

community health & wellness

Early prenatal care rates improved, deaths due to the most common causes declined, and the County is putting to work new funds for mental health services and veterans. While the county's overall health ranking improved, the percentage of adults with diabetes or who are overweight is rising and nearly half of students have an unhealthy weight. Further, with 1,201 people for every primary care physician, the county has double the number of residents per physician than the national rate.



Community Vital Signs

Community Vital Signs (CVS) is a community-led effort aimed at improving the health of county residents. Spearheaded by the San Bernardino County Departments of Public Health and Behavioral Health, and the Arrowhead Regional Medical Center, it includes local community, civic and public service groups that together:

- Review and update policies that determine how health care is delivered;*
- Educate residents about healthy eating habits;*
- Address the way our surroundings may make it hard to make healthy choices; and*
- Deliver health services in the most efficient and effective manner possible.*

The Community Vital Signs initiative builds upon the County Vision Plan, having adopted the same vision for countywide health in March 2012: "We envision a County where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations, and government."

Prenatal Care Improves for Third Consecutive Year

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.

Why is it Important?

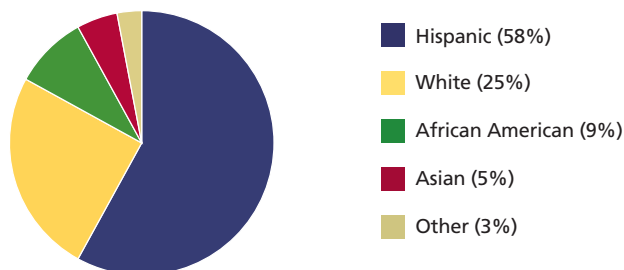
Increasing the number of women who receive early prenatal care (in the first trimester of pregnancy) can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Babies born to mothers who do not get prenatal care are three times 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 Late or no prenatal care substantially increases the likelihood an infant will require admission to a Neonatal Intensive Care Unit or require a longer stay in the hospital, at substantial personal and economic cost to the family and health care system.²

How is San Bernardino County Doing?

Early prenatal care rates improved again in 2010:

- San Bernardino County's early prenatal care rate was 81.7%, which is the same as the statewide rate.
- This is an improvement of almost one percentage point over the previous year, and a two and a half point increase since 2001.
- San Bernardino County has achieved the national Healthy People 2020 objective of 77.9%, but its early prenatal care rate remains lower than all counties compared.
- White mothers have the highest early prenatal care rate (84.4%), followed by Asian mothers (83.2%), and Hispanic mothers (81.4%).
- The majority of births are to Hispanic mothers (58%), followed by White mothers (25%), and African American mothers (9%).

Live Births by Race and Ethnicity San Bernardino County, 2010

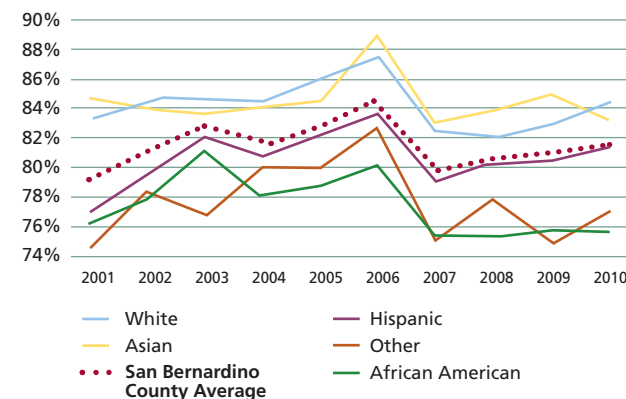


Source: California Department of Public Health (www.apps.cdph.ca.gov/vsq/default.asp)

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

² Saied B., Amini, Patrick AA., Catalano and Leon I. Mann, "Effect of Prenatal Care on Obstetrical Outcome", Journal of Maternal-Fetal and Neonatal Medicine 1996 5:3, 142-150

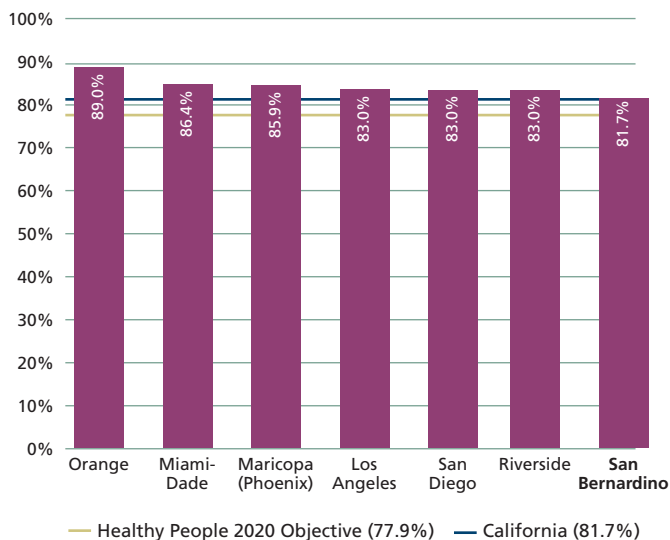
Percent of Mothers Receiving Early Prenatal Care by Race and Ethnicity San Bernardino County, 2001-2010



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.apps.cdph.ca.gov/vsq/default.asp)

Percent of Mothers Receiving Early Prenatal Care County Comparison, 2010



Note: Las Vegas data are not available for 2010.

Sources: California Department of Public Health (www.apps.cdph.ca.gov/vsq/default.asp); Arizona Department of Health Services (www.azdhs.gov/plan/report/abs/index.htm); Florida Department of Health, Bureau of Vital Statistics (www.floridacharts.com/charts/chart.aspx)

What is Healthy People 2020?

Healthy People 2020 is a national health promotion and disease prevention initiative which establishes national objectives to improve the health of all Americans, eliminate disparities in health, and increase the years and quality of healthy life.

Connecting the Dots

Lack of Prenatal Care contributes to the Leading Causes of Death for Children Under Five.

Death Rate Increases

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 due to all causes for children from birth through four years of age compared to selected California counties (shown as number of deaths per 100,000 children).

Why is it Important?

