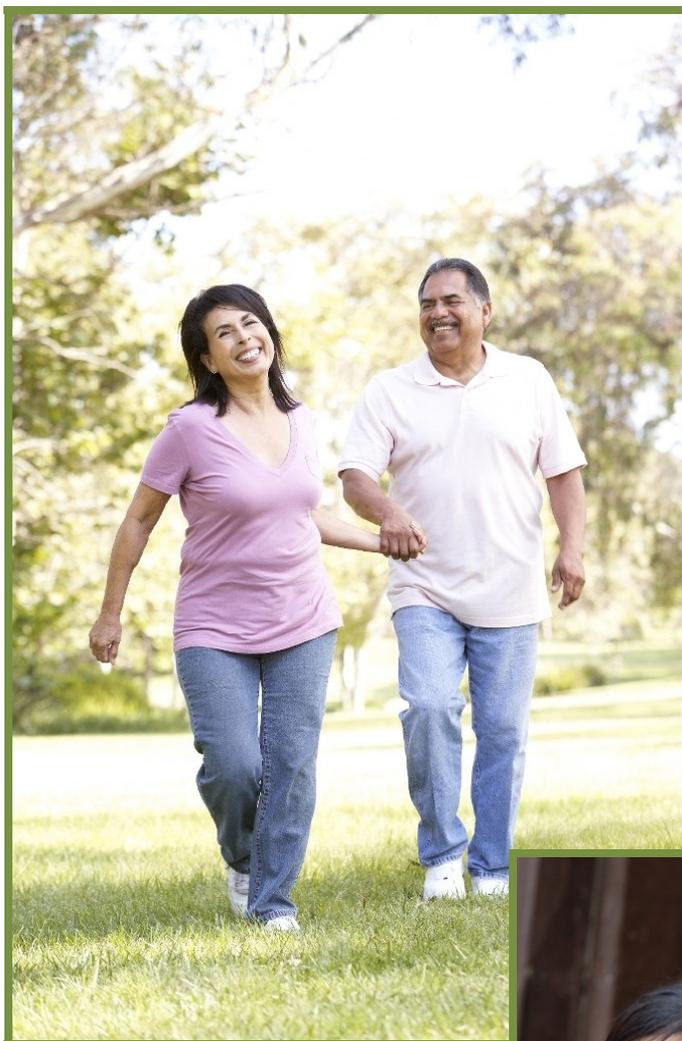


IDENTIFYING HEALTH DISPARITIES TO ACHIEVE HEALTH EQUITY IN SAN DIEGO COUNTY: GENDER



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: Gender

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

March 2016

For additional information, contact:

Community Health Statistics Unit
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6479
www.SDHealthStatistics.com

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

Suggested Citation: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (2016). *Identifying Health Disparities to Achieve Health Equity in San Diego County: Gender*. Retrieved MM/DD/YY from www.SDHealthStatistics.com.

QR CODES:

QR codes are similar to barcodes. Use your smart phone to scan the QR Code and navigate directly to the report online for download. Download a free QR code reader from your app provider.





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,

RON ROBERTS
Chairman
San Diego County Board of Supervisors



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501
SAN DIEGO, CA 92101-2417
(619) 515-6555 • FAX (619) 515-6556

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

This report represents a collaborative effort between many dedicated individuals within the Health and Human Services Agency. We gratefully acknowledge the contributions of the following people:

Sanaa Abedin, MPH- Emergency Medical Services
Isabel Corcos, PhD, MPH- Emergency Medical Services
Kim De Vera, MPH- Community Health Statistics
Lorri Freitas, MPH- Epidemiology and Immunization Services
Lacey Hicks, MPH- Epidemiology and Immunization Services
Sutida (Nid) Jariangprasert, MPH- Maternal, Child and Family Health Services
Jeff Johnson, MPH- Epidemiology and Immunization Services
Amelia Kenner-Brininger, MPH, CPH- Emergency Medical Services
Marisa Moore, MD, MPH- Tuberculosis Control
Maria Peña, MPH- Community Health Statistics
Leslie Ray, MPH, MPPA, MA- Community Health Statistics, Emergency Medical Services
Marjorie Richardson, MPH- HIV, STD and Hepatitis Branch
Alicia Sampson, MPH, CPH- Community Health Statistics
Joshua Smith, PhD, MPH- Emergency Medical Services
Ryan Smith, MPH- Community Health Statistics
Barbara Stepanski, MPH- Emergency Medical Services
Samantha Tweeten, PhD, MPH- Epidemiology and Immunization Services
Wendy Wang, MPH- Epidemiology and Immunization Services
Jessica Yen, MPH- Epidemiology and Immunization Services

Thank you to the following individuals for their leadership and support in making this project possible:

Nick Macchione, MS, MPH, FACHE- Director, Health and Human Services Agency
Wilma J. Wooten, MD, MPH- Public Health Officer and Director, Public Health Services
Eric McDonald, MD, MPH- Medical Director
Sayone Thihalolipavan, MD, MPH- Deputy Public Health Officer
Marcy Metz, RN, CEN- Chief of Emergency Medical Services

Table of Contents

Introduction to Health Equity and Gender Health Disparities	1
Females	8
Non-Communicable (Chronic) Disease	9
Communicable Disease	12
Maternal & Child Health	15
Injury.....	17
Behavioral Health	20
Males	23
Non-Communicable (Chronic) Disease	26
Communicable Disease	27
Maternal & Child Health	29
Injury.....	30
Behavioral Health	33
Summary.....	37
Actions to <i>Live Well San Diego</i>	38
References	39

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, and 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 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

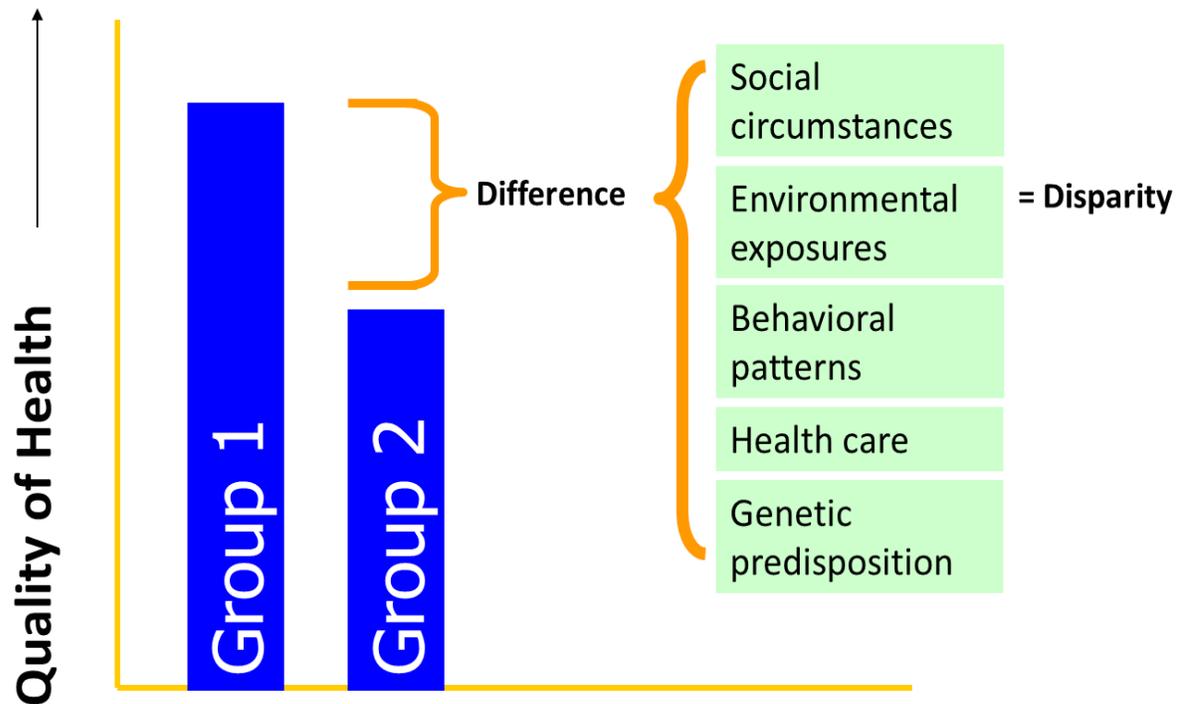
Healthcare service access and utilization are closely aligned with socioeconomic status and are major factors in individual and community health. The unemployment increase in San Diego from 4% in 2006 to nearly 10% in 2011 meant a subsequent increase in the number of uninsured county residents. This 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

