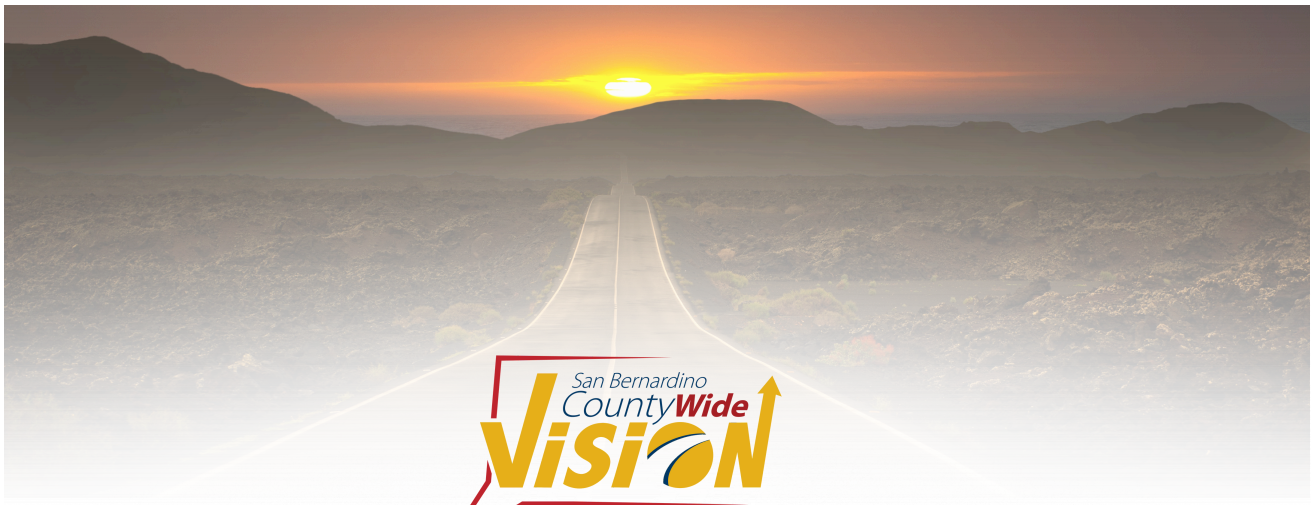
San Bernardino County:

Our Community Vital Signs

Community Vital Signs Initiative
San Bernardino County

Community Health Assessment 2024 Report

San Bernardino CountyWide Vision



San Bernardino Countywide Vision

WE ENVISION a complete County that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play.

WE ENVISION a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the County's unique advantages and provide the jobs that create Countywide prosperity.

WE ENVISION a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.

WE ENVISION a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.

From our valleys, across our mountains, and into our deserts, we envision a County that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

Adopted by San Bernardino County Board of Supervisors and San Bernardino Associated Governments Board of Directors. June 30, 2011.

Letter to the Community

Dear Community Member,

On behalf of the San Bernardino County Community Vital Signs (Vital Signs) Initiative, we are pleased to share the 2024 Community Health Assessment (CHA) report. This report is intended to drive discussion at the community level by residents, all sectors, networks, and partnerships committed to mobilizing action for improving the health and well-being of our County residents.

The 2024 CHA report is part of Vital Signs' efforts to achieve Wellness in support of our Countywide Vision, which notes that no single entity can make a community healthy; it requires community stakeholders, partners, leaders, and residents to work together to improve the well-being of our communities.

The CHA process is conducted every three to five years to learn and understand the key issues that impact health and quality of life in the County. The goal of this assessment was to engage residents, analyze health data and trends, and provide an opportunity for the community to prioritize key issues for action.

Through this CHA process, priority health issues affecting our communities were identified as Behavioral Health, Injury and Violence Prevention, and Chronic Disease. Data from this report along with the three health priority health issues will inform the development of a community health improvement plan, known as the San Bernardino County Community Transformation Plan.

Vital Signs recognizes that San Bernardino County residents do not have equal opportunities for good health, and we are committed to reducing health disparities and inequities by working together to achieve health equity for all.

Vital Signs invites all San Bernardino County residents, organizations, sectors, agencies, businesses, networks, partnerships and other interested parties to use this CHA report to lead action towards aligning efforts alongside us. The work of improving health in San Bernardino County is ongoing, we encourage you to join us in cultivating a culture of health.

We thank our Vital Signs Steering Committee members and partners who participated in the Vital Signs community health assessment process and look forward to creating a County where everyone can lead healthy, thriving, and better lives.

In partnership,
The Community Vital Signs Initiative

San Bernardino County
Community Vital Signs Initiative

Thank you to the individuals and cross-sector partners serving on the Steering Committee and whose commitment to time and resources guided the 2022-23 CHA process. The Steering Committee held monthly meetings and we are appreciative of their leadership and collaborative support in completing this report.

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About San Bernardino County

San Bernardino County is located in southeastern California and is the largest County in the contiguous United States, with over 20,000 square miles of land. It is commonly divided into three distinct areas: the Valley, Mountain, and Desert Regions. The Valley Region contains most of the County's incorporated areas and population. The Mountain Region primarily comprises public lands owned and managed by federal and state agencies. The Desert Region is the largest (approximately 93.0% of the County), with numerous remote, small, and underserved communities. The vast size of San Bernardino County, coupled with considerable remote, unincorporated communities, poses substantial challenges to promoting healthy living and providing access to a full spectrum of health services.

The Countywide Vision

The Countywide Vision was adopted by the San Bernardino County Board of Supervisors and elected representatives of all 24 incorporated cities and towns on June 30, 2011. It envisions a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts, culture, and infrastructure through 11 core elements: Education, Environment, Equity, Housing, Image, Infrastructure, Jobs/Economy, Public Safety, Quality of Life, Water, and Wellness. Vital Signs supports the Wellness Element, which aims to improve physical and mental health and reduce socio-economic disparities through prevention programs, superior healthcare, health education, promotion of healthy lifestyles, and increasing collaboration among providers and community-based organizations.

Resolution No. 2020-103 Resolution Affirming That Racism Is A Public Health Crisis[1]

On Tuesday, June 23, 2020, the San Bernardino County Board of Supervisors adopted Resolution 2020-103 declaring that racism is a public health crisis. The resolution describes numerous facts substantiating how racism impacts the County's health, including disparities in family stability, health and mental wellness, education, employment, economic development, public safety, criminal justice, and housing. It also outlines eight steps to combat racism:

- Establish "equity" as an eleventh element within the Countywide Vision by creating an active and vibrant Equity Element Group that would identify programs, policies, and collaborations to address the effects, impacts, and prevention of racism and ensure membership of the Group is diverse in terms of ethnicity, age, and gender, and includes members of the Black community.
- Collaborating with the County's law and justice agencies and the community to ensure public confidence that public safety is administered equitably.
- Promoting equity through policies to be considered by the Board of Supervisors and enhancing meaningful, thoughtful, and data-driven education efforts aimed at understanding, addressing, and dismantling racism and how racism affects public health, family stability, early education, economic development, public safety, and the delivery of human services.
- Identifying specific activities to enhance diversity within the County Government workforce.
- Advocating for relevant policies that improve health outcomes in communities of color, and supporting local, regional, state and federal initiatives that advance efforts to dismantle systemic racism.
- Building and strengthening alliances with other organizations that are confronting racism, and encouraging other agencies to recognize racism as a crisis.
- Supporting community efforts to amplify issues of racism and engaging actively and authentically with communities of color throughout San Bernardino County.
- Studying and evaluating existing County policies and practices through a lens of racial equity to promote and support policies that equitably prioritize health, especially for people of color, by mitigating exposure to adverse childhood experiences.

1 Resolution edited for this report. The full text of the resolution is available at sanbernardino.legistar.com/View.ashxM=F&ID=8632951&GUID=F8A8D44B-6D2D-4807-AEF8-8B77100E8FE0.

The Community Vital Signs Initiative

The Community Vital Signs (Vital Signs) Initiative, started in 2011 by the County's Departments of Public Health (DPH) and Behavioral Health (DBH) and the Arrowhead Regional Medical Center (ARMC), is charged with implementing the Wellness Element of the Countywide Vision. The Vital Signs framework for community health improvement identifies, aligns, and leverages resources, programs, and community efforts to improve community health and well-being. The framework was developed by County residents, community-based organizations, business and faith leaders, healthcare providers, and governmental partners.

Purpose

Vital Signs is a community health improvement framework jointly developed by San Bernardino County residents, organizations, and government. It builds upon the Countywide Vision by setting evidence-based goals and priorities for action that encompass policy, education, environment, and systems change in addition to quality, affordable, and accessible health care and prevention services. It provides the basis for aligning and leveraging resources and efforts by diverse agencies, organizations, and institutions to empower the community to make healthy choices.

The Community Vital Signs Vision Statement

Vital Signs envisions a County where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations, and government.

The Community Vital Signs Values

Vital Signs is guided by the following values:

Community-driven: Shared leadership by and for residents, engaging and empowering all voices

Cultural competency: Respecting and valuing diverse communities and perspectives

Inclusion: Actively reaching out, engaging, and sharing power with diverse constituencies

Equity: Access to participation, resources, and service addressing historical inequities and disparities

Integrity and Accountability: Transparent and cost-effective use of resources

Collaboration: Shared ownership and responsibility

Systemic change: Transform structures, processes, and paradigms to promote sustained individual and community health and well-being

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Executive Summary

The Community Health Assessment (CHA) process is a collaborative effort between the Community Vital Signs (Vital Signs) initiative and the San Bernardino County Department of Public Health (DPH).

The 2024 CHA was informed through a community process that included a community-wide health survey, community meetings, discussions with key informants, and public health and socioeconomic data. The CHA identified the following three health improvement priorities for San Bernardino County by combining community input and findings from secondary data (existing data from verified sources):

- Behavioral Health
- Injury and Violence Prevention
- Chronic Disease

The health of the community is determined by a combination of multiple factors. Economic and social insecurity is associated with poor health just as poverty, unemployment, and lack of education result in reduced and limited access to safe and affordable housing, available healthcare, reliable childcare, and healthy nutrition.

Behavioral health, injury and violence prevention, and chronic disease were determined to be health priorities because both of the following were found to be true for San Bernardino County in this assessment:

- Community members expressed concern about the priority.
- Secondary data pointed to significant differences in the County compared to California or indicated a concerning or worsening trend among or between specific demographic groups within the County.

Health priority areas were selected using the following criteria established by the Vital Signs Steering Committee partners:

- Impact on communities experiencing inequities and disparities including structural, systemic, and historical inequity and disparity.
- Impact on a large number or higher percentage of people in the County.
- The availability of resources (time, funding, staffing, equipment) to impact the priority.
- The existence of community will or opportunity to leverage or influence the issue.
- The possibility to make measurable change within three to five years.

The CHA examined how the Social Determinants of Health (SDoH), racism, and discrimination impact community health. The determinants of health are important for organizations to consider when developing plans focused on improving community health. A high-level overview of the Health Improvement Priorities (HIPS) is included in this executive summary. The details of the CHA process and data analysis can be found in this report and the associated data is available as a resource to the broader community at communityvitalsigns.org.

The CHA and the data it includes are intended to be a useful resource for community health improvement efforts. Pages 11 through 16 of this Executive Summary provide key indicators and factors that are driving the need to prioritize addressing Behavioral Health, Injury and Violence Prevention, and Chronic Disease in San Bernardino County.

Health Improvement Priority: Behavioral Health

Behavioral Health refers generally to the promotion of mental well-being and the prevention and treatment of mental health conditions and substance use disorders. Like physical health, behavioral health can fall anywhere on the spectrum from illness to wellness and can vary over the course of a lifetime.

Behavioral health conditions arise from the interaction between genetic and environmental factors. Common problems include anxiety, depression, substance use disorder, attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, and schizophrenia.

Behavioral health is deeply connected to physical health outcomes, as well as to social and economic well-being. People with behavioral health conditions are at greater risk of developing chronic diseases such as heart disease or diabetes and are more likely to have unstable employment, insecure housing, or involvement with the criminal justice system.

Behavioral Health

Key Indicators in San Bernardino County

Drug overdose deaths are a leading contributor to premature death and are largely preventable.

San Bernardino County, California, and the U.S. are experiencing an epidemic of drug overdose deaths. Since 2018, the County rate of drug overdose deaths increased from 9.4% to 30.2% in 2022. (California Overdose Surveillance Dashboard)

Frequent mental distress is a corollary measure to poor mental health days. The percent of adults in San Bernardino County (18+ years) with poor self-reported mental health in the past year was 16.1% in 2021, a significant increase from 12.1% in 2017. In 2020, the average number of self-reported mentally unhealthy days in the past month in San Bernardino County was 4.6 days, higher than in California at 4.0 days. This indicator spotlights those who are experiencing more chronic, and likely severe, mental health issues.

Opioids contribute largely to drug overdose deaths. Since 2000, there has been a 200.0% increase in deaths involving opioids (opioid pain relievers and heroin). San Bernardino experienced 354 opioid-related overdose deaths in 2021, the most recent full year of data available. The age-adjusted overdose mortality rate for 2021 was 16.1 per 100,000 residents, an increase of 165.0% from 2019. (California Overdose Surveillance Dashboard)

The percentage of people reporting suicidal ideation in San Bernardino County significantly increased 56.0% between 2016 to 2021. (County Health Rankings)

21.0% of Community Themes and Strengths Assessment (CTSA) Survey respondents reported having never had an appointment with a mental health professional and 11.0% reported difficulty remembering the last time they had an appointment with a mental health professional.

35.6% of all CTSA Survey respondents and 52.7% of respondents who identify as a person of color indicated that access to mental health services is one the most important components of improving their health and well-being.

Health Improvement Priority: Injury and Violence Prevention

The 2019 cost of injury in the U.S. was $4.2 trillion, according to the Centers for Disease Control and Prevention (CDC). Costs include spending on healthcare, lost work productivity, as well as estimates for lost quality of life and lives lost.

The California Department of Public Health (CDPH) County Health Status Profiles 2023 reveals notable statewide increases in age-adjusted death rates for deaths due to accidents or unintentional injuries and drug overdose deaths. San Bernardino County exceeds the state average and Healthy People 2030 target for deaths due to homicide, accident-related deaths, motor vehicle traffic accidents, and firearm-related deaths.

Injury and Violence Prevention

Key Indicators in San Bernardino County

The injury death rate increased in San Bernardino County from 46.1 per 100,000 in 2016 to 75.4 per 100,000 in 2021 (1,659 deaths). The increase in the injury death rate was driven in part by unintentional injuries, which increased 99.2% between 2016 and 2021, from 27.5 per 100,000 to 54.8 per 100,000 (1,205 deaths).

Drug overdose deaths are a leading contributor to premature death and are largely preventable. San Bernardino County, California, and the U.S. are experiencing an epidemic of drug overdose deaths. Since 2018, the County rate of drug overdose deaths increased from 9.4% to 30.2% in 2022.

Among injuries resulting in hospitalizations, the leading cause of injury was unintentional injuries (85.0% in 2021), followed by self-harm (7.0% in 2021) and assault (5.0% in 2021). The rate of injury resulting in hospitalization increased in San Bernardino County from 2016 to 2021 by 9.0% (12,201 and 13,313, respectively). Child/Adult abuse was the most prominent assault related injury (32.0% of assault-related injuries).

Unintentional injury was also the main driver of Emergency Department (ED) visits in San Bernardino County (89.7%). Assault was the second leading reason for ED visits, followed by self-harm related injuries (5.3% and 1.3%, respectively).

29.0% of all CTSA Survey respondents and 48.3% of respondents who identify as a person of color indicated that rape and sexual assault are among the most damaging to the health of their community.

32.4% of all CTSA Survey respondents and 49.3% of respondents who identify as a person of color indicated that car accidents related to driver behaviors (texting, aggressive, distracted, or impaired driving) are among the most damaging to the health of their community.

Health Improvement Priority: Chronic Disease

CDC and the National Center for Health Statistics (NCHS) collects, analyzes, and disseminates timely, relevant, and accurate health data and statistics to inform the public and guide program and policy decisions to improve the nation's health. NCHS data indicates that chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States.

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. In California, the leading cause of death in 2021 according to the National Vital Statistics System (NVSS), was heart disease.

In San Bernardino County, high cholesterol was the most prevalent chronic disease among adults in 2021 and the prevalence of high cholesterol significantly increased between 2017 and 2021.

Chronic Disease

Key Indicators in San Bernardino County

Among 58 counties in the state of California, San Bernardino County ranks[2]:

- 48th for chronic respiratory disease
- 47th for coronary heart disease
- 42nd for all types of cancer

Obesity in adults continues to increase in San Bernardino County and is consistently higher than obesity rates in California. 38.1% of San Bernardino County adult residents were obese in 2021, an increase from 30.6% in 2017 and significantly higher than 28.7% of adults living elsewhere in the state.

Self-reported overall health has been shown to be powerful at predicting mortality. 20.9% of adults in San Bernardino County (18+ years) self-reported poor or fair health in 2021. Adults in the County are significantly more likely to report fair or poor self-reported health compared to adults living elsewhere in California at 18.0% and had a higher average number of poor physically unhealthy days.

High cholesterol was the most prevalent chronic disease among adults in 2021, at 32.6% of adults, followed by high blood pressure at 30.2%. The prevalence of high cholesterol has significantly increased from 27.7% in 2017 to 32.6% in 2021 in San Bernardino County.

31.6% of all CTSA Survey respondents and 51.0% of respondents who identify as a person of color indicated that chronic health conditions like diabetes, heart disease, and high blood pressure are among the most damaging to the health of their community.

29.5% of all CTSA Survey respondents and 48.8% of respondents who identify as a person of color indicated that a lack of exercise is among the top five things that are the most damaging to the health of the people in their community.

2 Higher numbers mean poorer results.

Purpose and Methodology

The purpose of the community health assessment (CHA) is to elevate the health needs and experiences of communities in San Bernardino County through systematic, comprehensive data collection, analysis, and reporting. The CHA answers the following questions:

- What are the most critical health issues in the community?
- What are the unhealthiest behaviors in the community?
- What are the most essential factors for community and personal health?

Mobilizing for Action through Planning and Partnerships

Vital Signs approached these questions by investigating the needs of community members using a framework derived from the Mobilizing for Action through Planning and Partnerships (MAPP) process.

Vital Signs is comprised of a broad coalition of health, education, business, housing, environment, transportation, public safety, local government, and community and faith-based organizations wholly committed to transforming San Bernardino County into a healthier place to live, work, learn, and play. For the 2024 CHA, Vital Sign Steering Committee members met quarterly from 2022 through 2024. Committee members recruited community leaders to the CHA process representing Spanish speaking, African American, and faith-based communities to reach underserved families.

Initially, Vital Signs sought to complete the CHA by building on the Community Health Status Assessment (CHSA) Data Report completed in 2020. The CHSA highlights health trends in San Bernardino County between 2015 and 2019 and indicates various health and social data indicators. However, it became clear to Vital Signs and San Bernardino County DPH that COVID-19 and the national move to address racial injustice required another look at the secondary data and gathering of additional data to understand how racism and the pandemic impacted the health and well-being of the residents within the County.

Vital Signs used the MAPP framework to gather insights from community partners, health and social service providers, faith and business leaders, community-based organizations (CBOs), and community members. This process did not rely on any single source of information but rather considered multiple data sources in the analysis before arriving at findings.

The CHA process occurred between 2022-2024 and includes data collected through the following methods:

- A County-wide community themes and strengths assessment (CTSA) survey
- Community share-back events
- Key-informant meetings
- Secondary data collection, review, and analysis

Findings from the data collection and analysis will guide the San Bernardino County Community Transformation Plan, a long-term, systematic effort to address priority issues that affect community health and its implementation. The CHA will guide how resources are expended to ensure efforts are focused on the most pressing community health and social care needs.

Understanding the Community Context

According to MAPP, telling the community story emphasizes the need for a complete, accurate, and timely understanding of community health and well-being across all sub-populations within the community. Telling the story happens by gathering input from community members with a broad array of views to understand the wide range of health outcomes and begin identifying the root causes of those outcomes.

Primary Qualitative Data: Community Themes and Strengths Assessment Survey

Primary qualitative data is a broad category that can include almost any non-numerical data. It is data that can be observed but not measured and is subjective rather than objective. Qualitative data can be collected through various means, including opinion-based surveys, meetings, focus group discussions, and key informant interviews. Qualitative data is used in public health to offer context, additional detail, and interpretation of quantitative data. It can also help explain trends seen in the data.

Surveys are commonly used to gather community input for a CHA. In a CHA, the survey tool is not meant to gather statistically valid information. We asked community members to complete the survey to identify the issues that matter most to them and anonymously share their opinions about community health issues and the quality of life in San Bernardino County. The results identify health-related issues from the community's perspective and ultimately inform the Community Transformation Plan process and create strategies to address the issues.

Unique insights, expertise, and perspectives are required to understand community context and the experiences of community members directly impacted by social, public health, and healthcare delivery systems. To that end, the CTSA survey was designed and deployed to gather information to answer the following questions:

- What is most important to improving health and well-being?
- What is most damaging to the health of the community and to people in the community?
- What strengths and resources does the community have that support health and well-being (to understand how connected and how safe people feel in their community)?
- What are the current and historical forces that shape socio-economic conditions for community members?
- What are the assets in the built environment, and how do those vary by neighborhood (to understand access to resources)?

A total of 6,210 community members engaged in the survey, which was available online and on paper in four languages: English, Spanish, Vietnamese, and Mandarin. The survey was open and distributed between the months of November 2022 to January 2023. Vital Signs relied on Steering Committee members, partner organizations, and stakeholders to disseminate information about accessing the survey to ensure broad representation from the County's residents. Additionally, DPH's health educators and ambassadors distributed paper surveys to capture the input of residents who could not access computers or the internet. Vital Signs and its partners shared and marketed the online survey in the following ways:

- Through existing collaboratives or coalitions
- At planned community events
- Through newsletters and on social media
- Other media, such as local news channels, radio, and newspapers

To analyze the response data, survey results with less than a 75.0% completion rate were excluded. The analysis contains a total of 4,526 survey responses. It is important to note that each question has a unique number of responses. Survey findings are referenced throughout this assessment to provide context, and in some instances, contrast the findings in the secondary data.

Community Shareback and Key Informants

Findings from the CTSA survey combined with robust input from key informants were used to tell the community story and identify the critical strategies needed to ensure improvement in the functioning and impact of the systems with whom community members interact.

Data Collection and Analysis: Understanding Community Status

Community status is informed by a community-driven quantitative data assessment. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with SDoH and systems of power, privilege, and oppression. Community status seeks to understand:

- What does the status of your community look like, including key health, socioeconomic, environmental, and quality-of-life outcomes?
- What populations are experiencing inequities across health, socioeconomic, environmental, and quality-of-life outcomes?
- How do systems influence outcomes?

Secondary Quantitative Data

Quantitative data is measurable and expresses a certain quantity, amount, or range. It is used to quantify a problem or determine how many, how often, or how much. Data is produced through a systematic, verifiable, replicable process and in and of itself is not subject to interpretation. Quantitative data is used in public health to show comparisons and may involve counting people, behaviors, conditions, or other discrete events. It may also be used to identify health trends by looking at how a particular indicator has changed over time, helping to understand the changing needs of communities to appropriately plan and prioritize ways to approach disease prevention and health promotion.

