SAN BERNARDINO COUNTY:

Our Community Vital Signs

2013 final report




SAN BERNARDINO COUNTYWIDE VISION
IT'S UP TO US!

COMMUNITY VITAL SIGNS INITIATIVE
County of San Bernardino

ASR

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 Assoicated Governments Board of Directors

June 30, 2011

COUNTY OF
SAN BERNARDINO

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Dear Community Partner:

Wellness is a key element of the Countywide Vision because it directly links to the quality of life, productivity and prosperity of our communities. Students do better in school when they enter the classroom healthy and ready learn, and healthy employees are more productive and miss fewer workdays.

But the Countywide Vision's wellness goals cannot be achieved alone. We need to work together to create environments in our neighborhoods, schools, and workplaces that promote and support the health and well-being of our residents.

This summer as part of the Community Vital Signs Initiative more than 1,000 stakeholders, including business professionals, healthcare workers, educators, public safety officers, nonprofit leaders, and others, came together to analyze county health trends and to establish priorities we must take on to achieve our shared wellness goals.

The following report expounds on those wellness priorities and serves as a call to action for businesses, local governments, community organizations, faith-based groups and others who care about the future of our great county.

My colleagues and I on the San Bernardino County Board of Supervisors extend our sincere appreciation to everyone participating in this effort, and we look forward to continuing our partnership with you as we strive to create a healthy and prosperous county.

Sincerely,

Janice Rutherford

JANICE RUTHERFORD
Board of Supervisors Chair
Second District Supervisor
County of San Bernardino

The mission of the government of the County of San Bernardino is to satisfy its customers by providing service that promotes the health, safety, well being, and quality of life of its residents according to the County Charter, general laws, and the will of the people it serves.

OUR COMMUNITY VITAL SIGNS REPORT

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 our County.

The information contained in this report 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 Community Vital Signs 2013 Final Report and executive summary are available online at: www.communityvitalsigns.org.

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

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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 this process. Monthly meetings were held by the steering committee and additional monthly meetings were held by all of the subcommittees, we know how much time this entails and are truly appreciative of what efforts have been put forth by everyone involved.

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A very special thank you to all of those who contributed and helped locate secondary data for this report. Agencies and organizations are cited as sources, but the assistance of individuals has been critical.

ABOUT THE RESEARCHER

Applied Survey Research (ASR) is a nonprofit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment of needs, evaluation of community goals, and development of appropriate responses.

The Community Assessment Project is a prime example of a comprehensive evaluation of the needs of the community. Its goal is to stimulate dialogue about trends and to encourage informed strategies for shaping future policies and effective actions.

Applied Survey Research

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COMMUNITY VITAL SIGNS INITIATIVE

The Community Vital Signs Initiative is a community-driven effort in partnership with San Bernardino County to establish a health improvement framework by using data to help set goals and priorities for action to improve the quality of life in the county. This report provides a snapshot in a wide range of areas including education, employment, the environment, public safety, and a strong focus on health. 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 data presented in this report is valid for five years.

History

This project was started by the San Bernardino County Departments of Public and Behavioral Health as well as Arrowhead Regional Medical Center, and has become transformed into a community-wide initiative. The first community workshop was held in September 2011 with more than 80 community stakeholders representing local nonprofit hospitals, universities, government agencies, businesses, faith, and community-based organizations. These groups gathered to discuss the purpose of the Community Vital Signs Initiative and to 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 the Community Vital Signs Initiative, 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.

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.

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COLLECTIVE IMPACT

The Community Vital Signs Initiative has adopted Collective Impact, a systemic approach to social impact for needle-moving change by aligning organizations and resources through the following five conditions:[1]

1. **Common Agenda:** All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions
2. **Shared Measurement:** Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable
3. **Mutually Reinforcing Activities:** Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action
4. **Continuous Communication:** Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation
5. **Backbone Organization:** Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies[2]

Collective Impact initiatives are currently being employed around the world to address a wide variety of issues including education, healthcare, homelessness, the environment, and community development. Many of these other initiatives are already showing concrete results, reinforcing the promise of Collective Impact in solving complex social problems.[3]

San Bernardino County Healthy Communities – An Example of Collective Impact in Action

Recognizing that improving health requires engaging diverse partners, San Bernardino County organized and funded the Healthy Communities initiative as a cross-sectorial partnership in 2006. The charge of the initiative is to create healthy environments and promote healthful lifestyle choices through policy, environment, and systems change. The San Bernardino County Healthy Communities Program serves as the infrastructure to support partners in their efforts to improve health by educating and facilitating, providing health statistics and technical assistance, and sustaining and connecting the vast partner network. Partners include municipalities, healthcare providers, hospitals, universities, school districts, businesses, and community based organizations.

Baseline data compiled by San Bernardino County Department of Public Health (SBC DPH) helped partners make the case for the need for health improvement among their stakeholders and constituents, and helped to identify and prioritize specific health issues and solutions. San Bernardino County's ranking as having the third worst heart disease mortality in California drove the selection of heart disease as an obvious high priority health issue. In December 2012, San Bernardino County non-profit hospitals' Community Benefits Collaborative adopted the goal: "Displace heart disease as the

[1] Kania, J. & Kramer, M. (2011). Collective impact. Stanford Social Innovation Review, Winter 2011, pp. 35-41. Stanford, CA.

[2] Foundation Strategy Group, Inc. (2013). What is collective impact? San Francisco, CA.

[3] Ibid.

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leading cause of death in San Bernardino County." In January 2013, Healthy Communities partners also agreed to adopt this common goal and to work with the hospitals collaborative towards achieving it.

As a first step towards defining common actions, data was collected from Healthy Communities partners regarding existing activities that contribute towards achieving the heart disease goal. Data collection was structured around the Mayo Clinic's five strategies to help prevent heart disease.[4] Facilitated and recorded by SBC DPH staff, Healthy Communities partners described projects and activities already in place in their agencies that align with the five prevention strategies. The information that was collected is summarized in the following table and included in full in Appendix 4. This information will inform selection of countywide approaches and implementation of heart disease prevention actions. The Community Vital Signs initiative will ensure that metrics for effectiveness of the collective actions and progress towards achieving the goal are tracked and reported.

[4] www.mayoclinic.com/health/heart-disease-prevention/WO00041

Inventory of Cities' Activities that Support Heart Disease Prevention Strategies

STRATEGIES *(from Mayo Clinic's "5 Medication-free strategies to help prevent heart disease")*			
Don't smoke or use tobacco	Get 30 minutes of physical activity on most days of the week	Eat a heart-healthy diet and Maintain a healthy weight	Get regular health screenings
SAN BERNARDINO COUNTY HEALTHY CITIES' ACTIVITIES			
» Smoke free campus » Community lecture program	<u>Active Transportation</u> » Integrate transportation modes » Multi-jurisdictional trails connections » Master plans » Walking and bicycling infrastructure » Livable communities » Safe Routes to School » Complete streets policies <u>Parks</u> » Safe and maintained parks » Joint use policies » Park, playground expansion » Activity parks (e.g. dog, BMX, fitness) <u>Programming</u> » Subsidies; incentives; free/low cost » Partnerships (e.g. youth sports, health care) » After school programs » Corporate fitness challenges » Mobile recreation	» Cal-Fresh utilization » Baby friendly hospitals » Breastfeeding workplace policy, support » Education programs » Healthy "dining out" » Healthy vending policies » Improve retail food environment index » Community supported agriculture; subsidies » Food Policy Council » Harvest of the Month » Rethink Your Drink » Gardens at summer camps, teen centers, preschools, etc.	» Collective outreach for Covered California » Screenings at work sites » Health career pipelines » Community education: "know your numbers"

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Activities that Support Multiple Strategies

- Policy, advocacy, civic engagement
- Policy/Action Briefs
- Healthy City culture, branding
- Neighborhood “Health Hubs” throughout communities
- Events (e.g. fitness, fairs)
- College, high school internships
- Let’s Move! Cities; California HEAL Cities Campaign
- Healthy Cities network
- Worksite wellness programs

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Overall Snapshot

of SAN BERNARDINO COUNTY:

	HP 2020	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Population Estimates • Total population	NA	NA	2,065,377	↑
Age Distribution • Percentage of population 60 years and older	NA	16.8%	13.7%	↑
High School Graduation Rate	82.4%	78.5%	77.1%	↑
Poverty • Percentage of individuals living in poverty	NA	16.6%	19.3%	↑
Unemployment Rate	NA	9.7%	10.8%	↓
Health Insurance Coverage • Percentage of residents with health insurance	100%	81.9%	79.2%	↔
Delays in Access to Health Care • Percentage of residents who delayed or did not get medical care in the past year	4.2%	12.5%	16.4%	↑
Cardiovascular Disease • Percentage of adults ever diagnosed with high blood pressure	NA	26.2%	26.1%	↑
Causes of Death • Death rate for all cancers per 100,000 population	160.6	156.4	170.0	↓
Physical Activity • Percentage of teens (12-17 years) who met CDC recommendation of 1 hour or more of daily physical activity	20.2%	15.2%	19.0%	NA
Preterm Births • Percentage of preterm births	11.4%	10.0%	11.2%	↔
Access to Healthy Foods • Retail Food Environment Index	NA	4.18	5.72	NA

↑ Increasing (Upward) trend; ↓ Declining (Downward) trend; ↔ Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.

Note: Data presented in the table are the most recent data available.

A note on geography: Most data in this report is county level. For detailed city level data reports (available 8/19/2013), please visit the Community Vital Signs website, http://www.communityvitalsigns.org.

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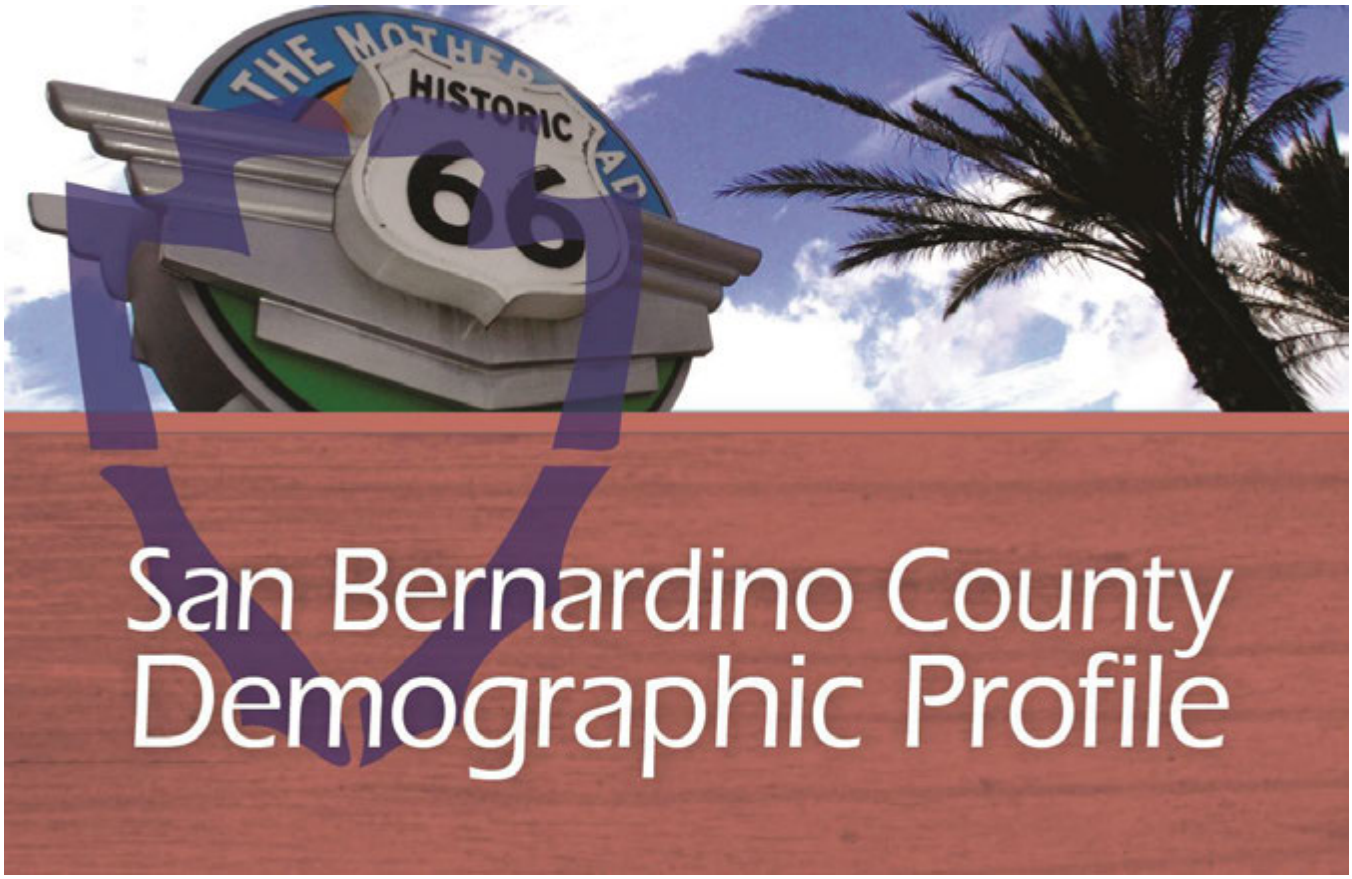

San Bernardino County Demographic Profile

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Demographic Snapshot

of SAN BERNARDINO COUNTY:

	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Population Estimates • Total population	NA	2,065,377	↑
Age Distribution • Percentage of population 60 years and older	16.8%	13.7%	↑
Language Spoken at Home • Percentage of households that speak Spanish as their primary language at home	28.8%	33.2%	↔

↑ Increasing (Upward) trend; ↓ Declining (Downward) trend; ↔ Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.

Note: Data presented in the table are the most recent data available.

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Population Estimates

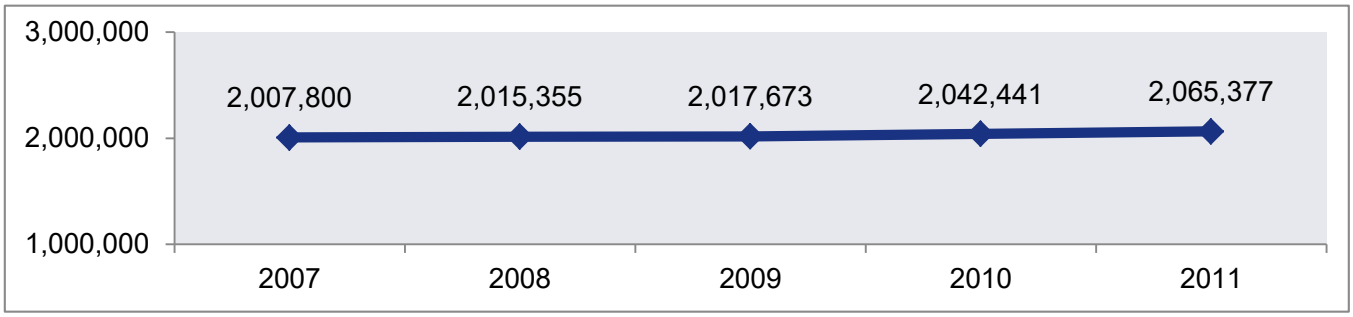
Total Population

The U.S. Census Bureau calculates population estimates based largely on three factors: birth rates, mortality rates and migration. Policy makers use these estimates to plan for the future, especially in areas such as food, water, energy, and services such as health care. For example, with an aging population, there will be more demands on the health care system, social security, retirement homes, geriatric specialists, and home health care workers. With an increasing birth rate, there will be more demands on pediatricians, early childhood education, and K-12 education.

***THE POPULATION IN** San Bernardino County is rising and is expected to reach nearly 2.3 million by 2020.*

The U.S. Census Bureau estimated that there were a total of 2,065,377 people living in San Bernardino County in 2011, an increase of 3% since 2007. By 2020, the population is expected to be nearly 2.3 million people, which is approximately 208,000 more people than there were in 2011. The areas with the highest populations were San Bernardino City, Fontana, Ontario, and Rancho Cucamonga in 2011.

TOTAL POPULATION, SAN BERNARDINO COUNTY



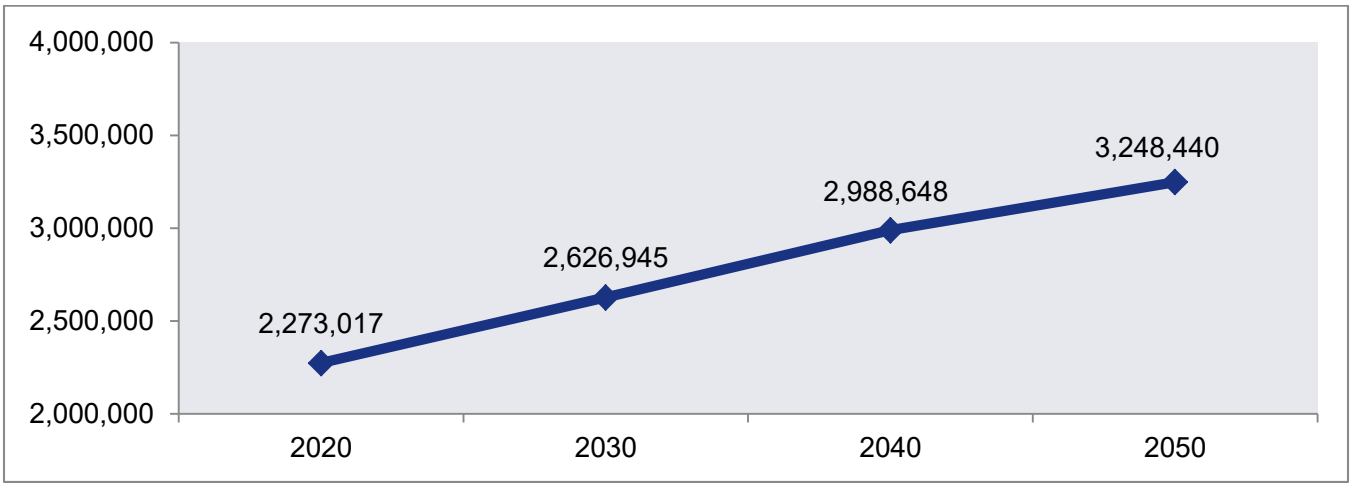
Source: American Community Survey, United States Census Bureau. (2013). Demographic and housing 1-year estimates, Table DP05, 2007 – 2011.

City Distribution, San Bernardino County, 2007-2011 5-Year Estimates

City	Total Population	Percentage of County
Adelanto	30,670	1.5%
Apple Valley	68,316	3.4%
Barstow	22,913	1.1%
Big Bear Lake	5,109	0.3%
Chino	78,050	3.9%
Chino Hills	74,765	3.7%
Colton	52,283	2.6%
Fontana	192,779	9.5%
Grand Terrace	12,132	0.6%
Hesperia	88,247	4.4%
Highland	52,777	2.6%
Loma Linda	23,081	1.1%
Montclair	36,802	1.8%
Needles	4,910	0.2%
Ontario	165,120	8.2%
Rancho Cucamonga	163,151	8.1%
Redlands	68,995	3.4%
Rialto	99,501	4.9%
San Bernardino City	210,100	10.4%
Twentynine Palms	25,786	1.3%
Upland	74,021	3.7%
Victorville	111,704	5.5%
Yucaipa	50,862	2.5%
Yucca Valley	20,508	1.0%
Remainder of the county	290,870	14.4%

Source: American Community Survey, United States Census Bureau. (2013). Demographic and housing 5-year estimates, Table DP05, 2007 – 2011.

Population Projections, San Bernardino County



Source: California Department of Finance. (2013). Population projections, 2010-2060. Report P-1: State and county population projections by county, by race/ethnicity, and by major age groups, 2010-2060 (by decade).

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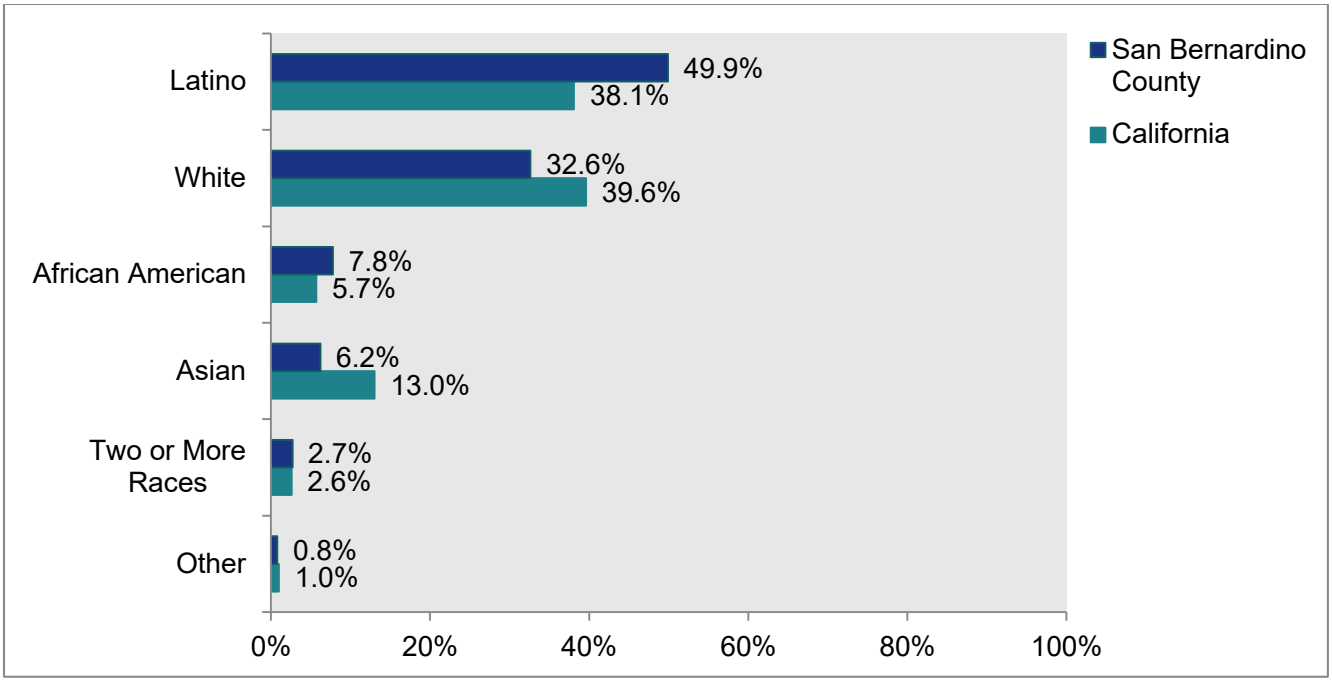
Racial/Ethnic Distribution

***Half of the population in San** Bernardino County is Latino and the Latino and Asian populations are rising, while other ethnicities are falling.*

In San Bernardino County, half of the population (50%) was Latino while another 33% were White, 8% were African American, and 6% were Asian in 2011.

San Bernardino County had a higher percentage of Latinos (50%) compared to the state (38%), and a lower percentage of Whites (33%) as compared to the state (40%).

Racial/Ethnic Distribution, 2011



Source: American Community Survey, United States Census Bureau. (2013). Demographic and housing 1-year estimates, Table DP05, 2011.
Note: Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Some Other Race.

Ethnic Distribution

Ethnicity/Region	2007	2008	2009	2010	2011	07-11 Net Change
Asian						
San Bernardino County	**5.7%**	**5.8%**	**5.8%**	**6.1%**	**6.2%**	**0.5**
California	12.2%	12.2%	12.3%	12.9%	13.0%	0.8
African American						
San Bernardino County	**8.4%**	**8.3%**	**8.3%**	**8.4%**	**7.8%**	**-0.6**
California	6.0%	5.9%	5.8%	5.8%	5.7%	-0.3
Latino						
San Bernardino County	**46.8%**	**47.5%**	**48.1%**	**49.3%**	**49.9%**	**3.1**
California	36.2%	36.6%	37.0%	37.7%	38.1%	1.9
White						
San Bernardino County	**36.2%**	**35.5%**	**34.8%**	**33.0%**	**32.6%**	**-3.6**
California	42.5%	42.0%	41.5%	40.0%	39.6%	-2.9
Other						
San Bernardino County	**1.0%**	**0.7%**	**1.0%**	**1.0%**	**0.8%**	**-0.2**
California	1.0%	1.1%	1.1%	1.0%	1.0%	0.0
Two or More Races						
San Bernardino County	**1.9%**	**2.2%**	**2.0%**	**2.2%**	**2.7%**	**0.8**
California	2.1%	2.2%	2.3%	2.6%	2.6%	0.5

Source: American Community Survey, United States Census Bureau. (2013). Demographic and housing 1-year estimates, Table DP05, 2011.

Note: Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Some Other Race.

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Ethnic Distribution, by City, 2007-2011 5-Year Estimates

City	Asian	African American	Latino	White	Other	Two or More Races
Adelanto	2.2%	20.9%	51.8%	18.8%	1.3%	5.1%
Apple Valley	2.0%	10.2%	28.7%	56.9%	0.6%	1.6%
Barstow	1.6%	16.2%	39.6%	34.0%	4.5%	4.2%
Big Bear Lake	>0.1%	1.8%	24.0%	70.1%	2.3%	1.7%
Chino	9.5%	5.6%	54.3%	27.3%	0.9%	2.4%
Chino Hills	27.8%	3.7%	30.2%	34.7%	0.8%	2.8%
Colton	5.2%	10.2%	68.0%	14.7%	0.6%	1.5%
Fontana	6.2%	9.4%	65.9%	15.6%	0.8%	1.9%
Grand Terrace	6.8%	5.6%	37.9%	47.7%	0.1%	1.8%
Hesperia	1.9%	6.0%	47.9%	41.4%	1.2%	1.7%
Highland	6.6%	9.9%	47.9%	32.1%	0.9%	2.7%
Loma Linda	28.7%	6.7%	22.8%	39.0%	0.9%	2.0%
Montclair	10.1%	4.5%	67.1%	15.6%	1.4%	1.1%
Needles	1.6%	3.0%	16.0%	66.8%	10.5%	2.1%
Ontario	4.4%	6.9%	66.5%	19.9%	0.5%	1.8%
Rancho Cucamonga	10.3%	8.1%	34.8%	42.7%	0.8%	3.4%
Redlands	7.7%	5.0%	29.5%	54.5%	0.9%	2.3%
Rialto	2.2%	14.3%	67.2%	14.2%	0.6%	1.5%
San Bernardino City	4.2%	14.1%	58.8%	20.3%	0.8%	1.8%
Twentynine Palms	3.5%	7.3%	19.8%	62.7%	3.7%	3.0%
Upland	9.0%	5.2%	37.8%	44.6%	0.6%	2.8%
Victorville	4.3%	14.6%	47.5%	30.7%	0.9%	2.0%
Yucaipa	2.4%	1.8%	26.3%	66.2%	0.7%	2.6%
Yucca Valley	2.4%	2.3%	14.1%	77.6%	0.9%	2.7%

Source: American Community Survey, United States Census Bureau. (2013). Demographic and housing 5-year estimates, Table DP05, 2007 – 2011.
Note: Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Some Other Race.

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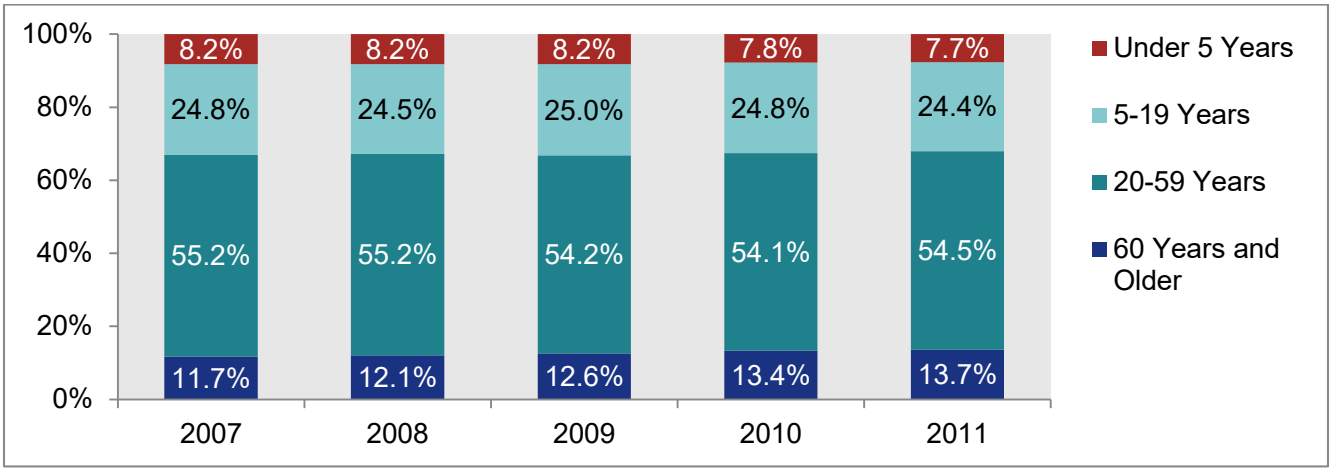
Age Distribution

***THE POPULATION OF THOSE** 60 years and older is increasing in San Bernardino County while the percentage of very young children under 5 is decreasing.*

Approximately 14% of the population in the county was 60 years and older in 2011, up from 12% in 2007.

There was widespread variation in ages of the population depending on where people lived. The cities with the highest percentage of residents ages 60 and older were Big Bear Lake (25%), Yucca Valley (23%), and Needles (22%). The three areas with the highest population of children under five were Twentynine Palms, Adelanto, and Needles (each at 11%).

AGE DISTRIBUTION, SAN BERNARDINO COUNTY



Source: American Community Survey, United States Census Bureau. (2013). Demographic and housing 1-year estimates, Table DP05, 2007 – 2011.

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Age Distribution, by City, 2007-2011 5-Year Estimates

City	Under 5 Years	5-19 Years	20-34 Years	35-59 Years	60 Years & Older
Adelanto	11.0%	31.0%	27.4%	23.1%	7.4%
Apple Valley	7.3%	24.1%	17.5%	31.1%	20.0%
Barstow	9.5%	22.3%	20.2%	33.2%	14.8%
Big Bear Lake	4.6%	23.1%	13.3%	34.2%	24.8%
Chino	6.7%	21.5%	25.2%	35.1%	11.5%
Chino Hills	6.7%	23.5%	19.1%	39.7%	11.1%
Colton	8.6%	27.7%	24.6%	28.6%	10.6%
Fontana	9.1%	27.4%	22.8%	32.3%	8.4%
Grand Terrace	6.5%	19.0%	22.9%	34.6%	17.0%
Hesperia	8.9%	27.5%	20.2%	30.3%	13.2%
Highland	8.3%	28.8%	19.5%	33.0%	10.4%
Loma Linda	4.8%	17.0%	26.3%	31.6%	20.3%
Montclair	8.9%	22.7%	24.1%	31.6%	12.7%
Needles	10.5%	18.5%	14.9%	34.1%	22.0%
Ontario	7.1%	26.3%	23.9%	32.5%	10.2%
Rancho Cucamonga	6.8%	21.9%	22.1%	37.4%	11.8%
Redlands	5.8%	23.7%	21.1%	31.7%	17.8%
Rialto	9.5%	27.6%	22.9%	29.5%	10.5%
San Bernardino City	8.9%	27.5%	22.0%	30.2%	11.3%
Twentynine Palms	11.3%	18.1%	43.9%	17.5%	9.2%
Upland	6.4%	22.1%	19.6%	35.5%	16.4%
Victorville	9.0%	28.9%	21.5%	29.8%	10.9%
Yucaipa	5.5%	24.1%	18.7%	33.8%	17.9%
Yucca Valley	6.4%	20.7%	19.5%	30.6%	22.8%

Source: American Community Survey, United States Census Bureau. (2013). Demographic and housing 5-year estimates, Table DP05, 2007 – 2011.

Household Composition

Family structure is an important factor in the health, development, and education of children.[5] There are links between family structure, income inequality, and ethnicity that intersect and get compounded across generations. The authors of one 2008 study describe a cycle where single motherhood leads to higher child poverty rates, and poverty exacerbates racial inequalities.[6]

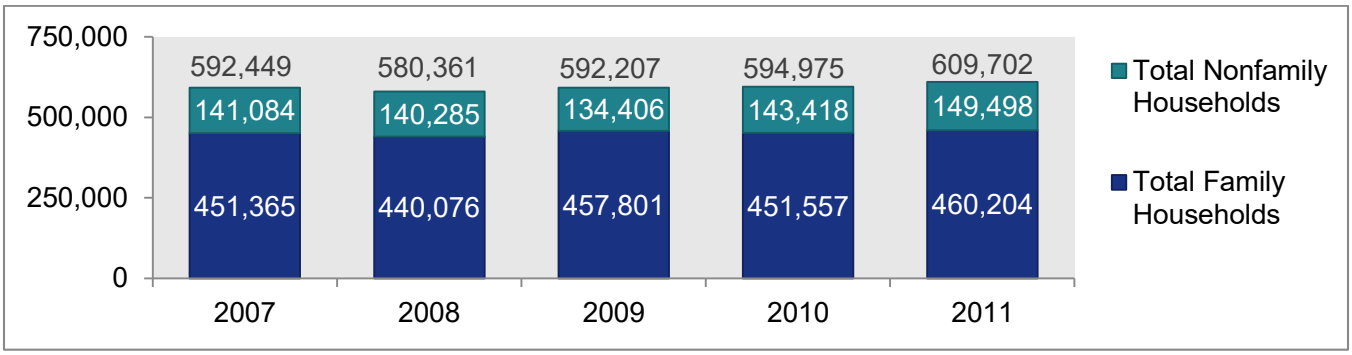
The U.S. Census Bureau collects data about household composition and it defines a "family household" as an individual living with related family members (and possibly non-related individuals in addition). There is no requirement that a child be present to be considered a family household. A "nonfamily household" is an individual living alone or with non-related individuals.

***THREE-QUARTERS OF** households in San Bernardino County are family households and one-quarter are nonfamily households.*

When looking only at family households in the county, about half (51%) were married-couple families, 17% were female-headed households and 7% were male-headed households in 2011.

Families tended to be bigger in San Bernardino County than in the state as a whole; the average family size in the county (3.81) was higher than the state (3.56) in 2011. Families tended to be even bigger in Adelanto, Fontana, Montclair, and Rialto, where the average family size was more than four people.

HOUSEHOLDS, SAN BERNARDINO COUNTY



Source: American Community Survey, United States Census Bureau. (2013). Selected social characteristics in the United States 1-year estimates, Table DP02, 2007 – 2011.

[5] Fields, J. & Smith, K. (1998). Poverty, family structure, and child well-being: Indicators from the SIPP (U.S. Census Bureau, Population Division, Working Paper 23). Washington DC: U.S. Retrieved 2012 from http://www.census.gov/population/www/documentation/twps0023/twps0023.html

[6] McLanahan , S. & Percheski, C. (2008). Family structure and the reproduction of inequalities. Annual Review of Sociology, Vol. 34, 257 -276.

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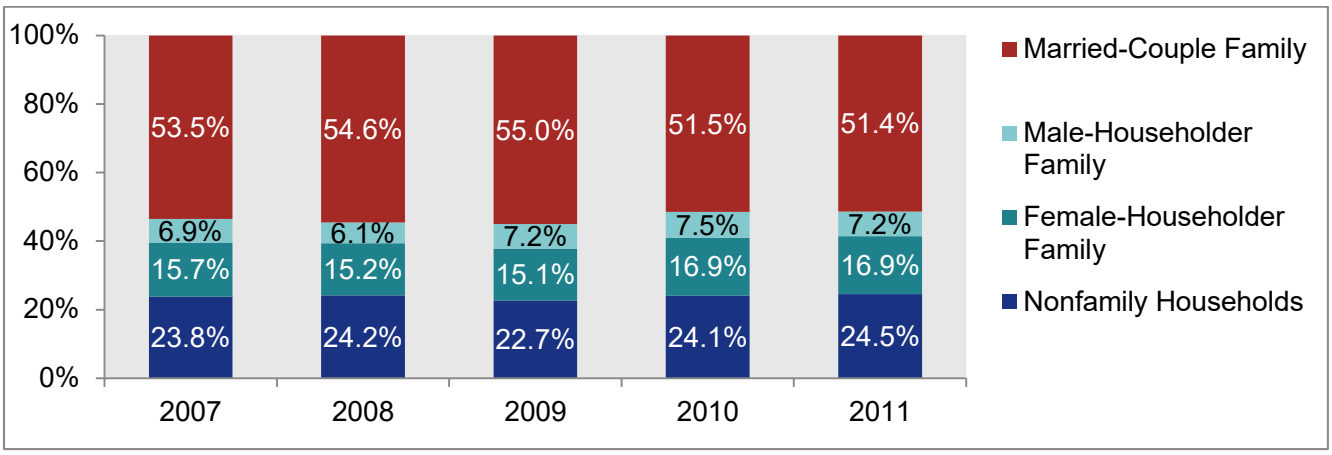
HOUSEHOLDS BY TYPE, SAN BERNARDINO COUNTY



Source: American Community Survey, United States Census Bureau. (2013). Selected social characteristics in the United States 1-year estimates, Table DP02, 2007 – 2011.

Note: Householder refers to the person (or one of the people) in whose name the housing unit is owned or rented (maintained) or, if there is no such person, any adult member, excluding roomers, boarders, or paid employees.

Households by Type and City, 2007-2011 5-Year Estimates

City	Nonfamily Households	Married-Couple Family	Male-Householder Family	Female-Householder Family	Total Households
Adelanto	15.6%	51.4%	6.2%	26.8%	7,060
Apple Valley	23.4%	56.1%	5.5%	15.1%	22,851
Barstow	36.6%	41.5%	4.5%	17.4%	8,264
Big Bear Lake	42.7%	43.5%	0.9%	12.9%	2,169
Chino	19.5%	60.9%	4.7%	14.9%	20,240
Chino Hills	14.7%	70.9%	5.7%	8.8%	22,280
Colton	22.6%	48.5%	8.6%	20.3%	15,076
Fontana	13.6%	62.4%	7.6%	16.4%	47,253
Grand Terrace	31.6%	50.6%	7.3%	10.5%	4,449
Hesperia	20.2%	57.0%	7.6%	15.2%	25,088
Highland	20.5%	54.9%	6.5%	18.2%	14,757
Loma Linda	36.2%	45.5%	5.5%	12.8%	8,468
Montclair	16.1%	54.5%	11.1%	18.4%	9,322
Needles	38.9%	36.6%	5.7%	18.8%	1,956
Ontario	20.5%	52.9%	7.8%	18.7%	45,283
Rancho Cucamonga	25.9%	55.4%	5.3%	13.4%	54,194
Redlands	33.9%	49.0%	4.3%	12.9%	24,257
Rialto	17.6%	55.8%	7.6%	19.0%	24,214
San Bernardino City	26.2%	42.0%	8.9%	22.8%	60,614
Twentynine Palms	26.2%	55.8%	6.1%	11.9%	7,612
Upland	27.2%	53.3%	4.6%	14.9%	25,347
Victorville	19.9%	51.2%	7.8%	21.1%	30,806
Yucaipa	25.4%	56.9%	5.5%	12.2%	17,227
Yucca Valley	35.3%	45.1%	7.8%	11.8%	7,957

Source: American Community Survey, United States Census Bureau. (2013). Selected social characteristics in the United States 5-year estimates, Table DP02, 2007 – 2011.

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Household Composition

Household Characteristic/Region	2007	2008	2009	2010	2011	07-11 Net Change
Households with Persons 18 Years or Younger						
San Bernardino County	**46.9%**	**46.3%**	**46.7%**	**45.2%**	**44.0%**	**-2.9**
California	38.2%	37.6%	37.4%	37.1%	36.6%	-1.6
Households with Persons 65 Years or Older						
San Bernardino County	**19.7%**	**19.7%**	**20.8%**	**22.3%**	**22.3%**	**2.6**
California	22.7%	23.3%	23.6%	24.3%	24.7%	2.0
Average Household Size						
San Bernardino County	**3.31**	**3.40**	**3.34**	**3.37**	**3.31**	**-**
California	2.93	2.95	2.96	2.94	2.96	-
Average Family Size						
San Bernardino County	**3.80**	**3.92**	**3.81**	**3.85**	**3.81**	**-**
California	3.53	3.57	3.56	3.53	3.56	-

Source: American Community Survey, United States Census Bureau. (2013). Selected social characteristics in the United States 1-year estimates, Table DP02, 2007 – 2011.

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Household Composition, by City, 2007-2011, 5-Year Estimates

City	Households with Persons 18 Years or Younger	Households with Persons 65 Years or Older	Average Household Size	Average Family Size
Adelanto	64.8%	14.9%	4.06	4.40
Apple Valley	39.1%	30.3%	2.97	3.36
Barstow	36.1%	19.7%	2.72	3.45
Big Bear Lake	29.8%	36.0%	2.34	3.10
Chino	49.6%	20.2%	3.43	3.83
Chino Hills	47.7%	16.0%	3.35	3.64
Colton	50.2%	17.2%	3.45	3.92
Fontana	59.5%	15.5%	4.07	4.31
Grand Terrace	34.7%	22.2%	2.69	3.32
Hesperia	48.7%	23.5%	3.51	3.91
Highland	53.9%	17.5%	3.56	4.00
Loma Linda	28.9%	26.3%	2.66	3.22
Montclair	50.0%	22.4%	3.90	4.22
Needles	36.9%	34.2%	2.51	3.08
Ontario	50.9%	17.6%	3.63	4.01
Rancho Cucamonga	41.1%	16.4%	2.95	3.45
Redlands	34.7%	25.3%	2.74	3.39
Rialto	57.8%	21.7%	4.08	4.48
San Bernardino City	49.3%	20.1%	3.35	3.90
Twentynine Palms	39.6%	16.0%	2.73	3.12
Upland	38.3%	22.3%	2.90	3.41
Victorville	54.3%	19.0%	3.47	3.84
Yucaipa	39.3%	26.3%	2.92	3.42
Yucca Valley	32.1%	31.7%	2.54	3.10

Source: American Community Survey, United States Census Bureau. (2013). Selected social characteristics in the United States 5-year estimates, Table DP02, 2007 – 2011.

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Language Spoken at Home

Language barriers can prevent access to critical services such as employment, transportation, medical, and social services. In order to provide language appropriate services to the community, it is important to examine the percentage of the population that speaks other languages and which languages they are speaking.

> ***People speak Spanish*** *in one-third of San Bernardino County households.*

English was the primary language spoken at home in more than half (59%) of the households with people ages 5 years and over in San Bernardino County in 2011, followed by Spanish in one-third (33%) of the households, and an Asian or Pacific Islander language (5%). The ratio of English to Spanish speaking households has stayed consistent from 2007 to 2011.

Language Spoken at Home (Population Ages 5 Years and Older)

Language/Region	2007	2008	2009	2010	2011	07-11 Net Change
English Only						
San Bernardino County	**59.9%**	**60.1%**	**59.2%**	**59.1%**	**59.2%**	**-0.7**
California	57.4%	57.7%	56.9%	56.3%	56.2%	-1.2
Spanish						
San Bernardino County	**33.5%**	**33.1%**	**33.7%**	**34.1%**	**33.2%**	**-0.3**
California	28.5%	28.1%	28.7%	28.9%	28.8%	0.3
Other Indo-Euro Languages						
San Bernardino County	**1.8%**	**1.7%**	**1.8%**	**1.5%**	**1.7%**	**-0.1**
California	4.2%	4.4%	4.4%	4.3%	4.5%	0.3
Asian and Pacific Islander Languages						
San Bernardino County	**4.0%**	**4.3%**	**4.4%**	**4.5%**	**5.0%**	**1.0**
California	9.1%	9.0%	9.1%	9.6%	9.6%	0.5
Other Languages						
San Bernardino County	**0.8%**	**0.8%**	**0.9%**	**0.8%**	**0.9%**	**0.1**
California	0.8%	0.9%	0.9%	1.0%	0.9%	0.1

Source: American Community Survey, United States Census Bureau. (2013). Selected social characteristics in the United States 1-year estimates, Table DP02, 2007 – 2011.

