

community health & wellness

More people in San Bernardino County are covered by private or public health insurance than the national average. Fully 80% of women receive early prenatal care. Yet, economic difficulties are hitting many San Bernardino County families hard. Enrollment is rising rapidly for Food Stamps, CalWORKs cash assistance, and Medi-Cal. In the 2008/09 school year, over 60% of students were eligible for free- or reduced-price school meals, and 4% of students report their family is homeless or living doubled- or tripled-up in a home due to economic hardship.

Working Together to Improve Access, Quality and Outcomes

The SART (Screening, Assessment, Referral and Treatment) System of Care provides services for children ages 0 to 5 who are in need of assessment and treatment related to social, emotional, developmental, and health disorders. This unique model of interdependent services is supported by local funding, leveraged with state and federal dollars. First 5 San Bernardino, in collaboration with Department of Behavioral Health and partners from the Department of Children and Families Services, Department of Public Health, Preschool Services Department, Superintendent of County Schools, Children's Network, and Children's Fund, has expanded and invested in four regional assessment centers providing SART services to children throughout the county. This one of a kind multi-disciplinary collaborative is a model that counties statewide seek to emulate.

Prenatal Care Improves

Description of Indicator

This indicator measures the percentage of live births to San Bernardino County women who began prenatal care during the first three months of pregnancy, including racial and ethnic detail. Rates of early prenatal care in San Bernardino County are also compared to peer counties and the state.

Why is it Important?

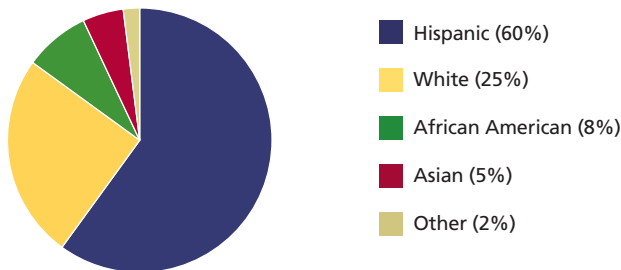
Increasing the number of women who receive early prenatal care (in the first trimester of pregnancy) can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Babies born to mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development.¹

How is San Bernardino County Doing?

In 2008, early prenatal care rates improved slightly:

- At 80.6%, San Bernardino County achieved an early prenatal care rate similar to the statewide average (80.7%).
- This is an improvement of less than one percentage point over the last year, and a four point increase since 1999.
- San Bernardino County and all peers compared are below the Healthy People 2010 objective of 90%.
- Asian mothers have the highest early prenatal care rate (84%), followed by White mothers (82%), and Hispanic mothers (80%).
- The majority of births in San Bernardino County are to Hispanic mothers (60%), followed by White mothers (25%), and African American mothers (8%).

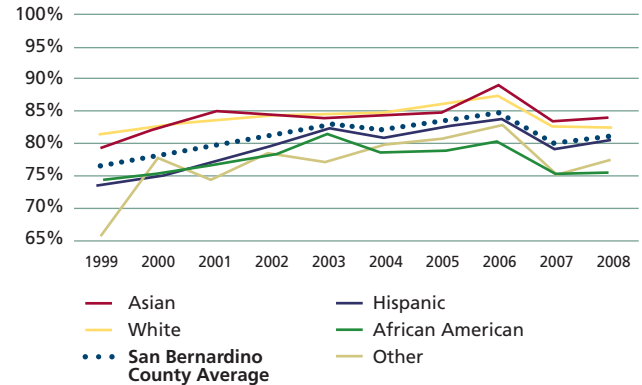
Live Births by Race and Ethnicity San Bernardino County, 2008



Source: California Department of Public Health (www.cdph.ca.gov/data/statistics/Pages/default.aspx)

¹ Healthy San Bernardino County (www.healthysanbernardinocounty.org)

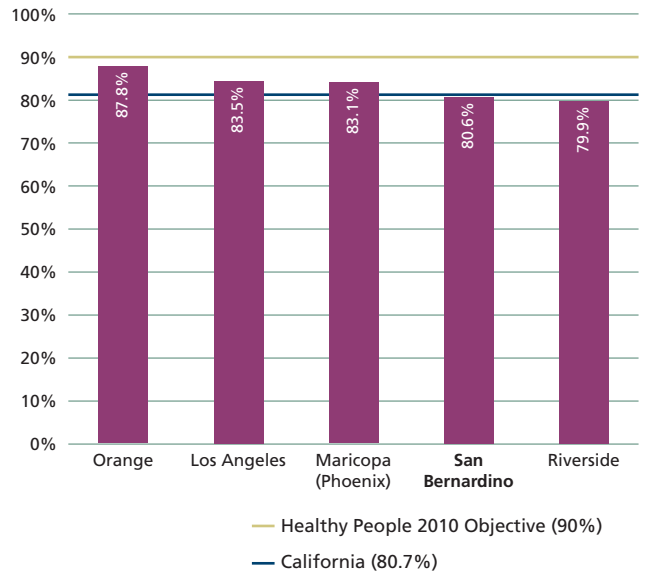
Percent of Mothers Receiving Early Prenatal Care by Race and Ethnicity San Bernardino County, 1999-2008



Note: The ethnic category "Hispanic" includes any race; the racial categories "White," "Asian," and "African American" are all non-Hispanic. "Asian" includes Asian and Pacific Islander. "Other" includes the categories of two or more races and American Indian/Native Alaskan.

Source: California Department of Public Health (www.cdph.ca.gov/data/statistics/Pages/default.aspx)

Percent of Mothers Receiving Early Prenatal Care County Comparison, 2008



Note: Dallas County data is not available for 2008.

Sources: California Department of Public Health (www.cdph.ca.gov/data/statistics/Pages/default.aspx); Arizona Department of Health Services (www.azdhs.gov/plan/report/abs/index.htm)

What is Healthy People 2010?

Healthy People 2010 is a national health promotion and disease prevention initiative which establishes national objectives to improve the health of all Americans, eliminate disparities, and increase the years and quality of healthy life.

Connecting the Dots

Prenatal Care impacts early childhood development, can reduce incidence of disease, and influence **Leading Causes of Death for Children Under Five**.

Lowest Level of Young Child Deaths in 10 Years

Description of Indicator

This indicator measures the leading causes of death for infants less than one year old and children ages one through four in San Bernardino County (shown as raw number of deaths). Also shown are deaths for children ages birth through four years due to all causes compared to peer California counties (shown as number of deaths per 100,000 children).

