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St. Bernardine Medical Center

St. Bernardine Medical Center

Community Health Needs Assessment

2022

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Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by St. Bernardine Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

This CHNA was conducted in partnership with Community Hospital of San Bernardino. St. Bernardine Medical Center engaged Biel Consulting, Inc. to conduct the CHNA.

Community Definition

Dignity Health – St. Bernardine Medical Center (SBMC) is located at 2101 North Waterman Avenue, San Bernardino, California 92404. The population of the SBMC service area is 1,208,298. Children and youth, ages 0-17, make up 28% of the population, 61.8% are adults, ages 18-64, and 10.2% of the population are seniors, ages 65 and older. The majority of the population in the service area identifies as Hispanic/Latino (60.6%). 22.9% of the population identifies as White/Caucasian, 8.9% as Black/African American. 4.9% as Asian and 2.2% of the population identifies as multiracial (two-or-more races), 0.2% as American Indian/Alaskan Native, and 0.2% as Native Hawaiian/Pacific Islander. Those who are of a race/ethnicity not listed represent 0.2% of the service area population. In the service area, 52.9% of the population, ages 5 and older, speak only English in the home. Among the area population, 41.7% speak Spanish, 3.6% speak an Asian/Pacific Islander language, and 1.1% speak an Indo-European language in the home.

Among the residents in the service area, 17.3% are at or below 100% of the federal poverty level (FPL) and 40.3% are at 200% of FPL or below. In San Bernardino County, 9.6% of the population experienced food insecurity in 2019. Among children in San

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Bernardino County, 14.9% lived in households that experienced food insecurity. Feeding America estimated that 90% of those experiencing food insecurity in San Bernardino County, and 72% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospital service area, 23.7% of adults, ages 25 and older, lack a high school diploma, which is higher than county (20%) and state (16.7%) rates. 17.7% of area adults have a Bachelor's or higher degree.

Assessment Process and Methods
Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of San Bernardino County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

SBMC conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twenty-one (21) interviews were completed during September and October 2021. Community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility."

Process and Criteria to Identify and Prioritize Significant Health Needs
Significant health needs were identified from an analysis of the primary and secondary data sources. Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:
- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

The interviewees were also asked to prioritize the health needs according to highest

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level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each need.

List of Prioritized Significant Health Needs
Access to health care, chronic diseases, preventive practices, COVID-19, housing and homelessness and mental health were identified as priority needs in the service area.

Access to health care – Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.1% coverage. 90.8% of the civilian, non-institutionalized population in the service area has health insurance and 96.2% of children, ages 18 and younger, have health insurance coverage in the service area. There are a number of identified barriers to accessing health care, including: long wait times for appointments, lack of health insurance, cost of care, cultural and language issues, transportation, and a lack of primary care providers and specialists.

Chronic diseases – The hospital service area has high rates of death from cancer, heart disease, Chronic Lower Respiratory Disease, stroke and Alzheimer's disease. In San Bernardino County, co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. In the service area, the percent of adults who reported being diagnosed with high blood pressure was 26.2% and with high cholesterol was 25.9%. 10% of service area adults have been diagnosed with diabetes.

Preventive practices – 27.3% of adults in the service area received a flu shot, which is lower than the county (28.2%) and state (32.4%) rates, but falls below the Healthy People 2030 objective for 70% of all adults, ages 18 and older, to receive a flu shot. Community stakeholders noted that COVID reduced the number of people obtaining preventive care. Residents are fearful and not trusting of obtaining COVID vaccines.

COVID-19 – In San Bernardino County, there have been 495,209 confirmed cases of COVID-19, as of January 22, 2022. This represents a rate of 22,698.8 cases per 100,000 persons. As of the same date, 6,267 persons have died in San Bernardino County due to COVID-19 complications, a rate of 287.3 deaths per 100,000 persons. Community stakeholders noted that COVID-19 has caused economic and financial challenges, and has caused health issues, psychological issues and spiritual issues.

Housing and homelessness – Data from the 2020 homeless count showed a 19.9% increase in the number of homeless individuals. The number of unsheltered individuals rose by 470 from 2019 to 2020, an increase of 24.5%. During that same time period, the

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total number of sheltered homeless increased by 7%. In San Bernardino, homelessness should be recognized as a human services crisis.

Mental health – Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, the rate of mental distress among adults was 14.4%. 15.3% of San Bernardino County teens indicated they needed help for emotional or mental health problems in the past year, and 9.1% of teens received psychological or emotional counseling in the past year. 17.1% of adults in San Bernardino County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 57.3% received treatment.

Resources Potentially Available to Address Needs
Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments
This CHNA report was adopted by the St. Bernardine Medical Center community board in April 2022. This report is widely available to the public on the hospital's website at https://www.dignityhealth.org/socal/locations/stbernardinemedical/about-us/serving-the-community/community-health-needs-assessment-plan and a paper copy is available for inspection, upon request, at the SBMC Mission Integration Office. Written comments on this report can be submitted to the Mission Integration Office at 2101 North Waterman Avenue, San Bernardino, California 92404 or by email to Kathleen.McDonnell@dignityhealth.org.

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Community Definition

Service Area

Dignity Health – St. Bernardine Medical Center (SBMC) is located at 2101 North Waterman Avenue, San Bernardino, California 92404. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area to include 31 ZIP Codes in 17 cities within San Bernardino County.

St. Bernardine Medical Center Primary Service Area

Place	ZIP Code
Bloomington	92316
Blue Jay	92317 (part of 92352 Lake Arrowhead)+
Calimesa	92320
Colton	92324
Crestline	92325
Fontana	92335, 92336, 92337
Hesperia	92345
Highland	92346
Loma Linda	92350 (Loma Linda University)*, 92354
Mentone	92359
Ontario	91761
Redlands	92373, 92374
Rialto	92376, 92377
Running Springs	92382
San Bernardino	92401, 92404, 92405, 92407, 92408, 92410, 92411, 92415 (P.O. Box Only)*
Victorville	92392, 92394, 92395
Yucaipa	92399

+ZIP Code 92317 Blue Jay is subsumed as part of ZIP Code 92352 Lake Arrowhead. Lake Arrowhead data are not reported in this report.
*ZIP Code 92350 is Loma Linda University and ZIP Code 92415 is a P.O. Box. No demographic-level information is available from the Census Bureau.

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St. Bernardine Medical Center Service Area Map

The population of the SBMC service area is 1,208,298. Children and youth, ages 0-17, make up 28% of the population, 61.8% are adults, ages 18-64, and 10.2% of the population are seniors, ages 65 and older. The majority of the population in the service area identifies as Hispanic/Latino (60.6%). 22.9% of the population identifies as White/Caucasian, 8.9% as Black/African American. 4.9% as Asian and 2.2% of the population identifies as multiracial (two-or-more races), 0.2% as American Indian/Alaskan Native, and 0.2% as Native Hawaiian/Pacific Islander. Those who are of

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a race/ethnicity not listed represent 0.2% of the service area population. In the service area, 52.9% of the population, ages 5 and older, speak only English in the home. Among the area population, 41.7% speak Spanish, 3.6% speak an Asian/Pacific Islander language, and 1.1% speak an Indo-European language in the home.

Among the residents in the service area, 17.3% are at or below 100% of the federal poverty level (FPL) and 40.3% are at 200% of FPL or below. In San Bernardino County, 9.6% of the population experienced food insecurity in 2019. Among children in San Bernardino County, 14.9% lived in households that experienced food insecurity. Feeding America estimated that 90% of those experiencing food insecurity in San Bernardino County, and 72% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospital service area, 23.7% of adults, ages 25 and older, lack a high school diploma, which is higher than the county (20%) and state (16.7%) rates. 17.7% of area adults have a Bachelor's or higher degree.

San Bernardino County is designated as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health.

Community Need Index

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the ZIP Code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. The mean CNI score for the SBMC service area is 4.1. CNI scores range from 2.6 in Rialto 92377 to 5 in San Bernardino 92401, 92405, 92410 and 92411.

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Lowest Need

■ 1 - 1.7 Lowest   ■ 1.8 - 2.5 2nd Lowest   ■ 2.6 - 3.3 Mid   ■ 3.4 - 4.1 2nd Highest   ■ 4.2 - 5 Highest   Highest Need
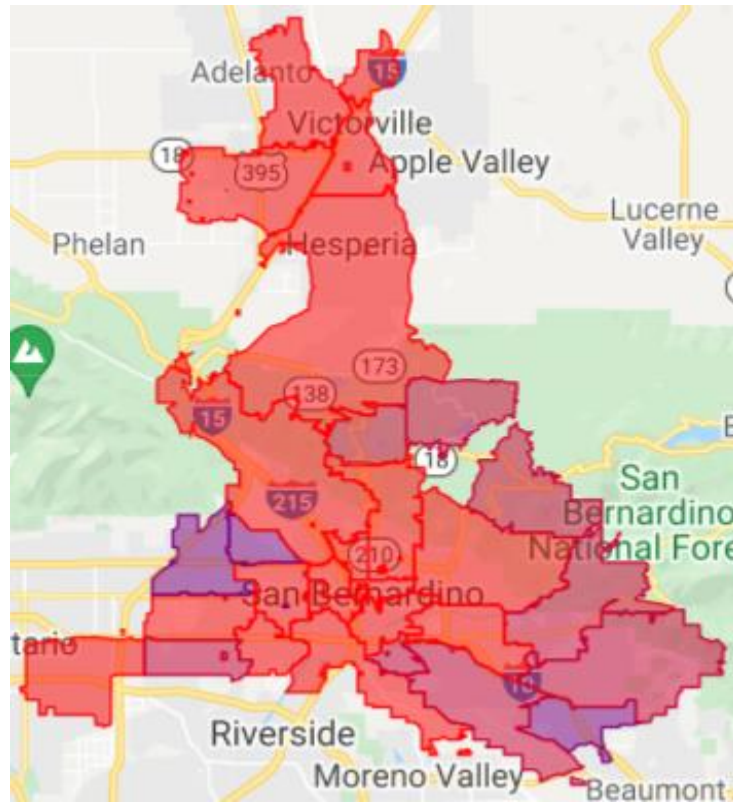
Mean(zipcode): 4.1 / Mean(person): 4.2   CNI Score Median: 4.4   CNI Score Mode: 3.4,4.2,4.4

Zip Code	CNI Score	Population	City	County	State
91761	4.2	59752	Ontario	San Bernardino	California
92316	4.2	32730	Bloomington	San Bernardino	California
92320	3	9354	Calimesa	Riverside	California
92324	4.4	60035	Colton	San Bernardino	California
92325	3.4	9202	Crestline	San Bernardino	California
92335	4.6	99581	Fontana	San Bernardino	California
92336	3	102711	Fontana	San Bernardino	California
92337	3.4	39788	Fontana	San Bernardino	California
92345	4.4	88389	Hesperia	San Bernardino	California
92346	4.2	57938	Highland	San Bernardino	California
92350	4.4	12	Loma Linda	San Bernardino	California
92352	3.4	7443	Lake Arrowhead	San Bernardino	California
92354	3.8	23282	Loma Linda	San Bernardino	California
92359	3.4	9088	Mentone	San Bernardino	California
92373	3.4	34279	Redlands	San Bernardino	California
92374	4.2	43066	Redlands	San Bernardino	California
92376	4.6	84451	Rialto	San Bernardino	California
92377	2.6	20915	Rialto	San Bernardino	California
92382	3.6	5260	Running Springs	San Bernardino	California
92392	4.4	61898	Victorville	San Bernardino	California
92394	4.6	40281	Victorville	San Bernardino	California
92395	4.8	47775	Victorville	San Bernardino	California
92399	3.6	56442	Yucaipa	San Bernardino	California
92401	5	2123	San Bernardino	San Bernardino	California
92404	4.8	60475	San Bernardino	San Bernardino	California
92405	5	30015	San Bernardino	San Bernardino	California
92407	4.4	65589	San Bernardino	San Bernardino	California
92408	4.8	15355	San Bernardino	San Bernardino	California
92410	5	52622	San Bernardino	San Bernardino	California
92411	5	26885	San Bernardino	San Bernardino	California
92415	4.2	35	San Bernardino	San Bernardino	California

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Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of San Bernardino County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Primary Data Collection

SBMC conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twenty-one (21) telephone interviews were conducted during September and October 2021. Interview participants included a broad range of stakeholders concerned with health and wellbeing in San Bernardino County who spoke to issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations.
The needs assessment interviews were structured to obtain greater depth of information and build on the secondary data review. During the interviews, participants were asked

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to identify the major health issues in the community and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. Attachment 3 provides stakeholder responses to the interview overview questions.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews focused on these significant health needs:

- Access to Care
- Birth Indicators
- Chronic Diseases (Alzheimer's Disease, Asthma, Cancer, Diabetes, Heart Disease, Liver Disease, Stroke)
- COVID-19
- Dental Care
- Economic Insecurity
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight/Obesity
- Preventive Practices
- Sexually Transmitted Infections
- Substance Use and Misuse
- Violence and Injury Prevention

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. SBMC invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public at https://www.dignityhealth.org/socal/locations/stbernardinemedical/about-us/serving-the-community/community-health-needs-assessment-plan. No written comments have been received.

Project Oversight

The CHNA process was overseen by:
Kathleen McDonnell
Director of Mission Integration
St. Bernardine Medical Center

Consultant
Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

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Community Demographics

Population

The population of the service area is 1,208,298. From 2014 to 2019, the population increased by 2.5%. During this same time period the population of the county grew by 3.4% and the state by 3.2%.

Total Population and Change in Population

	Total Population	Change in population, 2014-2019
SBMC Service Area*	1,208,298	2.5%
San Bernardino County	2,149,031	3.4%
California	39,283,497	3.2%

*Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. http://data.census.gov *Excluding Blue Jay, ZIP Code 92317.*

While data from the 2020 U.S. Census are not yet available at the city or ZIP Code level, the population in San Bernardino County increased by 7.2% from the 2010 Census, while the state showed a 6.1% rate of population growth.

Total Population and Change in Population, 2010-2020

	San Bernardino County	California
Total population	2,181,654	39,538,223
Change in population, 2010-2020	7.2%	6.1%

Source: U.S. Census Bureau, U.S. Decennial Census, 2010-2020. https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html

The hospital service area population is 50.5% female and 49.5% male.

Population, by Gender

	SBMC Service Area	San Bernardino County	California
Male	49.5%	49.8%	49.7%
Female	50.5%	50.2%	50.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. http://data.census.gov

In San Bernardino County, 93.4% of the adult population identify as straight or heterosexual, and 99.7% as cisgender, or not transgender.

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Population, by Sexual Orientation and Gender Identity, Adults

	San Bernardino County	California
Straight or heterosexual	93.4%	92.4%
Gay, lesbian or homosexual	2.1%	2.5%
Bisexual	2.6%	3.4%
Not sexual/celibate/none/other	1.9%	1.7%
Cisgender/not transgender	*99.7%	99.5%
Transgender/gender non-conforming	*0.3%	0.5%

*Source: California Health Interview Survey, 2015-2019 combined. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Children and youth, ages 0-17, make up 28% of the population, 61.8% are adults, ages 18-64, and 10.2% of the population are seniors, ages 65 and older. The service area has a higher percentage of children, teens and young adults, ages 18 to 24, and a lower percentage of older adults, ages 45 and older, than the county.

Population, by Age

	SBMC Service Area		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	89,254	7.4%	153,784	7.2%	2,451,528	6.2%
Age 5-17	248,880	20.6%	417,784	19.4%	6,570,618	16.7%
Age 18-24	133,390	11.1%	226,843	10.6%	3,789,808	9.6%
Age 25-44	342,134	28.3%	601,637	28.0%	11,173,751	28.4%
Age 45-64	270,935	22.4%	507,022	23.6%	9,811,751	25.0%
Age 65+	123,705	10.2%	241,961	11.3%	5,486,041	14.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. http://data.census.gov/

When the service area is examined by ZIP Code, San Bernardino 92405 and 92410 have the highest percentage of children and youth (33.6%). Loma Linda has the lowest percentage of children and youth in the service area (17.7%).
Calimesa has the highest percentage of seniors in the area (27.4%), followed by Loma Linda (20.3%) and Running Springs (20.2%). Fontana 92337 has the lowest senior population (6%).

Population, by Youth, Ages 0-17, and Seniors, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Bloomington	92316	28,704	26.4%	10.0%
Calimesa	92320	8,753	19.4%	27.4%
Colton	92324	59,972	27.5%	10.6%
Crestline	92325	7,948	18.8%	14.9%
Fontana	92335	99,306	29.7%	7.4%
Fontana	92336	98,346	28.0%	8.2%
Fontana	92337	39,240	27.6%	6.0%
Hesperia	92345	82,110	29.9%	11.2%
Highland	92346	63,857	26.5%	10.9%
Loma Linda	92354	22,050	17.7%	20.3%
Mentone	92359	9,170	23.3%	13.2%

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	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Ontario	91761	61,425	25.1%	9.2%
Redlands	92373	33,353	21.3%	18.7%
Redlands	92374	43,391	22.9%	12.8%
Rialto	92376	86,085	28.5%	9.3%
Rialto	92377	20,476	24.3%	12.0%
Running Springs	92382	4,462	27.7%	20.2%
San Bernardino	92401	2,257	27.0%	10.8%
San Bernardino	92404	62,915	30.3%	8.9%
San Bernardino	92405	30,112	33.6%	8.0%
San Bernardino	92407	68,545	28.9%	6.9%
San Bernardino	92408	13,635	25.6%	10.1%
San Bernardino	92410	45,052	33.6%	7.6%
San Bernardino	92411	25,650	31.9%	10.9%
Victorville	92392	58,393	31.8%	8.7%
Victorville	92394	34,915	31.3%	6.5%
Victorville	92395	43,908	29.8%	14.5%
Yucaipa	92399	54,268	24.5%	14.9%
SBMC Service Area		**1,208,298**	**28.0%**	**10.2%**
San Bernardino County		**2,149,031**	**26.6%**	**11.3%**
California		**39,283,497**	**23.0%**	**14.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Race/Ethnicity

The majority of the population in the service area identifies as Hispanic/Latino (60.6%). 22.9% of the population identifies as White/Caucasian, 8.9% as Black/African American. 4.9% as Asian and 2.2% of the population identifies as multiracial (two-or-more races), 0.2% as American Indian/Alaskan Native, and 0.2% as Native Hawaiian/Pacific Islander. Those who are of a race/ethnicity not listed represent 0.2% of the service area population.

Race/Ethnicity

	SBMC Service Area	San Bernardino County	California
Hispanic or Latino	60.6%	53.3%	39.0%
White	22.8%	28.5%	37.2%
Black/African American	8.9%	7.9%	5.5%
Asian	4.9%	7.0%	14.3%
Multiracial	2.2%	2.5%	3.0%
American Indian/AK Native	0.2%	0.4%	0.4%
Native HI/Pacific Islander	0.2%	0.3%	0.4%
Some other race	0.2%	0.2%	0.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. http://data.census.gov/

When race/ethnicity is examined by ZIP Code, 84% of the population of Fontana 92335 identify as Hispanic/Latino. Crestline has the highest percentage of Whites (76.8%) in the service area. San Bernardino 92401 has the highest percentage of Blacks/African

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Americans in the service area (31.9%). Loma Linda (28.3%) has the highest percentage of Asians in the service area.

Race/Ethnicity, by ZIP Code

	ZIP Code	Hispanic/ Latino	White	Black	Asian
Bloomington	92316	80.8%	14.0%	3.2%	1.0%
Calimesa	92320	30.7%	62.8%	1.2%	2.6%
Colton	92324	67.1%	18.6%	6.7%	5.6%
Crestline	92325	16.9%	76.8%	2.1%	1.2%
Fontana	92335	84.0%	9.4%	4.1%	1.4%
Fontana	92336	60.0%	15.7%	10.7%	10.3%
Fontana	92337	70.3%	10.0%	10.0%	5.7%
Hesperia	92345	59.1%	33.7%	3.5%	1.8%
Highland	92346	47.6%	28.4%	12.9%	6.3%
Loma Linda	92354	26.6%	29.7%	9.8%	28.3%
Mentone	92359	41.1%	44.9%	3.1%	5.4%
Ontario	91761	68.9%	16.2%	5.0%	7.7%
Redlands	92373	22.7%	61.6%	5.0%	7.6%
Redlands	92374	40.6%	41.0%	6.1%	8.7%
Rialto	92376	77.6%	7.8%	10.7%	2.4%
Rialto	92377	59.1%	18.4%	17.7%	3.1%
Running Springs	92382	12.2%	73.6%	3.0%	1.8%
San Bernardino	92401	51.0%	11.1%	31.9%	4.7%
San Bernardino	92404	66.4%	16.7%	12.0%	2.4%
San Bernardino	92405	67.3%	15.3%	11.5%	2.0%
San Bernardino	92407	63.7%	17.9%	10.6%	4.2%
San Bernardino	92408	60.5%	14.9%	7.9%	13.5%
San Bernardino	92410	74.6%	9.2%	11.0%	3.1%
San Bernardino	92411	78.0%	3.9%	13.4%	3.0%
Victorville	92392	53.9%	25.4%	13.6%	3.0%
Victorville	92394	54.6%	16.7%	19.7%	4.7%
Victorville	92395	48.9%	32.8%	12.5%	2.9%
Yucaipa	92399	33.7%	59.3%	1.5%	3.2%
SBMC Service Area		**60.6%**	**22.9%**	**8.9%**	**4.9%**
San Bernardino County		**53.3%**	**28.5%**	**7.9%**	**7.0%**
California		**39.0%**	**37.2%**	**5.5%**	**14.3%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. http://data.census.gov/

Language

In the service area, 52.9% of the population, ages 5 and older, speak only English in the home. 41.7% of the service area population speak Spanish in the home, 3.6% speak an Asian/Pacific Islander language, and 1.1% speak an Indo-European language at home.

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Language Spoken at Home for the Population, Ages 5 and Older

	SBMC Service Area	San Bernardino County	California
Population, 5 years and older	**1,119,044**	**1,995,247**	**36,831,969**
English only	52.9%	57.9%	55.8%
Speaks Spanish	41.7%	34.8%	28.7%
Speaks Asian or Pacific Islander language	3.6%	5.0%	10.0%
Speaks non-Spanish Indo-European language	1.1%	1.5%	4.5%
Speaks other language	0.8%	0.9%	1.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. http://data.census.gov/

The highest percentage of Spanish speakers, within the service area, can be found in Fontana 92335 (70.5%) and Bloomington (62%). Loma Linda (18.6%) and San Bernardino 92408 (12.6%) have the highest percentages of Asian/Pacific-Islander language speakers. Loma Linda (4%), Crestline (3.3%) and Redlands 92373 (3.2%) have the highest percentages of non-Spanish Indo-European languages spoken at home in the service area. English is spoken in the home by 95% of those living in Running Springs, 89% of those in Crestline, and 85.8% of the Calimesa population, ages 5 years and older.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Non-Spanish Indo European
Bloomington	92316	36.5%	62.0%	0.5%	0.6%
Calimesa	92320	85.8%	12.0%	1.2%	0.9%
Colton	92324	50.4%	44.1%	4.1%	0.7%
Crestline	92325	89.0%	4.5%	0.9%	3.3%
Fontana	92335	27.0%	70.5%	1.1%	0.6%
Fontana	92336	51.6%	38.4%	7.6%	1.2%
Fontana	92337	41.1%	52.6%	4.1%	1.7%
Hesperia	92345	66.4%	32.0%	0.9%	0.5%
Highland	92346	65.4%	28.0%	3.9%	2.1%
Loma Linda	92354	58.6%	16.4%	18.6%	4.0%
Mentone	92359	73.3%	20.8%	3.8%	1.7%
Ontario	91761	45.5%	47.5%	5.9%	0.9%
Redlands	92373	76.9%	12.3%	5.6%	3.2%
Redlands	92374	69.7%	21.3%	5.3%	2.8%
Rialto	92376	36.3%	61.0%	1.9%	0.4%
Rialto	92377	58.1%	38.6%	2.1%	0.7%
Running Springs	92382	95.0%	1.6%	1.3%	2.1%
San Bernardino	92401	56.6%	40.5%	2.6%	0.3%
San Bernardino	92404	49.1%	47.8%	1.9%	0.7%
San Bernardino	92405	48.7%	48.7%	1.7%	0.3%
San Bernardino	92407	52.5%	42.0%	3.5%	0.7%
San Bernardino	92408	41.6%	43.5%	12.6%	0.6%
San Bernardino	92410	38.1%	58.7%	2.7%	0.4%
San Bernardino	92411	35.3%	61.1%	3.0%	0.4%
Victorville	92392	64.3%	32.6%	2.1%	0.6%
Victorville	92394	61.1%	33.0%	3.9%	0.9%

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	ZIP Code	English	Spanish	Asian/Pacific Islander	Non-Spanish Indo European
Victorville	92395	62.5%	30.8%	1.8%	2.5%
Yucaipa	92399	75.9%	20.7%	1.8%	1.3%
SBMC Service Area		**52.9%**	**41.7%**	**3.6%**	**1.1%**
San Bernardino County		**57.9%**	**34.8%**	**5.0%**	**1.5%**
California		**55.8%**	**28.7%**	**10.0%**	**4.5%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

Next to English, Spanish is the language most spoken in service area homes. Among service area residents who speak Spanish in the home, 34.5% speak English less than 'very well.'

