SAN BERNARDINO COUNTY:

OUR COMMUNITY VITAL SIGNS

2020 COMMUNITY HEALTH STATUS DATA REPORT

SAN BERNARDINO COUNTY

Community Vital Signs Initiative
San Bernardino County

SAN BERNARDINO COUNTYWIDE VISION
IT'S UP TO US!

SAN BERNARDINO COUNTYWIDE VISION

IT'S UP TO US!

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

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

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

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

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

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

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www.SBCounty.gov

Board of Supervisors

Curt Hagman
Chairman

March 11, 2021

Dear Community Partner,

Improving our County's health is our shared responsibility, so it requires a community approach. **The Community Vital Signs Initiative (Vital Signs),** established under the Wellness element of the Countywide Vision, notes that no single entity can make a community healthy on its own; it requires leaders from all sectors working together to improve the well-being of our communities.

Improving health begins with understanding how social and economic issues affect health in our communities and our residents' quality of life. Since the launch of the 2015-2020 Community Transformation Plan, Vital Signs has worked with local and regional partners to collectively address the fundamental challenges and complex factors that influence our residents' well-being. We are looking at all of the social determinants of health in our communities from education to community safety, housing to transportation, employment to access to healthcare and healthy foods.

The **2020 San Bernardino County: Our Community Vital Signs Health Status Data Report** illustrates the work our County has been doing to analyze the health of our communities. It includes findings from the 2020 community health status assessment where more than 1,000 community members, stakeholders, and leaders engaged in a community process to learn about the health status of San Bernardino County. The goal of the community assessment was to engage residents, analyze county data and trends, and provide an opportunity to prioritize key issues for action.

Vital Signs recognizes that not all County residents have equal opportunity and access to good health and well-being, although we are committed to reducing health disparities and inequities by working collectively across sectors to achieve equity for all.

We encourage all of our residents, community organizations, faith groups, and other interested parties to utilize this report as a call to action to help guide, plan, and align efforts alongside us. We are grateful to all the partners that participated in Vital Signs community assessment process and look forward to developing new partnerships to create an enduring culture of health and wellness in San Bernardino County.

Curt Hagman
Chairman, Board of Supervisors
San Bernardino County

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Our Community Vital Signs

2020 Community Health Status Data Report

Community Vital Signs is a community-wide initiative supporting the Wellness element under the Countywide Vision. The initiative is a community-driven effort in partnership with San Bernardino County to establish a health improvement framework by using data to help set goals and priorities for action to improve the quality of life in the County.

Community Vital Signs leads a community health assessment process every five years to learn about the health status of County residents. The assessment includes comprehensive data collection and analysis important for identifying health trends, understanding social issues that impact health such as employment, the environment and public safety, and driving community-level discussion for aligning and leveraging resources to achieve wellness in our County.

This 2020 Community Health Status Data Report highlights health trends in San Bernardino County between 2015 and 2019, and displays various health and social data indicators. The Community Health Status Data Report is intended to drive discussion at the community level by residents, all sectors, networks, and partnerships committed to taking action to address key issues. The report will also inform the update of the San Bernardino County Community Transformation Plan.

Community Vital Signs understands that every aspect of health and well-being within our communities is part of an interrelated system and we encourage the community to join us in this effort to improve the conditions where we live, learn, work, and play.

This report and additional data are available online at **www.communityvitalsigns.org**.

For more information, please contact Community Vital Signs at **CommunityVitalSigns.SanBernardinoCounty@dph.sbcounty.gov**.

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Acknowledgements

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Research and Design Partners

The Community Health Assessment was conducted in partnership with HARC, Inc. (Health Assessment and Research for Communities), a non-profit research and evaluation firm located in Palm Desert, California. HARC's mission is to advance quality of life by using objective research and analysis to turn data into action.

Harc

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CV STRATEGIES
PRECISION IN PERCEPTION℠

LEFT LANE
BUSES
Court
BUS ONLY
BUS ONLY
EMERGENCY

San Bernardino County
Community Vital Signs Initiative

The Community Vital Signs Initiative is a community-driven effort in partnership with San Bernardino County to establish a health improvement framework by using data to help set goals and priorities for action to improve the quality of life in the County.

This report provides a snapshot in a wide range of areas, including education, employment, the environment, public safety, and a strong focus on health. Data are provided for the County with city and state comparisons, as well as the desired goals for population health as outlined by Healthy People 2020 (HP 2020). The data presented in this report is valid for five years.

The findings from the Community Health Assessment will form the basis for the development of the Community Transformation Plan, which drives discussion at the community level and future alignment of strategies and resources in order to achieve wellness in the County.

Purpose

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

Vision

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

Community Vital Signs is guided by the following values:

Values

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

Cultural competency: Respecting and valuing diverse communities and perspectives

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

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

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

Collaboration: Shared ownership and responsibility

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

Methodology & Community Engagement Process

Indicator Selection

For the purpose of the 2020 Community Health Status Data Report, the Community Vital Signs Steering Committee was engaged in a multi-step indicator selection process. Meetings were held with the committee in 2018 through 2020 to gather input on the project methodology as well as the various content areas that are covered in this report. The committee was presented with a list of 58 nationally recognized community and health assessment indicators recommended by the Vital Signs Data Committee for inclusion in the 2020 Community Health Status Data Report.

The committee then engaged in a participatory process to review, modify, and refine the proposed indicators to best suit the needs of the San Bernardino County community. The criteria used for selecting and prioritizing indicators included: understandable to the general community, responsive to change, relevant for policy decision making, updated regularly, available at the city-level, and available by race/ethnicity (where possible). After a revised list was presented to the Steering Committee, members prioritized the indicators that were most important by voting on their top indicators. In all, 18 core indicators were selected. Any indicators not selected for this report were placed on a data development agenda for consideration in future reports and for placement onto the Community Vital Signs data platform.

Secondary Data

Secondary data sources include the California Office of Statewide Health Planning, Centers for Disease Control and Prevention, the United States Census and the U.S. Department of Agriculture, among others. The Community Vital Signs Steering Committee reviewed the data and narrowed these indicators to a final list of four demographic indicators and 18 health indicators. See Appendix 1. Indicator List. The information collected on population data is presented in the Overall Snapshot and Demographic Profile, and was used to guide and inform community engagement meetings throughout the County of San Bernardino.

Community Engagement

Community engagement efforts fell into two categories: District Engagements and Small Engagements. Five District Engagement meetings were held throughout the month of June 2019 in each of the Supervisorial Districts with various community stakeholders. Nine Small Engagement meetings were hosted between September and October 2019 with community residents and vulnerable populations, and three youth engagement meetings were held in February 2020.

A Community Health Survey was disseminated at all of the community engagement meetings and allowed the opportunity for each participant to prioritize key health and social issues they felt were most of concern and needed to be addressed. Approximately 1,697 members of the community, including community leaders, stakeholders, residents, and youth completed the survey. Input was collected on topics that included health, education, economy, the environment and other topics considered important to the quality of life and well-being of San Bernardino County residents.

Lastly, six focus groups were held to explore specific issues affecting community partners, adults, and youth. Three were held with community adult groups and three with students from various school districts throughout the County.

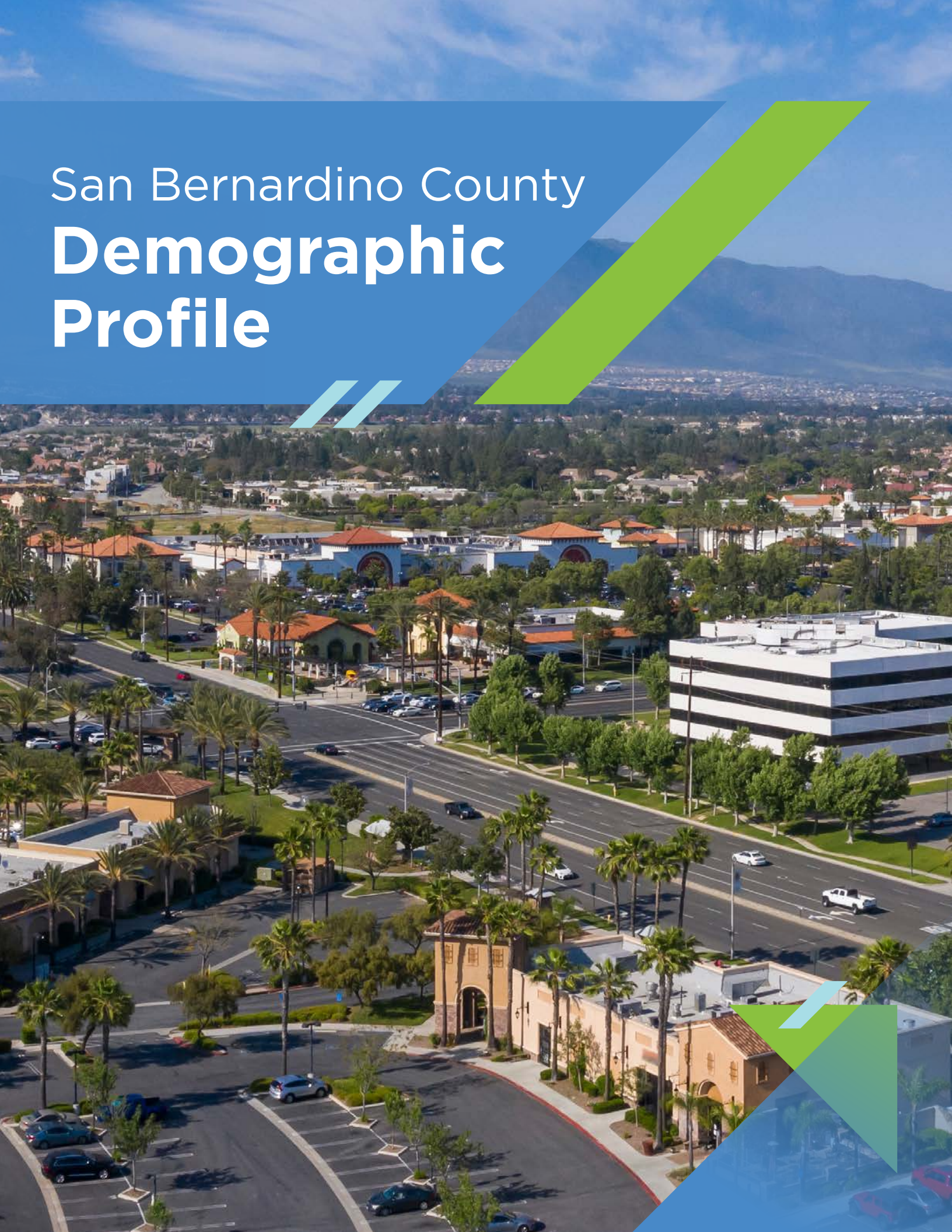
Overall Snapshot*

	CALIFORNIA*	SAN BERNARDINO COUNTY*	
POPULATION ESTIMATES Total population HP 2020 *N/A*	*2019:* **39,512,223** *2015:* **39,144,818**	*2019:* **2,180,085** *2015:* **2,128,133**	↑
AGE DISTRIBUTION *Percentage of population 65 years and older* HP 2020 *N/A*	*N/A*	**12.0 percent**	↑
HIGH SCHOOL GRADUATION RATE HP 2020 **82.4 percent**	**84.5 percent**	**84.6 percent**	↑
UNEMPLOYMENT RATE HP 2020 *N/A*	**5.1 percent**	**5.9 percent**	↓
POVERTY *Percentage of individuals living in poverty* HP 2020 *N/A*	**11.8 percent**	**13.3 percent**	↓
ACCESS TO HEALTHY FOODS *Retail Food Environment Index (2015-2018)* HP 2020 *N/A*	**7.5 percent**	**8.9 percent**	↑
HEALTH INSURANCE COVERAGE *Percentage of residents with health insurance* HP 2020 **100 percent**	**92.3 percent**	**90.9 percent**	↔
DELAYS IN ACCESS TO HEALTH CARE *Percentage of residents who delayed or did not get medical care in the past year* HP 2020 **4.2 percent**	**14.4 percent**	**14.7 percent**	↑
BIRTH RATES *Rate per 1,000 residents* HP 2020 *N/A*	**11.3 per 1,000**	**13.1 per 1,000**	↓
DEATH RATES *Rate per 100,000 residents* HP 2020 *N/A*	**682.9 per 100,000**	**679.7 per 100,000**	↑
CARDIOVASCULAR DISEASE *Percentage of adults ever diagnosed with high blood pressure* HP 2020 *N/A*	**7.0 percent**	**7.6 percent**	↑
CANCER CAUSES OF DEATH *Death rate for all cancers per 100,000 residents* HP 2020 **160.6**	**134.6 per 100,000**	**147.8 per 100,000**	↓

*All figures compare 2015 to 2019 unless otherwise noted.

San Bernardino County

Demographic Profile



Demographic Snapshot of San Bernardino County

	CALIFORNIA*	SAN BERNARDINO COUNTY*
POPULATION ESTIMATES *Total population*	*2019:* **39,512,223** *2015:* **39,144,818**	*2019:* **2,180,085** *2015:* **2,128,133**
LANGUAGE SPOKEN AT HOME *Percentage of households that speak Spanish as their primary language at home*	*N/A*	**35.7 percent**
AGE DISTRIBUTION *Percentage of population 65 years and older*	*N/A*	**12.0 percent**
MEDIAN INCOME	**$80,444**	**$67,903**

*All figures compare 2015 to 2019 unless otherwise noted.

Population Estimates

Total Population

The total population of San Bernardino County has grown, with the most recent data suggesting a growth of **2.4 percent** from 2015 to 2019. Population estimates are calculated by the U.S. Census Bureau based on **three main factors**:

- Birth Rates
- Mortality Rates
- Migration

These numbers are used by local communities to plan ahead to meet the needs of residents. The data guides policy makers in deciding what services to focus on as a community grows and changes. This includes access to food, health care services, transportation, utilities such as water and energy, and more. For example, in a community with rising birth rates, pediatric health care, early childhood education and K-12 education will be in demand. Communities with an aging population will need retirement homes and a health care system that supports home health and geriatric services.

In 2019, there were an estimated **2,180,085 people** living in San Bernardino County, according to the U.S. Census Bureau. For a breakdown by age, see the Age Distribution on pages 22-27.

The cities with the highest population in 2019 were San Bernardino, Fontana, Ontario and Rancho Cucamonga.

Total Population

YEAR	California	San Bernardino County	County Increase Percentage
2015	39,144,818	2,128,133	0.73
2016	39,250,017	2,140,096	0.56
2017	39,536,653	2,157,404	0.81
2018	39,557,045	2,171,603	0.65
2019	39,512,223	2,180,085	0.39

Population Estimates Continued

City/Community Distribution, San Bernardino County

City/Community*	2015	2016	2017	2018	2019
Adelanto	33,164	33,386	34,064	34,151	34,055
Apple Valley	72,185	72,542	73,071	73,508	73,464
Barstow	21,839	28,456	N/A	23,839	21,978
Bloomington	21,479	23,502	22,407	20,665	24,120
Chino	85,599	87,771	89,798	91,589	94,352
Chino Hills	78,313	78,821	80,400	83,438	83,843
Colton	54,606	54,713	54,823	54,737	54,822
Fontana	207,472	209,659	211,820	213,736	214,557
Hesperia	93,286	93,714	94,867	95,267	95,753
Highland	54,843	54,938	55,346	55,427	55,415
Loma Linda	24,040	24,127	24,198	24,370	24,485
Montclair	38,688	38,948	39,271	39,438	40,081
Ontario	171,200	173,211	175,850	181,119	184,999
Rancho Cucamonga	175,232	176,540	177,446	177,742	177,614
Redlands	71,028	71,288	71,562	71,595	71,516
Rialto	103,137	103,300	103,555	103,446	103,540
San Bernardino	216,137	216,242	216,983	215,929	215,780
Twentynine Palms	26,032	26,053	26,543	26,424	26,074
Upland	76,447	76,691	76,985	77,002	77,123
Victorville	122,236	122,283	122,465	122,305	122,399
Yucaipa	53,327	53,314	53,686	53,686	53,917
Yucca Valley	20,639	22,121	23,630	20,000	25,527

*In cities with less than 20,000 population, data not available; this includes Big Bear Lake, Grand Terrace and Needles. Apple Valley and Yucca Valley are towns, but referenced as cities in this table and others for ease of presentation.

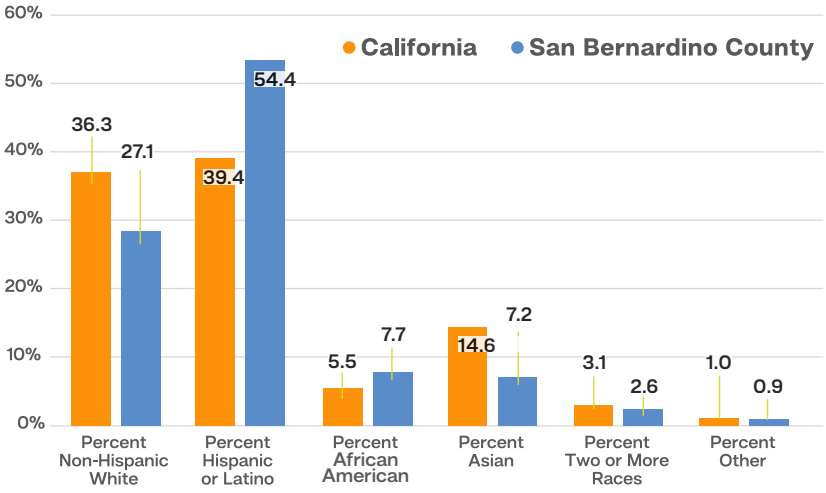
Racial/Ethnic Distribution

The Latino population in San Bernardino County is steadily rising, accounting for more than half the population (**54.4 percent**) in 2019, reflecting an **increase of 2.2 percent** since 2015. In the same timeframe, the non-Hispanic white population **decreased from 29.9 percent to 27.1 percent**.

In 2019, **7.7 percent** of the population was African American and **7.2 percent** was Asian. San Bernardino County had a higher percentage of Latinos and African Americans compared to the state of California. The County had a lower percentage of Whites and Asians than the state.

IN SAN BERNARDINO COUNTY, THE MAJORITY POPULATION HAS SHIFTED, with more than half the population Latino.

Racial/Ethnic Distribution, 2019

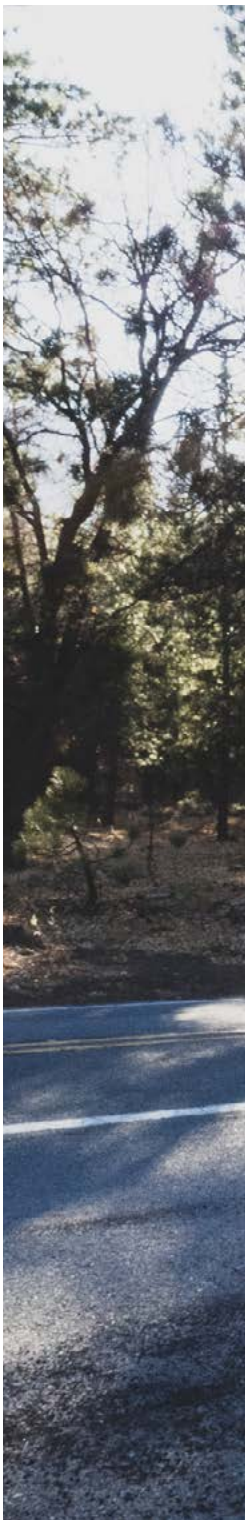


Percent of Racial/Ethnic Distribution

	Year	Non-Hispanic White	Hispanic or Latino	African American	Asian	Two or More Races	Other
San Bernardino County	2015	29.9	52.2	7.9	6.9	2.3	0.9
	2016	29.2	52.8	8.1	6.9	2.3	0.7
	2017	28.4	53.4	7.8	7.1	2.5	0.8
	2018	27.8	54.0	7.8	7.0	2.5	0.8
	2019	27.1	54.4	7.7	7.2	2.6	0.9
California	2015	37.8	38.8	5.6	14.0	2.8	0.9
	2016	37.5	38.9	5.5	14.1	3.0	1.0
	2017	37.0	39.1	5.5	14.4	3.0	1.0
	2018	36.6	39.3	5.5	14.5	3.1	1.0
	2019	36.3	39.4	5.5	14.6	3.1	1.0
United States	2015	61.5	17.6	12.3	5.3	2.3	1.0
	2016	61.1	17.8	12.3	5.4	2.4	1.1
	2017	60.6	18.1	12.3	5.5	2.4	1.1
	2018	60.2	18.3	12.3	5.6	2.5	1.1
	2019	60.0	18.4	12.4	5.6	2.5	1.1

Racial/Ethnic Distribution Continued

Percent of Ethnic Distribution, by City*



City & Ethnicity	2015	2016	2017	2018	2019
Apple Valley					
Hispanic	*N/A*	38.4	*N/A*	*N/A*	40.8
Non-Hispanic White	*N/A*	45.5	*N/A*	*N/A*	47.8
African American	*N/A*	11.8	*N/A*	*N/A*	5.7
Asian	*N/A*	1.9	*N/A*	*N/A*	1.3
Two or more races	*N/A*	1.9	*N/A*	*N/A*	3.3
Other	*N/A*	0.5	*N/A*	*N/A*	1.1
Chino					
Hispanic	53.1	50.1	51.8	48.9	54.7
Non-Hispanic White	22.7	29.0	25.5	24.1	24.1
African American	5.1	6.0	6.0	6.0	3.3
Asian	12.8	11.8	12.5	17.1	14.8
Two or more races	5.8	2.9	2.6	3.4	2.0
Other	0.5	0.3	1.6	0.5	1.2
Chino Hills					
Hispanic	*N/A*	30.5	27.7	*N/A*	*N/A*
Non-Hispanic White	*N/A*	30.6	33.3	*N/A*	*N/A*
African American	*N/A*	2.7	2.6	*N/A*	*N/A*
Asian	*N/A*	33.2	33.9	*N/A*	*N/A*
Two or more races	*N/A*	2.5	2.1	*N/A*	*N/A*
Other	*N/A*	0.5	0.4	*N/A*	*N/A*
Fontana					
Hispanic	75.3	69.3	68.2	70.2	70.6
Non-Hispanic White	10.5	15.4	14.9	14.7	12.0
African American	6.6	6.0	9.2	7.5	7.7
Asian	5.8	6.7	4.5	5.9	5.9
Two or more races	1.5	1.6	2.5	1.4	2.6
Other	0.3	0.9	0.7	0.3	1.3
Hesperia					
Hispanic	57.6	*N/A*	*N/A*	62.2	*N/A*
Non-Hispanic White	33.6	*N/A*	*N/A*	28.3	*N/A*
African American	5.0	*N/A*	*N/A*	3.8	*N/A*
Asian	1.2	*N/A*	*N/A*	2.4	*N/A*
Two or more races	0.7	*N/A*	*N/A*	2.5	*N/A*
Other	1.9	*N/A*	*N/A*	0.9	*N/A*
Ontario					
Hispanic	69.1	70.4	67.9	73.2	71.4
Non-Hispanic White	15.6	15.5	17.3	14.0	15.0
African American	6.3	7.1	4.8	4.7	4.0
Asian	6.8	5.2	6.6	6.0	6.7
Two or more races	1.8	1.2	2.2	1.5	2.0
Other	0.4	0.6	1.1	0.6	0.8

* N/A data not available

Racial/Ethnic Distribution Continued

Percent of Ethnic Distribution, by City*

City & Ethnicity	2015	2016	2017	2018	2019
Rancho Cucamonga					
Hispanic	37.6	36.5	38.1	40.4	40.0
Non-Hispanic White	35.3	36.9	34.7	33.5	34.8
African American	11.2	10.6	8.2	10.6	7.8
Asian	11.6	12.3	15.5	10.3	13.8
Two or more races	2.5	3.0	2.8	4.8	3.5
Other	1.9	0.8	0.6	0.5	0.1
Redlands					
Hispanic	27.7	*N/A*	*N/A*	*N/A*	*N/A*
Non-Hispanic White	54.0	*N/A*	*N/A*	*N/A*	*N/A*
African American	8.0	*N/A*	*N/A*	*N/A*	*N/A*
Asian	7.3	*N/A*	*N/A*	*N/A*	*N/A*
Two or more races	2.0	*N/A*	*N/A*	*N/A*	*N/A*
Other	1.0	*N/A*	*N/A*	*N/A*	*N/A*
Rialto					
Hispanic	76.2	77.8	73.9	74.1	71.5
Non-Hispanic White	9.4	10.4	8.6	10.9	8.0
African American	9.9	9.2	13.6	12.3	16.1
Asian	3.1	1.3	2.6	2.1	2.3
Two or more races	0.9	1.2	1.1	0.6	1.8
Other	0.5	0.1	0.1	0.1	0.4
San Bernardino					
Hispanic	63.0	65.6	64.7	66.6	64.9
Non-Hispanic White	15.4	13.2	15.6	16.0	12.7
African American	13.3	14.1	12.0	10.4	14.8
Asian	4.9	4.4	3.3	4.1	4.5
Two or more races	2.3	2.2	3.8	1.6	2.8
Other	1.0	0.5	0.4	1.3	0.3
Upland					
Hispanic	*N/A*	38.5	51.8	38.9	44.7
Non-Hispanic White	*N/A*	42.4	34.1	38.7	35.4
African American	*N/A*	6.5	3.3	5.0	7.3
Asian	*N/A*	8.2	8.4	13.2	8.8
Two or more races	*N/A*	3.5	2.4	3.6	3.0
Other	*N/A*	0.9	0.0	0.5	0.8
Victorville					
Hispanic	49.6	51.6	58.6	46.4	56.7
Non-Hispanic White	25.9	23.1	21.7	21.9	20.2
African American	14.5	19.1	10.0	23.4	17.9
Asian	4.1	3.1	4.8	4.7	1.9
Two or more races	5.7	2.7	4.7	2.9	2.9
Other	0.3	0.4	0.2	0.7	0.4

* N/A data not available

Age Distribution

There has been a shift in the age demographics of the County. The number of children in San Bernardino County has **decreased**, while the number of working adults and people over 65 has **increased**.