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Language Spoken at Home (Population Ages 5 Years and Older), by City, 2007-2011 5-Year Estimates

City	English Only	Spanish	Other Languages
Adelanto	55.5%	41.2%	3.3%
Apple Valley	83.1%	14.2%	2.7%
Barstow	77.4%	18.9%	3.7%
Big Bear Lake	80.8%	18.0%	1.2%
Chino	52.6%	37.6%	9.8%
Chino Hills	58.1%	16.7%	25.2%
Colton	48.6%	45.9%	5.5%
Fontana	41.3%	51.1%	7.6%
Grand Terrace	78.0%	14.1%	7.9%
Hesperia	65.9%	31.3%	2.8%
Highland	59.8%	32.2%	8.0%
Loma Linda	57.8%	14.4%	27.8%
Montclair	33.7%	56.1%	10.2%
Needles	86.7%	9.2%	4.1%
Ontario	44.1%	50.9%	5.0%
Rancho Cucamonga	67.5%	20.3%	12.2%
Redlands	76.0%	15.1%	8.9%
Rialto	43.0%	54.0%	3.0%
San Bernardino City	52.9%	41.8%	5.3%
Twentynine Palms	83.5%	9.5%	7.0%
Upland	67.3%	21.5%	11.2%
Victorville	63.6%	31.1%	5.3%
Yucaipa	82.7%	13.7%	3.6%
Yucca Valley	89.3%	6.6%	4.1%

Source: American Community Survey, United States Census Bureau. (2013). Selected social characteristics in the United States 5-year estimates, Table DP02, 2007 – 2011.
Note: Other languages include: other Indo-European languages, Asian and Pacific Islander languages, and other languages.

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Education Snapshot

of SAN BERNARDINO COUNTY:

	HP 2020	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Educational Attainment • Percentage of adults with a Bachelor's degree or higher	NA	30.3%	18.2%	↔
High School Graduation Rate	82.4%	78.5%	77.1%	↑

↑ *Increasing (Upward) trend;* ↓ *Declining (Downward) trend;* ↔ *Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.*

Note: Data presented in the table are the most recent data available.

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Educational Attainment

The relationship between educational attainment and health outcomes has been well documented. The National Poverty Center reports that people with more education have lower rates of the most common acute and chronic diseases.[7] Not to mention that 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.[8]

> ***San Bernardino County*** *adults have a much lower level of education, especially bachelor's degrees and higher, as compared to California overall.*

In fact, people with a college education live longer compared to those without one.[9] Children's health is also related to educational attainment; children who are in poor health have a harder time focusing in class and miss more school days. They are more likely to fall behind in their studies, have lower test scores, and lower educational attainment.[10]

When looking at the percentage of adults ages 25 and older in San Bernardino County, 22% had less than a high school diploma in 2011, which was higher than the state at 19%. Only 18% of county residents had a bachelor's degree, a graduate degree or a professional degree as compared to 30% across the state in 2011.

Educational attainment differed greatly by city. The two areas with the highest percentage of people with advanced degrees included Chino Hills and Loma Linda (each with over 40% of the adults ages 25 and older with a bachelor's degree or higher), compared to the cities with the lowest educational attainment (Adelanto, Barstow, Needles, and Rialto) ranging from 7% to 9% of the population with an advanced degree.

Similarly, educational attainment differed by race and ethnicity. A higher percentage of Latino adults ages 25 and older had less than a high school diploma in San Bernardino County (38%), as compared to other ethnicities including American Indian or Alaska Native (24%), African Americans (12%), Asians (12%), and Whites (9%) in 2011.

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

[8] 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

[9] Hampson, S.E., Goldberg, L.R., Vogt, T.M., & Dubanoski, J.P. (2007). Mechanisms by which childhood personality traits influence adult health status: Educational attainment and healthy behaviors. *Health Psychology, 26*(1), 121-125.

[10] Jackson, M.I. (2009). Understanding links between adolescent health and educational attainment. Demography, 46(4), 671-694.

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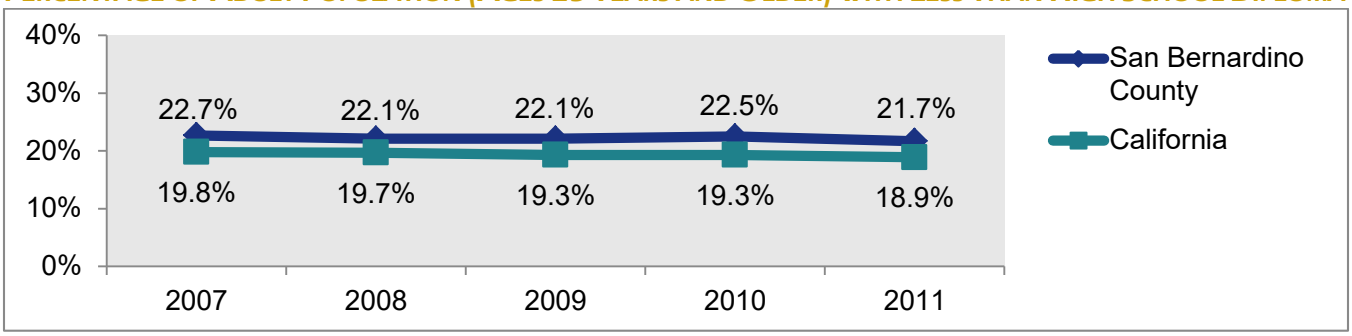
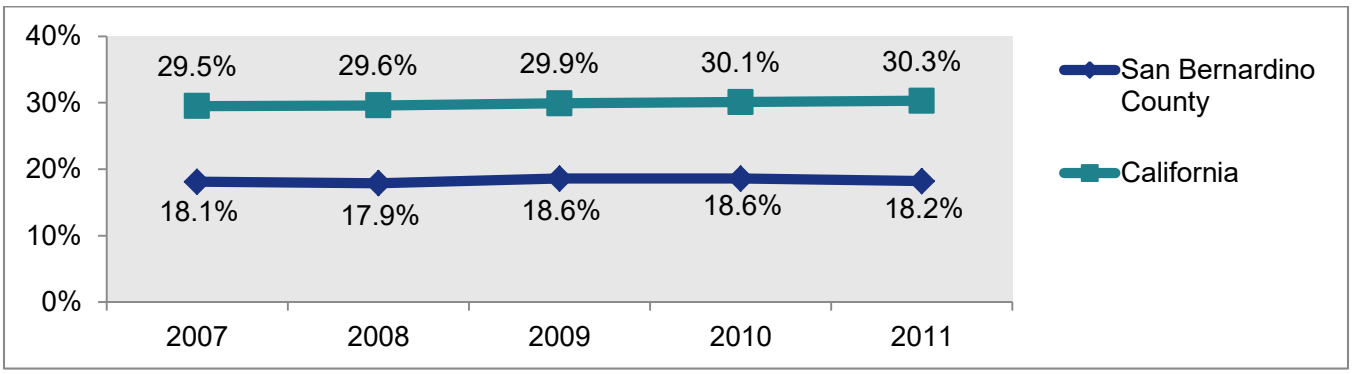
Percentage of Adult Population (Ages 25 Years and Older) with Less Than High School Diploma



Source: American Community Survey, United States Census Bureau. (2013). Educational attainment 1-year estimates, Table S1501, 2007 – 2011.

Percentage of Adult Population (Ages 25 Years and Older) with Bachelor's Degree or Higher



Source: American Community Survey, United States Census Bureau. (2013). Educational attainment 1-year estimates, Table S1501, 2007 – 2011.

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Educational Attainment (Population Ages 25 Years and Older)

Attainment Level/Region	2007	2008	2009	2010	2011	07-11 Net Change
Less Than 9th Grade						
San Bernardino County	**10.2%**	**10.0%**	**10.0%**	**10.5%**	**10.2%**	**0**
California	10.6%	10.6%	10.5%	10.5%	10.3%	-0.3
9th to 12th Grade, No Diploma						
San Bernardino County	**12.5%**	**12.1%**	**12.1%**	**12.0%**	**11.5%**	**-1.0**
California	9.2%	9.1%	8.8%	8.8%	8.6%	-0.6
High School Diploma (Includes Equivalency)						
San Bernardino County	**28.2%**	**26.4%**	**26.1%**	**26.0%**	**26.8%**	**-1.4**
California	23.1%	20.8%	20.9%	20.8%	21.1%	-2.0
Some College, No Degree						
San Bernardino County	**22.4%**	**25.1%**	**25.4%**	**25.2%**	**25.6%**	**3.2**
California	20.0%	22.2%	22.2%	22.2%	22.1%	2.1
Associate's Degree						
San Bernardino County	**8.7%**	**8.4%**	**7.8%**	**7.7%**	**7.7%**	**-1.0**
California	7.6%	7.6%	7.6%	7.6%	7.7%	0.1
Bachelor's Degree						
San Bernardino County	**11.8%**	**11.8%**	**12.4%**	**11.7%**	**11.9%**	**0.1**
California	19.0%	18.8%	19.1%	19.1%	19.2%	0.2
Graduate or Professional Degree						
San Bernardino County	**6.3%**	**6.0%**	**6.1%**	**6.9%**	**6.4%**	**0.1**
California	10.5%	10.8%	10.7%	11.0%	11.1%	0.6

Source: American Community Survey, United States Census Bureau. (2013). Educational attainment 1-year estimates, Table S1501, 2007 – 2011.

EDUCATIONAL ATTAINMENT (POPULATION AGES 25 YEARS AND OLDER), BY ETHNICITY, 2011

Ethnicity/Region	Percentage with Less Than High School Diploma	Percentage with Bachelor's Degree or Higher
African American		
San Bernardino County	**12.2%**	**19.2%**
California	11.9%	22.2%
American Indian or Alaska Native		
San Bernardino County	**24.0%**	**14.0%**
California	24.8%	12.9%
Asian		
San Bernardino County	**12.4%**	**48.7%**
California	14.2%	48.7%
Latino		
San Bernardino County	**37.7%**	**7.4%**
California	41.4%	10.5%
White		
San Bernardino County	**8.6%**	**23.9%**
California	6.1%	39.4%
Two or More Races		
San Bernardino County	**11.9%**	**22.8%**
California	15.6%	28.2%

Source: American Community Survey, United States Census Bureau. (2013). Sex by educational attainment for the population 25 years and over 1-year estimates, Tables B15002B, B15002D, B15002I, B15002H, B15002C, and B15002G, 2011.
Note: Data were not available for Native Hawaiian and Other Pacific Islander in San Bernardino County for 2011.

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Educational Attainment (Population Ages 25 Years and Older), by City, 2007-2011 5-Year Estimates

City	Percentage with Less Than High School Diploma	Percentage with Bachelor's Degree or Higher	City	Percentage with Less Than High School Diploma	Percentage with Bachelor's Degree or Higher
Adelanto	35.0%	6.9%	Montclair	31.9%	13.0%
Apple Valley	15.2%	16.7%	Needles	22.4%	9.2%
Barstow	19.0%	9.2%	Ontario	30.3%	14.0%
Big Bear Lake	16.6%	25.1%	Rancho Cucamonga	9.7%	29.7%
Chino	23.5%	18.9%	Redlands	10.3%	37.2%
Chino Hills	7.9%	42.9%	Rialto	34.4%	8.4%
Colton	28.6%	13.2%	San Bernardino City	32.0%	12.7%
Fontana	28.7%	15.0%	Twentynine Palms	10.0%	16.8%
Grand Terrace	11.7%	22.9%	Upland	11.8%	29.7%
Hesperia	23.9%	9.6%	Victorville	23.3%	11.2%
Highland	25.3%	19.6%	Yucaipa	11.5%	21.8%
Loma Linda	13.4%	44.2%	Yucca Valley	14.0%	16.7%

Source: American Community Survey, United States Census Bureau. (2013). Educational attainment 5-year estimates, Table S1501, 2007 – 2011.

High School Graduation Rate

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.[11] Households headed by a high school graduate accumulate ten times more wealth than households headed by a high school dropout.[12] Roughly 60% of jobs require some type of training or education beyond high school.[13]

The graduation rate for San Bernardino County was 77% in the 2011-12 school year, slightly lower than the state rate at 79%. The rate increased from the 2009-10 school year for both the county (70% to 77%) and the state (75% to 79%).

Graduation rates differed by race and ethnicity in the county. Filipino and Asian students had the highest graduation rates (93% and 91% respectively), followed by Whites (83%), Pacific Islanders (78%), Latinos (75%), African Americans (70%), and Native Americans/Alaska Natives (64%). However, caution should be used when analyzing data for groups with low populations in the county, especially Native Americans/Alaska Natives, Asians, Pacific Islanders, and Filipinos. The graduation rate increased for all ethnicities between the 2009-10 and 2011-12 school years with the largest increase among African American students (60% to 70%), and Latinos (68% to 75%).

***THE HIGH SCHOOL** graduation rate is going up in San Bernardino County, especially for African American and Latino students.*

There were also differences in the graduation rate by school district in the county. The top two districts were Oro Grande Elementary, which serves students up to 12th grade (98%) and Upland Unified School District (94%). The two lowest districts were Barstow Unified (67%) and San Bernardino City Unified (73%).

[11] 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

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

[13] 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

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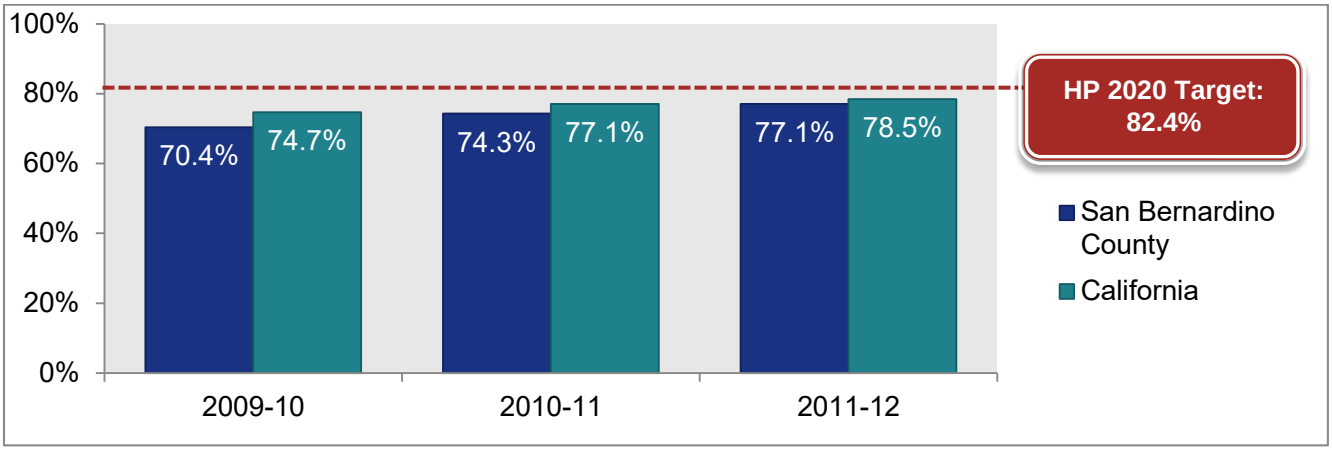
Cohort High School Graduation Rate



Source: California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). (2013). Cohort outcome summary report – list of counties, 2009 – 2012.
Note: The cohort is the group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). The 4-year Adjusted Cohort includes students who enter 9th grade for the first time in the initial year of the 4-years used for the cohort. This cohort is then adjusted by: adding students who later transfer into the cohort during grade nine (year 1), grade 10 (year 2), grade 11 (year 3), and grade 12 (year 4); and subtracting students who transfer out, emigrate to another county, or die during the 4-year period.

Cohort High School Graduation Rate, by Ethnicity

Ethnicity/Region	2009 -10	2010 -11	2011-12	09-12 Net Change
African American				
San Bernardino County	**60.3%**	**67.2%**	**70.4%**	**10.1**
California	60.5%	62.8%	65.7%	5.2
Native American/Alaska Native				
San Bernardino County	**61.5%**	**71.7%**	**64.3%**	**2.8**
California	67.3%	68.5%	72.4%	5.1
Asian				
San Bernardino County	**89.6%**	**89.2%**	**91.2%**	**1.6**
California	89.0%	90.3%	91.0%	2.0
Filipino				
San Bernardino County	**88.4%**	**90.5%**	**92.9%**	**4.5**
California	87.4%	89.9%	90.6%	3.2
Latino				
San Bernardino County	**67.7%**	**71.5%**	**75.0%**	**7.3**
California	68.1%	71.4%	73.2%	5.1
Pacific Islander				
San Bernardino County	**73.0%**	**73.8%**	**77.8%**	**4.8**
California	72.3%	74.9%	76.8%	4.5
White				
San Bernardino County	**77.4%**	**81.4%**	**82.9%**	**5.5**
California	83.5%	85.7%	86.4%	2.9
Two or More Races				
San Bernardino County	**75.0%**	**78.5%**	**80.5%**	**5.5**
California	82.8%	81.9%	84.3%	1.5

Source: California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). (2013). Cohort outcome summary report by race/ethnicity, 2009 – 2012.
Note: The cohort is the group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). The 4-year Adjusted Cohort includes students who enter 9th grade for the first time in the initial year of the 4-years used for the cohort. This cohort is then adjusted by: adding students who later transfer into the cohort during grade nine (year 1), grade 10 (year 2), grade 11 (year 3), and grade 12 (year 4); and subtracting students who transfer out, emigrate to another county, or die during the 4-year period.

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COHORT HIGH SCHOOL GRADUATION RATE, BY SELECTED SCHOOL DISTRICTS, 2011-12

School District	Total	School District	Total
Apple Valley Unified	79.5%	Oro Grande Elementary[1]	97.8%
Barstow Unified	67.2%	Redlands Unified	90.5%
Bear Valley Unified	89.2%	Rialto Unified	78.5%
Chaffey Joint Union High	84.4%	Rim of the World Unified	78.0%
Chino Valley Unified	86.3%	San Bernardino City Unified	73.2%
Colton Joint Unified	77.5%	Snowline Joint Unified	85.7%
Fontana Unified	82.3%	Upland Unified	93.8%
Hesperia Unified	82.5%	Victor Valley Union High	83.1%
Morongo Unified	83.9%	Yucaipa-Calimesa Joint Unified	88.9%

Source: California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). (2013). Cohort outcomes – list of districts in the County of San Bernardino, 2011 – 2012.

[1] Serves students up to 12th grade.

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Economic Snapshot

of SAN BERNARDINO COUNTY:

	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Poverty • Percentage of individuals living in poverty	16.6%	19.3%	↑
Childhood Poverty • Percentage of children (under 18 years) living in poverty	22.8%	26.1%	↑
Homelessness • Estimated count of homeless individuals	NA	2,321	↓
Unemployment Rate	9.7%	10.8%	↓
Housing Affordability • Percentage of residents who spent more than 30% of their income on housing	48.0%	48.0%	↔

↑ Increasing (Upward) trend; ↓ Declining (Downward) trend; ↔ Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.

Note: Data presented in the table are the most recent data available.

Poverty

The U.S. government uses two distinct measures regarding poverty:

1. The federal poverty threshold (commonly known as the federal poverty level), which is largely used by the U.S. Census Bureau to determine the percentage of Americans living in poverty, and
2. The federal poverty guidelines, which are the levels used to determine if an individual or family is eligible for government benefit).

The federal poverty threshold was developed in the 1960s and was based on three times the cost of a nutritionally adequate monthly food plan, as determined by the U.S. Department of Agriculture. Since then, annual adjustments for inflation have occurred, based on changes in the Consumer Price Index. However, the federal poverty threshold presupposes that the average family spends one-third of their income on food and does not consider other factors such as child care, transportation, medical, and housing costs.

The federal poverty guidelines are used by federal and state governments to determine eligibility for government assistance. There are several programs that use these guidelines or percentages of the guidelines (such as 125% or 185% of the federal poverty guidelines), such as Head Start, food stamps, the school lunch program, low-income energy assistance, the children's health insurance program, and Medicare. In general, cash assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Security Insurance (SSI), Earned Income Tax Credit (EITC), and Section 8 housing do not use the federal poverty guidelines. The federal poverty guideline for 2011 was $22,350 for a family of four, which was the average size of the family in the county (3.8).

ALMOST ONE IN FIVE *San Bernardino County residents were living in poverty and poverty is increasing.*

When examining the federal poverty threshold, 19% of San Bernardino County residents were living in poverty in 2011, slightly higher than in California overall at under 17% in 2011. The county has experienced an increase in poverty from 12% of residents living in poverty in 2007, to 19% in 2011.

Children and youth under the age of 18 in the county had the highest rates of poverty (26% in 2011), as compared to adults 18-64 years old (17%), and seniors 65 and older (11%).

From 2010 to 2011, there was an increase in the percentage of Asian, African American, and White individuals living below the federal poverty level, while there was a slight decrease for Latinos and residents who identified as two or more races. Further, Latinos in San Bernardino County had a slightly lower rate of poverty (22%) as compared to Latinos across the state (23%) in 2011.

The cities with the highest percentage of people living in poverty included Needles (30%), San Bernardino City (29%), and Adelanto (28%).

As of June 2013, 25% of San Bernardino County residents received public assistance (cash aid, CalFresh, or Medi-Cal). The proportion of the population receiving public assistance varies widely by city, from less than 6% in Chino Hills to almost 48% in the city of San Bernardino.

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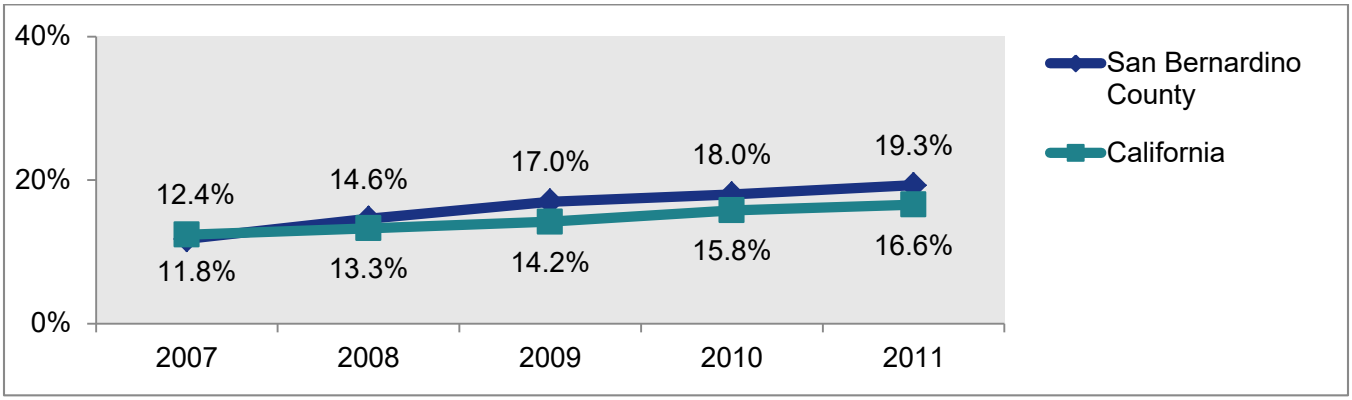
Percentage of Individuals below the Federal Poverty Threshold (Also Known as Federal Poverty Level)



Source: American Community Survey, United States Census Bureau. (2013). Poverty status in the past 12 months 1-year estimates, Table S1701, 2007 – 2011.

Percentage of Individuals below the Federal Poverty Threshold, by Age Group

Age/Region	2007	2008	2009	2010	2011	07-11 Net Change
Under 18 Years						
San Bernardino County	**16.2%**	**20.6%**	**23.8%**	**24.7%**	**26.1%**	**9.9**
California	17.3%	18.5%	19.9%	22.0%	22.8%	5.5
18 – 64 Years						
San Bernardino County	**10.3%**	**12.5%**	**14.8%**	**15.8%**	**17.3%**	**7.0**
California	11.1%	12.0%	12.8%	14.5%	15.3%	4.2
65 Years and Over						
San Bernardino County	**7.6%**	**8.7%**	**9.1%**	**11.8%**	**11.2%**	**3.6**
California	8.2%	8.7%	8.7%	9.7%	10.0%	1.8

Source: American Community Survey, United States Census Bureau. (2013). Poverty status in the past 12 months 1-year estimates, Table S1701, 2007 – 2011.

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Percentage of Individuals below the Federal Poverty Threshold, by Ethnicity

Ethnicity/Region	2007	2008	2009	2010	2011	07-11 Net Change
Asian						
San Bernardino County	**8.4%**	**11.4%**	**9.8%**	**7.5%**	**18.5%**	**10.1**
California	9.7%	9.9%	10.4%	11.6%	12.4%	2.7
African American						
San Bernardino County	**20.6%**	**22.8%**	**22.0%**	**23.1%**	**29.2%**	**8.6**
California	20.1%	19.9%	20.8%	22.6%	25.0%	4.9
Latino						
San Bernardino County	**13.3%**	**17.3%**	**20.4%**	**23.6%**	**21.8%**	**8.5**
California	17.8%	19.2%	20.6%	22.9%	23.4%	5.6
White						
San Bernardino County	**8.2%**	**9.6%**	**12.0%**	**10.6%**	**13.4%**	**5.2**
California	7.6%	8.3%	8.7%	9.6%	10.2%	2.6
Two or More Races						
San Bernardino County	**9.3%**	**18.0%**	**16.5%**	**19.3%**	**16.3%**	**7.0**
California	11.6%	12.5%	12.3%	15.3%	16.6%	5.0

Source: American Community Survey, United States Census Bureau. (2013). Poverty status in the past 12 months 1-year estimates, Table S1701, 2007 – 2011.
Note: Caution should be used in analyzing data for Asians and African-Americans due to the low number living in the county. Wider fluctuations are seen in the percentage of Asians and African Americans living in poverty since 2007, as compared to Whites and Latinos.

Percentage of Individuals below the Federal Poverty Threshold, by City, 2011

City	Percentage below Federal Poverty Threshold	City	Percentage below Federal Poverty Threshold
Adelanto	27.7%	Montclair	16.2%
Apple Valley	18.6%	Needles	29.8%
Barstow	22.2%	Ontario	15.7%
Big Bear Lake	23.4%	Rancho Cucamonga	5.5%
Chino	7.4%	Redlands	11.1%
Chino Hills	4.7%	Rialto	16.1%
Colton	22.2%	San Bernardino City	28.6%
Fontana	14.0%	Twentynine Palms	12.9%
Grand Terrace	5.8%	Upland	9.6%
Hesperia	19.9%	Victorville	21.8%
Highland	17.6%	Yucaipa	10.3%
Loma Linda	11.4%	Yucca Valley	15.5%

Source: American Community Survey, United States Census Bureau. (2013). Poverty status in the past 12 months, 5-year estimates, Table S1701, 2007 – 2011.

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Federal Poverty Guidelines, by Family Size (48 Contiguous States)

Family Size	2007	2008	2009	2010	2011
1	$10,210	$10,400	$10,830	$10,830	$10,890
2	$13,690	$14,000	$14,570	$14,570	$14,710
3	$17,170	$17,600	$18,310	$18,310	$18,530
4	$20,650	$21,200	$22,050	$22,050	$22,350
5	$24,130	$24,800	$25,790	$25,790	$26,170
6	$27,610	$28,400	$29,530	$29,530	$29,990
7	$31,090	$32,000	$33,270	$33,270	$33,810
8	$34,570	$35,600	$37,010	$37,010	$37,630

Source: United States Department of Health and Human Services. (January 2013). 2007-2011 Federal Register, 78(16), pp. 5182-5183.

Note: For families larger than 8, an additional $3,820 is added for each additional person in 2011.

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Homelessness

Every two years, all jurisdictions receiving federal funding to provide housing and services for homeless individuals and families are required by the U.S. Department of Housing and Urban Development (HUD) to conduct a Point-in-Time Count of homeless persons. The biennial count must include all unsheltered and sheltered homeless individuals and persons in families in emergency shelters, transitional housing facilities, safe havens, institutional settings, and outdoors (including on the streets, in parks, or in cars) on the date of the count. This count provides a snapshot of the local homeless population.

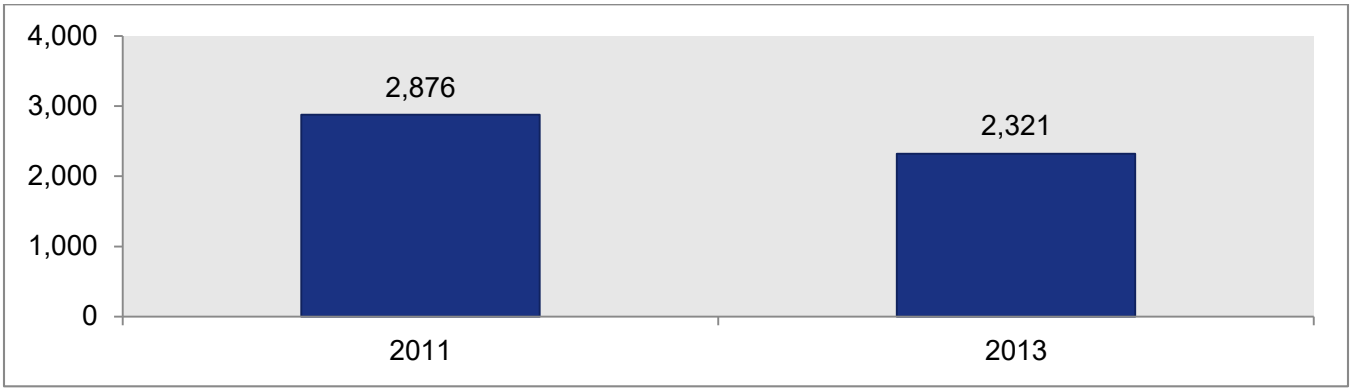
> ***OVER 2,300 PEOPLE WERE*** *experiencing homelessness in San Bernardino County.*

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.[14]

A study conducted by the National Health Care for the Homeless found that the average life expectancy for a person without permanent housing was between 42 and 52 years, more than 25 years younger than the average person in the United States.[15]

A total of 2,321 individuals experiencing homelessness were counted in San Bernardino County in 2013, a decrease of 555 people from 2011. The cities with the greatest number of homeless persons included San Bernardino (908), Victorville (292), and Upland (158). No one was reported in Chino Hills and Grand Terrace during the 2013 point-in-time homeless count.

NUMBER OF HOMELESS INDIVIDUALS, SAN BERNARDINO COUNTY



Source for 2011: County of San Bernardino, Office of Homeless Services. (2011). San Bernardino County 2011 point-in-time homeless count and survey report.
Source for 2013: County of San Bernardino, Office of Homeless Services. (2013). San Bernardino County 2013 homeless count and subpopulation survey: Preliminary findings and recommendations, April 2013.

[14] Hwang, S. W., Weaver, J., Aubry, T.D., & Hoch, J.S. (2011). Hospital costs and length of stay among homeless patients admitted to medical, surgical, and psychiatric services, Medical Care, 49(4):350-54. doi: 10.1097/MLR.0b013e318206c50d.

[15] O'Connell, J.J. (2005). Premature mortality in homeless populations: A review of the literature. *National Health Care for the Homeless Council, Inc.*

Number of Homeless Individuals, by City, 2013

City	Number of Individuals	City	Number of Individuals
Adelanto	9	Montclair	15
Apple Valley	1	Needles	5
Barstow	61	Ontario	136
Big Bear[1]	8	Rancho Cucamonga	91
Chino	27	Redlands	62
Chino Hills	0	Rialto	26
Colton	73	San Bernardino City	908
Fontana	117	Twentynine Palms	5
Grand Terrace	0	Upland	158
Hesperia	50	Victorville	292
Highland	25	Yucaipa	12
Loma Linda	119	Yucca Valley	24

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

[1]Big Bear includes: City of Big Bear Lake and the unincorporated communities of Big Bear City, Crestline, Lake Arrowhead, and Running Spring

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Unemployment

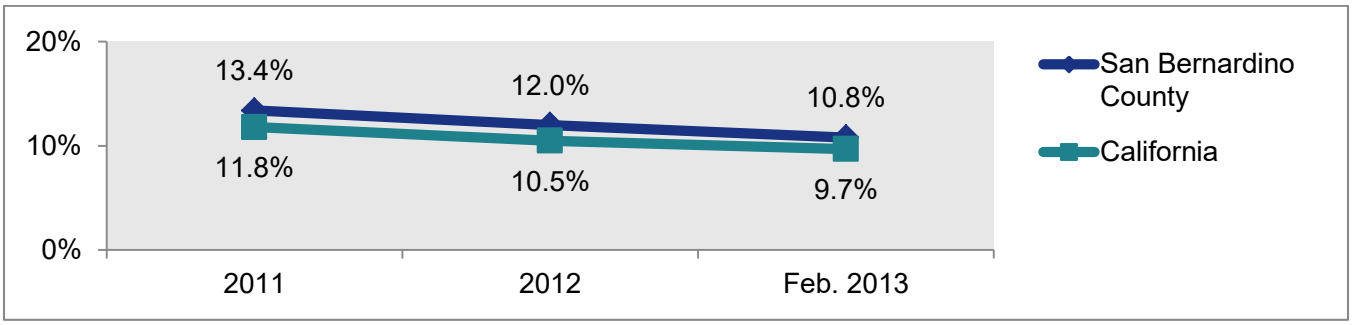
The unemployment rate is calculated based on the number of individuals in the civilian labor force (excluding those in school, retired, disabled, or in the military) divided by the number of people who are unemployed. However, to be counted in the unemployment rate, an individual must have looked for a job in the past four weeks. If an individual has given up looking for a job, they are not counted in the unemployment rate. Unemployment rates are announced by the Bureau of Labor Statistics (BLS) on the first Friday of every month.

***THE UNEMPLOYMENT** rate is going down in San Bernardino County.*

The unemployment rate in the county has been consistently higher than the state rate since 2011. For example, during the month of February 2013, the unemployment rate was 10.8% in San Bernardino County, compared to the state at 9.7%. However, the unemployment rate in San Bernardino County has gone down over the last three years from 13.4% in 2011 to 12.0% in 2012, and to 10.8% in February 2013.

Adelanto, with an unemployment rate of 16.8%, and San Bernardino City at 14.6%, had the highest unemployment rates in the county, while Chino Hills and Grand Terrace had the lowest rates in February 2013 (5.5% and 5.6%, respectively).

UNEMPLOYMENT RATE



Source: State of California, Employment Development Department, Labor Market Information Division. (March 2013). Historical civilian labor force, not seasonally adjusted, 2011, 2012, and February 2013.
Note: Data from 2013 only represent the month of February. Data prior to February 2013 represent an average for the year.

Unemployment Rate, by City

City	2012	Feb. 2013
Adelanto	18.4%	16.8%
Apple Valley	13.1%	11.9%
Barstow	14.9%	13.6%
Big Bear Lake	8.8%	7.9%
Chino	10.7%	9.7%
Chino Hills	6.1%	5.5%
Colton	12.9%	11.7%
Fontana	12.5%	11.3%
Grand Terrace	6.2%	5.6%
Hesperia	15.4%	14.0%
Highland	15.1%	13.7%
Loma Linda	7.3%	6.5%
Montclair	11.5%	10.4%
Needles	9.0%	8.2%
Ontario	12.7%	11.5%
Rancho Cucamonga	7.8%	7.0%
Redlands	8.8%	7.9%
Rialto	15.3%	13.9%
San Bernardino City	16.0%	14.6%
Twentynine Palms	14.4%	13.0%
Upland	8.2%	7.4%
Victorville	14.4%	13.1%
Yucaipa	9.6%	8.7%
Yucca Valley	11.0%	10.0%

Source: State of California, Employment Development Department, Labor Market Information Division. (March 2013). Monthly labor force data for cities and census designated places (CDP), annual average, not seasonally adjusted, 2012 and February 2013.

Note: Data from 2013 only represent the month of February. Data prior to February 2013 represent an average for the year.

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Housing Affordability

The physical condition of a home, the neighborhood in which it is located, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. A study by Children's Health Watch found that children of families that were behind on their mortgage/rent in the past year were more likely to be in poor health and have an increased risk of developmental delays than children whose families were stably housed.[16]

The U.S. Department of Housing and Urban Development's (HUD) definition of affordable housing is for a household to pay no more than 30% of its annual income on housing. Individuals who spend more than 30% of their income on housing may have difficulty affording necessities such as food, clothing, transportation, and medical care. Another way to look at housing affordability is to look at the housing cost as a percentage of the median income in the area. The median income is calculated by splitting up all households into two even segments: those who earn more than the median income, and those who earn less than the median income.

The median sale price of homes in the Riverside-San Bernardino-Ontario Metropolitan area was $165,000 in 2012, down from $288,000 in 2008. Overall, there was also a consistent decrease in the average rents in San Bernardino County over the past five years for those renting a studio up to a three-bedroom unit. For example, the average rent for a two-bedroom unit was $1,116 a month in 2013, down $97 from 2009.

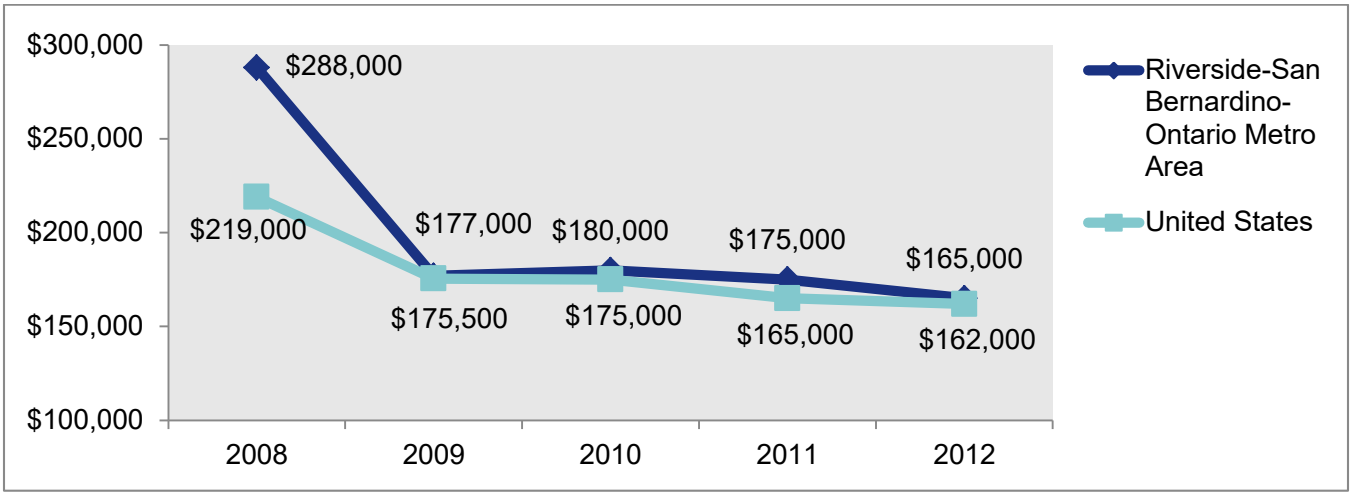
***HOUSING PRICES** and rental costs are falling in San Bernardino County, but half of residents still spend 30% or more of their income on housing costs.*

Although HUD recommends spending no more than 30% of one's income on housing costs, almost half (48%) of residents in both San Bernardino County and the state overall reported spending more than 30% in 2011. The cities with the highest percentage of residents spending 30% or more on housing included Adelanto (61%), Big Bear Lake (57%), and Fontana (55%).

The H + T Affordability Index is an innovative tool that challenges the traditional measure of affordability used by planners, lenders, and most consumers-which recommends that housing should be less than 30% of income. The H + T Affordability Index, in contrast, takes into account not just the cost of housing, but the costs of housing and transportation. When looking at the H + T Affordability Index, 58% of the median income was spent on housing and transportation in San Bernardino County in 2009, leaving little money for other expenses such as food, medical, and child care. Chino Hills (75%) and Rancho Cucamonga (67%) had the highest housing and transportation costs as a percentage of median income, while Needles (46%), Barstow (46%) and Twentynine Palms (48%) had the lowest costs in 2009.

[16] Children's Health Watch. (2011). Behind closed doors: The hidden health impacts of being behind on rent. Retrieved from http://www.childrenshealthwatch.org/

Median Sale Price, All Home Types



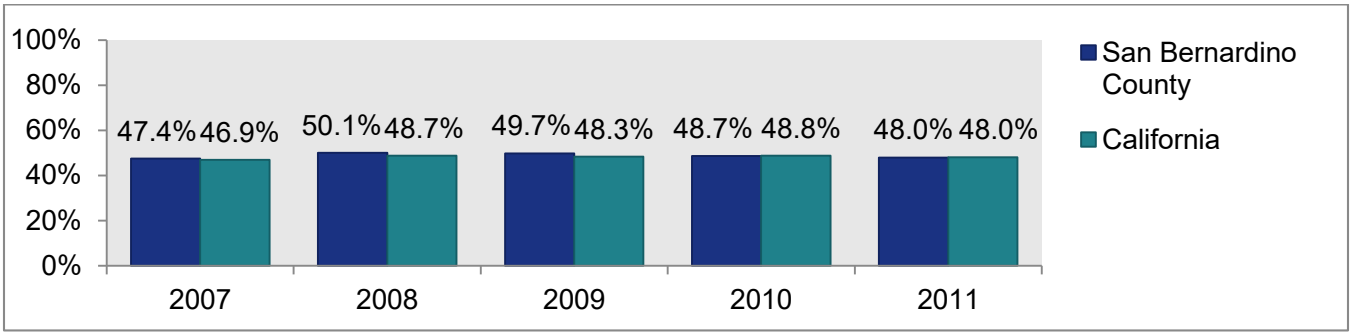
Source: National Association of Home Builders. (2013). NAHB - Wells Fargo housing opportunity index (HOI), 1st quarter, 2008-2012.

Estimate of Average (50th Percentile) Rents, San Bernardino County

Number of Bedrooms	2009	2010	2011	2012	2013
0	$952	$938	$945	$886	$763
1	$1,040	$1,024	$1,032	$974	$879
2	$1,213	$1,195	$1,204	$1,149	$1,116
3	$1,722	$1,697	$1,710	$1,617	$1,577
4	$2,014	$1,984	$1,999	$1,886	$1,924

Source: United States Department of Housing and Urban Development. (2013). HUD USER data sets, 50th percentile rent estimates, 2009-2013 .
Note: For rental units with more than four bedrooms, an additional 15% of the four-bedroom average rent is added for each additional bedroom in 2013.

Percentage of Residents Spending 30% or More of Income on Housing[1]



Source: American Community Survey, United States Census Bureau. (2013). Selected housing characteristics 1-year estimates, Table DP04, 2007 – 2011.
[1]Housing includes housing units with a mortgage, housing units without a mortgage, and rental units.

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Percentage Spending 30% or More of Income on Housing, by City, 2007-2011 5-Year Estimates

City	Percentage	City	Percentage
Adelanto	61.4%	Montclair	49.0%
Apple Valley	47.8%	Needles	39.6%
Barstow	37.2%	Ontario	51.4%
Big Bear Lake	56.6%	Rancho Cucamonga	49.2%
Chino	53.3%	Redlands	39.1%
Chino Hills	46.2%	Rialto	54.8%
Colton	52.8%	San Bernardino City	53.8%
Fontana	55.2%	Twentynine Palms	41.8%
Grand Terrace	42.3%	Upland	44.5%
Hesperia	50.8%	Victorville	51.8%
Highland	45.5%	Yucaipa	41.3%
Loma Linda	42.0%	Yucca Valley	43.7%

Source: American Community Survey, United States Census Bureau. (2013). Selected housing characteristics 5-year estimates, Table DP04, 2007 – 2011.