Why is it Important?

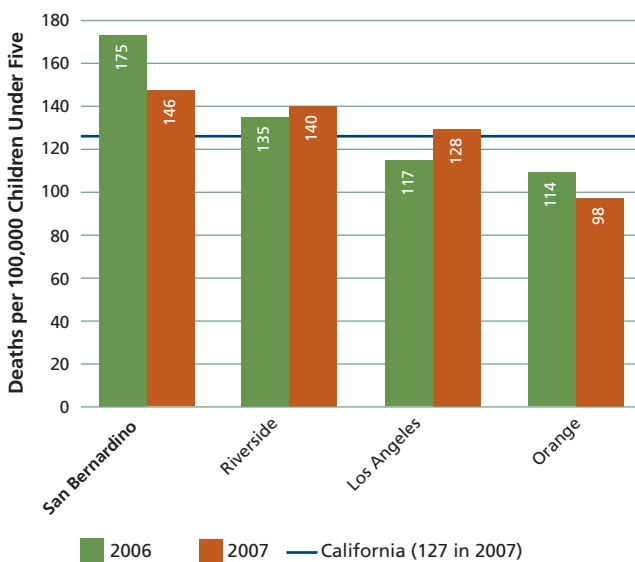
Awareness of the leading causes of death for children can lead to intervention strategies that can help prevent mortality. Many of these deaths are preventable through improved prenatal care and education.

How is San Bernardino County Doing?

Despite the significant drop shown in the latest year of data available, the 10-year trend in child deaths has not changed:

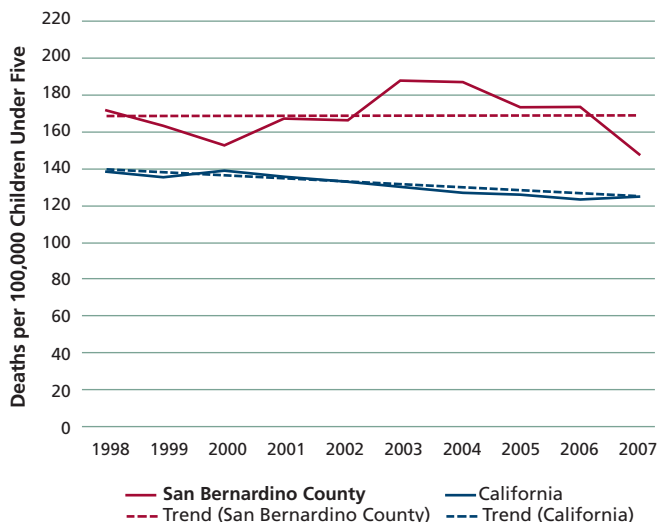
- In 2007, there were fewer deaths among infants and young children, falling from 232 in 2006 to 205 among infants and from 43 in 2006 to 32 among children ages one through four.
- However, the 10-year trend is stagnant. The statewide trend is gradually downward.
- San Bernardino County has a consistently higher rate of death for children under five than the California average and all peers compared.
- Congenital defects (e.g. spina bifida) and chromosomal abnormalities (e.g. Down syndrome) top the list of leading causes of infant deaths.
- Accidents are the leading cause of death for young children.

Death Rate Due to All Causes for Children Under Five County Comparison, 2006 and 2007



Source: California Department of Public Health, Center for Health Services, Vital Statistics Query System (www.applications.dhs.ca.gov/vsq/default.asp)

Death Rate Due to All Causes for Children Under Five San Bernardino County and California, 1998-2007



Leading Causes of Death for Infants and Young Children San Bernardino County, 2007*

Cause of Death	Number of Deaths
Infants (Under Age One)	
Congenital Defects/Chromosomal Abnormalities	40
Prematurity/Low Birth Weight	36
Sudden Infant Death Syndrome	18
Accidents	
Motor Vehicle Related	5
Assault	4
Drowning	2
Other Accident	2
Cardiovascular Disorders	12
Maternal Pregnancy Complications Affecting Newborn	11
Blood Infection	11
Other Unspecified or Undefined Causes	10
All Other Causes	54
Young Children (Ages 1-4)	
Accidents	
Motor Vehicle Related	10
Drowning	4
Excessive Heat	1
Assault (Homicide)	5
Cancer	4
Nervous System Diseases	2
Endocrine, Nutritional or Metabolic Diseases	2
Congenital Defects/Chromosomal Abnormalities	2
All Other Causes	2

* Note: 2007 cause of death data is considered preliminary. Causes with fewer than five deaths for infants and fewer than two deaths for young children are included in "All Other Causes."

Source: County of San Bernardino, Department of Public Health

Connecting the Dots

Child deaths are tragic in all cases but especially when a **Leading Cause of Death for Children** can be prevented through parent education. Improvements in child health and safety can have a positive effect on the entire population's **Health Status**.

Less than One-third of Students Achieve State Physical Fitness Goals

Description of Indicator

This indicator measures the physical fitness and weight status of children through two sources. The California Department of Education's Fitnessgram, administered annually to 5th, 7th, and 9th graders, measures performance in six areas: aerobic capacity, body composition (overweight or underweight), abdominal strength, trunk extension strength, upper body strength, and flexibility. The Center for Disease Control and Prevention's Pediatric Nutrition Surveillance System (PedNSS) tracks the percentage of children from low-income families who are considered overweight.

Why is it Important?

A sedentary lifestyle and being overweight are among the primary risk factors for many health problems. Building a commitment to fitness, maintaining a healthy body weight, and taking steps to reduce barriers to healthy eating and fitness can have positive impacts on children's health now and into adulthood.

How is San Bernardino County Doing?