Between 2015 and 2019, the share of the population aged zero to 18 **decreased by 0.2 percent.** At the same time, the percentage of people aged 65 and over increased by **14.2 percent** and the percentage of working adults increased **1.6 percent**.

Of the **2,180,085** total estimated population:

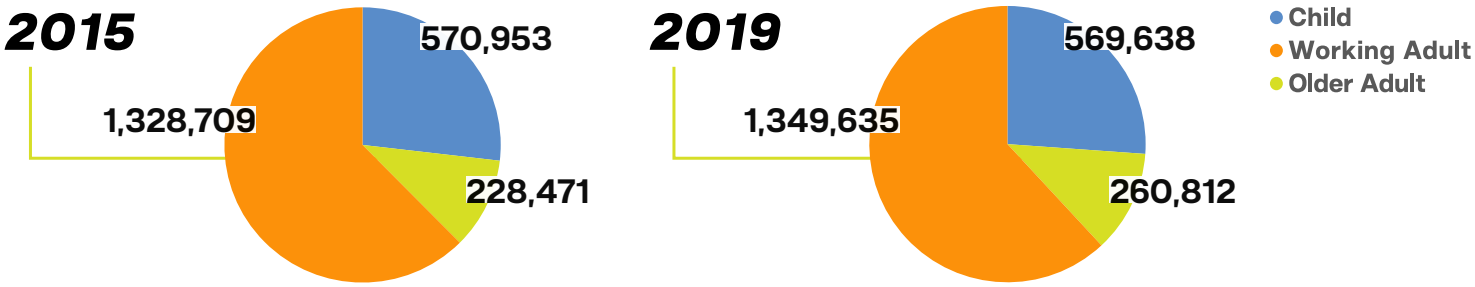
569,638 were children

1,349,635 were working adults

260,812 were over age 65

Ages across the County vary widely based on location. The cities with the highest number of residents 65 and older were San Bernardino, Fontana, Ontario and Rancho Cucamonga.

San Bernardino County Comparison

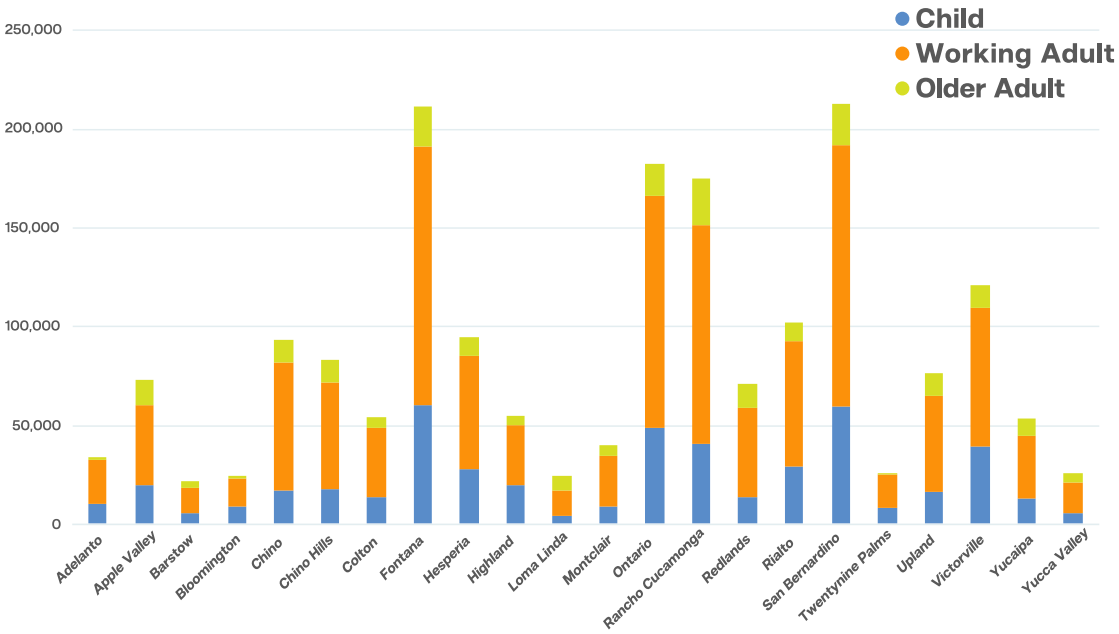


Age Distribution Continued

City/Community Age Distributions (2019 Data)*

City/Community	Child	Working Adult	Older Adult
Adelanto	9,830	22,556	1,669
Apple Valley	19,894	41,003	12,567
Barstow	4,939	13,286	3,753
Bloomington	8,424	14,404	1,292
Chino	17,155	65,391	11,806
Chino Hills	17,360	54,879	11,604
Colton	13,577	35,271	5,974
Fontana	61,051	132,493	21,013
Hesperia	28,183	57,752	9,818
Highland	19,327	31,411	4,677
Loma Linda	3,526	13,097	7,862
Montclair	8,904	25,798	5,379
Ontario	49,419	119,229	16,351
Rancho Cucamonga	41,084	112,249	24,281
Redlands	13,434	45,985	12,097
Rialto	29,178	64,330	10,032
San Bernardino	59,837	134,583	21,360
Twentynine Palms	7,710	17,159	1,205
Upland	15,844	49,850	11,429
Victorville	39,626	71,298	11,475
Yucaipa	12,961	31,863	9,093
Yucca Valley	5,313	15,484	4,730

*Data not available for all communities



Age Distribution Continued

Age Distribution by City/Community (Data not available for all communities)

City	2015	2016	2017	2018	2019
Adelanto					
Child	12,867	12,228	12,735	10,615	9,830
Older Adult	2,533	1,751	1,429	1,849	1,669
Working Adult	17,764	19,407	19,900	21,687	22,556
Apple Valley					
Child	20,847	18,042	19,840	21,367	19,894
Older Adult	12,363	11,620	11,525	11,433	12,567
Working Adult	38,975	42,880	41,706	40,708	41,003
Barstow					
Child	7,279	10,061	N/A	7,127	4,939
Older Adult	1,962	2,954	N/A	3,331	3,753
Working Adult	12,598	15,441	N/A	13,381	13,286
Bloomington					
Child	6,843	6,061	5,733	4,330	8,424
Older Adult	2,239	2,324	2,676	2,257	1,292
Working Adult	12,397	15,117	13,998	14,078	14,404
Chino					
Child	16,350	17,249	19,388	20,130	17,155
Older Adult	7,996	11,374	10,904	12,106	11,806
Working Adult	61,253	59,148	59,506	59,353	65,391
Chino Hills					
Child	16,695	18,352	18,813	21,084	17,360
Older Adult	8,461	8,657	9,138	7,838	11,604
Working Adult	53,157	51,812	52,449	54,516	54,879
Colton					
Child	15,021	15,264	15,487	17,603	13,577
Older Adult	5,791	6,456	5,449	5,768	5,974
Working Adult	33,794	32,993	33,887	31,366	35,271
Fontana					
Child	64,365	59,576	63,027	58,918	61,051
Older Adult	11,663	17,661	12,832	16,851	21,013
Working Adult	131,444	132,422	135,961	137,967	132,493
Hesperia					
Child	29,050	25,052	31,540	27,100	28,183
Older Adult	9,269	10,199	9,451	11,938	9,818
Working Adult	54,967	58,463	53,876	56,229	57,752
Highland					
Child	14,581	17,558	17,344	15,788	19,327
Older Adult	5,507	5,106	5,621	5,488	4,677
Working Adult	34,755	32,274	32,381	34,151	31,411
Loma Linda					
Child	4,936	5,070	4,577	4,989	3,526
Older Adult	3,437	3,898	4,268	5,123	7,862
Working Adult	15,667	15,159	15,353	14,258	13,097

Age Distribution Continued

Age Distribution by City/Community (Data not available for all communities)

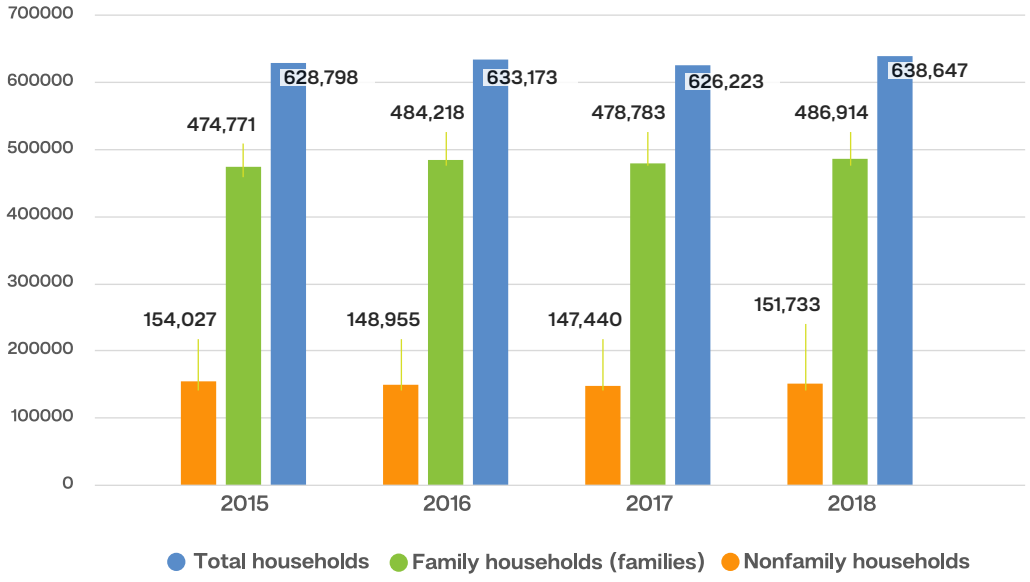
City	2015	2016	2017	2018	2019
Montclair					
Child	10,158	10,236	10,703	9,803	8,904
Older Adult	3,728	4,118	4,681	4,121	5,379
Working Adult	24,802	24,594	23,887	25,514	25,798
Ontario					
Child	49,889	45,832	44,439	44,568	49,419
Older Adult	12,707	16,114	18,584	16,575	16,351
Working Adult	108,604	111,265	112,827	119,976	119,229
Rancho Cucamonga					
Child	43,935	40,401	44,787	42,616	41,084
Older Adult	16,626	18,523	19,164	22,373	24,281
Working Adult	114,671	117,616	113,495	112,753	112,249
Redlands					
Child	16,308	16,306	14,148	15,055	13,434
Older Adult	10,547	11,328	12,110	11,760	12,097
Working Adult	44,173	43,654	45,304	44,780	45,985
Rialto					
Child	26,966	30,416	28,180	27,906	29,178
Older Adult	8,751	8,465	8,601	12,792	10,032
Working Adult	67,420	64,419	66,774	62,748	64,330
San Bernardino					
Child	66,372	67,895	60,576	64,794	59,837
Older Adult	18,087	18,254	22,174	19,532	21,360
Working Adult	131,678	130,093	134,233	131,603	134,583
Twentynine Palms					
Child	7,042	5,664	7,631	6,945	7,710
Older Adult	1,222	1,240	1,353	2,950	1,205
Working Adult	17,768	19,149	17,559	16,529	17,159
Upland					
Child	15,554	14,942	16,861	17,827	15,844
Older Adult	12,418	12,586	11,154	11,522	11,429
Working Adult	48,475	49,163	48,970	47,653	49,850
Victorville					
Child	38,553	39,213	35,283	40,756	39,626
Older Adult	12,455	11,639	12,882	9,823	11,475
Working Adult	71,228	71,431	74,300	71,726	71,298
Yucaipa					
Child	12,691	12,658	13,072	13,220	12,961
Older Adult	11,003	7,970	7,530	6,886	9,093
Working Adult	29,633	32,686	33,084	33,580	31,863
Yucca Valley					
Child	4,740	6,470	4,376	3,029	5,313
Older Adult	4,622	3,917	5,557	6,153	4,730
Working Adult	11,277	11,734	13,697	10,818	15,484

Age Distribution Continued

Age Distribution

Year	Under 18 years	18 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 years and over
2015	570,953	234,778	314,541	272,478	273,332	233,580	228,471
2016	573,307	229,818	318,466	272,885	270,029	238,505	237,086
2017	571,670	227,781	327,565	276,420	267,486	243,770	242,712
2018	572,279	224,772	331,736	281,377	264,742	245,529	251,168
2019	569,638	219,659	336,303	283,746	262,434	247,493	260,812

Household Composition



Language Spoken at Home

Language plays a crucial role in the ability of a community to meet the critical needs of its residents. When language is a barrier, it can prevent access to services such as employment, health care, transportation and social services. It is important to consider the languages spoken within a community in order to provide appropriate access to services.

In 2019, English was the primary language spoken at home in San Bernardino County, with **56.7 percent** of the population over 5 years of age speaking English. Also in 2019, **43.3 percent** of the community spoke a language other than English, with Spanish being the second most spoken language at **35.7 percent**. The ratio of English to Spanish speaking households has stayed consistent from 2015 to 2019.

PEOPLE SPEAK SPANISH in just over one-third of San Bernardino County households.

Percent of Languages Spoken at Home

Spoken Language	2015	2016	2017	2018	2019
English	58.7	58.5	58.9	58.4	56.7
Spanish	33.8	34	33.8	34.3	35.7
Other Indo-European	1.7	1.6	1.5	1.5	1.5
Asian and Pacific Islander	5.0	5.0	4.9	5.0	5.0
Other	1.0	0.9	1.0	0.9	0.9

Language Spoken at Home Continued

Percent of Languages Spoken at Home by City (2019 Data)*

City	English	Other, Not English	Spanish	Other Indo-European	Asian & Pacific Island	All Other Languages
Adelanto	51.5	48.5	46.7	0.4	1.2	0.2
Apple Valley	80.6	19.4	16.0	1.0	1.8	0.6
Barstow	72.1	27.9	24.5	0.9	1.8	0.7
Big Bear Lake	77.8	22.2	19.2	2.0	0.6	0.4
Chino	59.1	40.9	27.9	1.6	10.7	0.6
Chino Hills	57.7	42.3	14.0	2.9	23.8	1.6
Colton	49.2	50.8	45.5	0.7	3.9	0.7
Fontana	41.9	58.1	51.3	1.0	4.8	1.0
Grand Terrace	71.1	28.9	23.2	1.3	3.4	1.0
Hesperia	66.4	33.6	31.6	0.6	1.0	0.4
Loma Linda	58.1	41.9	18.5	4.1	16.5	2.9
Montclair	36.4	63.6	51.8	0.9	10.0	0.9
Needles	95.3	4.7	2.3	0.2	0.5	1.6
Ontario	41.9	58.1	51.3	1.1	5.0	0.7
Rancho Cucamonga	67.2	32.8	19.5	3.6	7.9	2.0
Redlands	74.1	25.9	16.7	2.8	5.1	1.2
San Bernardino City	48.8	51.2	46.4	0.7	3.3	0.8
Twentynine Palms	85.7	14.3	10.1	0.4	3.4	0.4
Upland	67.3	32.7	22.5	2.4	6.7	1.0
Victorville	61.6	38.4	33.5	1.3	2.6	1.0
Yucaipa	75.6	24.4	21.0	1.3	1.8	0.3
Yucca Valley	85.0	15.0	12.1	1.8	0.8	0.3

*Data not available for all cities

Percent of Spanish Speaking Homes

Year	California	San Bernardino County
2015	28.8	33.8
2016	28.8	34.0
2017	28.7	33.8
2018	28.7	34.3
2019	28.7	35.7

Voter Registration

In 2019, there was an increase in voter registration to **72.2 percent** up from **66.7 percent** in 2015. The local voter registration rate was still slightly lower than the state of California, which was **79.1 percent in 2019**.

VOTER REGISTRATION in San Bernardino County increased to 72.2 percent in 2019.

Voter Registration

Year	California			San Bernardino County		
	Registered	Eligible	Percent	Registered	Eligible	Percent
2015	17,717,936	24,362,774	72.7	852,388	1,277,263	66.7
2016	17,268,833	24,642,740	70.1	753,325	1,294,221	58.2
2017	19,432,609	24,939,710	77.9	908,362	1,312,084	69.2
2018	18,854,829	25,131,391	75.0	899,239	1,330,883	67.6
2019	19,978,449	25,259,865	79.1	963,616	1,334,000	72.2

Education

Education Snapshot of San Bernardino County

	CALIFORNIA*	SAN BERNARDINO COUNTY*
EDUCATIONAL ATTAINMENT *Percent of adults with a bachelor's degree or higher* HP 2020 *N/A*	35.0 percent	22.5 percent
HIGH SCHOOL GRADUATION *Percent of people graduating high school* HP 2020 82.4 percent	84.5 percent	84.6 percent
COLLEGE READINESS *Percent of students who qualify for UC/CSU admission* HP 2020 *N/A*	50.9 percent	47.2 percent

*All figures compare 2015 to 2019 unless otherwise noted.

Educational Attainment

Obtaining a higher education degree has many benefits, including opening opportunities to increased life and health-related resources. In addition to the potential for higher earning jobs, Americans with higher education are more likely to live in communities with greater resources. This includes better schools and increased accessibility to nutritious food, health services, and transportation.

The link between education and health is proven. Educational attainment creates opportunities for better health, including lower rates of common acute and chronic diseases.[1] Children's education and health are also related. Unhealthy children are more likely to miss school days, have trouble focusing, fall behind in studies, and have lower test scores and less educational attainment.[2]

High school graduates earn higher salaries, enjoy greater personal life satisfaction, have fewer health problems and are less likely to be involved in criminal activity than those who don't finish high school. College graduates live longer than those without a college education.[3]

Educational attainment at all levels within the County varies by city, as well as by race and ethnicity. Over the past five years there has been a noticeable increase in the percentage of people with a bachelor's degree. However, the percentage of adults with a bachelor's degree or higher in San Bernardino County is well below the state percentage.

BETTER EDUCATION EQUALS healthier families and lower rates of chronic disease.

Percent of Educational Attainment (Local/State/U.S.)

Year	United States			California			San Bernardino County		
	Less than a High School Degree	*High School Degree*	*Bachelor's Degree or Higher*	*Less than a High School Degree*	*High School Degree*	*Bachelor's Degree or Higher*	*Less than a High School Degree*	*High School Degree*	*Bachelor's Degree or Higher*
2015	12.9	27.6	30.6	17.8	20.8	32.3	21.1	26.7	19.4
2016	12.5	27.2	31.3	17.6	20.5	32.9	21.3	26.3	20.0
2017	12.0	27.1	32.0	16.7	20.8	33.6	20.1	26.4	20.5
2018	11.7	26.9	32.6	16.2	20.7	34.2	19.9	26.7	21.4
2019	11.4	26.9	33.1	16.0	20.6	35.0	19.3	25.8	22.5

Educational Attainment Continued

Percent of Educational Attainment by Race & Ethnicity (2019 Data)

High School Graduate/Bachelor's Degree	County	Male	Female
White			
High school graduate or higher	81.3	80.4	82.0
Bachelor's degree or higher	19.7	19.1	20.3
White, not Hispanic or Latino			
High school graduate or higher	91.7	91.1	92.4
Bachelor's degree or higher	26.6	26.5	26.6
African American			
High school graduate or higher	87.7	86.4	88.9
Bachelor's degree or higher	22.3	20.0	24.3
American Indian or Alaska Native			
High school graduate or higher	79.9	79.2	80.6
Bachelor's degree or higher	10.9	11.4	10.5
Asian			
High school graduate or higher	91.1	92.4	89.9
Bachelor's degree or higher	52.5	53.7	51.4
Native Hawaiian & Other Pacific Islander			
High school graduate or higher	91.7	93.5	90.0
Bachelor's degree or higher	19.9	21.7	18.2
Some other race			
High school graduate or higher	63.5	62.7	64.3
Bachelor's degree or higher	9.3	8.5	10.2
Two or more races			
High school graduate or higher	86.9	86.9	86.9
Bachelor's degree or higher	22.7	22.3	23.0
Hispanic or Latino Origin			
High school graduate or higher	67.7	66.7	68.7
Bachelor's degree or higher	11.1	10.0	12.2

Percent of Adults with A Bachelor's Degree or Higher, Age 25+

63.8 percent of college students who enroll in bachelor's programs at age 18 years or younger graduate within 5 years, according to EducationData.org.

