

community health and wellness

Wellness is key to achieving the Countywide Vision. The county cannot meet its educational, economic, and quality-of-life goals without good health in the community. However, progress has been slow. The percentage of mothers receiving prenatal care increased from 80.6% to 82% over the past five years. Childhood deaths are down, too. But high blood pressure is on the rise, and the county's high rate of childhood obesity remains constant.

Improving Health in San Bernardino County

In 2013, the County created the Community Vital Signs initiative, a community-driven effort to improve health and wellness. Community Vital Signs is tasked with providing analysis of the current health of the county and developing goals and priorities to help meet the wellness needs of our residents. Throughout the year, Community Vital Signs held workshops and community engagement meetings to obtain feedback on how to address some of the health crises in our community such as access to health care and education.

37% of High School Dropouts are Uninsured

Description of Indicator

This indicator provides detailed information about the proportion of San Bernardino County residents who are uninsured. It also shows the ratio of residents to primary care physicians, the percentage of people who have a usual place to go to when they are sick or in need of health advice, and the percentage of people who delayed or did not get medical care in the past 12 months.

Why is it Important?

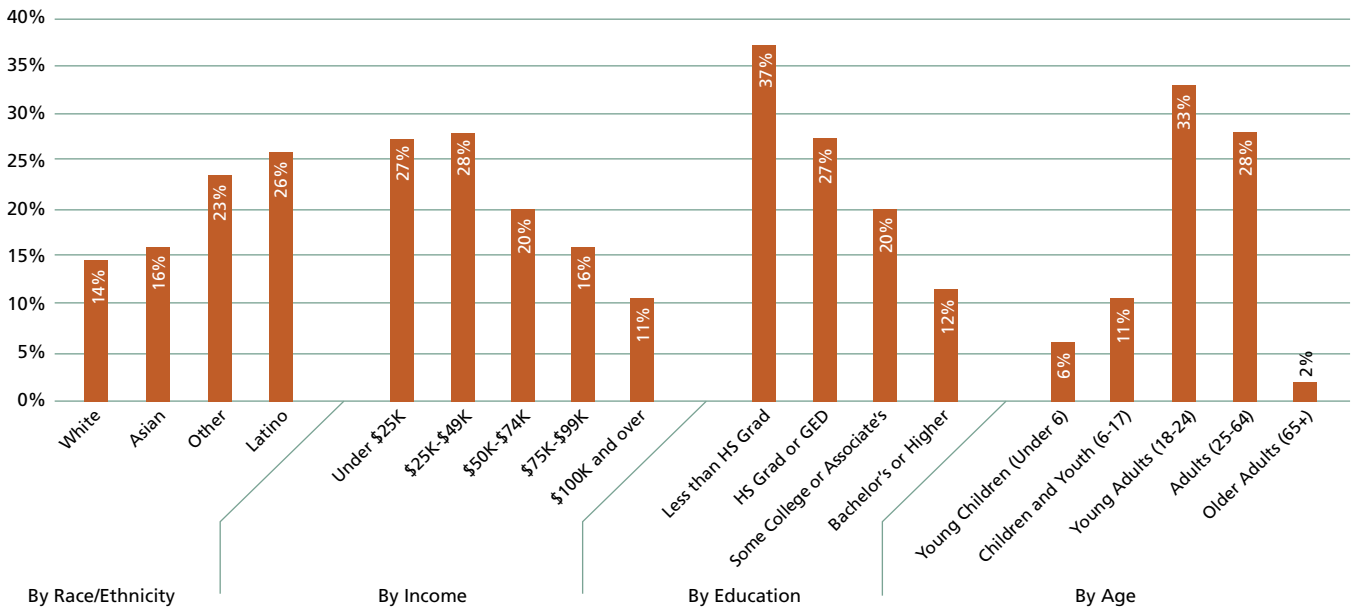
Individuals who have health insurance and a usual source of care are more likely to seek routine health care and take advantage of preventative health screening services than those without such coverage. The result is a healthier population and more cost-effective health care. Delaying or not receiving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

- In 2012, 20.6% of San Bernardino County residents were uninsured.
- This proportion is higher than the United States (14.8%) and California (17.9%) averages. It is in the mid-range compared to peers.
- At 33%, young adults were the age group most likely to be uninsured.
- Latino residents were the racial or ethnic group most likely to be uninsured (26%).
- When broken out by household income, those with incomes in the lower-middle range (\$25,000-\$49,000) were the most likely to be uninsured (28%).
- 37% of those with less than a high school diploma were uninsured.

Uninsured by Race/Ethnicity, Income, Education and Age
San Bernardino County, 2012



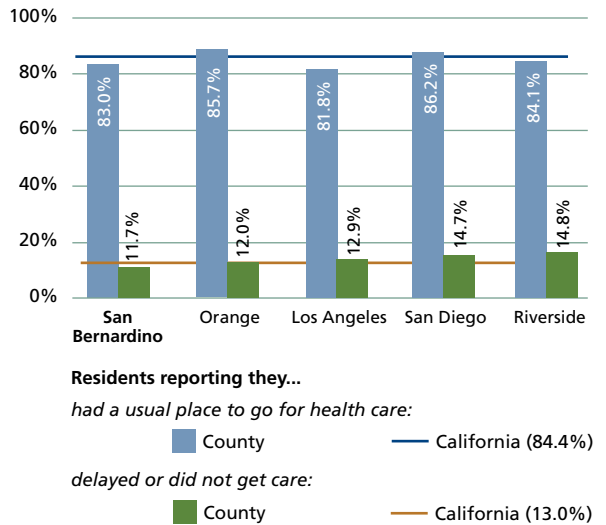
Note: Asian includes Native Hawaiian/Pacific Islander. White is non-Latino. Latino is of any race. Educational attainment data is for the population age 25 and over.

