

IDENTIFYING HEALTH DISPARITIES TO ACHIEVE HEALTH EQUITY IN SAN DIEGO COUNTY: RACE/ETHNICITY



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: Race/Ethnicity

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

March 2016

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Identifying Health Disparities to Achieve Health Equity in San Diego County: Race/Ethnicity

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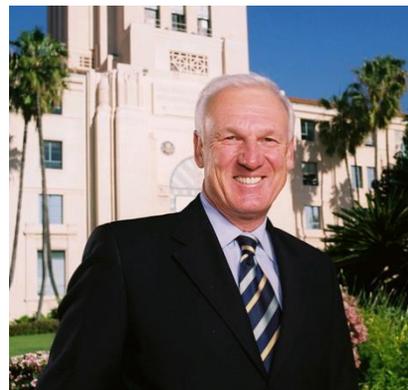


RON ROBERTS
CHAIRMAN, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

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
AGENCY DIRECTOR

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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,

NICK MACCHIONE
Director, Health and Human Services Agency

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Director, Public Health Services

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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

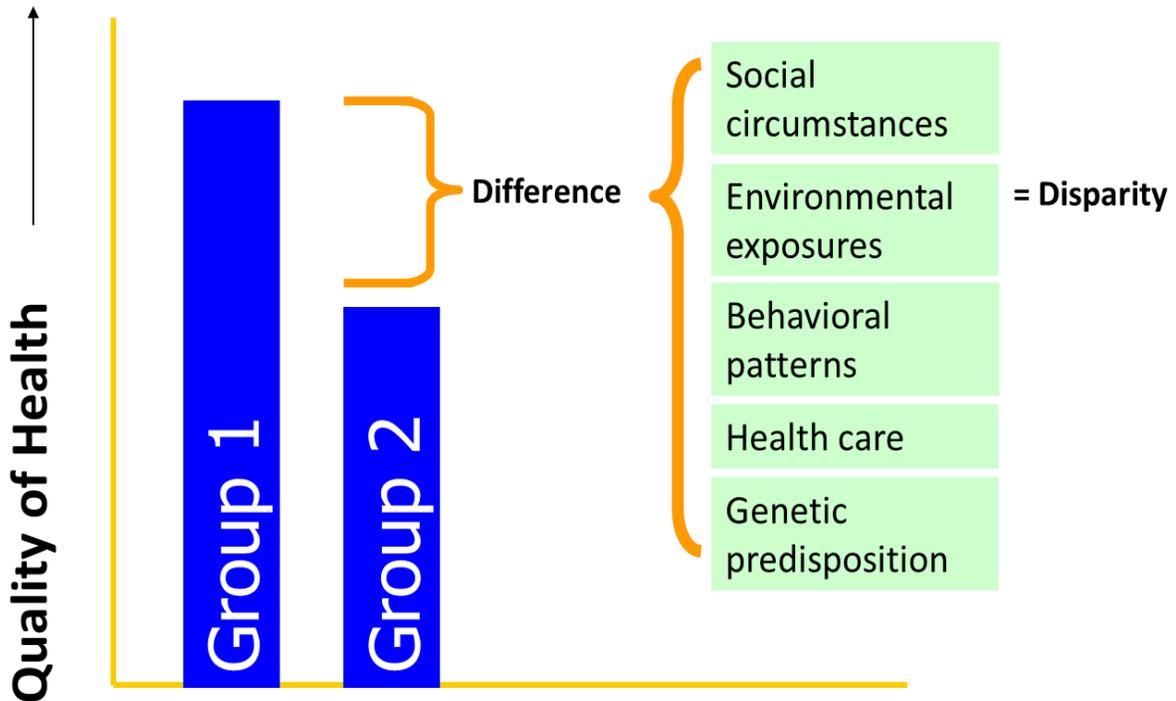
Healthcare service access and utilization are closely aligned with socioeconomic status and are major factors in individual and community health. The unemployment increase in San Diego from 4% in 2006 to nearly 10% in 2011 meant a subsequent increase in the number of uninsured county residents. This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

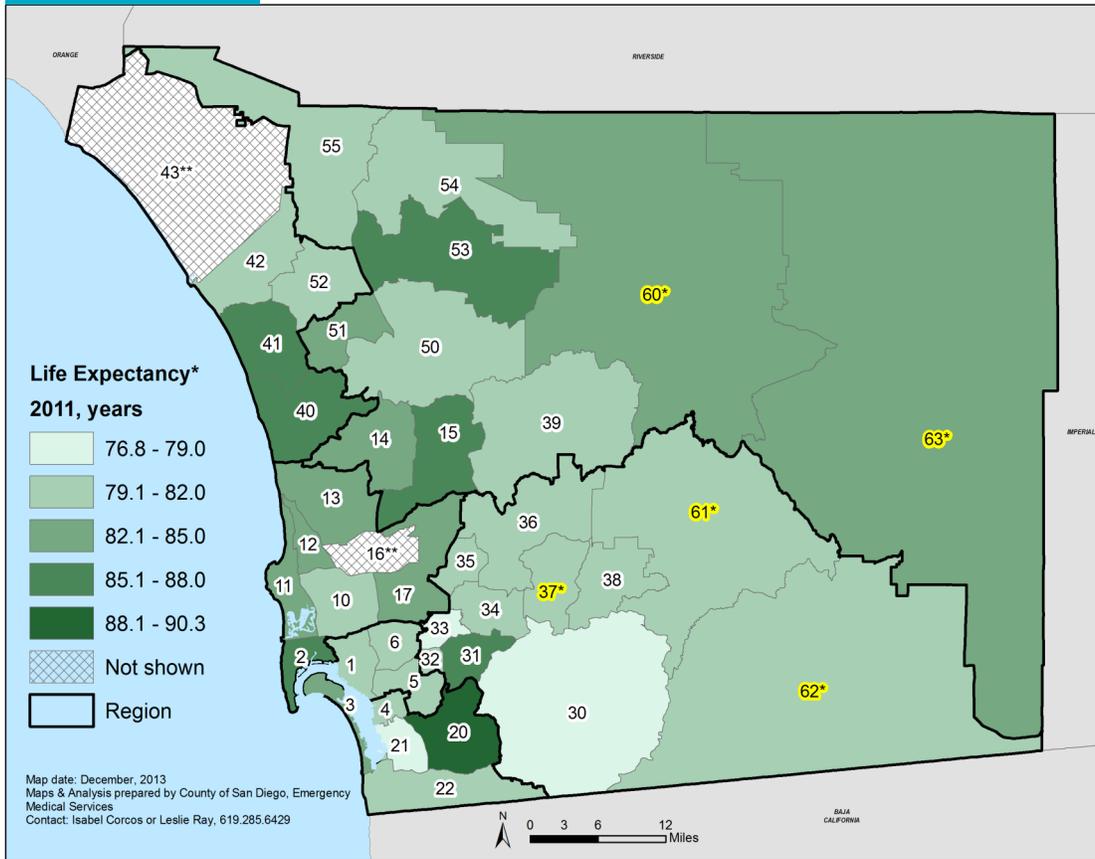
Live Well San Diego and Health Equity

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 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.

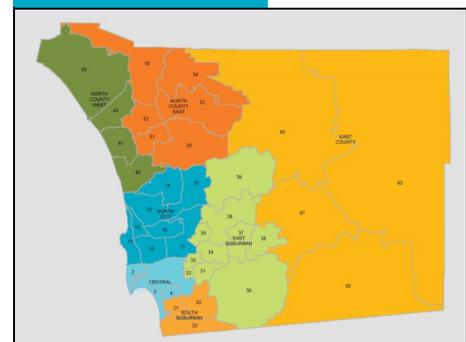
**Miramar and Pendleton Subregional Areas could not be calculated due to the specialized age structure of military personnel.

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: Race/Ethnicity

Identifying Health Disparities to Achieve Health Equity in San Diego County: Race/Ethnicity 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.

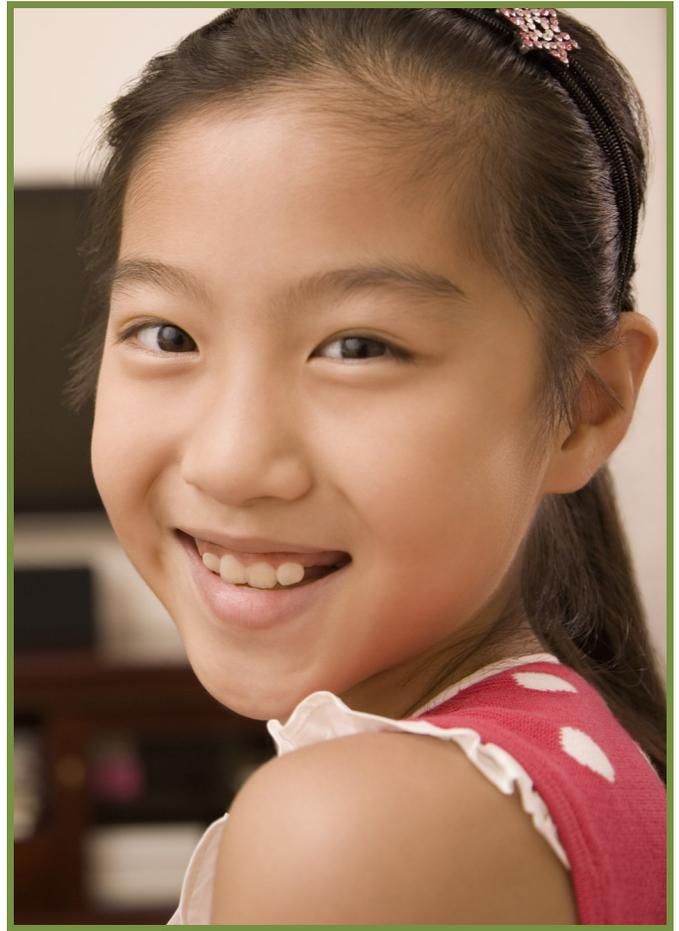
As the county implements the *Live Well San Diego* vision, identifying health disparities and inequities are critical in developing prevention and intervention measures, ultimately leading to a healthier San Diego. This document is designed for local agencies, organizations, groups, services, and individuals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



Race/Ethnicity Health Disparities

Introduction to Race/Ethnicity Health Disparities

San Diego County is a diverse, multicultural area. The majority of San Diego residents are white (48%), followed by Hispanics (32%), Asian and Pacific Islander (11%), blacks (5%), and American Indian/Alaska Native, two or more races or other (4%).¹⁰ Although life expectancy for the county has increased between 2000 and 2011 to a high of 81.6 years, there are clear differences between racial/ethnic groups.⁹

In 2011:

- Asian and Pacific Islander residents had the highest life expectancy (86.4 years), while black residents had the lowest (76.5 years).⁹
- Black and white residents were at higher risk for non-communicable (chronic) disease compared to the county overall.
- Black residents were also at higher risk of communicable disease compared to the county overall.
- Additionally, black and Hispanic residents had a higher risk of poor maternal and child health outcomes.
- Black and white residents were at higher risk for injury, and black residents were at greater risk for poor behavioral health outcomes compared to the county overall.
- Notably, blacks are at higher risk in each of the five areas of health indicators presented.

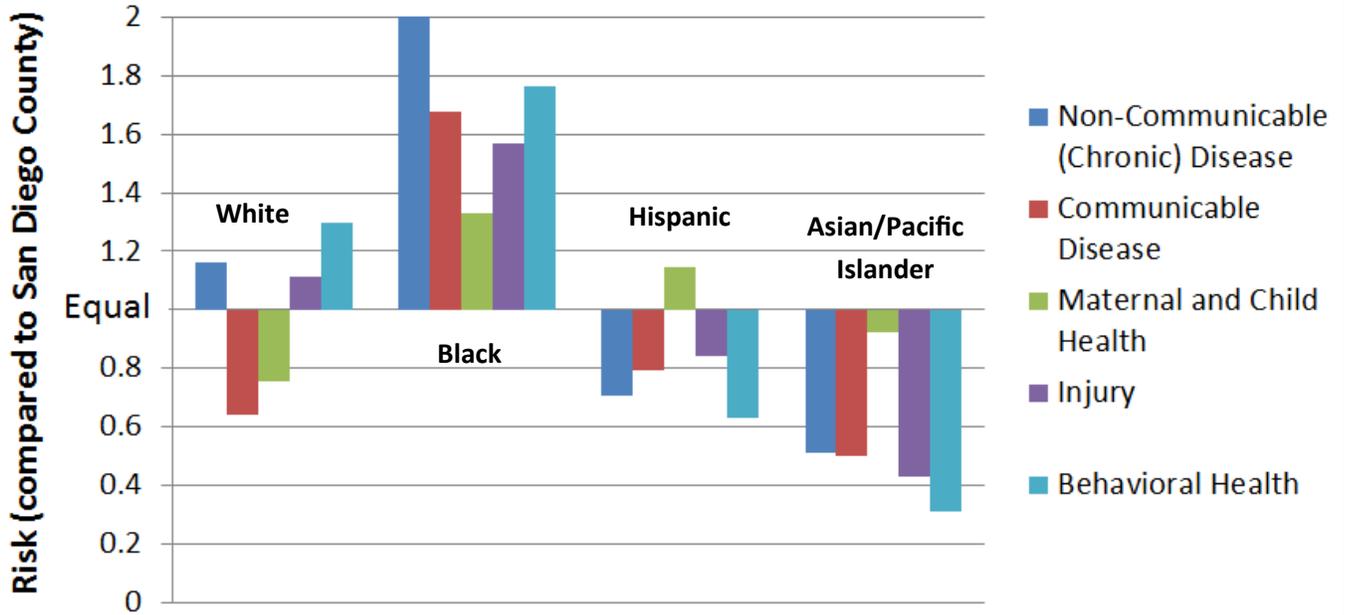
Overall, health outcomes impact county residents differently by race/ethnicity. A series of health indicators and related lifestyle behaviors are presented in the following sections, which aim to describe the most important health concerns facing the different racial/ethnic groups in San Diego County.



Race/Ethnicity Health Disparities

Figure 3

Risk of Health Outcomes Compared to San Diego County by Race/Ethnicity, 2011



Source: Death Statistical Master Files (CDPH), Patient Discharge Data (CA OSHPD), Emergency Department Data (CA OSHPD); HIV/AIDS Reporting System and STD Morbidity Database (CoSD HIV, STD and Hepatitis Branch), County of San Diego, Health & Human Services Agency, Epidemiology & Immunization Services Branch, Emergency Medical Services Branch, HIV, STD, and Hepatitis Branch; SANDAG, Current Population Estimates, 10/2012. Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics Unit, 2013.

Race/Ethnicity Health Disparities Among San Diego County Residents:

- In 2011, blacks had the highest rates of poor health outcomes compared to any other race/ethnicity in San Diego County whereas Asian/Pacific Islanders had the lowest.

White

In 2011, an estimated 1.5 million San Diego County residents were white.¹⁰ The majority (57%) of whites in San Diego County were between the ages of 25 and 64 years, 27% were 24 years or younger, and 17% were 65 and older.¹⁰ By the year 2030, the number of white residents is projected to increase by 9%.¹¹

In 2011, 48% of San Diego County's population was white.¹⁰

The median household income of whites in 2011 was an estimated \$68,000.¹² In the same year, 18% of whites earned incomes that were at or below 200% of the federal poverty level.¹³

Among whites 25 years and older, 22% reported having a high school education or less, 26% had some college or vocational training, and 52% completed a bachelor's degree or higher.¹³

In 2011, 69% of whites in San Diego County reported they were in excellent or very good health, 21% were in good health, and 10% were in fair or poor health.¹³

Eighty-six percent of whites reported at least one doctor's visit, and one out of six reported visiting an emergency room for medical care in 2011.¹³



Ninety percent of all San Diego County whites reported having health insurance in 2011.¹³ Whites between the ages of 18 and 24 years old were the least likely to have health insurance, whereas seniors aged 65 years and older and children under 18 were more likely to have health insurance.¹³

In 2011, only 83% of white residents aged 18-24 years had health insurance coverage.¹³

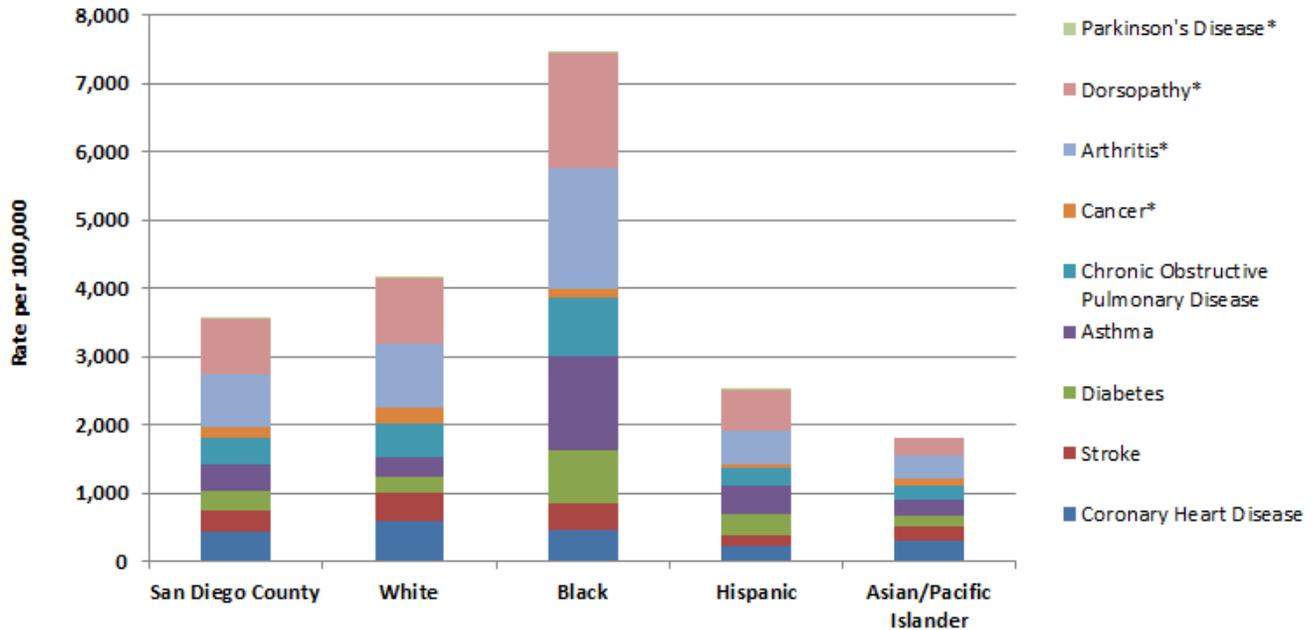


Overall, rates of non-communicable (chronic) disease, injury, and poor behavioral health outcomes were higher for whites when compared to the county overall. Alternatively, communicable disease rates and poor maternal and child health outcomes were comparable or lower than the county overall. A series of health indicators and related health behaviors are presented on the pages that follow, which aim to describe some of the most important health concerns facing the white resident population in San Diego County.

