



2025 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 2026–2028. Each health need description below summarizes the statistical data and community input collected during the 2025 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, 2025 at <https://www.elcaminohealth.org/about-us/community-benefit>.

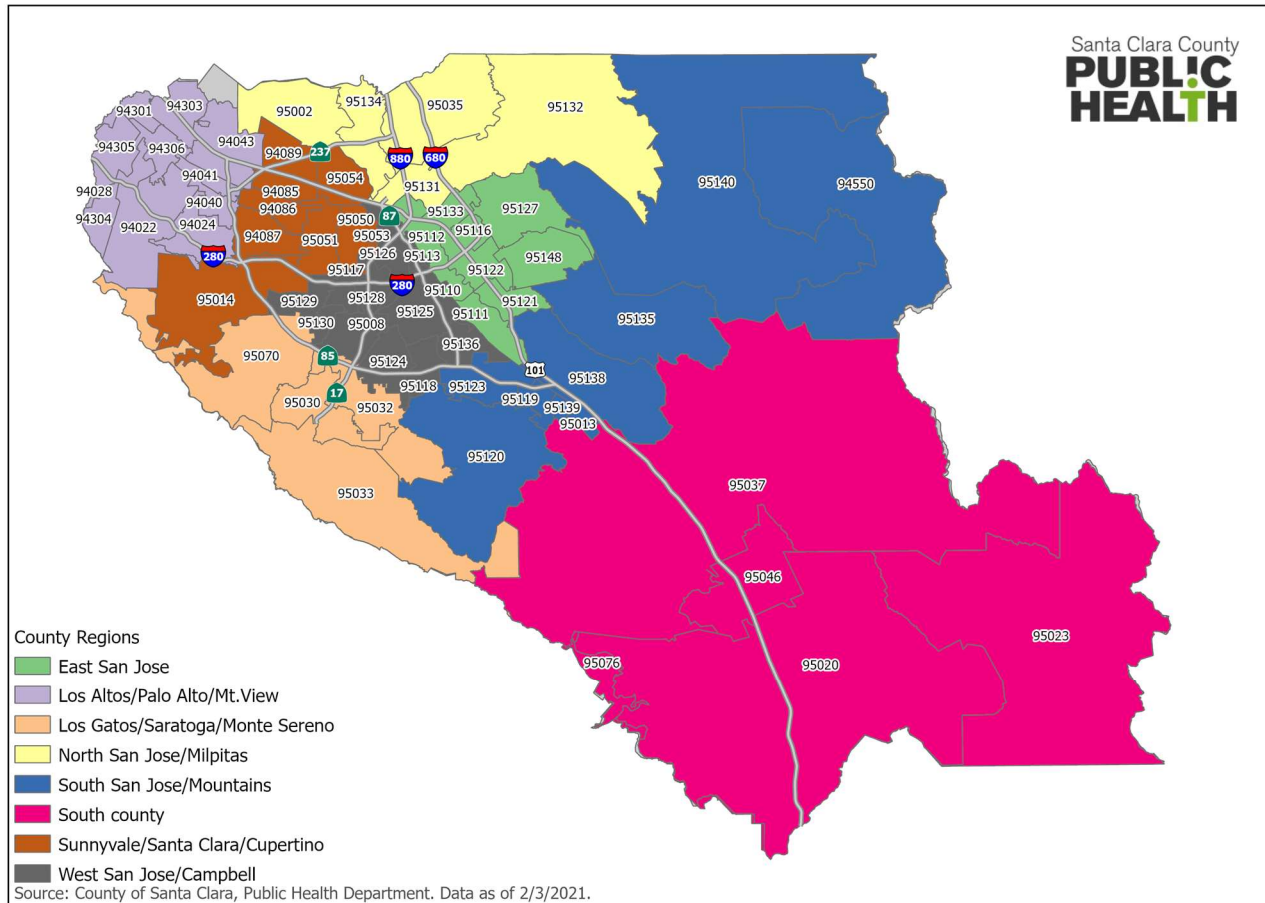
For the CHNA, El Camino Health’s consultants conducted 11 interviews with local experts (e.g., members of Santa Clara County’s Public Health Department) and 11 focus groups, seven with community members (e.g., individuals experiencing disabilities) and four with local experts and leaders. The consultants also incorporated information from four interviews that were conducted in Santa Clara County by another local health system. To help assess community priorities, El Camino Health’s consultants tabulated how many times health needs were prioritized by each of the focus groups or described as a priority in an interview. Common themes were also identified 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 Santa Clara County Public Health Department, KidsData.org, which is a program of the Population Reference Bureau, and County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. Findings from the previous CHNA (2022), 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 (see map below).² The sources for all statistical data will be listed in an appendix to the CHNA report. All rates are age-adjusted unless otherwise noted.