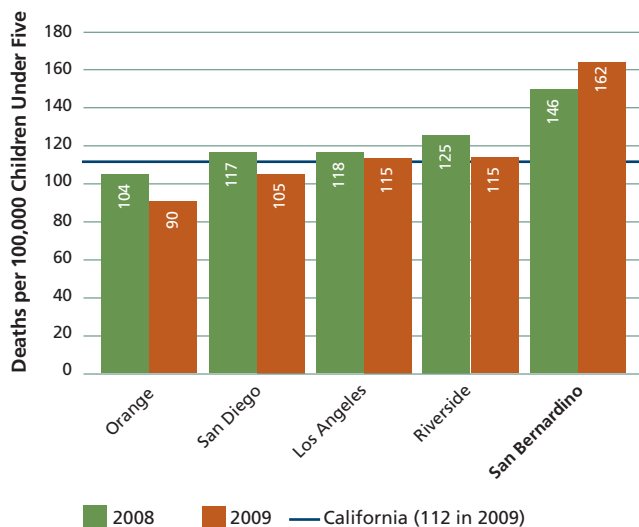
Awareness of the leading causes of death for children can lead to intervention strategies that can help prevent mortality.

How is San Bernardino County Doing?

In 2009, the overall death rate for children under five years of age in San Bernardino County increased:

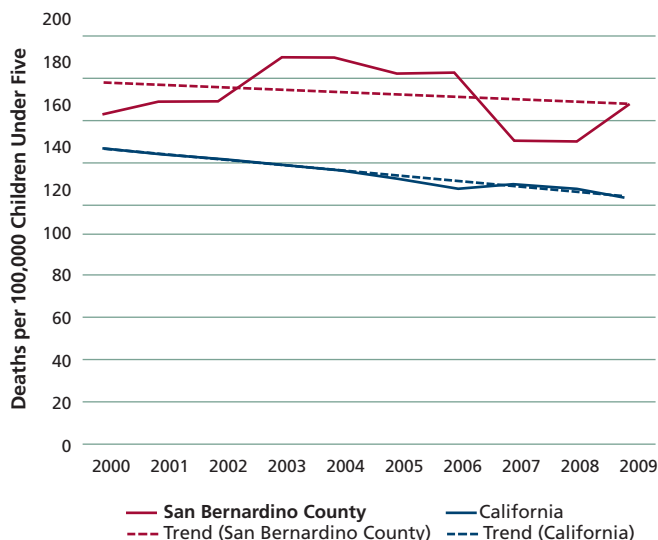
- There was an 18% increase in the number of infant deaths, rising from 203 in 2008 to 240 in 2009.
- However, among children ages one through four there was a 5% decrease, from 40 in 2008 to 38 in 2009.
- The resulting overall death rate for children under five increased by 11% between 2008 and 2009.
- The 10-year trend for San Bernardino County, as well as the state, is gradually downward.
- San Bernardino County has a consistently higher rate of death for children under five than the California average and all counties 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 (one to four years old).

Death Rate Due to All Causes for Children Under Five County Comparison, 2008 and 2009



Source: California Department of Public Health, Vital Statistics Query System (www.apps.cdph.ca.gov/vsq/default.asp)

Death Rate Due to All Causes for Children Under Five San Bernardino County and California, 2000-2009



Source: California Department of Public Health, Vital Statistics Query System (www.apps.cdph.ca.gov/vsq/default.asp)

Leading Causes of Death for Infants and Young Children San Bernardino County, 2009*

Cause of Death	Number of Deaths
Infants (Under Age One)	
Congenital Defects/Chromosomal Abnormalities	60
Prematurity/Low Birth Weight	30
Sudden Infant Death Syndrome	16
Cardiovascular Disorders	16
Maternal Pregnancy Complications Affecting Newborn	13
Blood Infection	8
Other Unspecified or Undefined Causes	5
Accidents	
Assault	1
Other Accident	2
All other causes	89
TOTAL	240
Young Children (Ages 1-4)	
Cancer	7
Accidents	
Motor Vehicle Related	6
Drowning	6
Assault (Homicide)	6
Congenital Defects/Chromosomal Abnormalities	3
Nervous System Diseases	2
All other causes	8
TOTAL	38

* 2009 cause of death data is considered preliminary. With the exception of accidents, 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

Leading Causes of Death for Children Under Five can be influenced by community education supported through Nonprofits.

Youth Overweight and Fitness Difficult to Improve

Description of Indicator

This indicator measures the physical fitness and weight status of children using two sources. The California Department of Education's (CDE) Fitnessgram – administered annually to 5th, 7th and 9th graders – measures performance in six areas including weight status. 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 that carry into adulthood.

How is San Bernardino County Doing?

Nearly half of students have an unhealthy weight:

- In 2011, 45.9% of San Bernardino County students had unhealthy body composition (overweight or, less commonly, underweight).
- Of these, 31.7% were considered "high risk" (far outside the healthy range), while the remaining 14.2% had "some risk."
- The healthy weight range was modified for the 2011 CDE fitness test to better represent a level of fitness that helps prevent diseases resulting from physical inactivity.
- To enable continuing trend analysis, the 2010 fitness criteria can be applied to the 2011 results. Using the 2010 criteria, 30.8% of San Bernardino County students in 2011 would be considered to have an unhealthy body composition, remaining unchanged from 2010.

Fitness levels are mixed:

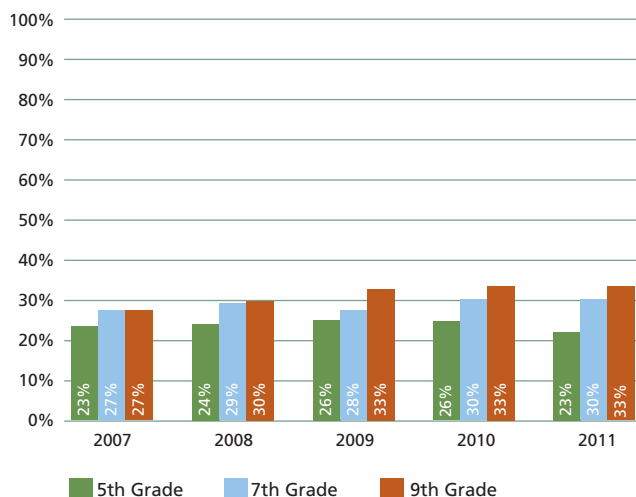
- In 2011, San Bernardino County student fitness levels remained relatively unchanged for the 7th and 9th graders tested but worsened for the 5th graders tested.
- 57% of students met the aerobic capacity standard in 2011 (widely considered one of the most important components of fitness), compared to 52% in 2007.

