

IDENTIFYING HEALTH DISPARITIES TO ACHIEVE HEALTH EQUITY IN SAN DIEGO COUNTY: AGE



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY


LIVE WELL
SAN DIEGO

March 2016

Identifying Health Disparities to Achieve Health Equity in San Diego County: Age

**County of San Diego
Health & Human Services Agency
Public Health Services**

March 2016

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Identifying Health Disparities to Achieve Health Equity in San Diego County: Age

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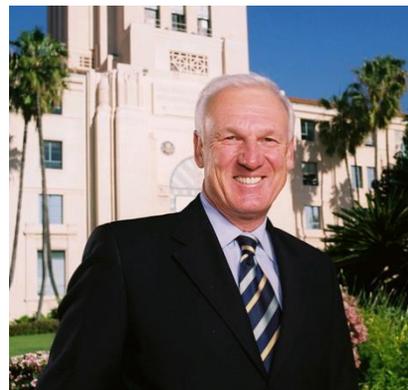


RON ROBERTS
CHAIRMAN, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

Dear Fellow San Diego County Residents:

The health and wellbeing of most Americans has improved significantly over the past century; however, some groups continue to experience a higher rate of death and illness.

The *Identifying Health Disparities to Achieve Health Equity in San Diego County* report was developed to identify those San Diegans who, because of their age, gender, geography, race/ethnicity or socioeconomic status are experiencing a disproportionate burden of disease. It describes some of the lifestyle behaviors and other relevant factors that may contribute to these disparities, as well as prevention strategies to help all San Diegans live well.



Health equity is a key component of the *Live Well San Diego* vision in San Diego County. Addressing health disparities is essential to increasing and ultimately achieving health equity for our nearly 3.2 million residents. This document is designed for local agencies, organizations, groups, services and individuals who have an interest in improving the health of county residents. Using the information gathered in this report, we can work together to support healthy choices and improve the lives of San Diego residents.

Sincerely,

A handwritten signature in black ink that reads "Ron Roberts".

RON ROBERTS
Chairman
San Diego County Board of Supervisors



County of San Diego

NICK MACCHIONE, FACHE
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DEAN ARABATZIS
CHIEF OPERATIONS OFFICER

Dear San Diegans,

The County of San Diego Health and Human Services Agency, which includes Public Health Services, is proud to release *Identifying Health Disparities to Achieve Health Equity in San Diego County*.

These reports identify health disparities among San Diego County residents through the lenses of age, gender, geography, race/ethnicity, and socioeconomic status. The information in these reports is meant to identify health disparities among different groups and serve as a starting point in developing solutions that will help close the gap in existing disparities, thereby building better health for all San Diegans.

As the County continues towards the vision of *Live Well San Diego*, identifying health disparities and inequities are critical in developing prevention and intervention measures, ultimately leading to a healthier San Diego. For more information about *Live Well San Diego* and how you can contribute, please visit www.LiveWellSD.org.

Live Well,

A handwritten signature in blue ink, appearing to read "Nick Macchione".

NICK MACCHIONE
Director, Health and Human Services Agency

A handwritten signature in blue ink, appearing to read "Wilma J. Wooten".

WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer
Director, Public Health Services

Acknowledgements

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Introduction

What is Health Equity?

Health equity is achieved when “every person has the opportunity to ‘attain his or her full health potential’ and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.”¹

There are many factors that affect the ability to achieve health equity, including the circumstances in which people are born, grow, live, work, and age, as well as the systems in place to deal with illness, which are known as social determinants of health.² Social determinants of health can include income, education, employment status, transportation, housing, access to health care services, and exposure to pollution.³ These, in turn, influence safety and adequacy of housing, air and water quality, crime rates, behavioral health, and access to preventive health care.⁴

Although most San Diego County residents strive to be healthy, differences in health status and health outcomes exist between groups. These often result in poorer health outcomes for some groups in the population. These differences are termed health disparities. The Centers for Disease Control and Prevention (CDC) define health disparities as “differences in the incidence and prevalence of health conditions and health status between groups.”⁵ Many health disparities affect groups based on age, gender, place of residence, race/ethnicity, and socioeconomic status.

Health equity is achieved when “every person has the opportunity to ‘attain his or her full health potential’ and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.”¹

In addition to these factors, groups negatively affected by health disparities tend to have less access to healthy food, education, safe neighborhoods, freedom from discrimination, and adequate housing that would further support positive health outcomes.⁵ Health inequities are health disparities that may result from systematic or unequal distribution of positive resources.⁵

Measuring Health Disparities

The health of a community is not simply the presence or absence of disease, rather, it is a dynamic interaction of several factors. In order to describe health disparities in San Diego County, a variety of measures are used. These measures can be broadly considered together as lifestyle behaviors, socioeconomic status, healthcare access and utilization, as well as morbidity and mortality. Collectively, these factors affect an individual’s ability to live a healthy lifestyle, including eating healthy foods, getting enough physical activity, not smoking, abstaining from alcohol abuse and substance use, and overall, leading positive, fulfilling, happy, and healthy lives.



Lifestyle Behaviors

Lifestyle behaviors are actions taken by individuals to attain or maintain good health and to prevent illness and injury. The risk of non-communicable (chronic) disease can be reduced by engaging in behaviors such as eating a healthy diet, getting regular physical activity, and avoiding tobacco use and alcohol or substance abuse. In a motor vehicle crash, injury can be avoided or lessened by wearing seatbelts while in a motor vehicle and by wearing helmets while on a bicycle. Early prenatal care is an example of an action that can be taken to reduce or avoid poor maternal and child health outcomes. The risk of communicable disease can be greatly reduced by getting all recommended vaccinations throughout the lifetime. Lifestyle behaviors are often the result of socioeconomic status, as well as healthcare access and utilization, and in turn, have an impact on morbidity and mortality.⁸

Much of the lifestyle behavior information compiled on San Diego County residents comes from local, state, and national health surveys. In this report, lifestyle behavior information was obtained from the 2011-2012 California Health Interview Survey (CHIS).

Socioeconomic Status

Socioeconomic status, including the circumstances in which one lives and works, greatly affects health. Low socioeconomic status is related to poor health outcomes, and can be measured by median family or household income, percent of households living below the Federal Poverty Level, unemployment rates, availability of transportation, educational attainment, and linguistic barriers.⁶ The association between these factors is cumulative, and influences the health status of an individual over a lifetime.⁶ For example, low educational attainment is associated with unemployment and low income, which are associated with poor housing and lack of transportation. Together, the indicators used to define socioeconomic status comprise many of the social determinants of health, and directly affect healthcare access and utilization, morbidity and mortality rates, as well as personal lifestyle behaviors.

Socioeconomic status, including the circumstances in which one lives and works, can affect health.⁶

Healthcare Access and Utilization

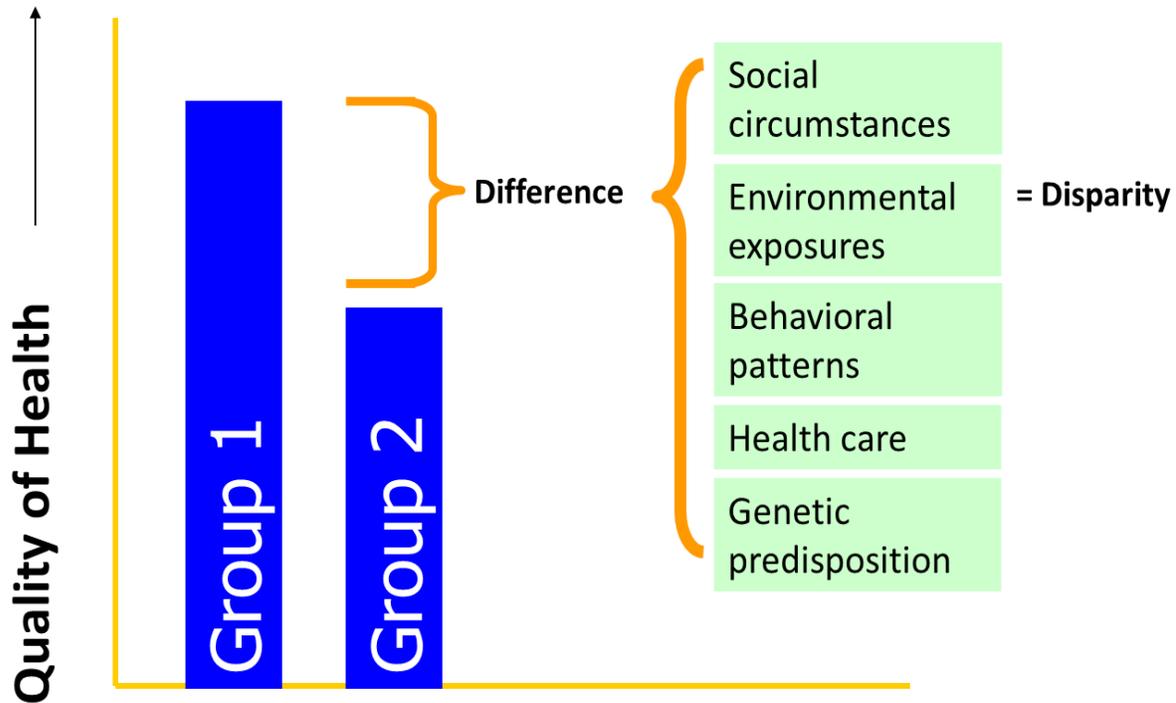
Healthcare service access and utilization are closely aligned with socioeconomic status and are major factors in individual and community health. The unemployment increase in San Diego from 4% in 2006 to nearly 10% in 2011 meant a subsequent increase in the number of uninsured county residents. This situation negatively impacts both the immediate and future health of these residents. Research indicates that chronically ill patients without insurance are less likely to visit health professionals for treatment and medical advice. Uninsured patients are more likely to delay medical care and use emergency departments as usual sources of care.⁷ Lack of health insurance is also associated with reduced access to preventive care services, increasing poor health outcomes, particularly among young adults and racial/ethnic minorities.⁷

Morbidity and Mortality Indicators

Rates of death and medical encounter can be measured and used to describe the impact of non-communicable (chronic) disease, communicable disease, maternal and child health, injury, and behavioral health conditions on the community. For example, while asthma death rates are relatively low compared to other non-communicable (chronic) diseases, asthma-related emergency department (ED) discharges and hospitalizations are high, especially in certain groups of the population. High rates of asthma ED discharge and hospitalization might indicate higher rates of uncontrolled asthma, and thus lower access to and utilization of appropriate preventive and treatment services. They might also relate to poor air quality and greater exposure to environmental hazards. By using morbidity and mortality indicators to identify health disparities, efforts can be made to address the underlying factors contributing to these differences in health outcomes.

Figure 1

Quality of Health, Differences and Disparities



Adapted from Gomes and McGuire, 2001

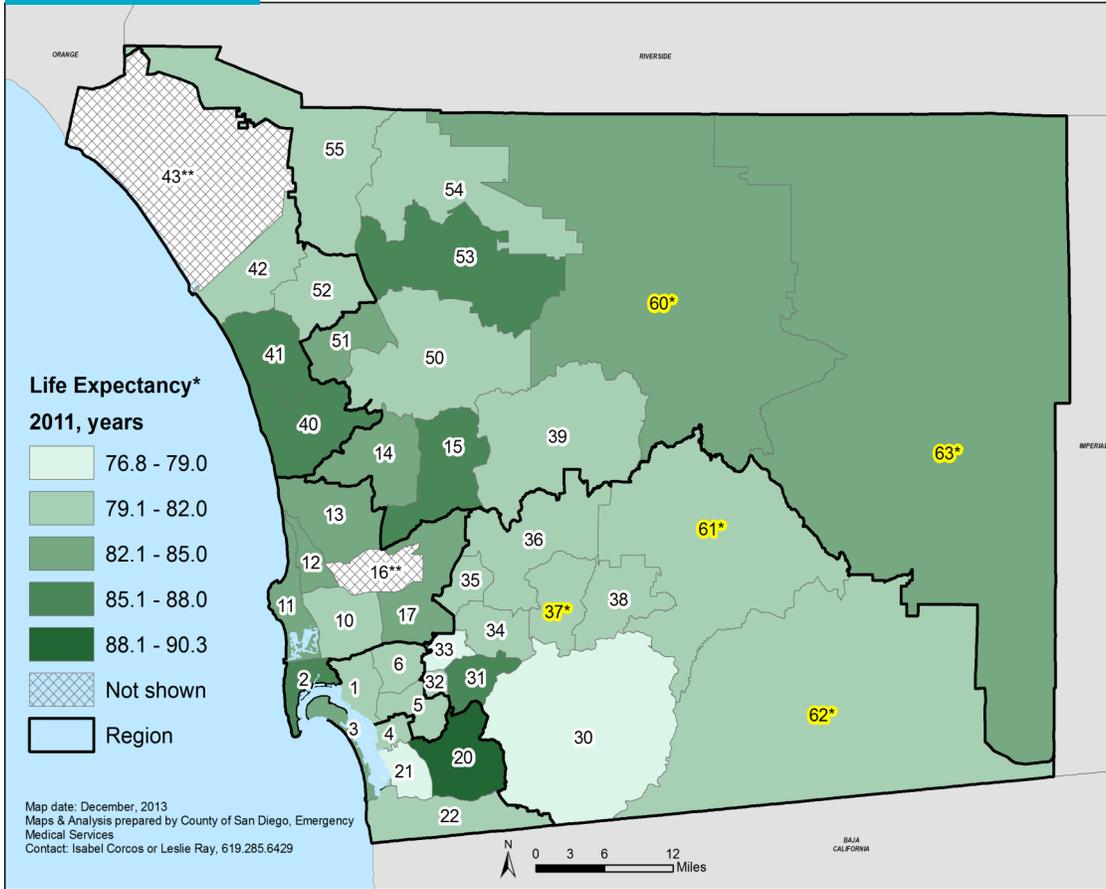
Live Well San Diego and Health Equity

Live Well San Diego is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components. Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect and enjoy the highest quality of life.

Live Well San Diego identifies [10 indicators](#) to measure the collective impact of these efforts and the work of partners over the long term to create a San Diego County where all residents are healthy, safe, and thriving. Life expectancy, or the average number of years a person can expect to live at birth, is one of the 10 indicators identified in in the *Live Well San Diego* vision and is also a key measure of health equity. In San Diego County, life expectancy varies by gender, race/ethnicity, and geography.

Overall, the life expectancy in San Diego County was 81.6 years in 2011.⁹ On average, females lived about four years longer than males. Compared to other racial/ethnic groups, Asian and Pacific Islander residents had the highest life expectancy at 86.4 years, while black residents had the lowest (76.5 years).⁹ Geographically, residents in Sweetwater had the highest life expectancy (90.3 years), while Chula Vista, a Subregional Area that borders Sweetwater, had the lowest life expectancy of 76.8 years.⁹ Activities, programs, and policies in the *Live Well San Diego* vision work to positively influence life expectancy and increase health equity among San Diego County residents.

Figure 2



Subregional Area (SRA):

1. Central San Diego
2. Peninsula
3. Coronado
4. National City
5. Southeastern San Diego
6. Mid City
10. Kearny Mesa
11. Coastal
12. University
13. Del Mar-Mira Mesa
14. North San Diego
15. Poway
16. Miramar**
17. Elliot-Navajo
20. Sweetwater
21. Chula Vista
22. South Bay
30. Jamul
31. Spring Valley
32. Lemon Grove
33. La Mesa
34. El Cajon
35. Santee
36. Lakeside
37. Harbison Crest*
38. Alpine
39. Ramona
40. San Dieguito
41. Carlsbad
42. Oceanside
43. Pendleton**
50. Escondido
51. San Marcos
52. Vista
53. Valley Center
54. Pauma
55. Fallbrook
60. Palomar-Julian*
61. Laguna-Pine Valley*
62. Mountain Empire*
63. Anza-Borrego Springs*

*The life expectancy of the Subregional Areas in yellow were statistically unstable. Therefore, the regional life expectancy was substituted for Subregional Area life expectancy.

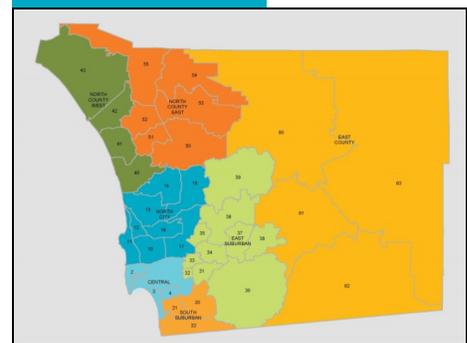
**Miramar and Pendleton Subregional Areas could not be calculated due to the specialized age structure of military personnel.

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Death Statistical Master Files. County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch, 9/27/2013.

San Diego Association of Governments (SANDAG) develops annual demographical estimates and long range forecasts in addition to maintaining census data files. Data is available by county, Subregional Area (SRA), zip code, and census tract.

San Diego County has 41 SRAs, which are aggregations of census tracts inside of one of seven Major Statistical Areas (MSAs). The first digit of the SRA number identifies the MSA in which it lies. While the boundaries of many geographical areas, such as cities, change over time, SRA boundaries have remained essentially the same since their formation which allows for meaningful comparisons of time series information because identical areas are being compared. While SRAs are composed of census tracts, they are defined by SANDAG, not the Census Bureau.¹⁷

Figure 2a



Health Equity in San Diego County: Age

Identifying Health Disparities to Achieve Health Equity in San Diego County: Age is a document prepared by the Division of Public Health Services in the County of San Diego Health & Human Services Agency. The report identifies health disparities among San Diego County residents. The information in this report is meant to be used to identify disparities and serve as a starting point in developing solutions that will help close the gap in existing disparities.

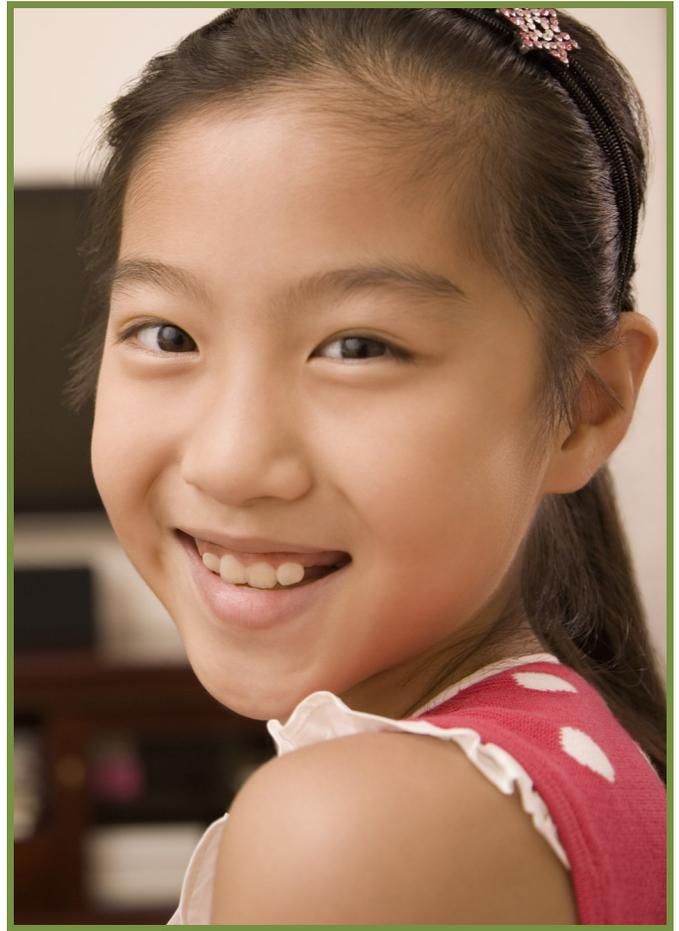
As the county implements the *Live Well San Diego* vision, identifying health disparities and inequities are critical in developing prevention and intervention measures, ultimately leading to a healthier San Diego. This document is designed for local agencies, organizations, groups, services, and individuals who have an interest in improving the health of county residents.

Health outcome data were compiled from the County Community Health Statistics Unit's *San Diego County Community Profiles* document. Specifically, death, hospitalization, and emergency department discharge rates for various health outcomes were analyzed to identify health disparities within San Diego County's populations.

In addition to identifying health disparities, demographic information and lifestyle/behavioral data on each group was provided to highlight some of the potential contributing factors to these health outcomes.

Lastly, prevention strategies, as well as links to related websites, are provided for further information on chronic disease, communicable disease, maternal and child health, injury, and behavioral health.

For further resources, including local health and demographic information, please go to www.sdhealthstatistics.com.



Age Health Disparities

Introduction to Age Health Disparities

The age of the San Diego County population is very diverse. In 2011, the majority (53%) of the population was aged 25-64 years, 19% of all residents were aged of 0-14 years, 16% were 15-24 years, and nearly 12% were 65 years and older.¹⁰

In San Diego, during 2011:

- Non-communicable (chronic) disease rates were higher among residents aged 65 years and older, substantially more than any other age group in the county.
- Residents aged 15-24 years had higher rates of communicable disease compared to the rest of the county.
- Women aged 15-24 years were at a higher risk for poor maternal and child health outcomes compared to women over the age of 25.
- Further, children aged 0-14 years and adults aged 65 years and older had higher rates of injury in the county.
- Poor behavioral health outcomes were higher among adults aged 45-64 years.

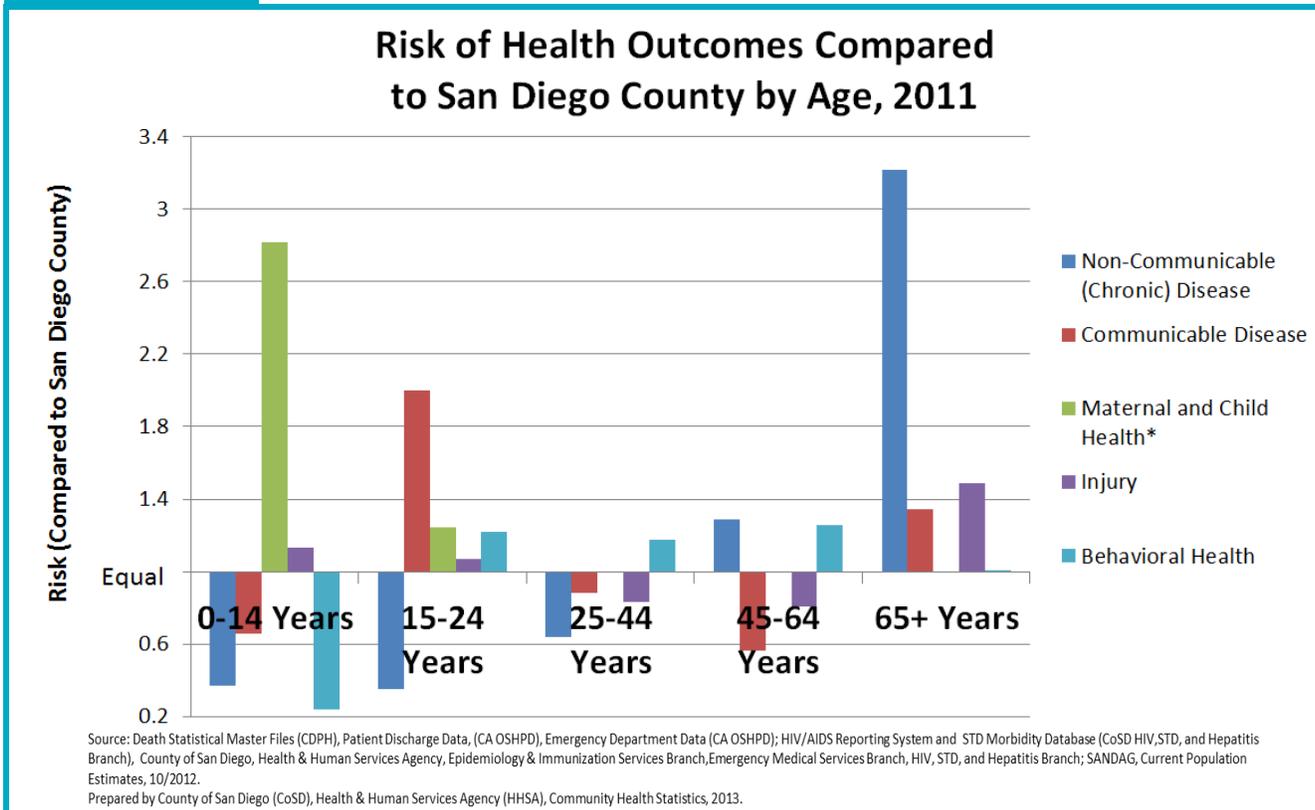


Overall, health outcomes impact San Diego County residents differently by age. A series of health indicators—non-communicable (chronic) disease, communicable disease, maternal and child health, injury, and behavioral health— and related lifestyle behaviors are presented throughout this report, which aim to describe the most important health concerns facing these populations in San Diego County.