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.

² Data for the following sub-county areas were reviewed: East San José (95110, 95111, 95112, 95113, 95116, 95121, 95122, 95127, 95133, 95148), Mountain View area (94022, 94024, 94028, 94301, 94303, 94304, 94305, 94306, 94040, 94041, 94043), and North County (95002, 95035, 95132, 95134).

Eight County Regions, Santa Clara County



SELECTED HEALTH NEEDS

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 two-thirds (67%) of focus groups and key informants combined. CHNA participants highlighted high copays and lack of insurance coverage among community residents (e.g., high deductibles, lapsed coverage among Medi-Cal-eligible individuals) as barriers to healthcare access. Statistical data show that Santa Clara County's proportion of uninsured residents is low, yet it is slightly higher (worse) than San Mateo County's. Many key informants and focus group participants connected healthcare access with economic instability, noting that people are less likely to seek care if they cannot pay for it.

Participants felt there were significant issues with access to preventive care (e.g., colonoscopies, mammograms), including long wait times for such appointments, which could lead to worsened

health outcomes. Some professionals specifically noted that the healthcare system is under such strain that some preventable issues become acute due to the consequent long waits for these appointments.

CHNA participants indicated that community-based clinics and programs providing direct healthcare services are beneficial but underfunded. In particular, participants focused on difficulties in accessing dental care, especially for low-income individuals and those on Medi-Cal. They explained that there is a significant lack of providers who actually accept Denti-Cal. Participants noted that even basic dental care can be prohibitively expensive, leading patients to delay or forego treatment altogether.

Participants said migrant and undocumented communities struggle greatly with access to healthcare due to high costs, lack of insurance, and difficulty navigating the medical system. Many community members have challenges understanding medical terminology and knowing what questions to ask providers. Participants also mentioned access barriers for individuals with disabilities or special needs and those with poor transportation options.

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

—Participant, Community Focus Group

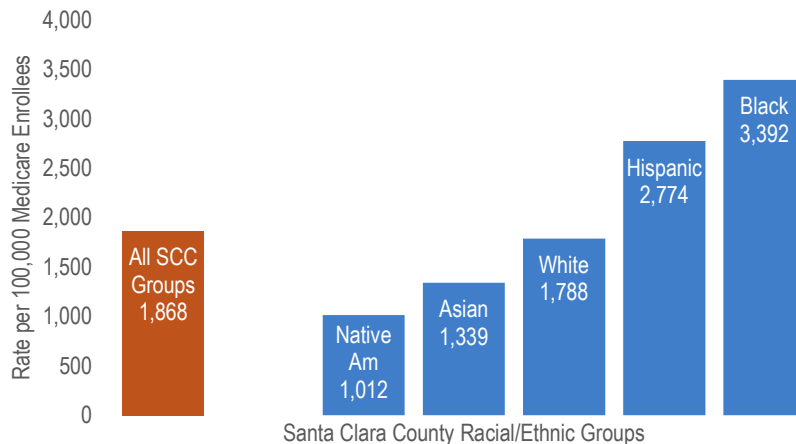
CHNA participants described the lack of cultural concordance, or at least cultural competence, as a significant issue in healthcare delivery, with certain populations experiencing discrimination and language barriers that hinder access to care. Close to 9% of the county’s population is not proficient in English. In particular, over 9% of children in Santa Clara County live in a limited English-speaking household, a higher proportion than in neighboring San Mateo County or California overall (both around 7%). In addition to limited English-speaking households, participants also recognized the LGBTQ+ community as a group that faces significant disparities across health indicators. One local expert noted that stigmas and historical mistreatment make it difficult to gather data on the LGBTQ+ population’s specific needs.

“I’m seeing folks who are not aware of resources, if they’re aware of resources they don’t know how to access, or they have apprehensive thoughts or actions about accessing those resources for a variety of reasons.”

— Service Provider, Health Equity Focus Group

CHNA participants described systemic inequalities resulting in higher rates of chronic illnesses and lower quality of care for Black, Indigenous, and people of color (BIPOC) groups. For example, preventable hospital stays, which are higher among Black and Hispanic populations compared to Whites and Asians in Santa Clara County, may be a sign of inequitable access to high-quality care.

PREVENTABLE HOSPITAL STAYS BY ETHNICITY. Black and Hispanic Medicare enrollees have significantly higher rates of preventable hospital stays than other groups.



Source: Center for Medicare & Medicaid Services Mapping Medicare Disparities Tool, 2020. Retrieved from County Health Rankings, June 2024.