Non-Communicable (Chronic) Disease Among White Residents

Figure 4

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Race/Ethnicity, 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 White Residents:

- The chronic obstructive pulmonary disease (COPD) death rate was 1.8 higher times compared to the county overall.
- The coronary heart disease (CHD) death rate was 1.6 times higher compared to the county overall.
- The cancer death rate was 1.5 times higher compared to the county overall.

White

Prevent Race/Ethnicity 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 preventative 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

Building
Better
Health

Living
Safely

Thriving

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 white residents compared to the county overall. Arthritis, cancer, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), dorsopathy, and stroke rates were the top non-communicable (chronic) disease outcomes higher among white residents in San Diego County.

Arthritis

The arthritis hospitalization rate was 1.5 times higher for San Diego County whites compared the county overall in 2011. However, the emergency department (ED) discharge rate was similar to the county.

- White residents living in the North Inland and East Regions had the highest rates of hospitalization due to arthritis compared to white residents in other areas of the county.

Cancer

In 2011, the overall cancer death rate was 1.5 times higher for San Diego County whites compared to the county overall. In particular, cervical cancer, colorectal cancer, female breast cancer, lung cancer, and prostate cancer death rates were all higher for whites compared to the county overall.

- White residents living in the South and East Region had the highest rates of death due to cancer compared to white residents in other areas of the county.

Chronic Obstructive Pulmonary Disease (COPD)

Compared to the county overall, 2011 rates of death, hospitalization, and ED discharge due to COPD among white residents were 1.8, 1.5, and 1.1 times higher, respectively.

- White residents living in the South Region had the highest rates of death, hospitalization, and ED discharge due to COPD compared to whites residing in other areas of the county.

The stroke death rate was 1.4 times higher among white residents compared to the county overall in 2011.

Coronary Heart Disease (CHD)

Compared to the county overall, white residents had higher rates of CHD death, hospitalization, and ED discharge in 2011. Notably, the rates of CHD death, hospitalization, and ED discharge were 1.6, 1.3, and 1.4 times higher, respectively, among white residents compared to the county overall.

- White residents living in the South Region had the highest rates of death, hospitalization, and ED discharge due to CHD compared to whites residing in other areas of the county.



In 2011, the rate of hospitalization due to arthritis was 1.5 times higher among white residents compared to the county overall.

Stroke

In 2011, rates of death, hospitalization, and emergency department (ED) discharge due to stroke were higher among white residents. Rates were 1.4, 1.3, and 1.5 times higher, respectively, compared to the county overall.

- Compared to other Regions, South Region white residents had the highest rates of death, hospitalization, and ED discharge due to stroke.

Dorsopathy

Compared to the county overall, dorsopathy hospitalization and ED discharge rates were higher among white residents in 2011. Specifically, hospitalization and ED discharge rates were 1.5 and 1.1 times higher than the county overall.

- White residents living in the North Inland Region had the highest rate of hospitalization due to dorsopathy compared to white residents in other areas of the county, while whites in the South Region had the highest rate of emergency ED discharge.

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 white adolescents and adults were smokers.¹³
- Three out of 10 white adults reported being former smokers in 2011.¹³

Lack of Physical Activity

- In 2011, one out of six white children and adolescents did not visit a park,



playground, or other open space in the past month.¹³

- Among white adolescents, ages 12-17 years, 30% were physically active fewer than three days during a typical week that lasted an hour or more in 2011.¹³

Poor Diet

- In 2011, 41% of white 2-11 year olds ate fewer than five servings of fruits and vegetables per day.¹³
- Among white teens aged 12-17, only 31% ate five or more servings of fruit and vegetables daily in 2011.¹³

Alcohol Abuse

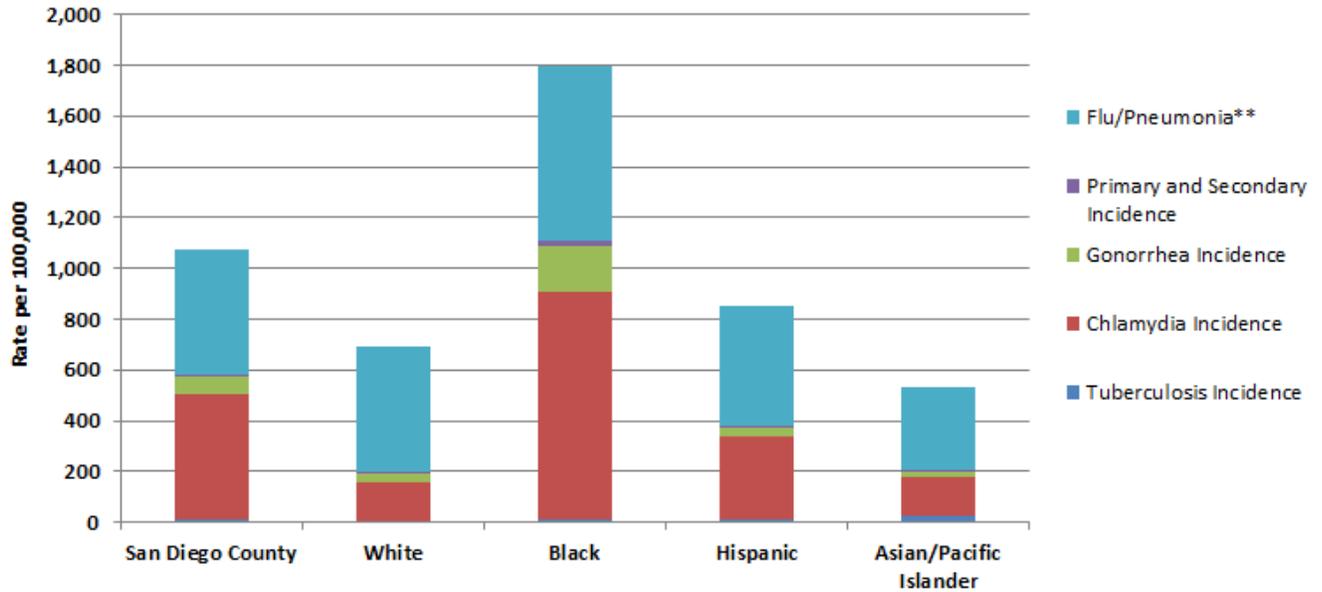
- In 2011, 36% adult white residents reported binge drinking at least once during the year.¹³

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 white residents.¹⁴

Communicable Disease Among White Residents

Figure 5

Overall Burden* of Communicable Disease in San Diego County by Race/Ethnicity, 2011



*Overall burden (except for flu/pneumonia) includes incidence only.

**Flu/pneumonia includes death, hospitalization, and emergency department discharge only.

Top Communicable Disease Health Disparities Among San Diego County White Residents:

- The influenza (flu)/pneumonia death rate was 1.4 times higher compared to the county overall.
- The pneumonia hospitalization rate was 1.2 times higher compared to the county overall.
- The reported syphilis rate was 1.1 times higher compared to the county overall.

White

Prevent Race/Ethnicity 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 lower among white residents compared to the county overall. However, rates of influenza (flu)/pneumonia and reported syphilis were notably higher among white residents compared to the county overall.

Influenza (Flu)/Pneumonia

In 2011, flu/pneumonia deaths and pneumonia hospitalizations were higher among white residents compared to the county overall. Specifically, the rate of flu/pneumonia death was 1.4 times higher and the rate of pneumonia hospitalization was 1.2 times higher compared to the county overall.

- White residents in the South and East Regions had the highest rates of flu/pneumonia death and pneumonia hospitalization compared to white residents in other Regions.

Syphilis

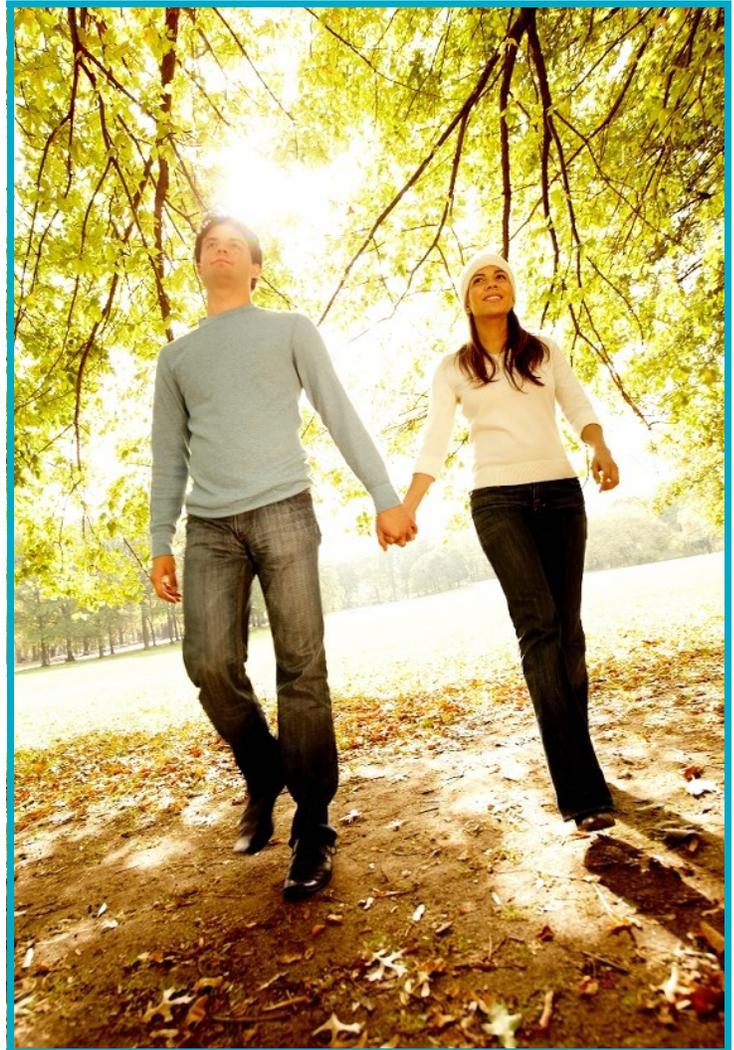
Compared to the county overall, the rate of reported primary and secondary syphilis was higher among white residents in 2011. The rate of reported primary and secondary syphilis was 1.1 times higher than the county overall.

- White residents in the Central Region had the highest rate of reported primary and secondary syphilis compared to whites in other Regions of the county—more than six times higher than the county overall.

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 County white residents.

- In 2011, only 42% of white adults and white children, aged 6 months to 11 years, reported being vaccinated for the flu.¹³

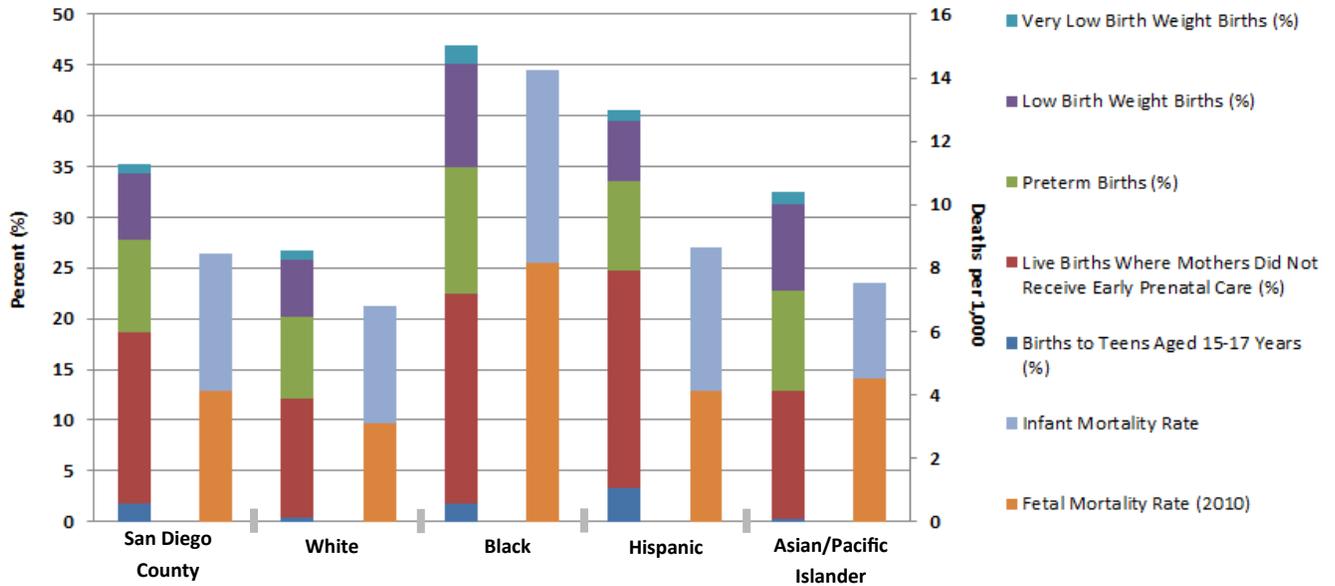


In 2011, the rate of death due to flu/pneumonia among white residents was 1.4 times higher than the county overall.

Maternal and Child Health Among White Residents

Figure 6

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Race/Ethnicity, 2011



*Overall burden includes percentages and rates.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County White Residents:

- Maternal and child health outcomes among San Diego County whites were comparable to, or better than, the county overall.

White

Prevent Race/Ethnicity 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



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Maternal and Child Health

In general, maternal and child health outcomes among San Diego County white residents were comparable to or better than the county overall. Additionally, these outcomes among white residents met or exceeded Healthy People 2020 goals.¹⁵ However, there were some key differences by Region. Notably, poor maternal and child health outcomes were disproportionately higher among white residents in the South Region of the county, compared to whites in other Regions.

Fetal and Infant Mortality

In 2010, the rate of fetal mortality among white residents was lower than the county overall and any other racial/ethnic group. This rate also met and exceeded the Healthy People 2020 goal for fetal mortality.¹⁵

- South Region white residents had the highest fetal mortality rate compared to white residents in other Regions in 2010.

In 2011, the infant mortality rate among white residents was lower than the county overall and met and exceeded the Healthy People 2020 goal.¹⁵ However, rates differed among the Regions.

- The infant mortality rate was the highest among white residents in the East Region compared to white residents in other Regions of the county.

Low Birth Weight Births

In 2011, the percentage of low birth weight births among white residents was lower than the county overall and any other racial/ethnic group. The percentage also met and exceeded Healthy People 2020 goal in 2011.¹⁵ However, this percentage varied by Region.



In 2011, 36% of all live births were to white mothers in San Diego County.

- Compared to other Regions, white residents in the South Region had the highest percentage of low birth weight births in 2011.

Preterm Births

Compared to the county overall, the percentage of preterm births was lower among white residents and exceeded the Healthy People 2020 goal in 2011.¹⁵ However, there were some differences among the Regions.

- In 2011, white residents in the South Region had the highest percentage of preterm births compared to other Regions.