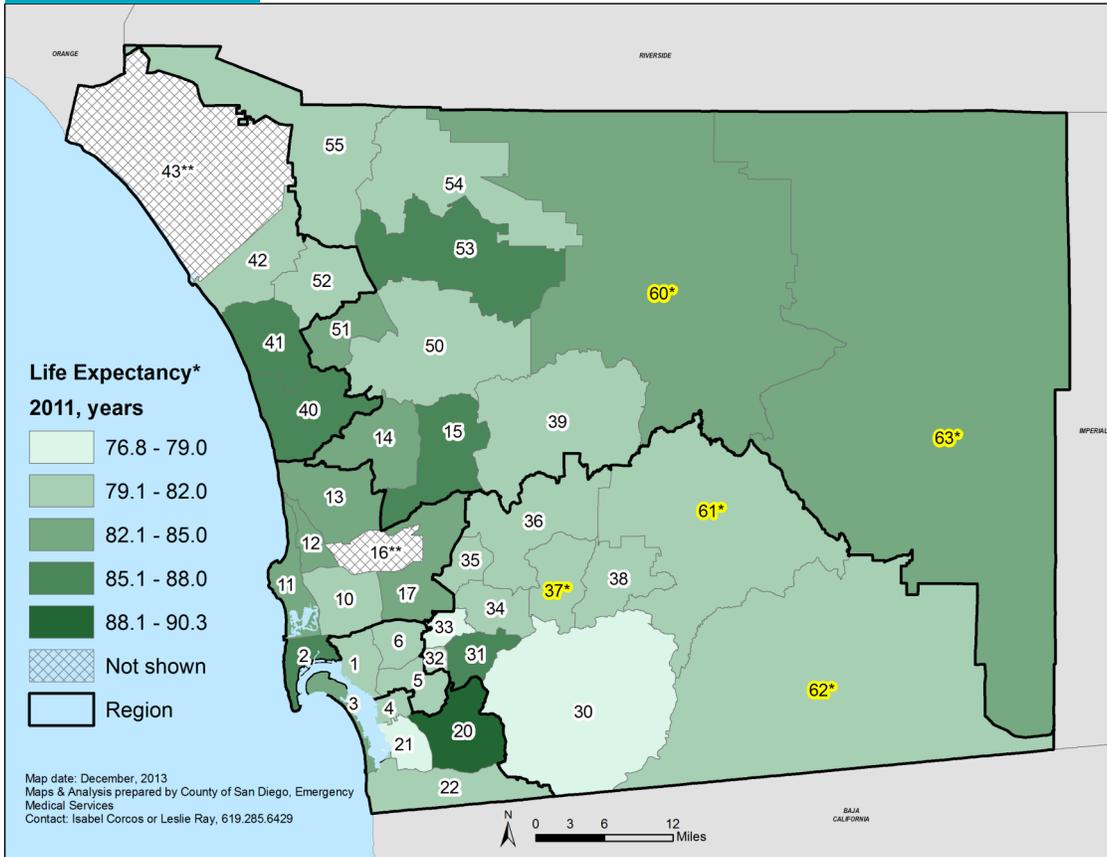
Live Well San Diego is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components. Building 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 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.

Identifying Health Disparities to Achieve Health Equity in San Diego County

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.

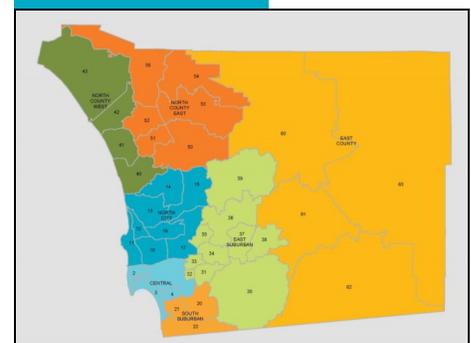
**Miramar and Pendleton Subregional Areas could not be calculated due to the specialized age structure of military personnel.

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: Gender

Identifying Health Disparities to Achieve Health Equity in San Diego County: Gender 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.



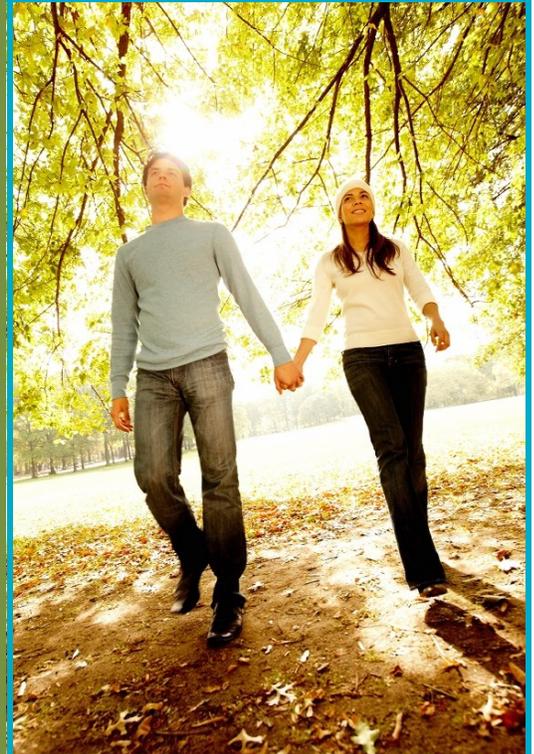
Gender Health Disparities

Introduction to Gender Health Disparities

In San Diego County, there is an even proportion of males to females. Comparatively, the average life expectancy for San Diego females is about four years longer than males.⁹

During 2011, in San Diego County:

- Overall, females were slightly more at risk for non-communicable (chronic) diseases compared to males, with stroke, asthma, chronic obstructive pulmonary disease, arthritis, and dorsopathy drastically affecting females more than males.
- Similarly, females were also at a higher risk for communicable diseases, specifically sexually transmitted diseases, compared to males.
- However, injury affected males more than females. Specifically, deaths due to injuries were drastically higher among males compared to females.
- Also, males were slightly more at risk for poor behavioral health outcomes compared to females.

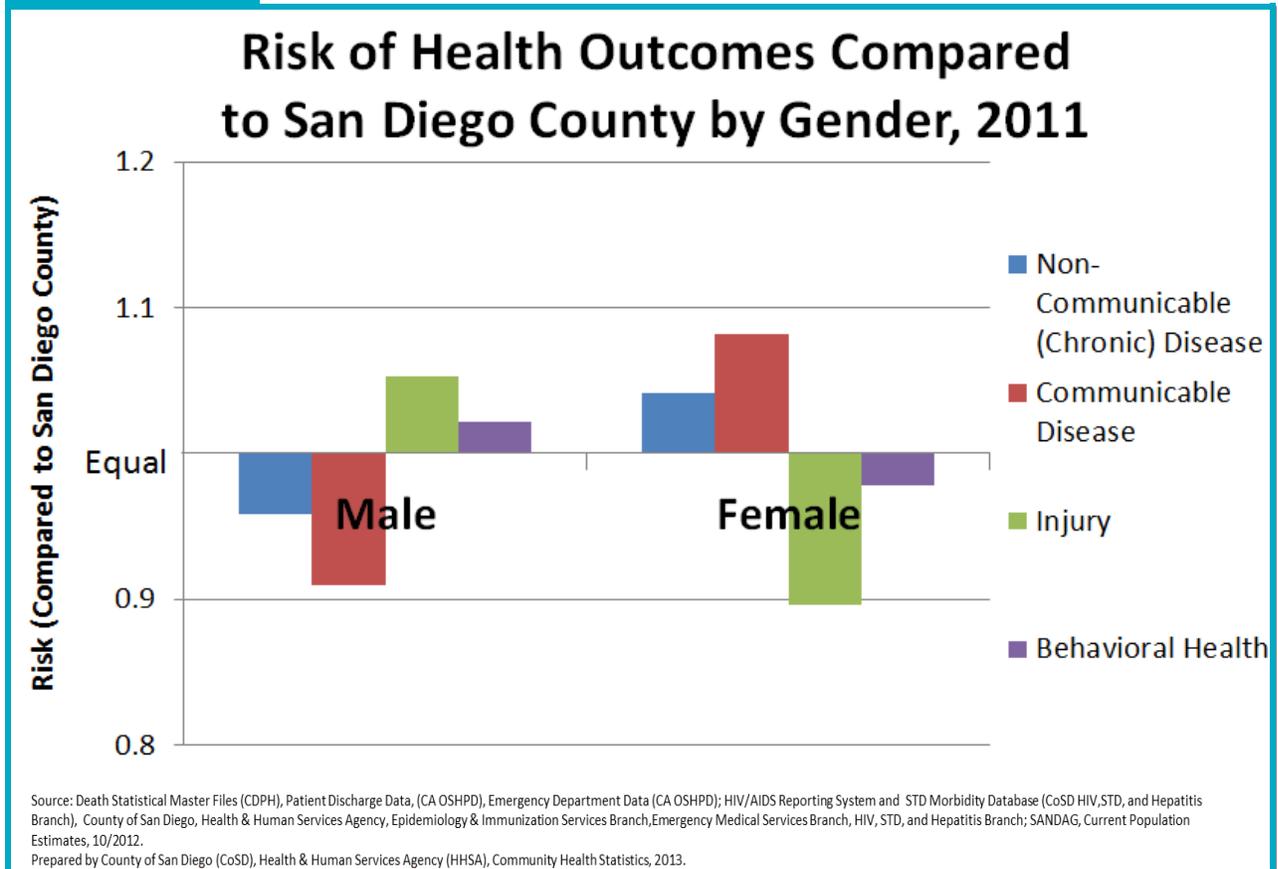


Overall, health outcomes impact San Diego females and males differently. A series of health indicators and related lifestyle behaviors are presented throughout the report, which aim to describe the most important health concerns facing both populations in San Diego County.



Gender Health Disparities

Figure 3



Gender Health Disparities Among San Diego County Residents:

- Non-communicable (chronic) disease and communicable disease rates were 9% and 19% higher, respectively, among females compared to males.
- Rates of injury and poor behavioral health outcomes were notably higher among males compared to females.

Female

In 2011, females accounted for half of the San Diego County population.¹⁰ Fifty-three percent of San Diego females were between the age of 25 and 64 years, 34% were 24 years or younger, and 13% were 65 or older.¹⁰ By the year 2030, the number of female residents is projected to increase by 24%, from 1.6 million to 1.9 million.¹¹

By 2030, the number of female residents in San Diego County is projected to increase by 24%.¹¹

The median income of full-time working females in 2011 was an estimated \$42,000 – nearly \$8,000 less than San Diego males.¹² In the same year, 35.7% of females lived below 200% of the federal poverty level.¹³

Among females 25 years and older, one-third had a high school diploma or less, 27% had some college, vocational training, or an associate's degree, and 40% completed a bachelor's degree or higher.¹³

In 2011, 60% of females reported they were in excellent or very good health, 28% were in good health, and 12% in fair or poor health.¹³

Nearly nine out of ten females had at least one doctor's visit in 2011. Further, nearly two out of ten females reported visiting an emergency room for medical care.¹³

In 2011, 1 out of 6 females delayed, or did not receive, needed medical care.¹³



Overall, 86% of all San Diego County females had health insurance in 2011.¹³ However, females age 18 to 64 years were less likely than other age groups to be currently covered by health insurance, whereas females over 65 years of age and children under 17 years were more likely to be covered.¹³

Generally, San Diego County females had lower rates of non-communicable (chronic) disease, injury, and poor behavioral health outcomes compared to San Diego males. However, rates of reported communicable diseases among females were considerably higher compared to males.