Several CHNA participants specifically mentioned inequities in care provided to Black people, including inadequate maternal care. Access to critical maternal health services, including prenatal and perinatal care, was a recurring issue among participants consulted during the CHNA as well. Certain maternal and infant health statistics are worse in East San José than in the county overall, including the proportion of premature births, low birthweight births, and infant mortality. Infant mortality and pre-term births in Santa Clara County are highest for Black and Hispanic babies. The county’s low birthweight babies are disproportionately born to Black mothers. Teen births are highest among the county’s Latinas (16 per 1,000 females aged 15-19) and Pacific Islanders (10 per 1,000) compared to their peers of other ethnicities (fewer than 6 per 1,000).³ Maternal morbidity in Santa Clara County is highest among the Black population (193.9 per 10,000 delivery hospitalizations) compared to the overall rate (136.7 per 10,000), including issues such as preeclampsia, hypertension at delivery, and postpartum depression.³ Young mothers and mothers of color who participated in the CHNA reported feeling judged and stereotyped by healthcare providers, which affected their general care experience and the quality of the care they received.

CHNA participants also spoke at length about issues of access to mental health care and substance use treatment, which is covered in the Behavioral Health need description, below.

Behavioral Health (including domestic violence and 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 more than three-quarters (77%) of the CHNA’s focus groups and key informants combined.

CHNA participants frequently noted increases in feelings of loneliness and isolation among community members of all ages, including older adults and youth. Participants emphasized that

³ Rates are not age-adjusted.

isolation and loneliness among older adults has worsened since the COVID-19 pandemic, exacerbating mental health issues. One expert highlighted the connection between loneliness, lack of social engagement, and cognitive decline in geriatric populations. Participants also expressed great concern regarding youth mental health. They mentioned high levels of anxiety and depression among youth and young adults, with particular emphasis on students of color and English language learners. Based on public health statistics, mental diseases/disorders are the primary reason for child hospitalizations in Santa Clara County.

Many participants suggested that economic stressors and structural inequities, such as those created by systemic discrimination, have heightened poor mental health overall. One of the common barriers identified was insufficient support systems. In particular, postpartum depression and anxiety were common issues among participants who were mothers, with many feeling they did not receive adequate mental health support.

Mental health care access is somewhat worse overall in Santa Clara County than in San Mateo County, and especially poor for youth: there are far more students per school psychologist in the county (1199:1) compared to the state ratio (1041:1) or that of San Mateo County (994:1). Specific populations that CHNA participants identified as disproportionately affected by access to mental/behavioral health care included the unhoused, rural, and limited-mobility populations, who have issues with physical access; low- and middle-income populations, whose challenges are primarily economic access; and English learners, people of color (Asian and Pacific Islander, Black, and Hispanic populations), and LGBTQ+ populations, who experience care delivery issues including linguistic and cultural mismatches. Concerns also arose over low utilization related to the stigma of poor mental health among low-income communities and Asian and Pacific Islander communities, to name a few.

There are also geographic differences to consider. Although self-harm hospitalizations are not worse for the county overall (27.2 per 100,000 population) compared to state or local benchmarks, the rate is significantly higher in the Mountain View area (32.9). Similarly, while Santa Clara County's overall suicide rate (7.7 per 100,000) is not as high as the state rate, the suicide rate in East San José (8.4) surpasses the county's rate. Overall, deaths of despair (deaths due to alcohol, drug use, or suicide) are also higher in East San José (44.8 per 100,000) compared to the county overall (30.8).

“You have individual trauma, you have community trauma, familial, you have generational trauma. ... I also think addiction thrives in isolation and loneliness and disconnection. And when I think about this huge spike we saw of overdose deaths being driven by fentanyl and methamphetamines, I think that is a huge part of it as well. It [the combination of issues] makes it hard for folks, even when they're seeking treatment, to stay healthy and well.”