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

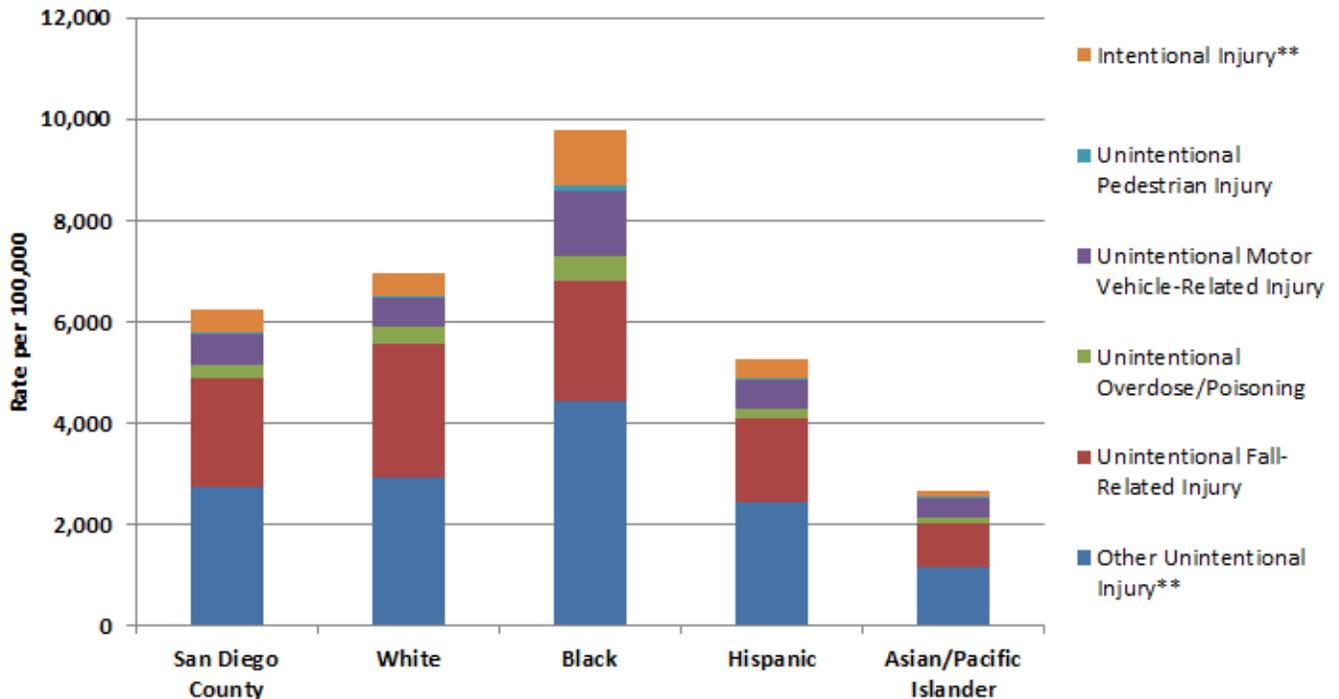
- One out of five of San Diego County white children aged 0 to 11 years lived at or below 200% of the Federal Poverty Level in 2011.¹³

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. 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

Injury Among White Residents

Figure 7

Overall Burden* of Injury in San Diego County by Race/Ethnicity, 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 White Residents:

- The rate of hip fracture hospitalization was 1.7 times higher compared the county overall.
- The rate of hip fracture emergency department discharge was 1.7 times higher compared to the county overall.
- The rate of fall-related death was 1.7 times higher compared to the county overall.

White

Prevent Race/Ethnicity 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



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Injury

Overall, injury rates were higher among white residents compared to the county overall. Notably, rates of firearm-related injury, hip fracture, overall unintentional injury, unintentional fall-related injury, and unintentional overdose/poisoning were higher among white residents compared to the county overall.

Firearm-Related Injury

The rate of death due to firearm-related injury was 1.5 times higher among white residents compared to the county overall in 2011. However, rates of hospitalization and emergency department (ED) discharge due to firearm-related injury were lower than the county overall.

- White residents in the East Region of the county were at greater risk of firearm-related injury death compared to the rest of the county.

Hip Fracture

Compared to the county overall, rates of hospitalization and ED discharge due to hip fracture among white residents were both 1.7 times higher in 2011.

- North Inland and South Region white residents had the highest rate of hip fracture hospitalization, compared to whites in other Regions.
- South Region white residents had the highest rate of hip fracture ED discharge, compared to whites in other Regions.

Overall Unintentional Injury

Compared to the county overall, rates of overall unintentional injury death, hospitalization, and ED discharge were higher among white residents in 2011. The rates of death, hospitalization, and ED discharge were 1.5, 1.4, and 1.1 times higher, respectively, among white residents compared to the county overall.

- The rate of overall unintentional injury death was highest among white residents in the Central Region, compared to whites residing in other Regions of the county.
- Rates of hospitalization and ED discharge due to overall unintentional injury among white residents was highest among those residing the South Region

compared to the county overall.

Unintentional Fall-Related Injury

Rates of death, hospitalization, and ED discharge due to unintentional fall-related injury were all higher among white residents compared to the county overall. In 2011, the rates of unintentional fall-related injury death, hospitalization, and ED discharge were 1.7, 1.5, and 1.2 times higher, respectively, among white residents compared to the county overall.

- Compared to white residents in other Regions of the county, South Region white residents had the highest rates of death, hospitalization, and ED discharge due to unintentional fall-related injury.

Unintentional Overdose/Poisoning

Similar to unintentional fall-related injury, rates of death, hospitalization, and ED discharge due to unintentional overdose/poisoning were higher among white residents compared to the county overall in 2011. Rates of unintentional overdose/poisoning death, hospitalization, and ED discharge were 1.5, 1.3, and 1.2 times higher, respectively, among white residents compared to the county overall.

- Compared to white residents in other Regions of the county, Central Region white residents had the highest rates of death, hospitalization, and ED discharge due to unintentional overdose/poisoning.

Risk Factors and Prevention Strategies

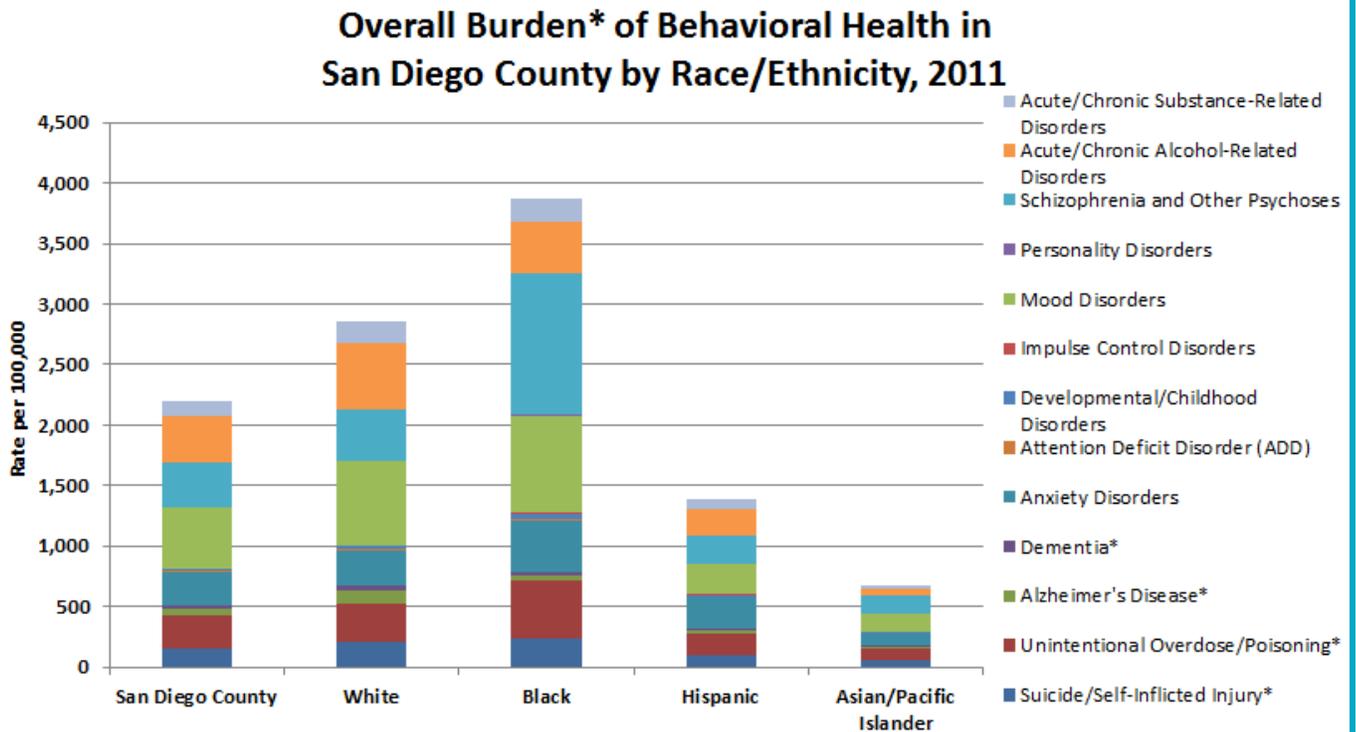
Failure to use protective equipment and active restraints, mismanagement of medication, and not being aware of safety hazards increase the risk of an injury.¹⁶

- In 2011, one out of six adult white residents reported needing help for an emotional, mental health, or alcohol/drug problem.¹³

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 among San Diego County white residents.¹⁶

Behavioral Health Among White Residents

Figure 8



*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 White Residents:

- The rate of dementia emergency department (ED) discharge was 1.9 times higher than the county overall.
- The rate of death due to Alzheimer's disease was 1.7 times higher than the county overall.
- The rate of death due to dementia was 1.7 times higher than the county overall.

White

Prevent Race/Ethnicity 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, San Diego County white residents had a higher burden of poor behavioral health outcome rates compared to the county overall. Notably, acute and chronic alcohol-related disorder, acute and chronic substance-related disorder, Alzheimer's disease and other dementias, suicide, and self-inflicted injury rates were notably higher among white residents.

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 white residents compared to county overall in 2011. Acute alcohol-related disorder hospitalization and ED discharge rates were 1.6 and 1.3 times higher, respectively, compared to the county overall. Chronic alcohol-related disorder hospitalization and ED discharge rates were 1.5 and 1.6 times higher, respectively, compared to the county overall.

- White residents in the Central Region had the highest rates of acute and chronic alcohol-related disorders hospitalization and ED discharge compared to those in other areas of the county.

Acute and Chronic Substance-Related Disorders

Hospitalization and emergency department discharge rates due to acute and chronic substance-related disorders were higher among white residents compared to the county overall in 2011. Acute substance-related disorder hospitalization and ED discharge rates were 1.5 and 1.2 times higher, respectively, compared to the county. Chronic substance-related disorder hospitalization and ED discharge rates were 1.4 and 1.6 times higher, respectively, compared to the county.

- White residents in the Central Region had the highest rates of acute and chronic substance-related disorders hospitalization and ED discharge compared to those in other areas of the county.

Alzheimer's disease and Dementia

Rates of death, hospitalization, and ED discharge due to Alzheimer's disease and dementia were all higher among white residents compared to the county overall in 2011. Specifically, rates of Alzheimer's disease death, hospitalization, and ED discharge were 1.7, 1.5, and 1.5 times higher, respectively, among white residents compared to the county overall. Dementia death, hospitalization, and ED discharge rates were 1.7, 1.5, and 1.9 times higher, respectively, compared to the county.

- South Region white residents had the highest rates of death and hospitalization due to Alzheimer's disease compared to white residents in other regions of the county.
- Compared to other regions of the county, white residents in the East Region had the highest rate of dementia death, while North Inland Region white residents had the highest rate of dementia hospitalization.

Suicide and Self-Inflicted Injury

Rates of suicide and self-inflicted injury hospitalization and ED discharge were higher among white residents compared to the county overall in 2011. The rates of suicide, self-inflicted injury hospitalization, and self-inflicted injury ED discharge were 1.5, 1.3, and 1.2 times higher among white residents compared to the county overall.

- Compared to other Regions, white residents in the Central Region had the highest rates of suicide and self-inflicted injury hospitalization, while East Region whites had the highest rate of self-inflicted ED discharge.

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, 6% of adult white residents in San Diego County had likely experienced serious psychological distress in the past year.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 among white residents.¹⁷

Black

In 2011 San Diego blacks made up an estimated 5%, of the County's population.¹⁰ In 2011, 55% of San Diego blacks were between the ages of 25 and 64 years, 37% were 24 years or younger, and 8% were 65 years and older.¹⁰ By the year 2030, the number of black residents is projected to increase by 46%.¹¹

In 2011, 5% of San Diego County's population was black.¹⁰

The median household income of black residents in 2011 was an estimated \$46,000.¹² In the same year, 47% of blacks earned incomes that were at or below 200% of the federal poverty level.¹³

Among blacks 25 years and older, 40% reported having a high school education or less, 40% had some college or vocational training, and 20% completed a bachelor's degree or higher.¹³

In 2011, 57% of blacks reported that they were in excellent or very good health, 28% were in good health, and 15% in fair or poor health.¹³

In the same year, 80% of blacks reported at least one doctor's visit, 23% of blacks reported delaying or not getting needed medical care in the past year, and 27% reported visiting an emergency room for medical care.¹³



Seventy-six percent of San Diego County's black residents reported having health insurance in 2011.¹³ However, blacks between the ages of 18 and 24 years were the least likely to have health insurance. Seniors over 65 years and children under 17, on the other hand, were more likely to be currently covered by health insurance.¹³

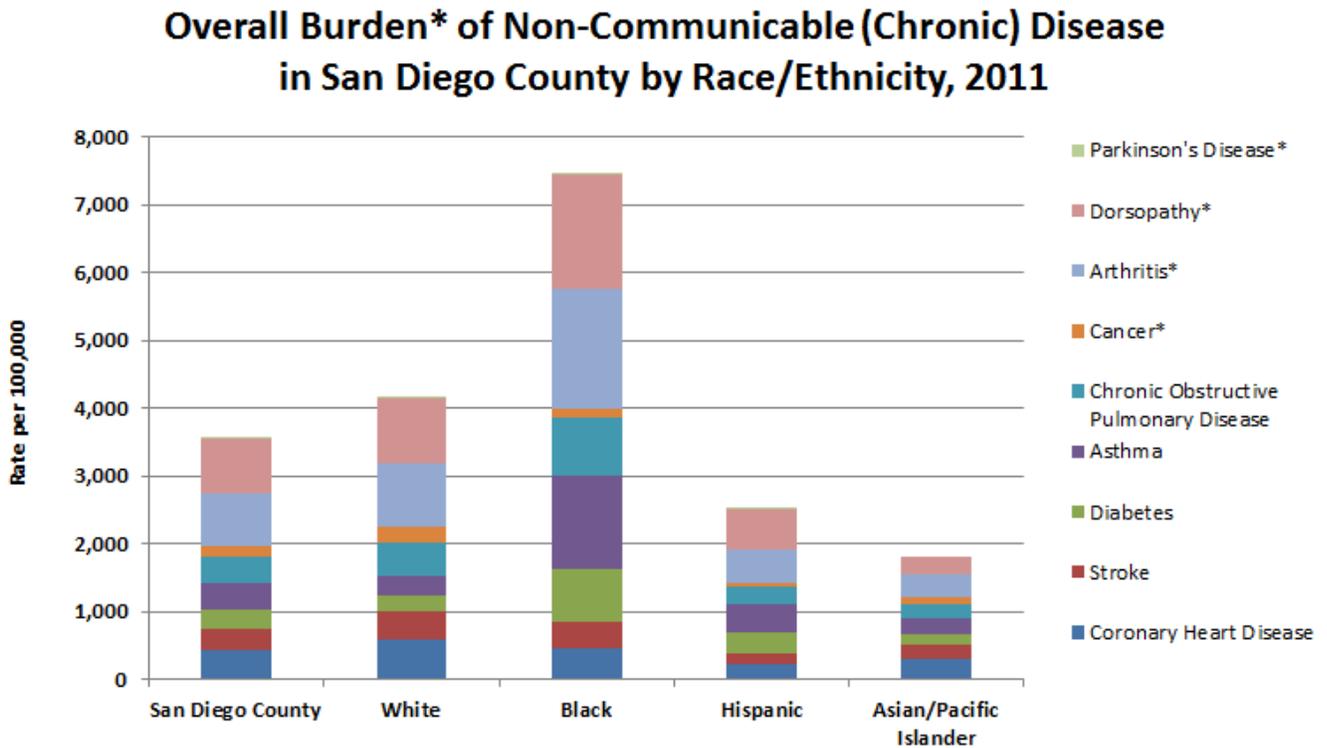
In 2011, 23% of blacks reported delaying or not getting needed medical care in the past year.¹³



Overall, rates of non-communicable (chronic) disease, communicable disease, poor maternal and child health outcomes, injury and poor behavioral health outcomes were all higher for black residents compared to the county overall. A series of health indicators and related health behaviors are presented, which aim to describe the most important health concerns facing black residents in San Diego County.

