



Health and Environmental Justice

Existing Conditions Report
June 2020



Table of Contents

Introduction	2
Overview	2
What are Healthy Communities?.....	2
Report Structure.....	4
Relationship to Other PlanRC Existing Conditions Reports	7
COVID-19 and the Community Health Planning Process	8
Overview of Existing Policies and Programs	8
Healthy RC	9
Quality of Life Assessments	12
Disadvantaged Communities / Priority Neighborhoods Assessment.....	13
What is Environmental Justice?.....	11
Senate Bill 1000	11
Health Outcomes and Behaviors Assessment.....	18
Life Expectancy	18
Leading Causes of Death.....	19
Chronic Diseases	19
Mental Health	28
Health Behaviors.....	27
Demographic and Socioeconomic Assessment	29
Race and Ethnicity	29
Language.....	30
Age	31
Household Income	33
Educational Attainment	34
Unemployment and Poverty	34
Healthy Communities Assessment.....	37
Healthcare Status	37
Housing Affordability	45
Public Safety	46
Walkability and Mobility.....	48
Healthy Food Environment	51
Exposure to Pollution and Other Toxics	54
Resilience to Climate and Natural Hazards.....	61
Conclusion and Key Findings	63

Introduction

This chapter provides an overview of healthy communities, outlines the structure of the report, and discusses early implications of COVID-19 for community health planning.

Overview

The purpose of this report is to support development of health and environmental justice strategies through PlanRC, the General Plan Update for the City of Rancho Cucamonga. Health and environmental justice are achieved when every person can reach their optimal social, physical, and mental well-being at all stages of life, regardless of where they live or their racial and ethnic background. This chapter helps readers to understand how social determinants of health shape both individual and community outcomes and how these topics fit into the general plan update.

What are Healthy Communities?

Healthy communities are places that foster positive health outcomes for all who live, work, or play in them. They do this through policy, program, and design interventions in the physical environment. Research has shown that the physical environment of a community is one of the social determinants of health that shapes both individual and community health. Other social and economic determinants of health, that fall outside of the realm of planning, include health behaviors and the socioeconomic status of the population. Together, physical environment, health behaviors, and the socioeconomic conditions in a community have a complex relationship that shapes the health outcomes of all people in a community.

This report provides an overview of health outcomes and behaviors and socioeconomic conditions, then focuses on seven components of the physical environment, where the general plan update process may be most influential (Figure 1). These components have rich data that can be analyzed historically and spatially or by socioeconomic characteristics of the population and each have a relationship to community health outcomes:

- 1. Healthcare Status.** Access to quality health care, including access to service providers, health institutions, and insurance coverage and usage, strengthens the safety net and helps people stay healthy year-round. This component of healthy communities covers several of the conditions that most people think of first when asked to explore possible explanations for existing public health issues or disparities.
- 2. Housing Affordability.** Stable housing, which is often connected to affordability and employment opportunities, can improve health outcomes if it is safe from environmental threats or habitability conditions. It can also reduce health care costs by reducing psychological distress which can exacerbate or complicate illness.
- 3. Public Safety.** Rates of crime in a community can influence perceptions of safety, promote use of public spaces, and support social cohesion strategies that reduce distress and chronic illness in the population. Public safety response times, particularly for health and hazard mitigation, can be improved through urban design and crime reduction that decreases strain on emergency resources.
- 4. Walkability and Mobility.** Walk access to various key destinations can support increases in physical activity, promote pedestrian and vehicular safety, and increase access to and use of basic services that enhance population health. Safe and affordable modes of transportation can also encourage residents and workers to shift

from greenhouse gas emitting private vehicles to more environmentally friendly and health-promoting means of transportation.

5. **Healthy Food Environment.** Supporting healthy food access can promote nutritious food options, lower risk for chronic diseases, and address food insecurity for vulnerable populations. When access to health care services is limited, a healthy diet can serve both as a strong foundation of health promotion and as medicine to aid in chronic disease management. Outside of the healthy food environment, factors such as travel time to work, household income, and home cooking facilities also shape healthy eating behaviors.
6. **Exposure to Pollution and Other Toxins.** Addressing environmental burdens promotes health equity and ensures every person in a community has an opportunity to reach their optimal social, physical, and mental well-being at all stages of life. Exposure to pollution, whether in the home, workplaces, or community and from stationary sources, like industrial facilities, or mobile sources, like vehicles on high-traffic roadways, has significant impacts on the health of people across all ages. For example, research has shown that ozone, a byproduct of vehicle exhaust, can affect pregnant women, resulting in low birth weight. This health condition can affect child physical and cognitive development and have lasting effects through adulthood into senior age. When considered with other components, exposure to pollution and other toxins can even cancel out the benefits of healthy behaviors and access to health-promoting assets.
7. **Resilience to Climate and Natural Hazards.** Identifying climate risks can help local governments support community preparedness, while also advancing racial and social justice more broadly. While many indicators reviewed in other components—such as pedestrian collisions, crime, and housing cost-burden—measure short-term impacts and outcomes in a healthy community, resilience to climate and natural hazards concerns itself with how prepared, overall, a community or population is for long-term impacts of shocks to the environment. The indicators addressed in this component often reflect and magnify disparities or inequities found in other community health components.

Figure 1. Healthy Communities Components



Sources: Raimi + Associates

Report Structure

This report begins with an overview of the existing policies related to community health and the physical environment and is then followed by four assessments, illustrated in Figure 2: Overview of Report Structure: Context, Assessments, and Indicators. Data comes from public agencies and private entities that record and produce analyses on population health and environmental quality. Where possible, data from Healthy RC surveys of self-reported health and quality of life conditions supplements the analyses.

The **Overview of Existing Policies and Programs** provides context for understanding the current conditions in Rancho Cucamonga. It is intended as an overview of highlights and successes and not as an exhaustive accounting of efforts related to health and environmental justice.

The **Disadvantaged Communities/Priority Neighborhoods Assessment** provides statutory context related to Senate Bill 1000 (SB 1000), The Planning for Healthy Communities Act, and analyzes pollution exposures and income to identify disadvantaged communities. This chapter meets the State of California for determination of SB 1000 applicability in the general plan update.

The **Health Outcomes and Behaviors Assessment** is an overview of the health status of the population across indicators that paint a picture of community wellbeing. Having a sense of statistics related to life expectancy, leading causes of death, and incidence of chronic disease can highlight areas where the City is doing well and where there may be a need for improvements to the physical environment.

The **Demographic and Socioeconomic Assessment** establishes a baseline of information on race and ethnicity, income, education, and other indicators that can be used to explore spatial, racial, and economic disparities across priority neighborhoods or the population. Socioeconomic status is the most influential determinant of health outcomes and it is highly correlated with race. Understanding demographic and socioeconomic distribution and concentration can help the City develop targeted physical environment strategies to mitigate disadvantages related to income.

The **Healthy Communities Assessment** is the most comprehensive of the four assessments. It intersects information from the first three assessments with maps and data on the physical environment in Rancho Cucamonga. The analysis across all seven components results in health and environmental justice strengths, weaknesses, opportunities, and threats for the city as a whole and for priority neighborhoods.

Across all five assessments, data is provided and analyzed at the following units of analysis:

- **Citywide:** Outcomes for the City of Rancho Cucamonga are compared to outcomes for the County of San Bernardino or the State of California. This data is typically collected by public health and planning agencies, such as the California Department of Public Health, the County of San Bernardino, or the Southern California Association of Governments, and provides comparison points across California's jurisdictions to support planning and policy activities.
- **Census Tract:** Public agencies, across all sectors, often disaggregate their data into smaller units of analysis. This allows for more detailed analysis and for understanding conditions across neighborhoods within a jurisdiction. Census tract level data in this report comes from a range of entities, including the American Community Survey, the CalEnviroScreen 3.0 Tool, and from other public agencies. Census tract level data can be used as-is or can be combined into city, county, or state estimates. This flexibility makes it the golden standard for data collection. The City of Rancho Cucamonga, in its own local data collection activities, also disaggregates citywide

data into this unit of analysis—making it easy to compare responses from a local survey to datasets from a range of agencies.

To facilitate discussion of the distribution or concentration of any outcome or condition, this report relies on the City of Rancho Cucamonga’s census tract coding system (Figure 3). This system overlays a code, with numbers between 0 and 29, onto census tract boundaries within the city and is helpful in shortening the “naming” of these geographic units.¹

- **Census Block Groups:** The U.S. Census Bureau disaggregates its data into even smaller units of analysis, such as block groups. While not all public agencies provide data at the census block group level, this report uses block groups when mapping some indicators from the American Community Survey. This approach allows more detail to come across when assessing the spatial distribution or concentration of certain indicators.

Figure 2. Overview of Report Structure: Context, Assessments, and Indicators

Overview of Existing Policies and Programs
This chapter of the report introduces Healthy RC and related existing policies and programs.
Disadvantaged Communities / Priority Neighborhood Assessment
The Disadvantaged Communities / Priority Neighborhood Assessment identifies environmental justice areas of the City of Rancho Cucamonga to determine Senate Bill 1000 applicability for the general plan update process. Indicators considered are the CalEnviroScreen 3.0 Index Scores, Area Median Income, and Exposure to Pollution.

¹ Each map in the report is displayed either by census block group or by census tract, as noted in the title or below each map. In addition, each map includes the boundaries of all identified disadvantaged communities in Rancho Cucamonga.

Health Outcomes and Behaviors

The Health Outcomes and Behaviors Assessment looks at a set of indicators influenced by the physical environment:

- Life Expectancy
- Leading Causes of Death
- Chronic Diseases (Cancer, Cardiovascular Disease, Respiratory Disease)
- Mental Health (Youth, Adults)
- Health Behaviors (Physical Activity and Diet)

Demographic and Socioeconomic

The Demographic and Socioeconomic Conditions Assessment looks at social and economic indicators that are determinants of health outcomes:

- Race and Ethnicity
- Language
- Age
- Household Income
- Educational Attainment
- Unemployment and Poverty

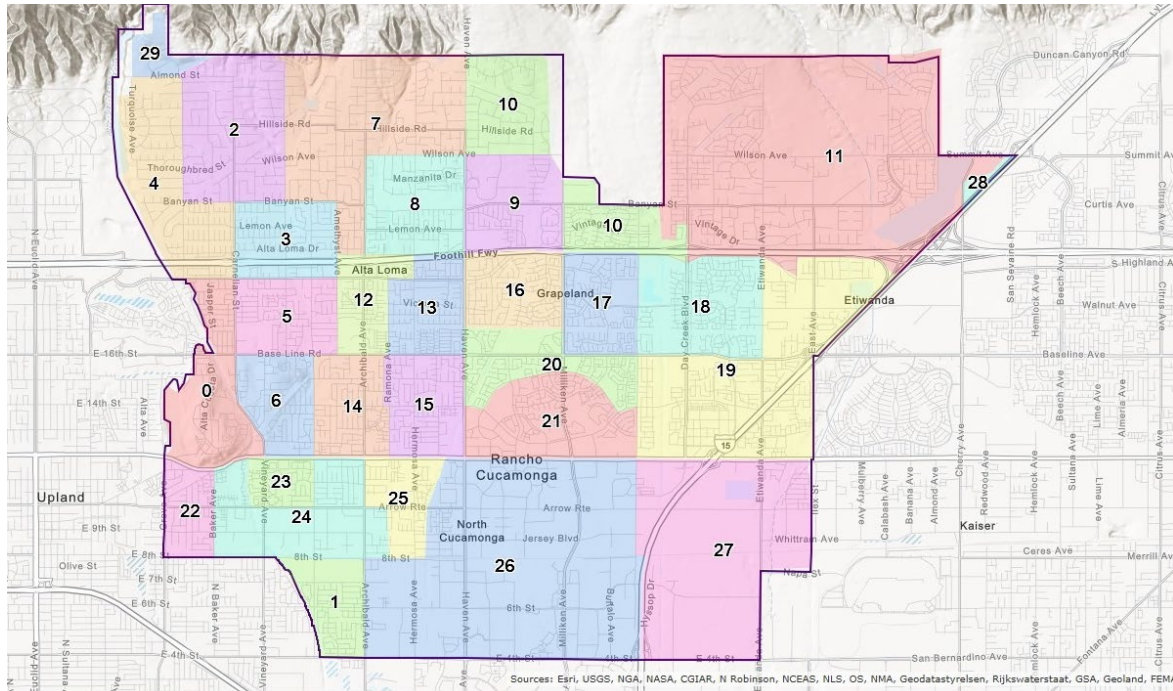
Healthy Communities Assessment

The Healthy Communities Assessment looks at the physical environment as a social determinant of health across seven components, each with its own set of indicators:

- **Healthcare Status**
 - Insurance Coverage
 - Healthcare Facilities
- **Housing Affordability**
 - Tenure
 - Housing Cost Burden
- **Public Safety**
 - Property Crimes
 - Violent Crimes
- **Healthy Food Environment**
 - Healthy Food Access
 - Self-Reported Food Insecurity
 - Free and Reduced Lunch Eligibility
- **Walkability and Mobility**
 - Intersection Density
 - Walkability Index
 - Walk Access (to Commercial Uses, to Transit Stops, to Parks and Schools)
 - Limited Vehicle (1 or less) Ownership
 - Collisions (Pedestrian, Bicycle, Vehicle)
- **Exposure to Pollution and Other Toxics**
 - Pollution Burden
 - Ozone
 - PM 2.5
 - Diesel PM
 - Toxic Releases from Facilities
 - Solid Waste Sites and Facilities
 - Hazardous Waste Generators and Facilities
 - Cleanup Sites
- **Resilience to Climate and Natural Hazards**
 - *Note: Analysis of this component will be completed through the SB 379 (Safety Element) Needs Assessment of the General Plan Update. This report includes a discussion of the research on resilience to climate and natural hazards and impacts on disadvantaged communities/priority neighborhoods.*

Source: Raimi + Associates

Figure 3. City of Rancho Cucamonga Census Tract Coding System, Reference Map



Source: City of Rancho Cucamonga

Relationship to Other PlanRC Existing Conditions Reports

Other existing conditions reports prepared as part of the Rancho Cucamonga General Plan Update cover related topics that impact overall health and quality of life. These include:

- The **Land Use, Urban Design, and Public Realm Report**, which covers topics related to walkable access to goods and services, use of public spaces, and the creation of vibrant neighborhoods.
- The **Mobility and Transportation Report**, which addresses active transportation, access to public transit, and transportation safety, including pedestrian, vehicle, and bicycle collisions.
- The **Economic Profile and Market Conditions Report**, which discusses future economic growth, business opportunities, workforce systems, and development of a strong local economy.
- The **Climate Change, Air Quality, and Noise Reports**, which provide an in-depth analysis of strategies to reduce greenhouse gas emissions and address negative health impacts.
- The **Environmental Report**, which covers biological, cultural, and historical resources, important assets in promoting community health.

Together, these reports provide a thorough assessment of existing conditions in the city and a framework for addressing health and environmental justice impacts in the City of Rancho Cucamonga.

The City of Rancho Cucamonga strives to improve health through its progressive policies. Nevertheless, like all cities in the United States, it has been shaped by city planning policies and social norms of the past that have legacies of effects on how the city has developed and what the conditions are today. This includes disparities across access to parks, protection from pollution exposure, or access to safe and affordable housing. As a suburban city located in the second-largest metropolitan area in the United States, it faces many urban problems, such as socioeconomic and racial inequities. This context may sometimes be a barrier to achieving the vision of a Rancho Cucamonga where all generations lead vibrant, healthy, happy lives.

COVID-19 and the Community Health Planning Process

At the time of writing this report, the COVID-19 Pandemic has emerged as a threat to the decades-long work of planning for health in Rancho Cucamonga. Local governments are being tasked with enacting “social distancing” measures, closing large segments of the economy, sanitizing public infrastructure, and taking other similarly restrictive measures to protect the health of their residents and workforce. What we know about the impacts of COVID-19 on the human body, the economy, and the future of cities continues to change. In the first six months, we have come to understand:

- Environmental injustices, such as cumulative exposure to pollutants in the home or workplace, have resulted in weakened or compromised immunity for older adults.
- Pre-existing chronic health diseases—like diabetes, heart disease and asthma—are all leading factors in complications requiring hospitalization or, at worse, mortality.
- Incidence and mortality rates are worse for Black/African American, Hispanic/Latino, and Native Hawaiian or Pacific Islander populations. All of these racial or ethnic population groups are more likely than White populations to have a lower socioeconomic status, which is the greatest determinant of health outcomes.
- Unhoused residents, who are poor or have fixed or no income, and “essential workers,” particularly in the goods movement and food delivery sectors, are less able to “shelter in place,” seek medical treatment, or take paid leave when ill. This results in a dual threat of increased community transmission and decreased testing in poor and low-income communities.
- Lastly, many people are unable to afford historic high rents that continue to rise through the crisis. Prior to the pandemic, the housing crisis caused large-scale displacement and migration across the Los Angeles and Inland Empire regions and is now made worse by historic unemployment, which renders poor and working-class residents unable to pay rent.

These are just some of the health and economic conditions that we have begun to experience and observe because of the pandemic. More will change and the impacts of the virus, from lives lost and long-term economic losses, will affect society for many years to come, reinforcing the necessity for comprehensive health and environmental justice planning with a social determinants of health approach.

Overview of Existing Policies and Programs

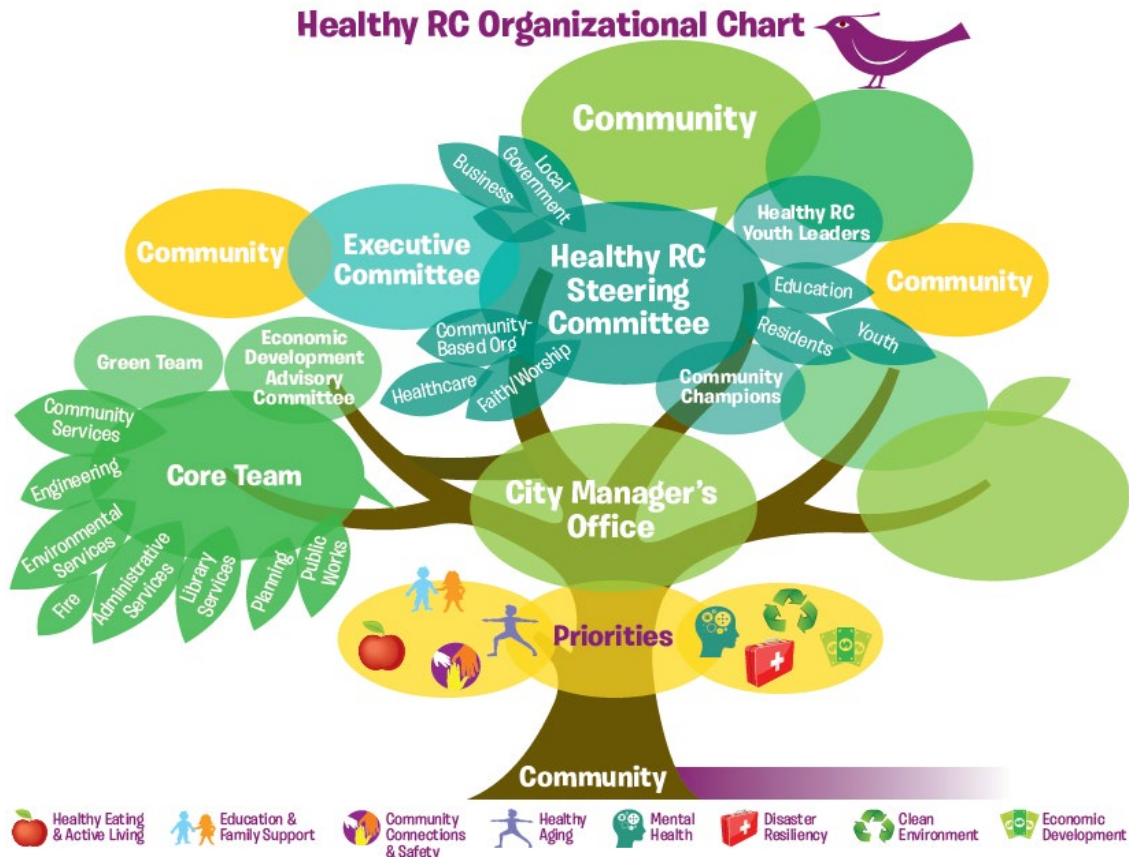
This section provides a summary of existing policies and programs related to health in Rancho Cucamonga. It provides context for discussion of many of the indicators analyzed in the report by discussing the latest efforts of the Healthy RC initiative.

Healthy RC

In 2008, the City Council established Healthy RC – a comprehensive City-community partnership committed to long-term policy, systems, and environmental changes to support healthy living and a sustainable community. Healthy RC's initial activities defined health broadly by identifying and promoting City efforts to improve community health within and across all City departments. The Healthy RC partnership has evolved from a small group of agencies to a broad community partnership of over 75 committed residents, community organizations and public entities representing the diversity of Rancho Cucamonga, as illustrated in Figure 4. Each of the icons at the center and roots of the tree represents a community-identified health priority for Rancho Cucamonga.

As the City's culture of health has grown, so have efforts to create healthy environments and put good health within reach of all residents. While the initiative focuses on the entire community, Healthy RC places special emphasis on those most at risk for adverse health conditions, based on race/ethnicity, income, and/or geographic location. It is through Healthy RC's teamwork, innovation, and commitment to creating a culture of health that has positioned the City as a leader in community health planning in the region and country.

Figure 4. Healthy RC Organizational Chart



Source: City of Rancho Cucamonga

Vision and Goals

Healthy RC envisions “a community where all generations lead vibrant, healthy, happy lives” and provides community leaders, partners, and City staff with the resources and understanding to implement this vision. Since its inception in 2008, Healthy RC has evolved to meet the changing needs of the community outlined in both the 2011 Healthy RC Strategic Plan and the 2015 Healthy RC Evaluation Plan. Each of the eight priority areas has community-identified goals, as outlined in Table 1, developed through robust and intentional engagement—from surveys to stakeholder interviews to forums and more.

Table 1. Healthy RC Priority Areas and Goals

<p>Healthy Eating and Active Living</p> <p>Goal: Rancho Cucamonga residents of all ages and income levels have knowledge, motivation, and easy access to eat healthy and be physically active.</p>	<p>Economic Development</p> <p>Goal: The City of Rancho Cucamonga has a strong, growing economy that provides employment opportunities for local residents, attracts investments, supports local businesses, and generates public revenue.</p>
<p>Community Connections and Safety</p>	<p>Clean Environment</p>

<p><i>Goal: Rancho neighborhoods, schools, families, businesses, community organizations, and government agencies have a strong sense of community and shared responsibility for the health and safety of their city.</i></p>	<p><i>Goal: Residents of Rancho Cucamonga live in a clean, healthy environment and actively contribute to sustaining and protecting the natural resources of their city and region.</i></p>
<p>Education and Family Support</p> <p><i>Goal: Youth, families, and adults in Rancho Cucamonga receive high quality education, healthcare, and support services to realize their full potential and contribute to their community.</i></p>	<p>Healthy Aging</p> <p><i>Goal: Older adults in Rancho Cucamonga are healthy, active, engaged members of the community and the City is positioned to respond effectively to the needs of an increasing older population.</i></p>
<p>Mental Health</p> <p><i>Goal: Mental health support services are easily accessible, culturally appropriate, and free of stigma for all residents of Rancho Cucamonga.</i></p>	<p>Disaster Resiliency</p> <p><i>Goal: Rancho Cucamonga residents, businesses, community organizations, and government agencies are well prepared to survive, respond to, and recover from disasters and emergencies.</i></p>

Source: City of Rancho Cucamonga

Accomplishments

As a result of continued commitment to health and to the role of community leadership and collaboration across businesses, schools, and other organizations, the following lists just some of the planning and policy documents or programs have incorporated community and individual health as a top priority in the City of Rancho Cucamonga:

Planning or Policy Documents

- **2010 General Plan** – The City’s guiding constitution, organized into a planning framework echoing three tents of Healthy RC: Healthy Mind, Body, and Earth.
- **Farmers’ Market Ordinance** – Expands zoning for farmers’ market locations throughout the City of Rancho Cucamonga and reduces associated fees.
- **Community Garden Ordinance** – Promotes community gardens by allowing them in most locations throughout the city and reducing associated fees.
- **Healthy Nutrition and Beverage Standards Resolution** – Requires 50 percent of items (food & beverages) sold and served at City facilities to meet health standards established by the federal “Dietary Guidelines for Americans.”
- **Complete Streets Ordinance** – Creates a safe, comfortable, and interrelated transportation network for all users (regardless of age, ability, income, ethnicity) and modes of transportation (vehicles, pedestrians, bicyclists, transit riders).
- **Circulation Master Plan** – Works in concert with the complete streets ordinance to increase physical activity, reduce risk of chronic illness, improve local businesses, and reduce greenhouse gas emissions to improve air quality throughout the city.
- **Sustainable Community Action Plan** – Summarizes the direction and future goals for sustainability in Rancho Cucamonga.

- **Lactation Accommodation Policy** – Promotes infant health by making private breastfeeding space available in all City facilities.
- **Community Engagement Policy with a Health Equity Lens** – The most recent accomplishment of Healthy RC, sets Citywide policy and engagement practices to ensure all voices are heard in the decision-making processes of the City.

Programs

- **Cocinando Amigos Saludables y Alegres** (CASA, *Healthy and Happy Cooking Friends*) – A program that has served thousands of participants over the years by improving their cooking and eating habits in support of individual and family health.
- **Play and Learn Islands at City Libraries** – Helps young children at Rancho’s libraries build a variety of lifelong learning and literacy skills through play, including developing their understanding of the importance of healthy food and physical activity.
- **Employee Health and Wellness Program**– Designed to help City employees and their families live healthy and productive lives by increasing access to nutritional classes, stress therapy, health fairs, and physical fitness opportunities.

Together, these planning and policy documents and programs create momentum for the realization of a vision of community health. They have also led to local and national recognition of the Healthy RC initiative and of the City of Rancho Cucamonga as a leader in health planning.

Quality of Life Assessments

The City of Rancho Cucamonga regularly conducts surveys and analyses to track the impact of Healthy RC on community health. The Quality of Life Assessment was first conducted in 2016 and asks a range of questions touching on each of the eight priority areas of the Healthy RC initiative. In the latest assessment, completed in 2019, the city surveyed 1,704 residents. The Teen Quality of Life Survey looks at similar questions but is only taken by teens. The latest assessment, also completed in 2019, was taken by 1,252 teenagers. Results of this survey and related existing health conditions are woven throughout this report.

Disadvantaged Communities / Priority Neighborhoods Assessment

This chapter introduces Senate Bill 1000, the Planning for Healthy Communities Act, defines environmental justice concepts, and describes the methods of analysis and results of identification of disadvantaged communities / priority neighborhoods.

What is Environmental Justice?

People of color and low-income households often have limited access to the health-promoting benefits of Healthy Communities, instead experiencing a greater share of the health-harming burdens. This is a social and economic dynamic referred to as environmental justice and can look like:

- Only having the option to rent or buy homes that are sited next to incompatible uses, like warehouses, industrial sites, freeways, or waste management facilities.
- Being unable to access high-quality and well-maintained public services or amenities, such as schools, parks, libraries, or community centers because the quality of these public amenities is often determined by the property values of homes—and property values of homes near incompatible uses are often lower than in areas without these incompatibility issues.
- Not being considered or having decision-making power in review of projects and proposals that often lead to even higher concentration of health-harming burdens in your neighborhood.

Environmental injustice, thus, is an outcome of the complex relationships of social and economic determinants of health and can, like community health, be addressed through interventions in the physical environment.

This report and the general plan update process provide an opportunity for the City of Rancho Cucamonga to begin integrating these concepts into the vision, policies, and programs to continue improving health for all.