Level of English Spoken by Spanish-Speakers, Ages 5 and Older

	Speak Spanish in the Home		Speak English Less Than 'Very Well'	
	Number	Percent of Total Population	Number	Percent of Spanish-Speakers
SBMC Service Area	466,771	41.7%	161,039	34.5%
San Bernardino County	693,696	34.8%	236,144	34.0%
California	10,578,516	28.7%	4,193,073	39.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. http://data.census.gov/

The California Department of Education reports rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In San Bernardino County school districts, the percentage of students who were classified as English Learners was 15.1%. Among area school districts, English Learners ranged from 6.3% in Chaffey Joint Union High School District to 26.8% of students in the Fontana Unified School District.

English Learner Students, by School District

	Number	Percent
Adelanto Elementary School District	1,127	13.5%
Beaumont Unified School District	1,033	7.0%
Chaffey Joint Union High School District	1,485	6.3%
Chino Valley Unified School District	2,866	10.2%
Colton Joint Unified School District	4,093	19.1%
Cucamonga Elementary School District	371	15.2%
Etiwanda Elementary School District	1,201	8.6%
Fontana Unified School District	9,638	26.8%
Hesperia Unified School District	4,712	19.3%
Mountain View Elementary School District	376	14.8%
Ontario/Montclair School District	5,162	25.6%
Redlands Unified School District	1,725	8.2%
Rialto Unified School District	5,916	23.5%
Rim of the World Unified School District	328	10.5%
San Bernardino City Unified School District	11,028	20.8%
Snowline Joint Unified School District	762	10.2%

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	Number	Percent
Victor Elementary School District	2,139	16.6%
Victor Valley Union High School District	1,323	11.4%
Yucaipa-Calimesa Joint Unified School District	705	7.2%
San Bernardino County	**61,403**	**15.1%**
California	**1,148,024**	**18.6%**

Source: California Department of Education DataQuest, 2019-2020. http://dq.cde.ca.gov/dataquest/

Veteran Status

In the service area, 5.1% of the civilian population, 18 years and older, are veterans. This is lower than county (5.8%) and state (5.2%) rates. Rates of former military service ranged from 2% in Fontana 92335 to 10.4% in Calimesa.

Veteran Status

	ZIP Code	Percent
Bloomington	92316	3.5%
Calimesa	92320	10.4%
Colton	92324	5.2%
Crestline	92325	8.8%
Fontana	92335	2.0%
Fontana	92336	4.7%
Fontana	92337	3.0%
Hesperia	92345	6.7%
Highland	92346	7.0%
Loma Linda	92354	6.2%
Mentone	92359	7.9%
Ontario	91761	3.6%
Redlands	92373	6.8%
Redlands	92374	6.5%
Rialto	92376	3.8%
Rialto	92377	5.0%
Running Springs	92382	10.0%
San Bernardino	92401	2.7%
San Bernardino	92404	5.3%
San Bernardino	92405	5.1%
San Bernardino	92407	3.9%
San Bernardino	92408	3.5%
San Bernardino	92410	2.9%
San Bernardino	92411	2.9%
Victorville	92392	6.4%
Victorville	92394	6.9%
Victorville	92395	7.0%
Yucaipa	92399	6.9%
SBMC Service Area		**5.1%**
San Bernardino County		**5.8%**
California		**5.2%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

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Citizenship

In the service area, 22.1% of the population is foreign-born, which is higher than county (21%) but lower than state (26.8%) rates. Of the foreign-born, 53.3% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S. and may include those holding a work visa or student visa.

Foreign-Born Residents and Citizenship

	SBMC Service Area	San Bernardino County	California
Foreign born	22.1%	21.0%	26.8%
Of the foreign born, not a U.S. citizen	53.3%	50.2%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

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Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 indicates the county with the best factors and a ranking of 58 indicates the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. San Bernardino County is ranked 33rd among ranked counties in California, according to social and economic factors, placing it in the bottom half of the state's counties.

Social and Economic Factors Ranking

	County Ranking (out of 58)
San Bernardino County	33

Source: County Health Rankings, 2021 http://www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the policy action areas: economic, education, transportation, social, neighborhood, health care access, housing and clean environment. The index was created using statistical modeling techniques that evaluated the relationship between these policy action areas and life expectancy at birth, and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map below displays San Bernardino and the surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.)

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Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 8.3%. This is higher than unemployment rates in San Bernardino County (7.7%) and the state (6.1%). The highest rates of unemployment are found in Victorville ZIP Codes 92395 (15.3%) and 92394 (13.8%). The lowest unemployment rates in the service area are in Crestline (3.5%), Yucaipa (4.3%) and Redlands ZIP Code 92373 (4.5%).

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Bloomington	92316	13,437	713	5.3%
Calimesa	92320	3,520	216	6.1%
Colton	92324	27,963	1,982	7.1%
Crestline	92325	3,777	133	3.5%
Fontana	92335	46,176	4,153	9.0%
Fontana	92336	49,953	2,742	5.5%
Fontana	92337	20,501	1,204	5.9%

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	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Hesperia	92345	33,659	3,496	10.4%
Highland	92346	27,696	2,117	7.6%
Loma Linda	92354	9,855	609	6.2%
Mentone	92359	4,769	345	7.2%
Ontario	91761	32,946	2,039	6.2%
Redlands	92373	16,144	727	4.5%
Redlands	92374	21,241	1,351	6.4%
Rialto	92376	41,359	4,706	11.4%
Rialto	92377	10,695	1,092	10.2%
Running Springs	92382	1,977	123	6.2%
San Bernardino	92401	981	72	7.3%
San Bernardino	92404	28,450	2,576	9.1%
San Bernardino	92405	12,974	1,344	10.4%
San Bernardino	92407	31,394	3,272	10.4%
San Bernardino	92408	5,547	461	8.3%
San Bernardino	92410	18,907	1,632	8.6%
San Bernardino	92411	10,584	981	9.3%
Victorville	92392	25,052	2,471	9.9%
Victorville	92394	12,860	1,777	13.8%
Victorville	92395	17,005	2,599	15.3%
Yucaipa	92399	26,082	1,134	4.3%
SBMC Service Area		**555,504**	**46,067**	**8.3%**
San Bernardino County		**990,400**	**75,886**	**7.7%**
California		**19,790,474**	**1,199,233**	**6.1%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. http://data.census.gov/

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was $13,011 and for a family of four $25,926. Among the residents in the service area, 17.3% are at or below 100% of the FPL and 40.3% are at 200% of FPL or below. These poverty and low-income rates are higher than county and state rates. The highest poverty and low-income rates in the service area are found in San Bernardino 92401, where 39.1% of the population lives in poverty and 72.6% qualify as low-income. Rialto 92377 has the lowest rate of poverty (7.4%) and second-lowest rate of low-income residents (23.8%), while Mentone has the second-lowest poverty rate (8.2%) and the lowest low-income population (22.1%).

Ratio of Income to Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Bloomington	92316	18.5%	40.7%
Calimesa	92320	10.2%	25.5%
Colton	92324	14.3%	41.5%
Crestline	92325	13.7%	28.9%
Fontana	92335	19.3%	50.7%
Fontana	92336	8.5%	24.2%
Fontana	92337	9.6%	26.9%

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	ZIP Code	<100% FPL	<200% FPL
Hesperia	92345	22.0%	49.2%
Highland	92346	16.9%	34.8%
Loma Linda	92354	14.4%	33.1%
Mentone	92359	8.2%	22.1%
Ontario	91761	11.1%	29.8%
Redlands	92373	9.9%	23.6%
Redlands	92374	13.5%	29.0%
Rialto	92376	17.5%	45.1%
Rialto	92377	7.4%	23.8%
Running Springs	92382	13.7%	35.8%
San Bernardino	92401	39.1%	72.6%
San Bernardino	92404	23.8%	52.7%
San Bernardino	92405	27.9%	61.1%
San Bernardino	92407	19.2%	41.0%
San Bernardino	92408	29.5%	56.7%
San Bernardino	92410	34.7%	63.0%
San Bernardino	92411	28.8%	61.4%
Victorville	92392	13.8%	37.7%
Victorville	92394	23.8%	45.5%
Victorville	92395	23.2%	45.8%
Yucaipa	92399	10.3%	26.0%
SBMC Service Area		**17.3%**	**40.3%**
San Bernardino County		**16.0%**	**37.0%**
California		**13.4%**	**31.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

San Bernardino 92410 has the highest rate of poverty among children (49.6%), and the second-highest rate of poverty among female head-of-household (HoH), living with their own children, under the age of 18 (56.8%) in the service area. San Bernardino 92405 has the highest rate of poverty among female HoH in the service area (58.7%), and San Bernardino 92401 has the highest rate of poverty among seniors (58.6%).

Poverty Levels of Children, Under Age 18; Seniors, Ages 65+; and Female HoH

	ZIP Code	Children	Seniors	Female HoH with Children*
Bloomington	92316	26.1%	10.1%	41.4%
Calimesa	92320	5.2%	8.0%	15.3%
Colton	92324	20.4%	10.2%	34.2%
Crestline	92325	24.7%	5.1%	28.7%
Fontana	92335	26.2%	17.1%	42.1%
Fontana	92336	13.3%	10.7%	22.9%
Fontana	92337	14.0%	10.7%	29.8%
Hesperia	92345	29.9%	13.8%	49.7%
Highland	92346	23.0%	7.6%	36.3%
Loma Linda	92354	18.7%	10.0%	23.0%
Mentone	92359	8.9%	7.7%	11.1%
Ontario	91761	16.8%	9.6%	33.9%
Redlands	92373	9.7%	6.4%	16.6%
Redlands	92374	16.7%	12.0%	26.8%
Rialto	92376	26.0%	11.8%	48.2%

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	ZIP Code	Children	Seniors	Female HoH with Children*
Rialto	92377	9.0%	8.6%	29.0%
Running Springs	92382	15.1%	12.5%	38.2%
San Bernardino	92401	36.9%	58.6%	45.4%
San Bernardino	92404	32.4%	18.1%	42.5%
San Bernardino	92405	43.2%	13.3%	58.7%
San Bernardino	92407	25.9%	12.4%	45.7%
San Bernardino	92408	40.8%	19.4%	39.5%
San Bernardino	92410	49.6%	23.0%	56.8%
San Bernardino	92411	43.0%	16.1%	51.9%
Victorville	92392	15.5%	10.0%	30.9%
Victorville	92394	32.7%	13.0%	45.5%
Victorville	92395	33.0%	9.1%	50.5%
Yucaipa	92399	10.1%	15.7%	20.7%
SBMC Service Area		**24.6%**	**12.2%**	**40.3%**
San Bernardino County		**22.9%**	**10.9%**	**38.7%**
California		**18.1%**	**10.2%**	**33.1%**

*Source: U.S. Census Bureau, 2015-2019 American Community Survey, S1701 & *S1702. http://data.census.gov/*

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The following map shows the service area and surrounding areas. The map highlights the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for both poverty and education are noted on the map in brown.

Parts of Victorville, Hesperia, San Bernardino and Highland show a high percentage of poverty without low education levels, while Bloomington, Fontana, Rialto and Colton show areas of population with low education levels without high levels of poverty. Vulnerable Populations – those with both low education and high poverty, in brown – are found scattered throughout the service area, and cover large portions of San Bernardino.
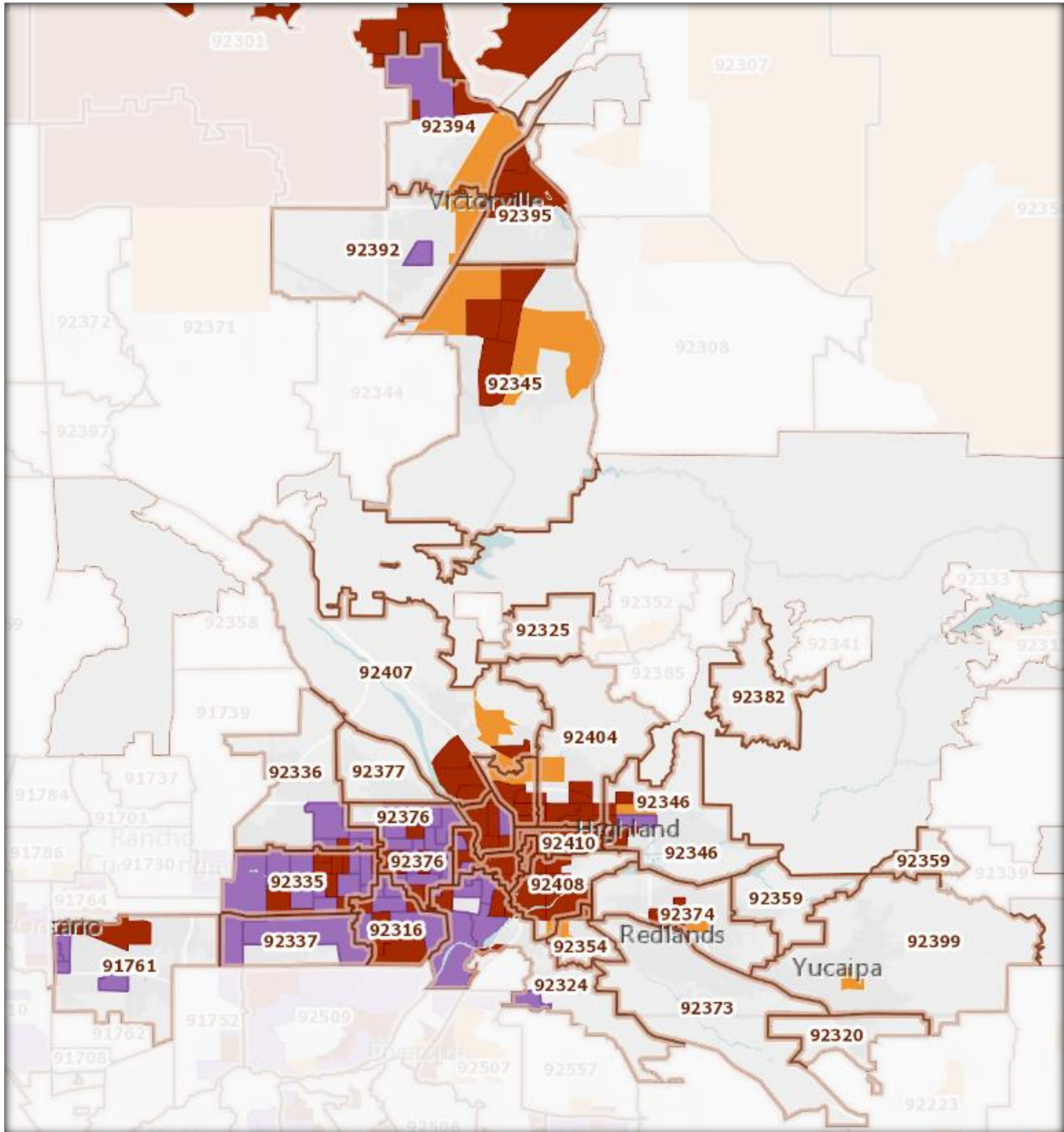
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Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranges from 37.2% of students in the Etiwanda Elementary School District to 88.1% in the San Bernardino City Unified School District. Rialto Unified, Ontario/Montclair, Victor Valley Union High, Victor

Elementary, Adelanto Elementary, Fontana Unified, Colton Joint Unified and Hesperia Unified School Districts were also above the county average (71.6%).

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Adelanto Elementary School District	84.4%
Beaumont Unified School District	52.4%
Chaffey Joint Union High School District	60.9%
Chino Valley Unified School District	47.3%
Colton Joint Unified School District	79.4%
Cucamonga Elementary School District	71.8%
Etiwanda Elementary School District	37.2%
Fontana Unified School District	82.5%
Hesperia Unified School District	75.5%
Mountain View Elementary School District	56.8%
Ontario/Montclair School District	87.3%
Redlands Unified School District	61.8%
Rialto Unified School District	87.8%
Rim of the World Unified School District	57.4%
San Bernardino City Unified School District	88.1%
Snowline Joint Unified School District	68.4%
Victor Elementary School District	85.4%
Victor Valley Union High School District	85.7%
Yucaipa-Calimesa Joint Unified School District	51.7%
San Bernardino County	**71.6%**
California	**59.3%**

Source: California Department of Education, 2019-2020.http://data1.cde.ca.gov/dataquest/

Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity:

- It takes 6-8 weeks and even up to four months to obtain unemployment benefits. Those who worked events and received tips went from doing well to not making anything. They are not able to apply for unemployment and barely surviving.
- Access to higher education is key. We have a lot of families in our communities who are unaware that education will have a direct impact on their occupation. It is about breaking down the chain of poverty and building up our communities.
- A lot of lower entry level jobs are available, but they are not filled. It is difficult to hire people and attract good businesses to the inner-city areas.
- Transportation issues feed into economic insecurity. You need transportation to travel to your job, to the grocery store, and school.
- Our opportunities for employment are limited. We have fulfillment centers, but they don't have high job satisfaction and that is a significant factor.
- There is too much poverty in the area. We have 70% of people on public assistance.
- We continue to have virus surges and low vaccination rates in our community. It goes along with economics and higher education. The communities with better jobs

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and education are more protected and utilize masks and are vaccinated.

- They are the working poor, yet they can't qualify for free health insurance.
- Having a greater diversity of good paying jobs is a challenge. We have an adequate amount of funding for workforce development, but knowing how to access that resource or even be aware of it is a challenge.
- As long as people are not properly housed that leads to other problems including health problems. Nearly half of families don't have any savings in case something unexpected comes up.
- Equal access to education. That means exploring, investigating and ensuring that there is equal access.
- A lot of economic insecurity stems from lack of livable wages. Families are trying to make ends meet by working two jobs because they are not receiving adequate pay.
- Our city is not financially vibrant. It is not a place where there are a lot of opportunities, so it is difficult to find a good job. Today, 50% of people who live here need some form of government assistance to survive. In our schools, 97% of students qualify for free and reduced lunch services.
- The bureaucracy makes programs difficult to access. People who the assistance programs are made for are unable to qualify for them.
- There is so much discrimination against people of color, and it can be seen in how our resources are shared in our society.

Transportation

Service area workers spend, on average, 31.2 minutes a day commuting to work. 79.5% of workers who work outside the home drive alone to work and 40.8% of solo drivers have a commute of 30 minutes or more. Few workers commute by public transportation (1.3%) or walk to work (1.3%).

Transportation/Commute to Work

	SBMC Service Area *	San Bernardino County	California
Mean travel time to work (in minutes)	31.2	31.6	29.8
Workers who drive alone	79.5%	79.6%	73.7%
Solo drivers with a long (> 30 min.) commute**	40.8%	42.4%	42.2%
Workers commuting by public transportation	1.3%	1.4%	5.1%
Workers who walk to work	1.3%	1.5%	2.6%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S0801 & **S0802. http://data.census.gov/ *Weighted average of area means*

Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, there

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is a need for vacant units – both for sale and for rent – in a well-functioning housing market, to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes with the belief that they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the service area, there are 341,221 households and 366,088 housing units. Over the last five years, the population grew by 2.5%, and the number of households grew at a rate of 5.5% (suggesting easing of constraints on housing formation). Housing units grew at a rate of 3.3%, and vacant units decreased by 20.7%, to 7.3% of overall housing stock. Owner-occupied households decreased by 0.3% and renter-households increased by 0.5% from 2014 levels. The service area has a lower rate of vacancy than the county.

Households and Housing Units, and Percent Change

	SBMC Service Area			San Bernardino County		
	2014	**2019**	**Percent Change**	**2014**	**2019**	**Percent Change**
Households	323,460	341,221	5.5%	607,604	636,041	4.7%
Owner occ.	60.0%	59.8%	(-0.3%)	60.9%	59.8%	(-1.8%)
Renter occ.	40.0%	40.2%	0.5%	39.1%	40.2%	2.7%
Housing units	356,171	368,088	3.3%	703,737	720,757	2.4%
Vacant	9.2%	7.3%	(-20.7%)	13.7%	11.8%	(-13.9%)

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. http://data.census.gov/

The weighted average of the median household income in the service area is $61,848, which is lower than the county median of $63,362. Median household incomes range from $22,500 in San Bernardino 92401 to $92,569 in Fontana 92336.

Median Household Income

	ZIP Code	Households	Median Household Income
Bloomington	92316	7,505	$57,772
Calimesa	92320	3,205	$56,051
Colton	92324	18,325	$54,435
Crestline	92325	3,154	$64,667
Fontana	92335	25,098	$53,099
Fontana	92336	25,079	$92,569
Fontana	92337	10,022	$83,081
Hesperia	92345	23,946	$51,118
Highland	92346	17,747	$66,560
Loma Linda	92354	8,037	$57,855
Mentone	92359	3,097	$65,352
Ontario	91761	17,335	$74,072
Redlands	92373	12,712	$78,484
Redlands	92374	13,921	$71,245
Rialto	92376	21,415	$56,013

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	ZIP Code	Households	Median Household Income
Rialto	92377	5,530	$86,784
Running Springs	92382	1,716	$58,750
San Bernardino	92401	762	$22,500
San Bernardino	92404	17,848	$46,770
San Bernardino	92405	8,739	$42,022
San Bernardino	92407	17,408	$68,281
San Bernardino	92408	3,640	$42,595
San Bernardino	92410	12,659	$35,358
San Bernardino	92411	6,428	$41,984
Victorville	92392	15,880	$62,961
Victorville	92394	8,120	$53,107
Victorville	92395	13,446	$50,404
Yucaipa	92399	18,447	$69,745
SBMC Service Area		**341,221**	***$61,848**
San Bernardino County		**636,041**	**$63,362**
California		**13,044,266**	**$75,235**

*Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. http://data.census.gov/ *Weighted average of the medians.*

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be "cost burdened." Those who spend 50% or more are considered "severely cost burdened." 42.4% of owner and renter occupied households in the service area spend 30% or more of their income on housing. This is higher than the county (41.6%) and state (41.7%) rates. The ZIP Code with the highest percentage of households spending 30% or more of their income on housing is San Bernardino 92401 (55.1%), followed by San Bernardino 92405 (52.6%) and San Bernardino 92410 (51.6%). The ZIP Code where the smallest percentage of the population is housing-cost burdened is Mentone, where 25.5% of households spend 30% or more of their income on housing.

