

June 2015

SAN BERNARDINO COUNTY

Community Transformation Plan 2015 - 2020



COMMUNITY VITAL SIGNS
INITIATIVE
County of San Bernardino





WE ENVISION a *complete county* that capitalizes on the diversity of its people, its geography, and its economy to create a board range of choices for its residents in how they live, work, and play.

WE ENVISION a *vibrant economy* with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.

WE ENVISION a *sustainable system* of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.

WE ENVISION a *model community* which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach standard goals.

From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

*Adopted by San Bernardino County Board of Supervisors and
San Bernardino Associated Governments Board of Directors*

June 30, 2011



Board of Supervisors Third District

James Ramos
Chairman

Dear Community Partner,

On June 30, 2011, the San Bernardino County Board of Supervisors and San Bernardino Associated Governments adopted the Countywide Vision. The Countywide Vision calls for community collaboration on creating a vibrant, physically, and economically healthy county in the next 20 years. Achieving this Vision requires us to understand how all sectors are both interrelated and interdependent, and requires an innovative way of thinking in order to achieve wellness in our communities. Wellness ensures that our children enter school healthy, learn about and practice a healthy lifestyle, and are ready for successful careers. Wellness ensures a thriving workforce for healthier businesses, a reduction in health care costs, increased productivity, and a stronger economy. We are at our best when we use our collective resources to create environments for children and families, neighborhoods, schools, and workplaces to support health, well-being, and safety.

Since its launch in 2011, Community Vital Signs has attracted both local and national attention spotlighting the county's efforts for rich collaboration by exemplifying the idea that all sectors are interrelated and must work in concert for collective action. The Community Transformation Plan serves as a guide to transform San Bernardino County into a healthier place to live, work, learn, and play. The development of this plan achieves a major milestone for the county in collectively taking action to address the needs of the community in a strategic manner.

The San Bernardino County Board of Supervisors wishes to thank the thousands of community members for their valuable contributions to produce this report and looks forward to taking the journey towards action. We encourage your continued commitment and participation during these critical next steps to implement the plan successfully to collectively address the future health of San Bernardino County and ultimately make our shared Vision a reality.

Sincerely,

A handwritten signature in black ink, appearing to read "James Ramos".

Chairman James Ramos

BOARD OF SUPERVISORS

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JANICE RUTHERFORD
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Chairman, Third District

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Fifth District

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Chief Executive Officer

GOOD HEALTH — CAN YOUR CITY LIVE WITHOUT IT?

PROMOTING Wellness and Economic Development THROUGH the BUILT ENVIRONMENT

TRAIL SYSTEM LINKING MOUNTAIN COMMUNITIES
CIVIC CENTER PARK
EXTENDED WALKING WIKING TRAILS
CENTER OF TOWN FEEL
HISTORICAL PRESERVATION
APPROVALS
HEALTHY CITY APPLICATION
INCREASED FOUNDATION GIVING TO SB CO. AREA
SAFE & SECURE NEIGHBORHOODS
COMMUNITY ACTIVITIES AND ENTERTAINMENT
JUVENILE SOCIAL EVENTS

OUTSIDE OF FUNDING... MAKING OUR VISION A REALITY

LOCATORS LOOK for
CLUSTER DEVELOPMENT MIXED USE DEVELOPMENT
GENERAL PLAN PARTICIPATION
HEALTH FOCUS in the General Plan
AMEND GP ORDINANCES to encourage healthy behaviors
DEVELOPMENT CODE
UPDATE GENERAL PLANS to HEALTH
BROAD PARTICIPATION
CONSIDER HEALTH in every POLICY DECISION
"IT ALL STARTS WITH THE GENERAL PLAN"
PROVIDE INFRASTRUCTURE to ALLOW healthy choices

WALKABLE
INTERMODAL, CONNECTED
WALKABLE DOWNTOWN CIVIC AREA
Cultural arts center
Civic center
Active downtown
More Greenspace/Hardscape Connections
Safe
FAMILIES
Bicycle Lanes connecting all areas
Walkable streets
Food Systems
Public Health care
WALKABLE DOWNTOWN CIVIC AREA
Cultural arts center
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OUR Collective Vision for Wellness in SAN BERNARDINO COUNTY!
HEALTH in ALL POLICIES!
RURAL CLEAN AIR
HIGH PRY CLIMATE
300 SUNSHINE DAYS
PROMOTE ACTIVE DECISIONS
YOUTH → SENIOR
PROMOTE WALKING/BIKING TRAILS
PUBLIC AWARENESS through EDUCATION of COMMUNITY of Public-Rec Funding INCREASE
EXPAND COMMUNITY PARTNERS and FUNDRAISING for Special Events and Park-Rec Programs
HEALTHY SNACKS in SENIOR COMMUNITY CENTERS
WALKABLE BUS & MEETING PLACES
PUBLIC INPUT: INVOLVEMENT COLLECTING IMPACT DEVELOPING PLANS with OTHER AGENCIES
REQUIRE SOLAR on all NEW Development
FOCUS on the SENIORS
WALKABLE BUS & MEETING PLACES
PUBLIC INPUT: INVOLVEMENT COLLECTING IMPACT DEVELOPING PLANS with OTHER AGENCIES

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Walking important to me!
Potential ↑ in Sales-value
\$4K
40% increase in Value
76% increase in Value
72% increase in Value
Potential to benefit from Parkwalks
86% of respondents
70% of respondents
DEADLY PREVENTABLE
FOCUS on ALL NUMBERS!

TRANSIT CONNECTS TO THE OUR COMMUNITY
WELLNESS
EMPHASIS on SAFETY
WALKABILITY ATTRACTIVE & USABLE PUBLIC SPACES
COMMON SENSE OPEN SPACE POLICY
WALKABLE EATING ESTABLISHMENTS
MAJOR REFORM!!!
INCENTIVES FOR EATERIES TO OFFER ORGANIC MENUS
GROCERY/FRESH PRODUCE OPTIONS
PROMOTE FARMERS MARKETS
NO SMOKING
MORE EXERCISE TRAILS
LONG-TERM EQUITY SETTING UTILITIES
COMMUNITY COUNCIL/UNITY
NEIGHBORHOOD SCHOOLS with less portables
4-YEAR PT. PROGRAMS
APPENDIX of SPECIFIC PLAN for a FOCUS AREA of PLAN
TRANS CUTS
REDUCES FINANCIAL STRESS on FAMILIES and JOB CREATORS
A REAL FE PROGRAM
THE PEOPLE NEED TO DEMAND these CHANGES
A SNAPSHOT: Partners in Progress
Annual City-County Conference
Laker March 27-28 2014
Amanda
Graphic Recording by
Linda Salzman
Sophia Lerner



VISION

We envision a county where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations and government.

VALUES

Community Vital Signs is guided by the following values:

Community-Driven: Shared leadership by and for residents, engaging and empowering all voices

Cultural Competency: Respecting and valuing diverse communities and perspectives

Inclusion: Actively reaching out, engaging, and sharing power with diverse constituencies

Equity: Access to participation, resources and services, addressing historical inequities and disparities.

Integrity and Accountability: Transparent and cost-effective use of resources

Collaboration: Shared ownership and responsibility

Systemic Change: Transform structures, processes, and paradigms to promote sustained individual and community health and well-being.

PURPOSE

Community Vital Signs is a community health improvement framework jointly developed by San Bernardino County residents, organizations and government. It builds upon the Countywide Vision by setting evidence-based goals and priorities for action that encompass policy, education, environment, and systems change in addition to quality, affordable, and accessible health care and prevention services. It provides the basis for aligning and leveraging resources and efforts by diverse agencies, organizations, and institutions to empower the community to make healthy choices.

OUR COMMUNITY VITAL SIGNS COMMUNITY TRANSFORMATION PLAN

Our Community Vital Signs 2015 Community Transformation Plan is intended to drive discussion at the community level, and future alignment of strategies and resources in order to achieve Wellness in our County.

The information contained in this document is intended for use by residents, all sectors, networks, and partnerships committed to taking action to address the priority health-related issues together. We understand that every aspect of the health and well-being of our communities is a part of an interrelated system.

Our 2015 Community Transformation Plan and executive summary are available online at: www.communityvitalsigns.org

For further information please contact Community Vital Signs at: CommunityVitalSigns.SanBernardinoCounty@dph.sbcounty.gov

Stay connected



MESSAGE FROM COMMUNITY VITAL SIGNS

Completing a transformation plan alone is not enough to achieve transformation. While there is a lot of work ahead of us to implement this plan, we expect innovation to spur as a result of aligning the many efforts underway in our county. This plan is only a starting point and a roadmap to health and wellness for all of the county's residents. Achieving a vision of health and wellness in our county extends beyond just being physically well. It means having a county that strives for:

- Health in all policies;
- Children being proficient readers by 3rd grade;
- Health systems aligning with our healthy communities in a collaborative effort to displace heart disease as the leading cause of death; and
- Increasing employment opportunities with an emphasis on management, professional, or scientific positions and together reducing health care costs, improving productivity, and making our businesses stronger.

Transformation cannot be accomplished by one sector of the community. In order to drive change, sectors must work in partnership with our community members. We need to ensure all of our sectors are working together with shared measurements, mutually reinforcing activities and ongoing communication. By working together, with a common purpose, we will begin to improve the health and wellness of our county. The graphic mural on the next page *Our Collective Vision for Wellness in San Bernardino County* was developed at the 2014 annual City-County Conference and shows how the work we do individually and collectively contributes to achieving our vision.

Clem Bezold, the Chairman and Senior Futurist for the Institute for Alternative Futures, used the work being done in San Bernardino County as a guide in developing aspirational scenarios in the 2014 Public Health 2030: A Scenario Exploration www.altfutures.org/publichealth2030. Clem was quoted as saying "Your work in San Bernardino was impressive and inspiring. It helped us consider what success would look like as [we] work effectively to increase population health."

Our community is deeply committed in creating opportunities to transform San Bernardino County into a healthier place to live, work, learn, and play. Our aspiration is to build a culture of health and wellness in our community and we invite you to join us.

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SPECIAL RECOGNITION

In addition to the contribution of our Committee and Subcommittee members (listed on the following pages), we would like to extend special thanks and sincere appreciation to the following individuals whose ongoing support continues to contribute to the success of San Bernardino County Community Vital Signs:

Early Funders

Bill Foley

*Arrowhead Regional
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*Secretary
San Bernardino County
Department of Public Health*

ACKNOWLEDGMENTS

Thank you to all of those individuals serving on the Steering Committee and the subcommittees whose commitment of time, resources, and expert counsel has guided the development of the Community Transformation Plan. Monthly meetings were held by the steering committee and the Mobilizing for Action through Planning and Partnerships (MAPP) workgroup, in addition to monthly subcommittee meetings and opportunities for community engagement. We know how much time this entails and are truly appreciative of what efforts have been put forth by everyone involved.

Community Vital Signs Steering Committee

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Kaiser Permanente

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Department*

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*City of Fontana Police
Department*

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*San Bernardino County
Behavioral Health Commission*

COMMUNITY PARTNERS

We extend special thanks to all of the organizations that were part of the Community Vital Signs processes from 2013-2015, including those who hosted a community meeting/forum, participated in a committee, attended the Planning for Action meetings, or contributed to the process throughout the time frame previously mentioned.

211 San Bernardino County - Inland Empire United Way
 Abundant Living Family Church
 American Lung Association Inland Empire Asthma Coalition
 Arrowhead Regional Medical Center
 Arrowhead United Way
 Assemblymember Cheryl R. Brown's Office
 Autism Society Inland Empire
 Azusa Pacific University School of Nursing
 California State University, San Bernardino
 Chaffey Joint Union High School District
 City of Barstow
 City of Ontario
 City of Rancho Cucamonga
 City of Rialto
 Claremont Graduate University
 Community Action Partnership of San Bernardino County
 Community Clinic Association of San Bernardino County
 Congregations Organized for Prophetic Engagement (C.O.P.E)
 Consulado de Carrera De México en San Bernardino
 County Nutrition Action Plan (CNAP)
 Creating Community Solutions
 Delta Sigma Theta Sorority, Inc. Pomona Valley Alumnae Chapter
 Dignity Health
 Economics & Politics, Inc.
 El Sol Neighborhood Educational Center
 Esri
 Faith Advisory Council for Community Transformation (FACCT)
 Family Assistance Program (FAP)
 Federal Reserve Bank of San Francisco - Los Angeles Branch
 First 5 San Bernardino
 Fontana Police Department
 Foothill AIDS Project (FAP)
 Health Emergency Local Planning Partners (HELPP)
 Healthy Communities
 Healthy Rialto
 Healthy San Bernardino Coalition
 Hesperia Health Center
 Hospital Association of Southern California
 House of Ruth
 Housing Authority of the County of San Bernardino
 Inland Counties Emergency Medical Agency
 Inland Empire Concerned African American Churches
 Inland Empire Economic Partnership
 Inland Empire Health Information Exchange
 Inland Empire Health Plan
 Inland Empire HIV Planning Council (IEHPC)
 Inland Temporary Homes
 Kaiser Permanente
 Kids Come First Community Health Center
 Knowledge & Education for Your Success, Inc.
 Latino Health Collaborative
 Lewis Group of Companies
 LF Leadership
 Loma Linda University Behavioral Health Institute
 Loma Linda University Health
 Loma Linda University Medical Center
 Mental Health Systems (MHS)
 Meridian Land Development
 Molina Healthcare
 National Community Renaissance & Hope Through House
 Foundation (C.O.R.E)
 National Emergency Communications Organization Network, Inc.
 National Forum for Heart Disease and Stroke Prevention
 Needles Health Station
 OmniTrans
 Ontario Chamber of Commerce
 Ontario Health Center
 Operation New Hope
 Partners for Better Health
 Reach Out
 Reaching New Heights Foundation, Inc.
 Redlands Community Hospital
 Redlands Police Department
 Rialto Fire Department
 San Bernardino Active Transportation Network
 San Bernardino Associated Governments (SANBAG)
 San Bernardino County Administrative Office
 San Bernardino County Board of Supervisors - First District
 San Bernardino County Board of Supervisors - Second District
 San Bernardino County Board of Supervisors - Third District
 San Bernardino County Board of Supervisors - Fourth District
 San Bernardino County Board of Supervisors - Fifth District
 San Bernardino County Children's Network
 San Bernardino County Community Health Center
 Governing Board
 San Bernardino County Department of Aging and Adult
 Services
 San Bernardino County Department of Behavioral Health
 San Bernardino County Behavioral Health Commission
 San Bernardino County Department of Public Health
 San Bernardino County Department of Workforce Development
 San Bernardino County Economic Development Agency
 San Bernardino County Human Services
 San Bernardino County Information Services Department

San Bernardino County Land Use Services Department
San Bernardino County Medical Society
San Bernardino County Preschool Services Department
San Bernardino County Probation Department
San Bernardino County Public Authority
San Bernardino County Public Defender
San Bernardino County Reentry Collaborative
San Bernardino County Sheriff-Coroner Department
San Bernardino County Superintendent of Schools
San Bernardino County Capacity Building Consortium
San Bernardino Health Center
St. Mary Medical Center
The 20/20 Network
The Community Foundation

The Gate Church of the High Desert
There is Hope, Behavioral Management Services
United States Department of Housing and Urban Development
Upland Unified School District
Veterans Partnering with Communities, Inc.
Victor Valley Family Resource Center (VVFRC)
Vision of Hope
Western University of Health Sciences



Executive Summary





EXECUTIVE SUMMARY

The [San Bernardino Countywide Vision](#) calls for collaboration across all sectors to create a vibrant, physically, and economically healthy county in the next 20 years and outlines how ten elements - jobs/economy, education, housing, public safety, infrastructure, quality of life, environment, wellness, water, and image - are all part of an inter-connected system that relies on all elements to work in concert to improve the quality of life for the County's residents.¹

San Bernardino County's Community Vital Signs Initiative (Vital Signs) is a community-wide initiative charged with implementing the Wellness element of the Countywide Vision. Vital Signs was started by the San Bernardino County Departments of Public Health and Behavioral Health, as well as Arrowhead Regional Medical Center. Vital Signs mobilizes a powerful network of local and regional leaders deeply committed to improving the health of SBC in a strategic manner.

Purpose: Community Vital Signs is a community health improvement framework jointly developed by San Bernardino County residents, organizations, and government. It builds upon the Countywide Vision by setting evidence-based goals and priorities for action that encompass policy, education, environment, and systems change in addition to quality, affordable and accessible health care and prevention services. It provides the basis for aligning and leveraging resources and efforts by diverse agencies, organizations, and institutions to empower the community to make healthy choices.

Vision: We envision a county where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations, and government.

Values: Community Vital Signs is guided by the following values:

- **Community-driven:** Shared leadership by and for residents, engaging and empowering all voices
- **Cultural competency:** Respecting and valuing diverse communities and perspectives
- **Inclusion:** Actively reaching out, engaging, and sharing power with diverse constituencies
- **Equity:** Access to participation, resources and service, addressing historical inequities and disparities
- **Integrity and Accountability:** Transparent and cost-effective use of resources
- **Collaboration:** Shared ownership and responsibility
- **Systemic change:** Transform structures, processes, and paradigms to promote sustained individual and community health and well-being



During the summer of 2013, 23 community engagement meetings were conducted in San Bernardino County. Over 1,000 community members – a rich mixture of professionals, community leaders, and residents – reviewed data on a broad range of topics with intent to prioritize the most urgent issues

¹ <http://cms.sbcounty.gov/cao-vision/home.aspx>

that impact the health and wellness of County residents. Community members discussed their vision of a vital community and prioritized seven areas for action. In response to the community's seven priority areas, the initiative reconvened over 1,200 community stakeholders representing: healthcare; education; public safety; the business sector; planning and transportation; faith-based and community-based organizations; local jurisdictions; policy makers; and residents for development of a Community Transformation Plan.

The Community Transformation Plan offers a common understanding of key health issues SBC residents face and how factors like the economy, education, safety, and health issues affect one another. The Community Transformation Plan includes collective goals, indicators to measure success, and potential cross-cutting strategies and policy recommendations for addressing the health priority areas of: (1) Education; (2) Economy; (3) Access to Health and Wellness (includes: Access to Healthcare, Behavioral Health, and Healthy Behaviors), and (4) Safety (includes: Community Safety and School Safety) in a strategic manner.

The Final Priority Areas of the Community Transformation Plan include:



Education;



Economy;



Access to Health and Wellness (including Access to Health Care, Behavioral Health, and Healthy Behaviors); and



Safety (including community and school safety).

EDUCATION



There is much evidence linking educational attainment and high school graduation rates to improved health outcomes. As reported in the Vital Signs Final Report people with more education have lower rates of the most common acute and chronic diseases.¹ High school graduates earn higher salaries, have better self-esteem, more personal life satisfaction, fewer health problems, and less involvement in criminal activity as compared to high school dropouts. In addition, households headed by a high school graduate accumulate ten times more wealth than households headed by a high school dropout. The high school graduation rate for San Bernardino County was 79% in the 2013-14 school year,² and only 19% of county residents had a bachelor's degree, a graduate degree or a professional degree as compared to 31% across the state in 2013. Yet roughly 60% of jobs nationwide require some type of training or education beyond high school.³

¹ Cutler, D. & Lleras-Muney, A. (2007). Education and health. National Poverty Center, Policy Brief, Vol. 9

² California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). (2015). Cohort outcome data for the class of 2013-14.

