St. Joseph Health, St. Mary

Community Health Needs Assessment Report*

* Updated to align with The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on non-profit hospitals. Section 501(r)(3) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the community health needs identified through such assessment. The CHNA must (1) take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health and (2) be made widely available to the public. Section 501(r)(3)(B). St. Joseph Health, St. Mary relied on Notice 2011-52: Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospitals to meet the requirements.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSION, VISION AND VALUES</td>
<td>3</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>Who We Are and Why We Exist</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATIONAL COMMITMENT</td>
<td>4</td>
</tr>
<tr>
<td>Community Benefit Governance and Management Structure</td>
<td></td>
</tr>
<tr>
<td>OUR COMMUNITY</td>
<td>6</td>
</tr>
<tr>
<td>Defining the Community Benefit Service Area</td>
<td></td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>7</td>
</tr>
<tr>
<td>Analytic Methods Used</td>
<td></td>
</tr>
<tr>
<td>Prioritization Process and Criteria</td>
<td>9</td>
</tr>
<tr>
<td>Information Gaps</td>
<td>10</td>
</tr>
<tr>
<td>Collaborative Agencies</td>
<td></td>
</tr>
<tr>
<td>PRIMARY AND SECONDARY DATA</td>
<td>11</td>
</tr>
<tr>
<td>Community Input</td>
<td></td>
</tr>
<tr>
<td>SOCIO-DEMOGRAPHICS, HEALTH OUTCOMES AND HEALTH STATUS</td>
<td>12</td>
</tr>
<tr>
<td>Greater High Desert Region: Inland Empire North Region of San Bernardino County</td>
<td></td>
</tr>
<tr>
<td>General Health Status</td>
<td></td>
</tr>
<tr>
<td>Death, Disease and Chronic Conditions</td>
<td></td>
</tr>
<tr>
<td>Infectious Disease, Births</td>
<td></td>
</tr>
<tr>
<td>Modifiable Health Risks</td>
<td></td>
</tr>
<tr>
<td>Access to Health Services</td>
<td></td>
</tr>
<tr>
<td>Health Education and Outreach</td>
<td></td>
</tr>
<tr>
<td>Perceptions of Health Care</td>
<td></td>
</tr>
<tr>
<td>COMMUNITY NEEDS</td>
<td>14</td>
</tr>
<tr>
<td>ATTACHMENTS</td>
<td></td>
</tr>
<tr>
<td>Appendix 1. Community Input</td>
<td></td>
</tr>
<tr>
<td>Appendix 2: Consultant and Other Public Health Experts</td>
<td></td>
</tr>
<tr>
<td>Appendix 3a: Facilities that provide health care services in High Desert Region, San Bernardino County</td>
<td></td>
</tr>
<tr>
<td>Appendix 3b: Other Facilities that provide healthcare in Southern California, affiliated with St. Joseph Health</td>
<td></td>
</tr>
<tr>
<td>Appendix 4: Community Benefit Committee Roster</td>
<td></td>
</tr>
<tr>
<td>Appendix 5: 2011 PRC Community Health Report: Community Health Findings, Greater High Desert Region, Inland Empire North Region of San Bernardino County</td>
<td></td>
</tr>
</tbody>
</table>
MISSION, VISION AND VALUES

Our Mission
To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision
We bring people together to provide compassionate care, promote health improvement and create healthy communities.

Our Values
The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

St. Joseph Health, St. Mary is a comprehensive 210-bed nonprofit medical center serving the high desert region of San Bernardino County for over five decades. The hospital employs over 1,700 as one of the region’s largest employers. The hospital offers a wide range of services from wellness and prevention programs to emergency department and heart care services including the region’s only open heart surgery program. St. Joseph Health, St. Mary services include: 24-hour Emergency Services, Comprehensive Cardiac Services, an Outpatient Surgery Pavilion, Mobile Health Services, Diabetes Education, Level II Neonatal Intensive Care, Robotic-Assisted Surgery Program and a Center for Wound Care & Hyperbaric Medicine, a STEMI receiving center and with Baby Friendly designation. A notable achievement, St. Mary’s Community Health department’s midwifery program surpassed Healthy People 2020 goals for low birth rate and pre-natal care. Additionally, the hospital is recognized by San Bernardino County public health as a key partner for improving health outcomes. Furthering its mission and its commitment to providing access to quality healthcare, St. Joseph, St. Mary is building a new 128 bed hospital that will open in 2016. The new facility will help alleviate a shortage of local hospital bed availability and bring trauma services to the community.

The primary and secondary service areas of St. Mary consist of 400,000 residents living in the communities of Adelanto, Apple Valley, Barstow, Hesperia, Lucerne Valley, Phelan, Oak Hills, Victorville and Wrightwood. 2010 US Census reports a 19.1% increase in population between 2000 and 2010. Hispanic residents now comprise 49.2% of the total population with the African American population estimated at 8.9%. Data from the hospital’s interpreter services program indicates Spanish followed by Arabic as the two most commonly requested non English languages for discussing healthcare. The region is impacted significantly in the economic downturn with one of the state’s highest home foreclosure rates and a 50% increase in Food Stamp enrollment. The County’s unemployment rate was 12.6% (vs. 10.7% for the state) as reported for June 2012 by the state’s Employment Development Department.
ORGANIZATIONAL COMMITMENT

Community Benefit Governance and Management Structure

The St. Joseph Health, St. Mary Community Benefit (CB) Committee is a formal committee of the hospital’s Board of Trustees (BOT) which oversees the direction of programs serving community needs. The CB Committee meets quarterly to review and discuss progress implementing community benefit programs as well as programs exclusively serving the needs of the poor. A board member chairs the CB Committee with additional board members appointed terms. Hospital representatives include the President and Chief Executive Officer and the Vice President for Mission Integration as well as the Director of Community Health and Healthy Communities. Committee membership also includes community leaders with knowledge of health and social needs including care for those without a home or food. Committee activities include review of partner and hospital programs addressing social and health needs. The CB Committee reports to the hospital’s BOT its recommendations on programs assisting the poor, making grant awards to community partners and which community benefit programs will be pursued. As a product of completing the 2011 Community Health Needs Assessment, the hospital’s CB committee includes a representative from San Bernardino County Public Health and Inland Empire Health Plan (IEHP). The public health representative oversees development of community clinics including efforts to expand Federally Qualified Health Centers throughout San Bernardino County and, in particular, to the Victor Valley where currently none exist. The IEHP representative has expertise with the health and social needs of low income persons using Medi-Cal health insurance. IEHP provides the committee insight on the barriers low income patients experience accessing both primary and specialty care. A third committee member, representing the Women, Infant and Children’s program (WIC) is expert in breastfeeding which aligns with the hospital’s efforts to improve performance with its Baby Friendly designation.

In FY 11 CB Committee members reviewed and approved results of a Community Health Needs Assessment, approval of St. Mary’s FY 12- FY 14 Community Benefit Plan and recruitment of new committee members with expertise in the new plan’s initiatives. The new plan includes initiatives designed to address the following community needs: (1) access to care, (2) childhood obesity, (3) diabetes and (4) breastfeeding. With the access to care initiative, the Committee approved recruiting health partners to open four (4) community clinics serving low income persons. This strategy was discussed in the context of partnering with like-minded health organizations to serve the community’s poor. The decision to expand clinics was determined from community feedback and community health needs assessment data indicating the community faces barriers to accessing care (across six (6) issues: (1) Getting a Dr. Appointment, (2) Cost of Prescriptions, (3) Cost of Dr. Visit, (4) Inconvenient Office Hours, (5) Finding a Dr. and (6) Lack of Transportation) at a rate significantly higher than the national average. Community residents of Adelanto, the poorest community in the region, have been advocating for years that additional health resources (beyond the clinic operated by the hospital specializing in maternal care) be provided to its 32,000 residents. Currently the community has few physicians and dentists and no Urgent Care to treat emergencies. The hospital had identified local clinic partners and believed its advocacy and local knowledge would assist new community health clinics to open, including a location in Adelanto. The committee’s decision addressing child obesity stems from recognizing that excess weight is the underlying contributor to many chronic diseases and local health data indicates obesity rates higher than the state level. Additionally, the hospital’s parent organization, St. Joseph Health developed an effective childhood obesity program (named Healthy For Life) with school partners in Orange County, CA. The committee approved implementing this child obesity program at Head Start schools serving low income families. Likewise the prevalence of Diabetes was identified higher than state and national levels and the committee approved developing a diabetes self-management program (targeting uninsured persons) to meet Healthy People 2020 goals. Finally, the committee agreed that building upon the hospital’s expertise with Baby Friendly would further benefit women and children particularly if a program could increase the percentage of mothers providing breast milk to their children at six months post discharge.
The committee identified these programs based on how these issues were:
(1) impacting the community;
(2) the extent to which hospital resources could assist with the issue, and
(3) the quality of partnerships and programs to make a measurable difference.

Feedback from the community identified expanding access to services as the highest community need with job creation a close second. This feedback was obtained from conducting meetings with residents and community leaders as well as feedback from health experts with San Bernardino County Public Health, Inland Empire Health Plan, and not-for-profit hospitals including Kaiser Permanente, Dignity Health, Loma Linda Medical Center and Victor Valley Community Hospital. These hospital partners are using community benefit resources to collaborate with San Bernardino County Public to improve health planning. The collaborative has successfully influenced that “wellness and disease prevention” be pursued in San Bernardino County’s new vision statement http://www.sbcounty.gov/Uploads/CAO/Vision/elements.pdf#wellness. The Community Benefit Collaborative initially formed to share approaches in conducting community health needs assessments in an effort to see if a collaborative health assessment was possible and to begin assisting San Bernardino County Public Health in the development of its own county-wide community health needs assessment. The county has developed a San Bernardino County Healthy Communities program tracking key health metrics at the county wide level and listing local best practices for health improvement http://www.healthysanbernardinocounty.org/index.php. St. Mary has been urging county public health to consider adopting a Community Health Needs Assessment approach where the health status of residents can be reported at a zip code level. This approach is the one taken by St. Mary through its work with Professional Research Consultants. Community Feedback has been most positive to the measurement and reporting of health conditions at the community level. This is enabling the hospital to more effectively discuss health as a community issue. Residents are more engaged about what actions its community should take to address the prevalence of a given disease. The hospital believes this approach is feasible and is a step to addressing population health and the targeting of limited resources and best practice interventions.

Our Community
St. Joseph Health, St. Mary is a comprehensive 210-bed nonprofit medical center serving the high desert region of San Bernardino County. San Bernardino County is the largest county by area in the United States at 20,052.50 square miles located in the southeastern portion of CA. The thinly populated deserts and mountains of this vast county stretch from the outskirts of Riverside-San Bernardino Area to the Nevada border and the Colorado River. San Bernardino County is considered part of what is commonly referred to as the Inland Empire region of southern California (along with Riverside County) and had a population of 1,422,745 according to the 2010 Census. San Bernardino County is comprised of three distinct population centers. First, is the Valley Region which is the most populous and contains 75% of the county’s residents yet accounts for only 2.5% of the land. Then there is the Mountain Region which is primarily public lands owned by federal and state agencies. Third, is the High Desert region encompassing 93% of the county’s land area, including parts of the Mojave Desert. Residents only occupy 101.5 per sq. mi. of the county; nearly 75% of land is open or undeveloped, 14.3% is used for military purposes and 8.9% is used for residential housing. The community has experienced rapid population growth as affordable housing attracted residents from neighboring Los Angeles and Orange counties. The marked increase in population has been stressing the rural environment to expand and serve the challenges brought about through urbanization. As a result, new schools and roads have been constructed and additional health needs will be met including construction of new hospitals and recruitment of physicians and clinics.
Community Served

The hospital’s Community Benefit Service Area is roughly defined as serving the Victor Valley region of San Bernardino County an area (as depicted below) with a 2010 population of 350,000 residents. The communities of Apple Valley, Hesperia and Victorville comprise the hospital’s primary service area and the remaining surrounding communities of Adelanto, Oro Grande, Phelan, Oak Hills and Lucerne Valley comprise the hospital’s secondary service area. The region is 90% desert and the largest nearest metropolitan area - the City of San Bernardino is 40 miles away. The service area is noted as having significantly higher percentages of both indigent and uninsured populations when compared with both state and national levels. Additionally, residents suffer from heart disease and stroke at levels well above California and national benchmarks. As a result over 90% of the hospital’s community benefit area has been identified as “High Need” from the SJHS mapping and scoring of socioeconomic indicators contributing to health disparities. Over the past several years the hospital’s community benefit expenditures have increased to over $15 million. As noted the hospital’s service area is comprised of four major communities with some unique demographic, economic and health characteristics. The largest city is Victorville with a population of 130,145 residents. Demographic data indicates that 43.14% of residents are Latino and 28% of families prefer to speak Spanish, their primary language, at home. Socioeconomic data reports 16% of families are living in poverty and health assessment data indicates 24% of residents experience “Fair” or “Poor” physical health, the highest percentage among the four cities. The city of Hesperia has 98,442 residents with 15.4% of families living below poverty and 22% of residents over age 25 with
no High School diploma. The hospital’s home community of Apple Valley has 78,303 residents. Residents aged 65 years and older make up 14% of the population the highest concentration in the hospital’s service area and 14.6% of families are living below poverty the lowest percentage of any city. The area’s fourth city is Adelanto with a population of 32,602 residents. Adelanto is noted for being the region’s most ethnically diverse as 63% of residents are Latino and another 10% African American. Socioeconomic data reports 26% of Adelanto families are living in poverty and 28% of households have no high school diploma the highest rankings in the region.

METHODOLOGY

ANALYTIC METHODS USED

St. Joseph Health, St. Mary Medical Center conducted its Community Health Needs Assessment (CHNA) in the cities of Apple Valley, Hesperia and Victorville - which comprise the hospital’s Primary Service Area (PSA) as well as the city of Adelanto along with numerous smaller communities comprising the hospital’s Secondary Service Area (SSA) between February 2011 and November 2011. Professional Research Consultants (PRC) was contracted to conduct a randomized telephone survey, to obtain primary data from households within the hospital’s PSA and SSA developing survey sample sizes representative of the PSA and SSA for both population and demographic characteristics. The survey instrument is based largely on the Centers For Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance Survey (BFRSS) with the hospital adding questions on heart disease and stroke.

Currently, San Bernardino County has the second highest heart disease rate in California. A sample size of 300 households was determined as representative for the hospital’s PSA with an additional 100 households sampled for the hospital’s SSA. A total of 400 households were sampled by PRC. Additionally, for comparison, PRC collected secondary health data from the following sources: California Department of Public Health, Center for Social Services Research, and University of Berkeley, California, Department of Justice, Centers for Disease Control and Prevention, ESRI Demographic Portfolio (based on US Census projections), FBI Crime in the United States and the National Center for Health Statistics. PRC also provided health benchmarking data from the following sources: California Risk Factor Data, Nationwide Risk Factor Data and Healthy People 2020. The hospital also collected health insurance data from Inland Empire Health Plan to track populations of uninsured at the city level.

SJH conducted mapping of St. Mary’s PSA and SSA using 2010 US Census Data. SJH applied a Community Needs Index and ranked PSA neighborhoods using five (5) socioeconomic indicators (Income, Culture, Education, Insurance and Housing) and identified communities with highest barriers. SJHS also conducted mapping of PSA and SSA neighborhoods using an “Intercity Hardship Index” to rank order communities with highest barriers (disparities) to care. This mapping process enables the hospital to target health interventions and grant assistance to these high need communities. The city of Adelanto ranks the highest in unmet needs as measured by the Intercity Hardship Index as well as by the lack of community resources commonly seen in the neighboring communities of Apple Valley, Hesperia and Victorville. The city’s very affordable housing masks restricted community assets for its 32,000 residents including high school or college classes, no hospital or urgent care center and virtually no park and recreation department.

Telephone Survey

PRC conducted a telephone survey of 146 questions focused on issues such as general health, chronic disease, injury and violence, health risks, preventive care, access to healthcare services and broad community issues between February 2011 and June 2011. The telephone survey was conducted on a stratified random sampling of the population with 300 households sampled in the PSA and 100 households in the SSA. The survey
questionnaire was modeled after the Centers for Disease Control’s (CDC) Behavioral Risk Factor Surveillance System, which enables benchmarking local results to statewide and national data. Data collected was “weighted” in an effort to improve the representativeness of the data. Survey results were compiled by PRC in a report and a presentation were used to assist in community feedback sessions. See Appendix 4

Key Informant Panels

As part of the community health assessment, four (4) key informant panels were held (two sessions in Apple Valley, one session in Adelanto and the final session in Victorville). These panels included meetings with key informants in the community, including physicians, other health professionals, social services providers, employers and other community leaders. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key Informant candidates were contacted by telephone and email. Follow-up phone calls were then made to ascertain whether or not they would be able to attend and to plan for handout materials and surveys.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>GROUP</th>
<th>PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 11, 2011</td>
<td>9:30am-11:00am</td>
<td>Adelanto Community in Action (Spanish) (12)</td>
<td></td>
</tr>
<tr>
<td>May 26, 2011</td>
<td>1:30pm-3:00pm</td>
<td>Community Benefits Stakeholder Meeting (15)</td>
<td></td>
</tr>
<tr>
<td>July 28, 2011</td>
<td>2:00pm-4:00pm</td>
<td>Health and City leaders of the Healthy High Desert Collaborative (7)</td>
<td></td>
</tr>
<tr>
<td>October 17, 2011</td>
<td>12:00pm-1:30pm</td>
<td>Victor Valley Community Services Council (10)</td>
<td></td>
</tr>
<tr>
<td>April 20, 2012</td>
<td>9:50am-11:00am</td>
<td>Healthcare &amp; Social Issues in the High Desert (12)</td>
<td></td>
</tr>
</tbody>
</table>

Community/Resident Forums

A focus group meeting was conducted in Adelanto, in March, 11, 2011 to prioritize and understand residents’ and stakeholders’ views of the most pressing health and quality of life issues. Community forums were conducted with assistance of Ms. Carmen Laird, Mr. Martin Chavez and Ms. Maria Lara to engage Spanish speaking residents to provide feedback to CHNA findings specific to the community. On July 28, 2011 a focus group meeting was held with health and social service providers of Healthy High Desert. On October 17, 2011 a focus group meeting was held with local social service providers at a Victor Valley Community Services Council meeting.

A summary of the aggregate findings from the telephone survey community needs assessment conducted by PRC were presented to participants. Participants were then allowed to identify new health and quality of life issues that they felt were important in the particular city and were not part of the phone survey results. The facilitator then aggregated the new issues with the phone survey results, referred to collectively as “health issues.”

1 NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts. Please see Appendix 5.
Participants collectively ratified the results via consensus. The facilitator then led a focus group using semi-structured interview questions in order to obtain the participants’ reflections on the issue and to discuss what the participants believed to be the root causes for the issues.

Identification of Community Organizations

*Key informant panels consisted of representatives from the following agencies.* Names are not connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

- St. Joseph Heritage Health
- Town of Apple Valley – Parks and Recreation
- High Desert Primary Care Medical Group
- Victor Valley Community Services Dental Program
- San Bernardino County Public Health
- Healthy Rancho Cucamonga
- San Joaquin Valley Community College
- City of Victorville
- Mojave Water Agency
- ICR Staffing
- Victor Valley Elementary School District
- Desert Community Bank
- Adelanto Community ToolBox
- Adelanto Elementary School District

Prioritization Process and Criteria

St. Joseph Health, St. Mary’s Community Benefit Committee considered the following criteria: Relative prevalence of health and quality of life issues in each community, including whether local residents identify the topic as an issue and has a perceived sense of importance, scope of the issue—when compared to state or national data, seriousness—and consequences if left unaddressed, availability of community resources to assist in addressing the issue, overall alignment with hospital goals and strategic priorities, and alignment in managing charity care costs. In addition, the hospital’s Community Benefit Committee used the following lens to select and prioritize initiatives: High impact on the poor and vulnerable; Identified by resident forums and, or PRC data; At least one issue must address a Quality of Life concern; Partners/momentum exists to work collaboratively; Existence of a reasonable outcome; Availability of St. Joseph Health, St. Mary’s capacity and resources to lead efforts; Alternative resources are not available.
Information Gaps

The agency used to identify needs, Professional Research Consultants, Inc. (PRC) currently utilize the telephone to conduct surveys. We recognize this limits access to people who may not own traditional home-based telephones and those residents who are homeless. Despite this, it did not affect St. Joseph Health, St. Mary’s ability to reach reasonable conclusions regarding community health needs. An overarching need of the region is expansion of health services in almost all facets of care from increasing hospital beds, to providing specialty care, to expanding primary care to establishing additional community clinics to serve the poor. Hospital’s collaborating with St. Mary (i.e., Loma Linda and Kaiser Permanente) shared results of their CHNAs which also identified the need for expanded access as a key need.

Collaborative Agencies

We have a broad network of agencies with whom we collaborate on a regular basis. Because of these relationships, we were able to gain insight and feedback during the needs assessment process from the following agencies:

- San Bernardino County Public Health Department
- San Bernardino County Healthy Communities Department
- Inland Empire Health Plan
- Molina Health
- Loma Linda Medical School
- Kaiser Permanente
- Dignity Health – St. Bernadine’s Hospital
- High Desert Resource Network
- Victor Valley Community Services Council
- San Bernardino County Community Clinic Association
- Hospital Association of Southern California
- Healthy Adelanto, Healthy Apple Valley, Healthy Hesperia and Healthy Victorville
- St. John of God Health Care Services
- Catholic Charities of the Diocese of San Bernardino and Riverside Counties
- St. Joseph Heritage Health

Collaboration ranged from promoting resident focus groups, identifying key informants to participating in panel discussions and working together to create strategic plans once the needs assessment was completed.

Identity and Qualifications of Third Parties

The 2011 CHNA phone survey, key stakeholder panels and written report was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized marketing research firm dedicated exclusively to exploring health-related issues for hospitals, health systems, foundations and community-
based groups. PRC has extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Bruce Lockwood, Director, Community Health Division
Professional Research Consultants, Inc.

As division director, Bruce Lockwood oversees all aspects of community health assessment research for Professional Research Consultant, Inc. (PRC). Mr. Lockwood was instrumental in the development of PRC’s Community Health Assessment research product offering from its inception, including refining PRC’s approach, core survey instruments, data collection and reporting tools.

Mr. Lockwood has been with PRC since 1990, and has overseen Community Health Assessment projects in more than 300 communities nationwide. Mr. Lockwood received a Bachelor of Arts degree summa cum laude from the University of Nebraska.

