

# community health and wellness

While one in five San Bernardino County residents are uninsured, most of the county's uninsured population will be eligible for health insurance through the Affordable Care Act. More mothers are receiving prenatal care, the infant death rate is declining, and more residents in need of mental health services are receiving help. Still, nearly half of the county's students and almost two-thirds of adults are overweight. Family poverty and housing insecurity – which are widely considered to negatively impact health – continue to grow.

## *Thousands of Residents Helped by ArrowCare*

*ArrowCare, San Bernardino County's low-income health program, is a demonstration project for expanded health care coverage under the Affordable Care Act. ArrowCare's goal was to enroll 20,000 low-income county citizens and legal permanent residents who are not eligible for Medi-Cal. As of March 2013, there were 27,000 enrollees, far exceeding expectations. Beginning in 2014, these enrollees will automatically be transitioned to Medi-Cal. ArrowCare provides access to comprehensive medical services at Arrowhead Regional Medical Center and 26 network clinics countywide.*

# More than One-Third of Young Adults are Uninsured

## Description of Indicator

This indicator provides detailed information about the proportion of San Bernardino County residents who are uninsured, and the uninsured population's eligibility for public coverage under the Affordable Care Act (ACA).<sup>1</sup> It also shows the ratio of residents to primary care physicians, the percentage of people who have a usual place to go to when sick or need health advice, and the percentage of people who delayed or did not get medical care in the past 12 months.

## Why is it Important?

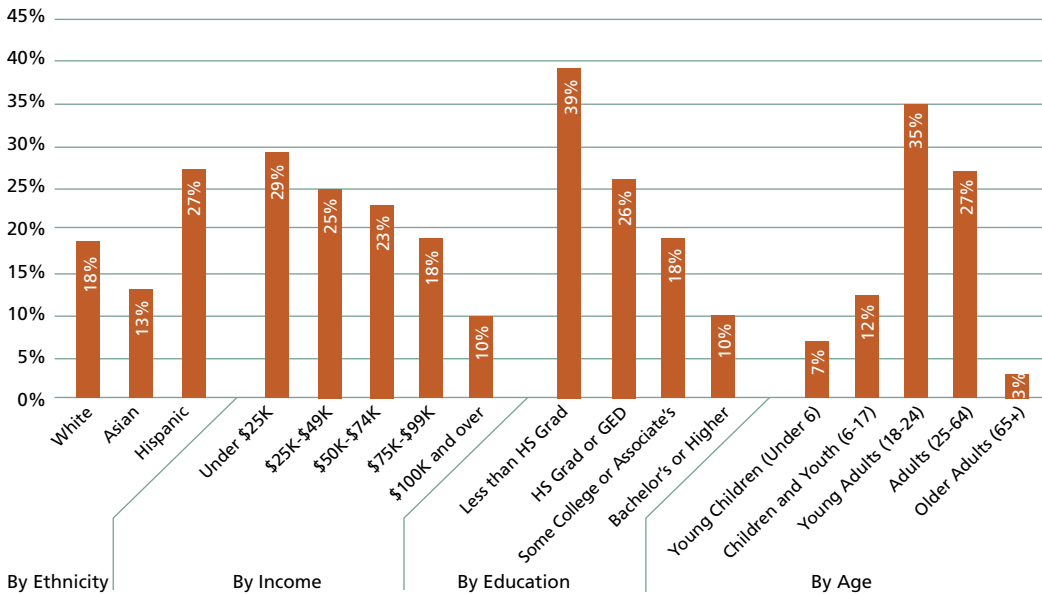
Individuals who have health insurance and a usual source of care are more likely to seek routine health care and take advantage of preventative health screening services than those without such coverage. The result is a healthier population and more cost-effective health care. Delaying or not receiving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

## How is San Bernardino County Doing?

Estimates indicate that approximately one in five San Bernardino County residents are uninsured, a proportion that has not changed significantly over the past three years:

- In 2011, 20.8% of San Bernardino County residents were uninsured.
- This proportion is higher than the United States (15.1%) and California (18.1%). It is in the mid-range compared to neighboring counties.
- Young adults were the age group most likely to be uninsured (35.1%).
- Hispanic residents were the racial or ethnic group most likely to be uninsured (27.1%).
- When broken out by household income, those with annual incomes in the lowest range (under \$25,000) were the most likely to be uninsured (29.0%).
- 39.0% of those with less than a high school diploma were uninsured.

## Uninsured by Race/Ethnicity, Income, Education and Age San Bernardino County, 2011



Note: Asian includes Native Hawaiian/Pacific Islander. White is non-Hispanic. Hispanic is of any race. Educational attainment data is for the population age 25 and over.

Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates (<http://factfinder2.census.gov>)

<sup>1</sup> Health insurance data are from the U.S. Census Bureau and not comparable to data from the California Health Interview Survey presented previously in this indicator.

### Connecting the Dots

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

Most San Bernardino County residents have a usual place to go for medical care, but many also delay getting care:

- Fully 85.1% of people under age 65 surveyed in 2009 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 residents under age 65 had delayed or did not get needed medical care.
- There are 1,868 people for each primary care physician in San Bernardino County, higher than the state and all neighboring counties compared except Riverside County. The national target ratio is 1,067 for each primary care physician.<sup>2</sup>

Most of the county's uninsured population will have incomes low enough to access health insurance through the (ACA):<sup>3</sup>

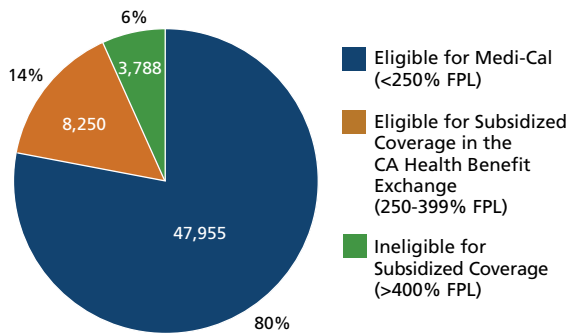
- Fully 80% of uninsured children under 18 and 37% of uninsured adults in the county will be income eligible under Medi-Cal.
- Another 14% of children under 18 and 52% of adults who are currently uninsured will be income eligible for subsidized coverage through the California Health Benefit Exchange.
- 6% of children and 11% of adults who are currently uninsured will not be eligible for subsidized coverage through the Health Benefit Exchange because their income is too high to qualify.

**Program Descriptions**

**Medi-Cal** is a no-cost health care program for certain low-income populations. With full implementation of the ACA, adults earning less than 138% Federal Poverty Level (FPL) are income eligible for Medi-Cal. Children under 18 who live in families earning below 250% FPL will be income eligible for Medi-Cal.