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

Compared to neighboring counties, fewer San Bernardino County residents have a usual place to go for medical care:

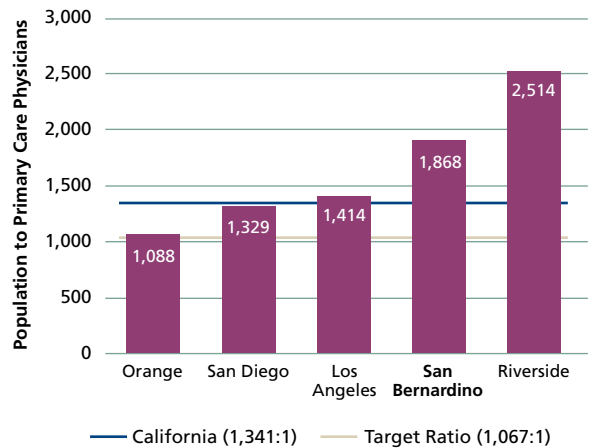
- According to the 2011-12 California Health Interview Survey (CHIS), 83.0% of people under age 65 had a usual place to go to when they were sick or needed health advice, a lower proportion than California and all neighboring counties compared except Los Angeles (81.8%).¹
- However, 11.7% of San Bernardino County residents under age 65 delayed or did not get the medical care that they needed, lower than the state and all neighboring counties compared.
- This is an improvement since 2007, when 14.1% of San Bernardino County 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.²

Health Care Access (Under Age 65)
County Comparison, 2011-12



Source: California Health Interview Survey

Number of Residents per Primary Care Physician
County Comparison, 2013



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

¹The latest CHIS prevalence data reflect adults surveyed in 2011 and 2012 and are referred to as “2011-12” data; previous prevalence data were collected in a single year.

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

Early Prenatal Care Rate Remains Relatively Unchanged

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?

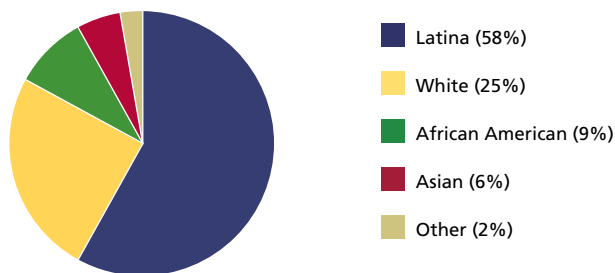
Increasing the number of women who receive early prenatal care (in the first trimester of pregnancy) can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Babies born to mothers who do not get prenatal care are three times more likely to 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, to 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 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 2012, early prenatal care rates decreased slightly:

- San Bernardino County’s early prenatal care fell 0.1 percentage point to 82.0% in 2012.
- This is marginally higher than the statewide rate of 81.9%.
- 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 Los Angeles (81.2%).
- Asian mothers have the highest early prenatal care rate (83.0%), followed by White mothers (82.9%), and Latina mothers (82.6%).
- In 2012, levels of early prenatal care improved for Latina mothers and mothers of “other” race/ethnicity but declined for all other racial and ethnic groups in San Bernardino County.
- The majority of births are to Latina mothers (58%), followed by White mothers (25%), and African American mothers (9%).
- Over the past 10 years, the number of live births in San Bernardino County has remained stable, from 30,824 live births in 2003 to 30,691 in 2012.

Live Births by Race and Ethnicity San Bernardino County, 2012

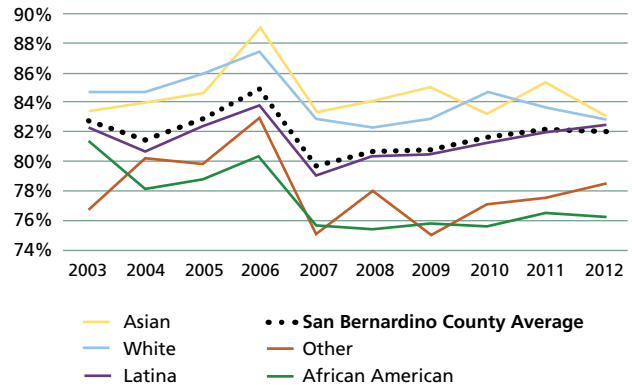


Source: California Department of Public Health (www.apps.cdph.ca.gov/vsq/default.asp)

¹ Child Trends (www.childtrends.org/?indicators=late-or-no-prenatal-care)

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.

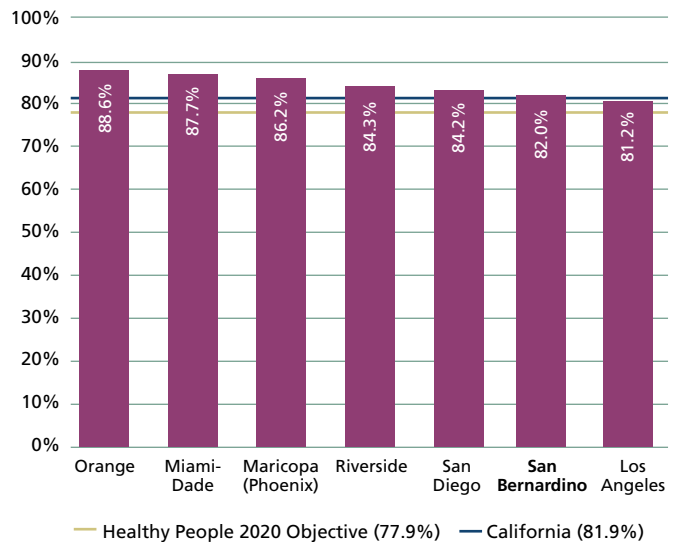
Percentage of Mothers Receiving Early Prenatal Care, by Race and Ethnicity San Bernardino County, 2003-2012



Note: The ethnic category “Latina” includes any race; the racial categories “White,” “Asian,” and “African American” are all non-Latina. “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)

Percentage of Mothers Receiving Early Prenatal Care County Comparison, 2012



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.floridacbars.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, to eliminate disparities in health, and to increase the years and quality of healthy life.

Rate of Child Deaths Remains Unchanged

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 other selected California counties (shown as the number of deaths per 100,000 children).

Why is it Important?

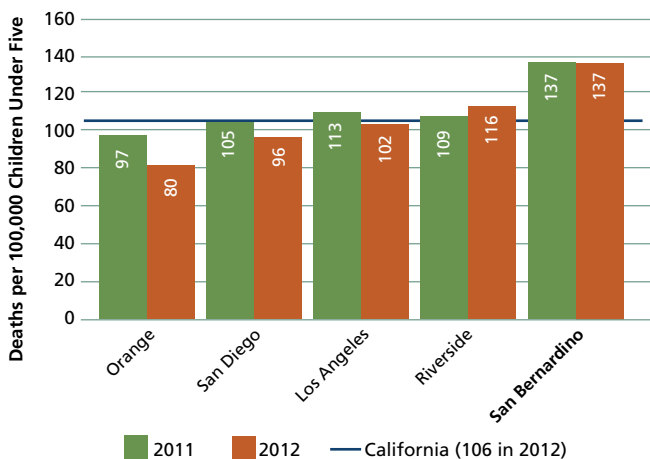
Awareness of the leading causes of death for children can lead to intervention strategies to help prevent mortality. Many of these deaths are preventable through preconception health care, early and ongoing prenatal care, and outreach to parents and caregivers.

How is San Bernardino County Doing?