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Bloomington	92316	38.6%
Calimesa	92320	32.5%
Colton	92324	43.8%
Crestline	92325	35.5%
Fontana	92335	45.8%
Fontana	92336	41.7%
Fontana	92337	42.6%
Hesperia	92345	43.1%
Highland	92346	39.5%
Loma Linda	92354	42.7%
Mentone	92359	25.5%
Ontario	91761	41.9%
Redlands	92373	37.1%
Redlands	92374	37.2%
Rialto	92376	44.4%
Rialto	92377	35.2%
Running Springs	92382	40.5%

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	ZIP Code	Percent
San Bernardino	92401	55.1%
San Bernardino	92404	48.7%
San Bernardino	92405	52.6%
San Bernardino	92407	44.8%
San Bernardino	92408	46.5%
San Bernardino	92410	51.6%
San Bernardino	92411	42.8%
Victorville	92392	41.2%
Victorville	92394	47.5%
Victorville	92395	46.3%
Yucaipa	92399	29.7%
SBMC Service Area		**42.4%**
San Bernardino County		**41.6%**
California		**41.7%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates DP04. http://data.census.gov/

Households by Type

In the service area, 28.7% of households are family households (married or cohabiting couples) with children, ages under 18. 7.4% of households are households with a female as head-of-household (HoH), with children, ages under 18, with no spouse or partner present. This is a higher rate of family households, and of female HoH with children, than seen at the county or state levels. Finally, 7% of service area households are seniors who live alone, lower than the county (7.4%) and state rate (9.5%). Seniors living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family* Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
SBMC Service Area	341,221	28.7%	7.4%	7.0%
San Bernardino County	636,041	27.1%	6.6%	7.4%
California	13,044,266	24.0%	4.8%	9.5%

*Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

In the service area, there are 341,221 households. 40.3% are households with 4 or more persons (4+), while 24.8% are two-person (2+) households. 17.4% of residents live alone. This is a larger percentage of 4+ person households, and a smaller percentage of 2-person households and solo-dwellers, than found in the county or state.

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Household Size

	SBMC Service Area	San Bernardino County	California
1 person households	17.4%	18.7%	23.8%
2 person households	24.8%	27.1%	30.4%
3 person households	17.5%	17.5%	16.7%
4+ person households	40.3%	36.7%	29.1%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S2501. http://data.census.gov

Homelessness

An annual point-in-time count of homeless people is conducted in San Bernardino County to determine how many individuals and families are homeless on a given day. This count is scheduled to occur on a single night during the last 10 days of January each year. The 2021 homeless count was postponed due to COVID-19.

From 2018 to 2019 there was a significant change in methodology for the unsheltered count, resulting in more homeless individuals being found and counted. This accounted for some of the increase in numbers of unsheltered population seen from 2018 to 2019. Data from the 2020 survey show an additional 19.9% increase in the number of homeless individuals. The number of unsheltered individuals rose by 470 from 2019 to 2020, an increase of 24.5%. During that same time period, the total number of sheltered homeless rose by 48 persons, representing a 7% increase in sheltering services. According to the report, local homelessness should be recognized as a human services crisis.

Homelessness, San Bernardino County

	2018		2019		2020	
	Number	Percent	Number	Percent	Number	Percent
Sheltered individuals	675	31.9%	687	26.4%	735	23.5%
Unsheltered individuals	1,443	68.1%	1,920	73.6%	2,390	76.5%
Count of homeless individuals	**2,118**	**100.0%**	**2,607**	**100.0%**	**3,125**	**100.0%**

Source: San Bernardino County Homeless Partnership, 2019 & 2020 Homeless Count and Subpopulation Survey Final Reports.
https://wp.sbcounty.gov/dbh/sbchp/

Of the 2,390 unsheltered homeless people in San Bernardino County in 2020, 98% were adult individuals, 1.7% were family members (with at least one child, under 18, and one adult, over age 18), and 0.3% were unaccompanied minors (under the age of 18). Chronic homelessness is used to describe people who have experienced homelessness for at least a year or repeatedly. The percent of chronic homelessness for individuals and family members decreased from 2019 to 2020, while the percentage rose among homeless who found themselves homeless for the first time within the past 12 months. The percent of homeless who are veterans fell, but the total number of homeless veterans rose, and the number and percent that can be considered

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chronically homeless rose as well. Unaccompanied women were a larger percentage of the homeless population in 2020 than in 2019, rising from 24% to 27.1%. The number and percent of homeless persons with HIV/AIDS and/or who were homeless due to domestic abuse or sexual violence declined. 310 individuals living on the streets of San Bernardino County have been told by a doctor or other medical professional that they have a chronic condition that is life-threatening, such as heart, lung, liver, kidney or cancerous disease.

Unsheltered Subpopulations*, San Bernardino County

	2019		2020	
	Number	**Percent**	**Number**	**Percent**
Unsheltered individuals	1,920	73.6%	2,390	76.5%
Chronically homeless adults	703	37.5%	691	29.3%
Homeless families	34		14	
Chronically homeless families	10	29.4%	3	21.4%
Homeless family members	83	4.4%	39	1.7%
Children in families	42		21	
Children in chronically homeless families	11	26.2%	4	19.0%
Unaccompanied youth (under 18)	5	0.3%	8	0.3%
Gender non-conforming youth	0	0.0%	1	12.5%
Transgender/non-conforming adult	20	1.1%	17	0.7%
Unaccompanied women	450	24.0%	640	27.1%
Persons with HIV/AIDS	41	2.2%	21	0.8%
With mental health problems	369	19.7%	440	18.6%
Substance users	383	20.4%	497	21.1%
Veterans	175	9.3%	185	7.8%
Chronically homeless vets	48	36.1%	74	40.2%
Homeless due to domestic/sexual violence	161	8.6%	88	5.8%
First time homeless (past 12 months)?	352	18.8%	434	28.6%
Chronic life-threatening health condition	346	18.5%	310	20.4%
Prison/jail release (past 12 months)?	415	22.1%	346	22.8%

Source: San Bernardino County Homeless Partnership, 2019 & 2020 Homeless Count and Subpopulation Survey Final Reports. https://wp.sbcounty.gov/dbh/sbchp/ *Where data were available; 'n' for subpopulation data varies by category as children are included for some and not for others. Individuals may be counted in various categories.

By city, the largest number of homeless individuals in the service area are located in the City of San Bernardino (1,056), followed by Victorville (451). Relatively few (115, or 4.8% of the total) in any listed service area city are located in transitional housing, and only a relatively few more (16.2% of the total) are found in any sort of shelter; 79% of homeless individuals in the service area are unsheltered. The 2020 report encourages each jurisdiction to adopt the results of the unsheltered homeless count as its baseline for the establishment of appropriate permanent supportive housing units.

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Homeless Individuals, by City

	Sheltered		Unsheltered	Total
	Shelter	**Transitional Housing**		
Bloomington	0	0	19	19
Colton	0	0	136	136
Crestline	0	0	22	22
Fontana	0	0	116	116
Hesperia	7	6	19	32
Highland	0	0	78	78
Loma Linda	0	24	27	51
Mentone/Crafton	0	0	0	0
Ontario	14	14	74	102
Redlands	45	0	141	186
Rialto	0	0	115	115
Running Springs	0	0	1	1
San Bernardino	183	50	823	1,056
Victorville	132	21	298	451
Yucaipa	4	0	13	17
SBMC Service Area Cities	**385**	**115**	**1,882**	**2,382**
San Bernardino County	**537**	**198**	**2,390**	**3,125**

Source: San Bernardino County Homeless Partnership, 2020 Homeless Count and Subpopulation Survey Final Reports.
https://wp.sbcounty.gov/dbh/sbchp/

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments edited for clarity:

- The homeless problem has worsened.
- You won't see the instances of youth who are homeless in your statistics. Young people hide well. They are taught that they will be put into the system.
- We have 80,000 families on the waiting list for our homes. There is a lack of resources to build or acquire additional housing. Even now with housing vouchers, the rental prices are increasing and people are having difficulty finding homes.
- We need to leverage resources to provide quality rental assistance with mental health care, employment training, childcare, and transportation.
- The biggest barrier is emergency housing to get people off the street into a place where they can be case managed and transition to transitional housing or permanent housing. We need more beds.
- We are seeing more aging people who are homeless. They are a subpopulation who are particularly vulnerable because they cannot work to support themselves.
- It is not just about providing housing, persons who are homeless have chronic issues that go deep. They have mental health issues that unless addressed will result in them leaving supportive housing and going back to the streets.
- When you drive around you see pockets of people living under the freeways. When you look closely, you can see they are young folks.
- Part of the homelessness issue goes back to employment. If you do not have

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- employment due to mental health issues or drug addiction you will stay homeless.
- We have a city council that doesn't support permanent supportive housing.
- Homelessness has grown in the past year in our county. We need additional shelters and wraparound services so people can be self-sufficient and become contributing members of society.
- If you are looking for a job and you don't have a place to take a shower, have clean clothes and receive your mail it is more difficult to be hired.
- Families are doubling and tripling up in a house. We have about 10% of our students who are categorized as homeless.
- We have a catastrophically high cost of housing as it compares to the minimum wage. If you are full-time employed at minimum wage, you still cannot afford a one-bedroom place.
- With the eviction moratorium ending, we need to be prepared to have resources for persons who may become homeless.
- Persons who are homeless need case management and support to navigate the complicated systems of nonprofits and governmental agencies to help direct them.

Public Program Participation

In San Bernardino County, 40.4% of low-income residents (those making less than 200% of the FPL[1]) are not able to afford enough to eat, while 21.7% of low-income residents utilize food stamps. WIC benefits are accessed at a higher rate: 38.5% of county children, 6 years and younger, access WIC benefits. 12.3% of county residents are TANF/CalWorks recipients, compared to 9.3% for the state. 14.7% of adult immigrants said that there has been a time when they have avoided government benefits due to a concern about disqualifying themselves or a family member from a green card or citizenship. 27.9% of adult immigrants said that they were asked to provide a Social Security number or other proof of citizenship within the past year in order to obtain medical services or school enrollment. This is a higher rate than seen statewide (17.6%).

Public Program Participation

	San Bernardino County	California
Not able to afford food (<200%FPL)	40.4%	40.0%
Food stamp recipients (<200% FPL)**	21.7%	23.7%
WIC usage among children, 6 years and under***	38.5%	41.7%
TANF/CalWorks recipients****	12.3%	9.3%
Ever a time you avoided gov't benefits due to concern about disqualification from green card/citizenship for you or family member (asked only of adult immigrants)**	14.7%	16.1%

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[1] For 2019, the federal poverty level (FPL) for one person was $13,011 and for a family of four $25,926. 200% of FPL is $26,011 for one person and $51,852 for a family of four.

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	San Bernardino County	California
Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year**	27.9%	17.6%

In the service area, 8.2% of residents receive SSI benefits, 5.2% receive cash public assistance income, and 17.4% of residents receive food stamp benefits. These rates are higher than the county and state rates.

Household Supportive Benefits

	SBMC Service Area	San Bernardino County	California
Total households	**341,221**	**636,041**	**13,044,266**
Supplemental Security Income (SSI)	8.2%	7.3%	6.1%
Public Assistance	5.2%	4.7%	3.2%
Food Stamps/SNAP	17.4%	14.7%	8.9%

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, in San Bernardino County 92% of eligible households in 2018 received food stamps (CalFresh).

CalFresh Eligibility and Participation

	Participation Rate (Percent of Eligible Households)
San Bernardino County	92%
California	71%

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially-acceptable ways. In San Bernardino County, 9.6% of the population experienced food insecurity in 2019. Among children in San Bernardino County, 14.9% lived in households that experienced food insecurity. Feeding America estimates that 90% of those experiencing food insecurity in San Bernardino County, and 72% of county children experiencing food insecurity, are income-eligible for nutritional programs such as SNAP.

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Food Insecurity

	San Bernardino County		California	
	Number	**Rate**	**Number**	**Rate**
Total population experienced food insecurity during the year	206,710	9.6%	4,011,960	10.2%
Children, under age 18, experienced food insecurity during the year	85,080	14.9%	1,205,260	13.6%

Source: Feeding America, 2019. https://map.feedingamerica.org/county/2018/overall/california/county/san-bernardino

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments edited for clarity:

- We have many gas stations where you can buy gas and a fast food meal. Education on healthy foods is not promoted in our communities.
- During the course of the pandemic, our food banks were running low because people were out of work and could not afford to purchase groceries.
- We have a lot of food distribution options, but the challenge is providing healthy food.
- It seems that there is an abundance of food available, but distributing food out to the community who are in need is a challenge.
- Access to food has greatly improved with the pandemic because there was such a clear and present need.
- There is a lack of grocery stores when compared to more fast-food places in our community.

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 23.7% of adults, 25 and older, lack a high school diploma, which is higher than the county (20%) and state (16.7%) rates. 17.7% of area adults have a Bachelor's degree or higher. Over the past fifteen years, education levels in the service area have increased. At the time of the 2000 Census, 32.8% of the area population lacked a high school diploma and only 10.8% of the population held a Bachelor's degree or higher.

Education Levels, Population 25 Years and Older

	SBMC Service Area	San Bernardino County	California
Population 25 years and older	**736,774**	**1,350,620**	**26,471,543**
Less than 9th grade	10.7%	8.9%	9.2%
9th to 12th grade, no diploma	13.0%	11.2%	7.5%
High school graduate	28.0%	26.3%	20.5%
Some college, no degree	23.1%	24.4%	21.1%
Associate's degree	7.5%	8.3%	7.8%
Bachelor's degree	11.6%	13.6%	21.2%
Graduate/professional degree	6.1%	7.4%	12.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. http://data.census.gov/,

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High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Of area school districts, Rim of the World Unified, San Bernardino City Unified, Victor Valley Union High and Yucaipa-Calimesa Joint Unified School Districts did not meet this objective in 2019 or 2020, and Chaffey Joint Union High School District did not meet it in 2019. Graduation rates fell by 4.2% in San Bernardino County from the 2018-2019 to 2019-2020 graduation years. The effects of the pandemic on these graduation rates is impossible to ascertain, but seems to have been involved with the rate seen for 2020 in Yucaipa-Calimesa Joint Unified School District, where only 17.3% of their 741-student cohort graduated on time, and in Victor Valley Union High School District where 51.1% of their 1,899-student graduated on time.

High School Graduation Rates

	2018-2019	2019-2020
Beaumont Unified School District	91.6%	95.8%
Chaffey Joint Union High School District	89.9%	90.9%
Chino Valley Unified School District	92.6%	91.5%
Colton Joint Unified School District	90.8%	90.6%
Fontana Unified School District	91.5%	93.0%
Hesperia Unified School District	93.2%	92.7%
Redlands Unified School District	92.1%	92.3%
Rialto Unified School District	90.9%	92.9%
Rim of the World Unified School District	87.4%	84.0%
San Bernardino City Unified School District	90.4%	86.8%
Snowline Joint Unified School District	91.0%	88.7%
Victor Valley Union High School District	82.4%	51.1%
Yucaipa-Calimesa Joint Unified School District	90.5%	17.3%
San Bernardino County	**89.3%**	**85.1%**
California	**88.1%**	**87.6%**

Source: California Department of Education DataQuest, 2018-2020. http://dq.cde.ca.gov/dataquest/

Preschool Enrollment

36.4% of 3 and 4-year-olds were enrolled in preschool in the service area. The enrollment rates ranged from 22.2% in Mentone to 82% in Calimesa (where there were only 61 children in that age group).

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Bloomington	92316	679	50.7%
Calimesa	92320	61	82.0%
Colton	92324	2,076	33.0%
Crestline	92325	123	41.5%
Fontana	92335	3,182	38.9%
Fontana	92336	2,528	29.9%
Fontana	92337	1,026	36.2%

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	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Hesperia	92345	2,869	28.3%
Highland	92346	2,120	31.7%
Loma Linda	92354	450	34.4%
Mentone	92359	158	22.2%
Ontario	91761	1,432	36.1%
Redlands	92373	941	51.3%
Redlands	92374	1,528	36.8%
Rialto	92376	2,891	42.4%
Rialto	92377	776	42.7%
Running Springs	92382	151	35.8%
San Bernardino	92401	56	33.9%
San Bernardino	92404	2,820	34.1%
San Bernardino	92405	1,253	35.9%
San Bernardino	92407	2,089	46.2%
San Bernardino	92408	354	23.7%
San Bernardino	92410	1,344	29.0%
San Bernardino	92411	918	46.1%
Victorville	92392	2,258	38.5%
Victorville	92394	1,509	28.7%
Victorville	92395	1,277	25.1%
Yucaipa	92399	1,556	47.3%
SBMC Service Area		**38,425**	**36.4%**
San Bernardino County		**65,337**	**38.9%**
California		**1,021,926**	**49.6%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. http://data.census.gov/

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. 58.5% of adults interviewed responded "yes" to this question, which was lower than the state rate (64.1%).

Children, Ages 0 to 5, Read to Daily by a Parent or Family Member

	San Bernardino County	California
Children read to daily	58.5%	64.1%

Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu

Parks, Playgrounds and Open Spaces

81.3% of San Bernardino County children, ages 1-17, were reported to live within walking distance of a park, playground or open space. 84.5% of county children had visited one within the past month.

Access to and Utilization of Parks, Playgrounds and Open Space

	San Bernardino County	California
Walking distance to park, playground or open space, ages 1 to 17	81.3%	89.8%
Visited a park, playground or open space in past month, ages 1 to 17	84.5%	84.8%

*Source: California Health Interview Survey, 2014-2018; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

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Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Property crime rates have been falling, while violent crime rates have been rising, at the county, state and national levels. Property crime rates in 2019 were lower in San Bernardino County than in the state, but violent crime rates were higher. For all service area police departments, with the exception of Rialto, property crime fell from 2015 to 2019. At the same time, violent crimes rose in all area service area cities with the exception of Fontana.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2015 and 2019

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2015	2019	2015	2019	2015	2019	2015	2019
Colton	1,715	1,517	3,114.8	2,755.2	185	215	336.0	390.5
Fontana	4,269	3,094	1,977.5	1,433.2	804	739	372.4	342.3
Fontana Unified School	101	70	N/A	N/A	24	31	N/A	N/A
Hesperia	2,227	1,664	2,321.8	1,734.9	302	462	314.9	481.7
Highland	1,242	906	2,230.4	1,627.0	202	362	362.7	650.1
Loma Linda	738	559	3,010.8	2,280.5	27	77	110.2	314.1
Ontario	5,169	4,290	2,819.6	2,340.1	547	659	298.4	359.5
Redlands	3,211	2,108	4,463.4	2,930.2	212	257	294.7	357.2
Rialto	2,218	3,149	2,133.4	3,028.9	423	595	406.9	572.3
San Bernardino	10,390	9,081	4,794.3	4,190.3	2,697	2,858	1,244.5	1,318.8
San Bernardino College	84	40	N/A	N/A	1	1	N/A	N/A
San Bernardino Unified School	362	264	N/A	N/A	69	67	N/A	N/A
Union Pacific RR San Bernardino	45	43	N/A	N/A	1	2	N/A	N/A
Victorville	4,008	2,271	3,256.2	1,845.0	777	988	631.3	802.7
Yucaipa	1,309	641	2,425.7	1,187.8	94	200	174.2	370.6
CSU San Bernardino	104	69	N/A	N/A	8	4	N/A	N/A
CHP San Bernardino County	77	152	N/A	N/A	6	34	N/A	N/A
San Bernardino County Sherriff's	5,527	3,945	N/A	N/A	920	1,503	N/A	N/A
San Bernardino County	**59,592**	**47,416**	**2,746.1**	**2,185.0**	**9,947**	**12,219**	**458.4**	**563.1**
California	**1,023,828**	**915,197**	**2,591.8**	**2,317.9**	**166,588**	**173,205**	**421.7**	**438.7**

Source: U.S. FBI UCR program, Crime Data Explorer. https://crime-data-explorer.fr.cloud.gov/ All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, 2015 rates are estimates. Care should be used when interpreting rates calculated on small populations or small numbers, such as violent crimes.

Domestic violence calls are categorized as with or without a weapon. 54.6% of domestic violence calls in San Bernardino County involved a weapon, which is above the

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statewide average of 46.6%. Domestic violence calls in Fontana are less likely to be reported to involve a weapon (16.7%) than in the City of San Bernardino (99.4%). The rate of domestic violence calls in the City of San Bernardino (9.27 per 1,000 persons) is higher than other area cities, the county (3.59 per 1,000 persons) and the state (4.08 per 1,000 persons). Yucaipa (1.61 per 1,000 persons), Hesperia (2.07 per 1,000 persons) and Loma Linda (2.33 per 1,000 persons) have the lowest rates of reported domestic violence in the service area.

Domestic Violence Call Rates, per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
Colton	179	3.25	11.2%	88.8%
Fontana	658	3.05	83.3%	16.7%
Fontana Unified School	5	N/A	80.0%	20.0%
Hesperia	199	2.07	61.3%	38.7%
Highland	179	3.21	63.1%	36.9%
Loma Linda	57	2.33	66.7%	33.3%
Ontario	659	3.59	79.5%	20.5%
Redlands	254	3.53	7.9%	92.1%
Rialto	308	2.96	72.4%	27.6%
San Bernardino	2,009	9.27	0.6%	99.4%
San Bernardino College	2	N/A	100%	0%
San Bernardino Unified School	6	N/A	100%	0%
Victorville	429	3.49	57.8%	42.2%
Yucaipa	87	1.61	46.0%	54.0%
CSU San Bernardino	4	N/A	75.0%	25.0%
CHP San Bernardino County	15	N/A	6.7%	93.3%
San Bernardino County Sherriff's	798	N/A	60.5%	39.5%
San Bernardino County	**7,781**	**3.59**	**45.4%**	**54.6%**
California	**161,123**	**4.08**	**53.4%**	**46.6%**

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. Care should also be used when interpreting rates calculated on a small number.*

Teens in San Bernardino County were asked about neighborhood cohesion. 83.6% of teens felt adults in their neighborhood could be counted on to watch that children were safe and didn't get into trouble. 75.8% of teens felt people in their neighborhood were willing to help. 80.1% of teens felt their neighbors could be trusted.

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	San Bernardino County	California
Adults in neighborhood look out for children**	83.6%	87.8%
People in neighborhood are willing to help	75.8%	88.2%
People in neighborhood can be trusted	*80.1%	81.6%

*Source: California Health Interview Survey, 2015-2019 & **2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

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In San Bernardino County, the rate of children under 18 years of age who experienced abuse or neglect was 9 per 1,000 children. This is higher than the state rate of 7.5 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children, 2018

	San Bernardino County	**California**
Child abuse rates	9.0	7.5

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019. Accessed from KidsData.org at http://kidsdata.org

Community Input – Violence and Injury

Stakeholder interviews identified the following issues, challenges and barriers related to violence and injury. Following are their comments edited for clarity:

- We have a fair amount of violence and high violent crime rates.
- Human trafficking and prostitution are high in the area.
- Now that kids are back in school versus home schooling, we are seeing more fights than we have in years.
- There has been an uptick of shootings in the community.
- We see domestic violence occurring. Unfortunately, victim service providers and nonprofits are stretched thin.
- Violence has gone up with the pandemic.
- The combination of substance use and racism with uncontrolled firearm distribution has led to a lot of criminal violence, gang violence, and individual gun violence.
- We see youth with self-induced injuries from firearms. Sometimes it is self-harm or mental health issues, sometimes it is just situational or accidental.
- There is a lot of prostitution and sexual trafficking in our community.
- Domestic violence has increased drastically, likely due to the stressors with the pandemic.
- We have a high gang population in our community.
- There is a fair amount of domestic violence in the community. And with our city in bankruptcy, we do not have enough law enforcement.
- Violence and crime have gone up since last year. Looking at all the crime, most of it can be traced back to mental health.

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Air Quality

Days with Ozone Levels above Regulatory Standard

In 2019, San Bernardino County had 109 days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million. This was an increase from 2016's count of 106 days. Meanwhile, the state average in 2019 was 11 days of readings above the U.S. standard, a 100% improvement from 2016's 22 days count.

Ozone Levels above Regulatory Standard, Number of Days

	San Bernardino County	California
Ozone levels above standards, in days	109	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020 via http://www.kidsdata.org

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Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 90.8% of the civilian, non-institutionalized population in the service area has health insurance. Redlands 92373 has the highest health insurance rate (96.7%) and San Bernardino 92411 (85%) and Fontana 92335 (85.1%) have the lowest rate of health insurance.

96.2% of children, ages 18 and younger, have health insurance coverage in the service area. Running Springs has full health insurance coverage among children (100%), and Rialto 92377 has the lowest percentage of children with health insurance (91.9%).

Among service area adults, ages 19-64, 86.8% have health insurance. Redlands 92373 has the highest insurance rate (94.7%), and San Bernardino 92411 (78.1%) and Fontana 92335 (78.5%) have the lowest health insurance rates among adults.