Fitness levels lag behind state averages:

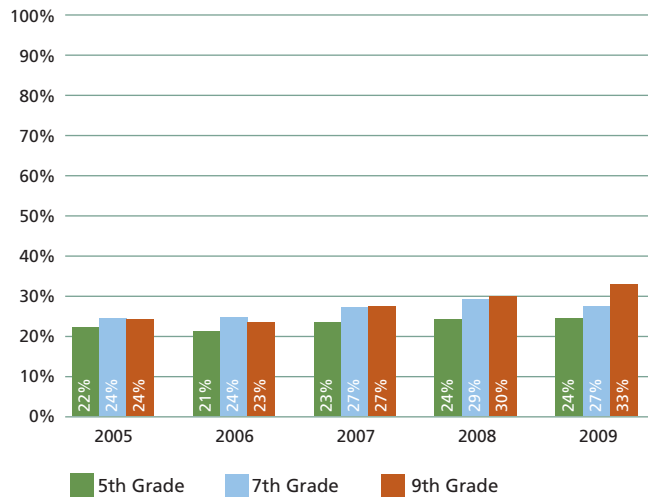
- In 2009, San Bernardino County student fitness levels improved for 9th grade students, worsened for 7th graders, and remained constant for 5th graders.
- 53% of students met the aerobic capacity standard in 2009 (widely considered one of the most important components of fitness), compared to 50% in 2005.
- On average, San Bernardino County students continue to lag behind the California average by two to seven percentage points.

Overweight youth estimates remain the same:

- In 2009, 35% of the students tested for the Fitnessgram were considered to have unhealthy body weight (typically overweight). This rate has remained relatively constant since 2005.¹
- San Bernardino County improved its ranking among California's 58 counties to 25th among children ages two to less than five, and 18th among youth ages five to less than 20.
- Both data sources show San Bernardino County youth did not meet the Healthy People 2010 objective to reduce the percent of overweight youth ages six to 19 to 5%.

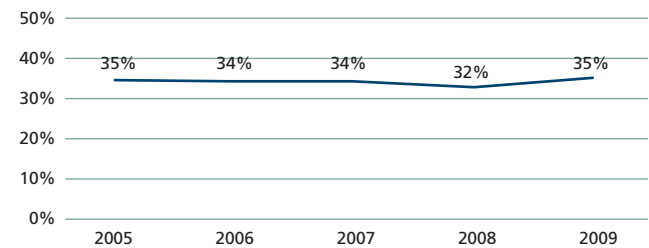
¹ A small percentage (estimated at roughly 2%) of these proportions include underweight youth. Results by grade were aggregated and averaged.

Physically Fit Youth: Percent of Students Acheiving Six out of Six Fitness Standards
San Bernardino County, 2005-2009



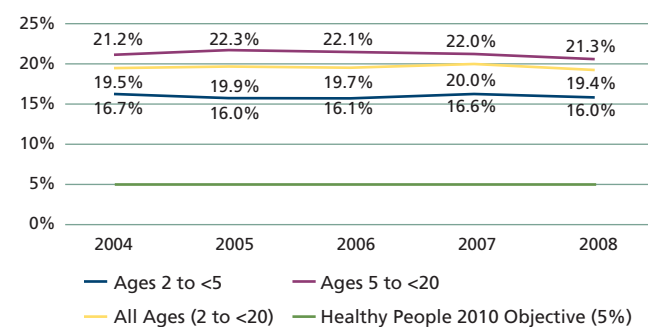
Source: California Department of Education (<http://data1.cde.ca.gov/dataquest>)

Percent of 5th, 7th, and 9th Grade Students with Unhealthy Body Composition¹
San Bernardino County, 2005-2009



Source: California Department of Education (<http://data1.cde.ca.gov/dataquest>)

Percent Overweight Among Low-Income Youth
San Bernardino County, 2004-2008



Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System (www.dhcs.ca.gov/services/cbdp/Pages/PedNSS2008.aspx)

Connecting the Dots

Physical Fitness of Children sets the stage for a life of healthy choices, including one of the most important: the choice to avoid **Substance Abuse**.

4% of Students are Unstably Housed

Description of Indicator

This indicator measures San Bernardino County families' progress toward housing stability by tracking availability of rental assistance and the number of children that are homeless or living in unstable housing arrangements. For additional countywide housing trends, see Housing Demand, Housing Affordability, and Rental Affordability.

Why is it Important?

Increasing rent or mortgage costs, foreclosure, loss of a job, or simply not having enough money to afford the high up-front costs of renting or buying are challenges that can force many families into living conditions they would not choose otherwise. Living doubled- or tripled-up due to economic constraints can place stress on personal relationships, housing stock, public services and infrastructure. When shared housing is not an option the result can be homelessness.

How is San Bernardino County Doing?

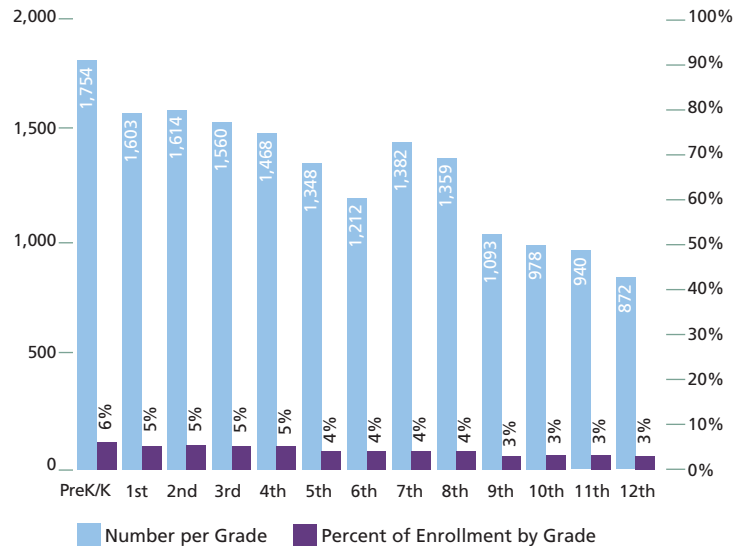
Most residents seeking rental assistance will wait many years for a voucher unless conditions or funding levels change:

- At the end of December 2008, there were approximately 28,000 applicants waiting for a Housing Choice Voucher.
- During 2008, the San Bernardino Housing Authority used all of its allocated vouchers to assist an average of 7,437 households each month.
- The voucher supply remains limited because housing authorities have not had the opportunity to apply to the federal government for additional housing vouchers since 2003.