Non-Communicable (Chronic) Disease Among Black Residents

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 emergency department discharge only.

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

- The rate of emergency department (ED) discharge due to asthma was 3.7 times higher than the county overall.
- The rate of hospitalization due to asthma was 3.4 times higher than the county overall.
- The rate of ED discharge due to diabetes was 3.1 times higher compared to the county overall.

Black

Prevent Race/Ethnicity 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 preventative 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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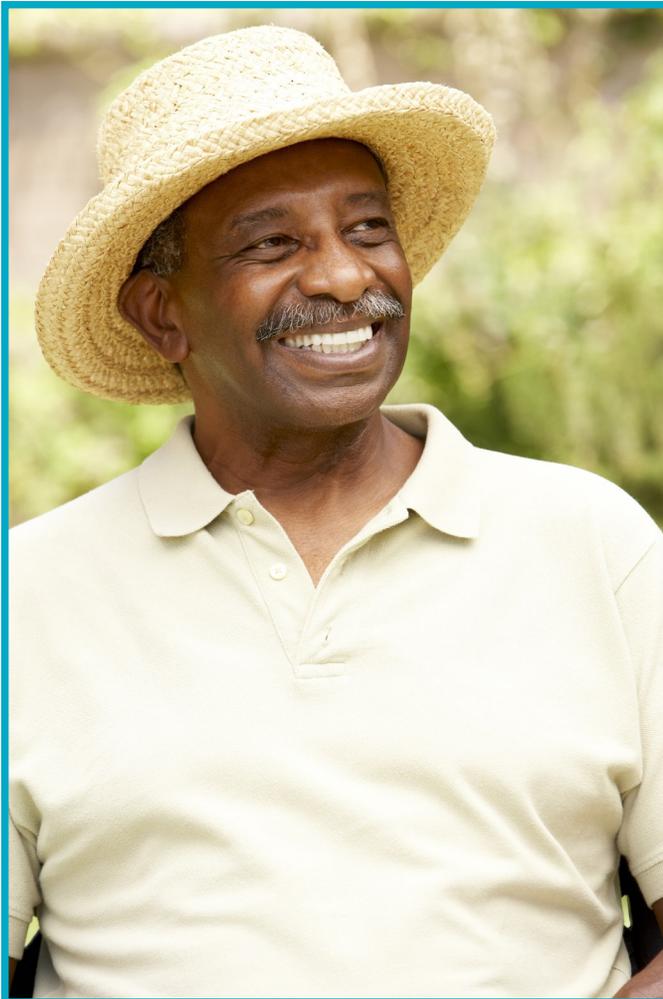
Non-Communicable (Chronic) Disease

Overall, non-communicable (chronic) disease rates were higher among black residents compared to the county overall. Arthritis, asthma, chronic obstructive pulmonary disease (COPD), and diabetes rates were all notably higher among black residents in San Diego County.

Arthritis

The arthritis emergency department (ED) discharge rate was three times higher for San Diego County blacks compared the county overall in 2011. However, the hospitalization rate was similar to the county overall.

- Black residents living in the Central Region had the highest rate of ED discharge due to arthritis compared to blacks residents in other areas of the county.



The rate of asthma hospitalization was 3.4 times higher among black residents compared to the county overall in 2011.

Asthma

In 2011, rates of death, hospitalization, and ED discharge due to asthma were higher among black residents. Rates were 3.6, 3.4, and 3.7 times higher, respectively, compared to the county overall.

- Compared to other Regions, Central Region black residents had the highest rates of hospitalization and ED discharge due to asthma.

Chronic Obstructive Pulmonary Disease (COPD)

Compared to the county overall, black residents had higher rates of hospitalization and ED discharge, 1.5 and 2.5 times higher, respectively, due to COPD in 2011.

- Black residents living in the Central Region had the highest rates of hospitalization and ED discharge due to COPD compared blacks residing in other areas of the county.

Diabetes

Compared to the county overall, black residents had higher rates of diabetes death, hospitalization, and ED discharge in 2011. Notably, the rates of death, hospitalization, and ED discharge were 1.7, 2.5, and 3.1 times higher, respectively, among black residents compared to the county overall.

- Black residents living in the North Central Region had the highest rate of death due to diabetes, while black residents in the Central Region had the highest rates of hospitalization and ED discharge due to diabetes compared to blacks residing in other areas 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, roughly 21% of San Diego County black adolescents and adults were smokers.¹³
- One out of nine black adults reported being former smokers in 2011.¹³

Lack of Physical Activity

- In 2011, approximately one out of six black children and adolescents did not visit a park, playground, or other open space in the past month.¹³

Poor Diet

- In 2011, one out of four black residents reported eating fast food 3 or more times per week.¹³

Alcohol Abuse

- In 2011, 26% adult black residents reported binge drinking at least once during the year.¹³

In 2011, nearly 25% of black residents reported ever having asthma.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 black residents.¹⁴

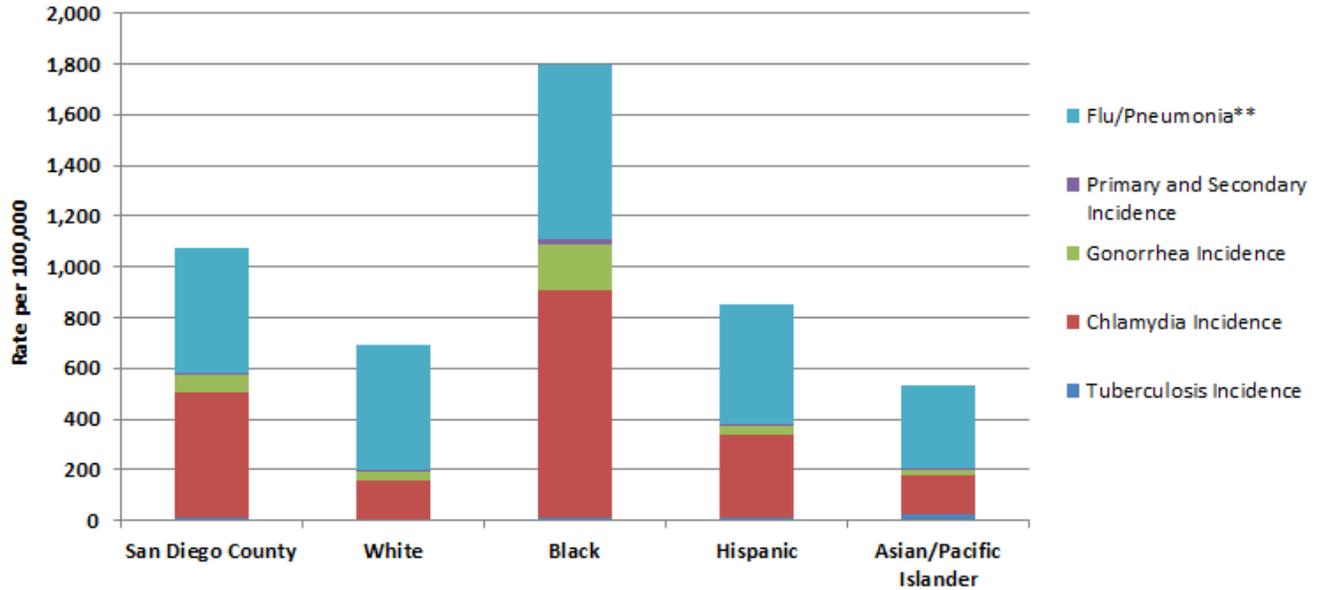
In 2011, 63% of black adults and teens were overweight or obese.¹³



Communicable Disease Among Black Residents

Figure 10

Overall Burden* of Communicable Disease in San Diego County by Race/Ethnicity, 2011



*Overall burden (except for flu/pneumonia) includes incidence only.

**Flu/pneumonia includes death, hospitalization, and emergency department discharge only.

Top Communicable Disease Health Disparities Among San Diego County Black Residents:

- The rate of reported gonorrhea was 2.6 times higher compared to the county overall.
- The rate of reported syphilis was 2.0 times higher compared to the county overall.
- The rate of influenza (flu) emergency department (ED) discharge was 1.9 times higher than the county overall.

Black

Prevent Race/Ethnicity 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



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Communicable Disease

Overall, communicable disease rates were higher among black residents compared to the county overall. Rates of reported chlamydia, reported gonorrhea, influenza (flu), as well as reported syphilis were notably higher among black residents.

Chlamydia

Compared to the county overall, the rate of reported chlamydia was higher among black residents in 2011. Specifically, the rate of reported chlamydia was 1.8 times higher than the rate for the county overall.

- Black residents living in the Central Region had the highest rate of reported chlamydia compared to black residents in other Regions of the county.

The rate of reported chlamydia was 1.8 times higher among black residents compared to the county overall.

Gonorrhea

The rate of reported gonorrhea was 2.6 times higher among blacks compared to the county overall in 2011.

- Blacks residing in the East Region had the highest rate of reported gonorrhea compared to blacks in other Regions of the county.

Influenza (Flu)

In 2011, rates of flu hospitalization and emergency department (ED) discharge were higher among black residents compared to the county overall. Specifically, the rates were 1.5 and 1.9 times higher, respectively, among black residents compared to the county overall.

- Blacks living in the Central Region had the highest rate of flu hospitalization due to the flu, while the ED discharge rate was highest among blacks in the East Region when compared to blacks living in other Regions of the county.

In 2011, only 26% of black residents reported being vaccinated for the flu.¹³

Syphilis

The rate of reported primary and secondary syphilis was also significantly higher among black residents compared to the county overall in 2011. The primary and secondary syphilis rate among San Diego blacks was twice as high as the county.

- Blacks residing in the Central Region had the highest rate of reported primary and secondary syphilis compared to blacks 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 County black residents.

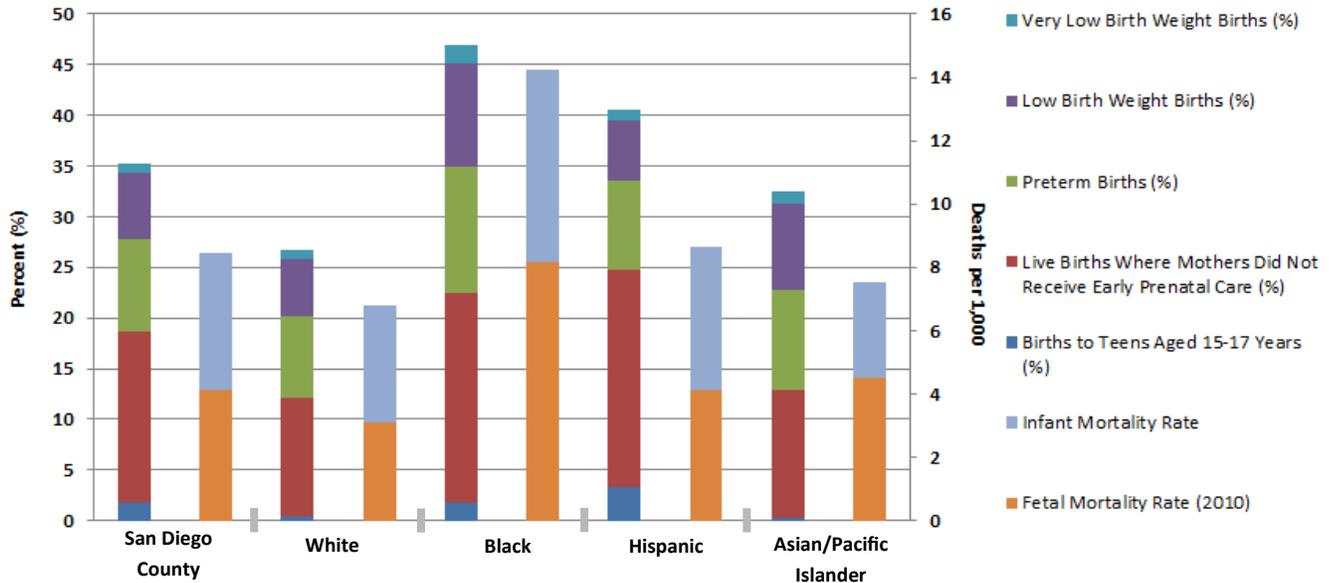
- In 2011, only 25.8% of black adults and black children, aged 6 months to 11 years, reported being vaccinated for the flu.¹³



Maternal and Child Health Among Black Residents

Figure 11

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Race/Ethnicity, 2011



*Overall burden includes percentages and rates.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Black Residents:

- The fetal mortality rate was 2.0 times higher than the county overall.
- The percentage of low birth weight births was 1.6 times higher than the county overall.
- The percentage of very low birth weight births was 1.6 times higher than the county overall.

Black

Prevent Race/Ethnicity 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



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Maternal and Child Health

Overall, poor maternal and child health outcomes were higher among black residents compared to the county overall in 2011. Fetal and infant mortality, low and very low birth weight births, and preterm births were considerably higher among blacks compared to the county overall.

Fetal and Infant Mortality

In 2011, the rate of fetal mortality among black residents was 2.4 times higher than the county overall and higher than any other racial/ethnic group.

- Central Region black residents had the highest fetal mortality rate compared to black residents other Regions.

In 2011, the infant mortality rate among black residents was 1.4 times higher than the county overall.

- The infant mortality rate was the highest among black residents in the Central Region compared to black residents in other Regions of the county.

Low and Very Low Birth Weight Births

In 2011, the percentages of low and very low birth weight births among black residents were both 1.6 times higher than the county overall and higher than any other racial/ethnic group.



In 2011, the infant mortality rate among black residents was 1.4 times higher than the county overall.

- Compared to blacks in other Regions, black residents in the North Inland Region had among the highest percentages of low and very low birth weight births in 2011.

Preterm Births

Compared to the county overall, the percentage of preterm births was 1.4 times higher among black residents and was higher than the Healthy People 2020 goal in 2011.⁷

- Black residents in the North Central and North Inland Regions had the highest percentage of preterm births compared to blacks residing in other Regions.

Risk Factors and Prevention Strategies

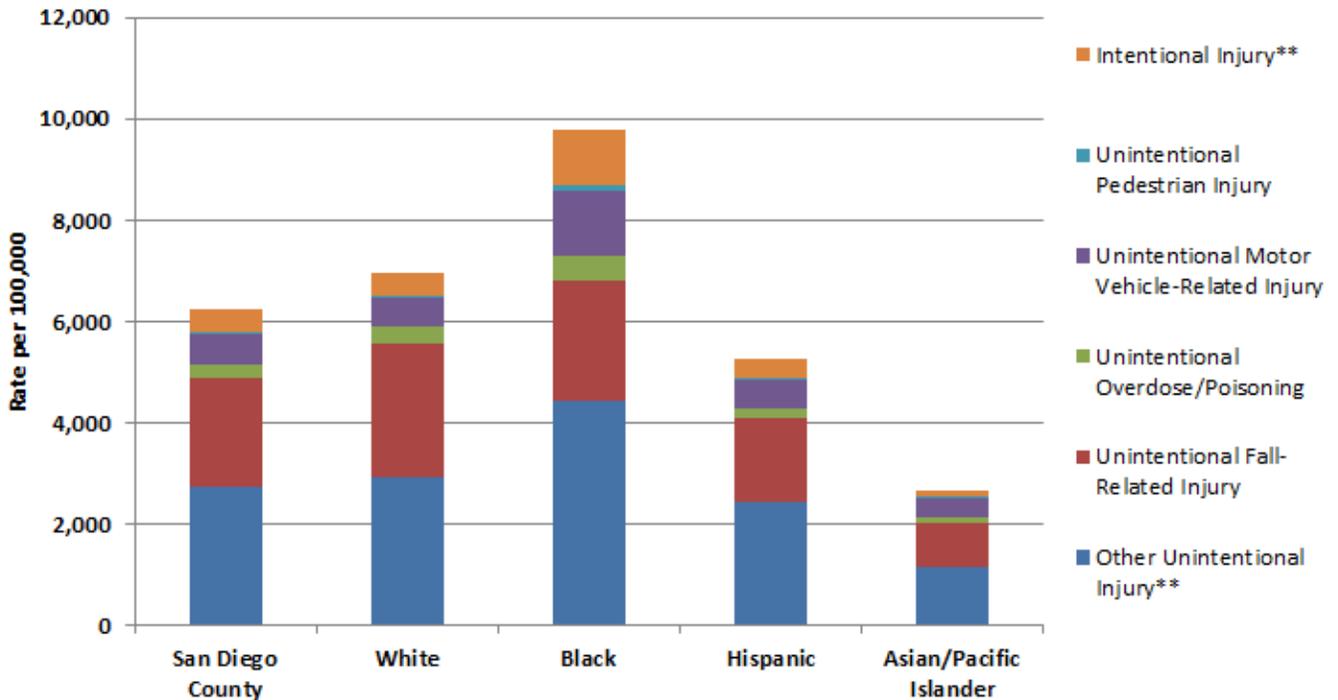
Maternal and child health outcomes are influenced by several factors including age, race/ethnicity, socioeconomic status, and a mother's health. Specifically, lack of prenatal care, poor nutrition, alcohol and tobacco use, and lack of physical activity are major lifestyle risk factors for adverse maternal and child health outcomes.¹⁵

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

Injury Among Black Residents

Figure 12

Overall Burden* of Injury in San Diego County by Race/Ethnicity, 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 Black Residents:

- The rate of hospitalization due to firearm-related injury was 4.9 times higher compared the county overall.
- The rate of homicide was 4.7 times higher compared to the county overall.
- The rate of hospitalization due to assault was 3.3 times higher compared to the county overall.