Year	United States	California	San Bernardino County
2015	30.6	32.3	19.4
2016	31.3	32.9	20.0
2017	32.0	33.7	20.5
2018	32.6	34.2	21.4
2019	33.1	35.0	22.5

Educational Attainment Continued

Percent of Educational Attainment by City/Community

High School Graduate/Bachelor's Degree	2015	2016	2017	2018	2019
Adelanto					
Percent Less than a High School Degree	39.9	39.1	34.2	38.4	25.5
Percent with a High School Degree	21.6	25.0	29.4	29.1	32.4
Percent with a Bachelor's Degree or Higher	5.4	6.5	4.4	4.8	9.3
Apple Valley					
Percent Less than a High School Degree	14.0	14.8	12.8	16.7	12.6
Percent with a High School Degree	33.1	27.0	34.4	28.8	30.7
Percent with a Bachelor's Degree or Higher	18.9	14.8	16.4	18.2	18.3
Barstow					
Percent Less than a High School Degree	20.5	26.8	*N/A*	15.4	21.8
Percent with a High School Degree	33.3	29.8	*N/A*	28.0	31.7
Percent with a Bachelor's Degree or Higher	9.8	10.0	*N/A*	10.6	8.3
Bloomington					
Percent Less than a High School Degree	38.3	45.5	38.3	46.4	40.9
Percent with a High School Degree	25.6	21.1	29.1	21.7	29.4
Percent with a Bachelor's Degree or Higher	10.3	7.3	14.1	9.7	10.8
Chino					
Percent Less than a High School Degree	24.9	21.3	23.3	17.0	18.1
Percent with a High School Degree	24.1	23.5	23.6	22.3	22.3
Percent with a Bachelor's Degree or Higher	17.0	21.9	20.3	29.7	27.1
Chino Hills					
Percent Less than a High School Degree	7.5	5.6	10.1	4.9	4.7
Percent with a High School Degree	14.9	21.4	14.2	19.1	12.5
Percent with a Bachelor's Degree or Higher	43.1	45.0	41.5	51.4	52.4
Colton					
Percent Less than a High School Degree	22.0	23.8	27.2	24.5	24.3
Percent with a High School Degree	31.5	26.6	25.5	31.1	25.4
Percent with a Bachelor's Degree or Higher	12.7	18.5	17.5	17.4	16.2
Fontana					
Percent Less than a High School Degree	29.2	25.7	23.4	23.0	23.4
Percent with a High School Degree	29.1	28.7	29.6	28.3	28.6
Percent with a Bachelor's Degree or Higher	13.9	17.8	18.1	19.1	19.6
Hesperia					
Percent Less than a High School Degree	20.8	27.2	21.8	21.4	20.6
Percent with a High School Degree	37.6	35.5	34.3	35.1	35.1
Percent with a Bachelor's Degree or Higher	10.6	9.9	10.5	6.9	14.8
Highland					
Percent Less than a High School Degree	22.9	21.1	23.3	25.1	21.9
Percent with a High School Degree	24.2	24.7	22.2	26.8	26.3
Percent with a Bachelor's Degree or Higher	19.4	24.1	18.1	18.6	26.5
Loma Linda					
Percent Less than a High School Degree	10.6	11.0	4.1	13.8	14.1
Percent with a High School Degree	19.6	22.7	16.8	16.3	12.8
Percent with a Bachelor's Degree or Higher	45.3	39.7	55.2	43.9	46.9

*Data not available for all communities

OVER THE LAST FIVE YEARS, **there has been a noticeable increase in the percent of people with a bachelor's degree.**

Educational Attainment Continued

Percent of Educational Attainment by City/Community

High School Graduate/Bachelor's Degree	2015	2016	2017	2018	2019
Montclair					
Percent Less than a High School Degree	31.8	27.2	25.5	28.4	25.4
Percent with a High School Degree	28.6	26.6	26.8	21.8	24.6
Percent with a Bachelor's Degree or Higher	16.0	17.4	11.3	16.7	19.4
Ontario					
Percent Less than a High School Degree	27.9	26.8	24.6	28.9	25.4
Percent with a High School Degree	27.6	29.4	26.1	26.1	25.2
Percent with a Bachelor's Degree or Higher	15.6	15.0	17.4	15.7	17.6
Rancho Cucamonga					
Percent Less than a High School Degree	7.3	10.6	8.7	8.5	8.5
Percent with a High School Degree	21.6	17.6	19.5	18.3	18.3
Percent with a Bachelor's Degree or Higher	31.4	35.2	36.7	35.2	36.1
Redlands					
Percent Less than a High School Degree	10.4	10.0	12.1	11.3	8.8
Percent with a High School Degree	19.4	19.7	16.6	20.4	13.3
Percent with a Bachelor's Degree or Higher	37.3	36.1	43.4	42.4	53.0
Rialto					
Percent Less than a High School Degree	34.0	31.1	27.4	29.3	26.7
Percent with a High School Degree	31.0	30.5	31.3	30.9	30.0
Percent with a Bachelor's Degree or Higher	9.4	10.7	11.5	11.8	12.6
San Bernardino City					
Percent Less than a High School Degree	31.4	33.2	32.0	30.4	27.7
Percent with a High School Degree	28.3	26.5	29.3	29.2	32.4
Percent with a Bachelor's Degree or Higher	12.2	9.1	11.7	13.3	12.8
Twentynine Palms					
Percent Less than a High School Degree	5.9	7.4	14.5	10.3	6.2
Percent with a High School Degree	26.6	30.3	27.5	20.3	19.2
Percent with a Bachelor's Degree or Higher	18.1	15.8	18.0	27.6	21.2
Upland					
Percent Less than a High School Degree	11.9	13.5	9.7	9.9	8.4
Percent with a High School Degree	21.1	22.6	19.2	19.6	21.9
Percent with a Bachelor's Degree or Higher	29.5	29.1	34.8	33.9	32.1
Victorville					
Percent Less than a High School Degree	21.9	21.7	21.8	20.1	28.5
Percent with a High School Degree	26.9	31.2	29.2	32.8	29.4
Percent with a Bachelor's Degree or Higher	16.2	12.2	11.1	11.5	11.3
Yucaipa					
Percent Less than a High School Degree	12.6	10.0	13.1	11.9	8.4
Percent with a High School Degree	28.0	32.1	27.6	29.4	30.4
Percent with a Bachelor's Degree or Higher	21.2	24.7	22.8	24.4	25.5
Yucca Valley					
Percent Less than a High School Degree	8.2	17.5	7.5	15.7	12.5
Percent with a High School Degree	32.6	26.3	29.9	33.3	28.8
Percent with a Bachelor's Degree or Higher	13.2	14.2	18.6	15.8	17.3

*Data not available for all communities

High School Graduation Rate

Recognizing the importance of educational attainment to the livelihood of individuals and the strength of communities, San Bernardino County has focused attention on increasing high school graduation rates over the past five years.

The County's efforts have paid off, with the local high school graduation rate now matching the state's overall high school graduation rate and surpassing the federal government's Healthy People 2020 (HP 2020) objective.

Percent in 2018–2019 School Year

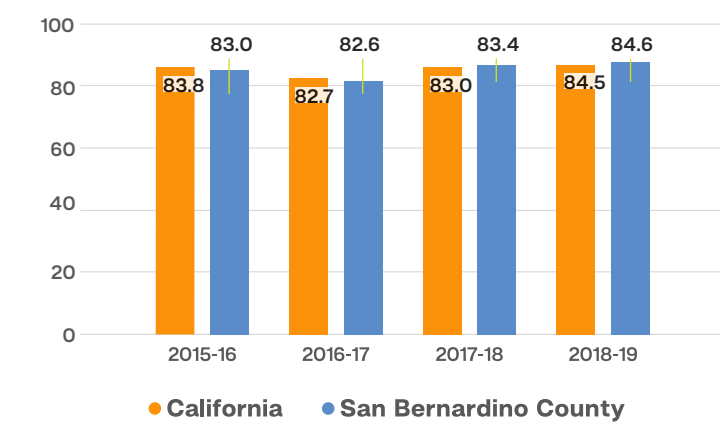
CALIFORNIA **84.5** ↑ HP 2020 **82.4**

SAN BERNARDINO COUNTY **84.6** ↑

In San Bernardino County, there was a **4.0 increase** in the percentage of 9th graders who went on to complete their high school degree – **up to 84.6 percent** in the 2018-2019 school year from **83.0 percent** in the 2015-2016 school year. Graduation rates in the County differed by race and ethnicity, as well as by school district.

The same upward trend of 9th graders who went on to complete a high school degree also took place at the state level.

SAN BERNARDINO COUNTY SAW A 4.0 PERCENT INCREASE in high school graduation rates, catching up to and surpassing the state's overall graduation rate and the federal Healthy People 2020 objective.



High School Graduation Rate Continued

Percent of Cohort High School Graduation Rate (by District)*

School District	2015-16	2016-17	2017-18	2018-19
Apple Valley Unified	87.7	89.7	86.8	89.9
Baker Valley Unified	80.0	83.3	0	85.7
Barstow Unified	79.6	85.9	80.5	88.9
Bear Valley Unified	85.6	89.4	85.9	88.1
Chaffey Joint Union High	91.4	89.3	89.3	89.9
Chino Valley Unified	92.2	92.1	92.3	92.6
Colton Joint Unified	86.5	87.0	86.3	90.8
Fontana Unified	90.1	90.6	90.0	91.5
Hesperia Unified	91.0	92.7	91.2	93.2
Lucerne Valley Unified	72.6	72.2	83.0	85.7
Morongo Unified	88.0	81.8	80.5	80.5
Needles Unified	83.6	87.5	90.6	98.5
Redlands Unified	93.0	90.7	89.5	92.1
Rialto Unified	84.8	85.4	88.6	90.9
Rim of the World Unified	85.1	89.5	88.6	87.4
San Bernardino City Unified	86.2	89.0	88.7	90.4
Silver Valley Unified	96.6	93.9	92.0	90.5
Snowline Joint Unified	87.8	88.5	88.2	91.0
Trona Joint Unified	75.0	75.0	89.5	65.2
Upland Unified	94.1	92.4	94.8	92.3
Victor Valley Union High	72.9	79.4	80.6	82.4
Yucaipa-Calimesa Joint Unified	90.7	90.8	92.1	90.5

*Data not available for all districts

Cohort High School Graduation Rate (by Race/Ethnicity)

Race/Ethnicity	2015-16	2016-17	2017-18	2018-19
African American	76.5	75.9	77.4	77.9
American Indian or Alaska Native	69.0	63.0	66.5	76.2
Asian	93.3	93.5	92.6	93.8
Filipino	95.0	94.5	95.0	96.7
Hispanic or Latino	82.6	83.4	84.2	85.2
Pacific Islander	83.6	81.3	84.6	87.1
White	85.0	84.6	84.5	85.4
Two or more races	78.8	74.4	77.8	79.6
Not reported	67.2	40.4	55.6	58.4

College Readiness

The number of local high school graduates who are college ready has steadily increased over the years. College readiness refers to qualifying for entry into a University of California/California State University (UC/CSU) institution.

San Bernardino County has seen an **increase from 40.6 percent** in the 2016-2017 school year **to 47.2 percent** in the 2019-2020 school year.

Despite these gains, San Bernardino County still remains **more than 3.0 percent below** the state level for college readiness.

COLLEGE READINESS IS STEADILY RISING in San Bernardino County.

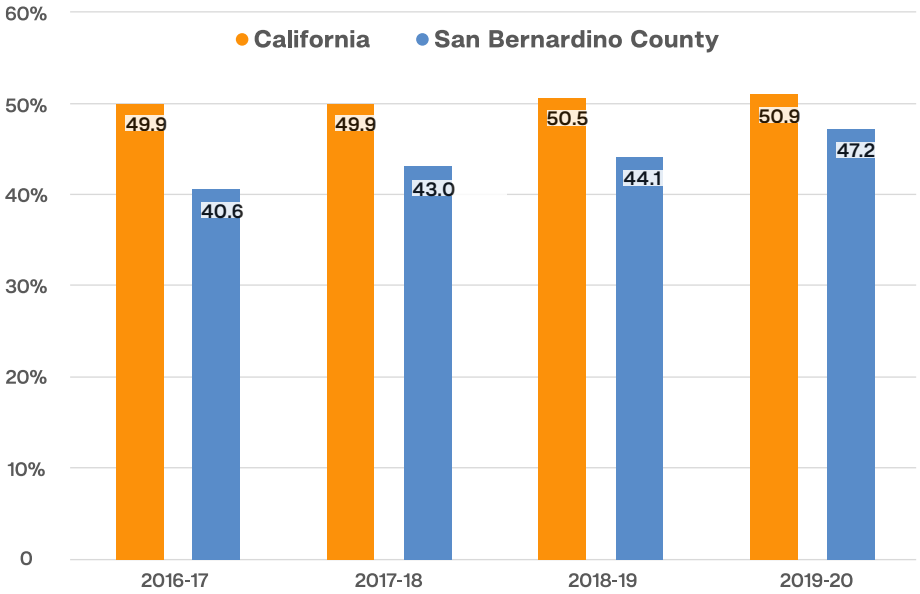
Percent of High School Graduates Who Qualify for Entry into a UC/CSU (by District)*

School District	Graduates	UC/CSU Eligible	Percent
Apple Valley Unified	867	352	40.6
Baker Valley Unified	12	12	100.0
Barstow Unified	345	65	18.8
Bear Valley Unified	170	56	32.9
Chaffey Joint Union High	5,229	3,534	67.6
Chino Valley Unified	2,214	1,190	53.7
Colton Joint Unified	1,388	24	1.7
Fontana Unified	2,611	1,291	49.4
Hesperia Unified	1,657	596	36.0
Lucerne Valley Unified	36	8	22.2
Morongo Unified	450	106	23.6
Needles Unified	67	13	19.4
Redlands Unified	1,553	878	56.5
Rialto Unified	1,724	795	46.1
Rim of the World Unified	215	65	30.2
San Bernardino City Unified	2,924	1,075	36.8
Silver Valley Unified	95	0	0.0
Snowline Joint Unified	536	169	31.5
Trona Joint Unified	15	2	13.3
Upland Unified	795	396	49.8
Victor Valley Union High	1,435	463	32.3
Yucaipa-Calimesa Joint Unified	663	306	46.2

*Data not available for all districts

College Readiness Continued

Percent of High School Graduates Who Qualify for Entry into a UC/CSU (County and State)



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MONET AVENUE
. MAINSTREET

Economy

Economy Snapshot of San Bernardino County

	CALIFORNIA*	SAN BERNARDINO COUNTY*
POVERTY *Percent of individuals living in poverty*	11.8 percent ↓	13.3 percent ↓
CHILDHOOD POVERTY *Percentage of children under 18*	15.6 percent ↓	18.4 percent ↓
HOMELESSNESS *Estimated count of homeless individuals*	N/A	21.8 percent ↑
UNEMPLOYMENT RATE	5.1 percent ↓	5.9 percent ↓
HOUSING AFFORDABILITY *Percent of residents who spent more than 30 percent of income on housing*	40.3 percent ↓	40.1 percent ↓

*All figures compare 2015 to 2019 unless otherwise noted.

Poverty

Research clearly shows that poverty level can determine health outcomes for individuals and families. Those living in poverty often have less access to resources and opportunities to improve health. Poverty increases the risk of mental illness and chronic disease such as heart disease, diabetes and obesity.[1] In addition, when considering life expectancy, impoverished adults live less than those above the federal poverty level.

According to the U.S. Census Bureau, more than **34 million Americans lived in poverty in 2019**.[2] Poverty rates in the County are higher than both California and the United States, with **13.3 percent** of residents living in poverty. However, the County saw an overall decline in poverty over the last five years.

THE PERCENT OF PEOPLE living below the federal poverty level in San Bernardino County declined from 19 percent in 2015 to 13.3 percent in 2019.

Many factors affect poverty and living conditions, such as education, income level, geographic location, marital status and social status.

In 2019, the cities in San Bernardino County with the highest percentage of people living in poverty were San Bernardino **(26.0 percent)**, Adelanto **(28.5 percent)** and Barstow **(35.3 percent)**. From 2018 to 2019, there was a slight increase in poverty levels among African Americans and people of two or more races.

In the same time period, poverty levels decreased among Whites, Asians, American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, Hispanics or Latinos, and other races.

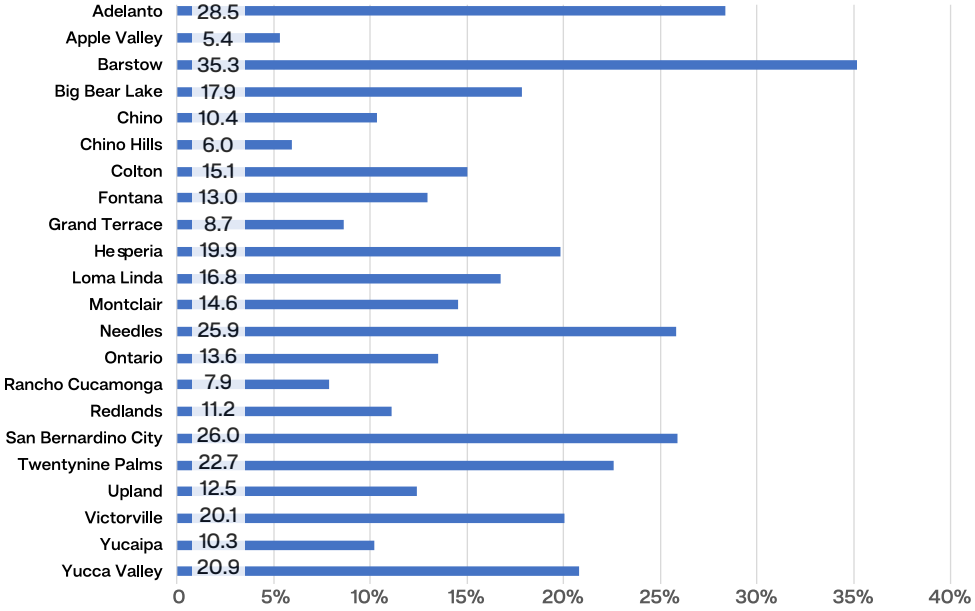
Percent of People Who Fall Below the Federal Poverty Level (2019 data)

By Age Group

Year	California			San Bernardino County		
	Under 18	18-64	65+	Under 18	18-64	65+
2015	21.2	14.3	9.9	27.4	16.9	10.2
2016	19.9	13.2	10.3	26.0	15.5	9.9
2017	18.1	12.2	10.2	23.0	13.9	12.0
2018	17.4	11.7	10.5	21.4	12.7	11.3
2019	15.6	10.7	10.5	18.4	11.4	11.5

Poverty Continued

Percent of People Who Fall Below the Federal Poverty Level by City (2019 data)*



*Data not available for all cities

Percent of People Who Fall Below the Federal Poverty Level By Race and Ethnicity	2015	2016	2017	2018	2019
White	17.7	16.6	14.8	14.8	12.7
White, not Hispanic or Latino	13.1	12.7	11.3	11.3	10.3
African American	26.7	26.2	21.0	19.4	20.0
American Indian or Alaska Native	28.6	26.8	23.5	13.9	9.5
Asian	12.0	10.9	11.8	11.8	7.7
Native Hawaiian & Other Pacific Islander	*N/A*	*N/A*	29.4	*N/A*	24.9
Some other race	23.6	20.3	19.4	14.7	14.4
Two or more races	16.7	16.7	19.2	13.7	14.2
Hispanic or Latino origin	22.4	20.1	18.3	16.6	14.3

Median Income by Year

Year	California	San Bernardino County
2015	$64,500	$53,803
2016	$67,739	$56,337
2017	$71,805	$60,420
2018	$75,277	$63,857
2019	$80,444	$67,903

Poverty Continued

San Bernardino County conducts a Point-in-Time Homeless Count for one day each January. The street-based and service-based count and subpopulation survey of sheltered and unsheltered individuals identifies how many people in San Bernardino County are homeless and their subpopulation characteristics on a given day.

Homelessness by City/Community (2019 Data)

City	Count	City	Count	City	Count
Adelanto	14	Highland	72	Redlands	183
Apple Valley	23	Joshua Tree	30	Rialto	133
Barstow	62	Lake Arrowhead	6	Running Springs	1
Big Bear City	2	Loma Linda	25	San Bernardino	890
Big Bear Lake	39	Mentone	3	Twentynine Palms	40
Bloomington	24	Montclair	24	Upland	58
Chino	23	Morongo Valley	0	Victorville	333
Chino Hills	4	Muscoy	13	Yucaipa	16
Colton	58	Needles	29	Yucca Valley	72
Crestline	7	Ontario	128	County-wide or Unknown	115
Fontana	94	Phelan	0		
Grand Terrace	1	Rancho Cucamonga	58		
Hesperia	24				

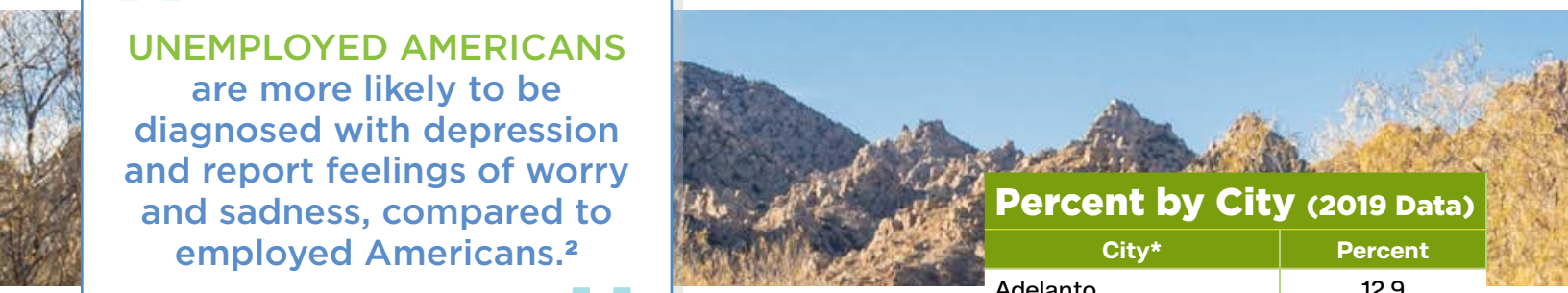
Unemployment Rate

An individual's employment status can affect many aspects of life, including the neighborhood in which they live, the quality of education for their children, the quality of childcare services and access to nutritious food and health services. Beyond loss of income, unemployed Americans tend to face health challenges at a higher frequency than those who are employed, including more often experiencing depression, worry and sadness.

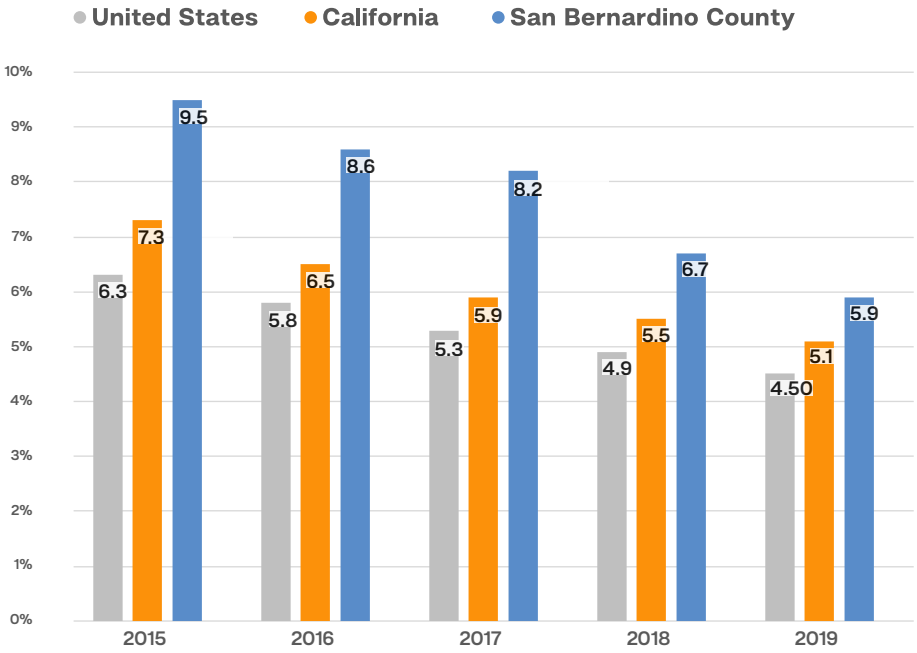
Based on the eligible workforce, the unemployment rate for San Bernardino County decreased by nearly half from 2015 to 2019. However, the unemployment rate remains higher in the County than California and the United States.

Unemployment rates are calculated by the number of people in the civilian labor force (excluding those in school, retired, disabled or in the military), divided by the number of people who are unemployed and actively seeking work.[1]

> **UNEMPLOYED AMERICANS are more likely to be diagnosed with depression and report feelings of worry and sadness, compared to employed Americans.[2]**



Percent of Eligible Workforce That is Unemployed



Percent by City (2019 Data)

City*	Percent
Adelanto	12.9
Apple Valley	3.2
Barstow	9.2
Big Bear Lake	3.0
Chino	5.1
Chino Hills	4.9
Colton	7.1
Fontana	6.9
Grand Terrace	6.3
Hesperia	10.3
Loma Linda	5.7
Montclair	7.5
Needles	9.8
Ontario	6.5
Rancho Cucamonga	5.4
Redlands	5.9
San Bernardino City	9.2
Twentynine Palms	10.4
Upland	4.8
Victorville	12.9
Yucaipa	4.4
Yucca Valley	11.8

*Data not available for all cities

Affordable Housing

The U.S. Department of Housing and Urban Development (HUD) defines affordable housing as a household paying **no more than 30 percent** of its annual income on housing. Households that pay **more than 30 percent** of their income on housing sometimes have trouble affording other necessities such as health care, food, clothing and transportation.

Another way to determine housing affordability is to look at the housing cost as a percentage of the median income of the area. The median income is calculated by dividing households into two even segments, those who earn more than the median income and those who earn less than the median income.

