



# Wellness

## Section Highlights

Uninsured (2019)	rose to 9.1%
Young Child Death Rate (2009 - 2018)	down 29%
Deaths Due to Diabetes (2009 - 2019)	up 19%
Young Children Receiving Mental Health Services (2011 - 2020)	up 160%
Proportion of Adults that are Overweight or Obese (2019)	68.6%
Veteran Requests for Assistance (2019 – 2020)	down 31%

## Success Story

San Bernardino County's Department of Behavioral Health (DBH) has been proactive in responding to the impacts of the COVID-19 pandemic. DBH expanded access to crisis services, adding three new crisis text lines. Since the pandemic began, DBH has responded to over 1,900 calls to these lines, diverting 76% of the calls from hospitalization. DBH staff have also been deployed to skilled nursing facilities to provide life-saving support and education to the health care providers of the county's most vulnerable residents. Staff conducted over 300 visits, distributed over two million pieces of PPE, and provided mental health resources and crisis counseling to thousands of staff, residents, and families.



# Rate of Uninsured Increases Again

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.

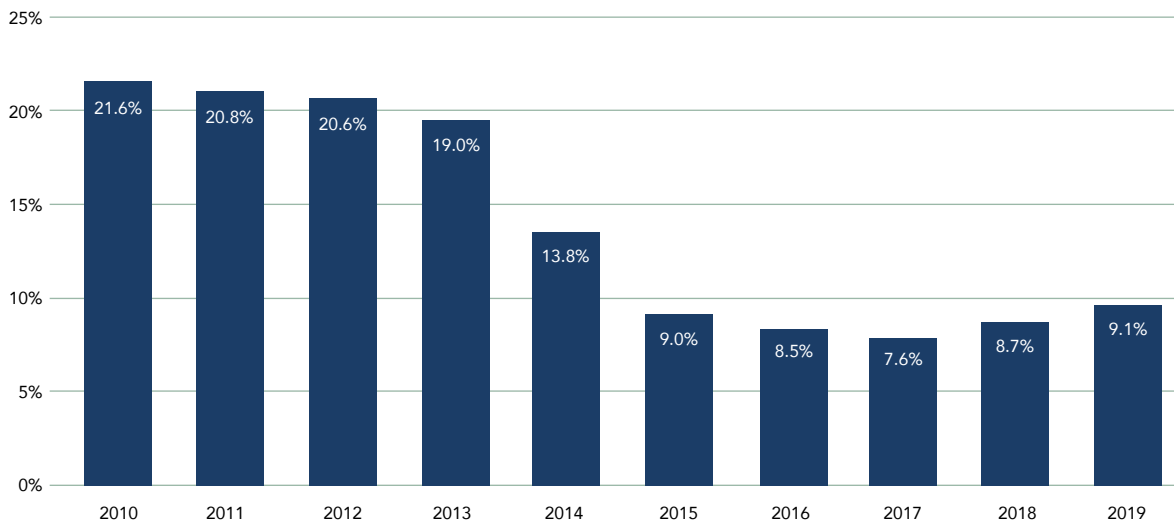


## TREND

In 2019, 9.1% of San Bernardino County residents were uninsured, an increase from 2018 when 8.7% of residents were uninsured. The long-term trend, however, is downward with a drop of more than 12 percentage points from 2010, when 21.6% of residents were uninsured.

### PERCENTAGE OF UNINSURED RESIDENTS INCREASES FOR SECOND CONSECUTIVE YEAR

Uninsured in San Bernardino County, 2010-2019

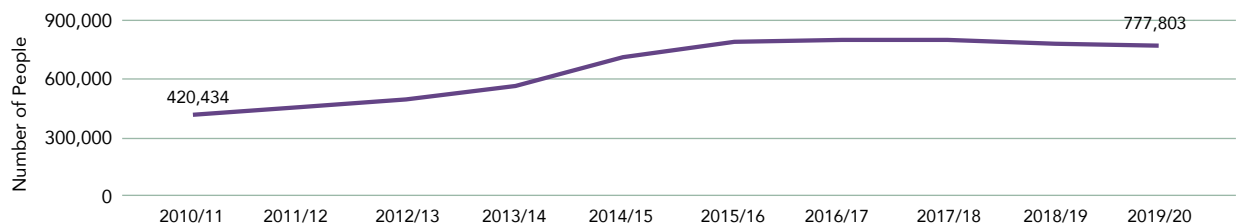


Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates

In the 10-year period between 2011 and 2020, Medi-Cal enrollment increased 85%, largely owing to the roll out of the Affordable Care Act, which expanded eligibility. However, enrollment fell slightly for the second consecutive year, falling 1% between 2019 and 2020.

### AFTER 8 YEARS OF STEADY INCREASES, MEDI-CAL ENROLLMENT DECLINES AGAIN

Enrollment in Medi-Cal in San Bernardino County, 2011-2020



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



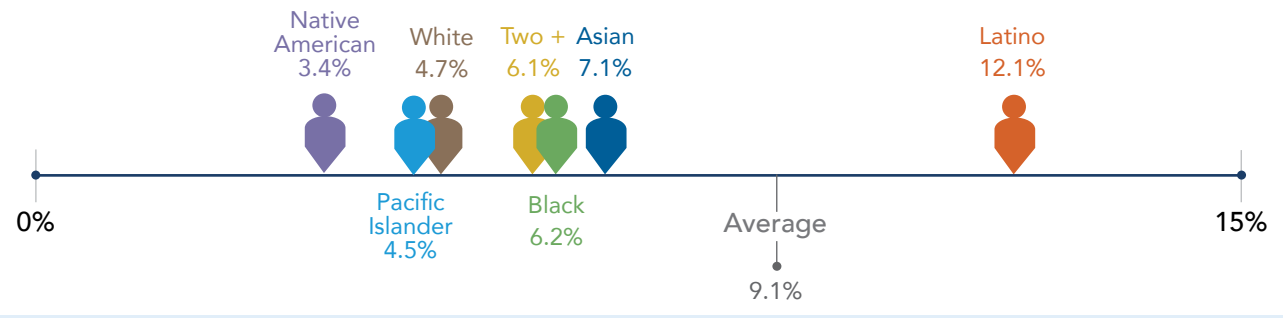
### RACE/ETHNICITY DETAIL

Equity Gap Score  
**3.6**

At 12.1%, Latino residents are the racial or ethnic group most likely to be uninsured. This is followed by Asian residents (7.1%). Only 3.4% of Native American residents in San Bernardino County are uninsured. This variation in rates by race/ethnicity contributes to an Equity Gap Score of 3.6, signaling that the group with the lowest proportion uninsured (Native American residents) is over three times lower than the group with the highest proportion uninsured (Latino residents).

#### LATINO RESIDENTS HAVE HIGHEST PROPORTION UNINSURED

Uninsured by Race/Ethnicity in San Bernardino County, 2019

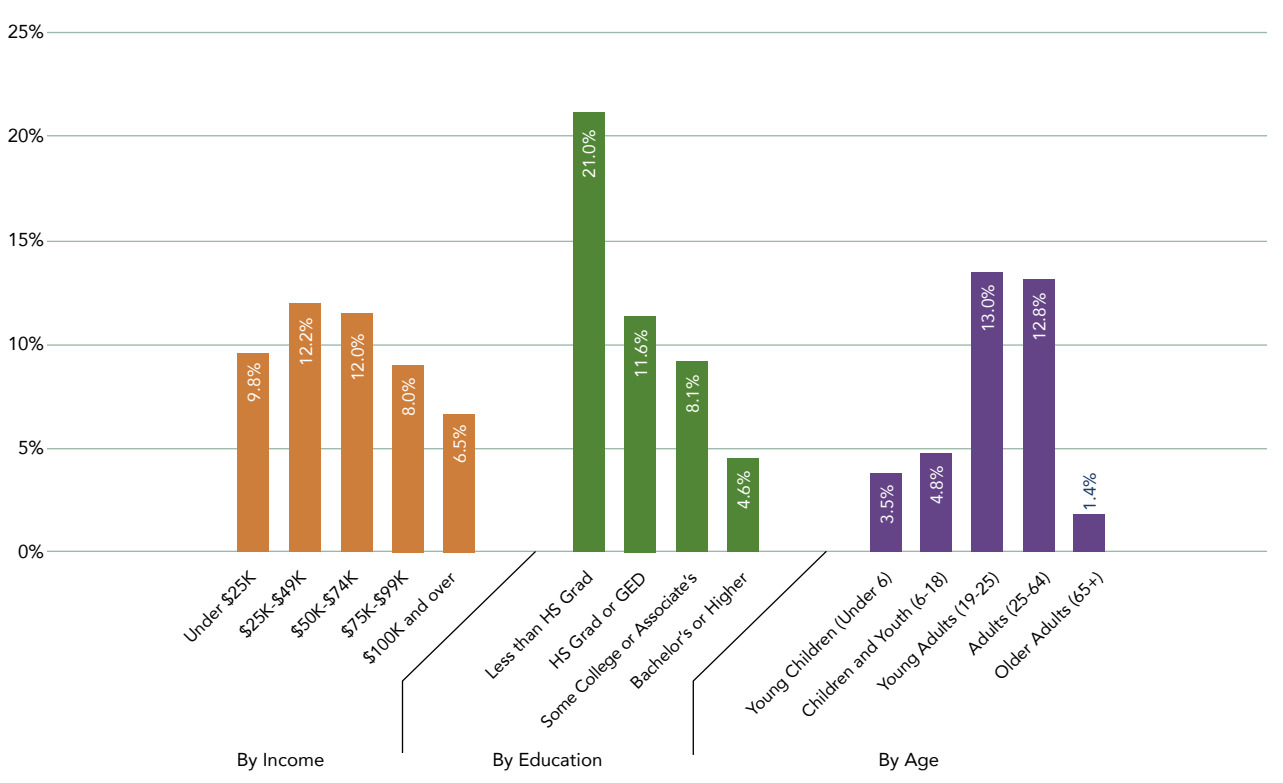


### SOCIOECONOMIC DETAIL

When broken out by household income, those with annual incomes in the second to lowest range (\$25,000 to \$49,000) were the most likely to be uninsured (12.2%). Regarding education level, 21.0% of those with less than a high school diploma were uninsured, compared to 4.6% of those with a college degree. At 13.0%, young adults (ages 19-25 years old) were the age group most likely to be uninsured, while only 3.5% of children under age six were uninsured.

#### NEARLY 1-IN-8 ADULTS ARE UNINSURED

Uninsured by Income, Education, and Age in San Bernardino County, 2019



Note: Educational attainment data is for the population age 25 and over.  
Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates

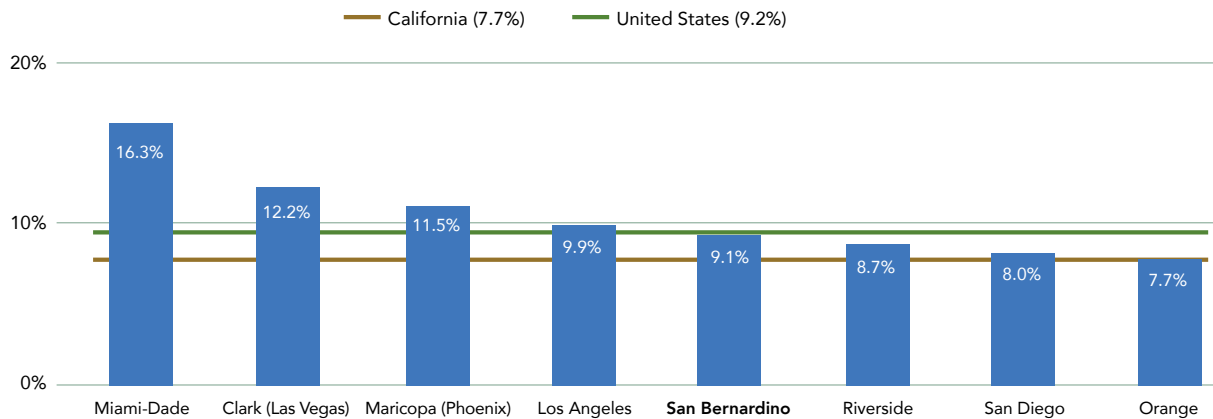


### GEOGRAPHIC DETAIL

The San Bernardino County rate of uninsured (9.1%) is slightly lower than the United States (9.2%) but higher than California (7.7%). It is in the mid-range among all peer counties compared.