³ Math and Reading Help, The importance of a high school diploma. Retrieved May 9th 2013 from <http://mathandreadinghelp.org/articles/The-Importance-of-a-High-School-Diploma.html>

ECONOMY



Economic factors including poverty, employment opportunities and access to affordable housing have been shown to influence access to health care and health outcomes. It has been shown that stable, affordable housing may improve health outcomes by freeing up family resources for healthy food and health care expenses, decreasing stress, providing access to healthy options for families in neighborhoods, and reducing environmental exposures from unstable and unsafe housing options.⁴ In 2013, 19% of San Bernardino County residents were living in poverty, and 2,321 individuals were experiencing homelessness in 2013.^{5 6}

ACCESS TO HEALTH AND WELLNESS



Access to Health and Wellness encompasses many aspects of health outcomes affecting SBC residents including Access to Health Care, Behavioral Health, and Healthy Behaviors. Many of the socioeconomic factors mentioned previously affect the health of SBC residents. Families and individuals without health insurance coverage often have unmet health needs, receive fewer preventive services, suffer delays in receiving appropriate care, and experience more hospitalizations. In other words, uninsured persons are less likely to receive medical care, and more likely to have poor health and to die prematurely.⁷ High rates of uninsurance destabilize local health care systems, putting the health and wellbeing of entire communities at risk.⁸ Health insurance coverage in San Bernardino County remains below California and the [Healthy People 2020](#) target.⁹ Healthy behaviors influence the overall health and well-being of residents. Overall, fewer adults in SBC walked for transportation, fun, or exercise than in California and less than 20% of teens (ages 12-17) in SBC met the CDC recommendation of 60 minutes of physical activity every day, greater than compared to California at 15% in 2009.¹⁰ Behavioral health needs are regularly recognized as not being fully met across populations. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimated a prevalence rate of 23.8% of the general population having a behavioral health condition, while less than half of those individuals generally receive behavioral health care.¹¹

⁴ Center for Housing Policy: http://www.nhc.org/media/files/Insights_HousingAndHealthBrief.pdf

⁵ American Community Survey, United States Census Bureau. (2013). Poverty status in the past 12 months 1-year estimates, Table S1701, 2013.

⁶ County of San Bernardino, Office of Homeless Services. (2013). San Bernardino County 2013 homeless count and subpopulation survey: Preliminary findings and recommendations, April 2013.

⁷ U.S. Department of Health and Human Services. (2011). Healthy People 2020 objectives. Retrieved from <http://healthypeople.gov/2020/topic-objectives2010/overview.aspx?topicid=1>

⁸ National Immigration Law Center. (2014). Issue Brief: The Consequences of Being Uninsured, August 2014. Retrieved from www.nilc.org/document.html?id=1136

⁹ American Community Survey, United States Census Bureau. (2013). Selected economic characteristics, 1-year estimates, Table DP03, 2013

¹⁰ California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Walked for transportation, fun, or exercise, 2003-2009. Number of days physically active at least one hour in a typical week.2003-2009.

¹¹ Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-47, HHS Publication No. (SMA) 13-4805. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013. Retrieved from: http://archive.samhsa.gov/data/NSDUH/2k12MH_FindingsandDetTables/2K12MHF/NSDUHmhr2012.htm

SAFETY



Healthy and safe environments allow people to access resources and make healthy choices they might not otherwise be able to make. Although the crime rate in San Bernardino County has decreased from 36 crimes per 1,000 residents in 2006 to 31 crimes per 1,000 in 2010, it has remained higher than the state average since 2007.¹ Crime contributes to poorer physical health for those directly impacted by crime and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse, anxiety, reproductive health problems, and suicidal behavior.² People living in unsafe neighborhoods also tend to have fewer options for public transportation or open spaces to be active, factors which further diminish their ability to engage in healthy behaviors

Good health is...




¹ State of California, Department of Justice, Office of the Attorney General. (2010). Criminal justice profiles, crimes and crime rates, by category and crime, table 1, 2001 – 2010.

² Krug, E.G., Dalhberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (Eds.). (2002). World report on violence and health. World Health Organization, Geneva, Switzerland. Retrieved from http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

San Bernardino County Community Transformation Plan (Overview)

















We envision a county where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations and government.

 Education	 Economy	 Access to Health and Wellness	 Safety
<ul style="list-style-type: none"> • Increase high school graduation rates • Increase postsecondary educational attainment rates across the county 	<ul style="list-style-type: none"> • Decrease the percentage of families living in poverty across the county • Increase access to safe and affordable housing for all residents 	<p style="text-align: center;">Long-Term Goals (7-10 Years)</p> <ul style="list-style-type: none"> • Increase the percentage of residents who have and regularly access a usual source of care • Increase behavioral health awareness • Increase access to behavioral health services • Reduce the misuse and abuse of alcohol, prescription, and other drugs in the community • Decrease the prevalence and increase the management of chronic diseases (including diabetes, obesity, and cardiovascular disease) • Increase the number of residents engaged in active living activities 	<ul style="list-style-type: none"> • Reduce the crime rate across San Bernardino County • Improve children's perception of safety at school
<ul style="list-style-type: none"> • Increase early identification and services (at all educational levels) for psychosocial factors impacting students' attendance and functioning in school • Increase access to financial aid and support services for students to apply and complete vocational and higher education • Increase use of schools as an access point for school-based and community health and social services • Increase family and student understanding of their health • Increase access to healthy food and physical activity on school campuses • Increase the number of students choosing STEM (science, technology, engineering, mathematics) careers, including careers in health care 	<ul style="list-style-type: none"> • Increase the number of skilled workers within the Inland Empire • Increase business expansion, attraction, and retention within our local communities • Increase funding to first-time home buyers • Increase awareness, funding and capacity at the county level to support wellness in the workforce 	<p style="text-align: center;">Short-Term Goals (3-5 Years)</p> <ul style="list-style-type: none"> • Teach residents to advocate for their own health • Increase the number of professionals who are trained in the County who stay in the County • Provide care coordination to residents for all needed services • Connect residents to a regular place for health care • Increase the number of people who receive timely health services • Increase coordination between behavioral health and primary care systems • Reduce behavioral health stigma • Increase the number of linguistically and culturally competent behavioral health services available in the County • Promote healthy relationships • Delay age of first time use of alcohol to legal age • Decrease prevalence of adults abusing alcohol • Prevent use of illicit drugs at all ages • Increase access to healthy food options within communities • Increase the number of residents participating in daily physical activity • Increase options for active transportation planning such as walking and biking 	<ul style="list-style-type: none"> • Increase partnership with law enforcement at school sites • Increase community and faith-based collaboration with law enforcement to increase community trust • Improve school safety at all grade levels • Reduce student suspension and expulsion

San Bernardino County Community Transformation Plan (Overview) Cont'd

Examples of Potential Strategies (1-2 Years)

Strategies further define what needs to be achieved to realize the goals in the plan, as well as what actions are needed to be successful. In order for SBC to achieve its vision of a county where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations, and government, it is important to recognize the value in adopting strategies at multiple levels across multiple sectors. The following are a list of select potential strategies; for a full list, please see the Potential Strategies to Achieve Collective Goals section of the Community Transformation Plan.

<p>Inventory existing organizations and efforts focused on developing a skilled workforce.</p> 	<p>Inventories existing organizations and efforts focused on developing a skilled workforce.</p> 	<p>Explore ways to increase higher education opportunities.</p> 	<p>Improve service coordination and communication between organizations, particularly in shared community facilities to serve economically challenged residents.</p> 
<p>Increase access to and availability of services and resources through innovative methods.</p> 	<p>Promote and increase partnerships between Faith Based Organizations and other sectors.</p> 	<p>Promote and increase partnerships between Faith Based Organizations and other sectors.</p> 	<p>Consider development of community resident advisory groups (to increase parent, consumer, and youth involvement) to inform health policy and practices.</p> 
<p>Promote Health Elements in city general plans to improve the built environment.</p> 	<p>Implement school based programs to address school-based violence.</p> 	<p>Implement school based programs to address school-based violence.</p> 	<p>Identify opportunities to support and engage at-risk youth.</p> 
<p>Improve information sharing, data collection and reporting systems to identify, analyze and communicate information across all sectors to improve outcomes for at-risk students, residents and communities</p> 	<p>Increase universal prevention for all schools and universities for substance use.</p> 	<p>Increase universal prevention for all schools and universities for substance use.</p> 	<p>Encourage school districts to deploy strategies through their Local Control and Accountability Plans (LCAPs) that address racial and ethnic disparities in suspension and expulsion policies.</p> 

LEGEND

-  Economy
-  Education
-  Access to Healthcare
-  Behavioral Health
-  Healthy Behaviors
-  Community Safety
-  School Safety



Background





BACKGROUND OF SAN BERNARDINO COUNTY

San Bernardino County (SBC) is located in southeastern California, with Los Angeles County to the west, and bordered on the east by the states of Nevada and Arizona. It is the largest county in the contiguous United States with more than 20,000 square miles of land and is commonly divided into three distinct areas made up of the Valley, Mountain, and Desert Regions. The Valley Region contains the majority of the County's incorporated areas and population. The Mountain Region is primarily comprised of public lands owned and managed by federal and state agencies. The Desert Region is the largest (approximately 93% of the County's land area) with numerous remote, small, and underserved communities. The County's population of 2.09 million is 51% Hispanic or Latino, 31% White, 9.5% Black or African American, and 7% Asian.¹

The vast size of the County, coupled with large numbers of remote, unincorporated communities, poses substantial challenges to promoting healthy living and providing access to a full spectrum of health services. High unemployment rates, a low percentage of the population with post-secondary education or even a high school diploma, and a higher than average percentage of residents living in poverty, create significant barriers to transforming the County's culture to one of health and empowerment. In addition, SBC is one of the most philanthropically underserved counties in the state. According to the 2014 San Bernardino County Community Indicator Report, private foundations located in San Bernardino County awarded contributions, grants and gifts totaling \$4.47 per capita. This is less than half the median figure for all California counties of \$11.31 per capita.² These challenges have consistently ranked SBC near the bottom of California's counties across a spectrum of health outcomes. Mortality rates for coronary heart

SBC COUNTYWIDE VISION

We envision a complete county that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play.

We envision a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.

We envision a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.

We envision a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.

From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

¹ U.S. Census Bureau. (2013).: San Bernardino State and County QuickFacts. Retrieved from <http://quickfacts.census.gov/qfd/states/06/06071.html>

² The Community Foundation. 2014. : San Bernardino County 2014 Community Indicators Report. Retrieved from http://cms.sbcounty.gov/Portals/21/Resources%20Documents%20CIR_2014_Report.pdf

disease and diabetes rank third and sixth highest in the state respectively. In 2015, SBC's overall rank was 37th of 57 ranked counties in the County Health Rankings, an improvement over past years and evidence of efforts to impact health across SBC. However, ongoing strategies are needed as SBC was ranked 50th for quality of life and still ranked 53rd for physical environment among California counties.¹

In response to the County Health Rankings, SBC has sought to improve the many factors that influence health, including health behaviors, clinical care, social and economic factors, and the physical environment. The County Health Rankings have served as a call to action motivating community leaders to continue their work and join together to build a Culture of Health.

In 2011, the Countywide Vision was created, calling for collaboration across all sectors to create a vibrant, physically, and economically healthy county in the next 20 years. This Vision is comprised of ten elements including: jobs/economy, education, housing, public safety, infrastructure, quality of life, environment, wellness, water, and image. The Vision elements outline how each is part of an interconnected system that relies on all elements to work in concert to improve the quality of life for the County's residents.²

Formation of the Community Vital Signs Initiative

The Community Vital Signs (Vital Signs) Initiative was started by SBC Departments of Public Health and Behavioral Health, as well as Arrowhead Regional Medical Center, and has transformed into a community-wide initiative charged with implementing the Wellness element of the Countywide Vision. The first Vital Signs community workshop was held in September 2011 with more than 80 community stakeholders representing local nonprofit hospitals, universities, government agencies, businesses, faith leaders, and community-based organizations. These groups gathered to discuss the purpose of Vital Signs and develop a shared vision. A working group of ten participants was selected by this larger body to create the purpose, value, and vision statements of Vital Signs, which were then discussed and adopted by a cross-sector of community members at a summit meeting in March 2012. They include:

Purpose: Community Vital Signs is a community health improvement framework jointly developed by San Bernardino County residents, organizations, and government. It builds upon the Countywide Vision by setting evidence-based goals and priorities for action that encompass policy, education, environment, and systems change in addition to quality, affordable and accessible health care and prevention services. It provides the basis for aligning and leveraging resources and efforts by diverse agencies, organizations, and institutions to empower the community to make healthy choices.

Vision: We envision a county where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations, and government.

¹ Robert Wood Johnson Foundation. 2015 County Health Rankings and Roadmaps: 2014 Rankings California. Retrieved from <http://www.countyhealthrankings.org/rankings/data/ca>

² San Bernardino County. 2014. Vision Statement. Retrieved from <http://cms.sbcounty.gov/cao-vision/Home.aspx>

Values: Community Vital Signs is guided by the following values:

- **Community-driven:** Shared leadership by and for residents, engaging and empowering all voices
- **Cultural competency:** Respecting and valuing diverse communities and perspectives
- **Inclusion:** Actively reaching out, engaging, and sharing power with diverse constituencies
- **Equity:** Access to participation, resources and service, addressing historical inequities and disparities
- **Integrity and Accountability:** Transparent and cost-effective use of resources
- **Collaboration:** Shared ownership and responsibility
- **Systemic change:** Transform structures, processes, and paradigms to promote sustained individual and community health and well-being

Collective Impact

Achieving better health in our communities requires commitment towards a more broad set of solutions from leaders not only in health care, but across all sectors. Health is driven by our experiences and our environments in which we live, work, learn, and play.³ Vital Signs is harnessing the collective power of leaders, partners, and community members to develop a “Culture of Health,” recognizing that we are all in this together and share a common vision for providing all with the opportunity of better health.⁴ Through Collective Impact, a systemic approach to social impact for measurable change, government, individuals, non-profits, and other organizations are working together to improve health outcomes.⁵

Collective Impact initiatives are currently being employed around the world to address a wide variety of issues including education, health care, homelessness, the environment, and community development. Many of these initiatives are already showing concrete results, reinforcing the promise of Collective Impact in solving complex social problems.⁶

Five Conditions of Collective Impact

- 1. Common Agenda:** coming together to collectively define the problem and create a shared vision to solve it.
- 2. Shared Measurement:** agreeing to track progress in the same way, which allows for continuous improvement.
- 3. Mutually Reinforcing Activities:** coordinating collective efforts to maximize the end result.
- 4. Continuous Communication:** building trust and relationships among all participants.
- 5. Backbone Organization:** having a team dedicated to orchestrating the work of the group.

<http://www.fsg.org/OurApproach/WhatsCollectiveImpact.aspx>

³ Robert Wood Johnson Foundation. (2014). Our Approach. Retrieved from <https://www.countyhealthrankings.org/our-approach>

⁴ Robert Wood Johnson Foundation. (2015). County Health Rankings & Roadmaps- Building a Culture of Health: Prize Criteria. Retrieved from <http://www.countyhealthrankings.org/prize/prize-criteria>

⁵ Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review, Winter 2011*, pp. 35-41. Stanford, CA. Retrieved from http://www.ssireview.org/articles/entry/collective_impact

⁶ Foundation Strategy Group, Inc. (2013). What is collective impact? Retrieved from <http://www.fsg.org/OurApproach/WhatsCollectiveImpact.aspx>

Vital Signs in Action

Vital Signs mobilizes a powerful network of local and regional leaders to deploy strategic and integrated community engagement activities for advancing policy, program, and systems change in alignment with the County Health Rankings Model. Vital Signs is comprised of a broad coalition of health, education, business, housing, environment, transportation, planning, public safety, local government, and community and faith-based organizations deeply committed to transforming SBC into a healthier place to live, work, learn, and play. The initiative utilizes the resources, networks, and strategies through existing SBC initiatives and institutions to provide the infrastructure for increased coordination of health activities, access to and use of data for strategic planning, resource allocation, and alignment for improved decision-making in partnership with the community, and evaluation of strategies across multiple sectors. Vital Signs is led by a Steering Committee which is made up of individuals from multiple sectors. Steering Committee members drive the decision-making process of Vital Signs and work together to set priorities and determine next steps.

To understand SBC's needs and resources, the Vital Signs initiative compiled 34 data indicators on a range of issues including health, education, economy, community safety, and the environment to drive decision-making and community engagement strategies.¹ In order to vet these indicators and other elements of the [Our Community Vital Signs 2013 Data Report](#) (Data Report), Vital Signs held 23 community engagement sessions (referred to as the Summer of Engagement). Community engagement sessions consisted of meetings which gathered input from over 1,000 community stakeholders—a rich mixture of professionals, community leaders, and residents—on health, education, economy, environment and other indicators that are of high importance in examining the quality of life of SBC residents. Data was then compiled into the [Our Community Vital Signs 2013 Final Report](#) (Final Report) to highlight key health issues in SBC. The Final Report is the crux of San Bernardino County's Community Health Status Assessment. While the full report is available on the Vital Signs website, including a summary of the Summer of Engagement outcomes, (<http://communityvitalsigns.org>), a summary is provided on the following page.

Critical to any evaluation is the development of agreed-upon data metrics with which success will be measured. A multi-sectoral Community Vital Signs' data platform is under development to house all the relevant existing secondary data, collect and house primary data from select areas and cities, and provide the venue by which business intelligence can be employed to provide consistency in measuring success across multiple partners and sectors. The innovative development of this platform around the ability for Geographic Information System (GIS) mapping will quickly help stakeholders and residents identify trends, locate resources, evaluate effectiveness of community transformation strategies, where improvement efforts are most needed, and over time become sustainable leveraged partner resources.

¹ San Bernardino County: Our Community Vital Signs Data Report http://www.communityvitalsigns.org/Portals/41/Meetings/2013Stakeholder/ CVS_data_report.pdf

Overview of the Our Community Vital Signs 2013 Final Report (Community Health Status Assessment)

The *Our Community Vital Signs 2013 Final Report* is intended to drive discussion at the community level, and future alignment of strategies and resources in order to achieve Wellness in San Bernardino County (SBC). The report provides a snapshot of a wide range of indicators related to the seven related domains of community assessments including education, the economy, public safety, the social and natural environment, health, and sustainability. Data are provided for the county with city and state comparisons, as well as the desired goals for population health as outlined by Healthy People 2020. The Community Vital Signs Steering Committee was engaged in a multi-step participatory process to use community input to select eight priority indicators that address the core needs in San Bernardino County, including:

- **EDUCATION:** The percentage of adults with a Bachelor's degree or higher in SBC is less than the California average. Similarly, the graduation rate in SBC is lower than the California (CA) average. People with more education have lower rates of the most common acute and chronic diseases.
- **ECONOMY:** Overall, SBC has higher rates of poverty and unemployment than California overall. The percentage of residents who spent more than 30% of their income on housing in SBC was the same as California overall. Poverty and unemployment are associated with reduced health coverage and poor health outcomes.
- **ACCESS TO HEALTH CARE:** Overall, less residents in SBC have health insurance than California overall and more residents in SBC delayed or did not get medical care in the past year. The number of physician and surgeon licenses per 100,000 population is 177.4 in SBC compared to 266.8 in California overall. Lack of health insurance creates a barrier for residents to access health services.
- **HEALTH CONDITIONS:** The report highlights statistics for key health conditions including behavioral health, asthma, diabetes, obesity, cardiovascular disease, stroke, suicide and cancer. Overall, SBC had similar rates of these health outcomes when compared to California.
- **HEALTH BEHAVIORS:** Fewer adults in SBC walked than in California as a whole, however more teens in SBC met the CDC recommendation of 1 hour or more of daily physical activity than California overall. More teens reported any alcohol or drug use in the past 30 days in SBC than California as a whole. Healthy behaviors, including regular physical activity and healthy eating are associated with improved health outcomes and decreased incidence of chronic disease.
- **INFANT HEALTH:** In SBC, there were more preterm births and teen births than California overall. The breastfeeding rate in SBC was also slightly lower than California as a whole. Breastfed babies have fewer infectious diseases, a lower rate of Sudden Infant Death Syndrome (SIDS), and better cognitive development.
- **BUILT AND NATURAL ENVIRONMENT:** The report highlights data related to the built and natural environment including access to healthy foods, access to alcohol and tobaccos, active transportation and air quality. There are more convenience stores and unhealthy food options in SBC compared to California. Access to healthy foods and safe places to be active is associated with improved health outcomes.
- **COMMUNITY SAFETY:** The crime rate in SBC is slightly higher than in California as a whole. Fewer students in San Bernardino reported feeling safe at school compared to California. Crime is associated with poorer physical health. Students who feel safe in school are able to concentrate and learn more easily.

These indicators form the basis for the development of the Community Transformation Plan.

Source: *San Bernardino: Our Community Vital Signs 2013 Final Report* www.communityvitalsigns.org

Community Assets and Resources

Building a Culture of Health involves the critical examination of existing and potential health investments, as well as adopting an enterprising spirit toward health improvement.¹ SBC has developed various community assets and resources that can be utilized in taking action to address different elements of the Community Transformation Plan. The following is a list of some of the community assets and resources identified and considered in the community transformation process.