—Behavioral Health Expert

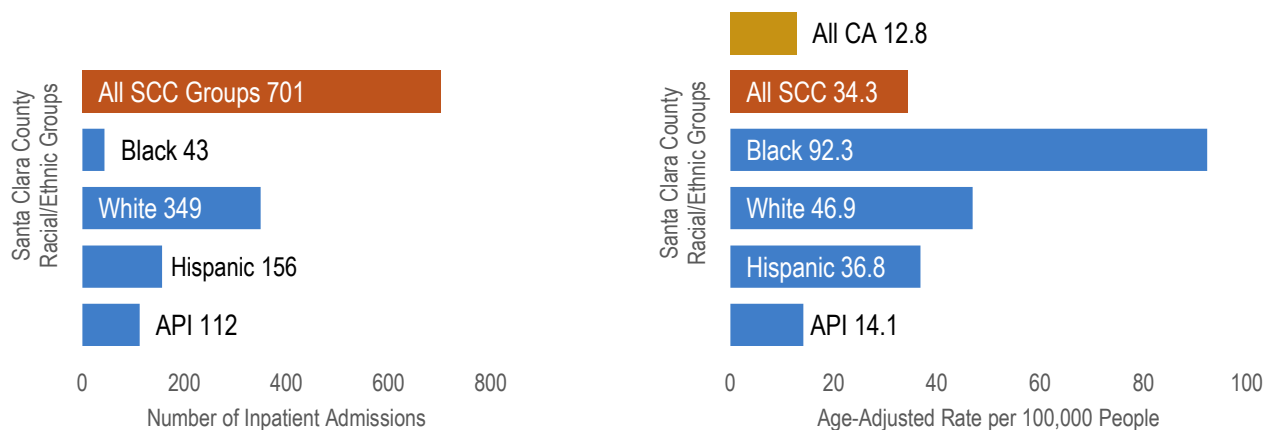
Trauma was frequently cited as a root cause of substance use, mental health issues, and subsequent community violence.

Key informants and focus group attendees spoke about countywide increases in substance use, which they said was often employed as a coping behavior in situations when individuals experience

social isolation, high stress, and/or discrimination (e.g., racism). Additionally, participants expressed concern about levels of use of various substances in the county (e.g., higher rates of cannabis and alcohol use among youth and LGBTQ+ populations; greater methamphetamine use among the unhoused and justice-involved populations). They reported that there is a lack of accessible substance use treatment programs (inpatient/residential), and long waiting lists for the few programs that do exist. The rise in drug potency continues to lead to higher levels of accidental fentanyl-related and other opioid-related overdoses and deaths, and was referenced multiple times among CHNA participants. Participants described Santa Clara County’s low-income population as being the first in the county affected by rising opioid overdoses, followed by more affluent populations.

Among all ages, opioid overdose hospitalization rates in the county (34.3 per 100,000 people) and, specifically, in the Mountain View area (34.2), are close to triple California’s rate (12.8). Although excessive alcohol use is no worse in the county than at the state level, the proportion of driving deaths with alcohol involvement is still higher in Santa Clara County than in neighboring San Mateo County (though trending down). Recent alcohol use by youth (measured as use within the past month) appears to be highest among the county’s Black and Pacific Islander populations, compared to their peers of other ethnicities. Santa Clara County’s American Indian/Alaskan Native population had the highest proportion of youth across all ethnic groups who tried alcohol more than seven times in their lifetime.⁴

OPIOID HOSPITALIZATIONS BY ETHNICITY. The number of opioid hospitalizations is highest among White residents, but the rate per 100,000 population is highest for Black residents.



Source: California Department of Health Care Access & Information (HCAI), Patient Discharge Data, 2017-21.

Finally, some participants also noted an increase in domestic violence cases following the COVID-19 pandemic, with cases becoming more complex and requiring more individual-level support. Statistics show that domestic violence-related 911 calls are higher in Santa Clara County (4.7 per 1,000 people aged 18–69) than in neighboring San Mateo County (4.0).⁵ In addition, the rate of

⁴ Note that of the youth in Santa Clara County’s public schools (7th, 9th, 11th, and non-traditional students, aligning with the indicators shown), Black students are 1.9%, Pacific Islander students 0.5%, and Native students 0.2% of all enrolled students in those grades. Therefore, alcohol use proportions should be treated with caution.

⁵ Rates are not age-adjusted.

substantiated child abuse/neglect cases in the county is more than double that of San Mateo County.

Diabetes and Obesity

Just over one-third (35%) of key informants and focus group discussions identified Diabetes and Obesity as a top health need. Among discussion participants, there was a shared emphasis on the need for care focused on prevention through education, nutrition support, and lifestyle changes. Likewise, the importance of culturally competent health initiatives was mentioned in this context (i.e., programs that are accessible and relevant to diverse populations). Structural inequities were also seen as fundamental to the origins of diabetes and obesity; for example, some participants discussed the need for continued efforts to improve local food systems in places where diabetes is particularly prevalent.

Economic insecurity and poverty along with the high cost of living were frequently mentioned as underlying factors that exacerbate diabetes and obesity. For example, some indicated that inflation has made it more difficult for low-income families to afford nutritious food and the lack of healthy alternatives diminishes the ability of families to sustain healthy lifestyles.