PRIMARY AND SECONDARY DATA

SOCIO-DEMOGRAPHICS, HEALTH OUTCOMES AND HEALTH STATUS
Greater High Desert Region: Inland Empire North Region of San Bernardino County

This PRC Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the primary and secondary service areas of St. Mary Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment incorporates data from primary research (the 2011 PRC Community Health Survey) and secondary research (vital statistics and other existing health related data). It also allows for comparison to benchmark data at the state and national levels.

The PRC survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by St. Mary Medical Center and Professional Research Consultants (PRC). The “community” defined for this assessment is made up of St. Mary Medical Center’s Primary Service Area (comprised of the Apple Valley, Hesperia, and Victorville communities) and remaining surrounding communities (Secondary Service Area). Each of these is defined at the ZIP Code level.

A PRC Community Health Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

The core areas examined are as follows: 1) General Health Status, 2) Death, Disease and Chronic Conditions, Infectious Disease, Births, Modifiable Health Risks, Access to Health Services, Health Education and Outreach and Perceptions of Health Care. (See Appendix 5, pages 25 through 195 to see detailed tables).
This Community Health Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

### Community/Resident Forums

A focus group meeting was conducted in Adelanto, in March, 11, 2011 to prioritize and understand residents’ and stakeholders’ views of the most pressing health and quality of life issues. Community forums were conducted with assistance of Ms. Carmen Laird, Mr. Martin Chavez and Ms. Maria Lara to engage Spanish speaking residents to provide feedback to CHNA findings specific to the community. On July 28, 2011 a focus group meeting was held with health and social service providers of Healthy High Desert. On October 17, 2011 a focus group meeting was held with local social service providers at a Victor Valley Community Services Council meeting.

A summary of the aggregate findings from the telephone survey community needs assessment conducted by PRC were presented to participants. Participants were then allowed to identify new health and quality of life issues that they felt were important in the particular city and were not part of the phone survey results. The facilitator then aggregated the new issues with the phone survey results, referred to collectively as “health issues.”

Participants collectively ratified the results via consensus. The facilitator then led a focus group using semi-structured interview questions in order to obtain the participants’ reflections on the issue and to discuss what the participants believed to be the root causes for the issues.

*See Appendix 5, pg. 195-196*
A geographical description of the Total Area is illustrated in the following:

See Appendix 5
COMMUNITY NEEDS

Summary of Community Health Needs
The list of prioritized community health needs identified through secondary data analysis and community input are as follows:

Access to Healthcare
Lack of Insurance/Insurance Instability
Difficulty Accessing Healthcare Services
(Adults & Children)
Barriers to Healthcare Access (Cost, Transportation, Hours, Etc.)
Emergency Room Utilization
Perceptions of Local Healthcare Services

Diabetes
Diabetes Deaths
Diabetes Prevalence

Nutrition & Overweight
Fruit & Vegetable Consumption
Overweight/Obesity

Heart Disease & Stroke
Heart Disease & Stroke Deaths
Hypertension

Respiratory Disease
Chronic Lower Respiratory Disease Deaths
Pneumonia/Influenza Deaths

Oral Health
Dental Visits (Adults)

Maternal & Infant Health
Prenatal Care
Low Birth-weight
Infant Mortality

Family Planning
Births to Teens

Injury & Violence
Motor Vehicle Crash Deaths
Firearm-Related Deaths
Homicides
Violent Crime, Including Domestic Violence

Dementias
Alzheimer's Disease Deaths
Disability
Activity Limitations

Substance Abuse
Cirrhosis/Liver Disease Deaths

Cancer
Cancer Deaths (Lung, Prostate, Female Breast, Colorectal)

Education
Attendance at Health Promotion Events

Vision
Blindness/Trouble Seeing
Routine Vision Care
Appendix 1: Community Input

Local Community Leaders Providing Input

Local leaders provided input to the Key Informant panels, Resident Focus Groups, and the development of the strategic plans. Ms. Carmen Laird and Mr. Martin Chavez were instrumental in holding Adelanto meetings with Spanish speaking residents to address start-up of a Healthy City initiative and the residents pressing needs for low cost health services including a clinic or Urgent Care. Meetings in Adelanto engaged low income and Spanish speaking residents, many of whom are undocumented. Ms. Dora Barilla, MPH, Ph.D. provided assistance advocating the county begin seed funding Healthy City initiatives in the region. Additionally, Dora assigned Masters of Public Health interns from Loma Linda University Medical Center, to perform local public health projects. Ms. Jennifer Resch-Silvestri, and Ms. Martha Valencia, MPH of Kaiser Permanente provided feedback on collaborating to expand community clinics since Kaiser was grant funding a new community clinic collaborative in San Bernardino County and clinics of the collaborative would consider expansion to the High Desert. Because Key Informant Panels and Resident Focus Groups were held in confidentiality to ensure candid dialogue surrounding community needs, these names cannot be shared during this needs assessment.

Identification of Community Organization and Individuals

Key Informant panels consisted of representatives from the following agencies. Names are not connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

St. Joseph Heritage Health
Town of Apple Valley – Parks and Recreation
High Desert Primary Care Medical Group
Victor Valley Community Services Dental Program
San Bernardino County Public Health
Healthy Rancho Cucamonga
San Joaquin Valley Community College
City of Victorville
Mojave Water Agency
ICR Staffing
Victor Valley Elementary School District
Desert Community Bank
Adelanto Community ToolBox
Adelanto Elementary School District
Appendix 2: Consultant/Public Health Experts

Identity and Qualifications of Third Parties

The 2011 CHNA phone survey, key stakeholder panels and written report was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized marketing research firm dedicated exclusively to exploring health-related issues for hospitals, health systems, foundations and community-based groups. PRC has extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Bruce Lockwood, Director, Community Health Division
Professional Research Consultants, Inc.

As division director, Bruce Lockwood oversees all aspects of community health assessment research for Professional Research Consultant, Inc. (PRC). Mr. Lockwood was instrumental in the development of PRC’s Community Health Assessment research product offering from its inception, including refining PRC’s approach, core survey instruments, data collection and reporting tools.

Mr. Lockwood has been with PRC since 1990, and has overseen Community Health Assessment projects in more than 300 communities nationwide. Mr. Lockwood received a Bachelor of Arts degree summa cum laude from the University of Nebraska.

Individuals Providing Public Health Expertise

Public Health experts provided input to the Key Informant panels as well as in the development of the strategic plans, however, because Key Informant panels were held in confidentiality to ensure open, honest feedback could be obtained for the needs assessment, these names cannot be shared during this needs assessment. Future needs assessments will disclose names and agencies of public health experts as requested by State or Federal agencies. Feedback was obtained by public health leaders at San Bernardino County’s Public Health Clinic and Healthy Communities Program. Public Health recognizes the hospital and its community clinics as vital resources assisting a population center government services are overwhelmed attempting to serve. As a result Public Health leaders have been supporting efforts supporting start-ups of private community health clinics and providing seed funding to start Healthy City campaigns.
Other Individuals Providing Input

Other individuals who provided expertise during the needs assessment process are identified below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin Mahany, MGA</td>
<td>Director, Healthy Communities and Advocacy</td>
<td>Community Organizing and resident and business feedback meetings</td>
</tr>
<tr>
<td></td>
<td>St. Joseph Health, St. Mary</td>
<td></td>
</tr>
<tr>
<td>Allen Christensen, CHES</td>
<td>St. Joseph Health, St. Mary</td>
<td>Community Organizing and resident meetings</td>
</tr>
<tr>
<td>Laurie Roberts, CNM</td>
<td>St. Joseph Health, St. Mary</td>
<td>Maternal Health</td>
</tr>
<tr>
<td>Azhar Qureshi, MD, MBA, DrPH</td>
<td>Senior Vice President, Community Health</td>
<td>Public Health, statistical analysis</td>
</tr>
<tr>
<td></td>
<td>St. Joseph Health</td>
<td></td>
</tr>
<tr>
<td>Marie Prosper, MPH, MBA</td>
<td>Project Manager, Community Health</td>
<td>Community health and research</td>
</tr>
<tr>
<td></td>
<td>St. Joseph Health</td>
<td></td>
</tr>
<tr>
<td>Verónica F. Gutiérrez, MPH</td>
<td>Community Benefit Manager, Community Health</td>
<td>Community Health and Health Disparities</td>
</tr>
<tr>
<td></td>
<td>St. Joseph Health</td>
<td></td>
</tr>
</tbody>
</table>

Kevin Mahany, MGA is currently Director of Advocacy and Healthy Communities for St. Joseph Health, St. Mary. Kevin is a returned Peace Corps volunteer who assisted in developing clean drinking water and rural health clinics in the Solomon Islands and Papua New Guinea. Prior to working at St. Joseph Health, Kevin worked in the environmental, health and safety field with expertise in childhood lead poisoning. He is a member of the Hospital Association of Southern California’s Community Benefit Collaborative. The collaborative is comprised of not-for-profit hospitals in San Bernardino coordinating efforts conducting community health needs assessments and coordinated implementation of community benefit initiatives in partnership with San Bernardino County Public Health Department. The collaborative supports the County-wide health vision of preventing disease, and addressing the county’s shortage of physicians and allied health professionals. An element of the county’s vision is starting Healthy City initiatives. As of 2011 the county has 13 Healthy City campaigns with four (4) located in the service area of St. Joseph Health, St. Mary. Kevin assisted with the start of each city campaign and a regional network named Healthy High Desert. Healthy High Desert is a collaborative of 40 local organizations promoting prevention and the reduction of chronic disease. Kevin is a member of the San Bernardino County Community Clinic Association which is addressing how to expand primary and specialty care services to low income and uninsured populations. Kevin is a Board Member of the Inland Empire Children’s Health Initiative, the Apple Valley Police Activities League, Adelanto Community Resource Center, the Apple Valley Chamber of Commerce and Apple Valley Oversight Committee and St. John of God Health Care Services in Victorville. Kevin is also a member of Loma Linda Medical Center’s Community Benefit Advisory Committee and the Health Committee of the Diocese of San Bernardino.

Allen Christensen, CHES is Community Benefit Analyst and Healthy Cities Manager for St. Joseph Health, St. Mary. He is a planning member of Healthy High Desert. Allen is a board member of the Adelanto Chamber of Commerce and co-leads Healthy City efforts in Adelanto, Apple Valley, Hesperia and
Victorville. Each campaign addresses community level issues impacting resident health including lack of access to recreation and fresh produce, crime, complete streets, undue concentrations of alcohol, tobacco and fast food establishments and the development of joint use agreements to open school playgrounds to public use. Allen has served on a state-wide joint use planning taskforce overseen by the California Department of Public Health named Project Lean.

Azhar Qureshi, MD, MPH, MBA, DrPH is currently Senior Vice President for Community Health, St. Joseph Health (SJH). SJH is a not-for-profit healthcare organization that owns and operates fifteen hospitals in California and Texas. The System employs 22,000 employees and reported gross revenues of $4 billion for fiscal year 2012. Dr. Qureshi is also the Lead Consultant for the California Hospital Association (CHA) on all issues concerning measurement and public reporting of hospital quality performance in CA. He is also a member of the Board of Directors for Latino Health Access (LHA). Latino Health Access is a nonprofit organization founded in 1993 in Santa Ana, California. LHA reaches out to residents in laundromats, garages, churches and their recently-opened new headquarters to combat serious public health problems plaguing a community of uninsured and under-served families.

Dr. Qureshi is also a member of the Board of Directors for National Health Foundation (NHF). National Health Foundation has been addressing healthcare issues of the underserved for more than 35 years. Throughout its history, the organization’s mission and direction have evolved in order to best serve the community, healthcare providers and policy makers. In addition to his MBA and Medical Degree, Dr. Qureshi has a Master in Public Health with an emphasis on Community Health and Health Education. He also has a Doctorate in Public Health with a cognate in Bio-Statistics from the University of California, Los Angeles (UCLA). He has published various articles and has been invited to present at many prestigious seminars. He has received many academic awards, scholarships and grants, including a fellowship awarded by the Centers for Disease Control (CDC). Last, but not least, Dr. Qureshi was a faculty member at the Center for Continuing Professional Education, Harvard School of Public Health where he co-taught a course titled “Probabilistic Risk Analysis: Assessment, Management and Communication.”

Marie Prosper, MPH, MBA graduated from the University of Michigan with a Bachelor of Arts degree in Sociology and attended Loma Linda University where she received two Master degrees; one in Public Health and the other in Business Administration. Marie is currently pursuing a PhD in Public Health with a concentration in Epidemiology. She has had the opportunity to be involved in a variety of research projects including youth violence in South African schools, motor behavior and development in infants with Down’s syndrome, and barriers to the use of nutrition centers by senior residents in San Bernardino County, CA. Her most recent study exploring the relationship between obesity and self-rated health was published in the American Journal of Health Behavior. She is most passionate about issues related to health disparities, poverty, minority health, and maternal and child health. Marie is currently a Project Manager in the Community Health Department at St. Joseph Health where she is dedicated to improving the health and quality of life of underserved populations through research and evaluating effective programs. In her current role, she lends her expertise in conducting community needs assessments, program design and evaluation, research methods and biostatistics.

Verónica F. Gutiérrez, MPH received her Bachelor of Arts Degree in Sociology and Anthropology with a concentration in Latin American Studies and a certificate in Spanish Language and Literature from Carleton College in Northfield, Minnesota. Ms. Gutiérrez received her Master of Public Health Degree with a specialization in Socio-Cultural Aspects of Health from University of California, Los Angeles (UCLA) Fielding School of Public Health. Verónica is currently the Manager of Community Benefit for St. Joseph
Health (SJH), a Catholic health care non-profit in Orange, California, where she coordinates system-wide community benefit efforts aimed at improving the health and quality of life of local residents. She has managed projects that include the implementation of performance improvement efforts in community health and a project dedicated to build increased focus and accountability in governance, management and operations of community health efforts across SJHS ministries (hospitals). Currently she serves on the Bethany in Transition Board and the Wellness Corridor Stakeholder group convened by Latino Health Access, a non-profit organization in Santa Ana, CA. Prior to joining St. Joseph Health, Verónica collaborated on research on access to care and preventive care utilization at the UCLA Center for Health Policy Research. She has also conducted qualitative research on therapeutic communication. She has served on the Executive Board of the Latino Caucus, in official relations with American Public Health Association (APHA), The Gerontological Health Section, APHA, and is co-founder of UCLA Students of Color for Public Health.
Appendix 3a

Facilities that provide healthcare in High Desert, San Bernardino County

*St. Mary Community Health Clinics- Adelanto, Apple Valley and Hesperia*

St. Joseph Health, St. Mary sponsors three (3) community health clinics serving low income communities. In 2011 these clinics provided care for 42,439 patient encounters across all programs. The clinics specialize in providing maternal care to low income persons including midwifery, behavioral health, primary care, cancer screenings and diabetes education and self-care to Medi-Cal and uninsured populations. The Adelanto clinic is located in to serve residents living in the poorest neighborhood in the High Desert. Additionally, the department operates a mobile medical van serving low income neighborhoods in Apple Valley and Victorville.

The following are other facilities providing health care in High Desert region, San Bernardino County region. This list is not exhaustive.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Description of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Bernardino County Public Health Clinic (FQHC)</td>
<td>16452 Bear Valley, Road Hesperia, CA 92345</td>
<td>Primary Care Services, enrollment into Low Income Health Program, referrals to specialty care at Arrowhead County Hospital</td>
</tr>
<tr>
<td>Mission Community Clinic Network</td>
<td>15201 11th Street Victorville, CA 92395</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Victor Valley Community Services Dental Program</td>
<td>14357 7th Street Victorville, CA 92395</td>
<td>Dental Services</td>
</tr>
<tr>
<td>Molina Medical Clinic</td>
<td>11965 Cactus Road Adelanto, CA 92301</td>
<td>Primary and Pediatric Care</td>
</tr>
<tr>
<td>La Salle Medical Clinic</td>
<td>16455 Main Street Hesperia, CA 92345</td>
<td>Primary and Pediatric Care</td>
</tr>
<tr>
<td>High Desert Primary Care</td>
<td>12550 Hesperia Road Victorville, CA 92395</td>
<td>Primary and Specialty Care with Urgent Care Clinics</td>
</tr>
<tr>
<td>Choice Medical Group</td>
<td>18564 Highway 18 Apple Valley, CA 92307</td>
<td>Primary and Specialty Care Physician Group</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>14011 Park Ave. Victorville, CA 92392</td>
<td>Primary and Specialty Care</td>
</tr>
<tr>
<td>Victor Valley Community Hospital</td>
<td>15428 11th Street Victorville, CA 92395</td>
<td>101 Bed Acute Care Hospital</td>
</tr>
<tr>
<td>Desert Valley Hospital</td>
<td>16850 Bear Valley Road Victorville, CA 92395</td>
<td>148 Bed Acute Care Hospital</td>
</tr>
</tbody>
</table>
Appendix 3b (continued)

Other Facilities that provide healthcare in Southern California, affiliated with St. Joseph Health

The following are other facilities providing health care in Orange County region. This list is not exhaustive.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Joseph Health, St. Joseph Hospital Orange*</td>
<td>1100 West Stewart St., Orange, CA 92868</td>
<td>SJH, SJO provides a comprehensive range of services, centers and programs: Anesthesia Services, Bariatric Care Center, In-patient Behavioral Health/Psychological Services, Blood Donor Center, Comprehensive Breast Center, Cancer Genetics, Cardiology Services, Colorectal Services, Dialysis Center, Head and Neck Cancer, Kidney Transplant, Melanoma Services, Minimally Invasive Surgery, Nasal Sinus Services, Neurosurgical Services, Obstetrics, Orthopedics, Prostate Cancer, Radiology and Imaging Services, Rehab Services, Sleep Disorder Center, Thoracic Oncology Center and Vascular Institute.</td>
</tr>
<tr>
<td>St. Joseph Health, St. Jude Medical Center*</td>
<td>101 E. Valencia Drive, Fullerton, CA 92835</td>
<td>SJH, SJMC provides a comprehensive range of services, centers and programs: Caregiver Resource Center, Chronic Pain Center, Community Outreach Services, Critical Care, Diabetes Management, Ears, Nose and Throat, Emergency Services, Endoscopy, Fetal Diagnostic Center, Gastroenterology, Home Health Services, Hospice Care Services, Imaging, Laboratory, Lymphedema, Minimally Invasive Surgery, Neurology and Neurosurgical Services, Ophthalmology, Palliative Care, Pathology, Radiology, Robotic Surgery, Senior Services, Sleep Disorders Institute, Speech Therapy, Surgery, Transitional Care Center, Urology, Wellness and Fitness, Wound Care</td>
</tr>
</tbody>
</table>
## Appendix 3b (continued)

### Other Facilities that provide healthcare in Southern California, affiliated with St. Joseph Health

The following are other facilities providing health care in Orange County region. This list is not exhaustive.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Description</th>
</tr>
</thead>
</table>
| St. Joseph Health, Mission Hospital | Mission Viejo: 27700 Medical Center Road Mission Viejo, CA 92691  
For more information go to: [http://www.mission4health.com/](http://www.mission4health.com/)  
Laguna Beach: 31872 Coast Highway  
Laguna Beach, CA 92651  
For more information go to: [http://www.mission4health.com/For-Visitors/Visitor-Information/Laguna-Beach.aspx](http://www.mission4health.com/For-Visitors/Visitor-Information/Laguna-Beach.aspx) | Mission Viejo: Services include 24-hour emergency care; Mission Imaging Center offering the most advanced diagnostic care, Mission Heart Center providing cardiac rehabilitation and chest pain center; Mission Stroke Center, providing the region’s most comprehensive and advanced neurological care; Mission Maternity Center including special care for high risk pregnancy; and Mission Women’s Wellness Center offering comprehensive breast, heart and pelvic care. Mission Hospital also offers the highest level of care in orthopedics, rehabilitation, cancer, spine and vascular services.  
Laguna Beach: Services include 24-hour emergency, intensive and medical-surgical care as well as behavioral health and chemical and pain medication |
### Appendix 4: St. Joseph Health, St. Mary Community Benefit Committee Roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Rosella Bernal</td>
<td>East-West/Desert Community Bank</td>
<td>Hospital Board of Trustees, Business Leader, Local resident Apple Valley</td>
</tr>
<tr>
<td>Ms. Margaret Cooker</td>
<td>Retired Nurse</td>
<td>Health Advocate, Local resident Victorville</td>
</tr>
<tr>
<td>Ms. Corie Lopez</td>
<td>Institute for Public Strategies</td>
<td>Community Organizer</td>
</tr>
<tr>
<td>Ms. Meaghan Ellis</td>
<td>San Bernardino County Public Health</td>
<td>Public Health Clinics</td>
</tr>
<tr>
<td>Mr. Eric Moreno</td>
<td>Victor Valley Community Services Dental Program</td>
<td>Hospital Board of Trustee, Dental Health Advocate for the poor, local resident</td>
</tr>
<tr>
<td>Ms. Mary O’Toole</td>
<td>San Bernardino County, Chief Executive Office</td>
<td>Health Advocate, Local resident Hesperia</td>
</tr>
<tr>
<td>Ms. Marlene Turner</td>
<td>Inland Empire Health Plan</td>
<td>Health advocate for Medi-Cal population</td>
</tr>
<tr>
<td>Brother Ignatius Sudol</td>
<td>St. John of God Health Care Services</td>
<td>Chair, Hospital Board of Trustees, senior care, substance abuse, Care for the Poor</td>
</tr>
<tr>
<td>Charlie Glasper</td>
<td>Retired Air Force</td>
<td>Local resident, Adelanto</td>
</tr>
<tr>
<td>Brother Stephen de la Rosa</td>
<td>St. John of God Health Care Services</td>
<td>Hospital Board of Trustees, senior care, substance abuse, care for the poor</td>
</tr>
<tr>
<td>Sister Martha Ann Fitzpatrick</td>
<td>Sister of St. Joseph of Orange</td>
<td>Mission, Advocacy, Care for the Poor</td>
</tr>
<tr>
<td>Sister Theresa LaMetterey</td>
<td>Sister of St. Joseph of Orange</td>
<td>Mission, Advocacy, Care for the Poor</td>
</tr>
<tr>
<td>Ms. Wanda Wilborn, MD</td>
<td>Physician</td>
<td>OBGYN, Care for the Poor</td>
</tr>
<tr>
<td>Ms. Glenda Bates</td>
<td>San Bernardino County’s Women, Infant and Children’s Program (WIC)</td>
<td>Women and baby, breastfeeding</td>
</tr>
<tr>
<td>Mr. Jack Hamilton</td>
<td>High Desert Church</td>
<td>Spiritual Care, Care For The Poor, local resident Phelan</td>
</tr>
<tr>
<td>Mr. Alan Garrett</td>
<td>St. Joseph Health System</td>
<td>President and CEO of Hospital Administration, Advocacy</td>
</tr>
<tr>
<td>Mr. John Perring-Mulligan</td>
<td>St. Joseph Health, St. Mary</td>
<td>Mission, Social Justice, Care For The Poor, local resident</td>
</tr>
<tr>
<td>Ms. Laurie Roberts</td>
<td>St. Joseph Health, St. Mary</td>
<td>Maternal child, Women’s Health, Diabetes, Care for the Poor</td>
</tr>
<tr>
<td>Mr. Kevin Mahany</td>
<td>St. Joseph Health, St. Mary</td>
<td>Advocacy, Community Organizing, local resident</td>
</tr>
</tbody>
</table>
Appendix 5:
2011 PRC Community Health Report: Community Health Findings –Greater High Desert Region, Inland Empire North Region of San Bernardino County
2011 PRC Community Health Report