In 2012, the overall death rate for children under five years of age in San Bernardino County was unchanged:

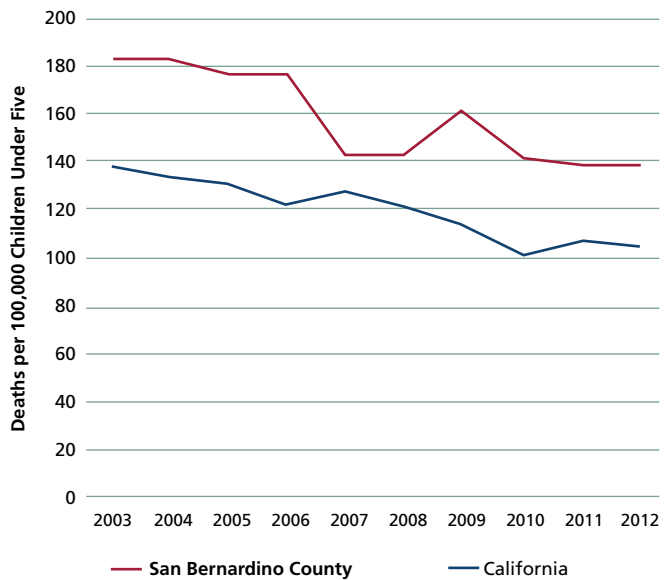
- The number of infant deaths did not change markedly, dropping from 180 in 2011 to 179 in 2012.
- Among children ages one through four, however, there was a 6% decrease in the number of deaths, from 35 deaths in 2011 to 33 deaths in 2012.
- At 137 deaths per 100,000 children under five, the overall death rate for children under five was unchanged between 2011 and 2012.
- 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) topped the list of leading causes of infant deaths.
- Accidents and congenital defects and chromosomal abnormalities were the leading causes of death for young children (one to four years old).

Death Rate Due to All Causes for Children Under Five County Comparison, 2011 and 2012



Source: California Department of Public Health, Center for Health Services, 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, 2003-2012



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

Leading Causes of Death for Infants and Young Children San Bernardino County, 2012*

Cause of Death	Number of Deaths
Infants (Under Age One)	
Congenital Defects/Chromosomal Abnormalities	45
Maternal Pregnancy Complications Affecting Newborn	21
Prematurity/Low Birth Weight	20
Sudden Infant Death Syndrome	15
Respiratory Complications	9
Complications of Placenta, Cord & Membranes	8
Other Unspecified or Undefined Causes	8
Blood Infection	6
Cardiovascular Disorders	6
Bacterial Sepsis	5
All Other Causes	36
TOTAL	179
Young Children (Ages 1-4)	
Congenital Defects/Chromosomal Abnormalities	8
Accidents	
Motor Vehicle Related	5
Other	3
Infectious and Parasitic Diseases	5
Cancer	2
All other causes	10
TOTAL	33

*2012 cause of death data are considered preliminary. Causes with fewer than five deaths for infants and fewer than two deaths for young children are included in "All other causes."

Source: County of San Bernardino, Department of Public Health

One-Third of Students have Weight-Related Health Risks

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).¹ 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?

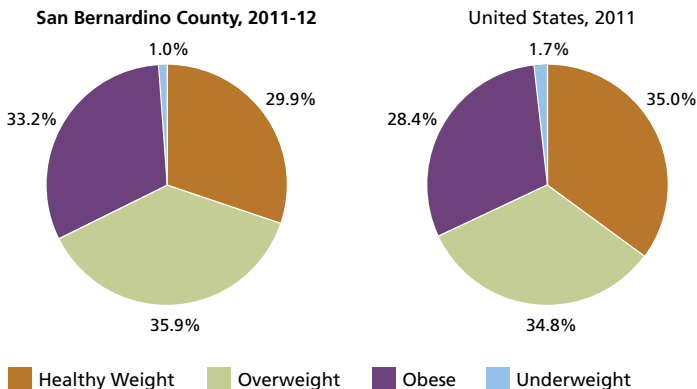
There was little change in student weight status in 2013:

- In 2013, an average of 45.9% of San Bernardino County students in the grades tested had an unhealthy body composition, compared to 43.9% statewide.
- This represents a slight decrease in San Bernardino County, from 46.1% in 2012.
- Of the San Bernardino County students with an unhealthy body composition in 2013, 32.4% were considered to be far outside the healthy range (“Needs Improvement – Health Risk”), while the remaining 13.5% were designated as “Needs Improvement.”
- San Bernardino City and Fontana school districts have the highest proportion of students with unhealthy body composition (53%).
- Silver Valley school district has the lowest proportion (30%).

More than two-thirds of San Bernardino County adults are overweight:

- In 2011-12, 35.9% of San Bernardino County adults were considered overweight and 33.2% obese. Less than one-third (29.9%) had a healthy body weight.
- In comparison 35.0% of adults nationwide had a healthy body weight.

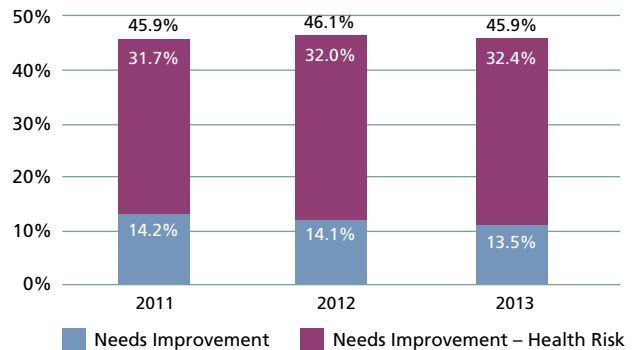
Weight Status of Adults



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

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

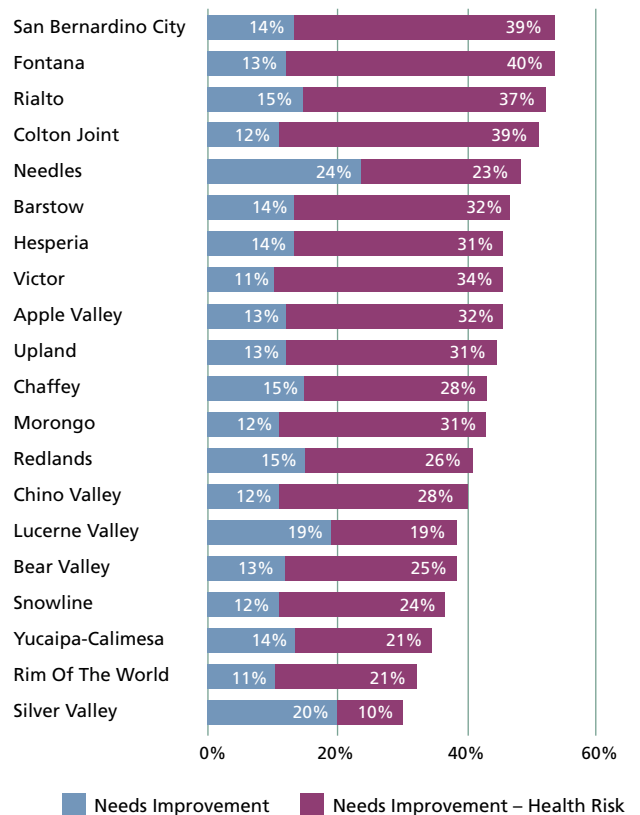
Percentage of Students with Unhealthy Body Composition San Bernardino County and California, 2011-2013



