

# Wellness

## Section Highlights

Percentage of Uninsured Residents 8.7%

10-Year Trend in Child Deaths  21%

Students Who are Overweight or Obese 41%

Adults who are Overweight or Obese 68%

10-Year Change in Veteran Requests for Assistance  54%

Sexually Transmitted Diseases **Steadily Rising**

## Success Story

*In 2014, a group of local physicians and philanthropists announced plans to establish a new medical school in San Bernardino County. Their goal: to help overcome the Inland Empire's challenge of having one of the lowest availabilities of physicians, dentists, and other health care workers per capita in the state. The medical school, called the California University of Science and Medicine (CUSM), purchased nearly 30 acres of land for a state-of-the-art university adjacent to Arrowhead Regional Medical Center (ARMC). ARMC is the primary teaching hospital for the new medical school. The University welcomed its first class of students in 2018, offering a unique curriculum that introduces medical students to clinical medicine from their first day.*

# Rate of Uninsured Increases for the First Time Since 2011

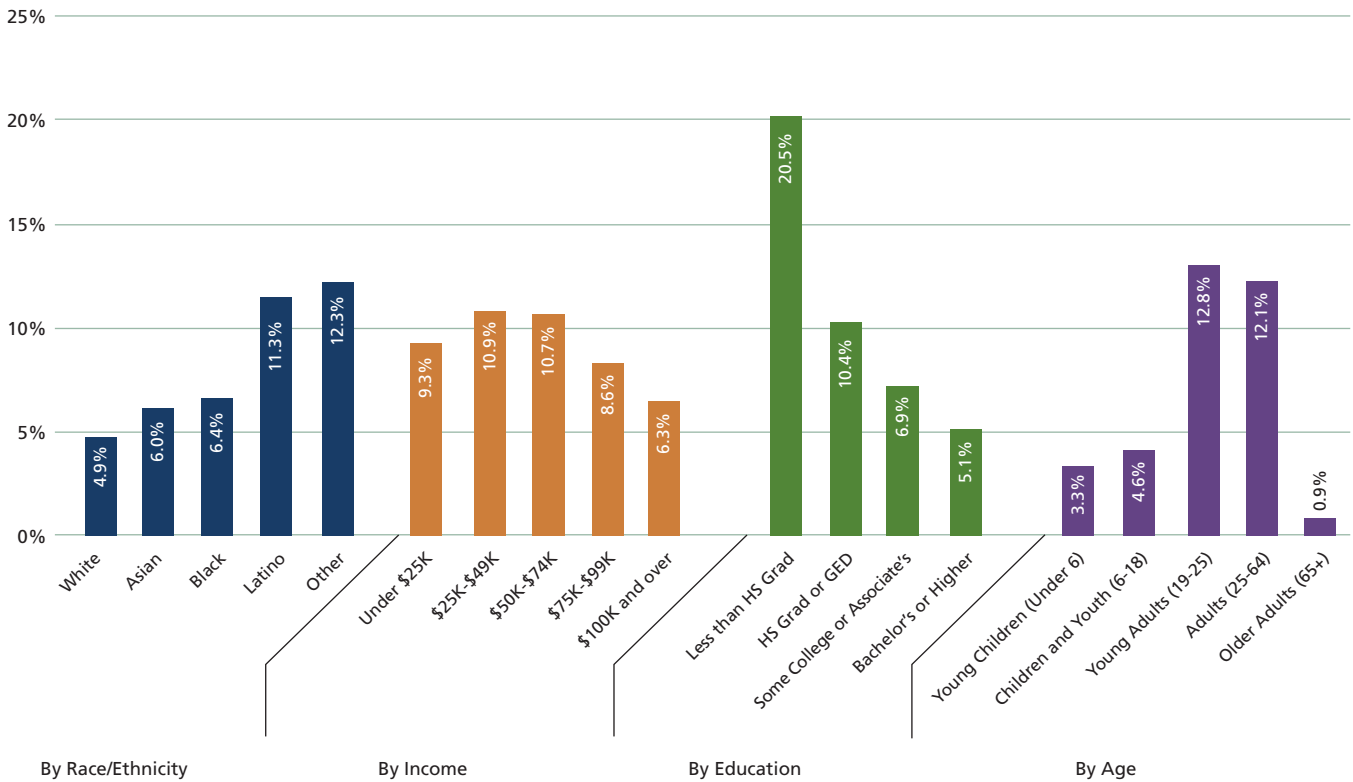
Individuals who have health insurance and a usual source of care are more likely to seek routine health care and take advantage of preventative health screening services than those without such coverage. The result is a healthier population and more cost-effective health care. Delaying or not receiving needed medical care may result in more serious illness, increased complications, and longer hospital stays. With the implementation of the Affordable Care Act (ACA), more people are receiving access to health care; however, a regional shortage of doctors, particularly primary care physicians, may restrict timely access to care. This indicator measures the percentage of residents without health insurance coverage, the number of residents per primary care physician, and whether residents have a usual source of care or delayed care. Also shown is Medi-Cal enrollment.

## How is San Bernardino County Doing?

The percentage of uninsured residents increased for the first time in seven years:

- In 2018, 8.7% of San Bernardino County residents were uninsured, an increase of more than one percentage point from 2017 when 7.6% of residents were uninsured.
- The long-term trend, however, is downward with a drop of almost 12 percentage points from 2012, when 20.6% of residents were uninsured.
- San Bernardino County’s 2018 rate of uninsured is lower than the United States (8.9%) and all peer counties compared, except for Orange County (7.0%), Riverside (8.1%), and San Diego (8.4%). California also has fewer uninsured (7.2%).
- At 12.3%, the racial or ethnic group most likely to be uninsured was the category “other” which includes Native American alone, some other race alone, or two or more races. This is followed by Latinos at 11.3%.
- When broken out by household income, those with incomes in the second to lowest range (\$25,000 to \$49,000) were the most likely to be uninsured (10.9%).
- 20.5% of those with less than a high school diploma were uninsured, compared with 5.1% of those with a college degree.
- At 12.8%, young adults (ages 19-24 years old) were the age group most likely to be uninsured.
- 3.3% of children under age six were uninsured.

## Uninsured by Race/Ethnicity, Income, Education, and Age San Bernardino County, 2018

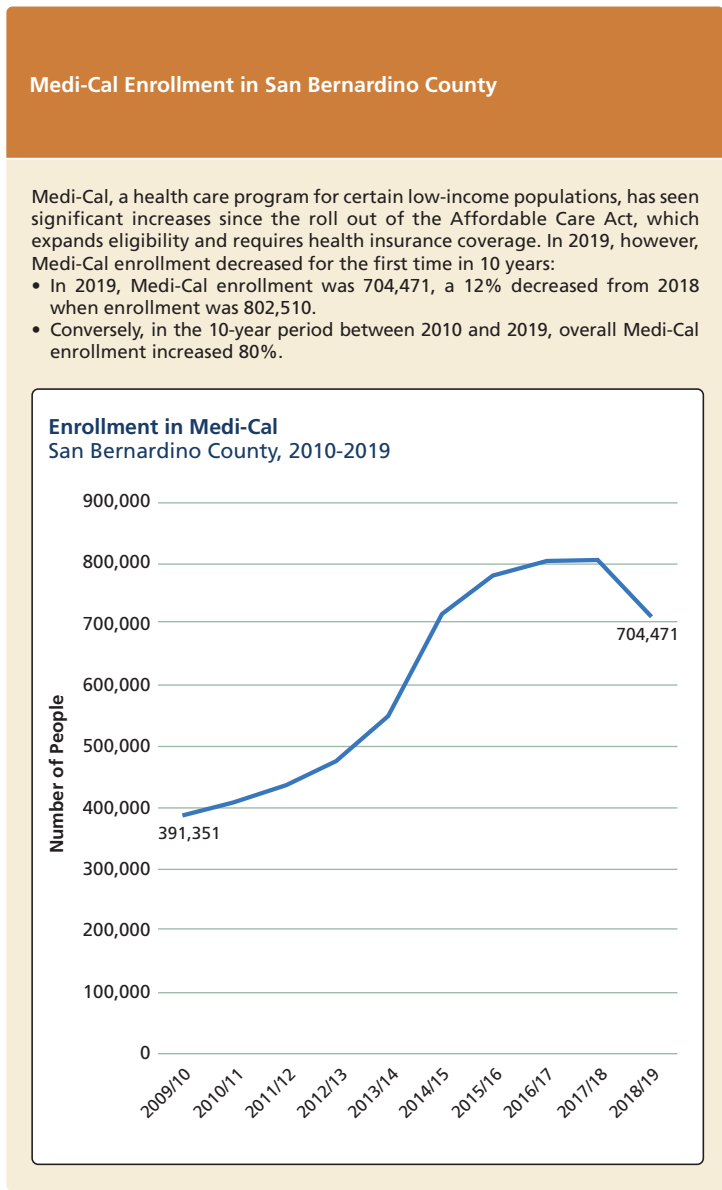


Note: Asian includes Native Hawaiian/Pacific Islander. White is non-Hispanic. Latino is of any race. Other includes Native American alone, some other race alone, or two or more races. Educational attainment data is for the population age 25 and over.

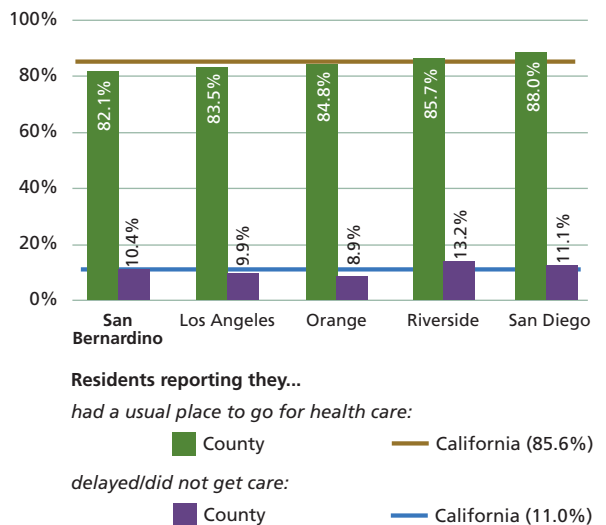
Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates (<http://factfinder2.census.gov>)

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

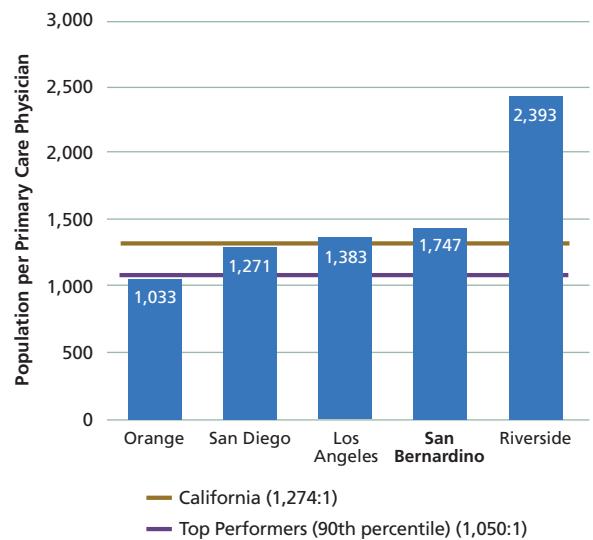
- According to the 2017 California Health Interview Survey (CHIS), 82.1% of people under age 65 had a usual place to go to when they were sick or needed health advice, a lower proportion than California and all neighboring counties compared.
- 10.4% of San Bernardino County residents under age 65 delayed or did not get the medical care that they needed, in the middle among neighboring counties compared and lower than California (11.0%).
- There are 1,747 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 (consisting of “top performers” in the top 10%) is 1,050 for each primary care physician.<sup>1</sup>



### Health Care Access (Under Age 65) County Comparison, 2017



### Number of Residents per Primary Care Physician County Comparison, 2019



### Hospitals and Medical Facilities

There are 26 hospitals serving residents and visitors to San Bernardino County, including two trauma centers: Loma Linda University Medical Center and Arrowhead Regional Medical Center (ARMC). The ARMC operates three community Family Health Centers (FHCs) for primary care, and the only burn center serving San Bernardino, Riverside, Inyo and Mono counties.