THE PERCENT OF PEOPLE SPENDING more than 30 percent of their income on housing in San Bernardino County declined from 2015 (43.6 percent) to 2019 (40.1 percent).[1]

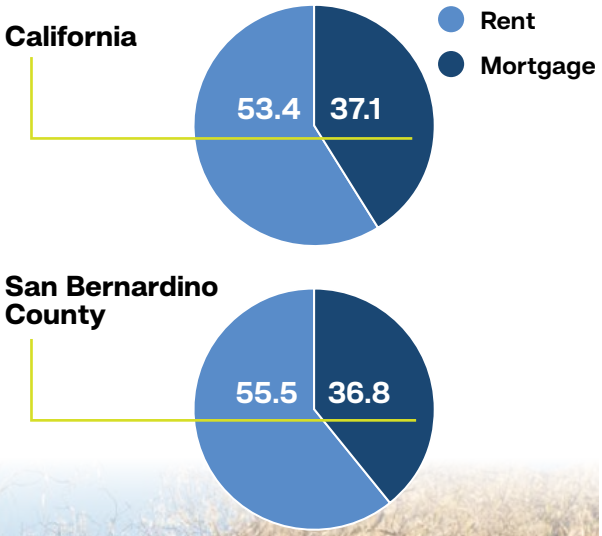
In San Bernardino County, the median income in 2019 was **$67,903**, an increase of **$14,100** since 2015. The median sale price of homes in the Riverside-San Bernardino-Ontario Metropolitan area was **$355,000** in 2019. The percent of people spending more than **30.0 percent** of their income on housing in San Bernardino County declined from 2015 (**43.6 percent**) to 2019 (**40.1 percent**).

Rent prices have also been steadily increasing in San Bernardino County. The median monthly rent for a two-bedroom apartment was **$1,335** in 2019, compared to **$1,153** in 2015.[2]

Percent of residents who reported spending more than 30 percent of their income on housing

Year	California	San Bernardino County
2015	43.0	43.6
2016	42.6	43.6
2017	42.1	41.3
2018	41.7	41.3
2019	40.3	40.1

2019 Percentage Comparison



Affordable Housing Continued

Housing and Transportation Affordability Index (2019 data)

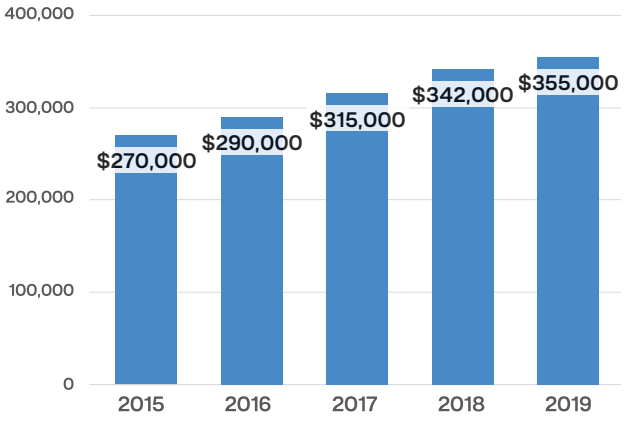
The Housing and Transportation Affordability Index is an innovative tool that challenges the traditional measure of affordability used by planners, lenders and most consumers, which recommends that housing should be less than **30 percent** of income. The Index takes into account not just the cost of housing, but the costs of housing and transportation, which can leave little money for other expenses such as food, medical and child care. The higher the index number, the higher the cost of housing and transportation.

City/Community	Percent
Adelanto	52.0
Apple Valley	56.0
Baker	44.0
Barstow	47.0
Big Bear City	55.0
Big Bear Lake	58.0
Bloomington	58.0
Chino	69.0
Chino Hills	80.0
Colton	52.0
Crestline	49.0
Fontana	63.0
Fort Irwin	50.0
Grand Terrace	60.0
Hesperia	54.0
Highland	59.0
Joshua Tree	48.0

City/Community	Percent
Lake Arrowhead	60.0
Lenwood	45.0
Loma Linda	51.0
Lucerne Valley	47.0
Lytle Creek	63.0
Mentone	54.0
Montclair	57.0
Mountain Center	62.0
Muscoy	52.0
Needles	47.0
Oak Glen	93.0
Oak Hills	70.0
Ontario	59.0
Phelan	54.0
Piñon Hills	45.0
Rancho Cucamonga	68.0

City/Community	Percent
Redlands	63.0
Rialto	55.0
Running Springs	58.0
San Antonio Heights	84.0
San Bernardino	49.0
Silver Lakes	60.0
Spring Valley Lake	62.0
Twentynine Palms	47.0
Upland	64.0
Victorville	54.0
Wrightwood	66.0
Yucaipa	63.0
Yucca Valley	52.0

Median Sale Price, All Home Types (San Bernardino County)



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Access to Health Care

Access to Health Care Snapshot of San Bernardino County

	CALIFORNIA*	SAN BERNARDINO COUNTY*
HEALTH INSURANCE COVERAGE *Percent of residents with health insurance* HP 2020 82.4 percent	92.3 percent	90.9 percent
SOURCE OF HEALTH CARE HP 2020 95 percent	85.9 percent	84.8 percent
DELAYS IN ACCESS TO HEALTH CARE *Percent of residents who delayed or did not get medical care in the past year* HP 2020 4.2 percent	14.4 percent	14.7 percent
ACCESS TO HEALTH PROFESSIONALS *Number of physician and surgeon licenses per 100,000* *0*HP 2020 *N/A*	297	202

*All figures compare 2015 to 2019 unless otherwise noted.

Health Insurance Coverage

Residents' access to health and wellness services, programs and facilities is directly related to medical insurance coverage. Those without health insurance commonly receive less preventive care, delay care when needed and experience a higher rate of hospitalization, all of which lead to poor health overall.

Health insurance enrollment has dramatically increased in San Bernardino County, thanks in large part to the Affordable Care Act. In addition to providing premium subsidies and cost-sharing, the law expanded coverage by allowing young adults to stay on their parents' insurance plans until age 26, outlawed lifetime limits on insurance coverage, added protections for people with pre-existing conditions, lowered the cost of drugs for seniors on Medicare, and expanded coverage of preventive care such as mammograms, immunizations, colonoscopies, Pap smears, well-baby checks, and tobacco cessation.

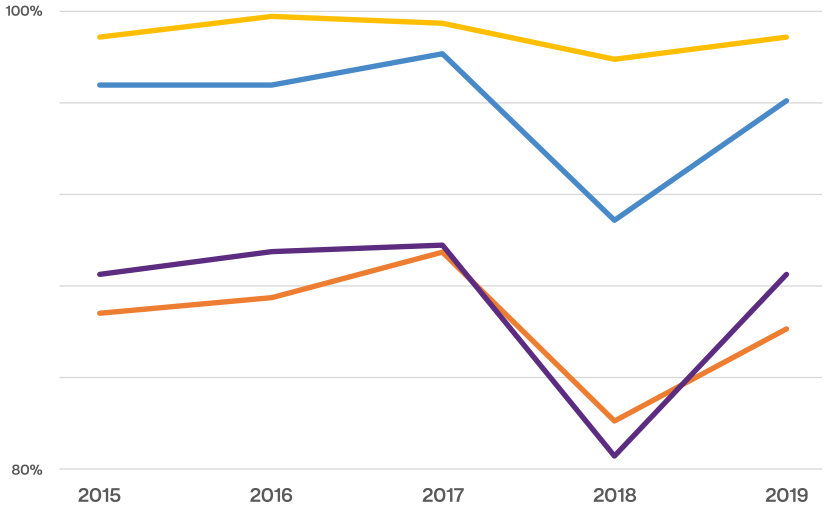
THE NUMBER OF SAN BERNARDINO COUNTY RESIDENTS with health insurance coverage nearly matched statewide levels in 2019.

Medi-Cal, a health care program for certain low-income populations, has seen significant increases in enrollment since the Affordable Care Act took effect.

In 2019, Medi-Cal enrollment in San Bernardino County was **36.0 percent**, down slightly from 2015 (**36.5 percent**) but exceeding the statewide enrollment of **24.7 percent**.

In San Bernardino County in 2019, there are **1,747** people for each primary care physician, higher than the state and exceeding the national target ratio of **1,050** patients for each primary care physician.[1]

Percent of Statewide Insurance Coverage Enrollment by Age



Year	Under 19	19-34	35-64	65+
2015	96.2	86.5	87.9	98.4
2016	96.0	87.0	88.9	98.9
2017	97.3	88.8	89.1	98.7
2018	91.1	82.5	81.0	98.0
2019	95.6	85.9	88.0	98.6

Under 19
19-34
35-64
65+

Health Insurance Coverage Continued

Percent of Individuals With Health Insurance Coverage by City/Community*

City/Community	2015	2016	2017	2018	2019
Adelanto	88.7	90.4	92.1	92.5	80.5
Apple Valley	96.6	93.3	95.9	87.5	91.0
Barstow	94.0	94.1	N/A	96.9	93.8
Bloomington	91.1	84.6	92.5	92.2	87.9
Chino	91.6	89.9	93.1	92.0	90.2
Chino Hills	94.3	96.2	98.4	95.1	93.8
Colton	90.3	92.6	93.0	94.7	91.0
Fontana	88.4	90.3	90.2	97.9	91.6
Hesperia	90.7	92.2	94.8	95.4	88.4
Highland	91.5	89.9	89.6	96.0	91.6
Loma Linda	95.2	92.7	95.9	81.5	90.9
Montclair	88.2	86.4	88.5	83.5	89.7
Ontario	88.8	89.8	90.9	90.1	90.8
Rancho Cucamonga	94.4	94.4	95.6	95.5	95.2
Redlands	95.4	93.9	95.8	94.1	96.9
Rialto	86.2	87.5	89.2	97.5	87.0
San Bernardino	87.4	87.1	89.9	95.2	88.2
Twentynine Palms	98.6	93.1	94.7	86.1	97.0
Upland	94.9	94.0	95.5	92.8	93.6
Victorville	92.7	94.0	92.6	96.8	88.9
Yucaipa	94.3	94.5	97.1	95.5	92.2
Yucca Valley	95.7	89.9	89.8	84.9	95.9

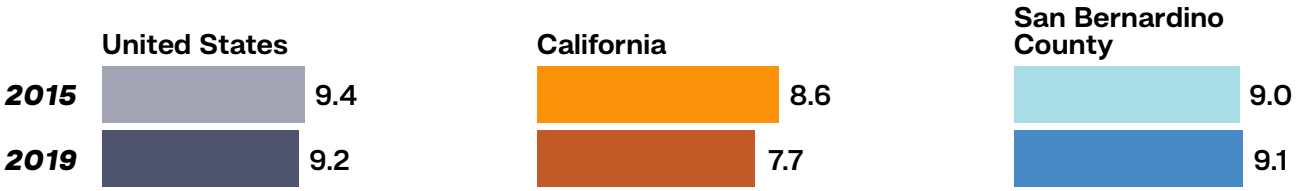
*Data not available for all cities/communities

Percent of Individuals With Medi-Cal Insurance Coverage Enrollment by Year

Year	California	San Bernardino County
2015	31.3	36.5
2016	33.0	35.8
2017	29.3	38.7
2018	30.4	33.7
2019	24.7	36.0

Health Insurance Coverage Continued

Percent of People Uninsured



In 2019, **9.1 percent** of San Bernardino County residents were uninsured - lower than the United States (**9.2 percent**) but higher than the state average of **7.7 percent**.

The racial or ethnic group most likely to be uninsured was the category "other," which includes Native American, some other race, or two or more races. This is followed by Latinos.[2]

SAN BERNARDINO COUNTY HOUSEHOLDS WITH INCOMES FROM

$25,000 – $49,000

WERE THE MOST LIKELY TO BE UNINSURED[3]

20.5 PERCENT WITH LESS THAN A HIGH SCHOOL DIPLOMA WERE UNINSURED

COMPARED WITH

5.1 PERCENT OF THOSE WITH A COLLEGE DEGREE[4]

At **12.8 percent**, young adults (**ages 19-24 years old**) were the age group most likely to be uninsured; **3.3 percent** of **children under age 6** were uninsured.[5]

Access to Health Professionals

Improving access to health care services requires that people have a regular and ongoing source of care, such as a primary care physician. People who have a regular doctor who can provide vaccinations, screen for risk factors such as diabetes and hypertension, and promote healthy behaviors ultimately have better health outcomes, fewer disparities, and lower costs. The benefits of reliable access to health services include:

- Prevention of disease and disability
- Reduction in the likelihood of early death
- Detection and treatment of illnesses or other health conditions
- Prolonged life expectancy
- Increase in quality of life

In San Bernardino County, **84.8 percent** of residents had a usual source of care in 2019, up slightly from **84.1 percent** in 2015.

IN SAN BERNARDINO COUNTY, there are approximately 200 primary care physicians/surgeons for every 100,000 residents.

In San Bernardino County, there are **1,747** people for each primary care physician, higher than the state and exceeding the national target ratio of **1,050** patients for each primary care physician.[1]

5 PHYSICIANS/SURGEONS FOR EVERY 2,500 PEOPLE IN SAN BERNARDINO COUNTY

In 2019, **14.7 percent** of San Bernardino County residents delayed or did not get medical care when needed in the past year, compared to **14.4 percent** across California.

Access to Health Professionals Continued

Access to Health Professionals (Physicians/surgeons licenses per 100,00 residents and per 2,500 residents)

Year	California				San Bernardino County			
	Population	Licenses	100,000	2,500	Population	Licenses	100,000	2,500
2015	39,144,818	108,594	277	6	2,128,133	3,905	183	4
2016	39,250,017	110,989	282	7	2,140,096	4,056	189	4
2017	39,536,653	113,100	286	7	2,157,404	4,169	193	4
2018	39,557,045	115,378	291	7	2,171,603	4,304	198	4
2019	39,512,223	117,570	297	7	2,180,085	4,405	202	5

Source of Care Comparison
(Percent of residents with a usual source of care)

Year	California	San Bernardino County
2015	86.0	84.1
2016	85.4	87.7
2017	87.0	83.5
2018	88.5	88.4
2019	85.9	84.8

Delays in Access to Health Care
(Percent of residents who delayed or did not get medical care in the past year)

Year	California	San Bernardino County
2015	11.5	8.9
2016	9.8	11.2
2017	10.3	9.8
2018	10.9	9.9
2019	14.4	14.7

Oral Health

Oral health is a critical component of overall health for all ages, from infants to adults, because it impacts the ability to communicate effectively at school and work and to maintain a healthy diet. In addition to being painful, tooth decay and periodontal disease can lead to infection and tooth loss, ultimately affecting quality of life and health outcomes.

Some groups are especially at risk: children from low-income families, adults over 65, racial and ethnic minorities, low-income pregnant women, people with special health care needs and those living in remote areas. In San Bernardino County, about one-fourth of the population lives in an area with too few health professionals to meet the needs of the population.[1]

Work is underway by the County of San Bernardino to improve access to quality dental care. The San Bernardino County Strategic Plan for Oral Health is the first document of its kind to provide a strategic, data-driven and stakeholder-informed roadmap for improving the oral health of San Bernardino County.

1 DENTIST
for every

1,900	People **statewide**
2,643	People **countywide**

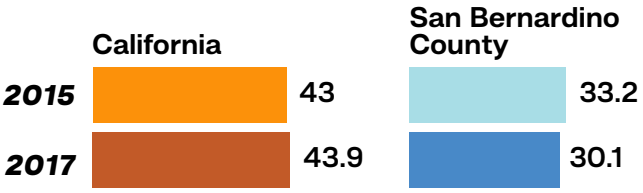
1 PEDIATRIC DENTIST
for every

27,547	Children **countywide**[2]

No statewide data available

LESS THAN ONE IN TEN dentists practicing in San Bernardino County treats patients insured through Medi-Cal.[3]

Percent of Dental Visits During Pregnancy



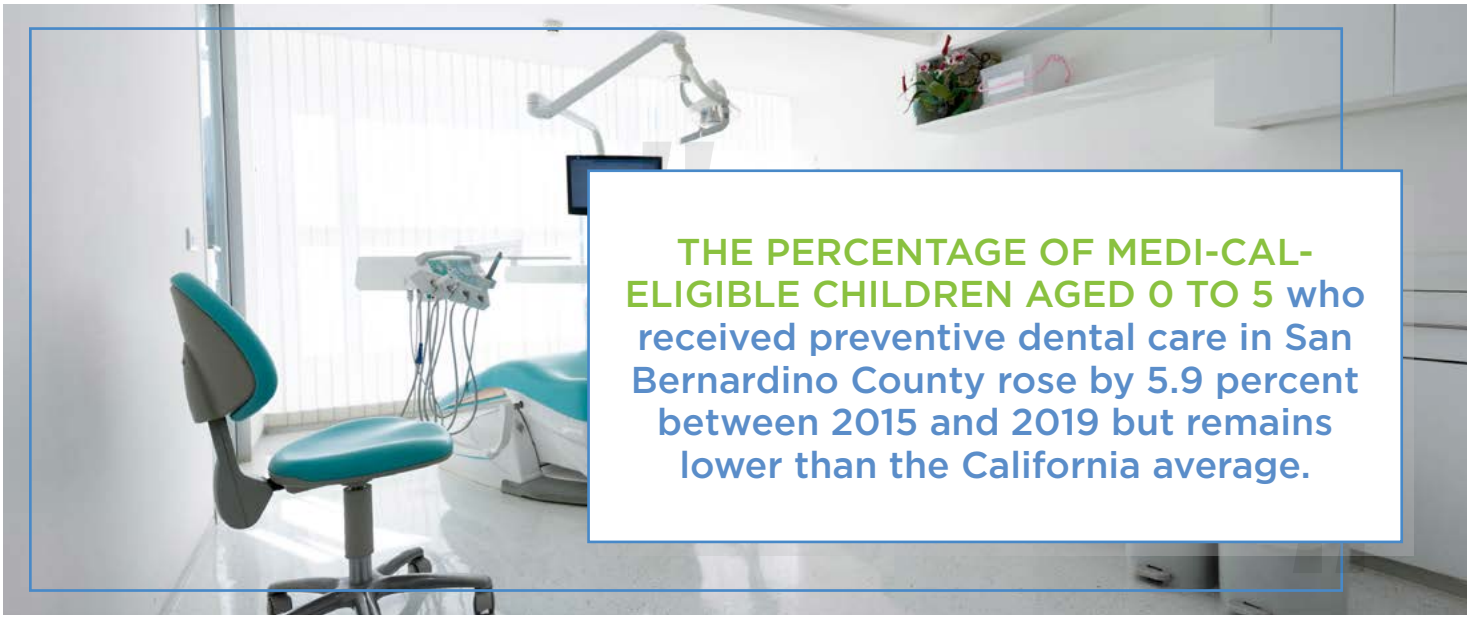
Only **30.1 percent** of pregnant women in San Bernardino County had a dental visit during pregnancy, a rate significantly lower than the California average of **43.9 percent**.

Oral Health Continued

Children's Preventive Dental Care

Dental disease is widespread in the children of San Bernardino County, where many go more than a year without visiting a dentist, dental hygienist or dental clinic, according to a 2019 Oral Health Needs Assessment by the San Bernardino County Local Oral Health Program.

Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Children who have poor oral health often have more school absences and lower grades than children who don't. Across California, children miss approximately **874,000** days of school due to tooth decay.[4]



THE PERCENTAGE OF MEDI-CAL-ELIGIBLE CHILDREN AGED 0 TO 5 who received preventive dental care in San Bernardino County rose by 5.9 percent between 2015 and 2019 but remains lower than the California average.

Percent of Children Who Received Preventive Dental Care (Percent of Medi-Cal eligible children ages 0-5 who received preventive dental care during the past year.)

Year	California		San Bernardino County	
	Children	Percent	Children	Percent
2015	1,938,042	36.8	159,755	40.8
2016	2,362,056	42.4	167,347	41.6
2017	2,464,004	45.3	173,570	43.4
2018	2,425,554	45.8	171,095	43.7
2019	2,461,790	48.4	176,747	46.7

3 IN 10

KINDERGARTNERS ASSESSED SUFFER FROM UNTREATED TOOTH DECAY.[5]

Medi-Cal-eligible children ages 0 to 5 who received preventive dental care in San Bernardino County

40.8 percent *in 2015*

46.7 percent *in 2019*

Many children in San Bernardino County end up at the Emergency Department for preventable dental conditions, with rates highest among those ages 6 to 9.[6]

More than 30 percent of the high-risk children ages 0 to 5 years suffer from untreated tooth decay.[7]

Health Conditions Snapshot of San Bernardino County

*All figures compare 2015 to 2019 unless otherwise noted.

	CALIFORNIA*	SAN BERNARDINO COUNTY*
MENTAL HEALTH *Poverty level residents in need who did not get care* HP 2020 *N/A*	*N/A*	3.3 percent ↑
ASTHMA *Percent of individuals diagnosed* HP 2020 *N/A*	15.6 percent ↓	12.9 percent ↓
DIABETES *Percent of individuals diagnosed*	9.9 percent ↔	13.9 percent ↑
OBESITY *Percent of individuals diagnosed* HP 2020 *N/A*	27.3 percent ↓	34.1 percent ↑
CARDIOVASCULAR DISEASE *Percent of individuals diagnosed*	7.0 percent ↑	7.6 percent ↑
STROKE *Percent of individuals diagnosed with high blood pressure*	29.8 percent ↑	29.5 percent ↑
SEXUALLY TRANSMITTED DISEASE INFECTIONS *Percent of individuals diagnosed with primary/ secondary syphilis*	98.0 percent ↑	139.0 percent ↑

Mental Health

Mental health is closely tied to physical health. Depression, anxiety and other mental illnesses affect people's ability to participate in health-promoting behaviors. That can lead to problems with physical health, such as chronic diseases, which can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Mental health disorders are among the most common causes of disability and can lead to early death.[1]

SAN BERNARDINO COUNTY saw a growing gap between the need for mental health care and the number of people receiving treatment.

The number of clients receiving public mental health services fell in 2016/17 and continued to fall in 2017/18.

There were approximately **23,000** low-income residents in need of mental health services in 2017/18 who did not get care.[2]

Mental Health Continued

Average percent of Students Who Reported Any Alcohol/ Tobacco Use in the Past 30 Days (2015-2017 Data)*

District	7th Grade	9th Grade	11th Grade
Bear Valley Unified	7.0	20.2	30.7
Chino Valley Unified	6.5	15.8	26.5
Cucamonga Elementary	3.1	*N/A*	*N/A*
Fontana Unified	9.7	20.7	29.3
Morongo Unified	5.3	31.8	26.7
Ontario-Montclair	9.1	*N/A*	*N/A*
Oro Grande	7.1	15.0	23.3
Rialto Unified	8.7	22.6	30.1
Rim of The World Unified	17.8	24.5	24.2
Snowline Joint Unified	2.8	12.8	23.2
Upland Unified	6.7	20.1	29.9
Victor Valley Union High	5.3	16.0	24.7

Average percent of Students Who Reported Binge Drinking Alcohol at Least One Day in the Past 30 Days (2015-2017 Data)*

District	7th Grade	9th Grade	11th Grade
Adelanto Elementary	0	0	0
Baker Valley Unified	0	0	0
Bear Valley Unified	0	7.2	16.4
Chino Valley Unified	1.5	3.5	9.7
Colton Joint Unified	0	0	0
Cucamonga Elementary	0.8	0	0
Fontana Unified	1.8	5.7	12.1
Morongo Unified	0.6	11.8	11.9
Ontario-Montclair	1.4	0	0
Oro Grande	1.2	3.6	5.9
Rialto Unified	2.1	6.7	11.4
Rim of the World Unified	8.6	7.0	12.0
Snowline Joint Unified	0.6	4.7	8.2
Trona Joint Unified	0	0	0
Upland Unified	1.1	8.6	13.5
Victor Valley Union High	0.7	3.8	7.8

Average percent of Students Who Reported Smoking at Least One Day in the Past 30 Days (2015-2017 Data)*

District	7th Grade	9th Grade	11th Grade
Bear Valley Unified	0.6	1.6	5.0
Chino Valley Unified	0.5	1.1	3.9
Cucamonga Elementary	0.8	*N/A*	*N/A*
Fontana Unified	1.7	2.7	3.3
Morongo Unified	0.6	5.9	3.2
Ontario-Montclair	1.8	*N/A*	*N/A*
Oro Grande	0.6	3.0	*N/A*
Rialto Unified	1.4	1.4	3.5
Rim of the World Unified	1.6	4.9	7.7
Snowline Joint Unified	0.4	1.6	1.8
Upland Unified	1.2	4.8	4.7
Victor Valley Union High	1.1	1.7	2.4
Snowline Joint Unified	0.6	4.7	8.2
Trona Joint Unified	0	0	0
Upland Unified	1.1	8.6	13.5
Victor Valley Union High	0.7	3.8	7.8

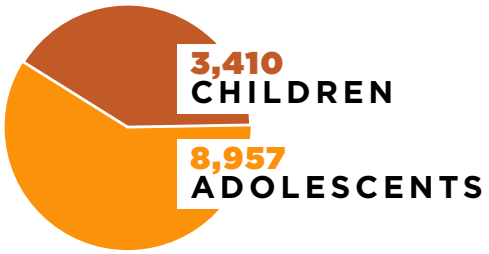
*Data not available for all Districts

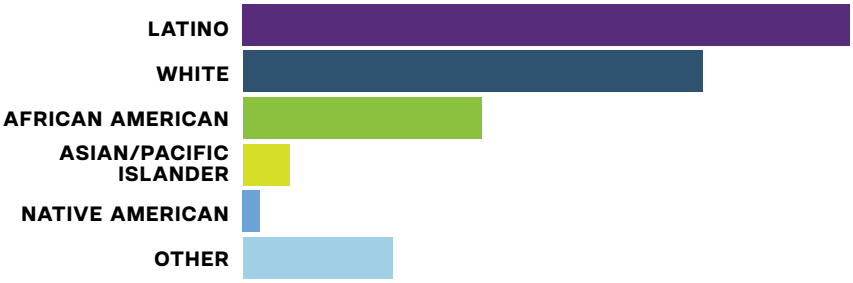
Mental Health Continued

Overall, **41.0 percent** of clients served in 2017/18 were children and youth, from birth to **age 17**, including **3,410 children** ages **0 to 5** (8 percent of all clients) and **8,957 adolescents** (20 percent of all clients).