Age Health Disparities

Figure 3



Health Disparities Among San Diego County Residents Aged 0-14 Years:

- Poor maternal and child-related outcomes were significantly higher among 0-14 year olds perhaps due to the low percentage of mothers receiving early prenatal care among this age group.
- 15-24 year olds had higher rates of communicable diseases; particularly chlamydia and gonorrhea.
- Those over 65 years of age had higher rates of chronic diseases such as coronary heart disease (CHD), stroke, diabetes, chronic obstructive pulmonary disease (COPD), and cancer.

0-14 Years

In 2011, there were more than 593,000 children aged 0-14 years living in San Diego County.¹⁰ By 2030, the population of 0-14 year olds is expected to increase in number by more than 24%.¹¹

In 2011, 19% of San Diego County's population was aged 0-14 years.¹⁰

In 2011, 77% of 0-14 year olds in San Diego County were reported by their parents to be in excellent health or very good health, while 18% were in good health, and 5% were in fair or poor health.¹²

Ninety-two percent of children aged 0-14 years had at least one doctor's visit in the past year, and one out of six visited an emergency room for medical care in the past 12 months.¹²

In 2011, 17% of 0-14 year olds visited an emergency room in the past year for medical care.¹²

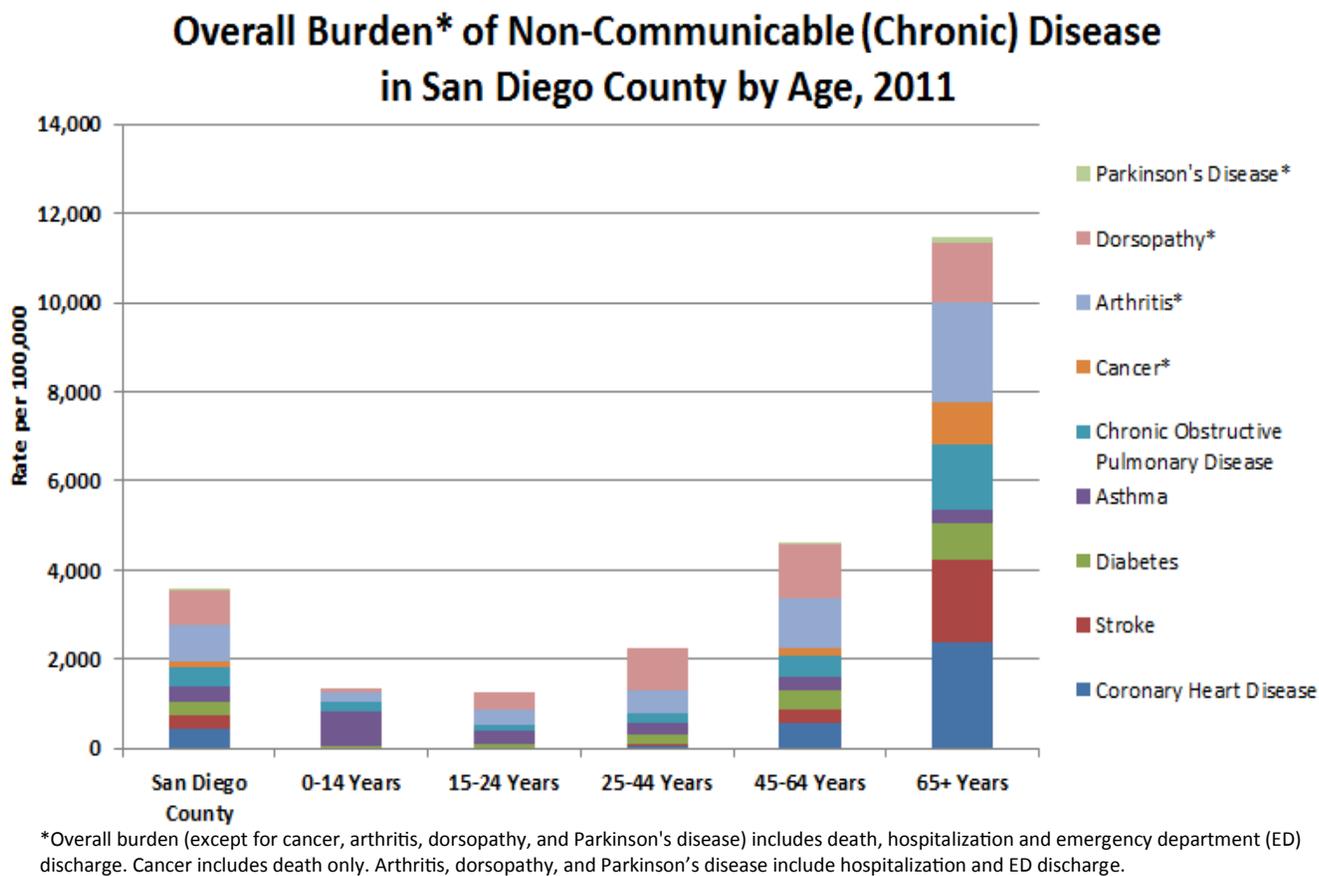


An estimated 94% of 0-14 year olds had health care insurance in 2011.¹² Specifically, more than half were covered by parental employer-based insurance, about three in ten were covered by Medi-Cal, another 9% were covered by Healthy Families/CHIP or another public health insurance option, and 2% were covered through privately purchased insurance options.¹²

Overall, poor maternal and child health outcomes and injury among children aged 0-14 years were higher than the county overall. Alternatively, rates of non-communicable (chronic) disease, communicable disease rates, and poor behavioral health outcomes were lower than the county overall. A series of health indicators and related health behaviors are presented below, which aim to describe some of the most important health concerns facing children aged 0-14 years in San Diego County.

Non-Communicable (Chronic) Disease Among Residents 0-14 Years Old

Figure 4



Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Residents Aged 0-14 Years:

- The rate of emergency department (ED) discharge due to asthma was 2.2 times higher than the county overall.
- The rate of hospitalization due to asthma was 1.6 times higher than the county overall.

0-14 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Non-Communicable (Chronic) Disease and Live Well:

- Exercise at least 60 min/day
- Avoid tobacco and secondary smoke
- Avoid alcohol consumption
- Eat more fruits & vegetables
- Visit your doctor for preventive check-ups

What Your Community Can Do to Reduce the Risk of Non-Communicable (Chronic) Disease and Live Well:

- Invest in safe and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities
- Adopt smoke-free multi dwelling housing facilities

0-14 Years



Live Well San Diego focuses on creating an environment that encourages all San Diego County residents to live healthy, safe, and thriving lives.

Non-Communicable (Chronic) Disease

Overall, non-communicable (chronic) disease rates were lower among children aged 0-14 years compared to the county overall. However, rates of asthma and diabetes were notable non-communicable (chronic) diseases affecting children in San Diego County.

Asthma

Compared to the county overall, children aged 0-14 years had higher rates of asthma hospitalization and emergency department (ED) discharge in 2011. Notably, the rates of hospitalization and ED discharge were 1.6 and 2.2 times higher, respectively, among children compared to the county overall.

- Children aged 0-14 years residing in the Central Region had the highest rates of hospitalization and ED discharge due to asthma compared to children residing in other Regions of the county.

Diabetes

Diabetes death, hospitalization, and ED discharge rates were lower among 0-14 year olds than any other age group in San Diego County in 2011. Yet, diabetes is a rapidly growing problem among the young population due to increasing rates of childhood obesity.

- Rates of diabetes hospitalization and ED discharge among children aged 0-14 years was highest among those residing in the North Inland Region.

In 2011, one out of 6 children in San Diego County reported ever being diagnosed with asthma.¹²



Risk Factors and Prevention Strategies

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.¹³

Tobacco Use

- In San Diego County, 2% of 0-14 year olds were reported by their parents to live in a home where an adult smokes indoors.¹²

Lack of Physical Activity

- In 2011, 27% of 5-11 year olds engaged in less than 3 days of physical activity that lasted for more than an hour.¹²
- Over one in eight children did not visit a park, playground, or open space in the past month in 2011.¹²

Poor Diet

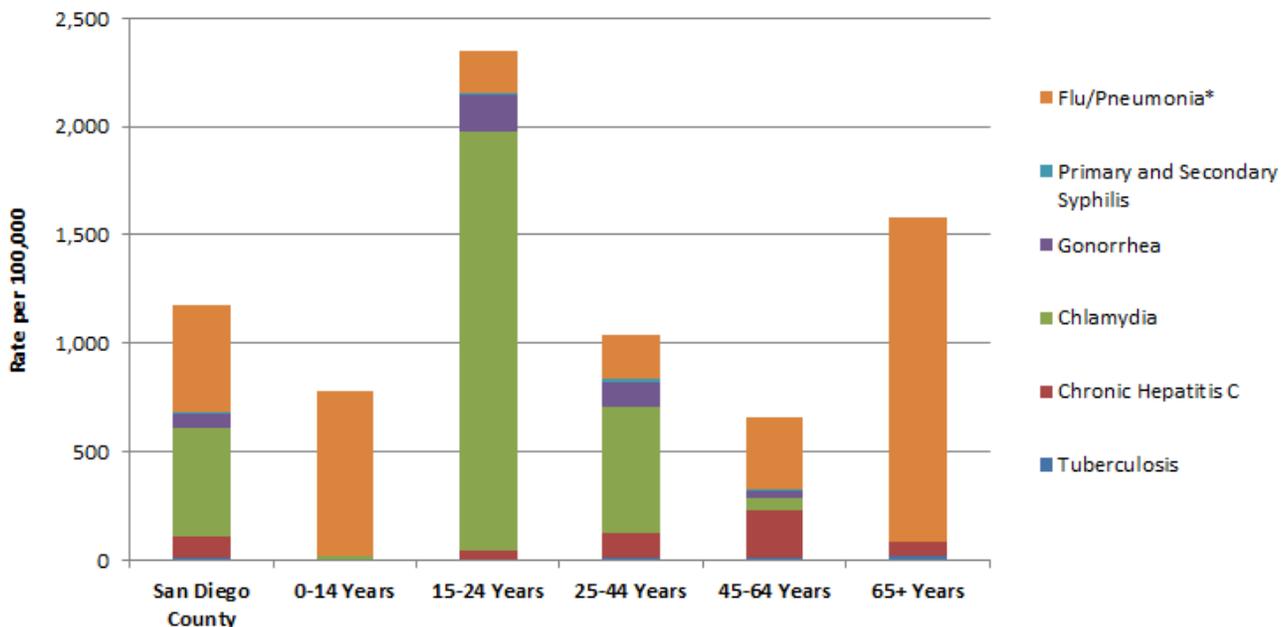
- In 2011, nearly half of San Diego children ate less than 5 servings of fruits and vegetables per day.¹²
- An estimated 38% of 2-14 year olds reported eating fast food two or more times in the past week in 2011.¹²

Changes in modifiable risk factors such as tobacco use, lack of physical activity, and poor diet, as well as increased access to and utilization of medical services, are key ways to reduce the burden of non-communicable (chronic) disease among San Diego County children aged 0-14 years.¹³

Communicable Disease Among Residents 0-14 Years Old

Figure 5

Overall Burden* of Communicable Disease in San Diego County by Age, 2011



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge.

Top Communicable Disease Health Disparities Among San Diego County Residents Aged 0-14 Years:

- The rate of pneumonia emergency department (ED) discharge was 2.6 times higher than the county overall.
- The rate of influenza (flu) ED discharge was 1.6 times higher than the county overall.

0-14 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Communicable Disease and Live Well:

- Get all recommended age appropriate vaccinations
- Visit your doctor regularly
- Get early treatment for infections, and complete entire treatment regimens

What Your Community Can Do to Reduce the Risk of Communicable Disease and Live Well:

- Encourage education about protective measures
- Promote vaccination opportunities
- Support public health campaigns aimed at reducing disease

0-14 Years



Live Well San Diego focuses on creating an environment that encourages all San Diego County residents to live healthy, safe, and thriving lives.

Communicable Disease

Overall, communicable disease rates were lower among children aged 0-14 years compared to the county overall. However, rates of influenza (flu) and pneumonia were notably higher among children compared to the county overall.

Influenza (Flu)

In 2011, the emergency department (ED) discharge rate due to flu was 1.6 times higher than the county overall. However, rates of death and hospitalization due to the flu were notably lower than the county overall.

- Compared to children aged 0-14 years in other Regions, children in the South Region had the highest rate of ED discharge due to the flu.

Pneumonia

As with flu, the rate of ED discharge due to pneumonia was substantially higher than the countywide rate in 2011. In fact, the rate of pneumonia ED discharge among 0-14 year olds was 2.6 times higher compared to the county overall.

- As with the flu, those living in the South Region also had the highest ED discharge rate due to pneumonia, almost 4 times higher than the overall county.

Risk Factors and Prevention Strategies

Prevention measures against communicable diseases, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended age appropriate vaccinations are key ways to reduce the burden of communicable disease among San Diego County children aged 0-14 years.¹⁴

- In 2011, 52% of San Diegans, aged 0-14 years, were vaccinated for the flu in the past 12 months.¹²

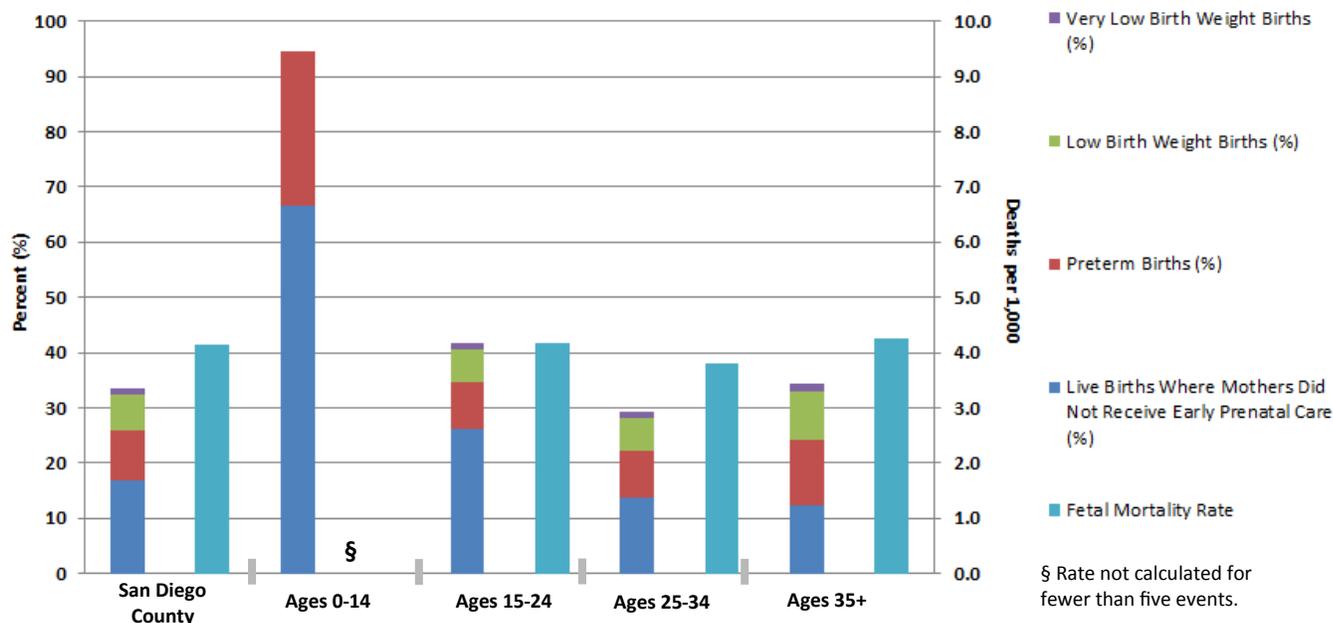
In 2011, children in the South Region had the highest rates of flu and pneumonia emergency department (ED) discharge compared to children in other Regions.



Maternal and Child Health Among Residents 0-14 Years Old

Figure 6

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Age of Mother, 2011



*Overall burden includes percentages and rates. Due to age groupings of maternal and child health data, analysis was limited to ages 0-14 years, 15-24 years, 25-34 years, and 35+ years.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Residents Aged 0-14 Years:

- The percentage of preterm births was 3.1 times higher than the county overall.
- The percentage of mothers receiving early prenatal care was 2.5 times lower than the county overall.

0-14 Years

Prevent Age Health Disparities

0-14 Years

What You Can Do to Reduce Your Risk of Poor Maternal and Child Health Outcomes and Live Well:

- Seek early prenatal care
- Eat a balanced diet
- Avoid smoking, alcohol consumption, or using drugs while pregnant
- Engage in physical activity

What Your Community Can Do to Reduce the Risk of Poor Maternal and Child Health Outcomes and Live Well:

- Encourage early prenatal care
- Develop lactation policies
- Provide affordable daycare options
- Encourage enrollment in nutrition assistance programs for eligible mothers and children



Live Well San Diego focuses on creating an environment that encourages all San Diego County residents to live healthy, safe, and thriving lives.

Maternal and Child Health

Overall, poor maternal and child health outcomes were higher among residents aged 0-14 years compared to the county overall in 2010. This was due to births to girls 14 years or younger. The percentages of mothers not receiving early prenatal care and preterm births were notably higher among this age group.

Early Prenatal Care

In 2011, the percentage of mothers aged 14 years and younger who received early prenatal care was 2.5 times lower than the county overall.

- Because of the small number of births among mothers aged 14 years and younger within the Regions, Regional comparisons were not made.

Fetal and Infant Mortality

In 2010, the rate of fetal mortality countywide was 4.1 fetal deaths per 1,000 live births, meeting and exceeding the Healthy People 2020 goal of 5.6 fetal deaths per 1,000 live births.¹⁴ However, there were notable differences among the Regions.

- The fetal mortality rate was highest among Central Region residents compared to the county overall, at 5.7 fetal deaths per 1,000 live births in 2010.

The infant mortality rate for San Diego County was 4.3 infant deaths per 1,000 live births in 2010. This rate met and exceeded the Healthy People 2020 goal of 6.0 infant deaths per 1,000 live births.¹⁴ However, as with fetal mortality, there were notable differences among the Regions.

- The North Central Region had the highest rate of infant mortality at 5.4 infant deaths per 1,000 live births in 2010.

In 2010, the fetal mortality rate in the Central Region was 5.7 per 1,000 live births and fetal deaths.

Preterm Births

Compared to the county overall, the percentage of preterm births was 3.1 times higher among mothers aged 14 years and younger and was higher than the Healthy People 2020 goal in 2010.¹⁴

- Because of the small number of preterm births among mothers aged 14 years and younger within the Regions, Regional comparisons were not made.

Risk Factors and Prevention Strategies

Maternal and child health outcomes are influenced by several factors including age, race/ethnicity, socioeconomic status, and a mother's health. Specifically, lack of prenatal care, poor nutrition, alcohol and tobacco use, and lack of physical activity are major lifestyle risk factors for adverse maternal and child health outcomes.¹⁴

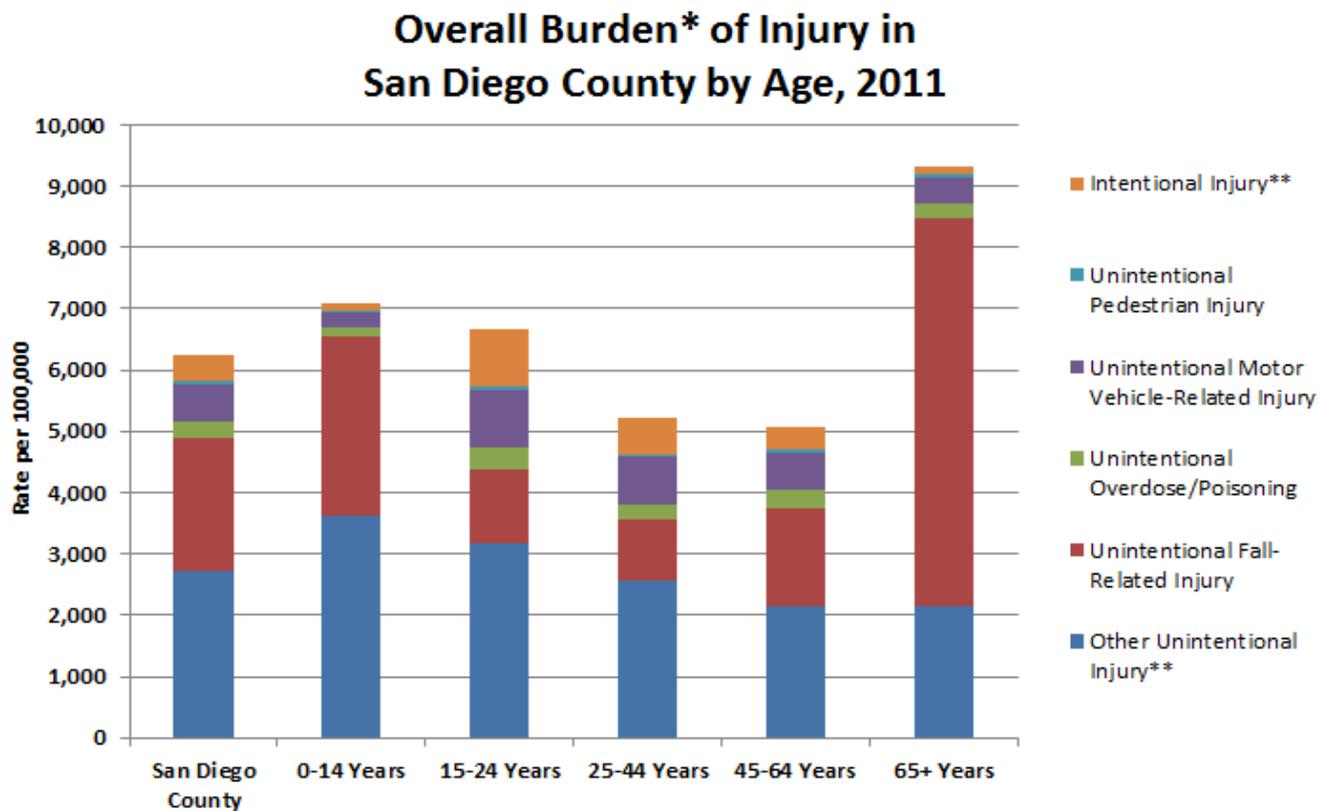
- In 2011, 47% of children aged 0-14 years lived at or below 200% of the federal poverty level.¹²

The health of mothers, infants, and children are key indicators of the health of a community overall. Their health outcomes often reflect the health of future generations, as well as emerging public health concerns. Engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.¹⁴



Injury Among Residents 0-14 Years Old

Figure 7



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Residents Aged 0-14 Years:

- The rate of emergency department (ED) discharge due to fall-related injury was 1.6 times higher compared to the county overall.
- The rate of ED discharge due to overall unintentional injury was 1.3 times higher than the county overall.
- The rate of hospitalization due to assault was 3.3 times higher compared to the county overall.