The **Health Benefits Exchange** will allow certain low-income populations to purchase health insurance at a subsidized rate. Adults will be income eligible for the Health Benefits Exchange if they earn between 138-399% of FPL. Children under 18 who live in families earning between 250-399% FPL will be income eligible for the Exchange.

**Uninsured Children (Under 18) Eligible for Public Coverage Under the ACA**  
San Bernardino County, 2011

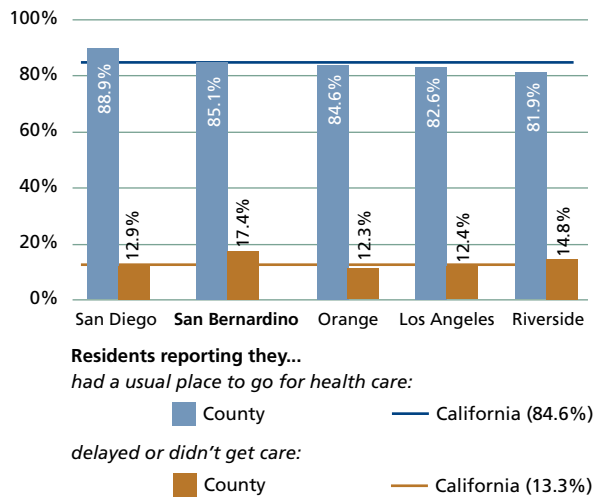


Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates (<http://factfinder2.census.gov>)

<sup>2</sup> Primary care physicians include practicing physicians under age 75 specializing in general practice medicine, family medicine, internal medicine or pediatrics.

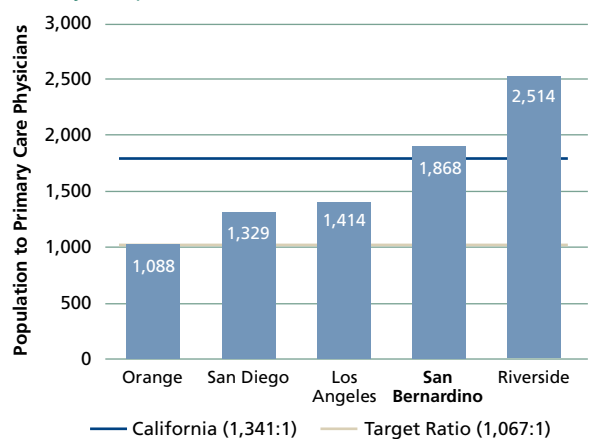
<sup>3</sup> ACA eligibility figures show eligibility by income but do not take into account other factors, including legal status. It is possible that people eligible due to income may not be eligible due to legal status or other factors.

**Health Care Access (Under Age 65)**  
County Comparison, 2009



Source: California Health Interview Survey

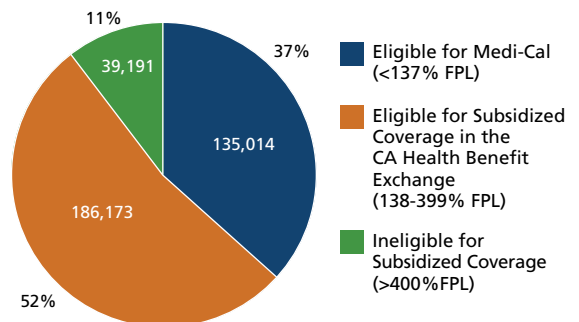
**Number of Residents per Primary Care Physician**  
County Comparison, 2012



Note: Due to modifications to the methodology by the data source, the data presented are not comparable to the data presented in the 2012 San Bernardino County Community Indicators Report.

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

**Uninsured Adults (18 and Older) Eligible for Public Coverage Under the ACA**  
San Bernardino County, 2011



# Women Receiving Early Prenatal Care Hits Five-Year High

## 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.

## Why is it Important?

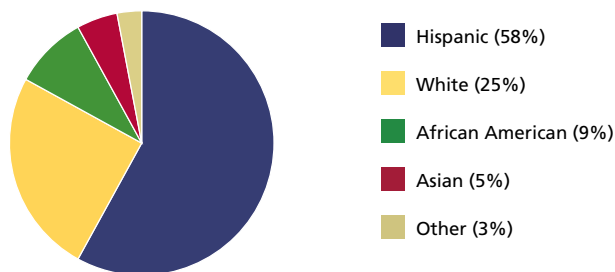
Increasing the number of women who receive early prenatal care (in the first trimester of pregnancy) can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Babies born to mothers who do not get prenatal care are three times more likely to be 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, to treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development.<sup>1</sup> 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.<sup>2</sup> Prenatal counseling related to breastfeeding provides healthcare providers and prenatal educators an opportunity to inform mothers of the benefits of breastfeeding.

## How is San Bernardino County Doing?

In 2011, early prenatal care rates improved again:

- San Bernardino County's early prenatal care rate was 82.1%, which is higher than the statewide rate (81.7%).
- This is a slight improvement of almost one-half a percentage point over the previous year and more than a one-point increase since 2002.
- 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 except for Los Angeles (81.6%).
- Asian mothers have the highest early prenatal care rate (85.5%), followed by White mothers (83.7%), and Hispanic mothers (82.0%).
- 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, 2011

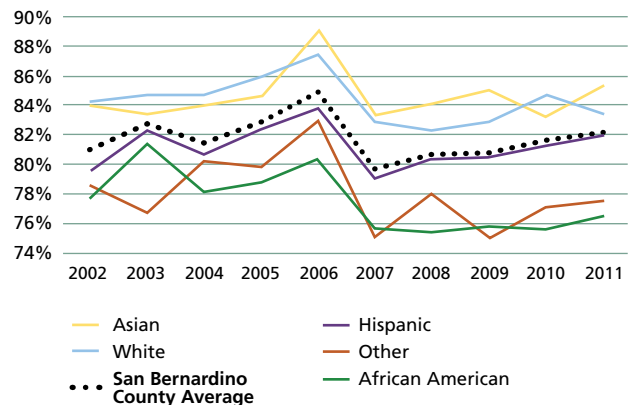


Source: California Department of Public Health ([www.apps.cdph.ca.gov/vsq/default.asp](http://www.apps.cdph.ca.gov/vsq/default.asp))

<sup>1</sup> Healthy San Bernardino County ([www.healthysanbernardinocounty.org](http://www.healthysanbernardinocounty.org))

<sup>2</sup> Saeid 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.