Sponsored by
St. Mary Medical Center

Apple Valley, California
# Table Of Contents

## INTRODUCTION 5
- Project Overview ................................................................................................... 6
  - Project Goals
  - Methodology
- Summary of Findings .......................................................................................... 11
  - Areas of Opportunity for Community Health Improvement
  - Summary Tables: Comparisons With Benchmark Data

## GENERAL HEALTH STATUS 25
- Overall Health Status .......................................................................................... 26
  - Self-Reported Health Status
  - Activity Limitations
- Mental Health & Mental Disorders ....................................................................... 31
  - Mental Health Status
  - Depression
  - Stress
  - Suicide
  - Mental Health Treatment
  - Children & ADD/ADHD

## DEATH, DISEASE & CHRONIC CONDITIONS 40
- Leading Causes of Death .................................................................................... 41
  - Distribution of Deaths by Cause
  - Age-Adjusted Death Rates for Selected Causes
- Cardiovascular Disease ....................................................................................... 43
  - Age-Adjusted Heart Disease & Stroke Deaths
  - Prevalence of Heart Disease & Stroke
  - Stroke Symptom Awareness
  - Cardiovascular Risk Factors
- Cancer ................................................................................................................... 57
  - Age-Adjusted Cancer Deaths
  - Prevalence of Cancer
  - Cancer Screenings
- Respiratory Disease ............................................................................................. 67
  - Age-Adjusted Respiratory Disease Deaths
  - Prevalence of Respiratory Conditions
- Injury & Violence ................................................................................................. 74
  - Leading Causes of Accidental Death
  - Unintentional Injury
  - Intentional Injury (Violence)
- Diabetes ................................................................................................................ 90
  - Age-Adjusted Diabetes Deaths
  - Prevalence of Diabetes
  - Diabetes Treatment
- Alzheimer's Disease ................................................................................................ 94
  - Age-Adjusted Alzheimer's Disease Deaths
- Kidney Disease ...................................................................................................... 96
  - Age-Adjusted Kidney Disease Deaths
Potentially Disabling Conditions ................................................................. 98
  Arthritis, Osteoporosis, & Chronic Pain 98
  Vision & Hearing Impairment 102

INFECTION DISEASE .............................................................................. 104

Vaccine-Preventable Conditions ................................................................. 105
  Measles, Mumps, Rubella 105
  Pertussis 106
  Acute Hepatitis C 106

Influenza & Pneumonia Vaccination ............................................................. 108
  Flu Vaccinations 108
  Pneumonia Vaccination 109

Tuberculosis .................................................................................................. 111

HIV ................................................................................................................... 113
  Age-Adjusted HIV/AIDS Deaths 113
  HIV Testing 115

Sexually Transmitted Diseases ................................................................. 116
  Gonorrhea 117
  Syphilis 118
  Chlamydia 119
  Acute Hepatitis B 120
  Safe Sexual Practices 122

BIRTHS ........................................................................................................... 124

Prenatal Care ................................................................................................. 125

Birth Outcomes & Risks .............................................................................. 127
  Low-Weight Births 127
  C-Sections 128
  Infant Mortality 129
  Risk Factors 130

Family Planning ............................................................................................ 132
  Births to Teen Mothers 132

MODIFIABLE HEALTH RISKS ...................................................................... 134

Actual Causes Of Death .............................................................................. 135

Nutrition ......................................................................................................... 136
  Daily Recommendation of Fruits/Vegetables 137
  Health Advice About Diet & Nutrition 139

Physical Activity ............................................................................................. 140
  Level of Activity at Work 141
  Leisure-Time Physical Activity 142
  Activity Levels 143
  Health Advice About Physical Activity & Exercise 145
  Children’s Screen Time 146

Weight Status ................................................................................................ 147
  Adult Weight Status 147
  Weight Management 152
  Childhood Overweight & Obesity 154
  Perception of Child’s Weight 154
  Child’s Weight Status 155
Substance Abuse ................................................................. 157
- Age-Adjusted Cirrhosis/Liver Disease Deaths 158
- High-Risk Alcohol Use 159
- Age-Adjusted Drug-Induced Deaths 162
- Illicit Drug Use 164
- Alcohol & Drug Treatment 164

Tobacco Use ........................................................................ 165
- Cigarette Smoking 165
- Other Tobacco Use 171

ACCESS TO HEALTH SERVICES ........................................ 172

Health Insurance Coverage .................................................. 173
- Type of Healthcare Coverage 173
- Lack of Health Insurance Coverage 175

Difficulties Accessing Healthcare ......................................... 177
- Difficulties Accessing Services 177
- Barriers to Healthcare Access 178
- Prescriptions 179
- Accessing Healthcare for Children 180

Primary Care Services .......................................................... 181
- Specific Source of Ongoing Care 181
- Utilization of Primary Care Services 183

Emergency Room Utilization ............................................... 185

Oral Health ........................................................................ 186
- Dental Care 187
- Dental Insurance 189

Vision Care ......................................................................... 190

HEALTH EDUCATION & OUTREACH ..................................... 191

Healthcare Information Sources ........................................... 192

Participation in Health Promotion Events ............................ 193

PERCEPTIONS OF HEALTHCARE ....................................... 195

Ratings of Local Healthcare Services ................................. 196
INTRODUCTION

The PRC Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of our community residents.
Project Overview

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the primary and secondary service areas of St. Mary Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A PRC Community Health Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Methodology

This assessment incorporates data from primary research (the 2011 PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

2011 PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by St. Mary Medical Center and Professional Research Consultants (PRC).
Community Defined for This Assessment

The “community” defined for this assessment is made up of St. Mary Medical Center’s Primary Service Area (comprised of the Apple Valley, Hesperia, and Victorville communities) and remaining surrounding communities (Secondary Service Area). Each of these is defined at the ZIP Code level. Throughout the text, the combined area will be referred to as the Total Area.

A geographical description of the Total Area is illustrated in the following map.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the 2011 PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the Total Area, including 100 interviews each in the communities of Apple Valley, Hesperia and Victorville (300 total in the Primary Service Area) and 100 in the Secondary Service Area ZIP Codes. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).
Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence

Note:
- The “response rate” (the percentage of a population giving a particular response) determines the error rate associated with that response.

Examples:
- A “95 percent level of confidence” indicates that responses would fall within the expected error range on 95 out of 100 trials.
- If 10% of the sample of 400 respondents answered a certain question with a “yes,” it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
- If 50% of respondents said “yes,” one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond “yes” if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following charts outline the characteristics of the Total Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]
Population & Sample Characteristics
(Total Area, 2011)

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2011 guidelines place the poverty threshold for a family of four at $22,350 annual household income or lower). In sample segmentation: “<200% FPL” (or less than twice the Federal Poverty Level) refers to community members living in a household with defined poverty status, along with those households living just above the poverty level, earning up to twice the poverty threshold; and “200%+” refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Assessment. Data for San Bernadino County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- California Department of Public Health
- Center for Social Services Research, University of Berkeley
- California Department of Justice
- Centers for Disease Control & Prevention
- ESRI BIS Demographic Portfolio (Projections Based on the US Census)
- FBI, Crime in the United States
- National Center for Health Statistics

Note that secondary data reflect county-level data.
Benchmark Data

California Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2011 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.
Summary of Findings

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

### Areas of Opportunity Identified Through This Assessment

<table>
<thead>
<tr>
<th>Area</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Healthcare</td>
<td>Lack of Insurance/Insurance Instability</td>
</tr>
<tr>
<td></td>
<td>Difficulty Accessing Healthcare Services (Adults &amp; Children); Barriers to Healthcare Access (Cost, Transportation, Hours, Etc.)</td>
</tr>
<tr>
<td></td>
<td>Emergency Room Utilization</td>
</tr>
<tr>
<td></td>
<td>Perceptions of Local Healthcare Services</td>
</tr>
<tr>
<td>Cancer</td>
<td>Cancer Deaths (Lung, Prostate, Female Breast, Colorectal)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Diabetes Deaths</td>
</tr>
<tr>
<td></td>
<td>Diabetes Prevalence</td>
</tr>
<tr>
<td>Disability</td>
<td>Activity Limitations</td>
</tr>
<tr>
<td>Dementias</td>
<td>Alzheimer’s Disease Deaths</td>
</tr>
<tr>
<td>Education</td>
<td>Attendance at Health Promotion Events</td>
</tr>
<tr>
<td>Family Planning</td>
<td>Births to Teens</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>Heart Disease &amp; Stroke Deaths</td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
</tr>
<tr>
<td>Injury &amp; Violence</td>
<td>Motor Vehicle Crash Deaths</td>
</tr>
<tr>
<td></td>
<td>Firearm-Related Deaths</td>
</tr>
<tr>
<td></td>
<td>Homicides</td>
</tr>
<tr>
<td></td>
<td>Violent Crime, Including Domestic Violence</td>
</tr>
<tr>
<td>Maternal &amp; Infant Health</td>
<td>Prenatal Care</td>
</tr>
<tr>
<td></td>
<td>Low Birth-weight</td>
</tr>
<tr>
<td></td>
<td>Infant Mortality</td>
</tr>
<tr>
<td>Nutrition &amp; Overweight</td>
<td>Fruit &amp; Vegetable Consumption</td>
</tr>
<tr>
<td></td>
<td>Overweight/Obesity</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Dental Visits (Adults)</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>Chronic Lower Respiratory Disease Deaths</td>
</tr>
<tr>
<td></td>
<td>Pneumonia/Influenza Deaths</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Cirrhosis/Liver Disease Deaths</td>
</tr>
<tr>
<td>Vision</td>
<td>Blindness/Trouble Seeing</td>
</tr>
<tr>
<td></td>
<td>Routine Vision Care</td>
</tr>
</tbody>
</table>
Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Area, including comparisons among the individual communities. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Total Area results are shown in the larger, blue column.

■ The yellow columns [to the far left of the Total Area column] provide comparisons among the three communities comprising the Primary Service Area, identifying differences for each as “better than” (☉), “worse than” (☉), or “similar to” (☉) the combined opposing communities.

■ The green columns [to the immediate left of the Total Area column] provide comparisons between the Primary and Secondary Service Areas, again identifying differences for each as “better than” (☉), “worse than” (☉), or “similar to” (☉) the other.

■ The columns to the right of the Total Area column provide comparisons between the Total Area and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Total Area compares favorably (☉), unfavorably (☉), or comparably (☉) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
### Access to Health Services

<table>
<thead>
<tr>
<th>% [Age 18-64] Lack Health Insurance</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19.9</td>
<td>18.0</td>
<td>18.1</td>
<td>18.5</td>
<td>23.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [65+] With Medicare Supplement Insurance</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Insured] Insurance Covers Prescriptions</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>97.8</td>
<td>93.8</td>
<td>95.0</td>
<td>95.4</td>
<td>93.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Insured] Went Without Coverage in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.2</td>
<td>14.6</td>
<td>9.1</td>
<td>9.7</td>
<td>13.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Difficulty Accessing Healthcare in Past Year (Composite)</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62.2</td>
<td>51.7</td>
<td>38.4</td>
<td>48.9</td>
<td>56.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Inconvenient Hrs Prevented Dr Visit in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25.7</td>
<td>17.0</td>
<td>10.8</td>
<td>16.7</td>
<td>19.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Cost Prevented Getting Prescription in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27.6</td>
<td>20.4</td>
<td>16.9</td>
<td>20.8</td>
<td>24.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Cost Prevented Physician Visit in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21.8</td>
<td>17.5</td>
<td>13.3</td>
<td>16.9</td>
<td>26.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Difficulty Getting Appointment in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26.7</td>
<td>32.4</td>
<td>16.0</td>
<td>24.1</td>
<td>26.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Difficulty Finding Physician in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.6</td>
<td>14.8</td>
<td>12.7</td>
<td>14.4</td>
<td>22.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Transportation Hindered Dr Visit in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.8</td>
<td>10.5</td>
<td>8.9</td>
<td>11.7</td>
<td>19.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Skipped Prescription Doses to Save Costs</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18.5</td>
<td>18.8</td>
<td>16.1</td>
<td>17.6</td>
<td>25.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Difficulty Getting Child's Healthcare in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Age 18+] Have a Specific Source of Ongoing Care</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>78.5</td>
<td>74.2</td>
<td>71.4</td>
<td>74.2</td>
<td>66.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Age 18-64] Have a Specific Source of Ongoing Care</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75.1</td>
<td>72.0</td>
<td>68.8</td>
<td>71.4</td>
<td>64.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Age 65+] Have a Specific Source of Ongoing Care</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Have Had Routine Checkup in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>76.0</td>
<td>67.5</td>
<td>70.5</td>
<td>70.9</td>
<td>52.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Child Has Had Checkup in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Two or More ER Visits in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.5</td>
<td>8.5</td>
<td>10.8</td>
<td>11.6</td>
<td>15.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Rate Local Healthcare &quot;Fair/Poor&quot;</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27.4</td>
<td>27.1</td>
<td>24.1</td>
<td>25.9</td>
<td>26.5</td>
</tr>
</tbody>
</table>

### TOTAL AREA vs. Benchmarks

<table>
<thead>
<tr>
<th>% [Age 18-64] Lack Health Insurance</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [65+] With Medicare Supplement Insurance</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Insured] Insurance Covers Prescriptions</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Insured] Went Without Coverage in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Difficulty Accessing Healthcare in Past Year (Composite)</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Inconvenient Hrs Prevented Dr Visit in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Cost Prevented Getting Prescription in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Cost Prevented Physician Visit in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Difficulty Getting Appointment in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Difficulty Finding Physician in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Transportation Hindered Dr Visit in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Skipped Prescription Doses to Save Costs</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Difficulty Getting Child's Healthcare in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Age 18+] Have a Specific Source of Ongoing Care</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Age 18-64] Have a Specific Source of Ongoing Care</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Age 65+] Have a Specific Source of Ongoing Care</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Have Had Routine Checkup in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Child Has Had Checkup in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Two or More ER Visits in Past Year</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Rate Local Healthcare &quot;Fair/Poor&quot;</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Note:
In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Arthritis, Osteoporosis &amp; Chronic Back Conditions</th>
<th>Each City vs. Others</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Migraine/Severe Headaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Chronic Neck Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Each City vs. Others</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Men 50+] Prostate Exam in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 40+] Mammogram in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Each City vs. Others</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chronic Kidney Disease</strong></td>
<td>Apple Valley</td>
<td>Hesperia</td>
</tr>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Each City vs. Others</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes</strong></td>
<td>Apple Valley</td>
<td>Hesperia</td>
</tr>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Diabetics] Taking Insulin/Medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Each Sub-Area vs. Others</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dementias, Including Alzheimer's Disease</strong></td>
<td>Apple Valley</td>
</tr>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td></td>
</tr>
<tr>
<td>Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Each City vs. Others</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Educational &amp; Community-Based Programs</strong></td>
<td>Apple Valley</td>
<td>Hesperia</td>
</tr>
<tr>
<td>% Attended Health Event in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Each City vs. Others</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Planning</strong></td>
<td>Apple Valley</td>
<td>Hesperia</td>
</tr>
<tr>
<td>% Births to Teenagers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### General Health Status

<table>
<thead>
<tr>
<th></th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.8</td>
<td></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td></td>
<td></td>
<td></td>
<td>24.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.0</td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th></th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td></td>
<td></td>
<td></td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.6</td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Heart Disease & Stroke

#### Diseases of the Heart (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th>City</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PSA</td>
<td>SSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Heart Attack</td>
<td>5.6</td>
<td>3.9</td>
<td>5.3</td>
<td>4.9</td>
<td>4.9</td>
<td></td>
</tr>
</tbody>
</table>

#### Stroke (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th>City</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Angina/Coronary Heart Disease</td>
<td>6.0</td>
<td>2.2</td>
<td>2.7</td>
<td>3.4</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>7.2</td>
<td>4.5</td>
<td>6.0</td>
<td>5.8</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>% Stroke</td>
<td>4.2</td>
<td>2.3</td>
<td>5.3</td>
<td>4.0</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>95.7</td>
<td>97.7</td>
<td>94.5</td>
<td>95.8</td>
<td>92.8</td>
<td></td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>42.2</td>
<td>35.4</td>
<td>36.5</td>
<td>37.6</td>
<td>34.7</td>
<td></td>
</tr>
</tbody>
</table>

#### [HBP] Taking Action to Control High Blood Pressure

<table>
<thead>
<tr>
<th>City</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>89.6</td>
<td>89.4</td>
<td>90.5</td>
<td>90.0</td>
<td>90.5</td>
<td></td>
</tr>
</tbody>
</table>

#### % Told Have High Cholesterol (Ever)

<table>
<thead>
<tr>
<th>City</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>31.6</td>
<td>27.0</td>
<td>29.1</td>
<td>29.0</td>
<td>36.5</td>
<td></td>
</tr>
</tbody>
</table>

#### % 1+ Cardiovascular Risk Factor

<table>
<thead>
<tr>
<th>City</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Perceive Sign of Stroke: Confusion/Trouble Speaking</td>
<td>77.4</td>
<td>83.5</td>
<td>83.0</td>
<td>81.7</td>
<td>87.1</td>
<td></td>
</tr>
</tbody>
</table>

#### % Perceive Sign of Stroke: Numbness/Weak on One Side

<table>
<thead>
<tr>
<th>City</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Perceive Sign of Stroke: Sudden Trouble Seeing</td>
<td>84.1</td>
<td>83.4</td>
<td>78.0</td>
<td>81.4</td>
<td>73.8</td>
<td></td>
</tr>
</tbody>
</table>

#### % Perceive Sign of Stroke: Chest Pain/Discomfort

<table>
<thead>
<tr>
<th>City</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Perceive Sign of Stroke: Trouble Walking/Dizzy</td>
<td>52.3</td>
<td>44.7</td>
<td>48.4</td>
<td>48.2</td>
<td>51.9</td>
<td></td>
</tr>
</tbody>
</table>

#### % Perceive Sign of Stroke: Severe Headache/No Cause

<table>
<thead>
<tr>
<th>City</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Would Call 911 if Someone Having Heart Attack/Stroke</td>
<td>61.2</td>
<td>58.3</td>
<td>56.7</td>
<td>58.3</td>
<td>49.0</td>
<td></td>
</tr>
</tbody>
</table>

#### % Would Call 911 if Someone Having Heart Attack/Stroke

<table>
<thead>
<tr>
<th>City</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>TOTAL AREA</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PSA</td>
<td>SSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>HIV</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Ever Tested for HIV</td>
<td>48.0</td>
<td>47.8</td>
<td>52.5</td>
<td>49.8</td>
<td>47.1</td>
</tr>
<tr>
<td>% [Age 18-64] Ever Tested for HIV</td>
<td>49.3</td>
<td>51.8</td>
<td>56.7</td>
<td>53.2</td>
<td>51.9</td>
</tr>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunization &amp; Infectious Diseases</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles per 100,000</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Mumps per 100,000</td>
<td>0.0</td>
<td>0.2</td>
<td>0.9</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Rubella per 100,000</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Pertussis per 100,000</td>
<td>0.4</td>
<td>2.1</td>
<td>4.4</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Hepatitis C, non-A non-B Incidence per 100,000</td>
<td>0.0</td>
<td>0.1</td>
<td>0.4</td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>% [Age 65+] Flu Shot in Past Year</td>
<td>62.4</td>
<td>65.1</td>
<td>71.6</td>
<td>90.0</td>
<td>90.0</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Shot in Past Year</td>
<td>41.8</td>
<td>52.5</td>
<td>90.0</td>
<td>52.5</td>
<td>90.0</td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>64.0</td>
<td>59.9</td>
<td>68.1</td>
<td>90.0</td>
<td>90.0</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>34.0</td>
<td>32.0</td>
<td>60.0</td>
<td>32.0</td>
<td>60.0</td>
</tr>
<tr>
<td>Tuberculosis Incidence per 100,000</td>
<td>3.5</td>
<td>7.2</td>
<td>4.4</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>% Ever Vaccinated for Hepatitis B</td>
<td>39.5</td>
<td>38.4</td>
<td>39.5</td>
<td>38.4</td>
<td>39.5</td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Injury & Violence Prevention

<table>
<thead>
<tr>
<th></th>
<th>Each City vs. Others</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apple Valley</td>
<td>Hesperia</td>
<td>Victorville</td>
</tr>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>94.4</td>
<td>92.5</td>
<td>95.8</td>
</tr>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Uses Seat Belt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 0-17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Wears Bicycle Helmet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>34.8</td>
<td>33.4</td>
<td>29.7</td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>4.2</td>
<td>3.9</td>
<td>2.0</td>
</tr>
<tr>
<td>Domestic Violence Offenses per 100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Ever Threatened With Violence by Intimate Partner</td>
<td>11.8</td>
<td>19.3</td>
<td>22.6</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Abuse Offenses per 100,000</td>
<td>15.3</td>
<td>21.1</td>
<td>19.0</td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Maternal, Infant &amp; Child Health</th>
<th>Each City vs. Others</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Late (3rd Trimester) or No Prenatal Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Low Birthweight Births</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Births to Mothers With Low Educational Attainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Deliveries by C-Section</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