211 San Bernardino County

211 San Bernardino County, is a joint United Way operation between the Inland Empire, Arrowhead, Desert Communities, Mohave Valley, and United Way of the Desert. It is a 24/7 call center with the most comprehensive database of free and low cost health and human services available in the Inland Empire. Residents can access free and confidential services by dialing 211 and speaking to a professional, trained, caring person who gives information and referrals to appropriate resources. 211 San Bernardino has answered more than 350,000 calls, successfully connecting more than 150,000 individuals and families to the resources they need.

Local Healthy City Initiatives

In 2006, community partners advocated to the County Board of Supervisors (BOS) for a countywide effort to support a healthy communities initiative housed within the SBC Department of Public Health. As a result, the Healthy Communities Program was funded as a strategic initiative to create healthier environments and promote healthful lifestyle choices for all county residents, with a particular emphasis on policy, environment and systems change. The program sponsored three cities in the first year to plan and establish health initiatives. Sponsorship funding continued and as of 2014, 21 of the county's 24 incorporated cities and six unincorporated communities and multijurisdiction collaborations have adopted healthy community initiatives. Healthy community strategies have a reach to over 1.7 million people (84% of the county's population).



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Cradle to Career

The Education element of the Countywide Vision engages all stakeholders in a regional goal to support the success of every child, from cradle to career. Fifteen school districts have adopted the Countywide Vision and many have committed to the "Cradle to Career Roadmap," which identifies key milestones in a child's academic, personal, and social, and career readiness. This roadmap also depicts the collaborative continuum approach in which families, educators, government, business, faith and community based organizations act as pillars of support for students from the time they are born until they complete advanced education programs and certifications.

¹ Robert Wood Johnson Foundation. (2015). County Health Rankings & Roadmaps- Building a Culture of Health: Prize Criteria. Retrieved from <http://www.countyhealthrankings.org/prize/prize-criteria>

Expanding Active Transportation

Many Healthy City initiatives have been addressing active transportation through local strategies such as Complete Streets policies, walking and biking clubs, and Safe Routes to Schools. Recently, efforts have increased to expand regional interconnection. In 2011, San Bernardino Associated Governments (SANBAG), the County's council of governments and transportation planning agency, updated its Non-Motorized Transportation Plan (NMTP) as a collaborative effort with local jurisdictions in San Bernardino County. The NMTP includes a comprehensive vision, plans, and policies related to active transportation in San Bernardino County. As of 2011, the combined total of centerline miles of bicycle infrastructure for all jurisdictions was 468 miles. 1,282 miles of new bike lanes and trails are planned for the region. So far, much of the regional Class I backbone systems have been completed and millions of dollars in funding have been awarded recently to complete the implementation of active transportation infrastructure.

Partnerships to Displace Heart Disease

Community Benefits Stakeholders Committee, which includes the county's 18 not-for-profit hospitals, SBC Department of Public Health, Community Clinic Association of San Bernardino County, and American Heart Association (AHA) – Inland Empire are collaborating to improve health outcomes and patient satisfaction, while containing costs and reducing hospital readmissions. In December 2012, the committee adopted the goal to displace heart disease as the leading cause of death in SBC and is working together to increase the proportion of primary care providers who regularly measure the body mass index for their patients, increase the proportion of SBC hospitals aligning with AHA's "Get With The Guidelines-Stroke" campaign, and establishing a Retail Food Environment Index for every city in San Bernardino County. Outcomes for these objectives are measured through agreed upon indicators

related to nutrition/weight, health care access, tobacco use, and physical activity that align with the SBC Vital Signs indicators, [County Health Rankings](#), [America's Health Rankings](#), [Healthy People 2020](#), [National Prevention Strategy](#), and [the Million Hearts Campaign](#).



Provided with permission from the Healthy Rialto Initiative Programs

The Stronger Hearts Helpline™ is a free, bilingual (Spanish), 24/7 helpline created to help people who have heart failure and their families/caregivers access community resources to better understand and manage the disease. Resources will include: referrals to medical professionals and clinics; information about heart failure and its treatment; and help with things such as transportation to a doctor's appointment, delivery of prescription medications, exercise programs, nutrition information and mental health programs. The National Forum developed the Stronger Hearts™ Helpline in partnership with the San Bernardino County Department of Public Health, San Bernardino 2-1-1 and many other national and local organizations and agencies that represent public

and private healthcare organizations, as well as those in faith, advocacy, academic and policy settings. The pilot project launched on Feb. 19, 2015 and is made possible through funding from Novartis Pharmaceuticals Corporation.

The Community Paramedicine Pilot Project was launched in January 2015, in collaboration with SBC Department of Public Health, SBC Fire Department, Rialto Fire Department, and Arrowhead Regional Medical Center (ARMC). This project utilizes Community Paramedics to conduct post hospital discharge follow-up on patients discharged from ARMC with a diagnosis of Congestive Heart Failure (CHF). The follow-up visit provides needed health care services to underserved patients not affiliated with managed care systems in the cities of Fontana, Hesperia, Rialto and Victorville. It aims to prevent re-admissions of patients with discharge diagnoses of CHF who are often re-admitted due to a lack of access to post discharge services such as clinics, pharmacies and other specialty consultations; and to improve access to primary care, medications, and specialty consultations through a collaborative team approach.

Nutrition Education Obesity Prevention (NEOP) Grant

The San Bernardino County Superintendent of Schools' (SBCSS) grant-funded [Nutrition Education Obesity Prevention](#) (NEOP) Program targets schools with at least 50 percent of students eligible for the Free and Reduced Meals Program. Nutrition education and physical activity promotion services are provided by SBCSS staff, in partnership with San Bernardino County Department of Public Health, through California Department of Public Health's (CDPH) Nutrition Education Obesity Prevention (NEOP – formerly, Network for a Healthy California). Grant activities include providing professional development and resources for staff working with preschool through high school students to conduct nutrition education activities at schools and after school programs, as well as providing nutrition education classes for parents throughout San Bernardino County.



Reentry

The San Bernardino County Reentry Collaborative (SBCRC), a partnership of government agencies, community and faith-based organizations, and individuals developed a strategic plan approved and supported by the SBC Board of Supervisors and community stakeholders. The plan aligned priorities, goals, and coordinated action through system-wide strategies to guide SBCRC's commitment to making SBC communities safer through the successful reintegration and long term success of the formerly incarcerated. Utilizing a public health model, SBCRC's vision is to focus on prevention, and the effects on the population and community at large when addressing the needs of the reentering population. The SBCRC partners offer a responsive resource network providing seamless services to formerly incarcerated individuals and their families through coordination of existing services. The partnership meets regularly to communicate and work together on solutions to achieve the vision. Data compiled from all SBCRC partners drives decision making and has shown that the greatest need for services includes: housing and homeless services, mental health and substance abuse, education and employment, and social welfare services, including access to care.

Access to Nutritious Food

Fourteen cities in SBC have adopted the Healthy Eating Active Living Cities Campaign Resolution, which has model language to declare a “HEAL” City and establish policy goals in the area of access to healthy food. Increasing availability of retail healthy food is one of the HEAL strategies that requires complex collaboration with stakeholders, grocery stores, corner markets, restaurants and local government. The cities of Apple Valley, Loma Linda and Rancho Cucamonga have forged through economic development, planning, financing, permitting and, if applicable, redevelopment tools and assets to attract and support healthy food retailers. Ten cities have successfully increased access to farmers markets and community gardens through a number of policy, systems, ordinance, zoning and grass-roots changes.

Building a Seamless Health Professions Pipeline

The Inland Coalition was established in March 2007 to convene the health professions’ employers, educators, and community stakeholders in SBC and the Inland Southern California region in a coordinated effort to address health workforce demands and diversity, with the concomitant values of addressing the dismal health outcomes in the Inland Empire, while ensuring that our most diverse and impoverished students and adults are able to access economically meaningful careers in health. This cross-cutting initiative builds strength for SBC in economic development, educational attainment, and increased health and well-being.



Community Transformation Plan





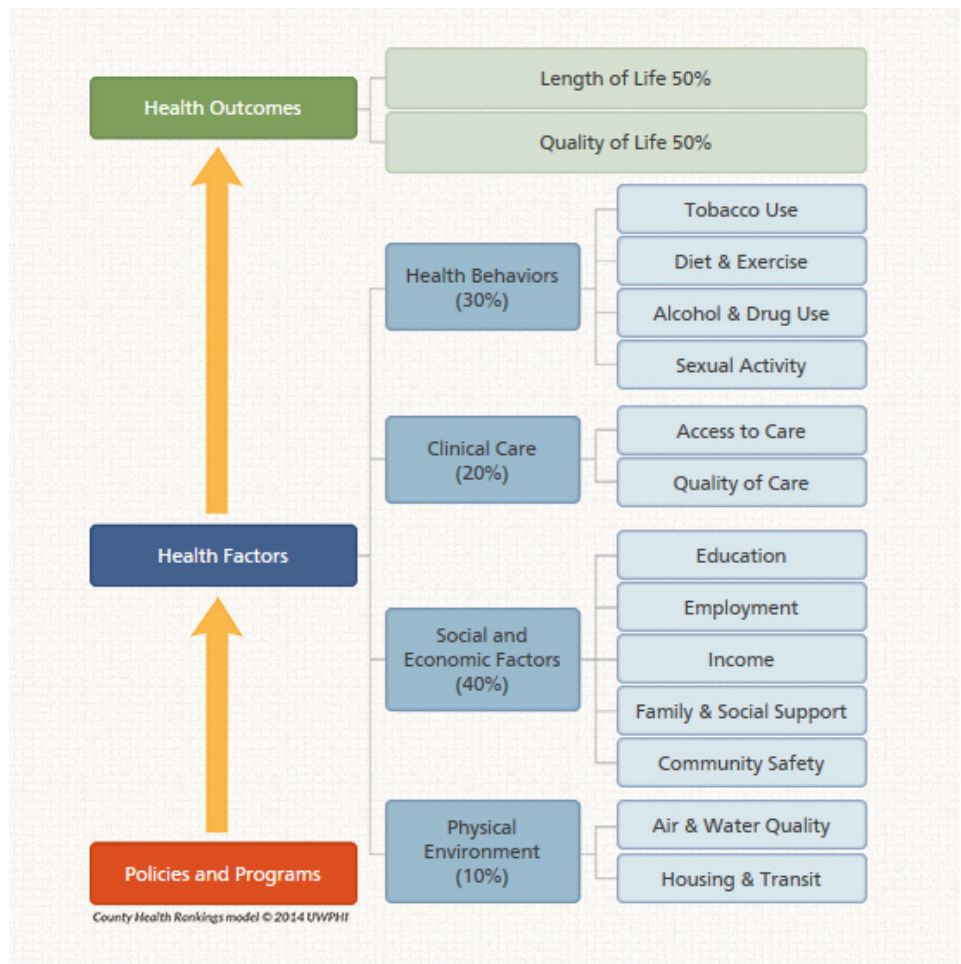
VITAL SIGNS COMMUNITY TRANSFORMATION PLAN

A key goal of Vital Signs is to develop a health improvement framework for San Bernardino County (SBC) that aligns with the Countywide Vision. The Community Transformation Plan is intended to be a long-term, systematic effort to address priority issues that affect community health. The development of this plan is something completely new for San Bernardino County as it is an opportunity to develop a shared vision for change including a common understanding of key health issues and how social factors such as the economy, education, and safety impact health issues and vice versa.

Vital Signs has followed the County Health Rankings and Roadmaps Model of Population Health (Exhibit 1) to drive the community transformation process. This model recognizes that health outcomes are influenced not only by health factors such as healthy behaviors and clinical care but by social and economic factors, physical environment, as well as system-level policies and interventions.¹

In recognizing the role of several factors in shaping the overall health and wellness of SBC, Vital Signs strives to develop a plan that is truly transformative, incorporates multiple sectors, and focuses on the collective impact that stakeholders, including residents, can have to affect change. The SBC Community Transformation Plan focuses on improving community health outcomes while simultaneously focusing on a wide range of health, social, and economic factors and further promoting cross-sector engagement in the community transformation process.

**Exhibit 1:
County Health Rankings Model of Population Health**



¹ Robert Wood Johnson Foundation. (2015). Our Approach. County Health Rankings & Roadmaps. Retrieved from <http://www.countyhealthrankings.org/our-approach>

Community Transformation Plan Development

After finalization of the Vital Signs Final Report in 2013 and soliciting community input through the Summer of Engagement (July and August 2013), the Vital Signs Steering Committee and partners were ready to move the planning process forward. The next steps in the process were to identify a group of key community stakeholders to develop a Community Transformation Plan. The Vital Signs Steering Committee also acknowledged the importance of utilizing a nationally recognized planning model to guide the development of a Community Transformation Plan to provide more structure and guidance throughout the planning process. The Steering Committee decided to adopt Mobilizing for Action through Planning and Partnerships (MAPP), a community-driven strategic planning process for improving community health, supported by the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO).²

MAPP Process

The MAPP model, “helps communities apply strategic thinking to prioritize public health issues and identify resources to address them.”³ MAPP employs an interactive process that brings together key stakeholders from across multiple sectors to work towards common goals to address public health issues.

Vital Signs selected the MAPP process to engage stakeholders to prioritize issues for the Community Transformation Plan. The Vital Signs Steering Committee voted to form a working group made up of select Steering Committee members, as well as key stakeholders representing priority areas, that would utilize the MAPP process to examine the priority indicators in the Vital Signs Final Report and community feedback to develop the Community Transformation Plan. This working group (referred to at the MAPP Working Group) was a working team charged to utilize the MAPP process to identify the goals, objectives and strategies to address identified priority areas. As part of the advisory infrastructure of Vital Signs, the work of the MAPP Working Group ultimately informs the work of the Steering Committee to implement and evaluate action items moving forward.

Key Steps of Mobilizing for Action through Planning and Partnerships (MAPP)

- Phase 1:** Organize for Success
- Phase 2:** Partnership Development
- Phase 3:** Visioning
- Phase 4:** Conduct key assessments
- Phase 5:** Identify Strategies Issues
- Phase 6:** Formulate Goals and Strategies
- Phase 7:** Action Cycle (Plan, Implement, Evaluate)

Summary of MAPP Meetings

The MAPP Workgroup was comprised of community stakeholders representing key sectors across SBC including health and wellness, economy, education, public safety and behavioral health. The MAPP Workgroup met a total of eight times from June 2014-February 2015 to develop the Community Transformation Plan. Exhibit 2 highlights the key focus of each MAPP Workgroup meeting.

² National Association of County and City Health Officials. (2015). Mobilizing for Action through Planning and Partnerships. Retrieved from: <http://www.naccho.org/topics/infrastructure/mapp/>

³ Ibid.

Exhibit 2: Overview of MAPP Meetings

Meeting 1	Overview of MAPP Process and Review of Vital Signs Final Report and seven (7) community priority areas
Meeting 2	Identification of key Forces of Change that affect the health and well-being of SBC residents
Meeting 3	Finalization of the Community Themes and Strengths Assessment
Meeting 4	Identification of Strategic Issue Areas for the Community Transformation Plan
Meeting 5	Identification of short-term goals for each of the four Strategic Issue Areas
Meeting 6	Finalization of short-term goals utilizing feedback from the Community forums
Meeting 7	Identification of strategies to achieve short-term goals and formulation of action steps
Meeting 8	Identification and refinement of action steps and timeline (joint meeting with Steering Committee)

Summary of Data Committee Meetings

The MAPP process included the selection of key data indicators to evaluate progress of short- and long-term goals. The data committee was charged by the steering committee to select indicators and metrics. The Data Committee is made up of Steering Committee members, as well as key stakeholders from multiple sectors, with expertise in data-driven decision-making and data metrics. Exhibit 3 summarizes the data committee's feedback and how this information was utilized in the Community Transformation Plan

Exhibit 3: Overview of Data Committee Meetings

Meeting 1	Reviewed MAPP process and discussed possible indicators per Priority Area
Meeting 2	Selected priority indicators in each Priority Area
Meeting 3	Reviewed short- and long-term goals, as well as informed data sources for selected indicators
Meeting 4	Provided feedback on goals, objectives and indicators

MAPP Assessments

MAPP utilizes data and information from four unique and comprehensive assessments to drive the identification of strategic issues and develop action steps to address these issues.

- *The Community Themes and Strengths Assessment* identifies themes that interest and engage the community, perceptions about quality of life, and community assets.
- *The Local Public Health System Assessment (LPHSA)* measures the capacity of the local public health system to conduct the 10 Essential Public Health Services.¹

¹ Centers for Disease Control and Prevention. (2015). The Public Health System and the 10 Essential Public Health Services. Retrieved from <http://www.cdc.gov/nphsp/essentialservices.html>

- *The Community Health Status Assessment* analyzes data about health status, quality of life, and risk factors in the community. This assessment was completed as part of the Vital Signs Final Report health system to conduct the 10 Essential Public Health Services.²
- *The Community Health Status Assessment* analyzes data about health status, quality of life, and risk factors in the community. This assessment was completed as part of the Vital Signs Final Report.
- *The Forces of Change Assessment* identifies forces that are occurring or will occur that will affect the community or the local public health system.³

The MAPP Workgroup reviewed data from the Vital Signs Final Report (Community Health Status Assessment), Summer of Engagement activities and participated in activities to develop and refine the Community Themes and Strengths (CTSA) and Forces of Change (FOC) Assessments. Additionally, SBC Department of Public Health convened approximately 75 local community stakeholders for the Local Public Health System Assessment (LPHSA). Exhibit 4 highlights key outcomes from each assessment; a full summary of the CTSA, LPHSA, and FOC can be found in Appendix A.

Exhibit 4: MAPP Assessment Outcomes

Assessment Name	Overview of How Assessment was Conducted	Key Outcomes
Community Health Needs Assessment	<ul style="list-style-type: none"> ▪ Review of data and community input on a wide range of health-related areas. ▪ Community input included data presentation, discussion, and indicator prioritization with over a 1,000 participants including professionals, community leaders, and residents through 23 community engagement meetings held between July and August 2013. ▪ Steering Committee used data and community input to select seven priority indicators to best suit the needs of the county. ▪ Developed prior to adoption of MAPP process 	<ul style="list-style-type: none"> ▪ The report provides a snapshot of community data that relate to the seven priority indicators, including education, the economy, public safety, the social and natural environment, health, and sustainability. ▪ Data are provided for the county with city and state comparisons, as well as the desired goals for population health as outlined by Healthy People 2020.
Community Themes and Strengths (CTSA)	<ul style="list-style-type: none"> ▪ MAPP Workgroup members reviewed data from the Summer of Engagement to highlight themes and strengths identified by community members. ▪ MAPP Workgroup members participated in a group activity to identify community themes and strengths by answering targeted questions such as: <ul style="list-style-type: none"> • What is important to the community? • How is quality of life perceived in the community? • What assets does the community have that can be used? 	<ul style="list-style-type: none"> ▪ Community partners are willing and eager to work collectively to improve community health. ▪ Leaders are dedicated to change ▪ There are diverse organizations and resources available to improve health and wellbeing in SBC. ▪ It is important to include local government and develop meaningful policies to enact change.

² Centers for Disease Control and Prevention. (2015). The Public Health System and the 10 Essential Public Health Services. Retrieved from <http://www.cdc.gov/nphpsp/essentialservices.html>

³ National Association of County and City Health Officials. (2015). MAPP Basics- Introduction to the MAPP Process. Retrieved from <http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm>

Assessment Name	Overview of How Assessment was Conducted	Key Outcomes
Local Public Health Systems Assessment (LPHSA)	<ul style="list-style-type: none"> ▪ On July 9, 2014, SBC Department of Public Health sponsored a LPHSA meeting with local stakeholders, representing private and public agencies, programs, and residents. ▪ 75 local community stakeholders participated in a comprehensive, interactive process providing critical information on the status of current and future efforts. ▪ Utilized the National Public Health Performance Standards (NPHPS) tool to measure outcomes. ▪ Ratings of the 10 Essential Public Health Services were captured via electronic voting. ▪ Stakeholders also discussed Strengths, Weaknesses, Opportunities, and Threats (SWOT) of the 10 Essential Public Health Services. 	<ul style="list-style-type: none"> ▪ Overall, the system is perceived to be performing at a Minimal level with a score of 2.83 out of 5. ▪ Minimal score might reflect members' limited knowledge of the collective nature of the local public health system. ▪ Participants felt the system was most efficient at diagnosing and investigating health threats, enforcing laws and regulations that protect health and ensure safety and linking people to needed personal health services and assuring the provision of health care when otherwise unavailable. ▪ SWOT discussions highlighted key ways the public health system is supporting community health and provided suggestions for ways to improve.
Forces of Change Assessment (FOC)	<ul style="list-style-type: none"> ▪ MAPP Workgroup members participated in an activity to identify forces of change that are or will be influencing the health and quality of life of the community and the local public health system. 	<ul style="list-style-type: none"> ▪ Key Forces of change identified in SBC include: <ul style="list-style-type: none"> • Individual and family prosperity and economic growth; • Changes in healthcare coverage under the Affordable Care Act (ACA); • Behavioral and physical health coordination; • Health habits impacting chronic disease and obesity; and • Environmental factors impact the ability of residents to live active/ healthy lives (built environment, pollution, safety).