Black

Prevent Race/Ethnicity 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



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Injury

Overall, injury rates were higher among black residents compared to the county overall. Notably, rates of firearm-related injury, homicide and assault, unintentional motor vehicle-related injury, unintentional overdose/poisoning, and unintentional pedestrian injury were higher among black residents compared to the county overall.

Firearm-Related Injury

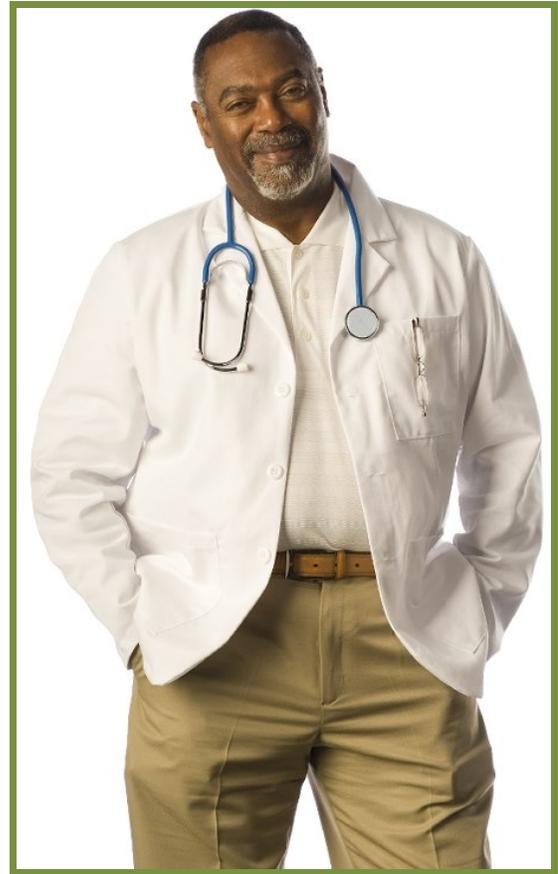
Death, hospitalization, and emergency department (ED) discharge rates due to firearm injury were substantially higher for San Diego County blacks in 2011. The rate of death due to firearm-related injury was 2.5 times higher among black residents compared to the county overall. Firearm-related injury hospitalization and ED discharge rates were 4.9 and 2.3 times higher, respectively, among blacks compared to the county overall.

- The rate of firearm-related death was highest among North Central Region black residents, while rates of hospitalization and ED discharge rates were highest among Central Region black residents.

Homicide and Assault

Similar to firearm-related injury, the risk of homicide and assault was higher among black residents in 2011. Compared to the county overall, the rate of homicide was 4.7 times higher among black residents. The rate of assault hospitalization was 3.3 times higher and the ED discharge rate was 2.9 times higher among blacks compared to the county overall.

- In 2011, the Central Region had the highest rates of homicide, assault hospitalization, and assault ED discharge among black residents when compared to the rest of the county.



Unintentional Motor Vehicle-Related Injury

Unintentional motor vehicle-related injury hospitalization and ED discharge rates were 1.6 and 2.2 times higher, respectively, among black residents compared to the county overall in 2011.

- Both hospitalization and ED discharge rates due to motor vehicle-related injury were higher among Central Region black residents compared to black residents in other Regions.

Among black residents, the rate of homicide was 4.7 times higher than the county overall in 2011.

Unintentional Overdose/Poisoning

Rates of death, hospitalization, and emergency department (ED) discharge due to unintentional overdose/poisoning were higher among black residents compared to the county overall in 2011. Specifically, rates of unintentional overdose/poisoning death, hospitalization, and ED discharge were 1.4, 1.8, and 1.9 times higher, respectively, among black residents compared to the county overall.

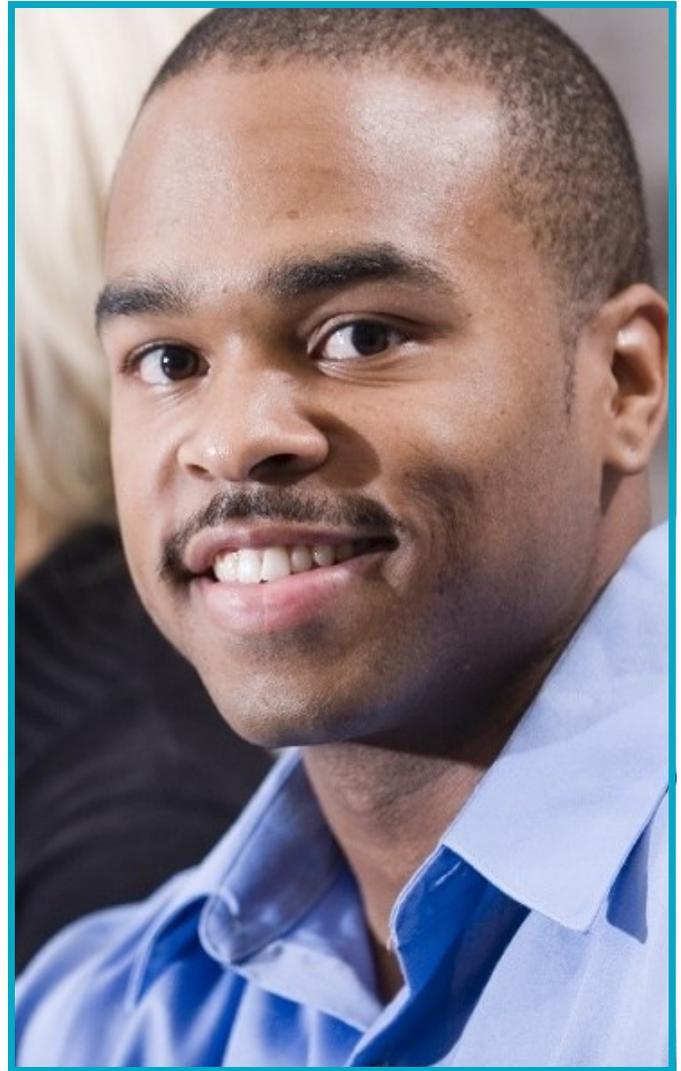
- Compared to black residents in other regions of the county, Central Region black residents had the highest rates of death and hospitalization due to unintentional overdose/poisoning.

Unintentional Pedestrian Injury

In 2011, rates of hospitalization and ED discharge due to unintentional pedestrian injury were higher among black residents compared to the county overall. Notably, the rates were 2.7 and 2.3 times higher, respectively among black residents.

- Central and North Coastal Region black residents had the highest rates of hospitalization due to unintentional pedestrian injury, whereas Central and North Inland had the highest ED discharge rates compared to blacks in other Regions of the county.

The rate of firearm-related death among black residents was 2.5 times higher than the county overall in 2011.



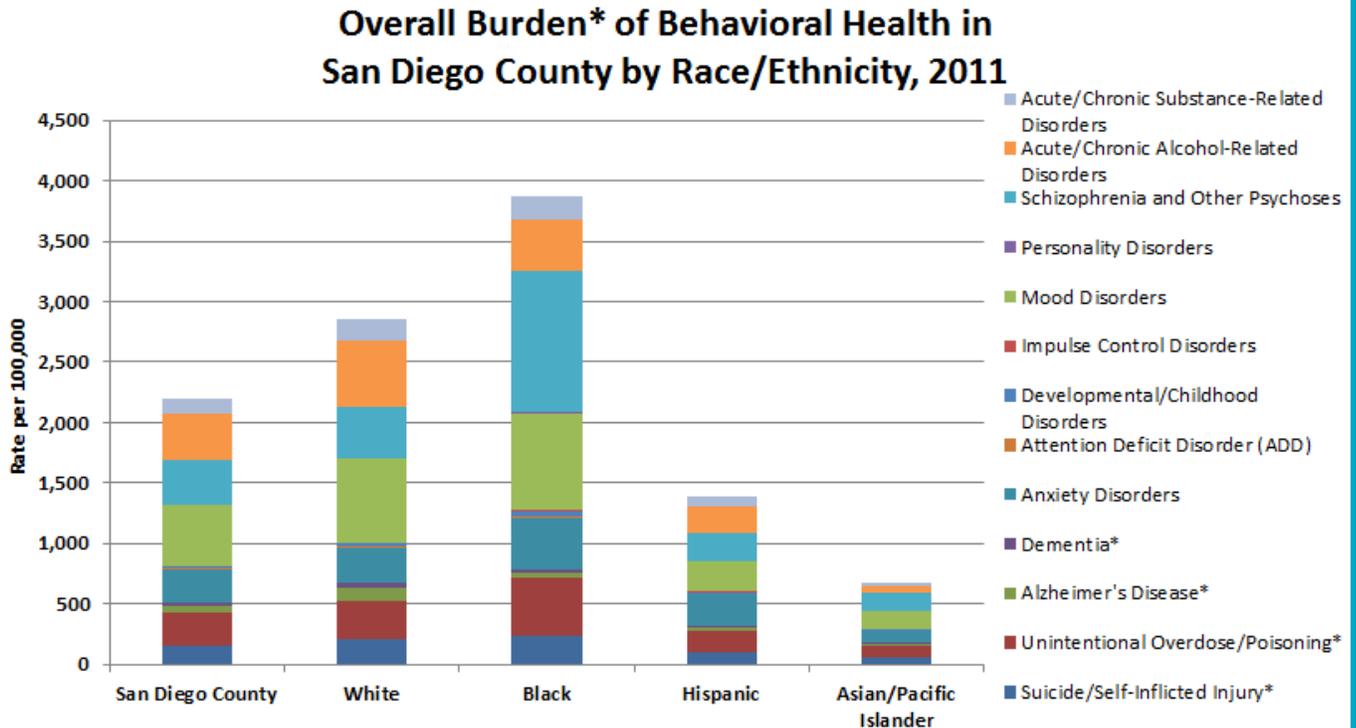
Risk Factors and Prevention Strategies

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

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 among black residents in San Diego County.¹⁶

Behavioral Health Among Black Residents

Figure 13



*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 Black Residents:

- The rate of hospitalization due to schizophrenia was 3.2 times higher than the county overall.
- The rate of emergency department (ED) discharge due to schizophrenia and other psychoses was 3.1 times higher than the county overall.
- The rate of ED discharge due to personality disorders was 3.1 times higher than the county overall.

Black

Prevent Race/Ethnicity 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, San Diego County black residents had a higher burden of poor behavioral health outcome rates compared to the county overall. Notably, acute substance-related disorder, anxiety disorder, mood disorder, personality disorder, schizophrenia and other psychoses rates were notably higher among black residents.

Acute Substance-Related Disorders

Compared to the county overall, rates of hospitalization and emergency department (ED) discharge due to acute substance-related disorders were 1.5 and 1.8 times higher among black residents in 2011. Notably, the rate of ED discharge was higher than any other racial/ethnic group.

- Compared to other Regions, black residents in the Central and North Central Region had the highest rates of hospitalization and ED discharge due to acute substance-related disorders.

Anxiety Disorders

Rates of hospitalization and ED discharge due to anxiety disorders were higher among black residents compared to the county overall in 2011. Specifically, the rates of hospitalization and ED discharge were 1.4 and 1.6 times higher among black residents compared to the county overall.



- Compared to other Regions, black residents in the North Coastal Region had the highest rate of anxiety disorder hospitalization, while North Inland Region blacks had the highest rate of anxiety disorder ED discharge.

Mood Disorders

Both mood disorder hospitalization and ED discharge rates were higher among black residents compared to the county overall in 2011. In particular, the rate of hospitalization due to mood disorders was 1.5 times higher than the county overall, and the rate of ED discharge was 1.9 times higher.

- North Inland Region black residents had the highest rates of mood disorder hospitalization and ED discharge compared to blacks in other Regions.

Personality Disorders

In 2011, the rate of ED discharge due to personality disorders was higher among blacks — nearly 3.1 times higher than the county overall.

- Because of the small number of ED discharges due to personality disorders among blacks within the Regions, Regional comparisons were not made.

Schizophrenia and Other Psychoses

In 2011, the rate of schizophrenia and other psychoses hospitalization was 3.2 times higher among blacks compared to the county overall. In the same year, the rate of ED discharge was 3.1 times higher among blacks compared to the county.

- The hospitalization rate due to schizophrenia and other psychoses was highest among blacks residing in the Central Region, while the ED discharge rate was highest among blacks in the North Inland Region.

Risk Factors and Prevention Strategies

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

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 among black residents in San Diego County.¹⁷

Hispanic

In 2011, an estimated one million San Diego County residents were Hispanic.¹⁰ Forty-eight percent of San Diego Hispanics were between the ages of 25 and 64 years, 46% were 24 years or younger, and 6% were 65 or over.¹⁰ By the year 2030, the number of Hispanic residents is projected to increase by 42%.¹¹

In 2011, 32% of San Diego County's population was Hispanic.¹⁰

The median household income of Hispanics in 2011 was an estimated \$43,000.¹² In the same year, three out of five Hispanic households lived at or below 200% of the federal poverty level.¹³

Among Hispanics aged 25 years and older, 56% reported having a high school education or less, 23% had some college or vocational training, and 21% completed a bachelor's degree or higher.¹³

In 2011, 49% of San Diego County Hispanics reported they were in excellent or very good health, 33% were in good health, and 18% in fair or poor health.¹³

Four out of five Hispanics had at least one doctor's visit and nearly one in six visited an emergency room for medical care in 2011.¹³ However, one in eight Hispanics delayed or did not get needed medical care in the same year.¹³

Seventy-four percent of San Diego County Hispanics had health insurance in 2011.¹³

In 2011, 74% of Hispanics had health insurance in San Diego County.¹³ Hispanics between the ages of 18 and 24 years were the least likely to have health insurance, whereas Hispanics over 65 years of age and children under 17 years were more likely to be currently covered by health insurance.¹³

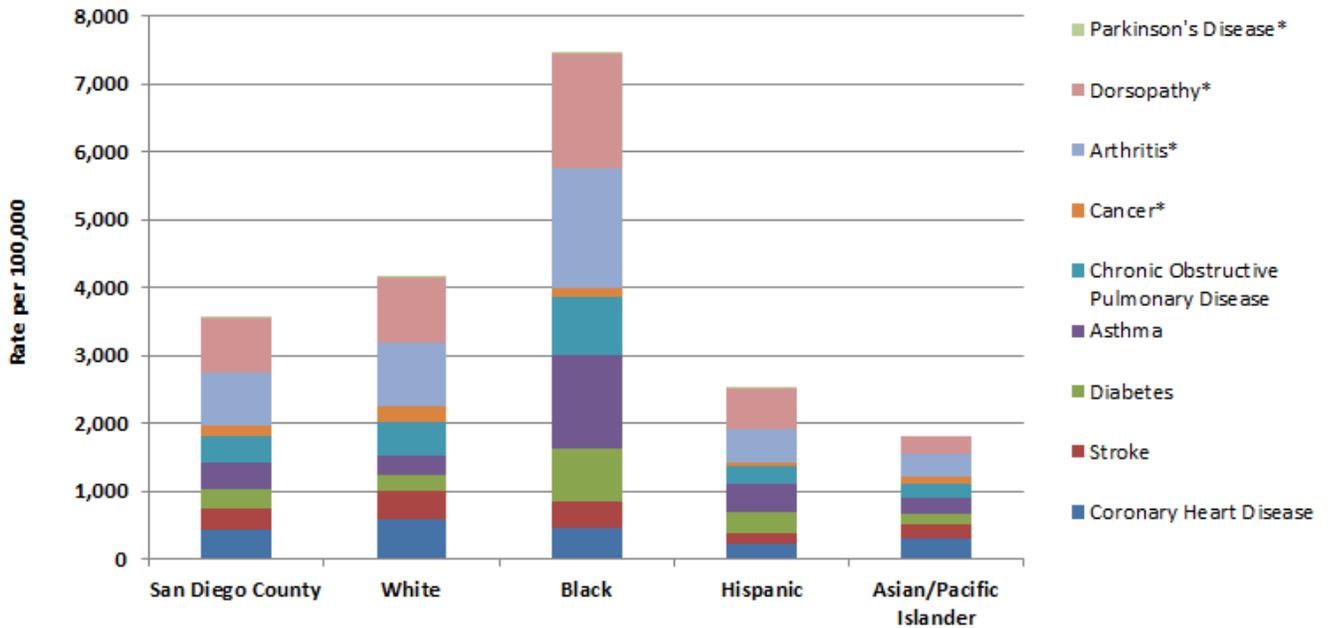
Overall, rates of non-communicable (chronic) disease, communicable disease, injury, and poor behavioral health outcomes were all lower for Hispanic residents compared to the county overall, while poor maternal and health outcomes were higher. A series of health indicators and related health behaviors are presented, which aim to describe the most important health concerns facing the Hispanic resident population of San Diego County.