<table>
<thead>
<tr>
<th>Mental Health &amp; Mental Disorders</th>
<th>Each City vs. Others</th>
<th>PSA vs. SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Major Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Those With Major Depression] Seeking Help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Takes Prescription for ADD/ADHD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Nutrition &amp; Weight Status</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>45.5</td>
<td>35.7</td>
<td>40.5</td>
<td>40.2</td>
<td>33.2</td>
<td></td>
</tr>
<tr>
<td>% Eat 2+ Servings of Fruit per Day</td>
<td>57.1</td>
<td>50.3</td>
<td>63.1</td>
<td>57.3</td>
<td>60.4</td>
<td></td>
</tr>
<tr>
<td>% Eat 3+ Servings of Vegetables per Day</td>
<td>39.9</td>
<td>33.3</td>
<td>38.3</td>
<td>37.0</td>
<td>21.0</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>53.9</td>
<td>44.9</td>
<td>47.4</td>
<td>48.3</td>
<td>48.4</td>
<td></td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>30.3</td>
<td>31.6</td>
<td>34.2</td>
<td>32.3</td>
<td>23.4</td>
<td></td>
</tr>
<tr>
<td>% Overweight</td>
<td>68.6</td>
<td>68.4</td>
<td>64.0</td>
<td>66.7</td>
<td>76.0</td>
<td></td>
</tr>
<tr>
<td>% Obese</td>
<td>44.3</td>
<td>29.2</td>
<td>34.2</td>
<td>35.1</td>
<td>27.8</td>
<td></td>
</tr>
<tr>
<td>% Perceive Self as Somewhat/Very Overweight</td>
<td>65.9</td>
<td>54.9</td>
<td>63.6</td>
<td>61.4</td>
<td>56.6</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>27.6</td>
<td>18.7</td>
<td>30.9</td>
<td>26.1</td>
<td>23.1</td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>38.8</td>
<td>25.0</td>
<td>39.3</td>
<td>34.3</td>
<td>27.3</td>
<td></td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>40.9</td>
<td></td>
<td></td>
<td>47.4</td>
<td>31.8</td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td></td>
<td></td>
<td></td>
<td>43.9</td>
<td>38.6</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight</td>
<td>47.8</td>
<td>37.4</td>
<td>50.9</td>
<td>45.4</td>
<td>37.9</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese</td>
<td>31.2</td>
<td></td>
<td></td>
<td>30.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.9</td>
<td></td>
<td></td>
<td>4.9</td>
<td>3.2</td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

<table>
<thead>
<tr>
<th>Oral Health</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
<th>TOTAL AREA vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>54.2</td>
<td>55.7</td>
<td>56.4</td>
<td>55.6</td>
<td>51.8</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td></td>
<td></td>
<td></td>
<td>77.9</td>
<td>97.2</td>
<td></td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>56.5</td>
<td>57.8</td>
<td>71.2</td>
<td>63.0</td>
<td>60.6</td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Each City vs. Others

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Employed] Job Entails Mostly Sitting/Standing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Watches TV 3+ Hours per Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Uses Computer 3+ Hours per Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] 3+ Hours per Day of Total Screen Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Respiratory Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Nasal/Hay Fever Allergies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Sinusitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Chronic Lung Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Adults Asthma (Ever Diagnosed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 2-17] Asthma (Ever Diagnosed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Child 2-17] Currently Has Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Condition</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary &amp; Secondary Syphilis Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Unmarried 18-64] Using Condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 18-64 Unmarried] 3+ Sexual Partners in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Substance Abuse

<table>
<thead>
<tr>
<th>Condition</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Chronic Drinker (Average 2+ Drinks/Day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Binge Drinker (5+ Drinks Per Occasion Men, 4+ Women)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Rode With Drunk Driver in Past Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Driving Drunk or Riding with Drunk Driver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Tobacco Use

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td></td>
<td></td>
<td></td>
<td>16.0</td>
<td>13.7</td>
<td>13.6</td>
<td>14.3</td>
<td>25.2</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td></td>
<td></td>
<td></td>
<td>23.3</td>
<td>7.9</td>
<td>13.4</td>
<td>14.2</td>
<td>16.9</td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td></td>
<td></td>
<td></td>
<td>14.0</td>
<td>2.5</td>
<td>4.6</td>
<td>6.3</td>
<td>5.6</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td></td>
<td></td>
<td></td>
<td>3.5</td>
<td>4.8</td>
<td>6.6</td>
<td>5.2</td>
<td>3.7</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td></td>
<td></td>
<td></td>
<td>3.9</td>
<td>1.6</td>
<td>2.0</td>
<td>2.3</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

## Vision

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Apple Valley</th>
<th>Hesperia</th>
<th>Victorville</th>
<th>PSA</th>
<th>SSA</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td></td>
<td></td>
<td></td>
<td>12.3</td>
<td>8.4</td>
<td>9.2</td>
<td>9.7</td>
<td>15.4</td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
<td>39.2</td>
<td>50.0</td>
<td>48.6</td>
<td>46.6</td>
<td>44.1</td>
</tr>
</tbody>
</table>

Note: In this section, the service areas are compared against one another, and each city in the PSA is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
GENERAL HEALTH STATUS
Overall Health Status

Self-Reported Health Status

A total of 44.6% of Total Area adults rate their overall health as “excellent” or “very good.”
- Another 34.6% gave “good” ratings of their overall health.

Self-Reported Health Status
(Total Area, 2011)

However, 20.8% of Total Area adults believe that their overall health is “fair” or “poor.”
- Statistically similar to statewide findings.
- Statistically similar to national findings.
- Statistically similar between the Primary and Secondary service areas.
- Within the Primary Service Area, more favorable in Hesperia.

Experience “Fair” or “Poor” Physical Health

NOTE:
- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, community-level data are provided.
Adults more likely to report experiencing “fair” or “poor” overall health include:

- Residents aged 40 and older.
- Residents living at lower incomes.
- Non-Whites.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience “Fair” or “Poor” Physical Health
(Total Area, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Experience “Fair” or “Poor”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>24.9%</td>
</tr>
<tr>
<td>Women</td>
<td>16.9%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>15.9%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>25.3%</td>
</tr>
<tr>
<td>65+</td>
<td>26.3%</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>27.5%</td>
</tr>
<tr>
<td>200%+ FPL</td>
<td>13.6%</td>
</tr>
<tr>
<td>White</td>
<td>15.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>23.4%</td>
</tr>
<tr>
<td>Other</td>
<td>34.1%</td>
</tr>
<tr>
<td>Total Area</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 5]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

– Healthy People 2020 (www.healthypeople.gov)

A total of 24.4% of Total Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than prevalence statewide.
- Less favorable than the national prevalence.
- Statistically similar by service area.
- Within the Primary Service Area, no statistically significant differences to report.
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

In looking at responses by key demographic characteristics, note the following:

- Total Area men are more likely than women to report activity limitations.
- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Residents of “Other” races are more likely than Whites and Hispanics to report activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem
(Total Area, 2011)
Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, difficulty walking, arthritis/rheumatism, or fractures or bone/joint injuries.

**Type of Problem That Limits Activities**
(Among Those Reporting Activity Limitations; Total Area, 2011)

- Back/Neck Problem: 16.9%
- Walking Problem: 13.4%
- Arthritis/Rheumatism: 10.0%
- Fracture/Bone/Joint Injury: 9.2%
- Depression/Anxiety/Mental: 8.2%
- Lung/Breathing Problem: 5.4%
- Eye/Vision Problem: 3.9%
- Heart Problem: 3.2%
- Various Other (<3% Each): 29.8%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 124]
Notes: Asked of those respondents reporting activity limitations.
Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)
Mental Health Status

Self-Reported Mental Health Status

Most Total Area adults (58.7%) rate their overall mental health as “excellent” or “very good.”

- Another 27.5% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Total Area, 2011)

- Excellent: 29.6%
- Very Good: 29.1%
- Good: 27.5%
- Fair: 8.9%
- Poor: 5.0%

A total of 13.9% of Total Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- Significantly lower (more favorable) in the Primary Service Area than in the Secondary Service Area.
- Within the Primary Service Area, most favorable in Hesperia.

Experience “Fair” or “Poor” Mental Health

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 119]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
Note the negative correlation between poor mental health and income.

Adults of “Other” races are much more likely to report experiencing “fair/poor” mental health than Whites or Hispanics.

Experience “Fair” or “Poor” Mental Health
(Total Area, 2011)

Depression

Major Depression

A total of 11.5% of Total Area adults have been diagnosed with major depression by a physician or other healthcare professional.

- Nearly identical to the national finding.
- Similar when viewed by service area.
- Within the Primary Service Area, no significant differences.
Viewed by demographic characteristic, it is higher among adults age 40 to 64.

### Have Been Diagnosed With Major Depression
*(Total Area, 2011)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14.2%</td>
<td>8.9%</td>
<td>9.6%</td>
<td>14.8%</td>
<td>8.8%</td>
<td>11.8%</td>
<td>8.4%</td>
<td>10.4%</td>
<td>8.6%</td>
<td>20.0%</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 33]
- Asked of all respondents.

Notes:  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

### Symptoms of Chronic Depression

A total of 30.6% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes *(chronic depression).*

- Similar to national findings.
- Similar by service area.
- Within the Primary Service Area, the findings are statistically similar.

### Have Experienced Symptoms of Chronic Depression

<table>
<thead>
<tr>
<th>Region</th>
<th>Apple Valley (PSA)</th>
<th>Hesperia (PSA)</th>
<th>Victorville (PSA)</th>
<th>PSA Overall</th>
<th>SSA Overall</th>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.6%</td>
<td>30.6%</td>
<td>32.0%</td>
<td>29.4%</td>
<td>35.9%</td>
<td>30.6%</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 120]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:  
- Asked of all respondents.
Note that the prevalence of chronic depression is notably higher among adults age 40 to 64, as well as those living below the 200% poverty threshold.

Have Experienced Symptoms of Chronic Depression
(Total Area, 2011)

Stress

More than 4 in 10 Total Area adults consider their typical day to be “not very stressful” (27.4%) or “not at all stressful” (16.2%).

- Another 46.0% of survey respondents characterize their typical day as “moderately stressful.”

Perceived Level of Stress On a Typical Day
(Total Area, 2011)
In contrast, 10.3% of Total Area adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to national findings.
- Comparable by service area.
- Within the Primary Service Area, more favorable in Hesperia.

### Perceive Most Days As “Extremely” or “Very” Stressful

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>13.6%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>5.2%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>10.3%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>9.5%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>14.2%</td>
</tr>
<tr>
<td>Total Area</td>
<td>10.3%</td>
</tr>
<tr>
<td>United States</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

**Note that high stress levels are more prevalent among young adults (those under age 40).**

### Perceive Most Days as “Extremely” or “Very” Stressful (Total Area, 2011)

**Sources:**
- Professional Research Consultants, Inc.  PRC Community Health Survey. [Item 121]
- Professional Research Consultants, Inc.  PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Between 2005 and 2007, there was an annual average age-adjusted suicide rate of 9.7 deaths per 100,000 population across San Bernadino County.

- Similar to the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

**Suicide: Age-Adjusted Mortality**

*(2005-2007 Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th>Source:</th>
<th>Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes:</td>
<td>Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population. County, state and national data are simple three-year averages.</td>
</tr>
</tbody>
</table>

Suicide rates across the county appear notably higher among Non-Hispanic Whites than among Hispanics and Non-Hispanic “Other” races.

**Suicide: Age-Adjusted Mortality by Race**

*(2005-2007 Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th>Source:</th>
<th>Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes:</td>
<td>Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population. County, state and national data are simple three-year averages.</td>
</tr>
</tbody>
</table>
San Bernadino County suicide rates have overall trended downward. In contrast, suicide is on the increase nationwide.

### Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020</th>
<th>San Bernardino Co.</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>10.2</td>
<td>10.6</td>
<td>9.1</td>
<td>10.5</td>
</tr>
<tr>
<td>2000-2002</td>
<td>10.2</td>
<td>10.3</td>
<td>9.1</td>
<td>10.7</td>
</tr>
<tr>
<td>2001-2003</td>
<td>10.2</td>
<td>10.4</td>
<td>9.3</td>
<td>10.9</td>
</tr>
<tr>
<td>2002-2004</td>
<td>10.2</td>
<td>10.9</td>
<td>9.7</td>
<td>10.9</td>
</tr>
<tr>
<td>2003-2005</td>
<td>10.2</td>
<td>10.7</td>
<td>9.5</td>
<td>10.9</td>
</tr>
<tr>
<td>2004-2006</td>
<td>10.2</td>
<td>10.3</td>
<td>9.3</td>
<td>11.0</td>
</tr>
<tr>
<td>2005-2007</td>
<td>10.2</td>
<td>9.7</td>
<td>9.4</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted March 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.

### Mental Health Treatment

**Among adults with diagnosed depression, 76.3% acknowledge that they have sought professional help for a mental or emotional problem.**

- Similar to national findings.
- Similar to the Healthy People 2020 goal of 75.1% or higher.

### Have Sought Professional Help for a Mental or Emotional Problem
(Among Those With Major Depression; Total Area, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Total Area Adults w/Major Depression</th>
<th>United States Adults w/Major Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 75.1% or Higher</td>
<td>76.3%</td>
<td>82.0%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 147]
- Professional Research Consultants, PRC National Health Survey 2011.

Notes:
- “Diagnosed depression” includes respondents reporting a past diagnosis of major depression by a physician.
- Trend data represent those adults with “recognized depression,” including those who have been diagnosed with major depression OR have experienced 2+ years of depression at some point in their lives.
Children & ADD/ADHD

Among Total Area adults with children age 5 to 17, 2.2% report that their child takes medication for ADD/ADHD.

- More favorable than the prevalence reported across the US.

Child Takes Medication for ADD/ADHD
(Among Total Area Parents of Children Aged 5-17, 2011)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 138]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children aged 5 to 17.
DEATH, DISEASE & CHRONIC CONDITIONS
Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease, stroke, and cancers accounted for nearly one-half of all deaths in San Bernadino County in 2007.

Leading Causes of Death
(San Bernadino County, 2007)

- Heart Disease 27.0%
- Cancer 21.2%
- Other 26.0%
- CLRD 7.1%
- Stroke 7.0%
- Diabetes Mellitus 4.3%
- Alzheimer’s Disease 3.9%
- Unintentional Injuries 3.5%
- Other 26.0%

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is Chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, California and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 targets.

The following chart outlines 2005-2007 annual average age-adjusted death rates per 100,000 population for selected causes of death across San Bernadino County.
Age-adjusted mortality rates across the county are worse than national rates for most of the causes illustrated below (the exceptions being cancer, kidney disease, HIV, suicide and unintentional injuries).

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, San Bernadino County rates fail to satisfy the goals set for each cause of death, with the exception of suicide and unintentional injuries.

### Age-Adjusted Death Rates for Selected Causes (2005-2007 Deaths per 100,000)

<table>
<thead>
<tr>
<th>Cause</th>
<th>San Bernardino County</th>
<th>California</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>252.6</td>
<td>189.9</td>
<td>200.9</td>
<td>152.7*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>184.3</td>
<td>164.2</td>
<td>181.0</td>
<td>160.6</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>61.5</td>
<td>39.3</td>
<td>41.5</td>
<td>n/a</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>49.5</td>
<td>45.1</td>
<td>44.2</td>
<td>33.8</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>32.0</td>
<td>31.8</td>
<td>39.7</td>
<td>36.0</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>32.0</td>
<td>22.5</td>
<td>23.5</td>
<td>19.6*</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>28.4</td>
<td>24.0</td>
<td>22.7</td>
<td>n/a</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>22.9</td>
<td>21.3</td>
<td>18.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Motor Vehicle Crashes</td>
<td>16.7</td>
<td>11.7</td>
<td>14.3</td>
<td>12.4</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>13.7</td>
<td>11.1</td>
<td>9.0</td>
<td>8.2</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>11.7</td>
<td>8.0</td>
<td>14.5</td>
<td>n/a</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>11.3</td>
<td>11.1</td>
<td>12.2</td>
<td>11.3</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>11.2</td>
<td>9.2</td>
<td>10.3</td>
<td>9.2</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>9.7</td>
<td>9.4</td>
<td>11.1</td>
<td>10.2</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>8.7</td>
<td>6.7</td>
<td>6.1</td>
<td>5.5</td>
</tr>
<tr>
<td>HIV/AIDS **</td>
<td>3.4</td>
<td>4</td>
<td>4.6</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Sources:  
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.  
Note:  
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.  
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.  
- County, state and national data are simple three-year averages. **HIV/AIDS data is 1999-2007.  

For infant mortality data, see “Birth Outcomes & Risks” in the Births section of this report.
Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted heart disease mortality rate of 252.6 deaths per 100,000 population across San Bernardino County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 objective (as adjusted to account for all diseases of the heart).
Heart Disease: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 152.7 or Lower (Adjusted)

By race, heart disease mortality rates are notably higher among Whites.

Heart Disease: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 152.7 or Lower (Adjusted)
Heart disease mortality rates have decreased throughout San Bernadino County, echoing the decreasing trends across California and the US overall.

Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Sources:
● Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● State and national data are simple three-year averages.
● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2005 and 2007, there was an annual average age-adjusted stroke mortality rate of 49.5 deaths per 100,000 population in San Bernadino County.

● Less favorable than the California rate.
● Less favorable than the national rate.
● Fails to satisfy the Healthy People 2020 target of 33.8 or lower.

Stroke: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Sources:
● Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● County, state and national data are simple three-year averages.
The county’s stroke mortality is higher among “Other” races when compared with Whites and Hispanics.

### Stroke: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>San Bernardino County Non-Hispanic White</th>
<th>San Bernardino County Hispanic</th>
<th>San Bernardino County Non-Hispanic Other</th>
<th>San Bernardino County All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 33.8 or Lower</td>
<td>49.5</td>
<td>43.3</td>
<td>56.2</td>
<td>49.5</td>
</tr>
</tbody>
</table>

**Sources:**
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

San Bernadino County stroke rates have declined considerably in recent years, echoing the trends reported across California and the US overall.

### Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020</td>
<td>33.8</td>
<td>33.8</td>
<td>33.8</td>
<td>33.8</td>
<td>33.8</td>
<td>33.8</td>
<td>33.8</td>
</tr>
<tr>
<td>San Bernadino Co.</td>
<td>64.0</td>
<td>61.9</td>
<td>61.2</td>
<td>58.4</td>
<td>55.2</td>
<td>51.1</td>
<td>49.5</td>
</tr>
<tr>
<td>California</td>
<td>63.3</td>
<td>61.3</td>
<td>59.0</td>
<td>56.3</td>
<td>52.8</td>
<td>48.8</td>
<td>45.1</td>
</tr>
<tr>
<td>United States</td>
<td>60.1</td>
<td>58.4</td>
<td>55.9</td>
<td>53.3</td>
<td>50.1</td>
<td>46.8</td>
<td>44.2</td>
</tr>
</tbody>
</table>

**Sources:**
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.7% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar by service area.
- No significant differences within the Primary Service Area.

Note that 4.9% of adults have had a heart attack (myocardial infarction) and 3.5% have been diagnosed with angina/coronary heart disease.

In all, 5.7% report one or the other.

Adults more likely to have been diagnosed with chronic heart disease include:

- Residents aged 40 and older (especially males).
- Those with lower incomes.

Prevalence of Heart Disease

(Total Area, 2011)

Sources:  
Professional Research Consultants, Inc. PRC Community Health Survey. [Item 148]
Professional Research Consultants. PRC National Health Survey. 2011.

Notes:  
Asked of all respondents.

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Prevalence of Stroke

A total of 3.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- Similar by service area.
- Within the Primary Service Area, no significant differences to report.

Note: Among residents age 65 and older, 11.0% have had a stroke.

Prevalence of Stroke

Stroke Symptom Awareness

Survey respondents were next asked to consider a series of symptoms and indicate whether they believe the symptoms to be possible signs of a stroke.

In all, only 11.5% of respondents were able to answer all of the stroke symptom awareness questions, and answer them correctly.

- Specifically, 8 in 10 respondents agree that sudden numbness or weakness of the face, arm, or leg should be considered a sign of stroke, followed by sudden trouble walking or dizziness (mentioned by 78.4%) and sudden confusion or trouble speaking (76.3%).

- Fewer adults (62.7%) consider sudden trouble seeing to be a sign of stroke.

- A total of 56.7% of survey respondents agree that a severe headache with no apparent cause is a sign of potential stroke.

- A total of 48.9% consider sudden chest pain or discomfort to be a sign of stroke (it is not).
Sudden Numbness/Weakness of Face, Arm, or Leg
Sudden Trouble Walking or Dizziness
Sudden Confusion/Trouble Speaking
Sudden Trouble Seeing
Severe Headache w/No Apparent Cause
Sudden Chest Pain or Discomfort

Considered as Stroke Symptoms
(Total Area, 2011)

In all, only 11.5% of respondents were able to answer all of the stroke symptom awareness questions, and answer them correctly.

In a related inquiry, survey respondents were asked to report what they would do if someone near them were having heart attack or stroke symptoms.

The vast majority of Total Area adults (86.9%) would call 911 if someone near them appeared to be having a heart attack or a stroke.

- Another 4.9% would drive the person to a hospital, and less than one percent (0.9%) would first urge the person to call their own physician.

First Action Taken if Someone Nearby Were Having Heart Attack or Stroke Symptoms
(Total Area, 2011)
Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure Testing

A total of 95.3% of Total Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).
- Statistically similar by service area.
- Within the Primary Service Area, no significant differences to report.

Have Had Blood Pressure Checked in the Past 2 Years

Healthy People 2020 Target = 94.9% or Higher

Prevalence of Hypertension

A total of 37.1% of adults have been told at some point that their blood pressure was high.

- Less favorable than the California prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar between the two service areas.
- No significant differences among the communities of Apple Valley, Hesperia, and Victorville.

- Among hypertensive adults, 77.6% have been diagnosed with high blood pressure more than once.
Note that just 1.4% of Total Area adults have not had their blood pressure tested in the past 5 years, if ever. For these individuals, prevalence is unknown.

Hypertension diagnoses are higher among:

- Men.
- Adults age 40 and older, and especially those age 65+.
- Non-Hispanics.
Hypertension Management

Among respondents who have been told that their blood pressure was high, 89.9% report that they are currently taking actions to control their condition.

- Nearly identical to national findings.

Taking Action to Control Hypertension
(Among Total Area Adults with High BP, 2010)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 55]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term “action” refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 90.1% of Total Area adults have had their blood cholesterol checked within the past five years.

- More favorable than California findings.
- Nearly identical to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Statistically similar by service area.
- Within the Primary Service Area, no significant differences.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years

Healthy People 2020 Target = 82.1% or Higher

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 59]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
The following demographic segments report lower screening levels:

- Young adults.
- Hispanics.