0-14 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Injury and Live Well:

- Be aware of your surroundings
- Never ride with anyone under the influence of alcohol
- Always wear your seatbelt
- Always wear your helmet while on a bike or skateboard

What Your Community Can Do to Reduce the Risk of Injury and Live Well:

- Invest in walkable sidewalks and safe roads
- Invest in drug and alcohol treatment programs
- Make safety a priority through education

0-14 Years



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Injury

Overall, injury rates were higher among children aged 0-14 years compared to the county overall. Notably, rates of overall unintentional injury and unintentional fall-related injury were notably higher among children aged 0-14 years in San Diego County.

Overall Unintentional Injury

Although rates of overall unintentional injury death and hospitalization were lower among children aged 0-14 years compared to the county overall, the rate of emergency department (ED) discharge was 1.3 times higher in 2011.

- Compared to children aged 0-14 years in other Regions, children residing in the East Region had the highest rate of overall unintentional injury hospitalization in 2011.

Unintentional Fall-Related Injury

Similar to overall unintentional injury, rates of death and hospitalization due to unintentional fall-related injury were lower among children aged 0-14 years compared to the county overall. However, the rate of ED discharge due to unintentional fall-related injury was 1.6 times higher compared to the county overall.

- In 2011, the unintentional fall-related injury ED discharge rates was highest among children aged 0-14 years residing in the South Region, compared to children residing in other Regions of the county.

In 2011, the rate of ED discharge due to falls among 0-14 year olds was highest in the South Region, compared to the other regions of the County.

Other Notable Injury Outcomes Affecting Children aged 0-14 Years—Bullying

Childhood bullying and assault have received a lot of media attention of late due to recent youth suicides related to bullying. While often difficult to measure, it is important to address this important topic due to the potential for both immediate and long term physical and psychological damage as a result of bullying.¹³

- In 2011, the ED discharge rate due to an assault injury among 0-14 year olds was highest in the Central, South, and East Regions compared to the other Regions in the county.

Other Notable Injury Outcomes Affecting Children aged 0-14 Years—Child Abuse

Child abuse is another concern specific to 0-14 year olds. The Centers for Disease Control and Prevention reports that nationally in 2011 infants younger than one year were victims of maltreatment more often than any other child age group.¹⁵

- In San Diego County, during the eighteen months prior to May 2010, there were 51 cases of severe physical abuse among children, with 60% of these cases among children 3 months old or younger.¹⁶

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, lack of supervision of children during play and other activities, and not being aware of safety hazards increase the risk of an injury.¹⁷

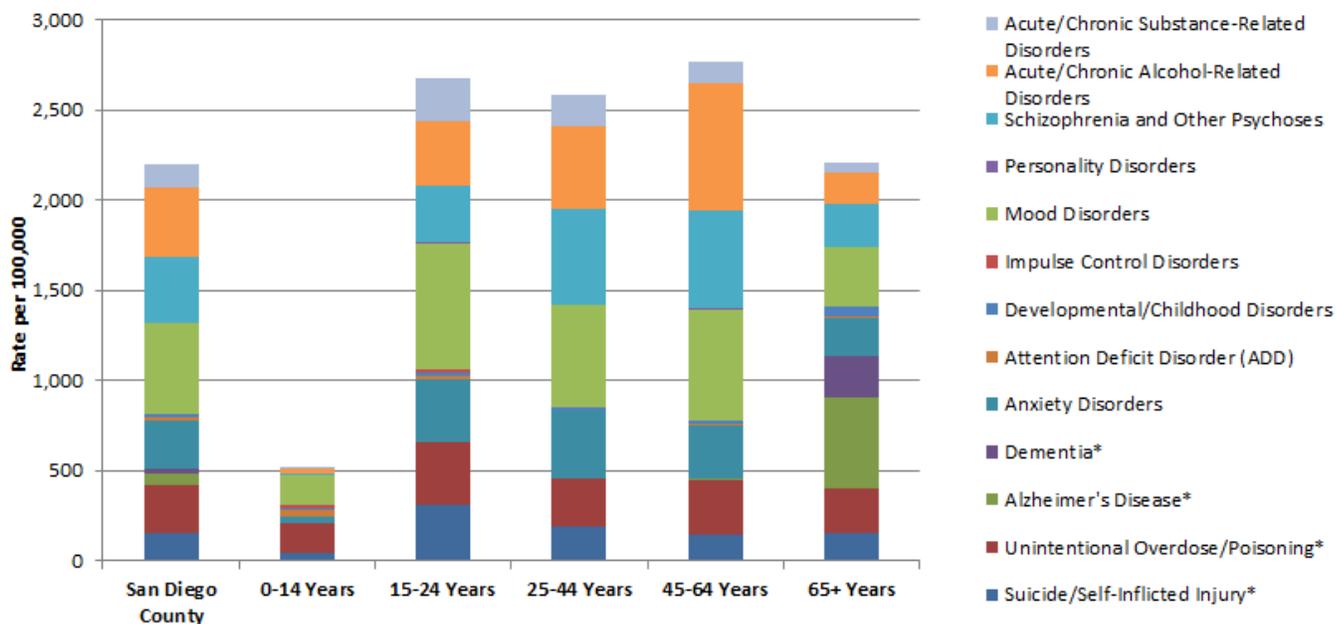
- In 2011, 19% of adolescents aged 12-14 years reported receiving threats of violence or physical harm by their peers.¹²

Of the major causes of disability and death, injuries are among the most preventable. Often, modifiable behaviors such as the use of protective equipment and active restraints, addressing and working to eliminate bullying and child abuse, as well as awareness, reduce the likelihood of injury among children aged 0-14 years.¹⁷

Behavioral Health Among Residents 0-14 Years Old

Figure 8

Overall Burden* of Behavioral Health in San Diego County by Age, 2011



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia include death, hospitalization, and ED discharge.

Top Behavioral Health Disparities Among San Diego County Residents Aged 0-14 Years:

- Overall, individuals ranging between 0-14 years old had a significantly lower burden of behavioral health-related issues than the county.
- The rate of attention deficit disorder (ADD) hospitalization was 3.4 times higher than the county overall.

0-14 Years

Prevent Age Health Disparities

0-14 Years

What You Can Do to Reduce Your Risk of Poor Behavioral Health Outcomes and Live Well:

- Seek help for an emotional, behavioral health, or alcohol/drug use problem
- Seek out healthy activities to reduce stress, and stay socially connected, such as exercising or volunteering

What Your Community Can Do to Reduce the Risk of Poor Behavioral Health Outcomes and Live Well:

- Educate residents about the warning signs of behavioral health issues
- Foster environments that reduce the stigma associated with behavioral health issues



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Behavioral Health

Overall, the rates of behavioral health outcomes were among San Diego County children aged 0-14 years were comparable to, or better than the county overall in 2011. In spite of a smaller burden of behavioral health outcomes on the population, rates of attention deficit disorders (ADD), disorders diagnosed in childhood and impulse control disorders were higher compared to the county overall.

Attention Deficit Disorder (ADD)

Rates of attention deficit disorder (including conduct and disruptive disorders) hospitalization and emergency department (ED) discharge were higher among children aged 0-14 years compared to the county overall in 2011. Notably the rates were 3.4 and 1.7 times higher compared to the county overall.

- Compared to children aged 0-14 years in other Regions of the county, hospitalization and ED discharge rates of attention deficit disorder were highest among children in the East Region.

Childhood Disorders

Childhood disorders refer to disorders usually diagnosed in infancy and adolescence: autism, separation anxiety disorders, shyness disorders, emotional disturbances, TIC disorder, stereotypic movement disorder, selective mutism, enuresis, and encopresis. In 2011, rates of hospitalization and ED discharge due to childhood disorders were 3.2 and 2.3 times higher, respectively, among children aged 0-14 years compared to the county overall.

- Because of the small number of childhood disorder hospitalizations and ED discharges among children aged 0-14 years within the Regions, Regional comparisons were not made.

In 2011, the rate of ED discharge due to ADD among 0-14 year olds was highest in the East and South Regions, compared to the other Regions of the County.

Impulse Control Disorders

The rate of impulse control disorder hospitalization was 2.8 higher among children aged 0-14 years compared to the county overall in 2011. Further, the ED discharge rate due to impulse control disorders was 2.3 times higher among this age group compared to the county overall.

- The rate of hospitalization due to impulse control disorders among children aged 0-14 years, was highest among those in the North Inland Region compared to other Regions.
- Because of the small number of impulse control disorder ED discharges among children aged 0-14 years within the Regions, Regional comparisons were not made.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁸

- In 2011, 17% of adolescents reported needing help for an emotional or mental health problem in San Diego County.¹²

Seeking help for an emotional or behavioral health disorder, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁸



15-24 Years

In 2011, there were just under 500,000 San Diego County teenagers and young adults aged 15-24 years.¹⁰ By the year 2030, the number of San Diegans in this age group is expected to increase by 10%.¹¹ Currently, this age group accounts for 16% of San Diego County residents, representing a subset of the population with unique health concerns and behaviors.¹⁰

Three out of five San Diego County residents aged 15-24 years reported being in excellent or very good health in 2011, while 30% were in good health, and 7% were in fair or poor health.¹² In the same year, eight out of ten reported visiting the doctor at least once, and one out of five visited the emergency room for medical care.¹²

In 2011, 19% of San Diego County's population was aged 15-24 years.¹⁰

Only 75% of San Diegans between the ages of 18 and 24 years old had health insurance coverage in 2011.¹²

Overall, 80% of San Diego County teenagers and young adults aged 15-24 year had health insurance in 2011.¹² However, those aged 18-24 years old were less likely to have been covered by health insurance compared to those aged 15-17 years.¹²

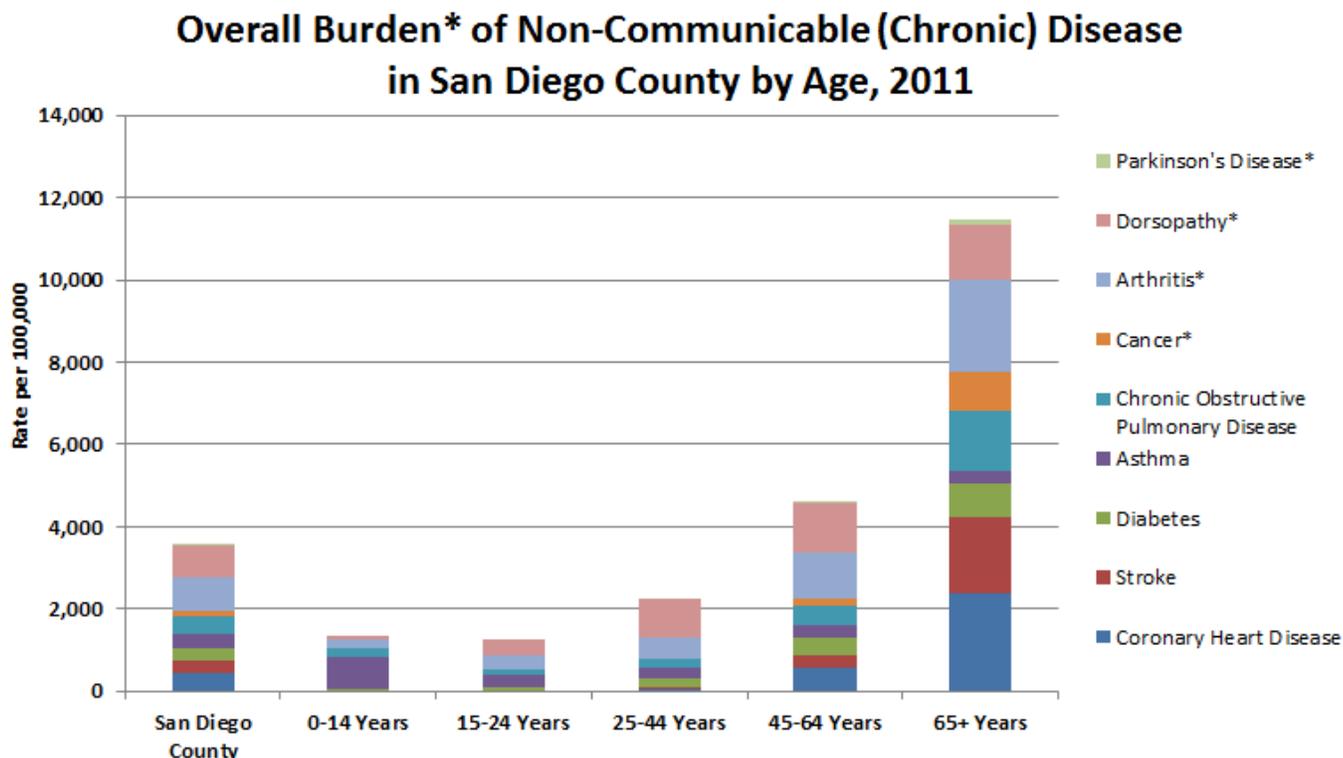
Overall, rates of communicable disease, poor maternal and child health outcomes, injury, and poor behavioral health outcomes were all higher among residents aged 15-24 years compared to the county overall.

Additionally, there were notable differences among this age group by Region. A series of health indicators and related health behaviors are presented, which aim to describe the most important health concerns facing teenagers and young adults aged 15-24 years in San Diego County.



Non-Communicable (Chronic) Disease Among Residents 15-24 Years Old

Figure 9



*Overall burden (except for cancer, arthritis, dorsopathy, and Parkinson's disease) includes death, hospitalization and emergency department (ED) discharge. Cancer includes death only. Arthritis, dorsopathy, and Parkinson's disease include hospitalization and ED discharge.

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Residents Aged 15-24 Years:

- Rates of non-communicable (chronic) disease among San Diego County residents aged 15-24 years were comparable to, or better than, the county overall.

15-24 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Non-Communicable (Chronic) Disease and Live Well:

- Exercise at least 150 min/week
- Avoid smoking
- Limit alcohol consumption
- Eat more fruits & vegetables
- Visit your doctor for preventive check-ups

What Your Community Can Do to Reduce the Risk of Non-Communicable (Chronic) Disease and Live Well:

- Invest in safe and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities

15-24 Years



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Non-Communicable (Chronic) Disease

Overall, non-communicable (chronic) disease rates were lower among teens and young adults aged 15-24 years compared to the county overall. However, rates of asthma and diabetes were notable non-communicable (chronic) diseases affecting residents aged 15-24 years in San Diego County.

Asthma

In 2011, the rate of emergency department (ED) discharge due to asthma among 15-24 year olds was 253.5 per 100,000, the second highest rate among all age groups.

- Teens and young adults aged 15-24 years living in the Central Region of San Diego County were more likely to be discharged from the ED due to asthma compared to teens and young adults in any other Region.

In 2011, 18% of residents aged 15-24 years reported ever being diagnosed with asthma in San Diego County.¹²

Diabetes

Although diabetes hospitalization and ED discharge rates among San Diego County 15-24 year olds were lower than the county overall, those living in the Central and East Regions were at highest risk for these diabetes outcomes among this age group.

- The risk for diabetes hospitalization and ED discharge were 2.0 and 1.7 times higher, respectively, among Central Region 15-24 year olds compared to all 15-24 year olds in the county.
- Similarly in the East Region, the risk for diabetes hospitalization and ED discharge were both 1.5 times higher compared to 15-24 year olds overall in the county.



Risk Factors and Prevention Strategies

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.¹³

Tobacco Use

- In 2011, 9% of San Diego County residents ages 15-24 years were smokers.¹²

Lack of Physical Activity

- In 2011, 33% teens aged 15-17 years engaged in fewer than three days of physical activity that lasted an hour or more in a typical week.¹²
- Nearly 32% of teens aged 15-17 years did not visit a park, playground, or open space in the last month.¹²

Poor Diet

- More than 51% of residents aged 15-24 years reported eating fast food at least twice in the past week in 2011.¹²

Alcohol Abuse

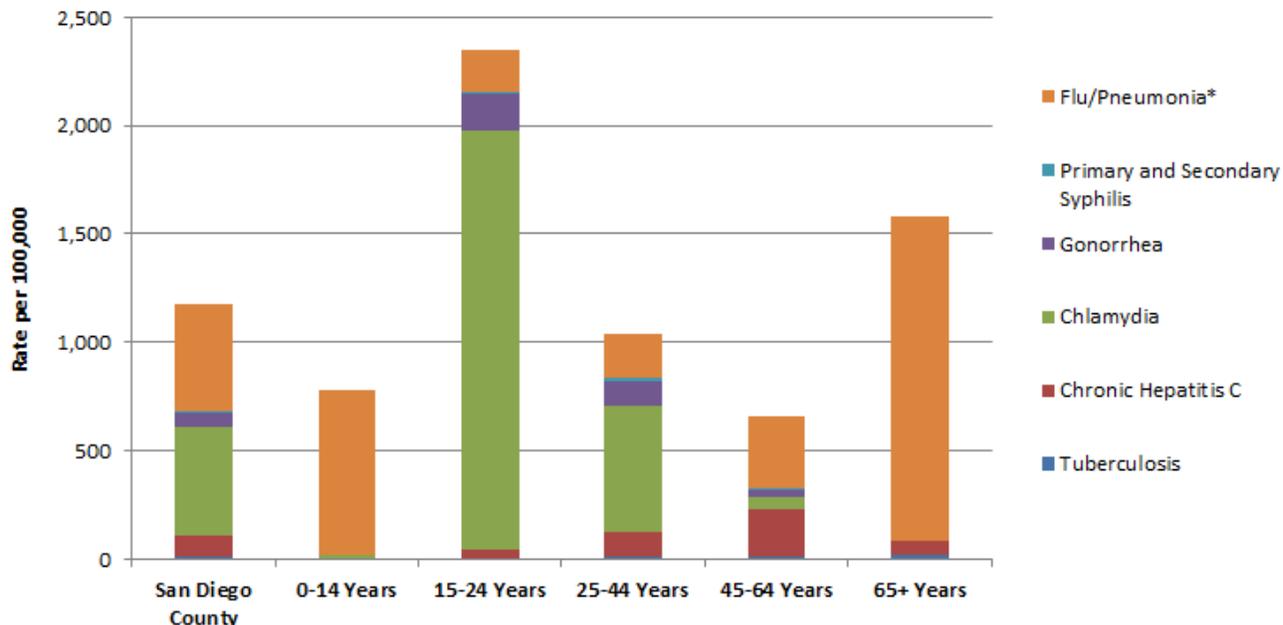
- In 2011, 47% of young adults aged 18-24 years had engaged in binge drinking in the past year.¹²

Changes in modifiable risk factors such as tobacco use, lack of physical activity, poor diet, and abuse of alcohol, as well as increased access to and utilization of medical services, are key ways to reduce the burden of non-communicable (chronic) disease among San Diego County residents aged 15-24 years.¹³

Communicable Disease Among Residents 15-24 Years Old

Figure 10

Overall Burden* of Communicable Disease in San Diego County by Age, 2011



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge.

Top Communicable Disease Health Disparities Among San Diego County Residents Aged 15-24 Years:

- The rate of reported chlamydia was 3.9 times higher than the county overall.
- The rate of reported gonorrhea was 2.5 times higher than the county overall.

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Communicable Disease and Live Well:

- Get all recommended age appropriate vaccinations
- Visit your doctor regularly
- Get early treatment for infections, and complete entire treatment regimens
- Avoid high risk behaviors

What Your Community Can Do to Reduce the Risk of Communicable Disease and Live Well:

- Encourage education about protective measures
- Promote vaccination opportunities
- Support public health campaigns aimed at reducing disease

15-24 Years



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Better
Health

Living
Safely

Thriving

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Communicable Disease

Overall, communicable disease rates were higher among teens and young adults aged 15-24 years compared to the county overall. Rates of reported chlamydia and gonorrhea were notably higher among San Diego County teens and young adults.

Chlamydia

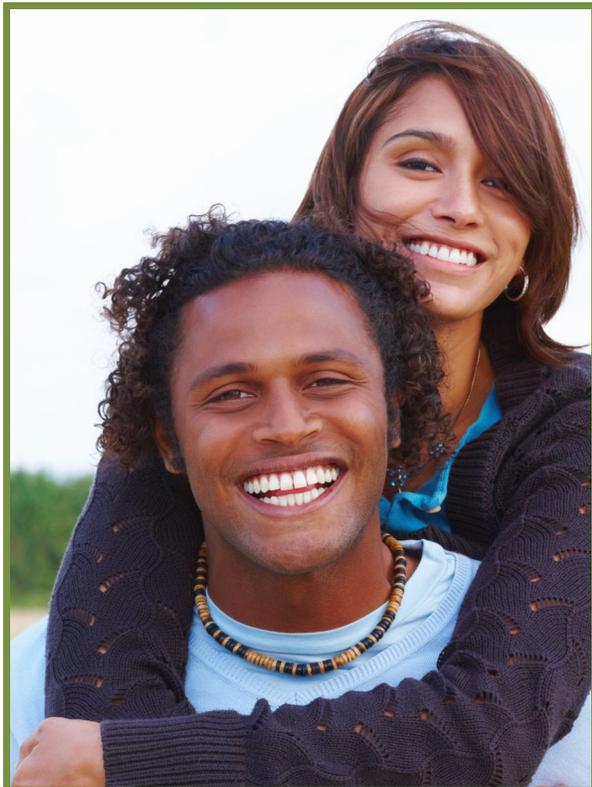
Compared to the county overall, the rate of reported chlamydia was higher among teen and young adults in 2011. Specifically, the rate of reported chlamydia was 3.9 times higher than the rate of chlamydia cases in the county overall.

- Residents aged 15-24 years living in the Central Region had the highest rate of reported chlamydia compared to those in other Regions of the county.

Gonorrhea

The rate of reported gonorrhea was significantly higher among teens and young adults aged 15-24 years compared to the county in 2011. The rate of reported gonorrhea was 2.5 times higher among teens and young adults compared to the county overall.

- Residents aged 15-24 years residing in the Central Region had the highest rate of reported gonorrhea



The rate of reported chlamydia among 15-24 year olds was 3.9 times higher than the County overall in 2011.

compared to those in other Regions of the county.

Influenza (Flu)

In 2011, the flu hospitalization rate was 4.3 times lower among residents aged 15-24 years compared to the county overall. In addition, the emergency department (ED) discharge rate due to flu was 1.5 times higher among teens and young adults compared to the county overall.

- South Region residents aged 15-24 years had the highest rate of ED discharge due to flu compared to those living in other Regions of the county.

