
<td>29.4</td>
<td>27.1</td>
<td>29.4</td>
<td></td>
</tr>
<tr>
<td>NH White</td>
<td>48.5</td>
<td>45.9</td>
<td>43.7</td>
<td>42.9</td>
<td>44.6</td>
<td>43.5</td>
<td>43.3</td>
<td>43.1</td>
<td>40.7</td>
<td>36.8</td>
<td>35.4</td>
<td>33.4</td>
<td>33.4</td>
<td>33.5</td>
<td></td>
</tr>
<tr>
<td>SMC</td>
<td>47.8</td>
<td>45.9</td>
<td>44.2</td>
<td>43.5</td>
<td>43.9</td>
<td>43.3</td>
<td>43.5</td>
<td>41.8</td>
<td>39.3</td>
<td>36.0</td>
<td>33.7</td>
<td>32.0</td>
<td>31.4</td>
<td>31.4</td>
<td></td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Rates are age-adjusted and standardized to Year 2000 population. Based on December 2019 data. Excludes cases reported by the Department of Veterans Affairs. Only invasive cancers are counted in the incidence calculation. Data were not available for NH Asian and NH PI separately.

- The age-adjusted incidence rate of female colorectal cancer has decreased from 2000 to 2017 among all race/ethnicities. Historically, female Hispanic/Latinx residents have had the lowest rates of colorectal cancer, however, NH Asian/PI females have had the lowest rates since 2011-2015. NH White females had the highest rates of colorectal cancer in 2013-2017 at 30.2 cases per 100,000 persons.\textsuperscript{139}
The age-adjusted incidence rate of male colorectal cancer has decreased from 2000 to 2017 among all race/ethnicities. Historically, male Hispanic/Latinx residents have had the lowest rates of colorectal cancer. NH White females had the highest rates of colorectal cancer in 2013-2017 at 36.9 cases per 100,000 population.139
Colorectal Cancer Mortality

- Overall colorectal cancer mortality rates declined significantly from 16.5 in 2000 to 9.6 in 2017. Male rates of colorectal cancer mortality are higher than female rates, with female rates meeting the Healthy People 2030 target of 8.9 in 2017.¹³⁹

**Colorectal Cancer Mortality by Sex**
SAN MATEO COUNTY, 2000-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
<th>SMC</th>
<th>HP 2030 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>14.8</td>
<td>19.4</td>
<td>16.5</td>
<td>8.9</td>
</tr>
<tr>
<td>2001</td>
<td>14.5</td>
<td>21.7</td>
<td>17.9</td>
<td>8.9</td>
</tr>
<tr>
<td>2002</td>
<td>15.8</td>
<td>21.1</td>
<td>18.2</td>
<td>8.9</td>
</tr>
<tr>
<td>2003</td>
<td>12.2</td>
<td>22.6</td>
<td>16.8</td>
<td>8.9</td>
</tr>
<tr>
<td>2004</td>
<td>13.0</td>
<td>17.1</td>
<td>14.8</td>
<td>8.9</td>
</tr>
<tr>
<td>2005</td>
<td>12.9</td>
<td>17.0</td>
<td>14.5</td>
<td>8.9</td>
</tr>
<tr>
<td>2006</td>
<td>12.8</td>
<td>21.4</td>
<td>16.5</td>
<td>8.9</td>
</tr>
<tr>
<td>2007</td>
<td>12.4</td>
<td>21.7</td>
<td>16.6</td>
<td>8.9</td>
</tr>
<tr>
<td>2008</td>
<td>12.2</td>
<td>16.3</td>
<td>13.9</td>
<td>8.9</td>
</tr>
<tr>
<td>2009</td>
<td>10.9</td>
<td>17.5</td>
<td>13.9</td>
<td>8.9</td>
</tr>
<tr>
<td>2010</td>
<td>9.8</td>
<td>18.0</td>
<td>13.4</td>
<td>8.9</td>
</tr>
<tr>
<td>2011</td>
<td>11.2</td>
<td>13.0</td>
<td>11.9</td>
<td>8.9</td>
</tr>
<tr>
<td>2012</td>
<td>11.5</td>
<td>12.8</td>
<td>12.3</td>
<td>8.9</td>
</tr>
<tr>
<td>2013</td>
<td>8.1</td>
<td>11.0</td>
<td>9.5</td>
<td>8.9</td>
</tr>
<tr>
<td>2014</td>
<td>8.7</td>
<td>11.4</td>
<td>11.5</td>
<td>8.9</td>
</tr>
<tr>
<td>2015</td>
<td>10.9</td>
<td>14.6</td>
<td>11.5</td>
<td>8.9</td>
</tr>
<tr>
<td>2016</td>
<td>9.0</td>
<td>10.1</td>
<td>10.5</td>
<td>8.9</td>
</tr>
<tr>
<td>2017</td>
<td>8.9</td>
<td>13.3</td>
<td>11.2</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Rates are age-adjusted and standardized to Year 2000 population. Based on 2000-2017 death master files.

- NH Black residents have the highest rates. From 2013-2017, only the colorectal cancer mortality rates for NH Asian/PI residents currently satisfy the Healthy People 2030 objective (8.9).¹³⁹
Colorectal Cancer Screening

- Overall, slightly more men than women have been screened for colorectal cancer, with 28.4% of women reporting that they have never been screened, and 23.7% of men reporting the same.8

Colorectal Cancer Mortality by Race/Ethnicity
5-Year Moving Averages, San Mateo County, 2000-2017

Sources:

Notes:
- Rates are age-adjusted and standardized to Year 2000 population. Based on 2000-2017 death master files. Data were not available for NH Asian and NH PI separately.

Colorectal Cancer Screening by Sex
San Mateo County, 2022

Sources:
- 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50 years of age or older.
Additionally, women are more likely to report that they have *never* had a blood stool test than men (35.4% vs 27.0%).

### Blood Stool Test by Sex

San Mateo County, 2022

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within Past Year</td>
<td>30.5%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Within Past 2 Years</td>
<td>8.1%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Within Past 3 Years</td>
<td>7.6%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Within Past 5 Years</td>
<td>6.8%</td>
<td>6.9%</td>
</tr>
<tr>
<td>5 or More Years Ago</td>
<td>11.6%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Never</td>
<td>35.4%</td>
<td>27.0%</td>
</tr>
</tbody>
</table>

### Female Breast Cancer Incidence

The overall age-adjusted incidence rate of breast cancer in San Mateo County has declined from 156.7 cases per 100,000 population in 2000 to 134.2 cases per 100,000 population in 2017. The incidence rate of breast cancer in San Mateo County is among the highest of all the Bay Area counties, with Marin County also having high rates. In 2017, San Mateo County had the second highest incidence rate of breast cancer in the Bay Area. San Mateo County has higher incidence rates of breast cancer compared to California as a whole. Breast cancer incidence rates among Bay Area counties have stayed relatively consistent from 2000 to 2017.
Historically, NH White residents had the highest rate of age-adjusted female breast cancer incidence compared to Hispanic/Latinx and NH Asian/PI residents. NH White residents had the highest female breast cancer incidence rate in 2013-2017 at 158.0. Hispanic/Latinx residents have the lowest rate of female breast cancer incidence. Incidence rates of female breast cancer have been relatively stable for all race/ethnicities from 2000 to 2017.139

Sources:

Notes:
• Rates are age-adjusted and standardized to Year 2000 population. Based on December 2019 data. Excludes cases reported by the Department of Veterans Affairs. Only invasive cancers are counted in the incidence calculation.
**Female Breast Cancer Deaths**

- The Healthy People 2030 target for female breast cancer mortality is 15.3 deaths per 100,000 women. Overall, the mortality rate for female breast cancer in San Mateo County declined from 24.0 in 2000-2004 to 16.7 in 2013-2017. The highest average rates were in NH White females; conversely the lowest average rates have generally been among NH Asian/PI females. In 2013-2017, both NH Asian/PI and Hispanic/Latinx females had rates below the Healthy People 2030 threshold.\textsuperscript{139,150}

**Female Breast Cancer Mortality by Race/Ethnicity**

5-Year Moving Averages, San Mateo County, 2000-2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latinx</td>
<td>17.9</td>
<td>14.6</td>
<td>15.6</td>
<td>15.9</td>
<td>18.3</td>
<td>17.1</td>
<td>17.3</td>
<td>15.5</td>
<td>16.0</td>
<td>16.7</td>
<td>16.7</td>
<td>18.2</td>
<td>16.3</td>
<td>14.1</td>
<td></td>
</tr>
<tr>
<td>NH Asian/PI</td>
<td>16.2</td>
<td>18.0</td>
<td>18.9</td>
<td>19.4</td>
<td>16.6</td>
<td>15.7</td>
<td>15.7</td>
<td>15.4</td>
<td>14.3</td>
<td>14.2</td>
<td>15.2</td>
<td>14.1</td>
<td>12.1</td>
<td>12.2</td>
<td></td>
</tr>
<tr>
<td>NH White</td>
<td>26.5</td>
<td>26.1</td>
<td>26.1</td>
<td>25.1</td>
<td>24.8</td>
<td>23.4</td>
<td>22.2</td>
<td>20.4</td>
<td>21.6</td>
<td>20.3</td>
<td>20.3</td>
<td>20.3</td>
<td>20.0</td>
<td>19.3</td>
<td></td>
</tr>
<tr>
<td>SMC</td>
<td>24.0</td>
<td>23.6</td>
<td>23.7</td>
<td>23.2</td>
<td>22.2</td>
<td>21.1</td>
<td>20.6</td>
<td>19.0</td>
<td>19.6</td>
<td>19.1</td>
<td>19.0</td>
<td>18.5</td>
<td>17.5</td>
<td>16.7</td>
<td></td>
</tr>
<tr>
<td>HP 2030 Target</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td>15.3</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
- Rates are age-adjusted and standardized to Year 2000 population. Based on 2000-2017 death master files. Data were not available for NH Asian and NH PI separately. Data suppressed for NH Black female residents (risk population <200,000).