“How do you promote healthy eating when all you have is McDonald's and Taco Bell on every corner? You have liquor stores that sell food, but it's all just processed foods. ...I've had diabetics who were homeless, but they could only eat what was given to them. These shelters[,] the food banks... a lot of the times it's just carbs after carbs, or it's canned food. And I mean, I know it's something. But ...it's like this terrible cycle. How do we get better nutrition to our community?”

—Health Care Provider

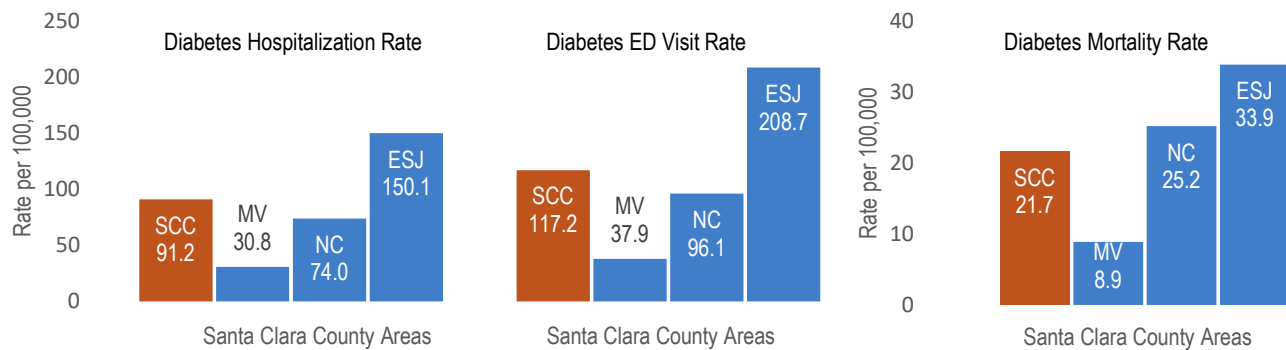
Some participants further linked the experience of chronic stress to poor management of diabetes and obesity, highlighting the need for integrated care approaches.

Participants noted that high copays and lack of insurance coverage for effective diabetes medications are significant barriers. They also said that access to nutritionists and proper dietary guidance is limited, making it more difficult for patients to manage chronic conditions like diabetes effectively. One participant emphasized the challenge of underdiagnosis of prediabetes among Hispanic community members despite high diabetes rates.

Diabetes mortality is 50% higher in Santa Clara County (21.7 per 100,000) compared to the state rate (14.4). It is highest in East San José (33.9), and also high in the northern part of the county (25.2). Deaths from diabetes are much higher among both the Black (41.0) and Hispanic (37.0) communities in Santa Clara County compared to other ethnic populations in the county. Tracking with the mortality rate, emergency department visit rates and hospitalizations for diabetes are also highest in East San José and among both Black and Hispanic residents of Santa Clara County. The

Silicon Valley Latino Report Card states that over 20% of Hispanic children are overweight.⁶ Supporting these data, some CHNA participants noted that diabetes is a significant issue in East San José, with high rates of both diabetes and prediabetes, particularly among Hispanic and Asian populations.

DIABETES STATISTICS BY GEOGRAPHY. Diabetes morbidity and mortality rates (per 100,000) are worse in East San José than Santa Clara County overall and worse than the other sub-county target areas of Mountain View and North County.



Source: Santa Clara County Public Health Department. ED Visits and Hospitalizations are 2017-21; Mortality 219-23. SCC=Santa Clara County; MV=Mountain View Corridor; SC=South County; NC=North County; ESJ=East San José.

While low overall, child diabetes hospitalizations are higher in Santa Clara County compared to San Mateo County. Physical fitness, one of the drivers of diabetes and obesity, is also lower (worse) for elementary and middle-schoolers in Santa Clara County than in San Mateo County. Although high-schoolers appear to be faring better, physical fitness among the county’s ninth graders is declining, while Hispanic and Pacific Islander children are performing considerably worse than their peers of other ethnicities when it comes to physical fitness.

None of the other available statistics (e.g., adult physical activity, child diet, food environment, exercise opportunities) are worse for the county overall compared to either neighboring San Mateo County or the state as a whole. However, these state and local benchmarks are not considered particularly healthy. For example, over 20% of Santa Clara County adults are obese, compared to 21% of San Mateo County adults and 30% of CA adults. Similar proportions among adults who are physically inactive can also be found in each geography. One CHNA participant noted that physical activity is hindered by safety concerns in certain neighborhoods, making it difficult for residents to exercise freely outdoors, while others mentioned the lack of access to exercise facilities in certain areas.