Estimates of overweight youth are relatively unchanged:

- 19.8% of low-income youth ages 2-19 were considered obese (≥ 95 th percentile) in 2010. This proportion has remained stable since 2006.
- San Bernardino County decreased its ranking among California's 58 counties to 22nd (from 19th) among children ages two to four, but improved its ranking to 22nd (from 24th) among youth ages five to 19.¹

Physically Fit Youth: Percent of Students Acheiving Six out of Six Fitness Standards

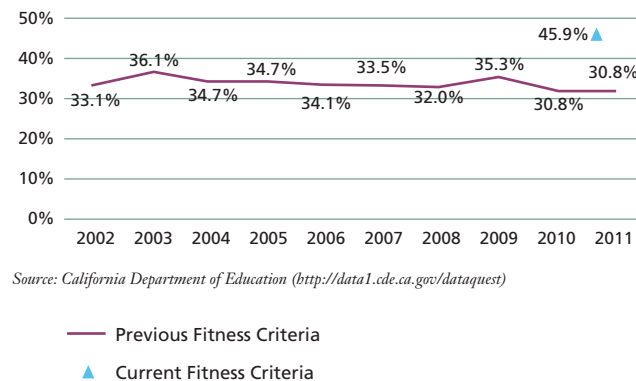
San Bernardino County, 2007-2011



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

Percent of 5th, 7th, and 9th Grade Students with Unhealthy Body Composition

San Bernardino County, 2002-2011



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

¹ Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System (www.dhcs.ca.gov/services/chdp/Pages/PedNSS2010data.aspx)

Connecting the Dots

Physical Fitness of Children contributes to academic achievement and the opportunity for College Readiness.

Homelessness and Housing Insecurity Continue to Rise

Description of Indicator

This indicator measures San Bernardino County families' progress toward housing stability by tracking the availability of rental assistance and the number of public school students who are homeless or lack stable housing arrangements.

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?

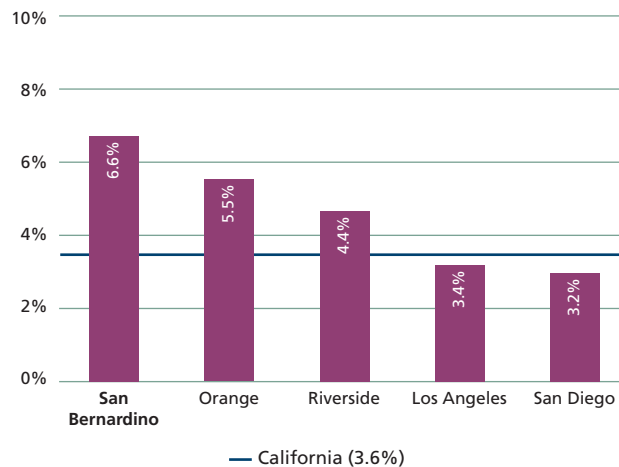
Due to high demand and low supply, most residents seeking a rent subsidy from their local Housing Authority will wait many years before the opportunity arises:

- As of May 2012, there were 25,352 applicants waiting for rental assistance.¹
- A monthly average of approximately 8,260 households currently receive assistance.
- The supply of rental assistance remains limited because housing authorities have not had the opportunity to apply to the federal government for additional housing vouchers since 2003. Funding cuts to the program further exacerbates the low supply.
- In addition, demand for affordable public housing is nearly 20 times higher than available supply.

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:

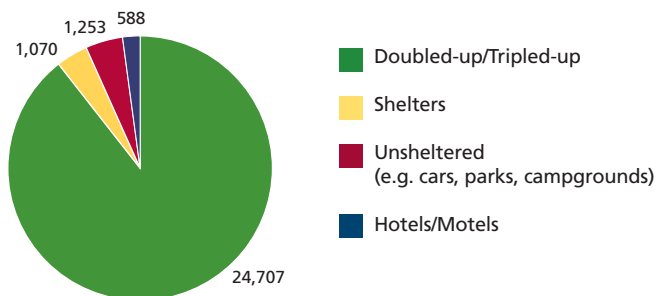
- In 2010/11, 27,618 San Bernardino County students mostly in grades K-12 were identified as living in one of these unstable housing conditions, representing 6.6% of total enrollment.²
- Among students identified as homeless or lacking stable housing, 89% are living doubled- or tripled-up in a home, 4% live in shelters, 5% live unsheltered in cars, parks or campgrounds, and 2% live in motels.
- These figures represent an increase of 22% from the previous year.
- On a per enrollment basis, San Bernardino County has more students who are homeless or lack stable housing than the California average and the southern California counties compared.

Students Identified as Homeless or Lacking Stable Housing (Percent of Total Enrollment)
County Comparison, 2010/11



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 Lacking Stable Housing
San Bernardino County, 2010/11



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

High Relative Rents Contribute to Long Rental Assistance Waiting Lists

As detailed in the Rental Affordability indicator in the Economic and Business Climate section, rental costs in San Bernardino County are high relative to the costs of owning a home. The current hourly wage needed to afford a one-bedroom apartment in San Bernardino County is \$18.73, whereas the minimum qualifying income to purchase a home priced at 85% of median (\$111,690), assuming 10% down, is equivalent to an hourly wage of \$7.84.

¹ Rental assistance data are for the Housing Authority of the County of San Bernardino, the Upland Housing Authority, and the Needles Housing Authority.

² This figure includes 578 homeless pre-kindergarten children participating in San Bernardino County Superintendent of Schools pre-K programs. Data are as of November 21, 2011.

Connecting the Dots

Family Housing Security plays a significant role in children's Academic Performance.

Family Poverty Continues to Grow

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 and by Census poverty data.

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?