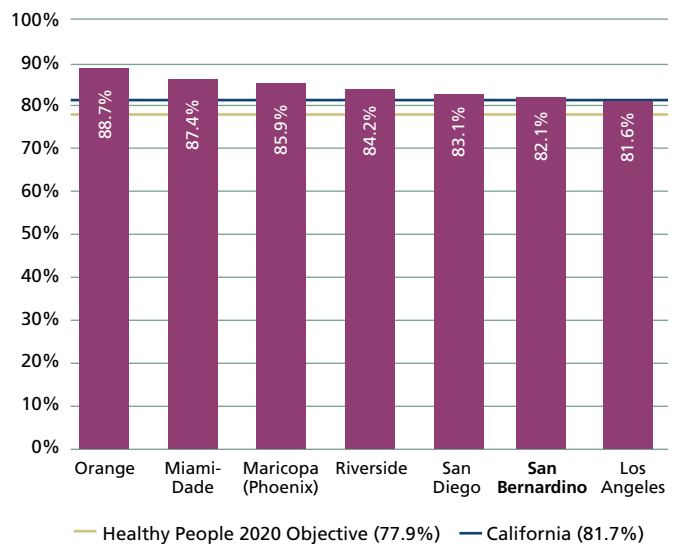
## Percentage of Mothers Receiving Early Prenatal Care by Race and Ethnicity San Bernardino County, 2002-2011



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](http://www.apps.cdph.ca.gov/vsq/default.asp))

## Percentage of Mothers Receiving Early Prenatal Care County Comparison, 2011



Note: Las Vegas data are not available after 2008; Maricopa (Phoenix) data are from 2010.

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

## What is Healthy People 2020?

Healthy People 2020 is a national health promotion and disease prevention initiative that 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

A lack of Prenatal Care may contribute to the Leading Causes of Death for Children Under Five.

## Long-Term Trend: Fewer Child Deaths

### 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 the raw number of deaths). The rates of death from all causes for children from birth through four years of age in San Bernardino County are also compared to those in selected other California counties (shown as the number of deaths per 100,000 children).

### Why is it Important?

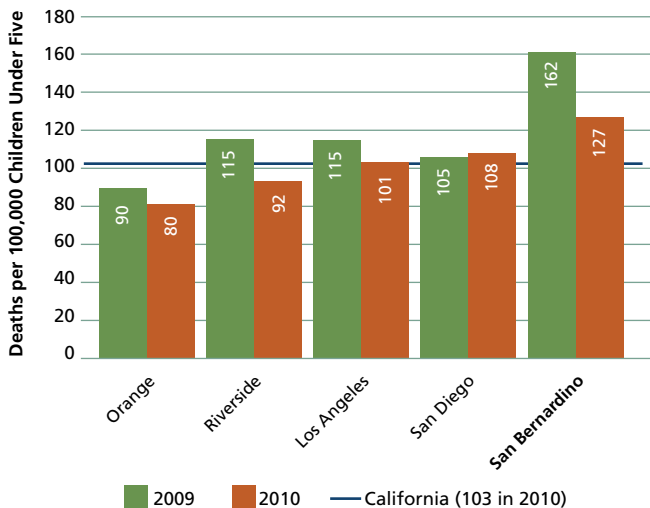
Awareness of the leading causes of death for children can lead to intervention strategies to help prevent mortality. Many of these deaths are preventable through preconception health care, early and ongoing prenatal care, and outreach to parents and caregivers.

### How is San Bernardino County Doing?

In 2010, the overall death rate for children under five years of age in San Bernardino County decreased:

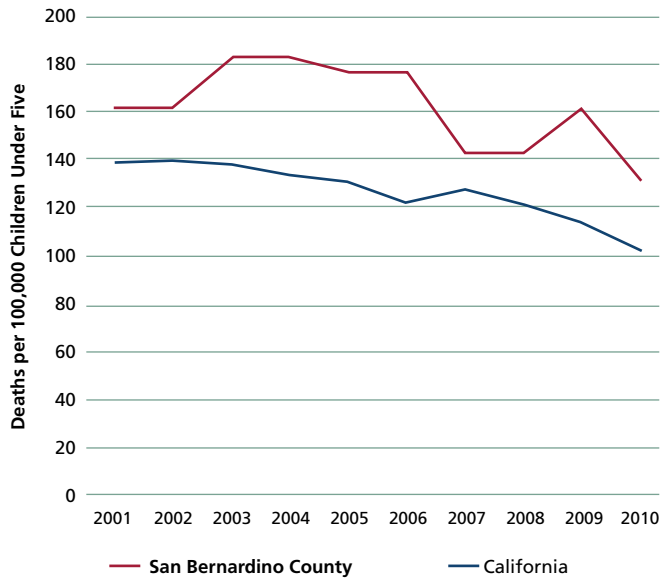
- There was a 25% decrease in the number of infant deaths, dropping from 240 in 2009 to 180 in 2010.
- Among children ages one through four, however, there was an 18% increase, from 38 in 2009 to 45 in 2010.
- The overall death rate for children under five decreased by 19% between 2009 and 2010.
- The 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 the counties compared.
- Congenital defects (e.g., spina bifida) and chromosomal abnormalities (e.g., Down syndrome) topped the list of leading causes of infant deaths.
- Cancer was 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, 2009 and 2010



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

### Death Rate Due to All Causes for Children Under Five San Bernardino County and California, 2001-2010



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

### Leading Causes of Death for Infants and Young Children San Bernardino County, 2010

Cause of Death	Number of Deaths	
	Infants (Under Age One)	Young Children (Ages 1-4)
Congenital Defects/Chromosomal Abnormalities	49	
Prematurity/Low Birth Weight	31	
Cardiovascular Disorders	17	
Maternal Pregnancy Complications Affecting Newborn	7	
Circulatory Diseases	6	
Blood Infection	5	
All Other Causes	65	
<b>TOTAL</b>	<b>180</b>	
		<b>Young Children (Ages 1-4)</b>
Cancer		11
Accidents		
Motor Vehicle Related		6
Drowning		4
Assault (Homicide)		7
Heart Diseases		3
Congenital Defects/Chromosomal Abnormalities		2
Endocrine, Nutritional and Metabolic		2
All other causes		10
<b>TOTAL</b>		<b>45</b>

Note: 2010 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 is influenced by maternal health including **Overweight and Obesity**.