Chronic Conditions (other than diabetes and obesity)

Santa Clara County generally fares well with respect to chronic conditions other than diabetes and obesity: overall mortality rates for Alzheimer’s disease and other dementias, cancer, chronic liver

⁶ Hispanic Foundation of Silicon Valley. (2023). 2023 Silicon Valley Latino Report Card. Retrieved from <https://www.hfsv.org/the-latino-report-card/>

disease/cirrhosis, heart disease, and stroke are all better than state benchmarks. For that reason, most of these chronic conditions were not identified as health needs in the 2024 Community Health Needs Assessment (CHNA). However, health conditions such as cancer, cardiovascular disease, and respiratory problems are among the top 10 causes of death in Silicon Valley.⁷ In addition, there are some concerning statistics and data that show significant racial/ethnic disparities for cancer and respiratory conditions. Finally, El Camino Health has a commitment to continuing to address chronic conditions as a health need, given its specific expertise and long-standing work on this issue.

About one-third (35%) of key informants and focus groups combined named a chronic condition (e.g., cancer, heart disease) as a top health need. Below are the common themes related to chronic conditions that arose during CHNA discussions.

- **Respiratory health:** Some participants described an increase in asthma cases, particularly among children. The importance of a healthy environment and climate was mentioned, with some participants mentioning that climate change and poor air quality can negatively impact respiratory health. Moreover, participants noted a significant increase in tuberculosis (TB) rates, particularly among individuals who have been in the country for over 10 years. The pandemic made this issue worse due to reduced testing and diagnosis.
- **Cancer:** A professional noted that the pandemic led to a decrease in routine screenings like mammograms, which may have resulted in missed or delayed cancer diagnoses. Community members' stories also illustrated potential gaps in timely and comprehensive cancer screening.
- **Cardiovascular health:** Economic instability and poverty were frequently mentioned as factors that limit access to healthy food and healthcare services, which are crucial for preventing and managing heart disease. Some participants also highlighted the high cost of accessing healthcare, including insurance and prescriptions, as a significant barrier to managing cardiovascular health.
- **Alzheimer's disease and dementias:** Many older adults experience significant isolation, which plays a factor in cognitive decline and dementias. One professional in particular described long waitlists for nursing facilities and challenges accessing in-home care, made more problematic by the general absence of family support that is often due to the economic migration of younger generations.

“When we're talking about the older adult population that is most likely to develop, say, dementia, there's usually some other kind of chronic condition that goes along with that. It's mainly manageable, but it gets more complicated by the overlay of dementia. So access to care and follow-up care is really important.”

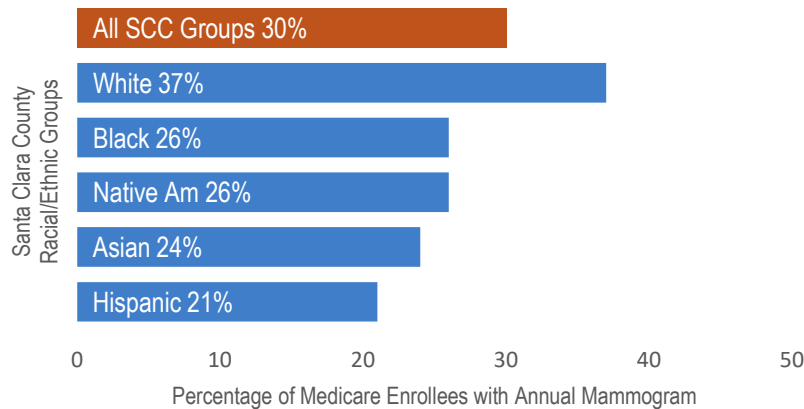
— Service Provider

Although Santa Clara County's overall cancer mortality (112.0 per 100,000) is on par or better than the state (119.8), mortality by race/ethnicity indicates substantial disparities. For example, overall cancer mortality among Santa Clara County's Black population is much higher (143.5) compared to other ethnic groups. Similarly, the county's Black population has higher rates of mortality for female

⁷ Silicon Valley Institute for Regional Studies. (2022). *Silicon Valley Indicators*. Deaths, by Cause: Santa Clara and San Mateo Counties. Retrieved from <https://siliconvalleyindicators.org/data/society/quality-of-health/mortality/deaths-by-cause/>

breast, colorectal, and prostate cancers. While the county’s White population also has cancer incidence and mortality rates that exceed benchmarks, these rates are generally lower than those of the county’s Black population. Mammography screening among older adults in the county is highest for White women, and lowest for Latinas.

MAMMOGRAMS BY ETHNICITY. Latina older adults are the least likely to have had a mammogram (breast cancer screening) compared to other populations.