**Breast Self-Exams**

- According to the American Cancer Society, women have the choice to start breast cancer screenings starting at age 40. Mammograms are recommended every year for women aged 45-54 and every two years for women aged 55 and older.\textsuperscript{181}
- According to the 2022 San Mateo County Health and Quality of Life Survey, 52.9% of women 45 years of age or older have had a mammogram within the past year, while 3.3% of women 45 years of age or older report never having had a mammogram.\textsuperscript{8}
Prostate Cancer Incidence

- The overall age-adjusted incidence rate of prostate cancer in San Mateo County has declined from 141.1 cases per 100,000 population in 2000 to 103.3 cases per 100,000 population in 2017, however, the rate has been increasing in recent years. In 2017, San Mateo County had the second highest incidence rate of prostate cancer in the Bay Area. San Mateo County had a higher incidence rate of prostate cancer compared to California as a whole in 2017. Prostate cancer incidence rates among Bay Area counties have decreased from 2000 to 2017.¹³⁹
Prostate rates declined for all race/ethnicities from the 2000 to 2017. NH White residents have the highest incidence rates of prostate cancer among all race/ethnicities, while NH Asian/PI residents have the lowest rates. \(^{139}\)
Prostate Cancer Deaths

- In San Mateo County, the mortality rate due to prostate cancer in males has declined in the last two decades. In San Mateo County from 2011-2015, the average overall mortality rate met the Healthy People 2030 target of 16.9 deaths. NH White males have consistently had the highest prostate cancer mortality rates in comparison with males of other race/ethnicities in San Mateo County.  

![Prostate Cancer Mortality by Race/Ethnicity](chart)

Heart Disease & Stroke

Heart Disease Deaths

- While the coronary heart disease death rate in San Mateo County is well below the statewide rate and satisfies the Healthy People 2020 target, heart disease remains a leading cause of death in the county. Stroke, which shares many of the same risk factors as heart disease, is slightly lower in prevalence at the county level than the state level. San Mateo County meets the Healthy People 2020 target for both coronary heart disease deaths and stroke deaths.  

Sources:


Notes:

- Rates are age-adjusted and standardized to Year 2000 population. Based on 2000-2017 death master files. Data were not available for NH Asian and NH PI separately. Data suppressed for NH Black male residents (risk population < 200,000).
In 2018-2022 the San Mateo County rate for all heart disease mortality (96.8, including coronary heart disease and other diseases of the heart) met the Healthy People 2020 goal of 103.4.

The heart disease mortality rates for all race/ethnicity groups decreased from 2001 to 2022, except for Multirace individuals. The largest decreases were seen among Blacks (from 183.6 in 2001-2005 to 91.6 in 2018-2022), and among Whites (decreased from 224.8 in 2001-2005 to 116.5 in 2018-2002).

The rate for Asians (60.8) and Hispanics (34.9) remained significantly lower than the rates for Blacks and Whites in 2018-2022.\textsuperscript{152}
Heart Disease Mortality by Race/Ethnicity
5-year Moving Averages, San Mateo County, 2001-2022

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>2002</td>
</tr>
<tr>
<td>2003</td>
<td>2004</td>
</tr>
<tr>
<td>2005</td>
<td>2006</td>
</tr>
<tr>
<td>2007</td>
<td>2008</td>
</tr>
<tr>
<td>2009</td>
<td>2010</td>
</tr>
<tr>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>2015</td>
<td>2016</td>
</tr>
<tr>
<td>2017</td>
<td>2018</td>
</tr>
<tr>
<td>2019</td>
<td>2020</td>
</tr>
<tr>
<td>2021</td>
<td>2022</td>
</tr>
</tbody>
</table>

- **Hispanic/Latinx**: 54.9, 55.1, 57.6, 56.7, 55.2, 52.8, 51.3, 48.2, 47.3, 45.3, 43.8, 41.7, 39.7, 37.4, 36.4, 35.5, 36.1, 34.9
- **NH Asian**: 80.7, 83.0, 82.6, 79.2, 77.6, 76.2, 75.5, 71.9, 70.4, 69.8, 68.8, 64.6, 65.0, 64.0, 62.8, 61.2, 63.5, 60.8
- **NH Black**: 183.6, 173.6, 163.2, 149.0, 139.9, 151.7, 156.5, 149.9, 144.9, 135.4, 117.6, 103.0, 95.1, 91.1, 84.7, 84.7, 86.6, 91.6
- **NH Multirace**: 24.6, 23.8, 26.0, 31.4, 34.4, 36.3, 36.6, 43.1, 39.8, 33.9, 28.5, 33.3, 25.8, 29.3, 28.7, 27.4, 24.7, 26.8
- **NH PI**: 140.2, 133.9, 122.5, 107.4, 96.1, 106.3, 116.4, 125.7, 122.8, 108.9, 92.8, 76.5, 68.3, 62.6, 70.9, 70.8, 73.7, 74.7
- **NH White**: 224.8, 218.3, 211.9, 206.1, 199.8, 194.7, 188.1, 185.2, 181.1, 174.5, 167.0, 163.0, 154.5, 147.9, 141.8, 135.3, 127.4, 116.5
- **SMC**: 170.8, 167.1, 163.6, 158.2, 153.5, 149.8, 145.3, 141.3, 137.4, 132.3, 127.4, 123.4, 118.6, 114.6, 111.0, 106.5, 103.4, 96.8

Sources:

Notes:
- Rates are age-adjusted and standardized to Year 2000 population.

Cerebrovascular Disease (Stroke) Deaths

- The San Mateo County cerebrovascular disease mortality rate of 29.4 in 2018-2022 achieved the Healthy People 2020 target of 34.8. The overall rate for the county has decreased from 55.5 during 2001-2005 to 29.4 during 2018-2022.¹⁵²
- All race/ethnicity rates are lower than the Health People 2020 target in 2018-2022.¹⁵²
Cardiovascular Risk Factors

- A total of 77.4% of San Mateo County adults exhibit at least one cardiovascular risk factor (i.e., smoking, no regular physical activity, high blood pressure, high cholesterol, or being overweight), as revealed in the 2022 San Mateo County Health & Quality of Life Survey. This is similar to 2018, but significantly lower than the 2004, 2008, and 2013 survey findings. Persons more likely to exhibit cardiovascular risk factors include men, adults aged 40+, those living below the 200% poverty threshold, Pacific Islander and Black respondents and residents who live in the Coastside area of the county.  

---

Sources:
- Notes: Rates are age-adjusted and standardized to Year 2000 population.
High Blood Pressure (Hypertension)

High blood pressure is known as the “silent killer” and remains a major risk factor for coronary heart disease, stroke, and heart failure. Hypertension is defined as two or more blood pressure readings of 140/90 or higher. About 108 million adults in the United States have high blood pressure, yet only about 1 in 4 adults (24%) with hypertension have their condition under control. In 2020, more than 670,000 deaths in the United States had high blood pressure as a primary or contributing cause.153

- A total of 30.7% of San Mateo County adults say they have been told more than once by a health care professional that they have high blood pressure. Though this prevalence is statistically lower than the national prevalence (45.7%) and meets the Healthy People 2030 target (≤42.6%), it has increased significantly in San Mateo County since the 2004 survey.8
- High blood pressure is most prevalent in San Mateo County among seniors (61.9% among those aged 65 and older), adults living below the 200% threshold (34.3%), Pacific Islanders (44.4%), Blacks (44.2%), and North County residents (32.9%).8
- 73.9% of San Mateo County adults with hypertension report that they are currently taking medication to help control their high blood pressure, less than what was reported in 2018 (78.7%).8
High Blood Cholesterol

High cholesterol is defined as a total cholesterol level of 240 mg/dL (6.21 mmol/L) or greater. High blood cholesterol levels are a significant contributor to heart disease:

- A total of 29.8% of San Mateo County adults report that a doctor or other health professional has diagnosed them with high blood cholesterol. This is similar to the 2008, 2013, and 2018 rates, but higher than that in 2004 (24.8%) and is more than twice the Healthy People 2030 target (≤ 13.5%).
- High blood cholesterol affects more than 1 in 2 residents aged 40+ in San Mateo County.
- 55.3% of San Mateo County adults with high cholesterol report that they are currently taking medication to help lower their blood cholesterol level; less than what was reported in 2018 (63.6%).
Overweight Prevalence

While not a perfect predictor, Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m$^2$). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches$^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m$^2$ and obesity as a BMI of ≥ 30 kg/m$^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m$^2$. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m$^2$ is reached. For persons with a BMI of ≥ 30 kg/m$^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m$^2$.

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to cheap and abundant food.

<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m$^2$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obesity</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

Sources:
Based on reported heights and weights, 60.4% of San Mateo County respondents are overweight. Overweight percentage peaked at 62.7% in 2018, but is still currently higher than 2004, 2008, and 2013. Nationwide, however, an even higher proportion (73.6%) of adults are overweight.\(^8\)

Additionally, 25.6% of San Mateo County adults were found to be obese in 2022, having a body mass index of 30 or higher. This is the same as 2018, but an increase from previous years. The obesity prevalence is highest in mid-life (40 to 64) and decreases with education and income levels. The prevalence is highest among Black respondents and Pacific Islanders, and is most often reported in the North County and Coastside regions.\(^8\)

---

**Sources:**
- Notes:
  - Asked of all respondents.
Prevalence of Chronic Illness

- The 2022 San Mateo County Health & Quality of Life Survey found the prevalence levels (the percentage of the population with a given condition at a single point of time) of asthma and heart disease in San Mateo County among adults aged 18 and older higher, as compared to 2004, 2008, 2013 and 2018 survey findings. Note that, versus 2004 levels, \textit{statistically significant increases in prevalence were found for diabetes, arthritis/rheumatism, and asthma}.\(^8\)
Type 1 diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age. Type 1 diabetes may account for 5% of all diagnosed cases of diabetes. Risk factors for type 1 diabetes may include autoimmune, genetic, and environmental factors. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or Other Pacific Islanders are at particularly high risk for type 2 diabetes. Type 2 diabetes is increasingly being diagnosed in children and adolescents.

Gestational diabetes is a form of glucose intolerance that is diagnosed in some women during pregnancy. Gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and American Indians. It is also more common among obese women and women with a family history of diabetes. During pregnancy, gestational diabetes requires treatment to normalize maternal blood glucose levels to avoid complications in the infant.