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 with Unhealthy Body Composition, by School District San Bernardino County, 2013



Notes: Chaffey and Victor represent combined data of the high school districts and their feeder school districts. Chaffey includes Chaffey Joint Union High School District and the elementary districts of Alta Loma, Central, Cucamonga, Etiwanda, Mountain View, Mt. Baldy, and Ontario-Montclair. Victor includes Victor Valley Union High School District and the elementary schools Victor, Adelanto, Oro Grande and Helendale. However, in 2013, Victor Valley Union High School District did not submit Physical Fitness Test data to the state. Fewer than 50 students were tested in the Baker Valley and Trona school districts in 2013; therefore, the data are unstable and not presented.

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

Rates of Chronic Diseases Rise

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 – including 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.¹

How is San Bernardino County Doing?

In 2011-12, San Bernardino County had more asthma diagnoses than California and the neighboring counties compared:²

- 21.4% of children and 13.8% of adults in San Bernardino County have been diagnosed with asthma in their lifetimes. This marks a five-year increase of 33% for children but a 3% decrease for adults.
- San Bernardino County has the highest rate of children and adults with asthma among all regions compared.
- African Americans had the highest rate of asthma diagnosis (28.0%), followed by Whites (16.9%) and Latinos (11.9%).

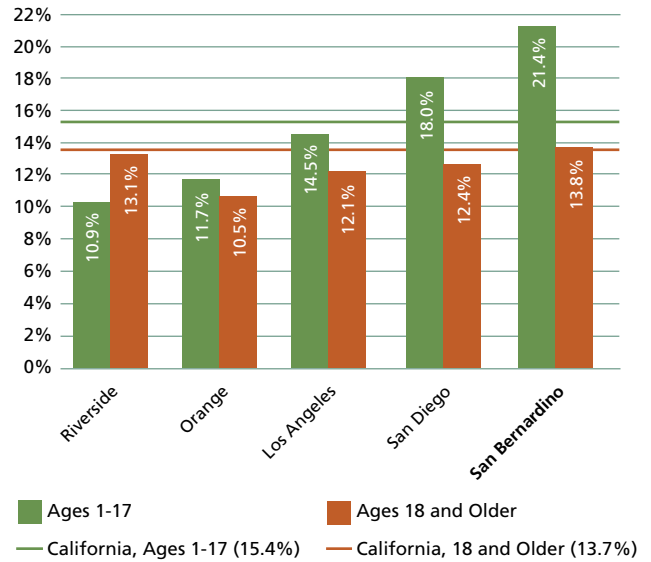
Diabetes rates are also on the rise:

- According to 2011-12 data, 10.6% of adults in San Bernardino County have been diagnosed with diabetes, the highest rate among counties compared and California.
- This marks a five-year increase of 15% since 2007 when 9.2% had a diabetes diagnosis.
- 83% of the adults with a diabetes diagnosis have Type II diabetes.
- San Bernardino County is ranked 58th out of 58 counties (the highest rate of deaths due to diabetes – see Health Status).

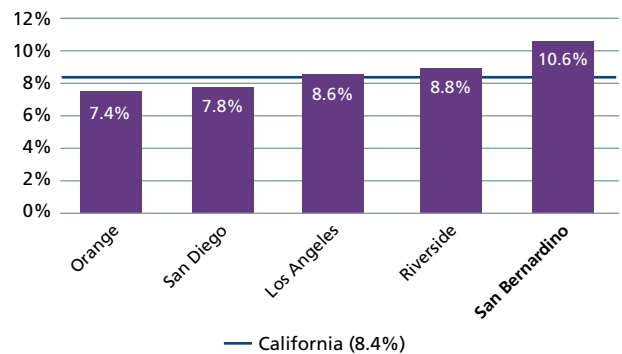
Almost one-third of adults have been diagnosed with high blood pressure:

- In 2011-12, 32.2% of adults in San Bernardino County had high blood pressure, higher than California and all counties compared.
- This marks a five-year increase of 15% since 2007 and 24% since 2001.
- Of adults diagnosed with high blood pressure, 68% are currently taking medications to control their high blood pressure.

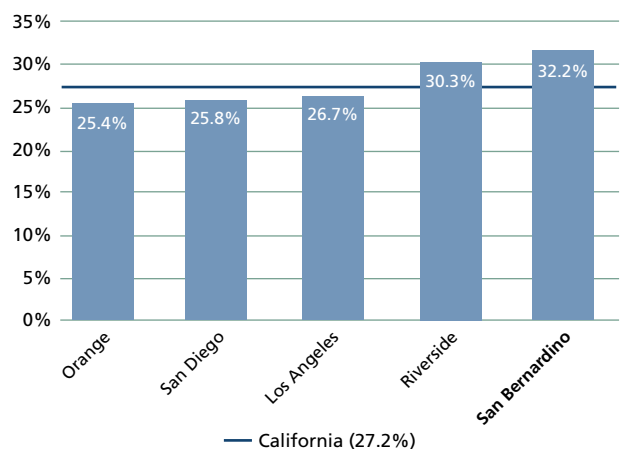
Percentage Ever Diagnosed with Asthma, by Age County Comparison, 2011-12



Percentage Ever Diagnosed with Diabetes County Comparison, 2011-12



Percentage Ever Diagnosed with High Blood Pressure County Comparison, 2011-12



Source: California Health Interview Survey

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

² The latest California Health Interview Survey (CHIS) prevalence data reflect adults surveyed in 2011 and 2012 and are referred to as “2011-12” data; previous CHIS prevalence data were collected in a single year.

Gap Between Need and Care Continues to Narrow

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 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.¹

How is San Bernardino County Doing?