Source: State of California, Office of Statewide Health Planning and Development OSHPD (<http://gis.oshpd.ca.gov/atlas/places/list-of-hospitals/county/san-bernardino>)

<sup>1</sup> Primary care physicians include practicing physicians under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics.

# Early Prenatal Care Rates Improve

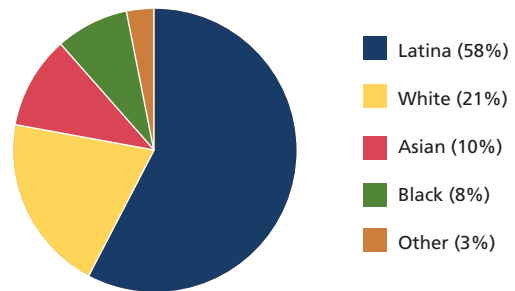
Increasing the number of women who receive early prenatal care (in the first trimester of pregnancy) can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Babies born to mothers who do not get prenatal care are three times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

## How is San Bernardino County Doing?

In 2017, early prenatal care rates increased:

- Early prenatal care for San Bernardino County mothers increased 0.6 percentage points to 82.9% in 2017, above the national Healthy People 2020 objective of 77.9%.
- In 2017, levels of early prenatal care increased or stayed the same for all ethnicities/races.
- White mothers have the highest early prenatal care rate (85.3%), followed by Latina mothers (83.2%).
- The majority of births in San Bernardino County are to Latina mothers (58%), followed by White mothers (21%), Asian mothers (10%) and Black mothers (8%).
- Over the past 10 years, the number of live births in San Bernardino County decreased 13%, from 33,788 live births in 2008 to 29,431 in 2017.

Live Births by Race and Ethnicity  
San Bernardino County, 2017



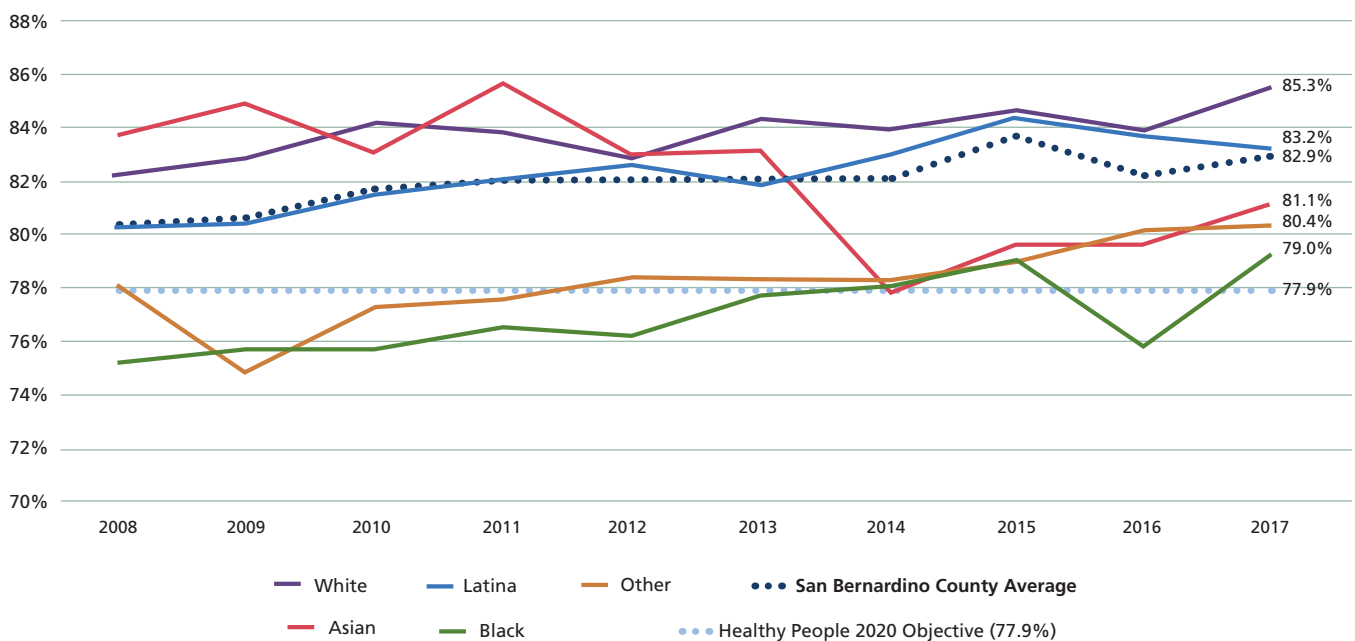
Note: Chart does not include 225 births with unknown or missing race/ethnicity.

Source: County of San Bernardino, Department of Public Health analysis of California Department of Public Health, Center for Health Information and Statistics, Birth Statistical Master File

### 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.

Percentage of Mothers Receiving Early Prenatal Care by Race and Ethnicity  
San Bernardino County, 2008-2017



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

Source: County of San Bernardino, Department of Public Health analysis of California Department of Public Health, Center for Health Information and Statistics, Birth Statistical Master File

<sup>1</sup> Child Trends (<http://www.childtrends.org/?indicators=late-or-no-prenatal-care>)

## Child Deaths Down 21% Over 10 Years

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. 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.

### How is San Bernardino County Doing?

In 2017, the overall death rate for children under five years of age in San Bernardino County decreased:

- The number of infant deaths decreased 19%, from 199 in 2016 to 161 in 2017.
- The number of deaths among children ages one through four decreased 9%, from 33 deaths in 2016 to 30 deaths in 2017.
- The overall death rate for children under five decreased 18% between 2016 and 2017 and 21% since 2008.
- Congenital defects/chromosomal abnormalities and prematurity/low birth weight top the list of leading causes of infant deaths.
- Accidents and congenital defects/chromosomal abnormalities were the leading causes of death for young children (one to four years old).

### Leading Causes of Death for Infants and Young Children San Bernardino County, 2017

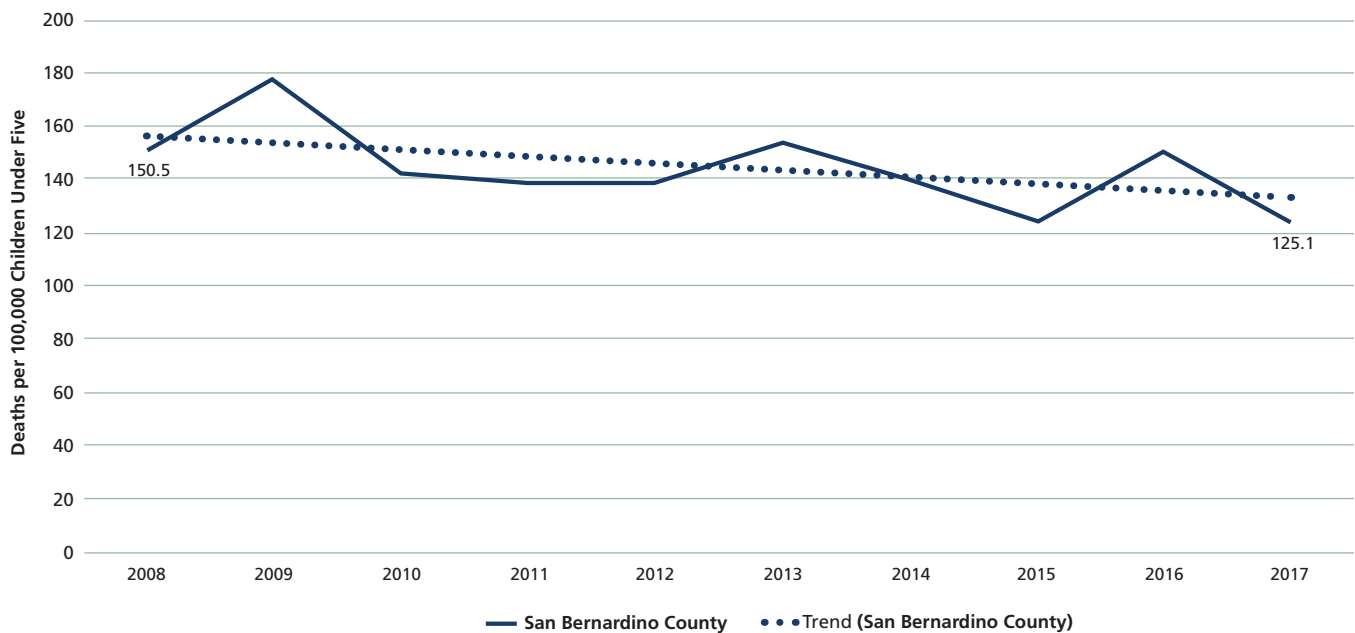
Cause of Death	Number of Deaths
Infants (Under Age One)	
Congenital defects/chromosomal abnormalities	30
Prematurity/low birth weight	22
Maternal pregnancy complications affecting newborn	17
Complications of placenta, cord & membranes	10
All other causes	82
<b>TOTAL</b>	<b>161</b>
Young Children (Ages 1-4)	
Accidents (unintentional injuries)	10
Congenital defect/chromosomal abnormalities	4
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	4
Leukemia	3
All other causes	9
<b>TOTAL</b>	<b>30</b>

Causes with fewer than five deaths for infants and fewer than two deaths for young children are included in "All other causes."

2017 data considered preliminary and does not include deaths of San Bernardino County residents that were registered in a state outside of California.

