San Bernardino County
Community Vital Signs Initiative

SAN BERNARDINO COUNTY
COMMUNITY TRANSFORMATION PLAN
2024-2029

San Bernardino CountyWide VISION

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

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

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

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

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

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ACKNOWLEDGEMENTS

We would like to thank and acknowledge the individuals and cross-sector partners serving on the Steering Committee. The Steering Committee held monthly meetings throughout 2023 and provided resources and opportunities for several community engagements. We are appreciative of their leadership in working collectively in the development of the Community Transformation Plan.

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San Bernardino County
Community Vital Signs Initiative

PURPOSE

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

VISION

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

VALUES

Vital Signs is guided by the following values:

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

Cultural competency: Respecting and valuing diverse communities and perspectives

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

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

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

Collaboration: Shared ownership and responsibility

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

BACKGROUND

1: BACKGROUND

Community Vital Signs Initiative

In 2011, the San Bernardino County Departments of Public Health and Behavioral Health, and Arrowhead Regional Medical Center launched the Community Vital Signs (Vital Signs) initiative to implement the Wellness Element of the Countywide Vision. The initiative is a community-driven effort that established a framework to improve the health of the County by setting priorities for action, developing strategies, promoting evidence and data-driven decision-making, and agreeing upon measures for performance.

Vital Signs mobilizes community leaders, stakeholders, and residents in a community strategic planning process that identifies, aligns, and leverages resources, programs, and community efforts for addressing issues that impact the health of County residents. Community action is guided by a community health improvement plan known as the San Bernardino County Community Transformation Plan.

In 2015, Vital Signs released the preceding 2015-2020 San Bernardino County Community Transformation Plan, which called for cross-sector collaboration to create a vibrant, physically, and economically healthy county. In early 2020, the COVID-19 pandemic response included partial government and business shutdowns and the quarantining of communities around the world. In San Bernardino County, progress in implementing the Community Transformation Plan was impeded while partners dealt with the pandemic response.

In 2022, the San Bernardino County Department of Public Health (DPH) engaged Health Management Associates, Inc. (HMA), a public health research and consulting firm, to provide support in updating the San Bernardino County Community Health Assessment (CHA) and the 2015-2020 Community Transformation Plan. Updating the CHA and Community Transformation Plan was important for several reasons. It provided an opportunity to assess the health status of County residents in the wake of the pandemic, to assess the most recent data available, and to utilize that assessment to address the most pressing health priorities impacting the County.

San Bernardino County

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

53.8% of the population identified as Hispanic or Latino in 2020, making it California's second most populous population in San Bernardino County and the country's second most populous. 56.6% of the population identified as White, non-Hispanic, followed by 7.3% Asian and 8.1% Black or African American.

Community Health Assessment (CHA)

Many different factors determine a community's health. The purpose of the CHA is to elevate the health needs and experiences of communities in San Bernardino County through systematic, comprehensive data collection, analysis, and reporting. The CHA answers the following questions:

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

Vital Signs conducted a Community Health Status Assessment (CHSA) Data Report in 2020. The CHSA report highlights health trends in San Bernardino County between 2015 and 2019 and displays various health and social data indicators. Upon review, it became clear that COVID-19 and the national move to address racial injustice required additional data analysis to understand how racism and the pandemic impacted the health and well-being of the residents within the county.

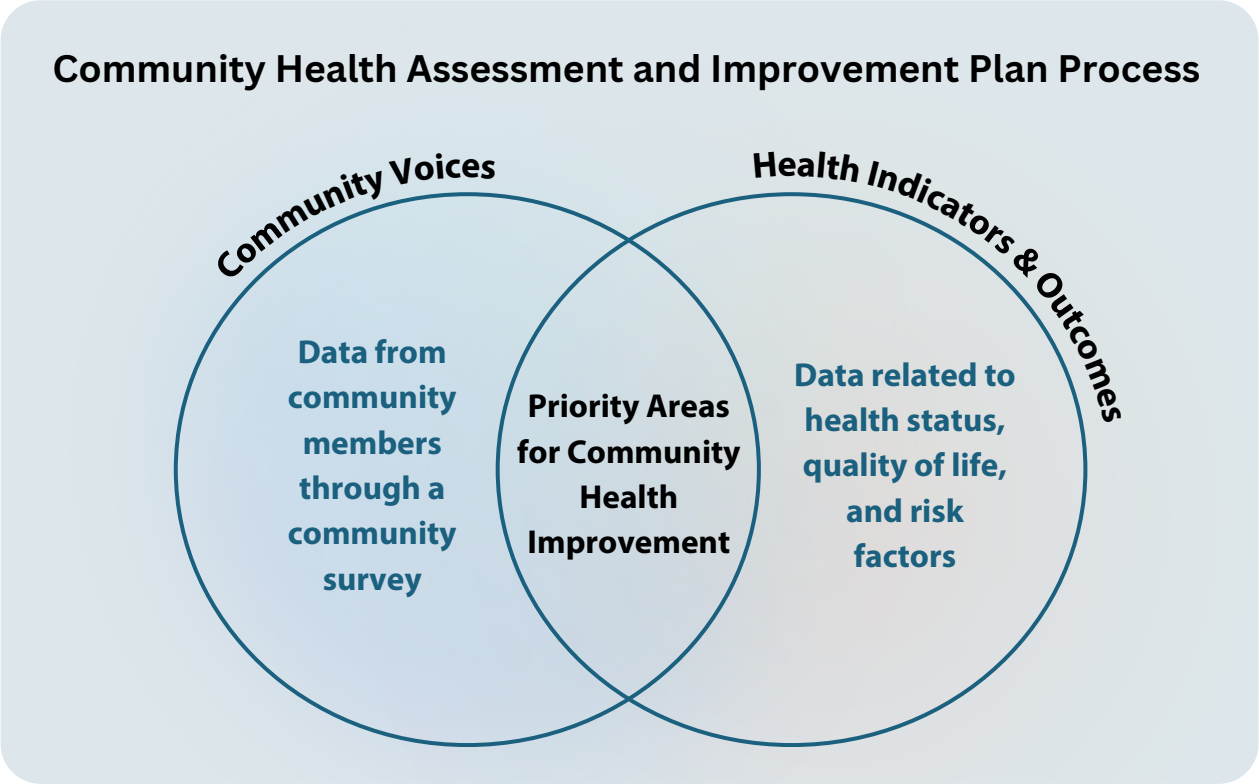
To that end, Vital Signs gathered insights from community partners, health and social service providers, faith and business leaders, community-based organizations (CBOs) and community members. This process did not rely on any single source of information but considered multiple data sources in the analysis before arriving at findings. The CHA process occurred between 2022-2023 and includes data collected through the following methods:

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

Data Informing the Community Transformation Plan

The details of the CHA process and data analysis can be found in the full report and the associated data is available as a resource to the broader community at communityvitalsigns.org.