#### SAN BERNARDINO COUNTY RATE OF UNINSURED IS IN THE MIDDLE AMONG COUNTIES COMPARED

County Comparison of Uninsured, 2019

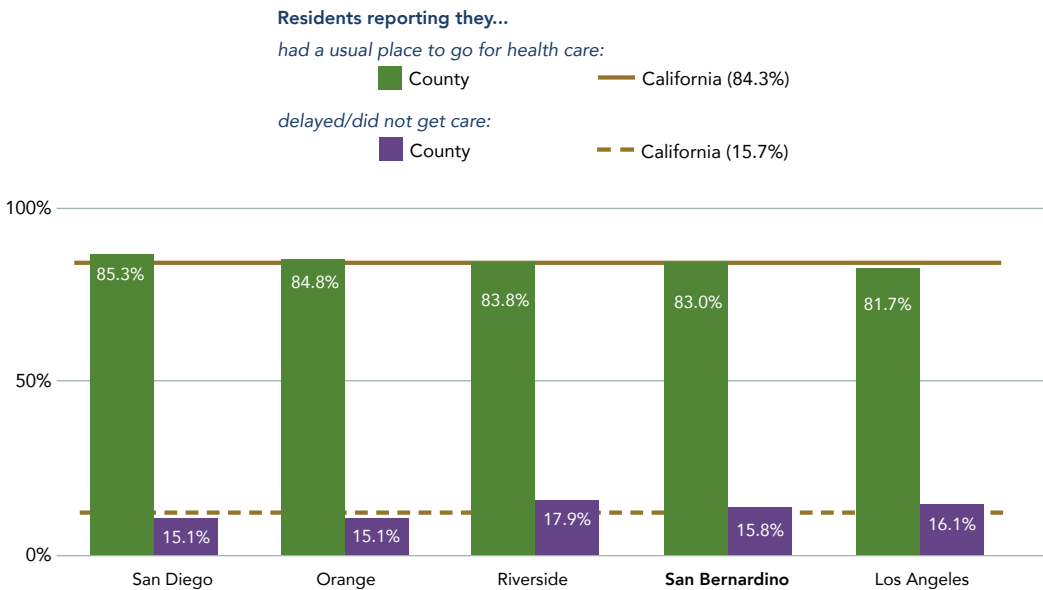


Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates

In terms of access to health care, according to the 2019 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 slightly lower proportion than California and all neighboring counties compared, except Los Angeles. Furthermore, 15.8% of San Bernardino County residents under age 65 delayed or did not get the medical care that they needed, which is a rate in the middle among neighboring counties compared and about the same as California (15.7%).

#### SAN BERNARDINO COUNTY AND STATE HAVE SIMILAR RATES OF DELAYING CARE

County Comparison of Health Care Access (Under Age 65), 2019

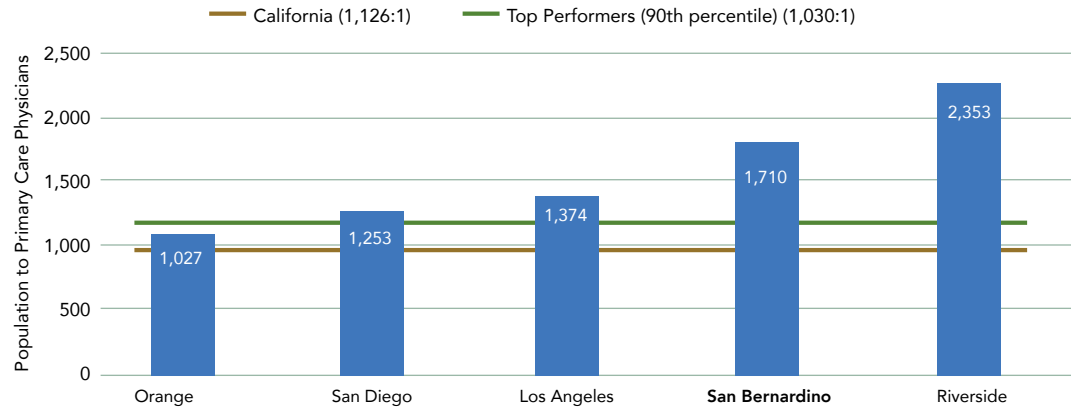


Source: California Health Interview Survey



There are 1,710 people for each primary care physician in San Bernardino County, which is a less favorable ratio than the state and all neighboring counties compared, except Riverside County. The national target ratio (consisting of "top performers" in the top 10%) is 1,030 for each primary care physician.<sup>1</sup>

COUNTY HAS LESS FAVORABLE RATIO OF RESIDENTS TO PRIMARY CARE PHYSICIANS  
County Comparison of the Number of Residents per Primary Care Physician, 2020



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

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). ARMC operates five community Family Health Centers (FHCs) for primary care, and a regional burn center serving San Bernardino, Riverside, Inyo, and Mono counties.

Source: San Bernardino County Human Services

<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 Rate Drops for Latina Mothers

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.

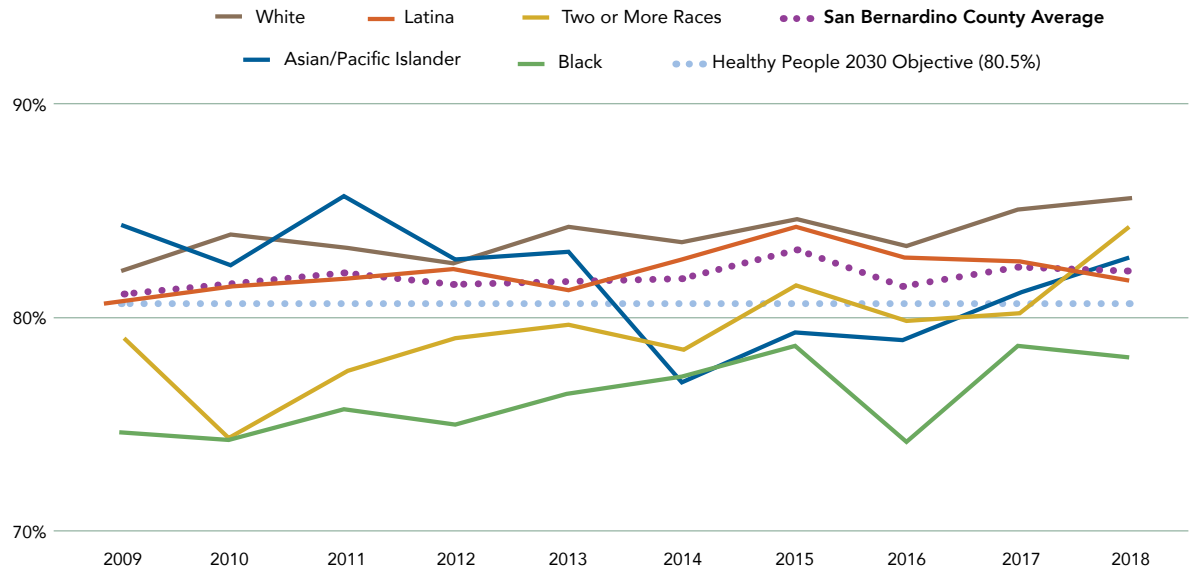


## TREND

The rate of San Bernardino County mothers receiving early prenatal care decreased 0.6 percentage points to 82.3% in 2018, but this rate remains above the national Healthy People 2030 objective of 80.5%. Over the past 10 years, the number of live births in San Bernardino County decreased 10%, from 31,984 live births in 2009 to 28,857 in 2018.

### OVERALL, PRENATAL CARE RATES DECLINED SLIGHTLY IN 2018

Percentage of Mothers Receiving Early Prenatal Care by Race and Ethnicity in San Bernardino County, 2009-2018



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 2030?

Healthy People 2030 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.

<sup>1</sup> National Institutes of Health ([www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care](http://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care))



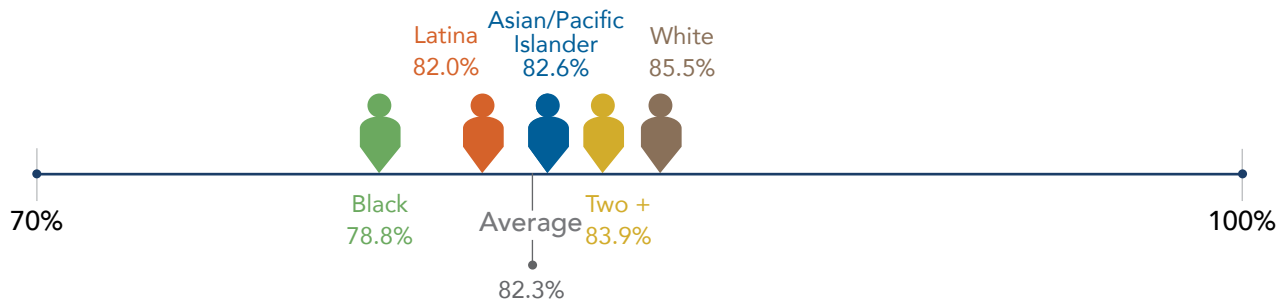
### RACE/ETHNICITY DETAIL

Equity Gap Score  
**1.1**

In 2018, White mothers had the highest early prenatal care rate (85.5%), followed by mothers who identify as two or more races (83.9%). At 78.8%, Black mothers had early prenatal care rates below the Healthy People 2030 objective of 80.5%. While disparities persist, these relatively high levels of early prenatal care for all race/ethnic groups contributes to a low Equity Gap Score of 1.1. With the exception of Latina mothers, levels of early prenatal care increased or stayed the same for all ethnicities/races between 2017 and 2018. The early prenatal care rate for Latina mothers fell from 83.2% in 2017 to 82.0% in 2018, marking the third consecutive decline in early prenatal care rates for Latina mothers.

#### PRENATAL CARE RATES VARY MODERATELY BY RACE/ETHNICITY

Percentage of Mothers Receiving Early Prenatal Care by Race and Ethnicity in San Bernardino County, 2018

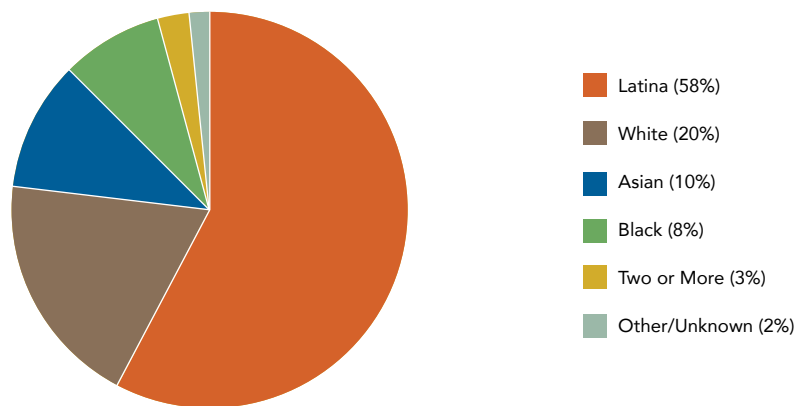


Source: County of San Bernardino, Department of Public Health analysis of California Department of Public Health, Center for Health Information and Statistics, Birth Statistical Master File

The majority of births in San Bernardino County are to Latina mothers (58%), followed by White mothers (20%), Asian mothers (10%), Black mothers (8%), and those of two or more races (3%).

#### 6-IN-10 BIRTHS IN SAN BERNARDINO COUNTY ARE TO LATINA MOTHERS

Live Births by Race and Ethnicity in San Bernardino County, 2018



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



# Child Deaths Continue to Decline

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.

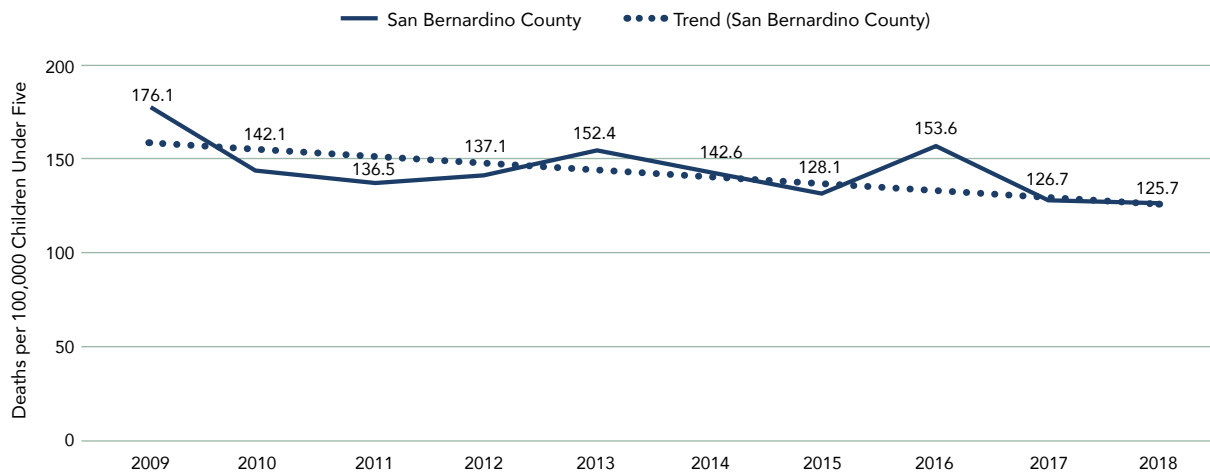


## TREND

The overall death rate for children under five decreased 1% between 2017 and 2018 and 29% since 2009. The number of infant deaths (161) remained unchanged between 2017 and 2018, but fell 33% since 2009. The number of deaths among children ages one through four decreased 10%, from 30 deaths in 2017 to 27 deaths in 2018. Since 2009, deaths among children ages one through four decreased 29%.

### DEATH RATE FOR CHILDREN UNDER FIVE FALLS 29% IN 10 YEARS

Death Rate Due to All Causes for Children Under Five in San Bernardino County, 2009-2018



Note: Population projections have been updated with a 2019 baseline, therefore, these data are not comparable to the display in the 2019 Community Indicators Report.

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

## Cause of Death Detail

Congenital defects/chromosomal abnormalities and prematurity/low birth weight top the list of leading causes of infant deaths. Accidents and homicides were the leading causes of death for young children (one to four years old).