Source: County of San Bernardino, Department of Public Health analysis of California Department of Public Health, Center for Health Information and Statistics, California Death Statistical Master File

### Death Rate Due to All Causes for Children Under Five San Bernardino County, 2008-2017



Sources: County of San Bernardino, Department of Public Health analysis of California Department of Public Health, Center for Health Information and Statistics, California Death Statistical Master File; California Department of Finance: 2010-2060 - Population Projections by Race/Ethnicity, Detailed Age, & Gender

# Number of Substantiated Abuse/Neglect Reports Decline

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 wellbeing, they also maintain family connections and the cultural and familial rituals to which the children are accustomed. 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.

## How is San Bernardino County Doing?

Reversing a six-year trend, child abuse and neglect reports for San Bernardino County decreased in 2018:

- In 2018, San Bernardino County had 9.0 substantiated child abuse and neglect allegations per 1,000 children, higher than all neighboring counties compared except Los Angeles (10.0 substantiations per 1,000 children).
- For children from birth through age five, the rate of substantiated allegations is 13.3 per 1,000 children, compared with California's rate of 10.6 per 1,000 children.
- Between 2017 and 2018, there was a 10% decline in the number of substantiated child abuse and neglect allegations, from 5,789 to 5,194 reports.

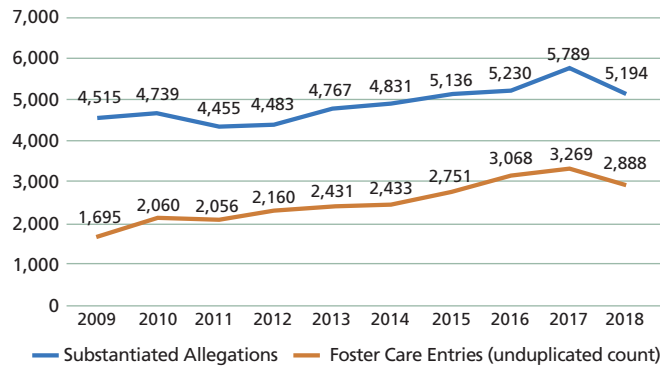
There was also a decrease in the number of children entering the foster care system:

- In 2018, there were 2,888 children entering foster care, down 12% from 2017 when 3,269 children entered foster care.
- When looking at the relationship between substantiated allegations and foster care placement, 56% of substantiated allegations in San Bernardino County resulted in foster care placement, a much higher proportion than the state and all counties compared.
- San Bernardino County's rate of children entering foster care (5.0 per 1,000 children) is greater than the statewide average of 3.0 per 1,000 children and all other counties compared.
- The rate of foster care entry is higher for children from birth through age five (7.9 per 1,000 children). California's rate for children birth through age five entering foster care is 4.7 per 1,000 children.

The proportion of children placed with relatives remained steady:

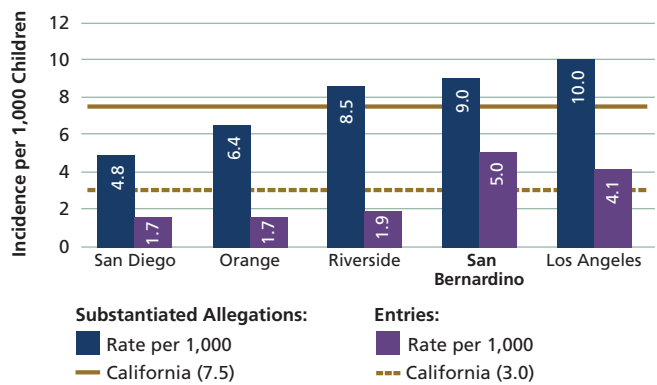
- According to a point-in-time count on January 1, 2019, 32.2% of the children in foster care were placed with relatives, relatively unchanged from 32.0% in 2018.
- San Bernardino County's rate of placement with relatives ranks in the middle among all neighboring counties compared and is lower than California's rate of relative placement (36.3%).
- In San Bernardino County, 74.0% of the children in foster care were placed with some or all of their siblings and 48.8% of the children were placed with all siblings (compared with the state placement rates of 71.9% and 51.2%, respectively). San Bernardino County's placement with siblings ranks highest among neighboring counties.

**Substantiated Allegations and Foster Care Entries**  
San Bernardino County, 2009-2018



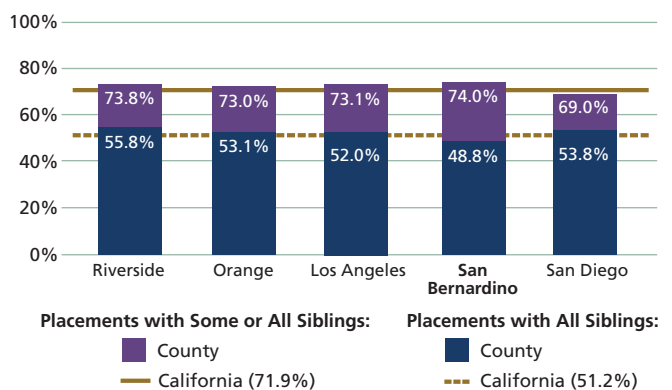
Source: University of California Berkeley, Center for Social Services Research, Child Welfare Research Center ([http://cssr.berkeley.edu/ucb\\_childwelfare/default.aspx](http://cssr.berkeley.edu/ucb_childwelfare/default.aspx))

**Substantiated Allegations and Foster Care Entries**  
County Comparison, 2018



Source: University of California Berkeley, Center for Social Services Research, Child Welfare Research Center ([http://cssr.berkeley.edu/ucb\\_childwelfare/default.aspx](http://cssr.berkeley.edu/ucb_childwelfare/default.aspx))

**Foster Youth Placed with Some or All Siblings**  
County Comparison and California, January 2019



Source: University of California Berkeley, Center for Social Services Research, Child Welfare Research Center ([http://cssr.berkeley.edu/ucb\\_childwelfare/default.aspx](http://cssr.berkeley.edu/ucb_childwelfare/default.aspx))

# Slight Drop in Overweight and Obese Students

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 may have positive impacts on physical and mental health, as well as reduce health care costs. This indicator measures the proportion of students in fifth, seventh and ninth grades with an unhealthy body composition (overweight or obese) using the California Department of Education (CDE) Physical Fitness Test. It also measures the weight status of adults.

## How is San Bernardino County Doing?

More than four out of 10 students in San Bernardino County schools are considered overweight or obese:

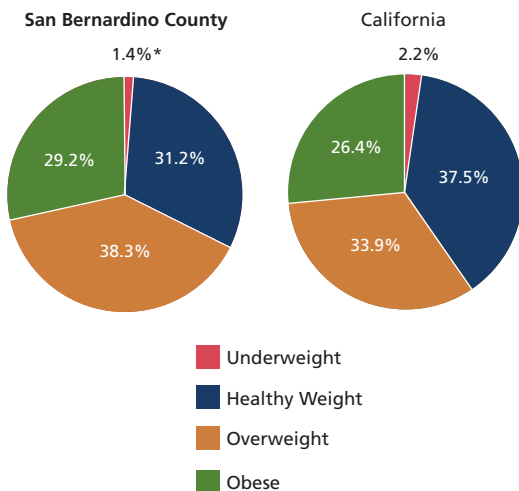
- In 2018, an average of 41.1% of San Bernardino County students in the grades tested were overweight or obese (had an unhealthy body composition), compared to 38.9% statewide.
- This is a slight improvement from 2017, when 41.4% of students in San Bernardino County were considered overweight or obese.
- Of the San Bernardino County students with an unhealthy body composition in 2018, 22.1% were considered to be far outside the healthy range (“Needs Improvement – Health Risk” or obese), while the remaining 19.0% were designated as “Needs Improvement” (overweight).
- Rialto and San Bernardino City school districts had the highest proportion of overweight and obese students (48% each).
- Bear Valley school district had the lowest proportion of overweight and obese students (26%).

Two-thirds of San Bernardino County adults are overweight or obese:

- In 2017, 38.3% of San Bernardino County adults were considered overweight and 29.2% obese; 31.2% had a healthy body weight.
- In comparison, 37.5% of adults in California had a healthy body weight.

## Weight Status of Adults

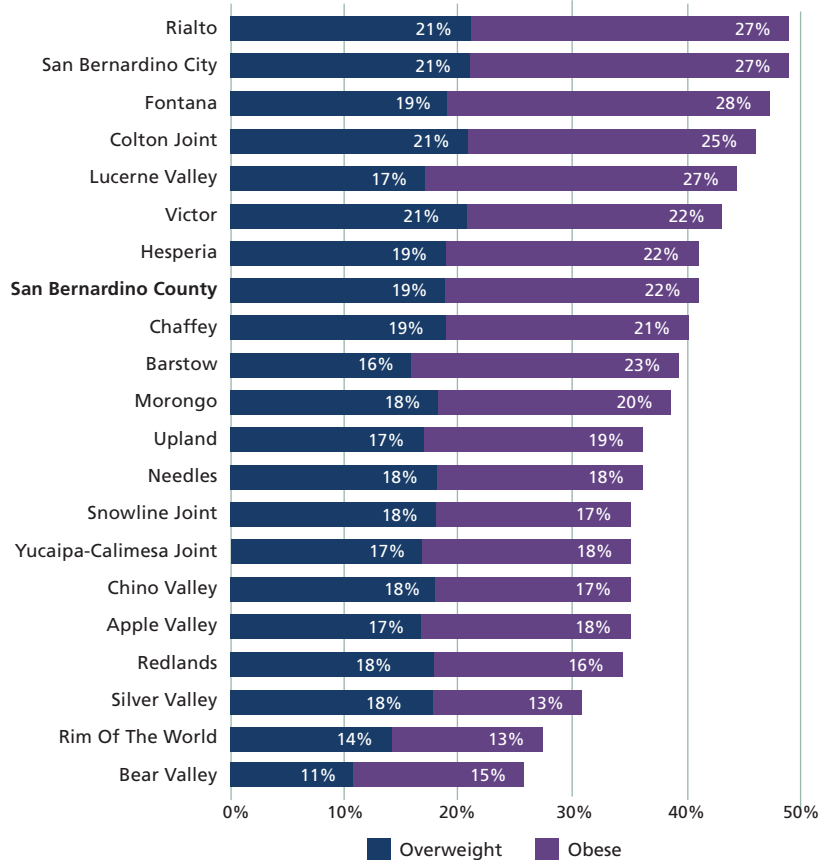
San Bernardino County and California, 2017



\* Data considered unstable and should be interpreted with caution.