Findings from the data collection and analysis informed development of the Community Transformation Plan and will continue to guide its implementation ensuring resources are focused on the most pressing community health needs.



Recognizing that many factors drive health outcomes, the CHA also examined how the Social Determinants of Health (SDoH), racism, and discrimination impact community health. SDoH are the conditions occurring in the environments in which people are born, live, learn, play and work that affect their health and well-being.

Social Determinants of Health and Basic Needs

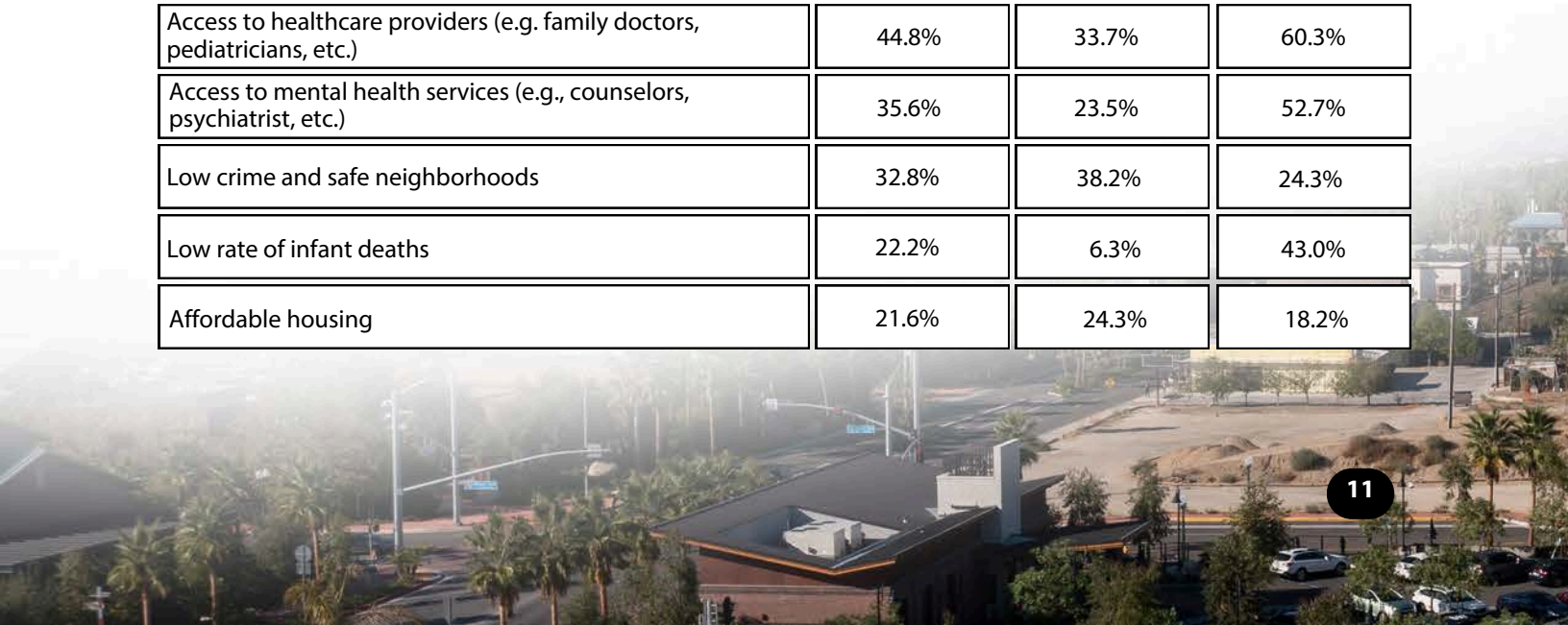
Basic needs and SDoH are closely related. People with access to basic needs are more likely to be in good health. For example, people with access to nutritious food and safe housing are less likely to experience chronic health conditions such as heart disease and diabetes. Basic needs include food and water, shelter with functioning utilities and sanitation, clothing, and transportation. Other needs like access to healthcare, education, employment, safety, and community are also considered basic needs. The specific list of basic needs may vary depending on the individual, the context, and the culture. However, these needs are not always met for everyone, and/or the quality of what is accessible is inadequate.

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

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

The answers to the above three questions were categorized by All Respondents, respondents who identified as a Person of Color, and respondents who did NOT identify as a Person of Color. The following three tables outline the top five items or issues identified by the community.

Top 5 things most important to improve YOUR health and well-being where you live:	All respondents	NOT a person of color	Person of color
Access to healthcare providers (e.g. family doctors, pediatricians, etc.)	44.8%	33.7%	60.3%
Access to mental health services (e.g., counselors, psychiatrist, etc.)	35.6%	23.5%	52.7%
Low crime and safe neighborhoods	32.8%	38.2%	24.3%
Low rate of infant deaths	22.2%	6.3%	43.0%
Affordable housing	21.6%	24.3%	18.2%



Top 5 things that are the most damaging to the health of the PEOPLE in your community:	All respondents	NOT a person of color	Person of color
Bullying or cyberbullying	31.5%	18.2%	48.7%
Lack of exercise	29.5%	13.4%	48.4%
Unfair treatment because of gender or gender identity	25.7%	10.8%	44.6%
Poor eating habits (i.e. regularly eating fast food, not eating fresh fruit or vegetables etc.)	20.1%	23.5%	15.2%
Alcohol misuse or abuse	19.8%	22.3%	16.7%

Top 5 things that are the most damaging to the health of your COMMUNITY:	All respondents	NOT a person of color	Person of color
Chronic health conditions like diabetes, heart disease, and high blood pressure	31.6%	16.5%	51.0%
Car accidents related to driver behaviors (texting, aggressive, distracted, or impaired driving).	32.4%	16.2%	49.3%
Rape and sexual assault	29.0%	13.3%	48.3%
Community violence (i.e., gang violence, homicide)	25.0%	28.8%	19.1%
Homelessness	18.8%	21.7%	14.4%

Community Connectedness

Community health requires understanding how people's relationships and interactions with family, friends, co-workers, and community members impact their health and well-being. The CTSA demonstrates that many people face challenges and dangers they cannot control, such as unsafe neighborhoods, discrimination, or difficulty affording basic needs. This can harm their health and safety throughout life. Therefore, it is important to create environments that support positive relationships at home, work, and community, which can help reduce these negative impacts. Some groups of populations, such as children whose parents are incarcerated, and adolescents who are bullied, often do not receive needed support from the systems with which they engage. Social and community support, and interventions are critical for improving health and well-being.

The relationship between community connectedness and health outcomes can be complex, and individual experiences can vary. Nonetheless, fostering social connections and supportive relationships can contribute positively to mental and physical health, especially in the face of challenges of racism and discrimination.