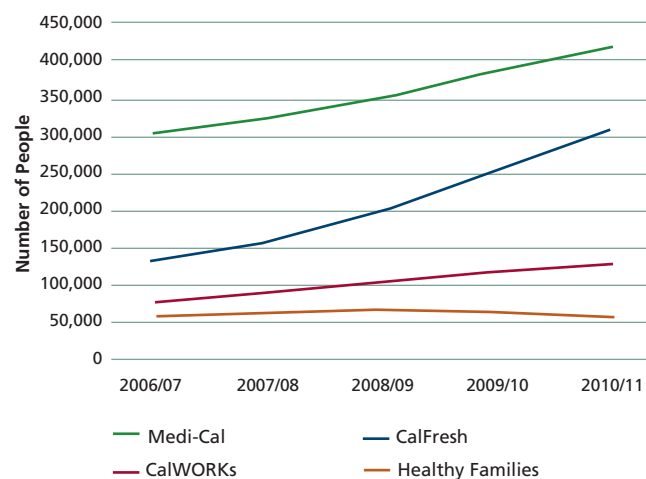
Public assistance enrollment is rising:

- In 2011, the number of people enrolled in CalFresh (306,304) rose 22% in a single year, while CalWORKs cash assistance enrollment rose 6% to 128,992 recipients.
- Medi-Cal participation rose 7% to 420,434 participants, while Healthy Families enrollment declined 2% to 62,686 children participating.
- San Bernardino County is home to 4.8% of California's households; however, a disproportionate 7.4% of the approximately one million California households receiving cash public assistance or CalFresh reside in San Bernardino County.¹

The upward trend in the number of low-income families continues:

- In 2010/11, 65.8% of K-12 public school students lived in families with incomes low enough to qualify for free or reduced price school meals, up from 63.4% in 2009/10.
- A child is eligible if his or her family's income is below 185% of the poverty level (e.g. \$41,348 for a family of four in 2011).²
- Over the past 10 years, eligibility has increased 27% in San Bernardino County, compared to 20% statewide.
- 2010 Census poverty data indicate that 19.3% of San Bernardino County families with children live in poverty, a five-year increase of 4.3 percentage points.²
- Fully 24.7% of all San Bernardino County children live in poverty while 15.3% of adults live in poverty.¹
- The poverty level is roughly \$23,000 for a family of four.^{2,3}

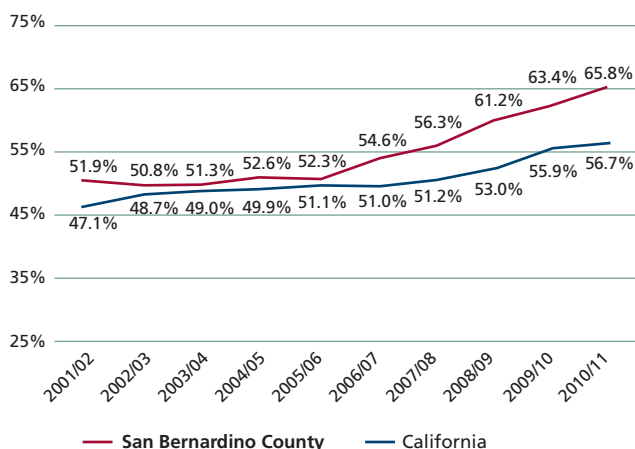
Major Public Assistance Program Enrollment San Bernardino County, 2007-2011



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

Sources: San Bernardino County Human Services

Children Eligible for Free or Reduced Priced School Meals San Bernardino County and California, 2002-2011



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.
- **CalFresh** (formerly 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 American Community Survey, 2010 (www.census.gov)

² Health and Human Services Federal Poverty Guidelines 2011 (<http://aspe.hhs.gov/poverty/11poverty.shtml>)

³ U.S. Census Bureau Poverty Thresholds 2011 (www.census.gov/hhes/www/poverty/data/threshld/index.html)

Connecting the Dots

Family Income Security may influence youth's involvement in Gang-related Crime.

Demand for Veteran Services Increasing

Description of Indicator

This indicator measures the percentage of veterans living in San Bernardino County and neighboring and peer regions. Also measured are trends in client demand and county staff caseloads, as well as 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?

Similar to trends elsewhere, the number of veterans living in San Bernardino County is declining:

- In 2011, approximately 5.5% of San Bernardino County's population was comprised of veterans.
- The veteran population went from 132,184 in 2002 to 114,482 in 2011, and is projected to decline further in the future.
- While the overall veteran population is declining, the number of veterans returning home from active duty is increasing.

Demand for veterans' services is also increasing:

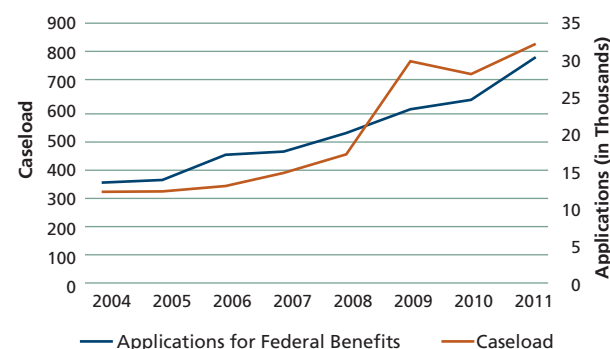
- Between 2004 and 2011, there was a 116% increase in the number of completed applications for federal benefits.¹
- During the same period, the county's Department of Veterans Affairs caseload grew by 147%. Caseload refers to the average number of active cases each Veteran Service Representative manages.
- There was also a 44% increase in the number of walk-in and call-in requests for assistance during this eight-year period, from approximately 42,300 walk-in/call-in requests in 2004 to 61,100 in 2011.
- Reasons for increased demand range from more soldiers returning home from Iraq and Afghanistan, to an increase in the number of aging Korean and Vietnam veterans who are seeking more health services and benefits. Collaborative efforts with other county departments may also contribute to a greater number of clients.

During 2010/11, the San Bernardino County Department of Veterans Affairs obtained significant benefits for veterans:

- The combined annual value of federal monthly payments and one-time benefits obtained by the County of San Bernardino for veterans was \$28,432,493, a 20% increase from the previous year.
- This \$28.4 million in new federal dollars was generated at a net cost to the County of just over \$1.2 million (\$1,224,000).
- In addition to the \$28.4 million, the Department of Veterans Affairs received \$197,635 of revenue from Medi-Cal cost avoidance, the highest amount in the state.
- The average value of monthly payments for veterans in San Bernardino County was \$937, the highest among all counties compared.

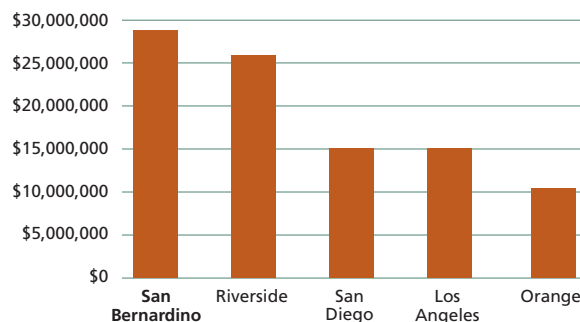
¹ Applications for federal support include monetary benefits, medical/mental health services, educational assistance, vocational rehabilitation and other services.