Source: University of California, Los Angeles, Center for Health Policy Research, California Health Interview Survey ([www.chis.ucla.edu](http://www.chis.ucla.edu))

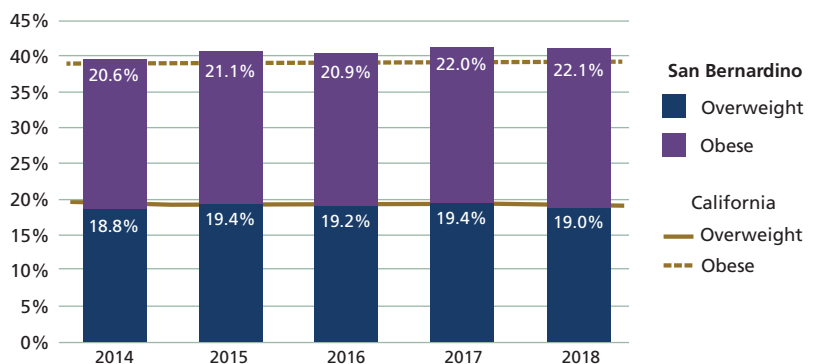
Percentage of Students Overweight or Obese by School District San Bernardino County, 2018



Note: Due to unstable data (fewer than 50 students tested), Baker Valley school district is not included in the chart above. 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.

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

Percentage of Children Overweight and Obese San Bernardino County and California, 2014 - 2018



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

# Deaths Due to Heart Disease Down 18% since 2008

Chronic diseases – including diabetes, high blood pressure, and heart disease – 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> This indicator reports prevalence and death data for heart disease, diabetes, and high blood pressure/stroke. Also tracked are hospitalizations due to heart disease.

## How is San Bernardino County Doing?

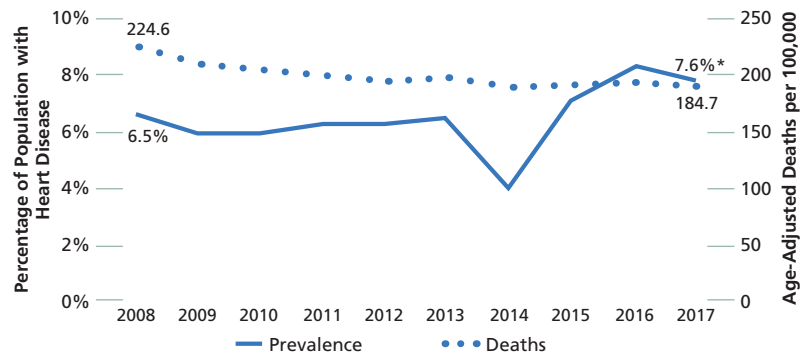
Between 2016 and 2017, both heart disease prevalence and deaths decreased:

- In 2017, San Bernardino County’s death rate due to heart disease was 184.7 age-adjusted deaths per 100,000 residents. This marks a decrease of 18% since 2008 and a one-year decrease of 1% since 2016.
- There has been a decrease in the percentage of county residents who were diagnosed with heart disease – from 8.2% in 2016 to 7.6% in 2017.<sup>2</sup>
- In 2017, San Bernardino County’s prevalence rate for heart disease was the highest among neighboring counties, except for Orange County, and higher than the state.

Diabetes prevalence and deaths rates are on the rise:

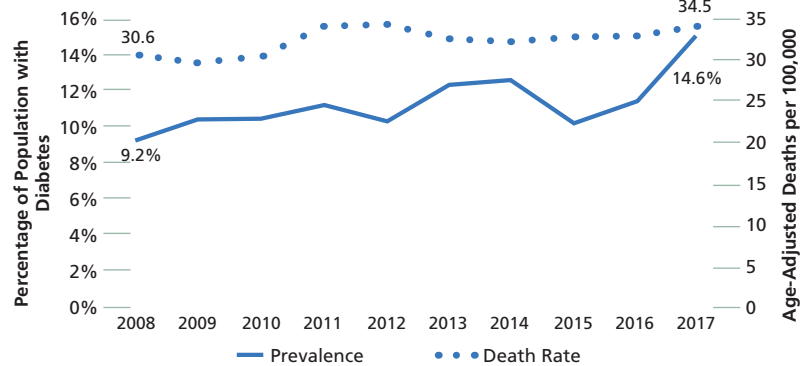
- In 2017, 14.6% of adults in San Bernardino County had been diagnosed with diabetes, the highest among all counties compared and California.<sup>3</sup>
- This marks an increase from 2016, when diabetes prevalence was 11.4%.
- The long-term trend is also up, with an increase of four percentage points since 2009, when 10.6% of adults in the county had a diabetes diagnosis.
- At 34.5 age-adjusted deaths per 100,000 residents in 2017, San Bernardino County had the state’s third highest rate of deaths due to diabetes, behind only Imperial and Kern counties.
- Deaths due to diabetes increased from 33.2 per 100,000 residents in 2016 to 34.5 in 2017. The longer-term trend is also upward, increasing 13% since 2008.

**Heart Disease: Percentage Ever Diagnosed and Death Rates**  
San Bernardino County, 2008-2017



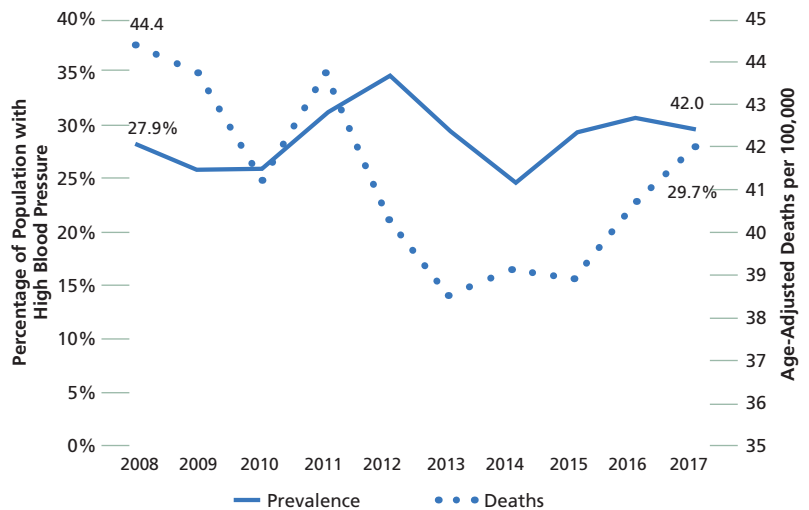
\* Data considered unstable and should be interpreted with caution.

**Diabetes: Percentage Ever Diagnosed and Death Rates**  
San Bernardino County, 2008-2017



Sources: California Health Interview Survey, 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))

**High Blood Pressure: Percentage Ever Diagnosed and Death Rates due to Stroke**  
San Bernardino County, 2008-2017



Sources: California Health Interview Survey, California Department of Public Health, County Health Status Profiles (<https://www.cdph.ca.gov/Programs/CHSL/Pages/County-Health-Status-Profi.aspx>)

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

<sup>2</sup> Prevalence of San Bernardino County residents who have been diagnosed with a heart disease are considered unstable for 2016 and 2017. Thus, caution should be taken when interpreting the data.

<sup>3</sup> Diabetes prevalence for 2017 considered unstable for San Bernardino County. Thus, caution should be taken when interpreting the data.

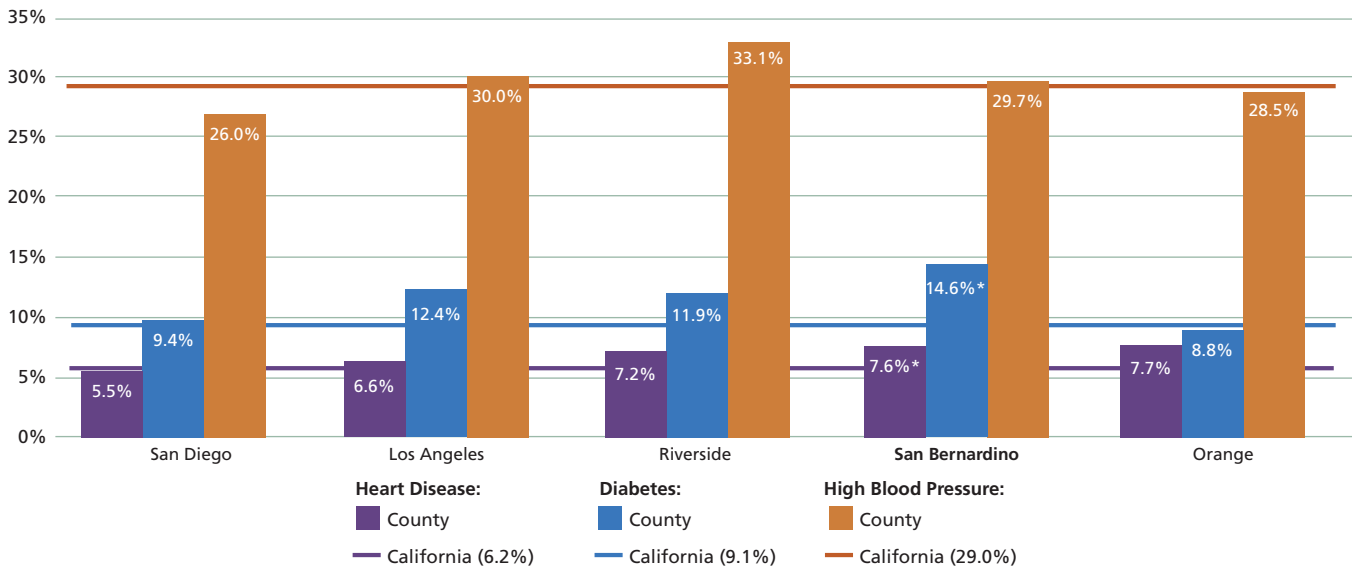


## CHRONIC DISEASE (Continued)

Between 2016 and 2017, prevalence of high blood pressure declined while deaths due to stroke increased:

- In 2017, 29.7% of adults in San Bernardino County had high blood pressure, which is in the middle among neighboring counties compared and higher than California.
- This marks a decrease of almost one and a half percentage points since 2016, when 31.1% of adults had high blood pressure.
- Of adults diagnosed with high blood pressure, 68% are currently taking medications to control their high blood pressure.
- Deaths due to strokes, which are associated with high blood pressure, increased 4% from 40.5 age-adjusted deaths per 100,000 in 2016 to 42.0 in 2017.<sup>4</sup> The long-term trend, however, is downward, with a 5% decline in deaths due to strokes since 2008.