Racism and Discrimination

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

Historical undervaluing and minimizing the lived experiences of people contribute to ongoing health disparities. The CHA sought to understand communities' experiences with racism and discrimination. This provided context to the secondary data that the system relies on to measure and count health outcomes and the factors that influence them. The CTSA survey included a component of questions created by Dr. David R. Williams, Professor of Public Health at Harvard T.H. Chan School of Public Health, on the community's experience with racism and discrimination.

To ensure survey respondents were comfortable answering the racism and discrimination questions, the CTSA was divided into two parts. The first part of the survey included questions normally asked to understand respondents' views about the health of their community and experiences impacting their quality of life. The second part of the survey, which was optional, included questions about respondents' experiences with racism and discrimination.

It is important to acknowledge that collecting this data is not an end and that it is a vital tool for developing a plan for achieving health equity.

Health Priorities

As a result of the 2023 community health assessment process, three health priorities were identified: 1) Behavioral Health; 2) Injury and Violence Prevention; and 3) Chronic Disease. These three health priorities frame the goals Vital Signs will collectively work to improve over the next five years.

HEALTH PRIORITY: BEHAVIORAL HEALTH

Behavioral health generally refers to the promotion of mental well-being and the prevention and treatment of mental health and substance use conditions. Like physical health, behavioral health can fall anywhere on the spectrum from illness to wellness and can vary over the course of a lifetime. Common problems include anxiety, depression, substance use disorder, attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, and schizophrenia.

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

Key findings from the CHA included:

- Drug overdose deaths are a leading contributor to premature death and are largely preventable.
- San Bernardino County, the State and the U.S. are experiencing an epidemic of drug overdose deaths. Since 2018, the County rate of drug overdose deaths has increased from 9.4% to 30.2% in 2022.
- Opioids contribute largely to drug overdose deaths. Since 2000, there has been a 200.0% increase in deaths involving opioids (opioid pain relievers, fentanyl, and heroin). San Bernardino County experienced 354 opioid-related overdose deaths in 2021, the most recent full year of data available. The age-adjusted overdose mortality rate for 2021 was 16.1 per 100,000 residents, an increase of 165.0% from 2019.
- Frequent mental distress is a related measure to poor mental health days. This indicator spotlights those who are experiencing more chronic, and likely severe, mental health issues. The percentage of adults in San Bernardino County (18+ years) with poor self-reported mental health in the past year was 16.1% in 2021, a significant increase from 12.1% in 2017.
- The percentage of people reporting suicidal thoughts in San Bernardino County significantly increased by 56.0% between 2016 to 2021.
- 21.0% of CTSA Survey respondents reported having never seen a mental health professional and 11.0% reported difficulty remembering the last time they saw a mental health professional.
- 35.6% of all CTSA Survey respondents and 52.7% of respondents who identify as a person of color indicated that access to mental health services is one the most important components of improving their health and well-being.

HEALTH PRIORITY: INJURY AND VIOLENCE PREVENTION

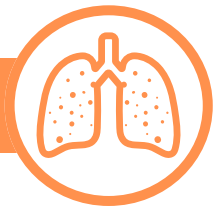
The 2019 cost of injury in the U.S. was $4.2 trillion, according to the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report. The costs include spending on health care, lost work productivity, as well as estimates of cost for lost quality of life and lives lost.

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

Key findings from the CHA included:

- The injury death rate in San Bernardino County increased from 46.1 per 100,000 in 2016 to 75.4 in 2021 (1,659 deaths). The increase was driven in part by unintentional injuries, which increased 99.2% between 2016 and 2021, from 27.5 per 100,000 to 54.8 per 100,000 (1,205 deaths).
- Among injuries resulting in hospitalizations, the leading cause of injury was unintentional injuries (85.0% in 2021), followed by self-harm (7.0% in 2021) and assault (5.0% in 2021). The rate of injury resulting in hospitalization increased in San Bernardino County from 2016 to 2021 by 9.0% (12,201 and 13,313, respectively). Child/Adult abuse was the most prominent assault related injury (32.0% of assault-related injuries).
- Unintentional injury was also the main driver of emergency department (ED) visits in San Bernardino County (89.7%). However, assault was the second leading reason for ED visits, followed by self-harm related injuries (5.3% and 1.3%, respectively).
- 29.0% of all CTSA Survey respondents and 48.3% of respondents who identify as a person of color indicated that rape and sexual assault are among the most damaging to the health of their community.
- 32.4% of all CTSA Survey respondents and 49.3% of respondents who identify as a person of color indicated that car accidents related to driver behaviors (texting, aggressive, distracted, or impaired driving) are among the most damaging to the health of their community.

HEALTH PRIORITY: CHRONIC DISEASE



Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. In California, the leading cause of death in 2021 according to the National Vital Statistics System (NVSS), was heart disease. In San Bernardino County, high cholesterol was the most prevalent chronic disease among adults in 2021 and the prevalence of high cholesterol significantly increased between 2017 and 2021.

Key findings from the CHA included:

Among 58 counties in California, San Bernardino County ranks[1]:

- 48th for chronic respiratory disease
- 47th for coronary heart disease
- 42nd for all types of cancer
- Obesity in adults continues to increase in San Bernardino County and is consistently higher than obesity rates in California. 38.1% of San Bernardino County adult residents were obese in 2021, an increase from 30.6% in 2017 and significantly higher than 28.7% of adults living elsewhere in the State.
- Self-reported overall health has been shown to be powerful at predicting mortality. 20.9% of adults in San Bernardino County self-reported poor or fair health in 2021 compared to adults living elsewhere in California at 18.0%.
- High cholesterol was the most prevalent chronic disease among adults in 2021, at 32.6% of adults, followed by high blood pressure (30.2% of adults). The prevalence of high cholesterol has significantly increased from 27.7% in 2017 to 32.6% in 2021 in San Bernardino County.

[1] Higher numbers mean poorer results than counties with lower rankings.

Community Strengths, Assets, and Resources

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

Quality of Life

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

Quality of life includes factors that support aging and raising children. When asked about these and other factors respondents indicated:

Quality of life	Agree	Neutral	Disagree
My neighborhood is a good place to raise children.	40.0%	48.0%	12.0%
My neighborhood is a good place to grow old.	37.0%	48.0%	15.0%
My neighborhood is a safe place to live.	59.0%	29.0%	12.0%

Access and Opportunity

Health and social services are essential for ensuring that everyone can live a healthy and fulfilling life. Without access to services, many people are unable to meet their basic needs and may be at risk of poor health and social isolation.

Slightly more than half of survey respondents feel they have access to the services they need. However, only 35.0% of respondents feel there is adequate economic opportunity for them and their families.

Access to Resources & Opportunity	Agree	Neutral	Disagree
There is a broad variety of affordable healthcare services.	50.0%	32.0%	18.0%
There is a sufficient amount of social services to meet the needs of our residents.	49.0%	32.0%	19.0%
There is economic opportunity for me (and my family).	35.0%	49.0%	16.0%
I am satisfied with the healthcare available to me (and my family).	59.0%	29.0%	12.0%

Connectedness

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

Community connectedness can be measured by asking people about their sense of belonging and trust in their neighbors and other members of their community, whether they feel they can rely on others in their community for help and support, and if they are involved in their community through volunteerism, civic organizations, or other activities. More than half of survey respondents indicated feeling connected to their community, an asset that can be fostered to create stronger and healthier communities for everyone.