### ALMOST 200 INFANT AND YOUNG CHILD DEATHS IN 2018

Leading Causes of Death for Infants and Young Children in San Bernardino County, 2018

Cause of Death	Number of Deaths	Cause of Death	Number of Deaths
<b>Infants (Under Age One)</b>		<b>Young Children (Ages 1-4)</b>	
Congenital defects/chromosomal abnormalities	31	Accidents (unintentional injuries)	7
Maternal pregnancy complications affecting newborn	25	Assault (homicide)	5
Prematurity/low birth weight	15	Congenital defect/chromosomal abnormalities	4
Complications of placenta, cord & membranes	11	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3
All other causes	79	Diseases of heart	2
<b>TOTAL</b>	<b>161</b>	All other causes	6
		<b>TOTAL</b>	<b>27</b>

Note: With the exception of accidents, causes with fewer than five deaths for infants and fewer than two deaths for young children are included in "All other causes." The data for 2018 are considered preliminary and do not include deaths of San Bernardino County residents that were recorded 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





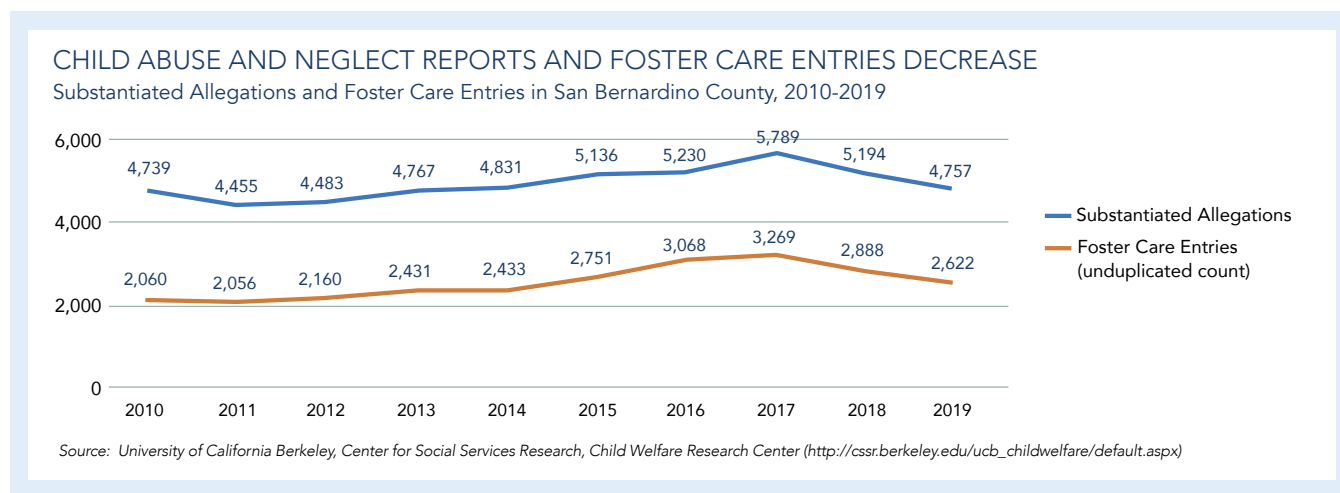
# Continued Decline in Number of Abuse/Neglect Reports

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.



## TREND

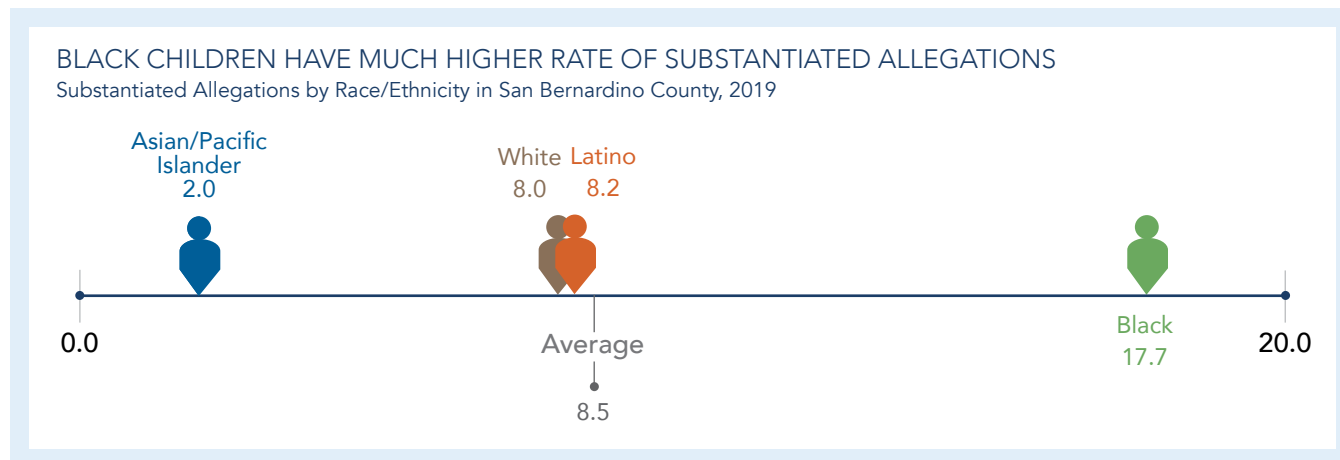
Between 2018 and 2019, there was an 8% decline in the number of substantiated child abuse and neglect allegations, from 5,194 to 4,757 reports, respectively. In 2019, there were 2,622 children entering foster care, down 9% from 2018 when 2,888 children entered foster care.<sup>1</sup>



## RACE/ETHNICITY DETAIL

Children who are Black experienced the highest rates of both substantiated allegations (17.7 per 1,000) and entries into foster care (12.0 per 1,000). On the other hand, children who are Asian or Pacific Islander had the lowest rates or substantiated reports (2.0 per 1,000) and entries into foster care (0.9 per 1,000). Latino children (8.2 per 1,000) and White children (8.0 per 1,000) were near the countywide average of 8.5 per 1,000 substantiated allegations. The countywide average for entries to foster care was 4.7 per 1,000, with both Latino and White children entering foster care slightly under that average (4.4 per 1,000 and 4.6 per 1,000, respectively).

Equity Gap Score  
**8.7**



<sup>1</sup> Note that due to a data lag, annual 2020 data are not presented in this indicator. Please see the COVID-19 special feature for monthly 2020 data.



### SOCIOECONOMIC DETAIL

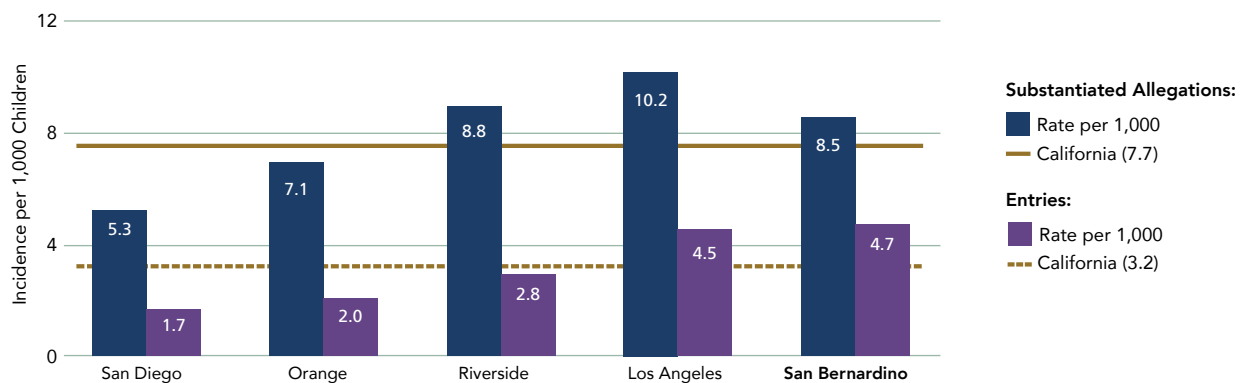
For children from birth through age five, the rate of substantiated allegations is 12.3 per 1,000 children, compared with California’s rate of 10.9 per 1,000 children. The rate of foster care entry is higher for children from birth through age five (7.4 per 1,000 children) than the birth through 17 population. California’s rate for children birth through age five entering foster care is 5.2 per 1,000 children.



### GEOGRAPHIC COMPARISON

In 2019, San Bernardino County had 8.5 substantiated child abuse and neglect allegations per 1,000 children, in the middle among neighboring counties compared. The county’s rate of foster care entries (4.7 per 1,000 children), however, is higher than the statewide average (3.2 per 1,000) and all counties compared. When looking at the relationship between substantiated allegations and foster care placement, 55% of substantiated allegations in San Bernardino County resulted in foster care placement – a much higher proportion than the state and all counties compared.

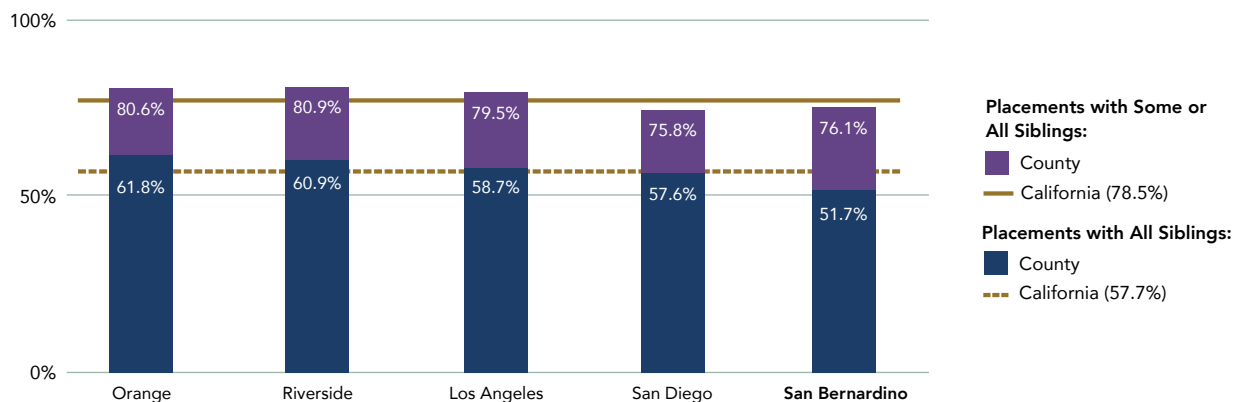
55% OF SAN BERNARDINO COUNTY CHILDREN WITH A SUBSTANTIATED ALLEGATION ENTER FOSTER CARE  
County Comparison of Substantiated Allegations and Foster Care Entries, 2019



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))

In San Bernardino County, 76.1% of the children in foster care were placed with some or all of their siblings and 51.7% of the children were placed with all siblings. This rate of placement with all siblings is the lowest rate among neighboring counties and the state.

FEWER CHILDREN IN SAN BERNARDINO COUNTY ARE PLACED WITH ALL SIBLINGS  
County Comparison of Foster Youth Placed with Some or All Siblings, January 2020



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))



# Student Obesity Rate Increases

A sedentary lifestyle and obesity are risk factors for many health problems and premature death. Since overweight children are more likely to become overweight or obese adults, maintaining a healthy body weight in youth may have positive impacts on physical and mental health, as well as reduce downstream 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.

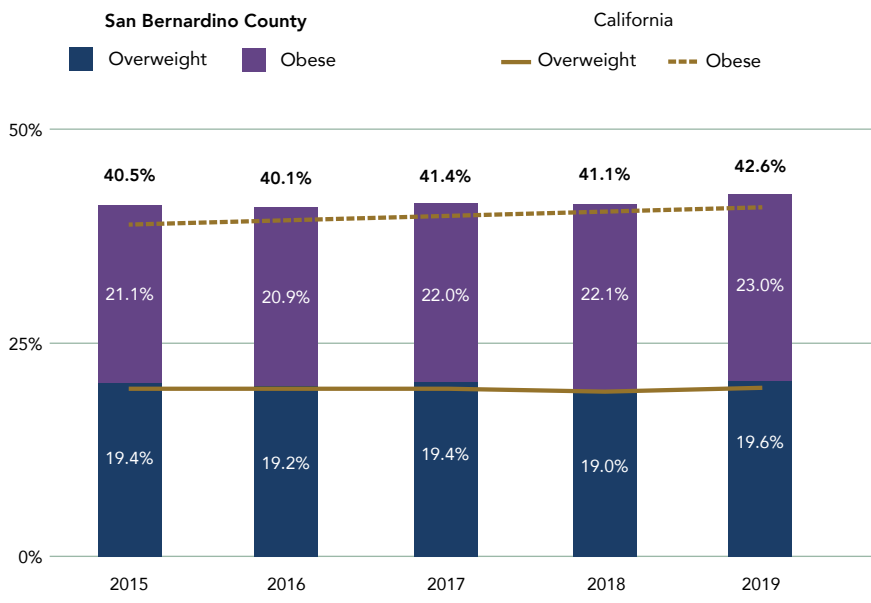


## TREND

In 2019, an average of 42.6% of San Bernardino County students in the grades tested were overweight or obese (had an unhealthy body composition), compared to 39.7% statewide. This is an increase from 2018, when 41.1% of students in San Bernardino County were considered overweight or obese. Of the San Bernardino County students with an unhealthy body composition in 2019, 23.0% were considered to be far outside the healthy range ("Needs Improvement – Health Risk" or obese), while the remaining 19.6% were designated as "Needs Improvement" (overweight).

