



Health

Issue Brief



The Community Input Project

Silicon Valley Community Foundation is committed to the best ideas and most effective solutions— at the local and the regional levels. With those goals in mind, the community foundation has initiated the Community Input Project, a series of strategic conversations around needs and issues that matter most. The issues were selected based on a review of local data, the many excellent assessments available about the health, social and environmental concerns in the region, and issues community members and leaders have raised.

The community foundation anticipates this process will spur a greater interest in regional partnerships as well as strategic solutions for meaningful, lasting and transformative change. The community foundation's board of directors will take the results of the community input process into consideration when making decisions about future directions and strategies.

This brief represents a summary of important trends and issues related to health. Similar briefs will be available in the areas of immigration, arts and culture, environment, community economic development, housing, civic engagement, child and youth development and education.

Major Trends

Major disparities persist in health and health care. The National Institutes of Health defines health disparities as the “differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.” More specifically, low-income populations and communities of color disproportionately experience worse health outcomes across a broad spectrum of illnesses, injuries and treatment outcomes. Persons living in poverty are considerably more likely to be in fair or poor health and to have disabling conditions, and less likely to have used many types of health care than those with incomes of 200 percent of the federal poverty level (FPL) or higher. Significant racial and ethnic disparities remain across a wide range of health measures as well, including life expectancy, obesity, chronic disease and access to care (1).

Health care costs are rising faster than other costs. The United States spends more on health per capita than any other country, and health spending continues to increase rapidly. Much of this spending is for care that controls or reduces the impact of chronic diseases and conditions affecting an aging population. In 2004, national health care expenditures in the United States totaled \$1.9 trillion, a 7.9 percent increase from 2003. In the Bay Area, health care costs have risen at an average annual rate of 4.4 percent over the last ten years (1, 2).

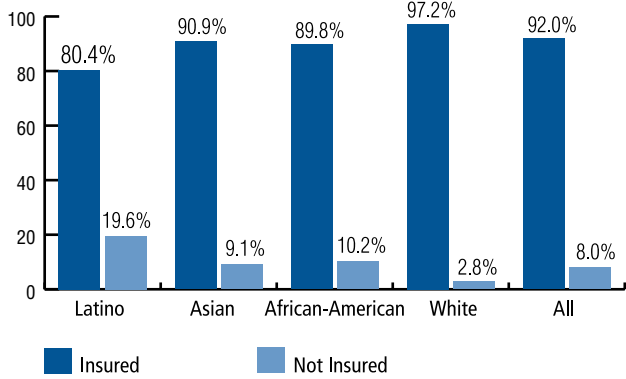
Behaviors Profoundly Impact Health Status. Certain personal behaviors play a major role in premature morbidity and mortality. Of particular concern in recent years has been the increase in overweight and obesity, which are risk factors for many chronic diseases and disabilities including heart disease, hypertension and back pain. The rising number of children and adults who are overweight and the large percentage of Americans who are not physically active raise additional concerns about Americans' future health. Other risk behaviors that impact health include alcohol, tobacco and other drug use.

Decreased cigarette use among adults has contributed to declines in mortality. However, the prevalence of binge drinking and marijuana use among high school students is an area of growing concern (1).

Regional Indicators

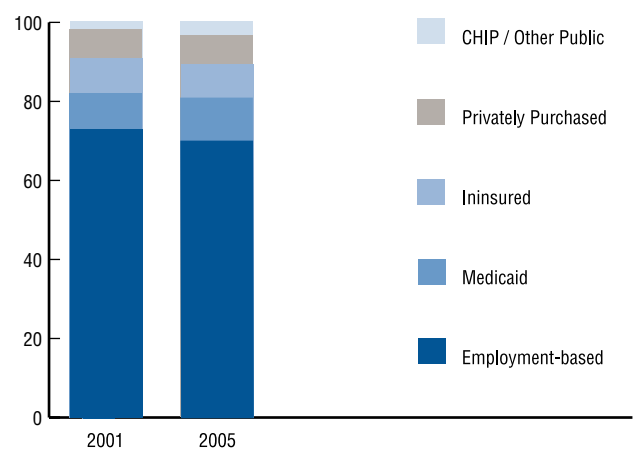
- In 2005, 8 percent of Silicon Valley residents lacked health insurance representing a decrease from 9.7 percent in 2003. Nearly 20 percent of Latino residents lacked health insurance compared to approximately 3 percent of Whites (3). *See Figure 1.*
- Since 2001, the source for health insurance has been shifting primarily from employer-based coverage to publicly funded programs (4). *See Figure 2.*
- Nearly 20 percent of San Mateo County and 25 percent of Santa Clara County children were not up-to-date for required immunizations at age 24 months in 2004. Latino children were the least likely to be up-to-date with immunizations (5).
- Almost half (49 percent) of Silicon Valley adults and 56 percent of adults statewide were overweight or obese in 2005. Since 2001, adult obesity has expanded at a faster rate in Silicon Valley than the state. Rates of overweight or obese adults were highest among African Americans and Latinos (3). *See Figure 3.*
- In Silicon Valley, approximately one in four 5th, 7th and 9th graders were overweight in 2004. Less than a third of African-American and Latino 7th grade students met all physical fitness standards in 2006 (5). *See Figure 4.*
- In 2004, 26 percent of surveyed adults in San Mateo's community health assessment reported experiencing some degree of difficulty in their lives with feelings of isolation or loneliness. In a similar study done in Santa Clara County, 13 percent of adults reported needing help with mental and emotional problems (6, 7).
- Over 20 percent of 7th, 9th and 11th graders in the region reported using alcohol four times or more in their lifetime (5).

