



2022 Community Health Needs Assessment (CHNA)

Executive Summary of Selected Health Needs

El Camino Health¹ has chosen five health needs to address through its Community Benefit efforts in fiscal years 2023–2025. Each health need description below summarizes the statistical data and community input collected during the 2022 Community Health Needs Assessment (CHNA). More information on the assessment will be made available in El Camino Health’s CHNA report, which will be made publicly available by June 30, 2022 at <https://www.elcaminohealth.org/about-us/community-benefit>.

For the CHNA, El Camino Health’s consultants conducted seven interviews with local experts (e.g., members of Santa Clara County’s Public Health Department) and seven focus groups, one with safety net clinic patients and the other six with local experts and leaders. The consultants tabulated how many times health needs were prioritized by each of the focus groups or described as a priority in an interview in order to help assess community priorities. The consultants also identified common themes across these qualitative data, which are articulated in the health needs descriptions below and the CHNA report referenced above.

Statistical data in the health needs descriptions were drawn from a variety of existing sources, including the public Community Health Data Platform sponsored by Kaiser Permanente, KidsData.com, the California Department of Public Health, and the U.S. Census Bureau, as well as the Santa Clara County Public Health Department. Findings from the previous CHNA (2019), reports from Joint Venture Silicon Valley, and available sub-county data were also used whenever available to increase understanding of the health needs in Santa Clara County. The sources for all statistical data will be listed in an appendix to the CHNA report.

Healthcare Access and Delivery (including oral health)

Healthcare Access and Delivery, which affects various other community health needs, was identified as a top health need by more than half the CHNA’s focus groups and nearly one third of key informants. Experts and county residents felt there was a lack of access to primary and specialty care (oral health and mental health were specifically named), especially for middle- and low-income community members. Healthcare access may be especially problematic for youth in the community: In Santa Clara County’s schools, the ratio of students to each school nurse (2,992:1) exceeds the

¹ El Camino Hospital is the legal and funding entity for El Camino Health’s community benefit program. The community benefit requirement applies to 501(c)(3) tax-exempt hospitals.

state ratio (2,410:1) by nearly 25%. Further, the county's ratio of students to school speech, language, and hearing specialists (1,126:1) is larger than the state's (1,093:1). In addition, Black and Latinx Santa Clara County residents experience significantly worse health compared to county residents of other races; for example, preventable hospital stays (4,942 per 100,000 Black Medicare enrollees [adults aged 65 and over and persons with disabilities] and 3,969 per 100,000 Latinx Medicare enrollees in the county versus 3,358 per 100,000 Medicare enrollees statewide) may be a sign of inequitable access to high-quality care. Certainly in East San José, one of the geographic areas where health disparities are concentrated, there is a higher percentage of individuals enrolled in Medicaid or other public health insurance (42%) compared to the state average (38%). Conversely, in Sunnyvale (zip code 94085), another area of concentrated health disparities, a much lower proportion of individuals are enrolled in Medicaid/public health insurance (21%), but a slightly higher proportion of individuals are uninsured (8%) compared to the state overall (7.5%).

Many key informants and focus group participants connected healthcare access with economic instability. For example, some mentioned that low-income residents may be required to prioritize rent and food over healthcare. Others noted that individuals who are not provided with sick time must choose to go unpaid in order to visit the doctor for themselves and/or family members, stating that expanded service hours on weekends and evenings are still needed. It was stated that low-income and undocumented county residents especially have difficulty accessing insurance. Affordability, both of insurance premiums and of healthcare itself, especially preventive care, was a particular concern; in our 2019 CHNA report, Latinx county residents were significantly less likely to have health insurance than others. Additionally, CHNA participants identified the lack of information for patients about healthcare costs as a barrier to accessing care.

“I personally have a problem accessing health care because I'm a single parent, I don't earn [only] the minimum wage. And for that reason, I don't qualify by their standards, because according to them, I'm making so much money that I don't qualify. And it's not worth it for me to pay \$500 for health insurance or dental insurance where the individual plan - it has a lot of exclusions.”