### 4-IN-10 STUDENTS ARE OVERWEIGHT OR OBESE

Percentage of Children Overweight and Obese in San Bernardino County and California, 2015-2019



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



### RACE/ETHNICITY DETAIL

At 60.7%, Pacific Islander students have the highest rate of overweight or obesity, while Asian students have the lowest rate (27.6%). The Equity Gap Score for student weight status is 3.6.

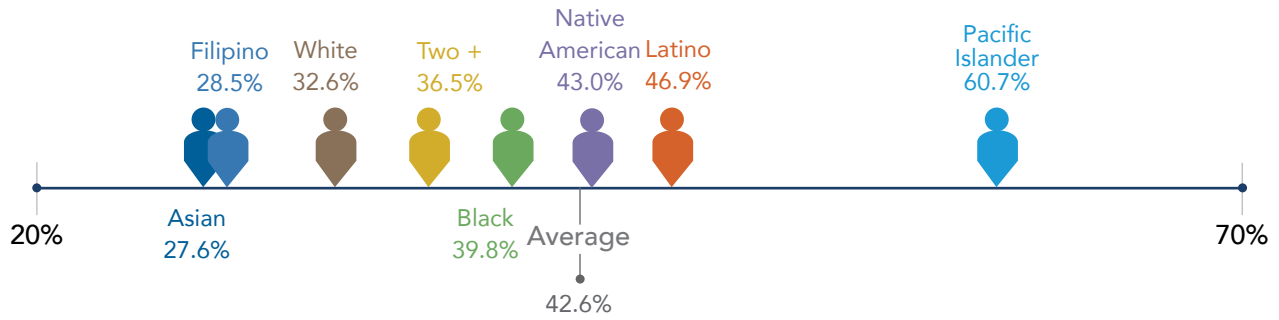


Equity Gap Score

3.6

#### WIDE VARIATION IN STUDENT WEIGHT STATUS BY RACE/ETHNICITY

Percentage of Students Overweight or Obese by Race/Ethnicity in San Bernardino County, 2019

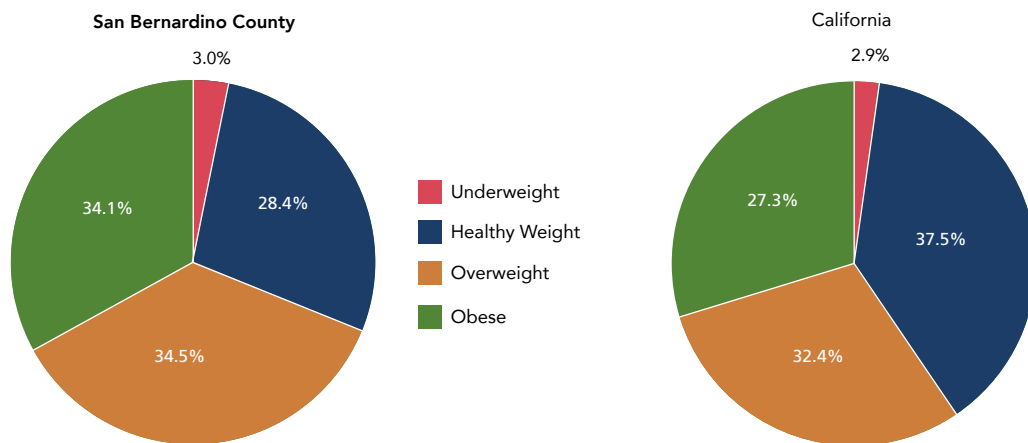


Source: California Department of Education Physical Fitness Test (<http://data1.cde.ca.gov/dataquest/>)

#### 7-in-10 Adults in San Bernardino County are Overweight or Obese

Sixty-nine percent of San Bernardino County adults are overweight or obese. In 2019, 34.5% of San Bernardino County adults were considered overweight and 34.1% obese; 28.4% had a healthy body weight. In comparison, 37.5% of adults in California had a healthy body weight.

Weight Status of Adults in San Bernardino County and California, 2019



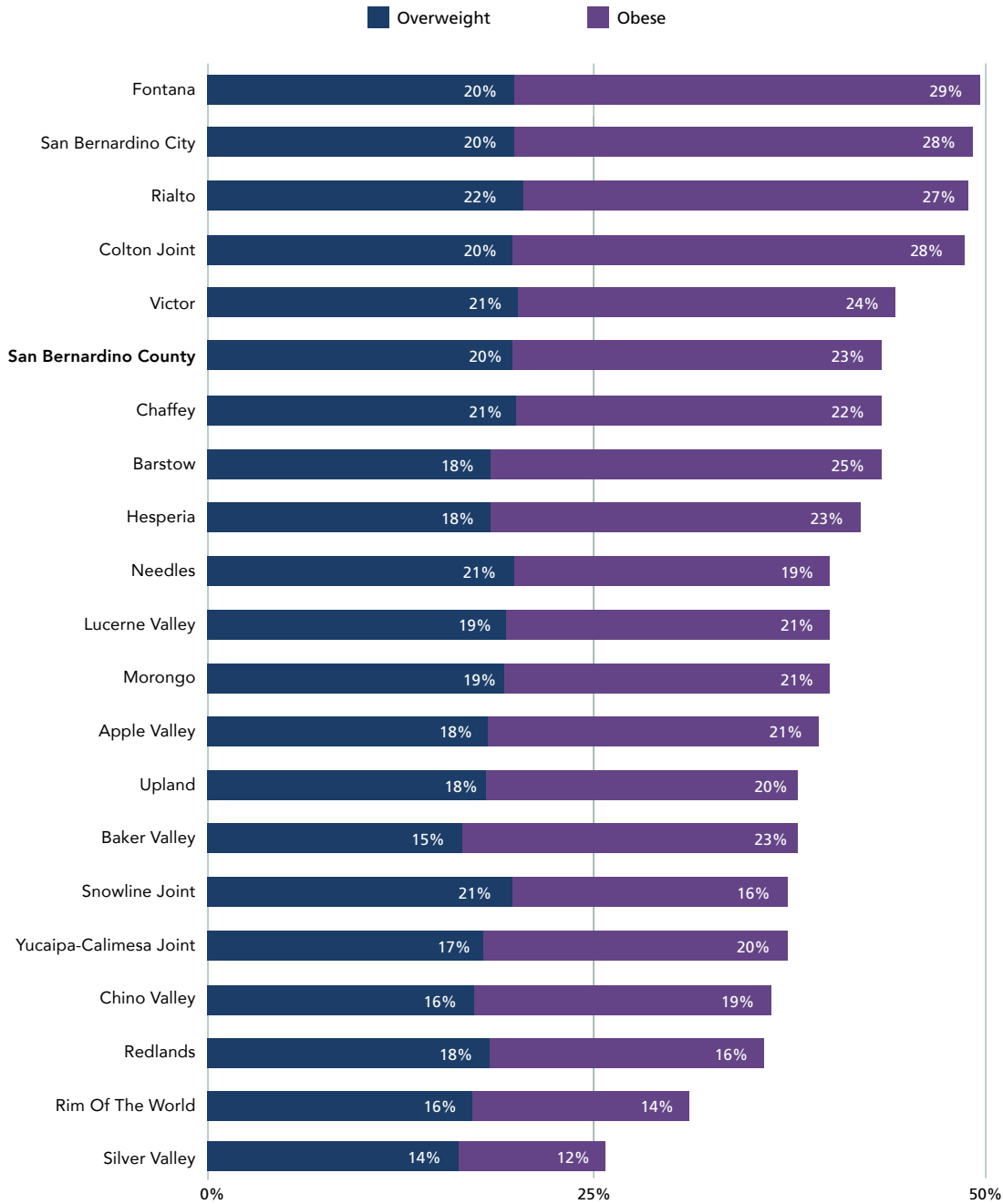
Source: University of California, Los Angeles, Center for Health Policy Research, California Health Interview Survey ([www.chis.ucla.edu](http://www.chis.ucla.edu))



### GEOGRAPHIC DETAIL

Fontana school district had the highest proportion of overweight and obese students (49%) while Silver Valley school district had the lowest proportion of overweight and obese students (26%).

IN SEVERAL DISTRICTS, NEARLY HALF OF STUDENTS ARE OVERWEIGHT OR OBESE  
Percentage of Students Overweight or Obese by School District in San Bernardino County, 2019



Note: 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/>)



# Diabetes Deaths Up; Heart Disease Deaths Down

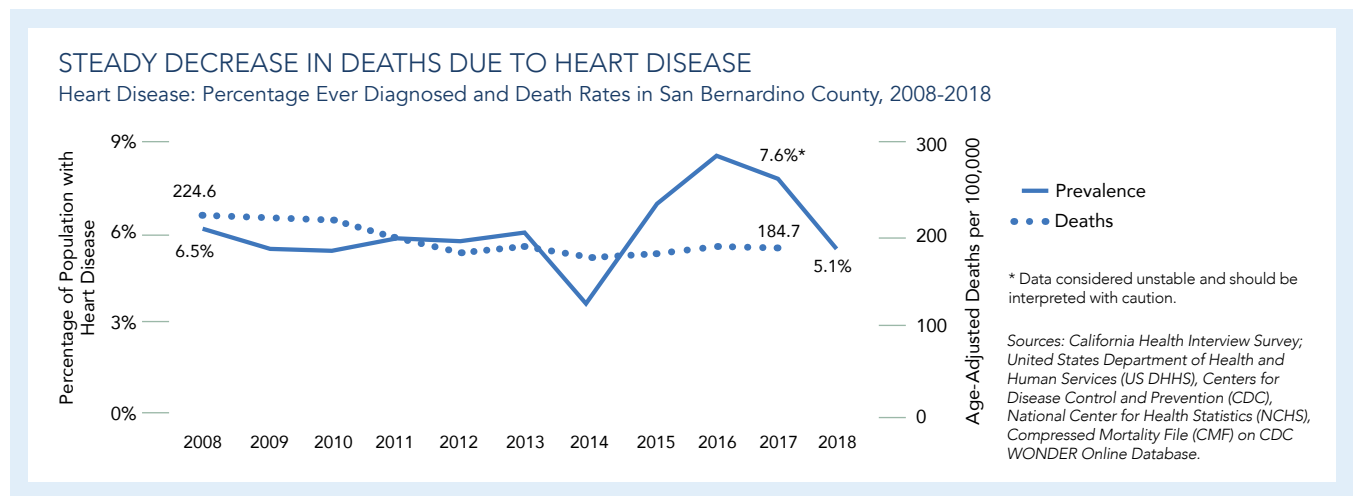
Chronic diseases – including diabetes, high blood pressure, and heart disease – are costly yet largely preventable. Chronic illnesses contribute to approximately 70% of deaths in the United States each year and account for about 75% of the nation’s health-related costs.<sup>1</sup> This indicator reports prevalence and death data for heart disease, diabetes, and high blood pressure/stroke. Also tracked are hospitalizations due to heart disease.



## TREND

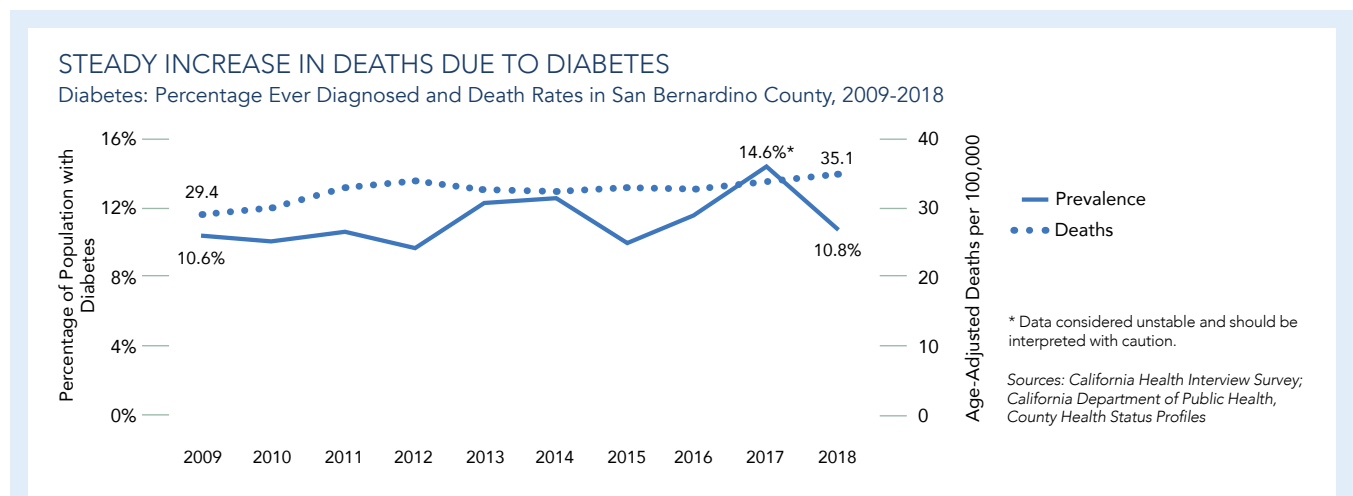
### Heart Disease

There has been a decrease in the percentage of county residents who were diagnosed with heart disease – from 7.6% in 2017 to 5.1% in 2018.<sup>2</sup> 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 in deaths due to heart disease and a one-year decrease of 1% since 2016.<sup>3</sup>



### Diabetes

In 2018, 10.8% of adults in San Bernardino County had been diagnosed with diabetes. This marks a decrease from 2017, when diabetes prevalence was 14.6%.<sup>2</sup> The long-term trend is relatively stable, with 10.6% of adults in the county with a diabetes diagnosis in 2009. Deaths due to diabetes increased from 34.5 deaths per 100,000 residents in 2017 to 35.1 deaths per 100,000 residents in 2018. The longer-term trend is also upward, increasing 19% since 2009.