Non-Communicable (Chronic) Disease Among Hispanic Residents

Figure 14

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Race/Ethnicity, 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 only.

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

- The rate of hospitalization due to diabetes was 1.1 times higher than the county overall.
- The rate of emergency department (ED) discharge due to diabetes was 1.1 times higher compared to the county overall.
- The rate of ED discharge due to asthma was 1.1 times higher compared to the county overall.

Prevent Race/Ethnicity 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 preventative 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 lower among Hispanic residents compared to the county overall. This is partially due to the young age of the San Diego County Hispanic population. However, rates of asthma and diabetes were notably higher among Hispanic residents compared to the county overall.

The diabetes hospitalization rate among Hispanics was 1.1 times higher than the county overall in 2011.

Asthma

In 2011, the rate of emergency department (ED) discharge due to asthma was higher among Hispanic residents — 1.1 times higher than the county overall.

- Compared to Hispanics in other Regions, Central Region Hispanic residents had the highest rates of ED discharge due to asthma.

Diabetes

Compared to the county overall, Hispanic residents had higher rates of diabetes hospitalization and ED discharge in 2011. Notably, the rates of diabetes hospitalization and ED discharge were both 1.1 times higher among Hispanic residents compared to the county overall.

- Hispanic residents living in the Central and South Regions had the highest rates of hospitalization and ED discharge compared to Hispanics living 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.¹⁴

Tobacco Use

- In 2011, 9% of Hispanic adults and teens were smokers.¹³
- 18% of Hispanic adults reporting being former smokers.¹³

Lack of Physical Activity

- Among Hispanics aged 12-17 years, 35% engaged in less than three days of physical activity that lasted an hour or more in a typical week.¹³
- 18% of Hispanic children and teens reported not visiting a park, playground, open space in the last month.¹³

Poor Diet

- Over one in five San Diego County Hispanics reported eating fast food at least three times per week in 2011.¹³
- Among Hispanic children aged 2-11 years, 54% ate less than five servings of fruits and vegetables per day in 2011.¹³

Alcohol Abuse

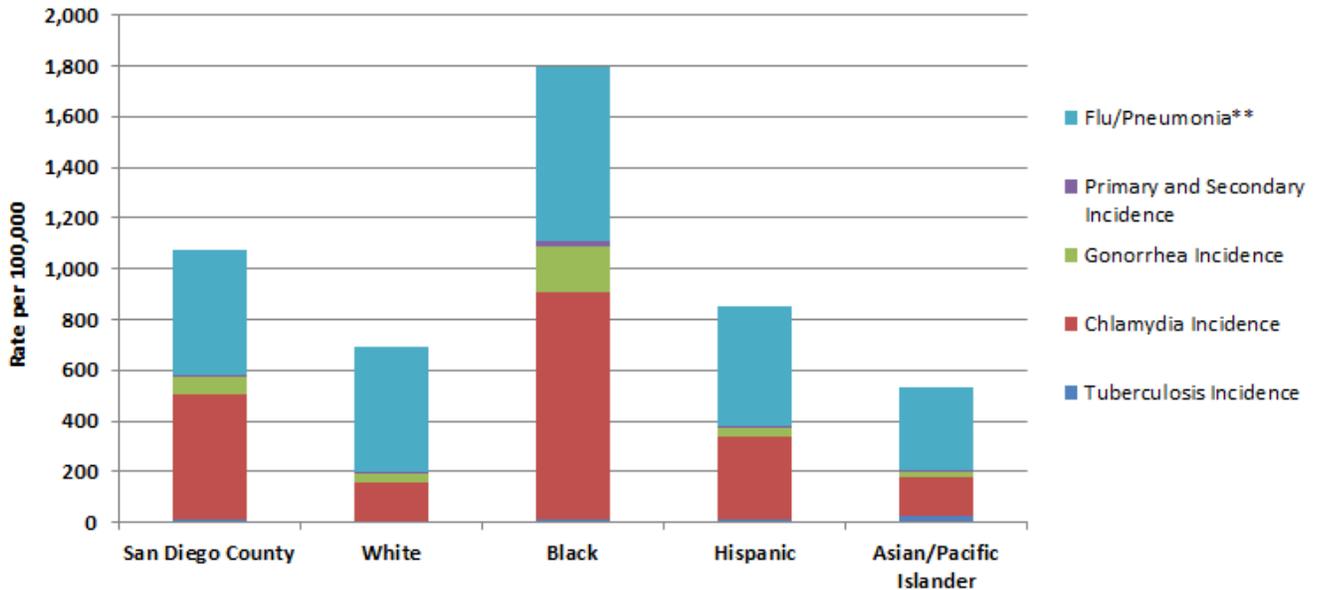
- In 2011, 36% of Hispanic adults engaged in binge drinking in the past year.¹³

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 Hispanic residents.¹⁴

Communicable Disease Among Hispanic Residents

Figure 15

Overall Burden* of Communicable Disease in San Diego County by Race/Ethnicity, 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 Hispanic Residents:

- The rate of tuberculosis was 1.5 times higher compared to the county overall.
- The rate of pneumonia emergency department (ED) discharge was 1.2 times higher compared to the county overall.
- The rate of influenza (flu) ED discharge was 1.2 times higher compared to the county overall.

Prevent Race/Ethnicity 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



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Communicable Disease

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

Influenza (Flu)/Pneumonia

In 2011, flu and pneumonia emergency department (ED) discharges were higher among Hispanic residents compared to the county overall. Specifically, the rates of flu and pneumonia ED discharge were both 1.2 times higher compared to the county overall.

- Hispanic residents in the South Region had the highest rates of flu and pneumonia ED discharge compared to Hispanic residents in other Regions.

Tuberculosis (TB)

Compared to the county overall, the rate of tuberculosis was 1.5 times higher among Hispanics in 2011.

- Hispanics living in the Central Region had the highest rate of TB compared to Hispanics residing in other Regions.

Other Notable Communicable Disease Comparisons

Although Hispanics had lower rates of communicable diseases than the county overall, it is worth noting that there were differences between Hispanics by Region. In general, there was a higher burden of reported communicable disease among Hispanics living in the Central and South Regions of the county compared to other Regions.

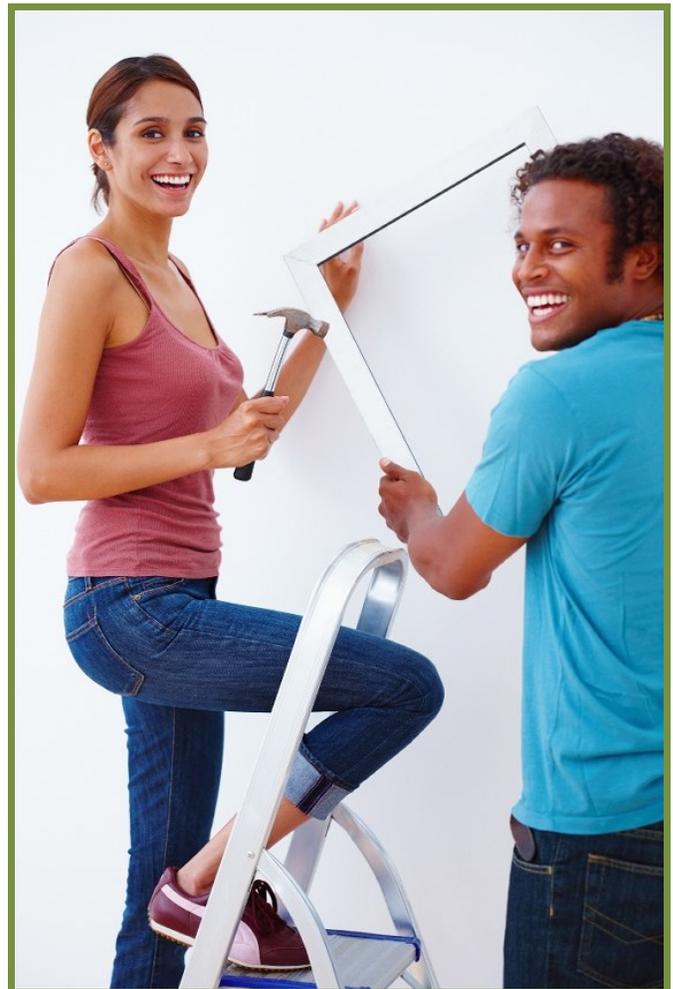
- The rates of reported chlamydia among Hispanics in the Central and South Regions were higher compared to Hispanics in other Regions of the county in 2011.
- The rate of reported gonorrhea as well as primary and secondary syphilis among Hispanics was the highest among those living in the Central Region, compared to Hispanics residing in other Regions.

In 2011, the rate of tuberculosis was 1.5 times higher among Hispanic residents compared to the county overall.

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 County Hispanic residents.

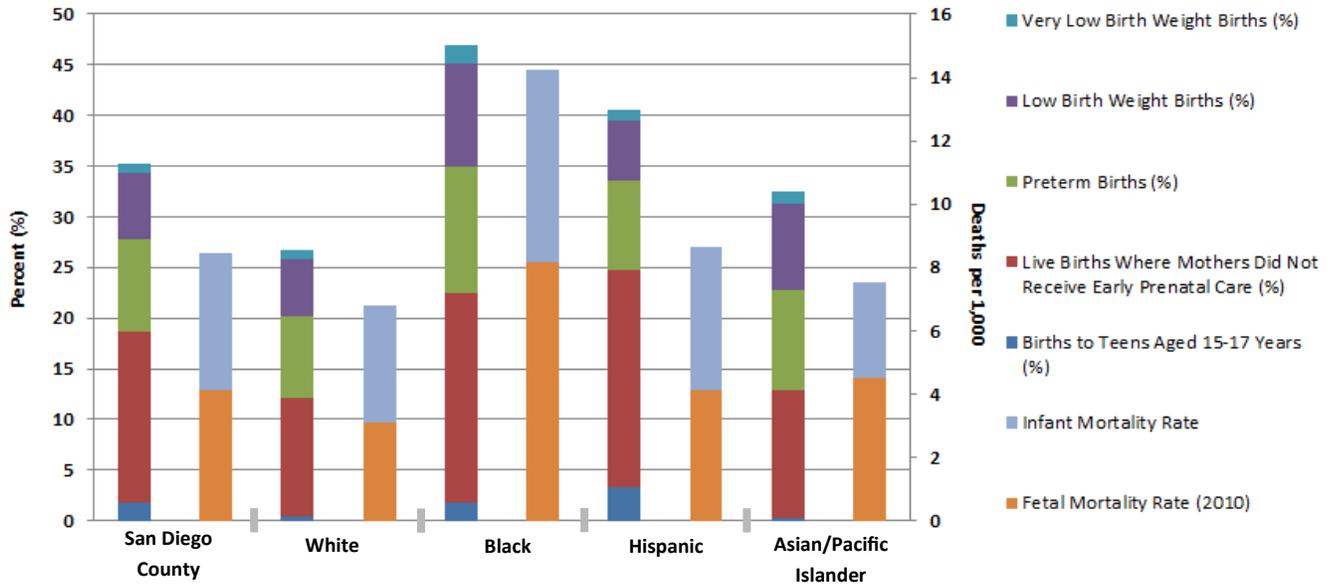
- In 2011, only 37% of Hispanic adults and children, aged 6 months to 11 years, reported being vaccinated for the flu.¹³



Maternal and Child Health Among Hispanic Residents

Figure 16

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Race/Ethnicity, 2011



*Overall burden includes percentages and rates.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Hispanic Residents:

- The percentage of births to teens aged 15-17 years was 1.9 times higher than the county overall.
- The infant mortality rate was 1.1 times higher than the county overall.

Prevent Race/Ethnicity 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



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Maternal and Child Health

Overall, poor maternal and child health outcomes were higher among Hispanic residents compared to the county overall in 2011. The percentage of births to teens aged 15-17 years and the rate of infant mortality were notably higher among Hispanics than the county.

Births to Teens Aged 15-17 Years

The percentage of live births to mothers aged 15-17 years among Hispanics was 3.3% in 2011— nearly 1.9 times higher than the county overall.

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

Infant Mortality

In 2011, the infant mortality rate among Hispanic residents was 1.1 times higher than the county overall. However, the infant mortality rate did meet and exceed the Healthy People 2020 goal.¹⁵

- The infant mortality rate was the highest among Hispanic residents in the North Central Region compared to Hispanic residents in other Regions of the county.

Other Notable Maternal and Child Health Comparisons

In addition to the mentioned disparities above, there was a higher burden of poor maternal and child health outcomes among Hispanics residing in various Regions of the County.

- The percentage of preterm births were highest among Hispanics in the North Central Region compared to Hispanics residing in other Regions of the county.
- The percentages of low and very low birth weight births were highest among Hispanics in the North Central Region compared to Hispanics residing in other Regions of the county.

In 2011, 42.9% of all births in San Diego County were to Hispanic mothers.

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

- Seven out of ten San Diego County Hispanic children under 11 years old lived at or below 200% of the Federal Poverty Level in 2011.¹³

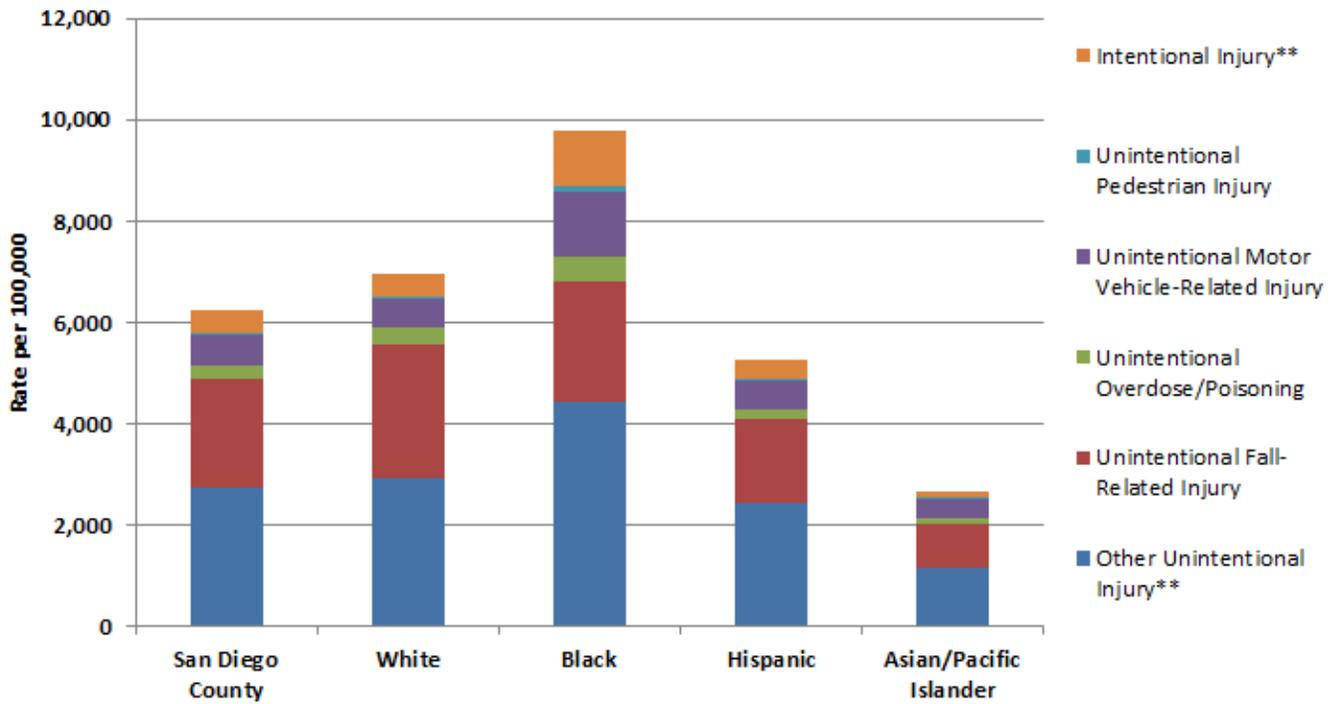
The health of mothers, infants, and children are key indicators of the health of a community overall. Their health outcomes often reflect the health of future generations, as well as emerging public health concerns. Engaging in healthy behaviors associated with favorable maternal and child health outcomes has the potential to positively impact the health of the county overall.¹⁵



Injury Among Hispanic Residents

Figure 17

Overall Burden* of Injury in San Diego County by Race/Ethnicity, 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 Hispanic Residents:

- The rate of hospitalization due to firearm-related injury was 1.3 times higher compared the county overall.
- The rate of emergency department (ED) discharge due to firearm-related injury was 1.2 times higher compared the county overall.