Selecting Priority Areas

During the development of the Vital Signs Final Report the Community Vital Signs Steering Committee, with community input, prioritized seven indicators to frame community goals over the next three to five years: 1) education; 2) economy; 3) access to health care; 4) behavioral health; 5) nutrition/access to healthy foods; 6) community safety; and 7) safety at school.

Seven Priority Indicators



Education

(overall, educational attainment, high school graduation)



Nutrition/Access to Healthy Food



Economy

(overall, poverty, unemployment, economic development)



Community Safety

(overall, crime)



Access to Health Care

(overall, insurance, professionals, physicians, delays in care)



Safety at School



Behavioral Health

The Robert Wood Johnson Foundation emphasizes that building a Culture of Health means, “using diverse strategies to address the multiple factors that influence health. This includes raising awareness and catalyzing action in a manner that aligns with the County Health Rankings model and its four health factor areas: clinical care, health behaviors, social and economic factors, and the physical environment.”¹

Vital Signs’ aim is to bring this model to life in ways that demonstrate responsiveness to community needs, assets, and priorities. The SBC Community Transformation Plan is intended to reach across sectors to transform the health and wellness of the SBC community. Given this focus, it was important for the MAPP Workgroup to ensure the plan addressed both long-term goals for overall health improvement and more actionable, short-term goals that can be addressed in the next five years. After extensive review of the Our Community Vital Signs Final Report, community feedback from the Summer of Engagement and the three additional assessments, the MAPP Workgroup elected to group the seven indicators into four Priority Areas to focus on in the SBC Community Transformation Plan.

¹ Robert Wood Johnson Foundation. (2015). 2015 RWJF Culture of Health Prize. Retrieved from http://www.countyhealthrankings.org/sites/default/files/rwjf_culture_of_health_prize_2015CFA.pdf

The MAPP Workgroup utilized this list of indicators as a starting point to set priorities for the Community Transformation Plan.

The Final Priority Areas of the Community Transformation Plan include:



Education;



Economy;



Access to Health and Wellness (including Access to Health Care, Behavioral Health, and Healthy Behaviors); and



Safety (including community and school safety).



Community Forums

As a community-driven initiative, Vital Signs understands the importance of incorporating feedback from the community throughout the planning process. Given the success of the Summer of Engagement which included input from over 1,000 community stakeholders through 23 meetings to identify the most pressing health related issues, Vital Signs decided to utilize a similar model to vet elements of the Community Transformation Plan.

Additionally, in person and web-based training materials, as well as outreach materials in English and Spanish, were provided for community and sector champions to lead meetings on behalf of Vital Signs. Meetings included: Women, Infants and Children (WIC) clinics focused on hard-to-reach populations; SBC Department of Public Health clinics; Healthy Cities and communities; non-profit organizations working directly with diverse communities; SBC Superintendents of Schools and local school districts with a focus on youth engagement; and the Faith Advisory Council representing six High Desert churches with over 15,000 congregation members. These meetings engaged approximately 800 additional community stakeholders for a total of more than 1,200 participants across all venues and a total of 32 meetings.



Key themes that emerged from the forums were incorporated in the short-term goals and strategies in the Community Transformation Plan. Appendix B provides a summary of the feedback from each of the Supervisorial District Forums, as well as the additional feedback received from forums held by individuals in the community.

Community Forum Outcomes

- ◆ Community members reviewed information about key Priority Health Issues in SBC
- ◆ Community members and community stakeholders provided feedback on the short-term goals in the plan
- ◆ Participants provided suggestions for who should be involved in helping transform SBC into a healthier community, as well as identified gaps in their local community that might impede short-term goals

How will the Community Transformation Plan be Used?

The Community Transformation Plan can be used to prioritize existing activities, set new priorities, direct the use of resources, and to encourage and expand meaningful partnerships among all sectors, including healthcare, government, community developers, faith-based and non-profit organizations, philanthropists, investors, educators, and business. The plan will serve as a guide for partners to align their work with cross cutting strategies that can improve the health and well-being of SBC residents. Representatives from all sectors can contribute to the goals in this plan and work together in creating environments in our neighborhoods, schools, and workplaces, to create a culture of health in San Bernardino County.

Implementation

Since the inception of the Community Vital Signs Initiative, there has been a strong commitment from those participating in the process to ensure that all planning efforts lead to action. Vital Signs members are committed to staying engaged in the community transformation process beyond the planning stages through a continuous and interactive Action Cycle.¹ In addition, the information in this document is intended to be used by others in the community—including residents, all sectors, networks, and partnerships—who are committed to addressing priority health-related issues.

Vital Signs will implement an action plan that involves five steps:

1. Recruit residents, allies, stakeholders, and resources needed for implementation.
2. Create a clear structure with designated responsibilities and accountability to meet expectations and achieve the desired goals and objectives of the plan.
3. Manage resources by augmenting existing efforts, budgeting current funds, and securing sustainable resources.
4. Routinely evaluate the implementation to continually maximize limited resources, adjust strategies, and expand collaboration.
5. Keep action plan groups, community, and the media well informed about progress to encourage further growth, support, and engagement for Vital Signs efforts.



Vital Signs' collaborative implementation approach recognizes that every aspect of health and well-being in our communities is part of an interrelated system—and invites community members to become involved in the implementation phases.

Measuring Progress

Vital Signs is committed to continue to measure the implementation of the Community Transformation Plan, as well as the impact of the collective actions in the county.

As a follow-up to Our Community Vital Signs 2013 Final Report and feedback from the community, Vital Signs is developing a data platform that will house agreed upon secondary and primary data to inform key indicators, and will employ business intelligence to provide consistency in performance measurement and longitudinal analysis. The innovative development of this platform is using Geographic Information System (GIS) mapping to help stakeholders and residents identify trends, locate resources, evaluate the effectiveness of community transformation strategies over time, and identify where improvement efforts are most needed. The data platform will be sustained by leveraging resources from multiple Vital Signs' partnerships. This platform will also track key outcomes identified in

¹ National Association of County and City Health Officials. (n.d.) Mobilizing for Action through Planning and Partnerships: A User's Handbook. Retrieved from http://www.naccho.org/topics/infrastructure/mapp/upload/mapp_handbook_fnl.pdf

the Community Transformation Plan. This platform will serve as a data warehouse for SBC. The data platform will also allow us to track and communicate results in order celebrate progress along the way, but also course correct over time when progress is not evident.¹

As Vital Signs revisits the Community Transformation Plan on a regular basis, it will also refer to the data platform to identify new and promising indicators that may help track achievement of the long- and short-term goals that make up the Community Transformation Plan. These efforts will ensure that Vital Signs can achieve the Collective Impact condition of shared measurement in which data is collected and measured consistently across partners, ensures efforts remain aligned, and that stakeholders can hold each other accountable over time.²

Priority Areas: Contents of Each Section

The Community Transformation Plan is made up of four priority areas: (1) Education (2) Economy (3) Access to Health and Wellness, and (4) Safety . The specific elements for each priority area were created by the Mobilizing for Action through Planning and Partnerships (MAPP) Workgroup, a team composed of key community stakeholders in San Bernardino County. The workgroup solicited and included community input and data finding from the Data Subcommittee when developing the objectives and strategies for each priority area. The workgroup also considered availability of data, best use of resources, and alignment with local, state, and national initiatives. Each section includes the following information relating to each priority area:

- **“Why is the priority area important to health?”** describes the reasons that the priority area is important, including specific ways in which the priority area impacts health.
- **“How do the goals align with the Countywide Vision?”** specifies how the goals align with and support the overall Countywide Vision.
- **“What did the data show?”** shares a snapshot of key data indicators related to the goals and objectives in the plan.
- **“What did the community say?”** summarizes feedback from community members, including community forum participants and planning for action stakeholders, about what they hope results from the Community Transformation Plan as it relates to the priority area.
- **Long-term Goals** outline the fundamental, long-range (five to ten-year) direction that the Community Transformation Plan is working toward to support improvement in the priority area.
- **Objectives** share the intended results or accomplishments that result from the specified priority long-term goals.
- **“Why is this goal a priority?”** provides rationale as to why specific long-term goals and objectives were selected as a priority in the Community Transformation Plan.
- **Short-term goals** describe the short-term (three to five-year) aims that collectively work to support the long-term goals and objectives. The issue area icons are used to illustrate how many short-term goals impact multiple priority areas.


¹ Robert Wood Johnson Foundation. (2015). 2015 RWJF Culture of Health Prize. Retrieved from http://www.countyhealthrankings.org/sites/default/files/rwjf_culture_of_health_prize_2015CFA.pdf


² Kania, J., & Kramer, M. (2011). *Collective Impact*. *Stanford Social Innovation Review*, Winter 2011, pp. 35-41. Stanford, CA. Retrieved from http://www.ssireview.org/articles/entry/collective_impact




- **Indicators to Measure Success** identify key data points to be tracked in order to measure the impact of efforts to address long- and short-term goals. Where available, SBC County data are compared with Healthy People 2020 goals, as well as United States and California trends. County Trends are also indicated as followed:



- ➔ A green arrow indicates trend is improving
- ➔ A yellow arrow indicates trend is currently stable
- ➔ A red arrow indicates trend is worsening

It is important to note that several indicators within each priority area were selected to be prioritized in the forthcoming Vital Signs Data Platform and are indicated with an *. Additionally, many data elements require additional work to identify an existing data source or create data collection opportunities; this work will be addressed as part of Vital Signs next steps.

 **Education;**

 **Economy;**

   **Access to Health and Wellness** (including Access to Health Care, Behavioral Health, and Healthy Behaviors); and

  **Safety** (including community and school safety).





Education





Why is education important to health?

There is much evidence linking educational attainment and high school graduation rates to improved health outcomes. As reported in Our Community Vital Signs 2013 Final Report, people with more education have lower rates of the most common acute and chronic diseases.¹ High school graduates earn higher salaries, have better self-esteem, more personal life satisfaction, fewer health problems, and less involvement in criminal activity as compared to high school dropouts.² Similarly, education has been strongly linked to health outcomes. The Robert Wood Johnson Report Foundation reports, “people with more education are likely to live longer, to experience better health outcomes, and to practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care check-ups and screenings.”³

How do the goals align with the Countywide Vision?

Education is also a core element in the Countywide Vision and focuses on reducing the number of high school and college drop outs, integrating educational institutions into economic and job creation efforts, as well as partnering with all sectors of the community to support the success of every child from cradle to career.⁴



What did the data show?

In SBC 21% of adults 25 or older had less than a high school diploma in 2013, which was higher than the state at 18%.⁵ Only 19% of adults 25 and older in the county had a bachelor’s degree, a graduate degree or a professional degree as compared to 31% across the state in 2013.⁶ In addition, the 2013-14 graduation rate for San Bernardino County was 79%, slightly lower than the state rate at 81%. That rate increased from the 2011-12 school year for both the county (77% to 79%) and the state (79% to 81%).⁷

¹ Cutler, D. & Lleras-Muney, A. (2007). Education and health. National Poverty Center, Policy Brief, Vol. 9.

² Math and Reading Help. (n.d.). The importance of a high school diploma. Retrieved May 9th 2013 from http://mathandreadinghelp.org/articles/The_Importance_of_a_High_School_Diploma.html

³ Robert Wood Johnson Foundation Issue Brief #5 (2011). Exploring the Social Determinant of Health. http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447

⁴ San Bernardino Countywide Vision Education Element <http://cms.sbcounty.gov/cao-vision/Elements/Education.aspx>

⁵ American Community Survey, United States Census Bureau. (2013). Educational attainment 1-year estimates, Table S1501, 2013.

⁶ Ibid.

⁷ California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). (2015). Cohort outcome data for the class of 2013-14.

What did the community say?

Community forum participants stressed the need to improve the quality of primary and secondary education. In addition, community forum participants said that there needs to be an increased emphasis on post-secondary education (college and vocational training) that matches skills required in the local labor market. Planning for action subject matter experts shared several recommendations to frame next steps including:

- Document and centralize information about available educational resources;
- Examine opportunities to strengthen the link between preschool and K-12 Education providers and resources; and,
- Address barriers that keep students and parents from continuing their education.



Education



Long-Term Goal 1: Increase high school graduation rates

Objectives

- Increase the high school graduation rate
- Increase the percentage of students who are proficient readers by 3rd grade*

Why is this goal a priority?

High school graduates earn higher salaries, have better self-esteem, more personal life satisfaction, fewer health problems, and less involvement in criminal activity as compared to high school dropouts.¹ Households headed by a high school graduate accumulate ten times more wealth than households headed by a high school dropout.² The graduation rate for San Bernardino County was 79% in the 2013-14 school year, slightly lower than the state rate at 81%.³ Graduation rates in SBC vary by race and ethnicity, as well as by school district. Reading proficiency by third grade is the most important predictor of high school graduation and career success.⁴

Long-Term Goal 2: Increase postsecondary educational attainment rates across the county

Objectives

- Increase the percentage of adults who have a Bachelor’s degree or higher
- Increase the percentage of adults who enter or complete college, and/or workforce training with 21st century skills*

Why is this goal a priority?



Roughly 60% of jobs require some type of training or education beyond high school.⁵ Only 19% of adults 25 and older in the county had a bachelor’s degree, a graduate degree or a professional degree as compared to 31% across the state in 2011.⁶ In SBC, educational attainment varies greatly by city as well as by race and ethnicity. Workers with less educational attainment typically earn less and have a higher rate of unemployment.⁷

Short Term Goals

- Increase early identification and services (at all educational levels) for psychosocial factors impacting students’ attendance and functioning in school
- Increase access to financial aid and support services for students to apply and complete vocational and higher education
- Increase use of schools as an access point for school-based and community health and social services
- Increase family and student understanding of their health
- Increase access to healthy food and physical activity on school campuses
- Increase the number of students choosing STEM (science, technology, engineering, mathematics) careers, including careers in health care



Indicators to Measure Success

Objectives**	HP 2020	US	CA	San Bernardino County	County Trend
Increase the high school graduation rate	82%	81%	81%	79%	
Increase the percentage of students who are proficient readers by 3rd grade*	NA	NA	NA	NA	NA
Increase the percentage of adults who have a Bachelor's degree or higher	NA	30%	31%	19%	
Increase the percentage of adults who enter or complete college, and/or workforce training with 21st century skills*	NA	NA	NA	NA	NA

*Indicates priority indicators to be included in Data Platform

**Indicator sources can be found in Appendix X.

References

¹ Math and Reading Help. (n.d.). The importance of a high school diploma. Retrieved May 9th 2013 from http://mathandreadinghelp.org/articles/The_Importance_of_a_High_School_Diploma.html

² Gouskova, E. & Stafford, F. (2005). Trends in household wealth dynamics, 2001-2003. Institute for Social Research, University of Michigan.

³ California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). (2015). Cohort outcome data for the class of 2013-14.

⁴ The Campaign for Grade-Level Reading. 3rd Grade Reading Success Matters. Retrieved from <http://gradelevelreading.net/>

⁵ Math and Reading Help. (n.d.). The importance of a high school diploma. Retrieved May 9th 2013 from http://mathandreadinghelp.org/articles/The_Importance_of_a_High_School_Diploma.html

⁶ American Community Survey, United States Census Bureau. (2013). Educational attainment 1-year estimates, Table S1501, 2013.

⁷ Math and Reading Help. (n.d.). The importance of a high school diploma. Retrieved May 9th 2013 from http://mathandreadinghelp.org/articles/The_Importance_of_a_High_School_Diploma.html



Economy





Why is economy important to health?

Economic factors including poverty, employment opportunities and access to affordable housing have been shown to influence access to health care and health outcomes. According to the Robert Wood Johnson Foundation (RWJF), loss of jobs (as during a recession) is clearly associated with reductions in health coverage.¹ Lack of health coverage affects residents' ability to access preventive health care and other health services. In addition, it has been shown that stable, affordable housing may improve health outcomes by freeing up family resources for healthy food and health care expenses, decreasing stress, providing access to healthy options for families in neighborhoods, and reducing environmental exposures from unstable and unsafe housing options.²

How do the goals align with the Countywide Vision?

The Countywide Vision contains twin priorities of improving the overall economic performance of the region and growing an economy that is in alignment with our workforce are highly complementary.³ Additionally, it focuses on encouraging a complete price range of housing from affordable to luxury and the improvement of livability and energy efficiency through smart planning, design and technology as well as addressing the needs of special populations such as homeless, seniors and veterans.⁴



What did the data show?

According to the Vital Signs Final Report, 19% of San Bernardino County residents were living in poverty in 2011, a slightly higher rate than in California (under 17%).⁵ The county has experienced an increase in poverty from 12% of residents in 2007, to 19% in 2011. In addition, a total of 2,321 individuals experiencing homelessness were counted in San Bernardino County in 2013, a decrease of 555 people from 2011.⁶

As important social determinants of health, these economic factors affect the health and wellbeing of SBC residents. Although there have been some improvements in employment status and homelessness, these factors continue to impact health outcomes in SBC.⁷

¹ Robert Wood Johnson Foundation: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2009/rwjf44843

² Center for Housing Policy: http://www.nhc.org/media/files/Insights_HousingAndHealthBrief.pdf

³ San Bernardino Countywide Vision Jobs/Economy Element <http://cms.sbcounty.gov/cao-vision/Elements/JobsEconomy.aspx>

⁴ San Bernardino Countywide Vision Housing Element <http://cms.sbcounty.gov/cao-vision/Elements/Housing.aspx>

⁵ Our Community Vital Signs 2013 Report

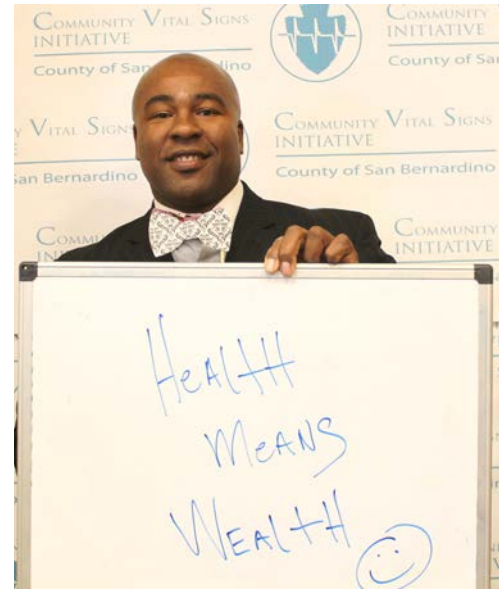
⁶ Ibid.

⁷ <http://www.countyhealthrankings.org/app/california/2013/rankings/san-bernardino/county/outcomes/overall/snapshot>

What did the community say?

Community forum participants stressed that an improved labor market, with more jobs and better opportunities are needed to improve the local economy. In addition, community participants recommended improvements to infrastructure, including public transit, as well as the promotion of business-friendly policies that support the local economy. Planning for action subject matter experts shared several recommendations to frame next steps including:

- Inventory existing organizations and efforts focused on developing a skilled workforce;
- Identify opportunities to prepare students to enter the workforce in fields necessarily for the local economy;
- Align workforce training and education with the needs of the business community; and,
- Align County and city-level efforts to maximize resources and leverage opportunities (such as federal funding).



Economy



Long-Term Goal 1: Decrease the percentage of families living in poverty across the county

Objectives

- Decrease the percentage of individuals living in poverty
- Decrease the percentage of children (under 18 years) living in poverty
- Increase Industry Employment by Sector

Why is this goal a priority?