— Clinic Patient Focus Group Participant

Experts indicated that they had mixed experiences with telehealth, which rose substantially during the pandemic. While telehealth can overcome transportation barriers, experts worried about the digital divide as well as patients' lack of privacy. There was also concern expressed by providers about the lower reimbursement rate for telephone appointments (i.e., without video).

The need for healthcare workforce training in order to deliver care in a sensitive manner was a common theme among key informants and focus group participants. Training areas that were identified included LGBTQ+ sensitivity and education about issues specific to the population, trauma-informed care, and greater respect/efforts for patients who have mental health issues, are low-income, lack digital and/or English literacy, or are monolingual non-English speakers. Other delivery issues included education of healthcare workers around public charge issues, and the need for greater language capacity. More than one in ten (11%) Santa Clara County residents speak limited English, compared to less than 10% in California overall. However, there are even more-glaring geographic disparities: in Sunnyvale (zip code 94085) more than one in seven (14%), and in

the East San José area more than two in ten (22%) residents speak limited English. Limited English proficiency can restrict healthcare access.

Systemic issues such as low Medi-Cal reimbursement rates and the annual requirement for Medi-Cal patients to re-verify their eligibility in order to retain coverage were called out as specific concerns. Experts expressed concern about the use of the emergency department for non-emergent issues among immigrants, the unhoused population, and individuals who lack insurance, which speaks to the inequity in access to healthcare among these groups.

Access issues related to oral health arose as well. An oral health expert described the lack of preventive dental care for low-income and underserved populations as well as the need to integrate oral health care into whole-person care. Most specifically, the oral health expert called out the fact that of the few pediatric dentists in the county, still fewer take Denti-Cal due to the low reimbursement rates, leading to a gap in services. For example, a substantially smaller proportion of Santa Clara County Asian/Pacific Islander children and youth who are involved in the child welfare system received a dental check-up (55%) than child welfare-involved children and youth statewide (62%). In our 2019 CHNA report, a smaller proportion of children countywide had a recent dental exam compared to children across the state. Other data from our 2019 CHNA suggest that the county's adults were more likely to experience dental decay than Californians overall, and had a higher rate of emergency department visits for non-traumatic dental conditions compared to the state rate. The oral health expert identified the special needs population as underserved by oral health specialists. Finally, the expert noted that low-income pregnant women often don't know that they have dental insurance benefits while pregnant, and identified this as an opportunity for greater education.

Other inequities in maternal and infant health also exist in the county; for example, low infant birth weight is a more frequent issue among Black (9%) and Asian (8%) babies born in the county compared to all babies statewide (7%), and the overall trend is worsening. Infant mortality is also higher among Black babies. Additionally, a smaller proportion of Black (79%) and Latinx (79%) mothers receive early prenatal care compared to all Californian mothers (84%). A maternal and child health expert indicated that these inequities may also be traced back not only to healthcare access and delivery barriers, but to social determinants of health such as racism. As another example, teen births are significantly higher among the county's young Latinas (23.0 per 1,000 females age 15-19) compared to all females of that age group statewide (17.0 per 1,000), although the trend is improving. The maternal and child health expert suggested that cultural norms as well as access issues may play into these differences.

Behavioral Health (including domestic violence trauma)

Behavioral Health, which includes mental health and trauma as well as consequences such as substance use and domestic violence, ranked high as a health need, being prioritized by all focus groups and more than half of key informants.

The pandemic's negative effect on mental health was one of the strongest themes from the qualitative data. Many experts spoke of depression, anxiety, trauma, and grief among all populations

and reported an increased demand for services; however, children and adolescents were of particular concern. Statistics from prior to the pandemic's advent suggest that youth mental health is an issue: Students in Santa Clara County have lower access to psychologists at school (1,199:1) compared to students statewide (1,041:1, a 15% difference). Perhaps in part due to these access issues, the county's youth self-harm injury hospitalization rate (32.7 per 100,000 age 0-17) is significantly higher than the state's rate (22.4 per 100,000). Experts noted the lack of mental health providers (348.0 per 100,000 people in the county vs. 352.3 per 100,000 at the state level) and addiction services overall, especially in non-English languages.