Risk Factors and Prevention Strategies

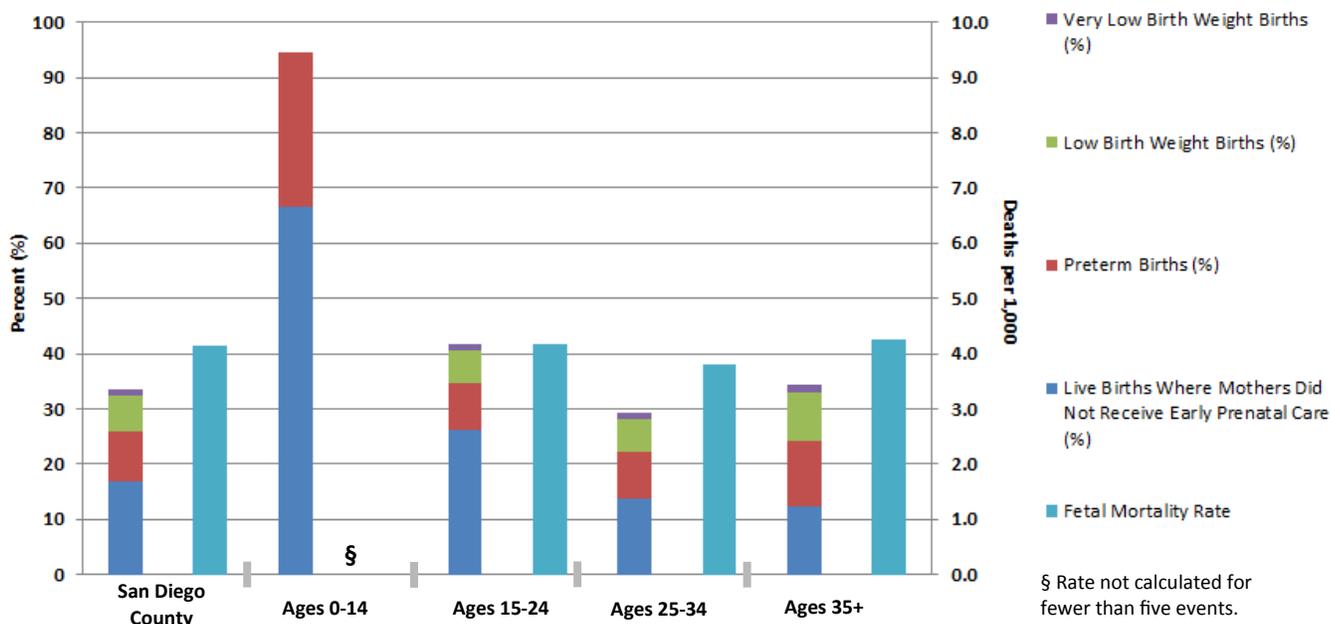
Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended age appropriate vaccinations are key ways to reduce the burden of communicable disease among San Diego County teens and young adults aged 15-24 years.¹⁴

- In 2011, only 22% of young adults aged 18-24 years reported being vaccinated for the flu.¹³

Maternal and Child Health Among Residents 15-24 Years Old

Figure 11

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Age of Mother, 2011



*Overall burden includes percentages and rates. Due to age groupings of maternal and child health data, analysis was limited to ages 0-14 years, 15-24 years, 25-34 years, and 35+ years.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Residents Aged 15-24 Years:

- The percentage of mothers not receiving early prenatal care was 1.6 higher than the county overall.

15-24 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Poor Maternal and Child Health Outcomes and Live Well:

- Seek early prenatal care
- Eat a balanced diet
- Avoid smoking, alcohol consumption, or using drugs while pregnant
- Engage in physical activity

What Your Community Can Do to Reduce the Risk of Poor Maternal and Child Health Outcomes and Live Well:

- Encourage early prenatal care
- Develop lactation policies
- Provide affordable daycare options
- Encourage enrollment in nutrition assistance programs for eligible mothers and children
- Promote home visitation programs

15-24 Years



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Maternal and Child Health

Overall, poor maternal and child health outcomes were lower among residents aged 15-24 years compared to the county overall in 2011. However, the percentage of mothers not receiving early prenatal care was notably higher among residents aged 15-24 years.

Births to Teens Aged 15-17 Years

The percentage of live births to mothers aged 15-17 years was 1.8%, or 779 total births, in San Diego County in 2011.

- Compared to other Regions, the percentage of live births to mothers aged 15-17 years was highest in the Central and South Regions of the county.

Early Prenatal Care

Fewer than three out of four mothers ages 15-24 years received early prenatal care in 2011. This percentage, compared to the county was 1.1 times lower than the county overall.

- The percentage of mothers aged 15-24 years receiving early prenatal care was lowest among those residing in the East Region of the county.

In 2011, there were 779 live births to girls aged 15-17 years in San Diego County.

Risk Factors and Prevention Strategies

Maternal and child health outcomes are influenced by several factors including age, race/ethnicity, socioeconomic status, and a mother's health. Specifically, lack of prenatal care, poor nutrition, alcohol and tobacco use, and lack of physical activity are major lifestyle risk factors for adverse maternal and child health outcomes.¹⁴

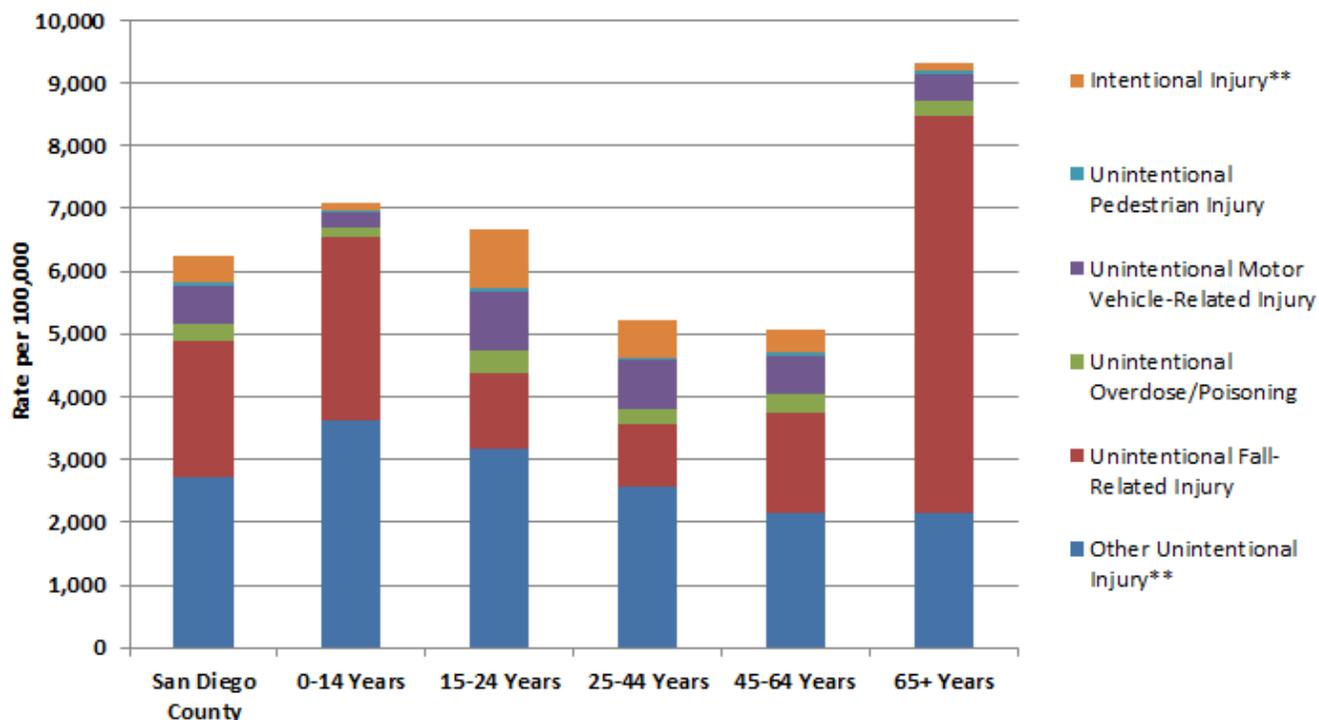
The health of mothers, infants, and children are key indicators of the health of a community overall. Their health outcomes often reflect the health of future generations, as well as emerging public health concerns. Therefore, engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.¹⁴



Injury Among Residents 15-24 Years Old

Figure 12

Overall Burden* of Injury in San Diego County by Age, 2011



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Residents Aged 15-24 Years:

- The rate of hospitalization due to firearm-related injury was 2.4 times higher than the county overall.
- The rate of emergency department discharge due to assault was 2.2 times higher than the county overall.
- The rate of hospitalization due to assault was 3.3 times higher compared to the county overall.

15-24 Years

Prevent Age Health Disparities

15-24 Years

What You Can Do to Reduce Your Risk of Injury and Live Well:

- Be aware of your surroundings
- Never drink and drive
- Always wear your seatbelt
- Always wear your helmet while on a bike or skateboard

What Your Community Can Do to Reduce the Risk of Injury and Live Well:

- Invest in walkable sidewalks and safe roads
- Invest in drug and alcohol treatment programs
- Make safety a priority through education



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Injury

Overall, injury rates were comparable among residents aged 15-24 years and the county overall. However, rates of firearm-related injury, homicide and assault, unintentional motor vehicle-related injury, unintentional overdose/poisoning, and unintentional pedestrian injury were notably higher among teens and young adults aged 15-24 years in San Diego County.

Firearm-Related Injury

In 2011, rates of firearm-related injury hospitalization and emergency department (ED) discharge among residents aged 15-24 years were notably higher compared to the county overall. Specifically, rates were 2.4 and 1.9 times higher, respectively, than the county overall.

In 2011, the rate of assault emergency department (ED) discharge among 15-24 year olds was 2.2 times higher than the county overall.

- Compared to residents aged 15-24 years in other Regions, the rate of hospitalization due to firearm-related injury was highest in the Central Region, while the rate of ED discharge due to firearm-related injury was highest in the East Region.

Homicide and Assault

Compared to the county overall, 2011 rates of homicide and assault hospitalization and ED discharge were 1.6, 1.8, and 2.2 times higher among residents aged 15-24 years, respectively.

- Compared to 15-24 year olds in other Regions, rates of homicide, assault hospitalization, and assault ED discharge were highest among those in the Central Region.



Unintentional Overdose/Poisoning

In San Diego County, 2011 ED discharge rate due to unintentional overdose/poisoning among teens and young adults aged 15-24 years was higher than any other age group. Notably, the rate of unintentional overdose/poisoning ED discharge was 1.5 times higher among 15-24 year olds compared to the county overall.

- The rate of unintentional overdose/poisoning ED discharge among residents aged 15-24 years was highest in the East Region.

Unintentional Motor Vehicle-Related Injury

Rates of death, hospitalization, and ED discharge due to unintentional motor vehicle-related injury were all higher among residents aged 15-24 years compared to the county overall in 2011. Specifically, the rates were 1.3, 1.6, and 1.6 times higher, respectively, compared to the county overall.

- Among 15-24 year olds, the rate of death due to unintentional motor vehicle-related injury was highest among those in the North Inland Region, while the rate of hospitalization was highest in the Central Region, and the rate of ED discharge was highest in the East Region.

Unintentional Pedestrian Injury

In 2011, rates of hospitalization and emergency department due to unintentional pedestrian injury were also higher among residents aged 15-24 years compared to the county overall. Notably, the rates were 1.4 and 1.6 times higher, respectively among teens and young adults in San Diego County.

- Central Region 15-24 year old residents had the highest rates of hospitalization and emergency department discharge due to unintentional pedestrian injury compared to those in other Regions of the county.

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, mismanagement of medication, violence, and not being aware of safety hazards increase the risk of an injury.¹⁷

Of the major causes of disability and death, injuries are among the most preventable. Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, violence prevention, as well as awareness, reduce the likelihood of injury.¹⁷

In 2011, the rate of firearm-related injury emergency department discharge among 15-24 year olds was highest in the East Region.

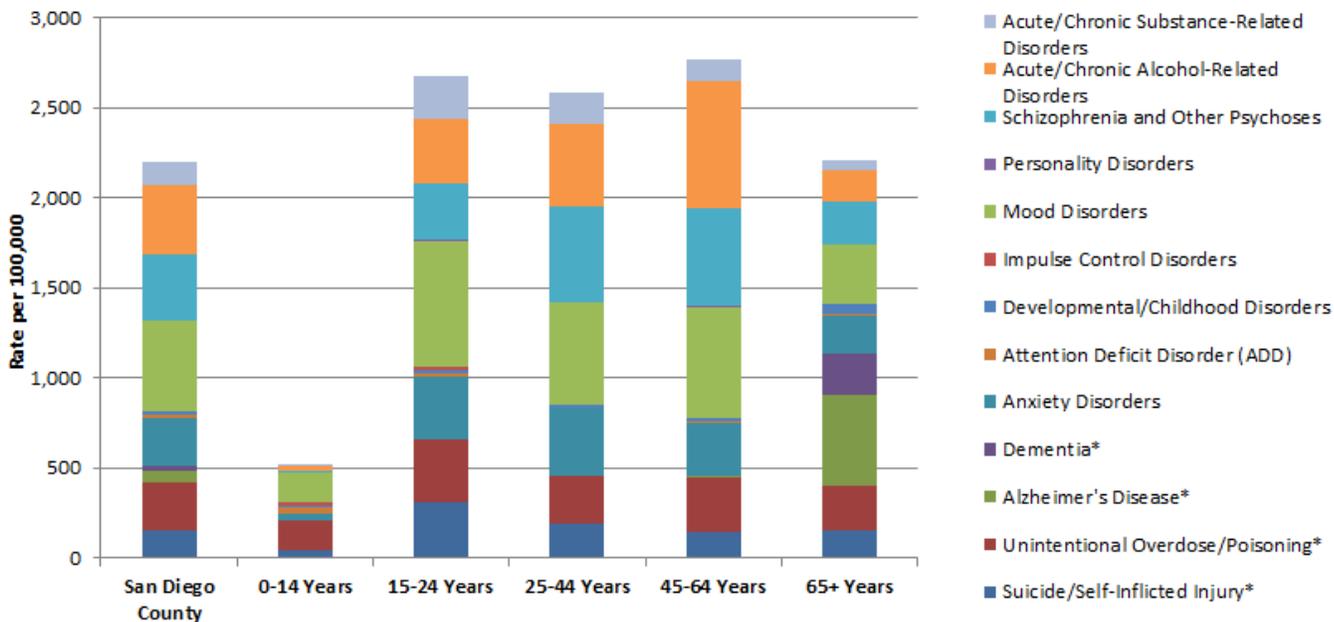


Behavioral Health Among Residents 15-24 Years Old

15-24 Years

Figure 13

Overall Burden* of Behavioral Health in San Diego County by Age, 2011



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia include death, hospitalization, and ED discharge.

Top Behavioral Health Disparities Among San Diego County Residents Aged 15-24 Years:

- The rate of self-inflicted injury emergency department (ED) discharge was 2.3 times higher compared to the county overall.
- The rate of chronic substance-related abuse was 2.2 times higher compared to the county overall.

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Poor Behavioral Health Outcomes and Live Well:

- Seek help for an emotional, behavioral health, or alcohol/drug use problem
- Seek out healthy activities to reduce stress, and stay socially connected, such as exercising or volunteering

What Your Community Can Do to Reduce the Risk of Poor Behavioral Health Outcomes and Live Well:

- Educate residents about the warning signs of behavioral health issues
- Foster environments that reduce the stigma associated with behavioral health issues

15-24 Years



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Behavioral Health

Overall, the rates of behavioral health outcomes were higher among teens and young adults aged 15-24 years compared to the county overall. Rates of acute and chronic substance-related disorders, anxiety disorders, attention deficit disorder (ADD), disorders diagnosed in childhood (childhood disorders), impulse control disorders, mood disorders, personality disorders, and self-inflicted injury were all notably higher among teens and young adults aged 15-24 years in San Diego County.

Acute and Chronic Substance-Related Disorders

In 2011, hospitalization and emergency department (ED) discharge rates due to acute and chronic substance-related disorders were substantially higher among those aged 15-24 years compared to the county overall.

Among San Diegans aged 15-24 years:

- The acute substance-related disorder hospitalization and ED discharge rates were both 1.8 times higher than the county overall.
- The chronic substance-related disorder hospitalization and ED discharge rates were 2.2 and 2.0 higher, respectively, for 15-24 year olds compared to the county.

The East Region had the highest ED discharge rates of both chronic and acute substance-related disorders compared to all other Regions of the county.

Anxiety Disorders

Rates of hospitalization and ED discharge due to anxiety disorders were considerably higher among teens and young adults aged 15-24 years compared to the county overall. In 2011, the rates were 1.5 and 1.3 times higher, respectively, compared to the county overall.

- Compared to 15-24 year olds in other Regions of the county, the rate of anxiety disorder hospitalization was highest in the East Region, while the rate of ED discharge was highest in the Central Region.

The rate of hospitalization due to anxiety disorders was 1.5 times higher among residents aged 15-24 years compared to the county overall in 2011.

Attention Deficit Disorder (ADD)

Rates of attention deficit disorder (including conduct and disruptive disorders) hospitalization and ED discharge were higher among residents aged 15-24 years compared to the county overall in 2011. Notably the rates were 2.0 and 1.6 times higher compared to the county overall.

- The rates of hospitalization and ED discharge rates of attention deficit disorder were highest among residents aged 15-24 years in the East Region.

Childhood Disorders

In 2011, rates of hospitalization and ED discharge due to childhood disorders (including those usually diagnosed in infancy and adolescence) were 1.7 and 2.2 times higher, respectively, among residents aged 15-24 years compared to the county overall.

- Because of the small number of childhood disorder hospitalizations and ED discharges among teens and young adults aged 15-24 years within the Regions, Regional comparisons were not made.

Impulse Disorders

The rate of impulse control disorder hospitalization was 1.7 higher among residents aged 15-24 years compared to the county overall in 2011. Further, the ED discharge rate due to impulse control disorders was also 1.7 times higher among this age group compared to the county overall.

- The rate of hospitalization due to impulse control disorders among teens and young adults aged 15-24 years was highest among those in the North Inland Region compared to other Regions.

- Because of the small number impulse control disorder ED discharges among teens and young adults aged 15-24 years within the Regions, Regional comparisons were not made.

Mood Disorders

Mood disorder hospitalization and ED discharge rates were higher among 15-24 year old residents compared to the county overall. In 2011, the mood disorder hospitalization rate among 15-24 year olds was 1.5 times higher and the mood disorder ED discharge rate was 1.3 times higher than the county overall.

- Among those aged 15-24 years, the rate of hospitalization due to mood disorders was highest in the East Region, while the rate of ED discharge was highest in the North Coastal Region.

Personality Disorders

In 2011, 15-24 year olds also had the highest hospitalization and ED discharge rates due to personality disorders compared to the county overall. The personality disorder hospitalization and ED discharge rates were 1.5 and 1.3 times higher, respectively, among 15-24 year olds compared to the countywide rates in 2011.

- Because of the small number of personality disorder hospitalizations among teens and young adults aged 15-24 years within the Regions, Regional comparisons were not made.
- The rate of ED discharge due to personality disorders among residents aged 15-24 years was highest among those in the East Region.

Self-Inflicted Injury

Self-inflicted injury hospitalization and ED discharge rates were higher among 15-24 year old residents compared to the county overall. In 2011, the self-inflicted injury hospitalization rate among 15-24 year olds was 1.9 times higher and the self-inflicted injury ED discharge rate was 2.3 times higher than the county overall.

Nearly 9% of San Diego County young adults aged 18-24 likely had psychological distress in 2011.

- Among those aged 15-24 years, the rate of hospitalization due to self-inflicted injury was highest in the Central Region, while the rate of ED discharge was highest in the East Region.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁸

- In 2011, 14% of teens aged 15-17 years reported needing help for an emotional or mental health problem in San Diego County.¹²
- Nearly 9% of young adults aged 18-24 years likely had psychological distress in 2011.¹²

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁸



25-44 Years

In 2011, there were nearly 891,000 San Diego County residents ages 25-44 years.¹⁰ By 2030, the number of 25-44 year olds in the county is expected to increase by almost 15% to more than a million.¹¹

In 2011, nearly 29% of San Diego County's population was between the ages of 25-44 years.¹⁰

In 2011, 35% of residents aged 25-44 years lived at or below 200% of the federal poverty level (FPL).¹²

Among residents aged 25-44 years, 27% reported having a high school education or less, 26% had some college or vocational training, and 47% completed a bachelor's degree or higher.¹²

In 2011, 59% of San Diego County residents aged 25-44 years reported they were in excellent or very good health, 28% were in good health, and 13% in fair or poor health.¹²

Three out of four residents aged 25-44 years had health insurance in 2011.¹²

Three out of four adults aged 25-44 years had at least one doctor's visit and 15% reported visiting an emergency room for medical care in 2011.¹²

Overall, 75% of adults aged 25-44 years reported having health insurance in 2011—the lowest percentage of all age groups. Of those with health insurance, 60% had employment-based insurance.¹²

Overall, rates of non-communicable (chronic) disease, communicable disease, and injury were lower for residents aged 25-44 years compared to the county overall, whereas poor behavioral health outcomes were higher. A series of health indicators and related health behaviors are presented, which aim to describe the most important health concerns facing the adults aged 25-44 years of San Diego County.

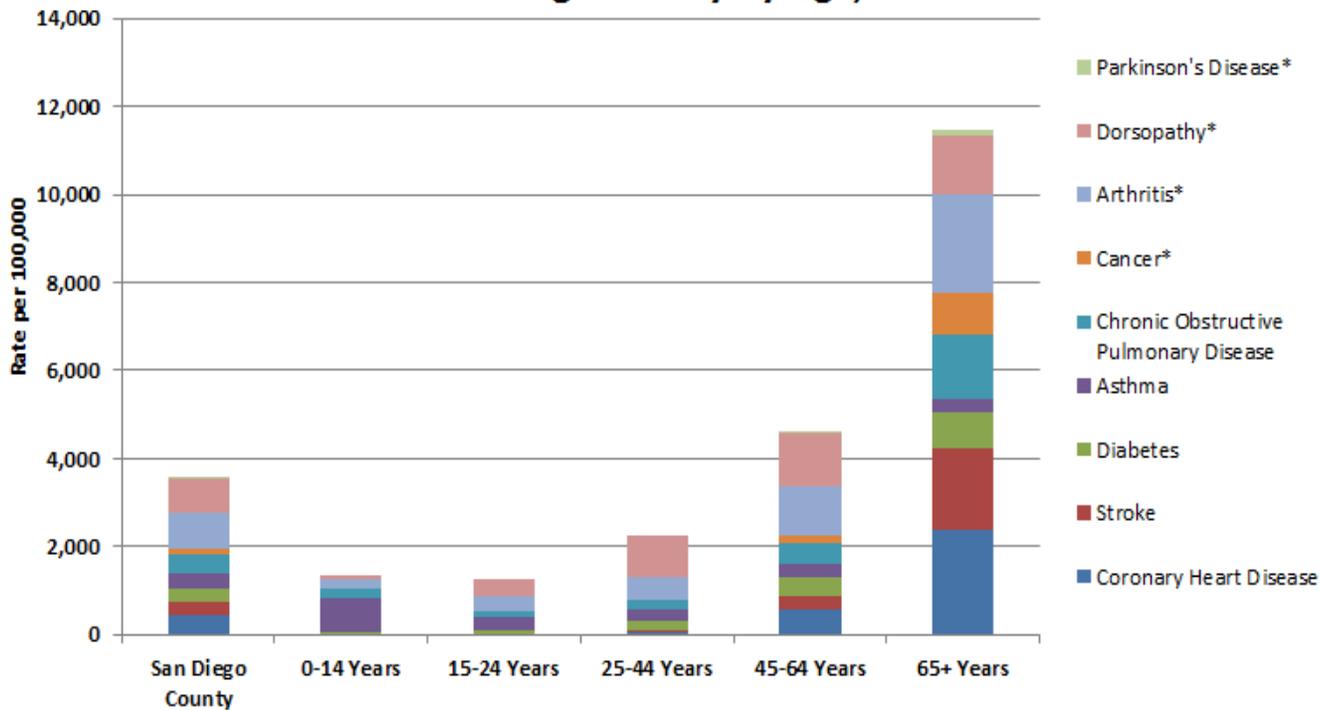


Non-Communicable (Chronic) Disease Among Residents 25-44 Years Old

25-44 Years

Figure 14

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Age, 2011



*Overall burden (except for cancer, arthritis, dorsopathy, and Parkinson's disease) includes death, hospitalization and emergency department (ED) discharge. Cancer includes death only. Arthritis, dorsopathy, and Parkinson's disease include hospitalization and ED discharge.