Other types of diabetes can result from specific genetic conditions, surgery, medications, infections, pancreatic disease, and other illnesses. Such types account for approximately 1% to 5% of all diagnosed cases.
The 2022 San Mateo County Health & Quality of Life Survey found that 10.4% of the adult population has diabetes (excluding diabetes experienced only during pregnancy), representing approximately 62,421 San Mateo County adults. This percentage is lower than in 2018 (12.2%).

2022 survey findings also show that diabetes prevalence increases considerably with age, ranging from 3.8% among young adults to 17.5% among those aged 65 and older. Blacks and Pacific Islanders report a particularly high prevalence (18.1% and 28.2%, respectively). Diabetes is also more often reported among persons living under 200% of the poverty threshold (19.3%). Reports of diabetes are most common in the North County area. Low reporting among Hispanic respondents may be related to a higher degree of under diagnosis in this population.

Note the considerable decreases in diabetes prevalence occurring within many of the population groups over time. In particular, women, those aged 18-39, individuals living at lower income levels, LGBTQ+, Hispanic/Latinx, and NH Asians and Blacks exhibit decreases. There was a slight increase in prevalence in Pacific Islanders.
The following two charts outline demographic findings among insured and uninsured populations aged 18 to 64 with diabetes in San Mateo County. Note that sample sizes associated with some of these subgroups, particularly for the chart of uninsured findings, are quite small.

### Has Been Diagnosed with Diabetes Among Insured Respondents <65
San Mateo County, 2022
Asthma

Asthma is a lung disorder characterized by narrowing of the airways, the tubes which carry air into the lungs, that are inflamed and constricted, causing shortness of breath, wheezing and cough.

Adults with Asthma

- A total of 19.5% of 2022 survey respondents report having asthma, representing approximately 116,439 San Mateo County adults. Over time, the prevalence of asthma in San Mateo County respondents has increased. Asthma appears to be more prevalent in seniors, those who make below 200% of the federal poverty line, and Black and LGBTQ+ respondents. Notably, the prevalence of asthma is low among Asians (13.8%) and Pacific Islanders (16.0%).

---

Sources:

Notes:
- Asked of all respondents <65 years of age without health insurance coverage.
The following charts outline demographic findings among insured and uninsured populations aged 18 to 64 with asthma in the county. Note that sample size associated with some of these subgroups, particularly for the chart of uninsured findings, are quite small.

Has Been Diagnosed with Asthma Among Insured Respondents <65
San Mateo County, 2022

Sources:
Notes:
* Asked of all respondents <65 years of age with health insurance coverage.
Among adult respondents with asthma, 55.8% have used a prescription medication in the past year to treat their asthma (comparable to 2004, but higher than 2008, 2013, and 2018).
“Avoidable hospitalizations” are defined as a set of conditions for which timely and effective ambulatory care can help prevent or avoid the need for hospitalization (Weissman et al. 1992).

- During 2016-2020, the top three causes of avoidable hospitalizations in San Mateo County were **congestive heart failure** (3,963), **pneumonia** (2,454), and **cellulitis** (2,204).\(^{157}\)

### Avoidable Hospitalizations by Specific Diagnosis

**Ranked by Cumulative Frequency, San Mateo County, 2016-2020**

<table>
<thead>
<tr>
<th>Specific Diagnosis Category</th>
<th>Total Avoidable Hospitalizations</th>
<th>Average Annual Number</th>
<th>Average Annual Rate per 10,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive Heart Failure</td>
<td>3963</td>
<td>793</td>
<td>10.2</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>2454</td>
<td>491</td>
<td>6.3</td>
</tr>
<tr>
<td>Cellulitis</td>
<td>2204</td>
<td>441</td>
<td>5.7</td>
</tr>
<tr>
<td>Diabetes Ketoacidosis or Coma</td>
<td>1982</td>
<td>396</td>
<td>5.1</td>
</tr>
<tr>
<td>Perforated or Bleeding Ulcer</td>
<td>1095</td>
<td>219</td>
<td>2.8</td>
</tr>
<tr>
<td>Asthma</td>
<td>955</td>
<td>191</td>
<td>2.5</td>
</tr>
<tr>
<td>Ruptured Appendix</td>
<td>898</td>
<td>180</td>
<td>2.3</td>
</tr>
<tr>
<td>Pyelonephritis</td>
<td>400</td>
<td>80</td>
<td>1.0</td>
</tr>
<tr>
<td>Hypokalemia</td>
<td>112</td>
<td>22</td>
<td>0.3</td>
</tr>
<tr>
<td>Malignant Hypertension</td>
<td>74</td>
<td>15</td>
<td>0.2</td>
</tr>
<tr>
<td>Gangrene</td>
<td>36</td>
<td>7</td>
<td>0.1</td>
</tr>
<tr>
<td>Immunizable Conditions</td>
<td>10</td>
<td>2</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Sources:**

- Between 2016-2020, avoidable hospitalization rates were highest among the elderly and, more specifically, highest among those age 85 years and older. Among those under age 55, the average annual rate is highest among ages 45-54 (24.5) followed by those aged 0-17 (14.9). After age 44, rates of avoidable hospitalizations increase with age.\(^{157}\)

### Avoidable Hospitalizations by Age and Sex

**Cumulative Data, San Mateo County, 2016-2020**

![Hospitalizations per 10,000 Population](chart)

**Source:** The California Department of Health Care Access and Information (HCAI), 2016-2020.

**Notes:** Avoidable Hospitalizations only due to the following conditions: Asthma, Cellulitis, Congestive Heart Failure, Diabetes, Gangrene, Hypertension, Hypokalemia.
For races and ethnicities shown in the following charts, avoidable hospitalization rates are lowest in NH Asian and Multirace individuals.\textsuperscript{157}

**Avoidable Hospitalizations by Age and Race**
San Mateo County, 2016-2020

![Hospitalizations per 10,000 Population graph](source)

- **NH White**: 10.5, 13.6, 12.0, 23.1, 49.8, 124.8, 298.6
- **NH Black**: 17.4, 22.1, 28.6, 62.2, 80.1, 119.8, 236.5
- **Hispanic/Latinx**: 20.2, 13.9, 15.5, 27.3, 58.2, 136.0, 263.7
- **NH Asian**: 3.9, 2.4, 3.5, 5.7, 13.2, 37.7, 85.5
- **NH NHPI**: 10.8, 9.0, 20.6, 31.5, 49.3, 111.2, 347.6
- **NH AIAN**: 13.7, 0.0, 9.6, 67.0, 80.1, 112.8, 252.1
- **NH Multirace**: 1.2, 2.3, 2.7, 3.3, 15.0, 25.7, 61.0

Notes: Avoidable Hospitalizations only due to the following conditions: Asthma, Cellulitis, Congestive Heart Failure, Diabetes, Gangrene, Hypertension, Hypokalemia

**Prevention Quality Indicators (PQI)**

Prevention Quality Indicators (PQI) utilize data from hospital discharges to identify hospitalizations that could have been avoided if the patient had access to high quality outpatient care.\textsuperscript{158}

- Overall rate of avoidable hospitalizations in San Mateo County was 617.7 in 2021. Potentially avoidable hospitalizations were greatest among individuals with acute conditions compared to individuals with chronic health conditions.
COMMUNICABLE DISEASES

HIV

Acquired Immune Deficiency Syndrome (AIDS) was identified as an epidemic in the early 1980’s. It is the end stage and most severe phase of infection with the Human Immunodeficiency Virus (HIV). In California, AIDS surveillance has been ongoing since 1983. In July 2002, HIV became a code-based reportable condition. California passed Senate Bill 699 which requires California healthcare providers and laboratories to report cases of HIV infection by name to local health departments and requires local health departments to report this information to the California Department of Public Health. This became effective April 17, 2006.\(^\text{159}\)

HIV can be transmitted by sexual contact, sharing needles, and through pregnancy, birth, or breastfeeding/chestfeeding.\(^\text{160}\) Antiretroviral treatment (ART) can reduce the amount of HIV in blood, known as viral load. Viral suppression/undetectable viral load achieved through ART will prevent transmission of HIV through sex.\(^\text{161}\) Since the 1990s, life expectancy of those living with HIV has increased and the number of AIDS deaths have decreased.\(^\text{162}\) Despite these advancements, certain groups are disproportionately affected by HIV, including gay and bisexual men, Black/African-American people, and Hispanic/Latinx people.\(^\text{163}\) Regular testing, condom usage, and pre-exposure prophylaxis (PrEP) are among the many ways to protect yourself and others from HIV. PrEP is medication that reduces the likelihood of contracting HIV through sex or injection drug use.\(^\text{164}\)

People Living With HIV

- The number of newly diagnosed HIV cases declined from 2011 to 2021, increasing slightly from 2013 to 2018. In 2021, there were 46 newly diagnosed cases of HIV in San Mateo County. The number of
individuals living with HIV has generally increased over time. In 2021, 1,731 people in San Mateo County were living with HIV.

- In 2021, 86.8% of all people living with HIV were cisgender men, 12.2% were cisgender women, and 1.0% were transgender women. NH Asian residents have the highest percentage of transgender women living with HIV at 1.7%, and NH Black residents have the highest percentage of cisgender women living with HIV at 25.0%.165
The areas with the highest rates of residents living with HIV are the zip codes of 94005 (Brisbane), 94401 (San Mateo), 94014 (Colma), 94063 (Redwood City), and (94080) South San Francisco. Rates for zip codes with fewer than 20 cases or with low populations may be unstable.166
**HIV Incidence**

- During the early years of the epidemic, incidence rates of HIV in San Mateo County were expected to mirror those of San Francisco County because of the close physical proximity between the two regions. Historical trends, however, have shown that incidence rates in San Mateo County have remained considerably lower and have been closer to national incidence rates. Incidence rates have declined significantly in San Francisco County from 2011 to 2020. The incidence rate in San Mateo County declined from 10.0 cases per 100,000 persons in 2011 to 5.8 in 2020. The incidence rate in the county is lower than statewide and national rates.\(^{167}\)

![Comparison of Annual HIV Incidence Rates](image)

**In San Mateo County, males make up approximately 90% of newly diagnosed HIV cases and have higher incidence rates than females. The incidence rate in males has decreased from 12.7 cases per 100,000 persons in 2010 to 10.7 in 2021. In the male population, the incidence in Black males has been significantly higher than in any other race, although this rate is very sporadic due to the low population. Hispanic/Latinx males have higher incidence rates than the overall male rate in San Mateo County, having the second highest incidence rate of HIV in 2021. White and Asian males have the lowest incidence rates in San Mateo County.\(^{165}\)**

**Sources:**

**Notes:**
- *No data for United States in year 2020.*
The incidence of HIV in females, as in males, has decreased from 2010 to 2021, dropping from 3.0 in 2010 to 1.3 in 2021. In the female population, the incidence in Black females was significantly higher than any other race/ethnicity, but the rates are sporadic due to a low number of cases and a small risk population. Hispanic/Latinx females also generally have higher incidence rates than the overall female rate in San Mateo County. In recent years, Asian females have had the lowest incidence of HIV in the county.