Health factors, behaviors, and outcomes data were reviewed and analyzed to paint the picture of health and well-being in San Bernardino County. Data sources included:

- The American Community Survey (ACS) data were used to understand the socioeconomic status of San Bernardino County residents.
- California Department of Public Health Vital Statistics and Health data.
- The California Health Interview Survey (CHIS) to understand County-wide estimates of health behaviors, outcomes, and access to care indicators
- San Bernardino County DPH internal data for:
  - COVID-19 testing, case outcomes, and vaccines
  - Overdose death rates involving fentanyl
- Data from CalEnviroScreen, a screening methodology used to help identify California communities that are disproportionately burdened by multiple sources of pollution
- Robert Wood Johnson Foundation County Health Rankings, a primary curated data source, including multiple data sources

See Appendix A for a list of all data sources used in this CHA.

Analyzing Census Data

Every ten years, the U.S. Census Bureau conducts the national census, asking questions of people in homes and group living situations and collecting data about how many people live or stay in each home and the sex, age, and race of each person. As part of collecting census data, the ACS collects social, housing, and economic data (such as citizenship, educational attainment, disability status, employment status, income, and housing costs) that is used for planning numerous federal, state, local, and tribal program.

The ACS offers both one-year and five-year estimates. The one-year estimates, based on the most recent data, provide a current snapshot of an area but come with larger margins of error due to their reliance on smaller sample sizes. In contrast, the five-year estimates, derived from larger samples, feature smaller margins of error, enhancing their statistical reliability. This reliability is particularly beneficial for analyzing smaller geographic areas and minor population groups. Furthermore, the five-year estimates adhere to distinct data suppression rules compared to one-year estimates, a reflection of their differing levels of reliability as per the guidelines of the Census Bureau.

For this assessment, the 2017-2021 ACS Public Use Microdata Areas (PUMA) five-year estimates were analyzed to develop the County's demographic profile. PUMA are non-overlapping, statistical geographic areas containing at least 100,000 people each. The data contains aspects about people and housing without any personal identifying information. This accommodates more detailed and complex research and improves statistical analyses and comparisons because these areas have almost identical population numbers.

Lastly, PUMA data allows users to create estimates and measures with combinations of people and household variables unavailable elsewhere. The table on page 27 lists the three ACS PUMA regions within San Bernardino County, their corresponding cities and towns, and their population size. Additionally, the Census Bureau strongly encourages incorporating the following guidelines in their PUMA definitions:

- Wherever possible, each PUMA should comprise an area either entirely inside or entirely outside metropolitan or micropolitan statistical areas.
- 2010 place definitions, 2010 urban/rural definitions, and local knowledge should inform PUMA delineations.
- PUMAs should contain at most 200,000 people unless identified as an area likely to undergo substantial population decline over the decade.
- PUMAs should avoid unnecessarily splitting American Indian reservations (AIRs) and/or off-reservation trust lands (ORTLs) and separating American Indian populations, mainly if large numbers of American Indians are included within all parts of the split AIRs/ORTLs.

Race and Ethnicity Naming

Data sources often use different race and ethnicity titles or categories to classify and report demographic information. These categories may vary by region and by the purpose of data collection. It's essential to note that wording and categorizations can change over time and may differ across jurisdictions and organizations. This CHA reports the race and ethnicity title or category used by the data source.

Determining Significance

Differences noted in this report represent those determined to be significant. The statistically significant difference between any two groups was determined for survey-derived indicators based on a 10% variation from the comparative group. Comparative groups come from the demographic indicators collected from survey respondents. The significance of secondary data indicators which provided sampling error (but might be subject to reporting error) was determined based on confidence intervals. Determining significance using confidence intervals is a standard statistical method to assess the reliability and significance of an estimate or difference between two groups. Confidence intervals provide a range of values within which we can reasonably expect the true population parameter (e.g., population mean or difference in means) to fall within a certain confidence level. The width of a confidence interval depends on the size and variability of the data. When two confidence intervals overlap, it is unlikely that a difference in the estimated rate between the comparison groups truly exists in the population. If the confidence intervals do not overlap, it may indicate a likely difference in the two rates truly exists.

When possible, significant differences between two groups were determined by comparing demographics (e.g., race and ethnicity) or comparing two groups over time (e.g., significant change in trends).

Age-Adjusted Rates and Crude Adjusted Rates

Rates help users understand the meaning of a frequency within the context of the population size and determine the impact of a health condition on a community when there is a significant variation in populations between counties or categories of people. There are two rates included in this report:

- Crude or age-specific rate. This represents the actual observed rate.
- Age-adjusted rate. This represents the crude rates if the time periods or the different geographies had the same composition of ages. Therefore, age-adjusted rates help users compare rates across different geographies or periods when age is associated with an outcome, such as overdose, and when the underlying age distribution in the different geographies or periods varies. An age-adjusted rate is an artificial rate, a weighted average of the age-specific (crude) rates.

Methodology

1 Primary Data Collection

- Community Themes and Strengths Assessment (CTSA) Survey
- Key Informant Meetings
- Community Share-Back meetings

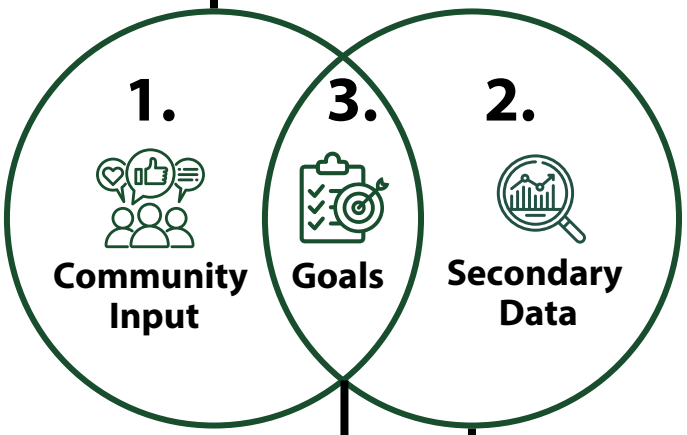
2 Secondary Data Collection

- The American Community Survey
- California Department of Public Health Vital Statistics and Health Data
- The California Health Interview Survey (CHIS)
- Data from CalEnviroScreen
- Robert Wood Johnson Foundation County Health Rankings

3 Health Improvement Priorities and Goals

Bringing together community voices and findings from secondary data sources (as seen in Figure 1), the CHA identified three health improvement priorities for San Bernardino County:

- Behavioral Health
- Injury and Violence Prevention
- Chronic Disease



Limitations

All data and assessments have limitations. In terms of content, this assessment was designed to provide a comprehensive picture of the overall community's health. While this assessment is quite comprehensive, it cannot measure all possible aspects of health in San Bernardino County; a significant number of medical conditions are not specifically addressed. Nor does this assessment represent all possible populations of interest, and not all voices are proportionately represented. It must be recognized that these information gaps limit the ability to comprehensively and accurately assess disparities among and between communities or all of the community's health needs.

In every assessment, certain population groups, particularly those who are and historically have been marginalized, including communities of color, individuals experiencing homelessness, institutionalized or incarcerated persons, and those who only speak a language other than English, are not well represented in secondary data. Population groups including people who are pregnant, lesbian/gay/bisexual/transgender (LGBT), undocumented and documented immigrants, and members of certain racial and ethnic groups might not be identifiable or might not be represented in numbers sufficient for independent analyses.

Additionally, survey data is inherently prone to respondent bias, is time-consuming, and often does not generate a strong response rate. Hard-to-reach populations often do not respond to surveys. To mitigate common challenges such as language barriers and cultural differences, San Bernardino County DPH staff translated the CTSA survey and outreach materials into the four Medi-Cal threshold languages for the County and worked with trusted community-based organizations and faith leaders to distribute the survey to these communities. Unfortunately, the response rate for the non-English language survey was low, so those responses were combined with the English language responses.

Demographic Profile

The demographic characteristics of a population are critical to understanding the health risks, challenges, strengths, and opportunities of a region. Aspects, such as race and ethnicity, age, and gender are closely linked to health outcomes. Socio-economic factors, such as income and education, are likewise associated with health risk and protective factors and outcomes.

Subsequent sections of the CHA specify the reasons for variation in characteristics among different demographic groups. This variation reflects the impacts of structural and systemic barriers and discrimination, such as racism, ableism, sexism, and other determinants of health.

This section displays the general demographics of the region. Additional demographics are available in the San Bernardino County Data Dashboard.

Demographic Profile

San Bernardino County is located in southeastern California. It overlays five Indian Reservations that are home to five federally recognized tribes. It is the largest County in the contiguous United States, with over 20,000 square miles of land, and is the fifth-most populous County in the California. It is commonly divided into three distinct areas: the Valley, Mountain, and Desert Regions. The Valley Region contains most of the County's incorporated areas and population. The Mountain Region primarily comprises public lands owned and managed by federal and state agencies. The Desert Region is the largest (approximately 93.0% of the County), with numerous remote, small, and underserved communities.

Demographic Profile

ACS 2017-2021 PUMAs, San Bernardino County, CA
Population: 2,162,360
Average Age: 38
53.8% of Hispanic Origin

San Bernardino County West Central

Total Population: 347,921
Hesperia City and Apple Valley Town: 176,971
Victorville and Adelanto Cities: 170,950

San Bernardino County Southwest

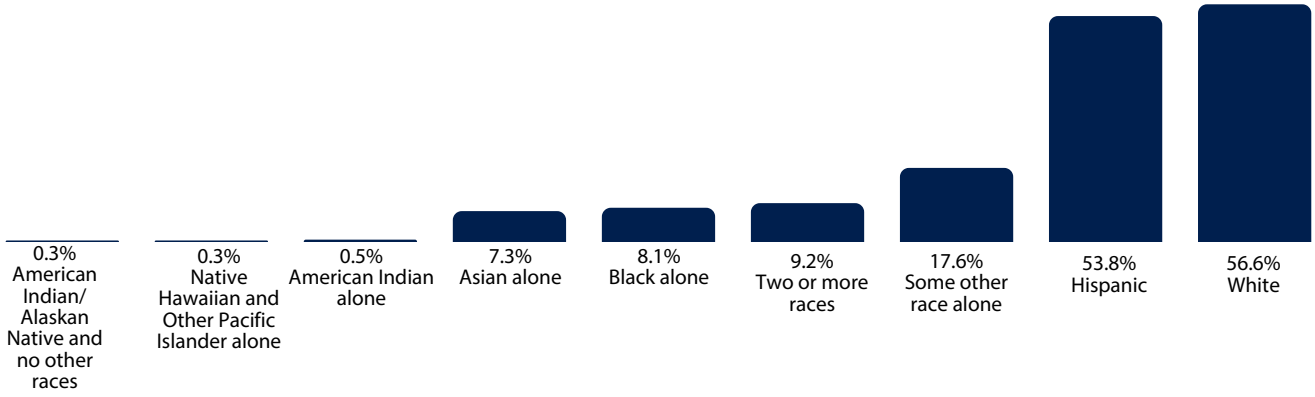
Total Population: 1,672,881
Chino and Chino Hills Cities: 176,216
Colton, Loma Linda and Grand Terrace Cities: 105,953
Fontana City: 238,178
Ontario City: 179,699
Phelan, Lake Arrowhead and Big Bear City: 119,030
Rancho Cucamonga City: 178,240
Redlands and Yucaipa Cities: 144,720
Rialto City: 114,013
San Bernardino City: 288,781
Upland and Montclair Cities: 128,051

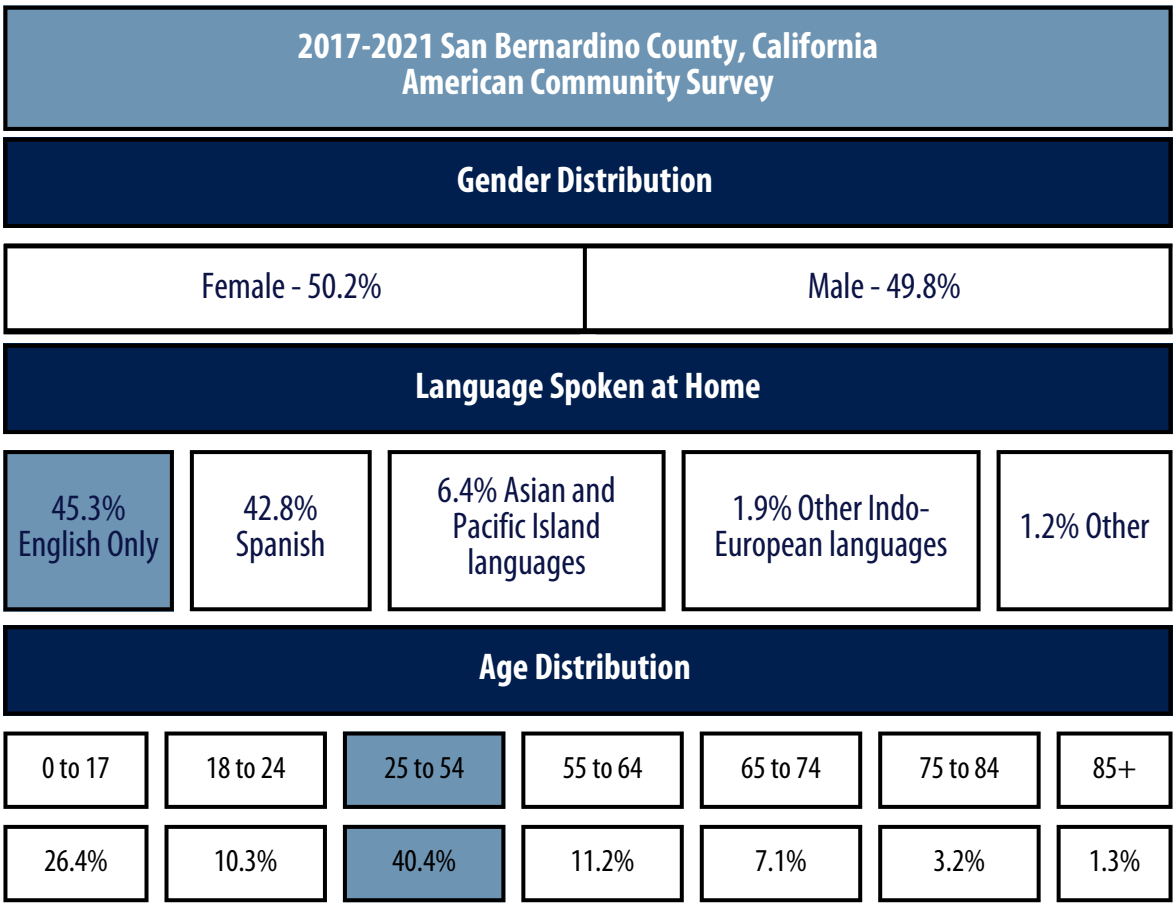
San Bernardino County Northeast

Total Population: 141,558
Twentynine Palms and Barstow Cities: 141,558

Race and Ethnicity

Understanding race and ethnicity composition can help reveal health disparities, including higher rates of chronic disease, healthcare access, premature death, and other factors that affect the health of the community's population. The US Census measures diversity among and within states through their Diversity Index, or DI, updated every decennial census and shows the probability that two randomly chosen people will be from different race and ethnic groups. According to the 2020 decennial census, San Bernardino County has the second-highest Hispanic majority population among the most populated US counties. Among California's 58 counties, San Bernardino County ranks 16th most diverse, with a DI score of 63.1%.





Social Determinants of Health (SDoH)

The health of the community is determined by a combination of numerous factors.

Economic and social community contexts are social determinants of health (SDoH) because they are associated with poor health, as poverty, unemployment, and lack of education affect access to healthcare services.

Employment provides income that increases choices in housing, education, healthcare, childcare, and food. Family and social support can serve as a protective factor that counters the effects of limited income and the ability to accumulate financial resources.

Social Determinants of Health

In recognition that there are many factors that drive health behaviors and outcomes, the CHA describes five determinants of health as defined by Healthy People 2030.

Basic Needs

Basic needs and SDOH are closely related. People with access to basic needs are more likely to be in good health. For example, people with access to nutritious food and safe housing are less likely to experience chronic health conditions like heart disease and diabetes. Basic needs include food and water, shelter with functioning utilities and sanitation, clothing, and transportation. Other needs such as access to healthcare, education, employment, safety, and community are also basic needs. The specific list of basic needs may vary depending on the individual, the context, and the culture.

A person with unmet basic needs may live in poverty in a community plagued with conflict, be vulnerable to natural disasters and climate change, and experience structural racism and discrimination. By striving to understand the basic needs of all people and meeting those needs with dignity and respect, we can improve the health and well-being of everyone in the community. To that end, the CTSA survey asked respondents questions regarding the health of the community and experiences impacting their quality of life. Specifically, respondents were asked to identify:

1. What three things are most important to you to improve your health and well-being where you live?
2. What three things do you think are the most damaging to the health of your community?
3. What three things do you think are the most damaging to the health of people in your community?

Healthy People 2030 Social Determinants of Health[3]

Economic Stability
Helping people earn steady incomes that allow them to meet their health needs.

Education Access and Quality
Providing high-quality educational opportunities for children and adolescents and helping them do well in school.

Access to Health and Wellness
Improving health by helping people get timely, comprehensive, high-quality healthcare services.

Neighborhood and Built Environment
Improving health and safety in the places where people are born, live, learn, work, play, worship, and age by creating neighborhoods and environments that promote health and safety.

Social and Community Context
Positive relationships at home, at work, and in the community can help reduce these negative impacts.

3 Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from Healthy People 2030.

Responses to these three questions were cross-tabulated, compared, and analyzed into the following categories:

- All respondents
- Persons of color
- Respondents who did not identify as a person of color.

The following three tables outline the top five items or issues identified by the community.

Top five things most important to improve YOUR health and well-being where you live:	All Respondents	NOT a Person of Color	Person of Color
Access to healthcare providers (e.g. family doctors, pediatricians, etc.)	44.8%	33.7%	60.3%
Access to mental health services (e.g., counselors, psychiatrist, etc.)	35.6%	23.5%	52.7%
Low crime and safe neighborhoods	32.8%	38.2%	24.3%
Low rate of infant deaths	22.2%	6.3%	43.0%
Affordable housing	21.6%	24.3%	18.2%

Top five things that are the most damaging to the health of the PEOPLE in your community:	All Respondents	NOT a Person of Color	Person of Color
Bullying or cyber bullying	31.5%	18.2%	48.7%
Lack of exercise	29.5%	13.4%	48.4%
Unfair treatment because of gender or gender identity	25.7%	10.8%	44.6%
Poor eating habits (i.e. regularly eating fast food, not eating fresh fruit or vegetables etc.)	20.1%	23.5%	15.2%
Alcohol misuse or abuse	19.8%	22.3%	16.7%

Top five things that are the most damaging to the health of your COMMUNITY:	All Respondents	NOT a Person of Color	Person of Color
Chronic health conditions like diabetes, heart disease, and high blood pressure	31.6%	16.5%	51.0%
Car accidents related to driver behaviors (texting, aggressive, distracted, or impaired driving.	32.4%	16.2%	49.3%
Rape and sexual assault	29.0%	13.3%	48.3%
Community violence (i.e., gang violence, homicide)	25.0%	28.8%	19.1%
Homelessness	18.8%	21.7%	14.4%

Economic Stability

Economy Stability

A healthy life depends on the availability of resources, some of which are economic. Economic opportunity refers to a person's ability to realize their potential through upward financial mobility. The upward mobility requires that all people have equal access to good and diverse jobs within their community. Gaining a good job means more income and benefits, such as health insurance. Income and insurance make it easier to access and pay for medical care, providing options for healthy lifestyle choices, such as nutritious food and safe housing. Research shows that the ongoing stress and challenges linked with a lower income can negatively impact physical and mental health.

Hardship Index

The Hardship Index, a combined score reflecting financial adversity in the community, is a tool to measure the impact of low income on community residents. The Hardship Index uses ACS data, including unemployment, education, per capita income, crowded housing, and poverty, incorporated into a single score that allows geographies to be compared. The index is highly associated with other measures of economic hardship, such as labor force statistics and poor health outcomes.

Overall, San Bernardino County has a Hardship Index score of 68.6, higher than California's at 56.8. Within San Bernardino County, Lake Arrowhead (Zip 92371) and Upland (ZIP 91784) have the lowest score of 12.8 while the city of San Bernardino (ZIPs 92401, 92415, and 92411) has the highest score at 96.1.

Income and Employment

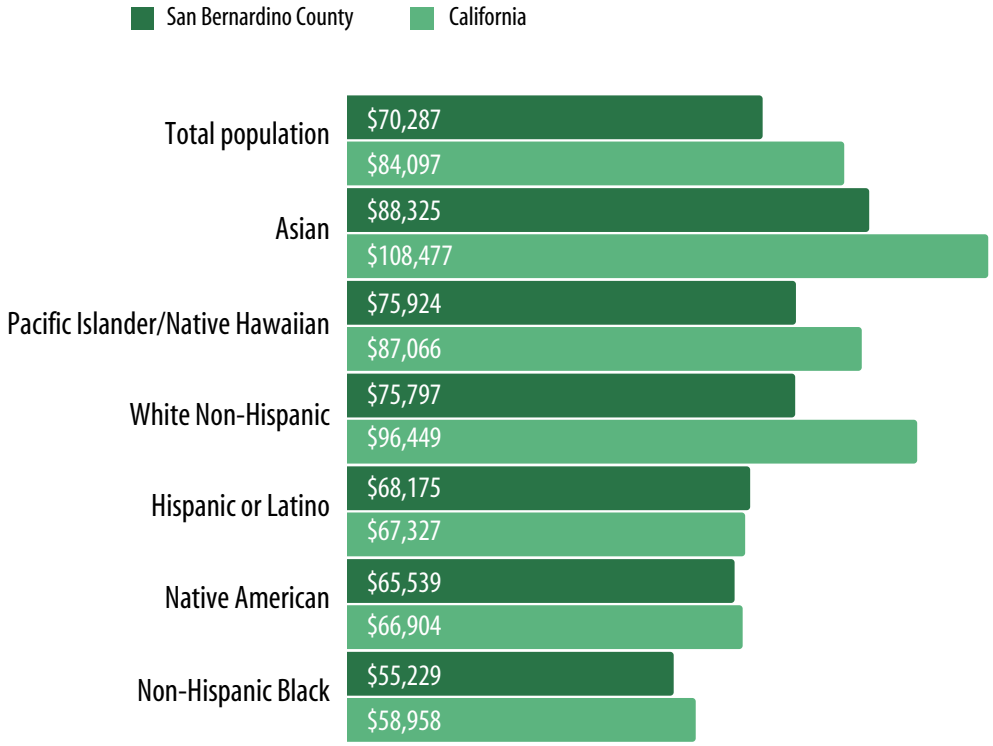
The median annual household income in San Bernardino County is $70,287, significantly lower than in California, which is $84,097.[4] Income disparity also exists within the County between different racial and ethnic groups, as illustrated in the figure below. Specifically, Asian and White non-Hispanic residents had significantly higher median household incomes compared to the population overall. Meanwhile, Hispanic and non-Hispanic Black residents had significantly lower incomes compared to the population overall.