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

<sup>2</sup> Data for 2017 is considered unstable and should be interpreted with caution.

<sup>3</sup> The 2018 death rate for heart disease was not available by time of publication of this report.

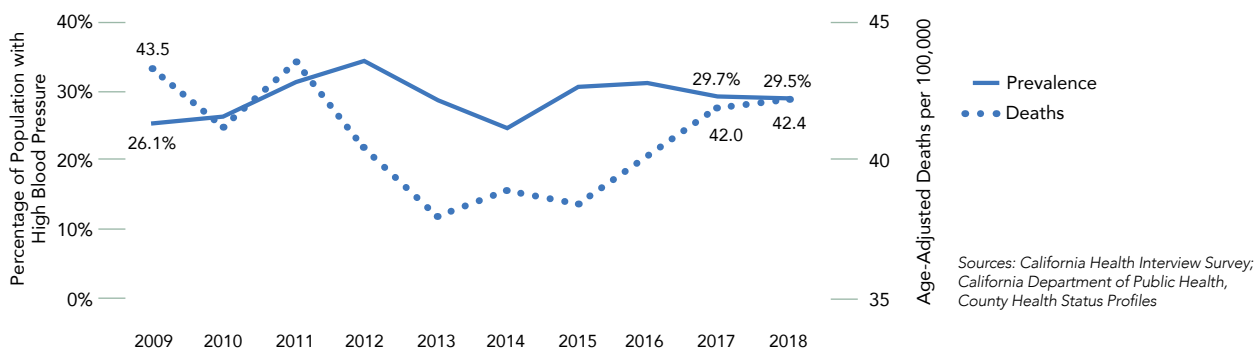


### Blood Pressure/Stroke<sup>4</sup>

In 2018, 29.5% of adults in San Bernardino County had high blood pressure—a rate similar to 2017 when 29.7% of adults had high blood pressure. Deaths due to strokes, which are associated with high blood pressure, increased 1%, from 42.0 age-adjusted deaths per 100,000 in 2017 to 42.4 in 2018. The long-term trend is variable, but slightly downward, with a 3% decline in deaths due to strokes since 2009.

#### PREVALENCE OF HIGH BLOOD PRESSURE AND STROKE DEATHS STABILIZE

High Blood Pressure: Percentage Ever Diagnosed and Death Rates due to Stroke in San Bernardino County, 2009-2018

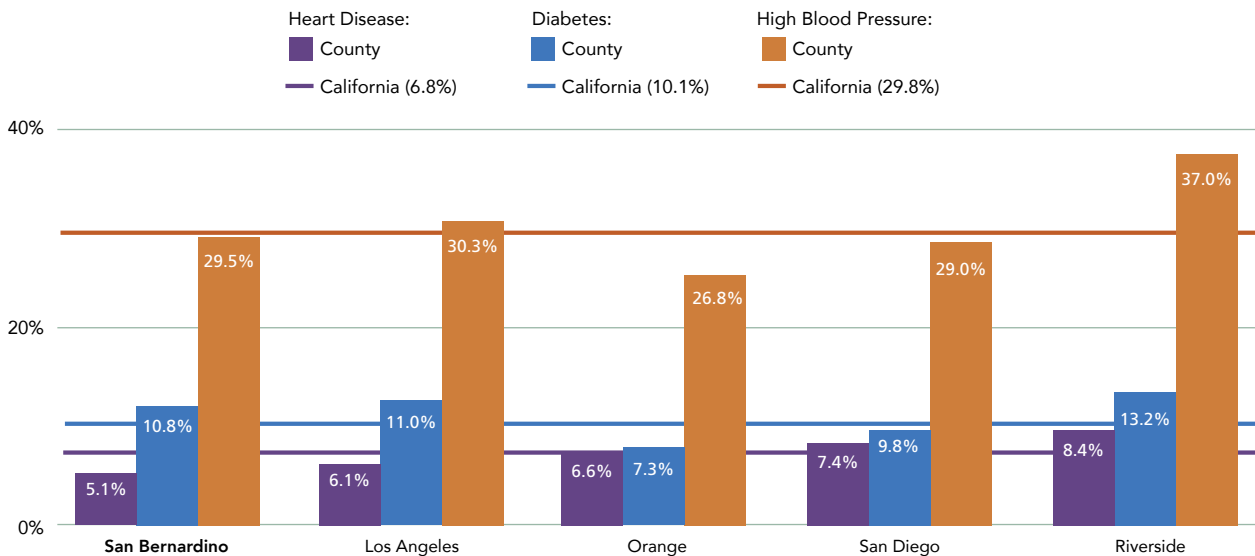


### GEOGRAPHIC DETAIL

San Bernardino County's prevalence rate for heart disease was the lowest among neighboring counties and the state. However, for diabetes prevalence, at 10.8% in 2018, San Bernardino County had a rate of adults diagnosed with diabetes that was in the middle among counties compared and higher than the California rate. Also in 2018, 29.5% of adults in San Bernardino County had high blood pressure, second lowest among neighboring counties compared and lower than California.

#### COUNTY HAS LOWEST RATE OF HEART DISEASE BUT HIGHEST RATE OF HIGH BLOOD PRESSURE

County Comparison of the Percentage Ever Diagnosed with Diabetes, High Blood Pressure, or Heart Disease, 2018



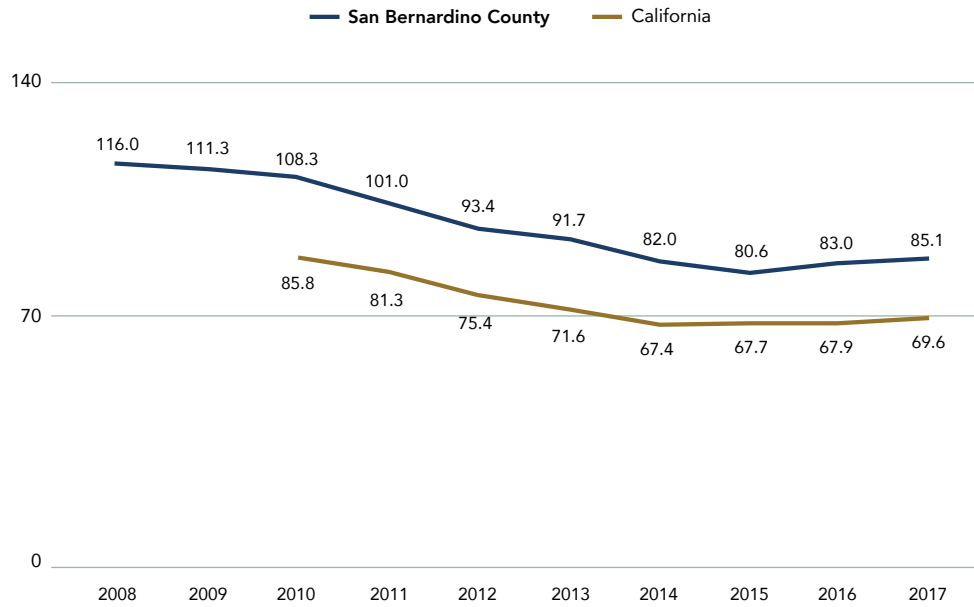
<sup>4</sup> Fully 70% of strokes can be directly linked to existing high blood pressure, making high blood pressure the single most important controllable stroke risk factor.



### Hospitalizations due to Heart Disease Increase in Recent Years

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

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



\* California data only available 2010 through 2017.

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





# Treatment Continues to Rise for Youth and Fall for Adults

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 (51.5 million in 2019) and an estimated one in 20 adults have a serious mental illness (13.1 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 22 percent 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 48,000 deaths nationwide in 2018.<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.

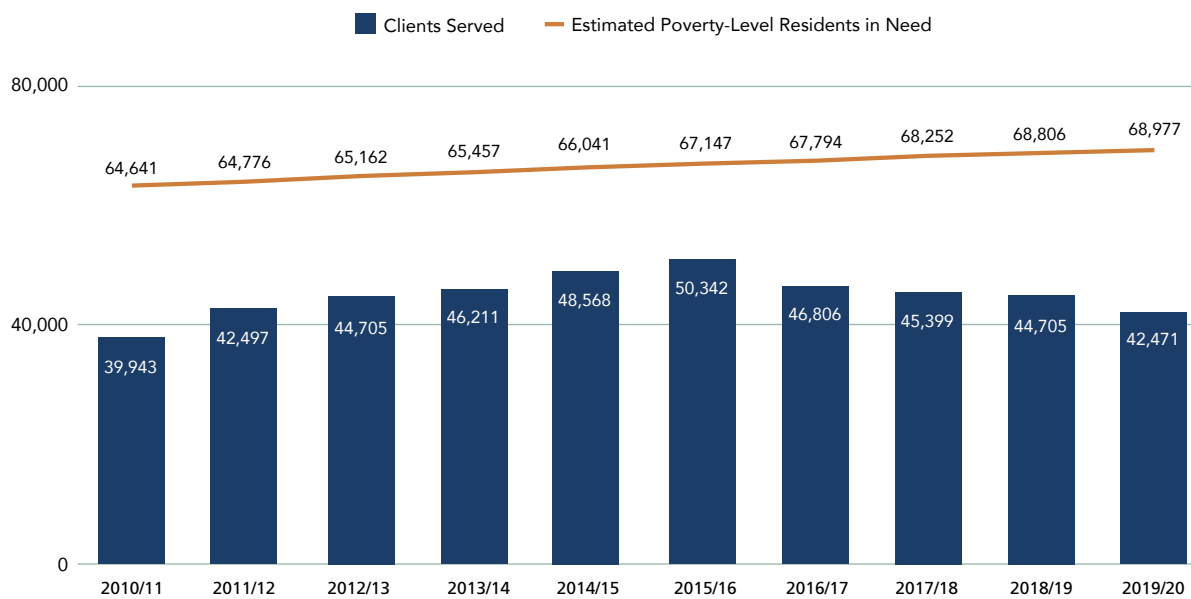


## TREND

### Treatment

The gap between the need for mental health care and the number receiving treatment grew again in 2019/20. 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 through 2019/20. There were an estimated 26,506 low-income residents in need of mental health services in 2019/20 who did not get care. This gap between need and receipt of services is higher than the past 10-year average.

**GROWING GAP BETWEEN NEED FOR MENTAL HEALTH CARE AND NUMBER RECEIVING IT**  
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 in San Bernardino County, 2011-2020



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

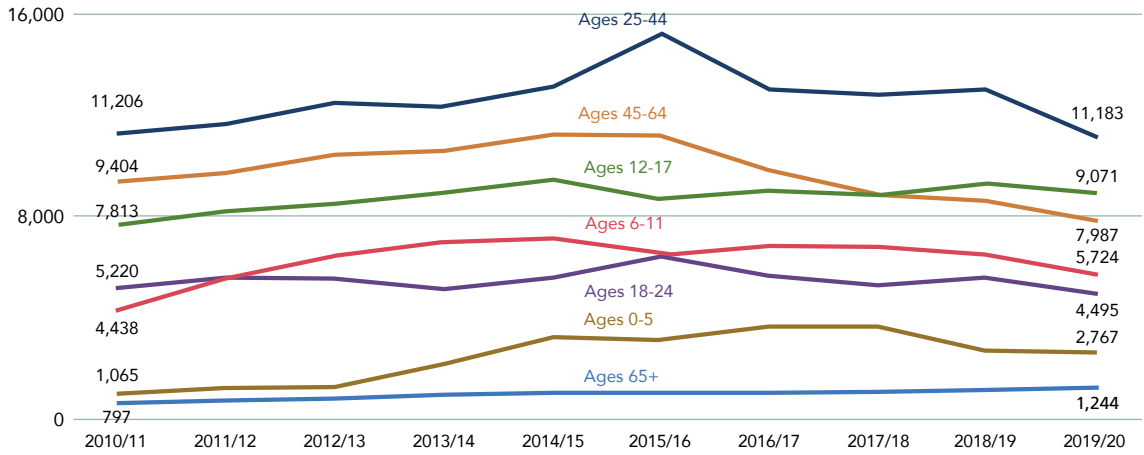
<sup>1</sup> National Institute of Mental Health ([www.nimh.nih.gov/health/statistics/index.shtml](http://www.nimh.nih.gov/health/statistics/index.shtml))



Over the past 10 years, mental health care for children ages 0-5 has witnessed the largest increase, growing 160% since 2010/11, followed by seniors ages 65+, growing 56%, and children ages 6-11, growing 29%. Overall, 41% of clients served in 2019/20 were children and youth ages birth through 17 years, including 2,767 children ages 0-5 (7% of all clients) and 9,071 adolescents (21% of all clients).