H + T Affordability Index: Housing Costs as a Percentage of Area Median Income Compared to Housing + Transportation Costs as a Percentage of Area Median Income, by City, 2009

City	Housing Costs	Housing and Transportation Costs	City	Housing Costs	Housing and Transportation Costs
Adelanto	23.6%	53.0%	Needles	15.8%	46.0%
Apple Valley	27.8%	57.3%	Ontario	30.3%	55.7%
Barstow	17.1%	46.3%	Rancho Cucamonga	41.4%	67.3%
Big Bear Lake	24.6%	54.1%	Redlands	32.0%	58.8%
Chino	38.5%	64.3%	Rialto	30.5%	56.9%
Chino Hills	48.7%	75.3%	San Bernardino City	24.0%	50.1%
Colton	25.7%	51.3%	Twentynine Palms	17.3%	47.7%
Fontana	38.1%	64.4%	Upland	34.6%	60.3%
Grand Terrace	30.0%	56.4%	Victorville	27.7%	55.6%
Hesperia	27.1%	56.6%	Yucaipa	28.6%	56.9%
Highland	31.3%	58.4%	Yucca Valley	20.0%	50.1%
Loma Linda	26.7%	52.1%	**San Bernardino County**	**30.7%**	**58.0%**
Montclair	27.8%	53.2%			

Source: Center for Neighborhood Technology, Housing and Transportation (H + T) Affordability Index, (2013). Housing + costs % income by city and county.
Note: Data are most recent available.

2-1-1 Community Hotline

San Bernardino County has the unique opportunity to give access to a compendium of resources for any need that a person may deem necessary. This is in direct link to the feedback that we received during the community engagements of what people wanted in order to help their sub populations. 2-1-1 is an Information and Referral (I & R) Service that assists people in finding health and social services. You can simply dial 2-1-1, 888-435-7565, or locate them on the web. The service is available 24 hours a day, 7 days a week and since our population is such a cultural melting pot, Spanish speaking staff is always available, plus a contracted translation service offering 150 additional languages.

The 2-1-1 service is free to everyone and confidential to all users. The staff that work at 2-1-1 are professional, trained and follow national standards of excellence. This service works closely with the San Bernardino Office of Emergency Services and provides information such as locations of health services, road closures, evacuation center locations and also includes an exhaustive list of non-profit and local programs that can help community members. Using the online system you can type in any key word that is related to health or public services and a list of resources will be automatically created along with a link to a Google map for finding the location. San Bernardino County continues to work closely with 2-1-1 to ensure that this amazing service continues to grow!

A total of 71,261 residents dialed 2-1-1 in 2012, an increase of 10% over 2011. Their requests for resource information & referrals and demographic information provide a rich source of primary data about local needs, trends, gaps in service and more. 2-1-1 publishes a monthly report that helps to give a true to life snapshot of our county from border to border, shining a light on the inner struggles of our residents. The advent of the local United Way 2-1-1 system makes this possible.

Random callback surveys are performed regularly. Among the 1598 callers who gave responses to the survey in 2012, 99% of callers were satisfied with the services they received from 2-1-1, 98% reported that referrals received from 2-1-1 were accurate, 97% actually contacted the resources referred by 2-1-1, 51% report receiving the needed help, but more than half of those who were not helped indicated that the agencies referred were out of funding and 98% reported that they would call 2-1-1 again if they needed additional help. These numbers just highlight what an amazing asset this system is to our community, especially for the at-risk populations and those who assist them.

Caller Demographics

Demographics	Percentage
Women	80%
65 Years or Older	8%
Hispanic/Latino	40%
Black/African American	29%
White	26%
Average Annual Income	$10,308
Don't Have Their Own Transportation	44%
Don't Own a Computer	48%
Live with a Disability	7%
Homeless (self-identify)	6%

Source: San Bernardino County 2-1-1. (2013).

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High-Level View of 2-1-1 Callers' Needs Over the Past Year

Needs	Count
Housing/Utilities	32,015
Food/Meals	13,528
Information Services	6,838
Health Care	5,498
Legal Consumer and Public Safety Services	4,785
Mental Health/Addictions	4,740
Clothing/Personal/ Household Needs	4,039
Individual Family and Community Support	3,902
Housing/Utilities	32,015
Food/Meals	13,528
Information Services	6,838

Needs	Count
Income Support/Assistance	3,023
Transportation	2,655
Employment	1,418
Education	893
Volunteers/Donations	611
Other Government/ Economic Services	545
Arts Culture and Recreation	503
Disaster Services	83
Income Support/Assistance	3,023
Transportation	2,655
Employment	1,418

Source: San Bernardino County 2-1-1. (2013).

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Access to Health Care Snapshot

of SAN BERNARDINO COUNTY:

	HP 2020	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Health Insurance Coverage • Percentage of residents with health insurance	100%	81.9%	79.2%	↔
Source of Health Care • Percentage of residents with a usual source of care	95.0%	85.8%	86.1%	↔
Delays in Access to Health Care • Percentage of residents who delayed or did not get medical care in the past year	4.2%	12.5%	16.4%	↑
Access to Health Professionals • Physician and surgeon licenses per 100,000 population	NA	266.8	177.4	↑

↑ Increasing (Upward) trend; ↓ Declining (Downward) trend; ↔ Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.

Note: Data presented in the table are the most recent data available.

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Health Insurance Coverage

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. Put another way, uninsured persons are less likely to receive medical care, and more likely to have poor health and to die prematurely.[17]

The Affordable Care Act has changed the country's health-care system since it was signed into law in March 2010. So far, it has expanded coverage for young adults by allowing them to stay on their parents' plans until they turn 26; it has outlawed lifetime limits on what insurance will cover; lowered the cost of drugs for seniors on Medicare; and expanded coverage of preventive care such as mammograms, immunizations, colonoscopies, Pap smears, well-baby checks, and tobacco cessation.[18] By October 1st, 2013, states will have health insurance exchanges where individuals can shop for health insurance. On January 1st, 2014, individuals will be required to have health insurance or face a penalty; there will be tax credits and subsidies for individuals and families based on their household income; and Medicaid will be expanded in some states, including California, for people earning up to 133% of the poverty level.[19] These combined changes will alter the health insurance landscape, and are expected to allow millions of Americans to obtain health insurance. In California, between 1.2 and 1.6 million more individuals are predicted to be enrolled in Medi-Cal in 2019 than otherwise would have been under current law.[20] An estimated 80,000 to 110,000 individuals under age 65 in San Bernardino County are expected to become eligible for Medi-Cal under the new Affordable Care Act by 2019.[21]

***SAN BERNARDINO COUNTY** residents across all ages had lower rates of health insurance coverage than in California overall.*

When looking at the most recently reported health insurance coverage data in San Bernardino County, 79% of residents had health insurance coverage in 2011, down slightly from 80% in 2008. Health insurance coverage in San Bernardino County remains below California and the Healthy People 2020 target across all years presented.

There were a variance of health care coverage between age groups, seniors 65 years and older had the highest rates of health insurance coverage at 97% in the county, followed by children under 6 years old (93%), children and youth ages 6-17 (88%), and adults ages 18-64 (72%) in 2011.

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

[18] U.S. Department of Health and Human Services. (n.d.). How does the health care law protect me? Retrieved from http://www.healthcare.gov/law/features/index.html

[19] U.S. Department of Health and Human Services. (n.d.). How does the health care law protect me? Retrieved from http://www.healthcare.gov/law/features/index.html

[20] UCLA Center for Health Policy Research. (2012). Predicted increase in Medi-Cal enrollment under the affordable care act: Regional and county estimates. Retrieved from http://laborcenter.berkeley.edu/healthcare/aca_fs_medi_cal.pdf

[21] Jacobs, K., Graham-Squire, D., Kominski, G.F., Roby, D.H., Pourat, N., Kinane, C.M., Watson, G., Gans, D., & Needleman, J. (2012). Predicted increase in Medi-Cal enrollment under the Affordable Care Act: Regional and county estimates. UCLA Center for Health Policy Research, UC Berkeley Labor Center.

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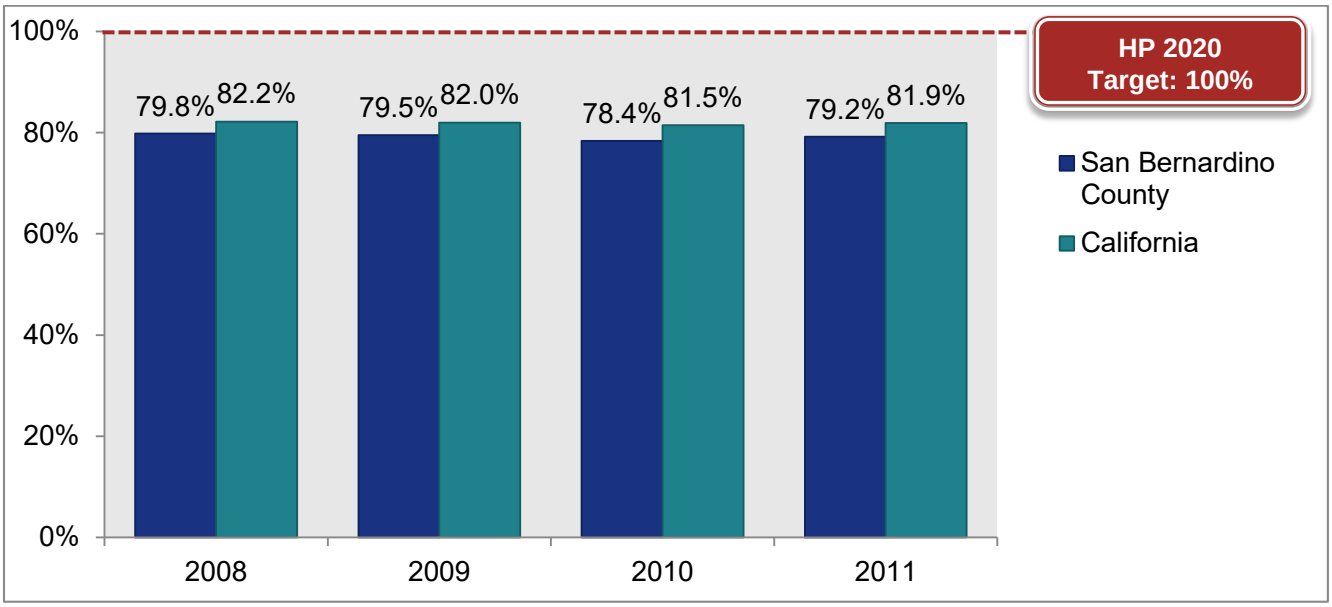
There were also differences in health care coverage based on ethnicity. Overall, Whites and Asians tended to have the highest rates of coverage. American Indians/Alaska Natives and people of "other" ethnicities had some of the lowest.

Medi-Cal is a state and federal government funded public health insurance program that provides services for low-income individuals in need. Medi-Cal beneficiaries include certified eligible beneficiaries (i.e., those who were determined eligible) but not those eligible who have not yet enrolled in the program. There were 479,967 Medi-Cal beneficiaries in San Bernardino County in July of 2011, up from 336,103 in July of 2007. Medi-Cal beneficiaries represented 23% of the total population in San Bernardino County in July of 2011, an increase from July 2007 at 18%. Similarly, the percentage is rising in the state.

Percentage of Population with Health Insurance



Source: American Community Survey, United States Census Bureau. (2011). Selected economic characteristics, 1-year estimates, Table DP03, 2010-2011; American Community Survey, United States Census Bureau. (2009). Health insurance coverage status sex by age, 1-year estimates, Table B27001, 2008-2009.

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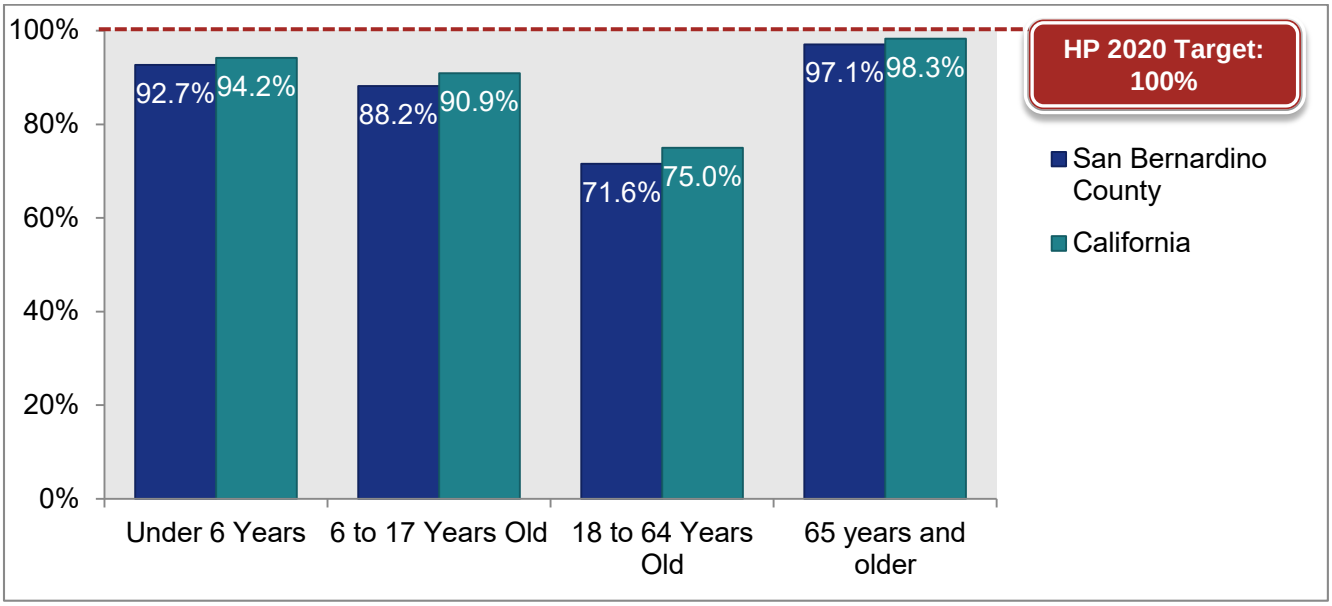
Percentage of Population with Health Insurance, by Age Group, 2011



Source: American Community Survey, United States Census Bureau. (2011). Health insurance coverage by age 1-year estimates, Table B27001, 2011.

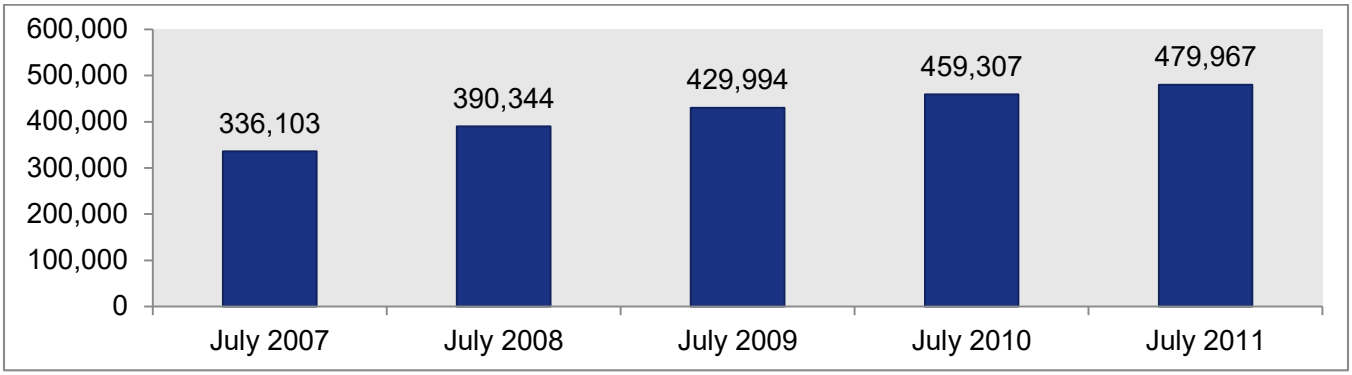
Percentage of Population with Health Insurance, by Age Group and Ethnicity, San Bernardino County, 2011

Ethnicity	Under 6 Years	6 to 17 Years Old	18 to 64 Years Old	65 Years and Older
American Indian or Alaska Native	79.5%	96.9%	75.8%	95.2%
Asian	97.2%	91.4%	77.3%	90.9%
African American	97.3%	95.5%	76.6%	95.5%
Latino	91.6%	84.3%	62.8%	94.1%
White	92.8%	96.5%	81.4%	99.7%
Two or More Races	96.0%	91.6%	70.1%	98.4%
Some Other Race	84.6%	80.6%	56.3%	94.8%

Source: American Community Survey, United States Census Bureau. (2011). Health insurance coverage status by age 1-year estimates, Tables B27001- B, C, D, F, G, H, and I, 2011.

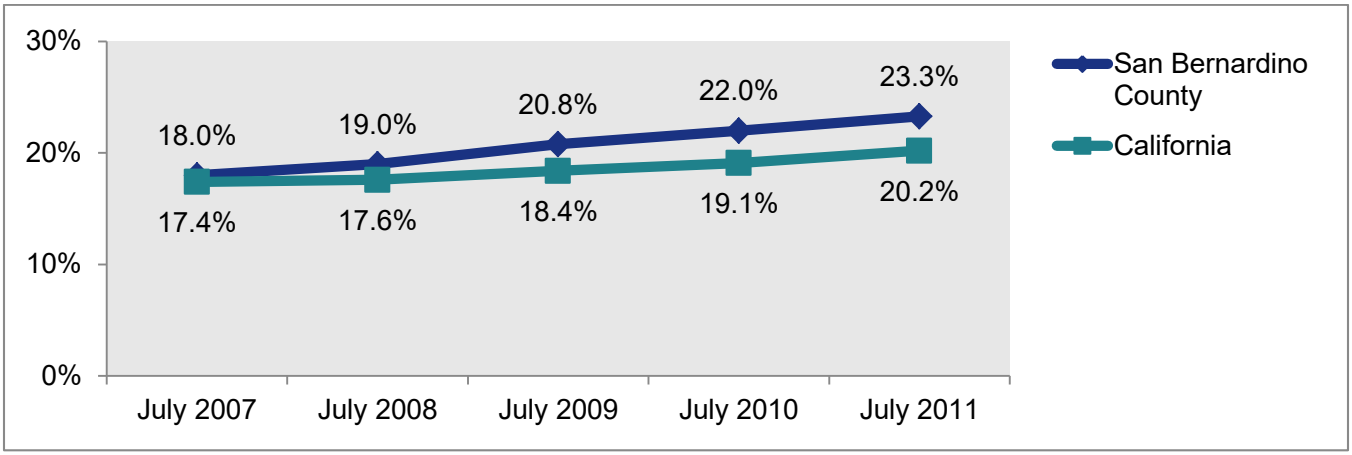
Note: San Bernardino County data were not available for Native Hawaiian and Other Pacific Islander. These data are not included in Some Other Race.

Number of Medi-Cal Beneficiaries, San Bernardino County



Source: State of California, Department of Health Care Services. (July 2012). Number of beneficiaries by county, July 2007-2011.

Medi-Cal Beneficiaries as a Percentage of the Total Population



Source: State of California, Department of Health Care Services. (July 2012). Proportion of population enrolled by county, July 2007-2011.
State of California, Department of Finance, Table E-2: County population estimates and components of change by year, July 1, 2000-2011. Sacramento, California, December 2009.

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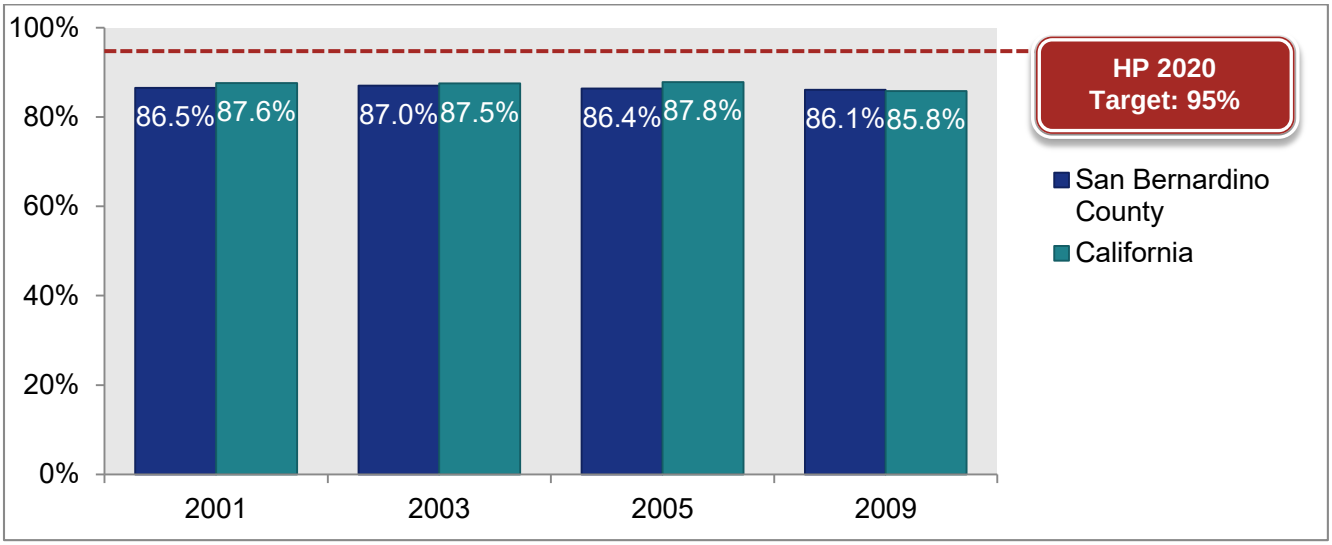
Source of Health Care

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. Some of the principles of having a medical home include having an ongoing relationship with a physician who leads a team of health care providers in order to coordinate a patient's care, track care across different providers including hospitals, specialists, and nursing homes, have a stable record of care and have patient-centered care. A 2010 study found that patients who had a medical home had 29% fewer emergency room visits, 6% fewer hospitalizations, and saved $10 per patient per month.[22]

***THE MAJORITY OF** San Bernardino County residents had a usual source of health care.*

The majority of the residents in San Bernardino County (86%) reported that they had a usual place to go when they were sick or needing health advice, the same as California in 2009. Residents were then asked about the location of their usual source of health care and half (55%) named a doctor's office/HMO/Kaiser, while 30% said a community clinic, government clinic or community hospital. Less than 1% said the emergency room was their usual source of care. Another 14% did not have a usual source of care in 2009. The percent of those using a doctor's office/HMO/Kaiser, however, decreased from 68% in 2001 to 55% in 2009, while the percent using the community clinics/government clinics and community hospitals went up from 16% in 2001 to 30% in 2009.

RESIDENTS WHO REPORT THEY HAVE A USUAL PLACE TO GO TO WHEN SICK OR NEEDING HEALTH ADVICE, ALL AGES



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Have a usual place to go when sick or need health advice, 2001, 2003, 2005, and 2009.
Note: Data not available for 2007.
Note: Data are most recent available.

[22] Reid, R.J., Coleman, K., Johnson, E.A., Fishman, P.A., Hsu, C., Soman, M.P., Trescott, C.E., Erikson, M., & Larson, E.B. (2010). The group health medical home at year two: Cost savings, higher patient satisfaction, and less burnout for providers. *Health Affairs, 29*(5), 835-43. doi: 10.1377/hlthaff.2010.0158.

Type of Usual Source of Care, All Ages

Source/Region	2001	2003	2005	2009
Doctor's Office/HMO/Kaiser				
San Bernardino County	**67.6%**	**62.3%**	**60.2%**	**55.3%**
California	69.9%	67.1%	63.8%	61.2%
Community Clinic/Government Clinic/Community Hospital				
San Bernardino County	**16.4%**	**21.4%**	**24.6%**	**29.6%**
California	15.8%	18.0%	22.5%	22.7%
Emergency Room/Urgent Care				
San Bernardino County	**1.6%**	**2.6%**	**1.1%**	**0.6%[1]**
California	1.2%	1.7%	0.9%	1.1%
Some Other Place/No One Place				
San Bernardino County[1]	**1.0%**	**0.7%**	**0.6%**	**0.7%**
California	0.6%	0.7%	0.6%	0.8%
No Usual Source of Care				
San Bernardino County	**13.4%**	**13.0%**	**13.6%**	**13.9%**
California	12.4%	12.5%	12.2%	14.2%

Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Type of usual source of care, 2001, 2003, 2005, and 2009.
Note: Data not available for 2007.
Note: Data are most recent available.
[1]Data are statistically unstable

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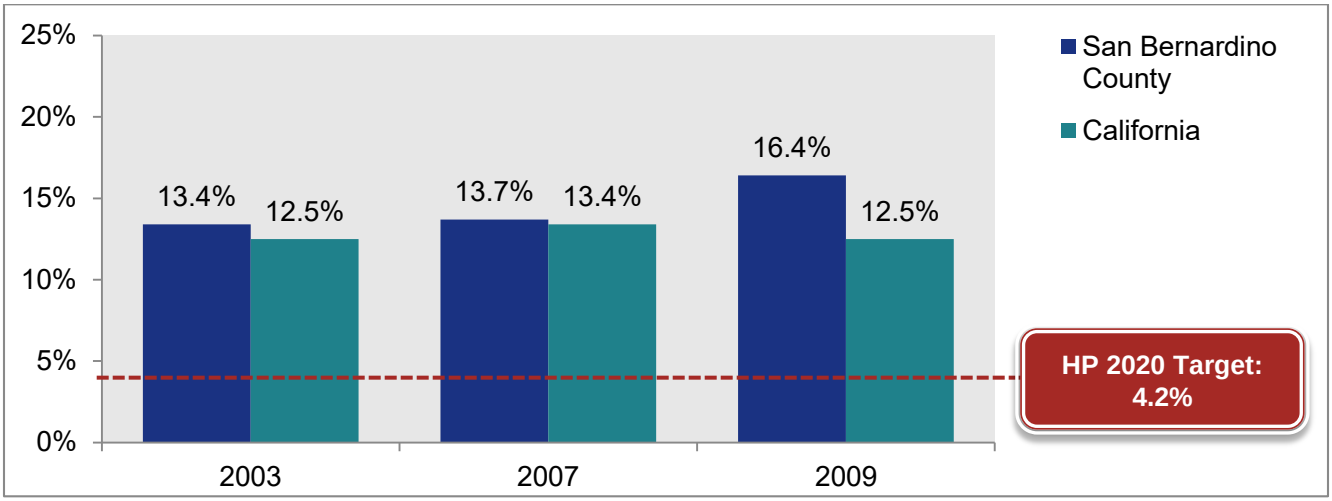
Delays in Access to Health Care

Delays in access to health care can lead to more hospitalizations, more severe illnesses, and higher mortality rates compared to those who do not experience delays. According to the Centers for Disease Control and Prevention (CDC), delays in receiving health care can lead to poorer health outcomes and higher medical costs, especially for those individuals who already have health issues, including the approximately 40% of the U.S. population with one or more chronic diseases.[23]

***FEWER THAN ONE IN FIVE SAN** Bernardino County residents had a delay or did not get medical care in the last year.*

In San Bernardino County, 16% of residents reported that they delayed or did not get medical care in the past 12 months compared to 13% in California as a whole in 2009. In addition, nearly 8% of residents in San Bernardino County reported that they delayed or did not get a prescription in the past 12 months.

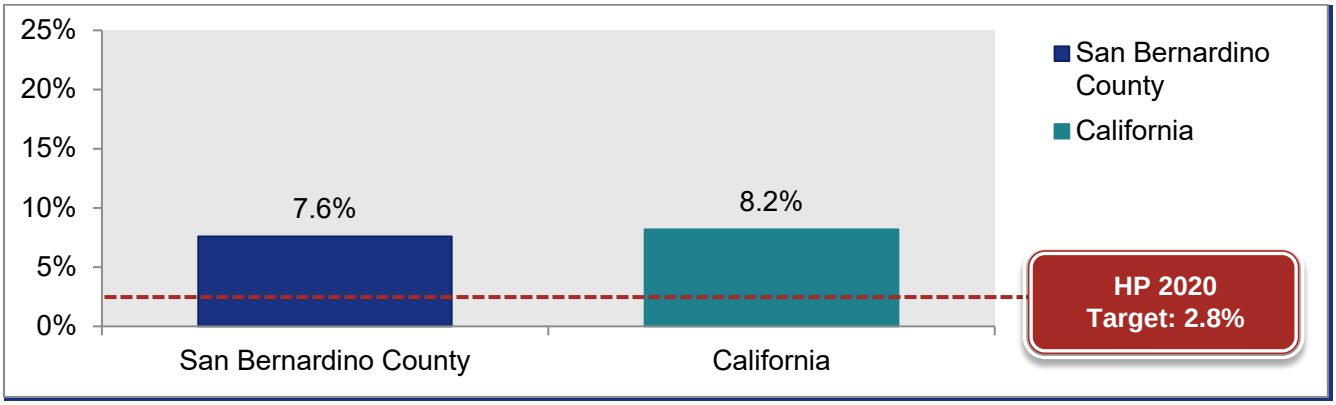
DELAYED OR DID NOT GET MEDICAL CARE IN THE PAST 12 MONTHS, ALL AGES



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Delayed or didn't get medical care, 2003, 2007, and 2009.
Note: Data not available for 2005.
Note: Data are most recent available.

[23] Centers for Disease Control and Prevention. (2010). Health care: See why being insured matters. Atlanta, GA. Retrieved May 16th 2012 at http://www.cdc.gov/features/vitalsigns/HealthcareAccess/

DELAYED OR DID NOT GET PRESCRIPTION MEDICINE IN THE PAST 12 MONTHS, ALL AGES, 2009



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Delayed or didn't get prescription medicine, 2009.
Note: Data are most recent available.

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Access to Health Professionals

The U.S. Department of Health and Human Services (HHS) designates certain areas and specific populations as being medically underserved based on the Index of Medical Underservice (IMU). The IMU takes various factors into consideration, including the ratio of physicians to the population, infant mortality, the percentage of people in poverty, and the percentage of the population who are ages 65 years and older. The IMU uses a scale from 0-100, where 0 means that an area is completely underserved and 100 is the best served or least underserved. If an area is below 62 on the scale, it is designated as medically underserved. The department also applies the IMU to populations within a region, such as low-income or Medicaid-eligible populations. Community health centers can apply for federal grants to serve areas or populations that are designated as medically underserved.

The map on the next page shows the medically underserved areas in red and the medically underserved populations in blue-green within San Bernardino County, as designated by the federal government. The Southeast region of the county was considered a medically underserved area; this designation was also approved in May 1994 by the California Healthcare Workforce Policy Commission.The Northwest region was considered to have medically underserved populations.

***THE SOUTHEAST REGION OF** San Bernardino County was a medically underserved concentrated area.*

In addition to medically underserved designations, there are also federal designations known as Health Professional Shortage Areas (HPSA). An HPSA is a geographic area, population group, or health care facility that has been designated by the federal government as having a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). 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.[24] Primary Care HPSAs are based on a physician to population ratio of 1:3,500. In other words, when there are 3,500 or more people per primary care physician, an area is eligible to be designated as a primary care HPSA.[25] According to Kathleen Sebelius, the 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.”[26] According to HHS, the Affordable Care Act will provide $11 billion in funding over the next five years for the expansion of health centers, especially in medically underserved areas.[27]

The county is also considered to be an HPSA-MH, or having shortages in mental health providers. Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000. In other words, when

[24] 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

[25] U.S. Department of Health and Human Services, Health Resources and Services Administration. (n.d.). Shortage destination: Health professional shortage areas & medically underserved areas/populations. Retrieved from http://www.hrsa.gov/shortage/

[26] 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*

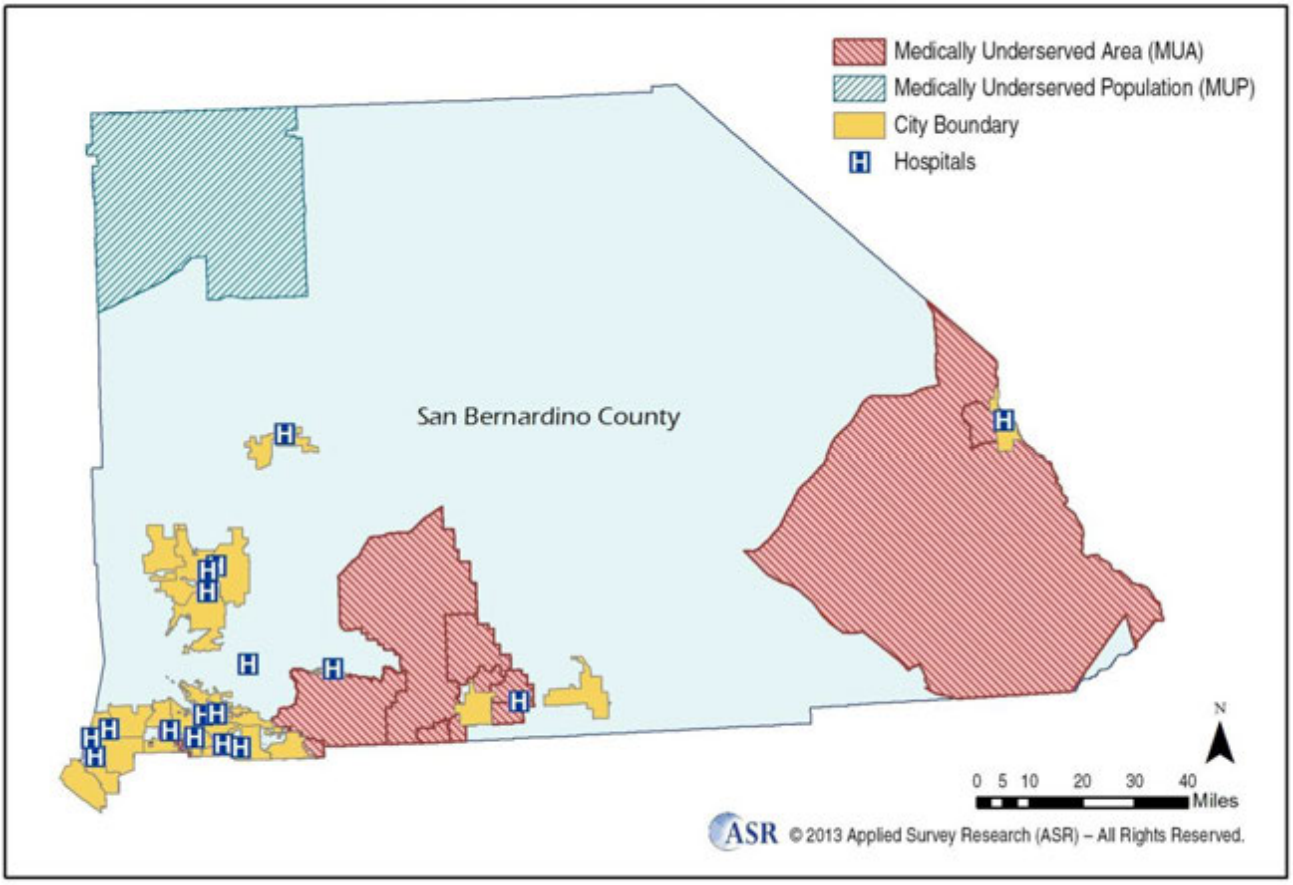
[27] U.S. Department of Health and Human Services. (2012). National Association for State Community Services Programs. PowerPoint presentation delivered on May 8, 2012 at www.nascsp.org/.../hrsa-aca-general-presentation-wo-notes3-final.pptx

there are 30,000 or more people per psychiatrist, an area is eligible to be designated as a mental health HPSA.[28]

The county is also designated as not having enough registered nurses, what is known as an RNSA: registered nurse shortage area.

There were 177.4 licensed physicians and surgeons in San Bernardino County per 100,000 residents in fiscal year 2010-11 up from 164.8 in 2006-07. San Bernardino County had lower numbers of available physicians per 100,000 residents for each specialty, as compared to the state. The top specialties in San Bernardino County in 2008 were internal medicine at 15 physicians per 100,000 residents and family medicine at 13 physicians per 100,000. The specialties with the lowest number of physicians per 100,000 residents were oncology and allergy and immunology at one physician each.

Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP), San Bernardino County, 2013



Source: United States Department of Health and Human Services, Health Resources and Services Administration. (2013). Find shortage areas: Health professional shortage areas by state and by county.

[28] U.S. Department of Health and Human Services, Health Resources and Services Administration. (n.d.). Shortage destination: Health professional shortage areas & medically underserved areas/populations. Retrieved from http://www.hrsa.gov/shortage/

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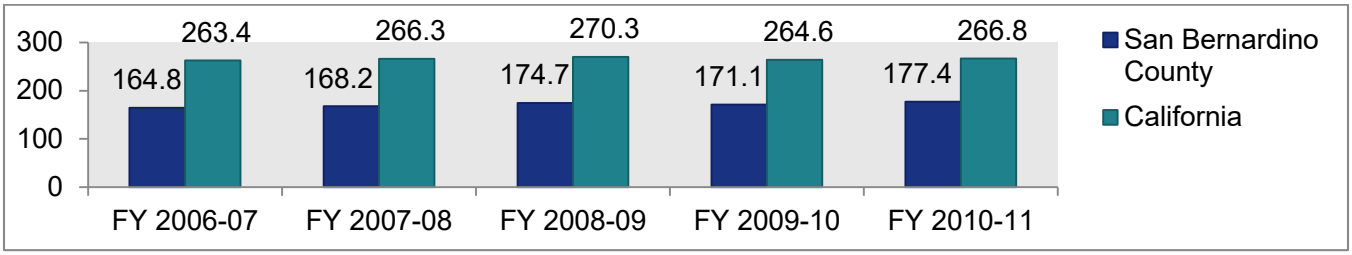
Physician and Surgeon Licenses per 100,000 Population, San Bernardino County



Source: Medical Board of California, Department of Consumer Affairs. (2010). Physician and surgeon license by county, Fiscal years 2006 – 2011.

Patient Care Physicians by Selected Specialty Based on Medical Board Counts, 2008

Specialty	San Bernardino County		California
	Number	Physicians per 100,000 People	Physicians per 100,000 People
Allergy and Immunology	21	1.00	1.16
Anesthesia	138	6.58	9.29
Cardiology	41	1.96	4.26
Dermatology	37	1.77	3.18
Emergency Medicine	101	4.82	7.00
Family Medicine	269	12.83	15.36
General Surgery	62	2.96	3.86
Gastroenterology	35	1.67	3.01
General Practitioner	67	3.20	4.04
Internal Medicine	321	15.32	23.32
Neonatal	28	1.34	1.00
Nephrology	29	1.38	1.61
Neurology	34	1.62	2.42
Obstetrics/Gynecology	103	4.91	8.03
Occupational Medicine	23	1.10	1.12
Oncology	22	1.05	1.98
Ophthalmology	50	2.39	4.29
Orthopedic Surgery	68	3.24	4.76
Otolaryngology	31	1.48	2.06
Pathology	38	1.81	2.58
Pediatrics	211	10.07	13.34
Plastic Surgery	24	1.15	2.10
Psychiatry	142	6.78	10.53
Pulmonology	31	1.48	1.91
Radiology	72	3.44	5.81
Urology	25	1.19	2.22
Vascular Surgery	23	1.10	1.05

Source: American Medical Association Masterfile and Medical Board of California. (2009). Counts of California physicians, 2008.
Note: Data are most recent available

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Health Conditions Snapshot

of SAN BERNARDINO COUNTY:

	HP 2020	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Mental Health • Percentage of 7th grade students who reported feeling so sad and hopeless every day for two weeks or more that they stopped doing some usual activities	NA	27%	30%	NA
Asthma • Percentage of population ages one year and over that have been diagnosed with asthma	NA	13.7%	12.4%	↓
Diabetes • Percentage of adult population ever diagnosed with diabetes	NA	8.5%	10.6%	↑
Obesity • Percentage of low-income children under 5 who are obese	NA	14.0%	13.9%	↓
Cardiovascular Disease • Percentage of adults ever diagnosed with high blood pressure	NA	26.2%	26.1%	↔
Stroke • Age-adjusted hospitalization rates per 10,000 population due to cerebrovascular disease	NA	NA	27.5	↔
Suicide • Suicide rate per 100,000 population	10.2	10.2	10.3	↔
Causes of Death • Death rate for all cancers per 100,000 population	160.6	156.4	170.0	↓

↑ Increasing (Upward) trend; ↓ Declining (Downward) trend; ↔ Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.

Note: Data presented in the table are the most recent data available.

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Mental Health

The term "mental health" historically has been used in reference to mental illness; however, mental health is increasingly now viewed as a state of well-being. This new framework for mental health includes a focus on resilience, and having certain family and community supports that help improve well-being. Some resilience factors for adults include having people to rely on in a time of crisis, knowing people in one's neighborhood and having someone to watch one's child in case of an emergency. For youth, resilience factors include having an adult to rely on, having an adult outside of the home that cares about them, participating in after-school activities and volunteer and leadership opportunities in the community.

Mental health and physical health are deeply linked. Individuals with major mental illnesses have a higher risk of having a chronic disease, and of dying much earlier than their peers without mental illnesses.[29]

Individuals with major mental health diagnoses such as schizophrenia, major depressive disorders, and bipolar disorder die at even younger ages than those with less severe mental health diagnoses. While most individuals with mental illness die of the same causes of death as those without mental illness, such as heart disease, cancer, stroke, and lung diseases, they have higher rates of these conditions and they die sooner.[30] One study showed that adults living with a mental illness died 25 years earlier than other Americans. Another study showed a loss of life from 13 to more than 30 years earlier for adults living with a mental illness, depending on which state they lived in and the year.[31]

San Bernardino County students in 7th, 9th and 11th grade were asked in a survey whether they had an adult outside of their home or school who really cared about them and around 90% said yes.

Students were also asked 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. For example, half of girls (50%) in

> ***THE VAST MAJORITY OF SAN BERNARDINO*** *County youth reported having an adult outside their home and school who really cared about them. However, boys and girls in all grades in the county reported higher rates of sadness than did their peers in California overall. Girls consistently reported feeling more sad and hopeless than boys across all grades and all school districts in the county.*

[29] 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

[30] Ibid.

[31] Manderscheid, R., Druss. B., & Freeman, E. (2007). Data to manage the mortality crisis: Recommendations to the substance abuse and mental health services administration. Washington DC: SAMHSA, as cited in National Alliance on Mental Illness: Facts and Numbers retrieved from http://www.nami.org/Template.cfm?Section=About_Mental_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155; and 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.

7th grade at Silver Valley Unified reported feeling sad and hopeless every day for two weeks, as compared to 23% of 7th grade boys in the same school district. When looking at county rates overall, girls in 9th and 11th grade reported the highest rates of sadness (40%), and boys in 7th, 9th and 11th grades reported the lowest rates of sadness (26%-28%).

A higher percentage of adults in the county reported seeing a health care provider for emotional/mental health and/or alcohol-drug issues in the past year (13%), as compared to adults in California (11%) in 2009. Latinos reported higher rates of seeing a health care provider (16%) than Whites (9%).

The mental health needs of residents living in poverty are not fully met by publically-provided services. There were an estimated 64,776 San Bernardino County residents living in poverty that were in need of mental health services in 2011-12. During that same year, slightly more than 41,000 San Bernardino County residents received direct treatment from San Bernardino County Behavioral Health Services. Although residents may be accessing mental health services from other sources, many are likely going without care.