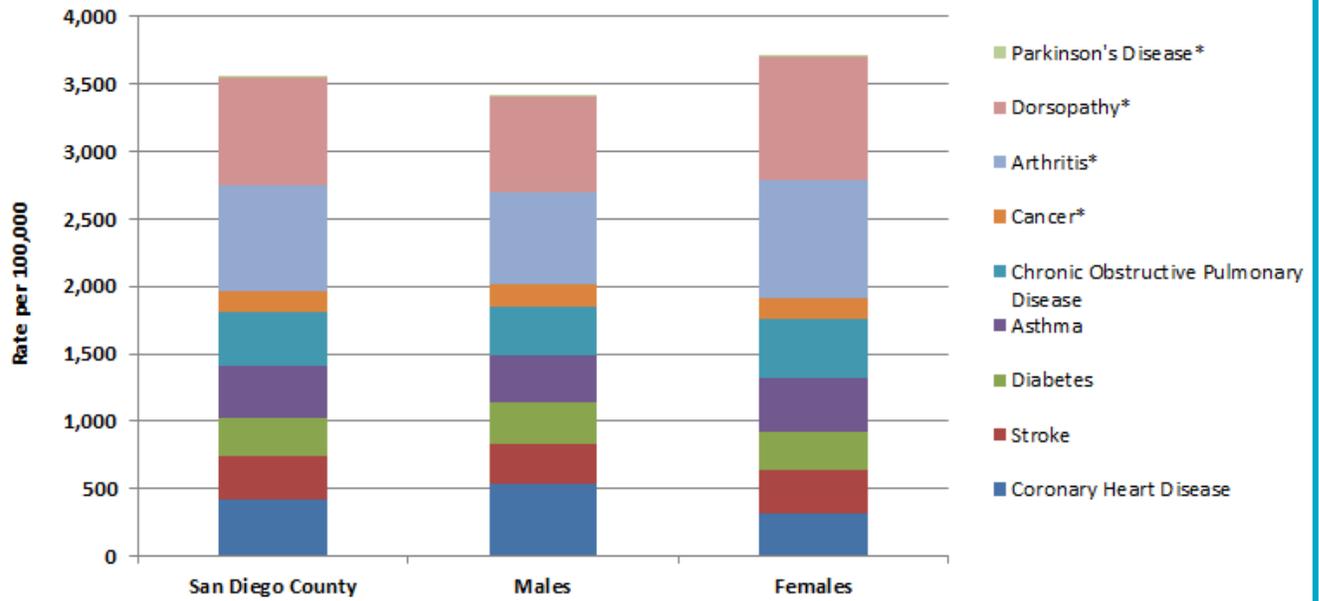
In 2011, 86% of all females in San Diego County had health insurance.¹³

Further, among maternal and child health outcomes, specific groups within the female population were at higher risk for poor health outcomes. In the following sections, a series of health indicators and related lifestyle behaviors are presented which aim to describe the most important health concerns facing the female population in San Diego County.

Non-Communicable (Chronic) Disease Among Female Residents

Figure 4

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Gender, 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 emergency department discharge only.

Female

Top Chronic Disease Health Disparities Among San Diego County Females:

- The rate of death due to stroke was 1.6 times higher among females compared to males.
- The rate of death due to asthma was 1.5 times higher among females compared to males.
- The rate of hospitalization due to asthma was 1.5 times higher among females compared to males.

Prevent Gender 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 parks and recreational facilities
- Increase the availability and affordability of fresh produce
- Encourage healthy behaviors



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 9% higher among females compared to males in 2011. Rates of arthritis, asthma, chronic obstructive pulmonary disease (COPD), dorsopathy, and stroke were notably higher among females compared to males.

Arthritis

In 2011, rates of hospitalization and emergency department discharge were both 1.3 times higher among females compared to males.

- Females in the East Region were at higher risk of arthritis hospitalization compared to females in the other Regions of the county.
- Females in the Central Region were at higher risk of arthritis ED discharge compared to females residing in other Regions of the county.

Asthma

Rates of death and hospitalization due to asthma were higher among females compared to males in 2011. Rates of asthma death and hospitalization were both 1.5 times higher compared to males.

- Females in the Central and East Regions of the county had the highest rate of hospitalization due to asthma compared to females in the other Regions of the county.

Chronic Obstructive Pulmonary Disease (COPD)

The rates of death, hospitalization, and emergency department discharge were higher among females compared to males in 2011. Rates of COPD death, hospitalization, and emergency department discharge were 1.3, 1.2, and 1.2 times higher, respectively, compared to males.

- Females in the East region had the highest rates of death, hospitalization, and emergency department discharge compared to females in the other Regions of the county.

Dorsopathy

The rate of emergency department discharge due to dorsopathy was 1.4 times higher among females compared to males in 2011.

- Central and South Region female residents were at highest risk for emergency department discharge due to dorsopathy compared to females in the other Regions of the county.

Stroke

The risk of stroke was higher among females compared to males in 2011. Notably, the rate of death due to stroke was 1.6 times higher among San Diego females compared to males.

- Females in the East Region had the highest rate of death due to stroke compared to females in the other Regions of 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.¹⁴

Tobacco Use

- In 2011, 11% of San Diego County females aged 12 and older were current smokers.¹³
- One in five adult females reporting being a former smokers in 2011.¹³

Lack of Physical Activity

- Among females aged 11 years and younger, 30% did not engage in at least three or more days of vigorous physical activity in 2011.¹³
- Among females age 12 to 17 years, 38% engaged in fewer than three days of physical activity that lasted an hour or more in 2011.¹³

Poor Diet

- One out of every six females reported eating fast food at least three times in the past week in 2011.¹³
- Nearly half of females age 11 and under, ate fewer than five servings of fruits and vegetables per day in 2011.¹³

Alcohol Abuse

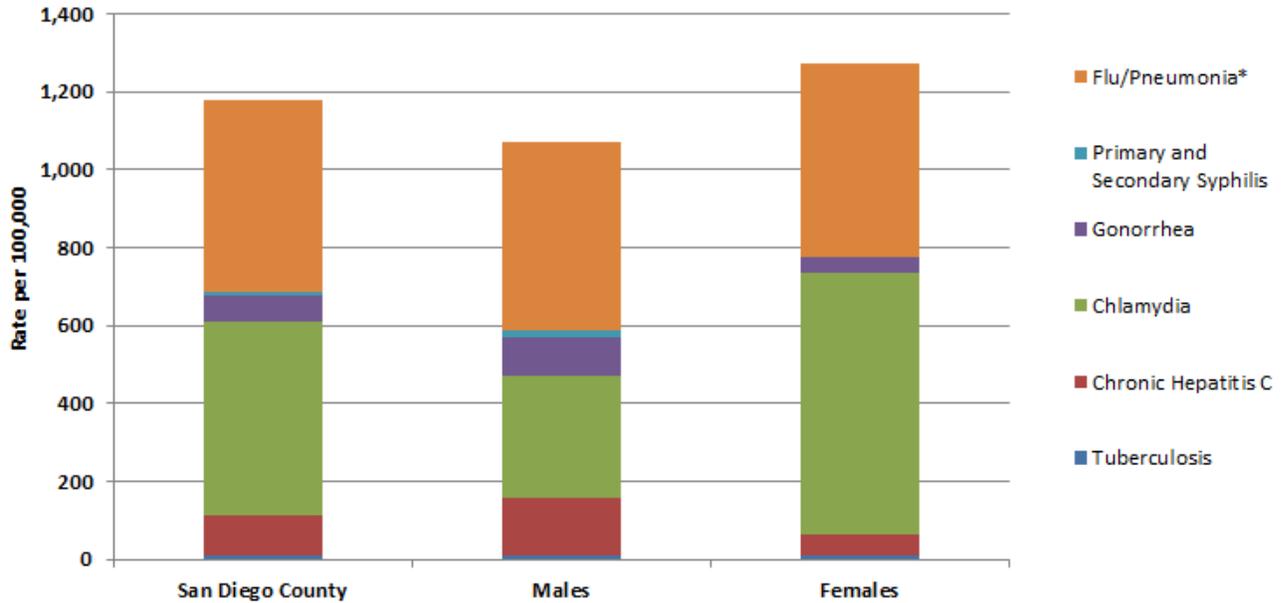
- In 2011, 28% adult females reported binge drinking at least once during the year.¹³

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 females.¹⁴

Communicable Disease Among Female Residents

Figure 5

Overall Burden* of Communicable Disease in San Diego County by Gender, 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 Females:

- The rate of chlamydia was 2.1 times higher among females compared to males.
- The rate of emergency department discharge due to influenza (flu) was 1.2 times higher among females compared to males.

Female

Prevent Gender 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



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 19% higher among females compared to males. However, this was largely due to the rate of reported chlamydia among females. In addition, the rate of influenza (flu) was also higher among females.

Chlamydia

Compared to males, the rate of reported chlamydia was higher among females in 2011. The rate of reported new cases of chlamydia was 2.1 times higher than the rate of new cases among males.

- Females living in the Central Region had the highest rate of reported new cases of chlamydia compared to females in other Regions of the county.

Influenza (Flu)

In 2011, rates of influenza (flu) hospitalizations did not differ substantially between males and females. However, compared to males, the emergency department discharge rate due to influenza (flu) was 1.2 times higher among females in 2011.

- Females living in the South Region had the highest rate of emergency department discharge due to the flu compared to females living in other Regions of the county.



In 2011, the rate of emergency department discharge due to the flu was 1.2 times higher among females compared to males.

Other Notable Communicable Disease Comparisons

It is worth noting that there were differences between females by Region. In general, there was a higher burden of reported communicable disease among females living in the Central and South Regions of the county compared to other Regions.