# More than 45% of Students Have Weight-Related Health Risk

## Description of Indicator

This indicator measures children’s weight status based on the California Department of Education (CDE) Physical Fitness Test, which evaluates the proportion of students in fifth, seventh and ninth grades with an unhealthy body composition (overweight or obese).<sup>1</sup> It also measures the weight status of adults using the California Health Interview Survey and the National Health Interview Survey.

## Why is it Important?

Overweight children are more likely to become overweight or obese adults. A sedentary lifestyle and being overweight are among the primary risk factors for many health problems and premature death. Maintaining a healthy body weight can have positive impacts on physical and mental health, as well as reduce health care costs.

## How is San Bernardino County Doing?

Slightly more students were overweight in 2012:

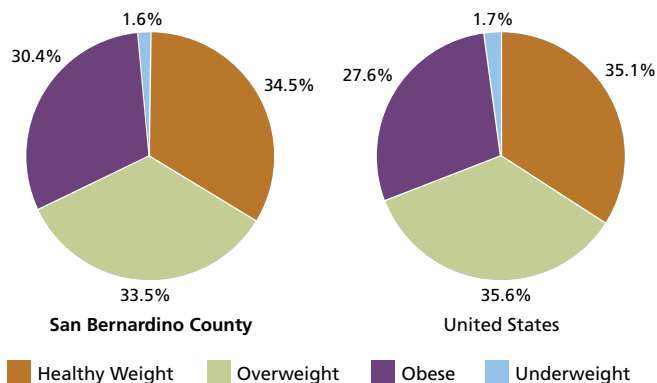
- 46.1% of San Bernardino County students in the grades tested had an unhealthy body composition in 2012, compared to 45.9% in 2011.
- More San Bernardino County students have unhealthy body weight than the statewide average (44.4% in 2012).
- Of the San Bernardino County students with an unhealthy body composition in 2012, 32.0% were considered to be far outside the healthy range (“Needs Improvement – Health Risk”), while the remaining 14.1% were designated as “Needs Improvement.”
- The cities of Colton and Rialto have the highest proportion of overweight youth (46.1% and 45.0%, respectively).
- Yucaipa and Chino Hills have the lowest proportion (27.4% and 27.0%, respectively).<sup>2</sup>

Almost two-thirds of San Bernardino County adults are overweight:

- In 2009, 33.5% of San Bernardino County adults were considered overweight and 30.4% were obese. Just over one-third (34.5%) had a healthy body weight.
- In comparison, 35.1% of adults nationwide had a healthy body weight.

## Weight Status of Adults

San Bernardino County and United States, 2009

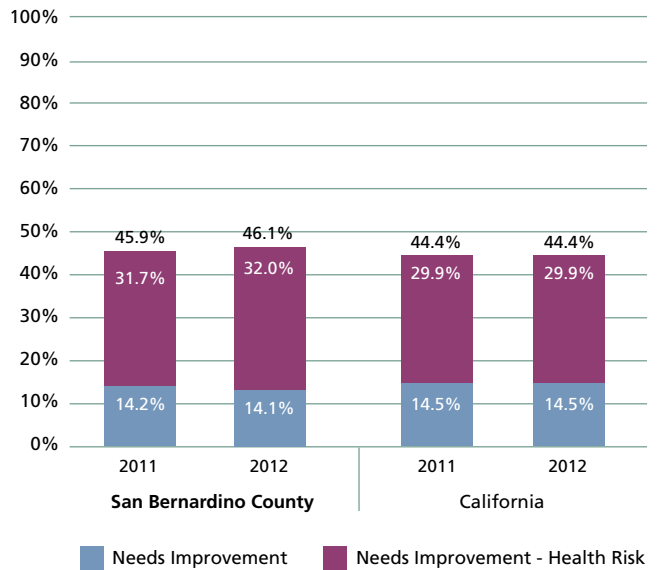


Sources: University of California, Los Angeles, Center for Health Policy Research, California Health Interview Survey ([www.chis.ucla.edu](http://www.chis.ucla.edu)); Centers for Disease Control and Prevention, National Health Interview Survey ([www.cdc.gov/nchs/products/series/series10.htm](http://www.cdc.gov/nchs/products/series/series10.htm))

<sup>1</sup> Percentages may include a small number of underweight youth, typically less than 2%.

<sup>2</sup> The 2010 city-level study used different criteria for overweight and obesity than the CDE uses; thus, the average San Bernardino County 2010 percentage of overweight youth does not match the percentage published by the CDE and is not comparable to the 2011 and 2012 CDE data presented.

## Percentage of Students with Unhealthy Body Composition San Bernardino County and California, 2011 and 2012



Note: Due to changes to the criteria, these data are not comparable to CDE Fitness Test data prior to 2011.

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

## Percentage of Students Who are Overweight or Obese Selected San Bernardino County Cities, 2010

Colton	46.1%	Adelanto	40.4%
Rialto	45.0%	Victorville	40.1%
Fontana	44.9%	San Bernardino County	39.3%
Montclair	43.9%	Yuca Valley	37.1%
San Bernardino	43.9%	Apple Valley	35.1%
Ontario	43.3%	Highland	32.8%
Upland	42.4%	Twentynine Palms	32.1%
Barstow	42.3%	Redlands	30.8%
Chino	41.8%	Rancho Cucamonga	30.0%
Loma Linda	41.4%	Yucaipa	27.4%
Hesperia	41.0%	Chino Hills	27.0%

Source: UCLA Center for Health Policy Research and the California Center for Public Health Advocacy based on data from the California Department of Education Physical Fitness Test ([www.publichealthadvocacy.org](http://www.publichealthadvocacy.org))

## Connecting the Dots

Overweight and Obesity is a known risk factor for Chronic Disease.



# Percentage of Population with High Blood Pressure Declines

## Description of Indicator

This indicator reports asthma diagnoses for children and adults, diabetes diagnoses for adults, and the proportion of adults who have high blood pressure.

## Why is it Important?

Chronic diseases, such as asthma, diabetes, and high blood pressure, 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.<sup>1</sup>

## 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 been diagnosed with asthma in their lifetimes. 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 the regions compared.
- African Americans had the highest rate of asthma diagnosis (22.2%), followed by Whites (13.5%), and Latinos (9.7%).