Approximately 65,000 low-income residents of San Bernardino County were estimated to have a serious mental illness and need mental health services in 2012/13:

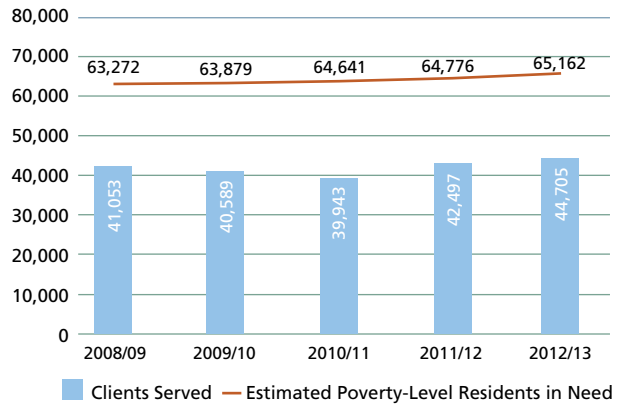
- An unduplicated count of 44,705 clients received public mental health services during 2012/13.
- In addition to public care, low-income residents may be using services provided by private health coverage or community nonprofit agencies, or they may not receive any care to meet their mental health needs.
- 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 first year tracked in this report).
- Of the clients served during 2012/13, 36% were Latino, 36% were White, 17% were African American, 2% were Asian/Pacific Islander, 1% were Native American, and 8% were Other or unreported.
- Among clients receiving County services during 2012/13, more than a third (35% or a total of 15,678 clients) were children and youth ages 0-17.
- Approximately 12% of all clients were young adults between the ages of 18 and 24, while 42% were adults between ages 25 and 54, and 10% were 55 years or older.

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), can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. Mental health and substance abuse are also closely aligned (see Substance Abuse).

Source: Healthy People 2020 (www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28)

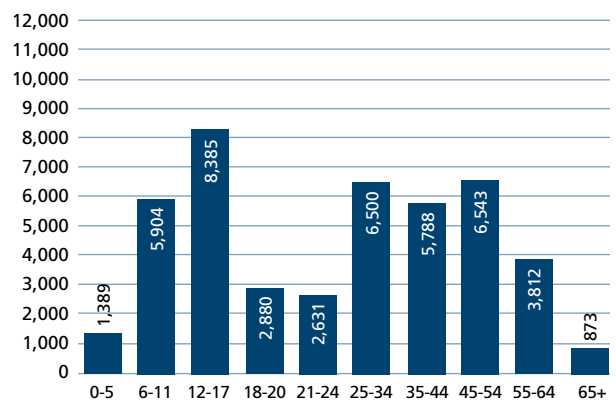
Unduplicated Count of Clients Served by the Public Mental Health System and the Estimated Number of Poverty-Level Residents in Need of Mental Health Services
San Bernardino County, 2009-2013



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

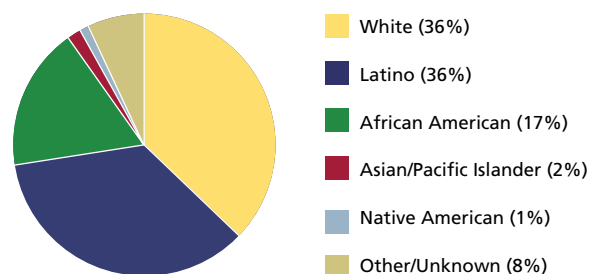
Sources: County of San Bernardino, Department of Behavioral Health, Client Services Information System; California Department of Mental Health, Persons in Need Tables (www.dmh.ca.gov/Statistics_and_Data_Analysis/Total_Population_by_County.asp)

Unduplicated Count of Clients Served by the Public Mental Health System, by Age
San Bernardino County, 2012/13



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

Unduplicated Count of Clients Receiving Public Mental Health Services, by Race/Ethnicity
San Bernardino County, 2012/13



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

¹ Healthy People 2020 (www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28)

AOD Treatment Admissions Up; DUI Accidents Increase

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. Youth who engage in underage drinking and substance abuse early are more likely to experience changes in brain development that may have life-long effects, including problems with memory and normal growth and development. Youth who start drinking before age 15 are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21.¹

How is San Bernardino County Doing?

More residents received AOD treatment in 2012/13:

- In the past year (2012/13), AOD-related admissions to county treatment facilities rose slightly (4%), but since 2008/09 admissions fell 23%, from a total of 6,750 admissions to 6,244 admissions.
- 20% of clients receiving AOD services also received county mental health services in 2012/13, while 44% have received mental health services in their lifetimes.²

There were more alcohol-involved accidents in 2012 than the previous year:

- In 2012, 12% of serious collisions in San Bernardino County involved alcohol, compared to 11% of collisions statewide.
- Between 2011 and 2012, alcohol-involved collisions rose 5% compared to no change statewide. However, since 2008, alcohol-involved collisions have fallen both in San Bernardino County (16%) and statewide (17%).

The drug-induced death rate has improved, while the rate of death for diseases associated with alcohol abuse has worsened:

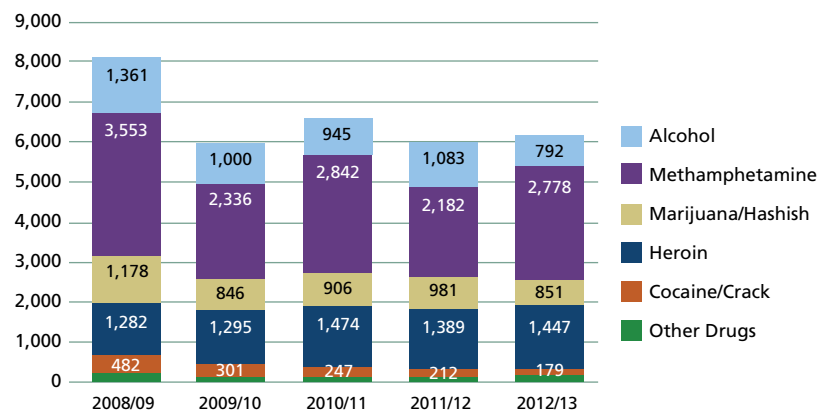
- San Bernardino County has fewer drug-induced deaths per capita than the statewide average.
- Deaths caused by chronic liver disease and cirrhosis, which are often associated with substance abuse, have worsened over the past five years and remain above the statewide average.³

Youth Perception of Drinking

Nearly a quarter (22%) of youth in San Bernardino County reported in 2011/12 that occasionally getting drunk is okay as long as it does not interfere with academics, work or other responsibilities. The County of San Bernardino, Department of Behavioral Health engages in prevention activities that seek to educate youth on the dangers of alcohol use and binge drinking on development and social functioning.