Sources:
The impact of STIs on the health of women and their infants, adolescents and young adults, and the role STIs play in the sexual transmission of HIV infection make this a critical target area for public health prevention efforts. Many cases of STIs go undiagnosed, and some highly prevalent viral pathogens such as human papillomavirus (HPV) and genital herpes (HSV) are not reportable. Nationwide, it is estimated that there were approximately 43 million HPV infections and 572,000 new genital herpes infections in the United States in 2018.\textsuperscript{168,169}

The most frequently reported STI in San Mateo County is chlamydia, followed by gonorrhea. If untreated, sexually transmitted infections can cause pelvic inflammatory disease, infertility, pre-term births, neonatal infections, and increased sexual transmission of HIV. Programmatic priorities are syphilis screening in pregnant persons, gonorrhea resistance surveillance, and educating providers on 2021 CDC STI Treatment guidelines.

Chlamydia

- \textit{Chlamydia trachomatis} is the most frequently reported infectious disease in San Mateo County and throughout the United States.
- Historically, chlamydia incidence rates have been increasing in San Mateo County, California, and nationally. From 2007 to 2019, incidence rates of chlamydia in San Mateo County increased from 258.8 cases per 100,000 population to 411.2 cases per 100,000 population.\textsuperscript{170} However, there was a significant decrease in reported cases in 2020, which is likely due to decreased surveillance and underdiagnosis during the COVID-19 pandemic as opposed to a reduction of cases. San Mateo County has continued to have a lower incidence rate of chlamydia compared to California and the nation.\textsuperscript{171,172}

- When analyzing chlamydia infection rates by sex, at the county, state, and national level, females tend to have higher incidence rates compared to males. In 2021, the chlamydia incidence rate of San Mateo County females was 336.7 cases per 100,000 population compared to 266.1 cases per 100,000 in males.
Both San Mateo County females and males have lower incidence rates compared to females and males at the state and national level.\textsuperscript{171,172}

![Comparison of Annual Chlamydia Incidence Rates by Sex](image)

### Sources:
- California Reportable Disease Information Exchange (CaREDIE) system and the Automated Vital Statistics System (AVSS), 2007-2021

### Notes:

- There are disparities in Chlamydia infection by race and age. In 2021, in San Mateo County, the incidence of chlamydia was significantly higher in 15- to 29-year-olds, especially 20- to 24-year-olds, but decreases with age. In 2021, the highest rates overall were observed in Black females (572.0 per 100,000 population) and males (492.8 per 100,000 population).\textsuperscript{171,172}

- Higher rates in females are most likely due to a screening artifact, in that they are more likely to undergo screening.\textsuperscript{159}

### Gonorrhea
- Gonorrhea is the second most frequently reported communicable disease in San Mateo County and the United States. The San Mateo County rate of gonorrhea generally increased from 2009 to 2019 (28.8 per 100,000 population to 115.5), with a slight decrease in 2020 and 2021. San Mateo County has a lower gonorrhea infection rate compared to California and nationally.\textsuperscript{171,172}
In contrast to chlamydia, gonorrhea incidence rates tend to be higher in males compared to females. In San Mateo County, from years 2007 to 2021, females had consistently lower incidence rates compared to males, with this gap widening in recent years where females had an incidence rate of 50.8 per 100,000 population compared to 153.0 in males in 2021. Both San Mateo County females and males have lower incidence rates compared to females and males at the state and national level.\textsuperscript{171,172}
Syphilis

- Overall syphilis rates have increased substantially from 10.5 in 2007 to 33.9 in 2020 but decreased to 29.0 in 2021, following a similar trend on the statewide and national level. San Mateo County total syphilis rates are lower than those seen in California and nationwide, although this difference is less than the gaps seen with chlamydia and gonorrhea as shown above.

  \[
  \text{Comparison of Total Syphilis Incidence Rates} \\
  \text{San Mateo County, California, National, 2007-2021}
  \]

  ![Comparison of Total Syphilis Incidence Rates](image)

  \[
  \begin{array}{ccccccccccccc}
  \text{SMC} & 10.5 & 8.2 & 5.2 & 7.1 & 9.4 & 6.5 & 13.5 & 15.4 & 20 & 21.8 & 24.9 & 28.3 & 35.4 & 33.9 & 29 \\
  \text{CA} & 17.8 & 18.9 & 17 & 16.7 & 18.7 & 21.3 & 26.5 & 29.7 & 37.3 & 45.1 & 55.2 & 63.6 & 72.2 & \\
  \text{US} & 13.6 & 15.2 & 14.6 & 14.8 & 14.8 & 15.9 & 17.9 & 19.9 & 23.2 & 27.3 & 31.2 & 35.2 & 39.5 & 40.8 & \\
  \end{array}
  \]

  Sources:

  Notes:

- By stage of syphilis, the rate of those in the early latent phase has increased from \(~2\) cases per 100,000 population in 2007 to \(~14\) cases in 2020. The rates of primary and secondary syphilis were roughly 4 cases and 8 cases per 100,000 population in 2020, respectively. The rate of syphilis for all three stages decreased from 2020 to 2021, likely due to the COVID-19 pandemic.\textsuperscript{171}
Overall increases in San Mateo County early syphilis rates were observed primarily among men (increasing from ~10 cases per 100,000 population in 2007 to ~45 cases in 2020). Early syphilis decreased 39% in 2021 compared to 2020, with most of the decrease in men (46.2 per 100,000 males in 2020 compared to 31.3 in 2021; likely due to the COVID-19 pandemic), and a stable female case rate (6.1 per 100,000 males in 2020 compared to 5.9 in 2021). Although much less drastic compared to males, the rates of early syphilis in females in both San Mateo County and California as a whole have increased over time.171,172


- Total syphilis decreased 17% in 2021 compared to 2020, with most of the decrease in men who saw a rate decrease of 55.6 males per 100,000 in 2020 to 44.4 in 2021, while females had a stable rate in 2020 and 2021. (12.5 per 100,000 in 2021 compared to 12 per 100,000 in 2020).
- Prenatal syphilis testing Senate bill 306 became California law January 1, 2022, which included legislation that all pregnant persons should be screened for syphilis at least twice during pregnancy: once at either confirmation of pregnancy or first prenatal visit (ideally first trimester) and again during third trimester (ideally between 28-32 weeks gestation), regardless of whether such testing was done during the first two trimesters. Congenital syphilis cases continue to rise in San Mateo County and statewide. San Mateo County had 3 congenital syphilis cases (40.0 cases per 100,000 population) in 2021 compared to 1 congenital syphilis case in 2020 (12.9 cases per 100,000 population). Congenital syphilis can cause premature birth, low birth weight, birth defects, blindness, hearing loss, still birth, and infant death.

**Tuberculosis**

**Tuberculosis Case Rates**

Following both national and state trends, San Mateo County has seen a decrease in tuberculosis (TB) since the 1990s when the U.S. experienced a resurgence of TB.

- From 2010-2021, rates of Tuberculosis have been higher in San Mateo County (SMC) than in California (CA), and both rates are higher than the national average due to large foreign-born populations in SMC and CA that have high rates of TB in their home countries. Rates at all levels have slowly declined over time. San Mateo County, California, and nationwide rates are higher than the HP 2030 Target of 1.4.\textsuperscript{173}

<table>
<thead>
<tr>
<th>Incidence of Tuberculosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Mateo County, 2010-2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>SMC</th>
<th>CA</th>
<th>US</th>
<th>HP 2030 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>8.2</td>
<td>6.2</td>
<td>3.6</td>
<td>1.4</td>
</tr>
<tr>
<td>2011</td>
<td>8.1</td>
<td>6.2</td>
<td>3.4</td>
<td>1.4</td>
</tr>
<tr>
<td>2012</td>
<td>7.3</td>
<td>5.7</td>
<td>3.2</td>
<td>1.4</td>
</tr>
<tr>
<td>2013</td>
<td>7.7</td>
<td>5.6</td>
<td>3.0</td>
<td>1.4</td>
</tr>
<tr>
<td>2014</td>
<td>9.8</td>
<td>5.5</td>
<td>3.0</td>
<td>1.4</td>
</tr>
<tr>
<td>2015</td>
<td>7.4</td>
<td>5.5</td>
<td>3.0</td>
<td>1.4</td>
</tr>
<tr>
<td>2016</td>
<td>6.8</td>
<td>5.2</td>
<td>2.9</td>
<td>1.4</td>
</tr>
<tr>
<td>2017</td>
<td>7.0</td>
<td>5.3</td>
<td>2.8</td>
<td>1.4</td>
</tr>
<tr>
<td>2018</td>
<td>7.9</td>
<td>5.3</td>
<td>2.8</td>
<td>1.4</td>
</tr>
<tr>
<td>2019</td>
<td>8.2</td>
<td>5.3</td>
<td>2.7</td>
<td>1.4</td>
</tr>
<tr>
<td>2020</td>
<td>6.7</td>
<td>4.3</td>
<td>2.2</td>
<td>1.4</td>
</tr>
<tr>
<td>2021</td>
<td>6.3</td>
<td>4.4</td>
<td>2.4</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Sources: \textsuperscript{*} CalREDIE, 2022.

**Case Rates by Race/Ethnicity**
The burden of TB is distributed unevenly between racial and ethnic groups. NH Asian and NH PI residents have the highest incidence rates in San Mateo County, and NH White residents have the lowest rates.