Students Who Reported They Have an Adult Outside of Their Home and School Who Really Cares about Them, by Grade, 2009-2010

School District[1]	7th Grade	9th Grade	11th Grade
Apple Valley Unified	88%	93%	94%
Barstow Unified	87%	93%	96%
Bear Valley Unified	90%	92%	97%
Chino Valley Unified	92%	95%	95%
Colton Joint Unified	90%	92%	92%
Fontana Unified	89%	92%	91%
Hesperia Unified	91%	92%	92%
Morongo Unified	90%	89%	93%
Redlands Unified	93%	96%	95%
Rialto Unified	90%	90%	94%
San Bernardino City Unified	90%	90%	91%
Silver Valley Unified	86%	92%	93%
Snowline Joint Unified	91%	90%	93%
Upland Unified	92%	92%	94%
Victor Valley Union High	90%	90%	94%
Yucaipa-Calimesa Joint Unified	93%	92%	95%
San Bernardino County[2]	**91%**	**92%**	**94%**
California[2]	93%	92%	94%

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013). Community protective factors (developmental supports): Outside of my home and school, there is a teacher or some other adult who really cares about me (CR), Table A3.13, By school district, 2009-2010, and by county and statewide, 2009-2011.
Note: Data represent students who answered: A Little True, Pretty Much True, and Very Much True.
Note: Data are the most recent available.
[1] Only school districts with more than 1,000 students are presented.
[2] County and state data are 2009-2011.

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Percentage of Students Who Felt So Sad and Hopeless Every Day for Two Weeks or More That They Stopped Doing Some Usual Activities, Overall by Grade

Grade	2007-2009	2008-2010	2009-2011	07-11 Net Change
7th Grade				
San Bernardino County	**31%**	**31%**	**30%**	**-1.0**
California	29%	28%	27%	-2.0
9th Grade				
San Bernardino County	**33%**	**34%**	**34%**	**1.0**
California	32%	31%	30%	-2.0
11th Grade				
San Bernardino County	**35%**	**34%**	**34%**	**-1.0**
California	33%	32%	32%	-1.0

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013). Frequency of sad or hopeless feelings, Past 12 months, Table A7.2, by county and statewide, 2007-2009, 2008-2010, 2009-2011.
Note: Each three-year period represents two academic years. For example, the 2009 – 2011 data represent the 2009 – 2010 and 2010 – 2011 academic years.
Note: Data are most recent available.

Percentage of Students Who Felt So Sad and Hopeless Every Day for Two Weeks or More That They Stopped Doing Some Usual Activities, by Gender and Grade, 2008-2010

School District[1]	7th Grade		9th Grade		11th Grade	
	Female	Male	Female	Male	Female	Male
Apple Valley Unified	42%	25%	42%	24%	40%	25%
Barstow Unified	35%	30%	41%	22%	42%	28%
Bear Valley Unified	36%	28%	45%	29%	45%	29%
Chino Valley Unified	31%	26%	38%	28%	37%	29%
Colton Joint Unified	34%	30%	37%	26%	38%	26%
Fontana Unified	38%	28%	41%	30%	42%	27%
Hesperia Unified	35%	32%	42%	23%	37%	27%
Morongo Unified	38%	35%	48%	27%	44%	22%
Redlands Unified	31%	20%	34%	21%	38%	27%
Rialto Unified	36%	29%	41%	25%	37%	30%
San Bernardino City Unified	36%	27%	44%	28%	41%	31%
Silver Valley Unified	50%	23%	43%	20%	52%	33%
Snowline Joint Unified	31%	29%	40%	25%	42%	26%
Upland Unified	22%	21%	35%	15%	34%	29%
Victor Valley Union High	36%	31%	38%	26%	40%	28%
Yucaipa-Calimesa Joint Unified	25%	22%	37%	23%	39%	30%
San Bernardino County	**34%**	**27%**	**40%**	**26%**	**40%**	**28%**
California	31%	25%	36%	24%	37%	27%

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013). Frequency of sad or hopeless feelings, Past 12 months, Table A7.2, By school district and by county and statewide, 2008-2010.

Note: Each three-year period represents two academic years. For example, the 2008– 2010 data represent the 2008 – 2009 and 2009– 2010 academic years.

Note: Data are most recent available.

[1] Only school districts with more than 1,000 students are presented.

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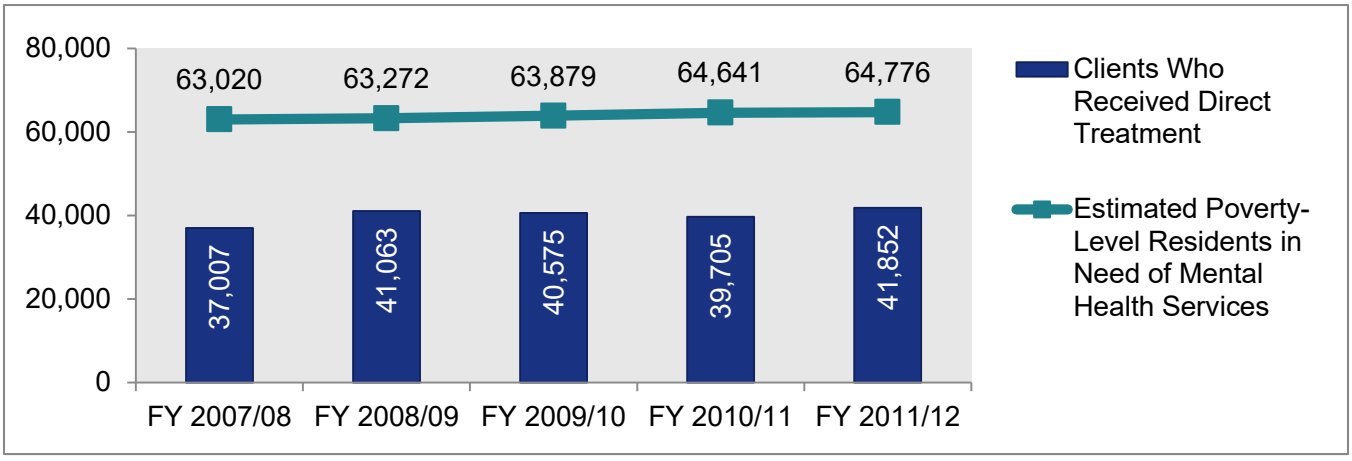
Percentage of Adults (18 Years and Older) Who Saw a Health Care Provider for Emotional-Mental and/or Alcohol-Drug Issues in the Past Year, by Ethnicity

Ethnicity/Region	2007	2009
Latino		
San Bernardino County	**7.8%**	**15.8%**[1]
California	10.3%	9.0%
White		
San Bernardino County	**15.2%**	**9.4%**
California	14.8%	13.3%
Other		
San Bernardino County	**10.5%**	**13.0%**
California	10.1%	8.7%
All Ethnicities		
San Bernardino County	**11.3%**	**12.8%**
California	12.4%	10.9%

Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Saw any healthcare provider for emotional-mental and/or alcohol-drug issues in past year, 2007 and 2009.
Note: Other ethnicity includes African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and Two or More Races because individual data were statistically unstable.
Note: Data are most recent available.
[1] Data are statistically unstable

Unduplicated Count of Clients Who Received Direct Treatment by the Public Mental Health System and the Estimated Number of Poverty-Level Residents in Need of Mental Health Services, San Bernardino County



Source: San Bernardino County Mental Health Plan, Behavioral Health Services, Client Services Information System (SIMON). California Department of Mental Health. (2012). Persons in need tables.

Asthma

Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma affects people of all ages, but it most often starts in childhood. In the U.S., more than 22 million people are known to have asthma, and nearly nine million of them are children. Many things can cause asthma, including allergens (mold, pollen, animals, and irritants such as cigarette smoke and air pollution), exercise, and infections.[32] With appropriate medical care, even severe asthma symptoms can be minimized.

***ASTHMA HAS** recently been going down in San Bernardino County.*

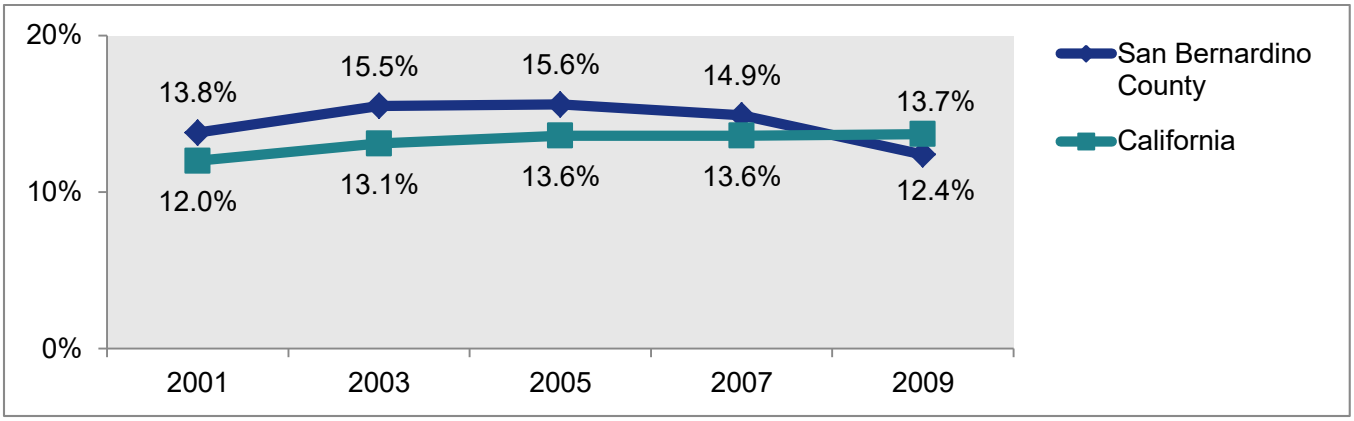
Twelve percent of the population ages one and older in the county have been diagnosed with asthma, lower than the state at almost 14%, according to 2009 data.

The asthma hospitalization rate is defined as the number of individuals out of 100,000 people in the county who were admitted to the hospital with asthma being the chief cause of their admission. In 2010, there were 128 hospitalizations per 100,000 children and youth under age 18 for asthma in San Bernardino County, higher than the state rate at 112 per 100,000. Apple Valley had the highest rate of child and youth hospitalizations at 284 per 100,000, while Ontario had the lowest rate at 69 per 100,000 (except for the cities where the numbers were too low to calculate a stable rate).

That same year, nearly 108 out of every 100,000 individuals in the county were admitted to the hospital for asthma. Barstow had the highest rate of hospitalizations at 288 per 100,000 and Chino Hills had the lowest at 39 per 100,000.

Emergency room and urgent care visits for asthma decreased from 20% in 2007 to 11% in 2009, suggesting that perhaps more individuals are getting ongoing care for their conditions.

PERCENTAGE OF POPULATION ONE YEAR AND OLDER THAT HAVE BEEN DIAGNOSED WITH ASTHMA



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever diagnosed with asthma, 2001, 2003, 2005, 2007, and 2009.
Note: Data are most recent available.

[32] U.S. National Library of Medicine and the National Institutes of Health. (2010) Asthma. *Mediline Plus*. Retrieved June 23 2010 from http://www.nlm.nih.gov/medlineplus/asthmainchildren.html.

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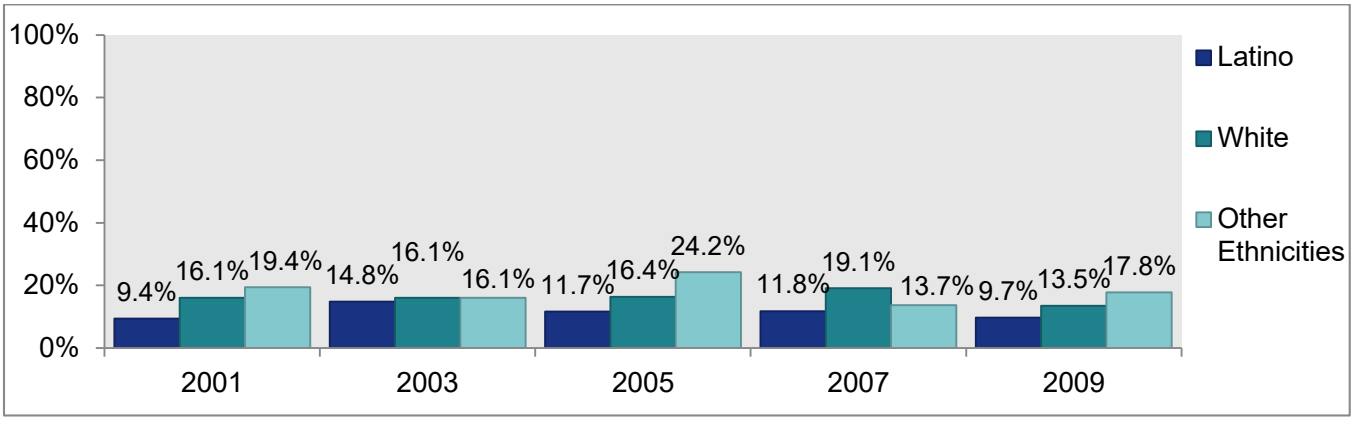
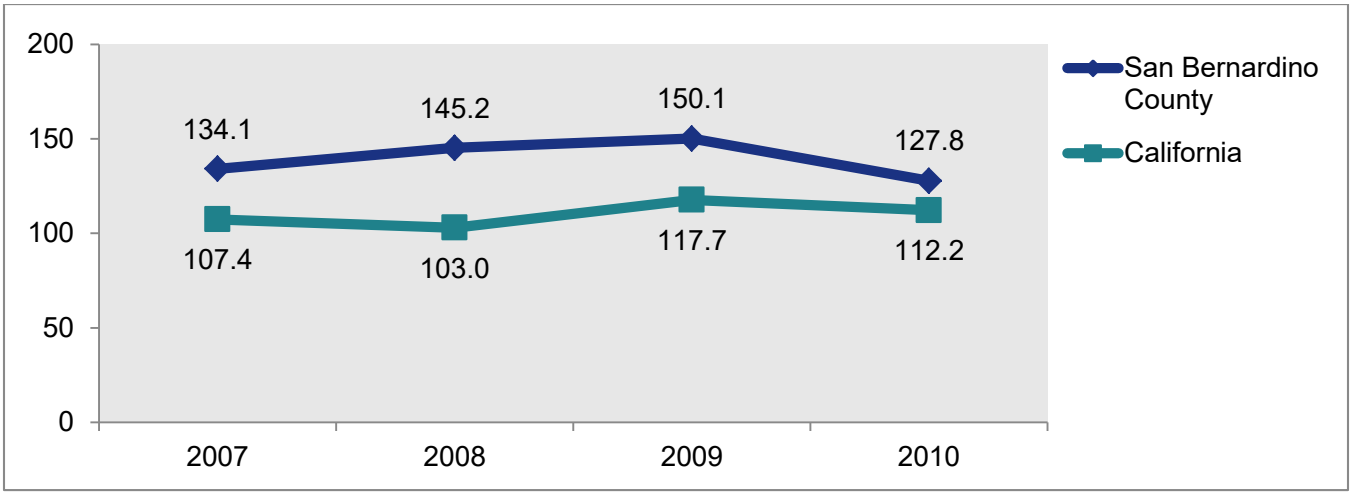
Percentage of Population One Year and Older That Have Been Diagnosed with Asthma, by Ethnicity, San Bernardino County



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever diagnosed with asthma, 2001, 2003, 2005, 2007, and 2009.
Note: Other ethnicity includes African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and Two or More Races because individual data were statistically unstable.
Note: Data are most recent available.

Childhood Asthma Hospitalization Rate per 100,000 Children



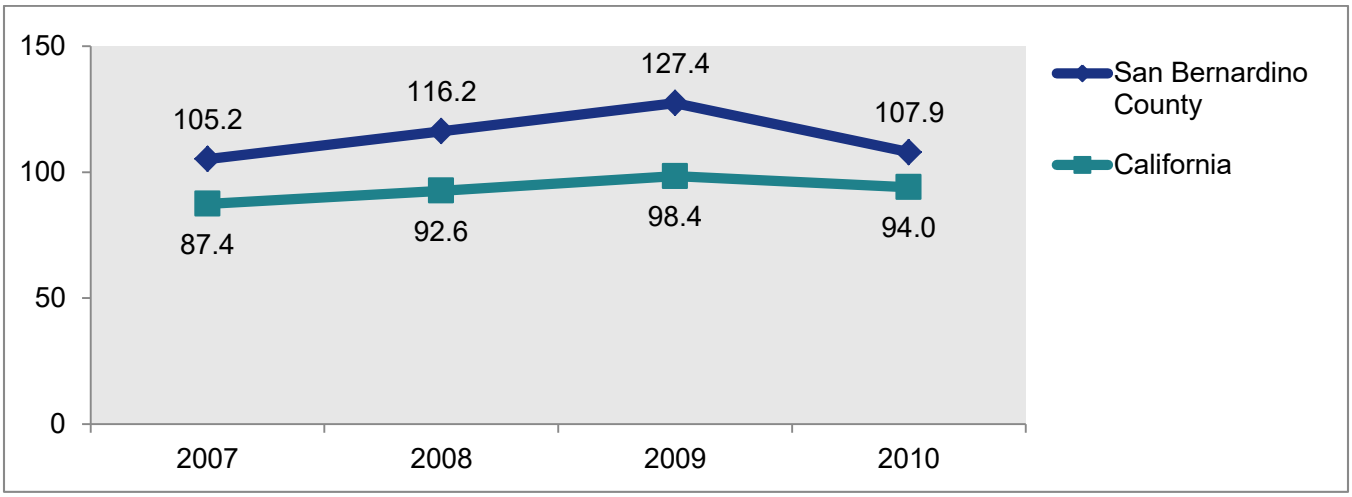
Source: Office of Statewide Health Planning and Development. (2013). Conditions, disease, & injury: Asthma Hospitalizations, 2007 – 2010; American Community Survey, United States Census Bureau. (2013). Population under 18 years of age 1-year estimates, Table B09001, 2007 – 2010.
Note: Data for San Bernardino County are approximated based on zip codes. Please see Appendix I for further information.

Childhood Asthma Hospitalization Rate per 100,000 Children, by City, 2010

City	Number	Rate	City	Number	Rate
Adelanto	29	243.0	Montclair	17	^
Apple Valley	55	283.9	Needles	3	^
Barstow	13	^	Ontario	34	69.2
Big Bear Valley	1	^	Rancho Cucamonga	32	75.8
Chino	14	^	Redlands	7	^
Chino Hills	14	^	Rialto	52	156.5
Colton	26	153.4	San Bernardino City	160	234.6
Fontana	71	111.5	Twentynine Palms	3	^
Grand Terrace	4	^	Upland	14	^
Hesperia	32	110.4	Victorville	44	113.5
Highland	26	146.3	Yucaipa	9	^
Loma Linda	4	^	Yucca Valley	5	^

Source: Office of Statewide Health Planning and Development. (2013). Conditions, disease, & injury: Asthma hospitalizations, 2010; American Community Survey, United States Census Bureau. (2013). Population under 18 years of age 5-year estimates, Table B09001, 2007-2011.
^ Number of cases less than 20 are too small to calculate a rate, as small numbers are unstable and can be misinterpreted.

Asthma Hospitalization Rate (All Ages) per 100,000 Population



Source: Office of Statewide Health Planning and Development. (2013). Conditions, disease, & injury: Asthma hospitalizations, 2007 – 2010; American Community Survey, United States Census Bureau. (2013). Demographic and housing 1-year estimates, Table DP05, 2007 – 2010.
Note: Data for San Bernardino County are approximated based on zip codes. Please see Appendix I for further information.

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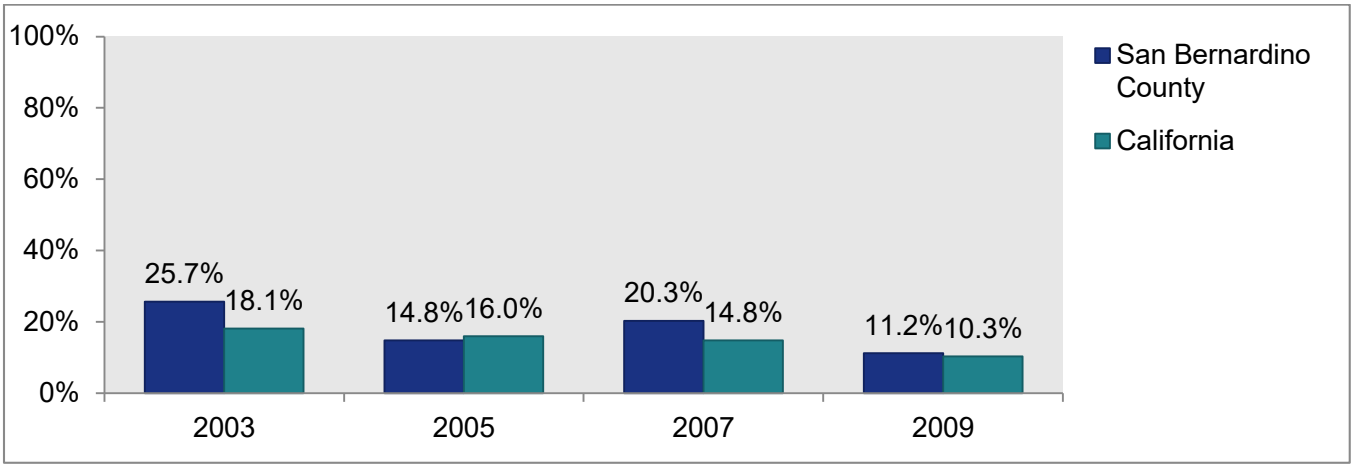
Asthma Hospitalization Rate (All Ages) per 100,000 Population, by City, 2010

City	Number	Rate	City	Number	Rate
Adelanto	70	228.2	Montclair	51	138.6
Apple Valley	152	222.5	Needles	7	^
Barstow	66	288.0	Ontario	120	72.7
Big Bear Valley	8	^	Rancho Cucamonga	94	57.6
Chino	52	66.6	Redlands	41	59.4
Chino Hills	29	38.8	Rialto	108	108.5
Colton	74	141.5	San Bernardino City	346	164.7
Fontana	158	82.0	Twentynine Palms	16	^
Grand Terrace	11	^	Upland	42	56.7
Hesperia	122	138.2	Victorville	135	120.9
Highland	54	102.3	Yucaipa	31	60.9
Loma Linda	10	^	Yucca Valley	18	^

Source: Office of Statewide Health Planning and Development. (2013). Conditions, disease, & injury: Asthma hospitalizations, 2010; American Community Survey, United States Census Bureau. (2013). Demographic and housing 5-year estimates, Table DP05, 2007-2011.
Note: Population statistics from American Community Survey demographic and housing estimates.
Note: Big Bear Valley extends beyond city limits and therefore zip code definitions were used for this population.
^ Number of cases less than 20 are too small to calculate a rate, as small numbers are unstable and can be misinterpreted.

Emergency Room (ER) or Urgent Care Visit for Asthma within Past 12 Months



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Had emergency room / urgent care visit for asthma within past 12 months (current asthmatics), 2003, 2005, 2007, 2009
Note: Data are most recent available.

Diabetes

Diabetes is a disorder impacting how bodies digest food for energy and growth. Type 1 diabetes used to be known as juvenile diabetes, and is also known as insulin-dependent diabetes. In Type 1 diabetes, the pancreas produces little or no insulin, the hormone needed to allow sugar (glucose) to enter cells to produce energy. Although Type 1 diabetes typically appears during childhood or adolescence, it also can develop in adults. Various factors may contribute to Type 1 diabetes, including genetics and exposure to certain viruses. The far more common Type 2 diabetes occurs when the body becomes resistant to the effects of insulin or does not make enough insulin. Type 2 diabetes is more common in adults but it increasingly affects children as childhood obesity rates grow.[33]

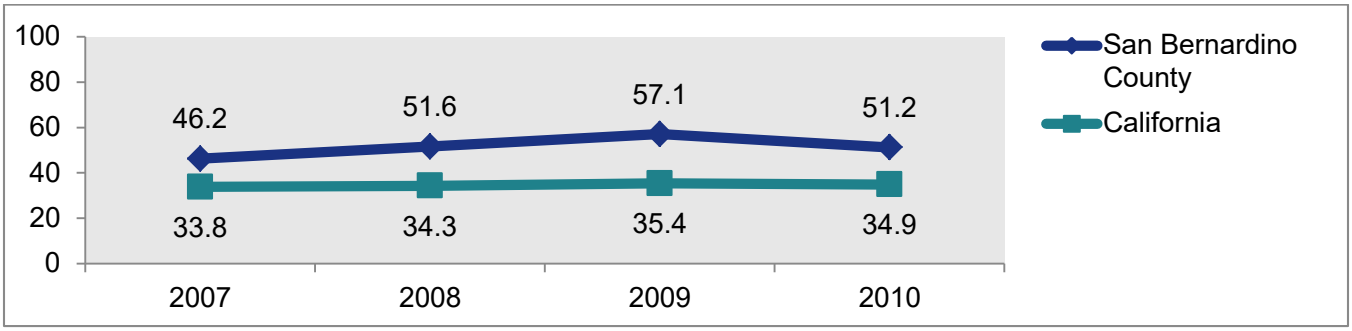
***DIABETES IS GOING UP IN** San Bernardino County, especially for Latinos.*

Diabetes affects 25.8 million people of all ages in the U.S., which is about 8% of the U.S. population. Of the 25.8 million people, approximately 18.8 million were diagnosed and 7 million were undiagnosed. Diabetes is the leading cause of kidney failure and non-traumatic lower-limb amputations. It also is a major cause of heart disease and stroke and is the seventh leading cause of death in the U.S.[34]

The childhood diabetes hospitalization rate for children under 18 was 51 per 100,000 in San Bernardino County, higher than the state at 35 per 100,000 children in 2010.

Eleven percent of county adults had been diagnosed with any type of diabetes at some point in their life according to 2009 data, up from 7% of adults in 2005. Further, the county had consistently higher rates of diabetes than the state between 2003 and 2009. Latinos had slightly higher rates of diabetes (11.3%) as compared to Whites at 10.6% in 2009. Latinos with diabetes increased at a quicker rate from 8.4% in 2007 to 11.3% in 2009, compared to Whites who increased from 10% in 2007 to 10.6% in 2009.

CHILDHOOD DIABETES (ANY TYPE) HOSPITALIZATION RATE[1] PER 100,000 CHILDREN



Source: Office of Statewide Health Planning and Development. (2013). Conditions, disease, & injury: Childhood diabetes hospitalizations, 2007 – 2010; American Community Survey, United States Census Bureau. (2013). Population under 18 years by age 1-year estimates, Table B09001, 2007 – 2010.

[1] Rate of hospitalizations for patients under 18 years of age where diabetes was the condition established to be the chief cause of the admission of the patient to the facility for care.

Note: Data for San Bernardino County are approximated based on zip codes. Please see Appendix I for further information.

[33] Mayo Clinic, retrieved on May 16th 2013 at http://www.mayoclinic.com/health/type-1-diabetes/DS00329

[34] U.S. Department of Health and Human Services. National Diabetes Information Clearinghouse (NDIC). (2011). *National Diabetes Statistics.* Retrieved September 2011 from www.diabetes.niddk.nih.gov.

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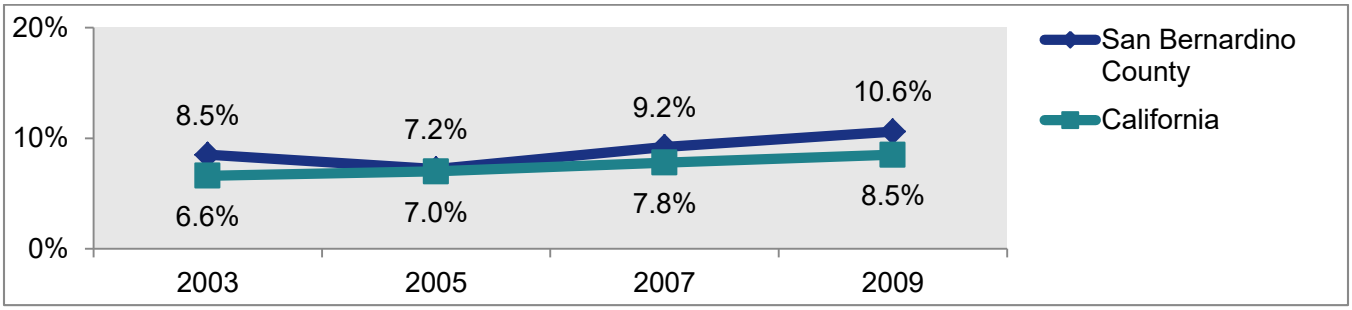
Number of Childhood Diabetes (Any Type) Hospitalizations, by City, 2010

City	Number	City	Number
Adelanto	5	Montclair	1
Apple Valley	17	Needles	1
Barstow	6	Ontario	20
Big Bear Valley	3	Rancho Cucamonga	13
Chino	13	Redlands	20
Chino Hills	4	Rialto	14
Colton	4	San Bernardino City	48
Fontana	34	Twentynine Palms	5
Grand Terrace	2	Upland	6
Hesperia	13	Victorville	19
Highland	7	Yucaipa	6
Loma Linda	0	Yucca Valley	2

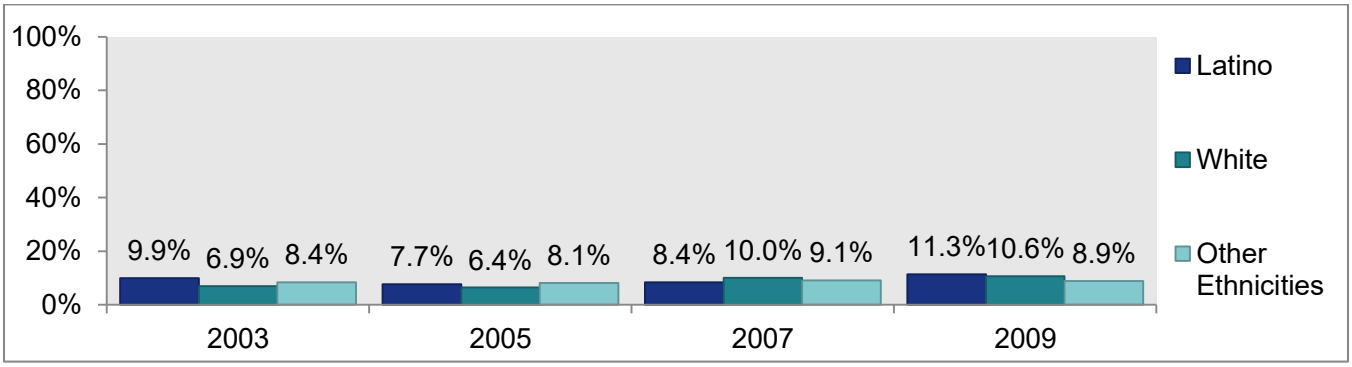
Source: Office of Statewide Health Planning and Development. (2013). Conditions, disease, & injury: Childhood diabetes hospitalizations, 2010; American Community Survey, United States Census Bureau. (2013). Population under 18 years by age 1-year estimates, Table B09001, 2010.

Percentage of Adult Population Ever Diagnosed with Diabetes (Any Type)



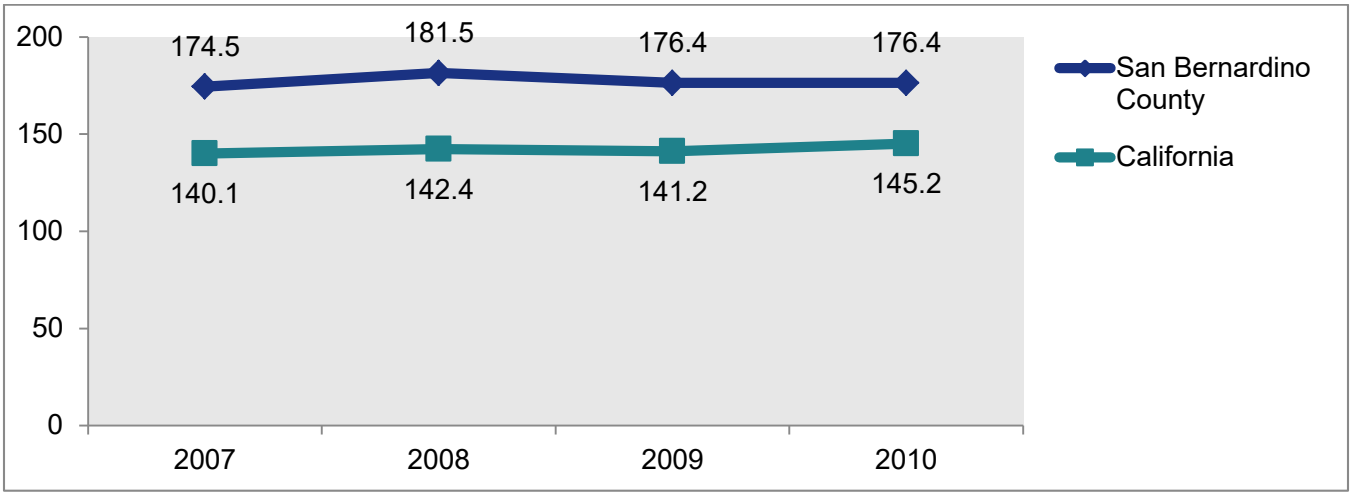
Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever diagnosed with diabetes, 2003-2009.
Note: Data are most recent available.

Percentage of Adult Population Ever Diagnosed with Diabetes (Any Type), by Ethnicity



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever diagnosed with diabetes by ethnicity, 2003-2009.
Note: Other ethnicities include African American, American Indian/Alaska Native, Asian, Native Hawaiian/ Pacific Islander, and Two or More Races because individual data were statistically unstable.
Note: Data are most recent available.

Diabetes (Any Type) Hospitalization Rate (All Ages) per 100,000 Population



Source: Office of Statewide Health Planning and Development. (2013). Conditions, disease, & injury: Diabetes hospitalizations, 2007 – 2010; American Community Survey, United States Census Bureau. (2013). Demographic and housing 1-year estimates, Table DP05, 2007 – 2010.
Note: Data for San Bernardino County are approximated based on zip codes. Please see Appendix I for further information.

Diabetes (Any Type) Hospitalization Rate (All Ages) per 100,000 Population, by City, 2010

City	Number	Rate
Adelanto	72	234.8
Apple Valley	175	256.2
Barstow	87	379.7
Big Bear Valley	30	173.5
Chino	119	152.5
Chino Hills	57	76.2
Colton	106	202.7
Fontana	292	151.5
Grand Terrace	19	^
Hesperia	146	165.4
Highland	82	155.4
Loma Linda	36	156.0

City	Number	Rate
Montclair	87	236.4
Needles	16	^
Ontario	302	182.9
Rancho Cucamonga	167	102.4
Redlands	118	171.0
Rialto	200	201.0
San Bernardino City	565	268.9
Twentynine Palms	28	108.6
Upland	94	127.0
Victorville	177	158.5
Yucaipa	66	129.8
Yucca Valley	44	214.6

Source: Source: Office of Statewide Health Planning and Development. (2013). Conditions, disease, & injury: Diabetes hospitalizations, 2010; American Community Survey, United States Census Bureau. (2013). Demographic and housing 5-year estimates, Table DP05, 2007-2011.
^ Number of cases less than 20 are too small to calculate a rate, as small numbers are unstable and can be misinterpreted.

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Obesity

Health professionals define "overweight" as an excess amount of body weight that includes muscle, bone, fat, and water. "Obesity" specifically refers to an excess amount of body fat. Obesity is directly linked to chronic diseases and serious medical conditions such as type 2 diabetes, heart disease, high blood pressure, respiratory problems, depression, and stroke. Obesity is also linked to higher rates of nearly all types of cancer, including cancer of the colon, rectum, prostate, gallbladder, breast, uterus, cervix, and ovaries.[35] The serious health consequences and prevalence of obesity pose a significant threat to the quality and longevity of life. The greatest tool we have to combat these threats is prevention.

Health care providers typically use the Body Mass Index (BMI) to measure obesity, a number calculated using a person's weight and height. It is a fairly reliable indicator of body fat for most people but not all groups, e.g., bodybuilders. BMI may be used to identify possible direct and indirect weight-related health problems. The correlation between the BMI number and body fat is fairly strong, but varies by sex, race, and age. For example, women tend to have more body fat than men and older people tend to have more fat than younger people. According to the Centers for Disease Control and Prevention (CDC), BMI is an inexpensive and easy to perform method of screening weight categories that may lead to future health problems. It is one of the best methods for measuring obesity in populations and enables us to compare weight statuses of one community to another area.

$$\text{BMI} = \frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \times 703$$

Standard weight categories associated with BMI ranges for adults: [29]

BMI	Weight Status
Below 18.5	Underweight
18.5-24.9	Normal
25.0-29.9	Overweight
30.0 and above	Obese

Data about childhood obesity are most often collected through the Medicaid system, representing low-income children. Fourteen percent of low-income children under five years old in the county were obese in 2010. However, this is an improvement from 2006 when 16% of children were obese. Low-income Latino children under five had the highest rates of obesity (15%), as compared to low-income African Americans at 13%, Whites at 12% and Asians at 9%. When comparing children under five in the county to those statewide, there was a higher percentage of obese low-income children in the county between 2006 and 2008 than in the state. The trend reversed for 2009 and 2010 with California higher than San Bernardino County.

OBESITY FOR LOW-INCOME CHILDREN *under 5 years old is going down in San Bernardino County, staying stable for low-income children ages 5-19, and going up for adults.*

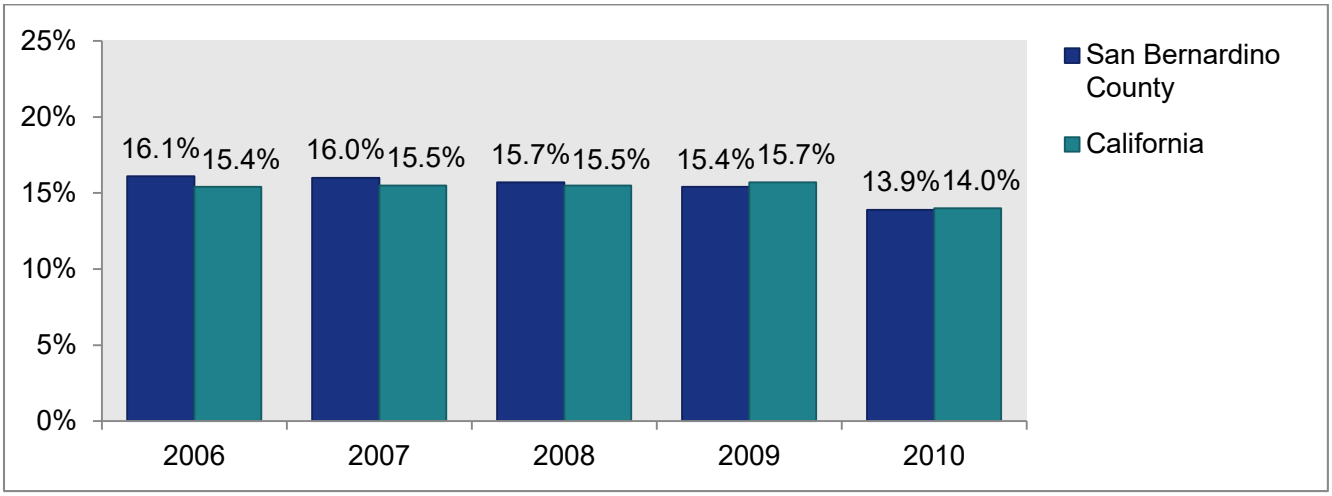
[35]At Health, Inc. (2008). *Understanding adult obesity.* Retrieved from http://www.athealth.com/consumer/disorders/understandingobesity.html.

Obesity rates increased with age. When looking at low-income children ages 5-19 years old, more than one in five (22%) were obese in 2010 in the county, as compared to 14% of children under five. Twenty-three percent of Latino children and youth ages 5-19 were obese, followed by 19% of White, 15% of African American and 11% of Asian children and youth in 2010.

A survey of school students of all economic groups showed that 39% of San Bernardino County 5th, 7th, and 9th graders were overweight or obese, similar to California at 38% in 2010.

For adults, there were higher rates of obesity in the county as compared to the state. Thirty percent of adults 18 years and older in the county were obese in 2009, higher than in California at 23%. African American, and Latino adults had higher rates of obesity (34% to 35%), than did Whites (29%) in 2009.

Percentage of Low-Income Children (under 5 Years) Who Are Obese (95th Percentile)



Source: California Department of Health Care Services, Pediatric Nutrition Surveillance System. (2013). Growth indicators by race/ethnicity and age, 2006-2010.
Note: The data are collected from participants in the Child Health and Disability Prevention Program, which serves Medi-Cal recipients and children/youth with family incomes up to 200% of the federal poverty level (FPL). These data on overweight/obesity capture approximately 22% of low-income (up to 200% FPL) children in California.

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Percentage of Low-Income Children (under 5 Years) Who Are Obese (95th Percentile), by Ethnicity

Ethnicity/Region	2006	2007	2008	2009	2010	06-10 Net Change
African American						
San Bernardino County	**14.4%**	**14.5%**	**13.1%**	**13.6%**	**12.9%**	**-1.5**
California	14.3%	14.7%	14.3%	14.6%	12.9%	-1.4
Asian						
San Bernardino County	**15.3%**	**12.9%**	**11.3%**	**9.8%**	**9.3%**	**-6.0**
California	12.3%	12.2%	12.5%	12.6%	10.2%	-2.1
Latino						
San Bernardino County	**16.9%**	**16.9%**	**16.9%**	**16.3%**	**14.9%**	**-2.0**
California	16.7%	16.9%	16.8%	17.1%	15.4%	-1.3
White						
San Bernardino County	**11.4%**	**12.1%**	**11.9%**	**12.9%**	**12.0%**	**0.6**
California	11.6%	12.1%	12.5%	12.7%	11.2%	-0.4

Source: California Department of Health Care Services, Pediatric Nutrition Surveillance System. (2013). Growth indicators by race/ethnicity and age, 2006-2010.
Note: The data are collected from participants in the Child Health and Disability Prevention Program, which serves Medi-Cal recipients and children/youth with family incomes up to 200% of the Federal Poverty Level (FPL). These data on overweight/obesity capture approximately 22% of low-income (up to 200% FPL) children in California.

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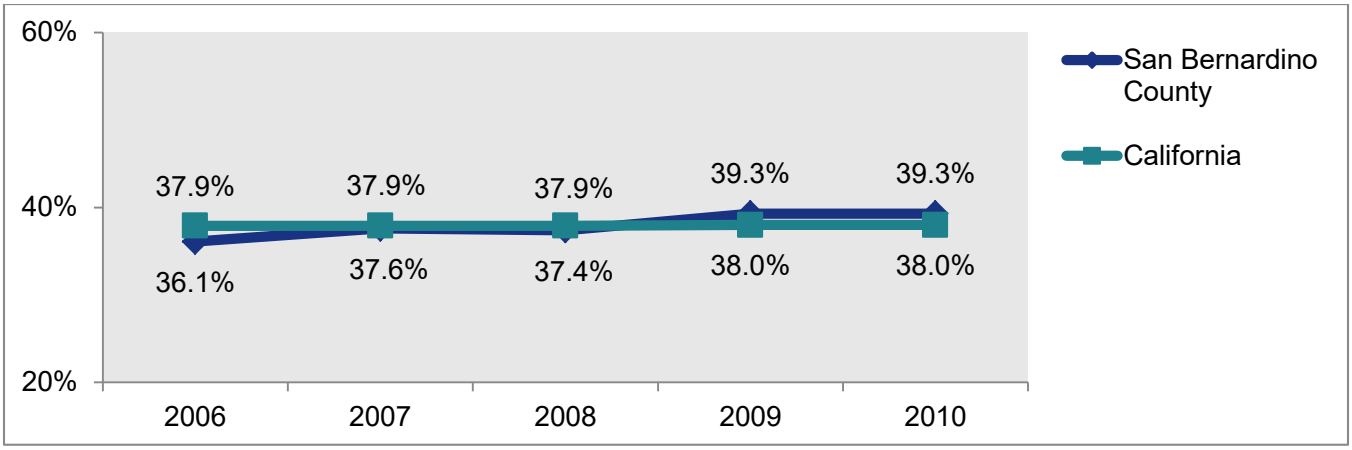
Percentage of Low-Income Children 5 to 19 Years Who Are Obese (95th Percentile), by Ethnicity

Ethnicity/Region	2006	2007	2008	2009	2010	06-10 Net Change
African American						
San Bernardino County	**18.8%**	**17.8%**	**16.5%**	**16.9%**	**15.1%**	**-3.7**
California	21.1%	21.2%	21.2%	21.2%	21.1%	0.0
Asian						
San Bernardino County	**14.0%**	**16.1%**	**10.2%**	**10.7%**	**10.9%**	**-3.1**
California	13.8%	13.5%	13.5%	13.3%	12.6%	-1.2
Latino						
San Bernardino County	**23.3%**	**22.8%**	**22.3%**	**22.6%**	**22.6%**	**-0.7**
California	24.8%	24.7%	24.4%	24.5%	24.7%	-0.1
White						
San Bernardino County	**17.6%**	**16.1%**	**17.7%**	**16.2%**	**18.9%**	**1.3**
California	19.2%	20.0%	20.1%	19.9%	20.3%	1.1
All Race/Ethnic Groups						
San Bernardino County	**22.1%**	**22.0%**	**21.3%**	**21.5%**	**22.0%**	**-0.1**
California	23.1%	23.1%	22.8%	23.1%	23.3%	0.2

Source: California Department of Health Care Services, Pediatric Nutrition Surveillance System. (2013). Growth indicators by race/ethnicity and age, 2006-2010.
Note: The data are collected from participants in the Child Health and Disability Prevention Program, which serves Medi-Cal recipients and children/youth with family incomes up to 200% of the Federal Poverty Level (FPL). These data on overweight/obesity capture approximately 22% of low-income (up to 200% FPL) children in California.