### Have Had Blood Cholesterol Levels Checked in the Past 5 Years
(Total Area, 2011)

![Graph showing percentage of adults who have had blood cholesterol levels checked]

**Healthy People 2020 Target = 82.1% or Higher**

- **Men:** 89.0%
- **Women:** 91.0%
- **18 to 39:** 93.3%
- **40 to 64:** 97.9%
- **65+:** 87.6%
- **<200% FPL:** 91.9%
- **200%+ FPL:** 88.8%
- **White:** 96.9%
- **Hispanic:** 84.8%
- **Other:** 90.1%
- **Total Area:** 89.0%

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 59]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

### Self-Reported High Blood Cholesterol

A total of 30.4% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the California findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Similar by service area.
- Within the Primary Service Area, no significant differences.

### Prevalence of High Blood Cholesterol

- **Healthy People 2020 Target = 13.5% or Lower**

![Graph showing prevalence of high blood cholesterol]

- **Apple Valley (PSA):** 31.6%
- **Hesperia (PSA):** 27.0%
- **Victorville (PSA):** 29.1%
- **PSA Overall:** 29.0%
- **SSA Overall:** 36.5%
- **Total Area:** 30.4%
- **California*:** 36.5%
- **United States:** 31.4%

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 150]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- The California data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.
Note that 17.5% of Total Area adults have not had their blood cholesterol checked in the past 5 years, if ever. For these individuals, prevalence is unknown.

- Note the higher prevalence among adults age 40 and older.
- Hispanics report a notable lower prevalence.
- Keep in mind that “unknowns” are relatively high in young adults and Hispanics.

Prevalence of High Blood Cholesterol
(Total Area, 2011)

Healthy People 2020 Target = 13.5% or Lower

High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 88.4% report that they are currently taking actions to control their cholesterol levels.

- Similar to that found nationwide.

Taking Action to Control High Blood Cholesterol Levels
(Among Total Area Adults with High Cholesterol, 2010)
Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

  - National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US. Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

  - National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 82.7% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- Comparable by service area.
- Within the Primary Service Area, comparable by community.

Present One or More Cardiovascular Risks or Behaviors

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 151]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as having no leisure-time physical activity OR regular/occasional smoking OR hypertension OR high blood cholesterol OR being overweight/obese.
Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older.

### Present One or More Cardiovascular Risks or Behaviors
(Total Area, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>89.2%</td>
<td>76.4%</td>
<td>74.6%</td>
<td>90.2%</td>
<td>90.9%</td>
<td>83.6%</td>
<td>85.8%</td>
<td>85.2%</td>
<td>81.3%</td>
<td>78.4%</td>
<td></td>
<td>82.7%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 151]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Notes:
- Cardiovascular risk is defined as having no leisure-time physical activity OR regular/occasional smoking OR hypertension OR high blood cholesterol OR being overweight/obese.
Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:
- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Healthy People 2020 (www.healthypeople.gov)

### Age-Adjusted Cancer Deaths

#### All Cancer Deaths

**Between 2005 and 2007, there was an annual average age-adjusted cancer mortality rate of 184.3 deaths per 100,000 population in San Bernadino County.**

- Less favorable than the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 or lower.

#### Cancer: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>San Bernardino County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 160.6 or Lower</td>
<td>184.3</td>
<td>164.2</td>
<td>181.0</td>
</tr>
</tbody>
</table>

Sources:  
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:  
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
Cancer mortality rates are notably lower among non-Hispanic Whites in San Bernardino County.

**Cancer: Age-Adjusted Mortality by Race**
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 160.6 or Lower

- **San Bernardino County Non-Hispanic White**: 209.9
- **San Bernardino County Hispanic**: 128.5
- **San Bernardino County Non-Hispanic Other**: 177.7
- **San Bernardino County All Races/Ethnicities**: 184.3

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

Cancer mortality rates have decreased over the past decade across the county; the same trend is apparent both statewide and nationwide.

**Cancer: Age-Adjusted Mortality Trends**
(Annual Average Deaths per 100,000 Population)

- **Healthy People 2020**: 160.6
- **San Bernardino County**: 199.1
- **California**: 182.2
- **United States**: 198.9

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.
Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the county (2005-2007 data).

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2005-2007 annual average age-adjusted death rates):

- The San Bernadino County **lung cancer** death rate is less favorable than the state rate but more favorable than the national rate.
- The county’s **prostate cancer** death rate is less favorable than both the state and national rates.
- The county’s **female breast cancer** death rate is less favorable than both the state and US rates.
- San Bernadino County’s **colorectal cancer** death rate is less favorable than the state rate but similar to the national rate.

Note that only the county lung cancer death rate is at least comparable to the related Healthy People 2020 objective.

### Age-Adjusted Cancer Death Rates by Site

(2005-2007)

<table>
<thead>
<tr>
<th></th>
<th>San Bernadino Co.</th>
<th>California</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>46.0</td>
<td>40.4</td>
<td>51.6</td>
<td>45.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>31.0</td>
<td>23.0</td>
<td>23.9</td>
<td>21.2</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>26.7</td>
<td>22.4</td>
<td>23.5</td>
<td>20.6</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>17.5</td>
<td>15.5</td>
<td>17.2</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.
Prevalence of Cancer

Skin Cancer

A total of 7.2% of surveyed Total Area adults report having been diagnosed with skin cancer.

- Similar to the national average.
- Similar by service area.
- Within the Primary Service Area, no significant differences.

Prevalence of Skin Cancer

Other Cancer

A total of 4.1% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.
- Similar by service area.
- Within the Primary Service Area, similar by community.

Prevalence of Cancer (Other Than Skin Cancer)
Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor’s checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the 2011 Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.

- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, more than three-fourths (77.4%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to national findings.

Have Had a Prostate Screening in the Past 2 Years

(Among Total Area Men 50+, 2011)

- 77.4%
- 70.5%

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey (Item 155)
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all male respondents aged 50 and older.
Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

Among women aged 50-74, 76.6% have had a mammogram within the past two years.

- Similar to the statewide figure (which reflects all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).

Have Had a Mammogram in the Past Two Years
(Among Total Area Women 50-74, 2011)

Note that, among women 40 and older, 76.2% have had a mammogram within the past two years.
Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women aged 21 to 65, 90.2% have had a Pap smear within the past three years.

- More favorable than the California figure (which reflects all women 18+).
- Comparable to national findings.
- Comparable to the Healthy People 2020 target (93% or higher).

Have Had a Pap Smear in the Past 3 Years
(Among Total Area Women 21-65, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Total Area Women 21-65</th>
<th>California* Women 18+</th>
<th>United States Women 21-65</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 93% or Higher</td>
<td>90.2%</td>
<td>84.1%</td>
<td>84.7%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey (Item 154)
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of female respondents aged 21 to 65.
- *Note that the California percentage represents all women aged 18 and older.
Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, just over 2 in 3 (67.1%) have had a sigmoidoscopy or colonoscopy at some point in their lives.

- More favorable than California findings.
- Similar to national findings.

Have Ever Had a Sigmoidoscopy/Colonoscopy Exam
(Among Total Area Adults 50+, 2010)

---

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 156]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents aged 50 and older.
Among adults age 50 and older, 51.6% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- More favorable than California findings.
- More favorable than national findings.

**Have Had a Blood Stool Test in the Past 2 Years**
(Among Total Area Adults 50+, 2010)

---

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 157]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents aged 50 and older.
Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

**Asthma.** The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

**COPD.** COPD is the fourth leading cause of death in the United States. In 2006, approximately 120,000 individuals died from COPD, a number very close to that reported for lung cancer deaths (approximately 158,600) in the same year. In nearly 8 out of 10 cases, COPD is caused by exposure to cigarette smoke. In addition, other environmental exposures (such as those in the workplace) may cause COPD.

Genetic factors strongly influence the development of the disease. For example, not all smokers develop COPD. Quitting smoking may slow the progression of the disease. Women and men are affected equally, yet more women than men have died of COPD since 2000.

---

Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]
Between 2005 and 2007, there was an annual average age-adjusted CLRD mortality rate of 61.5 deaths per 100,000 population in San Bernadino County.

- Less favorable than that found statewide.
- Less favorable than the national rate.

**CLRD: Age-Adjusted Mortality**
*(2005-2007 Annual Average Deaths per 100,000 Population)*

CLRD mortality appears notably higher among Whites in San Bernadino County.

**CLRD: Age-Adjusted Mortality by Race**
*(2005-2007 Annual Average Deaths per 100,000 Population)*
CLRD mortality across the county has decreased over time, mirroring the trends reported both statewide and nationwide. It remains, however, well above state and national rates.

**CLRD: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>San Bernardino Co.</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>68.0</td>
<td>45.2</td>
<td>44.4</td>
</tr>
<tr>
<td>2000-2002</td>
<td>65.7</td>
<td>43.6</td>
<td>43.8</td>
</tr>
<tr>
<td>2001-2003</td>
<td>65.3</td>
<td>43.3</td>
<td>43.5</td>
</tr>
<tr>
<td>2002-2004</td>
<td>66.0</td>
<td>42.0</td>
<td>42.6</td>
</tr>
<tr>
<td>2003-2005</td>
<td>66.3</td>
<td>41.7</td>
<td>42.6</td>
</tr>
<tr>
<td>2004-2006</td>
<td>65.1</td>
<td>40.2</td>
<td>41.6</td>
</tr>
<tr>
<td>2005-2007</td>
<td>61.5</td>
<td>39.3</td>
<td>41.5</td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population. County, state and national data are simple three-year averages.

**Pneumonia/Influenza Deaths**

Between 2005 and 2007, there was an annual average age-adjusted pneumonia/influenza mortality rate of 22.9 deaths per 100,000 population in San Bernadino County.

- Higher than found statewide.
- Higher than the national rate.

**Pneumonia/Influenza: Age-Adjusted Mortality**

(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>San Bernardino County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22.9</td>
<td>21.3</td>
<td>18.1</td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population. County, state and national data are simple three-year averages.

For prevalence of vaccinations for pneumonia and influenza, see also “Immunization & Infectious Disease.”
The pneumonia/influenza mortality rate in the county highest among Whites.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

San Bernardino County pneumonia/influenza mortality rates have shown a decline in recent years, similar to what is found statewide and nationally.

San Bernardino County
Non-Hispanic White 24.2
San Bernardino County Hispanic 19.8
San Bernardino County Non-Hispanic Other 21.6
San Bernardino County All Races/Ethnicities 22.9

Sources:
Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
County, state and national data are simple three-year averages.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

San Bernardino Co. 23.9 28.9 29.0 27.7 27.1 24.8 22.9
California 24.6 28.1 27.1 25.5 24.3 22.8 21.3
United States 23.0 22.8 22.2 21.5 20.7 19.3 18.1

Sources:
Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
State and national data are simple three-year averages.
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

### Prevalence of Respiratory Conditions

#### Nasal/Hay Fever Allergies

A total of 28.2% of Total Area adults currently suffer from or have been diagnosed with nasal/hay fever allergies.

- Similar to the national prevalence.
- Similar by service area.
- Within the Primary Service Area, similar by community.

![Prevalence of Nasal/Hay Fever Allergies](chart)

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 35]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents.

#### Sinusitis

A total of 13.2% of Total Area adults suffer from sinusitis.

- More favorable than the national prevalence.
- Statistically similar by service area.
- Within the Primary Service Area, no significant differences to report.

![Prevalence of Sinusitis](chart)

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 34]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents.
Chronic Lung Disease

A total of 10.5% of Total Area adults suffer from chronic lung disease.

- Similar to the national prevalence.
- Similar by service area.
- Within the Primary Service Area, similar by community.

Prevalence of Chronic Lung Disease

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>7.5%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>9.5%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>11.8%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>9.9%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>13.0%</td>
</tr>
<tr>
<td>Total Area</td>
<td>10.5%</td>
</tr>
<tr>
<td>United States</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. Item 25
- Professional Research Consultants. PRC National Health Survey. 2011

Notes:
- Asked of all respondents.

Asthma

Adults

A total of 8.7% of Total Area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- No significant difference between service areas.
- No significant difference by community within the Primary Service Area.

Currently Have Asthma

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>12.4%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>11.6%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>9.2%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>9.2%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>6.8%</td>
</tr>
<tr>
<td>Total Area</td>
<td>8.7%</td>
</tr>
<tr>
<td>California</td>
<td>7.8%</td>
</tr>
<tr>
<td>United States</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. Item 159
- Professional Research Consultants. PRC National Health Survey. 2011
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia. US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 California Data

Notes:
- Asked of all respondents.
Adults with asthma were next asked to consider the number of days over the past year on which their asthma interfered with work or usual activities.

While more than one-half (57.7%) indicated that asthma did not affect their work or usual activities at all in the past year, 13.9% of asthmatic respondents report that their lives were affected daily by their asthma.

**Number of Days in Past Year When Asthma Interfered With Work or Usual Activities**
(Among Residents With Asthma; Total Area, 2011)

<table>
<thead>
<tr>
<th>Days</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>57.7%</td>
</tr>
<tr>
<td>One</td>
<td>3.8%</td>
</tr>
<tr>
<td>Two</td>
<td>4.5%</td>
</tr>
<tr>
<td>Three/More</td>
<td>34.0%</td>
</tr>
<tr>
<td>Daily</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

**Sources:** Professional Research Consultants, Inc. PRC Community Health Survey. [Item 50]

**Notes:**Asked of all respondents with asthma.

---

**Children**

Among Total Area children under age 18, 8.2% **currently have asthma.**

- Comparable to national findings.
- Viewed by age and gender, differences in asthma prevalence are not statistically significant.

**Child Has Asthma**
(Among Parents of Children <18)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Area Boys</td>
<td>10.8%</td>
</tr>
<tr>
<td>Total Area Girls</td>
<td>5.0%</td>
</tr>
<tr>
<td>Total Area Children 5/Under</td>
<td>8.4%</td>
</tr>
<tr>
<td>Total Area Children 6-12</td>
<td>11.3%</td>
</tr>
<tr>
<td>Total Area Teens</td>
<td>3.5%</td>
</tr>
<tr>
<td>Total Area</td>
<td>8.2%</td>
</tr>
<tr>
<td>United States</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

**Sources:** Professional Research Consultants, Inc. PRC Community Health Survey. [Item 160]

**Professional Research Consultants, Inc. PRC National Health Survey. 2011.**

**Notes:** Asked of all respondents with children under 18 at home.
Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)
Leading Causes of Accidental Death

Motor vehicle accidents, poisoning, and falls accounted for 87.5% of accidental deaths across San Bernadino County in 2007.

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2005 and 2007, there was an annual average age-adjusted unintentional injury mortality rate of 32.0 deaths per 100,000 population across San Bernadino County.

- Similar to the California rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.0 or lower).
Mortality rates are higher among San Bernadino County Whites.

Unintentional Injuries: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.0 or Lower

There is an overall upward trend in unintentional injury mortality rates across San Bernadino County, echoing the increasing trends reported in California and across the US overall.
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted motor vehicle crash mortality rate of 16.7 deaths per 100,000 population across the county.

- Higher than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

The motor vehicle crash mortality rate is highest among Whites in San Bernardino County.

Motor Vehicle Crashes: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
Mortality rates across San Bernadino County increased over the past decade, mirroring the state trend. On the other hand, rates decreased slightly across the US during this time.

### Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020</td>
<td>12.4</td>
<td>12.4</td>
<td>12.4</td>
<td>12.4</td>
<td>12.4</td>
<td>12.4</td>
<td>12.4</td>
</tr>
<tr>
<td>San Bernardino County</td>
<td>15.4</td>
<td>15.8</td>
<td>16.3</td>
<td>17.0</td>
<td>17.4</td>
<td>17.1</td>
<td>16.7</td>
</tr>
<tr>
<td>California</td>
<td>19.3</td>
<td>11.3</td>
<td>11.8</td>
<td>12.1</td>
<td>12.1</td>
<td>11.9</td>
<td>11.7</td>
</tr>
<tr>
<td>United States</td>
<td>14.8</td>
<td>15.0</td>
<td>14.9</td>
<td>14.9</td>
<td>14.7</td>
<td>14.6</td>
<td>14.3</td>
</tr>
</tbody>
</table>


Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). || Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population. || State and national data are simple three-year averages.

---

### Seat Belt Usage - Adults

Most Total Area adults (94.0%) report “always” wearing a seat belt when driving or riding in a vehicle.

- More favorable than the percentage found nationally.
- Similar to the Healthy People 2020 objective of 92.4% or higher.
- Similar by service area.
- Within the Primary Service Area, no differences to report.

---

### “Always” Wear a Seat Belt

When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.4% or Higher

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>94.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>92.5%</td>
<td>95.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>94.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSA Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSA Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>94.0%</td>
</tr>
<tr>
<td>United States</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>85.3%</td>
</tr>
</tbody>
</table>


Notes: ● Asked of all respondents.
Residents of “Other” races are more likely to report consistent seat belt usage.

“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle
(Total Area, 2011)

Healthy People 2020 Target = 92.4% or Higher

Seat Belt Usage - Children

A full 95.6% of Total Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- Among children under age 5, 100% are reported to consistently use appropriate seat belts/safety seats (*note that this small sample size is considered to be unreliable*).
- Among children age 5-17, 94.1% report consistent safety belt usage, similar to that found nationally.

Child “Always” Wears a Seatbelt or Appropriate Restraint When Riding in a Vehicle
(Among Parents of Children Age 0-17; Total Area, 2011)
Bicycle Safety

More than 4 in 10 Total Area children age 5 to 16 (44.3%) are reported to “always” wear a helmet when riding a bicycle.

- Similar to the national prevalence.
- Note that helmet use drops off considerably among Total Area teens.

**Child “Always” Wears a Helmet When Riding a Bicycle**

(Among Parents of Children 5 to 16, 2011)

![Graph showing helmet use among children of different ages](image)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 144]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children aged 5 to 16 at home.

Firearm Safety

**Firearm-Related Deaths**

Between 2005 and 2007, there was an annual average age-adjusted firearm-related mortality rate of 11.2 deaths per 100,000 population across San Bernadino County.

- Less favorable than found statewide.
- Less favorable than found nationally.
- Fails to satisfy the Healthy People 2020 objective of 9.2.

**Firearms-Related Deaths: Age-Adjusted Mortality**

(2005-2007 Annual Average Deaths per 100,000 Population)

![Graph showing firearm-related mortality rates](image)

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population; age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
The county’s firearm-related mortality rate is much higher among “Other” races when compared with Whites and Hispanics.

Firearms-Related Deaths: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>San Bernardino County Non-Hispanic White</th>
<th>San Bernardino County Hispanic</th>
<th>San Bernardino County Non-Hispanic Other</th>
<th>San Bernardino County All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.9</td>
<td>8.5</td>
<td>17.1</td>
<td>11.2</td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

Mortality rates across the county decreased slowly over the past decade. Across California and the US overall, rates have been stable.

Firearms-Related Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>San Bernardino County</th>
<th>Healthy People 2020</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>12.7</td>
<td>9.2</td>
<td>12.3</td>
<td>10.3</td>
</tr>
<tr>
<td>2000-2002</td>
<td>12.3</td>
<td>9.2</td>
<td>9.6</td>
<td>10.3</td>
</tr>
<tr>
<td>2001-2003</td>
<td>12.1</td>
<td>9.2</td>
<td>9.6</td>
<td>10.4</td>
</tr>
<tr>
<td>2002-2004</td>
<td>12.3</td>
<td>9.2</td>
<td>9.5</td>
<td>10.3</td>
</tr>
<tr>
<td>2003-2005</td>
<td>12.3</td>
<td>9.2</td>
<td>10.3</td>
<td>10.2</td>
</tr>
<tr>
<td>2004-2006</td>
<td>11.6</td>
<td>9.2</td>
<td>10.2</td>
<td>10.2</td>
</tr>
<tr>
<td>2005-2007</td>
<td>11.2</td>
<td>9.2</td>
<td>10.3</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.
Presence of Firearms in Homes

Overall, just over 3 in 10 (31.1%) Total Area adults have a firearm kept in or around their home.

- Lower than the national prevalence.
- Statistically similar by service area.
- Within the Primary Service Area, no significant differences.

Among Total Area households with children, 25.8% have a firearm kept in or around the house (lower than reported nationally).

Have a Firearm Kept in or Around the Home

Among households with children, 25.8% have a firearm kept in or around the home (vs 34.4% across the nation).

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Residents aged 40 and older.
- Higher-income households.
- White respondents.

Have a Firearm Kept in or Around the House

(Total Area, 2011)
Among Total Area households with firearms, 15.8% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.

### Household Has an Unlocked/Loaded Firearm
(Among Respondents With Firearms at Home; Total Area 2011)

<table>
<thead>
<tr>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.8%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Intentional Injury (Violence)

**Age-Adjusted Homicide Deaths**

Between 2005 and 2007, there was an annual average age-adjusted homicide rate of 8.7 deaths per 100,000 population across the county.

- Less favorable than the rate found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

### Homicide: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>San Bernardino County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.7</td>
<td>6.7</td>
<td>6.1</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 162]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents with firearms in or around the home.

**Related Issue:** See also Suicide in the Mental Health & Mental Disorders section of this report.
Homicide rates are notably higher among “Other” races when compared with Whites and Hispanics in San Bernadino County.

Homicide: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

Homicide rates increased in San Bernadino County during much of the past decade, with declines in the most recent reporting periods.

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2006 and 2008, there was an annual average violent crime rate of 500.9 offenses per 100,000 population in San Bernadino County.

- Comparable to the California rate for the same period.
- Less favorable than the national rate.

County crime rates have declined in recent years, echoing the state and national trends.
Self-Reported Violence

A total of 3.1% of Total Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Similar by service area.
- Within the Primary Service Area, similar by community.

Have Been the Victim of a Violent Crime in the Past 5 Years

![Chart showing the percentage of adults acknowledging they were the victim of a violent crime in the past five years by location and comparison to the United States.]

---

Family Violence

Between 2007 and 2009, there was an annual average domestic violence rate of 401.4 offenses per 100,000 population across San Bernardino County.

- Lower than the California rate for the same period.

Domestic Violence Rates
(2007-2009 Annual Average Offenses per 100,000 Population)

---

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 61]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
Domestic violence rates decreased in the past decade across the county; the same can be said for state rates during this time.

**Domestic Violence Rates**

(Annual Average Offenses per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>San Bernardino County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2002</td>
<td>494.2</td>
<td>577.4</td>
</tr>
<tr>
<td>2001-2003</td>
<td>483.5</td>
<td>569.6</td>
</tr>
<tr>
<td>2002-2004</td>
<td>493.4</td>
<td>571.8</td>
</tr>
<tr>
<td>2003-2005</td>
<td>494.0</td>
<td>562.2</td>
</tr>
<tr>
<td>2004-2006</td>
<td>493.9</td>
<td>545.5</td>
</tr>
<tr>
<td>2005-2007</td>
<td>467.0</td>
<td>526.3</td>
</tr>
<tr>
<td>2006-2008</td>
<td>433.9</td>
<td>505.6</td>
</tr>
<tr>
<td>2007-2009</td>
<td>401.4</td>
<td>490.5</td>
</tr>
</tbody>
</table>

Sources: California Department of Justice
Notes: Rates are offenses per 100,000 population.