Key informants and focus group attendees, all of whom participated in the CHNA after the pandemic began, described youth isolation and lack of interaction with peers as preventing normal adolescent development. They also suggested that many students were anxious about returning to school, in part because of the chance of infection. While data prior to the pandemic already indicated that youth behavioral health was a concern, experts described an increase in youth suicide attempts, especially by overdose with prescription medications, that seemed to occur beginning about three months into the pandemic.

Statistics suggest that there are disparities associated with behavioral health. For example, drug overdose deaths among Santa Clara County's Black population occur at nearly twice the rate (25.0 per 100,000 people) as for all Californians (14.0 per 100,000). Self-harm injury hospitalizations are much higher for the county's white youth (66.3 per 100,000 age 0-17) and Latinx youth (31.9 per 100,000) than for all California youth (22.4 per 100,000). The county's white suicide rate for all ages (13 per 100,000 people) remains persistently higher than the state rate (11 per 100,000 people). Experts, however, note that "racial and ethnic minorities have less access to mental health services than do whites, are less likely to receive needed care and are more likely to receive poor quality care when treated."² An expert on the historical context of such disparities suggests that "racism and discrimination," as well as "fear and mistrust of treatment" pose barriers to community members who are Black, Indigenous, or other people of color (BIPOC) seeking help for behavioral health issues. The expert also notes that overrepresentation in the criminal justice system "suggests that rather than receiving treatment for mental illness, BIPOC end up incarcerated because of their symptoms."³ Among the statistical data available for this CHNA, juvenile felony arrests (for ages 10-17) were substantially higher for Black (23.0 per 1,000) and Latinx (9.3) Santa Clara County youth than for California youth overall (4.1 per 1,000).

"I think one of the questions is how do we, as hospital systems, commit to parity, to equity in terms of access to mental health support, knowing it really is the primary health need of our families right now across the country and within San Mateo and Santa Clara counties."

— Health Equity Focus Group Participant

² McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: policy implications. *Health Affairs (Project Hope)*, 27(2), 393–403. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/>

³ Perzichilli, T. (2020). The historical roots of racial disparities in the mental health system. *Counseling Today*, American Counseling Association. Retrieved from <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>

Community members made clear connections between COVID-related economic insecurity causing stress and anxiety, especially for those who lost jobs or saw their incomes affected. African immigrants were one group singled out by experts as experiencing behavioral health issues at a high rate, in part due to job losses during the pandemic. Experts also said that youth worried about the economic hardships of their families and sought employment themselves to reduce the burden on their families. Some experts expressed concern about COVID stress contributing to domestic violence; one mentioned that virtual visits make it harder for patients experiencing domestic violence to obtain both confidentiality and safety. In Santa Clara County, Black children age 0-17 are nearly twice as likely (13.9 per 1,000), and Latinx children somewhat more likely (8.3 per 1,000), to be the subject of a substantiated child abuse case than all children statewide (7.5 per 1,000). The county's Black children (ages 0-20) are also more likely to be in foster care (8.8 per 1,000) than all California children (5.3 per 1,000).

Experts spoke to the fact that the mental health and addiction services systems have historically been siloed, which has resulted in a lack of coordinated, comprehensive treatment. Further, some noted that many hospitals no longer provide mental health services and there are very few inpatient psychiatric beds for acute/high needs. It was stated that services for people without health insurance can be expensive and difficult to access.

Diabetes and Obesity

Approximately one third of key informants and focus groups identified Diabetes and Obesity as a top health need. Two experts in Santa Clara County specifically called out diabetes as a rising problem in the community, while the trend for adult obesity remains flat. Key informants and focus group participants identified the need for nutrition education, particularly from a young age, and some key informants further noted the cost of healthy food as a barrier to good nutrition. SNAP enrollment, an indicator of food insecurity, in the East San José area is substantially higher (14%) compared to the state average (10%).