Source: County of San Bernardino, Alcohol and Other Drugs Workgroup, Underage Attitude and Perception Survey

Alcohol- and Drug-Related Admissions to County-Funded Treatment Services San Bernardino County, 2009-2013



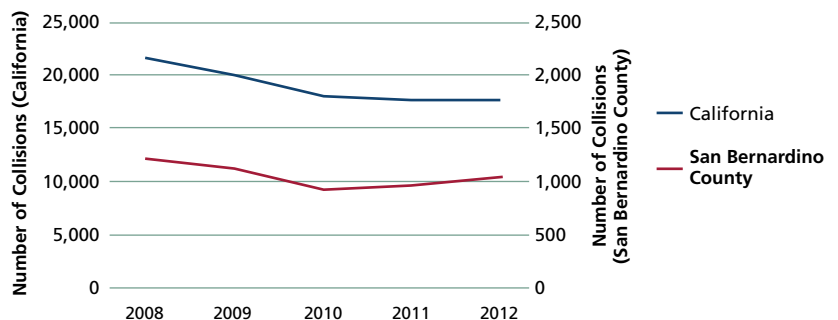
Source: County of San Bernardino, Department of Behavioral Health, CalOMS Dataset

The Mental Health/Substance Abuse Connection

The relationship between mental health and substance dependence is often interconnected. More than 8.9 million people nationally are reported to have both mental health and substance abuse co-occurring disorders. When treated concurrently, treatments are found to be more effective. Treating the whole person improves wellbeing by leading to reductions in addiction relapse, reemergence of psychiatric symptoms, and utilization of crises intervention services.

Source: County of San Bernardino, Department of Behavioral Health

Alcohol-Involved Serious Collisions San Bernardino County and California, 2008-2012



Note: Data have been revised since previously reported.

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

¹ Centers for Disease Control and Prevention (www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm)

² San Bernardino County CalOMS dataset

³ See the Health Status indicator for more information on deaths due to substance abuse and other causes.

Death Rates for Most Major Causes Continue to 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.¹

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:

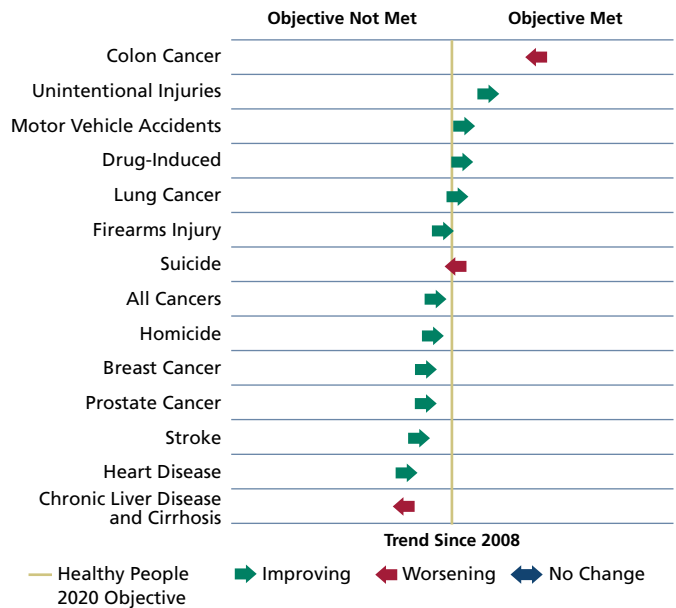
- In 2012, San Bernardino County met the Healthy People 2020 national objectives for the categories of colon cancer, unintentional injuries, motor vehicle accidents, drug-induced deaths, lung cancer, and firearm injuries.
- Death rates for all major causes, except colon cancer, diabetes, chronic liver disease/cirrhosis, and suicide have decreased over the past five years.
- The rates that have decreased the most over the past five years are influenza/pneumonia (38%) and motor vehicle deaths (31%).
- The county's death rates are higher than the state average for all causes compared except for unintentional injuries, drug-induced deaths, influenza/pneumonia, and Alzheimer's disease.

Health Outcomes Rank 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 the influences on residents' health and longevity. San Bernardino County's ranking improved from 44th out of 56 California counties in 2013 to 40th in 2014 for overall Health Outcomes.

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

Age-Adjusted Death Rates: Progress Toward 2020 Goals San Bernardino County, 2012



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)

San Bernardino County Age-Adjusted Death Rate Ranking and Comparison to California Average, 2012

Rank	Cause of Death	Comparison to California Average
6	Unintentional Injuries	Better than California Average
12	Drug-Induced	Better than California Average
19	Influenza or Pneumonia	Better than California Average
20	Suicide	Same as California Average
26	Firearms Injury	Worse than California Average
27	Alzheimer's Disease	Better than California Average
27	Motor Vehicle Accidents	Worse than California Average
35	Lung Cancer	Worse than California Average
36	Stroke	Worse than California Average
36	Chronic Liver Disease and Cirrhosis	Worse than California Average
39	Homicide	Worse than California Average
43	All Cancers	Worse than California Average
49	Chronic Lower Respiratory Disease	Worse than California Average
50	Breast Cancer	Worse than California Average
50	Prostate Cancer	Worse than California Average
51	Heart Disease	Worse than California Average
54	Colon Cancer	Worse than California Average
58	Diabetes	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 Public Health, County Health Status Profiles* (www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx)

¹ See Prenatal Care for an explanation of Healthy People 2020. Data for causes of death reflect three-year averages (e.g., 2012 data is the average of 2010, 2011, and 2012).

CalFresh and Medi-Cal Enrollment Rising

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 make it hard for low-income families to obtain and maintain employment. These challenges include stress, strained family relationships, substandard housing, lower educational attainment, limited employment skills, unaffordable childcare, and transportation difficulties. Economic stability can have lasting and measurable benefits for both parents and children.

How is San Bernardino County Doing?