**Self-Reported Family Violence**

A total of 19.2% of Total Area adults report that they have ever been threatened with physical violence by an intimate partner.

- Higher than reported nationally.
- Statistically similar by service area.
- Within the Primary Service Area, lowest in Apple Valley.

One-fifth (20.9%) of respondents acknowledges that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Less favorable than national findings.
- Significantly higher (worse) in the Secondary Service Area than in the Primary Service Area.
- No significant differences within the Primary Service Area.

**Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner**

A total of 19.2% of respondents report being threatened with physical violence by an intimate partner (vs. 11.7% across the US).

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>15.3%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>21.1%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>19.0%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>18.7%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>30.5%</td>
</tr>
<tr>
<td>Total Area</td>
<td>20.9%</td>
</tr>
<tr>
<td>United States</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey (Items 62-63)
Professional Research Consultants. PRC National Health Survey. 2011.
Notes: Asked of all respondents.
Reports of domestic violence are also notably higher among non-Hispanic respondents.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Total Area, 2011)

<table>
<thead>
<tr>
<th>Gender</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>17.4%</td>
<td>21.2%</td>
<td>16.5%</td>
<td>22.8%</td>
<td>22.6%</td>
<td>23.7%</td>
<td>13.9%</td>
<td>20.9%</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>24.4%</td>
<td>23.1%</td>
<td>22.6%</td>
<td>23.7%</td>
<td>22.8%</td>
<td>23.7%</td>
<td>30.2%</td>
<td>24.4%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Professional Research Consultants, Inc. PRC Community Health Survey [Item 63]  
Notes: 
- Asked of all respondents.  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

### Child Abuse

Between 2007 and 2009, there was an annual average child abuse allegation rate of 57.7 allegations per 100,000 population across San Bernardino County.

- Higher than the California rate for the same period.

### Child Abuse Rates  
(2007-2009 Annual Average Allegations per 1,000 Children)

![Child Abuse Rates Graph]

Sources: Center for Social Services Research, University of Berkeley.  
Notes: Rates are offenses per 1,000 children.
San Bernadino County child abuse allegation rates began to decrease after 2005.

Child Abuse Rates
(Annual Average Allegations per 1,000 Children)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>San Bernardino County</td>
<td>63.0</td>
<td>63.9</td>
<td>64.2</td>
<td>64.8</td>
<td>65.7</td>
<td>65.5</td>
<td>63.3</td>
<td>60.2</td>
<td>57.7</td>
</tr>
<tr>
<td>California</td>
<td>50.2</td>
<td>50.2</td>
<td>50.1</td>
<td>49.3</td>
<td>48.7</td>
<td>48.6</td>
<td>48.8</td>
<td>48.4</td>
<td>48.4</td>
</tr>
</tbody>
</table>

Sources: Center for Social Services Research, University of Berkeley.
Notes: Rates are allegations per 1,000 Children.
Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2005 and 2007, there was an annual average age-adjusted diabetes mortality rate of 32.0 deaths per 100,000 population across San Bernardino County.

- Less favorable than that found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (19.6 or lower).
Diabetes: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 19.6 or Lower (Adjusted)

Diabetes mortality rates are notably higher among Hispanics and non-Whites in San Bernardino County.
Diabetes mortality has been stable across the county in recent years.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Years</th>
<th>Healthy People 2020 (Adjusted)</th>
<th>San Bernardino County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>19.6</td>
<td>31.6</td>
<td>21.7</td>
<td>25.1</td>
</tr>
<tr>
<td>2000-2002</td>
<td>19.6</td>
<td>30.5</td>
<td>21.7</td>
<td>25.3</td>
</tr>
<tr>
<td>2001-2003</td>
<td>19.6</td>
<td>31.0</td>
<td>22.1</td>
<td>25.4</td>
</tr>
<tr>
<td>2002-2004</td>
<td>19.6</td>
<td>30.8</td>
<td>22.5</td>
<td>24.8</td>
</tr>
<tr>
<td>2003-2005</td>
<td>19.6</td>
<td>31.5</td>
<td>22.9</td>
<td>24.2</td>
</tr>
<tr>
<td>2004-2006</td>
<td>19.6</td>
<td>31.4</td>
<td>22.7</td>
<td>23.5</td>
</tr>
<tr>
<td>2005-2007</td>
<td>19.6</td>
<td>32.0</td>
<td>22.5</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population; age-adjusted to the 2000 US Standard Population.
● State and national data are simple three-year averages.
● The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 14.2% of Total Area adults report having been diagnosed with diabetes.

- Less favorable than the proportion statewide.
- Less favorable than the national percentage.
- Statistically similar by service area.
- Within the Primary Service Area, similar by community.

Prevalence of Diabetes

<table>
<thead>
<tr>
<th>Location</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>12.9%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>13.3%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>12.9%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>13.0%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>19.2%</td>
</tr>
<tr>
<td>Total Area</td>
<td>14.2%</td>
</tr>
<tr>
<td>California</td>
<td>9.1%</td>
</tr>
<tr>
<td>United States</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item S1]
● Professional Research Consultants. PRC National Health Survey. 2011.
Notes: ● Asked of all respondents.
Note the positive correlation between diabetes and age (with 36.8% of seniors with diabetes).

A higher prevalence of diabetes is reported among adults of “Other” races in the Total Area.

### Prevalence of Diabetes
(Total Area, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.0%</td>
<td>11.4%</td>
<td>3.5%</td>
<td>18.6%</td>
<td>36.8%</td>
<td>14.7%</td>
<td>12.3%</td>
<td>12.3%</td>
<td>11.0%</td>
<td>27.9%</td>
<td>14.2%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 51]
Notes:  
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.

### Diabetes Treatment

Among adults with diabetes, most (80.4%) are currently taking insulin or some type of medication to manage their condition.

- Statistically similar to national findings.

### Taking Insulin or Other Medication for Diabetes
(Among Diabetics; Total Area, 2011)

- Yes 80.4%
- No 19.6%

### Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 51]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

### Notes:
- Asked of all diabetic respondents.
Alzheimer’s Disease

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer’s disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer’s disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer’s disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer’s disease are found.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 28.4 deaths per 100,000 population across San Bernadino County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.

Alzheimer’s Disease: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

---

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
Alzheimer’s disease mortality rates are notably lower among San Bernadino County Hispanics.

### Alzheimer’s Disease: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

- **San Bernadino County**:
  - Non-Hispanic White: 32.3
  - Hispanic: 16.6
  - Non-Hispanic Other: 26.3
  - All Races/Ethnicities: 28.4

### Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

### Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

An upward trend in Alzheimer’s disease mortality is apparent in San Bernadino County. Across California and the US, rates have increased steadily in recent years.

### Alzheimer’s Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

### Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

### Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Kidney Disease

Age-Adjusted Kidney Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted kidney disease mortality rate of 11.7 deaths per 100,000 population across San Bernardino County.

- Less favorable than the statewide rate.
- More favorable than the national rate.

Kidney Disease: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Kidney disease mortality rates are notably higher among adults of “Other” races in San Bernadino County.

Kidney Disease: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)
An upward trend in kidney disease mortality is apparent across the county, similar to the trends reported both statewide and nationwide.

### Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year Range</th>
<th>San Bernardino County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>9.9</td>
<td>7.0</td>
<td>13.5</td>
</tr>
<tr>
<td>2000-2002</td>
<td>10.3</td>
<td>6.7</td>
<td>13.9</td>
</tr>
<tr>
<td>2001-2003</td>
<td>11.3</td>
<td>7.1</td>
<td>14.2</td>
</tr>
<tr>
<td>2002-2004</td>
<td>11.8</td>
<td>7.4</td>
<td>14.3</td>
</tr>
<tr>
<td>2003-2005</td>
<td>11.7</td>
<td>7.5</td>
<td>14.3</td>
</tr>
<tr>
<td>2004-2006</td>
<td>11.7</td>
<td>7.7</td>
<td>14.4</td>
</tr>
<tr>
<td>2005-2007</td>
<td>11.7</td>
<td>8.0</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

-- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

Nearly 4 in 10 Total Area adults aged 50+ (39.2%) report suffering from arthritis or rheumatism.

- Similar to that found nationwide.
Prevalence of Arthritis/Rheumatism (50+)

A total of 39.2% of survey respondents age 50 and older have arthritis or rheumatism, compared to 35.4% in the United States.

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 165]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents aged 50 and older.

---

Prevalence of Osteoporosis

**A total of 11.3% of survey respondents age 50 and older have osteoporosis.**

- Much lower than that found nationwide.
- Fails to satisfy the Healthy People 2020 objective of 5.3% or lower.
- Among adults of all ages (18+), the prevalence of osteoporosis is much higher in the Primary Service Area than in the Secondary Service Area (not shown).

**Prevalence of Osteoporosis (50+)**

Among adults aged 50 and older, 11.3% have osteoporosis, compared to 27.6% in the United States.

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 166]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents aged 50 and older.
Prevalence of Sciatica/Chronic Back Pain

A total of 23.5% of survey respondents suffers from chronic back pain or sciatica.

- Similar to that found nationwide.
- Similar by service area.
- Within the Primary Service Area, similar by community.

Prevalence of Migraines/Severe Headaches

A total of 19.2% of survey respondents reports suffering from migraines or severe headaches.

- Similar to that found nationwide.
- Similar findings between service areas.
- Within the Primary Service Area, no differences to report.
Prevalence of Chronic Neck Pain

A total of 10.5% of survey respondents currently suffers from chronic neck pain.

- Comparable to that found nationwide.
- Comparable by service area.
- Within the Primary Service Area, no significant difference by community.

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey [Item 37]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
Vision & Hearing Impairment

Vision Trouble

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person’s later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

A total of 10.8% of Total Area adults are blind, or have trouble seeing even when wearing corrective lenses.

- Less favorable than found nationwide.
- Statistically similar by service area.
- Within the Primary Service Area, statistically similar findings by community.
- Among Total Area adults age 65 and older, 15.3% have vision trouble.

Prevalence of Blindness/Trouble Seeing

<table>
<thead>
<tr>
<th></th>
<th>Apple Valley (PSA)</th>
<th>Hesperia (PSA)</th>
<th>Victorville (PSA)</th>
<th>PSA Overall</th>
<th>SSA Overall</th>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors 15.3%</td>
<td>12.3%</td>
<td>8.4%</td>
<td>9.2%</td>
<td>9.7%</td>
<td>15.4%</td>
<td>10.8%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. (Item 26)
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:  
- Asked of all respondents.

RELATED ISSUE: See also Vision Care in the Access to Health Services section of this report.
Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 9.3% of Total Area adults report being deaf or having difficulty hearing.

- Nearly identical to that found nationwide.
- Statistically similar by service area.
- Within the Primary Service Area, no significant differences.
- Among Total Area adults age 65 and older, 22.0% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

![Graph showing prevalence of deafness/trouble hearing](image-url)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 27]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- US measles cases include only those infected while in the United States.
- US data is 2006 to 2008.

---

### Measles, Mumps, Rubella

**Between 2007 and 2009, there were no reported cases of measles or rubella across San Bernadino County; further, the mumps incidence rate during this time was less than 0.1 cases per 100,000 population.**

- The county’s pertussis rate between 2007-2009 was 0.4 per 100,000 population, lower than state and national rates.

### Reported Case Rates for Vaccine-Preventable Diseases

(2007-2009)

<table>
<thead>
<tr>
<th></th>
<th>San Bernardino Co.</th>
<th>California</th>
<th>US*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Mumps</td>
<td>&lt;0.1</td>
<td>0.2</td>
<td>0.9</td>
</tr>
<tr>
<td>Rubella</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Pertussis</td>
<td>0.4</td>
<td>2.1</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- US measles cases include only those infected while in the United States.
- US data is 2006 to 2008.
Pertussis incidence has declined in San Bernardino County in the most recent reporting periods; the same pattern is apparent both statewide and nationwide.

### Pertussis Incidence

**(Annual Average Cases per 100,000 Population)**

<table>
<thead>
<tr>
<th>Year</th>
<th>San Bernardino Co.</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-02</td>
<td>0.7</td>
<td>2.5</td>
<td>3.0</td>
</tr>
<tr>
<td>2001-03</td>
<td>1.0</td>
<td>2.8</td>
<td>3.4</td>
</tr>
<tr>
<td>2002-04</td>
<td>1.2</td>
<td>3.2</td>
<td>5.5</td>
</tr>
<tr>
<td>2003-05</td>
<td>1.4</td>
<td>4.9</td>
<td>7.2</td>
</tr>
<tr>
<td>2004-06</td>
<td>1.3</td>
<td>5.4</td>
<td>7.6</td>
</tr>
<tr>
<td>2005-07</td>
<td>0.9</td>
<td>5.0</td>
<td>5.8</td>
</tr>
<tr>
<td>2006-08</td>
<td>0.5</td>
<td>2.5</td>
<td>4.4</td>
</tr>
<tr>
<td>2007-09</td>
<td>0.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- Rates are annual average new cases per 100,000 population.

### Acute Hepatitis C

The county did not report any cases of hepatitis C between 2007 and 2009.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 0.2 or lower.

### Hepatitis C (Acute) Incidence

**(2007-2009 Annual Average Cases per 100,000 Population)**

<table>
<thead>
<tr>
<th></th>
<th>San Bernardino County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 0.2 or Lower</td>
<td>0.0</td>
<td>0.1</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- Rates are annual average new cases per 100,000 population.
No cases of hepatitis C have been reported across San Bernardino County in recent years.

**Hepatitis C (Acute) Incidence**

(Annual Average Cases per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>San Bernardino Co.</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>California</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>United States</td>
<td>0.3</td>
<td>0.3</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- Rates are annual average new cases per 100,000 population.
Influenza & Pneumonia Vaccination

Flu Vaccinations

Among Total Area seniors, 62.4% received a flu shot (or FluMist® vaccine) within the past year.

- Statistically comparable to the California finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year
(Among Total Area Seniors 65+, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Area</td>
<td>62.4%</td>
</tr>
<tr>
<td>California</td>
<td>65.1%</td>
</tr>
<tr>
<td>United States</td>
<td>71.6%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 167]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents aged 65 and older.
- Includes FluMist® as a form of vaccination.

High-Risk Adults

A total of 41.8% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.
**Have Had a Flu Vaccination in the Past Year**

(Among Total Area High-Risk Adults <65, 2011)

<table>
<thead>
<tr>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Research Consultants, Inc. PRC Community Health Survey.</td>
</tr>
<tr>
<td>PRC National Health Survey.</td>
</tr>
<tr>
<td>Professional Research Consultants.</td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of all high-risk respondents under 65.
- **“High-Risk”** includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist® as a form of vaccination.

- **41.8%** Total Area High-Risk <65
- **52.5%** United States High-Risk <65

**Pneumonia Vaccination**

Among adults age 65 and older, **64.0%** have received a pneumonia vaccination at some point in their lives.

- Similar to the California figure.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 objective of 90% or higher.

**Have Ever Had a Pneumonia Vaccine**

(Among Total Area Seniors 65+, 2011)

<table>
<thead>
<tr>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Research Consultants, Inc. PRC Community Health Survey.</td>
</tr>
<tr>
<td>Professional Research Consultants.</td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of all respondents aged 65 and older.

- **64.0%** Total Area
- **59.9%** California
- **68.1%** United States

**Healthy People 2020 Target = 90% or Higher**
A total of 34.0% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).

**Have Ever Had a Pneumonia Vaccine**
(Among High-Risk Adults <65, 2011)

<table>
<thead>
<tr>
<th>Total Area High-Risk &lt;65</th>
<th>United States High-Risk &lt;65</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.0%</td>
<td>32.0%</td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 60% or Higher

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey [item 170]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all high-risk respondents under 65.
- “High-risk” includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.
**Tuberculosis**

Viral hepatitis and tuberculosis (TB) can be prevented, yet healthcare systems often do not make the best use of their available resources to support prevention efforts. Because the US healthcare system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and TB prevention priorities and interventions.

– Healthy People 2020 (www.healthypeople.gov)

**Between 2007 and 2009, the annual average tuberculosis incidence rate (new cases per year) was 3.5 cases per 100,000 population across the county.**

- Below the California incidence rate.
- Below the national incidence rate.
- Fails to satisfy the Healthy People 2020 target (1.0 or lower).

**Tuberculosis Incidence**

(2007-2009 Annual Average Cases per 100,000 Population)

- Healthy People 2020 Target = 1.0 or Lower

San Bernardino County: 3.5
California: 7.2
United States: 4.4

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- Rates are annual average new cases per 100,000 population. National data is 2006-2008 as 2009 rates are not yet available.
San Bernadino County has experienced an overall downward trend in tuberculosis incidence over the past several years. This decreasing trend is noted across the state and US as well.

**Tuberculosis Incidence**
(Annual Average Cases per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>San Bernardino Co.</td>
<td>4.7</td>
<td>3.9</td>
<td>3.6</td>
<td>3.5</td>
<td>3.2</td>
<td>3.0</td>
<td>3.2</td>
<td>3.5</td>
</tr>
<tr>
<td>California</td>
<td>9.6</td>
<td>9.4</td>
<td>9.0</td>
<td>8.6</td>
<td>8.1</td>
<td>7.8</td>
<td>7.6</td>
<td>7.2</td>
</tr>
<tr>
<td>United States</td>
<td>5.5</td>
<td>5.3</td>
<td>5.2</td>
<td>5.1</td>
<td>4.9</td>
<td>4.8</td>
<td>4.6</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- Rates are annual average new cases per 100,000 population.
The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 1999 and 2007, there was an annual average age-adjusted HIV/AIDS mortality rate of 3.4 deaths per 100,000 population across San Bernardino County.

- Lower than found statewide.
- Lower than reported nationally.
- Similar to the Healthy People 2020 target (3.3 or lower).
HIV/AIDS: Age-Adjusted Mortality
(1999-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower

The HIV mortality rate among “Other” races is notably higher than that reported among Whites and Hispanics in San Bernardino County.

HIV/AIDS: Age-Adjusted Mortality by Race
(1999-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower

Notes:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
HIV Testing

Among Total Area adults under 65, more than one-half (52.9%) report that they have been tested for human immunodeficiency virus (HIV).

- Statistically similar to the proportion found nationwide.
- Statistically similar by service area.
- No difference by community within the Primary Service Area.

Among Total Area adults aged 18-44, 18.8% report that they have been tested for human immunodeficiency virus (HIV) within the past year.

- Statistically similar to the proportion found nationwide.
- Similar to the Healthy People 2020 target of 16.9% or higher.

Have Been Tested for HIV in the Past Year
(Among Respondents Aged 18 to 44, 2011)

<table>
<thead>
<tr>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.8%</td>
<td>19.9%</td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 16.9% or Higher

Total Area men 18-44 less often report having been tested for HIV than Total Area women 18-44.

Have Been Tested for HIV in the Past Year
(Total Area Adults Aged 18-44, 2011)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Other (n=30)</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.3%</td>
<td>22.3%</td>
<td>19.5%</td>
<td>19.5%</td>
<td>13.4%</td>
<td>22.3%</td>
<td>19.3%</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 16.9% or Higher

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. (Item 173)
- Professional Research Consultants, PRC National Health Survey. 2011.

Notes:
- Asked of all respondents aged 18 to 44.
- Note that the Healthy People 2020 objective is for those aged 15 through 44.
STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

---

Healthy People 2020 (www.healthypeople.gov)
 Gonorrhea

Between 2008 and 2010, the annual average gonorrhea incidence rate was 57.2 cases per 100,000 population in San Bernadino County.

- Lower than the California incidence rate.
- Notably lower than the national incidence rate.

Gonorrhea Incidence
(2008-2010 Annual Average Cases per 100,000 Population)

Gonorrhea rates have decreased considerably in recent years across the county, echoing the state trend. Nationally, the downward trend has been less pronounced.
Syphilis

Between 2008 and 2010, the annual average primary/secondary syphilis incidence rate was just 1.7 per 100,000 population in San Bernadino County.

- Lower than the California incidence rate.
- Lower than the national incidence rate.

However, syphilis incidence has increased across the county in recent years. The state and nationwide rates increased steadily over the past decade as well.
Between 2008 and 2010, the annual average Chlamydia incidence rate was 404.3 cases per 100,000 population in the county.

- Comparable to the California incidence rate.
- Comparable to the national incidence rate.

### Chlamydia Incidence
(2008-2010 Annual Average Cases per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>San Bernardino County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2010</td>
<td>404.3</td>
<td>387.9</td>
<td>391.6</td>
</tr>
</tbody>
</table>

Sources:  
- California Department of Public Health.
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:  
- Rates are annual average new cases per 100,000 population. US data is 2007-2009.

Chlamydia incidence has increased across San Bernadino County since the 2001-2003 reporting period. State and national Chlamydia rates increased steadily during this time as well.

### Chlamydia Incidence
(Annual Average Cases per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>San Bernardino Co.</td>
<td>337.4</td>
<td>361.1</td>
<td>380.2</td>
<td>392.1</td>
<td>400.6</td>
<td>414.6</td>
<td>403.5</td>
<td>404.3</td>
</tr>
<tr>
<td>California</td>
<td>329.5</td>
<td>324.8</td>
<td>337.6</td>
<td>351.5</td>
<td>365.0</td>
<td>378.6</td>
<td>382.9</td>
<td>387.9</td>
</tr>
<tr>
<td>United States</td>
<td>289.4</td>
<td>304.4</td>
<td>317.8</td>
<td>331.1</td>
<td>347.1</td>
<td>370.0</td>
<td>391.6</td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- California Department of Public Health.
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:  
- Rates are annual average new cases per 100,000 population.
Between 2007 and 2009, the hepatitis B rate across San Bernadino County was 0.6 per 100,000 population.

- More favorable than the statewide rate.
- More favorable than the national rate.

San Bernadino County hepatitis B incidence has decreased in recent years, echoing the downward trend reported both statewide and nationally.
Hepatitis B Vaccination

Based on survey data, approximately 4 in 10 (39.5%) residents report having received the hepatitis B vaccine.

- Similar to what is reported nationwide.
- Similar by service area.
- Within the Primary Service Area, no differences to report.