The lack of physical activity was cited as a driver of obesity by multiple key informants, mostly in the context of the pandemic's interference with regular activities. Associated with this concern, the county's walkability index (9.9) is worse than the state's (11.2), while the walkability index for East San José (0.8) and the 94040 zip code of Mountain View (1.5), another area of concentrated health disparities, are substantially worse than either. The county's Pacific Islander and Latinx middle- and high-schoolers are much less likely to meet healthy body composition and fitness standards than middle- and high-school students statewide; Black middle-schoolers in Santa Clara County generally meet body composition standards but not fitness standards. Orange cells in the tables denote statistics that are five percent or more worse than the benchmark.

Students Meeting Healthy Body Composition Standards⁴

	California	Santa Clara County (SCC)	SCC Black	SCC Latinx	SCC Pacific Islander
5th Graders	78%	83%	81%	71%	75%
7th Graders	79%	85%	80%	74%	68%
9th Graders	81%	87%	82%	77%	72%

Students Meeting All Fitness Standards

	California	Santa Clara County (SCC)	SCC Black	SCC Latinx	SCC Pacific Islander
5th Graders	24%	27%	23%	16%	21%
7th Graders	30%	32%	26%	22%	27%
9th Graders	34%	39%	35%	27%	23%

Community members expressed dissatisfaction with the quality of the food supply, especially for those reliant on food from food pantries or institutions such as schools. Data show that, among the venues from which community members can obtain food, there are substantially fewer supercenters and club stores, which sell fresh produce, in Santa Clara County (22.2 per 1,000 people) compared to the state rate (48.1 per 1,000). Further, and perhaps related to the lack of produce access, a smaller proportion of children age 2-11 in the county eat adequate amounts of fruits and vegetables daily (31%) compared to children statewide (35%). Multiple residents made the connection between unhealthy eating and mental health—what’s going on “in their head and their heart.”

Our 2019 CHNA report identified disparities in diabetes and obesity, with local Black and Latinx populations experiencing obesity at higher rates compared to the state, and the county’s Black population also experiencing higher rates of diabetes. Although key informants and focus group participants did not connect diabetes and obesity with health disparities or inequities, experts writing on behalf of the American Diabetes Association describe placing “socioeconomic disparities and the other [social determinants of health] downstream from racism—which we posit is a root cause for disparities in diabetes outcomes in marginalized and minoritized populations.”⁵

⁴ Statistics provided in the table are the inverse of “Students’ Body Composition Needs Improvement – Health Risk.”

⁵ Ogunwole, S. M. & Golden, S. H. (2021). Social Determinants of Health and Structural Inequities—Root Causes of Diabetes Disparities. *Diabetes Care*, Jan. 2021, 44 (1): 11-13. Retrieved from <https://care.diabetesjournals.org/content/44/1/11>

Economic Stability (including food insecurity, housing, and homelessness)

Nearly all focus groups and almost three quarters of key informants identified economic stability and/or housing and homelessness as a top community priority. Housing costs and other costs of living in Santa Clara County are extremely high; the county's median home rental cost at \$2,374 is 41% higher than the median state home rental cost (\$1,689) and the home ownership affordability index for the county (73.0) is substantially worse than for the state overall (88.1). Moreover, while homeowners statewide are spending approximately 31% of their income on their mortgage, at the county level homeowners are spending over 36%, East San José homeowners are spending over 40%, and homeowners in the 94040 zip code of Mountain View are spending 50% of their income on their mortgages. Overall, the East San José area experiences higher levels of Neighborhood Deprivation⁶ (0.6) compared to the rest of the county (-0.2) and California as a whole (0.0).

Most feedback about housing from key informants and focus group participants concerned housing affordability. The housing affordability index for Santa Clara County⁷ (73.0) is lower (i.e., worse) than for California (88.1), but higher (i.e., better) than areas such as East San José (60.5) or the 94040 zip code of Mountain View (51.0). The proportions of people who own their own homes in both the 94040 zip code of Mountain View (41%) and the 94085 zip code of Sunnyvale (38%) are substantially lower than the county as a whole (56%) or the state average (55%). CHNA participants expressed the difficulty individuals in poverty—who were described as more likely to be BIPOC—have in affording housing. Median household income in East San José (\$79,602) is substantially lower than even the state median (\$82,053), let alone the county median household income (\$129,210). Focus group participants mentioned out-migration from the county due to the high cost of housing, and some described the difficulty of recruiting employees for the same reason.