Unemployment Rates

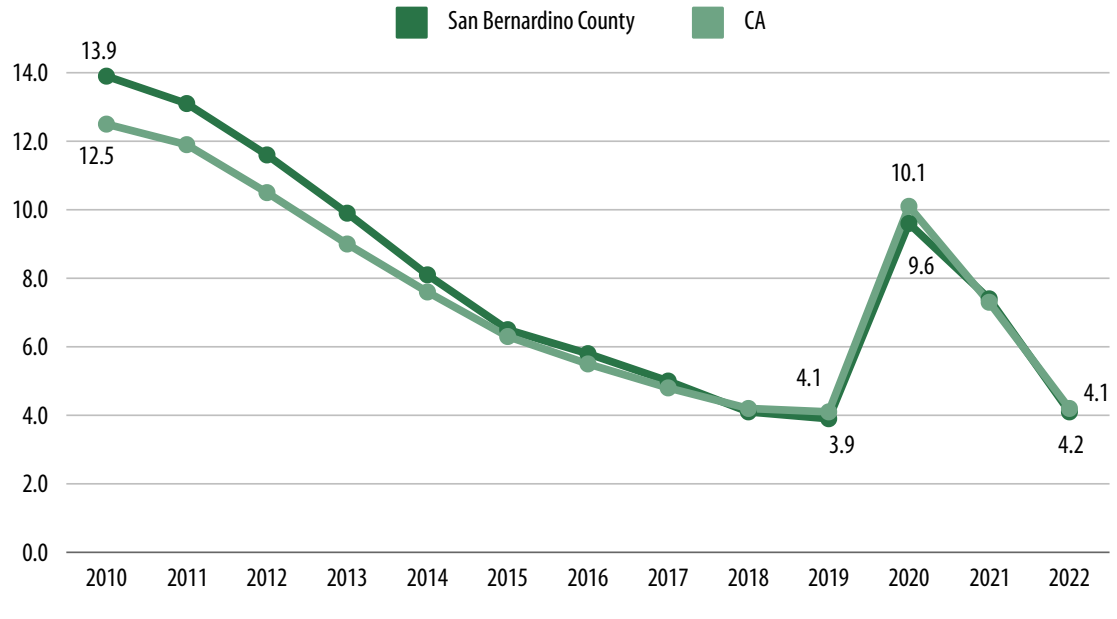
Unemployment increased from 3.9% (37,010 people) in 2019 to 9.6% in 2020, largely due to the COVID-19 pandemic. In 2021, the unemployment rate in San Bernardino County was similar to California at 7.4% (or 73,515 people) of people ages 16 years and older seeking work.[5]

4 ACS, 5-Year Estimate 2017-2021, Table B19013.
5 Bureau of Labor Statistics, 2021 (As reported in the 2024 County Health Rankings)

2017-2021 Median Household Income by Race and Ethnicity [6]



2010-2022 California Employment Development Department (EDD) Unemployment Rates, San Bernardino County and California per 100,000



6 ACS 5-Year Estimate 2017-2021, Table B19013 for footnote.

CTSA Survey Response: Affording Basic Needs

Although, San Bernardino County is more affordable than its neighboring counties, many residents struggle to afford basic needs. To provide context to publicly available income data the CTSA survey asked respondents a series of demographic questions, including their annual income, race, ethnicity, and educational attainment.

2022-2024 CTSA SURVEY RESPONDENTS

40.0% Identify as a person of color

47.0% Earns less than $50,000 per year

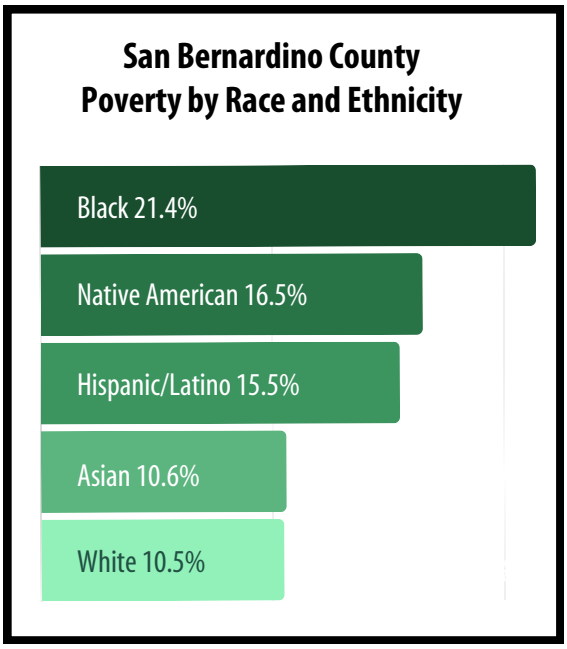
Survey respondents were asked to indicate how often they lack money for living essentials.
Response options: Every Month, Sometimes, Never.

Essential Living Expense	Respondent Identifies as a Person of Color	Respondent Does NOT Identify as a Person of Color
Rent or mortgage	Every month - 9.0% Sometimes - 56.0% Never - 33.0%	Every month - 13.0% Sometimes - 30.0% Never - 57.0%
Utilities	Every month - 10.0% Sometimes - 56.0% Never - 35.0%	Every month - 15.0% Sometimes - 30.0% Never - 36.0%
Food	Every month - 8.0% Sometimes - 17.0% Never - 76.0%	Every month - 12.0% Sometimes - 30.0% Never - 58.0%
Cell Phone or other phone	Every month - 49.0% Sometimes 14.0% Never - 38.0%	Every month - 14.0% Sometimes - 26.0% Never - 60.0%
Gas or other transportation	Every month - 10.0% Sometimes - 60.0% Never - 30.0%	Every month - 15.0% Sometimes - 31.0% Never - 53.0%

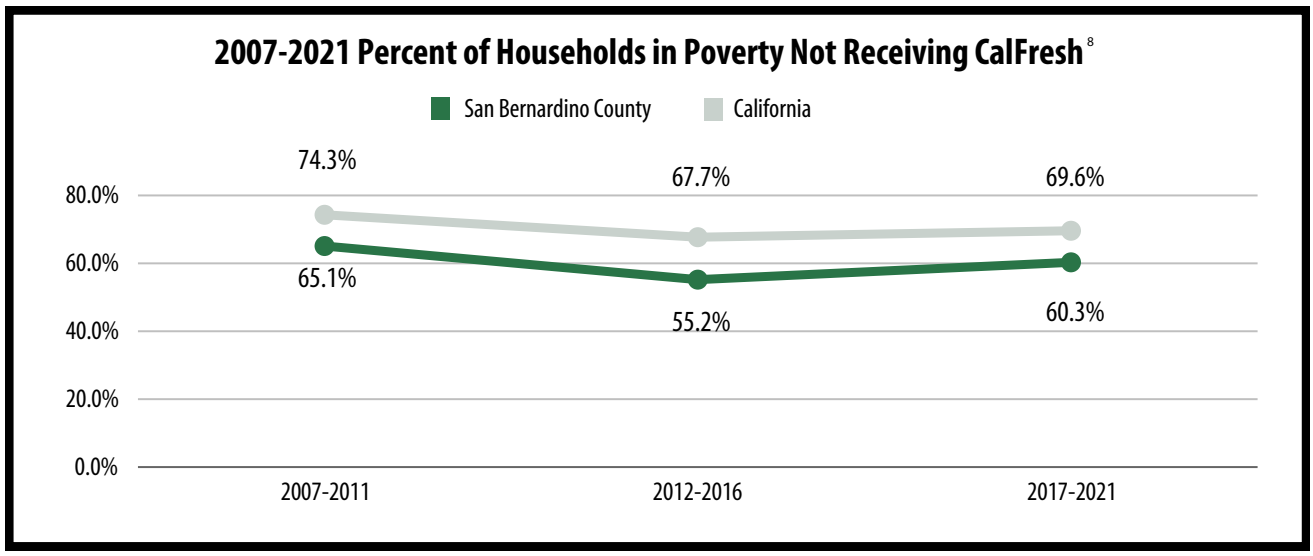
Poverty and Public Benefits

Measuring poverty is challenging. In many ways, statistics, such as those provided by the American Community Survey, undercount the population of people who cannot afford basic needs. The official poverty measure does not consider the cost of major expenses such as housing or childcare. It also does not account for differences in living costs across the country.

San Bernardino County has a significant disparity in the poverty rate between racial and ethnic groups. Overall, the County's rate is significantly higher compared to California. In the County, 14.3% of people live in poverty compared to 12.3% of people living elsewhere in California.[7] Additionally, the County's rate of children in poverty is 17.1%, compared to California's 15.8% (California Department of Education, DataQuest, 2022-23).



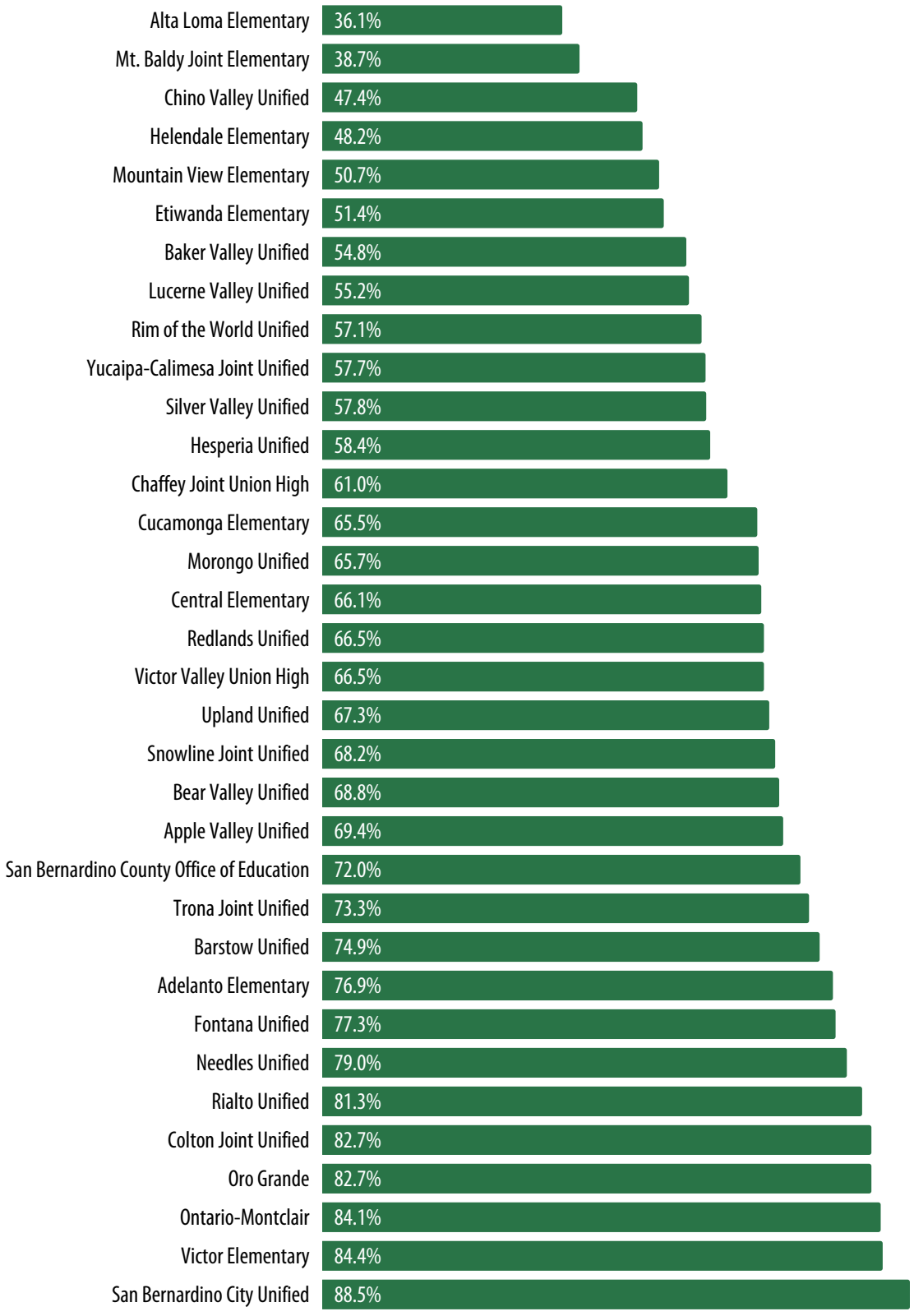
Public benefits, including the Supplemental Nutrition Assistance Program, known as CalFresh in California, can help ease the impact of poverty. The percentage of San Bernardino County households eligible for and receiving CalFresh benefits has decreased since 2011, as illustrated in the chart below. This problem is not unique to the County. California is experiencing a similar trend.



Another critical benefit for children and families who have difficulty affording food is the Free and Reduced Lunch program. In the school year 2022/23, the percent of children within the County eligible for free or reduced-price lunch was 70.0% or 278,213 school-aged children attending public schools compared to elsewhere in California at 59.9%. Within the County, there is a range of students eligible for Free and Reduced Lunch, with the lowest percentage of students at Mt. Baldy Joint Elementary (36.1% or 1,986 students) to the highest percentage at San Bernardino City Unified (88.5% or 44,611 students).

7 Bureau of Labor Statistics, 2021 (As reported in the 2023 County Health Rankings)
8 American Community Survey, 5-year estimates, Table B22003

2022-2023 School Year Percent of Students Eligible for Free and Reduced Price Meals [9]



9 California Department of Education, https://www.cde.ca.gov/ds/ad/filessp.asp.

Access to Quality Education

Education Access and Quality

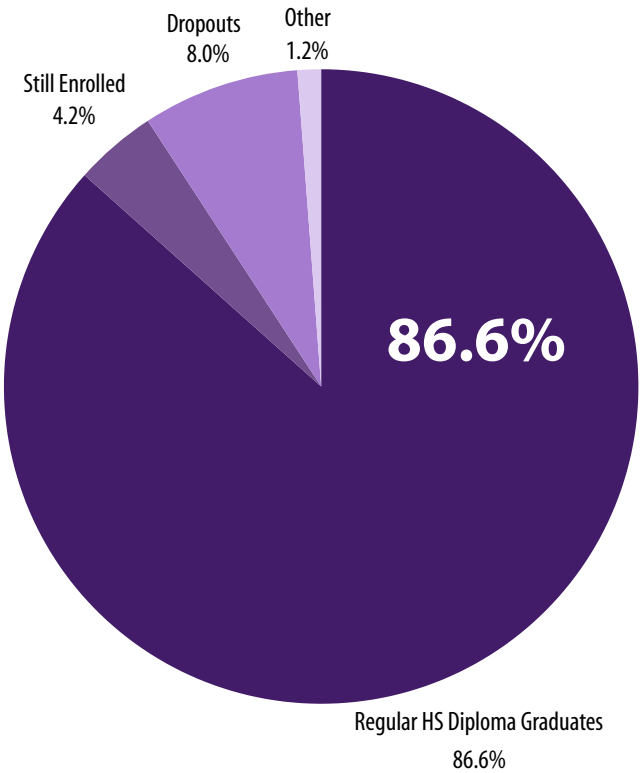
Educational opportunity refers to the belief in quality education for everyone. Education benefits both individuals and society, with more schooling linked to higher incomes, better employment options, and increased social supports that, together, provide opportunities for healthier choices and better health. Good health supports student learning, attendance, and concentration while in school.

Academic Performance

The California Assessment of Student Performance and Progress (CAASPP) data for student academic performance in English Language Arts and Literacy (ELA) and Mathematics allows communities to understand if and how academic performance varies by student groups. ELA assesses students' reading, writing, listening, and research performance. In San Bernardino County school districts, 34.2% of third-grade students met or exceeded the standard for ELA, lower than in California at 42.7%.[10]

Mathematics assesses a student's performance in applying mathematical concepts and procedures, using appropriate tools and strategies to solve problems, and demonstrating the ability to support mathematical conclusions. In school districts across San Bernardino County, 33.6% of third-grade students met or exceeded the standard for mathematics, lower than in California at 34.5%.[10]

2021-2022 San Bernardino County Public School Cohort Highschool Outcomes[11]

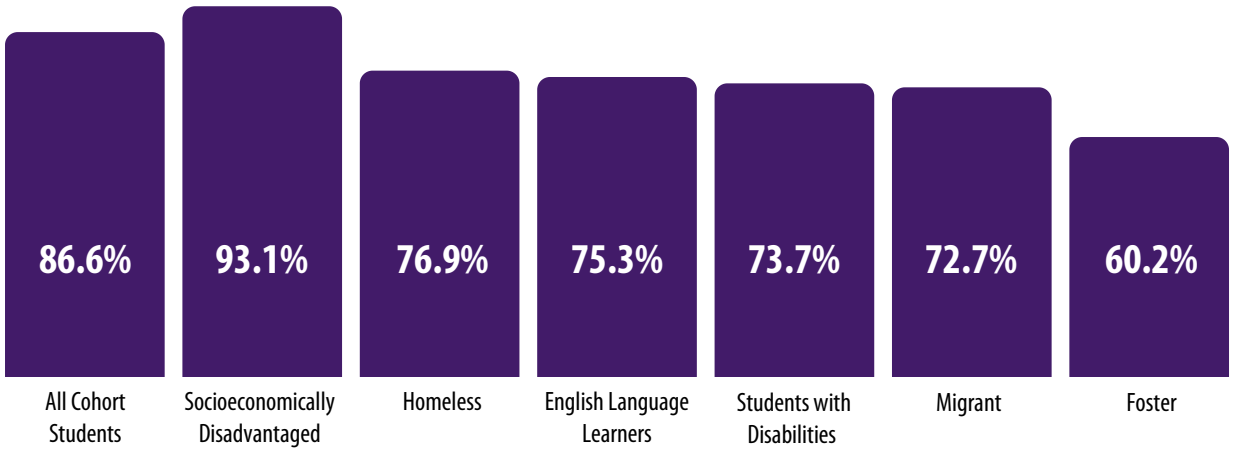


In San Bernardino County, 86.6% of students graduated with a regular high school diploma in the school year 2021-2022.

10 KidsData Reading Proficiency https://www.kidsdata.org/topic/25/reading-proficiency/summary.
11 California Department of Education, Dataquest, 2021-22 Four-Year Adjusted Cohort Outcome.

As shown in the following chart, among the students who did not complete high school, 8.9% were considered "Socioeconomically Disadvantaged," followed by "Foster" (5.6%), and "Homeless" (2.1%). Graduation rates among migrant, foster, and homeless students were significantly lower compared to other students. However, among socioeconomically disadvantaged students, the graduation rate was higher at 93.1%.[11]

Four-Year Adjusted Cohort Outcome
Regular High School Diploma Graduation Rates by Program Type, 2021-2022
California Department of Education, Dataquest [11]



College Readiness

Some students do not graduate from high school having completed the course requirements to be eligible to apply to a University of California (UC) or California State University (CSU) – one definition of "college readiness." The UC/CSU minimum course requirements are centered on a well-rounded curriculum that fosters content mastery and ensures that students are ready to take college courses without remediation. Courses include an applied learning component to help students improve comprehension and practice critical thinking skills. Students who master the content in conjunction with these skills are more likely to pursue and succeed in college and the workforce.

In San Bernardino County, 44.9% of high school graduates meet UC/CSU requirements and may be considered "college ready," compared to 51.4% of high school graduates elsewhere in California during the 2021 and 2022 academic school year.[12]

11 California Department of Education, Dataquest, 2021-22 Four-Year Adjusted Cohort Outcome
12 CDOE College/Career Indicator https://www.cde.ca.gov/ta/ac/cm/dashboardccr.asp

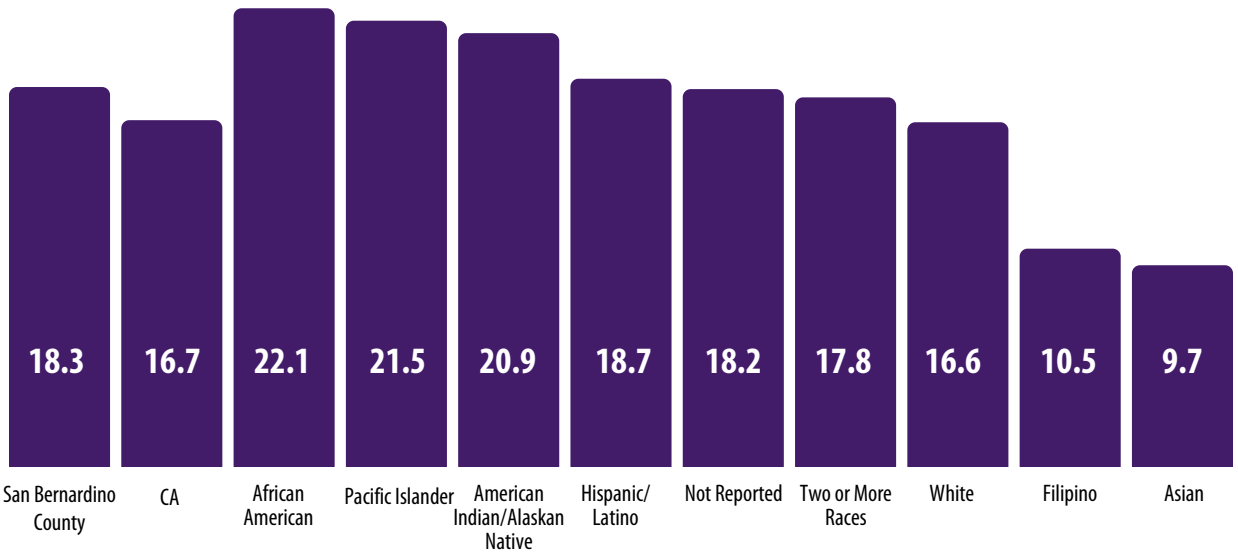
Chronic Absenteeism

Chronic absenteeism is defined as students who were absent for 10.0% or more of the enrolled instructional days, regardless of the reason (excused and unexcused absences). For most districts, this threshold is approximately 18 days in a school year, or two days a month. Chronic absenteeism is associated with several negative consequences for students, including lower test scores, increased risk of dropping out, and less access to health screenings and other support services.