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Residents Aged 25-44 Years:

- The rate of dorsopathy emergency department (ED) discharge was 1.3 times higher compared to the county overall.

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Non-Communicable (Chronic) Disease and Live Well:

- Exercise at least 150 min/week
- Avoid smoking
- Limit alcohol consumption
- Eat more fruits & vegetables
- Visit your doctor for preventive check-ups

What Your Community Can Do to Reduce the Risk of Non-Communicable (Chronic) Disease and Live Well:

- Invest in safe and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities

25-44 Years



Live Well San Diego focuses on creating an environment that encourages all San Diego County residents to live healthy, safe, and thriving lives.

Non-Communicable (Chronic) Disease

Overall, non-communicable (chronic) disease rates were lower among residents aged 25-44 years compared to the county overall. This is partially due to the young age of this population. However, health behaviors engaged in during these important adult years will affect both the quantity and quality of life of adults as they age. In spite of overall lower rates of non-communicable (chronic) disease, rates of asthma, diabetes, and dorsopathy were worth noting among residents aged 25-44 years.

Asthma

As with diabetes, rates of asthma death, hospitalization, and emergency department (ED) discharge were also lower among residents aged 25-44 years compared to the county overall in 2011.

- Compared to other Regions, Central and East Region adults aged 25-44 years had the highest rates of hospitalization and ED discharge due to asthma.

Diabetes

Compared to the county overall, rates of death, hospitalization, and ED discharge due to diabetes were lower among residents aged 25-44 years in 2011. However, rates of hospitalization and ED discharge differed considerably among residents in various Regions of the county.

- Residents aged 25-44 years living in the Central and East Regions had the highest rates of hospitalization and ED discharge compared to those living in other Regions.

Dorsopathy

The rate of dorsopathy hospitalization among residents aged 25-44 years was comparable to the county overall in 2011. However, the rate of dorsopathy ED discharge was 1.3 times higher than the county overall.

- Adults aged 25-44 years living in the East Region were at a greatest risk of being discharged from the ED compared to those in other Regions.



Risk Factors and Prevention Strategies

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.¹³

Tobacco Use

- In 2011, 9% of adults aged 25-44 years were smokers.¹²

Poor Diet

- Nearly 45% of San Diego County adults aged 25-44 years reported eating fast food at least twice in the past week in 2011.¹²

Alcohol Abuse

- In 2011, 46% of adults aged 25-44 years engaged in binge drinking in the past year.¹²

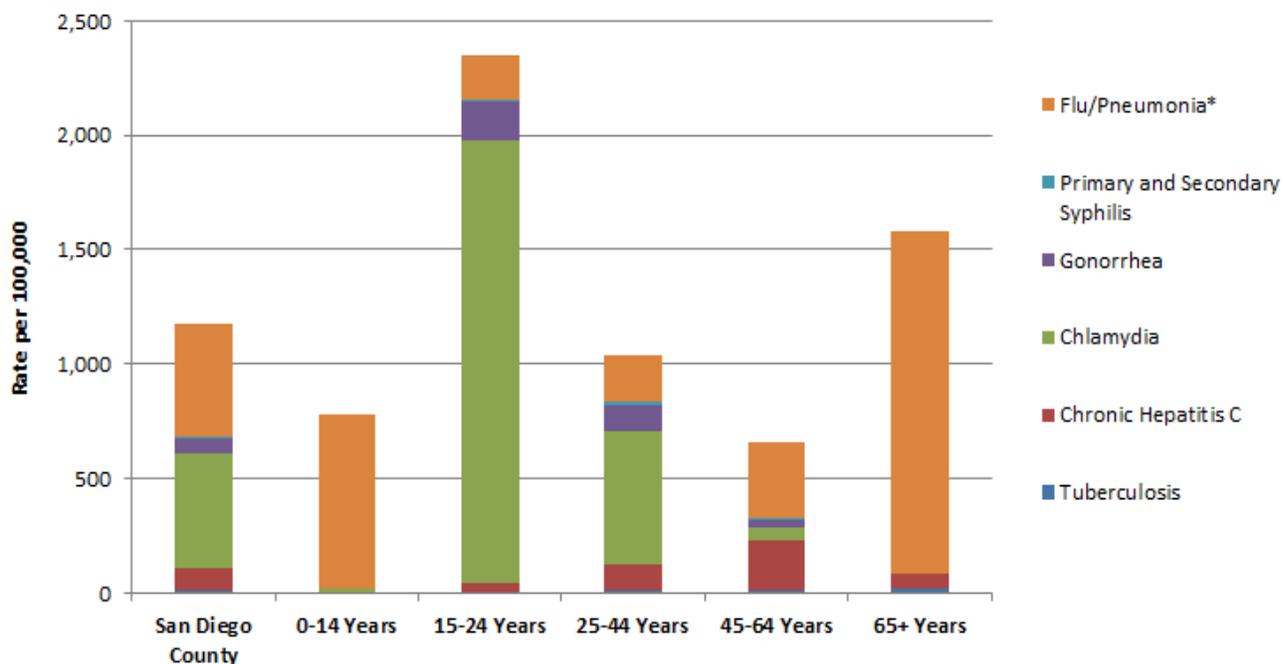
Changes in modifiable risk factors such as tobacco use, lack of physical activity, poor diet, and abuse of alcohol, as well as increased access to and utilization of medical services, are key ways to reduce the burden of non-communicable (chronic) disease among San Diego County residents aged 25-44 years.¹³

In 2011, 11% of adults aged 25-44 years reported ever being diagnosed with asthma in San Diego County.¹²

Communicable Disease Among Residents 25-44 Years Old

Figure 15

Overall Burden* of Communicable Disease in San Diego County by Age, 2011



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge.

Top Communicable Disease Health Disparities Among San Diego County Residents Aged 25-44 Years:

- The rate of reported primary and secondary syphilis was two times higher than the county overall.
- The rate of reported gonorrhea was 1.6 times higher than the county overall.
- The rate of reported chronic hepatitis C was 1.2 times higher than the county overall.

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Communicable Disease and Live Well:

- Get all recommended age appropriate vaccinations
- Visit your doctor regularly
- Get early treatment for infections, and complete entire treatment regimens

What Your Community Can Do to Reduce the Risk of Communicable Disease and Live Well:

- Encourage education about protective measures
- Promote vaccination opportunities
- Support public health campaigns aimed at reducing disease

25-44 Years



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Communicable Disease

Overall, communicable disease rates were slightly lower among residents aged 25-44 years compared to the county overall. However, rates of reported chlamydia, chronic hepatitis C, gonorrhea, as well as primary and secondary syphilis, were notably higher among adults aged 25-44 years compared to the county overall.

Chlamydia

Compared to the county overall, the rate of reported chlamydia was higher among residents aged 25-44 years in 2011. Specifically, the rate was 1.2 times higher than the rate of reported cases in the county overall.

- Adults aged 25-44 years living in the Central Region had the highest rate of reported chlamydia compared to those in other Regions of the county.

Chronic Hepatitis C

The rate of reported chronic hepatitis C was considerably higher among adults aged 25-44 years compared to the county overall in 2011. Notably, the rate among San Diego adults aged 25-44 years was 1.2 times higher than the county.



- Residents aged 25-44 years residing in the South Region had the highest rate of reported chronic hepatitis C compared to those in other Regions.

Gonorrhea

The rate of reported gonorrhea was considerably higher among adults aged 25-44 years compared to the county in 2011. The rate of reported gonorrhea was 1.6 times higher among residents aged 25-44 years compared to the county overall.

- Adults aged 25-44 years residing in the Central Region had the highest rate of reported gonorrhea compared to residents aged 25-44 years in other Regions of the county.

Syphilis

The rate of reported primary and secondary syphilis was also higher among adult residents aged 25-44 years compared to the county overall in 2011. Specifically, the primary and secondary syphilis rate among adults aged 25-44 years was 2.0 times higher than the county.

- Compared to adults aged 25-44 in other Regions of the county, adults in the Central Region had the highest rate of reported primary and secondary syphilis in 2011.

Risk Factors and Prevention Strategies

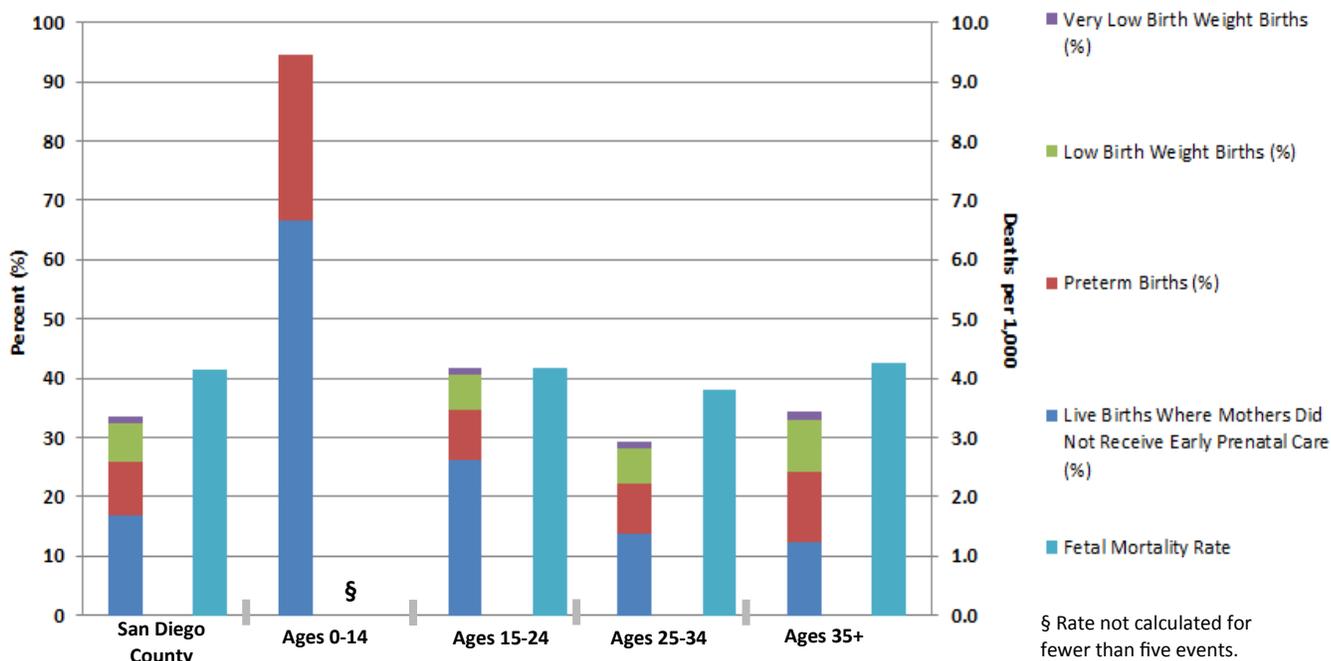
Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended age appropriate vaccinations are key ways to reduce the burden of communicable disease among San Diego County adults residents aged 25-44 years.¹⁴

- In 2011, only 28% of adults aged 25-44 years reported being vaccinated for the flu.¹²

Maternal and Child Health Among Residents 25-44 Years Old

Figure 16

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Age of Mother, 2011



*Overall burden includes percentages and rates. Due to age groupings of maternal and child health data, analysis was limited to ages 0-14 years, 15-24 years, 25-34 years, and 35+ years.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Residents Aged 25-44 Years:

- The percentages of preterm, low birth weight, and very low birth weight births were all 1.3 times higher among residents aged 35 years and older compared to the county overall.

25-44 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Poor Maternal and Child Health Outcomes and Live Well:

- Seek early prenatal care
- Eat a balanced diet
- Avoid smoking, alcohol consumption, or using drugs while pregnant
- Engage in physical activity

What Your Community Can Do to Reduce the Risk of Poor Maternal and Child Health Outcomes and Live Well:

- Encourage early prenatal care
- Develop lactation policies
- Provide affordable daycare options
- Encourage enrollment in nutrition assistance programs for eligible mothers and children
- Promote home visitation programs

25-44 Years



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Living
Safely

Thriving

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Maternal and Child Health

The majority of births in San Diego County were to mothers aged 25-44 years in 2011. Compared to the county overall, mothers aged 25-34 had lower poor maternal and child health outcomes. In comparison, those aged 35 and over had higher percentages of low and very low birth weight births, and preterm births.

Low and Very Low Birth Weight Births

In 2011, the percentages of low and very low birth weight births among mothers aged 35 years and older were both 1.3 times higher than the county overall. The percentage of low birth weight births among mothers aged 35 years and older did not meet the Healthy People 2020 goal; however, very low birth weight births met and exceeded the goal.¹⁴

- Mothers aged 35 years and older in the South Region were at greatest risk for low birth weight births, whereas those in the North Inland Region were at highest risk for very low birth weight births.

Preterm Births

Compared to the county overall, the percentage of births that were preterm were 1.3 times higher among mothers aged 35 years and older in 2011 and was higher than the Healthy People 2020 goal of 11.4%.¹⁴

- Among mothers aged 35 years and older, the percentage of preterm births was highest among those in the South Region.

In 2011, 73% of all live births were to mothers aged 25 years and older.

Risk Factors and Prevention Strategies

Maternal and child health outcomes are influenced by several factors including age, race/ethnicity, socioeconomic status, and a mother's health. Specifically, lack of prenatal care, poor nutrition, alcohol and tobacco use, and lack of physical activity are major lifestyle risk factors for adverse maternal and child health outcomes.¹⁴

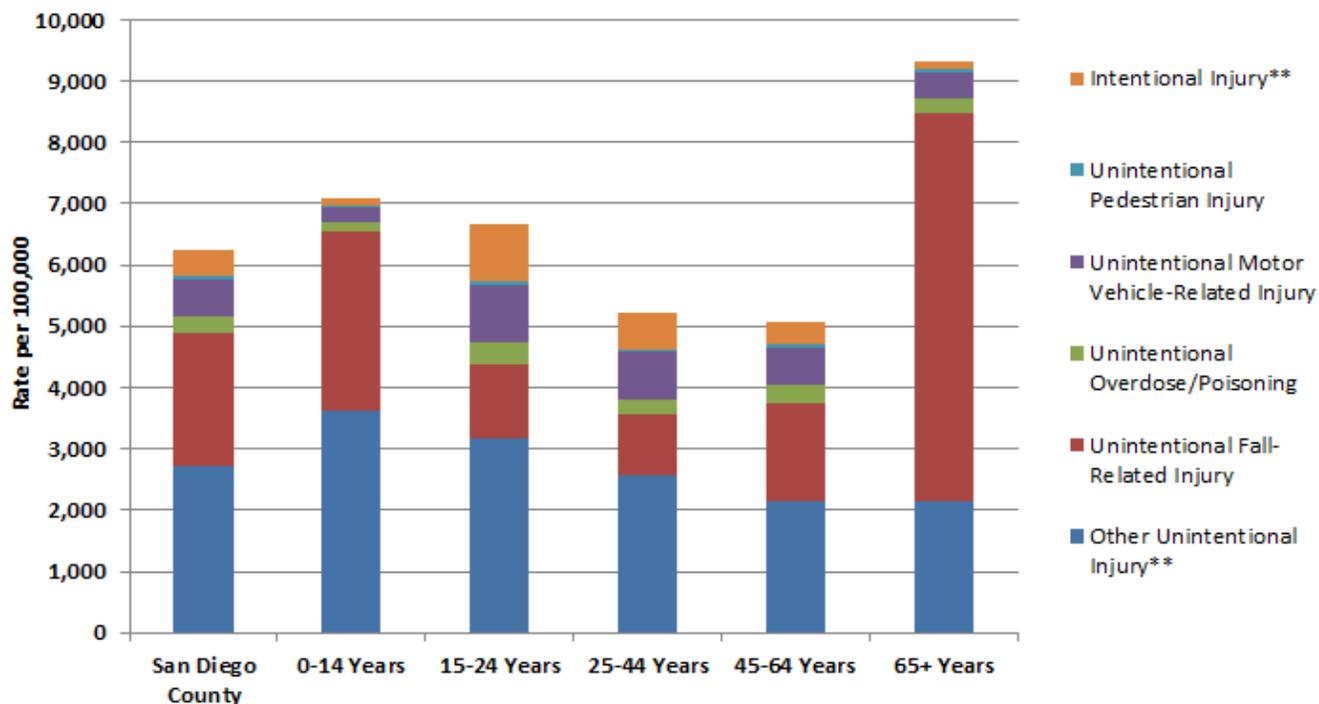
The health of mothers, infants, and children are key indicators of the health of a community overall. Their health outcomes often reflect the health of future generations, as well as emerging public health concerns. Therefore, engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.¹⁴



Injury Among Residents 25-44 Years Old

Figure 17

Overall Burden* of Injury in San Diego County by Age, 2011



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Residents Aged 25-44 Years:

- The rate of hospitalization due to assault was 1.5 times higher than the county overall.
- The rate of emergency department (ED) discharge due to assault was 1.4 times higher than the county overall.

25-44 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Injury and Live Well:

- Be aware of your surroundings
- Never drink and drive
- Always wear your seatbelt
- Always wear your helmet while on a bike or skateboard

What Your Community Can Do to Reduce the Risk of Injury and Live Well:

- Invest in walkable sidewalks and safe roads
- Invest in drug and alcohol treatment programs
- Make safety a priority through education

25-44 Years



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Injury

Overall, injury rates were lower among residents aged 25-44 years compared to the county overall. However, rates of firearm-related injury, homicide and assault, and unintentional motor vehicle-related injury were notably higher among adults aged 25-44 years.

Firearm-Related Injury

Although the rate of death due to firearm-related injury among residents aged 25-44 years was comparable to the county overall, rates of hospitalization and emergency department (ED) discharge due to firearm-related injury were higher in 2011. Notably, rates were 1.4 and 1.3 times higher, respectively, among those aged 25-44 years compared to the county overall.

- Among residents aged 25-44 years, those living in the Central Region had the highest rates of firearm-related injury hospitalization and ED discharge.

Homicide and Assault

Compared to the county overall, the rates of homicide, assault hospitalization, and assault ED discharge were all higher among residents aged 25-44 years in 2011. Particularly, rates were 1.2, 1.5, and 1.4 times higher, respectively, among this age group compared to the county.

- Central Region adults aged 25-44 years were at greatest risk of homicide, assault hospitalization, and assault ED discharge compared to adults aged 25-44 years in other Regions of the county.

Among adults aged 25-44 years, those residing in the Central Region were at higher risk for homicide and assault hospitalization and ED discharge in 2011.



Unintentional Motor Vehicle-Related Injury

In 2011, rates of unintentional motor vehicle-related injury hospitalization and ED discharge were 1.1 and 1.3 times higher, respectively, among residents aged 25-44 years compared to the county overall.

- Compared to adults aged 25-44 years in other Regions, the rate of hospitalization due to unintentional motor vehicle-related injury was highest in the Central Region, while the rate of ED discharge was highest in the East Region.

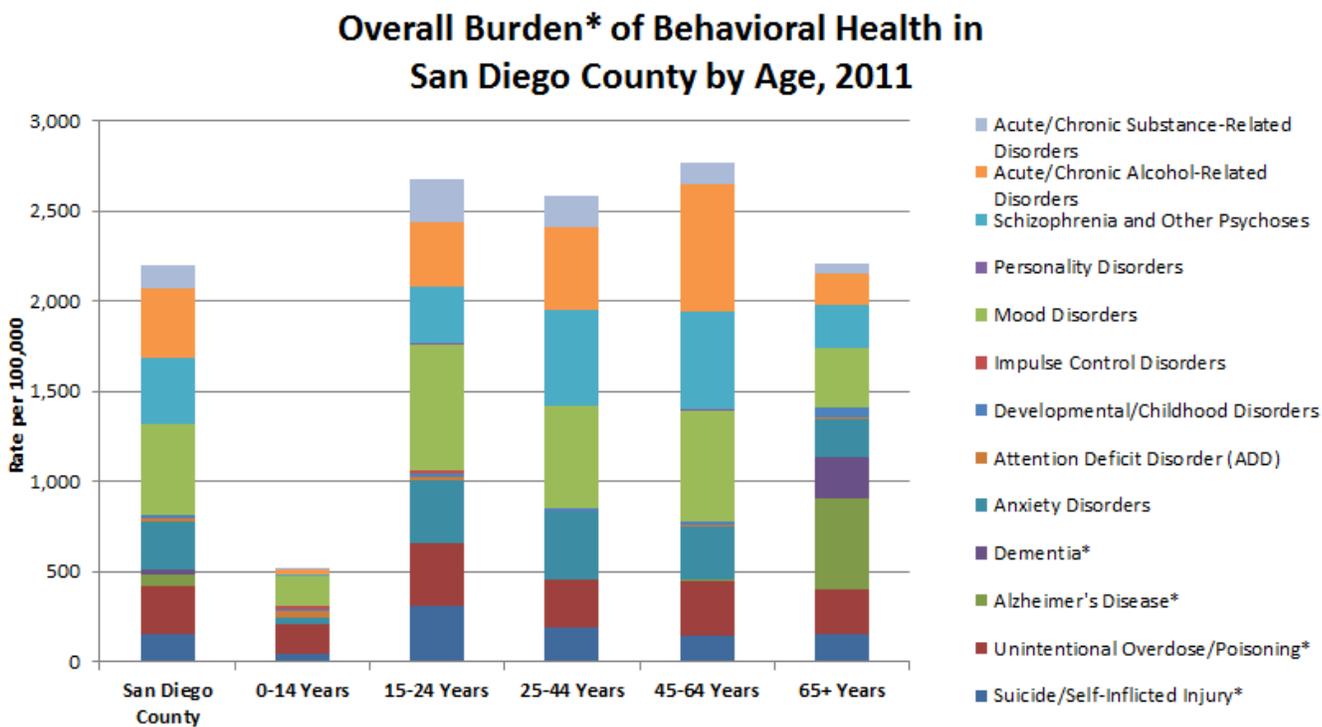
Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, mismanagement of medication, violence, and not being aware of safety hazards increase the risk of an injury.¹⁷

Of the major causes of disability and death, injuries are among the most preventable. Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, violence prevention, as well as awareness, reduce the likelihood of injury.¹⁷

Behavioral Health Among Residents 25-44 Years Old

Figure 18



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia include death, hospitalization, and ED discharge.