Federal law requires public school districts to report the number of students living in shelters or unsheltered in cars, parks or campgrounds, as well as in motels, or with another family due to economic hardship:

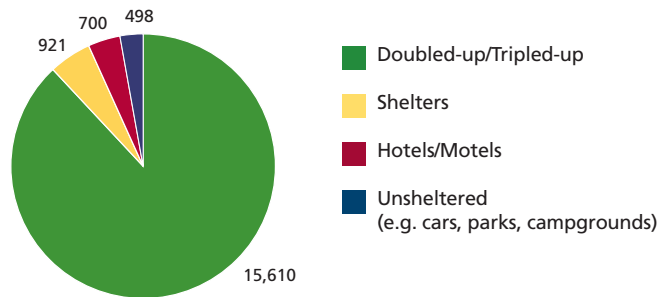
- In 2008/09, 17,729 San Bernardino County students mostly in grades K-12 were identified as living in one of these unstable housing conditions.¹
- Families living doubled- or tripled-up in a home due to economic hardship are the largest cohort with 15,610 students living in these conditions.
- Additionally, 921 students live in shelters, 700 live in motels, and 498 live unsheltered in cars, parks or campgrounds.
- On a per enrollment basis, San Bernardino County has fewer homeless and unstably housed students than the California average and Orange County, but more than Riverside County.
- There are more homeless and unstably housed children in Pre-K/Kindergarten than any other grade.

Number and Percent of Homeless and Unstably-Housed Students, by Grade
San Bernardino County, 2008/09



Source: California Department of Education, according to information provided by school districts on their Local Education Agency Reporting Form Title 1, Part A and Homeless Education Consolidated Application

Primary Nighttime Residence of Students Identified as Homeless or Unstably Housed
San Bernardino County, 2008/09



Source: California Department of Education, according to information provided by school districts on their Local Education Agency Reporting Form Title 1, Part A and Homeless Education Consolidated Application

¹ This figure includes 123 homeless pre-kindergarten children participating in San Bernardino County Superintendent of Schools pre-K programs.

Connecting the Dots

Family Housing Security encompasses a complex set of issues ranging from Mental Health to income to Rental Affordability.

Enrollment Grows in Major Public Assistance Programs

Description of Indicator

This indicator measures San Bernardino County families' progress toward self-sufficiency and economic stability by tracking enrollment in core public assistance programs and the proportion of children living in low-income families, as measured by the number of children eligible for free or reduced price school meals.

Why is it Important?

The challenges associated with poverty – including stress, strained family relationships, substandard housing, lower educational attainment, limited employment skills, unaffordable child care, and transportation difficulties – make it hard for low income families to obtain and maintain employment. Economic stability can have lasting and measurable benefits for both parents and children.

How is San Bernardino County Doing?

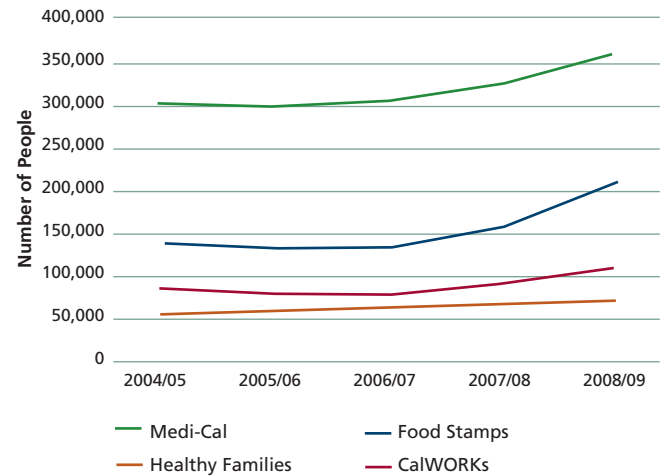
Enrollment is rising in major public assistance programs:

- In 2009, the number of people receiving Food Stamps (202,146) rose 27% in a single year, while CalWORKs cash assistance enrollment rose 18% to 106,906 recipients.
- Medi-Cal participation rose 10% to 353,845 participants.
- 5.4% of California's population resides in San Bernardino County, however, of the approximately 750,000 people receiving cash public assistance or Food Stamps in California, a disproportionate 6.3% live in San Bernardino County.

Current economic conditions have contributed to the sharpest rise in low-income families in at least 10 years:

- In the 2008/09 school year, 61.2% of students had family incomes low enough to be eligible for free or reduced price school meals, up from 56.3% in 2007/08.
- A child is eligible if his or her family's income is below 185% of the Federal Poverty Guidelines (e.g. \$40,793 for a family of four in 2009).¹
- Over the past 10 years, eligibility has increased 22% in San Bernardino County, compared to 12% growth statewide.
- Census poverty data indicates that in 2008, 16.2% of San Bernardino County families with children under 18 live in poverty, and 20.6% of all San Bernardino County children under age 18 live in poverty.²

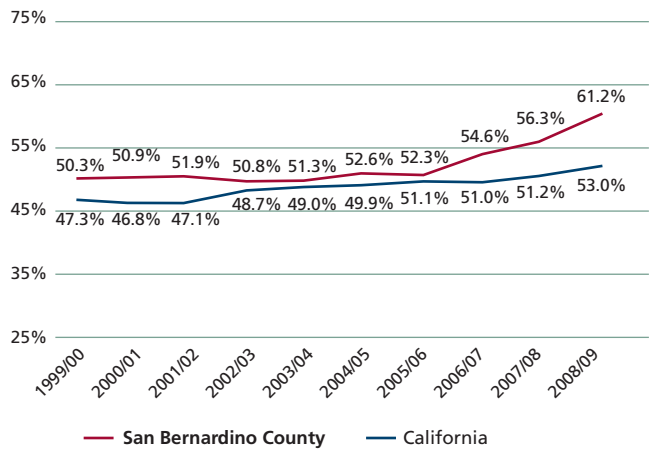
Major Public Assistance Program Enrollment
San Bernardino County, 2005-2009



Note: Food Stamps and Medi-Cal counts include all persons who receive Medi-Cal and Food Stamps - both those who receive CalWORKs and those who do not.

Sources: San Bernardino County Health Services and California Department of Finance, Table E-4

Children Eligible for Free or Reduced Priced School Meals
San Bernardino County and California, 2000-2009



Source: California Department of Education, DataQuest (<http://data1.cde.ca.gov/dataquest/>)

Program Descriptions

Most programs require income and asset limitations, as well as citizenship or permanent legal resident status. Other eligibility factors may apply such as county or state residency, age, or time in the program (time-limits).

- **CalWORKs** provides cash benefits for the care of low income children.
- **Food Stamps** provides low income households with assistance for the purchase of food.
- **Medi-Cal** is a health care program for certain low income populations.
- **Healthy Families** is a health insurance program for children under 19 years who do not qualify for free (zero share-of-cost) Medi-Cal.