The ongoing stress and challenges associated with poverty can lead to cumulative health damage, both physical and mental. Chronic illness is more likely to affect those with the lowest incomes, and children in low income families are sicker than their high-income counterparts.¹ Income inequality in our communities affects how long and how well we live and is particularly harmful to the health of poorer individuals.² In 2011, 19% of San Bernardino County residents were living in poverty, slightly higher than in California overall at under 17% in 2011; this percentage increased between 2007 and 2011 from 12% to 19%.^{3,4}

Long-Term Goal 2: Increase access to safe and affordable housing for all residents

Objectives

- Decrease the number of homeless individuals
- Decrease the percentage of residents who spent more than 30% of their income on housing*

Why is this goal a priority?





Housing is a substantial expense, reflecting the largest single monthly expenditure for many individuals and families. Quality housing is not affordable for everyone, and those with lower incomes are most likely to live in unhealthy, overcrowded, or unsafe housing conditions.⁵ Individuals experiencing homelessness tend to have more health care issues than their non-homeless peers; they suffer at higher rates from preventable illnesses, have longer hospitalization stays, and a higher rate of premature death. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.⁶ A total of 2,321 individuals experiencing homelessness were counted in San Bernardino County in 2013, a decrease of 555 people from 2011.⁷ Providing permanent supportive housing alongside support services has been shown to improve health outcomes for the chronically homeless.⁸

Short Term Goals

- Increase the number of skilled workers within the Inland Empire
- Increase business expansion, attraction and retention within our local communities
- Increase funding to first-time home buyers
- Increase awareness, funding and capacity at the county level to support wellness in the workforce



Indicators to Measure Success

Objectives**	HP 2020	US	CA	San Bernardino County	County Trend
Decrease the percentage of individuals living in poverty	NA	16%	17%	19%	
Decrease the percentage of children (under 18 years) living in poverty	NA	22%	24%	27%	
Increase Industry Employment by Sector*	NA	NA	NA	NA	NA
Decrease the number of homeless individuals	NA	NA	NA	2,321	
Decrease the percentage of residents who spend more than 30% of their income on housing*	NA	52%	57%	59%	

*Indicator to be prioritized in the forthcoming Vital Signs Data Platform.

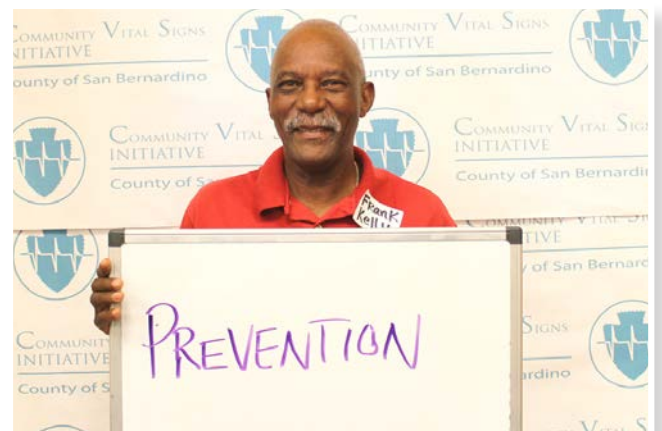
**Indicator sources can be found in Appendix C.

References

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- ⁸ Corporation of Supportive Housing. (2014). Housing the Best Medicine: Supportive Housing and the Social Determinants of Health. Retrieved from: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/social_determinants_of_health_final.pdf



Access to Health & Wellness





Why is access to health and wellness important?

Access to Health and Wellness encompasses many aspects of health outcomes affecting SBC residents including Access to Health Care, Behavioral Health, and Healthy Behaviors. Many of the socioeconomic factors mentioned previously affect the health of SBC residents. As highlighted in the [Our Community Vital Signs 2013 Final Report](#), a lack of health insurance coverage is a significant barrier to accessing health services. Families and individuals without health insurance coverage often have unmet health needs, receive fewer preventive services, suffer delays in receiving appropriate care and experience more hospitalizations. In other words, uninsured persons are less likely to receive medical care, and more likely to have poor health and to die prematurely.¹ High rates of uninsurance destabilize local health care systems, putting the health and wellbeing of entire communities at risk.²

In addition, health behaviors influence the overall health and well-being of residents. According to the Centers for Disease Control and Prevention (CDC), regular physical activity largely reduces the risk of coronary heart disease - the nation's leading cause of death - and decreases the risk of stroke, colon cancer, diabetes, and high blood pressure. It also helps control weight, improves bone health, strengthens muscles and joints, reduces falls among older adults, helps relieve the pain of arthritis, reduces symptoms of anxiety and depression, and is linked with fewer hospitalizations, physician visits, and prescribed medications.³

Behavioral health is also an important factor in ensuring the overall health and wellness of SBC residents; behavioral health and physical health are deeply linked. Individuals with serious behavioral health conditions have a higher risk of chronic disease, and die, on average, much earlier than their peers without such conditions.⁴

How do the goals align with the Countywide Vision?

The Countywide Vision focuses on prevention programs and superior healthcare services; reduction of chronic disease and socio-economic disparities through health education, promotion of healthy lifestyles and healthy city initiatives, development of outcome-based health services; and increased collaboration between and among providers and community-based organizations.⁵



Provided with permission from the Healthy Rialto Initiative Programs

¹ U.S. Department of Health and Human Services. (2011). Healthy People 2020 objectives. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>

² National Immigration Law Center. (2014). Issue Brief: The Consequences of Being Uninsured, August 2014. Retrieved from www.nilc.org/document.html?id=1136

³ Centers for Disease Control and Prevention. (2011). Physical activity and health: The benefits of physical activity. Atlanta, GA.

⁴ Colton, C.W. & Manderscheid, R.W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Preventing Chronic Disease: Public Health Research, Practice, and Policy. 3(2): 1-14; National Alliance on Mental Illness. (n.d.). Mental illness: Facts and numbers. Retrieved from http://www.nami.org/Template.cfm?Section=About_Mental_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155

⁵ San Bernardino Countywide Vision Wellness Element <http://cms.sbcounty.gov/cao-vision/Elements/Wellness.aspx>

What did the data show?

As of 2013, 81% of SBC residents had health insurance coverage. Health insurance coverage in San Bernardino County remains below California and the Healthy People 2020 target.¹ San Bernardino County is considered to be a Health Professional Shortage Area (HPSA-PC) for primary care providers, according to the California Office of Statewide Health Planning and Development.² This means there are not enough primary care physicians to adequately care for the population's health needs. In addition, SBC has slightly higher rates of many chronic diseases such as diabetes, asthma, obesity, and cardiovascular disease compared to California overall.³

Health behaviors also impact the health and wellness of SBC residents. Overall, fewer adults in SBC walked for transportation, fun, or exercise than in California and less than 20% of teens (ages 12-17) in SBC met the CDC recommendation of 60 minutes of physical activity every day, greater than in California at 15% in 2009.⁴ Access to healthy foods is particularly challenging in some areas of the county. SBC had the worst Retail Food Environment Index (RFEI) in the state. The RFEI is a tool used to evaluate a region's food environment. It is based on the ratio of fast food outlets and convenience stores to the total number of supermarkets and produce vendors in a region. A high RFEI means more fast food and convenience stores than healthy food outlets, and is correlated with higher rates of obesity and diabetes.⁵ In SBC, there were 5.72 fast food/convenience store outlets for every one supermarket/produce vendor in the county in 2007, higher than the state ratio of 4.18.⁶

Behavioral health needs are regularly recognized as not being fully met across populations. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimated a prevalence rate of 23.8% of the general population having a behavioral health condition, while less than half of those individuals generally receive behavioral health care.⁷ Further, the California Office of Statewide Health Planning and Development (OSHPD) has designated a significant portion of the county as mental health professional shortage areas, and emphasizes the need to develop strategies to increase the number of professionals in those areas in an effort to increase access to care.⁸

¹ American Community Survey, United States Census Bureau. (2013). Selected economic characteristics, 1-year estimates, Table DP03, 2013.

² Office of Statewide Health Planning and Development. (2010). California healthcare atlas: San Bernardino County. Retrieved from <http://gis.oshpd.ca.gov/atlas/topics/shortage/mua/san%20bernardino%20service%20area>

³ [Our Community Vital Signs 2013 Final Report](#).

⁴ California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Walked for transportation, fun, or exercise, 2003-2009. Number of days physically active at least one hour in a typical week.2003-2009.

⁵ The Planning Center/DC&E. (January 2007). City of San Bernardino environment scan: A model for building communities that support healthy eating and active living, 2010. San Bernardino County and California Source: California Center for Public Health Advocacy. (n.d.). Searching for healthy food the food landscape in San Bernardino County.

⁶ San Bernardino County and California Source: California Center for Public Health Advocacy. (2007). Searching for healthy food: The food landscape in San Bernardino County.

⁷ http://archive.samhsa.gov/data/NSDUH/2k12MH_FindingsandDetTables/2K12MHF/NSDUHmhfr2012.htm

OSHPD: <http://gis.oshpd.ca.gov/atlas/topics/shortage/mua/san-bernardino-service-area>

⁸ Healthcare Atlas: Medically Underserved Area (MUA) San Bernardino County. <http://gis.oshpd.ca.gov/atlas/topics/shortage/mua/san-bernardino-service-area>

The [Our Community Vital Signs 2013 Final Report](#) included data that assessed the behavioral health of youth by asking students if they ever felt so sad and hopeless every day for two weeks or more that they stopped doing some usual activities. Boys and girls in all grades in San Bernardino County reported higher rates of sadness than did their peers in California overall in 2009-2011. Girls consistently reported feeling more sad and hopeless than boys across all grades and all school districts.⁹ This suggests unmet need for behavioral health services among youth.

What did the community say?

Community forum participants stressed that more public and school-based education about health would be important to improve health and wellness. In particular, community forum participants stressed the need to focus on improving nutrition and reducing obesity. In addition, attention to environmental issues and usable open spaces, including community gardens, were recognized as important things to consider. Planning for action subject matter experts shared several recommendations to frame next steps including:

- Better coordination amongst providers of health and wellness activities;
- Connect services to the community rather than the community to the services;
- Promote evening and weekend access to health services; and,
- Integrate health into all plans, ensuring it is a priority in all cities in the county.



⁹ [Our Community Vital Signs 2013 Final Report](#).

Access to Health & Wellness



Long-Term Goal 1: Increase the percentage of residents who have and regularly access a usual source of care

Objectives

- Increase the percentage of residents who have a usual source of care*
- Increase the percentage of residents with health insurance coverage*
- Decrease the percentage of residents who delayed or did not get medical care in the past year

Why is this goal a priority?

According to Kathleen Sebelius, former U.S. Secretary of Health and Human Services, “When you don’t have access to primary care, small health problems grow into big ones. Chronic conditions that could be managed spiral out of control.”¹ Lack of health insurance coverage is a significant barrier to accessing health services. Additionally, having a usual source of health care, or what is commonly called a “medical home” or “patient-centered medical home” (PCMH), is generally understood to provide more coordinated, comprehensive care, with a stable record of patient care.²

Long-Term Goal 2: Increase behavioral health awareness

Objectives

- Decrease the percentage of 7th graders who reported feeling sad and hopeless every day for two weeks or more that they stopped doing some usual activities

Why is this goal a priority?

There is an increased focus on behavioral health and focus on factors such as resilience and having certain family and community supports that help improve well-being. Additionally, behavioral health and physical health are deeply linked. Individuals with behavioral health conditions have a higher risk of having a chronic disease, and of dying much earlier than their peers without such conditions.³

Long-Term Goal 3: Increase access to behavioral health services

Objectives

- Increase the rate of residents accessing behavioral health services under the Department of Behavioral Health, safety net systems, Medi-Cal managed care (IEHP, Molina), and commercial insurance

Why is this goal a priority?

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimated a prevalence rate of 23.8% of the general population having a behavioral health condition, while less than half of those individuals generally receive behavioral health care.⁴ Further, the California Office of Statewide Health Planning and Development (OSHPD) has designated a significant portion of the county as mental health professional shortage areas, and emphasizes the need to develop strategies to increase the number of professionals in those areas in an effort to increase access to care.⁵

Long-Term Goal 4: Reduce the misuse and abuse of alcohol, prescription, and other drugs in the community

Objectives

- Decrease the percentage of youth (21 and under) who misused alcohol or other drugs in the past year

Why is this goal a priority?

Alcohol and other drug use among our nation's youth remains a major public health problem. Substance use and abuse can increase the risk for injuries, violence, HIV infection, and other diseases.⁶

Long-Term Goal 5: Decrease the prevalence and increase the management of chronic diseases (including diabetes, obesity, and cardiovascular disease)

Objectives

- Decrease the percentage of the adult population ever diagnosed with diabetes
- Decrease the percentage of adults ever diagnosed with high blood pressure
- Decrease the hospitalization rate for cardiovascular disease (heart disease)
- Decrease the percentage of obese adults
- Decrease the percentage of teens, age 12-17 that are overweight/obese

Why is this goal a priority?

As a nation, we spend 86% of our health care dollars on the treatment of chronic diseases. These persistent conditions—the nation's leading causes of death and disability—leave in their wake deaths that could have been prevented, lifelong disability, compromised quality of life, and burgeoning health care costs.⁷ While chronic diseases and conditions are among the most common and costly of all health problems, they are also the most preventable; improving physical activity and nutrition, while decreasing tobacco and alcohol use, can reduce illness, suffering, and early death related to chronic diseases and conditions.⁸

Long-Term Goal 6: Increase the number of residents engaged in active living activities

Objectives








- Increase the percentage of teens (12-17) who met the CDC recommendation of 1 hour or more of daily physical activity
- Increase the number of bike trails*

Why is this goal a priority?

According to the Centers for Disease Control and Prevention (CDC), regular physical activity largely reduces the risk of coronary heart disease - the nation's leading cause of death - and decreases the risk of stroke, colon cancer, diabetes, and high blood pressure.⁹ It also helps control weight, improves bone health, strengthens muscles and joints, reduces falls among older adults, helps relieve the pain of arthritis, reduces symptoms of anxiety and depression, and is linked with fewer hospitalizations, physician visits, and prescribed medications. The CDC recommends 30 minutes of moderate-intensity physical activity five or more times a week for adults and 60 minutes or more each day for children.¹⁰

Short Term Goals

<ul style="list-style-type: none"> Teach residents to advocate for their own health 	
<ul style="list-style-type: none"> Increase the number of professionals who are trained in the county who stay in the county 	
<ul style="list-style-type: none"> Provide care coordination to residents for all needed services 	
<ul style="list-style-type: none"> Connect residents to a regular place for health care 	
<ul style="list-style-type: none"> Increase the number of people who receive timely health services 	
<ul style="list-style-type: none"> Increase coordination between behavioral health and primary care systems 	
<ul style="list-style-type: none"> Reduce behavioral health stigma 	
<ul style="list-style-type: none"> Increase the number of linguistically and culturally competent behavioral health services available in the county 	
<ul style="list-style-type: none"> Promote healthy relationships 	
<ul style="list-style-type: none"> Delay age of first time use of alcohol to legal age 	
<ul style="list-style-type: none"> Decrease prevalence of adults abusing alcohol 	
<ul style="list-style-type: none"> Prevent use of illicit drugs at all ages 	
<ul style="list-style-type: none"> Increase access to healthy food options within communities 	
<ul style="list-style-type: none"> Increase the number of residents participating in daily physical activity 	
<ul style="list-style-type: none"> Increase options for active transportation planning such as walking and biking 	

Indicators to Measure Success					
Objectives**	HP 2020	US	CA	San Bernardino County	County Trend
Increase the percentage of residents who have a usual source of care*	95%	87%	86%	84%	
Increase the percentage of residents with health insurance coverage*	100%	86%	83%	81%	
Decrease the percentage of residents who delayed or did not get medical care in the past year	4%	6%	12%	11%	
Decrease the percentage of 7th graders who reported feeling sad and hopeless every day for two weeks or more that they stopped doing some usual activities	NA	NA	27%	30%	NA
Increase the rate of residents accessing behavioral health services under the Department of Behavioral Health, safety net systems, Medi-Cal managed care (IEHP, Molina), and commercial insurance	NA	NA	25.3%	NA	NA
Decrease the percentage of youth (21 and under) who misused alcohol or other drugs in the past year	NA	NA	NA	NA	NA
Decrease the percentage of the adult population ever diagnosed with diabetes	NA	8%	9%	11%	
Decrease the percentage of adults ever diagnosed with high blood pressure	26.9%	29%	27%	32%	
Decrease the hospitalization rate for cardiovascular disease (heart disease)	NA	121.0	81.44	98.83	
Decrease the percentage of obese adults	31%	35%	25%	33%	
Decrease the percentage of teens, age 12-17 that are overweight/obese	NA	30.3%	32.4%	34.7%	NA

Indicators to Measure Success

Objectives**	HP 2020	US	CA	San Bernardino County	County Trend
Increase the percentage of teens (12-17) who met the CDC recommendation of 1 hour or more of daily physical activity	20%	NA	15%	19%	NA
Increase the amount of Bike Trails (Class 1,2, and 3)*	NA	NA	NA	NA	NA

*Indicator to be prioritized in the forthcoming Vital Signs Data Platform.

**Indicator sources can be found in Appendix C.

References

- ¹ U.S. Department of Health and Human Services, PowerPoint presentation delivered on May 8, 2012 at www.nascsp.org/.../hrsa-aca-general-presentation-wo-notes3-final.pptx
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- ³ Colton, C.W. & Manderscheid, R.W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Preventing Chronic Disease: Public Health Research, Practice, and Policy. 3(2): 1-14; National Alliance on Mental Illness. (n.d.). Mental illness: Facts and numbers. Retrieved from http://www.nami.org/Template.cfm?Section=About_Mental_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155
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- ⁵ Reference: Healthcare Atlas: Medically Underserved Area (MUA) San Bernardino County. <http://gis.oshpd.ca.gov/atlas/topics/shortage/mua/san-bernardino-service-area>
- ⁶ Centers for Disease Control and Prevention: Adolescent and School Health, Alcohol and Other Drug Use. Retrieved from <http://www.cdc.gov/healthyyouth/alcoholdrug/>.
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- ⁹ Centers for Disease Control and Prevention. (2011). Physical activity and health: The benefits of physical activity. Atlanta, GA.
- ¹⁰ Centers for Disease Control and Prevention. Physical Activity. Retrieved from: <http://www.cdc.gov/physicalactivity/everyone/guidelines/>



Safety





Why is safety important to health?

Healthy and safe environments allow people to access resources and make healthy choices they might not otherwise be able to make. According to a brief from the [Robert Wood Johnson Foundation](#), “Social and economic features of neighborhoods have been linked with mortality, general health status, disability, birth outcomes, chronic conditions, health behaviors and other risk factors for chronic disease, as well as with mental health, injuries, violence and other important health indicators.”¹ People living in unsafe neighborhoods tend to have less options for active transportation or open spaces to be active, further influencing their ability to participate in healthy behaviors.²

As reported in the Our Community Vital Signs 2013 Final Report, crime contributes to poorer physical health for victims, perpetrators, and community members.³ In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization’s “World Report on Violence and Health.”⁴

How do the goals align with the Countywide Vision?

The Countywide Vision seeks to work collaboratively to address dual priorities: 1) Establish a forum to facilitate information sharing and discussion across all segments of public safety; and 2) Foster an environment that encourages shared resources and strategic planning for public safety programs and services.⁵

What did the data show?

In 2010, there were 31 crimes per 1,000 residents in San Bernardino County, down from 36 crimes per 1,000 in 2006. Similarly, the crime rate is going down in the state. However, the crime rate in the county has been higher than the state since 2007. When looking at school safety, only about half (54%) of San Bernardino County students in 7th, 9th, and 11th grade felt “safe” or “very safe” (50% to 58%) in school in 2009-2011, lower than in California overall at 60% to 63%.



¹ Robert Wood Johnson Foundation Issue Brief #8 (2011). Exploring the Social Determinant of Health. http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70450

² Baum, F.E., Ziersch, A.M., Zhang, G., & Osborne, K. (2009). Do perceived neighborhood cohesion and safety contribute to neighborhood differences in health? *Health and Place*. 15(4), 925-934.

³ Our Community Vital Signs 2013 Final Report.

⁴ Krug, E.G., Dalhberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (Eds.). (2002). World report on violence and health. World Health Organization, Geneva, Switzerland. Retrieved from http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

⁵ San Bernardino Countywide Vision Public Safety Element <http://cms.sbcounty.gov/cao-vision/Elements/PublicSafety.aspx>

What did the community say?