Fifteen of the area ZIP Codes, for which data are available, do not meet the Healthy People 2030 objective of 92.1% health insurance coverage overall. Redlands 92373 and Mentone meet the objective among adults, ages 19 to 64. Rialto 92377 does not meet the objective among children, under 19 years old.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Bloomington	92316	90.1%	96.2%	86.2%
Calimesa	92320	95.2%	99.6%	91.0%
Colton	92324	92.2%	95.4%	89.6%
Crestline	92325	91.1%	97.8%	87.4%
Fontana	92335	85.1%	95.1%	78.5%
Fontana	92336	93.6%	97.8%	90.9%
Fontana	92337	91.6%	94.2%	89.9%
Hesperia	92345	92.2%	96.8%	88.5%
Highland	92346	90.6%	95.9%	86.4%
Loma Linda	92354	94.2%	97.2%	91.6%
Mentone	92359	95.2%	97.8%	93.4%
Ontario	91761	91.9%	96.6%	89.2%
Redlands	92373	96.7%	99.1%	94.7%
Redlands	92374	94.1%	97.1%	92.0%
Rialto	92376	85.9%	94.7%	79.7%
Rialto	92377	91.7%	91.9%	90.1%
Running Springs	92382	94.4%	100.0%	89.1%
San Bernardino	92401	88.3%	97.6%	82.1%
San Bernardino	92404	89.7%	96.2%	84.8%

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	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
San Bernardino	92405	87.6%	94.1%	81.9%
San Bernardino	92407	91.4%	97.1%	87.7%
San Bernardino	92408	86.7%	96.0%	80.6%
San Bernardino	92410	86.6%	95.8%	79.2%
San Bernardino	92411	85.0%	92.5%	78.1%
Victorville	92392	92.5%	95.5%	89.7%
Victorville	92394	93.0%	96.7%	89.8%
Victorville	92395	92.5%	98.5%	87.4%
Yucaipa	92399	94.5%	98.2%	91.7%
SBMC Service Area		**90.8%**	**96.2%**	**86.8%**
San Bernardino County		**91.6%**	**96.1%**	**88.1%**
California		**92.5%**	**96.7%**	**89.3%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. http://data.census.gov/

When insurance coverage was examined for San Bernardino County, 32% of County residents have Medi-Cal coverage and 39.7% have employment-based insurance, which is a higher level of Medi-Cal and a lower level of employment-based coverage than statewide levels.

Insurance Coverage, by Type

	San Bernardino County	California
Medi-Cal	32.0%	25.6%
Medicare only	1.5%	1.5%
Medi-Cal/Medicare	4.2%	4.2%
Medicare and others	7.1%	9.3%
Other public	*1.5%	1.3%
Employment based	39.7%	44.8%
Private purchase	4.7%	5.9%
No insurance	9.3%	7.5%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

When examined by race/ethnicity, there are differences in the rate of health insurance coverage in the service area. In every age group, health insurance coverage is lowest among Hispanics and those who identified as some race other than those listed (non-White, Asian, Black, AIAN, Hawaiian or Pacific Islander). The service area average for health insurance coverage in children is 96.2%. The lowest rate of coverage (94.5%) is seen in children identified as some race other than those listed. Lower than average rates are also seen in Hispanic (95.4%) and Native Hawaiian/Pacific Islander (95.8%) children. Among adults, ages 19 to 64, in the service area, on average 86.8% have health insurance. The lowest rate is found in adults who identify as a race other than one of the listed races (81.3%). A lower-than-average rate is also seen among Hispanic adults (82.9%). The lowest rate of coverage among service area seniors, ages 65 and older, is found among those of an unlisted race (95.9%) and Hispanic (97.1%) seniors.

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Health Insurance, Service Area Population, by Race/Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	95.5%	98.3%	93.2%	99.8%
Native Hawaiian/Pacific Islander	94.8%	95.8%	93.8%	100.0%
Black/African American	94.5%	97.8%	91.8%	99.3%
Asian	94.1%	97.3%	92.2%	97.4%
American Indian/Alaskan Native	94.0%	99.2%	91.2%	98.8%
Multiracial	93.7%	97.8%	89.1%	99.0%
Hispanic	88.1%	95.4%	82.9%	97.1%
Other race	86.2%	94.5%	81.3%	95.9%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, C27001B thru C27001I. http://data.census.gov/

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 32.7% of adults in the service area do not have a usual primary care provider. An estimated 37.8% of adults in San Bernardino 92410 and 37.7% of those in Fontana 92335 have no usual primary care provider.

No Usual Primary Care Provider

	ZIP Code	Percent
Bloomington	92316	36.2%
Calimesa	92320	22.4%
Colton	92324	34.9%
Crestline	92325	23.2%
Fontana	92335	37.7%
Fontana	92336	33.3%
Fontana	92337	35.9%
Hesperia	92345	30.2%
Highland	92346	29.4%
Loma Linda	92354	28.0%
Mentone	92359	27.1%
Ontario	91761	34.7%
Redlands	92373	23.8%
Redlands	92374	28.7%
Rialto	92376	35.6%
Rialto	92377	32.5%
Running Springs	92382	23.2%
San Bernardino	92401	36.4%
San Bernardino	92404	33.0%
San Bernardino	92405	35.1%
San Bernardino	92407	34.9%
San Bernardino	92408	34.4%
San Bernardino	92410	37.8%
San Bernardino	92411	36.5%
Victorville	92392	31.3%
Victorville	92394	35.3%
Victorville	92395	29.0%
Yucaipa	92399	24.3%
SBMC Service Area*		**32.7%**

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	ZIP Code	Percent
San Bernardino County		**30.9%**
California		**25.3%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data,
*https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

When access to care through a usual source of care is examined by race/ethnicity, for all age groups, Latinos were the least likely to have a usual source of care (81.1%), followed by Asian residents (82.2%).

Usual Source of Care, by Race/Ethnicity, All Ages

	San Bernardino County	California
Native Hawaiian/Pacific Islander	*100.0%	89.5%
Multiracial	*98.2%	89.9%
American Indian/Alaskan Native	*96.0%	85.2%
Black/African American	*92.3%	90.0%
White	91.2%	91.2%
Asian	*82.2%	85.7%
Latino	81.1%	81.6%
Total population	**85.7%**	**86.5%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In San Bernardino County, 58.8% of residents accessed care at a doctor's office, HMO or Kaiser and 23.2% accessed care at a clinic or community hospital. 14.3% had no usual source of care.

Sources of Care

	San Bernardino County	California
Dr. office/HMO/Kaiser Permanente	58.8%	60.0%
Community clinic/government clinic/ community hospital	23.2%	23.9%
ER/Urgent care	2.8%	1.6%
Other place/no one place	*0.9%	0.9%
No usual source of care	14.3%	13.5%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 24.2% of San Bernardino County residents visited an ER in the past year. Children, ages 0 to 17, visited the ER at the highest rates (27.1%). Poverty-level residents visited the ER at a higher rate (35.5%) than the general population. ER utilization rates were higher in San Bernardino County than at the state level, due to higher utilization rates among children and youth, and higher utilization rates among adults, 64 years and under.

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Use of Emergency Room

	San Bernardino County	California
Visited ER in last 12 months	24.2%	20.8%
0-17 years old	27.1%	18.9%
18-64 years old	23.0%	20.9%
65 and older	23.5%	23.5%
<100% of poverty level	35.5%	25.7%
<200% of poverty level	22.5%	22.6%

*Source: California Health Interview Survey, 2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Difficulty Accessing Care

5% of San Bernardino County adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 14.4% of adults reported difficulty accessing specialty care. 5.2% of adults had been told by a primary care physician's office that their insurance would not be accepted. 11% of adults were told their insurance was not accepted at a specialist's office.

Difficulty Accessing Care in the Past Year, Adults

	San Bernardino County	California
Reported difficulty finding primary care	5.0%	6.5%
Reported difficulty finding specialist care	14.4%	13.8%
Primary care doctor not accepting their insurance	5.2%	5.6%
Specialist not accepting their insurance	11.0%	11.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Delayed or Forgone Care

10.9% of San Bernardino County residents delayed or did not get medical care when needed. Of these residents, 56.7% ultimately went without needed medical care, meaning that 6.2% of the overall population had to forgo needed care. This is almost twice the Healthy People 2030 objective of 3.3% of the population who forgo care. 44.2% of San Bernardino County residents who delayed or went without care agreed that 'cost/lack of insurance' was a reason. San Bernardino County residents showed a higher rate of delayed and unfilled prescriptions (11.2%) when compared to the state (9.1%).

Delayed Care in Past 12 Months, All Ages

	San Bernardino County	California
Delayed or did not get medical care	10.9%	11.4%
Had to forgo needed medical care	6.2%	6.8%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	44.2%	45.6%
Delayed or did not get prescription meds	11.2%	9.1%

Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/

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Black residents of San Bernardino County were the most likely to have delayed or foregone needed medical care during the prior year due to cost or lack of insurance (6%), followed by non-Latino White residents (5.8%). Asian residents were the least likely to have had to delay or skip care due to cost or a lack of insurance (2.5%).

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	San Bernardino County	California
Black (non-Latino)	6.0%	4.6%
White (non-Latino)	5.8%	5.9%
Multiracial (non-Latino)	*4.9%	6.1%
Latino	4.7%	5.3%
Asian (non-Latino)	*2.5%	3.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Lack of Care Due to Cost, for Children

1.3% of children, ages 0 to 17, in San Bernardino County missed or delayed care within the prior 12 months due to cost or lack of insurance. 0.2% of county children ultimately did not receive care. 5% of San Bernardino County children had delayed or unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year, Children, Ages 0 to 17

	San Bernardino County	California
Child's care delayed or foregone due to cost or lack of insurance	*1.3%	1.3%
Child missed care	*0.2%	1.5%
Child's prescription medication delayed or unfilled	5.0%	4.3%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Primary Care Physicians

The ratio of the population to primary care physicians in San Bernardino County is 1,700:1, which is lower than the state ratio of 1,250 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	San Bernardino County	California
Number of primary care physicians	1,278	31,557
Ratio of population to primary care physicians	1,700:1	1,250:1

Source: County Health Rankings, 2018. http://www.countyhealthrankings.org

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data

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System (UDS)[2], 40.3% of the population in the service area is low-income (200% of Federal Poverty Level) and 17.3% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: Borrego Community Health Foundation, Central Neighborhood Health Foundation, Community Health Systems Inc., Health Service Alliance, Inland Behavioral & Health Services Inc., Mission City Community Network Inc., Neighborhood Healthcare, Pomona Community Health Center (DBA Parktree CHC), Riverside County Health System, SAC Health System, San Bernardino County Public Health Department, Tri-State Community Healthcare Center, and Unicare Community Health Center.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 95,676 patients in the service area, which equates to 20.1% penetration among low-income patients and 7.9% penetration among the total population. From 2017-2019, the Community Health Center providers served 22,699 additional patients for a 31.1% increase in patients served by Community Health Centers in the service area. Despite this, there remain 380,763 low-income residents, 79.9% of the population at or below 200% FPL, which are <u>not served</u> by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
476,439	95,676	20.1%	7.9%	380,763	79.9%

Source: UDS Mapper, 2019, 2015-2019 population numbers. http://www.udsmapper.org

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In San Bernardino County, the ratio of residents to mental health providers is 410:1, which is lower than the state rate (270:1).

Mental Health Providers, Number and Ratio

	San Bernardino County	California
Number of mental health providers	5,290	147,492
Ratio of population to mental health providers	410:1	270:1

Source: County Health Rankings, 2020. http://www.countyhealthrankings.org

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[2] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
• Community Health Center, Section 330 (e)
• Migrant Health Center, Section 330 (g)
• Health Care for the Homeless, Section 330 (h)
• Public Housing Primary Care, Section 330 (i)

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Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity:

- Long wait times. Appointments are two months out. ED wait times can be 20 hours and going to urgent care is faster. Access to specialist care is particularly difficult with a 6-month wait.
- A large portion of the population use the ED as their source of primary care.
- If your employer doesn't provide access to insurance, most people will not independently acquire it.
- During the pandemic, people were not going to the doctor's office and not receiving the care they needed.
- More people have been able to obtain Medi-Cal coverage, but just because of the nature of the demographics of our community, it is difficult to recruit and hire enough physicians; especially specialty and primary care physicians to meet the needs of the community.
- The care that is provided in the ED is considered critical care and most people are at the end of a disease process such as diabetes, high blood pressure, hypertension, and obesity. It is a result of lack of good, consistent primary care.
- A large percentage of our community don't have someone looking after them or have access to a home nurse or a car to drive to appointments.
- The number one issue is access to affordable health care. In the Inland Empire, there are not enough doctors.
- For the uninsured, the issues are access to specialty care. If a patient needs to see a gastroenterologist or a cardiologist, and they don't have insurance, they have no access because they can't afford the office visit.
- Identifying a primary care provider who works with a population who are high health utilizers, is difficult. Our community is filled with complicated and expensive patients with capitated rates.
- We have accessibility in our community. Utilization is a different story.
- A lot of people do not have a primary care provider, so their first stop is the ED.
- Telehealth has really opened access as long as you have the resources to use telehealth.
- Lack of transportation keeps people from accessing health care services.

Dental Care

In San Bernardino County, 19.1% of children, ages 3 to 11, have never been to a dentist. In the past year, 5.7% of area children needed dental care and did not receive it. While it appears that teens in San Bernardino County are more likely to have seen a dentist in the previous year than teens statewide, they are less likely to have teeth in good or better condition and are more than twice as likely to have missed school due to

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a dental problem in the prior year.

Delay of Dental Care, Children

	San Bernardino County	California
Children, ages 3 to 11, never been to the dentist	19.1%	14.1%
Children, ages 3 to 11, needed but didn't get dental care in past year	*5.7%	4.8%
Teen, ages 12 to 17, either never been to the dentist or more than one year ago**	*7.0%	8.9%
Teen, ages 12 to 17, condition of teen is fair or poor***	*12.8%	10.9%
Teen, ages 12 to 17, missed school due to a dental problem in the past year***	*18.1%	8.5%

*Source: California Health Interview Survey, Children 2015-2019 **2017-2019 ***2018-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

31.5% of county adults described the condition of their teeth as 'fair' or 'poor', while 3.9% had no natural teeth left. 9.7% had not been to a dentist in at least five years.

Dental Care, Adults

	San Bernardino County	California
Condition of teeth: good to excellent	64.7%	72.5%
Condition of teeth: fair to poor	31.5%	25.5%
Condition of teeth: has no natural teeth	3.9%	2.1%
Never been to a dentist	*2.0%	2.5%
Visited dentist < 6 months to two years	78.7%	82.0%
Visited dentist more than 5 years ago	9.7%	7.1%

*Source: California Health Interview Survey, 2016-2019 pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

The ratio of residents to dentists in San Bernardino County is 1,370:1, which is fewer dentists per capita than the state rate (1,150:1).

Dentists, Number and Ratio

	San Bernardino County	California
Number of dentists	1,586	34,385
Ratio of population to dentists	1,370:1	1,150:1

Source: County Health Rankings, 2019. http://www.countyhealthrankings.org

Community Input – Dental Care

Stakeholder interviews identified the following issues, challenges and barriers related to dental care. Following are their comments edited for clarity:

- There isn't enough education in the community that if you brush your teeth and regularly floss, your dental hygiene will improve.
- Dental checks are not high on a priority list unless you have gainful employment with dental insurance benefits.
- We still have issues with the availability of dental insurance and being able to

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receive dental care and general oral hygiene such as fluoride treatments. Those in the lower socioeconomic strata don't have access to it or see the value.

- There are few places to go for a tooth extraction. An extraction can cost hundreds of dollars and if you are struggling to put food on the table you would rather deal with the pain.
- There are a lack of doctors and dentists in the Inland Empire.
- We serve thousands of families a year and we can see they aren't receiving proper dental care. It has to do with the volume of the need compared to the number of practitioners available.
- There is a clear link between dental care and the impact on your health. However, dental care is not affordable for many in our community.
- Dental care has always been an issue. Kids will come to school with cavities and it is impossible for them to focus on learning because they are in pain.
- For the impoverished, dentistry is often a tooth extraction, further contributing to the stereotypical person with missing teeth impacting their ability to get a job.

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Birth Characteristics

From 2014 to 2018, births in the service area averaged 17,787 births per year.

Teen Birth Rate
Teen births among females, ages 15-19, occurred at of 26.5 per 1,000 females. This rate is higher than county and state rates.

Teen Birth Rate, per 1,000 Females, Ages 15 to 19

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Births to teen mothers	1,216	26.5	24.3	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Prenatal Care
Pregnant women in the service area entered prenatal care after the first trimester at a rate of 165.9 per 1,000 live births. This rate of late entry into prenatal care translates to 16.6% of women entering prenatal care late or not at all, while 83.4% of women entered prenatal care on time. This rate does not meet the Healthy People 2020 objective of 84.8% of women entering prenatal care in the first trimester. The Healthy People 2030 objective has been changed, to 80.5% of pregnant women receiving 'early and adequate' prenatal care, which in addition to timing of entry, contains the added criteria of attending at least 80% of recommended prenatal visits, and so is not a comparable measure for these data.

Late Entry to Prenatal Care (After 1st Trimester) Rate, per 1,000 Live Births

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	2,951	165.9	165.7	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Low Birth Weight
Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies is 7.6% (76.0 per 1,000 live births). This rate is higher than the county and state rates but does meet the Healthy People 2020 objective of 7.8% of births being low birth weight. This objective has been eliminated for the Healthy People 2030 objectives.

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Low Birth Weight (Under 2,500g) Rate, per 1,000 Live Births

	SBMC Service Area		San Bernardino County	California
	Number	**Rate**	**Rate**	**Rate**
Low birth weight	1,352	76.0	73.9	68.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 623.7 births per 1,000 live births, which is higher than the San Bernardino County (589 per 1,000 live births) and state (498.5 per 1,000 live births) rates of births paid by public insurance or self-pay.

Delivery Paid by Public Insurance or Self-Pay Rate, per 1,000 Live Births

	SBMC Service Area		San Bernardino County	California
	Number	**Rate**	**Rate**	**Rate**
Public insurance or self-pay	11,093	623.7	589.0	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Preterm Births

The rate of premature birth in the service area, occurring before the start of the 38th week of gestation, is 9.5% (95 per 1,000 live births). This rate of premature birth is higher than the San Bernardino County rate (9.3%) and the state rate of premature births (8.5%).

Premature Births before Start of 38th Week Rate, per 1,000 Live Births

	SBMC Service Area		San Bernardino County	California
	Number	**Rate**	**Rate**	**Rate**
Premature births	1,690	95.0	92.5	85.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Maternal Smoking During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) in the service area was 2.1% (21.1 per 1,000 live births), which was lower than the San Bernardino County rate (2.4%), but higher than the state rate (1.6%).

Mothers Who Smoked Regularly During Pregnancy Rate, per 1,000 Live Births

	SBMC Service Area		San Bernardino County	California
	Number	**Rate**	**Rate**	**Rate**
Mothers who smoked	375	21.1	24.3	15.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

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Infant Mortality

Infant mortality is defined as deaths to infants under 1 year of age. The infant mortality rate in San Bernardino County, from 2016 to 2018, was 5.79 deaths per 1,000 live births. This does not meet the Healthy People 2030 objective of 4.8 deaths per 1,000 live births, and is much higher than state rate.

Infant Mortality Rate, per 1,000 Live Births, Three-Year Average

	Rate
San Bernardino County	5.79
California	4.21
Nation	5.78

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html

When examined by the mother's race and ethnicity, large disparities exist in infant mortality rates in San Bernardino County. The rate of mortality to infants born to Non-Hispanic Black mothers is 11.8 deaths per 1,000 live births is more than twice the rate for infants of Hispanic mothers of all races (5.5 deaths per 1,000 live births). The rate of mortality for infants born to non-Hispanic White mothers is 4.8 deaths per 1,000 live births.

Infant Mortality Rate, by Mother's Race/Ethnicity, Three-Year Average

	Rate
Non-Hispanic Black	11.76
Hispanic, all races	5.47
Non-Hispanic White	4.77
Non-Hispanic, all other races	3.44
Asian, Hispanic origin unknown	*2.54
American Indian/Alaska Native, Hispanic origin unknown	**Suppressed
Native Hawaiian/Pacific Islander, Hispanic origin unknown	**Suppressed
All races/ethnicities	**5.78**

*Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html *Rate considered unreliable due to fewer than 20 deaths. **Rates suppressed due to privacy and statistical validity concerns due to very low numbers.*

Breastfeeding

Breast feeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breast feeding rates at SBMC indicated 82.1% of new mothers used some breast feeding, which was lower than the county (90%) and state rate (93.8%). 58.2% of new mothers at St. Bernardine Medical Center used breast feeding exclusively, which was lower than the county (67.6%) and state (70.2%) rates.

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The rate of breast feeding met the Healthy People 2020 objective for 81.9% of women to utilize some breast feeding of their infants. This objective has been removed from the list of Healthy People 2030 objectives.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	**Percent**	**Number**	**Percent**
St. Bernardine Medical Center	768	82.1%	545	58.2%
San Bernardino County	20,254	90.0%	15,210	67.6%
California	366,592	93.8%	274,331	70.2%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered at SBMC. 84.4% of Latina/Hispanic and 85.2% of multiracial mothers initiated breastfeeding. 60.6% of Hispanic/Latina, and 63% of multiracial mothers breastfed exclusively. The breastfeeding rates of these groups met the Healthy People 2020 objective of 81.9% of all infants having ever been breastfed. Breastfeeding initiation rates for White (78.3%), African-American (70.8%) and Asian (68.8%) mothers at the medical center did not meet the Healthy People 2020 objective. While rates of exclusive breastfeeding were suppressed for Asian mothers who gave birth at the hospital due to the low number, of the remaining groups African American mothers had the lowest percentage who breastfed exclusively (40.6%), followed by White mothers (58.5%).

In-Hospital Breastfeeding, St. Bernardine Medical Center, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	**Percent**	**Number**	**Percent**
Multiple Race	23	85.2%	17	63.0%
Latina/Hispanic	561	84.4%	403	60.6%
White	83	78.3%	62	58.5%
African American	75	70.8%	43	40.6%
Asian	11	68.8%	N/A	N/A
St. Bernardine Medical Center	**768**	**82.1%**	**545**	**58.2%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018. N/A = Suppressed due to 10 or fewer instances.https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Community Input – Birth Indicators

Stakeholder interviews identified the following issues, challenges and barriers related to birth indicators. Following are their comments edited for clarity:

- It is about knowledge and awareness and taking advantage of prenatal care and birth control.
- We have a syphilis and STI problem in our pregnant population.
- With youth, there is a lack of knowledge or a disregard of the basic elements of safe sex and use of condoms.

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- There are disparities and health inequities in maternal morbidity rates for African American women.
- Education and information are key. Women are not receiving quality prenatal care or eating well resulting in low birth weight, infant mortality, and maternal mortality.

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Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in San Bernardino County is 78.8 years. 350 per 100,000 persons of San Bernardino County die before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 6,800 years. By every metric, residents of San Bernardino County have a lower life-expectancy than do Californians in general.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	San Bernardino County	California
Life expectancy at birth in years	78.8	81.7
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	350	270
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	6,800	5,300

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. http://www.countyhealthrankings.org*

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area is 776 per 100,000 persons, which is higher than the San Bernardino County rate (726.1) and the California rate (614.4 deaths per 100,000 persons).

Mortality Rate, Age-Adjusted, per 100,000 Persons, Five-Year Average

	SBMC Service Area		San Bernardino County	California
	Deaths	Rate	Rate	Rate
Mortality rate	6,626	776.0	726.1	614.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the service area are heart disease and cancer. The heart disease mortality rate in the service area is 191.2 deaths per 100,000 persons, which is higher than San Bernardino County (181.6 per 100,000 persons) and the state rate (142.7 per 100,000 persons). The Healthy People 2030 objective is specific to ischemic heart disease: 71.1 deaths per 100,000 persons. The service area

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rate is 103.5 deaths from ischemic heart disease per 100,000 persons, which is higher than the state rate (88.1 per 100,000 persons) and the Healthy People objective.