- The rates of tuberculosis among females in the Central and South Regions were nearly twice as high compared to females in other Regions of the county in 2011.
- The rate of gonorrhea among females living in the Central Region was 1.8 times higher than the rate for females in San Diego County overall in 2011.

Risk Factors and Prevention Strategies

Prevention measures for communicable diseases, such as increased vaccination, condom usage, and frequent testing, are key ways to reduce the burden of these diseases.

- In 2011, only 41.9% of adult females, and females aged 6 months to 11 years, reported being vaccinated for the flu.¹³

Maternal and Child Health

In general, maternal and child health among San Diego County females have met or exceeded the Healthy People 2020 goals.⁷ However, there are some key differences by Region and race/ethnicity. For nearly all maternal and child health indicators, the proportion of adverse health outcomes was higher for black and Hispanic mothers and children, and those living in the Central, East, and South Regions of the county.

In 2011, there were over 43,000 live births in San Diego County.

Early Prenatal Care

In 2011, 83% of live births were to San Diego County mothers who received early prenatal care, exceeding the Health People 2020 goal of 77.9%.⁷

- The percentages of live births among black and Hispanic mothers who received early prenatal care were lower than other racial and ethnic groups, 79.3% and 78.6%, respectively, in 2011.
- The percentage of live births among mothers in the East Region who received early prenatal care was 77.6%, which was the lowest among all Regions in 2011.

Fetal and Infant Mortality

In 2010, the rate of fetal mortality was 4.1 fetal deaths per 1,000 live births in San Diego County, exceeding the Healthy People 2020 goal of 5.6 fetal deaths per 1,000 live births.

- The rate of fetal mortality was highest, 8.2 fetal deaths per 1,000 live births, among blacks compared to other racial or ethnic groups.
- The Central Region had the highest fetal mortality rate compared to other Regions in 2010.

In 2011, the infant mortality rate in San Diego County was 4.3 infant deaths per 1,000 live births, exceeding the Healthy People 2020 goal of 6.0 infant deaths per 1,000 live births.

- The infant mortality rate among blacks was 6.1 infant deaths per 1,000 live births in 2011, higher than any other racial or ethnic group.

Low and Very Low Birth Weight Births

In 2011, 6.5% of live births in the county were considered low birth weight births (defined as fewer than 2,500 grams at birth), exceeding the Health People 2020 target of 7.8%.⁷

- In 2011, 10.3% of births to black mothers were of low birth weight, higher than any other racial or ethnic group in San Diego County.
- Among the Regions, the percentage of low birth weight births was highest (7.1%) among mothers in the South Region.



Very low birth weight births (defined as fewer than 1500 grams at birth) among San Diego County mothers overall was 1.0% in 2011, exceeding the Healthy People 2020 goal of 1.4%.⁷

- The percentage of very low birth weight births was highest, at 1.7%, among black mothers in 2011.

Preterm Births

Nearly 1 out of every 11 births (9.1%) to San Diego County mothers were preterm in 2011, exceeding the Healthy People 2020 goal of 11.4%.⁷

- In 2011, 12.4% of births to black mothers were preterm, higher than any other racial or ethnic group in San Diego County.

In 2011, 83% of live births were to mothers who received early prenatal care 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.¹⁵

- Nearly half of San Diego children 11 years old and under lived at or below 200% of the Federal Poverty Level in 2011.¹³
- Three out of five adult women whose total annual household income was less than 200% of the Federal Poverty Level and who had a child under age 7, or who was pregnant, were currently enrolled in the Women, Infants, and Children (WIC) Program in 2011.¹³

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.¹⁵

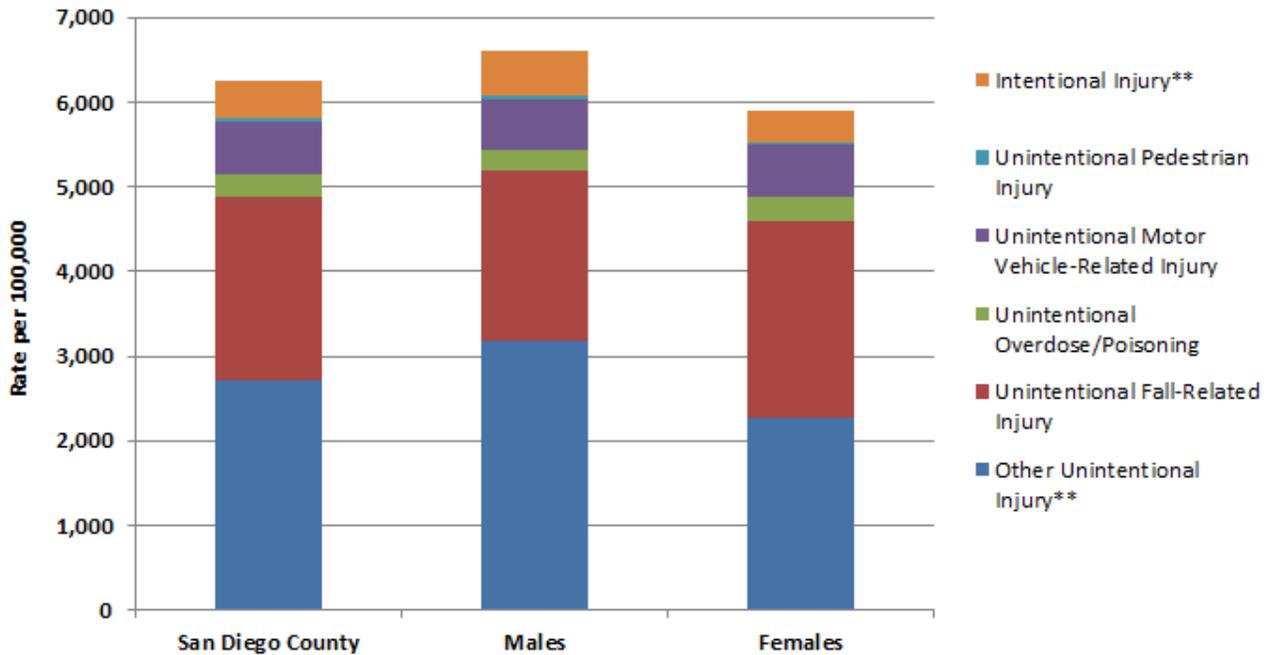
Female



Injury Among Female Residents

Figure 6

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



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

**Intentional injury includes homicide, assault, suicide, and self-inflicted injury. Other unintentional injury includes 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 Females:

- The rate of hip fracture hospitalization was 2.3 times higher compared to males.
- The rate of hip fracture emergency department discharge was 1.7 times higher compared to males.

Female

Prevent Gender 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



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

Injury

Overall, injury rates were 12% higher among males compared to females. However, rates of unintentional fall-related injury, unintentional hip fracture, and unintentional overdose/poisoning were notably higher among females compared to males.

Unintentional Fall-Related Injury

Although the rate of death due to fall-related injuries was substantially lower for females than males, the hospitalization rate was higher among females in 2011. Notably, the rate of hospitalization was 1.4 times higher compared to males.

- The rate of fall-related injuries was highest among female residents in the East Region, compared to females residing in other Regions of the county.

Hip Fracture

Compared to males, rates of hospitalization and emergency department discharge due to hip fracture among females were 2.3 and 1.7 times higher, respectively in 2011.

- East Region females had the highest rate of hip fracture hospitalization, compared to females in other Regions.
- Compared to females in other Regions of the county, emergency department discharge due to hip fractures were highest among females in the North Inland and North Coastal Regions.

Unintentional Overdose/Poisoning

Similar to fall-related injury, the rate of death due to overdose/poisoning was lower for females than males in the county. However, hospitalization and emergency discharge rates were higher for females. Both rates were 1.2 times higher compared to San Diego County males.

- Central and East Region females residents had the highest rates of hospitalization and emergency department discharge due to overdose/poisoning compared to females in other Regions of the county.



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.¹⁶

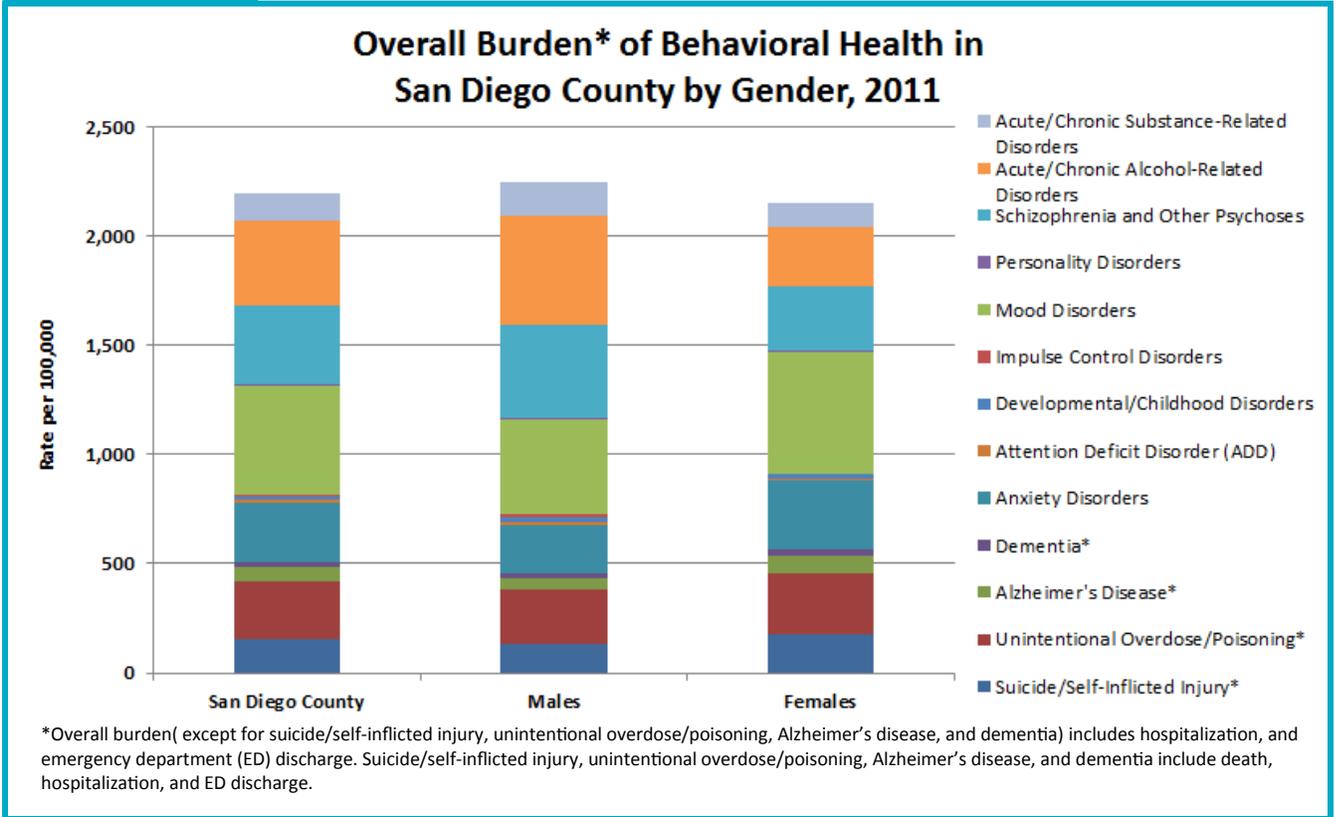
- In 2011, one out of five adult females reported needing help for an emotional/mental health problem or use of alcohol/drugs.¹³