Source: Centers for Medicare & Medicaid Services Mapping Medicare Disparities Tool, 2020. Retrieved from County Health Rankings, June 2024.

In addition, some Santa Clara County cancer incidence rates are of marked concern to CHNA participants. The county’s liver cancer incidence rate is 10.5 per 100,000 people, higher than in neighboring San Mateo County (9.1) or statewide (9.9). The county also has a higher colorectal cancer incidence rate compared to San Mateo County. Finally, Santa Clara County has a higher overall cancer incidence rate for youth aged 15-19 compared to San Mateo County.

Santa Clara County’s cardiovascular disease (CVD) mortality rate (150.7 per 100,000) is lower than the state’s rate (183.8). However, there are disproportionately higher deaths due to CVD among the county’s Black population (532.3). Showing the same pattern as cancer mortality, although county Whites also have a high CVD mortality rate, their rate is not as high as the Black population’s.

With regard to respiratory health, Santa Clara County has historically had a higher TB case rate compared to California overall. The most recent data show that TB is still an issue, with 7.5 cases per 100,000 people compared to 4.7 statewide. Asthma is also a concern, especially for children: the overall rate of all Santa Clara County children who were hospitalized for asthma is higher than the asthma hospitalization rate of all children in San Mateo County. However, Santa Clara County children aged 5-17 were hospitalized for asthma at nearly twice the rate (4.0 per 10,000 hospitalizations) of their San Mateo County counterparts (2.1). East San José has disproportionately high child hospitalizations for asthma (5.5 per 10,000 aged 0-17), and the county’s Black population has an even higher rate (12.6). Child emergency department visits for asthma are similarly disproportionate.

Given these quantitative and qualitative data, El Camino Health has grouped cancer, cardiovascular disease, respiratory problems, Alzheimer's and dementia, HIV, and other chronic conditions into an overall category that it will address called "Chronic Conditions (other than Diabetes and Obesity)," as indicated above.

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

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

The vast majority (84%) of all focus groups and key informants identified economic stability and/or housing and homelessness as a top community priority. CHNA participants focused on the high cost of living in Santa Clara County, describing how cost is implicated in interrelated issues:

- Participants said housing market prices remain extremely high, making it difficult for many to afford housing. The data indicate that home ownership is lower in Santa Clara County (56%) than in San Mateo County (60%). Participants described how economic instability forces people to move out of the area or live in overcrowded and/or unsafe conditions (e.g., poorly maintained housing, vehicles, makeshift shelters). Housing quality is still a concern in Santa Clara County; for example, the data show that a small fraction of the county's children and young adults aged 6-20 have very high blood lead levels (at least 9.5 mcg/dL), while San Mateo County has eradicated this issue entirely.

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

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

— Service Providers' Focus Group

- Participants said wages do not keep pace with the cost of living. They explained that low wages and high living costs compel individuals as well as families to make difficult choices between essential needs like food, rent, and healthcare. The data show that the proportion of people experiencing food insecurity in Santa Clara County is higher than in San Mateo County. Participants also indicated that economic insecurity especially affected certain job sectors due to high living costs (e.g., janitorial services).

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

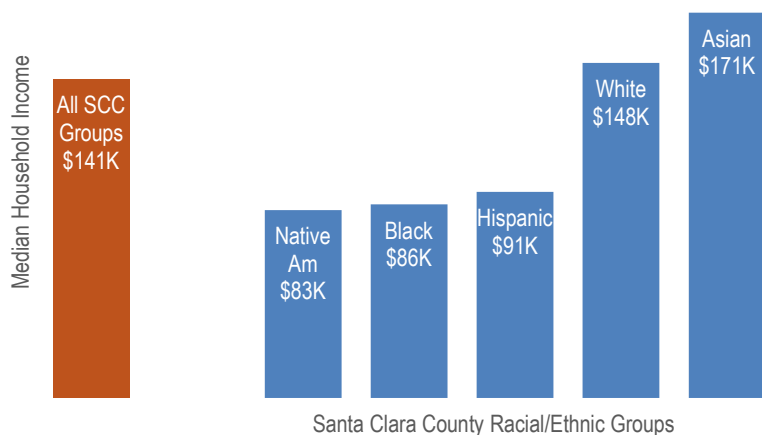
— Spanish-speaking Community Member

Santa Clara County’s percentage of households with children below the Federal Poverty Level is higher than neighboring San Mateo County’s, and is rising. In Santa Clara County, Black, Hispanic, and Native American families with children are disproportionately more likely to be in poverty than their Asian or White peers.

