

3-4-50: Chronic Disease Deaths in San Diego County, Detailed Brief – North Coastal Region, 2000-2023

What is 3-4-50?

Chronic diseases are among the leading causes of death and disability worldwide.¹ This reflects an improvement in the prevention and treatment of infectious diseases and significant changes in dietary habits, physical activity levels, and tobacco use in the population.^{2,3} **Three** behaviors (poor diet, physical inactivity, and tobacco use) contribute to **four** chronic diseases (cancer, heart disease and stroke, type 2 diabetes, and lung diseases such as asthma) that result in over **50** percent of all deaths worldwide. This is the foundation of the 3-4-50 concept.⁴ The influence of these three unhealthy behaviors may be seen in San Diego County as these four chronic diseases are among the most common causes of death and disability in our region. Considered together, the 3-4-50 chronic diseases cost \$4 billion in direct treatment expenditures in San Diego County in 2007.⁵

3-4-50 in San Diego County

From 2000 to 2023, there has been a decrease in the percentage of county deaths due to 3-4-50 chronic diseases, as well as a decrease in the rate of 3-4-50 chronic disease related deaths in the six Health and Human Services Agency (HHSA) regions. In 2000, 63% of all San Diego County deaths were due to 3-4-50 chronic diseases. However, by 2023, the percentage of deaths due to 3-4-50 chronic diseases had decreased to 46%. In addition, the death rate of 3-4-50 chronic diseases decreased from 440.6 per 100,000 residents in 2000 to 330.1 per 100,000 residents in 2023. Among the HHSA regions, South Region had the highest percentage of deaths due to 3-4-50 chronic diseases every year from 2000 to 2019. However, in 2020, North Inland Region and North Central Region had the highest percentage of deaths due to 3-4-50 chronic diseases at 46%, respectively. In 2021, North Central Region had the highest percentage of deaths (45%) due to 3-4-50 chronic diseases, while in 2022, Central, East and South Regions had the highest percentage of deaths (45%). In 2023, South Region had the highest percentage of deaths (49%) due to 3-4-50 chronic diseases. From 2000 to 2023, the rate of death due to 3-4-50 chronic diseases was generally highest in East Region and lowest in Central Region and North Central Region. Within the regions there were considerable differences in the percentage of deaths due to 3-4-50 chronic diseases among the subregional areas (SRAs), as well as in 3-4-50 chronic disease death rates. More detailed information is provided in the following tables and graphs.

Understanding Public Health Data

This document presents San Diego County death statistics on stroke, coronary heart disease (CHD), diabetes, chronic obstructive pulmonary disease (COPD), asthma, and cancer from 2000 to 2023. Beginning in 2017, COPD includes chronic lower respiratory diseases (COPD/chronic lower respiratory diseases).

- A percentage is a way to express a proportion, or how small or large a quantity is relative to another quantity. For example, 9,870 cases out of a population of 654,321 would be 1.5%. This means that we would expect 1.5% of the population to be a case.
- A rate is the number of cases divided by the population, usually multiplied by a constant. For example, 987 cases, divided by population of 654,321 would be a rate of 150.8 per 100,000 population. This means for every 100,000 people, 150-151 cases would be expected.

Both measures are provided to give a more balanced look at the burden of 3-4-50 chronic diseases within the county. Percentages allow for the comparison of the number of 3-4-50 chronic disease deaths relative to the number of deaths overall. Percentages are influenced by both the number of 3-4-50 chronic disease deaths and the number of all cause deaths. It is important to keep this in mind when interpreting the data. For example, two regions could have the same number of 3-4-50 chronic disease deaths, but could have completely different percentages of 3-4-50 chronic disease deaths based on the number of all cause deaths in each area.

	Region A	Region B
Number of 3-4-50 Chronic Disease Deaths	50	50
Number of All Cause Deaths	100	80
Percentage of Deaths Due to 3-4-50 Chronic Diseases	$(50/100) \times 100\% = 50\%$	$(50/80) \times 100\% = 62.5\%$

Rates were calculated to allow for comparison between regions, accounting for the size of each area's population. Like percentages, two regions could have the same number of 3-4-50 chronic diseases deaths but could have completely different rates of 3-4-50 chronic diseases deaths based on the total population of each region.