Chronic absenteeism for San Bernardino County students was 34.9% of students, compared to 30.0% of all students going to school elsewhere in California between 2020 and 2021. The chronic absenteeism rate was highest among Pacific Islanders at 46.9% (or 718 students), African American at 43.5% (or 14,459 students), American Indian or Alaska Native at 40.7% (or 621 students), and Hispanic or Latino at 37.0% (or 103,419 students) relative to 34.9% of all San Bernardino County students.[13]

Within San Bernardino County schools, the average number of days absent was 18.3 days in 2021-2022, higher than students elsewhere in California at 16.7 days absent. Students of color had a higher average number of days absent from school compared to their White peers. For example, as shown in the figure below, African American students were absent from school for 22.1 days, on average, followed by Pacific Islander students (21.5 days), and American Indian or Alaska Native (20.9 days). White students were absent on average for 16.6 days.[13]

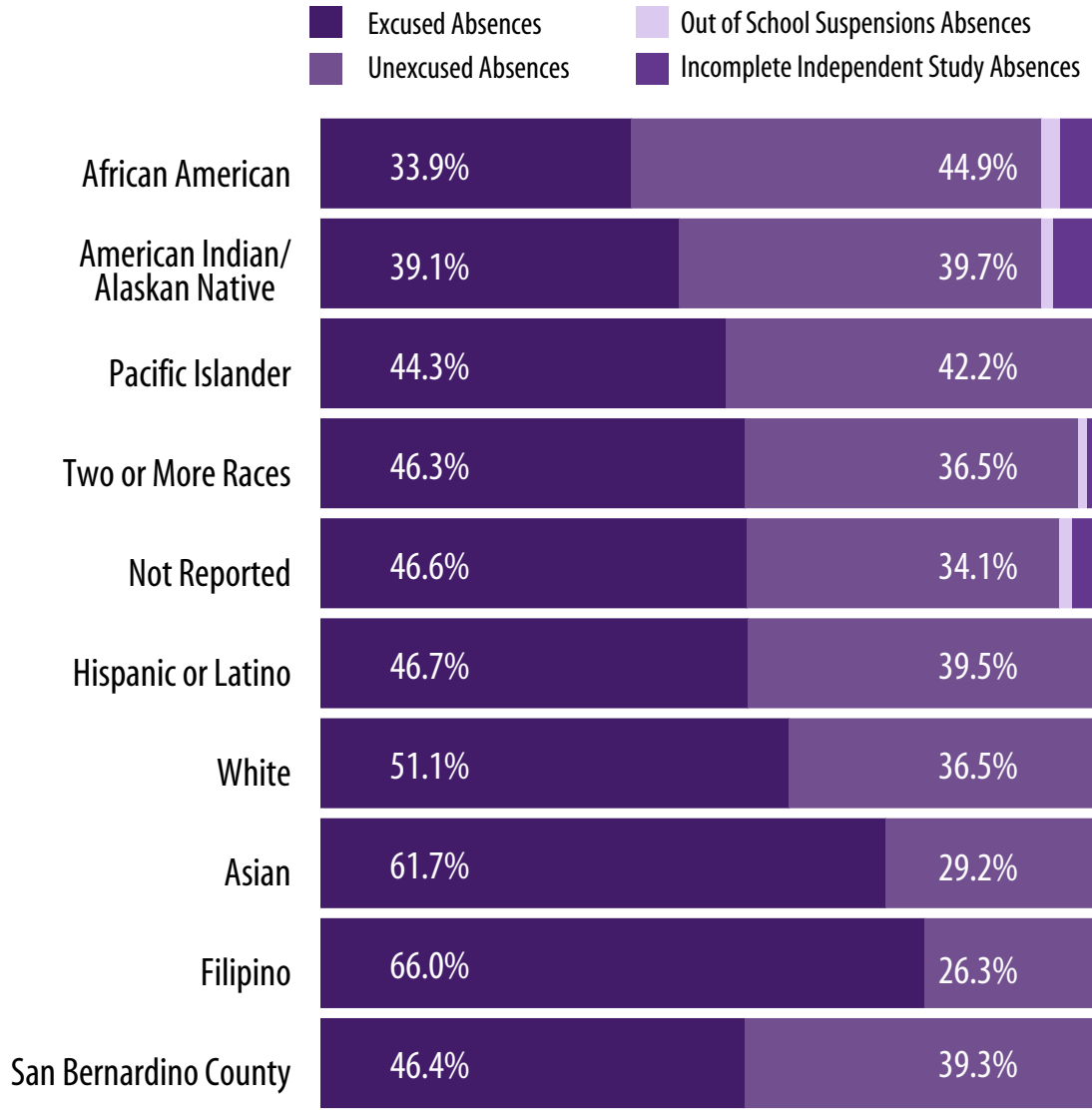
2021-2022 Average Number of Days Absent From School by Race and Ethnicity
California Department of Education, Dataquest [13]



13 CDOE DataQuest 2021-22 Absenteeism by Reason.

While students of color have higher absenteeism rates, they also have higher rates of unexcused absences, as shown in the figure below. For example, among African American students going to a San Bernardino County school, 44.9% of absences were considered "unexcused" compared to 36.5% of absences among White students.[13]

2021-2022 School Absenteeism by Reason
California Department of Education, Dataquest[13]



13 CDOE DataQuest 2021-22 Absenteeism by Reason.

Healthcare Access and Quality

Healthcare Access and Quality

Access to health care is defined by the National Academies of Sciences, Engineering, and Medicine as the "timely use of personal health services to achieve the best possible health outcomes."[14] When people experience barriers to accessing needed and quality health care it increases their risk of poor health outcomes and exacerbates health disparities.

Preventive care reduces the risk of disease and disability. Well-child check-ups, dental care, and services such as screenings and vaccinations are critical to health and wellness. Barriers including cost of care, availability of appointments, access to providers, and the distance and lack of transportation to appointments can mean that people are not getting the quality healthcare services necessary to support positive health outcomes.

Health Insurance Coverage for Residents in San Bernardino County

Nearly one in ten adults in San Bernardino County (8.5%) in 2017-2021 were uninsured, a decrease from 14.1% in 2012-2016. However, the rate of uninsured differs across the County. In 2017 - 2021 residents of San Bernardino City East had the highest rate of uninsured at 14.3% followed by San Bernardino City West (12.5%), Chino Hills (12.3%), and Victorville and Adelanto (11.4%). Redlands and Yucaipa cities have the lowest rate of uninsured at 5.0%.[15]

Among County residents, disparity in health insurance coverage appears largely among Hispanic/Latino residents who, in 2017 - 2021, were more likely to be uninsured compared to other residents at 11.1%. Lastly, the rate of uninsured children in the County during the same period was 17.1%, compared to 15.8% of children living elsewhere in California.[15]

Provider Ratios in San Bernardino County

Access to care requires access to providers. The ratio of people to healthcare providers is a measure commonly used to assess the availability of healthcare services and access to care within a particular region or community. This ratio provides an indication of the relationship between the number of people in a population and the number of healthcare professionals available to serve them. It is important to note that provider ratios do not calculate access to culturally and linguistically responsive healthcare. Provider ratio data does not identify whether people have access to healthcare that aligns with their cultural, behavioral, and communication needs.

Generally, a lower ratio suggests better access to care, while a higher ratio can indicate potential challenges in accessing healthcare services. A high ratio suggests that the healthcare system might be strained and that people could face challenges in accessing timely and quality healthcare services. It also suggests that there may be underserved communities from both a geographic and cultural and linguistic perspective. The ratio of people to providers, including primary care physicians, dentists, and mental health providers in San Bernardino County were higher compared to the United States, as shown in the following table.

14 https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services.
15 American Community Survey. 5-year estimates 2017-2021, Tables B27001/C27001.

2023 County Health Rankings
Number of People per Provider

Clinician Ratio	San Bernardino County	California	National Top Performers	US Overall
Primary Care Physicians Ratio (2020)	1,679:1	1,234:1	1,020:1	1,310:1
Dentist Ratio (2021)	1,333:1	1,102:1	1,200:1	1,380:1
Mental Health Provider Ratio (2022)	364:1	236:1	240:1	340:1

Primary care physicians: Ratio of population to primary care physicians. Area Health Resource File/American Medical Association
Dentists: Ratio of population to dentists. Area Health Resource File/National Provider Identification file
Mental health providers: Ratio of population to mental health providers. CMS, National Provider Identification

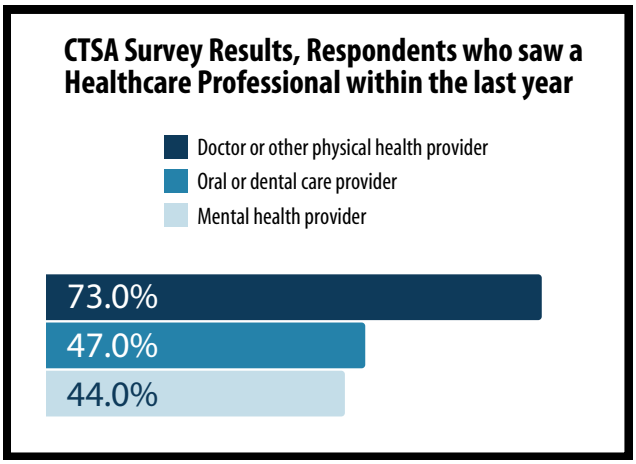
Residents' Experiences Accessing Care

13.5% of CTSA respondents reported having not experienced any barriers in getting services to support their healthcare. For the rest of residents who indicated experiencing barriers, the four most common barriers identified were:

1. Lack of evening and/or weekend hours of service
2. Ineligible for services
3. High out-of-pocket costs/cost too much money
4. No appointments were available or couldn't get an appointment in a reasonable amount of time

37.6% of CTSA respondents also noted that it takes 30-45 minutes, on average, to travel to see a doctor or other healthcare provider with 32.0% reporting an average of 15-30 minutes.

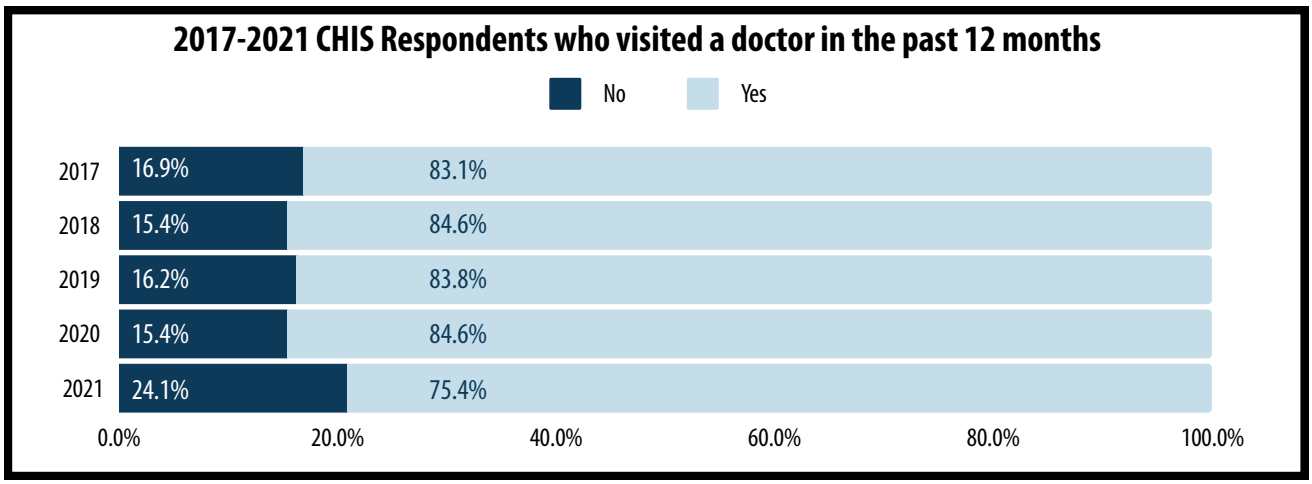
48.5% of CTSA respondents relied on other people or they relied on transportation services such as cab/rideshare services not covered by health insurance (18.4%) and/or public transportation (7.7%) to get to their medical appointment.



California Health Interview Survey (CHIS)

According to the California Health Interview Survey (CHIS), in 2021, 75.4% of adults visited a doctor in the past 12 months. In 2021 during the COVID-19 pandemic, 24.1% of adults in San Bernardino County reported not having a usual source of healthcare, higher than the three years preceding the pandemic.

Also in 2021, adults who were male, Hispanic, and/or young adults (ages 18-25 years) were less likely to have a usual source of care. The predominant "usual source of care" was "Doctor's office/HMO" (72.4%), followed by clinic/health center (23.8%). The emergency department was the usual source of care for 1.4% of adults who were primarily non-Hispanic White and/or older adults (ages 55-69 years).

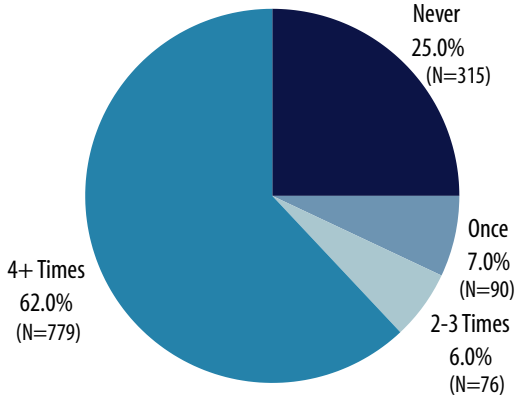


Experiences of Racism and Discrimination in the Healthcare Delivery System

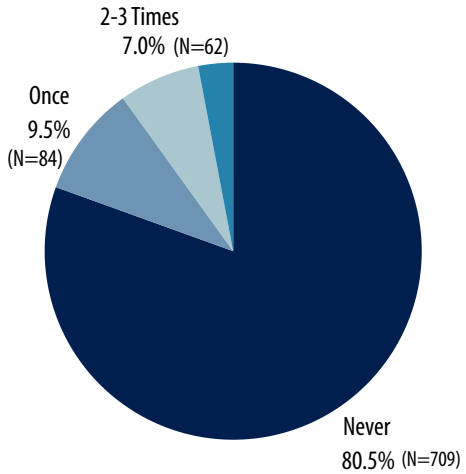
National research documents the impact of racism and discrimination on a person's health. To understand the prevalence of racism and discrimination and its impact on the health of San Bernardino County residents, the CTSA survey included questions from the Everyday Discrimination Scale and its adaptation for healthcare.

A total of 2,231 survey respondents answered the question "Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel like you were not good enough in any of the following situations because of your race, ethnicity, or skin color?"

Persons of Color who experienced racism or discrimination from a healthcare provider



Respondents who did not identify as Persons of Color who experienced racism or discrimination from a healthcare provider



Neighborhood and Built Environment

Healthy Communities

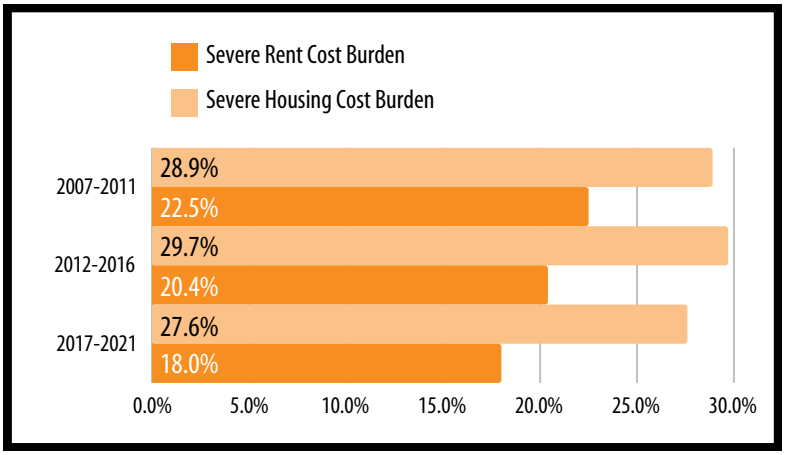
Where we are born, live, learn, work, play, worship, and age significantly impact our health and well-being. California developed the California Communities Environmental Health Screening Tool (CalEnviroScreen) to identify and understand the environmental factors impacting Californians' health. Version 4.0, the latest iteration, "analyzes data on environmental, public health, and socioeconomic conditions in the state's 8,000 census tracts to provide a clear picture of cumulative pollution burdens and vulnerabilities in communities throughout the state."[16]

Upon review of CalEnviroScreen 4.0, it is clear that many people across San Bernardino County live and work in unsafe places. Some neighborhoods experience high rates of violence, unsafe air or water, and have little to no green space where they can recreate. These and other issues threaten the health and safety of residents. Additionally, research demonstrates that racial and ethnic minorities and those with low-incomes are more likely to work in environments that harm their health, like agriculture, food processing plants, construction, and warehouses.

Interventions and policy changes at the local and state levels can help reduce these health and safety risks and promote well-being. For example, public funds can be allocated to build sidewalks and bike paths to improve safety for pedestrians and cyclists. Policies promoting and encouraging physical activity create communities where residents are more likely to be physically active.

Housing Affordability

Median housing costs and median gross rent continue to increase in San Bernardino County. According to the California Association of Realtors, the median housing cost in the County increased by 45.0% to $464,940 between 2017 and 2022. Additionally, the median gross rent increased 11.5% to $1,423 in 2021 from $1,360 in 2017 (ACS).



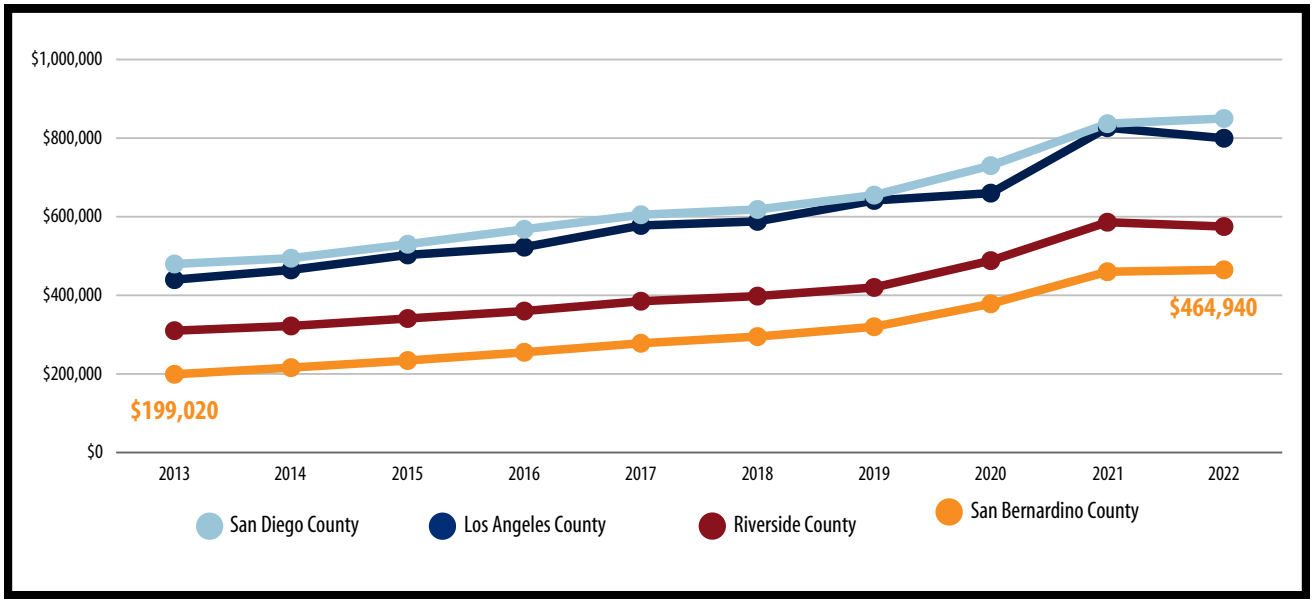
Households are considered cost-burdened when they spend more than 30.0% of their income on rent, mortgage, and other housing needs. The median household income in the County increased by just 11.7%, making it difficult to afford basic living expenses. In the County, this cost burden was felt by 39.4% of households (compared to 40.0% of households elsewhere in California).[17]

To put this into perspective, County residents need to earn an annual income of $70,040 to afford a two-bedroom at fair market rent in 2024. For a minimum wage earner, this means a work week of 86 hours.

In San Bernardino County, renting households experience a more significant cost burden than homeowners. A little more than 27.0% of renters experienced a severe cost burden, spending more than 50.0% of their income on housing in 2017-2021 compared to 18.0% of all households.[17]

16 CalEnviroScreen 4.0, October 2021 https://oehha.ca.gov/media/downloads/calenviroscreen/report/calenviroscreen40reportf2021.pdf
17 American Community Survey, 5-year estimate, 2017-2021, Table B25070/B25091

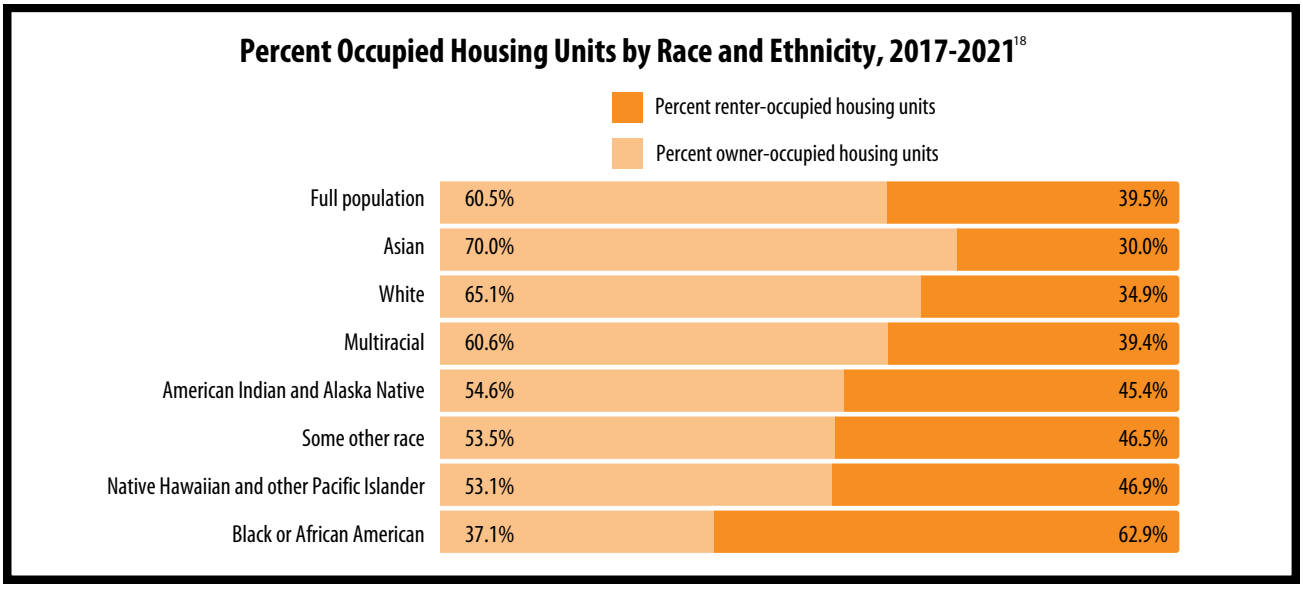
Median Home Prices in Southern California, 2013-2022
California Association of Realtors



Disparity in Homeownership

As shown in the figure below, renting households make up 39.5% of the households in the County. A disproportionate percentage of renters are people of color. Non-Hispanic Black residents account for 62.9% of renters, followed by Pacific Islander/Native Hawaiian (46.9%), Some Other Race (46.5%), American Indian and Alaska Native (45.4%) and Multiracial residents (42.7%). In the County between 2016 and 2022, the percent of renter-occupied housing units receiving rental assistance through Housing Choice Vouchers (Section 8) was approximately 3.0%. The two communities within the County with the highest percentage of voucher recipients were San Bernardino City at 13.9% (ZIP 92411) and Chino at 17.6% (ZIP 91708) compared to the County average.[18]

Percent Occupied Housing Units by Race and Ethnicity, 2017-2021[18]



18 US Department of Housing and Urban Development (HUD), 2016-2022.

Environment Quality: Air, Water, and High Heat

The effects of climate change are being felt around the world and in San Bernardino County. Extreme weather events and prolonged and excessive heat days are becoming more common, which is having a significant impact on health. Additionally, air pollution and infectious diseases are all becoming more severe due to climate change. Air pollution in a community is measured by the density of fine particulate matter in the air and can result in negative health outcomes, including decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.[19] In 2019, air pollution was twice as high in San Bernardino County at 15.6 average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) compared to California at 7.1.[20]

In addition to air quality, heat waves have profound and wide-ranging effects on human health. As temperatures rise to extreme levels for prolonged periods, individuals, especially vulnerable populations, face increased risks of various health outcomes. Prolonged periods of extreme weather and natural disasters can cause widespread power outages, creating dangerous situations. For example, during prolonged heat waves, heavy demand for air conditioning strains the power grid, and natural disasters damage and destroy utility infrastructure. As reported in the Southern California Association of Governments (SCAG) 2020 Extreme Heat and Public Health Report, San Bernardino County is projected to have 131.1 days above 90°F by Mid-Century (2035–2064) where the median value for California is 78.8 days (California Healthy Places Index).[21]

Climate events and impacts on the health of residents in San Bernardino County include:

- A high risk of wildfire in the County. In 2010, 181,436 residents of the County's total population (2,035,210) lived in fire hazard zones of moderate to very high severity.
- In 2010, there were 158,790 children under the age of five years and 181,348 adults aged 65 years and older who were considered climate-vulnerable.
- In 2010, approximately 35,336 people living in nursing homes, dormitories, and other group quarters were identified as needing emergency support, specifically transportation to a safe location, in the event of an emergency.