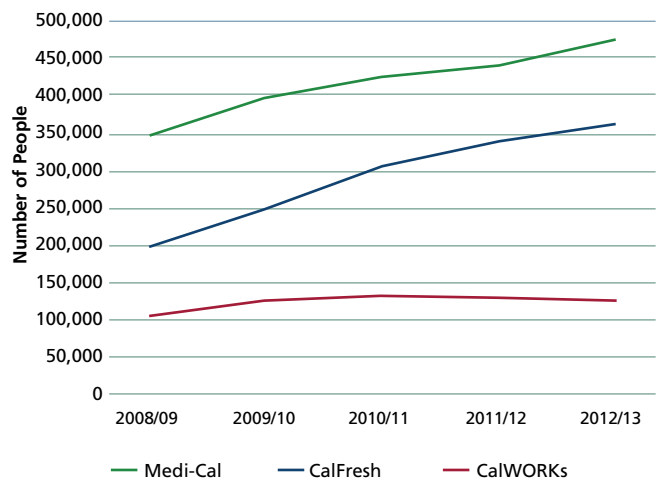
Public assistance enrollment trends varied:

- In 2013, the number of people enrolled in CalFresh (362,271) rose 7% in one year, while CalWORKs cash assistance enrollment fell slightly (-2%) to 125,374 recipients.
- Medi-Cal participation rose 8% to 470,453 participants.
- San Bernardino County is home to 4.8% of California's households; however, a disproportionate 7.4% of the 1.28 million California households receiving cash public assistance or CalFresh reside in San Bernardino County.¹

Family poverty continues to grow:

- In 2012/13, 68.4% of K-12 public school students lived in families with incomes low enough to qualify for free or reduced price school meals, up slightly from 67.3% in 2011/12.
- A child is eligible if his or her family's income is below 185% of the poverty level (e.g., \$43,600 for a family of four in 2013).²
- Over the past 10 years, the number of eligible students has grown 27% in San Bernardino County, compared to 14% statewide. This rise is despite a 5% decline in student enrollment in San Bernardino County and a 4% decline in enrollment statewide over the same period.
- At 23.0%, nearly one-quarter of San Bernardino County families with children under age 18 live in poverty, a five-year increase of seven percentage points.¹
- Fully 28.3% of all San Bernardino County children live in poverty while 17.3% of adults live in poverty.¹
- The poverty level is roughly \$23,500 for a family of four.^{2,3}

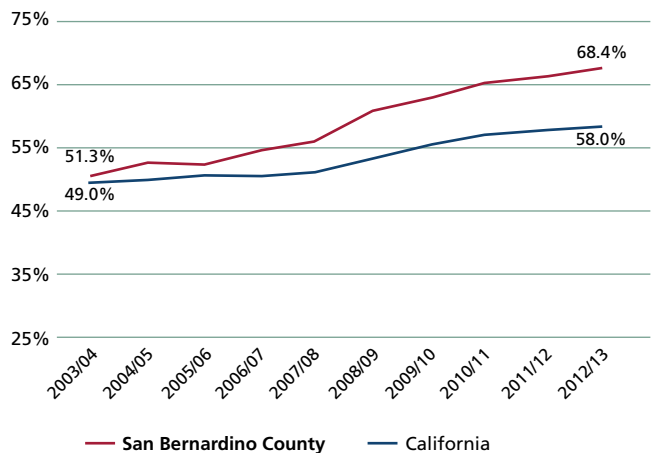
Enrollment in Major Public Assistance Programs
San Bernardino County, 2009-2013



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, 2004-2013



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 no-cost health care program for certain low-income populations. With full implementation of the Affordable Care Act, 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.

¹ American Community Survey, 2012 (factfinder2.census.gov)

² Health and Human Services Federal Poverty Guidelines 2013 (<http://aspe.hhs.gov/poverty/13poverty.cfm>)

³ U.S. Census Bureau Poverty Thresholds 2013 (www.census.gov/hhes/www/poverty/data/threshld/index.html)

Instability Grows for San Bernardino County Students

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.¹

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 March 2014, there were 14,938 households waiting for rental assistance.
- A monthly average of approximately 9,016 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.
- Demand is also higher than it appears because housing voucher waiting lists are closed to new applicants – sometimes for many years – until a Housing Authority has substantially worked through their list. If waiting lists were always open or recently opened, the waiting lists would be longer.
- In addition to rental assistance, demand for affordable public housing is 14 times higher than available supply.

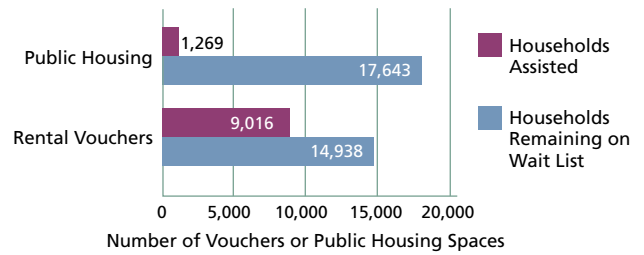
Housing instability continues to grow for school-age children:

- In the 2012/13 school year, 30,122 San Bernardino County students, mostly in K-12, were identified as homeless or lacking stable housing, representing 8.1% of total enrollment.
- Among students identified as homeless or lacking stable housing, 91% are living doubled- or tripled-up in a home, 5% live in shelters, 3% live unsheltered in cars, parks or campgrounds, and 2% live in motels.
- These figures represent an increase of 10% from the previous year and 88% over five years.
- 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 Rents Contribute to Long Waiting Lists

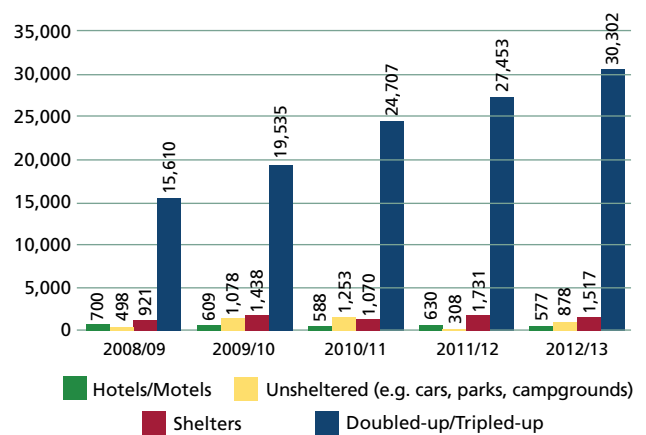
As detailed in the Rental Affordability indicator in the Economic and Business Climate section, rental costs in San Bernardino County are high, relative to the costs of owning a home. The current hourly wage needed to afford a one-bedroom apartment in San Bernardino County is \$16.96, whereas the minimum qualifying income to purchase a home priced at 85% of median (\$164,600), assuming 10% down, is equivalent to an hourly wage of \$11.34.