	Region A	Region B
Number of 3-4-50 Chronic Disease Deaths	50	50
Total Population at Risk	10,000	8,000
Rate of Deaths Due to 3-4-50 Chronic Diseases	$(50/10,000) \times 100,000 = 500$ deaths per 100,000 people	$(50/8,000) \times 100,000 = 625$ deaths per 100,000 people

¹ World Health Organization (WHO). "WHO reveals leading causes of death and disability worldwide: 2000-2019". <https://www.who.int/news/item/09-12-2020-who-reveals-leading-causes-of-death-and-disability-worldwide-2000-2019> (Accessed February 26, 2025).

² Centers for Disease Control and Prevention (CDC). "Ten Great Public Health Achievements --- United States, 2001—2010". <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm> (Accessed February 26, 2025).

³ Centers for Disease Control and Prevention (CDC). "About Chronic Diseases". <https://www.cdc.gov/chronic-disease/about/index.html> (Accessed February 26, 2025).

⁴ 3Four50, www.3four50.com (Accessed September 22, 2011).

⁵ County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (October, 2010). 3-4-50: Chronic Disease in San Diego County. Retrieved from www.SDHealthStatistics.com.

3-4-50 Deaths in San Diego County – North Coastal Region, 2000-2023

The following tables and charts display trends in 3-4-50 chronic disease deaths for the North Coastal Region of San Diego County.

3-4-50 Death† Percentages* Among San Diego County Residents - North Coastal Region, 2000-2023**

By SRA

Area	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
San Diego County^a	63%	63%	61%	60%	59%	58%	57%	57%	56%	56%	56%	54%	54%	55%	54%	53%	53%	51%	50%	50%	45%	43%	44%	46%
North Coastal Region	63%	63%	62%	62%	59%	59%	57%	59%	58%	58%	55%	53%	54%	53%	53%	53%	52%	50%	50%	49%	45%	41%	44%	46%
SRA																								
Carlsbad	65%	66%	59%	62%	60%	60%	57%	59%	53%	54%	55%	52%	51%	51%	54%	52%	52%	50%	52%	50%	46%	42%	43%	45%
Oceanside	63%	63%	65%	63%	60%	59%	60%	61%	60%	60%	57%	54%	57%	55%	53%	57%	55%	51%	52%	51%	44%	42%	44%	46%
Pendleton	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
San Dieguito	63%	65%	61%	60%	62%	59%	52%	58%	57%	58%	50%	53%	50%	48%	51%	50%	47%	50%	47%	48%	48%	44%	45%	47%
Vista	61%	60%	63%	61%	57%	59%	55%	58%	61%	61%	55%	54%	55%	55%	54%	51%	54%	49%	48%	47%	42%	39%	43%	47%

*3-4-50 deaths as a percentage of all-cause deaths.

†Deaths with unknown Region or SRA are reflected in the county total, but not in the individual categories. Category sums may not add up to county total.

‡3-4-50 deaths include stroke, coronary heart disease (CHD), diabetes, COPD, asthma, and cancer. Beginning with 2017, COPD includes chronic lower respiratory diseases (COPD/chronic lower respiratory diseases).

\$Percentages not calculated for fewer than 5 events for the years 2000 to 2019. Percentages not calculated for fewer than 11 events for the years 2020-2023. Percentages not calculated in cases where zip code is unknown.

**For data years 2020-2022, the COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality including those of 3-4-50 chronic diseases.

Source: California Department of Public Health, 2000-2013 Death Statistical Master Files, 2014-2023 California Vital Records Business Intelligence System (VRBIS). Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included.

Prepared by County of San Diego (CoSD), Health and Human Services Agency (HHSA), Public Health Services (PHS), Community Health Statistics Unit, February 2025.

3-4-50 Death† Rates* Among San Diego County Residents - North Coastal Region, 2000-2023**

By SRA

Area	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
San Diego County	440.6	435.2	402.8	402.7	386.7	373.8	357.8	353.1	347.5	336.6	347.0	347.0	346.2	356.3	329.6	338.8	339.5	334.4	324.0	325.4	329.1	336.2	334.3	330.1
North Coastal Region	415.1	414.5	400.6	383.1	370.7	371.0	337.3	350.2	336.7	318.6	343.0	328.3	343.5	340.1	321.9	344.3	328.5	322.1	324.2	311.6	317.9	314.3	326.2	334.5
SRA																								
Carlsbad	385.4	405.2	323.9	357.2	360.1	357.2	325.0	345.5	286.3	302.1	328.6	323.7	311.7	332.4	352.2	362.7	358.1	354.8	381.7	341.8	358.8	336.1	331.1	354.1
Oceanside	479.1	481.2	515.8	451.1	437.6	430.2	450.4	418.9	438.5	394.2	430.1	384.8	438.5	404.9	355.3	430.1	384.1	368.4	378.0	355.3	352.5	358.4	386.7	374.1
Pendleton	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
San Dieguito	416.5	403.9	389.4	375.0	356.6	324.7	277.3	331.7	302.5	296.5	289.8	319.3	305.8	322.2	319.8	345.3	314.0	341.8	300.1	327.4	342.8	327.3	323.3	343.5
Vista	498.2	462.8	459.6	442.2	417.4	449.9	356.6	395.6	399.3	375.8	397.3	375.0	392.8	375.7	353.0	320.2	340.6	314.1	327.8	316.0	321.2	331.0	336.7	350.5