### Percentage Ever Diagnosed with Diabetes, High Blood Pressure, or Heart Disease County Comparison, 2017



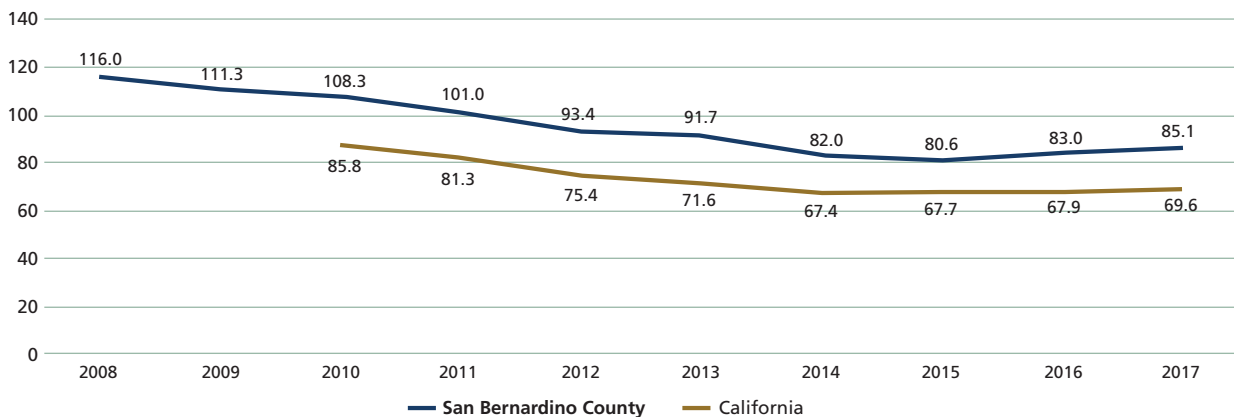
\* Data considered unstable and should be interpreted with caution.

Source: California Health Interview Survey

### Hospitalizations due to Heart Disease

In 2017, the hospitalization rate for heart disease in San Bernardino County was 85.1 per 10,000 residents (age-adjusted). This is significantly higher than the California hospitalization rate of 69.6 per 10,000 residents.

#### Heart Disease Hospitalizations (Age-Adjusted Rate per 10,000) San Bernardino County and California, 2008-2017\*



\* California data only available 2010 through 2017

Note: This report presents longitudinal data for hospitalizations using 2008-2017 Census (ACS) population estimates. The San Bernardino County Community Transformation Plan also presents data related to heart disease hospitalizations. Because that plan presents a one-year snapshot for 2012, using 2010 Census population, the rates are not directly comparable.

Sources: California Office of Statewide Health Planning and Development and American Community Survey 1-Year Estimates (2008-2017)

<sup>4</sup> Fully 70% of strokes can be directly linked to existing high blood pressure, making high blood pressure the single most important controllable stroke risk factor.

# Youth Mental Health Treatment Continues to Rise

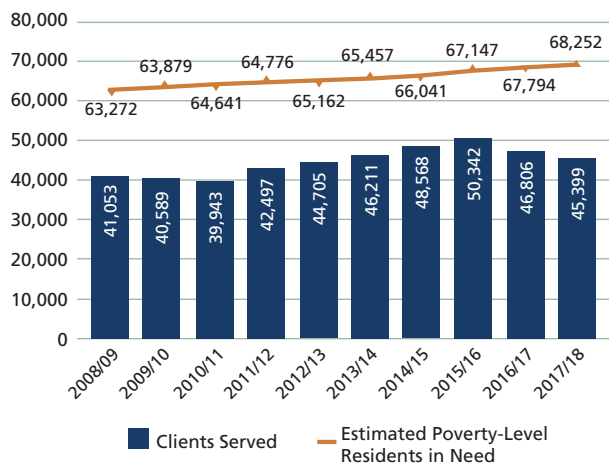
Mental disorders are among the most common causes of disability. According to the National Institute of Mental Health, nearly one in five adults live with a mental illness (46.6 million in 2017) and an estimated one in 25 adults have a serious mental illness (11.2 million) that substantially interferes with major life activities. These statistics are even higher for adolescents, where half of teens have had a mental disorder in their lifetimes and one in five have had a severe impairment. Suicide is the 2nd leading cause of death in the United States for adolescents and young adults up to age 34, and the 10th leading cause overall, accounting for 47,000 deaths nationwide in 2017.<sup>1</sup> 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. It also measures suicide rates overall and by subgroups.

## How is San Bernardino County Doing?

The gap between the need for mental health care and the number receiving treatment grew again in 2017/18:

- After several years of steadily increasing numbers of clients served, the number of clients receiving public mental health services fell in 2016/17 and continued to fall in 2017/18.
- There were approximately 23,000 low-income residents in need of mental health services in 2017/18 who did not get care. This gap between need and receipt of services is somewhat higher than the past 10-year average.
- Over the past 10 years, mental health care for children ages 0-5 witnessed the largest increase, growing 305% since 2008/09, followed by seniors ages 65+, growing 46%, and children ages 6-11, growing 42%.
- Overall, 41% of clients served in 2017/18 were children and youth ages birth through 17 years, including 3,410 children ages 0-5 (8% of all clients) and 8,957 adolescents (20% of all clients).
- Of the clients served during 2017/18, 41% were Latino, 31% were White, 16% were Black, 3% were Asian/Pacific Islander, 1% was Native American, and 10% were some other race or ethnic group.

**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, 2009-2018



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

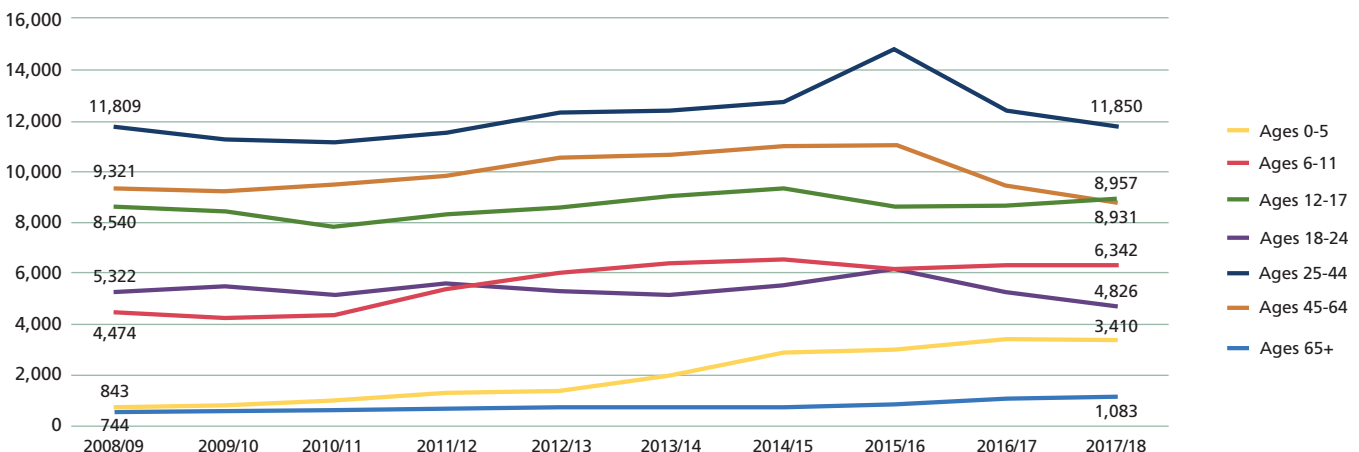
Sources: County of San Bernardino, Department of Behavioral Health, Client Services Information System; California Department of Mental Health, Persons in Need Tables

## 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 also tend to be closely linked (see Substance Abuse).

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

**Unduplicated Count of Clients Served by the Public Mental Health System by Age**  
San Bernardino County, 2009-2018



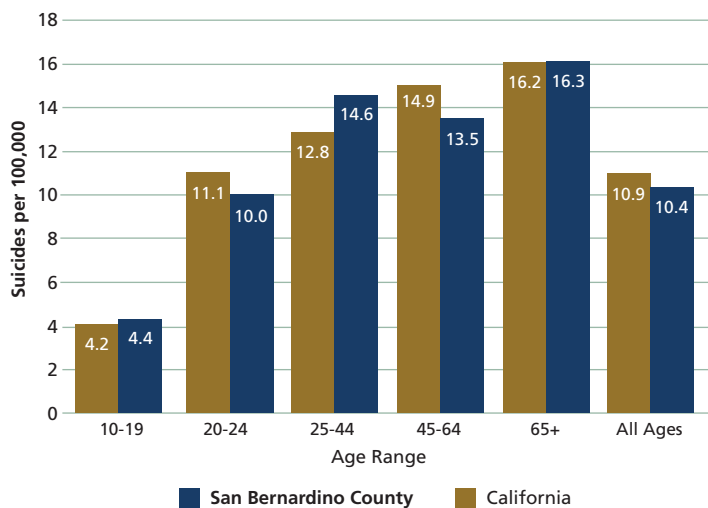
Source: County of San Bernardino, Department of Behavioral Health, Client Services Information System

<sup>1</sup> National Institute of Mental Health ([www.nimh.nih.gov/health/statistics/index.shtml](http://www.nimh.nih.gov/health/statistics/index.shtml))

While suicide deaths fluctuate annually, general trends can be observed:

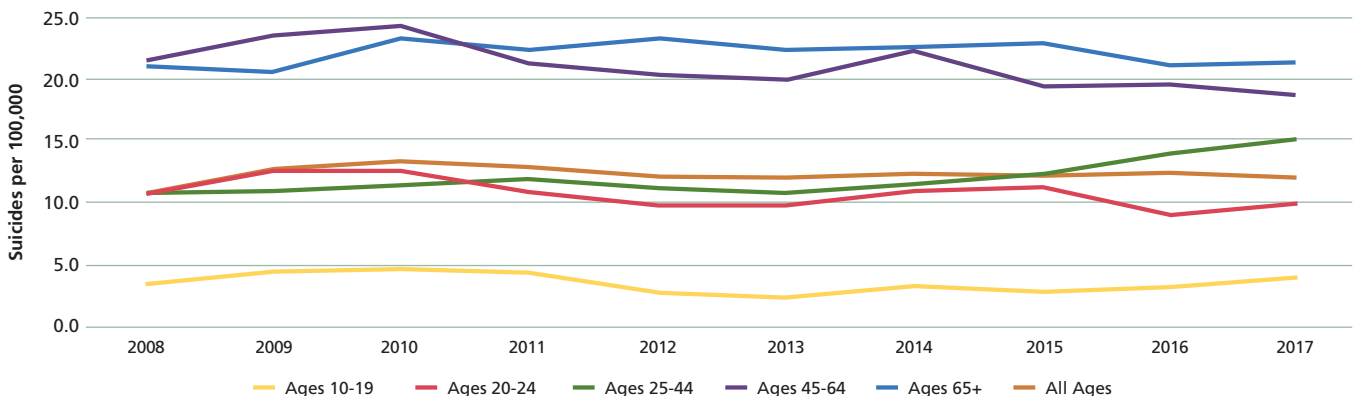
- The absolute number of suicide deaths in San Bernardino County increased in the 10-year period between 2008 and 2017, but the rate has remained relatively flat due to population increases over the same period.
- There were 226 suicide deaths in the county in 2017.
- Overall in 2017, San Bernardino County had a slightly lower rate of suicides per 100,000 residents than the statewide average (10.9).
- The suicide rate among 25 to 44-year-old residents has increased the fastest between 2008 and 2017, rising an estimated 39%.<sup>2</sup>
- Residents 65 years of age and older had the highest rate of suicide in 2017 (16.3).
- White residents had both the highest count and rate of suicide deaths in San Bernardino County in 2017, at 140 and 22.6, respectively.
- Men were nearly four times as likely as women to commit suicide in 2017.
- Firearms, the most common cause, were used in 46% of San Bernardino County suicide deaths.