Connectedness	Agree	Neutral	Disagree
Every person and group have the opportunity to contribute to improving the quality of life in my neighborhood.	61.0%	30.0%	9.0%
All residents in my neighborhood feel that they can make the neighborhood a better place to live.	54.0%	34.0%	12.0%
Trust and respect are increasing in my neighborhood and we come together to achieve shared community goals.	50.0%	33.0%	17.0%
There is an active sense of civic responsibility and engagement, and civic pride in the community.	52.0%	31.0%	17.0%
There are networks of support for me and my family during times of stress and need.	57.0%	31.0%	12.0%

Community Resources

Community assets and resources can be used to improve the health of the community. Examples include but are not limited to, community partners, community and faith-based organizations, hospitals, and healthcare systems. These assets and resources will help the community address and prioritize areas for health improvement.

A list of community resources that can be utilized to address the health improvement priorities is available in Appendix A.

2

PLANNING FOR A VIBRANT, PHYSICALLY AND ECONOMICALLY HEALTHY COUNTY

2: PLANNING FOR A VIBRANT, PHYSICALLY AND ECONOMICALLY HEALTHY COUNTY

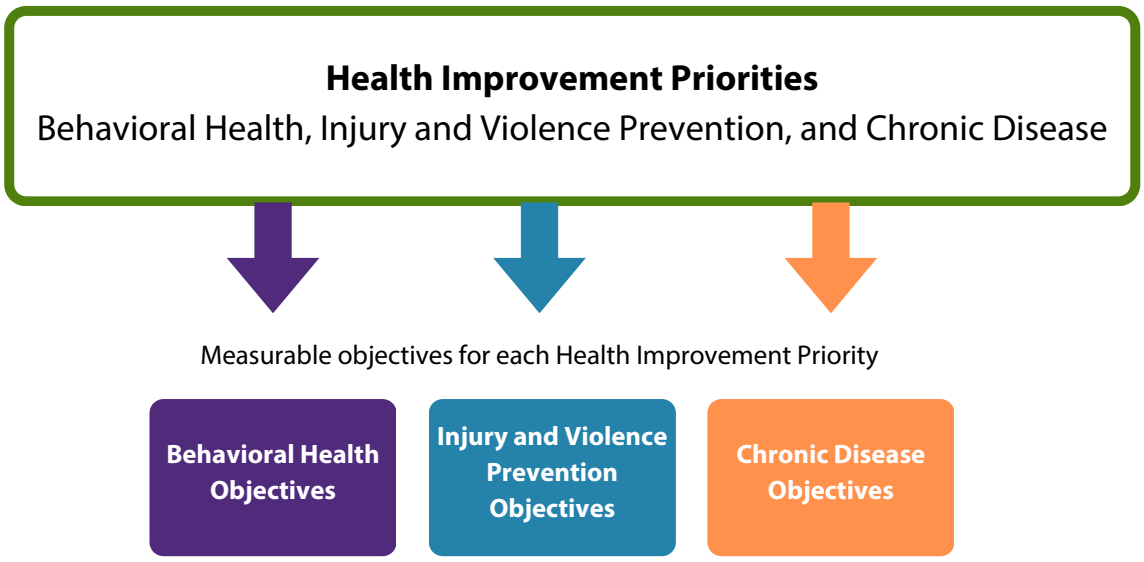
The Community Transformation Plan Framework

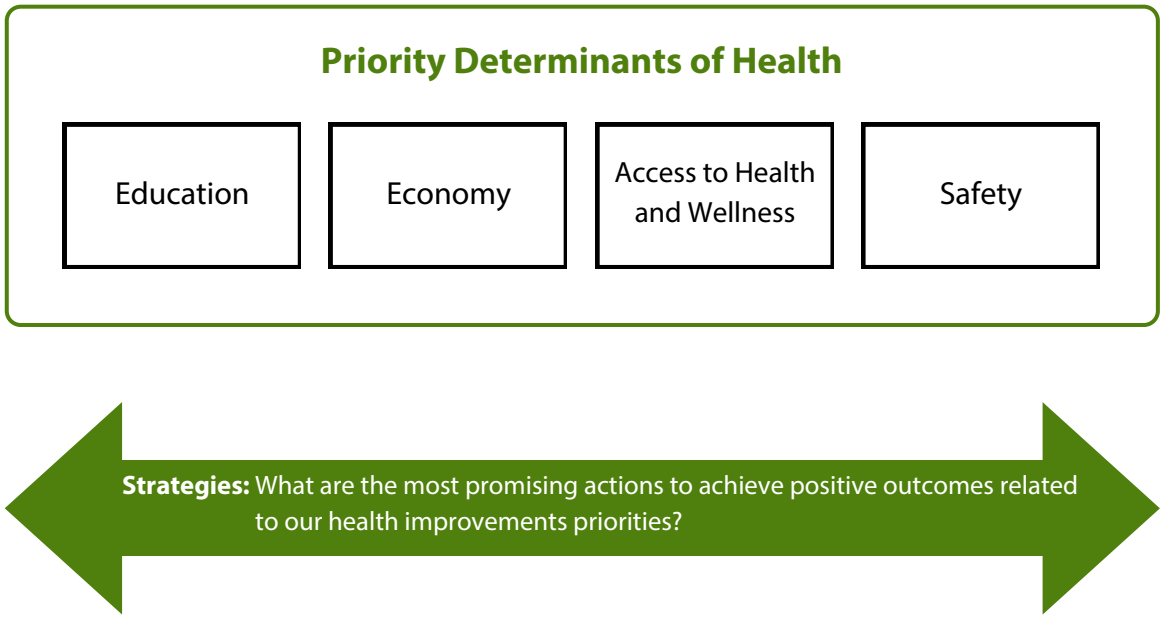
The Community Transformation Plan provides partners and stakeholders with a five-year roadmap for addressing San Bernardino County's most pressing health priorities identified in the CHA. This roadmap provides direction on the development of actions, the use of resources, and the advancement of policies and programs.

This plan builds upon the work, progress, and lessons learned from previous plans while reflecting on and considering how population health has changed over the last five years. It is organized into the three health improvement priorities identified in the CHA: Behavioral Health, Injury and Violence Prevention, and Chronic Disease.