### NUMBER OF CHILDREN AND YOUTH RECEIVING MENTAL HEALTH SERVICES IS INCREASING

Unduplicated Count of Clients Served by the Public Mental Health System by Age in San Bernardino County, 2010-2020



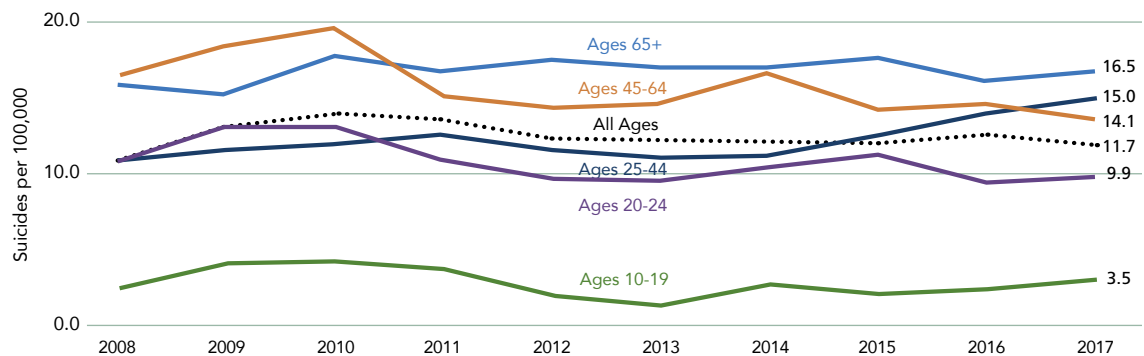
Source: County of San Bernardino, Department of Behavioral Health, Client Services Information System

### Suicide

While suicide deaths fluctuate annually, general trends can be observed.<sup>2</sup> The absolute number of suicide deaths in San Bernardino County has 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. The suicide rate among 25-44-year-old residents has increased the fastest between 2008 and 2017, rising an estimated 39%. Residents 65 years of age and older had the highest rate of suicide in 2017. Firearms, the most common cause, were used in 46% of San Bernardino County suicide deaths.

### SUICIDE RATE AMONG 25-44 YEAR OLDS HAS INCREASED THE FASTEST OVER TIME

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



Note: Data reflect rolling three-year 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, and so on.

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

### 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))

<sup>2</sup> Note that due to data reporting delays stemming from the COVID-19 pandemic, 2017 suicide data presented are the most recent available to date. Rate of change is calculated on three-year rolling average suicide rates.



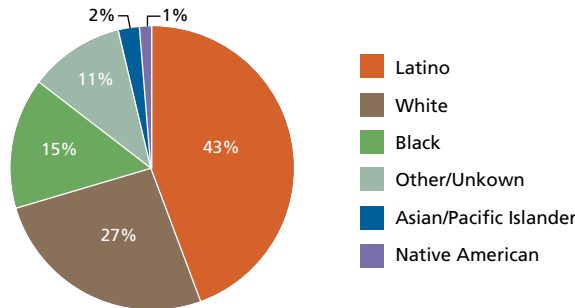
## RACE/ETHNICITY DETAIL

### Treatment

Of the clients served by County mental health services during 2019/20, 43% were Latino, 27% were White, 15% were Black, 2% were Asian or Pacific Islander, 1% were Native American, and 11% were some other race or ethnic group, or unreported.

#### MAJORITY OF PUBLIC MENTAL HEALTH CLIENTS ARE LATINO OR WHITE

Distribution of Unduplicated Count of Clients Receiving Public Mental Health Services by Race/Ethnicity in San Bernardino County, 2019/20



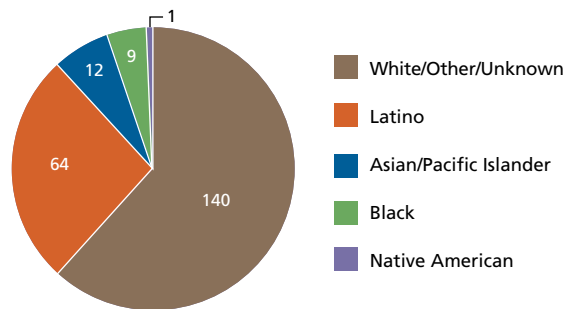
Source: County of San Bernardino, Department of Behavioral Health, Client Services Information System, 2019/20

### Suicide

White residents had both the highest count and rate of suicide deaths in San Bernardino County in 2017, at 140 and 22.6 per 100,000, respectively. Men were nearly four times as likely as women to commit suicide in 2017.

#### WHITE RESIDENTS MAKE UP THE GREATEST SHARE OF SUICIDES IN SAN BERNARDINO COUNTY

Suicide Count by Race/Ethnicity, in 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



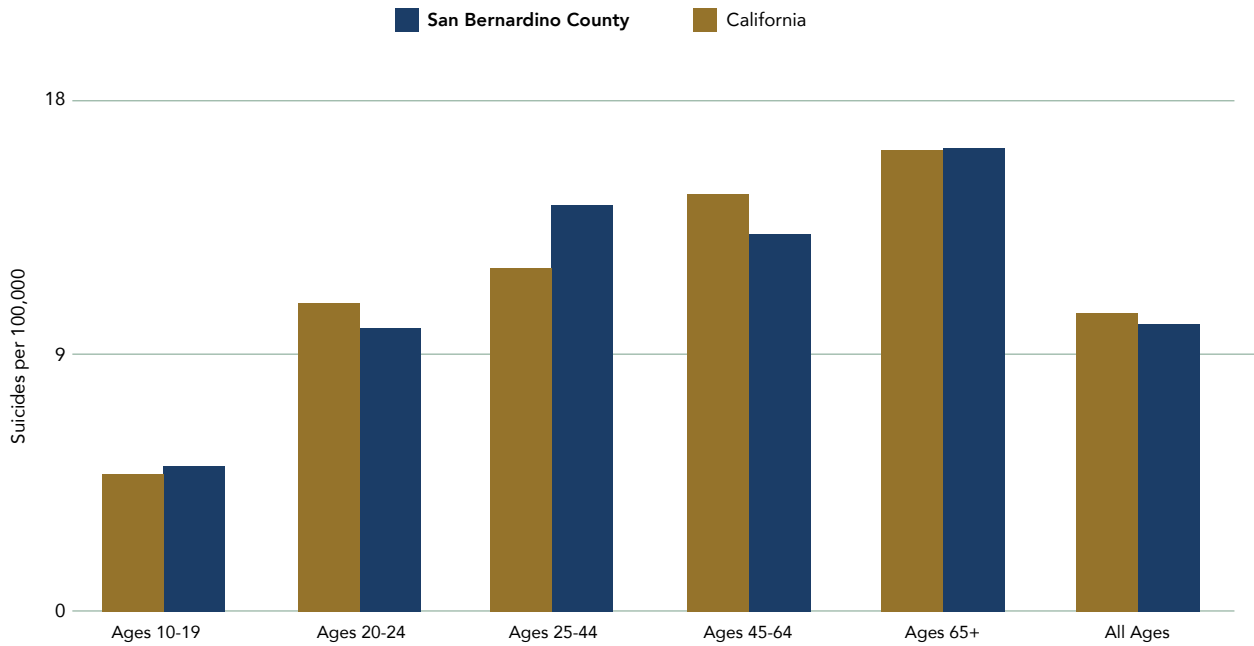
## GEOGRAPHIC COMPARISON

### Suicide

Overall, in 2017, San Bernardino County had a slightly lower rate of suicides per 100,000 residents (10.4 per 100,000) than the statewide average (10.9 per 100,000). The rate of suicide among residents ages 25-44 is higher in San Bernardino County than the state.

#### CALIFORNIA SUICIDE RATE IS SLIGHTLY HIGHER THAN SAN BERNARDINO COUNTY

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



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



# Drug-Induced Deaths Continue to Grow While Admission to Treatment Services Falls

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.



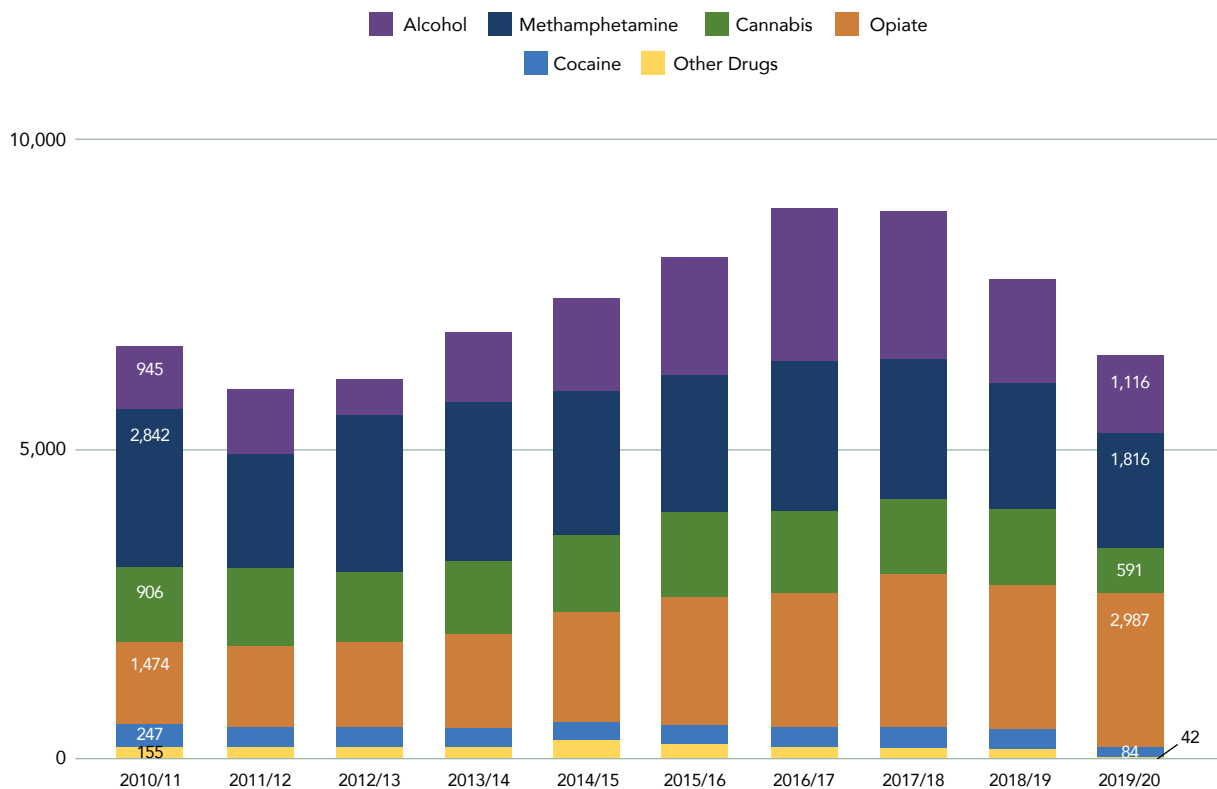
## TREND

### Treatment

SUD-related admissions to County treatment facilities fell 15% between 2018/19 and 2019/20. Over the past 10 years, admissions grew by 1%. Over this period, there was a 103% increase in opiate admissions and 18% increase in alcohol admissions, but double digit decreases for admissions for other substances. Twenty percent of clients receiving SUD services also received County mental health services in 2019/20, while 48% have received mental health services in their lifetimes.<sup>2</sup>

### SUD-RELATED ADMISSIONS TO TREATMENT DECLINES FOR THIRD CONSECUTIVE YEAR

Number of Alcohol- and Drug-Related Admissions to County-Funded Treatment Services in San Bernardino County, 2011-2020



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

<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))

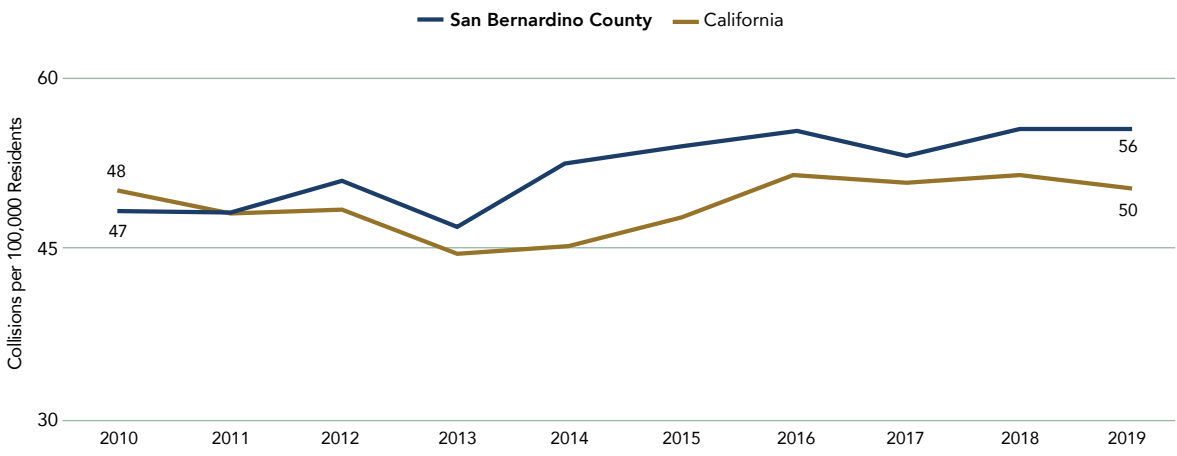
<sup>2</sup> San Bernardino County CalOMS dataset



### Alcohol-Involved Collisions

The number of alcohol-involved accidents was relatively flat at the county level between 2018 and 2019 and dropped 1% statewide. In 2019, 11% of serious collisions in San Bernardino County involved alcohol, compared to 10% of collisions statewide. Over the past 10 years, alcohol-involved collisions per capita have fluctuated to a present rate of 56 per 100,000 in 2019 – somewhat higher than the statewide rate of 50 per 100,000. In 2019, alcohol-involved collisions claimed 77 lives in San Bernardino County.