Of the clients served during 2017/18, **41.0 percent** were Latino, **31.0 percent** were White, **16.0 percent** were African American, **3.0 percent** were Asian/Pacific Islander, **1.0 percent** was Native American, and **10.0 percent** were some other race or ethnic group.

Number of Children Treated for A Mental Illness (2017-2018 Data)





Cardiovascular Disease

Currently **more than 1 in 3 adults** in the United States lives with cardiovascular disease, which includes arterial disease, high blood pressure, cardiac arrest and arrhythmia[1], according to Healthy People 2020 Cardiovascular disease causes serious illness and disability, decreases quality of life and is responsible for hundreds of billions of dollars in annual economic loss. Heart disease is the leading cause of death in the United States and stroke is the fifth leading cause of death.

Numerous controllable factors contribute to cardiovascular disease, including high blood pressure and cholesterol, cigarette smoking, obesity, poor diet and lack of physical activity. Risk factors disproportionately affect populations that have less access to health care, healthy foods and safe areas for physical activities – all common issues in low-income communities.

THE PERCENT OF SAN BERNARDINO COUNTY RESIDENTS diagnosed with cardiovascular disease increased from 6.9 percent in 2015 to 7.6 percent in 2019

Percent of Individuals Diagnosed With Cardiovascular Disease

Year	San Bernardino County	California
2015	6.9	6.6
2016	8.2	6.2
2017	7.6	6.6
2018	5.1	6.8
2019	7.6	7.0

In 2017, San Bernardino County's age-adjusted death rate due to heart disease was **184.7** per 100,000 residents.[2]

Stroke

Percent of Individuals Diagnosed With High Blood Pressure

Year	California	San Bernardino County
2015	28.5	24.7
2016	28.8	30.4
2017	28.4	31.1
2018	29.0	29.7
2019	29.8	29.5

High blood pressure is the leading cause of stroke.

Other Health Conditions

ASTHMA

Percent of Individuals Diagnosed With Asthma

Year	California	San Bernardino County
2015	15.2	18.3
2016	14.8	13.9
2017	15.4	15.1
2018	15.7	16.2
2019	15.2	12.9

Percent of Individuals Diagnosed With Asthma By Race/Ethnicity

Year	Hispanic	White (Non-Hispanic)	African American	American-Indian/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Two or More Races
2015	16.1	16.8	26.6	*N/A*	*N/A*	*N/A*	46.8
2016	11.7	18.4	15.9	*N/A*	3.4	*N/A*	22.2
2017	13.0	16.2	17.1	*N/A*	17.5	*N/A*	51.7
2018	12.2	18.4	18.6	48.8	27.0	*N/A*	36.9
2019	13.9	10.3	12.5	*N/A*	11.7	*N/A*	41.0

DIABETES

Percent of Individuals Diagnosed With Diabetes

Year	California	San Bernardino County
2015	9.8	10.1
2016	9.1	11.4
2017	10.7	14.6
2018	10.1	10.8
2019	9.9	13.9

OBESITY

Percent of Individuals Diagnosed With Obesity

Year	California	San Bernardino County
2015	27.9	27.5
2016	27.9	36.0
2017	26.4	29.2
2018	27.1	28.2
2019	27.3	34.1

Sexually Transmitted Disease Infections

San Bernardino County, like the State of California, has experienced an increase in Sexually Transmitted Disease (STD) infections, including syphilis in pregnant women and newborn cases. In 2016, the County recorded more than 15,000 cases of reportable, bacterial STDs – syphilis, gonorrhea and chlamydia. The County's youth, aged 15-24 years, accounted for almost **60 percent** of the new cases reported in 2016.[1]

African Americans are also disproportionately impacted by STDs, as are gay, bisexual, and other men who have sex with men. Social factors, including homelessness, poverty and disparities in access to care, have played a role in the increase. STDs can have serious complications, including chronic illness, infertility, hospitalization, and death.

AMONG 2016 TOTAL STD CASES, as many as 15.5 percent of females were reported pregnant. An untreated STD may be life threatening to the child during pregnancy, according to the Centers for Disease Control and Prevention.[2]

Syphilis / Congenital Syphilis

Cases of primary/secondary syphilis in San Bernardino County increased **139.0 percent** between 2015 (**132 cases**) and 2019 (**316 cases**). The State of California saw a similar increase in cases in the same time period. The County ranked 11th in total primary and secondary syphilis, fifth in latent syphilis, and seventh in congenital syphilis cases among counties in California.

Rates of Individuals Diagnosed With Syphilis and Cases

Year	California				San Bernardino County			
	Primary/ Secondary Cases	Primary/ Secondary Rate	Congenital Cases	Congenital Rate	Primary/ Secondary Cases	Primary/ Secondary Rate	Congenital Cases	Congenital Rate
2015	4,908	12.6	140	28.5	132	6.2	4	13.1
2016	5,891	15.0	207	42.3	166	7.8	20	64.4
2017	6,708	17.0	281	57.5	242	11.2	31	99.9
2018	7,607	19.2	332	67.9	316	14.6	31	99.9

Sexually Transmitted Disease Infections Continued

Chlamydia

The County reported **13,376 cases** of chlamydia in 2018, primarily among women and those in the 15-24 age range. The incidence rate was **612.2 cases** per **100,000 people**, up from an incidence rate of **516.6** per **100,000 people** in 2015.

San Bernardino County ranked 16th among all counties in the United States for total number of chlamydia cases.

Rate of Individuals Diagnosed With Chlamydia and Cases

Year	California		San Bernardino County	
	Cases	Rate	Cases	Rate
2015	189,170	484.6	11,011	519.2
2016	198,155	504.3	11,495	537.9
2017	218,785	553.4	13,144	609.3
2018	231,415	585.3	13,333	618.0

Gonorrhea

Gonorrhea is a common sexually transmitted infection caused by bacteria. Infection can lead to serious reproductive health problems such as pelvic inflammatory disease and infertility. Gonorrhea can also cause infections in newborn babies. In San Bernardino County, as in California and the nation, cases of gonorrhea have steadily increased since 2015.

Rate of Individuals Diagnosed With Gonorrhea and Cases

Year	California		San Bernardino County	
	Cases	Rate	Cases	Rate
2015	54,135	138.7	2,743	129.3
2016	64,551	164.3	3,377	158.0
2017	75,348	190.6	3,978	184.4
2018	79,192	200.3	3,893	180.4

Suicide

In 2019, San Bernardino County had the same rate of suicides per 100,000 residents as the statewide average (**10.7**) This represented a decrease from a five-year high of **11.2** in 2018 for the County.

Suicide Rates by County and State

Year	California	San Bernardino County
2015	10.8	10.4
2016	11.1	10.5
2017	10.5	10.6
2018	10.8	11.2
2019	10.7	10.7

We can all help prevent suicide.

The National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

Call the Prevention Lifeline at **1-800-273-8255** or visit **suicidepreventionlifeline.org**.

Birth Rates

Birth Rates by County, State and Cases

Year	California		San Bernardino County	
	Cases	Rate per 1,000 residents	Cases	Rate per 1,000 residents
2015	491,748	12.6	30,530	14.4
2016	488,827	12.5	31,032	14.5
2017	471,658	11.9	29,643	13.7
2018	454,920	11.5	28,994	13.4
2019	446,479	11.3	28,656	13.1

Pre-term Birth Rates by County, State and Cases

Year	California		San Bernardino County	
	Cases	Rate per 1,000 residents	Cases	Rate per 1,000 residents
2015	41,553	8.5	2,795	9.1
2016	42,043	8.6	2,898	9.3
2017	40,911	8.7	2,758	9.3
2018	39,964	9.0	2,867	9.9
2019	39,958	9.0	2,780	9.7

Death Rates

All Death Rates by County and State (Rate per 100,000 residents)

Year	California	San Bernardino County
2015	662.2	636.9
2016	668.1	659.3
2017	678.3	672.8
2018	679.6	670.0
2019	682.9	679.7

Cancer Death Rates by County and State (Rate per 100,000 residents)

Year	California	San Bernardino County
2015	146.2	165.9
2016	143.1	156.3
2017	140.1	155.2
2018	138.0	152.6
2019	134.6	147.8

ENVIRONMENT

Environment Snapshot of San Bernardino County

	CALIFORNIA*	SAN BERNARDINO COUNTY*
ACCESS TO HEALTHY FOOD *Retail Food Environment Index*	7.5 percent ↑	8.92 percent *(2018)* ↑
ACTIVE TRANSPORTATION *Number of existing bikeway miles*	*N/A*	764 ↑

*All figures compare 2015 to 2019 unless otherwise noted.

Access to Healthy Food

Access to healthy foods such as fruits, vegetables and whole grains is a challenge for many residents of San Bernardino County living in low-income neighborhoods, communities of color and rural areas.

The lack of grocery stores and the availability of fresh, affordable and nutritious food at restaurants, schools and work sites is associated with greater consumption of higher calorie and less nutritious, leading to increased risk of obesity, type 2 diabetes, cancer and other chronic diseases.[1] Low-income areas where a substantial number of people lack access to healthy foods are known by the U.S. Department of Agriculture as "food deserts."

THE RATIO OF FAST FOOD/CONVENIENCE stores to supermarkets was higher in San Bernardino County than in the state of California or the United States.

Another tool for evaluating a region's food environment is the Retail Food Environment Index (RFEI), which takes into account the ratio of fast food outlets and convenience stores to the total number of supermarkets and produce vendors in a region. The higher the RFEI score, the higher the ratio of convenience and fast food outlets compared to grocery stores. A two-point increase in the RFEI score correlates to a 20-25 percent increase in the proportion of residents diagnosed with obesity or diabetes.

Ratio of People with Access to Healthy Food

Year	United States	California	San Bernardino County
2015	6.3	6.6	7.4
2016	6.5	6.9	7.7
2017	6.8	7.3	8.5
2018	7.0	7.5	8.9

FROM 2015 TO 2018, THE RATIO OF FAST FOOD/CONVENIENCE STORES TO SUPERMARKETS IN SAN BERNARDINO COUNTY GREW FROM 7.4 TO ALMOST 9.0

In San Bernardino County in 2015, **21.3 percent** of the population – **more than 433,000 people** – lived in areas with low access to healthy food retailer, higher than California's **11.6 percent**.

Active Transportation

Daily Vehicle Miles Traveled & Population by City*

City	Daily Vehicle Miles Traveled per 1,000 People		Miles Traveled per 1,000 People		15-19 Net Change in miles traveled per 1,000 people
	2015	2019	2015	2019	
Adelanto	359	293	114	89	25
Apple Valley	864	754	96	82	14
Barstow	279	257	92	83	9
Big Bear Lake	100	90	57	51	6
Chino	958	929	96	85	10
Chino Hills	532	515	156	144	12
Colton	523	535	101	102	–0
Fontana	1,756	1,631	129	115	13
Grand Terrace	106	91	136	115	20
Hesperia	1,327	1,318	71	69	1
Highland	459	468	117	118	–0
Loma Linda	282	272	88	84	4
Montclair	293	362	108	129	–21
Needles	542	58	84	90	–6
Ontario	2,125	2,078	85	79	5
Rancho Cucamonga	1,665	1,757	100	103	–2
Redlands	776	7,359	96	90	6
Rialto	908	943	109	112	–3
San Bernardino City	2,369	2,132	101	90	10
Twentynine Palms	340	233	112	75	36
Upland	850	860	89	88	0
Victorville	1,825	1,539	79	66	13
Yucaipa	532	470	113	98	14
Yucca Valley	304	203	106	69	36

*Data not available for all locations

Air Quality

By Location – Particulate Matter (PM2.5)*

Fine particulate matter is a pollutant emitted from wildfires, industries and automobiles. PM 2.5 is made up of microscopic particles that cannot be seen with the naked eye. These fine particles can get deep into lungs and the bloodstream and cause lung and cardiovascular problems.

City	2015	2016	2017	2018	2019
Big Bear Lake	6	0	*N/A*	0	*N/A*
Crestline	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Fontana	10.4	3.2	3	0	9.1
Ontario	12.4	7	9.2	7	6
San Bernardino	6.9	3	3.3	0	*N/A*
Upland	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Victorville	*N/A*	1	0	0	0

*These are the only monitoring sites within the County.

By Location – Ozone*

The number of days exceeding the National Ambient Air Quality Standard set by the U.S. Environmental Protection Agency.

City	2015	2016	2017	2018	2019
Barstow	0	0	0	5	0
Crestline	46	64	76	57	53
Fontana	36	34	33	38	41
Hesperia	7	25	18	9	9
Joshua Tree	5	4	15	11	2
Mojave National Preserve	0	2	0	6	0
Phelan	9	15	33	25	12
Redlands	44	55	80	53	73
San Bernardino	52	70	81	63	63
Trona	0	1	0	3	0
Upland	49	53	66	25	31
Victorville	8	4	0	5	3

*Data not available for all locations

Community Safety

Community Safety Snapshot of San Bernardino County

	CALIFORNIA*	SAN BERNARDINO COUNTY*
PROPERTY CRIME HP 2020 *N/A*	23.4 percent	22.3 percent
VIOLENT CRIME HP 2020 *N/A*	4.4 percent	5.7 percent
TRAFFIC COLLISIONS *Percent* HP 2020 *N/A*	N/A	13.3 *(2017)*

*All figures compare 2015 to 2019 unless otherwise noted.

Property Crime

Feeling unsafe in a neighborhood or at home can affect the overall health of a person or family. Neighborhood and property crime can cause stress, fear and poor mental health, as well as impact the ability to exercise outdoors.[1]

The rate of property crime per 100,000 people in San Bernardino County steadily decreased between 2015 (**2,733.4**) and 2019 (**2,228.0**). This **18.4 percent** decrease in the property crime rate place the County lower than the state rate of **2,337.9** per **100,000 people**.

The cities with the highest number of property crime incidents in 2019 were San Bernardino, Ontario and Rancho Cucamonga, and Montclair. The cities with the lowest number of property crimes were Grand Terrace, Twentynine Palms and Yucca Valley.

PROPERTY CRIME CAN IMPACT a person's ability to feel safe, causing stress, fear, poor mental health and lack of outdoor exercise.

Number of Property Crimes and Rates Per 100,000 People

Year	California		San Bernardino County	
	Property Crimes	Property Crimes per 100,000	Property Crimes	Property Crimes per 100,000
2015	1,023,828	2,591.1	59,592	2,733.4
2016	1,001,380	2,531.4	54,937	2,529.7
2017	986,769	2,495.8	52,007	2,410.6
2018	940,998	2,397.4	52,072	2,433.1
2019	915,197	2,337.9	47,416	2,228.0

School Safety

School Safety Rate by School/District (2019 Data)

Percent of students who felt "safe" or "very safe" at school. Data not available for all Districts.

District	7th Grade	9th Grade	11th Grade
Bear Valley Unified	78.4	73.4	71.9
Chino Valley Unified	73.0	63.6	63.1
Cucamonga Elementary	72.6	*N/A*	*N/A*
Fontana Unified	62.1	58.4	55.9
Morongo Unified	58.3	42.8	47.8
Ontario-Montclair	72.3	*N/A*	*N/A*

District	7th Grade	9th Grade	11th Grade
Oro Grande	54.4	47.6	69.3
Rialto Unified	59.0	47.1	40.7
Rim of The World Unified	46.1	43.2	57.6
Snowline Joint Unified	66.2	48.2	58.0
Upland Unified	75.8	54.1	59.7
Victor Valley Union High	65.0	51.7	49.3

Gang-Related Activity

Gang Membership Rate

Year	Number of Members	Number of Gangs
2015	14,100	700
2017	15,000	650
2016	15,000	650
2018	14,035	639

Percent of Gang Involvement Rate by School/District (2019 Data)*

District	7th Grade	9th Grade	11th Grade
Bear Valley Unified	5.8	2.4	5.8
Chino Valley Unified	6.2	4.3	5.4
Fontana Unified	5.6	5.1	5.0
Morongo Unified	4.6	12.2	8.2
Rialto Unified	5.7	9.1	7.1
Rim of the World Unified	3.4	3.6	3.0

District	7th Grade	9th Grade	11th Grade
Snowline Joint Unified	6.1	7.3	5.3
Upland Unified	5.7	7.9	3.7
Victor Valley Union High	3.2	6.0	5.3
Cucamonga Elementary	4.6	*N/A*	*N/A*
Ontario-Montclair	8.2	*N/A*	*N/A*
Oro Grande	9.9	8.6	3.9

*Data not available for all Districts

Violent Crime

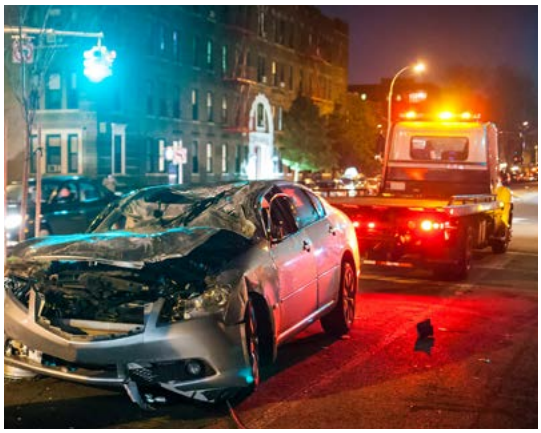
Violent crime rates include cases in which an offender or perpetrator used force upon another person. In addition to physical injury, victims of violent crime often experience depression and risk of substance abuse, anxiety, reproductive health problems and suicidal behavior.[1] The rate of violent crime in the County increased by **25.8 percent** from 2015 to 2019 and has consistently been higher than the state rate. In 2015 in San Bernardino County, there were **456.2** incidents of violent crime per **100,000 people** and by 2019, the rate was **574.1 incidents** per **100,000 people**. These numbers exceeded the 2019 state rate of **442.4 incidents** per **100,000 people**.

In 2019, the cities that experienced the greatest number of violent crime incidents in San Bernardino County were San Bernardino, Victorville and Fontana. Among the cities with the fewest number of violent crimes were Chino Hills and Grand Terrace.[1]

Number of Violent Crimes and Rates Per 100,000 People

Year	California			San Bernardino County		
	Population	Violent Crimes	Violent Crimes per 100,000	Population	Violent Crimes	Violent Crimes per 100,000
2015	39,512,223	166,588	421.6	2,180,085	9,947	456.2
2016	39,557,045	174,701	441.6	2,171,603	10,469	482.0
2017	39,536,653	178,553	451.6	2,157,404	10,217	473.5
2018	39,250,017	176,866	450.6	2,140,096	10,577	494.2
2019	39,144,818	173,205	442.4	2,128,133	12,219	574.1

Traffic Collisions



Transportation and transportation safety are essential to maintaining a strong, vibrant San Bernardino community. People need safe roads for driving and access to work and services. Safe streets also increase physical activity and improve health within a community by encouraging walking, biking and other exercise.

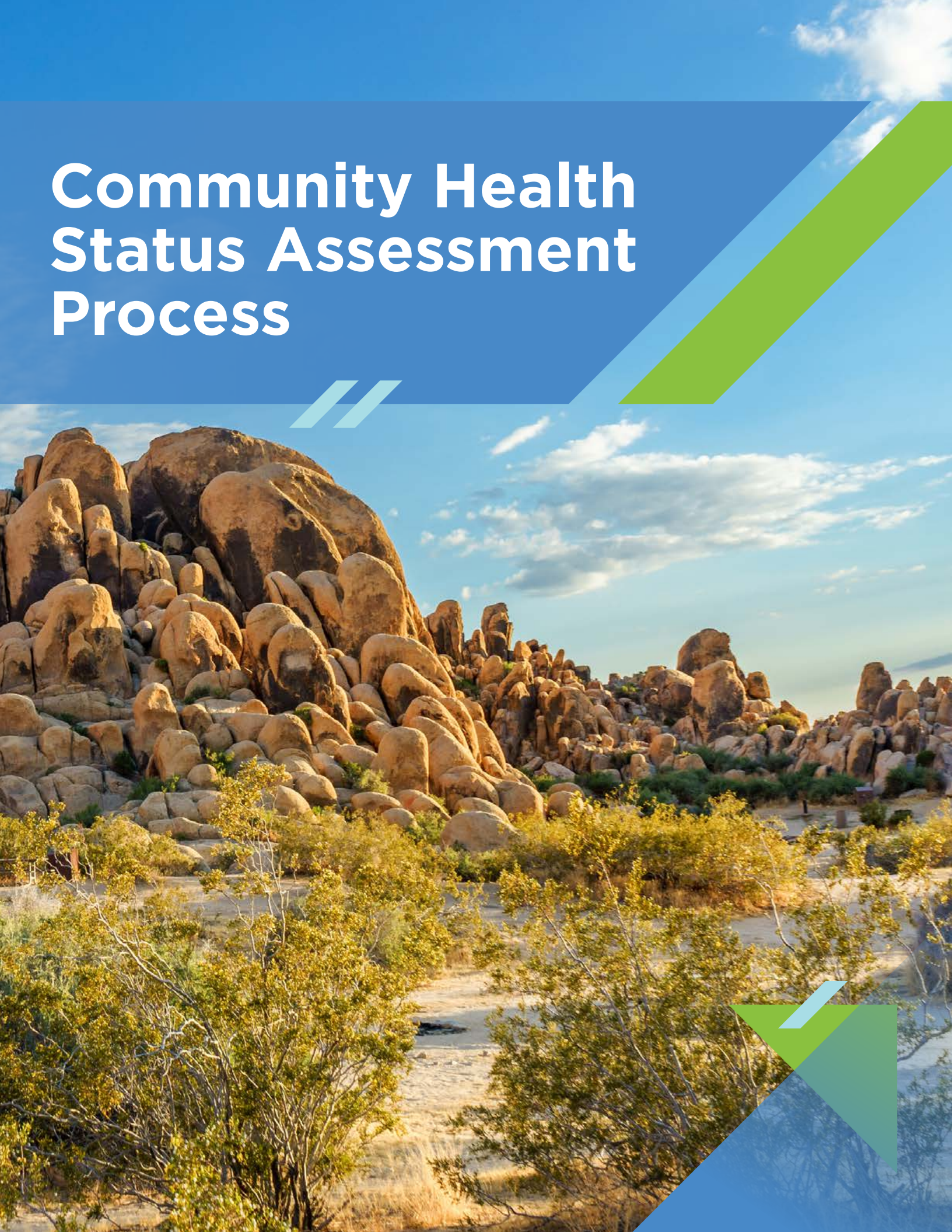
In the United States, more than **30,000** people die each year from motor vehicle crashes.[1] Local roads in San Bernardino County account for **58 percent** of all roadways in terms of mileage. When it comes to collisions, **57 percent** of all collisions occur on local streets, **48 percent** of fatal collisions occur on local roads, and **more than half (54 percent)** of serious injury collisions occur on local roads.