Figure 1: Percentage of Adults Currently Insured by Race, 2005



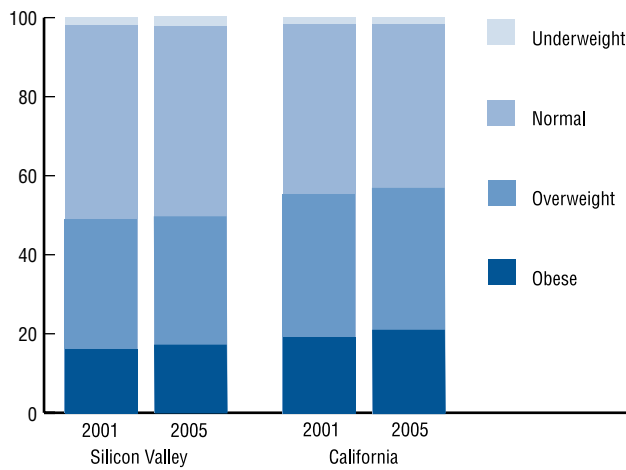
Source: California Health Interview Survey. CHIS 2005 Adult Public Use File, Release 1. UCLA Center for Health Policy Research.

Figure 2: Insurance Coverage by Source in Santa Clara and San Mateo Counties



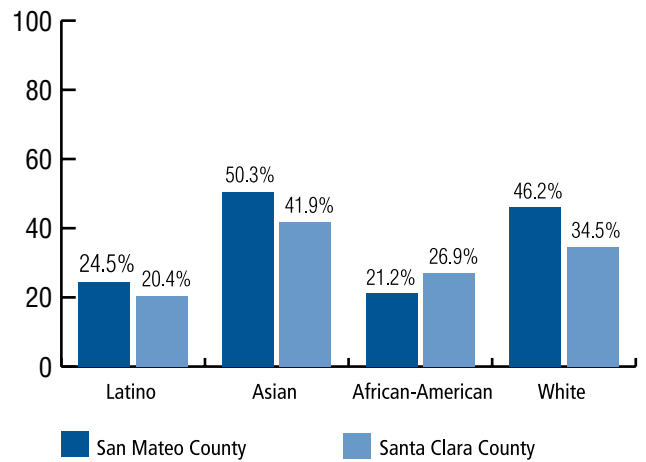
Source: 2007 Silicon Valley Index. Joint Venture: Silicon Valley Network.

Figure 3: Distribution of Overweight Adults by Body Mass Index (Silicon Valley vs. California)



Source: 2007 Silicon Valley Index. Joint Venture: Silicon Valley Network.

Figure 4: Percentage of 7th Grade Students Meeting All Fitness Standards by Race/Ethnicity, 2006



Source: Kidsdata.org. Lucile Packard Foundation for Children's Health.

Figure 5: Percentage of 7th, 9th and 11th-graders Who Have Used Alcohol

Frequency	Santa Clara County	San Mateo County
Have Not Used	62.5%	57.3%
1 Time	7.6%	8.2%
2 to 3 Times	8.3%	9.2%
4 Times or More	21.6%	25.3%

Source: Kidsdata.org. Lucile Packard Foundation for Children's Health.

Issues for Discussion

Health Care Access

The cost of health care is rising and the number of working adults with employer-based health coverage is decreasing. At the same time, the high cost of living in Silicon Valley means that families earning several times the federal poverty level still struggle to pay for health care. As a result, access to preventive health care and treatment for chronic health problems becomes difficult and expensive emergency room services become the only available primary care option.

Trends in coverage

While a greater number of people in the region have some form of health insurance, there are still notable gaps in coverage among certain populations, including those that are lower-income and immigrants. Approximately 36,000 to 44,000 of the uninsured adults in 2005 earned below 400 percent of the federal poverty level. Nearly half of all uninsured adults reported working full-time (3, 8).

Non-citizens in San Mateo and Santa Clara counties made up 15 percent of the total insured population, but 41 percent of the uninsured population. Access to health services for the immigrant and refugee populations is provided primarily through the safety net providers of county and community-based health care systems. As these resources are strained by unstable funding, the availability of health services for these high-risk populations is jeopardized (3, 9).