Other CHNA participants said high costs are driving overcrowding, which they noted can contribute to the spread of infectious diseases, including COVID. Particularly in East San José (20%) and the 94085 zip code of Sunnyvale (12%), the proportions of overcrowded housing units are much higher than in the state as a whole (8%). However, housing quality is also a concern; for example, children and young adults age 6-20 countywide have worse blood lead levels (1.1%) than California children overall (0.5%).

Income inequality in Silicon Valley is 1.5 times higher than at the state level. More specifically, the 94040 and 94043 zip code areas of Mountain View have a higher level of income inequality (both 0.5 on the Gini index) than either the county or the state overall (both 0.4 on the Gini index). In addition, while the index that maps geographic access to job opportunities for the county (50, on a scale of 0 to 100) is similar to California overall (48), jobs proximity index metrics for East San Jose (2) and the 94040 zip code in Mountain View (10) are much worse.

⁶ The Neighborhood Deprivation Need Rating is comprised of 13 key measures across the dimensions of wealth and income, education, occupation, and housing conditions. All four East San José zip codes have the worst scores in the county. Rating scale ranges from -3.5 (best) to 3.5 (worst).

⁷ The housing affordability index has a base of 100; figures above 100 indicate better affordability and those below 100 indicate less-affordable areas, where “median income is not high enough to purchase a median valued home.” See Krivacsy, K. (2018). The Delicate Balance between Housing Affordability, Growth, and Income. *ESRI ArcGIS Blog*, December 14, 2018. Retrieved from <https://www.esri.com/arcgis-blog/products/esri-demographics/analytics/the-delicate-balance-between-housing-affordability-growth-and-income>

Education generally correlates with income; therefore, educational statistics that differ by race/ethnicity are particularly concerning. Smaller proportions of Santa Clara County Black, Pacific Islander, and Latinx 11th-graders met or exceeded grade-level English-language arts standards compared to California 11th-graders overall (see table below). Also, a smaller percentage of local Latinx 11th graders met or exceeded math standards (28%) versus California’s 11th-graders (32%). Related to these statistics, much smaller proportions of the county’s Black, Pacific Islander, and Latinx high school graduates completed college-preparatory courses compared to high school graduates statewide (see table below). In our 2019 CHNA report, we described similar inequities in educational attainment. In some county sub-geographies in particular, the proportion of adults who do not have at least a high school diploma is much higher (East San José, 31%; 94040 in Mountain View, approximately 28%) than the state average (18%). Educational inequities, often related to neighborhood segregation⁸, lead to educational disparities that begin at an early age: the elementary school proficiency index, which measures the academic performance of 4th-graders, is significantly lower in both East San José (4.2) and the 94040 zip code of Mountain View (12.4) than the county (69.7) or the state (49.4). Orange cells in the table denote statistics that are five percent or more worse than the benchmark.

Educational Statistics of Concern

	California	Santa Clara County (SCC)	SCC Black	SCC Latinx	SCC Pacific Islander
11 th Graders Meet or Exceed English-Language Arts Standards	57%	66%	45%	46%	38%
High School Graduates Completed College-Prep Courses	47%	57%	32%	38%	34%

Data available on economically precarious households shows that while 50% of California households in which the most educated adult has only a high school diploma or GED struggle economically statewide, this proportion rises to 58% among Santa Clara County households. Fully 30% of Silicon Valley households are not meeting economic self-sufficiency standards. Furthermore, in seven out of 50 school districts in Silicon Valley, more than 50% of students are eligible for free- or reduced-price meals (a proxy for poverty). In our 2019 CHNA report, poverty and food insecurity statistics illustrated inequities by race/ethnicity. Economic precariousness can force people to choose between paying rent and accessing healthcare; it can also lead to homelessness and the many barriers to health that unhoused individuals face. Homelessness rose in 2019 (the most recent county homeless count) primarily in San José and the northern parts of the county, including the 94040 zip code of Mountain View. It was noted by experts that during COVID, landlords may be

⁸ Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity*. Diversitydatakids.org, Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA. Retrieved from https://www.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2.pdf

evicting families with undocumented members because they expect that these families will not seek legal protections.