### Incidence of Tuberculosis by Race/Ethnicity

San Mateo County, 2010-2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic/Latinx</th>
<th>NH Asian</th>
<th>NH Black</th>
<th>NH PI</th>
<th>NH White</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>6.6</td>
<td>21.3</td>
<td>15.7</td>
<td>19.5</td>
<td>1.0</td>
</tr>
<tr>
<td>2011</td>
<td>3.8</td>
<td>21.6</td>
<td>15.5</td>
<td>38.3</td>
<td>1.6</td>
</tr>
<tr>
<td>2012</td>
<td>8.5</td>
<td>14.6</td>
<td>5.1</td>
<td>18.9</td>
<td>1.9</td>
</tr>
<tr>
<td>2013</td>
<td>5.7</td>
<td>20.3</td>
<td>0.0</td>
<td>0.0</td>
<td>2.2</td>
</tr>
<tr>
<td>2014</td>
<td>5.7</td>
<td>29.6</td>
<td>5.1</td>
<td>27.6</td>
<td>0.9</td>
</tr>
<tr>
<td>2015</td>
<td>6.1</td>
<td>19.3</td>
<td>0.0</td>
<td>18.3</td>
<td>1.9</td>
</tr>
<tr>
<td>2016</td>
<td>6.0</td>
<td>18.6</td>
<td>0.0</td>
<td>9.1</td>
<td>0.9</td>
</tr>
<tr>
<td>2017</td>
<td>4.0</td>
<td>23.1</td>
<td>0.0</td>
<td>9.1</td>
<td>0.6</td>
</tr>
<tr>
<td>2018</td>
<td>3.5</td>
<td>26.1</td>
<td>0.0</td>
<td>9.0</td>
<td>0.3</td>
</tr>
<tr>
<td>2019</td>
<td>5.4</td>
<td>25.0</td>
<td>5.1</td>
<td>9.0</td>
<td>0.9</td>
</tr>
<tr>
<td>2020</td>
<td>4.9</td>
<td>18.9</td>
<td>5.1</td>
<td>9.0</td>
<td>1.3</td>
</tr>
<tr>
<td>2021</td>
<td>4.9</td>
<td>17.9</td>
<td>0.0</td>
<td>0.0</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Sources:
- CalREDIE, 2022.

From 2010 to 2021, the rate among Hispanic/Latinx residents was generally lower than that of the total population. From 2014-2021, only NH White residents met the Healthy People 2030 target of 1.4. Historically, the incidence among NH White residents has been under 2.0. Over time, the rates for both NH Black and NHPI residents have decreased.¹⁷³

**Case Rates by Nativity**

Overall, annual case counts have decreased in San Mateo County in recent years. However, birth in another country, particularly in high incidence nations, is an indicator of infection acquired outside this country and reactivation of disease after immigration. From 2010 to 2021, cases among foreign-born residents accounted for over 80% of cases in San Mateo County. In 2021, 96% of cases were among foreign-born residents.¹⁷³
Country of origin for foreign-born TB cases was evaluated according to world region classification defined by the World Health Organization (WHO). Many foreign-born cases recorded during 2010-2021 in San Mateo County originated in the Philippines (41.9%). Other important regions of origin were China (8.8%), Mexico (8.8%), India (5.3%), and Burma (3.9%).[^173]
Incidence of Vaccine-Preventable Disease

- **Haemophilus influenzae (all serotypes):** Perhaps one of the best examples of a disease reduced by vaccination is *Haemophilus influenzae* (Hib). Since the Hib vaccine was licensed in 1985, national incidence has declined 99% from the pre-vaccine period. In California, invasive Hib disease is now only reportable in individuals under 5 years of age. In 2021, 0 cases of HIB were reported. Between 2010 and 2021, 6 cases were reported in San Mateo County.  

- **Polio:** Polio is caused by a virus that lives in an infected person’s throat and intestines. It spreads through contact with the stool of an infected person and through droplets from a sneeze or cough. Symptoms typically include sore throat, fever, tiredness, nausea, headache, or stomach pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, about 2 to 10 children out of 100 die because the virus affects the muscles that help them breathe. Since 1979, all incidents of domestically acquired polio were caused by the live attenuated oral polio vaccine (OPV). Because the risk of Vaccine-associated paralytic poliomyelitis (VAPP) was determined to be greater than the acquisition of natural polio infection in the United States, inactivated polio vaccine (IPV) replaced the oral vaccine on the schedule of recommended childhood immunizations beginning in 2000. San Mateo County had no cases of polio between 2010-2021.  

- **Hepatitis B:** Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. Symptoms of acute hepatitis B include fever, fatigue, loss of appetite, nausea, vomiting, pain in joints and the stomach, dark urine, grey-colored stools, and jaundice (where skin and eyes turn yellow). Hepatitis B can be prevented by Hep B vaccination. There were 0 cases of acute Hep B reported in 2021.  

- **Pertussis:** Pertussis, also known as whooping cough, spreads very easily through coughing and sneezing. It can cause a bad cough that makes someone gasp for air after coughing fits. This cough can last for many weeks, which can make preteens and teens miss school and other activities. Pertussis can be a serious illness for babies who are too young to receive the vaccine. Often babies get whooping cough from their older brothers or sisters, like preteens or teens, or other people in the family. Babies with pertussis can get pneumonia, have seizures, become brain damaged, or even die. About half of children under 1 year of age who get pertussis must be hospitalized. Pertussis can be prevented by Tdap and DTaP vaccination. While it appears as though the number of pertussis cases decreased from 2010-2021, this trend is likely due to the cyclical nature of the disease coupled with impacts of the COVID-19 pandemic on case reporting.  

- **Diphtheria:** Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be spread from person to person by direct contact with droplets from an infected person’s cough or sneeze. When people are infected, the bacteria can produce a toxin (poison) in the body that can cause a thick coating in the back of the nose or throat that makes it hard to breathe or swallow. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In serious cases, the illness can cause coma, paralysis, or even death. Diphtheria can be prevented by Tdap and DTaP vaccination. San Mateo County has had no cases of diphtheria since 1990.  

- **Hepatitis A:** Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms can include fever, tiredness, poor appetite, vomiting, stomach pain, and sometimes jaundice (when skin and eyes turn yellow). An infected person may have no symptoms, may have mild illness for a week or two, may have severe illness for several months, or may rarely develop liver failure and die from the infection. In the U.S., about 100 people a year die from hepatitis A. Hepatitis A can be prevented by Hep A vaccination. In San Mateo County, incidence of Hepatitis A decreased from 5 cases in 2010 to 0 cases in 2021.  

- **Measles, Mumps, and Rubella (MMR):** Measles is one of the most contagious viral diseases. Measles virus is spread by contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms
usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death. Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes swollen salivary glands under the ears or jaw, fever, muscle aches, tiredness, abdominal pain, and loss of appetite. Severe complications for children who get mumps are uncommon but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely results in decreased fertility. Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about three days. Rubella rarely causes serious illness or complications in children but can be very serious to a baby in the womb. If a pregnant woman is infected, the impact to the baby can be devastating, including miscarriage, serious heart defects, brain damage, and loss of hearing and eyesight. Measles, mumps and rubella can all be prevented by MMR vaccination. From 2010-2021 San Mateo County has had an annual average of 1.4 case of measles reported per year. Mumps is rarely seen in San Mateo County, with an average of 0.4 cases per year reported from 2010-2021. From 2010-2021, one rubella case was confirmed in San Mateo County.174

- **Meningococcal Disease**: Meningococcal disease has two common outcomes: meningitis (infection of the lining of the brain and spinal cord) and meningococcemia (bloodstream infections). The bacteria that cause meningococcal disease spread through the exchange of nose and throat droplets, such as when coughing, sneezing, or kissing. Symptoms include sudden onset of fever, headache, and stiff neck. With bloodstream infection, symptoms also include a dark purple rash. About one of every ten people who gets the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes. Meningococcal disease can be prevented by meningococcal vaccination. From 2010-2021, 12 cases were reported in San Mateo County.174

- **Tetanus**: Tetanus, also referred to as lockjaw, mainly affects the neck and belly. When people are infected, the bacteria produce a toxin (poison) that causes muscles to become tight, which is very painful. This can lead to “locking” of the jaw so a person cannot open his or her mouth, swallow, or breathe. The bacteria that cause tetanus are found in soil, dust, and manure. The bacteria enter the body through a puncture, cut, or sore on the skin. Complete recovery from tetanus can take months. One to two out of 10 people who get tetanus die from the disease. Tetanus can be prevented by Tdap, Td, and DTaP vaccination. San Mateo County had no cases of tetanus between 2010-2021.174

<table>
<thead>
<tr>
<th>Annual Incidence of Diseases Preventable by Common Vaccines</th>
<th>Number of Cases, San Mateo County, 2010-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>C</td>
</tr>
<tr>
<td>Haemophilus influenzae (invasive), all serotypes</td>
<td>C, P</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>C</td>
</tr>
<tr>
<td>Hepatitis B, Acute</td>
<td>C</td>
</tr>
<tr>
<td>Measles</td>
<td>C</td>
</tr>
<tr>
<td>Meningococcal Disease (Invasive)</td>
<td>C, P</td>
</tr>
<tr>
<td>Mumps</td>
<td>C, P</td>
</tr>
<tr>
<td>Pertussis</td>
<td>C, P, S</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>C</td>
</tr>
<tr>
<td>Rubella</td>
<td>C</td>
</tr>
<tr>
<td>Tetanus</td>
<td>C</td>
</tr>
</tbody>
</table>

Sources:
Hepatitis C

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. It is a serious infection that can lead to death. It is not vaccine-preventable. HCV is spread by contact with the blood of an infected person; it is also sexually transmitted, although that is not a major route of exposure. Highly effective therapies for HCV infection were introduced beginning in 2011 and for most people, hepatitis C can now be cured in as little as 8-12 weeks with limited side effects. In 2013, a new generation of direct acting antivirals became available that cure more than 95 percent of people with chronic hepatitis C infection. There were 0 cases of acute Hepatitis C reported in San Mateo County in 2021.