Department of Veterans Affairs Caseload and Applications for Federal Benefits
San Bernardino County, 2004-2011



Source: San Bernardino County Department of Veterans Affairs

Federal Benefit Payments Received by Veterans
County Comparison, 2010/11



Source: California Department of Veterans Affairs

Promoting Mental Health

An estimated 30% of veterans return home with a mental health diagnosis and fully 20% of the suicides that occur in the U.S. every year are by veterans. In an effort to address veterans' ongoing mental health needs, the San Bernardino County Department of Veterans Affairs has organized Post Traumatic Stress Disorder and Traumatic Brain Injury training for community mental health clinicians, drug and alcohol counselors, probation officers, members of the clergy, and other service providers. Using state Mental Health Services Act (MHSA) dollars, Veterans Affairs is funding a peer specialist position at the Loma Linda VA hospital. The peer specialist assists others in their recovery through empowerment, role modeling and advocacy. Using state funding, it is the department's goal to increase the number of individuals served and improve mental health outcomes for all participants.

Connecting the Dots

Veterans and other vulnerable populations require housing options provided through **Rental Affordability**.

Over 1,200 Residents per Primary Care Physician

Description of Indicator

This indicator measures health insurance coverage among residents under age 65 as well as the percent of people who have a usual place to go to when sick or need health advice and the percent of people who delayed or did not get medical care in the past 12 months. It also shows the ratio of residents to primary care physicians and the rate of preventable hospital stays.¹

Why is it Important?

Individuals who have health insurance and a usual source of care are more likely to seek routine health care and take advantage of preventative health screening services than those without such coverage. The result is a healthier population and more cost-effective health care. Delaying or not receiving needed medical care may result in more serious illness, increased complications, and longer hospital stays. A regional shortage of doctors, particularly primary care physicians, can restrict timely access to care.

How is San Bernardino County Doing?

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

- In 2009, 21.7% of residents were uninsured – a 43% increase from 2007, which appears to be correlated to the economic downturn.
- The majority of people under age 65 are covered by private insurance (54%), followed by publicly funded coverage (22%).

Compared to neighboring counties, a higher percent of San Bernardino County residents delay care:

- According to the 2009 California Health Interview Survey, 85.1% of people under age 65 had a usual place to go to when they were sick or needed health advice, a higher proportion than California and all neighboring counties compared except San Diego County (88.9%).
- However, 17.4% of San Bernardino County residents under age 65 delayed or did not get the medical care that they needed, higher than the state and all neighboring counties compared.
- This is an increase of 22% since 2007, when 14.3% of San Bernardino residents under age 65 had delayed or did not get needed medical care.
- There are 1,201 people for each primary care physician in San Bernardino County, higher than the state and all neighboring counties compared except for Riverside County. The national target ratio is 631 for each primary care physician.
- San Bernardino County has the highest rate of preventable hospital stays among all counties compared, with a rate of 65 hospitalizations for outpatient conditions per 1,000 Medicare enrollees. The national target rate is 49 hospitalizations per 1,000 Medicare enrollees.

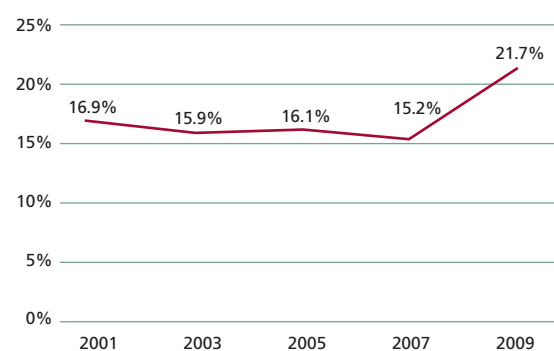
Region Faces Doctor Shortage

Challenges attracting physicians. Increasing demand for health care. Retiring doctors. Reports by the California Healthcare Foundation, California Medical Association, and the UC Riverside School of Medicine point to an existing, and growing, shortage of doctors in the Riverside-San Bernardino region. Already in San Bernardino County there are 44 active primary care physicians per 100,000 compared to 59 per 100,000 statewide. Between 60 and 80 per 100,000 is the recommended range. Also in San Bernardino County, nearly 33% of all physicians are age 56 and older. Meanwhile, demand continues to grow as Boomers age, people live longer, and nearly 600,000 will be newly insured as of 2014 in the Riverside-San Bernardino region as a result of national health care reform. At current rates, the Riverside-San Bernardino region doctor shortage is anticipated to grow to 5,000 in 10 years. These statistics are a significant driver for the creation of the UC Riverside School of Medicine, based on the notion that students tend to practice near where they receive their residency training. After state funding fell through, local leaders are stepping up to fund the school. Recent commitments mean the UCR School of Medicine may be able to start with 50 students in 2013, but additional funding is needed.

Sources: "The doctor is...out," *The Sun*, June 26, 2011; "UCR redoubles efforts to open medical school," *North County Times*, October 15, 2011; "UCR medical school funding pledge giant leap for health care," *North County Times*, April 14, 2012

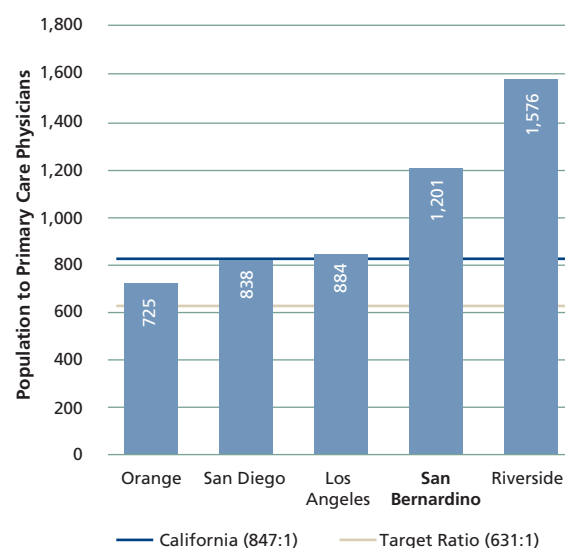
¹ Primary care physicians include practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology.

Percent Uninsured (Under Age 65)
San Bernardino County, 2001-2009



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

Number of Residents per Primary Care Physician
County Comparison, 2009



Source: County Health Rankings and Roadmaps (www.countyhealthrankings.org/)

Connecting the Dots

Health Care Access reduces infant mortality rates when mothers take advantage of Prenatal Care.