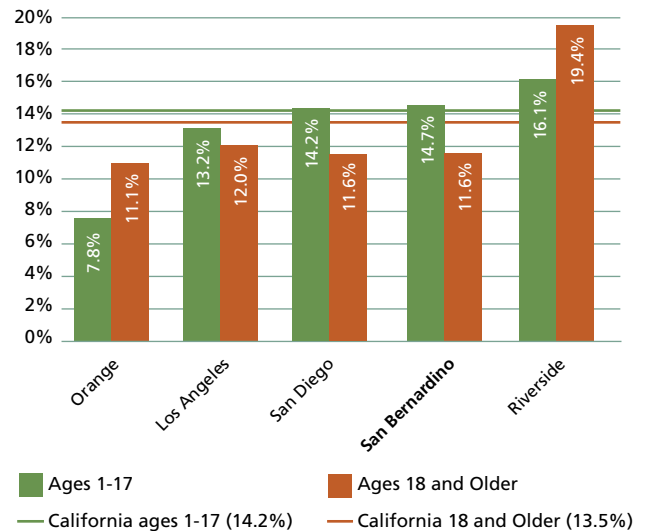
Diabetes rates are on the rise:

- According to 2009 data, 10.6% of adults in San Bernardino County have been diagnosed with diabetes, higher than the California average and the highest rate among counties compared, except for Los Angeles County (10.9%).
- This marks a five-year increase of 47% since 2005 when 7.2% had a diabetes diagnosis.
- 71% of the adults with a diabetes diagnosis have Type II diabetes.
- San Bernardino County is ranked 58<sup>th</sup> out of 58 California counties for deaths due to diabetes (see Health Status).

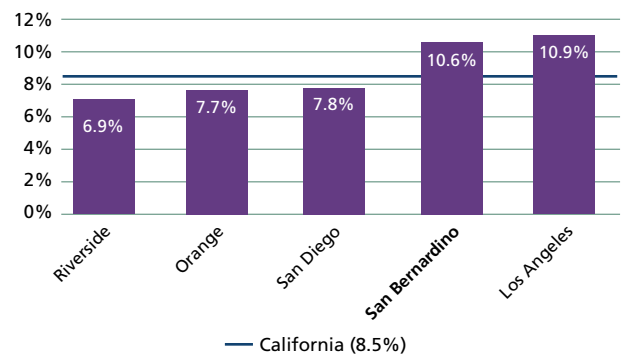
More than one-quarter of adults have been diagnosed with high blood pressure:

- In 2009, 26.1% of adults in San Bernardino County had high blood pressure, lower than California and all counties compared, except for Orange County (22.2%).
- This marks a 7% decrease from 2007 but a 14% increase from 2001.
- Of adults diagnosed with high blood pressure, 68.4% are currently taking medication to control high blood pressure.

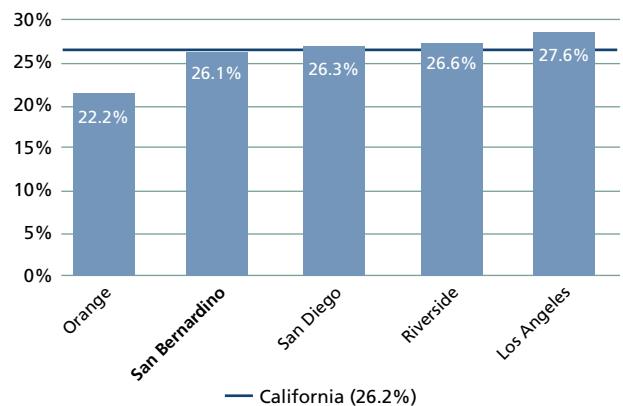
Percentage Ever Diagnosed with Asthma, by Age County Comparison, 2009



Percentage Ever Diagnosed with Diabetes County Comparison, 2009



Percentage Ever Diagnosed with High Blood Pressure County Comparison, 2009



<sup>1</sup> Centers for Disease Control and Prevention ([www.cdc.gov/chronicdisease/overview/index.htm](http://www.cdc.gov/chronicdisease/overview/index.htm))

Source: California Health Interview Survey

**Connecting the Dots** .....  
**Chronic Disease and its cost can have a devastating effect on Per Capita Income.**

# Gap Narrows Between Need and Receipt of Services

## 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?

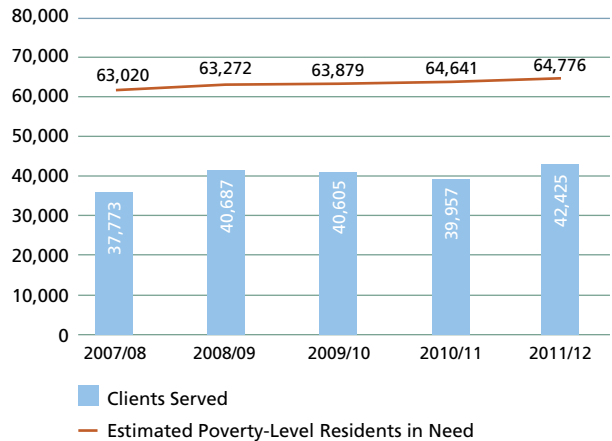
Mental disorders are among the most common causes of disability. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11<sup>th</sup> leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.<sup>1</sup>

## How is San Bernardino County Doing?

Nearly 65,000 low-income residents of San Bernardino County were estimated to have a serious mental illness and needed mental health services in 2011/12:

- An unduplicated count of 42,425 clients received public mental health services during 2011/12.
- In addition to public care, low-income residents may be using services provided by private health insurance coverage or community nonprofit agencies, or they may not receive any care to meet their mental health needs.
- Due in part to increased funding, the gap between those in need and those receiving services is the lowest it has been since at least 2005/06 (the earliest year tracked in the Community Indicators Report).
- Of the clients served during 2011/12, 37% were White, 36% were Hispanic, 17% were African American, 2% were Asian/Pacific Islander, and 1% were Native American.
- Among clients receiving County services during 2011/12, more than a third (35% or a total of 14,710 clients) were children and youth ages 0-17.
- Approximately 13% of the clients served were young adults between ages 18-24, 42% were adults between ages 25-54, and 10% were 55 years or older.

**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, 2008-2012



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

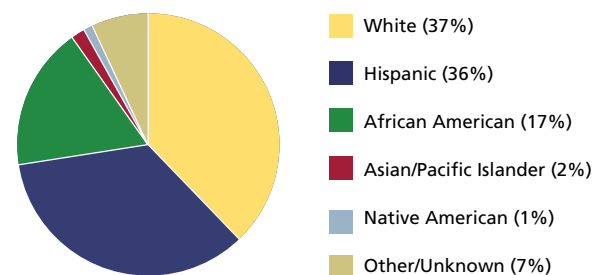
Sources: County of San Bernardino Behavioral Health Services, Client Services Information System; California Department of Mental Health, Persons in Need Tables ([www.dmh.ca.gov/Statistics\\_and\\_Data\\_Analysis/Total\\_Population\\_by\\_County.asp](http://www.dmh.ca.gov/Statistics_and_Data_Analysis/Total_Population_by_County.asp))

## The Mental Health-Physical Health Connection

Mental health and physical health are closely connected. Mental illnesses, such as depression and anxiety, reduce one's ability to participate in health-promoting behaviors such as eating right, exercising, and minimizing use of alcohol and tobacco. In turn, problems with physical health, such as chronic diseases (see Chronic Disease indicator), can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Source: Healthy People 2020

**Unduplicated Count of Clients Receiving Public Mental Health Services, by Race/Ethnicity**  
San Bernardino County, 2012



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

## Mental Health Services Act Renews 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 (2009/10-2011/12) when San Bernardino County received a total of \$225 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.