**Suicide Rate by Age**  
San Bernardino County and California, 2017



Source: California Department of Public Health, Vital Statistics Death Statistical Master Files (<http://epicenter.cdph.ca.gov>)

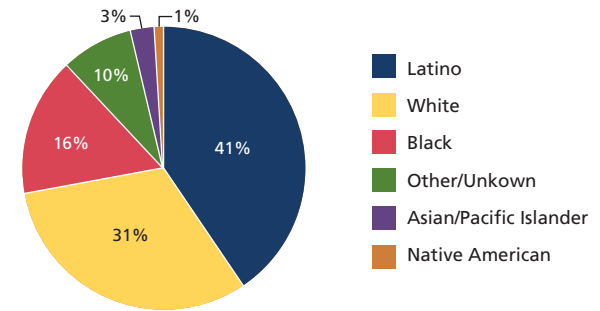
**Suicide Rate by Age**  
San Bernardino County, 2008-2017



Note: Data reflect three-year rolling averages, where “2017,” for example, is an average of the suicide rates from 2015, 2016, and 2017, and “2016” is an average of suicide rates from 2014, 2015, and 2016.  
Source: California Department of Public Health, Vital Statistics Death Statistical Master Files (<http://epicenter.cdph.ca.gov>)

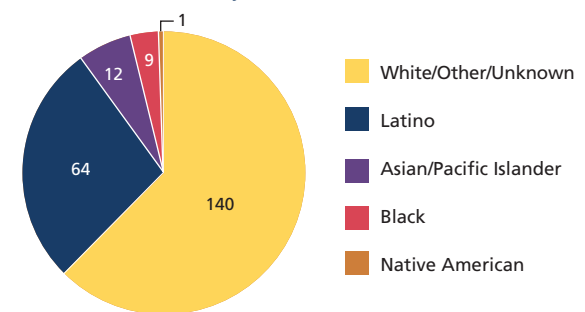
<sup>2</sup> Rate of change is calculated on three-year rolling average suicide rates.

**Unduplicated Count of Clients Receiving Public Mental Health Services, by Race/Ethnicity**  
San Bernardino County, 2017/18



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

**Suicide Count by Race/Ethnicity**  
San Bernardino County, 2017



Note: The data source combines White with Other/Unknown.

Source: California Department of Public Health, Vital Statistics Death Statistical Master Files (<http://epicenter.cdph.ca.gov>)

**The Relationship Between Firearms and Suicide Deaths**

While firearms are used in less than 10% of suicide attempts, they account for nearly half of all suicide deaths due to their lethality. Research has shown that policies that reduce access to guns, at least temporarily, can reduce suicide rates. These policies include permit-to-purchase laws, waiting periods, child access prevention laws, and extreme risk protection orders. The vast majority of people who survive a suicide attempt do not go on to die of suicide in the future, pointing to the value of prevention in times of crisis.

Source: John Hopkins, Bloomberg School of Public Health

# Substance-Related Deaths are Up, Collisions are Down

A broad spectrum of public health and safety problems are directly linked to the disease of substance use disorder, 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 drinking and substance use early are more likely develop alcohol dependence later in life and are more likely to experience changes in brain development that may have life-long effects, including problems with memory and normal growth and development.<sup>1</sup> This indicator presents a variety of commonly-used indicators to help gauge the extent of substance use disorder (SUD) in San Bernardino County. These include trends in SUD-related admissions to County treatment facilities, serious (injury or fatal) alcohol-involved auto collisions, and SUD-related deaths.

## How is San Bernardino County Doing?

Overall SUD-related treatment fell in 2017/18 for the first time in five years:

- SUD-related admissions to County treatment facilities fell 1% between 2016/17 and 2017/18.
- Over the past 10 years, admissions grew 7%, driven by a 150% increase in opiate admissions and 13% increase in alcohol admissions, but counterbalanced by double-digit decreases for admissions for other substances.
- 20% of clients receiving SUD services also received County mental health services in 2017/18, while 47% have received mental health services in their lifetimes.<sup>2</sup>

There were slightly fewer alcohol-involved accidents in San Bernardino County 2018 than the previous year:

- Between 2017 and 2018, alcohol-involved collisions fell 1% compared to no change statewide.
- In 2018, 11% of serious collisions involved alcohol, compared to 10% of collisions statewide.
- Over the past 10 years, alcohol-involved collisions per capita have fluctuated, landing at 53 per 100,000 in 2018 – somewhat higher than the statewide rate.
- In 2018, alcohol-involved collisions claimed 68 lives.

Over the past 10 years, drug-induced and alcohol-related deaths increased:

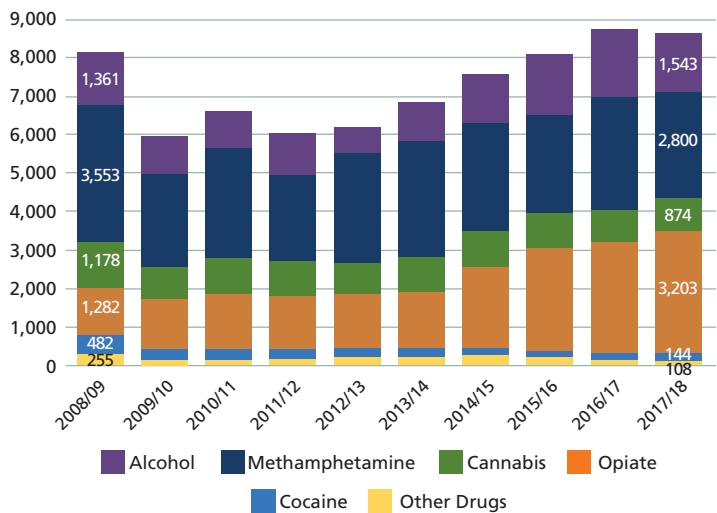
- Since the 10-year low in 2012 of 9.2 drug-induced deaths per 100,000 residents, drug-induced deaths in San Bernardino County increased steadily to a 2017 rate of 12.1 deaths per 100,000. Despite the rise, the county's 2017 rate is better than the statewide rate of 12.7 per 100,000.
- Deaths caused by chronic liver disease and cirrhosis, which are often associated with substance use disorder, have worsened, from 12.8 per 100,000 in 2008 to 15.8 per 100,000 in 2017. The county has more chronic liver disease and cirrhosis deaths than the statewide average (12.2 per 100,000 in 2017).

### The Mental Health/Substance Abuse Connection

Mental health and substance use disorder are often interconnected. More than 8.9 million people nationally are reported to have co-occurring mental health and substance use 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.

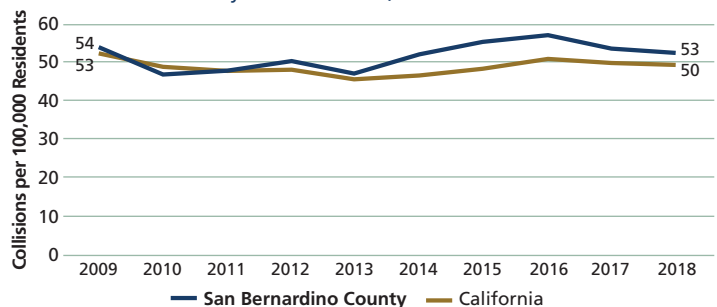
Source: County of San Bernardino, Department of Behavioral Health

Alcohol- and Drug-Related Admissions to County-Funded Treatment Services, San Bernardino County, 2009-2018



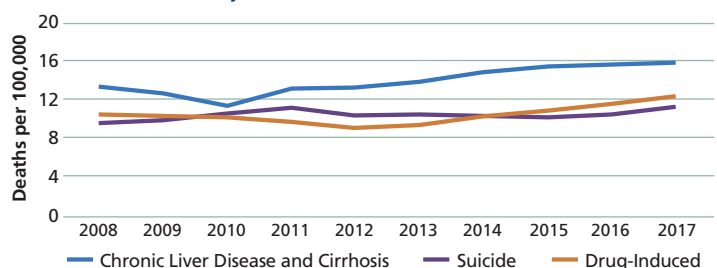
Source: County of San Bernardino, Department of Behavioral Health, CalOMS Dataset

Alcohol-Involved Serious Collisions per 100,000 Residents San Bernardino County and California, 2009-2018



Sources: California Highway Patrol (<http://iswitrs.chp.ca.gov/Reports/jsp/OTSReports.jsp>); California Department of Finance, Table E-2

Drug- and Alcohol-Related Death Rates San Bernardino County, 2008-2017



Note: Data reflect three-year rolling averages, where "2017" includes data from 2015, 2016 and 2017. Death rates are age-adjusted per 100,000 population.

Source: California Department of Public Health, County Health Status Profiles, 2019

<sup>1</sup> Centers for Disease Control and Prevention ([www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm](http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm))  
<sup>2</sup> San Bernardino County CalOMS dataset

# Veteran Requests for Assistance Continue to Increase

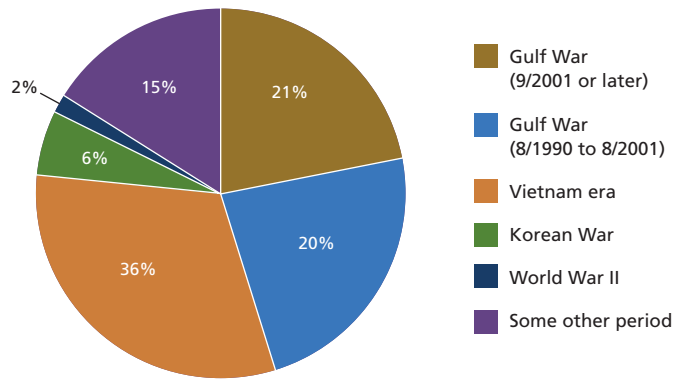
Veterans from all eras reside in San Bernardino County, with needs ranging from aging and adult services to children’s services, and from transitional assistance to public health. Strengthening support networks for soldiers and their families may reduce the long-term individual and societal impacts of war. Financial benefits obtained for veterans results in local spending, job creation, and tax revenue. This indicator provides information about veterans in San Bernardino County, including demographic trends, economic and educational outcomes, counts of requests for assistance from County Veterans Affairs, benefits received per veteran, and information on veterans experiencing homelessness.