Community forum participants stressed that broad stakeholder engagement is needed to address issues related to safety. They also encouraged broader stakeholder engagement, increased prevention, treatment, and rehabilitation options for drug use, improved public transit, interventions for youth to address bullying, and stronger protections for witnesses to crimes. Planning for action subject matter experts shared several recommendations to frame next steps including:

- Identify ways to promote buy-in from educators, behavioral health experts, and law enforcement at all levels, including high-level decision makers;
- Increase efforts to allow sharing of information about offenders with behavioral health needs between San Bernardino County Department of Behavioral Health and Law Enforcement; and
- Further examine how new policies downgrading some felonies to misdemeanors has had unintended consequence of limiting availability of resources for some offenders



Safety



Long-Term Goal 1: Reduce the crime rate across San Bernardino County

Objectives

- Decrease the crime rate per capita
- Decrease the number of gang members
- Increase positive relationships between residents and Police/Fire Departments*
- Decrease juvenile crime rate*

Why is this goal a priority?

Crime contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization’s “World Report on Violence and Health.”¹ Crime in a neighborhood causes fear, stress, unsafe feelings, and poor behavioral health.² When residents feel safe in their homes and feel that their children are safe at school, their quality of life improves.³ When people feel safe in their neighborhoods, they are more likely to be physically active outdoors and to have reduced stress levels.⁴ While it is decreasing, the crime rate in San Bernardino County has been higher than the state since 2007.⁵

Long-Term Goal 2: Improve children’s perception of safety at school

Objectives

- Increase the percentage of 9th grade students who reported feeling safe or very safe at school

Why is this goal a priority?

Only about half (54%) of San Bernardino County students in 7th, 9th, and 11th grade felt “safe” or “very safe” (50% to 58%) in school in 2009-2011, lower than in California overall at 60% to 63%.⁶ Students who feel safe in school are able to concentrate and learn more easily.⁷

Short Term Goals

- Increase partnership with law enforcement at school sites



- Increase community and faith-based collaboration with law enforcement to increase community trust





- Improve school safety at all grade levels



- Reduce student suspension and expulsion



Indicators to Measure Success

Objectives**	HP 2020	US	CA	San Bernardino County	County Trend
Decrease the crime rate per capita	NA	38.6	29.7	31.0	
Decrease the number of gang members	NA	850,000	NA	17,401	
Increase positive relationships between residents and Police/ Fire Departments*	NA	NA	NA	NA	NA
Decrease juvenile crime rate*	NA	3,941	NA	NA	NA
Increase the percentage of 9th grade students who reported feeling safe or very safe at school	NA	NA	60%	50%	NA

*Indicator to be prioritized in the forthcoming Vital Signs Data Platform.

**Indicator sources can be found in Appendix C.

References

¹Krug, E.G., Dalhberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (Eds.). (2002). World report on violence and health. World Health Organization, Geneva, Switzerland. Retrieved from http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

²Guite, H.F., Clark, C., & Ackrill, G. (2006). The impact of the physical and urban environment on mental well-being. Public Health 120:1117-126 as cited in Human Impact Partners. Retrieved from http://www.humanimpact.org/evidencebase/category/violent_crime_in_a_community_impacts_physical_and_mental_health

³Baum, F.E., Ziersch, A.M., Zhang, G., & Osborne, K. (2009). Do perceived neighborhood cohesion and safety contribute to neighborhood differences in health? Health and Place. 15(4), 925-934.

⁴Ziersch, A.M., Zhang, G., & Osborne, K. (2009). Do perceived neighborhood cohesion and safety contribute to neighborhood differences in health? Health and Place. 15 (4), 925-934.

⁵ Our Community Vital Signs 2013 Final Report.

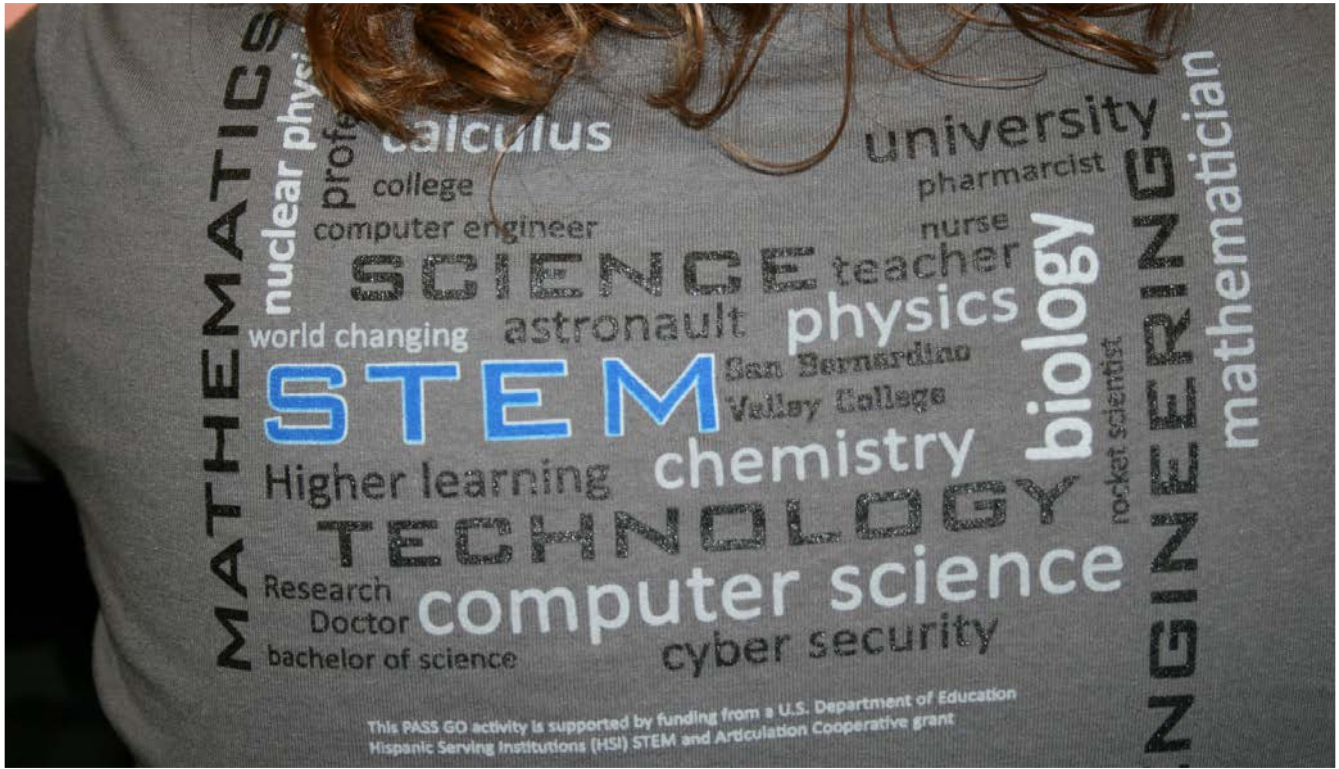
⁶ California Department of Education, California Healthy Kids Survey (WestEd). (2013). Perceived safety of school, Table A6.10, By district, 2009-2010, and by county and statewide, 2009-2011.

⁷ California Healthy Kids Survey. (2010). California school district secondary school survey results, Fall 2009/Spring 2010, Core Module A. Retrieved from "Core Narrative" at <http://chks.wested.org/reports>.



Strategies





POTENTIAL STRATEGIES TO ACHIEVE COLLECTIVE GOALS

The ultimate goal of Vital Signs is to promote a “Culture of Health”.¹ The Robert Wood Johnson Foundation defines a Culture of Health as one in which good health flourishes across geographic, demographic, and social sectors; attaining the best health possible is valued by our entire society, and individuals and families have the means and the opportunity to make choices that lead to the healthiest lives possible. A key tenet of this approach is the perspective that, “we are all in this together.”² To accomplish the broad, transformative goals in the Community Transformation Plan, everyone - policy makers, business, government agencies, educators, health care professionals, philanthropic organizations, and residents - need to work together to build healthy communities and lifestyles.

Strategies further define what needs to be achieved to realize the goals in the plan, as well as what changes are needed to be successful. In order for Vital Signs to achieve its vision of a county where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations, and government, it is important to recognize the value in adopting strategies at multiple levels across multiple sectors.









The following system-level and community-level strategies (Exhibit 6) were identified by the Mobilizing for Action through Planning and Partnerships (MAPP) workgroup utilizing feedback from the Community Forums. Additionally, the Planning for Action meetings provided the opportunity for key subject matter experts to offer insight on existing approaches and efforts, and recommended next steps to achieve collective goals. The outcome of these conversations was a list of possible cross-cutting strategies that could be implemented by various members of the community.

Many, if not all, strategies have elements that impact or require the efforts of multiple sectors. Therefore, strategies are presented collectively; alignment of each strategy with the Priority Areas in this plan is denoted by their respective icons. Similarly, elements of various strategies may already be in place or under development. The intention of this list is to align resources, cultivate partnership, and motivate action.

¹ <http://www.rwjf.org/en/about-rwjf/annual-reports/presidents-message-2014.html>

² Ibid.

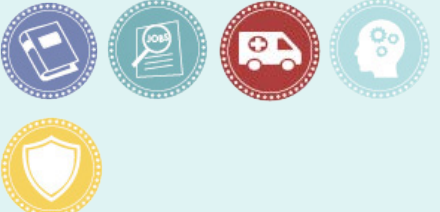




Exhibit 6. Policy Recommendations for Each Priority Area

Potential System-Level Strategies	Alignment with Priority Areas
<p>1. Expand opportunities afforded by the Affordable Care Act (ACA):</p> <p>a) Promote partnerships between hospitals and community health providers to reduce hospital readmissions; and</p> <p>b) Help residents access behavioral health services through effective education regarding their own insurance benefits if covered, and if not, about services available under county safety-net systems, such as the Department of Behavioral Health.</p>	
<p>2. Encourage University-level policies to attract and retain students who stay and fill healthcare jobs in the county.</p>	
<p>3. Encourage that physical and behavioral health priorities are reflected in every school district’s Local Control and Accountability Plans (LCAPs).</p>	
<p>4. Promote wellness programs at employer levels that effectively address workplace wellness.</p>	
<p>5. Increase opportunities for children and their families to access safe, adequate places for exercise and play (i.e., Joint Use Agreements).</p>	
<p>6. Strengthen connection between 0-5 and K-12 education.</p>	
<p>7. Link academic and social policies to address social-emotional needs.</p>	
<p>8. Explore opportunities to promote healthy food choices through programs such as CalFresh.</p>	

LEGEND

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Potential System-Level Strategies	Alignment with Priority Areas
<p>9. Encourage the expansion of broadband deployment throughout the county.</p>	
<p>10. Explore ways to decrease wait times for people to receive housing services or promote more short-term shelters until benefits are available.</p>	
<p>11. Promote Health Elements in city general plans to improve the built environment, including:</p> <ul style="list-style-type: none"> a) Active Transportation Plans (ATPs); b) Increased use and access to farmers markets; c) Policies that address zoning for equitable food access and limits on tobacco and alcohol facilities; d) Promote the Safe Routes to School program to ensure students have a safe environment to and from school; e) Identify model programs that promote designation and awareness of healthy menus in retail food facilities; and f) Promote adoption of complete streets policies in additional cities. 	
<p>12. Explore opportunities to reduce oversaturation of alcohol outlets.</p>	
<p>13. Identify and implement policies that incentivize work and eventually move families off of government assistance:</p> <ul style="list-style-type: none"> a) Identify opportunities that offer incentives for employment to small businesses offering work readiness and employment opportunities; and b) Increase awareness for tax incentives for employers hiring employees with criminal backgrounds and/or receiving government assistance. 	

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Potential System-Level Strategies	Alignment with Priority Areas
<p>14. Identify opportunities to increase available affordable housing:</p> <p>a) Identify opportunities whereby private market housing lenders could develop affordable housing opportunities; and</p> <p>b) Encourage tax incentives for private market rental providers to provide affordable rent opportunities for targeted populations.</p>	
<p>15. Promote incentives for small business owners.</p>	
<p>16. Explore ways to align county and city-level efforts to pursue federal-level and other funding opportunities.</p>	
<p>17. Explore opportunities to restore services for offenders impacted by Proposition 47 (downgrading penalties for non-violent property and drug crimes to misdemeanors)</p>	
<p>18. Promote efforts to allow sharing of information about prisoners with behavioral health needs with San Bernardino County Department of Behavioral Health.</p>	

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Potential Community-Level Strategies	Alignment with Priority Areas
<p>19 Create training/educational opportunities for the potential workforce to exit with a trade that will result in employment at a prevailing wage.</p>	
<p>20. Inventory existing organizations and efforts focused on developing a skilled workforce:</p> <p>a) Inventory health professions training programs available in the county;</p> <p>b) Inventory county’s ability to provide required clinical training opportunities; and</p> <p>c) Expand Vocational Educational programs including Regional Occupation Programs (ROPs), Cadet Programs, etc.</p>	
<p>21. Explore ways to increase higher education opportunities:</p> <p>a) Increase awareness of new policies related to community college attendance (e.g., free two years of community colleges, four year degrees available);</p> <p>b) Explore models of online education to increase access to advanced-level training and education in high demand health professions;</p> <p>c) Identify opportunities for increased collaboration with Alliance for Education to provide internship opportunities; and</p> <p>d) Identify and scale housing programs that support residents to complete high school and pursue higher education.</p>	
<p>22. Identify opportunities to prepare students to enter the economic workforce in fields necessary for the local economy:</p> <p>a) Increase internship and work-based education opportunities across health disciplines;</p> <p>b) Identify opportunities that could increase the number of health pathways in high schools and consider creation of articulation agreements between pathways/ Regional Occupation Programs (ROPs) and higher education to allow concurrent enrollment in health professions courses; and</p> <p>c) Consider expansion of Science, Technology, Engineering, and Math (STEM)-related ROPs.</p>	

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Potential Community-Level Strategies	Alignment with Priority Areas
<p>23. Identify opportunities to increase access to higher education scholarships or other opportunities that can reduce or mitigate student loan debt:</p> <p>a) Identify opportunities for loan repayment and other incentives to keep professionals working in the county;</p> <p>b) Work with hospitals and other medical and behavioral health employers to offer incentives to retain locally trained health professionals; and</p> <p>c) Identify opportunities that can mitigate or alleviate student loan debt for professionals who work in the county.</p>	
<p>24. Consider development of a countywide cross-sector Housing Policy Council to focus on affordable housing and community development issues.</p>	
<p>25. Improve service coordination and communication between organizations, particularly in shared community facilities to serve economically challenged residents.</p>	
<p>26. Identify and plan for both current and future transit opportunities that will increase accessibility for areas with a high percentage of residents living in poverty.</p>	
<p>27. Identify opportunities for integration of workplace wellness:</p> <p>a) Consider developing a model regarding wellness in the workplace at the local chamber level; and</p> <p>b) Identify areas for integration of Workplace Wellness and Healthy Communities.</p>	
<p>28. Encourage expanded use of student assistance programs such as:</p> <p>a) Positive Behavioral Interventions & Supports (PBIS); and</p> <p>b) SART (Screening, Assessment, Referral, and Treatment).</p>	
<p>29. Expand opportunities for universal screening for language, developmental and social-emotional delays in young children.</p>	
<p>30. Expand Family Resource Center model to address broader needs.</p>	

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Potential Community-Level Strategies	Alignment with Priority Areas
<p>31. Increase access to nutritious foods in school setting:</p> <ul style="list-style-type: none"> a) Partner with Community Supported Agriculture (CSA) and local farmers to provide fresh fruit and vegetables in schools; and b) Explore opportunities to encourage community gardens in schools. 	
<p>32. Encourage and integrate use of Community Health Workers (CHWs) to:</p> <ul style="list-style-type: none"> a) Inform and empower residents in their own communities to access care, navigate health systems and know who to talk to; b) Connect residents to medical homes and sign them up for insurance; and c) Explore model programs for the use of CHWs and/or student nurses in schools. 	
<p>33. Improve information sharing, data collection, and reporting systems to identify, analyze and communicate information across all sectors to improve outcomes for at-risk students, residents, and communities, including:</p> <ul style="list-style-type: none"> a) Enable data sharing across managed care, hospitals, government, and other primary and behavioral health providers; b) Create a consumer-focused information web portal for the county that guides users and simplifies resource navigation within the county; and c) Include active transportation and nutrition information/resources. 	

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Potential Community-Level Strategies	Alignment with Priority Areas
<p>34. Increase access to and availability of services and resources through innovative methods:</p> <ul style="list-style-type: none"> a) Encourage the use of technology to enhance availability of interpretation services; b) Consider opportunities for evening and weekend health services; c) Develop a mobile app with Geographic information Systems (GIS) that identifies and provides information regarding parks, trails, community gardens, farmers markets, food banks, healthy retail, etc.; d) Use creative ways of recruiting behavioral health professionals to where services are needed (i.e., high desert) using technology for telehealth; e) Expand awareness and use of 211 or other “hotline” services; and f) Increase capacity and improve methodologies to provide referrals and conduct warm handoffs to needed services. 	
<p>35. Increase education efforts around behavioral health insurance benefits under the San Bernardino County Department of Behavioral Health, safety net systems, Medi-Cal managed care (Inland Empire Health Plan, Molina), and commercial insurance.</p>	
<p>36. Increase education of primary care and referring providers working under the Department of Behavioral Health, safety net systems, Medi-Cal managed care (IEHP, Molina), and commercial insurance.</p>	
<p>37. Participate in and promote statewide and local Prevention and Early Intervention (PEI) Stigma and Discrimination Reduction (SDR) efforts for behavioral health.</p>	

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Potential Community-Level Strategies	Alignment with Priority Areas
<p>38. Promote and increase partnerships between faith-based Organizations and other sectors, including:</p> <ul style="list-style-type: none"> a) Encourage law enforcement to identify opportunities to actively engage faith-based organizations in key conversations; b) Encourage faith-based organizations to actively work with their congregations to change norms on relationships with law enforcement; c) Increase partnerships between faith-based Organizations and behavioral health providers; and d) Develop programs to increase visibility or collaboration of Police Departments in community and public school settings. 	
<p>39. Create a culturally effective countywide awareness campaign, including:</p> <ul style="list-style-type: none"> a) Encourage use of non-stigmatizing and accurate language in local marketing and press efforts; and b) Encourage employers of behavioral health providers to provide regular cultural competency training. 	
<p>40. Consider development of community resident advisory groups (to increase parent, consumer, and youth involvement) to inform health policy and practices:</p> <ul style="list-style-type: none"> a) Educate family members about behavioral health issues and recovery as well as treatment support; b) Encourage participation of consumers' family and supports in their loved ones' behavioral health treatment; c) Increase parent/caregiver engagement with schools; and d) Involve youth in planning. 	
<p>41. Promote and improve access to positive parenting classes.</p>	
<p>42. Build awareness of the risks of use/misuse of alcohol and other drugs:</p> <ul style="list-style-type: none"> a) Promote campaigns that redefine the glamour and acceptance of substance use; and b) Increase health provider awareness and intervention in patients with suspected substance use. 	

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Potential Community-Level Strategies	Alignment with Priority Areas
43. Increase universal prevention for all schools and universities for substance use.	
44. Promote providers to write prescriptions for exercise for their patients.	
45. Implement school based programs to address school-based violence: a) Promote anti-bullying campaigns; and b) Promote social readiness at middle-school age using evidence-based curricula (e.g., “40 Developmental Assets”).	
46. Identify opportunities to support and engage at-risk youth: a) Increase support for probation youth on school campuses and in the community. b) Provide support to enable expelled students to rejoin the school community.	
47. Encourage school districts to deploy strategies through their (Local Control and Accountability Plan) LCAPs that address racial and ethnic disparities in suspension and expulsion policies.	

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Next Steps





NEXT STEPS

The work to transform San Bernardino County is not complete with the release of the Community Transformation Plan. The work of Vital Signs members, partner organizations, and others is ongoing to address the goals and strategies in this plan. The following are some next steps that will help ensure the success and sustainability of this plan.

Identify Quick Wins



Quick wins are defined as strategies that can be implemented (or are already being implemented) and can be expected to achieve some measurable outcomes in the next 3 to 6 months; require a limited amount of resources (e.g., money, time, people); create measurable outputs and outcomes (but not a major change in population-level goals); and may impact a specific target population and/or target geography. Highlighting these strategies can help to create momentum, spotlight partners, as well as provide an opportunity to communicate the work throughout the community.