Source: County of San Bernardino Behavioral Health Services, Mental Health Plan

<sup>1</sup> Healthy People 2020 ([www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28](http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28))

## Connecting the Dots

Increased access to information about Mental Health services may be provided through Internet Access and Smartphone Use.



# Youth Drug and Alcohol Use Higher Than State

## 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?

San Bernardino County experiences a higher substance abuse burden than the California average:

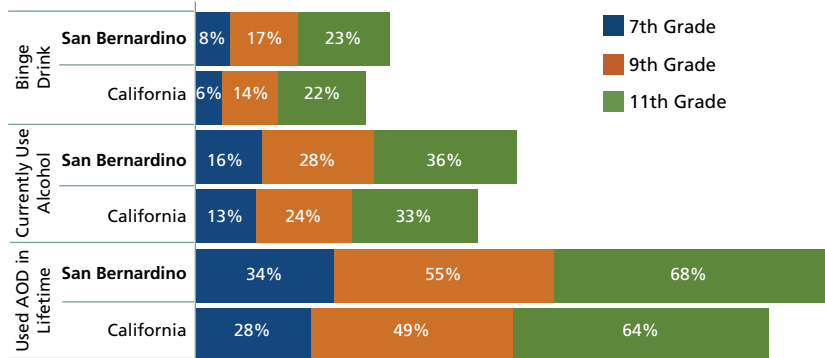
- Compared to the California average, 2011 survey data reveal San Bernardino County high school youth engage more frequently in binge drinking and are more likely to say they currently use alcohol or have tried drugs or alcohol in their lifetimes.
- Compared to 2009 and 2010 data, San Bernardino County youth AOD use rates have either risen or stayed the same, while statewide rates have fallen.
- In 2011, 12% of serious collisions in San Bernardino County involved alcohol, compared to 11% of collisions statewide.
- Between 2008 and 2011, alcohol-involved collisions in San Bernardino County fell 22%, faster than the statewide average decline of 19%.<sup>1</sup>
- 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.
- San Bernardino County outperforms the state in terms of drug-induced deaths, yet deaths due to liver disease and cirrhosis remain above the statewide average (see Health Status).
- AOD-related admissions to county treatment facilities in 2011/12 fell 42% since 2007/08, to just under 6,000 admissions. While service demand has increased, funding has not.
- 22% of clients receiving AOD services also received county mental health services in 2011/12, while 43% have received mental health services in their lifetimes.<sup>2</sup>

**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

<sup>1</sup> California Highway Patrol (<http://iswitr.chp.ca.gov/Reports/jsp/OTSReports.jsp>). Data have been revised since previously reported.  
<sup>2</sup> San Bernardino County CalOMS dataset

**Percent of Youth Who Engage in Binge Drinking, Currently Use Alcohol, or Have Ever Used AOD**  
San Bernardino County and California, 2011



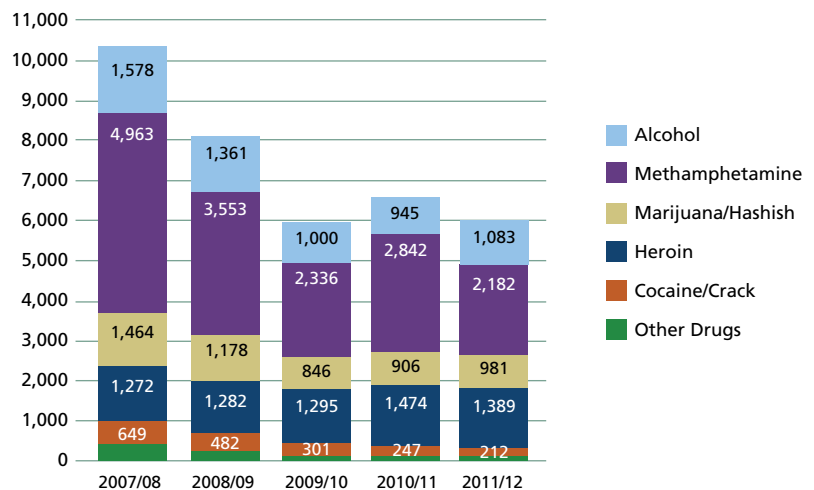
Source: California Healthy Kids Survey, County and Statewide 2009-11 Main Reports, WestEd Health and Human Development Program for the California Department of Education (<http://cbks.wested.org/reports>)

## Drug Court: Saving Money while Changing Lives

The Comprehensive Drug Implementation Program is a multi-agency, countywide collaborative effort that provides intensive substance abuse treatment to adult defendants who have felony convictions. Substance abuse treatment is provided to the defendant while the defendant remains under the jurisdiction of the Superior Court. In 2012, approximately 287 defendants participated in Drug Court. Of those defendants, 190 successfully completed the Drug Court's rigorous requirements. The Drug Court program provided residential substance abuse treatment to 41 participants, and contributed to 23 babies born non-drug exposed and 147 participants becoming gainfully employed. The costs of the program were offset by \$104,539 in fees collected from participants and the savings gained by diverting these individuals from costly incarceration expenses.

Source: County of San Bernardino, Department of Behavioral Health

**Alcohol- and Drug-Related Admissions to County-Funded Treatment Services**  
San Bernardino County, 2008-2012



Source: San Bernardino County CalOMS Dataset

## Connecting the Dots

Substance Abuse is one of many conditions impacting the county's overall Health Status.