Senate Bill 1000

The State of California recognizes that environmental justice disparities are a threat to overall quality of life across all communities and has developed various policies, such as Senate Bill 1000 (SB 1000) and the Planning for Healthy Communities Act, to identify and address these environmental justice disparities.² The bill was passed in 2016 and serves three important purposes:

1. Reducing harmful pollutants and associated health risks in environmental justice communities;
2. Promoting equitable access to health-inducing benefits; and
3. Promoting transparency and public engagement.

² The California Environmental Protection Agency (CalEPA) defines environmental justice as “the fair treatment of people of all races, cultures, and incomes with respect to the development, adoption, implementation, and enforcement of environmental laws, regulations, and policies.”

Through SB 1000, the State of California mandates that jurisdictions concurrently updating two or more elements of their General Plan identify “disadvantaged communities,” engage stakeholders in these communities, and adopt either an environmental justice (EJ) element or integrate EJ policies throughout the General Plan to reduce unique and compounded health risks and pollution burdens. The final EJ element or EJ policies must address at least the following five health and environmental justice outcomes: Reduction of pollution exposure, including improvement of air quality; Promotion of public facilities; Promotion of food access; Promotion of safe and sanitary homes; and Promotion of physical activity.

Identification of Disadvantaged Communities

The Office of Planning and Research (OPR) provides guidance for implementing SB 1000. Additionally, the Office of the Attorney General (OAG) provides monitoring and compliance review of SB 1000. These state agencies recommend two methods for the identification of disadvantaged communities (DACs):

1. CalEnviroScreen 3.0 Tool to Identify Disadvantaged Communities

The CalEnviroScreen (CES) Tool was developed by the Office of Environmental Health Hazards Assessment (OEHHA) to identify areas of the State, using census tract mapping, with high exposures to pollution and significant vulnerabilities related to demographic or socioeconomic characteristics of the population. Data for multiple indicators is collected for each census tract and combined into an index which is used as a scoring mechanism that compares communities across the State.

The tool is currently in its third iteration (CES 3.0) and OEHHA has produced publicly available maps, data tables, and reports that show the statewide distribution of CES 3.0 scores.³ Based on SB1000, all census tracts with CES 3.0 scores that are in the percentile range of 75 to 100 are to be identified as disadvantaged communities.

2. Low Income Communities Analysis to Identify Disadvantaged Communities

California law defines low income disadvantaged communities as “an area that is a low-income” and “disproportionately affected by environmental pollution and other hazards that can lead to negative health effects, exposure, or environmental degradation.” Guidance on SB 1000 requires use of income limits set by the Housing and Community Development Department to identify low income communities as areas with household incomes at or below 80 percent of those limits.

The State does not specify the geographic unit of analysis necessary to complete the first step of the analysis. A City may choose to use census block groups, census tracts, zip codes, or other units of analysis to identify low income communities. The best practice is to use census block groups—a unit of analysis that is small enough to show the full range of variation in household income across a community.

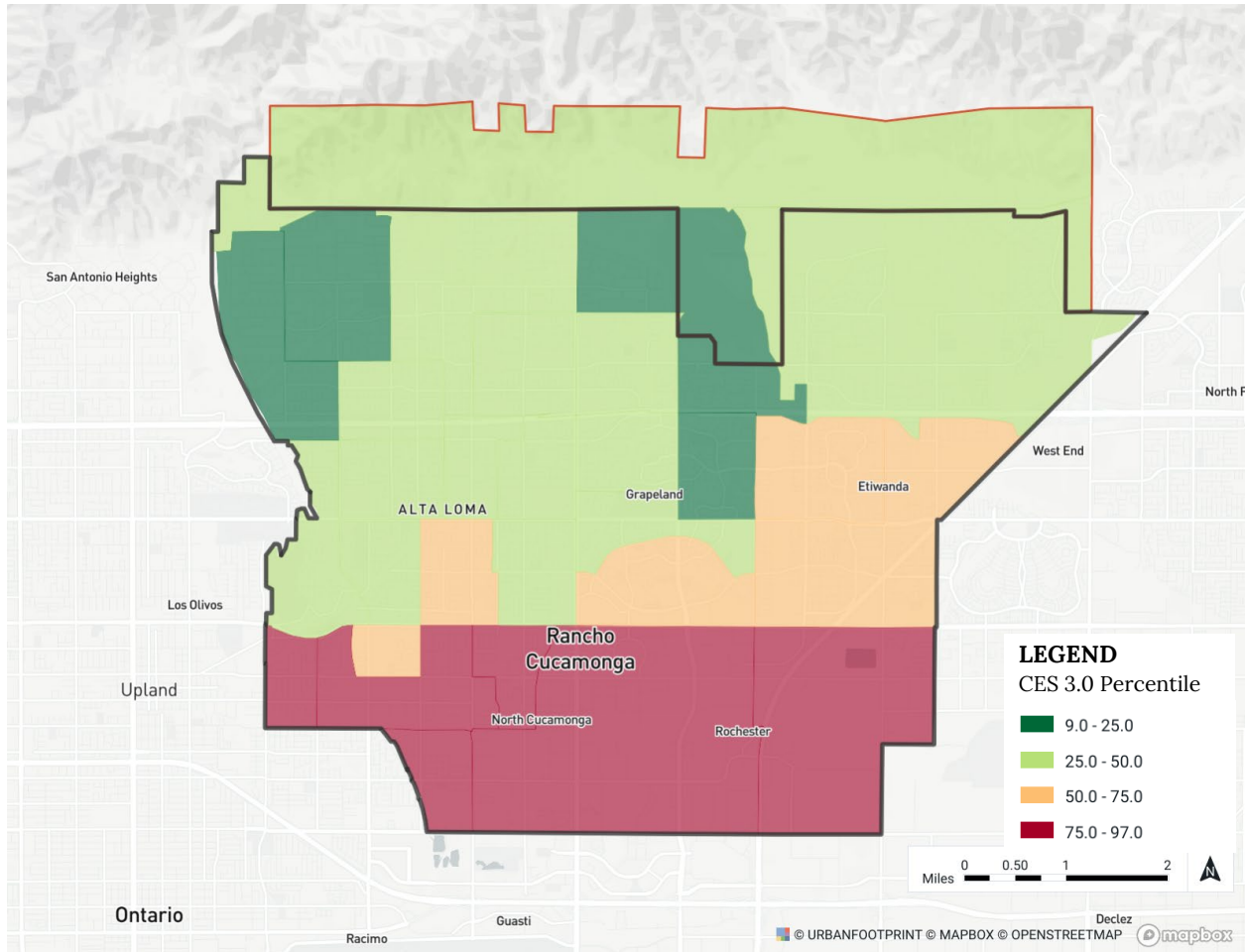
The State also does not provide direct guidance on how to complete the second part of the analysis. Nevertheless, both OPR and OAG identify the CalEnviroScreen Tool as a reliable tool to identify negative health effects, exposure, or environmental degradation.

In most jurisdictions across California, it is necessary to apply both identification methods—as the first method may not fully capture the vulnerabilities of low-income communities. Disadvantaged communities in Rancho Cucamonga, also called “priority neighborhoods,” have been identified by applying both methods. The results of the first method are in Figure

³ All information is available through the CalEnviroScreen webpage on the OEHHA website at <https://oehha.ca.gov/calenviroscreen>.

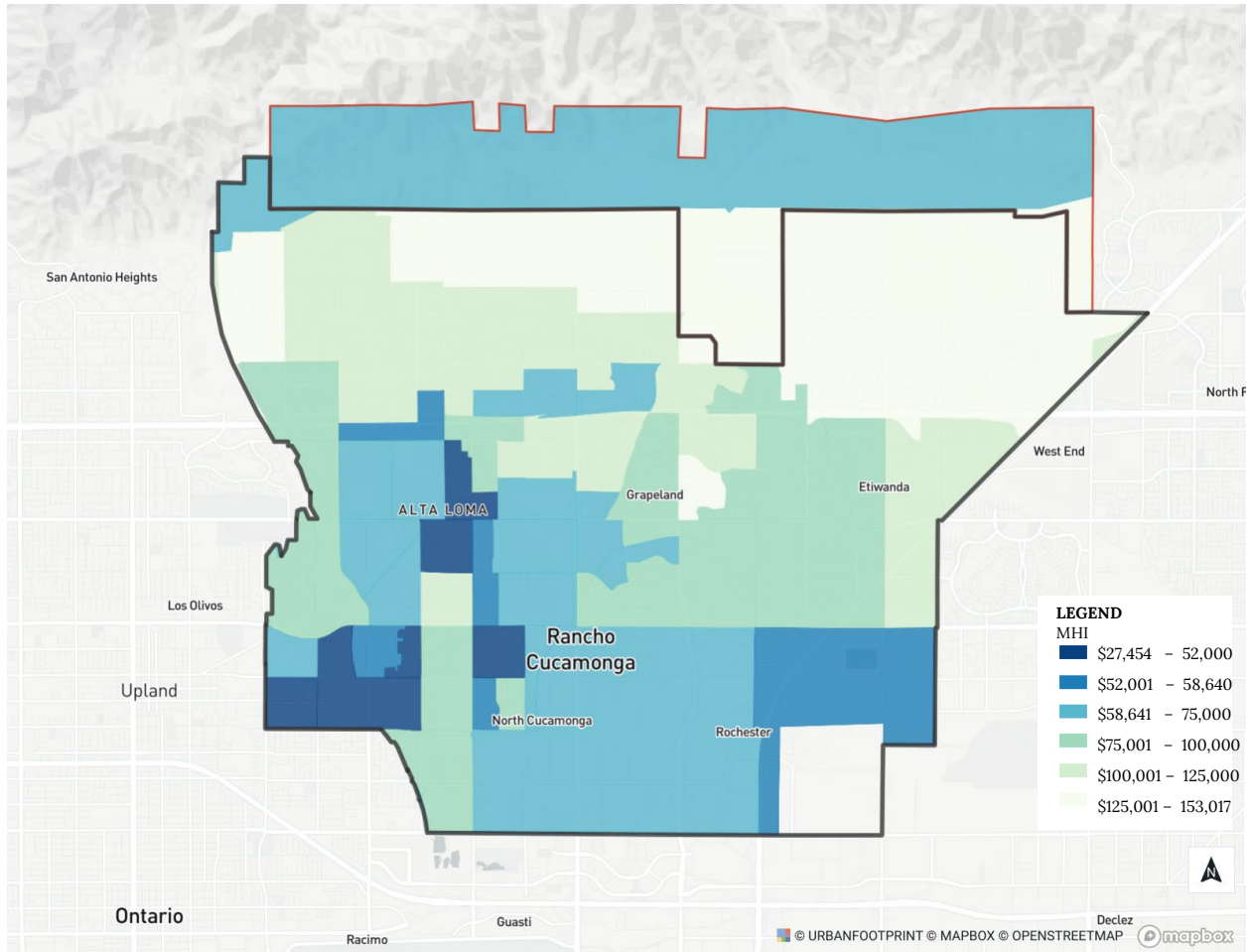
5 and those of the second method are in Figure 6. As discussed in the “Low Exposure to Pollution and Other Toxins” section of the report, all of Rancho Cucamonga experiences poor air quality and the City will have to address this through the General Plan update, thus, to apply the second method. Figure 6 shows “areas that are low-income” at the block group level. A series of composite maps of low-income communities that are affected by environmental pollution and other hazards are included in the “Low Exposure to Pollution and Other Toxins” section. The last map in this section, Figure 7, shows the combined boundaries of disadvantaged communities in Rancho Cucamonga.

Figure 5. CalEnviroScreen 3.0 Percentile Scores in Rancho Cucamonga (2018)



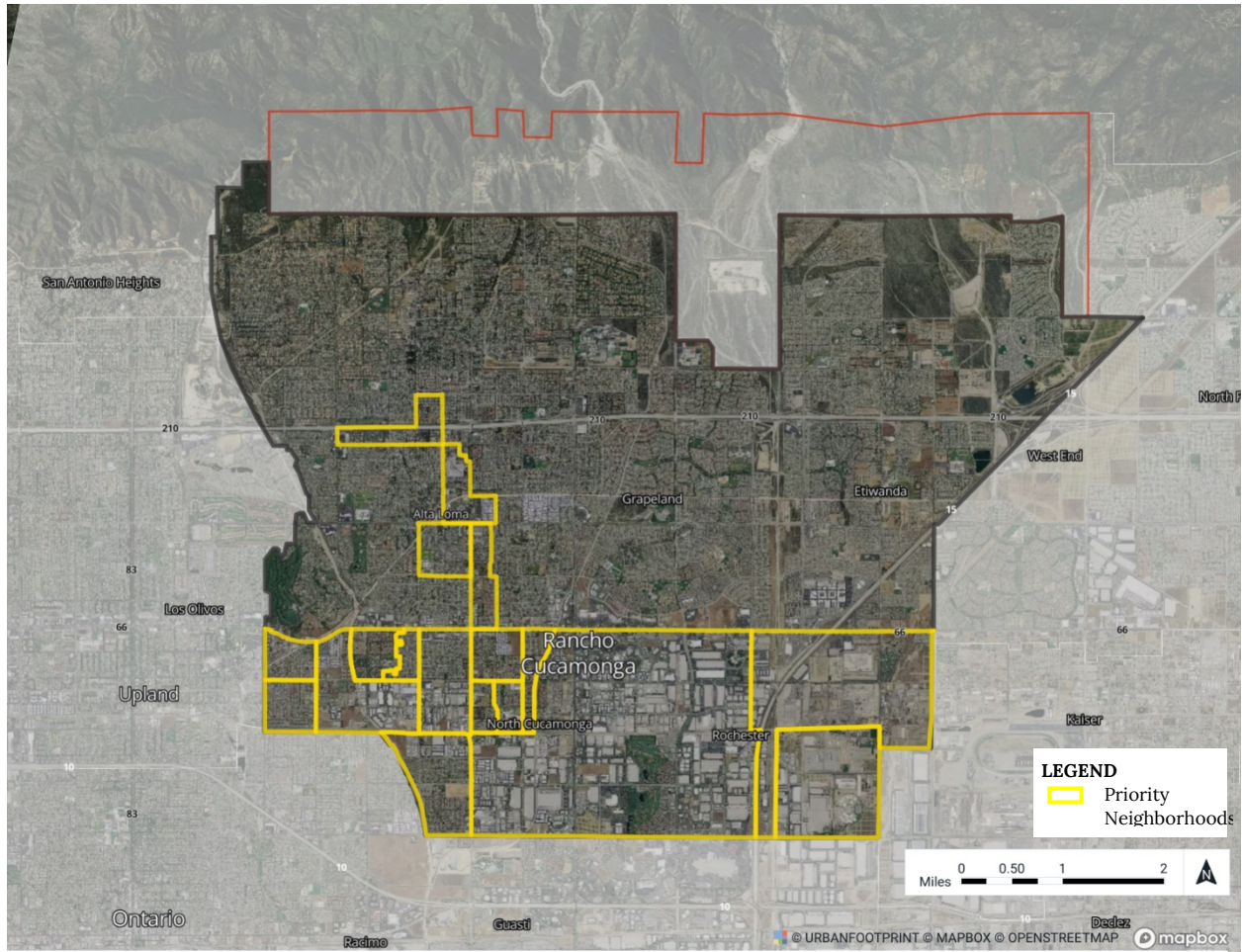
Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 (2018)

Figure 6. Median Household Income in Rancho Cucamonga, by Census Block Group (2018)



Source: American Community Survey 5-Year Estimates 2013-2017 (2018)

Figure 7. Priority Neighborhoods (Disadvantaged Communities) in Rancho Cucamonga (2020)



Source: Raimi + Associates; OEHHA, CalEnviroScreen 3.0; American Community Survey 5-Year Estimates 2013-2017.

Health Outcomes and Behaviors Assessment

The following indicators are discussed in this section: life expectancy, leading causes of death, chronic diseases, mental health, and health behaviors.

Good health outcomes can be attributed to individual behaviors, as well as to a range of dimensions from demographic and socioeconomic status, to transportation and mobility, to access to public facilities, and to limited exposure to pollution. Having a sense of the health statistics related to life expectancy, leading causes of death, and incidence of chronic disease can highlight dimensions of health where the City of Rancho Cucamonga is performing well and areas for improvement. It can also help underscore why improving community health is a critical long-term goal for the City by identifying quality of life issues.

Life Expectancy

Life expectancy gives an approximation of quality of life and community health, overall. It is a commonly used measure that considers the impact of several dimensions of health behaviors and healthy communities' components. While this report does not make a determination of why life expectancy is high or why it varies across the city, research has shown that gaps in life expectancy within a jurisdiction are related to race and socioeconomic status, which are shown to limit access to health-promoting resources, financial and physical access to health care, or ability to live and work in areas that are not polluted. These and other factors that impact health and quality of life are discussed throughout the report and are, as discussed in each section, unequally distributed across the population, both by race and by neighborhood.

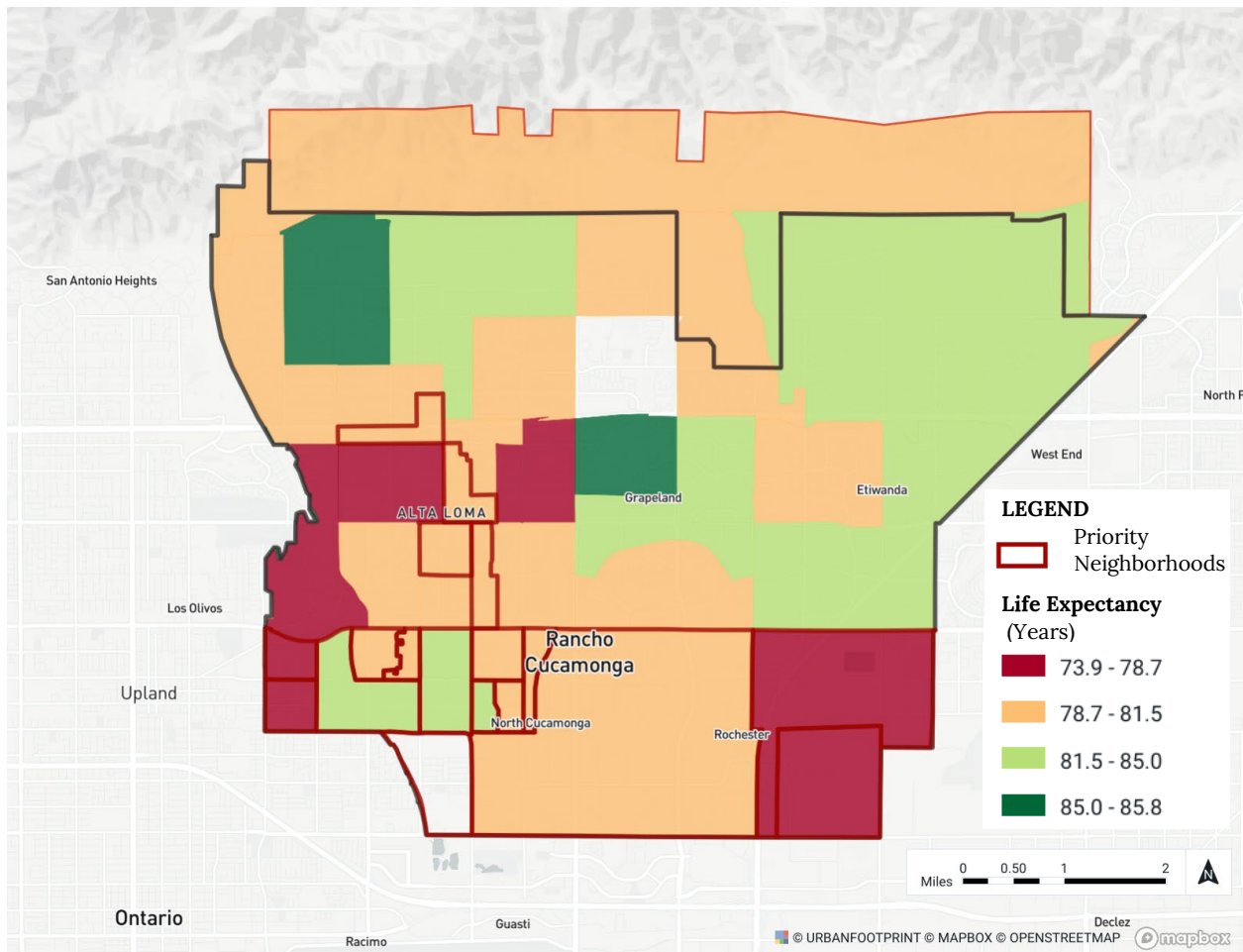
(Note: This data is available at the census tract, city, county, and federal levels.)

- People in Rancho Cucamonga have an average life expectancy of 80 years; this is higher than the San Bernardino County life expectancy of 78.8 years and slightly lower than the life expectancy of 81.6 years for the State of California as a whole.⁴ Since factors such as air quality, mobility, and economic wellbeing affect life expectancy, consider looking at some of these factors to determine why Rancho Cucamonga's life expectancy ranks higher than the County but lower than the State.
- Life expectancy varies by census tract in Rancho Cucamonga and ranges from 73.9 to 85.8 years (Figure 8). This gap of almost 12 years across neighborhoods indicates disparities in quality of life and access to health-promoting services and resources.
- The geographic disparity in life expectancy overlaps closely with the location of priority neighborhoods south of Foothill Boulevard on the eastern and western boundaries of the city, where life expectancy estimates are in the range of 73.9-78.7 years (Figure 8). Outside of the priority neighborhood boundaries, life expectancy is also low in Census Tracts 0, 5, and 13; more research is needed to understand why life expectancy is lower in these tracts.
- Census Tract 24, a priority neighborhood, has a slightly higher life expectancy (84.6) than all other tracts or block groups identified as disadvantaged communities; also an observation worth exploring in the general plan update, as it could help with

⁴ USALEEP Life Expectancy Estimates; County Health Rankings (2018).

identifying health and environmental justice solutions for other areas of the city that are low income or disproportionately affected by pollution exposures.⁵

Figure 8. Life Expectancy in Rancho Cucamonga, by Census Tract



Source: USALEEP

Leading Causes of Death

Leading causes of death provide an understanding of the critical health needs in a community. The highest morbidity rates for any particular health issue often correlates with the highest-incidence of chronic diseases—that is, if more people have cardiovascular disease, then more people will likely experience complications, including mortality, from that chronic disease. Because leading causes of death are linked to chronic disease, they are also, thus, heavily influenced by the physical environment conditions in a community and further exacerbated by the socioeconomic status of a population.

Data on total number of deaths is available at the zip code level and has been aggregated for the City of Rancho Cucamonga. The most reliable data for this indicator, age-adjusted death rates, is only available at the county level. This section begins with total number of deaths

⁵ *ibid.*

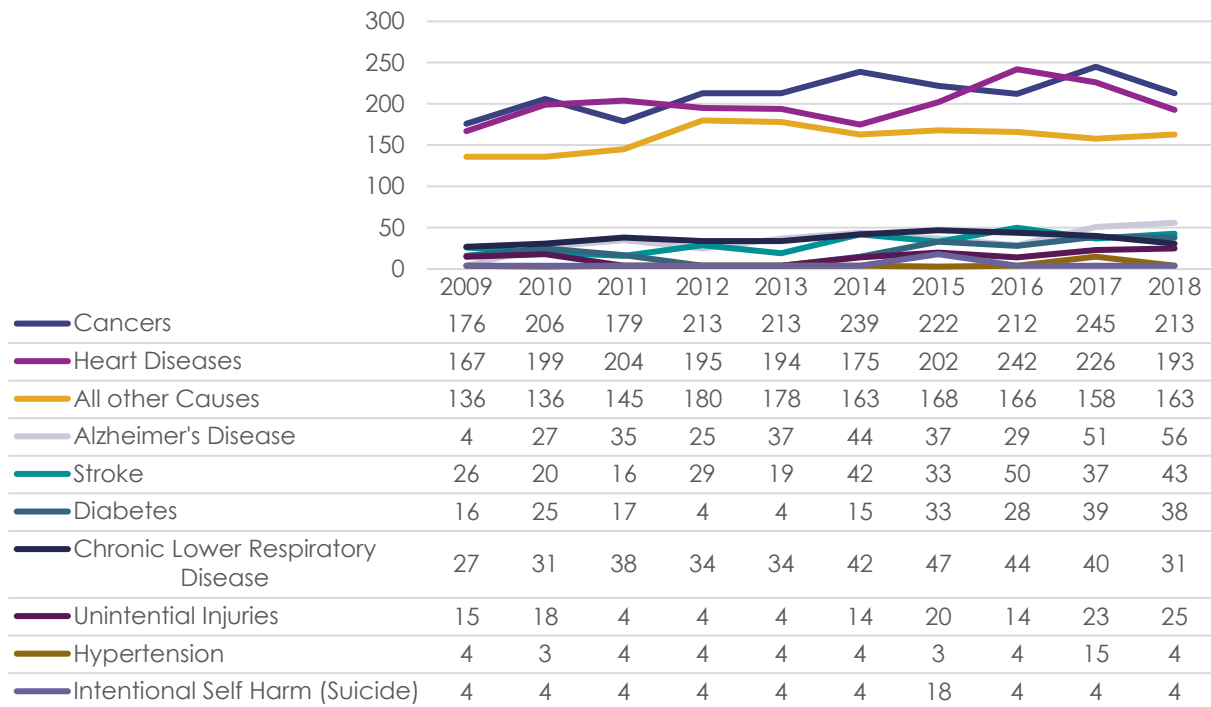
and is followed by age-adjusted death rates for the County of San Bernardino. These two measures are not the same but are used to provide a point of comparison to explore where the City may need to identify physical environment interventions that reduce morbidity for chronic diseases.

- **Leading Causes of Death, by Total Number of Deaths in Rancho Cucamonga**

- The five leading specific causes of death, by order from most to least number of total deaths, in Rancho Cucamonga are: All Cancers, Coronary Heart Disease, Chronic Lower Respiratory Disease, Alzheimer’s Disease, and Cerebrovascular Disease (Stroke) (Figure 9).⁶
- Figure 9 shows the third leading cause of death by total number of deaths in Rancho Cucamonga is “All other Causes,” a category which is designated by the California Department of Public Health to include causes like homicide, chronic liver disease, influenza/pneumonia, drug-induced deaths, fire-arm deaths, traffic collisions, and others—for which data is provided at the county level, but not disaggregated at the zip code level.
- Since 2009, the total number of deaths from cancers or heart diseases has fluctuated, reaching peak highs in 2017 and 2016, respectively. The total number of deaths tends to fluctuate over time, which is true for all leading causes of death in Figure 9. For example, intentional self-harm (suicide) and hypertension deaths have an overall similar rate over time, but each had a year (2015 and 2017, respectively) where the number of deaths was almost quadruple or more (18 and 15 deaths) when compared to all other years (average of 4 for both causes). These differences are to be expected and can be an important reference point to understand how conditions change over time.

⁶ California Department of Public Health. Number of Deaths by Zip Code (2019).

Figure 9. Number of Deaths by Cause, Change Over Time (2009-2018)



Source: California Department of Public Health, 2019.

Notes: This table was produced by combining data for all zip codes in Rancho Cucamonga. "All other Causes" includes several causes of death—such as homicide, chronic liver disease, influenza/pneumonia, drug-induced deaths, fire-arm deaths, traffic collisions, and others—for which data is provided at the county level, but not disaggregated at the zip code level.

Source: California Department of Public Health County Profile for San Bernardino (2019).

Chronic Diseases

Chronic Diseases are defined as “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.”⁷ According to the Centers for Disease Control, six in ten adults in the United States have a chronic disease and four in ten adults have two or more.⁸

This section includes indicators on incidence or burden of cancer, cardiovascular disease, and respiratory disease. These chronic diseases are the greatest contributors to the leading causes of death in the City of Rancho Cucamonga and, nationally, tend to make up a significant share of annual healthcare and economic costs due to their impact on the ability of a person to live a full and healthy life.