Percentage of Students (5th, 7th, & 9th Grades) Who Were Overweight or Obese



Source: Babey, S. H., et al. (2011) A patchwork of progress: Changes in overweight and obesity among California 5th, 7th, and 9th graders, 2006-2010; UCLA Center for Health Policy Research and California Center for Public Health Advocacy.

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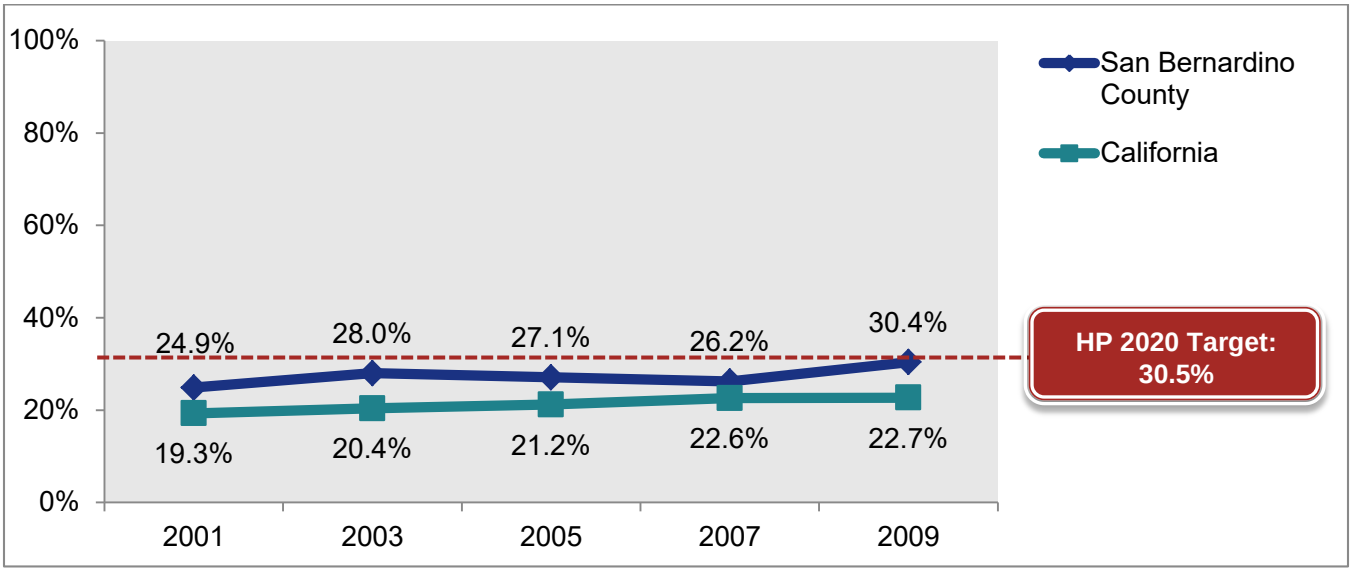
Percentage of Students (5th, 7th, & 9th Grades) Who Were Overweight or Obese, by City, 2010

City	Percentage
Adelanto	40.4%
Apple Valley	35.1%
Barstow	42.3%
Chino	41.8%
Chino Hills	27.0%
Colton	46.1%
Fontana	44.9%
Hesperia	41.0%
Highland	32.8%
Loma Linda	41.4%
Montclair	43.9%

City	Percentage
Ontario	43.3%
Rancho Cucamonga	30.0%
Redlands	30.8%
Rialto	45.0%
San Bernardino City	43.9%
Twentynine Palms	32.1%
Upland	42.4%
Victorville	40.1%
Yucaipa	27.4%
Yucca Valley	37.1%

Source: Babey, S. H., et al. (2011) A patchwork of progress: Changes in overweight and obesity among California 5th, 7th, and 9th graders, 2006-2010; UCLA Center for Health Policy Research and California Center for Public Health Advocacy.
Note: Data are not available for Big Bear Lake and Needles.

Percentage of Adults (18 Years and Older) Who Are Obese



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Body mass index – 4 level (adult only), San Bernardino County and California, 2001-2009.
Note: Data are most recent available.

Percentage of Adults (18 Years and Older) Who Are Obese, by Ethnicity

Ethnicity/Region	2001	2003	2005	2007	2009	01-09 Net Change
African American						
San Bernardino County	**27.9%**	**32.9%**	**30.6%**	**28.6%**	**34.1%**	**6.2**
California	31.0%	30.5%	33.9%	34.9%	27.6%	-3.4
Latino						
San Bernardino County	**29.0%**	**32.5%**	**26.9%**	**31.7%**	**34.8%**	**5.8**
California	25.4%	26.7%	27.3%	29.9%	29.9%	4.5
White						
San Bernardino County	**22.7%**	**24.4%**	**28.3%**	**23.1%**	**29.2%**	**6.5**
California	17.5%	18.2%	19.2%	20.4%	21.1%	3.6

Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Body mass index – 4 level (adult only), 2001, 2003, 2005, 2007, 2009.
Note: Data for American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Asian, and Two or More Races were not presented because data were statistically unstable due to small number of respondents.
Note: Data are most recent available.

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Cardiovascular Disease

Cardiovascular disease is also more commonly known as heart disease, and the terms are used to describe a wide range of diseases including diseases of the blood vessels (coronary artery disease), heart rhythm problems (arrhythmia), heart infections, and heart defects. There are a wide range of risk factors for heart disease including smoking, a poor diet, diabetes, obesity, stress, high blood pressure, high cholesterol, and a family history of heart disease.[36] Complications from heart disease include heart failure, heart attack, stroke (when arteries to the brain are narrowed or blocked), aneurysm (a bulge in the wall of the artery), and peripheral artery disease (when extremities don't get enough blood flow).

Heart Disease

OVERALL, HEART DISEASE HAS BEEN *recently declining in San Bernardino County, but high blood pressure is going up, especially for Latinos. African Americans have much higher rates of hospitalization for heart disease than any other ethnicity.*

Overall, heart disease went down slightly both in the county and the state between 2001 and 2009. Approximately 7% of county adults ages 18 and older had been diagnosed at some point in their lives with heart disease in 2001, dropping slightly to 6% in 2009. The most recent heart disease rates in 2009 were the same for both the county and the state (6%). Whites had higher percentages of diagnosed heart disease (8%) as compared to Latinos (4%) in 2009.

Hospitalizations for heart disease have been going down in the county; 108 out of every 10,000 individuals had been hospitalized due to heart disease in 2009, down from 127 per 10,000 in 2005. However, hospitalization rates were higher for African Americans (160), than for Whites or any other race (121), and Latinos (86) per 10,000 individuals.

High blood pressure is going up in the county. Twenty-six percent of county adults had been diagnosed at some point in their lives with high blood pressure (which is a risk factor for heart disease) according to 2009 data, an increase from 23% in 2001. Whites had higher rates of diagnosed high blood pressure (31%) as compared to African Americans (26%) and Latinos (23%) in 2009.

[36] Heart disease, Mayo Clinic, retrieved on May 14, 2013 at http://www.mayoclinic.com/health/heart-disease/DS01120/METHOD=print

Percentage of Adults (18 Years and Older) Who Were Ever Diagnosed with Heart Disease, by Ethnicity

Ethnicity/Region	2001	2003	2005	2007	2009	01-09 Net Change
Latino						
San Bernardino County	**2.9%**	**5.8%**	**2.3%[1]**	**2.8%[1]**	**4.3%**	**1.4**
California	4.1%	4.4%	3.8%	4.1%	4.5%	0.4
White						
San Bernardino County	**9.6%**	**9.5%**	**8.4%**	**10.1%**	**8.1%**	**-1.5**
California	8.9%	8.9%	8.0%	8.0%	7.4%	-1.5
Other						
San Bernardino County	**7.1%**	**6.0%**	**7.7%**	**6.7%**	**4.8%**	**-2.3**
California	6.7%	5.8%	5.6%	6.0%	4.7%	-2.0
All Ethnic Groups						
San Bernardino County	**6.6%**	**7.2%**	**5.7%**	**6.5%**	**5.9%**	**-0.7**
California	7.0%	6.9%	6.2%	6.3%	5.9%	-1.1

Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever been diagnosed with heart disease, 2001, 2003, 2005, 2007, 2009.
Note: Data are most recent available.
Note: Other ethnicity includes African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and Two or More Races because individual data were statistically unstable.
[1]Data are statistically unstable

Age-Adjusted Hospitalization Rates per 10,000 Population Due to Coronary Heart Disease, by Ethnicity, San Bernardino County

Ethnicity	2005	2006	2007	2008	2009	05-09 Net Change
African American	189.2	164.6	171.9	161.4	160.1	-29.1
Asian or Pacific Islander	70.9	62.4	56.8	54.5	52.4	-18.5
Latino	110.1	101.0	96.4	96.9	86.4	-23.7
White or Other Race	136.2	126.1	120.2	124.6	121.2	-15.0
Native American	28.5	26.0	35.9	39.4	33.9	5.4
All Race/Ethnic Groups	**127.3**	**117.0**	**112.3**	**114.0**	**108.0**	**-19.3**

Source: San Bernardino County Department of Public Health. (2013). Age-adjusted hospitalization rates due to coronary heart disease by race/ethnicity, 2005-2009.
Note: Rates were calculated by the San Bernardino County Department of Public Health using 2000-2010 population data from the California Department of Finance.
Note: Data are most recent available.

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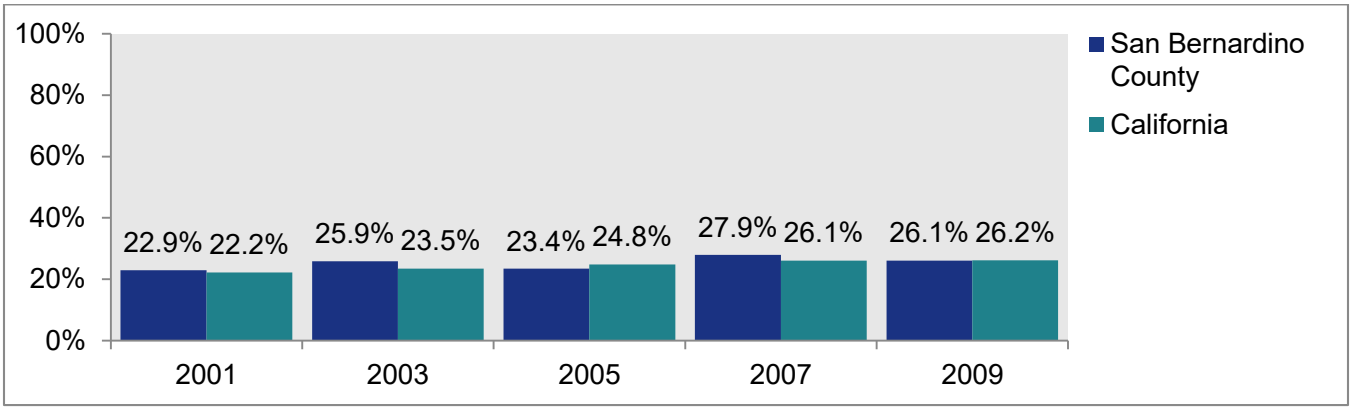
Number and Age-Adjusted Rates per 10,000 Population of Coronary Heart Disease Admissions and Hospitalizations, by City, 2009

City	Number	Rate
Adelanto	233	132.9
Apple Valley	1,119	139.3
Barstow	508	246.5
Big Bear Valley	233	106.3
Chino	752	130.2
Chino Hills	399	74.4
Colton	381	108.9
Fontana	1,163	103.7
Grand Terrace	94	75.9
Hesperia	833	115.9
Highland	586	153.4
Loma Linda	251	97.3
Montclair	304	111.1
Needles	40	70.8
Ontario	1,151	105.7
Rancho Cucamonga	968	76.0
Redlands	652	86.3
Rialto	828	124.3
San Bernardino City	2,254	140.6
Twentynine Palms	193	149.2
Upland	701	93.0
Victorville	742	86.1
Yucaipa	545	95.4
Yucca Valley	323	114.3

Source: San Bernardino County Department of Public Health. (2013). Age-adjusted hospitalization rates due to coronary heart disease by race/ethnicity, 2005-2009.
Note: Rates were calculated by the San Bernardino County Department of Public Health using 2010 U.S. Census population data.
Note: Data are most recent available.

Percentage of Adults (18 Years and Older) Who Were Ever Diagnosed with High Blood Pressure



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever been diagnosed with high blood pressure, 2001, 2003, 2005, 2007, 2009.
Note: Data are most recent available.

Percentage of Adults (18 Years and Older) Who Were Ever Diagnosed with High Blood Pressure, by Ethnicity

Ethnicity/Region	2001	2003	2005	2007	2009	01-09 Net Change
African American						
San Bernardino County	**30.9%**	**28.5%**	**22.3%**	**33.8%**	**26.2%**	**-4.7**
California	32.9%	33.9%	36.6%	38.3%	36.4%	3.5
Latino						
San Bernardino County	**16.0%**	**23.9%**	**15.5%**	**20.3%**	**23.1%**	**7.1**
California	16.8%	18.0%	18.8%	20.4%	24.0%	7.2
White						
San Bernardino County	**27.6%**	**29.5%**	**30.3%**	**34.0%**	**31.2%**	**3.6**
California	24.7%	25.9%	27.9%	28.5%	27.4%	2.7
All Race/Ethnic Groups						
San Bernardino County	**22.9%**	**25.9%**	**23.4%**	**27.9%**	**26.1%**	**3.2**
California	22.2%	23.5%	24.8%	26.1%	26.2%	4.0

Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Ever been diagnosed with high blood pressure by race/ethnicity, 2001, 2003, 2005, 2007, 2009.
Note: Data for American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Asian, and Two or More Races were not presented because the individual data were statistically unstable due to small number of respondents.
Note: Data are most recent available.

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Stroke

A stroke is caused by a problem with the blood supply to the brain. Cerebrovascular diseases are brain dysfunctions related to problems with the blood vessels that supply blood to the brain; one result of cerebrovascular disease can be a stroke. With cerebrovascular diseases, blood vessels become narrow, stiff, deformed and more vulnerable to fluctuations in blood pressure.

***HOSPITALIZATIONS FOR STROKE** have been going down slightly in San Bernardino County overall, but African Americans consistently had much higher hospitalization rates for stroke than any other ethnicity.*

In San Bernardino County, 28 out of every 10,000 individuals were hospitalized for cerebrovascular disease in 2009, down slightly from 30 per 10,000 in 2005. Stroke hospitalizations for African Americans were more common at 40 per 10,000 as compared to Whites or other races (excluding African American, Asian or Pacific Islander, Latino, and Native American) at 28 per 10,000 individuals and Latinos at 26 per 10,000.

AGE-ADJUSTED HOSPITALIZATION RATES PER 10,000 POPULATION DUE TO CEREBROVASCULAR DISEASE (STROKE), BY ETHNICITY, SAN BERNARDINO COUNTY

Ethnicity[1]	2005	2006	2007	2008	2009	05-09 Net Change
African American	42.2	43.0	39.7	48.2	39.7	-2.5
Asian or Pacific Islander	19.6	15.9	18.2	17.6	15.4	-4.2
Latino	30.0	26.9	27.9	29.8	26.1	-3.9
White or Other Race	29.4	29.1	29.7	29.5	28.2	-1.2
All Race/Ethnic Groups	**29.7**	**28.5**	**29.2**	**29.9**	**27.5**	**-2.2**

Source: San Bernardino County Department of Public Health. (2013). Age-adjusted hospitalization rates due to cerebrovascular disease by race/ethnicity, 2005-2009.
Note: Rates were calculated by the San Bernardino County Department of Public Health using 2010 U.S. Census population data.
Note: Data are most recent available.
[1] Native America data were not included as the number of cases less than 20 are too small to calculate a rate.

Number and Age-Adjusted Rate per 10,000 Population of Cerebrovascular Disease (Stroke) Hospital Admissions and Hospitalizations, by City, 2009

City	Number	Rate
Adelanto	9	^
Apple Valley	17	^
Barstow	13	^
Big Bear Valley	8	^
Chino	10	^
Chino Hills	22	4.3
Colton	10	^
Fontana	39	2.9
Grand Terrace	5	^
Hesperia	19	^
Highland	16	^
Loma Linda	7	^
Montclair	10	^
Needles	1	^
Ontario	45	4.1
Rancho Cucamonga	31	2.4
Redlands	23	3.1
Rialto	28	4.2
San Bernardino City	56	3.4
Twentynine Palms	8	^
Upland	17	^
Victorville	21	2.6
Yucaipa	21	3.7
Yucca Valley	14	^

Source: San Bernardino County Department of Public Health. (2013). Age-adjusted hospitalization rates due to cerebrovascular disease by race/ethnicity, 2005-2009.
Note: Rates were calculated by the San Bernardino County Department of Public Health using 2010 U.S. Census population data.
Note: Data are most recent available.
^ Number of cases less than 20 are too small to calculate a rate, as small numbers are unstable and can be misinterpreted.

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Suicide

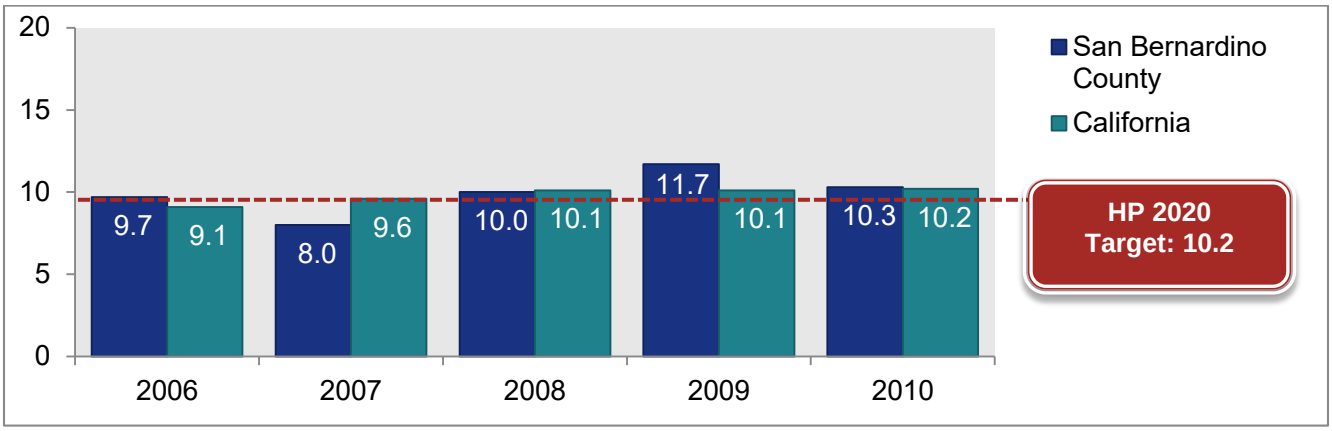
While most individuals with mental health illnesses die of natural causes such as heart disease, cancer, stroke, respiratory illnesses, and lung disease, the percentage of mental health clients who die from accidents, including motor vehicle accidents and suicide are higher than those of the general population.[37] Deaths from suicide are now higher than deaths from motor vehicle accidents, according to a new report from the Centers for Disease Control and Prevention (CDC).[38] According to the CDC, there were 33,687 deaths from motor vehicle crashes and 38,364 suicides in the United States in 2010. The greatest increases in suicide rates nation-wide were among people ages 50 to 59 years old (48% to 49%). Among ethnic groups, the greatest increases were among Whites (40%) and Native Americans and Alaska Natives (65%).

***SUICIDE RATES FOR ADULTS IN** San Bernardino County are increasing among Whites and Latinos. One in five 9th graders has seriously considered attempting suicide in the last year.*

The suicide rate in the county was 10.3 per 100,000 individuals in 2010, up from 9.7 per 100,000 in 2006. Similar to the California trend, it was highest for Whites at 20.5 per 100,000 individuals in 2010. For Latinos, it was 5.1 per 100,000 in 2010.

One in five (20%) 9th graders in San Bernardino County reported that they seriously considered attempting suicide in the 12 months prior to the survey in 2009-2011. This was similar to the rates in California overall for 9th graders (19%). There were however, differences across the county based on school districts, with Bear Valley Unified and Morongo Unified School Districts having the highest rate at 24% of 9th graders, as compared to 16% in Rialto Unified and Silver Valley Unified in 2009-2010. When looking only at adults, approximately one in 10 (10%) had seriously contemplated suicide at some point, according to 2009 data.

SUICIDE RATE PER 100,000 POPULATION



Source: State of California, Department of Public Health, Death Records. (2010). Vital statistics: Death records, 2006-2010; State of California, Department of Finance. (2007). Race/ethnic population with age and sex detail, 2000-2050. Sacramento, CA.

[37] 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, & Policy, 3*(2), 1-14.

[38] Centers for Disease Control and Prevention. (2013). CDC finds suicide rates among middle-aged adults increased from 1999-2010. Atlanta, GA. Retrieved on May 15th 2013 from http://www.cdc.gov/media/releases/2013/p0502-suicide-rates.html

Suicide Rate per 100,000 Population, by Ethnicity

Ethnicity/Region	2006	2007	2008	2009	2010	06-10 Net Change
Latino						
San Bernardino County	**5.1**	**4.3**	**4.8**	**6.5**	**5.1**	**-**
California	3.9	4.2	4.1	4.2	4.5	0.6
White[1]						
San Bernardino County	**17.4**	**12.5**	**19.0**	**22.6**	**20.5**	**3.1**
California	15.2	15.9	17.3	17.5	18.0	2.8

Source: State of California, Department of Public Health, Vital Statistics. (2013). Death statistical master files, 2006-2010.
Note: Data for American Indian, Asian/Pacific Islander, and African American were not presented because data were statistically unstable due to small number of respondents.
[1] White includes unknown ethnicities and other ethnicities (excluding: American Indian, Asian/Pacific Islander, and African American).

Percentage of Students Who Seriously Considered Attempting Suicide during the Past 12 Months, by School District and Grade, 2009-2010

School District[1]	9th Grade	11th Grade
Apple Valley Unified	18%	16%
Barstow Unified	20%	24%
Bear Valley Unified	24%	17%
Chino Valley Unified	18%	15%
Colton Joint Unified	21%	18%
Fontana Unified	20%	17%
Hesperia Unified	22%	18%
Morongo Unified	24%	18%
Redlands Unified	19%	18%
Rialto Unified	16%	18%
San Bernardino City Unified	19%	16%
Silver Valley Unified	16%	30%
Snowline Joint Unified	22%	18%
Upland Unified	21%	15%
Victor Valley Union High	19%	19%
Yucaipa-Calimesa Joint Unified	22%	19%
San Bernardino County[2]	**20%**	**17%**
California[2]	19%	17%

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013). Seriously considered attempting suicide, Past 12 months, Table A7.3, By school district, 2009-2010, By county and statewide, 2009-2011.
Note: Data are most recent available.
[1] Only school districts with more than 1,000 students are presented.
[2] County and State level data are for 2009-2011

Percentage of Adults Who Ever Seriously Thought about Committing Suicide

	2009
San Bernardino County	**9.9%**
California	8.7%

Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2013). Ever seriously thought about committing suicide, 2009.
Note: Data are most recent available.

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Causes of Death

Examining causes of death can provide a great deal of information about the overall health of a community. With knowledge about the common causes of death, attention can be directed toward the conditions with the highest mortality rates so that preventive action can be taken. However, death rates vary by numerous factors including age, race, ethnicity and geography.

According to the Centers for Disease Control, the five major causes of death nationally in 2011 were heart disease, cancer, chronic lower respiratory diseases, stroke, and accidents. Those accounted for 62% of all deaths in the United States. However, the leading causes of death varies depending on age. For children and adults ages one to 44, the leading cause of death was accidents in 2011; for people ages 45-64, it was cancer; and for those 65 years and older, it was heart disease.

There are also big differences in death rates by gender, and ethnicity in the United States. African American males had the highest death rate at 1,101 per 100,000, and Latino females had the lowest rates at 452 per 100,000 in 2011.[39] Since death rates vary by age, the causes of death are presented below using age-adjusted death rates.

The three-year age-adjusted death rate was 885 per 100,000 individuals in the county in 2000-2002, dropping to 778 per 100,000 individuals in 2009-2011. However, the death rate for Whites was 802 per 100,000 individuals as compared to Latinos at 587 per 100,000 in 2010.

***DEATH RATES ARE GOING** down in San Bernardino County over the last decade; however they are much higher for Whites as compared to Latinos.*

Deaths from cancer were the top cause of death in the county at 170 per 100,000 individuals in 2009-2011, followed by deaths from heart disease at 165 per 100,000. There were marked differences in the causes of death by ethnicity; Whites and African Americans died from lung cancer (47 and 42 per 100,000, respectively) at more than twice the rate of Latinos (20 per 100,000). African Americans died from diabetes at a higher rate (57 per 100,000) than all other ethnicities.

The highest death rates for all causes of death were in Barstow (1,485 per 100,000), Yucca Valley (1,189 per 100,000), Twentynine Palms (1,125 per 100,000) and the lowest rate was in Apple Valley at 458 per 100,000.

The overall death rate from cancer was highest in Barstow (297) and Highland (257) and lowest in Victorville (106) and Apple Valley (112) per 100,000 in 2009.

[39] Centers for Disease Control, NCHS data brief, retrieved on May 21 2013 at http://www.cdc.gov/nchs/data/databriefs/db115.htm

Age-Adjusted Death Rate per 100,000 Population, by Cause of Death, 3-Year Averages

Cause of Death	2000-2002	2003-2005	2006-2008	2009-2011	Healthy People 2020 National Objective
All Cancer Deaths					
San Bernardino County	**194.0**	**185.2**	**168.9**	**170.0**	160.6
California	172.7	165.1	155.9	156.4	
Lung Cancer					
San Bernardino County	**52.8**	**48.2**	**41.8**	**40.3**	45.5
California	44.8	41.5	38.1	36.5	
Coronary Heart Disease					
San Bernardino County	**237.1**	**224.1**	**182.8**	**164.8**	100.8
California	186.0	163.1	137.1	122.4	
Stroke					
San Bernardino County	**58.5**	**55.3**	**44.4**	**43.7**	33.8
California	58.9	51.7	40.8	38.1	
Diabetes					
San Bernardino County	**29.7**	**31.0**	**30.6**	**33.9**	None
California	21.0	22.3	21.1	20.2	
Accidents (Unintentional Injuries)					
San Bernardino County	**28.9**	**30.6**	**28.6**	**25.6**	36.0
California	27.6	30.0	29.7	27.6	
Drug-Induced					
San Bernardino County	**9.0**	**11.2**	**10.6**	**9.8**	11.3
California	8.6	10.2	10.6	10.9	
Motor Vehicle Accidents					
San Bernardino County	**15.6**	**17.5**	**14.2**	**9.9**	12.4
California	11.1	12.2	10.3	7.5	
Firearm-Related					
San Bernardino County	**12.2**	**12.1**	**10.1**	**8.9**	9.2
California	9.5	9.4	8.5	7.8	
Homicide					
San Bernardino County	**7.9**	**9.0**	**7.2**	**6.0**	5.5
California	6.5	6.8	6.3	5.2	
All Causes of Death					
San Bernardino County	**885.4**	**895.0**	**795.0**	**778.1**	None
California	745.0	716.7	666.4	654.9	

Source: California Department of Health Services. (2013). County health status profiles, 2000 – 2011.

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Age-Adjusted Death Rate per 100,000 Population, by Selected Ethnicities, San Bernardino County

Cause of Death/ Ethnicity	2006	2007	2008	2009	2010
All Cancer Deaths					
White	205.5	188.7	179.3	181.6	176.7
Latino	128.2	129.7	127.5	131.2	122.3
African American	166.3	196.8	185.7	188.6	192.1
Asian	126.9	119.0	105.9	109.9	107.1
Lung Cancer					
White	56.3	51.2	50.1	48.9	47.0
Latino	20.0	23.1	20.3	19.9	19.5
African American	45.0	44.9	43.3	47.8	42.4
Asian	^	25.6	^	18.1	27.1
Diseases of the Heart and Circulatory System					
White	364.3	326.6	301.9	294.8	284.4
Latino	238.9	237.0	218.2	213.5	205.3
African American	370.8	370.4	343.5	312.0	297.5
Asian	183.9	149.9	145.3	188.8	171.4
Diabetes					
White	27.6	26.2	24.3	22.6	28.6
Latino	39.1	44.3	41.6	33.8	42.9
African American	46.6	50.8	43.3	44.3	56.5
Asian	^	^	26.8	25.3	30.6
Accidents (Unintentional Injuries)					
White	35.1	37.4	31.8	30.0	28.6
Latino	27.9	27.6	21.6	22.2	20.5
African American	27.9	22.2	16.9	24.5	21.8
Asian	^	23.7	^	^	^
Motor Vehicle Accidents					
White	17.9	19.3	13.9	11.4	11.6
Latino	17.1	16.8	12.0	10.3	7.5
African American	13.4	10.2	^	12.9	10.1
Asian	^	19.1	^	^	^
Homicide					
White	4.7	3.3	3.8	3.7	3.2
Latino	8.0	7.9	6.1	6.5	5.5
African American	22.6	24.1	13.9	17.2	14.7
Asian	^	^	^	^	^

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Cause of Death/ Ethnicity	2006	2007	2008	2009	2010
All Causes of Death					
White	954.6	866.3	838.3	813.6	801.6
Latino	662.7	654.0	626.8	600.9	586.5
African American	936.1	921.3	855.5	810.5	823.4
Asian	487.9	427.3	399.5	438.8	419.1

Source: State of California, Department of Public Health, Death Records. (2010). Vital statistics: Death records, 2006 – 2010.
Note: American Indian, Pacific Islander, and Two or more races were not presented due to a small number of deaths each year.
^ Number of cases less than 20 are too small to calculate a rate, as small numbers are unstable and can be misinterpreted.

Number and Age-Adjusted Death Rates per 100,000 Population, for Selected Causes of Death, 2009

City	All Cancers		Heart Disease		Stroke		All Causes	
	#	Rate	#	Rate	#	Rate	#	Rate
Adelanto	19	^	36	316.5	7	^	142	984.1
Apple Valley	93	112.4	116	146.2	21	25.8	370	458.3
Barstow	62	297.4	92	456.2	18	^	308	1,485.1
Big Bear Valley	33	149.6	33	188.6	8	^	114	624.1
Chino	78	147.6	89	197.8	22	54.7	345	707.3
Chino Hills	79	154.9	63	155.5	15	^	259	577.8
Colton	75	217.1	58	188.4	11	^	293	853.4
Fontana	169	150.9	182	196.3	47	55.8	758	727.4
Grand Terrace	18	^	14	^	5	^	80	637.3
Hesperia	146	211.0	156	236.0	34	53.6	623	897.6
Highland	86	256.9	81	274.2	11	^	350	1,063.6
Loma Linda	37	145.1	55	156.5	14	^	196	643.1
Montclair	37	134.4	55	222.0	11	^	182	697.2
Needles	12	^	NA	NA	NA	NA	57	1,039.9
Ontario	188	182.4	236	254.2	52	55.8	797	788.0
Rancho Cucamonga	175	143.3	166	157.8	31	28.9	667	585.3
Redlands	126	168.3	144	176.9	44	55.8	592	764.7
Rialto	101	152.2	105	185.3	32	57.3	453	722.0
San Bernardino City	245	165.5	343	234.0	64	44.2	1,319	863.4
Twentynine Palms	27	212.2	39	334.5	12	^	152	1,124.9
Upland	113	152.7	137	186.2	19	^	481	NA
Victorville	90	105.5	110	141.4	46	NA	440	528.9
Yucaipa	92	163.9	124	210.3	26	43.7	487	854.7
Yucca Valley	73	NA	92	289.9	44	NA	351	1,189.0
San Bernardino County	**2,676**	**168.0**	**3,053**	**207.3**	**672**	**46.0**	**11,866**	**762.0**

Source: San Bernardino County Department of Public Health. (2013). Deaths and death rates for selected causes of death by race/ethnicity, Residents of San Bernardino County, Cities/towns/communities, and California, 2009.
Note: Rates were calculated by the San Bernardino County Department of Public Health using 2010 U.S. Census population data.
Note: Data are most recent available.
^ Number of cases less than 20 are too small to calculate a rate, as small numbers are unstable and can be misinterpreted.

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NUMBER OF DEATHS FOR SELECTED CAUSES OF DEATH, 2009

City	Motor Vehicle Accidents	Pedal Cyclists and Pedestrian Accidents
Adelanto	8	1
Apple Valley	3	1
Barstow	3	2
Big Bear Valley	3	2
Chino	4	1
Chino Hills	3	1
Colton	6	1
Fontana	19	3
Grand Terrace	2	1
Hesperia	9	4
Highland	12	2
Loma Linda	0	0
Montclair	3	2
Needles	0	0
Ontario	11	4
Rancho Cucamonga	5	3
Redlands	7	1
Rialto	32	4
San Bernardino City	18	5
Twentynine Palms	8	3
Upland	7	0
Victorville	11	0
Yucaipa	6	0
Yucca Valley	2	2
San Bernardino County	**186**	**51**

Source: San Bernardino County Department of Public Health. (2013). Deaths and death rates for selected causes of death by race/ethnicity, Residents of San Bernardino County, Cities/towns/communities, and California, 2009.
Note: Number of cases are less than 20 and too small to calculate a rate, as small numbers are unstable and can be misinterpreted.
Note: Rates were calculated by the San Bernardino County Department of Public Health using 2010 U.S. Census population data.
Note: Data are most recent available.

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Health Behaviors Snapshot

of SAN BERNARDINO COUNTY:

	HP 2020	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Physical Activity • Percentage of teens (12-17 years) who met CDC recommendation of 1 hour or more of daily physical activity	20.2%	15.2%	19.0%	NA
Nutrition • Percentage of 7th grade students who ate breakfast in the past day	NA	67%	62%	↑
Alcohol, Tobacco, and Other Drug Use • Percentage of 11th grade students who reported any alcohol or drug use in the past 30 days	NA	39%	42%	NA

↑ Increasing (Upward) trend; ↓ Declining (Downward) trend; ↔ Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.

Note: Data presented in the table are the most recent data available.

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Physical Activity

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.[40] 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.

SAN BERNARDINO COUNTY STUDENTS *and adults are exercising less than their peers in California.*

Data regarding physical activity among adults is limited and therefore adults who walked for transportation, fun, or exercise in the past seven days is used as a proxy measure. Fewer adults in San Bernardino County walked than in California as a whole. In San Bernardino County, African American adults had the highest percentages of those who walked (83%), followed by Latinos (75%) and Whites (74%) in 2009. Further, African Americans had the highest increase in walking, from 66% of adults in 2003 to 83% in 2009.

Less than 20% of teens (ages 12-17) in San Bernardino County met the CDC recommendation of 60 minutes of physical activity every day, greater than in California at 15% in 2009.

California students are assessed for whether they achieve six physical fitness standards in 5th, 7th and 9th grades. Students in San Bernardino County had slightly lower levels of achievement of at least five of the six- physical fitness standards as compared to students in California, in the school years 2010-11 and 2011-12. For example, 47% of county 5th graders achieved at least five of the six standards, as compared to 49% of California 5th graders in 2011/12.

There was a wide range of differences in student fitness achievement depending on the school district in the county. For example, the top three schools for 9th grade achievement of five of six fitness standards were Yucaipa-Calimesa Joint Unified (78%), Bear Valley Unified (72%), and Chino Valley Unified (69%), while the lowest three districts were San Bernardino County Office of Education (28%), Colton Joint Unified (39%), and San Bernardino City Unified (39%).

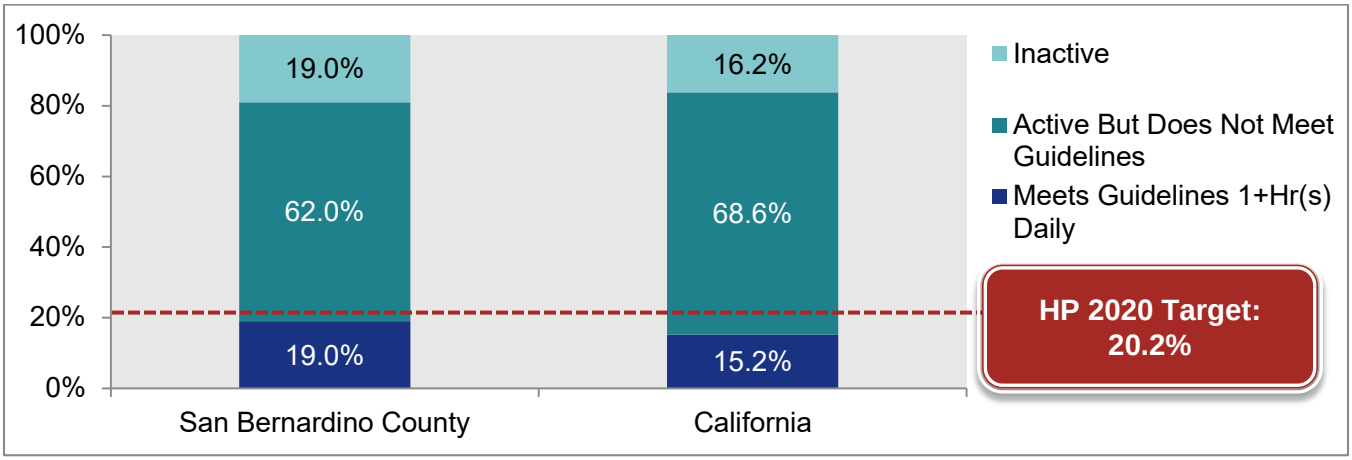
[40] Centers for Disease Control and Prevention. (2011). Physical activity and health: The benefits of physical activity. Atlanta, GA.

Percentage of Adults (18 Years and Older) Who Walked for Transportation, Fun, or Exercise in the Past Seven Days, by Ethnicity

Ethnicity/Region	2003	2005	2009	03-09[1] Net Change
African American				
San Bernardino County	**65.9%**	**67.0%**	**83.4%**	**17.5**
California	67.8%	74.9%	74.6%	6.8
Latino				
San Bernardino County	**65.2%**	**79.3%**	**74.5%**	**9.3**
California	74.5%	79.0%	79.1%	4.6
White				
San Bernardino County	**65.7%**	**70.2%**	**73.9%**	**8.2**
California	72.8%	76.8%	76.4%	3.6
All Ethnic Groups				
San Bernardino County	**65.7%**	**73.8%**	**74.7%**	**9.0**
California	73.0%	77.9%	77.2%	4.2

Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Walked for transportation, fun, or exercise, 2003-2009.
Note: Data for American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Asian, and Two or More Races were not presented because data were statistically unstable due to small number of respondents.
Note: Data presented are the most recent available.
[1] Question was not asked in 2007.

Percentage of Teens (12-17 Years) Who Were Physically Active in a Typical Week, 2009



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.
Note: Data presented are the most recent available.

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Percentage of Students Achieving at Least 5 Out of 6 Physical Fitness Standards, by Grade

Grade	2010-11	2011-12
5th Grade		
San Bernardino County	**46.3%**	**46.6%**
California	48.4%	48.6%
7th Grade		
San Bernardino County	**52.1%**	**52.8%**
California	54.9%	55.0%
9th Grade		
San Bernardino County	**53.8%**	**53.5%**
California	59.4%	59.4%

Source: California Department of Education, Statewide Assessment Division. (2013). Physical fitness testing results, 2010–2012. .

Note: The Fitness Areas include Aerobic Capacity, Body Composition, Abdominal Strength, Trunk Extensor Strength, Upper Body Strength, and Flexibility.

Percentage of Students Achieving at Least 5 Out of 6 Physical Fitness Standards, 2011-12

School District[1]	5th Grade	7th Grade	9th Grade
Adelanto Elementary	40.7%	52.3%	NA
Alta Loma Elementary	61.8%	61.9%	NA
Apple Valley Unified	53.6%	48.6%	51.8%
Barstow Unified	39.2%	58.4%	67.4%
Bear Valley Unified	51.4%	56.0%	72.1%
Central Elementary	61.5%	73.5%	NA
Chaffey Joint Union High	NA	NA	61.1%
Chino Valley Unified	54.8%	63.9%	69.4%
Colton Joint Unified	35.6%	45.6%	38.6%
Cucamonga Elementary	55.9%	71.6%	NA
Etiwanda Elementary	61.9%	68.5%	NA
Fontana Unified	38.5%	44.5%	50.2%
Hesperia Unified	47.1%	56.6%	48.0%
Lucerne Valley Unified	33.8%	35.5%	43.2%
Morongo Unified	48.5%	50.6%	66.7%
Mountain View Elementary	63.6%	61.6%	NA
Ontario-Montclair Elementary	40.6%	42.9%	NA
Oro Grande Elementary	63.3%	55.0%	59.4%
Redlands Unified	49.3%	58.0%	56.6%
Rialto Unified	40.2%	45.5%	52.7%
Rim of the World Unified	65.6%	67.5%	56.9%
San Bernardino City Unified	40.9%	42.9%	39.0%
San Bernardino County Office of Education	9.1%	25.3%	27.7%
Silver Valley Unified	64.6%	59.7%	47.7%
Snowline Joint Unified	41.6%	61.6%	64.6%
Upland Unified	52.7%	67.5%	60.2%
Victor Elementary	42.8%	NA	NA
Victor Valley Union High	NA	45.3%	49.3%
Yucaipa-Calimesa Joint Unified	65.6%	64.4%	77.5%

Source: California Department of Education, Statewide Assessment Division. (2013). Physical fitness testing results, 2008-2010.

Note: The Fitness Areas include Aerobic Capacity, Body Composition, Abdominal Strength, Trunk Extensor Strength, Upper Body Strength, and Flexibility.