65,000 Need Mental Health Care; 40,000 Receive It

Description of Indicator

This indicator measures the number of poverty-level residents estimated to be in need of mental health services and the number of clients served by publicly-funded county mental health programs.

Why is it Important?

Mental illness is the leading cause of disability in the United States for people aged 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 in increased jeopardy. This is especially critical for children and youth, as half of all lifetime cases of mental illness begin at age 14 and three-quarters of cases by age 24.¹

How is San Bernardino County Doing?

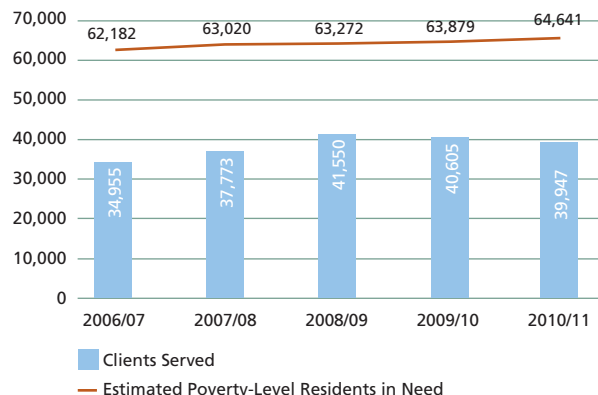
An estimated 64,641 low-income residents of San Bernardino County have a serious mental illness and needed mental health services in 2010/11:

- During 2010/11, 39,947 clients received public mental health services.
- In addition to public care, low-income residents may be using services provided by private health coverage or community nonprofit agencies, or they may not receive any care to meet their mental health needs.
- Among the clients receiving County services, a total of 11,667 clients during 2010/11 were children and youth (ages 0-17), representing 29% of the total clients served during this period.
- Approximately 21% of total clients were young adults between ages 18-24, 37% were adults between ages 25-54, and 13% were 55 years or older.
- Of the clients served during 2010/11, 38% were White, 35% Latino, 17% African American, 2% Asian/Pacific Islander, 1% Native American, and 7% some other race or ethnicity.

Mental Health Services Act Reinvigorates Commitment to Those in Need

In November 2004, California voters approved Proposition 63, the Mental Health Service Act (MHSA), which allocates additional funds for mental health services. This has allowed an increase in care, with greater access and more diversity of services, especially during the last three fiscal years (2008/09-2010/11) when San Bernardino County received a total of \$204 million. A small sampling of services includes: collaborative behavioral health and social services for children in need, crisis walk-in centers and mobile crisis response, support for military service members and their families, and older adult community services.

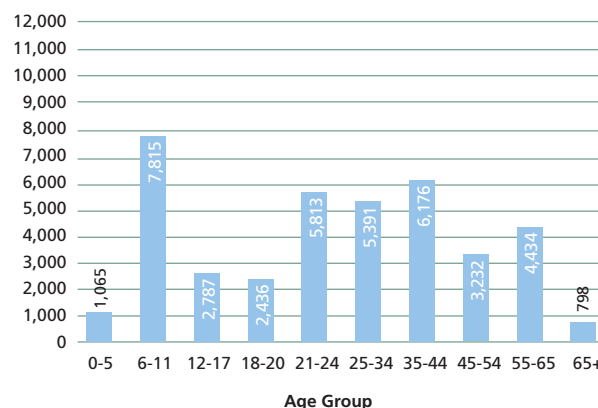
Unduplicated Count of Clients Served by the Public Mental Health System and the Estimated Number of Poverty-Level Residents in Need of Mental Health Services
San Bernardino County, 2007-2011



Note: Residents in need is estimated based on 2007 California Department of Mental Health figures.

Sources: San Bernardino County Mental Health Plan, Behavioral Health Services, Client Services Information System; California Department of Mental Health, Persons in Need Tables (www.dmh.ca.gov/Statistics_and_Data_Analysis/Total_Population_by_County.asp)

Unduplicated Count of Clients Receiving Public Mental Health Services, by Age
San Bernardino County, 2010/11



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

¹ Kessler, R, et al, National Comorbidity Survey Replication, Archives of General Psychiatry, June 2005; Substance Abuse and Mental Health Services Administration, 2002

Connecting the Dots
Mental Health services are needed to support Veterans.

Drunk Driving Down; Drug Treatment Demand Up

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, admissions to treatment facilities, and serious (injury or fatal) alcohol-involved car collisions.

Why is it Important?

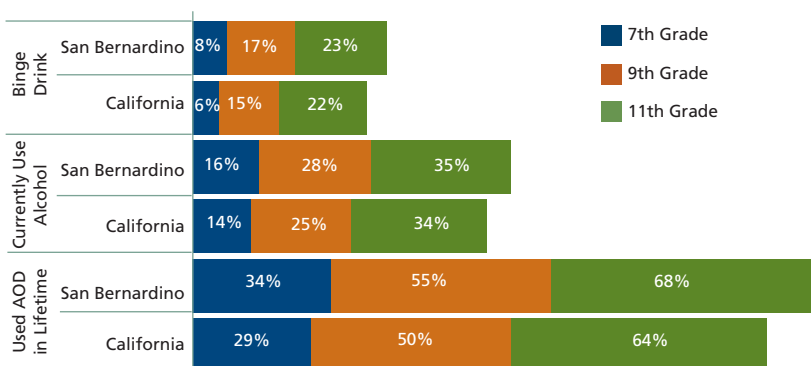
A broad spectrum of public health and safety problems are directly linked to substance abuse, including addiction, traffic accidents, domestic violence, crime, unintended pregnancy, and serious conditions such as cancer, liver disease, HIV/AIDS, and birth defects.

How is San Bernardino County Doing?