To effectively conduct prevention activities that improve population health, it is necessary to identify and understand the factors or determinants that influence poor health outcomes in a community. The Community Transformation Plan's strategies are organized into four determinants of health identified by the community in 2015:

- Education
- Economy
- Access to Health and Wellness
- Safety





Community Engagement in Planning

Community members from across San Bernardino County came together at a Community Action Planning meeting hosted by Vital Signs on August 1, 2023, to discuss the health issues they indicated were most important in the CHA process. Subject matter experts on the health priorities shared information and data relevant to the community. Participants engaged in an interactive process to identify solutions they wanted to prioritize to improve the health of individuals, families and communities in San Bernardino County.

As a result of this community meeting, participants:

- Learned about the important issues residents prioritized in the CTSA survey.
- Learned about the four social determinants that drive poor health outcomes and are connected to the three identified health priorities.
- Participated in a community discussion to explore and share solutions for addressing the three identified health priorities.
- Voted to select community action strategies.

The Role of Public Health in Community Health

Public health is a science and evidence-based field that strives to protect and improve the health of people and their communities. Historically, public health focused on controlling the spread of diseases, improving the safety of air and water, promoting sanitation through proper sewage disposal, promoting hygienic practices such as handwashing, and eliminating diseases through immunizations. Over time, public health has expanded to include strategies to address issues such as, injuries, violence, and chronic diseases.

Time has shown that it is important for public health agencies to identify, understand and address the social determinants of health.

Risk and Protective Factors

Risk factors are characteristics at the individual, interpersonal, community and societal levels that are associated with a higher likelihood of negative health outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce the negative impact of a risk factor.

Shared Risk & Protective Factors Approach

The complexity of improving health for a population calls for strategies that improve multiple health outcomes. For example, focusing on built environment strategies like the walkability of a community or increasing public transportation options can impact motor vehicle crashes, older adult falls, community violence, obesity, and improve access to health and social care. A strategy that addresses both risk and protective factors can also address a health outcome such as bullying and a quality-of-life outcome such as educational achievement at the same time. This approach can positively impact the social determinants of health by intervening in damaging cycles (e.g., poverty, economic inequality, structural racism, historical trauma) and reinforcing beneficial cycles (e.g., equitable access to quality education, de-stigmatized mental healthcare, community culture, resilience, and engagement).

Many of the strategies identified by San Bernardino County community members impact risk and protective factors shared across the three health priorities: Behavioral Health, Injury and Violence Prevention, and Chronic Disease. As such, the Community Transformation Plan has nine cross-cutting strategies and six additional strategies specific to each of the three health priorities.

To implement this approach, organizations may choose to formally share their resources or leverage funding streams across multiple departments and divisions. Addressing shared risk and protective factors as a public health approach provides opportunities to build new partnerships, diversify funding and expand the effectiveness of public health strategies and issues.

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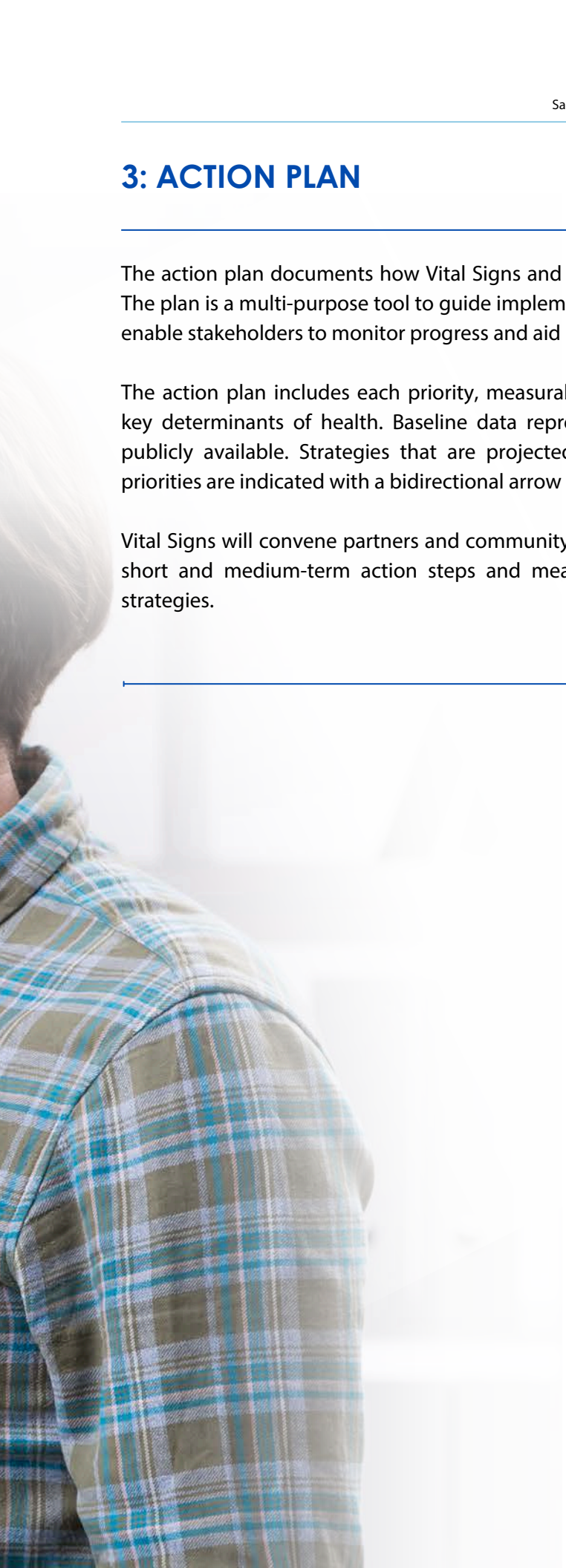
ACTION PLAN 3

3: ACTION PLAN

The action plan documents how Vital Signs and community partners will address the three priority areas. The plan is a multi-purpose tool to guide implementation, support communication and accountability, and enable stakeholders to monitor progress and aid in evaluation.

The action plan includes each priority, measurable objectives and improvement strategies organized by key determinants of health. Baseline data represents the most recent year in which complete data is publicly available. Strategies that are projected to have an impact on all three health improvement priorities are indicated with a bidirectional arrow icon below.

Vital Signs will convene partners and community members to create a detailed implementation plan with short and medium-term action steps and measures to address the three health priorities goals and strategies.



Behavioral Health[2]

Goal: Improve mental health and decrease substance misuse in San Bernardino County.

Objective 1: By June 30, 2029, show a decrease in the average number of mentally unhealthy days in the past 30 days reported by adults in San Bernardino County.

Indicator: Average number of mentally unhealthy days in the past 30 days as reported by County Health Rankings & Roadmaps (CHR&R)
Baseline (2023): 4.6 mentally unhealthy days in the past 30 days
Target (2029): 4.2 mentally unhealthy days in the past 30 days

Objective 2: By June 30, 2029, reduce the percentage of San Bernardino County Black, Hispanic or Latino, Indigenous, Native Hawaiian and Pacific Islander, Asian, and other people of color residents who report feeling depressed most or all of the time in the past 30 days.