[1] *Only school districts with more than 1,000 students are presented.*

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Nutrition

Eating breakfast is important for weight control and to provide focus and energy for the day.[41] Children who eat breakfast are better able to pay attention, perform problem-solving tasks, have fewer school absences, and have better behavior in school.[42]

***ONLY ABOUT HALF OF** San Bernardino County students in 9th and 11th grades ate breakfast the day before the survey.*

Only slightly more than half of 9th and 11th graders (54%) in the county had eaten breakfast in the past day in 2009-2011. Further, a smaller percentage of San Bernardino County students in 7th, 9th, and 11th grades ate breakfast as compared to students in California overall between 2007 and 2011. For example, 62% of county 7th graders ate breakfast in the day prior to the survey, as compared to 67% of 7th graders overall in California in 2009-2011. However, there were slight increases (about 3 to 4 percentage points) in county students from 7th, 9th and 11th grades eating breakfast between 2007 and 2011.

There were large differences in the percentage of children eating breakfast based on their school district. For example, 62% of 11th graders ate breakfast the day prior to the survey in Redlands Unified School District compared to 45% in Barstow Unified School District in 2008-2010.

PERCENTAGE OF STUDENTS WHO ATE BREAKFAST IN THE PAST DAY

Grade	2007-2009	2008-2010	2009-2011	07-11 Net Change
7th Grade				
San Bernardino County	**59%**	**62%**	**62%**	**3.0**
California	65%	67%	67%	2.0
9th Grade				
San Bernardino County	**50%**	**54%**	**54%**	**4.0**
California	58%	60%	60%	2.0
11th Grade				
San Bernardino County	**50%**	**54%**	**54%**	**4.0**
California	57%	59%	59%	2.0

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013). Eating of breakfast, Table A7.1, 2007 – 2009, 2008 – 2010, and 2009 – 2011.
Note: Each three-year period represents two academic years. For example, the 2009 – 2011 data represent the 2009 – 2010 and 2010 – 2011 academic years.

[41] United States Department of Agriculture. (2010). *Start Smart. Eat Breakfast.* Retrieved from www.fns.usda.gov.

[42] USDA School Breakfast Toolkit (http://www.fns.usda.gov/cnd/breakfast/expansion/default.htm); Food Research and Action Center (http://frac.org/federal-foodnutrition-programs/school-breakfast-and-lunch/school-breakfast-program/); Nutrition Explorations (www.nutritionexplorations.org); 2010 Family Nutrition and Physical Activity Survey, Academy of Nutrition and Dietetics Foundation. Retrieved 2013 from http://www.eatright.org/search.aspx?search=children+and+breakfast&type=Site

Percentage of Students Who Ate Breakfast in the Past Day, 2008-2010

School District[1]	7th Grade	9th Grade	11th Grade
Adelanto Elementary	59%	NA	NA
Alta Loma Elementary	69%	NA	NA
Apple Valley Unified	54%	57%	55%
Barstow Unified	53%	47%	45%
Bear Valley Unified	61%	67%	58%
Central Elementary	65%	NA	NA
Chaffey Joint Union High	NA	55%	57%
Chino Valley Unified	65%	63%	60%
Colton Joint Unified	58%	55%	49%
Cucamonga Elementary	65%	NA	NA
Etiwanda Elementary	68%	NA	NA
Fontana Unified	56%	52%	52%
Hesperia Unified	64%	45%	46%
Morongo Unified	62%	50%	50%
Mountain View Elementary	64%	NA	NA
Ontario-Montclair Elementary	57%	NA	NA
Redlands Unified	74%	65%	62%
Rialto Unified	61%	54%	50%
San Bernardino City Unified	54%	45%	47%
Silver Valley Unified	60%	48%	57%
Snowline Joint Unified	69%	57%	61%
Upland Unified	72%	60%	58%
Victor Valley Union High	65%	54%	57%
Yucaipa-Calimesa Joint Unified	67%	60%	58%

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013). Eating of breakfast, Table A7.1, 2007 – 2009, 2008 – 2010, and 2009 – 2011.

Note: Each three-year period represents two academic years. For example, the 2009 – 2011 data represent the 2009 – 2010 and 2010 – 2011 academic years.

[1] *Only school districts with more than 1,000 students are presented.*

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Alcohol, Tobacco, and Other Drug Use

In the United States, binge drinking is usually defined as having five or more drinks on one occasion in about two hours. This behavior greatly increases the chances of getting hurt or hurting others due to car crashes, violence, and suicide. One-fourth of the alcohol consumed by adults in the United States is in the form of binge drinking. Binge drinking is commonly associated with college students, and the age group with the greatest number of binge drinkers is 18-34 years old. However, the age group that binge drinks most frequently is 65 years and over. Excessive alcohol consumption, including binge drinking, causes 80,000 deaths in the U.S. each year.[43]

Forty-two percent of San Bernardino County 11th graders reported using alcohol or any other drug in the past 30 days prior to a survey taken in 2009-2011. The rates were highest in Bear Valley Unified where about half (51%) of 11th graders reported using alcohol or another drug in 2009-2010. More than one third (36%) of county 11th graders reported drinking alcohol in the last month, according to the 2009-2011 survey. One in four 11th graders (24%) reported binge drinking in the last month in the county, similar to California at 22%.

ONE IN FOUR 11TH GRADERS *reported binge drinking in the last month and more than one in four adults reported binging in the last year in San Bernardino County. Tobacco use is going down for adults in the county.*

More than one out of four county adults (31%) reported binge drinking in the past year, similar to California, according to 2009 data.

Lung cancer is the number one cause of cancer deaths in the United States. Smoking increases a person's risk of developing lung cancer and chronic lung diseases such as emphysema, heart disease, and stroke. People exposed to secondhand smoke or environmental smoke are also put at greater risk for developing these diseases. Additionally, children exposed to secondhand smoke are at greater risk for Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear problems, asthma, and have slower lung growth.[44]

Individuals who quit smoking lessen their risk for disease. Tobacco dependence is a chronic condition that often requires repeated interventions. Effective treatments and resources do exist and the CDC reports that there are now more ex-smokers than smokers.

Fourteen percent of county 11th graders reported smoking cigarettes in the last 30 days, similar to the state at 13%, according to 2009-2011 data. Fifteen percent of county adults reported being current tobacco smokers in 2009, down from 20% in 2001. White adults had the highest rates of current smoking at 18% in 2009, followed by African Americans at 15% and Latinos at 8%.

[43] Center for Disease Control and Prevention. (2012). Vital signs: Binge drinking. Retrieved from http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

[44] U.S. Department of Health & Human Services. (2007). The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General, U.S. Department of Health & Human Services. Washington, DC.

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Percentage of Students Who Reported Any Alcohol or Other Drug Use in the Past 30 Days, by School District and Grade, 2009-2010

School District[1]	7th Grade	9th Grade	11th Grade	Healthy People Objective 2020 Target
Apple Valley Unified	29%	32%	39%	16.6%
Barstow Unified	21%	38%	35%	
Bear Valley Unified	15%	36%	51%	
Chino Valley Unified	16%	29%	39%	
Colton Joint Unified	24%	41%	44%	
Fontana Unified	26%	38%	41%	
Hesperia Unified	21%	33%	44%	
Morongo Unified	21%	33%	39%	
Redlands Unified	9%	23%	38%	
Rialto Unified	20%	37%	36%	
San Bernardino City Unified	29%	37%	42%	
Silver Valley Unified	20%	36%	38%	
Snowline Joint Unified	20%	32%	35%	
Upland Unified	13%	30%	34%	
Victor Valley Union High	23%	35%	42%	
Yucaipa-Calimesa Joint Unified	14%	36%	42%	
San Bernardino County[2]	**21%**	**34%**	**42%**	
California[2]	16%	29%	39%	

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013)., Current alcohol and other drug use, Past 30 days, Table A4.3, By school district, 2009-2010, By county and statewide, 2009-2011.

[1] *Only school districts with more than 1,000 students are presented.*

[2] *County and state data are 2009-2011.*

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Percentage of Students Who Reported Drinking Alcohol in the Past 30 Days, by School District and Grade, 2009-2010

School District[1]	7th Grade	9th Grade	11th Grade
Apple Valley Unified	25%	26%	32%
Barstow Unified	18%	31%	29%
Bear Valley Unified	15%	32%	45%
Chino Valley Unified	12%	25%	35%
Colton Joint Unified	20%	32%	39%
Fontana Unified	19%	31%	35%
Hesperia Unified	17%	27%	37%
Morongo Unified	17%	26%	35%
Redlands Unified	8%	19%	33%
Rialto Unified	16%	31%	31%
San Bernardino City Unified	23%	30%	36%
Silver Valley Unified	16%	32%	32%
Snowline Joint Unified	15%	25%	31%
Upland Unified	11%	22%	23%
Victor Valley Union High	18%	27%	34%
Yucaipa-Calimesa Joint Unified	13%	30%	36%
San Bernardino County[2]	**16%**	**28%**	**36%**
California[2]	13%	24%	33%

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013). Current alcohol and other drug use, Past 30 days, Table A4.3, By school district, 2009-2010, By county and statewide, 2009-2011.

[1] Only school districts with more than 1,000 students are presented.

[2] County and state data are 2009-2011.

Percentage of Students Who Reported Binge Drinking in the Past 30 Days, by School District and Grade, 2009-2010

School District[1]	7th Grade	9th Grade	11th Grade	Healthy People Objective 2020 Target
Apple Valley Unified	17%	16%	22%	8.6%
Barstow Unified	9%	20%	20%	
Bear Valley Unified	6%	21%	36%	
Chino Valley Unified	6%	15%	22%	
Colton Joint Unified	11%	21%	28%	
Fontana Unified	9%	18%	23%	
Hesperia Unified	8%	17%	28%	
Morongo Unified	9%	16%	24%	
Redlands Unified	3%	12%	21%	
Rialto Unified	6%	18%	18%	
San Bernardino City Unified	12%	17%	23%	
Silver Valley Unified	9%	19%	24%	
Snowline Joint Unified	7%	16%	22%	
Upland Unified	4%	13%	16%	
Victor Valley Union High	8%	16%	20%	
Yucaipa-Calimesa Joint Unified	7%	21%	24%	
San Bernardino County[2]	**8%**	**17%**	**24%**	
California[2]	5%	15%	22%	

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013).Current binge (episodic heavy) drinking, Past 30 days, Table A4.7, By school district, 2009-2010, By county and statewide, 2009-2011

Note: Binge drinking is considered five or more drinks of alcohol in a row within a two-hour period

[1] Only school districts with more than 1,000 students are presented.

[2] County and state data are 2009-2011.

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Percentage of Adults (18 Years and Older) Who Reported Binge Drinking in the Past Year, by Ethnicity

Ethnicity/Region	2007	2009	Healthy People Objective 2020 Target
Latino			24.4%
San Bernardino County	**33.5%**	**30.0%**	
California	32.4%	33.1%	
White			
San Bernardino County	**30.4%**	**36.2%**	
California	32.0%	34.3%	
Other Ethnicity			
San Bernardino County	**18.6%**	**19.2%**	
California	20.2%	22.0%	
All Ethnicities			
San Bernardino County	**29.7%**	**30.6%**	
California	29.7%	31.3%	

Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2013). Binge drinking in the past year by race/ethnicity, 2007 and 2009.
Note: Other Ethnicity includes African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and Two or More Races because individual data were statistically unstable.

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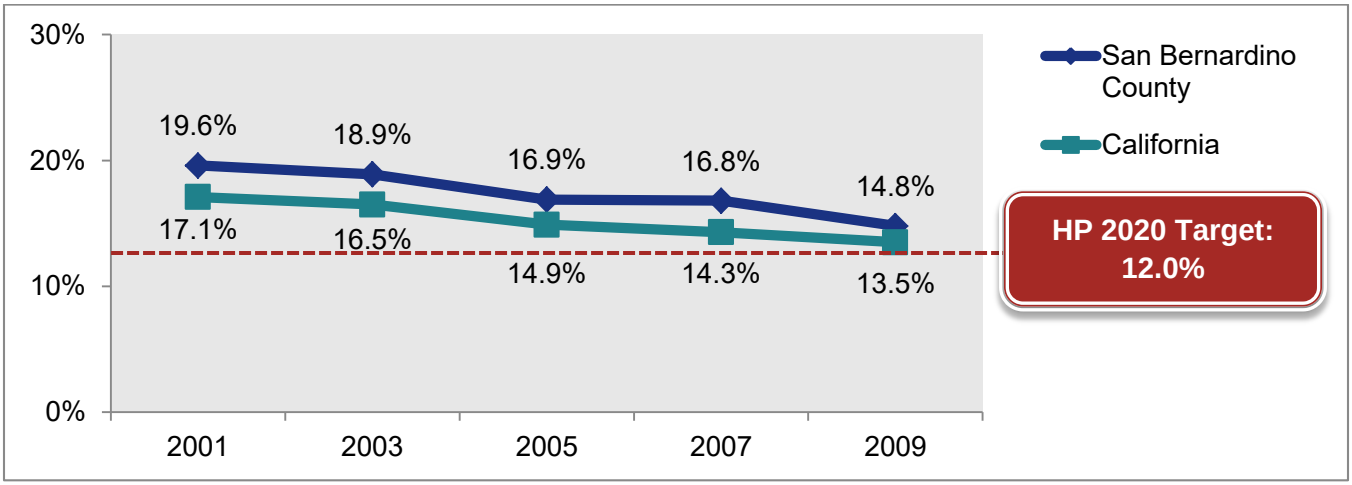
Percentage of Students Who Reported Smoking Cigarettes in the Past 30 Days, by School District and Grade Level, 2009-2010

School District[1]	7th Grade	9th Grade	11th Grade	Healthy People Objective 2020 Target
Apple Valley Unified	15%	11%	15%	16.0%
Barstow Unified	8%	14%	15%	
Bear Valley Unified	8%	11%	24%	
Chino Valley Unified	4%	11%	14%	
Colton Joint Unified	9%	12%	17%	
Fontana Unified	7%	12%	12%	
Hesperia Unified	8%	12%	14%	
Morongo Unified	9%	12%	11%	
Redlands Unified	4%	8%	13%	
Rialto Unified	4%	9%	11%	
San Bernardino City Unified	9%	11%	13%	
Silver Valley Unified	8%	16%	23%	
Snowline Joint Unified	5%	10%	15%	
Upland Unified	4%	8%	18%	
Victor Valley Union High	8%	11%	13%	
Yucaipa-Calimesa Joint Unified	6%	17%	16%	
San Bernardino County[2]	**6%**	**11%**	**14%**	
California[2]	5%	9%	13%	

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013). Any and daily use of cigarettes and smokeless tobacco, Past 30 days, Table A5.3, By school district, 2009-2010, By county and statewide, 2009-2011.
Note: This table does not include smokeless tobacco use data.
[1] Only school districts with more than 1,000 students are presented.
[2] County and state data are 2009-2011.

Percentage of Adults (18 Years and Older) Who Currently Smoke



Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Smoking status: Current, former, and never, 2001, 2003, 2005, 2007, 2009.

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Percentage of Adults (18 Years and Older) Who Currently Smoke, by Ethnicity

Ethnicity/Region	2001	2003	2005	2007	2009	01-09 Net Change
African American						
San Bernardino County	**26.2%**	**22.3%**	**15.5%[1]**	**21.6%**	**15.2%**	**-11.0**
California	22.0%	19.9%	18.2%	21.9%	16.5%	-5.5
Latino						
San Bernardino County	**13.7%**	**13.5%**	**13.0%**	**12.1%**	**8.4%**	**-5.3**
California	15.0%	14.8%	13.4%	12.7%	12.5%	-2.5
White						
San Bernardino County	**23.9%**	**23.0%**	**21.8%**	**21.4%**	**17.6%**	**-6.3**
California	18.1%	17.2%	15.8%	14.8%	14.1%	-4.0

Source: California Health Interview Survey, UCLA Center for Health Policy Research. (2012). Smoking status: Current, former, and never, by race/ethnicity, 2001, 2003, 2005, 2007, 2009.

[1]Data are statistically unstable

Note: Data for American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and Two or More Races were not presented because data were statistically unstable due to small number of respondents.

Note: Data are most recent available.

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Infant Health Snapshot

of SAN BERNARDINO COUNTY:

	HP 2020	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Births • Number of live births	NA	NA	30,573	↓
Preterm Births • Percentage of preterm births	11.4%	10.0%	11.2%	↔
Teen Births • Percentage of teen births	NA	7.7%	10.1%	↓
Breastfeeding • Percentage of new mothers who breastfed exclusively in the hospital	NA	60.6%	56.8%	↑

↑ Increasing (Upward) trend; ↓ Declining (Downward) trend; ↔ Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.

Note: Data presented in the table are the most recent data available.

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Births

***Overall births are** decreasing substantially in San Bernardino County, especially for Pacific Islanders, Latinos and Native Americans.*

Births are an indication of population growth as well as a demand on a community's infrastructure, such as hospitals and schools. It is imperative to understand birth trends so that communities may plan for and accommodate the needed services for the future.

There were 30,573 births in San Bernardino County in 2011, a steady decline of 13% from 35,193 births in 2007. The most births were to Latino families at 17,843 births in 2011, followed by 7,615 births to White families, and 2,685 births to African American families.

Women who receive adequate prenatal care are more likely to have better birth outcomes. Eighty-two percent of births in 2011 were to mothers who received prenatal care during their first trimester; this percentage met and exceeded the Healthy People 2020 target of 78%.

The U.S. infant mortality rate is higher than those in most other developed countries, and the gap between the U.S. infant mortality rate and the rates for the countries with the lowest infant mortality appears to be widening.[45] In 2010, the infant mortality rate (infant deaths per 1,000 live births) was 5.7 for San Bernardino County residents, 21% higher than the California rate of 4.7.

Number of Live Births, by Ethnicity, San Bernardino County

Ethnicity	2007	2008	2009	2010	2011	07-11 % Change
African American	2,811	2,714	2,697	2,738	2,685	-4.5%
Asian	1,803	1,695	1,665	1,626	1,648	-8.6%
Latino	21,161	20,190	18,775	18,249	17,843	-15.7%
White	8,629	8,360	8,093	7,925	7,615	-11.8%
Native American	106	135	112	120	90	-15.1%
Pacific Islander	149	134	110	121	116	-22.1%
Two or More Races	534	560	532	588	576	7.9%
All Race/Ethnic Groups	**35,193**	**33,788**	**31,984**	**31,367**	**30,573**	**-13.1%**

Source: San Bernardino County Department of Public Health. (2013). San Bernardino County live births, By mother's race/ethnicity, first trimester prenatal care, birth weight, and mother's age, 2007 – 2011.

[45] Centers for Disease Control, NCHS data brief, Recent Trends in Infant Mortality in the United States, retrieved on July 2, 2013 at http://www.cdc.gov/nchs/data/databriefs/db09.htm

Live Birth Rate Per 1,000[1], by City, 2009

City	Number	Birth Rate
Adelanto	653	91.2
Apple Valley	1,000	78.0
Barstow	981	207.6
Big Bear Valley	204	75.3
Chino	1,032	58.5
Chino Hills	785	49.1
Colton	997	81.4
Fontana	3,822	82.3
Grand Terrace	152	59.5
Hesperia	1,311	68.2
Highland	786	67.2
Loma Linda	284	50.1
Montclair	575	70.4
Needles	0	-
Ontario	2,944	76.9
Rancho Cucamonga	1,978	53.6
Redlands	886	59.7
Rialto	1,741	76.0
San Bernardino City	4,676	97.9
Twentynine Palms	670	119.9
Upland	955	61.1
Victorville	1,531	60.2
Yucaipa	632	64.6
Yucca Valley	306	83.4

Source: San Bernardino County Department of Public Health. (2013). San Bernardino County live births: By mother's race/ethnicity, first trimester prenatal care, birth weight, and mother's age, 2009; California Department of Public Health, Birth Records. (2010). Live births by race/ethnicity, San Bernardino County, 2009.

Note: Rates were calculated by the San Bernardino County Department of Public Health using 2010 U.S. Census population data.

[1] General Fertility Rate defined as live births per 1,000 females 15-44 years of age.

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Preterm Births

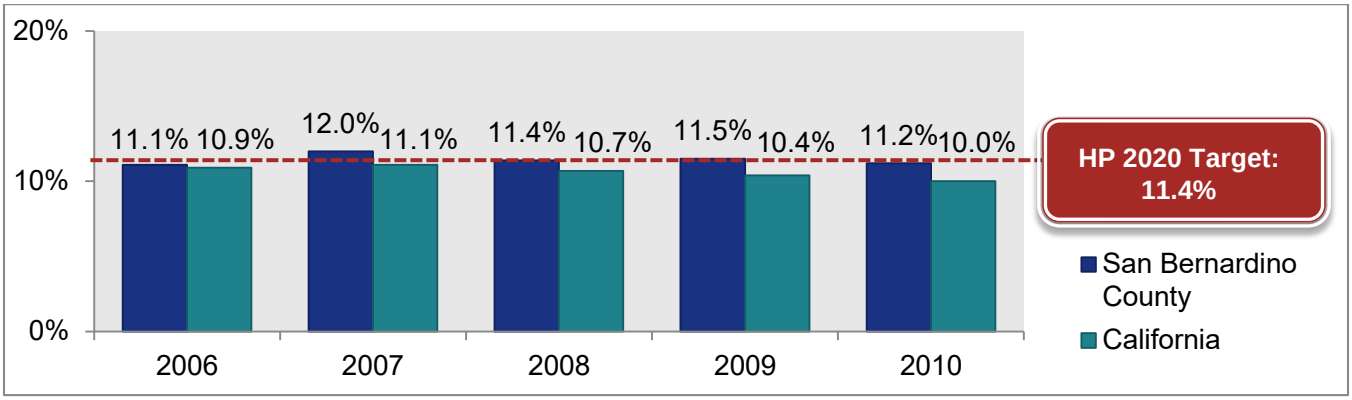
Babies are usually born at about 40 weeks of gestation. However, when a baby is born before 37 weeks, it is considered a preterm birth. Some of the factors that contribute to a preterm birth include being a teen mother or an older mother, a multiple pregnancy (e.g. twins, triplets), the use of fertility drugs, high blood pressure, tobacco use, a short cervix, infections, diabetes, and poor nutrition. African American women are more prone to having preterm births.[46]

***THERE WERE CONSISTENTLY** higher rates of preterm births in San Bernardino County than in California overall.*

In San Bernardino County, 11% of births were considered preterm in 2010, higher than in California overall at 10%.

The average newborn weights about seven pounds at birth. A newborn that weighs less than 5.5 pounds at birth is classified as low birth weight. The most common reason for low birth weight is preterm birth. Approximately 7% of all babies in the county were born at low birth weight in 2011; this percentage met the Healthy People 2020 target of 8%.

PERCENTAGE OF PRETERM BIRTHS



Source: State of California, Department of Public Health, Birth Records. (2013). Percentage of live births with selected medical characteristics, California counties and selected city health departments, Table 2-22, 2006-2010.

[46] Mayo Clinic. (2011). Premature birth. Retrieved from http://www.mayoclinic.com/health/premature-birth/DS00137

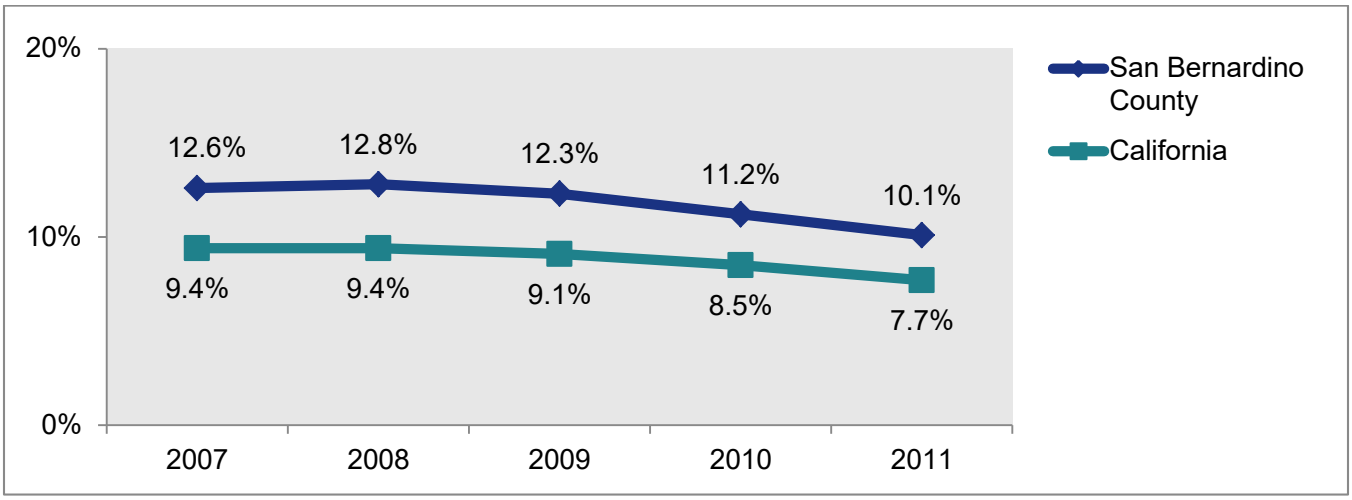
Teen Births

Teen parents and their children are often at greater risk for experiencing negative short- and long-term consequences in the areas of health, school, and economic success, as compared to parents who wait to have children.[47] Research from the National Campaign to Prevent Teen Pregnancy links teen pregnancy to premature births, low birth weight, and lower school success.[48] For example, children born to teens are 50% more likely to repeat a grade, are less likely to complete high school, and perform lower on standardized tests than children of older mothers.

***THE TEEN BIRTH RATE IS HIGHER IN** San Bernardino County than in California overall, but it has been declining in both the county and the state.*

About 10% of births in the county in 2011 were to teens ages 19 and under. Multi-ethnic teens and African American teens had the highest teen birth rates at 13%-14%.

TEEN BIRTHS AS A PERCENTAGE OF TOTAL BIRTHS (FOR AGES 19 AND UNDER)



Source: State of California, Department of Public Health, Birth Records. (2013). Number and percentage of live births to teen mothers, California counties, Table 2-21, 2007-2011.

[47] National Campaign to Prevent Teen and Unplanned Pregnancy. (2012). Why it matters: Teen childbearing, education, and economic wellbeing. Retrieved from: http://www.thenationalcampaign.org/why-it-matters/pdf/Childbearing-Education-EconomicWellbeing.pdf

[48] National Campaign to Prevent Teen and Unplanned Pregnancy. (2012). Why it matters: Teen pregnancy. Retrieved from http://www.thenationalcampaign.org/why-it-matters/wim_teens.aspx

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Teen Births as a Percentage of Total Births (Ages 19 and Under), by Ethnicity, San Bernardino County

Ethnicity	2007	2008	2009	2010	2011	07-11 Net Change
African American						
Number	460	451	442	406	359	-
Percentage	16.4%	16.6%	16.4%	14.8%	13.3%	-3.1
Asian						
Number	43	29	32	22	24	-
Percentage	2.4%	1.7%	1.9%	1.4%	1.5%	-0.9
Latino						
Number	3,057	2,991	2,661	2,410	2,095	-
Percentage	14.4%	14.8%	14.2%	13.2%	11.7%	-2.7
White						
Number	742	728	652	552	507	-
Percentage	8.6%	8.7%	8.1%	7.0%	6.7%	-1.9
Native American						
Number	17	19	15	14	11	-
Percentage	16.0%	14.1%	13.4%	11.7%	12.2%	-3.8
Pacific Islander						
Number	13	12	11	9	9	-
Percentage	8.7%	9.0%	10.0%	7.4%	7.8%	-0.9
Two or More Races						
Number	90	94	109	93	80	-
Percentage	16.9%	16.8%	20.5%	15.8%	13.9%	-3.0

Source: San Bernardino County Department of Public Health. (2013). San Bernardino County live births, births by mother's race/ethnicity, San Bernardino County residents, 2007-2011.

TEEN BIRTH RATE (AGES 15-17), BY CITY, 2009

City	Number	Rate per 1,000[1]	City	Number	Rate per 1,000[1]
Adelanto	41	42.2	Montclair	20	21.4
Apple Valley	21	11.4	Needles	-	-
Barstow	41	73.7	Ontario	98	22.4
Big Bear Valley	4	^	Rancho Cucamonga	22	5.4
Chino	32	17.3	Redlands	19	12.2
Chino Hills	8	^	Rialto	79	26.1
Colton	36	26.8	San Bernardino City	260	45.5
Fontana	148	25.2	Twentynine Palms	4	^
Grand Terrace	2	^	Upland	23	13.9
Hesperia	48	17.6	Victorville	67	20.5
Highland	36	23.4	Yucaipa	16	^
Loma Linda	6	^	Yucca Valley	11	^

Source: San Bernardino County Department of Public Health. (2013). San Bernardino County live births, by first trimester prenatal care, birth weight, and mother's age, 2009.

^ Number of cases are fewer than 20 and too small to calculate a rate, as small numbers are unstable and can be misinterpreted.

Note: There were no births to women who live in Needles in 2009.

Note: Rates were calculated by the San Bernardino County Department of Public Health using 2000 U.S. Census population data.

[1] Age specific birth rate defined as live births per 1,000 females 15-17 years of age.

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Breastfeeding

According to the American Academy of Pediatrics (AAP), breastfeeding has health advantages for infants, mothers, families, and society. There is strong evidence that children who are breastfed have fewer infectious diseases, a lower rate of Sudden Infant Death Syndrome (SIDS), and better cognitive development. The social benefits include lower health care costs, parents missing fewer days of work, and less pressure on the environment from manufacturing milk (fewer pesticides, fertilizer, and antibiotics). Because of such benefits, the AAP recommends that infants should be exclusively breastfed for at least six months after birth.[49]

To improve exclusive breastfeeding rates in California, the senate recently passed SB402, which requires all perinatal hospitals in the state to adopt by 2025 the "Ten Steps to Successful Breastfeeding", an equivalent process that includes evidence-based policies and practices, or the California Department of Public Health Model Hospital Policy Recommendations. This bill aims to help improve health outcomes for infants and children.

NEW MOTHERS IN SAN BERNARDINO *County hospitals are breastfeeding at a lower rate than new mothers in California overall. Latino, Asian, and African American mothers are breastfeeding exclusively at lower rates than White and Native American mothers in the county.*

The term "exclusive breastfeeding" means that mothers are only breastfeeding, while "any breastfeeding" means that mothers are supplementing breast milk with infant formula. While both "any breastfeeding" and "exclusive breastfeeding" are displayed in the following pages, the text focuses on exclusive breastfeeding since it is the primary recommendation for new mothers.

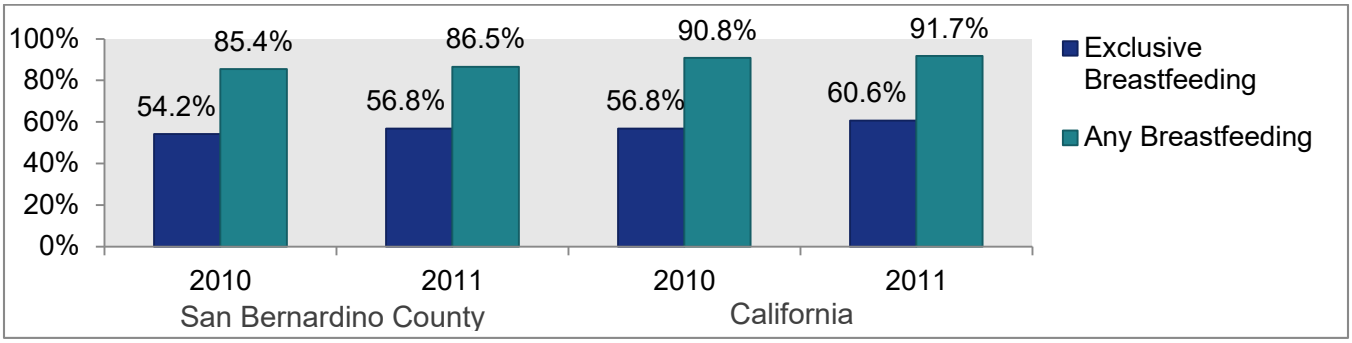
New mothers in San Bernardino County hospitals are breastfeeding at a lower rate than new mothers in California overall; 57% of new mothers in the county breastfed exclusively in the hospital as compared to 61% of new mothers in California hospitals overall in 2011. The good news, however, is that exclusive breastfeeding is going up in the county, from 54% of new mothers in 2010 to 57% in 2011.

There were large differences in breastfeeding rates by hospital in the county. For example, 75% of new mothers breastfed exclusively at Kaiser Ontario Medical Center, while only 24% of new mothers at Montclair Hospital Medical Center and 32% of new mothers at Victor Valley Community Hospital breastfed exclusively in 2011.

Similarly, there were large differences in breastfeeding rates by ethnicity in the county. Sixty-eight percent of new mothers who identified as White breastfed exclusively in the hospital, followed by 67% of Native American mothers, 56% of Asian mothers, and 55% of Latino mothers. Less than half of African American mothers (43%) and less than one-third of Pacific Islander mothers (31%) breastfed in the hospital exclusively in 2011.

[49] American Academy of Pediatrics. (2005). Breastfeeding and the use of human milk. *Pediatrics, 115*(2), 496-506. Retrieved from http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496. Doi: 10.1542/peds.2004-2491

In-Hospital Breastfeeding



Source: California Department of Public Health. (2013). California in-hospital breastfeeding as indicated on the newborn screening test form, Statewide and maternal county of residence by race/ethnicity, 2010.
Note: Data presented cannot be compared to data published in prior years due to recent revisions to the NBS data collection tool (NBS Form) as well as changes in their data analysis methodology.

In-Hospital Breastfeeding, by Hospital

Delivery Location	2010	2011
Arrowhead Regional Medical Center		
Exclusive Breastfeeding	75.0%	68.7%
Any Breastfeeding	86.0%	84.9%
Barstow Community Hospital		
Exclusive Breastfeeding	56.0%	62.5%
Any Breastfeeding	77.8%	79.0%
Desert Valley Hospital		
Exclusive Breastfeeding	32.8%	41.4%
Any Breastfeeding	79.8%	79.4%
Hi-Desert Medical Center		
Exclusive Breastfeeding	60.5%	65.2%
Any Breastfeeding	81.0%	82.4%
Kaiser-Fontana		
Exclusive Breastfeeding	73.7%	72.2%
Any Breastfeeding	90.2%	90.3%
Kaiser Ontario Medical Center		
Exclusive Breastfeeding	NA	75.4%
Any Breastfeeding	NA	92.6%
Loma Linda University Hospital		
Exclusive Breastfeeding	51.6%	55.6%
Any Breastfeeding	90.9%	91.1%

Delivery Location	2010	2011
Montclair Hospital Medical Center		
Exclusive Breastfeeding	30.0%	23.7%
Any Breastfeeding	81.5%	79.1%
Redlands Community Hospital		
Exclusive Breastfeeding	61.1%	72.8%
Any Breastfeeding	90.0%	91.8%
San Antonio Community Hospital		
Exclusive Breastfeeding	64.3%	62.2%
Any Breastfeeding	88.8%	91.1%
San Bernardino Community Hospital		
Exclusive Breastfeeding	51.4%	51.5%
Any Breastfeeding	79.4%	77.0%
St. Bernardine Medical Center		
Exclusive Breastfeeding	60.4%	58.7%
Any Breastfeeding	84.8%	85.1%
St. Mary Regional Medical Center		
Exclusive Breastfeeding	52.0%	52.5%
Any Breastfeeding	83.7%	86.4%
Victor Valley Community Hospital		
Exclusive Breastfeeding	31.2%	32.2%
Any Breastfeeding	69.3%	74.1%

Source: California Department of Public Health. (2013). California in-hospital breastfeeding as indicated on the newborn screening test form, Statewide and maternal county of residence by race/ethnicity, 2010.
Note: Data presented cannot be compared to data published in prior years due to recent revisions to the NBS data collection tool (NBS Form) as well as changes in their data analysis methodology.

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In-Hospital Breastfeeding, by Ethnicity, San Bernardino County

Ethnicity	2010	2011	10-11 Net Change
African American			
Any Breastfeeding	74.6%	73.6%	-1.0
Exclusive Breastfeeding	44.2%	42.5%	-1.7
Native American			
Any Breastfeeding	87.5%	87.5%	0.0
Exclusive Breastfeeding	62.5%	66.7%	4.2
Asian			
Any Breastfeeding	93.0%	93.2%	0.2
Exclusive Breastfeeding	51.8%	55.8%	4.0
Latino			
Any Breastfeeding	85.9%	87.1%	1.2
Exclusive Breastfeeding	51.6%	54.7%	3.1
Pacific Islander			
Any Breastfeeding	82.1%	71.4%	-10.7
Exclusive Breastfeeding	48.7%	31.0%	-17.7
White			
Any Breastfeeding	86.8%	88.4%	1.6
Exclusive Breastfeeding	65.4%	68.3%	2.9
Other			
Any Breastfeeding	89.2%	93.2%	4.0
Exclusive Breastfeeding	51.7%	60.1%	8.4
Multiple Race			
Any Breastfeeding	86.0%	88.6%	2.6
Exclusive Breastfeeding	58.4%	59.1%	0.7

Source: California Department of Public Health. (2013). California in-hospital breastfeeding as indicated on the newborn screening test form, Statewide and maternal county of residence by race/ethnicity, 2010.
Note: Data presented cannot be compared to data published in prior years due to recent revisions to the NBS data collection tool (NBS Form) as well as changes in their data analysis methodology

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Built and Natural Environment Snapshot

of SAN BERNARDINO COUNTY:

	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Access to Healthy Foods			
• Retail Food Environment Index	4.18	5.72	NA
Access to Alcohol and Tobacco			
• Number of retail alcohol outlets per 1,000 population	2.10	1.57	NA
Active Transportation			
• Number of existing bikeway miles	NA	464.5	NA
Air Quality			
• Number of days above California 1-hour ozone standard	NA	94	⟷

⬆ Increasing (Upward) trend; ⬇ Declining (Downward) trend; ⟷ Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.

Note: Data presented in the table are the most recent data available.

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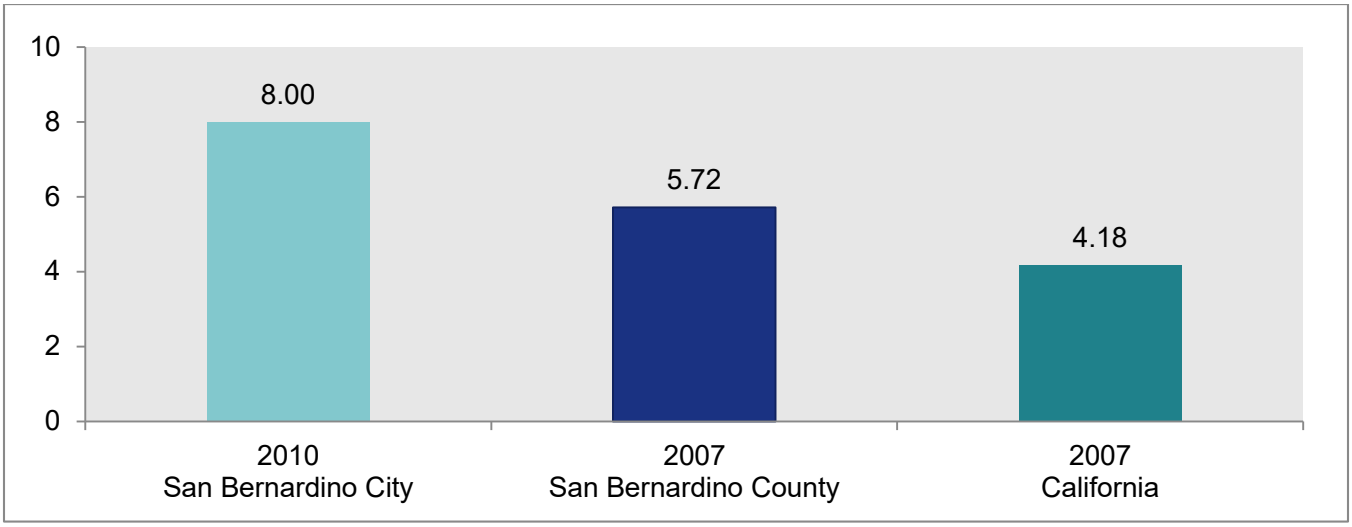
Access to Healthy Foods

Diets rich in fruits and vegetables may help reduce the risk of chronic disease and cancer.[50] In contrast, people who frequently eat fast food often have fewer healthy meal choices and may consume too much sodium and saturated fat and too little fruit, vegetables, and whole grains. The Retail Food Environment Index (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. A two-point increase in the RFEI (for example, from five to seven on the scale) is correlated with a 20%-25% increase in the proportion of residents diagnosed with obesity or diabetes.[51]

> ***San Bernardino County has the*** *highest ratio of fast food restaurants/convenience stores as compared to grocery stores than any county in California.*

San Bernardino County had the worst RFEI in the state; 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. There were 0.58 fast food restaurants for every 1,000 residents in the county, and 0.25 grocery stores for every 1,000 residents.

Retail Food Environment Index[1]



San Bernardino City Source: The Planning Center/DC&E. (2010). City of San Bernardino environment scan: A model for building communities that support healthy eating and active living.
San Bernardino County and California Source: California Center for Public Health Advocacy. (2007). Searching for healthy food: The food landscape in San Bernardino County.
Note: San Bernardino City data are from 2010 and San Bernardino County and California data are from 2007.
[1] City level data are currently only available for San Bernardino City. Data on other cities will be available in the next year.

[50] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (2010). Nutrition and physical activity, 5 A Day. Retrieved from http://www.cdc.gov/nutrition/

[51] 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.

Fast Food Restaurants per 1,000 Population, by City, 2011

City	Number of Fast Food Restaurants per 1,000 Population	City	Number of Fast Food Restaurants per 1,000 Population
Adelanto	0.23	Needles	1.22
Apple Valley	0.54	Ontario	0.74
Barstow	1.44	Rancho Cucamonga	0.67
Big Bear Lake	2.35	Redlands	0.99
Chino	0.59	Rialto	0.49
Chino Hills	0.45	San Bernardino City	0.71
Colton	0.78	Twentynine Palms	0.47
Fontana	0.56	Upland	0.89
Grand Terrace	0.41	Victorville	0.69
Hesperia	0.58	Yucaipa	0.55
Highland	0.47	Yucca Valley	0.78
Loma Linda	0.48	**San Bernardino County**	**0.58**
Montclair	0.98		

Source: California Department of Public Health, Network for a Healthy California. (2013). California geographic information system (GIS) map viewer; American Community Survey, United States Census Bureau. (2012). Demographic and housing 5-year estimates, Table DP05, 2007 – 2011.

Grocery Stores per 1,000 Population, by City, 2011

City	Number of Grocery Stores per 1,000 Population	City	Number of Grocery Stores per 1,000 Population
Adelanto	0.13	Needles	0.81
Apple Valley	0.26	Ontario	0.36
Barstow	0.52	Rancho Cucamonga	0.26
Big Bear Lake	2.54	Redlands	0.26
Chino	0.24	Rialto	0.20
Chino Hills	0.20	San Bernardino City	0.29
Colton	0.46	Twentynine Palms	0.08
Fontana	0.29	Upland	0.23
Grand Terrace	0.32	Victorville	0.25
Hesperia	0.18	Yucaipa	0.22
Highland	0.17	Yucca Valley	0.39
Loma Linda	0.26	**San Bernardino County**	**0.25**
Montclair	0.38		

Source: California Department of Public Health, Network for a Healthy California. (2013). California Geographic Information System (GIS) Map Viewer; American Community Survey, United States Census Bureau. (2012). Demographic and housing 5-year estimates, Table DP05, 2007 – 2011.

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Access to Alcohol and Tobacco

***THERE WERE 1.57 ALCOHOL** outlets and 0.87 retail tobacco outlets for every 1,000 residents in the county.*

People with greater access to liquor stores and bars are more likely to consume higher levels of alcohol. For example, when there are more alcohol outlets near a university, there is more drinking among the students.[52] When there are more alcohol outlets, there are also more violent crimes, assaults, child maltreatment and abuse, and homicides.[53] In fact, people with more access to liquor stores also tend to have higher levels of hospital contacts for anxiety, stress, and depression.[54] Further, there tend to be more alcohol and tobacco outlets in lower income neighborhoods and in communities of color.[55] It is important therefore, to track the number of alcohol and tobacco outlets in a particular region.