“Earlier last year, I was working in the COVID hotels and I was having people come in who... said that COVID was a godsend because it's the first time in 20 years that they had ever been able to have a roof over their head and have... three square [meal]s a day.”

— Health Equity Focus Group Participant

Qualitative data showed that COVID created more economic insecurity for those who lost work and specifically impacted low-income essential workers, many of whom were Latinx and/or undocumented. Key informants and focus group participants mentioned that county residents often lost childcare during the pandemic, which affected their ability to work; according to the Public Policy Institute of California, this affected women significantly more than men. Women were also “overrepresented in both frontline and hardest-hit sectors” of the economy.⁹ Prior to the pandemic, the cost of childcare may also have been a limiting factor; infant child care (age 0-2) cost \$20,746 per year in Santa Clara County, compared to \$17,384 on average statewide. Similarly, pre-K child care (age 3-5) cost \$15,315 in Santa Clara County versus \$12,168 on average in California overall. Economic insecurity affects single-parent households more than dual-parent households¹⁰; in East San José specifically, there are a higher proportion of children in single-parent households (39%) than in California overall (32%).

Chronic Conditions Other Than Diabetes and Obesity

Santa Clara County generally fares well with respect to chronic conditions other than diabetes and obesity: Mortality rates for heart disease, stroke, cancer, chronic liver disease/cirrhosis, and Alzheimer’s disease and other dementias are all better than state benchmarks. For that reason, these chronic conditions were not identified as a health need in the 2022 Community Health Needs Assessment (CHNA). However, health conditions such as cardiovascular disease, cancer, and respiratory problems are among the top 10 causes of death in the county, and El Camino Health has longstanding work and a commitment to addressing chronic conditions as a health need given its specific expertise.

⁹ Bohn, S., Cuellar Mejia, M., & Lafortune, J. (2021). Multiple Challenges for Women in the COVID-19 Economy. *Public Policy Institute of California*. Retrieved from <https://www.ppic.org/blog/multiple-challenges-for-women-in-the-covid-19-economy/>

¹⁰ Western, B., Bloome, D., Sosnaud, B., & Tach, L. (2012). Economic insecurity and social stratification. *Annual Review of Sociology*, 38, 341-359. Retrieved from https://scholar.harvard.edu/files/brucewestern/files/western_et_al12.pdf

Chronic disease indicators of concern in Santa Clara County include:

- A level of asthma prevalence for people of all ages that is higher for the county (10%) than the state (9%)
- Breast cancer incidence that is slightly higher for county women (121.2 per 100,000) than California women overall (120.9 per 100,000)
- Cancer incidence among children age 0-19 at a slightly higher rate in the county (19.0 per 100,000) than the state (18.2 per 100,000), and highest among the county's white children (21.2 per 100,000) and Asian/Pacific Islander children (20.2 per 100,000)
- Mammography screening levels that are lower for the county's Black women (33%) and Latinas (29%) compared to California women overall (36%)
- Our 2019 CHNA report indicated that Black county residents have higher incidence of breast cancer, lung cancer, prostate cancer, and higher prevalence of cancer of all sites combined, while Latina residents have a substantially higher incidence of cervical cancer.

Certain chronic conditions were mentioned during qualitative data gathering for the CHNA: One key informant noted that asthma rates have been worsening, and an expert in Black health cautioned about high rates of asthma in areas with poor air quality. An expert in chronic disease also mentioned a rise in dementia-related issues, although dementia prevalence among Medicare recipients is not yet higher in the county (10%) than the state (11%). Two health experts mentioned the issue of hypertension, one in conjunction with poor mental health, and the other as a condition that is often unmanaged among unhoused patients. Finally, heart disease and stroke were identified as two of the chronic conditions that are often seen in data on ethnic health disparities.

El Camino Health is dedicated to contributing to good health in our community. We will continue to monitor and share these data indicators (and others) to increase awareness of chronic conditions in Santa Clara County.