Enteric Disease

Enteric diseases are gastrointestinal illnesses caused by bacteria, parasites or viruses. Transmission from person to person is via the fecal-oral route, meaning a person must ingest the organism in order to become infected.

- In 2021, the most common enteric disease in San Mateo County was campylobacteriosis, followed by salmonellosis, shiga toxin-producing E. coli (STEC) without HUS, giardiasis, and then shigellosis. Case numbers for campylobacteriosis decreased by nearly half from 2019 to 2020, likely due to the COVID-19 pandemic, and then increased again in 2021.¹⁷⁶

---

¹⁷⁶ CalREDIE, 2022.

Notes:
- C = confirmed cases, P = probable cases, S = suspect cases.
Salmonella
- There are more than 2,000 recognized serotypes of Salmonella (not including S. typhi, the cause of typhoid fever). Several animal species serve as reservoirs for Salmonella species, and infection is commonly associated with consuming unpasteurized dairy and other contaminated animal products. In California, eggs from infected chickens have been identified as a significant source of infection. In 2021, the incidence rate of salmonella in San Mateo County was 10.5 per 100,000 persons, which is a decrease from a rate of 19.0 in 2010. The Healthy People 2030 target rate of 11.5 was achieved by the county between 2020 to 2021, although there was likely underreporting of cases in those years due to the COVID-19 pandemic.\(^{176}\)

Shigellosis
- From 2010 to 2018, the rate of shigellosis in San Mateo County, California and the United States has generally increased. Following this increase, rates have decreased in San Mateo County although the decrease is likely due to the COVID-19 pandemic. No national target has been established for shigellosis.\(^{176}\)
Injuries

Injury Deaths

- There were 5,288 total injury deaths (3,615 deaths due to unintentional injuries and 1,673 deaths due to intentional injuries) from 2002 – 2021 in San Mateo County. Poisonings, motor vehicle accidents, falls and use of a firearm were the leading causes of death, accounting for 27%, 16%, 16% and 14% of deaths, respectively.¹⁷⁷
Unintentional Injury

Unintentional Injury Deaths

- The overall rate for unintentional injury deaths in San Mateo County was 24.2 deaths per 100,000 persons during 2018-2022. Although this meets the Healthy People 2030 target of 43.2, the overall rate is increasing, largely driven by the increase in the male rate.
- From 2018 to 2022, the male rate of 35.1 was significantly higher than the female rate of 13.0, a trend observed for the duration of the years from 2000 to 2021.\textsuperscript{177}
Poisonings accounted for the largest number of deaths due to unintentional injuries during 2002-2021, followed by falls and motor vehicle accidents.\(^{177}\)

The rate of hospitalization due to injury from unintentional falls in San Mateo County was lower among males (12.8 hospitalizations per 10,000 persons in 2020) than among females (21.3 for 2020).\(^{157}\)
The vast majority of deaths due to unintentional falls occurred among people aged 70 years and older, with increasing rates in those 80 and above (20.4 and 117.0 fall deaths per 100,000 people, respectively).
Homicide

- The overall county homicide rate has remained below the Healthy People 2020 target of 5.5 deaths per 100,000 people. The homicide rate among NH Asians and NH Whites has been below 5.5 since 2001-2005, while the rate among Hispanic/Latinx has been below 5.5 since 2009-2013. The homicide rate among NH Blacks has generally decreased since 2010-2014 but was 8.3 in 2018-2022 which is still above the 5.5 goal. The rate for NH PIs has increased since 2014-2018, and was second highest after NH Blacks in 2018-2022.  

Homicides by Race/Ethnicity

Sources:

Notes:
- Rates are age-adjusted and standardized to Year 2000 population.

Assault

- Hospitalizations due to injury purposely inflicted by someone else has remained the same at 1.3 hospitalizations per 10,000 population from 2016 to 2020, although there was a slight decrease between these years. The rates in males have historically been much higher than the rates in females.
Firearms & Other Weapons

Firearms are implicated in the majority of intentional injury deaths in the country and represent a large portion of years of potential life lost.

- In the 2022 San Mateo County Health & Quality of Life Survey, 11.7% of households report keeping a firearm in or around their home (including pistols, shotguns, rifles and other types of guns; excluding starter pistols, BB guns or guns that cannot fire). This percentage is lower than the 16.8% reported in 2018 (and all other previous years reported).\(^8\)
The proportion of households with firearms is higher among men (13.1%), persons living at higher incomes (15.6%) and those with higher education levels (12.2%), NH White respondents (13.4%), and those living in the Coastside area (17.7%).

Sources:

Notes:
- * Asked of all respondents.
From 2017-2019, less than 1% of children in 7th, 9th and 11th grade admit to carrying a gun at school in the past year, while 2-4% admit to carrying another kind of weapon. These proportions decrease as grade level increases.

**Possession of Weapons at School by Grade Level**
San Mateo County, 2017-2019

<table>
<thead>
<tr>
<th>Percentage of Public School Students</th>
<th>Carried a Gun</th>
<th>Carried Any Other Weapon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 7</td>
<td>0.9%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Grade 9</td>
<td>0.9%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Grade 11</td>
<td>0.6%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

**Suicide**

The overall suicide rate in San Mateo County has declined from a peak of 9.0 in 2007-2011 to 7.2 in 2018-2022. The overall rate and the rate for females are below the Healthy People 2020 target of 10.2 in all observation periods between 2002-2002. While the rate for males is above the target in all observation periods, the rate has generally declined from 2002-2006 to 2018-2022.
The suicide rates among NH Whites and NH Blacks have remained higher than the rates among NH Asians and Hispanic/Latinx from 2002 to 2022.\(^{138}\)

The suicide rate among NH Asians has increased from 3.9 during 2009-2013 to 5.8 during 2018-2022 and the suicide rate among Hispanic/Latinx has increased from 3.5 during 2009-2013 to 4.1 in 2018-2022.\(^{138}\)
**Self-Inflicted Injury**
- Hospitalizations due to suicide and self-inflicted injury rates were higher among females (rate=3.4) than males (rate=1.8) in 2020.157

![Hospitalizations Due to Self-Inflicted Injury by Sex](chart)


**Children & Physical Fights**
- Regardless of grade level, the majority of students have never been in a physical fight. However, this number generally decreases as grade level increases (93.5% in 7th grade, 94.7% in 9th grade, and 89.3% in 11th grade). Reports of fighting 1 time in the past month range from 2.4% to 6.6% across grade levels, and these percentages decrease as the number of fights increase.149
Emergency Provisions

Three days worth of food and water has been the standard recommended amount of provisions needed to be prepared for an unforeseen disaster. However, with pandemic flu preparation, those recommendations increased to having two weeks to two months worth of food stored for your family.

- In 2022, a total of 76.3% of survey respondents report that they had three days worth of emergency food and water stored at home at the time of the interview (similar to 2013 findings and higher than 2004, 2008, and 2018 findings).\(^8\)
- Adults aged 65 and older, those with postsecondary education, persons living at higher incomes, and NH White respondents more often reported keeping emergency food and water supplies.\(^8\)
Substance abuse and its related problems are among society's most pervasive health and social concerns. Illegal use of drugs, such as heroin, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and person with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections. Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use. Drug and alcohol use by youth is also associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.¹⁷⁹

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.¹⁷⁹

**Drug Use**

- In San Mateo County in 2021, there were 217 felony arrests for drug-related charges, representing 7.2% of all felony arrests. The number of felony drug-related arrests remained high from 2012 to 2014, but dramatically decreased in 2015 and has continued to decrease since.¹⁸⁰
In San Mateo County, 3.5% of adult survey respondents this year acknowledge having taken an illegal drug in the past year, slightly lower than previous findings. Responses were higher among men (3.9%), young adults (5.5%), those without a college education (5.9%), lower income adults (5.5%), Hispanics (5.0%), and LGBTQ+ respondents (5.1%). We are unsure of the accuracy of self-reported drug use; it invariably underreports actual use.8

Sources:
- State of California, Department of Justice, 2012-2021.

---

**Self-Reported Use of an Illegal Drug in Past Year**

San Mateo County, 2022

- **Sex**
- **Age**
- **Education**
- **FPL**
- **Race/Ethnicity**
- **Region**
- **LGBTQ+**
- **SMC**

Sources:

Notes:
- Asked of all respondents.
**Drug Use Among Adolescents**
- Overall drug use among adolescents in 7th, 9th and 11th graders showed a positive correlation (unfavorable relationship) with age for many of the drugs asked about in the 2020 to 2021 San Mateo County Healthy Kids Survey, including alcohol, marijuana, e-cigarettes/vape, prescription painkillers, ecstasy, cocaine, LSD, amphetamines, and heroin.\(^{149}\) The use among non-traditional (of any age) students is higher than use among traditional students for most drugs. Note also that 28.6% of 11th grade students report that they have tried alcohol, 20.3% have tried marijuana, and 19.4% have tried vaping/e-cigarettes.\(^{149}\)

**Adolescent Lifetime Use of Drugs by Grade Level**
San Mateo County, 2020-2021

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>7th Grade</th>
<th>9th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>4.7%</td>
<td>11.3%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>1.4%</td>
<td>7.1%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>2.0%</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.2%</td>
<td>0.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>LSD/Psychedelics</td>
<td>0.6%</td>
<td>3.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.1%</td>
<td>1.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>2.5%</td>
<td>9.2%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Smokeless Tobacco</td>
<td>0.7%</td>
<td>2.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>0.5%</td>
<td>2.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Sedatives</td>
<td>0.6%</td>
<td>0.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Diet Pills</td>
<td>0.2%</td>
<td>1.8%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Stimulants</td>
<td>0.6%</td>
<td>1.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>4.7%</td>
<td>4.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>1.4%</td>
<td>2.2%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Sources:
* CHKS, 2020-2021.