The following graph shows the number of collisions, injuries, and fatalities in San Bernardino County for a three-year period ending in 2017. The overall number of collisions increased by **5 percent** from 2015 to 2017, but the number of fatalities in that period increased **28 percent**. In 2017, the number of fatalities was **336**.

Number and Percent of Traffic Collisions/Injuries and Fatalities

Year	County Population	Collisions	Percent of Collisions	Injuries	Percent Injuries	Fatalities	Percent of Fatalities
2015	2,128,133	27,281	1,281.9	14,801	695.4	262	12.3
2016	2,140,096	30,657	1,432.5	16,259	759.7	272	12.7
2017	2,157,404	28,653	1,328.1	13,404	621.3	336	15.5

Community Health Status Assessment Process



Community Health Status Assessment Process

Introduction to Community Engagement

The Community Vital Signs (Vital Signs) community health status assessment examined the health status of San Bernardino County residents to help identify priority health and social issues that affect their wellness and quality of life. The assessment process, in addition to the preceding data report, which provided an overview of data in a wide range of health and social related areas, also included a community engagement effort named the 2019 Status of Our Vital Signs.

The Purpose and Goals

The goals of the community engagement phase - the Status of Our Vital Signs, were driven by the Vital Signs initiative and included:

- Increase communicating and alignment between efforts of the Vital Signs Steering Committee and community stakeholders;
- Utilize existing networks to engage a balanced and representative group of community stakeholders; and
- Employ a participatory method of gathering and utilizing input from the community to inform the Steering Committee's decision-making.

Approach

The Status of Our Vital Signs consisted of 17 meetings throughout the county to share health-related data and gather communitywide input from stakeholders, community leaders, and residents, on health, education, economy, safety, and other indicators that are of high importance in examining the quality of life of our San Bernardino County residents. The three categories of meetings during the Status of Our Vital Signs phase included:

1. **District Engagement Meetings**, five meetings (one in each Supervisorial District) during June 2019;
2. **Small Engagement Meetings**, nine meetings across the county with special and vulnerable population groups facilitated by a trained consultant and Public Health staff between September and October 2019. The events were held in English and Spanish, and were hosted by community partners that included the High Desert Intersections/ Family Assistance Program, El Sol, Inland Empire Health Plan (IEHP), San Bernardino County Behavior Health Department, El Sol, and San Bernardino County Superintendent of Schools (SBCSS).
3. **Student Engagement Meetings**, three student meetings were hosted by SBCSS and included students representing 33 school districts.

Community Health Status Assessment Process

Continued

To achieve the goals of the Status of Our Vital Signs, each of the 14 meetings, not including the three student meetings, was structured with the following community engagement activities:

1. **Networking**, which consisted of community members from different constituencies meeting and connecting with other community stakeholders;
2. **Information Session**, which consisted of government representatives giving a keynote address, Community Vital Signs members introducing the initiative, and the consultant and/or Public Health Director giving a data presentation; and
3. **Input/Feedback Session**, which consisted of two key components:
    a. ***Data Discussion*** – community members participated in a robust discussion sharing their reactions and knowledge about the data within small groups; and
    b. ***Indicator Prioritization*** – each participated completed a community health survey, which was provided in English and Spanish, where they identified and prioritized key issues and indicators they believed should be prioritized for action.

Community Health Status Assessment Process

Continued

Community Health Survey

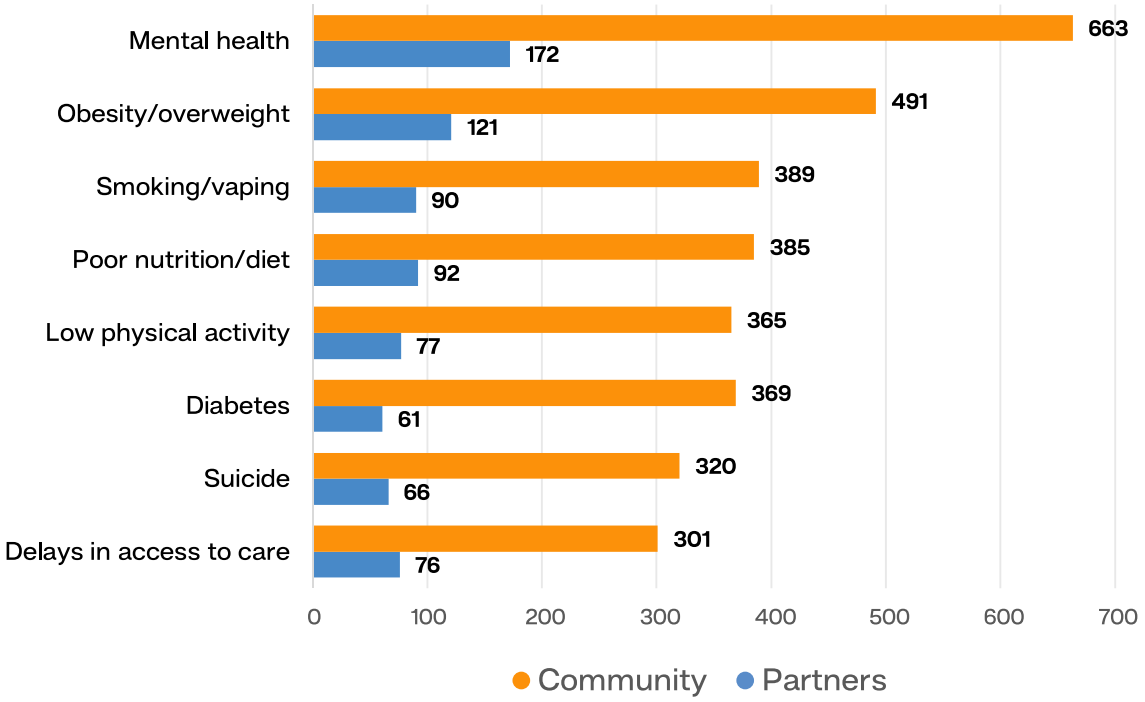
Data presented at the Status of Our Vital Signs meetings, included a variety of topics that were included in a Community Health Survey. The survey was provided to all engagement meeting participants to complete during the course of the meeting. Community members not able to attend, Vital Signs, Public Health, and other partners distributed an electronic survey via email for them to complete and submit electronically. Community engagement participants received the survey, which included a list of indicators, and asked to rank those that the Community Vital Signs Steering Committee should prioritize as goals over the next five years.

Survey responses from the broad community email distribution were combined with the survey responses collected from the in-person community engagement meetings resulting in one dataset for analysis. A total of **1,697** responses were received – **223** from the District Engagement meeting participants, **1,214** from the Small Engagement and electronic survey participants, and **260** from high school students.

Data from the Community Health Survey prioritization process resulted in the below findings which identified the top health and social issues.

Top Health Issues

Survey respondents were provided a list of 26 health issues and asked to select seven that they felt needed to be prioritized in their community. Mental health was ranked the highest (note that suicide is a similar topic and was ranked 7th). Other health topics that were ranked highly were obesity/overweight, smoking/vaping and poor nutrition/diet. The figure below details the top eight health issues selected by survey respondents that participated in the District Engagement meetings (**partners**), and Small Engagement meetings (**community residents**).



Community Health Status Assessment Process

Continued

The data was also examined for issues of equity and cross-tab analyses were conducted to determine if certain sub-populations prioritized top health issues differently than the County as a whole. Sub-group analyses were conducted by race/ethnicity, income, education, and geographic location.

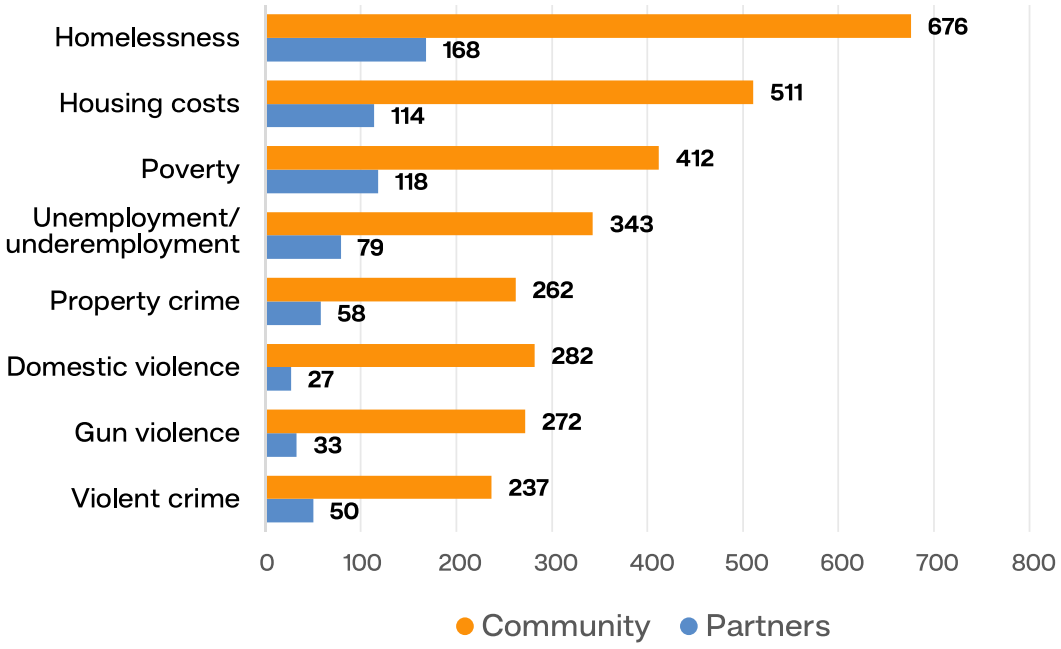
The issues ranked differently by some of the sub-groups include:

- Suicide was ranked 5th by Hispanics/Latinos
- Suicide and cancer were ranked 2nd and 4th (respectively) by those without a high school diploma
- Shortage of healthcare professionals was ranked 6th by those living in the high desert (Adelanto, Apple Valley, Hesperia, and Victorville)
- Poor dental hygiene was ranked 4th by those living in the Morongo Basin (Joshua Tree, Yucca Valley)

Top Social Issues

Homelessness, housing costs, and poverty were rated as the top social issues by both **community residents** and **partners**.

Homelessness was ranked highest of all the social issues. Other health topics that ranked high in the survey were housing costs, poverty, and unemployment/underemployment – all issues pertaining to the economy. The figure below lists the top eight social issues chosen by the survey participants.



Data on top social issues were also examined for issues of equity. One finding emerged from the data that is worth noting: Poor public transportation was ranked the 8th most important issue by those who live in the Morongo Basin and by those individuals who earn less than $24,999 per year. These findings provide some insight as to who is most affected by transportation issues.

Community Health Status Assessment Process

Continued

Other Important Issues

After respondents selected the most pressing health and social issues, they were asked about other important issues affecting their neighborhood, issues they were not previously asked about in the survey.

Many of the topics listed were already discussed previously in the survey, however, some new topics were mentioned and are bolded in the table below. One of the most common issues mentioned is the need for more police/safety (*n* = 25). Other important community issues include dumping/trash/unkempt neighborhoods (*n* = 16) and the need for more resources/activities for youth (*n* = 16).

Topic	# of Mentions
Too much crime	47
Need more police/safety	25
Homelessness/homeless need more resources	24
Mental health	23
Drug use	17
Dumping/trash/unkempt neighborhoods	16
Need more resources/activities for youth	16
Housing/high housing costs	15
Need more recreation spaces	13
Homeless create unsafe/unsanitary conditions	10
Need leaders who listen	9
Need better lighting	8
Need more jobs	8
There is a lack of community collaboration/cohesion	8
Homeless need resources/help	7
Need better transportation	7
Need better access to healthy food	7
Need road repairs	7
Need sidewalks/crosswalks	7
Cost of living is high	6

Community Health Status Assessment Process

Continued

DISTRICT ENGAGEMENT MEETINGS – Partners/Stakeholders

Community Vital Signs found it valuable to seek input from community partners and stakeholders who serve our San Bernardino County communities every day. Five community partner meetings were held in each of the supervisorial districts of the County. Community partners and stakeholders consisted of those who serve and lead our County, including community-based organizations, County departments, and government and public agencies. The image below outlines the five District Engagement meetings held during 2019.

District 1 - June 13, 2019
Abundant Living Family Church – High Desert, Hesperia
40 attendees

District 2 - June 10, 2019
West End Education Service Center, Rancho Cucamonga
47 attendees

District 3 - June 11, 2019
Joshua Tree Park and Recreation District, Joshua Tree
56 attendees

District 4 - June 27, 2019
Montclair City Hall, Montclair
40 attendees

District 5 – June 17, 2019
Dorothy Inghram Learning Center, San Bernardino
74 attendees

Format of District Engagement Meetings

The District Engagement meetings commenced with a welcome and introductory statement by the County Supervisor for that particular district. Meeting participants were asked to complete the community health survey and were provided the choice of completing it either on paper or via an online survey link. They assessed the quality of their neighborhood, whether key indicators (e.g., poverty, crime, etc.) had been improving or worsening, which indicators needed to be prioritized in the community, and basic demographic questions. Participants were presented with community data for the County overall and in some instances, presented with data for their particular district.

Lastly, participants were asked to reflect on the data and discuss with others why they believed the numbers were changing/staying the same, which data surprised them, and what other disparities or inequities interest them that were not presented in the data. Partner responses to these questions were qualitatively analyzed and are presented on the subsequent pages.

Partner/Stakeholder Discussion Questions

Reponses to the discussion questions were either written or discussed verbally. The responses were later qualitatively analyzed to find recurring themes in the data and are presented below.

Partners were asked to reflect on their personal experiences and explain why the data numbers presented went up/down/stayed the same. In addition to general comments about changes in the data, the participants also provided detailed insight on STD rates, mental health, poverty, and obesity/poor eating habits.

Community Health Status Assessment Process

Continued

Reasons the Numbers are Changing/Staying the Same

Indicator	Comments
Indicator	• Lack of education/awareness • Lack of resources • Social/cultural factors • Lack of transportation • Factors are all related
Community Improvements	• Due to collective community efforts
High STD Rates	• Lack of education [in schools] • Youth are more sexually active
Mental Health	• More mental health resources are needed
Poverty	• Wages are low • No [good] jobs available • High cost of housing
Obesity/Poor Eating Habits	• Food deserts/fast food availability

Indicators that Partners/Stakeholders Found Most Surprising

Participants were asked which of the health indicators presented were most surprising to them. In other words, which data points were they expecting to be lower or higher than they actually were. **Partners most commonly found high rates of sexually transmitted diseases surprising.** Partners were also surprised by the physician shortage, crime rates, unemployment rates, high rates of high school graduation, poor oral health, and poor access to healthy foods.

Indicator	Comments
Access to Health Care	• Physician shortage
Community Safety	• Some felt crime rates were higher than expected, some felt crime rates were lower than expected
Economy	• Some felt unemployment rates were lower than expected, some felt rates were higher than expected
Education	• High HS graduation rates
Health	• High rates of sexually transmitted diseases
Nutrition/Access to Healthy Food	• Poor oral health

Community Health Status Assessment Process

Continued

Disparities/Inequities of Interest That Were Not Presented

Partners/Stakeholders were asked if there were other disparities or inequities that were not reflected in the presentation but were a priority for them or their organization. **Most commonly, they were interested in alcohol, tobacco, and drug use/misuse.** A number of them were also interested in learning more about a variety of topics which are listed in alphabetical order in the table below.

Indicator	Comments
Alcohol, tobacco, and drug use/misuse	• Particular interest in usage among youth • Rehabilitation services
Childcare/safety	• Childcare • Child abuse • Immunizations • Teenage pregnancy
Crime	• What is the relationship between crime and other factors (i.e., population size, race, and unemployment)
Environmental issues	• Air quality • Disaster preparedness
Health care	• Costs • Health care utilization
Housing/housing affordability	• Homeless • Homeless services • Homeless students
Homelessness	• Food deserts/fast food availability
Mental health	• Access and affordability • Suicide prevention

Community Health Status Assessment Process

Continued

SMALL ENGAGEMENT MEETINGS

Small community engagement meetings were held in an effort to further understand the perspective of community residents. Community Vital Signs, with support from the County of San Bernardino Department of Public Health and other partner organizations, hosted nine small engagement meetings, in English and in Spanish, throughout the County to obtain community input on the most pressing issues in their community.

September 9, 2019
El Sol in Ontario (Spanish)
29 attendees

September 10, 2019
El Sol in Adelanto (Spanish)
24 attendees

September 12, 2019
Family Engagement Network in Rancho Cucamonga
67 attendees

September 14, 2019
Intersections/Family Assistance Program in Victorville
46 attendees

September 17, 2019
IEHP in Victorville
7 attendees

September 18, 2019
IEHP in Victorville (Spanish)
19 attendees

September 28, 2019
CSUSB Regional Parent Summit in San Bernardino
10 attendees

October 3, 2019
Department of Behavioral Health in Rialto
35 attendees

October 8, 2019
IEHP in Victorville
15 attendees

Format of the Community Events

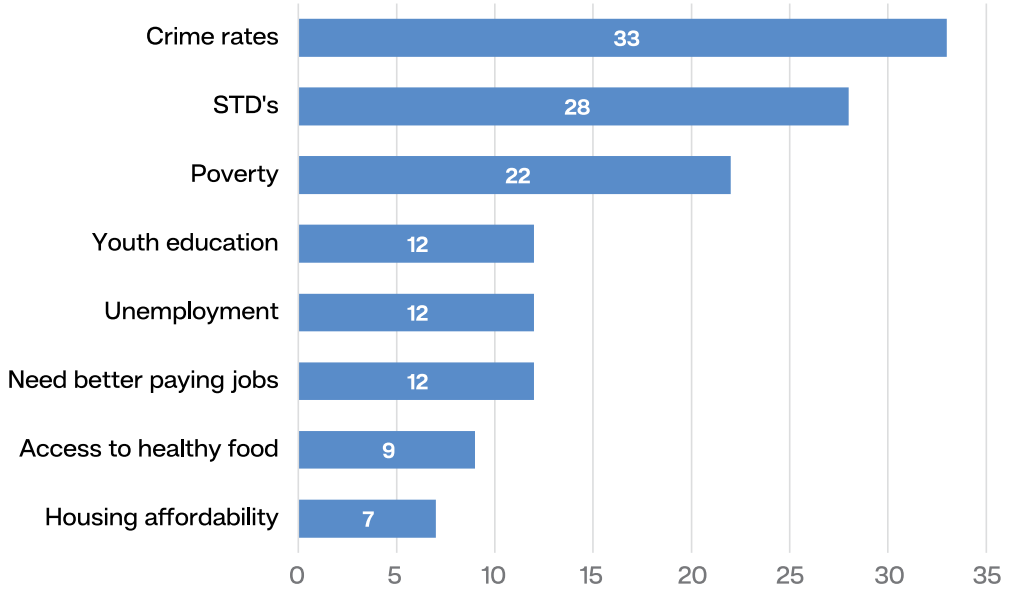
Community members were informed about the purpose of the meetings and asked to complete the community health survey, either online or in writing. Participants were then presented with community data covering topics such as health insurance coverage, unemployment, STD rates, and safety. Afterwards, they were handed a list of three discussion questions and asked to provide either verbal or written feedback. They were asked to reflect on the data and discuss **1)** what they perceived to be the top issues in their community, **2)** what resources were lacking in their community, and **3)** what resources in the community would help to improve their life. Responses to the discussion questions were later qualitatively analyzed to identify recurring themes in responses.

Community Health Status Assessment Process

Continued

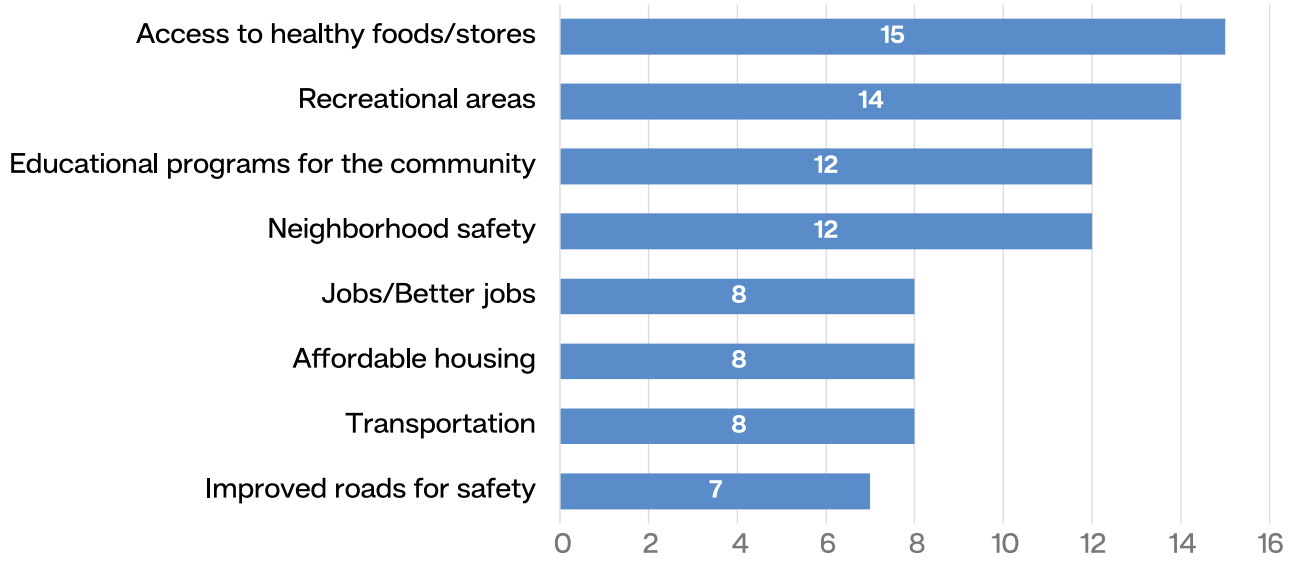
Most Important Issues to Address in the Community

Community members were asked to indicate what they perceive to be most important issues that need to be addressed in the community. Concerns consisted of a variety of topics, however the issues most commonly mentioned include crime rates/safety (*n* = 33), sexually transmitted diseases (*n* = 28), and poverty (*n* = 22).



What Resources are lacking in Your Community?

The second question posed to community members was "What resources are lacking in your community?" The community described a variety of resources, but the most common resources mentioned include access to healthy food/stores (*n* = 15), recreational areas (*n* = 14), educational programs for the community (*n* = 12), and neighborhood safety (*n* = 12).