¹ Health and Human Services Federal Poverty Guidelines 2009 (<http://aspe.hhs.gov/poverty/09poverty.shtml>)

² American Community Survey, 2008 (www.census.gov)

Connecting the Dots

Family Income Security is often strained in tough economic times, as public assistance is stretched thin and Per Capita Income drops.

More Residents Insured than the National Average

Description of Indicator

This indicator measures health insurance coverage and the types of coverage among residents under age 65. It also shows the consistency of coverage (full, partial, or no coverage in the past year) by race and ethnicity.

Why is it Important?

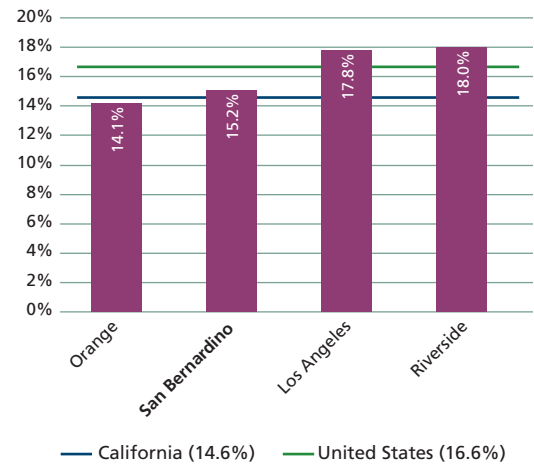
Because health care in the United States is expensive, individuals who have health insurance are more likely to seek routine health care and take advantage of preventative health screening services than those without such coverage, resulting in a healthier population and more cost-effective health care. In addition, the type of coverage can affect care and public burden. Private insurance plans often provide more comprehensive benefits and easier access to care than public plans.

How is San Bernardino County Doing?

More people in San Bernardino County are covered by health insurance:

- In 2007, San Bernardino County's rate of uninsured among residents under age 65 (15.2%) fell below the national average, and was lower than two of three regional peers.
- The 2007 uninsured rate marked a 6% decrease from 2005.
- The majority of people under age 65 are covered by private insurance (64%), followed by publicly-funded coverage (21%).
- This rate of private insurance is roughly the same as the statewide average of 66% and represents an increase of nine percentage points over the past five years.

Percent Uninsured (Under Age 65)
County Comparison, 2007

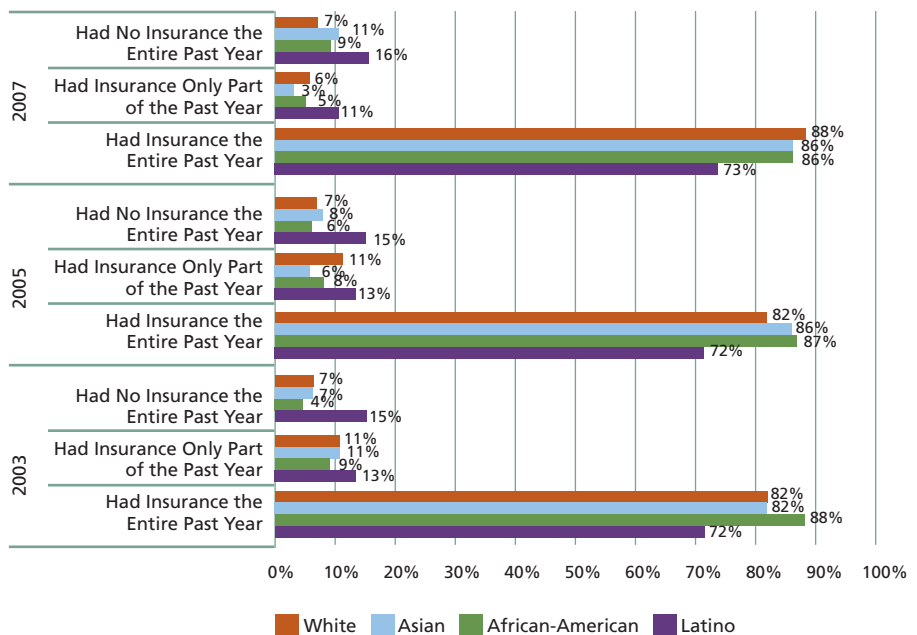


Sources: California Health Interview Survey (www.chis.ucla.edu); National Health Statistics Report, Number 17 (www.doh.gov/nchs/data/nhsr/nhsr017.pdf)

Health insurance coverage and consistency varies by population:

- In 2007, 80% of San Bernardino residents under 65 had coverage the entire year.
- 88% of children and youth (0-17) had coverage the entire year, 8% had coverage part of the year, and 4% were uninsured.
- Children and youth with continuous health coverage remain relatively unchanged over the past five years.
- White and Latino residents are the largest racial and ethnic groups in San Bernardino County, together making up 83% of the total county population.
- These groups also have the largest disparities in health coverage, with 88% of White residents having consistent coverage, compared to 73% of Latinos.
- Since 2003, the consistency of coverage rate for White residents improved by 6%, while coverage for Latinos remained relatively unchanged.

Consistency of Coverage by Race/Ethnicity (Under Age 65)
San Bernardino County, 2003-2007



Note: Percentages may not add up to 100% due to rounding.

Source: California Health Interview Survey (www.chis.ucla.edu)

Connecting the Dots

Health Insurance is a confidence-builder for families, and especially important for unique populations such as Veterans.

New Funds Enable More to be Served; Gaps Still Exist

Description of Indicator

This indicator measures: the estimated number of adult residents likely to have psychological distress; the estimated number of poverty-level residents of any age considered “in need” due to serious mental illness, emotional disturbance, or psychological distress; and the number of clients served by publicly-funded county mental health programs.¹

Why is it Important?

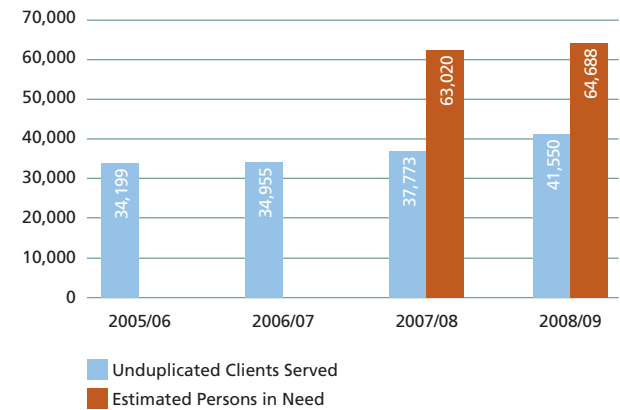
Mental illness is the leading cause of disability in the United States for those ages 15 through 44 and one-in-four people suffer from a diagnosable mental illness in any given year. While mental illness does not discriminate, risk factors such as lower educational attainment, unemployment, poverty, caregiver separation, neglect and abuse place many residents of San Bernardino County in jeopardy. This is especially critical for children and transitional age youth as half of all lifetime cases of mental illness begin at age 14 and three-quarters by age 24.²

How is San Bernardino County Doing?