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.¹⁶

Rates of death and hospitalization due to fall-related injuries were higher among females compared to males in 2011.

Behavioral Health Disease Among Female Residents

Figure 7



Female

Top Behavioral Health Disparities Among San Diego County Females:

- The rate of hospitalization due to personality disorders was 2.1 times higher compared to males.
- The rate of Alzheimer's death was 2.0 times higher compared to males.
- The rate of hospitalization due to anxiety disorders was 1.5 times higher compared to males.

Prevent Gender 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



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, San Diego females have a slightly lower burden of poor behavioral health outcomes compared to males. However, rates of Alzheimer's disease, dementia, mood disorders, personality disorders, and self-inflicted injury were higher among females compared to males.

Alzheimer's disease

Rates of death and emergency department discharge due to Alzheimer's disease were higher among females compared to males in 2011. Notably, the rate of death due to Alzheimer's was 2.0 times higher among females compared to males.

- North Inland Region females had the highest rate of death due to Alzheimer's disease, compared to females residing in other Regions of the county.

Dementia

In 2011, dementia death and emergency department discharge rates were higher among females compared to males. The rate of death was 1.8 times higher among females, while the rate of emergency department discharge was 1.3 times higher compared to males.

- Compared to females in other Regions, females in the East Region had the highest rate of death due to dementia.

Mood Disorders

Both mood disorder hospitalization and emergency department discharge rates were higher among females compared to males in 2011. In particular, the rate of hospitalization due to mood disorders was 1.4 times higher for females than males.

- East Region females had the highest rates of mood disorder hospitalization and emergency department discharge compared to females in other Regions.

Personality Disorders

In 2011, the rate of hospitalization due to personality disorders was higher among females compared to males. Specifically, the rate of hospitalization was 2.1 times higher than males.

- Females in the East Region had the highest rate of hospitalization due to personality disorders compared to females in other Regions of the county.

Self-Inflicted Injury

Although the rate of suicide was substantially lower for females compared to males, hospitalization and emergency department discharge due to self-inflicted injury rates were higher among females. Rates of hospitalization and emergency department discharge were 1.5 and 1.4 times higher, respectively, among females compared to males in 2011.

- Compared to females in other parts of the county, North Coastal Region females had the highest rate of hospitalization due to self-inflicted injury, while East Region females had the highest rate of emergency department discharge in 2011.

Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁷

- In 2011, 7.8% of adult females in San Diego County had experienced serious psychological distress in the past year.¹³
- One out of seven adult females in San Diego County reported moderate or severe social life impairment due to emotional or mental health problems in 2011.¹³
- Only 61.7% of adult females in San Diego County, who needed help for a mental, emotional, and/or alcohol-drug issue reported receiving help in 2011.¹³
- In 2011, 7.6% of adult females reported ever seriously thinking about committing suicide in 2011.¹³

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.¹⁷

Male

In 2011, an estimated 1.6 million residents of San Diego County were male.¹⁰ Fifty-three percent of the male population was between the ages of 25 and 64 years, 37% were 24 years or younger, and 10% were 65 or over.¹⁰

In 2011, 50% of San Diego County residents population were male.¹⁰

As the population continues to grow, the number of male residents in the county is expected to increase by 24% by the year 2030.¹¹ Similarly, the median age of males is expected to increase, with the 65 years and older age group experiencing the most dramatic growth.

The median income of full-time working males in 2011 was an estimated \$50,000 in San Diego County.¹² In the same year, 35% of all San Diego County males earned incomes that were below 200% of the federal poverty level.¹³

Among males 25 years and older, 30% reported having a high school education or less, 24% had some college, vocational training, or an associate's degree, and 46% completed a bachelor's degree or higher.¹³

In 2011, 62% of San Diego County males reported that they were in excellent or very good health, 25% were in good health, and 13% in fair or poor health.⁵ Eight out of ten males reported at least one doctor's visit in the past year and one out of six reported visiting an emergency room for medical care in the past 12 months.¹³

Overall, 82% of all males reported having health insurance in 2011. However, those 18 to 64 years of age were less likely to have health insurance, whereas seniors over 65 years and children under 17 were more likely to be currently covered by health insurance.¹³

In general, injury and behavioral health outcomes were higher for males compared to females.

Rates of deaths due to non-communicable (chronic) disease tended to be higher among males as well. A series of health indicators and related lifestyle behaviors are presented in the following sections, which describes some of the most important health concerns facing the male population in San Diego County.

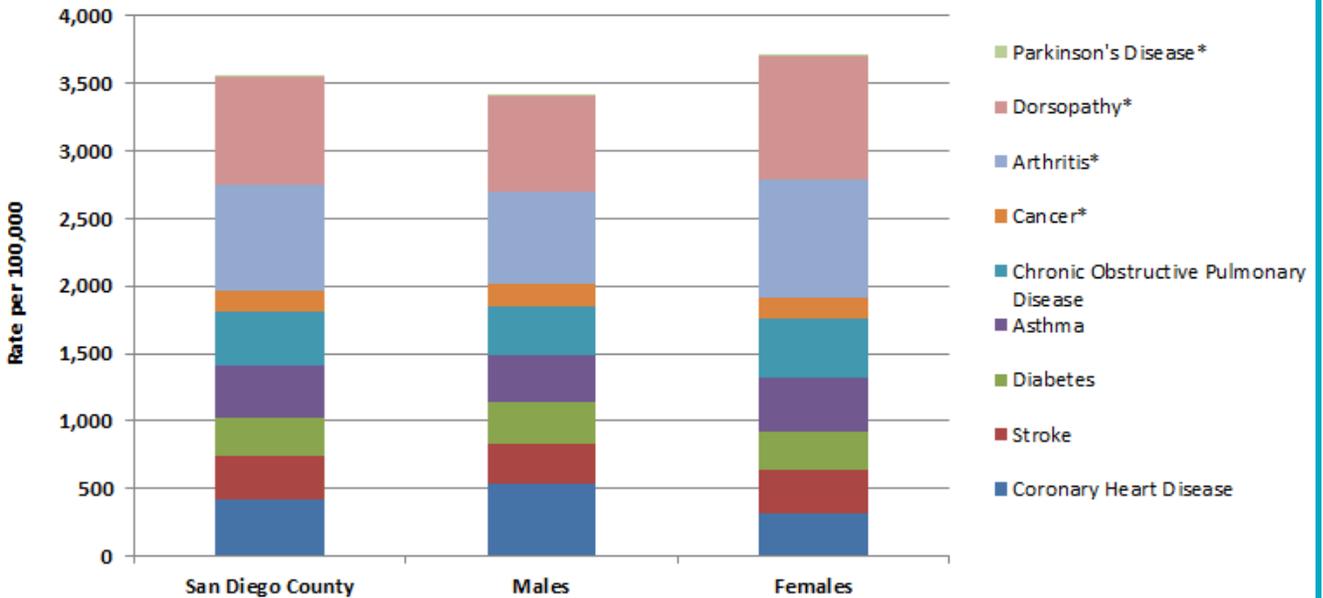


Only 75% of males, between the ages of 18 and 64 years old, had health insurance in 2011.¹³

Non-Communicable (Chronic) Disease Among Male Residents

Figure 8

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Gender, 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 emergency department discharge only.

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Males:

- The coronary heart disease (CHD) hospitalization rate was 1.8 times higher compared to females.
- The CHD emergency department rate was 1.6 times higher compared to females.
- The Parkinson's disease hospitalization rate was 1.6 times higher compared to females.

Male

Prevent Gender Health Disparities

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

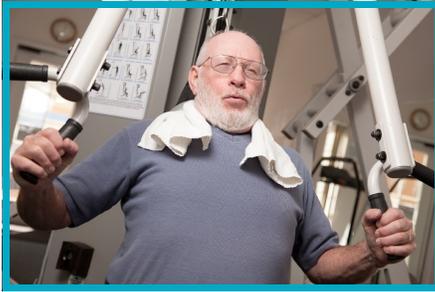
- Exercise at least 150 min/week
- Avoid smoking
- Limit alcohol consumption
- Eat more fruits & vegetables
- Visit your doctor for preventive check-ups

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



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 higher among females compared to males. However, rates of cancer, coronary heart disease, diabetes, cancer, and Parkinson's disease were substantially higher among males compared to females.