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

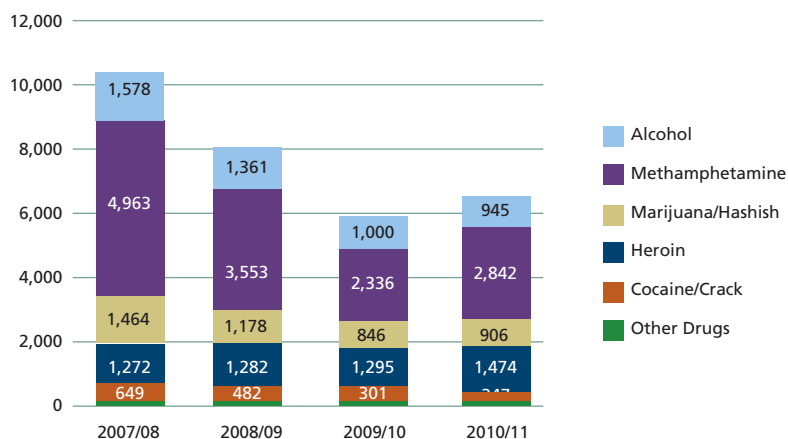
- Compared to the California average, 2010 survey data reveal San Bernardino County high school youth engage slightly more frequently in binge drinking and are more likely to say they currently use alcohol or have tried drugs or alcohol in their lifetimes.
- Compared to 2009 survey data, lifetime AOD use has increased slightly for all grades, while current alcohol use declined and binge drinking rates did not change.
- Between 2008 and 2011, San Bernardino County witnessed a 67% decline in alcohol-involved collisions, faster than the statewide average decline of 58%.
- In 2011, 12% of serious collisions in San Bernardino involved alcohol, compared to 11% of collisions statewide.¹
- San Bernardino County's rates of drug-induced deaths and deaths caused by chronic liver disease and cirrhosis have improved over the past five years, yet remain above the statewide averages (see Health Status).
- AOD-related admissions to county treatment facilities rose 11% in the last year, to just over 6,500 admissions in 2010/11. While AOD service demand has increased, funding has not.
- 18% of clients receiving AOD services also received county mental health services in 2010/11, while 39% have received mental health services in their lifetimes.²
- Of the 231 pregnant and parenting women referred for AOD-treatment services in 2010/11, 75% entered treatment services, 31% were drug-free at the completion of services, and 27 babies were born drug-free. This equates to a success rate of 39%, compared to the national success rate of 35%.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, 2008-10



Source: California Healthy Kids Survey, County and Statewide 2008-10 Main Reports, WestEd Health and Human Development Program for the California Department of Education (<http://cbks.wested.org/reports>)

Alcohol- and Drug-Related Admissions to County-Funded Treatment Services
San Bernardino County, 2008-2011



Source: San Bernardino County CalOMS dataset

The Mental Health/Substance Abuse Connection

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

Source: National Alliance on Mental Illness, 2010

¹ California Highway Patrol (<http://iswitr.chp.ca.gov/Reports/jsp/OTSReports.jsp>)

² San Bernardino County CalOMS dataset

³ PSART 2011, San Bernardino County Healthy Babies; SAMHSA TEDS Report, 2005

Connecting the Dots

Substance Abuse may negatively impact Educational Attainment.

Diabetes Cases Rise 47% in Five Years

Description of Indicator

This indicator reports asthma diagnoses for children and adults, diabetes diagnoses for adults, and the proportion of adults that are overweight and obese.

Why is it Important?

Chronic diseases, including asthma, diabetes, and obesity, are costly yet largely preventable. Chronic illnesses contribute to approximately 70% of deaths in the United States each year and account for about 75% of the nation's health-related costs.¹

How is San Bernardino County Doing?

In 2009, San Bernardino County fared better than California and most counties compared for asthma:

- 14.7% of children and 11.6% of adults in San Bernardino County have ever been diagnosed with asthma. This marks a five-year decrease of 14% and 22%, respectively.
- San Bernardino County has the second lowest rate of adult asthma of all regions compared (higher than Orange County and tied with San Diego County). The county has the second highest childhood asthma diagnosis rate of regions compared.
- African Americans had the highest rate of asthma diagnosis (22.2%), followed by Whites (13.5%) and Latinos (9.7%).

The percent of overweight and obese adults is rising:²

- In 2009, 33.5% of San Bernardino County adults were considered overweight and 30.4% were obese.
- This marks a four-percentage point increase in obese adults, up from 26.2% in 2007.
- San Bernardino County had the second highest level of overweight and obese adults (63.9%) of counties compared.

Diabetes rates are also on the rise:

- According to 2009 data, 10.6% of adults in San Bernardino County have been diagnosed with diabetes, the highest rate among counties compared and California, except for Los Angeles County (10.9%).
- This marks a five-year increase of 47%.
- 71% of the adults with a diabetes diagnosis have Type II.

Locally Grown Health Care Providers

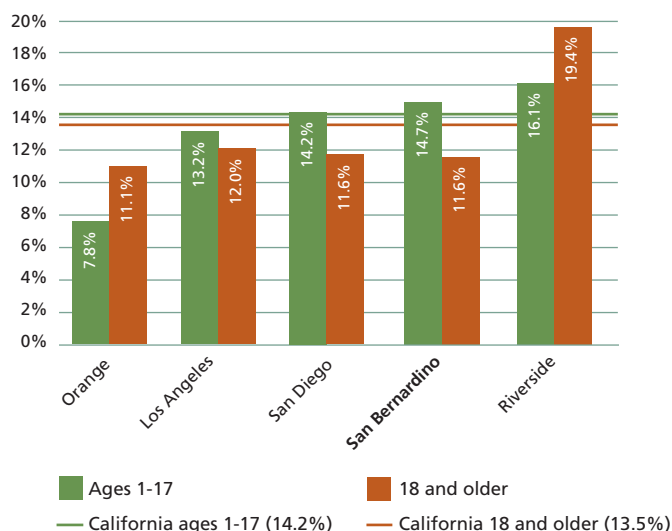
The Health Care Access indicator highlights one of the region's biggest challenges: an existing and growing shortage of primary care physicians. Indeed, the health sector is projected to be among the fastest growing job markets in the region. CTE is a critical component of meeting the demand. For the San Bernardino County ROP alone, 27% of enrollment is in the Health Science and Medical Technology industry sector.

Source: San Bernardino County Superintendent of Schools

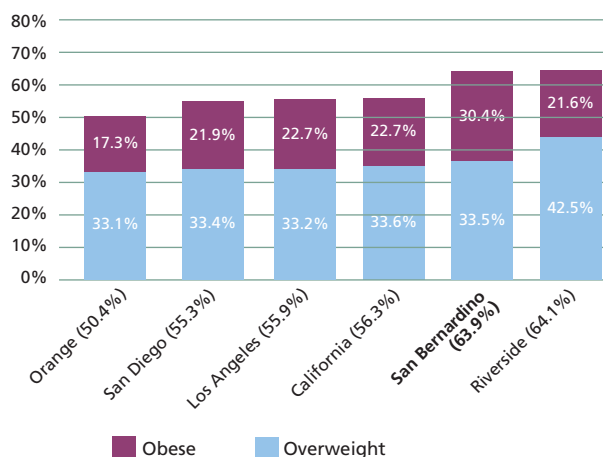
¹ Centers for Disease Control and Prevention (www.cdc.gov/chronicdisease/overview/index.htm)

² Weight status data for 2009 is corrected data released by the California Health Interview Survey on September 9, 2011.