The cancer death rate in the service area is 160.6 per 100,000 persons, which is higher than San Bernardino County (153.9 per 100,000 persons) and the state rate (139.6 per 100,000 persons). The service area does not meet the Healthy People 2030 objective for cancer mortality of 122.7 deaths per 100,000 persons.

In addition to heart disease and cancer, Chronic Lower Respiratory Disease, stroke, and Alzheimer's disease are in the top five causes of death in the service area. The rates for all listed causes are higher in the service area than in San Bernardino County and the state, with the exception of suicide. In addition to ischemic heart disease and cancer death objectives, the service area does not meet the Healthy People 2030 objectives for stroke, liver disease, or homicide deaths.

Leading Causes of Death Rate, Age-Adjusted, per 100,000 Persons, 2014-2018 Average

	SBMC Service Area		San Bernardino County	California	Healthy People 2030 Objective
	Average Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	1,773	191.2	181.6	142.7	No Objective
Ischemic heart disease	381	103.5	103.9	88.1	71.1
Cancer	1,615	160.6	153.9	139.6	122.7
Chronic Lower Respiratory Disease	474	51.5	50.8	32.1	Not Comparable
Stroke	404	44.0	40.4	36.4	33.4
Alzheimer's disease	388	46.7	41.3	35.4	No Objective
Diabetes	384	38.5	33.9	21.3	Not Comparable
Unintentional injuries	362	31.9	30.6	31.8	43.2
Liver disease	182	16.3	15.5	12.2	10.9
Pneumonia and influenza	143	15.2	13.9	14.8	No Objective
Kidney disease	131	13.7	12.1	8.5	No Objective
Suicide	114	10.1	10.6	10.5	12.8
Homicide	92	7.6	6.0	5.0	5.5
HIV	23	2.0	1.7	1.6	No Objective

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area is 103.5 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 44 deaths per 100,000 persons. These rates do not meet the Healthy People 2030

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objectives of 71.1 heart disease deaths and 33.4 stroke deaths per 100,000 persons.

Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	381	103.5	103.9	88.1
Stroke death rate	404	44.0	40.4	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate is 160.6 per 100,000 persons. This rate does not meet the Healthy People 2030 objective (122.7 per 100,000 persons).

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Cancer death rate	1,615	160.6	153.9	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

In San Bernardino County, the rate of death from cancer is higher than the state cancer death rate, and rates of death from the top 15 cancers are higher, with the exception of: pancreas, leukemia, and non-Hodgkin lymphoma.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	San Bernardino County	California
Cancer all sites	**156.0**	**140.0**
Lung and bronchus	31.0	28.0
Prostate (males)	25.9	19.8
Breast (female)	22.7	19.3
Colon and rectum	15.2	12.5
Pancreas	10.0	10.3
Liver and intrahepatic bile duct	9.1	7.7
Cervical and Uterine (female)*	8.8	7.2
Ovary (females)	7.5	6.9
Leukemia	5.6	5.8
Non-Hodgkin lymphoma	4.8	5.2
Stomach	4.5	3.9
Kidney and renal pelvis	4.4	3.3
Urinary bladder	4.3	3.8
Esophagus	3.4	3.1
Myeloma	2.9	2.9

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 https://explorer.ccrcal.org/application.html *Cervix Uteri, Corpus Uteri and Uterus, NOS

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Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 51.5 per 100,000 persons. This is higher than the county (50.8 per 100,000 persons) and the state rates (32.1 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	474	51.5	50.8	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 46.7 deaths per 100,000 persons. This is higher than the San Bernardino County rate (41.3 per 100,000 persons) and the state rate (35.4 per 100,000 persons).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	388	46.7	41.3	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate from diabetes in the service area is 38.5 deaths per 100,000 persons. This is higher than the San Bernardino County rate (33.9 per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Diabetes death rate	384	38.5	33.9	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 31.9 deaths per 100,000 persons. This rate is higher than the county rate (30.6 per 100,000

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persons) and lower than the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	362	31.9	30.6	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area is 16.3 deaths per 100,000 persons. This is higher than the county (15.5 per 100,000 persons) and state rates (12.2 per 100,000 persons), and the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Liver disease death rate	182	16.3	15.5	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 15.2 per 100,000 persons. This rate is higher than the county (13.9 per 100,000 persons) and the state rates (14.8 per 100,000 persons).

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	143	15.2	13.9	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

The death rate from kidney disease is 13.7 deaths per 100,000 persons. This is higher than the county rate (12.1 per 100,000 persons) and the state rate (8.5 deaths per 100,000 persons).

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Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	**Rate**	**Rate**	**Rate**
Kidney disease death rate	131	13.7	12.1	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area is 10.1 deaths per 100,000 persons. This death rate is lower than the county (10.6 per 100,000 persons) and state rates (10.5 per 100,000 persons). It also meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	**Rate**	**Rate**	**Rate**
Suicide	114	10.1	10.6	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Homicide

The homicide rate in the service area is 7.6 deaths per 100,000 persons. This rate is higher than the county (6 deaths per 100,000 persons) and state (5 deaths per 100,000) and does not meet the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	**Rate**	**Rate**	**Rate**
Homicide	92	7.6	6.0	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

HIV/AIDS

The rate of HIV deaths in the service area is 2 deaths per 100,000 persons. This is higher than San Bernardino County (1.7 per 100,000 persons) and California rates (1.6 per 100,000 persons).

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HIV/AIDS Mortality Rate, Age-Adjusted, per 100,000 Persons

	SBMC Service Area		San Bernardino County	California
	Number	**Rate**	**Rate**	**Rate**
HIV/AIDS	23	2.0	1.7	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, or from suicide, homicide, or undetermined intent, have generally been rising, particularly in the last several years. Drug overdose deaths in San Bernardino County are consistently lower than the statewide rate. The county meets the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
San Bernardino County	7.0	6.7	5.3	6.2	6.0	5.9	4.9	4.5	9.1	12.5	11.4
California	10.7	10.6	10.7	10.3	11.1	11.1	11.3	11.2	11.7	12.8	15.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

In 2019, in the hospital service area, there were approximately 6.7 overdose deaths involving opioids, per 100,000 persons. Rates were highest in San Bernardino 92404 (13.9 deaths per 100,000 persons) and Hesperia (12.9 deaths per 100,000).

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000, 2019

	ZIP Code	Rate
Bloomington	92316	7.0
Calimesa	92320	0.0
Colton	92324	4.0
Crestline	92325	0.0
Fontana	92335	3.7
Fontana	92336	7.8
Fontana	92337	4.8
Hesperia	92345	12.9
Highland	92346	6.1
Loma Linda	92354	8.9
Mentone	92359	0.0
Ontario	91761	4.6
Redlands	92373	4.1
Redlands	92374	10.8
Rialto	92376	7.6
Rialto	92377	4.9
Running Springs	92382	0.0
San Bernardino	92401	0.0
San Bernardino	92404	13.9
San Bernardino	92405	10.2

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	ZIP Code	Rate
San Bernardino	92407	3.2
San Bernardino	92408	6.1
San Bernardino	92410	4.6
San Bernardino	92411	0.0
Victorville	92392	8.2
Victorville	92394	2.1
Victorville	92395	8.7
Yucaipa	92399	7.9
SBMC Service Area*		**6.7**
San Bernardino County		**6.1**
California		**7.9**

*Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

In 2019, the age-adjusted death rate from opioid overdoses in San Bernardino County was 6.1 deaths per 100,000 persons, which is lower than the state rate. The rate of opioid deaths has increased in San Bernardino County, rising 359% over the past four years compared to an increase of 161% for the state. The Healthy People 2030 objective is a maximum of 13.1 per 100,000 persons.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2019

	Annual Rate			
	2016	2017	2018	2019
San Bernardino County	1.7	2.7	4.8	6.1
California	4.9	5.2	5.8	7.9

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

When examined by demographics, opioid overdose deaths in San Bernardino County are more than twice as likely to occur in men (8.6 deaths per 100,000 men) as women (3.6 deaths per 100,000 women). The rate rises steeply starting with the 15- to 19-year-old demographic (4.5 deaths per 100,000) to the 20- to 24-year-old demographic (12.9 deaths per 100,000). In San Bernardino County, the annual deaths in age groups 55 and older are 7 deaths per 100,000 per year or fewer.

Rates of opioid overdose death are highest among White residents of the county (10.5 deaths per 100,000), followed by Hispanic/Latino (5.3 per 100,000 persons) and Black/African American county residents (3.6 deaths per 100,000 persons). Native American/Alaska Native and Asian/Pacific Islander residents had no opioid-related overdose deaths in 2019.

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Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Rate
Male	8.6
Female	3.6
10 to 14 years old	0.0
15 to 19 years old	4.5
20 to 24 years old	12.9
25 to 29 years old	8.3
30 to 34 years old	10.9
35 to 39 years old	8.1
40 to 44 years old	9.7
45 to 49 years old	9.8
50 to 54 years old	8.5
55 to 59 years old	5.3
60 to 64 years old	4.3
65 to 69 years old	7.6
70 to 74 years old	4.4
75 to 79 years old	0.0
80 to 84 years old	3.5
85+ years old	3.6
White	10.5
Hispanic/Latino	5.3
Black/African American	3.6
Native American/Alaska Native	0.0
Asian/Pacific Islander	0.0
San Bernardino County	**6.1**

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020; data from 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/

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Acute and Chronic Disease

Hospitalizations by Diagnoses

At St. Bernardine Medical Center, the top four primary diagnoses resulting in hospitalization were diseases of the circulatory system diseases, infectious and parasitic diseases, diseases of the digestive system, and complications of pregnancy, childbirth and the postpartum period.

Hospitalizations by Principal Diagnoses, Top Ten Causes

	St. Bernardine Medical Center
Circulatory system	24.5%
Infectious and parasitic diseases	11.0%
Digestive system	9.6%
Complications of pregnancy, childbirth & postpartum period	8.1%
Certain conditions originating in perinatal period	7.2%
Endocrine, nutritional, and metabolic diseases and immunity disorders	6.9%
Injury and poisoning	6.4%
Respiratory system	6.3%
Genitourinary system	5.2%
Neoplasms	3.2%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Visits by Diagnoses

The top four primary diagnoses seen in the Emergency Department at St. Bernardine Medical Center were injuries/poisonings, respiratory system, nervous system/sensory organ, and musculoskeletal system/connective tissue diagnoses.

Emergency Room Visits by Principal Diagnoses, Top Ten Causes

	St. Bernardine Medical Center
Injury and poisoning	16.8%
Respiratory system	14.3%
Nervous system and sense organs	9.1%
Musculoskeletal system & connective tissue	8.8%
Circulatory system	8.1%
Genitourinary system	7.3%
Digestive system	6.0%
Skin and subcutaneous tissue	4.3%
Mental illness	3.8%
Complications of pregnancy, childbirth & postpartum period	3.0%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

Fair or Poor Health

When asked to self-report on health status in the past 30 days, 21.9% of adults in the service area indicated they were in fair or poor health. This was higher than state

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(18.1%), and county (20.6%) rates. San Bernardino 92411 had the highest rate of self-reported fair or poor health (27.4%) and Loma Linda and Redlands 92373 had the lowest rates (17.5%).

Fair or Poor Health, Adults

	ZIP Code	Percent
Bloomington	92316	23.6%
Calimesa	92320	20.8%
Colton	92324	22.7%
Crestline	92325	18.7%
Fontana	92335	23.9%
Fontana	92336	21.2%
Fontana	92337	22.2%
Hesperia	92345	21.1%
Highland	92346	21.7%
Loma Linda	92354	17.5%
Mentone	92359	18.0%
Ontario	91761	22.8%
Redlands	92373	17.5%
Redlands	92374	18.8%
Rialto	92376	23.7%
Rialto	92377	22.0%
Running Springs	92382	18.2%
San Bernardino	92401	25.3%
San Bernardino	92404	23.3%
San Bernardino	92405	24.5%
San Bernardino	92407	22.1%
San Bernardino	92408	21.8%
San Bernardino	92410	24.9%
San Bernardino	92411	27.4%
Victorville	92392	20.8%
Victorville	92394	20.6%
Victorville	92395	20.9%
Yucaipa	92399	17.9%
SBMC Service Area*		**21.9%**
San Bernardino County		**20.6%**
California		**18.1%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Poor Health

13.7% of adults in the service area reported 14 or more days of poor physical health in the previous month. This is higher than county (13.4%), and state rates (12.2%).

Poor Physical Health, Adults, 14 or More Days in Past Month

	ZIP Code	Percent
Bloomington	92316	13.7%
Calimesa	92320	15.6%
Colton	92324	13.3%
Crestline	92325	14.7%

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	ZIP Code	Percent
Fontana	92335	13.6%
Fontana	92336	13.0%
Fontana	92337	12.9%
Hesperia	92345	14.1%
Highland	92346	14.4%
Loma Linda	92354	12.0%
Mentone	92359	12.9%
Ontario	91761	13.6%
Redlands	92373	13.3%
Redlands	92374	12.8%
Rialto	92376	13.8%
Rialto	92377	13.8%
Running Springs	92382	14.5%
San Bernardino	92401	14.5%
San Bernardino	92404	14.5%
San Bernardino	92405	14.7%
San Bernardino	92407	13.5%
San Bernardino	92408	13.2%
San Bernardino	92410	14.1%
San Bernardino	92411	15.2%
Victorville	92392	13.5%
Victorville	92394	12.8%
Victorville	92395	14.1%
Yucaipa	92399	13.5%
SBMC Service Area*		**13.7%**
San Bernardino County		**13.4%**
California		**12.2%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data,
*https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Diabetes

10% of adults in the service area and 9.8% of San Bernardino County adults have been diagnosed with diabetes. Among area communities, Mentone had the lowest rate of diabetes (8.9%) and San Bernardino 92411 had the highest rate of adults diagnosed with diabetes (12.3%).

Diabetes, Adults

	ZIP Code	Percent
Bloomington	92316	10.1%
Calimesa	92320	11.5%
Colton	92324	10.2%
Crestline	92325	9.9%
Fontana	92335	9.8%
Fontana	92336	9.7%
Fontana	92337	9.6%
Hesperia	92345	9.8%
Highland	92346	10.6%
Loma Linda	92354	9.7%
Mentone	92359	8.9%
Ontario	91761	10.1%

	ZIP Code	Percent
Redlands	92373	9.6%
Redlands	92374	9.3%
Rialto	92376	10.4%
Rialto	92377	10.4%
Running Springs	92382	9.6%
San Bernardino	92401	11.0%
San Bernardino	92404	10.3%
San Bernardino	92405	10.3%
San Bernardino	92407	9.1%
San Bernardino	92408	10.1%
San Bernardino	92410	10.2%
San Bernardino	92411	12.3%
Victorville	92392	9.8%
Victorville	92394	9.0%
Victorville	92395	10.4%
Yucaipa	92399	9.4%
SBMC Service Area*		**10.0%**
San Bernardino County		**9.8%**
California		**10.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. By all four PQI measures, and the composite PQI, hospitalization rates were higher in San Bernardino County than in California, despite lower-than-state rates of diagnoses reported by residents.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	San Bernardino County	California
Diabetes short term complications	78.5	60.9
Diabetes long term complications	113.1	97.1
Lower-extremity amputation among patients with diabetes	30.9	29.6
Uncontrolled diabetes	36.0	30.5
Diabetes composite	**243.1**	**202.2**

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease and Stroke

2.6% of service area adults report being told by a health professional that they have heart disease. The lowest rate of heart disease is in Fontana 92337 (2%) and the highest rate is in Calimesa (4.5%). 2.6% of service area adults have been told by a

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health professional they have had a stroke. Rates of stroke in the service area ranged from 2.2% in Fontana 92337 to 3.7% in Calimesa.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Bloomington	92316	2.3%	2.4%
Calimesa	92320	4.5%	3.7%
Colton	92324	2.4%	2.5%
Crestline	92325	3.5%	3.0%
Fontana	92335	2.2%	2.3%
Fontana	92336	2.1%	2.3%
Fontana	92337	2.0%	2.2%
Hesperia	92345	2.9%	2.7%
Highland	92346	3.0%	2.9%
Loma Linda	92354	2.9%	2.6%
Mentone	92359	2.8%	2.5%
Ontario	91761	2.3%	2.6%
Redlands	92373	3.5%	3.0%
Redlands	92374	2.7%	2.7%
Rialto	92376	2.3%	2.6%
Rialto	92377	2.5%	2.7%
Running Springs	92382	3.4%	2.8%
San Bernardino	92401	2.6%	3.0%
San Bernardino	92404	2.8%	2.9%
San Bernardino	92405	2.6%	3.0%
San Bernardino	92407	2.2%	2.4%
San Bernardino	92408	2.5%	2.5%
San Bernardino	92410	2.2%	2.5%
San Bernardino	92411	2.8%	3.4%
Victorville	92392	2.5%	2.6%
Victorville	92394	2.1%	2.4%
Victorville	92395	3.2%	3.1%
Yucaipa	92399	3.3%	2.8%
SBMC Service Area*		**2.6%**	**2.6%**
San Bernardino County		**2.7%**	**2.6%**
California		**3.2%**	**2.6%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

4.5% of service area and San Bernardino County adults have been diagnosed with angina or coronary heart disease, or a heart attack (Myocardial Infarction). The lowest area rate was in Fontana 92337 (3.6%) and the highest rate was in Calimesa (7.1%) of adults had been diagnosed with angina, coronary heart disease, or a heart attack.

Heart Disease or Heart Attack, Adults

	ZIP Code	Percent
Bloomington	92316	4.2%
Calimesa	92320	7.1%
Colton	92324	4.3%
Crestline	92325	5.6%

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	ZIP Code	Percent
Fontana	92335	4.0%
Fontana	92336	3.8%
Fontana	92337	3.6%
Hesperia	92345	4.9%
Highland	92346	5.0%
Loma Linda	92354	4.8%
Mentone	92359	4.6%
Ontario	91761	4.2%
Redlands	92373	5.6%
Redlands	92374	4.6%
Rialto	92376	4.2%
Rialto	92377	4.3%
Running Springs	92382	5.4%
San Bernardino	92401	4.7%
San Bernardino	92404	4.8%
San Bernardino	92405	4.7%
San Bernardino	92407	3.9%
San Bernardino	92408	4.3%
San Bernardino	92410	4.1%
San Bernardino	92411	5.1%
Victorville	92392	4.3%
Victorville	92394	3.8%
Victorville	92395	5.3%
Yucaipa	92399	5.3%
SBMC Service Area*		**4.5%**
San Bernardino County		**4.5%**
California		**5.0%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

In San Bernardino County, 7.1% of adults have been diagnosed with heart disease, which is higher than the state rate of 6.6%. Among adults diagnosed with heart disease, 68.1% said they were given a management care plan by a health care provider. Of those San Bernardino County adults with a management plan, 65.3% were very confident of their ability to control their condition. Only 0.4% of San Bernardino County residents reported lacking confidence to control their condition.

Heart Disease, Adults

	San Bernardino County	California
Diagnosed with heart disease	7.1%	6.6%
Has a management care plan **	68.1%	73.7%
Very confident to control condition***	65.3%	59.4%
Somewhat confident to control condition***	34.3%	35.3%
Not confident to control condition***	0.4%	5.3%

*Source: California Health Interview Survey, 2015-2019. **2014-2018. ***2015-2016 http://ask.chis.ucla.edu/*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related

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to heart failure in San Bernardino County (419.4 annual hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate of 355 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	San Bernardino County	California
Hospitalization rate due to heart failure	419.4	355.0

Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percent of adults who reported being diagnosed with high blood pressure (26.2%) or high cholesterol (25.9%) were lower in the service area compared to county and state rates. The highest rates of diagnosed high blood pressure and diagnosed high cholesterol were in Calimesa (34.2% and 33.2%, respectively) followed by Crestline (30.6% and 31.3%, respectively).

High Blood Pressure and High Cholesterol, Adults

	ZIP Code	Hypertension	High Cholesterol
Bloomington	92316	24.9%	25.0%
Calimesa	92320	34.2%	33.2%
Colton	92324	25.3%	25.2%
Crestline	92325	30.6%	31.3%
Fontana	92335	24.0%	24.2%
Fontana	92336	25.0%	24.6%
Fontana	92337	23.9%	23.9%
Hesperia	92345	27.5%	27.3%
Highland	92346	28.9%	28.1%
Loma Linda	92354	26.7%	26.7%
Mentone	92359	26.6%	27.2%
Ontario	91761	25.1%	25.5%
Redlands	92373	29.5%	29.7%
Redlands	92374	26.0%	26.5%
Rialto	92376	26.3%	24.9%
Rialto	92377	27.8%	25.9%
Running Springs	92382	29.8%	30.7%
San Bernardino	92401	27.1%	25.2%
San Bernardino	92404	27.8%	26.3%
San Bernardino	92405	27.0%	25.7%
San Bernardino	92407	24.6%	24.0%
San Bernardino	92408	25.6%	25.1%
San Bernardino	92410	25.1%	24.3%
San Bernardino	92411	28.8%	26.4%
Victorville	92392	26.8%	25.9%
Victorville	92394	25.6%	23.7%
Victorville	92395	29.3%	27.9%
Yucaipa	92399	28.9%	29.6%

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	ZIP Code	Hypertension	High Cholesterol
SBMC Service Area*		**26.2%**	**25.9%**
San Bernardino County		**26.7%**	**26.5%**
California		**28.4%**	**31.7%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.

In San Bernardino County, 31.2% of adults have been diagnosed with high blood pressure and 6.7% have been told they have borderline high blood pressure. 62.4% of persons diagnosed with high blood pressure take medication for their condition.

High Blood Pressure, Adults

	San Bernardino County	California
Diagnosed with high blood pressure	31.2%	25.9%
Borderline high blood pressure	6.7%	7.2%
Doesn't/never had high blood pressure	62.0%	67.0%
Takes medication for high blood pressure**	62.4%	67.9%

Source: California Health Interview Survey, 2019 **2016-2017. http://ask.chis.ucla.edu/

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in San Bernardino County (53.5 hospitalizations per 100,000 persons, risk-adjusted) is higher than in the state rate (43.4 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	San Bernardino County	California
Hospitalization rate due to hypertension	53.5	43.4

Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Cancer

The age-adjusted cancer incidence rate in San Bernardino County was 386.6 cancers per 100,000 persons, which is lower than the state rate (394.5 per 100,000 persons). The incidence of prostate, colorectal, corpus uteri, kidney and renal pelvis, urinary bladder and cervix uteri cancers in the county were higher than state incidence rates of these cancers.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	San Bernardino County	California
All sites	**386.6**	**394.5**
Breast (female)	111.5	122.2
Prostate (males)	99.7	91.7
Lung and bronchus	39.7	40.0
Colon and rectum	37.4	34.8
Corpus Uteri (females)	28.9	26.6
Kidney and renal pelvis	16.3	14.7

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	San Bernardino County	California
Melanoma of the skin	15.7	23.1
Non-Hodgkin lymphoma	15.2	18.3
Thyroid	13.5	13.1
Ovary (females)	12.2	11.1
Leukemia	11.8	`12.4
Pancreas	11.3	11.9
Liver and Intrahepatic Bile Duct	10.1	9.7
Urinary bladder	9.6	8.7
Cervix Uteri (females)	9.0	7.4

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018
https://explorer.ccrcal.org/application.html

Asthma

Reported rates of adult asthma in the service area (9.5%) were higher than the state rate (8.5%). The cities with the highest rates of asthma were San Bernardino 92401 and 92405 (10.3%). Loma Linda had the lowest rate of adult asthma in the service area (8.5%).