- 5.0% of 2022 Health and Quality of Life survey respondents with children suspect that their child has used alcohol or drugs during the past 12 months. This is significantly lower than reported in 2018 (10.5%).\(^8\)

**Alcohol Use & Abuse**
Alcohol abuse is the most serious substance abuse problem we face. A majority of the population drinks alcohol. Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences. Alcohol use has been linked to a substantial proportion of accidental injuries and deaths from motor vehicle crashes, falls, fires and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior.\(^{179}\)

**Current Drinking**
- Nearly 6 in 10 adults (58.7%) are current drinkers; that is, they have consumed at least one alcoholic drink in the prior month. This is lower than the prevalence reported in 2004, 2008, and 2018 findings and similar to the prevalence in 2013.\(^8\)
- Alcohol use is notably higher among those with a college education or higher, those with an income >400% of the poverty level, NH White and NH Black respondents, and residents of the Coastside region.
The groups with the lowest prevalence of drinking are those aged 65+, those with an income <200% of the poverty level, NH Asian respondents, NH Pacific Islanders, and LGBTQ+ respondents.\(^8\)

\[\text{Current Drinking} \]
San Mateo County, 2022

- **Sex**: Male 59.8%, Female 57.6%
- **Age**: 18-39 59.1%, 40-64 60.1%
- **Race/Ethnicity**: Hispanic/Latino 54.2%, Non-Hispanic White 61.3%, Non-Hispanic Black 66.9%
- **Region**: Countywide 59.6%, South County 61.1%, Coastside 62.0%, SMC 67.5%
- **FPL**: <200% FPL 56.9%, >200% FPL 59.6%
- **Education**: HS Graduate 44.2%, High School Dropout 39.2%

Sources:
- Notes:
  - Asked of all respondents. Current drinking is defined as having 1 or more drinks in the past month.

- In the 2020-2021 school year, approximately 6.1% of adolescents enrolled in school are current drinkers (have consumed at least one alcoholic drink in the past month) and 21% of high school seniors reported consuming at least one alcoholic drink in the past month. Current drinking is associated with age, meaning older ages tend to have higher percentages of current drinking.\(^{149}\)

\[\text{Current Drinkers Among Adolescents by Grade Level} \]
San Mateo County, 2020-2021

- **Grade**: Grade 6 10.7%, Grade 7 21.1%, Grade 8 12.2%, Grade 9 12.2%
- **Non-Traditional**: 12.8%
- **Total**: 6.1%

**Chronic Drinking**

- A total of 8.2% of San Mateo County adults are “chronic” drinkers, meaning that they averaged two or more drinks per day in the month preceding the interview (total of 60+ alcoholic drinks for men and 30+ drinks for women in 30 days), lower than in 2018, but higher than 2004, 2008, and 2013.  
- This percentage is higher among men (11.9%), those with higher incomes (9.2% for >400% FPL), NH White respondents (10.4%), and those living in the Coastside area (11.3%).

**Binge Drinking**

- A total of 16.0% of San Mateo County adults are “binge” drinkers, meaning that there has been at least one occasion in the month preceding the interview on which they consumed five or more alcoholic drinks for men and four or more alcoholic drinks for women. This is lower than in 2018.  
- Binge drinking in San Mateo County is highest among young adults aged 18-39 (24.0%), NH Pacific Islanders (18.1%), and Hispanic respondents (20.3%).
In looking at binge drinking among young adults over the past several years, data show that binge drinking has decreased for males, but increased for females aged 18 to 24.\(^8\)

### Binge Drinking Among Adults Aged 18-24 by Sex
San Mateo County, 2004-2022

- In the 2020-2021 school year, approximately 2.8% of adolescents enrolled in school are binge drinkers (have consumed at least five alcoholic drinks in the past month). 12.5% of high school seniors reported...
consuming at least five alcoholic drinks in the past month. Binge drinking is associated with age, meaning older ages tend to have higher percentages of binge drinking.\(^8\)

**Driving Under the Influence (DUI)**
- In 2019, there were 2,269 DUI arrests in San Mateo County; 73 felony DUI arrests, 9 juvenile DUI arrests, and 2,187 were misdemeanor DUI arrests.\(^{181}\)
Addictions Treatment

Substance Use Hospitalizations

- In 2020, the substance use-related hospitalization rate overall was 33.6 hospitalizations per 10,000 people. The hospitalization rate was highest among NH Black residents who have historically had some of the highest rates of hospitalizations. NH AIAN residents also have high substance use-related hospitalization rates, surpassing NH Black residents in 2019. NH Asian and NH Multiracial residents have the lowest substance use-related hospitalization rates.
Substance use hospitalization rates have been decreasing in both males and females. Males have much higher rates of substance use related hospitalizations compared to females. In 2020, males had a substance use related hospitalization rate of 41.5 hospitalizations per 10,000 persons compared to 26.0 in females.

Substance use related hospitalizations rates have been decreasing in both males and females. Males have much higher rates of substance use related hospitalizations compared to females. In 2020, males had a substance use related hospitalization rate of 41.5 hospitalizations per 10,000 persons compared to 26.0 in females.
Seeking Help for Addictions

- 4.1% of 2022 Health and Quality of Life survey respondents report ever seeking professional help for a drug related problem, which is higher than in 2018 (3.4%). Men, young adults, those with lower education and income, and NH Black and NH White respondents were the most likely to seek professional help for a drug related problem. Notable, NH Asian respondents and those living in the North County area were among those least likely to have ever sought professional help for a drug related problem.

### Ever Sought Professional Help for a Drug-Related Problem

San Mateo County, 2022

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>FPL</th>
<th>Race/Ethnicity</th>
<th>Region</th>
<th>LGBTQ+</th>
<th>SMC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1%</td>
<td>3.4%</td>
<td>4.0%</td>
<td>4.7%</td>
<td>4.8%</td>
<td>5.3%</td>
<td>4.8%</td>
<td>4.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2018/2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

- Nearly 1 in 2 San Mateo County adults (50.2%) report they would not know where to access treatment for a drug-related problem if needed for themselves or a family member. This proportion has increased in comparison to previous surveys. Furthermore, this uncertainty is notably higher among young adults, adults without a college education, lower-income adults, and NH Asians, NH PIs, residents of North County, and LGBTQ+. Regionally, the prevalence is lowest on the Coastside. The trend shows that, over time, more and more respondents would not know where to access treatment for drug-related problems if needed.
Mental Health Status

Days of Poor Mental Health

- Surveyed adults report an average of 4.1 days in the preceding month in which their mental health was not good (significantly more than previous years). Those living below the 200% poverty threshold express the highest average number of days of poor mental health per month (5.9 days, versus 3.3 days among those with incomes over 400% of poverty). In addition, averages are higher among women, those aged 18 to 39, Hispanic and LGBTQ+ respondents, and residents in the Coastside region. 

Sources:
- * As of all respondents.
History of Mental Health Problems

- A total of 17.9% of surveyed adults have a history of mental or emotional illness, representing approximately 106,235 county residents (significantly higher than previous findings). This proportion is 21.0% among women, 22.7% among adults aged 18 to 39, 25.0% among respondents living below the 200% poverty threshold, 22.1% of Hispanics, 27.5% of LGBTQ+ respondents, and 24.0% of South County residents. Note the lower prevalence among local men (14.2%), NH Pacific Islanders (9.5%), NH Asians (12.0%), NH Blacks (12.6%), and those aged 65+ (10.5%).

---

Sources:

Notes:
- * Asked of all respondents.
Depression

- In 2022, surveyed adults report an average of 4.0 days in the preceding month in which they felt sad, blue or depressed (significantly higher than previous findings). Women (4.5), those without postsecondary education (4.7), persons living below the 200% poverty threshold (6.0) and between 200-400% of the federal poverty line (4.8), Hispanic respondents (4.5), LGBTQ+ respondents (4.9) and residents in the South County region (4.3) averaged higher numbers of days of depression in the preceding month.8
A total of 33.5% of surveyed adults reported having had a period lasting two years or longer during which he or she was sad or depressed on most days; this is significantly higher than previous years. 

The proportion of those who have experienced two or more years of depression increases to 35.5% among women, 41.2% among adults aged 18 to 39, 38.2% among adults without postsecondary education, 47.9% among persons living below the 200% poverty threshold, 39.8% among Pacific Islanders, 43.6% among LGBTQ+ respondents and 37.5% among South County adults.

**Experienced Symptoms of Depression Lasting 2+ Years**

San Mateo County, 2022

Sources:

Notes:
- * Asked of all respondents.
Suicide

- A total of 8.0% of surveyed San Mateo County adults report thoughts of taking their own life in the past 12 months. The percentages were notably higher among adults aged 18 to 39, persons with a household income 200-400% above the federal poverty line, NH PI individuals, and LGBTQ+ respondents.⁸
- LGBTQ+ persons and NH Pacific Islanders were the most likely to report thoughts of taking their own life (14.8% and 14.0%, respectively).⁸

| Had Thoughts of Taking Ones Own Life in Past Year |
| San Mateo County, 2022 |

Stress & Lack of Sleep

- A total of 8.7% of survey respondents reported experiencing high stress on a daily basis (higher than previous years). Perceptions of high stress were highest among Asian respondents (9.9%).
- Surveyed adults reported an average of 6.0 days in the preceding month in which they were worried, tense, or anxious. Days of anxiety increase to 6.7 among women, 7.3 among adults aged 18 to 39, 6.8 among adults with a high school education or less, 7.7 among adults living below the 200% poverty threshold, and 6.6 among both NH Whites and Hispanics.⁸
Surveyed adults reported an average of 8.8 days in the preceding month in which they did not receive enough rest or sleep (higher than previous findings). Women, adults aged 18 to 39, those with an income 200-400% above the federal poverty level, and NH White respondents report a greater average number of days of poor rest or sleep.¹⁰
San Mateo County adults averaged 15.7 days in the preceding month in which they felt very healthy and full of energy (lower than previous years). Populations with higher averages include men, seniors, those with an income >400% of the federal poverty level, and NH Black respondents. Notably, those aged 18 to 39, those without a college education, those making less than 200% of the federal poverty level and LGBTQ+ respondents report fewer days where they felt very healthy and full of energy.\(^8\)

**Average Number of Days in Past Month Respondent Felt Healthy and Full of Energy**

San Mateo County, 2022

Sources:

Notes:
- \(^*\) Asked of all respondents.