*Rates per 100,000 population.

†Deaths with unknown Region or SRA are reflected in the county total, but not in the individual categories. Category sums may not add up to county total.

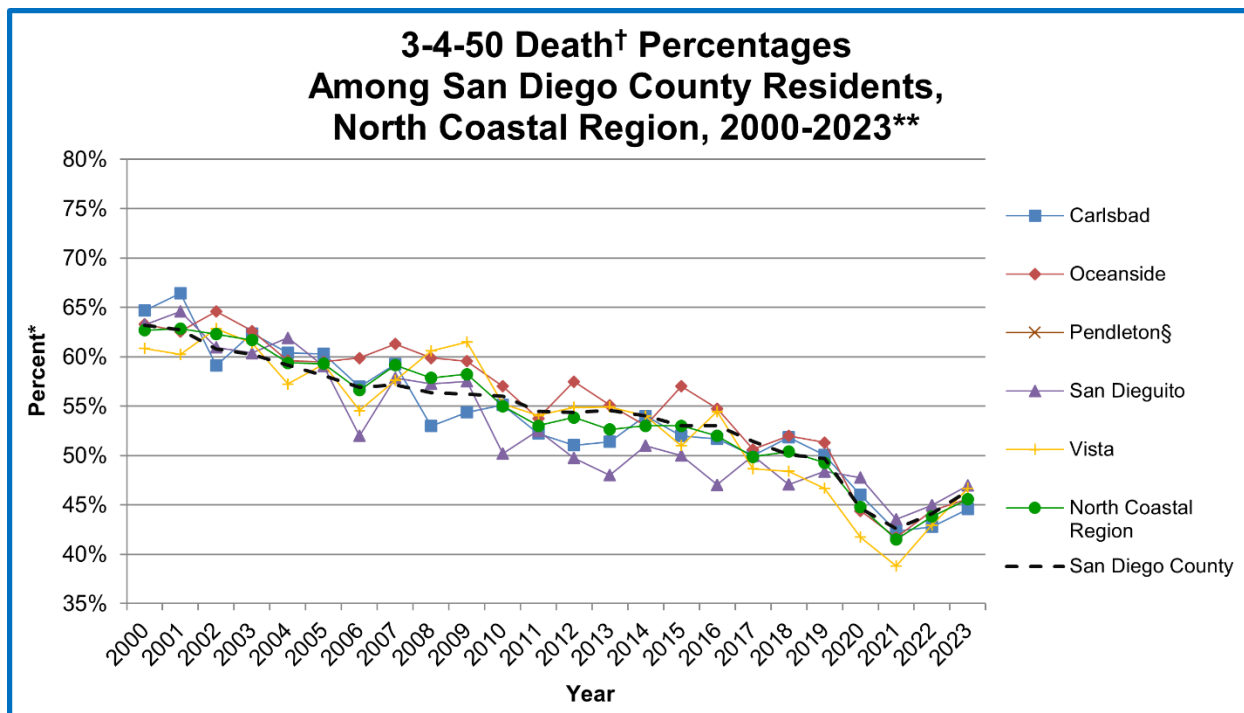
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**For data years 2020-2022, the COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality including those of 3-4-50 chronic diseases.

Source: California Department of Public Health, 2000-2013 Death Statistical Master Files, 2014-2023 California Vital Records Business Intelligence System (VRBIS). Starting in data year 2023, San Diego County resident deaths that occurred out of state are now included. SANDAG, Current Population Estimates. Population Estimates for 2020-2021 were derived using the 2010 decennial census and data should be considered preliminary. 2022-2023 population estimates were derived from the 2020 decennial census.

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*3-4-50 deaths as a percentage of all cause deaths.