Move to Action



A key next step is for Vital Signs to move from planning to implementation through the development of action plans aimed at achieving the objectives and addressing the strategies outlined in the Community Transformation Plan. Vital Signs' collaborative implementation approach recognizes that every aspect of health and wellbeing in our communities is part of an interrelated system—and invites community members to become involved in the implementation phases.

Track Progress



As Vital Signs revisits the Community Transformation Plan on a regular basis, it will also refer to the data platform to identify new and promising indicators that may help track achievement of the long- and short-term goals that make up the Community Transformation Plan. These efforts will ensure that data is collected and measured consistently across partners, efforts remain aligned, and that stakeholders can hold each other accountable over time.

Communicate Results



As elements of the Community Transformation Plan are implemented, it will be important for Vital Signs to build off of the relationships and community engagement developed during community forums by communicating achievements and outcomes that occur as a result of this important work.



Appendices





APPENDIX A: MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) ASSESSMENTS

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment aims to answer the following questions:

- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

According to NACCHO, during the Community Themes and Strengths Assessment, “community thoughts, opinions, concerns, and solutions are gathered –anything that provides insight into the issues of importance to the community. Feedback about the quality of life in the community and community assets is also gathered. The result of this phase is a strong understanding of community concerns, perceptions about quality of life, and a map of community assets.”¹

As part of the MAPP process, the MAPP Workgroup engaged in a detailed discussion regarding community themes and strengths of SBC. Key findings from this discussion are displayed in Exhibit A1.

¹ <http://www.naccho.org/topics/infrastructure/mapp/upload/ctsa.pdf>

Exhibit A1: Community Themes and Strengths



Forces of Change Assessment

According to NACCHO, the purpose of the Forces of Change Assessment is to identify forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the local public health system. Forces of change can fall into multiple categories including social, economic, political, technological, environmental, scientific, legal and ethical.¹

Forces are broad and all-encompassing, and include trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

Key Forces Identified in San Bernardino County:

Forces of Change were identified through the Vital Signs Final Report and Community Engagement meetings. These forces were then further refined through small group breakout sessions at a MAPP Workgroup meeting.

1. Individual and family prosperity and economic growth
2. Changes in healthcare coverage under the Affordable Care Act (ACA)
3. Mental and physical health coordination
4. Health habits impacting chronic disease and obesity
5. Environmental factors impact the ability of residents to live active/healthy lives (built environment, pollution, safety)

Exhibit A2 displays a summary of the Forces of Change identified in SBC by the MAPP Workgroup, including a list of threats and opportunities associated with each Force of Change.

¹ <http://www.naccho.org/topics/infrastructure/mapp/upload/foc.pdf>

Exhibit A2: Forces of Change

Threats Posed	Opportunities Created
Individual and family prosperity and economic growth	
<ul style="list-style-type: none"> • Low educational attainment is linked to lower salaries, self-esteem, life satisfaction, and health, and higher crime rates • People with Bachelor’s degrees or higher are leaving the county for better opportunities; businesses aren’t retaining highly educated employees • Closure of big employers like railroad, military base, and steel, continue to limit the opportunities available • Hard to attract employers because there is a perceived lack of high quality of life in the County • Poverty gap widens if issues are not addressed in a timely fashion 	<ul style="list-style-type: none"> • More students graduating from high school means more educated students to take on jobs within the county • New opportunities for accredited internships could help students get the education they need to prepare them for a good paying job • Health Career pipelines, offered through local universities, start teaching students early on about healthcare fields to spark their interest in fields like behavioral health • Economic growth can contribute positively to health (health insurance, economic stability) • Opportunities for entrepreneurial activities
Changes in Healthcare Coverage under the Affordable Care Act (ACA)	
<ul style="list-style-type: none"> • There is a lack of education about affordable care especially in communities of color • There are cultural and language barriers regarding medical care that influence access to care • Lack of primary care providers means that sometimes people have to wait 6 months for appointment or referral. Having insurance does not necessarily mean access to care • New program puts additional strain on an already strained system • There continue to be political forces that want to overturn the ACA (might not always be protected) • There is much work to be done to educate patients on what it means to be insured and their responsibilities, such as deductibles and co-pays as well as increasing the providers that accept these plans in communities that have high numbers of eligible individuals 	<ul style="list-style-type: none"> • Affordable Care Act and California’s efforts to promote ACA could work to increase % of residents with healthcare • IEHP (Inland Empire Health Plan)- largest managed care program in the State, is accountable to the public which gives the community a way to provide input • Because of many of the threats (cultural barriers, strained systems, lack of PCP), more systems are turning to Community Healthcare workers (Promotoras) to engage and educate communities of about chronic diseases • Opportunity for creative ways to improve health (incentivizing/workplace wellness); Employer wellness • There is a great opportunity to teach people how to responsibly access the healthcare system and for community health workers to play a more central role in chronic disease education and management • There is an opportunity to find ways to incentivize and nurture the physical and mental health of primary care providers so turnover and burnout is not so high

Threats Posed	Opportunities Created
Mental and physical health coordination	
<ul style="list-style-type: none"> • Research demonstrates that mental health is key to overall physical health • Stigma and cultural barriers may make it difficult for those in need to access mental health resources • Lack of coordination between physical and mental health providers- While mental health and physical health are clearly connected, a chasm exists between the mental health care and general health care systems in financing and practice. Primary care providers may lack the necessary time, training, or resources to provide appropriate treatment for mental health problems. • People remain unserved, and the consequences can be shattering. Some people end up addicted to drugs or alcohol, on the streets and homeless, or in jail, prison, or juvenile detention facilities. • Most of the county does not have enough doctors (ratio is 1800/1) • Reimbursement rates are low, therefore doctors are less likely to come to SB county for training • Alcohol/Drug and Mental Health not always coordinated 	<ul style="list-style-type: none"> • Affordable Care Act (ACA) forces connection between physical and mental healthcare • Free screenings under ACA can expand connection to community clinics and family resource centers • Healthy Cities creating opportunities for recreation which can improve overall wellness and mental health • Opportunities for nonprofits to supplement medical/mental health programs (outside of the provision of direct services) • Opportunity for nonprofits/other service providers to recognize and direct people to services • MHSA act requirement to be out in the community, opportunity for community to be more active in saying what they want to see done with the funding • Legislation (Laura’s Law) allows for mental health intervention on someone’s behalf (opportunity within each county to adopt the law)
Health habits impacting chronic disease and obesity	
<ul style="list-style-type: none"> • Cultural perception of health behaviors differs among county residents, making it difficult to impact behaviors across the county • Health behaviors are a product of the environment (what is available/accessible?) • Fast food/convenience stores allow for quick and cheap food making it more difficult for families to make healthier choices (ease of convenience supersedes quality) • Social isolation (language barriers, people from outside of the country become isolated) leads to pressures within the family and poor health outcomes • Physical inactivity /lifestyles are becoming more sedentary • Jobs, level of stress influence health 	<ul style="list-style-type: none"> • Potential for policy changes to impact chronic disease • Potential to develop interventions using the well-established Healthy Cities San Bernardino • Shared use agreements (in High Desert?) create opportunities for increased physical activity and recreation in communities • Nutrition Education Obesity Prevention (NEOP) • Community gardens • Complete streets policies in local municipalities • San Bernardino community benefit plan focused on heart disease (18 nonprofit hospitals) • Employer incentive programs (nonsmoking, incentives to join gyms, wellness policies) • Opportunity to educate other business owners about the opportunities associated with health insurance/ incentive programs

Threats Posed	Opportunities Created
Environmental factors impacting the ability to live healthy lifestyles (built environment, pollution, safety, etc.)	
<ul style="list-style-type: none"> • Environmental hazards make it more difficult for people to be active in the community • Fast food/convenience stores allow for quick and cheap food making it more difficult for families to make healthier choices • Crime rate and violence impact the perception of safety for residents to engage in health activities 	<ul style="list-style-type: none"> • Health Cities working to improve the built environment to make it easier for families to be active in their communities • Increase in Farmer’s Markets and Community Supported agriculture brings alternatives to unhealthy food options • Land use is focused on correlates to health (Health in All Policies) • Complete streets

Local Public Health Systems Assessment

According to NACCHO, the Local Public Health System Assessment (LPHSA) is a broad assessment, involving all of the organizations and entities that contribute to public health in the community.¹ Examples of individuals included in the LPHSA can be found in Exhibit A3.

On July 9, 2014, SBC Public Health sponsored a LPHSA meeting with local stakeholders, representing private and public agencies and programs. This effort took place to build on input obtained during the Vital Signs and Summer of Engagement campaign.

Local community stakeholders participated in a comprehensive, interactive process providing critical information on the status of current and future efforts. Data was captured via electronic voting and discussion of Strengths, Weaknesses, Opportunities, and Threats (SWOT).

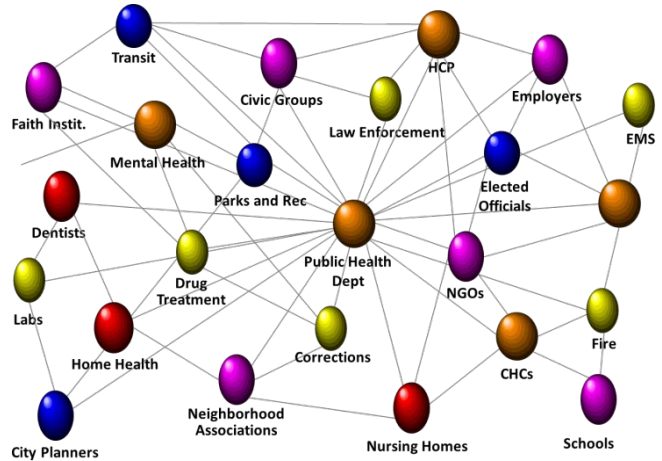
Purpose

The primary purpose of the LPHSA is to promote continuous improvement in health systems that will result in positive outcomes for system performance. Local health departments and their public health system partners use the LPHSA as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;

¹ <http://www.naccho.org/topics/infrastructure/mapp/upload/lphsa.pdf>

Exhibit A3: LPHSA Stakeholders



- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

Assessment Scoring Process

To conduct the LPHSA, health systems utilize the nationally recognized tool called the National Public Health Performance Standards Local Assessment Instrument (NPHPS). The NPHPS instrument helps health systems calculate scores for each model standard, essential service, and one overall assessment score. The information obtained from the assessment may then be used to improve and better coordinate public health activities at the local and state levels. Additionally, the results gathered provide an understanding of how health systems are performing, in turn assisting local, state and national partners to make better and more effective policy and resource decisions to improve the nation’s public health as a whole.² An outline of the LPHSA scoring levels are summarized in Exhibit A4.

LPHSA Definitions

Essential Service: The public health activities that all communities should undertake. Developed through a comprehensive, collaborative process involving input from national, state and local experts in public health

Model Standards: Serve as quality indicators that are organized into the ten essential service areas in the instrument and address the three core functions of public health (assessment, policy development, and assurance)

Category	Description	Score
Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.	5
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.	4
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.	3
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.	2
No Activity (0%)	0% or absolutely no activity	1

² <http://www.cdc.gov/nphpsp/essentialservices.html>

SBC's LPHSA Process & Scoring Outcomes

Two polling sessions (morning and afternoon) captured responses from questions based on the recommended LPHSA model. There were 73 participants in the morning session and 56 participants in the afternoon session.

Exhibit A5 provides the performance scores for each model standard by essential service. Model Standards Performance Scores are averaged based on the individual ratings of each LPHSA participant. Overall, the system is perceived to be performing at a Minimal level with a score of 2.83. In other words, participants felt the system is accomplishing 1-25% of the benchmark activities.

Exhibit A5: Summary of Performance Scores	
Model Standards by Essential Service	Performance Scores
ES 1: Monitor Health Status	2.82
1.1 Community Health Assessment	2.11
1.2 Current Technology	3.37
1.3 Registries	3.05
ES 2: Diagnose and Investigate	3.50
2.1 Identification / Surveillance	3.29
2.2 Emergency Response	3.36
2.3 Laboratories	3.87
ES 3: Educate / Empower	2.77
3.1 Health Education / Promotion	2.76
3.2 Health Communication	2.54
3.3 Risk Communication	3.01
ES 4: Mobilize Partnerships	2.52
4.1 Constituency Development	2.66
4.2 Community Partnerships	2.33
ES 5: Develop Policies / Plans	2.57
5.1 Governmental Presence	2.57
5.2 Policy Development	2.43
5.3 CHIP / Strategic Planning	2.39
5.4 Emergency Plan	2.90
ES 6: Enforce Laws	3.08
6.1 Review Laws	3.32
6.2 Improve Laws	2.73
6.3 Enforce Laws	3.10
ES 7: Link to Health Services	2.94
7.1 Personal Health Services	2.94
7.2 Assure Linkage	2.94
ES 8: Assure Workforce	2.89
8.1 Workforce Assessment	2.65
8.2 Workforce Standards	2.90
8.3 Continuing Education	2.82
8.4 Leadership Development	3.14

Exhibit A5: Summary of Performance Scores	
Model Standards by Essential Service	Performance Scores
ES 9: Evaluate Services	2.56
9.1 Evaluation of population Health	2.52
9.2 Evaluation of Personal Health	2.72
9.3 Evaluation of LPHS	2.39
ES 10: Research / Innovations	2.46
10.1 Foster Innovation	2.38
10.2 Academic Linkages	2.72
10.3 Research Capacity	2.34

The top three performance scores for SBC included:

- **Essential Service 2:** Diagnose and Investigate which focuses on identification and surveillance of health threats, investigation and response to public health threats and emergencies, and laboratory support and investigation of health threats.
- **Essential Service 6:** Enforce Laws and Regulations that Protect Health and Ensure Safety which focuses on review and evaluation of laws, regulations and ordinances, involvement in the improvement of laws, regulations and ordinances, and enforcement of laws, regulations and ordinances.
- **Essential Service 7:** Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable which focuses on identification of personal health service needs of populations and assuring the linkage of people to personal health services.

The bottom three performance scores for SBC included:

- **Essential Service 4:** Mobilize Community Partnerships to Identify and Solve Health Problems which focuses on constituency development and community partnerships.
- **Essential Service 9:** Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services which focuses on evaluation of population based health services, evaluation and personal health services, and evaluation of the local public health system.
- **Essential Service 10:** Research for New Insights and Innovative Solutions to Health Problems which focuses on fostering innovation, linkages with institutions of higher learning and/or research, and capacity to initiate or participate in research.

Summary of SWOT Discussions

During the morning session, following polling of each section, discussions took place in eight table groups on key elements of the 10 essential services being addressed and provided within the local community. The goal was to obtain input from stakeholders on the strengths, weaknesses, opportunities, and threats of Local Public Health as a “system”. Discussions focused on the following key components of the 10 essential services:

- Assessment Policy Development
- Assurance (Evaluation)

Assessment

This section provides an analysis of the key components discussed during the Assessment segment. The following context was used by participating stakeholders during the discussion:

- Understanding health issues at the State and community levels.
- Identifying and responding to health problems or threats.

Strengths:

- Strong community collaboration and outreach with a willingness to share data.
- Transparency providing access to the Final Report.
- Taking a proactive/preventive approach.
- Effort is put into monitoring trends and staying ahead of the ever changing needs of the community.
- The Public Health system leaders understand the need of well trained employees, keeping stakeholders fully engaged and the resources available through unique and diverse partnerships.
- Programs/services are reflected and implemented by the needs of the population.

Opportunities:

- Effective communication, specifically building a marketing strategy and shared language whereby the community recognizes the effort to collect input and feedback.
- Creating a system that engages the community,
- Building an infrastructure of shared reporting which allows for policy improvement, intervention of new programs, and pooling of needed resources.

Weaknesses:

- Overall there appears to be a lack of awareness with the community not understanding the services and resources available to them within the Public Health system.
- Disseminating to all populations.
- Stakeholders report that when they are able to obtain the data it may be old, secondary or no longer accurate.
- Lack of knowledge/education, unaware of assessment, and/ or low income populations less willing to participate.
- The perception that the community does not link these initiatives as efforts of engagement, participation and sharing of information.

Threats:

- Limited access and the communication of needed/ available resources.
- Lack of literacy/knowledge, educational resources, and cultural barriers.
- The geographical size of the county poses many challenges in mobilization, access denied to certain populations and lack of medical professionals.

Policy Development

This section provides an analysis of the key components discussed during the Policy Development segment. The following context was used by participating stakeholders during the discussion:

- Keeping people informed about health issues and healthy choices
- Engaging people and organizations in health issues
- Planning and implementing sound health policies

Strengths:

- The Public Health system has remained proactive making every effort to instill deep roots in the development of initial programs and policies.
- Inter-agency collaboration, meeting of stakeholders and messaging from elected officials.
- Positive networks have been established allowing for shared alliances, best practices and expertise.
- Bringing the community together to develop policies and interconnecting the shared vision with common goals.
- Having a systems approach along with extensive research has resulted in strong performance improvement plans beneficial to the community as a whole.

Opportunities:

- Focus on prevention incentives and further community engagement with effective messaging utilizing Vital Signs data to disseminate information.
- The use of technology can assist in disseminating information with a focus on interpretation and consistency.
- Forecasting forward policies in advance along with engaging systems for best practices are key factors for continued sustainability.

Weaknesses:

- Lack of community awareness and knowledge of tangible outcomes.
- Communication barriers (language, education, etc.) may be a factor in the lack of consistent messaging and policies being misunderstood at the community level.
- The community as a whole is not aware of the benefits/best practices of health policies and do not seem to understand the big picture.
- Perception that Public Health system indicators are not reflective to individual communities with needed services being unavailable or unable to implement.
- Taking into account there is great diversity in the population, causes challenges in the mediums used in engaging the community and outreach to all zoning areas.

Threats:

- Potential challenges may arise due to loss of enthusiasm and lack of community involvement.
- Cultural beliefs grounded in distrust in Government pose a threat.
- Ongoing collaboration/engagement is essential to identify needed resources, link policy makers to the consumer, and keep community members motivated.
- The vulnerability of available funding also poses a potential challenge, causing barriers between health and economics.
- Lack of a unified and compelling vision.

Assurance

This section provides an analysis of the key components discussed during the Assurance (Evaluation) segment. The following context was used by participating stakeholders during the discussion:

- Enforcing laws and regulations that protect health and ensure safety
- Linking people to needed personal health services, and assuring the provision of healthcare when otherwise available
- Assuring a competent public and personal healthcare workforce
- Evaluating and improving programs
- Supporting innovation and identifying and using best use practices

Strengths:

- Leadership/guidance ensuring there is a strong competent workforce and various programs implemented with community needs at the forefront.
- Engaging communication and visibility amongst the community along with collaborating with service providers.
- Training opportunities and continuing educational services. Working closely with Universities (i.e. UCR), DPH increases knowledge, education and research to better serve the community.
- Effective evaluation and performance.

Opportunities:

- Opportunities to share information/data along with networking and marketing.
- Incentives for employee retention.
- Training/educating the population.
- Ongoing collaboration with universities and hospitals.
- Increasing opportunities for evidence-based programs.
- Use of technology and building of an infrastructure for preventive care.
- Development of a performance evaluation tool and connecting measures to policies and budget.
- Incorporating best practices learned from Affordable Care Act (ACA) and Health Information Exchange (HIE) implementation may provide additional opportunities to bring awareness to the community.

Weaknesses:

- Community not understanding the Public Health system and feeling as though there is an inability to “tell the story.”
- Lack of awareness and resources.
- Services seem to be lacking in the outlying rural areas due to the complexity and decrease in physician population.
- The perception (within the community) is qualified employees are not being retained along with recent graduates not being hired within SBC.
- Healthy communities needing evaluation.
- Lack of quality evaluation.
- No consistency of reporting

Threats:

- Funding and the allocation of funds being based on state guidelines and not county needs.
- Cost increases play an integral role in reduction of funding, not being able to achieve tangible goals.
- Need for immediate results, not allowing for a realistic view of the achievable goals in relation to how outcomes are measured.
- Lack of public interest or the flood of media, causing the true messaging to get lost in the process.
- Gap/disconnect of services provided and community needs.
- Need for a revision in the framework.
- Retention of qualified mobile health care workforce.
- Exclusion of evaluation at the project planning level.

APPENDIX B: COMMUNITY FORUM RESULTS

District 1 Forum Results

The following section highlights key results from the District 1 Community Forum.

What is missing from the plan?