County	Days above 90°F by Mid-Century (2035–2064)
California (Median Value)	78.8
Imperial County	194.2
Riverside County	154.0
San Bernardino County	131.1
Los Angeles County	73.6
Orange County	46.6
Ventura County	45.6

19 Pope CA, Dockery DW, Schwartz J. Review of epidemiological evidence of health-effects of particulate air-pollution. Inhalation Toxicology. 1995;7(1):1-18. (As cited in County Health Rankings 2024).
20 Environmental Public Health Tracking Network, 2019 (as reported in County Health Rankings 2023).
21 https://scag.ca.gov/sites/main/files/file-attachments/extremeheatpublichealthreportfinal_09302020.pdf?1634674354.

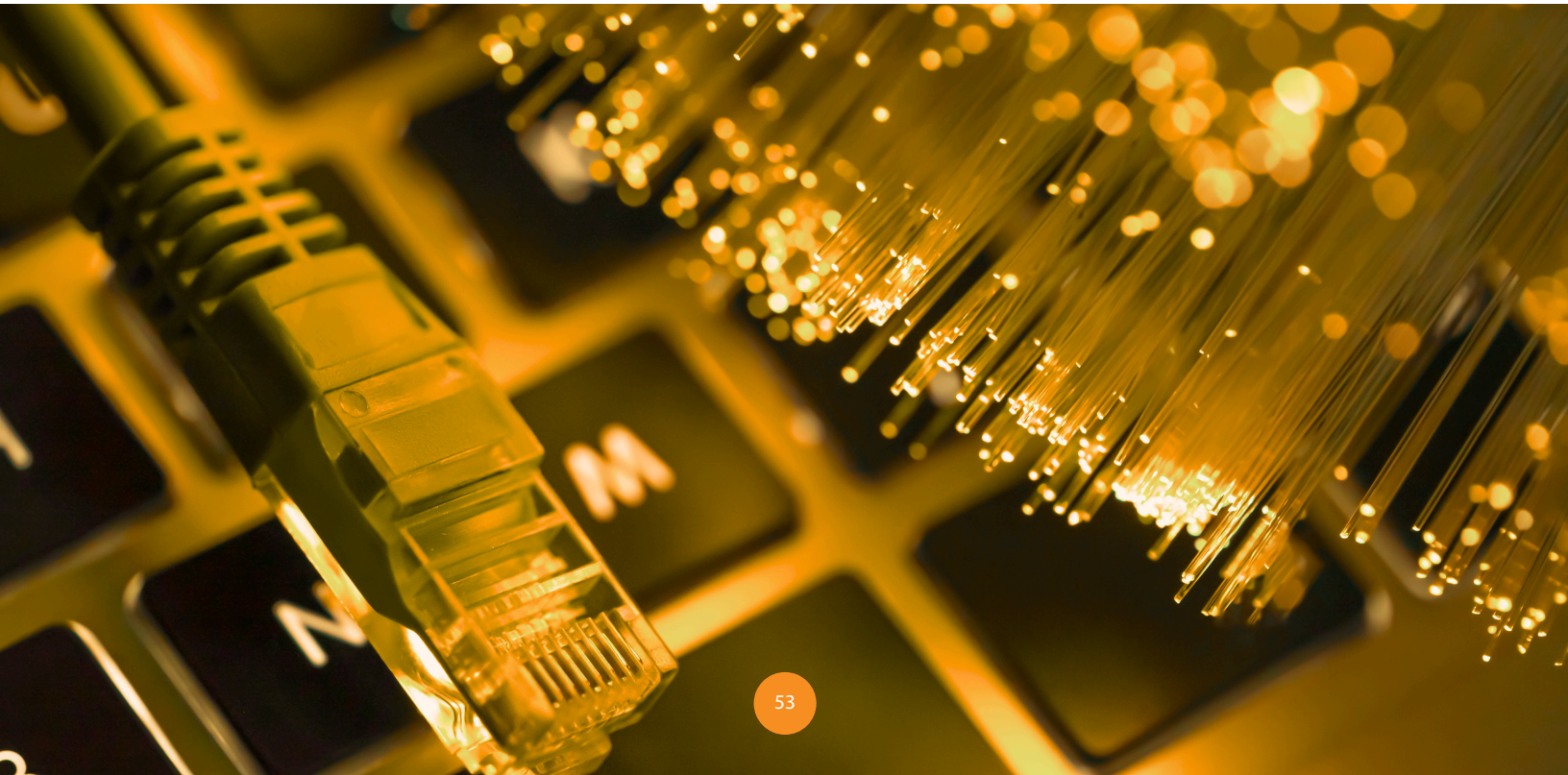
- In 2005-2010, there was an annual average of 334 heat-related emergency department visits and an age-adjusted rate of 17 emergency department visits per 100,000 persons (the statewide age-adjusted rate was ten emergency department visits per 100,000 persons).
- In 2010, San Bernardino County had approximately 60,807 outdoor workers whose occupation increased their risk of heat illness.
- In 2011, only 4.0% of the County's land area had tree canopy, which provides shade and other environmental benefits, compared to the statewide average of 8.0%.
- In 2009, approximately 16.0% of households were estimated to lack air conditioning, an essential tool to maintain health during heat waves.[22]

Broadband Access

Broadband access, which refers to high-speed and reliable internet connectivity, can have significant implications for community health and well-being. In today's digital age, broadband access has become a crucial factor that influences various aspects of health, healthcare services, and overall community development. Increasingly hospitals and health systems are using internet-based communication and healthcare tools to deliver care. In San Bernardino County, just over nine in ten households (92.7%) have some connection to the internet through broadband, dial-up, satellite, or cellular data. Households elsewhere in California had a similar rate of connectivity (92.6%) as the County.

While many County residents have access to internet service, the elderly, rural, and low-income individuals typically experience disparities in access to home broadband service. Poor connectivity makes it more difficult for people to engage in healthcare and other services that rely on strong, reliable internet connectivity. There are approximately 270,000 people in the County living in ZIP Codes where less than 92.0% have broadband access.[23]

22 Environmental Protection Agency. Climate Change IndicatorS. Retrieved from https://www.epa.gov/climate-indicators/climate-change-indicators-heat-waves.
23 American Community Survey, 5-Year combined estimate 2017-2021, Table B28002.



Social and Community Context

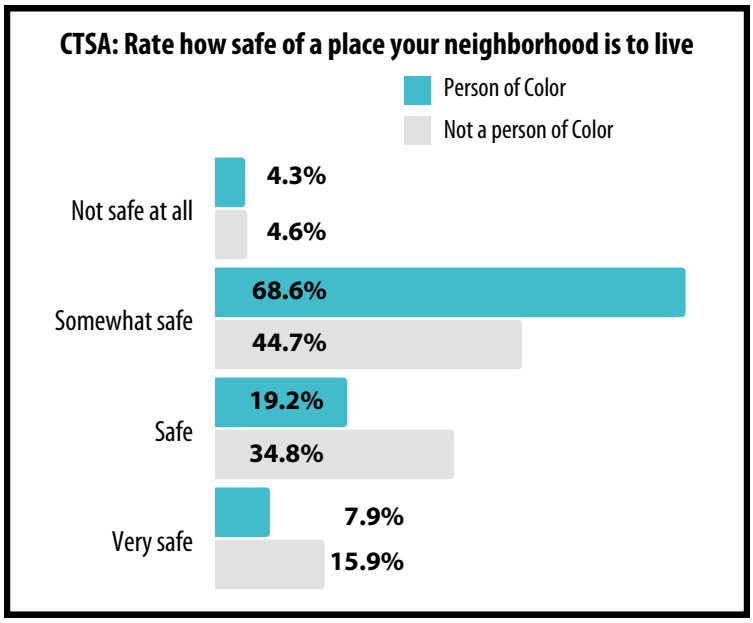
Community Connectedness

Healthy People 2030 focuses on helping people get the social support they need in the places where they are born, live, learn, work, play, worship, and age. Community health requires understanding how people's relationships and exchanges with family, friends, co-workers, and community members impact their health and well-being. The CTSA demonstrates that many people face challenges and dangers they cannot control, such as unsafe neighborhoods, discrimination, or trouble affording the things they need. This can harm their health and safety throughout life, so creating environments that support positive relationships at home, work, and community can help reduce these negative impacts. However, some people, such as children whose parents are incarcerated, or adolescents who are bullied, often do not receive support from the systems with which they engage. Interventions to eliminate racism and discrimination and help people get the social and community support they need are critical for improving health and well-being.

Safe Neighborhoods

The crime rate in San Bernardino County was lower for property crime, theft, burglary, robbery, criminal sexual assault, and arson relative to California. Property crimes involve the theft or destruction of property without necessarily involving direct violence against a person. These crimes include burglary, larceny, motor vehicle theft, and arson. Property crime rates are often influenced by factors such as economic conditions, population density, and the availability of valuable targets for theft.

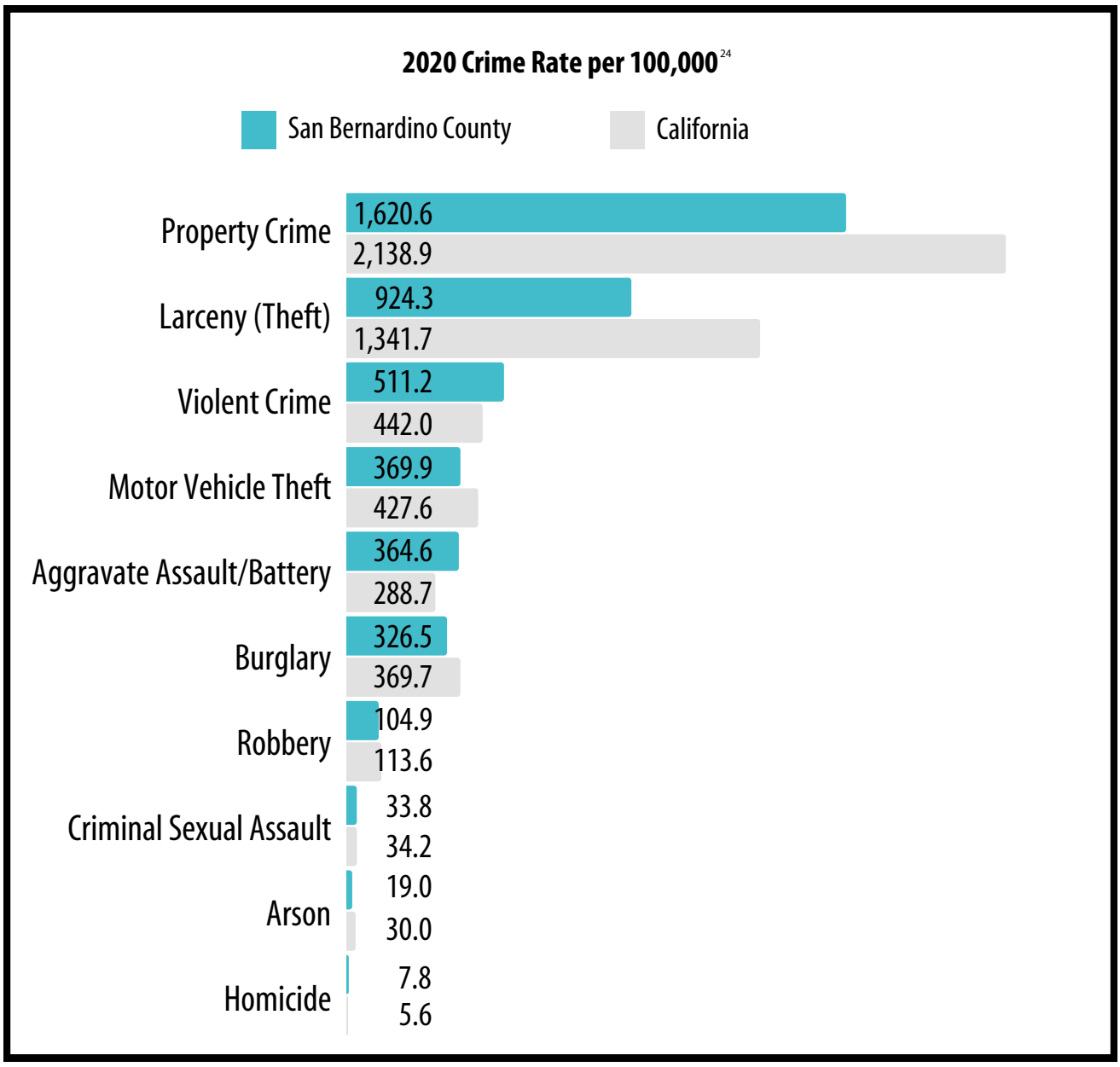
Violent crime, aggravated assault/battery, and homicide were higher in the County than in the California. Violent crimes include acts such as murder, assault, rape, and robbery. Violent crime rates can vary significantly based on socioeconomic conditions, law enforcement efforts, community programs, and other factors. Additionally, a higher percentage of CTSA survey respondents who identify as a person of color express feeling unsafe where they live.



Connectedness

A community with higher violent crime rates compared to property crime rates may face specific challenges and implications that can affect its overall well-being and quality of life. These include community members with higher levels of stress, anxiety, and trauma and lower levels of community connectedness.

Ultimately, people fearing for their safety become less engaged in community activities and initiatives. For example, schools in high-crime areas struggle with lower attendance rates, disrupted learning environments, and challenges in attracting and retaining educators. Communities with higher violent crime rates also suffer from negative perceptions and stigmatization, which further discourages community investment and development.



24 Created on Metopio https://metop.io.

Juvenile Arrests

The juvenile arrest rate refers to the number of young individuals (typically under the age of 18) who are taken into custody by law enforcement for various offenses. The rate is the number of delinquency cases per 1,000 juveniles living within a defined geographic area. This measure includes all arrests involving behaviors that would be considered criminal if committed by adults, although they are processed through the juvenile justice system due to the age of the offenders. Only 30.0% of juvenile arrests result in a conviction; however, the act of an arrest itself has significant effects on the juvenile, their family, and the community.

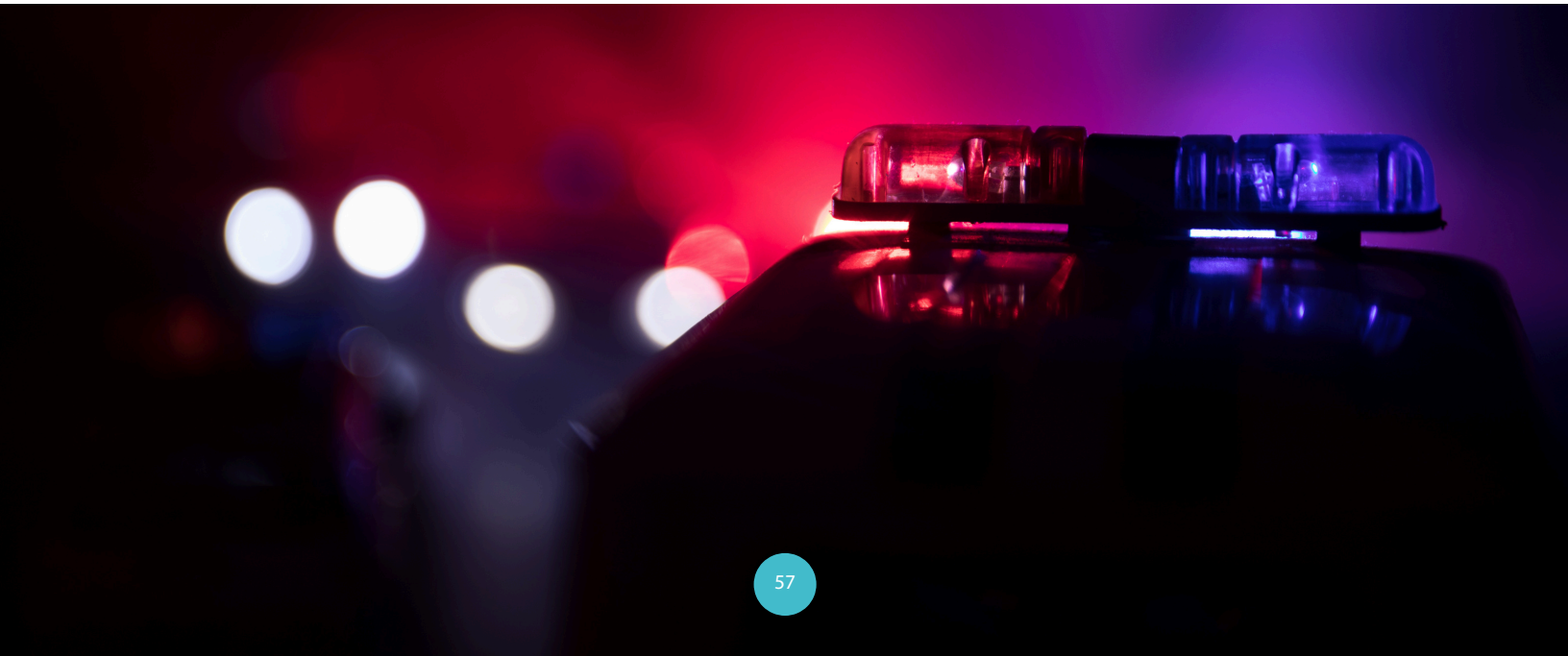
Juvenile arrests can illustrate one aspect of the complex societies in which youth live. Juvenile arrests result from many aspects of a given community, for example, policing policies and laws, the availability of educational and community support, and family support all impact youth behaviors in the community. Arrested youth face disproportionately higher morbidity and mortality. Incarcerated youth report experiencing poorer health, higher rates of infectious disease and stress-related illnesses, and higher body mass indices.[25]

In 2019-2020, the County's juvenile arrest (or delinquency) rate was 11.7, nearly twice as high as the State at 6.5.[26]

The above statistic is important for understanding the involvement of juveniles in criminal activities and for assessing the effectiveness of juvenile justice programs and interventions. Interpretation of the rate should consider factors such as the types of offenses, the effectiveness of preventive and intervention programs, broader social and economic conditions, and structural inequities that contribute to juvenile delinquency.

25 Massoglia M. Incarceration as exposure: the prison, infectious disease, and other stress-related illnesses. Journal of Health and Social Behavior. 2008; 49(1):56-71. 2 Massoglia M, Remster B. Linkages Between Incarceration and Health. Public Health Reports. 2019; 134(1):8S-14S. 3 Houle B. The Effect of Incarceration on Adult Male BMI Trajectories, United States, 1981-2006. Journal of Racial and Ethnic Health Disparities. 2014; 1(1):21–28.

26 Chisolm DJ. Justice-Involved Youth: The Newest Target for Health Equity Approaches? Pediatrics. 2017; 140(5). As cited in County Health Rankings 2023.



Racism and Discrimination

Racism and discrimination impact individuals and communities. Efforts to ensure that all individuals have equitable access to health, regardless of their race, ethnicity, gender identity, age, ability, or sexual orientation, require that we address the root causes of disparities created by systemic inequalities, racism, and discrimination in the organizations that provide services and, in the communities, where we live.

49.0%
of survey respondents answered the racism and discrimination questions

Volumes of research underscore the harm perpetrated on people of color and other disenfranchised groups by the US healthcare system, including how this system took their data without their consent or approval. This data has been used to create narratives about people from these groups that cause harm and reinforce negative stereotypes in healthcare institutions, medical training, and the broader public's narrative.

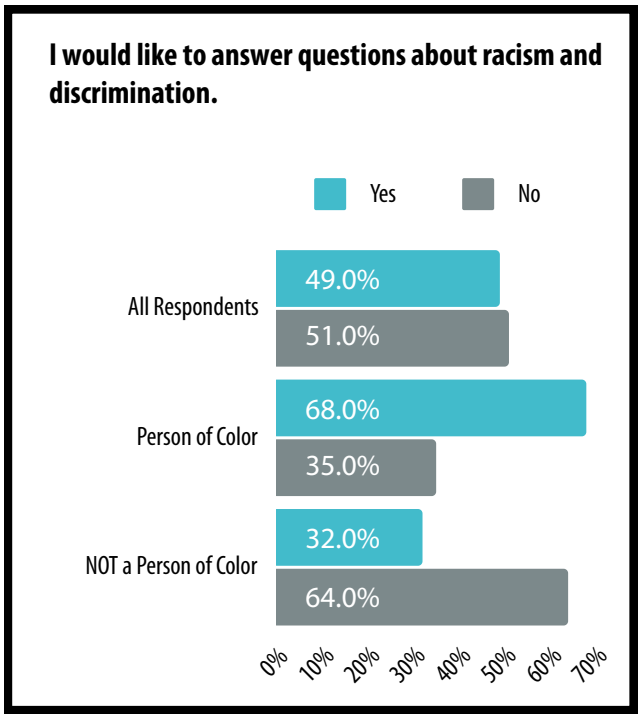
Historical undervaluing and minimizing the lived experiences of people contribute to ongoing health disparities. To that end, this assessment sought to understand community members' experiences with racism and discrimination to provide context to the secondary data that the system relies on to measure and count health outcomes and the factors that influence them. The CTSA survey included questions created by Dr. David R. Williams, the Florence Sprague Norman and Laura Smart Norman Professor of Public Health, and chair of the Department of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health.

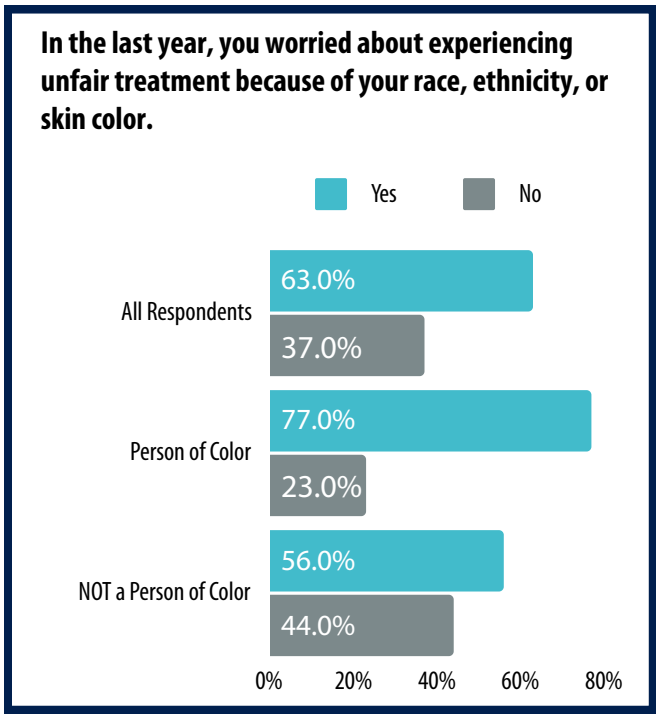
To ensure survey respondents were comfortable answering these questions, the CTSA was divided into two parts. The first part of the survey contained the questions typically asked as part of the Community Context Assessment. The second part of the survey presented respondents with a brief overview of the County's efforts to declare racism as a public health crisis and the need to understand individual community members' experiences to uncover the root causes and find solutions. Respondents were then asked for their consent to present the racism and discrimination questions and told that every question was optional.