The mental health needs of all low-income residents are not fully met by publicly-provided services:

- It is estimated that 64,688 low-income residents of San Bernardino County have a serious mental illness and were in need of mental health services in 2008/09.
- In 2008/09, 40,687 unduplicated clients received public mental health services.
- In addition to public care, residents may be using other services such as private health coverage or other community nonprofit agencies to meet their mental health needs, or their needs may be going unmet.
- The growth in clients served by the public mental health system in the last two years is mostly attributable to greater access to, and more diversity in, services due to increased funding for mental health programs provided by the Mental Health Services Act (Proposition 63).
- Among the clients receiving County services, a total of 13,678 clients during 2008/09 were ages 0-17 years. They represented more than one-third of the total clients served during the period.
- Almost 13% of total clients were between 18-24 years, 44% were adults between 25-44 years, and 9% were 55 years or older.
- The ethnic groups represented among clients served during 2008/09 were White (39%), Latino (35%), and African American (18%), followed by Asian/Pacific Islander (2%), Native American (1%), and Other (6%).

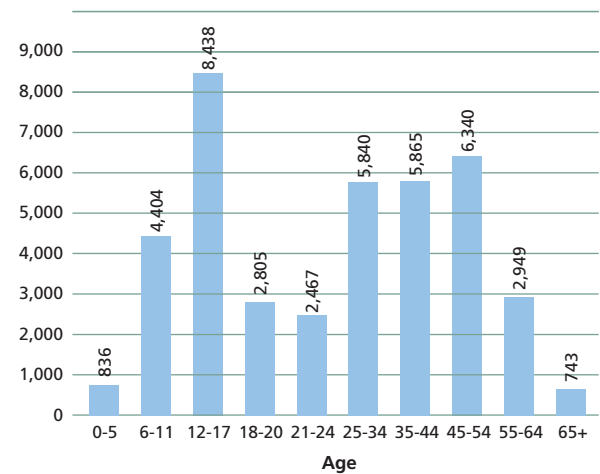
Unduplicated Clients Served by Public Mental Health System and the Estimated Number of Poverty-Level Residents in Need
San Bernardino County, 2006-2009



Note: Research related to persons in need is limited to the most recent two years and not provided for the previous years of data.

Sources: San Bernardino County Mental Health Plan, Behavioral Health Services, Client Services Information System; California Department of Mental Health, Persons in Need Tables

Unduplicated Count of Clients Served by the Public Mental Health System, by Age
San Bernardino County, 2008/09



Source: San Bernardino County Mental Health Plan, Behavioral Health Services, Client Services Information System

More Mental Health Funds

Voter-approved Proposition 63 allocates additional funding for mental health services. Among other factors, this has allowed for greater access and more diversity in services, and contributed to the increase in clients served in the last two fiscal years. San Bernardino County continues to address the challenge of serving the maximum number of clients possible within current fiscal constraints.

The Mental Health/Substance Abuse Connection

50% of people with a serious mental illness are also affected with an addictive disorder.

National Alliance on Mental Illness, 2010

¹ Poverty-level persons in need estimates based on Dr. C. Holzer, University of Texas Medical Branch (UTMB) and California Department of Mental Health Tables (www.dmh.cahwnet.gov/Statistics_and_Data_Analysis/Prevalence_Rates.asp)

² Kessler, R, et al, NCS-R, Archives of general Psychiatry, 6/6/05; SAMHSA, 2002

Connecting the Dots

Mental Health is a persistent challenge in our communities and is most dramatically manifest in the problem of homelessness and **Family Housing Security**.

Indicators Point to Heavy Substance Abuse Burden

Description of Indicator

A variety of commonly used indicators are shown to help gauge the extent of alcohol and other drug (AOD) abuse. These include youth use of AOD, AOD-related deaths and arrests, admissions to treatment facilities, and alcohol-involved car collisions.

Why is it Important?

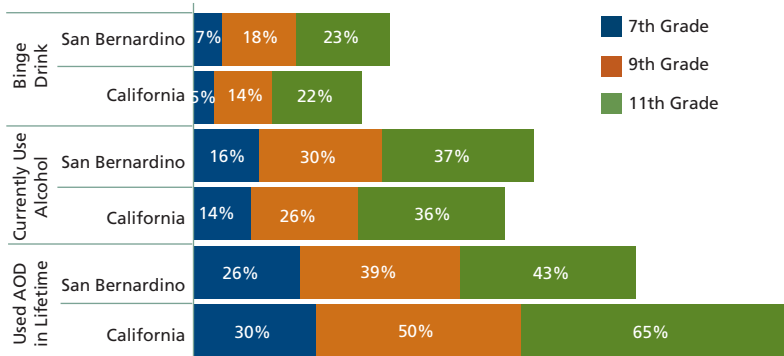
A broad spectrum of public health and safety problems are directly linked with substance abuse including addiction, traffic accidents, domestic violence, crime, unintended pregnancy, and serious conditions such as cancer, liver disease, HIV/AIDS, and birth defects.

How is San Bernardino County Doing?