In San Bernardino County, Big Bear Lake had the highest number of alcohol outlets at 19 outlets per 1,000 residents in 2011, and the highest number of tobacco outlets at nearly 6 per 1,000 residents in May 2013.

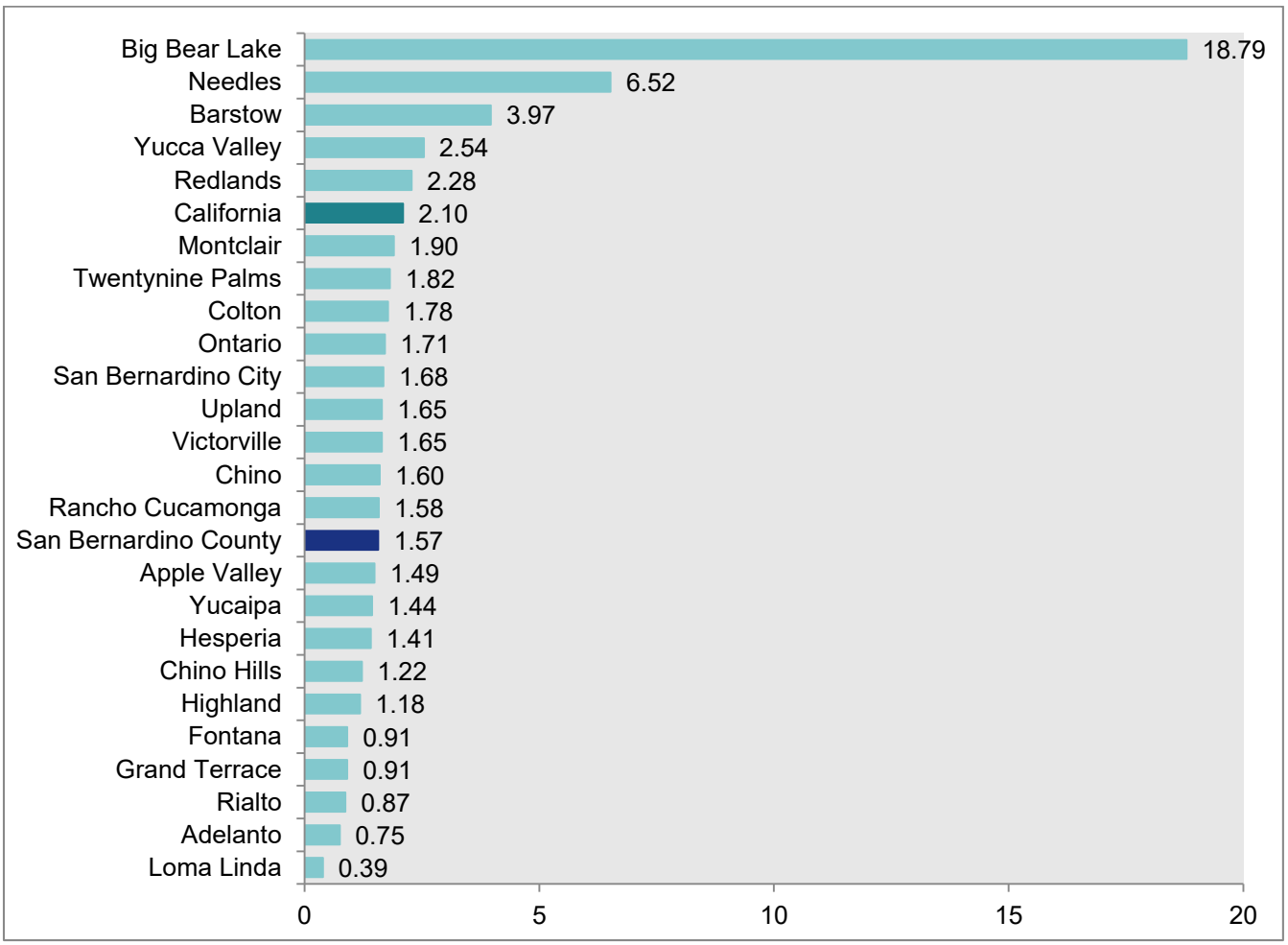
[52] Kypri, K., Bell, M.L., Hay, G.C., & Baxter, J. (2008). Alcohol outlet density and university student drinking: A national study. Addiction *103*(7): 1131–1138. doi: 10.1111/j.1360-0443.2008.02239.x.

[53] Pereira, G., Wood, L., Foster, S., & Haggar, F. (2013). Access to alcohol outlets, alcohol consumption and mental health. PLoS ONE *8*(1): e53461. doi:10.1371/journal.pone.0053461; and Gruenewald et al. (1995). *Ecological models of alcohol outlets and violent assaults: crime potentials and geospatial analysis*. Society for the Study of Addiction, 2006.

[54] Pereira, G., Wood, L., Foster, S., & Haggar, F. (2013). Access to alcohol outlets, alcohol consumption and mental health. PLoS ONE *8*(1): e53461. doi:10.1371/journal.pone.0053461

[55] Pereira, G., Wood, L., Foster, S., & Haggar, F. (2013). Access to Alcohol Outlets, alcohol consumption and mental health. PLoS ONE *8*(1): e53461. doi:10.1371/journal.pone.0053461

Number of Retail Alcohol Outlets per 1,000 Population, by City, 2011



Source: State of California, Department of Alcohol Beverage Control. (2011). Alcohol beverage licenses as of June 30, 2011; American Community Survey, United States Census Bureau. (2013). Demographic and housing 5-year estimates, Table DP05, 2007 – 2011.

Note: Retail alcohol outlets are where alcohol is sold for consumption off premises (supermarkets, liquor stores, etc.) as well as places where alcohol is consumed on the premises (bars, restaurants, etc.).

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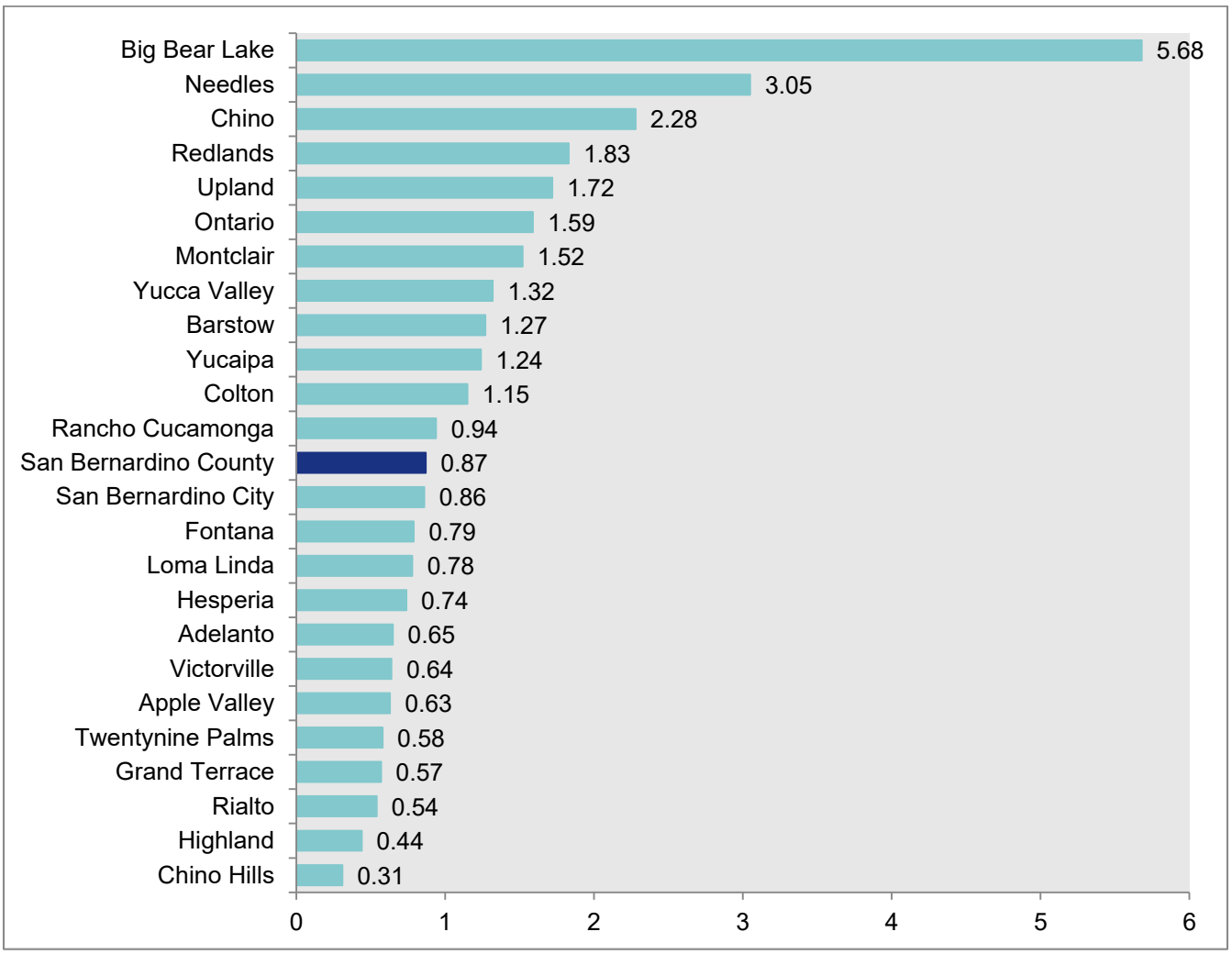
Number of Retail Tobacco Outlets per 1,000 Population, by City, May 2013



Source: State of California, Board of Equalization, Technology Services Division. (May 2013). Tobacco seller's permits by city; American Community Survey, United States Census Bureau. (2013). Demographic and housing 5-year estimates, Table DP05, 2007 – 2011.

Active Transportation

The benefits of riding a bicycle include improving health, saving money by not having to purchase a car or gasoline, and producing less impact on the environment.

***NEARLY 1,300 MORE** bikeway miles are planned for San Bernardino County.*

In San Bernardino County, there were a total of 465 bikeway miles in 2011, with another 1,282 miles planned for improvements. Rancho Cucamonga, with almost 112 miles, was the city with the largest number of bikeway miles within the county.

There has been a decline in the number of daily vehicle miles traveled in the county from 59.7 million in 2010 to 58.9 million in 2011, while the rate of daily vehicle miles traveled per 1,000 population has remained at 34.7.

BIKEWAY MILES, SAN BERNARDINO COUNTY, 2011

	Bikeway Miles	Rate per 1,000 Population
Existing	464.5	0.2
Planned	1,282.1	-
Total	**1,746.6**	**0.8**

Source: San Bernardino Associated Governments. (2011). San Bernardino County non-motorized transportation plan, March 2011.
Note: Total existing plus planned represents a slight over-representation of the future network totals. Totals are for shared use path or bike paths (Class I bikeway), bike lanes (Class II bikeway), and bike routes (Class III bikeway).

BIKEWAY MILES, BY CITY, 2011

City	Existing Bikeway Miles	Rate Per 1,000 Population
Adelanto	0	NA
Apple Valley	32.27	0.5
Barstow	0	NA
Big Bear Lake	14.66	2.9
Chino	27.49	0.4
Chino Hills	20.42	0.3
Colton	26.83	0.5
Fontana	32.49	0.2
Grand Terrace	3.71	0.3
Hesperia	31.81	0.4
Highland	9.27	0.2
Loma Linda	16.06	0.7

City	Existing Bikeway Miles	Rate Per 1,000 Population
Montclair	0.85	0.0
Needles	NA	NA
Ontario	3.94	0.0
Rancho Cucamonga	111.49	0.7
Redlands	0.35	0.0
Rialto	11.9	0.1
San Bernardino City	16.26	0.1
Twentynine Palms	13.54	0.5
Upland	39.41	0.5
Victorville	0.83	0.0
Yucaipa	18.08	0.4
Yucca Valley	23.41	1.1

Source: San Bernardino Associated Governments. (2011). San Bernardino County non-motorized transportation plan, Summary of existing and planned bicycle network centerline mileage, March 2011; American Community Survey, United States Census Bureau. (2013). Demographic and housing 5-year estimates, Table DP05, 2007 – 2011.
Note: Totals are for shared use path or bike paths (Class I bikeway), bike lanes (Class II bikeway), and bike routes (Class III bikeway).

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Daily Vehicle Miles Traveled, Rate per 1,000 Population, by City

City	2009	2010	2011	09-11 Net Change
Adelanto	91.9	93.9	92.0	0.1
Apple Valley	79.6	79.5	77.4	-2.2
Barstow	71.6	71.0	71.2	-0.4
Big Bear Lake	21.5	21.7	21.5	-
Chino	93.6	93.5	92.2	-1.5
Chino Hills	144.1	144.1	142.4	-1.8
Colton	86.2	85.1	72.3	-13.9
Fontana	114.0	109.5	115.3	1.3
Grand Terrace	92.0	92.9	84.6	-7.4
Hesperia	70.1	69.9	74.2	4.1
Highland	110.8	139.7	126.9	16.1
Loma Linda	81.3	91.1	95.2	13.9
Montclair	64.9	66.0	65.1	0.2
Needles	87.4	111.9	93.0	5.6
Ontario	84.0	82.2	84.6	0.6
Rancho Cucamonga	93.0	92.3	94.3	1.3
Redlands	88.5	89.4	66.6	-21.9
Rialto	99.2	104.3	112.7	13.5
San Bernardino City	94.9	93.4	92.8	-2.1
Twentynine Palms	129.8	126.3	127.0	-2.8
Upland	93.2	91.6	89.6	-3.6
Victorville	91.0	84.4	87.8	-3.2
Yucaipa	106.4	107.0	107.6	1.2
Yucca Valley	109.9	110.3	104.2	-5.7
San Bernardino County	**34.7**	**34.1**	**34.7**	**-**

Source: State of California, Department of Transportation, Division of Transportation System Information. (2012). California public road data, 2007 – 2011; State of California, Department of Finance. (November 2012). E-4 population estimates for cities, counties, and the state, 2001-2010, with 2000 & 2010 Census Counts. Sacramento, California; State of California, Department of Finance. (May 2013). E-4 population estimates for cities, counties, and the state, 2011-2013, with 2010 Census Benchmark. Sacramento, California.
Note: Of workers 16 and older who do not work at home.

Air Quality

***On one out of** every four days in San Bernardino County, the ozone level exceeds the California standard.*

Particulate matter and ozone appear to pose the greatest health concerns in California's outdoor air. Long-term exposure to high concentrations of particulate matter and high levels of ozone (which creates smog), are linked to breathing and heart problems. Air pollution from traffic, plastics, pesticides, and some chemicals can cause asthma, cognitive defects, cancer, and heart disease.[56] Levels of particulate matter and ozone are therefore measured to monitor air quality.

Air quality is measured routinely at close to 300 locations in California. Particulate matter is measured in two ways: by calculating the density of particles in the air of 2.5 microns or less in diameter (PM2.5) and of 10 microns or less (PM10).[57] Both sizes of particles easily penetrate the lungs and cause harm.[58] Ozone is also measured in two ways:[59] over a one-hour average (in California), and over an eight-hour period (for the federal government).[60]

In 2012, there were 94 days that exceeded the California ozone standard, up from 82 days in 2011. The Redlands-Dearborn air quality monitoring site registered the most days exceeding the California ozone standard at 66 days in 2012. There were 11 days in 2012 when the particulate matter of 2.5 microns or less exceeded the national standard, down from 19 days in 2008.

[56] From kidsdata.org. Retrieved 2011 from http://preview.kidsdata.org/data/topic/dashboard.aspx?cat=80#whatitis.

[57] California Air Resource Board. Retrieved 2011 from http://www.arb.ca.gov/research/aaqs/caaqs/pm/pm.htm

[58] PM10 and PM2.5 are calculated on a 24 hour basis and on an annual basis. The annual standard for PM10 in California is 20 micrograms per cubic meter (20 ug/m3). The 24-hour average California standard for PM10 is 50 micrograms per cubic meter of air (50 ug/m3). The annual standard for PM2.5 in California is 12 micrograms per cubic meter of air (12 ug/m3). Air Resources Board. 2011. Retrieved 2011 from http://www.arb.ca.gov/research/aaqs/caaqs/pm/pm.htm.

[59] California Environmental Protection Agency, Air Resources Board. (2005). Ozone and health. Retrieved from http://www.arb.ca.gov/research/aaqs/caaqs/ozone/ozone.htm.

[60] Ozone is measured in two ways: by measuring and averaging ozone levels over an 8 hour period and then calculating the number of days exceeding the US standard (0.075 parts per million); and by calculating a one-hour average (California has a one-hour average standard of 0.09 parts per million).

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Number of Days Above California 1-Hour Ozone Standard by Monitoring Site, San Bernardino County

Monitoring Site	2008	2009	2010	2011	2012
Barstow	5	1	1	0	0
Crestline	78	70	52	58	56
Fontana-Arrow Highway	55	45	28	39	61
Hesperia-Olive Street	29	18	15	24	21
Joshua Tree – National Monument	36	24	19	21	16
Phelan – Beekley Road and Phelan Road	32	19	28	29	23
Redlands - Dearborn	72	62	43	64	66
San Bernardino – 4th Street	62	53	27	40	41
Trona – Athol and Telegraph	3	0	0	0	0
Upland	51	51	31	36	42
Victorville – 14306 Park Avenue	16	8	6	2	6
San Bernardino County	**94**	**81**	**75**	**82**	**94**

Source: Air Resource Board of California. (2013). iADAM: Air quality data statistics: Ozone, number of days above state one-hour standard, by monitoring site and by county, 2008 – 2012.
Note: The number of days above the California 1-hour ozone standard per monitoring site will not add to the total days in San Bernardino County. The total days in San Bernardino County were calculated by adding together each day a monitoring site logged above the standard. If multiple sites logged the same day, it was only counted once.
Note: Monitoring sites listed above are the only monitoring sites in the county. California data is not available.

Estimated Number of Days Above the National 24-Hour Particulate Matter (2.5) Standard by Monitoring Site, San Bernardino County

Monitoring Site	2008	2009	2010	2011	2012
Big Bear City – 501 W. Valley Blvd.	5.7	6.6	*	0	*
Fontana-Arrow Highway	19.3	6.2	6.6	7.1	10.6
Ontario – 1408 Francis Street	19.4	9.0	3.2	6.8	0
San Bernardino – 4th Street	9.5	6.2	5.9	*	0
San Bernardino County	**19.4**	**9.0**	**6.6**	**7.1**	**10.6**

Source: Air Resource Board of California. (2013). iADAM: Air quality data statistics: PM2.5, estimated number of days above the national 24-hour standard, by monitoring site and by county, 2008 – 2012.
** There were insufficient (or no) data available to determine the value.*
Note: Monitoring sites listed above are the only monitoring sites in the county. California data is not available.

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Community Safety Snapshot

of SAN BERNARDINO COUNTY:

	CALIFORNIA	SAN BERNARDINO COUNTY	COUNTY TREND
Crime Rate • Crime rate per 1,000 population	29.7	31.0	↓
Safety at School • Percentage of 9th grade students who reported feeling safe or very safe at school	60%	50%	NA
Gangs • Number of gang members	NA	17,401	↔

↑ *Increasing (Upward) trend;* ↓ *Declining (Downward) trend;* ↔ *Inconclusive; variable; no clear trend; NA Not applicable or data unavailable.*

Note: Data presented in the table are the most recent data available.

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Crime Rate

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."[61] Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health.[62] Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.[63]

When residents feel safe in their homes and feel that their children are safe at school, their quality of life improves.[64] When people feel safe in their neighborhoods, they are more likely to be physically active outdoors and to have reduced stress levels.

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.

THE CRIME RATE IS *going down in San Bernardino County, for both violent crimes and property crimes.*

There was a total of 64,616 crimes in the county in 2010, down from 71,883 in 2006.There were 104 homicides in the county in 2010, down from 161 homicides in 2006. Other violent crimes in 2010 included aggravated assault (5,672), robbery (2,751), and rape (490). Among the property crimes in the county that same year, there were 14,828 burglaries, 10,800 cases of larceny over $400, and 8,623 motor vehicle thefts.

The jurisdictions with the highest crime rate included Needles at 56 crimes per 1,000 residents and Big Bear Lake at 55 crimes per 1,000 residents in 2010.

[61] 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

[62] Guite, H.F., Clark, C.,& Ackrill, G. (2006). The impact of the physical and urban environment on mental well-being. *Public Health 120:*1117-1126 as cited in Human Impact Partners. Retrieved from http://www.humanimpact.org/evidencebase/category/violent_crime_in_a_community_impacts_physical_and_mental_health

[63] Perez-Smith, A.M., Albus, K.E., & Weist, M.D. (2001). Exposure to violence and neighborhood affiliation among inner-city youth. *Journal of Clinical Child Psychology, 30*(4):464-472; Ozer, E.J. & McDonald, K.L. (2006). Exposure to violence and mental health among Chinese American urban adolescents. *Journal of Adolescent Health, 39*(1):73-79, as cited in Human Impact Partners retrieved from http://www.humanimpact.org/evidencebase/category/violent_crime_in_a_community_impacts_physical_and_mental_health

[64]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.

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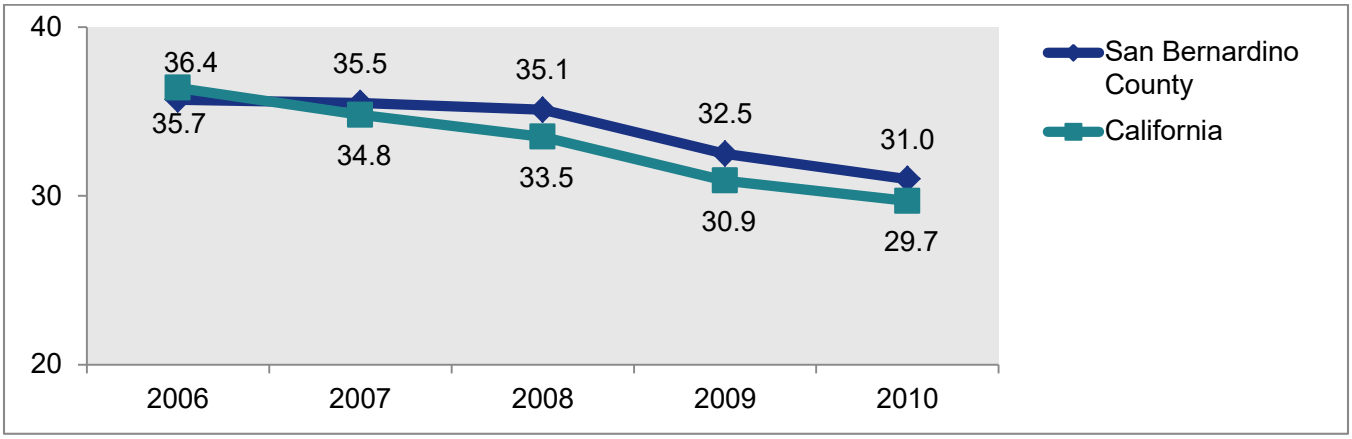
Crime Rate[1] per 1,000 Population



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.
Note: Population statistics are from the California Department of Justice Crimes and Crime Rates tables.
[1] Crime rate is based on Uniform Crime Reports and includes the following crimes: homicide, forcible rape, robbery, aggravated assault, burglary, motor vehicle theft, larceny-theft over $400, larceny-theft $400 and under, and arson.

Crime Rate per 1,000 Population by Type of Crime

Jurisdiction	2006	2007	2008	2009	2010
Violent Crime Rate[1]					
San Bernardino County[3]	**4.9**	**5.0**	**5.1**	**4.9**	**4.3**
California	5.2	5.1	4.9	4.5	4.2
Property Crime Rate[2]					
San Bernardino County[3]	**20.0**	**19.7**	**19.2**	**17.1**	**16.4**
California	18.9	18.0	17.2	15.5	15.1

Source: State of California, Department of Justice, Office of the Attorney General. (2010). Criminal justice profiles, crimes and crime rates, by category and crime, 2001-2010.
Note: Population statistics are from the California Department of Justice Crimes and Crime Rates tables.
[1] Violent crime rate includes: homicide, forcible rape, robbery, and aggravated assault.
[2] Property crime rate includes: burglary, motor vehicle theft, and larceny-theft over $400.
[3] San Bernardino totals include the California State University San Bernardino, San Bernardino Community College, Fontana Unified School District, San Bernardino Unified School District, Tehachapi DPR, Patton State Hospital, Union Pacific Railroad, and the California Highway Patrol.

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Number of Crimes, San Bernardino County[1]

Type of Crime	2006	2007	2008	2009	2010
Violent Crime	9,912	10,238	10,489	10,038	9,017
Aggravated assault	5,695	6,057	6,388	6,400	5,672
Robbery	3,528	3,518	3,488	3,017	2,751
Forcible rape	528	504	494	500	490
Homicide	161	159	119	121	104
Property Crime	40,381	40,220	39,596	35,314	34,251
Larceny over $400	11,419	12,430	12,969	10,406	10,800
Burglary	14,410	15,245	15,416	15,178	14,828
Motor Vehicle Theft	14,552	12,545	11,211	9,730	8,623
Total Larceny Theft	32,452	33,756	34,663	31,697	31,743
Over $400	11,419	12,430	12,969	10,406	10,800
$400 & under	21,033	21,326	21,694	21,291	20,943
Arson	557	517	544	512	405
Total Crime	**71,883**	**72,301**	**72,323**	**67,155**	**64,616**

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

[1] San Bernardino totals include the California State University San Bernardino, San Bernardino Community College, Fontana Unified School District, San Bernardino Unified School District, Tehachapi DPR, Patton State Hospital, Union Pacific Railroad, and the California Highway Patrol.

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Crime Rate per 1,000 Population, By Jurisdiction, 2010

Jurisdiction	Violent Crime Rate[1]	Property Crime Rate[2]	Total Crime Rate
Sheriff's Department			
Adelanto	7.9	17.7	32.0
Apple Valley	2.8	16.6	30.6
Big Bear Lake	5.5	22.3	55.0
Chino Hills	1.1	8.0	14.2
Grand Terrace	1.6	14.2	24.7
Hesperia	3.3	14.6	25.1
Highland	4.6	19.0	33.1
Loma Linda	1.2	16.2	25.3
Needles	3.9	31.0	56.4
Rancho Cucamonga	2.1	13.0	24.9
Twentynine Palms	4.6	11.0	25.1
Victorville	6.1	20.8	39.2
Yucaipa	2.7	10.5	18.7
Yucca Valley	5.1	15.1	31.1
Unincorporated	3.8	13.9	23.2
Cities/Jurisdictions			
Barstow	8.3	24.4	42.8
Chino	3.4	16.0	29.3
Colton	3.3	17.6	33.5
Fontana	3.9	12.0	23.1
Montclair	4.7	23.4	52.7
Ontario	3.8	17.9	33.8
Redlands	3.5	16.1	40.5
Rialto	5.0	16.9	30.9
San Bernardino City	7.7	27.5	50.7
Upland	2.8	16.9	34.7

Source: State of California, Department of Justice, Office of the Attorney General. (2010). Criminal justice profiles, crimes and crime rates, by category and crime, 2001 – 2010; American Community Survey, United States Census Bureau. (2013). Demographic and housing 5-year estimates, Table DP05, 2007 – 2011.

[1] *Violent crime rate includes: homicide, forcible rape, robbery, and aggravated assault.*

[2] *Property crime rate includes: burglary, motor vehicle theft, and larceny-theft over $400.*

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Safety at School

***ONLY ABOUT HALF OF** San Bernardino County students feel safe at school.*

When a child feels safe in school, it improves their educational performance and their ability to concentrate and learn.[65] However, in a 2011 nationally representative sample of youth in grades 9-12, 6% of youth did not go to school on one or more days in the last 30 days prior to the survey because they felt unsafe at school or on their way to school.[66] Seven percent reported being threatened or injured with a weapon on school property one or more times in the prior 12 months, while 5% reported carrying a weapon to school in the last 30 days.

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%.

PERCENTAGE OF STUDENTS WHO REPORTED FEELING SAFE AT SCHOOL, BY SCHOOL DISTRICT AND GRADE, 2009-2010, (RESPONDENTS ANSWERING "VERY SAFE" OR "SAFE")

School District[1]	7th Grade	9th Grade	11th Grade
Apple Valley Unified	43%	53%	60%
Barstow Unified	36%	37%	38%
Bear Valley Unified	47%	60%	58%
Chino Valley Unified	56%	59%	64%
Colton Joint Unified	56%	42%	37%
Fontana Unified	52%	51%	54%
Hesperia Unified	56%	56%	59%
Morongo Unified	51%	45%	54%
Redlands Unified	73%	70%	71%
Rialto Unified	49%	41%	41%
San Bernardino City Unified	52%	41%	42%
Silver Valley Unified	47%	59%	57%
Snowline Joint Unified	64%	52%	70%
Upland Unified	76%	55%	61%
Victor Valley Union High	53%	36%	37%
Yucaipa-Calimesa Joint Unified	65%	49%	60%
San Bernardino County[2]	**58%**	**50%**	**54%**
California[2]	63%	60%	63%

Source: 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.

[1] Only school districts with more than 1,000 students are presented.

[2] County and State level data are for 2009-2011

[65] 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

[66] Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2012). Youth risk behavior surveillance—United States, 2011. *Morbidity and Mortality Weekly Report, Surveillance Summaries 61*(4). Retrieved from www.cdc.gov/mmwr/pdf/ss/ss6104.pdf

Gangs

***THE NUMBER OF GANGS IN** San Bernardino County has gone up since 2007, but there was a recent decline since 2009 in the number of gang members.*

An estimated 5% of the U.S. population has ever joined a gang, but gang membership can be much higher, from 14% to 30% of the population in some cities.[67] Gang members are responsible for the majority of serious violence committed by youth.[68] There are an estimated 756,000 youth involved in gangs in the U.S. and most gang members join between the ages of 12 and 15.[69] A recent CDC study of youth and gangs, however, showed that when youth had more protective factors, they had a much lower rate of gang membership. Protective factors may include good parent supervision, a supportive family, social skills, and an ability to cope with conflict. Youth who had seven or more protective factors had a 2% chance of joining a gang, compared to youth who had 0-3 protective factors who had a 26% chance of being in a gang.[70] Research also suggests that a comprehensive approach to gangs involving prevention, intervention, and suppression efforts work better than suppression efforts alone.[71]

There were 748 gangs in the county with 17,401 gang members in 2011, up from 700 gangs with 12,645 members in 2007.

[67] Pyrooz, D. (2011). Structural covariates of gang homicide in large U.S. cities. *Journal of Research in Crime and Delinquency*, 48, 1–30.

[68] California Healthy Kids Survey. (2009). California school district secondary school survey results, Fall 2009/Spring 2010, Core Module A. Retrieved from: http://chks.wested.org/reports

[69] U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2012). Comprehensive anti-gang initiative. Retrieved from: http://www.ojjdp.gov/programs/antigang/index.html

[70] McDaniel, D.D. (2012). Risk and protective factors associated with gang affiliation among high-risk youth: A public health approach. *Injury Prevention*. Retrieved from: http://injuryprevention.bmj.com/content/early/2012/01/04/injuryprev-2011-040083.full

[71] Howell, J. C. (2007). Menacing or mimicking? Realities of youth gangs. Juvenile and Family Court Journal, 58(2), 39-50. Retrieved from: http://www.nationalgangcenter.gov/Content/Documents/Menacing-or-Mimicking.pdf

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Percentage of Students Who Reported Gang Involvement, by School District and Grade, 2009-2010

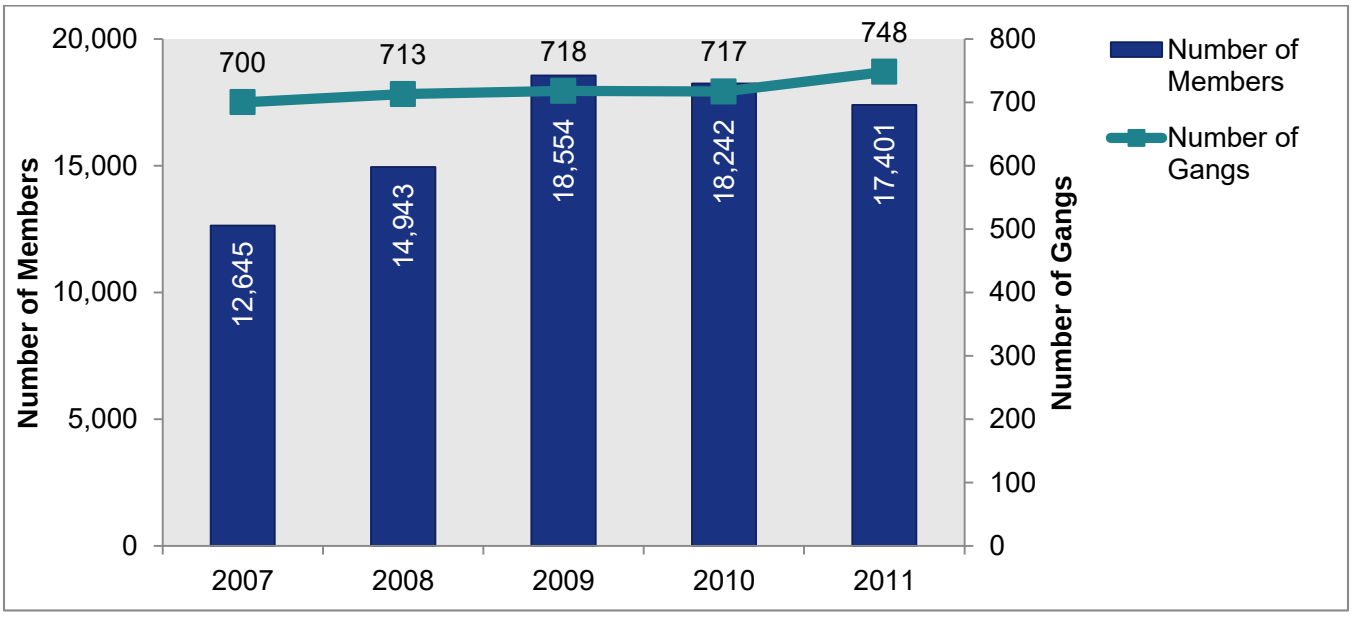
School District[1]	7th Grade	9th Grade	11th Grade
Apple Valley Unified	16%	12%	9%
Barstow Unified	10%	12%	13%
Bear Valley Unified	11%	8%	8%
Chino Valley Unified	9%	8%	7%
Colton Joint Unified	12%	11%	10%
Fontana Unified	9%	11%	9%
Hesperia Unified	11%	12%	8%
Morongo Unified	11%	12%	7%
Redlands Unified	6%	9%	10%
Rialto Unified	9%	10%	7%
San Bernardino City Unified	12%	10%	7%
Silver Valley Unified	7%	11%	10%
Snowline Joint Unified	9%	15%	9%
Upland Unified	10%	12%	8%
Victor Valley Union High	11%	9%	9%
Yucaipa-Calimesa Joint Unified	8%	13%	10%
San Bernardino County[2]	**9%**	**10%**	**9%**
California[2]	8%	9%	8%

Source: California Department of Education, California Healthy Kids Survey (WestEd). (2013). Gang involvement, Current, by school district, 2009 – 2010, and by county and state, 2009–2011.

[1] Only school districts with more than 1,000 students are presented.

[2] County and State level data are for 2009-2011

Gangs and Gang Membership, San Bernardino County



Source: San Bernardino County Sheriff's Department. (2012). San Bernardino County community indicators report, Gang-related crime: Gangs and gang membership, 2007 – 2011.

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Introduction to Community Engagement

In addition to the data report, which provides an overview of data in a wide range of health-related areas, the Community Vital Signs initiative also included a community engagement effort.

Purpose and Goals

The goals of the community engagement phase were driven by the overall initiative, and included:

> *"EXCITED ABOUT THE future of the County of San Bernardino and its residents. This is a critical transformation for us all!"*

1. **Increase communication and alignment** between the efforts of the Community Vital Signs Steering Committee and community stakeholders;
2. **Utilize existing networks** to engage a balanced and representative group of community stakeholders; and
3. **Employ a participatory method** of gathering and utilizing input from the community to inform the Steering Committee's decision-making.

Approach

The community engagement phase of the initiative 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 San Bernardino County residents. The three categories of meetings included:

1. **Community Stakeholder Summit,** a single county-wide event held on July 10, 2013;
2. **District Engagement Meetings,** five meetings (one in each Supervisorial District) held between July and August 2013; and
3. **Small Engagement Meetings,** 17 meetings with special and vulnerable population groups (e.g., HIV Planning Council, Mexican Consulate presenting Latino related data, and the Vision of Hope presenting African American related data) facilitated by trained community leaders between July and August 2013.

In order to achieve the goals of community engagement, each of the 23 meetings was structured with the following community engagement activities:

1. **Networking**, which consisted of community members from different constituencies meeting (in most cases for the very first time) and connecting with other community stakeholders;
2. **Informational session**, which consisted of government representatives giving a keynote address, Community Vital Signs representatives introducing the initiative, and ASR giving a data presentation; and
3. **Input session**, which consisted of two key components:
    a. *Data Discussion* – community members participated in rich dialogue sharing their reactions and knowledge about the data within small groups; and
    b. *Indicator Prioritization* – each participant selected two to three indicators that they believed should be prioritized for action.

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The following section presents key findings from the input session.

Please see "Appendix 1: Methodology" for more information on specifics of the community engagement meetings.

Priority Indicators

The process of indicator prioritization provides a way to see where there is alignment among community members and enables community leaders to make informed decisions and be focused in action planning. Community engagement participants received a list of indicators and were asked to choose indicators that the Community Vital Signs Steering Committee should prioritize as community goals over the next three to five years. Data from this process showed that seven indicators rose to the top, including: education, economy, access to health care, nutrition/access to healthy foods, mental health, community safety, and safety at school.

INDICATOR PRIORITIZATION RANKING: TOP INDICATORS WITH THE GREATEST NUMBER OF VOTES

Indicator	Summit	District 1	District 2	District 3	District 4	District 5	Small meetings	Frequency of being prioritized as top 5
Education *(overall, educational attainment, high school graduation)*	1	1	1	2	1	1	3	All 7
Economy *(overall, poverty, unemployment, economic development)*	2	2	2	1	–	2	1	6
Access to Health Care *(overall, insurance, professionals, physicians, delays in care)*	2	5	3	3	4	–	1	6
Nutrition/Access to Healthy Food	4	–	–	4	2	3	4	5
Mental Health	5	4	4	–	2	4	–	5
Community Safety *(overall, crime)*	–	3	5	–	4	5	4	5
Safety at School	–	–	–	5	–	–	–	1

– *means not in top 5*

Discussion about Priority Indicators

Data-driven discussions yield invaluable information that is essential to deepening the community's understanding about the quality of life of its members. As part of community engagement, community members were asked to provide input in response to the data based on their own knowledge of the topic, including input about what was most interesting or surprising, disparities that exist, and the story behind the data. The following section presents the input gathered from the community. Note: Only top responses for priority indicators are shown. Community input organized by each engagement meeting is also available in Appendix 3.

1. What did you find most interesting or surprising?

The community's reactions to indicator data are helpful in understanding how data about the progress (or lack thereof) that the community is making toward improving outcomes is perceived. The following section presents the findings from the engagement meetings related to the community's reactions to the data.

WORD CLOUD ILLUSTRATING INDICATORS COMMUNITY MEMBERS FOUND MOST INTERESTING OR SURPRISING

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Specific Aspects of Prioritized Indicators that Community Members Found Most Interesting or Surprising (Top Responses Only)

Indicator	Comment
Education	» Differences between cities (e.g., high school graduation rate higher for Redlands than San Bernardino City) » Better results for Latinos than expected » Native Americans doing well
Economy	» Differences between cities » High poverty/unemployment in Adelanto, Upland, Fontana » Low poverty/unemployment in Chino Hills » Low unemployment but high poverty in Needles » People are employed but poor
Access to Health Care	» Lack of health care professionals, especially in remote areas (e.g., Barstow and Needles) » Access is not improving » High rates of those with a medical home » Rates of Latinos accessing health care » Rates of insurance coverage
Nutrition/Access to Healthy Foods	» Lack of access to healthy foods, especially in Needles, Victorville, Upland, Fontana » San Bernardino having the highest number of fast food restaurants in California » High number of fast food restaurants in Barstow, Redlands
Mental Health	» High rates of sadness/depression among girls » High rates of 9th graders considering suicide » Mental health of adults » High rates of mental health issues for adult Latinos
Community Safety	» High crime in Victorville, Big Bear, Adelanto, Upland, Pomona (but going down overall) » Low crime in Needles
Safety at School	» A lack of students feeling safe

2. Are there certain groups that are doing better or worse than others?

An understanding of how quality of life outcomes vary within a particular community helps community leaders to plan for targeted action. The following section presents the findings from the community engagement meetings related to the disparities that community members identified and discussed.

Disparities that Community Members Identified and Discussed (Top Responses Only)

Type	Disparity
Geographic Area	
Cities	» Causes of death (for all causes) » Higher rate of teen births (Barstow, San Bernardino City, Adelanto, Colton, Rialto)
Remote Areas	» Higher unemployment rate, especially the high desert » Less access to health care professionals » Less access to education
Areas with Jails	» Higher crime rate (Rancho Cucamonga, Fontana, Apple Valley, Victorville)

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Race/Ethnicity	
African American	» Lower rate of high school graduation » Greater mental health issues » Higher rate of asthma » Higher rate of obesity » Higher rate of heart disease » Higher rate of teen births » Higher rate of deaths (by all causes)
Latino	» Higher rate of obesity » Lower rate of health insurance coverage » Higher rate of teen births » Lower rate of breastfeeding » Higher poverty rate (though lower than California overall)
Native American	» Higher rate of teen births
Gender	
Girls	» Higher rate of depression

3. What is the story behind the data?

The stories behind the data are important to understand as they provide a greater perspective about the meaning of the data and help community leaders to plan comprehensively for action. The following section presents the findings from the community engagement meetings related to the top stories behind the data that community members identified and discussed.

EDUCATION

Top stories behind education data include:

> *"WITHOUT IT, NOTHING improves – education is our foundation."*

- » Educational attainment is low due to a lack of resources for families. Single parents and kids in poverty or who have been abused particularly have a more difficult time with school.
- » Low level of education is due to a lack of parent engagement and parent education. There is also a lack of knowledge of computers.
- » Low educational outcomes are due to a lack of school safety.
- » Low educational attainment is due to: a lack of access; a lack of teachers; no basic skills being taught in home economics, home finance, or child rearing; and teachers passing children with low grades.
- » There are favorable educational outcomes and attendance in Upland.
- » We encourage women to graduate, but have forgotten about men.
- » We need resources for early learning.

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Economy

Top stories behind economy data include:

> ***"With so many people** out of work it means less money to spend. Less money to spend means less people that businesses can employ. It's a vicious cycle."*

- There is a culture of poverty.
- Poverty exists due to low education.
- People are employed but poor; the working poor are struggling to provide; no good jobs available; and cutting of the red tape to permit community growth.
- Unemployment is due to closure of big employers like railroad, military base, and steel. We need to redevelop the military base.
- Unemployment is linked to alcohol/drugs; a lack of local good wage jobs; a lack of good family communication; the loss of the military base; and the 2003 fire.
- Businesses are not retaining highly educated employees. There is a lack of beauty in the area, so people move elsewhere.
- There is a lack of jobs that pay good wages, a brain drain in the region, and a lack of educational attainment.
- We need to attract businesses in lower income cities.