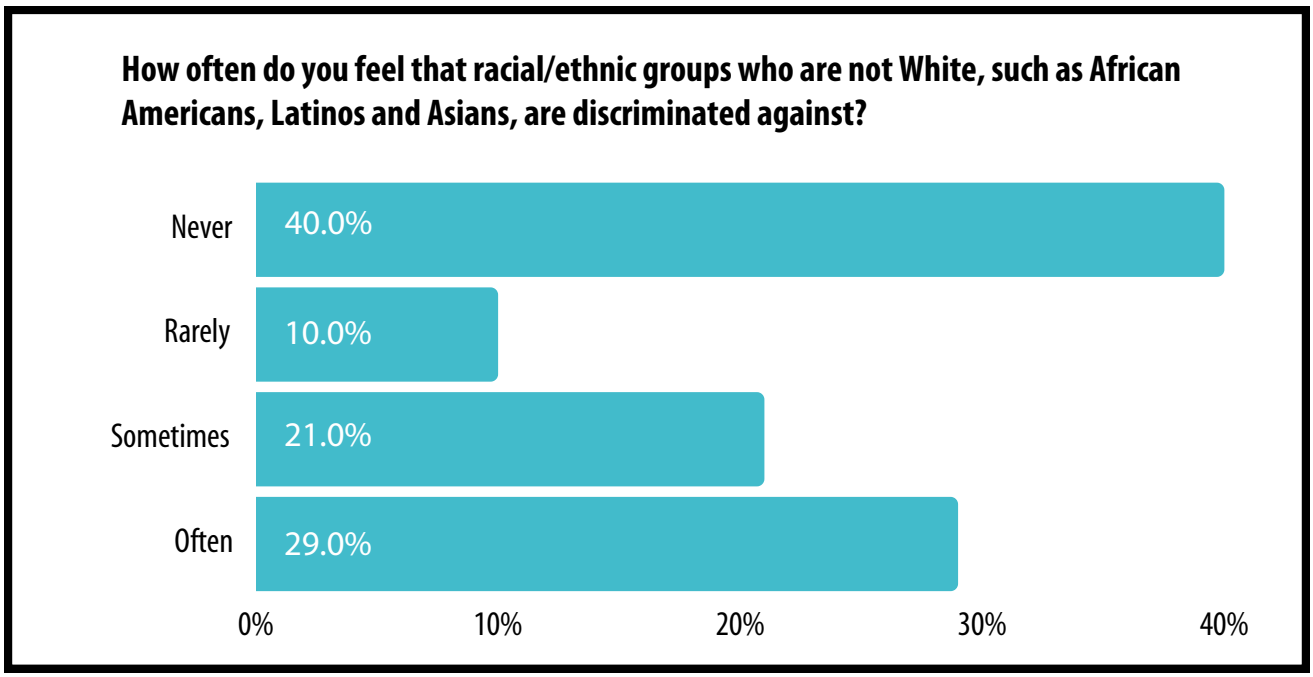
Collecting this data is not an end but it is an important tool for developing a plan for achieving health equity. Without metrics, we cannot determine if the interventions deployed by Vital Signs, San Bernardino County DPH, or its partners are meaningfully reducing health disparities.

CTSA Survey: Racism and Discrimination Questions and Responses

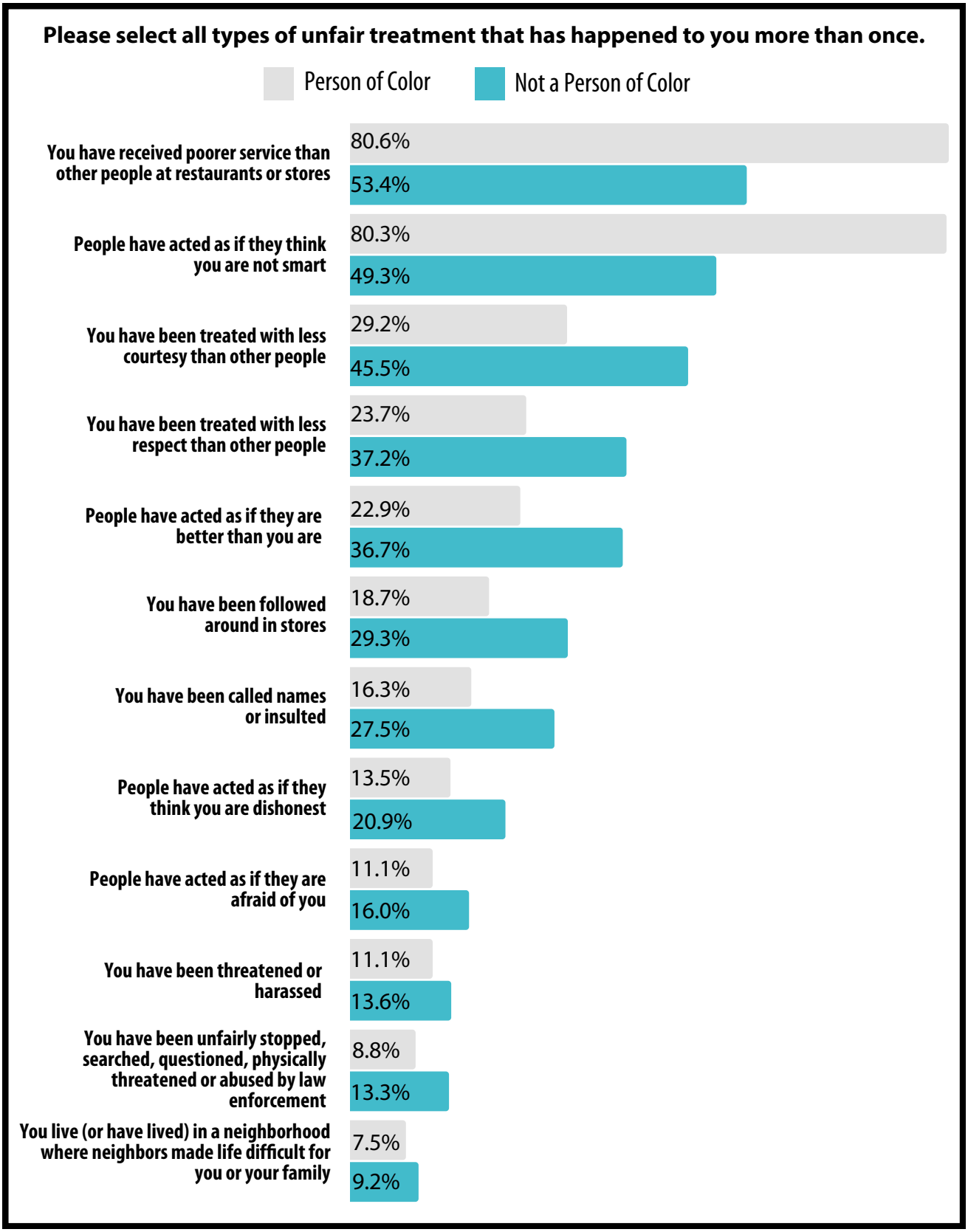
Among CTSA survey respondents, 81.0% indicate experiencing discrimination because of race, ethnicity, or skin color and 60.0% indicate that groups who are not white experience discrimination. The following figures delineate responses by all respondents, respondents who identified as a Person of Color, and respondents who do NOT identify as a Person of Color.







CTSA Survey: Racism and Discrimination Questions and Responses



Health Behaviors

Health behaviors include actions that improve health, such as eating well and being physically active. They also include actions such as smoking, and excessive alcohol intake that increase the risk of negative health outcomes like disease.

Many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and a lack of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.[27]

27 Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion.

Obesity, Physical Activity, and Nutrition

Obesity in adults continues to increase in San Bernardino County and is consistently higher than obesity rates in California. In 2017, the rate of obesity in San Bernardino County was 30.6%. In 2021, 38.1% of San Bernardino County adult residents were obese, significantly higher than adults living elsewhere in California at 28.7%.[28]

Obesity rates for teens also continues to increase in San Bernardino County and is consistently higher than California's teen obesity rate. Teenage obesity is an early predictor for diabetes and may be indicative of poor mental health among youth. 52.2% of San Bernardino County teens were considered overweight or obese in 2021. In the same year, rates of obesity or being overweight were highest among Hispanic teens and disproportionately among teens 14 years of age.[28]

Physical Activity

In 2020, 25.6% of adults in San Bernardino County were considered physically inactive compared to 21.1% in California. 87.0% of adults have access to exercise opportunities in San Bernardino County compared to 94.6% of adults living elsewhere in California.[29]

Food and Nutrition

The food insecurity rate in San Bernardino County was 9.7% in 2021.[30] Among these individuals, 22.0% were ineligible for federal nutrition programs. Food insecurity is defined by the US Department of Agriculture as the lack of access, at times, to enough food for an active healthy life. As described by Feeding America, food insecurity is associated with numerous adverse social and health outcomes and is increasingly considered a critical public health issue. Key determinants of food insecurity include unemployment, poverty, and income instability, which can prevent adequate access to food.

Black residents experience food insecurity at a rate disproportionate to the County average. In 2021, 20.0% of Black residents and 13.0% of Latino/Hispanic residents were food insecure compared to 7.0% of White, non-Hispanic residents.[30]

Food insecurity among children in the County is higher than among adults at 14.7%. Among food-insecure children, 29.0% are likely ineligible for federal nutrition programs because their family earns more than 185.0% of the federal poverty level ($45,991/year for a family of three).[30]

The Food Environment Index[30] measures access to healthy foods by considering how far a person lives from a grocery store or supermarket, the number of places where healthy food can be purchased in a community, and the affordability of healthy foods.

In 2021, San Bernardino County scored 7.8 out of 10, lower than elsewhere in California at 8.8.

Food Deserts[31]

In 2019, the percent of residents in San Bernardino County living in a food desert was 8.4% (169,619 people) compared to elsewhere in California at 3.1%.

A person lives in a food desert if they are low-income and have to travel more than one mile to a supermarket in an urban community or twenty miles in a rural community.

28 Behavioral Risk Factor Surveillance System, 2021.
29 ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles (2022 and 2020) via County Health Rankings, 2024.
30 USDA Food Environment Atlas; Map the Meal Gap from Feeding America
31 There is no standard definition of a food desert, but it represents a geographic area where residents - especially low-income residents - are far from a grocery store or supermarket. Metopio's definition is narrower than most, to focus attention on people who clearly have very low access to fresh food. Source: Food Access Research Atlas (calculated by Metopio).

2021 Food Insecurity in San Bernardino County

Population	Percent Food Insecure
All Individuals	9.7%
Children	14.7%
Black (all ethnicities)	20.0%
Latino/Hispanic	13.0%
White, Non-Hispanic	7.0%

Alcohol, Tobacco, and Other Drug Use

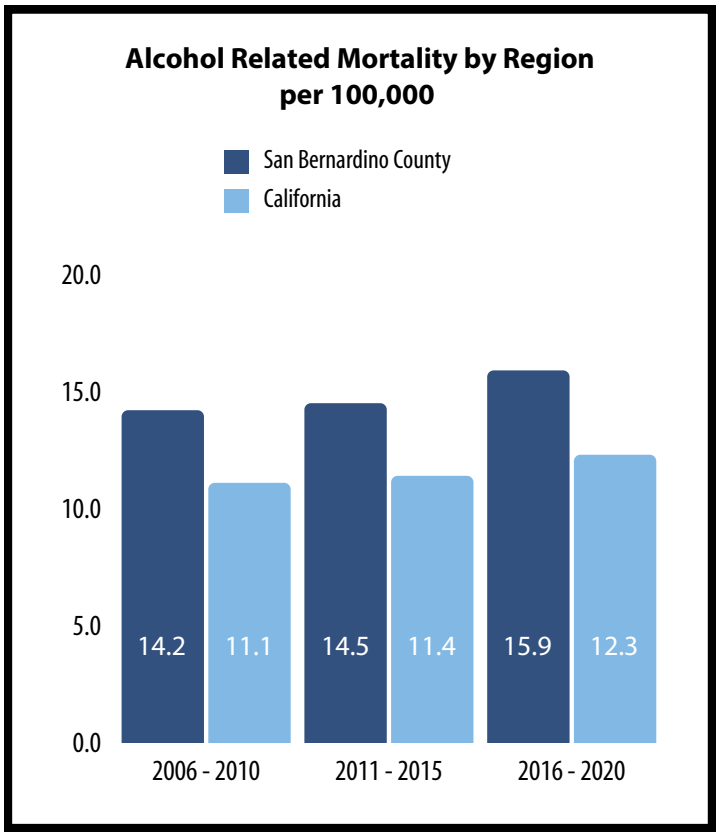
Alcohol

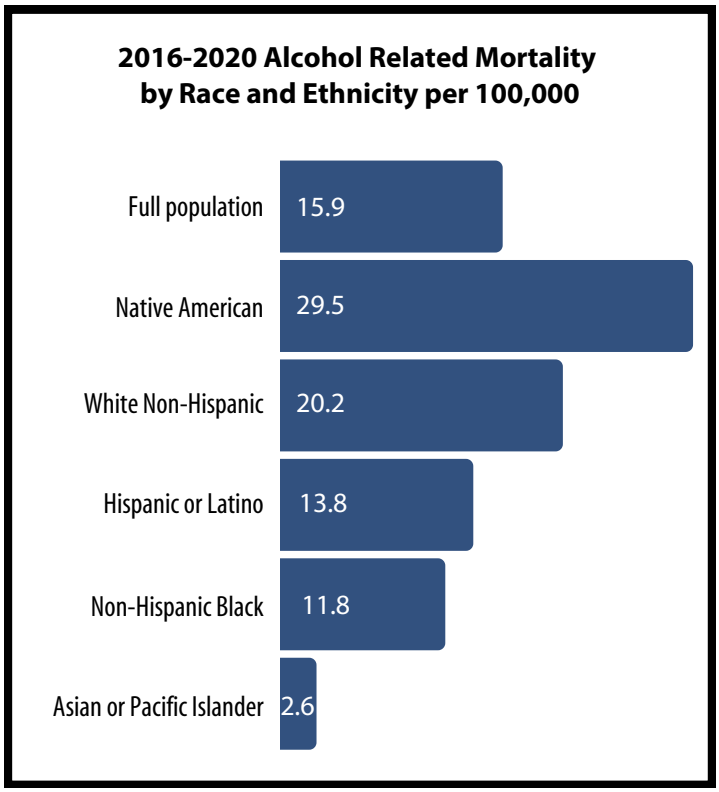
Alcohol use among adults in San Bernardino County was also similar to California, with binge drinking rates of 15.3% and 15.7%, respectively, among adults (18+ years).[32] Mortality due to alcohol and other drugs has been increasing in San Bernardino County. In 2016-2020, the number of deaths per 100,000 residents with an underlying cause related to excessive alcohol use was 15.9 in San Bernardino County, significantly higher than the rate in California at 12.3. Also, the alcohol mortality rate significantly increased in San Bernardino County between 2006-2010 and 2016-2020.[33]

Alcohol-related mortality was significantly higher among White non-Hispanic residents (20.2 per 100,000) and Native American residents (29.5 per 100,000) in San Bernardino County.[33]

Tobacco

In 2021, 11.1% of adults (18+ years) living in San Bernardino County reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. This rate was higher than California at 6.2%. The smoking rate in California has increased by 15.3% since 2019.[34]





32 Percentage of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge. Source: CDC Places, BRFSS, 2021.

33 metop.io | Data source: National Vital Statistics System-Mortality (NVSS-M) (via CDC Wonder).

34 2021 California Health Interview Survey.

Drug Overdose

Drug overdose mortality significantly increased in San Bernardino County and California between 2006-2010 and 2016-2020.

Mortality disproportionality impacted Native American, Non-Hispanic White, and non-Hispanic Black residents in San Bernardino County, who all experienced significantly higher rates of drug overdose mortality compared to the total population. Young adults (ages 18-39 years) and middle-aged adults (40-64 years) were also impacted more than other age groups.

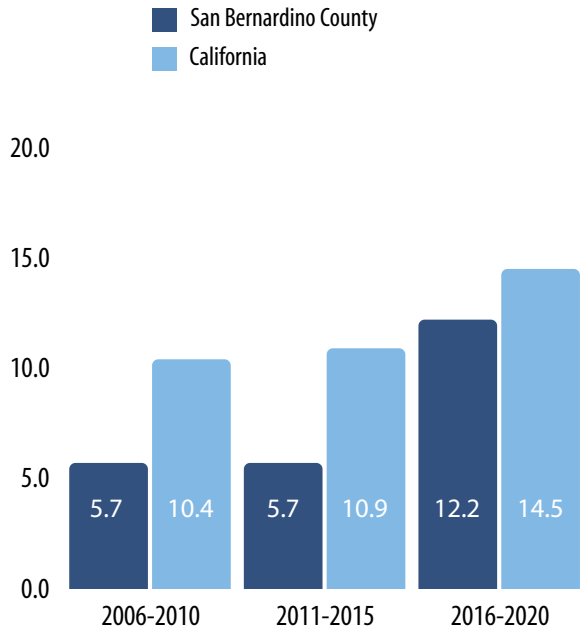
The rate of emergency department visits is also increasing. In 2016, the overdose emergency department visit rate was 17.7 per 100,000 residents. In 2021, this increased to 48.1 per 100,000 residents.[35]

Hospitalizations due to overdose have generally remained stable, ranging from 10.0 to 11.0 per 100,000 residents between 2016 and 2021.[35]

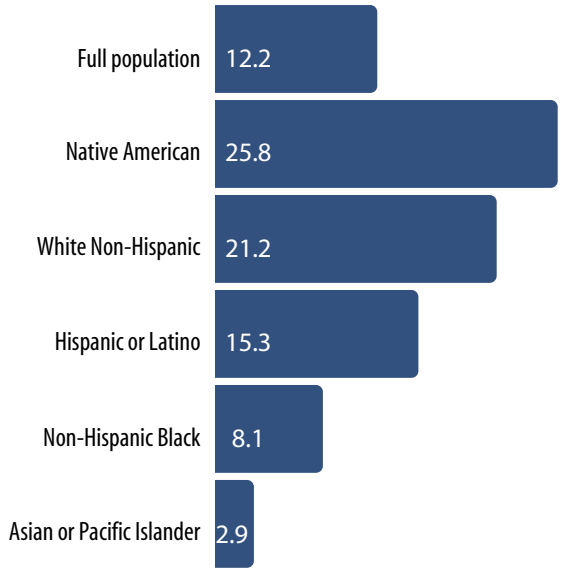
If these trends continue, projections estimate that by 2026, the overdose death rate will increase by 88.0%, which equates to a death rate of 32 per 100,000. Overdose emergency department visit projections estimate an increase of 124.0% from 2021, which equates to 108 visits per 100,000.[35]

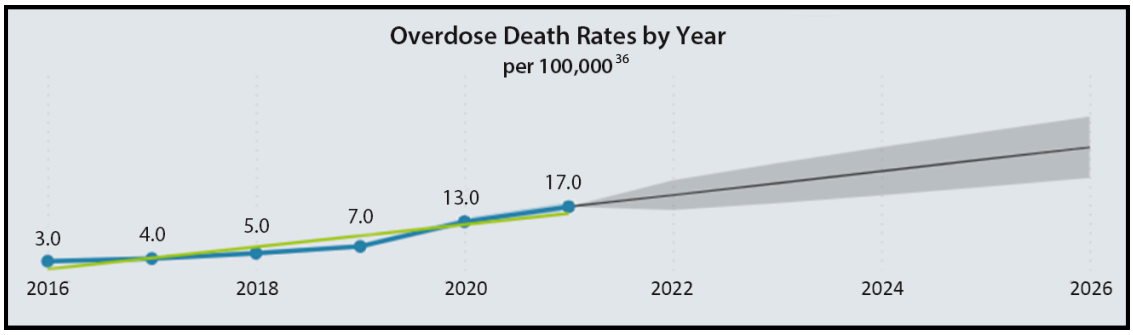
35 California Epi Center Online.

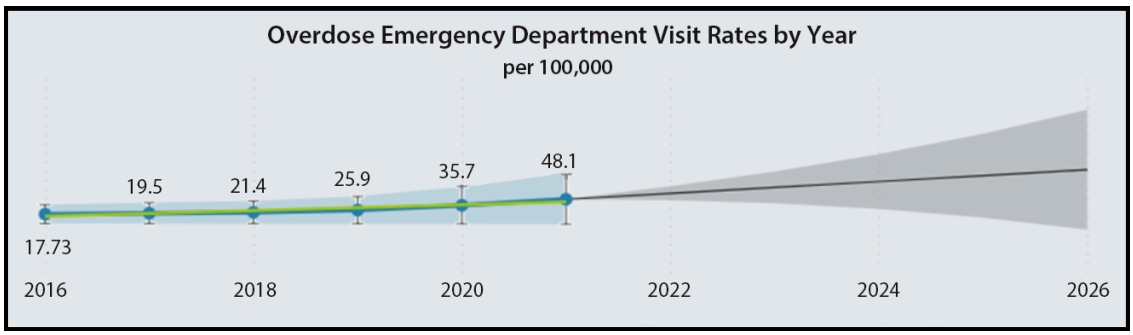
Drug Overdose Mortality by Region per 100,000

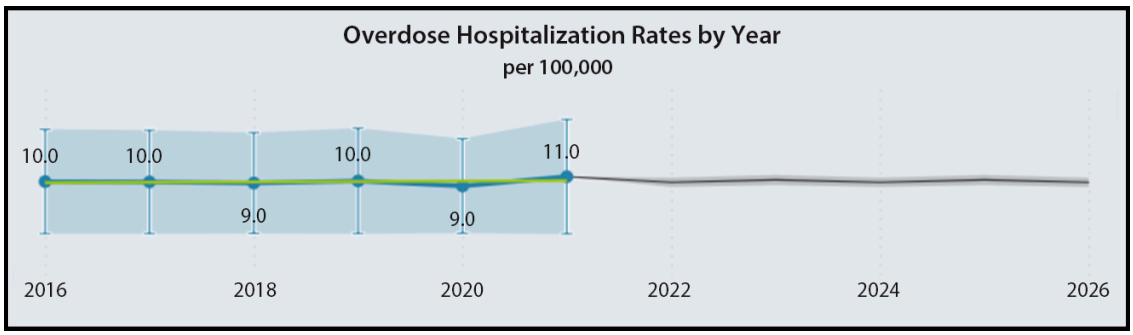


2016-2020 Drug Overdose Mortality by Race and Ethnicity per 100,000









Fentanyl Related Deaths

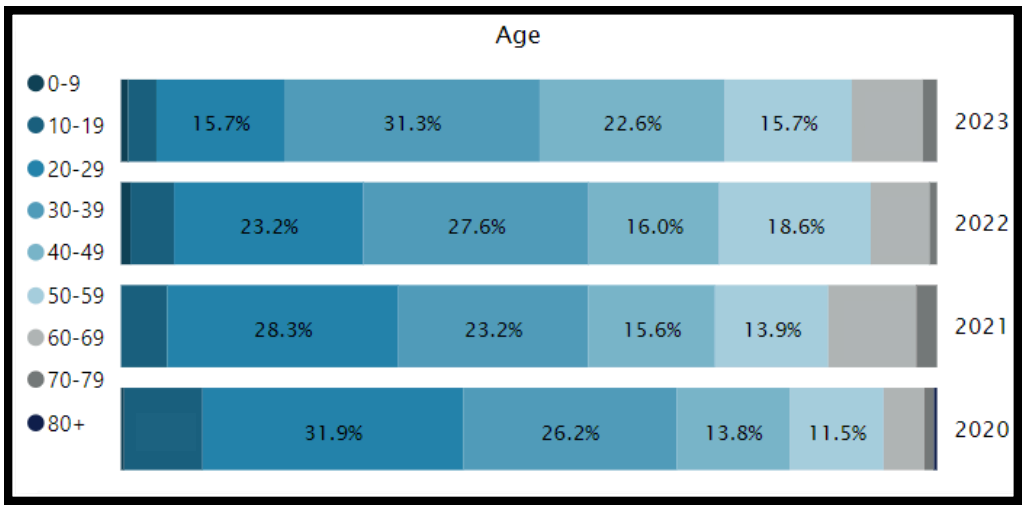
Fentanyl-involved deaths have become a significant concern in recent years. Fentanyl is a synthetic opioid that is far more potent than morphine and even heroin. In San Bernardino County, drug overdose deaths related to fentanyl increased between 2020 and 2022.