Prevent Race/Ethnicity 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



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Injury

Overall, injury rates were lower among Hispanic residents compared to the county overall. However, rates of assault and firearm-related injury were notably higher among Hispanic residents compared to the county overall.

Assault

The rate of assault was slightly higher among Hispanic residents in 2011. Compared to the county overall, the rates of assault hospitalization was 1.1 times higher among Hispanics.

- In 2011, Hispanics in the Central Region had the highest rate of assault hospitalization when compared to Hispanics in other Regions of the county.

Firearm-Related Injury

Firearm-related injury hospitalization and emergency department (ED) discharge rates were 1.3 and 1.2 times higher, respectively, among Hispanics compared to the county overall.

- The rate of firearm-related hospitalization was highest among Central Region Hispanic residents, while the rate of ED discharge was highest among East Region Hispanics residents compared to Hispanic living in other Regions.

The rate of firearm-related hospitalization injury among Hispanic residents was 1.3 times higher than the county overall.

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, 12% of Hispanic teens reported receiving threats of violence or physical harm by their peers.¹³

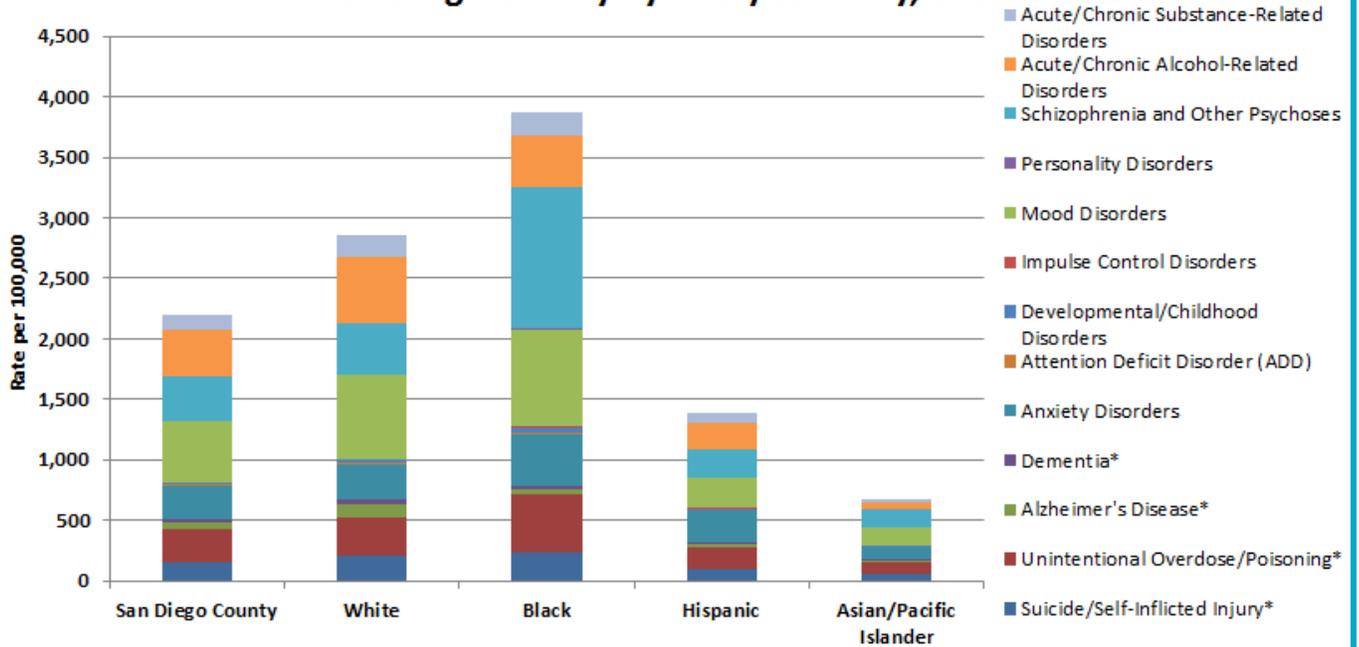
Of the major causes of disability and death, injuries are among the most preventable. Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, violence prevention, as well as awareness, reduce the likelihood of injury.¹⁶



Behavioral Health Among Hispanic Residents

Figure 18

Overall Burden* of Behavioral Health in San Diego County by Race/Ethnicity, 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 Hispanic Residents:

- Behavioral health outcomes among San Diego County Hispanics were comparable to, or better than, the county overall.

Prevent Race/Ethnicity 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, the rates of behavioral health outcomes were among San Diego County Hispanic residents were comparable to, or better than the county overall in 2011. However, within the Hispanic population, there were differences in behavioral health outcome rates by Region.

Acute and Chronic Alcohol-Related Disorders

- The acute alcohol-related disorder hospitalization rate among Hispanics was highest in the East Region, while the emergency department (ED) discharge rate was highest in the Central Region.
- The chronic alcohol-related disorder hospitalization rate among Hispanics was highest in the East Region, while the ED discharge rate was highest in the North Coastal Region.

Acute and Chronic Substance-Related Disorders

- Both acute and chronic substance-related disorder hospitalization rates among Hispanic residents were highest in the North Central Region.
- Acute and chronic substance-related disorder ED discharge rates among Hispanic residents were highest in the South Region.

Mood Disorders

- Mood disorder hospitalization among Hispanics was highest in the East Region compared to other Regions.
- Mood disorder ED discharge among Hispanics was highest in the North Coastal and North Inland Regions compared to the other Regions.

Suicide and Self-Inflicted Injury

- Rates of suicide and ED discharge due to self-inflicted injury were highest among Hispanics in the East Region, compared to Hispanics in other Regions of the county.
- Compared to Hispanics residing in other Regions, Hispanic residents in the Central Region had the highest rate of self-inflicted ED discharge.

Anxiety Disorders

- The rate of hospitalization due to anxiety disorders was highest among Hispanics in the East Region, compared to Hispanics in other Regions of the county.
- The rate of ED discharge due to anxiety disorders was highest among South Region Hispanics compared to Hispanics in other Regions of the county.



In 2011, the rate of suicide among Hispanic residents 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.¹⁷

- In 2011, 9.8% of adult Hispanic residents in San Diego County likely had experienced serious psychological distress in the past year.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 among Hispanic residents.¹⁷

Asian/Pacific Islander

In 2011, nearly 350,000 San Diego County residents were Asian or Pacific Islander.¹⁰ Fifty-eight percent of San Diego County Asians and Pacific Islanders were between the ages of 25 and 64 years, nearly 32% were 24 years or younger, and 11% were 65 years or older.¹⁰ By the year 2030, the number of Asian and Pacific Islander residents is projected to increase by 27%.¹¹

In 2011, 11% of San Diego County's population was Asian or Pacific Islander.¹⁰

In 2011, the median household income among San Diego County Asian and Pacific Islander residents was \$72,000.¹² In the same year, 28% of Asian and Pacific Islander households lived at or below 200% of the federal poverty level in the County.¹³

Among Asians and Pacific Islanders 25 years and older, 21% reported having a high school education or less, nearly 19% had some college or an associate's degree, and 60% had completed a bachelor's degree or higher.¹³

In 2011, 64% of Asians and Pacific Islanders reported they were in excellent or very good health, 27% were in good health, and 9% in fair or poor health.¹³

Eighty percent of Asians and Pacific Islanders reported having at least one doctor's visit, and 10% reported visiting an emergency room for medical care in 2011.¹³

Among Asians and Pacific Islanders, 91% had health insurance in 2011.¹³ However, Asians and Pacific Islanders between the ages of 25-64 years of age were the least likely to have health insurance. Asian and Pacific Islander seniors over 65 years and children under 17 were most likely to be currently covered by health insurance.¹³



In this section, health data includes Asians and Pacific Islanders (including Native Hawaiians) because the populations of these groups alone are too small to provide stable calculations of rates and related health statistics.

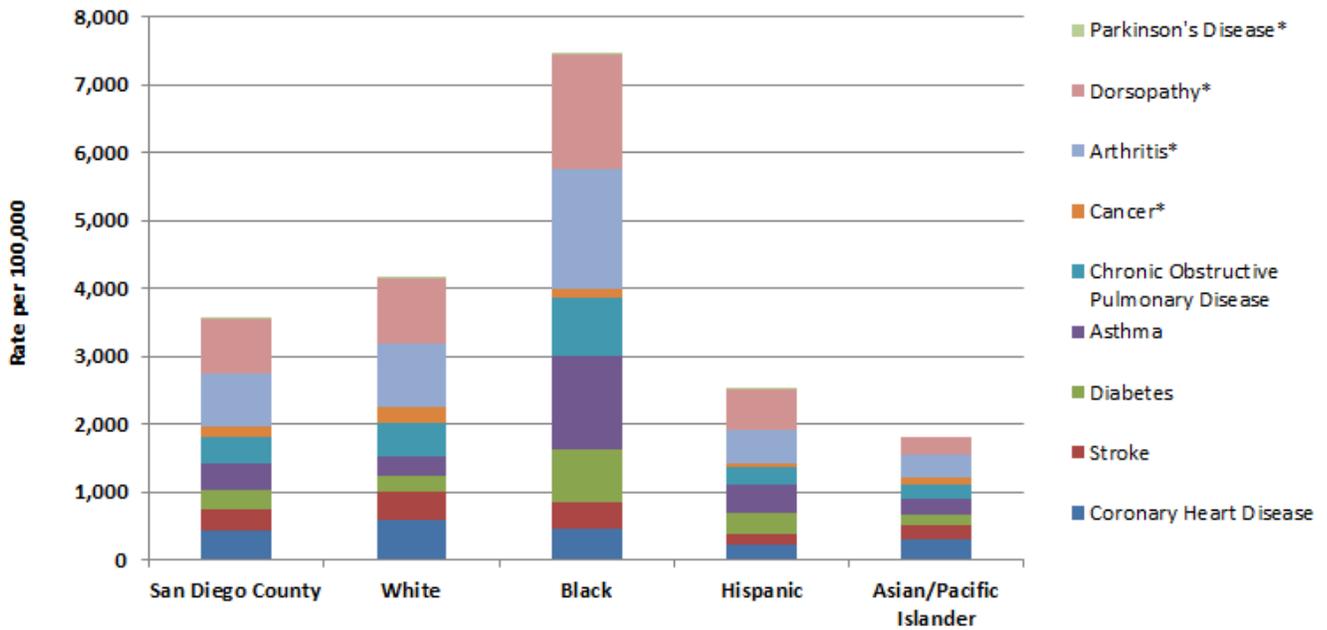
Overall, rates of non-communicable (chronic) disease, communicable disease, poor maternal and child health outcomes, injury, and poor behavioral health outcomes were all lower for Asian and Pacific Islander residents compared to the county overall. However, there were notable differences among Asians and Pacific Islanders by Region. A series of health indicators and related health behaviors are presented, which aim to describe the most important health concerns facing the Asian and Pacific Islander resident population of San Diego County.

In 2011, 91% of Asian and Pacific Islander residents had health insurance.¹³

Non-Communicable (Chronic) Disease Among Asian/Pacific Islander Residents

Figure 19

Overall Burden* of Non-Communicable (Chronic) Disease in San Diego County by Race/Ethnicity, 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 only.

Top Non-Communicable (Chronic) Disease Health Disparities Among San Diego County Asian and Pacific Islander Residents:

- The asthma death rate was 1.5 times higher compared to the county overall.
- The diabetes death rate was 1.1 times higher compared to the county overall.

Prevent Race/Ethnicity 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 preventative 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 lower among Asian and Pacific Islander residents compared to the county overall. However, rates of asthma and diabetes were notably higher among Asian and Pacific Islander residents compared to the county overall.

Asthma

In 2011, the rate of death due to asthma was higher among Asian and Pacific Islander residents— 1.5 times higher than the county overall.

- Because of the small number of deaths due to asthma among Asian and Pacific Islanders within the Regions, Regional comparisons were not made.

Diabetes

Compared to the county overall, Asian and Pacific Islander residents had a higher rate of death due to diabetes in 2011— 1.1 times higher than the county overall.

- Asian and Pacific Islander residents living in the Central and South Regions had the highest rates of death due to diabetes compared to Asians and Pacific Islanders living 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.¹⁴

Tobacco Use

- In 2011, 11% of San Diego Asian and Pacific Islander teens and adults were smokers.¹³
- More than 16% of Asian and Pacific Islander adults reporting being former smokers in 2011.¹³

Lack of Physical Activity

- In 2011, one in five Asian and Pacific Islander adolescents, aged 12 -17 years, engaged in less than three days of physical activity that lasted an hour or more in a typical week.¹³
- Nearly 19% of Asian and Pacific Islander children and adolescents did not visit a park, playground, or open space in the last month.¹³

Poor Diet

- More than 16% of Asian and Pacific Islander residents reported eating fast food at least three times in the past week in 2011.¹³
- An estimated 51% of Asian and Pacific Islander children, aged 2-11 years, reported eating fewer than five servings of fruits and vegetables each day in 2011.¹³

Alcohol Abuse

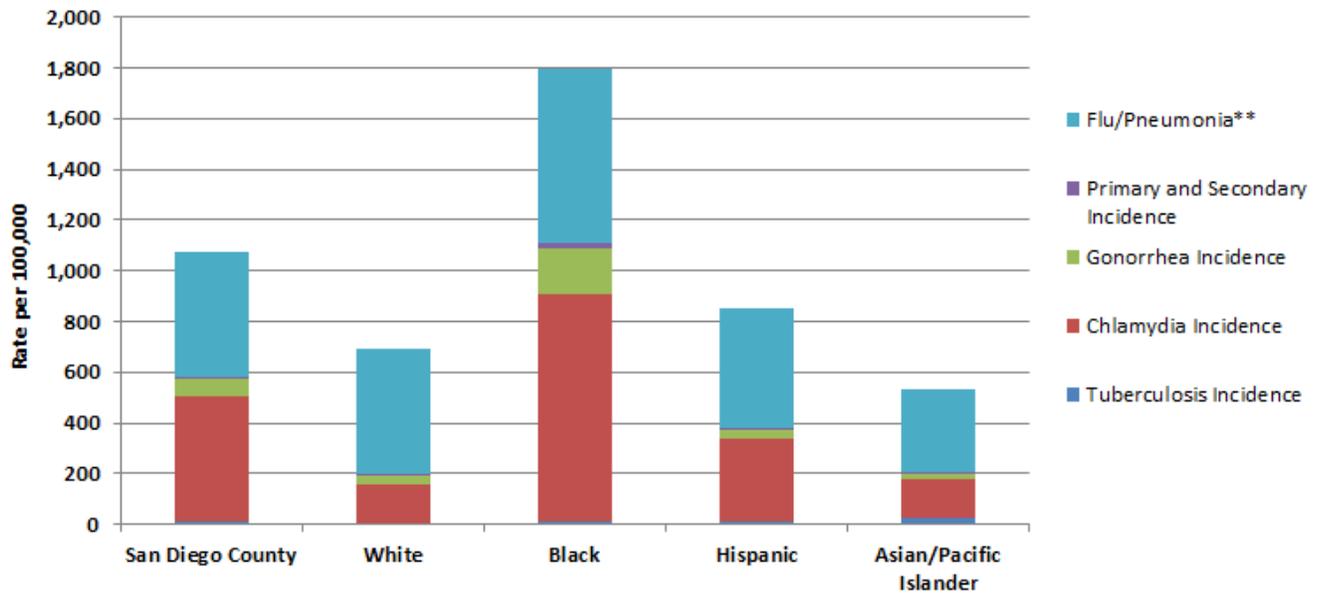
- In 2011, 29% of Asian and Pacific Islander adults had engaged in binge drinking.¹³

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 Asian and Pacific Islander residents.¹⁴

Communicable Disease Among Asian/Pacific Islander Residents

Figure 20

Overall Burden* of Communicable Disease in San Diego County by Race/Ethnicity, 2011



*Overall burden (except for flu/pneumonia) includes incidence only.

**Flu/pneumonia includes death, hospitalization, and emergency department discharge only.

Top Communicable Disease Health Disparities Among San Diego County Asian and Pacific Islander Residents:

- The rate of tuberculosis was 3.3 times higher compared to the county overall.

Prevent Race/Ethnicity 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



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Communicable Disease

Overall, communicable disease rates were lower among Asian and Pacific Islander residents compared to the county overall. However, the rate of tuberculosis (TB) was notably higher among Asians and Pacific Islanders compared to the county.

Tuberculosis (TB)

In 2011, the rate of TB was 3.3 times higher among Asians and Pacific Islanders.

- Compared to Asian and Pacific Islanders in other Regions of the county, those living in the Central and South Regions had the highest rate of TB in 2011.