Asthma Prevalence, Adults

	ZIP Code	Percent
Bloomington	92316	9.0%
Calimesa	92320	9.7%
Colton	92324	9.1%
Crestline	92325	10.0%
Fontana	92335	9.0%
Fontana	92336	9.2%
Fontana	92337	9.0%
Hesperia	92345	9.6%
Highland	92346	9.8%
Loma Linda	92354	8.5%
Mentone	92359	9.4%
Ontario	91761	9.5%
Redlands	92373	9.5%
Redlands	92374	9.7%
Rialto	92376	9.5%
Rialto	92377	9.6%
Running Springs	92382	10.0%
San Bernardino	92401	10.3%
San Bernardino	92404	10.0%
San Bernardino	92405	10.3%
San Bernardino	92407	10.1%
San Bernardino	92408	9.0%
San Bernardino	92410	9.7%
San Bernardino	92411	10.0%
Victorville	92392	9.8%
Victorville	92394	9.5%
Victorville	92395	9.9%
Yucaipa	92399	9.5%
SBMC Service Area*		**9.5%**
San Bernardino County		**9.4%**

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	ZIP Code	Percent
California		**8.5%**

In San Bernardino County, 15.3% of the total population and 14.1% of children have been diagnosed with asthma. 31.5% of the population with diagnosed asthma had an asthma episode or attack in the past year and 47.2% take medication daily to control their symptoms. Among children with an asthma diagnosis, 32.7% had an asthma episode or attack in the past year, and 27% had missed days of school or daycare due to asthma. 46.7% of children with asthma take daily medication to control it.

Asthma

	San Bernardino County	California
Diagnosed with asthma, total population	15.3%	15.3%
Diagnosed with asthma, ages 0-17	14.1%	14.3%
Had asthma episode/attack in past 12 months	31.5%	28.4%
Had asthma episode/attack in past 12 months, ages 0-17	*32.7%	29.4%
Missed days of daycare/school in the past 12 months, ages 0-17	*27.0%	21.5%
Takes daily medication to control asthma, total population	47.2%	45.4%
Takes daily medication to control asthma, ages 0-17	46.7%	43.5%

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2019, the rate in San Bernardino County for COPD and asthma hospitalizations among adults, ages 40 and older, was 228.4 hospitalizations per 100,000 persons. The rate of hospitalizations in San Bernardino County for asthma among young adults, ages 18 to 39, was 24.1 hospitalizations per 100,000 persons. These county rates were higher than the state rates, suggesting inadequate access to timely outpatient health care.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	San Bernardino County	California
COPD or asthma in older adults, ages 40 and older	228.4	220.2
Asthma in younger adults, ages 18 to 39	24.1	19.7

Tuberculosis

Tuberculosis (TB) rates in San Bernardino County rose in 2019, for the first time since 2015. The rate of TB was 3.4 cases per 100,000 persons, which was lower than the statewide rate of 5.3 TB cases per 100,000 persons.

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Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2015		2016		2017		2018		2019	
	Number	**Rate**	**Number**	**Rate**	**Number**	**Rate**	**Number**	**Rate**	**Number**	**Rate**
San Bernardino County	69	3.2	66	3.1	56	2.6	56	2.6	74	3.4
California	2,131	5.5	2,059	5.2	2,057	5.2	2,097	5.3	2,115	5.3

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Data Tables, 2019.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. The rate of disability among each of the age groups (children, adults, and seniors) is slightly higher in the service area when compared to the county level. Due to the overall younger age of the service area population, as compared with the county, the disability level in the total population appears lower, but the burden of disability is, in fact, higher within each service area age category than in the county or state.

Population with a Disability, Five-Year Average

	SBMC Service Area	San Bernardino County	California
Population with a disability	10.8%	11.0%	10.6%
Children with a disability	3.6%	3.5%	3.3%
Adults, ages 18 to 64, with a disability	9.2%	9.1%	8.0%
Seniors with a disability	40.4%	39.3%	34.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments edited for clarity:

- Barriers are related to high costs and the availability of good quality, healthy foods.
- We need to look long term at community engagement, education, infrastructure to change and provide preventive resources. Education classes are not enough.
- Diabetes and hypertension are two main chronic care issues. Patients do not know where to go for care so they end up in the ED.
- There is a lack of understanding around what to do to make diabetes or hypertension better. Also, there are classes on nutrition and how to eat healthy, but they are not culturally sensitive to the groups that are being targeted.
- Diabetes, obesity, and high blood pressure are all impacted by diet. In poorer neighborhoods, the lack of access to fresh and healthy food is a contributor to many chronic illnesses.

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- With Alzheimer's disease, there is a need to find appropriate memory care for aging parents.
- Dementia is a huge issue as people are living longer. Adult children may not have the resources or skills to address this.
- A lot of people are not receiving the medical attention they need because they are uninsured.

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COVID-19

COVID-19 Incidence, Mortality, and Vaccination Rates
In San Bernardino County, there have been 495,209 confirmed cases of COVID-19, as of January 22, 2022. This was a higher rate of infection (22,698.8 cases per 100,000 persons) than the statewide average (18,016.9 cases per 100,000 persons). Through January 22nd, 6,267 county residents have died due to COVID-19 complications. The rate of deaths in the county (287.3 per 100,000 persons) was higher than the statewide rate (196.6 deaths per 100,000 persons).

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of 1/22/22

	San Bernardino County		California	
	Number	**Rate***	**Number**	**Rate***
Cases	495,209	22,698.8	7,123,571	18,016.9
Deaths	6,267	287.3	77,722	196.6

*Source: California State Health Department, COVID19 Dashboard, Updated January 23rd, 2022 with data from January 22nd. https://covid19.ca.gov/state-dashboard *Rates calculated using 2020 U.S. Census population.*

As of January 22, 2022, 63.6% of eligible San Bernardino County residents were partially or fully vaccinated. Among those residents for whom racial/ethnicity data were known, Latino residents appeared to be the most under-represented group, having received just 47.3% of the vaccine doses administered, despite making up 51.2% of the eligible population. Black county residents also appeared to be under-represented, having received 7.3% of all doses despite making up 8.4% of the eligible population.

COVID-19 Vaccinations, by Race and Ethnicity, as of 1/22/22

	Percent of Vaccine-Eligible Population*	**Percent of Vaccine Doses Administered***
Latino	51.2%	47.3%
White (non-Hispanic)	31.2%	30.9%
Black (non-Hispanic)	8.4%	7.3%
Asian (non-Hispanic)	6.2%	11.3%
Multiracial	2.2%	2.4%
American-Indian/Alaska Native (NH)	0.4%	0.3%
Native Hawaiian/Pacific Islander (NH)	0.3%	0.5%

*Source: California State Health Department, COVID19 Vaccination Dashboard, Updated January 23rd, 2022 with data from January 22nd. https://covid19.ca.gov/vaccination-progress-data/ *Where race/ethnicity was known*

The number of San Bernardino County residents, ages 5 and older, who have received at least one dose of a COVID-19 vaccine was 1,306,436, or 63.6% of that population. This is lower than the 81.4% statewide COVID-19 vaccination rate for those ages 5 and older. Among seniors, 83% have received at least one vaccine dose, which is lower than the statewide rate of 90.8% for seniors. For adults, ages 18 to 64, the county rate of any level of vaccination is 69.2%, compared to 86.7% statewide. For children, ages 5

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to 17, the rate of at least partial vaccination is 32.7%, compared to 50.8% for California children.

COVID-19 Vaccinations, Number & Percent, Children 5-17, Adults & Seniors, as of 1/22/22

	San Bernardino County				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population 5-17	24,068	5.7%	114,857	27.0%	593,503	8.9%	2,805,199	41.9%
Population 18-64	85,530	6.4%	843,528	62.8%	2,180,295	8.9%	19,052,183	77.8%
Population 65+	19,583	6.8%	218,870	76.2%	523,095	8.0%	5,403,586	82.8%

Source: California State Health Department, COVID19 Vaccination Dashboard, Updated January 23rd, 2022 with data from January 22nd. https://covid19.ca.gov/vaccination-progress-data/

COVID-19 Vulnerability and Recovery Index

The COVID-19 Vulnerability and Recovery Index compares all ZIP Codes in California along various indices of vulnerability, and is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators, including the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian/Pacific Islander populations, the percent of the population qualified as essential workers, the percent of population under 200% of FPL, percent of population in overcrowded housing units, population ages 75 and older living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates.

ZIP Codes in the 0 to 19th percentile are in the 'Lowest' Vulnerability & Recovery Index category, those in the next-highest quintiles are 'Low', then 'Moderate', while those in the 60th to 79th percentile are 'High' and 80th percentile and above are 'Highest' in terms of vulnerability to COVID-19 and need for recovery assistance from the effects of COVID-19 on the population.

Within service area ZIP Codes, San Bernardino ranks the highest in vulnerability, with San Bernardino 92401 ranking higher than 99.6% of California ZIP Codes and 92411 higher than 98.8%. Fontana 92336 (42.2%) and Redlands 92373 (42.5%) are the least vulnerable of the service area ZIP Codes, however, these Index scores rank as 'moderately vulnerable.'

Vulnerability and Recovery Index, Percentile of California ZIP Codes

	ZIP Code	Risk	Severity	Recovery Need	Index
Bloomington	92316	81.9%	66.2%	82.5%	78.9%
Calimesa	92320	61.8%	65.3%	56.7%	60.1%
Colton	92324	71.6%	61.8%	77.7%	71.2%
Crestline	92325	51.0%	58.0%	52.6%	53.5%
Fontana	92335	88.3%	81.8%	90.9%	88.2%
Fontana	92336	38.9%	35.8%	51.7%	42.2%

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	ZIP Code	Risk	Severity	Recovery Need	Index
Fontana	92337	73.4%	47.3%	64.6%	61.6%
Hesperia	92345	63.3%	82.3%	79.6%	75.5%
Highland	92346	64.9%	57.0%	75.8%	65.8%
Loma Linda	92354	72.6%	58.7%	59.8%	63.6%
Mentone	92359	53.8%	46.9%	51.4%	50.8%
Ontario	91761	59.5%	65.0%	67.0%	63.3%
Redlands	92373	47.8%	46.6%	32.7%	42.5%
Redlands	92374	52.2%	50.4%	56.2%	53.4%
Rialto	92376	82.0%	71.0%	90.2%	83.2%
Rialto	92377	66.6%	54.7%	67.3%	62.3%
Running Springs	92382	42.8%	49.0%	48.7%	46.9%
San Bernardino	92401	97.7%	99.7%	98.6%	99.6%
San Bernardino	92404	90.1%	88.3%	91.4%	90.5%
San Bernardino	92405	88.5%	94.7%	94.5%	93.3%
San Bernardino	92407	79.0%	59.1%	81.3%	75.1%
San Bernardino	92408	95.3%	95.2%	93.9%	96.1%
San Bernardino	92410	91.3%	95.5%	95.3%	95.2%
San Bernardino	92411	95.8%	99.4%	98.4%	98.8%
Victorville	92392	70.5%	89.0%	81.1%	81.1%
Victorville	92394	87.4%	81.9%	84.3%	86.4%
Victorville	92395	68.7%	74.8%	80.7%	75.7%
Yucaipa	92399	56.3%	59.7%	42.5%	52.2%

Source: Advancement Project California, Vulnerability and Recovery Index, Published February 3, 2021, data as of January 31, 2021. https://www.racecounts.org/covid/covid-statewide/

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- Childcare facilities have decreased their capacity. There still remains a concern over safety at the sites and transportation issues.
- Vaccination rates among staff is very low at our childcare centers.
- People have been afraid to go back to work, employers are having a hard time finding employees. It is causing economic and financial challenges.
- The Latinx population, Native-Hawaiians, Polynesians, and African-Americans have significantly higher incidences of COVID-19 and its complications, hospitalizations and death. There have been lower vaccination rates in these populations.
- We have been using Promotoras and Community Health Workers to educate the community, but it is difficult. We have high rates of congregate living, and they are more susceptible to COVID-19.
- We have people who are sick and dying of COVID-19, which has a profound impact on a family's financial circumstances.
- The technology gap has been worsening.
- It has magnified all issues, like domestic violence.
- There is vaccine hesitancy. We see that people respond better to education rather than mandates.

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- The pandemic has caused a lot of health issues, psychological issues, even spiritual issues.

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Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 28 puts San Bernardino County in the top half of California counties for healthy behaviors, up seven places from its 2020 ranking of 35.

Health Behaviors Ranking

	County Ranking (out of 58)
San Bernardino County	28

Source: County Health Rankings, 2021. http://www.countyhealthrankings.org

Overweight and Obesity

In the service area, 29.2% of adults are obese and 34.9% are overweight. Rates of obesity in service area ZIP Codes ranged from 23.1% in Loma Linda to 31.5% in San Bernardino 92411. Combined rates of overweight and obesity were lowest in Loma Linda (56.5%) and highest in San Bernardino 92411 (66.4%). The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, ages 20 and older. The service area and all area ZIP Codes meet this objective.

Overweight and Obesity, Adults

	ZIP Code	**Overweight	Obese	Combined
Bloomington	92316	35.7%	30.0%	65.7%
Calimesa	92320	35.6%	28.0%	63.6%
Colton	92324	35.0%	29.1%	64.1%
Crestline	92325	35.3%	28.7%	64.0%
Fontana	92335	35.8%	30.0%	65.8%
Fontana	92336	35.0%	29.0%	64.0%
Fontana	92337	35.5%	29.7%	65.2%
Hesperia	92345	35.0%	29.3%	64.3%
Highland	92346	34.8%	29.1%	63.9%
Loma Linda	92354	33.4%	23.1%	56.5%
Mentone	92359	34.8%	27.4%	62.2%
Ontario	91761	34.7%	29.6%	64.3%
Redlands	92373	34.4%	25.9%	60.3%
Redlands	92374	33.8%	26.8%	60.6%
Rialto	92376	35.2%	30.7%	65.9%
Rialto	92377	34.9%	30.2%	65.1%
Running Springs	92382	35.2%	28.5%	63.7%
San Bernardino	92401	34.1%	30.8%	64.9%
San Bernardino	92404	34.5%	30.0%	64.5%
San Bernardino	92405	34.0%	30.6%	64.6%
San Bernardino	92407	33.8%	29.3%	63.1%

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	ZIP Code	**Overweight	Obese	Combined
San Bernardino	92408	34.6%	27.4%	62.0%
San Bernardino	92410	34.9%	30.6%	65.5%
San Bernardino	92411	34.9%	31.5%	66.4%
Victorville	92392	34.6%	29.8%	64.4%
Victorville	92394	34.8%	30.6%	65.4%
Victorville	92395	34.5%	28.8%	63.3%
Yucaipa	92399	35.1%	27.3%	62.4%
SBMC Service Area*		**34.9%**	**29.2%**	**64.1%**
San Bernardino County		**34.9%**	**28.5%**	**63.4%**
California		**36.4%**	**25.8%**	**62.2%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates. **Calculated by subtracting percentage of those with BMI of 30 or more from the percentage of total population with a BMI over 24.9.*

When adult obesity levels are tracked over time, San Bernardino County has had an increase in obesity, with an additional 7% of the population reporting obesity in 2019 than in 2005. The rate of obesity in the county has been higher than the state rate.

Obesity, Adults, Ages 20 and Older, 2005 - 2019

	2005	2007	2009	2011-12	2013-14	2015-16	2017-18	2019	Change 2005-2019
San Bernardino County	27.1%	26.2%	30.4%	32.3%	35.0%	31.8%	28.7%	34.1%	+7.0%
California	21.2%	22.6%	22.7%	24.7%	25.9%	27.9%	26.8%	27.3%	+6.1%

Source: California Health Interview Survey, 2005-2019. http://ask.chis.ucla.edu

In San Bernardino County, 78% of Latino adults, 71.2% of African-American, 63.5% of White, 56.7% of Multiracial, 48.3% of American Indian/Alaskan Native, and 37.9% of Asian adults are overweight or obese. The rates for Latinos and Whites are higher than state rates.

Overweight and Obesity, Adults, Ages 20 and Older, by Race/Ethnicity

	San Bernardino County	California
Latino	78.0%	73.0%
African American (non-Latino)	71.2%	71.2%
White (non-Latino)	63.5%	58.8%
Multiracial (non-Latino)	*56.7%	64.6%
American Indian/Alaska Native (NL)	*48.3%	70.0%
Asian (non-Latino)	*37.9%	41.5%
Native Hawaiian/Pacific Islander (NL)	N/A	72.8%
Total county population	**68.9%**	**62.1%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = suppressed due to small sample size*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the

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"Healthy Fitness Zone" criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). In San Bernardino County, the percentage of 5th grade students who tested as body composition needing improvement or at health risk was 43.3%, which is worse than the state rate (41.3%). Among 7th grade students in San Bernardino County, 43.7% needed improvement or were at health risk. Rates declined with age in San Bernardino County and the state, and by 9th grade, the percentage of students needing improvement or at health risk was 40.8% for the county and 37.8% for California.

5th, 7th and 9th Graders; Body Composition, Needs Improvement and at Health Risk

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Victor Elementary	19.0%	24.3%	N/A	N/A	N/A	N/A
Adelanto Elementary	20.3%	23.6%	18.9%	25.9%	N/A	N/A
Cucamonga Elementary	21.9%	27.9%	18.3%	20.5%	N/A	N/A
Etiwanda Elementary	17.4%	17.1%	37.9%	9.6%	N/A	N/A
Mt. View Elementary	25.7%	27.5%	16.7%	20.7%	N/A	N/A
Ontario/Montclair	20.2%	32.8%	19.2%	30.7%	N/A	N/A
Beaumont Unified	16.8%	17.4%	18.8%	17.9%	19.3%	15.0%
Chino Valley Unified	17.3%	18.3%	17.4%	22.1%	14.4%	15.8%
Colton Joint Unified	21.5%	27.9%	19.0%	27.8%	20.3%	29.2%
Fontana Unified	20.6%	30.6%	19.3%	31.2%	20.8%	26.4%
Hesperia Unified	17.6%	23.5%	18.5%	23.3%	17.8%	23.3%
Redlands Unified	21.7%	16.4%	15.7%	18.0%	17.2%	14.9%
Rialto Unified	20.1%	30.0%	23.1%	24.4%	21.3%	26.4%
Rim of the World Unified	16.1%	14.9%	16.4%	17.4%	15.7%	9.8%
San Bernardino Unified	20.3%	30.2%	20.7%	29.6%	20.4%	24.0%
Snowline Joint Unified	21.4%	16.5%	17.4%	16.6%	23.8%	14.8%
Yucaipa-Calimesa Joint Unified	14.8%	23.3%	17.8%	20.0%	17.8%	16.5%
Victor Valley Union High	N/A	N/A	23.5%	22.0%	24.5%	21.8%
Chaffey Joint Union High	N/A	N/A	N/A	N/A	18.6%	19.9%
San Bernardino County	**19.1%**	**24.2%**	**20.5%**	**23.2%**	**19.3%**	**21.5%**
California	**19.4%**	**21.9%**	**19.4%**	**20.6%**	**18.9%**	**18.9%**

In San Bernardino County, 14.5% of teens and 17.5% of children are overweight, and 20.9% of teens are obese. The Healthy People 2030 objective for obesity in children and teens is a maximum of 15.5%, which San Bernardino County does not meet.

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Overweight, Children and Teens, and Obesity, Teens

	San Bernardino County	California
Overweight, teens, ages 12-17	*14.5%	16.5%
Overweight, children, ages under 12	17.5%	14.9%
Obese, teens, ages 12-17	*20.9%	18.5%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Soda/Sugar-Sweetened Beverage (SSB) Consumption

5.4% of children and teens in San Bernardino County consumed at least two glasses of non-diet soda the previous day, and 15.2% consumed at least two glasses of a sugary drink other than soda the previous day. 15.4% of San Bernardino County adults consumed non-diet sodas at a high rate (7 or more times per week). 51.2% of adults reported drinking no non-diet soda in an average week.

Soda or Sweetened Drink Consumption

	San Bernardino County	California
Children and teens reported to drink at least two glasses of non-diet soda yesterday	*5.4%	5.5%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday**	15.2%	9.6%
Adults who reported drinking non-diet soda at least 7 times weekly***	15.4%	10.3%
Adults who reported drinking no non-diet soda weekly***	51.2%	59.8%

*Source: California Health Interview Survey, 2014-2017 & 2019, combined, **2014-2018, ***2015-2017. http://ask.chis.ucla.edu*
Statistically unstable due to sample size.

Adequate Fruit and Vegetable Consumption

In San Bernardino County, 31.7% of children, ages birth through 11 years old, and 30.1% of, ages 12 to 17, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). The rate is higher for girls than for boys, and higher among those under five years of age (38.1%) and ages 12 to 14 (38%). Adequate daily fruit and vegetable consumption among children declines with rising income. Fruit and vegetable consumption is highest among White (37%) and Latino (33.2%) children and lowest among Asian children (12.9%).

Fruit/Vegetables Five or More Servings Daily, Children and Teens, by Demographics

	Children	Teens
Male	26.9%	*17.3%
Female	38.8%	*51.3%
0 to 4 years old	38.1%	N/A
5 to 11 years old	29.7%	N/A
12 to 14 years old	N/A	38.0%
15 to 17 years old	N/A	*27.4%
0-99% FPL	37.9%	*25.3%

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	Children	Teens
100-199% FPL	30.5%	*17.2%
200-299% FPL	31.0%	*20.6%
300% or above FPL	27.6%	*31.9%
White, non-Latino	*37.0%	*27.9%
Latino	33.2%	*30.6%
Multi-racial, non-Latino	*32.1%	*9.8%
Black, non-Latino	*25.3%	*40.0%
Asian, non-Latino	*12.9%	*38.7%
San Bernardino County	**31.7%**	**30.1%**
California	**32.1%**	**25.4%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

Access to Fresh Produce

85.8% of adults in San Bernardino County reported they could usually or always find fresh fruit and vegetables in the neighborhood, and 77.5% said they were usually or always affordable. Reported rates of community access to fruits and vegetables in general rose with age and income, and were highest among Asian adults and lowest among Black/African-American adults in the county.

Access to Fresh Fruits/Vegetables, Rated as Good or Excellent, by Demographics

	Available	Affordable
18 to 24	83.0%	73.4%
25 to 39	83.8%	74.6%
40 to 64	86.9%	80.0%
65 to 79	*88.0%	79.2%
80 or older	*92.2%	92.6%
0-99% FPL	78.8%	69.9%
100-199% FPL	85.3%	70.3%
200-299% FPL	84.4%	76.4%
300% or above FPL	90.1%	85.4%
Asian (non-Latino)	*90.3%	88.2%
Multiracial	*89.7%	*78.6%
American Indian/Alaskan Native (non-Latino)	*>88.6%	*81.5%
White (non-Latino)	86.1%	74.7%
Latino	85.1%	78.8%
Black/African-American (non-Latino)	*84.6%	*70.7%
San Bernardino County	**85.8%**	**77.5%**
California	**87.5%**	**79.6%**

Source: California Health Interview Survey, 2014-2018. http://ask.chis.ucla.edu

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Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). 24.7% of San Bernardino County adults get at least 140 minutes of exercise per week (at least 20 minutes at a time, seven days a week). The county rate of meeting the aerobic exercise recommendation is lower than the state rate (25.3%). In general, the likelihood of exercising at least 20 minutes per day declines with increases in income, and is least likely among the Asian population.

17% of San Bernardino County adults reported not participating in any aerobic activity within the past week. Men (19.1%) are more likely than women (15%) to report being sedentary, and the likelihood of participating in at least some aerobic activity rises with age. White and African/American county residents are the most likely to be sedentary (18.2% and 18.1%, respectively). Latino residents are the least likely to be sedentary (15.4%).