Indicator: Percentage of adult residents who report feeling depressed most or all of the time in the past 30 days as reported by the California Health Interview Survey (CHIS)
Baseline (2021): 58.9% Hispanic or Latino residents (see note below), 31.4% total residents
Target (2029): 49.4% Hispanic or Latino residents

Note: The Community Transformation Plan emphasizes the importance of achieving equitable health outcomes. Demographics other than Hispanic or Latino were not included because either there was not a significant variance between the percent who reported feeling depressed and the distribution in the County, or because the number of respondents in the CHIS data was too small to be quantified. **Vital Signs will prioritize collection of data and establish separate baselines and targets for Black, Indigenous, Native Hawaiian and Pacific Islander, Asian, and other people of color for this indicator during the first year of implementation.**

[2]The simple exponential smoothing (SES) forecasting method was used to develop the improvement target for each objective.

Objective 3: By June 30, 2029, reduce the percentage of San Bernardino County 18 to 25-year-old residents who report feeling depressed most or all of the time in the past 30 days.

Indicator: Percentage of 18 to 25-year-old residents who report feeling depressed most or all of the time during the past 30 days (CHIS)
Baseline (2021): 30.9%
Target (2029): 16.8%

Objective 4: By June 30, 2029, show a decrease in the percentage of adults in San Bernardino County who indicated they excessively drank and/or indicated using heroin, methamphetamine or prescription drugs in the past year.

Indicator: Percentage of adults reporting excessive drinking in the past year (CHR&R)
Baseline (2023): 19.3%
Target (2029): 19.0%

Indicator: Percentage of adults reporting use of heroin and methamphetamines or misuse of prescription drugs in the last year (CHIS)
Baseline (2021): 3.7%
Target (2029): ≤3.7% (trend forecasted to grow so decrease or no change)

Objective 5: By June 30, 2029, show a decrease in the rate of opioid-related overdose deaths in San Bernardino County.

Indicator: Average age-adjusted opioid death rates by County zip code (California Epi Center)
Baseline (2021): 16.1 per 100,000 residents
Target (2029): 15.3 per 100,000 residents

Note: Other demographics were not included because either there was not a significant variance between the percent who reported feeling depressed and the distribution in the County or because the number of respondents in the CHIS data was too small to be quantified in a meaningful way.

Strategies

Education

Utilize school-based health or wellness centers (mobile or physical clinics) as an access point for increasing access to mental health and substance use screening, treatment and referral services and oral health screenings.

Access to Health and Wellness

Expand efforts to address substance use disorders and opioid use disorders in the County by increasing access to Medication-Assisted Treatment (MAT) and harm reduction tactics in San Bernardino County.

Increase coordination of behavioral health and primary care.

Partner with institutions of higher learning, K-12 schools, and employers in San Bernardino County to develop a more equitable and responsive health workforce, including the behavioral health workforce.

Ensure a strong start for children through early childhood home visitation, high quality childcare and family engagement.

Safety

Explore options for non-law enforcement, community-based responses to the behavioral health crisis in San Bernardino County.

This symbol represents a strategy that is relevant across all three health priorities.

This symbol represents a strategy that is specific to a priority area.

Injury and Violence Prevention

Goal: Decrease incidences of violence in San Bernardino County.

Objective 1: By June 30, 2029, show a decrease in firearm related injuries resulting in hospitalization and death in San Bernardino County.

Indicator: Firearm related injuries resulting in death (California Epi Center)
Baseline (2023): 14.8 per 100
Target (2029): 14.1 per 100

Indicator: Firearm related injuries resulting in emergency departments visits (California Epi Center)
Baseline (2021): 4.3 per 1,000
Target (2029): 4.1 per 1,000

Objective 2: By June 30, 2029, show a decrease in the report of assault in San Bernardino County.

Indicator: Emergency department crude incident rate per 100,000 for assault (California Epi Center)
Baseline (2021): 5,295 per 100,000
Target (2029): 5,030 per 100,000

Indicator: Hospitalization crude incident rate per 100,000 for assault (California Epi Center)
Baseline (2021): 4,800 per 100,000
Target (2029): 4,560 per 100,000

Strategies

Education

Support schools in San Bernardino County to identify and implement evidence based, trauma informed, restorative practices.

Support programs to prevent sexual and dating violence, e.g., teaching teens and young adults about healthy relationships, sex education.

Safety

Promote education and awareness campaigns for safe firearms storage practices in San Bernardino County (i.e., Counseling on Access to Lethal Means (CALM), distribution of gun safes, trigger locks).

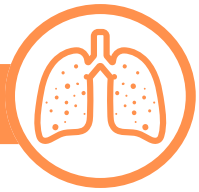
Expand and promote the Safe Routes to School program to ensure students have a safe environment to and from school.

This symbol represents a strategy that is relevant across all three health priorities.

This symbol represents a strategy that is specific to a priority area.

Chronic Disease

Goal: Decrease morbidity and mortality rates for chronic diseases in San Bernardino County.



Objective 1: By June 30, 2029, show an increase in the percentage of San Bernardino County residents who reported regularly accessing preventive healthcare services.

Indicator: Percent of residents who indicate not having visited a doctor in the past 12 months (CHIS)
Baseline (2021): 24.1%
Target (2029): 22.9%

Objective 2: By June 30, 2029, reduce the disparity between the percentage of San Bernardino County Black, Hispanic or Latino, Indigenous, Native Hawaiian and Pacific Islander, Asian, and other people of color and total number of residents accessing preventive healthcare services.

Indicator: Percent of Black, Hispanic or Latino, Indigenous, Native Hawaiian and Pacific Islander, Asian, and other residents of color who indicate not having visited a doctor in the past 12 months. (CHIS)
Baseline (2021): 56.3% Hispanic or Latino residents (see note below), 25.8% total residents
Target (2029): 53.5% Hispanic or Latino residents

Objective 3: By June 30, 2029, reduce the percentage of male San Bernardino County residents who report not accessing preventive healthcare services.

Indicator: Percent of male residents who indicate not having visited a doctor in the past 12 months (CHIS)
Baseline (2021): 54.7%
Target (2029): 52.0%

Note: The Community Transformation Plan emphasizes the importance of achieving equitable health outcomes. Demographics other than Hispanic or Latino were not included because either there was not a significant variance between the percent who reported feeling depressed and the distribution in the County, or because the number of respondents in the CHIS data was too small to be quantified. **Vital Signs will prioritize collection of data and establish separate baselines and targets for Black, Indigenous, Native Hawaiian and Pacific Islander, Asian, and other people of color for this indicator during the first year of implementation.**

Strategies

Education

Identify and implement healthy eating and physical activities policies in San Bernardino County schools.

Economy

Improve planning and zoning policies that support healthy built environments and reduce adverse impacts on community health.

Access to Health and Wellness

Work with providers to expand and promote evening and weekend access to in-person and telehealth services.

Increase access to health care coverage, particularly for historically marginalized communities.