Other Notable Communicable Disease Comparisons

Although Asian and Pacific Islander residents had lower rates of communicable diseases than the county overall, it is worth noting that there were differences between Asians and Pacific Islanders by Region. In general, there was a higher burden of reported communicable disease among Asians and Pacific Islanders living in the Central Region of the county compared to those in other Regions.

- The rates of reported chlamydia, gonorrhea, and primary and secondary syphilis among Asians and Pacific Islanders in the Central Region were higher compared to Asian and Pacific Islanders in other Regions of the county in 2011.

In 2011, only 37% of Asian and Pacific Islander adults and children reported being vaccinated for the flu.¹³

- Influenza (flu) and pneumonia ED discharge rates among Asian and Pacific Islander residents were highest in the Central Region.

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 County Asian and Pacific Islander residents.

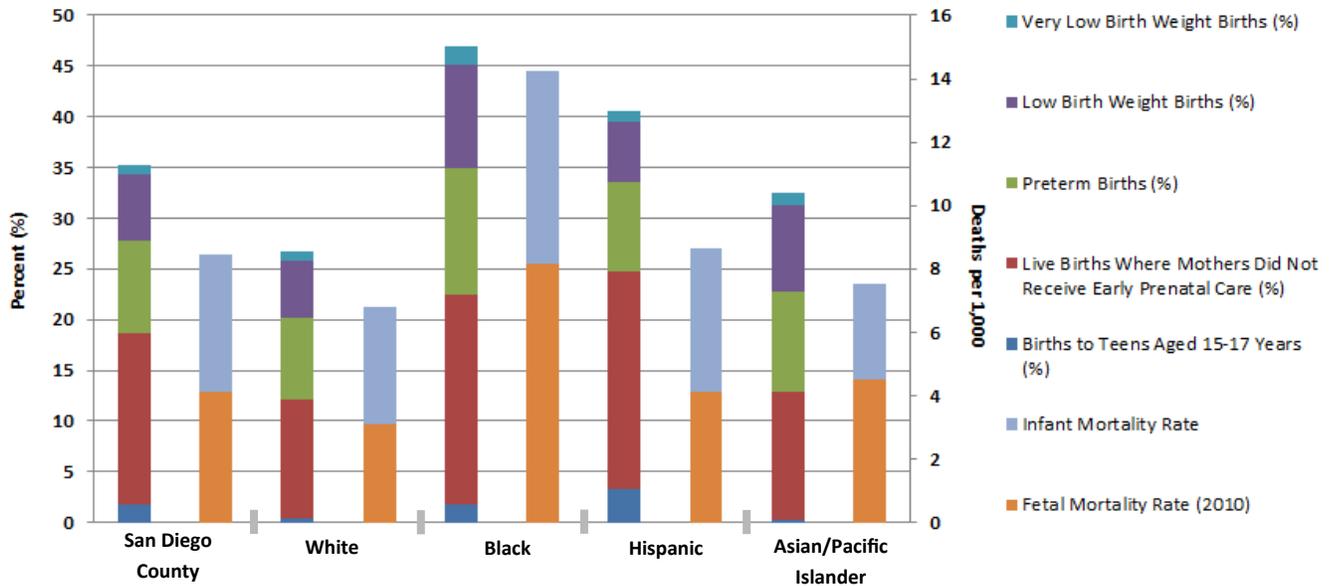
- In 2011, only 37% of Asian and Pacific Islander adults and children aged 6 months to 11 years reported being vaccinated for the flu.¹³



Maternal and Child Health Among Asian/Pacific Islander Residents

Figure 21

Overall Burden* of Maternal & Child Health Outcomes in San Diego County by Race/Ethnicity, 2011



*Overall burden includes percentages and rates.

Top Maternal & Child Health Outcome Health Disparities Among San Diego County Asian and Pacific Islander Residents:

- The percentage of low birth weight births was 1.3 times higher than the county overall.
- The percentage of very low birth weight births was 1.2 times higher than the county overall.
- The percentage of preterm births was 1.1 times higher than the county overall.

Prevent Race/Ethnicity 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



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Maternal and Child Health

Overall, poor maternal and child health outcomes were lower among Asian and Pacific Islander residents compared to the county overall in 2011. However, the percentage of low and very low birth weight births, as well as preterm births were notably higher among Asians and Pacific Islanders in San Diego County.

Low and Very Low Birth Weight Births

In 2011, the percentages of low and very low birth weight births among Asian and Pacific Islander residents were 1.3 and 1.2 times higher, respectively, than the county overall.

- Compared to Asians and Pacific Islanders in other Regions, residents in the North Inland Region had the highest percentages of low and very low birth weight births in 2011.

Preterm Births

Compared to the county overall, the percentage of preterm births was 1.1 times higher among Asians and Pacific Islander residents, but met and exceeded the Healthy People 2020 goal in 2011.¹⁴

- Asian and Pacific Islander residents in the Central and South Regions had the highest percentage of preterm births compared those residing in other Regions.

Low birth weight births were 1.3 times higher among Asian and Pacific Islander residents compared to the county overall in 2011.



Risk Factors and Prevention Strategies

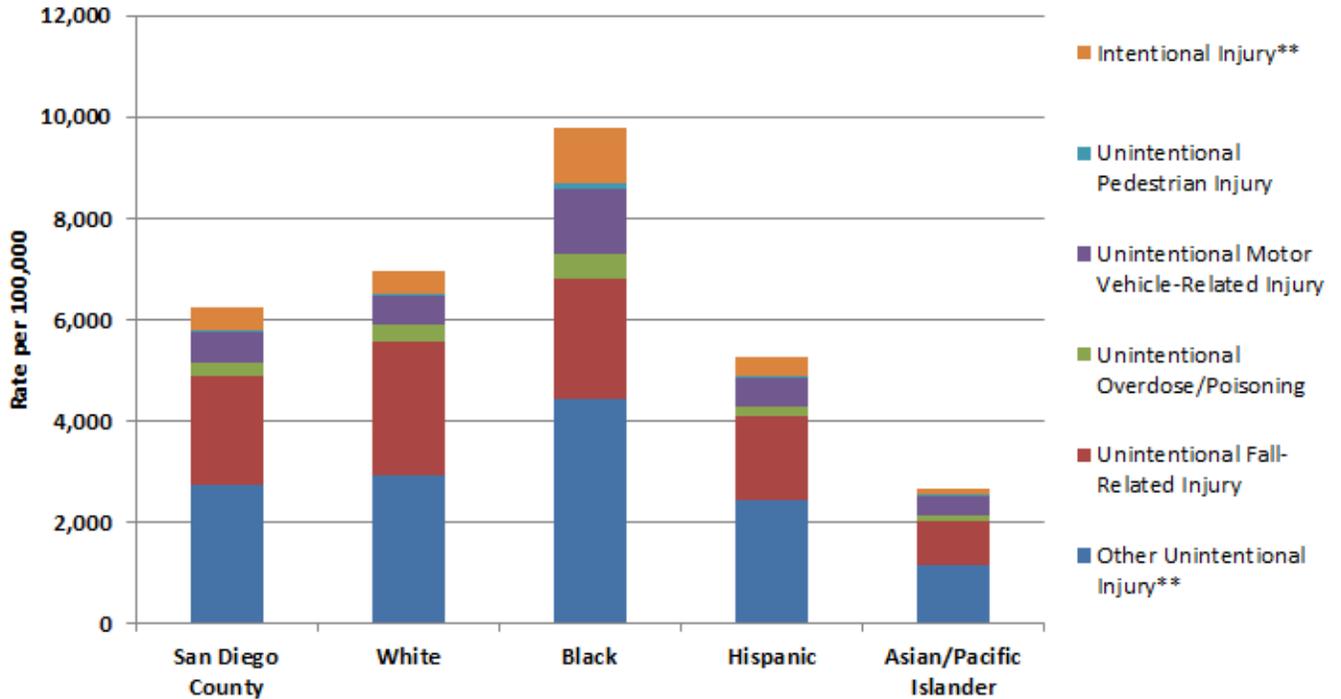
Maternal and child health outcomes are influenced by several factors including age, race/ethnicity, socioeconomic status, and a mother's health. Specifically, lack of prenatal care, poor nutrition, alcohol and tobacco use, and lack of physical activity are major lifestyle risk factors for adverse maternal and child health outcomes.¹⁵

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

Injury Among Asian/Pacific Islander Residents

Figure 22

Overall Burden* of Injury in San Diego County by Race/Ethnicity, 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 Asian and Pacific Islander Residents:

- The unintentional pedestrian injury death rate was 1.1 times higher than the county overall.

Prevent Race/Ethnicity 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



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Injury

Overall, rates of injury among Asian and Pacific Islander residents were lower than or comparable to the county in 2011. However, the rate of unintentional pedestrian injury death was slightly higher than the county overall. Additionally, there were notably differences among Asians and Pacific Islanders residing in certain Regions of San Diego County.

Unintentional Pedestrian Injury

In 2011, the rate of death due to unintentional pedestrian injury was higher among Asian and Pacific Islander residents compared to the county overall. Notably, the rate was 1.1 times higher among Asians and Pacific Islanders compared to the county.

- Because of the small number of deaths due to unintentional pedestrian injury among Asian and Pacific Islanders within the Regions, Regional comparisons were not made.

Other Notable Injury Comparisons

Although Asians and Pacific Islanders had lower rates of injury than the county overall, there were differences between Asians and Pacific Islanders by Region.

- The rate of death due to overall unintentional injury was highest among Asians and Pacific Islanders in the North Coastal Region, while the hospitalization rate was highest in the Central Region, and the emergency department (ED) discharge rate was highest in the East Region.
- The unintentional fall-related injury hospitalization rate among Asian and Pacific Islanders was highest in the South Region, while the ED discharge rate was highest in the East Region.
- The rate of death due to unintentional motor vehicle-related injury was highest among Asians and Pacific Islanders in the South Region, while the hospitalization rate was highest in the Central Region, and the ED discharge rate was highest in the East Region.
- The unintentional overdose/poisoning hospitalization rate among Asian and Pacific Islanders was highest in the Central Region, while the ED discharge rate was highest in the East Region.



Risk Factors and Prevention Strategies

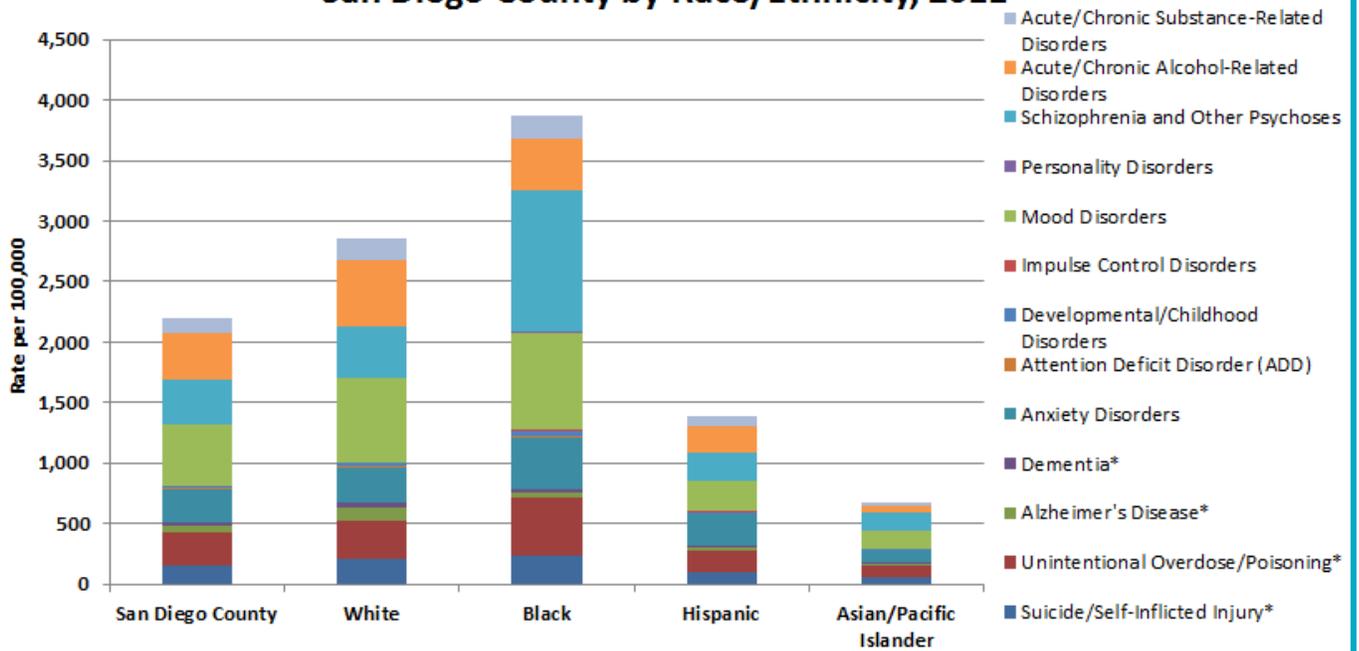
Often, modifiable behaviors such as the use of protective equipment and active restraints, the management of medication, as well as safety hazard awareness, reduce the likelihood of injury among Asian and Pacific Islander residents in San Diego County.¹⁶

The rate of death due to overall unintentional injury was highest among Asians and Pacific Islanders in the North Coastal Region.

Behavioral Health Among Asian/Pacific Islander Residents

Figure 23

Overall Burden* of Behavioral Health in San Diego County by Race/Ethnicity, 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 Asian and Pacific Islander Residents:

- Behavioral health outcomes among San Diego County Asian and Pacific Islanders were comparable to, or better than, the county overall.

Asian/Pacific Islander

Prevent Race/Ethnicity 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 Asian and Pacific Islander residents were comparable or lower than the county overall. In spite of a smaller burden of behavioral health outcomes overall, rates of mood disorders, as well as suicide and self-inflicted injury, were high among Asians and Pacific Islanders compared to other behavioral health outcomes.

Mood Disorders

Compared to the county overall, rates of hospitalization and emergency (ED) department discharge due to mood disorders were lower among Asians and Pacific Islanders.

- Asians and Pacific Islanders residing in the Central Region had the highest rate of hospitalization due to mood disorders compared to Asians and Pacific Islanders in other Regions of the county, while the ED discharge rate was highest in the North Coastal Region.

Suicide and Self-Inflicted Injury

Although rates of suicide and self-inflicted injury among Asian and Pacific Islander residents were lower than the county overall in 2011, those residing in the Central and East Regions of the county were at higher risk for suicide compared to Asians and Pacific Islanders residing in other Regions of the County.

- Compared to other Regions, Asian and Pacific Islander residents in the Central Region had the highest rates of suicide and self-inflicted injury hospitalization.

Risk Factors and Prevention Strategies

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

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



Poor behavioral health outcomes among Asian and Pacific Islander residents were higher among those living in the Central Region of the county.

Race/Ethnicity Health Disparities Summary

Overall, health outcomes impact county residents differently by race/ethnicity. A series of health indicators and related lifestyle behaviors were presented throughout this report, which described the most important health concerns facing racial/ethnic groups in San Diego County. Although life expectancy for the county has increased from 2000 to 2011 to a high of 81.6 years, there are clear differences between racial/ethnic groups.⁹ Asian and Pacific Islander residents had the highest life expectancy (86.4 years), whereas black residents had the lowest (76.5 years).⁹

In 2011:

- Notably, blacks were at higher risk for each of the five areas of health indicators presented, while Asians and Pacific Islanders were at lowest risk.
 - Black residents were 109% more likely to have a non-communicable (chronic) disease than any resident in the county overall.
 - Rates of ED discharge due to asthma were 3.7 times higher, 3.1 times higher due to diabetes, 2.5 times higher due to chronic obstructive pulmonary disease (COPD), and three times higher due to arthritis compared to the county overall.
 - The rate of reported chlamydia was 1.8 times higher than the rate for the county overall.
 - Infant mortality rate among black residents was 1.4 times higher than the county overall.
 - The rate of firearm-related death among black residents was 2.5 times and homicide was 4.7 times higher than the county overall.
 - The rates of ED discharge due to schizophrenia and other psychoses, as well as personality disorders, were both 3.1 times higher than the county overall.
- Overall, Asian Pacific/Islander residents had the lowest risk of the five areas of health indicators presented.
 - However, the rate of tuberculosis was notably higher among Asians and Pacific Islanders compared to the county.
- Approximately 43% of all births in San Diego County were to Hispanic mothers.
- White residents had higher rates of non-communicable (chronic) disease, injury, and poor behavioral health outcomes than the county overall.
 - Stroke death was 1.4 times higher among white residents compared to the county overall.
 - The rates of firearm-related injury, hip fracture, overall unintentional injury, unintentional fall-related injury, and unintentional overdose/poisoning were notably higher among white residents compared to the county overall.
 - Acute alcohol-related hospitalization and ED discharge rates were 1.6 and 1.3 times higher, respectively, than the county overall. In addition, chronic alcohol-related hospitalization and ED rates were 1.5 and 1.6 times higher, respectively, compared to the county overall.

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](#).

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