Have Ever Received the Hepatitis B Vaccination

Note the negative correlation between age and hepatitis B vaccination.

In addition, residents of “Other” races are more likely than Whites or Hispanics to have received the hepatitis B vaccine.

Have Ever Received the Hepatitis B Vaccination
(Total Area, 2011)
Safe Sexual Practices

Sexual Partners

Among unmarried Total Area adults under 65, more than three-fourths cite having only one (42.9%) or no (34.8%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Unmarried Respondents Aged 18-64, 2011)

- None 34.8%
- One 42.9%
- Two 12.5%
- Three/More 9.8%

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 104]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 9.8% report having three or more sexual partners in the past year.

- Comparable to that reported nationally.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Respondents Aged 18 to 64; Total Area, 2011)

- 9.8%
- 7.1%

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 104]
• Professional Research Consultants, Inc. PRC National Health Survey, 2011.
Notes: • Asked of all unmarried respondents under the age of 65.
Among Total Area adults who are under age 65 and unmarried, 45.9% report using a condom during their most recent sexual intercourse.

- Statistically similar to national findings.

**Used Condom During Last Sexual Intercourse**
(Among Unmarried Respondents Aged 18 to 64, 2011)

![Bar chart showing condom use comparison between Total Area and United States](chart.png)

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 105]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

**Notes:**
- Asked of all unmarried respondents under the age of 65.
BIRTHS
Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

— Healthy People 2020 (www.healthypeople.gov)

**Between 2007 and 2009, 3.6% of all San Bernadino County births failed to receive prenatal care before the third trimester of pregnancy (if they received any at all).**

- Less favorable than the California proportion.

**Mothers Receiving Late Or No Prenatal Care**
*(Percentage of Live Births, 2007-2009)*

<table>
<thead>
<tr>
<th></th>
<th>San Bernardino County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6%</td>
<td></td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Sources: California Department of Public Health.

Note: Numbers are a percentage of all live births within each population.

Late prenatal care is defined as care started in the third trimester.
This indicator has shown no clear increasing or decreasing trend over the past several years.

Mothers Receiving Late Or No Prenatal Care
(Percentage of Live Births)

San Bernardino Co.
2000-2002: 3.8%
2001-2003: 3.4%
2002-2004: 3.3%
2003-2005: 3.2%
2004-2006: 3.1%
2005-2007: 3.3%
2006-2008: 3.3%
2007-2009: 3.6%

California
2000-2002: 2.9%
2001-2003: 2.7%
2002-2004: 2.6%
2003-2005: 2.6%
2004-2006: 2.7%
2005-2007: 2.9%
2006-2008: 3.1%
2007-2009: 3.2%

Sources:
- California Department of Public Health.
Note:
- Numbers are a percentage of all live births within each population.
- Late prenatal care is defined as care started in the third trimester.
Birth Outcomes & Risks

Low-Weight Births

A total of 7.2% of 2007-2009 San Bernadino County births were low-weight.
- Higher than the California proportion.
- Lower than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).

The countywide proportion of low-weight births has increased slightly in recent years; the proportion increased across California and the US during the same time.
Between 2007 and 2009, 32.3% of live births in San Bernadino County were delivered via c-section.

- Nearly identical to the California prevalence.
- Similar to the national prevalence.

The proportion of births delivered by c-section has increased steadily over time across San Bernadino County; the proportion increased across California and the US during the same time.
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2005 and 2007, there was an annual average of 6.6 infant deaths per 1,000 live births.

- Less favorable than the California rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.

### Infant Mortality Rate

(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Bernardino County</td>
<td>6.6</td>
</tr>
<tr>
<td>California</td>
<td>5.3</td>
</tr>
<tr>
<td>United States</td>
<td>6.9</td>
</tr>
</tbody>
</table>

The infant mortality rate is notably higher among births to mothers of “Other” races.

### Infant Mortality Rate

(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)

- Healthy People 2020 Target = 6.0 or Lower

<table>
<thead>
<tr>
<th>Category</th>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Bernardino County</td>
<td>6.6</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.5</td>
</tr>
<tr>
<td>Non-Hispanic Other</td>
<td>11.2</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
Infant mortality rates have trended downward in recent years across San Bernardino County, echoing the trends reported for California and the US overall.

### Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020</th>
<th>San Bernardino Co.</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>6.0</td>
<td>7.8</td>
<td>5.7</td>
<td>7.2</td>
</tr>
<tr>
<td>2000-2002</td>
<td>6.0</td>
<td>7.8</td>
<td>5.6</td>
<td>7.0</td>
</tr>
<tr>
<td>2001-2003</td>
<td>6.0</td>
<td>7.7</td>
<td>5.4</td>
<td>6.9</td>
</tr>
<tr>
<td>2002-2004</td>
<td>6.0</td>
<td>7.4</td>
<td>5.3</td>
<td>6.9</td>
</tr>
<tr>
<td>2003-2005</td>
<td>6.0</td>
<td>7.1</td>
<td>5.3</td>
<td>6.9</td>
</tr>
<tr>
<td>2004-2006</td>
<td>6.0</td>
<td>7.0</td>
<td>5.3</td>
<td>6.9</td>
</tr>
<tr>
<td>2005-2007</td>
<td>6.0</td>
<td>6.6</td>
<td>5.3</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

### Risk Factors

#### Mothers With Low Educational Attainment

Between 2007 and 2009, 29.6% of births in the Total Area were to mothers without a high school diploma.

- Less favorable than statewide proportion.

### Births to Mothers Without a High School Diploma

(Percentage of Live Births, 2007-2009)

- San Bernardino County: 29.6%
- California: 26.6%

Sources:
- California Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.
The prevalence of births to mothers with low educational attainment has decreased in recent years across the county, echoing the California trend.

**Births to Mothers Without a High School Diploma**  
(Percentage of Live Births)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>San Bernardino Co.</td>
<td>33.8%</td>
<td>33.8%</td>
<td>29.6%</td>
</tr>
<tr>
<td>California</td>
<td>31.1%</td>
<td>30.7%</td>
<td>26.6%</td>
</tr>
</tbody>
</table>

Sources:  
● California Department of Public Health.  
● Centers for Disease Control and Prevention, National Vital Statistics System.  
Note:  
● Numbers are a percentage of all live births within each population.
Family Planning

Births to Teen Mothers

A total of 12.4% of 2007-2009 Total Area births were to teenage mothers under the age of 20.

- Higher than the California proportion.
- Higher than the national proportion.

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)
This percentage has remained fairly stable over the past decade in San Bernardino County; the percentage decreased slightly both statewide and nationwide.
MODIFIABLE HEALTH RISKS
Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 434,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. “Actual Causes of Death in the United States.” JAMA, 291(2004):1238-1245.

---

### Leading Causes of Death

<table>
<thead>
<tr>
<th>Disease</th>
<th>Underlying Risk Factors (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td>Accidental injuries</td>
<td>Safety belt noncompliance</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Tobacco use</td>
</tr>
</tbody>
</table>


---

### Factors Contributing to Premature Deaths in the United States

- **Lifestyle/Behaviors**
  - Tobacco: 18%
  - Diet/Inactivity: 17%
  - Alcohol: 4%
  - Infectious Disease: 3%
  - Toxic Agents: 2%
  - Motor Vehicle: 2%
  - Firearms: 1%
  - Sexual Behavior: 1%
  - Illicit Drugs: 1%
  - Other: 52%

- **Medical Care**
  - 10%

- **Physical Environment**
  - 5%

- **Social Circumstances**
  - 15%

- **Genetics**
  - 30%


Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.

– Healthy People 2020 (www.healthypeople.gov)
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

Daily Recommendation of Fruits/Vegetables

A total of 38.9% of Total Area adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.
- No significant difference by service area.
- Within the Primary Service Area, no difference to report.

Consume 5+ Servings of Fruits/Vegetables Per Day

Area Hispanics are less likely to get the recommended servings of daily fruits/vegetables.

Consume 5+ Servings of Fruits/Vegetables Per Day
(Total Area, 2011)
**Fruits**

The majority (57.9%) of Total Area adults reports eating at least two servings of fruit per day.

- Similar to national findings.
- Similar by service area.
- Within the Primary Service Area, no differences to report.

**Vegetables**

A total of 34.2% of survey respondents reports eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Less favorable than national findings.
- Significantly higher (more favorable) in the Primary Service Area than in the Secondary Service Area.
- Within the Primary Service Area, no significant differences to report.

### Fruits/Vegetable Consumption

(Total Area, 2011)

- **Consume 3+ Servings of Vegetables Per Day, One-Third of Which Are Dark Green or Orange**
  - Yes 34.2%
  - No 65.8%
  - US=40.1%

- **Consume 2+ Servings of Fruits/Fruit Juices Per Day**
  - Yes 57.9%
  - No 42.1%
  - US=60.5%

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 176-177]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents.
Health Advice About Diet & Nutrition

A total of 48.3% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Higher than national findings.
- Statistically similar by service area (and by community within the Primary Service Area); not shown.

Note: Among obese respondents, 59.2% report receiving diet/nutrition advice (meaning that nearly 4 in 10 did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>29.9%</td>
</tr>
<tr>
<td>Overwt/Not Obese</td>
<td>53.6%</td>
</tr>
<tr>
<td>Obese</td>
<td>59.2%</td>
</tr>
<tr>
<td>All Adults</td>
<td>48.3%</td>
</tr>
<tr>
<td>United States: All Adults</td>
<td>41.9%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 18]
- Professional Research Consultants. PRC National Health Survey. 2011

Notes:
- Asked of all respondents.
Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)
Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Just over 1 in 2 (54.6%) employed respondents report that their job entails mostly sitting or standing, similar to the US figure.
- 24.2% report that their job entails mostly walking (similar to that reported nationally).
- 21.2% report that their work is physically demanding (higher than reported nationally).

Primary Level of Physical Activity At Work
(Among Employed Respondents)

<table>
<thead>
<tr>
<th></th>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting/Standing</td>
<td>54.6%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Mostly Walking</td>
<td>24.2%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Physically Demanding</td>
<td>21.2%</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 110]
- Professional Research Consultants. PRC National Health Survey. 2011

Notes:
- Asked of those respondents who are employed for wages.
Leisure-Time Physical Activity

A total of 24.0% of Total Area adults report no leisure-time physical activity in the past month.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 objective (32.6% or lower).
- Similar by service area.
- Within the Primary Service Area, similar by community.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

[Bar chart showing distribution by area, with percentages for Apple Valley (PSA), Hesperia (PSA), Victorville (PSA), PSA Overall, SSA Overall, Total Area, California, and United States.

Lack of leisure-time physical activity in the area is higher among:

- Adults aged 40 and older (note the positive correlation with age).
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(Total Area, 2011)

Healthy People 2020 Target = 32.6% or Lower

[Bar chart showing distribution by gender, age, and income level, with percentages for Men, Women, 18 to 39, 40 to 64, 65+, <200% FPL, 200%+ FPL, White, Hispanic, Other, and Total Area.

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 111]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- As of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Activity Levels

This report uses the following definition for physical activity recommendations:

- **Moderate-intensity** physical activities (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.

OR

- **Vigorous-intensity** physical activity (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.

**Recommended Levels of Physical Activity**

A total of 45.4% of Total Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than statewide findings.
- Similar to national findings.
- Similar by service area.
- Within the Primary Service Area, no differences to report.

**Meets Physical Activity Recommendations**

<table>
<thead>
<tr>
<th></th>
<th>Apple Valley (PSA)</th>
<th>Hesperia (PSA)</th>
<th>Victorville (PSA)</th>
<th>PSA Overall</th>
<th>SSA Overall</th>
<th>Total Area</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>43.4%</td>
<td>41.5%</td>
<td>46.6%</td>
<td>44.1%</td>
<td>50.9%</td>
<td>45.4%</td>
<td>51.3%</td>
<td>42.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 178]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents.
- In this case the term “meets physical activity recommendations” refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.
Adults aged 40 and older are less likely to meet physical activity requirements.

Meets Physical Activity Recommendations
(Total Area, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>49.1%</td>
<td>41.8%</td>
<td>52.1%</td>
<td>40.8%</td>
<td>33.6%</td>
<td>45.3%</td>
<td>45.0%</td>
<td>44.0%</td>
<td>42.6%</td>
<td>53.6%</td>
<td>45.4%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 178]

Notes:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
- In this case the term “meets physical activity recommendations” refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

A total of **28.8%** of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Similar to the national level.
- Similar by service area.
- Within the Primary Service Area, similar by community.

A total of **34.8%** participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Similar to the prevalence reported statewide.
- Identical to the nationwide figure.
- Similar by service area.
- Within the Primary Service Area, no differences to report.
Moderate & Vigorous Physical Activity
(Total Area, 2011)

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Items 180-181]
● Professional Research Consultants. PRC National Health Survey. 2011.
Notes: ● Asked of all respondents.

Moderate Physical Activity

- Yes: 28.8%
- No: 71.2%

Vigorous Physical Activity

- Yes: 34.8%
- No: 65.2%

Health Advice About Physical Activity & Exercise

A total of one-half (49.9%) of Total Area adults reports that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to the national average.

Note: 61.9% of obese Total Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 19]
● Professional Research Consultants. PRC National Health Survey. 2011.
Notes: ● Asked of all respondents.
The following charts outline parents’ reports of the amount of time their children spend watching TV and using other screen time (video games, computer or Internet entertainment) on an average weekday. Note:

- 46.2% spend one hour or less watching television on an average weekday.
- 76.1% spend one hour or less on other screen time on an average weekday.

However, altogether, 45.7% of school-aged children (5-17) spend 3+ hours on combined screen time for entertainment daily (tv and other screen sources together).

- Similar to what is found nationally.
- This is notably higher (55.3%) among Total Area teens.

Children’s Total Screen Time Per School Day: 3+ Hours of TV, Computer, Video Games, Etc. for Entertainment
(Total Area Parents of Children 5-17, 2011)
Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

Classification of Overweight and Obesity by BMI

<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


Adult Weight Status

Self-Perceived Weight

When asked to evaluate their own body weight, one-third (33.3%) of Total Area adults considers themselves to be “about right.”

- While 6.3% consider themselves to be underweight, 44.2% feel they are “somewhat overweight” and 16.2% consider themselves to be “very overweight.”
The prevalence of adults who considers him/herself to be overweight is 60.0% among overweight adults (based on self-reported BMI) and 93.6% among obese residents.

**Healthy Weight**

Based on self-reported heights and weights, 30.7% of Total Area adults are at a healthy weight.

- Similar to national findings.
- Similar to the Healthy People 2020 target (33.9% or higher).
- Similar by service area.
- Within the Primary Service Area, similar by community.
Healthy Weight
(Body Mass Index Between 18.5-24.9)

Healthy People 2020 Target = 33.9% or Higher

Overweight Status

A total of 68.4% of Total Area residents are overweight.

- Less favorable than the California prevalence.
- Statistically similar to the US overweight prevalence.
- Similar by service area.
- Within the Primary Service Area, no differences to report.

Prevalence of Total Overweight
(Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

Here, “overweight” includes those respondents with a BMI value ≥25.
**Specifically, one-third (33.7%) of Total Area adults is obese.**

- Less favorable than California findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.6% or lower).
- Similar by service area.
- Within the Primary Service Area, higher (less favorable) in Apple Valley.

**Prevalence of Obesity**

*Body Mass Index of 30.0 or Higher*

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 30.6% or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>44.3%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>29.2%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>34.2%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>35.1%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>27.8%</td>
</tr>
<tr>
<td>Total Area</td>
<td>33.7%</td>
</tr>
<tr>
<td>California</td>
<td>25.5%</td>
</tr>
<tr>
<td>United States</td>
<td>28.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 186]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

---

**Prevalence of Obesity**

*Body Mass Index of 30.0 or Higher; Total Area, 2011*

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 30.6% or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>34.6%</td>
</tr>
<tr>
<td>Women</td>
<td>32.8%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>32.1%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>38.0%</td>
</tr>
<tr>
<td>65+</td>
<td>29.5%</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>36.4%</td>
</tr>
<tr>
<td>200%+ FPL</td>
<td>35.4%</td>
</tr>
<tr>
<td>White</td>
<td>36.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28.9%</td>
</tr>
<tr>
<td>Other</td>
<td>39.4%</td>
</tr>
<tr>
<td>Total Area</td>
<td>33.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 186]
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

---

“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Nasal/hay fever allergies.
- Chronic depression.
- Activity limitations.
- “Fair” or “poor” physical health.
- Diabetes.
- Asthma.
- Skin Cancer.

The correlation between overweight and various health issues cannot be disputed.

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Items 5, 28, 35, 48, 51, 120, 123, 149, 150]
Notes: Based on reported heights and weights, asked of all respondents.
Weight Management

Health Advice

One-fourth (25.5%) of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.

Note that 40.9% of obese adults have been given advice about their weight by a health professional in the past year (while 6 in 10 have not).
  - Satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

<table>
<thead>
<tr>
<th>Total Area: Healthy Weight</th>
<th>Total Area: Overwt/Not Obese</th>
<th>Total Area: Obese</th>
<th>Total Area: All Adults</th>
<th>United States: All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>24.9%</td>
<td>40.9%</td>
<td>25.5%</td>
</tr>
</tbody>
</table>
| Healthy People 2020 Target = 31.8% or Higher for Obese Adults

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 117, 188-189]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
**Weight Control**

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

— Healthy People 2020 (www.healthypeople.gov)

**A total of 43.9% of Total Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.**

- Similar to national findings.

**Note:** 38.6% of obese Total Area adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally.

---

**Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity**

(By Weight Classification)

![Bar chart showing percentages of individuals trying to lose weight by both modifying diet and increasing physical activity by weight classification.](chart)

**Sources:**

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 187]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**

- Based on reported heights and weights, asked of all respondents.
Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention.

Perception of Child’s Weight

When asked to describe their child’s weight, 70.9% of parents with children aged 2-17 consider their child’s weight to be “about right.”

- In contrast, 14.2% of parents consider their child to be underweight, while 12.7% gave “somewhat overweight” opinions of their child’s weight and 2.2% consider their child to be “very overweight.”

Child’s Weight as Described by Parent

(Total Area Parents of Children 2-17, 2011)

- Underweight 14.2%
- Healthy Weight 70.9%
- Overweight 12.7%
- Obese 2.2%

This distribution is similar to what is found nationally.

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 142]
Notes:
- Asked of all respondents with children aged 2-17.
Based on the heights/weights reported by surveyed parents, 31.2% of Total Area children age 6 to 17 are overweight or obese (≥85th percentile).

- Similar to that found nationally.

**Child Total Overweight Prevalence**
(Percent of Children 6-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)

<table>
<thead>
<tr>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.2%</td>
<td>30.7%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 190]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children aged 6-17 at home.
- Overweight among children is estimated based on children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Specifically, 16.0% of Total Area children age 6 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.6% or lower for children age 2-19).

**Child Obesity Prevalence**
(Percent of Children 6-17 Who Are Obese; Body Mass Index in the 95th Percentile or Higher)

<table>
<thead>
<tr>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.0%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 190]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children aged 6-17 at home.
- Obesity among children is estimated based on children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
A total of 4.9% of parents with children aged 2-17 have been told by a health professional that their child is overweight.

- Statistically similar to the US figure.
- The Total Area prevalence is twice as high among children who are overweight/obese.

**Have Been Told That Child is Overweight**
(By Weight Classification; Total Area Parents of Children 2-17, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight Children 5-17</td>
<td>10.3%</td>
</tr>
<tr>
<td>Obese Children 5-17</td>
<td>10.7%</td>
</tr>
<tr>
<td>Total Area Children 2-17</td>
<td>4.9%</td>
</tr>
<tr>
<td>US Children 2-17</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 143]
- Professional Research Consultants. PRC National Health Survey. 2011

Notes:
- Based on reported heights and weights, asked of all respondents with children aged 2-17.
- Overweight among children is estimated based on children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
- Obesity among children is estimated based on children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America’s youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 13.7 deaths per 100,000 population across San Bernadino County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Cirrhosis mortality rates are much higher among Hispanics in San Bernadino County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)
Mortality rates have not changed significantly across San Bernadino County over the past decade. Statewide and nationwide, rates have decreased slightly.

### Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020</th>
<th>San Bernardino Co.</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>8.2</td>
<td>13.5</td>
<td>11.9</td>
<td>9.5</td>
</tr>
<tr>
<td>2000-2002</td>
<td>8.2</td>
<td>14.8</td>
<td>11.8</td>
<td>9.5</td>
</tr>
<tr>
<td>2001-2003</td>
<td>8.2</td>
<td>14.9</td>
<td>11.6</td>
<td>9.4</td>
</tr>
<tr>
<td>2002-2004</td>
<td>8.2</td>
<td>14.7</td>
<td>11.4</td>
<td>9.2</td>
</tr>
<tr>
<td>2003-2005</td>
<td>8.2</td>
<td>13.3</td>
<td>11.2</td>
<td>9.1</td>
</tr>
<tr>
<td>2004-2006</td>
<td>8.2</td>
<td>13.1</td>
<td>11.0</td>
<td>8.9</td>
</tr>
<tr>
<td>2005-2007</td>
<td>8.2</td>
<td>13.7</td>
<td>11.1</td>
<td>9.0</td>
</tr>
</tbody>
</table>

**Sources:**
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.

### High-Risk Alcohol Use

**Chronic Drinking**

A total of 5.6% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.
- Significantly lower (more favorable) in the Primary Service Area than in the Secondary Service Area.
- Within the Primary Service Area, lower in Victorville.

**Chronic Drinkers**

<table>
<thead>
<tr>
<th>Location</th>
<th>Chronic Drinkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>7.2%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>4.0%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>2.4%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>4.2%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>12.0%</td>
</tr>
<tr>
<td>Total Area</td>
<td>5.6%</td>
</tr>
<tr>
<td>California</td>
<td>6.1%</td>
</tr>
<tr>
<td>United States</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 106]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- "The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day."
Chronic drinking is more prevalent among Total Area men and White respondents.

Chronic Drinkers (Total Area, 2011)

Binge Drinking

A total of 13.0% of Total Area adults are binge drinkers.

- Similar California findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- Significantly less favorable in the Secondary Service Area.
- Within the Primary Service Area, no difference by community.

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 196]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any single occasion during the past month.

RELATED ISSUE: See also Stress in the Mental Health & Mental Disorders section of this report.

Binge drinkers include:
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month.
2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.
Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Adults under age 40.
- Whites and Hispanics.

![Binge Drinkers](image)

Healthy People 2020 Target = 24.3% or Lower

**Note:** As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

### Drinking & Driving

A total of 1.9% of Total Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.
- Similar by service area.
- Within the Primary Service Area, similar by community.