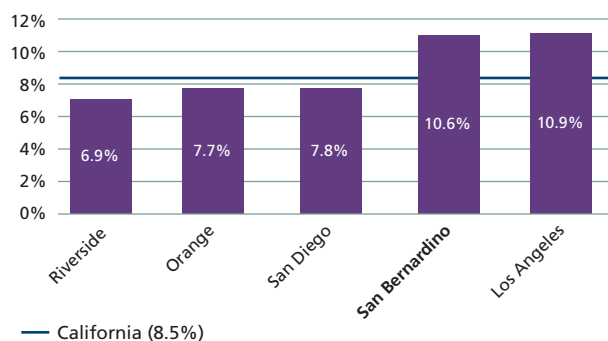
Percent Ever Diagnosed with Asthma, by Age
County Comparison, 2009



Overweight and Obese Adults²
County Comparison, 2009



Percent Ever Diagnosed with Diabetes
County Comparison, 2009



Source: California Health Interview Survey

Connecting the Dots

Chronic Disease can be avoided by improving the Physical Fitness of Children.

Mortality Rates Continue to Improve

Description of Indicator

This indicator reports mortality rates (age-adjusted deaths per 100,000 people) for common health status indicators and progress toward Healthy People 2020 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 achieved the national objectives for seven out of 14 commonly measured causes of death:

- In 2010, San Bernardino County met the Healthy People 2020 national objectives for the category “all cancers,” colon cancer, unintentional injuries, lung cancer, drug-induced deaths, firearms injury, and motor vehicle accidents.
- Death rates for all major causes have improved over the past five years, except for suicide.
- The rates that improved most over the past five years are influenza/pneumonia and motor vehicle deaths.
- The county’s death rates are higher than the state average for all causes compared except for unintentional injuries, influenza/pneumonia, and Alzheimer’s disease.

Overall Health Outcomes Improving

The *County Health Rankings and Roadmaps*, published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, helps counties understand what influences how healthy residents are and how long they will live. San Bernardino County ranked 41 out of 56 counties in the 2012 report for overall Health Outcomes – a combination of death and disease indicators – and was recognized as the most improved in the state, up from 44 in 2011 and 45 in 2010.

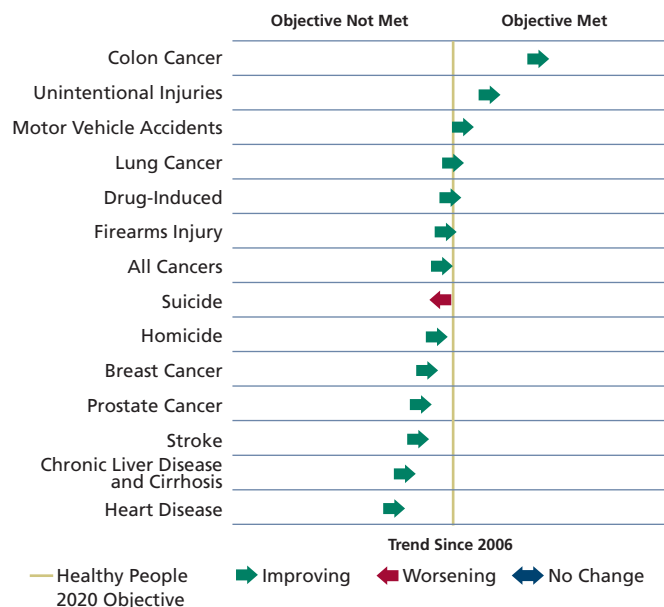
Source: *County Health Rankings and Roadmaps* (www.countyhealthrankings.org)

Increasing Rural Access to Health Care

In 2011, the Department of Public Health (DPH) developed a plan to expand access to health care in areas of the County that are medically underserved. In September, the U.S. Health Resources and Services Administration (HRSA) designated the Hesperia Health Center as a Federally Qualified Health Center (FQHC) with a service area of 250 square miles. FQHCs provide a safety net for residents to access medical services without impacting emergency rooms and other local resources. In May 2012, HRSA awarded DPH \$4,897,415 to expand the Hesperia Health Center by 5,800 square feet to provide additional special procedures, radiology, dental services, health education and mental health consultation.

Another resource improving rural access to care is the Arrowhead Regional Medical Center’s Mobile Clinic operating since 2009. The mobile medical clinic is a custom-built, 40-foot vehicle that features two exam rooms and a patient education area. This specialized clinic allows hospital personnel to serve remote areas of the county that have limited access to medical services.

Age-Adjusted Death Rates: Progress Towards 2020 Objectives San Bernardino County, 2010



Note: Deaths due to Diabetes, Chronic Lower Respiratory Disease, Alzheimer’s, and Influenza or Pneumonia do not have a Healthy People 2020 objective and are not included in this chart. Counties with varying age compositions can have widely disparate death rates because the risk of dying is mostly a function of age. To enable county comparisons, age-adjusted death rates, which control for this variability, are used rather than crude death rates.

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, 2010

Rank Among California Counties	Cause of Death	Comparison to California Average
10	Unintentional Injuries	Better than California Average
14	Influenza or Pneumonia	Better than California Average
20	Drug-Induced	Same as California Average
25	Suicide	Worse than California Average
27	Chronic Liver Disease and Cirrhosis	Worse than California Average
27	Firearms Injury	Worse than California Average
28	Lung Cancer	Worse than California Average
29	Motor Vehicle Accidents	Worse than California Average
36	Alzheimer’s Disease	Worse than California Average
38	All Cancers	Worse than California Average
41	Homicide	Worse than California Average
41	Stroke	Worse than California Average
44	Prostate Cancer	Worse than California Average
45	Breast Cancer	Worse than California Average
46	Colon Cancer	Worse than California Average
53	Chronic Lower Respiratory Disease	Worse than California Average
55	Diabetes	Worse than California Average
56	Heart Disease	Worse than California Average

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

Source: California Department of Health Services, *County Health Status Profiles*

¹ See Prenatal Care for an explanation of Healthy People 2020. Data for causes of death reflect three-year averages (e.g. 2010 data is the average of 2008, 2009, and 2010).

Connecting the Dots

Health Status is improved through addressing Chronic Disease.