†3-4-50 deaths include stroke, coronary heart disease (CHD), diabetes, COPD, asthma, and cancer. Beginning with 2017, COPD includes chronic lower respiratory diseases (COPD/chronic lower respiratory diseases).

§Percents not calculated for fewer than 5 events for the years 2000 to 2019. Percents not calculated for fewer than 11 events for the years 2020-2023. Percents not calculated in cases where zip code is unknown.

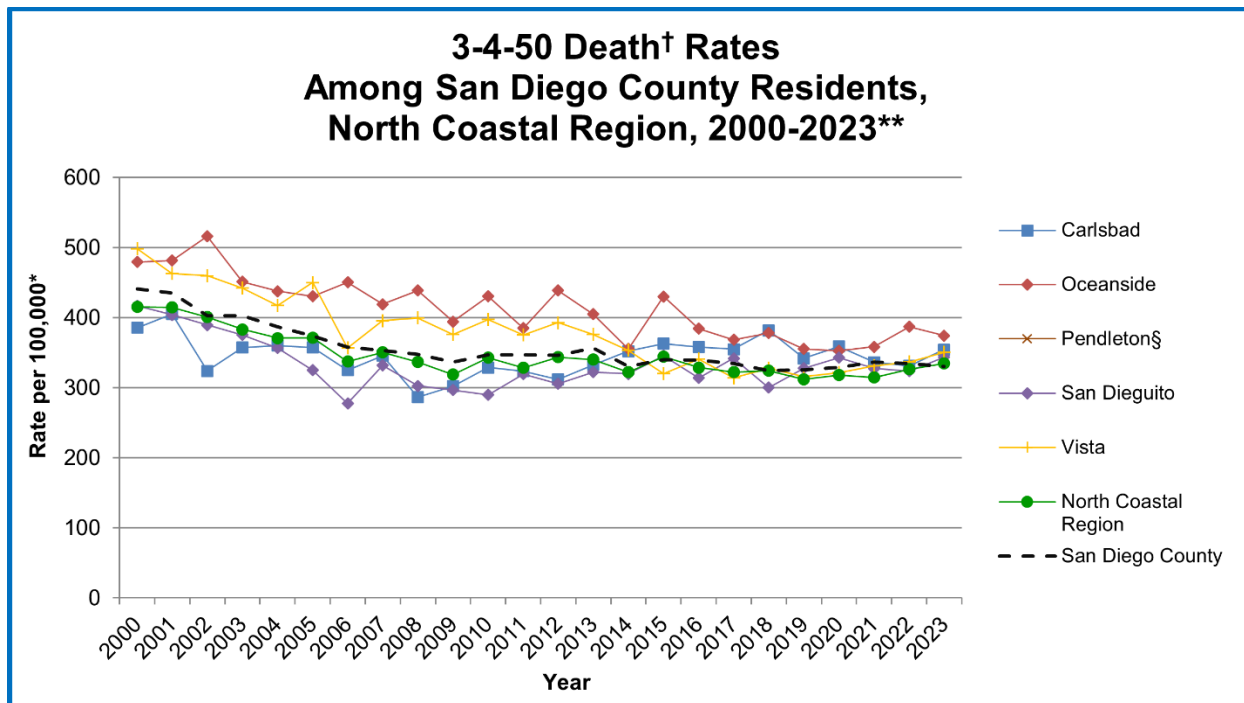
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Prepared by County of San Diego (CoSD), Health and Human Services Agency (HHSA), Public Health Services (PHS), Community Health Statistics Unit, February 2025.

3-4-50 in North Coastal Region:

- The percentage of deaths related to 3-4-50 chronic diseases decreased overall in the North Coastal Region and all its SRAs from 2000 to 2023.
- In 2023, among the SRAs in the North Coastal Region, San Dieguito and Vista had the highest percentage of deaths due to 3-4-50 chronic diseases, at 47%.
- Within the North Coastal Region SRAs, Carlsbad (45%) had the lowest percentage of deaths due to 3-4-50 chronic diseases in 2023.



*Rates per 100,000 population.

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3-4-50 in North Coastal Region:

- The death rate from 3-4-50 chronic diseases decreased overall in the North Coastal Region and its SRAs from 2000 to 2023.
- Among the North Coastal Region SRAs, Oceanside (374.1 per 100,000) had the highest death rates from 3-4-50 chronic diseases from 2000 to 2023.
- Within the North Coastal Region SRAs, San Dieguito (343.5 per 100,000 residents) had the lowest death rate from 3-4-50 chronic diseases in 2023.



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The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.