Top Behavioral Health Disparities Among San Diego County Residents Aged 25-44 Years:

- The rate of acute substance-related abuse emergency department (ED) discharge was 1.5 times higher compared to the county overall.
- The rate of chronic substance-related abuse ED discharge was 1.5 times higher compared to the county overall.

25-44 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Poor Behavioral Health Outcomes and Live Well:

- Seek help for an emotional, behavioral health, or alcohol/drug use problem
- Seek out healthy activities to reduce stress, and stay socially connected, such as exercising or volunteering

What Your Community Can Do to Reduce the Risk of Poor Behavioral Health Outcomes and Live Well:

- Educate residents about the warning signs of behavioral health issues
- Foster environments that reduce the stigma associated with behavioral health issues

25-44 Years



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Behavioral Health

Overall, the rates of behavioral health outcomes were higher among San Diego County adults aged 25-44 years compared to the county overall. Notably, rates of acute and chronic alcohol-related disorders, acute and chronic substance-related disorders, anxiety disorders, schizophrenia and other psychotic disorders, and self-inflicted injury were higher among residents aged 25-44 compared to the county overall. In addition, those residing in the Central and East Regions tended to have the highest rates of poor behavioral health outcomes compared to those in other regions of the county.

Acute and Chronic Alcohol-Related Disorders

In 2011, rates of hospitalization and emergency department (ED) discharge due to acute and chronic alcohol-related disorders were notably higher among county adults aged 25-44 years compared to the county overall.

- The acute alcohol-related disorder hospitalization and ED discharge rates were 1.2 and 1.1 times higher, respectively, compared to the rest of the county in 2011.
- The chronic alcohol-related disorder hospitalization and ED discharge rates were 1.4 and 1.1 times higher, respectively, compared to the countywide rates.
- The Central and East Regions had the highest hospitalization and ED discharge rates of both acute and chronic alcohol-related disorders among 25-44 year olds compared to those residing in other Regions of the county.

Nearly 10% of adults aged 25-44 years likely had serious psychological distress in 2011.¹²

Central and East Region residents aged 25-44 had higher rates of poor behavioral health outcomes compared to those residing in other Regions of the county.

Acute and Chronic Substance-Related Disorders

Similar to acute and chronic alcohol-related disorders, acute and chronic substance-related disorder rates of hospitalization and ED discharge were higher among residents aged 25-44 years compared to the county overall in 2011.

- The acute substance-related disorder hospitalization and ED discharge rates were 1.1 and 1.5 times higher, respectively, compared to the rest of the county in 2011.
- The chronic substance-related disorder hospitalization and ED discharge rates were 1.4 and 1.5 times higher, respectively, compared to the countywide rates.
- The Central and East Regions had the highest hospitalization and ED discharge rates of acute substance-related disorders among 25-44 year olds compared to those residing in other Regions of the county.

Anxiety Disorders

The ED discharge rate due to anxiety disorders was 1.5 times higher among 25-44 year old residents compared to the county overall in 2011. However, the rate of hospitalization due to anxiety disorders was comparable to the county overall.

- Compared to adults aged 25-44 years in other Regions of the county, East Region residents had the highest rate of ED discharge due to anxiety disorders in 2011.

Schizophrenia and Other Psychotic Disorders

Rates of schizophrenia and other psychotic disorder hospitalization and emergency department (ED) discharge were both 1.5 times higher among residents aged 25-44 years compared to the county overall in 2011. These rates, compared to other age groups, were second highest only to residents aged 45-64 years.

- Among residents aged 25-44 years, residents residing in the Central and East Regions had the highest rates of hospitalization and ED discharge due to schizophrenia and other psychotic disorders.

Self-Inflicted Injury

In 2011, the rate of suicide among adults aged 25-44 years was lower than the county overall. However, rates of self-inflicted injury hospitalization and ED discharge were higher. In particular, rates of hospitalization and ED discharge were 1.2 and 1.3 times higher, respectively, compared to the county.

- Among adults aged 25-44 years in San Diego County, those living in the Central Region had the highest rate of hospitalization due to self-inflicted injury, while those in the East Region had the highest rate of ED discharge.

Nearly 19% of adults aged 25-44 years reported needing help for an emotional, mental, or alcohol or drug problem in 2011.¹²



Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁸

- In 2011, nearly 10% of adults aged 25-44 years likely had serious psychological distress in 2011.¹²
- Nearly 19% of adults aged 25-44 years reported needing help for an emotional, mental, alcohol, or drug problem in 2011.¹²

Seeking help for an emotional/behavioral health or an alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁸

45-64 Years

In 2011, there were nearly 771,000 San Diego County residents ages 45-64 years.¹⁰ By 2030, the number of 45-64 year olds in the county is expected to increase by nearly 9% to over 800,000 residents.¹¹

In 2011, 25% of San Diego County's population was between the ages of 45-64 years.¹⁰

In 2011, 28% of residents aged 45-64 years lived at or below 200% of the federal poverty level (FPL).¹²

Among residents aged 45-64 years, 36% reported having a high school education or less, 24% had some college or vocational training, and 40% completed a bachelor's degree or higher.¹²

In 2011, 54% of San Diego County residents aged 45-64 years reported they were in excellent or very good health, 29% were in good health, and 18% in fair or poor health.¹²

Nearly 82% of residents aged 45-64 years had at least one doctor's visit in the past year, and 17% reported visiting an emergency room for medical care in the past 12 months.¹²

In 2011, 82% of adults aged 45-64 years reported having health insurance in 2011—comparable to the county overall.¹² Of those with health insurance, 63% had employment-based insurance.¹²

More than half of all San Diego County 45-64 year olds reported being in excellent or very good health in 2011.¹²

Overall, rates of communicable disease and injury were lower for adults aged 45-64 years compared to the county overall, whereas non-communicable (chronic) disease and poor behavioral health outcomes were higher. A series of health indicators and related health behaviors are presented, which aim to describe the most important health concerns facing the adults aged 45-64 years of San Diego County.

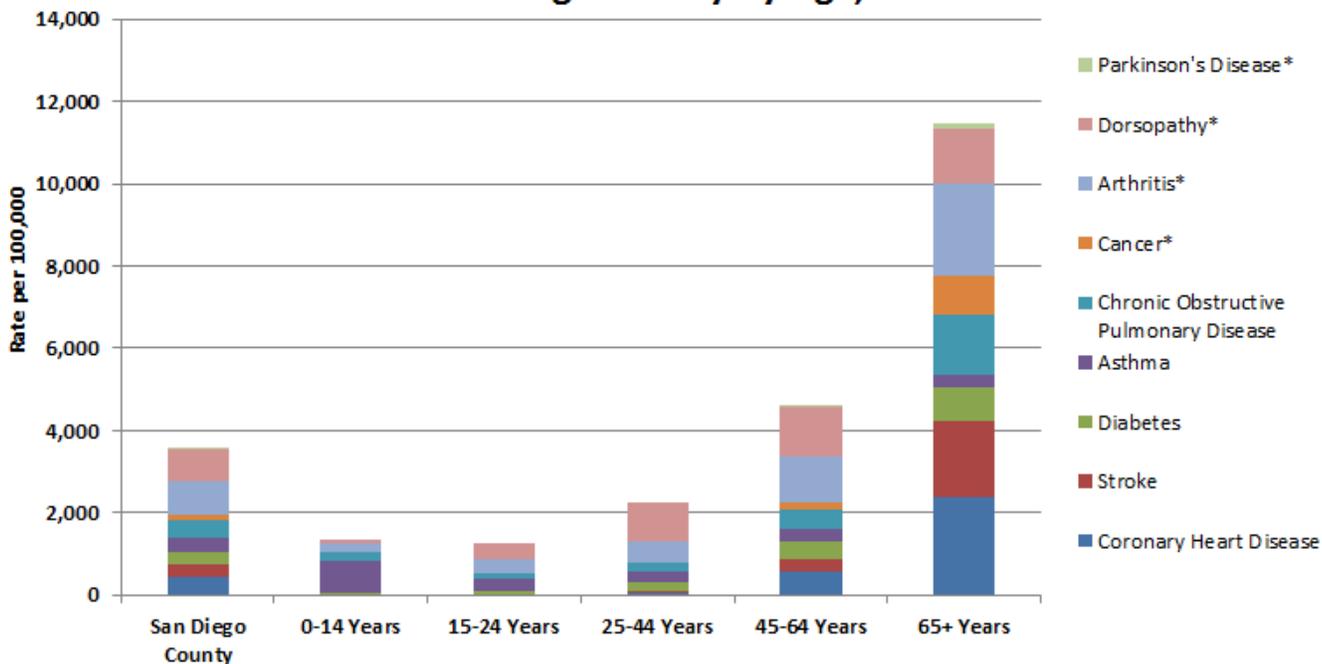


Non-Communicable (Chronic) Disease Among Residents 45-64 Years Old

45-64 Years

Figure 19

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Age, 2011



*Overall burden (except for cancer, arthritis, dorsopathy, and Parkinson's disease) includes death, hospitalization and emergency department (ED) discharge. Cancer includes death only. Arthritis, dorsopathy, and Parkinson's disease include hospitalization and ED discharge.

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Residents Aged 45-64 Years:

- The rate of dorsopathy hospitalization was 1.8 times higher than the county overall.
- The rate of diabetes hospitalization was 1.6 times higher than the county overall.
- The rate of diabetes emergency department (ED) discharge was 1.6 times higher than the county overall.

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Non-Communicable (Chronic) Disease and Live Well:

- Exercise at least 150 min/week
- Avoid smoking
- Limit alcohol consumption
- Eat more fruits & vegetables
- Visit your doctor for preventive check-ups

What Your Community Can Do to Reduce the Risk of Non-Communicable (Chronic) Disease and Live Well:

- Invest in safe and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities



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Non-Communicable (Chronic) Disease

Overall, non-communicable (chronic) disease rates were higher among residents aged 45-64 years compared to the county overall. Notably, rates of arthritis, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), diabetes, and dorsopathy were higher among adults aged 45-64 years in San Diego County.

Arthritis

Arthritis hospitalization and emergency department (ED) discharge rates were 1.5 and 1.4 times higher, respectively among residents aged 45-64 years compared to the county overall in 2011.

- Among residents aged 45-64 years, those living in the East Region had the highest rate of hospitalization due to arthritis, while those residing in the Central Region had the highest ED discharge rate due to arthritis.

Chronic Obstructive Pulmonary Disease (COPD)

Rates of COPD hospitalization and ED discharge were both 1.2 times higher among adults aged 45-64 years compared to the county overall in 2011.

- Similar to diabetes, rates of COPD hospitalization and ED discharge among adults aged 45-64 years were highest among those in the Central Region of San Diego County.

Coronary Heart Disease (CHD)

Compared to the county overall, residents aged 45-64 years had higher rates of CHD hospitalization and ED discharge in 2011. Notably, the rates of CHD hospitalization and ED discharge were both 1.5 times higher among residents aged 45-64 years compared to the county overall.

- Among residents aged 45-64 years, those living in the South Region had the highest rate of hospitalization due to CHD, while those residing in the East Region had the highest rate of ED discharge due to CHD.



Diabetes

In 2011, the rate of death due to diabetes among residents aged 45-64 years was lower than the county overall. However, rates of diabetes hospitalization and ED discharge were both 1.6 times higher compared to the county overall.

- Central Region residents aged 45-64 years had the highest rates of diabetes hospitalization and ED discharge compared to residents aged 45-64 residing in other Regions of the county.

Dorsopathy

Rates of hospitalization and ED discharge due to dorsopathy were 1.8 and 1.4 times higher, respectively, among residents aged 45-64 years compared to the county overall in 2011.

- East Region residents aged 45-64 years had the highest rate of dorsopathy hospitalization, while those in the Central Region had the highest rate of ED discharge compared to residents aged 45-64 residing in other Regions of the county.

Among residents aged 45-64 years, rates of diabetes hospitalization and emergency department discharge were both 1.6 times higher than the county overall in 2011.

Risk Factors and Prevention Strategies

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.¹³

Tobacco Use

- In 2011, 16% of San Diego County residents aged 45-64 years were smokers.¹²

Poor Diet

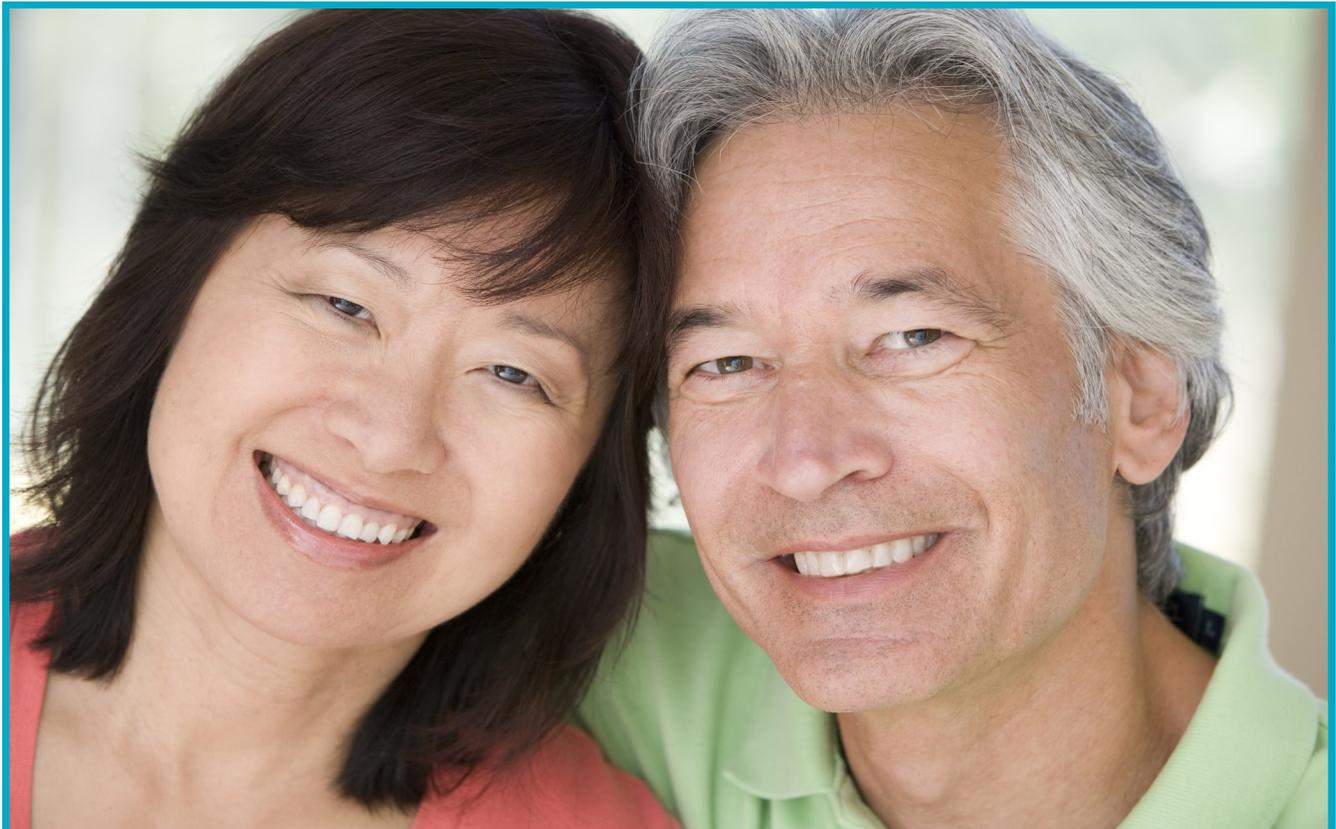
- Nearly one-third of residents aged 45-64 years in San Diego County reported eating fast food two or more times per week in 2011.¹²

Alcohol Abuse

- In 2011, 28% adult residents aged 45-64 years reported binge drinking at least once during the year.¹²

In 2011, 67% of San Diego County residents aged 45-64 years were overweight or obese.¹²

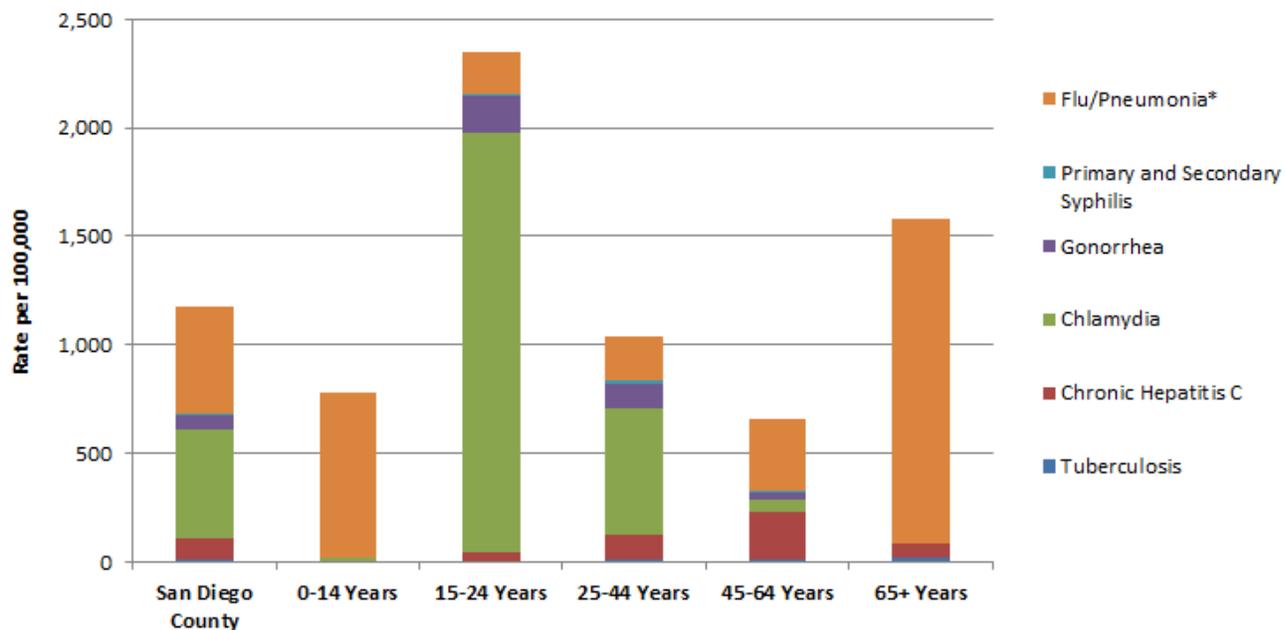
Changes in modifiable risk factors such as tobacco use, lack of physical activity, poor diet, and abuse of alcohol, as well as increased access to and utilization of medical services, are key ways to reduce the burden of non-communicable (chronic) disease among San Diego County residents aged 45-64 years.¹²



Communicable Disease Among Residents 45-64 Years Old

Figure 20

Overall Burden* of Communicable Disease in San Diego County by Age, 2011



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge.

Top Communicable Disease Health Disparities Among San Diego County Residents Aged 45-64 Years:

- The rate of reported chronic hepatitis C was 2.2 times higher than the county overall.
- The rate of tuberculosis (TB) was 1.2 times higher than the county overall.
- The rate of reported primary and secondary syphilis was 1.2 times higher than the county overall.

45-64 Years

Prevent Age Health Disparities

45-64 Years

What You Can Do to Reduce Your Risk of Communicable Disease and Live Well:

- Get all recommended age appropriate vaccinations
- Visit your doctor regularly
- Get early treatment for infections, and complete entire treatment regimens

What Your Community Can Do to Reduce the Risk of Communicable Disease and Live Well:

- Encourage education about protective measures
- Promote vaccination opportunities
- Support public health campaigns aimed at reducing disease



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Communicable Disease

Overall, communicable disease rates were lower among adult residents aged 45-64 years compared to the county overall. However, rates of reported chronic hepatitis C, reported primary and secondary syphilis, and tuberculosis (TB) were notably higher among those aged 45-64 years compared to the county overall.

Chronic Hepatitis C

In 2011, the rate of reported chronic hepatitis C among 45-64 year old residents was higher than the county overall and any other age group. Notably, the rate was 2.2 times higher than the county overall.

- Among residents aged 45-64 years, the rate of reported chronic hepatitis C was highest among residents in the South Region of San Diego County.

Primary and Secondary Syphilis

Compared to the county overall, the rate of reported primary and secondary syphilis was 1.2 times higher among residents aged 45-64 years in 2011.

- Central Region adults aged 45-64 years had the highest rate of reported primary and secondary syphilis compared to adults aged 45-64 years residing in other Regions of the county.



Tuberculosis (TB)

The rate of TB among residents aged 45-64 years was 1.2 times higher compared to the county overall. Additionally, the rate was second highest among all age groups – second only to adults aged 65 years and older.

- Compared to residents aged 45-64 years in other Regions, the rate of tuberculosis was highest among those residing in the Central Region.

Compared to other age groups, the rate of reported chronic hepatitis C was highest among residents aged 45-64 years.

Influenza

The rates of hospitalization and emergency department (ED) discharge due to influenza were comparable or lower to that of the county overall. However, hospitalization rates due to influenza among 45-64 years old was higher than those among 15-24 and 25-44 year olds.

Risk Factors and Prevention Strategies

Prevention measures against communicable diseases, such as increased condom usage, frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended age appropriate vaccinations are key ways to reduce the burden of communicable disease among San Diego County adults residents aged 45-64 years.¹⁴

- In 2011, only 38% of adult residents aged 45-64 years reported being vaccinated for the flu.¹²

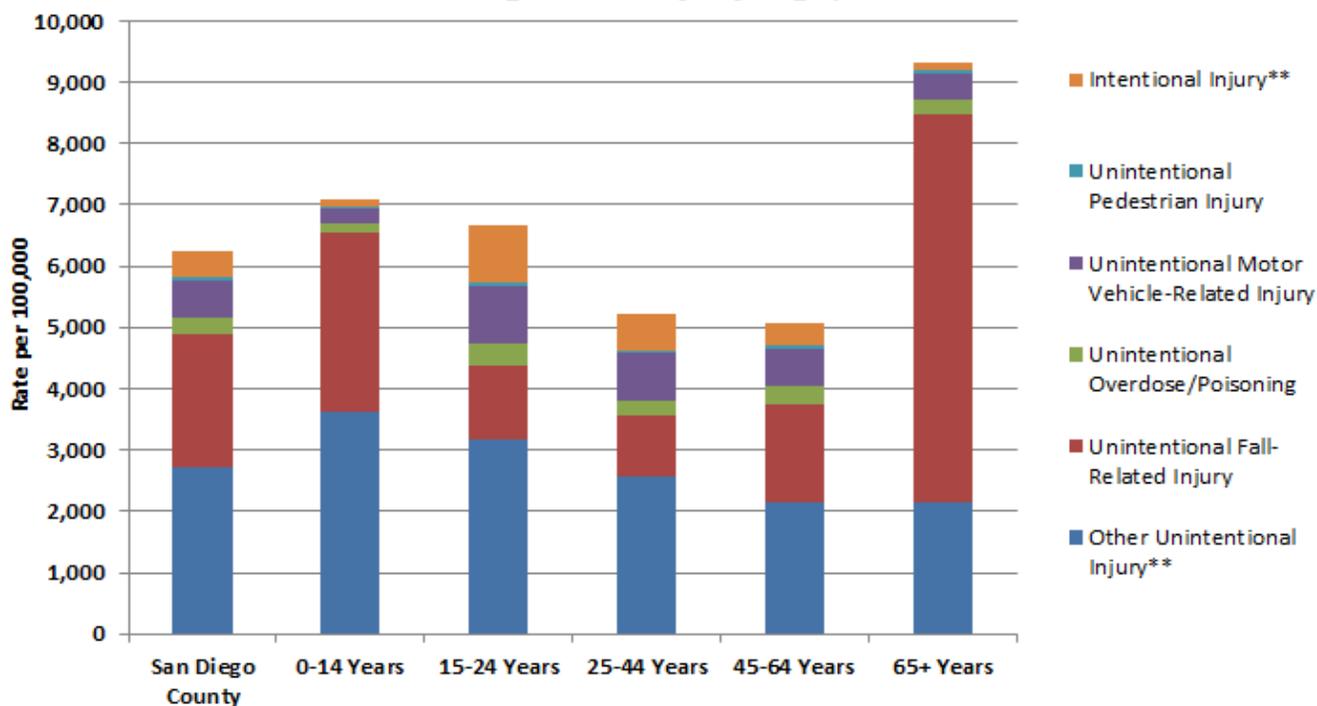
Maternal and Child Health

Information related to maternal and child health is discussed in the 0-14 years, 15-24 years, and 25-44 year age group sections.