Access to Health Care

Top stories behind access to health care data include:

> ***"Access means** affordability."*

- There is a lack of education about health insurance.
- Delays in access to health care are due to fear, stigma, and language barriers.
- Some communities of color are not getting health care due to a lack of money and a lack of knowledge about free or lower cost health care.
- This is especially a rural problem because: most physicians don't take Medi-Cal; rural areas lack hospitals; doctors are reaching retirement age; and doctors are economically driven.
- There are not enough doctors in Barstow.
- There are positive trends in clinic use due to better advertising by clinics.
- There are race/ethnic/cultural differences, especially for Latinos; and Native American children get insurance once they get to school, but not prior to school.

Mental Health

Top stories behind mental health data include:

> ***"Healthy body →** healthy mind → rational choices and decision making; less stress."*

- People are unable to get services and there is stigma in getting help.
- Bullying, poor mental health, and poor physical exercise.
- There are no resources; cultural/language barriers; stigma; and girls may report more sadness than boys because of cultural acceptance of girls' emotions.
- Low mental health for girls is due to media images of perfection.
- Boys may underreport their mental health; and we overestimate children's resiliency.
- Suicide rates going up for Whites.

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Nutrition/Access to Healthy Foods

Top stories behind nutrition/access to healthy foods include:

> ***"Basic needs have not** been forgotten."*

- The food industry has an economic incentive to have more fast food outlets.
- There are lifestyle and cultural issues around people's food choices.
- There is a lack of knowledge about fruits and vegetables.
- Longer commutes encourage more fast food consumption.
- There is lots of tourist travel, and easy freeway access to fast food. Tourists stop for fast food on the way to Las Vegas. There is also lots of fast food in Redlands.
- People are eating fast food because there is no time to make healthy food.
- There is lack of grocery stores.
- There are no fresh foods available, especially in Montclair.
- High fast food use is due to high cost of good food, and low cost of fast food.
- We need to go back to old ways of cooking.
- We need healthy media messages.

Community Safety

Top stories behind community safety data include:

> ***"Each one of us can** work to make our communities safe."*

- The crime rate is due to the economy.
- Crime is higher in Upland because it's a wealthier area.
- AB109 releases have led to a spike in crime, especially in areas with jails (Rancho Cucamonga, Fontana, Apple Valley, and Victorville).
- Remote areas are difficult to access; therefore, the crime rate is low in remote areas.

Safety at School

Top stories behind school safety data include:

> ***"Violence and bullying** on overcrowded campuses with little to no supervision affects: female high school depression, graduation rate, teen pregnancy, mental health-depression, teenage suicide."*

- Safety at school is impacted by the role of the media.
- Safety at school has to do with bullying. Although bullying is not anything new, social networking is making it worse.
- Schools are being more pro-active to make the schools a safer place. For example, some schools now have gates.
- Children in middle school feel less safe than children in high school. This may be because cliques begin to form in middle school based on socioeconomic status, race/ethnicity, etc.

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Conclusion and Next Steps

Overall, the community engagement meetings were well attended and successful in promoting community dialogue and gathering rich and thoughtful community input. The meetings yielded valuable information that is important to consider in future efforts that continue to promote the health and wellbeing of San Bernardino County residents.

Though findings for various communities within San Bernardino County varied slightly, there was consistency in the indicators that community members felt should be prioritized for action overall. Altogether, community members identified seven priority areas, including: education, economy, community safety, access to health care, mental health, access to healthy food, and safety at school. Qualitative information that highlights the story behind the data shared by community members about each of these key indicators should also be taken into consideration.

In conclusion, the Community Vital Signs initiative's data report and the community engagement efforts mark critical steps taken to move the needle on key quality of life indicators in San Bernardino County. Recommended next steps include:

- Encourage continued community conversations to collectively develop community goals and benchmarks;
- Encourage community action towards the goals;
- Align program and community outcomes; and
- Regularly review the data, update the report, and support sustained work on the community goals

> ***"To see our county moving*** *in the direction of making residents a priority is very exciting…and I am happy to be part of the New Day!"*

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APPENDIX 1: METHODOLOGY

Indicator Selection

Applied Survey Research's (ASR) assessment model relies on clearly defined indicators to understand complex concepts and systems. The setting of the overall context for prioritizing the indicators is guided by the seven related domains of community assessments including education, the economy, public safety, the social and natural environment, health, and sustainability, as displayed in the visual. Health was the primary focus of this assessment.

For the purposes of the 2013 Our Community Vital Signs Data Report, the Community Vital Signs Steering Committee was engaged in a multi-step indicator selection process. Meetings were held with the committee to gather input on the project methodology as well as the various content areas that should be covered in the Data Report. The committee was presented with a list of nationally-recognized community and health assessment indicators that ASR recommended for inclusion in the Our Community Vital Signs Data Report. The committee then engaged in a participatory process to review, modify, and refine the proposed indicators to best suit the needs of the San Bernardino community. The criteria used for selecting and prioritizing indicators included: understandable to the general community, responsive to change, relevant for policy decision making, updated regularly, available at the city-level, and available by race/ethnicity (where possible). After a revised list was presented to the Steering Committee, they prioritized the indicators that were most important by voting on their top indicators. In all, 34 indicators were selected. Any indicators that were not selected for this report were placed on a data development agenda so they could be considered for inclusion in future reports.

Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to, the U.S. Census Bureau; federal, state, and local government agencies; health care institutions; and computerized sources through online databases and the Internet. Whenever possible, multiple years of data were collected to present trends. State level data were also collected for comparison to local data.

American Community Survey

The American Community Survey (ACS) is an ongoing survey that provides data every year giving communities the current information they need to plan investments and services. It uses a series of monthly samples to produce annually updated data for small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. For more information: http://www.census.gov/acs/www/methodology/methodology_main/

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California Health Interview Survey (CHIS)

The CHIS is the largest health survey of its kind in the nation as well as the largest telephone survey in California. The survey is conducted every other year starting in 2003. The data are released two years after the surveys are completed. The major areas covered in the survey include health-related behaviors, health insurance coverage, health status and conditions, and access to health care services. To ensure diverse populations were included in the survey, telephone interviews were conducted in six languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, Korean, and Khmer (Cambodian).

California Healthy Kids Survey (CHKS)

The CHKS is a comprehensive youth self-reported data collection system that provides essential and reliable health risk assessment and resilience information to schools, school districts, and communities. It is developed and conducted by a multidisciplinary team of expert researchers, evaluators, and health and prevention practitioners.

Office of Statewide Health Planning & Development (OSHPD)

OSHPD hospitalization data is based on inpatient discharges. An inpatient discharge record is submitted each time a patient is treated in a licensed general acute care hospital in California. These facilities report their discharge data via the Medical Information Reporting for California System (MIRCal). The reported data includes patient demographic information, such as age, sex, county of residence, and race/ethnicity, diagnostic information, treatment information, disposition, total charges, and expected source of payment. OSHPD data is collected and reported at the zip code level.

Data from OSHPD regarding asthma and diabetes hospitalizations were collected from Healthycity.org. County-level data were defined using the following zip codes. City-level data were defined using the San Bernardino County Department of Public Health zip code definitions presented below.

County	Zip code
San Bernardino County	91701, 91702, 91709, 91710, 91730, 91737, 91739, 91761, 91762, 91763, 91764, 91766, 91784, 91792, 92242, 92252, 92256, 92267, 92277, 92278, 92280, 92284, 92285, 92301, 92305, 92307, 92308, 92309, 92310, 92311, 92313, 92314, 92315, 92316, 92324, 92327, 92332, 92335, 92336, 92337, 92339, 92342, 92344, 92345, 92346, 92347, 92354, 92356, 92358, 92359, 92363, 92364, 92365, 92366, 92368, 92371, 92372, 92373, 92374, 92376, 92377, 92392, 92394, 92395, 92397, 92399, 92401, 92404, 92405, 92407, 92408, 92410, 92411, 92415, 92880, 93516, 93555, 93562

San Bernardino County Department of Public Health

The San Bernardino County Department of Public Health provided birth data, death rates for various causes, hospital admissions, and hospitalization rates for heart disease and cerebrovascular disease. For birth rates, the data gathered was resident data and the rates for general fertility rate were defined as live births per 1,000 females 15-44 years of age and age specific birth rate were defined as live births per 1,000 females 15-17 years of age. For death rates, the data gathered were resident data and the rates were reported per 100,000 population, age-adjusted to the 2000 U.S. standard million population. For hospital admissions and hospitalization rates, the data gathered were resident data and the rates were reported per 10,000 population, age-adjusted to the 2000 U.S. standard million population. Rates computed for fewer than 20 deaths or 20 hospitalizations are unreliable and should be interpreted with caution.

Data were compiled by zip code according to the following groupings:

City	Zip code
Adelanto	92301
Apple Valley	92307, 92308
Barstow	92310, 92311
Big Bear Valley	92314, 92315, 92333, 92386
Chino	91710
Chino Hills	91709
Colton	92324
Fontana	92335, 92336, 92337
Grand Terrace	92313
Hesperia	92345
Highland	92346
Loma Linda	92354
Montclair	91763
Needles	92363
Ontario	91761, 91762, 91764
Rancho Cucamonga	91701, 91730, 91737, 91739
Redlands	92373, 92374
Rialto	92376, 92377
San Bernardino City	92401, 92404, 92405, 92407, 92408, 92410, 92411
Twentynine Palms	92277, 92278
Upland	91784, 91786
Victorville	92392, 92394
Yucaipa	92399
Yucca Valley	92284

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The U.S. Census

The U.S. Census attempts to count every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and are used to distribute billions in federal funds to local communities.

The 2010 Census represented the largest participation movement ever witnessed in the U.S. Approximately 74% of households returned their census forms by mail; the remaining households were counted by census workers walking neighborhoods throughout the United States. National and state population totals from the 2010 Census were released on December 21, 2010. Redistricting data, which include additional state, county, and local counts, were released starting in February 2011.

Healthy People 2020 Objectives

Healthy People 2020 is a set of health objectives for the nation to achieve over the second decade of the new century. They can be used by many different people, states, communities, professional organizations and others to help develop programs to improve health. Healthy People 2020 identifies nearly 600 objectives with 1,200 measures to improve the health of all Americans. To determine the success of Healthy People 2020, it is important to track and measure progress over time. Healthy People 2020 relies on data sources derived from both a national census of events (like the National Vital Statistics System) and nationally representative sample surveys (like the National Health Interview Survey).

Data Analysis

To further understand the data collected and manipulated, it was often important to analyze the data in a number of meaningful ways, including comparisons of local rates with rates from the state, jurisdictional comparisons, comparisons of subgroups (e.g. ethnicity, age), and trend analysis.

Age-Adjusted Death Rates

To make meaningful comparisons of mortality risk between groups, the effect of variation in the age distribution between groups must be taken into account. To overcome the effect of population age composition on comparisons of death rates, a summary measure of mortality risk that controls for variation in age distributions is needed. The age-adjusted death rate is such a summary measure. The age-adjusted death rate is defined as the death rate that would occur if the observed age-specific death rates were present in a population with an age distribution equal to that of a standard population. The age-adjusted death rate is a weighted average of age-specific death rates. The weights represent standard population proportions by age and are applied to the age-specific death rates of each comparison group or time period. The standard population used for the age-adjusted rates in this report is the year 2000 U.S. standard million population.

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Race/Ethnicity

Federal guidelines specify separate collection of ethnicity (Hispanic/Latino origin) and race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, two or more races). It is common practice for data tabulations to use a single, mutually exclusive set of categories of "race/ethnicity" that combine race and Latino origin into a single dimension. In the combined categories, all persons of Latino origin are included in the "Latino" category, then all remaining (non-Latino) persons are distributed among the remaining categories.

The resulting combined categories are used for tabulating population data in this report, as follows:

- Latino (of any race)

The following categories exclude persons of Latino origin:

- White
- African American
- Native American (includes Alaska Native, Aleut, Eskimo)
- Asian
- Pacific Islander (includes Native Hawaiian)
- Two or more races
- Other (In some tables in this report, a category "Other" combines the Native American, Asian, and Pacific Islander categories

There were a few exceptions to the above definition for the following indicators: poverty, educational attainment, and health insurance coverage, by ethnicity as follows:

The following categories include persons of Latino origin:

- African American
- Native American (includes Alaska Native, Aleut, Eskimo)
- Asian
- Pacific Islander (includes Native Hawaiian)
- Two or more races

Data Proofing

Data in the report underwent extensive proofing to ensure accuracy. The data proofing protocol is a multi-step process that thoroughly checks text, numbers, and formatting in the narrative, tables, and charts. The process requires each piece of data to be proofed at least three times using an adapted Responsibility Assignment Matrix.

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Community Engagement

Data Collection

The "Summer of Engagement" took place between July and August 2013, and included the following events:

	Summit	District meetings	Small meetings
When and who	A single county-wide meeting on July 10 with more than 300 participants	Five meeting spread across the county (as defined by Supervisorial District boundaries) with a total of 354 participants » District 1 (Aug 28): 86 » District 2 (Aug 7): 76 » District 3 (Aug 27): 50 » District 4 (July 29): 53 » District 5 (Aug 2): 89	Seventeen meetings spread across the county and online, between July and August with a total of 443 participants representing small community groups. » For a list of these groups, please see the following table.
Facilitator	Steering Committee members and ASR	Steering Committee members and ASR	Trained community leaders (including Steering Committee members)
Key Engagement Activities	**Meeting materials** » Meeting agenda » Data presentation handout » Group discussion worksheet » Community Vital Signs bag, notebook, and pen » Flash drive containing the full data report » San Bernardino Countywide Vision handout **Data presentation** » A PowerPoint presentation highlighting key county-wide findings for selected indicators **Group discussion** » ASR-trained moderators facilitated a small group discussion focused on one assigned indicator, and scribes recorded the information on a worksheet. » Participants discussed in small groups their overall reactions to the data, disparities, the story behind the data, and indicators to prioritize for action.	**Meeting materials** » Meeting agenda » Data presentation handout » Group discussion worksheet » List of indicators » Community Vital Signs bag, notebook, and pen » Flash drive containing the full data report » San Bernardino Countywide Vision handout **Data presentation** » A PowerPoint presentation highlighting key county-wide and district-specific findings for selected indicators (customized for each district with available city- and school district-level data) **Group discussion** » ASR-trained moderators facilitated a small group discussion focused on all indicators in the presentation, and scribes recorded the information on a worksheet. » Participants discussed in small groups their overall reactions to the data and the story behind the data.	**Meeting materials** » Varied by meeting **Data presentation** » A PowerPoint presentation highlighting key county-wide findings for selected indicators (customization at the discretion of the facilitator) **Group discussion** » ASR- and Community Engagement Subcommittee-trained moderators facilitated a discussion focused on all indicators in the presentation, and scribes recorded the information on a worksheet. » Participants discussed in small groups their overall reactions to the data, the story behind the data, and indicators to prioritize for action.

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	Summit	District meetings	Small meetings
Key Engagement Activities (cont'd)	**Report back** » Key points that were discussed in the small group discussions were reported back to the larger group.	**Individual Exercise** » Using the list of indicators, participants were asked to individually provide input on indicators to prioritize for action and identify existing community assets on index cards. **Report back** » Key points that were discussed in the small group discussions were reported back to the larger group.	

The following table lists the Small Engagement Meetings that took place:

Meeting name	Date	# of participants
1. Active Transportation Network	Aug 20	38
2. Business, 2nd district	Aug 29	82
3. County of San Bernardino Department of Public Health Maternal, Child, and Adolescent Health (MCAH)	Aug 14	14
4. County of San Bernardino Re-entry Collaborative	Aug 16	36
5. Centers for Medicare and Medicaid Services Secure Net Access Portal (C-SNAP)	Aug 13	13
6. El Sol Neighborhood Educational Center	Aug 14	10
7. Faith-based	Aug 27	50
8. Healthy San Bernardino Coalition	July 18	27
9. Healthy San Bernardino Coalition	Aug 15	24
10. Health Emergency Local Planning Partners (HELPP)	Aug 20	14
11. Inland Empire Asthma Coalition	Aug 15	12
12. HIV-AIDS Planning Council	Aug 20	11
13. Mexican Consulate	Aug 29	41
14. Preparedness Response Program (PRP)	Aug 20	14
15. San Bernardino County Capacity Building Consortium	Aug 21	7
16. Vision of Hope	Aug 28	33
17. Webinar community engagement meeting	Aug 13	17 (only 3 completed a worksheet)
Total		**443**

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Data Analysis

Data collection efforts largely yielded qualitative data in the form of worksheets and index cards that were submitted to ASR. In order to summarize these findings, the following was done to process and analyze the data:

1. For discussion comments, such as comments regarding surprising/interesting data, disparities, and story behind the data, qualitative data were coded and organized by indicator as to compare and contrast the comments gathered from each meeting and group, and for each indicator.
2. Prioritization data were tallied by indicator, which yielded the frequency of participants voting to prioritize a particular indicator.

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APPENDIX 2: DATA DEVELOPMENT AGENDA

Data Development Agenda

This report allowed for the collection of valuable baseline data for a multitude of health-related indicators. However, future efforts should be made to improve the availability of data identified by the Community Vital Signs Steering Committee as being of great interest. The data development agenda is divided into two categories:

1. **Data are available:** The Committee expressed interest in these indicators and a data source for each indicator is available; therefore, the data can be collected. However, these indicators were not prioritized this round for inclusion in the data report.
2. **Data needs to be developed:** The Committee expressed interest in these indicators, but a data source is not currently available. Should these indicators be prioritized for inclusion in the data report the next round, a primary data collection method will need to be developed, or advancements in data collection, reporting, and housing procedures internal to the county will need to take place.

Data are available for the following indicators:

Education

- 3rd grade reading scores
- Suspension and expulsion rates
- Test scores
- High school seniors meeting UC/CSU requirements

Economy

- Self-Sufficiency Standard
- Income levels
- Homes affordable for median income families
- Foreclosure rates

Access to Health Care

- Health screenings

Health Behaviors

- Children's fruit/vegetable consumption
- Fast food consumption

Health Conditions

- Unintentional injuries
- Mental health (additional data)
- People with disabilities
- Oral health
- HIV/AIDS incidence rates & characterization
- Sexually transmitted infections
- Tuberculosis cases
- Foodborne illness data

Infant Health

- Immunizations
- Infant mortality

Built and Natural Environment

- Pesticide use
- Park acreage per population
- Air Quality Index
- Use of public transportation
- Planning and land use
- Pedestrian corridor paths

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COMMUNITY SAFETY

- Crime rates by age, ethnicity
- Juvenile crime
- Domestic violence calls for assistance
- Hate crimes
- Safety by mode of transportation – collision data

Data needs to be developed for the following indicators:

- **Self-Reported Health Behaviors:** Community Vital Signs felt that city-level data was very important to their work, and used this as one of the many criteria to select indicators for this first data report. Many important pieces of self-reported health behaviors were only available at the county level from the California Health Interview Survey (CHIS). In addition, CHIS data are only released every two years and is two years behind. Developing a customized local health survey would allow Community Vital Signs to look at recent data at a smaller geographic level than the county and develop their own questions to address the needs identified in this report. Below are examples of specific primary data needs that could not be addressed for this report based on lack of available data.

    - Adult physical activity
    - Adult dental care
    - Barriers to accessing dental care
    - Adult fruit and vegetable consumption
    - How kids get to the school
    - Perceived barriers to alternative transportation

- **Community Safety:** Data on community safety are collected from the California Department of Justice and are often a year or two behind releasing local data. Working with local law enforcement to collect Uniform Crime Data (UCR) before it is submitted to the State of California will improve the availability of recent local data. In addition to UCR data, data on the impact of AB109 prison realignment was identified as an important data need. Additional collaboration with law enforcement jurisdictions is needed to collect this data.

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APPENDIX 3: COMMUNITY ENGAGEMENT DATA BY MEETING

The Summit

Each table was asked to prioritize indicators as CVS goals for the next three years. The following list shows the number of tables that chose each indicator.

TOP INDICATORS FOR GROUPS AT THE SUMMIT MEETING (WITH AT LEAST TWO VOTES PER TABLE)

Indicator	Number of Tables	Indicator	Number of Tables
Educational Attainment/ High School Graduation Rate	18	Affordable Housing	4
Economy/Poverty/ Unemployment	13	Homelessness	4
Access to Physicians	9	Physical Education	3
Healthy Food/Nutrition	9	Aging	2
Mental Health	8	School Safety	2
Active Transportation	7	Breastfeeding	2
Alcohol/Drugs/Tobacco	5	Delays in Health Care	2
Obesity	4	Access to Health Insurance	2
Community Safety/Crime	4	Injuries	2

Source: San Bernardino County Community Engagement - Summit, 2013.

Each table discussed the data that struck them as most interesting or surprising. Groups reported the following:

WHAT DID YOU FIND INTERESTING/SURPRISING? (TOP SURPRISING ISSUES)

Indicator	Comments
Access to Health Professionals/Health Care	Some surprise that it's not improving. Others surprised at high rates of having a medical home. Surprised that Latinos are accessing health care.
Air Quality	It is getting better.
Alcohol Outlets	High number is surprising.
Alternative Transportation	There are many barriers to walking and/or biking. There's a lack of bike lanes.
Asthma	There were differences by each city. Surprised that asthma is decreasing.
Breastfeeding	There were big differences in breastfeeding by hospital.
Communities of Color	There's a lack of overall access for colored individuals.
Diabetes	

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Indicator	Comments
Dental	
Education/High School Graduation Rates	There were big differences between cities. There were better results for Latinos than expected. Native-Americans seem to be doing well.
Fast Food	We have the highest number of fast food restaurants in California. Notice a lack of children eating breakfast.
Heart Disease	Surprised at the declines.
Homeless Data	It does not seem correct since it was counted on a rainy day. It's so expensive to leave people homeless because of health costs, and other costs
Housing Affordability	
Latino Issues	Noticeable mental health disparities. Noticeable gap in low-income housing available to Latinos. Graduation rates are good news.
Medical Home	The percentage with a medical home seems too high, maybe people don't understand question. Some thought ER use is still high while others thought ER decline was surprising. Increase in use of clinics
Mental Health	High rates of sadness for girls. High rates of mental health issues for Latinos. High rates of 9th graders considering suicide. Suicide rates going up amongst whites.
Obesity	Noticed some surprised at improvement for children and lack of improvement for adults.
Poverty/Unemployment	Surprised at the differences by cities, especially Adelanto as compared to Chino Hills.
San Bernardino versus California Comparisons	Surprised that San Bernardino is doing so well in comparison.
School Safety	
Teen Births	Noticed Barstow had highest rate. Surprised at high African American births

Source: San Bernardino County Community Engagement - Summit, 2013.

Each table was asked to discuss whether there were any groups that were doing better or worse than others. Groups reported back the following:

Disparities by Groups

Disparities	Comments
Areas with Jails	There were spikes in crime after AB 109 in the following places Rancho Cucamonga, Fontana, Apple Valley, Victorville.
African American Disparities	Noticed the disparities in education, asthma, mental health, obesity, heart disease.
City Differences	For causes of death.
City Differences	In regards to teen births.
Ethnic/Race	Differences for teen birth.
Girls	Depression was a large issue for girls

Disparities	Comments
Latino Disparities	Noticed disparities in obesity, health insurance coverage, breastfeeding, but they are doing better than California overall in poverty rates.
Remote Areas	These areas are difficult to access for health care professionals. Noticed education, high desert unemployment had large disparities in remote areas.

Source: San Bernardino County Community Engagement - Summit, 2013.

Each table was asked to discuss the story behind the data, or the back story that explained the data. Groups reported:

Top Stories Behind the Data

Topic	Story behind the data
Access to Health Professionals/Health Care	This is especially a rural problem. Most physicians don't take Medi-Cal; Many rural areas lack hospitals. Lots of doctors are reaching retirement age. Doctors are economically driven. Some communities of color are not getting health care due to lack of money and lack of knowledge about free or lower cost health care. There are positive trends in clinic use due to better advertising by clinics
Access to health insurance	Lack of access is due to lack of education about health insurance.
Active Transportation	There is no room to add bike/walk lanes.
Air quality	Is poor due to trucking and warehousing.
Alcohol/Tobacco/Drugs	Need to attract business in lower income cities. Need treatment centers for youth. Working parents means less supervision, so more alcohol and drug use. Marketing is favorable towards alcohol while media/advertising targets children
Asthma	Numbers seem low, esp. for Latinos. Latinos are more exposed to conditions causing asthma
Breastfeeding	Are hospitals baby friendly? There are cultural aspects to the lack of breastfeeding, and health access issues, as well as education issues
Community Safety	Remote areas are difficult to access. AB 109 releases have led to spike in crime.
Educational Attainment	Is educational attainment low due to a lack of resources in families (esp. single parents)? Kids in poverty or who have been abused have a more difficult time with school. We need more resources for early learning
Health Conditions	Poor health is getting rising especially due to AB 109 releases of inmates with medical issues.
Healthy Food	The food industry has an economic incentive to have more fast food outlets. There are lifestyle and cultural issues surrounding people's food choices a lack of knowledge about fruits and vegetables

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Topic	Story behind the data
Homelessness	The count was on a rainy day so the count was lower than it should have been, and people who counted were not trusted by those being counted. We had a better method in the past
Housing Affordability	Cities are not allowing development of low income housing.
Mental Health	There are no resources. Cultural/language barriers and stigma are significant. Girls may report more sadness than boys because of cultural acceptance of girls' emotions.
Obesity	Income, sedentary lifestyles, media messages, and food deserts in the area are all major factors.
Physical Activity	Low to due lack of physical education at schools and not enough safe places to play.
Poverty	There is a culture of poverty.
Teen Births	There are fewer engagement activities for after school/weekends. Teen births are due to poverty and dropouts and alcohol and drug use drive up teen birth rates.
Unemployment	Businesses are not retaining highly educated employees. There is a lack of beauty in the area, so people move elsewhere.

Source: San Bernardino County Community Engagement - Summit, 2013.

District 1 Meeting

Top Indicators (with at least two votes)

Indicator	Number of Votes
Educational Attainment/ Education	35
General Economy/ Unemployment/Poverty	21
Community Safety	17
Mental Health	13
Access to Health Professionals/Health Care/Insurance	10
Homelessness	7
Nutrition/Access to Healthy Food	5
Transportation/Active Transportation	4
Built and Natural Environment	4
Health Behaviors	4
Health Conditions	2
Physical Activity	2
Teen Births	2

Source: San Bernardino County Community Engagement – District 1 Meeting, 2013.

What Did You Find Interesting/Surprising? (With at Least Two Votes)

Area of interest/surprise	Number	Remarks
Access to Healthy Food	6	Low access to healthy food in Needles and Victorville.
Teen Births	6	Very surprised at high rates, especially in Adelanto.
Community Safety	5	High crime in Victorville and Adelanto leads to a lack of feeling safe.
	1	Low crime in Needles
Diabetes	4	High, especially in Apple Valley.
Access to Health Insurance	2	Surprised at the high rates of insurance coverage.
	1	Others struck by low rates.
Unemployment/ Economy	3	Low unemployment in Needles coupled with high poverty.
Lack of Access to Health Professionals	2	
Mental Health	2	Girls and LGBT were interesting.
School Safety and Bullying	2	
Housing Affordability and Availability	2	

Source: San Bernardino County Community Engagement – District 1 Meeting, 2013.

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TOP STORIES BEHIND THE DATA

Topic	Story behind the data
Alternative Transportation	It's a big issue because the area was built for cars, it's not safe to walk, and there's no infrastructure built for walking/biking.
Girls are having lots of sadness	Sadness comes from bullying, poor mental health, poor physical exercise.
Lack of access to healthy foods	Because fast food outlets serve high numbers of tourists, there no market for grocery stores and healthy food is expensive.
Teen births are high	Because of lack of things to do, lack of programs after-school, need for community education about teen births
Unemployment	There is a lack of jobs that pay good wages, a brain drain in the region, and a lack of educational attainment.

Source: San Bernardino County Community Engagement – District 1 Meeting, 2013.

District 2 Meeting

Top Indicators (with at least two votes)

Indicator	Number of Votes	Indicator	Number of Votes
Educational attainment/education/high school graduation rate	32	Health Behaviors	4
Unemployment/economy/ poverty	23	Obesity	4
Access to physicians/health care/Access to health insurance/delays in health care	19	Alcohol/drugs/tobacco	3
Mental Health	16	Gangs	3
Community safety	13	Health conditions	3
Nutrition/access to healthy food	8	Air quality	3
Active Transportation	8	Homelessness	2
Built and natural environment	7	Diabetes	2
School safety	6	Teen births	2
Physical activity	5		

Source: San Bernardino County Community Engagement – District 2 Meeting, 2013.

What Did You Find Interesting/Surprising? (With at Least Two Votes)

Area of interest/surprise	Number	Remarks
Mental health/ sadness/depression at school	8	Especially girls
School safety	7	
Lack of access to health professionals, especially in remote areas	6	
Lack of access to health food	6	
Unemployment/the economy	3	Unemployment is high, especially in Upland.
	2	Fontana

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Area of interest/surprise	Number	Remarks
Disparities between cities	2	The economy shows many disparities.
	1	Crime is a big disparity.
	2	Fast food is a big disparity.
		Especially disparities between Fontana, Rancho Cucamonga/Upland.
Educational attainment/high school graduation rate	4	
Community safety	2	Especially in Upland
Alcohol/drugs/tobacco	2	
Mental health of adults	2	
Low physical activity	2	
People are employed but poor	2	
Lack of data on undocumented immigrants	2	
Dental	2	

Source: San Bernardino County Community Engagement – District 2 Meeting, 2013.

TOP STORIES BEHIND THE DATA

Topic	Story behind the data
Community Center	We need another community center.
Crime	Crime is higher in Upland because it's a wealthier area.
Dental	Insurance is too expensive
Economy	The working poor are struggling to provide. No good jobs are available. Eliminate red tape to permit community growth
Fast Food	Long commutes encourage more fast food
Mental Health	Boys may underreport their mental health. We overestimate children's resiliency.
Teen pregnancy	We need more education to prevent teen pregnancy.

Source: San Bernardino County Community Engagement – District 2 Meeting, 2013

District 3 Meeting

Top Indicators (with at least two votes)

Indicator	Number of Votes	Indicator	Number of Votes
Unemployment/economy/ poverty	23	Active transportation	3
Educational attainment/high school graduation rate	18	Obesity	3
Access to health professionals & care/delays in health care	10	Housing affordability	2
Access to healthy foods/nutrition	9	Health behaviors	2
School safety	6	Health conditions	2
Homelessness	5	Mental health	2
Community safety	4	Teen births	2

Source: San Bernardino County Community Engagement – District 3 Meeting, 2013.

What Did You Find Interesting/Surprising? (With at Least Two Votes)

Area of interest/surprise	Number	Remarks
High school graduation/dropout rates/educational attainment	9	
Surprised by Barstow data	4	Big numbers from health indicators was surprising
Crime rate	2	High crime in Big Bear.
	1	Crime rate going down.
Mental health	4	Especially amongst girls.
Poverty	4	
School safety	3	
Access to healthy foods	1	Lots of fast food in Redlands.
	1	Tourists stop for fast food on the way to Vegas.
High teen births	2	
Impacts of military base closure	2	
Access to health care/professionals	2	Not enough doctors in Barstow.
Obesity	2	
Interest in data about faith communities	2	

Source: San Bernardino County Community Engagement – District 3 Meeting, 2013.

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TOP STORIES BEHIND THE DATA

Topic	Story behind the data
Communities	A greater sense of community would lead to better results (more beautification, more pride of ownership, more home ownership, and more local investments). We need more community feeling. Redlands has a greater sense of community but needs more family culture.
Delayed access to health care	Delayed access due to fear, stigma and language
Demographic shifts	We need to encourage people to stay in area after receiving their education, most people are moving away.
Education	Low level of education is due to lack of parent engagement and parent education. There is also a lack of knowledge of computers.
Fast food	People are eating fast food because there is no time to make healthy food, there is lots of tourist travel, and easy freeway access to fast food.
Mental Health	There is lots of bullying at schools.
Unemployment	Mainly due to closure of big employers like railroad, military base and steel. We need to redevelop the military base.

Source: San Bernardino County Community Engagement – District 3 Meeting, 2013

District 4 Meeting

Top Indicators (with at least two votes)

Indicator	Number of Votes	Indicator	Number of Votes
Education/high school graduation rate	15	Transportation/active transportation/public transportation	5
Nutrition/access to healthy foods	9	Obesity	4
Mental health	9	Health behaviors	4
Community safety	8	Health conditions/heart disease	3
Access to health insurance/health professionals/delays in care	8	Built and natural environment	3
Economy/unemployment/ poverty	7	Housing affordability	2
Physical activity	5	School safety	2

Source: San Bernardino County Community Engagement – District 4 Meeting, 2013.

What Did You Find Interesting/Surprising? (With at Least Two Votes)

Area of interest/surprise	Number	Remarks
Mental health	8	Especially interesting amongst girls.
Educational attainment concerns	7	Including mention of favorable educational outcomes in Upland and attendance.
Access to healthy foods/fast food	6	
Community safety	6	Including high crime in Upland and Pomona and mention of crime going down.
School safety	5	
Diabetes	3	
Physical activity	2	
Lack of access to health professionals	2	Especially in Barstow and Needles.
Alcohol/drugs/tobacco	2	
Unemployment/poverty	2	

Source: San Bernardino County Community Engagement – District 4 Meeting, 2013.

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TOP STORIES BEHIND THE DATA

Topic	Story behind the data
Crime rate	Crime rate due to the economy.
Lack of collaboration	Between the schools and community based organizations explains a lot of the poor outcomes.
Mental health	People are unable to get services and there is stigma in getting help.
No fresh foods available	Especially in Montclair, and healthy food is expensive.

Source: San Bernardino County Community Engagement – District 4 Meeting, 2013

District 5 Meeting

Top Indicators (with at least two votes)

Indicator	Number of Votes
Educational attainment/high school graduation rate	33
Access to healthy food	20
Unemployment/economic development	15
Mental health	14
Community safety	11
Poverty	10
Access to health professionals/access to health insurance	7
Teen births	7
School safety	6
Alcohol/drugs/tobacco	5
Physical activity/recreation	5
Homelessness	5
Active transportation	4
Obesity	2
Infant health	2

Source: San Bernardino County Community Engagement – District 5 Meeting, 2013.

What Did You Find Interesting/Surprising? (With at Least Two Votes)

Area of interest/surprise	Number	Remarks
Educational attainment	8	
Healthy Food/fast food	7	
How well Fontana is doing	6	
Physical activity/exercise	4	
Mental health	4	Especially girls
School safety	3	
Teen births	3	
Unemployment	3	
Diabetes	2	
Homelessness	2	Need new data
Colton and how they are doing	2	

Source: San Bernardino County Community Engagement – District 5 Meeting, 2013.

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TOP STORIES BEHIND THE DATA

Topic	Story behind the data
Collaboration	Cities that are doing better have better collaboration with amongst citizens.
Education	Many of the poor results are due to low education.
High fast food	Use is due to high cost of good food, and low cost of fast food.
Low educational outcomes	Are due to lack of school safety.
Racism	An all-white city council is governing a non-white area.
Trust in government	There is a lack of trust in city government.
Why is Fontana doing so well?	What are their best practices? Is it continuity of leadership?

Source: San Bernardino County Community Engagement – District 5 Meeting, 2013

Smaller Community Engagement Sessions

Top Indicators (across all groups)

Indicator	Number of groups	Indicator	Number of groups
Economy/Unemployment/ Poverty	9	Alcohol/drugs/tobacco	2
Access to health care	9	Built and natural environment	2
Educational attainment	8	Women's health/prenatal/infant mortality	2
Community safety	6	Diabetes	1
Healthy food/nutrition	6	Children in foster care	1
Mental health	5	School safety	1
Active transportation	4	Teen births	1
Obesity	3	Trail use	1
Health education	3	HIV/AIDS	1
Physical activity	2	Air quality	1
Housing affordability	2	Asthma	1

Source: San Bernardino County Community Engagement – Smaller Community Engagement Sessions, 2013.

What Did You Find Interesting/Surprising? (With at Least Two Votes)

Area of Interest/Surprise	Number	Remarks
Poverty/unemployment	12	
Mental health	8	
School safety	7	
Educational attainment/high school graduation rates	6	
Community safety/crime	4	Low crime rate and going down.
Access to health care	4	
Teen births	4	
Physical activity	4	
Premature birth/infant health	4	
San Bernardino data in comparison to CA data	4	
Healthy food	3	
Active transportation	3	
Smoking going down	3	
Heart disease	2	
Homelessness	2	
Housing affordability	2	

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Area of Interest/Surprise	Number	Remarks
Obesity	2	
Air quality	2	
Asthma	2	Decreasing
Delays in health care	2	

Source: San Bernardino County Community Engagement – Smaller Community Engagement Sessions, 2013.

TOP STORIES BEHIND THE DATA

Topic	Story behind the data
Access to physicians/health care problems	Lack of access and use due to cultural differences/race/ethnicity, especially for Latinos. Native-American children get insurance once they get to school, but not prior to school.
Active transportation	Need more walking-friendly communities; it helps health, air quality and the economy. Trails need to be safe so people use them.
Air quality	Is improving because people are driving less due to economic recession.
Alcohol/drugs/tobacco	We need a non-smoking hospital
High School graduation rate	We encourage women to graduate but have forgotten about men. Disparities exist for Latinos and African-Americans.
Lack of healthy food	Lack of health food due to tourism. Need to go back to old ways of cooking. We need healthy media messages.
Lack of sex education	Leads to poor outcomes.
Low educational attainment	Low educational attainment due to lack of access. We need more teachers. Basic skills aren't taught in home economics, including home finance or child rearing. Teachers pass children with low grades.
Low mental health	For girls is due to media images of perfection. Girls who are sad could lead to prostitution. There is a gap in services for HIV patients
Parent disengagement/over-work	Caused by poor results.
Physical activity	There is less physical education at schools.
Poverty	Due to low education.
Preterm births	Lower because of more prenatal care.
San Bernardino	Unappealing to many, so people leave. It lacks beauty, grocery stores, health services and resources.
School safety **Teen births**	Are impacted by the role of the media. Linked to high school drop outs, prostitution, and stress.
Unemployment	Linked to alcohol/drugs, a lack of local good wage jobs and lack of good family communication. Loss of the military base had a big impact, along with the 2003 fire.

Source: San Bernardino County Community Engagement – Smaller Community Engagement Sessions, 2013.

On-Line Survey

Three individuals completed an on-line survey. Data showed that their top indicators included: education, health conditions (mental health, diabetes, obesity, and asthma), health behaviors (physical activity, nutrition, and alcohol), community safety, built and natural environment, and access to health care.

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APPENDIX 4: HEALTHY CITIES PRIMARY DATA

Inventory of Cities' Activities that Support Heart Disease Prevention Strategies

STRATEGIES *(from* Mayo Clinic's "5 Medication-free strategies to help prevent heart disease"*)*				
Don't smoke or use tobacco	Get 30 minutes of physical activity on most days of the week	Eat a heart-healthy diet	Maintain a healthy weight	Get regular health screenings
SAN BERNARDINO COUNTY HEALTHY CITIES' ACTIVITIES				
» Smoke free campus » Community Lecture Program	**Active Transportation** » Bike lanes integrated for multi-modal use (e.g. transit) » Connect, promote Pacific Electric Trail and other regional trails e.g. Santa Ana River Trail » Improve bicycle infrastructure » Yucaipa Uptown transformation » Create more walkable community » Safe Routes to School efforts » Complete streets policies » Bike, pedestrian, equestrian trails – develop master plan » Mojave River trail loop – multijurisdictional trail » Trail connections » Crosstown freeway bike lane » Bear Valley Rd bicycle bypass project » Parks and Recreation » Safe and maintained parks » Parks and recreation programs » Subsidies for recreation programs » Donations for participation in	» Increase Cal-Fresh awareness and utilization » Breastfeeding workplace policy » Breastfeeding supportive city facilities » Utilize & implement Breastfeeding Friendly City Toolkit » Host & post instructional webinar » Healthy Dining (out) program – countywide "seal", branding » Parent-Child Healthy Eating Learning Program – includes clinical screens » Train community leaders; promotores model » Healthier fast food menus » Healthy vending policies » Improve retail food environment index: » increase healthy, decrease unhealthy food retail » Community survey re access	» Baby friendly hospitals => more exclusive breastfeeding => lower obesity rates » Rethink Your Drink – incorporated throughout city, after-school programs » Biggest Loser	» Collective Outreach re "Covered CA" » Screenings at work sites » College, high school internship programs » "Behind the numbers" – education re lab values

	recreation programs » Lighted, marked walking paths at parks » Walk in the Park program – signage, distances; could add incentives » Run in the Park Program - 3K; group activity (e.g. warm-up, unofficial times) » BMX park (active teens!) » Partner with youth sports organizations » Joint use agreements » Park, playground expansion » My First Sports Program » Dance off Diabetes » Outdoor fitness equipment at parks » Adopt a Park; donate equipment » Active dog park » Programs » SPARK program in after school programs » Corporate Fitness Challenge » Mobile recreation at day care sites » "Stay the Course" - earn points for participation in physical activity programs; different age groups » Prescription for Play – get kids at risk for obesity into physical activity programs	to healthy food » Nutrition education » Community supported agriculture in partnership with CAP, TAD, hospitals, etc. to make available to low income residents » County Nutrition Action Plan (CNAP) & healthy city model pilot » Countywide farmers market double bucks » Farmers markets: $5 coupons at Healthy Fontana booth; incentive items based on purchases » Utilize available resources e.g. Harvest of the Month, Rethink Your Drink » Healthy cooking classes » Gardening at summer camps » Gardens at teen centers » Head Start site gardens; fathers will be building » Education center at community garden » Classes at community garden » March: National Nutrition Month » May: National Fruit & Vegetable Month » Events-pledges etc. » Recipe conversion classes		

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Activities that support multiple strategies:

Policy, Advocacy

- Advocacy re NATIONAL food policies (e.g. school meals; farm bill; subsidies)
- More policy-maker level participation at this (Healthy Communities Quarterly Meeting) table
- Civic engagement to support all of these activities –Center for Civic Policy and Leadership – Meetings: Vision of Health & Wellbeing and Prosperity for IE
- General Plan update incorporating health components, including Healthy Eating, Active Living (HEAL)
- Policy/Action Briefs
- Health Summit with policymakers, leaders

Programs and Events

- All city programming includes Healthy City component
- "Health Hubs" – activities; walking clubs; community gardens; education (community wellness program); develop community leaders, advocacy capacity
- Community Lecture programs
- "Heart Games" for Kids & adults every February; includes heart education; turn this into regional or countywide tournament
- Healthy after school programs
- Community health and safety fairs
- Employment related classes
- Mommy & Me programs
- High school interns in Public Health- developing clubs, campaigns

Alignment, Partnerships

- Let's Move Cities, Towns, Counties
- HEAL Cities Campaign (employee wellness, healthy food, general plan)
- Healthy Cities mentoring each other
- Coordinate a master events calendar
- Engage faith based organizations
- City-schools collaborative projects
- Get involved with school district wellness committees

Worksite Wellness

- City Employee Wellness Committee (city administrative policy); attend meetings on city time; develop plan for workforce wellness program
- Worksite programs – lunch & learns, yoga classes; gym memberships; on-site gyms
- Take successful city worksite wellness program to large employers located in community (City of Hesperia)
- Replicate Work Well North Carolina
- Healthy blog (employees)

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SAN BERNARDINO COUNTY:

Our Community Vital Signs

2013 final report

final report

This entire report, the data report, and summary report are available online at www.communityvitalsigns.org.

Email inquiries can be directed to CommunityVitalSigns.SanBernardinoCounty@dph.sbcounty.gov.

SAN BERNARDINO COUNTYWIDE VISION
IT'S UP TO US!
COMMUNITY VITAL SIGNS INITIATIVE
County of San Bernardino
ASR