![Have Driven in the Past Month](image)

Sources:

- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 197]

Notes:

- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
A total of 4.5% of Total Area adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Comparable to national findings.
- Much higher in the Secondary Service Area.
- Within the Primary Service Area, no differences to report.

### Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink

<table>
<thead>
<tr>
<th>Area</th>
<th>2005-2007 Average Deaths per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>2.5%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>2.2%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>2.7%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>2.5%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>12.7%</td>
</tr>
<tr>
<td>Total Area</td>
<td>4.5%</td>
</tr>
<tr>
<td>United States</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 198]  
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:  
- Asked of all respondents.

### Age-Adjusted Drug-Induced Deaths

Between 2005 and 2007, there was an annual average age-adjusted drug-induced mortality rate of 11.3 deaths per 100,000 population across San Bernardino County.

- Comparable to the statewide rate.
- More favorable than the national rate.
- Comparable to the Healthy People 2020 target (11.3 or lower).

### Drug-Induced Deaths: Age-Adjusted Mortality

(2005-2007 Annual Average Deaths per 100,000 Population)

- Healthy People 2020 Target = 11.3 or Lower

Sources:  
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:  
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
Drug-induced mortality rates appear to be lowest among Hispanics when compared with Whites and “Other” races in San Bernadino County.

Drug-Induced Deaths: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>San Bernardino County</th>
<th>Healthy People 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>17.1</td>
<td>11.3 or Lower</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.4</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Other</td>
<td>12.8</td>
<td></td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>11.3</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.

The county’s drug-induced mortality rate has increased since the 1999-2001 reporting period. Across California and the US, rates have also increased.

Drug-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020</th>
<th>San Bernardino County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>11.3</td>
<td>8.3</td>
<td>6.9</td>
<td>7.2</td>
</tr>
<tr>
<td>2000-2002</td>
<td>11.3</td>
<td>8.0</td>
<td>7.1</td>
<td>7.9</td>
</tr>
<tr>
<td>2001-2003</td>
<td>11.3</td>
<td>8.3</td>
<td>8.3</td>
<td>8.9</td>
</tr>
<tr>
<td>2002-2004</td>
<td>11.3</td>
<td>10.3</td>
<td>10.2</td>
<td>9.8</td>
</tr>
<tr>
<td>2003-2005</td>
<td>11.3</td>
<td>11.5</td>
<td>10.5</td>
<td>10.6</td>
</tr>
<tr>
<td>2004-2006</td>
<td>11.3</td>
<td>12.0</td>
<td>10.7</td>
<td>11.5</td>
</tr>
<tr>
<td>2005-2007</td>
<td>11.3</td>
<td>11.3</td>
<td>11.1</td>
<td>12.2</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted May 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.
Illicit Drug Use

A total of 3.2% of Total Area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 objective of 7.1% or lower.
- Similar by service area.
- Within the Primary Service Area, higher (less favorable) in Apple Valley.

Illicit Drug Use in the Past Month

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>7.6%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>1.4%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>1.6%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>3.1%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>3.5%</td>
</tr>
<tr>
<td>Total Area</td>
<td>3.2%</td>
</tr>
<tr>
<td>United States</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 79]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 7.6% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Twice the national findings.
- Similar by service area.
- Within the Primary Service Area, no statistical differences to report.

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>4.0%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>7.8%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>8.3%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>7.0%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>9.9%</td>
</tr>
<tr>
<td>Total Area</td>
<td>7.6%</td>
</tr>
<tr>
<td>United States</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 80]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.
Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.3% of Total Area adults currently smoke cigarettes, either regularly (12.5% every day) or occasionally (3.8% on some days).

Cigarette Smoking Prevalence
(Total Area, 2011)

- Regular Smoker 12.5%
- Occasional Smoker 3.8%
- Former Smoker 23.2%
- Never Smoked 60.4%

Sources: Professional Research Consultants, Inc. PRC Community Health Survey. [Item 191]
Notes: Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Significantly higher in the Secondary Service Area.
Within the Primary Service Area, similar by community.

### Current Smokers

#### (Total Area, 2011)

- **Healthy People 2020 Target = 12% or Lower**
- **Current Smoker (% at Top)**

<table>
<thead>
<tr>
<th></th>
<th>Apple Valley (PSA)</th>
<th>Hesperia (PSA)</th>
<th>Victorville (PSA)</th>
<th>PSA Overall</th>
<th>SSA Overall</th>
<th>Total Area</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>16.0%</td>
<td>12.7%</td>
<td>13.6%</td>
<td>14.3%</td>
<td>25.2%</td>
<td>16.3%</td>
<td>12.8%</td>
<td>16.6%</td>
</tr>
<tr>
<td>0%</td>
<td>13.2%</td>
<td>8.8%</td>
<td>10.3%</td>
<td>10.6%</td>
<td>21.0%</td>
<td>12.5%</td>
<td>8.1%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 191-192]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:
- **Men.**
- **Those with lower incomes.**
- **Residents of “Other” races.**

Note also:
- **7.0%** of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.
Environmental Tobacco Smoke

A total of 14.7% of Total Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Similar to national findings.
- Similar by service area.
- Within the Primary Service Area, higher in Apple Valley, lower in Hesperia.

Note that 6.2% of Total Area non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

Note that 6.2% of non-smokers are exposed to smoke in the home.

Notably higher among residents with lower incomes and those of “Other” races.

Member of Household Smokes At Home
(Total Area, 2011)

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 71, 193]  
- Professional Research Consultants. PRC National Health Survey. 2011.  

Notes:  
- Asked of all respondents.  
- “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
Among households with children, 11.7% have someone who smokes cigarettes in the home. Comparable to national findings. Among households with children under age 7, 7.3% report that someone smokes in the home.

Percentage of Households With Children In Which Someone Smokes in the Home

<table>
<thead>
<tr>
<th>Total Area Households w/Kids &lt;18</th>
<th>US Households w/Kids &lt;18</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH w/Children 0-6 = 7.3%</td>
<td>HH w/Children 0-6 = 12.8%</td>
</tr>
<tr>
<td>11.7%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 194]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children under 18 at home.
- “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

– Healthy People 2020 (www.healthypeople.gov)

### Health Advice About Smoking Cessation

**A total of 59.5% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.**

- Statistically similar to the national percentage.

### Advised by a Healthcare Professional in the Past Year to Quit Smoking

(Among Current Smokers, 2011)

<table>
<thead>
<tr>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>59.5%</td>
<td>63.7%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey [Item 70]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all current smokers.
Smoking Cessation Attempts

More than one-half (54.4%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).

Have Stopped Smoking for 1 Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Total Area Everyday Smokers, 2011)

<table>
<thead>
<tr>
<th>Healthy People 2020 Target = 80% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Area</td>
</tr>
<tr>
<td>54.4%</td>
</tr>
<tr>
<td>United States</td>
</tr>
<tr>
<td>56.2%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 69]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of respondents who smoke cigarettes every day.
Other Tobacco Use

Smokeless Tobacco

A total of 2.2% of Total Area adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Similar by service area.
- Within the Primary Service Area, similar by community.

Use of Smokeless Tobacco

Cigars

A total of 5.0% of Total Area adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Similar by service area.
- Within the Primary Service Area, no differences to report.

Use of Cigars

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 72]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.
ACCESS TO HEALTH SERVICES
A total of 55.3% of Total Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 25.2% report coverage through a government-sponsored program (e.g., MediCal, Medicaid, Medicare, military benefits).

Supplemental Coverage

Among Medicare recipients, the majority (59.6%) has additional, supplemental healthcare coverage.

- Lower than that reported among Medicare recipients nationwide.
Prescription Drug Coverage
Among insured adults, 95.1% report having prescription coverage as part of their insurance plan.

- Similar to the national prevalence.
- Statistically similar by service area.
- Within the Primary Service Area, statistically similar by community.

Insurance Covers At Least Partial Prescriptions
(Among Insured Respondents, 2011)

<table>
<thead>
<tr>
<th>Area</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>97.8%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>93.8%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>95.0%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>95.4%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>93.9%</td>
</tr>
<tr>
<td>Total Area</td>
<td>95.1%</td>
</tr>
<tr>
<td>United States</td>
<td>93.9%</td>
</tr>
</tbody>
</table>

Recent Lack of Coverage (Insurance Instability)
Among currently insured adults in the Total Area, 10.3% report that they were without healthcare coverage at some point in the past year.

- More than twice the US prevalence.
- Similar by service area.
- Within the Primary Service Area, lower (more favorable) in Apple Valley.

Went Without Coverage at Some Point in the Past Year
(Insured Adults, 2011)

<table>
<thead>
<tr>
<th>Area</th>
<th>Lack of Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>4.2%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>14.6%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>9.1%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>9.7%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>13.3%</td>
</tr>
<tr>
<td>Total Area</td>
<td>10.3%</td>
</tr>
<tr>
<td>United States</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 94]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with healthcare insurance coverage.
Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40.
- Lower-income residents.

Went Without Coverage at Some Point in the Past Year
(Insured Adults, 2011)

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Lack of Health Insurance Coverage

Among adults age 18 to 64, one-fifth (19.5%) reports having no insurance coverage for healthcare expenses.

- Nearly identical to the state figure.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Similar by service area.
- Within the Primary Service Area, similar by community.

Lack of Healthcare Insurance Coverage
(Among Total Area Adults Under 65, 2011)
The following population segments are more likely to be without healthcare insurance coverage:

- Young adults (18-39).
- Residents living at lower incomes (note the 34.1% uninsured prevalence among adults living below the 200% poverty threshold).
- Hispanics and residents of “Other” races.

### Lack of Healthcare Insurance Coverage
(Total Area Adults Under 65, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>17.3%</td>
<td>21.6%</td>
<td>24.7%</td>
<td>13.6%</td>
<td>34.1%</td>
<td>8.3%</td>
<td>12.4%</td>
<td>25.0%</td>
<td>23.4%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Insured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 0.0% (Universal Coverage)

As might be expected, uninsured adults in the Total Area are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

Further, those without healthcare coverage are twice as likely as the insured population to have used the ER for medical care more than once in the past year.

### Preventive Healthcare
(By Insured Status; Total Area, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Uninsured</th>
<th>Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP Test/Past 2 Yrs</td>
<td>84.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Cholesterol Test/Past 5 Yrs</td>
<td>97.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Specific Source/Ongoing Care</td>
<td>91.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Checkup/Past Yr</td>
<td>78.2%</td>
<td>71.1%</td>
</tr>
<tr>
<td>Dental Visit/Past Yr</td>
<td>45.7%</td>
<td>30.3%</td>
</tr>
<tr>
<td>Eye Exam/Past 2 Yrs</td>
<td>48.2%</td>
<td>40.5%</td>
</tr>
<tr>
<td>Access Difficulties/Past Yr</td>
<td>60.4%</td>
<td>47.0%</td>
</tr>
<tr>
<td>Used ER &gt;Once/Past Yr</td>
<td>21.6%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Difficulty Getting Care/Child</td>
<td>10.6%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Items 17, 20, 21, 23, 56, 59, 132, 200, 203]
Notes: ● Asked of all respondents.
Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

One-half (50.4%) of Total Area adults reports some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.
- Similar by service area.
- Within the Primary Service Area, higher in Apple Valley, lower (more favorable) in Victorville.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>62.2%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>51.7%</td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>38.4%</td>
</tr>
<tr>
<td>PSA Overall</td>
<td>48.9%</td>
</tr>
<tr>
<td>SSA Overall</td>
<td>56.5%</td>
</tr>
<tr>
<td>Total Area</td>
<td>50.4%</td>
</tr>
<tr>
<td>United States</td>
<td>37.3%</td>
</tr>
</tbody>
</table>

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 203]
● Professional Research Consultants. PRC National Health Survey. 2011.

Notes: ● Asked of all respondents.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Young adults.
- Lower-income residents.
- Residents of “Other” races.
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Total Area, 2011)

Barriers to Healthcare Access

Of the tested barriers, obtaining a medical appointment impacted the greatest share of Total Area adults (24.6% say that they experienced difficulty getting an appointment in the past year).

- The proportion of Total Area adults impacted was statistically less favorable than that found nationwide for each of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.
Prescriptions

Among all Total Area adults, 19.1% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Statistically similar to national findings.
- Similar by service area.
- Within the Primary Service Area, no differences to report.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

Adults more likely to have skipped or reduced their prescription doses include:

- Respondents with lower incomes.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(Total Area, 2010)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey [Item 13]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
A total of 6.5% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Much higher than what is reported nationwide.

### Had Trouble Obtaining Medical Care for Child in the Past Year
(Total Area Parents of Children <18, 2011)

- **Total Area**: 6.5%
- **United States**: 1.9%

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 132-133]
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents with children under 18 at home.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited inconvenient office hours.
Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

### Specific Source of Ongoing Care

A total of 72.7% of Total Area adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Similar by service area.
- Within the Primary Service Area, similar by community.
- Among adults age 18-64, 70.1% have a specific source for ongoing medical care, similar to national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 82.3% have a specific source for care, nearly identical to that reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

### Have a Specific Source of Ongoing Medical Care

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Targets = 89.4% or Higher (18-64), 100% (65+)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Area</strong></td>
<td>70.1%</td>
</tr>
<tr>
<td><strong>United States</strong></td>
<td>75.1%</td>
</tr>
<tr>
<td><strong>Total Area</strong></td>
<td>82.3%</td>
</tr>
<tr>
<td><strong>United States</strong></td>
<td>82.6%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey [items 201-202]
- Professional Research Consultants, PRC National Health Survey 2011

**Notes:**
- Asked of all respondents.
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40.
- Lower-income adults.

**Have a Specific Source of Ongoing Medical Care**  
(Total Area, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>69.7%</td>
</tr>
<tr>
<td>Women</td>
<td>75.6%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>74.6%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>82.3%</td>
</tr>
<tr>
<td>65+</td>
<td>77.6%</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>75.6%</td>
</tr>
<tr>
<td>200%+ FPL</td>
<td>68.6%</td>
</tr>
<tr>
<td>White</td>
<td>73.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>72.7%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td>69.7%</td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = Age 18-64: 89.4%/Higher; Age 65+: 100%

**Type of Place Used for Medical Care**

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (36.9%) identified a particular doctor’s office.

Another 32.4% say they usually go to some type of clinic, while 4.3% rely on a hospital emergency room.
Utilization of Primary Care Services

Adults

Two-thirds (67.6%) of adults visited a physician for a routine checkup in the past year.

- Nearly identical to national findings.
- Significantly less favorable in the Secondary Service Area.
- Within the Primary Service Area, higher in Apple Valley.

Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th>Area</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>76.0%</td>
<td>67.5%</td>
<td>70.5%</td>
<td>70.5%</td>
<td>70.9%</td>
<td>52.1%</td>
<td>67.6%</td>
<td>67.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>62.8%</td>
<td>72.2%</td>
<td>55.6%</td>
<td>73.0%</td>
<td>88.5%</td>
<td>60.4%</td>
<td>71.3%</td>
<td>69.0%</td>
<td>66.2%</td>
<td>68.4%</td>
<td>67.6%</td>
<td></td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>60.4%</td>
<td>71.3%</td>
<td>69.0%</td>
<td>66.2%</td>
<td>68.4%</td>
<td>67.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSA Overall</td>
<td>55.6%</td>
<td>73.0%</td>
<td>88.5%</td>
<td>60.4%</td>
<td>71.3%</td>
<td>69.0%</td>
<td>66.2%</td>
<td>68.4%</td>
<td>67.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSA Overall</td>
<td>44.4%</td>
<td>66.6%</td>
<td>88.9%</td>
<td>60.4%</td>
<td>71.3%</td>
<td>69.0%</td>
<td>66.2%</td>
<td>68.4%</td>
<td>67.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td>44.4%</td>
<td>66.6%</td>
<td>88.9%</td>
<td>60.4%</td>
<td>71.3%</td>
<td>69.0%</td>
<td>66.2%</td>
<td>68.4%</td>
<td>67.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>44.4%</td>
<td>66.6%</td>
<td>88.9%</td>
<td>60.4%</td>
<td>71.3%</td>
<td>69.0%</td>
<td>66.2%</td>
<td>68.4%</td>
<td>67.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 17]  
- Professional Research Consultants. PRC National Health Survey. 2011

Notes:  
- Asked of all respondents.

- Men are less likely than women to have a recent checkup.
- Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).
- Residents in the lower income breakout are less likely than those on higher incomes to report a recent checkup.
Among surveyed parents, 88.3% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- No statistical difference by child’s age.

**Child Has Visited a Physician for a Routine Checkup in the Past Year**
(Total Area Parents of Children <18, 2011)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Area S/Under</td>
<td>91.2%</td>
</tr>
<tr>
<td>Total Area Age 6 to 12</td>
<td>89.3%</td>
</tr>
<tr>
<td>Total Area Teens</td>
<td>83.4%</td>
</tr>
<tr>
<td>Total Area</td>
<td>88.3%</td>
</tr>
<tr>
<td>United States</td>
<td>87.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- Professional Research Consultants, Inc. PRC Community Health Survey. Item 134
- Professional Research Consultants. PRC National Health Survey. 2011.

**Notes:**
- Asked of all respondents with children under 18 at home.
Emergency Room Utilization

A total of 12.3% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Nearly twice the national findings.
- Statistically similar by service area.
- Within the Primary Service Area, no difference by community.

### Have Used a Hospital Emergency Room
 more than once in the past year

**Reason for recent ER use:**
- Life-Threatening: 67.6%
- After-Hours: 13.4%
- Barriers to Healthcare: 13.0%

Of those using a hospital ER, 67.6% say this was due to an **emergency or life-threatening situation**, while 13.4% indicated that the visit was during **after-hours or on the weekend**. Another 13.0% cited **difficulties accessing primary care** for various reasons.

Adults more likely to have used an ER for medical care more than once in the past year include young adults, those living on lower incomes, Hispanics, and residents of “Other” races.

### Have Used a Hospital Emergency Room
 more than once in the past year

**Source:**
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 23-24]
- Professional Research Consultants. PRC National Health Survey. 2011.
**Notes:**
- Asked of all respondents.

### Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 23]
- Professional Research Consultants. PRC National Health Survey. 2011.
**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.
Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person’s overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventative programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person’s use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation’s oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)
Dental Care

Adults

Just over 1 in 2 Total Area adults (54.9%) have visited a dentist or dental clinic (for any reason) in the past year.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar by service area.
- Within the Primary Service Area, similar by community.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49% or Higher

<table>
<thead>
<tr>
<th>PSA</th>
<th>Total Area</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley (PSA)</td>
<td>54.2%</td>
<td>79.3%</td>
<td>66.9%</td>
</tr>
<tr>
<td>Hesperia (PSA)</td>
<td>55.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victorville (PSA)</td>
<td>56.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSA Overall</td>
<td>55.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSA Overall</td>
<td>51.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td>54.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey [Item 21]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Centers for Disease Control and Prevention, 2008 California Data.

Notes:
- Asked of all respondents.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services (persons below 200% of poverty fail to satisfy the Healthy People 2020 objective).
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.
Children

A total of 77.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- As may be expected, regular dental care is notably lower among children under 6.
Dental Insurance

Over 6 in 10 Total Area adults (62.6%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- Similar by service area.
- Within the Primary Service Area, higher (more favorable) in Victorville.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 22]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:  
- Asked of all respondents.
A total of 46.2% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically lower than national findings.
- Similar by service area.
- Within the Primary Service Area, similar by community.

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated**

**Lower in women than in men.**

**Note the positive correlation between age and recent eye exams.**

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated**

(Total Area, 2011)
HEALTH EDUCATION & OUTREACH
Healthcare Information Sources

Family physicians and the Internet are residents’ primary sources of healthcare information.

- 46.3% of Total Area adults cited their **family physician** as their primary source of healthcare information (similar to national findings).

- The **Internet** received the second-highest response, with 24.9% (higher than found nationally.
  - Other sources mentioned include books and magazines (mentioned by 4.7%), friends and relatives (4.1%), hospital publications (4.1%), and insurance (3.2%).

- Just 2.6% of survey respondents say that they do not receive any healthcare information.

**Primary Source of Healthcare Information**

*Total Area, 2011*

<table>
<thead>
<tr>
<th>Source</th>
<th>Total Area</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Dr</td>
<td>46.3%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Internet</td>
<td>24.9%</td>
<td>18.5%</td>
</tr>
<tr>
<td>Other</td>
<td>10.1%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Newsp.</td>
<td>5.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Hosp. Pub.</td>
<td>4.1%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Insurance</td>
<td>3.3%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Friends/Relatives</td>
<td>7.0%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Books/Magazines</td>
<td>4.7%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Sources:  
- Professional Research Consultants, Inc. PRC Community Health Survey, 2011.  
- Asked of all respondents.

Notes:  
- Professional Research Consultants, Inc. PRC National Health Survey, 2011.
Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

– Healthy People 2020 (www.healthypeople.gov)

A total of 11.9% of Total Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Lower than the national prevalence.
- Significantly higher in the Primary Service Area than in the Secondary Service Area.
- Within the Primary Service Area, no difference by community.

Participated in a Health Promotion Activity in the Past Year

Note that 44.0% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by an employer (vs. 58.0% across the US).

Sources: 
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 126-127]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes: 
- Asked of all respondents.
The following chart outlines participation by various demographic characteristics.

\[ \text{No statistical difference by demographics.} \]

**Participated in a Health Promotion Activity in the Past Year**
(Total Area, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>&lt;200% FPL</th>
<th>200%+ FPL</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Insured</th>
<th>Uninsured</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.7%</td>
<td>11.2%</td>
<td>10.3%</td>
<td>11.2%</td>
<td>15.3%</td>
<td>9.0%</td>
<td>13.1%</td>
<td>11.7%</td>
<td>9.0%</td>
<td>14.0%</td>
<td>12.3%</td>
<td>10.0%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>
PERCEPTIONS OF HEALTHCARE
Ratings of Local Healthcare Services

A total of 4 in 10 Total Area adults (39.6%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Less favorable than found nationally.
- Another 34.3% gave “good” ratings.

However, 26.0% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.
- Similar by service area.
- Within the Primary Service Area, similar by community.

Perceive Local Healthcare Services as “Fair” or “Poor”
The following residents are more critical of local healthcare services:

- Young adults.
- Residents with lower incomes.

**Perceive Local Healthcare Services as “Fair” or “Poor”**
(Total Area, 2011)

![Bar chart showing the percentage of residents per demographic group who perceive local healthcare services as "Fair" or "Poor" in 2011.](chart)

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey (Item 6)

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size.