⁷ *ibid.*

⁸ National Center for Chronic Disease Prevention and Health Promotion. About Chronic Diseases. Accessed on April 10, 2020 at: <https://www.cdc.gov/chronicdisease/about/index.htm>.

(Note: Data for these indicators is available at varied geographic units. Where possible, census tract data and city data are provided; where not possible, the smallest unit of analysis is the county level.)

Cancer

Cancer is the leading cause of death of in Rancho Cucamonga, San Bernardino County, and the State of California. It is also the second leading cause of death in the United States with nearly 600,000 annual deaths. Many types of cancer can be treated when identified early or are preventable with changes to lifestyle and risk behaviors, or policy changes that address and mitigate health and environmental justice hazards from sources of toxins and pollution exposure.

- The type of cancer with the highest incidence rates in San Bernardino County differs between men (prostate cancer, 136.9 per 100,000) and women (breast cancer, 111.5 per 100,000). Mortality rates in the county for these types of cancer (Men – 49.4 per 100,000; Women – 33.0 per 100,000) are higher than in the state (Men – 43.5 per 100,000; Women – 30.4 per 100,000) (Table 2).⁹
- Rates of lung cancer incidence for both men and women are higher in San Bernardino County (Men – 61.5 per 100,000; Women – 43.3 per 100,000) than in the State (Men – 55.8 per 100,000; Women – 42.1 per 100,000). Overall, men have a higher incidence rate of lung cancer than women (Table 2). These elevated rates of mortality indicate a need to address the high level of air pollution and its related impacts on respiratory health. Ozone and particulate matter, major sources of air pollution, are discussed later in this report; the data and maps illustrate that exposures are a major concern across the entire city (Figures 40, 41 and 42).
- Generally, across all types of cancer, combined rates of incidence trend towards being higher for men than for women, both in the County of San Bernardino and the State of California (Table 2).
- When looking at all cancer types combined, Black men have cancer incidence (546.1 per 100,000) and mortality rates (247.3 per 100,000) that are higher than for Non-Hispanic White men, Hispanic men, and Asian men (Figures 10 and 11). While this data is not available at the city level, it is worth noting that Black people, as a whole, are less likely to have access to quality and affordable healthcare that may help address such a grave health diagnosis.
- Asian men and women tend to have lower incidence (284.3 and 283.2 per 100,000) and mortality (109.6 and 110.1 per 100,000) rates of cancers than all other groups (Figures 10 and 11). This could indicate that many Asian residents in the city have not been exposed to as many carcinogens and may need to prioritize limiting further exposure in order to maintain low levels of incidence and mortality.
- In the City of Rancho Cucamonga Quality of Life Survey (2019), only 7 percent of respondents self-reported having received a cancer diagnosis. This was the lowest self-reported chronic disease in the results, nevertheless it does not indicate cancer is not of concern for the city and the planning process. While results from the survey are statistically significant, it could point to a fear of stigma related to certain types of cancers or to privacy concerns. Regardless, the high rates of cancer incidence in the county and of total deaths in the city point to a need for more local data, which the City and Healthy RC initiative might be able to collect and analyze by working

⁹ California Cancer Rates Tool. Retrieved from: <https://www.cancer-rates.info/ca>

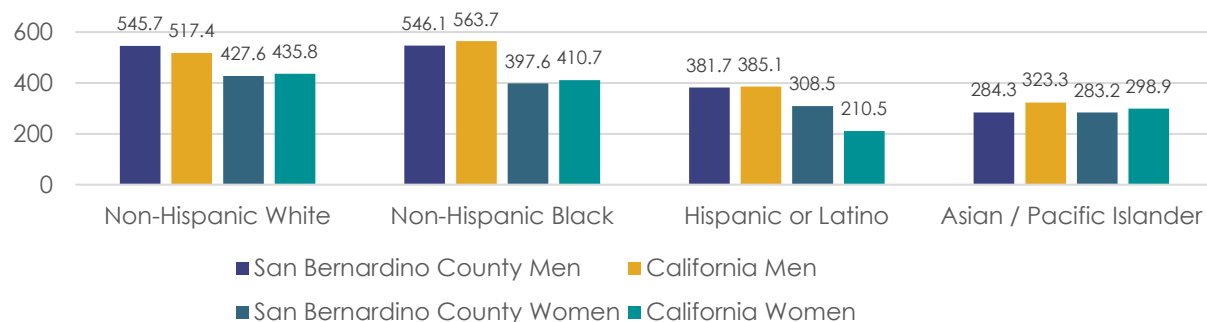
with the County Health Department or other entities that work closely with health professionals.

Table 2. Most Common Cancers and Cancer-Related Deaths by Sex, San Bernardino County, 2008-2012

Incidence					
	County Rate	State Rate		County Rate	State Rate
Men			Women		
1. Prostates	136.9	126.9	1. Breast	111.5	122.1
2. Lung and Bronchus	61.5	55.8	2. Lung and Bronchus	43.3	42.1
3. Colon and Rectum	52.9	46	3. Colon and Rectum	36.9	35.1
4. Bladder	32.8	32.6	4. Uterus	23.4	23.3
5. Melanoma	21.7	27.9	5. Thyroid	15.5	17.9
All Sites	486.2	476.7	All Sites	376.4	388.8
Mortality					
	County Rate	State Rate		County Rate	State Rate
Men			Women		
1. Prostates	49.4	43.5	1. Breast	33	30.4
2. Lung and Bronchus	25.3	21.1	2. Lung and Bronchus	24	21.2
3. Colon and Rectum	20.7	16.7	3. Colon and Rectum	14.2	12.1
4. Pancreas	10.8	11.7	4. Pancreas	9.5	9.3
5. Liver and Intrahepatic Bile Duct	10.6	10.5	5. Ovary	7.6	7.6
All Malignant Cancers	202.2	182.7	All Malignant Cancers	146.2	134.8

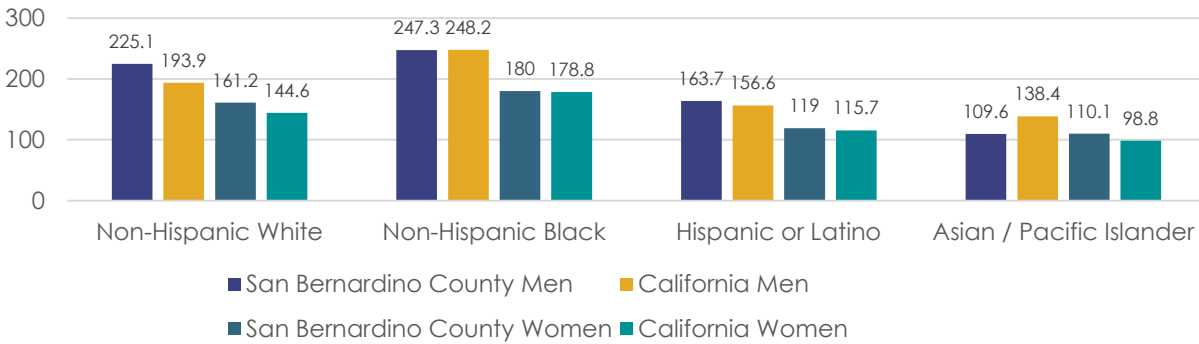
Note: Rates shown as the number of new cases or deaths per 100,000 persons. All rates are age-adjusted to the 2000 United States Standard Population. Confidence intervals can be obtained for the CCR Data and Mapping tool (<http://www.cancer-rates.info/ca/>) and may help to assess statistical significance of age-adjusted rates.

Figure 10. Age-Adjusted Cancer Incidence Rates (All Cancers) by Race/Ethnicity and Sex, San Bernardino County Compared to California*



Source: California Cancer Registry; California Department of Public Health.
*The Age-Adjusted Cancer Incidence Rates by Race/Ethnicity and Sex Data shows all cancer sites combined.

Figure 11. Age-Adjusted Cancer Mortality Rates (All Cancers) by Race/Ethnicity and Sex, San Bernardino County Compared to California*



Source: California Cancer Registry; California Department of Public Health
*The Age-Adjusted Cancer Mortality Rates by Race/Ethnicity and Sex Data shows all cancer sites combined.

Cardiovascular Disease

Cardiovascular disease, also referred to as heart disease or coronary heart disease, is the second-leading cause of death in Rancho Cucamonga, San Bernardino County, and the State of California. Many types of cardiovascular diseases—like diabetes, stroke, and heart attack—can be prevented or ameliorated through health-promoting behaviors like healthy eating and active living. Nevertheless, there is a strong connection between lower incomes and higher rates of cardiovascular diseases, indicating that the physical form of the built environment can critically impact residents’ cardiovascular health.

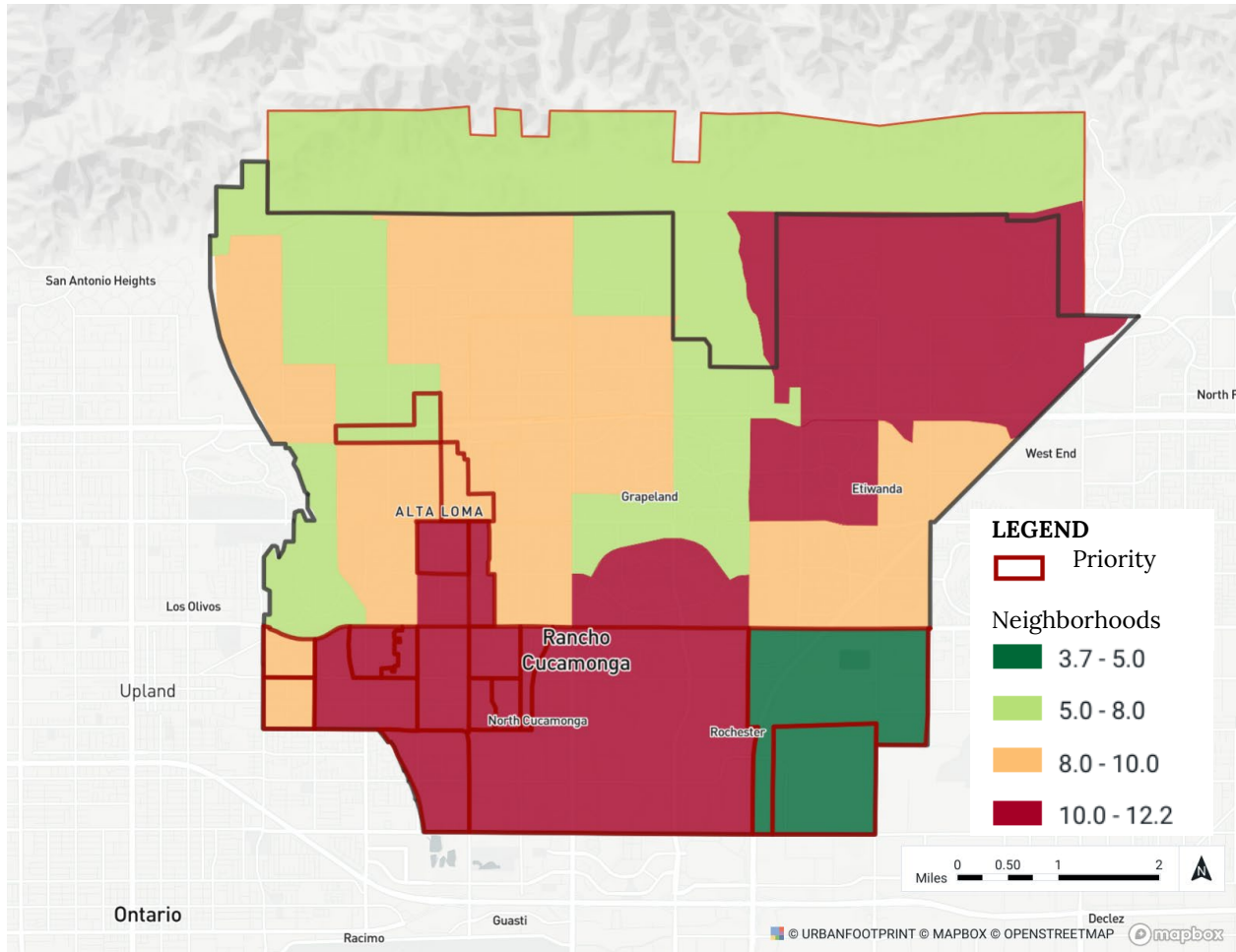
- Within Rancho Cucamonga, there is a higher rate of emergency room visits for heart attacks in the priority neighborhoods (Census Tracts 14, 23, 24, 1, 25, and 26). Outside of these areas, Census Tracts 21, 18, and 11 have the same rate of about 10-12.2 visits to the emergency room for heart attacks per 10,000 residents (Figure 12). These rates are almost double the 5.0-8.0 rate in census tracts that have lower occurrence of visits.
- Census Tract 27, in the southeastern area of the city, has a significant lower rate of emergency room visits for heart attacks (3.7 to 5.0 per 10,000) than all other tracts in the city. Information on why this difference exists is not available, although it is important to note that Census Tract 27 is mostly industrial and has a Detention Center within its boundaries. With limited residents in the area and with the unique prison population, this could skew the results to demonstrate a lower rate of emergency room visits. It could also be due to the way in which data on emergency care for prisoners is collected and reported.
- The rate of emergency room visits for heart attacks only tells one fragment of the story of cardiovascular disease. Not all people who have a cardiovascular disease will end up needing emergency care. Many people will be able to control or reduce the severity of underlying conditions like obesity, diabetes, or high cholesterol through

lifestyle changes and preventive care. Higher rates of emergency room visitation in priority neighborhoods, thus, indicate that the disparity may be related to underlying racial or socioeconomic characteristics that are connected to the quality of neighborhood and quality of care one can have access to or afford (Figure 12). Residents in low-income or otherwise disadvantaged communities often put off care for cardiovascular diseases until the complications require an emergency room visit.

- Weight and body composition are indicators related to cardiovascular health. Overall, Rancho Cucamonga has lower obesity rates across age groups when compared to San Bernardino County and California (Figure 13).
 - Young children (ages 2-11) in the city have an obesity rate of 11.3 percent that is lower than the county's (15 percent) and the state's (15.1 percent).
 - Adolescents (ages 12-17) have an obesity rate of 18.1 percent that is slightly lower than the county's (21.7 percent) and drastically lower than the state's (38.2 percent).
 - Adults (age 18 and over) have an obesity rate of 26.6 percent that is like the state's rate (28 percent) and significantly lower than the county's rate (30.7 percent). Nevertheless, this is a concerning statistic, as it indicates 1 in 4 adults may experience health complications related to obesity.
 - In the Quality of Life Survey, 33 percent of respondents reported being told by a health professional that they are overweight or obese.
- Nevertheless, rates of obesity are still concerningly high and a key issue to address in the General Plan update, especially when considering the results from the Quality of Life Survey (2019) that show about one quarter of respondents have a chronic cardiovascular disease:
 - 24 percent reported that they were diagnosed with high blood pressure.
 - 24 percent reported that they were diagnosed with high cholesterol.
- Self-reported results for diabetes diagnoses (9 percent in the 2019 Quality of Life Survey) are on par with data on adult diabetes reported by the UCLA AskCHIS Neighborhood Edition Platform (9 percent). These rates of diabetes are slightly lower than for the County of San Bernardino as a whole (10.4 percent).¹⁰

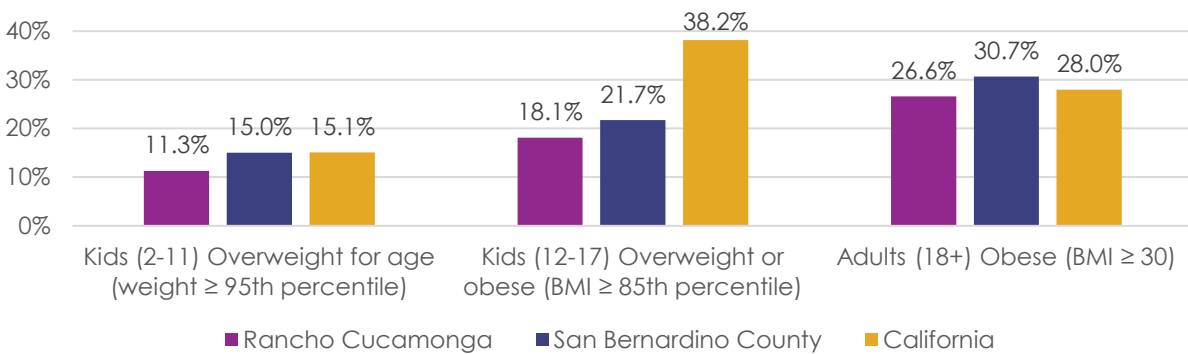
¹⁰ UCLA Center for Health Policy Research. AskCHIS Neighborhood Edition (2016).

Figure 12. Age-Adjusted Rate of Emergency Visits for Heart Attack, per 10,000, by Census Tract (2018)



Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0, 2018.

Figure 13. Overweight or Obese by Age Group in Rancho Cucamonga, Compared to San Bernardino County and California (2016)



Source: UCLA Center for Health Policy Research. AskCHIS Neighborhood Edition, 2016.

Respiratory Disease

Respiratory disease is a contributor to both the first (particularly, including lung cancer) and third (chronic lower respiratory disease) leading causes of death in San Bernardino County. In Rancho Cucamonga, chronic lower respiratory disease is the seventh leading cause of death by total number of deaths. Chronic lower respiratory disease includes a range of conditions that affect the respiratory tract, such as bronchitis and asthma. As with other chronic diseases, both individual-level behaviors and environmental or built environment conditions affect the incidence and mortality rates of asthma and chronic lower respiratory disease overall.

Children, youth, adults, and older adults all can experience complications and limitations on quality of life as a result of asthma. Increased exposures to poor air quality, especially as pollutants from both stationary and mobile sources continue to accumulate in the environment, have been shown to increase rates of emergency room visits for asthma. Further, as a result of climate change and related hazards, the rate of asthma-related illness and mortality is rising in the State.

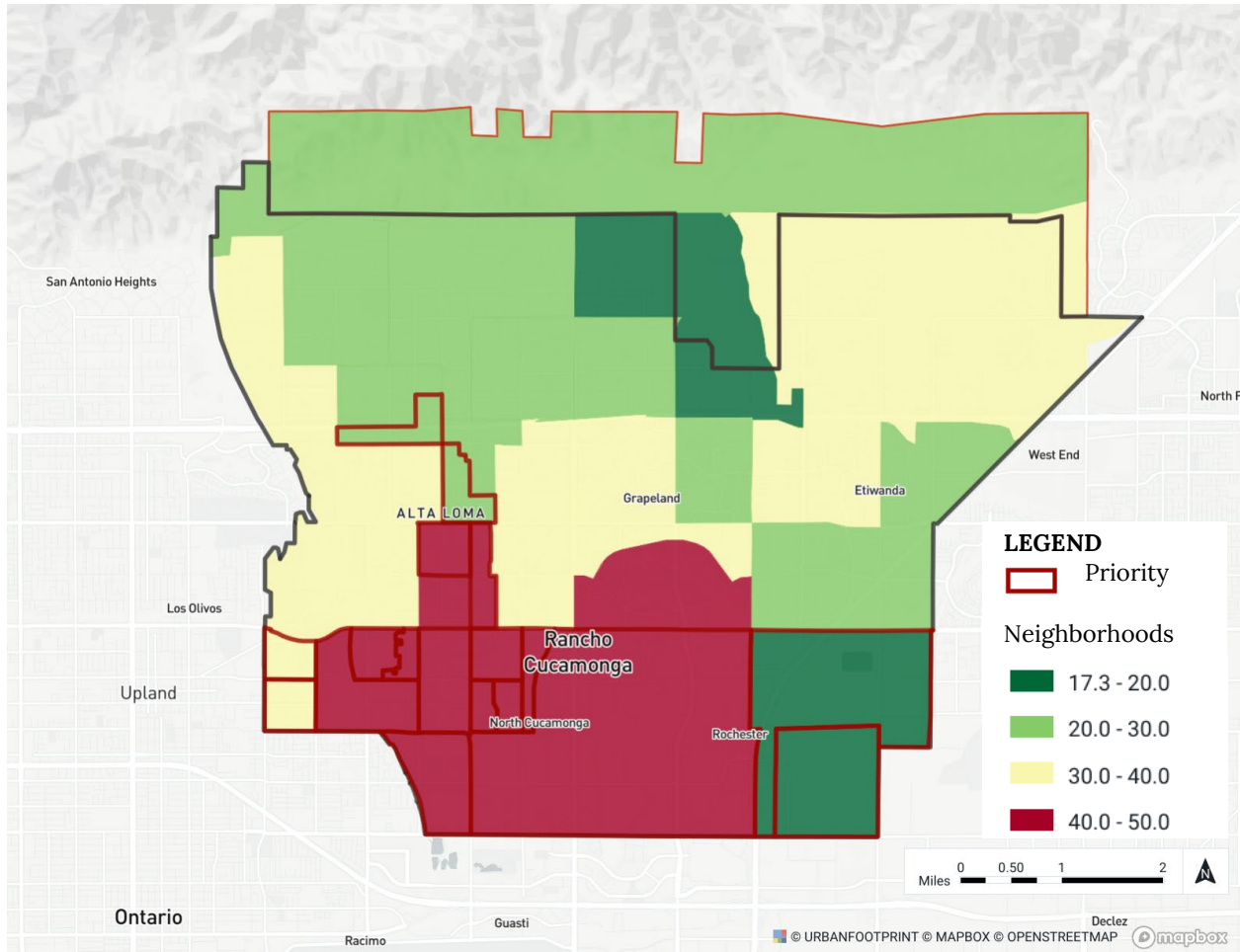
- Within Rancho Cucamonga, there is generally a higher rate of emergency room visits for asthma in census tracts that are priority neighborhoods (40-50 visits per 10,000) than in areas in the northern part of the city (17.3-20 visits per 10,000), where there are no priority neighborhoods identified for the purposes of SB 1000 (Figure 14).¹¹
- As with cardiovascular disease, Census Tract 27, in the southeastern area of the city, has a significantly lower rate of emergency room visits for asthma attacks (17.3 to 20.0 per 10,000) than all other tracts in the city, except for Census Tract 10. As previously noted, Census Tract 27 is mostly industrial and has a Detention Center which could skew the results to demonstrate a lower rate of asthma attack emergency room visits. It could also be due to the way in which data on emergency care for prisoners is collected and reported.
- Also, as with cardiovascular disease, the rate of emergency room visits for asthma only tells one fragment of the story of chronic lower respiratory disease. Not all people who have asthma or other types of respiratory diseases will end up needing emergency care. Many people will be able to control or reduce the severity of asthma through lifestyle changes and preventive care. Higher rates of emergency room visitation in priority neighborhoods, thus, indicate that the disparity may be related to underlying racial or socioeconomic characteristics that are connected to the quality of neighborhood and quality of care one can have access to or afford (Figure 14). Residents in low-income or otherwise disadvantaged communities often put off care for asthma until the complications require an emergency room visit. Residents in priority neighborhoods south of Foothill also live in closer proximity to the industrial land use of the city, closer to the Metrolink route, and closer to major regional interstates and highways; all of these are major sources of air pollution contaminants that are known to cause or complicate asthma.
- Asthma in childhood often resolves in early adolescence, but it can persist into adulthood. For families with children or individuals who have a lifelong symptomatic asthma diagnosis, the costs of disease management, activities lost, and potential medical complications can significantly add up. In Rancho Cucamonga, about 15 percent of the population has been diagnosed with asthma—the rate of incidence may

¹¹ The indicator used for this analysis is a spatially modeled, age-adjusted rate of emergency department visits per 10,000, averaged over 2011-2013.

be higher, especially when considering that many people, especially older adults, often delay seeking medical care.

- According to AskCHIS Neighborhood Edition (AskCHIS NE) Children (ages 1-17) in Rancho Cucamonga have a slightly higher incidence of asthma diagnoses (16.1 percent) than in San Bernardino County (15.8 percent).¹²
- In the Quality of Life Survey (2019), 15 percent of respondents self-reported having been diagnosed with asthma.

Figure 14. Age-Adjusted Rate of Emergency Visits for Asthma, per 10,000, by Census Tract (2018)



Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0, 2018.

Mental Health

The U.S. Surgeon General relates positive mental health with allowing “people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities.”¹³ Mental health is becoming an increasingly critical

¹² UCLA Center for Health Policy Research. AskCHIS Neighborhood Edition (2016).

¹³ Surgeon General. (n.d.). Mental and Emotional Well-being. Retrieved from: <https://www.surgeongeneral.gov/priorities/prevention/strategy/mental-and-emotional-well-being.html>

health concern across the United States and, in Rancho Cucamonga, the Healthy RC Youth Leaders have made Teen Mental Health a priority of their work in schools and in the community.

(Note: Health industry data for this indicator is only available at the city and census tract level for adults and not for youth. Data on youth comes solely from the Teen Quality of Life Survey (2019).)

Youth

The latest Teen Quality of Life Survey surveyed youth from across the City of Rancho Cucamonga and found that many youths feel isolated and are struggling with self-esteem, relational health, and other intimate or interpersonal mental health issues.

- While most youth often or always feel (combined 70 percent) they matter to their friends, about one quarter of youth only feel that way sometimes or rarely (combined 26 percent), and a small percentage (2 percent) never feel they matter to their friends.
- Outside of friendships in the school environment, many youth (37 percent) always or often feel connected to their community. Nevertheless, the majority (49 percent) of youth only feel that way sometimes or rarely and 14 percent never feel connected to their community.
- The majority of youth (54 percent) responded “Yes” or “Not sure” when asked if they have ever felt so sad or hopeless that they stopped doing their usual activities.

Adults

Healthy RC as a citywide initiative also touches on adult mental health and the Quality of Life Survey includes questions to assess the status of adult socioemotional health. Some of the results from that survey are discussed here, with data from the Surgeon General and the Centers for Disease Control 500 Cities Project.