Injury Among Residents 45-64 Years Old

Figure 21

Overall Burden* of Injury in San Diego County by Age, 2011



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Residents Aged 45-64 Years:

- The rate of death due to unintentional overdose/poisoning was 2.3 times higher compared to the county overall.
- The rate of death due to unintentional pedestrian injury was 1.9 times higher than the county overall.
- The rate of hospitalization due to assault was 3.3 times higher compared to the county overall.

45-64 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Injury and Live Well:

- Be aware of your surroundings
- Never drink and drive
- Always wear your seatbelt
- Always wear your helmet while on a bike or skateboard

What Your Community Can Do to Reduce the Risk of Injury and Live Well:

- Invest in walkable sidewalks and safe roads
- Invest in drug and alcohol treatment programs
- Make safety a priority through education

45-64 Years



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Injury

Overall, injury rates were lower among residents aged 45-64 years compared to the county overall. However, rates of firearm-related injury, overall unintentional injury, unintentional motor vehicle-related injury, unintentional overdose/poisoning, and unintentional pedestrian injury were notably higher among residents aged 45-64 years in San Diego County.

Firearm-Related Injury

In 2011, the firearm-related injury death rate was 1.4 times higher among 45-64 year olds than the county overall.

- East Region residents aged 45-64 years had the highest rate of firearm-related injury death compared to those living in other Regions.

Overall Unintentional Injury

Compared to the county overall, the rate of death due to overall unintentional injury was higher among residents aged 45-64 years. Notably, the rate was 1.4 times higher than the county overall in 2011.

- The rate of overall unintentional injury death was highest among residents aged 45-64 years in the Central Region, compared to those residing in other Regions of the county.

Unintentional Motor Vehicle-Related Injury

Unintentional motor vehicle-related injury death and hospitalization rates were 1.3 and 1.1 times higher, respectively, among adults aged 45-64 years compared to the county overall in 2011.

- Compared to adults aged 45-64 years residing in other Regions of the county, the rate of death due to unintentional motor vehicle-related injury was highest in the North Inland Region, and the hospitalization rate was highest in the Central Region.

Unintentional Overdose/Poisoning

Compared to other age groups, the rate of death due to overdose/poisoning was highest among those aged 45-64 years. In fact, it was 2.3 times higher compared to the county overall. In addition, the rate of hospitalization due to unintentional overdose/poisoning was 1.4 times higher compared to the county overall.

Compared to the county overall, the rate of unintentional overdose/poisoning was 2.3 times higher among residents aged 45-64 years in 2011.

- Among residents aged 45-64 years, rates of death and hospitalization due to unintentional overdose/poisoning were highest among those residing in the Central Region of San Diego County.

Unintentional Pedestrian Injury

In 2011, rates of death and hospitalization due to unintentional pedestrian injury were higher among adult residents aged 45-64 years compared to the county overall. Notably, the rates were 1.9 and 1.2 times higher, respectively, among residents aged 45-64 years.

- Because of the small number of deaths due to unintentional pedestrian injury among residents aged 45-64 years within the Regions, Regional comparisons were not made.
- Compared to residents aged 45-64 years in other Regions, those residing in the Central Region had the highest rate of hospitalization due to unintentional injury.

Risk Factors and Prevention Strategies

Failure to use protective equipment and active restraints, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.¹⁷

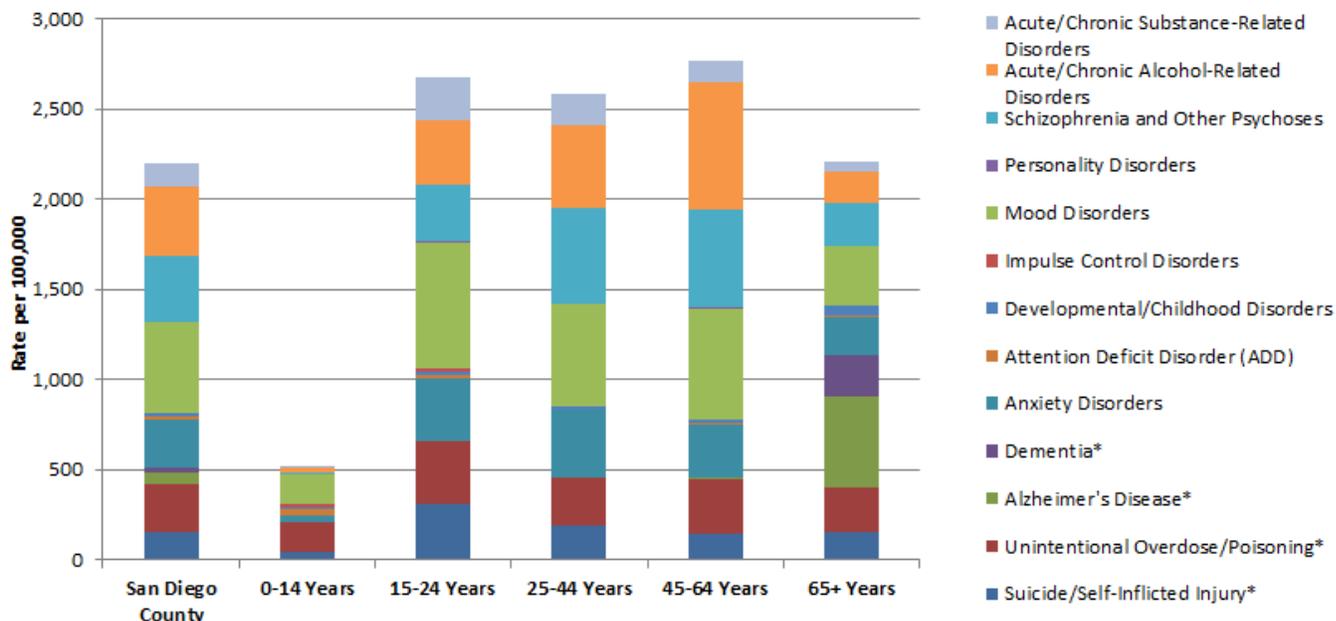
- Nearly 19% of adults aged 45-64 years reported needing help for an emotional, mental, or alcohol or drug problem in 2011.¹²

Of the major causes of disability and death, injuries are among the most preventable. Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, as well as awareness, reduce the likelihood of injury.¹⁷

Behavioral Health Among Residents 45-64 Years Old

Figure 22

Overall Burden* of Behavioral Health in San Diego County by Age, 2011



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia include death, hospitalization, and ED discharge.

Top Behavioral Health Disparities Among San Diego County Residents Aged 45-64 Years:

- The emergency department discharge rate of chronic alcohol-related disorder was 2.4 times higher compared to the county overall.
- The rate of acute alcohol-related disorder hospitalization was two times higher compared to the county overall.

45-64 Years

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Poor Behavioral Health Outcomes and Live Well:

- Seek help for an emotional, behavioral health, or alcohol/drug use problem
- Seek out healthy activities to reduce stress, and stay socially connected, such as exercising or volunteering

What Your Community Can Do to Reduce the Risk of Poor Behavioral Health Outcomes and Live Well:

- Educate residents about the warning signs of behavioral health issues
- Foster environments that reduce the stigma associated with behavioral health issues



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Behavioral Health

Overall, rates of poor behavioral health outcomes among residents aged 45-64 years were higher than the county overall in 2011. Notably, rates of acute and chronic alcohol-related disorders, schizophrenia and other psychoses, and suicide were all higher among residents aged 45-64 years.

Acute and Chronic Alcohol-Related Disorders

Rates of hospitalization and emergency department (ED) discharge due to acute and chronic alcohol-related disorders were higher among residents aged 45-64 years compared to the county overall in 2011.

- The acute alcohol-related disorder hospitalization and ED discharge rates were 2.0 and 1.6 times higher, respectively, compared to the rest of the county in 2011.
- The chronic alcohol-related disorder hospitalization and ED discharge rates were 1.9 and 2.4 times higher, respectively, compared to the countywide rates.
- The Central Region had the highest hospitalization and ED discharge rates of acute alcohol-related disorders among 45-64 year olds compared to those residing in other Regions of the county.

Schizophrenia and Other Psychotic Disorders

In 2011, the rate of schizophrenia hospitalization was 1.5 times higher among residents aged 45-64 years compared to the county overall. In the same year, the rate of schizophrenia ED discharge was 1.4 times higher compared to the county.

- The hospitalization and ED discharge rates due to schizophrenia were highest among adults aged 45-64 years residing in the Central Region compared to 45-64 year olds in other Regions of the county.



Suicide

Compared to all other age groups, San Diego County residents aged 45-64 years had the highest rate of suicide in 2011. In fact, the rate of suicide among this age group was 1.8 times higher than the county overall in 2011.

- Residents aged 45-64 years living in the East Region had the highest rate of suicide compared to the county as a whole.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁸

- In 2011, 7.4% of adult residents aged 45-64 years in San Diego County had experienced serious psychological distress in the past year.¹²

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁸

The rate of suicide among residents aged 45-64 years was 1.8 times higher than the county overall in 2011.

65 Years and Older

In 2011, there were an estimated 362,000 residents age 65 years and older in San Diego County, representing 12% of the County's entire population.¹⁰ By 2030, this older adult population is estimated to double to over 723,000.¹¹

By 2030, the 65 years and older population is projected to double in San Diego County.¹¹

In 2011, 27% of residents aged 65 years and older lived at or below 200% of the federal poverty level (FPL).¹²

Among residents aged 65 years and older, 36% reported having a high school education or less, 26% had some college or vocational training, and 48% completed a bachelor's degree or higher.¹²

In 2011, 53% of San Diego County residents aged 65 years and older reported they were in excellent or very good health, 26% were in good health, and 21% in fair or poor health.¹²

Nearly 94% of residents aged 65 years and older had at least one doctor's visit and 19% reported visiting an emergency room for medical care in 2011.¹²

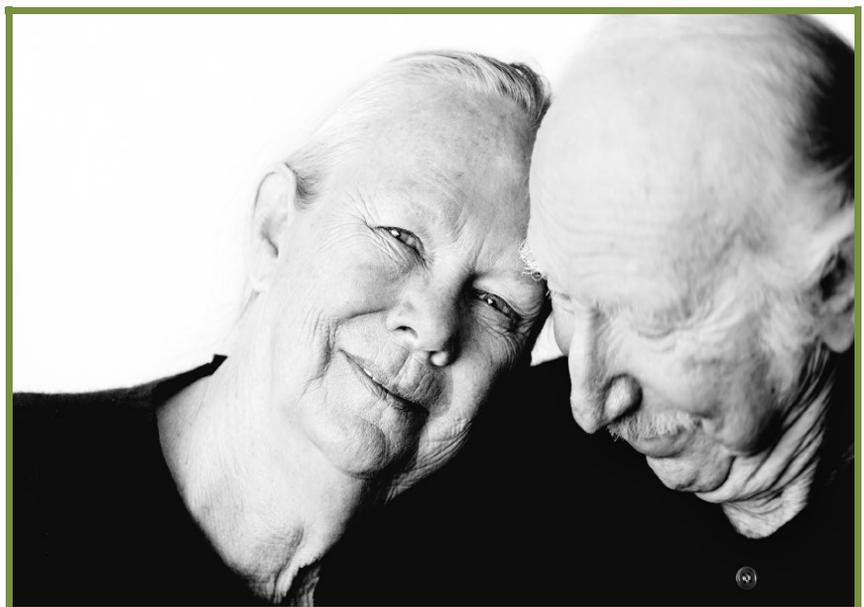
In 2011, nearly all adults aged 65 years and older had some form of health insurance.¹² The majority were covered by Medicare and/or Medi-Cal.¹²

In 2011, 53% of residents aged 65 years and older reported being in excellent or very good health.¹²

Overall, rates of non-communicable (chronic) disease, communicable disease, and injury were all higher for residents aged 65 years and older compared to the county overall.

As the older adult population continues to grow, family members and health care systems will feel the impact as more individuals become sick. Special attention should be paid to the specific diseases that disproportionately affect this age group in order to ensure a healthier population in the future.

A series of health indicators and related health behaviors are presented, which aim to describe the most important health concerns facing residents aged 65 years and older in San Diego County.

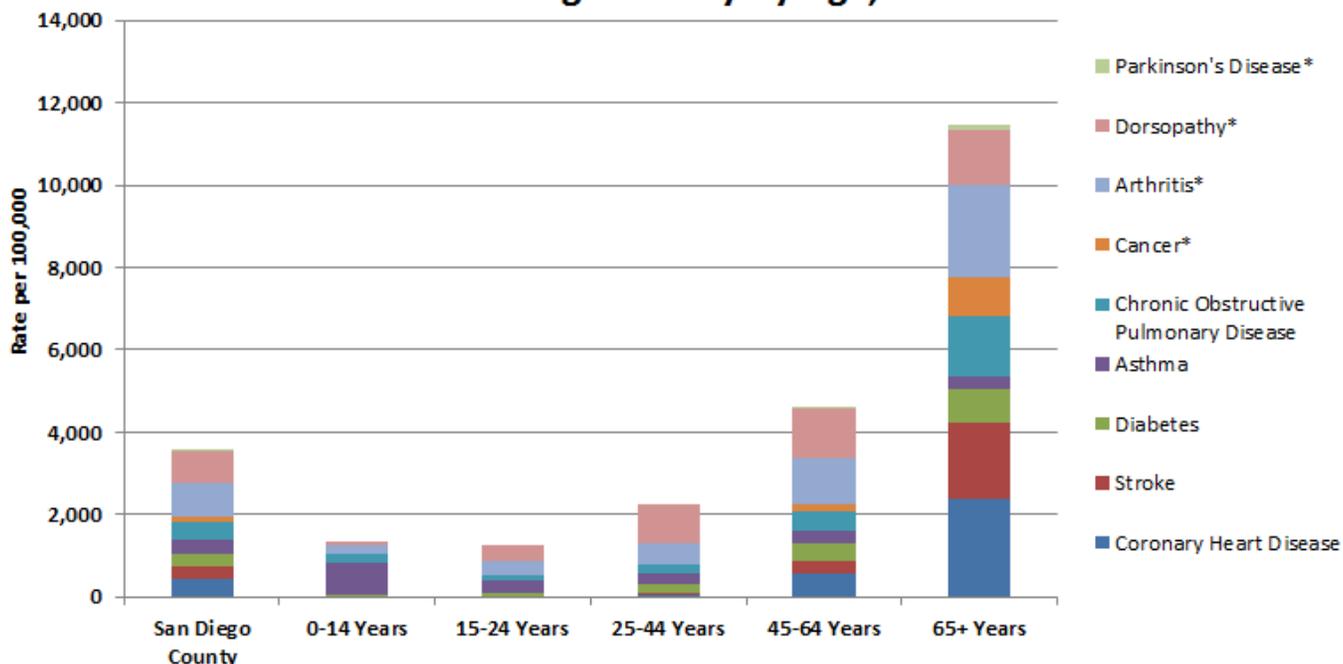


Non-Communicable (Chronic) Disease Among Residents 65 Years and Older

65 Years and Older

Figure 23

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Age, 2011



*Overall burden (except for cancer, arthritis, dorsopathy, and Parkinson's disease) includes death, hospitalization and emergency department (ED) discharge. Cancer includes death only. Arthritis, dorsopathy, and Parkinson's disease include hospitalization and ED discharge.

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Residents Aged 65 Years and Older:

- The rate of death due to chronic obstructive pulmonary disease (COPD) was 7.9 times higher than the county overall.
- The rate of death due to stroke was 7.4 times higher than the county overall.
- The rate of coronary heart disease (CHD) death was 7.1 times higher than the county overall.

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Non-Communicable (Chronic) Disease and Live Well:

- Exercise at least 150 min/week
- Avoid smoking
- Limit alcohol consumption
- Eat more fruits & vegetables
- Visit your doctor for preventive check-ups

What Your Community Can Do to Reduce the Risk of Non-Communicable (Chronic) Disease and Live Well:

- Invest in safe and appealing parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Adopt walkable communities

65 Years and Older



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Non-Communicable (Chronic) Disease

Since age is a risk factor for chronic disease, many non-communicable (chronic) diseases disproportionately affect older San Diego County adults. Overall, non-communicable (chronic) disease rates were 222%, or 3.2 times, higher among residents aged 65 years and older compared to the county overall. Notably, rates of asthma, cancer, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), diabetes, and stroke were the top non-communicable (chronic) disease outcomes higher than the county overall.

Asthma

In 2011, the rate of death due to asthma was 4.0 times higher among adults aged 65 years and older compared to the county as a whole. Additionally, the rate of asthma hospitalization among those aged 65 years and older was twice as high as the county.

- Rates of hospitalization and emergency department (ED) discharge due to asthma among residents aged 65 years and older, were highest among those living in the Central Region.

Cancer

In 2011, the overall rate of death due to cancer among San Diego County residents aged 65 years and older was six times higher than the county overall. In particular, the cervical, colorectal, female breast, lung, and prostate cancer death rates were all higher for adults aged 65 years and older compared to the county overall.

- Compared to other Regions, the East Region had the highest overall cancer death rate among those aged 65 years and older.
- The East Region also had the highest rate of death due to breast and lung cancer among the 65 years and older age group in 2011.



Chronic Obstructive Pulmonary Disease (COPD)

Rates of death, hospitalization, and ED discharge due to COPD were 7.9, 5.9, and 2.3 times higher, respectively, among residents 65 years and older compared to the county as a whole in 2011.

- Among residents aged 65 years and older, rates of death and hospitalization due to COPD were highest among those in the East Region, while the rate of ED discharge was highest in the South Region.

Coronary Heart Disease (CHD)

In 2011, the rate of death due to CHD among residents aged 65 years and older was 7.1 times higher than the county overall. In the same year, the rates of hospitalization and ED discharge due to CHD were both five times higher among this age group compared to the county as a whole.

- Similar to COPD, among residents aged 65 years and older, rates of death and ED discharge due to CHD were highest among those in the East Region, while the rate of hospitalization was highest in the South Region.

The rate of death due to coronary heart disease was 7.1 times higher among residents aged 65 years and older compared to the county overall in 2011.

Diabetes

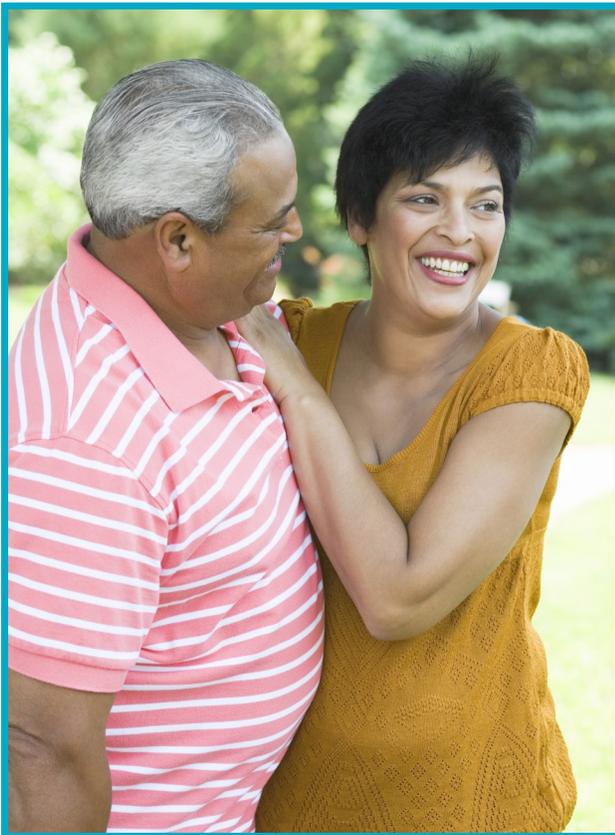
The 2011 death rate due to diabetes among adults aged 65 years and older was 6.7 times higher than the county rate. Notably, the rates of hospitalization and emergency department (ED) discharge due to diabetes were 2.4 and 2.6 times higher, respectively, among older adults when compared to the county overall.

- Compared to residents aged 65 years and older in other Regions, rates of death, hospitalization and ED discharge due to diabetes were higher among Central and South Region residents.

Stroke

In 2011, the rate of death due to stroke was 7.4 times higher among adults 65 years and older compared to the county as a whole. Further, the rates of hospitalization and ED discharge were 5.9 times higher among older adults compared to the county as a whole in 2011.

- The rate of death due to stroke among residents aged 65 years and older was highest in the East Region, while the rate of hospitalization was highest in the South Region, and the ED discharge rate was highest in the North Inland Region.