Physical Activity Guidelines Met, Adults, by Demographics

	Daily	Zero Days
Male	24.5%	19.1%
Female	24.8%	15.0%
18 to 24	*20.6%	*11.6%
25 to 39	30.7%	*11.0%
40 to 64	20.8%	18.1%
65 to 79	30.1%	27.6%
80 or older	*26.7%	*37.3%
0-99% FPL	29.5%	17.8%
100-199% FPL	30.6%	*14.4%
200-299% FPL	20.5%	21.9%
300% or above FPL	21.5%	16.3%
White (non-Latino)	25.5%	18.2%
Black/African American (non-Latino)	*24.5%	*18.1%
Latino	24.4%	15.4%
Asian (non-Latino)	*20.6%	*16.8%
San Bernardino County	**24.7%**	**17.0%**
California	**25.3%**	**15.1%**

*Source: California Health Interview Survey, 2017-2018, asked only of adults who can walk. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 53.4% of San Bernardino County 5th

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graders were in the 'Healthy Fitness Zone' (HFZ) of aerobic capacity. Area ninth graders performed worse, with 49.7% of San Bernardino County 9th graders testing in the Healthy Fitness Zone. Rates among school districts vary widely, with 40.3% of the Snowline Joint Unified School District 5th grade students being in the HFZ of aerobic capacity. More than twice as many (81.3%) of Etiwanda Elementary School District's 5th grade students achieve that designation. Only 32.4% of San Bernardino City Unified and 35.2% of Colton Joint Unified 9th grade students tested in the healthy fitness zone. Yucaipa-Calimesa Joint Unified School District had the fittest 9th graders, with 71.5% testing in the healthy fitness zone.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

School District	Fifth Grade	Ninth Grade
Adelanto Elementary	50.5%	N/A
Beaumont Unified	66.8%	55.1%
Chaffey Joint Union High	N/A	59.1%
Chino Valley Unified	64.5%	67.0%
Colton Joint Unified	43.9%	35.2%
Cucamonga Elementary	43.1%	N/A
Etiwanda Elementary	81.3%	N/A
Fontana Unified	45.6%	47.9%
Hesperia Unified	51.1%	59.9%
Mt. View Elementary	66.2%	N/A
Ontario/Montclair	64.2%	N/A
Redlands Unified	58.3%	64.0%
Rialto Unified	43.7%	47.5%
Rim of the World Unified	65.5%	56.5%
San Bernardino Unified	48.5%	32.4%
Snowline Joint Unified	40.3%	58.9%
Victor Elementary	41.7%	N/A
Victor Valley Union High	N/A	40.8%
Yucaipa-Calimesa Joint Unified	61.6%	71.5%
San Bernardino County	**53.4%**	**49.7%**
California	**60.2%**	**60.0%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Current recommendations for physical activity for children and teens are at least an hour of aerobic exercise daily and at least two days per week of muscle-strengthening exercises. 33% of children and 13.9% of teens in San Bernardino County meet the aerobic requirement. The rates of aerobic exercise are higher in both age groups than compared to state rates.

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Aerobic Activity Guidelines Met, Teens and Children

	San Bernardino County	California
Teens meet aerobic guideline (at least one hour of aerobic exercise daily)**	*13.9%	12.6%
Children, ages 5-11, meet aerobic guideline (at least one hour of aerobic exercise daily)	33.0%	30.8%

*Source: California Health Interview Survey, 2014-2018; **2012-2016. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

6.9% of children and 9.5% of teens in San Bernardino County did not spend an hour engaged in aerobic exercise on any day of the previous week. 15% of San Bernardino County children and teens spent five or more hours in sedentary activities after school on a typical weekday, and 9.4% spent 8 hours or more hours a day on sedentary activities on weekend days.

Sedentary Children

	San Bernardino County	California
Children, ages 5-11, zero days with at least one hour of aerobic exercise	*6.9%	6.9%
Teens, zero days with at least one hour of aerobic exercise ***	*9.5%	10.2%
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	*15.0%	13.2%
8+ hours spent on sedentary activities on a typical weekend day - children and teens**	9.4%	10.6%

*Source: California Health Interview Survey, 2014-2018, **2015-2019, ***2012-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. Adequate access refers to residents who live close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. 84% of San Bernardino County residents are considered to live in close proximity to exercise opportunities, which is lower than the state rate (93%).

Adequate Access to Exercise Opportunities, 2010 and 2019 Combined

	Percent
San Bernardino County	84%
California	93%

Source: County Health Rankings, 2020 ranking, utilizing 2010 and 2019 combined data. http://www.countyhealthrankings.org

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be

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based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location. WalkScore.com has established the range of scores as follows:

> 0-24: Car Dependent (Almost all errands require a car)
> 25-49: Car Dependent (A few amenities within walking distance)
> 50-69: Somewhat Walkable (Some amenities within walking distance)
> 70-89: Very Walkable (Most errands can be accomplished on foot)
> 90-100: Walker's Paradise (Daily errands do not require a car)

Based on the scoring method, only two ZIP Codes in the service area are considered "Very Walkable": San Bernardino 92401 and 92410. Parts of Calimesa, Crestline, and San Bernardino 92405 and 92411 are considered 'Somewhat Walkable'. All remaining service area ZIP Codes and cities are considered Car Dependent, with few amenities within walking distance of people's homes.

Walkability

	ZIP Code	Walk Score
Bloomington	92316	31
Calimesa	92320	0 - 60
Colton	92324	41 - 54
Crestline	92325	0 - 69
Fontana	92335	34
Fontana	92336	30
Fontana	92337	23
Hesperia	92345	15
Highland	92346	33
Loma Linda	92354	36
Mentone	92359	45
Ontario	91761	46
Redlands	92373	0 - 39
Redlands	92374	16 - 39
Rialto	92376	39 – 45
Rialto	92377	8 – 39
Running Springs	92382	0 – 42
San Bernardino	92401	71
San Bernardino	92404	12
San Bernardino	92405	54
San Bernardino	92407	0
San Bernardino	92408	36
San Bernardino	92410	79
San Bernardino	92411	53
Victorville	92392	0
Victorville	92394	14
Victorville	92395	28
Yucaipa	92399	0 - 24

Source: WalkScore.com, 2020

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Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments edited for clarity:

- There are so many fast-food eateries in the community.
- There is a lack of access to quality foods.
- There are cultural and genetic issues leading to obesity that can be passed on from one generation to the next.
- Nutrition is an issue. People have learned to eat in a certain way that is unhealthy and it is difficult to break that habit contributing to obesity and diabetes.
- We see the poor diet that persons who are homeless consume and it leads to greater aliments.
- We need more education to help the community understand the implications of eating a balanced meal, daily calories, and obesity prevention.
- There is a lack of parks and green space for exercise.
- We have a high incidence of diabetes in those who are food insecure and homeless.

Teen Sexual History

In San Bernardino County, 83.1% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex, which is lower than the state rate of not having had sex (84.9%).

Teen Sexual History, Ages 14 to 17

	San Bernardino County	**California**
Never had sex	*83.1%	84.9%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Sexually Transmitted Infections

In 2018, the rate of chlamydia in the county was 614.1 cases per 100,000 persons, after a steady rise from 504.2 cases per 100,000 in 2014. The county rate of gonorrhea was 179.2 cases per 100,000 persons, down slightly from a high of 183.7 in 2017. The rate of primary and secondary syphilis for San Bernardino County was 14.6 cases per 100,000 persons, after a steady rise from 4.6 cases per 100,000 in 2014. The rate of early latent syphilis was 11.7 cases per 100,000 persons, after a steady rise from 4 cases per 100,000 persons in 2014. Statewide, rates of chlamydia are highest among young women, ages 20 to 24. Rates of gonorrhea are highest among young men, ages 25 to 29, and rates of syphilis are highest among men ages 25 to 34. The rate of Chlamydia in San Bernardino County in 2018 was 3,508.4 cases per 100,000 young women, ages 15 to 24, compared to 3,130.5 per 100,000 young women statewide.

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Sexually Transmitted Infections Cases and Rates, per 100,000 Persons

	San Bernardino County		California
	Cases	**Rate**	**Rate**
Chlamydia	13,379	614.1	583.0
Gonorrhea	3,904	179.2	199.4
Primary and secondary syphilis	317	14.6	19.1
Early latent syphilis	254	11.7	19.5

Source: California Department of Public Health, STD Control Branch, 2018 STD Surveillance Report, 2018 data.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf

HIV

The rate of new HIV cases in San Bernardino County was 13.3 per 100,000 persons in 2019, which is higher than the new-case rate statewide (11 per 100,000 persons). 72.1% of persons in the county with diagnosed HIV are receiving care and 59.3% are virally suppressed. The California Integrated Plan objective was for 90% to be in care, and 80% virally suppressed by 2021. Statewide, 64.9% of new diagnoses were among people ages 20 to 39, 85.3% were among cisgender men, and 64.2% were attributed to male-to-male sexual contact (MMSC), including MMSC with IV drug use.

HIV Cases and Rates, per 100,000 Persons

	San Bernardino County	California
Newly diagnosed cases	293	4,396
Rate of new diagnoses	13.3	11.0
Living cases	4,907	137,785
Rate of HIV	223.3	344.8
Percent in care	72.1%	75.0%
Percent virally suppressed	59.3%	65.3%
Deaths per 100k HIV+ persons, in 2019	3.0	4.8

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Community Input – Sexually Transmitted Infections (STI)

Stakeholder interviews identified the following issues, challenges and barriers related to STIs. Following are their comments edited for clarity:

- Most young people seem to accept the use of condoms.
- We have a huge epidemic of congenital syphilis, gonorrhea, and chlamydia.
- We have higher rates of STIs than other areas. We must do a better job of reaching out to students.
- We have a syphilis and STI problem in our pregnant population.
- We have seen a serious increase in STIs. We need more education and testing.
- Parents need to be more aware of what their children are reading on the internet, on social media, and about sexting and sex trafficking.

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Mental Health

Among adults in San Bernardino County, 10.5% were determined to have likely experienced serious psychological distress in the past year, while 11.5% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Of those adults who had experienced moderate or severe psychological distress, San Bernardino County adults were more likely to say they had experienced impairment in their family or social life, and less likely to say they have experienced impairment in their work life, when compared to state rates of impairment. Serious psychological distress was experienced in the past year by 9.5% of area teens, which was lower than the state level (14.7%).

Mental Health Indicators

	San Bernardino County	California
Adults who had serious psychological distress during past year	10.5%	10.1%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	11.5%	11.1%
Adults: family life impairment during the past year	17.1%	16.3%
Adults: social life impairment during the past year	17.5%	16.6%
Adults: household chore impairment during the past year	15.3%	15.5%
Adults: work impairment during the past year	11.4%	14.6%
Teens who had serious psychological distress during past year	*9.5%	14.7%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Psychological distress in the past year was higher for county women (12.9%) than it was for men (8.1%). Women were almost twice as likely as men to have taken medication for at least two weeks of the past year for an emotional or personal problem.

In general, rates of psychological distress declined with age, though in the senior years they may rise once again. Rates of taking medication for mental health issues tend to rise with age. LGB-identifying residents in the county are more likely to have suffered serious psychological distress in the past year, and celibate or non-sexual adults reported the lowest levels of distress. Rates of psychological distress generally declined with rising incomes.

Asian residents were the least likely to have reported psychological distress or taking medication for mental health issues. While White and Latino adults in the county reported similar rates of serious psychological distress in the past year, Latinos were less likely to have taken medication for emotional or personal problems for at least two weeks of the past year.

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Mental Health Indicators, Adults, by Demographics

	Serious Psychological Distress, Past Year	Took Medication for Mental Health, Past Year
Male	8.1%	7.7%
Female	12.9%	15.2%
18 to 24 years old	15.3%	*6.6%
25 to 39 years old	12.1%	*8.5%
40 to 64 years old	8.5%	13.6%
65 to 79 years old	*11.6%	15.2%
80 years or older	*0.9%	*7.2%
Straight/heterosexual	9.8%	11.0%
Gay, Lesbian/homosexual	*21.2%	*19.7%
Bisexual	32.7%	*27.5%
Non-sexual/celibate none/other	*3.3%	*2.1%
0-99% FPL	13.4%	*13.0%
100-199% FPL	11.2%	8.5%
200-299% FPL	12.1%	12.4%
300% or above FPL	8.1%	12.0%
Native Hawaiian/Pacific Islander (NL)	*27.0%	*20.0%
American Indian/Alaska Native (non-Latino)	*14.4%	*15.1%
Multiracial	*11.8%	*21.4%
Latino	11.4%	9.6%
White (non-Latino)	11.0%	16.2%
Black (non-Latino)	*8.1%	*7.5%
Asian (non-Latino)	*5.5%	*3.7%
Total County Population	**10.5%**	**11.5%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Frequent Mental Distress

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, the rate of mental distress was 14.4% of adults. Service area ZIP Codes had estimated rates of frequent mental distress ranging from 12.2% in Loma Linda to 16% in San Bernardino 92405. All ZIP Codes with rates in excess of 15% were located in the City of San Bernardino.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Bloomington	92316	14.1%
Calimesa	92320	13.5%
Colton	92324	14.0%
Crestline	92325	14.2%
Fontana	92335	14.2%
Fontana	92336	13.8%
Fontana	92337	13.8%
Hesperia	92345	14.5%
Highland	92346	14.5%

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	ZIP Code	Percent
Loma Linda	92354	12.2%
Mentone	92359	13.6%
Ontario	91761	14.8%
Redlands	92373	13.1%
Redlands	92374	14.2%
Rialto	92376	14.3%
Rialto	92377	14.2%
Running Springs	92382	14.4%
San Bernardino	92401	15.8%
San Bernardino	92404	15.1%
San Bernardino	92405	16.0%
San Bernardino	92407	15.7%
San Bernardino	92408	13.9%
San Bernardino	92410	15.3%
San Bernardino	92411	15.2%
Victorville	92392	14.6%
Victorville	92394	14.8%
Victorville	92395	14.4%
Yucaipa	92399	13.3%
SBMC Service Area*		**14.4%**
San Bernardino County		**14.0%**
California		**11.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Mental Health Care Access

15.3% of San Bernardino County teens indicated they needed help for emotional or mental health problems in the past year, and 9.1% of teens received psychological or emotional counseling in the past year. 17.1% of adults in San Bernardino County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 57.3% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	San Bernardino County	California
Teen who needed help for emotional or mental health problems in the past year**	*15.3%	22.8%
Teen who received psychological or emotional counseling in the past year**	*9.1%	14.3%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	17.1%	20.5%
Adults, sought/needed help and received treatment	57.3%	58.2%
Adults, sought/needed help but did not receive	42.7%	41.8%

*Source: California Health Interview Survey, 2017-2019 and **2015-2019 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In 2019, there were 3.6 hospitalization admissions due to mental health issues per

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1,000 San Bernardino County residents, ages 5 to 14. Among youth, ages 15 to 19, there were 10.2 hospitalizations per 1,000 persons. These rates are higher than the state hospitalization rates due to mental health issues among those age groups.

Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14	Ages 15 to 19
San Bernardino County	3.6	10.2
California	2.8	9.8

Source: California Department of Statewide Health Planning and Development special tabulation, 2019.via http://www.kidsdata.org.

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- Teen suicide is an issue.
- Teen mental health issues have worsened. We don't have enough behavioral health practitioners in the county; especially for adolescent and pediatrics.
- Undiagnosed mental health issues are prevalent in our community. The challenge is providing enough resources and services to meet needs and ensure people receive timely access to treatment.
- With the Affordable Care Act, in theory, more people had insurance to access mental health services. But almost everyone who has some type of mental health coverage complains they cannot schedule an appointment.
- The health care system is so complicated and there are extended wait times.
- There is a stigma around mental health. We need to figure out how to destigmatize it and not make it another barrier for people.
- We need more spiritual counseling available with a combined mental and spiritual component. That approach would go a long way to help communities.
- Poverty is a root cause of a lot of problems we see in our community. There is trauma in our community and kids are exposed to situations that they shouldn't be exposed to at home.
- Many individuals from our young population are suffering chronic anxiety.
- We need more media and awareness to recognize the signs of depression and suicide.
- We need mental health respite care. People do not have a home or a home environment that allows them to heal.

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Substance Use and Misuse

Cigarette Smoking
The Healthy People 2030 objective for cigarette smoking among adults is 5%. In San Bernardino County, 12.1% of adults smoke cigarettes, which is higher than the state rate. 69% of San Bernardino County residents never smoked. 72.2% of San Bernardino County adult smokers were thinking about quitting in the next 6 months. 20.7% of San Bernardino County adults, ages 18 to 65, had smoked an e-cigarette.

Smoking, Adults

	San Bernardino County	California
Current smoker	12.1%	9.3%
Former smoker	18.9%	21.1%
Never smoked	69.0%	69.7%
Thinking about quitting in the next 6 months	72.2%	68.5%
Ever smoked an e-cigarette, adults, ages 18-65)	20.7%	19.5%

Source: California Health Interview Survey, 2017-2019. http://ask.chis.ucla.edu

Approximately 0.1% of San Bernardino County teens are current smokers, 7.4% have tried an e-cigarette. Among those who have ever tried an e-cigarette, 9.9% have smoked an e-cigarette in the past 30 days. The rates of current cigarette and e-cigarette use among teens are lower than state levels.

Smoking, Teens

	San Bernardino County	California
Current cigarette smoker	*0.1%	*1.0%
Ever smoked an e-cigarette **	*7.4%	8.6%
Smoked an e-cigarette in the past 30 days	*9.9%	35.7%

Source: California Health Interview Survey, 2015-2019, **2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.

Alcohol Use
Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults in the service area, 18.8% reported having engaged in binge drinking in the previous 30 days, which is higher than the state rate (16.1%). Rates of binge drinking ranged from 16.7% in Loma Linda, to 20.4% in Victorville 92394.

Binge Drinking, Adults, Previous 30 Days

	ZIP Code	Percent
Bloomington	92316	19.4%
Calimesa	92320	16.8%
Colton	92324	18.6%

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	ZIP Code	Percent
Crestline	92325	19.0%
Fontana	92335	19.7%
Fontana	92336	18.9%
Fontana	92337	19.4%
Hesperia	92345	19.2%
Highland	92346	18.0%
Loma Linda	92354	16.7%
Mentone	92359	19.5%
Ontario	91761	18.9%
Redlands	92373	17.6%
Redlands	92374	18.8%
Rialto	92376	18.7%
Rialto	92377	18.6%
Running Springs	92382	19.4%
San Bernardino	92401	18.2%
San Bernardino	92404	18.3%
San Bernardino	92405	18.5%
San Bernardino	92407	19.7%
San Bernardino	92408	18.5%
San Bernardino	92410	19.2%
San Bernardino	92411	17.4%
Victorville	92392	19.1%
Victorville	92394	20.4%
Victorville	92395	18.0%
Yucaipa	92399	18.7%
SBMC Service Area*		**18.8%**
San Bernardino County		**18.9%**
California		**16.1%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data,
*https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Among county residents, 35.8% had engaged in binge drinking in the previous year, which was higher than the state rate of 32.9%. Men are more likely to engage in binge drinking (42%) than women (29.4%). Rates fall with age with a high rate adults, ages 25 to 39 (47%). The Healthy People 2030 objective is for a maximum of 25.4% of adults to binge drink. Only county seniors meet this objective. Binge-drinking is most common among White residents (38.4%) and Latinos (35.9%).

Binge Drinking, Adults, Previous Year, by Demographics

	Percent
Male	42.0%
Female	29.4%
18 to 24	43.8%
25 to 39	47.0%
40 to 64	33.6%
65 to 79	9.3%
80 or older	*3.9%

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	Percent
0-99% FPL	33.2%
100-199% FPL	37.8%
200-299% FPL	34.2%
300% or above FPL	36.3%
White (non-Latino)	38.4%
Latino	35.9%
Black/African-American	31.6%
Multiracial	*29.7%
Asian	*27.4%
American Indian/Alaska Native	*25.0%
San Bernardino County	**35.8%**
California	**32.9%**

*Source: California Health Interview Survey, 2013-2015 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

18% of San Bernardino County teens have tried alcohol, which is lower than the state rate (23.7%). County teens are slightly more likely to have engaged in binge drinking, with 6% binge drinking in the past month, compared to 4.9% statewide.

Teen Binge Drinking and Alcohol Experience

	San Bernardino County	California
Binge drinking, past month	*6.0%	4.9%
Ever had an alcoholic drink	*18.0%	23.7%

*Source: California Health Interview Survey, 2015-2019 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 48.3% of San Bernardino County adults interviewed said that they had tried marijuana or hashish. Of those adults who had tried marijuana, 29.2% of San Bernardino County adults used it in the previous month, and 29.7% last used it more than 15 years ago.

Marijuana Use, Adults

	San Bernardino County	California
Has tried marijuana or hashish	48.3%	50.9%
Used marijuana within the past month	29.2%	32.1%
Used marijuana within the past year	43.4%	48.6%
Used marijuana more than 15 years ago	29.7%	28.4%

*Source: California Health Interview Survey, 2017-2019 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Opioid Use

The rate of mortality from opioid overdose in the county was 6.1 deaths per 100,000 persons. The rate of hospitalizations due to opioid overdose in San Bernardino County

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was 8.7 per 100,000 persons. Emergency Department visits due to opioid overdose in San Bernardino County were 25.9 per 100,000 persons, which is higher than the state rate (17.5 per 100,000 persons). The rate of opioid prescriptions in San Bernardino County (441.5 prescriptions per 1,000 persons) was higher than in California (333.3 prescriptions per 1,000). Prescription rates have dropped at county and state levels since 2015, when there were 739.5 prescriptions per 1,000 persons in San Bernardino County and 587.1 prescriptions per 1,000 California residents.

Opioid Use, Age-Adjusted, per 100,000 Persons (Prescriptions per 1,000 Persons)

	San Bernardino County	California
Hospitalization rate for opioid overdose (excludes heroin)	8.7	7.6
ER visits for opioid overdose (excludes heroin)	25.9	17.5
Opioid prescriptions, per 1,000 persons *	441.5	333.3

*Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019 and *2020 data. https://discovery.cdph.ca.gov/CDIC/ODdash/*

Substance Use

In San Bernardino County, the rate of cigarette smoking is higher among American Indian/Alaska Native residents (58.7%), Native Hawaiian/ Pacific Islanders (20%), Blacks (20%), and Multiracial residents (19.4%) and lower among Latinos (10.6%) and Asians (7.6%).

Rates of marijuana use were higher among San Bernardino County American Indian/Alaskan Native residents (48.2%), Latino residents (33%) and Black/African-American residents (31.5%).

Binge drinking is consuming five or more drinks per occasion for males and is four or more drinks per occasion for females. The rates of binge drinking are highest among Whites (38.4%) and Latinos (35.9%).

Cigarette Smoking, Binge Drinking & Marijuana Use, Adults, by Race, Five-Year Average

	Current Smoker	Current Marijuana Use**	Binge Drinking, Prior Year***
White	15.8%	25.8%	38.4%
Latino	10.6%	33.0%	35.9%
Black/African American	*20.0%	*31.5%	31.6%
Multiracial	*19.4%	*28.5%	*29.7%
Asian	*7.6%	*15.3%	*27.4%
American Indian/Alaskan Native	*58.7%	*48.2%	*25.0%
Native Hawaiian/Pacific Islander	*20.0%	N/A	N/A

*Source: California Health Interview Survey, 2015-2019, **2017-2019, and ***2013-2015. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

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Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity:

- We have over 10,000 families that need services. We only have a program and funds to support 800 families for supportive services.
- We refer families to behavioral health services in the county, but they are also overburdened.
- We are seeing a lot of overdoses right now in young people and across racial lines. We need more clinics, outreach, and harm reduction programs like safe needles and Narcan distribution.
- It is about having good insurance. If you have it, you can likely receive substance use treatment.
- There are long wait lists and treatment services have thinned out.
- With substance use and misuse, it is so important to properly treat people with professional services and programs.
- We have an overconcentration of access to marijuana dispensaries that aren't regulated and liquor stores that are selling to minors. Kids are starting to use substances at a very young age and not much is done at the school district to address those issues.
- We need more opportunities for rehabilitation and reintegration into social environments.
- People are anxious about the pandemic; folks are self-medicating at a high rate.
- There is a huge spike in substance use disorders, drinking, addiction to pills and opiates. We need to educate the community on where to go for help.

Preventive Practices

Flu Vaccines

27.3% of adults in the service area in 2018 received a flu shot, which falls below the Healthy People 2030 objective for 70% of all adults, 18 and older, to receive a flu shot. Area rates ranged from 25.2% in San Bernardino 92410 and Victorville 92394 to and 33% in Redlands 92373 and 33.2% in Calimesa.