Existing initiatives and legislative advocacy opportunities

Recognizing the high cost of health care, both San Mateo and Santa Clara counties have implemented several initiatives in recent years to provide access to health insurance for children and low-income residents, including the Children's Health Initiative in both counties, the Blue Ribbon Task Force on Adult Health Care Coverage Expansion in San Mateo County and the Valley Care Coverage Initiative in Santa Clara County. These programs serve children and families earning under 300 to 400 percent of the federal poverty level (FPL) because in both counties the true cost of living is so much higher than the FPL.

These local efforts are occurring in the context of potential legislative changes in the state and federal arenas. At the same time, there is a need to maintain and expand these health insurance programs, particularly for populations that are most in need of publicly funded coverage as well as those who are most vulnerable to any potential changes to current initiatives (e.g. undocumented immigrant communities in both counties). Advocacy at the regional and state level for legislation to expand health care coverage is critical.

Mental and Behavioral Health

Millions of children and adults suffer from a mental disorder that disrupts their ability to function at home, in school or in their community; yet many do not receive treatment. Many leading causes of premature death can be attributed to certain behaviors, such as physical inactivity, alcohol, tobacco and other drug use and lack of preventive health care.

Mental health

In 2005, African-Americans, Asians and Latinos in both Santa Clara and San Mateo counties were disproportionately more likely to have psychological distress than Whites. Residents living under 200 percent of the FPL were also more likely to experience psychological distress than the general population, as were those who were uninsured. In Santa Clara County, almost a quarter of 7th graders reported having felt sad or hopeless almost every day for two weeks, to the point that they stopped doing usual activities, with rates for Latinos and girls even higher (3, 10).

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which is designed to expand county mental health service systems. MHSA implementation requires that each county submit a three-year plan to be updated at least annually and approved by the Department of Mental Health. There is a critical need to explore both the opportunities and challenges associated with MHSA implementation.

Behavioral health

Childhood obesity is a growing epidemic in the United States today. In 2004, the U.S. Surgeon General warned that we may see the first generation that will be less healthy and have a shorter life expectancy than their parents because of the increasing rate of obesity, unhealthy eating habits and physical inactivity. Because diabetes, hypertension and other obesity-related chronic diseases are now more common in adolescents, various studies highlight the importance of weight control in the nation's youth through more physical activity and better dietary habits. Childhood obesity ranks as a top priority of Silicon Valley, identified in the strategic plans of the Health Trust of Santa Clara County and the San Mateo County Health Department.

Tobacco, alcohol and other drug use also contribute to numerous leading causes of death, disease and disability. Children and teens who use these substances are particularly vulnerable to addiction and detrimental health effects throughout their lives. Among youth, for example, the use of alcohol and other drugs has been linked to unintentional injuries, social and emotional difficulties, physical violence, academic problems, and illegal behavior. Substance abuse and risky sexual behavior are closely connected and thus the prevalence of sexually transmitted infections (STIs), including HIV/AIDS. In Santa Clara and San Mateo counties, STI (specifically gonorrhea and chlamydia) rates among youth ages 10-19 rose from 2001 to 2005 (5).

Community Health

Promoting individual and community health is a systematic process that encourages not only safe and healthy behaviors but also safe and healthy environments. Effective health promotion must change systemic and structural factors—economic inequalities, racism, sexism and the physical environment—that dramatically shape communities' health.

Built environment

Land use and transportation decisions have a huge impact on quality of life and the conditions that shape the health of a community. Chronic diseases such as diabetes and asthma are leading health concerns which are influenced by environmental conditions. Decisions about zoning, transportation, land use and community design influence the distances people travel to work, the convenience of purchasing healthy foods, and the safety and attractiveness of neighborhoods for walking. Moreover, when land use and transportation planning decisions are made in a way that reinforce social inequalities, they often contribute to an associated disproportionate burden of preventable illness, injury and death in low-income communities and communities of color (11).

Over the past decade, research studies conducted in the United States suggest that the quantity of retail outlets and the quality of food available from retailers vary. These differences are typically associated with demographic characteristics including race, ethnicity and class. For example, researchers from study sites across the country report that predominately African-American census tracts tend to have fewer supermarkets and more convenience stores than predominantly White census tracts. The presence of supermarkets which provide more options for healthy food is linked to a lower prevalence of obesity and overweight (12).

Public safety

Violence which occurs in far too many homes, schools and communities impacts not just those who experience it but also the health of the entire community. It generates fear and contributes to the deterioration of neighborhoods. Addressing public safety means taking into account the multiple underlying contributors to violence including: poverty, unemployment, oppression, substance abuse, educational failure, fragmented families, witnessing or experiencing past violence, and feelings of powerlessness. Fostering public safety entails building community empowerment, economic opportunities and high quality services and institutions (13).

Sources

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About Silicon Valley Community Foundation

Silicon Valley Community Foundation is a leading voice and catalyst for innovative solutions to the region's most challenging problems. Our mission, vision and values reflect our commitment to serving the vibrant communities in San Mateo and Santa Clara counties. We bring together diverse groups of people—nonprofits, donors, government leaders, business people, faith-based organizations—all of whom care deeply about improving the quality of life in our region. Our goal is impact and we employ a variety of strategies to achieve it, including grantmaking, community initiatives, donor engagement, convening and research.

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