**SAN BERNARDINO HAS HIGHER RATE OF ALCOHOL-INVOLVED COLLISIONS THAN THE STATE**  
Number of Alcohol-Involved Serious Collisions per 100,000 Residents in San Bernardino County and California, 2010-2019

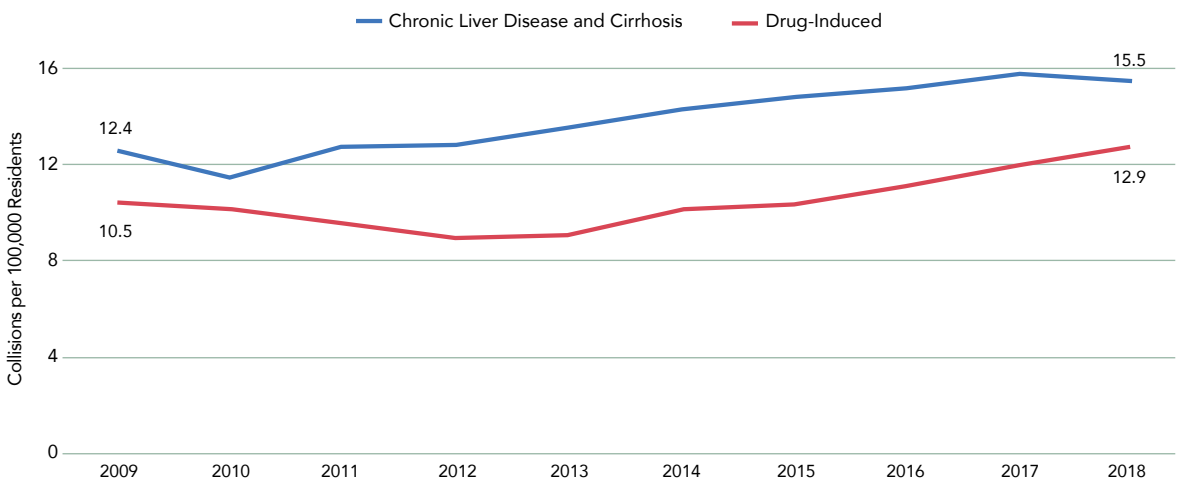


Sources: California Highway Patrol (<http://iswitr.chp.ca.gov/Reports/jsp/OTSReports.jsp>); California Department of Finance, Table E-2

### SUD-Related Deaths

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 2018 rate of 12.9 deaths per 100,000. Despite the rise, the county's 2018 rate is better than the statewide rate of 13.7 per 100,000. Deaths caused by chronic liver disease and cirrhosis, which are often associated with substance use disorder, have worsened, from 12.4 per 100,000 in 2008 to 15.5 per 100,000 in 2018. The county has more chronic liver disease and cirrhosis deaths than the statewide average (13.4 per 100,000 in 2018).

**DRUG- AND ALCOHOL-RELATED DEATH RATES ARE INCREASING**  
Drug and Alcohol-Related Death Rates in San Bernardino County, 2009-2018



Note: Data reflect rolling three-year averages, where "2018" includes data from 2016, 2017 and 2018. Death rates are age-adjusted per 100,000 population.  
Source: California Department of Public Health, County Health Status Profiles, 2020

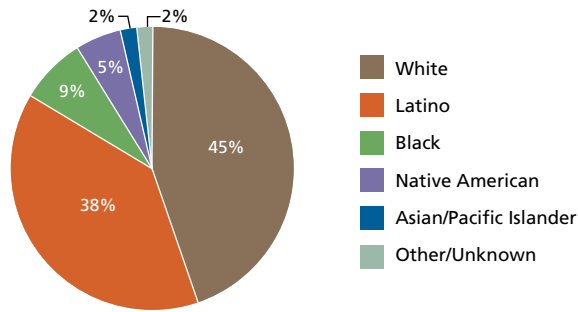


## RACE/ETHNICITY DETAIL

Nearly half (45%) of clients served by County substance use disorder treatment services are White, followed by 38% Latino, and 9% Black clients.

### MOST CLIENTS SERVED BY COUNTY SUD TREATMENT SERVICES ARE WHITE

Distribution of Unduplicated SUD Clients by Race/Ethnicity in San Bernardino County, 2019/20



### 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



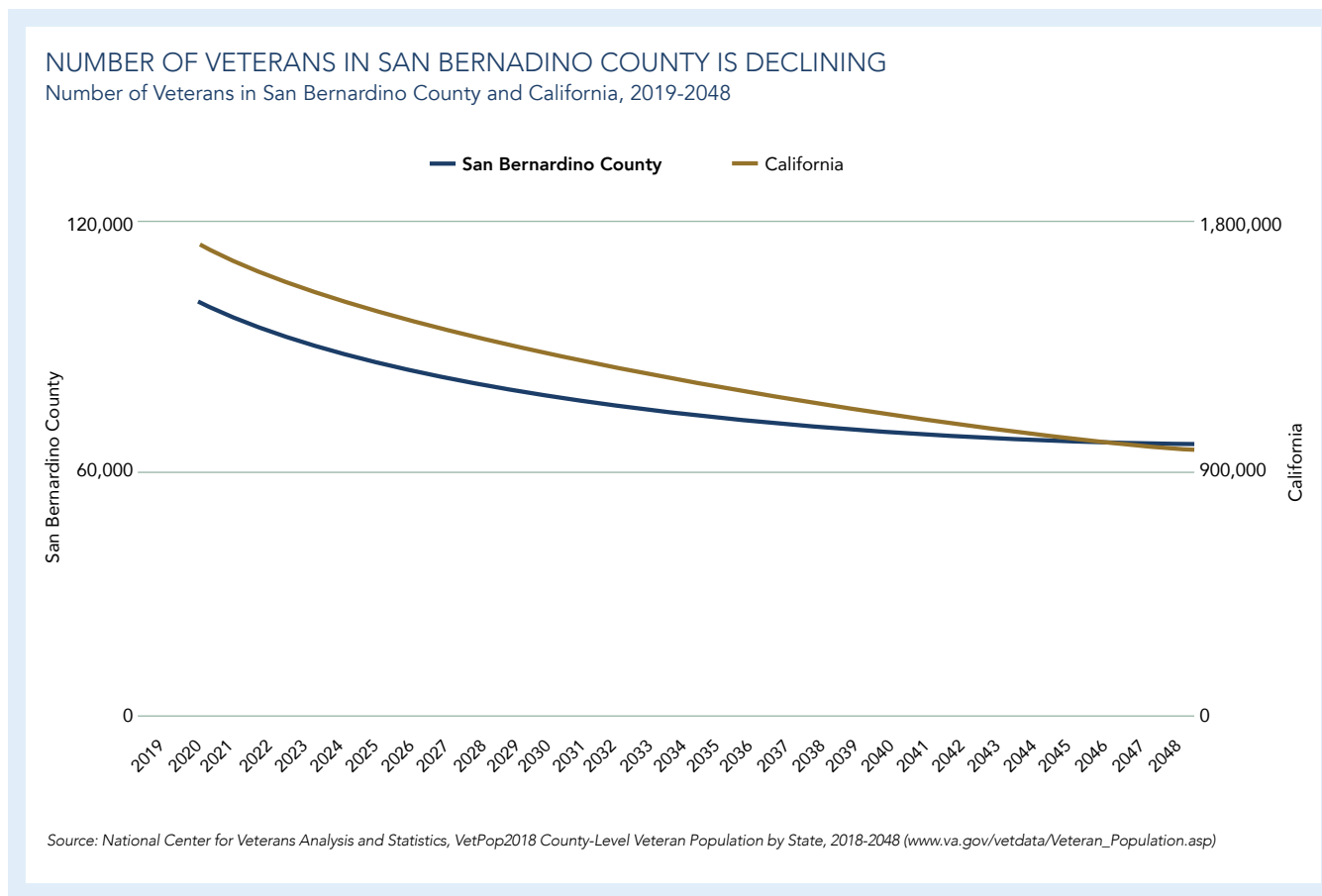
# Veteran Requests for Assistance Drop in 2020

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 service members and their families may reduce the long-term individual and societal impacts of war. Financial benefits obtained for veterans result 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.



## TREND

Similar to trends nationwide, the number of veterans living in San Bernardino County is declining. In 2020, approximately 4.4% of San Bernardino County’s population was comprised of veterans.<sup>1</sup> Between 2019 and 2048, the veteran population in San Bernardino County is projected to decline 37%, from an estimated 101,000 to 64,000. This is a slower decline than statewide, which anticipates a 46% decline.



<sup>1</sup> National Center for Veterans Analysis and Statistics, VetPop2018 County-Level Veteran Population by State, 2020 estimate; California Department of Finance, Population Estimates, Table E-2, July 2020



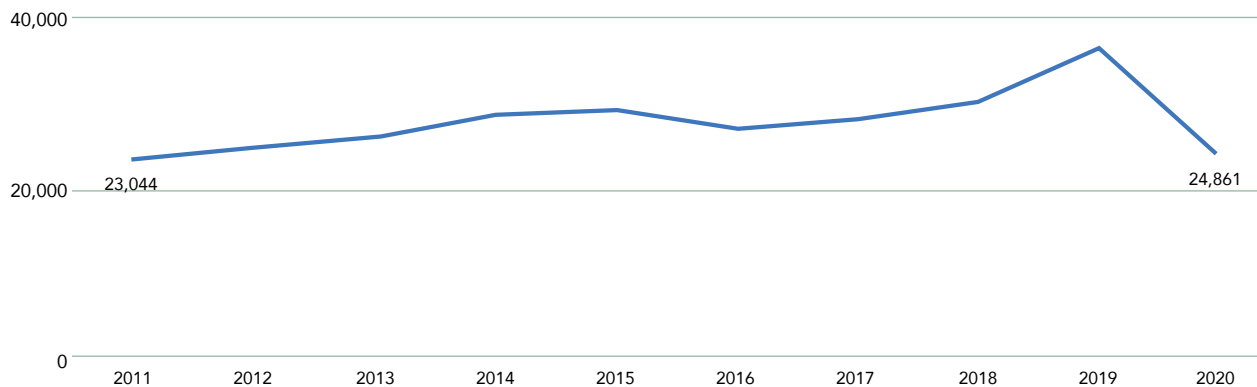


While the overall veteran population is decreasing, the number of veterans returning home from active duty is increasing, historically driving requests for assistance in recent years. However, veteran requests for assistance dropped significantly in 2020, potentially due to the impact of the COVID-19 pandemic on perceived safe program access. Requests for assistance grew 14% between 2018 and 2019, but dropped 31% between 2019 and 2020. Overall, requests for assistance are up 8% over the past 10 years. 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 \$8,717 per veteran in 2018/19, which is similar to the statewide average of \$9,509.<sup>2</sup>

### AFTER STEADY INCREASE, REQUESTS FOR ASSISTANCE DROP SHARPLY IN 2020

Requests for Assistance to the County Department of Veterans Affairs in San Bernardino County, 2011-2020

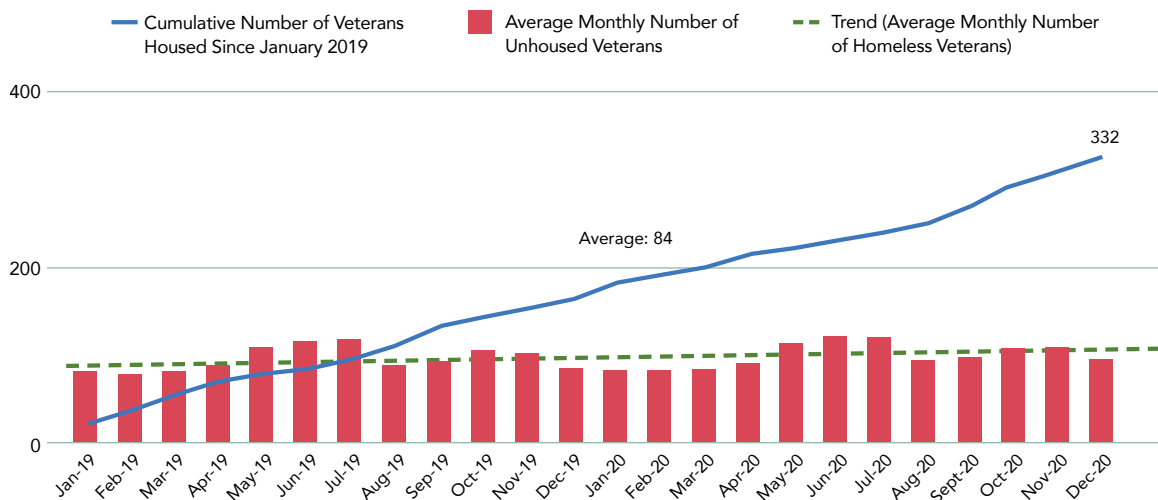


Source: National Center for Veterans Analysis and Statistics, VetPop2018 County-Level Veteran Population by State, 2015-2045 ([www.va.gov/vetdata/Veteran\\_Population.asp](http://www.va.gov/vetdata/Veteran_Population.asp))

Based on data from the Homeless Management Information System (HMIS), in the two-year period between January 2019 and December 2020, a total of 332 veterans were housed. Over this same period, the number of homeless veterans in any given month fluctuated from a low of 69 to a high of 103; the two-year average was 84. The monthly count contracts and expands as homeless veterans are housed and new homeless veterans are identified. Staff review data on a weekly basis to understand current veteran status.