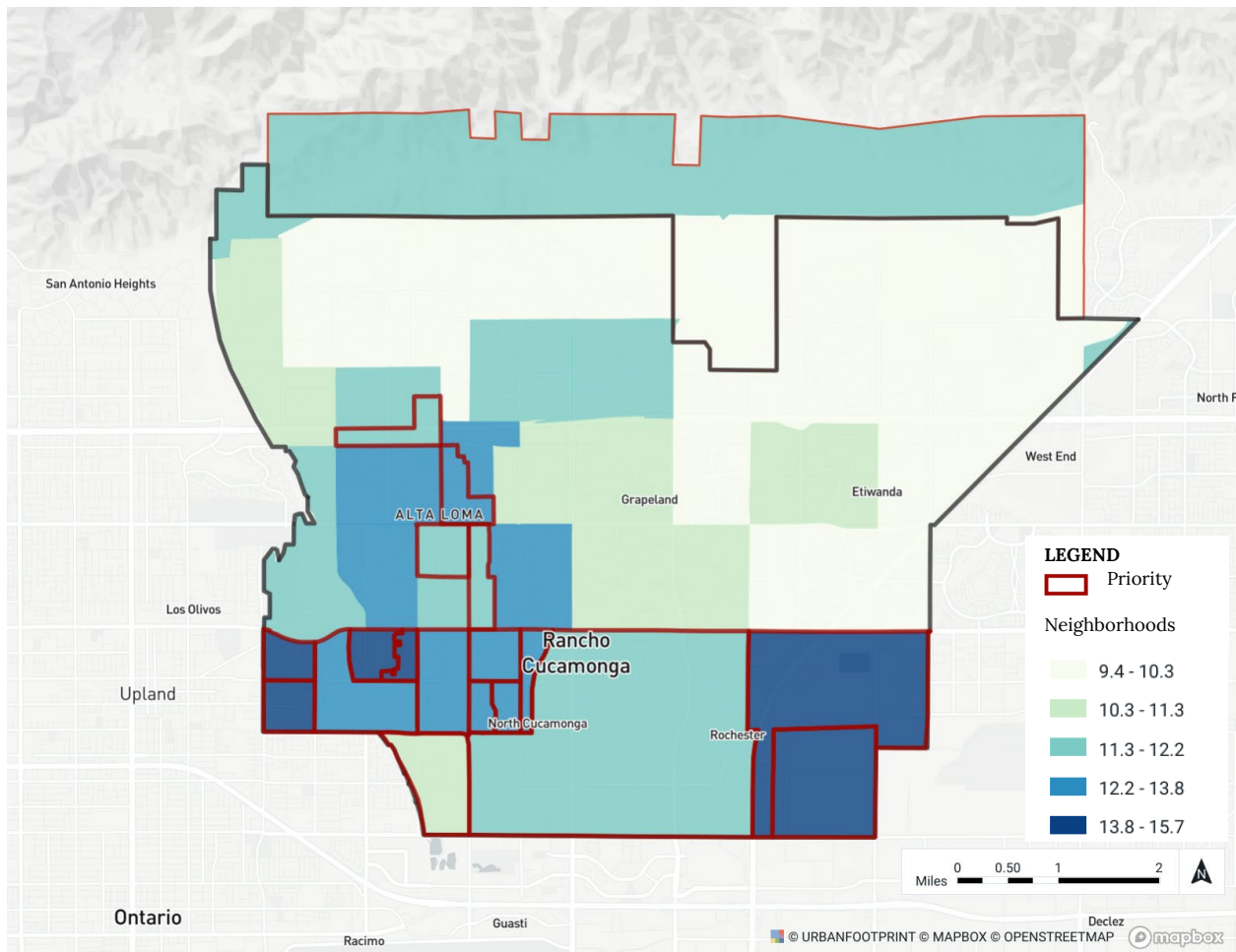
- Most (88 percent) of respondents in the Quality of Life Survey reported their mental health was good, very good, or excellent. Results show a varied range of responses across dimensions of mental health:
 - 8 percent reported that they are nervous, tense, or anxious all or most of the time.
 - 13 percent reported that they are stressed all or most of the time.
 - 3 percent reported that they are hopeless or alone all or most of the time.
 - 4 percent reported that they are sad or depressed all or most of the time.
 - 1 percent intentionally harmed themselves.
- About one in five respondents, regardless of their self-reported quality of mental health, have sought help for a mental health issue. This is closely aligned with the Surgeon General and CDC 500 Cities Project data:
 - Rancho Cucamonga adults have a similar rate of seeking help for mental health or substance use problems (16.6 percent) as adults throughout California (16.9 percent). Both of these rates are slightly higher than the San Bernardino County (15.7 percent).¹⁴

¹⁴ *ibid.*

- At the census tract level, more adults in priority neighborhoods (Census Tracts 22, 23, and 27) report prolonged poor mental health days (13.8 percent to 15.7 percent of people) compared to tracts in the northern area of the city (9.4 percent to 10.3 percent of people). Research has shown that health conditions, economic hardship, and other factors combined with disadvantages related to racial or socioeconomic disparities increase stress for poor and low-income communities.

Healthy RC and their Youth Leaders are working to address these findings. Changes in the built environment, for example, through building more inclusive gathering spaces with more greenery, diversifying the types of public amenities available, or other similar strategies that build social infrastructure can improve community social cohesion and improve socioemotional health for adults and youth. Changes to community design and development patterns can limit daily commute times which can decrease stress and improve mental health. It is also crucial to consider the development of safe spaces, whether that means safety in terms of crime or traffic, these changes can significantly improve mental health and wellness in the community.

Figure 15. Crude Prevalence of Prolonged Poor Mental Health Status, Adults, by Census Tract (2016)



Source: CDC 500 Cities, Behavioral Risk Factor Surveillance System, 2016.

Health Behaviors

Health Behaviors are individual decisions that influence one's overall health outcomes. While health behaviors are individual decisions, they are strongly influenced by the physical and social environments in which a person lives. For example, people tend to visit parks and be more physically active when parks are nearby, safe, and well-maintained. This section includes data on physical activity, diet, and preventive care for seniors. Data for these indicators are available at either the census tract or city levels.

Physical Activity and Diet

Physical activity refers to daily exercise compared to national and health organization recommended levels of exercise. This behavior is closely linked to prevention and maintenance of chronic disease and facilitated or hindered by social and economic determinants of health, including conditions of the built environment.

- Physical activity for both youth and adults in Rancho Cucamonga is equal to or better than in San Bernardino County as a whole:
 - 35 percent of adults in the city walk at least 150 minutes for transportation or leisure weekly, compared to 33.6 percent in the county; and
 - 21 percent of children in the city engage in at least 60 minutes of weekly physical activity outside of school, compared to 18.7 percent in the county.¹⁵
- Research has established a connection between lack of physical activity and higher rates of cardiovascular disease. Healthy RC addresses this through the Healthy Eating and Active Living area of work and has developed several initiatives to facilitate improvements in physical activity.
 - In the Teen Quality of Life Survey, 87 percent reported feeling their health was good, very good, or excellent.
 - The Quality of Life Survey (2019) responses show an overall more positive picture of physical health and activity than the CDC data:
 - 84 percent reported their physical health was good, very good, or excellent.
 - 76 percent are physically active at least 30 minutes a week.
 - 25 percent meet the weekly minimum recommended exercise levels (150 min/week).

Source: Centers for Disease Control. 500 Cities Database. BRFSS, 2016.

* Note: Core services considered for women include flu shot in the past year, pneumococcal shot ever, colorectal cancer screening, and mammogram

¹⁵ *ibid.*

Demographic and Socioeconomic Assessment

This chapter discusses the distribution and concentration of demographic and socioeconomic characteristics across the population and, at times, neighborhoods of Rancho Cucamonga. Indicators include: Race and Ethnicity, Language, Age, Household Income and Poverty, Education, and Employment.

Researching the demographic and socioeconomic status of a population helps planners, public health professionals, and decision makers understand how disparities in the quality of the physical environment are linked to social and economic status. This can help refine the development of environmental justice interventions in the physical environment through the General Plan update process and improve community health overall. This chapter includes data on race and ethnicity, language, age, household income and poverty, education, and unemployment.

Current population demographics from the American Community Survey (2018) are compared to recent Decennial Census data (2000 and 2010) to show change over time. Data points for the City of Rancho Cucamonga are also compared to San Bernardino County to give perspective on contrasts and similarities. Each figure or table includes information on the geographic unit of analysis used.

Race and Ethnicity

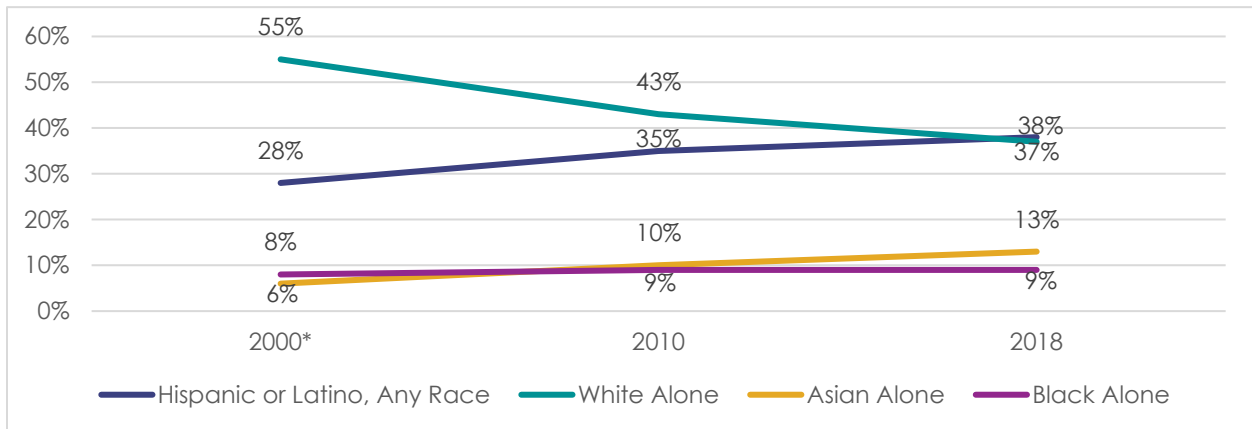
Race and ethnicity are not on their own determinants of health, rather they are closely correlated with socioeconomic status—including income and poverty—which are the strongest determinants of health outcomes.

- Black, Hispanic or Latino, Asian, Native American and Hawaiian (or Pacific Islander), and other people of color live throughout the city’s neighborhoods and comprise over half (63.6 percent) of all Rancho Cucamonga residents, compared to 71.6 percent in San Bernardino County.¹⁶
 - 38 percent of all City residents identify as Hispanic or Latino (of any race)
 - 13 percent of all City residents identify as Asian alone
 - 9 percent of all City residents identify as African American alone
 - 3 percent of all City residents identify as other; and
 - 0.6 percent of all City residents identify as Native Hawaiian and Other Pacific Islander alone.
- Since 2010, the Asian population has doubled, from 6 percent in 2000 to 13 percent in 2018. The Hispanic or Latino population has also shown an increase, from 28 percent to 38 percent during the same period. The White population, on the other hand, has steadily decreased from 55 percent in 2000 to 37 percent in 2018 (Figure 16).¹⁷

¹⁶ US Census (2000). American Community Survey 5-year estimates (2010-2018)

¹⁷ US Census (2000). American Community Survey 5-Year estimates (2010-2018).

Figure 16. Demographic Change in Rancho Cucamonga (2000-2018)



Source: US Census. American Community Survey 5-Year Estimates, 2018.

Source: US Census. American Community Survey 5-Year Estimates, 2018.

Language

In the City of Rancho Cucamonga, as across the United States, English is a primary language of communication; schools, government agencies, decision makers, media, and healthcare information all are primarily communicated in English and sometimes translated or interpreted into other languages spoken by a target audience population. The top five languages spoken, other than English, are Spanish, Chinese (Mandarin and Cantonese), Tagalog, Arabic and other Indo-European languages. Language and English literacy skills are, thus, determinants of health because they facilitate the flow of information.

- More than a third (33 percent) of Rancho Cucamonga residents speak another language, compared to 42 percent in San Bernardino County.¹⁸
- Of residents that speak another language, 22 percent speak English “very well” and 13 percent speak English “less than very well.”¹⁹
- Of residents that speak English “less than very well”:

Language	Percent that speaks English “less than very well”
Spanish	47%
Indo-European	11%
Asian or Pacific Island	35%
Other	7%

¹⁸ US Census (2000). American Community Survey 5-Year estimates (2018).

¹⁹ *ibid.*

- Among Hispanic or Latino residents, 49 percent speak only English, 38 percent identify speaking English “very well,” and 13 percent identify speaking English less than very well. Among Asian residents, 31 percent speak only English, 31 percent identify speaking English “very well,” and 38 percent identify speaking English less than very well (Table 3).²⁰

Table 3. English Proficiency by Race/Ethnicity in Rancho Cucamonga, Compared to San Bernardino County (2018)

		Percent of Population	Speak Only English	Speak Another Language	Speak English "Very Well"	Speak English "Less than Very Well"
Total	Rancho Cucamonga		67%	33%	22%	13%
	San Bernardino		58%	42%	27%	16%
Hispanic or Latino	Rancho Cucamonga	38%	49%	51%	38%	13%
	San Bernardino	53%	33%	67%	45%	22%
White	Rancho Cucamonga	37%	91%	9%	6%	3%
	San Bernardino	29%	94%	6%	5%	2%
Asian	Rancho Cucamonga	13%	31%	69%	31%	38%
	San Bernardino	7%	24%	76%	41%	35%
Black	Rancho Cucamonga	9%	90%	10%	9%	1%
	San Bernardino	8%	93%	7%	6%	1%

Source: US Census. American Community Survey 5-Year Estimates 2013-2017.

Age

Understanding the age distribution of a population is important because people of different ages and genders have different health needs and interact differently with components of the physical environment. For example, children may have specific developmental growth health needs and be less able to navigate communities on their own, while older adults may have more chronic health issues.

- Approximately one quarter (26 percent) of people in Rancho Cucamonga are 19 years old or younger, slightly less than the County (29 percent).²¹

²⁰ ibid.

²¹ ibid.

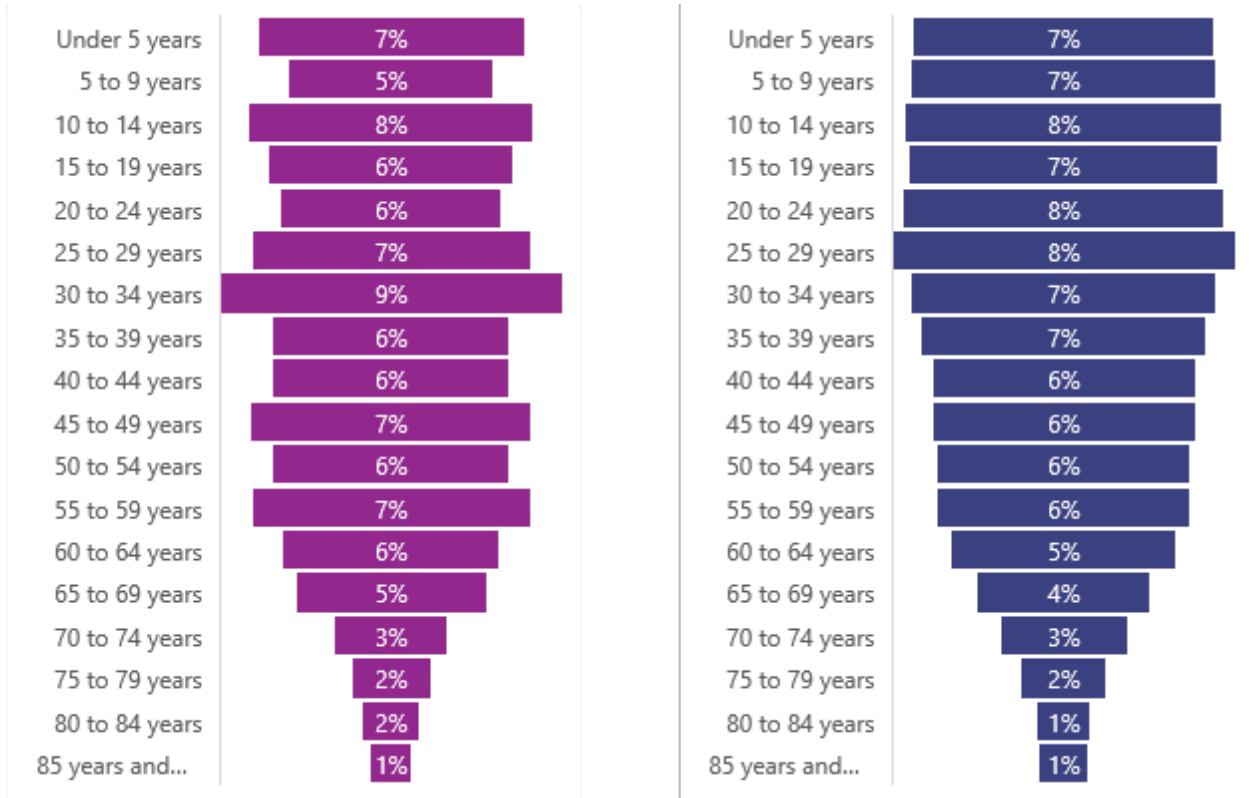
- There is a higher number of adults between the ages of 30–34 (9 percent), compared to all younger population groups in the City (Figure 17).
- Compared to the County (22 percent), there are slightly more older adults in the City (26 percent) over the age of 55 (Figure 17).
- There is a lower population of children under the age of 5 in Rancho Cucamonga (6.5 percent) compared to the County (7.2 percent) (Figure 17). The majority of these children, as seen in Figure 18, are Hispanic or Latino (43 percent), followed by White (30 percent), Asian (15 percent), and Black (8 percent).²²
- As seen in Figure 19, older adults—for both age groups 65–84 and 85 and over—have a very different race/ethnicity distribution than children, with most (53 and 59 percent) identifying as White.²³ This is commonly referred to as the racial generation gap and may have significant implications for the social and emotional health of young people.²⁴
- The highest concentration of children under the age of 5 are in the northeast, central, and central south of Foothill Boulevard areas of the city.

Figure 17. Age Distribution Pyramids, Rancho Cucamonga Compared to San Bernardino County (2018)

²² *ibid.*

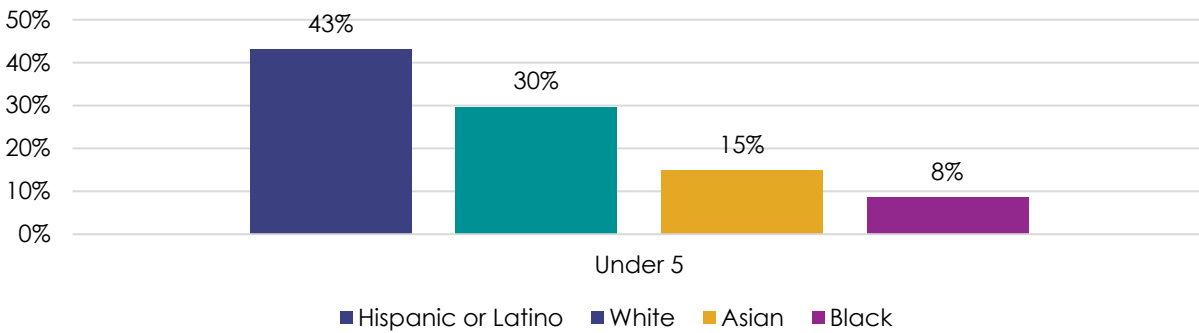
²³ *ibid.*

²⁴ PolicyLink and the USC Program for Environmental and Regional Equity (PERE)—whose director, Professor Manuel Pastor, gave a presentation during a Culver City GPU Speaker Series event—has produced a wide body of research in support of understanding and bridging the racial generation gap. For more information and resources such as the report “*Talkin’ Bout Our Generations: Data, Deliberation, and Destiny in a Changing America*” (2015), visit: <https://dornsife.usc.edu/perc/generations-data-deliberation/>.



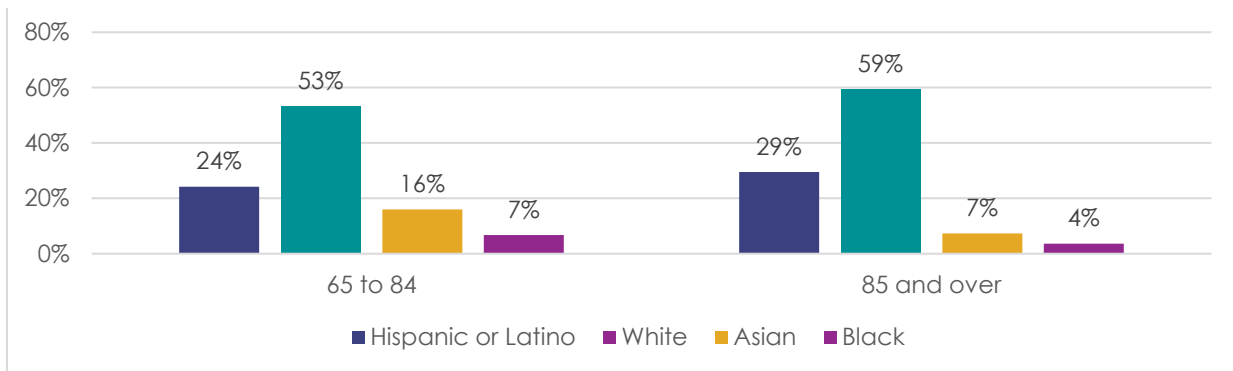
Source: US Census. American Community Survey 5-Year Estimates, 2018.

Figure 18. Children Under 5 by Race/Ethnicity in Rancho Cucamonga (2018)



Source: US Census. American Community Survey 5-Year Estimates, 2018.

Figure 19. Older Adults by Race/Ethnicity in Rancho Cucamonga (2018)



Source: US Census. American Community Survey 5-Year Estimates, 2018.

Household Income

Income has the most significant impact on health outcomes: it determines, among other things, the ability to afford quality housing, live in areas free of pollution, afford healthcare, and purchase healthy foods. Nevertheless, combined with the legacy of racial and economic segregation, income itself, even when holding race and ethnicity constant, is not sufficient to mitigate historically entrenched health and environmental justice disparities. Taking proactive steps to support access to housing, parks, and economic opportunity for low income communities can play a powerful role in transforming health outcomes across the city.

- On average, all racial and ethnic groups in Rancho Cucamonga have higher median household incomes than their counterparts in the County of San Bernardino and differences across median household income by race or ethnicity are lower in the city than in the county (Figure 20).
- There is an approximately \$11,500 difference between White households and Black/African American households (\$92,288 versus \$80,739) but this is less than the difference at the County level, where White households have a \$64,704 median income and Black/African American households have a \$45,424 median income (Figure 20).

- The community areas with the lowest incomes, as shown in Figure 7 for the analysis of disadvantaged communities, are in the areas south of Foothill Boulevard or generally near or west of Haven Avenue, between Interstate-10 (I-210) and Interstate-210 (I-210).

Educational Attainment

Education is another social and economic determinant of health that in and of itself does not determine health outcomes, rather it is related because it determines a person's ability to access higher paying jobs. Higher income then enables individuals to access better quality care, housing, and other health-promoting services and goods.

- Asian adults have the highest educational attainment of all ethnic/demographic groups with 56 percent of the adults having a bachelor's degree (Figure 21).
- Asian adults have nearly 2.5 times the educational attainment as Hispanic/Latino adults (56 percent compared to 22 percent).
- Black/African American and White adults have the same level of educational attainment with 36 percent achieving a bachelor's degree or higher.
- Across all racial and ethnic categories, the City of Rancho Cucamonga has, on average, higher educational attainment levels than the County.
- Generally, the areas with the lowest educational attainment are south of Foothill Boulevard and the areas with the highest educational attainment are north of the I-210.

Unemployment and Poverty

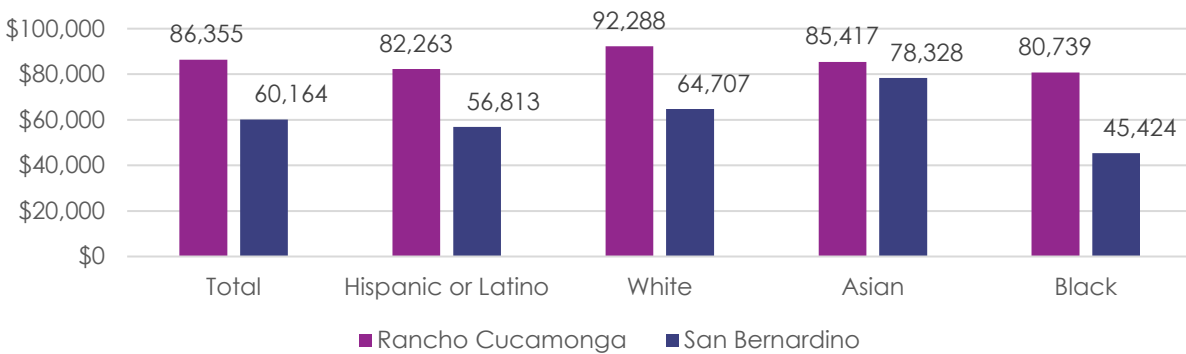
Unemployment rates measure the percent of the population that is actively looking for but unable to secure employment, but they do not paint a full picture of the population that lives with fixed, limited, or no income. Poverty rates can be used to supplement the unemployment data and provide an understanding of the distribution and concentration of residents who face cumulative barriers to accessing health-promoting resources and services, who may be experiencing elevated levels of mental distress, or who may be most vulnerable to sudden economic or natural crises.

- The unemployment rates are lower in the city versus the county across all racial and ethnic groups (Figure 22). Despite overall low unemployment rates, there are pockets of very high unemployment in the city that align with priority neighborhood boundaries, which take race / ethnicity and other socioeconomic conditions into account:
 - In Rancho Cucamonga, the Black/African American population has unemployment rates that are double the rates for White and Asian populations. As discussed earlier in this report, the current conditions related to unemployment are changing due to the COVID-19 Pandemic.
 - The community areas with the highest unemployment rates are priority neighborhoods south of Foothill Boulevard. Prior to the COVID-19 Pandemic, two block groups in the western area south of Foothill Boulevard had unemployment rates over 15 percent.
- Poverty rates are much lower in the city than the county as a whole and across all racial and ethnic groups (Figure 23). Despite these low rates of poverty, there are

differences across racial and ethnic groups and, spatially, there are pockets of concentrated poverty that align closely with priority neighborhood boundaries:

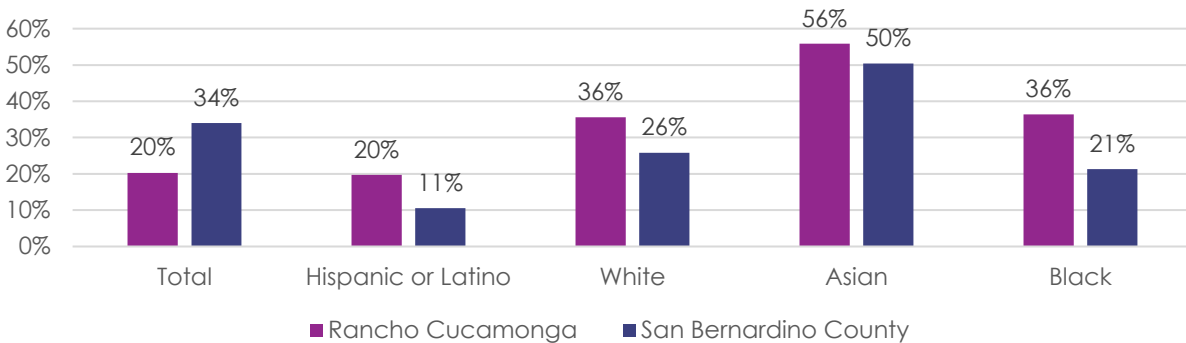
- Black/African American and Hispanic/Latino populations have poverty rates of 10 percent and 9 percent respectively compared to Asian and White (7 percent each).
- Nearly half of priority neighborhoods south of Foothill Boulevard have poverty rates above 20 percent with one block group in the westernmost area having an unemployment rate of nearly one-third of the population (between 30 and 32.2 percent).

Figure 20. Median Household Income, Total and by Race/Ethnicity in Rancho Cucamonga, Compared to San Bernardino County (2018)



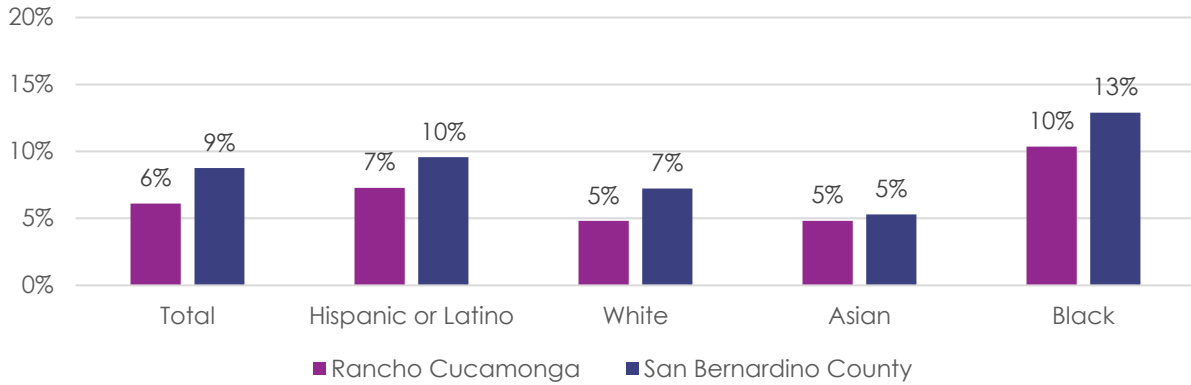
Source: US Census. American Community Survey 5-Year Estimates, 2018.