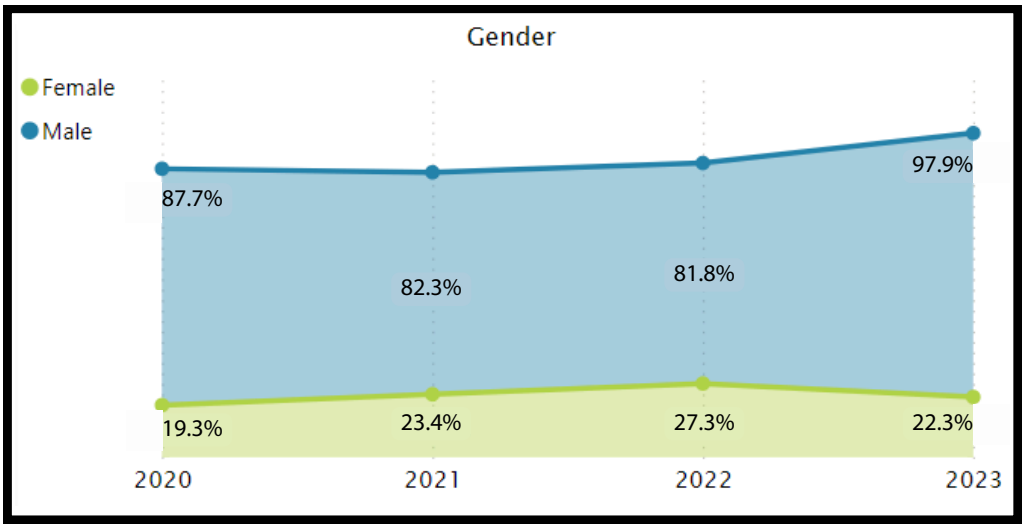
As shown below:

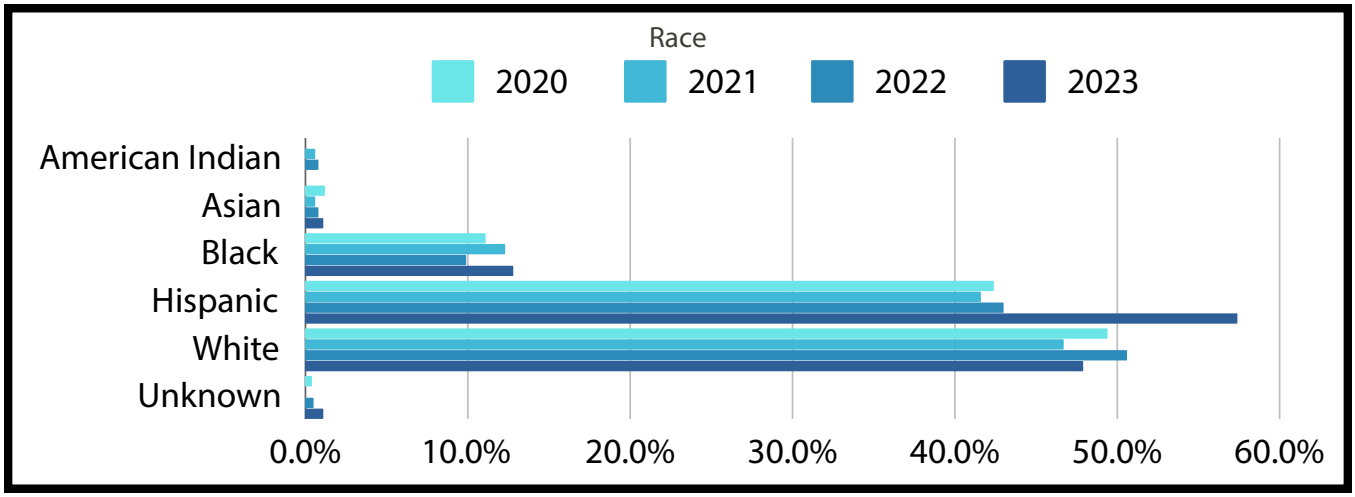
- Between 2020 and 2023, fentanyl-related deaths have increased in age groups 40-49 and 50-59 years of age.
- Males disproportionately experience fentanyl-involved drug overdose deaths compared to females. In 2023, males accounted for 97.9% of the fentanyl-involved drug overdose deaths.
- Hispanic residents accounted for over half (57.4%) of the fentanyl-involved drug overdose deaths, followed by White residents (47.9%) in 2023.[37]

36 Source: California Epi Center Online.
37 San Bernardino County Department of Public Health. 2023 data is a partial year. January 1, 2023 through June 2023.

2020-2023 Fentanyl Related Deaths by Age, Gender, and Race[38]







38 San Bernardino County Department of Public Health. 2023 data extracted June, 2024. Note: Vital statistics mortality reporting lags four to six week from the date of occurrence.

Health Outcomes

Health outcomes represent the physical and mental well-being of residents within San Bernardino County through measures signifying not only the length of life but also quality of life.

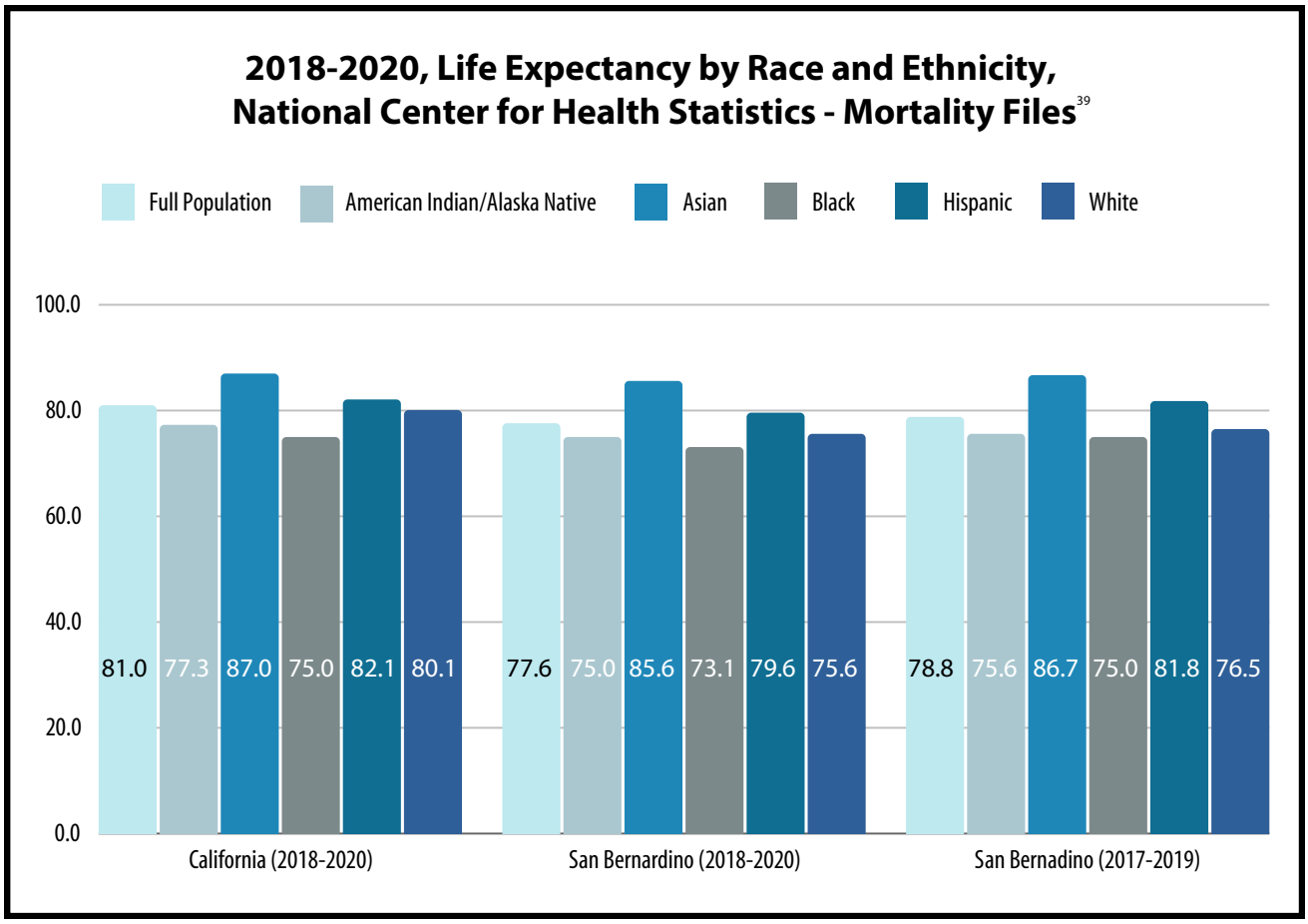
This 2024 CHA report describes many factors that influence health. This includes access to healthcare, the availability of good jobs, clean water, and affordable housing, as well as the behaviors or choices individuals make that influence their health.

Length of Life

When reviewing the data related to health outcomes, the 2024 CHA report provides the data required to understand whether health improvement programs in San Bernardino County are working or whether new or different health improvement programs may be needed. In addition, it is important to examine differences in health outcomes based on the presence of various community health factors and demographics to identify disparities between different demographic factors. Understanding where disparities exist allows health improvement efforts to be augmented to meet the needs of those who are experiencing the disparity.

Life expectancy from birth is a frequently utilized and analyzed component of demographic data to understand community health outcomes. It represents the average life span of a newborn and is an indicator of the overall health of a community. Life expectancy is shortened by many factors, which include hunger, injury, disease, the environment, and chronically poor health. Conversely, life expectancy increases with improvements in health and well-being and a higher life expectancy among community members is an indicator of a strong community.

Between 2018 and 2020, the average number of years a person living in San Bernardino County could be expected to live was 77.6 years. This is three years less than people living elsewhere in California who had a life expectancy of 81 years.



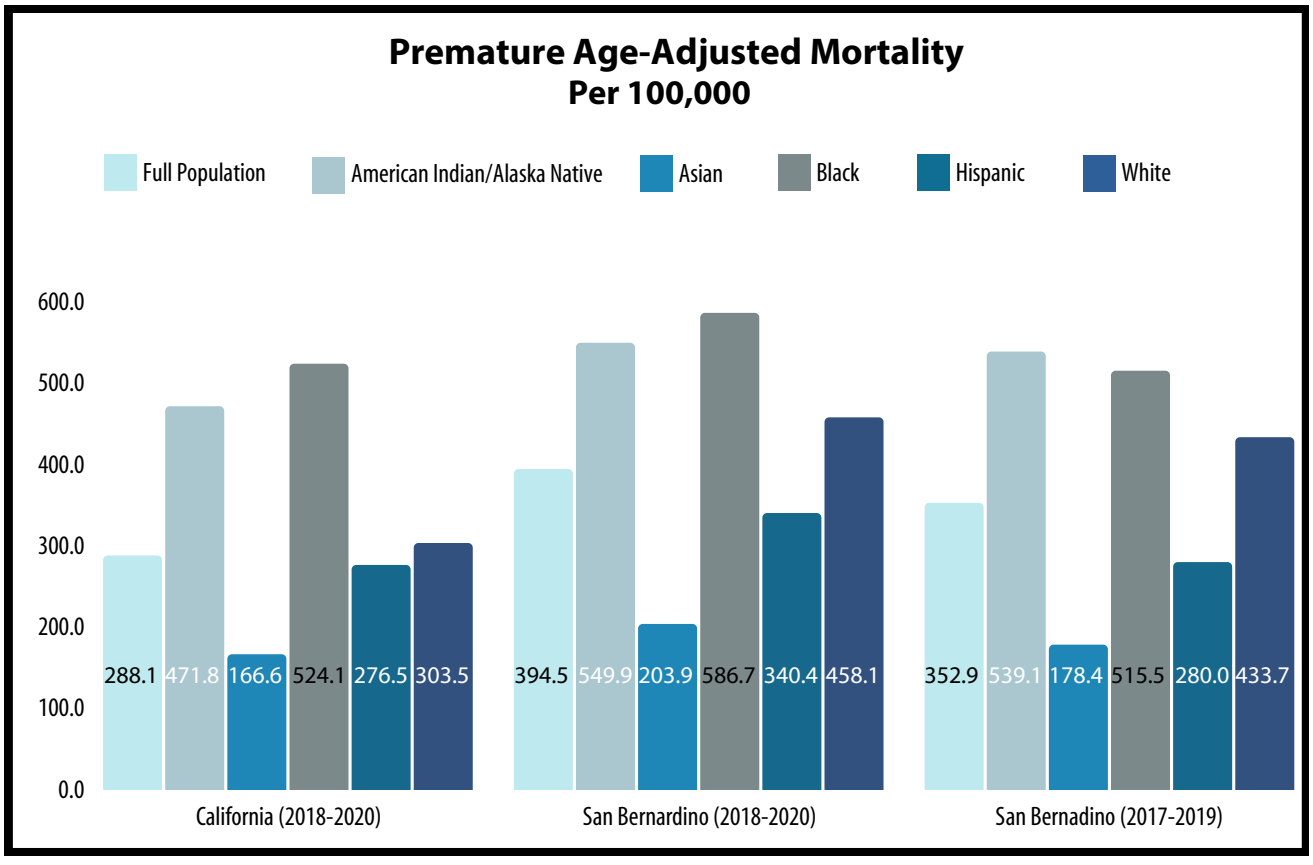
39 National Center for Health Statistics - Mortality Files, 2018-2020, as reported in County Health Rankings 2023.

Mortality data provides a snapshot of current health problems, outlines persistent patterns of risk in specific communities, and demonstrates trends in specific causes of death over time. Many causes of death are preventable or treatable and warrant the attention of public health prevention efforts. The age adjusted death rate per 100,000 in San Bernardino County increased between 2017-2019 to 2018-2020, driven in part by COVID-19. In 2017- 2020, the child and youth (people 18 years or younger) mortality rate in San Bernardino County was 46.2 per 100,000 compared to California at 35.1 per 100,000.

The child and youth (people 18 years and younger) mortality rate in San Bernardino County was higher at 46.2 per 100,000 children and youth in 2017-2020 compared to California at 35.1 per 100,000 children and youth. This rate equates to 1,191 deaths of children and youth. Similarly, the infant mortality rate was higher in the County compared to California at 5.7 infant deaths (within one year) per 1,000 live births compared to California at 4.1.[40]

Premature Age-Adjusted Mortality

Premature age-adjusted mortality (PAAM) is a measure of the number of deaths among people under the age of 75 per 100,000 population. It is an important measure of public health because it focuses on deaths that occur before people have had an opportunity to live full lives. It is also a useful measure for comparing the health of different populations and identifying disparities of people from different racial and ethnic groups. The figure below demonstrates the disparity in premature death within San Bernardino County for American Indian/Alaska Native and Black residents. This data demonstrates premature loss of life for these groups before and during the COVID-19 pandemic.



40 National Center for Health Statistics - Mortality Files, 2018-2020, as reported in County Health Rankings 2024.

Maternal and Child Health[41, 42]

Improving the well-being of mothers, infants, and children is an important public health goal. It leads to healthier families and communities, reduces healthcare costs, and fosters economic productivity. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. Health outcomes for pregnant women, infants and children are related to social, environmental, and physical factors including race and ethnicity, age, and socioeconomic status.

In California, the pregnancy-related mortality rate for Black mothers in 2018-2020 was 45.8 per 100,000 compared to 15.0 among Asian mothers, 14.8 among Hispanic mothers and 12.6 among White mothers. Looking at morbidity rates, or the rate of mothers suffering from a disease or unhealthy condition, Black mothers in San Bernardino County had the highest rates of morbidity in 2018-2020 at 159.2 per 10,000 compared to 120.3 among Asian/Pacific Islander mothers, 119.6 among White mothers and 103.1 among Hispanic mothers.

To further illustrate the disproportionate maternal and infant health outcomes among Black residents, infant mortality rates in San Bernardino County show a rate of 11.1 per 1,000 deaths among Black infants compared to 7.0 among infants of multiple races, 5.3 among Hispanic infants, 4.5 among White infants and 3.0 among Asian infants.

Ensuring a woman receives appropriate prenatal care is one opportunity to positively influence the woman's health and the health of her baby and improve long-term outcomes and quality of life in a systematic way.

Prenatal care is critically important as it ensures the health and well-being of both the expectant mother and her developing baby. Regular prenatal care helps monitor and address potential health issues, promotes a safe and healthy pregnancy, reduces the risk of complications during childbirth, and lays the foundation for a child's healthy start in life.

In 2019-2021, the percent of births where prenatal care began during the first trimester of pregnancy was 86.5% in San Bernardino County, similar to California at 87.9%. In San Bernardino County, there was a small improvement in early prenatal care utilization from 2016-2018 when it was 83.1% of pregnancies. However, the percentage of pregnancies with adequate/adequate plus prenatal care was much lower at 67.0% of pregnancies in 2019-2021, and this rate was worse than in 2016-2018 when it was 71.8%. Together, the increase in the early access to prenatal care and the decrease in the percent of pregnancies with adequate/ adequate plus prenatal care suggests that while initiation of prenatal care has improved, engagement in prenatal care throughout a pregnancy is a challenge.

41 Pregnancy-Related Mortality (ca.gov).
42 Infant Mortality (ca.gov).
Note: Data is not available by County.

Maternal and Child Health Outcomes, 2016-2021

Indicator	San Bernardino County		California	
	2016-2018	2019-2021	2016-2018	2019-2021
Percent of Live Births where Prenatal Care Begun During The First Trimester of Pregnancy	83.1%	86.5%	83.9%	87.9%
Percent of Live Births with Adequate/Adequate Plus Prenatal Care	71.8%	67.0%	78.0%	74.0%

Low Birthweight Infants

Low birth weight infants are often, but not always, associated with the use of prenatal care and therefore, the extent to which prenatal care is used among live births in San Bernardino County is examined. Low birth weight infants face significant health challenges, including a higher risk of developmental delays, chronic health conditions, and even mortality. Addressing the impact of low birth weight is crucial to improving the overall health and well-being of these vulnerable infants, promoting their chances of leading healthy and fulfilling lives. In 2019-2021, the percent of low birth weight infants in San Bernardino County was 8.1%, slightly higher than in California at 7.1%. The rate has increased in San Bernardino County since 2016-2018 when it was 7.5%.[43]

Breastfeeding

Breastfeeding is crucial for the health and well-being of infants and mothers alike. It offers numerous physical, emotional, and developmental benefits while also being a sustainable and economical choice for infant nutrition. However, it is essential to recognize that individual circumstances and choices may lead to different feeding methods, and the most important aspect is ensuring that the baby receives proper care and nutrition. In 2019-2021, the percentage of live births with breastfeeding initiation during early postpartum was 89.6%, which was lower than in California at 93.6%.[43] The rates have remained stable since 2016-2018 for both California and San Bernardino County.

Teen Births

Giving birth as a teen can have profound negative consequences for both the teen parents and the infant, both from a socioeconomic perspective and a health perspective. These may include health risks for both the mother and child, a disrupted education, financial strain, social isolation, strained relationships, mental health issues, limited life choices, an increased likelihood of repeat teen pregnancies, disadvantages for the child, and the potential for social stigma. It is important to note that these negative impacts can vary depending on individual circumstances and the level of support available to teenage parents.

43 CDPH County Health Status Profiles 2023, Table 30.

Supportive families, access to healthcare, education, and community resources can mitigate some of these challenges and help teenage parents provide a nurturing environment for their children.

Comprehensive sex education and access to contraception can also play a role in reducing teenage pregnancy rates. In 2019-2021, San Bernardino County's teen birth rate per 1,000 teens (15-19 years, 3,393 total births) was 14.0, higher than California's rate of 10.3 per 1,000 teens.[44]

Injury Related Deaths

The injury death rate increased in San Bernardino County between 2016-2021, from 46.1 per 100,000 to 75.4 (1,659 deaths). The increase in the injury death rate was driven in part by unintentional injuries, which increased 99.2% between 2016 and 2021, from 27.5 per 100,000 to 54.8 per 100,000 (1,205 deaths).[45]

Between 2016 and 2021, deaths in the County due to a firearm injury were the leading cause of homicide deaths (6.4 per 100,000 deaths in 2021) and suicides (4.7 per 100,000 deaths in 2021) (with suffocation a similarly leading cause of death among suicides at 4.1 per 100,000 deaths). Poisoning was the leading cause of unintentional injury at 25.7 deaths per 100,000 residents. There is a race and ethnicity disparity in injury deaths. Black San Bernardino County residents were more likely to have an injury death compared to residents of different race and ethnicities.[45]

2016-2021 Injury Death Crude Incidence Rate per 100,000 by Year

Cause	2016	2017	2018	2019	2020	2021
All Injury Death	46.1	53.2	58.6	59.2	74.9	75.4
Unintentional	27.5	34.7	39.7	39.5	53.7	54.8
Suicide	10.7	10.6	11.0	10.9	11.1	10.8
Homicide	6.8	7.0	6.4	7.4	8.4	8.6
Undetermined	0.5	0.7	1.0	0.9	0.8	0.7
Legal/War	0.0	0.0	0.5	0.0	0.9	0.5

44 CDPH County Health Status Profiles 2023, Table 30.
45 California Department of Public Health, Injury and Violence Prevention Branch. (2022, December 15). EpiCenter: California Injury Data Online. Retrieved September 5, 2023, from https://skylab4-dev.cdph.ca.gov/epicenter.

San Bernardino County Injury Death Crude Incidence Rate by Manner and Intent per 100,000 [46]

Method	2016	2017	2018	2019	2020	2021
Homicide						
Firearm	5.0	5.0	4.4	5.4	6.7	6.4
Cut/Pierce	0.7	0.5	0.9	0.9	0.5	1.5
Suicide						
Firearm	5.2	4.9	5.2	4.8	4.7	4.7
Unintentional						
Poisoning	3.9	8.1	13.1	11.5	23.4	25.7
Transportation: Motor Vehicle Traffic (MVT)-Unspecified	4.5	5.1	5.1	5.9	7.6	6.9
Fall	5.0	5.9	5.8	6.4	6.3	5.5
Transportation: MVT-Pedestrian	3.4	3.5	4.4	4.1	4.5	4.5
Transportation: MVT-Occupant	3.9	2.8	3.1	3.4	3.8	3.4
Transportation: MVT-Motorcyclist	2.0	2.2	2.1	1.8	2.1	2.4
Drowning/Submersion	0.7	1.3	0.9	0.8	1.2	1.1

46 California Department of Public Health, Injury and Violence Prevention Branch. (2022, December 15). EpiCenter: California Injury Data Online. Retrieved September 5, 2023, from https://skylab4-dev.cdph.ca.gov/epicenter.