In 2011, 10% of residents aged 65 years and older reported ever being diagnosed with asthma.¹³

Risk Factors and Prevention Strategies

Tobacco use, lack of physical activity, poor diet, and abuse of alcohol are leading risk factors for the development of non-communicable (chronic) disease.¹³

Tobacco Use

- In 2011, 9% of San Diego County adults aged 65 years and older were smokers.¹²

Poor Diet

- In 2011, 18% of residents aged 65 years and older reported eating fast food two or more times per week.¹²

Alcohol Abuse

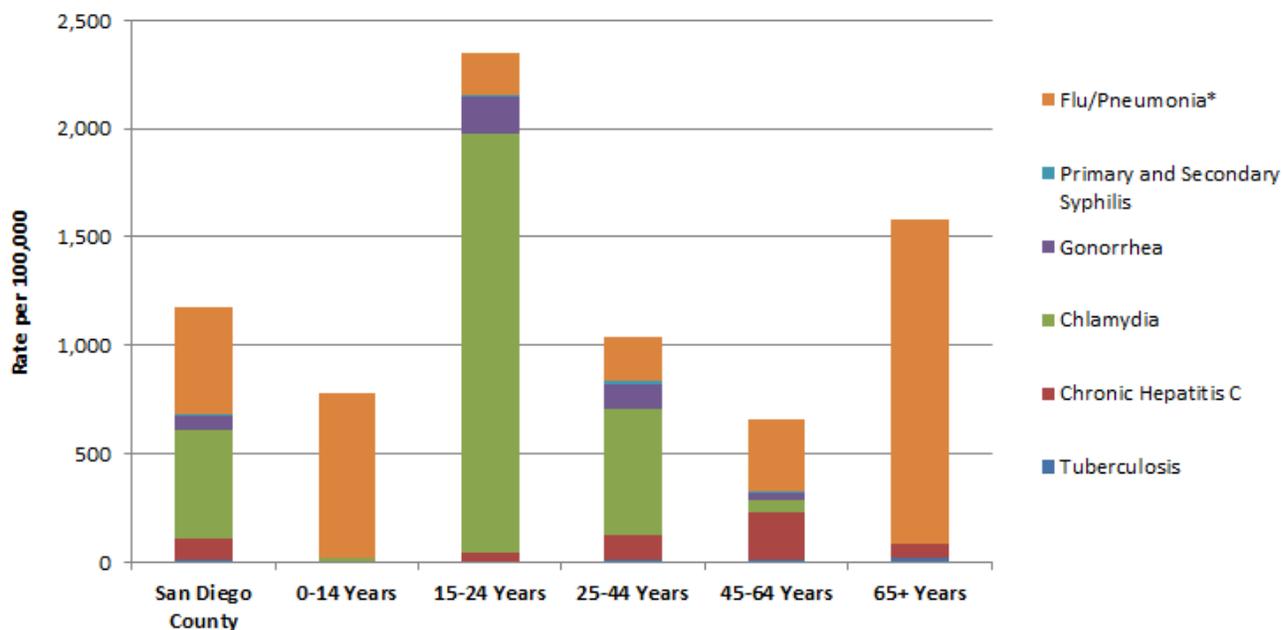
- In 2011, 13% of adult residents aged 65 years and older reported binge drinking at least once during the year.¹²

Changes in modifiable risk factors such as tobacco use, lack of physical activity, poor diet, and abuse of alcohol, as well as increased access to and utilization of medical services, are key ways to reduce the burden of non-communicable (chronic) disease among San Diego County adults aged 65 years and older.¹²

Communicable Disease Among Residents 65 Years and Older

Figure 24

Overall Burden* of Communicable Disease in San Diego County by Age, 2011



*Overall burden (except for flu/pneumonia) includes incidence only. Flu/pneumonia includes death, hospitalization, and emergency department discharge.

Top Communicable Disease Health Disparities Among San Diego County Residents Aged 65 Years and Older:

- The rate of death due to influenza (flu)/pneumonia was 7.5 times higher than the county overall.
- The rate of pneumonia hospitalization was 5.2 times higher than the county overall.
- The rate of flu hospitalization was 3.8 times higher than the county overall.

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Communicable Disease and Live Well:

- Get all recommended age appropriate vaccinations
- Visit your doctor regularly
- Get early treatment for infections, and complete entire treatment regimens

What Your Community Can Do to Reduce the Risk of Communicable Disease and Live Well:

- Encourage education about protective measures
- Promote vaccination opportunities
- Support public health campaigns aimed at reducing disease

65 Years and Older



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Communicable Disease

Overall, communicable disease rates were lower among residents aged 65 years and older compared to the county overall. However, rates of influenza (flu), pneumonia, and tuberculosis (TB) were notably higher among older adults compared to the county overall.

Influenza (Flu) and Pneumonia

In 2011, the rate of flu/pneumonia death was 7.5 times higher among older adults compared to the county overall. Further, the flu hospitalization rate among those 65 and older was 3.8 times higher than the county rate, while the pneumonia hospitalization rate among this age group was 5.2 times higher than the county overall. Pneumonia emergency department (ED) discharge rate was also 1.4 times higher compared to the county overall.

- Older adults in the Central Region had a higher flu/pneumonia death rate compared to other regions in the county.
- The hospitalization rates for both flu and pneumonia among older adults were higher in the South Region.

Tuberculosis (TB)

The rate of new cases of TB was 2.3 times higher among adults aged 65 years and older compared to the county overall in 2011.

- Among older adults in San Diego County, the Central and South Regions had the highest rates of TB compared to other Regions of the county in 2011.

Risk Factors and Prevention Strategies

Adults aged 65 years and older are more likely to suffer from a variety of non-communicable (chronic) disease which make them more vulnerable to communicable disease. Prevention measures against communicable diseases, such as frequent testing, seeking early treatment, completing treatment regimens, and staying current with recommended age appropriate vaccinations are key ways to reduce the burden of communicable disease among San Diego County residents aged 65 years and older.¹⁴

- In 2011, only 67% of adults aged 65 years and older reported being vaccinated for the flu.¹²



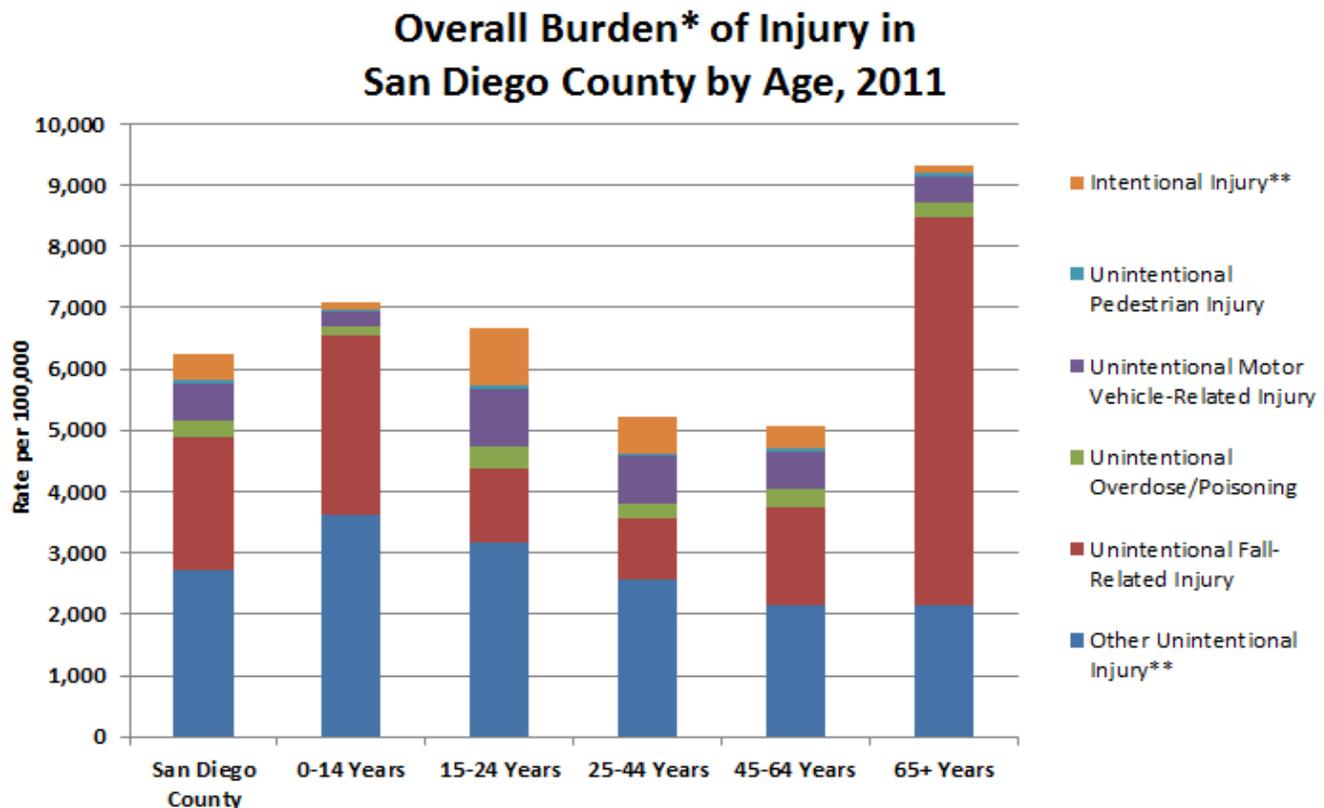
In 2011, only 67% of residents aged 65 years and older reported being vaccinated for the flu.¹²

Maternal and Child Health

Although the older adult population plays a large role in many children's lives as grandparents and caregivers, information related to maternal and child health is discussed in the 0-14 year, 15-24 year, and 25-44 year age group section.

Injury Among Residents 65 Years and Older

Figure 25



*Overall burden includes death, hospitalization, and emergency department (ED) discharge.

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury include cut/pierce injury, struck by an object injury, suffocation, drowning, overexertion injury, fire-related/burn injury, and sport/recreational injury.

Top Injury Health Disparities Among San Diego County Residents Aged 65 Years and Older:

- The rate of hospitalization due to hip fracture was 7.7 times higher than the county overall.
- The rate of emergency department (ED) discharge due to hip fracture was 7.2 times higher than the county overall.
- The rate of hospitalization due to assault was 3.3 times higher compared to the county overall.

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Injury and Live Well:

- Be aware of your surroundings
- Never drink and drive
- Always wear your seatbelt

What Your Community Can Do to Reduce the Risk of Injury and Live Well:

- Invest in walkable sidewalks and safe roads
- Invest in drug and alcohol treatment programs
- Make safety a priority through education



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Injury

Overall, injury rates were 49% higher among residents aged 65 years and older compared to the county overall. Notably, rates of overall unintentional injury, unintentional fall-related injury, hip fracture, unintentional overdose/poisoning, unintentional pedestrian injury, and firearm-related injury were higher among residents aged 65 years and older compared to the county overall.

Overall Unintentional Injury

Compared to the county overall, rates of overall unintentional injury death, hospitalization, and emergency department (ED) discharge were higher among residents age 65 years and older in 2011. The rates of death, hospitalization, and ED discharge were 2.9, 3.9, and 1.3 times higher, respectively, among residents aged 65 years and older compared to the county overall.

- The rate of overall unintentional injury death was highest among residents aged 65 years and older in the North Inland Region, compared to those residing in other Regions of the county.
- Rates of hospitalization and ED discharge due to overall unintentional injury among residents aged 65 years and older were highest among those residing in the East Region and South Region, respectively, compared to the county overall.



The rate of death due to unintentional fall-related injury was 7.3 times higher among residents aged 65 years and older compared to the county overall in 2011.

Unintentional Fall-Related Injury and Hip Fracture

Rates of death, hospitalization, and ED discharge due to unintentional fall-related injury were all higher among adults aged 65 years and older compared to the county overall. In 2011, the rates of unintentional fall-related injury death, hospitalization, and ED discharge were 7.3, 5.7, and 2.4 times higher, respectively, among residents aged 65 years and older compared to the county overall.

- Among residents aged 65 years and older, those in the North Inland Region had the highest rate of death due to unintentional fall-related injury, while those in the East Region had the highest rate of hospitalization, and those in the South Region had the highest rate of ED discharge.

The majority of hip fractures are due to unintentional fall-related injuries— that is, unintentional fall-related injury increases the risk for hip fracture. Due to high rates of unintentional fall-related injury, rates of hip fracture hospitalization and ED discharge due to hip fracture were notably higher among residents aged 65 years and older. Rates of hospitalization and ED discharge were 7.7 and 7.2 times higher, respectively, compared to the county overall in 2011.

- The rate of hip fracture hospitalization was highest in the East Region among residents aged 65 years and older.
- The rate of ED discharge was highest in the North Coastal Region among residents aged 65 years and older.

Unintentional Overdose/Poisoning

The rate of unintentional overdose/poisoning hospitalization was 1.5 times higher among residents aged 65 years and older compared to the county overall in 2011.

- Compared to adults aged 65 years and older in other Regions of the county, Central Region residents had the highest rate of unintentional overdose/poisoning hospitalization.

Unintentional Pedestrian Injury

In 2011, the death rate due to unintentional pedestrian injury was higher among residents aged 65 years and older compared to the county overall. Notably, the rate was 1.8 times higher than the county.

- Because of the small number of deaths due to unintentional pedestrian injury among residents aged 65 years and older within the Regions, Regional comparisons were not made.

Firearm-Related Injury

The firearm-related death rate was also high among adults aged 65 years and older compared to the county overall and was the highest among all age groups. Notably, the rate of firearm-related death was almost 2.0 times higher than the county overall.

- The East Region had the highest rate of firearm-related death among this age group compared to the other Regions of the county.

Elder Maltreatment

Of growing concern among those 65 years and older is elder maltreatment. Risk factors include a diagnosis of behavioral illness, abuse of alcohol, inadequate coping skills, lack of social support, and limited access to formal care-giving services.¹⁹

The effects of elder maltreatment can range from bruises and cuts to broken bones and physiological damage.¹⁹ Although data is not currently available, elder abuse may contribute to the risk of injury among the older population.



Risk Factors and Prevention Strategies

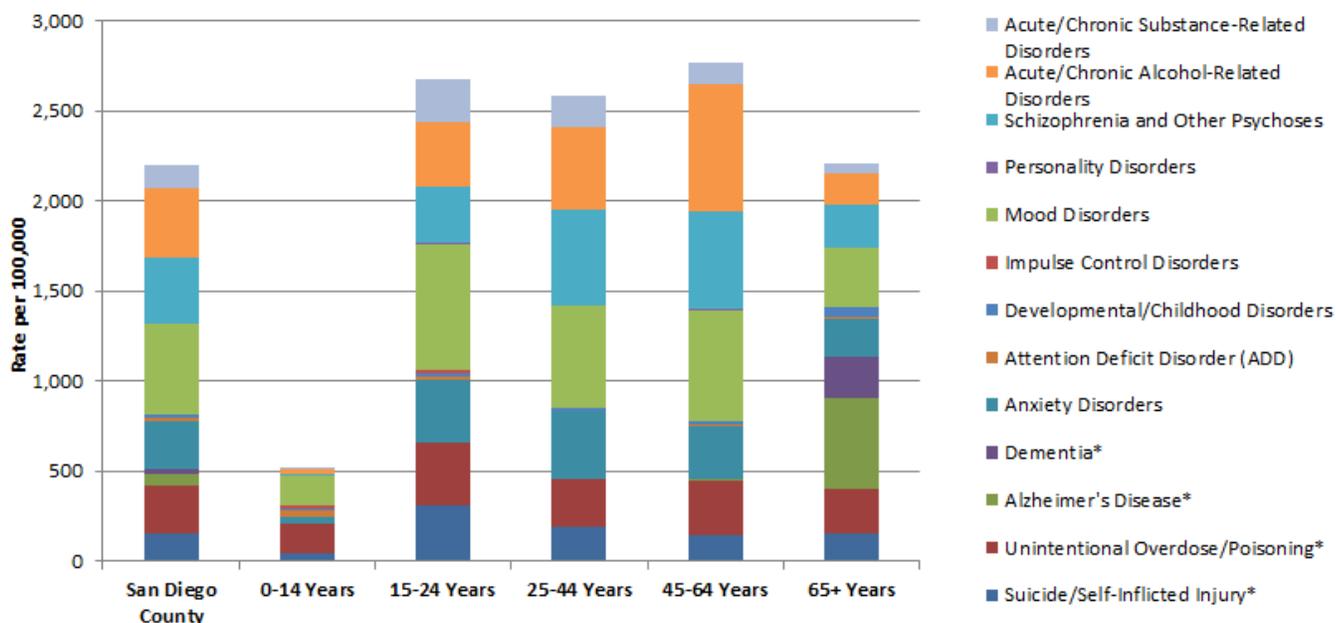
Failure to use protective equipment and active restraints, mismanagement of medication, violence, and not being aware of safety hazards increase the risk of an injury.¹⁷

Of the major causes of disability and death, injuries are among the most preventable. Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, violence prevention, as well as awareness, reduce the likelihood of injury.¹⁷

Behavioral Health Among Residents 65 Years and Older

Figure 26

Overall Burden* of Behavioral Health in San Diego County by Age, 2011



*Overall burden (except for suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia) includes hospitalization, and emergency department (ED) discharge. Suicide/self-inflicted injury, unintentional overdose/poisoning, Alzheimer's disease, and dementia include death, hospitalization, and ED discharge.

Top Behavioral Health Disparities Among San Diego County Residents Aged 65 Years and Older:

- The rate of death due to dementia was 8.5 times higher than the county overall.
- The rate of death due to Alzheimer's disease was 7.5 times higher than the county overall.
- The rate of suicide was 1.6 times higher than the county overall.

65 Years and Older

Prevent Age Health Disparities

What You Can Do to Reduce Your Risk of Poor Behavioral Health Outcomes and Live Well:

- Seek help for an emotional, behavioral health, or alcohol/drug use problem
- Seek out healthy activities to reduce stress, and stay socially connected, such as exercising or volunteering

What Your Community Can Do to Reduce the Risk of Poor Behavioral Health Outcomes and Live Well:

- Educate residents about the warning signs of behavioral health issues
- Foster environments that reduce the stigma associated with behavioral health issues

65 Years and Older



Live Well San Diego focuses on creating an environment that encourages all San Diego County residents to live healthy, safe, and thriving lives.

Behavioral Health

Overall, rates of poor behavioral health outcomes among residents aged 65 years and older were comparable or lower than the county overall. In spite of a smaller burden of behavioral health outcomes overall, rates of Alzheimer's disease, dementia, and suicide were notably higher among residents aged 65 years and older.

Alzheimer's Disease

In 2011, the rate of Alzheimer's disease death was 8.5 times higher among adults aged 65 years and older compared to the county overall. Further, the Alzheimer's disease hospitalization rate among this age group was 7.1 times higher than the county rate, while the emergency department (ED) discharge rate was 7.7 times higher than the county overall.

- Among adults aged 65 years and older, residents in the North Coastal Region had higher Alzheimer's disease death and ED discharge rates compared to other Regions in the county.
- The hospitalization rate due to Alzheimer's Disease among adults aged 65 years and older was highest in the East Region.

Dementia

The death rate due to dementia among adults aged 65 years and older was 8.5 times higher than the county rate in 2011. Further, rates of hospitalization and ED discharge due to dementia were 8.1 and 8.3 times higher, respectively, among older adults when compared to the county overall.

- Residents aged 65 and over living in the East Region had the highest rate of death in all of San Diego County.

Suicide

Compared to the county overall, the rate of suicide among residents aged 65 years and older was 1.6 times higher in 2011.

- Among residents aged 65 years and older, residents in the East Region had the highest rate of suicide compared to other Regions.

In 2011, the rate of suicide among residents aged 65 years and older was 1.6 times higher than the county overall.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁸

- In 2011, 3% of adult residents aged 65 years and older in San Diego County had experienced serious psychological distress in the past year.¹²
- An estimated 9% of residents aged 65 years and older reported needing help for an emotional, mental, or alcohol/drug problem in 2011.¹²

Seeking help for an emotional/behavioral health or alcohol/drug problem, exercising to reduce stress, and avoiding social isolation are major prevention strategies that can help reduce poor behavioral health outcomes.¹⁸



Age Health Disparities: Summary

Overall, health outcomes impact San Diego County residents differently by age. A series of health indicators and related lifestyle behaviors were presented throughout this report, which describe the most important health concerns facing these populations in San Diego County. A summary can be found below.

In 2011:

Age 0-14

- Those under age 15 had higher emergency department (ED) discharges than most other age groups in San Diego County.
 - Particularly for asthma, influenza (flu), pneumonia, fall-related injury, and unintentional injury.

Age 15-24

- 15-24 year olds had the highest rates of reported chlamydia and gonorrhea.
- Mothers who gave birth between age 15-24 years had higher percentages of lack of prenatal care compared to the county overall.
- The rate of hospitalization due to firearm-related injury and ED discharge due to assault were higher than the county overall.
- Residents between the ages of 15-24 had higher rates of suicide/self-inflicted injury.
- Acute/chronic substance abuse was highest among this age group.

Age 25-44

- Chlamydia and gonorrhea rates were particularly high among those aged 25-44. In addition, 24-44 year olds were twice as likely to report primary and secondary syphilis than any other age group.
- Compared to the county overall, mothers aged 25-34 had lower poor maternal and child health outcomes; however, those aged 35 and over had higher percentages of low and very low birth weight births and pre-term births.

Age 45-64

- The rate of diabetes hospitalization was 1.6 times higher than the county overall.
- The rate of reported chronic hepatitis C was 2.2 times higher than the county overall.
- Rates of death due to unintentional pedestrian injury and unintentional overdose/poisoning were higher than the county overall.
- The ED discharge rate of chronic alcohol-related disorder was 2.4 times higher compared to the county overall.

Age 65+

- Those aged 65 and older had higher rates of hospitalizations due to influenza (flu) than any other age group in the county.
 - Death due to flu was 7.5 times higher than the county overall.
- Seniors aged 65 years and older had the highest rates of death due to stroke, coronary heart disease (CHD), and chronic obstructive pulmonary disease (COPD) compared to the county overall.
- Residents aged 65 years and older had the highest rates of unintentional fall-related injuries, particularly hip fractures.
- The rates of Alzheimer's disease and other dementias were higher among seniors aged 65 years and older compared to any other age group.

Actions to *Live Well San Diego*

Creating an environment that encourage residents to live healthy, safe, and thriving lives is a priority in San Diego County. *Live Well San Diego* plans to advance the health and overall well-being of all San Diegans through a collective effort that involves residents, community and faith-based organizations, businesses, schools, law enforcement, local city and tribal jurisdictions, and the County of San Diego.

Live Well San Diego is a framework to help achieve health equity among all residents. To learn more, visit www.LiveWellSD.org.

Non-Communicable (Chronic) Disease

Eliminating tobacco use, adopting active lifestyles, eating healthier diets, and decreasing excessive use of alcohol are key transformations that can reduce the burden of non-communicable (chronic) disease among San Diego County residents.¹³

For more local data and statistics on non-communicable (chronic) disease, visit the [San Diego County Community Profiles—Non-Communicable Disease Profile](#).

For information on non-communicable (chronic) disease, visit the County of San Diego's Community Health Statistics website at www.SDHealthStatistics.com, and view the *Disease Information* section.

Communicable Disease

Taking protective measures including vaccination and avoiding close contact with sick individuals, seeking testing and early treatment, and visiting a doctor regularly are key strategies that can reduce the burden of communicable disease among San Diegans.¹⁴

For more local data and statistics on communicable disease, please go to the [San Diego County Community Profiles—Communicable Disease Profile](#).

For more information on communicable disease, visit the County of San Diego's [Epidemiology and Immunization Services Branch](#).

Maternal and Child Health

The health of mothers, infants, and children are key indicators of the health of the community overall. Health outcomes often reflect the health of future generations as well as emerging public health concerns.⁷ Prevention measures such as increased nutrition, early prenatal care, as well as cessation of smoking, alcohol consumption, and illicit drug use are all key ways to improve maternal and child health.¹⁴

For more local data and statistics on maternal and child health outcomes, visit the [San Diego County Community Profiles—Maternal and Child Health Profile](#).

For more information on maternal and child health outcomes, visit the County of San Diego's [Maternal, Child and Family Health Services Branch](#).

Injury

Of the major causes of disability and death, injuries are among the most preventable. Increased safety education, awareness of fall prevention strategies, and investing in safer communities are key ways to reduce the burden of injury among county residents.¹⁷

For more local data and statistics on injury, visit the [San Diego County Community Profiles—Injury Profile](#).

For more information on injury, visit the County of San Diego's [Emergency Medical Services Branch](#).

Behavioral Health

Seeking help for an emotional, behavioral health, or alcohol/drug problem, engaging in activities to reduce stress, avoiding social isolation, and fostering environments that reduce the stigma of behavioral health issues are major prevention strategies that can help reduce poor behavioral health outcomes among San Diegans.¹⁸

For more local data and statistics on behavioral health, visit the [San Diego County Community Profiles—Behavioral Health Profile](#).

For more information on behavioral health outcomes, visit the County of San Diego's [Behavioral Health Services Division](#).

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