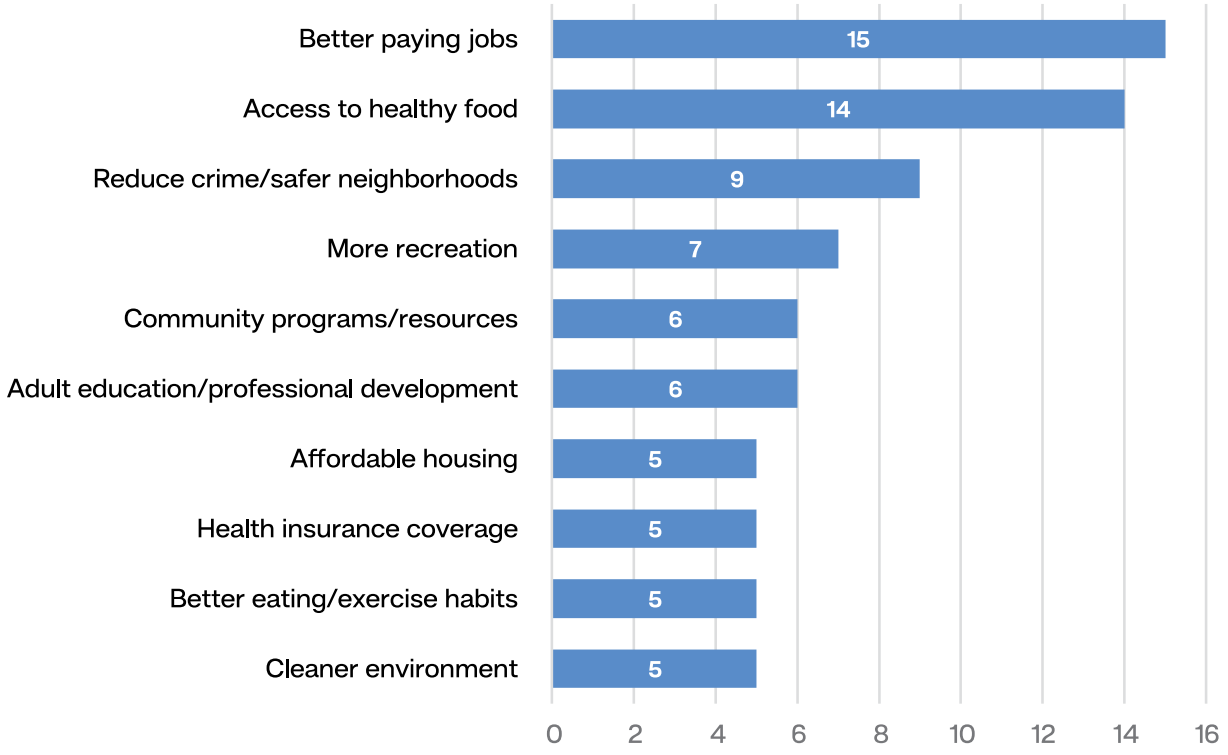
Community Health Status Assessment Process

Continued

What Would Help Improve the Quality of Your Life?

The last question posed to community members was "What would help to improve the quality of your life?"

Figure 27 shows the most common response was that **better paying jobs** would improve quality of life (*n* = 15). Access to healthy food (*n* = 14) and a reduction in crime/safer neighborhoods (*n* = 9) were also mentioned as factors that would improve quality of life.



Community Health Status Assessment Process

Continued

COMMUNITY FOCUS GROUPS

As part of the Community Health Assessment, a series of focus groups were held to attain deeper understanding of key health and social issues in the community. There was a total of six focus groups conducted – three with students and three with adults.

Methods

Focus group questions were prepared ahead of time on the topics of air quality, employment/poverty, healthy eating and active living, mental health, substance use/smoking/vaping, and violent crime. Each specific focus group was selected based on the particular regions, topics, and population subgroups that surfaced in the Community Health Survey as underdeveloped topics. As such, focus groups were used as a method for gaining a more in-depth understanding of these topics through conversations with our community members, which also included high schools students representing the 33 school districts throughout the County.

After the focus groups were completed, the audio recordings were transcribed into written text. The text was qualitatively analyzed using a method of content coding—looking for main themes in the data, grouping together similar responses and summarizing those main themes. The results of the qualitative analysis are on the subsequent pages of this report.

Student Focus Groups

Student Advisory Panel – Focus Group 1

The first student focus group was held in the East Valley. The top issues discussed with this group were mental health, substance use/cigarettes/vaping and violence.

On the topic of mental health, students reported that the common issues were **anxiety and depression**, along with other issues unique to students such as loneliness and insecurity. Some suggestions offered for improving mental health include early detection of issues, more opportunities to socialize such as clubs, as well as parent education so they can take action and help their child.

Smoking tobacco and vaping was the second topic discussed with the student group. Students described that **youth often smoke to cope with things such as stress and anxiety**, or because it is a socially acceptable behavior. Suggestions offered for minimizing smoking among youth included the **need for wider education of the harmful effects of smoking** along with greater enforcement of rules about smoking.

Lastly, students discussed the topic of violence and were asked why they believe they rank this issue more highly than adults. **Youth described that they are exposed to violence more often than adults are**. Students went on to describe that they often do not talk about the violence they witness —however, they do see the violence.

Community Health Status Assessment Process

Continued

Mental Health

- Top issues are anxiety, depression, lonliness, poor economy, and insecurity
- People don't seek help -- some stigma exists
- Solutions include early detection, need more opportunities for socialization, parent education

Smoking tobacco/vaping

- Parents don't know about student use or don't care
- Youth smoke to cope with stress/anxiety or because it's social acceptable
- Youth smoking can be discouraged by education or more legislation on accessibility and enforcement of the law

Violence

- Youth rank violence as a higher priority because they're exposed to violence more often
- Youth are often hesitant to talk about the violence they witness

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Student Advisory Panel – Focus Group 2

The second student focus group was held in the Desert/Mountain region of San Bernardino County. The issues discussed with this group were mental health, substance use/cigarettes/vaping and violence.

Students described that mental health issues are often due to issues with self-esteem, conflict or issues occurring in the home, or a lack of family support. To improve mental health issues in the community for youth, actions should be taken to reduce stigma, increase awareness in schools, and improve student communication about their struggles.

In the discussion about smoking tobacco and vaping, students described that adults don't see smoking as a priority because they are "in denial," are unaware, or they smoke/vape themselves and do not see it as a problem. These students also described that they do not view vaping as dangerous and it is marketed in a way that makes it look "fun." **Some youth describe that vaping is indeed a gateway drug**, while others say it is a "parallel drug" and that if one vapes then they will also likely engage in other types of smoking/substances.

Lastly, students described that they highly prioritized violence as an issue because **youth are often exposed to violence at school**. Additionally, violence is prevalent in the media and it only perpetuates after that.

Mental Health

- Students experience mental health issues because of self-esteem issues, issues in the home, and lack of support
- Mental health issues result in substance use
- To improve mental health, there needs to be reduced stigma, awareness, and communication

Smoking tobacco/vaping

- Adults don't see smoking as a priority because parents are in denial, are unaware, and think it's use is normal
- Youth vape because it's not viewed as dangerous, and they are marketed to make them attractive and "fun"
- Some youth view vaping is indeed a gateway, while other view it as a "parallel"

Violence

- Violence occurs at school
- Violence is prevalent in media and it perpetuates after that

Community Health Status Assessment Process

Continued

Student Advisory Panel – Focus Group 3

The third student focus group was held in the west end region of San Bernardino County. The issues discussed with this group were mental health, substance use/cigarettes/vaping and violence.

On the topic of mental health issues, **students described that they often do not have anyone to talk to at home or at school**. Mental health issues often lead to behavioral and social issues because there is a build-up of stress and no outlet, there's no way to release the negative feelings. Some suggestions offered by students to improve mental health issues included greater access to resources/help and more counselors that students could talk to.

On the topic of smoking tobacco and vaping, students described that adults do not view this as more harmful because they do not see it as much as students do. Students went on to describe that **smoking is used by some as a way to calm down**, because they enjoy the flavors, or they do it to fit in but then end up addicted. It was suggested that students can be discouraged from using by greater discipline when caught smoking and by more heavily educating students on the dangers of smoking.

Lastly, students described that **violence is a high priority for them because there is an immense amount of security at schools and thus a constant awareness of violence** – schools now have bulletproof glass, check-ins for all visitors, security on campus, etc. Students detailed that they are aware of the risk of school shootings and that students live in a different world today than their parents did.

Mental Health

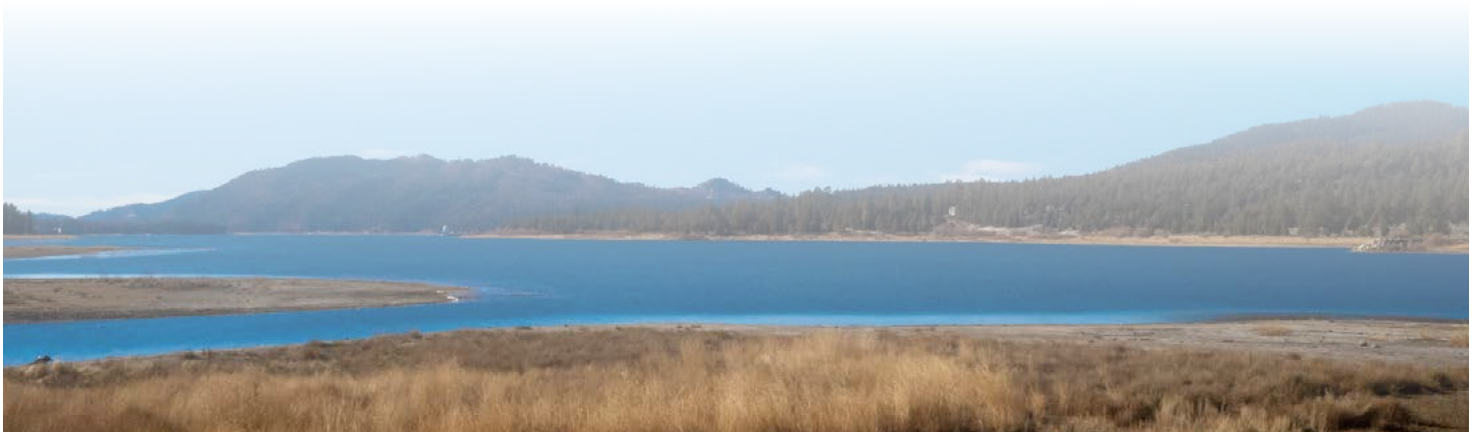
- Students percieve they do not have anyone to talk to and there are a lack of resources
- Mental health issues lead to other issues because there is too much stress and no outlet
- To help mental health issues, there need to be more resources and counselors. All schools need the equal access to resources

Smoking tobacco/vaping

- Adults don't see smoking as an issue because they do not see it as much
- Used as a way to calm down, for the flavor, or to fit in
- Students can be discouraged from using by enforcing discipline for using and more awareness of the dangers

Violence

- Violence is a more common issue among students because there is so much security at school and they are aware of the risk of school shootings



Community Health Status Assessment Process

Continued

Adult Focus Groups

High Desert Focus Group

The High Desert focus group was held in Hesperia to learn more about prominent issues in that particular community. We defined the "High Desert community" as the region consisting of the cities of Adelanto, Apple Valley, Hesperia, and Victorville. There were 13 participants in this group.

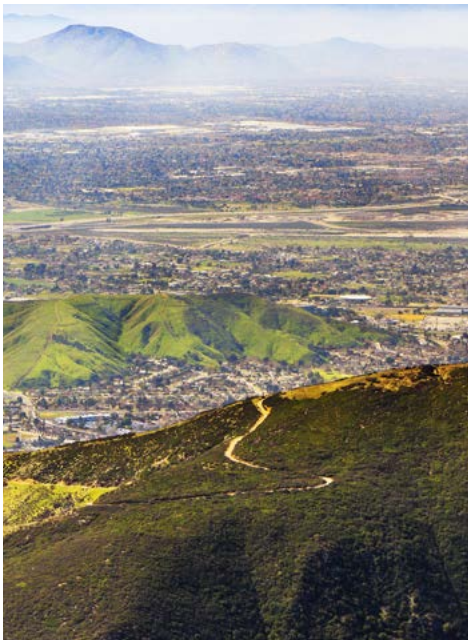
For employment/poverty, some key findings include the **need for more economic development, more high-wage jobs and more training/education for our workforce**. On the topic of mental health, participants described that mental health is a component of overall health and should be part of routine health care. Some key findings from the focus group are presented in the image below.

Employment/Poverty

- Few family sustaining jobs
- Need certified education and trade skills to match jobs
- Government and local resources are valuable assets to community members
- Need for business development

Mental Health

- Mental health is part of one's overall health
- There is stigma around seeking mental health treatment
- Many residents experience trauma, stress, and depression
- Preventative mental health care is needed, and part of routenized health care



Greater Business Council Focus Group

A focus group was held with nine individuals associated with the business council. The topics that were discussed were: air quality, substance abuse/smoking/vaping, unemployment/poverty/workforce housing and mental health.

Participants offered some helpful insight on the topic of air quality. Some contributors to poor air quality include the airport, freeways, and rail systems. Participants also described some of the ways in which poor air can negatively affect health; poor air can lead to asthma, allergies, respiratory cancers, and leukemia. Participants offered suggestions for improving air quality, including increased use of zero emission vehicles and the need for a greater use of public transportation.

On the issue of employment/poverty, participants described that some important underlying causes of poverty include low wages, an unskilled workforce, difficulties obtaining an education, and difficulties obtaining a job when you do have an education.

Community Health Status Assessment Process

Continued

Next, common mental health issues witnessed in the community include anxiety, depression and stress. Furthermore, many do not seek treatment because there are few resources available and/or they choose to self-medicate rather than seeking help.

On the topic of substance abuse, participants described that many residents use a variety of substances simply to cope with stress. Participants also described that there is a need for supportive programs and positive outlets to help people avoid using these substances.

Air Quality

- The airport, freeways and rail systems all contribute to poor air
- Poor air quality can negatively affect health
- Air quality depends on where you live
- Air quality can be improved with zero emission vehicles and increased use of public transportation

Employment/ Poverty

- Causes of poverty are low wages, unskilled workforce, high cost of housing
- People face a number of challenges including few jobs, difficult to get an education, cultural challenges
- Need more high-paying jobs
- Degrees don't nesessarily equate to a great job

Mental Health

- Mental health issues include anxiety and depression
- Some sources of struggle include work stress, poor health, poor work-life balance
- Few mental health resources available
- Many choose to self-medicate rather than seek help

Substance Use

- Substances used include alcohol, opiods, methamphetamines, cannabis, and food
- Substances are used to cope with stress
- There is a need for programs, positive outlets, and community involvement
- Vaping is described as helpful for quitting cigarettes, but is also harmful to health

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Reach Out Focus Group

The last adult focus group was held on the video-conference platform called Zoom, with a group of six women who are involved with the nonprofit Reach Out. Participants indicated they live in the cities of Fontana, Ontario, and Upland. The topics that were discussed with this focus group were: mental health, substance abuse, and employment/poverty.

For employment/poverty, some key findings include the **need for more education and more skills training** to better prepare our workforce. Another suggestion was that the state of the economy greatly influences employment/poverty.

Community Health Status Assessment Process

Continued

For mental health, participants described that many experience anxiety and depression and it is critical to have a home environment where residents are aware of each other's mental health. On the topic of substance use, some commonly used substances include cigarettes, beer, and "everything else." Again, **the importance of the home was recognized as a critical place for prevention and connecting to treatment**. Key findings from the Reach Out focus group are presented in the image below.

Employment/Poverty

- Education, skill set of the workforce and the economy all incluence poverty
- There are many local resources that are helpful for people who are struggling

Mental Health

- Mental health issues include anxiety and depression
- People should seek treatment when they are suicidal, sleeping a lot, or easily bothered
- Mental health solutions start at home – starts with family discussions

Substance Use

- Commonly used substances include cigarettes, beer, and "everything else"
- Family discussions are important for prevention and treatment

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Conclusion and Next Steps

Conclusion and Next Steps

The 2019 Community Health Status Assessment conducted by the Community Vital Signs Initiative (Vital Signs), in partnership with the County of San Bernardino, Department of Public Health, culminated in this 2020 Community Health Status Data Report.

The Status of Our Vital Signs (community engagement meetings) were well attended by community members from across the County and provided an opportunity for community participation and thoughtful dialogue. The community engagement meetings also provided a platform for the community to learn about the health status of their communities and provide feedback on issues they believed needed to be addressed. The meetings yielded valuable information to consider for future planning efforts that continue to promote the health and wellbeing of San Bernardino County residents.

The community engagement process, which took place prior to the COVID-19 pandemic, highlighted the variation in findings from various communities. However, consistencies were discovered in health and social indicators that community members felt needed to be prioritized for action. Community members identified four health issues as a priority: Mental Health, Obesity, Smoking/Vaping, and Poor Nutrition/Diet. Members also identified four social issues as a priority: Homelessness, Housing Cost, Poverty, and Unemployment/Underemployment.

Qualitative information that highlights the story behind the data shared by the community members about each of these key indicators should be considered for health improvement planning by Vital Signs in the future.

To complete the last phase in the assessment process, Vital Signs shared this report on March 15, 2021, with the Vital Signs Steering Committee to solicit their feedback and comments. Partners were expected to consider issues that affect the wide-ranging aspects of health and wellness within their communities.

Completion of this report, and the community engagement efforts associated, demonstrate the steps taken to move the needle on key quality of life indicators in San Bernardino County.

In conclusion, Vital Signs recommends these next steps for consideration as it moves to the next phase of updating the San Bernardino County Community Transformation Plan:

- Continue community conversations to collectively develop community goals and strategies;
- Apply a health equity lens to bring focus to interventions and policies that shape health behaviors, clinical care access, social and economic status, and built environments that lead to increased health disparities.
- Encourage community alignment and action toward the goals;
- Align community initiatives, activities, and programs to improve outcomes through policies and system change; and
- Regularly review the data, update the plan, track progress, and support sustained work toward the community's goals.

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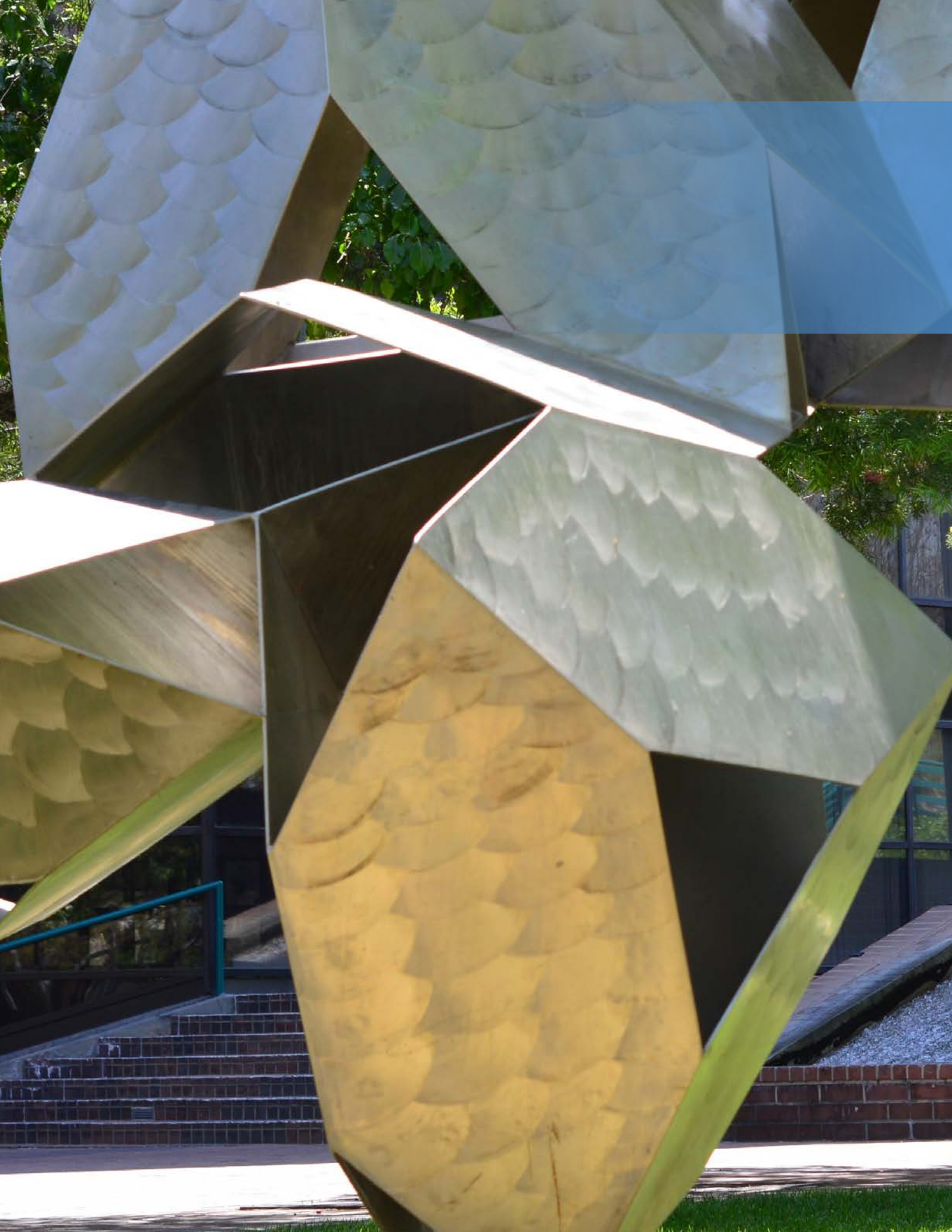


Appendix

APPENDIX 1. Indicator List

The full list of 58 indicators is included below. Indicators marked with an asterisk are those that were selected by the Steering Committee as priority health indicators to discuss with the community.