In 2021, Black San Bernardino County residents had significantly higher rates of injury death due to homicide at 30.7 per 100,000, followed by Hispanic residents (8.8 per 100,000) and White residents (3.8 per 100,000).

White San Bernardino County residents had higher rates of suicide injury-related death at 16.5 per 100,000 compared[47] to other race and ethnicities including Asian (9.5 per 100,000), Black (8.6 per 100,000), and Hispanic (7.7 per 100,000). White and Black residents' injury death rates due to unintentional injury were the same at 72.0% per 100,000.[47]

All Injury Death Crude Incidence Rate per 100,000 by Race and Ethnicity[47]

Race and Ethnicity	2016	2017	2018	2019	2020	2021
Black	67.5	69.8	72.2	81.4	115.7	112.4
White	62.5	78.4	84.2	80.9	98.2	94.0
Hispanic	34.8	37.5	43.5	45.5	59.9	63.0
Multiracial	41.7	40.8	73.7	53.8	44.8	42.0
Asian	24.2	29.0	29.4	34.4	35.2	37.4

Note: Due to differences in how race and ethnicity are reported in the population and injury data, caution should be used when interpreting rates involving race/ethnicity.

47 California Department of Public Health, Injury and Violence Prevention Branch. (2022, December 15). EpiCenter: California Injury Data Online. Retrieved September 5, 2023, from https://skylab4-dev.cdph.ca.gov/epicenter.

In 2021, Black San Bernardino County residents had significantly higher rates of injury death due to homicide.

Injury Death Crude Incidence Rate per 100,000 by and Manner of Death and Race and Ethnicity[47]

Mortality, Race and Ethnicity	Crude Incidence Rate per 100,000
Homicide	
Asian	Not available
Black	30.7
Hispanic	8.8
Multiracial	Not available
White	3.8
Suicide	
Asian	9.5
Black	8.6
Hispanic	7.7
Multiracial	Not available
White	16.5
Unintentional	
Asian	24.9
Black	72.1
Hispanic	45.5
Multiracial	34.0
White	71.9

47 California Department of Public Health, Injury and Violence Prevention Branch. (2022, December 15). EpiCenter: California Injury Data Online. Retrieved September 5, 2023, from https://skylab4-dev.cdph.ca.gov/epicenter.

Unintentional injury was a main driver of emergency department visits in San Bernardino County, followed by assault and self-harm injuries. The leading cause of injury-related hospital admissions was unintentional, followed by self-harm and assault.

Certain types of injuries have driven increases in hospitalizations between 2016 and 2021 in San Bernardino County. Child/Adult abuse was the most prominent assault-related injury, and the rate of child/adult abuse increased 85.0% from 5.8 in 2016 to 10.7 per 100,000 in 2021. While falls remained the highest unintentional injury driving hospitalizations, transportation-related injuries, both motor vehicle occupants and motorcyclists have increased between 2016 and 2021, 28.0% and 17.0%, respectively. Drug-related poisoning has decreased among hospitalizations, both unintentional and self-harm injury intents.[47]

Emergency Department and Hospitalization Crude Incidence Rate per 100,000[47]

Emergency Department Crude Incidence Rate per 100,000						
Injury Category	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Unintentional	6,163.1	6,348.8	6,192.2	6,322.0	4,661.1	5,407.1
Assault	311.7	317.7	308.9	325.5	266.9	282.0
Self-harm	83.3	85.9	85.7	83.9	79.3	85.0
Hospitalization Crude Incidence Rate per 100,000						
Undetermined	32.1	24.3	22.2	20.8	20.5	21.2
Injury Category	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Unintentional	560.1	583.6	611.5	625.2	561.5	587.4
Self-harm	45.2	45.8	50.7	49.3	36.7	43.5
Assault	33.9	36.9	38.3	40.1	37.1	34.4
Undetermined	7.0	8.8	8.5	6.8	5.0	4.5
Legal/War	1.4	1.1	1.4	1.5	1.1	1.2

47 California Department of Public Health, Injury and Violence Prevention Branch. (2022, December 15). EpiCenter: California Injury Data Online. Retrieved September 5, 2023, from https://skylab4-dev.cdph.ca.gov/epicenter.

Injury Hospitalizations Crude Incidence Rate per 100,000[47]

Injury Category and Type	2016	2017	2018	2019	2020	2021	2016 to 2021 % Change
Assault							
Child/Adult Abuse	5.8	7.5	8.8	11.0	9.7	10.7	85.0%
Struck By/Against	11.6	13.8	13.9	13.1	10.8	9.4	-20.0%
Firearm	5.7	5.5	4.8	6.1	7.2	6.2	8.0%
Unintentional							
Fall	284.1	298.7	313.1	319.6	284.2	299.5	5.0%
Transportation: MVT-Occupant	51.3	57.9	58.9	65.2	56.3	65.9	28.0%
Unspecified	62.2	57.0	64.3	69.8	61.0	65.1	5.0%
Poisoning: Drug	45.0	47.5	45.7	44.5	43.0	36.9	-18.0%
Transportation: MVT-Motorcyclist	15.2	15.4	17.1	14.5	14.3	17.7	17.0%
Struck By/Against	17.5	17.1	17.8	19.4	16.9	17.1	-2.0%
Self-harm							
Poisoning: Drug	28.3	28.3	32.2	29.6	23.3	25.4	-10.0%
Cut/Pierce	8.7	8.1	10.4	11.2	7.9	8.9	3.0%
Unspecified	2.9	4.6	4.2	2.7	1.9	4.6	62.0%
Undetermined							
Poisoning: Drug	3.0	3.0	4.0	2.5	2.4	1.8	-38.0%
Other Specified: Not Elsewhere Classifiable	1.5	2.8	2.0	1.6	0.9	0.7	-53.0%
Poisoning: Non-Drug	0.6	1.0	0.9	1.2	0.0	0.6	13.0%
Drowning/Submersion	0.8	0.7	0.9	0.9	0.0	0.0	0.0
Firearm	0.6	0.0	0.0	0.0	0.5	0.5	-11.0%

47 California Department of Public Health, Injury and Violence Prevention Branch. (2022, December 15). EpiCenter: California Injury Data Online. Retrieved September 5, 2023, from https://skylab4-dev.cdph.ca.gov/epicenter.

Quality of Life

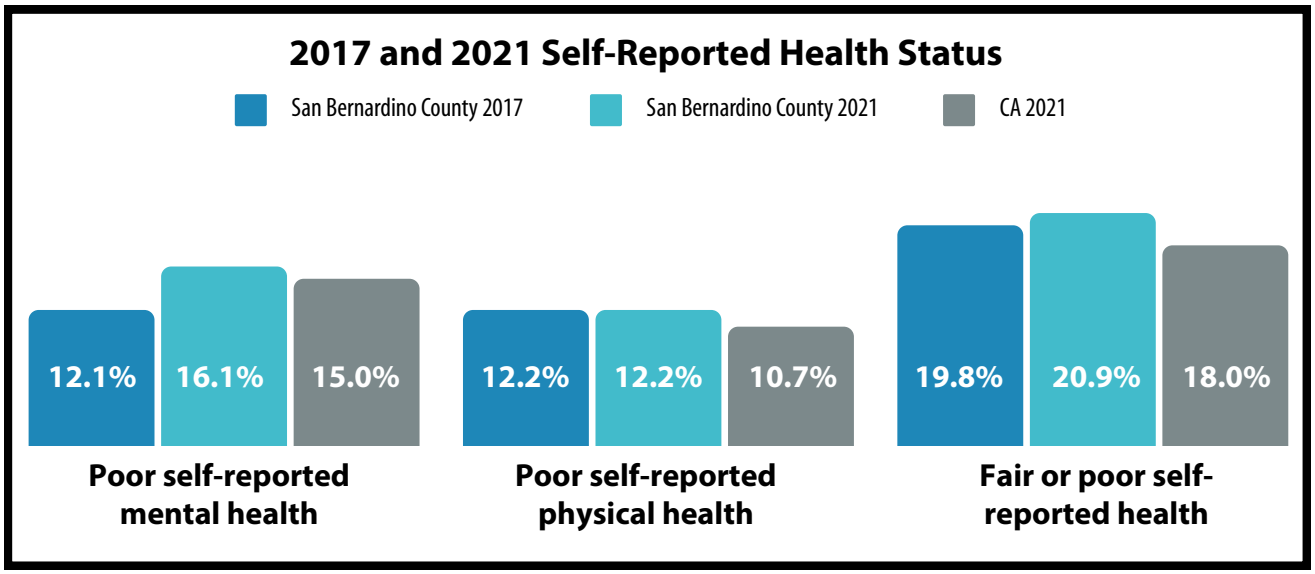
Quality of life represents the well-being of a community and is a reflection of the physical, mental, social, and emotional health across a person's life span. Quality of life data is a measure of how people perceive their health, and to what extent they feel healthy and satisfied.

Poor or Fair Health

Self-reported overall health has been shown to be powerful at predicting mortality. The percent of adults in San Bernardino County (18+ years) was 20.9% or one in five adults who self-reported poor or fair health in 2021. The rate has not significantly changed since 2017 when it was at 19.8% of adults in the County. However, adults in San Bernardino County are significantly more likely to report fair or poor self-reported health compared to adults living elsewhere in California at 18.0%. The average number of poor physically unhealthy days in the past month in San Bernardino County was 3.5 days, significantly higher than in California at 3.0 days in 2023.[48]

Poor Mental Health

Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity, and many risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking, and insufficient sleep. 16.1% of adults in 2021 self-reported poor mental health during the past year.[49] The rate has significantly increased since 2017 when it was at 12.1%. The average number of mentally unhealthy days in the past month in San Bernardino County was 4.6 days, higher than in California at 4.0 days.[48]



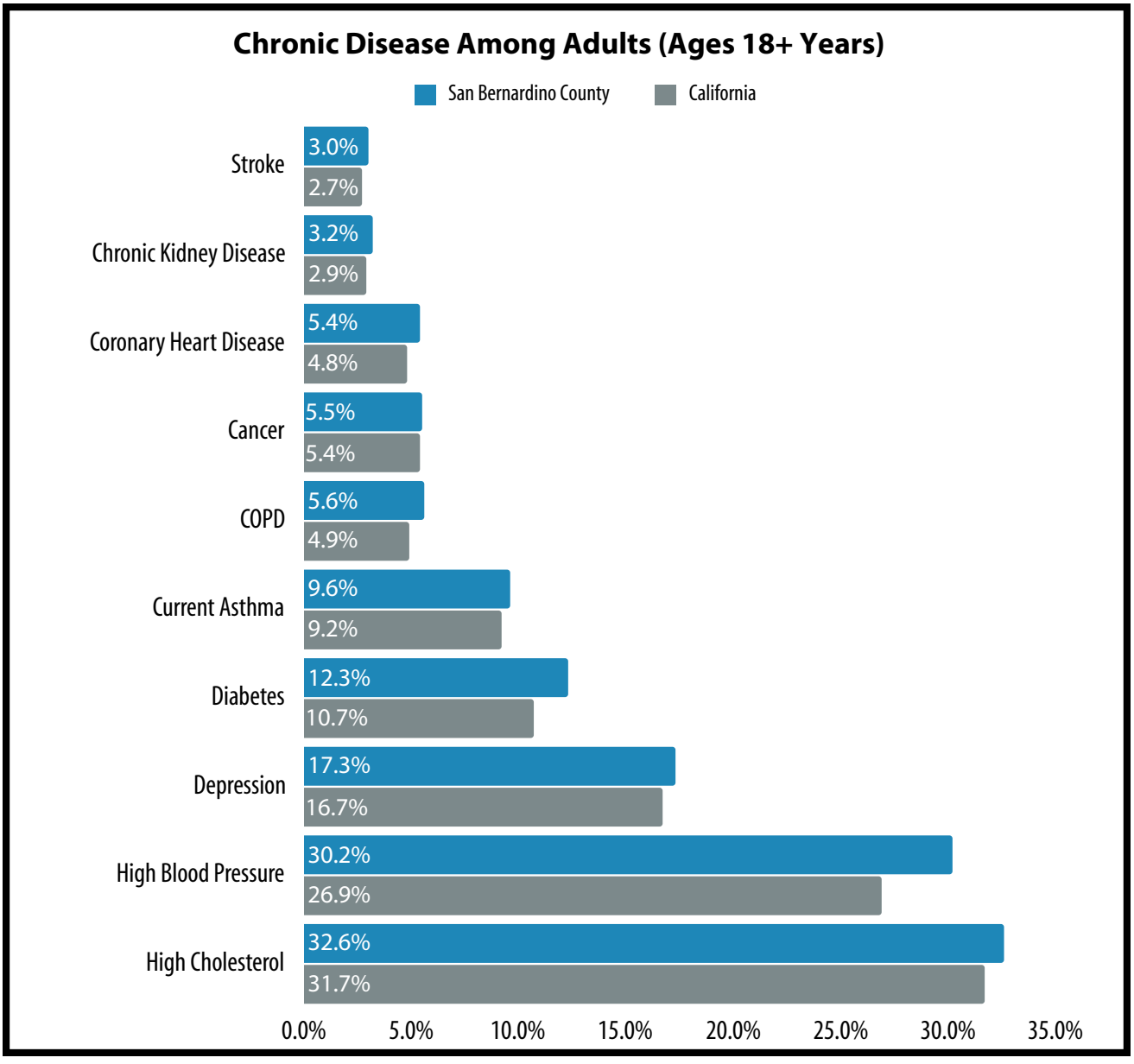
48 BRFSS, Age Adjusted Rates, 2020 (as reported in County Health Rankings 2023).
49 Measure is the percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. BRFSS, Age Adjusted Rates, 2021.

Chronic Disease Prevalence

CDC data indicates that chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the US. Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.

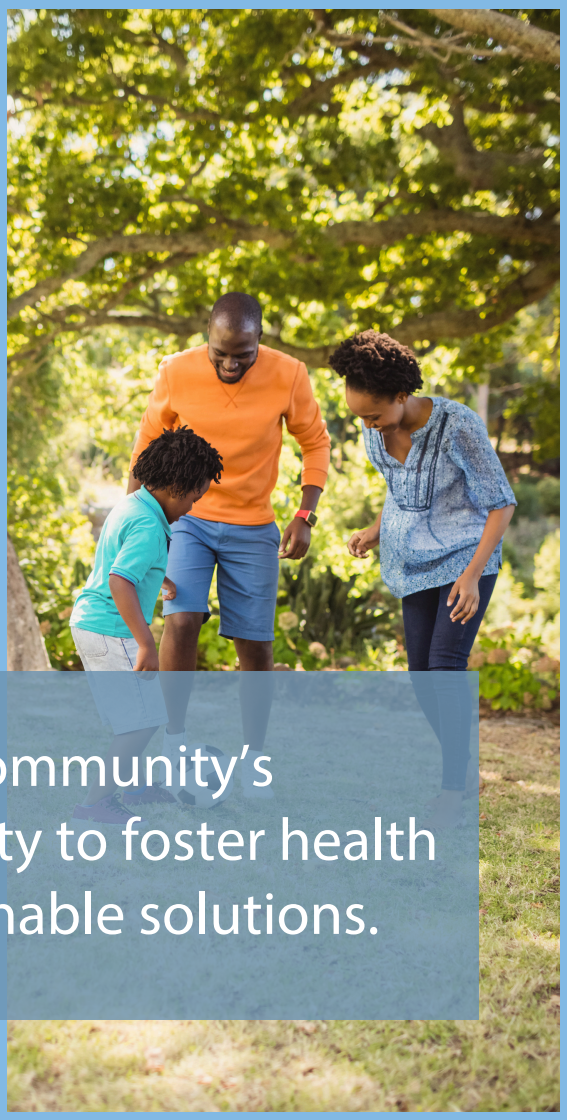
In San Bernardino County:

- High cholesterol was the most prevalent chronic disease among adults in 2021, at 32.6% of adults, followed by high blood pressure (30.2% of adults). Prevalence of high cholesterol has significantly increased between 2017 and 2021 in the County and California.
- Depression was diagnosed among 17.3% of San Bernardino County adults in 2021, and this did not significantly change between 2019 and 2021.
- Diabetes was diagnosed among 12.3% adults, a rate no different than California.[50]



50 Centers for Disease Control and Prevention (CDC) Places, Behavioral Risk Factor Surveillance System (BRFSS).

Opportunities to Improve Community Health



Recognizing the community's strengths and ability to foster health is critical for sustainable solutions.

Community Strengths, Assets and Resources

To understand community strengths and assets from the perspective of community members, the CTSA survey asked a series of questions regarding community connectedness. The following is an overview of all respondents' feelings regarding the quality of life, access to resources, opportunity, and their sense of connectedness in San Bernardino County.

Quality of Life

Community members were asked to consider their sense of safety, well-being, participation in community life, and their associations and then rate their level of satisfaction with the quality of life in their neighborhood. 59.0% of respondents indicated they were satisfied with the quality of life, 32.0% were neutral, and 9.0% were dissatisfied.

Quality of life includes factors that support aging and raising children. When asked about these and other factors 40.0% of respondents agreed their neighborhood is a good place to raise children (48.0% were neutral and 12.0% disagreed) 59.0% of respondents agreed that their neighborhood was a safe place to live (29.0% were neutral and 12.0% disagreed).

Access and Opportunity

Health and social services are essential for ensuring that everyone can live a healthy and fulfilling life. Without access to services, many people are unable to meet their basic needs and may be at risk of poor health and social isolation. 51.0% of survey respondents feel they have access to the services they need. However, only 35.0% of respondents feel there is adequate economic opportunity for them and their families.

49.0% of respondents indicated they felt there is a sufficient amount of social services available to meet the needs of residents (32.0% were neutral and 19.0% disagreed).

Connectedness

Community connectedness is the degree to which people feel a sense of belonging and connection to their community. It is about feeling valued and supported by others and having a shared identity and purpose. Community connectedness has many benefits. For individuals, community connectedness can lead to better mental and physical health. Connectedness can lead to increased resilience, reduced crime, and improved economic development for communities.

Community connectedness can be measured by asking people about their sense of belonging and trust in their neighbors and other members of their community, whether they feel they can rely on others in their community for help and support, and if they are involved in their community through volunteerism, civic organizations, or other activities. 52.0% of survey respondents indicated feeling connected to their community, an asset that can be fostered to create stronger and healthier communities for everyone. 61.0% of respondents indicated that every person and group has the opportunity to contribute to improving the quality of life in their neighborhood (30.0% were neutral and 9.0% disagreed) and 50.0% indicated that trust and respect are increasing in their neighborhood and that neighbors are coming together to achieve shared community goals (33.0% were neutral and 17.0% disagreed).

Conclusion and Next Steps

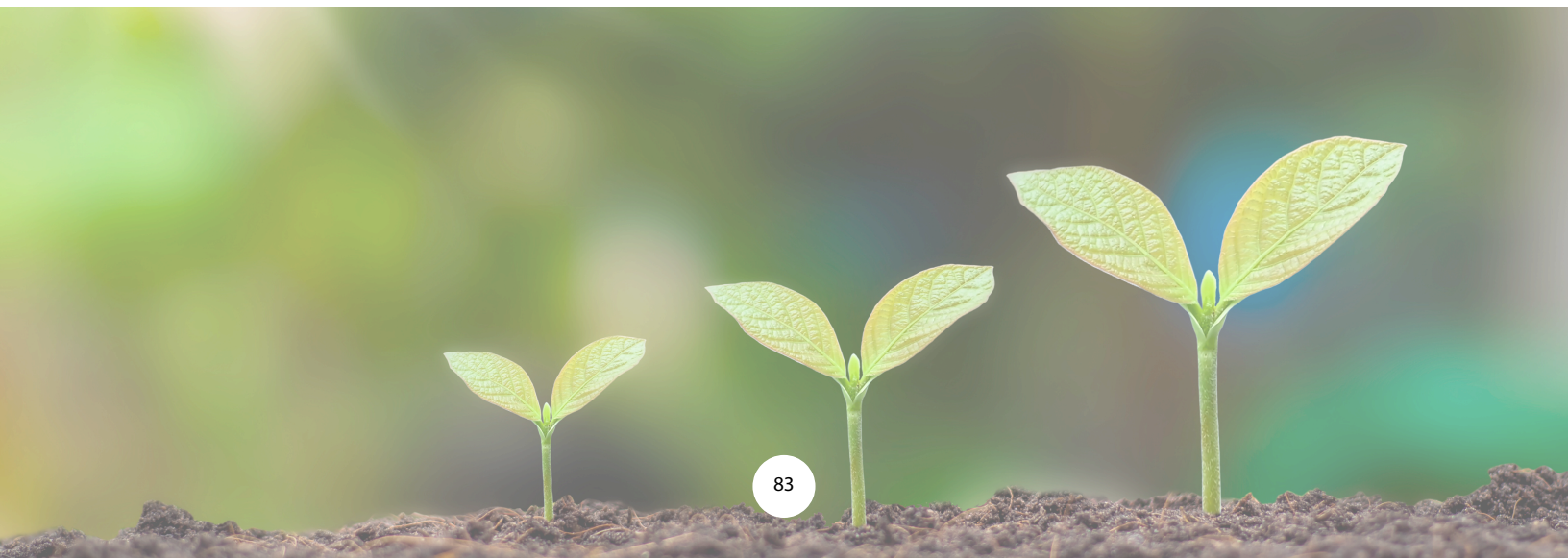
The purpose of the 2024 CHA process was to develop and document key information regarding the health and well-being of San Bernardino County residents. While progress is being made and there are important community assets that exist, the data demonstrates that San Bernardino County struggles to prevent and treat behavioral health challenges, prevent injuries and violence, especially for people of color, and ensure adequate access to cultural and linguistically effective healthcare and preventive services to address health risk behaviors and chronic disease. In San Bernardino County, these issues exacerbate economic insecurity, access to quality education, health and wellness, and community safety.

The CHA is intended to drive discussions and data-driven decision-making at the community level, and future alignment of strategies and resources to achieve wellness in San Bernardino County. It is hoped that organizations, residents, sectors, networks, agencies, businesses, and partnerships will become galvanized and commit to taking action collectively to address the three health improvement priorities.

The CHA report will be used by Vital Signs, its partners, and the San Bernardino County DPH for developing a community health improvement plan, known as the 2024 San Bernardino County Community Transformation Plan.

This data report is one of many steps taken to move the needle towards positive health outcomes for San Bernardino County residents.

The CHA report is available as a resource to community partners interested in improving the health of the community. It is hoped that, in this way, the CHA will be a useful resource for further communitywide health improvement efforts.



Appendix A

List of CHA Data Sources

1. American Community Survey (ACS)
2. Area Health Resource File
3. Behavioral Risk Factor Surveillance System (BRFSS)
4. Bureau of Labor Statistics, Local Area Unemployment Statistics
5. California Department of Education, Dataquest
6. California Employment Development Department (EDD)
7. California Health Information Survey (CHIS)
8. California Department of Public Health, Injury and Violence Prevention Branch. EpiCenter: California Injury Data Online
9. California Department of Public Health County Health Status Profiles
10. CMS, National Provider Identification
11. Feeding American (Map the Meal Gap)
12. Health Resources and Services Administration (HRSA)
13. National Low Income Housing Coalition
14. National Provider Identifier (NPI)
15. USDA (Food Access Research Atlas)

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Community Vital Signs Initiative
San Bernardino County

San Bernardino CountyWide Vision

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