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



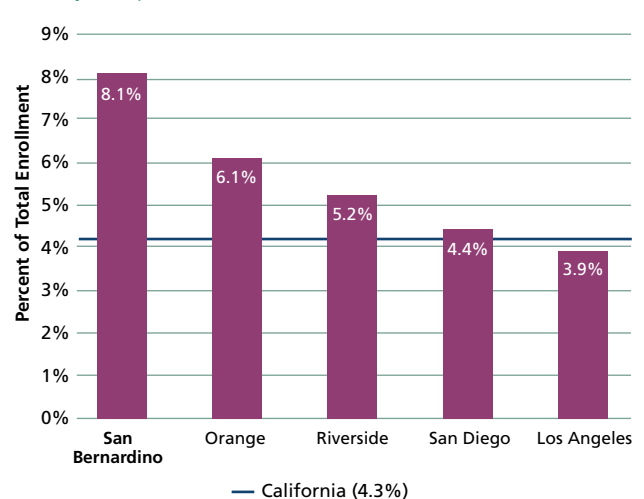
Sources: Housing Authority of the County of San Bernardino, Needles Housing Authority, and Upland Housing Authority

Primary Nighttime Residence of School-Age Students Identified as Homeless or Lacking Stable Housing San Bernardino County, 2009-2013



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

Percentage of School-Age Students Identified as Homeless or Lacking Stable Housing County Comparison, 2012/13



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

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

More Children in Foster Care Placed with Relatives

Description of Indicator

This indicator tracks confirmed child abuse and neglect reports (substantiated allegations), the number of children entering foster care, and the percentage of children maintaining their family connections while in foster care.

Why is it Important?

Foster care placement is often the final act to protect children from abuse and neglect after attempts have been made to stabilize their families. In order to lessen the trauma associated with being removed from their parents, the goal is to place children with people who are familiar to them, such as relatives, extended family members and/or their siblings whenever possible. These placements not only promote emotional well-being, they also maintain family connections and the cultural and familial rituals to which the children are accustomed.

How is San Bernardino County Doing?

Child abuse and neglect reports for San Bernardino County have increased for two consecutive years:

- In 2013, San Bernardino had 8.3 substantiated child abuse and neglect allegations per 1,000 children, which is in the middle among neighboring counties compared.
- Between 2012 and 2013, there was a 6% increase in the number of substantiated child abuse and neglect reports; however, over the past 10 years, reports fell 15%.

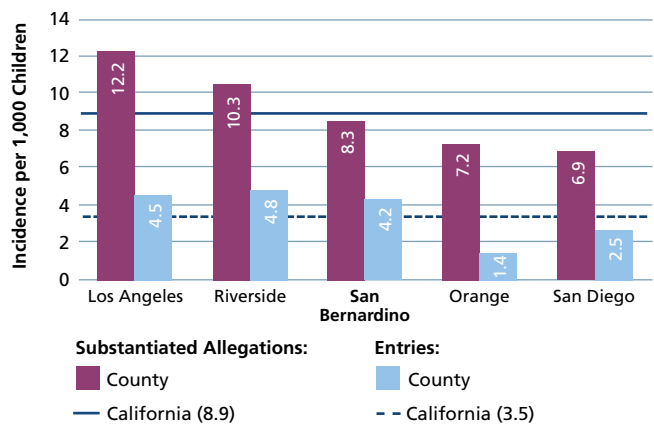
More children are entering the foster care system:

- The number of children entering foster care increased 13% between 2012 and 2013 – marking a 3% increase in the 10-year period between 2004 and 2013.
- At 4.2 per 1,000 children, San Bernardino County's rate of children entering foster care is lower than that of Los Angeles County (4.5) and Riverside County (4.8) but greater than the statewide average of 3.5 per 1,000 children and other counties compared.
- 51% of substantiated allegations in San Bernardino County resulted in foster care placement, a higher proportion than the state and all counties compared.

A larger percentage of children are being placed with relatives:

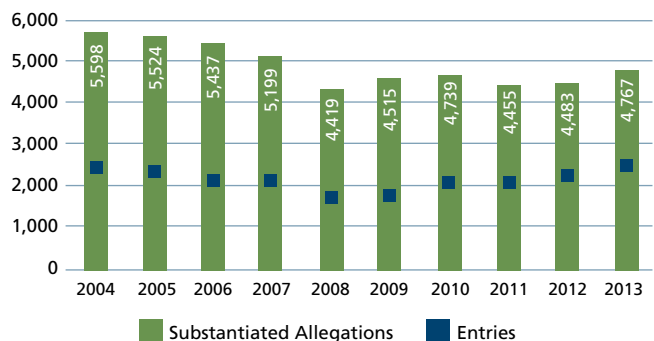
- As of January 2014, 37.6% of the children in foster care were placed with relatives, compared with 35.1% in 2013.
- At 37.6%, this rate of relative care placement is below the statewide average of 39.4%, but the trend is toward more children placed in relative care.
- Compared to the state as a whole, San Bernardino County places children with their siblings at a higher rate. In San Bernardino County, 78.7% of the children in foster care were placed with some of their siblings and 56.3% of the children were placed with all siblings (compared with statewide placement rates of 72.0% and 51.9%, respectively).

Substantiated Allegations and Entries to Foster Care County Comparison, 2013



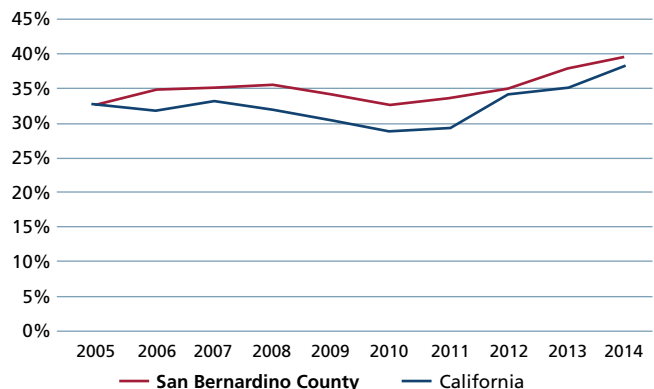
Source: University of California Berkeley, Center for Social Services Research, Child Welfare Research Center (http://cssr.berkeley.edu/uch_cildwelfare/default.aspx)

Substantiated Allegations and Entries to Foster Care San Bernardino County, 2004-2013



Source: University of California Berkeley, Center for Social Services Research, Child Welfare Research Center (http://cssr.berkeley.edu/uch_cildwelfare/default.aspx)

Percentage of Foster Youth Placed with Relatives San Bernardino County and California, 2005-2014



Source: University of California Berkeley, Center for Social Services Research, Child Welfare Research Center (http://cssr.berkeley.edu/uch_cildwelfare/default.aspx)

Helping San Bernardino County's Children Achieve Permanency

On average, children in foster care for less than 24 months tend to achieve higher rates of permanency, with 41.9% of San Bernardino County children exiting to adoption, guardianship or reunification. This is slightly higher than the statewide average of 41.3%. Of children in care for 24 months or longer, 27.6% of the children in San Bernardino County exit to adoption, guardianship or reunification, which is greater than the statewide average of 24.1%. Among the five Southern California counties compared, San Bernardino County ranks third highest for children in care 24 months or longer exiting to permanency and second highest for children in care less than 24 months exiting to permanency.