Demographics:
- Total Population*
- Race and Ethnicity (county/district)*
- Population by Age (county/district)*
- Voter Registration*

Education
- Educational Attainment (county/district)*
- High School Graduation Rate (county/district)*
- Reading Proficiency
- School Attendance
- College Readiness (county/district)*
- English Learners
- Student Lunch
- English Literacy
- School Enrollment
- Average Class Size

Economy
- Poverty (county/district)*
- Unemployment Rate (county/district)*
- Housing Burden
- Homelessness
- Underemployment
- Food Insecurity
- Child Poverty
- Housing Value
- Rent
- Fair Market Rate

Access to Health Care
- Health Insurance Coverage (county/district)*
- Delays in Access to Health Care
- Access to Health Professionals
- Source of Health Care
- Health Professional Shortage Areas

Preventive Practice
- Mammography Screening

Health Behaviors
- Physical Activity
- Oral Health
- Prenatal Dental Care
- Children's Preventative Dental Care*

Health Conditions
- Asthma
- Diabetes
- High Blood Pressure
- Cardiovascular Disease*
- Stroke
- Disability

Maternal and Infant Health
- Prenatal Care
- Births
- Preterm Births
- Teen Births
- Infant Mortality
- Low Birthweight
- Breastfeeding

Built and Natural Environment
- Access to Healthy Foods -RFE*
- Access to Alcohol and Tobacco
- Active Transportation
- Air Quality
- Food Deserts*
- Pollution Score

Community Safety
- Crime Rate (county/district)*
- Property Crime*
- Traffic Collisions*
- Domestic Violence

Mortality
- Suicide*
- Cancer

Sexually Transmitted Diseases
- Syphilis*
- Congenital Syphilis*
- Chlamydia*
- Gonorrhea*

APPENDIX 2.
Community Engagement At A Glance

Indicator	District Meetings (Stakeholder Engagement Meetings)	Small Meetings (Community Engagement Meetings)	Student Engagement Meetings (High School Meetings)
Where, When, and How many?	**Five meetings** across the county (as defined by Supervisorial District boundaries) with a total of **256 attendees** • As a result, over **223 surveys** were completed. • District 1 - June 13, 2019: (40) • District 2 - June 10, 2019: (47) • District 3 - June 11, 2019: (56) • District 4 - June 27, 2019: (40) • District 5 - June 17, 2019: (74)	**Nine meetings** spread across the county and online, between September and October 2019 with **329 attendees** • As a result, over **1,214 surveys** were completed • For a list of these groups, please see the following table	**Three** High School Student Engagement Meetings across the county between January and March 2020 with **260 students** • High Desert – January 29, 2020 • East Valley – January 23, 2020 • West End – January 30, 2020
Facilitator	Steering Committee and Public Health Department	HARC and Department of Public Health Staff	Trained School Leaders
Key Engagement Activities	**Meeting materials** • Meeting materials • Meeting agenda • Data presentation handout • Group discussion worksheet • Community Vital Signs notebook and pen **Survey** • Web-based - accessible via smartphones and tablets, and • Paper form • List of indicators were prioritized for action **Data presentation** • A PowerPoint presentation highlighting key county-wide findings for 18 selected indicators **Group discussion** • Participants discussed in small groups their reactions to the data, disparities, the story behind the data, and indicators to prioritize for action. • Each group assigned an individual who reported out the group's findings. • Group discussion worksheets were collected and the end of the meeting. **Report back** • Key points that were discussed in the small group discussions were reported back to the larger group.	**Meeting materials** • Meeting agenda • Data presentation handout • Group discussion worksheet • Community Vital Signs notebook and pen **Survey** • Web-based - accessible via smartphones and tablets, and • Paper form • List of indicators were prioritized for action **Data presentation** • A PowerPoint presentation highlighting key county-wide findings for 18 selected indicators **Group discussion** • Participants discussed in small groups their reactions to the data, disparities, the story behind the data, and indicators to prioritize for action. • Each group assigned an individual who reported out the group's findings. • Group discussion worksheet was collected and the end of the meeting.	**Meeting materials** • Data presentation/handout • Survey handout • Community Vital Signs notebook and pen **Survey** • Web-based - accessible via smartphones and tablets, and • Paper form • List of indicators were prioritized for action **Group discussion** • Students discussed their reactions to the data, disparities, the story behind the data, and indicators to prioritize for action compared to their responses. • Surveys were collected at the end of the meeting

APPENDIX 2.
Community Engagement At A Glance

The following table lists the **Small Community Engagement** Meetings that took place:

	Comments	Date	Number of Participants
1	El Sol	Sept 9, 2019	29
2	El Sol (Spanish Speaking)	Sept 10, 2019	24
3	Family Engagement Network Meeting	Sept 12, 2019	67
4	Intersections and Family Assistance Program	Sept 14, 2019	46
5	IEHP - Resource Center	Sept 17, 2019	7
6	IEHP - Resource Center (Spanish Speaking)	Sept 18, 2019	19
7	Regional Parent Summit	Sept 28, 2019	10
8	Behavioral Health Commission Meeting	Oct 3, 2019	35
9	IEHP - San Bernardino	Oct 8, 2019	15
			Total 252

The following table lists the **Student Engagement Meetings** where the students completed surveys:

	Comments	Date	Number of Participants
1	East Valley	January 23, 2020	70
2	High Desert	January 29, 2020	71
3	West End	January 30, 2020	103
	Surveys completed outside of meetings		16
			Total 260

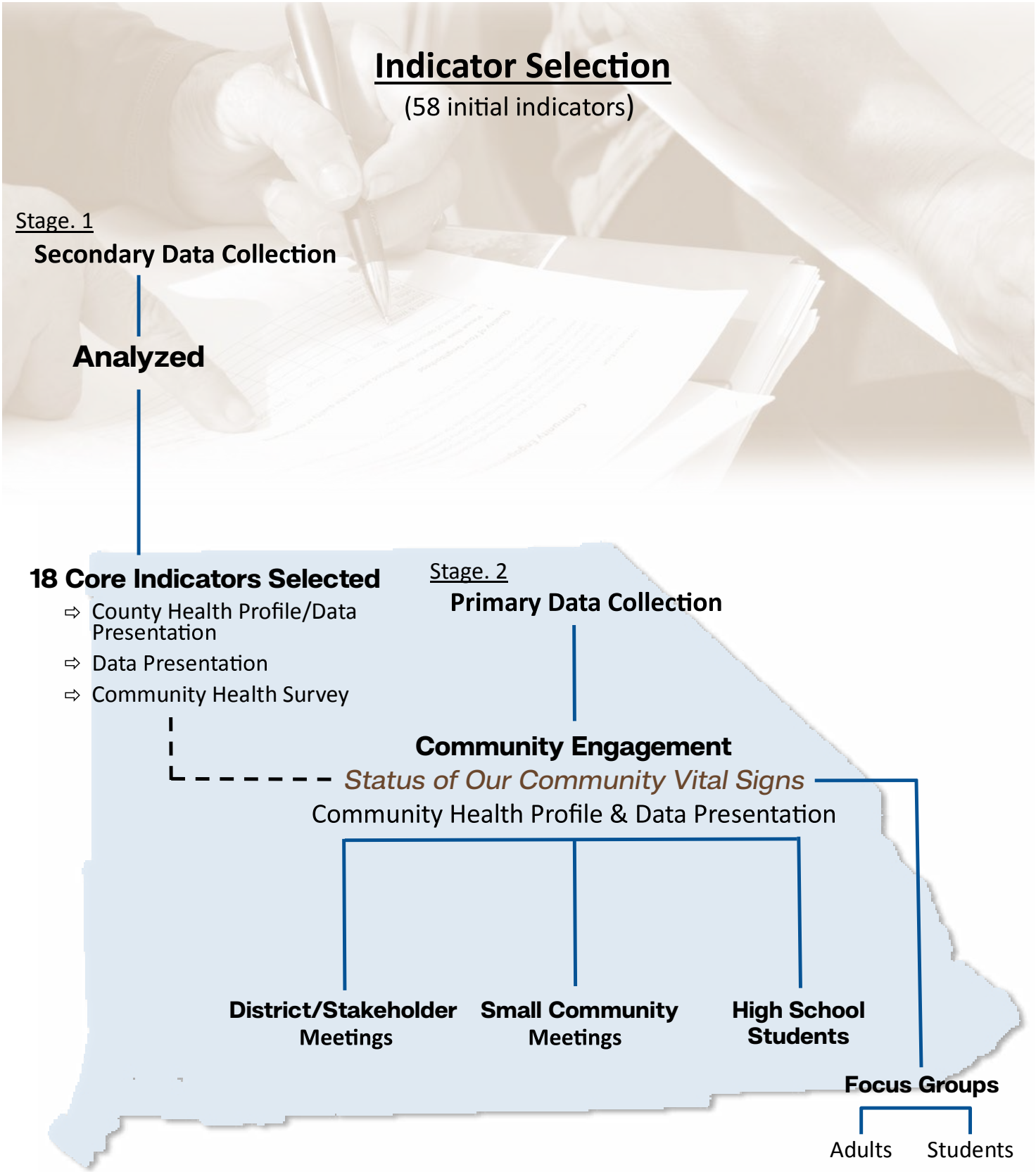
The following table lists the **Focus Groups** conducted amongst **students**:

	Comments	Date	Number of Participants
1	High Desert (Hesperia)	February 12, 2020	10
2	West End (Rancho Cucamonga)	February 13, 2020	10
3	East Valley	February 20, 2020	10
			Total 30

The following table lists the **Focus Groups** conducted amongst **adults**:

	Comments	Date	Number of Participants
1	High Desert	March 12, 2020	13
2	Yucca Valley/Joshua Tree/29 Palms	March 23, 2020	10
3	Ontario/Rancho Cucamonga	March 25, 2020	11
			Total 34

APPENDIX 3. Methodology



APPENDIX 4.

Survey Participants by Selected Demographic Indicators

In table below, the sections marked with an asterisk denote the areas in which survey participants differed from the broader population of San Bernardino County.

Category		Partners		Residents		San Bernardino County	
		#	%	#	%	#	%
	Total Responses	222	100.0	980	100.0	N/A	N/A
Sex	Male	53	25.5*	270	27.0*	1,081,214	49.7
	Female	155	74.5*	723	72.4*	1,090,389	50.2
Age	Under 18	0	0*	51	5.1*	572,279	26.3
	18 to 43	89	42.4	435	43.4	837,885	38.5
	44 to 64	103	49.1*	432	43.1*	510,271	23.5
	65+	18	8.6	84	8.3	251,168	11.5
Race/Ethnicity	American Indian/Alaska Native	2	1.0	22	2.2	19,292	0.8
	Asian or Asian-American	12	5.9	41	4.1	157,436	7.2
	Black or African American	31	15.2*	132	13.5*	178,755	8.2
	Hispanic, Latino, or Spanish Origin	64	31.4*	421	43.1*	1,171,925	53.9
	Middle Eastern or North African	1	0.5	8	0.8	15,751	0.7
	Native Hawaiian or Other Pacific Islander	1	0.5	9	0.9	6,908	0.5
	White or Caucasian	77	37.8*	280	28.6*	1,320,579	60.8
	Multiple Races or Biracial*	16	7.8	65	6.6	105,148	4.8
Education†	Did Not Finish High School	0	0.0*	106	10.9*	274,164	19.9
	High School Diploma *(or equivalent)*	9	4.3*	124	12.7*	367,046	26.7
	Some College *(Degree Not Complete)*	29	13.7*	247	25.3	321,769	23.4
	Undergraduate Degree	60	28.4*	223	22.9*	117,019	8.5
	Some Graduate Education *(Degree Not Complete)*	20	9.5	69	7.0	191,474	13.9
	Graduate or Professional Degree	93	44.1*	204	21.0*	103,080	7.5
Income‡	Less than $24,999	8	4.0*	197	22.1	118,693	18.5
	$25,000 to $49,999	33	16.6	207	23.2	128,828	20.1
	$50,000 to $74,999	41	20.6*	171	19.1	117,125	18.3
	$75,000 to $99,999	27	13.6	108	12.1	88,963	13.9
	$100,000 to $149,999	55	27.6*	130	14.5	103,087	16.1
	More than $150,000	35	17.6*	78	8.75	81,951	12.8

APPENDIX 5. Sources

Educational Attainment

1. **San Bernardino County Community Vital Signs 2013 Final Report** https://communityvitalsigns.org/wp-content/uploads/sites/19/2018/07/OurCommunityVitalSigns2013FinalReport.pdf
2. **San Bernardino County Community Vital Signs 2013 Final Report** https://communityvitalsigns.org/wp-content/uploads/sites/19/2018/07/OurCommunityVitalSigns2013FinalReport.pdf
3. **San Bernardino County Community Vital Signs 2013 Final Report** https://communityvitalsigns.org/wp-content/uploads/sites/19/2018/07/OurCommunityVitalSigns2013FinalReport.pdf

Poverty

1. **Healthy People 2020:** https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty#1
2. **U.S. Census Bureau, Income and Poverty in the United States: 2019:** https://www.census.gov/library/publications/2020/demo/p60-270.html

Unemployment Rate

1. **U.S. Bureau of Labor Statistics**
2. **Unemployment and Depression Among Emerging Adults in 12 States, Behavioral Risk Factor Surveillance System, 2010:** https://www.cdc.gov/pcd/issues/2015/14_0451.htm

Affordable Housing

1. **ACS Selected Housing Characteristics 2015-2019 1-Year Estimates Data Profiles Table DP04**
2. **San Bernardino County Community Indicators, Housing** https://indicators.sbcounty.gov/housing/rental-affordability/

Health Insurance Coverage

1. **San Bernardino County Human Services:** https://indicators.sbCounty.gov/wellness/health-care-access/
2. **San Bernardino County Community Indicators:** https://indicators.sbCounty.gov/wellness/health-care-access/
3. **San Bernardino County Community Indicators:** https://indicators.sbCounty.gov/wellness/health-care-access/
4. **San Bernardino County Community Indicators:** https://indicators.sbCounty.gov/wellness/health-care-access/
5. **San Bernardino County Community Indicators:** https://indicators.sbCounty.gov/wellness/health-care-access/

Access to Health Professionals

6. **San Bernardino County Community Indicators:** https://indicators.sbCounty.gov/wellness/health-care-access/

Oral Health

1. **First Five San Bernardino Local Outcomes Report:** https://first5sanbernardino.org/Portals/39/pdf/LocalOutcomes15-16_Finalv2.pdf?ver=2017-01-05-084256-047
2. **First Five San Bernardino Local Outcomes Report:** https://first5sanbernardino.org/Portals/39/pdf/LocalOutcomes15-16_Finalv2.pdf?ver=2017-01-05-084256-047
3. **Local Oral Factsheet, Oral Health Dan Bernardino County:** wp.sbcounty.gov/wp-content/uploads/sites/7/2019/04/SB-LOHP-Fact-Sheet_03.12.2019.pdf
4. **Local Oral Factsheet, Oral Health Dan Bernardino County:** https://wp.sbcounty.gov/wp-content/uploads/sites/7/2019/04/SB-LOHP-Fact-Sheet_03.12.2019.pdf

APPENDIX 5. Sources Continued

5. **Local Oral Factsheet, Oral Health Dan Bernardino County:** https://wp.sbcounty.gov/wp-content/uploads/sites/7/2019/04/SB-LOHP-Fact-Sheet_03.12.2019.pdf
6. **San Bernardino County Strategic Plan for Oral Health, 2019-2024:** https://wp.sbcounty.gov/dph/wp-content/uploads/sites/7/2019/08/Strategic-Plan-for-Oral-Health-2019-2024.pdf
7. **Local Oral Factsheet, Oral Health Dan Bernardino County:** https://wp.sbcounty.gov/wp-content/uploads/sites/7/2019/04/SB-LOHP-Fact-Sheet_03.12.2019.pdf

Mental Health

1. **Healthy People 2020:** https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders
2. **San Bernardino Community Indicators:** https://indicators.sbcounty.gov/wellness/behavioral-health/#:~:text=San%20Bernardino%20County%2C%202017%2F18&text=There%20were%20approximately%2023%2C000%20low,the%20past%2010%2Dyear%20average

Cardiovascular Disease

1. **Healthy People 2020:** https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke
2. **San Bernardino County Chronic Disease Indicators:** https://indicators.sbCounty.gov/wellness/chronic-disease

Sexually Transmitted Disease Infections

1. **San Bernardino County Department of Public Health:** https://wp.sbcounty.gov/dph/programs/cds/stds/
2. **San Bernardino County Department of Public Health:** https://wp.sbcounty.gov/dph/programs/cds/stds/

Property Crime

1. **San Bernardino County Community Vital Signs 2013 Final Report** https://communityvitalsigns.org/wp-content/uploads/sites/19/2018/07/OurCommunityVitalSigns2013FinalReport.pdf

Violent Crime

1. **San Bernardino County Community Vital Signs 2013 Final Report** https://communityvitalsigns.org/wp-content/uploads/sites/19/2018/07/OurCommunityVitalSigns2013FinalReport.pdf

Traffic Collisions

1. **Healthy People 2030:** https://health.gov/healthypeople/objectives-and-data/browse-objectives/transportation

APPENDIX 5. Sources Continued

Chart Metric	Source
DEMOGRAPHIC SECTION	
Total Population	U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates 1-Year Estimates Data Profiles Table DP05, 2015-2019
City/Community Distribution, SBC	U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates 1-Year Estimates Data Profiles by City Table, DP05 2015-2019
Racial/Ethnic Distribution	U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates 1-Year Estimates, Race and Ethnicity by City, Table DP05, 2015-2019
Percent Racial/Ethnic Distribution	U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates 1-Year Estimates, Race and Ethnicity by City, Table DP05, 2015-2019
Percent Racial/Ethnic Distribution by City	U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates 1-Year Estimates, Race and Ethnicity by City, Table DP05, 2015-2019
SBC Comparison: Age Distribution	U.S. Census Bureau, American Community Survey, Age and Sex 1-Year Estimates Data Profiles Tables, City and Age Category, Table DP05, 2015-2019
City/Community Age Distribution	U.S. Census Bureau, American Community Survey, Age and Sex 1-Year Estimates Data Profiles Tables, City and Age Category, Table DP05, 2015-2019
Age Range Distribution	U.S. Census Bureau, American Community Survey, Age and Sex 1-Year Estimates Data Profiles Tables Age Distribution, Table DP05, 2015-2019
Household Composition	U.S. Census Bureau, American Community Survey, Household Composition 1-Year Estimates, Table DP02, 2014-2018
Percent Languages Spoken at Home	U.S. Census Bureau, American Community Survey, Language Spoken at Home 1-Year Estimates Subject Tables, Table S1601, 2015-2019
Percent Languages Spoken at Home by City	U.S. Census Bureau, American Community Survey, Language Spoken at Home 5-Year Estimates Subject Tables, Table S1601, 2019
Percent Languages Spoken at Home Spanish	U.S. Census Bureau, American Community Survey, Language Spoken at Home 1-Year Estimates Subject Tables, Table S1601, 2015-2019
Voter Registration	California Secretary of State, Voter Registration Statistics. Registration by County. 2015-2019
EDUCATION SECTION	
Percent of Educational Attainment	U.S. Census Bureau, American Community Survey, Educational Attainment 1-Year Estimates Subject Tables, Table S1501, 2015-2019
Percent of Educational Attainment by City	U.S. Census Bureau, American Community Survey, Educational Attainment 1-Year Estimates Subject Tables by City, Table S1501, 2015-2019
Percent Adults with Bachelor's and Up	U.S. Census Bureau, American Community Survey, Educational Attainment 1-Year Estimates Subject Tables, Table S1501, 2015-2019
Percent Ed Attainment by City	U.S. Census Bureau, American Community Survey, Educational Attainment 1-Year Estimates Subject Tables by City, Table S1501, 2015-2019
HS Graduation Rate	California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). Cohort outcome summary report – County and State, 2015 – 2019
HS Graduation Rate by District	California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). Cohort outcome summary report – School Districts, 2015-2019
HS Graduattion Rate by Race/Eth	California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). Cohort outcome summary report – Race and Ethnicity, 2015 – 2019
Percent HS Grads UC/CSU by District	California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). (2019). Cohort outcome summary report – UC/CSU Eligibility, 2019
Percent HS Grads UC/CSU	California Department of Education, Educational Demographics Unit, California Longitudinal Pupil Achievement Data System (CALPADS). (2019). Cohort outcome summary report – UC/CSU Eligibility, 2019

APPENDIX 5. Sources Continued

Chart Metric	Source
ECONOMY SECTION	
Percent Below Poverty Level	U.S. Census Bureau, American Community Survey, Poverty Status in the Past 12 months 1-Year Estimates, Table S1701, 2015-2019
Percent Below Poverty by City	U.S. Census Bureau, American Community Survey, Poverty Status in the Past 12 Months 5-Year Summary File Estimates, Table B17020, 2019
Percent Below Poverty by Race/Eth	U.S. Census Bureau, American Community Survey, Poverty Status in the Past 12 Months by Race/Ethnicity 1-Year Estimates Subject Tables, Table S1701, 2019
Median Income	U.S. Census Bureau, American Community Survey, Median Income in the Past 12 Months 1-Year Estimates, Table 1901, 2015-2019
Homeless Count by City	San Bernardino County Homeless Count and Subpopulation Survey Final Report. 2019
Percent Unemployed	U.S. Census Bureau, American Community Survey, Unemployment Rate 1-Year Estimates Data Profiles, Table DP03, 2015-2019
Percent Unemployed by City	U.S. Census Bureau, American Community Survey, Unemployment Rate 5-Year Estimates Data Profiles, Table DP03, 2019
Percent more than 30% on Housing	U.S. Census Bureau, American Community Survey, Selected Housing Characteristics 1-Year Estimates Data Profiles, Table DP04, 2015-2019
Housing and Transportation Index	Housing and Transportation Index, 2019. https://www.cnt.org/tools/housing-and-transportation-affordability-index
Median Home Sale Price	National Association of Home Builders 2019 NAHB - Wells Fargo Housing Opportunity Index (HOI) 1st Quarter 2015-2019
HEALTH SECTION	
Percent Insurance Coverage	U.S. Census Bureau, American Community Survey, Types of Health Insurance Coverage by City, 1- Year Estimates Table B27010, 2015-2019
Percent Insurance Coverage by City	U.S. Census Bureau, American Community Survey, Types of Health Insurance Coverage by City, 1- Year Estimates Table B27010, 2015-2019
Percent with Medi-Cal	California Health Interview Survey, Percent Covered by Medi-Cal, 2015-2019
Percent Uninsured	U.S. Census Bureau, American Community Survey, Types of Health Insurance Coverage by City, 1- Year Estimates Table B27010, 2015-2019
Access to Health Professionals	Medical Board of California, Department of Consumer Affairs. Physician and surgeon license by county, Fiscal years 2015-2019. Denominator U.S. Census Bureau, American Community Survey, 1-Year Population Estimates 2015-2019
Source of Care	California Health Interview Survey Source of Health Care, 2015-2019
Delays in Access to Health Care	California Health Interview Survey, UCLA Center for Health Policy Research. Delayed or didn't get medical care, 2015-19
Percent of Dental Visits During Pregnancy	Local Outcomes Report 2015-2017, First 5 San Bernardino
Percent of Children Preventative Dental Care	California Department of Health Care Services, Medi-Cal Dental Program, 2015-2019
Pecent Alcohol/Tobacco Use	California Department of Education, California Healthy Kids Survey (WestEd). (2017). Current alcohol and other drug use, Past 30 days, by school district.
Students Binge Drinking	California Department of Education, California Healthy Kids Survey (WestEd). (2017). School Binge Drinking by school district and days
Students Smoking	California Department of Education, California Healthy Kids Survey (WestEd). (2017). Smoking by year, grade and school district
Percent Cardiovascular Disease	California Health Interview Survey, Ever Been Diagnosed with Heart Disease, 2015-2019
Percent High BP	California Health Interview Survey. Diagnosed with High Blood Pressure, 2015-2019
Percent Asthma	California Health Interview Survey. Diagnosed with Asthma, 2015-2019

APPENDIX 5. Sources Continued

Chart Metric	Source
HEALTH SECTION	
Percent Asthma by Race/Eth	California Health Interview Survey. Diagnosed with Asthma by Race/Ethnicity, 2015-2019
Percent Diabetes	California Health Interview Survey. Ever Diagnosed with Diabetes, 2015-2019
Percent Obesity	California Health Interview Survey. BMI Greater than 30, 2015-2019
Rate Diagnosed with Syphilis	Centers for Disease Control and Prevention (CDC). National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus. Updated 2018. https://www.cdc.gov/nchhstp/atlas/index.htm
Rate Diagnosed with Chlamydia	Centers for Disease Control and Prevention (CDC). National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus. Updated 2018. https://www.cdc.gov/nchhstp/atlas/index.htm
Rate Diagnosed with Gonorrhea	Centers for Disease Control and Prevention (CDC). National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus. Updated 2018. https://www.cdc.gov/nchhstp/atlas/index.htm
Suicide Rate by County and State	Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, Multiple Cause of Death Files, 2015-2019
Birth Rates by County State	United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019.
Pre-term Birth Rates by County State	California Center for Health Statistics, Vital Statistics, Births Statistical Master File 2015-2019
Death Rates ALL	Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, Multiple Cause of Death Files, 2015-2019
Death Rates Cancer	Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, Multiple Cause of Death Files, 2015-2019
ENVIRONMENT SECTION	
Ratio Access to Healthy Foods	San Bernardino City Source: The Planning Center/DC&E. (2010). City of San Bernardino environment scan: A model for building communities that support healthy eating and active living. San Bernardino County and California Source: California Center for Public Health Advocacy. (2007). Searching for healthy food: The food landscape in San Bernardino County
Daily Vehicle Miles Traveled	State of California, Department of Transportation, Division of Transportation System Information. California public road data, 2015 and 2019, Table 6. U.S. Census Bureau, American Community Survey, 2015 and 2019 5-Year Population Estimates by City.
Particulate Matter 2.5	California Air Resources Board iADAM Statistics, Particulate Matter 2.5. 2019
Ozone	California Air Resources Board iADAM Statistics, Ozone. 2019
SAFETY SECTION	
Number of Property Crimes	California Department of Justice, Open Justice Dataset, Crimes & Clearances; U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates 1-Year Estimates Data Profiles Table DP05, 2015-2019
School Safety Rate by School/District	California Department of Education, California Healthy Kids Survey (WestEd). (2015-2017)., School Safety by year, grade and school district
Gange Membership Rate	San Bernardino County Sheriff's Department. San Bernardino County Community Indicators Report, Gang related crime: Gangs and Gang Membership, 2014-18
Percent Gange Involvement District	California Department of Education, California Healthy Kids Survey (WestEd). (2015-2017). Gang Involvement by year and school district
Number of Violent Crime	California Department of Justice, Open Justice Dataset, Crimes & Clearances; U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates 1-Year Estimates Data Profiles Table DP05, 2015-2019
Number/percent Traffic Collisions	Statewide Integrated Traffic Records System (SWITRS), Collisions, Injuries and Fatalities, 2013-2017;U.S. Census Bureau, American Community Survey, Demographic and Housing Estimates 1-Year Estimates Data Profiles Table DP05, 2013-2017

SAN BERNARDINO COUNTY

Community Vital Signs Initiative
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2020 Community Health Status Data Report

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