The data show that childcare costs in Santa Clara County have more than doubled in the past 10 years. Adequate childcare and preschool were identified by CHNA participants as crucial for economic mobility and foundational learning. Spending per pupil is lower in Santa Clara County (\$14,733) compared to San Mateo County (\$17,293). Research found that educational inequities, often related to neighborhood segregation⁸, lead to educational disparities that begin at an early age.

In addition, participants felt that there are financial barriers to education and job training for those living in Santa Clara County, effectively deterring community members’ long-term economic prospects. Data show that there is a greater gender pay gap in Santa Clara County (\$0.73 to the dollar) than there is statewide (\$0.86) or in San Mateo County (\$0.90). There are also substantial disparities in median income by race/ethnicity within the county.

MEDIAN HOUSEHOLD INCOME BY ETHNICITY. Median household income in Santa Clara County varies substantially by race/ethnicity, with BIPOC households earning the least.



Source: US Census Bureau Small Area Income and Poverty Estimates. Retrieved from County Health Rankings, June 2024.

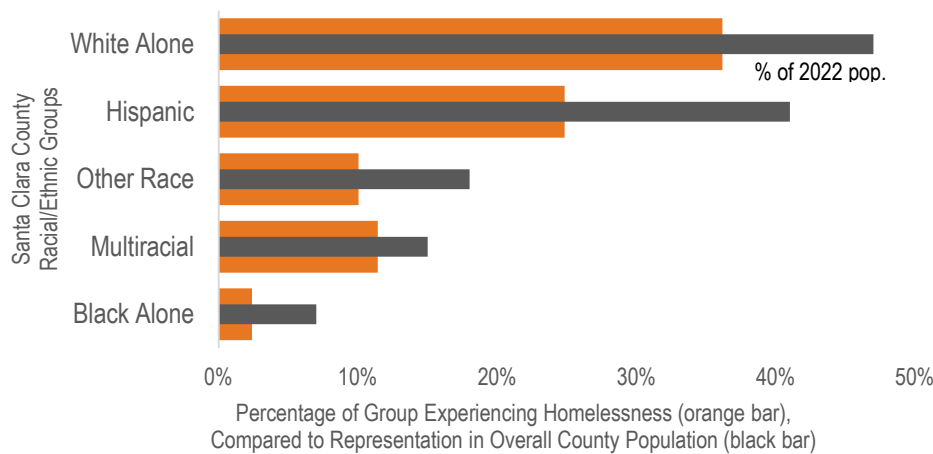
Household income inequality reached an all-time high in 2022. In October 2024, unemployment was higher in Santa Clara County than in San Mateo County, and the 2022 high school graduation rate was lower (83%) than the state rate (88%), with the county’s Hispanic students more likely than students of other ethnic groups to drop out before graduation. Education has generally and

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

historically correlated directly with income, so educational statistics that differ by race/ethnicity are particularly concerning to CHNA participants.

Specifically with regard to unhoused populations, CHNA participants indicated that mental health issues and substance use disorders can be both causes and consequences of homelessness. Participants also mentioned that parents experiencing homelessness fear losing custody of children because of their unhoused status. Participants enumerated the groups that are most vulnerable to housing instability in Santa Clara County: Black and Hispanic community members, LGBTQ+ community members, single mothers, and foster youth. Black and multiracial people are the most overrepresented in the unhoused population relative to their proportions in the county’s overall population. Finally, older adults (aged 65+) and other individuals on fixed incomes can also be vulnerable. Local older adults in Santa Clara County who participated in the Community Assessment Survey of Older Adults give a “Livability Score” of 19 out of 100 for housing.⁹

HOMELESSNESS BY ETHNICITY. Among those experiencing homelessness, Black people are the most overrepresented compared to their proportion of Santa Clara County’s population.



Source: 2023 Santa Clara County Point-in-Time Count public Tableau dashboard. Population: U.S. Census Bureau. "ACS Demographic and Housing Estimates." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2022.

El Camino Health has chosen to focus on the five health needs described above through its Community Benefit efforts in fiscal years 2026–2028. El Camino Health is currently developing strategies to address these priority health needs. More information on the Community Health Needs Assessment (CHNA) and the strategies will be made available in El Camino Health’s CHNA report and its Community Benefit Plan/Implementation Strategy, respectively. These two documents will be made publicly available by June 30, 2025 at <https://www.elcaminohealth.org/about-us/community-benefit>.

⁹ Polco, formerly the National Research Center. (2023). *Community Assessment Survey for Older Adults: Avenidas, September 2022*. Retrieved from <https://www.avenidas.org/wp-content/uploads/2023/03/2022-CASOA-report.pdf>.