**Mental Health Treatment**

- In 2022, 17.9% of surveyed adults reported that they have a “history” of mental or emotional illness, and more than 4 in 10 (42.2%) have sought some type of professional help for a mental or emotional problem (such as depression, stress, and anxiety), which is significantly higher than previous findings.\(^8\)
- Utilization of mental health services is particularly low among men, persons without education beyond high school, NH Asian and NH Pacific Islander respondents and North County residents.\(^8\)
**The questions in this section have to do with adverse childhood experiences (ACEs) and includes sensitive questions regarding verbal, emotional, physical, and sexual abuse experienced before the respondents were 18 years of age.**

- ACEs are potentially traumatic events occurring in childhood such as abuse, neglect, and unstable household environments. ACEs are common, occurring more often among women and racial/ethnic minorities, yet preventable and have been linked to increased risks of developing numerous mental and physical illnesses as well as substance abuse problems.
- The 2022 San Mateo County HQOL survey included new questions regarding ACEs. Respondents were asked to think back to the time period before they were 18 years of age when answering these questions.

### Household Mental Illness ACE

- Nearly 1 in 5 survey respondents report, before the age of 18, living with someone who was depressed, mentally ill, or suicidal. Women, young respondents, those with an income 200%-400% FPL, NH White respondents, those living in the Coastside area, and LGBTQ+ individuals were the most likely to report living with someone who was depressed, mentally ill, or suicidal.\(^8\)
Household Substance Abuse ACE

- Of survey respondents, 23.6% reported living with someone who was a problem drinker or alcoholic, before the respondent was 18 years old. Those with lower education and lower income, Hispanic/Latinx, Black, and NH White respondents, those living in the Coastside area, and LGBTQ+ individuals were more likely to report ever living with someone who was a problem drinker or alcoholic. Reports were notably low amongst NH Asian respondents.8
Before Age 18, Ever Lived With Someone Who used a Problem Drinker or Alcoholic
San Mateo County, 2022

12.5% of 2022 survey respondents reported, before the age of 18, living with someone who used illegal street drugs or who abused prescription medications. Reports were highest among those aged 40-64, those with lower education and lower income, Hispanic/Latinx and NH Black respondents, those living in the Coastside area, and LGBTQ+ respondents. Reports were notably lower amongst those aged 65+ and NH Asian respondents. 📊

Before Age 18, Ever Lived With Someone Who Used Illegal Drugs/Abused Medication
San Mateo County, 2022

Sources:
- 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
- * Asked of all respondents.
Incarcerated Household Member ACE

- Overall, 7.6% of survey respondents in 2022 reported living with someone who served time or was sentenced to serve time in prison, jail, or other correctional facility, before the respondent was 18 years old. Those with lower education and lower income, Hispanic/Latinx and NH Black respondents were the most likely to report living with someone who served time or was sentenced to serve time in prison, jail, or other correctional facility.

Parental Separation or Divorce ACE

- Roughly 1 in 4 San Mateo County HQOL respondents in 2022 reported having parents who were separated or divorced before they were 18 years old. These reports were highest amongst young adults, those without a college degree, those with an income <200% of the FPL, and NH Black and Hispanic/Latinx respondents. Reports were notably lower for those aged 65+ and NH Asian respondents. 
Intimate Partner Violence ACE

- Before the age of 18, nearly a quarter (24.0%) of survey respondents in 2022 reported parents or adults slapping, hitting, kicking, punching, or beating each other up at least once. Reports of intimate partner violence were highest among those with low education and income, Hispanic respondents and NH Pacific Islanders, and LGBTQ+ respondents.  

Before Age 18, Adults in Home Were Physically Violent with Each Other at Least Once

San Mateo County, 2022

Sources:
• 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.
Notes:
• Asked of all respondents.
**Physical Abuse ACE**

- 20.1% of 2022 HQOL survey respondents reported that, before the age of 18, a parent or adult slapped, hit, kicked, punched, or beat the respondent up at least once. Those with low education (24.4%) and income (28.3%), NH White respondents (27.1%) and NH Pacific Islanders (29.7%), and LGBTQ+ respondents (29.3%) reported the highest levels of experiencing physical abuse by a parent or adult in their home.8

**Emotional Abuse ACEs**

- 2 in 5 San Mateo County respondents in 2022 reported a parent or adult swearing, insulting, or putting them down at least once before the age of 18. Emotional abuse is highest amongst young adults, those making <200% of the FPL, NH Black and Hispanic respondents, and LGBTQ+ respondents.8

---

**Before Age 18, Adult in Home Was Physically Violent with Respondent at Least Once**

San Mateo County, 2022

![Graph showing the percentage of respondents experiencing physical abuse by a parent or adult in their home, categorized by sex, age, education, FPL, race/ethnicity, region, and LGBTQ+ status.](image)

**Sources:**
- 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

**Notes:**
- *Asked of all respondents.*
Before Age 18, Adult in Home Swore at or Insulted Respondent at Least Once
San Mateo County, 2022

Sexual Abuse ACEs

- 12.8% of respondents in 2022 reported an adult or someone at least 5 years older than them touched the respondent sexually at least once before the age of 18. One in 10 respondents (10.1%) reported an adult or someone at least 5 years older than them tried to make the respondent touch them sexually at least once. 5.9% of respondents reported an adult or someone at least 5 years older forced the respondent to have sex with them at least once before the age of 18.⁸
- For all three of these questions, reports of sexual abuse are generally highest amongst women, individuals aged 40 to 64, people with lower education and income, NH Black and Hispanic respondents, and LGBTQ+ respondents.⁸

Sources:
* 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
* Asked of all respondents.
Before Age 18, Someone 5+ Years Older Touched Respondent Sexually at Least Once
San Mateo County, 2022

Sources:
• 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
• Asked of all respondents.

Before Age 18, Someone 5+ Years Older Tried to Make Respondent Touch Them Sexually at Least Once
San Mateo County, 2022

Sources:
• 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

Notes:
• Asked of all respondents.
### Summary of ACEs

#### Adverse Childhood Experiences Summary Table

**San Mateo County, 2022**

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?</td>
<td>21.2%</td>
<td>78.8%</td>
</tr>
<tr>
<td>2. Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?</td>
<td>23.6%</td>
<td>76.4%</td>
</tr>
<tr>
<td>3. Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?</td>
<td>12.5%</td>
<td>87.5%</td>
</tr>
<tr>
<td>4. Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?</td>
<td>7.6%</td>
<td>92.4%</td>
</tr>
<tr>
<td>5. Before you were 18 years of age, were your parents separated or divorced?</td>
<td>24.0%</td>
<td>76.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event</th>
<th>Never (%)</th>
<th>Once (%)</th>
<th>More Than Once (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?</td>
<td>77.0%</td>
<td>9.4%</td>
<td>13.6%</td>
</tr>
<tr>
<td>7. Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.</td>
<td>79.9%</td>
<td>5.3%</td>
<td>14.8%</td>
</tr>
<tr>
<td>8. Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?</td>
<td>58.9%</td>
<td>9.3%</td>
<td>31.8%</td>
</tr>
<tr>
<td>9. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?</td>
<td>87.2%</td>
<td>5.4%</td>
<td>7.4%</td>
</tr>
<tr>
<td>10. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?</td>
<td>89.9%</td>
<td>3.9%</td>
<td>6.2%</td>
</tr>
<tr>
<td>11. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?</td>
<td>94.2%</td>
<td>2.6%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 San Mateo County Health and Quality of Life Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
ACEs Risk

- 17.9% of survey respondents have a high ACE risk. High ACE risk has been linked to increased risk of poor mental and physical health and other problems later in life.
- High ACE risk is highest amongst women, young adults, those without a college education, those with low income, NH Black and Hispanic Respondents, LGBTQ+ respondents, and those living in the Coastside area.

High ACEs Risk
San Mateo County, 2022

Sources:
2. 16-2020 ACS 5 year Estimates, Table B01001.
4. 2006-2010 ACS 5 year Estimates, Table B01001.
8. Professional Research Consultants Inc. 2022 *Health & Quality of Life Survey.*
10. 2017-2021 ACS 5-year Estimates; Table B20004.
38. 2017-2021 ACS 5-year Estimates, Table C15002B-I.
42. San Mateo County Child Care Partnership Council. San Mateo County Child Care Needs Assessment – 2022,.
45. California Department of Social Services. CalWORKs Data Tables.
47. California Department of Social Services. Disability Adult Program Data Tables.
49. California Department of Social Services. CalWORKS Data Table,
52. County of San Mateo Human Services Agency.
54. California Childwelfare Indicator Project. Number of Days in Care: 8 days or more.
63. Extract CCIPCCQ. 2021.
64. State of California Department of Justice. Attorney General Bonta Releases 2021 Hate Crime Report, Highlights Resources to Support Efforts to Combat Hate.
69. San Mateo County Human Services Agency. *2022 SAN MATEO COUNTY ONE DAY HOMELESS COUNT AND SURVEY.*
73. California Association of Realtors. Third quarter 2022 housing affordability.
76. California Association of Realtors. *Housing Affordability Index - First-Time Buyer.*
77. United States Census Bureau. 2017-2021 ACS 5 year Estimates, Table B19013.
78. Coalition NLIH. *Out of Reach 2022.*
80. 2017-2021 ACS 5 year Estimates, Table B19013.
102. County Of San Mateo Planning and Building Map Viewer. Land Use.
103. San Mateo County Executive Office. San Mateo County Agriculture Production Near $100 Million2022.
105. San Mateo County Department of Parks. 2018.
113. United States Department of Transportation. County Transportation Profile.
121. San Mateo County Statement of Vote. 2022.
134. FITNESSEGRAM. FitnessGram Assessment. https://fitnessgram.net/assessment/.
135. California Longitudinal Pupil Achievement Data System. Socio-Economically Disadvantaged Subgroup.
143. CDC. Tobacco-Related Mortality. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm#:~:text=Cigarette%20smoking%20causes%20about%20one%20of%20every%20five,annually%20among%20women%20%28including%20deaths%20from%20secondhand%20smoke%29.
144. CDC. Costs and Expenditures.
146. CDC. Health Problems Caused by Secondhand Smoke.
153. CDC. HPV Fact Sheet.
154. CDC. New data suggest STDs continued to increase during first year of the COVID-19 pandemic.
175. San Mateo County Health Department. San Mateo, California. 2007.
176. California Reportable Disease Information Exchange (CalREDIE) 2022.