## How is San Bernardino County Doing?

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

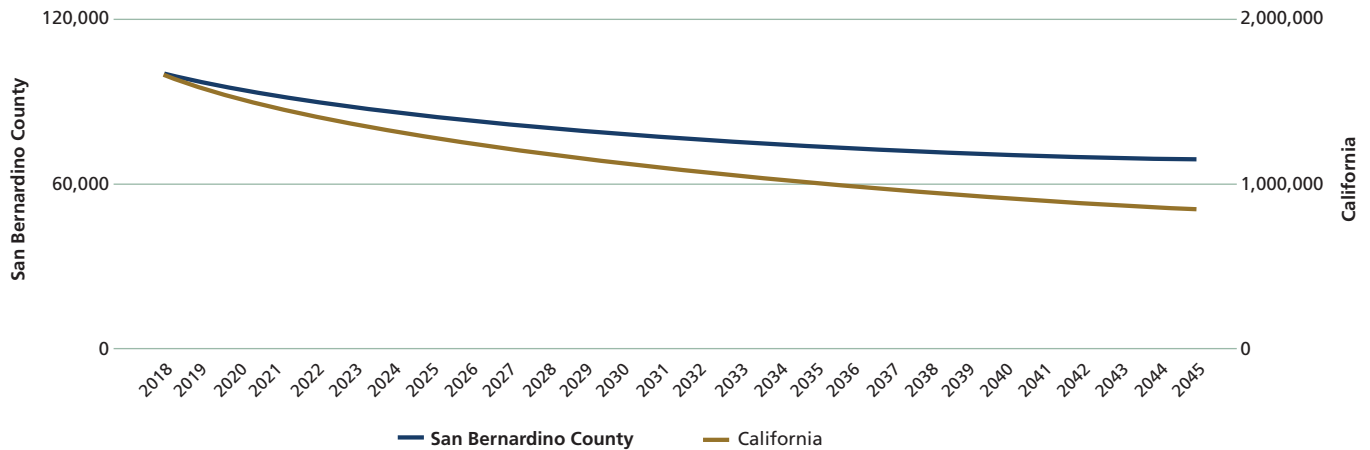
- In 2018, approximately 4.5% of San Bernardino County’s population was comprised of veterans.<sup>1</sup>
- Between 2018 and 2045, the veteran population in San Bernardino County is projected to decline 32%, from an estimated 98,000 to 67,000. This is a slower decline than statewide, which anticipates a 48% decline.
- Most San Bernardino County veterans are Gulf War vets (41%), followed by Vietnam era vets (36%).
- Women comprise 9% of the total veteran population in San Bernardino County.<sup>1</sup>

Period of Service for San Bernardino County Veterans, 2018



Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, 2018, Table S2101

## Projected Change in the Veteran Population San Bernardino County and California, 2018-2045



Source: National Center for Veterans Analysis and Statistics, VetPop2016 County-Level Veteran Population by State, 2015-2045 ([www.va.gov/vetdata/Veteran\\_Population.asp](http://www.va.gov/vetdata/Veteran_Population.asp))

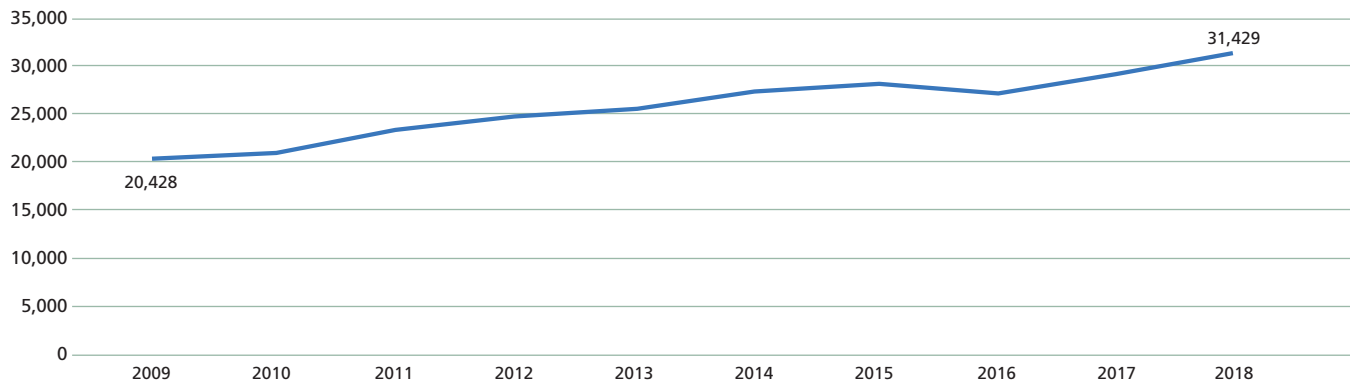
<sup>1</sup> National Center for Veterans Analysis and Statistics, VetPop2016 County-Level Veteran Population by State, 2018 estimate; California Department of Finance, Population Estimates, Table E-2, July 2018

## VETERANS (Continued)

While the overall veteran population is decreasing, the number of veterans returning home from active duty is increasing, driving increases in requests for assistance:

- Since 2009, annual requests for assistance increased 54%, to 31,429 in 2018.
- Requests for assistance include compensation for service-related injuries, pension for wartime veterans, education expenses, health care coverage, and survivor benefits.
- The average new award for state and federal benefits obtained by San Bernardino County veterans service officers for veterans was \$9,454 per veteran in 2017/18, which is lower than the statewide average of \$10,817.<sup>2</sup>

### Requests for Assistance to the County Department of Veterans Affairs San Bernardino County, 2009-2018



Source: San Bernardino County Department of Veterans Affairs

Veterans typically fare better on most economic and educational measures:

- On average, San Bernardino County veterans have higher income, lower unemployment, higher educational attainment, and a lower poverty rate compared to non-veterans.
- However, more veterans have a disability (27.9%) compared to the non-veteran population (12.0%).

Data from the Homeless Management Information System (HMIS) reveal the following results for homeless veterans in San Bernardino County:

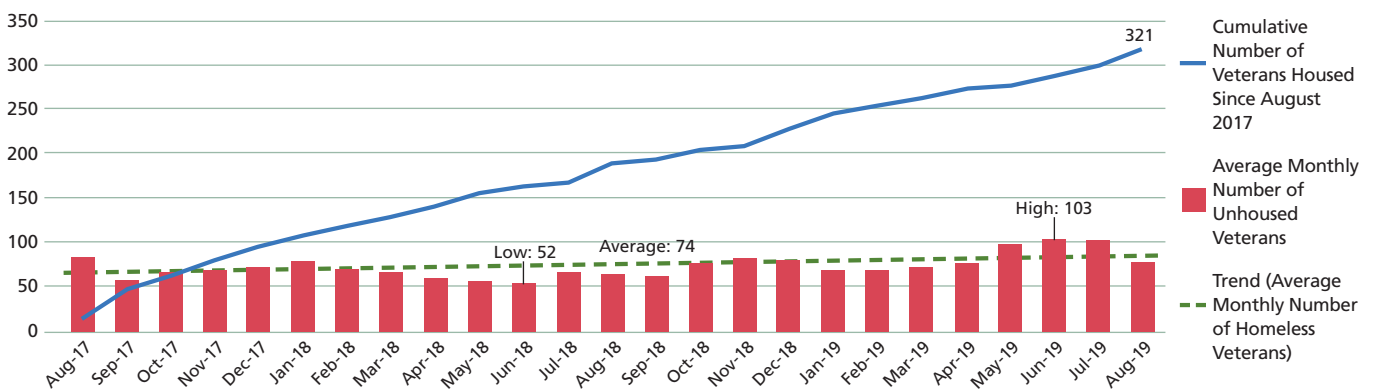
- In the two-year period between August 2017 and August 2019, a total of 321 veterans were housed.
- Over this same period, the number of homeless veterans fluctuated from a low of 52 in June 2018 to a high of 103 in June and July of 2019; the two-year average was 74.
- The count contracts and expands as homeless veterans are housed and new homeless veterans are identified. While the monthly count of homeless veterans fluctuates, over this period, there is a slight upward trend in the number of unhoused homeless veterans.

### Selected Characteristics of Veterans Compared to Non-Veterans Ages 18 and Older San Bernardino County, 2017

	Veterans	Non-Veterans
Median Income	\$43,324	\$27,177
Living in Poverty	6.2%	12.9%
Unemployment Rate	3.1%	6.8%
High School Diploma or Higher	94.1%	79.0%
Bachelor's Degree or Higher	27.8%	20.9%
With a Disability	27.9%	12.0%

Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, 2018, Table S2101

### Average Monthly Number of Homeless Veterans and Cumulative Number of Veterans Housed San Bernardino County, August 2017-August 2019



Source: County of San Bernardino, Homeless Management Information System

<sup>2</sup> California Association of Veterans Service Officers, Annual Report and Directory, 2019

## Rates of STDs are Rising

Sexually transmitted diseases (STDs) are passed from one person to another through sexual activity. STDs are typically treatable, but there may not be any symptoms or only mild symptoms resulting from an infection; thus, prevention and screening for infection are important public health interventions. According to the National Centers for Disease Control and Prevention, roughly half of STDs occur among young people ages 15-24 years old. These infections can lead to long-term health consequences, such as infertility and an increased likelihood of acquiring HIV (human immunodeficiency virus). Beyond the impact on an individual's health, STDs are also an economic drain on the U.S. healthcare system, costing billions annually.<sup>1</sup> This indicator tracks the prevalence of three common STDs: chlamydia, gonorrhea, and syphilis (including congenital syphilis).<sup>2</sup>

### How is San Bernardino County Doing?

Sexually transmitted diseases are on the rise in San Bernardino County:

- The rate of chlamydia rose 44% in the 10 years between 2008 and 2017, increasing to 614 reported cases per 100,000 residents in 2017.
- This is higher than both California and the United States, which have chlamydia rates of 557 and 529 cases per 100,000 residents, respectively.
- Gonorrhea incidence more than doubled in the same 10-year time period, rising 171% to 186 reported cases per 100,000 people. In comparison, rates of gonorrhea were higher for California (192 per 100,000 people) and lower for the U.S. (172 per 100,000 people).
- Syphilis occurs at a much lower rate but is also increasing.
- Primary and secondary stage syphilis (the most infectious stages of the disease) increased nearly 500% in 10 years, with a rate of 11 cases per 100,000 residents reported in 2017. Rates of primary and secondary syphilis are 17 per 100,000 people for California and 9.5 per 100,000 for the United States.
- The number of new cases of congenital syphilis ranged between zero and four each year between 2008 and 2015; there was an unusual spike in congenital syphilis in 2016 with 20 new cases reported that year.

### Common STDs and Complications, if Untreated

Chlamydia, a bacterial infection, is the most commonly reported STD in the United States. Untreated chlamydia infection in women can result in pelvic inflammatory disease, which is a major cause of infertility, ectopic pregnancy, and chronic pelvic pain. Untreated chlamydia in men can cause urethral infection or swollen testicles.