Expand use of community health workers to inform and empower residents in their own communities to access care, navigate the health system and know who to talk to.

This symbol represents a strategy that is relevant across all three health priorities.

This symbol represents a strategy that is specific to a priority area.

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NEXT STEPS 4

4: NEXT STEPS

The work to transform San Bernardino County is not complete with the release of the Community Transformation Plan. The work of Vital Signs members, its partner organizations, and others is ongoing to address the goals and strategies in this plan. The following steps will help ensure the success and sustainability of this plan.

Move to Action

- Develop action plans aimed at achieving the objectives and addressing the strategies outlined in the Community Transformation Plan. Vital Signs will collaborate and engage the community in the Phase 6: Action Cycle of the MAPP[3] process which began in November 2023.
- Vital Signs will lead collective efforts in the development of the Priority Area Action Plans through the establishment of three health improvement priority area workgroups.
- Over the next five years, the Vital Signs Implementation Committee will collaborate with the community to accomplish the goals and objectives of the Community Transformation Plan.

Track Progress

- Through the duration of this Community Transformation Plan, Vital Signs will be responsible for ongoing monitoring and evaluation of the effectiveness and the progress made toward community health improvement through the Community Transformation Plan's strategies.
- Evaluation and monitoring will include:
  - Quarterly progress narratives reported by the Vital Signs Implementation Committee detailing activities and progress made towards implementing the strategies.
  - Yearly workplan revisions, if needed, based on the progress made yearly towards implementation.
  - An annual report that shares progress updates with the community.

[3] Vital Signs uses the Mobilizing for Action through Planning and Partnership (MAPP) framework developed by the National Association of County and City Health Officials (NACCHO) to gather insights from community partners, health and social service providers, faith and business leaders, community-based organizations, and community members. For more information about MAPP, visit NACCHO.

Implementation

Utilizing a Collective Impact[4] approach, San Bernardino County partners will implement the strategies outlined in the Community Transformation Plan. Collective Impact is based on the understanding that no single policy, government entity, or organization can tackle or solve deeply entrenched social problems alone. Moving beyond a partnership or collaboration, Collective Impact calls for a longstanding commitment between multiple sectors and organizations all working towards a common goal.

The Five Core Components of Collective Impact

Common Agenda

A common agenda is a shared vision for change that is shared across all participants in the initiative and a shared approach to solving a problem.

Backbone Support

Successful initiatives require the support of an organization to serve as a backbone for the work. This includes funded staff and infrastructure dedicated to the initiative. A backbone organization guides the initiative's vision and strategy, promotes mutually reinforcing activities, supports the establishment and tracking of shared measures, builds public will, advances policy, and mobilizes resources. The San Bernardino County Public Health Department provides support for implementation of the Community Transformation Plan as the backbone organization.

Mutually Reinforcing Activities

One of the distinguishing features of a Collective Impact approach is that partners intentionally align existing resources and efforts in their part of the system towards achieving a common agenda and shared measures. Partners identify a collective action plan that lays out strategies and actions and hold each other accountable for the achievement of these activities. The focus of this component is to align activities with other organizations, reduce duplication, and leverage resources.

The Community Vital Signs Steering Committee and Implementation Committee will focus on the three Health Priorities and measurable objectives identified in the Community Transformation Plan. This will be accomplished by implementing strategies that are rooted in the four social determinants of health: Education, Economy, Access to Health and Wellness, and Safety.

[4] ssir.org/articles/entry/collective_impact#

Shared Measurement

All partners in the initiative agree on the ways in which success will be measured and reported. Partners have a shared understanding and agreement about the collection, storing, analysis and reporting of data. The data is used not only to show what has been successful, but also to inform continuous performance improvement across the initiative.

Continuous Communication

With Collective Impact, all partners engage in frequent and structured open communication to build and maintain trust. This component requires that structures and processes are in place to inform, engage and seek feedback from internal partners about the mutually reinforcing activities, and to inform and mobilize the community to implement the Community Transformation Plan.

Governance for the Community Transformation Plan

The Vital Signs Steering Committee will champion the strategies outlined in this plan and steer the work of the Implementation Committee. The Implementation Committee comprises stakeholders, organizations, and community members who have knowledge and experience with the health improvement priorities. Committee members will work together to implement mutually reinforcing activities and track progress outlined in an annual implementation work plan.

CONCLUSION 5

Part 5: Conclusion

This 2024-2029 Community Transformation Plan is the culmination of much work, commitment and engagement from DPH, Vital Signs, the Vital Signs Steering Committee, and community members who offered their time, experience and opinions during data gathering and community planning discussions. While there is much work to do, there are many strengths and assets upon which to build momentum for the strategies presented in this plan. Among these assets are the pride that citizens feel for their communities, and the passion that partners in this work feel for advancing health and wellness in San Bernardino County.

APPENDIX A

APPENDIX A

Community Resources

Behavioral and Mental Health Resources

Community Hospital of San Bernardino. (909) 887-6333 Ext. 3800. Serves residents of San Bernardino County. Provides acute, short-term inpatient psychiatric care to patients 18 years and older. Also treats moderate medical problems; offers outpatient program; involuntary treatment available when unable to consent.

Canyon Ridge Hospital. Free 24-hour assessment or referral specializing in mental health, substance abuse, in-patient, outpatient, day treatment, and free community services. Treats adolescents and adults.

Inland Valley Recovery Services (IVRS). Offers an array of substance abuse services including detoxification, residential and outpatient treatment, aftercare, education, individual and group counseling, along with primary and secondary prevention services.

San Bernardino County Behavioral Health, Out-patient Services. Outpatient services includes crisis intervention, assessment and referral, individual/group therapy, medication support and case management. Outpatient clinics serve children, youth, adults and older adults. Call (888) 743-1743 for more information.

Family Service Agency of San Bernardino. Outpatient mental health, information and referral, counseling and mental health treatment for child sexual abuse, domestic violence intervention counseling, dysfunctional families, parenting classes, anger diversion classes, high-risk youth programs, S.N.A.A.P. (Narcotics/alcohol abuse program for teens).

NAMI. - National Alliance on Mental Illness. NAMI advocates for access to services, treatment, support and research and is steadfast in its commitment to raise awareness and build a community of hope for all those in need.

988 Suicide & Crisis Lifeline. The 988 Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources, and best practices for professionals.

SAC Health. Sliding fee or no-cost health care. Behavioral health services include psychiatry, psychotherapy, integrated behavioral health, Medication Assisted Treatment (MAT).

Perinatal Substance Abuse Resources. The Maternal Health Network was established in 2018 to support families who are planning to get pregnant, who are pregnant, or who have recently delivered a child in San Bernardino County.

Community Crisis Response Teams (CCRT). A community-based mobile crisis response team for children and adults experiencing a psychiatric emergency. Teams are available in English and Spanish from 7 a.m. to 10 p.m. daily. Call (800) 398-0018 or text (909) 420-0560.