Cancer

Males were at higher risk for death due to cancer compared to females in 2011. The overall cancer death rate was 1.1 times higher among males compared to females during this year. For specific types of cancer, males were at greater risk of lung and colorectal cancer death compared to females.

- Male residents in the East Region had the highest rate of death due to cancer compared to males in the rest of the county in 2011.

Coronary Heart Disease (CHD)

Compared to San Diego females, males had higher rates of death, hospitalization, and emergency department (ED) discharge due to coronary heart disease (CHD) in 2011. Notably, the rates of CHD death, hospitalization, and ED discharge were 1.3, 1.8, and 1.6 times higher, respectively, among males than among females in 2011.

- Males living in the East Region had the highest rates of death, hospitalization, and ED discharge compared to males residing in other areas of the county.

Diabetes

Rates of death and emergency department discharge due to diabetes were slightly higher compared to females in 2011. Notably, the rate of diabetes hospitalization was nearly 1.2 times higher among males compared to females.

- Male residents in the Central and South Regions had the highest rates of diabetes hospitalization compared to males in other Regions of the county.

Parkinson's disease

Rates of Parkinson's disease were higher among males compared to females in 2011. Specifically, rates of hospitalization and emergency department (ED) discharge were 1.6 and 1.2 times higher, respectively, among males.

- Male residents in the East Region had the highest rates of death due to cancer compared to males residing in other Regions of the county 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.¹⁴

Tobacco Use

- In 2011, 13% of San Diego County adolescent and adult males were current smokers.¹³
- One out of four males reported being a former smoker in 2011.¹³

Lack of Physical Activity

- In 2011, among males aged 5 to 11 years old, 24% did not engage in at least three or more days of physical activity per week.¹³
- Among male adolescents, aged 12 to 17 years, 23% engaged in fewer than three days of physical activity that lasted an hour or more per week in 2011.¹³

Poor Diet

- One out of five males reported eating fast food at least three times in the past week in 2011.¹³
- Among males aged 11 years and younger, half ate fewer than five servings of fruits and vegetables per day in 2011.¹³

Alcohol Abuse

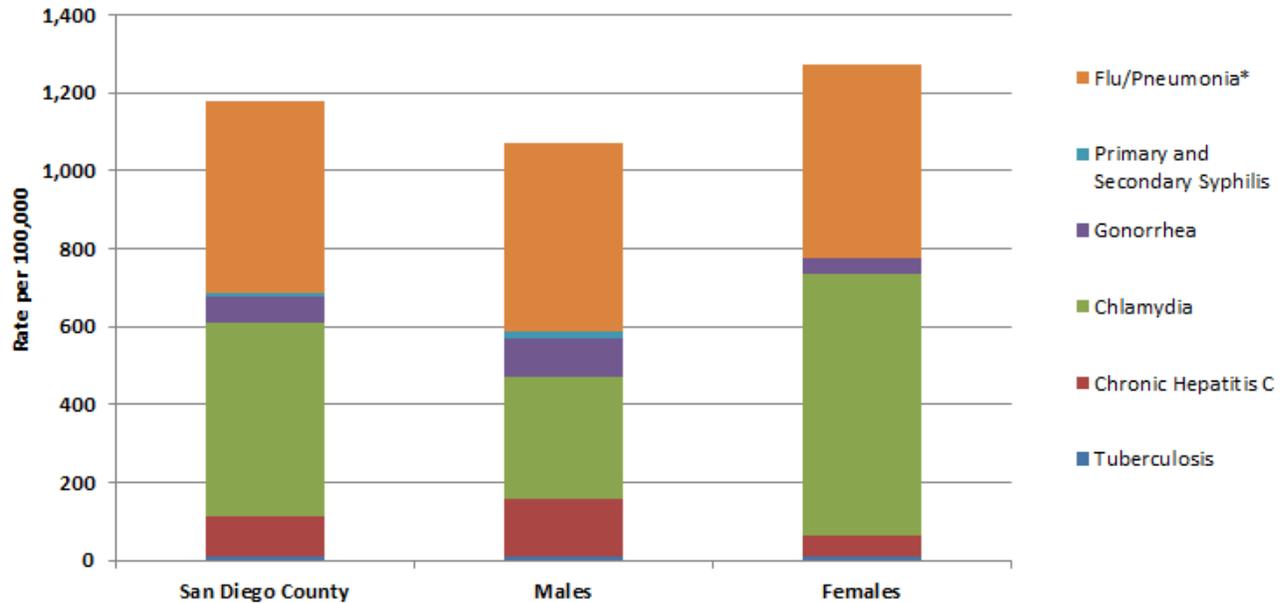
- In 2011, 42% adult males reported binge drinking at least once during the year.¹³

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 males.¹⁴

Communicable Disease Among Male Residents

Figure 9

Overall Burden* of Communicable Disease in San Diego County by Gender, 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 Males:

- The reported primary and secondary syphilis rate was 20.9 times higher compared to females.
- The reported chronic hepatitis C rate was 2.7 times higher compared to females.
- The reported gonorrhea rate was 2.5 times higher compared to females.

Male

Prevent Gender 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



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 19% higher among females compared to males. However, this was largely due to the rate of reported chlamydia among females. Among males, rates of reported chronic hepatitis C, reported gonorrhea, reported primary and secondary syphilis, and tuberculosis were notably higher compared to females.

Chronic Hepatitis C

Cases of reported chronic hepatitis C were higher among males compared to females in 2011. The rate of chronic hepatitis C among males was 2.7 times higher compared to females.

- South Region male residents had the highest rate of chronic hepatitis C compared to males in other Regions of the county.

Gonorrhea

Cases of reported gonorrhea were significantly higher among males compared to females in 2011. The rate of reported gonorrhea was 2.5 times higher among males compared to females.

- Males residing in the Central Region had the highest rate of reported gonorrhea compared to males in other Regions of the county.

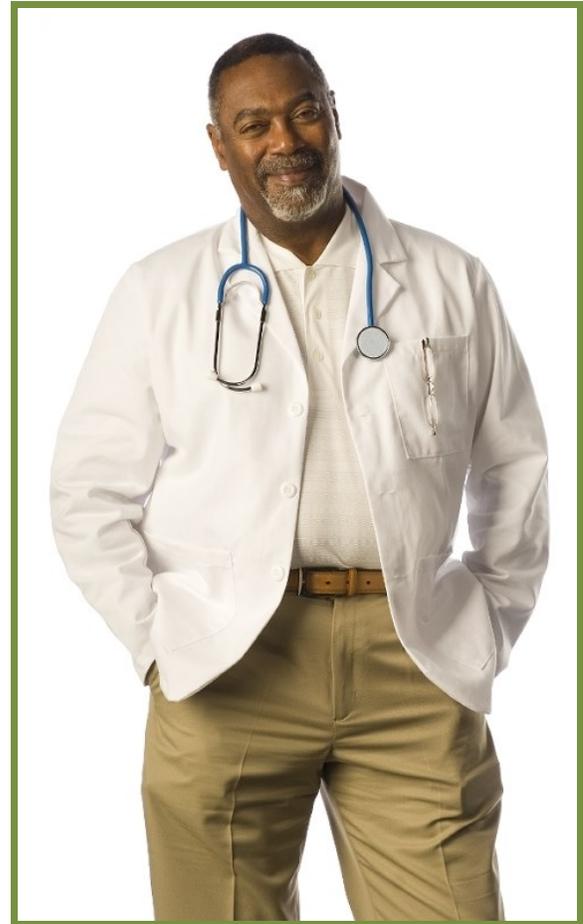
Syphilis

Cases of reported primary and secondary syphilis were also significantly higher among males compared to females in 2011. The primary and secondary syphilis rate among San Diego males were 20.9 times higher than females. This rate was also higher than the Healthy People 2020 target of 6.7 cases per 100,000 males.¹⁵

- Males residing in the Central Region had the highest rate of reported primary and secondary syphilis compared to males in other Regions.

Tuberculosis (TB)

Cases of reported tuberculosis were higher among males compared to females in 2011. Specifically, cases of tuberculosis among males were 1.4 times higher compared to females. Additionally, new cases of TB among males were higher than the Healthy People 2020 goal of 1.0 new case per 100,000 population.¹⁵



- Males in the Central and South Regions of the county had the highest rates of tuberculosis compared to males residing in other Regions.

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 vaccinations are key ways to reduce the burden of communicable disease among San Diego males.