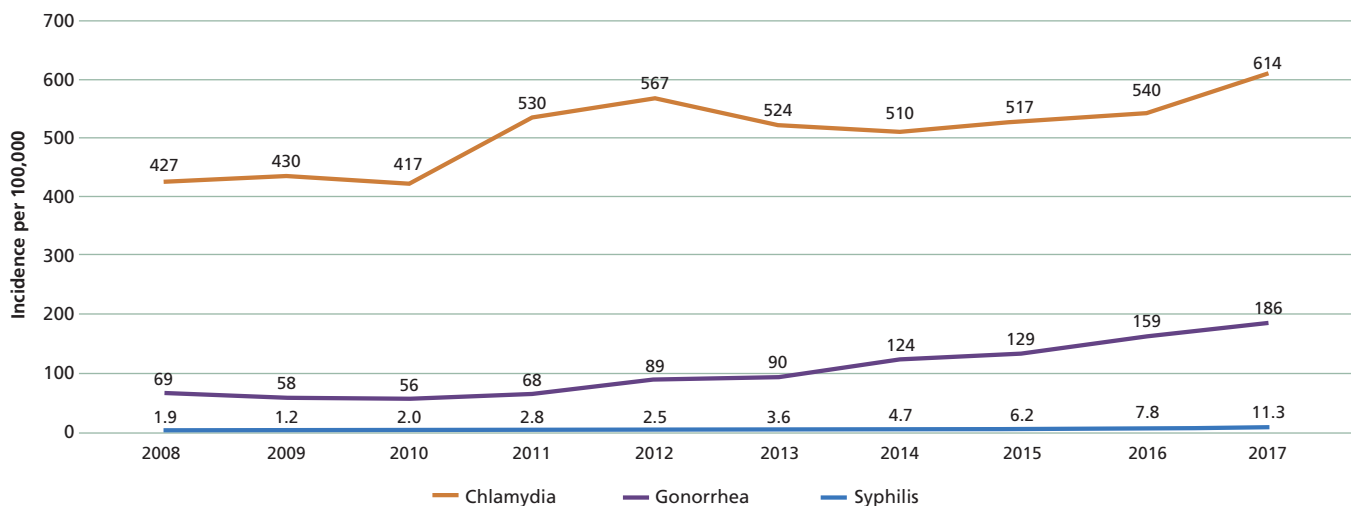
Gonorrhea is the second most common STD in the U.S. and is also a bacterial infection. As with chlamydia, it can cause pelvic inflammatory disease. It can also be passed from a pregnant mother to her child and can lead to blindness and pneumonia in the child.

Syphilis is a genital ulcerative disease (and also a bacterial infection). If left untreated, syphilis can cause mental illness, blindness, and death. Congenital syphilis is when the infection is passed from a pregnant mother to the unborn baby, and can lead to a low birth weight, premature birth, or stillbirth. Infants infected with congenital syphilis may develop serious health problems such as cataracts, deafness, and seizures, and can die.

Each of these STDs, if left untreated, can facilitate the transmission of HIV infection. According to the Centers for Disease Control and Prevention, individuals who are infected with STDs are two- to five-times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact.

Source: Centers for Disease Control and Prevention ([cdc.gov/std/](http://cdc.gov/std/))

**Incidence of Chlamydia, Gonorrhea, and Syphilis per 100,000 Residents**  
San Bernardino County, 2008-2017



Source: Centers for Disease Control and Prevention ([cdc.gov/std/](http://cdc.gov/std/))

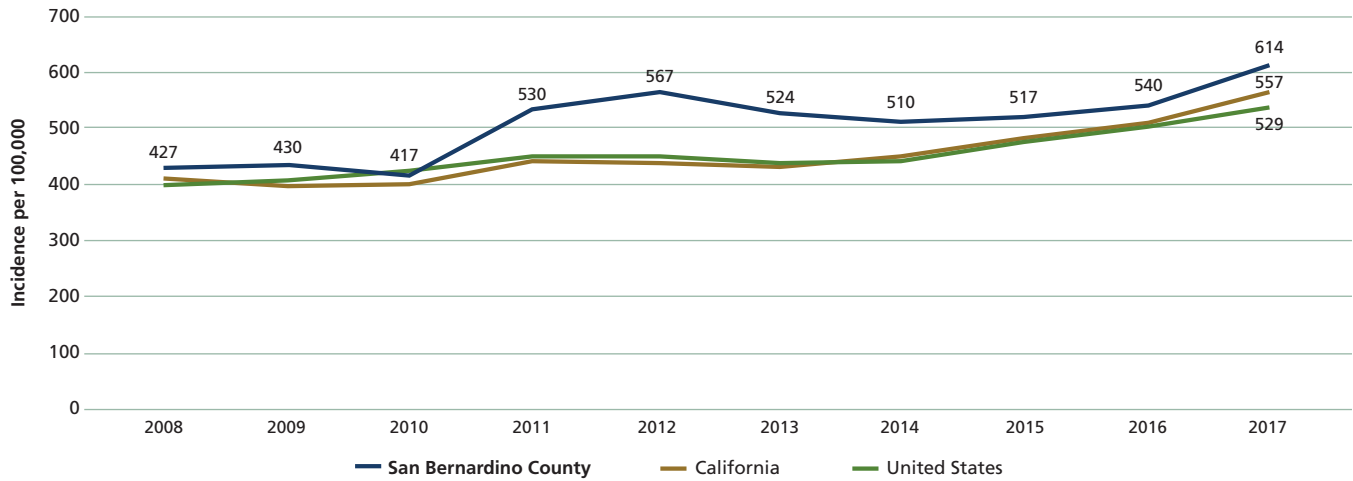
<sup>1</sup> Centers for Disease Control and Prevention, Data & Statistics ([cdc.gov/std/stats](http://cdc.gov/std/stats))

<sup>2</sup> Syphilis is divided into stages including primary, secondary, latent, and tertiary. This indicator tracks the incidence of primary and secondary syphilis – which are the most infectious stages of the disease – as well as congenital syphilis, which is syphilis in an infant that has been passed from mother to child.

## SEXUALLY TRANSMITTED DISEASES (Continued)

### Incidence of Chlamydia per 100,000 Residents

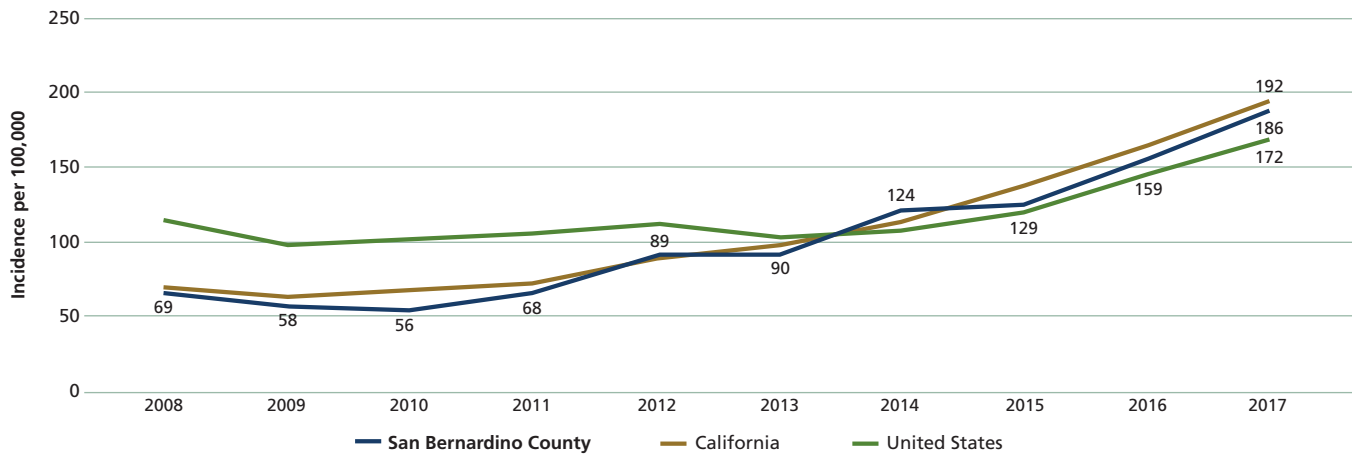
San Bernardino County, California and the United States, 2008-2017



Source: Centers for Disease Control and Prevention ([cdc.gov/std/](http://cdc.gov/std/))

### Incidence of Gonorrhea per 100,000 Residents

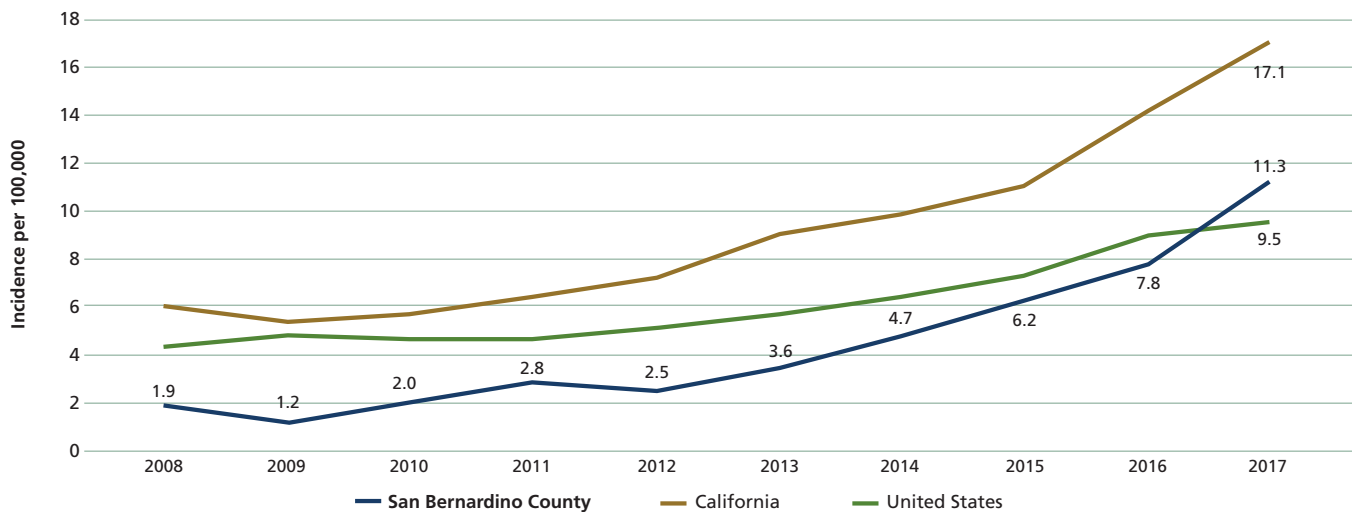
San Bernardino County, California and the United States, 2008-2017



Source: Centers for Disease Control and Prevention ([cdc.gov/std/](http://cdc.gov/std/))

### Incidence of Syphilis per 100,000 Residents

San Bernardino County, California and the United States, 2008-2017



Source: Centers for Disease Control and Prevention ([cdc.gov/std/](http://cdc.gov/std/))