While some indicators show progress, San Bernardino County tends to experience a higher substance abuse burden than the California average:

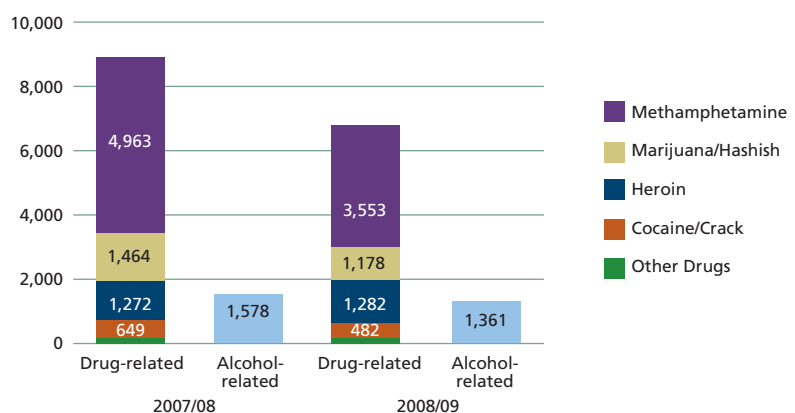
- Compared to the California average, 2007/08 survey data reveals San Bernardino County high school youth engage slightly more frequently in binge drinking and current alcohol use.
- However, San Bernardino County youth are more likely indicate they have never used alcohol or other drugs in their lifetimes.
- In 2008, San Bernardino County had the most TRACE cases (Traumatic Events Caused by Underage Drinking) in California: 80% involved underage drinking at a house party that resulted in fatalities.¹
- The Health Status indicator on the following page shows deaths due to drugs and alcohol (cirrhosis) are above statewide averages and not showing improvement.
- Drug- and alcohol-related arrests in San Bernardino County fell between 2006 and 2008, however arrest rates remain above the statewide average by 11%.
- Drug-related admissions – which far surpass alcohol-related admissions – dropped 15% between 2007/08 and 2008/09, and alcohol-related admissions dropped 14%.
- Individuals were most commonly admitted for methamphetamine abuse, followed by marijuana and heroin abuse.
- 38% of substance abuse clients also received mental health services.
- San Bernardino County has a consistently higher rate of alcohol-involved injury and fatal motor vehicle collisions than the state average.²
- Alcohol was involved in 13% of all injury and fatal collisions in San Bernardino County in 2008.³

Percent of Youth Who Engage in Binge Drinking, Currently Use Alcohol, or Have Ever Used Alcohol and Other Drugs (AOD)
San Bernardino County and California, 2007/08



Source: WestEd, California Healthy Kids Survey (www.wested.org/cbks/pdf/CA_Upper_0608_tr.pdf and www.wested.org/cbks/pdf/rpts_dll/f06s_30_30000_ca.pdf)

Alcohol- and Drug-Related Admissions to County-Funded or Treatment Services
San Bernardino County, 2007/08 and 2008/09



Source: San Bernardino County CalOMS Dataset

¹ California Department of Alcoholic Beverage Control (www.abc.ca.gov/programs/Trace.html)

² California Highway Patrol (www.chp.ca.gov/swirs) and California Department of Justice, Criminal Justice Statistics Center, Population Estimates (<http://ag.ca.gov/cjse/publications/profiles/pub.php>)

³ California Office of Traffic Safety (www.ots.ca.gov/Media_and_Research/Rankings/default.asp)

Connecting the Dots

Substance Abuse negatively affects families and the community overall as it frequently fuels Gang-Related Crime.

Death Rates Higher than California Averages

Description of Indicator

For commonly measured health-status indicators, this indicator reports mortality rates (age-adjusted deaths per 100,000 people), AIDS morbidity rates (cases per 100,000 people), and progress toward the Healthy People 2010 objectives.¹

Why is it Important?

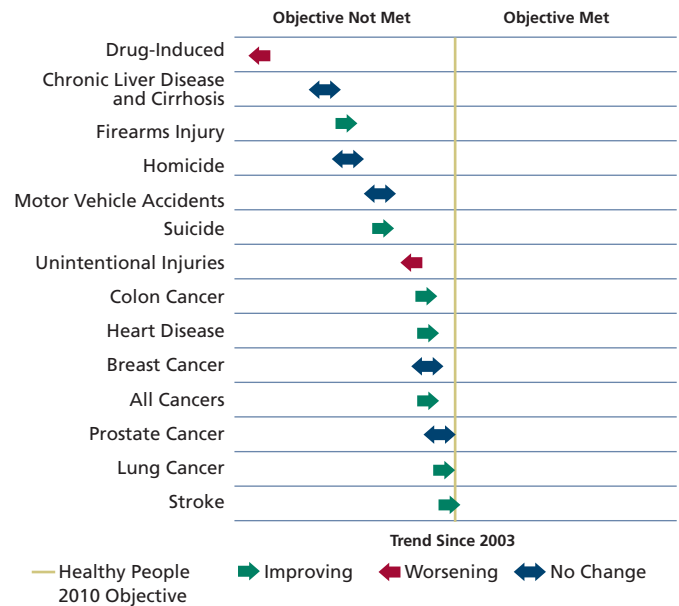
Viewing the county in relation to statewide averages and national health objectives identifies public health issues that are comparatively more or less pronounced in San Bernardino County. This information helps the development and prioritization of public health initiatives.

How is San Bernardino County Doing?

The county ranks below the national objectives for 13 out of 14 commonly measured causes of death:

- In 2007, San Bernardino County achieved the Healthy People 2010 national objective for the reduction of deaths due to stroke.
- The remaining 13 causes of death have yet to reach the national objectives, with the rate of deaths due to lung cancer closest.
- Death rates that improved most over the past five years are those due to stroke, heart disease, and lung cancer.
- San Bernardino County death rates are higher than the California average for all causes compared except for unintentional injuries.
- In 2007, San Bernardino County had an AIDS case rate of 8.5 crude cases per 100,000 people, lower than the California rate of 12.1.

Age-Adjusted Death Rates: Progress Towards 2010 Objectives
San Bernardino County, 2007



Note: Deaths due to Diabetes, Chronic Lower Respiratory Disease, Alzheimer's, and Influenza or Pneumonia do not have a Healthy People 2010 objective and are not included in this chart.

Source: California Department of Public Health, County Health Status Profiles (www.cdph.ca.gov/programs/obir/Pages/CHSP.aspx)

San Bernardino County Age-Adjusted Death Rate Ranking and Comparison to California Average, 2007

Rank Among California Counties	Cause of Death	Comparison to California Average
15	Unintentional Injuries	Better than California Average
18	Suicide	Worse than California Average
24	Drug-Induced	Worse than California Average
29	Lung Cancer	Worse than California Average
30	Stroke	Same as California Average
31	Motor Vehicle Accidents	Worse than California Average
36	Firearms Injury	Worse than California Average
41	Influenza or Pneumonia	Worse than California Average
42	Chronic Liver Disease and Cirrhosis	Worse than California Average
42	All Cancers	Worse than California Average
45	Colon Cancer	Worse than California Average
45	Alzheimer's Disease	Worse than California Average
48	Chronic Lower Respiratory Disease	Worse than California Average
50	Homicide	Worse than California Average
51	Breast Cancer	Worse than California Average
51	Diabetes	Worse than California Average
57	Prostate Cancer	Worse than California Average
57	Heart Disease	Worse than California Average

Note: Ordered by San Bernardino County's rank among California counties (one is best, 58 is worst).