# Death Rates for Most Major Causes Decline

## 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.<sup>1</sup>

## Why is it Important?

Comparing county data to statewide averages and national health objectives raises awareness of public health issues that are 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 six out of 14 commonly measured causes of death:

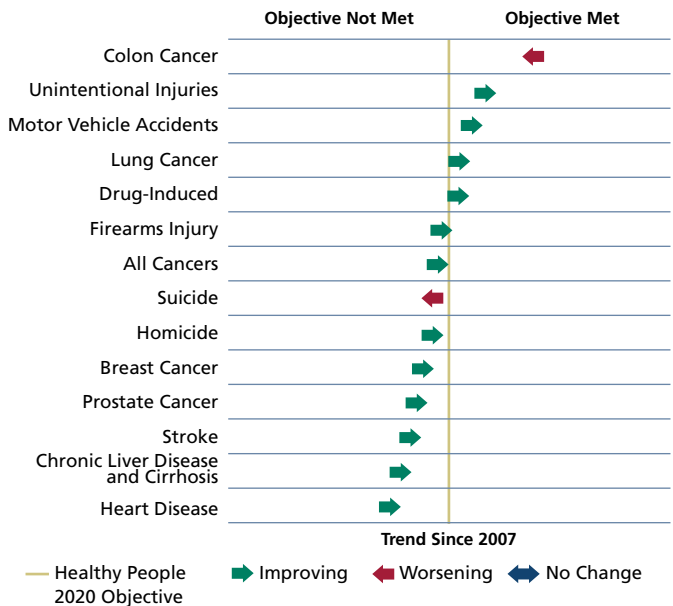
- In 2011, San Bernardino County met the Healthy People 2020 national objectives for the categories of colon cancer, unintentional injuries, motor vehicle accidents, lung cancer, drug-induced deaths, and firearm injuries.
- The death rates for all major causes, except for colon cancer, Alzheimer's disease, diabetes, and suicide have decreased over the past five years.
- The rates that have decreased the 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 drug-induced deaths.

### Health Outcomes Rank Declining

The *County Health Rankings and Roadmaps*, published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, helps counties understand the influences on residents' health and longevity. After improving to a ranking of 41st in 2012, San Bernardino County dropped back to its 2011 rank of 44th out of 56 counties in the 2013 report for overall health outcomes.

Source: *County Health Rankings and Roadmaps* ([www.countyhealthrankings.org](http://www.countyhealthrankings.org))

## Age-Adjusted Death Rates: Progress Toward 2020 Goals San Bernardino County, 2011



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/ohir/Pages/CHSP.aspx](http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx))

## San Bernardino County Age-Adjusted Death Rate Ranking and Comparison to California Average, 2011

Rank Among California Counties	Cause of Death	Comparison to California Average
8	Unintentional Injuries	Better than California Average
13	Influenza or Pneumonia	Better than California Average
14	Drug-Induced	Better than California Average
22	Suicide	Worse than California Average
25	Firearms Injury	Worse than California Average
28	Motor Vehicle Accidents	Worse than California Average
29	Lung Cancer	Worse than California Average
32	Alzheimer's Disease	Same as California Average
34	Chronic Liver Disease and Cirrhosis	Worse than California Average
40	All Cancers	Worse than California Average
40	Homicide	Worse than California Average
40	Stroke	Worse than California Average
48	Prostate Cancer	Worse than California Average
48	Chronic Lower Respiratory Disease	Worse than California Average
49	Breast Cancer	Worse than California Average
54	Colon Cancer	Worse than California Average
56	Heart Disease	Worse than California Average
58	Diabetes	Worse than California Average

Source: California Department of Public Health, *County Health Status Profiles* ([www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx](http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx))

<sup>1</sup> See Prenatal Care indicator for an explanation of Healthy People 2020. Data for causes of death reflect three-year averages (e.g., 2011 data is the average of 2009, 2010, and 2011).

● **Connecting the Dots** .....  
 The Health Status of a family may influence Family Housing Security.

# CalFresh Enrollment Grows; CalWORKs Caseload Stabilizes

## 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?

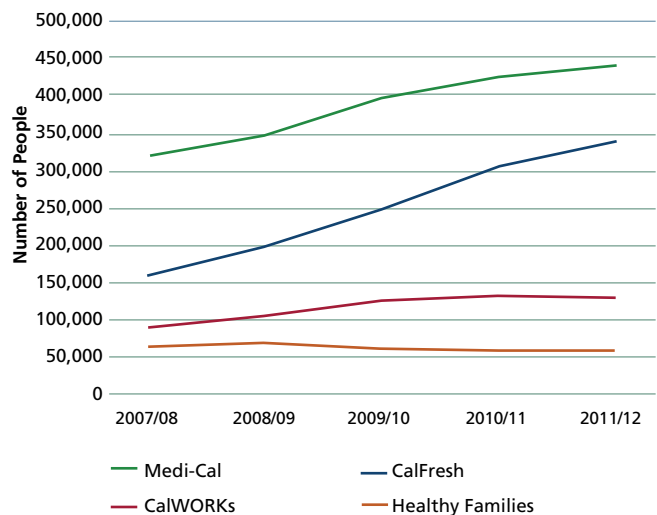
Public assistance enrollment trends varied:

- In 2012, the number of people enrolled in CalFresh (338,433) rose 10% in one year, while CalWORKs cash assistance enrollment fell slightly (1%) to 127,339 recipients.
- Medi-Cal participation rose 4% to 435,527 participants, while Healthy Families enrollment declined 2% to 61,704 children participating.
- San Bernardino County is home to 4.9% of California's households; however, a disproportionate 7.0% of the 1.2 million California households receiving cash public assistance or CalFresh reside in San Bernardino County.<sup>1</sup>

Family poverty continues to grow:

- In 2011/12, 67.3% of K-12 public school students lived in families with incomes low enough to qualify for free or reduced-price school meals, up from 65.8% in 2010/11.
- A child is eligible if his or her family's income is below 185% of the poverty level (e.g., \$42,643 for a family of four in 2012).<sup>2</sup>
- Over the past 10 years, the number of eligible students has grown 30% in San Bernardino County, compared to 15% statewide. At the same time, public school student enrollment declined 2% in both San Bernardino County and the state.
- 2011 Census poverty data indicate that 21.6% of San Bernardino County families with children live in poverty, a five-year increase of 8.2 percentage points.<sup>1</sup>
- Fully 26.1% of all San Bernardino County children live in poverty while 16.5% of adults live in poverty.<sup>1</sup>
- The poverty level is roughly \$23,000 for a family of four.<sup>2,3</sup>

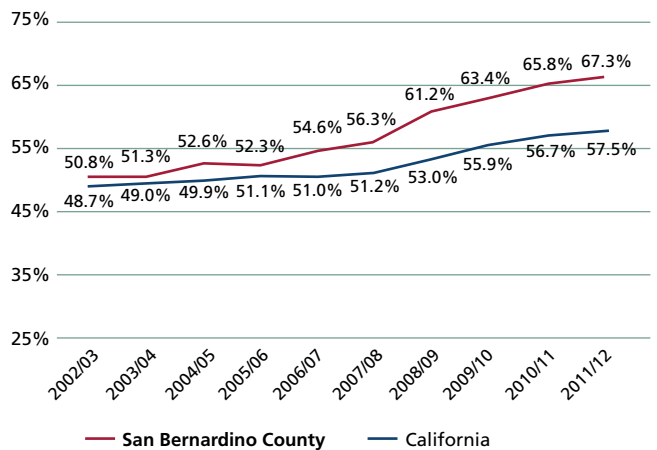
Enrollment in Major Public Assistance Programs  
San Bernardino County, 2008-2012



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.