Figure 21. Percent of the Population with a Bachelor's Degree or Higher, Total and by Race/Ethnicity in Rancho Cucamonga, Compared to San Bernardino County (2018)



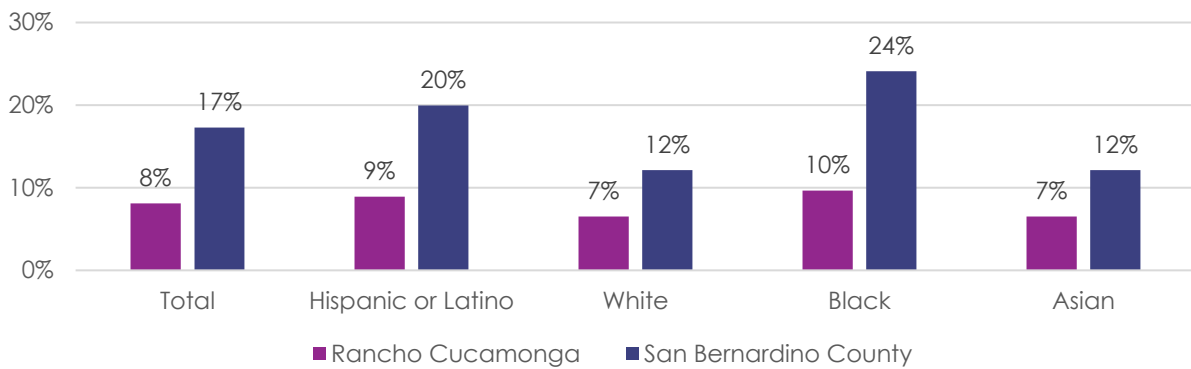
Source: US Census. American Community Survey 5-Year Estimates, 2018.

Figure 22. Unemployment Rates by Race/Ethnicity in Rancho Cucamonga, Compared to San Bernardino County (2018)



Source: US Census. American Community Survey 5-Year Estimates, 2018.

Figure 23. Total Population Below Poverty by Race/Ethnicity in Rancho Cucamonga, Compared to San Bernardino County (2018)



Source: US Census. American Community Survey 5-Year Estimates, 2018.

Healthy Communities Assessment

This assessment discusses each of the healthy communities components and indicators identified in Figure 2. It intersects information from the first three assessments with maps and data on the physical environment in Rancho Cucamonga.

Community health depends on many factors. The field of public health has historically been concerned with increasing healthy behaviors and access to preventive care to decrease incidence and mortality rates of disease. In addition, the cleanliness of water and air, among other aspects of the built environment, are larger scale factors that impact the health of populations.

Healthcare Status

Two barriers to achieving higher rates of healthy behaviors—such as use of preventive care services or screenings—are affordability and proximity. Many people put off visits to doctors or specialists due to high costs. This is especially true if individuals are uninsured, which then results in worsening of conditions and, often, increased visits to the emergency room. Health insurance coverage, thus, is an important determinant of access to healthcare because it can lower the costs of doctors' visits and medicines. Proximity to providers also influences the ability and willingness of people to access care. While the General Plan cannot determine health insurance coverage, it can address access to health-promoting infrastructure through identification of areas of the community where there is low insurance coverage and limited physical proximity to healthcare.

Barriers to Care

- Respondents to the Quality of Life Survey (2019) identified the following barriers to accessing health services, overall:
 - 9 percent could not get appointment or wait is too long to get an actual appointment.
 - 6 percent Insurance did not cover what they needed
 - 5 percent had no health insurance.
 - 5 percent doctors would not take their insurance.

Insurance Coverage

- Almost all people in Rancho Cucamonga have insurance coverage (94.3 percent). This is significantly better than the insurance coverage rate for San Bernardino County (90.6 percent).²⁵
- Across all racial and ethnic groups, Rancho Cucamonga has lower rates of uninsured people when compared to the county. This is true for all groups except for the Black or African American population, for which it is higher: 8.1 percent in Rancho Cucamonga, compared to 6.5 percent in San Bernardino County (Figure 24).
- As shown in Figure 25, there are city areas where there are high rates of uninsured persons:

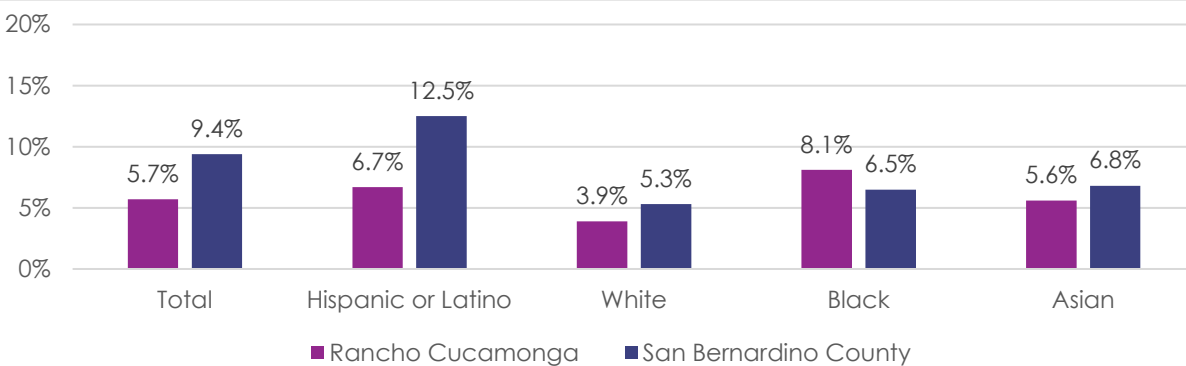
²⁵ US Census. American Community survey 5-Year Estimates (2018).

- Census Tract 25, identified as a priority neighborhood, has a rate of 20-21.6 percent uninsured people.
- Census Tracts 6, 22, 27, and 29, at various edges of the city, also have several block groups with rates of 15 to 20 percent uninsured people.
- Areas north of the I-210 all generally have the lowest rates of uninsured people (0 percent to 10 percent) (Figure 25).

Healthcare Facilities

- There are 60 healthcare facilities in Rancho Cucamonga. The majority of these (54) are home health agencies or hospice facilities and are concentrated in the central and southern areas (Figure 26). This map shows that there are very few facilities in the northern half of the city where the greatest percentage of adults 65 and older live, which may be an issue for both access to preventive care and during medical emergencies over time.
- While Figure 26 and Table 4 show that within Rancho Cucamonga only one facility is classified as a community clinic and another as a general acute care hospital, there is generally a lower level of service of healthcare facilities in the city (Figure 26). There are general acute care hospitals in neighboring cities like Ontario and Upland, so this access to hospitals is not likely an issue for non-emergency care.²⁶ Nevertheless, there may be an issue for residential or first responder access due to the prolonged travel time needed to access a hospital in medical emergency situations.

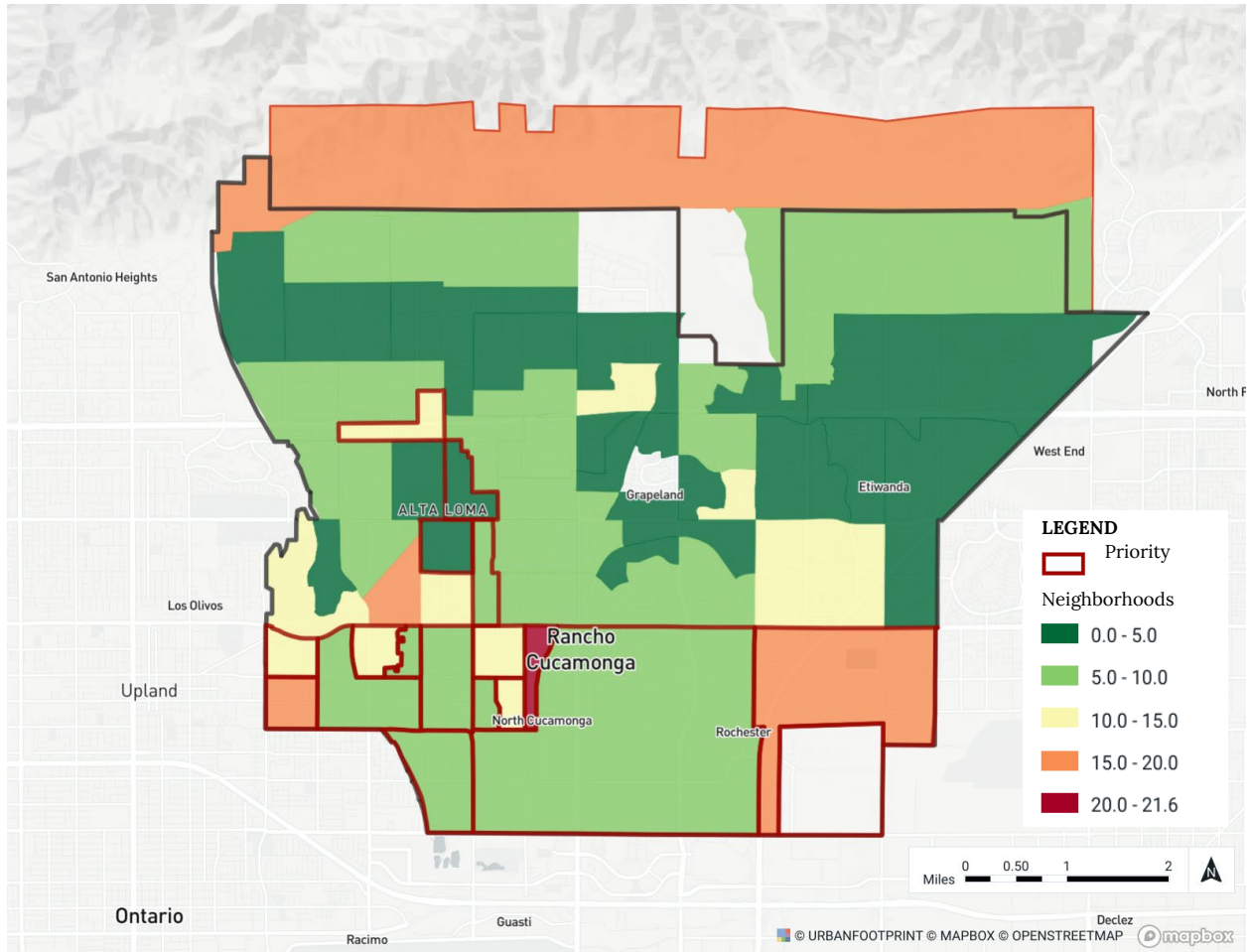
Figure 24. Percent Uninsured Persons, by Race/Ethnicity in Rancho Cucamonga, Compared to San Bernardino County (2018)



Source: US Census. American Community Survey 5-Year Estimates, 2018.

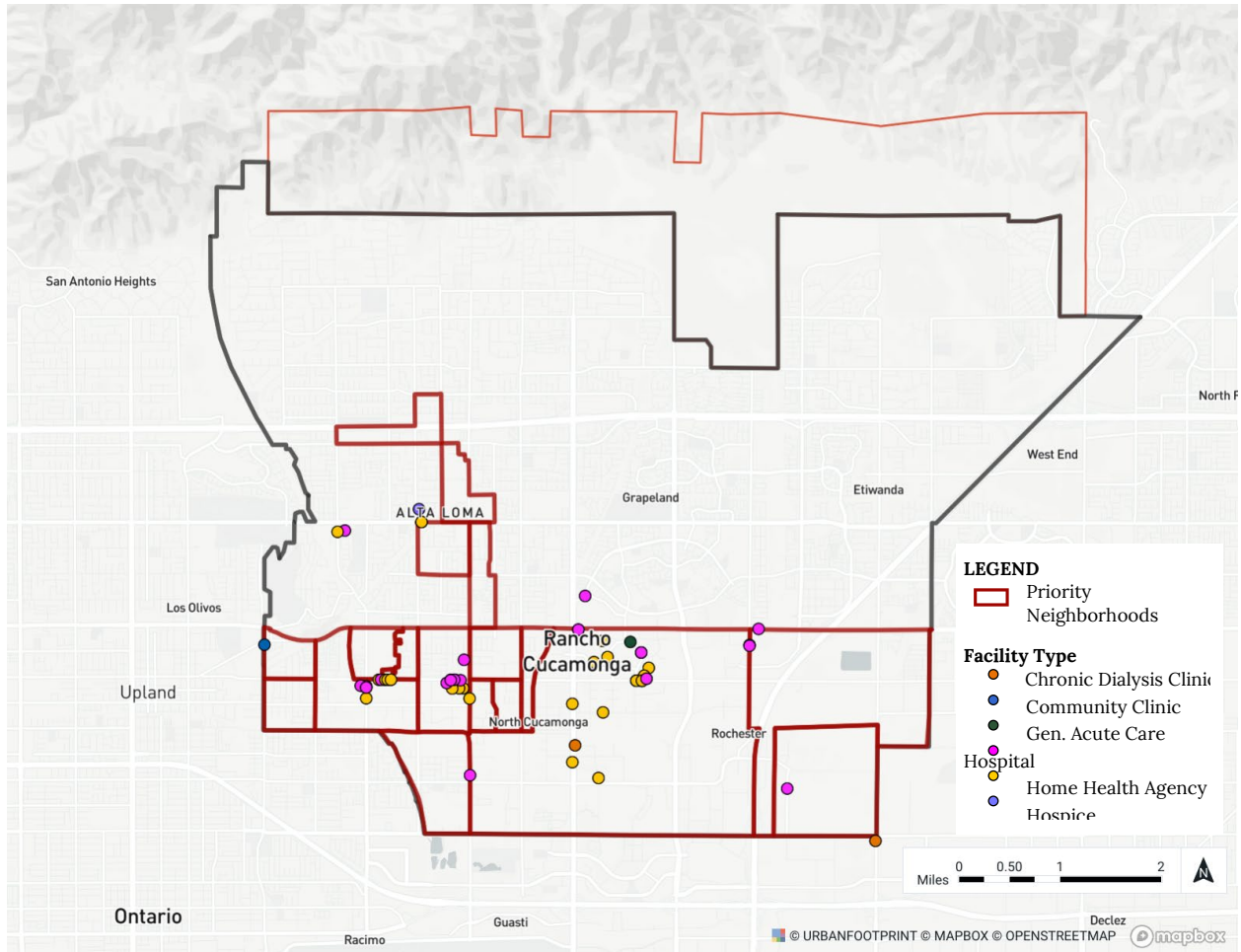
²⁶ This was a comment heard several times during the stakeholder interviews conducted in the discovery phase of the general plan update.

Figure 25. Percent Uninsured People, by Census Block Group (2018)



Source: US Census. American Community Survey 5-Year Estimates, 2018.

Figure 26. Licensed Healthcare Facilities in Rancho Cucamonga, by Type (2020)



Source: Office of Statewide Planning and Development, 2020.

Table 4. Total Licensed Healthcare Facilities by Type in Rancho Cucamonga (2020)

Facility Type	Count
Chronic Dialysis Clinic	3
Community Clinic	1
General Acute Care Hospital	1
Home Health Agency	23
Hospice	31
Skilled Nursing Facility	1
Grand Total	60

Source: Office of Statewide Planning and Development, 2020.

Housing Affordability

Housing is a basic human need and having safe, affordable, and healthy housing is critical to overall health and wellness. This section examines two components of housing: housing tenure and housing cost burden. Housing tenure is whether residents rent or own their homes. Research has found that owners have more stable housing since they are not subject to rent increases or evictions. Housing cost burden applies to both renters and owners. Households that pay more than 30 percent of their income on housing costs are considered "cost-burdened." Housing cost burden is a critical issue in Rancho Cucamonga and impacts the ability of households to pay for basic needs, including food, transportation, childcare, and medical care. For those who are overburdened, it can lead to homelessness.

Tenure

- Over half of Rancho Cucamonga households own their homes (61.5 percent), compared to 59.3 percent in San Bernardino County.²⁷
- In Rancho Cucamonga, 38.5 percent of households rent their home, compared to 40.7 percent in San Bernardino County. The highest concentration of renter-occupied households is south of Foothill Boulevard, with some pockets north of Foothill Boulevard.²⁸

Housing Cost Burden

- In Rancho Cucamonga, one third (33 percent) of all owner-occupied households are housing cost-burdened, a rate that is similar to that of San Bernardino County (32 percent). The rate is almost double for all renter-occupied households (54 percent), which is similar to the 58 percent in San Bernardino County.²⁹
 - The similar rate may have different impacts on overall health and wellbeing in Rancho Cucamonga versus in the County of San Bernardino: overall, both renter- and owner-occupied households have a higher income than in the county, so the remaining 70 percent of income not spent on housing may still be enough to afford other goods and services. Housing cost-burden, though, may still be an issue to address in the event that rents and housing prices continue to increase, while wages stagnate or are significantly reduced in the case of an emergency. For lower-income households, high housing costs place significant strains and disparities in rent burden and are magnified across racial and ethnic lines.
- Renter-occupied cost-burdened households are distributed across the city with concentrations south of Foothill Boulevard, which generally correspond to the lower income areas of the city and are some of the areas identified as priority neighborhoods in the SB 1000 analysis.
- When housing prices force typical households to spend more than 30 percent of their income on rent, those communities are more likely to experience increases in homelessness. Based on 2019 Point in Time Count (PITC) Data, Rancho Cucamonga had a total of 58 homeless individuals (10 sheltered and 48 unsheltered). Although this number seems low, please note that it is not representative of the homeless

²⁷ US Census (2000). American Community Survey 5 Year Estimates (2017)

²⁸ *ibid.*

²⁹ US Census (2000). American Community Survey 5 Year Estimates (2018)

population in the City, as the PITC only has data on homeless individuals counted on that specific day of the count. Providing affordable housing options can prevent individuals/families from becoming homeless and removing barriers to affordable housing can help homeless individuals transition into more stable housing environments.

Public Safety

A variety of factors can impact community safety, including underemployment, the presence of gangs, racism, and lack of youth and family activities. Urban design has also been linked to crime and safety issues for vulnerable populations, including people with disabilities, older adults, children, pedestrians, and cyclists. Violent crime, such as homicides, directly affect the health outcomes of communities. Direct exposure to physical violence is also associated with a range of negative mental health consequences, such as depression, anxiety, suicide, and post-traumatic stress disorder. The perception of crime can also impact individual health, businesses, and social cohesion.

Real and perceived crime can have health, social, and behavioral implications. This section includes data from the Quality of Life Survey and indicators for property crimes and violent crimes.

- Healthy RC frames issues of public safety within the context of Community Connection and Safety. The Quality of Life Survey (2019) found that most respondents feel connected and safe:
 - 86 percent agreed that Rancho Cucamonga is a good place to raise children.
 - 77 percent agreed that Rancho Cucamonga is a safe place to live.
 - 55 percent agreed that there is plenty of help for people during the times of need in Rancho Cucamonga.
 - 44 percent feel connected to the community.
- Generally, the City of Rancho Cucamonga's community trust the police and law enforcement to do what's right, as shown in Figure 27. The census tracts located in the southern portions of the City display less trust in police and law enforcement, compared to the census tracts in the northern part of the City. Decreased trust in police and law enforcement is often associated with lower socioeconomic status and people of color. Census Tract 27 displays the least amount of trust (75%) in police and law enforcement but it is important to note that within Census Tract 27 is a Detention Center which could skew the results.
- Property crimes account for the most crime across the city and the county. Generally, there have been fluctuations in property crimes since 2008, with some upward increases between 2010-2012 and 2014-2017.³⁰
- Generally, there has been an overall decrease in violent crimes since 2008. Between 2008-2018, violent crimes in the city fluctuated, as shown in Figure 28. Periodic fluctuations are common for city-level crime rates and may be impacted by the local economy, policing, and social factors.³¹

³⁰ FBI Data Explorer (2008-2018)

³¹ *ibid.*

Figure 27. Trust in Police and Law Enforcement, as Reported by Healthy RC's Quality of Life Survey. (2019)

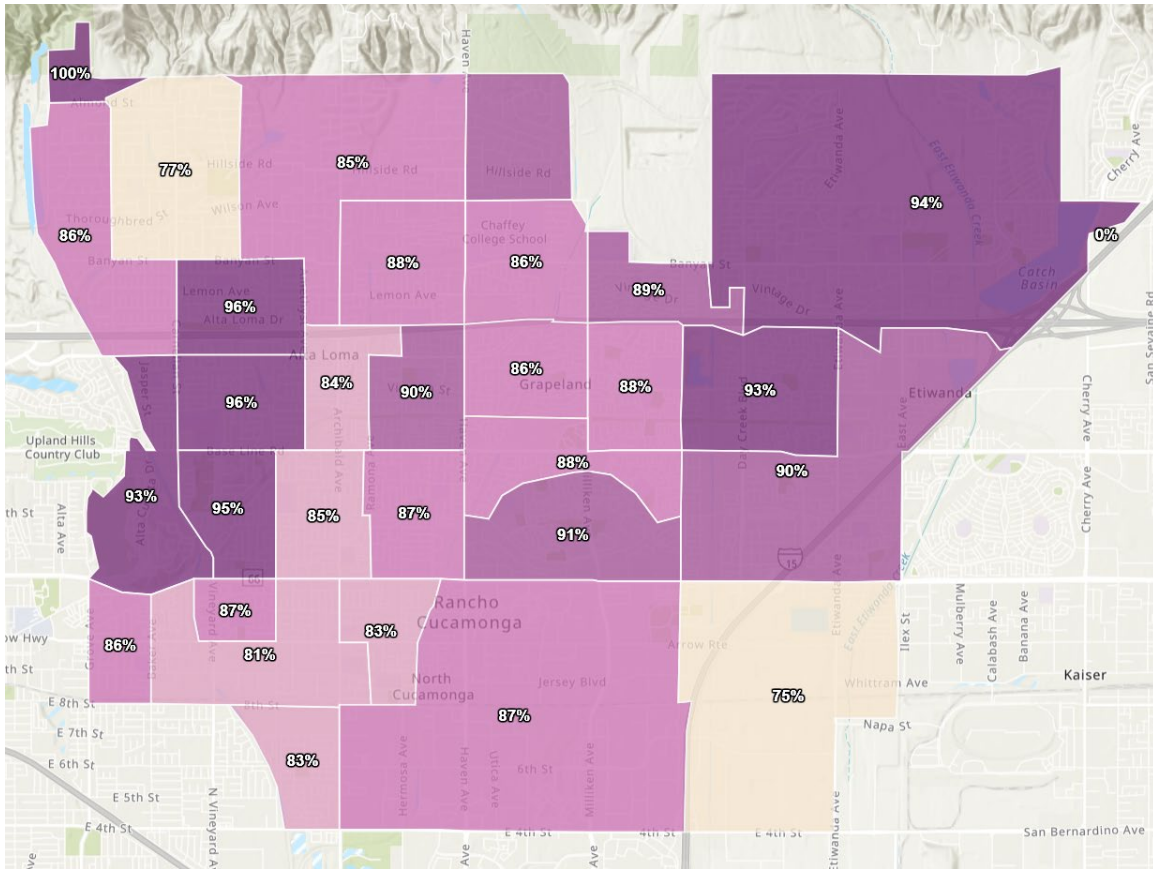
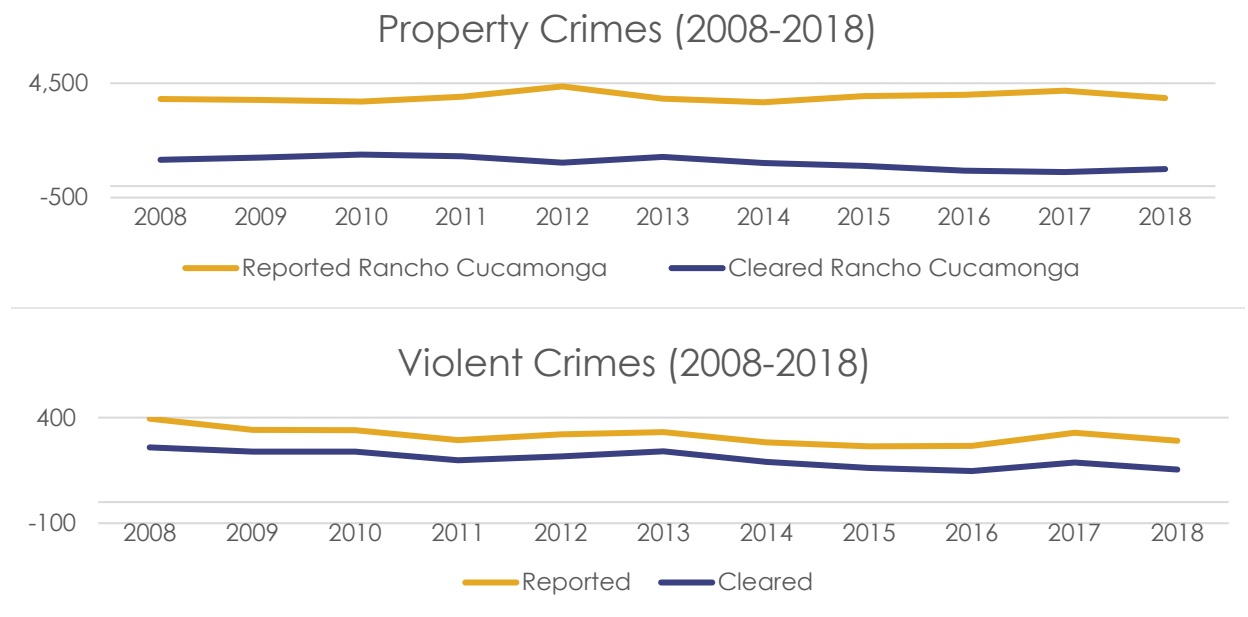


Figure 28. Property and Violent Crimes in Rancho Cucamonga, as Reported by Police Dept. (2008-2018)



Source: Rancho Cucamonga Police Department, 2020.