- Rialto and San Bernardino (909) 421-9233.
- Chino, Chino Hill, Fontana, Rancho Cucamonga and Upland (909) 458-9628
- High Desert (760) 956-2345
- Tri City Mental Health, 790 E. Bonita Ave., Pomona (909) 447-3400

Crisis Walk-In Centers (CWIC). Urgent mental health centers for individuals of all ages. Services are voluntary and may include crisis intervention, crisis risk assessments, medications, and evaluations for hospitalization. Open 24 hours a day, 365 days a year, including holidays.

- Victorville. 12240 Hesperia Rd., Ste. A, Victorville. (760) 245-8837
- Yucca Valley. 7293 Dumosa Ave., Ste. 2, Yucca Valley. (760) 365-2233

Crisis Stabilization Units (CSU). Urgent mental health centers for individuals of all ages. Services are voluntary and may include crisis intervention, crisis risk assessments, medications, and when necessary, evaluations for hospitalization. Open 24 hours a day, 365 days a year, including holidays.

- Merrill Center. 14677 Merrill Ave., Fontana. (951) 643-2340
- Windsor Center. 1481 N. Windsor Dr., San Bernardino. (909) 361-6470

San Bernardino County Department of Behavioral Health Services Guide, Handbooks, and Provider Directories. The Services Guide is an easy-to-read resource to find mental health and substance use disorder services in San Bernardino County. The Provider Directory includes each licensed, waivered, or registered mental health provider and licensed substance use disorder services provider employed with or contracted by San Bernarino County Behavioral Health to deliver Medi-Cal services.

Injury and Violence Prevention Resources 

Reach Out. A community organization dedicated to embracing communities to strengthen the human bonds that enable all community members to grow, thrive, and lead. Since 1969, Reach Out has provided equal access to networks of support, quality education, career options, and opportunities to develop skills to succeed.

Walden Family Services. Walden provides parenting classes for San Bernardino County families who have children under 5 years old. Walden Family Services offers classes for families in San Bernardino City, Central Valley, and East Valley. Classes are offered at Walden's San Bernardino office, in community locations, and at local high schools and educational facilities.

El Sol. Engages and deploys highly trained lay workers as community health workers (CHWs) and 'promotores de salud'. Research on CHWs and 'promotores' endorse their effectiveness in areas ranging from improved prenatal care, reduction in child abuse prevention, enhanced social support, strengthening referral systems, improving self-esteem, and psychological functioning.

TYKES Program. The TYKES program serves families with children, prenatal to age five, who live in San Bernardino County. The focus of the program is to help parents build nurturing parenting skills while meeting the unique needs of our families.

Option House. A 24-hour crisis intervention shelter, transitional housing, outreach and legal services, information, education and awareness to family violence victims to STOP the Cycle of Abuse.

A Better Way. Services for people in crisis with domestic violence issues by providing services for people in crisis with domestic violence issues, ranging from families wanting to make a change in interaction styles to those who need to leave a relationship.

Preventing and Reducing Gun Violence Injuries and Fatalities. A California toolkit for communities, survivors, and service providers.

DOVES. Big Bear Lake, California, provides individual and group counseling, legal advocacy, and emergency services. We operate a 17-bed shelter for all victims of domestic violence and a 24/7 toll free crisis hotline at 1-800-851-7601.

House of Ruth. A comprehensive domestic violence agency based in Southern California, servicing the eastern Los Angeles and western San Bernardino Counties by providing a number of housing, counseling, legal, and outreach options.

Unity Home. Providing education, advocacy, and support. If you are experiencing domestic violence or want to help someone who is, please call us at (760) 366-9663.

The National Domestic Violence Hotline. A national hotline that provides essential tools and support to help survivors of domestic violence so they can live their lives free of abuse. The Hotline offers free, confidential, and compassionate support, crisis intervention information, education, and referral services.

The National Domestic Violence Hotline Provider Search. A searchable directory of assistance providers, including searching for providers who work with specific populations.

San Bernardino County Adult Protective Services. The Department of Aging and Adult Services offer a wide variety of programs designed to help the senior, disabled, and at-risk adults in San Bernardino County.

Chronic Disease Resources

Dignity Health, Health Education Center. Classes and support in a group setting, free of charge, the Family Wellness Center can work with insurance and primary care physicians to provide personalized education, health plans, support, and resources. Online classes can be found HERE.

American Diabetes Association, Southern California. The American Diabetes Association's recognized diabetes education program will help you gain the knowledge, skills, and confidence to thrive with diabetes. The program's diabetes care and education specialists are ready to work with patients to find practical solutions that fit personal needs.

The Loma Linda University Health Diabetes Treatment Center. Recognized by the American Diabetes Association for providing up-to-date and accurate patient self-management education to persons with diabetes. The Children's Hospital provides services for pediatric patients with diabetes.

Riverside – San Bernardino County Indian Health, Inc. Ongoing diabetes control and prevention activities, include diabetes and cardiovascular screening, diabetes clinics, diabetes education classes, nutrition counseling, fitness classes.

Arrowhead Regional Medical Center. Arrowhead Regional Medical Center provides inpatient and outpatient care facilities with over 60 specialty services and preventive programs for children and adults.

San Bernardino County Department of Public Health, Nutrition Counseling Services. Offer low-cost, confidential nutrition counseling services to San Bernardino County residents with a focus on prevention and management of nutrition related diseases. For more information about nutrition counseling services and/or to make an appointment, call 1 (800) 722-4777.

IEHP Diabetes Self-Management Workshops. The Diabetes Self-Management Workshop is for people with type 2 diabetes and their relatives who need information on diabetes self-management.

IEHP Family Asthma Program. IEHP Family Asthma Program offers free asthma education and self-management strategies to IEHP Members and community members to better manage their asthma. The program consists of an interactive Family Asthma Class. The Family Asthma Class is held at least twice a month at different community sites throughout San Bernardino and Riverside County.

Coordinated Asthma Referral and Education (CARE) Program. This is a community-based outreach program that provides free home visits/assessment, health education, asthma management and supplies for children under 18 who have asthma. The CARE Program currently serves certain geographical locations in San Bernardino County. Call 1-800-782-4264 for more information and information on how to enroll.

Arrowhead Regional Medical Center Breathmobile® Program. The Arrowhead Regional Medical Center in association with the Asthma and Allergy Foundation of America have implemented a unique approach to pediatric asthma management by establishing a program that provides care via an "asthma clinic on wheels".

The Breathmobile® provides coordinated case identification, structured mobile office visits, diagnostic testing, physical exams, pharmacological therapy and patient/family education in asthma management. All services are provided at no cost to the patient. For appointments call (909) 498-6277 - Inland Empire or (909) 213-3341 - High Desert.

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For more information, please contact Community Vital Signs at:

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San Bernardino County
Community Vital Signs Initiative