Flu Shots, Adults, Past 12 Months

	ZIP Code	Percent
Bloomington	92316	25.9%
Calimesa	92320	33.2%
Colton	92324	27.4%
Crestline	92325	30.6%
Fontana	92335	25.4%
Fontana	92336	26.3%
Fontana	92337	25.5%
Hesperia	92345	27.7%
Highland	92346	28.4%
Loma Linda	92354	31.6%
Mentone	92359	29.8%
Ontario	91761	27.3%
Redlands	92373	33.0%
Redlands	92374	30.2%
Rialto	92376	25.7%
Rialto	92377	26.2%
Running Springs	92382	30.3%
San Bernardino	92401	26.4%
San Bernardino	92404	27.0%
San Bernardino	92405	26.8%
San Bernardino	92407	25.6%
San Bernardino	92408	27.3%
San Bernardino	92410	25.2%
San Bernardino	92411	26.7%
Victorville	92392	27.0%
Victorville	92394	25.2%
Victorville	92395	29.3%
Yucaipa	92399	31.6%
SBMC Service Area*		**27.3%**
San Bernardino County		**28.2%**
California		**32.4%**

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ **Weighted average; calculated using 2015-2019 ACS adult population estimates*

The Healthy People 2030 objective is for 70% of the total population to receive a flu shot. According to the California Health Interview Survey, 34.3% of San Bernardino County adults received a flu shot. 64.8% of seniors received a flu shot. Among children, ages 6 months to 17 years, 35.5% received the flu shot. County flu vaccination rates are lower than state rates, and do not meet the Healthy People 2030 objective. Among

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county adults, ages 18 and older, Latinos and American Indian/Alaska Natives were the least likely to have received a flu vaccination, while senior Asians had the lowest rate of flu vaccinations in the area.

Flu Vaccines

	San Bernardino County	California
Received flu vaccine, ages 65 and older	64.8%	70.4%
Received flu vaccine, ages 18 and older (includes ages 65 older)	34.3%	42.6%
Received flu vaccine, ages 6 months-17 years	35.5%	51.3%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten was 95.1% for San Bernardino County, and ranged from 89.8% in Mountain View Elementary School District to 98% in Fontana Unified School District among area school districts. Mountain View Elementary, Rim of the World Unified, Adelanto Elementary, Snowline Joint Unified, and Cucamonga Elementary School Districts had rates below the state rate of 94.5% of students fully immunized.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2018-2019*

School District	Immunization Rate
Adelanto Elementary School District	92.2%
Beaumont Unified School District	94.7%
Chino Valley Unified School District	97.0%
Colton Joint Unified School District	97.7%
Cucamonga Elementary School District	93.0%
Etiwanda Elementary School District	97.4%
Fontana Unified School District	98.0%
Hesperia Unified School District	96.4%
Mountain View Elementary School District	89.8%
Ontario/Montclair School District	97.5%
Redlands Unified School District	97.0%
Rialto Unified School District	96.7%
Rim of the World Unified School District	90.0%
San Bernardino City Unified School District	96.7%
Snowline Joint Unified School District	92.3%
Victor Elementary School District	95.3%
Yucaipa-Calimesa Joint Unified School District	95.3%
San Bernardino County*	**95.1%**
California*	**94.6%**

*Source: California Department of Public Health, Immunization Branch, 2018-2019. *For those schools where data were not suppressed due privacy concerns over small numbers. N/A = Suppressed due to small sample size.*
https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

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Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In San Bernardino County, 72.9% of women had obtained mammograms in the prior two years, which did not meet this goal.

Mammogram in the Past Two Years, Women, Ages 50-74, Two-Year Average

	Percent
San Bernardino County	72.9%
California	76.4%

Source: California Health Interview Survey, 2015-2016.http://ask.chis.ucla.edu

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. With 81.2% of women, ages 21 to 65, having had a cervical cancer screening in the prior 3 years, San Bernardino County does not meet this objective.

Pap Test Past Three Years, Women, Ages 21-65

	Crude Rate
San Bernardino County	81.2%
California*	81.9%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
*Weighted average of California county rates.

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 62.1% of San Bernardino County residents, ages 50-75, met the colorectal cancer screening guidelines. The county has a lower rate than the state (66.5%) and does not meet the Health People objective.

Screening for Colorectal Cancer, Adults, Ages 50-75

	Crude Rate
San Bernardino County	62.1%
California*	66.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
*Weighted average of California county rates.

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity:

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- 90% of our clients have not seen a doctor in the last year or multiple years. We also see many women, ages 50 and older, who have never had a breast exam. There is a lack of preventive care.
- Inner city residents have little concern about COVID-19. They have minimal knowledge and information on where to go and why to get vaccinated.
- People are still worried and are not comfortable going to the doctor's office.
- School immunizations are very low because no one is bringing their kids in as a result of the pandemic.
- With the COVID-19 vaccine, a lot of people from certain segments of the community do not trust the government and are fearful of mandates.

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Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Housing and homelessness, access to health care and economic insecurity had the highest scores for severe and very severe impact on the community. Housing and homelessness, and economic insecurity were the top two needs that had worsened over time. Housing and homelessness, economic insecurity and mental health had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	92.3%	28.6%	78.6%
Birth indicators (teen births, prenatal care, low-birth weight, etc.)	30.8%	15.4%	38.5%
Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, liver disease, stroke)	69.2%	42.9%	57.1%
COVID-19	76.9%	21.4%	42.9%
Dental care	42.9%	20.0%	60.0%
Economic insecurity	85.7%	71.4%	92.9%
Food insecurity	76.9%	38.5%	84.6%
Housing and homelessness	92.9%	85.7%	100%
Mental health	78.6%	57.1%	85.7%

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Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Overweight and obesity	69.2%	42.9%	64.3%
Preventive practices	46.2%	7.1%	64.3%
Sexually transmitted infections	38.5%	30.8%	30.8%
Substance use	71.4%	42.9%	64.3%
Violence and injury	69.2%	61.5%	84.6%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Access to health care, chronic diseases, preventive practices, COVID-19, housing and homelessness and mental health were ranked as the top priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Access to health care	3.86
Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, liver disease, stroke)	3.79
Preventive practices	3.67
COVID-19	3.60
Housing and homelessness	3.60
Mental health	3.60
Birth indicators (teen births, prenatal care, low-birth weight, etc.)	3.57
Substance use	3.54
Violence and injury	3.42
Economic insecurity	3.40
Overweight and obesity	3.36
Food insecurity	3.27
Sexually transmitted infections	3.22
Dental care	3.14

Community input on these health needs is detailed throughout the CHNA report.

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Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 San Bernardino County at www.211sb.org/.

Needs	Community Resources
Access to care	211sb.org, findhelp.org, El Sol Neighborhood Educational Center, Lestonnac Clinic, Reach Out, San Bernardino County Public Health Department Clinic, San Bernardino Free Clinic
Birth indicators	Community Vital Signs Initiative, Maternal Health Network of San Bernardino County, San Bernardino County Public Health Department Clinic
Chronic disease	Community Vital Signs Initiative, Lestonnac Clinic, San Bernardino County Public Health Department Clinic, San Bernardino Free Clinic, UCR Center for Social Innovation UC Riverside
COVID-19	Community Vital Signs Initiative, Reach Out, San Bernardino County Public Health Department Clinic, San Bernardino Free Clinic, UCR Center for Social Innovation UC Riverside
Dental care	California State University of San Bernardino, Loma Linda University, Lestonnac Free Clinic, Center for Oral Health,
Economic insecurity	211sb.org, Catholic Charities, El Sol Neighborhood Educational Center, findhelp.org, First Presbyterian Church of San Bernardino, Inland Empire Job Corps Center, Making Hope Happen Foundation, Mary's Mercy Center, Inc., Reach Out, San Bernardino Diocese, Workforce Development Board of San Bernardino County, Uplift San Bernardino
Food insecurity	211sb.org, Catholic Charities, Central City Lutheran Mission, First Presbyterian Church of San Bernardino, findhelp.org, Making Hope Happen Foundation, Mary's Mercy Center, Inc., San Bernardino Diocese
Housing and homelessness	211sb.org, Catholic Charities, El Sol Neighborhood Educational Center, Family Assistance Program, findhelp.org, First Presbyterian Church of San Bernardino, Homeless Intensive Case Management and Outreach Services HICMOS, Homeless Outreach Support Team HOST, Interagency Council on Homelessness Making Hope Happen Foundation, Mary's Mercy Center, Inc, National CORE, San Bernardino Diocese, Uplift San Bernardino,
Mental health	Community Vital Signs Initiative, First Presbyterian Church of San Bernardino, San Bernardino Community Crisis Response Teams CCRT, San Bernardino Crisis Stabilization Unit CSU, San Bernardino Crisis Walk in Centers, San Bernardino Diocese, San Bernardino Treatment, Engagement and Support Teams TEST, Uplift San Bernardino,
Overweight and obesity	Lestonnac Clinic, Music Changing Lives, San Bernardino Free Clinic, San Bernardino County Public Health Department Clinic
Preventive practices	Community Vital Signs Initiative, Lestonnac Clinic, Music Changing Lives, San Bernardino County Public Health Department Clinic, San Bernardino Free Clinic, UCR Center for Social Innovation UC Riverside

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Needs	Community Resources
STI	Community Vital Signs Initiative, San Bernardino County Public Health Department Clinic, Lestonnac Clinic, San Bernardino Free Clinic
Substance use and misuse	211sb.org, Cedar House Life Change Center, findhelp.org Lighthouse Social Services Center, NAMI Inland Valley Reach Out, Recovery Based Engagement and Support Team RBEST
Violence and injury prevention	Family Assistance Program, Gangs and Drugs Taskforce, Highlanders Boxing Club, Let's End Truancy LET Project, Project Fighting Chance, Sista's Making a Difference, Reach Out, Time for Change Foundation: Creating Self-Sufficient Families, Young Visionaries Youth Leadership Academy

Impact of Actions Taken Since the Preceding CHNA

In 2019, St. Bernardine Medical Center conducted the previous CHNA and significant health needs were identified from issues supported by primary and secondary data sources. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to health care, behavioral health (including mental health and substance use), chronic diseases (including overweight and obesity), housing and homelessness and safety and violence through a commitment of community benefit programs and resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2019 CHNA.

Access to Health Care

Strategy or Program Name	Summary Description
Financial Assistance	Financial assistance was offered in accordance with Dignity Health's Financial Assistance Policy.
Community Health Navigator	The Community Health Navigator followed up with homeless persons who sought care in the ER, but were not admitted to the hospital. The Community Health Navigator provided connections to social service agencies. In FY20, the Navigator followed up on 907 high utilizers of the ED. Of these, 69 (7.6%) accepted a referral to a free clinic. During FY21 the Navigator followed up on 840 high utilizers of the ED. Of these, 55 (6.55%) accepted a referral to a free clinic. Due to COVID, many clinics were closed to in-person visits.
Community Education	Community education was offered to the community free of charge and addressed a variety of access to health care topics.
Flu Shots	Free flu shots were offered through a variety of shot clinics in the community.
Community Grants Program	The Community Grants Program partnered with local non-profit agencies that share common values and work together to improve access to care for our community.

Behavioral Health (includes Mental Health and Substance Use)

Strategy or Program Name	Summary Description
Cultural Trauma & Mental Health Resiliency Program	SBMC partnered with the UniHealth Foundation and participated in a multi-hospital initiative to increase the capacity of local community organizations and community members to identify mental distress, address the impacts of trauma, and increase resiliency. The project focused on children and youth of color living in underserved neighborhoods and provided funding to the Making Hope Happen Foundation to conduct training.
Community Health Education	Community education addressed a variety of behavioral

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Strategy or Program Name	Summary Description
	health care topics that included identifying those who are at risk for suicide with appropriate referrals.
Community Grants Program	Grant funds were awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

Chronic Diseases (including Overweight and Obesity)

Strategy or Program Name	Summary Description
Chronic Disease Self-Management Program	Classes for chronic disease were offered in English and Spanish to community members free of charge. The primary request was for Diabetes education. In FY21, many of these classes were conducted via virtual trainings in order to comply with COVID safety guidelines.
Diabetes Empowerment Education Program (DEEP)	Classes for diabetes were offered in English and Spanish to community members free of charge. These classes were not offered in FY21 due to program licensing constraints.
Sweet Success Program	The Sweet Success Program provided monitoring and education to women with gestational diabetes.
Support Groups	Support groups for chronic health conditions included: obesity, breast cancer (groups in both English and Spanish), and a bereavement support group that met virtually with a hospital chaplain.
Community Grants Program	The Community Grants Program partnered with local non-profit agencies that share common values and work together to improve access to care for our community.

Housing and Homelessness

Strategy or Program Name	Summary Description
Accelerating Investment for Healthy Communities	SBMC participated in a national initiative designed to increase investments in the social determinants of health with an emphasis on affordable housing.
Community Health Navigator	The Community Health Navigator followed up with homeless persons who sought care in the ER, but were not admitted to the hospital. The Community Health Navigator provided connections to social service agencies. In FY20, the Navigator followed up on 907 high utilizers of the ED. Of these, 69 (7.6%) accepted a referral to a free clinic. During FY21 the Navigator followed up on 840 high utilizers of the ED. Of these, 55 (6.55%) accepted a referral to a free clinic. Due to COVID, many clinics were closed to in-person visits.

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Strategy or Program Name	Summary Description
Community Grants Program	Grant funds were awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

Safety and Violence

Strategy or Program Name	Summary Description
Cultural Trauma & Mental Health Resiliency Program	SBMC partnered with the UniHealth Foundation and participated in a multi-hospital initiative to increase the capacity of local community organizations and community members to identify mental distress, address the impacts of trauma, and increase resiliency. The project focused on children and youth of color living in underserved neighborhoods and provided funding to the Making Hope Happen Foundation to conduct training.
Family Focus Center	The Family Focus Center provided services and programs for at-risk youth. Services included: after school activities during the school year and Summer Camp in the summer. Programs increased knowledge of healthy behaviors, helped build character and promote a sense of self-worth and self-efficacy. In FY20, 16 of 33 participants successfully completed their individualized Success Plans. The Bridges program supported young adults who have graduated high school but need assistance in navigating college, careers and housing. Many of these programs were put on hold in FY21 due to the COVID pandemic and safety protocols. With COVID requiring remote learning at the start of the school year, FFC established a Learning Lab to assist at-risk youth with remote instruction. 92% of students successfully passed their assigned curriculum and advanced to the next grade. The students not passing participated in credit recovery over the summer.
Stepping Stones Program	The Stepping Stones Program provided an opportunity for teens and young adults to gain valuable hospital workplace experience through volunteer and mentor activities.
Community Grants Program	Grant funds were awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

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Attachment 1: Benchmark Comparisons

Service area health and social indicators were compared to the Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**82.4%** - 93.2%	90.7%
Child health insurance rate	96.2%	92.1%
Adult health insurance rate	**86.8%**	92.1%
Unable to obtain medical care	**6.2%**	3.3%
Ischemic heart disease deaths	**103.5**	71.1 per 100,000 persons
Cancer deaths	**160.6**	122.7 per 100,000 persons
Colon and rectum cancer deaths	**15.2**	8.9 per 100,000 persons
Lung and bronchus cancer deaths	**31.0**	25.1 per 100,000 persons
Female breast cancer deaths	**22.7**	15.3 per 100,000 persons
Prostate cancer deaths	**25.9**	16.9 per 100,000 persons
Stroke deaths	**44.0**	33.4 per 100,000 persons
Unintentional injury deaths	31.9	43.2 per 100,000 persons
Suicides	10.1	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**16.3**	10.9 per 100,000 persons
Homicides	**7.6**	5.5 per 100,000 persons
Drug-overdose deaths	11.4	20.7 per 100,000 persons
Overdose deaths involving opioids	6.1	13.1 per 100,000 persons
On time prenatal care (HP2020 Goal)	**83.4%**	84.8% (HP2020 Goal)
Infant death rate	**5.8**	5.0 per 1,000 live births
Adult obese, ages 20+	34.1%	36.0%, adults ages 20+
Obese ('Health Risk') 5th 7th & 9th graders	**20.5% - 24.2%**	15.5%, children & youth, 2 to 19
Adults engaging in binge drinking	18.8%	25.4%
Cigarette smoking by adults	**12.1%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**81.2%**	84.3%
Mammogram, ages 50-74, screened in the past 2 years	**72.9%**	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**62.1%**	74.4%
Annual adult influenza vaccination	**27.3%**	70.0%

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Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Nick Calero	Deputy Chief of Staff	State Senator Rosilicie Ochoa Bogh
Claudia M. Davis, PhD	Professor	Nursing Department, College of Natural Science, California State University, San Bernardino
Sandra Espadas	Senior Director, Community Development	National CORE
Darryl Evey	Executive Director	Family Assistance Program
Alex Fajardo, MCP, CFC	Executive Director	El SOL Neighborhood Educational Center
Dan Flores	Executive Director	Mary's Mercy Center, Inc.
Rob Field	City Manager	City of San Bernardino
Ed Gerber	Executive Director	Lestonnac Free Clinic
Marilyn Kraft, MBA	Volunteer	First Presbyterian Church of San Bernardino
Vicki Lee	Homeless Student Liaison	SBCUSD
Bill Lemann	Board Chair	San Bernardino Medical Center
Tony Myrell	Board Chair	Community Hospital San Bernardino
Chilee Okoko, DMMM	Department Head, Office of Life, Dignity and Justice	San Bernardino Diocese
Ginger Ontiveros	Executive Director Community Engagement	Making Hope Happen Foundation, Supporting San Bernardino City Unified School District
Pablo Ramirez, JD	Executive Director	Legal Aid of San Bernardino
Maria Razo	Executive Director	Housing Authority of the County of San Bernardino
Ken F. Sawa, MSW, LCSW	Chief Executive Officer, Executive Vice-President	Catholic Charities San Bernardino & Riverside Counties
Michael A. Sequeira, MD	Public Health Officer	San Bernardino Department of Public Health Administration
Terrance Stone	Executive Director	Young Visionaries Youth Leadership Academy
Sandy Tice	Pastor	First Presbyterian Church of San Bernardino
Jodie Wingo, MHA	President & Chief Executive Officer	Community Health Association Inland Southern Region (CHAISR)

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Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- The San Bernardino area is incredibly poor. Many residents suffer from economic insecurity, homelessness and poverty. Social services are not available to address these issues and are inadequate.
- There are high rates of diabetes and hypertension due to poor eating habits and a lack of exercise. There is a need for education on diabetes prevention.
- We have a fair amount of obesity, high blood pressure, hypertension, and diabetes. COVID-19 has had a significant impact on the overall health of our community.
- Our families are isolated and experience depression, anxiety, stress, and substance abuse of drugs and alcohol.
- There is a lack of access for treating mental disorders and higher levels of care to meet the demand in our community.
- Residents lack access to primary care due to not having health insurance. People lack trust and are fearful to go to a clinic. They are also reluctant to access care because they cannot afford medical care.
- Families are unable to obtain healthy food outside of the school system. There is very little access to healthy food in the community.
- People do not have access to support systems to help their families; particularly single parent households.
- We have witnessed an increase in suicides, homicides, and domestic violence in our community.
- There is a digital divide with the lack of access to broad band for education. The digital divide is widening the disparities as some people have access and others do not.

Interview participants were asked about the most important socio-economic, behavioral, or environmental factors contributing to poor health in the community. Their responses included:

- There is a cycle of poverty, lack of employment, underemployment, and a lack of supportive services.
- Finding affordable housing is a problem. We have a high level of congregate living in the community and homeless issues.
- San Bernardino's low socioeconomic status leads to high levels of substance abuse that would not necessarily be seen at the same degree in higher socioeconomic areas.

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- Socioeconomic problems are tied to physical health because of constant acute stress that families are experiencing. For example, not knowing where meals are coming from, how to deal with an eviction notice, or pending utility shuts offs.
- We need more primary care where patients can be followed for medical compliance and supported with case management and nutritional advice; particularly access to mental health care.
- Many people in our community do not have health insurance. The ACA is not affordable health care. Half of our patients cannot afford insurance, so they go without.
- Transportation is an issue in accessing primary care clinics and urgent care.
- We have a fair number of undocumented individuals in our community who are fearful of systems that appear to be connected to the government. You cannot get insurance if you are an illegal immigrant.
- Lower education levels in our community make it difficult to compete in a normal employment space.
- We have a lot of disenfranchised communities and cultures. People are not sure if the institutions are there to help them. We need to bridge the trust gap.
- Lack of access to healthy food. Within a block, there are three fast-food outlets and several liquor stores. There isn't a place to purchase fruits and vegetables, grains, and lean proteins.
- We have a lot of persons who are homeless out on the streets, in the park, in front of businesses. Our numbers of homeless individuals have gone up tremendously.

Who are some populations in the area that are not regularly accessing health care and social services? Why? Responses included:
- The undocumented immigrants without legal status due to the fear of being deported or removed from their home. They will go to the ED for medical care because they have no other place to go and/or do not know how to access or navigate the system.
- Persons who are homeless do not have access to health care because they do not have a home address. We have over a 100 people who use our office as their home address, there is no other option for them. They can't sign up for Covered CA unless they have an address.
- Veterans don't receive the care they deserve and need.
- People with mental health issues don't feel they need help or are embarrassed to ask for services.
- The uninsured/underinsured, and low-income families because they can't afford insurance. Though the costs of insurance through the marketplace are lower, it is still too expensive for many of our low-income communities.
- The most vulnerable families living in poverty because they lack transportation to access services, lack knowledge about the resources available to them, and face

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language barriers.
- Persons who are homeless are not accessing mental health, substance abuse treatment, or general health services.
- Children who need proper care, but cannot access the services because it is not in their family budget. Families are unable to buy a new pair of glasses or go to the dentist.
- LGBTQ community are not accessing services in fear of being ostracized or facing prejudice.
- Hispanics, African American, and the Asian populations lack access. The reason is poverty and immigration status. Many people of color have low paying jobs or are jobless.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:
- There was a lot of misinformation in the inner-city communities. There is a mistrust of the government and a lack of knowledge regarding accessing vaccines and a lack of clear communication.
- Isolated families have become even more isolated, and there are fewer resources out there because there is so much need now.
- It has worsened everything. People are not exercising. Obesity, diabetes, and hypertension have all gotten worse.
- Everything shifted to work on supporting efforts around the pandemic. All programs and funding focused on COVID-19 related support.
- COVID increased the need for virtual medicine and better accessibility to services.
- There is a lack of access to primary care for vaccinations or illness treatment.
- Strong apprehension to seek out mental health or any kind of health support. People were discouraged to go out due to the fear of becoming infected with COVID-19.
- There is literally a tsunami of need and we are all underfunded providers. There are not enough people working in the hospital to help everyone in need.
- The needs far outweigh our ability to provide services and that is certainly true of social services.
- It has impacted people's willingness or ability to go back to work.
- The emotional and psychological issues are compounded. People are afraid and there is a significant increase in the number of people being hospitalized. They are doubtful that they will receive appropriate care if hospitalized, or whether their care will be prioritized.
- It has exacerbated and reinforced what we already knew was happening in the community. The health disparities are magnified; particularly for those living in poverty.
- We had businesses close and permanently shut down. The layoffs impacted access

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to health care, nutrition and being able to afford housing.

- We saw increases in domestic violence, substance use and suicides.
- It made receiving routine health care more difficult and we have very high rates of COVID-19 in this community.
- Our school district was one of the few that kept kids in remote learning all year. It kept more people safe, but it also created challenges for academic progression and socialization. Distance learning did not work for everyone because we do not have consistent access to the internet across the community.
- Income has diminished or gone away, and jobs have disappeared or been scaled back. Reduced income means reduced access to health care for most folks.
- Teens need normal social interaction. They need face-to-face connection and a sense of belonging for social and emotional development.
- The pandemic has really created a desire for change, and now we have funding and policy changes. There will be momentum; especially if we continue to educate the public.
- There are significant issues with individuals who are socially isolated and do not have an advocate to assist them with supportive resources or transportation.
- Mass transportation was less attractive during the pandemic. It became dangerous to be on a bus with other people.
- Income inequality, access to health care, access to social services, racism and discrimination have been amplified. Immigrants, the undocumented, migrant workers, farmers -- most of these people are uninsured and do not have access to social services and health care. They were the most impacted during the pandemic because they live in crowded environments. A house made for 3 people is housing 10 people, which exposes them to more infection and transmission.

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