Walkability and Mobility

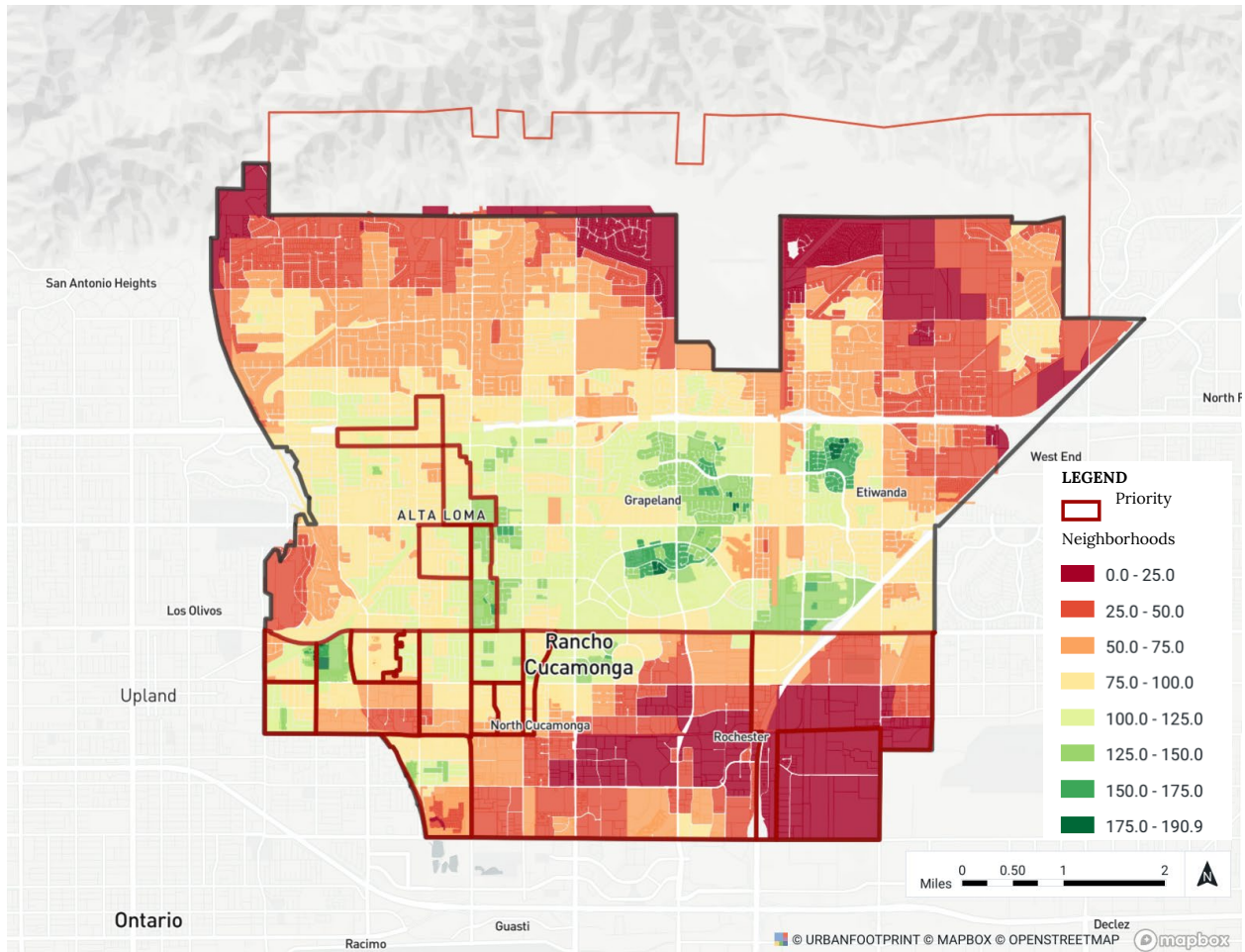
A person's preferred and actual mode of transportation depends on several factors, from travel distance, to cost, to scheduling, to accessibility, and more. The mode share and frequency of use of each type of use then impacts a person's health. For example, research shows that driving for long periods of time contributes to increased rates of obesity and, in the big picture, vehicular traffic is the greatest contributor to greenhouse gases and poor air quality—which causes, complicates, and accelerates many of the serious health conditions in the City of Rancho Cucamonga and throughout California. The physical environment, including walk access to parks, schools, commercial uses, and transit, also has an influence on health outcomes since there is a strong correlation between walking and lower obesity rates and reduced vehicle use.

This section covers a variety of topics related to walkability and mobility that impact overall health outcomes of Rancho Cucamonga residents. Individually and collectively, these indicators paint a picture of health and transportation in the city. Please note that many of these maps were prepared for other reports, particularly the Mobility Report and the Land Use and Urban Design Report, and are included here as supplementary information for the Healthy Communities Assessment.

Intersection Density

- Intersection density (measured as the number of intersections per square mile) is an indicator of the overall walkability of a community as shorter blocks are correlated to increased rates of walking. Thus, locations with a higher intersection density have smaller blocks and higher rates of walking while areas with lower intersection densities correspond to increased VMT and less walking.
- Rancho Cucamonga's historical development patterns as a suburban community results in an overall low level of intersection density across the city (Figure 29). Areas with concentrations of large lot single-family homes and industrial uses tend to have some of the lowest intersection density scores in the city. The most walkable areas (according to this metric) are located in the center third of the city on and around Foothill Boulevard. Interestingly, the areas that have the highest intersection densities are also the areas that have the greatest mix of uses (residential and commercial) in close proximity to one another. This map is useful to identify locations where new pedestrian connections or new blocks can be created to enhance walkability.

Figure 29. Intersection Density (Intersections per Square Mile) in Rancho Cucamonga (2020)

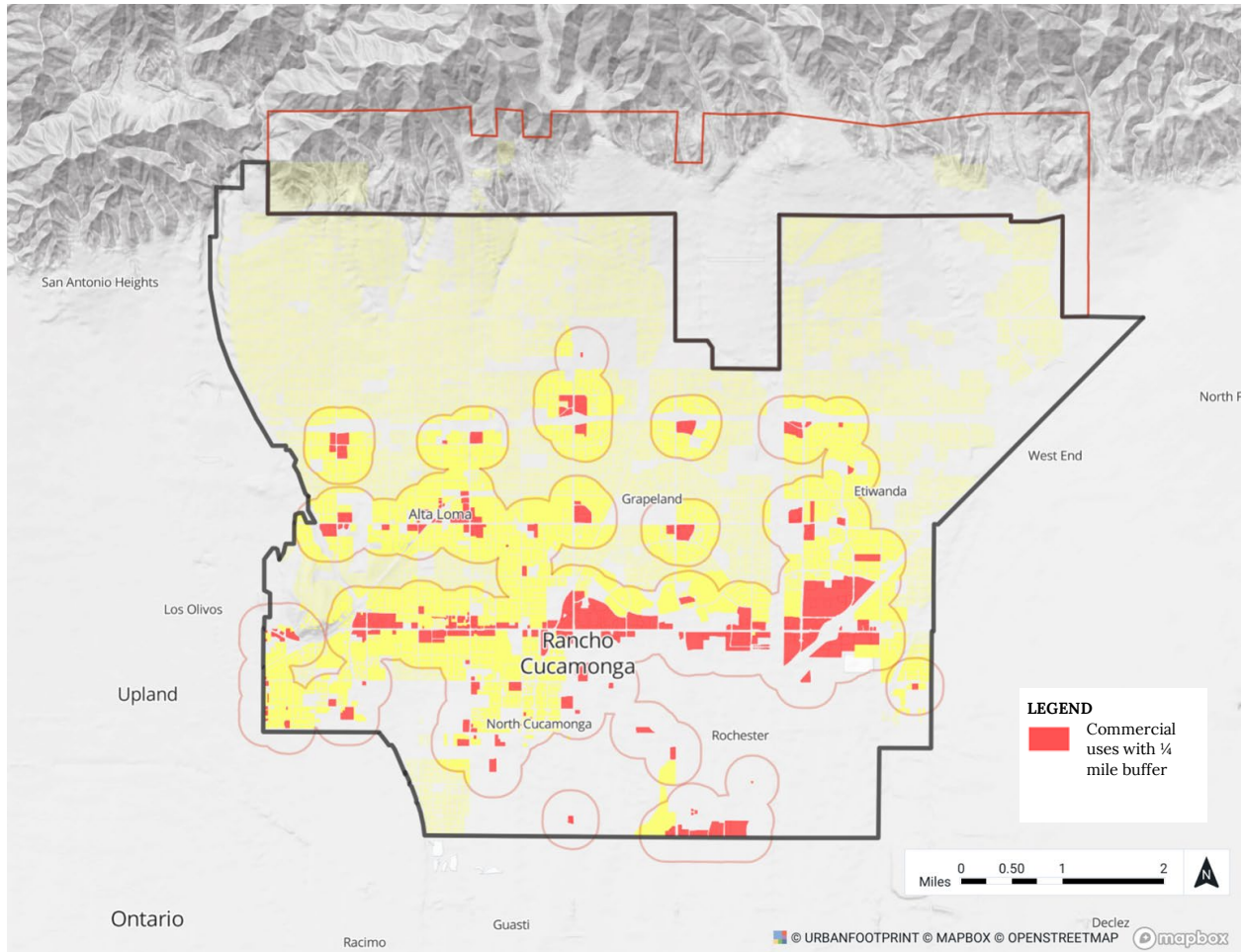


Source: Urban Footprint Base Canvas, 2020. Prepared for the Land Use and Urban Design Existing Conditions Report

Walk Access to Commercial Uses

- Figure 30 shows commercial uses in the city and residential locations within a quarter mile of these uses. Research has found that residents within walking distance to goods and services tend to walk more and drive less. Thus, walk access to commercial uses is an important indicator of health.
- The map also identifies locations where the City could target new commercial uses to bring existing residents closer to daily goods and services. As is shown in Figure 30, the large lot single family areas north of the I-210 and the southeast are of the city have the lowest access to commercial uses whereas the areas in the southwest and along Foothill Boulevard tend to have the highest access to commercial uses.

Figure 30. Walk Access from Residential Uses to Commercial Uses in Rancho Cucamonga (2020)

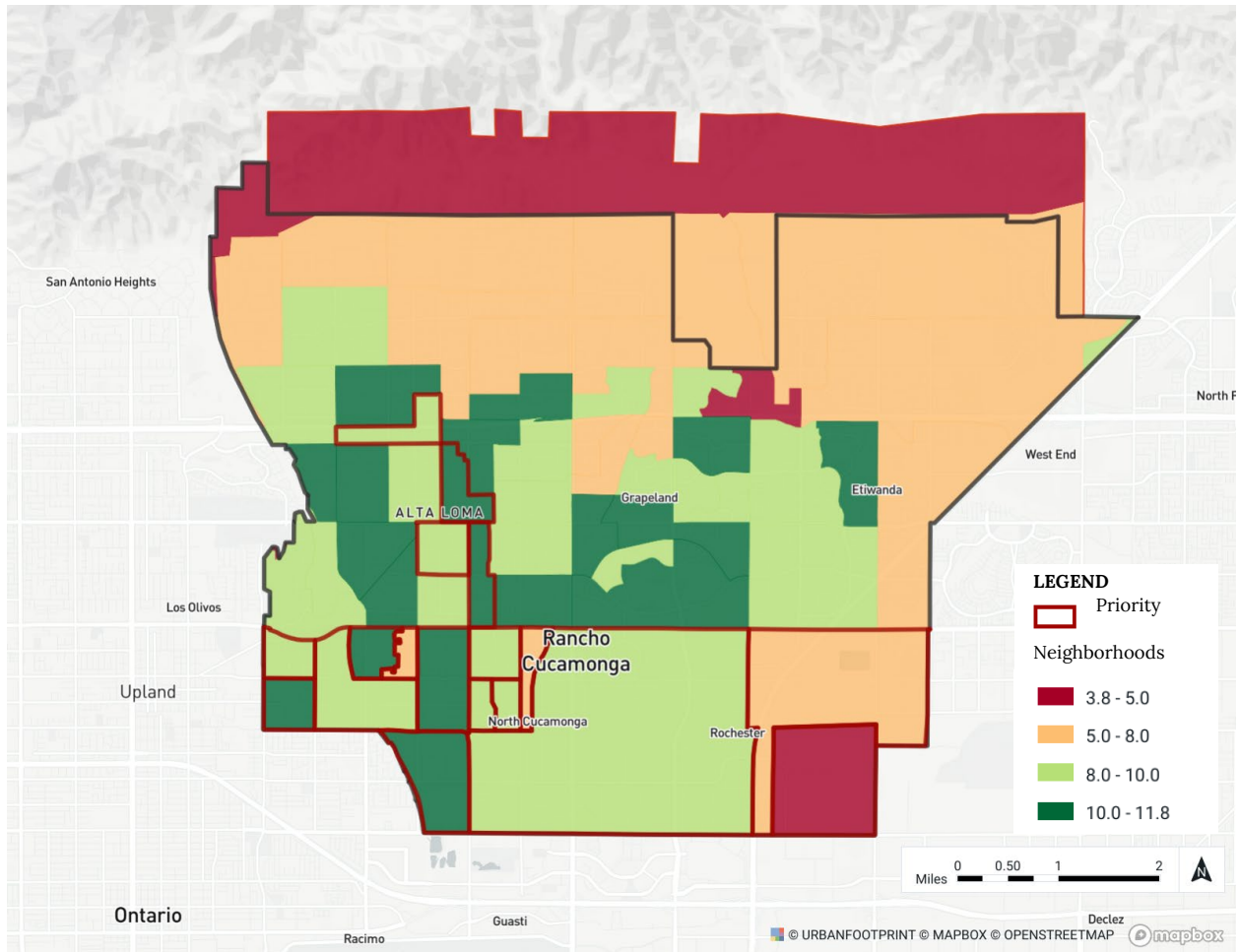


Source: Urban Footprint Base Canvas, 2020. Prepared for the Land Use and Urban Design Existing Conditions Report

Walkability Index

- The Walkability Index is an analytical tool developed by the U.S. Environmental Protection Agency and included in the UrbanFootprint scenario planning software. The Index includes measures of walkability including intersection density and access to goods and services and is calculated by census block group. As is shown in Figure 31, the areas with highest walkability scores are the same areas with the highest intersection densities and the best residential access to commercial uses (see the previous two figures).
- This map supports the conclusions that areas with large lot single family homes, lack of services within walking distances, and large industrial areas tend to be the least walkable, whereas areas with a greater mix of uses and smaller blocks tend to be more walkable.

Figure 31. Walkability Index Scores in Rancho Cucamonga, by Census Block Group (2014)**



Source: US Environmental Protection Agency, National Walkability Index. Accessed through Urban Footprint Base Canvas, 2020. Prepared for the Land Use and Urban Design Existing Conditions Report

* The National Walkability Index from US EPA aggregates the following data at block group level: Intersection density; Mix of employment types; Mix of occupied housing + employment types; Predicted commute mode split.

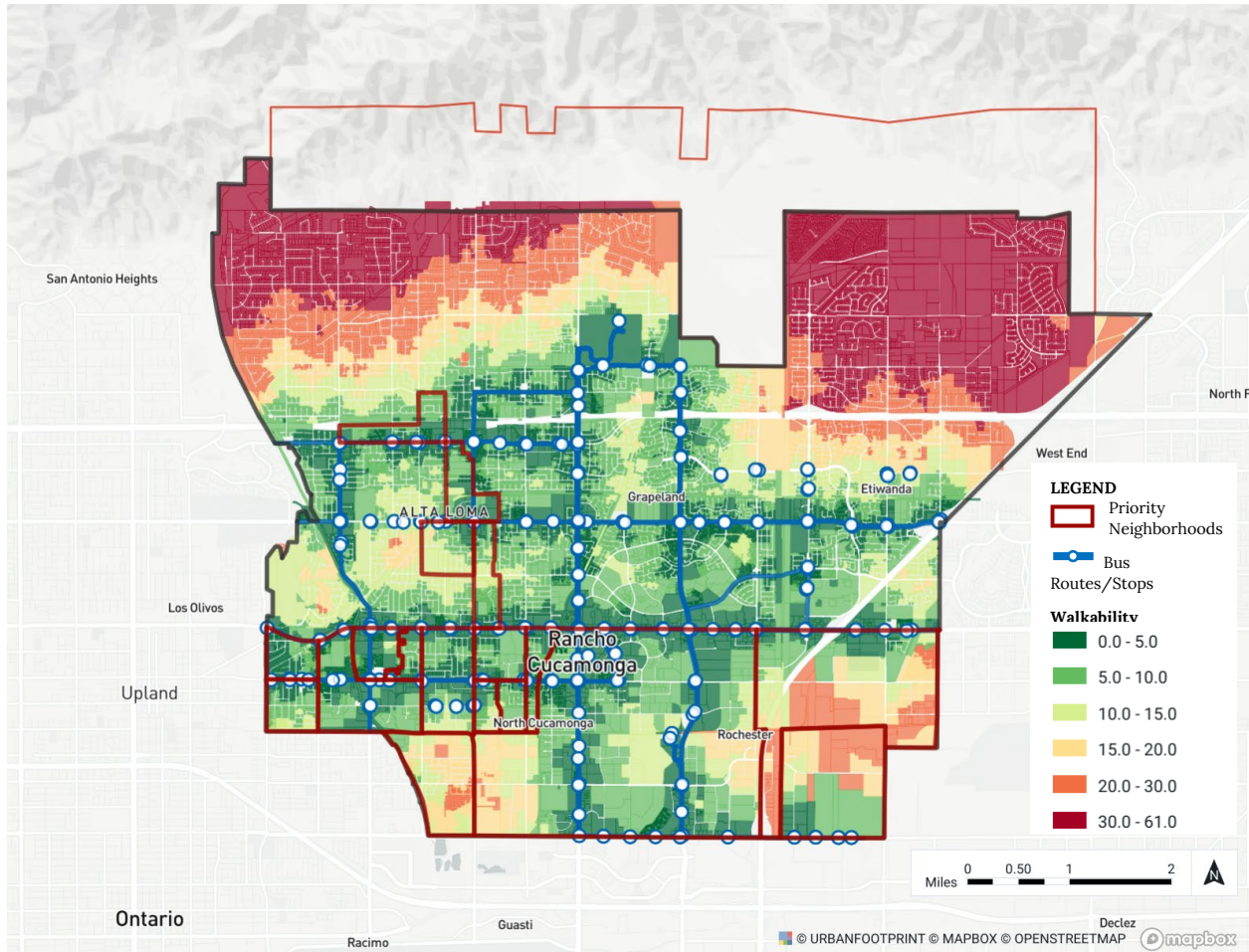
**Interpreting scores: Higher score means higher suitability for walking as a means of travel

Walk Access to Transit Stops

- Figure 32 shows the walking distance to each transit stop in the City of Rancho Cucamonga. This is an important indicator of health because many lower income families are reliant on transit to access goods and services, schools, jobs, and health care. In addition, transit riders are also walkers and research has found that regular transit users tend to walk more and drive less, which can support decreasing rates of chronic disease, particularly cardiovascular disease.
- Transit service is generally located along major arterial and collector roadways with stops spaced approximately ¼ mile apart. This pattern provides great access to residents and employees such that the majority of the city south of I-210 is within a 15-minute walk of a transit stop. While the coverage is good, the map does not address three critical aspects of transit ridership: the quality of the pedestrian environment

between the destination and the transit stop; the headways (or frequency) of transit service; and whether the transit allows riders to easily reach their destinations. All of these topics warrant further study as the General Plan update process evolves.

Figure 32. Access to Transit, Measured as Walkability to Nearest Transit Stop (2020)



Source: Urban Footprint Base Canvas (2020). Prepared for the Land Use and Urban Design Existing Conditions Report

Walk Access to Parks and Schools

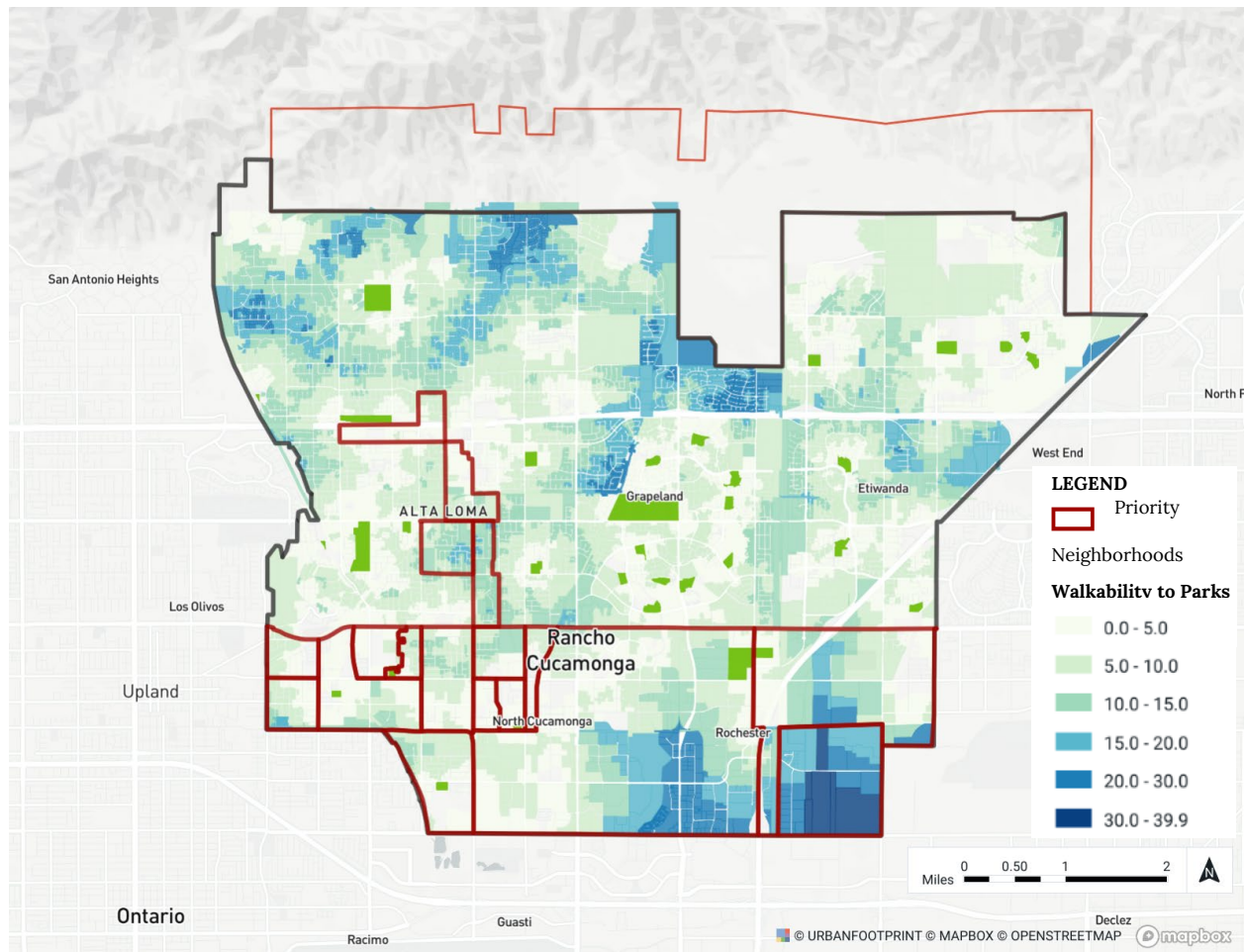
[Note: The Land Use and Urban Design report includes more detailed information on parks and recreational facilities.]

- Walk access to parks and schools are both indicators of a healthy community as residents who walk to schools and parks tend to have improved physical and mental health outcomes. For young children and through adolescence, walking to their school or local park can improve feelings of connection to the community, perceptions of safety, and social cohesion.
- Figures 33 and 34 show walk access (measured in minutes) to parks and schools. It is important to note that the quality and safety of the pedestrian environment also impact the likelihood of a person’s willingness to walk to these destinations. The City

understands this connection and has a robust “safe routes to schools” program that is working to improve the physical environment around schools.

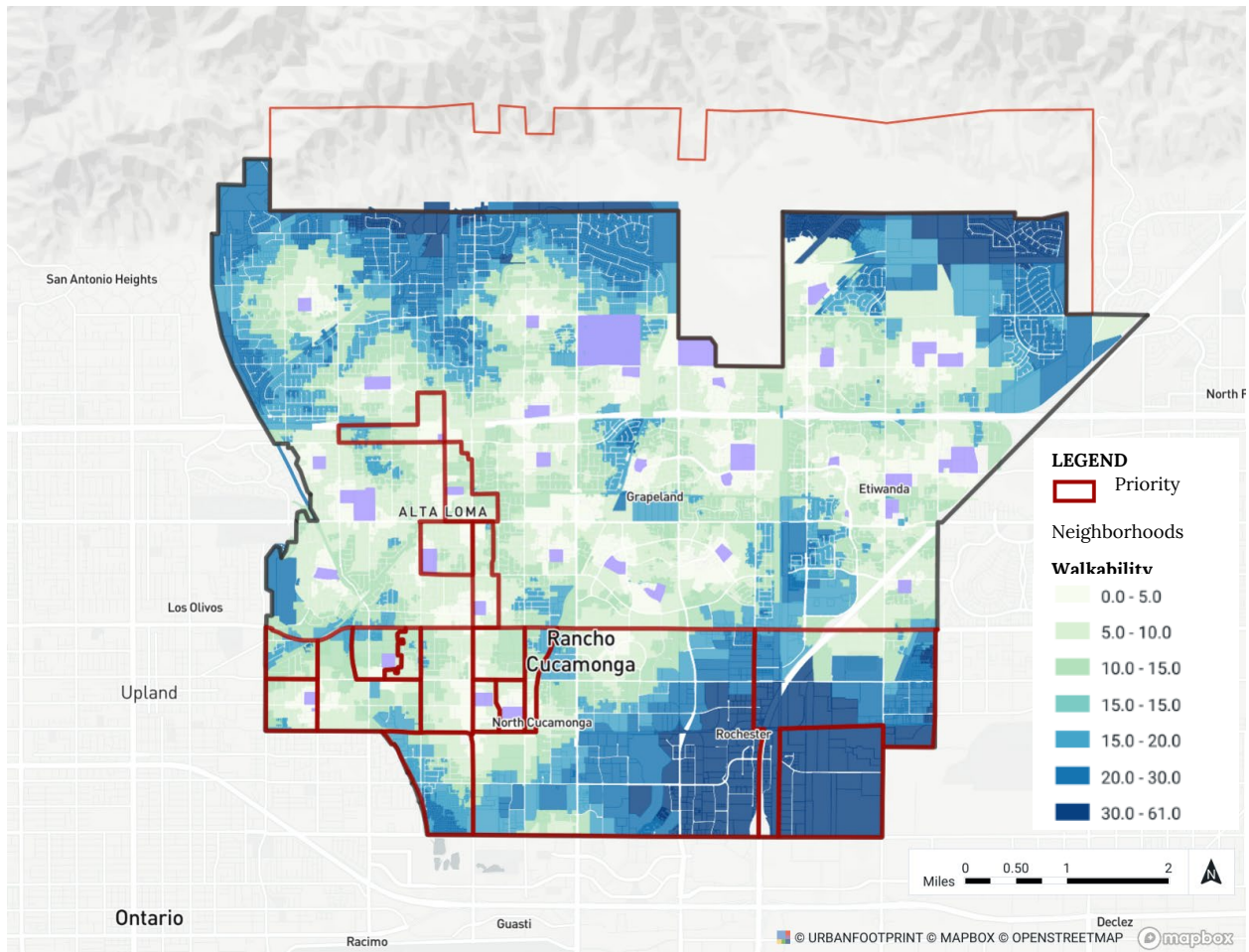
- The majority of people in Rancho Cucamonga are within a 0-15-minute walk to their nearest park (Figure 33). Some places north of the I-210 are further, with the nearest park at a 20-30-minute walk.
- Walkability to public schools is much lower than to parks (Figure 34). In Rancho Cucamonga, there are a great number of places towards the northern and southeastern boundaries of the city where people must walk 20 to 30 minutes, or even between 30 and 60+ minutes, to get to their nearest school. This means that students must drive, bike, or take public transit to schools.

Figure 33. Walkability to Parks



Source: UrbanFootprint Base Canvas, 2020. Prepared for the Land Use and Urban Design Existing Conditions Report.

Figure 34. Walkability to Public Schools



Source: UrbanFootprint Base Canvas, 2020. Prepared for the Land Use and Urban Design Existing Conditions Report.