- In 2011, only 36.1% of adult males and males aged 6 months to 11 years reported being vaccinated for the flu.¹³

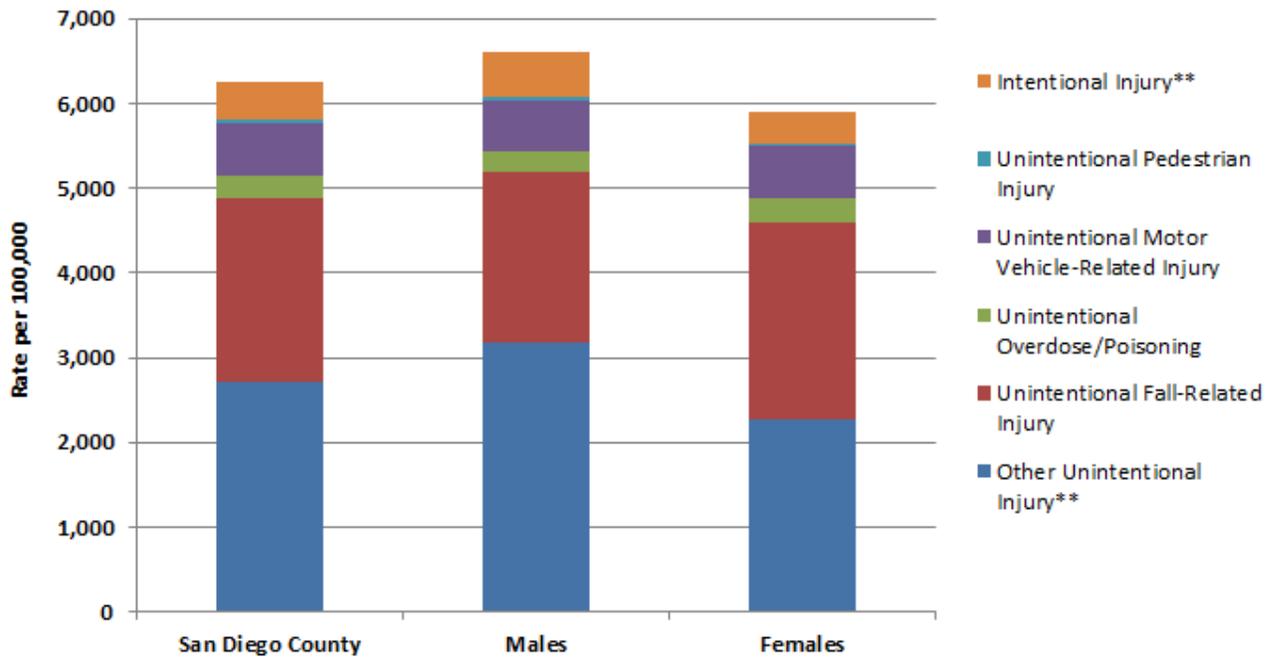
Maternal & Child Health

Although males are an integral part of maternal and child health, San Diego County males are not individually affected by such health issues, since many outcomes are related to the health status and lifestyle behaviors of the mother.

Injury Among Male Residents

Figure 10

Overall Burden* of Injury in San Diego County by Gender, 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 Males:

- Firearm-related injury hospitalization was 10.5 times higher than females.
- Firearm-related injury emergency department discharge was 6.3 times higher compared to females.
- Assault hospitalization was 5.0 times higher compared to females.

Male

Prevent Gender 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 and intersections
- Invest in drug and alcohol treatment programs
- Make safety a priority through education and enforcement



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

Injury

Overall, injury rates were higher among males compared to females. Rates of firearm-related injury, homicide and assault, unintentional motor vehicle-related injury, unintentional overdose/poisoning, and unintentional pedestrian injury were notably higher among males compared to females.

Firearm-Related Injury

Similar to homicide and assault, death, hospitalization, and emergency department discharge rates due to firearm injury were substantially higher for San Diego County males than females in 2011. The rate of death due to firearm-related injury was five times higher among males than females. Firearm-related injury hospitalization and emergency department discharge rates were 10.5 and 6.3 times higher, respectively, among males compared to females.

- Males in the East, Central, and South Regions of the county were at greater risk of firearm-related injury compared to the rest of the county.

Homicide and Assault

The risk of homicide and assault was higher among males in 2011. Compared to females, the rate of homicide was 2.1 times higher among males. Rates of Assault hospitalization was five times higher and the emergency department discharge rate was 1.9 times higher among males compared to females.

- In 2011, the Central Region had the highest rates of homicide, assault hospitalization, and assault emergency department discharge among males when compared to the rest of the county.

Unintentional Motor Vehicle-Related Injury

The risk of unintentional motor vehicle-related injury was higher among males compared to females in 2011. The rate of death due to unintentional motor vehicle-related injury among males was 2.5 times higher compared to females and the rate of hospitalization was 1.7 times higher compared to females.

- The unintentional motor vehicle-related injury death rate was highest among males in the North Inland Region, while the hospitalization rate was highest among Central Region males in 2011.

In 2011, one out of six male teens reported receiving threats of violence or physical harm by peers.¹³

Unintentional Overdose/Poisoning

The rate of death due to unintentional overdose/poisoning was higher among males, whereas hospitalization and emergency department discharge rates were higher among females in 2011. Notably, the rate of unintentional overdose/poisoning death was 1.7 times higher among males compared to females.

- Males in the Central and East Regions had the highest rates of death due to unintentional overdose/poisoning in 2011.

Unintentional Pedestrian Injury

Rates of death, hospitalization, and ED discharge due to unintentional pedestrian injury were all higher among San Diego males compared to females in 2011. The rate of death due to pedestrian injury was 2.5 times higher among males compared to females. The hospitalization and emergency department discharge rates were 1.6 and 1.3 times higher, respectively, among males than females.

- The unintentional pedestrian injury death rate was highest among males in the East Region, while the hospitalization and emergency department discharge rates were highest among Central Region males in 2011.

Risk Factors and Prevention Strategies

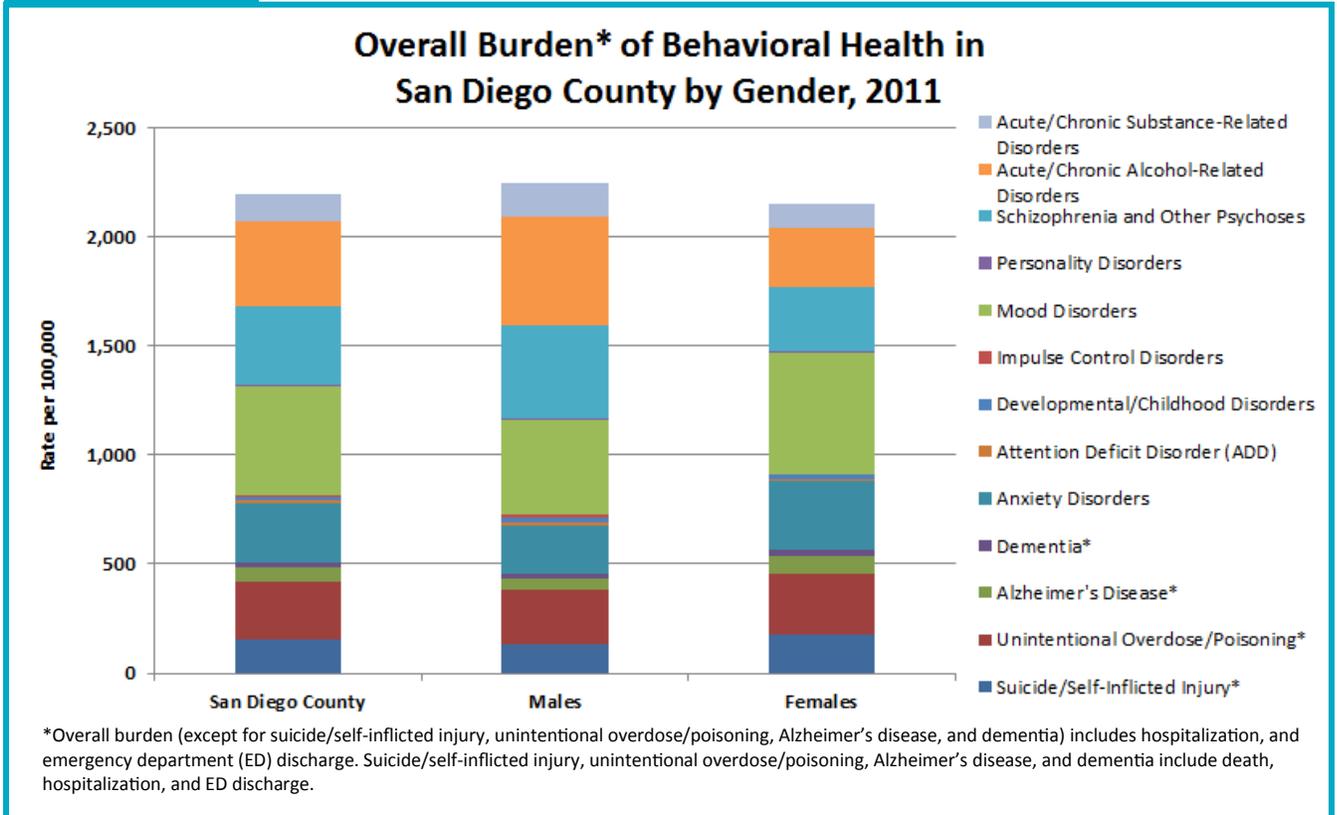
Failure to use protective equipment and active restraints, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.¹⁶

- In 2011, one out of eight adult males reported needing help for an emotional/mental health problem or use of alcohol/drugs.¹³

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.¹⁶

Behavioral Health Among Male Residents

Figure 11



Male

Top Behavioral Health Disparities Among San Diego County Males:

- The rate of suicide was 3.2 times higher compared to females.
- The impulse control disorder hospitalization rate was 2.9 times higher compared to females.
- The rate of chronic alcohol-related disorder emergency department discharges was 2.4 times higher compared to females.

Prevent Gender 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



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, San Diego County males have a slightly higher burden of poor behavioral health outcomes compared to females. Notably, acute and chronic alcohol-related disorder, acute and chronic substance-related disorder, attention deficit disorder and impulse control disorders, schizophrenia and other psychotic disorders, and suicide rates were notably higher among males.

Acute and Chronic Alcohol-Related Disorders

Rates of hospitalization and emergency department discharge due to acute and chronic alcohol-related disorders were higher among males compared to females in 2011. Acute alcohol-related disorder hospitalization and emergency department rates were 1.7 and 1.8 times higher, respectively, compared to females. Chronic alcohol-related disorder hospitalization and emergency department discharge rates were 1.3 and 2.4 times higher, respectively, compared to females.

- Males in the East and Central Regions had the highest rates of acute and chronic alcohol-related disorders hospitalization and emergency department discharge in 2011.

Acute and Chronic Substance-related Disorders

Hospitalization and emergency department discharge rates due to acute and chronic substance-related disorders were higher among males compared to females in 2011. Acute substance-related disorder hospitalization and emergency department rates were 1.3 and 1.4 times higher, respectively, compared to females. Chronic substance-related disorder hospitalization and emergency department discharge rates were 1.6 and 1.5 times higher, respectively, compared to females.

- Males in the East and Central Regions had the highest rates of acute substance-related disorders hospitalization and emergency department discharge in the county in 2011.