Source: San Bernardino County Human Services

Children Eligible for Free or Reduced-Price School Meals  
San Bernardino County and California, 2003-2012



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 who do not qualify for free (zero share-of-cost) Medi-Cal.

<sup>1</sup> American Community Survey, 2011 ([www.census.gov](http://www.census.gov))

<sup>2</sup> Health and Human Services Federal Poverty Guidelines 2012 (<http://aspe.hhs.gov/poverty/12poverty.shtml>)

<sup>3</sup> U.S. Census Bureau Poverty Thresholds 2012 ([www.census.gov/hhes/www/poverty/data/threshld/index.html](http://www.census.gov/hhes/www/poverty/data/threshld/index.html))

**Connecting the Dots** .....  
Family Income Security is a predictor of Health Care Access.

# Demand for Rent Subsidies Far Outweighs Supply

## Description of Indicator

This indicator measures San Bernardino County families' progress toward housing stability by tracking the availability of rental assistance and public housing, and the number of public school students who are homeless or lack stable housing arrangements.<sup>1</sup>

## Why is it Important?

Increasing rent or mortgage costs, foreclosure, loss of a job, or simply not having enough money to afford the high upfront 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 February 2013, there were 15,717 applicants waiting for rental assistance.
- A monthly average of approximately 8,770 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 exacerbate the low supply.
- In addition to rental assistance, demand for affordable public housing is 15 times higher than available supply.

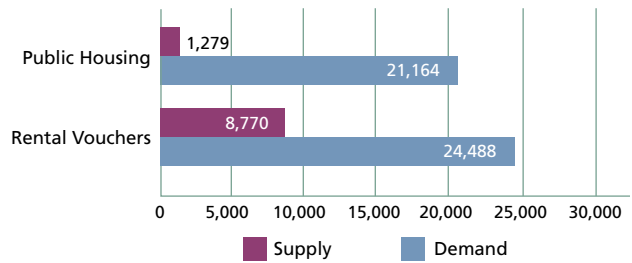
Federal law requires public school districts to report the number of students living in shelters or unsheltered in cars, parks or campgrounds, motels, or living with another family due to economic hardship:

- In 2011/12, 30,122 San Bernardino County students mostly in grades K-12 were identified as living in one of these unstable housing conditions, representing 7.3% of total enrollment.<sup>2</sup>
- Among students identified as homeless or lacking stable housing, 91% are living doubled- or tripled-up in a home, 6% live in shelters, 2% live in motels, and 1% live unsheltered in cars, parks or campgrounds.
- These figures represent an increase of 9% 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

### High Relative Rents Add to Long Rental Assistance Waiting Lists

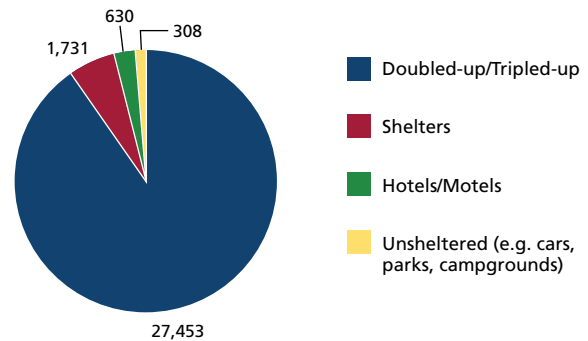
As detailed in the Rental Affordability indicator in the Economic and Business Climate section, rental costs in San Bernardino County are high relative to the costs of owning a home. The current hourly wage needed to afford a one-bedroom apartment in San Bernardino County is \$16.90, whereas the minimum qualifying income to purchase a home priced at 85% of median (\$129,930), assuming 10% down, is equivalent to an hourly wage of \$8.92.

Supply and Demand of Rental Vouchers and Public Housing San Bernardino County, 2013



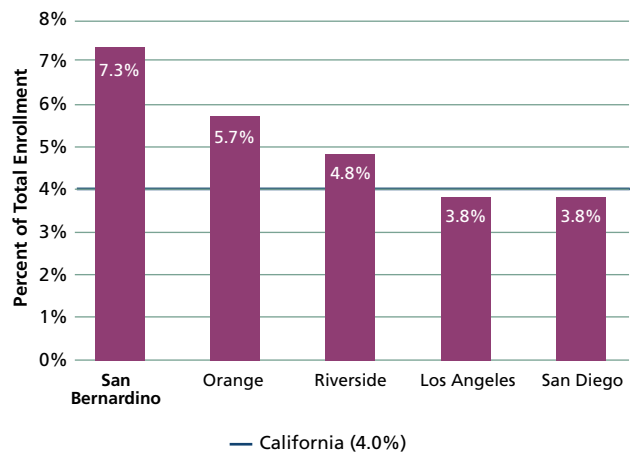
Note: "Demand" is the sum of those on the wait list and those currently receiving assistance.

Primary Nighttime Residence of Students Identified as Homeless or Lacking Stable Housing San Bernardino County, 2011/12



Source: California Department of Education, according to information provided as of November 2012 by school districts on their Local Education Agency Reporting Form Title 1, Part A and Homeless Education Consolidated Application

Students Identified as Homeless or Lacking Stable Housing County Comparison, 2011/12



Source: California Department of Education, according to information provided as of November 2012 by school districts on their Local Education Agency Reporting Form Title 1, Part A and Homeless Education Consolidated Application

<sup>1</sup> Rental assistance and public housing data are for the three Housing Authorities serving San Bernardino County: Housing Authority of the County of San Bernardino, Upland Housing Authority, and Needles Housing Authority.

<sup>2</sup> This figure includes 86 homeless pre-kindergarten children participating in San Bernardino County Superintendent of Schools pre-K programs. Data are as of November 2012.

● **Connecting the Dots** .....  
**Family Housing Security is dependent upon Housing Affordability.**