Vehicle Ownership

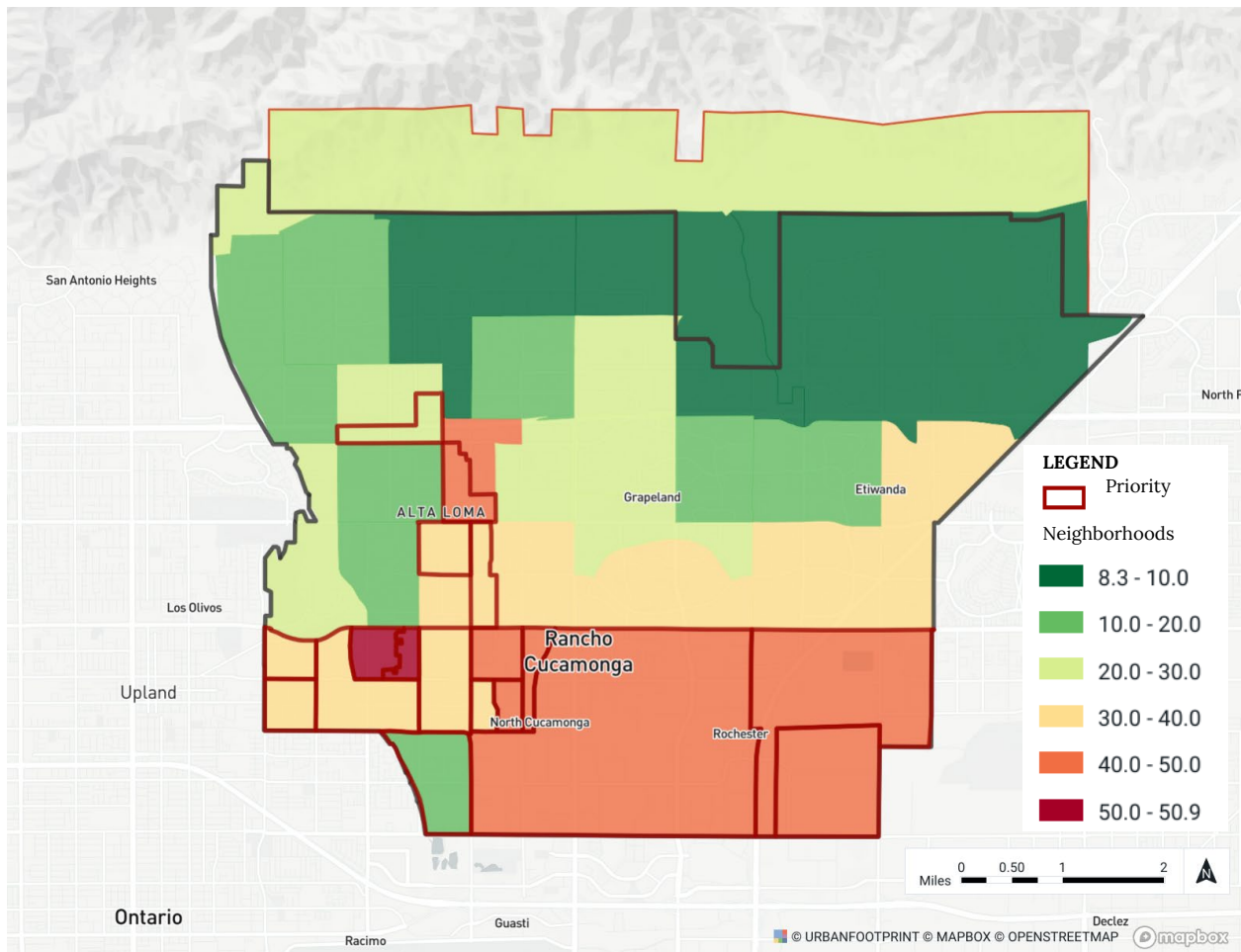
- High rates of vehicle ownership per household are correlated with more driving whereas lower vehicle ownership rates (including zero and 1 vehicle households) are indicative of lower income and transit dependent households.
- Overall, Rancho Cucamonga and San Bernardino County have similarly distributed rates of number of vehicles owned per household. Most households, in both the city (over 85 percent) and county (83 percent), have two or more vehicles available.³² Only a very small share of households in Rancho Cucamonga (1.1 percent) and San Bernardino County (1.8 percent) have no vehicle available.³³ This is indicative of an auto-oriented community and high driving-alone to work rates (as discussed in the Mobility Report).
- Areas with limited vehicle ownership (1 vehicle per household) generally correspond to the priority communities as identified in the SB 1000 analysis (Figure 35).

³² US Census. American Community Survey 5-Year Estimates (2018).

³³ *ibid.*

Identification of these areas is critical since low vehicle ownership locations are more dependent on transit, walking, and biking to access goods and services.

Figure 35. Percent Households with Limited (One) Vehicle Ownership, by Census Tract (2017)



Source: State Traffic Safety Information System, 2015.

Healthy Food Environment

Healthy communities provide access to affordable and healthy food at grocery stores, produce markets, community gardens, and farmers’ markets. Residents of communities with access to a full-service grocery store tend to eat more fruits and vegetables, have lower body weights, and lower rates of chronic diseases. Local food production can also reduce the distance food is shipped, lowering the environmental footprint of food production and distribution.

While various food stores can exist in the city, food access disparities exist depending on where people live or what their socioeconomic status is. “Healthy food access” is based on physical access to a food store (e.g., supermarket, large grocery store, etc.). “Food security” is defined as having access to enough food for an active, healthy life for all people always. Food insecurity can lead to undernourishment and malnutrition, which coincide with fatigue, stunted child development, and other health issues. This section includes indicators

for: healthy food access, food insecurity, free and reduced lunch eligibility, and is supplemented with findings from the Quality of Life and Teen Quality of Life Assessments.

Healthy Food Access

- Access is most limited in neighborhoods south of Foothill Boulevard (Figure 36). In these areas, there are various low-income census tracts where over a quarter of the population lives more than a mile away from a supermarket or grocery store.³⁴ However, these areas may have smaller markets or newer markets that provide for the food needs of residents and these markets may not yet be included in the database utilized for this analysis. The Quality of Life Survey responses below highlight some of these gaps in the data:
 - 79 percent reported that they can find fresh fruits and vegetables in their neighborhood usually or always.
 - 67 percent reported that fresh fruits and vegetables are usually or always affordable in their neighborhood.
 - 72 percent reported that they buy most of their fresh and vegetables from big chain supermarkets
- There is a high concentration of fast food restaurants along Foothill Boulevard which exacerbates the issue of limited access to healthy food for residents. Locating grocery stores or neighborhood markets that sell affordable, high quality fruits and vegetables in proximity to homes both encourages walking and reduces demand for driving.³⁵
 - In the Quality of Life Survey, 70 percent of respondents reported eating fast food at least once in the past 7 days.
- The City of Rancho Cucamonga has a Bringing Health Home Program, which provides a dollar-for-dollar match incentive for purchasing healthy food at farmers' markets.

Food Insecurity

- Food insecurity disproportionately affects lower income households. Based on data from the UCLA Center for Health Policy, 4.9 percent of adults reported food insecurity in Rancho Cucamonga, compared to 8.6 percent in San Bernardino County, and 7 percent in the State (Figure 37).³⁶
- Households that lack “food security” in the city are eligible for supplemental assistance from government programs, such as the Federal Supplemental Nutrition Assistance Program (SNAP) and Women Infants and Children (WIC) program; the State CalFresh program, based on food stamps assistance; and local emergency programs, including the Emergency Food Assistance Program and Community Pantry Program.
 - For older adults, the City also offers two supplemental food programs: a Family Service Association (FSA) home delivered meal program and a congregate meal site at the Brulte Senior Center.

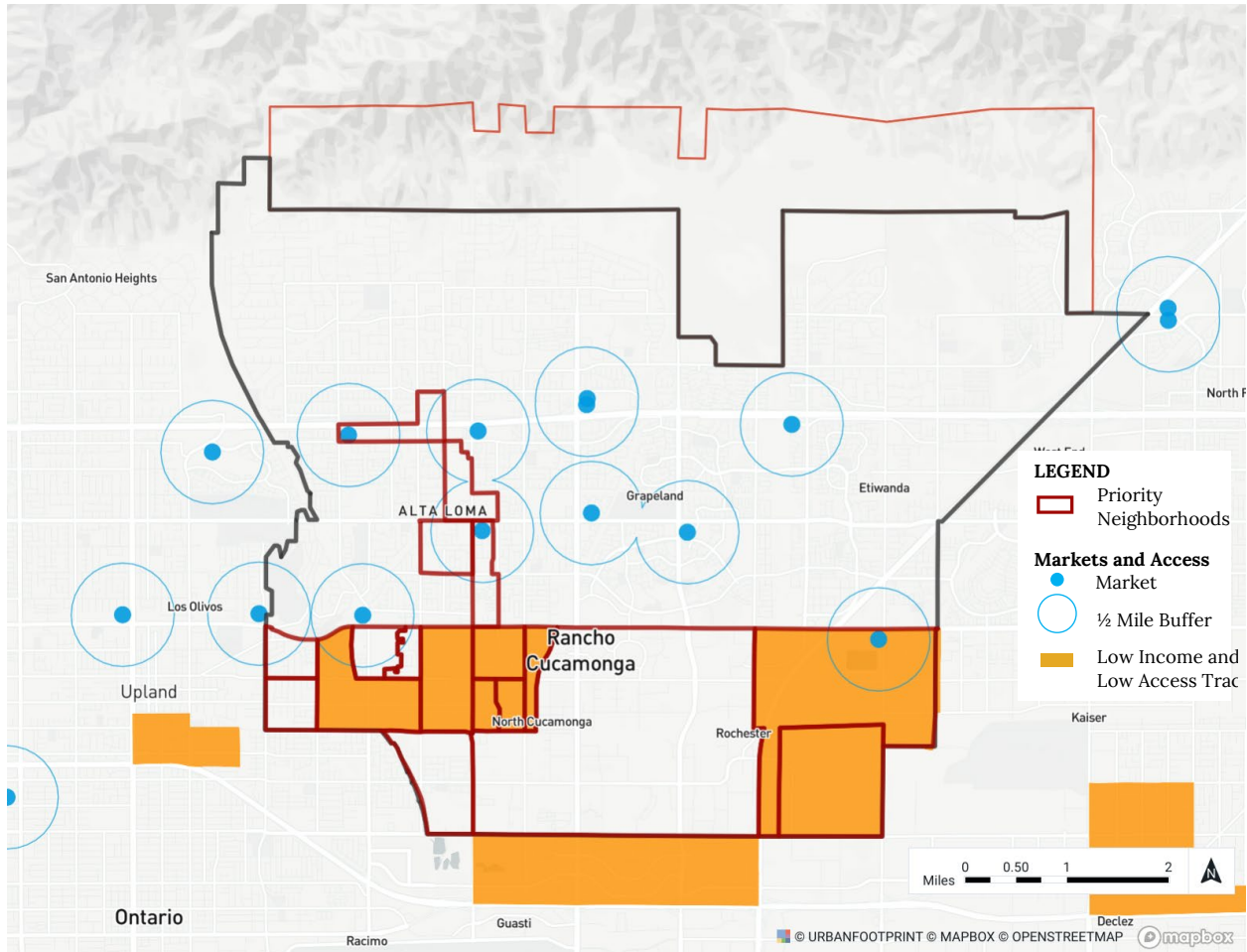
³⁴ USDA Food Research Atlas (2017), Open Streets Map (2020)

³⁵ *ibid.*

³⁶ AskCHIS, Neighborhood Edition (2016).

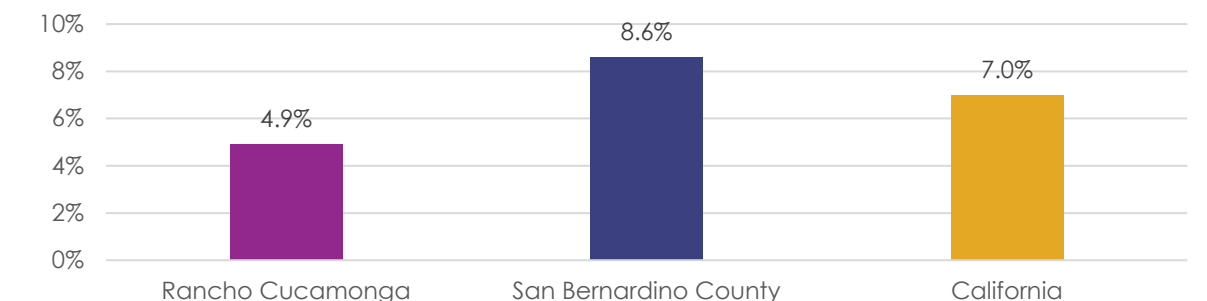
- More than half (53 percent) of all students in the Rancho Cucamonga School Districts are eligible for free and reduced lunch, compared to nearly three-quarters (71 percent) in County of San Bernardino School Districts (Figure 38).

Figure 36. Low Income and Low Access to Grocery Food in Rancho Cucamonga (2020)



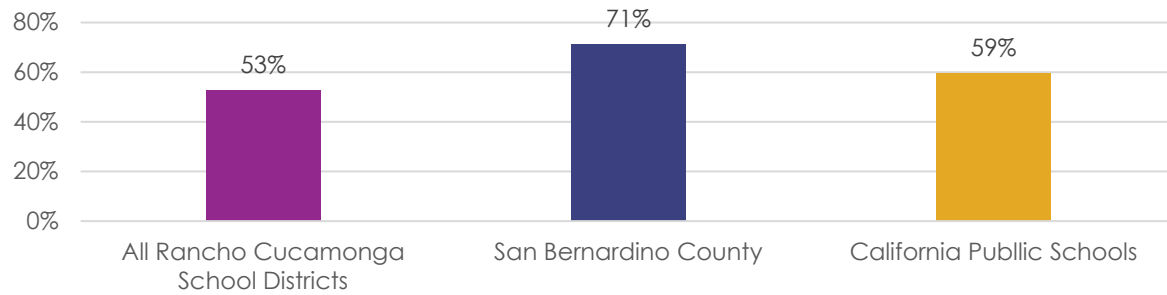
Source: USDA Food Access Research Atlas, 2017. Open Street Map, 2020.

Figure 37. Percent of Households Identified as Being Low-Income and Food Insecure in Rancho Cucamonga, Compared to San Bernardino County and California (2016)



Source: AskCHIS, Neighborhood Edition, 2016.

Figure 38. Students Eligible for Free and Reduced Lunch in Rancho Cucamonga School Districts, Compared to in the County and across all California Public Schools (2018-2019)



Source: California Department of Education, 2018-2019.

Exposure to Pollution and Other Toxics

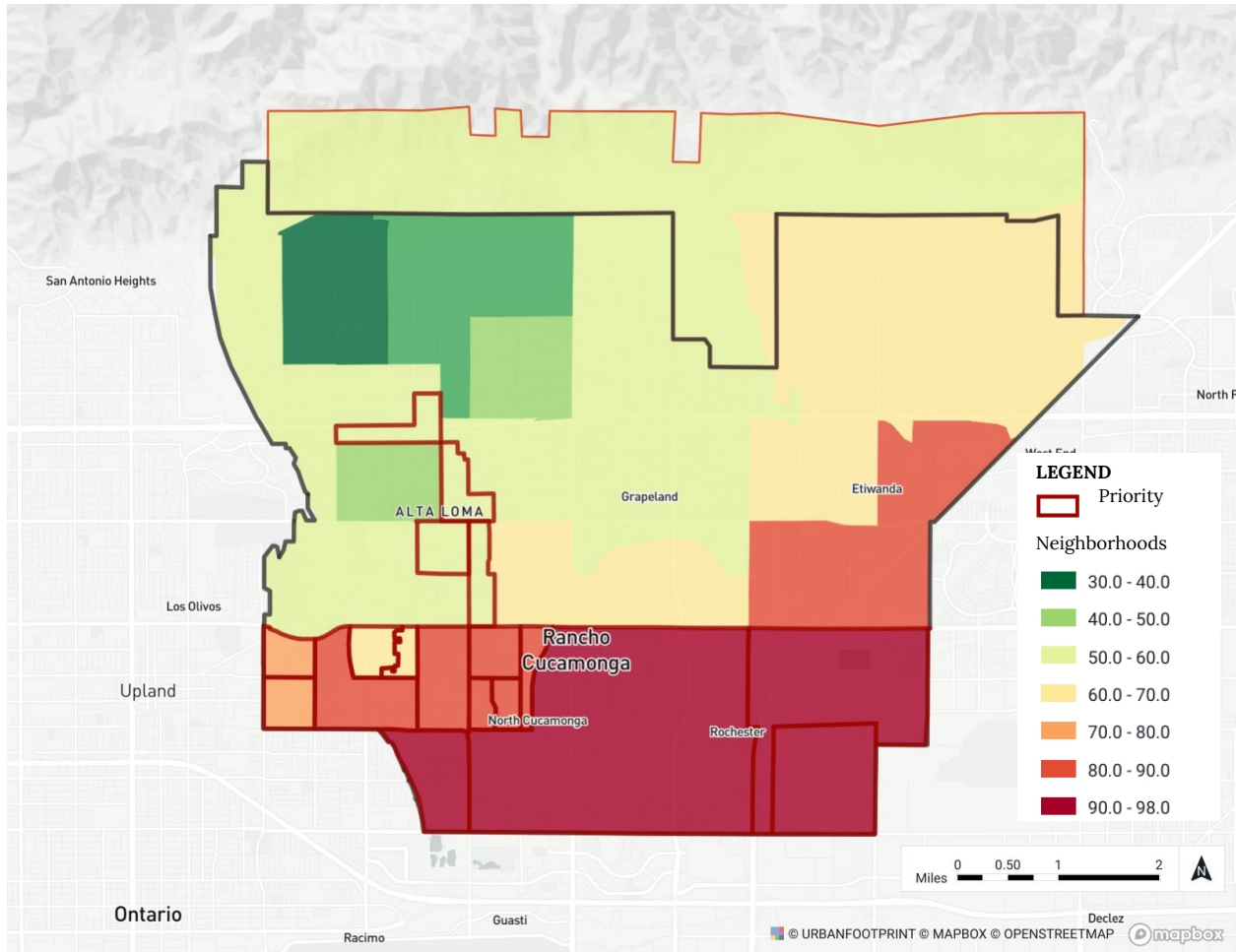
Research has shown that many communities throughout the state bear a disproportionate burden of exposure to pollution and other toxics in their homes, communities, workplaces, and even schools. This is due in large part to the legacy of exclusionary zoning that led to residential segregation, as well as to land use decisions that collocated sensitive uses like residences and schools in close proximity to industrial facilities or freeways, and continues today with the growing level of stress from vehicular travel and goods movement traffic on air quality and quality of life in the San Bernardino County Region.

The result of increasing levels of exposure to pollution and other toxics in the air, water, and in homes is an undeniable effect, unique and compounded, on the health of people in these communities. Pollution burden can cause new or exacerbate existing chronic health diseases, such as cancer and respiratory illness, and, over time, can be deadly. This can lead to premature births or birth defects, unhealthy or irregular development in children, and lethal complications for older adults. This section includes the following indicators from the CalEnviroScreen 3.0 Tool: overall pollution burden score, ozone, particulate matter less than 2.5 micrograms (PM 2.5), diesel particulate matter, drinking water contaminants, ground water threats, impaired water bodies, traffic density, toxic releases from facilities, pesticide use, solid waste sites and facilities, hazardous waste generators and facilities, and cleanup sites.

Overall Pollution Burden Score

- Most tracts in Rancho Cucamonga score in the bottom half of all tracts in the State with regard to pollution burden; meaning that neighborhoods in those tracts experience a relatively low exposure to pollution (Figure 39).
- Nevertheless, the region south of Foothill Boulevard has pollution burden scores that are worse than in 75 percent of the state; meaning that these neighborhoods experience some of the highest levels of exposure to multiple of the indicators discussed in this section. In this area, the most polluted tracts are concentrated in the priority neighborhoods south of Foothill Boulevard, where there is a significant concentration of industrial land uses (Figure 39).

Figure 39. Overall Pollution Burden Percentile Scores in Rancho Cucamonga, by Census Tract (2018)



Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 (2018).

Ozone

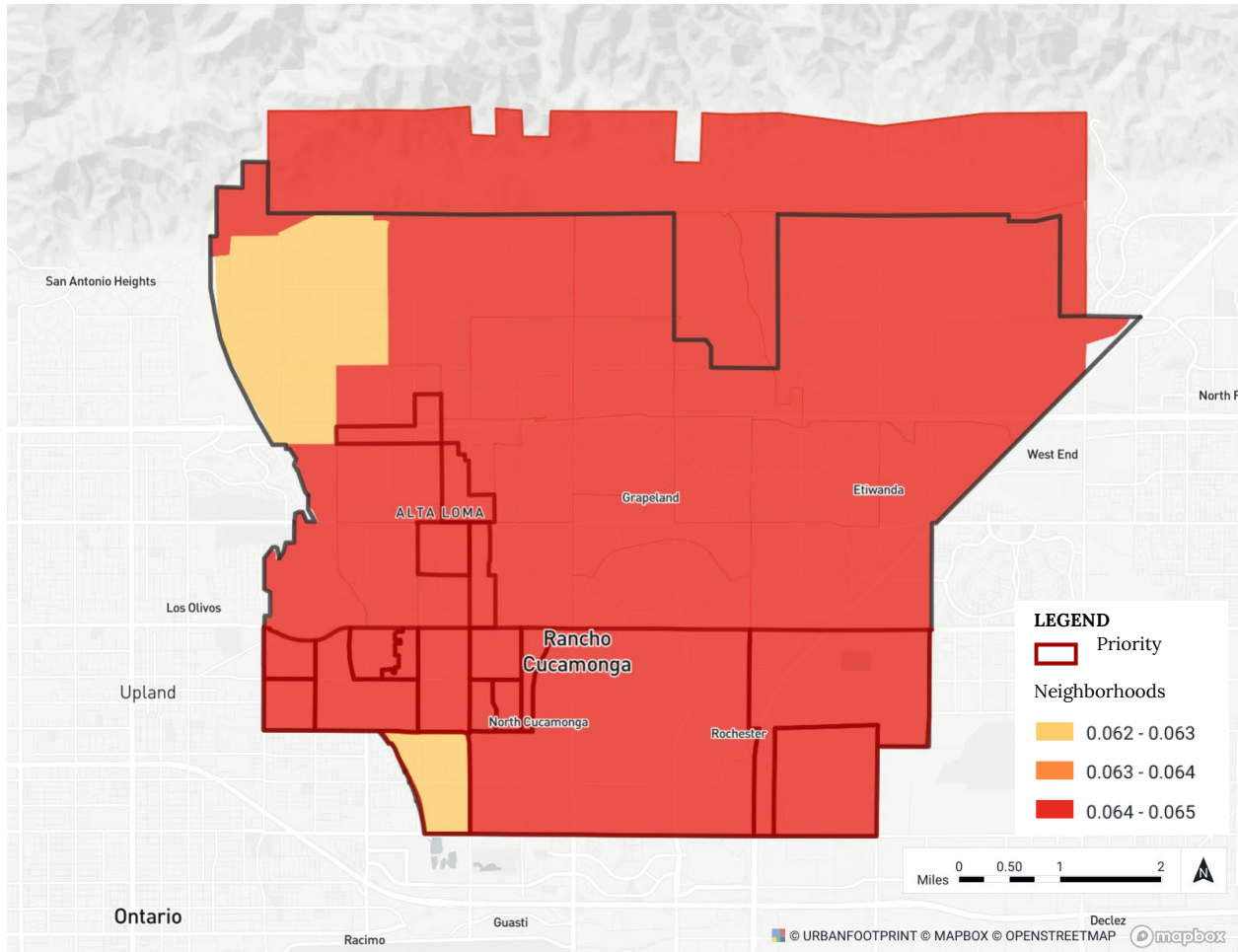
- Nearly all of Rancho Cucamonga experiences ozone level concentrations of .062 to .065 parts per million (ppm).³⁷ This is very close to the standard of .070 set by the US Environmental Protection Agency (Figure 40).³⁸
- When compared to the rest of California, ozone exposure in Rancho Cucamonga is worse than in 98 percent of all other census tracts in the state. Ozone is, thus, a key area of concern citywide (Figure 40). Rancho Cucamonga is geographically located at the foothills of the San Gabriel Mountains and in the Inland Empire region, which is a hub of the logistics and goods movement industries in Southern California. Further, it has historic and present-day connections to the agriculture industry and historic

³⁷ According to the CalEnviroScreen 3.0 report, Ozone is the primary component of smog and its levels are typically higher in the afternoon and on hot days, when the presence of sunlight causes oxygen in ozone to with other air pollutants.

³⁸ US EPA. Ground Level Ozone Pollution: 2015 National Ambient Air Quality Standards (AAQS) for Ozone. Retrieved from: <https://www.epa.gov/ground-level-ozone-pollution/2015-national-ambient-air-quality-standards-naaqs-ozone>

travel routes, such as Route 66. These patterns of development and the geographic location of the city may be at the root of the elevated levels of ozone exposure that residents in and outside of priority neighborhoods face.

Figure 40. Ozone PPM in Rancho Cucamonga, by Census Tract (2018)



Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 (2018).

PM 2.5

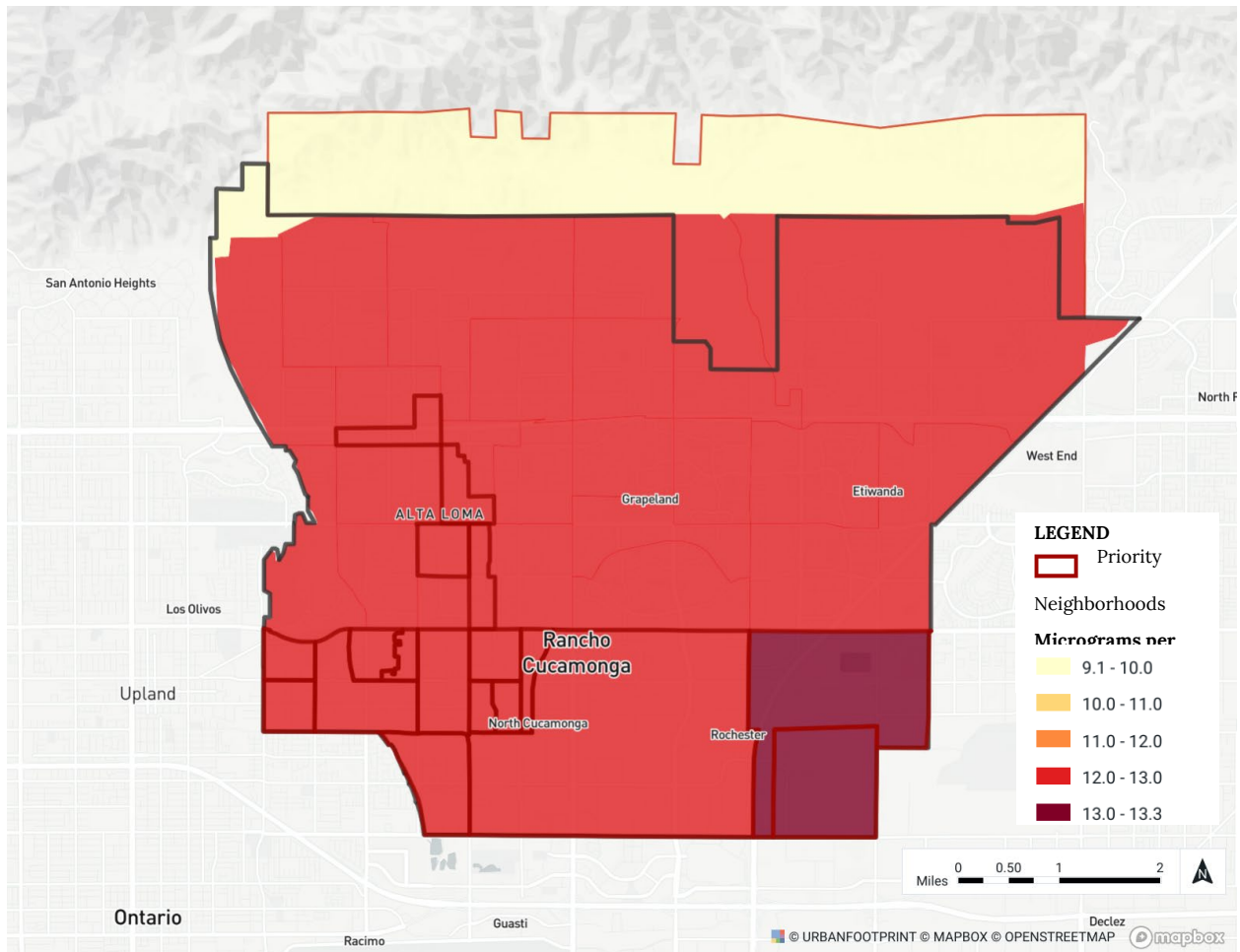
- Nearly all of Rancho Cucamonga experiences an annual mean PM_{2.5} concentration of 12 to 13.3 micrograms per cubic meter ($\mu\text{g}/\text{m}^3$).³⁹ This is at or above the 12 $\mu\text{g}/\text{m}^3$ concentration standard set by the US Environmental Protection Agency (EPA) (Figure 41).⁴⁰

³⁹ Particulate matter (PM) 2.5 is a mixture of fine particles such as dust, allergens, and metals that can come from cars and trucks, industrial processes, wood burning, and other combustion activities, like wildfires.