### AN AVERAGE OF 84 VETERANS ARE HOMELESS EACH MONTH

Average Monthly Number of Homeless Veterans and Cumulative Number of Veterans Housed in San Bernardino County, January 2019-December 2020



Source: County of San Bernardino, Homeless Management Information System

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

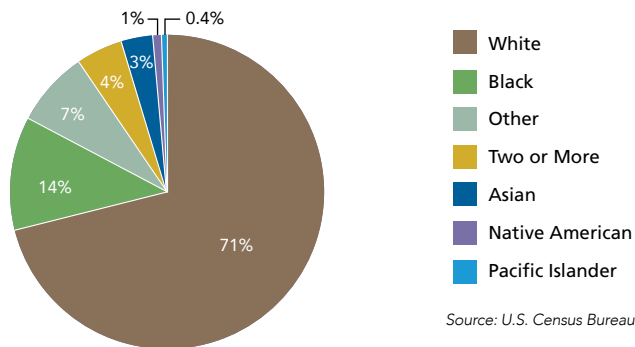


### RACE/ETHNICITY DETAIL

Most veterans (71%) identify as White, with Black veterans comprising the next largest share at 14%. These racial identifications do not take into account ethnicity; they include people who identify as Latino or Non-Latino. A little over a quarter (27%) of veterans identify as Latino (of any race).

#### MOST VETERANS IN SAN BERNARDINO COUNTY IDENTIFY AS WHITE

Distribution of Veterans by Race in San Bernardino County, 2019



Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, 2019



### SOCIOECONOMIC DETAIL

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 (32%) compared to the non-veteran population (13%).

#### VETERANS FARE BETTER THAN NON-VETERANS ON KEY ECONOMIC INDICATORS

Percentage of Veteran and Non-Veteran Residents with Select Characteristics in San Bernardino County, 2019

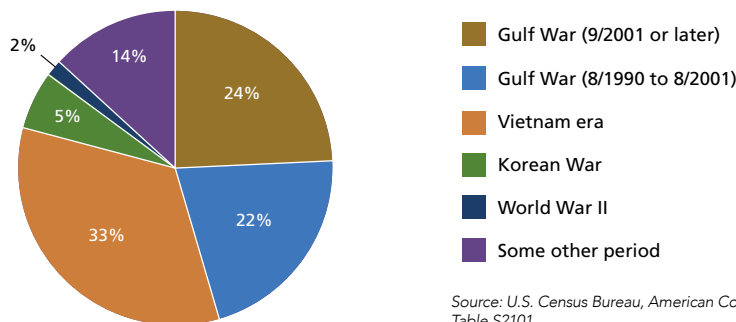
	Veterans	Non-Veterans
Median Income	\$ 44,195	\$ 29,731
Living in Poverty	6.4%	11.8%
Unemployment Rate	4.0%	5.8%
High School Diploma or Higher	96.0%	79.6%
Bachelor's Degree or Higher	26.4%	22.2%
With a Disability	31.7%	13.0%

Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, 2019, Table S2101

Most San Bernardino County veterans are Gulf War vets (46%), followed by Vietnam era vets (33%). Women comprise 10% of the total veteran population in San Bernardino County.

#### MOST VETERANS SERVED IN THE GULF WAR

Percent of Veterans by Period of Service in San Bernardino County, 2019



Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, 2019, Table S2101



# Rates of Most STIs are Rising

Sexually transmitted infections (STIs) are passed from one person to another through sexual activity. STIs 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 STIs 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, STIs are also an economic drain on the U.S. healthcare system, costing billions annually (National Centers for Disease Control and Prevention).<sup>1</sup> This indicator tracks the prevalence of three common STIs: chlamydia, gonorrhea, and syphilis (including congenital syphilis).<sup>2</sup>

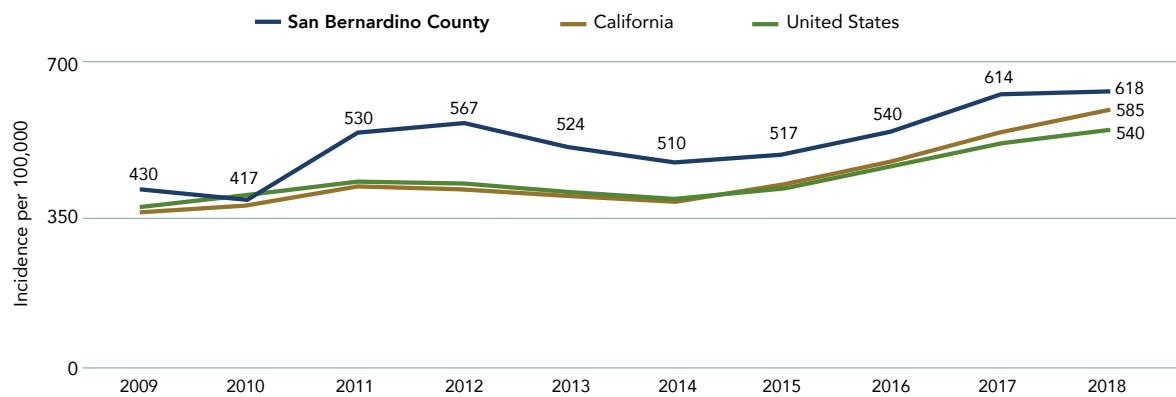


## TREND

Sexually transmitted infections are on the rise in San Bernardino County. The county's rate of chlamydia rose 44% in the 10 years between 2009 and 2018, increasing to 618 reported cases per 100,000 residents in 2018. Gonorrhea incidence in San Bernardino County more than doubled in the same 10-year time period, rising 212% to 180 reported cases per 100,000 people. Syphilis occurs at a much lower rate but is also increasing among San Bernardino County residents. Primary and secondary stage syphilis (the most infectious stages of the disease) increased more than 1000% between 2009 and 2018, with a rate of 14.6 cases per 100,000 residents reported in 2018. The number of new cases of congenital syphilis in San Bernardino County grew sharply between 2015 and 2016, and 2016 and 2017, reaching a high of 31 cases, or 99.9 cases per 100,000 residents in both 2017 and 2018.

### CASE RATE OF CHLAMYDIA INCREASING OVER TIME

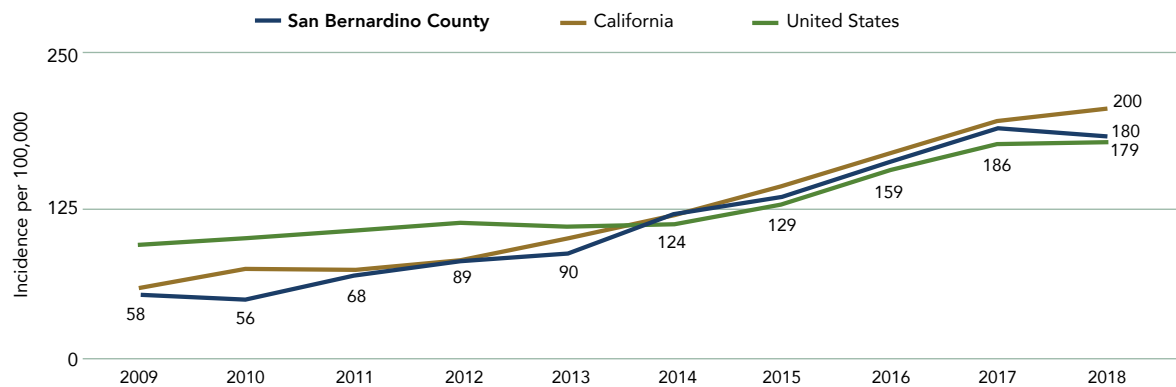
Incidence of Chlamydia per 100,000 Residents in San Bernardino County, California, and the United States, 2009-2018



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

### CASE RATE OF GONORRHEA TRENDING UP, WITH SIGNS OF LEVELING IN MOST RECENT DATA

Incidence of Gonorrhea per 100,000 Residents in San Bernardino County, California, and the United States, 2009-2018



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

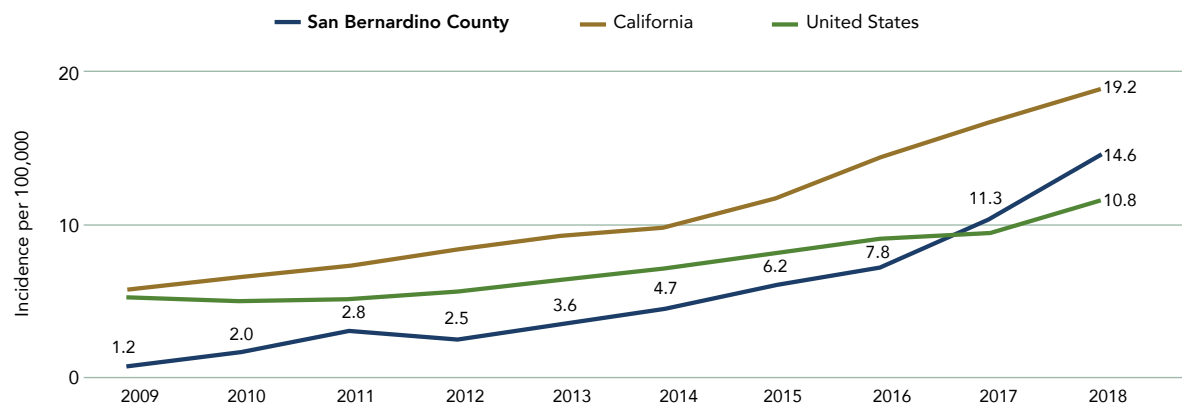
<sup>1</sup> Centers for Disease Control and Prevention, Data & Statistics (cdc.gov/std/stats)

<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. Latent and tertiary syphilis are not tracked in this indicator.



### CASE RATE OF SYPHILIS INCREASING SHARPLY IN RECENT YEARS

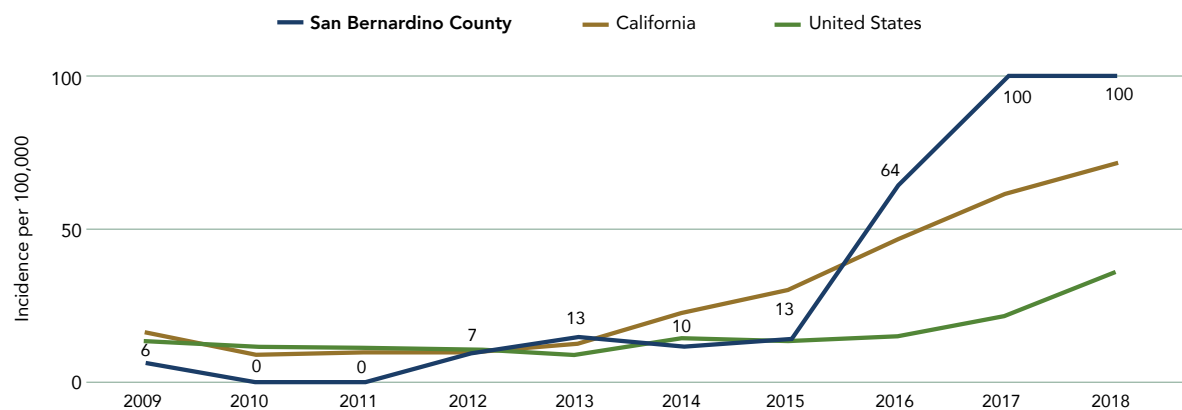
Incidence of Syphilis per 100,000 Residents in San Bernardino County, California, and the United States, 2009-2018



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

### CASE RATE OF CONGENITAL SYPHILIS INCREASING RAPIDLY SINCE 2015

Incidence of Congenital Syphilis per 100,000 Residents in San Bernardino County, California, and the United States, 2009-2018



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



## GEOGRAPHIC COMPARISON

San Bernardino County's STI rates are higher than the state and nation for chlamydia and congenital syphilis and in between the state and nation for chlamydia and syphilis. Specifically, the San Bernardino County chlamydia rate of 616 per 100,000 is higher than both the California and United States chlamydia rates of 585 and 540 cases per 100,000 residents, respectively. In comparison, San Bernardino County's rate of gonorrhea (180 per 100,000 people) was lower than California's (200 per 100,000 people) and nearly the same as the U.S. rate (179 per 100,000 people). San Bernardino County's primary and secondary syphilis rate of 14.6 per 100,000 falls in between the California rate of 19.2 per 100,000 and the U.S. rate of 10.8 per 100,000.



### Common STIs and Complications, if Untreated

**Chlamydia**, a bacterial infection, is the most commonly reported STI 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 STI 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 (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.

According to the Centers for Disease Control and Prevention, individuals who are infected with STIs are two- to five-times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. Each of these STIs, if left untreated, can facilitate the transmission of HIV infection. Almost half of all new STI cases each year are in people between the ages of 15 and 24 years.

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