- Males in the North Coastal Region had the highest rates of chronic substance-related disorder hospitalization and emergency department discharge in the county in 2011.

Attention Deficit and Impulse Control Disorders

Compared to females, San Diego males had higher hospitalization and emergency department discharge rates for attention deficit and impulse control disorders in 2011. Rates of hospitalization and emergency department discharge due to attention deficit disorder were 1.9 and 1.6 times higher compared to females, respectively. Impulse control disorder hospitalization and emergency department discharge rates among males were 2.9 and 2.0 times higher compared to females.

- Males in the East Region had the highest rates of attention deficit disorder hospitalization and emergency department discharge in the county in 2011.
- Males in the North Inland region had the highest rate of hospitalization due to impulse control disorder in the county in 2011.

Schizophrenia and Other Psychotic Disorders

In 2011, the rate of schizophrenia and other psychotic disorders hospitalization was 1.4 times higher among males compared to females. In the same year, the rate of schizophrenia and other psychotic disorders emergency department discharge was 1.5 times higher among males compared to females.

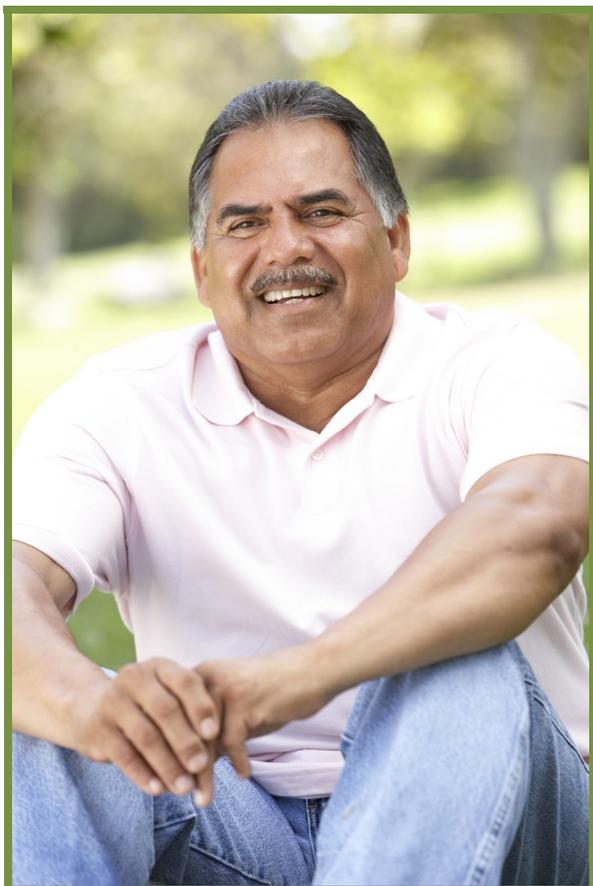
In 2011, one out of eight males reported needing help for emotional/mental health problems or use of alcohol/drugs.⁵

- The hospitalization and emergency department discharge rates due to schizophrenia and other psychotic disorders were highest among males residing in the Central Region.

Suicide

In 2011, the rate of suicide was higher among males, whereas rates of self-inflicted injury (suicide attempts) hospitalization and emergency department discharge were higher among females. Specifically, the rate of suicide among San Diego males was 3.2 times higher compared to San Diego females.

- Males in the East and Central Regions of the county had the highest rates of suicide in the county in 2011.



Risk Factors and Prevention Strategies

Risk factors for poor behavioral health outcomes include genetics, stress, experiencing a traumatic event, and social isolation.¹⁷

- In 2011, 7.6% of adult males in San Diego County had experienced serious psychological distress in the past year.¹³
- One out of ten adult males in San Diego County reported moderate or severe social life impairment due to emotional or mental health problems in 2011.¹³
- Only 47.6% of San Diego County adult males who needed help for a mental, emotional, and/or alcohol-drug issue reported receiving help in 2011.¹³
- In 2011, 7.1% of adult males reported ever seriously thinking about committing suicide in 2011.¹³

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.¹⁷

Rates of hospitalization and emergency department discharge due to acute and chronic substance-related disorders were higher among males compared to females in 2011.

Gender Health Disparities Summary

Overall, health outcomes impact San Diego females and males differently. A series of health indicators and related lifestyle behaviors were presented throughout this report, describing the most important health concerns facing both populations in San Diego County.

In San Diego County, there is an even proportion of males to females. Comparatively, the average life expectancy for San Diego females is about four years longer than males.⁹

In San Diego County, during 2011:

Females

- Overall, females were slightly more at risk for non-communicable (chronic) diseases compared to males.
 - Death due to stroke was 1.6 times higher among females compared to males.
 - Asthma, chronic obstructive pulmonary disease, arthritis, and dorsopathy drastically affected more females than males.
- Females were also at a higher risk for communicable diseases, specifically sexually transmitted diseases, compared to males. However, this was largely due to the rate of reported chlamydia among females.
 - The rate of chlamydia was 2.1 times higher among females compared to males.

Males

- Injury affected males more than females. Specifically, deaths due to injuries were drastically higher among males compared to females.
 - Males had higher rates of firearm-related injury, homicide and assault, unintentional motor vehicle-related injury, unintentional overdose/poisoning, and unintentional pedestrian injury compared to females.
 - Firearm-related injury hospitalization was 10.5 higher than females.
 - Assault hospitalization was five times higher compared to females.
- Also, males were slightly more at risk for poor behavioral health outcomes compared to females.
 - One out of eight males reported needing help for emotional/behavioral health problems or use of alcohol.
 - The rate of suicide was 3.2 times higher compared to females.
 - The rate of chronic alcohol-related disorder emergency department discharge was 2.4 times higher compared to females.

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.¹⁴

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.¹⁷

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.¹⁷

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.¹⁶

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.¹⁷

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](#).

References

1. Centers for Disease Control and Prevention. Healthy Communities Program, “Attaining Health Equity,” <http://www.cdc.gov/healthycommunitiesprogram/overview/healthequity.htm> (Accessed September 30, 2013).
2. Wooten, W. “Place Matters to Your Patient’s Health.” *San Diego County Physician Magazine*. April 2009.
3. Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, “Social Determinants of Health,” <http://www.cdc.gov/socialdeterminants/Definitions.html> (Accessed September 30, 2013).
4. State of Georgia, Georgia Department of Community Health, Office of Health Improvement and the Minority Health Advisory Council, Georgia Health Equity Initiative, *Health Disparities Report 2008: A County-Level Look at Health Outcomes for Minorities in Georgia*. 1st ed. Atlanta, Georgia, 2008.
5. Centers for Disease Control and Prevention. Community Health and Health Equity Program, “Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health,” <http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf> (Accessed September 30, 2013).
6. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report, “CDC Health Disparities and Inequalities Report – United States, 2011,” <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf> (Accessed September 30, 2013).
7. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report, “Vital Signs: Health Insurance Coverage and Health Care Utilization – United States, 2006-2009 and January – March 2010,” <http://www.cdc.gov/mmwr/pdf/wk/mm59e1109.pdf> (Accessed September 30, 2013).
8. Centers for Disease Control and Prevention. Vital and Health Statistics, “Health Behaviors of Adults: United States, 2002-2004,” http://www.cdc.gov/nchs/data/series/sr_10/sr10_230.pdf (Accessed September 30, 2013).
9. County of San Diego, Health and Human Services Agency, Public Health Services, Epidemiology & Immunization Services Branch (EISB). San Diego County Life Expectancy at Birth by SRA—2011 (Preliminary), 2013.
10. San Diego Association of Governments, Data Warehouse. 2011 Population Estimates. <http://datawarehouse.sandag.org> (Accessed October 1, 2012).
11. San Diego Association of Governments, Data Warehouse. 2030 population forecasts. <http://datawarehouse.sandag.org> (Accessed September 4, 2013).
12. U.S. Census Bureau. American FactFinder. 2011 American Community Survey 1-Year Estimates. <http://factfinder.census.gov> (Accessed September 4, 2013).
13. UCLA Center for Health Policy Research, California Health Interview Survey, “AskCHIS,” <http://www.chis.ucla.edu> (Accessed September 4, 2013).
14. Centers for Disease Control and Prevention. Chronic Disease Prevention and Health Promotion. “Chronic Diseases and Health Promotion,” <http://www.cdc.gov/chronicdisease/overview/index.htm> (Accessed September 4, 2013).
15. U.S. Department of Health and Human Services. *Healthy People 2020: Topics and Objectives*. <http://www.healthypeople.gov/2020/default.aspx> (Accessed September 4, 2013).
16. Centers for Disease Control and Prevention. Injury Prevention & Control, “Injury and Violence Prevention: A Pressing Public Health Concern,” <http://www.cdc.gov/injury/overview/index.html> (Accessed September 4, 2013).
17. U.S. Department of Health and Human Services. Office of the Surgeon General. National Prevention Council, *National Prevention Strategy*. Washington, D.C, 2011. <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf> (Accessed September 30, 2013).
18. SANDAG info. Demystifying Geographies: Peeling Back the Layers. May 2014. http://www.sandag.org/uploads/publicationid/publicationid_1853_17597.pdf (Accessed November 3, 2014).

County of San Diego Board of Supervisors



Greg Cox
District 1



Dianne Jacob
District 2
Vice Chairwoman



Dave Roberts
District 3



Ron Roberts
District 4
Chair



Bill Horn
District 5



Helen N. Robbins-Meyer
Chief Administrative Officer
County of San Diego



Donald F. Steuer
*Assistant Chief Administrative Officer/
Chief Operating Officer*



Nick Macchione, FACHE
*Health and Human Services Agency
Director/General Manager*



Ron Lane
*Public Safety Group
General Manager*



Sarah Aghassi
*Land Use and Environment Group
General Manager*



David Estrella
*Community Services Group
General Manager*



Tracy Sandoval
*Finance and General Government Group
General Manager*