⁴⁰ CalEPA. CalEnviroScreen 3.0 Report. 2017.

- When compared to the rest of California, PM 2.5 exposure varies across census tracts in Rancho Cucamonga and is worse than in 84-94 percent of all other census tracts in the state. PM 2.5 is, thus, a key area of concern citywide (Figure 41).
- Priority neighborhoods in the southeast area of the city have the highest level of concentration of PM 2.5 (13-13.3 $\mu\text{g}/\text{m}^3$). Long-term exposure to this high level of PM 2.5 can significantly compound health risks for the workers and the detained population that spend prolonged time in the West Valley Detention Facility, which is located in this area (Figure 41).

Figure 41. Fine Particulate Matter (PM 2.5) in Rancho Cucamonga, by Census Tract (2018)



Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 (2018).

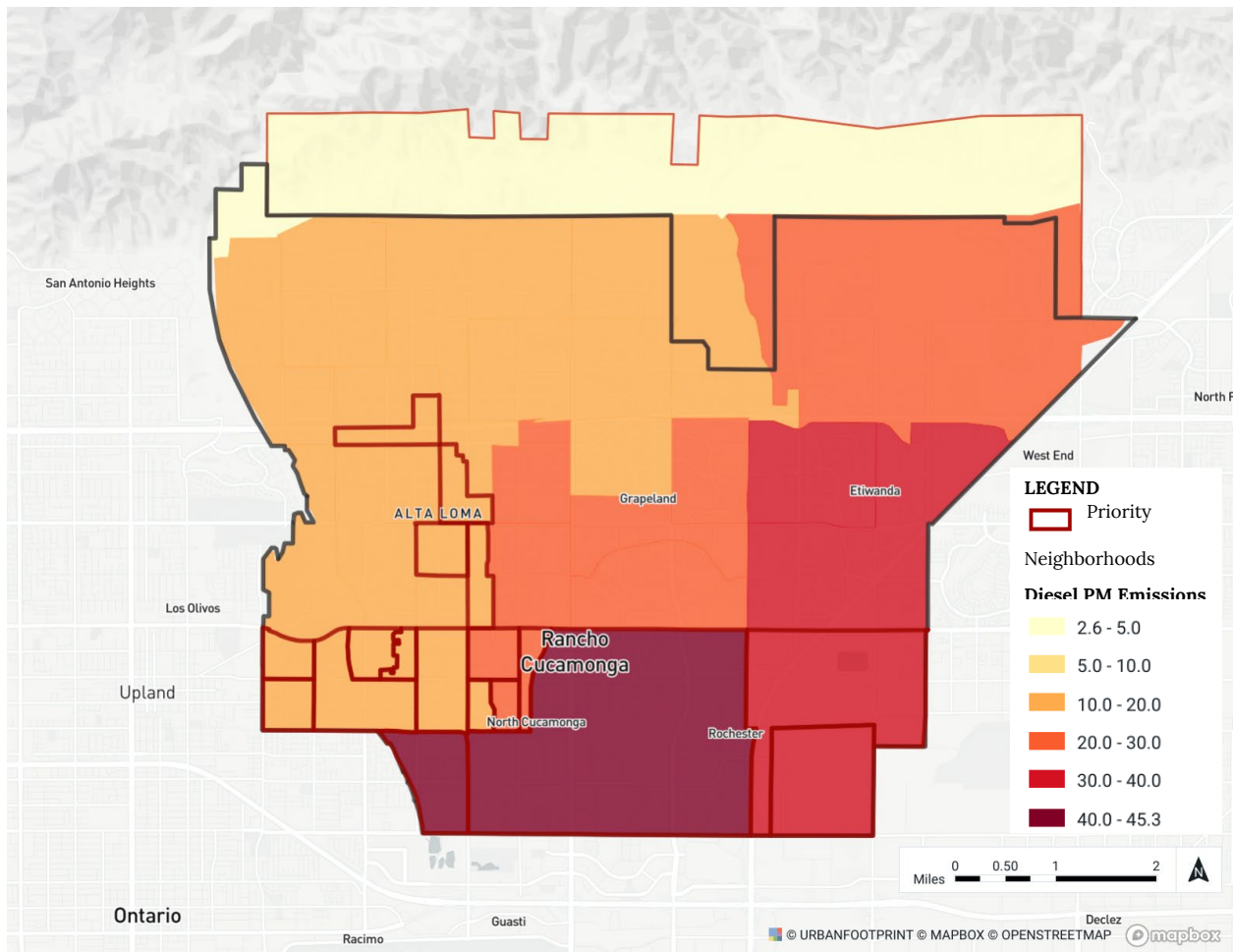
Diesel PM

- Much of Rancho Cucamonga, particularly in the northwestern and western areas of the city, experiences low levels of Diesel PM exposures. Exposure levels here range

from 2.6 to 20 kg/day, making these some of the lowest levels in the state (Figure 42).⁴¹

- Elevated levels of diesel PM exposure, in the range of 30 to 45.3 kg/day, are experienced in various census tracts (1, 18, 19, 25, 26, and 27) in Rancho Cucamonga. These are generally associated with the priority neighborhoods that are in the industrial core, proximal to multiple highways, or intersected by the Metrolink line (Figure 42).
- The area near the intersection of Foothill Boulevard and Rochester Avenue is not classified as a priority neighborhood, but experiences elevated exposure to diesel PM that may be attributed to the closer proximity to I-15 (Figure 42).

Figure 42. Diesel Particulate Matter (Diesel PM) in Rancho Cucamonga, by Census Tract (2018)



Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 (2018).

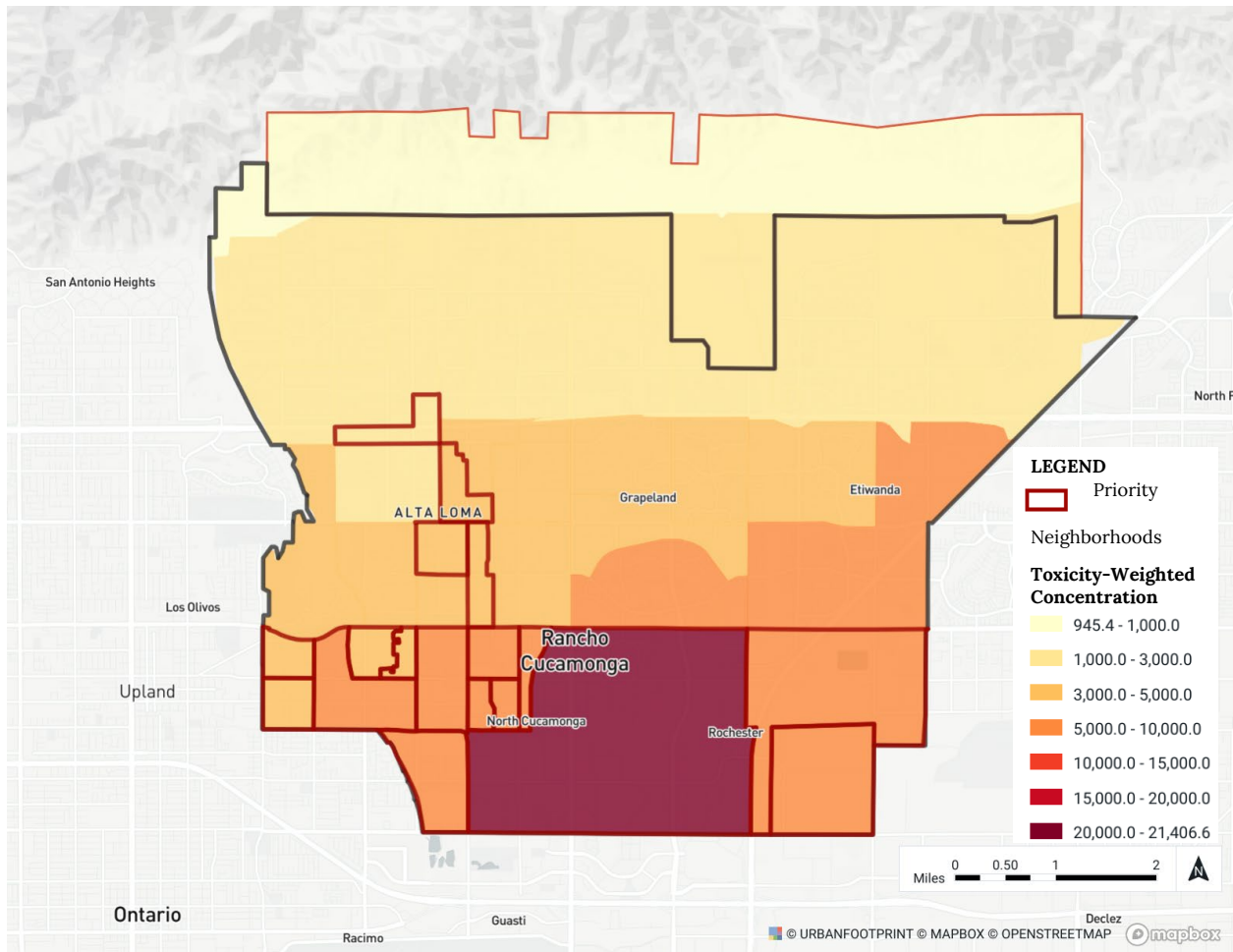
⁴¹ Diesel particulate matter (diesel PM) comes from diesel engines of on-road and off-road sources—like trucks, buses, locomotive engines—and is concentrated near ports, rail yards, and freeways. Exposure to diesel PM contains known carcinogens and irritates the eyes, throat, and nose, causes complications for heart and lung disease, and contributes to the incidence and mortality of lung cancers

Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 (2018).

Toxic Releases from Facilities

- In the CalEnviroScreen tool, tracts with toxic release scores of ~5,000 or higher have worse exposures than 80 percent of all tracts in the state of California. Large areas of the city have scores of ~5,000 or higher. This includes some census tracts outside of priority neighborhoods, near the intersection of Foothill Boulevard and Milliken Avenue, where industrial uses exist near residential uses, and near Old Etiwanda, where more investigation is needed to identify the potential sources of toxic releases (Figure 43).
- The highest concentration of toxic releases is in the industrial hub of the city, central and south of Foothill Boulevard (tract 26), where the score of 21,406—which is four times higher than in more than 80 percent of California tracts—means exposure ranks worse than in 98 percent of all census tracts in California (Figure 43). This is a major health and environmental justice concern.

Figure 43. Exposure to Toxic Releases from Facilities in Rancho Cucamonga, by Census Tracts (2018)

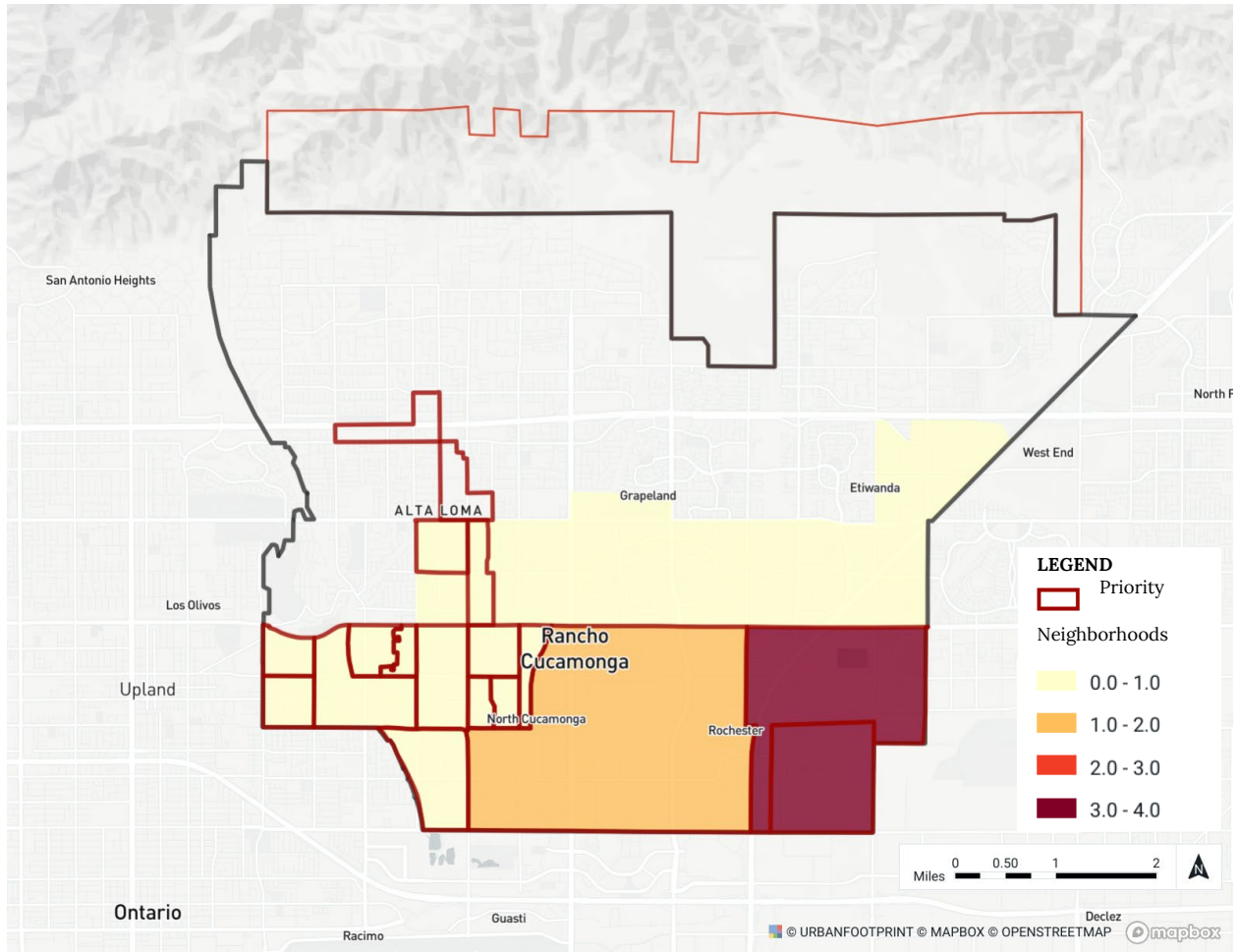


Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 (2018).

Hazardous Waste Generators and Facilities

- Most of the residential areas of the City of Rancho Cucamonga have no hazardous waste generators or facilities nearby, meaning the city overall has limited exposures to pollutants from these sources (Figure 44).
- Two census tracts (26 and 27) have a weighted count of 2-4 generators or facilities in them; these same tracts that have a higher concentration of other exposures, indicating a need for policies that assess and address cumulative impacts (Figure 44).

Figure 44. Hazardous Waste Generators and Facilities in Rancho Cucamonga, by Census Tract (2018)



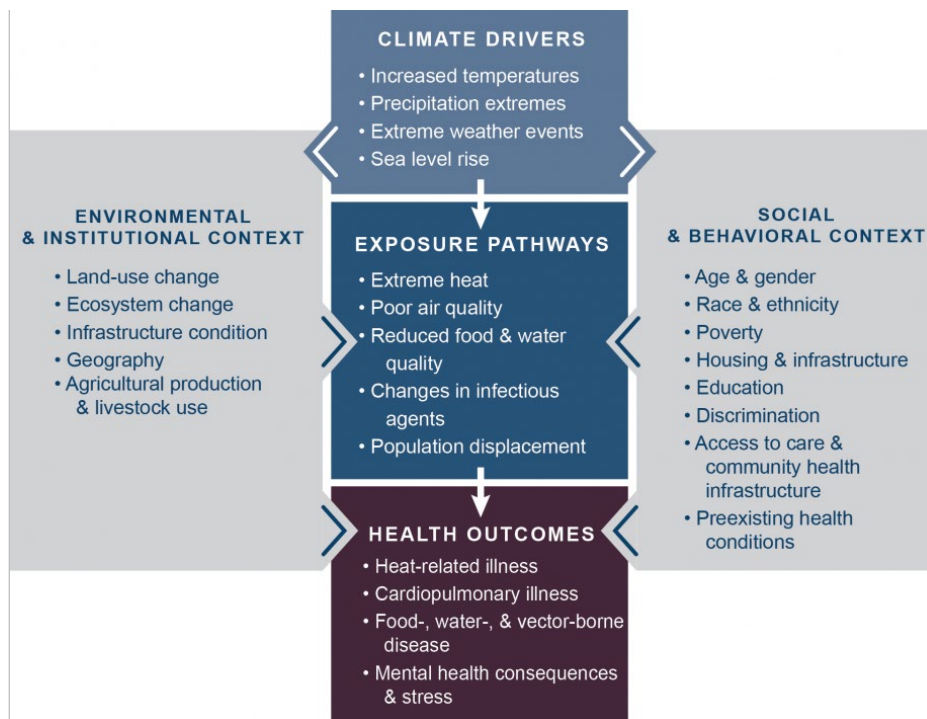
Source: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 (2018).

Resilience to Climate and Natural Hazards

Climate change is a critical environmental challenge and poses significant threats to the health and wellbeing of communities across the region. Not everyone will experience the impacts of climate change in the same way. The impacts of climate change will fall hardest on those who are historically over-burdened and under-resourced. In these neighborhoods and communities, factors ranging from disproportionately poor environmental quality, lack of health care access, and linguistic isolation, will contribute to greater climate risk.⁴² The burden is compounded by having fewer resources to prepare for or recover from the impacts of climate change.

In Rancho Cucamonga, the impacts of extreme heat, poor air quality, wildfire, and other climate hazards are anticipated to negatively affect human health, health behaviors, and the socioeconomic factors that influence health outcomes. Figure 45 illustrates the relationships between climate drivers and health.

Figure 45. Climate Drivers and Health Outcomes Diagram



Source: U.S. Global Climate Change Research Program, *Climate and Health Assessment*, 2016.

Climate hazards and impacts are covered in detail as part of the *Safety and Greenhouse Gas Emissions and Climate Change Vulnerability Assessment* existing conditions reports. As part of the General Plan update and in compliance with Senate Bill 379 (Safety Element), the PlanRC Team will be conducting a needs assessment that will include assessment of hazards and risks across the city and in priority neighborhoods. This is discussed in the Climate Change, Air Quality, and Noise Report.

Based on the research on community resilience to climate and natural hazards, the City of Rancho Cucamonga can expect impacts on health and environmental justice. The following

⁴²U.S. Global Change Research Program, *Climate and Health Assessment* (2016).

examples may occur citywide or in priority neighborhoods and effects may also be compounded:

- The increased cost of water and energy during an extreme climate event, including heat waves and droughts, can place an additional burden on low-income households that must spend a greater percentage of their earnings on basic services and tend to live in older, poorly insulated, inefficient housing.
- During events such as wildfires, flooding, or extreme storms, vulnerable populations may require additional assistance due to limited access to emergency supplies and emergency information in multiple languages.
- Climate change hazards can result in additional health hazards for people reliant on power to sustain medical equipment/assistive technology use.
- Wildfires, flooding, landslides, and extreme wind can cause physical damage to existing city infrastructure and facilities. The damage resulting from climate change-related hazards can have a greater impact on disadvantaged populations, particularly communities that are low-income or individuals who have low mobility.
- Climate change impacts can affect various populations in the city, but would disproportionately affect vulnerable populations including low-income communities, communities of color, senior citizens, linguistically isolated populations, individuals with disabilities or preexisting medical conditions, and individuals experiencing homelessness.

While these do not offer an analysis of the existing conditions, they offer a concrete illustration of the compounded and interconnected vulnerabilities and consequences of climate change. In responding to the health and environmental justice issues that have been overlapped with climate and natural hazards, Rancho Cucamonga has an opportunity to build more resilient communities that adapt well to changes in the built environment, natural ecosystems, and economy.

Conclusion and Key Findings

The analysis from the four assessments results in health and environmental justice strengths, weaknesses, opportunities, and threats for the city as a whole and for priority neighborhoods. These are summarized here according to Healthy RC priorities.

Overall, Rancho Cucamonga has established itself as a health leader in the Inland Empire through its efforts on Healthy RC and the goals and policies in the current General Plan. The City seeks to build upon these successes in the new General Plan and has an opportunity to continue to innovate and be a leader in the region by how it addresses state requirements for SB 1000. This process entails identifying “disadvantaged communities” that have a disproportionate negative health burden, conducting a robust engagement process to engage these communities, and developing targeted goals and strategies to address health inequities, especially as it relates to environmental justice. This process is familiar to the City, as it follows the same steps that the City takes to develop priorities and goals through Healthy RC. The opportunity lies in broadening the understanding of health to include the environment and building support for policies and strategies that reduce the racial and economic inequities of access to the health-promoting benefits of the physical environment.

Based on a thorough evaluation of health conditions in Rancho Cucamonga, the City, overall, performs better than San Bernardino County and the State for many indicators of health outcomes. Despite these successes, citywide health and environmental justice issues exist, with observed differences across geographic areas, race and ethnicity, and socioeconomic status. Table 5 provides a detailed summary of findings from this Health and Environmental Justice Existing Conditions Report, organized according to the Healthy RC priorities. This information, coupled with the detailed findings in each assessment of the report, should be used to conduct targeted outreach to areas with health disparities and to craft citywide and localized policies to improve health conditions for all residents of Rancho Cucamonga.

Table 5. Conclusions, Organized by Healthy RC Priority Areas

Healthy RC Priorities	Related Findings
<p>Healthy Eating and Active Living Goal: Rancho Cucamonga residents of all ages and income levels have knowledge, motivation, and easy access to eat healthy and be physically active.</p>	<p>Rancho Cucamonga residents have better outcomes related to Healthy Eating and Active Living overall, with some areas for improvement:</p> <ul style="list-style-type: none"> • A high rate of adult obesity (27 percent), that is slightly lower than the County’s (28 percent), can contribute to chronic disease and reduce quality of life. • Limited access to grocery stores and healthy foods in areas that have a higher proportion of low-income households, particularly south of the Foothill Boulevard corridor, which has a concentration of fast food restaurants. • A high rate of multiple-vehicle ownership, with 83 percent of households owning 2 or more vehicles. High dependence on vehicles contributes to higher traffic density, reduces incentives to use alternate modes of transportation, and emissions from vehicles increase negative impacts on air quality and the environment.

Community Connections and Safety

Goal: Rancho neighborhoods, schools, families, businesses, community organizations, and government agencies have a strong sense of community and shared responsibility for the health and safety of their city.

Rancho Cucamonga is very similar to the region regarding housing affordability, public safety, and access to public facilities:

- Rancho Cucamonga has high rates of housing cost-burdened households; 33 percent of owner-occupied units and 54 percent of renter-occupied units pay more than 30 percent of their income on housing costs. This can increase stress and reduce the income available for other health-supporting needs, like healthcare. The city experiences periodic fluctuations of property and violent crimes. These trends are generally declining overall, indicating that increasing awareness of these low levels of crime can foster more community connections.

Education and Family Support

Goal: Youth, families, and adults in Rancho Cucamonga receive high quality education, healthcare, and support services to realize their full potential and contribute to their community.

The population in Rancho Cucamonga has high levels of educational attainment, English language proficiency, insurance coverage, and access to healthcare, creating a cohesive environment for health support.

- As in neighboring communities, the Asian population is growing and has a higher rate of non-English-speaking persons (38 percent of the Asian population in the city).
- Some low-income areas of the city, particularly south of Foothill Boulevard, have high rates (up to 20 percent) of uninsured persons.
- Residents and emergency responders must travel outside of Rancho Cucamonga for general acute hospital care.

Mental Health

Goal: Mental health support services are easily accessible, culturally appropriate, and free of stigma for all residents of Rancho Cucamonga.

While Healthy RC has created a supportive environment for youth and adults to talk about and access services for mental health issues, some areas of concern identified in this report include:

- More adults in priority neighborhoods south of Foothill Boulevard report prolonged poor mental health days (13.8 percent to 15.7 percent) compared to in neighborhoods in the northern area of the city (9.4 percent to 10.3 percent).
- Adult rates of seeking help for mental health and substance abuse in Rancho Cucamonga are slightly higher (16.6 percent) to rates in the county (15.7 percent).

Economic Development

Goal: The City of Rancho Cucamonga has a strong, growing economy that provides employment opportunities for

This analysis was completed prior to the COVID-19 Pandemic and related economic recession, at which time Rancho Cucamonga had a strong, growing economy with the following strengths:

- A high median household income (\$86,355 in the city versus \$60,115 in the County of San Bernardino).
- A low poverty rate (eight percent in the city versus 17 percent in the County of San Bernardino).

local residents, attracts investments, supports local businesses, and generates public revenue.

- A low unemployment rate (six percent in the city versus nine percent in the County of San Bernardino).

Clean Environment

Goal: Residents of Rancho Cucamonga live in a clean, healthy environment and actively contribute to sustaining and protecting the natural resources of their city and region.

Rancho Cucamonga’s geographic location, topographic features, and historic development as a suburb with major east-west traffic corridors and highways creates several environmental challenges and threats to health:

- Poor air quality, especially for indicators on ozone and particulate matter, which have been shown to significantly impact respiratory disease, cardiovascular disease, and other health conditions.
- Many sensitive uses, such as daycare facilities and housing, and vulnerable populations, such as the incarcerated or seniors, are within or near several sources of pollution. Concentrated exposures, such as from waste management facilities or high-traffic roadways and freeways, can have cumulative health burdens and cause long-term health complications.
- Overall, the area south of Foothill Boulevard and East of Archibald Avenue, where many of the city’s industrial uses have been concentrated over time, has higher rates of pollution exposures than the rest of the city.

Healthy Aging

Goal: Older adults in Rancho Cucamonga are healthy, active, engaged members of the community and the City is positioned to respond effectively to the needs of an increasing older population.

Healthy aging as a priority for health and environmental justice, touches on all the components discussed in the report. Findings most relevant to an aging population include:

- Life expectancy is almost 12 years longer in the northern areas (85.5 years) than in the southern areas (73.9 years) of the city. When mapped, this gap overlaps with household income, race/ethnicity distribution, and several other socioeconomic factors.
- Older adults (men and women 65 years and older) in the city have low rates of keeping up with preventive care services. The rates are lowest (21.9 to 25 percent) for men and women in the southeast area of the city than in the northern area of the city (where they reach up to 34.7 percent for men and 37.5 percent for women). This indicates that more support is needed for older adults in healthy aging practices.
- Cancer is the leading cause of death by death rate in the county (155.1 deaths per 100,000 population) and by number of deaths (213 deaths, or 28% of all deaths, in 2018) in the city. Cancer affects Black or African American and

Hispanic or Latino residents more than White residents. This may be connected to both socioeconomic conditions, access to care, and to increased neighborhood, workplace, school, and other exposures to pollutants.

**Disaster
Resiliency**

Goal: Rancho Cucamonga residents, businesses, community organizations, and government agencies are well prepared to survive, respond to, and recover from disasters and emergencies.

Similarly, disaster resiliency touches on multiple dimensions health and environmental justice:

- Not everyone will experience the impacts of climate change in the same way. The impacts of climate change will fall hardest on those who are historically over-burdened and under-resourced.
- The burden is compounded by having fewer resources to prepare for or recover from the impacts of climate change.
- As part of the General Plan update and in compliance with Senate Bill 379 (Safety Element), the PlanRC Team will be conducting a needs assessment that will include assessment of hazards and risks across the city and in disadvantaged communities.

Source: Raimi + Associates