Community forum attendees in District 1 identified several missing elements of the goals from the current strategic areas. The most frequent goals identified as missing were youth programs, including anti-bullying efforts; deep engagement among different stakeholders, better public transit options; and more attention on and access to mental health services.

The following elements were specifically identified as missing by District 1 community forum attendees:

In the area of Economy:

- » An improved labor market, with more and better jobs
- » A focus on the environment
- » A better social safety net, particularly with regards to housing
- » Business-friendly policies
- » Improved infrastructure and public transit

In the area of Education:

- » Youth programs, including anti-bullying efforts
- » More education about and services for mental health in schools
- » An emphasis on post-secondary education
- » Improved quality in primary and secondary education

In the area of Safety:

- » Increased prevention, treatment, and rehabilitation options for drug use
- » Better public transit
- » More programs for youth, including anti-bullying efforts
- » Broad stakeholder engagement
- » Stronger protections for witnesses to crimes

In the area of Access to Health and Wellness:

- » Increased access to mental health services
- » A focus on improving nutrition and reducing obesity
- » More programs for youth
- » Broad stakeholder engagement
- » More healthcare providers and hospital beds
- » More public education about health

What changes do you hope to see in the next 5 years as a result of this work?

In the next five years, District 1 community forum attendees primarily hope to see an improved labor market. They also hope for deep engagement among diverse stakeholders involved in implementing the Community Transformation Plan. They would also like safer communities with less crime, and improvements in local schools and educational outcomes including graduation rates.

Many District 1 attendees hope that in five years their community has more healthcare providers. They also want increased and more useable outdoor and recreational spaces to promote physical fitness. District 1 attendees are hopeful that in five years their community will have better nutrition and less obesity and that there will be more options for post-secondary or vocational education.

Who from your community should be involved in this work?

District 1 community forum attendees feel strongly that community residents, representatives from faith communities, school administrators and educators, and elected and appointed local and county officials should be involved in this work. They also expressed interest in involving healthcare providers, public safety officials, non-profit organizations, and the private sector.

District 2 Forum Results

The following section highlights key results from the District 2 Community Forum.

What is missing from the plan?

Community forum attendees in District 2 identified a number of missing elements of the goals from the current strategic areas. The most frequent goals identified as missing were increased educational and vocational opportunities; engagement among stakeholders; changes in the criminal justice system; and programs for formerly incarcerated or drug-addicted community members.

The following elements were specifically identified as missing by District 2 community forum attendees:

In the area of Economy:

- » Business-friendly policies
- » Capacity building and vocational training opportunities for adults
- » Broad stakeholder engagement
- » An improved labor market

In the area of Education:

- » An emphasis on post-secondary education (college and vocational training) that matches skills-training to local labor market needs
- » Improvements in the quality of primary and secondary education
- » Better options for preschool
- » More parental engagement
- » A focus on healthy behaviors

In the area of Safety:

- » An emphasis on stakeholder engagement, particularly parents and families
- » Programs for ex-offenders
- » Increased school safety
- » Drug legalization policies
- » More programs for youth
- » Increased prevention, treatment, and rehabilitation options for drug use
- » Safer public transit

In the area of Access to Health and Wellness:

- » A focus on improving nutrition and reducing obesity
- » More public and school-based education about health
- » Improved public transit
- » Attention to environmental issues and useable open spaces, including community gardens
- » Decreased barriers to obtaining insurance
- » Increased access to mental health services
- » Changes in criminal justice systems
- » Better data collection for accountability
- » Increased capacity for community advocacy
- » Smoking cessation programs

What changes do you hope to see in the next 5 years as a result of this work?

In the next five years, District 2 community forum attendees primarily hope to see a decrease in crime and gang activity, and safer streets and public spaces. They also would also like a more robust labor market, improvements in local schools and educational outcomes including graduation rates, and more healthcare providers.

District 2 attendees are hopeful that in five years their community will have better nutrition and less obesity and that there will be more options for post-secondary and vocational education. They also hope to see more engaged and empowered communities and an increase in useable outdoor and recreational spaces.

Who from your community should be involved in this work?

District 2 community forum attendees feel strongly that community residents and the private sector should be involved in this work. They also expressed interest in involving healthcare providers, non-profit organizations, elected and appointed city and county officials, school administrators, and representatives from faith communities.

District 3 Forum Results

The following section highlights key results from the District 3 Community Forum.

What is missing from the plan?

Community forum attendees in District 3 identified a number of missing elements of the goals from the current strategic areas. The most frequent goals identified as missing were programs for youth; increased access to mental health services; and a more robust social safety net, particularly around housing.

The following elements were specifically identified as missing by District 3 community forum attendees:

In the area of Economy:

- » Business-friendly policies
- » An improved labor market
- » A better social safety net (especially around housing)
- » Capacity building and vocational training opportunities for adults
- » Improved infrastructure, including public transit

In the area of Education:

- » More programs for youth
- » An emphasis on post-secondary education (college and vocational training) that matches skills-training to local labor market needs
- » Improvements in the quality of primary and secondary education
- » More education about and services for mental health in schools
- » An improved labor market
- » A focus on improving nutrition and reducing obesity

In the area of Safety:

- » Broad stakeholder engagement
- » More education about and services for mental health
- » Increased prevention, treatment, and rehabilitation options for drug use
- » Improved emergency services
- » New approaches to law enforcement
- » More walkable and bikeable roadways
- » A better social safety net (especially around housing)

In the area of Access to Health and Wellness:

- » Attention to environmental issues and useable open spaces, including community gardens
- » Increased services for seniors
- » More programs for youth
- » More education about and services for mental health
- » Alternative healthcare options

- » A focus on improving nutrition and reducing obesity
- » A directory of local services and resources
- » More dental services
- » More eye care services
- » A better social safety net (especially around housing)
- » A better hospital system

What changes do you hope to see in the next 5 years as a result of this work?

In the next five years, District 3 community forum attendees primarily hope to see broad stakeholder engagement, an increase in useable outdoor and recreational spaces, and an improved labor market. They would also like a more robust social safety net, particularly around housing issues, as well as an increase in the number of healthcare providers in the district.

District 3 attendees are hopeful that in five years their community will have better nutrition and less obesity and improvements in schools and educational outcomes including graduation rates. To a lesser extent, they also hope to see improvements in local infrastructure including internet access, and increased support for small businesses.

Who from your community should be involved in this work?

District 3 community forum attendees feel strongly that community residents, elected and appointed city and county officials, and healthcare providers should be involved in this work. They also expressed interest in having public safety officials, school administrators, non-profit organizations, and the private sector involved.

District 4 Forum Results

The following section highlights key results from the District 4 Community Forum.

What is missing from the plan?

Overall, community forum attendees in District 4 did not identify many missing elements of the goals from the current strategic areas. The most frequent goals identified as missing were youth programs, deep engagement among different stakeholders, and attention to environmental and infrastructure issues.

The following elements were specifically identified as missing by District 4 community forum attendees:

In the area of Economy:

- » Improvements to infrastructure and public transit
- » A center for culture or the arts
- » A focus on the effects that dementia has on the workforce

In the area of Education:

- » A commitment to broad coalitions and stakeholder engagement, especially parental engagement
- » Improvements in educational outcomes, such as graduation rates
- » Youth programs

In the area of Safety:

- » More walkable and bikeable roadways
- » Youth programs
- » More engaged law enforcement officials
- » Increased prevention, treatment, and rehabilitation options for drug use

In the area of Access to Healthcare and Wellness:

- » A strong focus on nutrition and obesity
- » Attention to environmental issues and useable open spaces, including community gardens
- » Universal access to healthcare

What changes do you hope to see in the next 5 years as a result of this work?

In the next five years, District 4 community forum attendees primarily hope to see engagement among diverse stakeholders involved in implementing the Vital Signs initiative. They would also like safer, more pedestrian- and bicycle-friendly public spaces, increased support for small businesses, and improvements in local schools and educational outcomes including graduation rates.

Many District 4 attendees hope to see an improved labor market, as well as expanded access to mental health services. They also want increased options for physical fitness.

To a lesser extent, District 4 attendees are hopeful that in five years their community will have better nutrition and less obesity; that schools will offer more comprehensive health education, and that there will be accountability on the outcomes identified in the Community Transformation Plan.

Who from your community should be involved in this work?

District 4 community forum attendees feel strongly that community residents, elected and appointed local and county officials, and school administrators and educators should be involved in this work. They also expressed interest in involving public safety officials, as well as representatives from faith communities, non-profit organizations, and the private sector.

District 5 Forum Results

The following section highlights key results from the District 5 Community Forum.

What is missing from the plan?

Overall, community forum attendees in District 5 were consistent in emphasizing the connection between health initiatives, educational outcomes, and community engagement. Lowering barriers to post-secondary education and improving the quality of and services provided to primary and secondary school students and their families were the chief concerns among District 5 attendees; they also noted the need for improved nutrition, lower obesity, and safer schools and communities.

The following elements were specifically identified as missing by District 4 community forum attendees:

In the area of Economy:

- » Increased emphasis on and improved access to post-secondary education
- » A more robust labor market
- » Attention to the labor force's well-being, including nutrition, outdoor space, and drug prevention programs
- » A more resilient local economy, including higher home ownership rates and more tax revenues.

In the area of Education:

- » Increased emphasis on and improved access to post-secondary education
- » Improved quality of primary and secondary education
- » Expanded supplemental and special education programs
- » Health education and services in schools, including around nutrition, pregnancy prevention, and anti-drug education

In the area of Safety:

- » Less crime and public disturbances
- » Increased prevention, treatment, and rehabilitation options for drug use
- » Increased law enforcement
- » Safer schools, including for special needs students

In the area of Access to Healthcare and Wellness:

- » More public health education and community engagement around health issues
- » Improved nutrition and lower obesity rates
- » Easier access to healthcare, including mental health services and culturally appropriate services
- » Broad stakeholder engagement

What changes do you hope to see in the next 5 years as a result of this work?

In the next five years, community forum attendees from District 5 hope to see a more robust labor market, better schools with improved educational outcomes, easier access to medical attention, and safer communities with less crime and gang activity. District 5 residents also want to live in communities that are more engaged and empowered, and to know that there is broad stakeholder engagement and accountability in achieving these visions.

District 5 forum attendees also noted their hope for improved nutrition and lower obesity rates in their communities, as well as a desire for more emphasis on and access to post-secondary or vocational training.

District 5 residents specified that they would like for health providers and other local programs to ensure culturally appropriate services to meet the District's demographic needs.

Who from your community should be involved in this work?

District 5 community forum attendees feel strongly that community residents, the private sector, representatives from faith communities, non-profit organizations, and school administrators should be involved in this work. District 5 forum attendees specifically noted the need for involvement from representatives of different ethnic and cultural communities. Finally, District 5 residents felt that law enforcement and elected and appointed city and county leaders have an important part to play in this work.

APPENDIX C: INDICATORS TO TRACK SUCCESS

Vital Signs is committed to continue to measure the implementation of the Community Transformation Plan, as well as the impact of the collective actions in the county. As a follow-up to the Our Community Vital Signs 2013 Final Report and feedback from the community, Vital Signs is developing a data platform that will house agreed upon secondary and primary data to inform key indicators, and will employ business intelligence to provide consistency in performance measurement and longitudinal analysis. The innovative development of this platform is using Geographic Information System (GIS) mapping to help stakeholders and residents identify trends, locate resources, evaluate effectiveness of community transformation strategies over time, and identify where improvement efforts are most needed. The data platform will be sustained by leveraging resources from multiple Vital Signs' partnerships. This platform will also track key outcomes identified in the Community Transformation Plan. This platform will serve as a data warehouse for SBC. The data platform will also allow us to track and communicate results in order to celebrate progress along the way, but also course correct over time when progress is not evident.¹

As Vital Signs revisits the Community Transformation Plan on a regular basis, it will also refer to the data platform to identify new and promising indicators that may help track achievement of the long and short-term goals that make up the Community Transformation Plan. These efforts will ensure that Vital Signs can achieve the Collective Impact condition of shared measurement in which data

stakeholders can hold each other accountable over time.²

Summary of Key Indicators

The objectives listed within each Priority Area include indicators that identify key data points to be tracked in order to measure the impact of efforts to address long- and short-term goals. Where available, SBC County data are compared with Healthy People 2020 goals, as well as United States and California trends. County Trends are also indicated as followed:

	a green arrow indicates trend is improving
	a yellow arrow indicates trend is currently stable
	a red arrow indicates trend is worsening

It is important to note that several indicators within each priority area were selected to be prioritized in the forthcoming Vital Signs Data Platform and are indicated with an *. Additionally, many data elements require additional work to identify an existing data source or create data collection opportunities; this work will be addressed as part of Vital Signs next steps.

¹ Robert Wood Johnson Foundation. (2015). 2015 RWJF Culture of Health Prize. Retrieved from http://www.countyhealthrankings.org/sites/default/files/rwjf_culture_of_health_prize_2015CFA.pdf.

² Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, Winter 2011, pp. 35-41. Stanford, CA. Retrieved from http://www.ssireview.org/articles/entry/collective_impact.

Education





Objectives	HP 2020	US	CA	San Bernardino County	County Trend	Sources
Increase the high school graduation rate	82%	81%	81%	79%		National Source: EDFacts/Consolidated State Performance Report, school years 2010-11, 2011-12, and 2012-13. Public high school 4-year adjusted cohort graduation rate (ACGR) for the United States State/County Source: California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). (2013). Cohort Outcome Data, Cohort Graduation Rate
Increase the percentage of students who are proficient readers by 3rd grade*	NA	NA	NA	NA	NA	NA
Increase the percentage of adults (25 and over) who have a Bachelor's degree or higher	NA	30%	31%	19%		American Community Survey, United States Census Bureau. (2015). Educational attainment 1-year estimates, TableS1501, 2007 –2013.
Increase the percentage of adults who enter or complete college, and/or workforce training with 21st century skills*	NA	NA	NA	NA	NA	NA

*Indicator to be prioritized in the forthcoming Vital Signs Data Platform

Economy

Objectives	HP 2020	US	CA	San Bernardino County	County Trend	Sources
Decrease the percentage of individuals living in poverty	NA	16%	17%	19%		American Community Survey, United States Census Bureau. (2015). Poverty status in the past 12 months 1-year estimates, Table S1701, 2013.
Decrease the percentage of children (under 18 years) living in poverty	NA	22%	24%	27%		American Community Survey, United States Census Bureau. (2015). Poverty status in the past 12 months 1-year estimates, Table S1701, 2013.
Increase Industry Employment by Sector*	NA	NA	NA	NA	NA	NA
Decrease the number of homeless individuals	NA	NA	NA	2,321		County of San Bernardino, Office of Homeless Services. (2015). San Bernardino County 2015 homeless count and subpopulation survey: Preliminary findings and recommendations, April 2015.
Decrease the percentage of residents who spend more than 30% of their income on housing*	NA	52%	57%	59%		American Community Survey, United States Census Bureau. (2015). Selected housing characteristics 1-year estimates, Table DP04, 2013.

*Indicator to be prioritized in the forthcoming Vital Signs Data Platform

Access to Health and Wellness						
Objectives	HP 2020	US	CA	San Bernardino County	County Trend	Sources
Increase the percentage of residents who have a usual source of care*	95%	87%	86%	84%		National Source: Figure 2.1. Percentage of persons of all ages with a usual place to go for medical care: United States, 1997–September 2014. National Health Interview Survey State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Have a usual place to go when sick or need health advice, 2012
Increase the percentage of residents with health insurance coverage*	100%	86%	83%	81%		American Community Survey, United States Census Bureau, (2013). Selected economic characteristics, 1-year estimates, Table DP03, 2013.
Decrease the percentage of residents who delayed or did not get medical care in the past year	4%	6%	12%	11%		National Source: Figure 3.1. Percentage of persons of all ages who failed to obtain needed medical care during the past 12 months, US, 1997-2013. National Health Interview Survey State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Have a usual place to go when sick or need health advice, 2012
Decrease the percentage of 7th graders who reported feeling sad and hopeless every day for two weeks or more that they stopped doing some usual activities	NA	NA	25.3%	NA	NA	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd). http://www.kidsdata.org/topic/662/depression-grade/table#fmt=943&loc=2,366&tf=81&ch=69,305,306,431,1142,1177,1176&sortColumnId=0&sortType=asc
Increase the rate of residents accessing behavioral health services under the Department of Behavioral Health, safety net systems, Medi-Cal managed care (IEHP, Molina), and commercial insurance	NA	NA	NA	NA	NA	NA
Decrease the percentage of youth (21 and under) who misused alcohol or other drugs in the past year	NA	NA	NA	NA	NA	NA
Decrease the percentage of the adult population ever diagnosed with diabetes	NA	8%	9%	11%		National Source: Villarreal MA, Vahratian A, Ward BW. Health care utilization among U.S. adults with diagnosed diabetes, 2013. NCHS data brief, no 183. Hyattsville, MD: National Center for Health Statistics. 2015. State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever diagnosed with diabetes, 2011-2012.

Access to Health and Wellness						
Objectives	HP 2020	US	CA	San Bernardino County	County Trend	Sources
Decrease the percentage of adults ever diagnosed with high blood pressure	26.9%	29%	27%	32%		National Source: Nwankwo T, Yoon SS, Burt V, Gu O. Hypertension among adults in the US: National Health and Nutrition Examination Survey, 2011-2012. NCHS Data Brief, No. 133. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013. State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever diagnosed with high blood pressure, 2011-2012
Decrease the hospitalization rate for cardiovascular disease (heart disease) (per 100,000)	NA	121.0	81.44	98.83		National Source: http://www.cdc.gov/nchs/nhds/nhds_tables.htm#number State/County Source: San Bernardino County, Department of Public Health, 2012 OSHPD Patient Discharge Master File
Decrease the percentage of obese adults	31%	35%	25%	33%		National Source: CDC/NCHS, National Health and Nutrition Examination Survey. See Appendix I, National Health and Nutrition Examination Survey (NHANES). http://www.cdc.gov/nchs/data/hus/hus13.pdf#064 State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Body Mass Index 4 level, Percent Obese
Decrease the percentage of teens age 12-17 that are overweight/obese	NA	30.3%	32.4%	34.7%	NA	National Source: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA. 2014;311(8):806-814. doi:10.1001/jama.2014.732. State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Body Mass Index 2 level, percent Overweight/Obese
Increase the percentage of teens (12-17) who met the CDC recommendation of 1 hour or more daily physical activity	20%	NA	15%	19%	NA	State/County Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Number of days physically active at least one hour in a typical week. 2003-2009.

Access to Health and Wellness

Objectives	HP 2020	US	CA	San Bernardino County	County Trend	Sources
Increase the amount of Bike Trails (Class 1, 2, and 3)	NA	NA	NA	NA	NA	NA

*Indicator to be prioritized in the forthcoming Vital Signs Data Platform

Safety

Objectives	HP 2020	US	CA	San Bernardino County	County Trend	Sources
Decrease the crime rate per capita (per 10,000)	NA	38.6	29.7	31.0	➔	National Source: http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s-2011/tables/table-1 State/County Source: State of California, Department of Justice, Office of the Attorney General. (2010). Criminal justice profiles, crimes and crime rates, by category and crime, table 1, 2001–2010.
Decrease the number of gang members	NA	850,000	NA	17,401	↔	National Source: U.S. Department of Justice National Youth Gang Survey (2012). http://www.ojjdp.gov/pubs/248025.pdf County Source: San Bernardino County Sheriff's Department. (2012). San Bernardino County community indicators report, Gang-related crime : Gangs and gang membership, 2007–2011.
Increase positive relationships between residents and Police/Fire Departments*	NA	NA	NA	NA	NA	NA
Decrease juvenile crime rate*	NA	3,941	NA	NA	NA	National Source: Office of Juvenile Justice and Delinquency Prevention. Juvenile Arrest Rates for All Crimes, 1980-2012. http://www.ojjdp.gov/ojstatbb/crime/JAR_Display.asp?ID=qa05200
Increase the percentage of 9th grade students who reported feeling safe or very safe at school	NA	NA	60%	50%	NA	California Department of Education, California Healthy Kids Survey (WestEd). (2013). Perceived safety of school, Table A6.10, By district, 2009-2010, and by county and statewide, 2009-2011.

*Indicator to be prioritized in the forthcoming Vital Signs Data Platform



Our 2015 Community Transformation Plan and executive summary are available online at:

www.communityvitalsigns.org

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