¹ See Substance Abuse for an explanation of age-adjusted death rates. See Prenatal Care for an explanation of Healthy People 2010. Data reflect three-year averages (e.g. 2007 data is the average of 2005, 2006, and 2007).

Connecting the Dots

Health Status gives an indication of cumulative effects of lifestyle issues and creates an increased awareness of the importance of intervening early in the Physical Fitness of Children.

Nearly \$20 Million in Federal Benefits Received

Description of Indicator

This indicator measures the percent of veterans living in San Bernardino County and peer counties. Also measured are expenditures per veteran and federal benefit dollars obtained by the San Bernardino County Department of Veterans Affairs.

Why is it Important?

Tracking our veteran population highlights both the need for services and the support provided. Veterans from all eras reside in San Bernardino County, with needs that range from aging and adult services to children's services, and from transitional assistance to public health. Strengthening support networks for soldiers and their families may reduce the long-term individual and societal impacts of war.

How is San Bernardino County Doing?

San Bernardino County has the third highest proportion of veterans among peer regions compared:

- Approximately 6.2% of San Bernardino County's population is comprised of veterans. This is higher than all peers compared except Riverside County (6.7%) and Phoenix (8.0%).
- San Bernardino County's veteran population in 2007 was estimated to be 123,736, similar to Riverside and Orange Counties.
- Similar to peers, the number of veterans living in the county is declining. The veteran population went from 138,124 in 2000 to 123,736 in 2007, and is estimated to decline further in the future.
- In 2008, San Bernardino County spent more per veteran than the state average and Orange County, Phoenix, and Riverside County. Los Angeles County and Dallas County spent more per veteran.

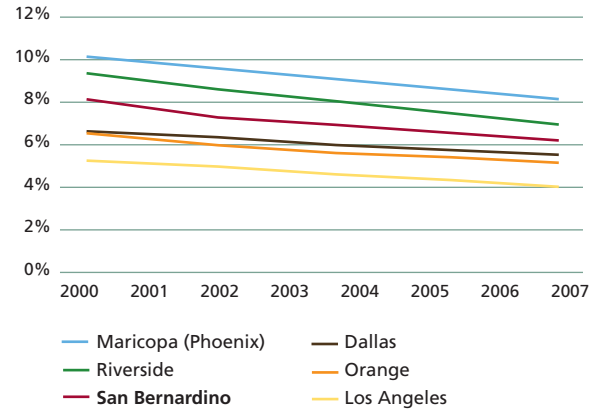
During 2008/09, the San Bernardino County Veteran Services Office obtained significant federal monetary benefits for veterans:

- The combined annualized value of monthly payments and one-time benefits obtained by San Bernardino County for veterans was \$19,862,397 in 2008/09, the second highest among peers compared.
- This nearly \$20 million in new federal benefit dollars was generated at a net cost to the County of just over \$1 million (\$1,139,152).
- At 2,030 monthly payments, San Bernardino County obtained the second highest number of monthly payments for veterans among California peers compared. Riverside was highest at 2,118 followed by Orange County (1,046) and Los Angeles County (952).
- The average value of monthly payments was highest in Orange County (\$579 per payment), followed by Riverside County (\$530), San Bernardino County (\$510), and Los Angeles County (\$450).

Veterans Diploma Project

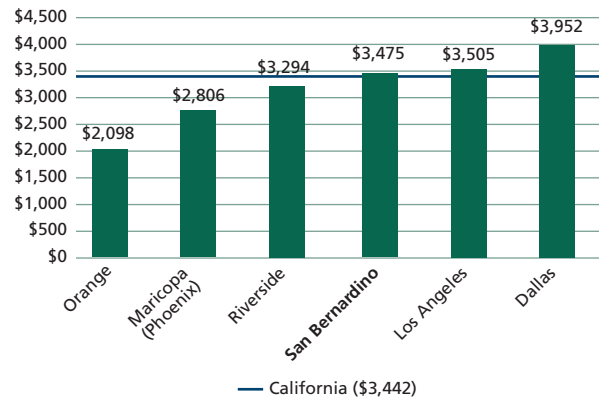
In an effort to recognize the men and women whose high school education was interrupted due to their military service or their internment in a Japanese American relocation camp, the offices of the County Superintendent of Schools and the County Department of Veterans Affairs partnered to host *Operation Recognition - Veterans Diploma Project*. Qualified applicants receive a high school diploma, and in June 2009, the first participants - 110 men and women - were awarded high school diplomas through the Veterans Diploma Project.

Percentage of Population Comprised of Veterans County Comparison, 2000-2007



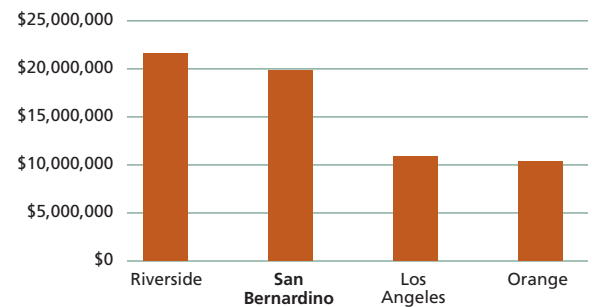
Sources: National Center for Veterans Analysis and Statistics, VetPop2007County: County-Level Veteran Population by VISN, 2000-2030 (www1.va.gov/vetdata/page.cfm?pg=15); U.S. Census Bureau (www.census.gov/popest/counties/CO-EST2008-01.html)

Expenditures per Veteran County Comparison, 2008



Source: National Center for Veterans Analysis and Statistics (www1.va.gov/vetdata/docs/GDX_FY08_V2.xls)

Federal Benefit Payments Received by Veterans County Comparison, 2008/09



Source: California Department of Veterans Affairs

Note: Federal benefit payments comprise the combined annualized value of monthly payments and one-time benefits.

Connecting the Dots

Veterans and active military are a key element of our community, many of whom face challenges that must be met to ensure Family Income Security.